

Bartlett Regional Hospital

AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, July 26, 2022; 5:30 p.m.
Zoom Meeting

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

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

or call

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

- I. CALL TO ORDER**
- II. ROLL CALL**
- III. APPROVE AGENDA**
- IV. CEO Appointment – Action Item**
- V. CONSENT AGENDA**
 - A. June 28, 2022 Board of Directors Meeting Minutes (Pg.3)
 - B. July 15, 2022 Special Board of Directors Meeting Minutes (Pg.8)
 - C. July 19, 2022 Special Board of Directors Meeting Minutes (Pg.9)
 - D. July 20, 2022 Special Board of Directors Meeting Minutes (Pg.10)
 - E. July 23, 2022 Special Board of Directors Meeting Minutes (Pg.11)
 - F. April 2022 Financials (Pg.12)
- VI. OLD BUSINESS**
 - COVID update
- VII. NEW BUSINESS**
 - Physician Recruitment Committee Discussion
- VIII. PUBLIC PARTICIPATION**
- IX. MEDICAL STAFF REPORT**
- X. COMMITTEE MINUTES/REPORTS**
 - A. July 8, 2022 Draft Finance Committee Minutes (Pg.19)
 - B. July 12, 2022 Draft Physician Recruitment Committee Minutes (Pg.21)
 - C. July 13, 2022 Draft Board Quality Committee Minutes (Pg.24)
 - D. July 14, 2022 Draft Board Governance Committee Minutes (Pg.27)
- XI. MANAGEMENT REPORTS**
 - A. Legal Management Report (Pg.28)

B. HR Management Report	(Pg.29)
C. CCO Management Report	(Pg.31)
D. CBHO Management Report	(Pg.35)
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F. CEO Management Report	(Pg.42)

XII. CBJ LIAISON REPORT

XIII. PRESIDENT REPORT

XIV. BOARD CALENDAR – August 2022 (Pg.45)

XV. BOARD COMMENTS AND QUESTIONS

XVI. EXECUTIVE SESSION

- A. Credentialing Report
- B. July 5, 2022 Medical Staff Meeting Minutes
- C. Patient Safety Dashboard
- D. Legal and Litigation
- E. Campus/Strategic Planning

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

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

And

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

And

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

XVII. ADJOURNMENT

NEXT MEETING – Tuesday, August 23rd, 2022; 5:30 p.m.

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
June 28, 2022 – 5:30 p.m.
Virtual Meeting via Zoom

CALL TO ORDER – Meeting called to order at 5:31 p.m. by Kenny Solomon-Gross, Board President. Roll call taken.

BOARD MEMBERS PRESENT (*Zoom attendees italicized*)

Kenny Solomon-Gross, President

Mark Johnson

Max Mertz

Brenda Knapp, Vice President

Hal Geiger

Lisa Petersen

Deb Johnston, Secretary

Iola Young

ABSENT - Lindy Jones, MD

ALSO PRESENT (*Zoom attendees italicized*)

Jerel Humphrey, Interim CEO

Dallas Hargrave, HR Director

Barbara Nault, Legal Advisor

Michelle Hale, CBJ Liaison

Bob Tyk, Interim CFO

Tracy Dompeling, CBHO

Robert Palmer, CBJ Attorney

Anita Moffitt, Executive Assistant

Kim McDowell, CCO

Joseph Roth, MD

John Greely, CCS

Mr. Solomon-Gross introduced new board members, Max Mertz and Lisa Petersen and Chief Behavioral Health Officer, Tracy Dompeling. Mr. Mertz has been in Juneau for 30 years and has been associated with the hospital for a very long time conducting audits and other business. Ms. Petersen, former BRH employee, has been in Juneau since 2007 and is currently the lead nurse for the Juneau School District. Mr. Mertz and Ms. Petersen both served on the previous CEO Recruitment Committee and are aware of how important the recruitment of the next CEO is. Ms. Dompeling began her role of Chief Behavioral Health Officer on June 20th. She was born and raised in Fairbanks and has been in Juneau for 3 years. Most of her career has been spent working in corrections which provided behavioral health and medical care to youth in congregate, secure settings. Staff has been very welcoming and helpful in getting her settled in.

APPROVE AGENDA – Mr. Solomon-Gross stated that Ms. Knapp would have to leave the meeting at 6:00pm for a brief time. If she's not back by the time we get to it, the Planning Committee report will be given when she returns.

MOTION by Ms. Young to approve the agenda. Mr. Geiger seconded. There being no objections, agenda approved.

PUBLIC PARTICIPATION – Mr. John Greely, Board of Directors President for Catholic Community Service (CCS) introduced himself. He reported that CCS has operated Hospice and Home Health programs in the community since 2003. These vital programs are no longer financially viable for CCS to operate under current funding scenarios. Costs for health care service providers continue to skyrocket. Local nurses and therapists are hard to come by so travelers are used. Costs for CCS to provide Hospice and Home Health services to the community is between \$2.5 and \$3 Million a year. With a revenue shortfall between \$300,000 and \$600,000 in the next fiscal year, a non-profit cannot sustain this type of loss. CCS is confident that the community is supportive of continuing these programs. He stated as CCS's partners in Juneau's healthcare system, it was critical that BRH and other partners be informed. BRH will be greatly impacted if these services cease in Juneau. He asked for suggestions and recommendations that would allow these programs to continue either by CCS or another organization. Erin Walker-Tolles, Executive Director of CCS can provide more details if needed. Ms. Hale asked if there were a timeline that CCS would need to stop providing these services if another entity were able to take this on. Mr. Greely stated CCS doesn't want to stop. The goal is to close the funding gap but if the solution is to transfer these services to someone else, there are a number of options to discuss. Ms. Knapp initiated

discussion about increased costs and other reasons for the deficit. Mr. Humphrey reported discussions have been held with Senior Leadership about this issue. This is an important community service and BRH must give careful consideration to community health programs it can support. Mr. Greely noted CCS has enjoyed a good relationship with BRH and would like to continue it. He stated this is an economic problem and needs to be dealt with by everyone in the community. Mr. Solomon-Gross thanked Mr. Greely and other CCS representatives in attendance for their time and for addressing the board with this issue. Ms. Hale will discuss the matter with the Assembly.

CONSENT AGENDA - *MOTION by Ms. Young to approve the consent agenda as presented. Ms. Geiger seconded. There being no objection, the May 24, June 1, and June 4, 2022 Board of Directors Minutes and April 2022 Financials approved.*

OLD BUSINESS

Covid-19 Update - Ms. McDowell reported 1 Covid positive patient in house and 18 Covid positive staff members. It is not widespread in a single department. The ED is seeing a lot of activity again, people coming in for other symptoms but testing positive. We do not have current overall numbers due to home testing. BRH has no supply issues and staffing remains stable. We are seeing a decrease in monoclonal antibody usage and a lot of people taking advantage of Paxlovid. We do not have reinfection rate numbers.

NEW BUSINESS

Rainforest Recovery Center Donation – Mr. Tyk reported that Rainforest Recovery Center received a \$500.00 donation from the Second to None Motorcycle Club to support addiction rehabilitation and recovery programs. Mr. Palmer advised Mr. Tyk get approval from the Board to request an appropriation from the Assembly to accept these funds.

MOTION by Mr. Geiger to accept the \$500.00 donation from the Second to None Motorcycle Club to support RRC's addiction rehabilitation and recovery programs and to forward to the Assembly for appropriation of the \$500.00. Ms. Young seconded. Mr. Mertz expressed appreciation for the donation but questioned the efficiency of this process. Mr. Palmer noted this is the political process and is the best one we have for now. Ms. Hale stated it may seem laborious, but these are put on the consent agenda for the Assembly to approve so it moves through quickly. It's important to recognize the good will in accepting donations from the public relations perspective. ***There being no objection or further discussion, MOTION approved.***

Committee Assignments – Mr. Solomon-Gross provided an overview of the Board member committee assignments included in the packet. Max Mertz will serve on the Finance and Planning Committees. Lisa Petersen will serve on the Governance and Quality Committees. Deb Johnston has volunteered to serve as Liaison to the Bartlett Regional Hospital Foundation Board.

MEDICAL STAFF REPORT – Dr. Roth noted the minutes from the June 7th Medical Staff meeting are in the packet. Concerns had been expressed about Radiologist recruitment with Dr. Shanley terminating her contract. It's important to have radiologists on campus and not rely on tele radiology. Discussion held about recruitment for Orthopedic surgeons also. In response to Mr. Geiger, Mr. Humphrey stated that BRH is working with Dr. Strickler to recruit radiologists and has had a conversation with Dr. Shanley about her plans and future services. Dr. Roth requests Mr. Humphrey or Ms. McDowell discuss telehealth services at the next Medical Staff meeting and to obtain the Medical Staff's feedback, not just the Hospitalists feedback. He also asked what the need was for a Physician Assistant to be hired for the Bartlett Medical Oncology Clinic. Mr. Humphrey will address this at the next Medical Staff Meeting. Dr. Roth reported he may have to leave the meeting before tonight's executive session.

COMMITTEE REPORTS:

Finance Committee – Ms. Johnston reported the minutes from the June 17th meeting, included in the packet, accurately reflect the discussions from the meeting. She noted that we did get, as a follow-up to our audit, a good understanding of the inroads that we have made in reviewing, updating and closing the gaps in our internal controls. She thanked Mr. Tyk for the thorough report.

Compliance and Audit Committee – Ms. Young reported the minutes included in the packet accurately report what took place at the June 24th meeting. The Compliance Officer's report is also present in the CEO packet included in the packet. Mr. Solomon-Gross acknowledged and expressed appreciation for the various committees that have been created with the recommendations of the Compliance Committee. The Committee has been very proactive.

MANAGEMENT REPORTS:

Legal Report – Ms. Nault reported the following: Since the last meeting, her office has assisted Human Resources and Physician Services with an Allied Health contract issue. Consulted with Senior Leadership on provider contracting and call coverage issues. Worked with Risk Management and Compliance on a patient informed consent issue. Project still pending: working with contracts management and the Medical Staff Services department on a Master Services Agreement for a contract credentialing specialist to support the Medical Staff Services office. Working with Compliance to finalize the 340B Corrective Action. Senior Leadership has been working with Verity, a 340B contract pharmacy administrator to complete the calculation of the refunds for the manufacturers. Ms. Nault and her team are assisting in drafting notice letters to the individual manufacturers informing them of the proposed refund amounts they are to receive. A status report is due to HRSA on July 25th.

HR Report – Mr. Hargrave reported there is a tentative schedule in place for site visits to take place the week of July 18th for the 3 CEO candidate finalists. Ms. Moffitt has sent preliminary information to Board member calendars. Mr. Hargrave will touch base with Mr. Mertz and Ms. Petersen to get them up to speed on the process. He and Mr. Solomon-Gross met with BE Smith earlier today to receive the latest updates. Everything appears to be coming together as planned.

CCO Report – Ms. McDowell highlighted from her report that our teams are doing great with increased patient volumes due to cruise season. They are really pulling together. She also shared information about a Fireweed Award. Staff, physicians, patients and visitors are given the opportunity to recognize any employee throughout the hospital for a job well done. Names will be drawn quarterly for the award.

CBHO Report – Ms. Dompeling reported patient numbers have dropped in Rainforest Recovery Center (RRC) due to Covid positive patients and staff. We will work on getting the numbers back up soon. The Withdrawal Management Unit (WMU) opening has been pushed back to July 11th due to the Covid cases in RRC. This delay allows for additional training of staff. Mr. Geiger noted that the Grants Manager has resigned and asked how that will affect the WMU grants. Ms. Dompeling will work with Blessy Robert and others to manage grants currently in place and will work on obtaining new ones when a new manager is hired. In response to Ms. Young, Ms. Dompeling reported there has been a decline in the number of people on the wait list for Applied Behavioral Analysis (ABA) but she does not have the number at this time. The number will be included in future reports. In response to Mr. Johnson regarding the 1115 Waiver, Ms. Dompeling and Mr. Tyk reported that we are maximizing our billing opportunities and getting as much out of it as we can.

CFO Report – Mr. Tyk reported that he has reached out to Meditech to have them send representatives to BRH to meet with stakeholders about the issues experienced with Expanse. They are to look at what Expanse is supposed to supply to us, what it is supplying us and how the build happened. Dissatisfaction with our EMR (Electronic Medical Records) system could be due to the way the system was built. If system is not built correctly, Meditech is to help rebuild it. One issue experienced, is provider specific customizations are built but when an update is done, the customizations disappear. This should not happen. In order to make this right, it's important to have Meditech come in and tell us how it's supposed to work. Mr. Solomon-Gross wants to be sure Dr. Jones is included in these meetings. He asked about the site visit, Dr. Jones, Ms. McDowell and others were supposed to go on. Mr. Tyk reported scheduling site visits has been unsuccessful so far due to the limited number of sites that used the Meditech system and the T-System that had a successful conversion from the T-System to Meditech. It has been determined to put a site visit on hold until after Meditech comes here and provides their feedback and assistance. Mr. Solomon-Gross still feels that it's very important for Dr. Jones, Ms. McDowell and others go on a site visit to see the system live and to be able to ask question directly to the users. Ms. Johnston asked if bringing Meditech onsite is included as part of our current contract or if there would be an additional

charge for them to come. Mr. Tyk's expectation is that there would be no additional charge. Ms. Johnston would like to know, at some point in the future, what extent the customizations have been done in the initial implementation. In response to Mr. Mertz, Mr. Tyk reported that nobody has suggested waiting on some construction projects to see if cost of materials comes down.

CEO Report – Mr. Humphrey reported that through the generosity of Joan Degen, a \$25,000 donation has been made to the BRH Foundation to replace the beds, mattresses and coverings in all of the rooms of Bartlett House. There may even be enough to replace the carpet as well. Ms. Hagevig's estate has donated over \$600 worth of framed prints that will be hung in the Bartlett House rooms as well.

Planning Committee Report– Ms. Knapp rejoined the meeting at 6:38 and reported the following: Draft minutes from the June 13th Planning Committee meeting in the packet. Committee members were asked to review the ECG report to familiarize themselves with the recommendations for consideration. ECG had stressed that we have to keep our strategic goal of remaining independent in mind. Three things we need to do: We have to be able to recruit physicians. We have to prevent or minimize leakage of services. We have to have access to expanded care options, such as an affiliation agreement. The new CEO's input on how to approach these challenges is critical.

PRESIDENT REPORT – Mr. Solomon-Gross reported that he is looking forward to July since there's lots going on with the hiring of a new CEO. The next hire of a CEO is probably the most important one of the last 20 years. It's important to get the right person and not just fill the chair. He encouraged any Board members not currently registered to attend the Leadership Conference in September to do so. They are very informative. Anyone attending that would like Ms. Moffitt to make their airline reservations for them, is to let her know.

CBJ LIAISON REPORT – Ms. Hale reported that the Assembly has passed a budget. They learned today that the legislature reinstated the school bond debt reimbursement that was taken from communities around Alaska. (this is somewhere between \$14 - \$16 Million for CBJ). The Assembly now has to decide what to do with that money. Ms. Hale and others are advocating for seriously thinking about the best use of fund balances, possibly for risk management. Last night, the Assembly went through the 1% sales tax list. This is the ballot measure to approve the 1% sales tax for an additional five years. It is usually used for maintenance type projects but also on the list is adding money to the affordable housing fund, childcare funding, CCFR ladder truck replacement and a JPD radio system replacement. A survey will be sent out post-election about whether we should remove a sales tax on food rather than put the question on the ballot. There is talk about a potential recreation bond that might also be on the ballot.

BOARD COMMENTS AND QUESTIONS – Mr. Johnson apologized for being late to the meeting.

BOARD CALENDAR – July calendar reviewed. The Planning Committee meeting moved from July 1st to 12:00pm on July 15th. Physician Recruitment not needed at this time, Mr. Humphrey is working with Dr. Strickler to recruit radiologist. A Governance Meeting will be held at 12:00pm on July 14th. Place holders are on the calendar for the CEO candidate public meet and greets and interviews with the Board. CEO Candidate interviews are scheduled to take place on July 19th, 20th, and 23rd. Deliberations will take place after the final interview on the 23rd. Board members that are able to be here in person are encouraged to do so but Zoom option will be available for those that can't. Agendas will be posted for each of these meetings.

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

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

And

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

Ms. Young seconded. The Board entered executive session at 7:05 p.m. after a 5-minute recess. They returned to regular session at 7:18 p.m.

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

ADJOURNMENT: 7:19 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, July 26, 2022

DRAFT

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
July 15, 2022 – 1:00 p.m.
Virtual Meeting via Zoom

CALL TO ORDER – Meeting called to order at 1:03 p.m. by Kenny Solomon-Gross, Board President.

BOARD MEMBERS PRESENT

Kenny Solomon-Gross, President
Mark Johnson
Lindy Jones, MD

Brenda Knapp, Vice-President
Iola Young
Max Mertz

Deb Johnston, Secretary
Hal Geiger
Lisa Petersen

ALSO PRESENT

Dallas Hargrave, HR Director
Teresa Young, (B.E. Smith)

Kim Russel, Russel Advisors
Richard Metheny, (B.E. Smith)

Anita Moffitt, Exec. Assistant

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

PUBLIC PARTICIPATION – None

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

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

The Board entered executive session at 1:04 p.m. and returned to regular session at 2:45 p.m.

ADJOURNMENT: 2:46 p.m.

NEXT MEETING: 8:00 a.m. – Tuesday, July 19, 2022

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
July 19, 2022 – 8:00 a.m.
Virtual Meeting via Zoom

CALL TO ORDER – Meeting called to order at 8:05 a.m. by Kenny Solomon-Gross, Board President.

BOARD MEMBERS PRESENT

Kenny Solomon-Gross, President
Mark Johnson
Lindy Jones, MD

Brenda Knapp, Vice-President
Iola Young
Max Mertz

Deb Johnston, Secretary
Hal Geiger
Lisa Petersen

ALSO PRESENT

Jeff Hudson-Corvolo, CEO Candidate
Mick Ruel (B.E. Smith)

Dallas Hargrave, HR Director

Kim Russel, Russel Advisors

APPROVE AGENDA – *MOTION by Ms. Johnston to approve the agenda. Ms. Knapp seconded. There being no objections, agenda approved.*

PUBLIC PARTICIPATION – None

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

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

The Board entered executive session at 8:06 a.m. and returned to regular session at 9:48 a.m.

Mr. Solomon-Gross thanked the Board for their questions and Mr. Hudson-Covolo for his presentation and time.

ADJOURNMENT: 9:49 a.m.

NEXT MEETING: 8:00 a.m. – Wednesday, July 20, 2022

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
July 20, 2022 – 8:00 a.m.
Virtual Meeting via Zoom

CALL TO ORDER – Meeting called to order at 8:03 a.m. by Kenny Solomon-Gross, Board President.

BOARD MEMBERS PRESENT (*Zoom attendees italicized*)

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

ALSO PRESENT

Dennis Welsh, CEO Candidate	Dallas Hargrave, HR Director	<i>Kim Russel, Russel Advisors</i>
<i>Mick Ruel (B.E. Smith)</i>		

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

PUBLIC PARTICIPATION – None

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

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

The Board entered executive session at 8:04 a.m. and returned to regular session at 9:39 a.m.

Mr. Solomon-Gross thanked the Board for their questions and Mr. Welsh for his presentation and time. Mr. Welsh thanked everyone for their time and stated that everyone had been very welcoming.

ADJOURNMENT: 9:40 a.m.

NEXT MEETING: 8:00 a.m. – Saturday, July 23, 2022

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
July 23, 2022 – 9:00 a.m.
Virtual Meeting via Zoom

CALL TO ORDER – Meeting called to order at 9:04 a.m. by Kenny Solomon-Gross, Board President.

BOARD MEMBERS PRESENT (*Zoom attendees italicized*)

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

ALSO PRESENT

David Keith, CEO Candidate	Dallas Hargrave, HR Director	<i>Kim Russel, Russel Advisors</i>
<i>Mick Ruel (B.E. Smith)</i>		

APPROVE AGENDA – **MOTION** by *Ms. Young* to approve the agenda. *Ms. Knapp* seconded. There being no objections, agenda approved.

PUBLIC PARTICIPATION – None

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

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

The Board entered executive session at 9:06 a.m. and returned to regular session at 1:07 p.m.

Ms. Knapp reported that during Executive Session, the Board gave Mr. Hargrave and the Board President direction of what to pursue in regards to moving forward with our CEO selection.

Mr. Solomon-Gross thanked everyone for their time and efforts in this recruitment process. He feels that everyone did a really good job and filling the role has been a long time coming. Ms. Knapp stated that this was a much better experience and much more productive than the last time. She thanked Mr. Ruel and Ms. Russel for their guidance and engagement.

ADJOURNMENT: 1:09 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, July 26, 2022

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartlethospital.org

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

Re: **April Financial Performance**

April continued with strong revenue production, running just slightly less than in the month of March which had one more calendar day. Volumes were mixed compared to prior months but the revenue per unit was strong.

Inpatient days in Med/Surg were down by 44 days compared to March but the Critical Care Unit days increased by 21 which helped with the gross revenue. Total inpatient revenue for April compared to our budget was off by (\$769,544). The expectation was a great number of inpatient days for April which did not materialize. Both the Mental Health Unit and Rainforest Recovery Center days were flat when compared to the month of March. Surgery volumes and outpatient volumes for the most part were flat as well when compared to March. I believe we will see some increases with the influx of the summer cruise season.

One of the items that was discovered last month was how we capture physician revenue. It appears that the revenue generated by the physicians who see patients in the Mental Health Unit is being booked into the Bartlett Outpatient Psychiatric Services revenue and not into the physician revenue line on the income statement. We will look to adjust this in the future. This is simply a matter of reporting the revenue on a different line in the income statement.

Contractual allowances have remained consistent with prior months but are three percentage points better than what was budgeted and two percentage points better than the prior year. This is a very positive trend for BRH. This coincides with an increase in the collection of patient accounts receivable. Annualizing our cash collections for the first ten months of the fiscal year, we are projecting an increase of 6.1% or a little over \$6 million dollars. This increase can be attributed to the hard work being done by the Revenue Cycle team, especially Patient Financial Services (PFS) which is managed by Tami Lawson-Churchill. They are doing an excellent job.

Salaries and benefits decreased slightly when compared to March but are greater than what was budgeted by \$271,589. YTD though, BRH is actually running below budget. Physician salaries and contract labor and benefits are offset the lower salary numbers on a YTD basis. All the other operating expenses were just shy of \$300,000 less than the month of March. Total operating expenses though, are \$3.3 million greater than the budget and \$4.2 million greater than last fiscal year. I believe a great deal of these increases were in the first half of the fiscal year.

We continue to see good progress with our utilization of the HealthTrust GPO. We have reached a higher level of purchasing with them which will reduce our costs a little more.

We continue to work diligently on managing expenses and increasing revenue.

We are currently preparing for the annual financial audit which is done in conjunction with CBJ. Blessy Robert has worked with CBJ Finance to ensure we have a smoother process than last year.

Thank you again for this opportunity.



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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
Gross Patient Revenue:											
\$3,587,976	\$4,468,446	-\$880,470	-19.7%	\$3,601,173	1. Inpatient Revenue	\$39,672,918	\$45,280,245	-\$5,607,327	-12.4%	\$36,624,499	8.3%
\$1,096,773	\$985,847	\$110,926	11.3%	\$948,416	2. Inpatient Ancillary Revenue	\$11,151,356	\$9,989,895	\$1,161,461	11.6%	\$9,592,831	16.2%
\$4,684,749	\$5,454,293	-\$769,544	-14.1%	\$4,549,589	3. Total Inpatient Revenue	\$50,824,274	\$55,270,140	-\$4,445,866	-8.0%	\$46,217,330	10.0%
\$11,222,953	\$10,041,791	\$1,181,162	11.8%	\$10,092,754	4. Outpatient Revenue	\$109,215,036	\$101,756,664	\$7,458,372	7.3%	\$98,606,476	10.8%
\$15,907,702	\$15,496,084	\$411,618	2.7%	\$14,642,343	5. Total Patient Revenue - Hospital	\$160,039,310	\$157,026,804	\$3,012,506	1.9%	\$144,823,806	10.5%
\$208,848	\$337,694	-\$128,846	-38.2%	\$260,533	6. RRC Patient Revenue	\$2,356,179	\$3,421,988	-\$1,065,809	-31.1%	\$1,650,418	42.8%
\$390,417	\$266,091	\$124,326	46.7%	\$397,376	7. BHOPS Patient Revenue	\$4,357,527	\$2,696,369	\$1,661,158	61.6%	\$2,722,959	60.0%
\$1,060,736	\$1,041,690	\$19,046	1.8%	\$1,002,577	8. Physician Revenue	\$9,383,311	\$10,555,737	-\$1,172,426	-11.1%	\$9,879,371	-5.0%
\$17,567,703	\$17,141,559	\$426,144	2.5%	\$16,302,829	9. Total Gross Patient Revenue	\$176,136,327	\$173,700,898	\$2,435,429	1.4%	\$159,076,554	10.7%
Deductions from Revenue:											
\$2,490,383	\$3,015,530	-\$525,147	17.4%	\$2,525,205	10. Inpatient Contractual Allowance	\$27,540,794	\$30,527,392	\$2,986,598	9.8%	\$26,537,993	3.8%
-\$350,000	-\$225,000	\$125,000		-\$308,333	10a. Rural Demonstration Project	-\$3,275,000	-\$2,250,000	\$1,025,000		-\$308,333	
\$4,827,998	\$3,986,245	-\$841,753	-21.1%	\$3,999,246	11. Outpatient Contractual Allowance	\$44,219,868	\$40,393,951	-\$3,825,917	-9.5%	\$37,614,263	17.6%
\$576,784	\$700,628	-\$123,844	17.7%	\$538,592	12. Physician Service Contractual Allowance	\$5,353,195	\$7,099,692	\$1,746,497	24.6%	\$5,995,662	-10.7%
\$25,302	\$14,348	-\$10,954	-76.3%	\$15,984	13. Other Deductions	\$231,829	\$145,391	-\$86,438	-59.5%	\$136,686	0.0%
\$114,562	\$127,997	-\$13,435	10.5%	\$128,280	14. Charity Care	\$1,044,708	\$1,297,036	-\$252,328	19.5%	\$1,084,636	-3.7%
\$493,288	\$100,379	-\$392,909	-391.4%	\$285,019	15. Bad Debt Expense	\$3,872,984	\$1,017,173	-\$2,855,811	-280.8%	\$913,827	323.8%
\$8,178,317	\$7,720,127	-\$458,190	-5.9%	\$7,183,993	16. Total Deductions from Revenue	\$78,988,378	\$78,230,635	-\$757,743	-1.0%	\$71,974,734	9.7%
42.9%	44.9%			43.3%	% Contractual Allowances / Total Gross Patient Revenue	41.9%	44.9%			43.9%	
3.5%	1.3%			2.5%	% Bad Debt & Charity Care / Total Gross Patient Revenue	2.8%	1.3%			1.3%	
46.6%	45.0%			44.1%	% Total Deductions / Total Gross Patient Revenue	44.8%	45.0%			45.2%	
\$9,389,386	\$9,421,432	-\$32,046	-0.3%	\$9,118,836	17. Net Patient Revenue	\$97,147,949	\$95,470,263	\$1,677,686	1.8%	\$87,101,820	11.5%
\$888,429	\$823,192	\$65,237	7.9%	\$720,292	18. Other Operating Revenue	\$10,290,669	\$8,341,718	\$1,948,951	23.4%	\$13,764,022	-25.2%
\$10,277,815	\$10,244,624	\$33,191	0.3%	\$9,839,128	19. Total Operating Revenue	\$107,438,618	\$103,811,981	\$3,626,637	3.5%	\$100,865,842	6.5%
Expenses:											
\$4,317,359	\$4,499,600	-\$182,241	4.1%	\$4,247,968	20. Salaries & Wages	\$43,263,522	\$45,595,924	\$2,332,402	5.1%	\$42,067,489	2.8%
\$444,317	\$307,346	-\$136,971	-44.6%	\$253,404	21. Physician Wages	\$3,380,325	\$3,114,434	-\$265,891	-8.5%	\$2,954,950	14.4%
\$199,136	\$98,047	-\$101,089	-103.1%	\$148,622	22. Contract Labor	\$1,829,426	\$993,544	-\$835,882	-84.1%	\$1,449,961	26.2%
\$2,527,370	\$2,311,600	-\$215,770	-9.3%	\$2,304,454	23. Employee Benefits	\$24,079,401	\$23,424,268	-\$655,133	-2.8%	\$22,777,762	5.7%
\$7,488,182	\$7,216,593	-\$271,589	-3.8%	\$6,954,448		\$72,552,674	\$73,128,170	-\$575,496	0.8%	\$69,250,162	4.8%
72.9%	70.4%			70.7%	% Salaries and Benefits / Total Operating Revenue	67.5%	70.4%			68.7%	
\$54,167	\$83,227	-\$29,060	34.9%	\$71,129	24. Medical Professional Fees	\$721,761	\$843,361	\$121,600	14.4%	\$985,455	-26.8%
\$249,694	\$169,358	-\$80,336	-47.4%	\$412,570	25. Physician Contracts	\$3,432,560	\$1,716,179	-\$1,716,381	-100.0%	\$2,955,678	16.1%
\$181,852	\$238,990	-\$57,138	23.9%	\$239,347	26. Non-Medical Professional Fees	\$1,942,938	\$2,421,753	\$478,815	19.8%	\$1,969,514	-1.3%
\$1,281,281	\$1,216,133	-\$65,148	-5.4%	\$1,344,734	27. Materials & Supplies	\$14,210,634	\$12,323,502	-\$1,887,132	-15.3%	\$14,192,410	0.1%
\$117,421	\$128,154	-\$10,733	8.4%	\$136,586	28. Utilities	\$1,518,986	\$1,298,563	-\$220,423	-17.0%	\$1,191,909	27.4%
\$468,289	\$371,509	-\$96,780	-26.1%	\$510,019	29. Maintenance & Repairs	\$4,494,240	\$3,764,615	-\$729,625	-19.4%	\$4,341,261	3.5%
\$64,215	\$37,575	-\$26,640	-70.9%	\$46,956	30. Rentals & Leases	\$630,480	\$380,743	-\$249,737	-65.6%	\$528,510	19.3%
\$70,720	\$54,296	-\$16,424	-30.2%	\$43,647	31. Insurance	\$771,107	\$550,223	-\$220,884	-40.1%	\$491,581	56.9%
\$598,119	\$627,434	-\$29,315	4.7%	\$604,508	32. Depreciation & Amortization	\$6,233,804	\$6,358,006	\$124,203	2.0%	\$6,313,166	-1.3%
\$32,973	\$49,260	-\$16,287	33.1%	\$49,359	33. Interest Expense	\$138,326	\$499,171	\$360,845	72.3%	\$504,653	-72.6%
\$97,288	\$128,981	-\$31,693	24.6%	\$106,734	34. Other Operating Expenses	\$1,306,206	\$1,307,011	-\$805	0.1%	\$1,037,788	25.9%
\$10,704,201	\$10,321,510	-\$382,691	-3.7%	\$10,520,037	35. Total Expenses	\$107,953,716	\$104,591,297	-\$3,362,418	-3.2%	\$103,762,087	-4.0%
-\$426,386	-\$76,886	-\$349,500	454.6%	-\$680,909	36. Income (Loss) from Operations	-\$515,098	-\$779,316	\$264,218	-33.9%	-\$2,896,245	-82.2%
\$600	\$164,383	-\$163,783	-99.6%	\$104,901	37. Interest Income	\$818,790	\$1,665,753	-\$846,963	-50.8%	\$1,025,001	-20.1%
\$57,400	\$74,580	-\$17,180	-23.0%	\$120,901	38. Other Non-Operating Income	\$898,384	\$755,738	\$142,646	18.9%	\$1,844,568	-51.3%
\$58,000	\$238,963	-\$180,963	-75.7%	\$225,802	39. Total Non-Operating Revenue	\$1,717,174	\$2,421,491	-\$704,317	-29.1%	\$2,869,569	-40.2%
-\$368,386	\$162,077	-\$530,463	-327.3%	-\$455,107	40. Net Income (Loss)	\$1,202,076	\$1,642,175	-\$440,099	-26.8%	-\$26,676	4606.2%
-4.15%	-0.75%			-6.92%	Income from Operations Margin	-0.48%	-0.75%			-2.87%	
-3.58%	1.58%			-4.63%	Net Income	1.12%	1.58%			-0.03%	

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

	April-21	May-21	June-21	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22
Gross Patient Revenue:													
1. Inpatient Revenue	\$3,601,173	\$3,853,990	\$3,321,408	\$4,061,506	\$3,831,558	\$4,824,972	\$4,387,111	\$3,192,673	\$3,672,150	\$4,412,846	\$3,829,268	\$3,872,858	\$3,587,976
2. Inpatient Ancillary Revenue	\$948,416	\$994,166	\$851,522	\$1,088,109	\$1,169,065	\$1,337,900	\$1,212,281	\$950,044	\$1,073,788	\$1,160,613	\$981,373	\$1,081,410	\$1,096,773
3. Total Inpatient Revenue	\$4,549,589	\$4,848,156	\$4,172,930	\$5,149,615	\$5,000,623	\$6,162,872	\$5,599,392	\$4,142,717	\$4,745,938	\$5,573,459	\$4,810,641	\$4,954,268	\$4,684,749
4. Outpatient Revenue	\$10,092,754	\$10,377,400	\$10,492,206	\$10,954,397	\$11,142,418	\$10,874,045	\$11,722,594	\$9,976,299	\$11,143,687	\$10,491,837	\$10,234,016	\$11,452,789	\$11,222,953
5. Total Patient Revenue - Hospital	\$14,642,343	\$15,225,556	\$14,665,136	\$16,104,012	\$16,143,041	\$17,036,917	\$17,321,986	\$14,119,016	\$15,889,625	\$16,065,296	\$15,044,657	\$16,407,057	\$15,907,702
6. RRC Patient Revenue	\$260,533	\$279,368	\$240,984	\$277,165	\$300,261	\$277,183	\$227,844	\$166,861	\$252,501	\$190,248	\$243,856	\$211,413	\$208,848
7. BHOPS Patient Revenue	\$397,376	\$339,418	\$310,660	\$379,236	\$355,268	\$434,612	\$387,400	\$413,225	\$574,433	\$406,510	\$391,780	\$624,646	\$390,417
8. Physician Revenue	\$1,002,577	\$1,296,987	\$952,323	\$887,205	\$1,182,691	\$856,222	\$1,142,756	\$827,856	\$854,494	\$775,989	\$898,164	\$775,989	\$1,060,736
9. Total Gross Patient Revenue	\$16,302,829	\$17,141,329	\$16,169,103	\$17,647,618	\$17,981,261	\$18,604,934	\$19,079,986	\$15,526,958	\$17,571,053	\$17,438,043	\$16,578,457	\$18,140,314	\$17,567,703
Deductions from Revenue:													
10. Inpatient Contractual Allowance	\$2,216,872	\$2,950,543	\$203,710	\$2,843,309	\$2,716,381	\$3,185,293	\$2,260,163	\$2,917,302	\$2,807,374	\$3,082,649	\$2,671,339	\$2,791,603	\$2,490,383
10a. Rural Demonstration Project	\$0	\$0	-\$2,000,000	-\$225,000	-\$225,000	-\$225,000	-\$725,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000	-\$350,000
11. Outpatient Contractual Allowance	\$3,999,246	\$3,866,790	\$4,113,806	\$3,209,053	\$4,163,123	\$4,822,166	\$5,351,541	\$4,414,193	\$4,173,471	\$4,207,232	\$4,270,949	\$4,780,143	\$4,827,998
12. Physician Service Contractual Allowance	\$538,592	\$513,703	\$841,479	\$532,233	\$627,808	\$544,518	\$586,628	\$547,175	\$475,883	\$452,923	\$494,154	\$515,089	\$576,784
13. Other Deductions	\$15,984	\$0	\$45,991	\$27,490	\$22,266	\$26,208	\$21,883	\$23,902	\$21,140	\$20,316	\$22,490	\$20,832	\$25,302
14. Charity Care	\$128,280	\$99,125	\$183,914	\$68,924	\$73,565	\$188,462	\$87,947	\$216,604	\$45,611	\$132,111	\$98,914	\$86,009	\$114,562
15. Bad Debt Expense	\$285,019	\$11,568	\$540,975	\$494,245	\$596,260	\$296,308	\$467,961	\$23,326	\$1,011,727	\$281,765	\$9,964	\$198,141	\$493,288
16. Total Deductions from Revenue	\$7,183,993	\$7,441,729	\$3,929,875	\$6,950,254	\$7,974,403	\$8,837,955	\$8,051,123	\$7,792,502	\$8,185,206	\$7,826,996	\$7,149,810	\$8,041,817	\$8,178,317
% Contractual Allowances / Total Gross Patient Revenue	41.4%	42.8%	19.5%	36.0%	40.5%	44.8%	39.2%	48.5%	40.4%	42.4%	42.7%	42.6%	42.9%
% Bad Debt & Charity Care / Total Gross Patient Revenue	2.5%	0.6%	4.5%	3.2%	3.7%	2.6%	2.9%	1.5%	6.0%	2.4%	0.2%	1.6%	3.5%
% Total Deductions / Total Gross Patient Revenue	44.1%	43.4%	24.3%	39.4%	44.3%	47.5%	42.2%	50.2%	46.6%	44.9%	43.1%	44.3%	46.6%
17. Net Patient Revenue	\$9,118,836	\$9,699,600	\$12,239,228	\$10,697,364	\$10,006,858	\$9,766,979	\$11,028,863	\$7,734,456	\$9,385,847	\$9,611,047	\$9,428,647	\$10,098,497	\$9,389,386
18. Other Operating Revenue	\$720,292	\$617,599	\$766,409	\$220,586	\$364,698	\$816,211	\$550,548	\$2,170,951	\$3,342,074	\$353,598	\$351,197	\$1,068,226	\$888,429
19. Total Operating Revenue	\$9,839,128	\$10,317,199	\$13,005,637	\$10,917,950	\$10,371,556	\$10,583,190	\$11,579,411	\$9,905,407	\$12,727,921	\$9,964,645	\$9,779,844	\$11,166,723	\$10,277,815
Expenses:													
20. Salaries & Wages	\$4,247,968	\$4,302,473	\$4,903,653	\$4,287,441	\$4,350,677	\$4,217,486	\$4,596,066	\$4,184,946	\$4,448,979	\$4,187,133	\$4,172,073	\$4,501,362	\$4,317,359
21. Physician Wages	\$253,404	\$251,201	\$327,662	\$340,047	\$349,470	\$401,311	\$349,004	\$347,759	\$235,235	\$310,416	\$329,545	\$273,221	\$444,317
22. Contract Labor	\$148,622	\$210,724	\$351,667	\$260,085	\$146,297	\$180,317	\$183,959	\$141,874	\$116,802	\$131,180	\$209,851	\$259,925	\$199,136
23. Employee Benefits	\$2,304,454	\$2,599,496	-\$310,714	\$2,391,791	\$2,363,594	\$2,351,367	\$2,603,560	\$2,371,632	\$2,384,712	\$2,390,367	\$2,192,232	\$2,502,779	\$2,527,370
	\$6,954,448	\$7,363,894	\$5,272,268	\$7,279,364	\$7,210,038	\$7,150,481	\$7,732,589	\$7,046,211	\$7,185,728	\$7,019,096	\$6,903,701	\$7,537,287	\$7,488,182
% Salaries and Benefits / Total Operating Revenue	70.7%	71.4%	40.5%	66.7%	69.5%	67.6%	66.8%	71.1%	56.5%	70.4%	70.6%	67.5%	72.9%
24. Medical Professional Fees	\$71,129	\$66,178	\$80,048	\$47,612	\$89,756	\$85,053	\$43,133	\$40,688	\$50,370	\$103,234	\$165,961	\$41,788	\$54,167
25. Physician Contracts	\$412,570	\$365,022	\$357,100	\$370,966	\$463,251	\$251,085	\$316,585	\$416,828	\$326,380	\$390,072	\$322,387	\$325,313	\$249,694
26. Non-Medical Professional Fees	\$239,347	\$200,348	\$272,967	\$115,394	\$199,537	\$153,952	\$231,198	\$199,503	\$194,816	\$251,322	\$203,518	\$211,847	\$181,852
27. Materials & Supplies	\$1,344,734	\$1,242,516	\$1,435,947	\$1,436,187	\$1,541,901	\$1,526,388	\$1,442,389	\$1,241,206	\$1,553,150	\$1,344,539	\$1,354,348	\$1,346,888	\$1,281,281
28. Utilities	\$136,586	\$129,644	\$72,814	\$126,518	\$105,215	\$100,105	\$145,196	\$126,857	\$157,087	\$253,444	\$199,502	\$187,642	\$117,421
29. Maintenance & Repairs	\$510,019	\$229,319	\$654,916	\$422,017	\$361,725	\$559,794	\$318,644	\$456,037	\$434,349	\$440,614	\$448,823	\$468,289	\$468,289
30. Rentals & Leases	\$46,956	\$45,000	\$43,979	\$51,930	\$43,326	\$47,645	\$56,231	\$76,991	\$97,199	\$48,761	\$60,069	\$84,113	\$64,215
31. Insurance	\$43,647	\$43,207	\$211,857	\$81,323	\$68,839	\$72,913	\$61,900	\$66,224	\$65,724	\$120,075	\$102,592	\$70,720	\$70,720
32. Depreciation & Amortization	\$604,508	\$614,334	\$616,414	\$610,049	\$607,718	\$642,412	\$641,278	\$640,504	\$640,537	\$645,931	\$600,353	\$606,903	\$598,119
33. Interest Expense	\$49,359	\$49,359	\$106,264	\$49,359	\$49,154	\$49,154	\$49,154	\$49,761	-\$241,751	\$34,580	\$32,973	\$32,973	\$32,973
34. Other Operating Expenses	\$106,734	\$99,384	\$133,684	\$126,611	\$129,278	\$110,601	\$120,834	\$171,096	\$119,674	\$119,261	\$186,388	\$125,175	\$97,288
35. Total Expenses	\$10,520,037	\$10,448,205	\$9,258,258	\$10,717,330	\$10,869,738	\$10,749,583	\$11,424,437	\$10,394,513	\$10,600,023	\$10,710,313	\$10,589,889	\$11,051,344	\$10,704,201
36. Income (Loss) from Operations	-\$680,909	-\$131,006	\$3,747,379	\$200,620	-\$498,182	-\$166,393	\$154,974	-\$489,106	\$2,127,898	-\$745,668	-\$810,045	\$115,379	-\$426,386
Non-Operating Revenue													
37. Interest Income	\$104,901	\$102,551	-\$704,695	\$100,378	\$104,340	\$100,903	\$103,116	\$102,277	\$102,195	\$100,015	\$102,268	\$2,698	\$600
38. Other Non-Operating Income	\$120,901	\$73,423	\$896,646	\$132,744	\$63,838	\$65,029	\$272,136	\$62,201	\$61,340	\$62,183	\$59,617	\$61,897	\$57,400
39. Total Non-Operating Revenue	\$225,802	\$175,974	\$191,951	\$233,122	\$168,178	\$165,932	\$375,252	\$164,478	\$163,535	\$162,198	\$161,885	\$64,595	\$58,000
40. Net Income (Loss)	-\$455,107	\$44,968	\$3,939,330	\$433,742	-\$330,004	-\$461	\$530,226	-\$324,628	\$2,291,433	-\$583,470	-\$648,160	\$179,974	-\$368,386

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
April 30, 2022

	<u>April-22</u>	<u>March-22</u>	<u>April-21</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
ASSETS				
Current Assets:				
1. Cash and cash equivalents	5,045,343	7,464,732	20,508,927	(15,463,584)
2. Board designated cash	29,926,473	29,552,067	35,107,839	(5,181,366)
3. Patient accounts receivable, net	17,502,612	16,560,522	15,604,356	1,898,256
4. Other receivables	1,583,406	1,236,682	1,192,861	390,545
5. Inventories	3,537,649	3,531,828	3,561,334	(23,685)
6. Prepaid Expenses	2,203,501	2,453,787	2,402,250	(198,749)
7. Other assets	31,937	31,937	28,877	3,060
8. Total current assets	59,830,921	60,831,555	78,406,444	(18,575,523)
Appropriated Cash:				
9. CIP Appropriated Funding	32,229,681	32,263,003	13,352,751	18,876,930
Property, plant & equipment				
10. Land, bldgs & equipment	152,973,023	152,782,632	148,367,673	4,605,350
11. Construction in progress	14,423,945	13,572,285	7,860,963	6,562,982
12. Total property & equipment	167,396,968	166,354,917	156,228,636	11,168,332
13. Less: accumulated depreciation	(107,744,366)	(107,146,246)	(100,353,838)	(7,390,527)
14. Net property and equipment	59,652,602	59,208,676	55,874,804	3,777,806
15. Deferred outflows/Contribution to Pension Plan	12,654,846	12,654,846	12,403,681	251,165
16. Total assets	164,368,049	164,958,076	160,037,674	4,330,379
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	2,118,075	1,744,778	1,862,873	255,202
18. Accrued employee benefits	5,312,132	5,183,342	5,277,344	34,787
19. Accounts payable and accrued expenses	2,027,105	2,792,501	1,727,354	299,751
20. Due to 3rd party payors	2,704,813	2,702,887	4,051,027	(1,346,214)
21. Deferred revenue	740,335	783,502	(2,498,356)	3,238,691
22. Interest payable	127,892	90,653	189,179	(61,287)
23. Note payable - current portion	1,030,000	1,030,000	910,000	120,000
24. Other payables	375,354	325,418	333,511	41,843
25. Total current liabilities	14,435,706	14,653,081	11,852,932	2,582,773
Long-term Liabilities:				
26. Bonds payable	16,230,000	16,230,000	16,350,000	(120,000)
27. Bonds payable - premium/discount	86,979	91,246	1,081,177	(994,198)
28. Net Pension Liability	62,063,897	62,063,897	64,954,569	(2,890,672)
29. Deferred In-Flows	4,884,297	4,884,297	4,318,200	566,097
30. Total long-term liabilities	83,265,173	83,269,440	86,703,946	(3,438,773)
31. Total liabilities	97,700,879	97,922,521	98,556,878	(856,000)
32. Fund Balance	66,667,170	67,035,553	61,480,794	5,186,377
33. Total liabilities and fund balance	164,368,049	164,958,076	160,037,674	4,330,379

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

	April-21	May-21	June-21	July-21	August-21	September-21	October-21	November-21	December-21	January-22	February-22	March-22	April-22
ASSETS													
Current Assets:													
1. Cash and cash equivalents	20,508,927	21,507,086	24,125,641	20,222,641	18,285,324	18,422,022	16,455,972	19,700,052	22,950,807	22,205,736	21,662,275	7,464,732	5,045,343
2. Board designated cash	35,107,839	35,107,839	35,189,438	34,296,146	33,094,973	32,232,554	30,435,406	30,341,553	30,266,907	29,706,760	30,174,095	29,552,067	29,926,473
3. Patient accounts receivable, net	15,604,356	15,785,030	14,506,692	17,050,534	17,748,521	17,440,451	19,597,839	17,302,598	15,965,465	16,652,127	16,843,857	16,560,522	17,502,612
4. Other receivables	1,192,861	1,151,553	3,663,675	3,664,168	31,400	1,264,736	1,371,110	906,110	588,186	684,114	584,230	1,236,682	1,583,406
5. Inventories	3,561,334	3,569,923	3,438,976	3,312,784	3,367,771	3,511,679	3,714,914	3,985,020	3,803,022	3,763,829	3,681,705	3,531,828	3,537,649
6. Prepaid Expenses	2,402,250	2,272,909	1,757,985	3,134,789	2,922,731	3,075,080	3,086,651	2,939,487	2,801,467	2,653,187	2,800,205	2,453,787	2,203,501
7. Other assets	28,877	28,877	29,877	30,377	30,377	30,377	31,937	31,937	31,937	31,937	31,937	31,937	31,937
8. Total current assets	78,406,444	79,423,217	82,712,284	81,711,439	75,481,097	75,976,899	74,693,829	75,206,757	76,407,791	75,697,690	75,778,304	60,831,555	59,830,921
Appropriated Cash:													
9. CIP Appropriated Funding	13,352,751	13,352,751	13,352,751	11,932,679	18,854,017	18,854,017	19,406,354	18,853,710	18,301,848	17,244,030	17,164,683	32,263,003	32,229,681
Property, plant & equipment													
10. Land, bldgs & equipment	148,367,673	149,080,856	149,516,701	149,599,849	149,897,827	151,396,219	151,850,022	152,031,616	152,194,817	152,409,795	152,463,783	152,782,632	152,973,023
11. Construction in progress	7,860,963	7,570,489	7,264,903	8,767,880	10,769,368	9,724,991	10,696,859	11,100,753	11,827,784	12,846,504	12,743,862	13,572,285	14,423,945
12. Total property & equipment	156,228,636	156,651,345	156,781,604	158,367,729	160,667,195	161,121,210	162,546,881	163,132,369	164,022,601	165,153,657	165,310,287	166,354,917	167,396,968
13. Less: accumulated depreciation	(100,353,838)	(100,968,052)	(101,584,465)	(102,194,394)	(102,791,929)	(103,434,220)	(104,075,498)	(104,715,882)	(105,356,299)	(105,939,110)	(106,539,343)	(107,146,246)	(107,744,366)
14. Net property and equipment	55,874,798	55,683,293	55,197,139	56,173,335	57,875,266	57,686,990	58,471,383	58,416,487	58,666,302	59,214,547	58,770,944	59,208,671	59,652,602
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	12,403,681	12,403,681	12,403,681	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846	12,654,846
16. Total assets	160,037,672	160,862,942	163,665,855	162,221,134	164,614,061	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049
LIABILITIES & FUND BALANCE													
Current liabilities:													
17. Payroll liabilities	1,862,873	2,288,565	3,186,973	997,915	1,435,323	1,700,778	2,411,287	2,523,324	832,124	1,236,761	1,312,176	1,744,778	2,118,075
18. Accrued employee benefits	5,277,344	5,307,685	5,257,558	5,158,329	5,197,548	5,161,912	5,108,615	4,974,135	4,792,357	4,713,630	5,154,183	5,183,342	5,312,132
19. Accounts payable and accrued expenses	1,727,354	1,985,406	2,637,899	2,703,162	3,007,066	3,172,598	2,307,757	2,613,628	3,469,843	3,693,454	3,328,898	2,792,501	2,027,105
20. Due to 3rd party payors	4,051,027	4,051,027	-	99,234	2,152,164	4,046,626	2,226,263	2,367,164	2,341,398	2,315,632	2,289,866	2,702,887	2,704,813
21. Deferred revenue	(2,498,356)	(2,556,106)	15,404	654,388	611,221	1,042,502	999,335	956,168	913,002	869,835	826,668	783,502	740,335
22. Interest payable	189,179	252,238	315,297	(30,075)	63,059	126,119	189,178	445,609	120,490	(72,885)	53,414	90,653	127,892
23. Note payable - current portion	910,000	910,000	910,000	910,000	910,000	910,000	910,000	910,000	910,000	1,030,000	1,030,000	1,030,000	1,030,000
24. Other payables	333,511	408,119	467,554	182,945	1,097,658	321,793	404,654	456,756	160,707	242,979	244,290	325,418	375,354
25. Total current liabilities	11,852,932	12,646,934	12,790,685	10,675,898	14,474,039	16,482,328	14,557,089	15,246,784	13,539,921	14,029,406	14,239,495	14,653,081	14,435,706
Long-term Liabilities:													
26. Bonds payable	16,350,000	16,350,000	16,350,000	16,350,000	16,350,000	17,350,000	17,350,000	17,350,000	17,350,000	16,230,000	16,230,000	16,230,000	16,230,000
27. Bonds payable - premium/discount	1,081,177	1,067,476	1,053,776	1,040,075	1,026,169	97,971	84,065	111,164	105,471	99,779	95,512	91,246	86,979
28. Net Pension Liability	64,954,569	64,954,569	64,954,569	64,954,569	64,954,569	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897	62,063,897
29. Deferred In-Flows	4,318,200	4,318,200	4,318,200	4,318,200	4,318,200	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297	4,884,297
30. Total long-term liabilities	86,703,946	86,690,245	86,676,545	86,662,844	86,648,938	84,396,165	84,382,259	84,409,358	84,403,665	83,277,973	83,273,706	83,269,440	83,265,173
31. Total liabilities	98,556,878	99,337,179	99,467,230	97,338,742	101,122,977	100,878,493	98,939,348	99,656,142	97,943,586	97,307,379	97,513,201	97,922,521	97,700,879
32. Fund Balance	61,480,794	61,525,763	64,198,623	64,882,392	63,491,084	64,294,259	66,287,061	65,475,658	68,087,202	67,503,735	66,855,577	67,035,553	66,667,170
33. Total liabilities and fund balance	160,037,672	160,862,942	163,665,855	162,221,134	164,614,061	165,172,752	165,226,409	165,131,800	166,030,788	164,811,114	164,368,778	164,958,074	164,368,049

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

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	% Over (Under) Pr Yr	Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient: Patient Days									
Patient Days - Med/Surg	425	366	16%	434	-2.1%	4,728	3,708	28%	3,789
Patient Days - Critical Care Unit	96	98	-2%	78	23.1%	928	991	-6%	935
Avg. Daily Census - Acute	17.4	15.5	12%	17.1	1.8%	18.6	15.5	20%	15.5
Patient Days - Obstetrics	55	61	-10%	60	-8.3%	625	621	1%	617
Total Hospital Patient Days	576	525	10%	43	1239.5%	6,281	5,320	18%	491
Births									
Births	25	25	1%	615	-95.9%	250	252	-1%	5,832
Patient Days - Nursery	46	51	-9%	23	100.0%	500	515	-3%	240
Mental Health Unit									
Patient Days - Mental Health Unit	134	240	-44%	150	-10.7%	1,507	2,432	-38%	1,478
Avg. Daily Census - MHU	4.3	7.7	-44%	5.0	-13.5%	5.0	8.0	-38%	4.9
Rain Forest Recovery:									
Patient Days - RRC	199	240	-17%	169	17.8%	1,745	2,432	-28%	1,113
Avg. Daily Census - RRC	7	8.0	-17%	6	17.8%	6	8.0	-28%	3.7
Outpatient visits	47	85	-45%	47	0.0%	415	861	-52%	811
Inpatient: Admissions									
Med/Surg	44	56	-22%	48	-8.3%	589	568	4%	553
Critical Care Unit	36	35	3%	32	12.5%	385	355	9%	336
Obstetrics	25	27	-6%	28	-10.7%	270	270	0%	263
Nursery	25	25	1%	25	0.0%	250	252	-1%	242
Mental Health Unit	17	20	-17%	24	-29.2%	232	207	12%	199
Total Admissions - Inpatient Status	147	163	-10%	157	-6.4%	1,726	1,651	5%	1,593
Admissions - "Observation" Status									
Med/Surg	67	61	10%	49	36.7%	669	616	9%	600
Critical Care Unit	28	26	8%	30	-6.7%	250	262	-4%	271
Mental Health Unit	3	2	30%	1	200.0%	31	23	33%	19
Obstetrics	19	14	38%	15	26.7%	148	140	6%	137
Total Admissions to Observation	117	103	14%	95	0.0%	1,098	1,041	5%	1,027
Surgery:									
Inpatient Surgery Cases	44	49	-10%	50	-12.0%	449	493	-9%	494
Endoscopy Cases	124	86	44%	107	15.9%	992	873	14%	911
Same Day Surgery Cases	121	115	5%	122	-0.8%	1,019	1,164	-12%	1,173
Total Surgery Cases	289	250	16%	279	3.6%	2,460	2,530	-3%	2,578
Total Surgery Minutes	18,724	17,884	5%	18,757	-0.2%	166,295	181,227	-8%	181,051
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	956	936	2%	947	1.0%	9,777	9,488	3%	9,344
Cardiac Rehab Visits	125	56	122%	49	155.1%	357	570	-37%	552
Lab Visits	860	283	204%	825	4.2%	15,219	2,867	431%	3,483
Lab Tests	8,828	9,620	-8%	10,607	-16.8%	93,970	97,478	-4%	97,573
Radiology Visits	827	788	5%	808	2.4%	8,249	7,989	3%	8,051
Radiology Tests	2,338	2,295	2%	2,125	10.0%	23,399	23,256	1%	22,621
Sleep Study Visits	17	22	-23%	21	-19.0%	199	223	-11%	243
Physician Clinics:									
Hospitalists	208	228	-9%	177	17.5%	2,215	2,315	-4%	2,107
Bartlett Oncology Clinic	67	83	-19%	84	-20.2%	908	841	8%	842
Ophthalmology Clinic	73	92	-20%	90	-18.9%	648	929	-30%	895
Behavioral Health Outpatient visits	672	394	70%	753	-10.8%	6,722	3,996	68%	5,003
Bartlett Surgery Specialty Clinic visits	276	224	23%	280	-1.4%	2,325	2,274	2%	2,351
Total	1,296	1,022	27%	1,384	-6.4%	12,818	10,356	24%	11,198
Other Operating Indicators:									
Dietary Meals Served	14,516	19,484	-25%	20,293	-5.7%	155,722	197,440	-21%	200,873
Laundry Pounds (Per 100)	403	369	9%	396	-2.4%	3,932	3,738	5%	3,779

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

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	4,905	5,166	-5.0%	4,309	5,066	5,166	-1.9%	4,320
Contractual Allowance %	42.9%	43.6%	-1.5%	41.4%	41.9%	43.6%	-3.9%	43.9%
Bad Debt & Charity Care %	3.5%	1.3%	159.7%	2.5%	2.8%	1.3%	109.6%	1.3%
Wages as a % of Net Revenue	52.8%	52.1%	1.5%	51.0%	49.9%	52.1%	-4.2%	53.4%
Productive Staff Hours Per Adjusted Patient Day	25.8	27.4	-6.1%	22.9	26.1	26.0	0.2%	22.3
Non-Productive Staff Hours Per Adjusted Patient Day	3.9	4.1	-4.4%	3.6	4.1	4.2	-4.4%	3.9
Overtime/Premium % of Productive	6.46%	5.06%	27.6%	5.06%	7.73%	6.25%	23.7%	6.25%
Days Cash on Hand	15	16	-4.1%	62	15	16	-3.4%	64
Board Designated Days Cash on Hand	185	192	-4.1%	147	186	192	-3.4%	147
Days in Net Receivables	53.9	54	0.0%	52	53.9	54	0.0%	52
Days in Accounts Payable	24.0	24	0.0%	22	24.0	24	0.0%	22
Total CMI	1.26							
MCR CMI	1.40							
MCD CMI	1.14							
					Actual	Benchmark	% Over (Under)	Prior Year Month
Total debt-to-capitalization (with PERS)					55.5%	33.7%	64.8%	61.9%
Total debt-to-capitalization (without PERS)					14.1%	33.7%	-58.0%	15.7%
Current Ratio					4.14	2.00	107.2%	7.26
Debt-to-Cash Flow (with PERS)					9.16	2.7	239.1%	9.17
Debt-to-Cash Flow (without PERS)					2.33	2.7	-13.7%	2.32
Aged A/R 90 days & greater					49.9%	19.8%	152.0%	48.3%
Bad Debt Write off					0.9%	0.8%	12.5%	-0.5%
Cash Collections					89.0%	99.4%	-10.5%	98.4%
Charity Care Write off					0.7%	1.4%	-50.0%	1.6%
Cost of Collections (Hospital only)					5.1%	2.8%	82.1%	4.5%
Discharged not Final Billed (DNFB)					11.9%	4.7%	153.2%	13.8%
Unbilled & Claims on Hold (DNSP)					14.7%	5.1%	188.2%	13.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					0.8%	21.3%	-96.2%	0.0%

The Case Mix Index (CMI) is the average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MSDRG) weight for each discharge and dividing the total number of discharges.

Bartlett Regional Hospital

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

Finance Committee Meeting Minutes – Zoom Meeting July 8, 2022 at 12:00pm

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

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

Staff & Others: Robert Tyk, Interim CFO, Kim McDowell, CCO, Tracy Dompeling, CBHO, Dallas Hargrave, HR Director, Blessy Robert, Controller, Annaliese Robert, Assistant to the Controller, Gage Thompson, Beth Mow, Megan Rinckenberger, Tiara Ward, CBJ, and Sarita Knull, CBJ.

Public Comment: None

Mr. Geiger made a MOTION to approve the minutes from the June 17, 2022 Finance Committee Meeting. Mr. Mertz seconded, and they were approved.

May 2022 Financial Review – Bob Tyk

The month of May continued with the fairly strong gross patient revenue numbers with all portions of the organization (inpatient, outpatient, RRC, BOPS, and physician revenue) showing increases when compared to the month of April. An increase in ancillary visits has assisted in driving revenue.

Med/Surg and Critical Care Unit patient days were down slightly from the month of April but Obstetrics and births both increased. BRH averages 25 births per month and in May we delivered 30 babies. Having an OB department truly is a part of being a community hospital and BRH is doing its part. We have seen an increase in a number of ancillary departments, specifically the Emergency Department, Laboratory, and Radiology. Much of this has been driven by the cruise season visitors. *The difference in the number of tests and imaging versus visits will be investigated (primarily for lab and imaging).*

Deductions from revenue showed a marked increase over the prior months. Contractual allowances have seen an increase along with Bad Debt and Charity Care. These are all formula driven numbers, but Finance is working to better understand why. These increases resulted in a reduction in net patient revenue of over (\$300,000). Other operating revenue was reduced back to a more normal number because no grant revenue was booked in May as it was in March and April. These decreases resulted in total operating revenue decreasing by (\$830,000) when compared to April.

Salaries and benefits increased to 84.6% of total operating revenue in the month of May. This is the highest percentage in the past 12 months. This number is driven by both the reduction in total operating revenue as well as the increase in contract labor. I am investigating the sharp rise in contract labor.

Other operating expenses fluctuated as they seem to do on a rather consistent basis from month to month. These fluctuations will require additional drill downs to better understand the numbers.

The bottom line is that these increases and decreases resulted in a loss from operations of (\$2,362,086) for the month, and (\$2,877,182) year-to-date. As I have mentioned multiple times, BRH must get a handle on increasing revenue and decreasing expenses.

The committee inquired as to where the bond liability is recorded and how long-term liability is affected. Ms. Roberts will have more information at the next meeting.

On the Balance Sheet, cash rebounded in the month of May, even though cash collections were basically flat when compared to the month of April at \$7.7 million. April had three AP runs which impacted the cash in that month.

Finance Committee Strategic Goals Discussion (3.1, 3.3, 4.1-4.4)

Quality and Information Systems departments have been working toward these as well.

3.1 Resolve electronic medical record system concerns: Kim McDowell and Bob Tyk have had a meeting with Meditech to express issues, and have requested a team to come meet with physicians, finance staff, and clinical staff to discuss concerns and help resolve them. They are working to create a team to come, and hope the visit will occur within the next month, with members familiar with each module BRH is using. Mr. Solomon-Gross expressed he would like Kim, Dr. Jones, and potentially others to go to a facility that has a highly functioning Meditech system to see what it can do. BRH is looking for a facility that have converted from T-system to Meditech in the ED (one in Washington – not taking visitors, and one in Mississippi – too far away to justify travel time), or that just use Meditech in the ED successfully. Will continue to search for example facility.

3.3 Explore feasibility of hospital run clinics and hospital employed providers: There is a group in compliance looking at new service lines. Waiting on Business Development manager to spearhead this initiative. In the discussion of opening clinics, the best options to offer higher reimbursement to doctor's offices are Rural Health Clinics or Federally Qualified Health Clinics (FQHC). Juneau may not qualify to bring in an additional FQHC, since there are already two in town. Both options are very differently run than traditional private practice clinics, and take additional expertise. Concern about competition with other clinics (ex. family practitioners). Ms. Knapp noted that the Planning Committee has referenced the ECG report on community need and affiliations. BRH needs a stable and permanent CEO to bring recommendations with community need in mind. There is a fine balance between supporting other clinics and providing for BRH's own future. Mr. Geiger concurred and emphasized the value of being forward-thinking. Ms. Knapp noted that the board needs to take the lead on creating relationships with other clinics in the community and ensure greater cooperation and collaboration than competition, for the sake of the community.

4.1 Evaluate current guidelines to identify the number of days of unrestricted cash on hand that are required: BRH requested information from the auditors regarding comparison to other facilities of BRH's size in the Western US, which was provided very recently, but the data hasn't been studied and analyzed yet. This will be addressed at the next meeting once this information has been properly digested. *The committee also requested an explanation of Board Designated Cash, versus Cash on Hand, how it is calculated, and how it is designated.*

4.2 Ensure BRH has the proper executive team to manage finances and assure adequate financial controls: This will be kept in mind when the time comes to search for a permanent CFO.

4.3 Monitor inflation, provider shortages, and labor shortages' impact on budget: More discussion is required by Finance Committee and Board as a whole as to how this will be assigned, and what metrics will be used.

4.4 Evaluate service line impact on revenues: It has been noted that the current set of reports likely do not include a profit and loss analysis by service line, but it can be done manually. This also affects the analysis of feasibility of hospital-run clinics and hospital-employed providers. *Ms. Johnston requested that report development be included in the discussion with Meditech* – to develop that report in order to properly assess value and define success for service lines.

Next Meeting: Friday, August 12th at Noon, via Zoom

Additional Comments: None

Adjourned at 1:30 p.m.

Bartlett Regional Hospital

Physician Recruitment Committee Meeting Minutes

Tuesday, July 12, 2022 - 12:00 p.m.

Zoom Videoconference

Called to order at 12:01 p.m. by Mark Johnson, Committee Chair.

BOARD AND *COMMITTEE MEMBERS PRESENT: *Mark Johnson, Chair, *Steven Strickler, DO, *Iola Young, *John Raster, MD, *Lindy Jones, MD., Kenny Solomon-Gross, Board President, Deb Johnston, Hal Geiger and Sara Dodd, Director Physician Services

ALSO PRESENT: Jerel Humphrey, Interim CEO, Bob Tyk, Interim CFO, Kim McDowell, CCO, Tracy Dompeling, CBHO, Theresa Shanley, MD, Barbra Nault, Attorney, Debbie Kesselring, Director Medical Staff Services and Anita Moffitt, Executive Assistant

PUBLIC COMMENT - None

APPROVAL OF THE MINUTES –MOTION by Dr. Strickler to approve the minutes from November 30, 2021. Dr. Jones seconded. There being no objections, minutes approved.

APPROVAL OF THE AGENDA – Mr. Solomon-Gross requested the removal of the Draft Bylaws under New Items. He stated the work on these should be done through the Governance Committee before presentation here. Mr. Johnson overruled the request, a discussion will be held about the bylaws but no action taken. Mr. Solomon-Gross requested the Recruitment of Radiologist(s) be removed since Administration is working on this. Dr. Jones agrees, it is premature for the Recruitment Committee to be involved with this at this time. Dr. Strickler disagreed and wants the topic to be discussed by the Recruitment and Retention Committee. Clarification provided that this is a Recruitment Committee, not a Retention Committee. Recruitment of Radiologist(s) will be discussed but no action taken. No other changes requested, agenda approved.

UPDATES

Orthopedic Surgeon – Mr. Humphrey reported that he is still working with Drs. Hightower and Garcia to meet their requests for assistance in recruitment efforts, locum tenens coverage, compensation and contract negotiation. Ms. Nault is providing legal guidance in this matter. Mr. Tyk has instructed Ms. Dodd to look for a recruitment firm to begin having discussions with about recruitment. Since this committee does not meet regularly, Mr. Johnson requests bimonthly updates be given to the Board on issues that this committee has voted on.

Psychiatry – Ms. Dompeling reported things are looking better. There has been a little delay in credentialing one of the providers due to an incomplete application. She is trying to get a local provider, as well as a provider in Fairbanks, to provide future coverage for BRH.

General Surgery – Mr. Tyk reported that he has requested a report from HIM of the number of cases being performed by each of the general surgeons, including locums. These volumes will be compared to the needs assessment conducted in 2019. Dr. Strickler reported the opinion of Dr. Ben Miller is that BRH should hold off on recruitment of another general surgeon due to the low volume of elective surgical cases. The big demand for

general surgeons is for emergency call coverage. Dr. Jones acknowledged that general surgery emergency call coverage is fine as is. Mr. Johnson initiated discussion about whether a female surgeon could potentially increase demands. Ms. Dodd reported that Dr. Jen Schmidt provides 10 days of locums' coverage every 2 months and does a full day of colonoscopies and scopes every time she is here. These days are usually filled with patients that request a female surgeon. Dr. Strickler expressed doubts about Dr. Schmidt's long term availability. Ms. Dodd is meeting with Dr. Schmidt when she is here at the end of the month to discuss a contract renewal.

Oncology – Ms. Dodd reported that we have hired Stefanie Bouma, PA to replace Christopher Savarese. Ms. Bouma brings quite a few years of experience in Oncology and the ability to do bone marrow biopsies. There is still an open recruitment for a full time Medical Oncologist but no potential candidates.

Ophthalmology – Ms. Dodd reported we currently have a contract with Alaska Retinal Consultants. Four rotating physicians have been coming here every month. Beginning this month, after a renewed contract, Dr. Matthew Guess will be the only physician to come each month. Things are going well and patient volumes have almost doubled this month over previous months. Numbers are expected to continue to improve.

Mr. Johnson asked for an update on the recruitment of a Neurologist. No update available but Ms. Dodd stated that SEARHC brings a Neurologist to Juneau and Sitka on a regular basis for anyone to access.

Bylaws – Mr. Johnson opened discussions about bylaws for the Physician Recruitment Committee. He thanked Ms. Young for researching this topic. He reported that a request to add a physician to the committee made him realize this committee had no bylaws and he was instructed by the Board President to work with the Governance Committee to draft some. The Chief of Staff had expressed concern at last month's Board meeting that the draft written by the Governance Committee did not have enough physician representation. The draft bylaws in today's packet propose having physician representatives that are voted on by the medical staff and that the committee should meet at least twice a year with periodic updates given to the Board. Dr. Jones reported when the committee was initially developed, the primary role was to direct the Board to help recruit specialists if it was determined that one was needed. He expressed concern that the proposed bylaws suggest the committee is going to be doing a lot more than that, they will be taking on some controversial issues, determining what kind of specialists are needed and how to recruit them. If this is the direction the committee is to take, the Board should discuss it but he's not sure this is the right avenue to take. Dr. Strickler agrees the committee needs more structure and physician voices are important to hear. Dr. Raster noted this committee used to be a collaborative, ad-hoc committee between the board and the physicians. He feels that a board driven committee and bylaws are reasonable as is meeting every 6 months. Ms. Young reported finding no information about other physician recruitment committees when researching the topic. She expressed concern about whether or not the Board, by codifying this committee and bylaws, is assigning the duties and responsibilities that rightly lie with the CEO and the Board. She proposes the committee either stay the way it is, collaborative and supportive, or have it formalized within the Medical Staff. Mr. Tyk reported that physician recruitment is an operational function, not a board function in every hospital he's been in. Mr. Johnson questioned whether the Board should continue to have a Physician Recruitment Committee. Ms. Nault asked if these bylaws are to be incorporated into the Board bylaws. Mr. Solomon-Gross agrees that this is a procedural matter and bylaws would not be appropriate. He would like procedures to be written by the Governance Committee and brought to this committee for discussion. Ms. Young requests that the Board determine if this is an operational function or a Board function. Mr. Johnson expressed concern that delegating this to Administration and the Medical Staff would leave the Board unaware of

issues. When asked to weigh in, Dr. Raster said it makes sense to have discussions with the Board from the community's perspective and the Medical Staff that knows what's going on. Dr. Strickler agreed with Dr. Raster.

Recruitment of Radiologist(s) Discussion – Mr. Johnson opened discussion about radiology services. Dr. Shanley stated the importance of having physicians that live here in town, that can handle diverse general radiology services and that works well with other physicians. It is very difficult to recruit radiologists and she is burnt out from running a two physician practice by herself for the last 8 months. She has tendered her resignation but has offered to return after taking a couple of months off (September and October), to provide services if needed, until a radiologist can be recruited. She expressed concerns about BRH hiring an outside group of radiologists. Mr. Johnson thanked her for her 15 years of service to BRH and wished her luck. Dr. Jones agrees that Drs. Strickler and Shanley bring up some good points but feels that how the hospital decides to obtain radiology services coverage should be at that level, not at the Recruitment Committee level. Mr. Humphrey reported that he has had discussions with Dr. Strickler in terms of what it would take to carry on without Dr. Shanley and what it would look like for her to provide coverage after her sabbatical. At the same time, other potential opportunities are also being looked at. Discussions are being held with Alaska Radiology Associates and if other options are presented, they will be looked at as well. Mr. Tyk reported all 16 radiologists at Alaska Radiology Associates do all of the procedures that Drs. Strickler and Shanley do, he then outlined what their plan would be to provide services in Juneau. References have been requested. Mr. Tyk stated this has nothing to do with whether Drs. Strickler and Shanley provide good service to the community, because they do. This is about what is best for our patients and if there's a possibility of taking radiology services to a level we don't currently have, that's something the organization should want to do. Dr. Strickler agrees the broad range of services here makes it difficult to recruit physicians and there is a physician shortage that is expected to peak in 2025. For many years, he and Dr. Shanley were able to provide the needed radiology coverage but as the population ages and we get younger ER physicians that are more aggressive with imaging services, we see a higher volume of studies. With Dr. Shanley's resignation, there is a need for additional radiologists. Dr. Strickler has requested assistance from the hospital for recruitment and retention, similar to what has been done with other specialties in the past. Discussion held about conversations Dr. Strickler has had with Mr. Humphrey, Mr. Tyk and legal about his proposed agreement and also about BRH looking at other options. Ms. Nault reminded the committee that the purpose of this committee to convene and discuss concepts of physician recruitment is not the same thing as discussing contract negotiations that the hospital is in engaged in. She asked the participants to defer from bringing these conversations into this committee meeting as it is not the appropriate place for these conversations. Mr. Johnson agreed and stated that as a member of the community and a member of the Board, he hopes that we can find a solution that provides the radiology coverage that we're going to need. When asked if he had a timeframe for a resolution, Mr. Humphrey responded 30 – 60 days. Dr. Jones clarified that he has not reached out to any other group. He strongly agrees that contract negotiation issues are not a committee function. Mr. Johnson hopes that today's discussions about this issue help guide the decision about this topic.

COMMENTS – Mr. Johnson stated that today's discussion was very educational and thanked everyone for attending.

Adjourned at 1:12 p.m.

Next meeting – To be determined

Bartlett Regional Hospital

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

Board Quality Committee July 13, 2022 Minutes

Called to order at 3:30 p.m. by Hal Geiger

Patient safety results will be postponed to September.

Mr. Geiger introduced Lisa Peterson as a new member of the committee. Lisa is an RN with over 30 years of experience. She is the lead nurse for the Juneau School District.

Board Members: *Hal Geiger**, *Kenny Solomon Gross**, *Lisa Peterson**, *Lindy Jones**, *Mark Johnson**

Staff: Gail Moorehead, Autumn Muse, Miranda Dumont, Jerel Humphrey, Charlee Gribbon, Sara Dodd, Latrice Hay, Evan Price, Jenny Twito, Lauren Beason, Audrey Rasmussen, Erin Hardin, Jerel Humphrey, Kim McDowell, Tracy Dompeling, Dallas Hargrave

Guests: none

Kenny Solomon Gross made a MOTION to approve the minutes from May 11, 2022 Board Quality Meeting. Mark Johnson seconded, minutes are approved.

Old Business: None

New Business:

Voice of Patient

A. Muse

Ms. Muse shared patient experience and feedback from a letter we received from a patient. She explained what Bartlett is doing to improve our processes and thinking of the patient's perspective. She shared multiple positive patient comments from our Press Ganey surveys. Ms. Moorehead explained that the Voice of the Patient will be a standing agenda item. Mr. Johnson thanked Ms. Moorehead for this. Mr. Solomon Gross said that he liked that Ms. Muse wasn't asking for solutions from the Board Members, but that she wanted to bring the information to them. Mr. Geiger agreed.

Fireweed Recognition
L. Beason

R. Rasmussen, E. Hardin,

Ms. Rasmussen, Ms. Beason, and Ms. Hardin introduced themselves. Ms. Rasmussen explained the background for the benefits of meaningful recognition. She explained that employees find peer and patient and family recognition means more than from managers. Ms. Rasmussen described the award and how it is targeted at the entire hospital, not just the nurses. She named the members of the group that are putting this award together.

Ms. Beason explained the award will be given out quarterly. She explained how someone is nominated and chosen for the award. The winners will be chosen by random drawing in two categories; peer nomination and community nomination. She described what the winners will receive: A baked good, a celebration, a pin, a gift card from the Bartlett Foundation, and a designated parking spot for the quarter. Everyone who is nominated will receive a card letting them know they were nominated. Ms. Beason thanked the Bartlett Foundation for their generous gift cards.

Ms. McDowell thanked the committee and how quickly they had this come to fruition. Mr. Johnson says this sounds great. Ms. Moorehead added that any community member who nominated a winner will be invited to give the award. Ms. Peterson says she liked how inclusive this is.

QAPI Reports:

1. Physician Services

S. Dodd, L. Hay

Ms. Hay introduced the Physician Services Process Improvement project. The project is designed around the Ophthalmology clinic. She gave background information about the Ophthalmology clinic and how it runs. The providers are only here 4 days a month and the project is how the scheduling case log can be optimized.

BRH went from having 4 providers serving Juneau, to one. This gives continuity of care and lets staff learn the process of this physician. She explained what the group did to increase patient visits without decreasing the quality of care. Patients, staff and providers were very happy with the changes. Go live was in June, and everyone had increased satisfaction. The project has been successful and Ms. Hay believes this improvement is sustainable. The scheduling model will continue and they will continue to gather data.

Mr. Johnson asked how reducing the provider numbers came about. Ms. Hay explained that continuity of care would be better achieved with one provider. Mr. Johnson asked if this will continue indefinitely. Mr. Solomon Gross asked if it has been determined how many days our town can sustain giving this service. Ms. Hay shared there is a long waiting list for cataract surgeries. Ms. Dodd said that they have been approved to recruit a full-time ophthalmologist.

Standing Agenda Items:

- **Hand Hygiene Project Overview**

C. Gribbon

Ms. Gribbon presented the current data on Hand Hygiene. We have not increased data collection to her standards. She does not have dedicated staff to collect this information. She explained what she is doing to remind staff to wash their hands. She has trained a few staff members to collect this data.

- **2022 BOD Quality Dashboard**

D. Koelsch

.Ms. Moorehead presented the Quality Dashboard. The Dashboard has some updates given the feedback that was given during past meetings. Mr. Geiger asked for clarification on the Sepsis graphic. Ms. Peterson asked if these are patients who are admitted with sepsis, or people who develop it while in the hospital. It is both. Our fall rate with injury is below 5%. Mr. Solomon Gross asked for clarification on the graph. Mr. Solomon Gross noted that we are below that goal. Gail explained the Readmissions graphic. We are below the CMS national rate but we are still trying to improve our rate.

Strategic Plan:

Mr. Solomon Gross noted that Dr. Jones volunteered himself and the committee to work with staff on the EMR.

Dr. Jones moved that the meeting be adjourned.

Adjournment: 4:38 p.m.

The next Quality Board meeting date will be set by correspondence.

Bartlett Regional Hospital

Minutes

BOARD GOVERNANCE COMMITTEE MEETING

July 14th, 2022 – 12:00 p.m.

Zoom videoconference

CALL TO ORDER – Meeting called to order at 12:00 p.m. by Hal Geiger.

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

BRH STAFF & OTHERS - Jerel Humphrey, Interim CEO, Kim McDowell, CCO, Tracy Dompeling, CBHO, Robert Tyk, Interim CFO, Dallas Hargrave, HR Director, and Megan Rinkenberger, Executive Assistant.

Ms. Young made a MOTION to postpone discussion of bylaws for the Physician Recruitment Committee until after the next Board of Directors Meeting. Mr. Solomon-Gross seconded and it was approved.

Ms. Young made a MOTION to approve the minutes from March 15, 2022 and May 9, 2022. Ms. Petersen seconded and minutes were approved.

PUBLIC PARTICIPATION – None

GOALS, OBJECTIVES, and METRICS FOR THE NEW CEO

Mr. Geiger shared the “Bartlett CEO Goals, Objectives, and Metrics modified” document. This began by defining a goal as a statement of desired result or outcome, an objective as a step toward achieving that goal, and a metric as a measure of success in reaching an objective.

Following a discussion, it was decided that a top priority of the new CEO should be to stabilize senior leadership (4.2) by focusing on recruitment of a new CFO. Also noted as a priority was physician relation improvement. Ms. Young suggested: “Develop positive relationships with MedStaff, Assembly, community stake holders, community health care providers, and the media.”

Mr. Hargrave suggested utilizing standardized evaluation forms and metrics, specific goals that will likely change year to year as the CEO grows into the position, and 360° feedback from other senior leaders, board members, and direct reports. Mr. Hargrave will reach out to Kim Russel for an industry standard evaluation.

Mr. Tyk suggested that senior leaders get together and develop a list of goals from their experience across many different healthcare systems, and from what they’ve seen as Bartlett’s primary needs. They will review and take into consideration the developed strategic plan, and have a draft developed to submit to committee members for consideration before the next meeting. After some discussion, the committee decided to table the issue of setting these goals, objectives, and metrics until after it reviewed what Mr. Tyk produces.

BOARD STRATEGIC PLAN (2.2 & 2.3)

2.2 – Develop proformas for additional service lines, change of use, and acquisitions to properly evaluate return on investment so the board can move decisively.

2.3 – Evaluate current BRH technology and industry best practices to prioritize replacement and identify new equipment needs.

These two initiatives that are owned by the Governance Committee require input from staff to committees. Scott Chille will be invited to the next meeting. Other departments and directors will be considered later.

BOARD COMMENTS AND QUESTIONS – None

NEXT MEETING: August 11th, 2022 at 12:00 pm, via Zoom

ADJOURNMENT: 12:51pm

Bartlett Regional Hospital

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

**July 26, 2022
Management Report
From Studebaker Nault and CBJ Law**

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

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

Report Period - 4th Quarter FY22 (April, May, June)

New Hires	54
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Separations	35	All Other Separations
	1	Retirement
	9	Casuals/temp
Total	45	

Contract/Travelers		
	2	CT/Xray Tech
	1	Histology Technologist
	1	RN Case Manager
	3	OR Surgical Tech
	1	Physical Therapist
	1	Respiratory Therapist
	5	RN - Emergency Dept
	2	RN - Float Pool
	1	RN- Infusion
	2	RN - Med/Surg
	2	RN- Operating Room
	1	RN- Mental Health Unit
	3	RN- Withdrawal Management
	1	Ultrasound Tech II
	3	Ultrasound Tech/ Echo Tech
Total	29	

***CCU RN reported last quarter, was in error.**

Hard to Recruit Vacancies	Position Title	Status	Department
	Forensic Nurse Examiner II	Casual	Emergency
	CDI Social Work Case Manager	FT and PT	Case Management
	Echo/Vascular Technologist	FT	Diagnostic Imaging
	Ultrasound Technologists	FT	Diagnostic Imaging
	CT Technologist	FT	Diagnostic Imaging
	Physical Therapist	FT	Rehabilitation Services
	Security Officer	FT	Facilities
	House Supervisor	FT	Nursing Administration
	RNs	FT	ALL UNITS

All Employee Turnover		
All Employee Types	FT Employees	All Others
6.55%	4.80%	10.57%

687 Employees
FS/FT employees = 479
All others = 208

Nurse Turnover		
All Nurse Types	FT Nurses	All Others
1.63%	2.65%	2.82%

184 Nurses
FS/FT = 113
All others = 71

Grievances	1	Pending
Arbitration Cases	0	

Reports of Injury	
Department/Employee	Brief overview
Emergency	Possible Exposure to Covid 19
Med/Surg	Patient scratched staff on multiple fingers
Mental Health	Staff slipped and fell - patient dropped water on floor
Pharmacy	Staff tripped on scrub pantleg - Fell on elbow and knee.
Lab	Thumb slammed in door of Frozen Room in Lab
Same Day Care	Slipped on water by sink
Respiratory Therapy	Needlestick Injury while drawing blood gas
RRC	Lifting heavy bag of patient's belongings
Pharmacy	Slipped on ice while walking into hospital
Operating Room	Needlestick Injury with a suture
Dietary	Staff lifted ice-bucket and strained shoulder/neck
Facilities	Back strain from lifting heavy object
Operating Room	Exposure to patient blood, droplet touched eye during irrigation procedure

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July 2022 Chief Clinical Report Kim McDowell, CCO

Cardio/Pulmonary, Respiratory Therapy & Sleep Lab Department

- **Cardiac Rehab**
 - May cardiac/ pulmonary rehab visits 107 total
 - Nustep delivered and working well
- **RT**
 - Oxygen supplies are solid
 - New employee starts 7/25
 - Capital budget request placed for 3 new ventilators
- **Sleep**
 - Current sleep contractor ends 7/20
 - New contractor (Korbrien) arrives 7/26 to complete setup and start seeing patients 8/1
 - In process of revamping sleep rooms to mimic an actual bedroom

Critical Care Unit

- We continue to be fully staffed. We had another RN go out medical leave, however this balanced well with another staff member returning from medical leave. PRN staff have been helpful covering vacations and staff on medical leave.
- CCU continues to work on Healthy Work Environment standards, including Meaningful Recognition and Skilled Communication.
- CCU is doing a summer hiking challenge again. A great way to encourage self-care with a fun competition.

Diagnostic Imaging (DI)

- Script Sender has gone live with a few sites and we are working with other clinics.
- Lung Cancer Screening (LCS) is going well. DI will apply for advanced certification in CT Chest and get LCS designation. Software and nurse coordinator will track follow up scans so we can monitor and meet program and reporting requirements.
- Mammography patients have a dedicated waiting area, separated from screening patients.
- Congratulations to Connor Fulton, who was an x-ray tech, and just passed his CT registry. Great job!

Infusion Therapy

- Infusion Therapy is having a shift in RN staffing with a resignation, onboarding and open position. Currently utilizing a travel nurse to help ensure adequate staffing and safe patient care during this time.
- The FDA just recommended continuing Evusheld injections every 6months. Evusheld is EAU approved for pre-exposure prevention of COVID19 infection in immunocompromised individuals. Infusion Therapy has begun coordinating with physicians and patients to continue this treatment for eligible patients.

Laboratory

- Competency assessments have been initiated for all departments. Competency is a requirement of accreditation in which technical staff must be directly observed with duties specific to each subsection of the department. New employees do not have to complete competencies, as they need to focus on the initial, six month and 1 year signoffs of training manuals. Currently, Blood Bank/Serology and Respiratory Therapy have completed competencies. Point of Care is now being completed by nurse super users of the I-STATs.
- The molecular section continues with the COVID pandemic response. Overall numbers have been dropping. Molecular is still performing the community collections and will continue as needed. The collection site original location has changed. Collections are currently being performed in Dr. Neyhart's old space. This is preferred over the Bartlett House for many reasons, to include internet connectivity and staff safety concerns. There is a possibility that the site will have to move again due to continued road construction. New discussions have been initiated concerning the long-term plan for the section. There are other assays which could be ran on our Roche 6800, but all are very low volumes or would need additional testing for completeness. As an example, HIV requires a full algorithm, which cannot all be done with the assay provided by Roche.

Med Surg

- Laura Ralston, our long-time unit clerk, retired at the end of June. Thank you for your years of service!
- Our preceptorship program is going well, with two of our three new grads starting independently this next schedule period.
- Med/Surg has another new grad starting preceptorship this coming week, along with a new CNA.
- Process Improvement Projects:
 - Changed documentation on meal intake and IV site assessment based on data from Q1 chart reviews.
 - Started hourly rounding/increased safety measures on high-fall-risk patients.

Obstetrics Department (OB)

- January - June 2022 OB Stats:
 - 152 new babies welcomed
 - 183 outpatient lactation appointments
 - 120 attendees for prenatal and parenting classes
 - 45 attendees for Baby and Toddler Groups
 - 56 attendees for other support groups
- OB is currently fully staffed, and have two new RN's precepting.
- OB continues to host monthly drills and ongoing development of various PI projects championed by nurses throughout the unit.

Emergency Department

- ED Director is working on bringing Advanced Trauma Care for Nurses (ATCN) to Juneau for nurse/doctor training in February.
- The Sexual Assault Nurse Examiner (SANE) program is growing, this includes adding new nurse examiners, and a CortexFlo camera.
- ED staffing is improving with the hiring of two new permanent positions filled.
- ED now has a permanent Director.
- Successful transition from tent screening to pre-covid protocols using new signage and precautions at the ED hospital entrance.

Pharmacy Department

- An independent inventory of the Pharmacy was performed on June 30th. The staff worked hard to prepare for the inventory and follow up auditing.
- The Pharmacy and Therapeutics committee approved the addition of two new therapeutic drugs (Entresto and Jardiance) which will be part of an updated heart failure module. These medications are shown to reduce hospital readmissions and improve life expectancy of heart failure patients.
- Two Pharmacy Technicians are entering pharmacy school at Idaho State University this August. Congratulations to Joy Elizarde for passing the exam to become a board-certified pharmacy technician.
- Drug shortages due to supply chain disruptions continue to keep the pharmacy staff and especially our pharmacy purchaser busy locating sufficient supply through alternative sources. Pharmacists are available to recommend substitutions.

Physical Therapy

- New Director Hallie Sikes is on campus and becoming acquainted the staff.
- We have one permanent SLP and one traveling SLP joining our team in August to assist with the pediatric waitlist and the busiest time for pediatric scheduling (when Juneau Public Schools resume for their school year).
- Jamie (PT) and Sarah (OT) are collaborating with OB to develop a much-needed Pelvic Floor program.
- Marisha (SLP) is working with Parkinson's Rock Steady program at Pavitt's for community outreach related to Parkinson's and voice therapy.

Surgical Services

- We just finished our third inventory with the use of RGIS, an outside inventory service provider. We have been working very hard to improve our process for inventory management and the fiscal year-end inventory. Elisa Gaytan, Felipe Ogoy, and Misty Wiley all worked very hard to help get us set up for success! Huge Kudos to them!
- We are also transitioning Elisa Gaytan and Misty Wiley to new positions in the OR as Inventory Systems Coordinators. They will be functioning as buyers and work together with Felipe Ogoy to manage OR inventory.
- We have successfully transitioned over to the new video equipment that was purchased for laparoscopic and arthroscopic procedures.
- We are preparing for our next project, transitioning our arthroscopic equipment over from Stryker to Arthrex.
- We also want to wish a happy retirement to Dr. Looney and thank him for all the fun memories that he has made with the OR crew.

Nutrition Services

- Nutrition services continues to provide nutritious meals for our patients and staff despite being short staffed.
- An offer was made for the Dietary Manager position, awaiting a response for acceptance.
- Several dietary staff will be getting their Certified Dietary Manager certification. This allows our non-licensed staff in dietary to build toward a career ladder.

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July 26, 2022 Behavioral Health Board Report Tracy Dompeling, Chief Behavioral Health Officer

BEHAVIORAL HEALTH

- Interim Behavioral Health Nursing Director Michael Fitzgerald started on July 7, 2022. His interim contract is for thirteen-week timeframes, which can be extended upon agreement of both Bartlett and the employee.
- Currently recruiting for the Behavioral Health Operations Director position.
- Working with Human Resources to solidify the Behavioral Health Medical Director job description to begin recruitment.
- Experiencing some administrative staff shortages with sections of the department sharing where needed to ensure completion of essential work.

CRISIS CARE CENTER

- Building is still on schedule for March 2023 occupancy.
- Fully executed contract with Agnew :: Beck was signed June 22, 2022. Kick-off meeting scheduled on August 2, 2022 to discuss the goals of the project, scope of work in detail and walk through of tasks, and determine timelines for regular meetings.
- Currently recruiting for the Program Manager for the Crisis Care Center.

ADULT MENTAL HEALTH UNIT (MHU) 12 BEDS

Staffing:

- Staffed with 4 full time nurses and 1 travel nurse, with continued recruiting for additional travelers and Bartlett nursing staff.

Program:

- Due to staff shortages, the acuity and staffing of patients is frequently assessed and the census capped accordingly. Currently capped at 5 patients. Local and Southeast referrals are being prioritized but continuing to review referrals from facilities throughout Alaska when there is bed availability.
- Continued progress addressing Joint Commission survey findings, as well as findings from internal environmental risk assessments. The extension lasts until January 2023. Recent projects completed include: installed anti-ligature exit signs in patient care areas and sliding window stops in the nurses station window to prevent staff and patient injury.
- Completed Meditech update to capture clear and consistent documentation of interventions provided for patients with elevated suicide risk.
- June data:
 - 23 admissions, 23 discharges
 - Average Daily Census = 4.03
 - Average Length of Stay = 5.13

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

Staffing:

- Still waiting for the PES therapist position to be filled so Liz Williams, recently hired as a therapist from PES, can begin at RRC.

Program:

- COVID-19 outbreak has passed although program is still following standard mitigation practices.
- Continuing to research 1115 Waiver regulations for employee certification, peer support services as alternative to CDCII track as it requires three years of supervised work experience and significant cost.
- Waiting for approval from New Service Line Committee to initiate billing for RRC Navigator program and other community outreach needs.
- RRC outpatient Dialectic Behavioral Therapy (DBT) group starting the first week in August.
- Vehicle purchase underway for RRC Navigators and CIS community outreach programs.
- June data:
 - 10 admissions, 13 discharges
 - Average Daily Census = 6.23
 - Average Length of Stay = 20.23
 - Against Treatment Advice = 0
 - Completed program = 10

RRC WITHDRAWAL MANAGEMENT UNIT (WMU):

Staffing:

- WMU is still closed. While the plan is for eventual reopening, no tentative date is set. Administrative and emergency process and protocols still need resolved. Nursing coverage is again becoming an issue.

Program:

- Working with education department to develop improved Relias training modules.
- June data:
 - 0 admissions, 0 discharges

RRC OUTPATIENT TREATMENT:

Program:

- June data:
 - 102 medication management and therapy appointments were attended (207 scheduled appointments)
 - 49% Attended/23% No-Show/26% Canceled

PSYCHIATRIC EMERGENCY SERVICES (PES):

Staffing:

- Two PES clinician positions remain open. One vacancy filled but another staff provided notice due to family reasons. Working with HR to expand recruitment exposure.

Program:

- June data:
 - 57 patients assessed for psychiatric emergency services
 - 52 adults; 5 children/adolescents
 - 32 day-time assessments; 25 evening/night-time assessments

CRISIS INTERVENTION SERVICES (CIS):

Staffing:

- CIS Navigator program fully staffed.

Program:

- In-home and community visit policy submitted in Policy Tech for approval. Policy drafted for CIS department to create consistency in service provision, ensure safety, and clarify CIS Clinician and Navigator roles, and increase billing capacity.
- Home-Based Family Treatment services as new service line to increase capacity to provide billable services. Working to ensure billing and coding is built and up to date in Meditech prior to implementation of billing.

- Working to improve admission criteria, documentation and follow-up procedures.
- Working to improve referral process and communications/follow-up with PES, and Emergency Department Case Managers.
- June data:
 - 6 new patients were referred to CIS (4 adults & 3 youth)
 - 6 patients are enrolled with CIS (6 adults & 1 youth)
 - 45 therapy and crisis intervention appointments were provided

BARTLETT OUTPATIENT PSYCHIATRIC SERVICES (BOPS):

Staffing:

- Behavioral Health Clinician Caitlin Riley is now full time and accepting patients. Brandon Eubanks will begin work at BOPS as soon as a replacement is hired for his PES position.
- New Practice Manager for BOPS is expected to be hired by the end of July with a start date in August.
- Recruiting for several administrative positions for the BOPS office. Considering casual employment of at least one staff member to assist with the transition.

Program:

- Pilot group for Cognitive Behavior Therapy (CBT) and skill building group was offered to six patients, three of which are committed to attend.
- Grant received from the Bartlett Foundation will allow two staff to participate in Eye Movement Desensitization and Reprocessing (EMDR) training.
- June data:
 - 564 appointments held (801 appointments scheduled) for psychiatric evaluation, medication management, and therapy)
 - 70% Attended/15% No-Show/15% Cancelled
 - 60 patients are on the waitlist

RRC NAVIGATORS:

Staffing:

- Navigator program fully staffed.

Program:

- Work group established to create billing process and opportunities under 1115 waiver. Approval is currently before the New Service Line committee.
- Working with community partners to streamline referral processes and maximize efficiency and patient care. Referral process in place to streamline the referral process and maximize efficiency and patient care. Reinforcing process weekly with community providers to utilize the Smartsheet document and help with adjustment to the change in practice.
- FY22 Quarterly Data (please note this is quarterly and not monthly)
 - Made 226 contacts with individuals seeking assistance with services.
 - 71 of the 226 contacts resulted in individual access to at least one social service program
 - Assisted 3 homeless/at risk individuals successfully identify housing

APPLIED BEHAVIOR ANALYSIS (ABA) CLINIC:

Staffing:

- New Behavior Analyst to start August 8, 2022. She will assist with clinical supervision of ABA technicians, contracting with the Juneau School District, and other Behavioral Analyst level responsibilities to allow for an increased caseloads and reducing the waitlist.

Program:

- Currently providing services to patients in community, home, and clinic/social group settings until school year resumes.
- Additional intakes and initial assessments for patients will occur once the new Behavior Analyst starts in August.

- Assessing the need for additional ABA technicians later this year to assist in further reducing the waitlist.
- Will continue the Juneau School District contract during the upcoming school year for private consultation and services provided by Behavior Analysts. This is to supplement the services already provided in schools for current patients.
- June data:
 - Total caseload is at 14 following initial intake with patients receiving an average of 10-20 hours a week of therapy.
 - 123 appointments attended; 83% Attended/3% No-Showed /14% Cancelled
 - 45 patients are on the waitlist

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartletthospital.org

July 26, 2022 CFO Board Report

Robert Tyk, Interim CFO

Accounting – Blessy Robert

- Preparing for yearend close and audit
- Open enrollment was a bit challenging this year with the new system
- Currently recruiting employees for three different positions in accounting
- Finalizing grants reports that closed at the end of the fiscal year

Health Information Management (HIM) – Rachael Stark

- HIM continues analyzing all inpatient, surgery, clinical and emergency room visits daily.
- We also release records from Bartlett Outpatient Psychiatry, Rainforest, and Bartlett Regional Hospital. We now have a fillable form on our web page that has seen an increase in release for records. We are hoping to get the BOPS and RRC forms on the web page that also are fillable. We will continue to work with Erin Hardin and Coffey to get that implemented.
- We continue to work with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill molecular labs.
- HIM continues to input all babies born at Bartlett Regional Hospital into the Vital Statistics application with the State of Alaska.
- We are also getting ready to input the data for the State regarding the Birth Defect program.
- HIM is monitoring our Fair Warning application which looks for inappropriate access into the Medical Records. That program is working really well and we are meeting every two weeks with their team. We will continue to reach out to employees who get flagged for inappropriate access. We are looking to add another parameter to watch for inappropriate access from outside clinics. This would enable us to grant access to outside clinics and to be able to watch for any abuses to that access.

Case Management – Jeannette Lacey

- Case Mix Index

June CMI

Total In	153	CMI	1.33
MCR In	60	CMI	1.495
MCD In	53	CMI	1.26

- Hello BABY (Building Alaskan Babies with You) - We are excited to announce that *this program has been awarded a \$30,000 grant* from the Alaska Children’s Trust. Hello BABY works to support pregnant women and new moms and families, with a focus on harm reduction and linkage to support systems. Our nurse case manager/OB patient navigator, Rachel Gladhart, worked with our grant writer Seanna O’Sullivan, to secure these funds, which will be used to support harm reduction strategies and interventions, as well as curriculum for staff to support the needs of these families.
- CMS - Medicare Important Message: In collaboration between Case Management, Patient Access Services, Mental Health Unit, Med/Surg, and Critical Care Unit, we worked to revise our policy and procedure for patient identification and delivery of required notifications regarding patients’ right to appeal their discharge if they don’t believe they have a safe discharge plan in place. This rule has complicated requirements, and we were able to create and implement a standardized, streamlined process across units to ensure compliance with this rule. I am grateful for the commitment and support of my colleagues to make this happen.

- COVID - Quarantine and Isolation (Q&I): FEMA funding for COVID Q&I has ended. CBJ and BRH are discussing funding. We are working on additional grant funding for this program as we continue to have increased medical respite needs due to COVID.
- AHHA (Alaska Hospital & Healthcare Association) Flex Readmissions Reduction Collaborative - We have defined our focus group as sepsis and infectious, to include COVID, readmissions and reviewing charts for trends to define specific interventions to address findings.
- Staffing - We continue to recruit for our Lead CDI Specialist, Emergency Department Social Work Case Manager (ED SWCM), and an Emergency Department RN Case Manager. We have travelers coming for the Lead CDI Specialist and ED SWCM positions.

Patient Financial Services (PFS) – Tami Lawson-Churchill

- Overall cash collections for the month of June is up a bit over prior month at just over \$8.0 Million
- PFS working on a Request for Proposal (RFP) for early out collections process
- Received report back from Revenue Integrity Management Resources (RIMR) with results of our Charge Data Master audit. We are working through their recommendations and setting up meetings with department managers to review
- We are working with Pharmacy and IT to identify and correct National Drug Code (NDC) quantity discrepancies

Materials Management (MM) – Willy Dodd

- Year-end inventory for MM was completed on 7/1. The MM team did a great job at staging supplies for easy and efficient counting. Department level inventories will now be counted throughout the year on a rolling monthly schedule. We will be notifying the departments prior to scheduling these counts moving forward.
- MM is in the process of finalizing reviews and updates to all MM department policies and procedures. Once this is completed, there will be notification sent out to some staff members to review and acknowledge the renewed policies. I will send out an email to those parties once that is completed.
- MM is working on assessing and selecting a new handheld device for use in MM and in several departments. We will be working with the nursing staff to ensure they get a chance to test out the devices, as a primary user for issuing patient chargeable supplies. This trial should be happening in the next month or two.
- MM is still searching for a larger long-term storage space, so please reach out to Willy Dodd if you have any suggestions.

Facilities – Marc Walker

Staffing:

- **Laundry Department:**
- **Environmental Services:**
- **Biomed Department:**
- **Security Department:**
- **Maintenance Department:**

Project Updates:

Under Construction

•

In Design

•

Planning

•

On hold/Cancelled

•

Information Systems – Scott Chille

Projects

- **Multi-Factor Authentication Project: [DELAYED]** Testing our new 2nd factor authentication platform (DUO by Cisco). Planned to roll-out to all staff and providers for all remote authentication like Citrix, VPN, and Office365 access. Email blast and how-to guides to be sent out very soon with an expected roll-out **later July**.
- **MEDITECH Expense Web Presentation Layer (WPL):** Departmental roll-outs starting early August thru December/January.

Department Updates

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

Call Volumes (HelpDesk and Clinical IS): Previous Quarter

- June Call Volumes:
 - Help Desk = 394
 - Clinical Support = 8

Information Security

- **Rapid7 Incident Detection and Response Report**
 - No MITRE ATT&CK Techniques detected in June 2022
- **Rapid7 Hunt Report:**
 - Hunt data from **879 endpoints** did not identify any indicators of compromise.
- **Cybereason (Endpoint Detection and Response) Report:**
 - **0** MalOps detected in June 2022
- **Attacks on Bartlett network (June)**
 - **3,682/second | 5.3M/Day**

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July 2022 Board Report Jerel Humphrey, Interim CEO

CEO Report – Jerel Humphrey

- Attended monthly key stakeholder meetings (medical staff, management and board)
- Continue to work with and support Drs. Garcia and Hightower to recruit a total bone and joint orthopedic surgeon
- Continue to meet monthly with Rorie Watt and Robert Palmer to discuss key issues between Bartlett and CBJ
- We continue to push for physician input on how we can improve support for the EHR
- Working with Dr. Strickler and Alaska Radiology Associates on a new radiology services agreement
- Meetings with State officials regarding Certificate of Need (CON) for Crisis Stabilization Facility and ED expansion.
- We have received a letter of acknowledgement and appreciation from the University of Alaska Anchorage (UAA) College of Health for our \$50,000 donation to support its nursing programs. This investment in nursing students directly impacts the level of excellence in health care not only in Juneau, but across the entire state.

Compliance and Risk - Nathan Overson

- Compliance has been in contact with Alaska DHSS Office of Rate Review (ORR) who has communicated that the ORR is now in agreement with Bartlett's argument that Bartlett does not need a Certificate of Need for the Crisis Care Center project. Additionally, the Alaska Department of Law has, in conversation, agreed with our argument. Bartlett has asked for this decision to be memorialized in writing and is anticipating written notification from the Office of the Commissioner soon.
- Compliance has been working with the Emergency Room renovation project design team to compile supporting documentation for the Certificate of Need (CON) application. A Request for Determination (RFD) has been submitted to the DHSS – ORR for the Emergency Room renovation project, and we are anticipating a response with a determination any day now. In anticipation of the possibility of needing to go through the whole CON process, Bartlett is currently prepared to submit the project justification to the ORR.
- Risk and our Nurse Clinical Program Specialist met with the Emergency Department team to review some of the resources available to staff. Risk discussed being a resource for clarification opportunities in low volume areas such as involuntary holds, privacy concerns involving law enforcement, Power of Attorney, general and informed consents, and policy questions.

Community Relations/Marketing & Strategy – Erin Hardin

- Successful roll out of the Fireweed Award, a new hospital-wide employee service award. Nomination window is now open and first winners will be announced in early October.
- Developing marketing campaign to increase awareness of our diabetes education program.
- Partnering with the Sleep Lab on announcing the hospital’s new partnership starting August 1 with Peak Neurology and Sleep Medicine to provide sleep services to Juneau.
- Initial conversations underway with Staff Development and Infection Prevention on creating marketing materials for effective prevention reminders and gearing up for fall flu season.
- Kick off meetings have occurred with Coffey Communications on our website refresh and employee portal. Presented project to staff at the most recent Process Improvement Committee meeting. As a reminder, over the next six months, the focus will be on a complete website content audit, editing and creation of new pages, and a visual refresh. Contract includes the addition on an Employee Intranet to better communicate resources and information with staff.
- Recruitment underway for a second Community Relations position focused on marketing.
- Partnering with Staff Development to create marketing materials to increase awareness of Bartlett’s partnerships with APU and UAA to provide clinical rotations for their respective associate nursing degree programs to Southeast Alaska. Opportunity to [train our own](#) and assist with completing education programs while remaining in Juneau.

Physician Services, BSSC, BMOC, SEPS – Sara Dodd

Physician Services

Active recruitments:

- Orthopedic Surgeon
- Medical Oncologist
- Ophthalmologist
- Neurologist

Bartlett Surgery & Specialty Clinic

General Surgery:

- Collections/revenue good and steady.
- Use of locums to cover call is going well, but would like to narrow down our pool of locums.

Ophthalmology

- 6197: Successful eye clinic with Dr. Guess June 28-July 1. 14 Cataracts served which is up from all previous months. Looking forward to continuing revised scheduling model to take care of SE retina needs.

Bartlett Surgery & Specialty Clinic Volume												
	July	August	September	October	November	December	January	February	March	April	May	June
Office Visits	197	214	158	169	188	171	116	162	172	209	179	123
Hospital Visits	26	38	21	44	17	13	24	26	20	16	17	33
Procedures	102	180	117	155	102	125	103	156	147	155	153	114
Injections	32	43	26	12	22	24	26	16	22	26	24	25
In-Office Imaging	44	55	38	33	39	43	37	33	32	51	54	71
	401	530	360	413	368	376	306	393	393	457	427	366

Bartlett Medical Oncology Center

- Working with Erin Hardin on developing an oncology brochure
- With the addition of increased staff, we are reassessing our office workflows and redistributing tasks.
- Oncology has had an uptick in referrals this month. We have added extra telemedicine days to accommodate.
- We continue to work with our oncology patient navigator on ways we can increase support to oncology and hematology patients.

Bartlett Medical Oncology Center												
	July	August	September	October	November	December	January	February	March	April	May	June
Office Visits	96	94	104	104	85	89	80	72	114	63	91	90
By Visit Type:												
Bone Marrow	0	0	0	0	0	0	0	0	0	1	0	0
Chemo Education w NP	5	4	4	7	6	3	6	10	2	2	6	3
Chemo Injection	0	0	1	0	0	0	0	0	0	0	0	0
Follow Up	28	41	54	53	40	44	4	19	41	26	41	45
Hematology New Patient	3	2	0	4	3	2	0	1	2	1	6	1
New Patient w NP	5	0	0	0	0	0	0	0	0	0	0	3
Oncology New Patient	2	8	5	7	3	2	0	3	6	3	8	4
RN follow-up visit	0	0	0	0	0	0	0	0	0	0	2	0
Routine Visit w NP	20	23	24	19	25	14	17	13	21	18	6	26
Survivorship	0	0	0	0	0	0	0	1	0	0	0	0
Zoom Follow Up	29	7	8	8	7	13	48	27	28	4	11	9
Zoom NP Hematology	2	5	3	0	1	4	1	1	0	3	4	0
Zoom NP Oncology	3	4	5	6		6	4	5	2	6	4	7

Southeast Physician Services

- Medicaid Self Audit:
 - Finalizing the reports for RAT-STATS this week
 - Will begin audit the week of 7/18
- PARA:
 - Downloaded requested data into PARA Editor
 - Kick off call scheduled for Thursday 7/14
- Staffing:
 - Fiscal Support Technician position posted 7/8
 - Two applicants have applied and a selection has been made

Southeast Physician Services												
	Claims count											
Rendering providers	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Alpine Dermatology	110	29	137	168	123	113	104	118	153	132	164	159
Bartlett Medical Oncology	96	94	104	103	87	89	80	76	112	67	86	95
Bartlett Surgery & Specialty Clinic	527	617	468	599	527	532	415	495	491	557	539	452
Seattle Anesthesia Services	197	191	157	195	143	201	146	135	213	160	216	212
Southeast Radiology Consultants	718	922	932	824	519	707	642	745	1017	786	652	999
Total	1648	1853	1798	1889	1399	1642	1387	1569	1986	1702	1657	1917

August 2022

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

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

Committee Meeting Checkoff:

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

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

August 2022 – BRH Board of Directors and Committee Meetings

BRH Planning Committee **4:00pm** **Tuesday, August 9th**

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

Call 1 888 788 0099 Meeting ID: 947 4750 1805

BRH Board Governance Committee **12:00pm** **Thursday, August 11th**

<https://bartletthospital.zoom.us/s/91595480968>

Call 1 888 788 0099 Meeting ID: 915 9548 0968

BRH Finance Committee **12:00pm** **Friday, August 12th**

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

Call 1 888 788 0099 Meeting ID: 987 3361 0436

BRH Board Compliance and Audit Committee **12:00pm** **Friday, August 19th**

<https://bartletthospital.zoom.us/j/99468455767>

Call 1 877 853 5247 Meeting ID: 994 6845 5767

BRH Board of Directors Meeting **5:30pm** **Tuesday, August 23rd**

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

Call 1 888 788 0099 Meeting ID: 932 9392 6195