

Bartlett Regional Hospital

AGENDA

BOARD OF DIRECTORS MEETING

Tuesday, May 25, 2021; 5:30 p.m.

Bartlett Regional Hospital Zoom/Teleconference

Public may follow the meeting via the following link <https://bartlethospital.zoom.us/j/93293926195>
or call

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

I.	CALL TO ORDER	5:30
II.	ROLL CALL	5:32
III.	APPROVE AGENDA	5:34
IV.	PUBLIC PARTICIPATION	5:35
V.	CONSENT AGENDA	5:45
	A. April 27, 2021 Board of Directors Minutes	(Pg.3)
	B. March 2021 Financials	(Pg.7)
VI.	NEW BUSINESS	5:50
VII.	OLD BUSINESS	5:55
VIII.	MEDICAL STAFF REPORT	6:00
IX.	COMMITTEE REPORTS	6:05
	A. May 7, 2021 Draft Committee of the Whole Meeting Minutes	(Pg.12)
	B. May 7, 2021 Draft Planning Committee Meeting Minutes	(Pg.14)
	C. May 12, 2021 Draft Board Quality Committee Meeting Minutes	(Pg.17)
	D. May 14, 2021 Draft Finance Committee Meeting Minutes	(Pg.21)
	E. May 18, 2021 Draft Compliance and Audit Committee Minutes	(Pg.22)
	F. May 21, 2021 Draft Governance Committee Meeting Minutes	(Pg.23)
	1. Governance Committee Memo	(Pg.24)
	2. Kelly Honke Email	(Pg.25)
	3. Board Compass Survey	(Pg.26)
	4. BSA Customization Parameters	(Pg.33)
X.	MANAGEMENT REPORTS	6:30
	A. Legal Management report	(Pg.34)
	B. HR Management report	(Pg.35)
	C. CNO Management report	(Pg.36)
	➤ AKPQC Certificate of Excellence	(Pg.39)

D.	COO Management report	(Pg.41)	
E.	CBHO Management report	(Pg.45)	
	1. Applied Behavior Analysis Clinic Outline	(Pg.49)	
	2. Crisis Now Project Overview	(Pg.56)	
	3. KTOO Article – Continued Behavioral Health Crisis	(Pg.58)	
F.	CFO Management report	(Pg.64)	
G.	CEO Management report	(Pg.69)	
XI.	CEO REPORT / STRATEGIC DISCUSSION		6:40
	➤ COVID-19 Update		
XII.	PRESIDENT REPORT		6:45
XIII.	BOARD CALENDAR – June 2021	(Pg.71)	6:50
XIV.	BOARD COMMENTS AND QUESTIONS		6:55
XV.	EXECUTIVE SESSION		7:00
	A. Credentialing report		
	B. April 6, 2021 Medical Staff Meeting Minutes		
	C. Patient Safety Dashboard		
	D. Legal and Litigation Review		
	E. COO Vacancy		

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 the facts and litigation strategies with the BRH attorney. (Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)*

And

- *To discuss subjects that tend to prejudice the reputation and character of any person, namely the COO vacancy.*

XVI.	ADJOURNMENT		7:30
-------------	--------------------	--	-------------

NEXT MEETING – Tuesday, June 22, 2021; 5:30p.m.

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
April 27, 2021 – 5:30 p.m.
Zoom videoconference

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

BOARD MEMBERS PRESENT

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

ALSO PRESENT

Rose Lawhorne, CEO	Kevin Benson, CFO	Billy Gardner, COO
Bradley Grigg, CBHO	Dallas Hargrave, HR Director	Keegan Jackson, MD, COS
Michelle Hale, CBJ Liaison	Robert Palmer, City Attorney	Barbara Nault, Legal Advisor
McHugh Pierre, Goldbelt CEO	Anita Moffitt, Executive Assistant	Mignon (Mimi) Benjamin, MD
Claire Stremple, KTOO	Joanne Gartenberg, MD	Joy Neyhart, DO
Gail Moorehead, Quality Director	Nathan Overson, Compliance Director	Katie Bausler, Public Relations

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

PUBLIC PARTICIPATION – McHugh Pierre, President and CEO of Goldbelt, Inc. spoke on behalf of Protect Juneau’s Future (an organization of tourism businesses) about opposition to proposed potential ballot initiatives that would significantly reduce cruise ship passengers in Juneau. He requests the Board review the initiatives when they become public and oppose them if they are approved as written. He reported the three initiatives would only allow ships at dock from 7:00am – 7:00pm, would eliminate cruise ship visitors from being here on Saturdays and starting January 1st, 2026, no ships over 100,000 tons would be allowed. This would be a drastic reduction in visitor capacity and tax revenues. Signature gathering to get these initiatives on the ballot will begin on May 3rd. Protect Juneau’s Future is requesting that people not sign. Dr. Jones talked about testing capabilities available at BRH for cruise passengers.

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

NEW BUSINESS

CEO Compensation and Performance Evaluation – Mr. Hargrave provided an overview of healthcare related executive coaching and how this might help Ms. Lawhorne transition from CNO to CEO. **MOTION by Mr. Geiger to approve up to \$60,000 for this coaching. Mr. Stevens seconded. There being no objections, MOTION approved.**

OLD BUSINESS

Behavioral Health Pediatrician – For purposes of discussion **MOTION by Ms. Hagevig to approve this position for a Behavioral Health Pediatrician.** This had been discussed and approved at Executive Committee Meeting. Ms. Lawhorne clarified the scope performed by this provider – to address acute care needs, not as a long term care

provider. Follow-up meeting and discussions were held with stakeholders to address concerns. Support was expressed by several Board members. *There being no objections, MOTION approved.*

Crisis Stabilization Center Design Change – Ms. Lawhorne reported that a need for short term and long term space has been identified as a result of being unable to purchase the BSSC building, where the current lease ends December 2022. Adding an additional floor to the Crisis Stabilization Building has been proposed as a solution, which was discussed with, and supported by, the city. The cost of adding this floor is conservatively \$2.5 Million. This is an action item moved forward from the Executive Committee. For purposes of discussion, **MOTION by Ms. Hagevig to approve the Crisis Stabilization Center design change.** Mr. Stevens noted this floor expansion is going to cost about the same or slightly less than the \$2.75 Million approved for the purchase of the BSSC building and will not have the long term maintenance costs that we foresaw with the purchase of that building. Mr. Solomon-Gross complimented the CEO and Senior Leadership team for being able to pivot and bring this to the Board fairly quickly to take action on with the City and the City Manager to make sure this happens. Ms. Hagevig noted that there is already an appropriation by the Assembly for the purchase of the other building and asked if we have to start over. Mr. Benson reported that this was discussed with the City Manager earlier this week and was informed that the money could be re-appropriated for a different purpose. This additional floor may add 2 extra months to construction time however, we had included an extra 6 months to allow for any issues that may come up. Mr. Stevens requested a roll call vote. Roll call vote taken, **MOTION to approve the Crisis Stabilization Center design change unanimously approved.**

MEDICAL STAFF REPORT – Dr. Jackson reported that there was a guest presentation by Mila Cosgrove and Robert Barr at the April 6th Medical Staff meeting. They discussed vaccine rates in the community and asked the medical staff to provide support to encourage vaccinations. Discussion about legislative agendas for naturopathic doctors prescribing medications. Still troubleshooting Meditech issues while transitioning from outside support to internal support, several action items still open for repair. Concerns with transition from ER to Medical floors, including patient medications not easily continued. Workarounds are being used. There was communication regarding the BOPS pediatrician position. Medical Staff felt that transparency and communication could have been better and encouraged for any future provider changes. Still conversation about Certified Nurse Midwives in the Credentials Committee. Medical Staff were excited to hear about the recruitment of Urologist. Mr. Johnson and Ms. Knapp expressed the importance of Public Service Announcements to encourage COVID vaccination. Dr. Benjamin will talk about this on Capital Chat. Pop-up and walk-in clinics have been very helpful in increasing the number of vaccinations given. Ms. Knapp questioned the percentage of Juneau residents that have not received second dose of vaccines.

COMMITTEE REPORTS:

Finance Committee Meeting – Draft minutes from the April 19th meeting are in the packet. Ms. Johnston reported that there was a fair amount of time spent on the building purchase that fell through and what the alternatives are. Also discussed, postponing the swing bed application. Ms. Hagevig noted that the hospital's budget was presented to the Assembly earlier this month and has been approved. Ms. Knapp noted that Mr. Benson's assembly presentation was very knowledgeable and successful. Mr. Solomon-Gross expressed appreciation for the Finance Committee and Mr. Benson's and Ms. Lawhorne's presentation.

Executive Committee Meeting – Draft minutes from the April 22nd meeting are in the packet. Mr. Solomon-Gross reported. Spoke about the Crisis Stabilization design change and the CEO compensation and evaluation.

Governance Committee Meeting – Draft minutes from the April 23rd meeting are in the packet. Ms. Knapp reported that Ms. Hagevig chaired the meeting for her. The main item for consideration was the BOD self-evaluation tool. Mr.

Hargrave had done outreach to the Governance Institute (GI) and received very good information that was shared with the committee. The GI is finalizing a tool the board would like to use. Since the BRH Board is a member of the GI, it is part of the membership and is not an added expense. More information will be supplied. Also discussed was Robert's Rules as a result of procedures in our meetings differing from CBJ. We are governed by our bylaws, approved by the Assembly. Mr. Palmer asked that BRH states going forward out of committee that the committee has discussed something and is requesting that the Committee Chair making a recommendation to the Board states, "I am moving that this item be adopted."

MANAGEMENT REPORTS:

Legal Report – Ms. Nault provided a summary of projects her company has been working on since last month's meeting.

HR Report – No questions or comments

CNO Report – No questions or comments

COO Report – Mr. Gardner reported that we have entered into contracts with schools, mines, and others to provide COVID testing. ROCHE labs is eliminating purchase commitments through purchasing contract so supplies can now be purchased as needed. Originally, 500 tests per week were estimated. This week alone, that many tests will have been conducted through school testing. ASU-11 endo fan project has been completed and went very smoothly. Power conditioning and phase one suppressors have been installed and our equipment is now protected in case of power surge. Ms. Hale and Dr. Jones expressed thanks to Mr. Gardner and staff for all of the work on the installation of the analyzer. Mr. Geiger asked for more information about future planning for vascular screening. BRH is updating CT scanners, which will be able to detect cardiovascular disease. Mr. Solomon-Gross initiated a discussion about the drop in imaging performed in 2020 versus 2019.

CBHO Report – Since January. BRH has had at least one room in Med Surg for pediatric behavioral health patients. January through March revealed more bed days for minors under crisis than the previous two years combined. The state has given us approval and support to designate a few beds on MHU for adults under crisis. This will allow for a smooth transition to the new facility. The proportion of patients that get admitted is increasing. We are seeing a lot of child welfare involvement in the pediatric patients we serve and juvenile probation officers are reaching out for BOPS support. Other DET facilities are restricting regional access too, and facilities are coordinating when to open. Our goal is to return to the statewide referral source. We can take 12 patients on MHU, RRC has 12 residential beds and currently has 8 in use. Employment contract negotiations with two psychiatrists who are currently providing locums coverage for BRH are in progress.

CFO Report – No questions or comments

CEO Report – Ms. Lawhorne reported that several candidates were interviewed for the CNO position, and Kim McDowell, the current ED Director, has been offered the position. Senator Sullivan will be on campus later this week to look at the Crisis Stabilization Program. Ms. Lawhorne is working with Gail Moorehead on the COVID response roles on projects. Legislative efforts include Crisis Now, a letter sent in support for Disproportionate Share Hospital (DSH) funding (federal funds with matched state funds). With support from DHSS and ASHNHA, we are requesting that the state allocate those funds as well. Other bills include Covid-19 disaster and emergency, telehealth billing and licensure, claims database as a central repository (to increase transparency), nursing licensure contract, certificate of need discussion, senate bill 70 about access to Narcan and Naloxone. Discussion about the American Rescue Act – funding for rural hospitals.

CEO REPORT/STRATEGIC DISCUSSION – Ms. Lawhorne reported the vaccination rates for people fully vaccinated and how many have received first dose only. We have had no COVID admissions in the hospital in several weeks. She expressed thanks to Mr. Gardner and team for renovations to the triage building and updates to the ventilation systems. Mr. Solomon-Gross questioned the readiness of the hospital if designated as a distribution hub for wide spread vaccinations as proposed by Governor Dunleavy. BRH is working with the city and Public Health on this.

PRESIDENT REPORT – Mr. Solomon-Gross opened discussion about future meetings being in-person or a hybrid of in-person and virtual attendance. The Assembly is returning to in-person meetings in May. Support expressed for returning to in-person meetings, with virtual attendance an option if needed. Ms. Hale reported that as vaccination rates improve, current restrictions will be loosened. It is unknown at this time what the plan is for public attendance. Since a

new CEO has been hired, the affiliations topic will be taken up again. All board members are registered to attend the Governance Institute's Leadership Conference in October.

CBJ LIAISON REPORT – Ms. Hale advocated taking a look at the PSA that rose from the Assembly's action yesterday. Advocating for 70% vaccination and Juneau is well on its way.

BOARD CALENDAR – Ms. Knapp noted that there is no regular time listed for the Governance Committee to meet but one should be scheduled to discuss the Board Self-Evaluation. The next meeting will be held at 12:00pm on Friday, May 21st.

BOARD COMMENTS AND QUESTIONS – Ms. Hale reported that the Assembly has voted to drop the CBJ specific travel policy and will follow the State's policy, to be effective May 1st. COVID testing is optional at the airport. If not vaccinated, it is recommended to test, but not mandated.

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

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the credentialing report, Medical Staff Meeting minutes, the patient safety dashboard and union negotiations.*
And
- *To discuss pending litigation related to BRH, specifically a candid discussion of the facts and legal strategies with BRH's attorneys;*

Mr. Johnson seconded. The Board entered executive session at 7:19 p.m. after taking a three minute recess. They returned to regular session at 7:31 p.m.

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

ADJOURNMENT: 7:32 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, May 25, 2021

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE: May 5, 2021
TO: BRH Finance Committee
FROM: Kevin Benson, Chief Financial Officer
RE: March Financial Performance

Bartlett Regional Hospital had a financially encouraging month in March. Decreased inpatient volumes and revenues continued to be depressed resulting in an inpatient revenue shortfall of \$1.2 million (-22%). After nine months, inpatient revenues are \$11.0 million (-21%) behind the budget target. However, outpatient revenue continues to be strong and made up for the inpatient revenue shortfall. Outpatient revenue was \$1.5 million over budget (16%). The primary drivers were increased observation patients and outpatient surgical procedures. Year-to-date, outpatient revenue has performed well and is currently running \$3.2 million (3.8%) ahead of budget and 6.5% greater than the prior year.

Rainforest Recovery Center was very close to its budget revenue (-3%) despite operating at 66% capacity. The drop in RRC revenue due to decreased capacity is being made up by new revenues generated from Withdrawal Management. Total Gross Patient Revenue finished within 0.2% of budget at \$16.5 million. Total revenue generated per day was in excess of \$500,000 has returned to pre-Covid levels.

Deductions from Revenue were slightly lower than budget by \$218,000 (2.9%).

Net Patient Revenue finished \$187,000 (22%) greater than budget. Grant Revenue for the end of the third quarter was recorded and reflected in Other Operating Revenue. This resulted in Total Operating Revenue finished at \$10.3 million and \$831,000 ((8.7%) greater than budget.

Expenses exceeded budget by \$328,000 or 3.3%. Unbudgeted Covid-19 related expenses continue to drive BRH's negative expense variance. Listed below are the greatest cause for this increase:

- The operation of the molecular lab stabilized in March, with operating expenses decreasing to \$33,000. Covid tests began to be processed in March and generated revenue of \$71,000. Year-to-date the department has an operating loss of \$163,000.
- Increased staff costs for ER Triage hut, front door screening, and central staffing.
- Non-Covid supply costs of \$250,000 in surgery and pharmacy departments were commensurate with increased volumes and revenues.

The expense variance led to an Operating Income of \$163,000. After Non-Operating Income of \$209,000 the final Net Income was \$372,000. After nine months, BRH has a small Year-to-Date Net Income of \$430,000 or 0.47% margin.

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

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (Feb)	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	345	386	-11%	275	377	3,355	3,410	-2%	3,471
Patient Days - Critical Care Unit	82	96	-15%	71	92	857	851	1%	792
Patient Days - Swing Beds	0	0	0%	0	0	0	0	0%	0
Avg. Daily Census - Acute	13.8	15.6	-11%	11	16.8	15.4	15.6	-1%	15.5
Patient Days - Obstetrics	55	69	-20%	63	60	557	611	-9%	599
Patient Days - Nursery	44	54	-18%	53	42	448	474	-6%	476
Total Hospital Patient Days	526	605	-13%	462	571	5,217	5,346	-2%	5,338
Births	22	25	-11%	27	20	217	218	0%	219
Mental Health Unit									
Patient Days - Mental Health Unit	127	279	-54%	201	122	1,328	2,466	-46%	2,188
Avg. Daily Census - MHU	4.1	9.0	-54%	6.5	4	4.8	9.0	-46%	8.0
Rain Forest Recovery:									
Patient Days - RRC	207	399	-48%	178	181	944	3,530	-73%	2,538
Avg. Daily Census - RRC	7	12.9	-48%	5.7	6	3	12.9	-73%	9.2
Outpatient visits	54	19	179%	11	101	764	720	6%	202
Inpatient: Admissions									
Med/Surg	60	80	-25%	58	53	505	706	-28%	658
Critical Care Unit	30	45	-33%	34	31	304	395	-23%	375
Obstetrics	22	27	-18%	30	24	235	236	0%	241
Nursery	22	25	-11%	27	20	217	219	-1%	220
Mental Health Unit	15	37	-60%	19	20	175	330	-47%	312
Total Admissions - Inpatient Status	149	213	-30%	168	148	1,436	1,886	-24%	1,806
Admissions - "Observation" Status									
Med/Surg	78	57	37%	54	56	551	501	10%	523
Critical Care Unit	27	30	-11%	32	31	241	269	-10%	282
Mental Health Unit	1	3	-61%	0	2	18	23	-20%	21
Obstetrics	19	19	-1%	17	9	122	170	-28%	161
Nursery	0	0	-100%	0	0	0	2	-100%	1
Total Admissions to Observation	125	109	15%	103	98	932	964	-3%	988
Surgery:									
Inpatient Surgery Cases	50	53	-5%	27	49	444	465	-5%	436
Endoscopy Cases	85	92	-8%	59	99	804	814	-1%	802
Same Day Surgery Cases	115	104	11%	61	118	1,051	916	15%	903
Total Surgery Cases	250	248	1%	147	266	2,299	2,195	5%	2,141
Total Surgery Minutes	19,069	15,437	24%	11,258	17,843	162,294	136,440	19%	150,107
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	923	1,243	-26%	987	868	8,397	10,987	-24%	10,644
Cardiac Rehab Visits	55	65	-16%	80	50	503	577	-13%	615
Lab Visits	313	402	-22%	349	298	2,649	3,557	-26%	3,333
Lab Tests	10,128	8,925	13%	7,297	8,865	86,966	79,233	10%	89,101
Radiology Visits	918	840	9%	529	762	7,243	7,423	-2%	6,968
Radiology Tests	2,379	2,423	-2%	1,727	1,949	20,496	22,480	-9%	21,147
Sleep Study Visits	34	29	18%	25	30	222	255	-13%	246
Physician Clinics:									
Hospitalists	119	237	-50%	158	227	1,930	2,099	-8%	1,949
Bartlett Oncology Clinic	85	83	2%	1	72	758	737	3%	615
Ophthalmology Clinic	77	55	41%	7	88	805	482	67%	107
Behavioral Health Outpatient visits	654	385	70%	230	647	4,250	3,405	25%	3,013
Bartlett Surgery Specialty Clinic visits	213	209	2%	183	241	2,071	1,846	12%	2,476
	1,148	969	18%	579	1,275	9,814	8,569	15%	8,160
Other Operating Indicators:									
Dietary Meals Served	20,683	30,346	-32%	21,192	20,101	180,580	268,217	-33%	255,485
Laundry Pounds (Per 100)	403	384	5%	313	372	3,383	3,392	0%	3,263

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

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	5,191	4,622	12.3%	3,415	5,564	4,654	19.6%	4,266
Contractual Allowance %	44.3%	43.0%	3.1%	44.7%	44.2%	43.0%	2.8%	41.2%
Bad Debt & Charity Care %	0.1%	2.7%	-95.1%	2.8%	1.1%	2.7%	-58.7%	2.7%
Wages as a % of Net Revenue	53.0%	49.5%	7.1%	63.5%	53.6%	47.4%	13.1%	47.9%
Productive Staff Hours Per Adjusted Patient Day	29.5	24.1	22.5%	21.4	30.5	22.2	37.2%	21.6
Non-Productive Staff Hours Per Adjusted Patient Day	4.4	3.6	21.8%	3.3	5.0	3.6	40.1%	3.5
Overtime/Premium % of Productive	4.18%	4.85%	-13.9%	4.85%	6.39%	6.71%	-4.7%	6.71%
Days Cash on Hand	75	78	-4.2%	103	73	78	-7.4%	103
Board Designated Days Cash on Hand	156	162	-4.2%	155	150	162	-7.4%	155
Days in Net Receivables	52.1	52	0.0%	56	52.1	52	0.0%	56
					Actual	Benchmark	% Over (Under)	Prior Year
Total debt-to-capitalization (with PERS)					58.3%	33.7%	73.1%	63.3%
Total debt-to-capitalization (without PERS)					14.6%	33.7%	-56.6%	16.1%
Current Ratio					6.13	2.00	206.6%	8.62
Debt-to-Cash Flow (with PERS)					9.87	2.7	265.6%	8.34
Debt-to-Cash Flow (without PERS)					2.48	2.7	-8.2%	2.12
Aged A/R 90 days & greater					44.8%	19.8%	126.3%	56.0%
Bad Debt Write off					-0.1%	0.8%	-112.5%	0.6%
Cash Collections					106.8%	99.4%	7.4%	101.3%
Charity Care Write off					0.4%	1.4%	-71.4%	0.7%
Cost of Collections (Hospital only)					4.2%	2.8%	50.0%	4.5%
Discharged not Final Billed (DNFB)					10.7%	4.7%	127.7%	10.0%
Unbilled & Claims on Hold (DNSP)					10.7%	5.1%	109.8%	10.0%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					3.2%	21.3%	-85.0%	3.5%

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
Gross Patient Revenue:											
\$3,496,690	\$4,713,625	-\$1,216,935	-25.8%	\$3,500,659	1. Inpatient Revenue	\$33,023,326	\$43,470,092	-\$10,446,766	-24.0%	\$39,842,581	-17.1%
\$967,965	\$1,001,466	-\$33,501	-3.3%	\$722,327	2. Inpatient Ancillary Revenue	\$8,644,415	\$9,235,700	-\$591,286	-6.4%	\$8,475,669	2.0%
\$4,464,655	\$5,715,091	-\$1,250,436	-21.9%	\$4,222,986	3. Total Inpatient Revenue	\$41,667,741	\$52,705,792	-\$11,038,052	-20.9%	\$48,318,250	-13.8%
\$10,738,169	\$9,246,692	\$1,491,477	16.1%	\$7,826,582	4. Outpatient Revenue	\$88,513,722	\$85,275,098	\$3,238,624	3.8%	\$81,869,021	8.1%
\$15,202,824	\$14,961,783	\$241,041	1.6%	\$12,049,568	5. Total Patient Revenue - Hospital	\$130,181,463	\$137,980,890	-\$7,799,428	-5.7%	\$130,187,271	0.0%
\$306,157	\$316,608	-\$10,452	-3.3%	\$187,810	6. RRC Patient Revenue	\$1,389,885	\$2,919,828	-\$1,529,943	-52.4%	\$2,650,281	-47.6%
\$268,401	\$269,094	-\$693	-0.3%	\$307,646	7. BHOPS Patient Revenue	\$2,325,583	\$2,481,638	-\$156,056	-6.3%	\$2,431,829	-4.4%
\$746,440	\$1,006,355	-\$259,915	-25.8%	\$595,861	8. Physician Revenue	\$8,876,794	\$9,280,839	-\$404,045	-4.4%	\$8,823,297	0.6%
\$16,523,822	\$16,553,840	-\$30,019	-0.2%	\$13,140,885	9. Total Gross Patient Revenue	\$142,773,725	\$152,663,195	-\$9,889,472	-6.5%	\$144,092,678	-0.9%
Deductions from Revenue:											
\$2,545,491	\$3,175,752	\$630,261	19.8%	\$2,730,897	10. Inpatient Contractual Allowance	\$24,010,722	\$29,287,464	\$5,276,743	18.0%	\$25,135,703	-4.5%
\$0	\$0	\$0		-\$308,333	10a. Rural Demonstration Project	\$0	\$0	\$0		-\$308,333	
\$4,271,369	\$3,300,691	-\$970,678	-29.4%	\$2,939,794	11. Outpatient Contractual Allowance	\$33,615,017	\$30,439,715	-\$3,175,302	-10.4%	\$29,127,280	15.4%
\$501,074	\$636,456	\$135,382	21.3%	\$507,327	12. Physician Service Contractual Allowance	\$5,457,070	\$5,869,539	\$412,469	7.0%	\$5,466,256	-0.2%
\$14,700	\$14,640	-\$60	-0.4%	\$13,907	13. Other Deductions	\$120,701	\$135,010	\$14,309	10.6%	\$133,386	0.0%
\$64,346	\$68,800	\$4,454	6.5%	\$92,380	14. Charity Care	\$956,357	\$634,485	-\$321,872	-50.7%	\$853,845	12.0%
-\$42,514	\$281,476	\$418,227	111.3%	\$281,476	15. Bad Debt Expense	\$628,808	\$3,464,911	\$2,836,104	81.9%	\$3,031,768	-79.3%
\$7,354,466	\$7,572,052	\$217,586	2.9%	\$6,257,448	16. Total Deductions from Revenue	\$64,788,675	\$69,831,124	\$5,042,451	7.2%	\$63,439,905	2.1%
44.3%	43.0%			47.0%	% Contractual Allowances / Total Gross Patient Revenue	44.2%	43.0%			41.2%	
0.1%	2.7%			2.8%	% Bad Debt & Charity Care / Total Gross Patient Revenue	1.1%	2.7%			2.7%	
44.5%	45.7%			47.6%	% Total Deductions / Total Gross Patient Revenue	45.4%	45.7%			44.0%	
\$9,169,356	\$8,981,788	\$187,567	2.1%	\$6,883,437	17. Net Patient Revenue	\$77,985,050	\$82,832,071	-\$4,847,021	-5.9%	\$80,652,773	-3.3%
\$1,170,901	\$527,164	\$643,737	122.1%	\$1,173,095	18. Other Operating Revenue	\$13,043,730	\$4,861,626	\$8,182,104	168.3%	\$4,504,686	189.6%
\$10,340,257	\$9,508,952	\$831,305	8.7%	\$8,056,532	19. Total Operating Revenue	\$91,028,780	\$87,693,697	\$3,335,083	3.8%	\$85,157,459	6.9%
Expenses:											
\$4,458,619	\$3,947,426	-\$511,193	-13.0%	\$4,097,955	20. Salaries & Wages	\$37,819,521	\$34,890,168	-\$2,929,353	-8.4%	\$34,527,108	9.5%
\$303,191	\$369,339	\$66,148	17.9%	\$203,602	21. Physician Wages	\$2,701,546	\$3,264,483	\$562,937	17.2%	\$2,783,289	-2.9%
\$100,161	\$128,755	\$28,594	22.2%	\$72,129	22. Contract Labor	\$1,301,340	\$1,138,020	-\$163,320	-14.4%	\$1,356,723	-4.1%
\$2,249,233	\$2,203,012	-\$46,221	-2.1%	\$2,058,314	23. Employee Benefits	\$20,473,308	\$19,471,797	-\$1,001,511	-5.1%	\$18,115,610	13.0%
\$7,111,204	\$6,648,532	-\$462,672	-7.0%	\$6,432,000		\$62,295,715	\$58,764,468	-\$3,531,247	-6.0%	\$56,782,730	9.7%
68.8%	69.9%			79.8%	% Salaries and Benefits / Total Operating Revenue	68.4%	67.0%			66.7%	
\$77,711	\$81,311	\$3,600	4.4%	\$68,296	24. Medical Professional Fees	\$914,326	\$718,710	-\$195,616	-27.2%	\$687,345	33.0%
\$349,961	\$170,111	-\$179,850	-105.7%	\$178,469	25. Physician Contracts	\$2,543,108	\$1,503,551	-\$1,039,557	-69.1%	\$1,961,321	29.7%
\$147,848	\$174,324	\$26,476	15.2%	\$180,676	26. Non-Medical Professional Fees	\$1,730,167	\$1,540,791	-\$189,376	-12.3%	\$1,509,739	14.6%
\$994,645	\$1,219,347	\$224,702	18.4%	\$1,198,983	27. Materials & Supplies	\$12,847,676	\$10,777,454	-\$2,070,222	-19.2%	\$10,654,570	20.6%
\$124,914	\$143,379	\$18,465	12.9%	\$122,848	28. Utilities	\$1,055,324	\$1,267,336	\$212,012	16.7%	\$1,152,616	-8.4%
\$475,514	\$432,224	-\$43,290	-10.0%	\$425,950	29. Maintenance & Repairs	\$3,831,242	\$3,820,318	-\$10,924	-0.3%	\$3,303,576	16.0%
\$57,588	\$52,300	-\$5,288	-10.1%	\$37,308	30. Rentals & Leases	\$481,554	\$462,253	-\$19,301	-4.2%	\$450,987	6.8%
\$63,358	\$53,794	-\$9,564	-17.8%	\$39,858	31. Insurance	\$447,935	\$475,458	\$27,524	5.8%	\$395,342	13.3%
\$604,315	\$677,442	\$73,127	10.8%	\$616,212	32. Depreciation & Amortization	\$5,708,659	\$6,003,842	\$295,183	4.9%	\$5,310,455	7.5%
\$49,359	\$51,245	\$1,886	3.7%	\$51,122	33. Interest Expense	\$455,295	\$452,941	-\$2,354	-0.5%	\$469,413	-3.0%
\$121,164	\$145,696	\$24,532	16.8%	\$146,407	34. Other Operating Expenses	\$931,054	\$1,287,831	\$356,777	27.7%	\$1,050,156	-11.3%
\$10,177,581	\$9,849,705	-\$327,876	-3.3%	\$9,498,129	35. Total Expenses	\$93,242,055	\$87,074,953	-\$6,167,101	-7.1%	\$83,728,430	-11.4%
\$162,676	-\$340,753	\$503,429	-147.7%	-\$1,441,597	36. Income (Loss) from Operations	-\$2,213,275	\$618,744	-\$2,832,019	-457.7%	\$1,429,029	-254.9%
\$102,266	\$104,050	-\$1,784	-1.7%	\$100,817	37. Interest Income	\$920,100	\$919,664	\$436	0.0%	\$922,092	-0.2%
\$107,222	\$100,474	\$6,748	6.7%	\$73,684	38. Other Non-Operating Income	\$1,723,667	\$888,061	\$835,606	94.1%	\$675,552	162.1%
\$209,488	\$204,524	\$4,964	2.4%	\$174,501	39. Total Non-Operating Revenue	\$2,643,767	\$1,807,725	\$836,042	46.2%	\$1,579,644	67.4%
\$372,164	-\$136,229	\$508,393	373.2%	-\$1,267,096	40. Net Income (Loss)	\$430,492	\$2,426,469	-\$1,995,977	82.3%	\$3,008,673	85.7%
1.57%	-3.58%			-17.89%	Income from Operations Margin	-2.43%	0.71%			1.68%	
3.60%	-1.43%			-15.73%	Net Income	0.47%	2.77%			3.53%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
March 31, 2021

	<u>March-21</u>	<u>February-21</u>	<u>March-21</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	23,195,138	31,905,997	29,430,830	(6,235,693)
2. Board designated cash	34,709,624	35,717,268	39,747,931	(5,038,307)
3. Patient accounts receivable, net	14,929,184	15,317,033	15,717,564	(788,380)
4. Other receivables	878,493	(877,588)	2,982,945	(2,104,453)
5. Inventories	3,398,500	3,336,125	3,374,230	24,270
6. Prepaid Expenses	2,573,089	2,773,269	445,845	2,127,244
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	79,712,905	88,200,981	91,728,222	(12,015,319)
Appropriated Cash:				
9. CIP Appropriated Funding	13,352,751	3,311,630	4,678,117	8,674,634
Property, plant & equipment				
10. Land, bldgs & equipment	148,161,504	146,798,545	140,559,497	7,602,007
11. Construction in progress	7,773,111	7,939,704	5,249,479	2,523,633
12. Total property & equipment	155,934,615	154,738,249	145,808,976	10,125,640
13. Less: accumulated depreciation	(99,749,450)	(99,145,256)	(92,166,409)	(7,583,041)
14. Net property and equipment	56,185,165	55,592,995	53,642,568	2,542,598
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	14,415,000	(2,011,319)
16. Total assets	161,654,500	159,509,285	164,463,907	(2,809,406)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,507,759	1,072,426	1,298,864	208,895
18. Accrued employee benefits	5,272,191	5,175,726	4,020,339	1,251,853
19. Accounts payable and accrued expenses	3,295,840	3,051,336	3,710,112	(414,272)
20. Due to 3rd party payors	4,051,027	4,051,027	3,424,415	626,612
21. Deferred revenue	(2,440,606)	(3,322,181)	(3,056,955)	616,350
22. Interest payable	126,119	63,060	131,919	(5,800)
23. Note payable - current portion	910,000	910,000	870,000	40,000
24. Other payables	278,624	210,743	241,322	37,302
25. Total current liabilities	13,000,954	11,212,137	10,640,016	2,360,940
Long-term Liabilities:				
26. Bonds payable	16,350,000	16,350,000	17,260,000	(910,000)
27. Bonds payable - premium/discount	1,094,878	1,108,578	1,271,930	(177,052)
28. Net Pension Liability	64,954,569	64,954,569	72,600,321	(7,645,752)
29. Deferred In-Flows	4,318,200	4,318,200	6,172,883	(1,854,683)
30. Total long-term liabilities	86,717,647	86,731,347	97,305,134	(10,587,487)
31. Total liabilities	99,718,601	97,943,484	107,945,150	(8,226,547)
32. Fund Balance	61,935,899	61,565,801	56,518,757	5,417,141
33. Total liabilities and fund balance	161,654,500	159,509,285	164,463,907	(2,809,406)

Bartlett Regional Hospital

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

Minutes COMMITTEE OF THE WHOLE MEETING May 7, 2021 – 7:00 a.m. Zoom Videoconference

Called to order at 7:08 a.m., by Kenny Solomon-Gross, Board President

Board Members Present: Kenny Solomon-Gross; Board President, Rosemary Hagevig; Vice-President, Mark Johnson; Secretary, Brenda Knapp, Lance Stevens, Iola Young, Hal Geiger, Deb Johnston and Lindy Jones

Also Present: Rose Lawhorne, CEO; Billy Gardner, COO; Dallas Hargrave, HR Director, Kim McDowell, CNO, Anita Moffitt, Executive Assistant and Robert Palmer, City Attorney

APPROVAL OF THE AGENDA - MOTION by Ms. Hagevig to approve the agenda as written. Ms. Knapp seconded. Agenda approved.

PUBLIC PARTICIPATION – None

TENTATIVE AGREEMENT WITH UNION – Mr. Hargrave provided an overview of the transmittal memorandum, change summary and red-lined tentative agreement between BRH and the ILWU included in the packet. The biggest impacts are the economic terms of the three year agreement for Fiscal Years 2022 – 2024 (2% increase to the wage scale in FY2022 and 23 and 1% increase in FY24). Lump sum payment amounts (\$1000 for fulltime employees and \$500 for part-time, PRN, and casual employees) to be paid in July 2021 to employees in recognition of the hard work over this past year. Mr. Hargrave requests that the Board approve the tentative agreement. After approval, he will work with the City Manager's office to draft a memo for Assembly action. He noted that everything is costed out as if the same increases and lump sum payments apply to all non-bargaining members of BRH, with the exception of those under employment agreements. He acknowledged members of the negotiation teams for the time put in to reach this agreement.

MOTION by Ms. Hagevig that the Board approve the negotiated agreement and move it forward to the Borough Assembly for approval. Ms. Knapp seconded.

Ms. Lawhorne introduced Kim McDowell, the new Chief Nursing Officer. Kim has been with BRH since 2014, the ER director since 2017. Kim has many years' experience in a leadership role at various levels. She collaborated greatly over the past year with BRH departments, multiple city agencies and stakeholders during the pandemic. She will be a great addition to the senior leadership team. Multiple Board members bid her welcome.

Prior to the meeting, Mr. Solomon-Gross had attempted to reach Mr. Palmer to provide clarification regarding approval of the union contract. Mr. Palmer joined the meeting approximately 15 minutes after it began. He

advised that because this is a COW, and not a Board meeting, only a recommendation for approval can be made. This recommendation can be made to the Board or directly to the Assembly, it would not technically be a Board action. After further discussion, decision was made to amend the motion as follows:

MOTION by Ms. Hagevig that the Committee of the Whole recommends moving this agreement between the ILWU and BRH forward to the CBJ Assembly for ratification. Ms. Knapp seconded motion as amended.
There being no objections or comments, ***MOTION*** approved.

Mr. Hargrave will articulate in his transmittal memo to the Assembly that the Board Committee of the Whole recommended that the Assembly ratify the agreement.

EXECUTIVE SESSION - MOTION by Mr. Stevens to recess into executive session as written in the agenda:

- *Motion by xx, to recess into executive session to discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning, and ask for unanimous consent.*

Ms. Hagevig seconded. The committee entered executive session at 7:28 and returned to regular session at 7:55.

Ms. Hagevig noted that no action was taken during executive session but requests that Administration move forward with directions provided by the Board.

Comments and Questions – None

Adjourned 7:56 a.m.

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes

May 7, 2021 – 12:00 p.m.

Bartlett Regional Hospital Boardroom / Zoom Videoconference

Called to order at 12:01 p.m., by Planning Committee Chair, Lance Stevens.

Planning Committee* and Board Members: *Lance Stevens, *Hal Geiger, *Iola Young, Rosemary Hagevig, Deb Johnston and Mark Johnson.

Also Present: Rose Lawhorne, Billy Gardner, Bradley Grigg, Dallas Hargrave, Kim McDowell, Gail Moorehead, Anita Moffitt and Jeanne Rynne,

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – *Mr. Geiger made a MOTION to approve the minutes from March 12, 2021 Planning Committee meeting. Ms. Young seconded. There being no objections, minutes approved.*

COVID STATUS – Ms. Moorehead reported that we have one COVID patient in the hospital. 88% of BRH staff and over 70% of eligible community members have been fully vaccinated. The final mass vaccination clinic at Centennial Hall is scheduled to take place tomorrow. A transition is being made to hold smaller clinics in the community through coordination of Public Health and local businesses, churches and community organizations. Clinics held at JDHS and TMHS for 16 year olds and over resulted in 84 vaccinations being administered to this age group. It is anticipated that Pfizer vaccines will be approved for 12-15 year olds through a EUA next week. There is coordination with the school district to provide vaccine clinics to students before they are released for the summer. BRH has resumed giving the Johnson and Johnson vaccine but now give a more thorough screening to patients and staff before administering. Vaccination status of all inpatient and ER patients reviewed on a daily basis. Non-vaccinated patients are able to choose between a Pfizer or Johnson and Johnson vaccine before discharge if they choose to be vaccinated. The COVID wing has been stood down to a ready status and is currently being used for patient overflow from Med Surg. It can be stood up quickly should it become necessary to do so.

MASTER FACILITY PLAN UPDATE – Mr. Gardner reported that he anticipates two updates to the Gantt chart, one to the BOPS/Crisis Stabilization building and the other to the road construction project. Mr. Grigg will provide information regarding the BOPS/Crisis Stabilization building. Phase two of the Hospital Drive roadway will move to the spring of 2022. Roadway projects currently going on will continue to mid-June.

CURRENT PROJECTS STATUS - Mr. Gardner reported the following updates:

- ED Ortho trauma room and ventilation system upgrade will go out to bid mid to late May with a construction completion date of September 2021.
- ASU-11/ Endo fan replacement went very well however leaks found in the ductwork during test and balancing of the system require a change order to repair the leaks.

- Physician call room – renovation space has been identified and Northwind Architects selected to draw up plans for the project. The bid ready documents will be due 60 days from the notice to proceed for the construction. Ms. Kesselring is collecting data to make sure we are right sized for the needs of the physicians.
- BRH surge protection - Phase I panel surge protection has been completed. Phase II recommendations are currently being reviewed. All identified vulnerable equipment is protected by the surge protectors and the larger plan is being worked on.
- ASU-1 heating oil conversion to glycol – Schmolck Mechanical was awarded the contract. Equipment has been ordered and conversion should be completed by mid-July.
- Campus door upgrades – The notice to proceed was issued a couple of weeks ago. The bid ready documents will be due 60 days from the notice to proceed date (April 22nd).

COBAS 6800 ROCHE ANALYZER/ MASS TESTING UPDATE – Mr. Gardner reported that as of yesterday afternoon, we can only run less than 45 tests at a time. Due to a faulty sensor, larger quantities will cause the machine to lock up. ROCHE is trying to resolve the issue. This is the third breakdown in two months. The number of scheduled collections before next Wednesday (busiest day each week) is not anticipated to be over the number of tests we can run. We do have smaller Cepheid analyzers for backup if needed. He confirmed the analyzer is still under warranty and ROCHE is committed to repairs. Ms. Lawhorne and Senior Leadership will be updated information becomes available. In response to Ms. Young’s question, Mr. Gardner confirmed that the molecular lab is still staffed as though it is performing at full capacity. Mr. Geiger initiated conversation about reagent availability. Reagents are readily available. ROCHE has eliminated commitments through purchasing contracts so supplies can now be purchased as needed and unused reagents will no longer need to be stockpiled. BRH has signed contracts to provide testing with the Juneau School District, Kensington and Greens Creek mining companies, AEL&P and CCFR. Opportunities for BRH to provide testing services for other entities are being pursued.

BOPS / CRISIS STABILIZATION PROJECT UPDATE – Mr. Grigg expressed gratitude for how quickly Planning, Finance and the Board got behind the idea of adding an additional floor to the Crisis Stabilization building. Looking long term, Behavioral Health services can definitely use the extra 5,000 square feet of space and it opens up a lot of opportunities for us in the interim, given the timing of construction, for ancillary and surgical services. Weekly meetings held with CBJ, Northwind Architects, Dawson Construction and BRH staff to design the floor to mirror the Bartlett Outpatient Psychiatric Services (BOPS). The top floor of the building, which will now be the 4th floor, will be the Crisis Stabilization Center. The third floor will be the additional floor approved by the Board. The ground floor (second floor) will be the BOPS. Underground (first floor) will be parking and storage. There will need to be additional reinforcement work done within the concrete parking garage to be able to support the additional floor and structure as a whole. The architects will present different options to choose from for adjustments that need to be made to the garage. Dawson Construction has been on campus several times in the last week preparing for the staging and razing of the current BOPS building so ground work can begin. There is an anticipated 60 – 90 days of ground work to be done before construction of the building begins. Weekly meetings and regular updates keep everyone on the same page. In response to Mr. Stevens’ query, it was reported that management has made the decision to move ahead with the City Manager’s recommendation to execute a series of incremental change orders and supplemental agreements to the current construction contract and no action is required from the Board. Mr. Geiger supports management making this operational decision.

TELEHEALTH – Mr. Gardner reported that he and Dr. Mimi Benjamin met with Virginia Mason Medical Center to review a needs assessment of our community and the criteria for a \$1.5 Million grant

from the Rasmuson Foundation. This grant would allow partnering with Virginia Mason to bring specialty care services to BRH via telehealth. Our new grant manager has been working on an FCC reimbursement grant worth up to \$1Million. Mr. Benson and Mr. Chille have identified \$700,000 in equipment procurement and upgrades to be paid for by this FCC grant. Notification has been sent to all patient care directors to review their service lines and look for ways to incorporate telehealth services and expand provision of care to a higher level. Ms. Lawhorne thanked Mr. Gardner for his work with Virginia Mason and the BRH teams. As we continue campus planning and expansion, his plate is going to get progressively fuller. Because of Mr. Grigg's experience in developing telehealth programs here and at the State, he will coordinate, with the support of Ms. McDowell, expansion of telehealth services at BRH to allow Mr. Gardner to focus on campus planning and development.

Ms. Young initiated discussion about relaxed billing restrictions for telehealth services. Nationally, there is a broad effort to continue relaxed restrictions and we do anticipate some of them to continue. Mr. Grigg reported that as the emergency declaration has been lifted at the State level, the DHSS is going to continue to operate, at this time, under the relaxed lower threshold settings allowing patients to receive services from anywhere, not just a certified clinic. One of the biggest benefits of this lower threshold is better patient engagement and a significant drop in no-show rates. Ms. Hagevig asked if the latest round of federal legislation and funding changes includes an increase in the Federal Medical Assistance Percentage (FMAP), would it result in a beneficial outcome for BRH. Mr. Grigg reported that it is possible and we anticipate hearing more information about how it could benefit BRH specifically. Ms. Hagevig reported that issues dealing with isolation and anxiety caused a fair amount of perspective mental health problems in the senior population and wondered if we are seeing a lot of that in Juneau. Mr. Grigg reported we most definitely are. Mr. Geiger enquired about initiatives to inform residents about telehealth options in Juneau and asked what medical services besides behavioral health, Bartlett will be offering. Ms. Lawhorne reported that she doesn't have specifics about what we will be telling the public yet because we first need to understand what the capabilities are. Many operational efficiencies can be gained by using telehealth services. In a time when our space is limited, we can use it for pre and post-op appointments, remote assessments, speech, physical and occupational therapy. Expanding these services would not require extra space and makes it easier for patients with transportation challenges or limited mobility to receive services. She noted we are at the ground level of incorporating Virginia Mason into the program. We need to identify our strategic direction, what's available, where we see ourselves going and how we can feasibly incorporate these services. Compliance, billing, registration and all other departments that would have a stake in the development of this program need to be involved. Training of providers, staff as well as patients as to what the care will look like is important and will require development of messaging to the public in terms they can easily understand.

Future Agenda Items: EHR/EMR – Mr. Gardner suggested this topic can be contentious and needs to stay on the agenda. Having forward looking, transparent discussions about EHR/EMR in the Planning Committee and with the Board will help things go smoother in the future.

Comments: None

Next meeting: 12:00pm, Friday – June 4th

Adjourned – 12:44 p.m.

Bartlett Regional Hospital

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

Board Quality Committee May 12, 2021 Minutes

Called to order at 3:34 pm by Board Quality Committee Chair, Rosemary Hagevig

Board Members: Rosemary Hagevig* (Chair), Mark Johnson*

Staff: Kim McDowell, Chief Nursing Officer, Gail Moorehead, Quality Director, Dallas Hargrave, Director of Human Resources, Deb Koelsch, Clinical Quality Coordinator, Rebecca Embler, Quality Systems Analyst

Guests: Cindy Carte, Human Resources Manager

Approval of the minutes – 03 10 2021 Quality Committee Meeting – *minutes approved as written.*

Old Business: No old business discussed.

New Business:

New Employee Orientation (NEO)

- Cindy Carte presented on NEO process updates rolled out in March 2021; worked with Staff Development and Quality departments to get well-rounded approach; looked at old versions of the orientation, sent survey to new hires, and sent surveys to supervisors and managers to understand deficiencies and areas for improvement; did research on best practices across the industry and with recent changes due to COVID and other developments.
- Survey results
 - Positive: schedule, info provided, detail adequate, length of program adequate, presenters professional and knowledgeable.
 - Gaps: employees want the orientation schedule before getting to campus, want more information about what will be covered, want to understand what tools are needed and provided to be successful on the job, and requested a brief quiz/re-cap at end of orientation.
- In the new orientation structure, the schedule lasts a full week instead of 2 days; each day is a half day of orientation, so employees can spend the second half of the day on their unit; also added: a session at the end of the 2nd week to sit with payroll and understand corrections and updates to be made to timecards, sessions with current employees to talk about what they like about working at BRH, and a raffle at the end for extra fun, with the winner getting a BRH hoodie!

- This is a continuous process improvement, so it will be iterative.
- Also, have restructured the HR department to better accommodate current employees, as well as new employees through onboarding.
- Rosemary Hagevig asked how often NEO is held. The current schedule is a session every other Monday, but to optimize for managers, if a Monday falls on a holiday, the week that NEO is scheduled is adjusted.

BOD Quality Dashboard

- Deb Koelsch presented on Quality Dashboard Q1 2021.
 - Risk Management:
 - 0 falls with injury; 0 serious safety events; 0 sentinel events
 - Readmission Rates:
 - 0 cases for heart failure; 0 cases pneumonia
 - 30-day hospital readmission came down considerably compared to past quarters due to cases that are exclusions that were being included before; worked with BRH report writer and removed those cases; this is a more accurate representation of readmissions, so we can identify true process improvement opportunities
 - Core Measures:
 - Sepsis had 16 cases in total that met CMS criteria (total sepsis cases is probably about 30-40 per quarter), we passed 8; Deb attended PNW sepsis conference and heard from a steward for sepsis from CMS speaker, and took away many learnings; two changes: 1. Antibiotics use – once patient meets all criteria for sepsis/septic shock, physician must order any antibiotic that they choose, then we will pass the measure; 2. Fluids – as of Jul 1, 2021, physician just needs to document that fluids will be detrimental if patient has heart failure or renal failure; These are positive changes that will help us on this measure
 - Screening for Metabolic disorders; great job to team and Q2 looking good
- Rebecca Embler presented on Quality Dashboard Q1 2021.
 - Patient Experience metrics increased over Q4 2020 across all service lines. As a reminder, Press Ganey patient surveys are how we collect this data, and the data we show for this report is called “top-box”, which represents the percentage of survey responses that were marked as a “Very Good”, or 5/5, rating.
 - HCAHPS scores also increased against Q4 2020, except for in Discharge and Care Transitions sections. We have identified discharges as an area for improvement but understand it is a complex process that can vary from patient to patient according to their post-stay needs. As a reminder, HCAHPS questions are standard across all hospitals.
 - Response rates on the surveys are provided monthly, and we are higher than national average across all service lines except for Inpatient because there is no eSurvey for that service line. In February, ~3,000 surveys were sent out (mail, email, text) and we received back 520, for a response rate of 17%. This is great!

Patient Comments and Thank You Cards

- Rebecca Embler then presented on patient comments received from Press Ganey patient surveys and the Thank You card process. In Q1 2021, we received ~1,000 patient comments across all service lines. Press Ganey identifies when there is a specific care provider name called out in the comments, and we use that report to create customized Thank You cards for each employee who was recognized by the patient they served. There are a number of employees and teams who are named multiple times month after month, which shows they are going above and beyond in their patient care!
- The Thank You cards are printed with the patient comment included, and mailed to each staff member. There is opportunity here to do more for these employees! There were ~50 Thank You cards mailed in Q1.
- Mark Johnson asked how negative comments are handled. We review all comments received through Press Ganey and send any negative feedback to department directors, or contact the patient directly through the Quality department if there is a system-level issue identified. We also have in-house Patient Feedback forms that patients can fill out to provide either negative or positive feedback. If a patient expresses concern or provides feedback on social media or elsewhere, it is more difficult direct action to be taken.

Survey of Patient Safety

- Gail Moorehead presented on Survey of Patient Safety. Every two years, this is a standardized survey through AHRQ that is sent out to staff to collect feedback, then is sent in to compile and compare BRH to other hospitals nationally. We are past due since Fall 2020 due to COVID (last survey was completed in November 2018).
- Why measure Patient Safety culture and what is it? This is how we show patient safety as a part of our own values and collectively as Bartlett culture.
- Rosemary asked how this relates to our OSHA survey and observations. This survey is more of a high-level assessment of overall sentiment, versus actual safety status.
- Demographics of survey responses were 34% RNs and 40% 1-5 years span at BRH and also in current unit.
- Major changes since 2018: frequency of events reported (safety issue) increased; management promoting safety decreased; management support of safety overall as a hospital decreased; information regarding handoffs and transitions increased.
- Added an optional survey for Electronic Medical Record; the Meditech system upgrade was done in March, so this was an optimal time to assess staff sentiment on this.
 - Findings: information not accurate or complete, or entered into wrong patient record
 - Observations: adequate training, adequate workstations, not too many alerts/flags, staff made aware of issues
 - There is an overall opportunity for improvement and optimization, because 41% fall into “Neutral” category for Agree/Disagree on overall satisfaction of EMR.
- Mark asked about benchmarks for comparison against other institutions. We are currently in waiting period for AHRQ to compile results and release those benchmarks.
- Highlights:

- Staff are involved in process improvement and feel included in decision making related to patient safety.
- Patient-centered care and efficiency has room for improvement in working with patient families and patients themselves.
- **Strengths:**
 - 86% strongly agree that there is teamwork within departments; “positive and pleasant place to work”
 - 79% say events are always or almost always reported
 - 72% staff feel units are good or excellent
 - 63% favorable rating on handoffs and transitions
 - 62% have made a suggestion for a process improvement
- **Opportunities:**
 - Occurrence report response/timeliness improvement
 - Greater open communication and feedback
 - Support with aggressive and threatening behavior from patients
- **Follow-up based on feedback from 2018:**
 - Lack of security 24/7 in ED -> now have 2 security guards 24/7 and PES in ED
 - Effective interface between ED and rest of hospital info systems -> still in-work
 - Lack of pharmacist 24/7 -> 24/7 pharmacist on-site
 - Lack of attention to signage regarding safety -> have made improvements, like door openings, etc.
 - Lack of effective communication on plan of care between physician and care team -> Hospitalist program!

Other Discussion

Rosemary asked about Joint Commission schedule. Gail said their window closes May 31, 2021 so they will be here soon. Mark asked if results of past survey are reviewed. They are and our regulatory specialist Autumn Muse and Dianne Bigge have been working to make sure we are in a good position for the survey.

Adjourned at 4:33 pm

Next Quality Board meeting: July 14, 2021 @ 3:30pm

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes Zoom Meeting – May 14, 2021

Called to order at 12:01 p.m. by Deb Johnston.

Finance Committee* & Board Members present: Deb Johnston*, Lance Stevens*, Brenda Knapp*, Rosemary Hagevig, Hal Geiger, and Iola Young.

Staff & Others: Rose Lawhorne, CEO, Kevin Benson, CFO, Billy Gardner, COO, Dallas Hargrave, HR Director, Kim McDowell, CNO, Blessy Robert, Director of Accounting, Seanna O’Sullivan, Megan Rinkenberger, and Bridget Dowd, KTOO.

Public Comment: None

Ms. Knapp made a MOTION to approve the minutes from the April 9, 2021 Finance Committee Meeting. Mr. Stevens seconded, and they were approved.

March 2021 Financial Review – Kevin Benson, CFO

Previous trends continued. Patient days were short by 11%. MHU patient days were down. Longer lengths of stay. Inpatient revenue down. RRC at 66% capacity, but withdrawal management is now in operation. Outpatient activity is strong, due to many observation patients and outpatient surgeries. Molecular lab is now showing revenue. Inpatient revenue down 31%, but outpatient was strong at \$1.5M over budget. Favorable distribution of revenue by payer (Aetna and Blue Cross) drove down discounts. Grant revenue was recorded for the quarter ending in March. Ended the month \$830K over budget. Expenses over budget by \$327K. Covid-19 expenses seem to have mostly normalized. Total operating income of \$372K. Overtime was under budget this month by \$10K. Contract labor was also under budget, but this is expected to increase as there has been some staff turnover requiring contract labor hires.

Provider Based Billing – Kevin Benson, CFO

Looking forward to the next year for revenue enhancements to increase sustainability. Potentially convert clinic to provider based billing as an outpatient department of the hospital. Bill out for provider fees and facility fees. Would increase reimbursement by about 15%. This would not require a change to the day to day clinic operations. Program was looked at previously and declined. Will look at it again, with retained expertise, to see if now is a better time. Analysis and implementation would potentially be completed by the end of the calendar year.

Union Contract Settlement – Kevin Benson, CFO

Previously discussed in the Committee of the Whole Meeting, where it was reviewed and approved. Pay increase of 2% is effective June 27th, and bonuses will be paid on the first payday in July (which will have accrued in June). \$570K salary cost will hit in June. Bonuses are outlined as \$1000 for full time, or \$500 for part time.

FEMA Application/Telehealth Grant Application – Kevin Benson, CFO

FEMA application is being submitted for reimbursement of the capital expense of the Molecular Lab (\$700K-800K). Telehealth grant application for around \$800K will be submitted soon for further expansion of telehealth capacities. Thank you, Seanna!

Next Meeting: Friday, June 11, 2021 at 12:00pm via Zoom.

Board Comments: None

Adjourned – 12:52 p.m.

Bartlett Regional Hospital

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

Board Compliance & Audit Committee Meeting

Draft Minutes

May 18, 2021

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

Compliance Committee and Board Members:

Board Members: *Iola Young, Committee Chair; *Hal Geiger; *Deborah Johnston

Staff/Other: Nathan Overson, Compliance Officer; Rose Lawhorne, CEO; Dallas Hargrave, HR Director; Kim McDowell, CNO

Previous Board Compliance Meeting Minutes Approval: *Mr. Geiger made a MOTION to approve the February 17th 2021 Board Compliance and Audit Committee Meeting minutes as submitted. Ms. Johnston seconded the motion, and hearing no objection, Ms. Young approved the meeting minutes without change.*

Committee Compliance Training:

Mr. Overson gave training on two recent federal and state regulations that the hospital has been involved with; Information Blocking and Price Transparency. He also gave some information and updates on some of the changes in BRH processes and initiatives that are intended to align BRH with the new regulations.

Compliance Program Evaluation – 3rd Party Review Contract Update:

Mr. Overson gave an update on the outside Compliance Program Evaluation. The draft report is complete and being reviewed by both BRH and PYA to finalize a finished product. The final report is likely to be completed in the contract finished in the next few weeks. Mr. Overson is looking forward to being able to discuss the suggestions and subsequent initiatives that will come from the PYA Compliance Program Evaluation and Risk Assessment.

Compliance Officer Report:

Mr. Overson gave an overview of the compliance log dashboard and updates to the Hospital Compliance Work Plan. There was some discussion about the number of instances of incidents and the tracking and trending trajectory in a generally predictable way.

Executive session: This meeting did go into executive session for legal considerations regarding the review of 340b.

Meeting Adjourned: 12:57 PM

Next Meeting: Aug 2021

Bartlett Regional Hospital

Governance Committee Meeting

Minutes

Friday, May 21, 2021; 12:00 p.m.

Bartlett Regional Hospital - Zoom Videoconference/Boardroom

Called to order at 12:02 p.m. by Brenda Knapp, Committee Chair

Attendance:

Committee Members: Brenda Knapp, Rosemary Hagevig and Hal Geiger

BRH Staff: Rose Lawhorne, CEO, Dallas Hargrave, HR Director, and Suzette Nelson, Executive Assistant

APPROVAL OF THE AGENDA –MOTION by Mr. Geiger to approve the agenda as presented. Ms. Hagevig seconded. Agenda approved as presented.

Mr. Geiger made a MOTION to approve the minutes from May 23, 2021. Ms. Hagevig seconded and they were approved with no objections.

Mr. Hargrave shared the logistical steps regarding the Governance Institute’s Board Self –Assessment tool.

The committee discussed at length the advantages making use of this membership and determined as a whole, that they will propose this to the full board at the Tuesday, May 25, 2021 Board of Director’s meeting.

Ms. Hagevig made a MOTION to move forward with the self-evaluation tool that is available through the Governance Institute to the full board for review and an action item to approve utilizing it. Mr. Geiger seconded. There being no objections, motion was approved.

Adjourned at 12:25 p.m.

Bartlett Regional Hospital

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

MEMORANDUM

Date: May 17, 2021

To: Bartlett Regional Hospital Board of Directors Governance Committee

From: Dallas Hargrave
Human Resource Director

Re: Board Self Evaluation Information

Recently, Ms. Knapp requested that I research information for the Governance Committee regarding a self-evaluation of the Board of Directors. I was able to determine that in 2017 the Governance Committee use the Governance Institute self-evaluation process to conduct a committee self-evaluation. I was not able to find any record of a formal whole Board self-evaluation in recent years.

Considering that the Governance Committee used an evaluation process from the Governance Institute and that the hospital still maintains an annual membership with the Governance Institute, I reached out to them for more information on their current self-evaluation process for Boards of Directors. The cost of the Governance Institute providing a self-evaluation process and an evaluation of the results for the Board is included in the annual cost of our membership.

Attached is the information I received from the Governance Institute.

- An email from Kelly Honke from the Governance Institute with a recommendation for BRH
- A sample of the self-assessment questions
- A description of the survey customization that is available

After the Governance Committee discussion on April 23, 2021, the committee recommended that there be a three-step process involved with the Board self-evaluation survey:

1. Each Board member take the survey provided by the Governance Institute
2. The Governance Institute will present the self-assessment survey results to the whole Board.
3. A discussion will occur at the whole Board level regarding how to best use the self-assessment results to improve the Board's effectiveness. Ideally, a plan with action items for the Board will be developed.

Governance Institute Assessment Update/Information

Kelly Honke <khonke@nrchealth.com>

Fri 4/9/2021 8:54 AM

To: Dallas S. Hargrave <dhargrave@bartletthospital.org>;

Cc: Anita L. Moffitt <amoffitt@bartletthospital.org>; Teresa Costello <tmcostello@nrchealth.com>;

2 attachments (404 KB)

BoardCompass Survey_2021.pdf; BSA Customization Parameters.pdf;

Good morning Dallas,

I wanted to back track on what we discussed a bit. After speaking with my team, our new assessment tool is much further along than I realized. Since you don't have historical data that we need to include since this is the first time your board is assessing in a significant amount of time, I think it will set you up for greater success in the future if we just begin on the new tool. We will eventually sunset our legacy assessment, so even that won't give us year over year comparison beyond this year. For this reason, I'm only adding information on questions and customization parameters for the new assessment tool. I do apologize that I'm changing directions – I think this will make for a much more streamlined approach as we continue in our partnership.

Attached you will find the following regarding the board self-assessment:

- New Assessment Questions SAMPLE
- Customization parameters

One note about the new assessment tool – because our members are only beginning to take this assessment, we do not currently have a national benchmark. Once we have at least 30 organizations complete the assessment, we will be able to establish that benchmark. However, we can re-run the report when the benchmark is available so you can see the comparisons. I think we will have a benchmark by Fall or end of Q4.

Thank you for your patience as we work through this transition of tools – I know the new assessment will give us some excellent insight to help you and your team create effective and efficient change with your board. Let me know what questions you have.

Happy Friday!

Kelly Honke

Customer Success Manager

The Governance Institute

A Service of **NRC Health**

402-475-2525

nrchealth.com

[twitter](#) | [blog](#) | [linkedin](#)

Human understanding.™

External Email: Be cautious with URLs and Attachments.

BoardCompass[®]: The Governance Institute's Board Self-Assessment



A SERVICE OF

nrc
HEALTH

The Governance Institute[®]

The essential resource for governance knowledge and solutions[®]

1245 Q Street, Lincoln, NE 68508

(877) 712-8778

©The Governance Institute

May 25, 2021 Board of Directors Meeting
Page 26 of 72

BoardCompass[®]: The Governance Institute's Board Self-Assessment

Welcome to The Governance Institute's *Board Self-Assessment*. The following assessment represents the first step in a detailed and thoughtful review of your performance as a board.

This assessment is comprised of a variety of items asking how effectively your board performs recommended governance practices and is intended to assess the board's overall performance as a whole.

Your board will be assessed on the following categories:

- Duty of Care
- Duty of Loyalty
- Duty of Obedience
- Quality Oversight
- Financial Oversight
- Strategic Direction
- Board Development
- Management Oversight
- Community Health & Advocacy
- Board Culture

Instructions:

Indicate how effectively the board (or a committee of the board) carries out each practice. Below is a key to the intended meaning of your answer selections:

Very effective: The board or committee of the board carries out this practice consistently (all of the time) to the highest degree of effectiveness possible. (Grade: A to A+)

Effective: The board or committee of the board carries out this practice effectively some or most of the time but not consistently or all of the time. (Grade: B)

Satisfactory: The board or committee of the board carries out this practice in a manner that fulfills basic expectations or needs; acceptable though not outstanding. (Grade: C)

Ineffective: The board or committee of the board is not fulfilling basic expectations or needs; the practice is being carried out in part, not in a thorough manner, or not often enough. The board should be concerned about its level of performance in this area. (Grade: D)

Very ineffective: The board or committee of the board does not fulfill even basic expectations or needs related to this practice, or it is not performed at all and should be. The board should be very concerned about its level of or lack of performance in this area. (Grade: F)

Important: Several of the practices contain several related items that The Governance Institute believes are essential to considering a practice to be fully adopted and therefore for the board to be very effective in performing the practice (i.e., to receive a top score on the assessment). If you think that some or part of the practice is being performed but not all of the items listed are being done, your answer should be "Satisfactory."

Section I: For each question below...

Please indicate how effectively the board or a committee of the board performs the practice.

How effectively does the board or a committee of the board perform this practice?

	Very Effective	Effective	Satisfactory	Ineffective	Very Ineffective	Don't Know
Duty of Care						
1. Receives necessary background materials and well-developed agendas within sufficient time to prepare for meetings.	VE	E	S	I	VI	DK
2. Exercises due diligence in gathering unbiased information before making major decisions (e.g., financial, strategic, legal, clinical, etc.).	VE	E	S	I	VI	DK
Duty of Loyalty						
3. Uniformly and consistently enforces a conflict-of-interest policy that, at a minimum, complies with the most recent <u>IRS definition of conflict of interest</u> .	VE	E	S	I	VI	DK
4. Follows a specific definition, with <u>measurable standards</u> , of an " <u>independent director</u> " that, at a minimum, complies with the most recent IRS definition and takes into consideration any applicable state law.	VE	E	S	I	VI	DK
Duty of Obedience						
5. Considers how major decisions will impact the organization's mission before approving them and rejects proposals that put the mission at risk.	VE	E	S	I	VI	DK
6. Establishes a <u>risk profile</u> for the organization and holds management accountable to performance consistent with that risk profile.	VE	E	S	I	VI	DK
Quality Oversight						
<i>Note: The term "quality" encompasses safety, outcomes, experience, and value.</i>						
7. Approves long-term and annual quality performance criteria based upon industry-wide and <u>evidence-based</u> best practices for optimal performance	VE	E	S	I	VI	DK
8. Requires all clinical programs and services to meet quality performance criteria.	VE	E	S	I	VI	DK
9. Reviews, at least quarterly, quality performance measures for all care settings, including <u>population health</u> and <u>value-based care</u> metrics, and demands corrective action in response to under-performance.	VE	E	S	I	VI	DK
10. In consultation with the medical executive committee, participates in the development of criteria for medical staff appointments and clinical privileges, and conducts periodic audits of the credentialing process.	VE	E	S	I	VI	DK

How effectively does the board or a committee of the board perform this practice?

	Very Effective	Effective	Satisfactory	Ineffective	Very Ineffective	Don't Know
Financial Oversight						
11. Is sufficiently informed by management and discusses the multi-year strategic/financial plan and the organization's capital and operating budget before approving them.	VE	E	S	I	VI	DK
12. Monitors financial performance against targets established by the board related to <u>liquidity ratios</u> , profitability, activity, and debt; and demands corrective action in response to under-performance on financial metrics.	VE	E	S	I	VI	DK
Strategic Direction						
13. Holds management accountable for accomplishing the strategic plan by requiring that major strategic projects or initiatives specify both <u>measurable criteria for success</u> and those responsible for implementation.	VE	E	S	I	VI	DK
14. Follows board-adopted policies and procedures that define how strategic plans are developed and updated (e.g., who is to be involved, timeframes, and the role of the board, management, physicians, and staff).	VE	E	S	I	VI	DK
15. Spends more than half of the meeting time during most board meetings in active deliberation, discussion, and debate about strategic priorities of the organization, as opposed to hearing reports.	VE	E	S	I	VI	DK
16. Evaluates proposed new initiatives on factors such as mission compatibility, financial feasibility, market potential, impact on quality and patient safety, community health needs, and adherence to the strategic plan before approving them.	VE	E	S	I	VI	DK
17. Establishes a strategy for aligning the clinical and economic goals of the hospital(s) and physicians.	VE	E	S	I	VI	DK
Board Development						
18. Participates at least annually in education regarding its responsibilities to fulfill the organization's mission, vision, and strategic goals.	VE	E	S	I	VI	DK
19. Follows a formal orientation program for new board members that includes education on their fiduciary duties, core responsibilities, and information on the industry and its regulatory and competitive landscape.	VE	E	S	I	VI	DK
20. Enforces minimum meeting preparation and attendance requirements.	VE	E	S	I	VI	DK

How effectively does the board or a committee of the board perform this practice?

	Very Effective	Effective	Satisfactory	Ineffective	Very Ineffective	Don't Know
21. Selects new director candidates from a pool that reflects a broad range of diversity and competencies (e.g., race, gender, background, skills, and experience).	VE	E	S	I	VI	DK
22. Sets annual goals for board and committee performance that support the organization's strategic direction/plan.	VE	E	S	I	VI	DK
23. Uses the results from a formal self-assessment process to establish board performance improvement goals at least every two years.	VE	E	S	I	VI	DK
24. Applies <u>competency-based governance</u> principles to assess board members and facilitate board development and board leadership succession planning.	VE	E	S	I	VI	DK
Management Oversight						
25. The board and CEO mutually agree on the CEO's written performance goals prior to the evaluation (in the first quarter of the year).	VE	E	S	I	VI	DK
26. Requires that the CEO's compensation package be based, in part, on the CEO's performance evaluation.	VE	E	S	I	VI	DK
Community Health & Advocacy						
27. Holds management accountable for implementing strategies that meet the needs of the community, as identified through the community health needs assessment.	VE	E	S	I	VI	DK
Board Culture						
28. Demonstrates a clear understanding of the difference between the responsibilities of the management team and the board, and avoids getting into operational matters.	VE	E	S	I	VI	DK
29. Has a culture that allows for active participation, candid communication, and rigorous decision making; board members voice opinions/concerns regardless of how sensitive the matter may be.	VE	E	S	I	VI	DK
30. Engages in constructive dialogue with management.	VE	E	S	I	VI	DK

Section II: Overall Board Rating

On a scale of 1–10, with 10 being the highest, please rate the effectiveness of the board (only circle one number):

1 2 3 4 5 6 7 8 9 10

Section III: Open-Ended Questions

1. What do you believe to be your most important obligations as a member of the board?

2. On a scale of 1–10, with 10 being strongly agree, rate how much you agree with the following statement:

I have the opportunity to effectively influence the organization’s strategic direction, culture, and/or performance.

1 2 3 4 5 6 7 8 9 10

Comments:

3. On a scale of 1–10, with 10 being strongly agree, rate how much you agree with the following statement:

My experience on the board is positive, meaningful, and engaging.

1 2 3 4 5 6 7 8 9 10

Comments:

4. What is the single most important improvement the board could make to be more effective in the upcoming year?

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

System Module:

Note: "Subsidiary" refers to local, community, affiliate boards, etc.

	Very Effective	Effective	Satisfactory	Ineffective	Very Ineffective	Don't Know
31. The full board participates in establishing the organization's strategic direction including creating a longer-range vision and approving the strategic plan.	VE	E	S	I	VI	DK
32. Reviews its subsidiary board and committee performance at least every two years to ensure charter fulfillment, effective coordination between committees and boards, and effective reporting to the system board.	VE	E	S	I	VI	DK
33. Communicates adopted strategic goals and clear expectations of the role(s) of the subsidiaries in meeting those goals.	VE	E	S	I	VI	DK
34. Follows a governance authority matrix that clearly delineates board responsibilities and ensures that the subsidiary boards understand their responsibilities within the context of the matrix.	VE	E	S	I	VI	DK

Subsidiary Module:

	Very Effective	Effective	Satisfactory	Ineffective	Very Ineffective	Don't Know
35. Demonstrates a clear understanding of the system's strategic goals and the role(s) of the subsidiary board in meeting those goals.	VE	E	S	I	VI	DK
36. Follows a governance authority matrix from the system that clearly delineates board responsibilities and understands the subsidiary board's responsibilities within the context of the matrix.	VE	E	S	I	VI	DK

Assessment Customization Parameters

The new BoardCompass® allows for customization based on which questions are applicable to the individual board given its role (e.g., system, independent hospital, public hospital, subsidiary/local hospital, advisory board). We have also included some specialized questions for system boards and subsidiary boards. We understand that not all boards will have implemented all of the practices included in this assessment, and thus recommend that your board chair and/or governance support professional go through the assessment, question by question, with your Customer Success Manager to determine which ones are applicable to your board, and which ones should be removed.

- We encourage you to avoid changing the individual wording of a question as much as possible because when that happens, it erodes our ability to compare your board's results against our national benchmark. Given that we went through a very careful and iterative process to ensure that the wording of each question has been selected for good reason and taken into account survey strength and validity considerations, the primary wording changes we would consider are those that are due to internal nomenclature such as changing the terms "board member" to "trustee," or "subsidiary" to "affiliate" or "community board," or changing names of committees to be specific to individual organizations. Changes such as these do not change the content or nature of the question and thus do not affect our ability to include your board's results in the benchmark.
- Part of the learning process when undertaking an assessment is to take a critical look at the questions you may be removing from the survey and have a discussion with your governance/development committee about whether the board should consider adopting those practices. The key question to ask is, "Why is this question not applicable to our board?" In many or most cases it will be because the board is a public board or a subsidiary/local/advisory board within a system, and thus those practices either don't apply or are being taken care of at a different level of governance within the organization. For independent hospitals/boards that do not report to a higher fiduciary governing body, removing questions should be the beginning of a very important discussion of this nature.
- You may add up to five custom multiple choice questions and open-ended questions



Bartlett Regional Hospital

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

**May 25, 2021
Management Report
From Studebaker Nault and CBJ Law**

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

Bartlett Regional Hospital

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

Management Report from Dallas Hargrave, Human Resource Director May 2021

- **HR team participates in virtual recruitment fairs.** Our HR team has been participating in virtual career fairs. With the lack of in-person career fairs, they are moving to a virtual format.
 - 3/24: University of Alaska Virtual Job Fair
 - 3/30: National Association of Social Workers (NASW) Virtual Job Fair
 - 3/30 – 4/2: SOA BEST Employment Virtual Job Fair
- **Tentative Agreement with union is considered by the Assembly.** There is a resolution on the consent agenda for May 24, 2021 meeting to ratify the tentative agreement on the management side. The union has the tentative agreement out for membership vote at this time.
- **“Best Places to Work in Healthcare” employee survey.** BRH is participating in the “Best Places to Work in Healthcare” program created by Modern Healthcare and the Best Companies Group again this year. The program is designed to recognize outstanding places of employment in Healthcare and provide employers with feedback from employees. We recently received notices from Modern Healthcare that we were not selected as a best place to work. Later this summer, we will receive the actual employee survey results and will update the Board at that time.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

May 2021 Nursing Report

Kim McDowell, CNO

Nursing Administration

- Tonia Montez and IT are working together to equip House Supervisors(HS) with tablets for them to use for their day to day operations. This will allow the HS to transition to a paperless process and be able to update information in real time. Great idea Tonia!
- Nurses Week concluded on May 12th. Nurses week was all about self-care, gift baskets, staff highlights and celebrating nurses!

Obstetrics (OB) Department

- Bartlett OB was awarded “Gold Recognition”, the highest level of achievement, for our hospital’s work in the Alaska Perinatal Quality Collaborative’s Hypertension in Pregnancy Initiative. We received a wonderful letter from Dr. Anne Zink, Chief Medical Officer for the State of Alaska, highlighting our achievements for this work. There were countless hours spent over the last two years, collaborating and sharing our work with other hospitals throughout the state and presenting at multiple state-wide conferences. We worked with ASHNHA and other stakeholders to assist in ultimately significantly reducing the state’s rate of severe maternal morbidity by 27.5% from 2018 to 2020. We were one of only two participating hospitals to achieve every goal set by the Alliance for Innovation on Maternal Health through the initiative. A massive thank you to the entire OB team and all the other units who helped make this possible!
- In May, OB will be rolling out their Eat, Sleep, Console (ESC) initiative. This has been a lengthy project, and labor of love for the OB Process Improvement (PI) team. ESC is a model of caring for babies who are undergoing withdrawal, specifically from opiates. This model focuses on empowering the mother and family to be the support and “solution” to their child’s care, versus the old method of scoring the level of withdrawal based on subjective symptoms. ESC is becoming more prevalent nation-wide, with increasing support from American Academy of Pediatrics (AAP) and other major entities. OB rolled out a live, in-person 3-hour training for all OB RNs and CNAs this week and next. We look forward to being able to offer this advanced level of support and care for these families.
- In the end of May, OB will be hosting a multi-session postpartum hemorrhage (PPH) educational opportunity for all staff and providers. This educational session will be divided into stations focusing on quantitative blood loss (QBL), operating the rapid infuser, steps to initiate the Mass Transfusion Protocol (MTP), updates on medication

management (sequence of meds and what's new), and utilization of the Bakri Balloon, which is used to reduce/control postpartum uterine bleeding. We are very excited to be offering this updated education and "hands-on" practice to our Bartlett teams!

Critical Care Unit (CCU)

- One of our new nurses has successfully finished her nursing preceptorship, with another new graduate in the process of completing their preceptorship within the next few months. CCU also is looking forward to welcoming the new nurse graduates from this past cohort.
- Six CCU nurses attended the Northwest Sepsis Conference the beginning of May and were excited to learn new information and receive confirmation on their current practice, caring for patients with sepsis. They look forward to applying their new knowledge at the bedside.
- CCU continues to do well on their process improvement project of documenting critical lab values and reporting. April CCU documented reporting 92.7% of the critical lab values. Thank you to our CCU team for recognizing the need for improvement and maintaining success.
- Two CNAs organized the CCU, checking for outdates, and getting the unit ready for the visit from The Joint Commission. Thank you for your efforts!

Emergency Department (ED)

- An ED unit clerk has been doing daily swarms in the ED to help ensure that the ED is Joint Commission ready.
- The ED Educator, in conjunction with Staff Development, is streamlining a process for new employees to ensure that their education needs are being met during preceptorship or orientation. Improving this process allows for a more well-rounded and inclusive education that will better serve new nurses, but also the patients they serve.
- Interviews for new ED Director are taking place. We were fortunate to have many qualified candidates apply. The individual will be selected by the end of May.

Surgical Services

- Operating Room (OR) management continues to develop and implement a plan to enhance workforce development.
- The operating room was closed May 15th & 16th so work could be done on the on the air supply unit. The need for this work was identified when the ventilation system was upgraded in April.
- A new urologist, Dr. John Huffer, will be joining Bartlett in June and the team is excited to work with him. With new providers utilizing Surgical Services, the OR team is focused on ensuring that the new providers have what they need to provide quality, patient centered care.

Medical Surgical Unit

- Staff continue to experience high census on the unit. We have cared for many patients presenting challenges. Our team has met our mission, providing care to each person with grace and patience. Thank you to the team for demonstrating CARE values.
- Med/Surg has four new graduates precepting. We will also be welcoming several local, new nurses from the latest cohort of graduates. Our Med/Surg Educator will be training more seasoned nurses to be preceptors. Thank you Liz and your team for helping new nurses build their foundation of patient care on your unit and helping keep nurses in the southeast.
- We have reaffirmed our focus on professional development and training of staff, initiating unit based PI projects and training opportunities. We are also supporting our Bartlett CNA program by offering to train the new CNAs who will complete the first training opportunity in June. It is exciting to see this effort come to fruition.



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of
Health and Social Services

DIVISION OF PUBLIC HEALTH
Section of Women's, Children's and Family Health

3601 C Street, Suite 322
Anchorage, Alaska 99503
Main: 907.269.3400
Fax: 907.269.3465

April 13, 2021

Dear Rose Lawhorne,

It is our privilege to share with you that Bartlett Regional Hospital has received Gold Recognition, the highest level of achievement, for participation in the Alaska Perinatal Quality Collaborative (AKPQC) Hypertension in Pregnancy Initiative. This initiative engaged six Alaska hospitals in collaborative quality improvement to reduce hypertension-related severe maternal morbidity (SMM).

Due to the significant efforts by Lauren Beason, Bartlett Regional Hospital exceeded every target for quality care. In the fourth quarter of 2020, 100% of pregnant patients with severe hypertension received timely treatment, education, and appropriate follow-up. Additionally, all providers and nurses received education in recognizing and responding to severe hypertension in pregnancy, and policies and systems were developed for multidisciplinary review of cases of SMM and support for patients and staff following a severe maternal event.

Bartlett Regional Hospital consistently submitted quality data and actively participated in monthly meetings with other hospital teams. Lauren Beason served in a mentorship role and frequently volunteered to present and share successes and challenges to the benefit of other hospitals.

As a result of this initiative and efforts of participating hospitals, the AKPQC exceeded its goal by reducing the rate of SMM among people with preeclampsia by 27.5% from 2018 to 2020. The rate of SMM among preeclampsia cases in 2020 was 7.4%, the lowest rate in the most recent five years.

We sincerely thank the staff and leadership at Bartlett Regional Hospital for their significant contributions towards improving maternal health in Alaska.

Sincerely,

Handwritten signature of Anne Zink in black ink.

Anne Zink, MD, FACEP
Chief Medical Officer, State of Alaska, DHSS

Handwritten signature of Rebekah Morisse in black ink.

Rebekah Morisse, RN, MPH
Section Chief, Women's, Children's & Family
Health



Certificate of Excellence

THIS CERTIFIES THAT

Bartlett Regional Hospital

Received Gold Recognition, the highest level of achievement, in the
Alaska Perinatal Quality Collaborative
Hypertension in Pregnancy Initiative

Thank you for your significant contributions to maternal health in
Alaska

Anne Zink, MD, FACEP

CHIEF MEDICAL OFFICER, STATE OF
ALASKA, DHSS



Becky Morisse, RN, MPH

SECTION CHIEF, WOMEN'S,
CHILDREN'S & FAMILY HEALTH

Bartlett Regional Hospital

May 25, 2021 Board Report
Billy Gardner, Chief Operating Officer

Diagnostic Imaging Department (Paul Hawkins)

- New PACS Admin has started.
- Script Sender project will be started in May/June. Orders into DI from referring physicians can be automated with CPT code and ICD-10 code compatibility verification to streamline prior authorization. This will also make sure supporting diagnosis codes for new (AUC) appropriate use criteria are provided. An additional benefit is reduction in paper and will help with our paperless goal.
- Ultrasound candidates are being recruited, tight market, no applicants with minimum qualifications in months. No applicants for open CT positions. New opening in radiology.
- Patient workflow and Covid precautions continue to be a top priority.
- Upgrade of CT Scanners was approved and we are working with vendors to evaluate equipment and service. Site visits are ongoing and should be completed by June.
- Quotes are being finalized. We will begin working with facilities to evaluate implementation and any construction related to installing scanners. New CT technology will benefit our patients.
 - Future Plan
 - Offer Cardiovascular and Vascular Screenings to promote wellness.
 - Evaluate calcium scoring as CT wellness exam when upgrade is complete.
 - Work with oncology to promote Mammography and low dose lung cancer screening.
 - Fill remaining ultrasound vacancies.
 - Work with HR to correct DI salary schedule to stay competitive.

Laboratory Department (John Fortin)

- Dr Vanderbilt is in discussion with the College of American Pathologists concerning scheduling a site visit. Expect to see them late June/early July
- Lab/Histo completion of self-inspection – review of > 1000 compliance questions
- Molecular continues to work with community for COVID. MOA in place for JSD, AEL&P, Hecla. CCFR may take away call line. Working on self scheduling with CCFR. Working with employee health for staff screening.
- Seeing volumes return for both Histology and Laboratory.

Maintenance Department (Marc Walker)

- ED Waiting Area/ PAS Window: All work has been completed with the exception of the new doorway from the waiting room to the corridor. Estimate for this work have been approved, an amended PO issued and CBJ Contract in place. Awaiting ICRA plan submission. Anticipated project completion estimate 06/11/2021
- Covid Lab: Project is in the close-out phase. Ready to issue final payment pending execution of final change order.
- ED Ortho/ Trauma rooms: Received 95% complete Construction Documents 4/19/21 currently under review. Estimate project will bid mid to late May with a construction completion date in September 2021.
- Cardiac Rehab space expansion: Notice to proceed to Carver Construction is in process. Contractor's estimate is \$48,000. Project to be completed within 100 days of the Notice to Proceed. Work on site estimate to take four weeks.
- ASU-11/Endo Fan: The 3-day shutdown period to replace the supply and exhaust fans to the O.R. and Endoscopy Suite went very smoothly. Duct repairs to leaks noted during testing and balancing was completed 05/16/2021. Partial Maintainer Training has been completed.
- Hospitalist Sleeping Quarters Renovation (AKA Physician Call Room): Northwind Architects (NWA) was selected as the Architect to move the concept drawings into construction documents ready for bidding. Notice to proceed will be issued imminently. Bid ready documents are due 60 days from the Notice to Proceed.
- Campus Door Upgrades: Jensen Yorba Wall (JYW) Architects was selected for this project. Notice to proceed issued 04/22/2021. Bid ready documents are due 60 days from the Notice to Proceed.
- BRH Surge Protection – Phase 1 panel surge suppression completed. Phase 2 recommendations currently being reviewed by owner.
- Side Walk Phase 1 Replacement: Currently out to bid. Construction estimate \$1.2M, Professional Services \$120K (Deferred Maintenance) Project work postponed to spring 2022.
- Underground Fuel Line Replacement: Currently being worked on by CBJ Engineering and Taku Engineering. Construction estimate \$120K, Professional Services \$25K (Deferred Maintenance). Estimated Bid mid-June 2021. Construction 2 months August-September 2021.
- New South Entrance: Hold.
- Hospital Drive: Work underway estimated completion mid-June.
- CSR Equipment upgrade: Bid ready documents have been completed and submitted. Bid opening scheduled for 06/16/2021 with a final completion estimate of 10/31/2021
- ED Triage Building: Project is in the close-out phase. Preparing to issue final payment.
- ASU 1 Conversion to Glycol: Bid was awarded to Schmolck Mechanical. Materials and equipment have been ordered. Critical components

- estimated to arrive mid-June. A limited shut-down of one weekend day will be required on this project. Estimated project completion date is 7/9/2021.
- RRC Siding and Window Replacement: Bid was awarded to Island Contractors. Notice to Proceed was issued April 14. Construction contract schedule is five months from the Notice to Proceed (September 12, 2021).
 - Behavioral Health Facility: Dawson Construction was the sole bidder. Notice to Proceed issued April 14, 2021. BRH is considering adding an additional floor to the project. Original project completion date is for June 30, 2022. Project Mobilization has started. New Power and Data conduits will be run the week of May 17th. BOPS Building Demolition scheduled to start the week of May 24th.
 - Congratulations to Eloisa Rodrigues recipient of the 2021 Forget-Me-Not award. Eloisa received many nominations for this award from her peers. Criteria for this prestigious award include: Individuals who consistently support our BRH mission; Individuals who work hard to ensure that our facility offers high-quality, patient-centered care; Dedicated employees who demonstrate the BRH CARE values; Their performance is outstanding; They go above the expected and do not hesitate to assist others in need; They are collaborative, positive, and work well with others; They build trust with colleagues and demonstrate outstanding service to others.

Materials Management (Willie Dodd)

- **It is with great pleasure that I am announcing William Dodd, formerly in the Accounting Department, has accepted the newly opened position for Materials Management Director. Willy has worked closely with Materials Management over the past few years to improve processes. He has a very strong team to support him and is genuinely looking forward to leading them. Please take a moment to congratulate Willy as he transitions into this new role. Welcome to the MM Team Willy!**

Pharmacy Department (Ursula Iha)

- Congratulations to Andrew Vallion PharmD who is the recipient of this year's Bartlett Regional Hospital CARES award! He is collaborative, positive, and provides outstanding service. In addition to pharmacist staff duties, he volunteered to be Bartlett's Vaccine Coordinator, which became even more critical during the COVID pandemic! His contribution is one of the reasons that Juneau is leading the country in high vaccination rates. Andrew has contributed beyond expectations by working a considerable amount of time to help ensure that Juneau and surrounding communities have vaccines and supplies. Khalid Srour PharmD also received honorable mention for the CARES award.
- Infectious disease pharmacists are continuing work on a recently updated dose calculation method for vancomycin. The advantage of this dosing method is improved pharmacodynamics, which allows lower doses and fewer side effects

for patients with MRSA bacteremia. Andrew Vallion is the point person for work done on this project including policy updates, which the Pharmacy and Therapeutics committee approved, and training, which will be available for laboratory and nursing staff soon.

- Pharmacy is implementing a new competency tool that will provide timely information for our staff.
- We are in the process of implementing new anesthesia workstations that integrate with Meditech and other automated dispensing cabinets currently in use. We anticipate full implementation the end of May and increased efficiency for anesthesiologists and the pharmacy staff.
- Rainforest Recovery Center has a new automated dispensing cabinet that extends the pharmacy service in both the residential section and Withdrawal Management Unit. This helps improve efficiency for pharmacy and nursing staff.

Physical Therapy (James “Rusty” Reed)

- We have had increased volumes for all of our service lines!
- We continue to get some referral through collaboration with Bartlett Oncology
- Our Speech therapists are preparing for training early June to perform fiberoptic endoscopic evaluation of swallowing in both pediatric and adult populations.
- Our appointment platform, Jellyfish Health, has been positive overall but there are still a few kinks being worked out.
- We are continuing to provide teletherapy sessions where appropriate
- We are continuing to look into teaming up with Bartlett Behavioral Health ABA (Applied Behavior Analysis) program with an offsite location for our pediatric patients.
- We are still looking for a casual OT to hire.
- We are continuing to make strides with our new Expanse documentation platform.

Respiratory Therapy Department (Robert Follett)

- Working with IT in the upgrade of Trace Master ECG Management System, project planning meeting occurring weekly, beginning testing phase.
- Istat VBG project commencing to provide Point of care blood gas analysis to ER and OB.
- Stress lab construction project commencing in June, scheduled completion in July.
- New director Nelea Fenumiai assuming responsibility.

Bartlett Regional Hospital

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

May 2021 Behavioral Health Board Report Bradley Grigg, Chief Behavioral Health Officer

- **Psychiatric Medical Staff Locum Provider List**:**

- **Dr. Joanne Gartenberg** Behavioral Health Medical Director
- **America Gomez**, Psychiatric Mental Health NP (Full Time BRH Employee), is providing outpatient services to children, adolescents, and adults in addition to taking call.
- **Cynthia Rutto**, Psychiatric Mental Health NP (Full Time BRH Employee), is providing inpatient outpatient services to children, adolescents, and adults in addition to taking call. Cyndy is also a lead provider for our Community Based Crisis Intervention Services Program.
- **Nicholas White**, Psychiatric Mental Health NP (Part Time Independent Contractor) is providing telehealth outpatient services to adults via BOPS.
- **Dr. Stephanie Chen** (Locum Psychiatrist) is providing part time telehealth outpatient service to and consultation for children and adolescents
- **Dr. Judy Engleman** (Locum Psychiatrist) is providing part time telehealth outpatient services to adults
- **Dr. Monika Karazja** (Locum Psychiatrist) is providing full time inpatient services on MHU in addition to outpatient services to adults. Her current assignment is through May 2021.
- **Dr. Al Fineman** (Locum Psychiatrist) is providing full time psychiatric services to patients admitted to Rainforest Recovery Center Residential Treatment and Withdrawal Management.
- **Dr. John Tarim** (**NEW CONTRACTED PSYCHIATRIST**) is providing full time psychiatric services to patients both on MHU and at Rainforest Recovery Center in addition to taking call.

**** We continue to recruit for full time MHU inpatient, full time RRC, and full time BOPS psychiatric employed/contracted providers in order to lessen our current dependence on locum coverage. We are currently negotiating with 2 potential psychiatrists for employment.**

- **RAINFOREST RECOVERY CENTER:**

- **RRC Residential Treatment Update:**
 - April daily utilization near or at 100 (8 patient capacity)%
 - Admissions remain only from Southeast Alaska
 - Waitlist as of 5.15.2021 is 13
 - Weekly in-house patient COVID testing



- Biweekly in-house RRC staff COVID testing
- Masking requirements remain in effect
- **RRC Withdrawal Management (Detox) Update:**
 - April average daily utilization was 2.5 patients (current capacity is 4).
 - 30 Patients served; 12 of which transitioned from Withdrawal Mgmt. Unit to Residential Treatment. 5 others transitioned to outpatient services through RRC.
 - Staffing includes 1 RN and 1 CNA per 12-hour shift.
 - 24/7 admissions; most common admissions remain directly from ED, in addition to transfers from Medical and direct admits from primary care providers
- **RRC Outpatient Treatment Update:**
 - We currently have 49 patients enrolled receiving:
 - Combination virtual/in person outpatient treatment model
 - Medication Assisted Treatment
 - Assessment
 - Individual & Group Treatment Sessions
 - Patients participate anywhere from 1-10 hours per week in treatment, depending on individual needs.
 - This month we resumed seeing outpatients in person on a limited basis to manage person traffic within the RRC facility, ensuring COVID safety precautions are in place for patients coming into RRC. Telehealth options will remain in place for patients.
 - Outpatient revenue continues to be a positive impact on RRC operations in light of 75% occupancy cap on the residential treatment side.
- **Adult Mental Health Unit (MHU):**
 - April daily average census was approximately 6.5 patients
 - MHU continues to only accepting patients from Southeast Alaska.
 - Average length of stay for April was approximately 9 days.
- **Bartlett Outpatient Psychiatric Services (BOPS):**
 - BOPS outpatient operations continue to be 100% virtual*
 - 7.5 FTE therapists are delivering telehealth counseling services from their home offices/BOPS Clinic.
 - 3.5 Psychiatric providers are delivering telehealth psychiatric / medication management form their home offices/BOPS Clinic.
 - The DAY Psychiatric Emergency Services Therapist and Psychiatric Providers are on site during their on-call day.
 - **April 2021 Stats:**
 - 923 patient encounters (the most patient encounters ever at BOPS)
 - No show rate remained under 20% (significantly below national average of 23%)
 - **April evidenced a significant increase in referrals (nearly 70) for outpatient counseling services to where we have had to institute a waitlist; nearly 60 patients waiting for**



counseling services. We are strategizing options for working the waitlist down, including contracting with private licensed therapists located in Alaska but outside of Juneau to support this increase. The goal is to report a solution to this increase in June.

- **Integration of Neuro-Psychology Services at BOPS:**
 - BOPS has hired a Neuropsychologist to meet the growing need of individuals meeting the need for neuro-psych and other psychological evaluations to better determine a plan of treatment for this population of patients. Dr. Adrienne Pasek has been hired as a locum neuro psychiatrist and has begun working with us. We anticipate the first patients will be served under this new program on or around June 1, 2021.

- **Applied Behavior Analysis Clinic:**
 - Behavioral Health is moving forward with the opening an Applied Behavior Analysis (ABA) Clinic in Juneau. This will be a program that coexists with Physical Rehab Services as both services are connected with our target population (Autism diagnosis for patients ages 2-21)
 - We have hired Jenna Weirsma, M.A. as the Director of the ABA Clinic. Jenna is a Board Certified Behavior Analyst and will begin employment on June 28, 2021.
 - Please see the attached “blueprint” for the ABA Clinic Development and Implementation.

- **Psychiatric Emergency Services (PES):**
 - April 2021:
 - 127 patients assessed in the Emergency Department experiencing a Behavioral Health Crisis,
 - 97 Adults
 - 30 Children/Adolescents (It was projected that 20 of these youth assessed would have benefitted from a crisis stabilization treatment setting.

- **CRISIS NOW MODEL UPDATE:**
 - Behavioral Health continues to move forward with implementation of the “Crisis Now” Model for provision of Crisis Stabilization Services.
 - Please see the following attachments that provide status updates:
 - Crisis Now Overview
 - Recent KTOO article on Bartlett’s response to the increase in Behavioral Health Crisis over the last 15 months.

- **Crisis Intervention Services Community Based Team Update (CIS):**
 - The CIS team consists of 2 Therapists and 5 Youth/Family Navigators who provide in home and community supports for youth/families who are discharged after a crisis assessment being completed in the Emergency Staff.
 - Cynthia Rutto, PMHNP, is our clinical lead for this program.



- Goal of the program is to provide ongoing supports to assist families through their crisis by offering counseling and skills building services.
- All services delivered are reimbursable under “Crisis Intervention” under the State Medicaid Plan. For non-Medicaid families, we continue to work with payers in terms of reimbursement.
- In April, CIS served 16 families with short term intensive crisis supports to help them. This included:
 - Psychiatric Evaluation
 - Individual/Family Therapy
 - Navigation Services
- Adults will be added to this service line in July 2021 with no anticipated changes in staffing.

- **BEHAVIORAL HEALTH ORGANIZATIONAL STRUCTURE UPDATE:**

- With our continued expansion efforts in addition to having two vacant (2) director positions within Behavioral Health, we recently had an amazing opportunity to adjust our leadership and organizational structures to better reflect how Behavioral Health actually looks and operates on a daily basis. We accomplished this without adding additional Director positions. It will be a heavy lift to make this shift and set us up to meet the continued growing BH needs in our community and Region.
- We are moving Bartlett Behavioral Health to a “System of Care” model rather than a growing number of separate, silo programs. Below is our new leadership structure noting the recent hiring of our Clinical and Nursing Directors.
 - Medical Director (Dr. Joanne Gartenberg)
 - Executive Senior Leader (Bradley Grigg)
 - Behavioral Health Operations Director (Rachel Wasserman)
 - Behavioral Health Nursing Director (Shalis Stinson)
 - Behavioral Health Clinical Director (Scott Heaton)

Outline for Development of Applied Behavior Analysis Clinic at Bartlett Regional Hospital

What is ABA and Who Provides It?

ABA: Applied Behavior Analysis-ABA is an evidence-based medical behavioral therapy for patients aged 2-21 years of age diagnosed with Autism Spectrum Disorder (F84.0). Applied Behavior Analysis focuses on teaching functional skills and behaviors (i.e.: communication, life skills, etc.) in applied settings that are socially significant to the patient. ABA involves ongoing assessment and continuous data collection to review the effectiveness of interventions used.

ABAT: Applied Behavior Analysis Technician-This person is comparable to a RBT and is also board certified through a different governing body. This person is a board certified medical provider who provides direct 1:1 services of ABA to patients by following behavior support plans, treatment plans, and using interventions and goal implementation as directed by BCaBA or BCBA. Supervision is required by either BCaBA or BCBA regularly.

BACB: Behavior Analyst Certification Board-This board is the international accrediting body for all ABA practitioners and the only accrediting body for BCBA and BCaBA certifications.

BCBA: Board Certified Behavior Analyst-A BCBA is the medical provider who is certified and licensed to provide medical oversight for ABA therapy for patients. Their role involves direct supervision of staff and patients, parent training, behavioral assessments and treatment plan development, and program planning and oversight of program implementation. BCBA's can provide direct 1:1 patient services, but it is important to note that insurance may have limitations.

BCaBA: Board Certified Assistant Behavior Analyst-This person is a board certified medical provider who is able to fulfill all the duties a BCBA does with BCBA supervision and oversight on all duties. A BCaBA is not permitted to provide parent training and assessments directly without a BCBA present to supervise. BCaBA's can provide 1:1 direct patient services.

RBT: Registered Behavior Technician-This person is a board certified medical provider who provides direct 1:1 services of ABA to patients by following behavior support plans, treatment plans, and using interventions and goal implementation as directed by BCaBA or BCBA. Supervision is required by either BCaBA or BCBA regularly at specified percentages provided by the board.

Important Background Information:

ABA is a medical behavioral therapy that is paid for by most health insurances for all patients with an Autism Spectrum Disorder (F84.0) diagnosis. A formal diagnosis is required for referral and to begin services. Individuals with Autism diagnosis ages 2-21 are eligible for services. All providers and staff working with patients for ABA are required to be registered as a National Provider Identifier (NPI) and will be assigned an NPI number. This includes behavior technician staff and BCBA staff.

All services bill in 15-minute increments (units):

Codes	Service Name	Provided By	Service Entails
97151	Initial Assessment Observation or Observational Follow-Up Assessment	BCBA	Direct patient assessment and treatment plan development
97153	Adaptive Behavior Treatment by Protocol	ABAT or RBT or BCaBA	1:1 direct patient services
97154	Group Adaptive Behavior Treatment by Protocol	ABAT or RBT or BCaBA	2:1 direct patient services for 2 patients per 1 technician
97155	Adaptive Behavior Treatment by Protocol Modification	BCBA	Direct supervision of staff with patient and modification of programs
97156	Family Adaptive Behavior Treatment Guidance	BCBA	Direct training or meeting with families or caregivers

Private Contract: Juneau School District is willing to sign a private contract for consultation and direct services provided by BCBA only. They pay privately and directly for the following services: consultation with staff or families, meetings, staff trainings, observations, assessments and behavior plan development (all done by BCBA). The previous agreement is \$150 per hour of services provided by BCBA and is billed directly to Juneau School District. These services are for non-patients only.

Is there medical oversight of ABA services?

All ABA services require medical oversight directly from the BCBA and clinical director. Physicians or other providers are not required for anything other than diagnosis and referral.

Phase 1: Preparation

Preparation phase is establishing essential functions of the ABA clinic at Bartlett Regional Hospital. Basic staffing, infrastructure, documentation, billing, and policies should be established in this phase. The order of priorities should be determined by approximate time to accomplish the tasks, with the goal being to meet minimum requirements to initiate services in the most efficient way possible. Example: if hiring, training, and credentialing staff will take an average of 3 months, starting that process should occur early so that other components can be worked on during that time.

Minimum Requirements for provision of ABA services/therapy:

- BCBA
- Credentialed Behavior Technician in one of two certifications:
 - RBT

- ABAT

Please note all providers must be board certified, credentialed through each insurance individual, and have a NPI number to begin.

- Digital data collection tools
 - Tablet (iPads preferred)
 - Charting system (Catalyst)
 - Billing system (*Input required*)
- Documentation standards (SOAP notes, treatment plans, intake, etc.) and templates
 - SOAP notes
 - Treatment plans
 - Intake
- Clinic policies
 - Intake (patient/parent handbook)
 - Waitlist
 - Billing
 - Clinic staff responsibilities
 - Billing department responsibilities (*Input required*)
 - Scheduling
 - Staff (BCBA determines staffing based on availability and skill set)
 - Sessions and locations
 - Professional standards
 - Continuing education
 - Credential requirements
 - Supervision logs
 - Dress code and professionalism
 - Clinic
 - Home/School/Community
- Policies for direct patient care
 - Home
 - School
 - Parent handbook policies for in-home services
 - Communication policies for communication between the following:
 - Staff and families (BCBA and behavior technicians and families)
 - Personal phone or BRH provided communication/phone
 - Transportation
 - Hospital vs. Private owned vehicle? (preference for paid mileage/drive time with staff vehicle. Must have proof of insurance.)
 - Time allotments for travel between sites
 - Infection control practices
 - For staff
 - For patients and families
 - Crisis and escalation
 - Staff
 - Clinical Director/BCBA
 - Job description
 - Requirements internal to clinic
 - Insurance credentialing
 - BRH organizational requirements

- CE licensed provider
 - Time allotments
 - Admin (*Input required*) estimated at 10-15 hr/week
 - Billable hours estimated at 25-30 hr/week
 - Initial Assessments//Re-Assessments
 - Supervision Time (Program Modification)
 - Parent Training
 - Consults
 - School District
 - BRH
 - Adjustments for weekend work?
 - Staff meetings/continuing education
 - BRH required training (*Input required*)
 - Required in-person classes?
 - Required online learning?
 - Behavior Technicians
 - Job description
 - Insurance credentialing
 - Time allotments
 - Home/school/community
 - 40 hr week/8 hour days
 - 1.5 hours lunch and drive time
 - 6.5 hours billable
 - 36 hr week?
 - Clinic (*Input required*)
 - Staff meetings/continuing education (required monthly)
 - BRH required training (*Input required*)
 - Required in-person classes? (CPI, orientation, etc.)
 - Required online learning?
 - If not certified:
 - 44 hours of ABA training through Relias
 - 2 weeks direct training with supervision from BCBA
 - Pass Competency Skills Assessment
 - Pass computer-based assessment (ABAT or RBT)
 - Insurance credentialing (*input required*)
 - Administrative coordinator/assistant
 - Job description
 - Business hours
 - BRH required training (*Input required*)
 - Required in-person classes?
 - Required online learning?
- Physical space
 - BCBA/Director Office
 - Appropriate/adequate space for meeting patients/parents
 - Computer with online meeting capability
 - Phone
 - Admin office

- Computer with online meeting capability
- Phone
- Supply space
 - PPE
 - Cleaning supplies
 - Games/reinforcers/assessment tools
- Drop/mail boxes for Behavior Technicians
- Files for patient information
- (Optional) Group space
 - Staff meetings/trainings
 - Group therapy sessions
- Timeline (*Input required*)

The timeline will be dependent on the time required to meet the minimum requirements for initiating patient services. Hiring staff who already have credentialing requirements met accelerates this process. Hiring staff that require training with clients and to meet requirements for credentialing can take between 3-6 months and may require additional time with direct BCBA supervision. Physical and technical components of Phase 1 will be dependent on financial allotment for purchase and time required to ship materials or set up.

Phase 2: Grow clinic to initial capacity

- Obtain patients
 - Notify referring physicians and offices of program initiation
 - Notify school district of consult and contract availability
 - Press release (*Input required*)
 - May create too much inquiry, too many requests
 - Bartlett House Calls
 - Timing may be better with larger scope later in clinic development
- Approximate case loads
 - Behavior technicians (weekly distribution)
 - 32.5 direct care/therapy hours per week in home/school/community model
 - 33-35 direct care/therapy hours per week for clinical model
 - BCBA (monthly distribution, varies dependent on stage of program development)
 - 60-78 hours supervision of behavior technicians and supervision for patients
 - 28 hours parent/caregiver trainings
 - 10 hours outside consults (JSD, BRH, or other agencies)
 - 6 hours initial assessments
 - 12 hours treatment plans/updates
 - 4 hours staff trainings (required by certification boards)
 - Remaining hours as administrative/clinical office work
 - Approximate staffing ratio is one BCBA: four 1.0 FTE Behavior Technicians
 - Approximate monthly billable hours at max approved client hours is:
 - BCBA:
 - 60-78 supervision/program modification (97155)
 - 14-24 Caregiver/parent training (97156)
 - 10 Outside consult hours (private pay single rate)

- 12-18 Initial assessments/re-assessments/treatment plans (97151)
- Behavior Technicians
 - Up to 130 individual direct care/therapy hours (97153)
 - For 3 technicians, up to 360 cumulative direct care/therapy hours (97153)

Phase 3: Expansion

Expansion for ABA services in isolation can follow most of the previously outlined process. Phases 1 & 2 are based on provision of services in the home/school/community setting to maximize use and establish services as quickly as possible. This meets expressed community needs, as seen in waitlists and referrals, and contributes to the sustainability of the ABA clinic.

Inclusion of allied fields of Occupational Therapy, Physical Therapy, and Speech and Language Pathology in a common clinical location follows national models for best practices. Cooperative scheduling enhances delivery of services and eases burden on patient families. Hiring a clinical neuro-developmental psychologist would likely allow Bartlett Regional Hospital to pursue designation as a neurodevelopmental clinic, a service level only previously available to residents of Southeast Alaska in Seattle, WA or Anchorage, AK.

It should be noted that provision of ABA services from a hospital-based system is fairly novel. Autism centers/neurodevelopmental clinics at major children's hospitals across the nation utilize clinical neuro-developmental psychologists for diagnostic and limited outpatient services. OT/PT/SLP services are offered at some, but not all. None of the reviewed programs provide ABA services in hospital-based clinic setting, but it should be noted that programs may exist in other non-researched hospital settings. Many hospitals recognize the benefit and state that they will provide referrals to companies which provide ABA services. Therefore, if Bartlett Regional Hospital were to establish a neurodevelopmental clinic/center for ASD which provided all the allied services in a single location it would likely be one of the most comprehensive clinics in the nation.

The following outline expresses the ideal setup of a clinic capable of functioning as a center for ASD/neurodevelopmental clinic. This is conceptual and dependent on input from stakeholders. Constraints are not addressed. Assumption is made that approximately 50-75 patients will be in Juneau. The option exists to hire/train behavior technicians in other Southeast communities with enough demand. Remote or in-person supervision would need to be arranged.

- Building
 - Entry area/reception
 - Early intervention center/preschool
 - Group therapy room with bathroom x 2
 - Sensory room/indoor play area
 - Enclosed outdoor playground
 - ABA Spaces
 - Individual work/therapy room x 6
 - Sensory room
 - Technology room
 - Group space
 - Eating space with kitchenette
 - BCBA offices/Behavior technician office
 - Allied practices offices and therapy rooms
 - OT
 - PT

- SLP
 - Neuro-developmental Psych
 - Allied practices work spaces
 - Therapy room for each individual practice
 - Group therapy room
 - Supply/work room
 - Staff tablets/computers
 - Reinforcers
 - Office supplies
 - Laminator
 - Printer
 - Clinical resources
 - PPE and other medical equipment
 - Laundry room
 - Staff Breakroom
 - If not located on BRH campus, a conference room for trainings/meetings
- Staff
 - Clinical Director (BCBA)
 - 2 FTE staff BCBA's
 - 12 FTE behavior technicians
 - TBD Remote behavior technicians in other Southeast Communities
 - 1-2 FTE administrative coordinator/scheduler/receptionist
 - 1-2 FTE SLP
 - 1-2 FTE OT
 - 1-2 FTE PT
 - 1-2 FTE Early developmental specialists
 - 1-2 FTE Neuro-developmental psychologists
 - 1 FTE Environmental Services Staff (site and space dependent, shared possibility)
- Technical support
 - Cameras/microphones in treatment/therapy and common areas for supervision, data collection, safety, etc.
 - Observation window on group therapy room (if needed for assessment)

CRISIS NOW

Implementing a Behavioral Health Crisis System of Care in Alaska

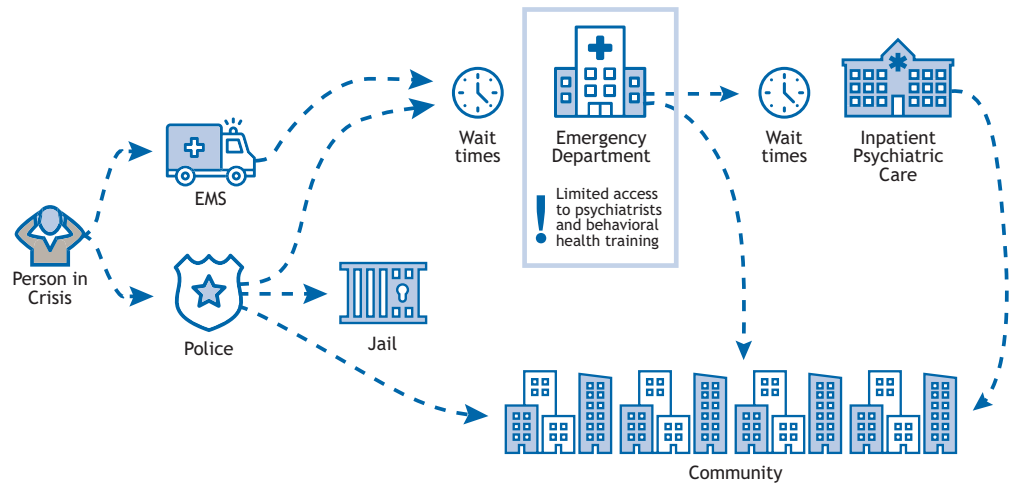
The Alaska Mental Health Trust Authority is contracted with Agnew::Beck Consulting to provide project management support in order to plan and implement a behavioral health crisis system of care, using the Crisis Now Framework as a guide.

Why Crisis Now?

Our current system of care:

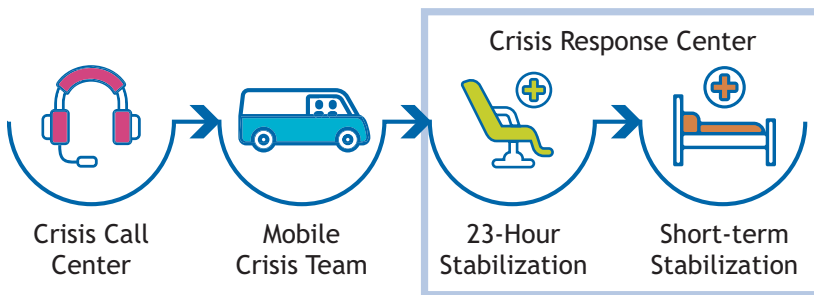
- Is challenged to provide timely access to crisis services
- Is unable to meet individuals “where they are at”
- Relies on law enforcement, the criminal justice system and hospital emergency rooms to respond to behavioral health crisis
- Has reduced capacity at Alaska’s only state-run psychiatric hospital

Current Behavioral Health Crisis Response



What is the Crisis Now Framework?

Someone to Talk to, Someone to Respond and a Place to Go

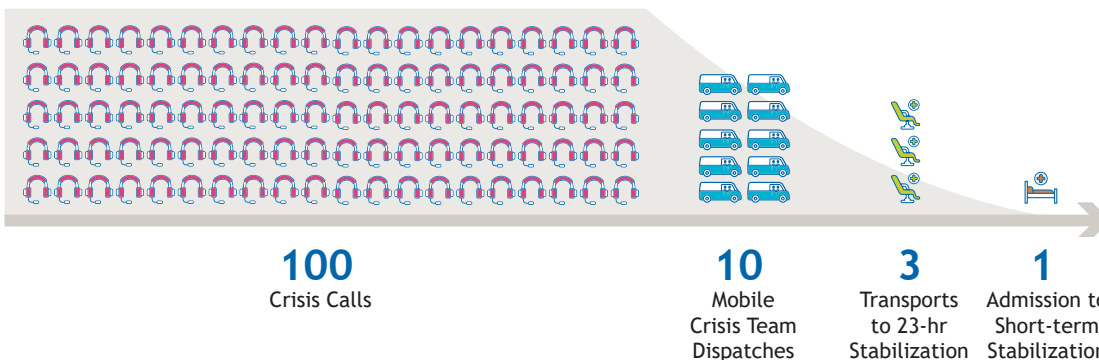


[SAMHSA's National Guidelines](#) for Behavioral Health Crisis Care - A Best Practice Toolkit outlines minimum expectations and best practices for the design, development and implementation of a behavioral health crisis care continuum.



Essential Principles & Practices

- Recovery oriented
- Significant role for peers
- Trauma-informed care
- Zero Suicide/Suicide Safer Care
- Safety and security for staff and people in crisis
- Crisis response partnerships



The Crisis Now framework offers multiple opportunities for resolution, increasing opportunity for intervention at less intensive levels of care and decreasing reliance on inpatient psychiatric beds.

Project Outcomes

Physical Health Emergency

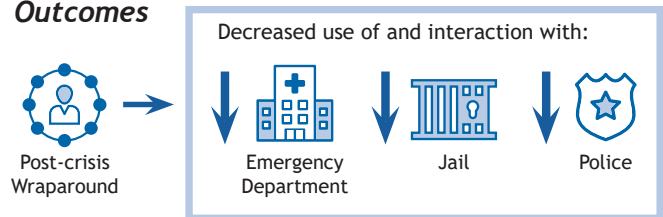


Behavioral Health Emergency



Implementation of a behavioral health crisis system of care means people experiencing a behavioral health crisis get the right care, in the right setting, when they need it, just like what we expect for individuals experiencing a physical health crisis.

Outcomes



Project Team Structure

Project Management Team

- Alaska Mental Health Trust Authority
- Alaska Department of Health and Social Services
- Alaska Department of Public Safety
- Department of Labor and Workforce Development
- Department of Corrections
- Mat-Su Health Foundation
- Advisory Boards



Role of Agnew::Beck Consulting

Provide project management to ensure planning, coordination, and facilitation to implement the Crisis Now model in Alaska

Ad Hoc Workgroups

Rates, licensing and regulations, Crisis Call Center, systems oversight and data management, training and workforce development, rural Alaska implementation



Identify and address implementation related system issues in coordination with the Project Management team and other partners

<p>Anchorage Workgroup</p> <ul style="list-style-type: none"> First responders Law enforcement Hospitals 	<p>Mat-Su Workgroup</p> <ul style="list-style-type: none"> Health and social service providers 	<p>Fairbanks Workgroup</p> <ul style="list-style-type: none"> Funders Local health departments
--------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------



Facilitate planning and implementation workgroups in three communities: Anchorage, Mat-Su, and Fairbanks

<p>Anchorage Operators</p>	<p>Mat-Su Operators</p>	<p>Fairbanks Operators</p>
-----------------------------------	--------------------------------	-----------------------------------



Develop program and business models for service operators in each community

Want to know more or get involved?

Contact: **Katie Baldwin Johnson**, Alaska Mental Health Trust Authority
katie.johnson@alaska.gov | 907-269-1049

[\(https://www.ktoo.org/\)](https://www.ktoo.org/)

[Coronavirus \(/coronavirus/\)](#) | [Family \(https://www.ktoo.org/category/news/topics/health/family/\)](https://www.ktoo.org/category/news/topics/health/family/) | [Juneau \(https://www.ktoo.org/category/news/alaska/juneau/\)](https://www.ktoo.org/category/news/alaska/juneau/) | [Mental Health \(https://www.ktoo.org/category/news/topics/health/mental-health/\)](https://www.ktoo.org/category/news/topics/health/mental-health/)

‘This is creating havoc’: Juneau regional hospital’s mental health surge continues

May 14, 2021 by Claire Stremple, KTOO (<https://www.ktoo.org/author/claire/>)

In 2020, Bartlett Regional Hospital braced for a surge of COVID-19 patients. It got a surge of mental health crises instead.

Bartlett behavioral health staff tie the surge in patients to spring break 2020. Students left the classroom for vacation and returned to a whole new reality. COVID- 19 cases were increasing statewide and remote learning suddenly replaced their school day routines.

“We started to see kids and families and adults coming in struggling with the immediate changes that we as a community took on,” said Bradley Grigg, who leads the behavioral health arm of the regional hospital.

He says those social restrictions are causing spikes in anxiety, depression, substance use, and self-harm — for students, parents and just about everyone experiencing the disruption of the pandemic.



*Bradley Grigg in his office on April 15, 2021.
(Claire Stremple/KTOO)*

Since last March, Grigg says patient visits have doubled to a thousand a month. And of those, he says more than 100 come to the emergency room. It works out to four people in crisis in Juneau per day.

“I hope that no one deals with what we’re seeing,” he said. “It’s a pandemic all within itself. And it’s creating more havoc — yes. COVID has created inconveniences for us. This is creating havoc.”

Juneau isn’t an outlier. Kristina Weltzin is a mental health clinician for the state’s health department.

“In all of our communities, the information that we’re getting is that absolutely, you know, behavioral health issues have increased dramatically,” Weltzin said.

In a state survey .

(http://dhss.alaska.gov/dph/wcfh/Documents/mchepi/Survey4_Child_Health_Education.pdf), most adults reported their mental health has worsened over the last year. More than half of parents reported that their child was more anxious or sad than usual.

Grigg says in the last year, he’s hired about 35 mental health staff to keep up with demand. He now manages a staff of 150. CARES money helps fund those new positions now, but Grigg says they will be permanent roles that reflect a new normal in Bartlett’s Behavioral Health program.

“When people are in crisis, whether it’s even if it’s just outpatient, we don’t want to waitlist them,” he said.

Even with increased staff, there’s still a waitlist for non-emergency patients.

The hospital started a Crisis Intervention Services team this spring. It provides follow-up support to patients after they are discharged from the emergency department. That team is available for in-home visits seven days a week and works with patients until they’re stable.

Grigg got emotional when he talked about how this affects kids. Prior to COVID-19, kids were only about a third of the patients in the behavioral health department. Now, children make up the majority of the hospital’s behavioral health patients and a quarter of the department’s emergency room traffic.

Hospital-recorded suicide attempts have quadrupled among teenagers. For children 13 and younger the hospital recorded one suicide attempt in 2019. In 2020, there were seven.

“The devastation that we’re seeing with kids, with families, when they can’t survive this because their anxiety or their depression or their substance use is so out of control ... It’s an effect that, unless you’re seeing it every day, you don’t know how infiltrated it has been in our community,” Grigg said.

Restrictions have eased and more than 70% of Juneau’s eligible population has had its first dose of a COVID-19 vaccine. But Grigg said the patient load hasn’t decreased, it’s just leveled off. “It’s unrelenting,” he said. “It’s not stopping.”

If you or someone you know is struggling with thoughts of suicide or in need of care, help is available:

- ♦ *Alaska’s Careline: 1-877-266-4357 (HELP)*
- ♦ *AK First Responders Relief Line: 844-985-8275*
- ♦ *JAMHI Health and Wellness: 907-463-3303*
- ♦ *Bartlett Regional Hospital: 907-796-8900*
- ♦ *24/7 SEARHC Care Line: 1-877-294-0074*

Mental health and the pandemic

Juneau families: Has the pandemic impacted your family's mental health? KTOO wants to hear how you're doing. Share your story here.

Your story *

Name *

First

Last

Email *

Phone

READ NEXT

[\(https://www.ktoo.org/2021/04/11/a-tiny-home-community-could-be-a-new-start-for-sitkas-chronically-homeless/\)](https://www.ktoo.org/2021/04/11/a-tiny-home-community-could-be-a-new-start-for-sitkas-chronically-homeless/)

A tiny home community could be a new start for Sitka's chronically homeless (https://www.ktoo.org/2021/04/11/a-tiny-home-community-could-be-a-new-start-for-sitkas-chronically-homeless/)

April 11, 2021

Despite decades of efforts by various organizations, Sitka has no homeless shelter.

[\(https://www.ktoo.org/2021/02/01/feds-investigating-whether-alaska-needlessly-locks-up-kids-with-behavioral-health-issues/\)](https://www.ktoo.org/2021/02/01/feds-investigating-whether-alaska-needlessly-locks-up-kids-with-behavioral-health-issues/)

Feds investigating whether Alaska needlessly locks up kids with behavioral health issues (https://www.ktoo.org/2021/02/01/feds-investigating-whether-alaska-needlessly-locks-up-kids-with-behavioral-health-issues/)

February 1, 2021

The investigation resulted in part from the Disability Law Center's 2020 complaint that the state has relied too heavily on locking up children with behavioral health disorders — often at out-of-state, for-profit psychiatric institutions.

[\(https://www.ktoo.org/2021/01/06/we-asked-dr-anne-zink-and-other-alaskans-whats-bringing-inspiration-this-winter-heres-what-they-said/\)](https://www.ktoo.org/2021/01/06/we-asked-dr-anne-zink-and-other-alaskans-whats-bringing-inspiration-this-winter-heres-what-they-said/)

We asked Dr. Anne Zink and other Alaskans what's bringing inspiration this winter. Here's what they said. (https://www.ktoo.org/2021/01/06/we-asked-dr-anne-zink-and-other-alaskans-whats-bringing-inspiration-this-winter-heres-what-they-said/)

January 6, 2021

It's the darkest part of winter in a very dark year marked with loss, anxiety, economic worries, political upheaval and isolation. We've been asking Alaskans where they find inspiration, hope and comfort on their bleakest days. Many of them said they turned to art — music, literature, film and spiritual texts — to help get through it.

KTOO Links

[About](http://www.ktoo.org/about/) (<http://www.ktoo.org/about/>)

[Contact Us](/contact/) (</contact/>)

[Where to Tune](/where-to-tune/) (</where-to-tune/>)

[Community Calendar](/calendar/) (</calendar/>)

[KTOO Board of Directors](http://www.ktoo.org/board-of-directors/) (<http://www.ktoo.org/board-of-directors/>)

[Community Advisory Board](http://www.ktoo.org/community-advisory-board/) (<http://www.ktoo.org/community-advisory-board/>)

[Staff](http://www.ktoo.org/staff/) (<http://www.ktoo.org/staff/>)

[Careers](http://www.ktoo.org/job-opportunities/) (<http://www.ktoo.org/job-opportunities/>)

[Internships](http://www.ktoo.org/internships/) (<http://www.ktoo.org/internships/>)

Social media

[Facebook](https://www.facebook.com/ktoopublicmedia) (<https://www.facebook.com/ktoopublicmedia>)

[Twitter](https://twitter.com/ktoopubmedia) (<https://twitter.com/ktoopubmedia>)

[YouTube](https://www.youtube.com/user/KTOODigital) (<https://www.youtube.com/user/KTOODigital>)

[Instagram](https://www.instagram.com/ktoopubmedia/) (<https://www.instagram.com/ktoopubmedia/>)

Resources

[Reports and Financial Statements](/reports-and-financial-statements/) (</reports-and-financial-statements/>)

[KTOO FCC Public Files](https://publicfiles.fcc.gov/fm-profile/ktoo) (<https://publicfiles.fcc.gov/fm-profile/ktoo>)

[KRNN FCC Public Files](https://publicfiles.fcc.gov/fm-profile/krnn) (<https://publicfiles.fcc.gov/fm-profile/krnn>)

[KXLL FCC Public Files](https://publicfiles.fcc.gov/fm-profile/kxll) (<https://publicfiles.fcc.gov/fm-profile/kxll>)

[KTOO-TV FCC Public File](https://publicfiles.fcc.gov/tv-profile/ktoo-tv) (<https://publicfiles.fcc.gov/tv-profile/ktoo-tv>)

[Privacy Policy](/privacy-policy/) (</privacy-policy/>)

[Copyright Policy](/copyright-policy/) (</copyright-policy/>)

Public Media

Public Radio

[KTOO](http://www.ktoo.org/) (<http://www.ktoo.org/>)

[KRNN](http://www.ktoo.org/krnn/) (<http://www.ktoo.org/krnn/>)

[KXLL](http://www.ktoo.org/kxll/) (<http://www.ktoo.org/kxll/>)

Public Television

[KTOO 360TV](/360TV/) (</360TV/>)

[Gavel Alaska](/gavel/about/) (</gavel/about/>)

- ♦ [Gavel Alaska Media Use Policy](/gavel/media-use-policy/) (</gavel/media-use-policy/>)

[Alaska Public Media](http://www.alaskapublic.org/television/) (<http://www.alaskapublic.org/television/>)/ [PBS](http://www.pbs.org/)
(<http://www.pbs.org/>)

Copyright © 2021 KTOO Public Media

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartletthospital.org

May 25, 2021 Board Report

Kevin Benson, CFO

FINANCE – Kevin Benson

- An application was submitted to expand the telehealth infrastructure at Bartlett in the amount of \$800,000.
- Continue to pursue conversations with FEMA for Covid-19 reimbursement. We are finding it's not an easy process and not all spending qualifies for funding. These discussions are continuing as the loss of revenue and increased expenses from Covid-19 exceeded the Provider Relief Funds Bartlett has received.

HIM – Rachael Stark

- HIM is working to help with getting ECGs into the Meditech environment. We are 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 have seen a huge increase in coding for the Molecular Lab and are working with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill these items.
- There also is an increase with the BOPS accounts for coding.
- Bartlett will be partnering with the US Living Will Registry for our community and once that is approved, we can hopefully upload our patients' Advanced Directives into that environment as well and offer the community a valuable service.
- We are also working with Compliance regarding Information Blocking.
- We are continuing to purge old records and training a new staff member.

PFS – Tami Lawson-Churchill

- Overall cash collections for the month of April was just under \$8.2 Million
- Currently working with Cardinal and Pharmacy to implement Outpatient Pharmacy
- PFS is currently recruiting for 3 Fiscal Tech positions and are short staffed currently. Interviews are scheduled for the week of 5/17
- We are currently in the process of finishing the annual SOA DSH audit due 5/28/21
- PFS is working with Lab, PAS and HIM to streamline Molecular Lab process

Case Management – Jeannette Lacey

- COVID-19
 - Case Management has been assigned to HICS Patient Tracking Unit under the Planning Section:
 - Centennial Hall demobilization—Kim McDowell and I went to Centennial Hall with staff from materials to meet with CBJ and CCFR staff and pack up the supplies we had in storage at the facility for the quarantine and isolation (Q&I) facility. Powerful feelings taking things down after the intensity at which we worked to put the infrastructure in place. CBJ and CCFR staff have been incredible partners. Special

thanks to Scott Ciambor and Joe Mishler, along with many others. We have an amazing community.

- Persons Experiencing Homelessness – We continue to work with a local hotel for quarantine and isolation support when we have unsheltered individuals who come in to town and show up at our local shelters or emergency warming shelter. They remain in quarantine and are tested by CCFR 5 days after arrival. They continue quarantine until cleared. This is in partnership with Public Health, CBJ, CCFR, local shelters, and BRH. While we are making great progress, we need to remain cautious with our Q&I processes. We recently had an unsheltered person in from an outlying community who tested positive for COVID.
- Nurses Week May 6-May 12
 - We celebrated nurses' week with recognition of all the great work of the nurses in the Case Management department. These nurses are amazing every year, but this past year, they have been phenomenal.
- Emergency Department Case Management
 - Vaccinations- ED CM have been working with Infection Prevention, Pharmacy, and the ED team to help coordinate vaccinations and follow up with coordinating second doses when needed, especially with our more vulnerable or isolated patients.
 - CMs are working with the ED director and JEMA to formalize the CM role with the ED team in specific processes. We are starting with traumas and codes.
- Clinical Documentation Integrity
 - Over the last six years, Amy Deer, RNCM, has been primarily responsible for the development and growth our CDI program, which is linked to reimbursement and quality measures. It is due to her focus and dedication that our program is where it is today. She will be leaving us at the end of June as she moves closer to family. We are incredibly grateful and fortunate for the amazing work she has done with us at Bartlett
 - We have been reviewing products that will optimize our work and support collaboration with Health Information Management and Quality as our three areas greatly overlap. We hope to find a product that will bring our work together for processes that are more streamlined and better outcomes, fiscally and from a quality perspective.
- Community Partnerships
 - Local- We continue to develop and grow our strong partnerships with CCFR, Mobile Integrated Health (community paramedics) and the community navigators, now operated out of RRC. Both of these groups attend standing meetings with Case Management in an effort to enhance our collaboration and improve patient outcomes.
 - State- We have had an ongoing challenge with the SOA Medicaid travel process, requiring a great deal of staff time that has significantly improved with ongoing discussions with the state. With many of our patients coming from outlying areas or other regions of the state, case managers coordinate a great deal of travel so the improvements have been very positive for our team.
- Staffing

- We have hired a nurse case manager for utilization review to replace a nurse who transitioned to the ED.
- We continue to recruit for our Oncology Patient Navigator (a social worker position).
- With Amy's departure, we are recruiting for a Lead CDI specialist.

IS – Scott Chille

Projects

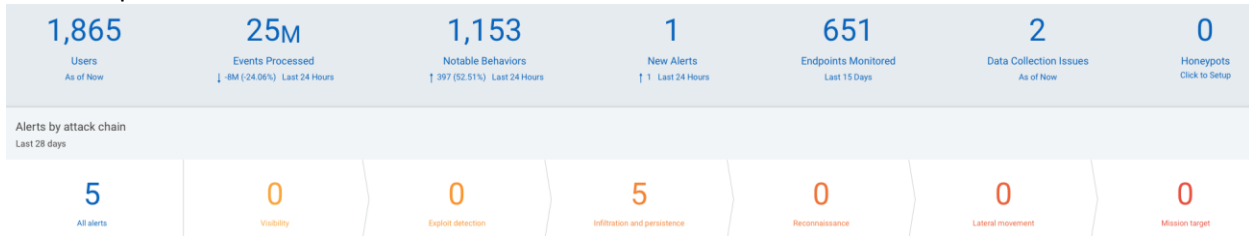
- **Philips iECG (Tracemaster View)** in-progress: expected completion **June 2021 (8-10 weeks of validation required)**
- **Philips Intellispace Perinatal** Interface project: **completed**

Department Updates

- Clinical IS Admin position posted and internal candidate has been offered the position.

Information Security

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



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

*Rapid7 MDR Hunt Report:
Bartlett Regional Hospital*
Rapid7 Managed Detection and Response · April 2021

Executive Summary

The Rapid7 Managed Detection and Response (MDR) service captured hunt data from **916 endpoints** in the Bartlett Regional Hospital environment for the month of February via the InsightIDR endpoint agent. **Rapid7 did not identify any indicators of compromise via hunt data during the month of March.**

The MDR service relies on multiple methods of compromise detection within client environments. In addition to real-time alerting, MDR performs frequent collection of forensically-relevant data using the InsightIDR endpoint agent to identify historical indicators of compromise and malware that cannot be captured in real-time.

- **Cybereason (Endpoint Detection and Response) Report: April**

Executive Summary

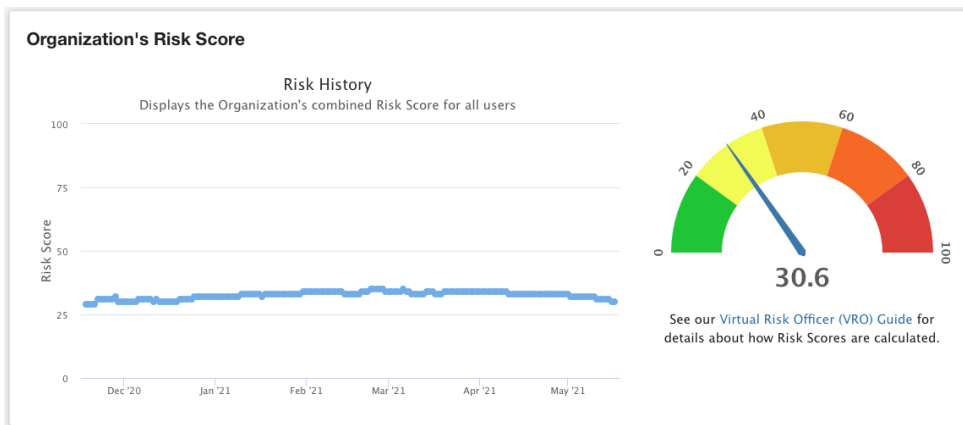
The following table shows the number of Malop detections (alerts) in your environment for the current month. Entries are separated by severity.

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

No Malop/PUPs were detected this month.

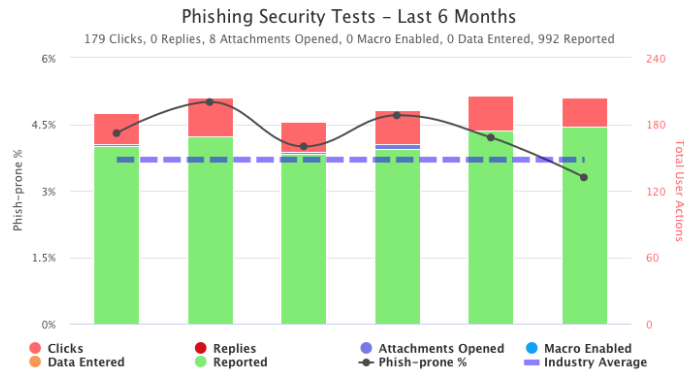
- **Attacks on Bartlett network continue to be sustained at a much higher level than one year ago.**

Attacks on Bartlett Network				
	As of March-15 2020	As of Mar-08	As of Apr-08	As of May-08
Per Minute	86	1109	1053	1210
Per Hour	5,160	66,540	63,180	72,600
Per Day	123,840	1,596,960	1,516,320	1,742,400
Per Week	866,880	11,178,720	10,614,240	12,196,800
Per Month	3,839,040	49,505,760	47,005,920	54,014,400
Per Year	45,201,600	582,890,400	553,456,800	635,976,000



Phishing

[See More Phishing Reports](#)



Industry Benchmark Data [?](#)

Your Last Phish-prone % **3.3%**

Industry Phish-prone % **3.7%**

Industry: Healthcare & Pharmac

Organization Size: Medium (250-1000 us)

Program Maturity: 1 Year

Industry Benchmark Chart Data

Security Awareness Proficiency Assessment (SAPA)



Industry Benchmark Data [?](#)

Organization's SAPA Score: **58.2%**

Industry SAPA Score: **63.7%**

Industry: Healthcare & Pharmac

Organization Size: Medium (250-1000 us)

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

May 2021 Board Report

Rose Lawhorne, CEO

Medical Staff

- Dr. John Huffer returned to Juneau this month to finalize a clinic location and work through the logistics of moving his practice to our community from Fairbanks. This will provide a critical service to our patients.
- I have begun meetings with physicians to open the lines of communication, build relationships, and address concerns.

Operations

- May 9-15 was Hospital Week. Our Employee Engagement Committee coordinated a wonderful week of recognition for our hospital staff. Some of the activities:
 - The Spirit Lodge Drummers honored staff arriving and leaving
 - Youth string band played in the main lobby
 - Hospital Week food drive solicited donations for the local food bank
 - A special meal was provided to all employees by our very own Dietary staff
 - 2021 Peer Awards—two individuals were selected for each award.
 - CARE Award recipients—Andrew Vallion, Pharmacist; Houston Laws, Behavioral Health Assistant
 - Forget-Me-Not Award recipients—Eloisa Rodriguez, Environmental Service Technician; Tracy Olson, Payroll Specialist
- (Emergency Medical Services) EMS Week is May 16-22. We are grateful for the partnerships we have had with our colleagues at Capital City Fire/Rescue and honor them this week.
- Thanks to Dallas Hargrave and the team who worked with the union to successfully negotiate a contract that acknowledges staff efforts, responds to concerns, and fosters healthy relationships between administration and the union.
- We are continuing facility and campus upgrades.
- I have met with most directors to gain insight and offer support for their departmental goals.


Quality Department

- We are in the window for a Joint Commission survey and will continue our preparedness efforts.
- The Performance Improvement Committee met this month with updates on department plans from Bartlett Beginnings, Laboratory, Nutrition Services, Mental Health Unit and Human Resources. Human Resources reported to Board Quality Committee this month.
- Centers for Medicare and Medicaid (CMS) Survey—The final report from CMS was received from their unannounced visit in January and we were deemed to be within full compliance with the CMS Conditions of Participation.

- We identified areas to streamline processes and improve efficiency of workflow in addressing issues within Compliance and Quality departments. We have designated a dedicated Health and Safety Manager whose primary role will be to ensure that our environment of care is compliant and meets health and safety standards. Thanks to Nathan Overson, Compliance Officer, and Gail Morehead, Senior Quality Director for their work to improve our system.
- Patient Safety Teams
 - Restraints Team—leading review of hospital processes and policies.
 - Falls Team—tracking and trending. Med/Surg is piloting a tool for patient communication
 - Patient Flow—looking at causes of patient transfer delays between departments. Focusing on ER to inpatient status at this time
 - Sepsis Team—new guidelines will be in place in July, team is meeting to roll out education to physicians and staff.

June 2021

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

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

Committee Meeting Checkoff:

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

- Joint Planning – As needed
- Physician Recruitment – As needed
- Governance – As needed
- Planning – 1st Friday Every Month

JUNE 2021 - Bartlett Regional Hospital Board of Directors and Committee Meetings

BRH Planning Committee 12:00pm Friday, June 4th

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

Call 1 253 215 8782 Meeting ID: 947 4750 1805

BRH Finance Committee 12:00pm Friday, June 11th

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

Call 1 253 215 8782 Meeting ID: 983 9340 5781

BRH Board of Directors Meeting 5:30pm Tuesday, June 22nd

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

Call 1 253 215 8782 Meeting ID: 932 9392 6195