

# Bartlett Regional Hospital

## AGENDA

### BOARD OF DIRECTORS MEETING

Tuesday, October 26, 2021; 5:30 p.m.

Bartlett Regional Hospital Zoom/Teleconference

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

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

<b>I.</b>	<b>CALL TO ORDER</b>		<b>5:30</b>
<b>II.</b>	<b>ROLL CALL</b>		<b>5:32</b>
<b>III.</b>	<b>APPROVE AGENDA</b>		<b>5:34</b>
<b>IV.</b>	<b>PUBLIC PARTICIPATION</b>		<b>5:35</b>
<b>V.</b>	<b>CONSENT AGENDA</b>		<b>5:45</b>
	A. <a href="#">September 28, 2021 Board of Directors Meeting Minutes</a>	(Pg.3)	
	B. <a href="#">October 5, 2021 Special Board of Directors Meeting Minutes</a>	(Pg.8)	
	C. <a href="#">August 2021 Financials</a>	(Pg.9)	
<b>VI.</b>	<b>OLD BUSINESS</b>		<b>5:50</b>
	➤ Leadership Conference		
<b>VII.</b>	<b>NEW BUSINESS</b>		<b>6:00</b>
	➤ Interim CEO Introduction		
<b>VIII.</b>	<b>MEDICAL STAFF REPORT</b>		<b>6:05</b>
	A. <a href="#">Rules &amp; Regulations revisions – HIM Utilization</a> – ACTION ITEM	(Pg.14)	
	B. <a href="#">Rules &amp; Regulations revisions – H&amp;P</a> – ACTION ITEM	(Pg.16)	
<b>IX.</b>	<b>COMMITTEE REPORTS</b>		<b>6:10</b>
	A. <a href="#">October 8, 2021 Draft Finance Committee Meeting Minutes</a>	(Pg.18)	
<b>X.</b>	<b>MANAGEMENT REPORTS</b>		<b>6:20</b>
	A. <a href="#">Legal Management report</a>	(Pg.20)	
	B. <a href="#">HR Management report</a>	(Pg.21)	
	C. <a href="#">CNO Management report</a>	(Pg.23)	
	D. <a href="#">Behavioral Health Management report</a>	(Pg.25)	
	E. <a href="#">COO Management report</a>	(Pg.29)	
	F. <a href="#">CFO Management report</a>	(Pg.34)	
	G. <a href="#">CEO Management report</a>	(Pg.40)	
<b>XI.</b>	<b>CEO REPORT / STRATEGIC DISCUSSION</b>		<b>6:30</b>

<b>XII.</b>	<b>CBJ LIAISON REPORT</b>		<b>6:35</b>
<b>XIII.</b>	<b>PRESIDENT REPORT</b>		
<b>XIV.</b>	<b>BOARD CALENDAR – <a href="#">November 2021</a></b>	(Pg.42)	<b>6:40</b>
<b>XV.</b>	<b>BOARD COMMENTS AND QUESTIONS</b>		<b>6:45</b>
<b>XVI.</b>	<b>EXECUTIVE SESSION</b>		<b>6:50</b>
	A. <a href="#">Credentialing report</a>		
	B. <a href="#">October 5, 2021 Medical Staff Meeting Minutes</a>		
	C. <a href="#">Patient Safety Dashboard</a>		
	D. Legal and Litigation		
	E. Campus 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.)*

<b>XVII.</b>	<b>ADJOURNMENT</b>		<b>7:30</b>
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**NEXT MEETING** – Tuesday, November 23, 2021; 5:30p.m.

# Bartlett Regional Hospital

Minutes  
BOARD OF DIRECTORS MEETING  
September 28, 2021 – 5:30 p.m.  
Zoom videoconference

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

**BOARD MEMBERS PRESENT**

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

**ALSO PRESENT**

Kathy Callahan, Interim CEO	Kevin Benson, CFO	Kim McDowell, CNO
Dallas Hargrave, HR Director	Vlad Toca, COO	Alice Nichols, Interim CBHO
Keegan Jackson, MD, COS	Rob Palmer, CBJ Attorney	Barbara Nault, Legal Advisor
Michelle Hale, CBJ Liaison	Anita Moffitt, Executive Assistant	Nathan Overson, Compliance

**APPROVE AGENDA** – Mr. Solomon-Gross requested the removal of the CBJ Liaison Report, item XII on the agenda and replace it with the President Report. **MOTION by Ms. Hagevig to approve the agenda as amended. Mr. Johnson seconded. There being no objections, agenda approved as amended.**

**PUBLIC PARTICIPATION** – None

**CONSENT AGENDA - MOTION by Ms. Hagevig to approve the consent agenda. Ms. Knapp seconded. There being no objection, the August 24<sup>th</sup>, September 18<sup>th</sup> and September 24<sup>th</sup>, 2021 Board of Directors meeting minutes and July 2021 Financials approved.**

**OLD BUSINESS:**

**Bylaws Revision** – Ms. Knapp and the Governance Committee had worked with legal to draft a bylaw revision that would allow BRH Board members to receive the compensation for their services as approved by the Assembly. The revision was presented at last month's Board meeting for a first reading. The revision is included in tonight's packet for a second reading as required before action can be taken. **MOTION by Ms. Knapp that the BOD approve the bylaw change included in the packet that will allow the CBJ Assembly to authorize compensation for the Board of Directors and also allows Board members to claim expenses for Board or Committee work. Mr. Stevens seconded. There being no comment or objections, MOTION approved.** Ms. Knapp noted this approved bylaw revision must now go to the Assembly for approval. After approval, it will go into effect January 1, 2022.

**Board Self-Assessment** – Ms. Knapp stated there is nothing new to report at this time. It will be discussed at the next Governance Committee meeting. The date for that meeting will be discussed when we review the calendar.

**Bond Resolution Revision** – Mr. Benson reported that since our last Board of Directors meeting where the Board approved a bond of up to \$15 Million to fund the Emergency Department (ED) renovation and the Crisis Stabilization Unit (CSU), we received cost estimates that increased to an amount just over \$11 Million. The Board has an option to bond this cost increase and look for an issue of \$20 Million bond instead of \$15 Million bond. Cost estimates are included in the packet as is the action that will be presented at the Assembly Finance Committee

meeting tomorrow evening. He reported that projected estimates show increased interest charges for that amount of additional bonding to the tune of about \$1 Million a year at 5%. Actual interest rates 3 days ago was just under 3% so the added interest cost would be just under \$600K instead of \$1 Million.

**MOTION for purposes of discussion, Ms. Hagevig moves approval of the bond issue at the \$20 Million level. Ms. Johnston seconded.** In response to Mr. Johnson's question about the use of excess amount of bond funds, Mr. Benson reported that any additional funds, not used on these two projects, would be used for other projects on the Facility Master Plan that were to be paid for by internal funding. Mr. Stevens added that the final numbers for the ED renovation include the costs of engineering and contingencies so increased the \$7 Million originally estimated.

Mr. Geiger declared a conflict of interest as his wife would probably be an engineer on this project. He will recuse himself from the vote.

Ms. Johnston clarified there will not be excess bond funding. The cost of the two projects combined will exceed \$20 Million. We will use excess moneys over and above the 180 days cash on hand to fund the excess of the two projects over the \$20 Million. Mr. Johnson thanked Ms. Johnston for the clarification and wants assurance that we aren't jeopardizing any grant funding. Mr. Benson explained the project is close to \$13 Million. The grant funding is close to \$2.5 Million leaving about \$10 Million that will still need to be funded by BRH. Ms. Knapp expressed concern that we may be overextending ourselves. Mr. Benson stated we have funds designated for additional projects that have been identified. Requests for Proposals (RFPs) have been sent out for the design of the ED project. Those have been received but have yet to be awarded. We should have further cost estimates in their finalized phase prior to committing to future projects. Mr. Stevens, agreed. We know the cost of the CSU and are still within our contingency amount. We have preliminary estimates for the ED expansion/remodel and will have better numbers in the next phase. Final costs will probably exceed what we are seeing in the bond package.

Ms. Hagevig, stated this is one of those projects we should probably strike while the iron is hot and interest rates are in our favor. If no more discussion, she would like a roll call vote. Mr. Solomon-Gross reminded everyone that this will go to the Assembly Finance Committee tomorrow for approval. He then called for a vote. Roll call vote taken.

**MOTION for approval of the bond issue at the \$20 Million level unanimously passed 8-0. Hal Geiger recused from the vote.**

Mr. Solomon-Gross welcomed Ms. Callahan as the interim CEO. Ms. Callahan thanked the Board and expressed her appreciation for the opportunity to be in this role at this time. She stated that one of her highest priorities is to stabilize the organization. She reported that Alice Nichols was highly recommended for the interim Chief Behavioral Health Officer by Dr. Gartenberg. Ms. Nichols has been working with our behavioral health team since February and has accepted the interim role for a one month period. She will continue to work in her previous position when we have a longer term interim in place. She has already provided value and insight into things we need to prioritize operational. Mr. Solomon-Gross thanked Ms. Callahan and welcomed Ms. Nichols.

#### **NEW BUSINESS:**

**Bartlett Regional Hospital and CBJ Assembly Joint Committee** – Mr. Solomon-Gross reported the Mayor suggested this idea at the last Joint Meeting of the BRH Board and CBJ Assembly. This will provide cohesiveness with our Board and the Assembly in evaluating BRH's ability to consider and acquire real property, discuss campus planning, business plans, projected community service needs and facility needs and will keep the Assembly informed and updated on BRH's efforts to partner or affiliate with other hospitals and health care providers. Members of the committee will be BRH Board members Mr. Solomon-Gross, Mr. Stevens and Ms. Johnston. Assembly members will be Ms. Hughes-Skandijs, Mayor Weldon and Christine Woll. Ms. Hughes-Skandijs shall serve as Chair, Mr. Solomon-Gross as Vice Chair.

**MEDICAL STAFF REPORT** – Dr. Jackson reported that it was business as usual at the September 7<sup>th</sup>, Medical Staff meeting. Reviewed old business. There was no specific Meditech Expanse report but is still an ongoing conversation. She will ask IT where we are at with the concerns expressed by the medical staff over the last several months. The workarounds are not really working or fixing the problems. Reminders were given to providers that they should always have their badges on them when in the building and doing the self-screening and temperature checks. An update to the incident command regarding the travel policy for employees and healthcare workers took some of the traveling providers by surprise. There was no physician representative involved when the policy was updated. A request has been made that someone in infection prevention or the quality department discuss any changes with a provider about how it impacts traveling physicians. It was concluded that if asymptomatic, masks will be worn and COVID testing is to be done as soon as possible. Dr. Benjamin will provide suggestions to help things run smoother. There was not much in the way of committee reports. Next meeting, October 5<sup>th</sup>.

#### **COMMITTEE REPORTS:**

**Planning Committee Meeting** – Draft minutes from the September 3<sup>rd</sup> meeting are in the packet. Mr. Stevens noted so much is fluid at this point with what’s going on. We focused on a couple of projects that are included in the bond and will continue to keep things moving forward.

**Board Quality Committee Meeting** – Draft minutes from the September 8<sup>th</sup> meeting are in the packet. Ms. Hagevig reported it was a fairly short meeting and the minutes are pretty complete.

**Committee of the Whole** – Draft minutes from the September 10<sup>th</sup> meeting are in the packet. Mr. Solomon-Gross stated a lot of work was done in executive session.

**Finance Committee Meeting** – Draft minutes from the September 10<sup>th</sup> meeting are in the packet. Mr. Benson reported that the July financials were reviewed. The Committee took up a supplemental appropriation for FY2021. This is a housekeeping item we’ve done for the last 3 years. A supplemental appropriation is being requested from the Assembly for BRH overspending its operational and capital budget by \$20.9 Million. This was mostly a result of additional expenses related to COVID. The same information that had been reviewed by the Finance Committee will be taken up at tomorrow’s CBJ Finance Committee meeting. Mr. Benson will be there to answer any questions. The committee had approved a motion to recommend the supplemental appropriation be moved to the Board for final approval. Ms. Johnston apologized for her audio difficulties. She reported that the minutes reflect the conversations held with the exception of the action item to increase the recommended bond issue from \$15 Million to \$20 Million.

***For purposes of discussion, MOTION by Mr. Stevens for approval of supplemental appropriation. Ms. Hagevig seconded.*** Ms. Knapp asked that the source of funding for the supplemental appropriation be identified. Mr. Benson reported that we applied \$7 Million of Cares funding as well as additional State and Federal grants. The final shortfall of \$2.9 Million was provided out of Bartlett’s fund balance. Mr. Solomon-Gross stated this is pretty common. ***There being no further conversation or objections, MOTION for approval of supplemental appropriation approved.***

#### **MANAGEMENT REPORTS:**

**Legal Report** – Mr. Palmer, on Ms. Nault’s behalf, provided a summary of projects she has been working on since last month’s meeting. Completed matters: An agreement with the school district for the Applied Behavioral Health Analysis services and a professional services agreement with AK Retinal Consultants. Pending projects: An agreement for a new case management software program, Pathology Services agreement with Alaska Pathology and a couple of items with Medical Staff Services and contracts, updating a medical residency policy, affiliation agreement and bylaws amendment. She anticipates the bylaws revision to be presented to the Board for consideration soon. He also reported a lease for renting space in Haines is in the packet. He will discuss the litigation risks during executive session.

**HR Report** – Mr. Hargrave reported he did not submit a written report this month. He has been working with the Interim CEO Recruitment Committee to schedule and conduct interviews for an interim CEO. We are on schedule in accordance with the schedule put out last week. Candidates will be discussed during executive session. He and Ms. Callahan are

going to meet with a potential longer term interim CBHO tomorrow morning. He stated that staff on the floor are experiencing fatigue from the ongoing effects of patient care during the pandemic and unease in the change in leadership. We are working with the staff to get ideas on how to address some of those concerns, many are related to staffing. We are going to be looking long term and short term to address this. Finally, along with the employee COVID vaccine policy, we agreed that one of the impacts is to have listening sessions with employees. Those will be held later this week and next week. A panel will listen to and answer questions of unvaccinated staff regarding COVID vaccination.

Ms. Knapp asked if BRH is going to get some of the nurses the Governor has contracted to bring relief to hospitals in AK. Mr. Hargrave reported that the state is moving forward with this and we might get some later this week. It will definitely help but it's unknown what their qualifications and experience are. Ms. McDowell reported that we originally asked for 12 nurses. As of Saturday, we were told we are getting 9 RNs and 6 CNAs.

**CNO Report** – Ms. McDowell reported the staff is working hard and are very tired due to high census and short staffing. The Regeneron Clinic has been moved from the Med Surg unit to the ED cabin due to inpatient census. The state is looking at current monoclonal antibodies (MAB) allocations as resources are running low.

**CBHO Report** – Ms. Nichols reported that she's been very fortunate that everyone has helped her get up to speed quickly. She will try to end her tenure in her four week time frame with some recommendations, guidance and structure for the longer term interim CBHO.

**COO Report** – Mr. Johnson stated it's a good report but would like to have acronyms spelled out in the future. Ms. Young asked Mr. Toca about his thoughts on the lack of adequate space for PT/OT and what the operating hours are for the department. Mr. Toca reported that we are looking to schedule therapists to work four 10 hour days to offer extended hours and are looking for space to lease. Ms. Young stated the clinical graph in the report was very informative and she would like to see something similar to that in Behavioral Health reports as well. In response to Mr. Solomon-Gross' query about the College of American Pathologists (CAP) coming on site on October 28<sup>th</sup>, Mr. Toca responded that they are coming on site to conduct an inspection of Bartlett's policies and procedures. He will confirm that this date has not been postponed and will provide an update via email. Mr. Solomon-Gross then asked for more information about the marketing strategies. Mr. Toca reported that since Amanda Black joined the BRH team recently, we have engaged with BPD Advertising and &Well Marketing to see what types of services they may be able to provide us. The marketing department at Bartlett has never been developed and we need outside help to achieve our goals. He then provided an overview of the list of steps already taken as listed in his report. At the moment we are reviewing the feedback we have received and will piecemeal some of the initiatives that are not so costly. The dollar amounts of the quotes received are above the threshold that would require us to have an RFP. He is working with the city to learn the RFP process. Decisions will not be made until the new CEO is in place to help identify marketing priorities and strategies. Mr. Johnson suggested the Planning and/or Finance Committees be briefed on this before we get too far in the process of implementation since it's going to be expensive. He said it's not very clear to him what is really cost effective for us at this moment. Ms. Callahan reported that when she came on board, information that had been shared with her about what Mr. Toca has been working on is rebranding; renaming the facility and looking at some things that really require a long term view and a number of people involved in that process. She strongly supports increasing Bartlett's presence in the community and letting the community know what services we have but does not feel this is the time to look at rebranding. We may need to look at what the proposal includes and have something like that done when launching the new CEO or further down the road. Mr. Toca expressed appreciation for Ms. Callahan's feedback and stated this was initiatives were initiated with the previous CEO. It is a big project that will require a lot of coordination. He identified the website and media purchasing as the priorities and most cost effective at the moment. Ms. Hagevig agrees there is a need to do some marketing about what BRH has to offer but is leery of entering into a major contract with a marketing entity. She requests the Board be kept closely informed with what is going on with marketing. She would like to see an increase of BRH activity on social media and does not see the need for rebranding. Mr. Solomon-Gross agreed with Mr. Johnson and requests a report be submitted to the Planning Committee for review and discussion. Mr. Stevens agreed this is appropriate as marketing and planning go hand in hand. Mr. Johnson stated social media allows for a lot of negative comments and misinformation. Perhaps it can be used to help clear up misinformation as well. Mr. Toca is looking at filtering options available to address this issue. Mr. Toca will provide a full report to the Board about marketing strategies. Ms. Knapp thanked Mr. Toca for the work he's done so far and expressed the need to move forward. Ms. Hagevig asked for clarification about the molecular lab numbers. Mr. Benson reported that the numbers had been presented at the Finance Committee and projected numbers through September 21<sup>st</sup>. Mr. Toca will provide update counts. In response to Ms. Hagevig's query, Mr. Toca reported he has no updates on the contract with Quest as it is currently with legal. He will provide information at a later date.

**CFO Report** – Mr. Benson reported we are in audit season and pretty deep in field work with the auditors here this week.

**CEO Report** - Ms. Callahan reported has been doing operational analysis and meeting with people on the team so her written report was fairly short. She meets daily with the rest of the leadership team. Focus has been on COVID numbers and the need to evaluate our inpatient surgeries. (We did have to cancel one.) She is working with Ms. McDowell and Vinh Le to monitor surgical cases every day. Something new hits her desk just about every hour. She's learning and enjoying it. It's nice to be able to hit the ground running and know the names of people to call for help. Ophthalmology contract has been started and it's been a smooth transition from what we had with Dr. Kopstein. Ms. Hagevig thanked Ms. Callahan for stepping up and being here.

**PRESIDENT REPORT** – Mr. Solomon-Gross reported that we have been busy with the Interim CEO Recruitment Ad-Hoc committee. He thanked Ms. Callahan for stepping in as the interim CEO. He requests that Ms. Callahan express his thanks to the Senior Leadership Team and staff for all of their hard work. He also thanked the BOD for being so agile and attending meetings called on the fly.

**BOARD CALENDAR** – October calendar reviewed. A poll will be conducted to determine if the Physician Recruitment Committee will meet in October or not. Mr. Johnson will be updated when the poll is completed. Mr. Johnson will sit in on the Credentials Committee meeting scheduled to take place at 7:00am on Tuesday October 12<sup>th</sup> since Ms. Hagevig will be at the Leadership Conference. The next Governance Committee meeting will be held at 12:00pm on Friday, October 29<sup>th</sup>. Ms. Callahan noted the October 8<sup>th</sup> ground breaking ceremony has been postponed due to high census, It was determined that it was not prudent to hold social events on campus until we get a handle on things.

**BOARD COMMENTS AND QUESTIONS** – Ms. Hagevig gave Mr. Hargrave an extra shout out for all of the extra work he has done in the last couple of weeks.

**EXECUTIVE SESSION** – *MOTION by Ms. Young to recess into executive session to discuss several matters as written in the agenda, with the addition of a discussion of the 340B program, 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 facts and litigation strategies of the Haines Lynn Canal Corporation Lease with the 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.)*  
*And*
- *To discuss Interim CEO Candidates and personnel matters that tend to prejudice the reputation and character of any person. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

**Mr. Johnson seconded.** The Board entered executive session at 6:49 p.m. They returned to regular session at 8:16 p.m.

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

**ADJOURNMENT:** 8:17 p.m.

**NEXT MEETING:** 5:30 p.m. – Tuesday, October 26, 2021

# Bartlett Regional Hospital

Minutes  
SPECIAL BOARD OF DIRECTORS MEETING  
October 5, 2021 – 5:00 p.m.  
Zoom videoconference

**CALL TO ORDER** – Meeting called to order at 5:03 p.m. by Kenny Solomon-Gross, Board President

**BOARD MEMBERS PRESENT** - Kenny Solomon-Gross, President, Rosemary Hagevig, Vice-President, Brenda Knapp, Deb Johnston, Hal Geiger, Lindy Jones, MD and Lance Stevens

**ABSENT** – Mark Johnson, Secretary and Iola Young

**ALSO PRESENT** - Dallas Hargrave, HR Director and Anita Moffitt, Executive Assistant

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

**PUBLIC PARTICIPATION** – None

**APPROVAL OF THE MINUTES** - *MOTION by Ms. Hagevig to approve the September 27<sup>th</sup> and September 28<sup>th</sup> Interim CEO Ad Hoc Recruitment Committee meeting minutes. Ms. Knapp seconded. There being no objection, minutes approved.*

**EXECUTIVE SESSION** – *MOTION by Ms. Johnston to recess into executive session to discuss personnel matters, specifically consideration of Interim CEO Candidates that may prejudice the reputation and character of any person. Ms. Hagevig seconded.*

The Board entered executive session at 5:05 p.m. They returned to regular session at 5:32 p.m.

*MOTION by Mr. Geiger that the Board accept Jerel Humphrey as the long term Interim CEO of Bartlett Regional Hospital. Ms. Knapp seconded. There being no objection or conversation, MOTION approved.* Jerel Humphrey will serve as the Interim CEO beginning October 18, 2021.

Mr. Solomon-Gross expressed appreciation for everyone's time

**ADJOURNMENT:** 5:33 p.m.



# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

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

DATE: October 4, 2021  
TO: BRH Finance Committee  
FROM: Kevin Benson, Chief Financial Officer  
RE: August Financial Performance

Bartlett Regional Hospital had a busy month with the highest number of Covid-19 patients it has cared for during this pandemic. Inpatient revenue for the month was down \$635,000 (-11%) from budget in August. The departments of CCU, MHU, Obstetrics and Rainforest contributed to this shortfall. This is consistent with the related departmental statistics which were also down. Opposite of that, Outpatient revenue was greater than budget by \$766,000 (7.4%) driven by increases in many departments but particularly Emergency Department visits, BOPS visits and Lab tests (molecular). This left Total Hospital Patient Revenue \$268,000 (1.5%) ahead of budget. After Rainforest, BHOPS and physician revenue, the month ended \$268,000 (1.5%) ahead of budget for Gross Patient Revenue.

Deductions from revenue were almost right on budget consistent with revenue finishing close to budget.

Net Patient Revenue finished ahead of budget with positive variance of \$271,000 (2.8%). Other Operating Revenue was well below budget with the loss of 340B revenue and lower grant revenues. As a result, Total Operating Revenue finished at \$-215,000 (-2.0%) less than budget.

Total Expenses were over budget, finishing \$-204,000 (-1.9%) yielding an Operating Loss of \$498,000 as compared to a budgeted Operating Loss of -\$79,000. After Non-Operating Income the Final Net Loss was \$-330,000 for a minus -3.8% margin. After two months, the Net Income is \$126,000 for a 0.59% margin.

Expense variances incurred in August were as follows:

- Contract Labor was \$44,000 over budget as the hospital struggles to maintain staffing levels.
- Physician Contracts were \$288,000 over budget as additional mental health providers are needed to provide for increased volumes.
- Supply costs were \$285,000 over budget, driven almost exclusively by increased pharmaceuticals for increased Infusion Therapy services and Covid-19 related drugs.
- Molecular Testing volumes have increased dramatically generating \$497,000 in revenue as opposed to \$48,000 in the budget.

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

Facility Utilization:	CURRENT MONTH					YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	% Over (Under) Pr Yr	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Hospital Inpatient: Patient Days</b>									
Patient Days - Med/Surg	459	378	21%	345	33.0%	929	756	23%	727
Patient Days - Critical Care Unit	89	101	-12%	103	-13.6%	181	202	-10%	207
Avg. Daily Census - Acute	17.7	15.5	14%	14.5	22.3%	17.9	15.5	16%	15.1
Patient Days - Obstetrics	54	63	-15%	68	-20.6%	137	127	8%	141
Patient Days - Nursery	43	52	-18%	58	-25.9%	108	105	3%	109
<b>Total Hospital Patient Days</b>	<b>645</b>	<b>595</b>	<b>8%</b>	<b>574</b>	<b>12.4%</b>	<b>1,355</b>	<b>1,190</b>	<b>14%</b>	<b>1,184</b>
Births	26	26	1%	28	-7.1%	55	51	7%	57
<b>Mental Health Unit</b>									
Patient Days - Mental Health Unit	116	248	-53%	132	-12.1%	277	496	-44%	269
Avg. Daily Census - MHU	3.7	8.0	-53%	4.3	-12.1%	4.5	8.0	-44%	4.3
<b>Rain Forest Recovery:</b>									
Patient Days - RRC	171	248	-31%	0	0.0%	371	496	-25%	0
Avg. Daily Census - RRC	6	8.0	-31%	0	0.0%	6	8.0	-25%	0.0
Outpatient visits	49	88	-44%	67	-26.9%	94	176	-46%	88
<b>Inpatient: Admissions</b>									
Med/Surg	79	58	36%	49	61.2%	149	116	29%	120
Critical Care Unit	38	36	5%	32	18.8%	77	72	6%	65
Obstetrics	29	28	5%	27	7.4%	62	55	13%	61
Nursery	26	26	1%	28	-7.1%	55	51	7%	57
Mental Health Unit	26	21	23%	22	18.2%	51	42	21%	38
<b>Total Admissions - Inpatient Status</b>	<b>198</b>	<b>168</b>	<b>18%</b>	<b>158</b>	<b>25.3%</b>	<b>394</b>	<b>337</b>	<b>17%</b>	<b>341</b>
<b>Admissions - "Observation" Status</b>									
Med/Surg	66	63	5%	52	26.9%	149	126	19%	110
Critical Care Unit	21	27	-21%	24	-12.5%	42	53	-21%	48
Mental Health Unit	2	2	-16%	3	-33.3%	6	5	26%	7
Obstetrics	13	14	-9%	14	-7.1%	33	29	16%	28
Nursery	0	0	0%	0	0.0%	0	0	0%	0
<b>Total Admissions to Observation</b>	<b>102</b>	<b>106</b>	<b>-4%</b>	<b>93</b>	<b>-20.3%</b>	<b>230</b>	<b>212</b>	<b>8%</b>	<b>193</b>
<b>Surgery:</b>									
Inpatient Surgery Cases	44	50	-12%	46	-4.3%	104	101	3%	103
Endoscopy Cases	98	89	10%	78	25.6%	181	178	2%	153
Same Day Surgery Cases	115	119	-3%	109	5.5%	217	237	-9%	252
<b>Total Surgery Cases</b>	<b>257</b>	<b>258</b>	<b>0%</b>	<b>233</b>	<b>10.3%</b>	<b>502</b>	<b>516</b>	<b>-3%</b>	<b>508</b>
Total Surgery Minutes	15,346	18,480	-17%	16,827	-8.8%	32,550	36,961	-12%	37,145
<b>Outpatient:</b>									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	1,158	968	20%	991	16.9%	2,394	1,935	24%	2,024
Cardiac Rehab Visits	52	58	-10%	48	8.3%	151	116	30%	98
Lab Visits	1,583	292	442%	289	447.8%	2,211	585	278%	553
Lab Tests	9,774	9,940	-2%	9,163	6.7%	20,000	19,880	1%	19,246
Radiology Visits	906	815	11%	727	24.6%	1,731	1,629	6%	1,533
Radiology Tests	2,537	2,371	7%	2,063	23.0%	4,913	4,743	4%	4,393
Sleep Study Visits	24	23	5%	25	-4.0%	53	46	16%	59
<b>Physician Clinics:</b>									
Hospitalists	252	236	7%	173	45.7%	496	472	5%	536
Bartlett Oncology Clinic	94	86	10%	77	22.1%	190	172	11%	158
Ophthalmology Clinic	123	95	30%	98	25.5%	201	190	6%	205
Behavioral Health Outpatient visits	626	408	54%	355	76.3%	1,201	815	47%	727
Bartlett Surgery Specialty Clinic visits	242	232	4%	190	27.4%	447	464	-4%	412
	1,337	1,056	27%	893	49.7%	2,535	2,112	20%	2,038
<b>Other Operating Indicators:</b>									
Dietary Meals Served	15,180	20,134	-25%	19,552	-3.3%	30,879	40,267	-23%	37,448
Laundry Pounds (Per 100)	402	381	5%	364	1.0%	800	762	5%	740

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

Facility Utilization:	CURRENT MONTH				YEAR TO DATE			
	Actual	Budget	% Over (Under) Budget	Prior Year	Actual	Budget	% Over (Under) Budget	Prior Year
<b>Financial Indicators:</b>								
Revenue Per Adjusted Patient Day	4,669	5,166	-9.6%	4,002	5,068	10,332	-51.0%	8,642
Contractual Allowance %	40.5%	43.6%	-7.2%	37.6%	38.3%	43.6%	-12.2%	45.6%
Bad Debt & Charity Care %	3.7%	1.3%	179.6%	-0.1%	3.5%	1.3%	159.8%	-0.1%
Wages as a % of Net Revenue	48.4%	52.1%	-7.0%	49.7%	47.0%	52.1%	-9.7%	53.4%
Productive Staff Hours Per Adjusted Patient Day	24.2	25.0	-3.3%	22.8	26.1	47.8	-45.5%	42.4
Non-Productive Staff Hours Per Adjusted Patient Day	3.6	3.8	-7.1%	3.6	3.9	7.3	-46.5%	6.8
Overtime/Premium % of Productive	5.84%	2.99%	95.3%	2.99%	6.39%	5.26%	21.5%	5.26%
Days Cash on Hand	55	57	-2.4%	114	55	57	-2.3%	111
Board Designated Days Cash on Hand	157	161	-2.4%	130	157	161	-2.3%	130
Days in Net Receivables	51.4	51	0.0%	66	51.4	51	0.0%	66
					<b>Actual</b>	<b>Benchmark</b>	<b>% Over (Under)</b>	<b>Prior Year Month</b>
Total debt-to-capitalization (with PERS)					57.7%	33.7%	71.3%	61.9%
Total debt-to-capitalization (without PERS)					14.4%	33.7%	-57.1%	15.7%
Current Ratio					5.21	2.00	160.7%	7.26
Debt-to-Cash Flow (with PERS)					10.21	2.7	278.1%	9.17
Debt-to-Cash Flow (without PERS)					2.56	2.7	-5.3%	2.32
Aged A/R 90 days & greater					42.7%	19.8%	115.7%	48.3%
Bad Debt Write off					1.2%	0.8%	50.0%	-0.5%
Cash Collections					89.6%	99.4%	-9.9%	98.4%
Charity Care Write off					0.4%	1.4%	-71.4%	1.6%
Cost of Collections (Hospital only)					4.1%	2.8%	46.4%	4.5%
Discharged not Final Billed (DNFB)					11.8%	4.7%	151.1%	13.8%
Unbilled & Claims on Hold (DNSP)					11.8%	5.1%	131.4%	13.8%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.00%
POS Cash Collection					2.9%	21.3%	-86.4%	0.0%

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

MONTH ACTUAL	MONTH BUDGET	MO \$ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
Gross Patient Revenue:											
\$3,831,558	\$4,617,397	-\$785,839	-17.0%	\$3,469,388	1. Inpatient Revenue	\$7,893,064	\$9,234,791	-\$1,341,727	-14.5%	\$7,509,056	5.1%
\$1,169,065	\$1,018,709	\$150,356	14.8%	\$896,443	2. Inpatient Ancillary Revenue	\$2,257,173	\$2,037,414	\$219,759	10.8%	\$1,919,084	17.6%
\$5,000,623	\$5,636,106	-\$635,483	-11.3%	\$4,365,831	3. Total Inpatient Revenue	\$10,150,237	\$11,272,205	-\$1,121,968	-10.0%	\$9,428,140	7.7%
\$11,142,418	\$10,376,490	\$765,928	7.4%	\$9,174,995	4. Outpatient Revenue	\$22,096,816	\$20,752,996	\$1,343,820	6.5%	\$19,852,402	11.3%
\$16,143,041	\$16,012,596	\$130,445	0.8%	\$13,540,826	5. Total Patient Revenue - Hospital	\$32,247,053	\$32,025,201	\$221,852	0.7%	\$29,280,542	10.1%
\$300,261	\$348,955	-\$48,695	-14.0%	\$5,885	6. RRC Patient Revenue	\$577,425	\$697,907	-\$120,482	-17.3%	\$8,279	6874.6%
\$355,268	\$274,958	\$80,310	29.2%	\$184,585	7. BHOPS Patient Revenue	\$734,504	\$549,918	\$184,586	33.6%	\$385,217	90.7%
\$1,182,691	\$1,076,405	\$106,286	9.9%	\$845,130	8. Physician Revenue	\$2,069,896	\$2,152,813	-\$82,917	-3.9%	\$2,125,619	-2.6%
\$17,981,261	\$17,712,914	\$268,346	1.5%	\$14,576,426	9. Total Gross Patient Revenue	\$35,628,878	\$35,425,839	\$203,039	0.6%	\$31,799,657	12.0%
Deductions from Revenue:											
\$2,716,381	\$3,108,552	\$392,171	12.6%	\$2,390,887	10. Inpatient Contractual Allowance	\$5,334,689	\$5,992,101	\$657,412	11.0%	\$5,997,118	-11.0%
-\$225,000	-\$225,000	\$0		-\$308,333	10a. Rural Demonstration Project	-\$225,000	-\$225,000	\$0		-\$308,333	
\$4,163,123	\$4,119,123	-\$44,000	-1.1%	\$2,814,255	11. Outpatient Contractual Allowance	\$7,372,176	\$8,238,242	\$866,066	10.5%	\$7,415,637	-0.6%
\$627,808	\$723,981	\$96,173	13.3%	\$581,642	12. Physician Service Contractual Allowance	\$1,160,041	\$1,447,963	\$287,922	19.9%	\$1,396,504	-16.9%
\$22,266	\$14,826	-\$7,440	-50.2%	\$14,847	13. Other Deductions	\$49,755	\$29,652	-\$20,103	-67.8%	\$24,661	0.0%
\$73,565	\$132,263	\$58,699	44.4%	\$232,980	14. Charity Care	\$142,489	\$264,527	\$122,038	46.1%	\$393,270	-63.8%
\$596,260	\$103,725	-\$492,535	-474.8%	-\$247,358	15. Bad Debt Expense	\$1,090,505	\$207,450	-\$883,055	-425.7%	-\$416,654	-361.7%
\$7,974,403	\$7,977,470	\$3,068	0.0%	\$5,478,920	16. Total Deductions from Revenue	\$14,924,655	\$15,954,935	\$1,030,280	6.5%	\$14,502,203	2.9%
40.5%	44.9%			39.7%	% Contractual Allowances / Total Gross Patient Revenue	38.3%	44.3%			45.6%	
3.7%	1.3%			-0.1%	% Bad Debt & Charity Care / Total Gross Patient Revenue	3.5%	1.3%			-0.1%	
44.3%	45.0%			37.6%	% Total Deductions / Total Gross Patient Revenue	41.9%	45.0%			45.6%	
\$10,006,858	\$9,735,444	\$271,414	2.8%	\$9,097,506	17. Net Patient Revenue	\$20,704,223	\$19,470,904	\$1,233,319	6.3%	\$17,297,454	19.7%
\$364,698	\$850,641	-\$485,943	-57.1%	\$1,426,349	18. Other Operating Revenue	\$749,434	\$1,701,275	-\$951,841	-55.9%	\$3,065,415	-75.6%
\$10,371,556	\$10,586,085	-\$214,529	-2.0%	\$10,523,855	19. Total Operating Revenue	\$21,453,657	\$21,172,179	\$281,478	1.3%	\$20,362,869	5.4%
Expenses:											
\$4,350,677	\$4,649,585	\$298,908	6.4%	\$4,032,983	20. Salaries & Wages	\$8,638,118	\$9,299,168	\$661,050	7.1%	\$8,236,054	4.9%
\$349,470	\$317,590	-\$31,880	-10.0%	\$332,967	21. Physician Wages	\$689,517	\$635,181	-\$54,336	-8.6%	\$635,567	8.5%
\$146,297	\$101,317	-\$44,980	-44.4%	\$158,173	22. Contract Labor	\$406,383	\$202,632	-\$203,751	-100.6%	\$359,385	13.1%
\$2,363,594	\$2,388,655	\$25,062	1.0%	\$2,174,366	23. Employee Benefits	\$4,755,384	\$4,777,315	\$21,931	0.5%	\$4,281,179	11.1%
\$7,210,038	\$7,457,147	\$247,110	3.3%	\$6,698,489	% Salaries and Benefits / Total Operating Revenue	\$14,489,402	\$14,914,296	\$424,894	2.8%	\$13,512,185	7.2%
69.5%	70.4%			63.7%		67.5%	70.4%			66.4%	
\$89,756	\$86,004	-\$3,752	-4.4%	\$115,987	24. Medical Professional Fees	\$137,368	\$172,003	\$34,635	20.1%	\$211,398	-35.0%
\$463,251	\$175,005	-\$288,246	-164.7%	\$150,915	25. Physician Contracts	\$834,217	\$350,011	-\$484,206	-138.3%	\$245,702	239.5%
\$199,537	\$246,955	\$47,418	19.2%	\$156,025	26. Non-Medical Professional Fees	\$314,931	\$493,911	\$178,980	36.2%	\$331,794	-5.1%
\$1,541,901	\$1,256,670	-\$285,231	-22.7%	\$1,376,078	27. Materials & Supplies	\$3,120,445	\$2,513,343	-\$607,102	-24.2%	\$3,121,009	0.0%
\$105,215	\$132,424	\$27,210	20.5%	\$112,925	28. Utilities	\$231,732	\$264,839	\$33,107	12.5%	\$207,120	11.9%
\$361,725	\$383,893	\$22,168	5.8%	\$497,665	29. Maintenance & Repairs	\$783,742	\$767,784	-\$15,958	-2.1%	\$914,997	-14.3%
\$43,326	\$38,827	-\$4,499	-11.6%	\$41,169	30. Rentals & Leases	\$95,256	\$77,652	-\$17,604	-22.7%	\$100,860	-5.6%
\$68,839	\$56,108	-\$12,731	-22.7%	\$42,665	31. Insurance	\$150,163	\$112,216	-\$37,947	-33.8%	\$86,731	73.1%
\$607,718	\$648,350	\$40,632	6.3%	\$672,260	32. Depreciation & Amortization	\$1,217,767	\$1,296,698	\$78,931	6.1%	\$1,343,268	-9.3%
\$49,154	\$50,903	\$1,750	3.4%	\$50,909	33. Interest Expense	\$98,512	\$101,805	\$3,293	3.2%	\$102,031	-3.4%
\$129,278	\$133,292	\$4,014	3.0%	\$22,400	34. Other Operating Expenses	\$255,889	\$266,572	\$10,683	4.0%	\$186,077	37.5%
\$10,869,738	\$10,665,578	-\$204,157	-1.9%	\$9,937,487	35. Total Expenses	\$21,729,424	\$21,331,130	-\$398,294	-1.9%	\$20,363,172	-6.7%
-\$498,182	-\$79,493	-\$418,689	526.7%	\$586,368	36. Income (Loss) from Operations	-\$275,767	-\$158,951	-\$116,816	73.5%	-\$303	90912.2%
\$104,340	\$169,863	-\$65,523	-38.6%	\$102,643	37. Interest Income	\$204,718	\$339,726	-\$135,009	-39.7%	\$204,478	0.1%
\$63,838	\$77,064	-\$13,226	-17.2%	\$75,801	38. Other Non-Operating Income	\$196,582	\$154,131	\$42,451	27.5%	\$151,392	29.8%
\$168,178	\$246,927	-\$78,749	-31.9%	\$178,444	39. Total Non-Operating Revenue	\$401,300	\$493,857	-\$92,557	-18.7%	\$355,870	12.8%
-\$330,004	\$167,434	-\$497,438	297.1%	\$764,812	40. Net Income (Loss)	\$125,533	\$334,906	-\$209,373	62.5%	\$355,567	64.7%
-4.80%	-0.75%			5.57%	Income from Operations Margin	-1.29%	-0.75%			0.00%	
-3.18%	1.58%			7.27%	Net Income	0.59%	1.58%			1.75%	

BARTLETT REGIONAL HOSPITAL  
BALANCE SHEET  
August 31, 2021

	<u>August-21</u>	<u>July-21</u>	<u>August-20</u>	<u>CHANGE FROM PRIOR FISCAL YEAR</u>
<b>ASSETS</b>				
Current Assets:				
1. Cash and cash equivalents	18,285,324	18,182,633	37,006,284	(18,720,960)
2. Board designated cash	33,094,973	32,859,823	34,683,672	(1,588,699)
3. Patient accounts receivable, net	17,748,521	17,883,171	13,554,959	4,193,562
4. Other receivables	31,400	2,463,186	(137,730)	169,130
5. Inventories	3,367,771	3,312,784	3,310,671	57,100
6. Prepaid Expenses	2,922,731	3,134,789	2,916,535	6,196
7. Other assets	30,377	30,377	28,877	1,500
8. Total current assets	75,481,097	77,866,763	91,363,268	(15,882,171)
Appropriated Cash:				
9. CIP Appropriated Funding	18,854,017	13,671,356	4,163,554	14,690,463
Property, plant & equipment				
10. Land, bldgs & equipment	149,897,827	149,852,618	144,810,898	5,086,929
11. Construction in progress	10,769,368	10,421,451	6,324,168	4,445,200
12. Total property & equipment	160,667,195	160,274,069	151,135,066	9,532,129
13. Less: accumulated depreciation	(102,791,929)	(102,194,394)	(95,384,540)	(7,407,389)
14. Net property and equipment	57,875,266	58,079,680	55,750,532	2,124,734
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	12,403,681	-
<b>16. Total assets</b>	<b>164,614,061</b>	<b>162,021,477</b>	<b>163,681,032</b>	<b>933,029</b>
<b>LIABILITIES &amp; FUND BALANCE</b>				
Current liabilities:				
17. Payroll liabilities	1,435,323	997,915	1,182,037	253,286
18. Accrued employee benefits	5,197,548	5,158,114	4,603,108	594,440
19. Accounts payable and accrued expenses	3,007,066	2,702,311	2,840,648	166,418
20. Due to 3rd party payors	2,152,164	99,234	4,250,857	(2,098,693)
21. Deferred revenue	611,221	654,388	56,127	555,094
22. Interest payable	63,059	-	65,959	(2,900)
23. Note payable - current portion	910,000	910,000	870,000	40,000
24. Other payables	1,097,658	1,015,582	218,958	878,700
25. Total current liabilities	14,474,039	11,537,544	14,087,694	386,345
Long-term Liabilities:				
26. Bonds payable	16,350,000	16,350,000	17,260,000	(910,000)
27. Bonds payable - premium/discount	1,026,169	1,040,075	1,197,531	(171,362)
28. Net Pension Liability	64,954,569	64,954,569	64,954,569	-
29. Deferred In-Flows	4,318,200	4,318,200	4,318,200	-
30. Total long-term liabilities	86,648,938	86,662,844	87,730,300	(1,081,362)
31. Total liabilities	101,122,977	98,200,388	101,817,994	(695,017)
32. Fund Balance	63,491,084	63,821,088	61,863,038	1,628,046
<b>33. Total liabilities and fund balance</b>	<b>164,614,061</b>	<b>162,021,477</b>	<b>163,681,032</b>	<b>933,029</b>

**BARTLETT REGIONAL HOSPITAL MEDICAL STAFF  
RULES & REGULATIONS**

X. MEDICAL STAFF COMMITTEES

F. Health Information Management/~~Case~~-Utilization Management Committee (“HIM/~~CUM~~”)

1. The duties of the HIM/~~CUM~~ Committee are:

- a. To review and make recommendations for the maintenance of patient medical records that are complete, timely and clinically pertinent;
- b. To review and make recommendations for Medical Staff and Hospital policies, rules and regulations relating to medical records including medical records completion, forms, formats, filing, indices, storage, and availability, and recommend methods of enforcement and/or changes;
- c. To consider and act upon recommendations from committees responsible for patient care evaluation, quality maintenance, and monitoring functions;
- d. To provide liaison with Hospital administration and the medical records professionals employed by the Hospital on matters relating to medical records practice;
- e. To provide liaison between this Committee and Medical Staff regarding:
  - i. Care coordination as it relates to resource utilization;
  - ii. Compliance with regulation as it relates to discharge planning standards; and
  - iii. Participation and education for Clinical Documentation ~~Improvement~~ Integrity (CDI)
  - iv. Completion of medical records; and
- f. Completion of medical records. Perform the utilization review functions of case management, as required by the Hospital’s Utilization ~~Review~~/~~Case~~-Management Plan.

- i. Utilization functions shall be designed to meet the requirements of the CMS Condition of Participation §482.30.
  - ii. The Utilization ~~Review/Case~~-Management Plan will be updated annually and signed off by the Committee.
- 2. The Committee will usually meet four (4) times per year.

**BARTLETT REGIONAL HOSPITAL MEDICAL STAFF  
RULES & REGULATIONS**

III. MEDICAL RECORDS

C. History and Physical Examination:

1. A history and physical (H&P) examination is required for all patients transcribed and available for review in the record within 24 hours after admission or prior to an operative or invasive procedure, whichever occurs first.
  - a. H&Ps performed prior to admission must have been performed within 30 days prior to admission or outpatient services.
  - b. When the H&P is older than 30 days, a new H&P must be submitted.
  - c. The H&P is valid for the entire length of stay.
  
2. Updated H&P:
  - a. For patients with H&Ps performed prior to admission, an update to the patient's condition is to be recorded in the medical record within 24 hours.
  - b. For surgical and high-risk procedures, there must be an update to the patient's condition recorded prior to the start of the procedure.
  - c. If an updated H&P is not present in the medical record before the procedure, the case will be delayed until the updated H&P is present, unless the physician states in writing within the medical record that such delay would constitute a hazard to the patient (i.e. in a documented emergency).
    - i. For such emergent surgical procedures where no H&P is present, a brief H&P is required as soon as possible following the procedure.
  - d. Updates written in the anesthesia evaluation, progress notes, written on the H&P, or as an H&P addendum are all acceptable methods, but must reference the H&P.
    - i. For example: Should the practitioner, after examination, find no relevant changes to what was documented in the H&P since it was performed, the practitioner may simply



note “examined, no changes” and sign, time and date the entry as the update.

3. For Obstetrics, the entire prenatal record may be used as the H&P if it is updated to reflect the patient’s condition upon admission.
4. History and Physical Scope of Assessment - The history and physical must include the elements, based on service, indicated on the following table:

Required Elements:	Inpatients	Outpatients			“Service access” ONLY For minimal risk non-invasive diagnostic procedures (e.g. lab, imaging, IV med admin, etc.) do NOT require an H&P
		Receiving General Anesthesia	Receiving Spinal Anesthesia, Epidural Anesthesia, or Regional Block (Including Sedation), or for Initial outpatient chemotherapy	Receiving topical, local, or no sedation, or admissions specifically for pain control injections	
Chief Complaint/Provisional/Pre-op Diagnosis	X	X	X	X	
Details of Present Illness	X	X	X		
Allergies	X	X	X		
Current Medications	X	X	X		
Medical and Surgical History	X	X	Relevant to procedure/services		
Social and Family History Appropriate to Patient’s Age	X	X	Relevant to procedure/services		
Inventory of Body Systems	X	X	Relevant to procedure/services		
Physical Examination	X	X	Relevant to procedure/services (must include cardiopulm. exam)	Relevant to procedure/s ervices	
Conclusions or Impressions	X	X	X		
Plan of Care	X	X	X		

# Bartlett Regional Hospital

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

## Finance Committee Meeting Minutes Zoom Meeting – October 8, 2021

**Called to order at 12:01 p.m. by Finance Chair, Deb Johnston.**

**Finance Committee (\*) & Board Members:** Deb Johnston\*, Brenda Knapp\*, Lance Stevens\*, and Rosemary Hagevig.

**Staff & Others:** Kathy Callahan, Interim CEO, Kevin Benson, CFO, Alice Nichols, Interim CBHO, Dallas Hargrave, HR Director, Blessy Robert, Director of Accounting, Seanna O’Sullivan, Megan Rinkenberger, and Gage Thompson. (All via Zoom)

**Public Comment:** None

*Following a date correction, Mr. Stevens made a MOTION to approve the minutes from the September 10, 2021 Finance Committee Meeting. Ms. Knapp seconded, and they were approved.*

### **August 2021 Financial Review – Kevin Benson, CFO**

Bartlett Regional Hospital had a busy month with the highest number of Covid-19 patients it has cared for during this pandemic. Inpatient revenue for the month was down \$635,000 (-11%) from budget in August. The departments of CCU, MHU, Obstetrics and Rainforest contributed to this shortfall. This is consistent with the related departmental statistics which were also down. Opposite of that, Outpatient revenue was greater than budget by \$766,000 (7.4%) driven by increases in many departments but particularly Emergency Department visits, BOPS visits and Lab tests (molecular). This left Total Hospital Patient Revenue \$268,000 (1.5%) ahead of budget. After Rainforest, BHOPS and physician revenue, the month ended \$268,000 (1.5%) ahead of budget for Gross Patient Revenue.

Deductions from revenue were almost right on budget consistent with revenue finishing close to budget.

Net Patient Revenue finished ahead of budget with positive variance of \$271,000 (2.8%). Other Operating Revenue was well below budget with the loss of 340B revenue and lower grant revenues. As a result, Total Operating Revenue finished at \$-215,000 (-2.0%) less than budget.

Total Expenses were over budget, finishing \$-204,000 (-1.9%) yielding an Operating Loss of \$498,000 as compared to a budgeted Operating Loss of -\$79,000. After Non-Operating Income the Final Net Loss was \$-330,000 for a minus -3.8% margin. After two months, the Net Income is \$126,000 for a 0.59% margin.

Expense variances incurred in August were as follows:

- Contract Labor was \$44,000 over budget as the hospital struggles to maintain staffing levels.
- Physician Contracts were \$288,000 over budget as additional mental health providers are needed to provide for increased volumes.
- Supply costs were \$285,000 over budget, driven almost exclusively by increased pharmaceuticals for increased Infusion Therapy services and Covid-19 related drugs.

Molecular Testing volumes have increased dramatically generating \$497,000 in revenue as opposed to \$48,000 in the budget. These volumes have put a heavy burden on not just the Lab staff, but on registration staff as well.

Committee members requested a clarification of some details around Bad Debt at the next meeting.

**Surprise Billing Act – Kevin Benson, CFO**

The act will be effective January 1, 2022. There may still be changes to the legislation before it is implemented. Mr. Benson provided a summary of the act and the possible effect on BRH, almost entirely from outside providers who Bartlett works with. The details of the act are provided in the packet. Bartlett will be hosting a discussion for providers and staff to ask questions they may have about the impact to the hospital and the community.

**New Provider Relief Funds – Kevin Benson, CFO**

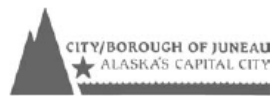
Provider Relief Funds are reported and filed based on how they were spent. Once that is submitted, BRH can apply for the next two phases of PRF, including an amount for rural providers. Bartlett has received \$7.2 million in distributions, which covered about half the losses and expenses incurred.

**Next Meeting: Friday, November 12<sup>th</sup>, 2021 at 12:00 via Zoom**

**Additional Comments:** Mr. Benson informed the committee that the CBJ Assembly pushed the bonding issue to their November 2<sup>nd</sup> meeting, and he will update the committee at the next meeting.

**Adjourned – 12:45 p.m.**

DRAFT



# **Bartlett Regional Hospital**

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

## **October 26, 2021 Management Report From Studebaker Nault and CBJ Law**

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

# Bartlett Regional Hospital

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## Management Report from Dallas Hargrave, Human Resource Director October, 2021

Report Period - 1st Quarter FY22 (July, August, September)

<b>New Hires</b>	73
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<b>Separations</b>	50	All Other Separations
	2	Retirement
	6	Casuals/temp
<b>Total</b>	58	

<b>Contract/Travelers</b>	1	CSR Tech
	2	CT Scan Tech
	1	CCU RN
	2	ED RN
	3	Med Surg RN
	2	OR RN
	2	OR Tech
	2	Respiratory Therapist
	1	SDS RN
	3	Ultrasound Tech
<b>Total</b>	19	

Hard to Recruit Vacancies	Position Title	Status	Department
	Forensic Nurse Examiner II	Casual	Emergency
	Echo/Vascular Technologist	FT	Diagnostic Imaging
	Ultrasound Technologists	FT	Diagnostic Imaging
	CT Technologist	FT	Diagnostic Imaging
	RNs	FT	ALL UNITS

All Employee Turnover		
All Employee Types	FT Employees	All Others
7.93%	6.81%	10.34%

<b>731 Employees</b>
FS/FT employees = 499
All others = 232

Nurse Turnover		
All Nurse Types	FT Nurses	All Others
11.64%	12.06%	10.95%

<b>189 Nurses</b>
FS/FT = 116
All others = 73

Grievances	1 Pending
Arbitration Cases	0

Reports of Injury	
Department	Brief overview
Emergency Department	Concern of potential exposure to Covid-19
Emergency Department	Concern of potential exposure to Covid-19
Rehabilitation Services	Bitten by patient
Diagnostic Imaging	Needlestick
Operating Room	Knife poke
Same Day Care	Exposure to bodily fluids
Same Day Care	Right shoulder strain
Laboratory	Needlestick

- COVID Vaccine for Employee update.** Over the last month, we coordinated with the union and scheduled three listening sessions for unvaccinated employees. October 15, 2021 was the deadline to submit a medical or religious exemption request. We have received \_\_\_ exemption requests and are in the process of reviewing them. Under the COVID-19 vaccine policy, employees are required to be fully vaccinated by December 15, 2021.
- Temporary Provisional and Partial Waiver Process.** In May of 2021, the State of Alaska experienced a cyber attack which suspended access to critical systems such as those needed for normal processing of background check applications. BRH and other healthcare organizations have experienced a delay in processing criminal background checks by the State of Alaska for new employees and renewal background checks for current employees. Although the State has implemented interim manual procedures, there is a rapidly increasing need for additional health care staffing at the hospital. Therefore, BRH is participating in implementing a temporary provisional and partial waiver process available to Alaska State Hospital and Nursing Home (ASHNHA) member facilities with internal background checks meeting the standards for persons who are licensed to practice under Title 08. This will allow us to temporarily process criminal background checks and employee background check renewals until the State of Alaska Background Check Unit is able process the background checks in a timely manner. The State of Alaska has extended this temporary process until November 15, 2021.
- Temporary employee incentive to work extra hours.** On Sunday, October 17, 2021, a new temporary policy went into effect to incentivize employees to work extra hours in critical needs areas. This policy will provide an incentive bonus to those who are able to work extra hours in areas where there are critical staffing needs. The BRH policy is similar to policies that other hospitals in Alaska have initiated in response to the staffing shortages and high census across the State. Prior to each pay period, the CEO will identify those areas that are critical needs areas and communicate those areas by email to all staff. The policy expires on January 22, 2022. The bonuses for working extra hours each pay period are as follows:

  - 12 extra hours in a pay period: \$150 bonus payment
  - 24 extra hours in a pay period: \$500 bonus payment

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## October 2021 Nursing Report Kim McDowell, CNO

### Nursing Administration

- Float pool has been mostly supplementing the Monoclonal Antibody Clinic (MAB). This helps the clinic to be able to expand hours and accommodate more patients on a daily basis.
- MAB clinic is becoming more refined. Plans are in place to have a dedicated person to schedule patients. This will take the work load off central staffing and pharmacy, and make the process more streamlined.

### Obstetrics (OB) Department

- OB hosted the ALSO (Advanced Life Support Obstetrics) and BLSO (Basic Life Support Obstetrics) courses on 10/2 and 10/3 and had an outstanding attendance of approx. 20 providers for each class. We had OB RNs, OB providers, ED RNs, flight team RNs, paramedics from flight teams and CCFR, and more! The funding of these courses, instructor travel and lodging was all generously donated by the BRH Foundation. All attendees received certifications that will last 3 years.
- Routine use of Duramorph for our cesarean patients started this month. Duramorph will help reduce post-operative pain and nearly eliminate the need for additional narcotic medications. Duramorph will also allow for earlier ambulation and easier mobility which will allow patients to bond earlier with their newborn, as well as care for their newborns sooner.
- September was another record month, with 32 deliveries! OB also broke records with only having one primary C-section, an incredible accomplishment with so many deliveries. A massive shout out to the OB crew for their dedication and commitment to our patients.

### Critical Care Unit (CCU)

- CCU is having some staffing shifts, with a nurse changing their status from full-time to PRN (as needed). However, another nurse has accepted the position and will hopefully be here by mid-November, resulting in CCU being fully staffed.
- CCU has been experiencing high census recently in which all 9 beds were full of CCU level patients. Through this time of very high census, staff did an amazing job managing the increase in patient load, while maintaining quality patient-centered care.
- CCU continues to work on process improvement projects, that are yielding positive results. For example, reporting critical values to providers. In the month of September 91% of critical values were documented as reported to provider by nurses. Great job!

## **Surgical Services**

- SDS/OR will be hosting the new cataract clinic, starting 10/21. We are excited to be able to help support and offer this service to our community.
- SDS welcomes and is orienting our new RN hire
- SDS continues to improve our processes surrounding COVID screening.
- OR benefited from several emergency workers, an RN and 2 scrub techs. As a result, OR starting Nov. 1<sup>st</sup> will go back to normal hours of operation.

## **Medical Surgical Unit**

- Med/Surg has been the site of onboarding CNA's. This is mostly due to the change in the emergency regulations to decrease required hours for CNA's in training program. This program had an overwhelming response and when all is said and done, this cohort will result in 8 CNA's!
- Med/Surg has had high census and staff have been working very hard. Thankful to the emergency nurses that have helped augment staffing, so that staff can take some much needed time off and get refreshed.

## **Emergency Department**

- Negative pressure room in ED cabin is now the fulltime home for the Monoclonal Antibody Clinic(MAB). MAB clinic continues to be very busy.
- Certified Emergency Nurse(CEN) review being offered to ED nurses. The review is designed to prepare ED nurses to take the certification exam, and become a certified emergency nurse.



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## October 2021 Behavioral Health Board Report

Alice Nichols, Interim Chief Behavioral Health Officer

Karen Forrest, Interim Chief Behavioral Health Officer

**PSYCHIATRIC PROVIDER LIST:** Bartlett Behavioral Health now has 4 employed psychiatrists, 2 employed full time psychiatric nurse practitioners, and 2 providers under independent contractor status. We continue to recruit for 3 full time psychiatrists (adult, child, and addictions). All the psychiatrists and Nurse Practitioners, except those who are 100% telehealth, participate in the call schedule.

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

- **Dr. Mariam Garuba** provides prn weekend call coverage on site

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

- 10 admits and 11 discharges in September
- Average length of stay in September was 4.15 days
- New medical grade beds have been added to all WMU rooms for increased safety and to decrease falls
- We still are diverting patients to Med Surg unit at times if they are medically complex patients

### **RRC OUTPATIENT TREATMENT:**

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

### **RRC RESIDENTIAL TREATMENT**

- 4 admits and 4 discharges in September
- Average length of stay in September was 32 days
- 4 patients completed the full RRC program in September
- 5 active residential patients and 12 on the waitlist.
- Prioritizes applicants residing in Southeast Alaska however is reviewing applications from the state of Alaska.
- Therapists are covering weekend groups until SA counselor role is filled.
- Capped at six patients until the windows are replaced, a process that we expect to be complete by November 16.

### **ADULT MENTAL HEALTH UNIT (MHU):**

- There were 27 admissions in September and 29 discharges
- September daily average census was 5.73
- MHU delayed a plan to open to involuntary patients statewide on October 1 due to high acuity and low staffing. Because our staffing has been helped by emergency nurses from the state, we plan to open admissions to the state November 1.
- Average length of stay for September was approximately 5.68 days.
- Nursing shortage is somewhat mitigated by three emergency nurses sent by the state who had a background in mental health
- Staffing ratio has been adjusted to an acuity based rating scale.
- Two full time Behavioral Health Aids were hired in the past month.
- All MHU BHAs are advancing in their BHA certification program
- MHU will adopt a charge nurse model to provide nursing leadership each shift

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

- BOPS delivers outpatient services through a hybrid telehealth/in-person model. In-person services were reduced last month due to the increase in Covid cases in our community.
- 5.0 FTE Clinical Therapists are delivering in person/telehealth counseling services. Additionally, we have added two part time employees and one contract employee to assist in serving the individuals in our community.
  - Kira Lathrop-supervisor
  - Miriam Jensen, full time
  - Elisha Rivers, full time
  - Kelly Williamson, full time
  - Alyssa Coogan, full time
  - Erin Maloney, part time
  - Breanna Horton, Part time
  - Paige Begich, contract therapist just credentialed
- 5.0 FTE Psychiatric providers are delivering medication management to the outpatient clinic

### **APPLIED BEHAVIOR ANALYSIS CLINIC:**

- Applied Behavior Analysis has opened a clinic in the office space close to the hospital in a building shared by Physical Rehab Services.
- ABA serves individuals with autism from the ages of two to twenty one.
- We have hired the ABA Team:
  - 1 FTE Board Certified Behavioral Analyst who will serve as the ABA Director
  - 5 FTE ABA Technicians
  - 1 FTE Administrative Staff
- Referral submission began on June 30, 2021.
  - 62 total patients on the referral list
  - 4 patients currently receiving 1:1 services in home and school settings (20 hours per week each)
- Juneau School District has approved us to provide 1:1 therapy in schools and has signed the consultation contract for director Jenna Wiersma with students and teams throughout the district as they request. This is in addition to the therapy we are providing current patients and will offer supplementary collaboration and services for JSD in addition to providing additional revenue to the hospital for my consultation services.

### **PSYCHIATRIC EMERGENCY SERVICES (PES):**

- PES received requests for assessment for 48 adults and 7 children in September.
- Twenty three PES calls occurred at night in September and 32 were received during the day.
- The Psychiatric Emergency Services Team provides evaluations in the emergency room twenty four hours a day seven days a week
- Two night time providers are employed; one is on leave.
- Two day time providers have been hired. One has just started and the second will start within a couple of weeks.
- Providers from other programs fill in for PES when there are gaps in coverage

**CRISIS INTERVENTION SERVICES COMMUNITY BASED TEAM UPDATE (CIS):**

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

**CRISIS STABILIZATION FACILITY UPDATE:**

- Anchors installed on September 14 in the foundation along the West side of the Rainforest Recovery building.
- Facility needs will need to be identified and ordered as we prepare for the opening approximately one year from now.

**FY22 GRANTS UPDATE:**

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

<b><u>Grant</u></b>	<b><u>Award Amount</u></b>
RRC Residential Treatment Operational Grant	\$404,000
RRC Withdrawal Management (Detox) Operations Grant	\$101,000
COVID-19 Psychiatric Emergency Services Operations Grant	\$222,000

\* Additional DHSS/DBH Behavioral Health Grant opportunities are soon to come from the ARPA (COVID Recovery) funding.

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

# Bartlett Regional Hospital

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## October 26, 2021 Board Report Vlad Toca, COO

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

#### Cardiopulmonary Rehab

- Hired new CR employee, Micah Larson, tentative start date 12/1 – and he comes with a great experience. He has a Master's degree in exercise physiology and the attitude and forward-thinking we're looking for.
- Created Part-time telehealth coordinator position, will be implementing new software and telehealth protocols within the next month for pulmonary rehab visits. This will be expanded throughout SE AK for patients who qualify via PFTS.
- Finalizing purchase of new cardiac monitoring software for the department. The new system will be able to integrate with MEDITECH, using less paper and allowing better access to patient records by providers and HIM.

#### Respiratory Therapy

- Oxygen supplies are solid, thanks to Kelvin and Marc for working hard to keep those levels consistent.
- One RT coming back from maternity leave October 22<sup>nd</sup>, that will have the department fully staffed.
- New ventilator PB 980 is now ready for use on patients, and training was provided to staff on it.
- Wireless EKG orders are in testing mode. Go-live changed from October to November due to scheduling conflicts with Phillips.
- I-stat training is continuing for respiratory therapists. We have a go-live date scheduled for November 3<sup>rd</sup>.
- Competencies for ABG (Arterial Blood Gas) lab are due, getting ready for CAP inspection on October 28<sup>th</sup>.

#### Sleep

- No issues, all operations are smooth, and patients are scheduled six weeks in advance.

### Diagnostic Imaging – Paul Hawkins

- Hired one casual Ultrasound Tech to help with department call, starting October 19<sup>th</sup>.
- CT applicants cite the cost of living as a major reason in deciding to join BRH.
- Siemens CT and MRI were selected, and the contract was executed on October 1<sup>st</sup>. The first scanner will be installed in January. Provided contractors and project management goes smoothly, the second scanner will be installed in May and MRI in late summer. Brain perfusion CT, coronary artery CTA, Calcium scoring will be offered. The new scanners have dual energy and will offer faster, higher detailed exams producing better pictures of blood vessels (CT angiography). Additionally, it will reduce the number of scan images required, allowing the provider to have faster and more accurate information for a better diagnosis.
- The team is becoming accredited in low dose lung cancer screening with the American College of Radiology this year.

Department	August	September	October (as of 10/21)	Total
7033 EEG	5	5	4	14
7041 XR	882	809	533	2224
7042 US	536	516	350	1402
7043 NM	28	17	21	66
7044 CT	629	581	402	1612
7045 MRI	184	150	87	421
7047 MAM	207	217	133	557
Total	2471	2295	1530	6296

**Laboratory – John Fortin**

- Molecular Lab volumes have increased 500% since late May, performing half the volume seen in the main Laboratory. The numbers reported in the finance packet are usually higher since we do not include everything that falls under laboratory departments, like POC's, the RT numbers like capillaries, blood gas and other tests.

Department	August	September	Total
Lab	9,774	10,767	20,541
Molecular	4,968	6,983	11,951
Histology	394	435	829
Total	15,136	18,185	33,321

- Recruiting has been out for replacement staff in Molecular, with no MLT eligible candidates. Management has been working with HR to find alternative solutions. There is a national shortage of laboratory staff, due to demands throughout the country. Many established Laboratory staff have stepped up working overtime to maintain coverage.
- The staff evaluation process has started. It is estimated that the manager will spend four hours for each employee with preparations and sit down discussions. The manager has over 25 direct reports, which will take around three weeks.
- CBJ Health Fair has been canceled for 2021, due to the pandemic, and this was approved by SLT.
- The College of American Pathologists (CAP) inspection has been set for October 28<sup>th</sup>. CAP also has requested to complete our accreditation reapplication for CAP# 2493201 Bartlett Regional Hospital-Laboratory, which is due October 29<sup>th</sup>.
- I-STAT VBG project with Respiratory Therapy is still in the validation stage. Laboratory leads, Terrence Eday and Britt Watters, are working directly with RT staff in the set-up process. We have established a go-live date for November 3<sup>rd</sup> after signing off staff competencies on 10/23 and 10/28.
- Competencies have been completed for Blood Banking, Hematology, OB and Histology. Since all staff in Microbiology have < 1 year, only training manual signoff is needed. New hire CLS will be working with our Laboratory Aides, the POC lead will work with ER for i-STAT.
- Capital – The new OSMO and xylene recycler has been received. Some detail:
  - a. OSMO is used for clinical indications to determine osmolality, including electrolyte and water balance evaluation, hydration, or dehydration status. Additionally, it evaluates acid-base balance, seizures, liver disease, acute and chronic renal failure, diabetes insipidus and ingestion of toxins such as methanol and ethylene glycol. Xylene recycler pulls out impurities from used xylene, which allow us to reuse it instead of disposing of it. Xylene comes off the processors as an end product of creating a block from biopsy.
  - b. The purchase order has been issued for the blood bank cell washer. Once all are received, we will do the second round of purchases. This will include a new stainer and link to G2. This performs staining of samples of slides from a biopsy. After staining, slides will pass to the G2, which places a coverslip on the slide. Then the slides are ready for a pathologist to review for Histology.
  - c. The final purchase would be the cassette laser printer for Histology, much needed because staff manually write on the cassettes, which has rubbed off or become faded. The laser will etch the information on the cassettes. These cassettes are stored for ten years.
- The Pharmacy and Therapeutics Committee has requested two pieces of equipment for the Laboratory. The first request is for another molecular system, called the BioFire. It offers panels which would be helpful over current systems. The other piece of equipment is a Mini Vidas, specific to procalcitonin. With recent spikes in COVID, procalcitonin can help distinguish between bacterial and viral infections.
- There has been a request to review the Medical Director contract. This was requested by Dr. Vanderbilt as he is looking for a long-term locum. A group of hospital representatives did create a draft, which has been discussed with the current Laboratory Medical Director, Dr. Burton Vanderbilt.

### PT/OT/ST Rehabilitative Services – James "Rusty" Reed

- We have completed our hiring needs except for a pediatric physical therapist.
- New full time PT, Jamie Pare, is on board doing quite well and getting acclimated to our documentation.
- New full time PTA, Tracey Higdon, has accepted the offer letter and will start next month.
- New casual PTA, Alex Moyers, will start in early November.
- We have a casual OT, Sara Ginter, coming on with us full time in November.
- Service lines continue to be impacted by COVID due to daycares and school closure for exposures, but things are improving and overall outpatient volumes are good.
- Inpatient volumes improving, and elective surgeries are no longer on hold, so there is an expected increase in our Orthopedic volumes.
- Our full-time wound therapist, Leslie Law, will be retiring end of November, but our new hires will cover it.
- Two therapists, Brittany Vanderwer and Shannon Gress, will be out on maternity leave mid-December, currently in conversation with a pediatric therapist to cover our REACH contract.
- Waitlists continue due to lack of space, but we are working hard to accommodate as many as possible.

Department	August	September	October (as of 10/21)	Total
PT	1270	1130	763	3163
OT	556	440	283	1279
Speech	159	168	169	496
Total	1985	1738	1215	4938

### Pharmacy – Ursula Iha

- Vaccination is proving to be the best way to prevent infection with COVID-19 and the pharmacy staff continues to provide education and resources to support the community vaccination effort with booster doses for CBJ clinics at Centennial Hall, employees, and hospital patients.
- New research and treatments continue to emerge. Three anti-SARS-CoV-2 monoclonal antibodies (MABs) are available under an Emergency Use Authorization (EUA) from the Food and Drug Administration. They are provided by the Federal government and are allocated by the State of Alaska. Bartlett is providing daily infusion clinics for outpatients. Our goal is to utilize MABs to reduce serious outcomes by preventing infection in household contacts and treating people with confirmed COVID who are at risk of serious disease. Since these medications are indicated for outpatients, the medical staff has expanded access to services for any licensed Medical Doctor, Doctor of Osteopathic Medicine, Advanced Practice Registered Nurse, or Physician Assistants may be given permission to order the administration for the duration of the disaster. To accomplish this, we developed a new order form that gives the pharmacist latitude to choose which of the three MABs to administer depending on availability. Signed informed consent for treatment is required since the MABs are not approved by the FDA. Patients need to call their primary care providers, and they will fax the forms to the pharmacy. Patients are entered in the EMR, and nurses administer the infusion in the triage cabin.

### Physician Services, BSSC, BMO, and Ophthalmology – Sara Dodd

#### **Southeast Physician Services Update (SEPS):**

- MD Audits – We are moving forward with this audit program. Pending approval and signature from Vlad as well as meeting with IT department and MD Audits.
- Fiscal Technician II/III - The casual position transitioned to full-time since we had no applicants, approved by Vlad and Kathy on 10/06/21.
- Insurance companies we are trying to contract with are: Contracts for MODA, UHC, Multiplan, AETNA,

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

and BC. This is due to the surprise billing in January, and contracting with them will prevent us from adjusting anyway; we can't balance bill. The surprise bill is forcing everyone to contract with insurance companies by Jan/21/22.

**Bartlett Surgery & Specialty Clinic Update (BSSC):**

- Still maintaining services with low staff. Excited that Jordan Callahan has accepted our vacated MA position to start on 11/1.
- Eye clinic off to good start with AK retinal relationship. Overall successful September clinic. Getting ready for October 21<sup>st</sup> clinic to include first-round of cataract surgeries. The clinic was finalized on October 11<sup>th</sup>, so that all meds could be ordered and charts prepped.
- Staff is currently staying well. Last month, we had multiple on quarantine due to close exposures or positive tests.
- General surgery still very busy and accommodating patients.
- Dermatology going well with no concerns other than consistent cross-coverage when quarantines or other staffing issues arise. Communication lines open with central staffing and BMOC MA as a backup plan.

<b>Bartlett Surgery &amp; Specialty Clinic Vol</b>			
	<b>July</b>	<b>August</b>	<b>September</b>
<b>Office Visits</b>	197	214	158
<b>Hospital Visits</b>	26	38	21
<b>Procedures</b>	102	180	117
<b>Injections</b>	32	43	26
<b>In-Office Imaging</b>	44	55	38
	401	530	360

**Bartlett Medical Oncology Center Update (BMOC):**

- Lena Lenkiewicz and Kevin Lansing, Bartlett's social work oncology patient navigators, went live on October 1, taking referrals and seeing patients. They have already been a tremendous asset in assisting oncology patients.
- The intelligdose chemotherapy ordering system has been put on hold until we hire another clinical staff member. We have a stellar PA candidate for the position that we are looking to interview for the first week of November.
- The Meditech/ECW bidirectional interface for lab results to BMOC is still ongoing and expected to be live soon.

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

**Marketing & Strategy – Amanda Black**

- **Refresh/Upgrade:** The refresh is delayed pending the Planning Committee and Finance Committee’s approval. A draft RFP was created in collaboration Shelly Klawonn at CBJ to clarify key tasks/concepts. The proposal will include an updated logo and color/template guides, an updated interactive website, and marketing in several media outlets. Key stakeholders will have the opportunity to provide input on the updated logo and color palette.
- **Social Media Marketing:** Social media posts (running for three to four weeks) are now standard. They include updates on Bartlett happenings, highlighting services we provide, Zoom classes, health promotions, and personal stories/info centered around Bartlett employees. BRH's Facebook site has seen a 15.3% engagement increase in traffic since September 13<sup>th</sup>. The Bartlett Twitter account restoration is in progress at this time.
- **Strategy Tools Development:** Clinical Informatics was engaged to develop a tool that can track department productivity and visually provide insights and metrics to the Senior Leadership Team & Board. We will use Rehab Therapy as the beta-test and develop a tool with all required metrics using Meditech and API data. Once tested and approved by department leaders and the COO, we will standardize the process across other revenue-producing departments.
- **Referral Tracking Tool for Rehab Therapy:** A referral workspace was created in Smartsheet for the Rehab Therapy department that allows staff to track referrals, instantly check average wait times, overall number of patients on lists for various therapies, and the average time from referral to appointment. Once tested, I will make the same type of tracking available to any other departments, as requested.



- **Crisis Stabilization Groundbreaking:** The groundbreaking was delayed from the original date to November 28<sup>th</sup> due to the ongoing pandemic. The previous plan for an on-site event (catering, tent/chairs, parking/shuttle, reception) will be re-tooled for a virtual groundbreaking ceremony event instead. Coordination with the event planner, BRH and the Bartlett Foundation to continue towards the end of the month.
- **Project Management Office (PMO)- Virtual Smartsheet:** Bartlett Regional Hospital (BRH) needs a streamlined way to track projects internally of all sizes. An approval process and standard cross-department reporting tools are not currently in place. I received feedback from multiple stakeholders of the need for a more comprehensive and reliable product to be utilized, beginning to end, for all internal projects. As a result, an integrated DRAFT PMO workspace was created in Smartsheet using data pulled from an Excel sheet provided by Marc Walker and we are receiving feedback from him and SLT the first week in November.
  - This PMO workspace will provide an Executive Level view of all projects and can drill down to individual tasks as required. This new process improves on the capabilities of Excel spreadsheets, eliminates email trail conversations, and automates notification of task start date/overdue notices.
  - Department leaders will have customized workspaces and dashboards, like the Executive Level, that presents their customized project data. This new process will include milestones, individual task updates and Gantt charts. They will auto-update after changes/inputs by stakeholders to any piece of data housed therein.
  - To ensure understanding and adoption of the process, I will also develop comprehensive training in Relias, along with one-on-one sessions. Additionally, job aides will be provided on the proper Project Intake Form process, project level dashboards, all communications and reporting activities.

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

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

## October 26, 2021 Board Report Kevin Benson, CFO

### FINANCE – Kevin Benson

- Working on final pieces of audit fieldwork.
- Gathering supporting documents to file cost report
- Working on closing month of September.
- Completed PRF (provider relief fund) phase 4 application.
- Completed PRF (provider relief fund) reporting.
- Working on first quarter grant reporting and applying for more grant opportunities.

### HIM – Rachael Stark

- HIM has been training our new employee, who has been doing a great job.
- We are continuing with coding for the Molecular Lab and are working with Lab, PAS and PFS to ensure we have all the components to compliantly code and bill these items.
- There also is an increase with the BOPS accounts for coding. We have also started coding for the ABA clinic. For September 2021, over 9,000 visits were coded.
- HIM is monitoring our Fair Warning application which looks for inappropriate access into the Medical Records. That program is working really well and we are meeting weekly with their team. We will continue to reach out to employees who get flagged for inappropriate access.

### PFS – Tami Lawson-Churchill

- Overall cash collections for the month of September was just over \$8.5 Million
- Work continues with PAS and HIM to streamline Molecular Lab
- PFS is working with GA to transition QuickBooks billing to CLIENT billing functionality
- We are working with OR Director on a project to bundle ENDO procedures
- We are currently recruiting for PFS Specialist

### Materials Management – Willy Dodd

- Fully staffed, although we are working through staff PTO and staff shortages due to Covid-related issues.
- Supply shortages continue to be an issue and are anticipated to continue into 2022. Our buyers have been trying to proactively gather additional hard to get supplies when available.

### Facilities – Marc Walker

#### **Staffing:**

- **Laundry Department:** At this time all full time positions under our current staffing model are filled. A review of current Laundry volume indicated that staffing under the current model is adequate.
- **Environmental Services:** The department has been short staffed for several months, recent hires and the willingness of casual employee to take on more hours has help dramatically. Our Environmental Services Supervisor has been working hard on quality assurance and process improvement. He has been spending significant time retraining our floor care team on more efficient techniques with notable improvements.
- **Biomed Department:** The Biomed Department is fully staffed with a Supervisor and a Technician. The team is working closely with department to identify equipment that is nearing end of life.
- **Security Department:** The Security Department is currently fully staffed with new officers making their way through the training process.
- **Maintenance Department:** The Maintenance department is currently fully staffed.

## Project Updates:

### Close-Out Phase

- **Cardiac Stress Lab Renovation:** Construction is substantially complete. Only remaining item is flooring patch installation in Pediatric PT Gym which should be installed this week.
- **ASU-1 Conversion to Glycol:** Project is substantially complete, awaiting final balancing and report.

### Under Construction

- **ASU-11/Endo Fan:** The original contract work has been completed. The original contract work has been completed. Schmolck Mechanical is proceeding with RFP 9 install new VAVs in ductwork serving OR and Endoscopy areas in order to achieve designed air changes in Endoscopy suite. RFP 10 to replace pneumatic controlled smoke dampers with electrical is currently being reviewed. Current projected substantial completion date November 11<sup>th</sup>.
- **CSR Equipment Upgrade:** Sterilizer equipment arrived but the wrong window was shipped. BRH has requested the proper window be shipped. Estimated completion: October 2021. Site walk through occurred with equipment supplier 9/22/21.
- **RRC Siding and Window Replacement:** Windows have arrived, phased installation started October 4<sup>th</sup>.
- **Behavioral Health Facility:** Site work continues. Construction of foundation formwork to begin the week of 9/27. Current contract completion date is June 30, 2022, but will need to be extended to accommodate the addition of another floor. Construction documents for the additional floor and change to structural steel framing were issued 9/20/21 and are currently under review by Dawson Construction for impact to cost and schedule.

### In Design

- **Campus Door Upgrades:** 100% docs under review. Plan to bid December 1st. Estimated construction duration is six months with current product lead times.
- **BRH Surge Protection:** – Amendment No.1 to PA 4 has been signed and returned by PDC. Moving forward with project design.
- **Underground Fuel Line Replacement:** 100% documents are due from Taku Engineering November 1, 2021. Construction estimate \$120K, Professional Services \$50K (Deferred Maintenance). Construction to begin spring of 2022.
- **Chiller #2 Replacement:** Rough estimate for project is \$230K. Installation of new chiller scheduled to take two weeks to complete not including material lead time. PDC is preparing a fee proposal for bid document preparation and updating the construction estimate for the project.

### Planning

- **New South Entrance:** BRH Risk Manager Daniel Wiersma pursuing grants to fund.
- **ED Addition and Renovation:** Design and Construction Administration Services Team has been selected. We are currently in the fee negotiation process.
- **CT/MRI Replacement:** Professional Services Team being developed.

### On Hold/Canceled

- **ED Trauma Bay Ventilation Improvement:** Bid was canceled. Scope of work to be included in the future ED Addition and Renovation project.
- **Hospitalist Sleeping Quarters Renovation (AKA Physician Call Room):** 100% Documents have been received. Bid has been pushed back an additional month. Currently re-evaluating.
- **Side Walk Phase 1 Replacement (AKA Site Improvements):** Contract awarded to Admiralty Construction \$1.9M (Deferred Maintenance) Project work postponed to spring 2022.

## IS – Scott Chille

### Projects

- **Microsoft 365/Office 365 migration:** Expected completion end of October
- **Imprivata Single Sign-On and EPCS project:** in progress with pilot department to begin mid-October. Rolling implementation by department to commence after the pilot depending on COVID impact in the hospital and staffing levels.

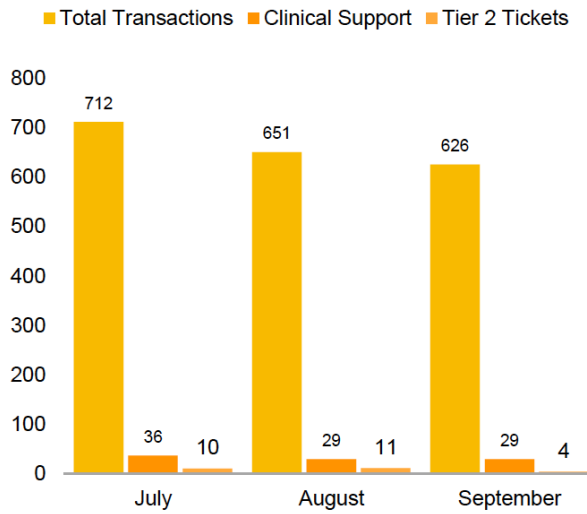
### Department Updates

- Nothing new this month.

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

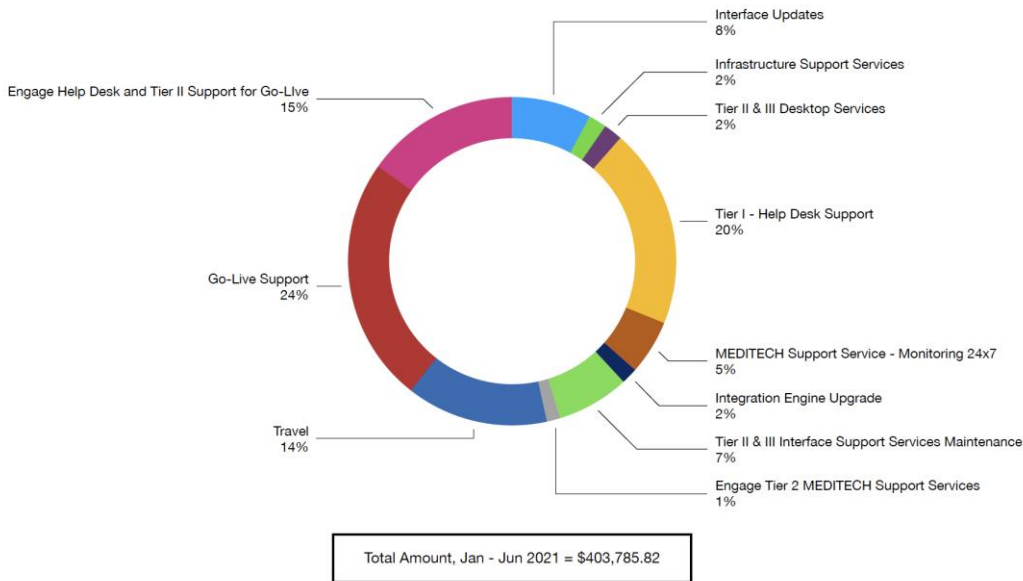
### Volume Review:

- 1.76% abandoned over 10 seconds
- 12.20 second average speed to answer

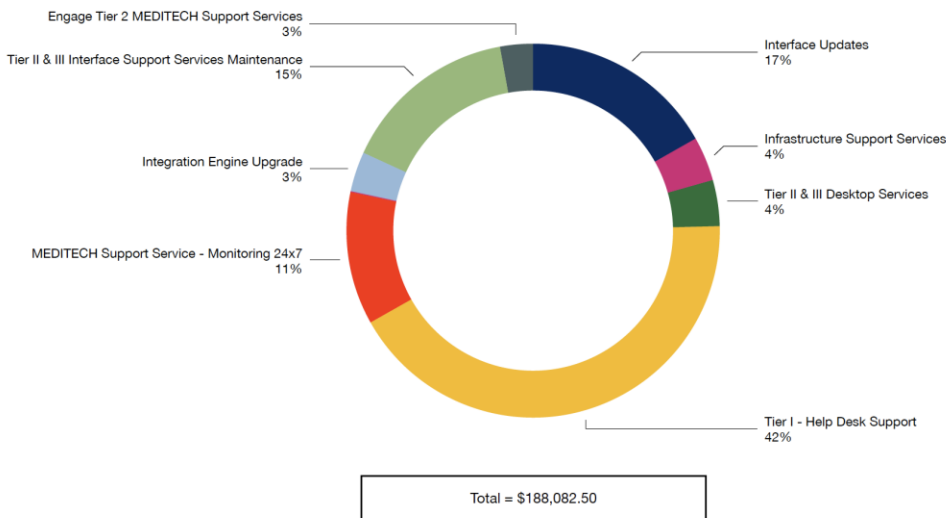


## Engage Spending Review – Total and Support Breakdown

H1 2021 Spending Review - Total

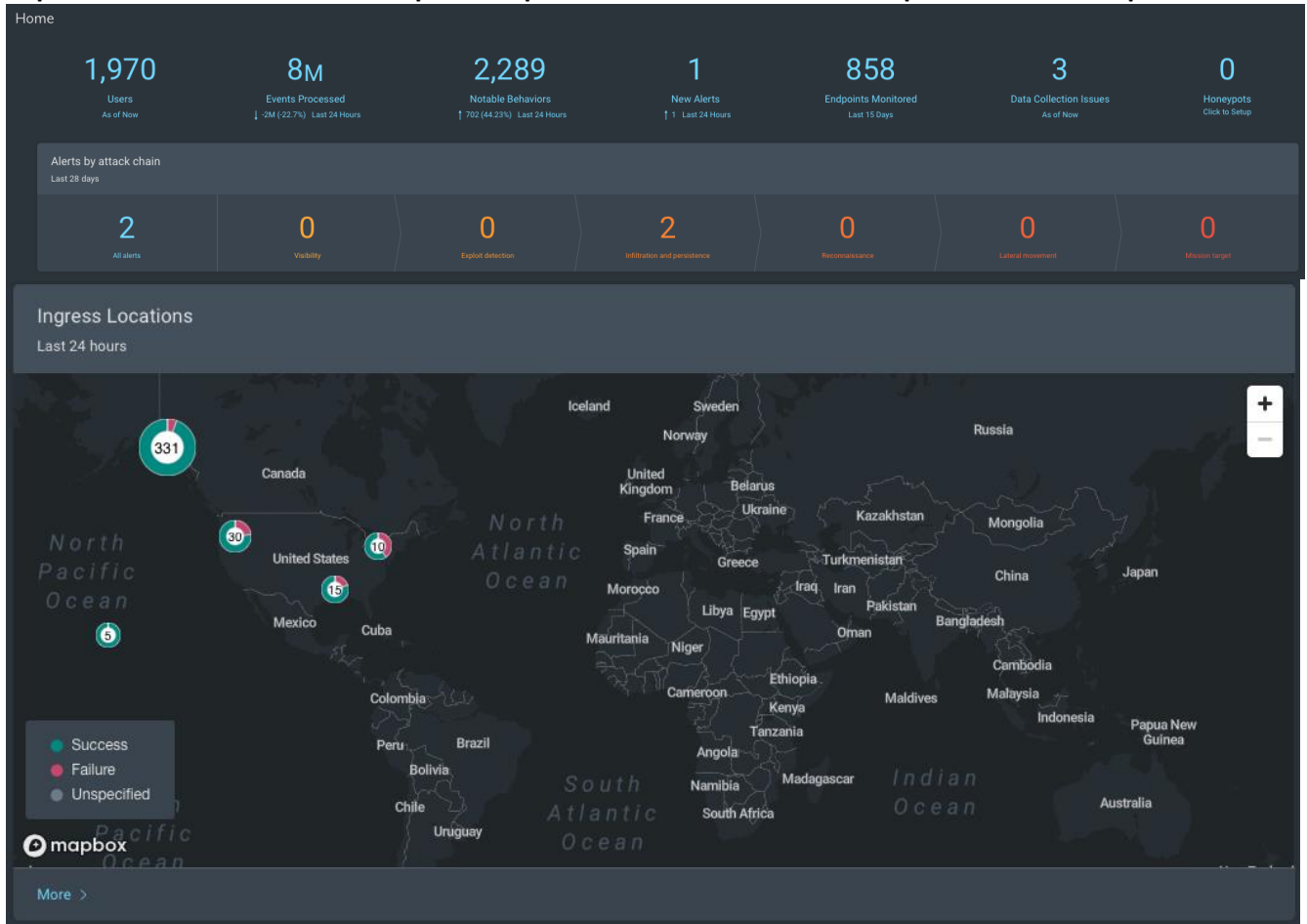


H1 2021 Spending Review - Support



## Information Security

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



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

### *Rapid7 MDR Hunt Report:*

Rapid7 Managed Detection and Response · September 2021

### **Executive Summary**

The Rapid7 Managed Detection and Response (MDR) service captured hunt data from **858 endpoints**. **Rapid7 did not identify any indicators of compromise via hunt data during the month of September.**

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

# Executive Summary

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

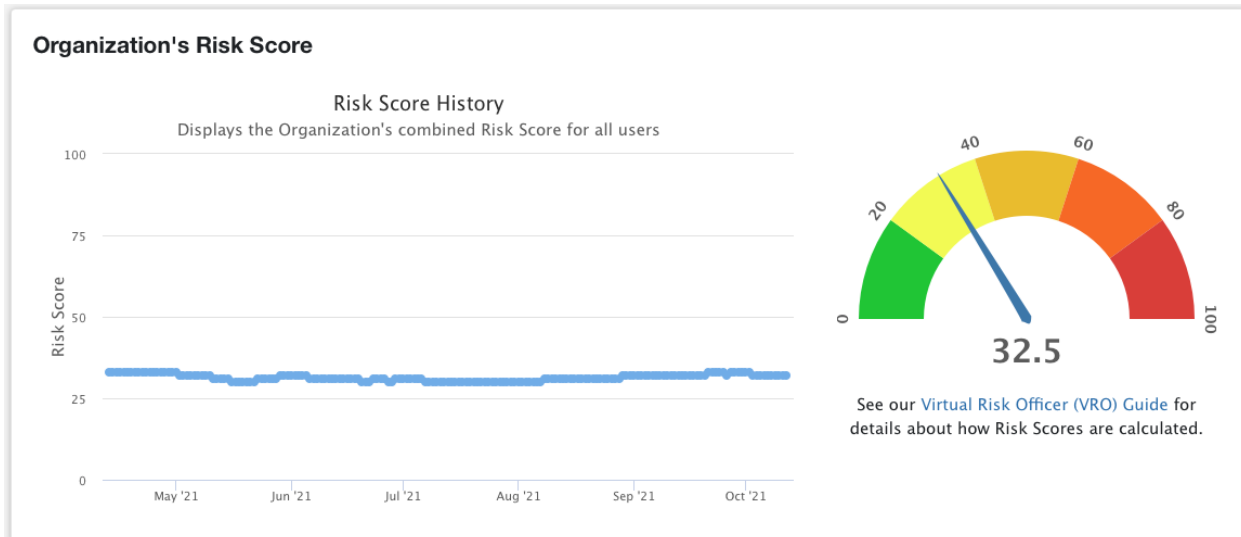
5 - Critical	4 - High	3 - Elevated	2 - Moderate	1 - Low	PUP
0	0	0	0	0	0

No Malop/PUPs were detected this month.

Attacks on Bartlett network have increased about 263% over the last quarter and over 4,440% since March 2020. Even with the increase in attacks, we are still not seeing any indicators of compromise making their way into the network. We are remaining vigilant in our efforts to keep the attack surface LOW and continuing to actively block bad activity and hunt down all alerts.

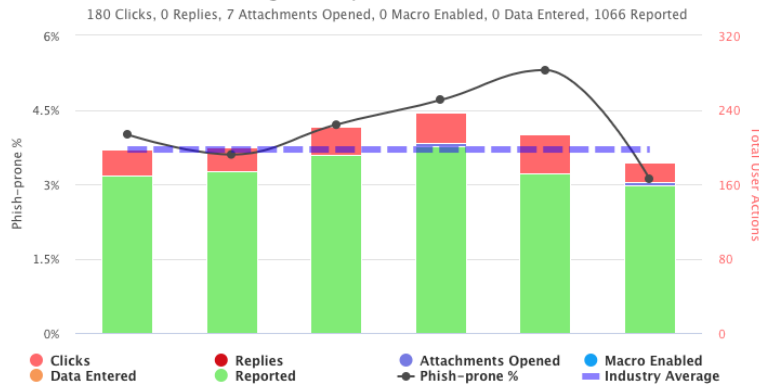
Attacks on Bartlett Network					
	As of March-15 2020	As of Jul-08	As of Aug-08	As of Sep-08	As of Oct-08
Per Minute	86	1075	1896	3980	3905
Per Hour	5,160	64,500	113,760	238,800	234,300
Per Day	123,840	1,548,000	2,730,240	5,731,200	5,623,200
Per Week	866,880	10,836,000	19,111,680	40,118,400	39,362,400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

## Security Awareness Risk Score and Phishing Campaigns



## Phishing

### Phishing Security Tests – Last 6 Months



[See More Phishing Reports](#)

Industry Benchmark Data ?

Your Last Phish-prone % **3.1%**

Industry Phish-prone % **3.7%**

Industry: Healthcare & Pharmac

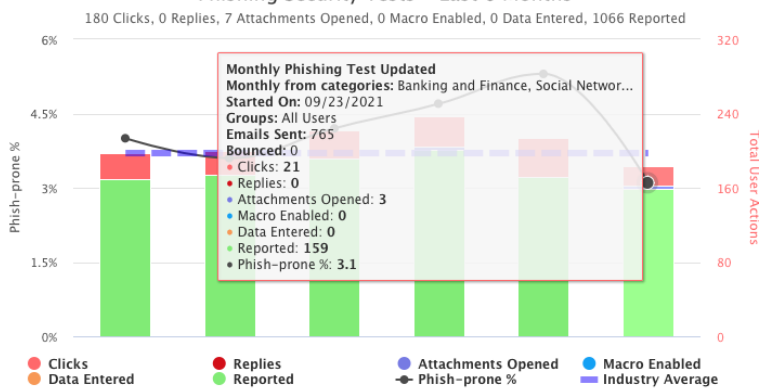
Organization Size: Medium (250-1000 us)

Program Maturity: 1 Year

Industry Benchmark Chart Data

## Phishing

### Phishing Security Tests – Last 6 Months



[See More Phishing Reports](#)

Industry Benchmark Data ?

Your Last Phish-prone % **3.1%**

Industry Phish-prone % **3.7%**

Industry: Healthcare & Pharmac

Organization Size: Medium (250-1000 us)

Program Maturity: 1 Year

Industry Benchmark Chart Data

## CEO report-Kathy Callahan

ICS: Participated in the ASHNA discussions with Kim McDowell and Rob Palmer and signed on to the Statewide Crisis Care Activation. Fortunately, BRH has not needed to utilize the process but we will have the protection and administrative burden lessened should we face this in the future. Worked with the team to reactivate the physician group established in March of 2020 to develop and present a policy to the Medical Staff.

Continue daily monitoring of beds, staffing and inpatient surgeries scheduled to ensure that we are able to adequately care for the scheduled cases. We have cancelled one case early in my time. We meet regularly with the city EOC and Kim sits on the state critical care committee to keep up with the broader state activities.

Behavioral Health: Supporting the onboarding and work of Alice Nichols as she stepped in urgently to stabilize the programs while working with Dallas found a longer term interim in Karen Forrest.

Additional Staffing changes: Dr. Gartenberg retirement decision and Nurse Director steps down.

Evaluation of Medical Director Search process started and working with HR to fill the Nurse Director.

Really appreciate the work of Alice, she jumped in and utilized resources to quickly assess and course correct where immediately needed.

MHU still closed to only SE AK patients, will need to make a decision about when we might open this. Currently, filling staffing holes with Emergency Workers so do not expect that to occur for the next month. Ongoing evaluation is occurring between leaders.

### Quality:

1. Emergency CNA class – first class has finished their classroom portion and are on the floors working with staff to complete their clinical hours. The next class will begin within a few weeks.
2. Emergency Workers – Jenny Twito and Meghan Dihle fast tracked the workers over a weekend and they are on Med/Surg, MHU, OR and CCU providing support to staff. The state contract runs through December. We will be waiting to hear if this contract will be extended into the new year.
3. Joint Commission – We will be notifying the Joint Commission that our community COVID cases and hospital cases have started to decrease. They will be scheduling us in the future for our triennial survey. We will be having a Joint Commission Boot Camp for new managers and Directors in December. We also have training available for all our team in January. We will be providing the board the leadership updates from the Joint Commission at a future Board Quality Meeting.
4. Employee Health – we are trialing different respiratory protection devices that can be used in place of our current hoods.
5. CDC has started the tracking of vaccination data for all hospital staff and physicians. This includes all vaccine records from 12/2020. It is anticipated that OSHA will be coming out with new standards by 1/2022.
6. We are working with CBJ, PH and the school district to support the next vaccination eligibility group of students 5-11 years old. This will be available at neighborhood schools in November.



HR: Worked with SLT on the policy that was adopted regarding additional bonus incentive for critical shortage areas. This concept has been in the works and the team came together and agreed on the process and implemented this temporary (through Jan) incentive for additional work.

Vaccine Mandate: Oct 15 was the deadline to submit exemption requests to HR, they are working on this. We partnered with the union and conducted listening sessions for employees with concerns or questions.

With the departure of Dr. Pamela Gruchacz there are General Surgery On Call shortages. I worked with the team to find a locum for the December coverage from CompHealth. Both Drs. Miller assisted with the physician approval and the Medical Staff Office is working through the credentialing. I updated the on call agreement with Dr. Fred Yost who has agreed to increase the coverage he is available for to monthly and updated the agreement for Dr. Jennifer Schmidt who will continue to provide coverage in the same level of capacity.




Medical Staff: Following Jt. Conference a survey was sent to the Medical Staff so that concerns regarding Meditech can be better understood and addressed.

Legal and Compliance: Working through contracts and program concerns with Barbra, Rob and Nathan.

Welcome to Mr. Humphrey, I have provided him with information from my time and the time in hand off to him. I remain available should the hospital need anything from me in the coming week.

# November 2021

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

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

**Committee Meeting Checkoff:**

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

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

## November 2021 – BRH Board of Directors and Committee Meetings

**BRH Planning Committee 12:00pm Friday, November 5<sup>th</sup>**

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

Call 1 253 215 8782 Meeting ID: 947 4750 1805

**BRH Board Quality Committee 3:30pm Wednesday, November 10<sup>th</sup>**

<https://bartletthospital.zoom.us/j/93135229557>

Call 1 253 215 8782 Meeting ID: 931 3522 9557

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

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

Call 1 253 215 8782 Meeting ID: 983 9340 5781

**BRH Board of Directors Meeting 5:30pm Tuesday, November 23<sup>rd</sup>**

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

Call 1 253 215 8782 Meeting ID: 932 9392 6195