AGENDA
BOARD OF DIRECTORS MEETING
Monday, September 30, 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. PUBLIC PARTICIPATION 5:45

V. CONSENT AGENDA 5:50
   A. August 27, 2019 Board of Directors Minutes (Pg. 3)
   B. September 18, 2019 Draft Board Quality Minutes (Pg.10)
   C. September 20, 2019 Draft Finance Committee Minutes (Pg.13)
   D. July Financials (Pg.15)
   E. September 20, 2019 Draft Governance Committee Minutes (Pg.19)
   F. September 24, 2019 Draft Board Compliance Minutes (Pg.20)

VI. BOARD EDUCATION 5:55
   • Labor and Delivery RN Certification – Lauren Beason and Anjela Johnston (Pg.22)

VII. MEDICAL STAFF REPORT 6:10
   A. August 6, 2019 Medical Staff Minutes (Pg.31)
   B. Chief of Staff Report (Pg.37)
   C. Medical Staff Rules and Regulations – Physician EHR Advisory Committee (Action Item) (Pg.38)

VIII. EXECUTIVE SESSION 6:15
   A. Credentialing report (BLUE FOLDER)
   B. Confidential Chief of Staff Report (BLUE FOLDER)
   C. Patient Safety Dashboard (BLUE FOLDER)
   D. Legal and Litigation Review

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

IX. OLD BUSINESS  6:25
   A. Campus Plan update
   B. Crisis Intervention update
   C. State Budget

X. NEW BUSINESS  6:40
   A. Supplemental Appropriation (Action Item) (Pg.39)
   B. State Budget Cuts Opposition Resolution (Pg.43)

XI. MANAGEMENT REPORTS  6:55
   A. CLO Management report (Pg.45)
   B. HR Management report (Pg.46)
   C. CNO Management report (Pg.47)
   D. COO Management report (Pg.50)
   E. CBHO Management report (Pg.52)
   F. CFO Management report (Pg.55)
   G. CEO report (Pg.57)

XII. CEO REPORT  7:00
   A. Ophthalmologist update
   B. State Budget update
   C. Governance Institute Leadership Conferences (Pg.58)
   D. Focus and Execute update

XIII. STRATEGIC DISCUSSION  7:05
   A. Strategic Retreat
   B. Nominating Committee

XIV. PRESIDENT REPORT  7:20

XV. OCTOBER BOARD CALENDAR (Pg.59)  7:25

XVI. BOARD COMMENTS AND QUESTIONS  7:30

XVII. ADJOURNMENT  7:35
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  Mark Johnson
Brenda Knapp, Past President  Marshal Kendziorek  Kenny Solomon-Gross
Deb Johnston  Lindy Jones, MD

ALSO IN ATTENDANCE
Chuck Bill, CEO  Kevin Benson, CFO  Billy Gardner, COO
Dallas Hargrave, HR Director  Bradley Grigg, CBHO  Don Schneider, MD, COS
Rose Lawhorne, CNO  Megan Costello, CBJ Law  Michelle Hale, CBJ Liaison
Anita Moffitt, Executive Assistant  Gail Moorehead, Staff Development  Beth Weldon, Mayor
Loren Jones, Assembly Member  John Raster, MD  Laurie Bell
Kathi Petersen

ABSENT - Lance Stevens, President

APPROVAL OF THE AGENDA – MOTION by Mr. Kendziorek to approve the agenda as written. Mr. Johnson seconded, agenda approved.

PUBLIC PARTICIPATION – Community member, Kathi Peterson spoke about an article about her in Bartlett’s House Call publication, her care at BRH, the need for sensitivity training for staff and medical providers and HIPAA violation policies.

Laurie Bell, an employee that works in Patient Access Services, spoke about safety concerns and lack of communication regarding safety occurrence reporting. She recounted an incident of assault she had experienced at the hands of a patient and how the situation was handled after she reported it. Suggestions to address safety concerns and to improve communications were provided by Ms. Bell. Mr. Kendziorek reported that the Planning Committee is halfway through the campus planning effort. He stated that one of the top priorities repeatedly discussed, because of safety issues, is a redesign of the Emergency Department, including the registration desk. Dr. Urata reported that there is a financial proposal included in tonight’s board packet to improve safety in the ED by making modifications. A copy of Ms. Bell’s notes used for testimony are to be attached to the minutes of tonight’s meeting as requested by Dr. Urata. Mr. Solomon-Gross noted that Board and Sub Committee minutes are posted on Bartlett’s website as a source of obtaining information. Ms. Knapp requests that Mr. Bill provide a follow up to the concerns expressed by Ms. Bell and Ms. Peterson at the September board meeting.
Dr. John Raster, ENT-Otolaryngologist introduced himself and expressed concerns on behalf of himself and the general medical community regarding aggressive advertising by SEARHC. Shared concerns are that SEARHC has always been mandated to serve the native population and are now beginning to serve the non-native population as well. While they are not doing it yet, SEARHC may begin sending elective cases out of Juneau for care. This will have an impact on private physicians as well as BRH. Mr. Johnson requests this be a future agenda item. He suggests an invitation be extended to SEARCH to attend a future board meeting in the hopes that they will discuss their plans and answer some questions. Ms. Hagevig noted that the board has already begun looking ahead at what options BRH may have to address these concerns. An RFP is being written for an affiliation study to be conducted. The study will include a SWAT analysis to help identify what the threats are. Physician input will be very important.

CONSENT AGENDA – Dr. Urata requested item B.-Draft Physician Recruitment Minutes be pulled from the consent agenda. **MOTION by Mr. Kendziorek to approve the remainder of the consent agenda as written. Consent agenda approved with the exception of item B.**

Dr. Urata stated that under item B – the Physician Recruitment Committee has decided to look at hiring an Oncological Advanced Nurse Practitioner. He requests that primary care physicians (PCPs) that do chemotherapy and oncology care participate in developing a roll of this person. PCPs provide continuity of patient care with the help of Oncologists. Having a mid-level provider intervene could affect the quality of care. Dr. Jones agrees that it needs to be a collaborative plan. Mr. Bill thinks it is appropriate for PCPs to be involved in this process. The position could be set up like the Hospitalist Program allowing PCPs the opportunity to opt in or out of using their services. **MOTION by Mr. Johnson to approve the minutes of the Physician Recruitment Committee. Ms. Knapp seconded. Minutes approved.**

BOARD EDUCATION

STAFF DEVELOPMENT NURSE RESIDENCY PROGRAM – Gail Moorehead reported that they are working to improve the efficient onboarding of new to practice RNs. This project was chosen to provide a robust standardized training plan and increase retention of new graduate RNs and to reduce the use of Travel RNs. She reported that the goal is to increase the retention rate of graduate nurses to 90% by May 2021, support local graduates to return to Juneau to practice nursing at BRH and to provide training during residency to increase competency and confidence in patient care and safety in a structured setting. She provided an overview of the analysis of data collected, change concepts applied, challenges and barriers encountered, a summary of activity to date and plans for the future. She reported that 14 new graduate nurses have been hired since this cohort began in June 2019. Mr. Solomon-Gross is very happy that this is the direction BRH is going and hopes it works really well.

NEW BUSINESS: Mr. Bill noted that Mr. Gardner needs to leave early to catch a flight and requested that new Capital Projects listed under new business be moved ahead of the Medical Staff Report.

CAPITAL PROJECTS – Dr. Urata reported the capital projects listed on tonight’s agenda were reviewed at the August 14 Finance Committee Meeting. The Finance Committee did not have a quorum to take action on these items, however board members Mr. Kendziorek and Mr. Solomon-Gross were in attendance and support the approval of these items. Mr. Gardner provided an overview and justification for approval of each of the Capital Projects listed on the agenda.
Motion made by Dr. Urata to approve the Air Supply Unit – 11 Supply Fan Upgrade. Mr. Johnson seconded. There being no objections, Motion approved.

Motion made by Dr. Urata to approve the Central Sterilization Room Upgrades. Mr. Johnson seconded. There being no objections, Motion approved.

Motion made by Dr. Urata to approve the Lab Ventilation and Cooling Upgrades. Mr. Johnson seconded. There being no objections, Motion approved.

Motion made by Dr. Urata to approve the Chiller No. 2 replacement. Mr. Johnson seconded. There being no objections, Motion approved.

Motion made by Dr. Urata to approve the ASU-1 Heating Coil Upgrade to Glycol. Mr. Johnson seconded. There being no objections, Motion approved.

Mr. Gardner provided an overview of future projects to be completed. These projects are within Mr. Bill’s signing limits and include: stairwell doors replacement, after-hours main hospital lockdown and the ED waiting area/PAS desk modifications to address safety concerns.

Medical Staff Report – Dr. Schneider noted the July 2nd Medical Staff meeting minutes are in the packet. He reported the following were discussed at the August 6 meeting: Physician reports cards are starting to come out, MSQIC helped clarify conflict of interest issues specifically in the peer review process, a vote was approved to make the EMR Committee an official medical staff committee to allow them to have more input in the future direction of the EMR, lastly, there was a lively discussion regarding SEARHC.

Executive Session – Motion made by Mr. Kendziorek to recess into executive session as written in the agenda 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.)

Dr. Urata seconded. Motion approved. A request was made for a 5 minute break before executive session. The committee took a break from 6:40 to 6:45 pm. The committee entered executive session at 6:46 pm and returned to regular session at 7:22 pm.
A. Credentialing report (BLUE FOLDER): Motion by Mr. Kendziorek to approve the credentialing report with a request that Dr. Peterson’s status be changed from Locum Tenens to Active. Mr. Johnson seconded. Credentialing recommendations approved with requested change.

B. Confidential Chief of Staff Report (BLUE FOLDER): No action to be taken. The Board reviewed the confidential chief of staff report.

C. Patient Safety Dashboard (BLUE FOLDER): No action to be taken. The Board reviewed the Patient Safety Dashboard.

D. Legal and Litigation Review: The Board provided direction to BRH attorney regarding litigation strategies.

OLD BUSINESS:

CAMPUS PLAN UPDATE – Mr. Bill stated that Jensen Yorba Wall (JYW) is actively moving through the schedule shared at the Planning Committee Meeting last week and is on target. Mr. Kendziorek noted that the most important thing that came out of the Planning Meeting is that Corey Wall had stated that this is a process, not a product. It’s a way to move forward with a campus plan, not a hard fast plan. Ms. Hale confirmed that this campus plan will intersect with the CIPs.

CRISIS INTERVENTION UPDATE – Mr. Grigg reported that we have received notifications of capital grant funding. We’ve received $200,000 from the Mental Health Trust for FY20. Premera has given a verbal commitment that it will award $1 Million. We’ve finalized our initial letter of inquiry to the Rasmussen Foundation for a Tier II $800,000 capital grant. A letter of inquiry has been submitted to the Murdoch Foundation. We qualify for their Tier II grant which awards between $100,000 and $600,000 per capital project. We are awaiting next steps from the Murdoch Foundation. The RFP for the design closed 10 days ago, scoring happened today. Tomorrow, CBJ will put out notification of award for the design bid.

STATE BUDGET – Mr. Bill noted there is still a lot of unknowns in the state budget. We think we know that a 5% cut will be applied. This will be a $1.5 Million hit to us. What we don’t know is how the additional $50 Million that the governor vetoed will be applied so our hit could be higher. We had received notice from the State that we were awarded grants that we had historically received for Rainforest Recovery. These grants are all subject to funding so we may not see them due to the line item veto for $6.1 Million for behavioral health grants. We should know before the next board meeting. He also noted that we should have an update in September regarding the lawsuit filed against the state by ASHNA for using the emergency clause for implementing the cuts announced in July. Mr. Kendziorek made a request that an agenda item for next month’s board meeting be a resolution stating this board’s view on this budget and the effect it’s having on our hospital and the community. We need to take a stand and make it clear that we are opposed to the impacts of these budget cuts. Discussion was held about the appropriateness of BRH making this resolution as well as the two resolutions passed by the CBJ Assembly.

NEW BUSINESS:

AFFILIATION STUDY RFP – Mr. Bill referenced the white paper in the packet for an RFP to conduct an affiliation option analysis. He stated as part of our fiduciary responsibility and due diligence, we need to look at the best way to secure and grow the services we provide to the community of Juneau. Mr. Johnson questioned the need to move quickly with this study and expressed his concerns. Ms. Knapp
provided an overview of the discussions held to date by the Governance Committee. She also noted, that action does not need to be taken as a result of the analysis but it will provide us with a community needs assessment, information as to what the broad scope of possible affiliation options are, what has worked for other hospitals in our situation that may have problems staying afloat with some of the potential changes coming in funding streams and competition moving in. It will also help identify what the indicators are that it would be time to jump at something. A thorough study, to include a SWAT analysis is anticipated to cost between $70,000 and $100,000. Mr. Bill provided a summary of conversations held with SEARHC in the past and the attempts to share services, such as biomedical maintenance. He stated that an affiliation with someone would probably not affect our Rural Demonstration designation. Mr. Solomon-Gross expressed his support of being pro-active instead of reactive. Dr. Jones and Dr. Urata want to ensure that threats to BRH are a part of the analysis. In response to Ms. Hale inquiry, Mr. Bill stated that the board’s intent is to forward to the assembly a proposed RFP before it is put out for proposals. Ms. Johnston stated the board needs to be very clear and agree on the statement of work to be included in the RFP. *Motion by Ms. Knapp to move ahead to get the RFP in a final draft form for approval by the board and moved on to the Assembly for review and comment. Mr. Solomon-Gross seconded. There being no opposition, Motion passed.*

Ms. Hagevig noted that concerns expressed at tonight’s meeting need to be captured in the RFP. She stated that Mr. Bill will be the primary writer of the RFP. The need for timeliness of the RFP was discussed. A Governance Committee meeting to vet the RFP will be held before presentation to the board. The next time the RFP is presented to the board, it will have a fiscal amount attached to it so will require a roll call vote for approval.

**MANAGEMENT REPORTS** – No questions or additional items discussed. Ms. Hagevig thanked the leadership team for their comprehensive reports.

**CEO REPORT** – Mr. Bill reported that Dr. Kopstein will be here on Thursday to see patients and will begin doing surgeries next month. He also reported that he was interviewed on Friday by the Juneau Empire regarding the state budget and had a similar discussion on Monday with Pete Carron on Action Line. He noted that Becky Hultberg is resigning from ASHNHA to take a similar role with the Oregon Hospital Association. Recruitment of a replacement has begun.

**STRATEGIC DISCUSSION** – Mr. Bill reported that he and Mr. Stevens have discussed moving the Strategic Retreat from December to March. We will have new board members on board by then and all of the studies will have been completed for use during strategic planning discussions.

**PRESIDENT REPORT** – None

**BOARD CALENDAR** – September calendar reviewed. Multiple changes requested due to committee members unavailability. Ms. Hagevig and Mr. Solomon-Gross will be out of town for the September 10th Credentials Committee meeting. Mr. Johnson will attend in their place. The Board Quality Committee meeting will be held at 4:15pm on Wednesday, September 18th. The Finance Committee meeting will be held at 7:00am on Friday, September 20th. A Governance Committee meeting will be held at 1:00 pm. on Friday, September 20th.

**BOARD COMMENTS AND QUESTIONS** – Dr. Jones thanks Ms. Knapp for her work on the RFP.

**ADJOURNMENT** – 8:13 p.m.
"There are three solutions to every problem: accept it, change it or leave it. If you can't accept it, change it. If you can't change it, leave it."

I want to address the ability to voice a concern about current policy and practices while also bringing possible solutions to the table. Anyone can complain, and we all do to varying degrees, but how many of us earnestly want to put forth an effort to fix the things that are problematic in our lives? During orientation, HR told us that we are able to see things with fresh eyes. If we become aware of any areas that need improving, to bring that to our supervisors, managers and/or to the administration.

Sharing ideas and positive changes should be encouraged. I think Bartlett is trying to encourage this, but I have discovered that many feel otherwise. Most of the staff I spoke with, stated that they just don’t feel heard, and many said they felt they might be let go, because “rocking the boat” or being the “squeaky wheel” is undesirable. This has not been my experience per se but I can appreciate that others may feel this way possibly due to past administrations/managers/supervisors. I bring this up to begin with, because it was brought to my attention while trying to figure out how to bring concerns to the right people.

The topic on the mind of many is safety. We all know the medical industry ranks highest in terms of most cases of workplace violence. The saddest part of this statistic, is how frequently, violence goes unreported. The most common reasons given:

1. It’s just part of the job.
2. I don’t want to make a fuss.
3. The reporting system doesn’t really work. I don’t get feedback for my reports.
4. What’s the point? Nothing changes.

I think this can change if leadership encourages current staff with regular announcements to inform them, that reporting incidents of violence/injury is important and will be taken seriously. If there is a desire to file charges or seek legal proceedings, it would help to have BRH legal team offer to assist with advice.

Personally, I felt like I had to deal with everything all alone. I was frustrated when requests for the video evidence was met with confusion and then realization that it was never saved. I felt defeated when my tires were slashed in the Bartlett staff parking lot, but there are no cameras and inadequate lighting.

I would like our security team to coordinate with JPD in creating a policy/protocol for when we need to call them to assist. Part of the failure with my incident, was that it wasn’t taken seriously. I was told by the prosecutor that my professional calm during the call to JPD, was a sign that I wasn’t afraid for my safety and that it wasn’t a big deal. The officers failed to have their body cam/audio switched on and didn’t even take my statement or seek out witness statements, and because these things were missed, that was why prosecution could not follow through.

These are all things that can be changed relatively easily. I would like to offer help in any way that I can in doing so. Because I want my fellow coworkers to feel safe and actually BE SAFE. So how can leadership encourage staff to come forward, especially with ideas on how to fix problems that need to be addressed? Again, I think the consensus from those I spoke with, was that they had experienced:
1. not being heard
2. not being taken seriously
3. feeling like their position was threatened if they complained/reported a problem

Even if this was a misunderstanding, I think staff need to be encouraged to come forward so that our workplace can continually evolve positively. Especially with the volume of new people coming into Bartlett, it should be a periodic message. I don’t believe anyone would want a negative work issue to become the status quo, but it has in many areas.

I hope that in voicing not just my concerns, but ideas for how to fix the issues I dealt with, that you feel encouraged to work with me to make BRH a safer place for everyone. I know that safety is a priority for those in charge because there was an immediate response after my incident. I don’t know the names of all who have been working on fixing the ED waiting room reception area, but Nathan has been very approachable when I’ve respectfully shared my ideas, and Mary Crann came to see how I was doing in the following days. I’m grateful for their responses. I know our security officers want to do their best, even when stretched thin (hopefully this will be addressed as well).

Thank you for being open to hearing my concerns. I am willing to speaking with anyone who would like to discuss my concerns and ideas for fixing them. I also welcome guidance in how to navigate the process for doing so and ensuring I am connected with the right people in the correct order/timeframe. Thank you for allowing me to take this time and for your thoughtful consideration in this matter.

“\textit{I cannot say whether things will get better if we change; what I can say is they must change if they are to get better.}” -\textit{Georg C. Lichtenberg}
Board Quality Committee
September 18, 2019
Minutes

Attendance: Rosemary Hagevig (BOD), Brenda Knapp (BOD), Kenny Solomon-Gross (BOD), Sarah Hargrave (Quality Director), Rose Lawhorne (CNO), Deborah Koelsch (Clinical Quality Coordinator), Carmi Clark (Quality Data Analyst), Gail Moorehead (Education Director), Mark Johnson (BOD), Kevin Benson (CFO), Billy Gardner (COO), Bradley Grigg (CBHO), Marshall Kendziorek (BOD), Dr. Lindy Jones (BOD)

Approval of the minutes – July 10, 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 3 results were great. Currently, new initiatives were implemented to strengthen the relationship between patients and caregivers. Ms. Hargrave thinks this will help us increase our HCAHPS score next quarter. Severe Sepsis/Septic Shock Measure is at 54%. There was a spike in Readmission rates for Quarter 2 but we continue to monitor. Heart Failure Readmission rates are 0. The Screening for Metabolic Disorders measure continues to be a strong performer.

Discussion was held on the impact to patient satisfaction of redundant questions from hospital staff as patients move through the hospital system.

Mr. Garner mentioned the ongoing construction at RRC and asked if it is affecting our HCAHPS scores. Ms. Hargrave will monitor the Cleanliness and Quietness results next quarter.

New Business:

Value Based Purchasing Summary Report
Ms. Hargrave presented the Hospital Value Based Percentage Payment Summary Report for Performance Period 1/1/2018-12/31/2018. The Hospital Value Based Purchasing (VBP) Program is a Centers for Medicare and Medicaid Services (CMS) initiative that rewards acute-care hospitals with incentive payments for quality care provided to Medicare beneficiaries. VBP is also required by Congress. This ties hospital reimbursement to the quality of care, not just the quantity of inpatient acute care services provided. As a result of our high quality care on the safety measures, HCAHPS measures, and clinical outcomes metrics, Bartlett will see a net increase of 1.43% on our DRG payments beginning in October of this year. In addition, our Medicare Spending per Beneficiary is below the national median.
**Patient Family Engagement**
Ms. Moorehead presented the CMS Person and Family Engagement strategy. It is about proactive communication and partnered decision-making between healthcare providers and patients, families and caregivers.
The current projects in progress are Bedside shift reporting, Pre admission Checklist, Patient Portal Collaboration and Website Improvements.

There are several future projects coming up including Admission Paperwork and Process, Rounds with Families and Community and Hospital Information Sessions. The new Patient Family Engagement Coordinator is Autumn Muse, BSN, RN.

There was a discussion about the handoff process between ER Physicians and Admitting Physicians. Ms. Hargrave will check with Dr. Benjamin and Dr. Jones about exploring this addition to the physician hand-off project.

Mr. Benson shared about an Admission App that allows patients to fill out their registration when they arrive in to the hospital on an IPAD. Ms. Hagevig pointed out that not all patients are familiar or comfortable with new technology.

**Old Business:**

**OPPE**
Ongoing Professional Practice Evaluation (OPPE) is a requirement by CMS and The Joint Commission (TJC). It is a routine monitoring and evaluation of current competency and professional behavior. Provider scorecards are provided to Credentials committee to be considered during reappointment. The goal is to allow the organization to identify professional practice trends that impact on quality of care and patient safety. The challenge in this process is finding metrics that are meaningful to rate. Ms. Hargrave presented the sample Ongoing Professional Practice Evaluation Scorecard.

**RCA2**
Ms. Hargrave presented the update of the RCA2. The Goal is to identify system vulnerabilities so they can be eliminated and mitigated. The outcomes on this process are Physician and Nurses engagement, Structures and Solution Focused. Ms. Hargrave reports the Year to Date results from this project. There were 9 RCA2 completed and 6/9 had intermediate or strong action plan elements.

**SEPSIS**
September is Sepsis Awareness Month, the Sepsis Process Improvement (PI) team has organized activities to spread awareness to staff and the community. There are newly designed badge buddies for clinical staff, Pink cake and lemonade was distributed in the hospital cafeteria on World Sepsis day (Sept 13), bulletins boards in the hospital are updated with Sepsis Awareness information. Next week, the Sepsis PI team will visit the units and ask Sepsis Trivia questions and give away some prizes.
There is a new Sepsis Care Pathway starting September 30th at Bartlett Regional Hospital. This includes Code Sepsis and the Code Sepsis paper tool.

Ms. Koelsch added that there were approximately 25-30 Sepsis cases each Quarter here at Bartlett. The Sepsis Early Management Bundle Compliance has increased compared with last year. A higher score is better. Bartlett Regional Hospital’s goal for the measure is 55%. June, July, and August (to-date) data exceeded this goal.

Dr. Lindy Jones added with the i-STAT starting last August we might see improvements in the Sepsis measure rate. The i-STAT machine delivers faster results at bedside for certain lab draws.

**Next Quality Board meeting:** November 13, 2019 4:15PM

**Adjourned at 5:00 pm**
Called to order at 7:01 a.m. by Finance Committee Chair, Dr. Bob Urata.

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

Staff: Kevin Benson, CFO, Chuck Bill, CEO, Bradley Grigg, CBHO, Dallas Hargrave, HR Director, Blessy Robert, Director of Accounting, and Megan Rinkenberger, Executive Assistant

Mr. Johnson made a MOTION to approve the minutes from the July 10, 2019 and August 14, 2019 Finance Committee Meetings. Dr. Urata noted no objections and they were approved.

July 2019 Finance Review – Kevin Benson, CFO
Mr. Benson explained that Bartlett Regional Hospital had an overall positive month financially in July 2019. Patient days and patient revenue were both above budget. Emergency department visits were above budget by 14%. Total was $1.5M over budget, with a net revenue $570K over budget. Expenses in almost all categories under budget, but total expenses were 1% over budget. Collections were strong in July, which produced a positive cash flow. Write-offs were low.

Supplemental Appropriation FY19 – Kevin Benson, CFO
Ordinance 2018-11(AT) – The City Assembly had approved our budget, but FY2019 spending ended up $2.2M over budget. This overage had to be approved by the assembly with an explanation of how the extra funding was accounted for. Documents from the city were presented to the finance committee showing $1.7M came from FY2019’s revenue generated, and the extra $500K is to be covered by the Hospital Fund Balance.
Ordinance 2018-11(AR) – This ordinance appropriated $2,176,791 as the state’s FY19 on-behalf PERS benefit rate paid for BRH. This had no impact on BRH’s finances.
Both ordinances are scheduled to be approved October 14, 2019.

Mr. Johnson made a MOTION that the two ordinances (2018-11(AT) and 2018-11(AR)) presented be moved to the board for approval. Ms. Johnston seconded, and the motion passed.

Medicare Casemix Proposed Adjustment – Kevin Benson, CFO
CMS originally wanted to change the way reimbursement was calculated, by eliminating the casemix adjustment. Many objections were made by other hospital executives and administrators. The official’s response at the time sounded unwavering. The adjustment rate that BRH receives is 30%, due to a greater acuity, and the elimination of this would have a tremendous impact on BRH and other hospitals. The American Hospital Association advocated on our behalf. One week ago, they reconsidered and added the casemix adjustment back in. Mr. Bill noted that legislators advocated on our behalf as well. The original bill didn’t include a casemix adjustment, but they had implemented it over the last 14 years anyway. This most recent change in our favor has been officially included in the agreement now.
ASHNHA Legal Challenge – Chuck Bill, CEO
ASHNHA and other organizations in the state challenged DHSS on how they were using the emergency clause to implement regulations, specifically the rate decrease starting in July. The judge denied the state’s motion for summary dismissal. They were setting a date for a final hearing, until the state reached out to settle. They agreed to push the start date out to October 1st, giving BRH the first quarter of the year of full payment. This should amount to $400K-$500K depending on if inflation is added. Mr. Bill expressed concern that DHSS will then compensate at the beginning of the year by adjusting their rates.

Fire Alarm: Juneau Medical Center – Kevin Benson, CFO
This $137K upgrade was included in the capital budget, and therefore did not require action due to prior approval. This agenda item was brought to the committee as an informational point only.

Next Meeting: October 9th, 2019 at 7:00 a.m. in BRH Boardroom

Committee Member Comments
Ms. Johnston expressed interest in hearing about Mr. Bill’s experience at the SE Conference in Sitka, AK. Healthcare is a close second to tourism as a contributor to the economy in SE Alaska. Study shows that 530 RN’s will be needed over the next five years due to turn over and growth. This year BRH hired 11 new nursing grads. Strategies will be produced from the study to address this. BRH has 650 employees and Sitka has 1200. The manager from Ketchikan announced that they’re getting ready to renew or ask for RFP for hospital management, because their current agreement is coming to an end.

Adjourned – 7:27 a.m.
DATE: September 13, 2019

TO: BRH Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: July Financial Performance

July was a busy patient activity month for Bartlett Regional Hospital and was a strong month financially to start the 2020 fiscal year. Inpatient activity continued to see increased volumes and finished 11% greater than budget. This resulted in inpatient revenues that were 12.7% in excess of budget. Outpatient volumes were also up for the month with Emergency Department visits 14% greater than budget. This also increased lab and radiology volumes, which drove outpatient revenues to be 10% greater than budget. Total Gross Patient Revenue finished almost $1.5 million greater than budget or 9.5%.

Deductions were greater than budget by $900,000 or 13.2% as a result of increased revenues. Expenses exceeded budget by $83,000 or 0.9%. This variance was driven by increased staff costs again due to increased patient activity. This resulted in an Operating Income of almost $500,000 or a 5.3% Margin. After Non-Operating Income the final Net Income is $753,000, which is 140% greater than the budget target of $314,000.
## Facility Utilization:

### CURRENT MONTH

<table>
<thead>
<tr>
<th>Facility Utilization:</th>
<th>Actual</th>
<th>Budget (Under)</th>
<th>% Over (Under)</th>
<th>Prior Year</th>
<th>Prior Month (June)</th>
<th>Actual</th>
<th>Budget (Under)</th>
<th>% Over (Under)</th>
<th>Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Inpatient Patient Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Days - Med/Surg</td>
<td>496</td>
<td>426</td>
<td>16%</td>
<td>406</td>
<td>484</td>
<td>496</td>
<td>426</td>
<td>16%</td>
<td>409</td>
</tr>
<tr>
<td>Patient Days - Critical Care Unit</td>
<td>108</td>
<td>92</td>
<td>17%</td>
<td>93</td>
<td>81</td>
<td>108</td>
<td>92</td>
<td>17%</td>
<td>93</td>
</tr>
<tr>
<td>Patient Days - Swing Beds</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>-100%</td>
<td>0</td>
</tr>
<tr>
<td>Avg. Daily Census - Acute</td>
<td>19.5</td>
<td>16.7</td>
<td>17%</td>
<td>16</td>
<td>18.8</td>
<td>19.5</td>
<td>16.7</td>
<td>17%</td>
<td>16.2</td>
</tr>
<tr>
<td>Patient Days - Obstetrics</td>
<td>61</td>
<td>69</td>
<td>-12%</td>
<td>91</td>
<td>63</td>
<td>61</td>
<td>69</td>
<td>-12%</td>
<td>91</td>
</tr>
<tr>
<td>Patient Days - Nursery</td>
<td>56</td>
<td>62</td>
<td>-10%</td>
<td>85</td>
<td>48</td>
<td>56</td>
<td>62</td>
<td>-10%</td>
<td>85</td>
</tr>
<tr>
<td>Total Hospital Patient Days</td>
<td>721</td>
<td>649</td>
<td>11%</td>
<td>678</td>
<td>676</td>
<td>721</td>
<td>649</td>
<td>11%</td>
<td>678</td>
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<tr>
<td>Births</td>
<td>28</td>
<td>34</td>
<td>-18%</td>
<td>34</td>
<td>23</td>
<td>28</td>
<td>34</td>
<td>-18%</td>
<td>34</td>
</tr>
<tr>
<td>Mental Health Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Days - Mental Health Unit</td>
<td>251</td>
<td>299</td>
<td>-16%</td>
<td>302</td>
<td>269</td>
<td>251</td>
<td>299</td>
<td>-16%</td>
<td>302</td>
</tr>
<tr>
<td>Avg. Daily Census - MHU</td>
<td>8.1</td>
<td>9.6</td>
<td>-16%</td>
<td>9.7</td>
<td>9</td>
<td>8.1</td>
<td>9.6</td>
<td>-16%</td>
<td>9.7</td>
</tr>
<tr>
<td>Rain Forest Recovery:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Patient Days - RRC</td>
<td>333</td>
<td>343</td>
<td>-3%</td>
<td>319</td>
<td>253</td>
<td>333</td>
<td>343</td>
<td>-3%</td>
<td>319</td>
</tr>
<tr>
<td>Avg. Daily Census - RRC</td>
<td>11</td>
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<td>6</td>
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<td>-3%</td>
<td>10.3</td>
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<tr>
<td>Outpatient visits</td>
<td>22</td>
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<td>16%</td>
<td>33</td>
<td>22</td>
<td>22</td>
<td>19</td>
<td>16%</td>
<td>33</td>
</tr>
<tr>
<td>Inpatient: Admissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Med/Surg</td>
<td>92</td>
<td>72</td>
<td>28%</td>
<td>75</td>
<td>94</td>
<td>92</td>
<td>72</td>
<td>28%</td>
<td>75</td>
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<tr>
<td>Critical Care Unit</td>
<td>57</td>
<td>41</td>
<td>39%</td>
<td>43</td>
<td>44</td>
<td>57</td>
<td>41</td>
<td>39%</td>
<td>43</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>29</td>
<td>28</td>
<td>4%</td>
<td>34</td>
<td>26</td>
<td>29</td>
<td>28</td>
<td>4%</td>
<td>34</td>
</tr>
<tr>
<td>Nursery</td>
<td>29</td>
<td>30</td>
<td>-3%</td>
<td>35</td>
<td>23</td>
<td>29</td>
<td>30</td>
<td>-3%</td>
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<tr>
<td>Mental Health Unit</td>
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<td>0%</td>
<td>40</td>
<td>27</td>
<td>38</td>
<td>39</td>
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<tr>
<td>Total Admissions - Inpatient Status</td>
<td>245</td>
<td>209</td>
<td>17%</td>
<td>227</td>
<td>214</td>
<td>245</td>
<td>209</td>
<td>17%</td>
<td>227</td>
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<tr>
<td>Admissions - &quot;Observation&quot; Status</td>
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</tr>
<tr>
<td>Med/Surg</td>
<td>35</td>
<td>59</td>
<td>-41%</td>
<td>62</td>
<td>59</td>
<td>35</td>
<td>59</td>
<td>-41%</td>
<td>62</td>
</tr>
<tr>
<td>Critical Care Unit</td>
<td>11</td>
<td>34</td>
<td>-68%</td>
<td>42</td>
<td>39</td>
<td>11</td>
<td>34</td>
<td>-68%</td>
<td>42</td>
</tr>
<tr>
<td>Mental Health Unit</td>
<td>0</td>
<td>2</td>
<td>0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>16</td>
<td>19</td>
<td>-16%</td>
<td>12</td>
<td>20</td>
<td>16</td>
<td>19</td>
<td>-16%</td>
<td>12</td>
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<tr>
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<td>0%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Total Admissions to Observation</td>
<td>62</td>
<td>62</td>
<td>0%</td>
<td>116</td>
<td>133</td>
<td>62</td>
<td>62</td>
<td>0%</td>
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<tr>
<td>Surgery:</td>
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</tr>
<tr>
<td>Inpatient Surgery Cases</td>
<td>54</td>
<td>50</td>
<td>8%</td>
<td>46</td>
<td>62</td>
<td>54</td>
<td>50</td>
<td>8%</td>
<td>46</td>
</tr>
<tr>
<td>Endoscopy Cases</td>
<td>63</td>
<td>100</td>
<td>-37%</td>
<td>100</td>
<td>128</td>
<td>63</td>
<td>100</td>
<td>-37%</td>
<td>100</td>
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<tr>
<td>Same Day Surgery Cases</td>
<td>94</td>
<td>91</td>
<td>3%</td>
<td>62</td>
<td>99</td>
<td>94</td>
<td>91</td>
<td>3%</td>
<td>62</td>
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<tr>
<td>Total Surgery Cases</td>
<td>211</td>
<td>241</td>
<td>-12%</td>
<td>288</td>
<td>289</td>
<td>211</td>
<td>241</td>
<td>-12%</td>
<td>288</td>
</tr>
<tr>
<td>Total Surgery Minutes</td>
<td>14,907</td>
<td>12,618</td>
<td>18%</td>
<td>12,618</td>
<td>17,668</td>
<td>14,907</td>
<td>12,618</td>
<td>18%</td>
<td>12,618</td>
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<td>Outpatient:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Outpatient Visits (Hospital)</td>
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</tr>
<tr>
<td>Emergency Department Visits</td>
<td>1,426</td>
<td>1,255</td>
<td>14%</td>
<td>1,520</td>
<td>1,349</td>
<td>1,426</td>
<td>1,255</td>
<td>14%</td>
<td>1,520</td>
</tr>
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<td>Cardiac Rehab Visits</td>
<td>82</td>
<td>77</td>
<td>6%</td>
<td>61</td>
<td>126</td>
<td>82</td>
<td>77</td>
<td>6%</td>
<td>61</td>
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<tr>
<td>Lab Visits</td>
<td>263</td>
<td>297</td>
<td>-11%</td>
<td>241</td>
<td>248</td>
<td>263</td>
<td>297</td>
<td>-11%</td>
<td>241</td>
</tr>
<tr>
<td>Lab Tests</td>
<td>11,175</td>
<td>9,601</td>
<td>16%</td>
<td>10,067</td>
<td>10,246</td>
<td>11,175</td>
<td>9,601</td>
<td>16%</td>
<td>10,067</td>
</tr>
<tr>
<td>Radiology Visits</td>
<td>798</td>
<td>869</td>
<td>-8%</td>
<td>821</td>
<td>743</td>
<td>798</td>
<td>869</td>
<td>-8%</td>
<td>821</td>
</tr>
<tr>
<td>Radiology Tests</td>
<td>2,810</td>
<td>2,610</td>
<td>8%</td>
<td>2,670</td>
<td>2,670</td>
<td>2,810</td>
<td>2,610</td>
<td>8%</td>
<td>2,670</td>
</tr>
<tr>
<td>Sleep Study Visits</td>
<td>27</td>
<td>23</td>
<td>17%</td>
<td>20</td>
<td>29</td>
<td>27</td>
<td>23</td>
<td>17%</td>
<td>20</td>
</tr>
<tr>
<td>Physician Clinics:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospitalists</td>
<td>201</td>
<td>212</td>
<td>-5%</td>
<td>186</td>
<td>265</td>
<td>201</td>
<td>212</td>
<td>-5%</td>
<td>186</td>
</tr>
<tr>
<td>Bartlett Oncology Clinic</td>
<td>84</td>
<td>84</td>
<td>100%</td>
<td>33</td>
<td>72</td>
<td>84</td>
<td>84</td>
<td>0%</td>
<td>33</td>
</tr>
<tr>
<td>Behavioral Health Outpatient visits</td>
<td>380</td>
<td>396</td>
<td>96%</td>
<td>542</td>
<td>292</td>
<td>380</td>
<td>396</td>
<td>-4%</td>
<td>542</td>
</tr>
<tr>
<td>Bartlett Surgery Specialty Clinic visits</td>
<td>260</td>
<td>325</td>
<td>-20%</td>
<td>301</td>
<td>325</td>
<td>260</td>
<td>325</td>
<td>-20%</td>
<td>301</td>
</tr>
<tr>
<td>Other Operating Indicators:</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietary Meals Served</td>
<td>28,882</td>
<td>26,027</td>
<td>11%</td>
<td>23,359</td>
<td>27,644</td>
<td>28,882</td>
<td>26,027</td>
<td>11%</td>
<td>23,359</td>
</tr>
<tr>
<td>Laundry Pounds (Per 100)</td>
<td>396</td>
<td>408</td>
<td>-3%</td>
<td>386</td>
<td>396</td>
<td>396</td>
<td>408</td>
<td>-3%</td>
<td>386</td>
</tr>
</tbody>
</table>

**Note:** The table provides a detailed overview of various metrics related to hospital and outpatient services, including patient days, admissions, surgery cases, laboratory visits, and other indicators. The data includes comparisons with prior years and months, and displays actual versus budgeted values along with percentage variances. This report serves as a dashboard for the Bartlett Regional Hospital's operations, summarizing key performance indicators for July 2019.
# Bartlett Regional Hospital

## Statement of Revenues and Expenses for the Month and Year to Date of July 2019

### Gross Patient Revenue:

- **September 30, 2019**: $5,111,499 (12.9% of Gross Patient Revenue)

### Inpatient Revenue:

- **September 30, 2019**: $4,455,186 (93.2% of Inpatient Revenue)

### Non-Operating Revenue:

- **September 30, 2019**: $1,656,413 (2.6% of Non-Operating Revenue)

### Total Inpatient Revenue:

- **September 30, 2019**: $5,200,672 (103.9% of Total Inpatient Revenue)

### Salaries & Wages:

- **September 30, 2019**: $3,675,654 (66.1% of Salaries & Wages)

### Deductions from Revenue:

- **September 30, 2019**: $3,653,430 (59.4% of Deductions from Revenue)

### Total Gross Patient Revenue:

- **September 30, 2019**: $6,230,724 (100% of Total Gross Patient Revenue)

### Net Patient Revenue:

- **September 30, 2019**: $9,217,111 (149.4% of Net Patient Revenue)

### Total Expenses:

- **September 30, 2019**: $8,858,829 (100% of Total Expenses)

### Net Income (Loss):

- **September 30, 2019**: $752,672 (9.6% of Net Income (Loss))

### Additional Notes:

- **Net Income (Loss) from Operations**:
  - **September 30, 2019**: $510,169 (67.1% of Net Income (Loss from Operations))

---

### Table: Revenue and Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VAR</th>
<th>YTD % VAR</th>
<th>PRIOR YTD</th>
<th>PRIOR YTD %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gross Patient Revenue</td>
<td>$6,230,724</td>
<td>$6,528,886</td>
<td>-$317,162</td>
<td>-8.7%</td>
<td>$7,075,839</td>
<td>$20,235</td>
</tr>
<tr>
<td>2. Total Inpatient Revenue</td>
<td>$5,200,672</td>
<td>$5,085,444</td>
<td>$115,228</td>
<td>2.3%</td>
<td>$4,970,608</td>
<td>$4,814</td>
</tr>
<tr>
<td>3. Salaries &amp; Wages</td>
<td>$3,675,654</td>
<td>$3,569,082</td>
<td>$106,572</td>
<td>2.9%</td>
<td>$3,569,082</td>
<td>$6,572</td>
</tr>
<tr>
<td>4. Deductions from Revenue</td>
<td>$3,653,430</td>
<td>$3,555,555</td>
<td>$97,875</td>
<td>2.7%</td>
<td>$3,555,555</td>
<td>$10,875</td>
</tr>
<tr>
<td>5. Total Gross Patient Revenue</td>
<td>$6,230,724</td>
<td>$6,528,886</td>
<td>-$317,162</td>
<td>-8.7%</td>
<td>$7,075,839</td>
<td>$20,235</td>
</tr>
<tr>
<td>6. Inpatient Contractual Allowance</td>
<td>$510,169</td>
<td>$510,169</td>
<td>$0</td>
<td>0.0%</td>
<td>$510,169</td>
<td>0.0%</td>
</tr>
<tr>
<td>7. Non-Operating Revenue</td>
<td>$510,169</td>
<td>$510,169</td>
<td>$0</td>
<td>0.0%</td>
<td>$510,169</td>
<td>0.0%</td>
</tr>
<tr>
<td>8. Total Net Patient Revenue</td>
<td>$5,740,888</td>
<td>$5,580,054</td>
<td>$160,834</td>
<td>2.9%</td>
<td>$5,580,054</td>
<td>$160,834</td>
</tr>
</tbody>
</table>

**Notes:**

- **ACT %** refers to the actual percentage for the current year.
- **CHG %** refers to the change in percentage from the prior year.
# BARTLETT REGIONAL HOSPITAL

## BALANCE SHEET

### July 31, 2019

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>July-19</th>
<th>June-19</th>
<th>June-18</th>
<th>CHANGE FROM PRIOR FISCAL YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Cash and cash equivalents</td>
<td>29,960,610</td>
<td>29,494,772</td>
<td>29,494,772</td>
<td>465,838</td>
</tr>
<tr>
<td>2. Board designated cash</td>
<td>37,698,814</td>
<td>37,698,814</td>
<td>37,698,814</td>
<td>-</td>
</tr>
<tr>
<td>3. Patient accounts receivable, net</td>
<td>17,820,813</td>
<td>15,172,598</td>
<td>15,172,598</td>
<td>2,648,215</td>
</tr>
<tr>
<td>4. Other receivables</td>
<td>4,386,815</td>
<td>4,575,580</td>
<td>4,575,580</td>
<td>(188,765)</td>
</tr>
<tr>
<td>5. Inventories</td>
<td>3,336,096</td>
<td>3,303,166</td>
<td>3,303,166</td>
<td>32,930</td>
</tr>
<tr>
<td>6. Prepaid Expenses</td>
<td>1,124,280</td>
<td>1,013,343</td>
<td>1,013,343</td>
<td>110,937</td>
</tr>
<tr>
<td>7. Other assets</td>
<td>28,877</td>
<td>28,877</td>
<td>28,877</td>
<td>-</td>
</tr>
<tr>
<td>8. Total current assets</td>
<td>94,356,305</td>
<td>91,287,150</td>
<td>91,287,150</td>
<td>3,069,155</td>
</tr>
<tr>
<td>Appropriated Cash:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. CIP Appropriated Funding</td>
<td>4,224,426</td>
<td>4,224,426</td>
<td>4,224,426</td>
<td>-</td>
</tr>
<tr>
<td>Property, plant &amp; equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Land, bldgs &amp; equipment</td>
<td>150,141,907</td>
<td>149,447,695</td>
<td>149,447,695</td>
<td>694,212</td>
</tr>
<tr>
<td>11. Construction in progress</td>
<td>933,516</td>
<td>867,758</td>
<td>867,758</td>
<td>65,757</td>
</tr>
<tr>
<td>12. Total property &amp; equipment</td>
<td>151,075,423</td>
<td>150,315,452</td>
<td>150,315,453</td>
<td>759,969</td>
</tr>
<tr>
<td>13. Less: accumulated depreciation</td>
<td>(98,282,277)</td>
<td>(97,716,627)</td>
<td>(97,716,627)</td>
<td>(565,650)</td>
</tr>
<tr>
<td>14. Net property and equipment</td>
<td>52,793,146</td>
<td>52,598,825</td>
<td>52,598,826</td>
<td>194,319</td>
</tr>
<tr>
<td>15. Deferred outflows/Contribution to Pension Plan</td>
<td>8,564,873</td>
<td>8,564,873</td>
<td>8,564,873</td>
<td>-</td>
</tr>
<tr>
<td>16. Total assets</td>
<td>159,938,750</td>
<td>156,675,274</td>
<td>156,675,275</td>
<td>3,263,475</td>
</tr>
<tr>
<td>LIABILITIES &amp; FUND BALANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Payroll liabilities</td>
<td>2,541,033</td>
<td>1,964,340</td>
<td>1,964,340</td>
<td>576,693</td>
</tr>
<tr>
<td>18. Accrued employee benefits</td>
<td>3,620,043</td>
<td>3,878,920</td>
<td>3,878,920</td>
<td>(258,877)</td>
</tr>
<tr>
<td>19. Accounts payable and accrued expenses</td>
<td>2,299,911</td>
<td>1,852,367</td>
<td>1,852,367</td>
<td>447,544</td>
</tr>
<tr>
<td>20. Due to 3rd party payors</td>
<td>2,166,167</td>
<td>1,819,247</td>
<td>1,819,247</td>
<td>346,920</td>
</tr>
<tr>
<td>21. Deferred revenue</td>
<td>(223,970)</td>
<td>208,781</td>
<td>208,781</td>
<td>(432,751)</td>
</tr>
<tr>
<td>22. Interest payable</td>
<td>(4,365)</td>
<td>335,994</td>
<td>335,994</td>
<td>(340,359)</td>
</tr>
<tr>
<td>23. Note payable - current portion</td>
<td>845,000</td>
<td>845,000</td>
<td>845,000</td>
<td>-</td>
</tr>
<tr>
<td>24. Other payables</td>
<td>407,877</td>
<td>1,220,621</td>
<td>1,220,621</td>
<td>(812,744)</td>
</tr>
<tr>
<td>25. Total current liabilities</td>
<td>11,651,696</td>
<td>12,125,270</td>
<td>12,125,270</td>
<td>(473,574)</td>
</tr>
<tr>
<td>Long-term Liabilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Bonds payable</td>
<td>18,130,000</td>
<td>18,130,000</td>
<td>18,130,000</td>
<td>-</td>
</tr>
<tr>
<td>27. Bonds payable - premium/discount</td>
<td>1,399,883</td>
<td>1,415,502</td>
<td>1,415,502</td>
<td>(15,619)</td>
</tr>
<tr>
<td>28. Net Pension Liability</td>
<td>62,996,347</td>
<td>62,996,347</td>
<td>62,996,347</td>
<td>-</td>
</tr>
<tr>
<td>29. Deferred In-Flows</td>
<td>9,841,533</td>
<td>9,841,533</td>
<td>9,841,533</td>
<td>-</td>
</tr>
<tr>
<td>30. Total long-term liabilities</td>
<td>92,367,763</td>
<td>92,383,381</td>
<td>92,383,382</td>
<td>(15,619)</td>
</tr>
<tr>
<td>32. Fund Balance</td>
<td>55,919,291</td>
<td>52,166,623</td>
<td>52,166,623</td>
<td>3,752,668</td>
</tr>
<tr>
<td>33. Total liabilities and fund balance</td>
<td>159,938,750</td>
<td>156,675,274</td>
<td>156,675,275</td>
<td>3,263,475</td>
</tr>
</tbody>
</table>
Governance Committee Meeting
Minutes
Friday, September 20, 2019; 1:00 p.m.
Bartlett Regional Hospital - Boardroom

Called to order at 1:02 p.m. by Brenda Knapp, Committee Chair

Attendance:

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

Board Members present: Mark Johnson, Marshal Kendziorek and Deborah Johnston

BRH Staff: Chuck Bill, CEO, Kevin Benson, CFO, 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 August 12, 2019. Mr. Solomon - Gross seconded and they were approved with no objections.

Affiliation Analysis RFP: Chuck stated that he connected with CBJ purchasing to expand the RFP and get it properly formatted. He said these type of studies are best conducted when a facility is fiscally strong and not in a position of weakness. He voiced his respect for the board’s response to looking into affiliations. This study is a tool for a range of options to build relationships with other healthcare facilities and can help us make decisions about possible affiliations.

The committee members went around the table and shared their opinions regarding the RFP analysis handout.

Mark shared a handout he created with his input for the RFP.

Chuck acknowledged everyone’s feedback and proposed to revisit this RFP after refocusing the wording and incorporating the committee members’ input.

Next Committee Meeting: September 27 at 5:00 pm.

Adjourned at 1:52 p.m.
Compliance Committee Meeting
Draft Minutes
September 24, 2019

Called to order at 7:03 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: Mr. Overson asked to have a consent agenda item added. Mr. Overson wanted to submit a copy of the Hospital Compliance Committee Meeting agenda for informational purposes. Dr. Urata asked whether the minutes from the September 16th Hospital Compliance Committee Meeting would be available. Mr. Overson said they would. Mr. Kendziorek asked if the minutes could be circulated once they were available. Mr. Overson said he would circulate them to the people in attendance once they were completed. Dr. Urata asked if there were any other changes needed. Hearing no further requests for change, Dr. Urata approved the agenda with change.

Previous Board Compliance Meeting Minutes Approval: Mr. Kendziorek made a MOTION to approve the June 11th Board Compliance Meeting 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 what it should mean to a board member.” Two key questions were covered: What does it mean to be “knowledgeable about the content and operation” of the Compliance Program? And, how does that relate to “exercising reasonable oversight” of the Compliance Program?

Mr. Kendziorek responded to the training with the request that the training go to the whole board. There was a discussion on training options such as an on-going training for short durations at each board meeting or a one time a year training that would take 1.5 to 2 hours. As the Committee Chair Dr. Urata said he would take this question to the Board President and ask for input regarding duration and frequency of Compliance training for the Board of Directors.

Dr. Urata asked about industry standards for an outside review of the Hospital Compliance Program. Mr. Overson responded that experts will say organizations should have an outside review about every 2 to 3 years. Mr. Kendziorek made a MOTION “that we request at the next board meeting (October was later clarified) that we begin the process of hiring an official outside auditor for our Compliance and Audit Program.” Dr. Urata seconded the MOTION.

Compliance Officer Report:
Compliance Policies: Mr. Overson gave an update on the periodic document review process for the compliance policies, but did not have a dashboard report.

Compliance Incident Log: The numbers of incidents have been relatively consistent month to month; and the nature of the incidents has been fairly consistent. Dr.
Monitoring and Auditing: Mr. Overson presented a “monitoring and auditing” report which showed the recent chart audits performed by the revenue cycle team and relevant department ad hoc members over the last 2 quarters. Mr. Overson noted a recent proposed rule change to state regulations that would set specific quantitative guidance for Medicare overpayment self-audit. This rule change will be reviewed by the Revenue Cycle Audit Committee and likely change the way the Committee has reviewed charts in the past.

Hospital Work Plan: No significant changes to the hospital work plan, except for the added element to track the dates of internal system audits performed by the Compliance Officer.

Committee Input: Dr. Urata suggested for our next meeting that the education topic can be an overview of the Compliance Log and the associated definitions to better understand the report presented to the Committee. The Committee agreed with Dr. Urata’s education topic suggestion.

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

Meeting Adjourned 8:03 am

Next Meeting 12/10/2019 at 7:00 am
Labor and Delivery
RN Certification

Lauren Beason, RNC-OB
Anjela Johnston, RNC-OB
Improvement Goal

• We are working to increase the number of Bartlett OB RNs who have national certification (RNC-OB) and launch a collaborative network of labor and delivery nurses in Southeast Alaska.

• We chose this project because certification provides:
  – Improved patient safety
  – Increased education and awareness of current practices
  – Reduced liability
  – Higher quality patient care

• Our goal was to increase the number of certified Bartlett OB RNs by 30% by April 2019.
Data Collection

• **Baseline**: Prior to the inpatient OB review, there were 4 certified OB RNs. (4/17 = 23.5%)

• **Data collection method and frequency**: Track through HR software and manager records, with evaluation of individual nurses’ certification during annual evaluation process.

• **Scope**
  OB nurse training record

• **Validity**: Confirmation with individual NCC number
Data Analysis

• **Comparison**: Prior to inpatient OB review there were 4 out of an eligible (*must have worked in unit for 2yrs*) 17 OB RNs certified (23.5% certified). There were 10 Bartlett OB RNs who sat for exam, 100% passed. Now 14/17 are certified, (82%).

• **Data subsets**: There were 2 nurses that came from other southeast hospitals: Ketchikan General Hospital and Mt. Edgecombe in Sitka, both of these nurses passed the exam as well.

• **Conclusion**: Our educational opportunity resulted in a nearly 50% increase in certified Bartlett OB RNs.
Change Management

• Change Concepts applied:
  – Several nurses interested in obtaining certification but challenged by cost of travel, test, etc. Staff spearheaded research for instructors, costs, arrangements and polled interest. Significant positive response from RNs with interest.

• Challenges / Barriers:
  – Costs
  – Providing added resources to help with study preparations.
  – Bringing the class and test to BRH reduced the greatest barrier.
Activity Summary

• Explored certification exam, review seminar options
• Reached out to KTN, SIT, and other Juneau facilities
• Polled RNs on cost, dates, preferences. Provided information on exam set up and layout
• Decided on education provider and date
• Wrote grant: Crossett Fund
• Requested grant funds from Bartlett Foundation
• Secured funding
• Signed contract with education provider and test proctor
• Held multiple study sessions for BRH nurses to help with test preparation.
Current and Future

• Current
  – We currently have 14 certified RNs (82%)

• Future
  – Build on success:
    • Host Certification class/ testing opportunity in 2021
      – Mandatory EFM training
      – Increased education opportunities to ensure certifications stay current
      – Development of OB Process Improvement Committee sparked from RNC class and exam

• Continue building bridges with others in Southeast maternity care
  – AIM networks
  – Other opportunities for networking, best practice exchange, etc.
Monitoring

• Interventions have been successful
  – We held a class and test, grant funded through Crossett Fund and Bartlett Foundation
  – Success in collaboration with other facilities

• Successful outcomes have been sustained
  – RNC class and exam sparked OB PI Committee which now meets monthly.
  – Increased educational opportunities for all staff, ensuring availability of educational needs to maintain certification.
Thank you Bartlett Foundation!
Bartlett Regional Hospital
Medical Staff Meeting
Tuesday, August 6, 2019 at 6:15 p.m. – BRH Café
MINUTES

MEMBERS PRESENT:
Benjamin, Brian, MD
Blanco, Jessica, DMD
Delsman, Erica, MD
Gartenberg, Joanne, MD
Huang, Eugene, MD
Jones, Lindy, MD
Kilgore, Kimberly, MD
Kirchner, Scott, MD
Luhrs, Kayla, MD
Odell, Michael, MD
Perez, Norvin, MD
Roth, Joseph, MD
Schmidt, Jennifer, MD
Schwarting, Ted, MD
Shanley, Theresa, MD, Past-Chief of Staff
Totten, Jodie, MD
Benjamin, Mimi, MD
Bowman, J. Russel, DO
Dressel, Amy, MD
Gruchacz, Pamela, MD
Jackson, Keegan, MD
Keirstead, Linda, MD
Kim, Daniel, MD
Kirk, J. Kennon, MD
Neyhart, Joy, DO, Vice-Chief of Staff
Olsen, Eric, MD
Raster, John, MD
Saltzman, Michael, MD
Schneider, Don, Jr., MD, Chief of Staff
Scott, Jessica, MD
Sheufelt, Janice, MD
Valentine, Priscilla, MD

MEMBERS ABSENT:
Anderson, Noble, MD, Secretary/Treasurer
Bellowes, Blaise, MD
Buley, Catherine, MD
Bursell, John, MD
Dooley, Laura, MD
Greer, Steven, MD
Harrah, Daniel, MD
Hightower, Charles, MD
Maier, Anya, MD
McPherson, Alan, MD
Miller, David, MD
Mulcahy, Allison, MD
Peimann, Nathan, MD
Skan, Paul, MD
Strickler, Steven, DO
Than, Nandi, MD
Ure, Robert, MD
Wagoner, Neil, MD
Welling, Richard, MD
Banyas, Michael, MD
Brooks, Beatrice, MD
Burns, Ronnie, DO
Cook, Jeannette, MD
Dunn, Taylor, MD
Haddock, Nathaniel, MD
Hernandez, Dorothy, MD
Laktonen, Alberta, MD
Malter, Alex, MD
Miller, Benjamin, DO

MEMBERS EXCUSED:
Brown, Kenneth, MD
Newbury, Nicholas, DO
Moxley, Kelly DPM
Schultz, Charles, DDS

I. CALL TO ORDER: The regular Medical Staff meeting was called to order by Don Schneider, Jr., MD, Chief of Staff at 6:12 p.m.

II. INTRODUCTION OF GUESTS:
1. Scott Kirchner, MD
2. Kayleen Luhrs, MD
III. **APPROVAL OF MINUTES:** The minutes from the July 2, 2019 2019 Medical Staff regular scheduled meeting were unanimously approved as written.

IV. **OLD BUSINESS:**
A. **Administration – Chuck Bill, CEO – Out of the Office**

B. **Chief Operating Officer – William Gardner, COO**
   2. **BRH Master Facility Plan** – The Hospital is working with Jensen, Yorba, and Wall on developing a Master Facility 5-10-year plan. They have met with Senior Leadership and program Directors. Physicians are encouraged to provide input in terms of how they anticipate new service lines, areas of expansion, and/or changes that need to be conducted. There will be a brief presentation of the ‘draft’ plan at the September 2019 Medical Staff meeting.
   3. **Surgical Services Downtime** – There are three construction projects that need to occur in the Surgical Services department that will result in a five (5) day downtime and closure. The goal is to select a month with a three (3) day weekend, that will least impact surgical days. More details will follow that will include a back-up plan. The Surgical Services Committee (SSC) will be kept in the loop.

C. **Chief Nursing Officer – Rose Lawhorne, CNO**
   2. **I-STAT** – The training for the I-STAT machine began at the end of July with the go-live date of August 1, 2019. The need for an internal process for patients who come into the BRH Emergency Department (ED) was identified. A list of tests that can be performed with the I-STAT was stated.
   3. **Ophthalmology** – Dr. Andrew Kopstein will begin providing patient care in the community three days per week (Thursday through Saturday) beginning August 29, 2010. He will see patients at the Bartlett Surgery and Specialty Clinic (BSSC) with surgery being performed the Hospital. Any surgical patient that needs follow-up in his absence will be coordinated with the local optometrists.

D. **Finance – Kevin Benson, CFO**
   2. **FY19 Year-End** – The year end results for FY19 are still being calculated.
   3. **Labor Pool Productivity Study** – Premier will be conducting a labor pool productivity for all positions at the Hospital. This study will provide a benchmark for staffing against the volume of work. This project was identified at the December 2018 Strategic Planning session. The purpose is not to lay off staff but to ensure staffing is adequate and compare how we match other facilities. It was reported that Moss Adams did a similar study a few years ago however, they didn’t meet with staff. This study will be different as Premier will be speaking with various employees. Dr. Theresa Shanley stated that her and other departments are open 24/7
which requires more staffing than most departments since it is the expectation that they participate in the on-call rotation as well as work shifts in the hospital.

E. Behavioral Health – Bradley Grigg, CBHO


2. Rainforest Recovery Center (RRC) Renovation – The Rainforest Recovery Center (RRC) renovation has begun and 1/3 of the building has been removed. The goal is to get a building shell up before the winter begins so construction can be ongoing. The renovation is slated to be completed by June 1, 2020.

3. Emergency Assessments – Beginning August 1, 2019 there is a BRH internal team who will be conducting the emergency services assessment in the BRH ED during the day-shift, with staff from the Juneau Alliance for the Mentally Ill (JAMHI) staff performing them during the evening. The goal is that BRH will conduct assessments 24/7 by October 1, 2019.

4. Crisis Stabilization – The design for the Crisis Stabilization center has been submitted by four (4) architectural designers. The selection will occur approximately the middle of this month. Once selected, sometime mid-September, the Bartlett Outpatient Psychiatric Services (BOPS) program will relocate to the Juneau Medical Center (JMC) building and the BOPS demolition will begin.

5. Sleep Off Center – The Sleep Off Center that was recently located at RRC has been moved to St. Vincent DePaul, located in the valley. Services are available during the night shift and is now managed by Capital City Fire and Rescue (CCFR). The EMT’s that worked with this program while at RRC have transferred to the City and Borough of Juneau (CBJ) and participate in the program under their management. The challenge has been that it is a 24-hour observation that is being run as a 12-hour program.

F. Other Senior Leadership Board Reports


G. Hospitalist – Mimi Benjamin, MD

1. Detox Program – The Hospitalist, Behavioral Health, and the Emergency Department providers continue to work on the detox program.

H. Other

1. Non-SEARHC Beneficiaries – Dr. John Raster gave a brief description of his years of providing medical care in Alaska. Then reported that over the past year, he has heard/seen advertising from SEARHC stating that they are now providing comprehensive care for non-native beneficiaries. Since this advertisement has begun, he has had an increase in volume of calls and requests to see complicated patients in the BRH Emergency Department. Majority of the patients have received care from other SEARHC/Alaska Native Medical Center (ANMC) providers outside Juneau and have now returned home. Since they are not an established in Juneau
or a SEARHC patient, it is not clear as to who should provide follow-up care. Dr. Raster expressed is concern to both Dr. Cate Buley and Dr. Janice Sheufelt who wrote a letter to their new CEO, which halted the advertisement for a period of time. Dr. Raster asked the Medical Staff and Hospital Administration what are their plans to respond to the way SEARHC is advertising and their current patient care structure. Dr. Lindy Jones reported that he has spoken about this issue to both Chuck Bill and Lance Stevens, BRH Board President.

Dr. Keegan Jackson responded stating that she appreciates the concerned. Currently the Ethel Lund Medical Center – SEARHC is only seeing native beneficiaries and their family. They have not received any direction pertaining to them providing care for non-beneficiarily providers, like they are in Sitka.

She stated that SEARHC does not have providers for all specialties that are provided in Juneau by other clinics. When patients receive treatment out of town, it is difficult when there have issues and need to be seen in the BRH ED. After some discussion it was noted that this issue cannot be resolved at this meeting and will continue to be monitored with BRH Senior Leadership and Board members.

It was reported that Lisa Murkowski will be on BRH campus on Tuesday, August 20, 2019 to discuss the rising cost of healthcare.

V. NEW BUSINESS:

A. Committee Reports:

1. Critical Care Committee – Minutes in packet.
2. Medical Staff Quality Improvement Committee – Revised the Conflict of Interest policy. The BRH Hospitalist are the first group of physicians to receive their physician report cards, which is mandated by the Joint Commission. The data has been difficult to extract from Meditech. Information currently being pulled for reporting purposes are readmission, disruptive physician reports, and other information that have useful data and meaning.
3. Surgical Services Committee – Met today. Still discussing infection rates in the Surgical Services operating rooms. Discussed downtime for construction repairs that will correlate with a 3-day weekend. OB surgeries will be available during the downtime with more details to follow. Staffing is still an issue due to the burden of being on-call. Block time is still a topic of discussion.
4. Pharmacy & Therapeutics Committee – No meeting.
5. Infection Control Committee – Met today.
6. HIM/UR Committee – No report.
7. Credentials Committee – Summary in packet. Dr. Roth reported that the Committee is proactively gathering information pertaining to policy and procedures, as well as credentialing criteria, for robotic surgery. He has been told that the University of Washington has halted their robotic surgery
program and are retraining surgeons to perform non-robotic surgery. He will call to confirm and obtain additional information.

8. **OB/Neonatal Committee** – No report.

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

10. **Medicine/Pediatric Committee** - Met and did chart review.

11. **Trauma Committee** – Next meeting will be held next week. The Committee is requesting to break away from being a sub-committee of the Emergency Care Committee (ECC). Dr. Lindy Jones requested to meet as a group and discuss the pros and cons of the Committee being independent as there could be ramifications to the Hospital’s Trauma Level 4 designation. There needs to be a plan that is developed collaborate with the Emergency Care Committee (ECC) and the Trauma Committee.

12. **Emergency Care Committee** – Met today. The policy for obstetric patients, who are over 24-weeks’ gestation, was reviewed. The Medical Staff was reminded that these patients need to go to the BRH OB Department first so they can be evaluated and their physician can be contacted if necessary.

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

14. **Behavioral Health Quality Committee** – No report.

15. **IT Steering Committee** – This is a Hospital committee and not a Medical Staff driven committee. This could be an issue as it was noted that the Medical Staff did not have any input pertaining to the upcoming Meditech upgrade that will be occurring.

16. **Meditech Clinical Software Committee** – Next meeting is Friday, August 9, 2019. As discussed earlier, the Hospital’s Meditech system will be updated to the new version called “Enhance” in March 2020. A group of the BRH IT/Informaticist Team will be going to Boston later this month for training as the test version will be released in November 2019. Four-(4) hour trainings will be scheduled prior to going Live. In addition, the Dragon Nuance system will also be upgraded on October 1, 2019. There will be one (1) hour group training on August 29-30, 2019. The Medical Staff was reminded that this Committee is driven by the Hospital and was reviewed at today’s Medical Staff Executive Committee (MSEC). After some discussion, Dr. Joseph Roth made a MOTION that an official Physician EHR Advisory Committee be created. Dr. Michael Saltzman seconded. MOTION unanimously approved. This will be created as a BRH Medical Staff Rules/Reg change and be brought to the September Medical Staff meeting for review and vote.

17. **Physician Recruitment Committee** – Next meeting is Friday, August 9, 2019.

**B Peer Review Correspondence**

1. **Memo Dated July 12, 2019 to Medical Staff/Quality Director** – Reviewed.

2. **Defining Peer Review** – Reviewed.

3. **Medical Staff Quality Improvement Committee Peer Review Policy** – Reviewed.
C. **Trauma Program Medical Staff Resolution** - The BRH Medical Staff resolution was reviewed and approved. This is needed for recertification of the Trauma Registry.

D. **Meditech Minute – Joyce Chambers, RN**
   1. **Downtime** – The next Meditech down time will be on August 15, 2019 beginning at 0100. This downtime is anticipated to last approximately 4 hours.

E. **Clinical Documentation Information (CDI) – Amy Deer, RN**
   1. **Documentation Minute** – Reviewed.
   2. **Physician Recognition** – Dr. Matt Taintor is the recipient of this month’s award and recognition for documentation.
   3. **Pathologic vs. Traumatic Fractures** – The diagnostic criteria per 2019 CDI pocket guide, mutual exclusive codes, and coder input was discussed.

D. **Tumor Board Meeting, Thursday, August 8, 2019 – FYI.**

E. **Other – None.**

VI. **BOARD OF DIRECTORS REPORT:**


   July 23, 2019 - Not available.

   1. **CEO Evaluation** – Chuck Bill’s evaluation was reviewed and was offered a one-year contract.
   2. **Strategic Discussion** - Strategic discussion/goals will occur once the Governor has finalized the Sate budget. There is an anticipated 1.7% decrease in the Rural Demonstration Funds and a 5% decrease for non-behavioral inpatient reimbursement.
   3. **Robotics** - No further feedback or discussion pertaining to robotics.

VII. **NEXT MEETING:** The next Medical Staff meeting will be on **September 3, 2019** at 6:15 p.m.

VIII. **ADJOURNMENT:** There being no further business, the Medical Staff meeting was adjourned at 7:16 p.m.

**CME** – The CME presentation this evening was presented by **Joshua Nickerson, MD, – Oregon Health Sciences University Hospital - Radiology** on “Imaging of Intracranial Infection”.

\[signature\]

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

36/65
## Mortality Matrix

### August 2019

<table>
<thead>
<tr>
<th>Mortality Matrix</th>
<th>Baseline</th>
<th>BRH 12-Month Rolling</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>
<tr>
<td><strong>Mortality by Condition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMI 30-Day Mortality</td>
<td>CY 2018: (0/6)=0%</td>
<td>0% (0/8)</td>
<td>Achievement 14.93%</td>
<td>Benchmark 12.67%</td>
<td></td>
</tr>
<tr>
<td>COPD 30-Day Mortality</td>
<td>CY 2018: (0/35)=0%</td>
<td>2.07% (1/37)</td>
<td>Achievement 7.67%</td>
<td>Benchmark 6.13%</td>
<td></td>
</tr>
<tr>
<td>HF 30-Day Mortality</td>
<td>CY 2018: (6/66)=9.09%</td>
<td>5.77% (3/52)</td>
<td>Achievement 13.96%</td>
<td>Benchmark 12.03%</td>
<td></td>
</tr>
<tr>
<td>Pneumonia 30-Day Mortality</td>
<td>CY 2018: (2/80)=2.5%</td>
<td>2.08% (1/48)</td>
<td>Achievement 11.77%</td>
<td>Benchmark 9.05%</td>
<td></td>
</tr>
<tr>
<td>Sepsis Mortality (in-hospital)</td>
<td>CY 2018: (0/49)=0%</td>
<td>1.43% (1/70)</td>
<td>Average 11.56%</td>
<td>HIIN Goal 9%</td>
<td>PI Team</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.
X. MEDICAL STAFF COMMITTEES

U. Physician EHR Advisory Committee

1. The responsibilities of the Physician EHR Advisory Committee shall be to:
   a. Solicit feedback from peers regarding changes, or additions, to existing provider workflows and/or documentation templates.
   
   b. Make recommendations concerning existing, or new, provider workflows, updates to documentation templates, and inclusion or exclusion of optional EHR functionality.
   
   c. Champion provider changes among peers.

   d. Coordinate with informatics team for troubleshooting of problematic EHR workflows or design.

   e. Usually meet ten (10) times per year.
Ordinance 2018-11(AT)
Manager’s Report

This ordinance will appropriate an additional $2,200,000 to Bartlett Regional Hospital for FY19 operations. BRH experienced increased patient activity that required both the additional staff and supplies necessary to take care of these patients. This appropriation is being funded from FY19 Hospital revenues in excess of the budget of $1,700,000 and Hospital Fund’s fund balance of $500,000.

The Bartlett Finance Committee was informed of the year-end operating expense authorization shortfall, and the need to obtain Assembly budget authorization, at their September 30, 2019 meeting.

The Manager recommends this ordinance be introduced and set for public hearing at the next regular Assembly meeting.
An Ordinance Appropriating to the Manager the Sum of $2,200,000, as Partial Funding for Bartlett Regional Hospital's Fiscal Year 2019 Operating Budget; Funding Provided by Hospital Revenues, and Hospital Fund's Fund Balance.

BE IT ENACTED BY THE ASSEMBLY OF THE CITY AND BOROUGH OF JUNEAU, ALASKA:

Section 1. Classification. This ordinance is a noncode ordinance.

Section 2. Appropriation. There is appropriated to the Manager the sum of $2,200,000 for Bartlett Regional Hospital's fiscal year 2019 operating budget.

Section 3. Source of Funds

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Amount</th>
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<tr>
<td>Bartlett Regional Hospital FY19 Revenues</td>
<td>$1,700,000</td>
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<tr>
<td>Bartlett Regional Hospital Fund's Fund Balance</td>
<td>$500,000</td>
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Section 4. Effective Date. This ordinance shall become effective upon adoption.

Adopted this day of , 2019.

Beth A. Weldon, Mayor

Attest:

Elizabeth J. McEwen, Municipal Clerk
ORDINANCE OF THE CITY AND BOROUGH OF JUNEAU, ALASKA

Serial No. 2018-11(AR)

An Ordinance Appropriating to the Manager the Sum of $2,176,791, to Fund Bartlett Regional Hospital's Fiscal Year 2019 Public Employee Retirement System Contribution; Funding Provided by the Alaska Department of Administration.

BE IT ENACTED BY THE ASSEMBLY OF THE CITY AND BOROUGH OF JUNEAU, ALASKA:

Section 1. Classification. This ordinance is a noncode ordinance.

Section 2. Appropriation. There is appropriated to the Manager the sum of $2,176,791 to fund Bartlett Regional Hospital's fiscal year 2019 Public Employee Retirement System contribution.

Section 3. Source of Funds

Alaska Department of Administration $ 2,176,791

Section 4. Effective Date. This ordinance shall become effective upon adoption.

Adopted this__ day of ________, 2019.

Beth A. Weldon, Mayor

Attest:

Elizabeth J. McEwen, Municipal Clerk
Ordinance 2018-11(AR)
Manager’s Report

This ordinance would appropriate $2,176,791, which is the State’s FY19 5.58% on-behalf PERS benefit rate paid for Bartlett Regional Hospital. Funding is provided by the Alaska Department of Administration, which was authorized by passage of House Bill 286 (HB286) during the 2018 legislative session.

This is a housekeeping ordinance to properly account for this on-behalf payment and has no impact on BRH’s finances.

The Manager recommends this ordinance be introduced and set for public hearing at the next regular Assembly meeting.
RESOLUTION OF BARTLETT REGIONAL HOSPITAL

Resolution No.

A Resolution Urging the Alaska Legislature and Governor to Restore Funding for the State Operating Budget to Help Ensure Long Term Fiscal and Economic Stability for the Citizens of the State of Alaska.

WHEREAS, the Legislature went through a rigorous process and passed a state operating budget for FY20 with substantial reductions that will impact state services; and

WHEREAS, the Governor’s vetoes of the Legislature’s budget will have significant adverse impacts to local residents, municipalities, Alaska businesses, and the local and statewide economy; and

WHEREAS, those additional reductions will require Bartlett Regional Hospital to abruptly adjust their budget to support core services like Emergency Room, Labor and Delivery, Surgery; and

WHEREAS, specific direct impacts to Bartlett Regional Hospital are in excess of $1.5 million; and

WHEREAS, there is another $50 million in direct funding eliminated from Medicaid that is unallocated; and

WHEREAS, negative impacts to the economy directly reduce existing revenue sources to Bartlett Regional Hospital; and

WHEREAS, Juneau could lose hundreds of public and private sector jobs and residents because the Governor’s budget vetoes prioritize significantly increased individual dividends over basic state services such as education, social services, and health care; and

WHEREAS, the continued fiscal reality requires the Legislature to demonstrate strong leadership and bold action to pass a budget that creates a vibrant and thriving future for all Alaskans.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF BARTLETT REGIONAL HOSPITAL:

Section 1. The Board of Directors of Bartlett Regional Hospital calls upon the Alaska State Legislature to take affirmative and immediate action to provide funding for state services and to provide for a sustainable and predictable balanced state budget for the
foreseeable future and the Board further calls upon the Governor to partner with the Legislature and support its budget initiatives.

**Section 2.** The Board of Directors of Bartlett Regional Hospital requests a budget that does not shift the funding burden for core services such as education, social services and healthcare, from the State to local municipalities.

**Section 3.** The Board of Directors of Bartlett Regional Hospital requests that if significant reductions are deemed necessary, then a transition plan be presented for consideration and that any transition plan show a proposed implementation over several years to minimize the shock to the economy and the citizens of Alaska.

**Section 4.** The Board of Directors of Bartlett Regional Hospital urges that the Alaska State Legislature engage in meaningful, discussion of all fiscal options (including broad based state taxes and substantial use of permanent fund earnings as originally intended by the voters in 1976) with the goal of providing a strong future to Alaska citizens and to take an assertive role to implement its duty of appropriation.

**Section 6. Effective Date.** This resolution shall be effective immediately after its adoption.

Adopted this 30th day of September, 2019

____________________________________
Lance Stevens, Board President
Bartlett Regional Hospital

Attest:

____________________________________
Anita Moffitt, Executive Assistant
September 19, 2019
Management Report
From CLO

Topics*

- General contract review and edits and meetings with vendors
- 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
- HIPAA and medical records policies and procedures review

*Full project report available at month’s end to Board members upon request.
The HR Director participated in the State of Alaska Retire Health Plan Advisory Board meeting on August 22, 2019. The HR Director was appointed to the RHPAB by the governor as the municipal HR representative.

The HR Director participated in the quarterly Statewide Area Health Education Center (AHEC) Steering Committee meeting on August 28, 2019 in an effort to work with the University of Alaska to further develop the healthcare workforce within Alaska. The HR Director is currently serving as the Chair of this statewide committee.

Human Resources participated in the UAS Campus Kickoff on August 30, 2019. BRH hosted a table at the Kickoff to introduce UAS students to BRH and highlight vacant positions at BRH to which UAS students may want to apply.

BRH has teamed up with the JDHS Health Sciences class once again and we are expecting twelve high school students to job shadow in different departments on Tuesdays and Wednesdays starting in late September. This program is another manner in which the hospital connects with the community that assists the high school students in finding a direction for their career and can potentially lead to future employees at the hospital.

The Employee Engagement Committee has started a campaign to encourage employee carpooling and other modes of transportation to work so that we have less need for parking during the construction on campus. So far, employee participation in this program has been high.

Human Resources plans on participating in the Tlingit and Haida Job and Resource Fair on October 17, 2019.
September 2019 Nursing Report  
Rose Lawhorne, CNO

**Nursing**

- Sepsis prevention—September is Sepsis Awareness Month. Nursing, quality, and ancillary teams have been involved in sepsis awareness activities and prevention/care efforts.
  - Code Sepsis—beginning on September 30th, Code Sepsis will be called when patients meet specific clinical indicators that point to severe sepsis. Designated nurses, respiratory therapy, and pharmacy will respond, with lab contacted as needed. A Code Sepsis checklist has been developed to track critical time elements that must be met.
  - Sepsis education
    - Nursing staff—Jennifer Twito, RN, and Meghan Dihle, RN, developed in-person and online training for staff. Offers a sepsis overview and information on the Code Sepsis response and documentation elements.
    - Public—Kim McDowell provided public education on the radio. Pamphlets will be available in hospital waiting areas. Two hospital display boards offer sepsis awareness information.
  - Compliance—rates greater than 52% have been shown to reduce mortality from severe sepsis. BRH is at 54%, very close to our initial goal of 55%. Facilities who have implemented Code Sepsis have experienced improvement in compliance rates.
- Mock code on September 30th will provide hands on training for management of emergent situations in the operating room. The scenario will review who is called, how roles are assigned, running the code in an active surgical setting, and review of crash carts.
- Strategic planning—nursing leaders met with Jenson/Yorba/Wall representatives to participate in the facility-wide planning process. Excellent discussions occurred, with long and short-term needs identified as we prepare for the future of health care.
- Tonia Montez, Lead Supervisor, and the Nursing Policy and Procedure (P&P) Committee have undertaken the substantial job of streamlining nursing P&Ps. Unnecessary or outdated policies are being archived, and guidelines for development of policies are being established.
- Rapid Response Team (RRT) coordinators are rolling out family-activated RRTs. Family education plans are being developed and information will be displayed in patient rooms.
- Philips monitor upgrade projected to go live end of October/beginning of November.

**Emergency Department**

- Sepsis screening has been expanded to include all patients. Using Systemic Inflammatory Response Syndrome (SIRS) criteria, patients showing signs of sepsis are rapidly identified and treatment is initiated.
• I-STAT—point of care tests are continuing to improve patient care. Follow up validation proved that results are reliable. On the iStat unit, tests are resulted within two to ten minutes and provide a better framework for decision making.

**Medical Surgical Unit**

• Bedside reporting began September 16th. This process is going well and facilitates communication between care providers, patients and family members/friends. Plans for care and treatment goals are reviewed and concerns can be addressed immediately.
• With assistance from Scott Chille, IT Director, and Anita Moffitt, Executive Assistant, the pager communication system between the unit clerk and nursing staff is being upgraded. ITouches will use Wi-Fi to send messages from the unit clerk to nurses and aids.

**Surgical Services**

• Gearing up for our first cataract surgeries on September 20th. Fourteen are scheduled for the first day! All hands will be on deck and available to process patients safely and efficiently.
• Surgical Services Leadership Team:
  o Both Clinical Managers are onboarded and doing well: Sarah Bates in Same Day Surgery (SDS), and Chris Daly in Operating Room (OR).
  o In weekly meetings, the Surgical Services Leadership Team identify short- and long-term goals and focus on building a more collaborative department that will lead to improved quality of care for surgical patients.
• Bobbi Jurrens, OR Educator, is busy!!
  o Continuing to coordinate training for three new OR nurses and one new surgical tech.
  o Onboarding two SDS RNs
  o Coordinated an amazing educational day for staff on September 11th:
    ▪ Security Officer Mike Lopez provided a “Hot Topic Poster Session”. Teams practiced putting out mock fires, discussed duress alarms and staff safety, and held a question and answer session.
    ▪ Sarah Parker, house supervisor, assisted in a post-Code Blue debriefing.
    ▪ Jen Twito, ED RN and nurse educator, provided information regarding differences between the Rapid Response Team and Code Blue.
    ▪ Chris Daly, OR Clinical Manager, held an in-service regarding the importance of emotional intelligence and communication in a professional setting. The information was well received and helped generate positive discussion.
    ▪ This day of shared education between staff in multiple areas within surgical services contributed to our goal of building a more cohesive unit.
  o Developing competencies
    ▪ SDS—Skin and Nasal Antiseptic
    ▪ Central Sterile Reprocessing (CSR)—working with the Lead CSR Tech to identify a formal, evidence-based training program that meets high standards of care and adequately prepares techs for this crucial role.
Training SDS RNs in ultrasound-guided IV skills. The IV insertion motto: First time, every time!

- Autumn Muse, RN, from the Quality Department, will follow a patient from preoperative stage through discharge and will provide feedback to help us improve processes.
- One of our graduates from the Project Search Program has returned to Bartlett as an environmental services technician in SDS, working four hours per day for the past several months. He is hard-working, focused, efficient, and has a positive attitude. He is a joy to have.

**Obstetrics**

- March of Dimes—fifteen nurses from Bartlett were nominated in multiple categories for March of Dimes Nurse of the Year Awards. Congratulations to the nominees!
- OB nurses have been trained this month in skills to assist in the operating room. The education prepares OB nurses to help manage emergent situations if a stat c-section is needed but the on-call OR crew has not yet arrived. Skills included in the training:
  - Location and contents of emergency c-section kit
  - Additional supply cart and instruments potentially needed during a c-section
  - Safety practices in the OR setting (electrical safety, roles, etc.)
  - Sterile technique, “scrubbing in” for procedures in the OR
- Lauren Beason, OB Director, is continuing to work with the Alaska Perinatal Quality Collaborative and the Alliance on Innovation for Maternal Health (AIM) Program to address maternal hypertension (HTN) and postpartum (PP) hemorrhage. These topics align with the Joint Commission priorities for obstetrical departments.
  - Long term goals of the collaborative are to eliminate preventable maternal and neonatal morbidity and mortality in Alaska.
  - The goals for the maternal HTN and PP hemorrhage effort are to guide nurses in early identification and intervention, and appropriate documentation.
  - Lauren is developing evidence-based screening assessments to help nurses consistently identify mothers at risk for PP hemorrhage and HTN. Training will be provided to nurses in OB and ED, both areas in which these patients present.

**Critical Care**

- We are on target for having eICU physicians enter orders and progress notes directly into Meditech starting 10/1/19. We are also in the early stages of training eICU nurses to chart in Meditech. This will expedite orders, improve communication, and increase efficiency in delivering care.
- Training has begun for new ICU Medical IV pumps, which will be going live mid-October.
- We have new order sets for post-code therapeutic hypothermia, as well as rewarming with our Zoll Thermogard temperature management unit. Megan Orsi, RN, spent over a year working on this project, and we are excited to have these order sets completed and available for use.
Diagnostic Imaging (Israel Ginn Director)

VEEG is now up and running and we have had patients go through the system. The notification below was released to providers and their office earlier this month:

We are pleased to announce that EEG services have been restored in Diagnostic imaging. We will be going live Monday 9-9-19. To start out, We will be offering EEGs Mondays through Thursdays between 0700-1700 Hrs
We have contracted with Virginia Mason to read and interpret our EEGs
Currently anyone 14yrs in age or above may be scheduled for an EEG. (907-796-8802 to schedule) (907-796-8467 fax order)
Soon, we will have a Pediatric Neurologist licensed as well and can open up the services to include those under age 14. (announcement to follow)
As with all new processes, I’m sure there will be room for fine tuning and we will address those opportunities as the need arises.
Thank you for your patience as we worked through this process.

Facilities (Marc Walker Director) (Kelvin Schubert Maintenance Manager)

Emergency Management; (Mike Lopez Chief Security Officer)
Upcoming Flu Point of Distribution (POD) exercise.
National Preparedness month. Prepared display and information table for staff, patients and visitors on “Preparedness for You, your Family and your Home”.

Chemo Pharmacy Buildout project and Rainforest Recovery Center projects meet weekly for review and updates. Both projects are going well and on schedule.
Working to facilitate the off campus employee parking at Juneau Bone & Joint, as well as at the Juneau Birthing Center.
Providing for No Parking signage in front of the trash compactor and along the rock wall in the back of the hospital.
Winter sidewalk salt order has been received.
Trying to replace a full time Maintenance Mechanic after a full time employee went to casual.
Finishing the remodeled of the Juneau Medical Center Suite A, Bartlett Outpatient Psychotherapy Services.
Annual Fire Extinguisher inspections in progress.
Installed the Cleaver Brooks Hawk 6000 combustion control system on both of our steam boilers.
Chief Operating Officer, Billy Gardner
Board Report
Monday, September 30, 2019

Performed annual pressure vestal internals of our steam boilers and passed inspection by Hartford Boiler.
Annual inspection of our fire alarm system at the hospital, RRC, Admin and Medical Arts buildings.
Parking lot paint striping will be completed by the contractor soon.

Two proposals have been received for the Road Project (Hospital Drive replacement) and we are working with the City to score the proposals.

Rehabilitation services (Rusty Reed Director)

- Currently 1 FTE down but a therapist has been hired and will start orientation on the 23rd.
- Evaluating and assessing department efficiency and productivity and developing an action plan.
- We are opening up Saturdays and extending 3 days a week to address our Pediatric wait list while meeting our current needs.
- We are opening up Saturdays for wound care to meet our needs and to prevent the buildup of a wait list.

Cardiac Rehab (Robert Follett Director)

- Working with Health Information Management to track and ultimately increase referrals for eligible patients.
- Enhancing family Activated RRT, pilot in process on CCU.

Pharmacy (Ursula Iha Director)

Three pharmacy technicians recently became nationally certified by the Pharmacy Technician Certification Board. They are Krischelle Batac, Carlo Riparp, and Ashley Bolyard. Two technicians completed chemotherapy compounding certification by the National Pharmacy Technician Association.
Pharmacy charges are now generated upon documentation of administration, rather than when they are dispensed, for inpatient nursing units and Infusion.
New infusion pumps are scheduled to be implemented in mid-October. Pharmacists are collaborating with nurses to build software guardrails that improve patient safety by preventing double tap errors and decimal point errors.
The pharmacists at night continue to be highly utilized and well received. In addition to normal pharmacy duties, they have been assisting the ED in all codes, traumas, and when requested to help.
- 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. **DR. SONKISS IS ON 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.
  o Dr. Helen Short (Locum) has extended her assignment through October 2019 while we continue to recruit for full time MHU coverage and call.
  o Dr. Jaime Stevens (Locum) Board Certified Child & Adolescent Psychiatrist has agreed to a 6-month assignment at BOPS. She began work on September 16. She will be providing outpatient services and consultation to our PMHNP staff on complex child cases.

- Psychiatry Recruitment Update:
  
  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 August 2019, with an average length of stay 23 days.

- Mental Health Unit:
  
  o Daily Average of 9.2 patients per day in August 2019, with an average length of stay 6 days.
- **Bartlett Outpatient Psychiatric Services:**
  
  o We continue to evidence a significant increase in the number of patients and visits at BOPS. As of August 31, 2019 BOPS has nearly 300 unique active patients engaged in outpatient services.
  
  o **Petersburg Update:** Services have begun for the community of Petersburg. While we have been serving 4 Petersburg patients in August via telemedicine, our first week physically in Petersburg is the week of September 23. Dr. Sonkiss will be providing initial Psych Evaluations and ongoing med mgmt. appointments to twenty (20) patients while on site. Tina Pleasants will be our provider who visits Petersburg in October. It is anticipated that this project will bring in approx. 75 new patients to BOPS.

- **Grants Update:**

  o **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 FY20 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 27 children under “Crisis Stabilization” Status in the Safe Room and ED Psychiatric Room combined.

  o **Other Crisis Grant Opportunities:**

    - **CAPITAL FUNDING UPDATES:**
      
      - Alaska MH Trust awarded $200,000 FY20 capital funding. We anticipate applying again for FY21 funding.
      
      - Premera verbally committed $1,000,000 FY20 capital funding while attending the MH Trust Planning Meeting where we were awarded the $200,000. We anticipate a funding notification at any time.
      
      - Rasmuson Foundation: Letter of Inquiry has been submitted, and we have been assigned Todd Shenk as our Rasmuson Grant Officer. Our initial request is for a Tier II $800,000 capital grant.
      
      - Murdoch Foundation: Letter of Inquiry has been submitted. We have been advised that we qualify for their Tier II grant which awarded between $100,000-$600,000 per capital project. We are awaiting next steps from Murdoch.
      
      - Ford Foundation: Initial Inquiry has been submitted with Foundation for capital funding.
- **FY20 BH Operating Grants Update:**

  - We have receipted FY20 Q1 payments 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)
    - **Rainforest Residential (3.5) Services:** Notification of Award for FY20 received for $404,000 ($93,000 less than FY19)
    - **Rainforest Detox (3.7) Services:** Notification of Award for FY20 received for $101,000 (New grant)

- **Crisis Stabilization Design Update:**
  - Northwind Architects (NWA) has been awarded the design & project management award for the Crisis Stabilization Project.
  - Initial meeting with BRH, NWA, and CBJ was on Friday, September 20.
  - October 2-3: Meetings with NWA, CBJ Architects, and BRH key Staff in preparation for design options being submitted to BRH for review.

- **Petersburg Medical Center Outpatient Psychiatry Update:**
  - Services began July 30, 2019.
  - Ongoing 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.
  - First week physically in Petersburg is the week of September 23. Dr. Sonkiss will be providing initial Psych Evaluations and ongoing med mgmt. appointments to twenty (20) patients while on site. Tina Pleasants will be our provider who visits Petersburg in October. It is anticipated that this project will bring in approx. 75 new patients to BOPS.
  - We have hired Kira Phillips, LPC (from South Dakota) who will be our 4th therapist in BOPS. She will be the Petersburg Therapist while also serving Juneau based patients. Start date on or around October 8.
CFO Finance Operations Report – Kevin Benson

- Completed Labor Productivity Benchmark project. Currently evaluating the report.
- Completed preparation for Fiscal Year 2019 audit. Field work is scheduled for the week of September 23rd.
- Currently preparing materials and information to complete the Medicare Cost Report.
- Regrouped the Swing Bed committee to review the action plan for implementation. There is still a great deal of uncertainty related to this service but we will begin by applying to CMS for Swing Bed certification.
- Attended a CMS sponsored webinar to review a proposed change in reimbursement that would eliminate the case-mix adjustment in determining reimbursement for Rural Demonstration Project hospitals. The audience were CEOs and CFOs from Rural Demonstration Project hospitals and Representatives from the American Hospital Association. Participants were uniformly opposed to this proposed change as it would reduce reimbursement to most facility and would fail to reimburse hospital’s “reasonable costs”. Weeks following this webinar, hospitals were notified that this proposed change was dropped by CMS.
- Successfully recruited a candidate for the open Financial Specialist position. The candidate will begin September 23rd at which time the Finance Department will be fully staffed.

HIM – Rachael Stark

- Access E-forms solution went live on 08/05/2019. We are still working through a few items.
- RRC and BOPS boxes are now in the HIM Cage in the Administration Building and out of AAA Storage.
- We are hoping to have our new employee start on 09/23/2019. We have extended an offer to one of the Project SEARCH workers from last year to become casual for our department and work 16 hours a week.

PFS – Tami Lawson-Churchill

- **NDC Medicaid Audit**: The state’s audit request for corrections due to incorrect NDC reporting was finalized and resent to Medicaid for reprocessing. The $250K request for repayment will not be a concern since these corrections were made and resubmitted timely.
- **Medicaid A/R**: PFS was able to clean up just over $5Million dollars from Medicaid A/R in August. The bulk of this was related to AR of 180+days. PFS is continuing to work with MCD/Conduent to get old claims processed and paid.
- **SOA ORR Audit**: Working on the annual DSH audit for SOA ORR due by October 1st 2019
- **Cataract Surgery Cases**: PFS has been working with Physician Services to finalize the process for the new Cataract surgeries that will be taking place the week of 9/16

PAS – Angelita Rivera

- PAS in process of onboarding a new PAS Rep and filling an evening shift opening.
- Still working on ACCESS Passport electronic signatures, trying to get ED patients on board. The process is having issues regarding the devices (iPads).

IS – Scott Chille

- Projects:
  - Network CORE replacement mid-October - Power issues with generator testing have delayed the install of this equipment. Once a solution is found, this project will resume.
  - Hardware Infrastructure refresh (VxBlock) - Hardware is being built at the factory with an expected delivery of late October / early November.
  - MEDITECH Expanse – software installation and new server provisioning begins Sept 15th for push into TEST environment November 5th – Build begins. Go-Live March 12, 2020 (new date 2 weeks)
early). Project Charter is being reviewed and signed by SLT. Communication Plan is being developed and will be shared at the next Medical Staff Meeting.

- MEDITECH migration to new VxBlock environment – Starting late November – early December (major downtime to complete this transition)
- PACS upgrade and migration to VxBlock – Staring November (4-months)

- **Department Updates**
  - We hired a System Administrator to take some of the workload off of Max. Kevin Bredahl will be joining our department in mid-October.
  - We are currently interviewing for a PACS Administrator to replace the position that was vacated December 2018.

- **Information Security**
  - Phishing Test results and Awareness Training stats (see graphics)
  - We have had an increase in people reporting the Phishing Tests which is shown in the green bars (see graphic) 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 that we are rewarding with prize drawings, and the feedback from staff is very favorable.
This month has been busy as you can see from my updates and our SLT reports.

In addition to getting a bit of additional clarity on federal and state budget impacts, which worked out well for us, we have made considerable progress on both the Satellite pharmacy and RRC projects. Additionally, we have relocated BOPS to the Juneau Medical Building in preparation for the Crisis Intervention Project!!

Board members Marshal Kendziorek and Kenny Solomon-Gross and I attended the Governance Institute Leadership Conference in Colorado Springs and brought back some interesting tools in the areas of physician quality, board self-assessment, investment strategy, and alignment of board, management, employed physicians and private physicians.

Finally, I am in Girdwood this week chairing the annual meeting and passing the baton of chairperson to the next worthy candidate.
Conferences & Webinars

The Governance Institute hosts events that offer current information, interactive sessions, expert speakers, and the opportunity to meet others with a similar commitment to improving governance and achieving optimal board performance.

Conference Videos  Past Event Materials  Webinars  Education Agenda

October 2019 Leadership Conference
REGISTER
October 27-29, 2019
Grand Hyatt Washington
Washington, D.C.
View more information →

January 2020 Leadership Conference
REGISTER
January 19–22, 2020
The Ritz-Carlton, Naples
Naples, Florida
View more information →

February 2020 Leadership Conference
REGISTER
February 9–12, 2020
Eau Palm Beach Resort & Spa
Manalapan, Florida
View more information →

April 2020 Leadership Conference
REGISTER
April 26–29, 2020
Fairmont Scottsdale Princess
Scottsdale, Arizona
View more information →

September 2020 Leadership Conference
Check back for more information coming soon

2021 Events →
October 2019  

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

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<td>7:00am Finance Committee Meeting (PUBLIC MEETING)</td>
<td>12:00pm Planning Committee Meeting (PUBLIC MEETING)</td>
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<td>5:30pm Board of Directors (PUBLIC MEETING)</td>
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Committee Meeting Checkoff:
- Board of Directors – 4th Tuesday every month
- Finance – 2nd Wednesday every month
- Board Quality - 2nd Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)
- Physician Recruitment – As needed
- Joint Planning – As needed
- Governance – As needed
- Board Compliance – 2nd Tuesday every 3 months (Mar, Jun, Sept, Dec)
- Executive – As Needed
- Planning – As needed

***Board members will be touring the Critical Care Unit from 5:00 – 5:30pm on October 22nd unless canceled due to member or department unavailability.***