Until further notice, before each regularly scheduled board of directors meeting, board members will be touring individual departments between 5:00-5:30pm. December’s Department – Lab

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. November 26, 2019 Board of Directors Minutes (Pg. 3)
   B. October 2019 Financials (Pg. 7)

VI. FINANCIAL AUDIT PRESENTATION – Sarah Griffith, CPS 5:55
   (Audit report available for viewing in December 11, 2019 Finance Packet)

VII. BOARD EDUCATION 6:10
    Improvements in Lab Efficiency – John Fortin and Thomas Davis (Pg.11)

VIII. MEDICAL STAFF REPORT 6:25
    A. November 5, 2019 Medical Staff Minutes (Pg.32)
    B. Chief of Staff Report (Pg.36)

IX. OLD BUSINESS 6:30
    A. Campus Plan update
    B. Crisis Intervention update

X. COMMITTEE REPORTS 6:35
   A. December 11, 2019 Draft Finance Committee Minutes (Pg.37)
   B. December 17, 2019 Joint Conference
   C. December 18, 2019 Board Compliance

XI. MANAGEMENT REPORTS 6:40
    A. CLO Management report (Pg.39)
    B. HR Management report (Pg.40)
    C. CNO Management report (Pg.41)
    D. COO Management report (Pg.44)
E. CBHO Management report
   ➢ RRC Observation Report
F. CFO Management report
G. CEO report

XII. CEO REPORT / STRATEGIC DISCUSSION 6:50

XIII. PRESIDENT REPORT 7:00

XIV. BOARD NOMINATIONS AND ELECTION OF OFFICERS (Action Items) 7:05

XV. EXECUTIVE SESSION 7:15
   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

   o 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.)

XVI. BOARD CALENDAR 7:25

XVII. BOARD COMMENTS AND QUESTIONS 7:30

XVIII. ADJOURNMENT 7:35
CALL TO ORDER – The Board of Director’s meeting was called to order at 5:30 p.m. by Lance Stevens, Board President

ATTENDANCE
Lance Stevens, President Rosemary Hagevig, Vice President Brenda Knapp
Marshal Kendziorek Mark Johnson Lindy Jones, MD
Kenny Solomon-Gross Deb Johnston

ALSO IN ATTENDANCE
Chuck Bill, CEO Kevin Benson, CFO Billy Gardner, COO
Dallas Hargrave, HR Director Rose Lawhorne, CNO Bradley Grigg, CBHO
Michelle Hale, CBJ Liaison Don Schneider, MD, COS Amy Deere, RNCM, CCDS
Jeannette Lacey, LMSW, ACM, Director of Case Management Anita Moffitt, Executive Assistant

ABSENT - Bob Urata, MD, Secretary

APPROVAL OF THE AGENDA – MOTION by Ms. Hagevig to approve the agenda. Mr. Solomon-Gross seconded. Agenda approved as written.

PUBLIC PARTICIPATION – None, however high school students, Emily Heaton and Madison Kahle were in attendance to observe their second BRH board meeting.

CONSENT AGENDA – MOTION by Mr. Kendziorek to approve the consent agenda. Mr. Johnson seconded. Consent agenda approved.

BOARD EDUCATION
CDI: Current Status and Next Steps – Amy Deere and Jeannette Lacey provided an overview of the Clinical Document Integrity program. This program facilitates the accurate representation of a patient’s clinical status that translates into coded data. Coded data is then translated into quality reporting, physician report cards, reimbursement, public health data and disease tracking and trending. This program ensures accuracy in coding which allows us to bill for and receive the appropriate reimbursement for the level of care provided. Discussion was held about physician report cards, Diagnostic Related Groups (DRGs) and reimbursements during a question and answer session.

Medical Staff Report – Dr. Schneider noted the October 1st Medical Staff meeting minutes are in the packet. He provided an overview of the Chief of Staff Report and noted there is nothing to report from the November 5th meeting.

Executive Session – Motion made by Mr. Kendziorek to recess into executive session as written in the agenda, with the exception of the Legal and Litigation Review, 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.

Mr. Johnson seconded. Motion approved. The committee entered executive session at 5:56 pm and returned to regular session at 6:14 pm.

A. Credentialing report (BLUE FOLDER): Motion by Ms. Knapp to approve the credentialing report as written. Mr. Solomon-Gross seconded. Credentialing recommendations approved.

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.

OLD BUSINESS:
CAMPUS PLAN UPDATE – Mr. Bill reported that we should have the preliminary report from Jensen Yorba Wall in early December. We hope to present it to the board at the December meeting but because of the earlier date, it may not be presented until January.

CRISIS INTERVENTION UPDATE – Mr. Grigg reported that CBJ and Northwind Architects (NWA) are still in negotiations to finalize the concept design costs. He anticipates the concept design to be done by the end of the calendar year. The next step of the project is to solidify time lines for the project. The financial updates for capital dollars will continue to be in his board reports. Ms. Knapp initiated a conversation regarding the impact of JAMHI no longer providing emergency psychiatric services. Psychiatric services provided to Petersburg was also discussed. Provider travels to Petersburg once a month for three days to provide an initial assessment of patients. The rest of the services are provided via telemedicine.

COMMITTEE REPORTS: Mr. Stevens noted the committee reports are no longer a part of the consent agenda to allow for more in depth discussions.

Nominating Committee – The nominating committee has made a recommendation to the board that nominations for board officers will come from the floor, not the committee. New board members will be selected by the Assembly on December 5th and seated at the December 19th board meeting. (It was later clarified that they will be seated in January.) Officer elections will take place at the December 19th meeting.

Board Quality – no action items

Finance Committee – Mr. Johnson stated that the tourism revenue information that had been provided at the finance meeting was very helpful. 8% of patients were international and out of state, 16% were in state but not Juneau residents. This information has been shared with the City Manager. Mr. Bill will forward a copy to Ms. Hale so that she can share it with the Assembly.
Planning Committee – Mr. Kendziorek reported Jenson Yorba Wall provided an overview of the Master Facilities Plan project summary at the November 8th meeting. A preliminary project list will be discussed at the December 20th Planning Committee meeting. He encourages all available board members to attend. There was also a Planning Committee meeting held on November 21st to discuss the Provider Network Development Study RFP, formerly known as the Affiliation Analysis RFP. The new name reflects the intent of the RFP. The committee was pleased with revisions made to the RFP and approved moving it forward to the board. It was noted that the dates on the RFP will change based on how long it takes to get through the Assembly and CBJ procurement.

**Mr. Kendziorek made a MOTION to forward the Provider Network Development Study RFP to the Assembly for work by the city.** Mr. Bill suggested building into the RFP that the producer of the analysis participate in the strategic planning retreat and facilitate a strategic robust discussion on the analysis and alternatives, etc. Mr. Kendziorek approved amending his motion to include that component in the RFP. Mr. Stevens expressed his support of this addition. *There being no objections, the RFP will move forward to the Assembly.*

**MANAGEMENT REPORTS:** The results of the “Best Places to Work” survey included in the HR report were discussed. Ms. Knapp requested that a plan of correction be developed to outline how we are going to fix issues identified in the survey. It was reported that some action plans have already been implemented and others are under discussion. A suggestion was made that these established benchmarks be used for measurement of improvement in the future.

**CEO REPORT** – Mr. Bill provided an overview of Dr. Kopstein’s ophthalmology clinic last week. Discussion was held about efforts to add an Oncology Nurse Practitioner to the oncology clinic, the concerns of primary care physicians should this happen and the need to develop credentialing criteria for this person. Mr. Bill also reported that he had been contacted by the American Heart Institute today regarding grant dollars to develop cardiac readiness program - more information to come. Mr. Bill has received word that DHSS is going to have to go back for a supplemental request as early as January for $100 million for Medicaid as a result of the budget process. He also reported that the Executive Committee of ASHNA has sent a letter to DHSS that we, as members of the organization, discontinue our participation in Electronic Health Information Exchange. More information to come on this topic as well.

Focus and Execute – Mr. Bill provided an overview of sections 4 (Facility) and 5 (Compliance) in Focus and Execute. Focus and Execute is the program used to track our progress in meeting our strategic planning goals.

**STRATEGIC DISCUSSION – FY2020 1st quarter financial review:** Mr. Benson reported that we are having a stronger year than what was anticipated in the budget. The first quarter income statement shows a Net Income of $3.2 million. Acute daily census is up and has generated 11% more inpatient revenue than budgeted. Total surgeries are under budget but ahead of the prior year. Outpatient services have all seen increases in volume and revenue. Outpatient revenues generated 12% more revenue than budgeted and is 15% more than the prior year. Outpatient psychiatric services revenue is 34% over budget and more than double over the prior year. Physician revenues are 14% greater than budget. The ophthalmology clinic revenues in its first month were $280,000. It was noted that international and out-of-state patients represents 12% of the first quarter revenue. Expenses are running 6% greater than budget due to increased salaries and wages to provide service to increased patient volumes. BRH continues to recruit and replace contract labor. Accounts receivable have decreased in spite of the past months of high revenue. Cash has increased and is $5.6 million greater than the prior year.
PRESIDENT REPORT – As a result of meeting with CBJ law, committee reports were removed from the consent agenda to allow more robust discussions to take place during board meetings. Ms. Knapp noted for the record that all committee meetings are public. Questions regarding the committee reports are encouraged at the board meetings but the actual work needs to stay in committee.

BOARD CALENDAR – December calendar reviewed. The Board Compliance meeting will be rescheduled due to scheduling conflict. Ms. Hagevig will be out of town so Ms. Knapp will attend the Credentials Committee meeting in her place on December 10th. Mr. Bill noted the Foundation is hosting their annual tree lighting and Santa visit on December 12th at 4:15. A discussion was held about newly appointed board members, board officers and committee member assignments. Mr. Kendziorek encouraged any available board members to attend the Planning Committee meeting on December 20th to see the preliminary report from Jensen Yorba Wall.

BOARD COMMENTS AND QUESTIONS – The status of the community health needs assessment was discussed. The survey will close on November 28th. Everyone encouraged to share with their contacts to help get as many responses as possible.

Ms. Hale reported that she attended the annual Alaska Municipal League meeting last week. She was elected to a board position so will be able to keep her finger on the pulse of things. She reported that a $200 million supplemental request is to come before the legislature to try to make up for some of the budget cuts that shouldn’t have happened last year. There is a very large projected budget deficit in the upcoming year. The Alaska Municipal League is looking at some very interesting proposals to address PERS issues.

ADJOURNMENT – 7:40 p.m.
DATE: December 4, 2019

TO: BRH Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: October Financial Performance

October brought to an end patient activity from the cruise line industry. In spite of that, activity continued to be strong and resulted in another very positive financial performance for BRH generating a Net Income of $634,000. Inpatient days and revenues were both 4% over budget. Outpatient revenue was $549,000 or (6%) over budget driven by patient activity over budget in the areas of Observation (18%), Surgery (5%) and Emergency Room visits (8%). BOPS and physician revenue continues to exceed revenue budgets by $70,000 and $438,000, respectively. This resulted in total revenues of $16,680,000 which was $1.2 million (8%) greater than budget.

Deductions were greater than budget by $205,000 or 3% as a result of increased revenues. Other Revenue was also over budget by $205,000 meaning the entire $1.2 revenue variance carried to Total Operating Revenue.

Expenses exceeded budget by $846,000 or 9.6%. This variance was driven by increased staff costs again due to increased patient activity. This resulted in an Operating Income of almost $390,000 or a 3.9% Margin. After Non-Operating Income the final Net Income is $633,000 or a Net Income percent of 6.3%. For the year BRH has a Net Income of $3.8 million meaning the annual budget target of $3.7 million has been achieved.

Other Significant Items:

- BOPS year to date activity and revenue has increased significantly with revenues over budget of $70,000 or 36%. YTD revenues are 50% greater than the prior year.
- Physician revenues were $437,000 greater than budget. This was due to hospitalist’s increased professional fees from increased inpatient and observation patient days. Ophthalmology professional fees of $175,000 which was not budgeted also contributed to the variance.
- On-Behalf payments made by the State of Alaska on behalf of BRH are now made on a monthly basis. This funding is now being recorded on a monthly basis and reflects an unbudgeted increase of $95,000 of Benefit Costs and an offsetting unbudgeted corresponding amount to Non-Operating Revenue.
- Cash increased by $1.4 million and the balance totals $74.3.
<table>
<thead>
<tr>
<th>Facility Utilization:</th>
<th>CURRENT MONTH</th>
<th>YEAR TO DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
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<tr>
<td>Hospital Inpatient Patient Days</td>
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<td></td>
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<tr>
<td>Patient Days - Med/Surg</td>
<td>400</td>
<td>426</td>
</tr>
<tr>
<td>Patient Days - Critical Care Unit</td>
<td>101</td>
<td>92</td>
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<tr>
<td>Patient Days - Swing Beds</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Avg. Daily Census - Acute</td>
<td>16.2</td>
<td>16.7</td>
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<tr>
<td>Patient Days - Obstetrics</td>
<td>67</td>
<td>69</td>
</tr>
<tr>
<td>Patient Days - Nursery</td>
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<td>64</td>
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<td>Total Hospital Patient Days</td>
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<tr>
<td>Births</td>
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<tr>
<td>Mental Health Unit</td>
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<tr>
<td>Patient Days - Mental Health Unit</td>
<td>277</td>
<td>343</td>
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<tr>
<td>Avg. Daily Census - MHU</td>
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<td>11.1</td>
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<tr>
<td>Rain Forest Recovery:</td>
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<tr>
<td>Patient Days - RRC</td>
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<td>299</td>
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<td>Avg. Daily Census - RRC</td>
<td>9</td>
<td>9.7</td>
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<tr>
<td>Outpatient visits</td>
<td>32</td>
<td>19</td>
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<tr>
<td>Inpatient: Admissions</td>
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<td></td>
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<tr>
<td>Med/Surg</td>
<td>72</td>
<td>72</td>
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<tr>
<td>Critical Care Unit</td>
<td>38</td>
<td>41</td>
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<tr>
<td>Obstetrics</td>
<td>27</td>
<td>28</td>
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<tr>
<td>Nursery</td>
<td>23</td>
<td>30</td>
</tr>
<tr>
<td>Mental Health Unit</td>
<td>35</td>
<td>38</td>
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<tr>
<td>Total Admissions - Inpatient Status</td>
<td>195</td>
<td>209</td>
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<tr>
<td>Admissions - &quot;Observation&quot; Status</td>
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<td></td>
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<tr>
<td>Med/Surg</td>
<td>54</td>
<td>59</td>
</tr>
<tr>
<td>Critical Care Unit</td>
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<tr>
<td>Mental Health Unit</td>
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<td>2</td>
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<tr>
<td>Nursery</td>
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<tr>
<td>Total Admissions to Observation</td>
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<td>115</td>
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<tr>
<td>Surgery:</td>
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<tr>
<td>Inpatient Surgery Cases</td>
<td>50</td>
<td>50</td>
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<tr>
<td>Endoscopy Cases</td>
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<td>100</td>
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<tr>
<td>Same Day Surgery Cases</td>
<td>125</td>
<td>91</td>
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<tr>
<td>Total Surgery Cases</td>
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<td>241</td>
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<tr>
<td>Total Surgery Minutes</td>
<td>19,060</td>
<td>15,437</td>
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<tr>
<td>Outpatient:</td>
<td></td>
<td></td>
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<tr>
<td>Total Outpatient Visits (Hospital)</td>
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<td></td>
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<tr>
<td>Emergency Department Visits</td>
<td>1,110</td>
<td>1,255</td>
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<tr>
<td>Cardiac Rehab Visits</td>
<td>53</td>
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<tr>
<td>Lab Visits</td>
<td>831</td>
<td>929</td>
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<tr>
<td>Lab Tests</td>
<td>13,055</td>
<td>9,601</td>
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<tr>
<td>Radiology Visits</td>
<td>916</td>
<td>869</td>
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<tr>
<td>Radiology Tests</td>
<td>2,408</td>
<td>2,610</td>
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<td>Sleep Study Visits</td>
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<tr>
<td>Physician Clinics:</td>
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<tr>
<td>Hospitalists</td>
<td>340</td>
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<tr>
<td>Bartlett Oncology Clinic</td>
<td>78</td>
<td>84</td>
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<tr>
<td>Ophthalmology Clinic</td>
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<td>N/A</td>
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<tr>
<td>Behavioral Health Outpatient visits</td>
<td>382</td>
<td>413</td>
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<tr>
<td>Bartlett Surgery Specialty Clinic visits</td>
<td>329</td>
<td>325</td>
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<tr>
<td>Other Operating Indicators:</td>
<td></td>
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<tr>
<td>Dietary Meals Served</td>
<td>31,351</td>
<td>26,027</td>
</tr>
<tr>
<td>Laundry Pounds (Per 100)</td>
<td>375</td>
<td>408</td>
</tr>
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</table>

December 19, 2019 Board of Directors Meeting
### BARTLETT REGIONAL HOSPITAL

#### STATEMENT OF REVENUES AND EXPENSES FOR THE MONTH AND YEAR TO DATE OF OCTOBER 2019

<table>
<thead>
<tr>
<th>MONTH</th>
<th>ACTUAL</th>
<th>BUDGET</th>
<th>MO $ VAR</th>
<th>MTD % VAR</th>
<th>PR YR MO</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD $ VAR</th>
<th>YTD % VAR</th>
<th>PRIOR YR</th>
<th>PRIOR YR</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Gross Patient Revenue:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>$4,723,370</td>
<td>$4,525,811</td>
<td>$197,388</td>
<td>4.4%</td>
<td>$4,681,641</td>
<td>Inpatient Revenue</td>
<td>$19,723,062</td>
<td>$17,957,929</td>
<td>$1,765,133</td>
<td>9.8%</td>
<td>$17,481,383</td>
<td>12.8%</td>
<td></td>
</tr>
<tr>
<td>$1,030,178</td>
<td>$1,002,905</td>
<td>$27,273</td>
<td>2.7%</td>
<td>$1,050,025</td>
<td>Inpatient Ancillary Revenue</td>
<td>$4,273,207</td>
<td>$3,979,203</td>
<td>$293,944</td>
<td>7.4%</td>
<td>$3,933,418</td>
<td>8.6%</td>
<td></td>
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<tr>
<td>$5,754,548</td>
<td>$5,528,886</td>
<td>$224,662</td>
<td>4.1%</td>
<td>$5,731,672</td>
<td>Total Inpatient Revenue</td>
<td>$23,966,299</td>
<td>$21,937,192</td>
<td>$2,029,107</td>
<td>9.4%</td>
<td>$21,441,802</td>
<td>12.1%</td>
<td></td>
</tr>
<tr>
<td>$9,066,657</td>
<td>$8,517,505</td>
<td>$549,152</td>
<td>6.4%</td>
<td>$8,058,005</td>
<td>Outpatient Revenue</td>
<td>$37,485,503</td>
<td>$33,795,207</td>
<td>$3,690,296</td>
<td>10.9%</td>
<td>$32,845,428</td>
<td>14.1%</td>
<td></td>
</tr>
</tbody>
</table>

#### DEDUCTIONS FROM REVENUE:

|                 |              |              |          |           |          |            |            |           |           |          |          |             |

#### EXPENSES:

|                 |              |              |          |           |          |            |            |           |           |          |          |             |

#### NET PATIENT REVENUE:

|                 | $9,066,657   | $8,517,505   | $549,152 | 6.4%     | $8,058,005| Outpatient Revenue    | $37,485,503 | $33,795,207| $3,690,296| 10.9%    | $32,845,428| 14.1%    |             |

#### Total Gross Patient Revenue

$61,481,773 $55,732,399 $5,749,374 10.3% $54,260,230 13.3%

Deductions from Revenue:

| $3,183,236 | $3,185,444 | $2,208 0.1% | $3,273,592 10.  Inpatient Contractual Allowance  $13,531,926 $12,648,963 -$882,963 -7.0% $11,709,479 15 .6% |
| $308,333  | $308,333  | $0 0 0% | $308,333 10a.  Rural Demonstration Project  -$1,233,333 -$1,233,333 $0 -$1,233,333 |
| $3,106,190 | $3,075,300 | -$30,890 -1.0% | $2,701,392 11 .  Outpatient Contractual Allowance $13,049,634 $12,202,003 -$847,631 -6.9% $11,174,230 13.7% |
| $14,510 | $16,576 | $2,066 12.5% | $13,679 13.  Other Deductions  $58,198 $65,772 $7,574 11.5% $62,325 0.0% |
| $14,820,205 | $14,046,391 | $773,814 5.5% | $13,789,677 14.1% |

#### Total Deductions from Revenue  $29,625,161 $27,132,481 -$2,492,679 -9.2% $25,518,441 16.1%

#### Total Gross Patient Revenue

$61,481,773 $55,732,399 $5,749,374 10.3% $54,260,230 13.3%

#### Total Expenses

$37,168,413 $34,819,868 -$2,348,546 -6.7% $33,416,858 -11.2%

#### Income (Loss) from Operations

$2,842,830 $1,757,924 $1,084,906 61.3% $2,792,667 15.9%

#### Total Non-Operating Revenue

$996,720 $1,073,912 $-77,192 -7.2% $712,454 39.9%

#### Net Income (Loss)

$3,839,549 $1,246,866 $2,592,683 -207.9% $1,850,112 -107.5%

#### Income from Operations Margin

3.9% 0.49% 3.29% 1.80% from Operations Margin

#### Net Income 9.60% 3.56% 5.35%

#### Total Net Income

$3,839,549 $1,246,866 $2,592,683 -207.9% $1,850,112 -107.5%

3.9% 0.49% 3.29% 1.80% from Operations Margin

#### Net Income 9.60% 3.56% 5.35%
<table>
<thead>
<tr>
<th>ASSETS</th>
<th>October-19</th>
<th>September-19</th>
<th>October-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>36,002,451</td>
<td>34,618,832</td>
<td>35,772,752</td>
<td>229,698</td>
</tr>
<tr>
<td>2. Board designated cash</td>
<td>38,326,130</td>
<td>38,292,088</td>
<td>35,995,520</td>
<td>2,330,610</td>
</tr>
<tr>
<td>3. Patient accounts receivable, net</td>
<td>15,407,448</td>
<td>14,968,934</td>
<td>12,427,077</td>
<td>2,980,371</td>
</tr>
<tr>
<td>4. Other receivables</td>
<td>2,268,421</td>
<td>2,360,860</td>
<td>3,343,709</td>
<td>(1,075,288)</td>
</tr>
<tr>
<td>5. Inventories</td>
<td>3,036,776</td>
<td>3,001,455</td>
<td>2,830,604</td>
<td>206,172</td>
</tr>
<tr>
<td>6. Prepaid Expenses</td>
<td>1,206,567</td>
<td>1,141,530</td>
<td>2,346,354</td>
<td>(1,139,786)</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>96,276,670</td>
<td>94,412,576</td>
<td>92,744,892</td>
<td>3,531,778</td>
</tr>
<tr>
<td>Appropriated Cash:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. CIP Appropriated Funding</td>
<td>4,678,117</td>
<td>4,678,117</td>
<td>1,178,300</td>
<td>3,499,817</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>151,102,996</td>
<td>150,682,816</td>
<td>148,260,825</td>
<td>2,842,171</td>
</tr>
<tr>
<td>11. Construction in progress</td>
<td>1,004,610</td>
<td>1,004,610</td>
<td>261,150</td>
<td>743,460</td>
</tr>
<tr>
<td>12. Total property &amp; equipment</td>
<td>152,107,606</td>
<td>151,687,425</td>
<td>148,521,975</td>
<td>3,585,631</td>
</tr>
<tr>
<td>13. Less: accumulated depreciation</td>
<td>(100,029,241)</td>
<td>(99,439,660)</td>
<td>(93,774,286)</td>
<td>(6,254,955)</td>
</tr>
<tr>
<td>14. Net property and equipment</td>
<td>52,078,365</td>
<td>52,247,767</td>
<td>54,747,690</td>
<td>(2,669,325)</td>
</tr>
<tr>
<td>15. Deferred outflows/Contribution to Pension Plan</td>
<td>14,415,000</td>
<td>14,415,000</td>
<td>8,564,873</td>
<td>5,850,127</td>
</tr>
<tr>
<td>16. Total assets</td>
<td>167,448,153</td>
<td>165,753,461</td>
<td>157,235,755</td>
<td>10,212,398</td>
</tr>
</tbody>
</table>

| LIABILITIES & FUND BALANCE | | | | |
| Current liabilities: | | | | |
| 17. Payroll liabilities | 1,483,992 | 1,149,784 | 1,240,618 | 243,373 |
| 18. Accrued employee benefits | 3,743,046 | 3,688,063 | 3,462,940 | 280,106 |
| 19. Accounts payable and accrued expenses | 2,962,314 | 2,508,020 | 2,204,065 | 758,249 |
| 20. Due to 3rd party payors | 3,713,928 | 1,032,865 | 2,681,063 | (487,802) |
| 21. Deferred revenue | (1,391,935) | (959,185) | 3,486,162 | (4,878,097) |
| 22. Interest payable | 204,216 | 136,144 | 209,417 | (5,202) |
| 23. Note payable - current portion | 845,000 | 820,000 | 25,000 |
| 24. Other payables | 286,291 | 208,727 | 244,791 | (41,500) |
| 25. Total current liabilities | 11,846,851 | 10,770,101 | 12,700,858 | (854,008) |
| Long-term Liabilities: | | | | |
| 26. Bonds payable | 18,130,000 | 18,130,000 | 18,975,000 | (845,000) |
| 27. Bonds payable - premium/discount | 1,348,462 | 1,364,081 | 1,541,303 | (192,842) |
| 28. Net Pension Liability | 72,600,321 | 72,600,321 | 62,996,347 | 9,603,974 |
| 29. Deferred In-Flows | 6,172,883 | 6,172,883 | 9,841,533 | (3,668,650) |
| 30. Total long-term liabilities | 98,251,666 | 98,267,285 | 93,354,183 | 4,897,483 |
| 31. Total liabilities | 110,098,516 | 109,037,386 | 106,055,042 | 4,043,475 |
| 32. Fund Balance | 57,349,636 | 56,716,074 | 51,180,713 | 6,168,923 |
| 33. Total liabilities and fund balance | 167,448,153 | 165,753,461 | 157,235,755 | 10,212,398 |
Improvements in Lab Efficiency

Thomas Davis, Lloyd Pontines
and Sam Galorport
December, 2019
Thomas Scott Davis, QA Smash!

You wont like me when I’m mad...
Because I always
back up my rage with facts
and documented sources

-The Credible Hulk
Three Topics

-The proven success of the Liquid Plasma product in reducing blood wastage

-The benefits of the i-STAT recently to the ER and future quality indicators

-The success of Six Sigma applications in the hospital lab
Before the integration of the LQP product

For 2017, 73 out of 651 units that went out the door for transfusion were wasted.

And that equals

11.2%
Are We Reaching the Improvement Goal of <5%?

YES!

Only 35/689 units wasted
How we did in 2018?

2018 Blood Bank Units Wasted (Limit 5.0%)

- January: 8.80%
- February: 11.70%
- March: 4.00%
- April: 9.00%
- May: 2.90%
- June: 0%
- July: 0%
- August: 0%
- September: 0%
- October: 4%
- November: 3.10%
- December: 8.00%

5.1%
How we are doing in 2019!
Only 15/777 or 1.9%!
i-STAT
4 Easy Steps

STEP 1
Insert two or three drops of blood into the cartridge.

STEP 2
Close the cartridge and insert into the i-STAT handheld.

STEP 3
View the results on the handheld screen within minutes.

STEP 4
Upload information automatically into the LIS/HIS.
The new tools for ER

In about 20-25 minutes less time, the i-Stat will provide:

• cTnI
  Cardiac
• CG4+
  Lactic acid (Sepsis)
• CHEM8+
  Lytes, Glucose, Renal and Respiratory Functions
Critical to Quality Measures

- Improve patient throughput
- Increase patient satisfaction
- Reduce hallway boarding
- Increase ED revenue
Standardize the Process

**INITIATE PROTOCOL**

- Nurse-driven protocol based on symptom evaluation

<table>
<thead>
<tr>
<th>Condition</th>
<th>Initiated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest Pain/ SOB</td>
<td>✔</td>
</tr>
<tr>
<td>Stroke/Acute Neuro Deficiency</td>
<td>✔</td>
</tr>
<tr>
<td>Deficit Symptoms</td>
<td>✔</td>
</tr>
<tr>
<td>Altered Mental Status</td>
<td>✔</td>
</tr>
<tr>
<td>Suspected Overdose</td>
<td>✔</td>
</tr>
<tr>
<td>New Onset Seizures</td>
<td>✔</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>✔</td>
</tr>
<tr>
<td>GI Bleed</td>
<td>✔</td>
</tr>
<tr>
<td>ETOH Intoxication</td>
<td>✔</td>
</tr>
<tr>
<td>Possible Infection</td>
<td>✔</td>
</tr>
<tr>
<td>Syncope/ Near Syncope</td>
<td>✔</td>
</tr>
<tr>
<td>Hypoglycemia</td>
<td>✔</td>
</tr>
<tr>
<td>Suspected Renal Colic</td>
<td>✔</td>
</tr>
<tr>
<td>Suspected UTI/ Pyelonephritis</td>
<td>✔</td>
</tr>
<tr>
<td>Patients on Coumadin®</td>
<td>✔</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>✔</td>
</tr>
<tr>
<td>Medical Clearance for Psychiatric Evaluation</td>
<td>✔</td>
</tr>
</tbody>
</table>
Integrate into Standard Protocol
Personal Experience
Part II

Six-Sigma

If time be of all things, the most precious, wasting time must be greatest prodigality

B. Franklin
Reduce the error rate of any process to less than 3.4 parts per 1,000,000
Spread Sheet Example

<table>
<thead>
<tr>
<th>Analyte</th>
<th>Level</th>
<th>Pre Evaluation</th>
<th>Post Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose</td>
<td>1</td>
<td>91.1 1.01 1.10867 87.12 1.76 2.0202 4.56841 6.58641 8.712</td>
<td>89.22 1.09 1.18807 87.12 1.76 2.0202 4.56841 6.58641 8.712</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>293.2 2.43 0.52879 281.7 4.97 1.76629 4.08236 8.94236 28.17</td>
<td>280.833 3.498 1.20507 281.7 4.97 1.76629 4.08236 8.94236 28.17</td>
</tr>
</tbody>
</table>

Pre Evaluation
- **6 SIGMA assessment**: Good
- **6 SIGMA**: World Class

Post Evaluation
- **3 SIGMA**: Excellent
- **3 SIGMA**: Excellent

DECISION LIMIT CHART

**Upon assessment on Pre-evaluation, levels are assessed and are within limits of the TEa suggested by CLIA. Test was recalibrated 08/13/18 and to correct the slightly high QC results.**
2017 (13.3/month)

Bartlett Regional Hospital

Performance Improvement Report - 2017
John Fortin, Lab Manager
Laboratory

**Performance Improvement Goal**
Show a significant reduction in chemistry QC repeats

**Improvement Opportunity:** Use Six Sigma methods to create more accurate calibrations. These improved calibrations will lead to a reduction in QC repeats and ease the burden on our techs.

**Data Collection Methodology:** Monthly review of QC and comparing pre-application (2017) to post-application (2019) time frames

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>17</td>
<td>10</td>
<td>9</td>
<td>11</td>
<td>20</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denominator</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage</td>
<td>14%</td>
<td>8%</td>
<td>8%</td>
<td>9%</td>
<td>17%</td>
<td>11%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Goal</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Quarter Summary**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>10%</th>
<th>12%</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2019 (7.2/month)

Performance Improvement Report - 2019
John Fontin, Lab Manager
Laboratory

Performance Improvement Goal
Show a significant reduction in chemistry QC repeats

Improvement Opportunity: Use Six Sigma methods to create more accurate calibrations. These improved calibrations will lead to a reduction in QC repeats and ease the burden on our techs.

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<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>9</td>
<td>15</td>
<td>7</td>
<td>9</td>
<td>6</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denominator</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td>120</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage Percent of</td>
<td>3%</td>
<td>4%</td>
<td>7%</td>
<td>5%</td>
<td>8%</td>
<td>13%</td>
<td>6%</td>
<td>8%</td>
<td>5%</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Target Goal</td>
<td>5%</td>
<td></td>
<td></td>
<td>8%</td>
<td></td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Quarter Summary

<table>
<thead>
<tr>
<th>Quarter Summary</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5%</td>
<td>8%</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

Percent of Quality Control Repeats
Troponin

Graph showing monthly performance compared to target goal and quarterly summary.
Bartlett Regional Hospital
Medical Staff Meeting
Tuesday, November 5, 2019 at 6:15 p.m. – BRH Café
MINUTES

MEMBERS PRESENT:
Anderson, Noble, MD, Secretary/Treasurer
Brown, Kenneth, MD
Cook, Jeannette, MD
Huang, Eugene, MD
Luhrs, Kayla, MD
Malter, Alex, MD
Neyhart, Joy, DO, Vice-Chief of Staff
Perez, Norvin, MD
Roth, Joseph, MD
Schawarting, Ted, MD
Strickler, Steven, DO
Than, Nandi, MD
Welling, Richard, MD
Benjamin, Mimi, MD
Buley, Catherine, MD
Gartenberg, Joanne, MD
Laktonen, Alberta, MD
Maier, Anya, MD
Miller, David, MD
Olsen, Eric, MD
Peterson, Quigley, MD
Saltzman, Michael, MD
Standerwick, Anne, MD
Taintor, Matthew, MD
Urata, Robert, MD

MEMBERS ABSENT:
Allen, Carly DO
Bellows, Blaise, MD
Blanco, Jessica, DMD
Delsman, Erica, MD
Dunn, Taylor, MD
Gruchacz, Pamela, MD
Harrah, Daniel, MD
Herron, Kacy MD
Jackson, Keagan, MD
Keirstead, Linda, MD
Kim, Daniei, MD
Mather, Luke, MD
Miller, Benjamin, DO
Newbury, Nicholas, DO
Peimann, Catherine, MD
Raster, John, MD
Schmidt, Jennifer, MD
Schultz, Charles, DDS
Shanley, Theresa, MD, Past-Chief of Staff
Skan, Paul, MD
Thompson, James, MD
Valentine, Priscilla, MD
Banyas, Michael, MD
Benjamin, Brian, MD
Bursell, John, MD
Dooley, Laura, MD
Greer, Steven, MD
Haddock, Nathaniel, MD
Hernandez, Dorothy, MD
Hightower, Charles, MD
Jones, Lindy, MD
Kilgore, Kimberly, MD
Kirk, J. Kennon, MD
McPherson, Alan, MD
Mulcahy, Allison, MD
Odell, Michael, MD
Peimann, Nathan, MD
Schellack, Gregg, DO
Schneider, Don, Jr., MD, Chief of Staff
Scott, Jessica, MD
Sheufelt, Janice, MD
Sonkiss, Joshua, MD
Totten, Jodie, MD

MEMBERS EXCUSED:
Brooks, Beatrice, MD
Moxley, Kelly DPM
Dressel, Amy, MD
Vanderbilt, Burton, MD

I. CALL TO ORDER: The regular Medical Staff meeting was called to order by Dr. Joy Neyhart, Vice-Chief of Staff at 6:15 p.m.

II. INTRODUCTION OF GUESTS:
1. Cynthia Rutto, PMHNPA
III. APPROVAL OF MINUTES: The minutes from the October 1, 2019 Medical Staff regular scheduled meeting was unanimously approved as written.

IV. OLD BUSINESS:
A. Administration – Chuck Bill, CEO
   2. Alaska State Hospital Nursing Association (ASHNA) President – ASHNA has selected Jared Kosin, J.D. as their new president and CEO beginning November 14, 2019. Mr. Kosin currently serves as the associate administrator of Mat-Su Regional Medical Center.
   3. Oncology Advance Nurse Practitioner – The Hospital has just begun researching the feasibility of having an oncology nurse practitioner supplement the oncology service. There will be a meeting with stakeholders to further discuss this possibility.

A. Chief Operating Officer – William Gardner, COO

B. Chief Nursing Officer – Rose Lawhorne, CNO
   2. Beacon Award for Excellence – The BRH Critical Care Unit (CCU) obtained the Beacon Award for Excellence that is offered by the Association of Critical Care Nurses (ACCN).
   3. New IV Pump Upgrade – In October 2019 the new upgraded IV pumps arrived and placed in the appropriate Units. Hands on training has occurred and pumps are ready to be used.
   5. I-STAT – There is an issue with the ways that the i-STAT results are appearing in Meditech. There is a task force reviewing the issue and will make a recommendation for the Medical Staff.

C. Finance – Kevin Benson, CFO
   2. FY20 First Quarter – The Hospital had a strong FY20 first quarter. Every statistical monitored measure was greater than exceeded budget as well as was greater than last year.

D. Behavioral Health – Bradley Grigg, CBHO
   2. Emergency Psychiatric Services – In October 2019, 124 patients were seen for an emergency psychiatric assessment. This is approximately four (4) patients per day. A big thank you was given to the BRH Hospitalist and the Juneau Emergency Medical Association (JEMA) for their assistance in their assistance in caring for these patients.
   3. Rainforest Recovery Center (RRC) Construction – The roof has been completed and the new area has the frame up with the hopes of it being enclosed before winter weather sets in.
E. Other Senior Leadership Board Reports
1. CBJ/BRH Legal October 2019 Board Report – FYI.
2. Human Resources October 2019 Board Report – FYI.

F. Meditech Expanse – Scott Chili, Director of Information Systems – No report. Dr. Anya Maier requested that there be an announcement five (5) minutes prior to the scheduled Meditech going down. She reported that she loss the patient information she entered into Meditech as she was not finished prior to the downtime.

G. Hospitalist – Mimi Benjamin, MD – No report.

H. Other – None.

V. NEW BUSINESS:
A. Committee Reports:
1. Critical Care Committee – No meeting.
2. Medical Staff Quality Improvement Committee – Met and reviewed charts and made some recommendations for action.
3. Surgical Services Committee – No meeting.
4. Pharmacy & Therapeutics Committee - Business as usual.
5. Infection Control Committee – Met today.
7. Credentials Committee – Met. Business as usual. Then has a combined meeting with MSEC to discuss a provider credentialing issue.
8. OB/Neonatal Committee - Conducted case reviews.
9. Provider Education Committee – All CME attendees were reminded to complete a CME evaluation either via paper or electronic.
10. Medicine/Pediatric Committee - No report.
11. Trauma Committee – Ongoing discussion about the Committee becoming a standalone committee.
12. Emergency Care Committee – No report.
13. Physician Health and Wellness Committee – No meeting.
15. IT Steering Committee – No meeting.
17. Physician EHR Committee – Discussed the location of the i-STAT reports in the EMR and made recommendations. Discussed Meditech Expanse, which will be available for testing soon.

B. Meditech Minute – Joyce Chambers, RN
1. BEHR Pause – How to Order Medications – Reviewed. The Medical Staff were reminded that dose instructions need to be entered in order to save the dose range.
2. **BEHR Pause – How to View PDMP via Orders** – Reviewed. In the event the summary portion does not have any details when using the Hospital computer, you will need to contact the BRH Information Services (IS) team.

C. **Clinical Documentation Information (CDI) – Amy Deer, RN** – No Report.

D. **Letter Dated October 14, 2019 to Rob Edwardson, CBJ HR Regarding Letter of Support for BRH Board of Director (BOD)** – FYI.

E. **Tumor Board Meeting, Thursday, November 6, 2019 - FYI.**

F. **Other:**
   1. **Nuance Dragon System** – The Nuance Dragon System representatives will be on campus to meet with staff and physicians. The new upgrade has functions such as a clinical documentation improvement (CDI) suggestions, etc. is coming it has software that has suggestions. They will be on-site. It has cdi that will approve documentation abilities. Specific documentation. Dr. Maier asked that when Meditech glitches that there be a warmer.
   2. **Meditech Nursing Module** – The Meditech Nursing module representatives will be here to hold demonstrations for the Emergency Room nurses. The Emergency Department currently uses T-System and does not currently utilize Meditech, which can sometimes be problematic.

VI. **BOARD OF DIRECTORS REPORT:**

   August 27, 2019 – Reviewed.  
   September 30, 2019 - Not Available.

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

VIII. **ADJOURNMENT:** There being no further business, the regular scheduled Medical Staff meeting was adjourned at 6:33 p.m.

**CME** – The CME presentation this evening will be presented by **Drew Baldwin, MD, – Virginia Mason Medical Center – Cardiology** on “Management of Ischemic Heart Disease”.

Joy Neyhart, Vice-Chief of Staff  

(Date)
Chief of Staff Report

Mortality Matrix

November 2019

<table>
<thead>
<tr>
<th>Mortality Matrix (lower numbers better)</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>&lt;0.35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMI 30-Day Mortality</td>
<td>CY 2018: (0/6)=0%</td>
<td>= 0% (0/7)</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>↑ 7.14% (2/28)</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>↓ 10.5% (4/38)</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>↓ 0% (0/43)</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>↓ 1.16% (1/86)</td>
<td>Average 11.56%</td>
<td>HIIN Goal 9%</td>
<td>PI Team “code sepsis”</td>
</tr>
</tbody>
</table>


*1 case fell into measure. Upon chart review, it was an expected death.
Called to order at 7:00 a.m. by Finance Committee Chair, Dr. Bob Urata.

Finance Committee & Board Members: Dr. Bob Urata (Chair), Mark Johnson (phone), Deb Johnston, Iola Young (will join Board in January)

Staff: Kevin Benson, CFO, Chuck Bill, CEO, Bradley Grigg, CBHO, William Gardner, COO, Rose Lawhorne, CNO, 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 November 13, 2019 Finance Committee Meeting. Dr. Urata noted no objections and they were approved.

FY2019 Audit Report – Sarah Griffith, Elgee Rehfeld

There were three adjustments made to the financial statements related to specific circumstances that have already been corrected. There were no findings related to the BRH financial statement audit. There was one finding in the entity-wide audit in state grants related to the DHSS Sobering Center internal controls regarding compliance. The grant was over-reported to include costs from FY20, resulting in a small amount paid back to the state.

A new addition to the report this year is management’s analysis on the financial statements, which was reviewed for reasonableness. In the independent auditor’s report, there was expressed an unmodified opinion on the financial statements, and the statements were found to be materially correct. The statement of net position, or balance sheet, shows a net worth of $53 million. Pension-related accruals and liabilities totaled $64 million. (There was a discussion on the affect this had, or didn’t have, on BRH credit and ability to borrow. Mr. Benson stated that in his experience banks recognize this as common and it didn’t reflect on interest rates.) Total net position for the year was $4 million.

October 2019 Finance Review – Kevin Benson, CFO

October was the first month after the cruise ship season, and BRH was still strong, financially. Areas were generally at or above budget, resulting in $1.1 million over budget in operating revenue, expenses were $846,000 over budget, for a net income of about $633,000, almost twice budget expectations of $314,000. YTD net income stands at $3.8 million. The Rural Demonstration Project impact on operations revealed $4.8 million in increased reimbursement. Without the Demonstration Project BRH would qualify for Low Volume PPS provider that would increase reimbursement by $1.5 million, so net impact is $3.2 million. RDP is still with the Senate, and is set to expire the
end of June. Low volume designation application would be due in March 2020. The Board would need to provide input on budget guidelines if RDP does not get renewed, and new board finance chair will need to be kept informed of this.

**Medicare Cost Report – Dr. Bob Urata**

The Medicare Cost Report is now complete, so now we can complete the efficiency study (the analysis should arrive next month), and implement any necessary changes to support profitable departments and make other departments as efficient as possible.

Mr. Johnson asked for clarification on a report that BRH didn’t qualify for DSH funding. Mr. Benson stated that he and Mr. Bill looked into that as well, and it is the acute care side that didn’t qualify, but that it hasn’t in years. Behavioral Health did qualify, but the payments drastically decreased, although this was expected with the expansion of Medicaid.

**Capital Improvement Update – Kevin Benson**

The city’s process wasn’t syncing up with our process for identifying projects. Mr. Bill discussed with Mr. Watt, city manager, our campus plan, and street and parking improvement plans, regarding restricted access to the campus. This will affect trucks and buses most. BRH will look at the feasibility of building an access from Egan to Wildflower Court parking lot. There is $90,000 in next year’s CIP to reflect engineering and study to get it on their books. The decision is yet to be made whether to make it a temporary road, restricted access or a permanent road for greater cost. CBJ has allowed us to delay submitting projects until we have completed our budget process. Mr. Johnson suggested talking to DOT to see if funds can be made available for an access road, although the property belongs to CBJ.

**Next Meeting: January 8, 2020 at 7:00 a.m. in BRH Boardroom**

Dr. Urata expressed his gratitude for the work of the Finance Committee as he concludes his work with the committee for 2019.

**Adjourned – 7:44 a.m.**
December 12, 2019
Management Report
From CLO

Topics*

- General contract revision and meetings with vendors
- Risk management/litigation monitoring and related consults
- General legal review and response to subpoenas, filing motions in court as needed
- Risk-related legal consultations with CEO, Risk Manager, Compliance, and Quality Director
- HIPAA and medical records policies and procedures review
- Review of Board questions

*Full project report available at month’s end to Board members upon request.
HR Generalist and HR Technician attended the 2019 Tlingit & Haida Job and Resource Fair on October 17. This recruitment event focused on individuals who were unemployed or skilled and underemployed in their current position.

HR Generalist attended the inaugural Tlingit & Haida Community Council Career Day on November 9. This event was established for Alaska Native high school students to speak one on one with employers to learn about job opportunities in the community and the paths to reach those careers.

On November 19 the HR Manager and HR Generalist met with students enrolled in The Lighthouse program through Juneau Youth Services to discuss employment skills, including writing and formatting resumes and cover letters, interview skills and tips, and what employers look for when they’re going through the recruitment process.

BRH and HR hosted the 1st day of the Health Career Connections camp administered by Southeast Alaska Area Health Education Center (AHEC) on December 9. The program is aimed at high school students who have expressed an interest in healthcare careers and this camp in particular focused on students with identified learning disabilities who are highly motivated and successful with the supports they have available. Students and chaperones came from communities around the state for this camp, including Shaktoolik, Kotzebue, Petersburg, Wasilla, Eagle River, Fairbanks, and Unalakleet. There were presentations throughout the day from Employee Health/Infection Control, Human Resources, Emergency Department, Surgical Services, Material Management, Information Systems, Nursing Administration, Surgery & Specialty Clinics, Diagnostic Imaging, and Rainforest Recovery Center.
December 2019 Nursing Report
Rose Lawhorne, CNO

Nursing

- Nursing directors are gearing up for budget season. We are performing a comprehensive review of equipment needs and capital projects to use in developing operating and capital budgets FY21.
- Directors will be reviewing culture of safety results from last summer and are reviewing unit-based goals to make improvements where opportunities were identified in the survey. Our goal is to support a positive culture, develop teams, and promote quality patient care.

Critical Care Unit

- Two new graduate nurses will begin working independently in the coming weeks. We are also training two PRN nurses. We have two nurses out on Family Medical Leave Act (FMLA).
- Philips monitoring project has been delayed by one month due to equipment that was backordered. We will now be training and going live January 7th through the 17th.
- Our monthly staff education topic this month was on pacemakers. A representative from Virginia Mason provided excellent information to the class.
- Pharmacy will be reviewing the new direct oral anticoagulants (DOACs) at our staff meeting in December along with reversal mechanisms for these medications.

Surgical Services

- Three new graduates have successfully completed the Perioperative 101 program! We are grateful to these nurses, our Operating Room (OR) Educator, Bobbi Jurrens, and the OR team for your efforts to build our pool of nurses in Surgical Services.
- Follow up phones calls to Same Day Surgery (SDS) patients are being done each day. The new follow-up letter, developed by an RN in SDS and Jim Jurrens, OR Director, is being sent to patients who do not respond to a phone call.
- Jim Jurrens, OR Director, rounds on patients admitted to Med Surg from the OR. He has received positive feedback regarding care in Surgical Services and shares that with the team.
- Chris Daly, OR Nurse Manager, and Sarah Holzman, SDS Nurse Manager, have developed a standardized checklist for handoffs between SDS RN to OR RN, and from PACU back to SDS. We plan to have the checklist be presented as a laminated card to be worn with BRH ID, for all RNs in Surgical Services to be available for all handoff reports.
- The House Supervisors have created a laminated Rapid Response poster to educate patients and their caregivers/families. These are posted in all of the SDS patient bays.
• An SDS RN has been attending the OR morning huddles since November, which has improved communication between the units.
• An SDS nurse is involved in implementation of new Joint Commission regulations regarding anticoagulant therapy. A rubric is being developed to consistently identify patients in PAT and ensure that appropriate care is delivered.
• Our SDS Environmental Service employee from Project Search continues to daily increase his workload of cleaning rooms, stocking, and making coffee. His positive attitude is infectious, and he is a strong member of the SDS team.
• The third cataract clinic was a success and we cared for several returning patients. The PAT, SDS, and OR teams have come together to provide outstanding care to these patients. The value of this service for our community is recognized by all of us.

**Obstetrics**

• Congratulations to OB for their work on a statewide project with the AKPQC (Alaska Perinatal Quality Collaborative) and AIM (Alliance for Innovation on Maternal Health) on reducing hypertension-related severe maternal morbidity through the building and implementation of protocols, order sets, education, and more. BRH is far ahead of the group of eleven hospitals state-wide who participate in this initiative. Lauren Beason, OB Director, will attend the AKPQC conference in January and will be accepting a Gold Facility Award because of our team’s exemplary work to have necessary structures and process measures in place. With Bartlett’s successful compliance with these new Joint Commission regulations, Lauren has been asked to speak at the AKPQC conference in January to share with other facilities how we built and implemented the program here at BRH.
• We are completing training for two new nurses who should be working independently by the end of the year.
• Bedside report has been active for about a month now, and we are seeing tremendous results with positive patient feedback, better communication, and less overtime.

**Medical Surgical Department**

• The Med Surg department is participating in a holiday exchange program. They have adopted one of 11 other participating departments and will spread holiday cheer by completing acts of kindness for that department throughout December.
• Nurses will be working with Materials Management to reorganize our supply storage. This project is anticipated to increase efficiency of patient care, improve inventory management, and offer associated cost savings.

**Emergency Department**

• Kim McDowell, ED Director, and our trauma nurse coordinator have spent recent months preparing for the Level IV trauma reverification scheduled for January 14th.
• Kim is continuing to work with three other facilities and the Washington State Hospital Association (WSHA) on a Workplace Violence (WPV) Pilot Program. Measures to improve safety of the patient care environment and hospital staff will be piloted in our ED. Strategies proven to be effective will be expanded to other departments and ultimately shared with other facilities.

• The Advanced Trauma Life Support (ATLS) course with the corresponding Advanced Trauma Care for Nurses (ATCN) course was offered to ED nurses, physicians, and mid-levels on December 7th and 8th. This provided an opportunity for the team in the ED to review management of the trauma patient, and work collaboratively to provide life-saving care.
Pharmacy Department (Ursula Iha)

- We have two new Board Certified Pharmacotherapy Specialists! Christopher Sperry PharmD, and Khalid Srour PharmD, just received their new certifications.

- Bartlett successfully implemented new Smart Infusion Pumps. The pumps have new technology for dose error reduction, which can be used throughout the hospital. Pharmacy staff built three drug libraries for dosing guardrails. With the help of the pump vendor, ICU Medical, and Staff Development, trained 80 clinicians. We can now transmit medication dosage information wirelessly to the pumps, and receive utilization statistics and benchmark data.

Physical Rehabilitation (James Reed)

- Increased patient census both inpatient and outpatient the last 3-4 weeks

- Saturday’s remain busy with pediatric and outpatient wounds

- We have started using a 6 month plan of care model for new pediatric patients in an effort to reduce our current pediatric wait list

- Currently there are no individuals on the adult PT waitlist and this includes wounds; there are 3 on the adult OT waitlist and 1 on the adult ST list.

Diagnostic Imaging (Israel Ginn)

- Working with Change Healthcare for downtime reading and reporting workstations for the ER and DI.

- Preparing for installation of DEXA scan (A DEXA scan is a high-precision type of X-ray that measures your bone mineral density and bone loss. If your bone density is lower than normal for your age, it indicates a risk for osteoporosis and bone fractures)

- Replacing all TECH workstations throughout DI with more robust features and that will meet the windows 10 migration requirements.
• Putting together a workflow that will give higher level permissions to DI scheduling staff that will allow them to see pre-authorization and coding requirements at a deeper level earlier in the scheduling process so there is not as much post appointment work on the back end for billing and to prevent patients being re-scheduled due to insurance limitations.

• CARMS (C-arms have radiographic capabilities, though they are used primarily for fluoroscopic intraoperative imaging during surgical, orthopedic and emergency care procedures.) have reached end of life as they have been in operation since 2004. 2 new ones will arrive sometime in the first quarter of the new year.

• Finalizing AUC (Appropriate use Criteria) implementation. This is Mandatory in all healthcare facilities. This will ensure physicians follow CMS’s recommendations When ordering an exam (particularly CT’s) based on the patients hx/condition/diagnosis.

Laboratory (John Fortin)

• Our QA supervisor, Scott Davis, has achieved his first certification in Six Sigma processes from The Council for Six Sigma Certification. The next levels, the Green and Black belt levels, are expected to be obtained in 2020 and 2021 respectively.

• The month of October continued to be a busy month for both departments. Laboratory volumes mostly were associated with the CBJ Health Fair. This is always a very busy time for lab, as we provide a cost effective solution to the Health Yourself Program. Histology did continue from September with case volumes. Typically, we do see drops with volumes going into fall and winter.

• As mentioned in the September report, both Laboratory and Histology will be entering an inspection window in February of 2020. We do expect inspectors in April, but they could show up as early as February. All areas are reviewing standards, assuring documentation and in general starting preparations.

• LIS (Britt) has started preparing staff for the upcoming update of Meditech to Expanse. Currently all areas are tracking dictionary edits, with current versions, 6.15 and Expanse. Monitoring and maintaining organization is essential. Having dedicated IT support, specific to lab is necessary for smooth operations.

• The Microbiology section continues to work on validations, set ups, processes for our new Microbiology analyzers. A recent hitch discovered indicated a need for a new interface due to the BacTalert and the Vitek not able to fully provide functionality. The interface provides functionality of provided hardware/software called, Myla. Due to competition of multiple projects, we are not expecting to go live until March. Microbiology section did get a traveler to assist with coverage as indicated in September. Current recruitment has not produced any candidates with needed Microbiology experience. There is a good possibility the current
traveler will take the supervisor position at the end of the contract, which is the end of April.

- Another project in laboratory is the installation of our new Hematology Analyzer continues. Current project timeline: Delivery December 10th, training occurring through January 6th, then will start the test validation. Once complete, will need to complete LIS validations. Expect go live date in March of 2020.

**Pharmacy Clean Room Project**

- The Pharmacy Clean Room Project is seeing good progress with a few delays that will extend the completion dates. Final completion of the Clean room is scheduled for 1/20/20. The Gift Shop/Coffee Bar completion date is set for 1/17/20.

**Hospital Access Road Project**

- DOWL Engineering is continuing with the design and we are on a very tight schedule with the City to see a start date of early Spring 2020. Electric car charging stations are being factored into the design and we should have cost estimates soon.
December 2019 Behavioral Health Board Report
Bradley Grigg, CBHO

- Psychiatry Update:
  
  o Dr. Joanne Gartenberg (BRH Employee) providing administrative oversight to BH Medical Staff in addition to seeing patients at RRC, BOPS, and covering MHU (including call).
  
  o America Gomez, Psychiatric Mental Health NP (BRH Employee), is providing outpatient services to children, adolescents, and adults in addition to taking call.
  
  o Dr. Joshua Sonkiss (BRH Contractor) continues to provide weekday morning coverage at RRC, afternoon coverage at BOPS, and weekend coverage on MHU. Alternating RRC duties with Tina Pleasants.
  
  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. Alternating RRC duties with Dr. Joshua Sonkiss
  
  o Cynthia Rutto, Psychiatric Mental Health NP (Locum) joined the Behavioral Health Team in August and is serving on both MHU and at BOPS. 3 year Employment Contract begins December 30, 2019!

- Psychiatry Recruitment Update:

  o Dr. James McGovern (Locum) is a Board Certified Child & Adolescent and Adult Psychiatrist who will be joining BRH in January 2020 for a 6-month assignment. He will provide a combination of MHU coverage in addition to Outpatient Services to children and adolescents at BOPS.
  
  o Behavioral Health is partnering with Surgical Services Department to develop a contract for recruitment of physicians. Behavioral Health’s focus of the contract is to identify a full time employed psychiatrist for the MHU. Anticipated recruitment contract start date is January 2020.

- Rainforest Recovery Center:

  o Daily Average of 11 patients in November 2019, with an average length of stay 22 days.
- Mental Health Unit:
  - Daily Average of 9.7 patients per day in November 2019, with an average length of stay 7 days.

- Bartlett Outpatient Psychiatric Services:
  - We continue to evidence a significant growth in the number of patients and visits at BOPS. **As of November 30, 2019 BOPS have 345 unique and active patients engaged in outpatient services.** Of those 345:
    - 201 are adults
    - 109 are children/adolescents
    - 35 are Petersburg patients (children and adults)
  - **Staff Recruitment Update:** BOPS has extended an offer to Beth Johnson, LPC to be the 5th full time licensed therapist as our current 4 therapists continue to experience maxed caseloads.

- Petersburg Medical Center Outpatient Psychiatry Update:
  - November was our second consecutive month in Petersburg with Psychiatry. **Total of 35 new patients have been enrolled at BOPS.** It is anticipated we will add up to 75 new patients by March 31, 2020.
  - We continue to alternate psychiatric providers on site to ensure parity and quality of patients served. Each psychiatric provider who goes to Petersburg assumes those patients seen on their telemedicine caseload moving forward.
  - Feedback from Petersburg continues to be positive both from the Medical Center and from patients.
  - Kira Phillips, LPC, will take her initial trip to Petersburg in January. It is anticipated she will add 20-25 adolescent patients from Petersburg to her outpatient caseload that also currently includes 20 Juneau based adolescents.
  - OCS has reported over 30 open cases in Petersburg, and will be working with us to schedule intakes where appropriate for these children and families to see Kira both on site and via telemedicine.

- Psychiatric Emergency Services Update:
  - Beginning October 1, 2019, BRH Behavioral Health Staff assumed 24-7 coverage for on-call Emergency Behavioral Health Assessments.
  - For November, 122 (non-unique) patients were evaluated in the ED by Behavioral Health Therapists. Of those 122:
    - 109 were adults
    - 13 were youth ages 17 and under. Of these 13, it was determined that 10 could have been admitted to Crisis Stabilization if we had an operational facility. In the interim, BOPS is offering services to these families, with the goal of stabilization when possible in the outpatient setting.
  - BH is working with Finance to provide revenue/expense specifics to the new PES Program in the coming weeks.
- **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 FY19 operating dollars for staffing costs associated with serving patients under “Crisis Stabilization” Status on our Medical Unit (Safe Room). Since January 1, 2019 we have served 28 children and adolescents 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.
      - Rasmuson Foundation: Process continues to move forward. Grant request is for their Tier II capital grant program for $800,000 for FY21 funding.
      - Murdoch Foundation: Letter of Inquiry has been submitted. We have applied for their Tier II grant which historically awards between $100,000-$600,000 per capital project. We are awaiting next steps from Murdoch.
      - Conoco Phillips Grant Foundation: We have submitted a Letter of Interest for Capital Funding. We are awaiting next steps from Conoco.

  o **Rainforest Detox & Assessment Center Update:**
    - See attached 12/13/2019 Observation Report for latest updates.
    - We are still on track for a June 2020 completion.
- Crisis Stabilization Design Update:

  o North Wind Architects (“NWA”) was announced as the awardee for the design and project management of this construction project.
  o October 2-4: NWA facilitated a kick-off conference that hosted numerous BRH Departments to discuss:
    ▪ The introduction of the Crisis Stabilization Concept.
    ▪ Facility layout requirements (per Joint Commission and Alaska DBH Regulation requirements)
    ▪ Impact of the Crisis Program on BRH ancillary services (EVS, Facilities, Food Services, Pharmacy, IT, Meditech, etc.)
    ▪ Interviews with adults and parents of youth who have navigated the Behavioral Health System in Juneau
    ▪ Development of 3 conceptual designs.
  o Next steps include:
    ▪ Development of 2 phase timeline:
      • Demolition of metal building which used to house BOPS
      • Construction of new Crisis Stabilization/BOPS facility
    ▪ Development of 3 renderings for SLT and Planning Committee to consider based off info gathered during Kick Off Conference (anticipated on or before 1/31/2020)
Daily Observation Report

CIP Engineering, Third Floor
230 So. Franklin Street, Marine View Center

Project: Rainforest Recovery Center Detox Addition, CBJ Contract # BE19-173
Contractor: Alaska Commercial Contractors
Date/Time: Thursday, November 12, 2019 – 12:45pm
Weather: Overcast, 36 degrees
Report by: Dan Fabrello, JYW Construction Administrator, 586-1070

Onsite Workforce:

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<tr>
<th>Trades</th>
<th># of Persons</th>
<th>Major Equipment / Notes</th>
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<tbody>
<tr>
<td>General – AK Commercial Contractor(ACC)</td>
<td>6</td>
<td>Chad + 4</td>
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<tr>
<td>Electrical – Chatham Electric (CE)</td>
<td>1+3</td>
<td>Jake + crew</td>
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<tr>
<td>Mechanical – Inside Passage (IP)</td>
<td>0+0</td>
<td>Kyle + crew</td>
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<td>Ventilation – Metalworks (MW)</td>
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<td>Sprinkler Fitters</td>
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Description of Work:

1. ACC on site with (6) total workers. Chad continued to cover areas of previous days exterior gypsum sheathing with weather barrier. (1) worker on roof cleaning up materials. (2) workers continuing with exterior gypsum installation and screw repair and re-installing weather barrier. (2) workers continuing with misc framing on interior. Chatham on site continuing with electrical rough-in. Question on recent RFI on light placement and coordination with Owner and Architect. The light location should be reviewed with Nathan and the Owner for the location of the bed to be placed in the rooms below. Sprinkler fitters working in Hall West and starting main branch lines west and east into offices and Detox. Discussed with Chad the weather barrier mockup and system details on mechanically lapping the product on site with the vertical SA installation and getting the head metal flashing and nail flange lapped under the weather barrier.
2. Gypsum exterior sheathing lower half screw repair and increased spacing.

3. Sprinkler fitters stubbed out pipe from RRC to addition area. Also working on placing main branch lines down Hall West 102 and preparing to place branch lines west and east off main
Floor protection down under groove cutting machine.
CFO Finance Operations Report – Kevin Benson
- Now that fiscal year 2019 is buttoned up with the financial audit complete, Medicare and Medicaid reports submitted, finance is turning its attention to preparation of the FY2021 budget.
- Implementation of M-files (a digital software to be used to archive accounts payable invoices) continue with installation and training.

HIM – Rachael Stark
- We are continuing our validation of scanned documents into the EMR.
- We are getting ready for January when we will do a purge of our records to stay compliant with our record retention policy.
- We also are preparing for the Meditech upgrade to Expanse and the ambulatory product.

PFS – Tami Lawson-Churchill
- Expanse Ambulatory BOPS Build in process
- All claims related to the “Cost Containment Adjustment” have been billed to Medcaid to ensure they are repaid at the appropriate rate sometime in the 1st qtr 2020
- FS has hired 2 new Fiscal Techs and we are in the process of training them now
- We are continuing to focus on AR over 180+days

IS – Scott Chille
Projects:
- UPS for datacenter - Build in progress with expected delivery and install late December into early January
  - Hardware Infrastructure refresh (VxBlock) - Hardware is being built at the factory with an expected delivery of early January (2 weeks extra due to barge) and installation late January
- MEDITECH Expanse – software installation into TEST environment COMPLETE. Both builds are happening concurrently - Go Live for Expanse is 3/12/2020, and Go Live for Ambulatory is 9/1/2020.
  - Completed Milestones - Expanse
    1. Expanse software delivered to TEST environment 11/5/19.
    2. Physician Advisory Committee (PAC) assembled
       a. Physician Champion, Acute: Dr. Dorothy Hernandez
       b. Physician Champion, Ambulatory: Dr. Joanne Gartenberg
       c. PAC working with Physician EHR Committee for duration of Expanse project.
       d. Regular, bi-monthly meetings to discuss document template design and workflows.
  - Completed Milestones – Ambulatory
    1. Ambulatory dictionaries delivered week of 11/17/19
    2. Weekly meetings with behavioral health group + Ambulatory Physician Champion
3. Revenue Cycle and Front Office teams meeting weekly
4. Integrated team meetings bimonthly

- **Future Milestones - Expanse**
  1. Parallel and Integrated testing: Mid-January
  2. Super Users identified/trained: Late-January
  3. End user training: February
  4. Command center: March 12th – 26th
     a. 24/7 support x2 weeks

- **Future Milestones – Ambulatory**
  1. Meditech onsite for Dictionary Training: December 9-12th
  2. Meditech onsite for Applications Training: April 7-9th; May 5-8th; June 9-11th
  3. Meditech pre-Live visit, TBD
  4. Super user/end user training: August 2020

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

**Department Updates**: Recruiting for Help Desk Technician
**Information Security**: Phishing Test results and Awareness Training stats:

**Organization’s Risk Score**

**Risk Score – Last 6 Months**
Displays the Organization’s Risk Score over all users.

![Risk Score Chart]

19.4
See our Virtual Risk Officer (VRO) Guide for details about how Risk Scores are calculated.

**Phishing**

**Phishing Security Tests – Last 6 Months**
94 Clicks 0 Replies 0 Attachment Open 0 Macro Enabled 10 Data Entered 724 Reported

**Industry Benchmark Data**

- YOUR LAST PHISH-PRONE% **3.1%**
- INDUSTRY PHISH-PRONE% **2%**

Industry: Healthcare & Pharmaceutical
Company Size: Medium (250-1000 users)
Program Maturity: 1 Year
December 2019 Board Report
Chuck Bill, CEO

It has only been two weeks between the last board meeting and my writing of this report but several noteworthy things have occurred!

- DHSS reached out to ASHNHA to help them respond to a court order from Judge Morse in the 3rd Judicial District of the Alaska Superior Court. The court order demands that DHSS present a plan to the court by December 5th (extended to December 23rd) that will solve the problem of Title 47 patients being held in EDs and jails for extended periods. We had a candid meeting with the Commissioner and key DHSS staff to provide feedback on their draft plan and then provided them with a follow-up letter and suggestions on 12/12/2019. I’ll provide more info on this as things develop.

- As I’m sure you all know, the Governor dropped his budget on 12/11/2019. He took a dramatically different approach, restoring or adding funding in many areas and using 2/3 of the Congressional budget reserve (CBR) to balance the budget. This will force the legislature to prioritize services, the PFD, the CBR, and new sources of revenue as they prepare a final budget. What is apparent at this point is that his budget for Medicaid has the Appropriation estimated at $225 Million added back in to this years’ final budget which results in a cut of $30+ million from FY19.

- Finally, I’m very sad to say that Sarah Hargrave has submitted her resignation as Quality and Patient Safety Director. She will be going back to her position with the State Public Health Program. She has done many great things while here but has found the Medical Staff quality and peer review process to be very frustrating. We wish her all the best!
**All meetings are held in BRH Boardroom unless otherwise noted**

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<td>7:00am Credentials Committee BR (NOT A PUBLIC MEETING)</td>
<td>8 7:00am Finance Committee BR (PUBLIC MEETING)</td>
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**Committee Meeting Checkoff:**
- Board of Directors – 4th Tuesday every month
- Board Compliance – 2nd Tuesday every 3 months (Mar, Jun, Sept, Dec)
- Board Quality - 2nd Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)
- Executive – As Needed
- Finance – 2nd Wednesday every month

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

***Board members will be touring the Human Resources Department from 5:00 – 5:30pm on January 28th unless canceled due to member or department unavailability.***