I. CALL TO ORDER 5:30

II. ROLL CALL 5:35

III. APPROVE AGENDA 5:40

IV. PUBLIC PARTICIPATION 5:45

V. CONSENT AGENDA 5:50
   A. June 25, 2019 Board of Directors Minutes
   B. July 10, 2019 Draft Finance Committee Minutes
   C. July 10, 2019 Draft Board Quality Minutes
   D. July 16, 2019 Draft Governance Committee Minutes
   E. July 19, 2019 Draft Planning Committee Minutes
   F. Patient Compliment

VI. BOARD EDUCATION 5:55
   A. Aetna Refund Process – Jane Johnson and Linda Beckner
   B. IT Infrastructure Plans – Scott Chille

VII. MEDICAL STAFF REPORT 6:25
   • June 4, 2019 Medical Staff Minutes
   • Chief of Staff Report

VIII. EXECUTIVE SESSION 6:30
   A. Credentialing report (BLUE FOLDER)
   B. Confidential Chief of Staff Report (BLUE FOLDER)
   C. Patient Safety Dashboard (BLUE FOLDER)
   D. Legal and Litigation Review
   E. CEO Evaluation review (BLUE FOLDER)

Motion by xx, to recess into executive session to discuss several matters:
Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the patient safety dashboard, the confidential chief of staff report, and the credentialing report.

And

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

And

To discuss subjects that may tend to prejudice the reputation and character of a person, provided the person may request a public discussion, specifically, the CEO evaluation. (Staff and CEO and Medical Chief of Staff are excused from this section of the session, but may be called in to answer question as appropriate.)

IX. OLD BUSINESS

A. Campus Plan update
   B. Crisis Intervention update

X. NEW BUSINESS

A. State Budget
   B. Level IV Trauma Hospital Designation Resolution
   C. Anesthesiology Equipment Purchase

XI. MANAGEMENT REPORTS

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

A. Ophthalmologist update
   B. Focus and Execute update

XIII. STRATEGIC DISCUSSION

XIV. PRESIDENT REPORT
XV. **BOARD CALENDAR** (Pg.57) 7:20

XVI. **BOARD COMMENTS AND QUESTIONS** 7:25

XVII. **ADJOURNMENT** 7:30
Minutes
BOARD OF DIRECTORS MEETING
June 25, 2019 – 5:30 p.m.
Robert F. Valliant Boardroom

CALL TO ORDER – The Board of Director’s meeting was called to order at 5:30 p.m. by Lance Stevens, Board President

Introductions: Ms. Costello introduced Ewan Hamilton-Short. Mr. Hamilton-Short is a law clerk intern working with Ms. Costello and CBJ Law Department for the summer. Robert Follett introduced himself as the Director of Respiratory Therapy/Cardiac Rehab/Sleep Lab. He also introduced Jacob Sitzman, coordinator of Cardiac Rehab.

ATTENDANCE
Lance Stevens, President           Rosemary Hagevig, Vice-President       Bob Urata, MD, Secretary
Brenda Knapp, Past President      Mark Johnson                           Kenny Solomon-Gross
Deb Johnston                       Marshall Kendziorek (via phone)      Lindy Jones, MD

ALSO IN ATTENDANCE
Chuck Bill, CEO                   Kevin Benson, CFO                     Billy Gardner, COO
Megan Costello, CBJ Law           Dallas Hargrave, HR Director         Bradley Grigg, CBHO
Theresa Shanley, MD                Megan Costello, CBJ Law               Robert Palmer, CBJ Law
Anita Moffitt, Executive Assistant Rose Lawhorne, CNO (via video conference)

APPROVAL OF THE AGENDA – Ms. Hagevig made a MOTION to approve the agenda as written. Mr. Johnson seconded, agenda approved.

CONSENT AGENDA – Mr. Solomon-Gross noted an error in the Board of Director minutes. An amendment to correctly identify Mr. Kendziorek instead of Ms. is to be made. Mr. Solomon-Gross made a MOTION to approve the consent agenda with the amended May 28, 2019 Board of Director Minutes. Ms. Knapp seconded. The consent agenda was approved.

PUBLIC PARTICIPATION – None

BOARD EDUCATION
OUTCOMES IN CARDIAC REHAB - Jacob Sitzman presented the goals and action plans for the Cardiac Rehabilitation Program (CRP). Correlation between peak functional capacity and morbidity and mortality is very strong so the goal of the CRP is to improve outcomes in functional capacity, optimal blood pressure control, tobacco use intervention, depression, lipids and hemoglobin A1c. An overview of the data collection and analysis, change management, and activity summary was provided. Individualized treatment plans that include positive reinforcement, patient/family centered care, education, proper exercise programming, an enjoyable atmosphere and listening to the patients are to be used to achieve these goals. Dr. Jones invited Mr. Sitzman to speak with him, Case Management and the Emergency Room staff to help develop a plan to encourage patients to obtain referrals from primary care physicians and to participate in cardiac rehabilitation. Question and answer session was held.
CONFLICT OF INTEREST – Robert Palmer stated that as part of CBJ, BRH and its Board of Directors (BOD) are subject to the same ordinances as CBJ, including conflict of interest. Conflict of interest is also outlined in the Board Bylaws. As municipal officers, board members are prohibited from using their position to receive personal or financial gains. Mr. Palmer provided an overview of the standards and penalties pertaining to conflict of interest and provided several examples. If uncertain if a conflict of interest exists, BOD members are advised to seek counsel from CBJ law. Board members must declare conflict of interest as well as potential conflict of interest. A ruling will be made as to whether the board member may participate in discussions and decisions of the matter under consideration. As long as there is a declaration of potential conflict of interest, there is no liability. Mr. Palmer confirmed that the same rules apply to the medical staff.

Dr. Urata requested that Mr. Palmer attend a meeting to speak to the medical staff about conflict of interest.

Medical Staff Report – Dr. Shanley reported that the May 7th Medical Staff meeting minutes in the packet give a good review of what’s been going on. There was nothing remarkable at the June 4th meeting. Minutes from that meeting will be in the July board packet.

Executive Session – Mr. Solomon-Gross made a MOTION to go into executive session to discuss the credentialing report, patient safety dashboard and CEO evaluation, all of which are confidential by nature and protected by law. Ms. Hagevig seconded and motion approved. The committee entered executive session at 6:14 pm and returned to regular session at 6:45 pm. Mr. Kendziorek left the meeting at the conclusion of the executive session.

Mr. Solomon-Gross made a MOTION to approve the credentialing report as presented. Ms. Hagevig seconded and it was approved.

Mr. Stevens congratulated Mr. Gardner on his new role as Chief Operations Officer (COO) and Ms. Lawhorne on her new role as Chief Nursing Officer (CNO).

OLD BUSINESS:
CAMPUS PLAN UPDATE – Jensen Yorba Lott, now called Jensen Yorba Wall (JYW), has been hired to update the campus plan. Mr. Bill has been working with them to finalize the contract for services. JYW is to begin work on July 1st and has a 90 day completion period. Not included in the initial bid but added to the contract, is for JYW to conduct an analysis to stress the existing facility to see if there is capacity to add stories up on the existing hospital. This raises the cost of services to $88,000, an increase of $20,000. An update meeting will be scheduled for the Planning Committee when JYW is about halfway through the process. The final product will be presented to the Planning Committee and then to the BOD as a whole for the board’s adoption. Each department will provide input for the campus plan.

CRISIS INTERVENTION UPDATE – Mr. Grigg reported that he met with our primary potential capital funders, the Mental Health Trust, Premera and the Rasmussen Foundation. He learned that the Mental Health Trust and Premera are taking their final recommended funding amounts to their boards for approval. The Rasmussen Foundation grant cycle is set to open July 1, 2019 and anticipated funding will be November 2019. A letter of interest to the Rasmussen Foundation has been submitted. The CBJ Assembly had no objections to the appropriation request heard at last night’s meeting. The final Crisis Stabilization Design RFP will be posted by June 28th.
SWING BED UPDATE – Mr. Benson provided an overview of a whitepaper included in the packet. Patients that are not sick enough to qualify for acute care but are not well enough to go home must be placed in a skilled nursing facility. This usually means to a community outside of Juneau, away from their friends and families. A swing bed program would reduce or eliminate that need. An evaluation was conducted and it has been determined that a swing bed program appears to be financially viable assuming the Rural Demonstration Project continues. A recommendation was made to proceed with the implementation of a swing bed program effective in the 4th quarter of FY2020. Discussions were held about Medicare and Medicaid reimbursements as well as bed capacity.

ROBOTICS UPDATE – Mr. Benson reported on the feedback received during a visit to Central Peninsula Hospital. There had been the same concerns that BRH has about the robotics program but Central Peninsula Hospital reports that they are happy with the implementation and operation of the program. The main benefits they see are shorter patient recovery times offering the latest in technology and for physician recruitment.

NEW BUSINESS – None

MANAGEMENT REPORTS – In addition to the written reports included in the packet; Ms. Costello reported that the first reading of Title 40 was held June 24th and will go for public hearing on July 24th. Mr. Gardner noted that the iStat time line needs to be revised. The go-live will be planned for the end of July to early August. Mr. Grigg reported that an MOA was finalized for BRH to provide services to Petersburg psychiatric patients. Services are to be initiated in the next two to three weeks. The vast majority of the services will be done via telemedicine, however, BRH staff may be onsite in Petersburg to provide initial assessments up to 3 days a month.

CEO REPORT – Mr. Bill reported that the Division of Licensing has confirmed all of Dr. Kopstein’s documents have been received and his license should be processed next week. There is a 6 week lead time needed for equipment to arrive. This postpones patient clinics until August. He also reported that the Assembly had no questions regarding Title 40 at the Assembly meeting last night so it will move forward. The appropriation of the $500,000 Crisis Intervention funds was approved without comment. Mr. Bill and Mr. Benson met with Donna Steward, Deputy Commissioner of DHSS about the certified public expenditure process.

We have begun getting patient complaints about not being able to get opioids from the Emergency Department. Dr. Jones provided an overview of the Alaska Emergency Department Opioid and Controlled Substances Prescribing Guidelines adopted by Emergency providers in the State of Alaska.

Mr. Bill noted that board member BRH issued iPads are to be replaced. The new iPads will have the Nasdaq Boardvantage Portal as well as Zoom Meeting applications loaded on them before distribution. Mr. Johnson stated the importance of having prior studies/reports currently available in Egnyte, put into the new board portal and readily available. The most recent studies, as well as all documents uploaded will be available in the portal for a rolling one year period. A master listing of studies/reports will also be in the portal. Documents on the master listing and no longer available in the current rolling year period will be made available upon request.

STRATEGIC DISCUSSION – Mr. Bill noted that the state budget is not finalized and federal budget implications have not changed. We have received notice that we will get a 1.7% bump for the quality of care that we provide for Medicare patients. This means that we will get 1.7% less from the Rural
Demonstration Project. Deputy Commissioner Steward had said we can expect a 5% cut in non-behavioral inpatient reimbursements.

**PRESIDENT REPORT** – Mr. Stevens thanked the Executive Committee and Mr. Hargrave for the work on the CEO evaluation. He also thanked the rest of the board members for completing the survey. He requests that board members send him their questions and recommendations as soon as possible. He also expressed his appreciation for the feedback received from the recent employee survey. The overall results were pretty positive. Leadership is to be proactive in addressing areas of concern. Mr. Bill stated that employee surveys will be conducted annually.

**BOARD CALENDAR** – The July calendar was reviewed. No changes requested. Ms. Hagevig will participate in the July Board meeting via zoom meeting. Based on the feedback regarding the CEO evaluation, an Executive Committee meeting may possibly be scheduled to take place on July 15th.

**BOARD COMMENTS AND QUESTIONS** – None

**ADJOURNMENT** – 7:41 p.m.
Finance Committee Meeting Minutes
BRH Boardroom – July 10, 2019

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, Chuck Bill, CEO, Dallas Hargrave, HR Director, Scott Chille, IS Director, Megan Costello, CBJ Law, and Megan Taylor, Executive Assistant

Mr. Johnson made a MOTION to approve the minutes from the June 12, 2019 Finance Committee Meeting. Dr. Urata noted no objections and they were approved.

May 2019 Finance Review – Kevin Benson, CFO

Mr. Benson explained that Bartlett Regional Hospital didn’t perform as well as was expected, financially. In-patient revenues were down, but outpatient revenues were up. This doesn’t offset, however, because outpatients create less revenue per individual. BOPS revenue was also up for the month of May. Salaries and wages were $439,700 over budget, but this is due to an overlap of filling permanent positions while temporary employees finish their contracted terms. Once complete, most of the contracted positions will not be re-recruited.

IT Project Updates – Scott Chille

Mr. Chille presented to the Finance Committee about the current and upcoming projects related to the $2.5 million capital that has been approved for upgrades. The primary upgrade is the conversion of the current three “silo” system, with a six towers, a large footprint, outdated hardware, and three independently functioning units, to the VxBlock system with three cabinets, increased versatility of storage and utilization capabilities, a smaller footprint, and less demand for power and cooling. Five years of maintenance costs are included in the initial cost. The current setup, once “sanitized” will be sold to slightly offset some of the cost, with an expected return of about $300,000.

Meditech is being upgraded to “Expanse”, which is expected to go live March 2020. Replacement of network core switches should happen in September, resulting in a major downtime of 8-10 hours.

Certified Public Expenditures – Kevin Benson

Mr. Benson explained that following conversations with Donna Stewart at the State of Alaska, it appears that a 5% cut, as proposed, would affect BRH in the amount of about $1.5 million. Behavioral health programs are exempt from the cut, as well as Critical Access Hospitals. It was noted that this effect would be drastic due to BRH’s substantial Medicaid population. Ms. Stewart looked at the data, and agreed. She and her team came back with the idea of Certified Public Expenditures, which has been in use at other states. This follows a model used in the state of Washington. It uses the Medicare Cost Report, through federal reimbursements, so it doesn’t cost the state anything to advocate for this. The drawback is that the reimbursements may not be received by BRH until December 2020. The additional reimbursement would likely be about $2.1 million, but is dependent on Rural Demonstration Project base
year values, so will change, but this number should be nearly accurate. 2021 is the next base year, as the RDP lasts five years.

It is likely that because Bartlett Regional Hospital is a critical source of behavioral health services for Southeast Alaska, state entities are more willing to offer assistance so that as a company BRH isn’t forced to look at areas that aren’t producing as much revenue, as expendable.

**Anesthesia Capital Request – Kevin Benson**

Due to director turnover, the need for new machines wasn’t known until servicing was requested. Four new anesthesia machines are needed, at a cost of $70,000 each. Request will be covered by some of the $2 million of unused capital from FY 2019’s budget.

*Mr. Johnson made a MOTION to approve the request for $281,000, and move the request to the board. Ms. Johnston seconded, and noting no objections, the motion passed.*

**Next Meeting:** August 14th, 2019 at 7:00 a.m. in BRH Boardroom

**Adjourned – 8:00 a.m.**
Board Quality Committee
June 10, 2019
Minutes

Attendance: Rosemary Hagevig (BOD), Brenda Knapp (BOD), Kenny Solomon-Gross (BOD), Sarah Hargrave (Quality Director), Dallas Hargrave (HR Director), Charlee Gribbon (Infection Preventionist), Jeannette Lacey (Case Management Director), Rose Lawhorne (Assistant CCO), Nathan Overson (Director Compliance), Deborah Koelsch (Clinical Quality Coordinator), Carmi Clark (Quality Data Analyst).

Approval of the minutes – May 8, 2019 – minutes approved as written.

Standing Agenda Items:

**Quality Dashboard (reported quarterly)** – Ms. Hargrave reviewed the Board Quality Dashboard. All scores look good. The HCAHPS Quarter 2 results met the CMS Achievement Threshold. There were no falls, no readmissions within 30-days for pneumonia, no Sentinel Events for Quarter 1. There is one Serious Safety Event but this has been reviewed and addressed. Severe Sepsis/Septic Shock Measure is at 54%, it was determined that the common issues for Sepsis are documentation and lactic acid. Sepsis is a very complicated measure; it has a lot of components. Ms. Hargrave and the Sepsis Group are working together to find a sustainable long term goal. The Screening for Metabolic Disorders measure continues to be strong performer.

Old Business:

**Board Strategic Plan – Quality Initiatives**

**Healthcare Acquired Infections** – Ms. Gribbon tracked Catheter Infection and SSI for the hospital. We had one Catheter related urinary tract infection case last May, after nearly 2 years without any. This case is being reviewed by for areas of opportunity to reduce the likelihood of future similar infections. Ms. Gribbon introduced the Seven Strategies she is working on to reduce SSI in the hospital: implemented nose to toes; improved traffic in OB; improved sterile technique in C-Section cases; improved surface cleaning; improved antibiotic selection and dosing; improved use of the surgical site infection prevention checklist; improved personal protective equipment compliance in surgical services; and, improved hand-hygiene hospital wide.
**Culture of Patient Safety** – Ms. Hargrave finished the Patient Safety survey last November to all patient-care staff. Based on the survey results, the areas of opportunity are hand offs, error reporting and communications. Ms. Lawhorne and Ms. Hargrave are working on handoffs. Ms. Crann and Ms. Hargrave are working on occurrence reporting efficiency. The goal is to reduce the time span on occurrence reporting to 5 minutes. Ms. Hargrave also mentioned the daily 10 am Huddles. The February assessment shows 37% attendance, 50% agree with efficacy of huddle and 75% agree that the daily huddle promotes teamwork. The latest measurement shows 84% attendance, 70% for efficacy and 86% for teamwork.

**Familiar Faces of Bartlett** - MVP (Multi Visit Program) in partnership with ASHNHA. Bartlett Regional Hospital is selected to pilot this Program. The City and Borough of Juneau funds the Homeless Navigator Program through St. Vincent de Paul. They assist vulnerable patients and there are four available Navigators in the community. Ms. Lacey presented a graph that shows The MVP Average visits from January 2018-April 2019. The graph shows that the MVP average visit dropped from the date that the program started and the current date. Ms. Hargrave worked with IT to build a dashboard so we can see the overall drivers. There is also a multidisciplinary meeting.

**Team STEPPS** (Strategies and Tools to Enhance Performance and Patient Safety) – There is a group of trained facilitators that complete monthly training to all staff. Currently, 366 employees have completed the training. There is a Team STEPPS booklet available for staff. The next step is more use of Huddles, Brief and Debrief.

**SEPSIS** – SEPSIS Quarter 1 rate is 54% and Q2 rate to date is 50%. The 2019 Hospital Goal is 55%. The focused areas currently are antibiotics and lactic acid. A Sepsis focus group including Deborah Koelsch, Sarah Hargrave, Jennifer Twito and Kim McDowell was formed to discuss a new direction in Sepsis care to ensure best practice care is provided. Full care for sepsis patients not only includes care provided during their stay but must also include sepsis education at discharge, and follow up after discharge.

**Next Quality Board meeting:** September 11, 2019 4:15PM

**Adjourned at 9:57am**
Governance Committee Meeting
Minutes
Tuesday, July 16, 2019; 12:30 p.m.
Bartlett Regional Hospital - Boardroom

Called to order at 12:31 p.m. by Brenda Knapp, Committee Chair

Attendance:

Committee Members: Brenda Knapp, Rosemary Hagevig and Kenny Solomon-Gross

BRH Staff: Chuck Bill, CEO, Rose Lawhorne, CNO, Dallas Hargrave, HR Director, Megan Costello, CLO and Suzette Nelson, Executive Assistant

Ms. Hagevig made a MOTION to approve the minutes from May 24, 2019. Mr. Solomon - Gross seconded and they were approved as amended.

Updates on Affiliation Options: Mr. Bill shared a handout from the Juniper Company that some board members met with at the April Governance Institute training. Mr. Bill reached out to a number of hospitals in the state and Central Peninsula has used Juniper. He will work with CBJ procurement to develop an RFP to solicit bids for this affiliation analysis. We would have to define specifically what we’d want out of the project while we put together the RFP. The medical community does have concerns with the effects and the committee is aware but wanting to be prepared for the future.

Mr. Bill acknowledged that he will come back with a detailed RFP with specific language for the committee to review. The next step will be presenting this to the full board for assessment. In the meantime, we will continue to work on expanding our affiliations.

Board Oversight of Physician Recruitment: Coming through the planning committee, we will do a thorough community healthcare needs assessment. This is a study that the federal government requires all non-governmental hospitals to do every couple of years. BRH is not required but part of the study is physician needs assessments which we think we need to update since it’s been three years. The intent is to get this done before the Strategic Planning session in December. CBJ is currently working on the RFP.

Next Committee Meeting: August 12, 12:30 pm.

Future Agenda Item: Affiliation Analysis RFP

Adjourned at 1:09 p.m.
Bartlett Regional Hospital

MINUTES
PLANNING COMMITTEE MEETING
Friday July 19, 2019 – 7:00 a.m.
Bartlett Regional Hospital - Boardroom

COMMITTEE AND BOARD MEMBERS PRESENT:
Marshal Kendziorek     Kenny Solomon-Gross     Brenda Knapp
Bob Urata, MD

ALSO PRESENT:
Chuck Bill, CEO     Bradley Grigg, CBHO     Billy Gardner, COO
Rose Lawhorne, CNO     Kevin Benson, CFO     Megan Costello, CLO
Anita Moffitt, Executive Assistant

CALL TO ORDER - Planning Committee meeting was called to order at 7:00 a.m. by Marshal Kendziorek, Committee Chair.

APPROVAL OF THE MINUTES – Mr. Solomon-Gross made a motion to approve the June 3, 2019 minutes. Ms. Knapp seconded. There being no objection, they were approved.

PUBLIC COMMENT - None

OLD BUSINESS

A. Campus Plan Update – Mr. Bill provided an overview of Jensen Yorba Wall’s project schedule included in the packet. The overall plan will look at options for future growth whether on existing property or elsewhere. JYW will meet with each of the departments to receive input. An update will be given to the Planning Committee in late August. The completed plan will be presented at the Board Strategic Planning meeting to be held in November. Discussions were held about demolition and rebuilding existing structures, project coordination, and future possibilities for BRH such as an outpatient surgery center and an urgent care facility to accommodate cruise ship passengers.

B. Campus walk to include tour of BOPS – to take place at the end of the meeting

C. Crisis Stabilization Plan Status – Mr. Grigg reported that he and Mr. Bill reviewed the RFP for the design of the crisis stabilization and psychiatric outpatient services building. An optional component has been added to include an alternative option that would allow a first floor parking garage, making the facility three stories instead of two. It had been determined that a two story building would cost about $7 Million. A 20-23 space parking garage would increase the costs by $1.5 Million. There is a meeting with CBJ this afternoon to finalize the RFP before it is posted on Monday. We will know if Capital Funding was approved by the Mental Health Trust Authority at the end of July, from...
Premera in August and from the Rasmussen Foundation in November. Mental Health Trust and Premera funding would be FY20 capital dollars, the Rasmussen Foundation would be FY2021. A discussion was held about an outside elevator and van parking designations. Mr. Grigg noted that we did get a notice that we will get the federal $8 Million grant funding for crisis services operations.

D. Ophthalmology Updates – Mr. Bill reported that Dr. Kopstein met with clinic and OR staff yesterday to make sure we have processes, equipment and supplies in place for him to begin providing services in Juneau. He also had a roundtable session with the local optometrists. Dr. Kopstein will provide surgical services but won’t do refractions, glasses, etc. He is meeting with Dr. Jones today to discuss ED support. He will begin seeing patients in the clinic on August 29th and in the operating room on August 30th. Macular degeneration shots will be done on clinic days. Dr. Urata suggested Dr. Kopstein attend a medical staff meeting and introduce himself to the medical staff.

E. RRC Project Status – Mr. Grigg reported that construction started last week. Temporary walls have been set up and a fire panel has been installed. Demolition of the right side of the building will start on Monday. The project deadline is May 31, 2020. Grand opening will take place in the fall of 2020. Detox will continue to be provided on the medical unit during this time. We have not received notice that we will continue to receive the operations grant funding for RRC. A discussion was held about the loss of parking spaces on campus and the efforts in place to address the shortage. 18 parking spaces will be rented from Juneau Bone and Joint and 15 spaces will be rented from the Birth Center. Small incentives will be used to encourage carpooling, public transportation, bike riding, etc. A parking garage will be considered in campus planning.

F. Satellite Pharmacy Project Status – Mr. Gardner reported that this project is driven by USB 800, a federal mandate on sterile vs non-sterile compounding medications and hoods. It must be completed by January 1, 2020. This 3 phase project will kick off on August 15th. The satellite pharmacy with the compounding hood will be in the infusion clinic. Silverbow Construction won the bid to do the construction. They have been informed of the immunization and infection control guidelines that are in place and of the criminal background check requirements that will be coming in the near future. The project will wrap up in mid-December. BRH will supply the custom built hood. The gift shop has temporarily moved to the Juneau Medical Center building to allow for construction of the pharmacy. The OB waiting area will be remodeled to house the gift shop and coffee bar. BOPS will move into the Juneau Medical Center when the gift shop moves out.

NEW BUSINESS

- Community Needs Assessment – Mr. Bill reported that the Governance Committee has directed that a community needs assessment study be conducted. These are to be conducted every 3 years. The design process for a community assessment RFP has begun. A tentative bid has been received from David Sandberg who provides our Focus
and Execute tool. Information from the needs assessment would be integrated into the Focus and Execute strategic planning. The timeline for this assessment needs to be fairly aggressive. Results will be used in the campus planning. Dr. Urata requests a specific look at anticipated increased ER visits based on the predictions of increasing tourists be included in the assessment. A discussion was held about the increased size of cruise ships and the potential for cruise ship accidents.

FUTURE AGENDA ITEMS

- Campus Plan update
- RRC update
- Crisis Stabilization Plan update
- Ophthalmology update
- Satellite Pharmacy Project update

Next meeting – 7:00am - Friday, August 23, 2019

Comments – Mr. Kendziorek will be the only board member on the campus tour this morning

Adjournment – Meeting adjourned at 7:58 am
Hey team,

I received the below letter in the mail today. Thank you so much for the care, skill, and teamwork for this patient and for all our patients, most especially those who are far from home!

Please forward this on to your staff as appropriate.

Sarah

Hello. My name is Harry Calhoun. I live in Orlando, Florida.

I was medivacked to Bartlett Regional Hospital from the Celebrity Eclipse on June 20, during our family’s 50th Anniversary cruise. Upon arriving at your hospital, I was treated like a V.I.P. in your emergency room. The staff of Dr’s. Scott, Bellows and Kirk were so compassionate, reassuring and caring, that the fear and angst I was feeling left me. Nurses Lydia, Jim and Katie were very kind and treated me in a most professional manner.

Dr. Shellack evaluated my foot and determined I needed to go to the operating room. He did an absolutely superb job on my left great toe to clean out the infection before it spread.

After surgery, I was brought into my room, where the treatment I received was like I was the most important person in the State of Alaska. Doctor Traintor, the nurses and assistants were the best I have ever experienced, in any hospital, ever. You could never find a more caring, compassionate and helpful group of medical professionals. I would like to say thank you to all who cared for me. My wife and I are hospital volunteers in Orlando, Florida for over ten years and can say the staff at Bartlett are by far and away, amazing.

Their preparation of me to fly home also included the installation of a PICC. The doctors in Orlando were very grateful for Dr. Traintor’s foresight to have the PICC in place so as to not waste any time in administering the IV’s. We landed in Orlando and were immediately placed into medical care. I cannot thank the staff at Bartlett Regional Hospital enough for my life saving treatment and superb care.

Harry W. Calhoun
PFS
AETNA REFUND PROCESS

Jane Johnson and Linda Beckner
July 23, 2019
Improvement Goal

• We are working to improve PFS refund process
• We chose this project because:
  • A year ago the Aetna credit balance was as high as $214K. This was a red flag and gave us an opportunity to make positive changes to the refund process
• Our goal is to improve our refund process by December 31, 2019 and reduce refunds to zero refund checks for Aetna.
Data Collection

- Baseline: All refunds prior to the improvement project were reviewed and processed by a supervisor.
- Data collection method and frequency: We compared the number of Aetna SOA refunds to Aetna SOA payments for one month.
- Scope: Insurance refund and accounts receivable.
- Validity: The data shows the reduction of Aetna refund checks from 30 to 7 in the last 3 months.
Data Analysis

• Comparison: Number of Aetna refund checks were dramatically reduced from 30 to 7
• Data subsets: N/A
• Conclusion: We find that if we keep our refunds/credit balances low then our Accounts Receivable reflects a true balance
Change Management

• Change Concepts applied:
  – The change to our process moves the lion share of the refunds from the supervisor desk to the biller/collector desks.
  – Eliminates the need for accounts payable to cut refund checks.

• Challenges / Barriers: A year ago the Aetna credit balance was as high as $214K. This was a red flag and gave us an opportunity to make positive changes. Those changes are now reflected in the number of refund checks having been reduced.
Activity Summary

- We formed a team and reviewed the changes we made and the result is reflective in the number of refund checks and refund handling by numerous departments
Current and Future

• Current
  - The current status for Aetna SOA refund checks is now at 7 refund checks.

• Future
  - The goal is to be at 0 refund checks as of December 31, 2019
Monitoring

- Interventions have been successful
  - We have been successful since the tracking began and are now at 7 refund checks for the month of March.

Successful outcomes have been sustained
Bartlett Regional Hospital
Medical Staff Meeting
Tuesday, June 4, 2019 at 6:15 p.m. – BRH Café
MINUTES

MEMBERS PRESENT:
Anderson, Noble, MD, Secretary/Treasurer
Benjamin, Brian, MD
Benjamin, Mimi, MD
Cook, Jeannette, MD
Dressel, Amy, MD
Gartenberg, Joanne, MD
Gruchacz, Pamela, MD
Huang, Eugene, MD
Keirstead, Linda, MD
Kirk, J. Kenneth, MD
Laktonen, Alberta, MD
Luhrs, Kayla, MD
Maier, Anya, MD
Moxley, Kelly DPM
Neyhart, Joy, DO, Vice-Chief of Staff
Olsen, Eric, MD
Raster, John, MD
Roth, Joseph, MD
Saltzman, Michael, MD
Schmidt, Jennifer, MD
Schneider, Don, Jr., MD, Chief of Staff
Schultz, Charles, DDS
Scott, Jessica, MD
Taintor, Matthew, MD
Thompson, James, MD
Vanderbilt, Burton, MD
Welling, Richard, MD

MEMBERS ABSENT:
Banyas, Michael, MD
Blanco, Jessica, DMD
Brooks, Beatrice, MD
Brown, Kenneth, MD
Buley, Catherine, MD
Burns, Ronnie, DO
Bursell, John, MD
Delsman, Erica, MD
Dooley, Laura, MD
Dunn, Taylor, MD
Greer, Steven, MD
Haddock, Nathaniel, MD
Harrah, Daniel, MD
Hernandez, Dorothy, MD
Jones, Lindy, MD
Kilgore, Kimberly, MD
Kim, Daniel, MD
Malter, Alex, MD
Martin, William, III, MD
McPherson, Alan, MD
Miller, Benjamin, DO
Miller, David, MD
Mulcahy, Alison, MD
Odell, Michael, MD
Peimann, Catherine, MD
Schwarting, Ted, MD
Shanley, Theresa, MD, Past-Chief of Staff
Sheufelt, Janice, MD
Skand Paul, MD
Standewick, Anne, MD
Strickler, Steven, DO
Than, Nandi, MD
Totten, Jodie, MD
Urala, Robert, MD

MEMBERS EXCUSED:
Bellows, Blaise, MD
Jackson, Keegan, MD
Newbury, Nicholas, DO
Peimann, Nathan, MD
Valentine, Priscilla, MD

I. CALL TO ORDER: The regular Medical Staff meeting was called to order by Don Schneider, Jr., MD, Chief of Staff at 6:20 p.m.

II. INTRODUCTION OF GUESTS: None

III. APPROVAL OF MINUTES: The minutes from the May 7, 2019 Medical Staff regular scheduled meeting was unanimously approved as written.
IV. OLD BUSINESS:
A. Administration – Chuck Bill, CEO
   1. Ophthalmology – Dr. Andrew Kopstein has signed his contract to provide care in the community three days per week (Thursday through Saturday). He will be providing care, seeing patients at the Bartlett Surgery and Specialty Clinic (BSSC), and conducting surgery at the Hospital. Any surgical patient that needs follow-up in his absence will be coordinated with the local optometrists. Next week Dr. Kopstein’s credentialing file is slated to be presented to the Credentials Committee. His Alaska medical license is still being processed.
   2. Change in Senior Leadership Structure - Billy Gardner has been promoted to Chief Operating Officer (COO) and will be responsible for ancillary and facilities/maintenance departments. Rose Lawhorne has been promoted to Chief Nursing Office (CNO) and will be responsible for nursing departments.
   3. State of AK Budget – The FY2020 budget for the State of Alaska has not been finalized and/or approved. They are considering finishing the budget in a special session up in Mat-Su. It has been reported that Medicaid payments will be suspended for the month of June with the intention of making payments in July 2019 as a way to catch up.
   4. Board reports from the chief of staff with the assistance of quality.

B. Chief Operating Officer – William Gardner, COO
   1. i-STAT Blood Analyzer – The i-STAT blood analyzer that will be used in the Emergency Department and Critical Care Unit project will “go live” in June 2019. This analyzer will assist in improving the quality of care. Billy will confirm whether or not the analyzer will be available in the Special Care Nursery.
   2. BRH 24/7 In-House Pharmacy – Beginning July 3, 2019, the Hospital will have in-house pharmacy 24/7.
   3. 2019 Excellence in Nursing Award – A big thank you to the Medical Staff for the 2019 Nursing of Excellence award. The recognition is greatly appreciated.

C. Chief Nursing Officer – Rose Lawhorne, CNO – Not present

D. Finance – Kevin Benson, CFO
   1. BRH Finances – In April, inpatient patient day were below budget. Revenue was down by 10%. Outpatient revenue was 12% over budget. Non-operating revenue was at $300,000 which was ahead of target budget.
   2. BRH IT Main Processor – The hospital has had some issues with the main process that is approximately eight (8) years old. A new one has been ordered and is slated to arrive in approximately 60-days and is slated to be installed in August 2019. The Hospital is still researching how to resolve the issue of having a back-up system for Radiology. This will be reviewed after the new processor has been installed.
E. Behavioral Health – Bradley Grigg, CBHO
1. Juneau Alliance for the Mentally Ill (JAMHI)/ Juneau Youth Services (JYS) – The Hospital is on track to begin proving 24/7 assessments for adult and adolescent patients who present with behavioral health symptoms. Beginning July 1, 2019 the Hospital will no longer contract with Juneau Alliance for the Mentally Ill (JAMHI) and Juneau Youth Services (JYS).
2. Child/Adolescent Psychiatrist – There is a Child/Adolescent Psychiatrist visiting for a site visit. This provider is interested in having a flexible schedule where they would work fifteen (15) days with five (5) days off.
3. Petersburg Medical Center (PMC) Behavioral Health – BRH will be partnering with Petersburg Medical Center (PMC) and provide psychiatric services for their community. This would be in the form of both telemedicine and in-person contact.
4. Temporary Location – During construction of the new behavioral health/assessment center, Bartlett Outpatient Psychiatric Services (BOPS) will temporarily relocate to the Juneau Medical Center.

F. Hospitalist – Mimi Benjamin, MD
1. Order Set Review – Critical Care Committee has approved the updated order sets. These will be emailed and distributed to the Medical Staff.

G. Letter Dated May 15, 2019 to the BRH Board of Directors Regarding Plant Based Food Choices at BRH – Alberta Laktonen, MD – Reviewed.

H. Other - None

V. NEW BUSINESS:
A. Committee Reports:
1. Critical Care Committee – Minutes in packet.
2. Medical Staff Quality Improvement Committee – Provider report cards are being finalized. These are mandated by regulations.
3. Surgical Services Committee – Minutes in packet.
4. Pharmacy & Therapeutics Committee - Met. The 24/7 pharmacy hours will begin July 3, 2019. The Committee is trying to obtain a Virginia Mason Medical Center (VMMC) Oncologist to participate on the Committee.
5. Infection Control Committee - Minutes in packet.
6. HIM/UR Committee – W2 form was discussed.
8. OB/Neonatal Committee – Next meeting will be held on Thursday, June 13, 2019.
10. Medicine/Pediatric Committee – No report.
11. Trauma Committee – Met and discussed firming the trauma activating process. BRH ED Minor trauma admission is being revised. As a reminder, the Mini ACLS 2nd refresher will be held on Saturday, June 8, 2019 beginning at noon in administration building.
12. **Emergency Care Committee** – There will be a ATLS class held in December 2019 in Juneau. More details to follow.

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

14. **Behavioral Health Quality Committee** - No meeting.

15. **IT Steering Committee** – The Medical Staff was reminded to use Tiger Connect as a confidential way to text information regarding patient care.

16. **Meditech Clinical Software Committee** - No report.

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

B. **Memo Dated May 15, 2019 to the Medical Staff Regarding On-Call Expectations** – Reviewed. Dr. Michael Saltzman requested feedback regarding the current nonessential on-call schedule he has historically been practicing. There was no feedback obtained.

C. **Meditech Minute – Joyce Chambers, RN** – No report.

D. **Clinical Documentation Information (CDI) Amy Deer, RN**

   1. **ACDIS Conference Swag Tip Card** – Working on obtaining additional cards with the CBJ Print Shop.

   2. **Clinical Documentation Essentials for the Hospital Resident** – Noble Anderson, MD gave a brief overview of the on-line CDI education opportunity.

   3. **Physician Recognition** – Dr. Kennon Kirk was recognized for his document for a patient who had chronic hypoxic respiratory failure.

E. **Tumor Board Meeting, Thursday, June 6, 2019 – FYI.**

F. **Dolly Parton Imagination Library** – The Alaska Association for the Education of Young Children – SEA (AEYC-SEA) will be raising funds for the Dolly Parton Imagination Library. This event will take place on Wednesday, June 5, 2019 between 8:00 a.m. – 2:30 p.m. in the BRH Cafeteria. The AEYC-SEA are seeking a $3,000 financial donation from the Medical Staff. Dr. James Thompson reported that the Juneau Emergency Medicine Association (JEMA) has committed to donate $1,000. Dr. Kennon Kirk made a MOTION that the Juneau Medical Society (JMS) match the donation. Dr. Joy Neyhart seconded. MOTION unanimously approved. In addition, anyone wanting to donate as an individual is encouraged.

G. **Other – None.**

VI. **BOARD OF DIRECTORS REPORT:**

   April 23, 2019 – Reviewed.

   May 28, 2019 - Not available.

VII. **NEXT MEETING:** The next Medical Staff meeting will be on **July 2, 2019** at 6:15 p.m.

VIII. **ADJOURNMENT:** There being no further business, the Medical Staff meeting was adjourned at 7:00 p.m.
CME – The CME presentation this evening was presented by Amish Dave, MD – VMMC Rheumatology on “Work-Up of Inflammatory Polyarthritis”.

Don Schneider, Jr. MD, Chief of Staff (Date)

7/2/19
## Chief of Staff Report

### Mortality Matrix

**June 2019**

### Mortality Matrix

<table>
<thead>
<tr>
<th>Metric</th>
<th>Baseline</th>
<th>BRH 12-Month</th>
<th>Target</th>
<th>Best in Class</th>
<th>Improvement Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Rate in Low-Mortality DRGs (PSI 2) per 1000</td>
<td>CY 2018: 0.0*</td>
<td>0.0</td>
<td>0.35</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Condition</th>
<th>CY 2018</th>
<th>Target</th>
<th>Achievement</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI 30-Day Mortality</td>
<td>(0/6)=0%</td>
<td>0%</td>
<td>14.93%</td>
<td>12.67%</td>
</tr>
<tr>
<td>COPD 30-Day Mortality</td>
<td>(0/35)=0%</td>
<td>0%</td>
<td>7.67%</td>
<td>6.13%</td>
</tr>
<tr>
<td>HF 30-Day Mortality</td>
<td>(6/66)=9.09%</td>
<td>0%</td>
<td>13.96%</td>
<td>12.03%</td>
</tr>
<tr>
<td>Pneumonia 30-Day Mortality</td>
<td>(2/80)=2.5%</td>
<td>0%</td>
<td>11.77%</td>
<td>9.05%</td>
</tr>
<tr>
<td>Sepsis Mortality (in-hospital)</td>
<td>(0/49)=0%</td>
<td>0%</td>
<td>Average 11.56%</td>
<td>HIIN Goal 9%</td>
</tr>
</tbody>
</table>

Achievement and Benchmark Sources: Value Based Purchasing Guide. AMI, COPD, HF from FY2021 Guide, Pneumonia from FY 2020 guide

Target for Death Rate in Low Mortality DRGs Source: AHRQ Patient Safety Indicators v6.0 Benchmark Data Tables, July 2018

Sepsis Mortality Targets: Partnership for Patients, Quality Benchmarking System, HIIN baseline and target

*1 case fell into measure. Upon chart review, it was an expected death.
Date: July 12, 2019
To: Chuck Bill
From: Corey Wall
Re: Bartlett Regional Hospital Facilities Master Plan
    2011 Documents

Please find enclosed a USB drive with the various documents to start our Facilities Master Plan Update process. As per our June 28 schedule, we are hoping to have our kick-off meeting with BRH Senior Leadership on August 2, with individual department meetings following the next week. To facilitate these meetings, we are hoping you can distribute the following information:

Folder 1 – Senior Leadership
- Document: 2011 Master Plan
- Distribute: Please send a copy of the 2011 Master Plan to each member of the Senior Leadership who will attend the Kick-Off Meeting.
- "Homework": Ahead of the Kick-Off Meeting, it would be helpful if everyone was familiar with the 2011 Master Plan and findings. In particular, we would like to discuss:
  o Program found on pages 12 & 13. Although we will discuss the Space Program in more detail in later meetings, it would be helpful for everyone to review the 2011 Program as a basis for a general discussion of potential growth patterns for BRH.
  o Key Decisions found on pages 20 & 21, and the Master Plan Projects on page 22.

Folder 2 – Individual Departments
- Documents:
  o PDF documents of 2011 Questionnaires for each department
  o Word document of blank 2016 Questionnaire
- Distribute: Please send a copy of the relevant 2011 Questionnaire and a copy of the blank 2016 Questionnaire to each department. If there are new departments, or departments which did not respond to the 2011 questionnaire, please provide them with the blank 2016 Questionnaire.
- "Homework": Ahead of the individual department meetings, it would be helpful if every department reviewed their 2011 responses and updated any responses as required.
Date: June 28, 2019
To: Chuck Bill
From: Corey Wall
Re: Bartlett Regional Hospital Facilities Master Plan – Project Schedule (Proposed)

The following preliminary schedule scope provides expanded detail for each task in the attached Fee Proposal.

**Task 1: Review 2011 Plan, Confirm New Planning Process**
- June 21 (Friday)  Leadership Meeting
- June 28 (Friday)  Deliverables: Refined Scope of Services and Project Schedule

**Task 2: Senior Leadership Visioning Workshop, Individual Department Interviews**
- August 2 (Friday)  Kick-Off Session / Visioning Workshop with Senior Leadership and Campus tour
- August 5 (Mon. am)  Department Meeting 1: Human Resources, Infection Control/Employee Health/Staff Development, Community Relations, Quality Review, and Risk Management
- August 5 (Mon. am)  Department Meeting 2: Laboratory, Respiratory Therapy, and Cardiac Rehab
- August 5 (Mon. pm)  Department Meeting 3: Critical Care, Obstetrics, Case Management, and House Supervisors
- August 7 (Wed. am)  Department Meeting 4: Diagnostic Imaging and Emergency Department
- August 7 (Wed. am)  Department Meeting 5: Mental Health, Rainforest Recovery, and Bartlett Outpatient Services
- August 7 (Wed. pm)  Department Meeting 6: Environmental Services, Dietary, Materials Management, Information Technology, and Facilities
- August 9 (Fri. am)  Department Meeting 7: Medical Surgical Nursing, Infusion Therapy, and PT/OT/Speech
- August 9 (Fri. am)  Department Meeting 8: Surgical Services, Pharmacy, and Patient Access Services
- August 9 (Fri. pm)  Department Meeting 9: Bartlett Specialty Clinic, Southeast Physicians Services, Health Information Management, and Accounting
- August 13 (Tuesday)  Department Meeting 10: Department Heads Recap Meeting
- August 16 (Friday)  Deliverables: Refined Missions and Vision Statement, Refined Departmental Vision and Goals Summary
Task 3: Review Regional Information & Impacts
- August 20 (Tuesday)  Leadership Meeting: Review Task 2 deliverables, discuss regional information
- August 23 (Friday)  Deliverables: Strategic Growth Summary

Task 4: Review Functional & Operational Information
- August 27 (Tuesday)  Leadership Meeting: Review Task 3 deliverables, discuss functional and operational information
- August 30 (Friday)  Deliverables: Updated Campus Space Program

Task 5: Update Facility and Site Assessment
- Sept. 3 (Tuesday)  Site Visit and Walk-Through
- Sept. 6 (Friday)  Deliverables: Updated Building Condition Survey, Utility, Parking and Circulation Site Diagrams

Task 6: Structural Analysis for Vertical Expansion
- Sept. 6 (Friday)  Deliverables: Building diagram showing the relative possibility of vertical expansion. Conceptual framing diagrams for proposed expansions.

Task 7: Close Visioning Summit
- Sept. 10 (Tuesday)  Close Visioning Summit
- Sept. 13 (Friday)  Deliverables: Focused Project List
- Sept. 24 (Tuesday)  Presentation to BRH Board

Task 8: Draft Implementation Plan
- Nov. 5 (Tuesday)  Deliverables: Detailed Concept Options, Draft Facilities Master Plan.
- Nov. 12 (Tuesday)  Presentation Workshop with Leadership

Task 9: Finalize Report, Implementation Plan
- Nov. 26 (Tuesday)  Deliverables: Final Facilities Master Plan with actionable Implementation Plan.
- Dec. 10 (Tuesday)  Final Presentation with Leadership and Board Committee
Hospital Board Resolution

WHEREAS, traumatic injury is the leading cause of death for Alaskans between the ages of 1 and 44 years; and

WHEREAS, Bartlett Regional Hospital strives to provide optimal trauma care; and

WHEREAS, treatment at a trauma hospital that participates in a standardized system of trauma care can significantly increase the chance of survival for victims of serious trauma; and

WHEREAS, participation in the Alaska Statewide Trauma System will result in an organized and timely response to patients’ needs, a more immediate determination of patients’ definitive care requirements, improved patient care through the development of the hospital’s performance improvement program and an assurance that those caring for trauma patients are educationally prepared:

THEREFORE; BE IT RESOLVED that the board of directors of Bartlett Regional Hospital resolve to provide the resources necessary to achieve and sustain a level IV trauma hospital designation.

IN WITNESS THEREOF, I have hereunto subscribed my name this 9th day of July, 2019.

________________________________________
Chairman of the Board
Quotation

Customer no.
91334765

Customer
BARTLETT REGIONAL HOSPITAL
3260 HOSPITAL DR
JUNEAU AK 99801-7808

Your request dated
04/11/2019
(4)Perseus R1

Ship to
91334765
BARTLETT REGIONAL HOSPITAL
3260 HOSPITAL DR
JUNEAU AK 99801-7808

Your contact person
SHARRIE REED
Tel.: 206-499-2898
sharrie.reed@draeger.com

Dear Customer,

Thank you for your inquiry. Please find enclosed our corresponding offer. If you have any further questions, please do not hesitate to contact us.

Quotation no.: 136134979
Responsible: SHARRIE REED

Telephone: 206-499-2898
Fax: 215-721-5811
E-mail: sharrie.reed@draeger.com

Best regards

Draeger Inc.
**Quotation**

**Customer no.**
91334765

**Quotation no.**
136134979

**Date of offer**
04/11/2019

**Payer**
91334765

<table>
<thead>
<tr>
<th>Line</th>
<th>Part no.</th>
<th>Description</th>
<th>Unit price</th>
<th>Total price</th>
</tr>
</thead>
<tbody>
<tr>
<td>0010</td>
<td>MK06000</td>
<td>Perseus A500</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Country-specific features</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Target country</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>USA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alaska Time - west Alaska</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NEMA 5-15R Hospital Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Main configuration</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4EA</td>
<td>MK08190</td>
<td>Basic unit trolley based</td>
<td>52,988.58</td>
<td>211,954.32</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* SW-Version Perseus 1.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Electronic gas mixer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4EA</td>
<td>OPC5763</td>
<td>El.3-gas mixer, Adv.Cyl.Supp.</td>
<td>0.01</td>
<td>0.04</td>
</tr>
<tr>
<td>4EA</td>
<td>MK07849</td>
<td>Selectatec, 2 vaporizers</td>
<td>153.02</td>
<td>612.08</td>
</tr>
</tbody>
</table>

**LOC QUALIFICATION REQUIREMENT:**
IDN/Aggregate Tier
Annual Purchases $300,001+ (LOC)

**INTALEREN TIER 3 PRICING ON THIS QUOTATION IS VALID ONLY WITH A SIGNED LGC.**

**PAYMENT TERMS:** CASH IN ADVANCE

**FOB:** DESTINATION / CUSTOMER PAYS FREIGHT

**THIS QUOTATION REFLECTS A TRADE-IN VALUE OF $5,000.00 FOR EACH (3) GE AESTIVA 7900 AND/OR AESTIVA 5 MACHINE. CREDIT WILL BE ISSUED UPON RECEIPT OF TRADE-IN UNIT AT DRAEGER MEDICAL.**
### Quotation

**Customer no.**
91334765

**Quotation no.**
136134979

**Date of offer**
04/11/2019

**Please reference on inquiries**

**Payer**
91334765

<table>
<thead>
<tr>
<th>Line</th>
<th>Quant.</th>
<th>Part no.</th>
<th>Description</th>
<th>Unit price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4EA</td>
<td>9055395</td>
<td>Quick Reference Guide en us</td>
<td>17.97 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*** gas supply ***</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>For hanging gas cylinder</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>4EA</td>
<td>MK09838</td>
<td>Cylinder holder PinIndex</td>
<td>241.22 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Press. red. O2, for small cyl.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>4EA</td>
<td>MK10222</td>
<td>Pressure reducer O2, Pin Index</td>
<td>957.95 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* gas connections DISS O2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>With Dräger pressure reducer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Press. red.AIR, for small cyl.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4EA</td>
<td>MK10224</td>
<td>Pressure reducer AIR,Pin Index</td>
<td>388.69 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>With Dräger pressure reducer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Press. red.N2O, for small cyl.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>4EA</td>
<td>MK10223</td>
<td>Pressure reducer N2O,Pin Index</td>
<td>386.69 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Central gas supply hoses</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*** Auxiliary power outlet ***</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* country-spec. power outlet</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>4EA</td>
<td>MK09888</td>
<td>Additional power outlet strip</td>
<td>637.25 USD</td>
</tr>
<tr>
<td>7</td>
<td>4EA</td>
<td>MK08532</td>
<td>Mounting pole right</td>
<td>340.24 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*** Ventilator &amp; Display ***</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SW option Pressure Support</td>
<td>2,353.86 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* SW opt. Low Flow Wizard</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>4EA</td>
<td>8605088</td>
<td>Flexible breathing bag arm</td>
<td>561.31 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>w/o external fresh-gas outlet</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>24EA</td>
<td>MX50004</td>
<td>Inf.ID CLIC Absorber 800+,6pcs</td>
<td>16.02 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Adapter for CLIC absorber</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4EA</td>
<td>8605566</td>
<td>Control valve NPT</td>
<td>239.36 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*** Required accessories ***</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Inf. ID Flow Sensor, 5 pcs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Adapter for CLIC absorber</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>4EA</td>
<td>MP00886</td>
<td>Endotrach. suction DISS, VAC</td>
<td>612.25 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*** Endotracheal suction ***</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>4EA</td>
<td>MK08533</td>
<td>Mounting kit VAC suction</td>
<td>47.45 USD</td>
</tr>
<tr>
<td>12</td>
<td>4EA</td>
<td>MK10069</td>
<td>Suction acc.(hoop, tip holder)</td>
<td>265.20 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*** Hardware components ***</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>4EA</td>
<td>MK08532</td>
<td>Mounting pole, left</td>
<td>340.24 USD</td>
</tr>
<tr>
<td>14</td>
<td>4EA</td>
<td>MK09494</td>
<td>Pressure gauge</td>
<td>427.55 USD</td>
</tr>
<tr>
<td>15</td>
<td>4EA</td>
<td>MK09854</td>
<td>Drawer module large</td>
<td>1,904.70 USD</td>
</tr>
<tr>
<td>16</td>
<td>4EA</td>
<td>MK08487</td>
<td>Box with writing tray</td>
<td>625.92 USD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*** Hardware components ***</td>
<td></td>
</tr>
</tbody>
</table>

**Total price USD**
71.88 USD
964.88 USD
3,831.80 USD
3,946.76 USD
3,946.76 USD
2,549.00 USD
1,360.96 USD
9,415.44 USD
2,245.24 USD
384.48 USD
957.44 USD
2,400.00 USD
189.80 USD
1,060.80 USD
1,360.96 USD
1,710.20 USD
7,618.80 USD
2,503.68 USD

---

**37/57**

*July 23 2019 Board of Directors*
<table>
<thead>
<tr>
<th>Line</th>
<th>Qty</th>
<th>Part no.</th>
<th>Description</th>
<th>Unit price USD</th>
<th>Total price USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 EA</td>
<td>1</td>
<td>4119073</td>
<td>Adapter O2 DISS - Ohmeda</td>
<td>67.61</td>
<td>270.44</td>
</tr>
<tr>
<td>4 EA</td>
<td>1</td>
<td>4119070</td>
<td>Adapter N2O DISS - Ohmeda</td>
<td>67.61</td>
<td>270.44</td>
</tr>
<tr>
<td>4 EA</td>
<td>1</td>
<td>4119071</td>
<td>Adapter AIR DISS - Ohmeda</td>
<td>67.61</td>
<td>270.44</td>
</tr>
<tr>
<td>4 EA</td>
<td>1</td>
<td>4119072</td>
<td>Adapter VAC DISS - Ohmeda</td>
<td>67.61</td>
<td>270.44</td>
</tr>
<tr>
<td>4 EA</td>
<td>1</td>
<td>4119074</td>
<td>Adapter EVAC DISS - Ohmeda</td>
<td>67.61</td>
<td>270.44</td>
</tr>
<tr>
<td>4 EA</td>
<td></td>
<td>4185140</td>
<td>CS system for Ohmeda plug O2 DISS / DISSN / DISSN</td>
<td>58.60</td>
<td>234.40</td>
</tr>
<tr>
<td>4 EA</td>
<td></td>
<td>4185142</td>
<td>CS system for Ohmeda plug N2O DISS / DISSN / DISSN</td>
<td>58.60</td>
<td>234.40</td>
</tr>
<tr>
<td>4 EA</td>
<td></td>
<td>4199605</td>
<td>CS system for Ohmeda plug AIR DISS / DISSN / DISSN</td>
<td>58.60</td>
<td>234.40</td>
</tr>
<tr>
<td>4 EA</td>
<td></td>
<td>4199602</td>
<td>CS system for Ohmeda plug VAC DISS / DISSN / DISSN</td>
<td>58.60</td>
<td>234.40</td>
</tr>
<tr>
<td>4 EA</td>
<td></td>
<td>4199599</td>
<td>CS system for Ohmeda plug EVAC DISS / DISSN / DISSN</td>
<td>58.60</td>
<td>234.40</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td><strong>261,618.52</strong></td>
</tr>
</tbody>
</table>

**Value Perseus A500**

<table>
<thead>
<tr>
<th>Qty</th>
<th>Part no.</th>
<th>Description</th>
<th>Unit price USD</th>
<th>Total price USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 EA</td>
<td>1902579</td>
<td>Perseus A500 TotalCare 3yr</td>
<td>5,688.34</td>
<td>22,753.36</td>
</tr>
<tr>
<td>4 EA</td>
<td>M36049</td>
<td>CASTrGARD, small (Set of 4)</td>
<td>243.32</td>
<td>973.28</td>
</tr>
<tr>
<td>12 EA</td>
<td>6872020</td>
<td>Infinity ID WaterLock2</td>
<td>13.97</td>
<td>167.64</td>
</tr>
<tr>
<td>24 EA</td>
<td>MX50004</td>
<td>Infinity ID CLIC absorber 800+</td>
<td>16.02</td>
<td>384.48</td>
</tr>
<tr>
<td>5 EA</td>
<td>1979570</td>
<td>Clinical Applicat.Suppaesthesia .8hsegm.</td>
<td>1,500.00</td>
<td>100.00</td>
</tr>
<tr>
<td>1 EA</td>
<td>MQ09298</td>
<td>Seminar Perseus A500</td>
<td>8,603.10</td>
<td>8,603.10</td>
</tr>
</tbody>
</table>
### Quotation

**Customer no.**
91334765

<table>
<thead>
<tr>
<th>Page 5 / 6</th>
<th>Line</th>
<th>Quant.</th>
<th>Part no.</th>
<th>Description</th>
<th>Unit price USD</th>
<th>Total price USD</th>
<th>Discount %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0070</td>
<td>1 EA</td>
<td>1940228</td>
<td>Freight charges mt-a (4 Units)</td>
<td>1,596.00</td>
<td>1,596.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0080</td>
<td>3 EA</td>
<td>1979501</td>
<td>Trade in Perseus-GE Aestiva 7900/5</td>
<td>-5,000.00</td>
<td>-15,000.00</td>
<td></td>
</tr>
</tbody>
</table>

---

**Net value excl. Sales Tax**

---

**Final amount**

---

The sale of the products identified herein is expressly subject to the Draeger, Inc. - Terms and Conditions of Sale which are attached hereto and which may also be found at: www.draeger.com/en-us_us/Home/Terms-Conditions.

Customer is hereby informed that section 1128B(b) of the Social Security Act may apply, which requires that discounts and other reductions in price or the existence of discount programs be properly disclosed and reflected in the costs claimed or charges made by a provider under Medicare or a Federal or State Health Program.

PLEASE CHECK THIS ORDER CAREFULLY FOR ACCURACY IN PRICING, PART # AND DESCRIPTION. Contact Customer Service immediately if there are any discrepancies. This acknowledgement and note constitutes the entire agreement with respect to the contemplated transaction and supersedes all previous negotiations.

---

Quotation no. 136134979
Date of offer 04/11/2019

Please reference on Inquiries

Payer 91334765

---

July 23 2019 Board of Directors
Quotation

Customer no. 91334765

<table>
<thead>
<tr>
<th>Page</th>
<th>6 / 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part no.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>proposals, writings, advertisements, or publications.</td>
</tr>
<tr>
<td></td>
<td>Delivery time</td>
</tr>
<tr>
<td></td>
<td>6 Week/s after rec. of order *</td>
</tr>
<tr>
<td></td>
<td>* After receipt of order, ready for dispatch ex works,</td>
</tr>
<tr>
<td></td>
<td>subject to prior sale,</td>
</tr>
<tr>
<td></td>
<td>Please let us know if you prefer partial delivery.</td>
</tr>
<tr>
<td></td>
<td>Payment terms:</td>
</tr>
<tr>
<td></td>
<td>Advanced payment</td>
</tr>
<tr>
<td></td>
<td>Offer valid until: 07/11/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit price</th>
<th>Total price</th>
</tr>
</thead>
<tbody>
<tr>
<td>USD</td>
<td>Discount %</td>
</tr>
<tr>
<td>USD</td>
<td>USD</td>
</tr>
</tbody>
</table>

Quotation no. 136134979
Date of offer 04/11/2019
Please reference on inquiries
Payer 91334765
July 22, 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.
Management Report from  
Dallas Hargrave, Human Resources Director  
July, 2019

Report Period - 4th Quarter FY19 (April, May, June) Submitted by Dallas Hargrave

<table>
<thead>
<tr>
<th>New Hires</th>
<th>38</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separations</td>
<td></td>
</tr>
<tr>
<td>All Other Separations</td>
<td></td>
</tr>
<tr>
<td>Retirement</td>
<td>7</td>
</tr>
<tr>
<td>Casually/temp</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contract/Travelers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Finance</td>
</tr>
<tr>
<td>RN-Emergency Dept.</td>
</tr>
<tr>
<td>RN-Surgical Services</td>
</tr>
<tr>
<td>M/S RN</td>
</tr>
<tr>
<td>CCU RN</td>
</tr>
<tr>
<td>Ultrasound Tech</td>
</tr>
<tr>
<td>CT Technician</td>
</tr>
<tr>
<td>Histology Tech</td>
</tr>
<tr>
<td>Dietitian</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hard to Recruit</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN's</td>
</tr>
<tr>
<td>Forensic Nurse Examiner II</td>
</tr>
<tr>
<td>Pharmacy Technicians</td>
</tr>
<tr>
<td>Psychiatrist</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All Employee Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Employee Types</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Nurse Types</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<p>| Grievances           | 0             |
| Arbitration Cases    | 0             |</p>
<table>
<thead>
<tr>
<th>Department</th>
<th>Brief overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med/Surg</td>
<td>Needle stick</td>
</tr>
<tr>
<td>CCU</td>
<td>Slip &amp; Fall on Unit</td>
</tr>
<tr>
<td></td>
<td>Lower Back Strain</td>
</tr>
<tr>
<td>Facilities</td>
<td>(lifting)</td>
</tr>
<tr>
<td>Facilities</td>
<td>Hit leg on table while cleaning</td>
</tr>
<tr>
<td>PAS</td>
<td>Got saliva on face from intoxicated patient</td>
</tr>
<tr>
<td></td>
<td>Spilled hot coffee on hand</td>
</tr>
<tr>
<td>OB</td>
<td>hand</td>
</tr>
<tr>
<td>PTOT</td>
<td>Jammed finger in door on stairwell</td>
</tr>
<tr>
<td>Lab</td>
<td>Cut by glass in sharps container</td>
</tr>
</tbody>
</table>
Nursing Supervisors

- A team of nursing directors and staff, led by Tonia Montez, lead supervisor, has begun an effort to better coordinate the development and review of nursing policies, procedures, and protocols. This collaborative effort will improve clarity and consistency in the care environment, and will ensure compliance related to policy management.

- Tonia has developed a robust onboarding and competency framework for supervisors. They will spend time on nursing units, participate in procedures, and maintain clinical skills. As they are expected to be a resource for all areas of the hospital, this training program will improve consistency and better prepare them to face the challenges of the role.

- Rapid Response Team (RRT) is a group of clinical providers called to the bedside of a patient with signs of imminent deterioration. They rapidly assess and treat medical patients to prevent further exacerbation of medical issues, transfer to CCU, or even death. As part of the Partnership for Patients, a national focus is to empower friends and families to call an RRT if they have concerns about their loved one’s condition. Our Respiratory Therapy Director, Robert Follett, and Tonia Montez have expanded our program to include family-activated RRTs. Guests are offered information verbally and brochures are available to patients and families.

Emergency Department

- ED Director is working with CCFR to develop a process for calling Sepsis Alerts in the field. Early notification of suspected sepsis will help expedite treatment, improve patient outcomes, and meet CMS measures.

- Letter of intent has been sent to Alaska Trauma Committee to request a site visit for Level IV Trauma Center reverification. We expect a site visit this coming winter.

- I-STAT training to start end of July for go-live date of August 1st.

- ED staffing has stabilized with two new graduates joining the team. Our two travelers will not be needed after their contracts end in August.

- ED will be participating in the Juneau Airport Disaster Drill on July 20th. The focus will be improving communications and the registration and triage of patients in a disaster event.

Critical Care

- Philips monitor upgrade—we are preparing to order equipment in August. The build will take 6-8 weeks, so the installation will likely happen in the fall. This project will replace all hardwired and
telemetry patient monitors for OB, Emergency, Surgical Services, and will add a portable monitor on Med Surg.

- Maike Undurraga has started her first week as a new nurse graduate. After working here for ten years as a CNA, we are excited to have her start as an RN. She passed her NCLEX, and is officially a Bartlett nurse!

- Two of our current CNAs (Matt Elliott and Sara Wood) have been accepted into nursing school, so will be starting school in September to become nurses. We wish them the best in their endeavors.

- A multidisciplinary team has begun implementation of our new IV pumps. From CCU, Megan Orsi will help review the drug library, and Michelle Van Kirk and Morgan Ramseth will be super-users and assist with workflow implementation.

**Surgical Services**

- Planning meetings being held with stakeholders for the ophthalmology program kickoff. Discussions review pre- and post-operative orders, nursing documentation, pharmacy requirements, and equipment management. Equipment has been ordered and training plan is developed.

- July has brought continued demands for after-hours surgical procedures. Our dedicated teams delivered quality patient care, and returned in the morning to continue the quest for excellence. Thank you to Jim Jurrens, Surgical Services Director, the call teams, and our physicians for your tireless efforts to care for our patients.

**Obstetrics**

- We successfully completed our re-designation process and achieved Baby Friendly Hospital status! We are one of only two hospitals in the state of Alaska to have achieved this prestigious international recognition. A massive thank you to Sara Gress, Kasia Spengler, Michelle Van Kirk, Lauren Beason, Angela Lessard, Ellen Rogers, Debi Ballam, Ethan Sawyer, Margie Fisher, Kanani Montalto, Ami Reifenstein, Sarah Roemeling, Dr. Dressel, Dr. Valentine, Dr. Roth, Dr. Kim, and Dr. Neyhart and all of the OB staff and physicians who played a huge part in helping us achieve this recognition. (Please see the attached letter.)

- Alaska Perinatal Quality Collaborative (AKPQC)—Bartlett participates in the Alliance for Innovation on Maternal Health (AIM), an initiative with the goal of developing a collaborative quality improvement model for obstetrics. Data collected from Alaska hospitals is used to drive AIM priorities. Education is provided to participants to facilitate development of evidence-based care models that address needs identified by the data. The first area of focus is maternal hypertension.

- We have stable staff with a new graduate nurse, Shayna Rohwer, joining our team. Welcome Shayna!
Dear Friends and Colleagues,

This spring, Bartlett Beginnings was up for re-designation as a Baby Friendly Hospital. I am happy to announce that the site visit went well, and we have been awarded our re-designation by Baby Friendly USA!

Achieving and maintaining status as a Baby Friendly Hospital represents a commitment to the best evidence-based care of mothers and babies, particularly as it relates to feeding practices. The designation recognizes a tremendous coordinated team effort from prenatal education, through inpatient care and community resources after birth.

Bartlett Beginnings did an absolutely fantastic job preparing for and participating in this re-designation. This success represents many months of effort from the Breastfeeding Process Improvement Team (Sara Gress, Kasia Spengler, Angela Lessard, Debi Ballam, Ellen Rogers, Margie Fisher, Ami Reifenstein, Sarah Roemeling, Kanani Montalto) and of course our recent OB Director Michelle Van Kirk and current OB Director Lauren Beason. In truth is was a huge labor (pun intended) by every member of our unit. I would be remiss if I didn’t mention how Ethan Sawyer from Materials Management was absolutely invaluable throughout the year-long process. He handled a host of issues with promptness and a smile.

It must also be said that the support and encouragement from administration, starting with CEO Chuck Bill, provided the scaffolding for this hospital-wide effort. Without the financial backing from above and continued promotion of all our educational and community outreach, the fully realized programing we offer would not be possible. The participation of both COO Billy Gardner and CNO Rose Lawhorne during the site visit presented Bartlett as the unified and comprehensive team that we are.

I have long believed the care provided by the doctors here at Bartlett Beginnings is truly excellent. After their site-visit, the assessors from Baby Friendly think so too! A handful of providers were incredibly gracious and spent considerable time speaking with the assessors during their visit. Specifically, Dr. Joy Neyhart, Dr. Amy Dressel, Dr. Pricilla Valentine, Dr. Danny Kim, and Dr. Joe Roth all underwent intensive interview and were a huge part of our team success.

To all that played a role in making this come together, thank you! I am proud not only of our re-designation but perhaps more of the collaborative environment that it represents. I hope that everyone gives themselves (and each other) a huge pat on the back, not only for the re-designation, but for a job well done every day. Juneau is truly a lucky community to have such a dedicated and high quality birth option here at Bartlett.

My most sincere appreciation,

Sara Gress, MS, RN, IBCLC
Perinatal Education and Lactation Coordination
Bartlett Beginnings
Respiratory Therapy

- Upgrade of Tracemaster in process, recommendation to select Phillips as our vendor.

Cardiac Pulmonary Rehab

- No waiting list.
- Updating forms as well as P&P’s
- Finalizing Accreditation GAP analysis.

Sleep Laboratory

- Working with 3rd parties to improve downstream equipment delays.

RRT (Rapid Response Team)

- Enhancing Family Activated RRT

Materials Management

- Finished Inventory for FY 2019.
- Currently working with departments to Optimize supply space

Pharmacy Department

- 24 hour pharmacy, second pharmacist arrives 7/15/19
- Working with report writers to implement Verity software for 340b contract pharmacies.
- Antimicrobial Stewardship recommendation to remove ertapenem for the formulary is going to be considered by P&T on 7/18.
- Met with contractors to discuss timeline for clean room remodel to meet compliance requirements. Silverbow Construction Company won the bid and will begin Phase 1 of the project on August 15th.
- Testing to change the pharmacy billing process in Meditech to bill on administration is requiring extensive review and editing of many medications in the drug dictionary.
• We are evaluating new partnerships with sterile compounding providers and setting up new accounts to acquire medications needed by the new ophthalmologist and Dr. Newbury’s opioid free GYN surgeries.
• Kickoff meetings for the implementation of new ICU Medical smart infusion pumps were held this week.

Rehabilitation Services

• We are preparing an offer for a new Director over Rehab Services. We will announce the name if that person accepts our offer. Thank you to our outgoing Director, Helen Addington, for your excellent service to BRH. We wish you well!

Telehealth Services

• We are exploring organizations which host various telehealth services (Virginia Mason, Providence, Alaska Regional to name a few) for partnership.
• We are involving many members of our Medical community as well as several internal stakeholders to participate
• Some of the services we are exploring include:
  ➢ Medication Management
  ➢ Infectious Disease
  ➢ Neurology
  ➢ Telestroke
  ➢ TEE (Transesophageal Echocardiogram)

Services in place:

➢ Telestroke
➢ VEEG
➢ Behavioral
➢ EICU
July 2019 Behavioral Health Board Report
Bradley Grigg, CBHO

- Psychiatry Update:
  
  o Dr. Joanne Gartenberg (BRH Employee) is 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 MOVED 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 MOVED 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: **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. We have 2 prospects with whom we are talking.

- Rainforest Recovery Center:
  
  o Daily Average of 11 patients in June 2019, with an average length of stay 22 days.

- Mental Health Unit:
  
  o Daily Average of 9.5 patients per day in June 2019, with an average length of stay 11 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 June 31, 2019 BOPS has 238 unique active patients engaged in outpatient services. Of those 238:
    - 168 are adults
    - 70 are children/adolescents

- **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 22 children under “Crisis Stabilization” Status in the Safe Room and ED Psychiatric Room combined.
Other Crisis Grant Opportunities:

- 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.

- We HAVE RECEIVED NOTICES OF AWARD re: the following Grants Proposals:
  - **Ambulatory Detox Services**: Notification of Award for FY20 received for $175,000 (100% of what we requested)
  - **Crisis Stabilization Operational Grant**: Notification of Award for FY20 received for $800,000 (100% of what we requested)

- We are still waiting word re: the following Grant Proposals:
  - **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**.
    - Rainforest Operational Grant: **$450,000 annually**.

- **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 has been finalized and is slated to post on or before July 23, 2019.

- **Rainforest Detox/Assessment Center Renovation Update:**
  - Construction has begun!
- **Petersburg Medical Center Outpatient Psychiatry Update:**
  
  o MOA has been finalized and fully executed by both hospital CEO’s.
  o Services are expected to begin July 2019, with an initial expectation of up to 80 additional patients being served at BOPS through telemedicine. Financial projections will be provided to the Board of Directors in August once we have a schedule established.
  o July 2-4: Community Stakeholder Meetings on site with Bradley Grigg and Dr. Joanne Gartenberg.
  o Credentialing process is nearly complete, and services are slated to begin August 1, 2019.
  o Current plan is for Psychiatry and a Behavioral Health Therapist to be on site in Petersburg up to 3 days per month, with the remainder of services facilitated through telemedicine.

- **Direct Admission Process to Mental Health Unit Update:**
  
  o Since April, 2018 Behavioral Health has been directly admitting MHU patients from out of town with Doctor to Doctor consultations, allowing the patient to be accepted, transported to Juneau and directly admitted to MHU without going through the Bartlett Emergency Department; keeping those beds available for more appropriate patient needs.
  o Once admitted, the Hospitalist Service conducts an H&P Examination on each patient within 24 hours of admission.
  o Historically the average length of time for a prospective MHU patient in the ED is over 3 hours. This process has significantly reduced the amount of patients that are being triaged through the Emergency Department.
  o January 1, 2019 through June 30, 2019, MHU has accepted 167 patients. Of those 167 patients:
    - 52 came through the BRH ED
    - 115 (**68.9%**) were admitted directly to MHU and were diverted from the Emergency Department.
HIM – Rachael Stark
- Access E-forms solution was on site and we are still working through a few items but plan on having go-live on 08/05/2019.
- We are working with RRC and BOPS to remove all their boxes out of AAA Storage and be placed in the Administration Building in the HIM cage.
- Many time off requests and very short-handed for the month of June and July.

IS – Scott Chille
Projects:
- Network CORE replacement mid-August
- Access eForms – Live
- Telcor – Glucose – Live
- iStat – Go-Live first week of August
- Hardware Infrastructure refresh (VxBlock) – project 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 – Starting November
- PACS upgrade and migration to VxBlock – Staring November (4-months)
- AT&T FirstNet migration complete – New cell phones/numbers distributed
- Virginia Mason EEG remote reading – physicians trained on Meditech and Citrix connectivity. Working through clinical/DI workflow

Information Security
- Duo Multi-Factor Authentication – building platform and integrating into various systems to test
- Cybereason – new antivirus software roll-out – 30-days (late July complete)
- Rapid7 – Vulnerability Management and Incident Management Platform – Dashboard attached
  - Vulnerabilities identified = 13,000+ across environment, most of which are regular Microsoft patches that need to be applied. This is good baseline information and will help us develop remediation plans as we move forward. We have not had this level of visibility across the organization until recently.
  - Insight Detect and Respond Dashboard is also providing great visibility across our network and end point devices. The system analyzes and aggregates an average 15 – 42 Million events daily and we are receiving real-time alerts on anomalous behaviors. With that, we are able to respond quickly, investigate, and prevent/mitigate threats to the organization.
- Phishing test results
  - We have had an increase in people reporting the Phishing Tests which is shown in the green bars over the last few simulations. We have also seen strong participation in staff viewing the “Inside Man” security awareness video series. This is positive behavior and we are rewarding that with prize drawings and the feedback from staff is very favorable.
Comments:

- I encourage everyone to view this. It is a very different spin on IT security and quite entertaining!
- It just keeps on getting better! In sight, on mind. You are doing good things for this organization.
- Thank you for being so engaging, Scott! It’s good to see the director be so involved in the staff 😊
- I so thoroughly enjoy this series! Great way to illustrate a number of awareness concepts that are easy to apply. Are there going to be more like this? I hope so. I would really like to see an episode twice a week or one every week, since they are short.
- The department discusses each video after viewing.
- Thank you Scott, it is very good. What a great idea for a training video.
- Spot on! I think, I am going to enjoy the next 11 episodes. Can’t wait!
- This Inside Man series is great. Too bad we can’t treat it like Netflix and binge watch the whole series.
- Ha! Love this – what a great reminder as to why we collect the photo id badges from our students/residents/locums.
- This was a great twist on the normal training videos. I enjoyed it and I’m excited to see the next one!
- I forgot to tell you….this was fun to watch.
July 2019 Board Report
Chuck Bill, CEO

- This past month has been very busy at BRH with high patient numbers and lots of projects. As you will see from their management reports, Billy and Rose have hit the ground running in their new roles. Billy has several construction projects that he is coordinating along with developing a comprehensive telemedicine strategy. Rose is actively engaging with her Nurse Managers and House Supervisors to give them the support and tools they need to excel.

- Kevin is actively working on several projects to add revenue and control costs.

- Bradley has continued his great work in evolving Behavioral Health including the start of the RRC remodel, relocation of the Sleep Off function and development of the Crisis Intervention Program. We have also started a tele psych program with Petersburg.

- Dallas and HR have been very active with employee recognition and recruitment, hiring 11 new graduates from nursing programs (9 from UAS/UAA).

- Megan Costello is proving to be a very valuable resource to the BRH team.

In total, I am thrilled with our Senior Leadership team and our performance.

- I’m attaching my note from 7/12/19 to refresh the board’s memory of key issues.
  - The State budget remains the elephant in the room. As of 7/15/19, the House Finance Committee moved forward by a vote of 6-3, a bill to add the governor’s vetoed items into the Capital Budget and fund a $929 PFD with the remaining surplus.
  - As of 7/16/19, we have not received a ruling on ASHNHA’s request for an injunction staying the DHSS rate cuts.

- On 7/9 I spoke at the Senior Healthcare Coalition at JEDC on senior services at or through BRH. The news regarding Ophthalmology was particularly well received.

- On 7/12 I was on Action Line with Pete Carran. Again, I shared the news about Ophthalmology and addressed questions about potential State budget impacts on BRH among other topics.
## August 2019

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

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7:00am Physician Recruitment Committee (NOT A PUBLIC MEETING)</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12:30pm Governance Committee Meeting (PUBLIC MEETING)</td>
<td>7:00am Credentials Committee (NOT A PUBLIC MEETING)</td>
<td>7:00am Finance Committee Meeting (PUBLIC MEETING)</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5:30pm Board of Directors (PUBLIC MEETING)</td>
<td>28</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

Committee Meeting Checkoff:
- **Board of Directors** – 4th Tuesday every month
- **Board Compliance** – 2nd 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