Bartlett Regional Hospital

AGENDA
BOARD OF DIRECTORS MEETING
Tuesday, November 24, 2020; 5:30 p.m.
Bartlett Regional Hospital Zoom/Teleconference
Public may follow the meeting via the following link https://bartletthospital.zoom.us/j/93293926195
or call
1-253-215-8782 and enter webinar ID 932 9392 6195

I.	**CALL TO ORDER**		**5:30**
II.	**ROLL CALL**		**5:32**
III.	**APPROVE AGENDA**		**5:34**
IV.	**PUBLIC PARTICIPATION**		**5:35**
V.	**CONSENT AGENDA**		**5:45**
	A. October 27, 2020 Board of Directors Minutes	(Pg.3)	
	B. September 2020 Financials	(Pg.8)	
VI.	**BOARD EDUCATION**		
	Cyber Security – Scott Chille, Director of Information Services	(Pg.13)	**5:50**
VII.	**OLD BUSINESS**		**6:00**
	CLO Replacement Update		
VIII.	**NEW BUSINESS**		**6:05**
	CEO Recruitment Committee	(Pg.32)	
IX.	**MEDICAL STAFF REPORT**		**6:15**
X.	**COMMITTEE REPORTS**		**6:20**
	A. November 12, 2020 Draft Board Executive Committee Minutes	(Pg.38)	
	B. November 13, 2020 Draft Finance Committee Meeting Minutes	(Pg.40)	
	C. November 17, 2020 Draft Planning Committee Meeting Minutes	(Pg.42)	
	➢ Capital Project Funding Sources – Internal vs. Bonding	(Pg.45)	
	D. November 18, 2020 Draft Board Quality Committee Minutes	(Pg.57)	
XI.	**MANAGEMENT REPORTS**		**6:30**
	A. CLO Management report	(Pg.60)	
	B. HR Management report	(Pg.61)	
	C. CNO Management report	(Pg.62)	
	D. COO Management report	(Pg.67)	
	➢ Molecular Lab Update	(Pg.69)	

E. CBHO Management report (Pg.71)
- Impacts of COVID-19 on Children and Adolescents (Pg.78)

F. CFO Management report (Pg.81)
G. CEO Management report (Pg.86)

XII. CEO REPORT / STRATEGIC DISCUSSION **6:35**
COVID-19 Update

XIII. PRESIDENT REPORT **6:40**

XIV. BOARD CALENDAR - December (Pg.87) **6:45**

XV. BOARD COMMENTS AND QUESTIONS **6:50**

XVI. EXECUTIVE SESSION **6:55**

A. Credentialing report
B. November 3, 2020 Draft Medical Staff Meeting Minutes
C. Patient Safety Dashboard

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

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the credentialing report, Medical Staff Meeting minutes, and the patient safety dashboard.*

  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.)*

XVII. ADJOURNMENT **7:30**

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
October 27, 2020 – 5:30 p.m.
Zoom videoconference

CALL TO ORDER – The Board of Director's meeting was called to order at 5:37 p.m. by Lance Stevens, Board President

BOARD MEMBERS PRESENT

Lance Stevens, President	Rosemary Hagevig, Vice President	Brenda Knapp
Kenny Solomon-Gross – Secretary	Mark Johnson	Marshal Kendziorek
Iola Young		

ABSENT: Deb Johnston and Lindy Jones, MD

ALSO PRESENT

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Bradley Grigg, CBHO	Dallas Hargrave, HR Director	Rose Lawhorne, CNO
Megan Costello, CLO	Joy Neyhart, DO, COS	Michelle Hale, CBJ Liaison
Anita Moffitt, Executive Assistant	Jim Swanson	Constance Williams
Duane Mayes	Rhymi Chavid	Loren Jones
Roseman (GenPub)		

APPROVAL OF THE AGENDA – Mr. Stevens requested the removal of item C listed under new business as it is tied to item A. ***MOTION by Ms. Hagevig to approve the agenda as amended. Mr. Solomon-Gross seconded. Agenda approved as amended.***

PUBLIC PARTICIPATION – None

STATE OF ALASKA, DIVISION OF VOCATIONAL REHABILITATION AWARD PRESENTATION – Duane Mayes, Director of the State of Alaska Division of Vocational Rehabilitation (DVR) introduced himself and Jim Swanson, Southeast Regional Manager and Constance Williams, Rehabilitation Counselor and business engagement person. He recognized Mr. Hargrave as a valuable asset to BRH and to persons with disabilities. He noted that every October is National Disability Employment Awareness Month. Mr. Swanson reported that 5 employers received an award for their dedication to hiring people with different backgrounds, including disabilities. He recognized BRH as a very instrumental partner in Project Search in coordination with REACH, the Juneau School District and the Division of Vocational Rehabilitation. A significant number of young people with disabilities participated in this project at BRH to gain work experience and resulted in some of them being hired when the project was over. Mr. Swanson said he had presented Mr. Hargrave with the award and a letter from Mr. Mayes and the chairperson of the State Vocational Rehabilitation Council earlier today. A proclamation by the Governor declaring Disability Employment Awareness Week and a decal to be displayed at BRH had also been presented. Mr. Swanson thanked the Board members and the Senior Leadership Team for allowing these opportunities to occur. Mr. Stevens thanked Mr. Swanson and the DVR for being allowed in this partnership and Mr. Hargrave expressed his appreciation for the award presentation. A photo of Mr. Hargrave with the award, as well as the other award recipients, will be posted on the DVR Facebook page. Mr. Bill thanked the organization for allowing BRH to participate in this program.

CONSENT AGENDA – ***MOTION by Ms. Hagevig to approve the consent agenda as presented. Mr. Solomon-Gross seconded. Consent agenda approved.***

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NEW BUSINESS

Temporary Triage Facility – Mr. Kendziorek provided an overview of the plans for the temporary triage facility. This facility would be comprised of 3 modular buildings, built off site and transferred to the location outside of the Emergency Room where they will then be joined together, the roof sealed and stairs and ramps built. BRH worked with CBJ to avoid going through the RFP process to move the project ahead quickly. 9 weeks of construction, including the off-site build, setting it in place and building ramps and stairs is anticipated. We anticipate this facility to be operational in mid to late January. Mr. Solomon-Gross expressed his and Dr. Jones' support in expediting this project. In response to Ms. Knapp's inquiry, Mr. Kendziorek reported that the tent in use now, will be moved to a different location and traffic will be rerouted while this facility is being constructed. The facility will be on skids so a platform will not need to be constructed. Mr. Johnson expressed support for this project and completing it as quickly as possible before the weather gets too cold. Mr. Gardner reported that a new, insulated, weather tight tent to replace the tent currently in place has been ordered for use until the facility can be constructed.
MOTION on behalf of the Planning Committee to accept the plans for the temporary triage facility. There being no objections, MOTION approved.

Finance Budget Triage Facility – Mr. Bill reported that the quote to build this temporary triage facility is not to exceed $300,000. Mr. Johnson noted as this is within Mr. Bill's spending authority granted by the Finance Committee, there is no action needed by the Board. Ms. Hale thanked the Planning Committee for moving this forward, it is really encouraging.

Board Policy Manual - Ms. Knapp highlighted the proposed changes to the Board Policy Manual as recommended by the Governance Committee. These changes do include Ms. Costello's legal review and recommendation. Mr. Kendziorek identified the word "at" as missing from section 0112. Ms. Knapp noted that unlike the Bylaws, the Board has the authority to pass its own Policy Manual. The Governance Committee has approved moving these proposed changes to the Board for approval.
MOTION on behalf of the Governance Committee to accept the proposed changes to the Policy Manual as amended. There being no objections, MOTION approved.

Medical Staff Report – Dr. Neyhart noted the credentialing report and the minutes from the October 6, 2020 Medical Staff Meeting are in the executive session of the packet. She reported that she has been working with the Medical Staff Executive Committee (MSEC) to write a job description for the Chief Medical Officer (CMO) position. It is currently in the hands of Mr. Hargrave and the Human Resources staff to do a little more research to make sure it is appropriate. She also reported that the Juneau Medical Society currently collects mandatory contributions from Medical Staff members that do not meet the minimum number of committee or monthly Medical Staff meetings they are supposed to attend. This practice has been identified as not being conducted appropriately. The medical staff have voted to transfer the approximate $12,000 balance to the Bartlett Regional Hospital Foundation if they are willing to accept it. The proposal is still in draft form as there are some considerations the Medical Staff would like to present the BRH Foundation. Lastly she reported that an RFP for the State's plans of safe care for babies born to mothers with a history of substance misuse will be coming out soon. Updates will be provided when more information is available. Conversation held about Medical Staff meeting minutes not being open to public review/discussions.

COMMITTEE REPORTS:

Compliance Committee Meeting – Draft minutes from the October 7th committee meeting and the October 17th Board Compliance Training session are in the packet. Mr. Kendziorek thanked everyone that attended the BOD Compliance training session and said Mr. Overson did a great job conducting it. All Board members are required to receive this training whether live or via recording. Attestations of completion are to be turned in to Ms. Moffitt as soon as possible.

DRAFT

Finance Committee Meeting – Draft minutes from the October 9th meeting are in the packet. Mr. Johnson reported that the Finance Committee reviewed information provided by Mr. Hargrave and approved moving to the full board for approval, a student loan repayment proposal.
MOTION on behalf of the Finance Committee to approve the student loan repayment proposal as presented. There being no objections, MOTION approved.

Planning Committee Meeting – Draft minutes from the October 15th meeting are in the packet. Mr. Kendziorek reported the committee has been very busy and encourages everyone to read the minutes if they have no already done so. Prioritizing the list of projects must happen quickly. Staff is working with Jensen Yorba Wall (JYW) and CBJ Engineering to prioritize and will present the list at the November 17th Planning Committee meeting. Corey Wall will is creating Gantt charts for use in this project. Mr. Benson is to write a white paper for presentation to the Assembly to explain why we need a six month cushion of money, what our financing options and limitations are as well as information on revenue bonds vs general obligation bonds. Mr. Benson will present that paper at the November Finance Committee and Planning Committee meetings. Mr. Kendziorek stated it is the committee's intent to keep pressure on the staff to keep things moving. Mr. Johnson complimented Mr. Kendziorek and the Planning Committee for the work and progress made so far. Ms. Hale thanked Mr. Kendziorek for mentioning the budget reserves and white paper for the Assembly. She had talked about this at an Assembly meeting to help communicate Bartlett's plans for reserve funds. It is important for them to have a clear understanding of the purpose of the reserves with a sense of how much is needed or not needed and when bonding would come in, etc. Mr. Stevens agreed that clarity regarding cash on hand is very important.

Governance Committee Meeting – Draft minutes of the October 16th meeting are in the packet. Ms. Knapp noted the action item that came out of that meeting had already been approved earlier this evening.

MANAGEMENT REPORTS:
CLO report – No questions
HR report – No questions. Mr. Stevens said he's glad to see we've hired more people than we lost.
CNO report – No questions
COO report – Mr. Solomon-Gross requested information regarding future plans of offering a monthly ultrasound guiding IV start class for nurses interested in learning this skill. Mr. Gardner, Ms. Lawhorne and Ms. Moorehead will work with staff development to coordinate these classes. Mr. Gardner provided an update of the latest information regarding the status of the Cepheid and Abbott tests. He reported that the State has received and will receive more Cepheid tests which will help our supplies. In response to Mr. Johnson's query about providing COVID testing for staff, Ms. Lawhorne reported there is no state mandate that addresses medical facilities that are not congregate living facilities. Staff in high risk areas of BRH are feeling vulnerable. Ms. Lawhorne, Mr. Gardner, Mr. Barr and Mr. Fortin are looking at resources and a system that would fairly allocate testing kits. This request has come from multiple sources including hospice and home health providers. Mr. Gardner noted that when we get the molecular lab up and running, it will help us tremendously with the supply issue. A team of staff members is trying to work out the registration, collection and test reporting process for employee and mass testing. There is no reimbursement for asymptomatic testing. Ms. Hagevig initiated a conversation about Cepheid supplies and state allocation. New Cepheid tests will be a four in one combination test for SARS, COVID, Flu and RSV. If we are unable to get these test kits from the State, we will have to order them at cost and pass that on to the consumer. Ms. Hale reported that the State is allocating five ID Now Abbott testing machines for the Legislature specifically. She also reported that since CBJ is now using Fulgent Genetics in California to process tests, CBJ is exploring buying a lot (10,000) Fulgent test kits to support BRH and other facilities' testing of staff.

CBHO report – Mr. Stevens had toured the newly renovated Rainforest Recovery Center (RRC) and was very impressed by the facility and the elevated care provided. Mr. Johnson appreciates the telehealth services provided for Bartlett Outpatient Psychiatric Services and RRC. He requests periodic updates be provided to the Board. Mr. Solomon-Gross requested information regarding grant funding from DHSS. Mr. Grigg reported that we have seen a significant increase in youth and adults showing up in the ER in crisis. He had requested funding from the State for support in staffing a community based aftercare program for patients utilizing Psychiatric Emergency Services (PES) in the ER and then being discharged instead of admitted to the hospital. Staff would follow up with the patient and/or family for 5 days after the assessment to help the crisis continue to stabilize. As a result of this request, the State amended the $800,000 Crisis

Stabilization grant by $360,000 which will support a combination of therapists, youth and family navigators and behavioral health technicians. Three people have been hired to fill the posted positions. By November 15th, this community based PES program will be in place. Mr. Stevens commended Mr. Grigg for recognizing the need for this service in the community and getting quick action from the State. Mr. Grigg also reported that the $360,000 was not just to help with staffing it is for any services this program will be providing for the rest of this fiscal year. Adjustments are being made to the 1115 waiver to include services identified as needed but aren't normally provided and not reimbursable. This information will be used to update the 1115 waiver to allow billing for these services effective July 1st. Ms. Hagevig commended Mr. Grigg for hiring this staff so quickly and inquired about sustainability of the program. Mr. Grigg reported that we are working on a sustainability plan. He also reported that daily reimbursement rates have been increased by the State to $950.00 per day for services, this does not include the professional fees by the physicians and therapists.
CFO report – No written report submitted

CEO REPORT – Mr. Bill thanked the Board and the Senior Leadership Team (SLT) for his much needed time away. SLT did a phenomenal job of maintaining and moving projects forward during his absence. He stated that he has meetings scheduled to take place with Virginia Mason and University of Washington to begin discussions about partnering opportunities. A local task force is being built to identify the questions we will need to ask to ensure we get our needs met as meetings progress. Meetings with Providence, Peace Health and SEARCH will also be scheduled. We continue to recruit for a General Surgeon, Medical Oncologist, Urologist and CMO. He thanked Dr. Neyhart for the work she and the MSEC have put into the CMO position description as medical staff input is crucial. He also reported that discussions have been held with CBJ about hiring a project manager with a healthcare focus to work with us on the projects we have. CBJ will hire this person but charge their time and benefits costs to BRH. The space for molecular lab is empty and renovations will begin later this week. This project is expected to be completed by mid to late January, the same time we expect to see the testing equipment delivered. We currently have one COVID positive patient in-house. Information about setting up Centennial Hall is in the CNO report. This was a huge effort and Ms. Lawhorne and the rest of the crew's efforts are greatly appreciated. For his final update, Mr. Bill announced his plan to retire on or about February 5, 2021. The specifics will be worked out with Human Resources and the Board of Directors. He has really enjoyed the 6 ½ years he has been here and appreciates the work with the Board and SLT to get the hospital in a solid position from both a senior leadership standpoint and a financial standpoint. He hopes to continue the relationship on a consulting basis for a period of time but has ultimate faith in our SLT that they will be a bridge to whoever the Board decides will be the next leader should this not happen. Mr. Johnson expressed best wishes to Mr. and Mrs. Bill and then asked what the possibility is that BRH might see overflow patients from other hospitals due to the spike in COVID patients. Ms. Lawhorne feels this is not a likely scenario but conversations have been held about extreme situations should that occur. Ms. Knapp was not surprised by Mr. Bill's retirement and expressed well wishes. Mr. Kendziorek expressed thanks and acknowledged Mr. Bill for the good job he has done since he has been here and especially during this COVID pandemic. Ms. Hagevig also congratulated Mr. Bill and then initiated a conversation about pre-planning in anticipation of the State receiving a COVID vaccine. There is a focused effort going on at the State level through ASHNHA and DHSS to coordinate how that will roll out. Mr. Solomon-Gross congratulated Mr. and Mrs. Bill on his retirement and expressed appreciation for the work accomplished. Ms. Hale said Mr. Bill will be missed and his handling of the COVID crisis has been stellar. She also acknowledged how instrumental BRH was in setting up Centennial Hall. Mr. Stevens reported that he had requested that Mr. Bill announce his well-deserved retirement to the Board members and SLT at the same time and there will now need to be an Executive Committee meeting scheduled to plan our next steps. He wished Mr. and Mrs. Bill the best in their new adventures.

PRESIDENT REPORT – Mr. Stevens thanked everyone for their participation in strategic discussions. He was unable to attend the Board Compliance training last Saturday due to a work emergency and hopes to be back in Juneau soon. He acknowledged and expressed appreciation for how seamlessly SLT handled the different things that arose at the hospital and in the community during Mr. Bill's absence.

BOARD CALENDAR – November calendar reviewed. An Executive Committee meeting will be held at 12:00pm on November 12th. All other dates and times listed confirmed with no changes.

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BOARD COMMENTS AND QUESTIONS – Ms. Costello announced that she has given her notice and will be leaving the Chief Legal Officer position. Her last day will be December 4th. She enjoyed her time working with the Board and BRH staff and will miss everybody. She will work with Mr. Bill and Mr. Palmer on a strategy to move forward with future legal needs of the hospital. She will be staying in Juneau and returning to litigation cases. Mr. Stevens said she has been a valuable member of the team and will be missed. Mr. Solomon-Gross said she would be missed and announced that he plans to stay and has reapplied for a position on the Board. Board member terms are up for Mr. Solomon-Gross, Ms. Hagevig and Ms. Knapp at the end of this year.

Executive Session – ***Motion 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 credentialing report, Medical Staff meeting and the patient safety dashboard.*

Mr. Solomon-Gross **seconded.** The Board entered executive session at 7:07 p.m. and returned to regular session at 7:20 p.m.

Ms. Hagevig made a MOTION to approve the credentialing report as presented. Ms. Knapp seconded. Motion approved.

ADJOURNMENT – 7:21 p.m.

DRAFT

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

DATE: November 3, 2020

TO: BRH Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: September Financial Performance

Bartlett incurred a more favorable month in September as outpatient volumes picked back up after a slowdown in August. Outpatient revenues were $636,000 or 6.8% greater than budget. Inpatient volumes and revenues appear to be ticking up heading back to pre-covid levels finishing $947,000 or 16% less than budget. However, this is moving in the right direction as the year-to-date shortfall is 22% after the first quarter. Total revenues were short of budget by $968,000 or 6%. but was supplemented by CARES monies to make up the loss of revenue.

Deductions from Revenue also decreased commensurate with the decrease of revenue and finished $491,000 or 6% less than budget.

Net Patient Revenue finished 5% or $476,000 less than budget. CARES funds were realized to make up for this loss of revenues and recorded to Other Operating Revenue. This left Total Operating Revenue $412,000 or 4% greater than budget.

Expenses exceeded budget by $450,000 thousand or 4.7%. The biggest variance was for supplies and are attributable to pharmaceuticals and surgery supplies. Other variances are mostly covid related. This resulted in an Operating Income of $54,000 and a Net Income of $231,000. After the first quarter BRH has an Operating Income of $54,000 and a Net Income of $586,000.

Other Significant Items:

- Reference Lab fees have increased due to Covid-19 testing. This expense was $50,000 in September almost double to budgeted amount of $26,000.
- A new accounting department was established for “Molecular Diagnostics” and $12,000 of expense was recorded. This was not a budgeted operating expense.
- As patient days are under budget this also affects Hospitalist revenues. Hospitalist revenue in September was down consistent with patient days by $57,000 or 24%.

Bartlett Regional Hospital
Dashboard Report for September 2020

Facility Utilization:	CURRENT MONTH Actual	Budget	% Over (Under) Budget	Prior Year	Prior Month (Aug)	YEAR TO DATE Actual	Budget	% Over (Under) Budget	Prior Year
Hospital Inpatient:Patient Days									
Patient Days - Med/Surg	360	373	-4%	434	345	1,087	1,145	-5%	1,326
Patient Days - Critical Care Unit	103	93	11%	93	103	310	286	8%	311
Patient Days - Swing Beds	0	0	0%	0	0	0	0	0%	0
Avg. Daily Census - Acute	15.4	15.6	-1%	17	14.5	15.2	15.6	-2%	17.8
Patient Days - Obstetrics	56	67	-16%	91	68	197	205	-4%	233
Patient Days - Nursery	37	52	-29%	64	58	146	159	-8%	187
Total Hospital Patient Days	**556**	**585**	-5%	**682**	**574**	**1,740**	**1,795**	-3%	**2,057**
Births	24	24	1%	27	28	81	73	11%	82
Mental Health Unit									
Patient Days - Mental Health Unit	217	270	-20%	235	132	486	828	-41%	714
Avg. Daily Census - MHU	7.2	9.0	-20%	7.6	4	5.3	9.0	-41%	7.8
Rain Forest Recovery:									
Patient Days - RRC	0	387	-100%	285	0	0	1,185	-100%	880
Avg. Daily Census - RRC	0	12.9	-100%	9.2	0	0	12.9	-100%	9.6
Outpatient visits	118	19	530%	21	67	206	162	27%	74
Inpatient: Admissions									
Med/Surg	43	77	-44%	101	49	163	237	-31%	274
Critical Care Unit	36	43	-17%	49	32	101	133	-24%	149
Obstetrics	26	26	1%	30	27	87	79	10%	88
Nursery	24	24	0%	27	28	81	74	10%	83
Mental Health Unit	27	36	-25%	38	22	65	111	-41%	114
Total Admissions - Inpatient Status	**156**	**206**	-24%	**245**	**158**	**497**	**633**	-22%	**708**
Admissions -"Observation" Status									
Med/Surg	62	55	13%	50	52	172	168	2%	180
Critical Care Unit	20	29	-32%	37	24	68	90	-25%	108
Mental Health Unit	2	2	-19%	4	3	9	8	19%	6
Obstetrics	15	19	-19%	24	14	43	57	-25%	66
Nursery	0	0	-100%	0	0	0	1	-100%	1
Total Admissions to Observation	**99**	**106**	-6%	**115**	**93**	**292**	**324**	-10%	**361**
Surgery:									
Inpatient Surgery Cases	49	51	-4%	70	46	152	156	-3%	174
Endoscopy Cases	86	89	-3%	84	78	239	273	-13%	253
Same Day Surgery Cases	106	100	6%	95	109	358	308	16%	277
Total Surgery Cases	**241**	**240**	0%	**249**	**233**	**749**	**737**	2%	**704**
Total Surgery Minutes	17,637	14,939	18%	19,319	16,827	54,782	45,812	20%	50,255
Outpatient:									
Total Outpatient Visits (Hospital)									
Emergency Department Visits	967	1,203	-20%	1,278	991	2,991	3,689	-19%	4,018
Cardiac Rehab Visits	72	63	14%	86	48	170	194	-12%	234
Lab Visits	301	389	-23%	256	289	854	1,194	-28%	828
Lab Tests	9,679	8,338	16%	10,629	9,163	28,925	27,475	5%	32,094
Radiology Visits	859	813	6%	791	727	2,392	2,492	-4%	2,410
Radiology Tests	1,693	2,472	-32%	2,797	2,063	6,086	8,104	-25%	8,117
Sleep Study Visits	28	28	0%	29	25	87	86	2%	80
Physician Clinics:									
Hospitalists	151	230	-34%	164	173	687	705	-3%	647
Bartlett Oncology Clinic	85	81	5%	102	77	243	248	-2%	265
Ophthalmology Clinic	100	53	90%	-	98	305	162	88%	107
Behavioral Health Outpatient visits	396	373	6%	383	355	1,123	1,143	-2%	1,090
Bartlett Surgery Specialty Clinic visits	177	202	-12%	254	190	589	620	-5%	828
	909	938	-3%	903	893	2,947	2,877	2%	2,937
Other Operating Indicators:									
Dietary Meals Served	18,259	29,367	-38%	30,117	19,552	55,707	90,058	-38%	85,214
Laundry Pounds (Per 100)	374	371	1%	409	364	1,114	1,139	-2%	1,178

Bartlett Regional Hospital
Dashboard Report for September 2020

Facility Utilization:	CURRENT MONTH Actual	Budget	% Over (Under) Budget	Prior Year	YEAR TO DATE Actual	Budget	% Over (Under) Budget	Prior Year
Financial Indicators:								
Revenue Per Adjusted Patient Day	6,260	4,926	27.1%	4,707	6,409	4,608	39.1%	4,600
Contractual Allowance %	43.6%	43.0%	1.5%	41.3%	44.9%	43.0%	4.6%	40.9%
Bad Debt & Charity Care %	1.7%	2.7%	-35.3%	3.5%	0.5%	2.7%	-80.4%	3.1%
Wages as a % of Net Revenue	49.1%	47.3%	3.7%	46.6%	51.9%	45.9%	13.1%	45.6%
Productive Staff Hours Per Adjusted Patient Day	32.2	23.7	35.7%	20.8	34.2	21.3	60.5%	22.0
Non-Productive Staff Hours Per Adjusted Patient Day	5.4	3.8	43.4%	3.6	5.4	3.3	63.5%	3.4
Overtime/Premium % of Productive	7.24%	7.11%	1.9%	7.11%	5.33%	5.86%	-9.2%	5.86%
Days Cash on Hand	115	120	-4.7%	121	116	120	-3.9%	123
Board Designated Days Cash on Hand	127	133	-4.7%	150	128	133	-3.9%	150
Days in Net Receivables	53.1	53	0.0%	48	53.1	53	0.0%	48
					Actual	**Benchmark**	**% Over (Under)**	**Prior Year**
Total debt-to-capitalization (with PERS)					58.0%	33.7%	72.0%	63.3%
Total debt-to-capitalization (without PERS)					15.0%	33.7%	-55.4%	16.5%
Current Ratio					7.42	2.00	271.1%	9.05
Debt-to-Cash Flow (with PERS)					8.03	2.7	197.3%	4.87
Debt-to-Cash Flow (without PERS)					2.08	2.7	-22.8%	1.27
Aged A/R 90 days & greater					43.2%	19.8%	118.2%	48.0%
Bad Debt Write off					0.4%	0.8%	-50.0%	1.1%
Cash Collections					80.5%	99.4%	-19.0%	97.9%
Charity Care Write off					0.6%	1.4%	-57.1%	0.2%
Cost of Collections (Hospital only)					5.3%	2.8%	89.3%	3.7%
Discharged not Final Billed (DNFB)					13.8%	4.7%	193.6%	10.6%
Unbilled & Claims on Hold (DNSP)					13.8%	5.1%	170.6%	10.6%
Claims final billed not submitted to payor (FBNS)					0.0%	0.2%	-100.0%	0.0%
POS Cash Collection					2.9%	21.3%	-86.4%	13.4%

BARTLETT REGIONAL HOSPITAL
STATEMENT OF REVENUES AND EXPENSES
FOR THE MONTH AND YEAR TO DATE OF SEPTEMBER 2020

MONTH ACTUAL	MONTH BUDGET	MO $ VAR	MTD % VAR	PR YR MO		YTD ACTUAL	YTD BUDGET	YTD $ VAR	YTD % VAR	PRIOR YTD ACT	PRIOR YTD % CHG
					Gross Patient Revenue:						
$3,886,446	$4,771,816	-$885,370	-18.6%	$4,576,640	1. Inpatient Revenue	$11,395,502	$15,071,957	-$3,676,455	-24.4%	$14,999,692	-24.0%
$952,489	$1,013,829	-$61,340	-6.1%	$951,672	2. Inpatient Ancillary Revenue	$2,871,573	$3,202,205	-$330,632	-10.3%	$3,243,029	-11.5%
$4,838,935	$5,785,645	-$946,710	-16.4%	$5,528,312	3. Total Inpatient Revenue	$14,267,075	$18,274,162	-$4,007,087	-21.9%	$18,242,721	-21.8%
$9,996,637	$9,360,855	$635,782	6.8%	$9,668,689	4. Outpatient Revenue	$29,849,039	$29,566,593	$282,446	1.0%	$28,418,846	5.0%
$14,835,572	$15,146,500	-$310,928	-2.1%	$15,197,001	5. Total Patient Revenue - Hospital	$44,116,114	$47,840,755	-$3,724,641	-7.8%	$46,661,567	-5.5%
$13,850	$320,517	-$306,668	-95.7%	$273,214	6. RRC Patient Revenue	$22,128	$1,012,364	-$990,236	-97.8%	$918,857	-97.6%
$246,450	$272,416	-$25,966	-9.5%	$237,295	7. BHOPS Patient Revenue	$631,666	$860,432	-$228,766	-26.6%	$772,241	-18.2%
$694,576	$1,018,777	-$324,201	-31.8%	$1,357,635	8. Physician Revenue	$2,820,195	$3,217,851	-$397,657	-12.4%	$2,927,231	-3.7%
$15,790,448	$16,758,210	-$967,763	-5.8%	$17,065,145	9. Total Gross Patient Revenue	$47,590,103	$52,931,402	-$5,341,300	-10.1%	$51,279,896	-7.2%
					Deductions from Revenue:						
$2,369,806	$3,214,956	$845,150	26.3%	$3,125,329	10. Inpatient Contractual Allowance	$8,058,590	$10,154,556	$2,095,966	20.6%	$9,732,024	-17.2%
$0	$0	$0		-$308,333	10a. Rural Demonstration Project	$0	$0	$0		-$308,333	
$4,055,643	$3,341,438	-$714,205	-21.4%	$3,620,771	11. Outpatient Contractual Allowance	$11,471,280	$10,554,063	-$917,217	-8.7%	$9,943,445	15.4%
$461,001	$644,314	$183,313	28.5%	$613,342	12. Physician Service Contractual Allowance	$1,857,505	$2,035,088	$177,583	8.7%	$1,603,845	15.8%
$12,731	$14,821	$2,090	14.1%	$16,884	13. Other Deductions	$37,391	$46,811	$9,420	20.1%	$43,688	0.0%
$90,104	$69,649	-$20,455	-29.4%	$31,173	14. Charity Care	$483,374	$219,989	-$263,385	-119.7%	$94,720	410.3%
$184,351	$380,352	$196,001	51.5%	$574,584	15. Bad Debt Expense	-$232,302	$1,201,355	$1,433,657	119.3%	$1,471,687	-115.8%
$7,173,636	$7,665,530	$491,894	6.4%	$7,673,750	16. Total Deductions from Revenue	$21,675,838	$24,211,862	$2,536,024	10.5%	$22,581,076	-4.0%
43.6%	*43.0%*			*43.1%*	*% Contractual Allowances / Total Gross Patient Revenue*	*44.9%*	*43.0%*			*40.9%*	
1.7%	*2.7%*			*3.5%*	*% Bad Debt & Charity Care / Total Gross Patient Revenue*	*0.5%*	*2.7%*			*3.1%*	
45.4%	*45.7%*			*45.0%*	*% Total Deductions / Total Gross Patient Revenue*	*45.5%*	*45.7%*			*44.0%*	
$8,616,812	$9,092,680	-$475,869	-5.2%	$9,391,395	17. Net Patient Revenue	$25,914,265	$28,719,540	-$2,805,276	-9.8%	$28,698,820	-9.7%
$1,421,894	$533,676	$888,218	166.4%	$912,366	18. Other Operating Revenue	$4,487,309	$1,685,627	$2,801,682	166.2%	$1,300,033	245.2%
$10,038,706	$9,626,356	$412,350	4.3%	$10,303,761	19. Total Operating Revenue	$30,401,574	$30,405,167	-$3,594	0.0%	$29,998,853	1.3%
					Expenses:						
$3,915,618	$3,820,088	-$95,530	-2.5%	$3,894,156	20. Salaries & Wages	$12,151,672	$11,714,944	-$436,728	-3.7%	$11,447,565	6.2%
$176,631	$357,426	$180,795	50.6%	$323,753	21. Physician Wages	$812,198	$1,096,104	$283,906	25.9%	$946,857	-14.2%
$136,342	$124,596	-$11,746	-9.4%	$161,712	22. Contract Labor	$495,727	$382,106	-$113,621	-29.7%	$685,617	-27.7%
$2,351,025	$2,131,952	-$219,073	-10.3%	$1,867,131	23. Employee Benefits	$6,632,205	$6,537,977	-$94,228	-1.4%	$5,812,438	14.1%
$6,579,616	$6,434,062	-$145,554	-2.3%	$6,246,752		$20,091,802	$19,731,131	-$360,671	-1.8%	$18,892,477	6.3%
65.5%	66.8%			60.6%	% Salaries and Benefits / Total Operating Revenue	66.1%	64.9%			63.0%	
$110,841	$78,691	-$32,150	-40.9%	$140,493	24. Medical Professional Fees	$322,238	$241,318	-$80,920	-33.5%	$252,276	27.7%
$252,079	$164,620	-$87,459	-53.1%	$216,962	25. Physician Contracts	$497,781	$504,840	$7,059	1.4%	$667,454	-25.4%
$183,744	$168,699	-$15,045	-8.9%	$123,854	26. Non-Medical Professional Fees	$515,538	$517,345	$1,807	0.3%	$421,341	22.4%
$1,381,311	$1,180,008	-$201,303	-17.1%	$1,119,930	27. Materials & Supplies	$4,502,320	$3,618,702	-$883,618	-24.4%	$3,347,900	34.5%
$104,830	$138,764	$33,934	24.5%	$116,118	28. Utilities	$311,949	$425,531	$113,582	26.7%	$350,758	-11.1%
$434,627	$418,282	-$16,345	-3.9%	$392,031	29. Maintenance & Repairs	$1,349,624	$1,282,734	-$66,890	-5.2%	$1,112,336	21.3%
$46,149	$50,613	$4,464	8.8%	$53,212	30. Rentals & Leases	$147,009	$155,210	$8,201	5.3%	$160,119	-8.2%
$57,576	$52,058	-$5,518	-10.6%	$39,858	31. Insurance	$144,308	$159,643	$15,336	9.6%	$127,007	13.6%
$671,485	$658,814	-$12,671	-1.9%	$574,829	32. Depreciation & Amortization	$2,014,754	$1,913,698	-$101,056	-5.3%	$1,723,033	16.9%
$50,909	$49,592	-$1,317	-2.7%	$52,453	33. Interest Expense	$152,941	$152,082	-$859	-0.6%	$157,358	-2.8%
$111,613	$140,993	$29,380	20.8%	$99,284	34. Other Operating Expenses	$297,690	$432,413	$134,724	31.2%	$333,978	-10.9%
$9,984,780	$9,535,196	-$449,584	-4.7%	$9,175,776	35. Total Expenses	$30,347,954	$29,134,647	-$1,213,305	-4.2%	$27,546,037	-10.2%
$53,926	$91,160	-$37,234	-40.8%	$1,127,985	36. Income (Loss) from Operations	$53,620	$1,270,520	-$1,216,900	-95.8%	$2,452,816	-97.8%
					Non-Operating Revenue						
$101,271	$100,693	$578	0.6%	$100,700	37. Interest Income	$305,749	$308,792	-$3,043	-1.0%	$304,924	0.3%
$75,540	$97,233	-$21,694	-22.3%	-$140,329	38. Other Non-Operating Income	$226,932	$298,181	-$71,249	-23.9%	$448,247	-49.4%
$176,811	$197,926	-$21,116	-10.7%	-$39,629	39. Total Non-Operating Revenue	$532,681	$606,973	-$74,292	-12.2%	$753,171	-29.3%
$230,737	$289,086	-$58,349	20.2%	$1,088,356	40. Net Income (Loss)	$586,301	$1,877,493	-$1,291,192	68.8%	$3,205,987	81.7%
0.54%	0.95%			10.95%	Income from Operations Margin	0.18%	4.18%			8.18%	
2.30%	3.00%			10.56%	Net Income	1.93%	6.17%			10.69%	

BARTLETT REGIONAL HOSPITAL
BALANCE SHEET
September 30, 2020

	September-20	August-20	September-19	CHANGE FROM PRIOR FISCAL YEAR
ASSETS				
Current Assets:				
1. Cash and cash equivalents	35,597,529	37,006,284	34,618,832	978,697
2. Board designated cash	35,248,466	34,683,672	38,292,088	(3,043,622)
3. Patient accounts receivable, net	14,968,389	13,554,959	14,968,934	(544)
4. Other receivables	145,824	449,250	2,360,860	(2,215,037)
5. Inventories	3,151,282	3,310,671	3,001,455	149,827
6. Prepaid Expenses	2,766,747	2,916,535	1,141,530	1,625,216
7. Other assets	28,877	28,877	28,877	-
8. Total current assets	91,907,114	91,950,248	94,412,576	(2,505,463)
Appropriated Cash:				
9. CIP Appropriated Funding	4,163,554	4,163,554	4,678,117	(514,563)
Property, plant & equipment				
10. Land, bldgs & equipment	145,061,431	144,810,898	150,682,816	(5,621,386)
11. Construction in progress	6,189,430	6,324,168	1,004,610	5,184,820
12. Total property & equipment	151,250,861	151,135,066	151,687,426	(436,566)
13. Less: accumulated depreciation	(96,056,025)	(95,384,540)	(99,439,660)	3,383,634
14. Net property and equipment	55,194,836	55,750,528	52,247,767	2,947,067
15. Deferred outflows/Contribution to Pension Plan	12,403,681	12,403,681	14,415,000	(2,011,319)
16. Total assets	163,669,184	164,268,009	165,753,461	(2,084,276)
LIABILITIES & FUND BALANCE				
Current liabilities:				
17. Payroll liabilities	1,411,732	1,182,037	1,149,784	261,947
18. Accrued employee benefits	4,624,798	4,603,108	3,688,063	936,735
19. Accounts payable and accrued expenses	2,484,393	2,840,648	2,508,020	(23,627)
20. Due to 3rd party payors	4,250,857	4,250,857	3,193,548	1,057,309
21. Deferred revenue	(1,667,381)	(835,048)	(959,185)	(708,196)
22. Interest payable	131,919	65,959	136,144	(4,225)
23. Note payable - current portion	870,000	870,000	845,000	25,000
24. Other payables	275,690	218,958	208,727	66,963
25. Total current liabilities	12,382,008	13,196,519	10,770,101	1,611,906
Long-term Liabilities:				
26. Bonds payable	17,260,000	17,260,000	18,130,000	(870,000)
27. Bonds payable - premium/discount	1,182,480	1,197,531	1,364,081	(181,600)
28. Net Pension Liability	64,954,569	64,954,569	72,600,321	(7,645,752)
29. Deferred In-Flows	4,318,200	4,318,200	6,172,883	(1,854,683)
30. Total long-term liabilities	87,715,249	87,730,300	98,267,285	(10,552,036)
31. Total liabilities	100,097,257	100,926,819	109,037,386	(8,940,130)
32. Fund Balance	63,571,928	63,341,192	56,716,074	6,855,854
33. Total liabilities and fund balance	163,669,184	164,268,009	165,753,461	(2,084,276)

Bartlett Regional Hospital Cybersecurity Program Overview

Scott Chille

CISSP, GCIH, GMON, GCCC, GSTRT, GSNA, GCPM, GLEG, GSLC, SSAP

Director, Information Systems

HIPAA Information Security Officer

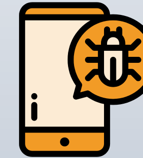
CYBER SECURITY HEADLINES

Top Threats to Healthcare

RANSOMWARE

Doubled in Q3 of 2020
Healthcare most targeted

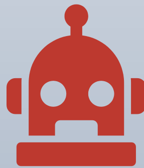
165% RISE



MOBILE MALWARE

A steep rise in malicious apps will threaten all mobile device users and their data as the entry barriers to app development come down

35+ MILLION BAD APPS



RISE OF THE BOTS

IoT devices that can lock, monitor or have access to your data will become prevalent, bringing a new breed of vulnerabilities with them

31 BILLION DEVICES
Up from 7 Billion in 2018

4.6 BILLION CLOUD USERS

CLOUD DATA

The cloud industry is forecast to grow by 17.3% while most security policies are still reliant upon simple SSL encryption

500 Gbps DDOS ATTACKS

HACTIVISM

More people will take justice into their own hands, either through leaking confidential data or unleashing DDOS attacks against their perceived enemies

OUR APPROACH: DEFENSE-IN-DEPTH / LAYERED SECURITY

Definition

What does Defense-in-Depth (Layered Security) mean?

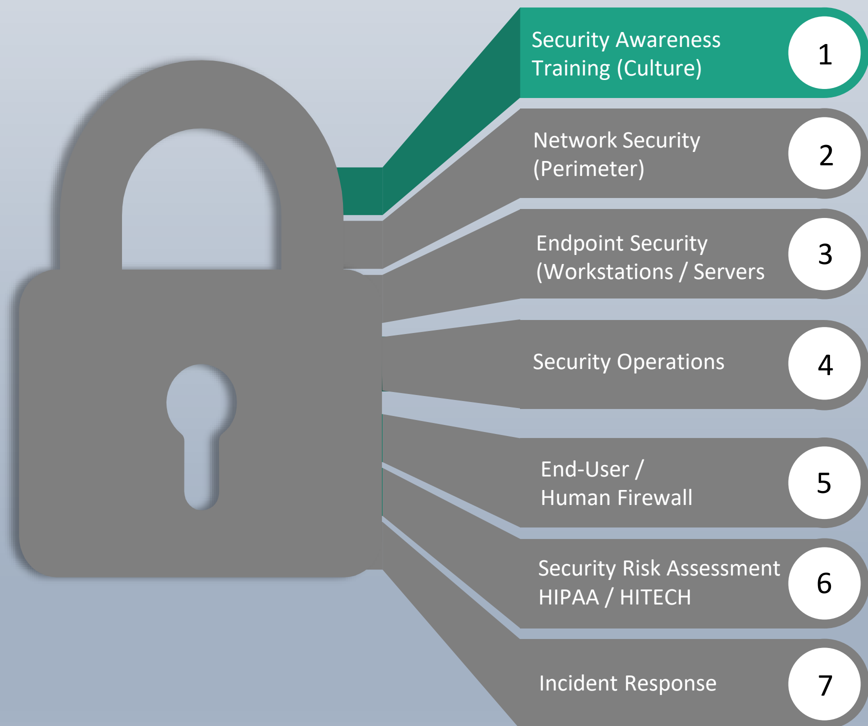
Layered security refers to security systems that use multiple components to protect operations on multiple levels, or layers. ... Layered security may also be known as layered defense .

DEFENSE-IN-DEPTH / LAYERED SECURITY

7 Layers of Security

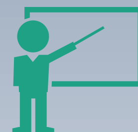
Cybersecurity Program: Defense-In-Depth

Layers of Security



Security Awareness Training (Culture) 1

- KnowBe4 Video Training
- Email Blasts
- NEO Training
- Phishing Simulation Tests
  - (Focus: Positive Behavior)
- Email Exposure Check
- **Board Member OSINT Briefing
  - Coming Soon



User Education Awareness

Home / Mobile Working

Cybersecurity Program: Defense-In-Depth

Layers of Security

Network Security (Perimeter) 2

- Citrix Portal (removed old RDP)
- SecureLink
- Geo-blocking
- Firewall
  - Segregation of network access
  - Hardware upgrades
  - DNA Center
  - Stealth-Watch
  - Fire-Power / Umbrella
- Wireless
- Intrusion Detection Systems (IDS)
- Intrusion Prevention Systems (IPS)

Network Security

BRH Cybersecurity Program: Defense-In-Depth

Layers of Security

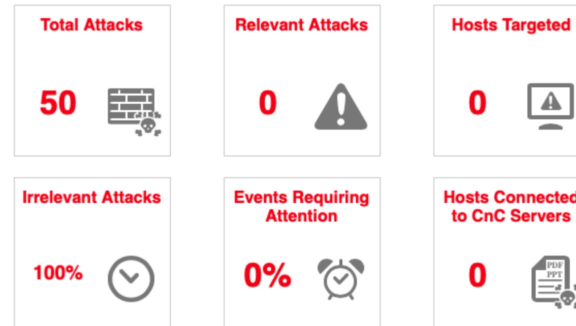
Network Security (Perimeter) 2

Attacks on Bartlett Network	As of March-15	As of April-29	As of May-31	As of Jun-30	As of Jul-31	As of Aug-31	As of Sep-30	As of Oct-31
Per Minute	86	183	168	371	335	366	870	2542
Per Hour	5,160	10,980	10,080	22,260	20,100	21,960	52,200	152,520
Per Day	123,840	263,520	241,920	534,240	482,400	527,040	1,252,800	3,660,480
Per Week	866,880	1,844,640	1,693,440	3,739,680	3,376,800	3,689,280	8,769,600	25,623,360
Per Month	3,839,040	8,169,120	7,499,520	16,561,440	14,954,400	16,338,240	38,836,800	113,474,880
Per Year	45,201,600	96,184,800	88,300,800	194,997,600	176,076,000	192,369,600	457,272,000	1,336,075,200

I. EXECUTIVE SUMMARY

Cisco has determined that Bartlett Regional Hospital is at a high risk due to the observation of attacks on the network targeting hosts that may be vulnerable. These attacks and hosts require further investigation to help lower the risk.

Assessment Period: Thu Oct 1 2020 09:48:00 to Sat Oct 31 2020 09:48:00



RELEVANT ATTACKS CARRY THE FOLLOWING RISKS

CLASSIFICATION	COUNT
Web Application Attack	25
Attempted Administrator Privilege Gain	17
Attempted User Privilege Gain	8

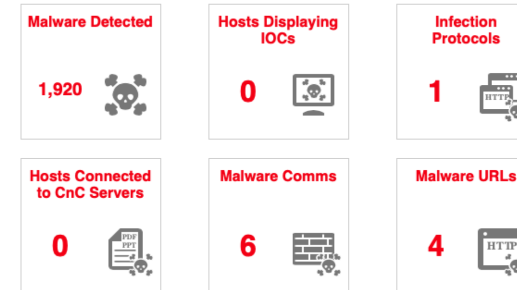
Cisco recommends that Bartlett Regional Hospital deploy Cisco Firepower Appliances to:

1. **Establish continual visibility into its network attack risks**
2. **Implement automated protections in order to mitigate this risk going forward**

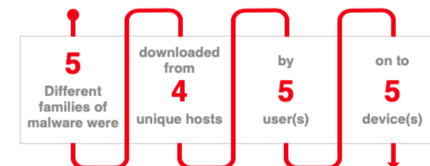
I. EXECUTIVE SUMMARY

Cisco has determined that Bartlett Regional Hospital is at a high risk due to the observation of attack by 3 different families of malware. Cisco Advanced Malware Protection (AMP) was deployed for an assessment period of 4 weeks. This report is a record of what was found on the network during this time.

Assessment Period: Thu Oct 1 2020 09:51:00 to Sat Oct 31 2020 09:51:00



MALWARE PROFILE: OVER 4 WEEKS



Cisco recommends that Advanced Malware Protection (AMP) is deployed to:

1. Establish continuous visibility into advanced malware
2. Augment existing controls in order to mitigate this risk

Cybersecurity Program: Defense-In-Depth

Layers of Security

Endpoint Security (Workstations / Servers) 3

- Cybereason
  - Endpoint Detection & Response
- Barracuda Spam Firewall w/ Advanced Threat Protection
- Mobile Device Management
- Logs collected and sent to central system (SIEM)

Removable Media Controls

Malware Prevention

BRH Cybersecurity Program: Defense-In-Depth

Layers of Security

Endpoint Security (Workstations / Servers) 3

rtb.addx1.com — Nov 15, 2020, 4:39:32 PM GMT-9 — Hi, schille

Command and Control

rtb.addx1.com

Connection to a malicious domain

Investigate | Mark as | Print Report | Isolate | Remote Shell | Respond

Description

- Detection of a DNS query or a direct connection to the following malicious domain rtb.addx1.com. (ATT&CK: Initial Access, Command and Control)

Status: To review

Manage Labels

First detected: a month ago

Root cause info

Scope: CLABHEM

Communication: Outgoing only

Comments (1)

Cybereason.SOC October 4, 2020 at 6:47:18 AM GMT-8

Affected Machine: CLABHEM // Affected User: bartlett\ppisani [Summary] Malop triggered due to connection to a malicious domain. The process ‘Msedge.exe’ is a Microsoft Edge process. The process created a connection to a malicious domain. // [Recommendations] Block the malicious domain in your organizational FW, proxy, web filtering and mail filtering: ‘addx1[.]com’ (sanitized for your protection).

CLABHEM
Affected machines

bartlett\ppisani
Affected users

rtb.addx1.com
Connection to a malicious domain
Root cause

No Connections
Incoming connections

98 Connections
Outgoing connections

2 suspicious Processes
Malicious process

C&C

Timeline

Malop started — First execution on first machine — Resource affected — Outgoing communication

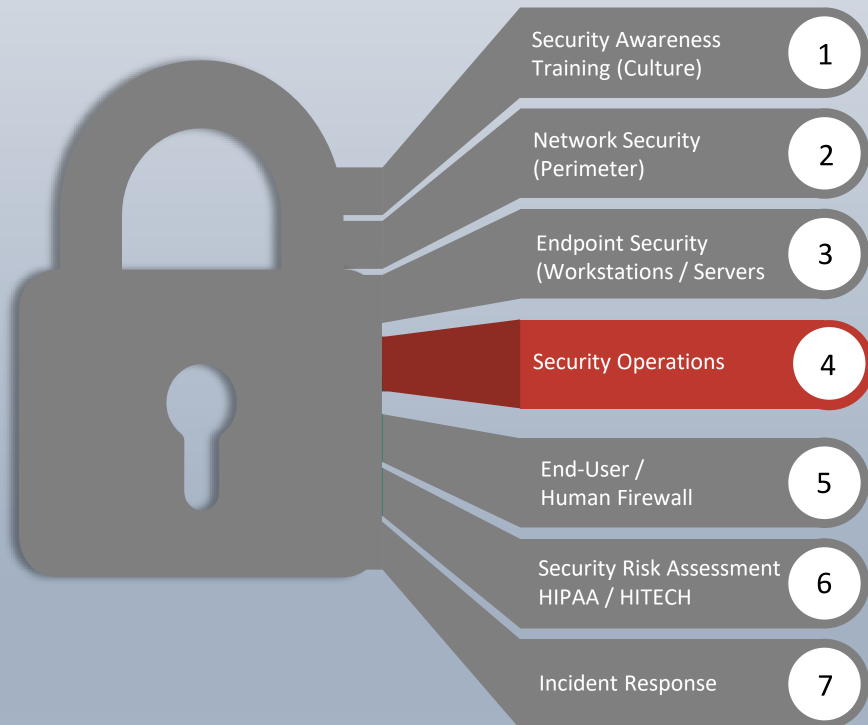
Malop detected — Command and Control

22:21 Oct 3, 2020 — a minute — 22:22 — 10 minutes — 22:32 — a month — Now

No suspicions

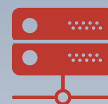
Cybersecurity Program: Defense-In-Depth

Layers of Security



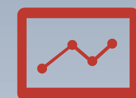
Security Operations 4

- Rapid7 Tools
  - Insight Detection & Response (Security Incident & Event Management: SIEM)
  - Insight Vulnerability Management
- Privileged Account Management
  - Restricted Administrative Access
- Continuous Monitoring
- Secure Configuration Management



Secure Configuration

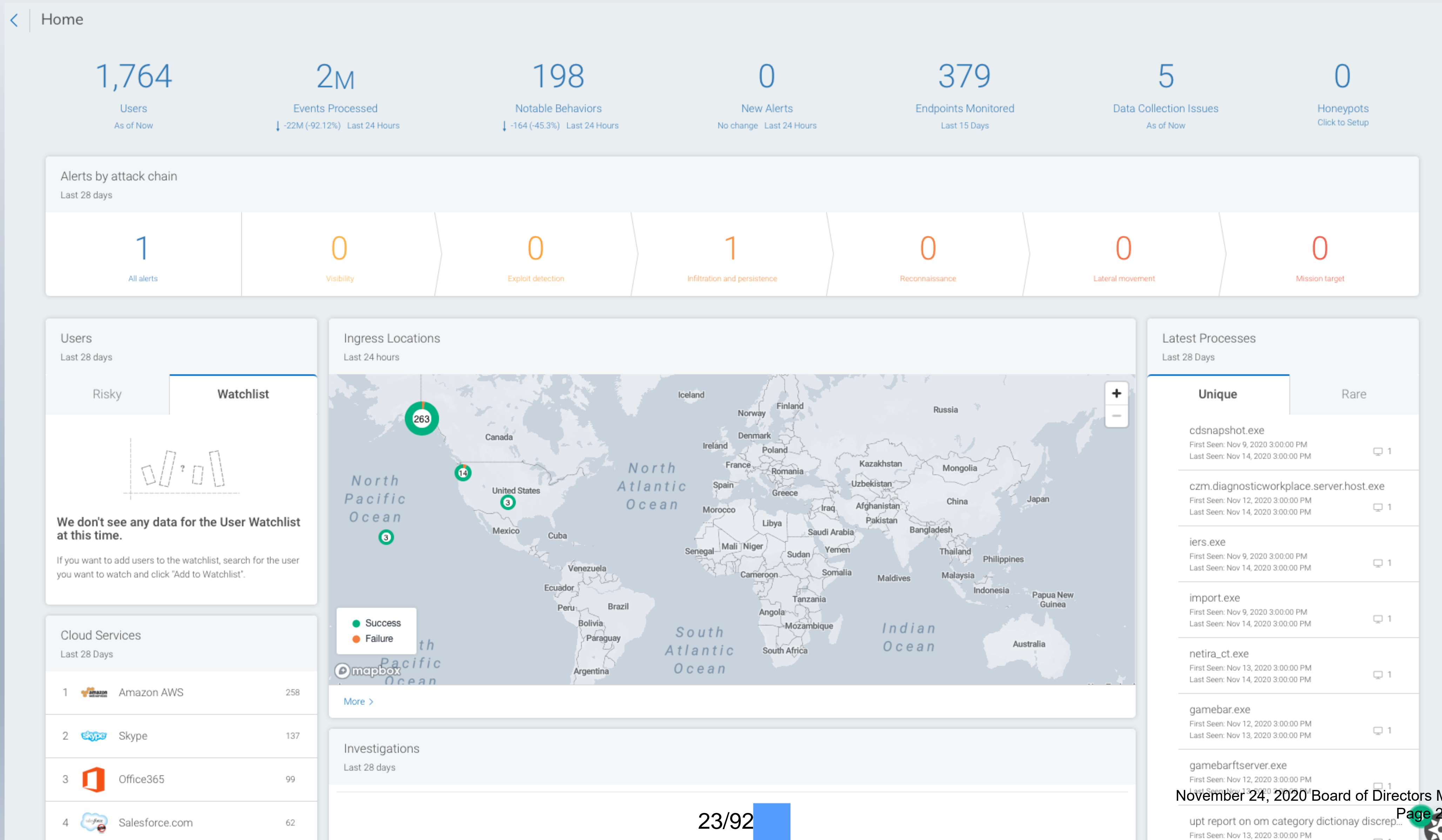
Monitoring



BRH Cybersecurity Program: Defense-In-Depth

Layers of Security

Security Operations 4



BRH Cybersecurity Program: Defense-In-Depth

Layers of Security

Security Operations 4

ADVERSARY CYBER THREAT INTELLIGENCE

CVE Weaponization Report | Nov. 12, 2020

TLP:AMBER

CVE	Type	Report Status	Intel 471 Risk Level*	Patch/Update Status	Interest Level	Location(s) of Activity or Discussion	Exploit Status
CVE-2020-16010	**Heap buffer overflow**	**New**	Medium	Green	Green, Yellow	Green, Yellow	Weaponized
CVE-2020-27930	**Memory corruption**	**New**	Medium	Green	Green, Yellow	Green, Yellow	Weaponized
CVE-2020-27932	**Type confusion**	**New**	Medium	Green	Green, Yellow	Green, Yellow	Weaponized
CVE-2020-27950	**Unspecified**	**New**	Medium	Green	Green, Yellow	Green, Yellow	Weaponized
CVE-2020-27955	**RCE**	**New**	Medium	Green	Green, Yellow	Green, Yellow	Code available, Weaponized
CVE-2020-3556	**Improper input validation**	**New**	Medium	Red	Green, Yellow	Green, Yellow	Not observed
CVE-2018-8273	**Improper restriction of operations within the bounds of a memory buffer**	**New**	Low	Green	Green, Yellow, Red	Green, Yellow	Not observed
CVE-2020-15802	**Improper authentication**	**New**	Low	Green	Green, Yellow, Red	Green, Yellow	Not observed
CVE-2020-9496	XSS	Existing	High	Green	Green, Yellow	Green, Yellow	Code available, Weaponized, 🛒
CVE-2019-15858	Missing authentication for critical function	Existing	Medium	Green	Green, Yellow	Green, Yellow, Red	Code available, Weaponized
CVE-2020-14750	Unspecified	Existing	Medium	Green	Green, Yellow	Green, Yellow	Code available, Weaponized
CVE-2020-14871	Unspecified	Existing	Medium	Green	Green, Yellow	Green, Yellow	Code available, Weaponized
CVE-2020-15505	Unspecified	Existing	Medium	Green	Green, Yellow	Green, Yellow	Code available, Weaponized
CVE-2020-16009	Inappropriate implementation	Existing	Medium	Green	Green, Yellow	Green, Yellow	Weaponized
CVE-2020-17087	Integer overflow	Existing	Medium	Green	Green, Yellow	Green, Yellow	Code available, Weaponized

* Intel 471 assesses vulnerabilities using a weighted calculation across the following criteria (in descending order of criticality):

- Mitigation status.
- Exploit status.

Patch/Update Status	Interest Level	Location(s) of Activity or Discussion	Exploit Status
Green: Available	Green: Disclosed publicly	Green: Open source	Green: Not observed
Yellow: Some available	Yellow: Researched publicly	Yellow: Underground	Bug: Code available
Red: Unavailable		Red: Private communications	Rocket: Weaponized
			🛒

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Cybersecurity Program: Defense-In-Depth

Layers of Security

End-User / Human Firewall 5

- Stronger Passwords (pass-phrases)
- Phish-Alert Button
- Multi-Factor Authentication (MFA)
  - Rolling out DUO for VPN and Citrix Access by end of the year
- *Password Managers
  - Considering investment in next year's budget

2020 Password Trends		
*People are incorporating the following into their		
COVID	14%	
Trump	12%	
Biden	9%	

Managing User Privileges

Cybersecurity Program: Defense-In-Depth

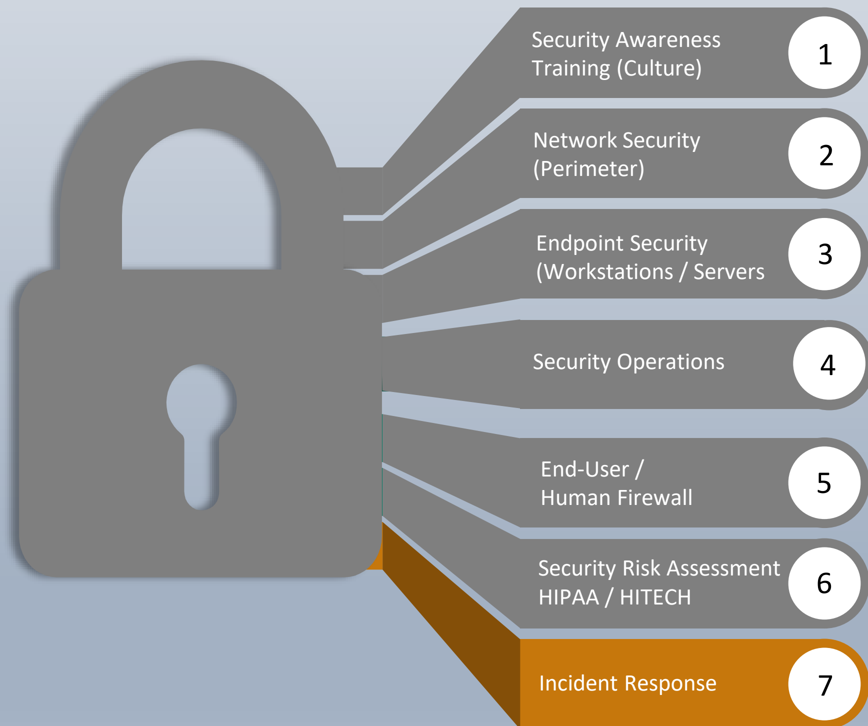
Layers of Security

Security Risk Assessment HIPAA / HITECH 6

- HIPAA / HITRUST Compliance
- Policies and Procedures
- Systems and Network Auditing
- Penetration Tests
- 3rd Party Management

Cybersecurity Program: Defense-In-Depth

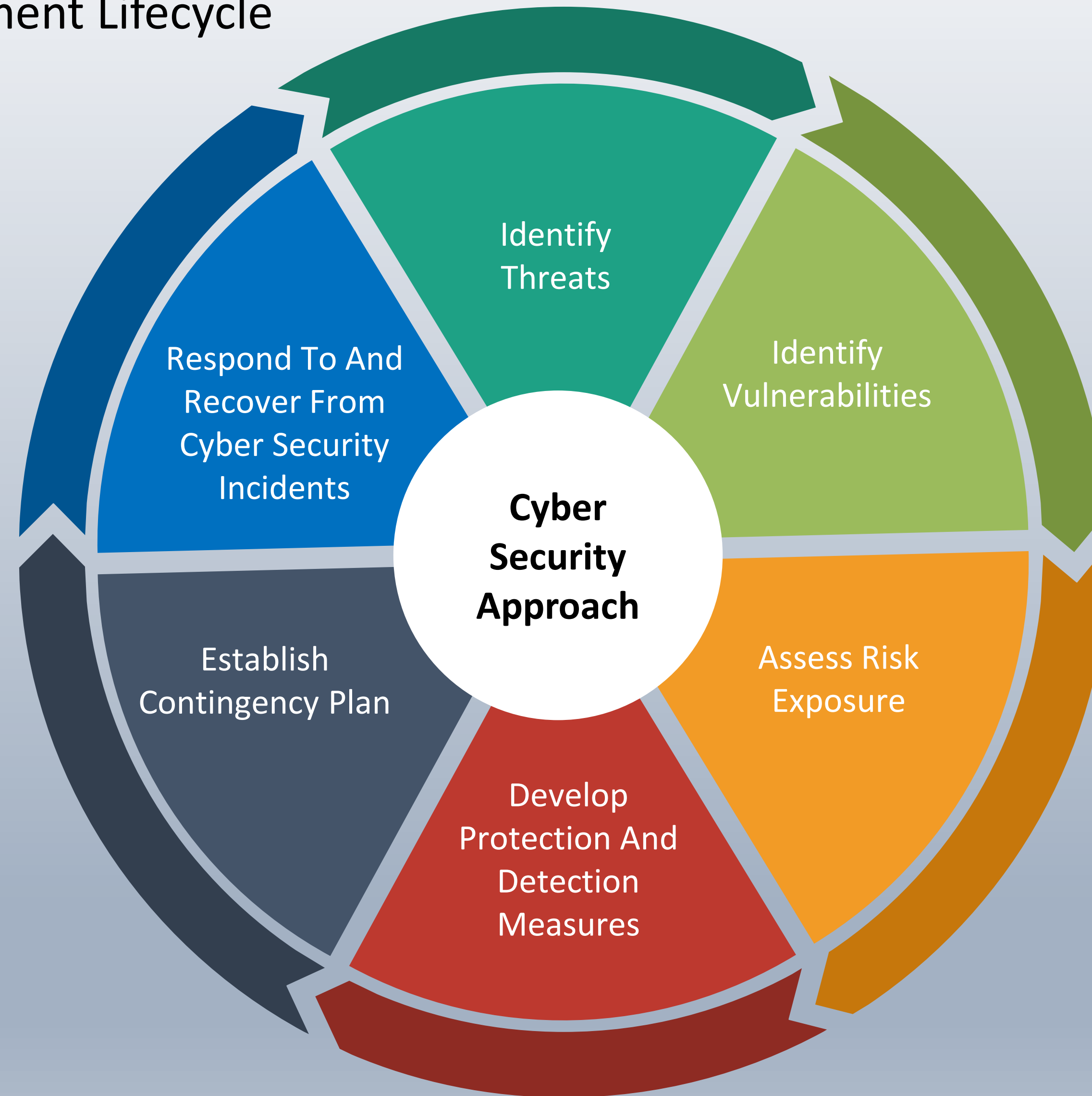
Layers of Security



Incident Management

CYBER SECURITY APPROACH

Continuous Process Improvement Lifecycle

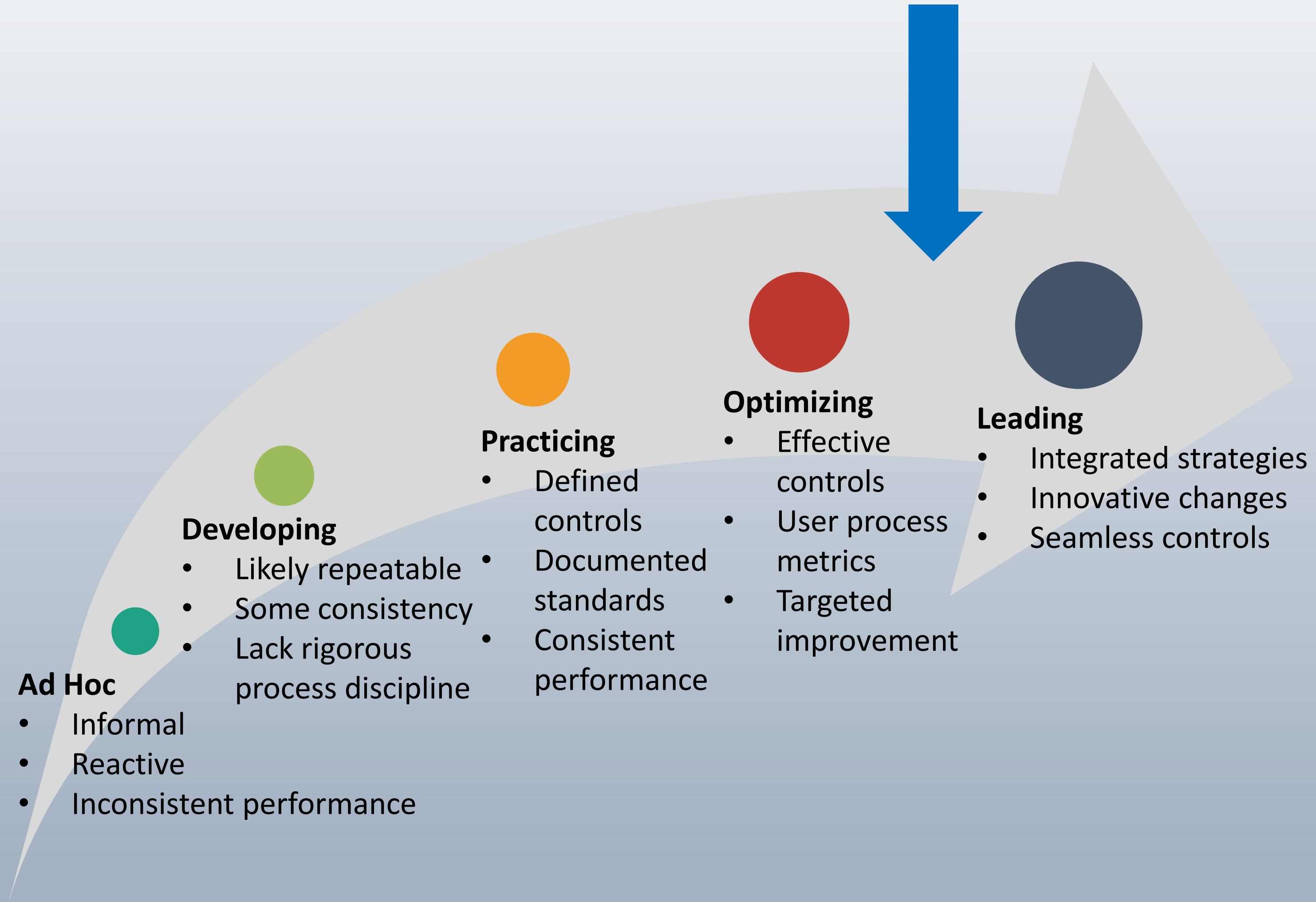


CYBER SECURITY – THREAT LANDSCAPE

Future Threat Landscape

CYBER SECURITY MATURITY MODEL

Where are we?



Questions / Discussion

THANK YOU!

BRH CEO Recruitment Timeline (DRAFT)

		16-Nov	23-Nov	30-Nov	7-Dec	21-Dec	28-Dec	4-Jan	11-Jan	18-Jan	25-Jan	1-Feb	8-Feb	15-Feb	22-Feb	1-Mar	8-Mar	15-Mar	22-Mar	29-Mar	5-Apr	12-Apr	19-Apr	26-Apr	3-May	10-May
	WHO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
Pre Recruitment Phase (2 weeks)																										
Subcommitee formation	SC																									
Board Review & Approval of Recruitment Plan	FB																									
Recruitment Phase (8 weeks)																										
Finalize Job Posting	SC																									
Advertise Position	Staff																									
Interact with Recruiters	Staff																									
Selection Criteria Phase (Ongoing)																										
Identify qualities needed in CEO	FB																									
Determine Initial Screen Critieria	SC																									
Develop Selection Process	FB																									
Draft onboarding plan	FB																									
Screening Phase (Ends 2 weeks beyond job closing)																										
Review Resumes	Staff																									
Conduct Initial Phone Interviews	Staff																									
Internet Search Process	Staff																									
Selection of Candidates for SC interviews	SC																									
First Full Interview	SC																									
Initial pre check	Staff																									
Choose Finalists	SC																									
Contact Finalists to verify interest	Staff																									
Selection Phase																										
Arrange for Candidate travel	Staff																									
Selection Process	FB																									
Board Deliberation	FB																									
Final Reference Check	Staff																									
Offer Phase																										
Negotations with successful candidate	EC																									
Complete compliance checks	staff																									
Finalize onboard plan	EC																									
Onboarding Phase																										
Candidate Relocation Assistance	Staff																									
Candidate Start Date																										

BOD Subcommittee (SC)
Full Board (FB)
Staff
BOD Executive Committee (EC)
New CEO

Revised 11/17/20

FOR COVER PAGE (Should be visually pleasing)

Announcing an opening for:

Chief Executive Officer

Bartlett Regional Hospital

Juneau, Alaska

www.bartletthospital.org

NEXT FEW PAGES:

Bartlett Regional Hospital is a municipally owned and operated, community based hospital with the mission of providing quality, patient centered, sustainable health care and health promotion for the people of Juneau and communities of northern Southeast Alaska. As the largest provider of hospital services in Southeast Alaska, Bartlett serves ~~nearly~~ approximately 55~~60~~,000 people in the region, many in communities inaccessible by road. Tourism expands the daytime population by over 1,000,000 people, primarily between from May to September.

The hospital's values are described by the acronym "CARE" – Courtesy, Accountability, Respect, and Excellence. Bartlett has a vision to be the best community hospital in Alaska, and considers three foundational principles to have a natural link to this vision: delivering more value through a focus on improving quality, patient satisfaction, and patient safety, and minimizing patient costs.~~; information exchange, with an investment of between $4 and $7 million dollars to overhaul its information system over the next two years, and a partnership with the State of Alaska to develop a state-wide health information exchange~~updating the hospital campus~~; and hospital/physician relationship development.~~

Bartlett Regional Hospital currently operates 73 beds with a staffing of 485~~20~~ FTEs, including over 118~~00~~ licensed nursing staff. Medical staff, which includes both employed and private practitioners, have specialties that include orthopedics, radiation oncology, medical oncology, psychiatry, urology, and ENT. BRH ~~,~~ provides robust healthcare services including:

- Bartlett Beginnings, an eight-bed unit and a program with prenatal and parenting education.
- Behavioral Health (Mental Health Unit), providing both inpatient and outpatient mental health services. The twelve-bed inpatient Mental Health Unit is staffed by ~~two~~ psychiatrists and a specialized nursing staff.
- Cardiac Rehabilitation

- Critical Care Unit, a nine-bed specialty unit that ~~has begun the journey toward obtaining the prestigious~~ obtained the Bronze Beacon Award for Critical Care Excellence. The Critical care unit provides eICU coverage under arrangements with Providence Hospital in Anchorage.
- Infusion and Chemotherapy, with four patient chairs and one bed.
- Rainforest Recovery Center, offering comprehensive treatment services for people with substance abuse, substance dependence, and other addiction disorders.
- Community Wellness including Diabetes Education and Tobacco Cessation Programs
- Physical & Occupational Rehabilitation
- Respiratory Therapy
- Emergency Services, with the capacity to treat 12 patients in private settings, including three trauma bays, a minor surgery room, an orthopedic room, five exam rooms, a behavioral health room, and an ENT room.

Reporting to the Bartlett Regional Hospital board of directors, the CEO will provide the vision, leadership, direction, and administration of all aspects of the organization's activities to ensure compliance with established objectives and with the realization of high quality, economical healthcare services. The new CEO will focus his or her attention on the operations of the hospital directly, having in-depth knowledge of all aspects, including quality and process improvement, physician relations, and financial performance. Additional important responsibilities include working collaboratively, efficiently, and creatively with the medical staff. The new CEO will also importantly serve as a community figure and a symbol of stability and strength, both within and outside of the hospital.

GOVERNANCE:

Bartlett Regional Hospital is an Enterprise Fund of the City and Borough of Juneau, Alaska. The City and Borough of Juneau's charter provides for a nine-member board of directors to govern the hospital; directors are appointed by the City and Borough Assembly and serve three-year terms. Board meetings are open to the public and attended by a Juneau Assembly liaison. Although the City and Borough of Juneau own the land and assets of the hospital, the board is responsible for its economic viability and oversight of the management of medical operational issues.

JUNEAU:

The City and Borough of Juneau is Alaska's capital city. Juneau is home to approximately 32,000 people and hosts over ~~approximately~~ 1,000,000 visitors a year, primarily between May and September. The economy is driven by government, tourism, and natural resource industries including mining and fishing. In addition to being the seat of state government, Juneau is also home to the University of Southeast Alaska.

Juneau is a unique community that offers a small town feel with the sophistication of a larger community and unparalleled access to wilderness recreation opportunities. We have

a vibrant arts community that includes two opera companies, a professional theatre company, a symphony, and a rich and varied population of visual artists and galleries. Recreation opportunities include hiking, boating, skiing, fishing and hunting. In addition, there are a variety of adult and youth sports leagues that support all levels of swimming, running, skiing, biking, rowing, skating, and many other disciplines.

Juneau is located in the Southeastern panhandle of Alaska. It is 900 air miles north of Seattle and 600 air miles southeast of Anchorage. The community sits at sea level below steep mountains about 3,500-4,000 feet high. The area of Juneau is almost as large as Rhode Island and Delaware combined; with a total area of 3,255 square miles, it is the third-largest municipality in the United States by area. Juneau is accessible only by sea or air; cars and trucks are transported to and from Juneau by barge or ferry. Juneau International Airport is serviced by Alaska Airlines which provides jet service multiple times daily to both northern and southern destinations.

Juneau features a cool temperate climate that is milder than its latitude may suggest, due to the influence of the Pacific Ocean. Winters are moist and long, but only slightly cold; temperatures drop to 20°F in January, and highs are frequently above freezing. Spring, summer, and fall are cool to mild, with highs peaking in July at 65 °F. Snowfall averages 84 inches and occurs chiefly from November to March.

DESIRED BACKGROUND AND QUALIFICATIONS

The successful candidate for Chief Executive Officer will be visible and accessible, visionary and creative, and a strategic problem solver with a demonstrated track record of outstanding hospital operations. The ideal candidate will possess superior business and political acumen and a high degree of emotional intelligence. Additionally, the ideal candidate will possess a history of successes in transparently collaborating with physicians to create winning situations for patients, physicians, and the hospital.

We are looking for an excellent leader who will have a strong understanding of healthcare and hospital financial dynamics, along with analytical, organizational, and team-building skills. He/she will possess the skills to organize board, staff, and community support with all stakeholders necessary to make the vision a reality. It is essential that the new CEO be a person who is committed to high quality care and someone who is willing to be involved in the leadership of operations and think creatively. He/she must possess excellent interpersonal skills and a transparent communication style, including experience with and the ability to work well with the medical staff.

Therefore, we seek candidates who have:

- A high level of integrity and the ability to listen and communicate honestly and openly in a transparent manner with the board and other important constituent groups.
- Excellent medical/nursing staff relations and knowledge of the issues that these groups face on a daily basis, with experience in addressing those issues.

- An understanding of current and future medical technology and demonstrated experience in using the technological knowledge to keep a hospital advancing through technological changes.
- A sincere interest in the community, demonstrated by the giving of her/his time and talent to community initiatives.
- An inclusive and approachable management style at all levels of the organization, including with the board, physicians, leadership team, and employees.
- A sense of vision for the organization, enhancing existing strategic goals with additional opportunities for future success.
- Demonstrated experience successfully operating a hospital or similar facility through a regulatory environment similar to the Bartlett's.
- Excellent interpersonal skills, particularly as they relate to medical staff. Experience in physician recruitment will be viewed favorably.
- While still promoting a sense of community and hospital pride, the ability to make difficult decisions when necessary.
- The willingness and ability to mentor and develop staff.
- Demonstrated experience working with a variety of different medical models, such as joint ventures, employed physicians, contracted physicians, and physicians in private practice.
- The ability to effectively communicate the organization's vision and motivate others to achieve it organizationally, departmentally, and personally/ professionally.
- A decisive leadership style; this individual should not be reluctant to say "no" or hold difficult conversations.

The appropriate candidate for this position will possess a bachelor's degree in a relevant discipline, along with an appropriate advanced degree such as MHA, ~~or~~ MBA or appropriate medical degree. He or she will have at least eight years of experience in upper management, at the level of chief executive officer/administrator or chief operating officer/assistant administrator, in relevantly-sized successful organizations that have faced similar challenges and excelled.

COMPENSATION

The successful candidate will receive an attractive and competitive compensation and benefit package.

ADDITIONAL INFORMATION

To apply for this position, please submit a resume and letter of interest to: INCLUDE TALEO HERE. For more information, please contact ~~Mila Cosgrove~~Dallas Hargrave, Human Resource Director at (907)586~~796~~-0225~~8677~~. The position is open until filled; however, applications will be reviewed beginning ~~January 15~~December 21, 2020~~14~~.

Please note: the names of individuals applying for this position are subject to public disclosure.

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Minutes
EXECUTIVE COMMITTEE MEETING
November 12, 2020 – 12:00 p.m.
Zoom Videoconference

Called to order at 12:01 p.m., by Lance Stevens, Board President

Executive Committee and Board Members Present: Lance Stevens, Board President, Rosemary Hagevig, Vice-President, Kenny Solomon-Gross, Secretary, Brenda Knapp, Marshal Kendziorek, Deb Johnston, Mark Johnson and Iola Young,

Also Present: Chuck Bill, CEO, Dallas Hargrave, HR Director, Kevin Benson, CFO, Rose Lawhorne, CNO, Billy Gardner, COO, Bradley Grigg, CBHO, Anita Moffitt, Executive Assistant, and Steven Whitley, General Public

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES - ***Ms. Hagevig made a MOTION to approve the July 13, 2020 minutes. Mr. Solomon-Gross seconded. Minutes approved.***

CEO Recruitment Plan:
Previous CEO Recruitment Timeline **-** Mr. Stevens referenced the timeline and recruitment brochure used in the recruitment process for hiring Mr. Bill included in the packet. These are to be used as a starting point for recruiting the next CEO. Mr. Hargrave provided an overview of this timeline. Mr. Stevens noted that an important piece that needs to be considered when deciding a timeframe is how long we are going to have the position posted. Mr. Kendziorek expressed concerns about this process not being successful in the past and does not support it. Mr. Hargrave clarified that this process was implemented with the recruitment of Mr. Bill and had not been used previously. Mr. Stevens stated that no matter what process is used, we still have to set up a timeline for things to happen and accountability for who is going to take care of them. The process must function from within to ensure we have fair hiring practices. Mr. Johnson noted that we had an interim CEO as well as an interim CFO when Mr. Bill was hired. Several Board members expressed the importance of a very thorough process and support of a six month timeframe to allow ourselves enough time to do a good job in the selection process. It was also noted that Mr. Bill has expressed a willingness to make himself available on a consulting basis.

CEO Recruitment Brochure – Mr. Stevens provided a brief overview of the recruitment brochure used in recruiting Mr. Bill. Discussion was held about proposed changes and the importance of not creating exclusions when listing qualifications. The expectation is that an applicant would do their research and amplify their resume based on what they learn about BRH. Discussion was held about the need to beef up the knowledge experience

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that we would want from a candidate. It was stated that we don't want to narrow the field so much that we don't get any candidates but we do need to have preferred qualifications such as experience in healthcare or a related field. Being up to date on trends in hospital management and staff relations, experience in regulatory compliance and reimbursement requirements would also be desired qualifications. Mr. Hargrave stated that this is good feedback. We need to remember that we will have an extensive selection process, while we're not going to identify in a public session what the criteria by which the board is going to evaluate the candidate, we can include these types of things in the assessment even if they don't make it in the job posting.

Mr. Stevens stated that the selection process would look a little different than in the past as most interviews will be conducted via Zoom. A selection committee comprised of non-board members, such as someone from the Medical Staff Executive Committee (MSEC), the City Manager's office and the general public will help round out the Board in reviewing their selection process. Mr. Stevens will work on developing a selection committee. Mr. Bill noted for reference, that the Mayor, City Manager and a member of the MSEC were part of one of the interview groups when he interviewed for the CEO position. There was also a group of Board Members, a group of potential direct reports and then a community meet and greet. Mr. Hargrave provided an overview of the process Eagle Crest used when hiring a general manager. Their board established a temporary committee with a committee head to oversee the hiring. Mr. Hargrave helped this person to facilitate the process to keep things moving along in the background, outside of the regularly scheduled Board meetings. He worked directly with the chair of that committee or the smaller committee group members to get direction. This may be a model that might potentially work for BRH. Mr. Stevens noted that this is what he envisions for the selection committee.

Mr. Stevens will work with Mr. Hargrave to make sure we are addressing in the hiring brochure, the trends, advancements and challenges of a rural hospital and regulatory and reimbursement challenges.

Mr. Stevens reported that there have been three different candidates brought to his attention as CEO candidates since Chuck's retirement announcement. Mr. Stevens has spoken with all three. Two candidates have requested to be discussed in executive session. Joe Wanner, previous CFO of BRH, has requested that his interest be announced in public.

Ms. Hagevig made a Motion to recess into executive session to discuss: *subjects that tend to prejudice the reputation and character of any person, specifically the current BRH leaders who have expressed interest in filling CEO position (provided the applicant may request a public discussion).* ***Ms. Knapp seconded. Motion approved.***

The committee went into executive session at 12:35 p.m. and returned to regular session at 12:59 p.m. No action taken.

Comments and Questions – None

Adjourned 1:00 p.m.

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Finance Committee Meeting Minutes
Zoom Meeting – November 13, 2020

Called to order at 12:01 p.m. by Deb Johnston.

Finance Committee* & Board Members present: Deb Johnston*, Mark Johnson*, Brenda Knapp*, Marshal Kendziorek, Kenny Solomon-Gross, Rosemary Hagevig and Iola Young

Staff & Others: Chuck Bill, CEO, Kevin Benson, CFO, Billy Gardner, COO, Rose Lawhorne, CCO, Bradley Grigg, CBHO, Megan Costello, CLO, Dallas Hargrave, HR Director, Willy Dodd, Kris Muller, Anita Moffitt and Tiara Ward

Public Comment: None

Ms. Knapp made a MOTION to approve the minutes from the October 9, 2020 Finance Committee Meeting. Mr. Johnson seconded. Minutes approved.

September 2020 Financial Review
Mr. Benson reported Bartlett incurred a more favorable month in September as outpatient volumes picked back up after a slowdown in August. Outpatient revenues were $636,000 or 6.8% greater than budget. Inpatient volumes and revenues appear to be ticking up heading back to pre-COVID levels finishing $947,000 or 16% less than budget. However, this is moving in the right direction as the year-to-date shortfall is 22% after the first quarter. Total revenues were short of budget by $968,000 or 6%. Deductions from Revenue also decreased commensurate with the decrease of revenue and finished $491,000 or 6% less than budget. Net Patient Revenue finished 5% or $476,000 less than budget. CARES funds were realized to make up for this loss of revenues and recorded to Other Operating Revenue. This left Total Operating Revenue $412,000 or 4% greater than budget. Expenses exceeded budget by $450,000 thousand or 4.7%. The biggest variance was for supplies and are attributable to pharmaceuticals and surgery supplies. Other variances are mostly COVID related. This resulted in an Operating Income of $54,000 and a Net Income of $231,000. After the first quarter BRH has an Operating Income of $54,000 and a Net Income of $586,000.

Other Significant Items:
- Reference Lab fees have increased due to Covid-19 testing. This expense was $50,000 in September almost double to budgeted amount of $26,000.
- A new accounting department was established for "Molecular Diagnostics" and $12,000 of expense was recorded. This was not a budgeted operating expense.
- As patient days are under budget this also affects Hospitalist revenues. Hospitalist revenue in September was down consistent with patient days by $57,000 or 24%.

Mr. Benson clarified that an accounting department created for the Molecular Diagnostics is for the mass testing. This will allow us to capture supplies, depreciation, staffing, etc. associated with molecular mass testing. It does not include the capital expense. The hoods and other equipment that has arrived will be reflected in the October financials. Mr. Solomon-Gross initiated a conversation about volumes reported in the dashboard report. Mr. Bill noted the September financials do not include revenue from the Rural Demonstration Project still in limbo. We are working with our federal delegation to try to get it approved. There is a lot of interest in

the Finance Committee at the Senate to get this done so the expectation is that it will be taken care of. The impact of this program is $1.8 Million for BRH. Ms. Lawhorne suggested that since the mitigation strategies for COVID–19 are the same as for influenza, we may not see the surge in the coming influenza season that we have seen in the past.

Revenues from AETNA and Blue Cross/Blue Shield are above budget whereas Medicaid is down and Medicare is up. This shift in financial class payors is favorable for BRH. There is a trend of increased volumes in surgery due to increased orthopedic and the ophthalmology surgeries. When we hire another general surgeon, we should see another increase. We continue to see an increase in accumulation of personal leave. The liability for accrued vacation is about $1Million higher than last year, probably due to COVID and travel restrictions. Personal leave earnings are being accrued as always but usage has decreased. Employees are allowed to cash out personal leave.

Write-offs included an account for mental health patient in which a Medicare replacement plan had not been set up properly in the system to flag registration staff to obtain a pre-authorization. Claim was subsequently denied. The parameters for this plan have now been set up correctly preventing this from happening in the future.

Cares funding realization – The guidelines for realizing the CARES money BRH has received has changed three more times since last month's update. The auditors have still not come up with a conclusion about what we can claim for last fiscal year. The $7.2 Million dollars in CARES money recorded may be reduced. BRH has until June of next year to attempt to realize the rest of the money. The triage facility and mass testing equipment is to be paid for by CARES funding set aside by CBJ. Same expenses cannot be claimed from two different CARES funding sources. BRH has received $13.1 Million in CARES money but no COVID related funding from FEMA or anywhere else.

Future Capital Projects Schedule – Mr. Benson provided a brief overview of the capital projects schedule. Projects listed in the Bidding /Under Construction and in the In Design sections total approximately $15.9 Million dollars and shows these projects would be completed over the next 18 months. Funding options were presented.

Funding Sources: Internal vs Bonding – Mr. Benson identified internal reserves and revenue bond funding options and the pros and cons of each. The immediate needs are primarily infrastructure in nature and not good projects to seek public financing. Using internal funds to cover the immediate needs and a revenue bond for future projects was discussed. It could take up to five months to issue revenue bond financing. Mr. Kendziorek expressed concerns about underestimation of final costs of projects and then expressed support of moving forward as outlined. The funding sources information presented at today's finance meeting will be presented at the Planning Committee meeting on November 17th. After review, the Planning Committee will make a recommendation to the Finance Committee before it's presented to the full Board. Discussion held about the funding the Crisis Stabilization Center, money has already been set aside for this project. Also discussed, maximizing the upfront costs for a revenue bond by doing our due diligence.
Ms. Johnston suggested Finance Committee members wishing to attend the Planning Meeting on should do so. She thanked Mr. Benson for his responsiveness to their requests for information regarding funding options.

Next Meeting: December 11, 2020 at 12:00 pm via Zoom.

Board Comments: None

Adjourned – 12:56 p.m.

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Planning Committee Meeting Minutes
November 17, 2020 – 7:00 a.m.
Bartlett Regional Hospital Boardroom / Zoom Videoconference

Called to order at 7:00 a.m., by Planning Committee Chair, Marshal Kendziorek.

Planning Committee and Board Members: Marshal Kendziorek, Kenny Solomon-Gross, Iola Young, Rosemary Hagevig, Deb Johnston, Brenda Knapp and Lindy Jones, MD.

Also Present: Chuck Bill, CEO; Billy Gardner, COO; Bradley Grigg, CBHO; Kevin Benson, CFO; Rose Lawhorne, CNO; Dallas Hargrave, HR Director; Marc Walker, Facilities Director; Joy Neyhart, DO; Anita Moffitt, Executive Assistant; Corey Wall, JYW; Nathan Coffee, CBJ and Jeanne Rynne, CBJ

APPROVAL OF THE MINUTES – ***Ms. Young made a MOTION to approve the minutes from October 15, 2020 Planning Committee meeting. Mr. Solomon-Gross seconded. Minutes approved.***

PUBLIC PARTICIPATION – None

COVID STATUS – Mr. Bill reported one COVID positive patient in house. CBJ is suspending the operations at Centennial Hall.

A power outage last week caused a lot of extensive damage to controllers throughout the hospital including the air handling systems and beds. It also damaged the power pack to a CT scanner. The controllers for the 8 beds out of commission should arrive today. We were able to find a couple of frequency drives locally which allowed us to get the air handling systems back up and running temporarily, however, challenges continue for air handling in the ER, CCU, OB and MHU. Parts for permanent repairs are expected to arrive this week for installation. Mr. Gardner reported that parts cost approximately $2K to fix each bed. They should be repaired by the end of the week. We do have 8 new beds on the barge that had been ordered prior to this incident. They should be here in 10 – 12 days. The CT scanner has been repaired and is up and running. Mr. Gardner indicated that the total cost of repairs is estimated to be around $500,000. Mr. Kendziorek initiated a conversation about power conditioning so these power outages would cease to be a problem. Mr. Bill reported that we are looking at alternatives to the surge protectors we had in place. A permanent solution would be a very large unit that would need a lot of space and will cost approximately $1.5 Million. Discussion was held about the need to be prepared for inevitable future blackouts and the damage, delays and quality/safety of patient care issues they cause despite the cost to do so. Also discussed was insurance coverage for damage incurred and the conversations Mr. Bill has had with AEL&P regarding options to resolve the issue in the future. Mr. Bill will get a revised quote for the centrifugal power conditioner and will speak to AEL&P about helping to fund it as a non-profit contribution to the BRH Foundation.

RAINFOREST RECOVERY AND CRISIS STABILIZATION CENTER UPDATES – Mr. Grigg reported that the RRC is operational. Residential has been open since October 26th. There are 6 patients in house (current max capacity) with 13 on the waitlist. Things are going well. Withdrawal Management

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Unit will start taking patients on December 1st. Three new nurses have been hired to help staff this unit. The Crisis Stabilization Center project continues to move forward. The drawings are complete, everything has been established within the budget set by the Board. The next step is to put the project out for bid. We should see the RFP hit the street at the beginning of 2021 and are looking at the summer of 2022 for project completion.

PROJECT LIST PRIORITIZATION REVIEW – Mr. Kendziorek observed that there are now new projects that should probably be added to this project list, the power conditioning unit and possibly a pediatric project. Dr. Neyhart, Juneau Pediatrician for 20 years, reported that she also lost some minor equipment in the office space she rents from BRH. Between this incident and everything else that has been going on this year, she realized the need for a transition plan for pediatric care in Juneau. There are 5 pediatricians in Juneau, three currently working as pediatricians in Juneau, all women in their 50s. BRH needs competent pediatric physicians to staff the call schedule to attend deliveries and perform neonatal resuscitation. She suggests consideration of developing a comprehensive pediatric home for Juneau. She hopes to work with BRH to develop a transition plan to continue high quality medical care for children in this community and to keep the call schedule staffed. Mr. Kendziorek noted that there is a meeting scheduled to take place on November 25th to discuss possible partnership agreements for services. This is the type of service we might be able to leverage a robust partner in order to help us fill our needs and will be discussed at that meeting. Mr. Bill agreed and presented another model to be considered in which the hospital employed one of the practitioners in the community. This model would require working through the logistics with the other pediatricians and Valley Medical. Dr. Neyhart reported how the decrease in patients due to COVID affected her practice. She stated she would like to continue to support the hospital by participating in the call schedule for the next 10 years or so but cannot continue to do so as a practice owner. She also expressed interest in partnering with Glacier Pediatrics to become one large pediatric medical home for the community. Mr. Bill will work with Dr. Neyhart and other medical staff to come up with other suggestions to address this, including reaching out to Seattle Children's Hospital about providing services.

Mr. Wall provided an overview of the projects priority list. This is a living document and will continue to evolve as new projects are identified. Projects in category A are currently underway, either under construction or in the bidding process. Projects in category B are in design. Both categories, regardless of how they are prioritized are moving ahead and total just under $16 Million. Category C is projects for future consideration. These projects are given a number. If the number is followed by the letter B or C, it is an alternative path meaning the main number is a big project requiring a lot of funding and these are ways to solve some of the needs on a more temporary or limited basis. Senior Leadership and staff have worked with Mr. Wall to prioritize the items in category C and now seek assistance from the Planning Committee. There are ventilation needs on all levels of the hospital but most urgent in the ED. A Gantt chart was presented to identify timelines and different options for immediate and long term solutions. Discussion held about moving ahead with addressing the ED ventilation/negative pressure room issues. Dr. Jones will talk to Mr. Wall about ED patient rooms and logistics. Mr. Bill noted that the Board has already approved addressing the ED ventilation issues and the air handler to be installed for the temporary fix can be used for a later project. Multiple Board members expressed support in moving ahead with this temporary fix. We do not have a cost estimate for this project yet as the scope of the project needs to be determined first. It is anticipated that BRH will have to pay for it but an attempt will be made to obtain

money from FEMA for this project. Since there was no objection, this project will be moved into category B. Mr. Wall suggested combining items C1 and C1B Planning, knowing we are going to move ahead with C1B but authorize PDC Engineers to begin thinking about the whole 2005 wing to come up with a comprehensive ventilation solution. He also said it would be helpful to think about C3, the ED addition, as this would impact how we resolve the ventilation system for the 2005 wing. Discussion was held about the impact of overlapping construction of the Crisis Stabilization Unit and the ED addition. Mr. Kendziorek expressed financial concerns about moving ahead with the ED addition so soon with all of the other projects slated to take place. Mr. Benson provided an overview of our funding capacity. Establishing 180 days' cash on hand in reserves would give us $22 Million for funding some of these projects. Looking at the debt capacity of the hospital today, we could probably support another $28 Million in revenue bonds based on current operations. This means potential funding sources of about $50 Million. He then explained timing issues and financing of bonds. Mr. Solomon-Gross initiated discussion about overlapping the CSU and ED addition projects. Mr. Kendziorek feels that we are on the right track and encourages Senior Leadership to start thinking about the ED addition planning process and for Mr. Benson to think about bonding and bonding related issues. Dr. Jones initiated conversation about packaging projects together for revenue bonding. Ms. Rynne suggested packaging a small percentage of infrastructure projects with a larger bond project such as a new addition. While the north addition would be nice to have, Mr. Kendziorek feels there are other projects that are more important, such as replacing the OR ventilation system which is at its end of life. He also cautioned against using too much of the cash reserves so we are able to pay for emergencies such as broken equipment. Ms. Young agrees and supports the direction we are going as long as we are conservative in our decisions as the financing is dependent on the revenue stream remaining stable and maintaining 180 days' cash reserves. Mr. Benson noted that the capital budget determined as part of the annual budget process gives us another $7 Million dollars that could be used on some of the smaller projects. Mr. Kendziorek requests Mr. Wall revise the current project prioritization list to include the power conditioning and project funding and send it to Ms. Moffitt for distribution.

Future Agenda Items:

- Continue evaluation of the prioritization of the projects
- Gantt chart review
- Pediatric Home discussion
- Acquisition of BSSC building update
- COVID update
- Current projects status

Next meeting: 7:00am – Thursday, December 17th

Comments: Mr. Solomon-Gross thanked Mr. Wall for the Gantt chart. It helped move discussions along and is much appreciated.

Adjourned – 8:46 a.m.

DRAFT

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

DATE: November 6, 2020

TO: BRH Finance Committee

FROM: Kevin Benson, Chief Financial Officer

RE: Capital Financing

Bartlett Regional Hospital is faced with determining how to finance the many projects identified on the attached Facilities Master Plan – Project Priorities List. The options available to BRH are to fund these projects with internal reserve funds or to incur debt through the issuance of revenue bonds.

A discussion took place at the Strategic Planning Session on September 19th to discuss the appropriate level of reserves that BRH should maintain and what would be available to apply to capital projects. The pros and cons of internal funding versus debt financing were discussed at length (see attached excerpt from the minutes). Mr. Bill made a recommendation for discussion purposes to establish 180 days cash on hand that the organization should seek to maintain. If this recommendation is approved there would be 22 million of internal reserves available to finance the most immediate capital needs of the organization.

The attached Project Priority List shows there are projects of approximately $15.9 million in in the process of bidding/under construction or in design. The attached Timeline schedule shows these projects would occur of the next 18 months.

BRH has significant capacity for taking on additional debt. The level of additional debt would be determined by the financial position of the organization at the time of issuing debt. Assuming BRH board determined it should maintain a Debt to Capitalization ratio of 36% (industry average benchmark), BRH would have $28 million of debt capacity.

BRH currently has $17,260,000 of long term debt which results in a 14% Debt to Capitalization ratio. Each year debt decreases by $1.0 million and equity increases therefore increasing debt capacity.

The BRH Finance Committee and board could consider as a plan moving forward to use internal funds for the projects listed in section A and B on the Projects Priorities List and look to issuing debt for a major project in the future. The benefits of this plan are follows:

- BRH can proceed with the immediate projects without delay.
- The immediate needs are primarily infrastructure in nature and not good projects to seek public financing. The exception to this is the $8 million for the Crises Stabilization project.

- This will provide time for BRH to increase its debt capacity based both on future financial performance and annual retirement of existing debt.
- This will also provide time for BRH to determine the nature of what future project should be completed.
- This will provide time to develop a public relations campaign to generate excitement for a future project and the debt financing.

An alternative to this would be to issue a smaller bond issue for the construction of Crises Stabilization building. This would reduce the debt service capacity for future projects but presumably save internal funds that could be applied to a larger future project. The benefits/drawbacks of the plan are as follows:

- Preserves $8 million of internal reserves.
- Crises Stabilization would be an attractive project to the public for purposes of financing.
- Reduces future debt service capacity.
- Provides a tighter timeframe for a public campaign and financing.

HOW MUCH OF A CASH RESERVE SHOULD WE MAINTAIN - Mr. Benson provided an overview of different means of financing capital projects: debt vs. using internal reserves. Pros and cons of both options were provided. Cash balances and cash to debt ratio for the past three years were presented and it was noted that our return on reserves is about the same as what the interest on debt would cost. He then provided different scenarios that might impact the days' cash on hand. Mr. Kendziorek suggested we take a backwards approach to this plan and settle on a number for days' cash on hand to tell us how much is reasonable to be financing. We then need to look at the list of projects we have, prioritize them and get them going. He feels that this is the most important high level thing we need to do as a result of this meeting. Ms. Hale expressed appreciation of Mr. Benson bringing in the public perception of budget reserves as well as Mr. Kendziorek's idea of a backwards approach. She noted that the Assembly is keenly aware that BRH has a robust balance. Discussions were held about debt to capitalization ratio, the need to maintain the ability to respond to disasters and other unforeseen events and the need for making some of the changes as a result of COVID happen very quickly. Mr. Bill made a recommendation that we look at establishing a 180 operating day reserve and fund deferred maintenance and COVID projects out of Capital while anticipating that we may need to go to the bonding market for anything more substantial than that. Mr. Kendziorek agreed with this process and the need to get moving on high prioritized projects. He suggests we begin the process of developing a bond package for about $8 Million and see how far that gets us on the projects that we can finish in the next 12 – 18 months. These steps would allow us to know how much money we have available both in terms of our equity contributions and our finance bonds. He then stressed the importance of explaining, in detail so the Assembly and the public understands, what is really contained in the spreadsheet showing the days' cash on hand and why we would need six months' worth of money in case something goes wrong. Ms. Hagevig expressed a debt of gratitude to previous Board members for the financial decisions they had made to put us in the financial situation we are in.

BARTLETT REGIONAL HOSPITAL STRATEGIC PLANNING SESSION

SEPTEMBER 19, 2020

Financing Capital Projects

INTERNAL FUNDING (RESERVES)

PROS:

- Future funds are not tied up in servicing debt payments
- Interest savings can be put toward other projects
- Avoid risk of default

CONS:

- Long wait time for new infrastructure
- Large projects may exhaust the entire reserve for capital projects
- Inflation risk

DEBT FINANCING

PROS:

- Project is delivered when it's needed
- Spreads cost over the useful life of the asset
- Increases capacity to invest reserves
- Capital investment's beneficiaries pay for projects
- Presently the interest rate of borrowing funds is very low

CONS:

- Debt payments limit future budget flexibility
- Diminishes the choices of future projects
- Future generations forced to service debt requirements

Cash Balances:	2018	2019	2020
Equite in Central Treasury	69,007,166	68,679,495	68,162,973
Restricted for Capital Projects	4,678,117	1,178,300	5,740,967
Total	73,685,283	69,857,795	73,903,940
Operating Expenses	99,874,264	103,665,322	112,297,884
Less: Depreciation Expense	7,422,119	7,196,120	7,185,318
Net Cash Requirement	92,452,145	96,469,202	105,112,566
Days Cash on Hand	**291**	**264**	**257**
Cash to Debt	388%	385%	428%
Debt to Capitalization	37%	34%	29%
Operating Margin	2.14%	2.06%	2.46%
S&P BBB Rating*			
Days Cash on Hand	172	158	N/A
Cash to Debt	131%	131%	N/A
Debt to Capitalization	37%	36%	N/A
Operating Margin	0.70%	0.00%	N/A

* US Not-For-Profit Health Care Stand-Alone Hospital Median Financial Ratios 2019 vs. 2018

OTHER CONSIDERATIONS:

- Return on Reserves is about the same as interest on debt would cost (virtually even-money)
- What is the right amount of reserves?
- When is debt appropriate for a project?

Bartlett Regional Hospital
Facilities Master Plan - Project Priorities List DRAFT
November 17, 2020

	Project	Type	Estimated Cost	Primary Cat.	Second. Cat.	Priority	Notes	Funding	Status
A. Bidding / Under Construction									
A1	ED Temporary Triage Entry Facility	New	Small	Covid	ED		No dominos	cares/CBJ	Constructed 1/2021
A2	COVID-19 Testing Room (Lab)	Reno	Small	Covid	Other			cares/CBJ	Constructed 1/2021
A3	Ventilation Improvements to Surgery (Endoscopy) SF11 Replacement	Reno	$400k	Surgery				BRH	Construction Winter 20/21
A4	CSR Sink and Equipment	Reno	$400k	OR				Def Maint Fund 21	Construction Winter 20/21
A5	ED Waiting Room Security Screen	Reno	$400k	ED				BRH	Construction 10/20 - 11/20
B. In Design									
B1	Ventilation Upgrade - Limited Emerg. Dept. (EF 21 for Rms 1410 & 1411)	Reno	$400k	ED			May not be possible with existing EF-21	BRH	In design
B2	ASU-1 Heating Coil conversion to Glycol	Reno	$400k	Infrastructure				Def Maint Fund 21	In design
B3	BOPS Replacement Building	New	$8M				May impact ED Addition	BRH	In design, construction 4/2021
B4	Rainforest Recovery Center Exterior Upgrade	Reno	$800k					Def Maint Fund 21	In design, construction 4/2021
B5	Phase 1 Sidewalk Replacement	Site	$400k	Infrastructure				Def Maint Fund 21	With CBJ Engineering as a priority project
B6	Southwest Asphalt Replacement	Site	$800k	Infrastructure				Def Maint Fund 21	With CBJ Engineering as a priority project
B7	Fuel Oil Tank Supply Line Upgrade	Site	$400k	Infrastructure				Def Maint Fund 21	With CBJ Engineering as a priority project
B8	New South Site Access	Site	$1.5M	Access			CBJ primary project permitting	BRH/CBJ	
B9	Purchase Bartlett Surgery Speciality Clinic building	Reno	$2M	Expansion			Dominos or alternative expansion	BRH	
B10	ED Temporary Ventilation Upgrade (Trauma Room & 1-2 Exam Rooms)			Covid	ED		More immediate solution while C1 is developed		
C. Future Projects									
C1	Ventilation Upgrade - Patient Rooms (2005 Addition)	Reno	$1M	Covid				BRH	
	Emerg. Dept. - Enclose Trauma Rooms and Upgrade Ventilation	Reno	$400k	Covid	ED	1	Requires new ventilation, combine with ED Add.	BRH	
	OB/Nursery/Special Care. Convert 1 room to positive/negative pressure			Covid	OB/Nursery/SC		Requires ventilation system modification		
	CCU. All patient rooms with negative/positive pressure			Covid	CCU		Requires ventilation system modification		
	MHU. Convert 2 rooms for negative/positive pressure			Covid	MHU		Requires new ventilation system		
C2	Ventilation Upgrade - Patient Rooms (Pre-2005 Building)	Reno	$1M	Covid				BRH	
	Med/Surg. Entire back wing negative/positive pressure			Covid	Med/Surg		Requires new ventilation system		
	Med/Surg. Add bariatric isolation room with negative/positive pressure			Covid	Med/Surg		Requires new ventilation system		
C3	Emergency Department Addition	New/Reno	$5M	ED		2		Bonding	
	Expanded Emerg. Dept. incl. new Exam, Triage, & Pysch Rms (3,675 sf)								
	New 24-hour Pharmacy (1,215 sf)			ED					
C3B	Emergency Dept. Waiting Area	Reno	$400k	Covid/General	ED		Enlarge for patient separation. Maybe relocate.	BRH	
C4	North Addition - Phase 1 (34,600 sf 2-story or 51,900 sf 3-story)	New/Reno	$30-50M			3	Where majority of dominos could go	Bonding	
	Physician Services rental to replace Juneau Medical Center (8,200 sf)			N. Addition					
	Facilities Offices to replace Juneau Medical Center (950 sf)			N. Addition					
	Expanded Phys. / Occ. / Speech Therapy to replace 1988 Add. (6,880 sf)			N. Addition					
	Expanded Cardiac Gym to replace 1988 Add. (980 sf)			N. Addition					
	Expanded Infusion to replace 1988 Add. (760 sf)			N. Addition					
	Expanded Cafeteria / Kitchen, incl. dedicated Loading Dock (8,625 sf)			N. Addition			Kitchen must move before 1st Floor Reno	BRH	
C4B	Proper Changing Rooms and Areas to deal with PAPR's etc.	Reno	Small	Covid	Multiple		Requires new ventilation system	BRH	
C4C	Permanent IT Room	Reno	Medium						

Bartlett Regional Hospital
Facilities Master Plan - Project Priorities List DRAFT
November 17, 2020

	Project	Type	Estimated Cost	Primary Cat.	Second. Cat.	Priority	Notes	Funding	Status
C5	1st Floor Renovation	Reno	$12M				Requires moved Kitchen (North Addition)	Bonding	
	Abatement / Replacement of ductwork and mechanical in Main Shaft						All individual 1st Floor projects could be phased		
	Expanded Materials Management w/ dedicated Loading Dock (4,250 sf)			1st Floor					
	Expanded Facilities, including Shop space (4,040 sf)			1st Floor					
	Expanded Facilities-Biomedical Shop (300 sf)			1st Floor					
	Expanded Facilities – Laundry (2,470 sf)			1st Floor					
	Reconfigured Shared Staff Space (300 sf)			1st Floor					
	New Diagnostic Imaging Women's Clinic (2,580 sf)			1st Floor					
C6	South Addition over Cafeteria (2,800 sf, 5,000 sf, or 10,000 sf)	New	$3-10M	S. Addition			New Lab space would allow reno of extg. Lab	Bonding	
	Relocate Lab or partially relocate and renovate (2,800 sf or 5,000 sf add.)								
	Create new direct cooridor from ED elevator to Surgical Services								
	Relocate Med Surge patient rooms to exterior, add core (10,000 sf add.)								
C6B	Lab Renovation, including Ventilation Upgrade	Reno	Medium	Lab			Not clear how to renovate without domino space	BRH	
C6C	Ventilation Upgrade - Boiler Room	Reno	Small	Infrastructure			May not totally solve heat problem in Lab	BRH	
C7	Surgical Service Expansion. Options: 2016 plan, North, or South Add.	New	Large	Surgery			Some or all could be in North Addition	Bonding	
C8	Remove Medical Arts Building, Improve Central Site	Site	Medium	Med. Arts Bldg			Requires Admin. room elsewhere (North Addition)	BRH	
C9	New Parking Garage	Site	Large	Parking			Requires temporary parking loss	Bonding	
C9B	New Parking Garage with Rental / Physician Space above	Site	Large	Parking			Requires temporary parking loss	Bonding	
C10	South Parking / Entrance / Garage		Medium	Parking			Required by ED expansion, South Site Access		
C11	Power Conditioning		Large				Comprehensive surge protection & power cond.		

List does not include basic equipment and small changes like crash carts and lunch room/sleep room needs, small changes to allow better social distancing in PT/OT/ST etc
Project Size: Small < $500k, Medium $500k - $2M, Large $2M - $10M, Major > $10M

Bartlett Regional Hospital

Facilities Master Plan - Project Priorities Timeline

November 17, 2020

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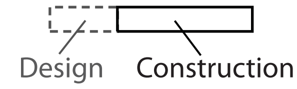

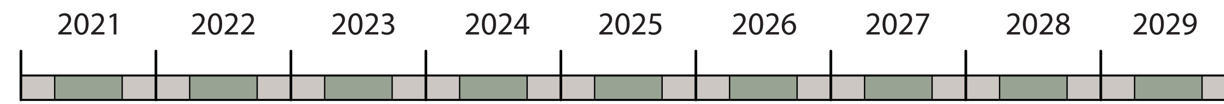

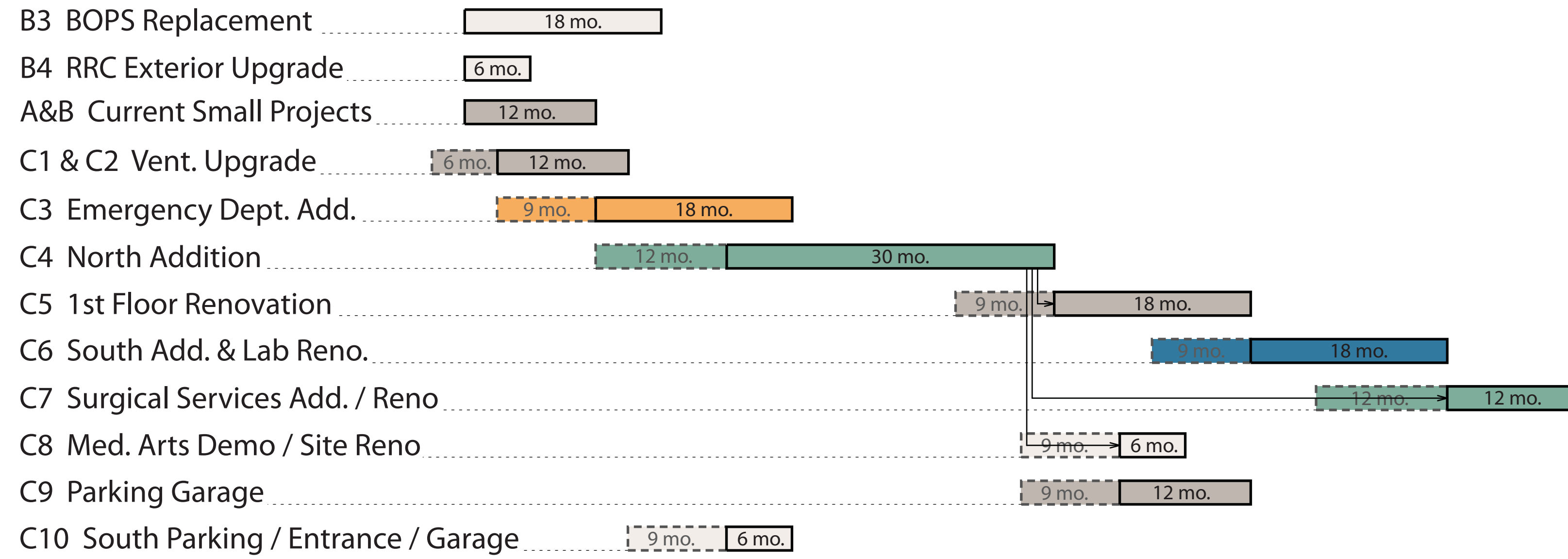

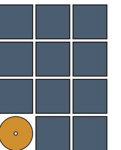

Jensen Yorba Wall Inc.

Bartlett Regional Hospital
Strategic Planning Session
September 19, 2020

Cash Balances:	2018	2019	2020
Equite in Central Treasury	69,007,166	68,679,495	68,162,973
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Operating Margin	2.14%	2.06%	2.46%
S&P BBB Rating*			
Days Cash on Hand	172	158	N/A
Cash to Debt	131%	131%	N/A
Debt to Capitalization	37%	36%	N/A
Operating Margin	0.70%	0.00%	N/A
Long Term Debt	20,384,118	19,354,795	17,260,000
Net Position	49,330,930	53,510,098	63,150,035
Pension Liability	54,303,531	60,292,111	62,985,626
Debt to Capitalization	41%	36%	27%
Debt to Capitalization (excluding pension)	20%	17%	14%
Available Debt Capacity	17%	19%	22%
Available Debt Capacity	17,856,998	21,158,791	28,148,838

* US Not-For-Profit Health Care Stad-Alone Hospital Median Financial Rarios 2019 vs. 2018

Board Quality Committee
November 18, 2020
Minutes

Called to order at 3:30 pm by Board Quality Committee Chair, Rosemary Hagevig

Board Members: Rosemary Hagevig (Chair), Marshal Kendziorek, Iola Young, Kenny Solomon-Gross

Patient & Feedback Representative: n/a

Staff: Chuck Bill, CEO, Gail Moorehead, Director of Quality, Dallas Hargrave, HR Director, Billy Gardner, COO, Kevin Benson, CFO, Rose Lawhorne, CNO, Megan Costello, Chief Legal Officer, Deborah Koelsch, RN Clinical Quality Data Coordinator, Rebecca Embler, Quality Systems Analyst, Autumn Muse, RN Clinical Program Specialist

Approval of the minutes – 09 09 2020 Quality Committee Meeting – *minutes approved as written.*

Old Business: No old business discussed.

New Business:

BOD Quality Dashboard

Deb Koelsch presented the Quality Scorecard measure results for Q3 2020.

- For Risk Management measures, Injurious Fall Rate was 0.56 and there were 0 Serious Safety Events and 1 Sentinel Event. For Readmission Rate measures, 30-day Hospital Pneumonia rate was 0%, 30-day Hospital Heart Failure Rate was 25%, which is due to 2 of the 8 records reviewed flagging the measure. (One of these may be dismissed.) 30-day Hospital-wide Readmission Rate was 7.8%, slightly increased from 6.4% in Q2 2020.
- For Core Measures, Severe Sepsis/Septic Shock was 53%, which changed from last reporting by -3% and is under the national average of 60%, and Screening for Metabolic Disorders was 100%, improved from 93% in Q2 2020. Great job to Behavioral Health for this metric.
- Ms. Hagevig asked how much control BRH has over Heart Failure rates. We can control the quality of patient care throughout the stay and after discharge, with medications, etc. We want to make sure we are taking a holistic approach, not just focusing on these patients during their stay.
- Mr. Kendziorek asked why Sepsis measure is declining. We are continuing performance improvement (PI) initiatives that were implemented in the spring. COVID has drawn our attention away from Sepsis PI to a limited extent, however we are still reviewing all cases

and sending to departments so staff can review and understand why cases developed. iSTAT machine really helped with lactic acid, but because Sepsis measure has so many criteria, it is easy to miss just one and drive the measure rate lower.

- Mr. Solomon-Gross asked if the decline in measure rate is directly related to COVID. The decline is related, yes. For example, with fluids, COVID patients will not be getting more fluids, so that will become a fallout.

Rebecca Embler presented the Patient Experience and HCAHPS results for Q3 2020.

- For Patient Experience results, scores for all service areas were above benchmark for Q3 2020. It was noted that Inpatient – Behavioral Health results are being received again, and the new customized survey is in production.
- For HCAHPS results, it was noted that a new reporting format was implemented in order to better highlight which areas are performing and underperforming. A column showing the percentile ranking for each category was added. For Q3 2020, all scores are above the Baseline period, except Discharge Information.
- Mr. Solomon-Gross asked what is driving the lower score in Discharge Information. Discharge is a very complex process and can be confusing for patients, depending on how many medications they are prescribed, if any and how many follow-up appointments are required, and other factors. Normally, families can be more involved in this process, but with the COVID limited visitor policy, Care Providers need to use phone, iPad, and other ways to communicate discharge information if the patient is not in a condition to confidently receive and understand it. Case Management is doing a very good job of supporting this with follow-up calls.
- Ms. Young asked about survey response rates. Our electronic survey response rates are 20-40% higher than National Average for all service areas, and our paper survey rates are all just slightly below (within 8%) National Average, except Outpatient, which is 30% lower than the National Average.

DRAFT

Patient Safety Committee Update

Ms. Moorehead present on the Patient Safety Committee updates made in the second half of this year. It is a more effective committee this year due to including frontline staff from clinical and support areas. The committee meets every other month. It identifies issues based on data and other feedback from the hospital, and establishes Taskforces to tackle solutions. Some examples include Restraints/Seclusions, Falls, Glycemic Control. This committee partners with Quality Assurance and Performance Improvement (QAPI) committee to set-up rapid cycle groups to collect data and implement solutions on the floor.

Falls Taskforce

Ms. Moorehead discussed how this taskforce was established to look at falls because have seen an uptick in Q2-Q3 2020. Taskforce looked at physical location falls were happening and in what units. Taskforce looks to identify what changes can be made to make areas safer, both environmentally and with staff and equipment, like 1:1 sitters and bed alarms. Also looking at how to establish better falls communication with patients; pre-assessing risks collaboratively. Working to get fall rate down by 50% this year.

Mr. Solomon-Gross asked how long the taskforce goes for. The goal is to identify a problem and make rapid measures for improvements (within 2-3 months of issue identification and taskforce establishment), then monitor data to see if solution is tracking/sticking. Goal is to effect change quickly.
Ms. Lawhorne noted that the rise in patients with behavioral issues has in part led to the increase in falls. It is challenging to balance between restraining patients and keeping them safe.

Restraints Taskforce
Ms. Muse discussed the Restraints Taskforce, which was also created from Patient Safety review. Restraints are not used often but can be high risk. Support staff must know how to use them and also how to document them. The taskforce is cross-departmental in order to get a variety of feedback and input. A large part of the improvement is around knowledge, specifically getting a good definition of restraints and clarifying what documentation is needed. A survey was sent out to understand gaps in our policies and resources. Overall, staff feel comfortable using restraints, but were not familiar with what documentation is required for Joint Commission and CMS. Also, documentation can be confusing because it is all currently disaggregated. Taskforce is building a consolidated dashboard in order to clarify roles and responsibilities about data entry and review. The committee is also looking at standardizing the auditing tool used to review restraints, in order to make the process easier and less redundant for frontline staff. Any update to the policy will go through internal committees to get updated, if changes are needed.

The Joint Commission Sentinel Event Process
Ms. Muse discussed the policy we have regarding how we deal with and report Sentinel Events. There are specific examples of what qualifies as a Sentinel Event. We report all Sentinel Events that qualify within our own hospital criteria and the Joint Commission criteria. We do this in order to uphold a strong Culture of Safety at Bartlett. A benefit of reporting Sentinel Events to the Joint Commission is that we get a Quality and Safety Group officer assigned to us to support in identifying Corrective Action Plans (CAPs) and helping to make lasting change for the hospital and patient care. We have 3 months to gather data and report to the Joint Commission after reporting a Sentinel Event.
Mr. Solomon-Gross noted that the transparency of getting to learn this process is appreciated. He would like to continue to see mini-educational topics be presented, and some can be taken to the BOD.

Adjourned at 4:40 pm

Next Quality Board meeting: January 13, 2020 @ 3:30pm

DRAFT

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

November 18, 2020
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
- Legal consultations with Senior Leadership Team
- Covid-19 legal issues
- Quarantine and Isolation Issues
- Litigation strategy and planning
- Contract drafting for legal services by outside counsel
- Transition planning

Management Report from
Dallas Hargrave, Human Resource Director
November, 2020

- **Union Contract Negotiations.** The collective bargaining agreement with the ILWU expires on December 31, 2020 and the parties have agreed to continue to operate under the current terms through the fiscal year. The HR Director will work with Senior Leadership to begin a strategic discussion and seek bargaining direction from the Board during the December board meeting. The first meeting date with the ILWU will likely be scheduled in December.
- **Studer Leadership Development Update.** Since the last update to the Board, supervisors and managers have completed the following classes. The courses are online, and there is a monthly virtual meeting to discuss the courses and how they apply at BRH.
  - **Cultural Competence and Inclusion.** We learned how to:
    - Describe the difference between diversity and inclusion.
    - Assess your organizational and departmental culture as it reflects diversity and inclusion using appropriate metrics.
    - Plan to implement at least two leading practices to strengthen diversity and inclusion in our department.
    - Define the importance of diversity and inclusion in the workplace and the role you play in creating a more inclusive environment.
  - **Leading Generationally Diverse Workgroups.** We learned how to:
    - Articulate common characteristics and myths associated with different generations.
    - Describe unique methods for engaging team members of different generations.
    - Describe tactics for effectively leading generationally diverse workgroups.
  - **Managing Conflict.** We learned how to:
    - Effectively navigate conflict with your peers.
    - Coach employees to successfully manage conflict.
  - **Park Your Bias.** We learned how to:
    - Define implicit and explicit bias
    - Explore types of implicit bias
    - Strategize how to interrupt bias
    - Reduce implicit bias in recruitment and retention
  - **Using Stories to Communicate Effectively.** We learned how to:
    - Build a compelling story that evokes both feeling and action.
    - Demonstrate ability to create a strong connection between the heart and the mind of the listener.
    - Identify ways to harvest and share stories with your team.
  - **Communicating Goal Progress.** We learned how to:
    - Communicate goals in a manner that creates alignment and engagement.
    - Celebrate milestones to maintain engagement and momentum.
    - Customize messages for individual audiences explaining the reasons for a goal.
  - **Setting and Aligning Goals.** We learned how to:
    - Effectively draft SMART goals for your area or organization.
    - Align and cascade goals to achieve maximum engagement.
    - Use a methodology for prioritization that supports appropriate allocation of resources.

Bartlett Regional Hospital
3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

November 2020 Nursing Report
Rose Lawhorne, CNO

Nursing Administration

- Nursing staff have worked hard on professional development and advancement through the clinical ladder. Congratulations to our advancing nurses! We are grateful for your dedication and efforts.
- We are working through performance evaluations. These conversations with directors and managers give staff the opportunity to offer and receive feedback, discuss growth opportunities, and connect one-on-one with leadership.
- Directors are compiling priorities and projects within their departments to be submitted as part of the Chief Executive Officer transition plan. Focus and Execute is also being updated with completed projects closed in preparation for the coming year that will bring new goals and areas of focus.
- Our nursing team continues to support Centennial Hall isolation/quarantine site with organization, staffing and process development. Thanks to Case Management and nursing personnel who improved the safety of our community through their efforts. The collaboration with the City and Borough of Juneau Incident Command System was impressive, and standing up that facility provided a safe location for COVID-19 positive individuals experiencing homelessness.
- The process of requesting isolation holds has been challenging to negotiate. Through interagency collaboration, and while balancing rights of individuals with the public health risk, we continue to improve and navigate the myriad of medical and legal issues around this situation. Thanks to all who participated in these discussions and helped work toward resolution.
- We have worked with pharmacy and physicians to develop an administration plan for the new monoclonal antibody, bamlanivimab. We appreciate the collaboration, working together to maximize the use of new COVID-19 treatments as they become available.

Central Staffing

- Central Staffing has completed the first two out of three Functional Administrator Training Levels for Bartlett's staffing and scheduling software, API. The team is testing a mobile application that provides increased flexibility and scheduling options for staff.
- Central staffing has streamlined staffing processes, automating where possible. These include staff notification of open shifts, and float contract requests/contract management, among others. Cumbersome paper processes that involved many departments were often time consuming and difficult to track. Changes promote efficiency and ease of work.
- House Supervisors are now able to focus on patient flow and care team support with Central Staffing taking on more of the staffing responsibilities.

Float Pool/Patient Observers

- The nursing float pool has five nurses with a new PRN nurse. They are completing orientation to multiple units to build diverse skills and be equipped to help meet staffing needs across the hospital.
- In partnership with Bradley Grigg, CBHO, and his team, a professional development plan has been developed for patient observers. They will receive training, develop a broader skillset for assisting with patient care, and have the opportunity to advance into behavioral health aid (BHA) or certified nurse assistant (CNA) roles. In addition, new hires with applicable experience may be hired directly into these positions. Three new employees have been hired with these new opportunities.

Surgical Services

- We have recognized a consistent growth in OR cases and minutes in surgery. This has occurred due to several new surgeons joining our community, as well as the initiation of ophthalmology clinics.
    - Calendar year 2019: Average minutes/month –16,681; average cases/month – 253
    - Case numbers for October 2020: Average minutes – 19,889; cases – 281
- We have developed a report for tracking to evaluate needs in SDS in meeting the expanded surgical demand. With this data, we will track patient flow needs, and develop a plan to expand hours of operations as needed. Currently, those patients are transferred to the Medical Surgical Unit. These growing demands have challenged that team, and we may need to address it operationally, if appropriate.
- We are working with Facilities Department and contractors to complete a remodel in Central Sterile Reprocessing. This will provide redundancies and a more robust system for reprocessing of surgical equipment.
- We are highly focused on strengthening relationships and supporting healthy team dynamics in Surgical Services. Staff have received training on Team STEPPS, a toolkit for communication within the healthcare team. Surgeons and other providers are being offered this training as well so that all speak the same "language" and can communicate more effectively.
- Feedback through surveys has been solicited from team members, and the Operating Room (OR) Committee approved a 360 Pulse Survey for surgeons and anesthesia providers. Information will be used to continue process improvement efforts related to enhancing team dynamics, building trust, and providing quality care as a cohesive department.
- COVID-19 screening processes continue to evolve for Same Day Surgery (SDS) patients.
    - Identifying patients whose results have not been received and who need to be tested upon arrival to BRH.
    - Improving recognition of outstanding testing needs through the use of special indicators in Meditech patient records.
    - Continuing to work with Capital City Fire/Rescue (CCFR) to complete pre-procedure testing for patients. Our many thanks to CCFR for their efficient testing, as they have been instrumental helping us resume safe surgical procedures.
- We are continuing to improve inventory management processes.
    - Staff can now order supplies directly from Materials Management in Meditech. Thank you to Lori Holte for your work on this!

- Processes are being reviewed and areas for improvement are being identified in the ordering, selection, replacement, and billing of supplies and equipment used in surgical procedures.
- Our goals:
  - Reduce waste through eliminating variation in processes and inventory management.
  - Automate systems to reduce labor costs and inefficiencies.
  - Implement par ordering and track supply use more effectively.

- One of our SDS nurses is developing a detailed learning module, Orientation to Pre-Admission Testing (PAT). This will be a tremendous aid in helping train and orient registered nurses (RNs) to PAT unit in a consistent, thorough manner.
- Our new RN graduate is making huge strides in orienting to SDS. She is in her third month, and is an excellent fit for our team.
- SDS participated in a Joint Commission Mock Survey as presented by Autumn Muse, RN. Our staff response was positive and appreciative of this opportunity to learn and ask questions.

Obstetrics (OB) Department

- We are preparing to offer Adverse Childhood Experiences (ACEs) training in the next couple of weeks. The training helps staff become more aware of their own ACEs and recognize the impact on caregiver perspective and subsequent care delivery. Additionally, by understanding ACEs in our patients, we can better provide them with trauma-informed care. With heightened awareness and care coordination, we ensure that we are connecting patients with interventions, resources, and other wraparound support services early in their parenting journeys.
- We recently received a new specimen refrigerator on OB to safely store umbilical cord segments. From these segments, we can analyze cord toxicology and gain information about substances the newborn was exposed to after 20 weeks gestation. All OB staff are being educated on the correct process for collection and storage of the cords. This new process will significantly improve our ability to acquire accurate information regarding potential withdrawal in our substance-exposed neonatal population.
- This year we purchased new fetal monitoring carts. The more advanced, wireless equipment ensures that continuous fetal monitoring is always accessible and gives patients freedom to move around the room during their labor experiences. The nurse can also view the fetal monitoring strip while simultaneously documenting in Meditech. Thank you to Biomedical and Information Systems (IT) departments for their help with this project expected to go live in spring.
- We have expanded our hallway communication boards for patients and families to include a new category: Community Resources. This board was thoughtfully developed by our lactation consultants to connect families with important resources. Families are linked with a range of services and support systems for children from birth through 3 years of age. We have developed quick response (QR) codes for each of these resources so that families can easily access up-to-date information.
- Between August and October 2020, the OB/Neonatal Committee systematically reviewed all 32 OB order sets. We worked with clinical IT and pharmacy to update the order sets in Meditech. These revisions also incorporated any associated protocols and plans of care.

Critical Care Unit (CCU)

- With the help of Materials Management and Maintenance, CCU is reorganizing our supply storage and cart. Access to supplies and efficiency in care delivery will improve with the new system.
- As the COVID-19 pandemic continues, we have been working on strategies to reduce staff burnout and maintain a positive work environment. We have started a CCU Facebook support group and are starting monthly fitness challenges. In December, the team will complete a virtual 10K race and receive race shirts! Great job to CCU staff for actively engaging in healthy living, mentally, emotionally, and physically!
- Patient care has challenged our team this month. They rose to meet the challenge and provided excellent care for pediatric patients, COVID-19 patients, and many others facing crises. Thank you to our CCU team and providers.

Emergency Department (ED)

- We are continuing to work with the physician group, contractors, and Facilities to develop and implement a robust system of care delivery that provides the safest environment of care. This includes evaluation and modification of ventilation systems, room layout, and process development. We are reducing unnecessary risk and exposure to COVID-19.
- With the increased risk for violence against healthcare workers, the ED director has joined task forces with Alaska State Hospital and Nursing Home Association (ASHNHA) and Washington State Hospital Association (WSHA) to strategize and pilot solutions to prevent, recognize, and address workplace violence. Regular communication to the ED team informs them of the effort, the importance our leadership places on their safety, and new elements of care delivery that provides for their safety.
- A unit-based COVID-19 task force has been developed in the ED. Growing burnout and uncertainties related to the pandemic have stretched the team to their limits, yet under the leadership of the director, they remain engaged and seek to continue to provide quality care as outlined by our mission. We greatly appreciate their efforts.

Infusion Therapy

- Infusion Therapy has worked to improve response to medical emergencies in the department. New emergency care equipment, medications, and supplies have been stocked in the department. Mock codes have been held with education provided to the staff to ensure timely and appropriate response. Infusion Therapy administers high risk medications that can cause adverse reactions. Developing and practicing this response plan ensures that all team members know their roles and can perform in the midst of a crisis.
- We have improved the privacy of patients and the protection of patient information. Due to the small space and close proximity of patients to each other, exchanges can easily be heard throughout the department. White noise machines have been placed in treatment areas to limit the ability to hear patient and work discussions. These units are inconspicuous and almost silent but create white noise to obscure conversations.

Medical Surgical Unit

- We successfully opened and operated the COVID wing this fall. This offered a sequestered location for safely providing care to patients. The cohort strategy allowed for efficient delivery of care for physicians and nurses and reduced personal protective equipment use. Increased staffing was required, but thanks to the house supervisors, Central Staffing, and staff, operations were safe and facilitated quality care for the patients.
- The quality improvement project for the unit focused on documentation of COVID care processes on the main unit and in the COVID wing. Nursing staff created training videos that can be watched at any time for review or training of new staff. Thanks to the director and Medical Surgical team for your work on this.
- This year's Med Surg capital purchases were eight new beds. With damage to many beds with the recent power outage, this was a timely procurement and allows us to maintain capacity and ensure that we can meet the needs of the community. Thanks to Biomedical staff who have worked to repair newer existing beds that were not slated for replacement.
- We continue to support professional advancement for our staff. For the first time on Med Surg, two nurses achieved clinical nurse five (CN5) status, the highest level on our nursing clinical ladder. Several of our nurses are scheduled to take the Med Surg certification test and are taking classes in preparation for successfully completing this difficult exam. Congratulations to all of you.
- Med Surg nurses continue to be actively involved in the falls task force. The group evaluates falls, identifies areas of risk, and develops strategies to improve the safety of our environment and care delivery.

Bartlett Regional Hospital

November 24, 2020 Board Report
Billy Gardner, Chief Operating Officer

Diagnostic Imaging (Paul Hawkins)

- Installation of new workstations in DI nearly completed.
- PACS upgrade November 17th
- New surgical C-Arms received and Training completed. Two new Philips Pulsera C-Arms, have better image quality and wireless send and worklist for PACS. Units are up and running in the OR.
- Filled one ultrasound vacancy, we are cross-training her into echo and other exams.
- Ultrasound candidate is being interviewed.
- Reviewing class specifications for DI positions.
- Thank you to facilities, IT, Biomedical and environmental services for their support with projects.

Future Plan

- Possibility of offering a monthly ultrasound guided IV start class for nurses interested in learning this skillset.
- PACS upgrade go live 09/17/2020 working with IT, requires many hours of building and testing.
- PowerScribe 360 upgrade to PowerScribe One.
- Offer Cardiovascular and Vascular Screenings to promote wellness.
- Fill remaining ultrasound vacancies.
- New MRI purchase and remodel if facilities move forward with ER expansion.
- 16 slice CT scanner is at end of life/support plan for replacement in progress.
- Brain Perfusion CTA AI for brain sparing treatment. AMBRA Health

Respiratory Department (Robert Follett)

- Fully staffed with one traveler augmenting staffing.
- Upgrade of Trace master ECG management system, project planning meeting occurring weekly.
- One full time RT on covid quarantine
- Revising Covid testing to include stress test patients.
- Seeking larger space for stress testing

Sleep Lab

- Accreditation (ACHC) Virtual survey completed, accreditation approved, plan of correction accepted.

Physical Rehabilitation (James "Rusty" Reed)
We continue to be fairly busy with inpatients but has slowed a bit this week.
We continue to be fairly busy with new outpatient referrals, but we have had a higher number of cancellations of late. We are currently working on implementing the Jellyfish Health platform for appointment reminders and other functionalities to make us more efficient.
We remain very busy with wound care and have received many new referrals. We are meeting this need and maintaining a no wait list. We will be presenting our performance improvement project on this very subject next week.
Pediatrics remains effected by COVID. We are currently averaging about 5 visits per day on campus and averaging about 5-7 teletherapy visits per day. Pre COVID we were averaging about 15-18 on campus visits per day. Parents are not wanting to bring their kids to the hospital. Hopeful for an offsite location.
There continues to be an OT pediatric waitlist due to multiple barriers. Parents are hesitant due to COVID and schools are not yet open, due to restrictions we have only staggered scheduling ability along with space and staffing concerns. One of my goals is to look at how to best meet this need in the future. We will make this a performance improvement project as we did with the wound care wait list.

Pharmacy Department (Ursula Iha)

- Smart pump utilization scorecard for the third quarter of 2020 shows that Bartlett nurses surpassing goals with a 96.9% utilization rate of the safety technology. (Great Job!) Pharmacists will work with nurses in RRC to develop safety guardrails for the new withdrawal management unit.
- Pharmacy staff is preparing for the new monoclonal antibody medication, bamlanivimab. The FDA gave this investigational medication Emergency Use Authorization for patients who test positive for COVID-19 and meet criteria which is being developed by experts within the State of Alaska and considered by the Pharmacy and Therapeutics committee.
- Bartlett pharmacists are participating in the planning and distribution of COVID-19 vaccine in December. The novel vaccines require unique responsibilities for transportation, stability, storage, documentation, and education for hospital staff.
- Rainforest Recovery Center reopened and Bartlett pharmacy provides pharmacist review of orders, formulary medications, and assist staff in providing appropriate medications.

Daily Observation Report

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

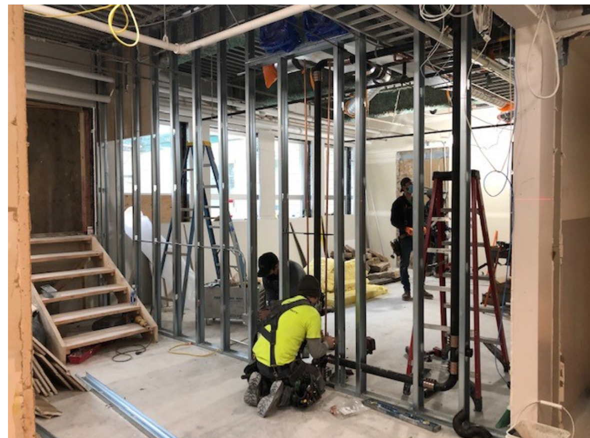
Project: BRH Covid Testing Lab, CBJ Contract # MR 21-143
Contractor: Alaska Commercial Contractors
Date/Time: Thursday, November 19, 2020 – 1:30 pm
Weather: Cloudy, 28 degrees F
Report by: Jeanne Rynne, CBJ Project Manager, 586-0497

Onsite Workforce:

Trades	# of Persons	Major Equipment / Notes
General – AK Commercial Contractor(ACC)	1	
Electrical – Alaska Electric	3	
Mechanical – Berhends Mechanical (BM)	2	

Description of Work:

1. Framing at north wall of Testing Lab 2234A.
2. New doorframe installed.



Copies to: Owner, Project File

MAILING ADDRESS: 155 SOUTH SEWARD STREET, JUNEAU, ALASKA 99801

3. Existing power outlet box (left) and Fire Alarm device box (right) pending direction from Electrical Engineer per RFI #12 whether existing need to be abandoned or relocated. Area scheduled for new shelving at this location.

4. Rough-in for sink S-1 installed.

November 2020 Behavioral Health Board Report
Bradley Grigg, Chief Behavioral Health Officer

- **RAINFOREST RECOVERY CENTER:**
  - **RRC Residential Treatment Update:**
    - Thursday and Friday, 10/22 and 10/23: Reorientation held for all RRC staff to return to work.
    - **Residential Treatment reopened Monday, October 26, accepting 6 new patients (capacity) in the first week.**
    - Admissions only from Southeast will be considered at this time.
    - Single occupancy patient rooms (6 patient capacity to begin)
    - Current Waitlist is 13 patients
    - Weekly in-house patient testing
    - Biweekly in-house RRC staff testing
    - Masking requirements
    - Services received include:
      - Medication Management
      - Individual and Group Therapy
      - Group Education sessions
      - Daily recreation activities
      - Family/social supports virtual communications
      - Yoga
      - Education and supports from Bartlett Nutrition Services

  - **RRC Withdrawal Management (Detox) Update:**
    - **Withdrawal Management (WMU) will officially open Tuesday, December 1.**
    - Staffing will include 1 RN and 1 CNA per 12-hour shift.
    - Capacity of 4 patients to begin. Any overflow will continue to be served on Medical.
    - Nursing and behavioral health leaders have continued to work closely to support the opening the WMU. Projects we have collaborated on include the following:
      - Portable cardiac/respiratory monitors connect to a central station in the Critical Care Unit, allowing providers to review vital signs and cardiac rhythms for patients experiencing withdrawal. Providers can observe real-time data and assist in decision making for patients who may be

deteriorating. The care team at WMU receives immediate support when they request it.

- Policies have been developed for care delivery. Processes in the hospital have been modified to meet the needs of the environment and location of WMU with policies updated. (e.g. code blues, rapid response team)
- WMU leadership, staff development, and nursing have collaborated to provide training to the WMU team. Content is individualized to address care and prepare staff for events that might occur in that location outside the main facility.

- **RRC Outpatient Treatment Update:**
    - We currently have 33 patients enrolled receiving:
        - 100% virtual treatment
        - Medication Assisted Treatment
        - Assessment
        - Individual & Group Treatment Sessions
        - Patients participate anywhere from 1-10 hours per week in treatment, depending on individual needs.
    - 72 (non-unique) patient encounters – 17% increase from September.

- **Adult Mental Health Unit (MHU):**
    - October daily average patient census was 7
    - MHU continues to only accepting patients from Southeast.
    - Average length of stay is nearly 12 days.
    - MHU continued to evidence an increase in first time admissions in October, with patients identifying COVID-19 related stressors that led to their admission (loss of employment, strained relationships, increased substance use, increased depressed and thoughts of suicide).

- **<u>Bartlett Outpatient Psychiatric Services (BOPS):</u>**
  - BOPS outpatient operations continue to be 100% virtual
    - 6.5 FTE therapists are delivering telehealth counseling services from their home offices/BOPS Clinic.
    - 3.5 Psychiatric providers are delivering telehealth psychiatric / medication management form their home offices/BOPS Clinic.
    - The DAY Psychiatric Emergency Services Therapist and Psychiatric Provider are on site during their on-call day.
  - **October 2020 Stats:**
    - 421 (non-unique) patient encounters – 21% increase from September.
    - No show rate 19.4% (significantly below national average of 23%)
    - Continued significant increase in new patient referrals, especially children/adolescents.
  - **Expansion of Outpatient Supports:**
    - Bartlett Oncology and BOPS are partnering to serve oncology patients and their families who evidence signs of increased depression and anxiety. Services will begin in January 2021.
    - OT/PT and RRC are partnering to expand capacity for OT/PT patients via telehealth. Staff will meet virtually from the new RRC Withdrawal Management Unit Conference Room. This expansion will allow for a minimum of 10 additional hours weekly of services.
    - Erin Maloney, BOPS Therapist, is partnering with Sarah Gress, RN, to co-facilitate a community support group for families who are experiencing Perinatal Bereavement.
    - The COVID-19 Staff Support Program was birthed to provide professional, confidential counseling to employees of Bartlett Regional Hospital to support them during the period of time they are caring for patients impacted by the COVID-19 pandemic. Counseling services are facilitated by licensed contracted therapists who are not employees of BRH. Services utilize a brief treatment approach. **Since May 1, 2020, 73 BRH Employees have accessed these supports.**

- **<u>Psychiatric Emergency Services (PES):</u>**
  - FY21 Q1 (July 1, 2020 – September 30, 2020, continued increase in new patients presenting in the ED, experiencing a behavioral health crisis:
    - Adults: Most notable presenting problem is an increase anxiety/depression re: finances, housing, employment
    - Youth: Most notable presenting problem is an increase in anxiety around education, sports, social life.
  - **COVID-19 Impacts on Children's Behavioral Health Document (see attached)**
    - We continue to see exponential increase in youth and families presenting in the ED, experiencing a behavioral health crisis
    - Presented impacts to the following in November:
      - Juneau Economic Stabilization Taskforce
      - CBJ Assembly Committee of the Whole
      - Dr. Jared Parrish, State Epidemiology (Jared wants to use our data to replicate similar studies in other Alaska communities to determine what they are experiencing)
    - Next steps:
      - Continue tracking this data at a minimum for the duration of FY21
      - Meet with Juneau School District Superintendent, Bridget Weiss to discuss how to use this data to support families, coaches, educators, employers of young people, etc.
      - Meeting with Senator Murkowski's office to discuss date presented.
  - October 2020:
    - 136 patients assessed in the Emergency Department experiencing a Behavioral Health Crisis,
      - 97 Adults
      - 39 Children/Adolescents
  - Behavioral Health Technicians Program:
    - Initiated the State's First 24/7 Behavioral Health Technician Program in an Emergency Department setting:
      - 24/7 (12 hour shifts) skilled Behavioral Health Staff providing 1:1 intervention for patients who historically have required security presence.
      - Initial benefits noted thus far:
        - Behavioral Health Staff integrated as part of the ED multidisciplinary team.
        - Immediate access to staff skilled in de-escalation and behavioral health intervention.
        - Integrated Medical/Behavioral Health approach to ED patients in crisis.

- **<u>PES Expansion Update:</u>** Due to the increased number of PES Assessments, especially among youth & adolescents combined with the lack of community stabilization services, we approached DHSS about supporting BRH expanding PES community based services that would:
  - Expand capacity to provide crisis intervention services while continued to focus on the Crisis Stabilization Residential Unit. Currently there are little to no immediate support services for families who return home after a crisis assessment in the ED
  - Serve as an interim but essential service for families whose child is assessed but not admitted the Medical Unit "Safe Room" that would:
    - Provide immediate support services to individuals and families who were discharged in the ED after being assessed.
    - Up to 5 days of in home, in community, and virtual services provided by a combination of Clinical Therapists and Youth/Family Navigators.
  - Goal is to provide stabilization services to individuals and families so that when the crisis has passed, there is motivation to engage in outpatient treatment.
  - Within days of this request, DHSS provided $360,000 (See Grants Update section below) in additional operational grant funding to support the expansion of PES services into the community.
    - **Recruiting has resulted in 1 FTE Therapist and 2 FTE Youth/Family Navigators**
    - **Services began on November 1, and families are being served within 12 hours of discharge from the ED.**

- **Crisis Stabilization Services Update:**
    - Over the last few months we have made significant progress on the Crisis Stabilization Center Project. As an update, please see the following attachments to serve as visual updates as to where we are today:
    - Crisis Center Floor Plan – Finalized and attached
    - Exterior Rendering of Facility – Finalized
    - Patient Safety Environmental Risk Assessment – Finalized and attached
    - Total estimated capital cost remains $10.5 million:
        - $7.7 Million – Construction of the Crisis Facility, including the new BOPS Clinic
        - $1.5 Million – Ground floor parking garage (approximately 22 spots)
        - $1.3 Million – Contingency costs.

- **Behavioral Health Grants Update:**

    - **Crisis Stabilization Capital Grants Update:**
        - Confirmed Leveraged Capital Funding includes:
            - Alaska Mental Health Trust $200,000
            - Alaska Division of Behavioral Health $500,000
            - Premera $1,000,000
        - Other opportunities currently in motion (with requested funding amounts) include:
            - Rasmuson Foundation $400,000 (Anticipated November 2020 Funding)
            - Denali Commission $200,000 (Anticipated November 2020 Funding)
            - Murdoch Foundation (awaiting assignment of a grant officer. We have initially requested $400,000.
            - Alaska Mental Health Trust additional $200,000 for FY22

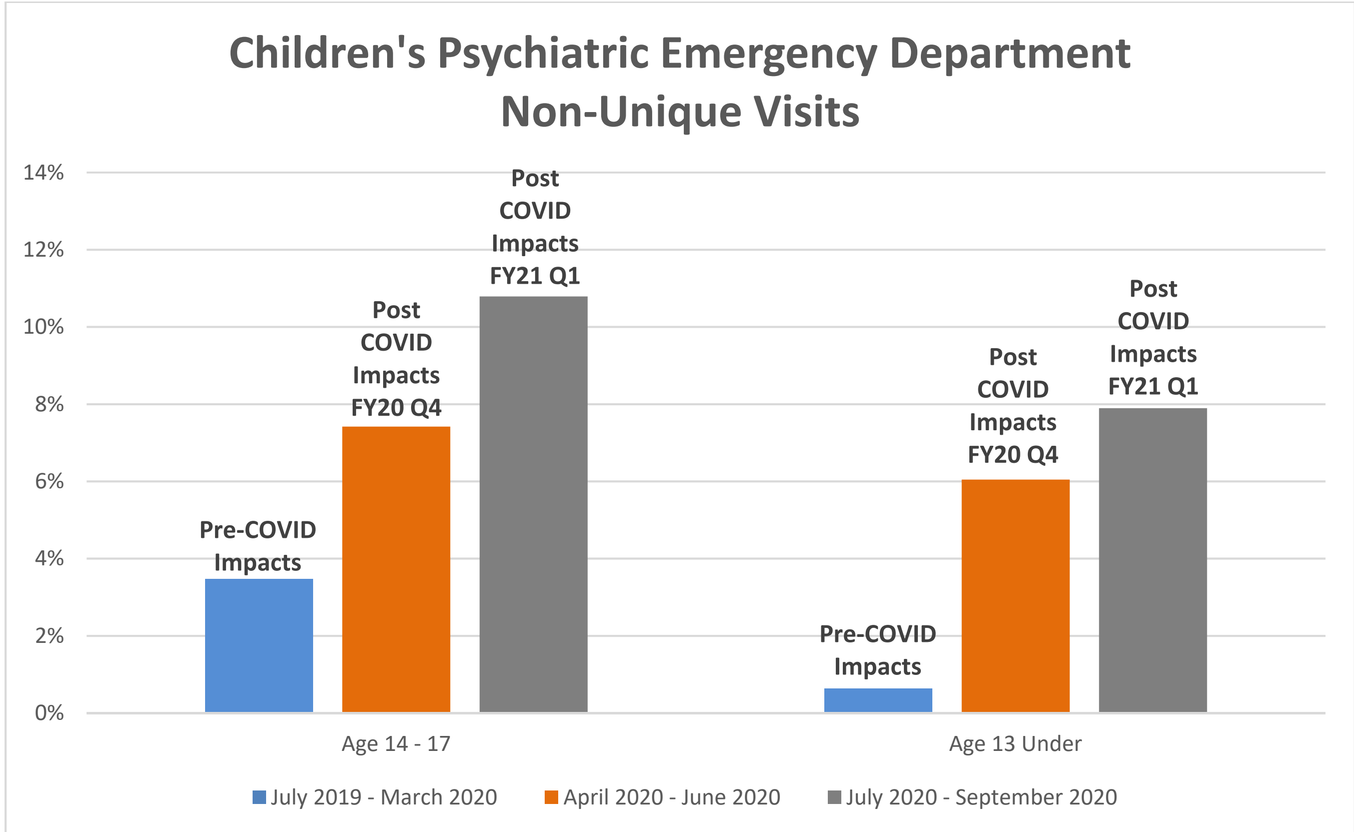
- **FY21 Operational Grants Update:**

  - **DBH Operational Grants:** The Crisis Stabilization and Ambulatory Grants were scheduled to sunset June 30, 2020. We were fortunate to receive an additional year of grant funding for both Crisis Stabilization and Ambulatory Withdrawal Management. In addition, we received a new PES (1 year) grant to support our work in the ED in assessing patients who are experiencing a Behavioral Health Crisis related to COVID 19.

  - **FY21 GRANTS UPDATE:**
    - Crisis Stabilization Services - **$1,160,000**
    - RRC Residential Operations - **$404,267**
    - RRC Withdrawal Management (Detox) **$101,066**
    - Ambulatory Withdrawal Management **$379,000**
    - Psychiatric Emergency Services (PES) COVID 19 Grant **$200,000**

  - **Other Operational Grants**
    - Juneau Community Foundation – Community Navigator Program - **$210,000** annually (FY21-23). This program began September 1, 2020 and supports 3 FTE Navigators who split their time in serving BRH Patients and Community Partners. Thus far, Navigators are supporting individuals experience mental illness, substance use disorder and homelessness alongside of the following community partners:
      - JAMHI Health & Wellness
      - Front Street Clinic
      - Polaris House
      - Housing First
      - St. Vincent de Paul
      - The Glory Hall
      - Catholic Community Services
      - AWARE Shelter

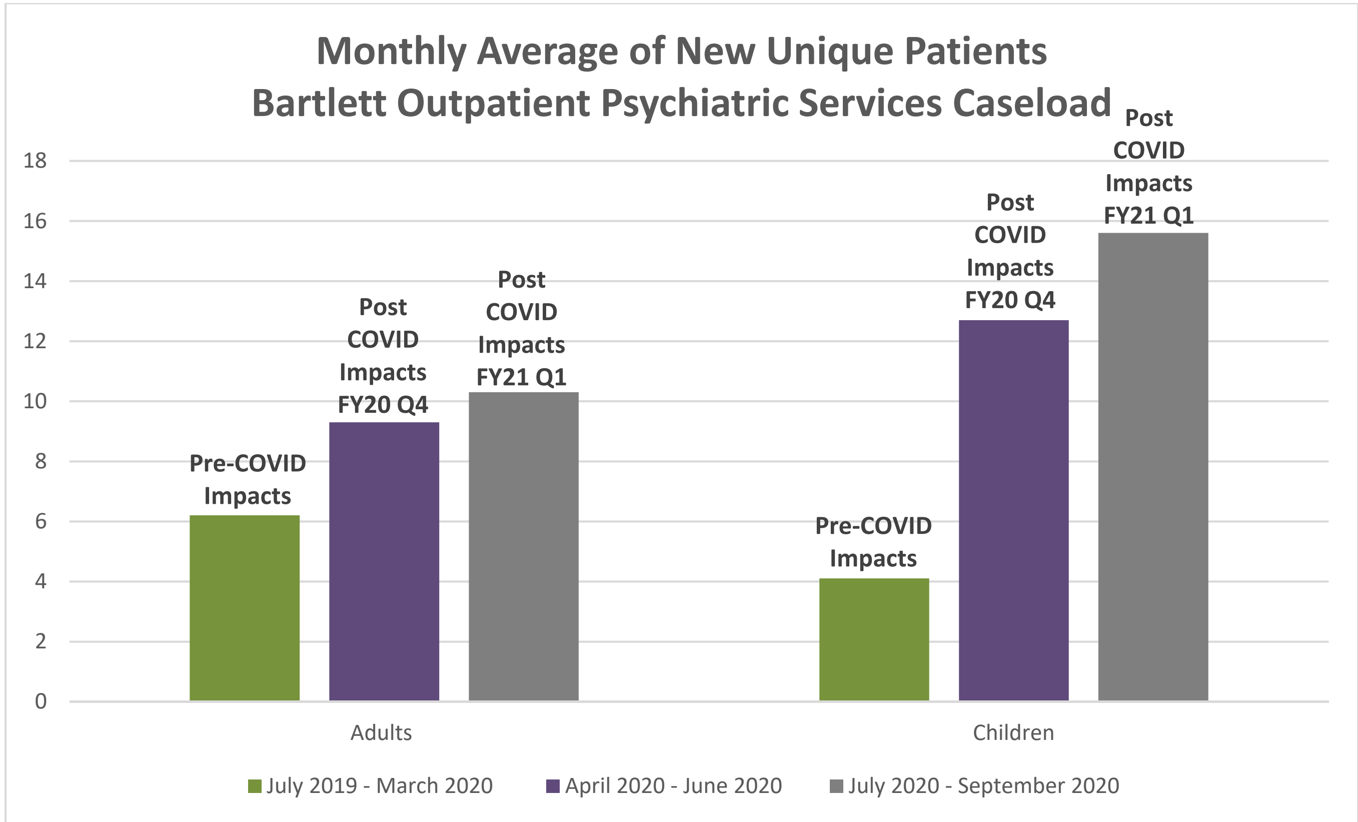
Impacts of COVID-19 on Children's Mental and Behavioral Health Update 11.5.2020



Age 13 and Younger	Number	Percentages	Monthly Average
July 2019 – March 2020 (3 Quarters)	6	1%	1
April 2020 – June 2020 (FY20 Q4)	22	6%	7
July 2020 – September 2020 (FY21 Q1)	30	8%	10
Age 14 – 17	**Number**	**Percentages**	**Monthly Average**
July 2019 – March 2020 (3 Quarters)	33	3%	4
April 2020 – June 2020 (FY20 Q4)	27	7%	9
July 2020 – September 2020 (FY21 Q1)	41	11%	14

- A majority of the children and adult patients assessed during the April 2020 – June 2020 period expressed this was their first time experiencing a Behavioral Health Crisis. Patients communicated a sharp increase in depression, anxiety, and substance misuse due to stressors around their employment, housing, and family, due to impacts of COVID-19 on their lives.

- Stressors communicated by youth included isolation from their social support networks, lack of sports, and struggles with school during the academic year.



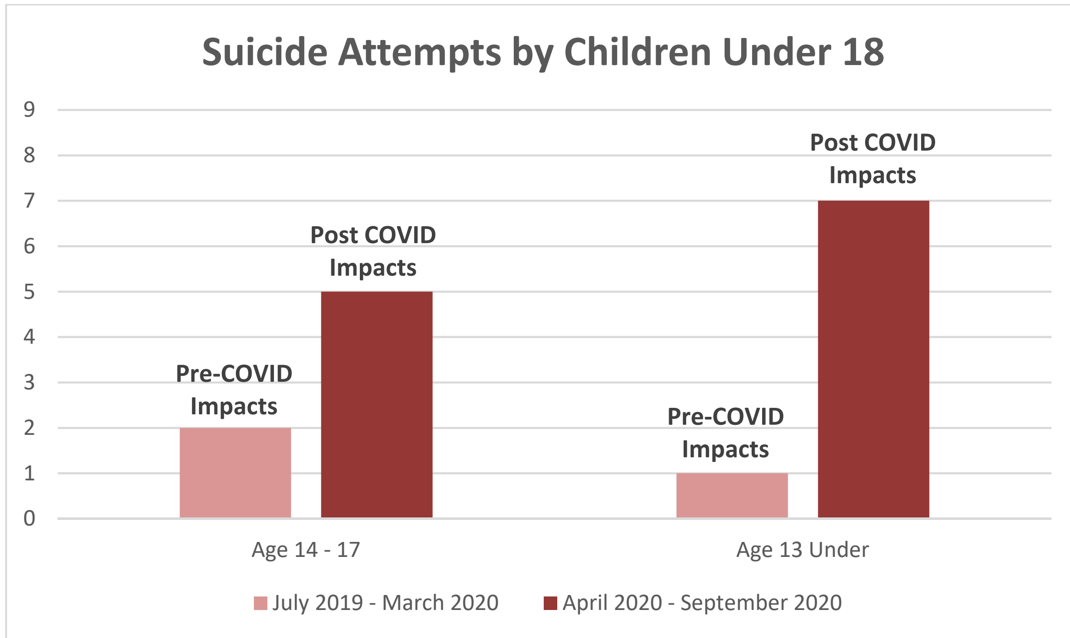
Adults 18 and Older	Number of New Patients	Monthly Average
July 2019 – March 2020 (3 Quarters)	56	6.2
April 2020 – June 2020 (FY20 Q4)	28	9.3
July 2020 – September 2020 (FY21 Q1)	31	10.3

Children 17 and Younger	Number of New Patients	Monthly Average
July 2019 – March 2020 (3 Quarters)	37	4.1
April 2020 – June 2020 (FY20 Q4)	38	12.7
July 2020 – September 2020 (FY21 Q1)	47	15.6

- During the July 2019 – March 2020 pre-COVID period, Bartlett Outpatient Psychiatric Services evidenced an average of 4 new child intakes per month (ages 17 and under).

- During the April 2020 – September 2020 post-COVID Impacts period, Bartlett Outpatient Psychiatric Services evidenced an average of nearly 13 new child intakes per month in FY20 Quarter 4, and nearly 16 new child intakes per month in FY21 Quarter 1. (ages 17 and under).

- Stressors communicated by youth included isolation from their social support networks, lack of sports, and struggles with school during the academic year.



Suicide Attempts in Children 17 & Younger	Age 14 – 17	Age 13 and Under
July 2019 – March 2020 (3 Quarters)	2	1
April 2020 – September 2020 (2 Quarters)	5	7

Data represents patients seen in the Bartlett Regional Hospital's Emergency Department and Bartlett Outpatient Psychiatric Services, and is not inclusive of other mental and behavioral health providers in Juneau. Data sourced from Bartlett Behavioral Health.

November 24, 2020 Board Report
Kevin Benson, CFO

Finance

- PAS is continuing the implement a self-registration process that utilizes smart phone technology. This will engage patients in the registration process and improve patient flow and distancing.
- Wrapping up the FY2020 annual financial update.
- Received a 60 day extension on the submission of the Medicare and Medicaid cost reports.

HIM – Rachael Stark

- We have brought everyone back into the office while maintaining social distancing guidelines, and are open to the public being vigilant with sanitizing.
- We are continuing our validation of scanned documents into the EMR.
- We are restarting monthly meetings for some customer training scenarios, standardization of greeting and certain aspects of the Release of Information process. This hopefully will be a great way to be able to train in customer service, engage everyone in the process and be better prepared to help our external and internal customers. Our last session was 10/29/2020 and we hope to implement a plan for everyone to be able to utilize the skills learned to date.
- We are working with IT on the Fair Warning product.
- We also are trying to prepare for the Meditech upgrade to Expanse and the ambulatory product.

PFS – Tami Lawson-Churchill

- Overall cash collections for the month of October was just over $8.9 Million
- Medicaid Provider Self-Audit is completed for BRH and RRC. We are currently working on completing BOPS before 12/31/20 deadline
- PFS continues to closely monitor patient accounting processes to ensure patients are not being balance billed for any COVID-19 diagnostic testing.
- Price Transparency implementation with WayStar is moving along nicely and we are on schedule to meet 1/1/21 deadline
- PFS is working closely with BOPS and RRC on charge capture processes as RRC reopens and new service lines are established

Case Management – Jeannette Lacey

1. COVID-19
    1. Case Management has been assigned to HICS Patient Tracking Unit under the Planning Section:
        a. After standing up Centennial Hall on Tuesday, October 13, 2020 in response to the cluster in the unsheltered population, we seem to have worked through that cluster this week and don't currently have clients at CH. CBJ plans to continue keeping it operational for the time being and individuals will be referred as needed. We continue to partner with CBJ, CCFR, Public Health, SEARHC/Front Street Clinic, and the shelter managers, to support this hospital and community need.
        b. Smart Sheets developed for tracking positive cases in our vulnerable population will continue to be a valuable resource as it allows hospital staff and providers to identify individuals who have had a positive test as the majority of positive tests have been run outside of Bartlett.
    2. Staffing—we continue to have a mix of remote and onsite staff, based on individual and operational needs.

2. ASHNHA Medicaid DRG work group—As the State of Alaska prepares to transition Medicaid billing to APR-DGRs, similar to Medicare billing (MS DRGs), we've joined the work group to review plans and make recommendations. This will make an operational impact as well be reviewing cases differently and will have an increased need for Clinical Documentation Improvement (CDI) and there will be changes to coding.
3. CDI—We've received preliminary feedback from Intellis on our CDI audit and will be working with the Quality Department to address opportunities for improvements. There will be more to come as we continue reviewing recommendations with the Intellis team.
4. Staffing—We continue to have fluctuations in staffing. We have one RWNCM who is leaving our team as she plans to pursue continuing education. Claire Geldhof was working as and RNCM in the ED; she supported our team in making progress in defining EDCM at BRH and we wish her all the best as she continues her professional journey. We are also recruiting for additional SWCM staff.
5. Joint Commission Survey planning—Our team is reviewing policies and processes as we prepare for our TJC survey. We greatly appreciate support from Autumn Muse in Staff Development as she supports departments with preparation.

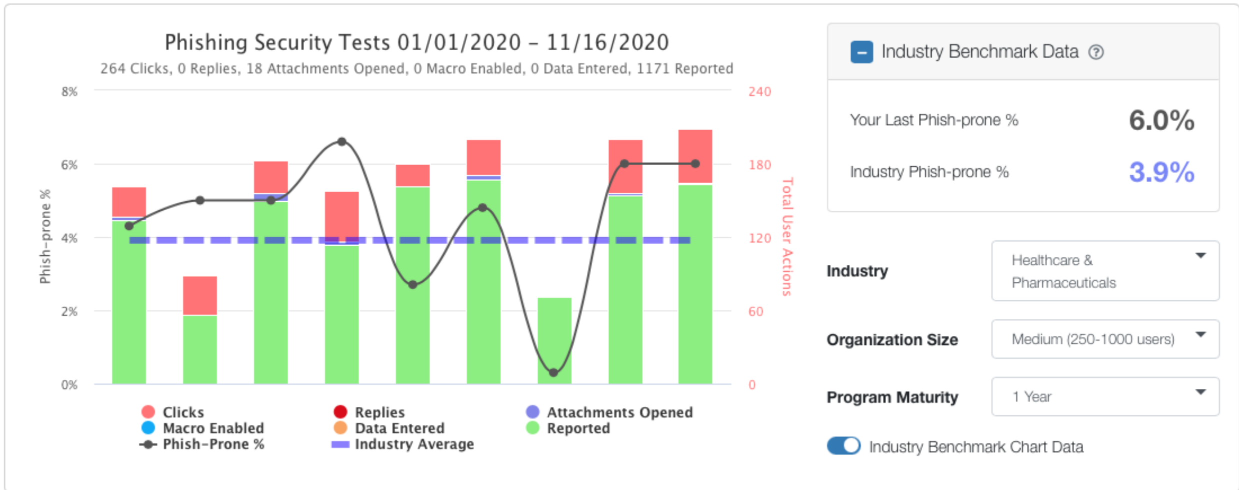
IS – Scott Chille

1. **Projects:**
    a. **PACS** upgrade and migration in progress – **moved November 24th Go-Live date on new hardware**
    b. **Wireless Upgrade** project starting: expect completion by end of December 2020
    c. **Philips iECG (Tracemaster View)** project starting: expect 4 – 6 months implementation
    d. **Philips Intellispace Perinatal** Interface project: 4 – 6 months implementation
    e. **FairWarning** privacy monitoring/auditing tool project kicked off: expect 6 – 8 weeks
    f. **MEDITECH Expanse** – Go-Live moved to **March 1, 2021 – on track**
    g. **Project Schedule Attached**
2. **Department Updates**
    a. HelpDesk Ticket process improvement – sustained
        i. Added Desktop Support to call-center queues
3. **Information Security**
    a. Attacks on Bartlett network continuing to increase dramatically as we gain more visibility across our network.
    b. Continuing to decrease our overall vulnerability posture in the face of an increased attack on our hospital during the COVID outbreak
        i. September attacks revised upward to 870/minute
        ii. October increased by 300% to 2542/minute

Attacks on Bartlett Network

	As of March-15	As of April-29	As of May-31	As of Jun-30	As of Jul-31	As of Aug-31	As of Sep-30	As of Oct-31
Per Minute	86	183	168	371	335	366	870	2542
Per Hour	5,160	10,980	10,080	22,260	20,100	21,960	52,200	152,520
Per Day	123,840	263,520	241,920	534,240	482,400	527,040	1,252,800	3,660,480
Per Week	866,880	1,844,640	1,693,440	3,739,680	3,376,800	3,689,280	8,769,600	25,623,360
Per Month	3,839,040	8,169,120	7,499,520	16,561,440	14,954,400	16,338,240	38,836,800	113,474,880
Per Year	45,201,600	96,184,800	88,300,800	194,997,600	176,076,000	192,369,600	457,272,000	1,336,075,200

Security Awareness Program has reached Long-Term Sustainment & Culture Change over the last 2-years from Non-existent/Compliance Focused in 2017-2018.


Phishing Security Tests 01/01/2020 - 11/16/2020
264 Clicks, 0 Replies, 18 Attachments Opened, 0 Macro Enabled, 0 Data Entered, 1171 Reported
Phish-prone %
Total User Actions
Clicks
Replies
Attachments Opened
Macro Enabled
Data Entered
Reported
Phish-Prone %
Industry Average
Industry Benchmark Data
Your Last Phish-prone %
6.0%
Industry Phish-prone %
3.9%
Industry
Healthcare & Pharmaceuticals
Organization Size
Medium (250-1000 users)
Program Maturity
1 Year
Industry Benchmark Chart Data

I.S. Project List

smartsheet

#	Task Name	Assigned
1	**Networking Projects**	
2	WiFi 6	Pete Morrissette
3	New Internet Firewalls	James Banda
4	Access Layer Switches (BOPS, RRC, SSC)	Pete Morrissette
5	Leverage Quium Collaboration Utilities	James Banda
6	Netscout nGenius Pulse Network Monitors	Pete Morrissette
7	Phone System Upgrade	Structured
8	Server Room/Pharmacy Shell Equipment Move and clean up Strucured Cabling	
9	Identity Services Engine (Migrate Wireless Authentication from M$ NPS servers)	
10	Solarwinds Install	
11	OpUtils - Manage Engine	Pete Morrissette
12	Cameras	James Banda
13	Phones	James Banda
14	MEDITECH Readiness Check	James Banda
15	Complete DNA Center Install	
16	Migrate Client VLAN to new VLANs	
17	Stealthwatch Install	
18	Update Network Diagrams Inclusing VxBlock	
19	Set up SecureX Dashboards with Firepower and Umbrella feeds	
20		
21	**Systems Projects**	
22	VxBlock Migrations	
23	Meditech Migration (COMPLETE)	Max Salassi
24	Scanning Archive	
25	Data Repository	
26	Patient Data Instructions	
27	Print Servers	
28	Raxco Client	
29	Engage Firewall / MEDITECH	
30	Non-Meditech Migration	
31	OS Upgrades	

Timeline: Nov (Nov 1, Nov 8, Nov 15, Nov 22), Dec (Nov 29, Dec 6, Dec 13, Dec 20, Dec 27), Jan (Jan 3, Jan 10, Jan 17, Jan 24), Feb (Jan 31, Feb 7, Feb 14, Feb 21)

#	Task Name	Assigned
32	New DCs	
33	New File Servers (RAW DATA)	
34	New Exchange - Cloud Option	
35	**Other Projects**	
36	PACS Migration	Kevin Bredahl
37	iECG	
38	IntelliSpace Perinatal	
39	Fair Warning	Kevin Bredahl
40	Unitrends	
41	Citrix Upgrades/Fixes	
42	Magic archive	
43	New 3M web based system	
44	Eye Doctor Project: FORUM/ZEISS	
45	Azure AD - configuration	
46	Expanse	
47	**Miscellaneous To Do:**	
48	IMO back to on premise solution	
49	Retire old FTP servers	
50	Turn on DLP – Barracuda	
51	**Major Maintenance:**	
52	Clean up GPOs	
53	**To Be Scheduled**	
54	PEN Test	
55	VDI	
56	Office365	
57	**Training (Ongoing)**	
58	Cybereason	
59	Rapid7	
60	Citrix	
61	VMware	
62	VXBlock	
63	Windows	
64		
65	**Desktop Support Projects**	
66	Laptop Deployments (10)	Griffin Bailey
67	OB Carts	Alex Valentine
68	COVID-wing Carts	Griffin Bailey
69	Laptop Deployments (20)	Alex Valentine
70	PACS Station Deployment (25)	Griffin Bailey
71	Hard Drive replacements	

Timeline: Nov (Nov 1, Nov 8, Nov 15, Nov 22), Dec (Nov 29, Dec 6, Dec 13, Dec 20, Dec 27), Jan (Jan 3, Jan 10, Jan 17, Jan 24), Feb (Jan 31, Feb 7, Feb 14, Feb 21)

November 2020 Board Report
Chuck Bill, CEO

This month has been busy on several fronts.

COVID: Our inpatient census has remained low with no positive patients in house this morning (11/18). Anchorage is seeing a lot of hospitalizations and arching capacity. The state is looking at how to respond statewide if they exceed capacity. Our staff is anxious about what is going on in Anchorage and the rest of the country. SLT is creating a series of BRH employee town halls to give employees a regular opportunity to get their concerns addressed.

The Roche 6800 testing equipment is projected to ship around 12/14 and start install by year end. This should coordinate pretty well with the space preparation. Validation and training will take about 4 weeks. Should be operational in February.

The hospital experienced significant damage to many electrical systems and equipment during the area wide power interruption last week. This included beds, air handlers, a CT power pack, etc. and repairs could total about $500,000. Maintenance has done an amazing job of putting in long hours getting things up and running again and are still repairing beds, etc. We talked at the Planning Committee meeting about the need to install a power smoother to prevent this from happening again and have started the process to obtain and install that equipment, which was estimated at $1.5 million a couple of years ago. We are working with CBJ risk to submit insurance claims to AEL&P as well as our own carrier.

There has been no progress on the physician recruitment front.

I have contacted Providence, Virginia Mason, and University of Washington who have all expressed interest in our partnering initiative. I intend to do the same with SEARHC and Peace Health. We have a meeting of our local committee on the 25th to define exactly what we want from this relationship.

December 2020

*****Until further notice: To encourage social distancing, participants wishing to join public meetings are encouraged to do so by using the video conference meeting information at the top of each meeting's agenda.**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8 7:00am Credentials Committee BR (NOT A PUBLIC MEETING)	9	10	11 12:00pm Finance Committee BR (PUBLIC MEETING)	12
13	14	15	16	17 7:00am Planning Committee (PUBLIC MEETING)	18	19
20	21	22 5:30pm Board of Directors BR (PUBLIC MEETING)	23	24	25 	26
27	28	29	30	31		

Committee Meeting Checkoff:
Board of Directors – 4th Tuesday every month
Board Compliance – 1st Wednesday every 3 months (Jan, April, July, Oct.)
Board Quality- 2nd Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)
Executive – As Needed
Finance – 2nd Friday every month

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