

Bartlett Regional Hospital

BOARD OF DIRECTORS

Agenda

November 25, 2014

5:15 p.m.

Administration Boardroom

Mission Statement

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

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|--------------|---|------------------|
| I. | ROLL CALL | 5:15 p.m. |
| II. | PUBLIC PARTICIPATION ON NON-AGENDA ITEMS | 5:20 p.m. |
| III. | SPECIAL ORDER OF BUSINESS | 5:40 p.m. |
| IV. | APPROVAL OF MINUTES from October 28, 2014 (Pg. 3) | 5:45 p.m. |
| V. | OLD BUSINESS | |
| VI. | NEW BUSINESS | 5:50 p.m. |
| | • Stand-Alone Audit | |
| VII. | CONSENT AGENDA | |
| VIII. | COMMITTEE REPORTS: | 6:50 p.m. |
| | A. Standing committee reports | |
| | 1. Executive Committee – Kristen Bomengen reports (Pg. 7) | |
| | 2. Finance Committee – Lauree Morton reports (Pg. 9) | |
| | 3. Quality Council – Ms. Davis reports | |
| | 4. Planning Committee – No meeting held | |
| | 5. Bartlett Foundation – Linda Thomas reports | |
| | 6. Rainforest Recovery Center – Alex Malter, MD | |
| | B. AD HOC COMMITTEE REPORTS | |
| | • CAMHU – Mark Johnson | |
| | • Nominating Committee | |
| IX. | MANAGEMENT REPORTS | 7:00 p.m. |
| | • CEO – Chuck Bill reports (Pg. 18) | |
| X. | BOARD EDUCATION | |
| | • Medical Provision to Those Experiencing Homelessness | 7:10 p.m. |
| | Jeannette Lacey-Dunn, Case Manager | |

XI.	PRESIDENT'S REPORT	7:30 p.m.
	<ul style="list-style-type: none"> • Housing First letter • Rural Demonstration Project update 	
XII.	EXECUTIVE SESSION	
	<ul style="list-style-type: none"> • Medical Staff report (Pg. 25) 	7:45 p.m.
XIII.	DECEMBER BOARD CALENDAR (Pg. 28)	7:55 p.m.
XIV.	BOARD COMMENTS AND QUESTIONS	8:00 p.m.
	ADJOURNMENT	8:15 p.m.

Bartlett Regional Hospital

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

Bartlett Regional Hospital Board of Directors Minutes October 28, 2014

Called to order at 5:17 p.m.

Roll call

Present

Kristen Bomengen
Mary Borthwick
Alex Malter, MD
Linda Thomas, past President

Robert Storer, Vice President
Mark Johnson
Nancy Davis, Secretary

Absent

Nate Peimann, MD

Others present

Chuck Bill, CEO
Toni Petrie, Executive Assistant

Billy Gardner, CNO
Kendri Cesar, Sonosky, Chambers

Public participation – None

SPECIAL ORDER OF BUSINESS: Mr. Bill introduced the department directors that were in attendance at the meeting, as well as Maria Uchytel, Director of the Bartlett Foundation.

Approval of the minutes – Ms. Borthwick made a MOTION to approve the minutes as amended from the September 23, 2014 Board of Directors meeting. Mr. Johnson seconded and they were approved.

Mr. Storer made a MOTION to go into executive session at 5:21 p.m., to discuss matters which are confidential by law (to review the hospital's compliance report). Ms. Davis seconded and the motion passed.

Out of exec 5:45 p.m. No action was taken.

STANDING COMMITTEE REPORT:

Executive Committee – Ms. Bomengen reports. The committee discussed the legal review process and also that the Quality Committee is working on restructuring the committee.

Finance Committee – ***Ms. Thomas reported. Ms. Thomas made a MOTION to approve the contract with the Santa Rosa implementation firm for the Meditech 6.1 implementation not to exceed \$716,000. Ms. Davis seconded.***

(The contract was approved by the Assembly and the Board. It has been uploaded to Egnyte. It also went through the CBJ purchasing process)

Motion approved by a roll call vote.

Anesthesia Patient Monitor – This monitor is for the new MRI anesthesia machine that was purchased for room 3 in the operating room. This machine currently does not have a monitor and cannot be used for regular OR cases where general anesthesia is required. This will allow for 3 fully functional OR rooms. They are not purchasing the video towers that were budgeted and will be using those funds for this instead.

Ms. Thomas made a MOTION to approve an anesthesia monitor for the operating room not to exceed \$50,800 Dr. Malter seconded the motion and it was approved by a roll call vote.

The September financials were reviewed. The final field work for the audit was completed last week. The Finance Committee recommended the supplemental information report coming from the audit will be at the high level of detail. Ms. Thomas said it had been brought up at previous meetings to show the line items specific to board related expenses.

In preparing for the financial audit, management identified Medicare was overstated in the June financials. We need to adjust our financial expectations in this area. There's been an adverse impact on our reimbursement levels based on the disallowance of the PERS payments. This is currently in appeal and other Alaska hospitals are also affected by it.

Quality Council – Ms. Davis reports. The staff is doing a great job in reporting events that occur. One of the proposals is to return back to the hospital's quality improvement committee which will be a hospital based committee with two board members on it, then to have the Quality Summit meeting once a quarter for the entire board. The Charter is currently being reviewed.

Planning Committee – Mr. Bill went over the highlights that Dennis McMillan (Foraker Group) put together from the Board strategic planning session. David Sandberg with Focus and Execute attended the strategic planning event and put together a tool specific to the goals the Board set for our department directors.

Mr. Johnson said under service delivery he would like to include Level III Trauma Center.

Mr. Bill asked if the Board would like a survey on the strategic planning session and also the Focus and Execute tool to see how they liked the entire process and the Board indicated they would.

BRH Foundation – Ms. Thomas reports. They nominated officers. Kevin Hansen was appointed as the President. A check was presented to the hospital for \$94,000 from the Foundation for three CCU beds from the Seafood Gala Fundraiser. They also approved the remaining funds for the SANE program (\$10,000). They also funded pediatric training equipment. There are two new board members, Beth Chapman and Patty Sharp. Abby Lowell was recently added. There has been a website redesign. There will be an End of Life Care seminar October 30th at Centennial Hall.

Management report – Mr. Bill reports. Bartlett Regional Hospital received another quality award from Mountain Pacific Quality Health called Chasing Zero for zero Catheter Associated Urinary Tract Infections (CAUTIs) for at least a continuous 12 month period. We were one of two hospitals in the state to win this award.

Mr. Bill gave an overview of the Focus and Execute Tool.

President's report – There are two tasks from our annual board calendar that are supposed to be done at the October board meeting. Appointing a Bylaw Committee and a Nominating Committee. The Assembly just recently approved our bylaws, so there's not a need to do them at this time. Two board members are required for the Nominating Committee that will appoint members in November. Ms. Thomas will chair and Dr. Malter.

Board education – Ms. Brandt reports. There's been discussion on the standalone audit and the Board wanting to get more education on this. This is the first year we are doing this type of audit for Bartlett. This audit will entail information solely on Bartlett and doesn't include CBJ information like it does in the CAFR Report. There haven't been any significant findings. Every balance sheet account was reviewed and reconciled. The report itself in terms of what the Board will receive is called management discussion and analysis MDNA. It includes a summary and narrative of the financial information and also speaks to industry overall risks. It will include FY14 as well as FY13. Their audit procedures are done randomly what they look at.

Ms. Davis said with this being our first standalone audit, does this mean every year we will have two audits or do they roll up to the city. Our financial information will roll up into the CAFR. Ms. Brandt added there isn't any duplication of effort.

Ms. Brandt said the report needs to be submitted on November 30th and she would like to have an audit exit meeting with the full board before that date.

Dr. Malter made a MOTION to go into executive session at 7:08 p.m., to discuss matters which are confidential by law and matters which could have a financial impact on the finances of the hospital. Ms. Thomas seconded and it was approved.

The Board came out of executive session at 8:11 p.m. No action was taken.

Ms. Morton made a MOTION to extend the meeting until 9:00 p.m. Dr. Malter seconded and it was approved.

Mr. Storer made a MOTION to go into executive session at 8:12 p.m., to discuss matters which could have an impact on the financials of the hospital.

The Board came out of executive session at 8:50 p.m. No action was taken.

The November calendar was reviewed.

Ms. Borthwick made a MOTION to approve the Credentialing report. Mr. Storer seconded and it was approved.

Adjourned at 9:00 p.m.

Board Secretary

Bartlett Regional Hospital

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

Executive Committee November 7, 2014 Minutes

ATTENDANCE: Kristen Bomengen, Linda Thomas, Nancy Davis, Mary Borthwick, Chuck Bill, Billy Gardner, Cynthia Brandt, Mila Cosgrove and Toni Petrie

CALLED TO ORDER - 12:06 p.m.

APPROVAL OF THE MINUTES – Ms. Davis made a MOTION to approve the minutes of the Executive Committee meeting from October 14, 2014. Ms. Thomas seconded and they were approved as amended.

NEW BUSINESS:

- CBJ Legal report was reviewed.

OLD BUSINESS:

- Board strategic planning update – Mr. Bill said after the retreat Mr. Sandberg from Focus and Execute spent two days with the management team building department specific goals based on the goals set by the Board. He will present the final proposed tool at the December board meeting.
- Meditech update – Ms. Brandt reported that the Santa Rosa contract has been finalized. There will be a kickoff meeting with SLT to discuss the schedule. There are ongoing training sessions with staff. The core teams have been established. The hardware has arrived. We have to revisit the game plan on our go-live date. There has been concern expressed on behalf of the Medical Staff if we delay the go-live date to June 1, 2015, but there would be significant increases in cost if we delay the project beyond that date.
- CAMHU – Mr. Bill reported that the meetings are continuing every other week. He has been asked to approach the Foraker Group to help with a feasibility study. There have been tasks that some members of the CAMHU Committee have been given that they are currently working on. He would like to get a sense of costs for the study and a timeline to put together an action plan to take back to the Assembly in December.
- Catholic Community Services – Ms. Bomengen wanted to discuss what role the Board would like to have in response to the presentation by Hospice and Home Health Care in Juneau. One of the suggestions was to put a group together to discuss the different types of healthcare services that are offered in Juneau and how the hospital could assist. Ms. Davis spoke with the director of CCS and they recommended we look at the current agreement we have since it hasn't been reviewed since 2011 to see what kinds of opportunities there are between BRH and CCS. Larry Busoni is the new Director

(interim). She suggested putting together a meeting and including case management. There has been discussion of involvement of the Juneau Community Foundation and the HOPE Fund. It has been reported that CCS is taking a loan out to keep things in place.

Ms. Thomas recommended appointing a representative by the hospital to make recommendations to the Board on our future partnerships, which would include a board member. Mr. Bill said it should be him and Ms. Davis and he will call in the appropriate parties when needed.

- Housing First letter – Ms. Bomengen would like to draft a letter on behalf of the Board regarding this project and move it forward at the next meeting.
- HR Report – Ms. Cosgrove went through the turnover and statistics report. Ms. Cosgrove also shared a demographic report that describes how many people are in the bargaining unit and identifies the functional areas they work in.. She asked what the committee would like to know and see in the report.

Ms. Thomas would like to see a trending report along with this report.

Mr. Bill announced that we had a CFO candidate onsite today and it went very well.

- Arson/Water damage report – Mr. Bill reported on the fire that was set in the restroom in the main hospital on Sunday. There was no fire damage, but a lot of water damage throughout certain areas. A lot of the drywall had to be replaced. There has been no interruption of services. We have coverage through CBJ for damage with a \$100,000 deductible. There is a risk pool that will kick in and our out of pocket may only be \$1,000. Ms. Cosgrove had a discussion with the insurance adjuster and they won't cover mold or abatement work.

Next Executive Committee meeting – December 5th at 12:00 p.m. Kristen also suggested a survey of board members to possibly change in date for the December board meeting.

Ms. Thomas would like an update on the meeting Mr. Bill had with CBJ regarding the finances of the hospital.

Ms. Bomengen would like the Board to receive some education on using Egnyte.

Adjourned 1:19 p.m.

Bartlett Regional Hospital

Draft

October 2014 Financial Operating Summary

Excess of revenues over expenses for the month of October 2014 was \$1,281,763 which was \$1,110,934 higher than budget of \$170,289. This positive variance to budget was driven by volumes during October and an unbudgeted \$705,000 EHR incentive payment that was received from Medicaid and is reflected in Other Operating Revenue.

Gross revenue for the month of September was \$11.4 million which was \$333,000 or 3.0% more than budget. Although gross revenue was over budget for the month, contractual adjustments and bad debt expense approximated budget due to positive variances in bad debt and charity. As a result, net patient revenue was \$356,000 or 5.2% more than budgeted.

Patient days were 823 which were lower than the prior month but higher than budget of 783. Hospital admissions in October were 198 which were lower than the prior month and slightly higher than the prior year. Mental Health Unit average daily census decreased in comparison to prior month to 6.71 which was also a decrease from the prior year of 8.26. Surgical volumes were higher than anticipated in October after being under budget in prior months. Total surgery cases for the year of 1,059 are higher than budget of 1,022. Emergency Department visits were 1,173 during the month of October which was higher than budgeted visits of 1,007. Outpatient volumes were higher than budgeted in several areas including Cardiac Rehab and Radiology while Lab Test trailed budget for the month.

Total Expenses were over budget for the month of October by 3.0% and are 1.4% over budget year to date. As reported last month, the FY15 budget spread was reviewed and revised at the income statement line item level when completing the August financials. A revision at the department level is in progress and a detailed variance analysis will be completed once that is complete.

- Salaries/Wages/Benefits are \$186,150 over budget.
- Supplies are \$157,354 over budget primarily in the OR which is due in part to higher than anticipated volumes in October.
- Repairs and Maintenance are \$29,284 over budget for October and \$20,624 over budget year to date.
- Insurance is \$8,996 under budget primarily in professional liability due to fewer than assumed providers.
- Depreciation is \$19,513 under budget as anticipated capital expenditures have not yet occurred.
- Interest expense is \$20,693 under budget as the bond interest is less than was anticipated in the budget.
- Other expenses are \$43,782 under budget for the month. Many of the expenses in this category are spread evenly over the fiscal year which can result variances due to budget timing differences.

Operating cash was \$29.3 million as of October 31, 2014 and Days Cash on Hand was 198 which was higher than prior month of 174.

Cash receipts totaled \$8.8 million in October, cash disbursements totaled \$8.3 million, and net change in cash was \$0.5 million. Net A/R Days was 68 for October.

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PAGE 1
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BARTLETT REGIONAL HOSPITAL
 STATEMENT OF REVENUES AND EXPENSES
 FOR THE MONTH AND YEAR TO DATE OF OCT 14

MTD ACTUAL	MTD BUDGET	MTD \$ VAR	MTD % VAR	PRIOR YR MTD ACTUAL		YTD ACTUAL	YTD BUDGET	YTD \$ VAR	YTD % VAR	PRIOR YTD ACTUAL	PR YTD % VAR
2,091,954	1,887,538	204,416	10.8%	1,724,020	Gross Patient Revenue:						
2,405,795	2,237,161	168,634	7.5%	1,985,317	1. Inpatient Revenue - Routine	9,023,187	8,331,800	691,387	8.3%	7,610,014	15.7%
					2. Inpatient Revenue - Ancillary	9,809,300	10,913,584	(1,104,284)	(10.1)%	9,685,009	1.3%
4,497,749	4,124,699	373,050	9.0%	3,709,337	3. Total Inpatient Revenue	18,832,487	19,245,384	(412,897)	(2.1)%	17,295,023	8.2%
5,316,186	5,394,026	(77,840)	(1.4)%	5,063,472	4. Outpatient Revenue	22,587,064	22,620,311	(33,247)	(0.1)%	21,234,102	6.0%
9,813,935	9,518,725	295,210	3.1%	8,772,809	5. Total Patient Revenue - Hospital	41,419,551	41,865,695	(446,144)	(1.1)%	38,529,126	7.0%
339,711	364,445	(24,734)	(6.8)%	370,326	6. RRC Revenue	1,408,985	1,696,175	(287,190)	(16.9)%	1,526,049	(8.3)%
1,280,737	1,217,988	62,749	5.2%	1,120,814	7. Physician Revenue	5,290,389	5,668,688	(378,300)	(6.7)%	5,187,202	2.0%
11,434,382	11,101,158	333,224	3.0%	10,263,948	8. Total Gross Patient Revenue	48,118,924	49,230,558	(1,111,634)	(2.3)%	45,242,377	6.0%
					Deductions from Revenue:						
3,340,019	3,243,042	(96,977)	(3.0)%	2,408,527	9. Contractual adjustments	14,384,856	14,310,222	(74,634)	(0.5)%	12,861,739	(10.6)%
0	0	0	0.0%	0	10. Prior year settlements	0	0	0	0.0%	0	0.0%
19,277	13,242	(6,035)	(45.6)%	9,078	11. Other deductions	243,552	58,433	(185,119)	(316.8)%	44,097	(81.9)%
163,883	240,367	76,484	31.8%	330,704	12. Charity care	857,783	1,060,641	202,858	19.1%	1,007,533	17.5%
701,724	751,146	49,422	6.6%	90,864	13. Bad debt expense	3,094,620	3,314,501	219,881	6.6%	2,635,425	(14.8)%
4,224,903	4,247,797	22,894	0.5%	2,839,173	14. Total deductions from revenue	18,580,811	18,743,797	162,986	0.9%	16,548,794	(10.9)%
7,209,479	6,853,361	356,118	5.2%	7,424,776	15. Net patient revenue	29,538,113	30,486,761	(948,648)	(3.1)%	28,693,583	2.9%
969,629	129,713	839,916	647.5%	188,856	16. Other operating revenue	1,466,668	508,898	957,770	188.2%	740,929	49.5%
8,179,109	6,983,074	1,196,035	17.1%	7,613,631	17. Total operating revenue	31,004,781	30,995,659	9,122	0.0%	29,434,512	5.1%
					EXPENSES:						
3,101,875	2,887,988	(213,887)	(7.4)%	2,841,591	18. Salaries and wages	12,154,668	11,673,696	(480,972)	(4.1)%	11,486,151	(5.5)%
1,389,892	1,417,629	27,737	2.0%	1,310,508	19. Employee benefits	5,684,051	5,730,277	46,226	0.8%	5,229,019	(8.0)%
442,318	535,039	92,721	17.3%	458,494	20. Fees - Physician	2,114,459	2,408,178	293,719	12.2%	2,063,653	(2.4)%
296,331	281,552	(14,779)	(5.2)%	232,311	21. Fees - Other	1,316,303	1,059,007	(257,296)	(24.3)%	873,796	(33.6)%
780,097	622,743	(157,354)	(25.3)%	605,260	22. Supplies	3,031,593	2,764,390	(267,203)	(9.7)%	2,686,781	(11.4)%
144,604	150,321	5,717	3.8%	143,266	23. Utilities	514,710	635,346	120,636	19.0%	605,528	17.6%
242,324	213,040	(29,284)	(13.7)%	179,165	24. Repairs & maintenance	867,187	846,563	(20,624)	(2.4)%	711,952	(17.9)%
38,368	27,084	(11,284)	(41.7)%	30,458	25. Rentals & leases	149,278	110,052	(39,226)	(35.6)%	123,762	(17.1)%
40,535	49,531	8,996	18.2%	45,643	26. Insurance	162,977	210,209	47,232	22.5%	193,709	18.9%
571,510	591,022	19,513	3.3%	669,978	27. Depreciation & amortization	2,311,178	2,342,725	31,547	1.3%	2,395,967	3.7%
57,293	77,986	20,693	26.5%	160,936	28. Interest expense	229,222	312,646	83,424	26.7%	645,193	181.5%
32,820	76,602	43,782	57.2%	47,142	29. Other expenses	152,652	209,047	56,395	27.0%	128,652	(15.7)%
7,137,966	6,930,537	(207,429)	(3.0)%	6,724,753	30. Total expenses	28,688,276	28,302,136	(386,140)	(1.4)%	27,144,162	(5.4)%
1,041,143	52,537	988,606	1,881.7%	888,879	31. Income (loss) from operations	2,316,504	2,693,523	(377,019)	(14.0)%	2,290,350	1.1%

RUN DATE: 11/17/14
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PAGE 2
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21.137	5.671	15.466	272.7%	7.146	32. Non-operating revenue	51.584	26.393	25.191	95.4%	31.670	38.6%
219.484	112.621	106.863	94.9%	120.448	33. Interest income - general	610.611	524.162	86.449	16.5%	530.594	13.1%
240.621	118.292	122.329	103.4%	127.593	34. Total non-operating revenue	662.195	550.555	111.640	20.3%	562.265	15.1%
1.281.763	170.829	1.110.934	650.3%	1.016.472	35. Excess (deficit) of revenues over expenses	2.978.699	3.244.078	(265.379)	(8.2)%	2.852.614	4.2%
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Bartlett Regional Hospital
Dashboard Report for October 2014

Facility Utilization:	CURRENT MONTH			YEAR TO DATE		
	Actual	Prior Year	Budget	Actual	Prior Year	Budget
<i>Inpatient: Patient Days</i>						
Patient Days - Med/Surg	429	276	310	1,587	1,309	1,365
Patient Days - Critical Care Unit	58	34	65	320	233	270
Avg. Daily Census - Acute	15.71	10	12	16	13	13
Patient Days - Obstetrics	69	79	95	268	370	380
Patient Days - Nursery	59	63	60	268	295	290
Births	29	36	31	128	145	126
Patient Days - Mental Health Unit	208	256	253	1,007	990	1,032
Avg. Daily Census - MHU	6.71	8.26	8.16	8.19	8.05	8.39
<i>Inpatient: Admissions</i>						
Med/Surg	70	66	80	305	297	320
Critical Care Unit	34	19	43	140	135	163
Obstetrics	26	37	36	134	157	151
Nursery	31	36	36	131	146	141
Mental Health Unit	37	30	35	140	137	145
<i>Surgery:</i>						
Inpatient Surgery Cases	39	64	76	195	236	277
Same Day Surgery Cases	255	212	200	864	806	745
Total Surgery Cases	294	276	276	1,059	1,042	1,022
Total Surgery Minutes	18,897	18,358	18,400	71,558	69,602	74,520
<i>Outpatient:</i>						
Total Outpatient Visits (Hospital)						
Emergency Department Visits	1,173	1,007	1,000	5,490	5,001	5,001
Cardiac Rehab Visits	41	40	39	114	176	148
Lab Tests	7,601	10,410	8,300	32,566	34,705	33,186
Radiology Procedures	2,195	2,085	2,006	8,968	8,848	9,338
Sleep Studies	17	22	20	83	71	93
<i>Rain Forest Recovery:</i>						
Patient Days - RRC	374	395	400	1,601	1,560	1,640
Avg. Daily Census - RRC	12	13	12.90	13	13	13.33
Outpatient visits	299	331	N/A	1,267	1,481	N/A
<i>Physician Clinics:</i>						
Specialty Clinic Visits	-	-	-	-	-	-
<i>Other Operating Indicators:</i>						
Dietary Meals Served	16,149	18,384	17,800	73,664	86,157	82,842
Laundry Pounds (Per 100)	335	300	290	1,368	1,292	1,348
<i>Financial Indicators:</i>						
Revenue Per Adjusted Patient Day	6,332	6,325	6,209	6,361	6,486	7,106
Contractual Allowance %	29.4%	23.60%	29.30%	30.4%	28.5%	29.2%
Bad Debt & Charity Care %	7.60%	4.10%	8.90%	8.2%	8.1%	8.9%
Wages as a % of Net Revenue	43.00%	38.30%	42.10%	41.1%	40.0%	38.3%
Staff Hours Per Adjusted Patient Day	-	-	-	-	-	-
Overtime/Premium % of Productive	-	-	-	-	-	-
Days Cash on Hand	198	172	149	198	172	149
Days in Net Receivables	68	80	73	68	80	73

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PAGE 1
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BARTLETT REGIONAL HOSPITAL
 BALANCE SHEET
 AS OF OCT 14

	OCT 14	SEP 14	JUN 2014	CHANGE FROM PRIOR YEAR
ASSETS				
Current Assets:				
1. Cash and cash equivalents	29,328,859	28,829,826	25,168,268	4,160,591
2. Board designated cash	13,070,848	13,051,832	13,515,261	(444,414)
3. Patient accounts receivable, net	16,479,796	17,292,271	17,692,765	(1,212,969)
4. Other receivables	298,506	226,787	287,810	10,696
5. Inventories	1,605,648	1,588,570	1,597,091	8,557
6. Prepaid Expenses	1,132,925	1,047,248	863,892	269,033
7. Other assets	0	0	0	0
8. Total current assets	61,916,582	62,036,533	59,125,087	2,791,495
Appropriated Cash:				
9. CAMHU and other funds	5,327,673	5,327,673	5,327,673	0
Property, plant & equipment				
10. Land, bldgs & equipment	146,203,975	146,203,975	145,203,906	1,000,069
11. Construction in progress	588,823	545,585	228,426	360,397
12. Total property & equipment	146,792,797	146,749,560	145,432,331	1,360,466
13. Less: accumulated depreciation	(78,306,627)	(77,735,118)	(75,995,449)	(2,311,178)
14. Net property and equipment	68,486,170	69,014,442	69,436,882	(950,712)
15. Total assets	135,730,425	136,378,648	133,889,642	1,840,783

RUN DATE: 11/17/14
 RUN TIME: 1253
 RUN USER: BRFIN.CYB

Bartlett Regional Hosp. GL **LIVE**

PAGE 2
 RUN: CWB RPT: BALSHEET FMT: BALSHEET

BARTLETT REGIONAL HOSPITAL
 BALANCE SHEET
 AS OF OCT 14

OCT 14

SEP 14

JUN 2014

CHANGE FROM
 PRIOR YEAR

LIABILITIES & FUND BALANCE

Current liabilities:

16. Payroll liabilities	584,663	1,719,186	866,812	(282,149)
17. Accrued employee benefits	2,520,208	2,492,301	2,539,235	(19,027)
18. Accounts payable and accrued expenses	1,912,261	2,378,995	1,630,251	282,009
19. Due to 3rd party payors	3,602,070	3,582,414	3,371,335	230,735
20. Deferred revenue	(552,688)	(253,134)	539,986	(1,092,674)
21. Interest payable	232,804	155,202	388,005	(155,202)
22. Note payable - current portion	725,000	725,000	725,000	0
23. Other payables	710,220	844,252	738,897	(28,677)
24. Total current liabilities	9,734,538	11,644,217	10,799,522	(1,064,984)

Long-term Liabilities:

25. Bonds payable	22,095,000	22,095,000	22,095,000	0
26. Bonds payable - premium/discount	2,404,739	2,425,047	2,485,971	(81,233)
27. Total long-term liabilities	24,499,739	24,520,047	24,580,971	(81,233)

28. Total liabilities	34,234,277	36,164,263	35,380,493	(1,146,216)
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29. Fund Balance	101,496,148	100,214,385	98,509,149	2,986,999
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30. Total liabilities and fund balance	135,730,425	136,378,648	133,889,642	1,840,783
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Bartlett Regional Hospital

Cash Summary for October 2014

	Increase/(Decrease) in Cash	
	Current Month	Year-To-Date
CASH RECEIPTS	\$ 8,792,625	\$ 31,740,982
CASH DISBURSEMENTS:		
Payroll (Net Pay)	\$ 2,793,351	\$ 8,286,180
Accounts Payable	\$ 4,800,341	\$ 16,493,798
CBJ Cash Transactions	\$ 704,991	\$ 2,325,659
Bond Interest Payment	\$ -	\$ 465,606
Total Cash Disbursements	\$ 8,298,684	\$ 27,571,244
Reconciling difference under review	\$ -	\$ -
NET CHANGE IN CASH	\$ 493,941	\$ 4,169,738
BEGINNING BALANCE	\$ 28,755,807	\$ 25,080,010
NET CHANGE IN CASH	493,941	4,169,738
ENDING BALANCE - OPERATING CASH	\$ 29,249,748	\$ 29,249,748
<u>Board Designated Funds</u>		
Capital Reserve Fund	\$ 8,692,396	
BRH CAMHU	\$ 2,500,000	
Insurance Deductible Fund	\$ 127,545	
Contributions	\$ 9,910	
New Bond Debt Service Reserve	\$ 1,686,975	
BRH Deposits	\$ 54,021	
	\$ 13,070,848	
	\$ 42,320,595	
<u>CBJ Appropriated Funds</u>		
CIP	\$ 327,673	
CAMHU	5,000,000	
	\$ 5,327,673	
TOTAL CASH	\$ 47,648,268	

FY 15 Capital Budget

Capital Item #	Description	Dept.	Approved Budget	Substitution	Purchased	Remaining	Notes
FY15-CCU1	2 Support Beds	CCU	69,936		84,249	(14,313)	Approved by BOD on 7-22-14
FY15-FAC1	Floor covering with anti fatigue and to reduce noise from boilers/ blood b	FAC	13,000			13,000	
FY15-FAC2	Bartlett Outpatient Psychiatric Service (BOPS) Deck Replacement	FAC	40,000			40,000	
FY15-FAC3	Rainforest Recovery Center 1991 Passenger Van Replacement	FAC	40,000			40,000	
FY15-FAC4	Mental Health Unit Passenger Van Replacement	FAC	40,000			40,000	
FY15-FAC5	Bartlett House Flooring	FAC	50,000			50,000	
FY15-FAC6	Juneau Medical Center Fire Alarm System	FAC	100,000			100,000	
FY15-FAC7	Rainforest Recovery Center Fire Alarm	FAC	100,000			100,000	
FY15-FAC8	Storage 1 BAS Upgrade	FAC	125,000			125,000	
FY15-FAC9	Master Facility Plan	FAC	1,000,000			1,000,000	
FY15-HISTO1	Tissue Processor - Tissue Tek	HISTO	55,000			55,000	
FY15-HISTO2	Film Coverslipper - Tissue Tek	HISTO	55,000			55,000	
FY15-LAB1	Microbiology Refrigerator	LAB	9,000			9,000	
FY15-LAB2	Chemistry Refrigerator	LAB	9,000			9,000	
FY15-LAB3	Blood Bank Refrigerator	LAB	9,000			9,000	
FY15-IS1	Powerscribe 360 DICOM SR Integration	IS	22,625			22,625	
FY15-IS2	Risk Assessment/Penetration Testing	IS	48,000			48,000	
FY15-IS3	10 Gig Comm Room Expansion	IS	79,000		69,995	9,005	Approved by BOD on 9-16-14
FY15-IS4	Next Generation Firewall and Web Security Solution	IS	215,000			215,000	
FY15-IS5	Meditech Upgrade	IS	4,130,237		471,705	3,658,532	
FY15-M/S1	Accutor V Vital Signs Monitor and Accessories	M/S	7,327			7,327	
FY15-OB1	Linen Warmer	OB	5,540			5,540	
FY15-OR1	Omni Rail and Blade Trays	OR	5,000			5,000	
FY15-OR2	Warming Cabinet (PACU) Post Anesthesia Care Unit	OR	8,000			8,000	
FY15-OR3	Retractor Tray	OR	16,111			16,111	
FY15-OR4	DHS Instrument Set and Screw Set	OR	27,000			27,000	
FY15-OR5	Large Frag Instrument Set and Screw Set	OR	27,193			27,193	
FY15-OR6	2 Portable Monitors	OR	28,000			28,000	
FY15-OR7	CO2 Insufflation Device (Dr. Wagner)	OR	44,500			44,500	
FY15-OR8	Small Sterilizer	OR	76,915			76,915	
FY15-OR9	Video Towers for Surgical Procedures	OR	85,000	(85,000)		0	Substituted by Anesthesia Monitor
FY15-OR10	Large Sterilizer	OR	156,494			156,494	
FY15-OR11	Anesthesia Patient Monitor	OR		50,779		50,779	Approved by BOD on 10-21-14
FY15-PAS1	On Call Software	PAS	25,000			25,000	
FY15-PHAR1	Pandora Software	PHAR	19,887			19,887	

FY 15 Capital Budget

Capital Item #	Description	Dept.	Approved Budget	Substitution	Purchased	Remaining	Notes
FY15-PHAR2	Chargemaster Toolkit	PHAR	52,800			52,800	
FY15-RAD1	Agfa multi-plate CR Reader	RAD	79,652	3,151		82,803	
FY15-RAD2	Flashpad Digital X-Ray Conversion Kit	RAD	125,200	(16,800)		108,400	
FY15-RT1	Pulmonary Function Testing	RT	5,441			5,441	
FY15-RT2	New 840 Ventilator	RT	23,310		23,360	(50)	Approved by BOD on 07-22-14
FY15-RT3	V-60 bipap Units	RT	24,000			24,000	
FY15-RT4	840 Model Ventilator Upgrades	RT	61,009		32,174	28,835	Approved by BOD on 07-22-14
FY15-US1	iU22 Ultrasound System (2 upgrades)	US	94,300	13,649		107,949	
	Contingency from Substitution of Video Towers	OR		34,221		34,221	
		Total	7,207,476	0.00	681,483	6,525,993	

Bartlett Regional Hospital
Meditech Required Contracts

Following is a list of required contracts per the Meditech contract:

Vendor	Service	Capital Costs	
Zynx Health	Evidence-based Content (order sets, care plans)	165,000	5 year agreement. Yrs 2-4 include \$15,000/yr operating expense
First Databank	Formulary and Order Strings	29,500	5 year agreement. Yrs 1-5 include appx \$10,000/yr operating expense
Intelligent Medical Objects	Standard nomenclature	15,000	3 year agreement. \$15k implementation fee includes \$10k for migration services. Migration TBD. Yrs 1-3 include \$18,300 operating expense
Dr. First	e-Prescribing	-	3 year agreement. Annual license fee is 52,084 Yr 1 and 36,261 Yrs 2 & 3
	Total Anticipated Expenditures	209,500	
	Total in Meditech Implementation Budget	256,429	
	Positive Variance	46,929	

November 2014 Monthly CEO report

Bartlett Regional Hospital

Chuck Bill

The intent of this report is to highlight, for the board of directors and other interested parties, the activities undertaken and top priorities addressed by the CEO and the Senior Leadership Team in the prior month.

Quality & Patient Safety:

- The Quality Committee approved its revised charter for adoption by the Board. This should address the HIPPA concerns and retain the value of department presentations to the full board.
- Bartlett continues to receive quality and safety recognition. The latest being the Chasing Zero Award for zero CAUTI (Catheter associated urinary tract infections) in a 12 month period.
- Extensive training has been ongoing for Ebola care.

Employees:

- Alan Ulrich joined us on 11/19/2014 as our permanent Chief Financial Officer. I anticipate that he will be a great addition to our leadership team, both professionally and culturally.
- We are preparing for a joint United Way/Bartlett Hospital Foundation campaign focused on growing employee contributions.
- Evaluations are underway for all employees, to be completed by November 30, 2014.

Community:

- Continue to actively participate in Chamber, Rotary and the BRH Foundation.
- Abby Lowell from the Juneau Empire has joined the BRH Foundation Board.
- Participating with ASHNHA on strategy committees regarding Medicaid Reform and the Medicare Demonstration Project in the light of the legislature changes.
- Attended the Cancer Connection Fundraiser.
- Met and had lunch with the hospitals Chaplain's program participants.
- Participated in the Juneau Foundation "listening session" held at BRH.

Medical Staff:

- Still no success on recruiting a pediatrician or a psychiatrist.
- Continue to meet with interested parties regarding implementation of a Hospitalist program.

Finance/Systems:

- Meditech implementation (See attached letter that was sent to the Board and Medical Staff).
- Stand-Alone Audit is complete and will be presented at the 11/25/2014 board meeting.

Board:

- There was a CAMHU meeting today that was very brief and minimally attended. I have received the Foraker proposal for the feasibility study (see attached) and the committee members in attendance agreed that we should suspend meetings until the results of the study are in. I met Friday with Kim Kiefer and Bob Bartholomew at the CBJ to talk about the boards' commitment to bring a report by year end. I shared that we will have a plan to identify a plan but no real resolution yet. They believe that is adequate and suggest we present that to the Assembly at their work session at the end of December.

MEDITECH UPDATE

I want to take a moment to share the status of this very important project.

As you know, the goal since long before I arrived was to time this so that we minimize the impact during our busier summer months. We purposely scheduled most of the time consuming, behind the scenes work such as dictionary development during the winter when we have more staff flexibility to focus on it.

Our targeted go live date has been May 1st to allow a few weeks for working bugs out, etc. Unfortunately, as I shared at the September medical Staff Meeting, the hardware for the project arrived damaged and had to be returned. It is now here and the software is being installed, but it has created a 4 week delay in the project, forcing us to a June 1st go live. Under the current schedule, training for providers will occur in April and May. While we are trying to make up as much time as possible, it is unrealistic to think we will gain much on that date.

I realize that this is concerning for you and it is for me as well. I have asked Meditech, the implementation consultant, Santa Rosa, and our Finance department to look at the impacts of moving the go live date to November, after the summer season. The scope of work won't change, but the allocation of resources will. I expect to have that information within the next few days. Once we do, we can make an informed decision, with Medical Staff input, about how to proceed. Preliminarily, we know that we need to go live by July 1 in order to qualify for the Phase 2 Meaningful use Federal incentive payment. We are exploring the possibility of requesting a "Hardship Extension" due to the nature of the delay. We also have notified the equipment supplier that we may be filing an insurance claim for the cumulative cost of the delay due to the damage.

There are other ways to mitigate the impact on our providers during the Summer. Primarily, this would involve the development of "Super Users", possibly in the form of hospitalists, to handle most of the inpatient demands. I am working on a parallel initiative to identify the cost/benefit of various hospitalist models for consideration by the Medical Staff and Board as well.

In the meantime, we will proceed as planned with the implementation. Please be patient while we work out these solutions, but be assured that we understand and share the concerns about going live in the Summer.



161 Klevin Street, Suite 101 • Anchorage, Alaska 99508 • 907-743-1200 • Fax: 907-276-5014
Toll free: 1-877-834-5003
www.forakergroup.org

Consulting Services
Scope of Work for *Bartlett Hospital*
November 13, 2014

To best assist Bartlett Hospital to meet its goals, The Foraker Group recommends the following approach to address issues identified in our initial conversation. As our work with you progresses, we may find that adjustments to this plan are advisable. In that case, we will discuss with you proposed modifications in the Scope of Work.

It is Foraker's expectation that this work will be coordinated with Charles Bill, CEO, and other staff and board as necessary. Foraker will act as a mentor, partner and guide in addressing the following topics and concerns. Participation of leadership from Bartlett Hospital is expected and required.

Service Needed

Develop feasibility plan for proposed acute psychiatric services for adolescents at Bartlett Hospital.

Key issues to be addressed

1. Current need for service
2. Development of business model for unit, including:
 - a. Impacts to ongoing operations if new services are provided
 - b. Sustainable funding for services
 - c. Review of Medicaid and Medicare funding guidelines to ensure adequate resources for operations.
3. Through Pre Development Program at Foraker Group (if approved by funder), develop scope of construction needed for services
4. Capital funding options and feasibility.

Overview of project

In 2005, Bartlett Hospital's board, responding to a perceived need in the community, proposed an adolescent, in-patient, adolescent unit. Some funding was secured through City/Borough bonding. Due to changes in the administration and the economic downturn, the project has been on hold. The board now wants to update a feasibility study conducted in 2005 for the proposed service.

Specific tasks and timeframes

- Assessment of need for service to be completed by end of first quarter 2015-In partnership with The Alaska Mental Health Trust, (The Trust) The Foraker Group (TFG) will survey the need for services. The Trust has considered updating one

of their former studies, so in that case, the time required by TFG to submit a discreet report to Bartlett would be minimized, therefore, through its existing relationship with The Trust, TFG will coordinate efforts to reduce costs.

- Working with the staff at Bartlett Hospital, TFG will develop a business plan for the proposed unit within one month of the completion of the assessment of need. The plan will include an analysis of the specific impact to other services at the hospital to ensure new services can be sustained.
- Bartlett Hospital should reach-out to The Trust as soon as possible to determine if the project is appropriate for their support in the Foraker Pre Development Program. If approved, a formal report on the scope and costs of construction should be completed by April 2015. (Date subject to change pending acceptance into program and reasonable challenges to secure needed information. TFG will continue to communicate through the process so in the case of delay, there will be no surprises.)
- As soon as a good estimate of costs for the project is determined by Pre Development Program, TFG will develop a report on the feasibility of funding for the project. All tasks should be complete by May, 2015.

Deliverables

1. Needs assessment
2. Business Plan (model)
3. Pre Development Plan
4. Funding Feasibility Plan

Accountability

TFG will complete the deliverables on or before stated dates. In the event, any deliverable cannot be produced by the dates in this document; Bartlett Hospital will be notified immediately upon such recognition. If the delay is the result of TFG's inability to produce, payment will not be required for services provided to that point. If the deadlines are not met due to circumstances out of TFG's control, Bartlett and TFG will re-negotiate deadlines.

Contract period

Upon the date of agreement on scope of work-through second quarter 2015

Fees and expenses

The costs shall not exceed \$25,000, if the project is included in Pre Development Program. The costs could be significantly less if The Trust updates it needs assessment for youth services. This fee anticipates 100 hours of service at the rate of \$125.00. Costs for travel and accommodations would be additional, but help to a minimum.

Rates

- Bartlett Hospital agrees to maintain its Foraker Partnership or be subject to standard Foraker rates.
- At the end of each month, the Foraker Partner rate of \$125 per hour will be assessed for all hours worked during that month. Payment is expected within 30 days of billing.

- The Foraker Group encourages Bartlett Hospital staff to assume as much of the tactical work as possible in order to keep costs at a minimum.

Confidential Information Disclosure

During the course of, or incidental to, performing services, The Foraker Group may acquire confidential information. All confidential information received through provision of these services shall not be disclosed to others, except Foraker, as appropriate.

Primary contact for The Foraker Group

Dennis McMillian
907-743-1202
dmcmillian@forakergroup.org

Primary contact for Bartlett Hospital

Name
Phone number
Email address

Signatures

The signatures below indicate that we understand and agree to the terms outlined in this Scope of Work:

<i>Consultant for The Foraker Group</i>	<i>Date</i>
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<i>Primary contact for Bartlett Hospital</i>	<i>Date</i>
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Signed copies must be submitted to the primary contacts.

Credentials Committee
Hospital Privileges for Board of Directors Consideration
Tuesday, November 25, 2014 12:15 p.m. – Robert F. Valliant Center Boardroom

NEW APPOINTMENTS TO THE MEDICAL STAFF:

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
1. Dona Brekke, DO	Consulting	Pediatric Cardiology and EKG Reads

Dr. Dona R. Brekke graduated from the University of Osteopathic Medicine and Health Sciences in 1993. Dr. Brekke is a board certified cardiologist for Seattle Children's Anchorage.

2. Gurkamal Chatta, MD	Consulting	Oncology
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Dr. Gurkamal S. Chatta graduated from the University College of Medical Services in 1981. Dr. Chatta is a board certified oncologist who works at Virginia Mason Medical Center.

3. James Christiansen, MD	Consulting	Pediatric Cardiology and Fetal Echo Interpretations
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Dr. James L. Christiansen graduated from the University of Michigan Medical School in 1981. Dr. Christiansen is a board certified cardiologist for Seattle Children's Anchorage.

4. Shannon Farr, OD	AHP	Inpatient Pediatric Eye Exam in Conjunction of SEARH Hospital and Pediatrician Requested Eye Exam While Patient is Under Anesthesia)
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Dr. Shannon Farr graduated from the Pennsylvania Collet of Optometry – Salus University in 1996. Dr. Farr is an optometrist for SEARHC Juneau.

5. Christiane Mullins, MD	Consulting	Teleradiology
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Dr. Christiane D. Mullins graduated from the University of Texas San Antonio in 2005. Dr. Mullins is a board certified Radiologist for Seattle Radiology.

6. Steven Strickler, DO	Active	Radiology, Teleradiology, and Fluoroscopy
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Dr. Steven T. Strickler graduated from the University of Osteopathic Medicine and Health Sciences in 1990. Dr. Strickler is a board certified radiologist for Diagnostic Radiology Consultants.

7. Prakash Vishnu, MD	Consulting	Oncology
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Dr. Prakash Vishnu graduated from the Bangalore University in 2000. Dr. Vishnu is a board certified oncologist who works at Virginia Mason Medical Center

REAPPOINTMENTS TO THE MEDICAL STAFF:

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
1. Carolyn V. Brown, MD	Associate	Outpatient Laboratory, Radiology, and Forensic Exams for Pediatric Sexual Abuse and Neglect

Dr. Carolyn V. Brown graduated from the Bowman Gray School of Medicine at Wake Forest University in 1964. Dr. Brown is a board certified gynecologist that provides exams for the Juneau Child and Advocacy Center in Juneau.

2. George W. Brown, MD	Associate	Outpatient Laboratory, Radiology, and Forensic Exams for Pediatric Sexual Abuse and Neglect
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Dr. George W. Brown graduated from the Bowman Gray School of Medicine at Wake Forest University in 1964. Dr. Brown is a board certified pediatrician for Glacier Pediatrics.

3. Kenneth N. Brown, MD	Active	Emergency Medicine
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Dr. Kenneth N. Brown graduated from the University of New Mexico Medical School in 1989. Dr. Brown is a board certified emergency room physician for BRH Emergency Department.

4. Catherine M. Buley, MD	Active	Family Medicine w/Obstetrics, Exercise Stress Treadmill, Medical Acupuncture, 4th Degree Repair, Conscious Sedation, and D&C
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Dr. Catherine M. Buley graduated from the University of Minnesota Medical School in 1997. Dr. Buley is a board certified family medicine physician for S.E.A.R.H.C. - Alder.

5. Monica S. Gross, MD	Associate	Pediatrics Outpatient
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Dr. Monica S. Gross graduated from the University of Washington School of Medicine in 1989. Dr. Gross is a board certified pediatrician for Glacier Pediatrics and surgically assists Dr. Alan Gross.

6. Brian R. Hood, PAC	AHP	Emergency Medicine Mid-Level
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Mr. Brian R. Hood graduated from the University of Iowa in Iowa City, IA in 2000. Mr. Hood is a board certified physician assistant for the BRH Emergency Department.

7. Eugene H. Huang, MD	Active	Radiation Oncology
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Dr Eugene H. Huang graduated from the Baylor College of Medicine in 2002. Dr Huang is a board certified radiation oncologist for Southeast Radiology Oncology Center.

8.	Benjamin A. Miller, DO	Active	General Surgery, Lap Chole/Appendectomy, Sentinel Node Biopsy for Cancer, Endoscopy, Colonoscopy, EDG, Esophagoscopy and Dilation, PEG, Percutaneous Insertion Caval Filter, Transvenous Pacemaker, and Administer Fluoroscopy
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Dr. Benjamin A. Miller graduated from the Kirksville College of Osteopathic Medicine in 2001. Dr. Miller is a board certified general surgeon physician for Bartlett Surgery and Specialty Clinic.

REQUEST TO WITHDRAWAL:

- 1. Deb Lessmeier, MD** – (Active – Family Practice Physicians; Family Medicine)
- 2. Guy Ros, MD** – (Consulting – Vrad; Teleradiology)

LOCUM TENENS:

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
1. Donald Marquardt, MD	Locum Tenens	Family Medicine w/OB

Dr. Donald N. Marquardt graduated from the Washington University School of Medicine in 1977. Dr. Marquardt is a board certified family medicine physician who provides locum tenens services for SEARHC - Juneau.

2. Ronald Shafer, MD	Locum Tenens	Psychiatry, Child/Adolescent Psychiatry, and Chemical Dependency Detox
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Dr. Ronald M. Shafer graduated from the University of Basel Switzerland in 1965. Dr. Shafer is a board certified psychiatrist who works for Locum Tenens.com.

TELERADIOLOGY:

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
1. Richard Toothman, MD	Consulting	Teleradiology

Dr. Richard L. Toothman graduated from the University of North Carolina at Chapel Hill in 1991. Dr. Toothman is a board certified teleradiologist for Virtual Radiologic Professionals.

2. James Faliszek, MD	Consulting	Teleradiology
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Dr James E. Faliszek graduated from the University of Illinois Medical School in Rockford in 1997. Dr Faliszek is a board certified teleradiologist for Virtual Radiologic Professionals.

December 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3 N Planning Committee BR	4 3:00 Compliance Committee	5 N Executive Committee BR	6
7	8	9 7:00-Credentials Committee BR	10 N-Quality Council BR	11	12	13
14	15	16	17	18 5:15-Finance Committee 6:00 - Board of Directors	19	20
21	22	23	24	25 	26	27
28	29	30	31			