

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, November 23, 2021; 5:30 p.m.

BRH Boardroom and Zoom/Teleconference

Board members and staff will meet in person to the extent possible.

The public and Board members wishing to attend virtually may access the meeting via the following link <https://bartletthospital.zoom.us/j/93293926195>

or call

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

I.	CALL TO ORDER		5:30
II.	ROLL CALL		5:32
III.	APPROVE AGENDA		5:34
IV.	PUBLIC PARTICIPATION		5:35
V.	CONSENT AGENDA		5:45
	A. October 26, 2021 Board of Directors Meeting Minutes	(Pg.3)	
	B. September 2021 Financials	(Pg.8)	
VI.	NEW BUSINESS		5:50
	➤ Strategic Planning Discussion		
VII.	MEDICAL STAFF REPORT		6:00
VIII.	COMMITTEE MINUTES/REPORTS		6:05
	A. November 5, 2021 Draft Planning Committee minutes	(Pg.13)	
	B. November 10, 2021 Draft Board Quality Committee Minutes	(Pg.16)	
	C. November 12, 2021 Draft Finance Committee Minutes	(Pg.18)	
	➤ Capital Improvement Projects 2023 – ACTION ITEM	(Pg.20)	
	D. November 15, 2021 Draft Board Compliance and Audit Minutes	(Pg.22)	
	E. November 19, 2021 Draft BRH and Assembly Joint Committee	(Pg.24)	
IX.	MANAGEMENT REPORTS		6:15
	A. Legal Management Report	(Pg.26)	
	B. HR Management Report	(Pg.27)	
	➤ Organizational Chart	(Pg.28)	
	C. CNO Management Report	(Pg.36)	
	D. CBHO Management Report	(Pg.38)	
	E. COO Management Report	(Pg.42)	

	F. CFO Management Report	(Pg.47)	
	G. CEO Management Report	(Pg.51)	
X.	CEO REPORT / STRATEGIC DISCUSSION		6:25
XI.	CBJ LIAISON REPORT		6:30
XII.	PRESIDENT REPORT		6:35
	➤ CEO Recruitment Advisor	(Pg.52)	
XIII.	BOARD CALENDAR – December 2021	(Pg.56)	6:40
XIV.	BOARD COMMENTS AND QUESTIONS		6:45
XV.	EXECUTIVE SESSION		6:50
	A. Credentialing Report		
	B. November 2, 2021 Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	D. Legal and Litigation		
	E. Campus Planning		
	<i>Motion by xx, to recess into executive session to discuss several matters:</i>		
	○ <i>Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Credentialing report, Medical Staff Meeting minutes and the patient safety dashboard</i>		
	<i>And</i>		
	○ <i>To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and Municipal attorney. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)</i>		
	<i>And</i>		
	○ <i>To discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)</i>		
XVI.	ADJOURNMENT		7:30

NEXT MEETING – Tuesday, December 28, 2021; 5:30p.m.

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
October 26, 2021 – 5:30 p.m.
Zoom videoconference

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

BOARD MEMBERS PRESENT

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

ABSENT – Iola Young

ALSO PRESENT

Jerel Humphrey, Interim CEO	Kevin Benson, CFO	Kim McDowell, CNO
Dallas Hargrave, HR Director	Vlad Toca, COO	Karen Forrest, Interim CBHO
Keegan Jackson, MD, COS	Rob Palmer, CBJ Attorney	Barbara Nault, Legal Advisor
Michelle Hale, CBJ Liaison	Anita Moffitt, Executive Assistant	

Mr. Solomon-Gross introduced and welcomed Interim CEO, Jerel Humphrey.

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

PUBLIC PARTICIPATION – None

CONSENT AGENDA - MOTION by Ms. Hagevig to approve the consent agenda as presented. Mr. Johnson seconded. There being no objection, the September 28 and October 5, 2021 Board of Directors meeting minutes and August 2021 Financials approved.

OLD BUSINESS:

Leadership Conference – Mr. Solomon-Gross stated they recently attended the Governance Institute’s Leadership conference in Colorado Springs. Ms. Knapp noted attendance was smaller than past events but still lived up to high standards. It was very good and timely in terms of the information that was provided. Networking of the board and people from other hospitals was beneficial. Ms. Hagevig stated that the individual presentations were amazing and a lot of information was brought back. We now need to sit down and figure out what applies here and how to make some of that stuff happen if we can. Mr. Stevens feels some of the sessions reaffirmed that we are still on the same track we’ve been on for the last couple of years and that we still have some work to do to remain relevant in the health care environment. Mr. Geiger expressed appreciation for the opportunity to attend and felt that it was time very well spent. Mr. Solomon-Gross learned a lot and understood the language much better this time. He felt that networking was the best part and confirmed that BRH is not alone in their struggles.

NEW BUSINESS – Mr. Solomon-Gross introduced and welcomed Karen Forrest, Interim Chief Behavioral Health Officer (CBHO). Ms. Forrest expressed her appreciation for the opportunity to help Bartlett.

MEDICAL STAFF REPORT – Dr. Jackson reported that it was business as usual at the October 5th Medical Staff meeting. She reported the following: Discussion held about how busy the hospital had been at the end of September and beginning of October. The Obstetrics (OB) floor had been packed. There were issues getting patients airlifted out, at times patients were roomed in the Emergency Department (ED) until beds became available. A survey has been sent to the medical staff by IT regarding Meditech Expanse in an attempt to get feedback to help them identify and address issues. A discussion was held about a statewide crisis care activation committee. Ms. McDowell had provided guidelines about what the hospital would do if COVID cases increased and we ran out of beds and needed to ration them. There were questions about the command structure, who is in charge if we have to make these decisions if we run out of supplies? The Medical Staff Executive committee is to work out a plan. Clerical changes to the Rules and Regulations (included in the packet) were presented and approved - Medical Staff Committees - Health Information Management/Case Management Committee will now be Health Information/Utilization Management Committee. Clinical Documentation Improvement (CDI) will now be Clinical Documentation Integrity (CDI). Medical Records, History and Physical (H&P) requirements were updated. A third proposed Rules and Regulations change is still under review and has not been presented this evening for approval. ***MOTION by Dr. Jones to approve the proposed changes to the Medical Staff Rules and Regulations as presented. Ms. Knapp seconded.*** Approval of changes to the Medical Staff Bylaws and Rules and Regulations stops with the Board of Directors. They do not need to go to the Assembly. **There being no objections, these two action items approved.**

Mr. Johnson stated that we need to close the loop on the command structure should crisis care become necessary. He also asked if the Physician Recruitment Committee should be included in the process to recruit a new Behavioral Health Medical Officer. Dr. Jackson will loop the Board back in on the decisions made by the Medical Staff Executive Committee (MSEC) regarding the command structure. She reported the MSEC members would be more than happy to help in recruitment efforts as the hospital tries to fill that medical officer position. Ms. Hagevig would like to see the ground work about what the job description entails, whether this person would be a hospital employee or not and what the chain of command would be. Ms. Forrest stated that we're looking at all of the issues for this position right now and the pieces of work that Dr. Gartenberg has been providing. We are evaluating how and how soon to proceed with that position going forward. She would like to speak more with Mr. Johnson about the recruitment process and how that works. Mr. Hargrave reported that BRH works through an internal process to try to fill positions for employed physicians and go through contracting and credentialing to make it happen. He wonders if there is any advantage to going through the Recruitment Committee instead of going through this process. Dr. Jones noted that we have been actively recruiting for psychiatry and would expect administration to put in the funds and the efforts to fill this position. In response to Ms. Hagevig's question about a conversation at the Medical Staff meeting about a Chief Medical Officer, Dr. Jackson reported that Dr. Neyhart had expressed concerns that we don't have a Chief Medical Officer (CMO) to make decisions should crisis care decisions need to be made. If we're not going with a CMO, what are the duties to be put on the MSEC physicians and how frequently, outside of regular committee meetings, are they expected to be meeting? Many facilities pay for a CMO or another appointed position. If BRH is not going to, could there be something put in place for the four MSEC members as a way to compensate them for their time?

COMMITTEE REPORTS:

Finance Committee Meeting – Ms. Johnston noted the draft minutes from the October 8th meeting, included in the packet, accurately reflect the conversations of the meeting. She noted that this has been the biggest month of COVID activity with the highest number of patients and molecular testing that we have had since the pandemic began. The hospital has really stepped up to the plate to support this response. Mr. Johnson asked why undesignated cash reserves have dropped by about 50% in the last year. Mr. Benson explained this was a planned use of those funds to get us down to the appropriate level of days (180) cash on hand and have been used for infrastructure improvements that needed to be made. Mr. Stevens also noted that our CIP funds increased by over \$10 Million; we have a lot of projects and the money is being shifted around. Ms. Hagevig initiated conversation about the surprised billing legislation in January. Mr. Stevens

stated it won't directly impact the hospital's billing practices but will impact providers in the hospital. Mr. Benson expressed concerns for the radiologists, anesthesiologists and non BRH surgeons and as a courtesy, BRH has set up 3 different webinars for these physicians to help them understand what this means as there is currently a rule that does have an adverse impact for providers that are out of hospital network. Ms. Hagevig observed the general population doesn't differentiate between the services provided inside the walls of BRH and the services provided by private practitioners. Mr. Solomon-Gross initiated discussion about the 340B program and asked if it is still being used in the internal pharmacy. Mr. Benson responded yes, the revenue doesn't flow through other operating revenue, it's recorded as a cost savings of the pharmaceuticals in this program. New pharmaceuticals that have come out for treating COVID are partly responsible for the increased expenses reflected in the budget.

MANAGEMENT REPORTS:

Legal Report – Ms. Nault reported that her company has primarily been working on outstanding items that Ms. Callahan had stepped into. They are also assisting Mr. Humphrey in the transition of interim CEOs. There are a couple of pending software license agreements being worked on. Revisions to some of the lab agreements that are still pending. The Medical Staff Bylaws revision that had been tabled a few months ago had gone back to the medical staff office and is working its way through the MSEC and medical staff for review. It should come back to the board in a couple of months for approval.

HR Report – Mr. Hargrave reported that in response to the COVID vaccine policy, we have received 15 medical or religious exemption requests. We have been working with CBJ attorneys and infection prevention to review them and to clarify accommodation protocols to be put into place. We are consciously following a process and will have a better idea of potential impacts by the next board meeting as people need to be vaccinated by December 15th. Mr. Geiger obtained confirmation that the turnover rates listed in Mr. Hargrave's report are quarterly. He also asked what the religious argument is and if there are any major religious organizations opposing the vaccines. Mr. Hargrave stated Title 7 of the civil rights act analysis is whether it's a sincerely held religious belief or not. We can request something in writing from the clergy if we so choose. Mr. Hargrave's understanding is that most denominations of religions are not opposing.

CNO Report – No questions, no comments.

CBHO Report – Ms. Forrest gave credit to Ms. Nichols for putting the report together. She reported we are continuing to recruit for outpatient services through BOPS. She also highlighted that on November 1, we are moving to accepting statewide referrals for involuntary admission on the mental health unit. She has met with the Applied Behavior Analysis staff. That program is off to a great start and there are quite a few families on the wait list. Psychiatric Emergency Services had 55 requests for evaluation/assessments in September, most of those occurred during the daytime hours.

COO Report – Mr. Toca stated that he had met with Mr. Stevens to discuss the marketing strategies. These strategies will be discussed at the Planning Committee meeting. Ms. Hagevig asked who Amanda Black is and what the approach is for the marketing strategy. Mr. Toca identified Ms. Black as a casual employee filling the Director of Marketing and Strategy position until we find a permanent person. Her role is to help with Facebook and Instagram postings about BRH. She works regularly with directors to highlight services offered in their departments. There have been no contracts signed yet as we will need to go through Planning, Finance and an RFP process for the refresh marketing initiative. Current infrastructure on our website does not allow navigation engagement from our patients. In response to Ms. Hagevig's and Mr. Geiger's questions about the plan, Mr. Stevens stated they will be discussed at the Planning Committee meeting on November 5th. Mr. Geiger commented that he can't tell what the tables in the written COO report are trying to convey, he asks that clear headings and table captions are included in future reports. He then asked for clarification of Clinical Informatics referenced in the report. Mr. Toca reported that we are trying to create reports with a more standard view and have been using Smartsheets to obtain data from IT informatics and clinical informatics to feed information into the tables. In response to Mr. Johnson's question about how the Public Information Officer (PIO) fits into all of this since it seems like there is an overlap in the roles, it was reported that Ms. Bausler is still in the PIO role working as the community liaison. The Director of Marketing and Strategy was put into place by the last CEO to improve how we market our services to the community. Once a permanent person is hired for the Director of Marketing and Strategy role, this and the PIO positions will be separated and clearly defined. Ms. Hagevig asked for more information about the medical professional for pathology, does this mean Dr. Vanderbilt will no longer be here and what would the locum be doing in the pathology department? Mr. Toca does not have the details about what the locum will be doing at this time but will

report back. He did report that College of American Pathologists (CAP) inspectors will be here on October 28th. In response to Ms. Hagevig's query about what the project management office will be doing, he reported that it will track projects of all sizes, primarily capital projects for now. This will be an effective tool to allow stakeholders access to the most up to date information. He clarified that we aren't adding any positions, this a virtual collaborative office in smartsheets. Mr. Solomon-Gross expressed appreciation for Mr. Toca's work and stated that moving some of these projects to the Planning Committee will be helpful.

CFO Report – Mr. Benson reported we finished field work with the financial auditors last week and are working on the Medicare cost report. The cost report has been submitted for the first review. We are three weeks ahead of last year on both of these projects. Provider relief funds reporting has been submitted for phase one, through June 30, 2021. We have applied for additional relief funds for phase 4 and 5 that may be coming out in December or January.

CEO Report – Mr. Humphrey stated that Ms. Callahan prepared the CEO report and expressed his appreciation for her having done so as he has been very busy trying to catch up on everything.

CBJ Liaison report – Ms. Hale has been reappointed as the liaison to the hospital board. She extended a warm welcome to Mr. Humphrey and Ms. Forrest. The Mayor, City Manager and Ms. Hale have a meeting scheduled with Mr. Humphrey on Monday, November 1st. She commended Board member for being an incredibly hard working board. She stated the ordinance appropriating the funding for pay for the BRH Board will be discussed at the next Assembly meeting. Mr. Johnson welcomed Ms. Hale back to the board for another year.

PRESIDENT REPORT – Mr. Solomon-Gross reported that a Committee of the Whole meeting has been scheduled to take place at noon on Friday, October 29th. He encourages everyone to attend if available. This will be a chance for Mr. Humphrey and the Board to get to know each other and to discuss campus planning. He reported that he will also be in attendance at the meeting with Mr. Humphrey and the CBJ personnel on Monday. He has been working with Mr. Hargrave to put plans together for the recruitment of our next CEO. He reported that Loren Jones, has agreed to provide history to the Board and make some suggestions as to how we want to recruit out next CEO. He reported that several board members have asked about holding hybrid meetings again. Hybrid meetings will resume beginning with Friday's Committee of the Whole meeting. Going forward, all Board and Board Committee meetings will offer in person and virtual attendance unless unsafe to do so. All COVID protocols will be followed.

BOARD CALENDAR – November calendar reviewed. Mr. Humphrey will not be in town on November 23rd but will attend the Board meeting via Zoom. Mr. Geiger may be deer hunting on that date and unable to attend. Mr. Stevens will be out of town but will participate in the Planning Meeting on November 5th via Zoom. Ms. Knapp will talk to Mr. Solomon-Gross about when to schedule the next Governance Committee meeting. No changes to calendar requested.

BOARD COMMENTS AND QUESTIONS – None

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

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

And

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

And

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

Ms. Hagevig seconded. The Board entered executive session at 7:00 p.m., after a 2 minute break. They returned to regular session at 7:39 p.m.

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

Mr. Johnson noted that Ms. Bishop will be retiring soon after many years of service. He said there used to be a process to acknowledge employees and it's important that we continue to do so. Mr. Hargrave confirmed we do have an internal recognition process and gift policy. He also confirmed that BRH is still doing service awards and recognition for staff but in a different way. When we can do those big events in person again, we will.

Ms. Hagevig said it would be helpful in the near future to have a copy of the most current organization chart. Mr. Hargrave will include it in his November board management report.

ADJOURNMENT: 7:43 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, November 23, 2021

DRAFT

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: November 8, 2021
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: September Financial Performance

Bartlett Regional Hospital is finally seeing the inpatient volumes that were anticipated in the budget. Combining routine hospital patient days with MHU, total patient days were 20% over budget. As a result, inpatient revenue was greater than budget for the first time in many months. Inpatient revenue was \$708,000 (13.0%) greater than budget. At the same time outpatient activity and revenues continued to be strong generating \$832,000 (8.3%) more than budget. Unlike previous months, surgical volumes were down but were made up for Emergency Room and Radiology departments. Also, covid testing out of the Molecular Lab hit a new high of 6,700 tests performed generating revenue \$651,000 greater than budget.

After Rainforest, BHOPS and physician revenue, the month ended \$1,463,000 (8.5%) ahead of budget for Gross Patient Revenue.

Unfortunately, much of the additional revenue ended up in Contractual Adjustments as \$900,000 of the additional revenue was in the Medicare financial class. Bad Debt expense was over budget at \$196,000 greater than budget. The valuation model for determining bad debt expense was reviewed at length. However, for the month total Accounts Receivable increased \$2.2 million necessitating an increase in the allowance for Doubtful Accounts.

Net Patient Revenue finished ahead of budget with positive variance of \$346,000 (3.7%). Total Operating Revenue finished at \$339,000 (3.3%) greater than budget.

Total Expenses were over budget, finishing \$-428,000 (-4.1%) yielding an Operating Loss of \$166,000 as compared to a budgeted Operating Loss of -\$77,000. After Non-Operating Income it was a breakeven month. After two months, the Net Income is \$125,000 for a 0.39% margin.

Expense variances incurred in September were as follows:

- Contract Labor was \$82,000 over budget as the hospital struggles to maintain staffing levels.
- Supply costs were \$310,000 over budget, driven by increased covid testing lab tests of \$277,000. Increased testing resulted in \$180,000 of tests for the Roche analyzer while supply chain delays saw Cepheid test kits of \$45,000 arrive in September.
- The \$188,000 variance in the Maintenance and Repairs expense was a result of the 3 year true up with Microsoft licensing. Bartlett has increased staffing and the number of accounts accessing its IT systems. The number of users has increased from 727 to 900 users and the number of servers has increased from 19 to 37.

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

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	% Over (Under) Pr Yr	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	538	366	47%	360	49.4%	1,467	1,122	31%	1,087
Patient Days - Critical Care Unit	132	98	35%	103	28.2%	313	300	4%	310
Avg. Daily Census - Acute	22.3	15.5	44%	15.4	44.7%	19.3	15.5	25%	15.2
Patient Days - Obstetrics	84	61	37%	56	50.0%	221	188	18%	197
Patient Days - Nursery	57	51	12%	37	54.1%	165	156	6%	146
Total Hospital Patient Days	811	576	41%	556	45.9%	2,166	1,766	23%	1,740
Births	32	25	29%	24	33.3%	87	76	14%	81
Mental Health Unit									
Patient Days - Mental Health Unit	172	240	-28%	217	-20.7%	449	736	-39%	486
Avg. Daily Census - MHU	5.7	8.0	-28%	7.2	-20.7%	4.9	8.0	-39%	5.3
Rain Forest Recovery:									
Patient Days - RRC	192	240	-20%	0	0.0%	563	736	-24%	0
Avg. Daily Census - RRC	6	8.0	-20%	0	0.0%	6	8.0	-24%	0.0
Outpatient visits	58	85	-32%	118	-50.8%	152	261	-42%	206
Inpatient: Admissions									
Med/Surg	66	56	18%	43	53.5%	215	172	25%	163
Critical Care Unit	50	35	43%	36	38.9%	127	107	18%	101
Obstetrics	33	27	24%	26	26.9%	95	82	16%	87
Nursery	32	25	29%	24	33.3%	87	76	14%	81
Mental Health Unit	27	20	32%	27	0.0%	78	63	25%	65
Total Admissions - Inpatient Status	208	163	28%	156	33.3%	602	500	21%	497
Admissions - "Observation" Status									
Med/Surg	48	61	-21%	62	-22.6%	197	187	6%	172
Critical Care Unit	19	26	-26%	20	-5.0%	61	79	-23%	68
Mental Health Unit	4	2	74%	2	100.0%	10	7	42%	9
Obstetrics	18	14	30%	15	20.0%	51	42	20%	43
Nursery	0	0	0%	0	0.0%	0	0	0%	0
Total Admissions to Observation	89	103	-13%	99	-12.7%	319	315	1%	292
Surgery:									
Inpatient Surgery Cases	33	49	-32%	49	-32.7%	137	149	-8%	152
Endoscopy Cases	83	86	-4%	86	-3.5%	264	264	0%	239
Same Day Surgery Cases	98	115	-15%	106	-7.5%	315	352	-11%	358
Total Surgery Cases	214	250	-14%	241	-11.2%	716	766	-6%	749
Total Surgery Minutes	14,486	17,884	-19%	17,637	-17.9%	47,036	54,845	-14%	54,782
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	1,006	936	7%	967	4.0%	3,400	2,871	18%	2,991
Cardiac Rehab Visits	35	56	-38%	72	-51.4%	186	172	8%	170
Lab Visits	2,927	283	935%	301	872.4%	5,138	868	492%	854
Lab Tests	10,767	9,620	12%	9,679	11.2%	30,767	29,500	4%	28,925
Radiology Visits	797	788	1%	859	-7.2%	2,528	2,418	5%	2,392
Radiology Tests	2,354	2,295	3%	1,693	39.0%	7,267	7,038	3%	6,086
Sleep Study Visits	21	22	-5%	28	-25.0%	74	68	10%	87
Physician Clinics:									
Hospitalists	225	228	-2%	151	49.0%	721	701	3%	687
Bartlett Oncology Clinic	104	83	25%	85	22.4%	294	255	15%	243
Ophthalmology Clinic	49	92	-47%	100	-51.0%	250	281	-11%	305
Behavioral Health Outpatient visits	658	394	67%	396	66.2%	1,859	1,209	54%	1,123
Bartlett Surgery Specialty Clinic visits	194	224	-14%	177	9.6%	641	688	-7%	589
	1,230	1,022	20%	909	35.3%	3,765	3,134	20%	2,947
Other Operating Indicators:									
Dietary Meals Served	15,654	19,484	-20%	18,259	3.1%	46,533	59,752	-22%	55,707
Laundry Pounds (Per 100)	379	369	3%	374	-5.8%	1,179	1,131	4%	1,114

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

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	5,754	4,999	15.1%	4,435	5,133	15,331	-66.5%	13,077
Contractual Allowance %	44.8%	43.6%	2.6%	43.6%	40.5%	43.6%	-7.1%	44.9%
Bad Debt & Charity Care %	2.6%	1.3%	95.6%	1.7%	3.2%	1.3%	137.7%	0.5%
Wages as a % of Net Revenue	49.1%	52.1%	-5.6%	49.1%	47.7%	52.1%	-8.4%	51.9%
Productive Staff Hours Per Adjusted Patient Day	26.6	23.7	12.4%	21.3	25.5	74.1	-65.6%	66.3
Non-Productive Staff Hours Per Adjusted Patient Day	4.2	4.0	5.5%	3.9	3.9	11.7	-66.7%	11.0
Overtime/Premium % of Productive	9.46%	7.24%	30.6%	7.24%	7.35%	5.33%	38.1%	5.33%
Days Cash on Hand	55	57	-4.1%	115	55	57	-2.9%	116
Board Designated Days Cash on Hand	152	158	-4.1%	127	153	158	-2.9%	127
Days in Net Receivables	52.7	53	0.0%	53	52.7	53	0.0%	53
					Actual	Benchmark	% Over (Under)	Prior Year Month
Total debt-to-capitalization (with PERS)					56.8%	33.7%	68.4%	58.0%
Total debt-to-capitalization (without PERS)					15.0%	33.7%	-55.4%	15.0%
Current Ratio					4.61	2.00	130.5%	7.42
Debt-to-Cash Flow (with PERS)					9.97	2.7	269.4%	8.03
Debt-to-Cash Flow (without PERS)					2.64	2.7	-2.3%	2.08
Aged A/R 90 days & greater					44.4%	19.8%	124.2%	43.2%
Bad Debt Write off					0.5%	0.8%	-37.5%	0.4%
Cash Collections					84.6%	99.4%	-14.9%	80.5%
Charity Care Write off					1.0%	1.4%	-28.6%	0.6%
Cost of Collections (Hospital only)					4.7%	2.8%	67.9%	5.3%
Discharged not Final Billed (DNFB)					15.4%	4.7%	227.7%	13.8%
Unbilled & Claims on Hold (DNSP)					15.4%	5.1%	202.0%	13.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					2.1%	21.3%	-90.1%	2.9%

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
Gross Patient Revenue:											
\$4,824,972	\$4,468,440	\$356,532	8.0%	\$3,886,446	1. Inpatient Revenue	\$12,718,036	\$13,703,231	-\$985,195	-7.2%	\$11,395,502	11.6%
\$1,337,900	\$985,838	\$352,062	35.7%	\$952,489	2. Inpatient Ancillary Revenue	\$3,595,074	\$3,023,252	\$571,822	18.9%	\$2,871,573	25.2%
\$6,162,872	\$5,454,278	\$708,594	13.0%	\$4,838,935	3. Total Inpatient Revenue	\$16,313,110	\$16,726,483	-\$413,373	-2.5%	\$14,267,075	14.3%
\$10,874,045	\$10,041,787	\$832,258	8.3%	\$9,996,637	4. Outpatient Revenue	\$32,970,861	\$30,794,783	\$2,176,078	7.1%	\$29,849,039	10.5%
\$17,036,917	\$15,496,065	\$1,540,852	9.9%	\$14,835,572	5. Total Patient Revenue - Hospital	\$49,283,971	\$47,521,266	\$1,762,705	3.7%	\$44,116,114	11.7%
\$277,183	\$337,694	-\$60,511	-17.9%	\$13,850	6. RRC Patient Revenue	\$854,608	\$1,035,601	-\$180,993	-17.5%	\$22,128	3762.1%
\$434,612	\$266,090	\$168,522	63.3%	\$246,450	7. BHOPS Patient Revenue	\$1,169,115	\$816,008	\$353,107	43.3%	\$631,666	85.1%
\$856,222	\$1,041,686	-\$185,464	-17.8%	\$694,576	8. Physician Revenue	\$2,926,118	\$3,194,499	-\$268,381	-8.4%	\$2,820,195	3.8%
\$18,604,934	\$17,141,535	\$1,463,399	8.5%	\$15,790,448	9. Total Gross Patient Revenue	\$54,233,812	\$52,567,374	\$1,666,438	3.2%	\$47,590,103	14.0%
Deductions from Revenue:											
\$3,185,293	\$3,015,532	-\$169,761	-5.6%	\$2,678,139	10. Inpatient Contractual Allowance	\$8,519,983	\$9,232,633	-\$487,651	-5.3%	\$8,366,923	1.8%
-\$225,000	-\$225,000	\$0		-\$308,333	10a. Rural Demonstration Project	-\$450,000	-\$675,000	\$0		-\$308,333	
\$4,822,166	\$3,986,243	-\$835,923	-21.0%	\$4,055,643	11. Outpatient Contractual Allowance	\$12,194,342	\$12,224,485	-\$30,144	-0.2%	\$11,471,280	6.3%
\$544,518	\$700,628	-\$156,111	-22.3%	\$461,001	12. Physician Service Contractual Allowance	\$1,704,559	\$2,148,591	-\$444,032	-20.7%	\$1,857,505	-8.2%
\$26,208	\$14,348	-\$11,860	-82.7%	\$12,731	13. Other Deductions	\$75,964	\$44,000	-\$31,964	-72.6%	\$37,391	0.0%
\$188,462	\$127,997	-\$60,465	-47.2%	\$90,104	14. Charity Care	\$330,950	\$392,524	-\$61,574	-15.7%	\$483,374	-31.5%
\$296,308	\$100,379	-\$195,929	-195.2%	\$184,351	15. Bad Debt Expense	\$1,386,813	\$307,829	-\$1,078,984	-350.5%	-\$232,302	-697.0%
\$8,837,955	\$7,720,127	-\$1,117,827	-14.5%	\$7,173,636	16. Total Deductions from Revenue	\$23,762,611	\$23,675,062	-\$87,547	-0.4%	\$21,675,838	9.6%
44.8%	44.9%			45.6%	% Contractual Allowances / Total Gross Patient Revenue	40.5%	44.9%			44.9%	
2.6%	1.3%			1.7%	% Bad Debt & Charity Care / Total Gross Patient Revenue	3.2%	1.3%			0.5%	
47.5%	45.0%			45.4%	% Total Deductions / Total Gross Patient Revenue	43.8%	45.0%			45.5%	
\$9,766,979	\$9,421,408	\$345,572	3.7%	\$8,616,812	17. Net Patient Revenue	\$30,471,201	\$28,892,312	\$1,578,891	5.5%	\$25,914,265	17.6%
\$816,211	\$823,194	-\$6,983	-0.8%	\$1,421,894	18. Other Operating Revenue	\$1,565,646	\$2,524,469	-\$958,824	-38.0%	\$4,487,309	-65.1%
\$10,583,190	\$10,244,602	\$338,588	3.3%	\$10,038,706	19. Total Operating Revenue	\$32,036,847	\$31,416,781	\$620,067	2.0%	\$30,401,574	5.4%
Expenses:											
\$4,217,486	\$4,499,596	-\$282,110	-6.3%	\$3,915,618	20. Salaries & Wages	\$12,855,604	\$13,798,764	-\$943,160	-6.8%	\$12,151,672	5.8%
\$401,311	\$307,345	-\$93,966	-30.6%	\$176,631	21. Physician Wages	\$1,090,828	\$942,526	-\$148,302	-15.7%	\$812,198	34.3%
\$180,317	\$98,046	-\$82,271	-83.9%	\$136,342	22. Contract Labor	\$586,700	\$300,678	-\$286,022	-95.1%	\$495,727	18.4%
\$2,351,367	\$2,311,608	-\$39,759	-1.7%	\$2,351,025	23. Employee Benefits	\$7,106,751	\$7,088,923	-\$17,828	-0.3%	\$6,632,205	7.2%
\$7,150,481	\$7,216,595	-\$66,114	-0.9%	\$6,579,616	24. Salaries and Benefits / Total Operating Revenue	\$21,639,883	\$22,130,891	-\$491,008	-2.2%	\$20,091,802	7.7%
67.6%	70.4%			65.5%		67.5%	70.4%			66.1%	
\$85,053	\$83,225	-\$1,828	-2.2%	\$110,841	24. Medical Professional Fees	\$222,421	\$255,228	-\$32,807	-12.9%	\$322,238	-31.0%
\$251,085	\$169,360	-\$81,725	-48.3%	\$252,079	25. Physician Contracts	\$1,085,302	\$519,371	-\$565,931	-109.0%	\$497,781	118.0%
\$153,952	\$238,988	\$85,036	35.6%	\$183,744	26. Non-Medical Professional Fees	\$468,882	\$732,899	-\$264,017	-36.0%	\$515,538	-9.0%
\$1,526,388	\$1,216,134	-\$310,254	-25.5%	\$1,381,311	27. Materials & Supplies	\$4,646,833	\$3,729,477	-\$917,356	-24.6%	\$4,502,320	3.2%
\$100,105	\$128,147	\$28,042	21.9%	\$104,830	28. Utilities	\$331,837	\$392,986	-\$61,149	-15.6%	\$311,949	6.4%
\$559,794	\$371,507	-\$188,287	-50.7%	\$434,627	29. Maintenance & Repairs	\$1,343,535	\$1,139,291	-\$204,244	-17.9%	\$1,349,624	-0.5%
\$47,645	\$37,572	-\$10,073	-26.8%	\$46,149	30. Rentals & Leases	\$142,902	\$115,224	-\$27,678	-24.0%	\$147,009	-2.8%
\$72,913	\$54,299	-\$18,614	-34.3%	\$57,576	31. Insurance	\$223,076	\$166,515	-\$56,561	-34.0%	\$144,308	54.6%
\$642,412	\$627,436	-\$14,976	-2.4%	\$671,485	32. Depreciation & Amortization	\$1,860,178	\$1,924,134	-\$63,956	-3.3%	\$2,014,754	-7.7%
\$49,154	\$49,260	\$107	0.2%	\$50,909	33. Interest Expense	\$147,666	\$151,065	-\$3,399	-2.3%	\$152,941	-3.4%
\$110,601	\$128,964	-\$18,364	-14.2%	\$111,613	34. Other Operating Expenses	\$366,489	\$395,536	-\$29,047	-7.3%	\$297,690	23.1%
\$10,749,583	\$10,321,487	-\$428,094	-4.1%	\$9,984,780	35. Total Expenses	\$32,479,004	\$31,652,617	-\$826,387	-2.6%	\$30,347,954	-7.0%
-\$166,393	-\$76,885	-\$89,508	116.4%	\$53,926	36. Income (Loss) from Operations	-\$442,157	-\$235,836	-\$206,321	87.5%	\$53,620	-924.6%
\$100,903	\$164,384	-\$63,481	-38.6%	\$101,271	37. Non-Operating Revenue	\$305,620	\$504,110	-\$198,490	-39.4%	\$305,749	0.0%
\$65,029	\$74,579	-\$9,550	-12.8%	\$75,540	38. Interest Income	\$261,611	\$228,710	\$32,901	14.4%	\$226,932	15.3%
\$65,029	\$74,579	-\$9,550	-12.8%	\$75,540	38. Other Non-Operating Income	\$261,611	\$228,710	\$32,901	14.4%	\$226,932	15.3%
\$165,932	\$238,963	-\$73,031	-30.6%	\$176,811	39. Total Non-Operating Revenue	\$567,231	\$732,820	-\$165,589	-22.6%	\$532,681	6.5%
-\$461	\$162,078	-\$162,539	100.3%	\$230,737	40. Net Income (Loss)	\$125,074	\$496,984	-\$371,910	74.8%	\$586,301	78.7%
-1.57%	-0.75%			0.54%	Income from Operations Margin	-1.38%	-0.75%			0.18%	
0.00%	1.58%			2.30%	Net Income	0.39%	1.58%			1.93%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
September 30, 2021

	<u>September-21</u>	<u>August-21</u>	<u>September-20</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	18,422,022	18,422,611	35,597,529	(17,175,507)
2. Board designated cash	32,232,554	33,094,973	35,248,466	(3,015,913)
3. Patient accounts receivable, net	17,440,451	16,890,263	14,968,389	2,472,062
4. Other receivables	1,264,736	604,977	(441,157)	1,705,892
5. Inventories	3,511,679	3,367,771	3,151,282	360,397
6. Prepaid Expenses	3,075,080	2,809,614	2,766,747	308,333
7. Other assets	30,377	30,377	28,877	1,500
8. Total current assets	75,976,899	75,220,586	91,320,133	(15,343,236)
Appropriated Cash:				
9. CIP Appropriated Funding	18,854,017	18,854,017	4,163,554	14,690,463
Property, plant & equipment				
10. Land, bldgs & equipment	151,396,219	149,897,827	145,061,431	6,334,788
11. Construction in progress	9,724,991	10,780,518	6,189,430	3,535,561
12. Total property & equipment	161,121,210	160,678,345	151,250,861	9,870,349
13. Less: accumulated depreciation	(103,434,220)	(102,791,929)	(96,056,025)	(7,378,195)
14. Net property and equipment	57,686,990	57,886,421	55,194,842	2,492,155
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,403,681	251,165
16. Total assets	165,172,752	164,615,867	163,082,207	2,090,547
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,700,778	1,435,323	1,411,732	289,047
18. Accrued employee benefits	5,161,912	5,197,548	4,624,798	537,114
19. Accounts payable and accrued expenses	3,172,598	3,007,066	2,484,393	688,204
20. Due to 3rd party payors	4,046,626	3,947,392	4,250,857	(204,231)
21. Deferred revenue	1,042,502	1,085,668	(776,207)	1,818,708
22. Interest payable	126,119	63,059	131,919	(5,800)
23. Note payable - current portion	910,000	910,000	870,000	40,000
24. Other payables	321,793	265,021	275,690	46,103
25. Total current liabilities	16,482,328	15,911,077	13,273,182	3,209,145
Long-term Liabilities:				
26. Bonds payable	17,350,000	17,350,000	17,260,000	90,000
27. Bonds payable - premium/discount	97,971	111,877	1,182,480	(1,084,509)
28. Net Pension Liability	62,063,897	62,063,897	64,954,569	(2,890,672)
29. Deferred In-Flows	4,884,297	4,884,297	4,318,200	566,097
30. Total long-term liabilities	84,396,165	84,410,071	87,715,249	(3,319,084)
31. Total liabilities	100,878,493	100,321,148	100,988,431	(109,939)
32. Fund Balance	64,294,259	64,294,717	62,093,774	2,200,485
33. Total liabilities and fund balance	165,172,752	164,615,867	163,082,207	2,090,547

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes
November 5, 2021 – 12:00 p.m.
Bartlett Regional Hospital Zoom Videoconference

Called to order at 12:02 p.m., by Planning Committee Chair, Lance Stevens.

PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT (*Virtual attendees italicized*):
*Lance Stevens**, Hal Geiger*, Rosemary Hagevig, Kenny Solomon-Gross, Brenda Knapp, *Deb Johnston*
and *Mark Johnson*

ALSO PRESENT (*Virtual attendees italicized*) *Jerel Humphrey, Kevin Benson, Karen Forrest, Dallas Hargrave, Kim McDowell, Vlad Toca, Marc Walker, Katie Koester (CBJ), Jeanne Rynne (CBJ), Amanda Black, Katie Bausler* and Anita Moffitt

APPROVAL OF AGENDA - Mr. Geiger made a MOTION to approve the agenda as written. Mr. Stevens seconded. There being no objections, agenda approved.

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – Mr. Geiger made a MOTION to approve the minutes from the September 3, 2021 Planning Committee meeting. Mr. Stevens seconded. There being no objections, minutes approved.

MARKETING STRATEGIES

SBAR – BRH Logo Refresh, Marketing Plan and Website – Mr. Toca provided an overview of the Situation, Background, Assessment and Recommendations (SBAR) – Bartlett Logo Refresh, Marketing Plan and website document included in the packet. The document outlines the current situation, background, assessment and recommendations of Bartlett’s website and marketing strategy. Bartlett’s current website marketing templates are over a decade old and there is no clearly defined strategy. It is poorly maintained and offers no artificial intelligence, predictive features, chatbots or easy contact options. An aggressive marketing approach to attract new patients, highlight new and unique services and technology to our community is needed. Due to the estimated costs to engage a vendor to assist in our marketing strategy, an RFP (Request for Proposals) will be required. A draft RFP is included in the packet. Amanda Black joined our team less than two months ago as the Director of Marketing and Strategy. Working closely with Mr. Toca she helped identify a very high error percentage rate of information on the BRH website and provided valuable input on the RFP.

Questions and comments from board members about the plan presented:

- Mr. Geiger can see the goal in updating the website but is unclear of the goal of refreshing the logo and color scheme and why it would be worth 70,000 - 100,000 dollars.
- Mr. Stevens stated our logo is not currently in a digital format and does need a refresh.

- Ms. Hagevig expressed concerns about get bogged down and spending money on a logo if it's not needed. She feels that the color scheme is familiar to the community and could be used again. The important thing at this time is messaging to get the information out that we want to convey. She questioned whether there will be new messaging going on while working with the contractor on the logo refresh. She also noted we are not a critical care access hospital and asked why we are modeling this on a critical access platform and when the contractors finish their work, who is going to maintain the website?
- Ms. Johnston expressed concern about the ongoing operating costs. She also wanted to know who was going to maintain the website and noted marketing materials using the new logo would also require periodic maintenance and refresh. She asked what we are currently spending for website maintenance and production of the House Calls magazine and what we anticipate our operating costs will be going forward. Will the marketing director pick up some of the responsibilities that we currently have assigned to the outside contractor?
- Ms. Knapp doesn't dispute that the website needs to be regularly maintained with an administrator and designated personnel updating it but the idea of changing our logo and colors when we haven't yet had a strategic planning session to decide where we are going and what our priorities are, she feels, is premature. We need to go through that process first. In the meantime, we could make the website more useful and relatable. She expressed concerns about considering a marketing department at this time while we're trying to get our revenue stream back in line with expenditures and so forth. She suggests we all take a step back and make sure we agree with the assumptions presented. The board needs to identify strategic goals before moving ahead.
- Mr. Solomon-Gross appreciates all of the hard work that has been put into this plan so far but agrees that we need to know what direction we're going. Everyone agrees that we need a new website but he also feels we are putting the cart before the horse. He would like to have a clearer answer to the questions the board members are asking about what we are trying to accomplish.
- Mr. Johnson requests a white paper be drafted to clearly outline what we're trying to do and why.
- Mr. Geiger stated he's never made a decision for medical services based on a logo and asked if we invest in this marketing plan, what is it we want to achieve and how will we know whether we're reaching our goal or not.
- Ms. Hagevig suggests a two pronged process should be considered. What is being presented now is important and is spot on for long term plans. It is pretty time and labor intensive and the board needs to help identify what it is we want to accomplish. We need another track going that actually deals with the problems we have on our plates today. She feels a sense of urgency to let the community know what services BRH has to offer via radio ads, social media, newspapers, etc.
- Mr. Stevens said we all need to recognize that our digital front door is broken. Our current digital presence isn't effective and isn't a tool that can be utilized long term because it doesn't have the capabilities to be modernized. If we start advertising and invite people to look at BRH and our digital front door is broken, that's a problem. While we do need a two pronged approach, this process, from the time we engaged them to after the RFP process, could be 7-8 months. If we wait to start building our digital front door, we're going to be farther and farther behind. In his opinion, this is an important launch piece for future efforts to engage the public. He feels Mr. Toca is on the right track in presenting this information first because we can't attract people to look us up on line with the presence we currently have. He's not sure if we need to change our logo but feels that our current logo is massive with a dated look and color scheme. A logo should

catch the eye but not be the dominant feature on the page. He stated there have been a lot of needed, behind the scene things presented today to move things forward so we can become two pronged and can move, regardless of not having a strategic initiative around marketing yet. He's hoping we can come back to this next month with answers to the questions being asked and can move on this sooner rather than later as a board.

- Mr. Solomon-Gross requested Mr. Humphrey and Mr. Benson work with Mr. Toca to put together a more comprehensive plan that will answer the Board's questions and concerns.

Mr. Toca will present a comprehensive plan with answers to these questions.

COVID STATUS – Ms. McDowell reported that we have 3 COVID patients in-house. Monoclonal antibody clinic is slowing down due to decreased demand. Overall, state and city numbers are starting to show a slight decline. Staffing is stable. We have received 1,200 doses of vaccines approved for children ages 5-11. Vaccination clinics will be held this weekend for those wishing to receive them. Mr. Benson reported that COVID testing has increased exponentially in the past two months, 6,300 tests in October compared to 800-1,000 a month 3-4 months ago. The numbers are now beginning to taper off a bit.

MASTER FACILITY PLAN AND TIMELINE – This document is included in the packet. Mr. Benson reported that the dollar amount listed on the Emergency Department addition and ventilation upgrade has increased from \$7 million to \$12 million due to more accurate estimates. This is one of the two projects to be funded by the \$20 million bond issue approved by the CBJ Finance Committee on Wednesday evening. This \$20 million bond issue will be presented for the first reading at next Assembly meeting and for approval at the following Assembly meeting.

CURRENT PROJECTS UPDATE – Mr. Benson reported this is the same project listing included in last week's Board of Directors packet. There have been no changes since then. The RRC window and siding replacement project is anticipated to be completed the middle of this month.

BOPS / CRISIS STABILIZATION PROJECT UPDATE – The final renderings of the Crisis Stabilization building are included in the packet. Significant progress is being made on getting ready to pour the foundation. Due to COVID, the upcoming holidays and weather, the planned ground breaking ceremony for this project has been postponed until May 19th.

Because the space to be used is still in use until the end of December, the physician sleep room project has been postponed. Mr. Benson has asked Ms. Rynne move ahead with the RFP for the construction of the sleep room to take place after the first of the year when the space becomes available.

Comments - None

Next meeting: 12:00pm, Friday – December 3rd

Adjourned – 1:03 pm.

Bartlett Regional Hospital

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

Board Quality Committee November 10, 2021 Minutes

Called to order at 3:28 p.m. by Board Quality Committee Chair, Rosemary Hagevig

Board Members: Rosemary Hagevig, Mark Johnson, Hal Geiger, Mark Johnson

Staff: Deborah Koelsch, Autumn Muse, Gail Moorehead*, Jerel Humphrey, Holly Cockerill, Jeannette Lacey, Racheal Gladhart, Karen Forrest*, Kim McDowell*, Dallas Hargrave*, Vlad Toca*

Guests: Bridgett Dowd, KTOO

Mark Johnson made a MOTION to approve the minutes from September 8, 2021 Board Quality Meeting. Kenny Solomon Gross seconded, they are approved.

Old Business: None

Standing Agenda Items:

- None

New Business:

QAPI Presentation – Case Management

- Ms. Lacey presented on three Case Management process improvement projects. She provided an overview of the Case Management department and their contributions to the hospital and our patients. The discharge planning and outlier chart reviews was the first project presented. Our geographic location is a barrier to transition patients to the next level of care. The improvement opportunities include earlier discharge planning, provider participation with the discharge planning process and demonstrating the severity of illness with documentation and coding. The department worked on streamlining their processes by working with Clinical IT by adding a facility referral section. This ensures that things don't fall through the cracks. Patients are provided a provider list and the CMS ratings on possible placement options.
- The Hello B.A.B.Y. Plan of Safe Care Program was presented by Ms. Gladhart. The program is meant to engage families with perinatal substance use and develop plans to keep babies safer and families healthier. BRH partners with ROCK Juneau to provide this program. BRH has had 42 families referred, 81% of the referrals were enrolled in the program. This program lets us reach a vulnerable population of Juneau. Bartlett will participate in the state-wide process improvement program the Alaska's Perinatal Quality

Collaborative. We currently meet five of the 11 key changes the program is targeting. Ms. Gladhart shared the major gaps we are experiencing within our community including transportation, respite childcare, parenting skills, diaper insecurities and mental health in the fourth trimester.

- The Oncology Program presentation will be sent to the Board of Directors via email.

Fall Vaccine Update

- Tabled to next Board of Directors meeting

Update on JC New Board Requirements

- Ms. Muse gave an update on The Joint Commission's possible plan to do a hybrid survey. Our survey schedule will remain the same. Ms. Muse gave an update of new standards. In July of 2022, there will be a large overhaul in the Emergency Management requirements. Ms. Muse invited the Board of Directors to the Joint Commission Survey Boot Camp and the upcoming Breakfast Briefings. There was a request to have the boot camp recorded and provided to the board at a later date. Ms. Hagevig responded that watching it at a later date would remove the chance to have an interaction with staff. Mr. Hargrave will check with Mr. Palmer regarding the posting of the meeting.

Review of Current CMS Quality Measures/Reporting

- Ms. Moorehead gave an overview of the current CMS quality measures and reporting and using measurement for quality improvement. The three aims for the National quality strategy are better health, better care and lower costs. We make care safer by improving support for a culture of safety, reducing inappropriate and unnecessary care and preventing and minimizing harm in all settings. Ms. Moorehead shared our current objectives to promote effective safe care. Ms. Moorehead shared her vision for future reporting to the Board of Directors regarding Quality measures.
- Discussion surrounding Sentinel Event reporting and how that information is provided to the Board of Directors.

Review of the Governance Conference

- Ms. Hagevig would like to review the presentations provided today again and share them with Strategic Planning. Mr. Solomon-Gross expressed how important Quality is to the hospital. Ms. Hagevig would like to share the recordings from the conference with the Quality Department.

Adjournment: 5:06 p.m.

Next Quality Board meeting: January 13, 2022 at 3:30 pm

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes BRH Boardroom & Zoom Meeting November 12, 2021 at 12:00pm

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

Finance Committee (*) & Board Members: *Deb Johnston**, Brenda Knapp*, Lance Stevens*, Hal Geiger, Mark Johnson, Kenny Solomon-Gross, and Rosemary Hagevig. (*Zoom attendees in italics*)

Staff & Others: Jerel Humphrey, CEO, Kevin Benson, CFO, Karen Forrest, CBHO, Vlad Toca, COO, Kim McDowell, CNO, Blessy Robert, Director of Accounting, Seanna O'Sullivan, Anita Moffitt, and Gage Thompson.

Public Comment: None

Ms. Knapp made a MOTION to approve the minutes from the October 8, 2021 Finance Committee Meeting. Mr. Stevens seconded, and they were approved.

September 2021 Financial Review – Kevin Benson, CFO

Bartlett Regional Hospital is finally seeing the inpatient volumes that were anticipated in the budget. Combining routine hospital patient days with MHU, total patient days were 20% over budget. As a result, inpatient revenue was greater than budget for the first time in many months. Inpatient revenue was \$708,000 (13.0%) greater than budget. At the same time outpatient activity and revenues continued to be strong generating \$832,000 (8.3%) more than budget. Unlike previous months, surgical volumes were down but were made up for in the Emergency and Radiology departments. Also, covid testing out of the Molecular Lab hit a new high of 6,700 tests performed generating revenue \$651,000 greater than budget.

After Rainforest, BHOPS and physician revenue, the month ended \$1,463,000 (8.5%) ahead of budget for Gross Patient Revenue.

Unfortunately, much of the additional revenue ended up in Contractual Adjustments as \$900,000 of the additional revenue was in the Medicare financial class. Bad Debt expense was over budget at \$196,000 greater than budget. The valuation model for determining bad debt expense was reviewed at length. However, for the month total Accounts Receivable increased \$2.2 million necessitating an increase in the allowance for Doubtful Accounts.

Net Patient Revenue finished ahead of budget with positive variance of \$346,000 (3.7%). Total Operating Revenue finished at \$339,000 (3.3%) greater than budget.

Total Expenses were over budget, finishing \$-428,000 (-4.1%) yielding an Operating Loss of \$166,000 as compared to a budgeted Operating Loss of -\$77,000. After Non-Operating Income it was a breakeven month. After two months, the Net Income is \$125,000 for a 0.39% margin.

Expense variances incurred in September were as follows:

- Contract Labor was \$82,000 over budget as the hospital struggled to maintain staffing levels.
- Supply costs were \$310,000 over budget, driven by increased covid testing lab tests of \$277,000. Increased testing resulted in \$180,000 of tests for the Roche analyzer while supply chain delays saw Cepheid test kits of \$45,000 arrive in September.
- The \$188,000 variance in the Maintenance and Repairs expense was a result of the three-year true up with Microsoft licensing. Bartlett has increased staffing and the number of accounts accessing its IT systems. The number of users has increased from 727 to 900 and servers have increased from 19 to 37.

Grants Review – Blessy Robert, Director of Accounting

FY21 estimated balance of \$400,000 in unused grant funds previously discussed, ended at \$135,000 actually unused. Half of this was related to travel, and was unused due to restrictions. BRH used close to \$6 million in FY21 for grants. Provider Relief Funds were split out, but are incomplete. BRH was awarded \$12 million through July 2020, with total expenses and lost revenue being about \$10 million greater than that. Phase 4 of PRF funding has been applied for. Individual grants are broken out in the packet document. Crisis stabilization grant is concluded.

FY22 reveals a smaller amount of grants available at \$3 million. \$1.9 million has been applied so far. The majority of the larger grants are no longer available to us. Currently available grants are smaller. Quantity of available grants have diminished drastically. BRH was preliminarily denied for the Telehealth grant.

No Surprise Billing Legislation – Kevin Benson, CFO

Effective January 1, 2022, the legislation includes elimination of the “surprise bill” that the patient may receive from out-of-network providers at a facility. This eliminates much of the financial burden on the patients. Physicians, radiologists, anesthesiologists, pathologists, and surgeons in independent practice at BRH may not be in-network and will bill separately. BRH has been holding town halls for education, questions and concerns regarding this legislation. Independent providers were notified which companies are in-network, so that they can work to align themselves with those companies if they choose to.

Capital Improvement Projects – Kevin Benson, CFO

Annually, CBJ publishes a Capital Improvement Project list of projects it plans to take on in the fiscal year. Projects are administered by CBJ. Emergency Department renovations were included in this. Deferred Maintenance was decreased since larger projects have been completed. Looking to move it to the board for approval, before being forwarded to Assembly Finance Committee, since CBJ would like this before the December BOD meeting. Plan follows master facility plan Gantt chart.

Ms. Knapp made a MOTION to move the list of 6-year Capital Improvement Projects to the full board meeting for action. Mr. Stevens seconded, and they were approved.

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

Additional Comments: None

Adjourned – 12:58 p.m.

Bartlett Regional Hospital
Six Year Department Improvements Plans - Revised

Project	Priority	FY23	FY24	FY25	FY26	FY27	Future	Total
Deferred Maintenance	1	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	18,000,000
Emergency Room remodel and expansion	2	12,000,000						12,000,000
Crises Stabilization	3	1,000,000						1,000,000
North Addition	3			40,000,000				40,000,000
First Floor Renovation	4				12,000,000			12,000,000
Relocate & Remodel Biomed, Dietary, Laundry, Medical Office Building	5		2,500,000	2,500,000				5,000,000
Remodel Laboratory (5000 Sq Ft)	6		2,000,000	1,000,000				3,000,000
Maintenance Building for Equipment	7						3,750,000	3,750,000
Oxygen Tank (Bulk) Storage	8						1,000,000	1,000,000
Totals	9	16,000,000	7,500,000	46,500,000	15,000,000	3,000,000	8,250,000	96,250,000

1. Deferred Maintenance: These funds are to address infrastructure projects. These funds will be used for known and planned projects and also used to address replacement or repairs that are not anticipated.

2. The Emergency Room is in need of renovation and expansion. As a part of this project the ventilation for the Emergency Room and upper floors will be upgraded. The Covid epidemic revealed the inadequacy of space in the Emergency Room and the need for ventilation improvements which will add both negative and positive pressure treatment rooms.

3. The cost of adding a 3rd floor to the Crises Stabilization facility has increased significantly from estimated costs developed 6 months ago. Covid and supply stream problems have increased construction materials significantly necessitating additional funding.

Bartlett Regional Hospital
Six Year Department Improvements Plans

Project	Priority	FY23	FY24	FY25	FY26	Future	Total
Deferred Maintenance	1	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000	23,000,000
Emergency Room remodel and expansion	2	12,000,000					12,000,000
North Addition	3			40,000,000			40,000,000
First Floor Renovation	4				12,000,000		12,000,000
Relocate & Remodel Biomed, Dietary, Laundry, Medical Office Building	5		2,500,000	2,500,000			5,000,000
Remodel Laboratory (5000 Sq Ft)	6		2,000,000	1,000,000			3,000,000
Maintenance Building for Equipment	7					3,750,000	3,750,000
Oxygen Tank (Bulk) Storage	8					1,000,000	1,000,000
	9					500,000	500,000
Totals		15,000,000	7,500,000	46,500,000		8,250,000	100,250,000

1. Deferred Maintenance: These funds are to address infrastructure projects. These funds will be used for known and planned projects and also used to address replacement are repairs that are not anticipated.

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Bartlett Regional Hospital

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

Board Compliance & Audit Committee Meeting

Draft Minutes

November 15, 2021

Called to order at 11:59 AM., by Board Compliance Committee Chair, Iola Young

Compliance Committee and Board Members:

Board Members: *Iola Young, Committee Chair; *Hal Geiger; *Deborah Johnston, Kenny Solomon-Gross

Staff/Other: Nathan Overson, Compliance Officer; Jerel Humphrey, CEO; Karen Forrest, CBHO; Kevin Benson, CFO; Kim McDowell, CNO; Vlad Toca, COO

Previous Board Compliance Meeting Minutes Approval: *Mr. Geiger made a MOTION to approve the October 26th 2021 Board Compliance and Audit Committee Meeting minutes as submitted. Ms. Johnston seconded the motion, and hearing no objection, Ms. Young approved the meeting minutes without change.*

Committee Compliance Training:

Mr. Overson shared a 15 min training module from Apexus called “340B for the C-Suite”. Health Resources and Services Administration (HRSA), which is responsible for administering the 340B Drug Pricing Program, also oversees the 340B Prime Vendor Program (PVP), which is managed by Apexus through a contract awarded to them by HRSA. The training module focused on the (1) value and risks of the 340B Program for an organization, (2) role of senior leadership in managing the 340B Program, and (3) some common misconceptions about 340B. After the training, the compliance committee discussed some of the current characteristics of BRH’s 340B program; including the in-house pharmacy, and the contract pharmacies. Ms. Young raised the question of whether compliance had adequate resources to fulfill its responsibility to the 340B Program.

Compliance Program Evaluation:

After a brief overview of the PYA Compliance Program Review, and Risk Assessment report from the last Board Compliance & Audit Committee Meeting, Mr. Overson gave an update on the progress toward the completion of the recommendations listed for the Compliance Program, the recommendations listed from the Risk Assessment, and the recommendation list given by Eide Bailly regarding the 340B program. Mr. Overson said that the compliance focus and energy has been primarily on the assessment, and analysis of the 340B contract pharmacy. There has also been some development toward defining processes for the New Service Line Committee. Mr. Overson reported that the first meeting of the 340B Oversight Committee had been held, and would be accountable for completing the Eide Bailly 340B Program recommendations as the committee strives to position itself to effectively oversee the compliance of the 340B Program.

Ms. Young responded to the update by stating that in 2013 there was a \$1.4 million payment to the OIG, later ~\$600K in reactionary legal fees related to compliance concerns, and BRH currently evaluating the exact liability for the 340B situation. Ms. Young continued that along the way, we have had multiple professional organizations recommend that there be two or three full time equivalents (FTE's) for the compliance staff. Ms. Young also confirmed that Mr. Overson was currently filling the role of Compliance Officer, and Risk Manager. Ms. Young asked the committee if the Compliance Program had more resources whether those past occurrences could have been avoided. Mr. Overson stated that he would like the record to reflect that in October he utilized his "dotted-line" communication to the board by calling a meeting that included Ms. Young, the Compliance Committee Chair, Mr. Solomon-Gross, the President of the Board, and Ms. Callahan, the Interim CEO. In that meeting Mr. Overson stated that in his role as Compliance Officer, it is his duty to apprise BRH and the BOD of potential compliance related issues, and that he believed the Compliance Program was understaffed, based on the government's expectation for a hospital BRH's size. This imbalance, viewed by Mr. Overson, was seen as a significant compliance risk to the organization by him. It was pointed out in the "dotted-line" meeting that Mr. Overson's view is consistent with the recommendations of multiple BRH specific Compliance Program reviews and evaluations, and as such, was seeking to respectfully, and formally request additional resources for the Compliance Program.

Mr. Overson acknowledged that Mr. Humphrey, new BRH CEO, was briefed on the "dotted-line" meeting, and had agreed to add a 0.5 FTE to the Compliance Program. He also supports the creation of the 340B Oversight Committee, and the New Service Line Committee. Mr. Humphrey responded, confirming the agreement of a 0.5 FTE as a start, and added that there would also be an evaluation of the Risk Management responsibilities. Ms. Johnston asked that, at some point in the future the BOD be brought up to date on BRH's Risk Management Program. Mr. Solomon-Gross asked that a meeting with Mr. Humphrey, Ms. Young, himself, and Mr. Overson be held to review the expectations of the Compliance Program for BRH, so Mr. Solomon-Gross could have something to present to the BOD.

Compliance Officer Report:

Mr. Overson stated that much of what was going to be presented in the Compliance Officer Report had already been discussed to some extent. Mr. Solomon-Gross proposed that the committee convene again in December since there was more to discuss. The Committee agreed and decided on the time and date of the next committee meeting.

Executive session: This meeting did not go into executive session.

Meeting Adjourned: 1:25 PM

Next Meeting: December 20, 2021 at 1:00 PM

Bartlett Regional Hospital

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BRH and Assembly Joint Committee Meeting Minutes
Friday, November 19, 2021 – 12:00 p.m.
BRH Boardroom / Zoom Videoconference

Called to order at 12:07 p.m., by Alicia Hughes-Skandijs, Committee Chair.

Committee Members Present: Alicia.Hughes-Skandijs, Committee Chair, Kenny Solomon-Gross, Vice-Chair, Mayor Beth Weldon. *Virtually Present: Lance Stevens, Deborah Johnston and Christine Woll*

Also Present in the Room: Jerel Humphrey, CEO, Vlad Toca, COO, Rosemary Hagevig, Board Vice-President, Brenda Knapp, Board Member, Hal Geiger, Board Member and Anita Moffitt, BRH Staff

Other Virtual attendees: Kevin Benson, CFO, Kim McDowell, CNO, Karen Forrest, CBHO, Rorie Watt, City Manager, Robert Barr, Deputy City Manager, Mark Johnson, Board Member, Beth Mow and Claire Stremple

PUBLIC PARTICIPATION – None

INTRODUCTIONS – Ms. Hughes-Skandijs expressed appreciation for all of the Board members taking time to join the meeting. She noted Board and Assembly member contact information was included in today's packet as is the Organizational Chart for the hospital. Over the course of the meetings, we will all get to know each other better.

ASSEMBLY JOINT COMMITTEE CHARTER REVIEW – Mayor Weldon stated the purpose of this committee is to improve communications between BRH and the Assembly with the following objectives:

- To evaluate BRH's ability to consider and acquire real property. Sharing information with the three assembly committee members as well as the BRH board liaison, will make it much easier to get the message across to the full assembly and will hopefully make things happen faster.
- Discuss BRH's campus planning, business plan, projected community service needs and the facility needs. The Assembly doesn't want the BRH Board to come to the Assembly to appropriate funds and not have the back story.
- Keep the Assembly informed and updated on BRH's efforts to partner or affiliate with other hospitals and health care providers.

She stated the committee's purpose is not to keep BRH from doing anything but to improve communications about what BRH's future plans are and to assist in these activities. She extended a welcome to the board members and staff in attendance.

Ms. Hughes-Skandijs shares Mayor Weldon’s excitement about the committee and encourages the Assembly members to ask lots of questions. It will help make things easier later if concerns have been met through this committee process.

BRH PROJECTS UPDATE – Ms. Hughes-Skandijs stated this Project Priority Plan document included in the packet will be present at all future meetings. It will be beneficial to see everything that is already planned out for the long term. Mr. Solomon-Gross expressed his enthusiasm to share information about BRH’s future plans. He clarified that this is a fluid document and is updated as needed. Mr. Stevens identified this as an easy view of the long term master facility plan. If material is needed to provide the back story on these projects, it will be made available. Ms. Johnston had nothing to add about the project updates but expressed appreciation for the opportunity to work with the Assembly members and to learn the Assembly process.

EXECUTIVE SESSION - MOTION by Mr. Solomon-Gross to recess into executive session to discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning

Committee entered executive session at 12:21 pm and returned to regular session at 12:56 pm.

Mayor Weldon reported the committee held a discussion about campus planning that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH.

COMMENTS: Ms. Hughes-Skandijs said this has given us information that will help shape the information to be brought back to future meetings. She asked for feedback on how often the committee should meet in order to complete its charge. Mr. Solomon-Gross said keeping communications open is important and meeting times can be fluid. Mr. Stevens suggests quarterly meetings should be frequent enough to be helpful but not a burden.

Mr. Watt stated he would like to work with the Committee Chair, Board Chair and the attorney to contemplate a code revision that might make it easier for the hospital to navigate in a competitive real estate world.

Ms. Knapp thanked the Assembly for taking an active interest in BRH. It’s encouraging to see active ownership in the process as these projects are they very serious, costly and important to the hospital and the community.

Next meeting: Ms. Hughes-Skandijs will work with Ms. Moffitt to identify a time for the next meeting

Adjourned – 1:01 pm.

Bartlett Regional Hospital

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November 23, 2021 Management Report From Studebaker Nault and CBJ Law

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

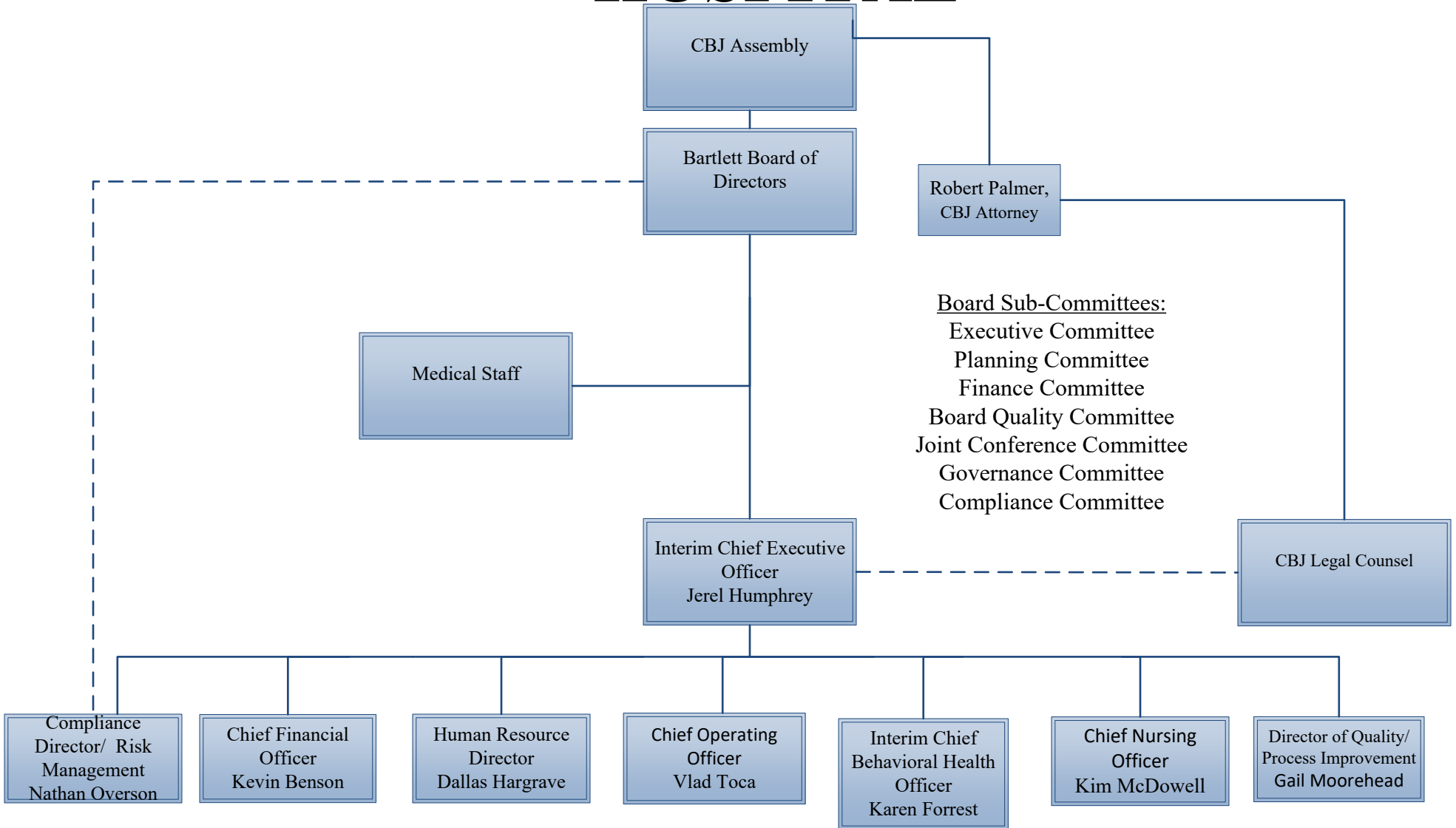
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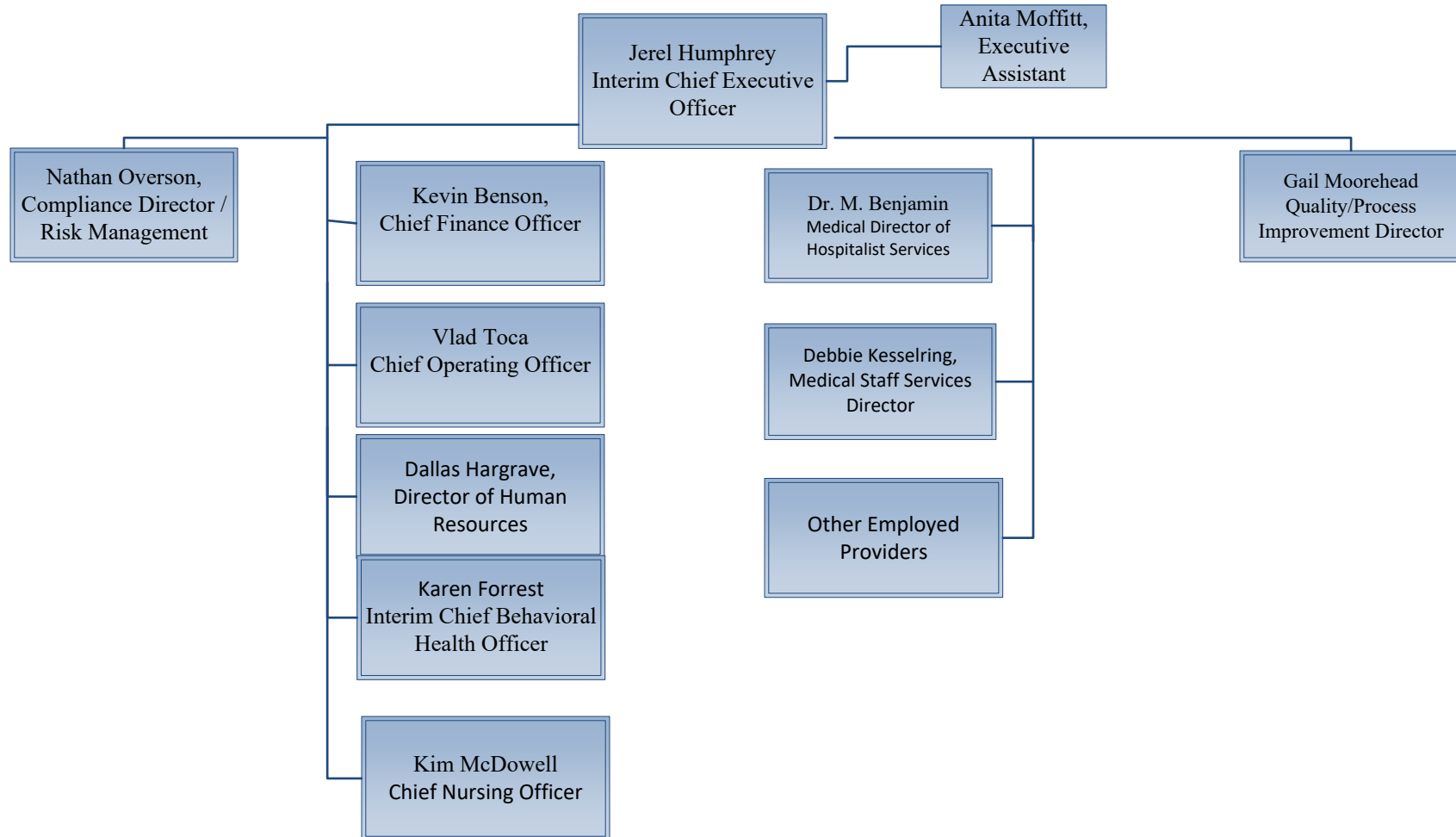
Management Report from Dallas Hargrave, Human Resource Director November 2021

- **COVID-19 Vaccine for Employee updates.** We continue to interact with unvaccinated employees. At this time, we have received 13 religious accommodation requests for employees and have approved 12 requests and denied 1 request. Additionally, we have received 3 employee medical accommodation requests and have approved 2 of them. We continue to interact with another employee regarding the employee's medical accommodation request and the employee is seeking more information from her medical provider. We have received one religious accommodation request from a non-employee credentialed medical staff member and it was approved. When an accommodation request is approved, an employee or medical staff member signs an acknowledgement that they agree to other strict mitigation measures. Two employees have indicated that they will not receive the COVID-19 vaccine and those employees will be separated from employment on December 15, 2021. Employee Health reports that they have seen an increase of unvaccinated employees showing up for their first vaccine shot in the last two weeks. There is a small number of additional employees who still need to respond to our request to either provide evidence of vaccination or inform us of their intent to become vaccinated. We will provide an update to the Board in December on the final results of process to implement the required COVID-19 vaccine policy.

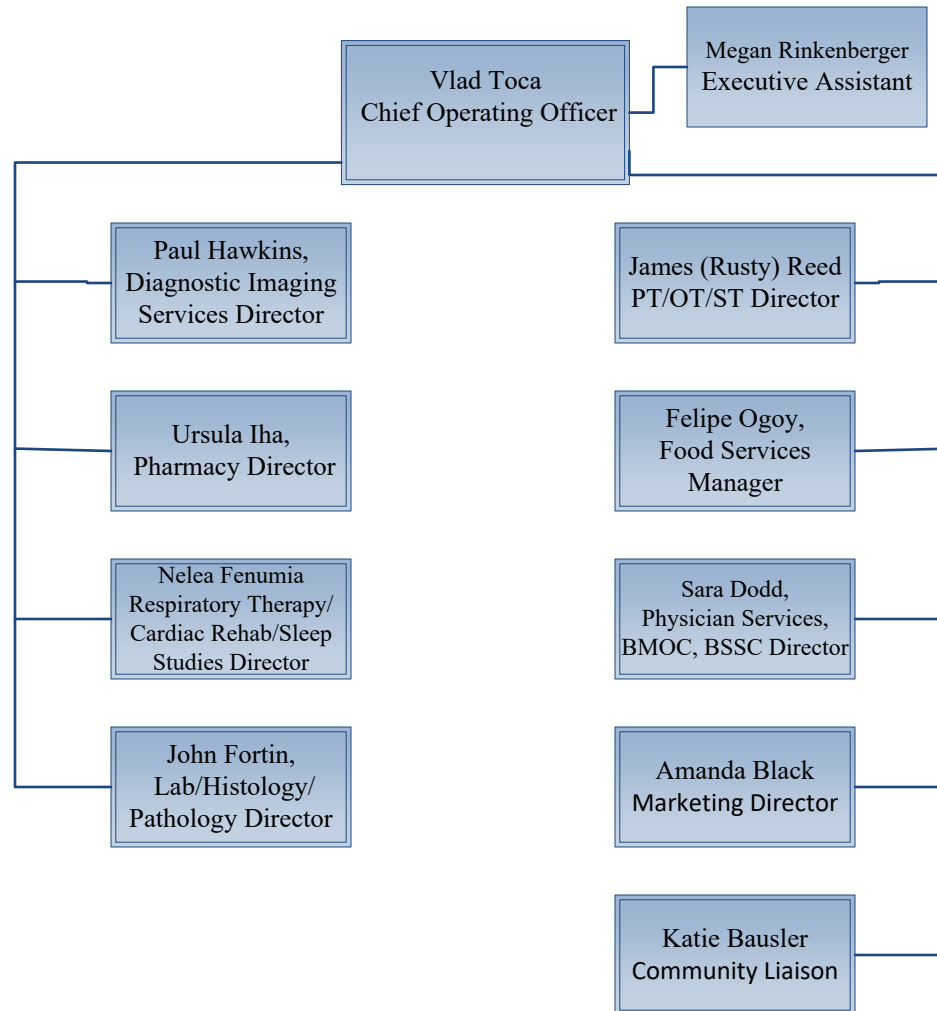
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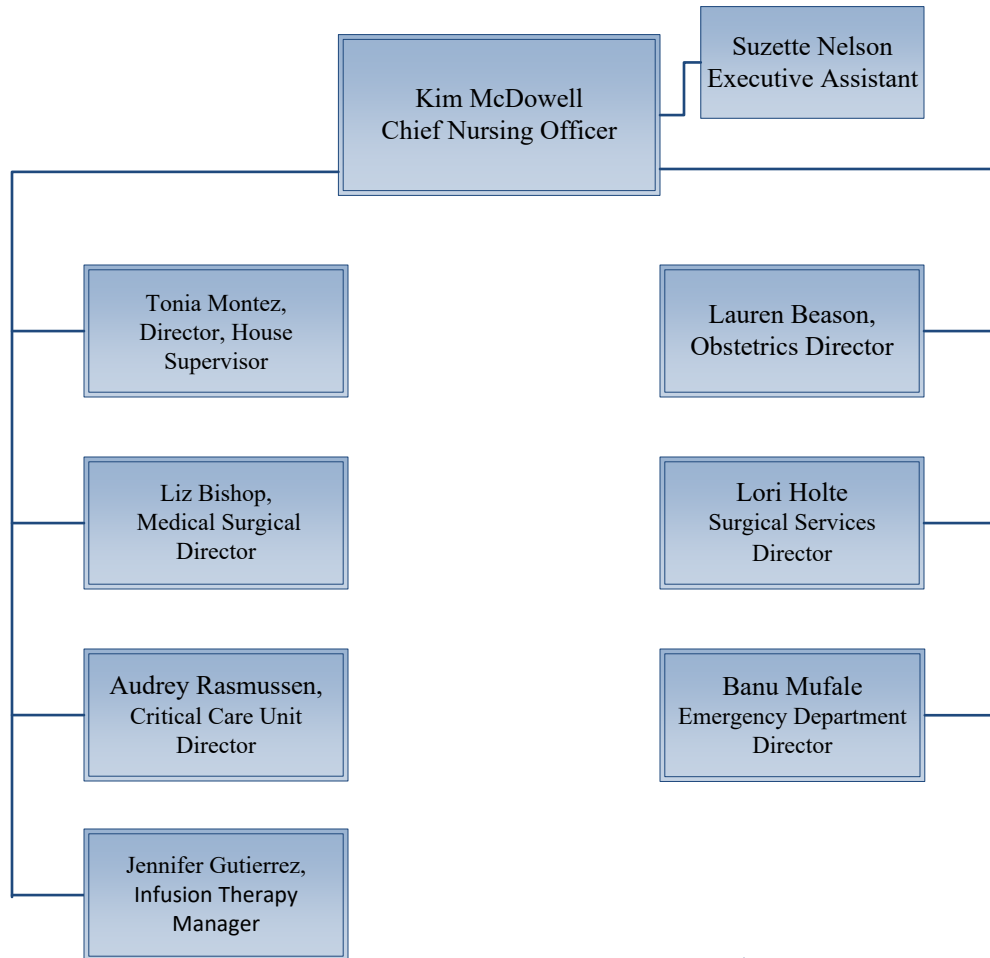
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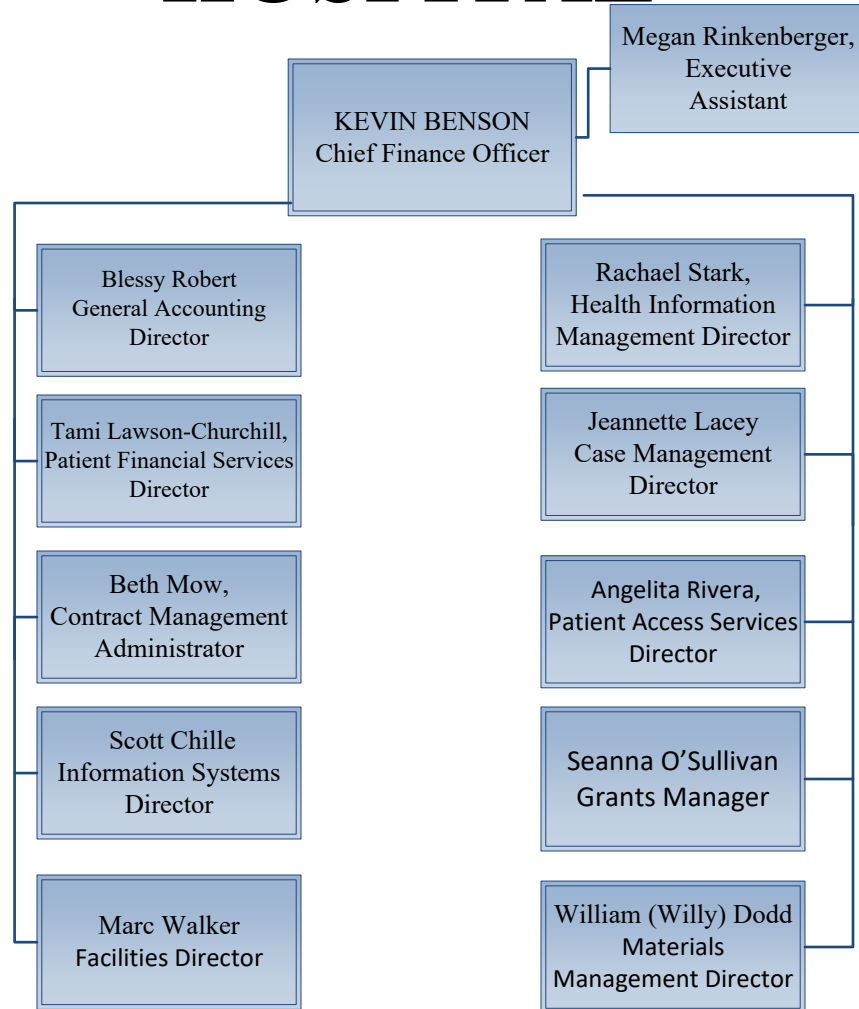
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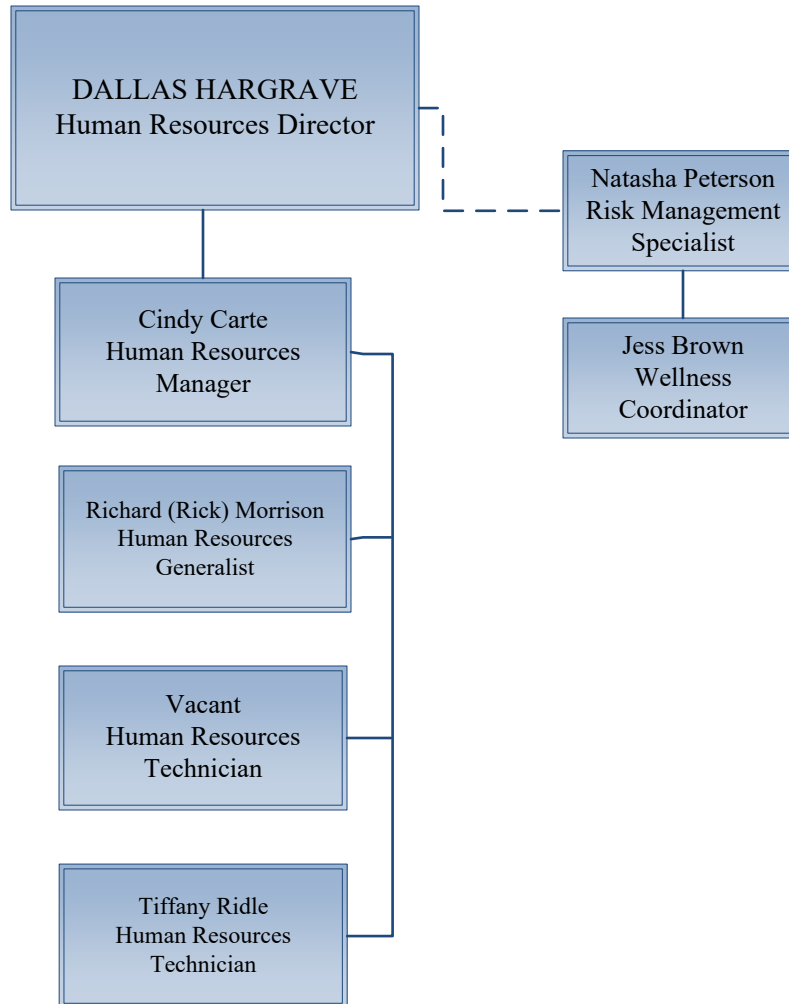
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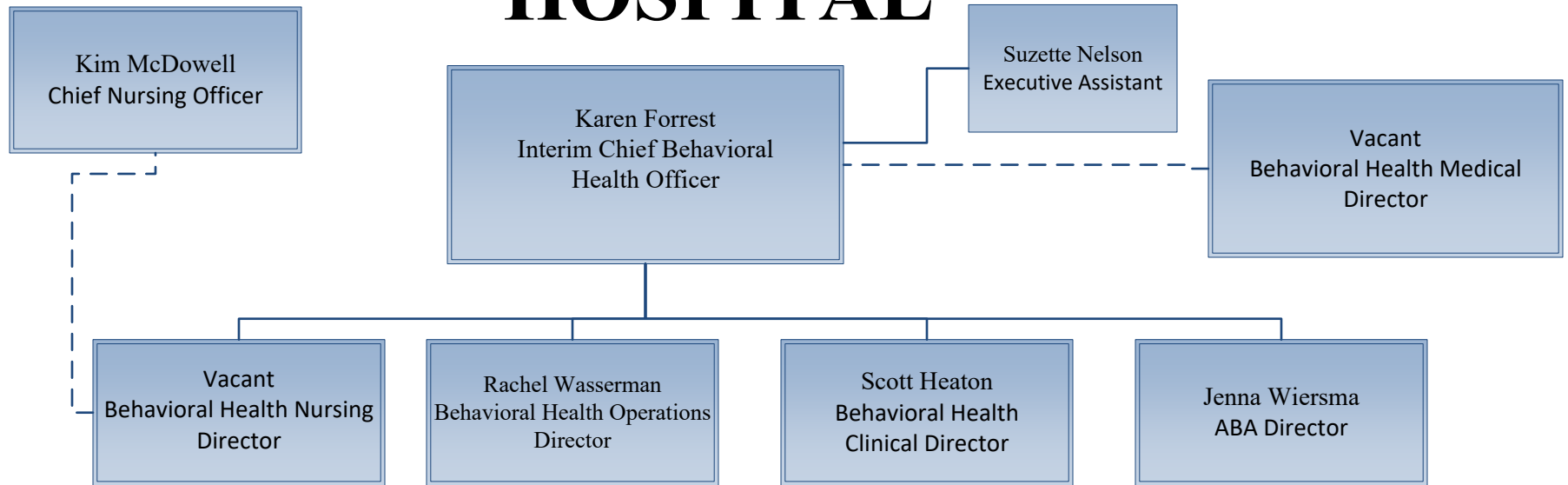
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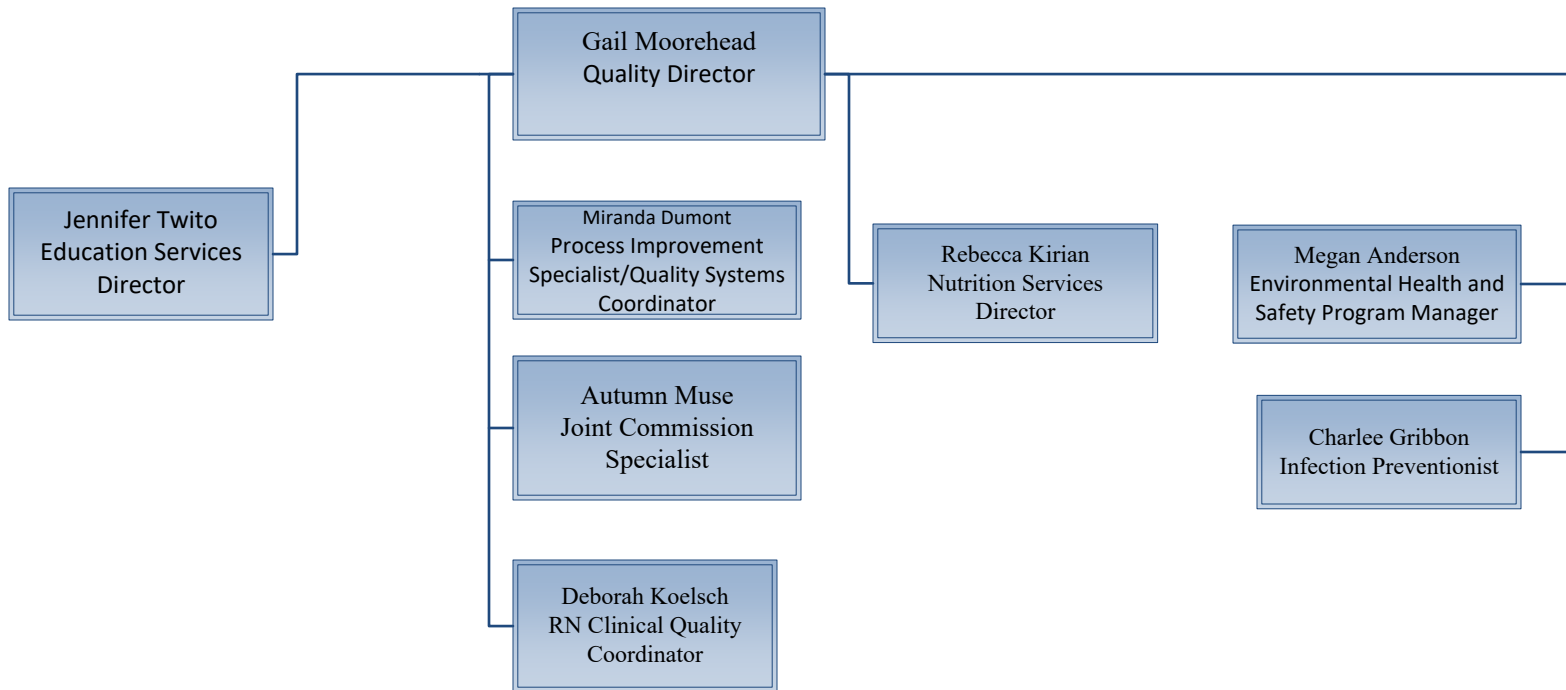


BARTLETT REGIONAL HOSPITAL



Bartlett Regional Hospital

Quality Department Organizational Structure



Bartlett Regional Hospital

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November 2021 Nursing Report

Kim McDowell, CNO

Obstetrics (OB) Department

- OB collaborated with Capital City Fire and Rescue (CCFR) and created a 2-day Neonatal Resuscitation Provider (NRP) class specifically for the paramedic provider group. The NRP class was held at CCFR, so they could use their equipment. It was an extremely successful class led by Ami Reifenstein, and we look forward to partnering with them for future classes, as well as continuing to provide NRP.
- Rachel Gladhart, OB Case Manager, partnered with the Opioid Response Network, and hosted an outstanding webinar titled “The Science and Practice of Treating Pregnant Women with OUD (Opioid Use Disorder)”. This amazing webinar had nearly 30 attendees from Juneau in varying roles from RN to MD to case managers. It was an outstanding educational opportunity to continue evolving our practice to better help this population.
- The OB Process Improvement (PI) Committee met this past month and identified new projects to spearhead over the next quarter. We checked off numerous items that had been completed in the past year and brainstormed new ideas for the upcoming year. Our OB PI committee now consists of 12 OB RN’s who are all actively working on various projects including our monthly drills.

Critical Care Unit (CCU)

- CCU has a PRN nurse starting a preceptorship this week. Awaiting another FT nurse to start anytime (waiting for his license to clear). This will help with CCU’s varying high census.
- To help build and maintain a strong team, CCU is doing a wellness challenge that includes gratitude, mediation and/or exercise.
- Employee evaluations are continuing, which provides another opportunity to praise and recognize staff for their great work over the last year.

Surgical Services

- Preadmission Testing (PAT) is tracking and documenting surgeon/clinic activity regarding scheduling of cases. The goal is to streamline processes in order to promote increased safety and effective patient care.
- Perioperative Nurses Week is from 11/14-11/20. Surgical Services is having fun honoring the staff and looking forward to a full week of recognition.
- Same Day Surgery (SDS) welcomes Ariel Thorsteinson to the SDS team as a full-time RN!
- SDS is participating in the new 1630 daily “staffing huddle”, which has provided positive feedback from RNs.
- Central Sterile Re-Processing remodel is complete. Since implementation turnover for reprocessing instruments has decreased by 30 minutes.

Medical Surgical Unit

- Med/Surg continues to have high census. With the high census the four emergency workers have provided great help and relief to the staff.
- Med/Surg continues to work with education to provide training to our CNA students. The students will do clinicals on the unit to prepare for completion of training and State testing, for certification.
- Training has been occurring with several of our night RNs to be able to fulfill the Charge Nurse role.
- At the end of this month, will be celebrating the retirement of our long-time CNA Lynn Jaravata, who has helped train many of the CNAs currently working.

Emergency Department

- ED Director is working with Charge RNs to create dashboard to collect data for compliance PI projects, related to sepsis, heart attack, and stroke to name a few.
- ED is continuing to build on education and development of staff. Monthly education will be scheduled that includes case reviews as well as simulation training related to patient care scenarios.
- ED is strengthening the department's culture, as well as looking at innovative ideas related to staffing and retention.

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November 23, 2021 Behavioral Health Board Report

Karen Forrest, Interim Chief Behavioral Health Officer

PSYCHIATRIC PROVIDER LIST: Bartlett Behavioral Health currently has 3 employed psychiatrists, 2 employed full time psychiatric nurse practitioners, and 2 providers under independent contractor status. We continue to recruit for 3 full time psychiatrists (adult, child, and addictions). All the psychiatrists and Nurse Practitioners, except those who are 100% telehealth, participate in the call schedule.

- **Dr. Joanne Gartenberg** Behavioral Health Medical Director, retired November 5, 2021
 - **Dr. John Tarim**, Staff Psychiatrist, provides full time psychiatric services to patients at Rainforest Recovery Center
 - **Dr. Helen Short**, Staff Psychiatrist, provides full time psychiatric services on MHU
 - **Dr. Monika Karazja**, Staff Psychiatrist, provides full time psychiatric services on a 3 month on, 3 month off schedule
 - **Dr. Joshua Sonkiss**, psychiatrist (part time Independent Contractor), provides telehealth outpatient services to adolescents and adults, and provides full time on site coverage on MHU and Rainforest Recovery Center (taking call) as needed
 - **Dr. Marna Schwartz**, Behavioral Health Pediatrician, works part time at BOPS to ensure primary care needs of pediatric BH patients are being met
 - **America Gomez**, Psychiatric Mental Health NP (Full Time BRH Employee), provides outpatient services to children, adolescents, and adults
 - **Cynthia Rutto**, Psychiatric Mental Health NP (Full Time BRH Employee), provides outpatient services to children, adolescents, and adults; also serves as a lead provider for the Community Based Crisis Intervention Services Program.
 - **Nicholas White**, Psychiatric Mental Health NP (part time Independent Contractor), provides telehealth outpatient services to adults
- **LOCUM PSYCHIATRISTS:**
- **Dr. Stephanie Chen** provides part time telehealth outpatient services to children and adolescents.
 - **Dr. Judy Engelman** provides part time telehealth outpatient services to adults.
 - **Dr. Valerie Clemons** provides full time outpatient services to children and adolescents, part time telehealth and part time on site. She is the child psychiatric provider for the Community Based Crisis Intervention Services Program.
 - **Dr. Magdalena Naylor** provides part time telehealth services for adults.
 - **Dr. David White** provides part time telehealth outpatient services to children and adolescents
 - **Dr. Mariam Garuba** provides prn weekend call coverage on site

ADULT MENTAL HEALTH UNIT (MHU):

- There were 30 admissions in October and 26 discharges
- October average daily census was 7.77
- Average length of stay for October was approximately 6.34 days
- The MHU reopened to involuntary patients statewide on November 1
- Nursing shortage continues to be mostly mitigated by 3 emergency nurses through 1/18/22; currently recruiting for full time, part time and prn nurses
- Staffing ratio has been adjusted to an acuity based rating scale
- MHU has adopted a charge nurse model to provide nursing leadership each shift
- All MHU BHAs are advancing in their BHA certification program

RAINFOREST RECOVERY CENTER (RRC) RESIDENTIAL TREATMENT:

- There were 3 admits and 7 discharges in October
- Average length of stay in October was 25 days
- Average daily census was 3.93
- 2 patients completed the full RRC program in October
- 4 more patients will be admitted over the next several days; 15 more people are on the waitlist
- Applicants residing in Southeast Alaska are prioritized; applications statewide are accepted
- Substance Abuse Counselor and Behavioral Health Associate Supervisor positions are filled
- Unit capacity has been capped at 6 patients due to window replacement; anticipated to be complete by 11/22/2021 at which time capacity will increase to 8 persons served

RRC WITHDRAWAL MANAGEMENT UNIT (WMU):

- There were 18 admits and 15 discharges in October
- Average length of stay in October was 2.88 days
- Average daily census was 1.67 patients
- We still are diverting patients to Med Surg unit at times if they are medically complex patients
- Unit protocols for working with patients experiencing a medical emergency were revised

RRC OUTPATIENT TREATMENT:

- There were 40 persons served in outpatient treatment in October
- Combination virtual/in person outpatient treatment model
- Individual Sessions with modalities (DBT, EMDR, hypnotherapy)
- Medication Assisted Treatment
- ASAM Assessments
- Prioritizing patients awaiting admission to or transitioning from residential treatment

BARTLETT OUTPATIENT PSYCHIATRIC SERVICES (BOPS):

- BOPS delivers outpatient services through a hybrid telehealth/in-person model. In-person services reduced in September due to the increase in Covid cases in our community
- 5.0 FTE clinical therapists are delivering in person/telehealth counseling services. Additionally, two part-time employees and one contract employee assist in serving individuals in our community.
- 4.0 FTE full-time and 5 more part-time psychiatric providers are providing services to the outpatient clinic

APPLIED BEHAVIOR ANALYSIS (ABA) CLINIC:

- Applied Behavior Analysis (ABA) has opened a clinic in the office space close to the hospital in a building shared by Physical Rehab Services.
- ABA serves individuals with autism from the ages of two to twenty-one.
- We have hired the ABA Team:
 - 1 FTE Board Certified Behavioral Analyst who serves as the ABA Director
 - 5 FTE ABA Technicians (one of which begins in January)
 - 1 FTE Administrative Staff
- Referral submission began on June 30, 2021.
 - 69 total patients on the referral list
 - 8 patients currently receiving 1:1 services in home and school settings (for a total of 65 hours weekly)
 - 3 additional patients are being assessed to begin initial treatment plans and approval for services; 2 more are awaiting insurance approval
- Juneau School District (JSD) has approved ABA staff to provide 1:1 therapy in schools and has signed the consultation contract for director Jenna Wiersma to provide services with students and teams throughout the district as they request. Current JSD caseload has 10 students currently being served and 5 students waiting for consultation services. The services provided to JSD create additional revenue for the hospital through monthly billing directly to JSD.

PSYCHIATRIC EMERGENCY SERVICES (PES):

- The Psychiatric Emergency Services team provides evaluations in the emergency room twenty-four hours a day seven days a week
- In October 66 patients were assessed for psychiatric emergency services
- PES now has 4.0 FTEs – two night-time clinical therapists and two day-time therapists. The two newest clinicians have completed orientation and will be working independently next week
- Clinicians from other programs fill in for PES when there are gaps in coverage

CRISIS INTERVENTION SERVICES COMMUNITY BASED TEAM UPDATE (CIS):

- The CIS team consists of two therapists and four navigators who provide in home and community supports for individuals and their families who are discharged after a crisis assessment by PES.
- Goal of the program is to provide ongoing supports to assist individuals and families through crisis by offering psychiatric evaluations, counseling and skills building services and connecting them with outpatient resources.
- All services delivered are reimbursable under “Crisis Intervention” under the State Medicaid Plan and the 1115 Behavioral Health Medicaid Waiver.
- In October, CIS offered crisis services to 16 individuals and families.

CRISIS STABILIZATION FACILITY UPDATE:

- Work continues to progress on schedule with current focus on foundation
- Facility needs will need to be identified and ordered as we prepare for the opening approximately one year from now.
- Ground Breaking Ceremony was moved to May 2022

FY22 GRANTS UPDATE:

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

<u>Grant</u>	<u>Award Amount</u>
RRC Residential Treatment Operational Grant	\$404,000
RRC Withdrawal Management (Detox) Operations Grant	\$101,000
Emergency Grant to Address Mental Health and Substance Use Disorder During COVID-19 (updated grant title)	\$222,000

* Additional DHSS/DBH Behavioral Health Grant opportunities may also come from the ARPA (COVID Recovery) funding.

<u>Other Grants</u>	<u>Award Amount</u>
Juneau Community Foundation – Community Navigator Program	\$210,000

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

November 23, 2021 Board Report Vlad Toca, COO

Cardio/Pulmonary, Respiratory Therapy & Sleep Lab – Nelea Fenumiai

Cardiac Rehab

- Purchased new software clinical monitoring system for Cardiac Rehab, training and implementation date is to be determined - this software will be able to transfer patient monitoring data into Meditech, so all information is easily accessible by Health Information Management (HIM) and providers.
- New hire start date confirmed 12/13, increasing to full-time patients by January 15th
- Final paperwork and contract for the telehealth program are in process.

Respiratory Therapy

- Oxygen supplies are solid
- Fully staffed
- Wireless EKG order go-live is November 16th-18th, with training scheduled for November 15th.
- I-stat go-live is November 15th for VBG (venous blood gases)
- ABG (arterial blood gases) lab passed the College of American Pathologists (CAP) inspection

Sleep

- Odyssey sleep (contracted to run sleep) is losing the employee in Juneau. The contractor will be sending down tech to perform studies, and there will be no downtime, and several studies should stay stable.
- October 2021- \$80,662; October 2020- \$94,346

Diagnostic Imaging (DI) – Paul Hawkins

Staff development:

- Ultrasound candidates are being recruited in a tight market. The candidate that was offered a position and was starting the orientation on September 7th has backed out, citing the cost of living and lack of housing as a reason.
- One new travel tech in Ultrasound to start in 2 weeks. A travel tech that has ties to Juneau will start an assignment in January. We will have 2-3 techs during normal hours and 4 techs participating in the call between now and then.
- Two travelers in Ultrasound will be leaving in a week.
- One casual Ultrasound tech to help with the call is now onboard.
- A new casual mammographer is onboard.
- Two CT positions are open. New candidates applied and will be interviewed next week.
- A New Diagnostic Imaging receptionist has started.
- Revising class specifications for Diagnostic Imaging positions. Evaluating position descriptions.
- We are developing a PD (position description) for Diagnostic Imaging Assistant. A non-technologist position that can prep patients and increases productivity in CT and Mammography.

Volumes

Department	August	September	October	Total
7033 EEG	5	5	4	14
7041 XRay	882	809	880	2571
7042 Ultrasound	536	516	488	1540
7043 Nuc. Med.	28	17	27	72
7044 CT	629	581	589	1799
7045 MRI	184	150	143	477
7047 Mamm	207	217	188	612
Total	2471	2295	2319	7085

Projects in DI:

- Script Sender project is delayed due to port and firewall issues at BRH. Orders into DI from referring physicians can be automated with CPT code and ICD-10 code compatibility verification and streamlined prior authorization. This will also make sure supporting diagnosis codes for new appropriate use criteria (AUC) are provided. An additional benefit is a reduction in paper and will help with our paperless goal.
- AUC appears to be pushed to January 2023. Testing continues. The hospital will need a policy if physicians are non-compliant with the clinical decision support tool. An approval code must be attached to the claim, and payment may be denied to the hospital and radiologist.
- Patient workflow and Covid precautions continue to be a top priority.
- The first scanner will be installed in January, provided contractors and project management goes smoothly. So far, there have been some cooling issues identified, and a solution is being planned—the second scanner in May and MRI in late summer. Brain perfusion CT, coronary artery CTA, Calcium scoring will be offered. The new scanners have dual-energy and will deliver faster, higher detailed exams.
- Become accredited in low dose lung cancer screening with the American College of Radiology. We will need to buy a special phantom for quality control, and the application process also requires a fee. \$6000 for phantom and \$5000 for the credentialing process. If certification is achieved before the new scanner, the process will have to be repeated, and fees will be resubmitted. We will have everything ready to submit as soon as the new scanner is online.

Future Plan

- Offer Cardiovascular and Vascular Screenings to promote wellness.
- Evaluate calcium scoring as CT wellness exam when the upgrade is complete.
- Work with oncology to promote Mammography and low dose lung cancer screening.
- Fill remaining Ultrasound and CT vacancies.
- Work with Human Resources to correct Diagnostic Imaging salary schedule to stay competitive.
- Contrast Mammography

Food Services – Felipe Ogoy

- A new schedule has been developed to address long lines and surge during specific times of service:
 - To address this, we have 13 staff Monday - Friday, 10 staff on weekends and holidays.
 - This schedule allows us to serve a full-service meal, and it will enable us to function if we decide to re-open to the public again.
 - Additionally, it allows us to keep the Grill Open from 7am- 7 pm and gives consistency and reduces rush.
- A new dinner service plan has been developed to address a waste issue.
 - We will no longer have Dinner Hotline Specials. (Most of our waste come from the dinner Hotline because it's hard to predict.) We will have Specials available on the Grill.
 - Instead of Preparing specials for the hotline, the cooks will make Specialty Salads or Sandwiches. When we had high census days, we seldom had things left in the Grab and Go display cooler, and we did not have the staff to make anymore to fill the display.
- * If we are down a Food Services Assistant (FSA), we can do without a freight person. (Kathy and Felipe can put Freight away.)
- * If we are down a cook, the D6 Position we can do without, with Kathy and Felipe helping out.

Laboratory – John Fortin

- Volumes for September were slightly above numbers seen for the same period from last year. Volume in Histology was at 435, Laboratory was 10,767, and Molecular was 6,983. Molecular volumes continue to be elevated, with the section performing over 150 tests per day. Profits for molecular for September was \$627,754. Laboratory profits for September were \$884,513, and Histology was \$63,430.
- Recruiting has been out for months, with no actual replacement staff for Molecular, and management has been working with HR to find alternative solutions. Some core staff in the main lab were cross-trained for Molecular, and we did hire two new Lab Aides and a Clinical Lab Supervisor, but they have not started. There is a national shortage of laboratory staff due to demands throughout the country.
- The College of American Pathologists (CAP) inspection was completed on October 28th. We did receive two minor deficiencies out of more than 2000 standards.
- Management did complete our accreditation reapplication for **CAP# 2493201** for our next 2-year window. We were informed that we will not have another inspection until 2024. Management also placed our proficiency sample orders for 2022.
- I-STAT VBG (venous blood gases) project with Respiratory Therapy is still in the validation stage. It is expected to go live in early November after all testing and training is complete.
- Competencies have been completed for Blood Banking, Hematology, Chemistry, ER (i-STAT), Obstetrics, processing and Histology.
- Evaluations are due at the end of November. For Laboratory, all staff must complete required test system competencies, complete required CEU's (continuing education units), complete safety review, procedure reviews, and assure less than three years since HazMat shipping training. All staff also have the facility requirements of Relias, self-evaluations and completion of EE record (this is a summary of all training and certifications for the year. Management will have over 25 evaluations to complete averaging 4h/employee
- Capital – Lab has received its new blood bank cell washer, which still needs safety checks and asset tags. Management has also requested purchase orders for new Histology equipment to replace our 15-year-old stainer and link to the G2 automated slide cover slipper. The final purchase would be the cassette laser printer for Histology.
- The Pharmacy and Therapeutics Committee has requested two pieces of equipment for the Laboratory. The first request is for another molecular system, called the BioFire, and this will offer a 14 test Meningitis/Encephalitis panel. The other piece of equipment is a Mini Vidas, specific to procalcitonin. With recent spikes in COVID, procalcitonin can help distinguish between bacterial and viral infections.

PT/OT – James "Rusty" Reed

- We will be one FTE short for Physical Therapist as our primary wound therapist (Leslie Law) is retiring at the end of November. We have requested a traveler but nothing yet.
- We have our pediatric Physical Therapist (Shannon Gress) going on maternity leave in mid-December. We have requested a traveler position, and two candidates have fallen through to date, so the search continues.
- We have another Physical Therapist (Brittany Vanderwerf) who will be going out on maternity leave around mid-December. She is multidimensional, so wound care, acute inpatient and outpatient will be impacted.
- We have hired a Physical Therapist Assistant (PTA) that is coming on board on December 6 and is willing to do some pediatric coverage and inpatient coverage to help with some gaps.
- Our casual Occupational Therapist will be coming on full-time in early December, and she will be doing inpatient, outpatient and pediatrics. It will be a big help to our Occupational Therapy coverage.
- We continue to lack adequate space resulting in a pediatric waitlist for all three disciplines Physical Therapy, Occupational Therapy, and Speech Therapy. We are modifying schedules to meet the need best.
- Service lines for Physical Therapy and Occupational Therapy disciplines are moderately busy for both inpatient and outpatient
- Volumes for wound care have significantly increased due to SEARHC no longer doing wound care.
- We are looking at efficiency standards for our department

Pharmacy – Ursula Iha

- Pediatric vaccination began November 8th, and Bartlett pharmacy assists Public Health with ordering, reconstituting, and safely storing vaccines.
- We welcome a new pharmacy intern to our team and orient in the operational aspects of providing medications throughout the hospital.
- Pharmacy spotlights were featured in social media during National Pharmacy Week and National Pharmacy Technician Week.
- We are working with Patient Financial Services and Bartlett's report writer to perform a revenue cycle review.
- An outpatient pharmacy computer system is needed to bill Medicaid for medications dispensed for patients at Rainforest Recovery Center. A new Medicaid enrollment application was submitted last month. When it is approved, we will be closer to billing for medications dispensed in the last year.
 - The Providence Telestroke program is changing the treatment protocol for stroke in the region from alteplase to tenecteplase with a go-live date of December 1st. The pharmacy is coordinating with other stakeholders to align with this change.

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

Southeast Physician Services (SEPS)

- MD Audits - In contracting phase.
- Completed Fiscal Tech I position for SEPS to widen applicant pool as we have not gotten any applicants for the additional FTE.
- Contracts – In the negotiation phase with AETNA and Blue Cross for anesthesia and radiology.
 - a. Running analysis rates for MODA (anesthesia and radiology)
 - b. Running analysis rates for Multiplan and UHC (anesthesia, radiology, BSSC, and BMOC).

Southeast Physician Services				
	Claims count			
Rendering providers	July	Aug	Sept	Oct
Alpine Dermatology	110	29	137	168
Bartlett Medical Oncology	96	94	104	103
Bartlett Surgery & Specialty Clinic	527	617	468	599
Seattle Anesthesia Services	197	191	157	195
Southeast Radiology Consultants	718	922	932	824
Total	1648	1853	1798	1889

Bartlett Medical Oncology Center (BMOC)

- Both Sarah Dunn, ANP and Thomas Malpass, MD pursued and completed training on Optune management. Optune is a medical device indicated to treat glioblastoma multiforme, a highly aggressive brain tumor. Completing this training allows these providers to prescribe and manage the device, consequently opening this as a treatment option for patients unable to travel to the next closest centers in Fairbanks or Seattle.
- The Lab Interface between the two electronic medical records, Meditech and E-Clinical Works, is still ongoing. BMOC staff has been undergoing training.
- BMOC and Bartlett Nutrition Services are still offering free monthly oncology nutrition webinars via Zoom and well received by the community. The Zoom webinars are held the last Wednesday of every month.

Bartlett Medical Oncology Center				
	July	August	September	October
Office Visits	96	94	104	104
By Visit Type:				
Chemo Education w NP	5	4	4	7
Chemo Injection	0	0	1	0
Follow Up	28	41	54	53
Hematology New Patient	3	2	0	4
New Patient w NP	5	0	0	0
Oncology New Patient	2	8	5	7
Routine Visit w NP	20	23	24	19
Zoom Follow Up	29	7	8	8
Zoom NP Hematology	2	5	3	0
Zoom NP Oncology	3	4	5	6

Bartlett Surgery and Specialty Clinic (BSSC)

- Jordan Callahan started this week in her MA II role. She is supporting Dermatology, Ophthalmology, and back up to General Surgery.
- Operating Room times are back to regular hours and the 1430 cut off time (due to staffing and burnout prevention from COVID) is over. Regular hours resumed as of 11/1/21.

Bartlett Surgery & Specialty Clinic Volume				
	July	August	September	October
Office Visits	197	214	158	169
Hospital Visits	26	38	21	44
Procedures	102	180	117	155
Injections	32	43	26	12
In-Office Imaging	44	55	38	33
	401	530	360	413

- There is a nationwide shortage of Miralax, which we use for our bowel preps for general surgery. We will be using Mag Citrate bowel cleanse until the Miralax shortage is over. Pharmacy has supplied us with enough for a week, and more is on order. The cost of the Mag Citrate is less than the Miralax. If it works well, the providers may consider moving entirely to it.
- We are about to enter our third rotation with Alaska Retinal Consultants. We are finding the group easy to work with and very responsive to our questions/patient needs.
- Ongoing projects are referral clean-ups, lab reviewing policies, and ensuring staff document for last colon cancer screening in the progress note to be preventive with our population in providing the best care

Marketing & Strategy – Amanda Black

Social Media Marketing Updates:

- Increased posting on Facebook and Instagram have resulted in a 6.4% increase in traffic to the BRH website.
- The average daily reach of Facebook posts and ads is 3,518 people.
- Facebook post results for last 30 days:
 - Total posts – 35 (218% of expected volume)
- Facebook ads results for last 30 days:
 - BRH Job Openings ad – 21,395 people reached, 282 direct engagements of the BRH website
 - Breast Cancer - Mammography ad – 3,129 people reached, 55 direct engagements of the BRH website

Bartlett Regional Hospital Website Updates:

- Review of 48 total Service pages for BRH in progress
- 16 Service pages updated and approved
- Non-Service page reviews and updates in progress

Bartlett Medical Oncology Center marketing:

- Draft tri-fold brochure created for BMOC and supporting services. Additional review is needed before publication.

Analytics for Marketing and Strategy Discovery:

- Discovery calls with Quinsite for productivity analytics
- Discovery/research on Marketo for marketing analytics software started
- Discovery/research on Gartner for marketing analytics software started

Marketing Strategy:

- Marketing strategy under review with Board members and Senior Leadership Team.

PMO-Style Project Tracking System for internal BRH projects in all departments, as needed:

- System and flow updated built-in Smartsheet
- Summary of the initiative presented to COO
 - Process flow, Rollout, Staff Training, Maintenance

Projects for Nov-Dec:

- Brochure and release of information on FEES (Fiber optic Endoscopic Evaluation of Swallowing) testing available in the Rehab Therapy Department
- Develop additional brochure flyer templates for future use
 - Draft media
 - Collect all current media for review
 - Begin review and update data
 - Use new templates and updated data to make new media
- Social media ads for 2-3 service lines
 - If approved, develop Project Management Office-Style Project Tracking System in Smart Sheets.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartletthospital.org

November 23, 2021 Board Report Kevin Benson, CFO

FINANCE – Kevin Benson

- Arranged and coordinated “No Surprise Billing” sessions for education of staff and physicians as to what this new legislation means for operations effective January 1st.
- Completed and submitted the Medicare Cost Report for FY21. The good news is the settlement shows a receivable to Bartlett of \$260K, while it was anticipated to be a significant payable to CMS.
- Completed review of the draft Financial Statements for FY21. They are scheduled to be presented to the Finance Committee on December 10th.
- Continuing to work on PRF (provider relief fund) and grants single audit review.
- Continuing to work on pursuing grant opportunities to cover operating and capital expenses during FY2022.
- Annual Calendar for year 2022 was distributed to Bartlett staff. A change to payday was included starting March of 2022. This change allows payroll additional time to process timecards and to avoid the risk of not paying employees due staff illness or technology issues. Bartlett staff has doubled in size with various changes to pay options and union rules; however, the payroll process time and payroll staff time has stayed the same. This change allows us additional time to process payroll with accuracy, train supervisors and employees and avoid risk of not paying employees.

HIM – Rachael Stark

- HIM is actively searching for an employee to fill our vacant position as our new employee obtained employment elsewhere. We are short-staffed right now.
- We are continuing with coding for the Molecular Lab and are working with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill these items.
- There also is an increase with the BOPS accounts for coding. We have also started coding for the ABA clinic.
- HIM is monitoring our Fair Warning application which looks for inappropriate access into the Medical Records. That program is working really well and we are meeting weekly with their team. We will continue to reach out to employees who get flagged for inappropriate access. We are looking to add another parameter to watch for inappropriate access from outside clinics. This would enable us to grant access to outside clinics and to be able to watch for any abuses to that access.

PFS – Tami Lawson-Churchill

- Overall cash collections for the month of October was just over \$7.7 Million
- Work continues with PAS and HIM to streamline Molecular Lab process. Claims volumes have increased from 4,000 to 12,000 as a result of molecular lab and behavioral health services.
- PFS working with PAS to identify a process for ensuring VA/Triwest alerts are performed timely to avoid denials for facility and clinics
- We are working with OR Director on a project to bundle ENDO procedures
- PFS is working with GA to transition QuickBooks billing to CLIENT billing functionality

IS – Scott Chille

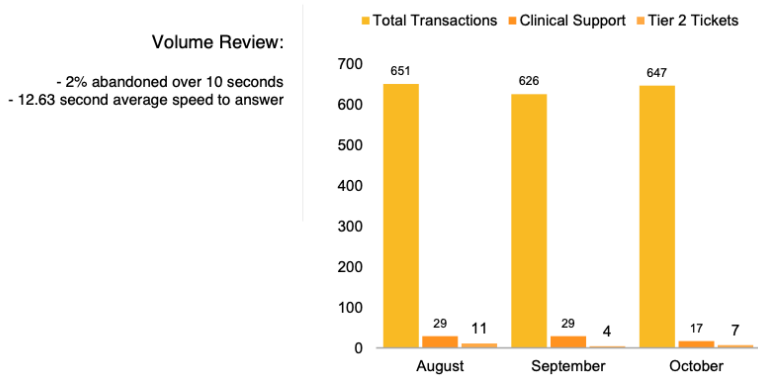
Projects

- **Microsoft365/Office365 migration:** Expected completion 3rd week of November.
- **Imprivata Single Sign-On and EPCS project:** in progress with pilot department to begin mid-October. Rolling implementation by department to commence after the pilot depending on COVID impact in the hospital and staffing levels.

Department Updates

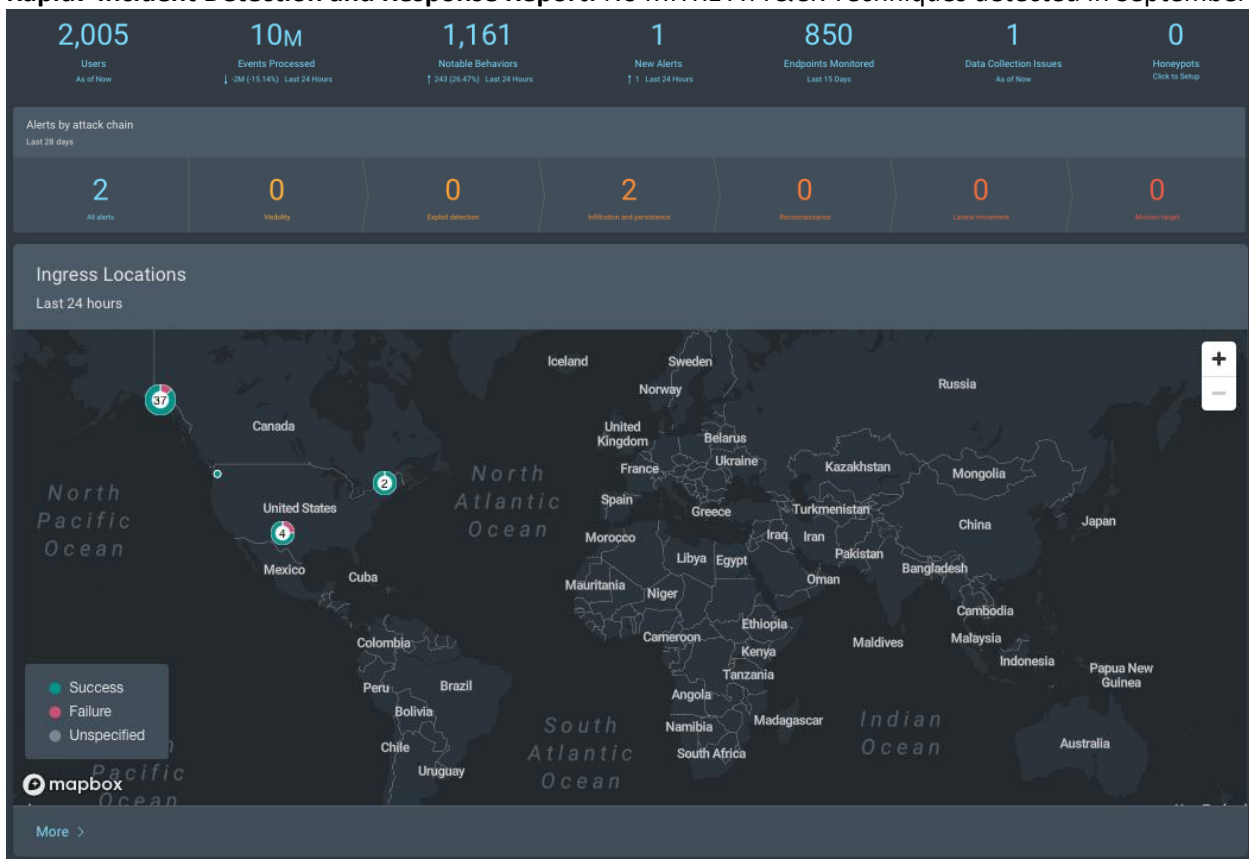
- Nothing new this month.

Call Volumes (HelpDesk and Clinical IS): Previous Quarter



Information Security

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



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

Rapid7 MDR Hunt Report:
 Rapid7 Managed Detection and Response · October 2021
Executive Summary

The Rapid7 Managed Detection and Response (MDR) service captured hunt data from **850 endpoints**. **Rapid7 did not identify any indicators of compromise via hunt data during the month of October.** The MDR service relies on multiple methods of compromise detection within client environments. In addition to real-time alerting, MDR performs frequent collection of forensically-relevant data using the InsightIDR

endpoint agent to identify historical indicators of compromise and malware that cannot be captured in real-time.

- Cyberreason (Endpoint Detection and Response) Report: October**

Executive Summary

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

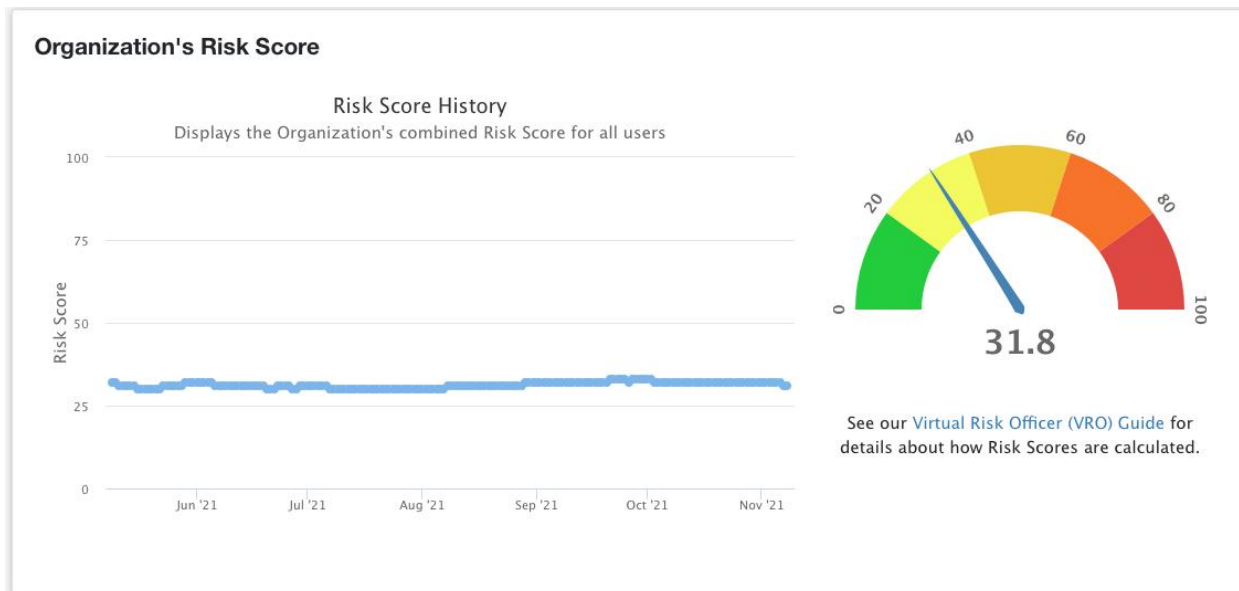
5 - Critical	4 - High	3 - Elevated	2 - Moderate	1 - Low	PUP
0	0	0	0	0	0

No Malop/PUPs were detected this month.

- Attacks on Bartlett network have increased about 265% over the last quarter and over 4,440% since March of 2020: Even with the increase in attacks, we are still not seeing any indicators of compromise making their way into the network. We are remaining vigilant in our efforts to keep the attack surface LOW and continuing to actively block bad activity and hunt down all alerts.**

Attacks on Bartlett Network						
	As of March-15 2020	As of Jul-08	As of Aug-08	As of Sep-08	As of Oct-08	As of Nov-08
Per Minute	86	1075	1896	3980	3905	3920
Per Hour	5,160	64,500	113,760	238,800	234,300	235,200
Per Day	123,840	1,548,000	2,730,240	5,731,200	5,623,200	5,644,800
Per Week	866,880	10,836,000	19,111,680	40,118,400	39,362,400	39,513,600
Per Month	3,839,040	47,988,000	84,637,440	177,667,200	174,319,200	174,988,800
Per Year	45,201,600	565,020,000	996,537,600	2,091,888,000	2,052,468,000	2,060,352,000

- Security Awareness Risk Score and Phishing Campaigns**

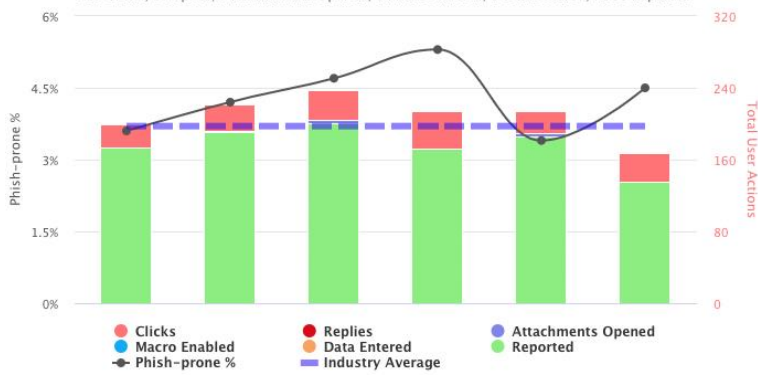


Phishing

[See More Phishing Reports](#)

Phishing Security Tests - Last 6 Months

187 Clicks, 0 Replies, 7 Attachments Opened, 0 Macro Enabled, 0 Data Entered, 1060 Reported



Industry Benchmark Data

Your Last Phish-prone % **4.7%**
 Industry Phish-prone % **3.7%**

Industry Healthcare & Phai ▾
Organization Size Medium (250-10C ▾
Program Maturity 1 Year ▾

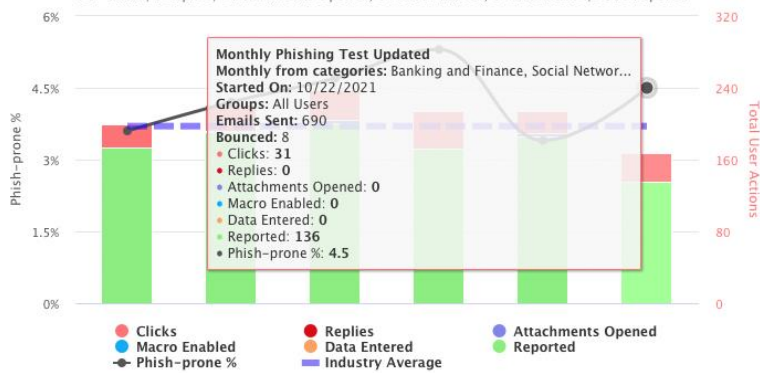
Industry Benchmark Chart Data

Phishing

[See More Phishing Reports](#)

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Industry Benchmark Chart Data

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November 2021 Board Report

Jerel Humphrey, Interim CEO

Busy first month visiting with key stake holders of Bartlett Regional Hospital.

- Met with the lab CAP inspectors. Hospital had a remarkable review and was given a glowing full re-accreditation.
- Reviewed key documents like Master Facility Plan, Grant Reports, ECG report, and PYA compliance review.
- Myself, along with Kim McDowell and Dallas Hargrave had a call with the Governor. He wanted us to know the Emergency workers would be leaving in January. Which we were already aware.
- Received recommendations from the CBJ finance department on improvements in Bartlett's internal controls which Kevin is working on.
- Participated in an online seminar regarding No Surprise Billing legislation.

Kimberly A. Russel, FACHE

CEO, Russel Advisors

Russelmha@yahoo.com

**PROPOSAL
FOR
BARLETT REGIONAL HOSPITAL**

Proposal Submission Date: 11.12.21

Client: Kenny Solomon-Gross, Board Chair and Dallas Hargrave, Human Resources Director

Situation

Bartlett Regional Hospital recently engaged an Interim CEO via a contract with B.E. Smith, Inc. The Board of Directors is currently evaluating various methods to recruit a permanent CEO. Under consideration is contracting with a national firm for management services (similar to Bartlett's arrangement approximately ten years ago), contracting with an executive search firm or conducting the search with internal staff and resources (similar to last year's search process, which resulted in unexpected CEO turnover after six months). The Board Chair is seeking governance advisory services for the board as it moves forward with the CEO selection process. The goal is selection of a permanent CEO who will provide strong leadership for Bartlett Regional Hospital.

Description of Services (All services to be personally performed by Kimberly A. Russel)

Russel Advisors will:

- Conduct an educational session for the Board of Directors on 12.9.21 about CEO recruitment.
- Serve the board as an independent expert advisor on all matters related to CEO recruitment.
- Advise board leadership and the full board on the pros and cons of the above noted different approaches to CEO search and recruitment.
- When/if an ad hoc committee is formed, advise and assist the committee as it carries out its responsibilities.
- Maintain availability for consultation with the Board Chair and Human Resources Director upon request and as needed.
- Attend additional board meetings, including providing presentations related to CEO search, selection and retention, upon request and as needed.
- Above services will be via Zoom or telephonic communication.

Timeframe:

The engagement will begin immediately upon execution of this proposal by Bartlett Regional Hospital.

Bartlett Regional Hospital Responsibilities

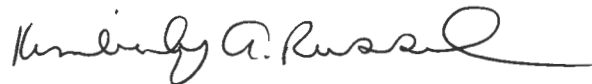
Bartlett Regional Hospital will maintain responsibility for scheduling and coordination of all meetings.

Professional Arrangements

The retainer fee which is all-inclusive for the description of services above is \$4000/month. Russel Advisors will invoice Bartlett Regional Hospital monthly, with an anticipated start date of December 2021. Additional services outside the scope of this engagement will require prior written approval from Bartlett Regional Hospital. This agreement may be canceled by either party with 30 days written notice. Please note that on site services, if required, are outside the scope of this engagement. If on site services are needed/requested, an amended description of services will be developed by both parties.

Thank you for the opportunity to work with Bartlett Regional Hospital; it would be my privilege to assist your board with this extremely important work. Please let me know if you need additional information or have any questions about this proposal.

Best regards,



Kimberly A. Russel

Accepted by:

Kenny Solomon-Gross, Board Chair

Date

Kimberly A. Russel, FACHE

CEO, Russel Advisors

Russelmha@yahoo.com

PROPOSAL
FOR
BARTLETT REGIONAL HOSPITAL

Proposal Submission Date: 11.12.21

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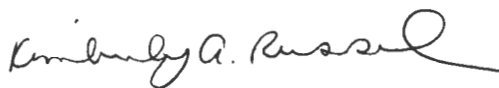
Bartlett Regional Hospital will maintain responsibility for scheduling and coordination of meetings.

Professional Arrangements

The fee for the description of services above is \$500/hour, including meeting preparation, meeting attendance and telephonic consultation. Russel Advisors will invoice Bartlett Regional Hospital monthly, with an anticipated start date of December 2021. Additional services outside the scope of this engagement will require prior written approval from Bartlett Regional Hospital. This agreement may be canceled by either party with 30 days written notice. Please note that on site services, if required, are outside the scope of this engagement. If on site services are needed/requested, an amended description of services will be developed by both parties.

Thank you for the opportunity to work with Bartlett Regional Hospital; it would be my privilege to assist your board with this extremely important work. Please let me know if you need additional information or have any questions about this proposal.

Best regards,



Kimberly A. Russel


Accepted by:

Kenny Solomon-Gross, Board Chair

Date

December 2021

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3 12:00 Planning Committee (PUBLIC MEETING)	4
5	6	7	8	9 5:15pm Committee of the Whole (PUBLIC MEETING)	10 12:00pm Finance Committee BR (PUBLIC MEETING)	11
12	13	14 7:00am Credentials Committee BR (NOT A PUBLIC MEETING)	15	16	17	18
19	20 1:00 Board Compliance and Audit Committee (PUBLIC MEETING)	21	22	23	24 BRH Christmas Holiday	25 
26	27	28 5:30pm Board of Directors BR (PUBLIC MEETING)	29	30	31	

Committee Meeting Checkoff:

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

- Joint Conference – Every 3 Months
- Physician Recruitment – As needed
- Governance – As needed
- Planning – 1st Friday every month

DECEMBER 2021 - BRH Board of Directors and Committee Meetings

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

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

Call 1 253 215 8782 Meeting ID: 947 4750 1805

BRH Committee of the Whole Board Education Session 5:15pm Thursday, December 9th

<https://bartletthospital.zoom.us/j/92911723570>

Call 1 253 215 8782 Meeting ID: 929 1172 3570

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

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

Call 1 253 215 8782 Meeting ID: 983 9340 5781

BRH Board Compliance and Audit Committee 1:00pm Monday, December 20th

<https://bartletthospital.zoom.us/j/93784779068>

Call 1 253 215 8782 Meeting ID: 937 8477 9068

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

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

Call 1 253 215 8782 Meeting ID: 932 9392 6195