

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
November 22, 2022 – 5:30 p.m.
BRH Boardroom and Zoom

CALL TO ORDER – Mr. Solomon-Gross, Board President, called the meeting to order at 5:30 p.m.

BOARD MEMBERS PRESENT

Kenny Solomon-Gross, President
Mark Johnson
Lisa Petersen

Brenda Knapp, Vice President
Hal Geiger

Deb Johnston, Secretary
Iola Young

ABSENT: Max Mertz and Lindy Jones, MD

ALSO PRESENT (*Zoom attendees italicized*)

David Keith, CEO
Kim McDowell, CCO
Barbara Nault, Legal Advisor
Joseph Roth, MD
Gail Moorehead, Quality
Nathan Overson, Compliance

Sam Muse, Interim CFO
Dallas Hargrave, HR Director
Robert Palmer, CBJ Attorney
Nicholas Newbury, DO
Nate Rumsey, Business. Dev.
Erin Hardin, Community Relations

Tracy Dompeling, CBHO
Bob Tyk, CFO Consultant
Carole Triem, CBJ Liaison
Sam Norton, Interim IT Director
Anita Moffitt, Exec. Assistant

APPROVE AGENDA – *MOTION by Ms. Johnston to approve the agenda as written. Mr. Johnson seconded. There being no objections, agenda approved.*

PUBLIC PARTICIPATION – None

CONSENT AGENDA – *MOTION by Ms. Johnston to approve the consent agenda. Mr. Johnson seconded. There being no objection, the October 25, 2022, Board of Directors Minutes and September 2022 Financials approved.*

OLD BUSINESS

Covid-19 Update - Ms. McDowell reported 2 employees out with Covid and several out with other respiratory illnesses. There are 1 Covid patient and 1 flu patient in-house, supplies are good, and staffing is status quo. Hospitals in Anchorage and Seattle are almost at capacity with RSV (Respiratory Syncytial Virus) patients which limits our ability to medivac patients. Reverse transfers have been discussed as a possibility.

da Vinci Robot Update – Mr. Solomon-Gross noted Dr. Newbury is in attendance to answer questions about the da Vinci robot.

Ms. McDowell provided an overview of the power point presentation included in the packet. The da Vinci robot is designed to assist surgeons perform minimally invasive surgery. Surgeons can come out of their residency program with certification in robotics and require no further training. da Vinci is the only soft tissue robot on the market and Intuitive the only vendor. Intuitive, through their Genesis program, provides training for physicians and support staff, credentialing of providers, help lay the foundation for a robotics program, assist with integration, inventory management, workflows, best practices and reducing variabilities. Benefits of robotic surgery: fewer complications, less pain = less opioid use, less blood loss, smaller scars, increased patient safety, shorter hospital stay and quicker recovery, consistent outcomes, and better patient experience.

Mr. Muse provided an overview of the financial considerations outlined in the power point presentation. Two scenarios were presented. In the first scenario, a return on investment is anticipated in 2.5 years with total net return of \$1.8M after 5 years. This scenario looks at benign and malignant hysterectomies and Medicare reimbursements only. Mr. Muse explained cost avoidance, incremental revenue, and incremental costs. The second scenario projects a return on investment in 1.2 years with a total net return of \$6.9M after 5 years. This scenario looks at hysterectomies and other types of surgeries currently referred elsewhere but could be robotically performed at BRH if they had robotics available. Mr. Geiger initiated discussion about the accuracy of the number of surgical cases in the presentation and who is going to perform the surgeries. Dr. Newbury recommends a decision not be made based only on the potential growth presented. A successful robotics program needs to be in place to be competitive in recruiting surgeons to BRH. Many surgeons coming out of training are more comfortable with robotics than any other surgical modality and won't consider working in a hospital without it.

Ms. Johnston initiated discussion about the lease contract; progress is being made on negotiations.

Dr. Roth expressed concerns about current OR staffing, broken sterilizers, and canceled surgeries.

In response to Ms. Triem, it was reported the life expectancy of the robot is 10 years and the lease agreement allows for upgrades. Lease is \$40,000 per month over a 5-year period with an option to purchase at the end of term. Maintenance agreement includes support and service of Intuitive; representatives on-site for all robotic surgeries for as long as we need them. Mr. Johnson validated Dr. Roth's concerns and expressed his trust in the CEO to make the right decision moving forward. In response to Mr. Solomon-Gross, Ms. McDowell provided an overview of the training available by Intuitive for surgeons and staff. She noted other facilities report needing less staff for robotic surgery, not more. She also reported when OR sterilizer was replaced a couple of years ago, a larger one was purchased to be able to accommodate robotic equipment. Mr. Johnson cautioned the board about micro-managing the decision. Dr. Roth expressed the importance of doing a good job of implementing robotics and then initiated discussion about disposable tool costs. Tool costs are included in the global charge of the surgery. There are less disposable tools used in robotic surgeries since instruments are reusable for multiple cycles. The robot tracks the number of times an instrument is used.

OR Updates – Ms. McDowell reported a consultant had been brought in to look at areas of improvement in Surgical Services. Areas of improvement identified: clarification of job descriptions, streamline processes in Pre-Admission Testing (PAT), OR suites and sterile processing, increase utilization of OR suites, decrease turnaround times and create more versatility within staff. To preserve the on-call team, staff will be cross trained and used to their highest potential, providing coverage in other areas when needed. OR Director is working with staff on job duties, responsibilities, and expectations. To streamline the PAT process, forms will be sent to the surgeon's office to obtain as much information as possible before patient is contacted by admissions. Implementing a reliable system to help with inventory and improving communication with vendors; surgeons are to go through the proper channels, not the vendor, to request equipment. An equipment committee has been established to review equipment requests. Surgeons to use preference cards to identify equipment needed prior to the time of surgery. Work is being done to optimize the EMR (Electronic Medical Record) in the OR. Broken equipment stored in OR 3 has been moved to the now vacant triage building until it can be disposed of properly.

IT Updates – Mr. Norton reported the Emergency Department (ED) recently attended a demonstration of the Meditech Expanse ED module. A site visit to a facility that uses the ED module is planned for early January. While Meditech reps were on site, they met with physicians and staff to discuss issues they have using EMR. A systematic review of our usage was conducted. Recommendations and findings are under review. Features of the system are not fully utilized, and recommendations were made for staffing and processes. A revised staffing model to provide better support to address the needs of the EMR and other systems is under consideration. Physician EMR Advisory Committee has reconvened and will make recommendations to proposed changes to EMR. A sophisticated enterprise backup system now in place and backup strategy to avoid issues such as ransomware under review. A laptop fair in which BRH issued laptops were turned in for inspection to ensure they are encrypted recently held. Down-times will

be scheduled over a series of weeks to allow for server updates. In response to Mr. Solomon-Gross, Mr. Norton reported he was satisfied with Meditech's site visit, and it went as expected. Discussion held about the screens the ED physicians will see when ED module is implemented. Dr. Roth reported the medical staff has not yet seen the report from Meditech but will provide feedback when they do see it.

Land Acknowledgement – Ms. Hardin provided a brief background of the proposed land acknowledgement statement included in the packet. A land acknowledgement is a symbol of respect and recognition that acknowledges the indigenous ownership of an area. Land acknowledgements of other organizations were reviewed when this language was crafted with the assistance of Ricardo Worl and David Sheakley-Early, both Alaska Native speakers and language teachers in the community. They suggest if the board is to make a land acknowledgement, it should be done with genuine intentions of respect and a desire to build a continuous relationship with indigenous people. Ms. Hardin read the acknowledgement aloud. Mr. Geiger made a **MOTION on behalf of the Governance Committee to approve the draft land acknowledgement**. Ms. Johnston expressed her approval and thanked Mr. Geiger and Ms. Hardin for their work on this acknowledgement. Mr. Solomon-Gross initiated discussion about how the land acknowledgement would be used. Support expressed for posting it in a prominent place in the facility, on the BRH website and verbalized at the beginning of special functions and each Board of Directors meeting. Ms. Triem agreed the acknowledgement should only be used at select meetings to keep it from losing its impact. She stated the land acknowledgement and the process used to draft it were very well done. There being no further comment or objection, **MOTION approved**.

MEDICAL STAFF REPORT – Dr. Roth reported the following: There is nothing of note from the November 1st Medical Staff meeting. He will no longer be the Chief of Staff after December 31st. He suggests the hospital compensate physicians for serving on committees. Many committees are very onerous and require a lot of time from the physicians serving on them. Mr. Keith will work on the process and potential operational policy to remunerate physicians in specific roles.

Mr. Solomon-Gross called for a brief recess. The meeting recessed at 6:55 pm and resumed at 7:04 pm.

COMMITTEE REPORTS:

Planning Committee - Minutes from the November 4th meeting in the packet. Ms. Knapp reported the following: Mr. Keith advised the committee that BRH would be responding to a request for information (RFI) from Wildflower Court (WFC) regarding the management of WFC. Update on the da Vinci robot had been provided. The Family Practice building is now BRH's property. Updates on the master facility plan and timeline had been provided. Power conditioning project is being done in two phases; the first phase moving ahead with surge protectors on most significant equipment, second phase is in design. Door replacement project experiencing delays due to damage found inside walls and on new doors delivered. Updates were provided on the Crisis Stabilization project and the Agnew :: Beck report.

Finance Committee – Ms. Johnston reported the minutes from the November 17th meeting accurately reflect the discussions from the meeting. Finances were not discussed due to lack of time. Agnew :: Beck provided a high level overview of who they are, what they do, what they're doing for us and where they are in the process. They discussed a timeline, but financial and specific program information is not yet available; they are still gathering information. A draft report should be available early in the new year. Committee members expected to receive more information than what was provided. A fair amount of time had been spent discussing the da Vinci robot and Juneau Bone and Joint Center purchase. Ms. Young had been unable to attend the meeting and expressed appreciation for having a recording of the 2-hour meeting available. Anyone interested in getting a thorough understanding of the Crisis Now model is encouraged to watch it.

Mr. Muse reported BRH is currently operating in a loss position. Senior leadership has implemented several items to control costs going forward. During the upcoming budgeting process, the focus will be on operating as efficiently as possible. A

draft of the budget is due to CBJ by March 1st and will go before the Assembly in April. Mr. Johnson noted increasing revenue will help, resolving staffing issues in the mental health unit would allow it to operate at capacity, meet community needs and bring in more revenue. He also suggested Tri-Care would allow us to collect higher reimbursements and asked whether BRH had a relationship with them; Mr. Muse will investigate. Ms. Johnston expressed appreciation for the level of scrutiny of the finances by Senior Leadership and managers.

Board Compliance and Audit Committee – Ms. Young reported the following from the November 18th meeting: Mr. Overson discussed the annual compliance risk assessment and compliance dashboard reviewed. Mr. Rumsey provided updates on the New Service Lines Committee, now named Hospital Services Committee. Ms. Iha provided an update on the 340B oversight committee; the list of recommendations by Eide Bailly during the most recent audit has almost been completed. Mr. Overson reported the state is to hold a public hearing during the week of December 12th for the CON (Certificate of Need) for the ED expansion.

Board Governance Committee – Minutes from November 21st meeting in the packet. Mr. Geiger reported the following: Proposed land acknowledgement reviewed and approved. New language proposed for board member attestations. Recommendations for board presentations presented and will be discussed at December meeting before presenting to the full board. Training for board members discussed, committee in support of off-site training by the Governance Institute and financial training by Mr. Muse. Results of the board self-evaluation study will be given at the December board meeting.

MANAGEMENT REPORTS:

CEO Report – Mr. Keith reported the following:

- He flew to Anchorage and met with Jared Kosen of AHHA (Alaska Hospital and Healthcare Association) to discuss several legislative ideas. They talked about training of nurse technicians and the nurse compact which allows reciprocity for a nurse licensed in one state to work in another under the same license. 39 states participate in the nurse compact, Alaska does not. Alaska healthcare organizations hope this is addressed at next legislative session.
- He met with Senator Murkowski and discussed mental health, the Aurora Behavioral Health Center, and federal dollars for behavioral health services.
- While in Anchorage, he met with the director of the WWAMI program and discussed residency programs for behavioral health and other specialties. WWAMI is the University of Washington's multi-state medical education program that serves WA, WY, AK, MT and ID.
- He met with Phil Hofstetter, CEO of Petersburg Medical Center and discussed mutually beneficial opportunities to collaborate on to bolster and improve healthcare for the citizens of both communities.
- BRH has applied for licensure for Home Health and Hospice services. BRH has made a commitment to the community to provide these services and is in the throes of developing plans with the hope of being able to see patients within 60-90 days.
- BRH is competing with others for ownership of WFC and will submit a response to WFC's RFI on December 2nd.
- A compensation and labor assessment is being conducted to help right size the organization.
- We are working on an organizational restructuring to allow better communication with front line employees and stronger engagement from managers.
- He met with the Family Practice Physicians to discuss subtle changes, lease agreements and other services that could be added to that location.
- Looking at possibly adding nephrology to our service line for patients.
- All 3 sterilizers are down in the OR. He will meet with Ms. McDowell to devise a plan for 3 levels of redundancy so this will never happen again.

Mr. Overson reported the State Office of Rate Review (ORR) has been reviewing BRH's CON application and is trying to schedule a public hearing for the ED expansion project the week of December 12th. Discussion have been held about physician and staff champions to address the public and provide input. The public's input, rules, regulations, and past precedent will influence the ORR's recommendation. The Commissioner's office will review the recommendation, and, in the best-case scenario, a decision will be made around the third week of January subject to due process.

Mr. Geiger initiated discussion about impediments of administrative processes for hiring nurses. Covid showed the value of being able to have people from other states help when there is a critical need and we hope this experience works in AK's favor for reciprocity in the future.

CFO Report – Before Mr. Tyk exited the meeting, Mr. Solomon-Gross thanked him for his hard work over the past year. Mr. Muse reported in our current state, BRH is going to be close to running afoul of its debt covenant. It is an issue the board should be aware of and BRH is trying to get ahead of it. Financial statement audit is almost complete. The final issuance is expected on November 28th. There will be one significant deficiency finding presented to the board related to purchasing. Controls were put into place in the spring to correct the issues but the auditors look at the entire year; it will not show up again next year. In response to Ms. Johnston - the measurement date for BRH's bond covenant is the fiscal year but disclosures will be made at the end of the calendar year. (In December, BRH will disclose what its bond covenant was as of June 30, 2022.) BRH will work closely with CBJ and the bond council so they know where we are at and can get ahead of it. Discussion held about the impact of running afoul. Mr. Johnson observed that leadership has been a bit of a roller coaster since he's been on the board but he feels there is competent leadership in place now to address these issues. Discussion held about increasing revenues, utilization of services and staffing fluctuations.

HR Report – Mr. Hargrave reported Human Resource staff are re-establishing connections with the education systems, specifically high schools here in town, universities, and colleges across Alaska, through career services offices and a recently sponsored career camp for students experiencing disabilities. There is still more to do to enhance pipelines.

CCO Report – Ms. McDowell reported the Finance Committee gave the okay to complete the project for the tele-sitter program. One person will be able to watch multiple patients at a time through monitors. The system has infra-red for night vision and sensors around the bed that will alert the patient to get back into bed. Monitors have two-way audio that allows the observer to see and have direct communication with the patient while sending a nurse to the patient's room. It does not have recording capabilities so cannot record patients. Some systems will be hard-wired; others will be portable. The program will start on Med Surg. We anticipate a decrease in falls and staffing and an increase in privacy for the patient. The implementation team is working on the timeframe and the IT department on the privacy aspects. After implementation, pre and post trend data for patient falls will be available for comparison.

CBHO Report – Ms. Dompeling apologized that Agnew :: Beck was not able to provide financial information the finance committee is looking for. They are trying to do a very thorough review of all information and a draft report should be available after the first of the year. The Mental Health Unit (MHU) and Rainforest Recovery Center (RRC) have had increases in their average daily census. SLT has discussed looking at nurses throughout the organization to identify which ones can float to the MHU and making them more available to float when census increases. Ms. Dompeling feels that managers and directors in behavioral health are doing a great job at guiding the processes and efficiencies for the services being provided. There have been no responses for the full time or travel nurse positions posted online for the Withdrawal Management Unit (WMU). Opening the WMU has been pushed out until July 2023 and will be re-evaluated after crisis services is up and running. Without WMU, services for RRC could increase without increasing staff. In response to Mr. Solomon-Gross - the crisis observation program is for patients in crisis that do not require other medical care; they will receive triage, an assessment and care for up to 24 hours without having to go to the ED. Partial day hospitalization is not being considered at this time. There are no different certification requirements for MHU nurses, but we prefer to have nurses that have experience with MHU patients. Lack of staff is mostly responsible for not being able to bring mental health patients from outside of our service area. Mental health nurses in Juneau make about 5% less than those in Anchorage.

Legal Report – Ms. Nault reported since the last meeting, her office has worked with directors and SLT on the following: Pending status report on 340B contract pharmacy corrective action plan had been submitted to HRSA on November 2nd. BRH has received a letter from HRSA stating that they consider the self-report matter now closed. The agreement for early-out cash pay agreement with Trubridge is complete. The firm continues to work on a professional services agreement for radiology services, matters related to the development of home health and hospice services, a medical residency arrangement with SEARHC and providing advice on WFC and the Juneau Bone and Joint Center (JBIC) project.

Mr. Palmer reported Ms. Nault does the lion's share of legal matters and that he has also been assisting with the property projects. In response to Mr. Johnson, he reported legal will be working with our insurer regarding the new supreme court ruling about malpractice.

Mr. Solomon-Gross called for a brief recess. The meeting recessed at 8:23 pm and resumed at 8:24 pm.

CBJ LIAISON REPORT – Ms. Triem reported last night’s Assembly meeting was unusually short. The Assembly will hold a retreat on December 11th. If the hospital board wants to share their goals with the Assembly prior to the retreat, they are welcome to do so. Housing is the Assembly’s top goal. There has been no turnover of Assembly members so it will take less time to get everyone up to speed and allow more time for setting goals and looking at the budget process. The Assembly Finance meeting is scheduled for Wednesday to provide an overview of finances before the retreat. Ms. Triem reported interviews for the BRH board will be conducted on December 15th and 16th and asked if anyone knows someone that would like to apply for the Planning Commission to let her know.

PRESIDENT REPORT – Mr. Solomon-Gross reported he and Ms. Knapp were on KINY Radio to encourage people to apply for the hospital board or any other board of commission of the city. He reported this month, he was able to attend every committee meeting, met with Mr. Keith and another board member every Wednesday, attended meetings to discuss the JBJC and texted or talked with every board member and Ms. Triem. He reported that Mr. and Mrs. Keith have volunteered to play Santa and Mrs. Claus at the Bartlett Foundation’s Christmas event. Mr. Solomon-Gross and his wife will be their elves. This event will be held in the BRH lobby at 4:30pm on Thursday, December 15th. There will be caroling, Christmas goodies provided by the cafeteria and a hot chocolate bar provide by Hot Shot Coffee. All are invited to join in on the festivities.

BOARD CALENDAR – December calendar reviewed. Planning Committee meeting will be canceled if there are no action items. Ms. Moffitt will confirm with staff and Ms. Rynne. Ms. Johnston will be out of town but will attend finance via Zoom. Board Quality will meet at 3:30pm on December 13th. No other suggested changes.

BOARD COMMENTS AND QUESTIONS – Mr. Johnson reported he had written up a summary of the CAMHU (Child, Adolescent Mental Health Unit) and had it distributed to the board by Ms. Moffitt. He has asked for board member personal email addresses for those wishing to hear, in the words of Paul Harvey, “The rest of the story”. Ms. Moffitt will provide the email addresses.

MOTION by Ms. Johnston to extend the meeting for an additional 30 minutes. Mr. Johnson seconded. There being no objections, MOTION approved.

EXECUTIVE SESSION – *MOTION by Mr. Johnson to recess into executive session to discuss several matters as written in the agenda:*

- *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 facts and litigation strategies with the BRH and Municipal attorney. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

And

- *To discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning. (Unnecessary staff and Medical Chief of staff may be excused from this portion of the session.)*

Ms. Knapp seconded. Mr. Solomon-Gross reminded attendees that all information to be discussed in executive session is confidential. Attendees are to ensure there are no unauthorized people in the room with them or able to hear the conversations.

The Board entered executive session at 8:43 p.m. and returned to regular session at 9:15 p.m.

MOTION by Mr. Johnson to approve the credentialing report as presented. Ms. Knapp seconded. There being no objection, MOTION approved.

ADJOURNMENT: 9:16 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, December 27, 2022