AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, June 25, 2019; 5:30 p.m.
Bartlett Regional Hospital – Boardroom

I. CALL TO ORDER 5:30

II. ROLL CALL 5:35

III. APPROVE AGENDA 5:40

IV. CONSENT AGENDA 5:45
   A. May 28, 2019 Board of Directors Minutes (Pg. 3)
   B. June 3, 2019 Draft Planning Committee Minutes (Pg. 7)
   C. June 11, 2019 Draft Board Compliance Minutes (Pg. 9)
   D. June 12, 2019 Draft Finance Committee Minutes (Pg. 11)

V. PUBLIC PARTICIPATION 5:50

VI. BOARD EDUCATION 6:10
   A. Outcomes in Cardiac Rehabilitation – Robert Follett (Pg. 12)
   B. Conflict of Interest – Robert Palmer (Pg. 22)

VII. MEDICAL STAFF REPORT 6:25
    • May 7, 2019 Medical Staff Minutes (Pg. 45)

VIII. EXECUTIVE SESSION 6:30
    A. Credentialing report (BLUE FOLDER)
    B. Patient Safety Dashboard (BLUE FOLDER)
    C. CEO Evaluation review (BLUE FOLDER)

IX. OLD BUSINESS 6:40
    A. Campus Plan update
    B. Crisis Intervention update (Pg. 50)
    C. Swing bed update (Pg. 50)
    D. Robotics update (Pg. 55)

X. NEW BUSINESS 6:50

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XI. MANAGEMENT REPORTS (Pg. 57)
   A. CLO Management report
   B. HR Management report
   C. CNO Management report
   D. COO Management report
   E. CBHO Management report
   F. CFO Management report
   G. CEO report

XII. CEO REPORT (Pg. 69) 7:00
   A. Ophthalmologist update

XIII. STRATEGIC DISCUSSION (Pg. 69) 7:10
   - State and Federal Budget Implications

XIV. PRESIDENT REPORT 7:15

XV. BOARD CALENDAR (Pg. 70) 7:20

XVI. BOARD COMMENTS AND QUESTIONS 7:25

XVII. ADJOURNMENT 7:30
CALL TO ORDER – The Board of Director’s meeting was called to order at 5:30 p.m. by Rosemary Hagevig, Board Vice-President

ATTENDANCE
Rosemary Hagevig, Vice-President Bob Urata, MD, Secretary Brenda Knapp, Past President
Marshal Kendziorek Mark Johnson Lindy Jones, MD
Kenny Solomon-Gross

ABSENT
Lance Stevens, President Deb Johnston

ALSO IN ATTENDANCE
Chuck Bill, CEO Billy Gardner, CCO Megan Costello, CBJ Law
Dallas Hargrave, HR Director Bradley Grigg, CBHO Joy Neyhart, DO
Rose Lawhorne, Assistant CCO Michelle Hale, CBJ Liaison Sarah Hargrave, Quality Director
Jeannette Lacey, Director of Case Management Anna Bullock, Case Manager
Anita Moffitt, Executive Assistant

APPROVAL OF THE AGENDA – A request was made to move the Medical Staff report and Executive session ahead of the Consent Agenda and to add Governance Committee Report under New Business.

Mr. Kendziorek made a MOTION to approve the agenda as modified. Dr. Urata seconded and modified agenda was approved.

Medical Staff Report – Dr. Neyhart provided information regarding a letter of support from the medical staff requesting more plant-based food choices in the hospital cafeteria and on patient menus. Mr. Bill noted that we are working with Dietary to move forward with this request.

Executive Session – Dr. Urata made a MOTION to go into executive session to discuss the credentialing report and patient safety dashboard, both of which are confidential by nature and protected by law. Mr. Kendziorek seconded and motion approved. The committee entered executive session at 5:33 pm and returned to regular session at 5:37 pm.

Ms. Kendziorek made a MOTION to approve the credentialing report as presented. Dr. Urata seconded and it was approved.

CONSENT AGENDA – Dr. Urata made a MOTION to approve the consent agenda. Mr. Kendziorek seconded. The consent agenda was approved as presented.

PUBLIC PARTICIPATION – None
BOARD EDUCATION – Sarah Hargrave and Jeannette Lacey presented the goals and actions plans for intradepartmental collaborations to improve care for multi-visit patients (MVP). 3-4% of our patients made up 15% of our visits in 2018. The goal is to decrease the average number of MVP visits to the ED by 10% by December 31, 2019. MVP are patients with 10 or more ED visits in a year; or 5 or more in a quarter; or 3 or more in a month. Identifying what is driving the utilization of ED services, developing a care plan that includes community resources and following up with patients has proven to be very effective. Monthly reports of the highest utilizers are reviewed and care plans are developed. Ms. Bullock provided examples of care plans already implemented which have resulted in reduced utilization of the ED by the patients. This is a multi-disciplinary approach of Case Management, the Quality Department, ED staff, Behavioral Health, Security, Community Navigators, SEARHC, AWARE, JAMHI, Housing First, etc. Patient information is put into a care guideline in the EDIE system for providers to access in real time. Addressing underlying issues helps get to the next level of treatment. Ms. Hale noted that CCFR will be taking over sleep off and should also be included in these collaborations. Ms. Hagevig noted that Gatekeeper Services of SE Senior Services often receive information from the postal service and cable and telephone companies that possible welfare checks are in order for some of their customers.

OLD BUSINESS:
CAMPUS PLAN UPDATE – The RFP has been awarded to Jensen Yorba Lott, Inc. Mr. Bill has a follow-up meeting scheduled for Thursday, May 30th with the architect that has been assigned the project. The plan will show us our existing infrastructure and show potential areas of construction. It will be used to help identify the domino effect of taking on other projects such as the Crisis Intervention Center, identify potential building sites and address parking issues. Mr. Kendziorek noted that the Planning Committee will be taking a more in depth look at this at the 7:00am meeting scheduled for Monday, June 3rd. He encourages all board members to attend if available. Ms. Hale initiated a conversation about the CIP process. Mr. Bill stated that this campus plan will be the foundation for future projects.

Crisis Intervention Update – Mr. Grigg reported that we are on the agenda to introduce the appropriation request to the Assembly on Monday, June 3rd for the initial $500,000 capital money that was approved in November. The request will be heard again on June 24th. This will then allow us to move forward with the design RFP. Mr. Bill noted that the Assembly will also have the first readings to the changes to Title 40 and discussions will be held about Sleep Off changes at the June 3rd meeting.

NEW BUSINESS:
ORTHOPEDIC EQUIPMENT PURCHASE – Mr. Bill noted that a motion was made to approve the purchase of orthopedic equipment (mistakenly identified as ophthalmology equipment) for Dr. Hightower at last month’s Board of Directors meeting. Because this action item had not been listed on the agenda, the purchase for the orthopedic equipment has been brought forward for approval at this meeting.

Dr. Urata made a MOTION to approve $178,649.30 for the purchase of orthopedic equipment as recommended by the Finance Committee. Mr. Johnson seconded. There being no opposition, the motion passed.

IT HARDWARE PURCHASE – Replacement of IT hardware equipment has been budgeted for next year but a decision has been made to move this purchase up. The core servers are in need of replacement so as not to interfere with patient safety. This purchase has been reviewed and approved by the Finance Committee and falls within the spending authority of the CEO for approved budgeted items. Because of this, it was requested that the IT hardware purchase not be listed as an action item but as information only.
OPHTHALOMOLOGY EQUIPMENT PURCHASE – Mr. Bill presented a listing of Ophthalmological equipment needed to support Dr. Kopstein in establishing an Ophthalmology program. He stated that we obtained a signed contract from Dr. Kopstein last week and are working to expedite his credentials and Alaska medical license. The hope is that he will be able to begin to see patients by the end of June.

Dr. Urata made a MOTION to approve the purchase of Ophthalmology equipment for Dr. Kopstein, or any other Ophthalmologist that chooses to use it, for office and exam rooms. The amount of the purchase is not to exceed $350,000. Mr. Johnson seconded. There being no opposition, the motion passed.

SAFETY MANAGEMENT PROGRAM – The Safety Management Program was presented for its annual evaluation review. Mr. Bill noted that Nathan Overson is the new Workforce Safety Committee Chair.

Ms. Kendziorek made a MOTION to accept the Safety Management Program. Ms. Knapp seconded. The motion was approved. Mr. Kendziorek expressed his appreciation for the report and commends the staff for the hard work.

GOVERNANCE COMMITTEE REPORT – Ms. Knapp reported that the Governance Committee met on Friday, May 24th. The two main items discussed were Board oversite of physician recruitment and affiliation options for BRH as opposed to mergers. It was agreed that we need to look very closely at the Board’s oversite of the recruitment responsibility. She noted that we have received an unsolicited affiliation proposal from Virginia Mason. Providence and University of Washington were also suggested as affiliation opportunities. A more in depth discussion on these subjects will be discussed at the July 16th meeting.

A discussion was held about the Board’s oversite and responsibility; is the Board meeting its due diligence responsibility, asking the right questions and receiving adequate information. Dr. Urata stated that the Board should be governed by the strategic plan. It was noted that reports from the Medical Staff, Medical Staff Quality and other subcommittee meetings should provide more information to better inform the Board as to what is going on in the hospital. Dr. Urata provided an overview of the Quality Committee’s oversite processes. Ms. Hale stated that the BRH Board is here to represent the community of Juneau, not BRH. The community has the right to know what is going on at BRH. She also stated that Planning and the Strategic Plan should really look out at the 10 year horizon and adjustments be made as we go. Discussions continued about what should be reported to the Board. It was suggested that minutes from the Medical Staff meetings be included in future Board packets.

MANAGEMENT REPORTS – Ms. Hagevig expressed her appreciation for the extended information included in the management reports. Ms. Costello noted that she will have a law clerk intern working at CBJ beginning June 3rd and will accompany her to future meetings. Mr. Bill reported that an interim Finance Manager starts on June 3rd. He will fill this role until a Controller is hired.

CEO REPORT – Since we are behind schedule, Focus and Execute update will be deferred until next month. Ophthalmology updates discussed previously. Mr. Bill has a meeting with Jensen Yorba Lott scheduled to take place on Thursday to discuss the campus planning.

STRATEGIC DISCUSSION – Mr. Bill noted there is a lot of limbo with what is going on in the state. At the ASHNHA Board meeting, the information received was that the legislature is still pretty set on the 5% proposed cuts across the board. Diagnosis Related Grouping (DRG) billing will not be implemented in January. It will be pushed back until July 2020. Even though considered a long shot, discussions are taking place with the Commissioner of Finance about relief for rural hospitals struggling with the PERS obligations. Mr. Johnson expressed his opinion that the unfunded obligation to PERS should not apply to employees in Tier 4. CMS is supportive of a program that allows the state to contract for program cost
rates using our cost report data. Looking at the budget implication at the federal level, the net impact to us and the changes to Medicare itself will be about a 1.9% increase over what we are currently getting. This will benefit us for outpatient services. Congressman Young’s office is actively working on moving the Rural Demonstration Project forward.

PRESIDENT REPORT – None

BOARD CALENDAR – The June calendar was reviewed. No changes requested. Mr. Bill stated that the September Board meeting will need to be moved. A doodle poll will be sent out to identify a date. Mr. Bill announced that a decision was made to make some changes to the Senior Leadership Team. Effective June 2, Billy Gardner will be the COO. Rose Lawhorne will be the CNO.

BOARD COMMENTS AND QUESTIONS – Dr. Jones reiterated the request for the Quality Committee to provide more information to the Board. Mr. Solomon-Gross expressed appreciation for the details provided in the management reports. Ms. Hagevig stated that she was surprised about how many babies have been born and noted the great care she recently received in the Emergency Department.

ADJOURNMENT – 7:20 p.m.
CALL TO ORDER - Planning Committee meeting was called to order at 7:01 a.m. by Marshal Kendziorek, Committee Chair.

APPROVAL OF THE MINUTES – Mr. Solomon-Gross made a motion to approve the April 22, 2019 minutes. Ms. Knapp seconded. There being no objection, they were approved.

PUBLIC COMMENT - None

OLD BUSINESS

A. Sleep Off Status – Mr. Bill reported the game plan has been finalized and Mila Cosgrove is now driving the train on this. We have an Assembly approved agreement in place for CCFR to take this over sleep off beginning July 1st. They will remodel the old St. Vincent Thrift Shop to accommodate this. Layoff notices have been given to the Sleep Off employees on Friday. The RRC remodel should begin mid-July.

B. Campus Plan RFP – Mr. Bill reported that Jensen Yorba Lott (JYL) was the winning bidder for the Campus Plan RFP and provided a plan overview. The design should be completed in mid to early September. A presentation of the final design plan will be given to the Board in September. Mr. Bill will work with JYL on the details for the contract negotiation. Discussed at his meeting last week with JYL were changes to near and far future; the concept of identifying potential building sites, accommodations for new service lines and parking challenges. Mr. Kendziorek stated that the Board’s role is to help with the big picture and would like to have JYL provide an overview of what their vision is prior to completion of the final design plan.

Mr. Solomon-Gross noted that many of the Board members are unfamiliar with some of the areas of the hospital and proposed campus tours to reinforce Board engagement and
give a clear picture of what is being discussed. Tours of different areas of the hospital will be scheduled to take place prior to each monthly Board meeting.

C. **Mental Health Trust Grant and Crisis Stabilization Plan**—Mr. Grigg reported that BRH has submitted its grant proposal to the Mental Health Trust. Premera has accepted the proposal submitted to the Trust and requests that a separate proposal not be submitted to them. He anticipates having a response from both entities between June 15th and June 30th. A request for the allocation of funds for the RFP for the Crisis Stabilization Center design will be presented to the Assembly this evening and again on the 24th. The RFP will be ready to post on or before July 1st.

D. **Ophthalmology Updates**—Mr. Bill reported that we do have a signed contract with Dr. Kopstein. He will be able to begin seeing patients as soon as his AK license is issued and his credentialing process is complete. We anticipate that he will be able to see his first macular degeneration patients in June. There will be an education session with the optometrists that will be co-managing his surgical patients at the time of his first scheduled clinic. Dr. Kopstein will not be a major resource for the ER patients so there are still opportunities for consultant and telemedicine usage.

Ms. Knapp inquired why the timeline for SEARHC analysis was not included in this agenda as identified as a future agenda item in the minutes from April 22nd. Mr. Bill had stated that it was not a standalone item so had requested it not be included. A brief discussion was held about collaborating with other facilities.

**FUTURE AGENDA ITEMS**

- Campus Plan RFP
- Campus walk to include tour of BOPS and RRC
- Crisis Stabilization Plan
- Ophthalmology updates

**Next meeting** – Friday, July 19, 2019

**Comments** – Mr. Bill reported that we have received notice that the State is going to suspend Medicaid payments for the last three weeks of June. He also reported that this is Ms. Lawhorne’s first official meeting as CNO and Mr. Gardner’s as COO. He noted that it has been determined that a Chief Medical Officer is not justified for a facility of our size. A discussion was then held about the Chief of Staff position.

**Adjournment** – Meeting adjourned at 7:41 am
Called to order at 7:05 AM., by Board Compliance Committee Chair, Bob Urata, MD

Compliance Committee and Board Members:
Board Members: Bob Urata, MD; Marshal Kendziorek, Deborah Johnston (absent), Kenny Solomon-Gross and Rosemary Hagevig

Staff/Other: Chuck Bill, CEO (absent); Nathan Overson, Compliance Officer; Megan Costello, Assistant Municipal Attorney

Agenda Approval: Marshal Kendziorek asked if there were items for the executive session, there were none so he made a MOTION to strike the executive session from the agenda and otherwise approve the agenda as presented. Hearing no requests for change, the agenda was approved with change.

Previous Board Compliance Meeting Minutes Approval: Mr. Kendziorek made a MOTION to approve the minutes without change. Hearing no requests for change, the minutes were approved without change.

Education and Training: Mr. Overson provided compliance education and training. Training consisted of an overview of what a compliance program is, and two topics from “Measuring Compliance Program Effectiveness: A Resource Guide”. The two topics of “Oversight by a Compliance Officer/Compliance Committee” and “Education and Training” were covered.

Mr. Kendziorek responded to the statement by Mr. Overson that the official name of the Board Compliance Committee was the Board Compliance and Audit committee. Mr. Kendziorek spoke of prior board discussion of combining the Compliance/Audit committee with the Quality committee to create one board committee over both. Mr. Overson expressed his opposition to the idea. He acknowledged that some of the Compliance and Quality functions appear to be similar, but the two lenses are very different and the important distinctions between the functions could be blurred as a result.

Compliance Officer Report:
Compliance Policies: Mr. Overson gave an update on the periodic document review process for the compliance policies from. A dashboard report was presented, and Mr. Kendziorek offered a suggestion to improve the report by adding an element to show what had changed from one meeting to the next.

Compliance Incident Log: The numbers of incidents have been relatively consistent month to month; and the nature of the incidents has been fairly consistent also. The request to capture outstanding incidents (incidents that take longer than several weeks to complete) was asked by Mr. Kendziorek in the last meeting. Mr. Overson noted that a new element was added to the “Hospital Work Plan” to account for incidents requiring an operational fix. Compliance work groups would be generated as a result of any outstanding incident that should be addressed at a system level. The incident data point would be still tracked in the Compliance Incident Log, but the progress toward closing the loop on outstanding incidents would then be tracked as process improvement projects in the Hospital Work Plan.

Monitoring and Auditing: Mr. Overson presented a monitoring and auditing report which showed the work of the Compliance directed chart audits performed by the revenue cycle team, and relevant department ad hoc members over the last quarter. Compliance, HIM and PFS are currently in the process
of looking at how to bring external audit requests (number and type) to this report. Incident investigations will often trigger a systems audit which will also be included. This report is still being developed.

**Hospital Work Plan:** No significant changes to the hospital work plan, except for the added element to track process improvement projects related to the compliance incident closed loop process mentioned in the Compliance Incident Log report.

**Committee Input:** Mr. Kendziorek suggested for our next meeting that the education topic can be a brief overview of all 7 elements of the effective compliance program, and how they fit together since we have now completed each of the individual elements. Dr. Urata suggested that this 20 minute training could be considered for a future board meeting training for all of the board to receive.

**Executive session:** The meeting did not go into executive session.

**Meeting Adjourned** 7:56 am

**Next Meeting** tentatively 09/10/2019 at 7:00 am
(Looking at changing the meetings to the 3rd Tuesday of the 3 month of each quarter)
Called to order at 7:00 a.m. by Finance Committee Chair, Dr. Bob Urata.

Finance Committee & Board Members: Dr. Bob Urata (Chair), Mark Johnson, Deb Johnston, Kenny Solomon-Gross

Staff: Kevin Benson, CFO, Billy Gardner, COO, Rose Lawhorne, CNO, and Megan Taylor, Executive Assistant

Mr. Johnson made a MOTION to approve the minutes from the May 8, 2019 Finance Committee Meeting. Dr. Urata noted no objections and they were approved.

April 2019 Finance Review – Kevin Benson, CFO

Mr. Benson explained that Bartlett Regional Hospital saw improved finances overall for the month of April. Inpatient revenue was 10% below budget, but Outpatient revenue was 12% over budget, and BRH finished the month about $471,000 positive. Net operating revenue was positive as well. The months of May and June look better than budgeted and should help narrow the gap between actuals and budgeted by the end of the fiscal year. Capital spending is at 40% of budgeted with two months left in the fiscal year.

There was a discussion about the Oncology software listed in the budget. Dr. Urata noted that there was some dissention among nurses and physicians regarding practicality of using the software. More discussion and research is needed to finalize decision or find another product.

Swing Bed Proposal – Kevin Benson, CFO

The possibility of implementing this program has been discussed for years. Patients that require long term care, but aren’t acute, are currently being sent outside of Juneau. DRG “RUG rates” currently apply for long term skilled care, which are determined by condition and complexity of care required. Financial viability with these rates are either marginal or a loss.

BRH would qualify for cost-based reimbursement, but a “base year” must first be established for a full fiscal year. Until the completion of the base year (which would begin July 1, 2020), BRH could receive the RUG rates. Once the base year is completed, BRH would qualify for cost-based reimbursement, which is a difference of about $2,000 per day based on a two patient per day average in the swing bed program, including retroactive reimbursement for the base year. There would be some per unit cost loss, but still a net increase of $1.1 million (based on the two patient per day average). Given these projections, it makes sense to proceed, assuming the rural demonstration project continues. Otherwise, it would not be feasible. BRH would need to be conscious not to accept enough swing bed patients to eliminate space for acute care patients, especially in the summer, as acute care patients generate more revenue.

Dr. Urata requested that Mr. Benson present a report on the Soldotna site visit regarding their swing bed program (in a rural demonstration project hospital) to the Board of Directors meeting on June 25th, including any information gleaned about their robotics program.

Next Meeting: July 10th, 2019 at 7:00 a.m. in BRH Boardroom

Adjourned – 7:41 a.m.
Cardiac Rehabilitation Program Outcomes in Phase II
Cardiac Rehabilitation

Jacob Sitzmann
Robert Follett
June 24, 2019
Improvement Goal

• We are working to improve outcomes in cardiac rehabilitation: Improvements in functional capacity, optimal blood pressure control, tobacco use intervention, improvements in depression, improvements in lipids, and improvements in hemoglobin A1c
  – The focus of this presentation will be: “Improvements in Functional Capacity”

• We chose this project because the correlation between peak functional capacity and morbidity and mortality is very strong
  – 12% of all-cause mortality in the USA is directly related to lack of physical activity
  – For every 1 MET increase in FC, there is a 10-25% survival benefit
  – Our goal is to increase functional capacity by at least 40% in 80% of our patients from start to finish of their rehab course, or, an improvement in 6MWT distance by >10%
  – Measured by METs (Metabolic Equivalent of Task) and 6MWT distance
  – 3rd session vs. final session
Data Collection

- **Baseline**: 2018: METs were not collected. There was no consistency in measuring functional capacity.

- **Data collection method and frequency**: Every patient that participates in CR has METS (workloads) documented every session with a specific exercise prescription and plan of progression.

- **Scope**
  - All cardiac rehab patients who graduate the program
    - Graduation = completed the prescribed number of sessions by the staff and patient and a proper discharge plan

- **Validity**: Improvements in functional capacity is an essential metric determined by our national organization (AACVPR)
Data Analysis

• **Comparison:** in January-November, data was not collected, so there is no objective evidence that any patient improved functional capacity.

• **Data subsets:** So far in 2019, there is no unexpected data. Every patient has improved their functional capacity.

• **Conclusion:** Since December, 2018, 9 patients have graduated, 3 dropouts, and two medical dropouts. There are 7 active patients.
  
  – Of the 9 graduated, 8/9 have improved FC by >40%
  
  • Average of 84.6% ± 67.4
Change Management

• Change Concepts applied:
  – *Manage Variation*: formal process to exercise prescription and documentation
  – *Cross training*: train/educate other staff members about improvements in FC
  – *Patient centered interactions*: education focused
  – *Improved workflow*: programs set prior to each session

• Challenges / Barriers:
  – Challenges: graduation and referrals
  – Barriers: attendance, symptoms, hospitalizations, willingness to change, fitness on presentation
Activity Summary

• What are we doing as a staff to achieve this goal and collect data:
  – Documented METS every session
  – Proper exercise programming and home exercise guidelines
  – Individualized Treatment Plans
  – Specific attention on **progression**
  – Database collects all necessary patient data
Current and Future

• Current
  - From December 2018-present, 8/9 qualifying patients have improved their FC by >40%, with an average of 84.6%

• Future
  - Continued data collection through all of 2019
  - Prediction: >80% of patients will improve FC by >40%
Monitoring

• What happens if we trend to <40<80%  
  – Why?
    • High pre-cardiac rehab fitness  
      – Solution?:
    • Complications: chronic symptoms, hospitalizations  
      – Solution?:
    • Readiness to change  
      – Solution?
    • Psychological well-being  
      – Solution?
    • Poor attendance  
      – Solution?
Sustain

• How do we sustain our current data?
  – Positive reinforcement
  – Patient/family centered care
  – Education
  – Proper exercise programming
  – Enjoyable atmosphere
  – Listen
Questions?
Topics

- Role of Law Dept.
- CBJ Charter (1970)
- Open Meetings Act
- Public Records Act
- Conflict of Interest
- Quasi-Judicial Process
CBJ Law Department:

Who

Assembly

Robert Palmer
Municipal Attorney

Civil Attorneys
Teresa Bowen
Jane Mores
Megan Costello

Crim. Prosecutors
Emily Wright
Caleb Nagel

Law Office Mgr
Deb Senn

Civil Assistants
Junnie Chup

Crim. Assistants
Audrey Dean
Jesse Peterson
CBJ Law Department:

What

- Provide legal advice: Assembly, Boards, Commissions, JSD, BRH, & staff
- Draft legislation and regulations
- Prosecute and defend civil litigation (12)
  - Sales & property tax, code violations, land use, personal injury, property claims, medical malpractice
- Prosecute criminal cases (358)
- Assist small claims (FIN) & minor offenses (JPD)
Why:
* CBJ Charter 3.13 (shall appoint Municipal Atty)
* CBJ 03.15.010 (Muni. Atty shall provide legal services to municipality)
* CBJ 11.20.030 (Defend employees engaged in course of CBJ business)

Where:
* SEALASKA, 2nd Floor
* Please come visit. You are always welcome.
Charter is local “constitution”

CBJ is a Home Rule Muni. (2.1)

Bartlett Hospital Board (3.15 of Charter)

Appointments CBJ Code 40.05.010

- No board member, or board members’ immediate family or household, may be employed by the hospital.

- 9 members
Board Duties – CBJ Title 40

* Responsible for the operation of the hospital to the best interests of public health CBJ 40.05.020

* Make and enforce rules and regulations necessary for the administration of the hospital

* Prescribe terms under which patients shall be admitted

* Shall establish and enforce standards of operation

* Shall, within hospital appropriation, establish and amend the pay plan for hospital employees.
* 0123 Contracting authority: Board shall approve contracts unless delegated to CEO to negotiate and/or execute

* 0131 Legislative: Recommend bylaws and provide policies and procedures for the administration and governance of the hospital-effective upon Assembly approval
Board Meetings

* CBJ Code 40.05.060
* At least 1 Regular meeting per month
* References AS 29.20.020 PUBLIC MEETING ACT (PMA) and AS 44.62.310 Open Meetings Act (OMA)
  * Minimum of 24 hours notice of meetings
  * All meetings are open to public
  * Limited executive sessions are allowed for deliberation
  * Public reasonable opportunity to be heard
**OMA: What is a Meeting?**

- **Decision-making or Policy-making board**
  - (a) When more than 3 members or a majority, whichever is less, are present and (b) consider a topic that the board is empowered to act upon.

- **Advisory-only board (i.e. subcommittee)**
  - (a) a prearranged gathering of board members (b) for the purpose of considering a topic that the body is empowered to act upon
Closed-door deliberation permissible for

- Immediate knowledge of which would adversely affect CBJ finances (i.e. negotiated contracts)
- Defame or prejudice a person (i.e. evaluations)
- Litigation, appeals, grievance
OMA: Executive Session Process

* Notice of topic in agenda
* Motion to move into executive session
* (If personnel matter, subject person veto right)
* Deliberate in executive session; no action
* Return to public meeting to take action
OMA: Best Practices

- OMA purpose is to ensure deliberations of a board are done in public.
- Minimize private Assembly-member discussions.
- “Serial” meetings: Avoid using “reply all” in email.
- Reasonable notice of meeting.
  - 24 hrs. min., more notice for complex issues
- Make sure agendas include location and time.
- Agenda and Board packets are public records
- Cure by completely redoing illegal action.
A.S. 40.25.110, Charter 15.7, CBJ Code 01.70

Two big rules:

1) Every person has the right to inspect public record unless an exception applies.

2) Strong presumption in favor of disclosure

Best Practice: keep work at work, keep work on work devices, and don’t use text messages for substance
You are a municipal officer

You are prohibited from using your position to:

- Gain a benefit
- Secure employment or contracts
- Take or withhold action if you have personal or financial interest
- Use CBJ/BRH time or equipment for personal or financial interest
- Vote or deliberate if you have a personal or financial interest
CONFLICT OF INTEREST

• Concepts: Impartiality and Transparency
• Required by A.S. 29.20.010 and Charter 15.1 and Board Bylaws 0170
• CBJ 01.45 prescribes standards and penalties
  ❖ Financial and personal conflicts
  ❖ Gifts
  ❖ Improper disclosure of information
  ❖ Improper influence in CBJ/BRH grants, contracts, leases, or loans
  ❖ Aiding another in a violation
  ❖ Violations are generally B misdemeanors
  ❖ Complaint and investigatory process
Financial conflict of interest
- Any interest held by the municipal officer or an immediate family member from which the person has received within 3yrs or expects to receive compensation (business, property, relationship)

Personal conflict of interest
- Not a financial interest but includes any material exchange of promise, service, privilege, exemption, patronage, or advancement
Avoid placing, or (avoid the appearance of placing) own self interest or any third-party interest above that of the Hospital:

* Do Not use Board or Hospital for personal or third-party gain

* Do Not engage in outside business, professional or other activities which would materially adversely effect the hospital

* Do Not solicit or accept gifts, gratuities, etc— as inducement to provide special treatment to donor regarding matters pertaining to Hospital

* Do Not provide goods or services to the Hospital as a paid vendor, unless only after full disclosure to the Board
Conflict of Interest: Examples

- Employee uses a CBJ phone each day for a short call to make sure kids made it home from school. (✔)
- Event business gives Employee free season tickets, while Employee is negotiating contract with business. (❌)
- Board deliberates on lease of property to business that Board member A owns 5% of. Board member A deliberates. (❌)
Conflict of Interest: Best Practice

- Declare conflict of interest at meeting: abstain from any discussion or vote on the issue.
- If in doubt, contact your attorney (CBJ Law)
  - **Shield:** If you act consistent with attorney advice, then you are immune from personal liability
- Close calls, disclose in meeting
- Public Trust = legal conflict of interest code + political conflict of interest
No ex-parte contact with parties
- When sitting as a judge, you cannot have discussion with one side without the other side.
- Grocery store, school events, etc.

Need to clearly articulate reasons for decision

Some board decisions can be appealed to the Assembly
Resources

- City Clerk
  - Beth McEwen (586-0203)
- Manager’s Office (586-5240)
  - Rorie Watt & Mila Cosgrove
- Attorney
  - Megan Costello (586-5340) and Rob Palmer (586-0909)
Bored Training is over
Bartlett Regional Hospital  
Medical Staff Meeting  
Tuesday, May 7, 2019 at 6:15 p.m. – BRH Café  
MINUTES

MEMBERS PRESENT:
Anderson, Noble, MD, Secretary/Treasurer
Benjamin, Mimi, MD
Cook, Jeannette, MD
Gartenberg, Joanne, MD
Huang, Eugene, MD
Kilgore, Kimberly, MD
Kirk, J. Kennedy, MD
Maier, Anya, MD
Miller, Benjamin, DO
Neyhart, Joy, DO, Vice-Chief of Staff
Olsen, Eric, MD
Peterson, Quigley, MD
Roth, Joseph, MD
Schmidt, Jennifer, MD
Shanley, Theresa, MD, Past-Chief of Staff
Standeven, Anne, MD
Than, Nandi, MD
Valentine, Priscilla, MD

MEMBERS ABSENT:
Blanco, Jessica, DMD
Buley, Catherine, MD
Bursell, John, MD
Dooley, Laura, MD
Gruchacz, Pamela, MD
Harrah, Daniel, MD
Keirstead, Linda, MD
Mulcahy, Allison, MD
Schultz, Charles, DDS
Scott, Jessica, MD
Strickler, Steven, DO
Totten, Jodie, MD

MEMBERS EXCUSED:
Banyas, Michael, MD
Jackson, Keegan, MD

CALL TO ORDER: The regular Medical Staff meeting was called to order by Theresa Shanley, MD, Past-Chief of Staff at 6:15 p.m.

INTRODUCTION OF GUESTS:
1. Sara Robison, DO
2. Judith Engelman, MD
3. Leah Karlsen, MSII

APPROVAL OF MINUTES: The minutes from the April 2, 2019 Medical Staff regular scheduled meeting was unanimously approved as written.
IV. OLD BUSINESS:

A. Administration – Chuck Bill, CEO

1. **Joint Conference Meeting** – On Friday, May 10, 2019 the BRH Board of Directors (BOD) and MSEC will have their Joint Conference meeting beginning at 7:00 a.m.

2. **American Hospital Association (AHA)** – Chuck Bill reported that last month he attended the American Hospital Association (AHA) annual meeting that was held in Washington, DC. While there, he and other AHA members had an opportunity to meet with delegate and make the request to consider having the Rural Demonstration Project be permanent.

3. **BRH Financial Impact** – Recently the Deputy Director of the State of Alaska Department of Health and Social Services (DHSS), Donna Stewart, was on campus where she had a tour of the hospital and discussed the impact of the proposed budget cuts and how it would affect the hospital.

4. **Construction** – Over the next few months the hospital will be undergoing various construction projects:
   a. **Medical Arts Building** – Replacement of the old grass ridden roof.
   b. **Rainforest Recovery Center (RRC)** – Groundbreaking will occur for the remodeling of the Rainforest Recovery Center. The Sleep Off Center will now be managed by CBJ and will relocate over by St. Vincent DePaul facility. This will save the hospital approximately $300,00 per year.
   c. **Bartlett Outpatient Psychiatric Services (BOPS)** – The Bartlett Outpatient Psychiatry Services will temporarily relocate to the Juneau Medical Center in the office space that Dr. Robert Breffeilh once leased.
   d. **BRH Satellite Pharmacy** – There will be a 2nd floor pharmacy satellite extension that will be constructed where the BRH Foundation Gift shop location.
   e. **BRH Foundation Gift Shop** – The BRH Foundation will temporarily relocate to the Juneau Medical Center. They will eventually relocate where the BRH Bartlett Beginnings family waiting is located.
   f. **BRH Bartlett Beginnings Family Waiting Area** – The Bartlett Beginnings family waiting area will be relocated.

5. **2019 Excellence of Nursing.** – This year’s recipient of the 2019 nursing of excellence award will be giving to Katie White, RN for CCU.

6. **Tele-EEG** – Work is ongoing with Virginia Mason Medical Center (VMMC) pertaining to them providing tele-EEG interpretations services for our patients.

B. Clinical Operations – William Gardner, CCO – **Not present.**

C. Finance – Kevin Benson, CFO

1. **Financial Results** – The trend for the past few months indicate a decrease in inpatient days. This has caused a reduction in revenue. March was better than February, however it basically was a breakeven bottom line. YTD there is a $1.1/M net income. It looks as though April finances have rebounded however the final results have not been completed.
2. **IV Pumps** – New IV pumps have been ordered as the current ones are near the end of life. Training will occur once they have arrived and are in service.

3. **Citrix** – The Citrix remote access platform has been rolled out. It is available for provider and staff use. Contact the BRH Information Systems team for more information.

D. **Behavioral Health – Bradley Grigg, CBHO**

1. **Juneau Alliance for the Mentally Ill (JAMHI)/Juneau Youth Services (JYS)** – Beginning July 1, 2019 appropriate BRH staff will begin providing 24/7 assessments for adult and adolescent patients who present with behavioral health symptoms. The Hospital will no longer contract with Juneau Alliance for the Mentally Ill (JAMHI) and Juneau Youth Services (JYS).

2. **Child/Adolescent Psychiatrist** – The Hospital is still recruiting for a child/adolescent a psychiatrist. There was one here for a site visit who decided working in our community would not be a good fit for him.

3. **Petersburg Medical Center (PMC)** – Petersburg Medical Center (PMC) has reached out to see if the Hospital could provide psychiatric services for their community. This would be in the form of both telemedicine and in-person contact.

E. **Hospitalist – Mimi Benjamin, MD** – No report.

F. **Other** - None

V. **NEW BUSINESS:**

A. **Committee Reports:**

1. **Critical Care Committee** – No meeting.

2. **Medical Staff Quality Improvement Committee** – Three cases were reviewed. Discussion was held pertaining to various ways to effectively communicate to physicians. In the event a physician has a direct admission from a clinic, they are to contact the House Supervisor.

3. **Surgical Services Committee** – No meeting.

4. **Pharmacy & Therapeutics Committee** – Minutes in packet.

5. **Infection Control Committee** – No meeting.

6. **HIM/UR Committee** – Next meeting is tomorrow.

7. **Credentials Committee** - Business as usual. Mandatory contributions will now be handled by the MSEC. Only primary committees and Medical Staff meetings will be tracked/considered. Now that the Emergency Department (ED) POCUS policy has been developed and approved, the Committee will work on a hospital wide policy.

8. **OB/Neonatal Committee** – Meeting later this month.

9. **Provider Education Committee** – No report.

10. **Medicine/Pediatric Committee** – Meeting later this month.

11. **Trauma Committee** – Reviewed trauma activation criteria, admissions for minor trauma. Dr. Jennifer Schmidt encouraged the Emergency Medicine
(EM) physicians to attend the Trauma Committee meetings so they can provide feedback/input for future decisions.

12. **Emergency Care Committee** – Reviewed cases. All physicians were reminded to respond and come in when contacted for a consultation.

13. **Physician Health and Wellness Committee** – No meeting.

14. **Behavioral Health Quality Committee** – A draft policy for voluntary detox admissions for BOPS and/or RRC patients. These patients will no longer have to be screened through the ED.

15. **IT Steering Committee** – It was announced that Dr. Mimi Benjamin has resigned from the IT Steering Committee. Any physician who uses Meditech is encouraged to consider attending these meetings. Citrix is now in place and ready for providers/staff to use remotely when they would like external access. If you have any issues, reach out to BRH Information Systems team. The implementation of Tiger Text began this week. It was reported that BRH Pharmacy and a number of nurses are utilizing the system.

16. **Meditech Clinical Software Committee** – Discussion was held as to whether or not this Committee should be a Medical Staff or Hospital Committee.

17. **Physician Recruitment Committee** - No report.

B. **Memo Dated April 15, 2019 Regarding Juneau Medical Society (JMS) Financial Report** – Dr. Noble Anderson announced that the Juneau Medical Society has $10,753.02 in the treasury.

C. **Letter Dated April 15, 2019 Regarding Plant Based Food Choices at BRH – Alberta Laktonen, MD**. Dr. Alberta Laktonen gave a brief overview of her proposal to the BRH Board of Directors (BOD) requesting them to consider reducing processed meats and use more plant-based food choices in the Hospital cafeteria and on patient menus. After some discussion, revision to the letter was recommended. Dr. Janice Sheufelt made a MOTION to endorse the revised letter. MOTION approved with a majority vote.

D. **Dealing with Intoxicated Patients – Joanne Gartenberg, MD and Lindy Jones, MD, Mimi Benjamin, MD** – Dr. Joanne Gartenberg gave a brief overview of the document pertaining to dealing with intoxicated patients. It was reported that the document in this evening's packet has already been updated.

E. **Meditech Minute – Joyce Chambers, RN** – *Not present.*


G. **Announcement of the 2019 Nursing of Excellence Announcement – Celebration Friday, May 10, 2019 at 2:00 p.m. in the Galley** – Katie White, CCU Nurse was elected for this year's recipient of the Excellence in Nursing award.

H. **Tumor Board Meeting, Thursday, May 9, 2019 – FYI.**
I. Other – None.


1. A presentation was given to the BOD regarding after-hours lock down and security at entrances.
2. Business as usual.

VII. NEXT MEETING: The next Medical Staff meeting will be on **June 4, 2019** at 6:15 p.m.

VIII. ADJOURNMENT: There being no further business, the Medical Staff meeting was adjourned at 7:04 p.m.

CME – The CME presentation this evening was presented by Blaire Burman, MD,– VMMC Gastroenterology and Hepatology on “What’s New in Hepatology?”.

Don Schneider, Jr. MD, Chief of Staff  (Date)
DATE: June 4, 2019  
TO: Charles Bill  
FROM: Kevin Benson, Chief Financial Officer  
RE: Swing Bed Project

**Introduction:**
A project included in the strategic plan for the current year was to investigate the possibility of implementing a swing bed program at BRH. The reasons this item is included in the strategic plan is twofold.

The first is related to patient care. Once a patient no longer meets medical necessity for inpatient care they need to be discharged. However, the patient can’t be discharged without appropriate placement in a safe environment. So while a patient may not meet criteria for being in the hospital, they may not be able to care for themselves requiring placement in a skilled nursing facility. At any one time there may be few or no skilled nursing beds available in Juneau. This means looking for placement in a Nursing Home or Swing Bed placement in another hospital outside of Juneau. Until appropriate placement is found the patient must remain in the hospital.

Placement outside of Juneau requires flying to another community and in some cases, may require an escort depending on the health of the patient and support of the family. The patient will then remain in that facility separated from friends and family until placement can be found in Juneau or they are deemed well enough to return home.

If BRH were to have a swing bed program discharging a patient to another facility would not be necessary and the patient could remain in the community until placement was found.

The second reason this project was included in the strategic plan is for financial purposes. With sustainability being a key component of the mission of the organization, it is important this program be able to be financially viable.
Evaluation:

To evaluate implementing a swing bed program it was determined the financial viability would first be examined. Previous research determined the program was marginal at best. This was based on the assumption BRH would receive RUG payments (RUGs are the equivalent of DRG payments but is the reimbursement model for long term care patients). It was determined that as a Rural Demonstration Project Hospital that BRH would be cost based reimbursed for swing bed days rather than on RUG reimbursement. This was confirmed through our consultants at Eide Bailly, CPAs and Central Peninsula Hospital in Soldotna which has swing beds and is also a Rural Demonstration Project Hospital.

The evaluation began with determining the volume of patients that could qualify for swing bed status. With the assistance of Case Management, a list of patients that were transferred to another facility for swing bed placement during the 2018 year was developed. It was found the patient volume was approximately 2 patients per day throughout the year.

The services of Eide Bailly were enlisted to rerun the Medicare Cost Report for 2018 with these added volumes to see what the impact might be. There were assumptions that were made as to what additional revenues these patients might generate while in Swing Bed status and what additional costs would be incurred to operate this program. The results showed that BRH would receive an additional $1.1 million in net reimbursement after the additional expenses (see attached email).

Having determined that this project appears financially viable we needed to figure out how to enroll and get into the program. There are very few Rural Demonstration Project hospitals and it is unknown if any of them have ever tried to add a Swing Bed program. Eide Bailly who works with Noridian, our CMS administrator, was tasked with finding out the answer to that question. In the meantime, a site visit to Soldotna was scheduled to review and observe their Swing Bed program.

The CFO, CCO and Case Management Director completed this site visit to learn and understand operational aspects of running a Swing Bed program.

The following is a list of what was learned:

- The hospital would average as many as 8 or nine swing bed patients per day.
- The CFO was very satisfied with the program wanting first acute care patients followed by swing bed patients and finally empty beds.
- A dedicated nurse is needed to maintain the MDS (this is the long term care medical record). The MDS has a different set of documentation and medical record that needs to be maintained.
- Patient billing is different.
- Activity services need to be provided.
Set-Back:

Upon returning from the site visit to Soldotna, an email was received from CMS addressing reimbursement for Swing Bed patients at BRH (see email below). It states that cost based reimbursement is not available to BRH because swing beds were not included in the base year where rates were determined.

This was very disappointing information and makes the financial viability of the program very questionable. BRH could implement the program based on the assumption that cost based reimbursement would be available if the program were in place for the next Rural Demonstration Project base year which would be 2021. BRH could then implement this program at the end of the 2020 fiscal year. During the 2021 fiscal year the reimbursement would be based on RUG rates but should, after the filing of the cost report see retroactive reimbursement for the cost-based rates.

Of course this assumes Rural Demonstration Project reimbursement will be renewed. It is believed it will be but there is always a chance it will not.

Conclusion:

BRH should proceed with the implementation of a Swing Bed program effective in the 4th quarter of FY2020. For those patients in Swing Bed Status in FY2020, BRH would receive reimbursement based on RUG rates. However, the days would be in the FY2021 base year Medicare Cost Report to establish cost based rates which would be much higher. Cost based reimbursement would fulfill the sustainability mission of the organization and keeping patients locally would fulfill the patient care mission of the organization.
From: CMS RCH Demo <RCHDemo@cms.hhs.gov>
Sent: Tuesday, May 14, 2019 9:10 AM
To: Brian Bertsch <BBertsch@eidebailly.com>
Subject: RE: Swingbed - Rural Demo Facility

Mr. Bertsch –

We are sorry for the delay in responding.

Cost-based reimbursement under the Rural Community Hospital Demonstration is not allowable for this situation. The authorizing statute, section 410A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, prescribes a specific payment methodology for the 5-year demonstration period. In the first (or base) year, payment for Medicare covered inpatient hospital services is the reasonable cost amount associated with providing those services. During years 2 through 5, payment is the lesser of the current year’s reasonable cost amount or the base year amount updated by the applicable percentage increase.

The hospital’s base year for the 5-year participation period authorized by the Cures Act is 1/1/2017 - 12/31/2017. Thus, the payment amount for Medicare inpatient services in the current year is limited by the cost amount in CY 2017 (updated by the inflation factor). The statutory language in section 410A says explicitly that the “lesser of” comparison applies to the reasonable costs of covered inpatient hospital services during the first cost reporting period, and that swing bed services are included. Thus, the appropriate comparison for the current round of participation is to the base year, i.e., 1/1/2017 – 12/31/2017. Since the hospital did not provide swing bed services in that year, newly added swing bed services cannot be reimbursed under the demo cost-based methodology at this time.

Siddhartha Mazumdar
Seamless Care Models Group
Center for Medicare and Medicaid Innovation
Centers for Medicare & Medicaid Services
(410) 786-6673
Memo

To: Kevin Benson, CFO – Bartlett Regional Hospital
From: Brian Bertsch - Principal
Date: March 27, 2019
Subject: Medicare Swingbed Reimbursement Analysis

Kevin,

Eide Bailly LLP conducted an analysis of the financial and reimbursement impact of having Medicare swingbed days provided by Bartlett Regional Hospital. The analysis included 730 Medicare swingbed patient days that would be provided by Bartlett Regional Hospital in addition to the existing acute patient days and volumes for the June 30, 2018 fiscal year. We utilized the June 30, 2018 filed Medicare cost report to determine the Medicare reimbursement impact under the CMS Rural Community Demonstration Program. Bartlett Regional Hospital, in conjunction with Eide Bailly LLP, determine these 730 additional swingbed days would generate approximately $1,163,400 in gross revenue ($292,000 in routine charges and $871,400 in ancillary charges). From this revenue Bartlett Regional Hospital provided additional expenses that would be incurred due to the additional days. These expenses were a total of $50,000 for an additional FTE and approximately $144,000 in ancillary department variable expenses, for a total of $194,000 in total expense.

Based on the assumptions noted above, the financial impact of providing the additional 730 Medicare swingbed days is as follows:

<table>
<thead>
<tr>
<th>Expenses associated with additional swingbed days</th>
<th>($194,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on current Inpatient Medicare reimbursement</td>
<td>($677,000)</td>
</tr>
<tr>
<td>Medicare Swingbed reimbursement for 730 days</td>
<td>$1,976,600</td>
</tr>
<tr>
<td><strong>Net Estimated Impact of providing 730 swingbed days</strong></td>
<td><strong>$1,105,600</strong></td>
</tr>
</tbody>
</table>

The analysis was prepared with the assumptions mentioned previously. Any changes in the assumptions of utilization, expenses and charges, along with other factors related to the base data utilized from the June 30, 2018 filed Medicare cost report would adjust the financial impact calculations.
DATE: June 18, 2019

TO: Charles Bill

FROM: Kevin Benson, Chief Financial Officer

RE: Robotics Surgery Update

A site visit was completed to Central Peninsula Hospital in Soldotna on May 14th for the purpose of reviewing and discussing the swing bed program and their facility. Visiting the facility was William Gardner, COO, Kevin Benson, CFO and Jeannette Lacey, Case Discharge Manager.

While on the site visit we were also able to discuss their experience with a robotic surgery program that was implemented in January. We were able to speak with the CFO, billing coordinator and the lead robotics coordinator.

During this discussion we were able to confirm many aspects of the program that had been learned through the research completed when determining if this was a program that should be implemented at BRH. Listed below are the main discussion points that were covered:

- The CFO confirmed this project was not completed for financial reasons and that there was a marginal financial benefit for this program.
- They had two general surgeons that supported moving to robotic surgery as an alternative to open or laparoscopic surgery and have utilized the DaVinci surgical robot in their practice.
- Initially the length of time for surgical procedures was greater than laparoscopic however, as more procedures were completed the length of surgeries have decreased to be comparable to laparoscopic procedures. The turnaround time is down to 25 minutes between cases.
- The physicians did require off-site training to establish competencies.
- A lead scrub tech was trained in robotics to be the lead robotics coordinator. This position is responsible to train additional staff in assisting with robotic procedures.
- They have seen growth in the both the volume and types of procedures completed robotically and have exceeded projected volumes.
• For billing a new level of Operating Room charges for robotic procedures was established. These charges are higher than that of laparoscopic procedures to capture additional costs associated with the robotics program.

• One aspect they would have done differently was in regards to the sterilization process. They spent significant dollars on upgrading their sterilization equipment to be capable of handling the robotic arms. There was an alternative for a stand-alone countertop unit for much less money that would have worked very well.

The group’s conclusion was that they were happy with the implementation and operation of the robotics program. The main benefits they see with the program is shorter patient recovery times, offering the latest in technology and for physician recruitment.
June 25, 2019
Management Report
From CLO

Topics*

- General contract review and legal research
- Risk management/litigation monitoring and related consults
- General legal advice/review of records requests, subpoenas & similar docs
- Risk-related legal consultations with CEO, Risk Manager, Compliance, and/or Quality Director
- Title 40 Ordinance for Assembly
- Legal Case Review monitoring and strategy discussion/updates with outside counsel
- HIPAA and medical records policies and procedures review

*Full project report available at month’s end to Board members upon request.
The HR team has been assisting management from BRH and CBJ with the personnel transition of Sleep Off services from BRH to CCFR. After a meeting with BRH EMT employees, where the process was explained and questions were answered, we coordinated the issuance of layoff notices to the current BRH employees, effective June 30, 2019. An opportunity to apply for CCFR positions that was initially open to employees only (including BRH employees), recently closed. If a BRH EMT successfully transfers to CCFR, then they would not have BRH layoff rights. If a BRH EMT chooses not to transfer to CCFR, then they will have layoff rights to BRH vacancies for positions where they meet the minimum qualifications and the rate of pay is the same or lower than the EMT positions.

We recently received the results of the employee survey that was taken in late March / early April. We received responses from 219 employees indicating whether or not they were in agreement or disagreement on certain statements under the following categories: Leadership and Planning; Corporate Culture and Communications; Role Satisfaction; Work Environment; Relationship with Supervisor; Training, Development, and Resources; Pay and Benefits; Overall Engagement. The overall results are summarized below:

<table>
<thead>
<tr>
<th>Category of Statement</th>
<th>% Agreement</th>
<th>% Disagreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership and Planning</td>
<td>71</td>
<td>14</td>
</tr>
<tr>
<td>Corporate Culture and Communications</td>
<td>72</td>
<td>12</td>
</tr>
<tr>
<td>Role Satisfaction</td>
<td>86</td>
<td>6</td>
</tr>
<tr>
<td>Work Environment</td>
<td>82</td>
<td>9</td>
</tr>
<tr>
<td>Relationship with Supervisor</td>
<td>84</td>
<td>8</td>
</tr>
<tr>
<td>Training, Development, and Resources</td>
<td>71</td>
<td>14</td>
</tr>
<tr>
<td>Pay and Benefits</td>
<td>78</td>
<td>8</td>
</tr>
<tr>
<td>Overall Engagement</td>
<td>88</td>
<td>4</td>
</tr>
</tbody>
</table>

Senior Leadership is developing a plan to share the results of the survey with employees and address areas that could be improved. The Board will be updated on progress throughout.
Nursing

- Glucose meter interface—new interface now connects glucose meters and electronic health record. The system provides better patient care through rapid transmission of discreet data directly into the electronic health record. Thanks to our teams in IT, lab, and Staff Development for your work on this process that will streamline care.
- IV pump implementation—new IV pumps will be rolled out to all nursing units on July 7th and 8th with training coordinated by Staff Development. “Super-users” will receive advanced training as educators to build redundancy into the education plan.
- RN new grad program—preceptorship program developed by Staff Development and nursing directors keeps local new nurses working here at Bartlett. Twelve new graduate nurses are joining our team in June and July. Each nurse will be trained in two departments to help meet staffing needs across the facility. Thanks to Gail Moorehead and the Staff Development team, and all the nursing directors for your efforts.

Emergency Department

- I-Stat implementation—Validation currently being completed, with go-live planned for early July. Laboratory results, available within minutes of the blood draw, will improve provider decision making, reduce length of stay, and improve patient flow.
- ED sent critical equipment to Ketchikan via medevac crews to assist in resuscitation efforts for the victims of the May 14th plane crash. BRH support was greatly appreciated.
- The ED Director and several staff members attended a memorial service on June 7th to honor Guardian Flight crew lost on January 29th. Bartlett nurse, Stacie Rae Morse, along with Patrick Coyle, pilot, and Margaret Langston, flight paramedic, perished in the crash.
- Work with Familiar Faces at Bartlett ED continues. Efforts focus on identifying and addressing the drivers of utilization. As patients’ most basic needs are met, motivation to seek help in the ED is reduced.
- A multi-agency, city-wide disaster drill is planned for July 20th. Teams from Bartlett, Juneau International Airport, Juneau Police Department, Capital City Fire/Rescue (CCFR), Red Cross, and others will participate in the mass casualty training.
- Cindy Day, RN at BRH for nearly two decades, has retired. She worked on several units during her tenure, most recently caring for patients in the ED and helping keep the unit organized. Thanks to Cindy for her dedication and service to Bartlett.

Surgical Services

- Redesign of central sterile reprocessing (CSR) is underway. Upgrades will include an ultrasonic unit required for cleaning surgical equipment for ophthalmology.
- OR Educator position has been filled. Bobbi Jurrens is a seasoned registered nurse with experience in surgical services. Her priorities include onboarding staff, coordinating the
Perioperative 101 course for new nurses, and training staff for the new ophthalmology program. She has been well-received by the surgical services team and we are excited for her support and assistance with our future endeavors in the OR.

Med Surg

- Census and acuity has been high over the past month. Excellent coordination with the house supervisors and care teams has facilitated quality, patient-centered care despite the increased demands on staff.

Obstetrics

- Multidisciplinary mega-code drill held at Bartlett on May 22nd. Health care providers reviewed emergency interventions for low frequency, high acuity obstetrical emergencies. Thirty-three attendees participated from BRH, medevac teams, CCFR, and physicians’ offices.
- Lauren Beason, our new OB director, is now fully immersed in the role, and is continuing quality improvement efforts that support the department’s strategic plan. A unit-based process improvement committee comprised of the director and OB nurses has been formed to review and improve departmental processes, lead education efforts, and provide unified direction for the OB team at large.
- Two preceptorships with RNs are occurring this summer.
- Community outreach continues to be a priority with multiple educational events offered throughout the year. Classes are well-attended and address healthy pregnancy, breastfeeding and newborn care, fathers and babies, childbirth preparation, weekly play for babies and toddlers, infant massage, and infant CPR.

Critical Care

- Staffing is adequate and the team is strong. Two experienced RNs have rejoined the critical care team after time in other areas. Another nurse has completed a preceptorship in CCU, and a new grad has also joined the team.
- Recent census has been high with complex patients, driving a greater degree of teamwork and collaboration to accomplish patient care goals.
Chief Operating Officer, Billy Gardner  
Board Report  
Tuesday, June 25, 2019

Facilities

- The EVS Supervisor, Terry Bristow, has announced his retirement for June 28, 2019. We have a new supervisor scheduled to start July 8th. Her name is Jessica Downs. She is currently the Environmental Services Supervisor for two facilities, Harrison Medical Center in Bremerton Washington a 436,000 sq. ft. facility & Harrison Medical Center in Silverdale Washington a 134,000 sq. ft. facility. She supervises the day to day operations of the over 90-member Environmental Services Department.
- The Main Server Room Fire Suppression System project is complete.
- The Medical Arts Building Roof Replacement project is currently under way. Scheduled substantial completion is July 17th.
- The Pharmacy Clean Room project went out to bid May 17th with a scheduled bid opening of June 11th.
- RRC Detox expansion has been awarded to ACC and is in the submittal review process. Proposed project start date is July 8th.
- JMC (Juneau Medical Center) space conversion to house BOPS temporarily is a work in progress with some IT infrastructure work completed and a contract for demolition in place. We are currently awaiting a proposal for flooring, painting and the addition of a rest room.
- The RRC Detox expansion will temporarily reduce our available parking spaces by 24. This project will be in progress while the Pharmacy/Infusion remodel begins when we anticipate portions of the gravel parking lot will be needed for staging and construction parking. We will be encouraging employees to car pool during this time and Chuck is working with JBJC to lease parking spaces (up to 18).

Diagnostic Imaging

- Restructuring how physicians order certain mammography exams in effort to streamline and simplify the process for both the patient and provider.
- Physicist is booked for the bi annual testing and audit.
- Major purging project underway for stored DI films that are no longer legally required to be kept.

Pharmacy

- A trial of 24 hour pharmacy staffing went very well. During the first week the pharmacist was very busy and received compliments and a thank you for helping with a critical case.
• Implementing new software to begin a cost savings program utilizing our 340 b discount program through retail pharmacies. This program will start early July.
• Changing medication billing from when it is dispensed from the pharmacy or the automated dispensing machine, to billing when the nurse documents that the medication is administered. This will improve the accuracy of the insurance claim. We will have a phased go live beginning early July.
• Training a new pharmacist for night shift, a new technician, two undergraduate pharmacy interns here for the summer, and a pharmacy student on rotation.
• Working on a capital improvement project to build a clean room suite for compliance with new regulations which go into effect in December.

Telehealth Service
• Scheduling between BRH stakeholders and VMMC (Virginia Mason Medical Center) for presentation on various telehealth services is underway.
• VMMC will also present to the Med Staff various telehealth service lines available
June 2019 Behavioral Health Board Report  
Bradley Grigg, CBHO

- Psychiatry Update:
  
  o Dr. Joanne Gartenberg (BRH Employee) providing administrative oversight to BH Medical Staff in addition to seeing patients at RRC, BOPS, and covering MHU (including call).
  
  o America Gomez, Psychiatric Mental Health NP (BRH Employee), is providing outpatient services to children, adolescents, and adults in addition to taking call.
  
  o Dr. Joshua Sonkiss (BRH Contractor) continues to provide weekday morning coverage at RRC, afternoon coverage at BOPS, and weekend coverage on MHU. **EFFECTIVE JULY 1, 2019, DR. SONKISS WILL MOVE TO A 2 WEEK ON, 2 WEEK OFF ROTATION.**
  
  o Tina Pleasants, Psychiatric Mental Health NP (BRH Employee) is providing weekday morning coverage at RRC, afternoon coverage at BOPS, and weekend coverage on MHU. **EFFECTIVE JULY 1 2019, TINA WILL MOVE FROM 0.7 FTE TO 1.0 FTE, EXPANDING HER SERVICES TO 2 WEEKS AT RRC AND 2 WEEKS AT BOPS.**
  
  o Dr. Helen Short (Locum) has extended her assignment through September 2019 while we continue to recruit for full time MHU coverage and call.

- Psychiatry Recruitment Update:
  
  o Dr. Jamie Stevens interviewed with BH Leadership on May 17, 2019 (cv attached). She is a Board Certified Child & Adolescent Psychiatrist who is interested in outpatient and crisis stabilization services. She would be able to provide coverage on MHU and at RRC as needed. **DR. STEVENS HAS AGREED TO AN INITIAL 3 MONTH LOCUM CONTRACT BEGINNING SEPTEMBER 1, 2019. SHE WILL USE THESE 3 MONTHS TO DETERMINE IF SHE IS INTERESTED IN A FULL TIME EMPLOYMENT CONTRACT WITH BRH.**
  
  o Behavioral Health continues to recruit for a full time MHU psychiatrist with the goal of eliminating the need for ongoing long-term locum coverage.

- Rainforest Recovery Center:
  
  o Daily Average of 12 patients in May 2019, with an average length of stay 21 days.
- **Mental Health Unit:**
  
  - Daily Average of 10 patients per day in May 2019, with an average length of stay 9.5 days.

- **Bartlett Outpatient Psychiatric Services:**
  
  - BOPS continues to operate under extended hours on Mondays and Wednesdays to 7pm to accommodate work and school schedules for patients and their families. We anticipate adding a third day of extended access in May. We are seeing success in that every time block offered in those extended hours offered since February 1, 2019 has been full.
  
  - We continue to evidence a significant increase in the number of patients and visits at BOPS. As of May 31, 2019 BOPS has 238 unique active patients engaged in outpatient services. Of those 238:
    - 168 are adults
    - 70 are children/adolescents

  ![Bartlett Outpatient Psychiatric Services - Number of Unique Patients FY19 YTD](image)

- **Grants Update:**
  
  - **Crisis Stabilization:**
    - Bartlett Behavioral Health was awarded a $2 million grant ($1.5 million operational/$500k capital) to develop and implement this program.
    - We are expending the FY19 operating dollars for staffing costs associated with serving patients under “Crisis Stabilization” Status on our Medical Unit (Safe Room). Since January 1, 2019 we have served 19 children under “Crisis Stabilization” Status in the Safe Room and ED Psychiatric Room combined.
- **Crisis Stabilization Design Update:**
  - Design RFP is finalized. Grant appropriation heard at the June 3 and June 24 Assembly meetings. Upon assembly approval, the Design RFP will post either June 25 or June 28, 2019.

- **Rainforest Detox/Assessment Center Renovation Update:**
  - Construction bid awarded to Alaska Commercial Contractors
  - Pre-Construction Meeting scheduled for June 4, 2019 at 3:30pm at BRH Boardroom
  - Construction is slated to begin on Monday, July 8, 2019

### Other Crisis Grant Opportunities:

- June 14, 2019 – Third joint meeting with Bartlett Behavioral Health, Alaska MH Trust and Premera in Anchorage to initiate the Grant Proposal process. **Rasmussen joined this meeting and is officially interested in supporting the capital efforts of this project!**
- Anticipated Funding Announcements have been pushed to July to coordinate with the MH Trust and Premera’s Board Meetings:
  - Alaska MH Trust: On or before July 31, 2019
  - Premera: On or before August 10, 2019
  - Rasmussen Foundation grant cycle is set to open July 1, 2019. Anticipated funding will be November 2019.

### Other FY20 Grants Update: Until a State Budget is passed, all grant announcements from DHSS are on hold. Once a budget is established and approved by the Governor, we should receive notifications: all of our existing and newly applied for DHSS Grants.

- Bartlett Behavioral Health was awarded a grant by the State of Alaska to develop Ambulatory Detox Services. Start date was April 1, 2109. Duration FY19-20 totaling **$355,000** operational funds, mostly to cover personnel costs for Psychiatry and Psychiatric NP Staff.
- Comprehensive Behavioral Health Grants Update (“CBHTR”) – Competitive RFPs posted for the following services, all for which BRH will be applying:
  - Substance Use Disorders Residential and Outpatient Treatment; Requested amount **$950,000 annually**.
  - Psychiatric Emergency Services (Emergency Assessment Funding); Requested amount **$150,000 annually**.
- **Sleep-Off Update:**
  
  - Dialogue for the last several months with City Manager’s Office, CCFR, St. Vincent De Paul, and BRH in identifying an alternative site and provider for sleep-off services.
  - Current Sleep Off EMTs are currently in the interview process with CCFR to continue working with the Sleep Off Program once fully transitioned to CCFR.
  - This transition plan was approved by the Committee of the Whole in April to move forward to the General Assembly and approved accordingly. Transition of Sleep Off to CCFR/St Vincent on or around July 1, 2019.

- **Petersburg Medical Center Outpatient Psychiatry Update:**
  
  - PMC has used tele-psychiatry for the last 18 months with a lower 48 company via contract. Recent Patient feedback around lack of consistency in providers and lack of understanding of SE Alaska life cause PMC to discontinue their contract.
  - Late April 2019 PMC reached out to Bartlett to gauge interest and availability in providing all of their outpatient psychiatric needs via telemedicine (approx. 50-60 patients)
  - MOA has been finalized and fully executed by both hospital CEO’s.
  - Services are expected to begin July 2019, with an initial expectation of up to 60 additional patients being served at BOPS through telemedicine.
HIM – Rachael Stark

- We are on track to go-live with Access E-forms on 07/01/2019 for the first phase. This phase focuses on registration. We received 20 iPads for the departments that are being set up by IS so that patients can electronically sign forms.
- Project SEARCH ended their rotation and we are compliant with our record retention policy.
- Many time off requests and very short-handed for the month of June and July.

PFS – Tami Lawson-Churchill

- New Medicaid Biller Training
- CDM Review for Year End
- Finalizing LSS of Old BOPS Accounts Receivable
- OR Case Parameter- Putting a parameter in place to prevent OR cases from being reopened and reversing revenue erroneously
- Cleaning up Accounts Receivable for Year End

IS – Scott Chille

Projects

- Network CORE replacement late July or early August
- DFM (dietary module) – training begins in two weeks
- Access eForms – Go-Live next week
- Telcor – Glucose Go-Live pushed back a week (abnormal results)
- iStat – Kick-off next week – moving to validation immediately
- Access Layer switches complete (see photos)
- Hardware Infrastructure refresh (VxBlock) – starts end of July
  - Presentation to SLT, Finance, BOD during July meetings
- Expanse – software installation and new server provisioning begins Sept 15th for push into TEST environment November 5th – Build begins then and Go-Live March 26, 2020.
- MEDITECH – migration to new VxBlock environment
- PACS upgrade and migration to VxBlock (timeline) – Professional Services quotes
- AT&T FirstNet migration plan - July 10th & 11th – New cell phones and numbers to be distributed

Information Security

- Rapid7 – Vulnerability Management and Incident Management Platform – will have first report/statistics to share in two-weeks
- Duo Multi-Factor Authentication – building platform and integrating into various systems to test
- Cybereason – new antivirus software roll-out – 30-days (late July complete)
- Phishing test results (see below)
- Patching – Thursday June 20th – Meditech will go off-line (4-6 hours) starting at 1:00am
I just returned from my much needed vacation.

As I’m sure you all know, the legislature forwarded their approved budget to the Governor. By the date of our meeting we will know more about how he responds. The big elephant in the room is the PFD amount, which will probably not be decided until a special session in July. There is general consensus that, if the Governor was to use the line item veto, there are not enough votes to override. At this point, BRH is still anticipating a 5% cut to non-behavioral services. This is a $1 million plus hit. I am meeting with Deputy Commissioner Donna Steward on June 25th to explore ways to offset that hit.

Ophthalmology continues to move forward with a contract signed and all paperwork submitted for privileges at BRH and Alaska State licensure. We have ordered the equipment and supplies but there is a 6 week plus delivery schedule before he can start seeing patients, which means July at the earliest.

The “Sleep Off” transition is moving forward. See Bradley’s report.

Also see Bradley’s report on Crisis Intervention

In his new COO role, Billy is working with Marc Walker to manage the construction projects that are fast approaching. See his report for details.

We have a verbal commitment with Juneau Bone and Joint to lease us 18 parking spaces in their lot for $100 per month. This will help offset the parking related to the construction projects.
# July 2019

**All meetings are held in BRH Boardroom unless otherwise noted**

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**Committee Meeting Checkoff:**
- **Board of Directors** – 4th Tuesday every month
- **Board Compliance** – 3rd Tuesday every 3 months (Mar, Jun, Sept, Dec)
- **Board Quality** – 2nd Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)
- **Executive** – As Needed
- **Finance** – 2nd Wednesday every month

**Joint Planning** – As needed
- **Physician Recruitment** – As needed
- **Governance** – As needed
- **Planning** – As needed