

Bartlett Regional Hospital

BOARD OF DIRECTORS

Agenda

December 15, 2015

5:15 PM

Administration Boardroom

Mission Statement

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

- I. ROLL CALL**
- II. APPROVE AGENDA**
- III. PUBLIC PARTICIPATION** **10 minutes**
- APPROVAL OF THE MINUTES – November 24, 2015 (Pg. 3)**
- IV. SPECIAL ORDER OF BUSINESS – Executive session** **20 minutes**
- Board recognition for outgoing members
- V. CONSENT AGENDA** **5 minutes**
- A. CEO report (Pg. 9)
- VI. OLD BUSINESS** **10 minutes**
- A. Renewal of CBJ shared services agreements – Discussion
 - Legal services
 - B. Crimson Market Advantage agreement – Chuck Bill – action (Pg. 11)
 - C. Strategic Planning follow-up – Chuck Bill – Homework assignment due
- VII. NEW BUSINESS**
- VIII. COMMITTEE REPORTS**
- A. STANDING COMMITTEE REPORTS**
- 1. Executive Committee - Nancy Davis
 - 2. Finance Committee – Linda Thomas **20 minutes**
 - A. November Financials – following Finance Committee meeting
 - B. CBJ Capital projects - following Finance Committee meeting
 - 3. Board Quality Committee –Mark Johnson
 - 4. Planning Committee –No meeting
 - 5. Bartlett Foundation – Linda Thomas **5 minutes**
 - 6. Rainforest Recovery Center –No meeting
 - 7. Physician Recruitment Committee – No meeting
- B. AD HOC COMMITTEE REPORTS**

1.	CAMHU–Linda Thomas	5 minutes
2.	Governance – Kristen Bomengen - action	5 minutes
3.	Bylaws – Mary Borthwick	
IX.	MEDICAL STAFF REPORT	
	• Rules and Regulations revision – Medical Records	10 minutes
X.	MANAGEMENT REPORTS	
1.	Chuck Bill, CEO	5 minutes
2.	Alan Ulrich, CFO	
	A. Meditech – update	
	B. Draft Retention policy – informational (Pg. 14)	
	C. Draft Data Retention and Disposal policy & procedure– informational (Pg. 22)	
3.	Billy Gardner, CCO	
4.	Mila Cosgrove, HR	
XI.	PRESIDENT’S REPORT	5 minutes
XII.	BREAK	10 minutes
XIII.	EXECUTIVE SESSION	10 minutes
	A. Credentialing report	
	B. Juneau Emergency Medical Associates (JEMA) – action to follow	
	C. CERNER update	
XIV.	JANUARY BOARD CALENDAR - (Pg. 25)	5 minutes
XV.	2016 Meeting dates - (Pg. 26)	5 minutes
XVI.	BOARD COMMENTS AND QUESTIONS	10 minutes
XVII.	ADJOURNMENT	

Bartlett Regional Hospital

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BOARD OF DIRECTORS MINUTES NOVEMBER 24, 2015

CALLED TO ORDER at 5:15 p.m., by Mary Borthwick

ROLL CALL

PRESENT

Nancy Davis, President (by phone) Mary Borthwick, Secretary
Kristen Bomengen, Vice President (by phone)
Bob Storer Linda Thomas
Mark Johnson Dr. Alex Malter
Brenda Knapp Lauree Morton

ABSENT

None

OTHERS PRESENT

Chuck Bill, CEO Alan Ulrich, CFO
Billy Gardner, CNO Toni Petrie, Executive Assistant
Jane Sebens, CBJ Law Kendri Cesar, Hospital Attorney
Karen Crane, CBJ Liaison Mila Cosgrove, HR

AGENDA CHANGE – Move up the Request of Interest for Legal Services.

APPROVAL OF CONSENT AGENDA:

- A. The Board minutes were pulled from the consent agenda
- B. CEO report was approved

PUBLIC PARTICIPATION: None

SPECIAL ORDER OF BUSINESS: *Ms. Thomas made a MOTION to go into executive session at 5:19 p.m., to discuss matters which are confidential by law (JEMA*

contract and CERNER). Mr. Johnson seconded and it was approved by unanimous consent.

Out of executive session at 6:35 p.m. No action was taken.

Statement of Interest for Legal Services – Mr. Bill presented the Statement of Interest for Legal Services document that was included in the packet. This is for legal service representation for the hospital. Ms. Amy Mead, CBJ Law will review the responses for appropriateness and qualification before they come before the Board for approval.

Mr. Johnson made a MOTION to approve the CEO report on the consent agenda. Ms. Knapp seconded and it was approved by unanimous consent.

APPROVAL OF THE MINUTES – *Mr. Johnson made a MOTION to approve the minutes from October 27, 2015. Mr. Storer seconded. They were approved as amended by unanimous consent.*

OLD BUSINESS:

Hospitalist program– Mr. Bill reported we have local physician interest to participate in the Hospitalist program. By March, we should be able to start with a part-time program.

Shared Human Resources Services agreement – Mr. Bill reported that he met with Ms. Kiefer regarding the Shared Services agreement with CBJ Human Resources and they both agreed it was working well. Mr. Bill recommended to the Board that we should continue the relationship. Mr. Storer, Ms. Knapp and Ms. Davis said they felt the decision to move forward should be the CEO's not the Board's. Ms. Thomas said when this agreement was first put into place two years-ago, the Board requested the Shared Services agreement be brought before the Board every two years to know what's working and what's not working. Ms. Thomas does feel it's a board decision and would like to see that the report is brought before the Board every two years. Ms. Bomengen said for this agreement she's comfortable with it being the CEO's decision, but when it comes to the Shared Legal Services agreement, it should be the Board that reserves the prerogative to take action with regards to the engagement with legal services. The Board accepted the report to continue the agreement with CBJ Human Resources.

Crimson presentation – Mr. Bill gave a presentation on Crimson Market Advantage that defines outmigration services and possible reasons why patients are leaving town for services. Mr. Storer would like to see other options explored such as polling the Medical

Staff before spending this amount of money. He doesn't feel the information that would be provided will drill down to the level of detail that would be helpful.

Catholic Community Services (CCS) – Mr. Bill reported he met with the new Director of CCS regarding our agreement we have with them to provide financial support in exchange for them providing a wound care nurse for the hospital. The Director said they would like to look at the services they could offer to Bartlett before asking us to increase our financial support.

Board strategic planning retreat – Mr. Bill reported the retreat is on December 5th and noted the agenda for the retreat is in the packet.

NEW BUSINESS:

Board education – Mr. Bill reported February 7-10th, there is an American Hospital Association Rural Healthcare Leadership Conference. ASHNHA has a fund designed to help pay to send one member from each hospital to the conference.

COMMITTEE REPORTS:

Executive Committee – No meeting held

Finance Committee – Mr. Johnson reported the Finance Committee reviewed a write off policy. Also reviewed at the Finance Committee were the October financials, the preliminary Medicare Cost Report, the Juneau Emergency Medical Associates (JEMA) contract, Disproportionate hospital days that's pending. Mr. Ulrich reported the State (DBH) approved and pre-paid us for 715 days for care for qualified patients (mental health). We have been waiting since July for reconciliation from the State as to days that we requested for reimbursement.

Mr. Ulrich reported on the October financials, which are included in the packet. Ms. Thomas asked for more information on prior years budgets when reporting the monthly financials. Ms. Thomas would like to see if it's any indication what to anticipate when moving forward

Meditech update – Mr. Ulrich reported we are still scheduled to go live December 1st. There will be a command center set up for 2 weeks staffed 24/7 with super users to help staff/physicians.

Ms. Knapp made a MOTION to approve the write-off policy that was presented. Mr. Storer seconded. DISCUSSION: Ms. Bomengen wanted to be clear that we are charging the same amount for services to all patients. Mr. Ulrich reported we are. ***The motion passed by unanimous consent.***

Medicare Rural Demonstration Project – Mr. Bill reported all he had to report was there's a new head of the sub-committee for Health and Human Services under the House Ways of Means and he's been known to be supportive of Rural Health Care.

Provider tax – Mr. Bill reported this topic continues to be a long discussion. The State is having problems nailing down what the upper payment limit with the Federal Government, which is a complicated formula. Until they can define that, it's hard to determine what would be feasible. There will be more information brought forward at a later date.

Ms. Thomas would like to discuss at our retreat how the large capital projects are going to be funded. Mr. Storer said there is a strong level of implication we would have to issue debt and would like more information. He asked what the industry standard of debt one can issue.

Ms. Thomas made a MOTION to approve the September and October financials. Mr. Johnson seconded and they were approved by unanimous consent.

Bartlett Foundation – Mr. Bill reported the Foundation is having their tree lighting holiday party on December 10th in the cafeteria starting at 4:30.

Rainforest Recovery Center – Dr. Malter reported the new acting director, Richard Nault, gave a presentation that was very informative and that he was very approachable. He said he feels the Advisory Board members seem to be very engaged. Mr. Bill reported they also discussed the heroin issues in the community and how RRC can better respond to that. Mr. Bill said we are trying to fit a care delivery program for alcohol recovery to opioid recovery, as it is very different.

Mr. Johnson made a MOTION at 8:05 p.m., to extend the meeting until 9:00 p.m. Mr. Storer seconded and it was approved by unanimous consent.

AD HOC COMMITTEES:

Child Adolescent Mental Health Unit (CAMHU) – Mr. Johnson reported the RFP for Southeast Alaska Regional Adolescent Behavioral Health Development of Business Plan has been sent out. The expected date to have them returned is mid-December.

Governance – No meeting held

Nominations Committee – Ms. Thomas reported she and Ms. Knapp have reached out to all board members and are recommending the following slate of Officers for 2016.

Nancy Davis, President

Lauree Morton, Vice President

Mary Borthwick, Secretary

MEDICAL STAFF REPORT: Dr. Heine reported the following Rules and Regulations have been amended and require board approval.

Rules and Regulations revision – Behavioral Health/Mental Health

Rules and Regulations revision – Medical Detoxification Services

Rules and Regulations revision – Provisions of Care – Orders for Treatment, Care or Services

Rules and Regulations revision – Provisions of Care – Medical Records

Dr. Malter made a MOTION to approve. Mr. Johnson seconded and it was approved by unanimous consent.

MANAGEMENT REPORTS:

CEO – Mr. Bill reported on psychiatry recruitment. We have had a locums tenens physician (Dr. Soldberg) who has been working here, and he and Dr. Henry think they can figure out a way they can work their schedules so Dr. Soldberg can fill our full time open position. We hope to have all of the psychiatry positions filled by February. We had an interview today for a Chief Behavioral Health Officer candidate that went well. Mr. Bill reported BRH was recognized in the Crossett Fund magazine as a baby friendly hospital.

CEO report discussion (report included in the packet) - Ms. Thomas asked about the pediatric locums coverage and if it addressed Dr. Stepien's concerns. Mr. Bill said no, but it is buying us time to get the Hospitalist Program in place for a long-term solution. She also asked about the purpose of the Virginia Mason representatives being onsite. Mr. Bill explained we have been working with VMMC for the last several years, bringing Medical Oncologists to Juneau. Their team was up to meet to discuss the timeline, etc. of

the current physician who has been coming to Juneau, his retirement and moving forward.

CFO – Mr. Ulrich reported he met with Mr. Mertz to discuss the audit. Mr. Ulrich asked Mr. Mertz to attend the January Finance Committee to go over the results. Moss Adams is expected to send us our final cost report by Wednesday of next week. The final Medicare Cost Report needs to be filed by November 30, 2015. The budget timetable will be sent out to managers the middle of December.

PRESIDENT’S REPORT:

Ms. Davis thanked Ms. Petrie for getting the minutes done quickly, so everyone had a chance to review them before they went into the packet. She also thanked everyone who has been covering while she has been out of town.

EXECUTIVE SESSION:

Mr. Johnson made a MOTION to go into executive session at 8:35 p.m., to discuss matters which are confidential by law (Medical Staff report) Ms. Knapp seconded and it was approved by unanimous consent.

Out of executive session at 8:40 p.m.

Ms. Bomengen made a MOTION to approve the credentialing report as presented. Ms. Knapp seconded and it was approved by unanimous consent.

The December calendar was reviewed. CAMHU was added on December 3rd at Noon the Board Quality Committee on December 9th at 4:15 p.m., and the Governance Committee on December 9th at 5:15 p.m.

BOARD COMMENTS:

Ms. Sebens thanked the Board for helping support her attendance at the healthcare conference in Chicago. She found it very informative.

Adjourned at 8:53 p.m.

Board Secretary

December 2015 Monthly CEO Report

Bartlett Regional Hospital

Chuck Bill

Quality & Patient Safety:

- We have seen an increase in falls in the last quarter and are responding appropriately.
- We also have a work group addressing significant injuries, workplace violence incidents and how we can better protect our employees and create a culture of no tolerance for violence.

Employees:

- CBHO candidate has accepted the position and is starting on March 7, 2016.
- Mila Cosgrove has accepted the position of Deputy City Manager and will start on January 4, 2016, while still helping us until a replacement is found.
- The new Clinical Compliance Officer has resigned.
- The annual Bartlett Foundation Employee Appreciation event was on 12/10/2015. 87 children signed up and it was a great success. Our thanks to the Foundation.
- I worked with Amy Mead to identify ways to improve the legal process and recommend continuation.

Community:

- I will attend the Healthcare Reform Summit in Anchorage on December 16th.
- I continue to monitor the Medicaid Reform and Provider Tax issue and provide feedback via ASHNHA.
- Catholic Community Services notified us this week that they are short staffed and will not accept new Home Health patients for a couple of weeks. This creates a challenge for discharge planning.

Medical Staff:

- Good participation by Medical Staff in Meditech implementation despite a few bumps.
- Confirmed pediatric locums coverage for the next several months.
- Dr. Neyhart presented to the Medical Staff with no action taken.
- Began a nationwide search for a Medical Director for the Hospitalist program, and continue to work with local physicians to help establish the program.
- Continue to meet with JEMA regarding resolution of existing contract and implication for rates in the future.
- Dr. Newbury, OB/GYN, signed his recruiting agreement.
- The RFP for the Medical Staff Development Planning is in the review process.
- Reluctant to endorse elimination of "for profit" in Title 40 referencing the hospital/physicians agreements.

Finance/Systems:

- Met with Plant Manager, CFO and CBJ regarding OR remodeling plan. The RFP has been developed and is ready for comments.
- See financial report.

Board:

- Strategic planning was held on December 5th. David Sandberg with Focus and Execute will facilitate the process to develop specific action plans and goals for the Board's approval.

Opportunities with Crimson Market Advantage:

Knowledge is Power

We could learn which patients, demographically speaking, are accessing various key health care services outside of our service area. We could learn the monetary value of those services and quantify the actual cost of out-migration to BRH. This is information that we currently do not possess in any definitive form.

We stand to gain specific information about these aspects of out-migration behavior in far more detail, and with greater confidence, than the anecdotal information we rely upon today.

Genuine data about out-migration for services that we provide ourselves is critical to understand our effective use of our existing capacity or need for expansion.

Understanding “why” patients are out-migrating, may be considerably more possible once we can quantify it and determine patterns in the data.

Collaboration

We already have a collaborative relationship with Southeast Radiation Oncology and Juneau Bone and Joint. Simply sharing parts of this data with both groups could strengthen the relationships and allow us to work together to keep more patients in Juneau.

Properly presented, solid information on out-migration for evaluation and health management should develop better understanding and more collaborative relationships with local physician groups.

Leverage Marketing Efforts

Solid data is always critical to effective marketing. This type of information could allow much greater focus in areas where we see indications of lack of consumer awareness of services we currently offer.

The data could also indicate the need to offer additional services locally. Revenue potential from expansion serves as important criteria for prioritization in development of strategic marketing plans.

Overall, the Crimson Market Advantage program will offer us solid data on a situation that we have only been able to speculate about. Whether you call it “leakage” or “out-migration,” the challenge has always been to quantify it. CMA will do that in greater depth and with far more accuracy than merely asking ourselves. This is a critical first step if we want to maintain and grow our business.

Credentials Committee
Hospital Privileges for Board of Directors Consideration
Tuesday, December 15, 2015 5:15 p.m. – Robert F. Valliant Center Boardroom

INITIAL APPOINTMENTS TO THE MEDICAL STAFF:

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
1. Todd Looney, MD	Consulting	Anesthesia

Dr Todd R. Looney graduated from the University of Washington in 1981. Dr Looney is a board certified Anesthesiologist who works in Seattle, WA and will be providing coverage at BRH.

REAPPOINTMENTS TO THE MEDICAL STAFF:

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
1. John Kennon Kirk, MD	Active	Family Medicine w/OB, 4th Degree Repair, D&C, C-Section Assist, Tubal Ligation Assist, Exercise Stress Treadmill, and Conscious Sedation

Dr. John K. Kirk graduated from the Eastern Virginia Medical School in 2007. Dr. Kirk is a board certified Family Medicine w/OB physician for S.E.A.R.H.C. - Cedar.

2. Tomas Velan, MD	Consulting	Anesthesia
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Dr Tomas Velan graduated from the 1st Medical School - Charles University in 1996. Dr Velan is a board certified Anesthesiologist physician for APATE in Seattle, WA.

LOCUM TENENS:

1. Mark Snyder, MD	Locum Tenens	Anesthesia
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Dr. Mark D. Snyder graduated from the Kansas University Medical Center School of Medicine in 1985. Dr. Snyder is a board certified Anesthesiologist who lives in Hannibal, MO and will be providing coverage at BRH.

MEDICAL STUDENT:

1. **Stephani Zakutansky, MSIII** – (University of WA SOM/SEARHC; Evaluate and Treat Patients, History and Physical/Orders/Progress Notes (Co-Signed), Scrub and Assist in Minimally Invasive Procedures Including C-Section/Vaginal Births, and other Duties Under Direct Supervision of Sponsoring Physician Per BRH P&P 9500.105)

PHYSICIAN ASSISTANT STUDENT EXTENSION OF STUDENT ROTATION:

1. **Nathaniel Ruiz, PAS** – (Heritage University; Valley Medical Care; Evaluate and Treat Patients, History and Physical/Orders/Progress Notes (Co-Signed), Scrub and Assist in Minimally Invasive Procedures Including C-Section/Vaginal Births, and other Duties Under Direct Supervision of Sponsoring Physician Per BRH P&P 9500.105)

TELERADIOLOGY:

1. **Alvand Hassankhani, MD** – (Consulting – vRAD; Teleradiology)

BARTLETT REGIONAL HOSPITAL
RULES & REGULATIONS

III. MEDICAL RECORDS

C. History and Physical Examination:

1. A history and physical (H&P) examination is required for all patients, ~~and is dictated, received from the physician's office, or hand-written~~ 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** ~~dictated or written~~.
 - 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 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, ~~if time allows, a brief handwritten H&P may substitute, and~~ a complete H&P is required as soon as possible following the procedure.

The Record Retention Schedule is organized as follows:

Documentation Topics

- A. Accounting and Finance
- B. Contracts
- C. Corporate Records
- D. Correspondence and Internal Memoranda
- E. Electronic Documents
- F. Insurance Records
- G. Legal Files and Papers
- H. Miscellaneous
- I. Payroll Documents
- J. Pension Documents
- K. Personnel Records
- L. Property Records
- M. Tax Records
- N. Contribution Records
- O. Code Repository

A. ACCOUNTING AND FINANCE

Record Type	Retention Period
Accounts Payable ledgers and schedules	7 years
Accounts Receivable ledgers and schedules	7 years
Annual Audit Reports and Financial Statements	Permanent
Annual Audit Records, including work papers and other documents that relate to the audit	7 years after completion of audit
Annual Plans and Budgets	2 years
Bank Statements and Canceled Checks	7 years
Employee Expense Reports	7 years
General Ledgers	Permanent
Interim Financial Statements	7 years
Notes Receivable ledgers and schedules	7 years
Investment Records	7 years after sale of investment
Credit card records (documents showing credit card number)	2 years

1. Credit card record retention and destruction

All records showing credit card number must be locked in a desk drawer or a file cabinet when not in immediate use by Users.

If it is determined that information on a document, which contains credit card information, is necessary for retention beyond 2 years, then the credit card number will be cut out of the document.

B. CONTRACTS

Record Type

Contracts and Related Correspondence (including any proposal that resulted in the contract and all other supportive documentation)

Retention Period

7 years after expiration or termination

C. CORPORATE RECORDS

Record Type

Corporate Records (minute books, signed minutes of the Board and all committees, corporate seals, articles of incorporation, bylaws, annual corporate reports)

Licenses and Permits

Retention Period

Permanent

Permanent

D. CORRESPONDENCE AND INTERNAL MEMORANDA

General Principle: Most correspondence and internal memoranda should be retained for the same period as the document they pertain to or support. For instance, a letter pertaining to a particular contract would be retained as long as the contract (7 years after expiration). It is recommended that records that support a particular project be kept with the project and take on the retention time of that particular project file.

Correspondence or memoranda that do not pertain to documents having a prescribed retention period should generally be discarded sooner. These may be divided into two general categories:

Transitory Correspondence: Those records that are created primarily for informal communications of information, as opposed to communications designed for the perpetuation or formalization of knowledge. Transitory messages do not set policy, establish guidelines or procedures certify a transaction, or become a receipt. Those pertaining to routine matters and having no significant, lasting consequences should be discarded within 90 days.

Subject Files (Functional): Correspondence, reports, and information related to functional departments of the hospital and which document events, projects, activities and issues should be retained for 7 years.

E. ELECTRONIC DOCUMENTS

- 1) Electronic Mail: Not all email needs to be retained, depending on the subject matter.
 - All Transitory Correspondence e-mail—from internal or external sources—is to be deleted after 90 days.
 - Users will strive to keep all but an insignificant minority of their e-mail related to business issues.
 - BARTLETT REGIONAL HOSPITAL will archive Functional Subject File e-mail for 7 years after the User has deleted it, after which time the e-mail will be permanently deleted.
 - All BARTLETT REGIONAL HOSPITAL business-related email should be downloaded to a service center or user directory on the server.
 - Users will not store or transfer BARTLETT REGIONAL HOSPITAL-related e-mail on non-work-related computers except as necessary or appropriate for BARTLETT REGIONAL HOSPITAL purposes.
 - Users will take care not to send confidential/proprietary BARTLETT REGIONAL HOSPITAL information to outside sources.
 - Users with more than 500MB in their e-mail account will be unable to send or receive messages until the size of their account is reduced. Users will be notified by IT Department as their account size approaches 500 MB.
 - Any e-mail that the User deems vital to the performance of their job should be copied to the User's H: drive folder, and printed and stored in the User's workspace.

- 2) Electronic Documents: including Microsoft Office Suite and PDF files. Retention also depends on the subject matter.

- PDF documents – The length of time that a PDF file should be retained should be based upon the content of the file and the category under the various sections of this policy. The maximum period that a PDF file should be retained is 7 years. PDF files the User deems vital to the performance of his or her job should be printed and stored in the User’s workspace.
- Text/formatted files - Users will conduct annual reviews of all text/formatted files (e.g., Microsoft Word documents) and will delete all those they consider unnecessary or outdated. After five years, all text files will be deleted from the network and the User’s desktop/laptop. Text/formatted files the User deems vital to the performance of their job should be printed and stored in the User’s workspace.

3) Web Page Files: Internet Cookies

- All workstations: Internet Explorer should be scheduled to delete Internet cookies once per month.

BARTLETT REGIONAL HOSPITAL does not automatically delete electronic files beyond the dates specified in this Policy. It is the responsibility of all Users to adhere to the guidelines specified in this policy.

Each day BARTLETT REGIONAL HOSPITAL will run a tape backup copy of all electronic files (including email) on BARTLETT REGIONAL HOSPITAL’s servers, as specified in the BARTLETT REGIONAL HOSPITAL Disaster Recovery Plan. This backup tape is a safeguard to retrieve lost information within a one-year retrieval period should documents on the network experience problems. The tape backup copy is considered a safeguard for the record retention system of BARTLETT REGIONAL HOSPITAL, but is not considered an official repository of BARTLETT REGIONAL HOSPITAL records. All monthly and yearly tapes are stored offsite according to BARTLETT REGIONAL HOSPITAL’s Disaster Recovery Policy.

In certain cases a document will be maintained in both paper and electronic form. In such cases the official document will be the electronic document.

F. INSURANCE RECORDS

Record Type	Retention Period
Annual Loss Summaries	10 years
Audits and Adjustments	3 years after final adjustment
Certificates Issued to BARTLETT REGIONAL	

HOSPITAL

Claims Files (including correspondence, medical records, injury documentation, etc.)	10 longer if claim is unsettled 10 years
Inspections	3 years
Insurance Policies (including expired policies)	Permanent
Journal Entry Support Data	7 years
Loss Runs	10 years
Releases and Settlements	25 years

G. LEGAL FILES AND PAPERS

Record Type	Retention Period
Legal Memoranda and Opinions (including all subject matter files)	7 years after close of matter
Litigation Files	1 year after expiration of appeals or time for filing appeals
Court Orders	Permanent
Requests for Departure from Records Retention Plan	10 years

H. MISCELLANEOUS

Record Type	Retention Period
Consultant's Reports	2 years
Material of Historical Value (including pictures, publications)	Permanent
Policy and Procedures Manuals – Original	Current version with revision history
Policy and Procedures Manuals Copies	Retain current version only
Annual Reports	Permanent

I. PAYROLL DOCUMENTS

Record Type	Retention Period
Employee Deduction Authorizations	4 years after termination
Payroll Deductions	Termination + 7 years
W-2 and W-4 Forms	Termination + 7 years

Garnishments, Assignments, Attachments	Termination + 7 years
Labor Distribution Cost Records	7 years
Payroll Registers (gross and net)	7 years
Time Cards/Sheets	2 years
Unclaimed Wage Records	6 years

J. PENSION DOCUMENTS AND SUPPORTING EMPLOYEE DATA

General Principle: Pension documents and supporting employee data shall be kept in such a manner that Donors Forum can establish at all times whether or not any pension is payable to any person and if so the amount of such pension.

Record Type	Retention Period
Retirement and Pension Records	Permanent

K. PERSONNEL RECORDS

Record Type	Retention Period
Commissions/Bonuses/Incentives/Awards	7 years
EEO I /EEO 2 Employer Information Reports	2 years after superseded or filing (whichever is longer)
Employee Earnings Records	Separation + 7 years
Employee Handbooks	1 copy kept permanently
Employee Medical Records	Separation + 6 years
Employee Personnel Records (including individual attendance records, application forms, job or status change records, performance evaluations, termination papers, withholding information, garnishments, test results, training and qualification records)	6 years after separation
Employment Contracts – Individual	7 years after separation
Employment Records Correspondence with Employment Agencies and Advertisements for Job Openings	3 years from date of hiring decision
Employment Records All Non Hired Applicants (including all applications and resumes whether solicited or unsolicited, results of post offer, pre-employment physicals, results of background	

investigations, if any, related correspondence)	2-4 years (4 years if file contains any correspondence which might be construed as an offer)
Job Descriptions	3 years after superseded
Personnel Count Records	3 years
Forms I-9	3 years after hiring, or 1 year after separation if later

L. PROPERTY RECORDS

Record Type	Retention Period
Correspondence, Property Deeds, Assessments, Licenses, Rights of Way	Permanent
Original Purchase/Sale/Lease Agreement	Permanent
Property Insurance Policies	Permanent

M. TAX RECORDS

General Principle: Donors Forum must keep books of account or records as are sufficient to establish amount of gross income, deductions, credits, or other matters required to be shown in any such return.

These documents and records shall be kept for as long as the contents thereof may become material in the administration of federal, state, and local income, franchise, and property tax laws.

Record Type	Retention Period
Tax-Exemption Documents and Related Correspondence	Permanent
IRS Rulings	Permanent
Excise Tax Records	7 years
Payroll Tax Records	7 years
Tax Bills, Receipts, and Statements	7 years
Tax Returns Income, Franchise, Property	Permanent
Tax Work paper Packages Originals	7 years
Sales/Use Tax Records	7 years
Annual Information Returns - Federal and State	Permanent
IRS or other Government Audit Records	Permanent

N. CONTRIBUTION RECORDS

Record Type
Records of Contributions

Retention Period
Permanent

O. CODE RESPOSITORY

Record Type
Code Life-Cycle

Retention Period
Permanent

I. Revision History

Date	Document Section	Description	Revised By
10/23/15	All	Initial Release	D. Hurley

I. Overview

The purpose of this policy is to define Data Retention and Disposal Policy. Different types of data require different lengths of retention at Bartlett Regional Hospital (hereinafter Bartlett Hospital). In addition to describing how long various types of data must be maintained, this policy also defines how to destroy the data when the time limit has been exceeded or equipment is to be discarded.

II. Scope

This policy applies to all Data Retention and Disposal of resources that are owned by Bartlett Hospital.

III. References

- Microsoft Windows Domain Controller (Group Policy Management)
- Microsoft Windows servers
- Badging security system
- Microsoft Exchange security policy
- ERP System
- EMR / EHR systems
- Microsoft Outlook client

IV. Responsibilities

A. Change Requester

- It is the primary responsibility of the individual submitting a change request to be evaluated for approval.

B. Bartlett Hospital Executive Team

- Reviews and approves the change if any risks to the business or any change to the business operations.

C. Information Technology Department

- Maintains a Change Advisory Board (CAB) process in all changes that affect the business operations.

D. Department Head

- Reviews and approves the change being requested by department staff if department effecting.

V. Procedure

The purpose of this policy is to ensure that necessary records and documents are adequately protected and maintained for a safe retention period. This policy is also for the purpose of aiding users in understanding their obligations in retaining electronic documents - including e-mail, Web files, text files, sound and movie files, PDF documents, and all Microsoft Office or other formatted files.

A. Administration

The Information Technology Department maintains a data retention schedule within the backup system that is approved by the business stakeholders as the initial maintenance, retention and disposal schedule for electronic documents. The Information Technology Department or business owner is also authorized to:

- Make modifications to the data retention schedule from time to time to ensure that it is in compliance business changes, department and resource modifications.
- Annually review the data retention and disposal policy
- Monitor compliance with this Policy.

B. Suspension of Record Disposal In Event of Litigation or Claims

In the event that Bartlett Hospital is served with any subpoena or request for documents or any user becomes aware of a governmental investigation or audit concerning Bartlett Hospital or the commencement of any litigation against or concerning Bartlett Hospital, such user shall inform the Information Technology Department and any further disposal of documents shall be suspended until such

time as the Information Technology Department, with the advice of counsel, determines otherwise. The Information Technology Department shall take such steps as is necessary to promptly inform all Users of any suspension in the further disposal of documents.


C. Applicability

This Policy applies to all physical records generated in the course of Bartlett Hospital operation, including both original documents and reproductions. It also applies to the electronic documents.

VI. Revision History

Date	Document Section	Description	Revised By
9/18/15	All	Initial Release	D. Hurley

JANUARY 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 	2
3	4 12:00 Executive Committee BR	5 12:15 MSEC BR 5:15 p.m. Medical Staff meeting cafeteria	6	7	8	9
10	11	12 7:00 a.m. Credentialing Committee BR	13 3:00 Hospital Quality Council BR	14 12:00 Planning Committee BR	15	16
17	18	19	20	21 5:15 p.m. Finance Committee BR	22	23
24	25 12:00 p.m. RRC BR	26 5:15 p.m. Board of Directors BR	27	28	29	30
31						

To be scheduled
Joint Conference Committee

2016 Board meeting schedule & sub-committee meetings							
Exec Com 1st Mon @ Noon	Board Quality 2nd Wed 4:15 p.m. meets quarterly	Planning Committee 2nd Thur every other month 12:00 p.m.	Finance Committee 3rd Thur 5:15 p.m	Board of Directors 4th Tues 5:15 p.m.	Rainforest Recovery Center meets quarterly 12:00	Governance Bylaws	CAMHU ad hoc as needed
Monday, January 04, 2016							
Monday, February 01, 2016	Wednesday, March 09, 2016	Thursday, January 14, 2016	Thursday, January 21, 2016	Tuesday, January 26, 2016	Monday, January 25, 2016		
Monday, March 07, 2016	Wednesday, June 08, 2016	Thursday, March 10, 2016	Thursday, February 18, 2016	Tuesday, February 23, 2016	Monday, March 28, 2016		
Monday, April 04, 2016	Wednesday, September 14, 2016	Thursday, May 12, 2016	Thursday, March 17, 2016	Tuesday, March 22, 2016	Monday June 27, 2016		
Monday, May 02, 2016	Wednesday, December 14, 2016	Thursday, July 14, 2016	Thursday, April 21, 2016	Tuesday, April 26, 2016	Monday, September 26, 2016		
Monday, June 06, 2016		Thursday, September 08, 2016	Thursday, May 19, 2016	Tuesday, May 24, 2016	holiday will be rescheduled 12/26/2016		
July 4 (Holiday) will reschedule		Thursday, November 10, 2016	Thursday, June 16, 2016	Tuesday, June 28, 2016			
Monday, August 01, 2016			Thursday, July 21, 2016	Tuesday, July 26, 2016			
September 5 (Holiday) will reschedule			Thursday, August 18, 2016	Tuesday, August 23, 2016			
Monday, October 03, 2016			Thursday, September 15, 2016	Tuesday, September 27, 2016			
Monday, November 07, 2016			Thursday, October 20, 2016	Tuesday, October 25, 2016			
Monday, December 05, 2016			Thursday, November 17, 2016	Tuesday, November 22, 2016			
			Thursday, December 15, 2016	Tuesday, December 27, 2016			