

# Bartlett Regional Hospital

AGENDA  
BOARD OF DIRECTORS MEETING  
Tuesday, May 24, 2022; 5:30 p.m.  
Zoom Meeting

This virtual meeting is open to the public and may be accessed via the following link:

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

or call

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

<b>I.</b>	<b>CALL TO ORDER</b>	<b>5:30</b>
<b>II.</b>	<b>ROLL CALL</b>	<b>5:32</b>
<b>III.</b>	<b>APPROVE AGENDA</b>	<b>5:34</b>
<b>IV.</b>	<b>PUBLIC PARTICIPATION</b>	<b>5:35</b>
<b>V.</b>	<b>CONSENT AGENDA</b>	<b>5:45</b>
	A. April 26, 2022 Board of Directors Meeting Minutes	(Pg.3)
	B. May 18, 2022 Board of Directors Meeting Minutes	(Pg.6)
	C. March 2022 Financials	(Pg.7)
<b>VI.</b>	<b>OLD BUSINESS</b>	<b>5:50</b>
	➤ COVID update	
<b>VII.</b>	<b>NEW BUSINESS</b>	
	➤ Board Vice-President Election - <b>ACTION ITEM</b>	<b>5:55</b>
<b>VIII.</b>	<b>MEDICAL STAFF REPORT</b>	<b>6:05</b>
<b>IX.</b>	<b>COMMITTEE MINUTES/REPORTS</b>	<b>6:10</b>
	A. May 5, 2022 Draft Planning Committee Minutes	(Pg.14)
	1. 2nd floor usage of Behavioral Health Building – <b>ACTION ITEM</b>	
	2. GC/CM Procurement Methodology – <b>ACTION ITEM</b>	(Pg.16)
	B. CEO Recruitment Committee	
	1. May 5, 2022 CEO Recruitment Committee Minutes	(Pg.19)
	2. May 16, 2022 CEO Recruitment Committee Minutes	(Pg.20)
	3. May 17, 2022 Draft CEO Recruitment Committee Minutes	(Pg.21)
	4. May 18, 2022 Draft CEO Recruitment Committee Minutes	(Pg.22)
	C. May 11, 2022 Draft Board Quality Committee Minutes	(Pg.23)
	D. May 13, 2022 Draft Finance Committee Minutes	(Pg.25)
<b>X.</b>	<b>MANAGEMENT REPORTS</b>	<b>6:20</b>
	A. Legal Management Report	(Pg.27)

	B. HR Management Report	(Pg.28)	
	C. CCO Management Report	(Pg.29)	
	D. CBHO Management Report	(Pg.32)	
	E. CFO Management Report	(Pg.35)	
	F. CEO Management Report	(Pg.43)	
<b>XI.</b>	<b>PRESIDENT REPORT</b>		<b>6:40</b>
<b>XII.</b>	<b>BOARD CALENDAR – June 2022</b>	(Pg.46)	<b>6:45</b>
<b>XIII.</b>	<b>BOARD COMMENTS AND QUESTIONS</b>		<b>6:50</b>
<b>XIV.</b>	<b>EXECUTIVE SESSION</b>		<b>6:55</b>
	A. Credentialing Report		
	B. May 3, 2022 Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	D. Legal and Litigation		

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

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

*And*

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

<b>XV.</b>	<b>ADJOURNMENT</b>		<b>7:30</b>
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**NEXT MEETING – Tuesday, June 28<sup>th</sup>, 2022; 5:30 p.m.**

# Bartlett Regional Hospital

Minutes  
BOARD OF DIRECTORS MEETING  
April 26, 2022 – 5:30 p.m.  
Virtual Meeting via Zoom

**CALL TO ORDER** – Meeting called to order at 5:30 p.m. by Lance Stevens, Past Board President. Attendance noted.

**BOARD MEMBERS PRESENT**

Lance Stevens, Past President	Mark Johnson, Secretary	Brenda Knapp
Hal Geiger	Deborah Johnston	Lindy Jones, MD

**ABSENT** – Kenny Solomon-Gross, President, Iola Young

**ALSO PRESENT**

Jerel Humphrey, Interim CEO	Robert Tyk, Interim CFO	Dallas Hargrave, HR Director
Karen Forrest, Interim CBHO	Barbara Nault, Legal Advisor	Joseph Roth, MD, COS
Dan Bleidorn, CBJ Lands and Resource		Anita Moffitt, Executive Assistant

**APPROVE AGENDA** – Mr. Stevens requested removal of the CBJ Liaison report from the agenda. *MOTION by Mr. Geiger to approve the agenda as amended. Mr. Johnson seconded. There being no objections, agenda approved.*

**PUBLIC PARTICIPATION** – None

**CONSENT AGENDA - MOTION by Mr. Geiger to approve the consent agenda as presented. Ms. Knapp seconded. There being no objection, the March 22, 2022 Board of Directors Minutes and February 2022 Financials approved.**

**OLD BUSINESS**

**Covid-19 Update** - Mr. Tyk reported 1 Covid positive patient in-house. Our lab had 42 positive tests in the last 7 days, 12 yesterday. There were 7 influenza A positive tests in the last week. Monoclonal antibody clinics have slowed since the oral antivirals are more effective for the current variants. CCFR testing site closes on Saturday. BRH will have a soft opening of on campus testing next week for surgical pre-procedure testing and expanding on May 8<sup>th</sup> for community testing. The testing location will be a drive up area near Bartlett House. A call in number for making appointments will be maintained and the process will remain the same as CCFR's. Temp workers from the CCFR site are being hired to move over to BRH. Dr. Roth stated that the medical staff has not yet received testing information to share with their patients. Information will be shared with the medical staff.

**Family Practice Building Purchase Update** – Mr. Bleidorn reported the purchasing sales agreement from the sellers of the building has been received and now needs Mr. Humphrey's signature. The 60-day period to do our due diligence inspections of the building/property will begin when he signs. The last time the Assembly met to talk about the purchase, they introduced an ordinance to authorize this acquisition. A meeting of the BRH Board and Assembly Joint Committee will be held to review the ordinance before it comes back to the Assembly and a public hearing held. Ms. Knapp initiated discussion about scheduling inspections of the building.

**NEW BUSINESS**

**Board Vice-President Election** – Mr. Stevens reported that elections to fill the vacant Board Vice-President seat will be held at the May 24<sup>th</sup> meeting when a full contingent of Board members are available.

**MEDICAL STAFF REPORT** – Dr. Roth reported the following: The April 5<sup>th</sup> Medical Staff meeting was business as usual. Dr. Schwarting retired the middle of April and Dr. Harrah plans to retire in September. If we don't recruit more, this will leave us with only two orthopedic surgeons in the community. Ms. Kesselring and Ms. Moorehead are working on the Medical Staff policies review process.

#### **COMMITTEE REPORTS:**

**Planning Committee** – Draft minutes from the April 1<sup>st</sup> meeting in the packet. Ms. Knapp reported two items had been moved back to the Finance Committee to find funding, the modified ED expansion project and parking study. A change in the planned use of the second floor of the behavioral health building had been approved by the committee. This space will now be designed and used for the Applied Behavioral Analysis (ABA) program and other behavioral health services. These changes make the project less complicated and not as costly as the original plan to temporarily house the Bartlett Surgery and Specialty Clinic (BSSC). This will be presented to the full board for approval at next month's meeting.

**Finance Committee** – Draft minutes from the April 8<sup>th</sup> meeting in the packet. Ms. Johnston reported the minutes accurately reflect the discussions from the meeting. Discussion of the FY2023 budget was discussed and will be presented at the CBJ Finance Committee meeting tomorrow evening (April 27<sup>th</sup>). The ED expansion project was reviewed. The cost of this design is less than the cost of the original design but more than the original cost estimates for the project.

**MOTION by Ms. Johnston on behalf of the Finance Committee that the Board approve plan design option G for the ED expansion. This will be funded through a combination of bonding and capital reserves.** Dr. Jones reported speaking with Robert Palmer about any concerns about him voting for this project since he works in the Emergency Department. He will recuse himself from the vote if anyone has concerns about a conflict of interest. Mr. Stevens stated if Dr. Jones and Mr. Palmer are in agreement that there is no conflict of interest, he is fine with Dr. Jones voting. No concerns expressed by others. **Ms. Knapp seconded the MOTION. Roll call vote taken. Motion unanimously passed.**

Ms. Johnston reported the city manager, as well as the Planning Committee, has recommended a geotechnical study be conducted of proposed parking areas. Testing of the 3 proposed locations is estimated to cost \$150,000.

**MOTION by Ms. Johnston on behalf of the Finance Committee that the board approve a geotechnical study of proposed parking locations, up to \$150,000. Ms. Knapp seconded.** It was clarified that this would be a ground study only. Ms. Knapp identified the locations to be looked at. **There being no objection, MOTION approved.**

#### **MANAGEMENT REPORTS:**

**Legal Report** – Ms. Nault reported the following regarding the 340B pharmacy contract program: The notice to HRSA (Health Resources and Services Administration) Office of Pharmacy affairs was submitted on April 4<sup>th</sup>. Email acknowledgement received from that agency, no changes to the corrective action plan required. They do ask for a 90-day status report. Since last month's meeting, Ms. Nault has provided advice relative to the Alaska telemedicine registry, provided input on call arrangements for certain specialty groups, wrapped up work related to the CDC Diabetes Prevention program and related billing issues. She has received feedback from SEARHC's general counsel regarding a revised medical resident affiliation agreement and hopes to have it finalized very soon. She also participated in conversation related to Behavioral Health Provider classification.

**HR Report** – Mr. Hargrave reported the BE Smith recruitment team will present a list of CEO candidates for the CEO Recruitment Committee to look at in early May (tentatively scheduled for May 5<sup>th</sup>). Committee will identify candidates to be interviewed in mid-May. Public meeting notices will be sent out but interviews will be conducted in executive session. The CEO Recruitment Committee should have recommendations of finalists to move to the next round of interviews by the May 24<sup>th</sup> board meeting. In-person interviews of finalists are anticipated to take place in early June.

**CCO Report** – No questions or comments.

**CBHO Report** – Ms. Forrest reported sometimes having to limit capacity on the MHU due to staffing shortages. We are fully open now but continue to monitor. Crisis Stabilization Center moving along. We received a \$100,000 grant from the Mental Health Trust and have contracted with a consulting company to help us work on our planning and implementation.

**CFO Report** – Mr. Tyk reported we are continuing to move along putting policies in place for better control on expenses and management. A Materials Management consultant is on site working with Willie Dodd to improve the purchasing and receipt of goods. Everyone is stepping up and trying to improve processes.

**CEO Report** – Mr. Humphrey reported that he has circled back with the CEO of SEARHC about extending the lease of the BSSC space. SEARHC has agreed to a three-month extension which will allow us a little more time to relocate the surgery clinic to a temporary space on campus. When BOPS vacates their current location and moves into the new building, the surgery clinic will relocate permanently into the vacated space. BSSC clinic will be able to remain in its temporary location on campus if there are delays in the opening of the crisis stabilization building.

**PRESIDENT REPORT** – Mr. Stevens reported that he officially submitted his resignation from the board effective at the conclusion of the May 24<sup>th</sup> Board of Directors meeting. Ms. Knapp stated that Mr. Stevens has been a very important asset to the board, will be greatly missed and she wishes him well. Mr. Johnson seconded Ms. Knapp’s comments. Mr. Geiger expressed appreciation for the wisdom he absorbed from Mr. Stevens during his first year on the board.

**BOARD CALENDAR** – May calendar reviewed. Board Compliance and Audit Committee added May 17<sup>th</sup> at 12:00pm. Mr. Geiger requests feedback about the Physician Recruitment Committee bylaw revisions be submitted prior to the May 9<sup>th</sup> Governance meeting.

**BOARD COMMENTS AND QUESTIONS** – Mr. Johnson noted the passing of Rosemary Hagevig. Her service to our community and the state of AK has been amazing for decades. She was very well respected and will be greatly missed. Ms. Knapp reported funeral services will be held at 10:00am on Saturday at the Cathedral of the Nativity and a celebration of life will be held at 2:00pm at the Yacht Club. Ms. Knapp will speak on behalf of the board at the celebration of life.

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

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the Credentialing report, Medical Staff Meeting minutes and patient safety dashboard.*  
*And*
- *To discuss possible BRH litigation, specifically a candid discussion of facts and litigation strategies with the BRH and Municipal attorney. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*  
*And*
- *To discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

**Mr. Jonson seconded.** The Board entered executive session at 6:15 p.m. They returned to regular session at 7:03 p.m.

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

***MOTION by Mr. Geiger that Senior Leadership follow direction given by the Board in Executive Session regarding employee wages. Mr. Johnson seconded. There being no objections, MOTION approved.***

**ADJOURNMENT:** 7:04 p.m.

**NEXT MEETING:** 5:30 p.m. – Tuesday, May 24, 2022

# Bartlett Regional Hospital

**Minutes**  
**BOARD OF DIRECTORS MEETING**  
**May 18, 2022 – 12:00 p.m.**  
**Virtual Meeting via Zoom**

**CALL TO ORDER** – Meeting called to order at 12:02 p.m. by Kenny Solomon-Gross, Board President.

**BOARD MEMBERS PRESENT**

Kenny Solomon-Gross, President	Mark Johnson, Secretary	Brenda Knapp
Lance Stevens	Iola Young	Hal Geiger
Deborah Johnston	Lindy Jones, MD	

**ALSO PRESENT**

Dallas Hargrave, HR Director	Kim Russel, Russel Advisors	Anita Moffitt, Exec. Assistant
Erin Hardin, Community Relations		

**APPROVE AGENDA** – *MOTION by Mr. Geiger to approve the agenda. Mr. Stevens seconded. There being no objections, agenda approved.*

**PUBLIC PARTICIPATION** – None

Mr. Solomon-Gross noted this is a one agenda item meeting that will be held in executive session. Names of selected CEO candidates will be provided

**EXECUTIVE SESSION** – *MOTION by Mr. Geiger to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, specifically CEO candidate finalists. Mr. Jonson seconded.*

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

The Board entered executive session at 12:03 p.m. and returned to regular session at 1:15 p.m.

Ms. Knapp reported the board came out of executive session at 1:15 and has identified candidates to submit to B.E. Smith for setting up in person interviews. Mr. Solomon-Gross informed Ms. Hardin that names and resumes of the finalists will be provided in a couple of days, after the candidates are notified and are given time to notify their current employers. He then thanked everyone for their time.

**ADJOURNMENT:** 1:16 p.m.

**NEXT MEETING:** 5:30 p.m. – Tuesday, May 24, 2022

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

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

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

Re: **March Financial Performance**

March was a better month financially for Bartlett Regional Hospital (BRH). Volumes were higher, revenues were higher, and expenses were more in line.

While inpatient volumes only increased slightly, outpatient tests and visits along with BOPS visits showed a marked increase. Patient days were basically flat when compared to the month of February with a slight decrease in the Mental Health Unit. This decrease was a result of short staffing in that area. RRC had an increase in patient days to the highest number since July 2021. We have seen the volumes in the RRC increasing steadily since December 2021.

Surgery volumes increased overall with a strong inpatient and same day surgery volume. Endoscopies decreased from February, but were still much higher than any other month since June 2021. Much of the lower months can be attributed to COVID restrictions.

We saw very strong outpatient volumes in the ED, Laboratory, Diagnostic Imaging, Ophthalmology Clinic and BOPS. These increases helped to raise the gross patient revenue by \$1.561 million. This is the highest gross revenue month since October 21.

The deductions from revenue as a percentage remained consistent with prior months at 42.6%. Bad debt expense at \$198,141 is an increase when compared to February but is still running much lower than prior months. We will be evaluating the bad debt percentages that we have been utilizing in the spreadsheet for calculating the monthly bad debt expense. The percentages have not been reviewed and modified for a few years so this review is needed.

Other operating revenue increased by more than \$700,000 as a result of revenue from grants being booked.

Salaries and benefits increased in pure dollars when compared to February but decreased as a percentage of total operating revenue. On a year-to-date basis, total salaries and benefits are 1.3% less than the budget for the first 9 months of the fiscal year, and 4.4% greater than last year's actuals. Considering that Gross Patient Revenue is up by 11.1% from last year and Net Patient Revenue is 12.5% greater than last fiscal year, having salaries and benefits up by only 4.4% is somewhat remarkable.

The Income/Loss for Operations in March year-to-date was (\$88,713) which is better than the budget and much better than the (\$2,215,341) loss in FY 2021. Strong patient volumes along with maintaining better expense management will result in more positive bottom lines.

The one big change on the Balance Sheet in the month of March was the transfer of monies from the Cash and Cash Equivalents line to the CIP Appropriated Funding line. This is a result of the new Bond funding. Otherwise the Balance Sheet remains relatively constant.

I continue to look at refining processes within the organization while also reviewing spending trends. We are accessing our Group Purchasing Organization (GPO) for products that are similar to those that we currently use but at lower prices. We are also planning to bid out the copy machine contract that we currently have with Xerox. This will hopefully result in machines at a better lease price as well as much better service on those machines.

I have seen a great deal of progress within BRH as the staff step up to the challenges of healthcare in the wake of a pandemic. Thank you for the opportunity to be here.

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
					Gross Patient Revenue:						
\$3,872,858	\$4,617,398	-\$744,540	-16.1%	\$3,496,690	1. Inpatient Revenue	\$36,084,942	\$40,811,799	-\$4,726,857	-11.6%	\$33,023,326	9.3%
\$1,081,410	\$1,018,703	\$62,707	6.2%	\$967,965	2. Inpatient Ancillary Revenue	\$10,054,583	\$9,004,048	\$1,050,535	11.7%	\$8,644,415	16.3%
\$4,954,268	\$5,636,101	-\$681,833	-12.1%	\$4,464,655	3. Total Inpatient Revenue	\$46,139,525	\$49,815,847	-\$3,676,322	-7.4%	\$41,667,741	10.7%
\$11,452,789	\$10,376,497	\$1,076,292	10.4%	\$10,738,169	4. Outpatient Revenue	\$97,992,083	\$91,714,873	\$6,277,210	6.8%	\$88,513,722	10.7%
\$16,407,057	\$16,012,598	\$394,459	2.5%	\$15,202,824	5. Total Patient Revenue - Hospital	\$144,131,608	\$141,530,720	\$2,600,888	1.8%	\$130,181,463	10.7%
\$211,413	\$348,954	-\$137,541	-39.4%	\$306,157	6. RRC Patient Revenue	\$2,147,332	\$3,084,294	-\$936,963	-30.4%	\$1,389,885	54.5%
\$624,646	\$274,956	\$349,690	127.2%	\$268,401	7. BHOPS Patient Revenue	\$3,967,110	\$2,430,278	\$1,536,832	63.2%	\$2,325,583	70.6%
\$897,198	\$1,076,404	-\$179,206	-16.6%	\$746,440	8. Physician Revenue	\$8,322,575	\$9,514,047	-\$1,191,472	-12.5%	\$8,876,794	-6.2%
\$18,140,314	\$17,712,912	\$427,402	2.4%	\$16,523,822	9. Total Gross Patient Revenue	\$158,568,625	\$156,559,339	\$2,009,285	1.3%	\$142,773,725	11.1%
					Deductions from Revenue:						
\$2,791,603	\$3,108,549	\$316,946	10.2%	\$2,855,891	10. Inpatient Contractual Allowance	\$25,050,411	\$27,511,862	\$2,461,451	8.9%	\$24,321,121	3.0%
-\$350,000	-\$225,000	\$125,000		-\$308,333	10a. Rural Demonstration Project	-\$2,925,000	-\$2,025,000	\$900,000		-\$308,333	
\$4,780,143	\$4,119,119	-\$661,024	-16.0%	\$4,271,369	11. Outpatient Contractual Allowance	\$39,391,870	\$36,407,706	-\$2,984,164	-8.2%	\$33,615,017	17.2%
\$515,089	\$723,981	-\$208,892	-28.9%	\$501,074	12. Physician Service Contractual Allowance	\$4,776,411	\$6,399,064	-\$1,622,653	-25.4%	\$5,457,070	-12.5%
\$20,832	\$14,826	-\$6,006	-40.5%	\$14,700	13. Other Deductions	\$206,527	\$131,043	-\$75,484	-57.6%	\$120,701	0.0%
\$86,009	\$132,263	-\$46,254	-35.0%	\$64,346	14. Charity Care	\$930,146	\$1,169,039	-\$238,893	-20.4%	\$956,357	-2.7%
\$198,141	\$103,725	-\$94,416	-91.0%	-\$42,514	15. Bad Debt Expense	\$3,379,696	\$916,794	-\$2,462,902	-268.6%	\$628,808	437.5%
\$8,041,817	\$7,977,463	-\$64,354	-0.8%	\$7,356,533	16. Total Deductions from Revenue	\$70,810,061	\$70,510,508	-\$299,553	-0.4%	\$64,790,741	9.3%
42.6%	44.9%			46.2%	% Contractual Allowances / Total Gross Patient Revenue	41.8%	44.9%			44.2%	
1.6%	1.3%			0.1%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.7%	1.3%			1.1%	
44.3%	45.0%			44.5%	% Total Deductions / Total Gross Patient Revenue	44.7%	45.0%			45.4%	
\$10,098,497	\$9,735,449	\$363,048	3.7%	\$9,167,289	17. Net Patient Revenue	\$87,758,564	\$86,048,831	\$1,709,732	2.0%	\$77,982,984	12.5%
\$1,068,226	\$850,636	\$217,590	25.6%	\$1,170,901	18. Other Operating Revenue	\$9,402,240	\$7,518,526	\$1,883,714	25.1%	\$13,043,730	-27.9%
\$11,166,723	\$10,586,085	\$580,638	5.5%	\$10,338,190	19. Total Operating Revenue	\$97,160,804	\$93,567,357	\$3,593,446	3.8%	\$91,026,714	6.7%
					Expenses:						
\$4,501,362	\$4,649,587	\$148,225	3.2%	\$4,458,619	20. Salaries & Wages	\$38,946,163	\$41,096,324	\$2,150,161	5.2%	\$37,819,521	3.0%
\$273,221	\$317,589	\$44,368	14.0%	\$303,191	21. Physician Wages	\$2,936,008	\$2,807,088	-\$128,920	-4.6%	\$2,701,546	8.7%
\$259,925	\$101,316	-\$158,609	-156.5%	\$100,161	22. Contract Labor	\$1,630,290	\$895,497	-\$734,793	-82.1%	\$1,301,340	25.3%
\$2,502,779	\$2,388,653	-\$114,126	-4.8%	\$2,249,233	23. Employee Benefits	\$21,552,032	\$21,112,668	-\$439,364	-2.1%	\$20,473,308	5.3%
\$7,537,287	\$7,457,145	-\$80,142	-1.1%	\$7,111,204	24. % Salaries and Benefits / Total Operating Revenue	\$65,064,493	\$65,911,577	-\$847,084	-1.3%	\$62,295,715	4.4%
67.5%	70.4%			68.8%		67.0%	70.4%			68.4%	
\$41,788	\$86,001	\$44,213	51.4%	\$77,711	24. Medical Professional Fees	\$667,594	\$760,134	\$92,540	12.2%	\$914,326	-27.0%
\$325,313	\$175,006	-\$150,307	-85.9%	\$349,961	25. Physician Contracts	\$3,182,865	\$1,546,821	-\$1,636,044	-105.8%	\$2,543,108	25.2%
\$211,847	\$246,951	\$35,104	14.2%	\$147,848	26. Non-Medical Professional Fees	\$1,761,086	\$2,182,763	\$421,677	19.3%	\$1,730,167	1.8%
\$1,346,888	\$1,256,660	-\$90,228	-7.2%	\$994,645	27. Materials & Supplies	\$12,929,353	\$11,107,369	-\$1,821,984	-16.4%	\$12,847,676	0.6%
\$187,642	\$132,414	-\$55,228	-41.7%	\$124,914	28. Utilities	\$1,401,566	\$1,170,409	-\$231,157	-19.8%	\$1,055,324	32.8%
\$448,823	\$383,887	-\$64,936	-16.9%	\$475,514	29. Maintenance & Repairs	\$4,025,952	\$3,393,106	-\$632,846	-18.7%	\$3,831,242	5.1%
\$84,113	\$38,824	-\$45,289	-116.7%	\$57,588	30. Rentals & Leases	\$566,265	\$343,168	-\$223,097	-65.0%	\$481,554	17.6%
\$102,592	\$56,109	-\$46,483	-82.8%	\$63,358	31. Insurance	\$700,387	\$495,927	-\$204,460	-41.2%	\$447,935	56.4%
\$606,903	\$648,350	\$41,447	6.4%	\$604,315	32. Depreciation & Amortization	\$5,635,684	\$5,730,572	\$94,888	1.7%	\$5,708,659	-1.3%
\$32,973	\$50,902	\$17,929	35.2%	\$49,359	33. Interest Expense	\$105,354	\$449,911	\$344,557	76.6%	\$455,295	-76.9%
\$125,175	\$133,273	\$8,098	6.1%	\$121,164	34. Other Operating Expenses	\$1,208,918	\$1,178,030	-\$30,888	-2.6%	\$931,054	29.8%
\$11,051,344	\$10,665,522	-\$385,822	-3.6%	\$10,177,581	35. Total Expenses	\$97,249,517	\$94,269,787	-\$2,979,730	-3.2%	\$93,242,055	-4.3%
\$115,379	-\$79,437	\$194,816	-245.2%	\$160,609	36. Income (Loss) from Operations	-\$88,713	-\$702,430	\$613,717	-87.4%	-\$2,215,341	-96.0%
\$2,698	\$169,863	-\$167,165	-98.4%	\$102,266	37. Interest Income	\$818,190	\$1,501,370	-\$683,181	-45.5%	\$920,100	-11.1%
\$61,897	\$77,066	-\$15,169	-19.7%	\$107,222	38. Other Non-Operating Income	\$840,984	\$681,158	\$159,826	23.5%	\$1,723,667	-51.2%
\$64,595	\$246,929	-\$182,334	-73.8%	\$209,488	39. Total Non-Operating Revenue	\$1,659,174	\$2,182,528	-\$523,354	-24.0%	\$2,643,767	-37.2%
\$179,974	\$167,492	\$12,482	-7.5%	\$370,097	40. Net Income (Loss)	\$1,570,461	\$1,480,098	\$90,363	-6.1%	\$428,426	-266.6%
1.03%	-0.75%			1.55%	Income from Operations Margin	-0.09%	-0.75%			-2.43%	
1.61%	1.58%			3.58%	Net Income	1.62%	1.58%			0.47%	



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

	March-21	April-21	May-21	June-21	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22
Gross Patient Revenue:													
1. Inpatient Revenue	\$3,496,690	\$3,601,173	\$3,853,990	\$3,321,408	\$4,061,506	\$3,831,558	\$4,824,972	\$4,387,111	\$3,192,673	\$3,672,150	\$4,412,846	\$3,829,268	\$3,872,858
2. Inpatient Ancillary Revenue	\$967,965	\$948,416	\$994,166	\$851,522	\$1,088,109	\$1,169,065	\$1,337,900	\$1,212,281	\$950,044	\$1,073,788	\$1,160,613	\$981,373	\$1,081,410
3. Total Inpatient Revenue	\$4,464,655	\$4,549,589	\$4,848,156	\$4,172,930	\$5,149,615	\$5,000,623	\$6,162,872	\$5,599,392	\$4,142,717	\$4,745,938	\$5,573,459	\$4,810,641	\$4,954,268
4. Outpatient Revenue	\$10,738,169	\$10,092,754	\$10,377,400	\$10,492,206	\$10,954,397	\$11,142,418	\$10,874,045	\$11,722,594	\$9,976,299	\$11,143,687	\$10,491,837	\$10,234,016	\$11,452,789
5. Total Patient Revenue - Hospital	\$15,202,824	\$14,642,343	\$15,225,556	\$14,665,136	\$16,104,012	\$16,143,041	\$17,036,917	\$17,321,986	\$14,119,016	\$15,889,625	\$16,065,296	\$15,044,657	\$16,407,057
6. RRC Patient Revenue	\$306,157	\$260,533	\$279,368	\$240,984	\$277,165	\$300,261	\$277,183	\$227,844	\$166,861	\$252,501	\$190,248	\$243,856	\$211,413
7. BHOPS Patient Revenue	\$268,401	\$397,376	\$339,418	\$310,660	\$379,236	\$355,268	\$434,612	\$387,400	\$413,225	\$574,433	\$406,510	\$391,780	\$624,646
8. Physician Revenue	\$746,440	\$1,002,577	\$1,296,987	\$952,323	\$887,205	\$1,182,691	\$856,222	\$1,142,756	\$827,856	\$854,494	\$775,989	\$898,164	\$897,198
9. Total Gross Patient Revenue	\$16,523,822	\$16,302,829	\$17,141,329	\$16,169,103	\$17,647,618	\$17,981,261	\$18,604,934	\$19,079,986	\$15,526,958	\$17,571,053	\$17,438,043	\$16,578,457	\$18,140,314
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$2,547,558	\$2,216,872	\$2,950,543	\$203,710	\$2,843,309	\$2,716,381	\$3,185,293	\$2,260,163	\$2,917,302	\$2,807,374	\$3,082,649	\$2,671,339	\$2,791,603
10a. Rural Demonstration Project	\$0	\$0	\$0	-\$2,000,000	-\$225,000	-\$225,000	-\$225,000	-\$725,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$4,271,369	\$3,999,246	\$3,866,790	\$4,113,806	\$3,209,053	\$4,163,123	\$4,822,166	\$5,351,541	\$4,414,193	\$4,173,471	\$4,207,232	\$4,270,949	\$4,780,143
12. Physician Service Contractual Allowance	\$501,074	\$538,592	\$513,703	\$841,479	\$532,233	\$627,808	\$544,518	\$586,628	\$547,175	\$475,883	\$452,923	\$494,154	\$515,089
13. Other Deductions	\$14,700	\$15,984	\$0	\$45,991	\$27,490	\$22,266	\$26,208	\$21,883	\$23,902	\$21,140	\$20,316	\$22,490	\$20,832
14. Charity Care	\$64,346	\$128,280	\$99,125	\$183,914	\$68,924	\$73,565	\$188,462	\$87,947	\$216,604	\$45,611	\$132,111	\$30,914	\$86,009
15. Bad Debt Expense	-\$42,514	\$285,019	\$11,568	\$540,975	\$494,245	\$596,260	\$296,308	\$467,961	\$23,326	\$1,011,727	\$281,765	\$9,964	\$198,141
16. Total Deductions from Revenue	\$7,356,533	\$7,183,993	\$7,441,729	\$3,929,875	\$6,950,254	\$7,974,403	\$8,837,955	\$8,051,123	\$7,792,502	\$8,185,206	\$7,826,996	\$7,149,810	\$8,041,817
% Contractual Allowances / Total Gross Patient Revenue	44.3%	41.4%	42.8%	19.5%	36.0%	40.5%	44.8%	39.2%	48.5%	40.4%	42.4%	42.7%	42.6%
% Bad Debt & Charity Care / Total Gross Patient Revenue	0.1%	2.5%	0.6%	4.5%	3.2%	3.7%	2.6%	2.9%	1.5%	6.0%	2.4%	0.2%	1.6%
% Total Deductions / Total Gross Patient Revenue	44.5%	44.1%	43.4%	24.3%	39.4%	44.3%	47.5%	42.2%	50.2%	46.6%	44.9%	43.1%	44.3%
17. Net Patient Revenue	\$9,167,289	\$9,118,836	\$9,699,600	\$12,239,228	\$10,697,364	\$10,006,858	\$9,766,979	\$11,028,863	\$7,734,456	\$9,385,847	\$9,611,047	\$9,428,647	\$10,098,497
18. Other Operating Revenue	\$1,170,901	\$720,292	\$617,599	\$766,409	\$220,586	\$364,698	\$816,211	\$550,548	\$2,170,951	\$3,342,074	\$353,598	\$351,197	\$1,068,226
19. Total Operating Revenue	\$10,338,190	\$9,839,128	\$10,317,199	\$13,005,637	\$10,917,950	\$10,371,556	\$10,583,190	\$11,579,411	\$9,905,407	\$12,727,921	\$9,964,645	\$9,779,844	\$11,166,723
Expenses:													
20. Salaries & Wages	\$4,458,619	\$4,247,968	\$4,302,473	\$4,903,653	\$4,287,441	\$4,350,677	\$4,217,486	\$4,596,066	\$4,184,946	\$4,448,979	\$4,187,133	\$4,172,073	\$4,501,362
21. Physician Wages	\$303,191	\$253,404	\$251,201	\$327,662	\$340,047	\$349,470	\$401,311	\$349,004	\$347,759	\$235,235	\$310,416	\$329,545	\$273,221
22. Contract Labor	\$100,161	\$148,622	\$210,724	\$351,667	\$260,085	\$146,297	\$180,317	\$183,959	\$141,874	\$116,802	\$131,180	\$209,851	\$259,925
23. Employee Benefits	\$2,249,233	\$2,304,454	\$2,599,496	-\$310,714	\$2,391,791	\$2,363,594	\$2,351,367	\$2,603,560	\$2,371,632	\$2,384,712	\$2,390,367	\$2,192,232	\$2,502,779
	\$7,111,204	\$6,954,448	\$7,363,894	\$5,272,268	\$7,279,364	\$7,210,038	\$7,150,481	\$7,732,589	\$7,046,211	\$7,185,728	\$7,019,096	\$6,903,701	\$7,537,287
% Salaries and Benefits / Total Operating Revenue	68.8%	70.7%	71.4%	40.5%	66.7%	69.5%	67.6%	66.8%	71.1%	56.5%	70.4%	70.6%	67.5%
24. Medical Professional Fees	\$77,711	\$71,129	\$66,178	\$80,048	\$47,612	\$89,756	\$85,053	\$43,133	\$40,688	\$50,370	\$103,234	\$165,961	\$41,788
25. Physician Contracts	\$349,961	\$412,570	\$365,022	\$357,100	\$370,966	\$463,251	\$251,085	\$316,585	\$416,828	\$326,380	\$390,072	\$322,387	\$325,313
26. Non-Medical Professional Fees	\$147,848	\$239,347	\$200,348	\$272,967	\$115,394	\$199,537	\$153,952	\$231,198	\$199,503	\$194,816	\$251,322	\$203,518	\$211,847
27. Materials & Supplies	\$994,645	\$1,344,734	\$1,242,516	\$1,435,947	\$1,436,187	\$1,541,901	\$1,526,388	\$1,442,389	\$1,241,206	\$1,553,150	\$1,344,539	\$1,354,348	\$1,346,888
28. Utilities	\$124,914	\$136,586	\$129,644	\$72,814	\$126,518	\$105,215	\$100,105	\$145,196	\$126,857	\$157,087	\$253,444	\$199,502	\$187,642
29. Maintenance & Repairs	\$475,514	\$510,019	\$229,319	\$654,916	\$422,017	\$361,725	\$559,794	\$583,950	\$318,644	\$456,037	\$434,349	\$440,614	\$448,823
30. Rentals & Leases	\$57,588	\$46,956	\$45,000	\$43,979	\$51,930	\$43,326	\$47,645	\$56,231	\$76,991	\$97,199	\$48,761	\$60,069	\$84,113
31. Insurance	\$63,358	\$43,647	\$43,207	\$211,857	\$81,323	\$68,839	\$72,913	\$61,900	\$66,224	\$60,796	\$65,724	\$120,075	\$102,592
32. Depreciation & Amortization	\$604,315	\$604,508	\$614,334	\$616,414	\$610,049	\$607,718	\$642,412	\$641,278	\$640,504	\$640,537	\$645,931	\$600,353	\$606,903
33. Interest Expense	\$49,359	\$49,359	\$49,359	\$106,264	\$49,359	\$49,154	\$49,154	\$49,154	\$49,761	-\$241,751	\$34,580	\$32,973	\$32,973
34. Other Operating Expenses	\$121,164	\$106,734	\$99,384	\$133,684	\$126,611	\$129,278	\$110,601	\$120,834	\$171,096	\$119,674	\$119,674	\$186,388	\$125,175
35. Total Expenses	\$10,177,581	\$10,520,037	\$10,448,205	\$9,258,258	\$10,717,330	\$10,869,738	\$10,749,583	\$11,424,437	\$10,394,513	\$10,600,023	\$10,710,313	\$10,589,889	\$11,051,344
36. Income (Loss) from Operations	\$160,609	-\$680,909	-\$131,006	\$3,747,379	\$200,620	-\$498,182	-\$166,393	\$154,974	-\$489,106	\$2,127,898	-\$745,668	-\$810,045	\$115,379
Non-Operating Revenue													
37. Interest Income	\$102,266	\$104,901	\$102,551	-\$704,695	\$100,378	\$104,340	\$100,903	\$103,116	\$102,277	\$102,195	\$100,015	\$102,268	\$2,698
38. Other Non-Operating Income	\$107,222	\$120,901	\$73,423	\$896,646	\$132,744	\$63,838	\$65,029	\$272,136	\$62,201	\$61,340	\$62,183	\$59,617	\$61,897
39. Total Non-Operating Revenue	\$209,488	\$225,802	\$175,974	\$191,951	\$233,122	\$168,178	\$165,932	\$375,252	\$164,478	\$163,535	\$162,198	\$161,885	\$64,595
40. Net Income (Loss)	\$370,097	-\$455,107	\$44,968	\$3,939,330	\$433,742	-\$330,004	-\$461	\$530,226	-\$324,628	\$2,291,433	-\$583,470	-\$648,160	\$179,974

BARTLETT REGIONAL HOSPITAL  
BALANCE SHEET  
March 31, 2022

	<u>March-22</u>	<u>February-22</u>	<u>March-21</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
<b>ASSETS</b>				
Current Assets:				
1. Cash and cash equivalents	7,464,732	21,662,275	23,195,138	(15,730,406)
2. Board designated cash	29,552,067	30,174,095	34,709,624	(5,157,558)
3. Patient accounts receivable, net	16,560,522	16,843,857	14,929,184	1,631,338
4. Other receivables	1,236,682	584,230	878,493	358,190
5. Inventories	3,531,828	3,681,705	3,398,500	133,328
6. Prepaid Expenses	2,453,787	2,800,205	2,573,089	(119,302)
7. Other assets	31,937	31,937	28,877	3,060
8. Total current assets	60,831,555	75,778,304	79,712,905	(18,881,350)
Appropriated Cash:				
9. CIP Appropriated Funding	32,263,003	17,164,683	13,352,751	18,910,252
Property, plant & equipment				
10. Land, bldgs & equipment	152,782,632	152,463,783	148,161,504	4,621,128
11. Construction in progress	13,572,285	12,846,504	7,773,111	5,799,173
12. Total property & equipment	166,354,917	165,310,287	155,934,615	10,420,301
13. Less: accumulated depreciation	(107,146,246)	(106,539,343)	(99,749,450)	(7,396,796)
14. Net property and equipment	59,208,671	58,770,949	56,185,171	3,023,506
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,403,681	251,165
<b>16. Total assets</b>	<b>164,958,074</b>	<b>164,368,780</b>	<b>161,654,502</b>	<b>3,303,576</b>
<b>LIABILITIES &amp; FUND BALANCE</b>				
Current liabilities:				
17. Payroll liabilities	1,744,778	1,312,176	1,507,759	237,019
18. Accrued employee benefits	5,183,342	5,154,183	5,272,191	(88,849)
19. Accounts payable and accrued expenses	2,792,501	3,328,898	3,295,840	(503,339)
20. Due to 3rd party payors	2,702,887	2,289,866	4,051,027	(1,348,140)
21. Deferred revenue	783,502	826,668	(2,440,606)	3,224,107
22. Interest payable	90,653	53,414	126,119	(35,466)
23. Note payable - current portion	1,030,000	1,030,000	910,000	120,000
24. Other payables	325,418	244,290	278,624	46,794
25. Total current liabilities	14,653,081	14,239,495	13,000,954	1,652,126
Long-term Liabilities:				
26. Bonds payable	16,230,000	16,230,000	16,350,000	(120,000)
27. Bonds payable - premium/discount	91,246	95,512	1,094,878	(1,003,632)
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	83,269,440	83,273,706	86,717,647	(3,448,207)
31. Total liabilities	97,922,521	97,513,201	99,718,601	(1,796,081)
32. Fund Balance	67,035,553	66,855,577	61,935,899	5,099,655
<b>33. Total liabilities and fund balance</b>	<b>164,958,074</b>	<b>164,368,780</b>	<b>161,654,502</b>	<b>3,303,576</b>

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

	March-21	April-21	May-21	June-21	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22
<b>ASSETS</b>													
Current Assets:													
1. Cash and cash equivalents	23,195,138	20,508,927	21,507,086	24,125,641	20,222,641	18,285,324	18,422,022	16,455,972	19,700,052	22,950,807	22,205,736	21,662,275	7,464,732
2. Board designated cash	34,709,624	35,107,839	35,107,839	35,189,438	34,296,146	33,094,973	32,232,554	30,435,406	30,341,553	30,266,907	29,706,760	30,174,095	29,552,067
3. Patient accounts receivable, net	14,929,184	15,604,356	15,785,030	14,506,692	17,050,534	17,748,521	17,440,451	19,597,839	17,302,598	15,965,465	16,652,127	16,843,857	16,560,522
4. Other receivables	878,493	1,192,861	1,151,553	3,663,675	3,664,168	31,400	1,264,736	1,371,110	906,110	588,186	684,114	584,230	1,236,682
5. Inventories	3,398,500	3,561,334	3,569,923	3,438,976	3,312,784	3,367,771	3,511,679	3,714,914	3,985,020	3,803,022	3,763,829	3,681,705	3,531,828
6. Prepaid Expenses	2,573,089	2,402,250	2,272,909	1,757,985	3,134,789	2,922,731	3,075,080	3,086,651	2,939,487	2,801,467	2,653,187	2,800,205	2,453,787
7. Other assets	28,877	28,877	28,877	29,877	30,377	30,377	30,377	31,937	31,937	31,937	31,937	31,937	31,937
<b>8. Total current assets</b>	<b>79,712,905</b>	<b>78,406,444</b>	<b>79,423,217</b>	<b>82,712,284</b>	<b>81,711,439</b>	<b>75,481,097</b>	<b>75,976,899</b>	<b>74,693,829</b>	<b>75,206,757</b>	<b>76,407,791</b>	<b>75,697,690</b>	<b>75,778,304</b>	<b>60,831,555</b>
Appropriated Cash:													
9. CIP Appropriated Funding	13,352,751	13,352,751	13,352,751	13,352,751	11,932,679	18,854,017	18,854,017	19,406,354	18,853,710	18,301,848	17,244,030	17,164,683	32,263,003
Property, plant & equipment													
10. Land, bldgs & equipment	148,161,504	148,367,673	149,080,856	149,516,701	149,599,849	149,897,827	151,396,219	151,850,022	152,031,616	152,194,817	152,409,795	152,463,783	152,782,632
11. Construction in progress	7,773,111	7,860,963	7,570,489	7,264,903	8,767,880	10,769,368	9,724,991	10,696,859	11,100,753	11,827,784	12,743,862	12,846,504	13,572,285
12. Total property & equipment	155,934,615	156,228,636	156,651,345	156,781,604	158,367,729	160,667,195	161,121,210	162,546,881	163,132,369	164,022,601	165,153,657	165,310,287	166,354,917
13. Less: accumulated depreciation	(99,749,450)	(100,353,838)	(100,968,052)	(101,584,465)	(102,194,394)	(102,791,929)	(103,434,220)	(104,075,498)	(104,715,882)	(105,356,299)	(105,939,110)	(106,539,343)	(107,146,246)
<b>14. Net property and equipment</b>	<b>56,185,165</b>	<b>55,874,798</b>	<b>55,683,293</b>	<b>55,197,139</b>	<b>56,173,335</b>	<b>57,875,266</b>	<b>57,686,990</b>	<b>58,471,383</b>	<b>58,416,487</b>	<b>58,666,302</b>	<b>59,214,547</b>	<b>58,770,944</b>	<b>59,208,671</b>
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	12,403,681	12,403,681	12,403,681	12,403,681	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846
<b>16. Total assets</b>	<b>161,654,500</b>	<b>160,037,672</b>	<b>160,862,942</b>	<b>163,665,855</b>	<b>162,221,134</b>	<b>164,614,061</b>	<b>165,172,752</b>	<b>165,226,409</b>	<b>165,131,800</b>	<b>166,030,788</b>	<b>164,811,114</b>	<b>164,368,778</b>	<b>164,958,074</b>
<b>LIABILITIES &amp; FUND BALANCE</b>													
Current liabilities:													
17. Payroll liabilities	1,507,759	1,862,873	2,288,565	3,186,973	997,915	1,435,323	1,700,778	2,411,287	2,523,324	832,124	1,236,761	1,312,176	1,744,778
18. Accrued employee benefits	5,272,191	5,277,344	5,307,685	5,257,558	5,158,329	5,197,548	5,161,912	5,108,615	4,974,135	4,792,357	4,713,630	5,154,183	5,183,342
19. Accounts payable and accrued expenses	3,295,840	1,727,354	1,985,406	2,637,899	2,703,162	3,007,066	3,172,598	2,307,757	2,613,628	3,469,843	3,693,454	3,328,898	2,792,501
20. Due to 3rd party payors	4,051,027	4,051,027	4,051,027	-	99,234	2,152,164	4,046,626	2,226,263	2,367,164	2,341,398	2,315,632	2,289,866	2,702,887
21. Deferred revenue	(2,440,606)	(2,498,356)	(2,556,106)	15,404	654,388	611,221	1,042,502	999,335	956,168	913,002	869,835	826,668	783,502
22. Interest payable	126,119	189,179	252,238	315,297	(30,075)	63,059	126,119	189,178	445,609	120,490	(72,885)	53,414	90,653
23. Note payable - current portion	910,000	910,000	910,000	910,000	910,000	910,000	910,000	910,000	910,000	910,000	1,030,000	1,030,000	1,030,000
24. Other payables	278,624	333,511	408,119	467,554	182,945	1,097,658	321,793	404,654	456,756	160,707	242,979	244,290	325,418
<b>25. Total current liabilities</b>	<b>13,000,954</b>	<b>11,852,932</b>	<b>12,646,934</b>	<b>12,790,685</b>	<b>10,675,898</b>	<b>14,474,039</b>	<b>16,482,328</b>	<b>14,557,089</b>	<b>15,246,784</b>	<b>13,539,921</b>	<b>14,029,406</b>	<b>14,239,495</b>	<b>14,653,081</b>
Long-term Liabilities:													
26. Bonds payable	16,350,000	16,350,000	16,350,000	16,350,000	16,350,000	16,350,000	17,350,000	17,350,000	17,350,000	17,350,000	16,230,000	16,230,000	16,230,000
27. Bonds payable - premium/discount	1,094,878	1,081,177	1,067,476	1,053,776	1,040,075	1,026,169	97,971	84,065	111,164	105,471	99,779	95,512	91,246
28. Net Pension Liability	64,954,569	64,954,569	64,954,569	64,954,569	64,954,569	64,954,569	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897
29. Deferred In-Flows	4,318,200	4,318,200	4,318,200	4,318,200	4,318,200	4,318,200	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297
<b>30. Total long-term liabilities</b>	<b>86,717,647</b>	<b>86,703,946</b>	<b>86,690,245</b>	<b>86,676,545</b>	<b>86,662,844</b>	<b>86,648,938</b>	<b>84,396,165</b>	<b>84,382,259</b>	<b>84,409,358</b>	<b>84,403,665</b>	<b>83,277,973</b>	<b>83,273,706</b>	<b>83,269,440</b>
<b>31. Total liabilities</b>	<b>99,718,601</b>	<b>98,556,878</b>	<b>99,337,179</b>	<b>99,467,230</b>	<b>97,338,742</b>	<b>101,122,977</b>	<b>100,878,493</b>	<b>98,939,348</b>	<b>99,656,142</b>	<b>97,943,586</b>	<b>97,307,379</b>	<b>97,513,201</b>	<b>97,922,521</b>
32. Fund Balance	61,935,899	61,480,794	61,525,763	64,198,623	64,882,392	63,491,084	64,294,259	66,287,061	65,475,658	68,087,202	67,503,735	66,855,577	67,035,553
<b>33. Total liabilities and fund balance</b>	<b>161,654,500</b>	<b>160,037,672</b>	<b>160,862,942</b>	<b>163,665,855</b>	<b>162,221,134</b>	<b>164,614,061</b>	<b>165,172,752</b>	<b>165,226,409</b>	<b>165,131,800</b>	<b>166,030,788</b>	<b>164,811,114</b>	<b>164,368,778</b>	<b>164,958,074</b>

**Bartlett Regional Hospital  
Dashboard Report for March 2022**

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
<b>Hospital Inpatient: Patient Days</b>									
Patient Days - Med/Surg	469	378	24%	345	35.9%	4,303	3,342	29%	3,355
Patient Days - Critical Care Unit	75	101	-26%	82	-8.5%	832	893	-7%	857
Avg. Daily Census - Acute	17.5	15.5	14%	13.8	27.2%	18.7	15.5	21%	15.4
Patient Days - Obstetrics	79	63	25%	55	43.6%	570	560	2%	557
<b>Total Hospital Patient Days</b>	<b>623</b>	<b>543</b>	<b>15%</b>	<b>526</b>	<b>18.4%</b>	<b>5,705</b>	<b>4,795</b>	<b>19%</b>	<b>5,217</b>
<b>Births</b>									
Births	32	26	25%	22	45.5%	225	227	-1%	217
Patient Days - Nursery	67	52	28%	44	52.3%	454	464	-2%	448
<b>Mental Health Unit</b>									
Patient Days - Mental Health Unit	133	248	-46%	127	4.7%	1,373	2,192	-37%	1,328
Avg. Daily Census - MHU	4.3	8.0	-46%	4.1	4.7%	5.0	8.0	-37%	4.8
<b>Rain Forest Recovery:</b>									
Patient Days - RRC	199	248	-20%	207	-3.9%	1,546	2,192	-29%	944
Avg. Daily Census - RRC	6	8.0	-20%	7	-3.9%	6	8.0	-29%	3.4
Outpatient visits	39	88	-56%	54	-27.8%	368	776	-53%	764
<b>Inpatient: Admissions</b>									
Med/Surg	64	58	10%	60	6.7%	545	512	6%	505
Critical Care Unit	29	36	-20%	30	-3.3%	349	320	9%	304
Obstetrics	35	28	27%	22	59.1%	245	243	1%	235
Nursery	32	26	25%	22	45.5%	225	227	-1%	217
Mental Health Unit	18	21	-15%	15	20.0%	215	186	15%	175
<b>Total Admissions - Inpatient Status</b>	<b>178</b>	<b>168</b>	<b>6%</b>	<b>149</b>	<b>19.5%</b>	<b>1,579</b>	<b>1,488</b>	<b>6%</b>	<b>1,436</b>
<b>Admissions - "Observation" Status</b>									
Med/Surg	67	63	7%	78	-14.1%	602	556	8%	551
Critical Care Unit	31	27	16%	27	14.8%	222	236	-6%	241
Mental Health Unit	4	2	68%	1	300.0%	28	21	33%	18
Obstetrics	15	14	5%	19	-21.1%	129	126	2%	122
<b>Total Admissions to Observation</b>	<b>117</b>	<b>106</b>	<b>10%</b>	<b>125</b>	<b>34.5%</b>	<b>981</b>	<b>938</b>	<b>5%</b>	<b>932</b>
<b>Surgery:</b>									
Inpatient Surgery Cases	52	50	3%	50	4.0%	405	444	-9%	444
Endoscopy Cases	122	89	37%	85	43.5%	868	787	10%	804
Same Day Surgery Cases	113	119	-5%	115	-1.7%	898	1,049	-14%	1,051
<b>Total Surgery Cases</b>	<b>287</b>	<b>258</b>	<b>11%</b>	<b>250</b>	<b>14.8%</b>	<b>2,171</b>	<b>2,281</b>	<b>-5%</b>	<b>2,299</b>
Total Surgery Minutes	19,349	18,480	5%	19,069	1.5%	147,571	163,343	-10%	162,294
<b>Outpatient:</b>									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	973	968	1%	923	5.4%	8,821	8,552	3%	8,397
Cardiac Rehab Visits	45	58	-23%	55	-18.2%	232	513	-55%	503
Lab Visits	1,124	292	284%	313	259.1%	14,359	2,584	456%	2,649
Lab Tests	9,151	9,940	-8%	10,128	-9.6%	85,142	87,859	-3%	86,966
Radiology Visits	1,015	815	25%	918	10.6%	7,422	7,201	3%	7,243
Radiology Tests	2,511	2,371	6%	2,379	5.5%	21,061	20,961	0%	20,496
Sleep Study Visits	11	23	-52%	34	-67.6%	182	201	-10%	222
<b>Physician Clinics:</b>									
Hospitalists	183	236	-22%	119	53.8%	2,007	2,087	-4%	1,930
Bartlett Oncology Clinic	112	86	31%	85	31.8%	841	758	11%	758
Ophthalmology Clinic	60	95	-37%	77	-22.1%	575	838	-31%	805
Behavioral Health Outpatient visits	808	408	98%	654	23.5%	6,050	3,602	68%	4,250
Bartlett Surgery Specialty Clinic visits	248	232	7%	213	16.4%	2,049	2,049	0%	2,071
	1,411	1,056	34%	1,148	22.9%	11,522	9,334	23%	9,814
<b>Other Operating Indicators:</b>									
Dietary Meals Served	15,391	20,134	-24%	20,683	4.3%	140,919	177,956	-21%	180,580
Laundry Pounds (Per 100)	413	381	8%	403	7.9%	3,529	3,369	5%	3,383

**Bartlett Regional Hospital  
Dashboard Report for March 2022**

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under)	Prior Year	Actual	Budget	% Over (Under)	Prior Year
<b>Financial Indicators:</b>								
Revenue Per Adjusted Patient Day	4,848	5,166	-6.2%	4,092	5,083	5,166	-1.6%	4,321
Contractual Allowance %	42.6%	43.6%	-2.2%	44.3%	41.8%	43.6%	-4.2%	44.2%
Bad Debt & Charity Care %	1.6%	1.3%	17.6%	0.1%	2.7%	1.3%	104.0%	1.1%
Wages as a % of Net Revenue	49.9%	52.1%	-4.2%	53.0%	49.6%	52.1%	-4.8%	53.6%
Productive Staff Hours Per Adjusted Patient Day	25.0	27.4	-8.9%	22.3	26.1	25.8	0.9%	22.3
Non-Productive Staff Hours Per Adjusted Patient Day	3.8	4.1	-6.9%	3.4	4.1	4.3	-4.4%	3.9
Overtime/Premium % of Productive	8.72%	4.18%	108.7%	4.18%	7.88%	6.39%	23.3%	6.39%
Days Cash on Hand	22	23	-4.1%	75	22	23	-3.4%	73
Board Designated Days Cash on Hand	183	191	-4.1%	156	185	191	-3.4%	156
Days in Net Receivables	51.2	51	0.0%	52	51.2	51	0.0%	52
Days in Accounts Payable	35.0	35	0.0%	46	35.0	35	0.0%	46
Total CMI	1.18							
MCR CMI	1.35							
MCD CMI	1.15							
					<b>Actual</b>	<b>Benchmark</b>	<b>% Over (Under)</b>	<b>Prior Year Month</b>
Total debt-to-capitalization (with PERS)					55.4%	33.7%	64.3%	61.9%
Total debt-to-capitalization (without PERS)					14.1%	33.7%	-58.2%	15.7%
Current Ratio					4.18	2.00	108.9%	7.26
Debt-to-Cash Flow (with PERS)					8.55	2.7	216.6%	9.17
Debt-to-Cash Flow (without PERS)					2.18	2.7	-19.4%	2.32
Aged A/R 90 days & greater					48.2%	19.8%	143.4%	48.3%
Bad Debt Write off					0.4%	0.8%	-50.0%	-0.5%
Cash Collections					111.9%	99.4%	12.6%	98.4%
Charity Care Write off					0.5%	1.4%	-64.3%	1.6%
Cost of Collections (Hospital only)					4.6%	2.8%	64.3%	4.5%
Discharged not Final Billed (DNFB)					9.7%	4.7%	106.4%	13.8%
Unbilled & Claims on Hold (DNSP)					12.4%	5.1%	143.1%	13.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					0.9%	21.3%	-95.8%	0.0%

# Bartlett Regional Hospital

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

Planning Committee Meeting Minutes  
May 5, 2022 – 12:00 p.m. Zoom Videoconference

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

**PLANNING COMMITTEE\* AND BOARD MEMBERS PRESENT:** Brenda Knapp\*, Lance Stevens\*, Mark Johnson\*, Deb Johnston, Hal Geiger, Iola Young and Kenny Solomon-Gross

**ALSO PRESENT:** Jerel Humphrey, Robert Tyk, Kim McDowell, Dallas Hargrave, Marc Walker, Jeanne Rynne, Claire Stremple and Anita Moffitt

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

**PUBLIC PARTICIPATION –** None

**APPROVAL OF THE MINUTES –** *Mr. Johnson made a MOTION to approve the minutes from the April 1, 2022 Planning Committee meeting. Mr. Stevens seconded. There being no objections, minutes approved as presented.*

**MASTER FACILITY PLAN AND TIMELINE –** Mr. Walker reported the facility plan and timeline, included in the packet, is up to date. Color coding clarified at Ms. Knapp's request: Green represents small projects less than \$500,000, yellow are projects between \$500 Thousand and \$2 Million, orange are projects \$2 Million to \$10 Million and red are major projects greater than \$10 Million. We are still in design for power conditioning and surge suppression.

**CURRENT PROJECTS UPDATE –** Mr. Walker provided an overview of the project update list included in the packet. He reported the water main and site improvement project is well underway and moving along quicker than anticipated. Parking is very limited. The ASU-11 Endoscopy fan project is ongoing. RRC siding and window replacement should be finished by the end of this month. Doors are due to be here mid to late July for the door replacement project and will be installed in phases. Surge suppression project is close to going out to bid. CT/MRI 100% bid documents due May 9<sup>th</sup>. ED addition and renovation meetings ongoing. Underground fuel line project will soon go out to bid with caveats that work cannot start until after the site work is complete. The windows and siding replacement of the administration building is an ongoing project that will drag out over the next year. The hospitalist sleep room renovation is on hold until the fall.

**BOPS / CRISIS STABILIZATION PROJECT UPDATE –** Ms. Rynne reported construction is moving along very well. Steel erection completed this week, interior framing going in, main roof dried in yesterday. The only roofing left to do is the entry canopy. Some utilities are being relocated.

**ED EXPANSION PROJECT UPDATE -** Ms. Rynne reported we are moving along through design, concept drawing submittals due to be received today. Cost estimate with concept drawing expected next week. She presented a procurement methodology for the project and requests consideration of approval by the committee. CBJ procurement code allows alternative public works upon approval by the Assembly. It might be beneficial to use this methodology for this project. A recommendation to use the GC/CM (General Contractor/Construction Manager) approach was made. This allows a general contractor to come on board early to give input on phasing and provide pricing as we work our way through design. Renovation of the ED is a complex job and will need to be done in phases to cause as little disruption in operations as possible. GC/CM methodology allows for a qualifications based selection of the contractor versus taking the lowest bidder. It allows prices to be locked in on scopes of work for trades earlier in the project and spreads the risk of

construction escalation over time. Senior Leadership has reviewed this methodology and recommends committee approval. Because using this option requires an ordinance to be passed by the assembly, it also needs to go to Public Works and Facility Committee and the Assembly for approval. She noted the best time to bring this procurement method on board is between schematic design (July 11<sup>th</sup>) and design development (September). Architect is working on the components of the Certificate of Need (CON) application related to the design. Nathan Overson is in conversations with the State about the CON. Ms. Knapp obtained confirmation that use of this alternate procurement methodology is determined on a case by case basis. At Mr. Solomon-Gross' request, Ms. Rynne explained the differences between the options presented in the packet. It was agreed that it would be prudent to go through Bartlett's process first, as outlined in option 2. There is an RFP (Request for Proposal) specifically for receiving GC/CM pre-construction services. Ms. Johnston noted she has successfully used this methodology in the past and expressed her support. Mr. Geiger also expressed support of this methodology and enquired why this is a board issue and not a management issue. Requests to go before the Assembly on behalf of BRH need board approval. Mr. Stevens expressed support of the methodology.

***MOTION by Mr. Stevens to accept option number 2 and the timeline it represents for this project. Mr. Johnson seconded. There being no objection, MOTION approved.*** This will now be presented to the board for approval.

**Bartlett Surgery and Specialty Clinic (BSSC) Relocation** – Mr. Humphrey reported SEARHC has agreed to extend the BSSC lease for 3 months. BSSC will have a semi-permanent home in the Juneau Medical Center building when behavioral health services move into their new space.

**Prioritization of Strategic Goal Initiatives** – Ms. Knapp reported she and Mr. Humphrey met to discuss the strategic initiatives assigned to Planning. Some initiatives can be worked on simultaneously but staff input and recommendations are needed. Mr. Humphrey noted we are already working on expanding workforce development programs and he has had discussions with Mr. Tyk about exploring the feasibility of a hospital run clinic. A return on investment evaluation will be done on any new services brought on. Expansion or affiliation will be Board directed with an expectation that the facility would have telemedicine capabilities to help build BRH's telemedicine capabilities. A Business Development Analyst is coming on board in a couple of months and will be expected to run with this project when an affiliate is identified. Ms. Knapp agreed that it makes sense that expanding workforce development programs rests with HR and the clinical staff; they can advise the board on progress. Mr. Tyk is to provide input about the feasibility and practicality of hospital run clinics and employed physicians. Ms. Knapp suggests committee members review the recommendations of the affiliation study conducted by ECG in 2020. Mr. Stevens said it's important to evaluate what we're already doing. The evaluation of clinics is a great step and we should use Mr. Tyk's expertise while we have it. We are 2-3 months away from hiring a CEO. The CEO and the Business Development Analyst are going to drive the affiliations and buildouts process so it would be wise to pause for now to get their input in the early process. Mr. Tyk cautions that small independent hospitals need to be careful when it affiliates with a large organization. Historically, small facilities become gobbled up and become a feeder to the bigger hospital. It is important for the board to take time and effort to make sure both parties benefit. Ms. Knapp and Mr. Johnson agree with Mr. Tyk. Mr. Johnson also agrees that it would be good to pause until a new CEO is in place. He also noted it wouldn't hurt to explore the federally funded qualified health center issue but it isn't easy to justify the need for one. Brief discussion held about whether Front Street Clinic qualified as one or not.

**Comments** – Mr. Geiger requested a COVID update. Ms. McDowell reported 2 positive patients in house and 15 positive employees. BRH has taken over CCFR COVID testing and it is now being done on campus. Supplies are good. COVID case numbers keep increasing in the community. The current strains are more transmissible but have less impact, partly due to high vaccination rates. BRH has had no critically ill COVID patients in a while. COVID updates will continue to be provided at monthly board meetings as a standing agenda item but not at committee meetings.

**Next Meeting** – To be determined. Ms. Knapp will be out of town June 3<sup>rd</sup>. Mr. Stevens will no longer be on the board. Ms. Knapp will work with Ms. Moffitt to identify a date and will speak with Mr. Solomon-Gross about replacing Mr. Stevens on the committee.

**Adjourned** – 12:54 pm.



DATE: April 28, 2022

TO: Jerel Humphrey, Interim CEO  
Bartlett Regional Hospital

FROM: Jeanne Rynne, CBJ Chief Architect

SUBJECT: GC/CM Procurement for BRH Emergency Department Addition and Renovation

#### Executive Summary

Key characteristics of the BRH Emergency Department (ED) Addition and Renovation project support consideration of an alternative procurement method such as GC/CM (General Contractor/Construction Manager), also known as CMAR (Construction Manager at Risk). The current construction escalation and supply chain challenges underscore the need for considering an alternative approach to the traditional design-bid-build method for construction. Using GC/CM requires that the Assembly approve an ordinance. Timing is of the essence if BRH chooses to consider this procurement approach for ED project.

#### Benefits of GC/CM

- Allows for qualifications based selection of GC
- Contractor input on construction phasing and cost estimating from early in the design process
- Ability to bid scopes of work prior to 100% completion of project documents

#### Project Characteristics Relevant to GC/CM Approach

Complexity of Scope – One of the project goals is to complete the ED Addition and Renovation with minimal disruption to the Emergency Department. This will likely entail complex phasing of construction activities around ED operations with the added complexity of complying with ICRA (Infection Control Risk Assessment) requirements throughout the project.

The chart below from the National Institute of Governmental Purchasing (NIGP) compares project delivery methods to project characteristics.<sup>1</sup>

<sup>1</sup> National Institute of Governmental Purchasing (NIGP). *Public Procurement Practice: Selecting the Appropriate Construction Project Delivery Method*. NIGP The Institute for Public Procurement. <https://www.nigp.org/resource/global-best-practices/Selecting%20the%20Appropriate%20Construction%20Project%20Delivery%20Method%20Best%20Practice.pdf?dl=true>.



	<i>Construction Project Delivery Methods</i>		
	<b>DB</b>	<b>CMAR</b>	<b>DBB</b>
<i>Project Characteristics</i>	<i>Attributes</i>		
<b>Project Schedule</b>	Fastest	Middle	Slowest
<b>Project Cost</b> <i>(depending on negotiation)</i>	Highest	Middle	Lowest
<b>Change Orders</b> <i>(Increases in cost and time)</i>	Lowest	Lowest	Highest
<b>Integration/Collaboration</b>	Highest	Highest	Lowest
<b>Complexity of Scope</b>	Highest	Middle	Lowest
<b>Expertise and Capacity</b>	Contractor	Contractor/Owner	Owner
<b>Risk/Responsibility</b>	Contractor	Contractor/Owner	Owner
<b>Control over Design</b>	Contractor	Owner	Owner

**Timing**

Project Schedule: The earlier a GC can become involved in the design of a project the better. Consulting with Architects Alaska who have done many hospital projects using GC/CM, bringing the contractor on prior to the Schematic Design phase is ideal, but they have done several project where the GC has not been brought on board until the Design Development phase.

CBJ and BRH processes: In accordance with CBJ purchasing code [9.14 \(c\) \(6\)](#), use of an alternative procurement method requires Assembly approval via an ordinance. This requires introduction at a PWFC (Public Works and Facilities Committee) meeting and two Assembly meetings. Ideally this would take place after approval from the BRH Board of Directors to propose moving forward with the GC/CM approach. Below is a chart that aligns the project milestones with the CBJ ordinance approval process and the BRH approval process.

Attachments:

- National Institute of Governmental Purchasing (NIGP): *Public Procurement Practice: Selecting the Appropriate Construction Project Delivery Method.*
- Design-Build Institute of America (DBIA): *Choosing a Project Delivery Method: A Design-Build Done Right Primer.*

Project Milestones	Option 1 - Expedited CBJ	BRH	Option 2 CBJ
		4/28/22 Propose GC/CM approach to Senior Leadership	
	5/2/22 PWFC		
		5/5/22 BRH Planning Committee	
	5/16/22 Assembly - 1st Reading Ordinance		
		5/24/22 BRH Board of Directors	
		5/26/22 BRH Senior Leadership/CBJ meeting	
		6/3/22 BRH Planning Committee	
			6/6/22 PWFC
	6/13/22 Assembly - 2nd Reading/Adoption Ordinance		6/13/22 Assembly - 1st Reading Ordinance
	6/14/22 Issue RFP for GC/CM Preconstruction Services		
		6/28/22 BRH Board of Directors	
	7/5/22 GC/CM Proposals due		
7/11/22 Schematic Design Complete			7/11/22 Assembly - 2nd Reading/Adoption Ordinance
			7/12/22 Issue RFP for GC/CM Preconstruction Services
	7/30/22 GC/CM selection made		
			8/30/22 GC/CM selection made
9/9/22 Design Development Complete			
12/20/22 Construction Documents Complete			

Option 1 is in the best interest of the project but requires concurrent processing of the issue through CBJ and BRH. BRH Board approval would not be available until the second reading of the Assembly on June 13.

Option 2 is still workable, particularly if BRH is comfortable allowing for an additional month or so to be added to the project schedule. With GC/CM, construction could start sooner with discrete scopes of work (site work for example) than with the Design-Bid-Build method which requires 100% completion of the construction documents prior to bidding. Option 2 allows the issue to work through the BRH review process prior to going to PWFC and the Assembly if the issue moves forward to the Planning Committee on May 5 and to the Board of Directors on May 24.

Option 3, not listed on the chart, would be to stay the course and continue with the traditional Design-Bid-Build approach. According to the latest schedule provided by Architects Alaska, this would put us ready to bid in January of 2023.

**Action Requested**

Staff requests Senior Leadership to consider whether the GC/CM procurement is worth pursuing for this project, and if so, to select a path forward from the options outlined above.

# Bartlett Regional Hospital

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

## Minutes

### CEO RECRUITMENT COMMITTEE MEETING

May 5, 2022 – 3:00 p.m.

Zoom Videoconference

**Called to order at 3:05 p.m., by Kenny Solomon-Gross, Board President**

**CEO Recruitment Committee\* and Board Members Present:** Kenny Solomon-Gross\*, Brenda Knapp\*, Iola Young\*, Jeff Rogers\*, Anne Standerwick, MD\*, Sarah Hargrave\*,

**Absent:** Maria Uchytíl\*

**Also Present:** Dallas Hargrave, Kim Russel, Beth Ross, Mick Ruel and Anita Moffitt

Mr. Solomon-Gross noted this is a one agenda item meeting that will go into executive session after any public participation.

**APPROVAL OF THE AGENDA – *MOTION by Ms. Young to approve the agenda as written. Ms. Knapp seconded. There being no objections, agenda approved as written.***

**PUBLIC PARTICIPATION – None**

**EXECUTIVE SESSION – *MOTION by Ms. Knapp to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, specifically potential CEO candidates. Ms. Young seconded.***

The committee entered executive session at 3:07 p.m. and returned to regular session at 5:15

**COMMENTS – Mr. Solomon-Gross thanked everyone for their time and efforts.**

**Adjourned: 5:16 p.m.**

# Bartlett Regional Hospital

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

**Minutes**  
**CEO RECRUITMENT COMMITTEE MEETING**  
**May 16, 2022 – 3:00 p.m.**  
**Zoom Videoconference**

**Called to order at 3:04 p.m., by Kenny Solomon-Gross, Board President**

**CEO Recruitment Committee\* and Board Members Present:** Kenny Solomon-Gross\*, Brenda Knapp\*, Iola Young\*, Jeff Rogers\*, Anne Standerwick, MD\*, Sarah Hargrave\* and Hal Geiger

**Also Present:** Dallas Hargrave, Kim Russel, Mick Ruel, Erin Hardin and Anita Moffitt

Mr. Solomon-Gross stated that due to travel and extenuating circumstances, Ms. Uchytel will be unable to participate in all of the interviews. She will no longer be on the committee.

**APPROVAL OF THE AGENDA – MOTION by Ms. Knapp to approve the agenda as written. Ms. Young seconded. There being no objections, agenda approved as written.**

**PUBLIC PARTICIPATION – None**

Mr. Solomon-Gross announced that this is our first round of interviews with CEO candidates. Interviews will be conducted by committee members only. After interviews of all 6 candidates are conducted, the committee will select the finalists. Names and information about the finalists will then be made public.

**APPROVAL OF THE MINUTES - MOTION by Ms. Young to approve the May 5, 2022 CEO Recruitment Committee Meeting minutes as written. Ms. Knapp seconded. There being no objections, agenda approved as written.**

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

**EXECUTIVE SESSION – MOTION by Ms. Knapp to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, specifically potential CEO candidates. Ms. Young seconded.**

The committee entered executive session at 3:07 p.m. and returned to regular session at 6:56 p.m.

**COMMENTS – Mr. Solomon-Gross thanked everyone for their time.**

**Adjourned: 6:57 p.m.**

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**Minutes**  
**CEO RECRUITMENT COMMITTEE MEETING**  
**May 17, 2022 – 1:00 p.m.**  
**Zoom Videoconference**

**Called to order at 1:03 p.m., by Kenny Solomon-Gross, Board President**

**CEO Recruitment Committee\* and Board Members Present:** Kenny Solomon-Gross\*, Brenda Knapp\*, Iola Young\*, Jeff Rogers\*, Anne Standerwick, MD\*, Sarah Hargrave\* Mark Johnson and Hal Geiger

**Also Present:** Dallas Hargrave, Kim Russel and Mick Ruel

**APPROVAL OF THE AGENDA – *MOTION by Ms. Young to approve the agenda as written. Ms. Knapp seconded. There being no objections, agenda approved as written.***

**PUBLIC PARTICIPATION – None**

**APPROVAL OF THE MINUTES - *MOTION by Ms. Knapp to approve the May 16, 2022 CEO Recruitment Committee Meeting minutes as written. Ms. Young seconded. There being no objections, agenda approved as written.***

**EXECUTIVE SESSION – *MOTION by Ms. Knapp to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, specifically potential CEO candidates. Ms. Young seconded.***

The committee entered executive session at 1:04 p.m. and returned to regular session at 6:58 p.m.

**COMMENTS – Mr. Solomon-Gross thanked everyone for their time and noted he'd see everyone bright and early tomorrow morning.**

**Adjourned: 6:59 p.m.**

**NEXT MEETING: 7:00 a.m. – Wednesday, May 18, 2022**

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**Minutes**  
**CEO RECRUITMENT COMMITTEE MEETING**  
**May 18, 2022 – 7:00 a.m.**  
**Zoom Videoconference**

**Called to order at 7:02 a.m., by Kenny Solomon-Gross, Board President**

**CEO Recruitment Committee\* and Board Members Present:** Kenny Solomon-Gross\*, Brenda Knapp\*, Iola Young\*, Jeff Rogers\*, Anne Standerwick, MD\*, Sarah Hargrave\* Mark Johnson and Hal Geiger

**Also Present:** Dallas Hargrave, Kim Russel and Mick Ruel

**APPROVAL OF THE AGENDA – *MOTION by Ms. Young to approve the agenda as written. There being no objections, agenda approved as written.***

**PUBLIC PARTICIPATION – None**

**EXECUTIVE SESSION – *MOTION by Ms. Young to recess into executive session to discuss matters that the immediate knowledge of which would defame or prejudice the character or reputation of any person, specifically potential CEO candidates.***

The committee entered executive session at 7:02 a.m. and returned to regular session at 10:59 a.m.

**COMMENTS –** Mr. Solomon-Gross expressed his appreciation for the time and effort everyone committed to the committee. He looks forward to selecting the new CEO. Names of the finalists will be provided to the public soon.

**Adjourned: 11:00 a.m.**

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## Board Quality Committee May 11, 2021 Minutes

**Called to order at 3:31 p.m. by Mark Johnson**

**Quality Committee\* and Board Members Present:** Hal Geiger\*, Mark Johnson\*, and Kenny Solomon Gross

**Staff:** Gail Moorehead, Autumn Muse, Miranda Dumont\*, Amber Sundberg\*, Willy Dodd, Jerel Humphrey\*, Charlee Gribbon, Tonia Montez, Jack Fitzpatrick

**Guests:** none

*Mr. Solomon - Gross made a MOTION to approve the minutes from March 11, 2022 Board Quality Meeting. Mr. Johnson seconded. There being no objection, minutes approved.*

*Old Business: None*

### *Standing Agenda Items:*

#### **COVID Update – Charlee Gribbon**

Ms. Gribbon gave a community COVID update. She cautions that the influx of tourists could impact our hospital. BRH currently has 16 employees on isolation.

#### **2021 BOD Quality Dashboard – Gail Moorehead**

Ms. Moorehead presented the Quality Dashboard. She introduced a new PI (Process Improvement) project BRH is collaborating with ASHNHA (Alaska State Hospital and Nursing Home Association) on. Ms. Dumont gave her experience as a patient to the group. She expressed that the staff took great care of her but some of her experiences contributed negatively to her experience. Mr. Solomon-Gross thanked Ms. Dumont for sharing her experience.

Ms. Moorehead described what the hospital is doing to increase patient experience surrounding communication and hospital environment. Those should increase overall patient experience.

#### **CMS (Centers for Medicare and Medicaid Services) Ligature Update – Autumn Muse**

Ms. Muse gave an update regarding the Ligature Risk CMS update. CMS and TJC (The Joint Commission) have accepted our extension request to mitigate the ligature risks that were

identified during TJC's last visit. Ms. Muse presented the mitigation plans to the group along with the long term plan to reduce the environmental ligature risks on our inpatient behavioral health unit.

*New Business:*

**QAPI Reports**

**Float Contract/Nursing Administration PI Presentation - Amber Sundberg/Tonia Montez**

Ms. Sundberg presented the Nursing Administrations PI project surrounding the float contract process. Mr. Solomon-Gross thanked Ms. Sundberg for her presentation.

**Materials Management (MM) - Willy Dodd**

Mr. Dodd presented the MM PI project to the group. MM is experiencing supply chain and backlog issues. Mr. Dodd's goal is to improve communication between MM and staff when there are difficulties in obtaining supplies.

**Patient Flow Committee Update - Gail Moorehead/Amber Sundberg**

Mr. Solomon-Gross suggested that because the meeting is running over, we table this item until the next Board Quality Meeting.

Mr. Geiger asked Mr. Johnson about the Finance Committee Meeting and if it would be in person. Mr. Solomon Gross confirmed that daytime meetings will be conducted via ZOOM to ensure there is parking for patients and staff.

**Adjournment: 4:48 p.m.**

**Next Quality Board meeting: July 13, 2022 3:30 p.m.**



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## Finance Committee Meeting Minutes – Zoom Meeting May 13, 2022 at 12:00pm

**Called to order at 11:59 a.m. by Finance Chair, Deb Johnston.**

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

**Staff & Others:** Jerel Humphrey, Interim CEO, Robert Tyk, Interim CFO, Karen Forrest, Interim CBHO, Kim McDowell, CCO, Dallas Hargrave, HR Director, Blessy Robert, Director of Accounting, Erin Hardin, Gage Thompson, Seanna O’Sullivan, Megan Rinkenberger, Tiara Ward, CBJ.

**Public Comment:** None

*Mr. Stevens made a MOTION to approve the minutes from the April 8, 2022 Finance Committee Meeting. Mr. Geiger seconded, and they were approved.*

### **March 2022 Financial Review – Bob Tyk**

March was a better month financially for Bartlett Regional Hospital (BRH). Volumes were higher, revenues were higher, and expenses were more in line.

While inpatient volumes only increased slightly, outpatient tests and visits along with BOPS visits showed a marked increase. Patient days were basically flat when compared to the month of February with a slight decrease in the Mental Health Unit. This decrease was a result of short staffing in that area. RRC had an increase in patient days to the highest number since July 2021. We have seen the volumes in the RRC increasing steadily since December 2021.

Surgery volumes increased overall with a strong inpatient and same day surgery volume. Endoscopies decreased from February, but were still much higher than any other month since June 2021. Much of the lower months can be attributed to COVID restrictions.

We saw very strong outpatient volumes in the ED, Laboratory, Diagnostic Imaging, Ophthalmology Clinic and BOPS. These increases helped to raise the gross patient revenue by \$1.561 million. This is the highest gross revenue month since October 21.

The deductions from revenue as a percentage remained consistent with prior months at 42.6%. Bad debt expense at \$198,141 is an increase when compared to February but is still running much lower than prior months. We will be evaluating the bad debt percentages that we have been utilizing in the spreadsheet for calculating the monthly bad debt expense. The percentages have not been reviewed and modified for a few years so this review is needed.

Other operating revenue increased by more than \$700,000 as a result of revenue from grants being booked.

Salaries and benefits increased in pure dollars when compared to February but decreased as a percentage of total operating revenue. On a year-to-date basis, total salaries and benefits are 1.3% less than the budget for the first 9 months of the fiscal year, and 4.4% greater than last year’s actuals. Considering that Gross Patient Revenue is up by 11.1% from last year and Net Patient Revenue is 12.5% greater than last fiscal year, having salaries and benefits up by only 4.4% is somewhat remarkable.

The Income/Loss for Operations in March year-to-date was (\$88,713) which is better than the budget and much better than the (\$2,215,341) loss in FY 2021. Strong patient volumes along with maintaining better expense management will result in more positive bottom lines.

The one big change on the Balance Sheet in the month of March was the transfer of monies from the Cash and Cash Equivalents line to the CIP Appropriated Funding line. This is a result of the new Bond funding. Otherwise the Balance Sheet remains relatively constant.

I continue to look at refining processes within the organization while also reviewing spending trends. We are accessing our Group Purchasing Organization (GPO) for products that are similar to those that we currently use but at

lower prices. We are also planning to bid out the copy machine contract that we currently have with Xerox. This will hopefully result in machines at a better lease price as well as much better service on those machines.

Regarding Provider Enrollment, BRH will start having monthly “Lunch & Learn” meetings with key office’s staff to ensure open communication and expectations regarding the teamwork involved in the billing and prior approvals process.

I have seen a great deal of progress within BRH as the staff step up to the challenges of healthcare in the wake of a pandemic. Thank you for the opportunity to be here.

#### **Outsourcing of Self-Pay Accounts Receivables – Bob Tyk**

At the end of April, almost \$7 million in Self-Pay accounts, with one employee in Patient Financial Services to focus on those accounts. Many of these accounts are very old.

One solution is outsourcing self-pay, where they are able to use a whole staff to reach out to try and collect on them, or offer a discount if they pay it off in one payment. Another method is “Early Out”, where within 30 days of service the organization will manage accounts as BRH. Bob has spoken with an organization he’s worked with in the past. They are asking BRH to sign a confidentiality agreement before they sign the paperwork that we require, so we are working through preliminary discussions to get an estimate of what it would cost. Mr. Stevens and Ms. Johnston offered their support of outsourcing management of the approximately 6,900 self-pay accounts. Mr. Geiger offered no objections as long as it is done in a compassionate manner.

#### **Changes to Purchasing Authority Policy – Bob Tyk**

Mr. Tyk informed the committee that he and his team have been drafting a new Purchasing Authority policy that allows chiefs to have more signing authority than they currently have. Under this policy, the CEO’s limit would be \$500k, CFO’s would be \$250k, other chiefs at \$100k, and directors at \$25k. Mr. Stevens suggested making sure it abides by city code rules for purchasing authority, and Mr. Tyk responded that they will run it by CBJ legal and the City Finance Director before bringing it back to the BOD. Ms. Johnston would like to see a comparison to the current purchasing authority. Mr. Geiger requested wording put into the policy regarding oversight structure as well. Ms. Roberts noted that Mr. Tyk has instituted a purchasing request process that wasn’t there before to increase accountability as well. The reviewed final policy likely won’t be ready in time for this month’s BOD meeting.

#### **Increase in Hospital Staff Pay Rates – Bob Tyk**

Senior leadership has proposed a 4% pay increase, instead of the budgeted 2%. In order to do this budget-neutrally, at a director meeting, Mr. Tyk incentivized the directors to look at their budgets and see if they could find a total of \$1-1.5M by decreasing or eliminating non-staff, non-CIP areas, to cover the pay increase. At this point, directors have designated about \$1M, which doesn’t include savings from the GPO. After the meeting, an email will go out to tell the employees they will be getting a 4% raise as of the beginning of the next fiscal year (pay period starting June 12<sup>th</sup>).

Mr. Humphrey noted that senior leaders have discussed this, and are proud to give staff encouragement, positive feedback, AND a little financial incentive as well to show appreciation for all their hard work. Mr. Hargrave noted that the union contract states the pay increase will be “at least” 2%. The union is aware of the pay increase intentions as well. They will continue to look at recruitment and retention. A market pay analysis is being conducted and those results should be available soon. Mr. Stevens stated that he appreciated the budget-neutral approach to increasing pay in order to increase morale, job satisfaction and retention. Mr. Geiger also shared his appreciation for the leadership team. No committee action is needed since the budget remains the same.

**Next Meeting: Friday, June 17<sup>th</sup> at Noon via Zoom**

**Additional Comments:** None

**Adjourned at 1:12 p.m.**

**May 24, 2022**  
**Management Report**  
**From Studebaker Nault and CBJ Law**

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

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**Management Report from  
Dallas Hargrave, Human Resource Director  
May, 2022**

**CEO Recruitment Update.** The Ad Hoc CEO Recruitment Committee met and interviewed potential CEO finalists in three public meetings from May 16 to May 18, 2022. After those meetings, the CEO Recruitment Committee recommended CEO finalists to the Board of Directors, and those candidates were considered in executive session during a special Board meeting on May 18, 2022. BE Smith is currently in discussions with those potential finalists about coming to Juneau, likely in the first week in June, to participate in a CEO selection process. Once those candidates are confirmed, we will put out a press release with their names and backgrounds.

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## May 2022 Chief Clinical Report

Kim McDowell, CCO

### Cardio/Pulmonary, Respiratory Therapy & Sleep Lab Department

#### Cardiac Rehab

- April Cardiac Rehab/Pulmonary Rehab visits 124 total
- Working with Marketing to get patient forms online
- Working on advertising, and getting referrals for the Telehealth Pulmonary Rehab

#### RT

- Oxygen supplies are solid.
- Have one full-time RT position open, and actively recruiting. Will have full-time seasonal RT hired for the summer.
- New Pulmonary Function Test machine was approved for purchase, starting the process to procure.

#### Sleep

- Signed new service contract effective August 1<sup>st</sup>, with Peak Neurology and Korbrien Medical Management LLC for our sleep lab. This change will provide patients with only one bill instead of two (global billing), which will increase patient satisfaction. Korbrien also offers us the ability to be flexible with schedules so if we receive a larger number of orders, they can increase the number of days they have sleep studies per week so the patients do not have to be placed on a wait list.

### Critical Care Unit (CCU)

- CCU staff enjoyed festivities of Hospital Week.
- Increase in sick calls the past couple of weeks, but seem to be managing okay.
- Staff have been doing a great job getting their Licensed Level Support check-offs done for ED and Med/Surg. A lot of CCU staff already float to those areas as well.

## **Diagnostic Imaging (DI)**

- Both radiology nurses can do Electroencephalogram (EEG). Second radiology nurse is learning to insert peripherally inserted central catheters (PICC). DI RN went to Virginia Mason Medical Center to work with the neurologist that reads our EEG and was also able to meet with their IV team. EEG quality has significantly improved following training.
- Our Picture Archiving and Communication System (PACS) Administrator was finally able to get onsite training for our dictation and reporting software after they reopened their training center post COVID.

## **Laboratory**

- Volumes for the month of April did see a continued spike in Histology, slight drop for Laboratory numbers seen for same period from last year.
- Financials were excellent for the month of April for both Laboratory and Histology. Laboratory and Histology were about 30% above the budget. Molecular also had continued profits for the month of April
- The community collecting site shut down on April 29<sup>th</sup>, with BRH taking over community testing, as our community continues with the COVID pandemic. Molecular lab communicated with current CCFR testing staff for continued employment, at BRH's testing site, which was successful. A big thank you to Robin Marks, facilities and information system helping to setup the room at the Bartlett House. The flow is similar to CCFR's testing site, with a drive through tent on the north end and is a fairly smooth process. This was accomplished by hiring already trained staff, which aided in a successful transition.

## **Obstetrics Department (OB)**

- On behalf of The Joint Commission, Lauren Beason, OB Director and Sara Gress, Perinatal Educator and Lactation Manager presented to over 400 individuals across the nation on OB's high rates of exclusive breast-milk feeding (PC-05 measure) on May 4<sup>th</sup>. Since the presentation, they have been contacted by multiple hospitals across the nation seeking advice and support as they look to navigate making changes in their own settings.
- OB completed their monthly May Drill on Severe Maternal Hypertension and appropriate treatment. We had a great turnout of 17 OB staff, including providers who were educated on updated practice guidelines, medications, order set management, and risk factors.
- OB is very excited to announce one of our CNAs just graduated from the UAA nursing program, and will be joining us in her new role in June. Congratulations Chelsea Stonex, RN!

## **Rehabilitation Services**

- Recently held interviews for the Director of Physical Rehabilitation. Offer was made and accepted with an expected start date in July.

## **Pharmacy Department**

- Pharmacy is recruiting for a casual Pharmacist and three Pharmacy Technician positions. We are developing a Technician in Training Program.
- The Pharmacy is initiating a program that will improve compliance with the Food and Drug Administration's Drug Supply Chain Security Act. This program will store pedigree information for medications purchased from vendors for six years in a readily accessible format and validate the information to reduce the risk of counterfeit medications.
- Antimicrobial Stewardship Committee celebrates low carbapenem and clindamycin use. Future use of procalcitonin and BioFire will provide very fast culture and sensitivity information to aid antibiotic selection.
- Drug shortages due to supply chain disruptions and Shanghai shut down for COVID keep the pharmacy staff, and especially our pharmacy purchaser, busy locating sufficient supply through alternative sources. Pharmacists are available to recommend substitutions.

## **Surgical Services**

- SDS/OR have two new fulltime CNAs with us, and they are amazing! SDS has not had any daytime CNAs previously, so this is new for us! They are able to do tasks as needed with patient care, allowing the RNs time to take care of an increased patient load, and help with the increasing number of cases a day. The CNA's have also been trained to collect COVID swabs, and have been helping with the new BRH COVID testing drive-thru station.
- Thank you to Robin in molecular for organizing and taking on the project of the handoff from CCFR to BRH for COVID testing. Robin made sure that our SDS out-patients have priority for testing.
- We continue to support the Cataract Clinic hosted at BRH.
- We are excited to have Michelle VanKirk as a part of the OR team. Michelle has already helped us with some minor charting changes for the SDS nursing team. These small changes have made a big difference. We look forward to working with her more!

## **Emergency Department**

- Cruise ship season is underway. Communication with the hospital and the ships has been good.
- Preliminary conversations have started regarding current screening process. Currently screening is happening outside the ED in the Triage Cabin. Looking at options to move screening process from the cabin to inside the hospital.
- Staffing continues to be a challenge but is adequately being supported by travel nurses at this time. Recruitment is ongoing.
- In search of a permanent Director for the ER. The position vacancy is posted through the first week in June.

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## May 24, 2022 Behavioral Health Board Report Karen Forrest, Interim Chief Behavioral Health Officer

### **ADULT MENTAL HEALTH UNIT (MHU) 12 BEDS**

#### **Staffing:**

- Staffed with 5 full time nurses and 2 travel nurses with continued recruiting efforts. Nurse staffing continues to be short.
- 1 New MHU clinician hired, completed NEO and now working independently.

#### **Program:**

- Currently capping the MHU census at 6-7 patients and monitoring acuity closely.
- Prioritizing local and Southeast referrals, and continuing to review outside referrals from greater Alaska.
- Clinical supervisor and MHU program manager meeting weekly to improve coordination.
- Joint Commission Update: Continued progress addressing survey findings as well as findings from internal environmental risk assessments. Several materials on order at this time.
- April data:
  - 17 admissions, 14 discharges
  - Average Daily Census = 8.85
  - Average LOS = 4.46

### **RAINFOREST RECOVERY CENTER (RRC) RESIDENTIAL TREATMENT (12 BEDS):**

#### **Staffing:**

- One new Behavioral Health Clinician Hired for RRC to replace behavioral health clinician who was promoted to CIS clinical supervisor

#### **Program:**

- RRC currently has 8 patients, current patient census cap is 12 beds. Covid testing protocols limit ability to meet this as re-test at 1 week required prior to sharing a room with other patient.
- Researching more streamlined and cost efficient options to obtain education requirements for 1115 Waiver services for BRH employees.
- Updating existing training plans to ensure ongoing compliance.
- Met with New Service Line committee to initiate billing for RRC Navigators.
- Working on vehicle purchase for RRC Navigators and CIS community outreach programs.
- Adding outpatient groups as additional billable service line for RRC.
- Working with BRH grant manager to complete grant reporting requirements and renew grant for RRC ASAM 3.5 level treatment program.
- April data:
  - 10 admissions, 10 discharges
  - Average Daily Census = 6.63
  - Average Length of Stay = 20.90
  - Against Treatment Advice: 0
  - Completed program = 6

### **RRC WITHDRAWAL MANAGEMENT UNIT (WMU):**

#### **Program:**

- WMU is closed due to nursing staff shortages, tentative reopen date for mid-June
- Working with BRH Education Dept. to develop improved Relias training modules.



- Working with BRH grant manager to complete grant reporting requirements and renew grant for WMU ASAM 3.7 level treatment program.
- Full certification for 1115 Waiver services for 1.0 WM and 3.7 WM achieved.
- April data:
  - 0 admits
  - 0 discharge

**RRC OUTPATIENT TREATMENT:**

**Program:**

- April data:
  - 86 medication management and therapy appointments were attended (175 scheduled appointments)
  - 49% Attended / 30% No-Show / 21% canceled

**PSYCHIATRIC EMERGENCY SERVICES (PES):**

**Staffing:**

- Two PES clinician positions posted to fill vacancies due to staff hiring on in different departments.
- PES scheduled and updated to make equitable for all PES staff and eliminate premium pay

**Program:**

- April data:
  - 38 patients assessed for psychiatric emergency services
  - 29 adults; 9 children/adolescents
  - 21 day-time assessments; 17 evening/night-time assessments

**CRISIS INTERVENTION SERVICES (CIS):**

**Program:**

- In home and community visit policy being drafted for CIS team to ensure safety and clarify CIS clinician and navigator roles, and increase billing capacity.
- Home Based Family Therapy added as new service line with billing to increase service and revenue.
- Working to improve admission criteria, documentation and follow up procedures.
- New referral procedure established in Smartsheets and accessible online to increase efficiency and streamline referral process.
- Work group established to increase billable services, improved weekend coverage.
- Working to improve referral process and communications/follow up with PES, and Emergency Dept. case management.
- April data:
  - 11 new patients were referred to CIS (9 adults & 2 kids)
  - 6 patients are enrolled with CIS (2 adults & 4 kids)
  - 36 therapy and crisis intervention appointments were provided

**BARTLETT OUTPATIENT PSYCHIATRIC SERVICES (BOPS):**

**Staffing:**

- Two behavioral health clinicians have been hired for BOPS; one starts end of May and the other, first week of June.

**Program:**

- Met with new service line committee regarding addition of virtual group therapy.
- Group therapy documentation built into Meditech expanse.
- Clinician has prepared a 12-week group to pilot for this project.
- Target date to roll out first group is June.
- April data:

- 579 psychiatric evaluations, medication management and therapy appointments held (830 appointments scheduled)
- 70% Attended / 14% No-Show / 16% canceled

**RRC NAVIGATORS:**

**Staffing:**

- Navigator program fully staffed.

**Program:**

- Workgroup established to create billing process and opportunities under 1115 waiver.
- Working on purchase of vehicle for RRC Navigator and CIS community outreach program.

**APPLIED BEHAVIOR ANALYSIS (ABA) CLINIC:**

**Staffing:**

- Hiring an additional behavior analyst, which will allow more patients from the referral list to receive services.

**Program:**

- Currently providing services for 14 patients in home, school, community, and clinic (social group) settings. Additional patients have completed the initial intake process and will be starting services this summer once we obtain insurance approval.
- School year is wrapping up and summer services will begin (no school sessions for patients during this time) and patients add on additional home or community-based sessions during the summer.
- April data:
  - Total caseload is at 18 following initial intake patients
  - 209 appointments attended; 74% Attended / 5% no-showed / 21% canceled

**Crisis Stabilization Center**

- Working on contract for technical assistance from Agnew::Beck
- Coordinating with the Trust for consultation with their Crisis Now expert agency on contract (R.I.)
- Planning multidisciplinary visit to crisis stabilization center in Arizona (July).
- Planning to finalize safety assessment for 2<sup>nd</sup> floor with CBJ Engineering and Northwind Architects (June)

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## May 24, 2022 CFO Board Report Robert Tyk, Interim CFO

### Health Information Management – Rachael Stark

- The HIM Department is preparing the best we can for the summer season. We anticipate higher levels of phone calls, release requests and census increases for analyzing.
- The procedure for molecular labs has not changed on our side but we will continue to work with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill the molecular labs.
- 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.
- We have started our yearly purge of old records and this project will continue through the year.
- *(Fair Warning Report Attached)*

### Patient Financial Services – Tami Lawson-Churchill

- Overall cash collections for the month of April was just down a bit at \$7.7 Million
- Revenue Cycle team met with Aetna to discuss outstanding issues related to contract
- BRH finalized CLIENT billing agreement with CCFR to provide new hire physicals to CCFR staff
- PFS has signed an agreement with PARA Rev to replace existing program for Price Transparency and Surprise Billing Act requirements
- PFS working with Pharmacy on evaluating billing process for OP Pharmacy drugs provided to RRC inpatients
- PFS is planning a provider luncheon for community providers to discuss authorization process at BRH
- Revisions made to Charity Care Policy to include RRC/BH non-collections activity

### Materials Management – Willy Dodd

- Materials Management is working through many projects currently, which are in various stages. Jack and I are also working with our team to improve communication with departments on special orders, backorder status and substitutions.
- MM is heading up a project to work with Engage to address many different system-related issues within Meditech. This will be a very deep dive into the system to hopefully solve a number of different issues related to inventory management. Part of this process will be a revamping of our handheld inventory devices, as the current handhelds are dated and have very limited functionality. We have the handheld tablet on site and are excited to start trialing the device very soon.
- MM has secured a small storage unit to help alleviate some of the crowding in the storeroom, since the collapse of our building in January. This unit does not meet all of our current storage needs, but will certainly help to free up some space in the halls and storeroom.
- Staffing: We have filled our full-time Inventory Clerk position, leaving just one open temporary Inventory Clerk position. Staffing continues to be a challenge due to increased demand and staff PL needs.

### Case Management – Jeannette Lacey

- ASHNHA Flex Readmissions Reduction Collaborative: We continue to review readmissions and collect data to identify key issues for inpatient readmissions. We had 6 readmissions in April.
- Alaska Transitions of Care: Several Alaska hospitals started meeting to discuss and address challenges with transitions of care. Some of the topics we are looking at include:
  - Extended lengths of stay

- Access to lower level of care- skilled nursing beds, physical rehab, assisted living
- Guardianship process
- Dementia as a primary diagnosis and providing safe transitions
- Case Mix Index

**April CMI**

Total In	123	CMI	1.28
MCR In	40	CMI	1.48
MCD In	44	CMI	1.14

- COVID - Quarantine and Isolation: We have seen an increase in need for quarantine and isolation for COVID cases in our unsheltered population. We currently have 7 people in 5 rooms. There is increased challenges with isolation due to hotels being full. Continued discussions to be held regarding a mitigation plan.
- Cruise Season 2022: Cruise season is well under way and we have seen nine cruise ship passengers or crewmembers hospitalized so far.
- Staffing:
  - We currently have a traveler RNCM for utilization, Darla Lauer, with a permanent RNCM, Brittney Brooks, coming later this summer.
  - One of our ED SWCMs, Caitlin Riley, is transferring to BOPS.
  - We continue to recruit for our Lead CDI Specialist, two SWCMs, an ED RNCM, and a CM coordinator.

**Facilities – Marc Walker**

**Staffing:**

- **Laundry Department:** At this time all full time positions under our current staffing model are filled. A review of current Laundry volume indicated that staffing under the current model is adequate.
- **Environmental Services:** The department remains short staffed with 4 Full Time and 2 Casual positions currently open. There is a reasonable applicant pool and interview will start this month.
- **Biomed Department:** The Biomed Department is fully staffed with a Supervisor and a Technician.
- **Security Department:** The Department currently has one FT, 1 Part Time and 2 Casual position open.
- **Maintenance Department:** The Maintenance department is currently fully staffed.

**Project Updates:**

**Under Construction:**

- **ASU-11/Endo Fan:** RFP 13 for additional ductwork and final system re-balance has been issued to contractor.
- **RRC Siding and Window Replacement:** New substantial completion date for project will be pushed back to 5/31/2021. All interior work is completed, remaining work is gutter installation, re-seeding and punch list items.
- **Behavioral Health Facility:** Interior wall framing and fireproofing has been the focus. The final completion date is anticipated to be mid/late March of 2023.
- **BRH New Water Main and RRC Waste Line Repairs:** Admiralty Construction is scheduled to begin on May 2nd with the tap in on the lower portion of water line. Will begin working up the access road with the 16” water line this month.  
after. Estimated duration of the water line installation is two weeks
- **BRH Site Improvements:** Admiralty Construction is getting really close to finishing phases 1, 2, and 3. Anticipated work for the remainder of the month include: Concrete Curb and Gutter, Sewer Upgrades for CO 01, Prep grade for Sidewalks, Complete Core out for Phase 3, Complete Install of Light Bases and Conduits for Phase 1,2, and 3, Start Electrical Work at the Admin building, Valley gutter grade, continue sidewalk grade, Concrete poured for sidewalk and Wire pulled for the light poles.
- **Campus Door Upgrades:** Currently in submittal phase of project. Lead time for hollow metal doors is approximately 20 weeks.

**In Design:**

- **BRH Surge Protection:** The project is scheduled to advertise early May with bids opening in early June. The engineer’s estimate range is \$250,000-\$350,000.

- **Underground Fuel Line Replacement:** 100% documents received by Taku Engineering February 22, 2022. Construction estimate is \$ 415,000. Total project cost is \$609,000. Bid advertisement to go out soon. Construction to begin late fall of 2022.
- **Chiller #2 Replacement:** Bid was award to Schmolck Mechanical Contractors (SMC). Currently in submittal phase of project. NTP (Notice to Proceed) was issued to SMC on 3/18/2022. Contract length is 240 days from NTP. Lead time for chiller unit is currently 27 weeks.
- **CT Scanners/MRI Replacement:** 100% bid documents are due May 9. Project will advertise for bid late May. Architect's estimate range is \$1.1M-\$1.3M. Construction planned to begin in June 2022 with completion in mid-November.
- **ED Addition and Renovation:** Architects Alaska continues to work on design after receiving approval of a single concept design.
- **Hospitalist Sleeping Quarters Renovation (AKA Physician Call Room):** The low bid of two bids came in at \$438,500, more than twice the midpoint of the estimated range of \$150,000-\$250,000. Bid award has been cancelled. The design team is working with BRH to reduce scope and complexity. We anticipate rebidding the project late summer 2022 for construction starting around November 2022.

**Planning:**

- **Valiant Administration Building Window Replacement:** JYW was been contacted to submit a fee proposal to assist with a solution for the water infiltration issues at the windows at the south wall. A small scope of work will be performed this summer in advance of a larger project that will involve removing and reinstalling the siding and window replacement next spring.

**Information Systems – Scott Chille**

**Projects**

- **Microsoft365/Office365 migration:** COMPLETE
- **Multi-Factor Authentication Project:** Testing our new 2<sup>nd</sup> factor authentication platform (DUO by Cisco). Planned to roll-out to all staff and providers for all remote authentication like Citrix, VPN, and Office365 access. Email blast and how-to guides to be sent out very soon with an expected roll-out later this month.
- *(Project Schedule Attached)*

**Department Updates**

- New Clinical Systems Trainer, Nurse Informaticist, Systems Administrator, and Desktop Support positions posted online.

**Call Volumes (HelpDesk and Clinical IS): Previous Quarter**

- April Call Volumes:
  - Help Desk = 602
  - Clinical Support = 15

**Information Security**

- **Rapid7 Incident Detection and Response Report**
  - No MITRE ATT&CK Techniques detected in April 2022
- **Rapid7 Hunt Report:**
  - Hunt data from **848 endpoints** did not identify any indicators of compromise.
- **Cybereason (Endpoint Detection and Response) Report:**
  - **444** MalOps detected due to our Internal Penetration Test, and all were stopped by Cybereason.
- **Attacks on Bartlett network (April)**
  - **3,750/second | 5.4M/Day**










# Your Monthly Effectiveness Report

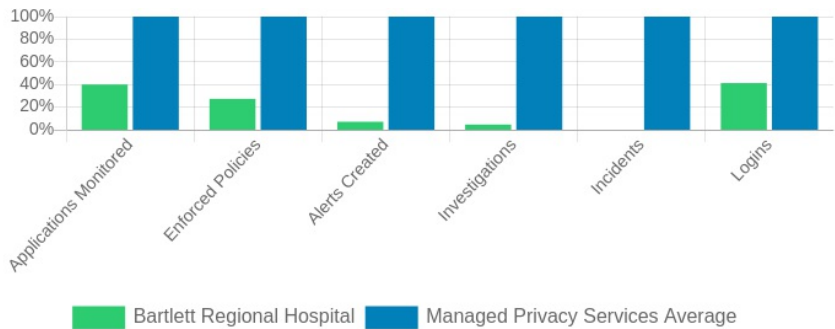
Learn more about your FairWarning solution and how to ensure **Bartlett Regional Hospital** is receiving the most value possible.


## NEWS & UPDATES

Sign up for events and webinars by visiting our website [here](#) or visit the Community to search for on-demand resources and training menus. Log into the Community portal [here](#).

## YOUR USAGE AND ADOPTION SUMMARY

-  Active Enforced Policies
-  Quick Reports
-  Ad Hoc Reports
-  Intelligent Filtering
-  Machine Learning Enabled
-  Automatic Incident Response
-  Dynamic Identity Intelligence
-  Person of Interest
-  FairWarning Version



 This indicates you are not using this feature. Contact your CEM to learn more.

## MONTHLY INVESTIGATION ACTIVITY

Your confirmed incidents

0

Indicates potential breach, policy violation or incident

Your investigation to incident ratio

0%

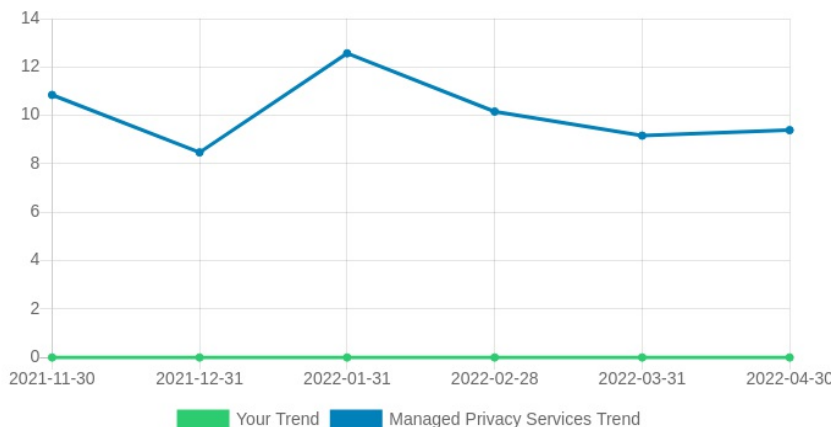
The percentage of closed investigations that were incidents

Your open investigations

1


Number of open investigations created last month

### Incident Trend

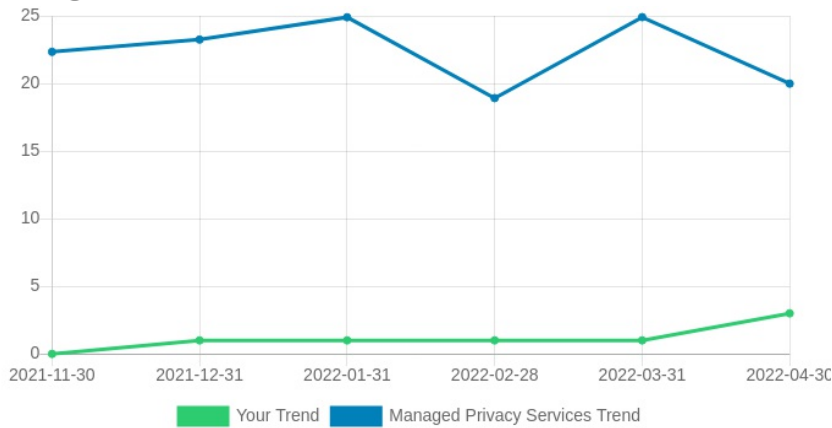


Last 6-months

Your average of **0** incidents per month compares to the customer average of **10** per month.

 Great job! You are below our customer average.

### Investigation Trend



Last 6-months

Your average of **1** investigations created per month compares to the customer average of **22** per month.

## MONTHLY ALERT ACTIVITY

Your active Enforced Policies

**3**

Total number of active policies monitoring for inappropriate access. Customer average is **11**.

Your current alerts under review

**1**

Total number of created alerts this month that are under review. Customer average is **39**.

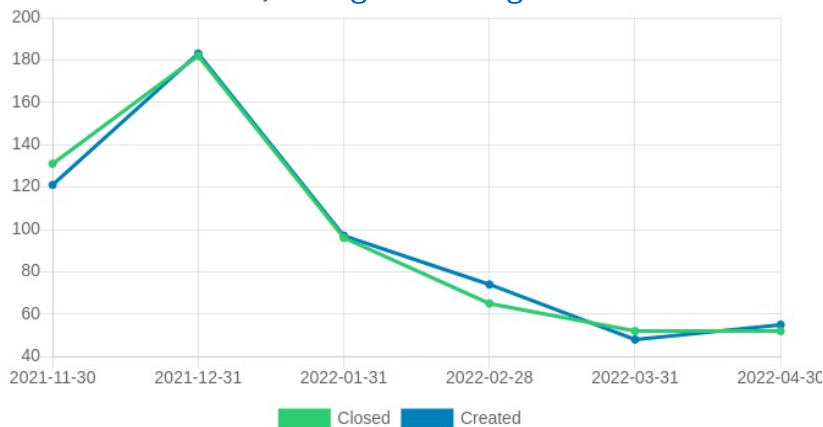
Your alerts closed with investigation

**4**

Total number of alerts that required an investigation. Customer average is **22**.

### Alerts Created vs. Closed Trend

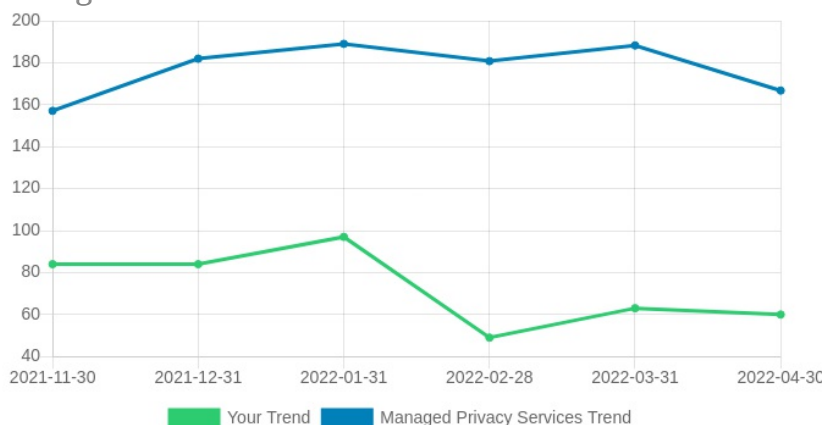
**69%** of alerts were closed by **Intelligent Filtering** this month



Last 6-months

Your average closure of alerts created per month is **100%**.

### Total Login Trend



Last 6-months

Your team's average logins per month is **73**. This compares to the customer average of **177** per month.

# USAGE

## Your integrated applications

2

Meditech 6, T-System

## Your unused data source licenses

1

Represents the total number of purchased data source licenses remaining

## Your live data

16

Months available for reporting based on a data retention policy of 999 months

## Your archived data

0

Months available archived based on a data retention policy of 999 months

## Months monitoring

15.7

Months since go-live on 2021-01-20

## Your storage usage

SaaS

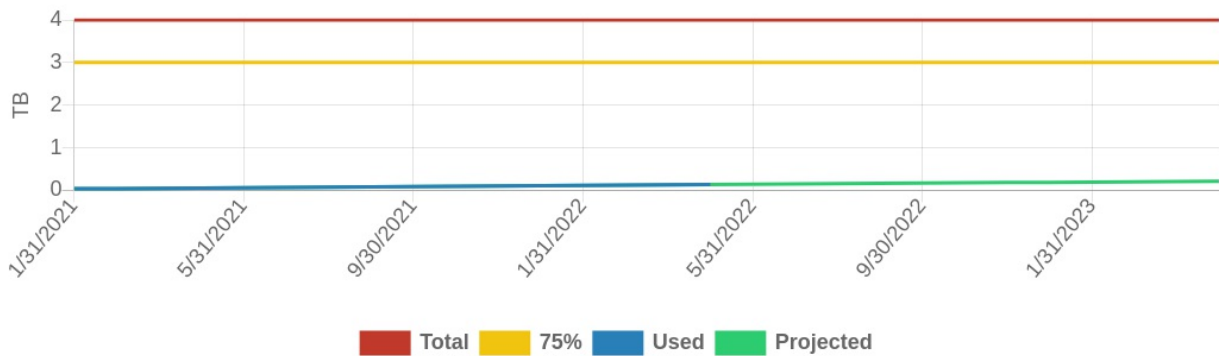
4%

0.1396484375 of 4 TB

## Your monthly storage growth

0 %

0.006 of 4 TB



Connect with us





# Projects Master List

Project Name	May 1					May 8					May 15					May 22					May 29						
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F
1 Projects UNDERWAY																											
2 SARA System																											
3 Citrix Upgrade/Re-Balance and New Build																											
4 RL Datix - RL Solutions Upgrade																											
5																											
6 To Be Completed																											
7 HR Meditech Portal - Server Build etc																											
8 3M Server Migration to Web-based server																											3M
9 Dell VxBlock Expansion																											Dell VxBlock Expansion
10 Dell EMC PowerStore - needs to move physically																											
11 Upgrade VMware to version 7.0.x across clusters																											Upgrade VMware to version 7.0.x ac
12 Exchange Server (On-Premises) Upgrade																											
13 Domain Controller Upgrades																											Domain Controller Upgrades
14 Philips iECG - DFT Interfacing																											
15 NOVANet Upgrade																											
16 HillRom Bed Project																											
17																											
18																											
19 MEDITECH Final Server Migration																											
20 Data Repository BKG																											Data Repository BKG
21 ISWeb																											ISWeb
22 ISSQL																											ISSQL
23 (Printer Server Work)																											(Printer Server Work)
24 FirstData Bank																											Fir
25 RESTApi																											RE
26 VPN Migration to Engage when all complete																											
27																											
28 Pharmacy Shell - VACATE																											
29 Unitrends																											Unitrends
30 NetApp stuff																											
31 File Server Migration																											
32																											
33 Kevin's Stuff																											
34 Syngovia Server Build																											
35 Discharge Rx																											Discharge Rx
36 LSI Project																											

Project Name	May 1							May 8							May 15							May 22							May 29						
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
37	O365 Migrations (batches of 25 or so)																																		
38	Imprivata SSO - In flight																																		
39	Chartwise																																		
40	LaunchIT - ongoing issues																																		
41	MD Audit - ongoing small issues																																		
42																																			
43	Networking Projects																																		
44	Firewall Migrations - Ongoing																					Firewall Migrations - Ongoing													
45	Internet Firewalls - Decryption needed for inbound																					Internet Firewalls - Decryption need													
46	VPN Tunnels - Limit by ports																					VPN Tunnels - Limit by ports													
47	AnyConnect - Testing and adding 2FA														AnyConnect - Testing and adding 2FA																				
48	AnyConnect - Use with Umbrella / Cloud firewall														AnyConnect - Use with Umbrella / Cloud firewall																				
49	AnyConnect - Tenant controls																					AnyConnect - Tenant controls													
50	Public Guest ASA's														Public Guest ASA's																				
51	ISE Upgrade - Network Policy Servers																																		
52	A/D Agent Authentication into ISE																																		
53																																			
54	Other Projects																																		
55	Cable Tray work in Main DC - Critical														Cable Tray work in Main DC - Critical																				
56	Unitrends Physical Move - plumb into CORE							Unitrends Physical Move - plumb into CORE																											
57	Decommission Nexus after older equipment gone																																		
58	DUO - MFA														DUO - MFA																				
59	Remove Old UPS units in Main DC																																		
60	Install 2nd UPS in MedArts Building																																		
61																																			
62																																			
63																																			

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

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

May 2022 Board Report  
Jerel Humphrey, Interim CEO

## **CEO Report – Jerel Humphrey**

- Attended monthly key stakeholder meetings (medical staff, management and board)
- Continue to work with and support Dr. Garcia to recruit a total bone and joint orthopedic surgeon
- Continue to meet monthly with Rorie Watt and Robert Palmer to discuss key issues between Bartlett and CBJ
- We continue to push for physician input on how we can improve support for the EHR
- Meetings with State officials resulted in a determination that the Crisis Stabilization Facility will require a Certificate of Need (CON)
- Signed an agreement with SEARHC to extend the lease of the Bartlett Surgery and Specialty Clinic space by 3 months. Lease now expires March 31, 2023.
- Had a great time celebrating Hospital and Nurses' Week last week. The carnival theme was a big hit!
- Had the honor of presenting Alex Valentine with a Forget-Me-Not award. Alex was nominated by his peers as someone that consistently demonstrates and supports Bartlett's Mission and Care Values and provides outstanding service to others.

## **Compliance and Risk - Nathan Overson**

- Compliance, CEO, CFO, CBHO, Incoming CBHO, along with legal and expert representation, attended a meeting with DHSS representatives to discuss a Certificate of Need (CON) for the Crisis Stabilization services. This meeting was helpful in allowing BRH to voice concerns and request clarification on review standards that have not been developed by the State for this specific type of patient service model. The Chief Assistant Attorney General Alex Hildebrand, and Assistant Attorney General Leah Farzin, stated that they believed that a CON was needed. Deputy Commissioner Wall shared, on behalf of the Commissioner's Office, full support of proposed services and that DHSS is actively tracking and participating in the bills currently moving through the Legislature and is poised and prepared to address procedural next steps in terms of regulation, policy, licensure and certification of this new facility type.
- Compliance will be working with Jody Carona of Health Facilities Planning & Development to coordinate the Certificate of Need application process for the Crisis Care Center and the Emergency Room renovation projects.
- The interview process for the Compliance Analyst position has begun.
- Compliance has begun meeting with the various departments throughout Bartlett to help develop department level compliance plans.

## **Community Relations/Marketing & Strategy – Erin Hardin**

- BRH Board Internal Marketing Survey – still open and seeking feedback from board members. Email Erin or Anita if you need the link resent to you.
- Attended ASHNSHA Health Literacy Workshop in Anchorage on May 12. Had the opportunity to network with other communications and quality staff from hospitals across Alaska. Internal presentation of information gathered being prepared for managers and supervisors.
- Completed transition of Obstetrics unit baby board to a digital display outside the unit, allowing for remote control of imaging. Transition to digital reduces the burden on unit staff, saves printing costs, and allows for expansion of messaging opportunities and repurposing of content for other digital marketing efforts.

- Assisting pulmonary rehabilitation team with PR materials announcing new telehealth services.
- Discussion of adjusting current contract with Coffey Communications underway to explore repurposing some

Impressions ⓘ

63,445 ↗28.1%

Engagements ⓘ

4,896 ↗35.4%

Post Link Clicks ⓘ

268 ↘74.9%

print funds into upgrading the hospital’s webpage.

- Revamped the Bartlett Buzz internal newsletter using a new marketing email platform. Exploring future possibilities of using the same platform to replicate the House Calls magazine as an opt-in email newsletter.
- Social Media Performance Summary for April 2022 compared to the month prior (Instagram, Facebook, Twitter):

Impressions: Number of times that BRH content was displayed to users.

Engagements: Number of times that users engaged with BRH posts during the reporting period.

Post Click Links: Number of times that users clicked on links from BRH posts during the reporting period.

## **BSSC, BMOC, SEPS – Sara Dodd**

### **Bartlett Surgery & Specialty Clinic (BSSC)**

#### **General Surgery:**

- SEARHC extended our lease to March 31<sup>st</sup>, 2023.
- We have secured space in the Juneau Medical Center for our BSSC service lines once our lease is up.

#### **Dermatology:**

- Kris Miller renewed his collaborative plan through 2023

#### **Ophthalmology**

- Our ophthalmology PI project this year is to gain efficiencies in clinic with the goal of increasing the number of patients we can see per clinic day. We have adjusted staffing, formed an agreement to have Dr. Guess be the primary ophthalmologist and are now focusing on appointment schedule adjustments.
- Our team is researching the requirements for moving the YAG laser from the OR to the clinic. This will streamline patient care, save time/space for the OR and rapidly reduce the number of patients on our YAG waitlist.

Bartlett Surgery & Specialty Clinic Volume										
	July	August	September	October	November	December	January	February	March	April
Office Visits	197	214	158	169	188	171	116	162	172	209
Hospital Visits	26	38	21	44	17	13	24	26	20	16
Procedures	102	180	117	155	102	125	103	156	147	155
Injections	32	43	26	12	22	24	26	16	22	26
In-Office Imaging	44	55	38	33	39	43	37	33	32	51
	401	530	360	413	368	376	306	393	393	457

### **Bartlett Medical Oncology Clinic (BMOC) May Update**

- Sarah Dunn, NP and Marlowe Dunker, RN attended the ONS conference. They came back with connections, up-to date nursing practices and are ready to share their new ideas!
- Sarah Dunn, NP, will be out of the office until June 3.
- Oncology is working on improving their incoming referral process.
- We are working with DI on implementing Script Sender for transmitting orders from eClinicalWorks to DI/Meditech.
- We will be attending an eClinicalWorks Scribe presentation via Webinar the first part of June.

Bartlett Medical Oncology Center										
	July	August	September	October	November	December	January	February	March	April
Office Visits	96	94	104	104	85	89	80	72	114	63*
									*Dr. Malpass was out of town in April	
<b>By Visit Type:</b>										
Bone Marrow	0	0	0	0	0	0	0	0	0	1
Chemo Education w NP	5	4	4	7	6	3	6	10	2	2
Chemo Injection	0	0	1	0	0	0	0	0	0	0
Follow Up	28	41	54	53	40	44	4	19	41	26
Hematology New Patient	3	2	0	4	3	2	0	1	2	1
New Patient w NP	5	0	0	0	0	0	0	0	0	0
Oncology New Patient	2	8	5	7	3	2	0	3	6	3
Routine Visit w NP	20	23	24	19	25	14	17	13	21	18
Survivorship	0	0	0	0	0	0	0	1	0	0
Zoom Follow Up	29	7	8	8	7	13	48	27	28	4
Zoom NP Hematology	2	5	3	0	1	4	1	1	0	3
Zoom NP Oncology	3	4	5	6		6	4	5	2	6


### Southeast Physician Services (SEPS)

- We are currently working on updating our Medicaid Audit spreadsheets from 2020 to prepare for this year's audit. The next step in the process will be distributing worklists to staff across all of the physician services business lines to begin the audit process.
- Working with EMR Analyst to create an Insurance Participation by Provider dictionary within eCW. Staff will soon have a detailed resource to assist in decision making in relation to the No Surprises Act.
- The Fiscal Support Specialist position is still posted. Once that position has been filled, we will have an upgraded eCW version loaded.

Southeast Physician Services										
	Claims count									
Rendering providers	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April
Alpine Dermatology	110	29	137	168	123	113	104	118	153	132
Bartlett Medical Oncology	96	94	104	103	87	89	80	76	112	67
Bartlett Surgery & Specialty Clinic	527	617	468	599	527	532	415	495	491	557
Seattle Anesthesia Services	197	191	157	195	143	201	146	135	213	160
Southeast Radiology Consultants	718	922	932	824	519	707	642	745	1017	786
<b>Total</b>	<b>1648</b>	<b>1853</b>	<b>1798</b>	<b>1889</b>	<b>1399</b>	<b>1642</b>	<b>1387</b>	<b>1569</b>	<b>1986</b>	<b>1702</b>

# June 2022

\*\*\*Due to ongoing construction – all meetings will be virtual only until further notice. Zoom links listed on the following page and at the top of each meeting’s agenda.

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

**Committee Meeting Checkoff:**

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

- Joint Conference – Every 3 months
- Physician Recruitment – As needed
- Governance – As needed
- Planning – 1<sup>st</sup> Friday Every Month

## **JUNE 2022 – BRH Board of Directors and Committee Meetings**

**Due to ongoing construction – all meetings will be virtual only until further notice**

**BRH Planning Committee 12:00pm Monday, June 13<sup>th</sup>**

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

Call 1 888 788 0099 Meeting ID: 947 4750 1805

**BRH Finance Committee 12:00pm Friday, June 17<sup>th</sup>**

<https://bartletthospital.zoom.us/j/98733610436>

Call 1 888 788 0099 Meeting ID: 987 3361 0436

**BRH Board Compliance and Audit Committee 12:00pm Friday, June 24<sup>th</sup>**

<https://bartletthospital.zoom.us/j/92665113318>

Call 1 888 788 0099 Meeting ID: 926 6511 3318

**BRH Board of Directors Meeting 5:30pm Tuesday, June 28<sup>th</sup>**

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

Call 1 888 788 0099 Meeting ID: 932 9392 6195