

# Bartlett Regional Hospital

## AGENDA

### BOARD OF DIRECTORS MEETING

Tuesday, March 26, 2019; 5:30 p.m.

Bartlett Regional Hospital – Boardroom

<b>I.</b>	<b>CALL TO ORDER</b>	<b>5:30</b>
<b>II.</b>	<b>ROLL CALL</b>	<b>5:35</b>
<b>III.</b>	<b>APPROVE AGENDA</b>	<b>5:40</b>
<b>IV.</b>	<b>PUBLIC PARTICIPATION</b>	<b>5:45</b>
<b>V.</b>	<b>ECRI ROBOTICS REPORT</b>	<b>5:50</b>
<b>VI.</b>	<b>BOARD EDUCATION</b> –Audrey Rasmussen (Pg. 3) A. CCU Beacon Award	<b>6:05</b>
<b>VII.</b>	<b>CONSENT AGENDA</b> A. February 26, 2019 Board of Directors minutes (Pg. 11) B. Draft Committee Minutes <ul style="list-style-type: none"><li>• March 13, 2019 Finance (Pg. 15)</li><li>• March 11, 2019 Compliance (Pg. 18)</li></ul> C. Management reports (Pg. 20)	<b>6:20</b>
<b>VIII.</b>	<b>OLD BUSINESS</b> A. Title 40 – Action Item (Pg. 31)	<b>6:25</b>
<b>IX.</b>	<b>NEW BUSINESS</b> A. Quality Committee Action Items – Management Plans and Evaluations <ul style="list-style-type: none"><li>• Life Safety management</li><li>• Safety Management</li><li>• Emergency Management</li><li>• Hazardous Materials and Waste Management</li><li>• Security Management</li><li>• Utility Systems Management</li><li>• Emergency Operations Administrative Manual</li><li>• Medical Equipment and Management</li><li>• Utilization Management</li></ul>	<b>6:35</b>

*\*Documents for Quality Committee action items have been uploaded into Egnyte for Board review.  
Printed copies available upon request.*

<b>X.</b>	<b>MEDICAL STAFF REPORT</b>	<b>6:45</b>
<b>XI.</b>	<b>EXECUTIVE SESSION</b>	<b>6:50</b>
	A. Credentialing report (BLUE FOLDER)	
	B. Patient Safety Dashboard (BLUE FOLDER)	
	C. Siddon v BRH Litigation Strategy	
	D. Estate of Adams Litigation Strategy	
<b>XII.</b>	<b>CEO REPORT</b>	<b>7:15</b>
	A. Joint Conference Meeting	
<b>XIII.</b>	<b>STRATEGIC DISCUSSION</b>	<b>7:20</b>
	A. ECRI Robotics Report	
	B. Ophthalmologist update	
<b>XIV.</b>	<b>PRESIDENT REPORT</b>	<b>7:30</b>
<b>XV.</b>	<b>BOARD CALENDAR (Pg. 33)</b>	<b>7:35</b>
<b>XVI.</b>	<b>BOARD COMMENTS AND QUESTIONS</b>	<b>7:40</b>
<b>XVII.</b>	<b>ADJOURNMENT</b>	<b>7:45</b>

# Critical Care Unit Beacon Award for Excellence

Audrey Rasmussen, RN

March 26, 2019

*Bartlett Microsystems* 

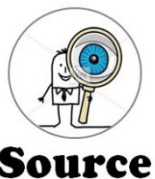
# Improvement Goal

- We are working on obtaining the Beacon Award for Excellence awarded by the American Association of Critical Care Nurses (AACN).
- We chose this goal because:
  - One of the staff nurses suggested applying for it. We have a great work environment with good quality metrics (low VAE, pressure sores, etc). We discussed it at a staff meeting and staff voted in favor.
  - This process would create a path for excellence and recognize the unit.
- Our goal is to apply for the Beacon Award for Excellence by April 1<sup>st</sup>, 2019.



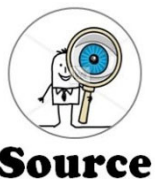
# Data Collection

- **Baseline:** The Beacon award was created to recognize individual units that distinguish themselves by improving every facet of patient care. It signifies exceptional care through improved outcomes and greater overall satisfaction. It means a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale, and lower turnover.  
Our units' baseline data for quality metric patient data is good; low hospital acquired infections, low pressure sores, etc. Staff teamwork and engagement is high.
- **Data collection method and frequency:**
  - Bimonthly meetings started January 2018 with unit nurses and CNA involvement. Six staff members committed to assist with the process.
  - Application consists of six questions; Unit Profile, Leadership Structure and Systems, Appropriate Staffing and Staff Engagement, Effective Communication, Knowledge Management, Learning and Development, Evidence-Based Practice and Processes, and Outcome Measurement.
- **Scope:**
  - Bartlett Regional Hospital Critical Care Unit
- **Validity:** AACN (American Association of Critical Care Nurses) Beacon Award is a nationally recognized.



# Data Analysis

- **Comparison:** The unit processes were compared with standards across the five different questions.
- **Data subsets:**
  - Leadership Structures and Systems
  - Appropriate Staffing and Staff Engagement
  - Effective Communications, Knowledge Management, Learning and Development
  - Evidence-Based Practice and Processes
  - Outcome Measurement
- **Conclusion:** There were several areas that needed improvement: communication training; evidenced-based practices; and staff recognition.



# Change Management

- Change Concepts applied:
  - We used brainstorming and standardization.
- Challenges / Barriers:
  - Time
  - Small unit
  - Staff turn-over



# Activity Summary

- Team was formed that meets bimonthly to answer questions and look at processes.
- Training for communication (TEAM STEPPS).
- Implemented evidence-based project.
- Employee recognition survey and improvement.





# Current and Future

- Current
  - We are currently on the last question of the application – Outcome Measurements.
- Future
  - Final review and submit application by April
  - Celebrate



# Monitoring

- Interventions have been successful:
  - Over 60% of full time staff have received training in TEAM STEPPS since January.
  - Hospital Survey on Patient Safety Culture, CCU scored 84% in Organizational learning/ Continuous improvement (above 90<sup>th</sup> percentile).
- Successful outcomes have been sustained:
  - Still a work in progress.



# Bartlett Regional Hospital

## Minutes

### BOARD OF DIRECTORS MEETING

February 26, 2018 – 5:30 p.m.

Robert F. Valliant Boardroom

**CALL TO ORDER** – The Board of Director’s meeting was called to order at 5:30 p.m. by Rosemary Hagevig, Vice-President.

#### ATTENDANCE

Lance Stevens, President (via telephone)	Bob Urata, MD, Secretary	Deb Johnston
Rosemary Hagevig, Vice-President	Brenda Knapp	Lindy Jones, MD
Mark Johnson (via telephone)	Kenny Solomon-Gross	

#### ABSENT

Marshal Kendziorek

#### ALSO IN ATTENDANCE

Chuck Bill, CEO	Kevin Benson, CFO	Megan Costello, CBJ Law
Dallas Hargrave, HR Director	Bradley Grigg, CBHO	Don Schneider, MD, COS
Rose Lawhorne, Assistant CCO	Megan Dihle, RN	Liz Bishop, Med/Surg Director
Anita Moffitt, Executive Assistant	Scott Chille, IS Director	Deb Manowski, RN

**APPROVAL OF THE AGENDA** – *Ms. Hagevig made a MOTION to approve the agenda as presented. Dr. Urata seconded and it was approved.*

**PUBLIC PARTICIPATION** – Robert Scanlon, CEO and Chris Mello, Vice Board Chair of the Blood Bank of Alaska (BBA) spoke about a mandate they were issued to serve the state of Alaska. They currently serve 21 Hospitals in the state but do not serve SE Alaska. BBA recently opened a collection center in Juneau and would like to have Bartlett Regional Hospital (BRH) become one of their client hospitals. If BRH agrees, BBA would turn Juneau’s collection center into a distribution and production center. BBA acknowledged they are more expensive than BRH’s current supplier and outlined advantages to using a local supplier with readily available supplies of blood, plasma and platelets. Discussions were held about platelet supplies, the reasons BBA is more expensive and the need for BBA to have BRH’s support.

**BOARD EDUCATION** – Liz Bishop, Medical/Surgical Director and Megan Dihle, RN presented the Medical Surgical Unit’s Knowledge Survey: Identifying Areas of Strength and Needed Improvement goals and action plan. The goal is to improve the knowledge base of all unit staff and implement evidence based practice through monthly educational classes on its unit. Overviews of the data analysis, change management action plan, challenges and barriers as well as the activity summary were provided.

**CONSENT AGENDA – Dr. Urata made a MOTION to approve the consent agenda as presented.** After acknowledging the successful Nuclear Regulatory Committee inspection and posing a question about Psychiatry Locum Tenens coverage, **Ms. Knapp seconded the motion and it was approved.**

**OLD BUSINESS –** Mr. Bill reported that Strategic Planning-Focus and Execute was left on the agenda to encourage Board members to look at Focus and Execute. Quarterly in-depth progress reports will be given to the Board.

**NEW BUSINESS –** In an effort to become more strategic during board meetings and allow the Board more time to look forward, draft minutes from committee meetings will be moved to the consent agenda and verbal committee reports will no longer be given. Action items moving forward from committees to the Board for approval will be listed under *New Business* in future agendas. The process for removing an item from the consent agenda for further discussion was explained.

**Medical Staff Report –** Dr. Schneider reported that at the February 5<sup>th</sup> Medical Staff meeting, the progress on the Tele EEG program was discussed as was dialysis services. Due to the certification status of the dialysis center, they are only able to provide dialysis treatments to outpatients. An inpatient in need of dialysis would be medevac'd to another facility if not well enough to be discharged.

**Executive Session – Ms. Johnston made a MOTION to go into executive session to discuss the credentialing report, patient dashboard and legal case review. All of which are confidential by nature and protected by law. Ms. Knapp seconded and motion approved.** The committee entered executive session at 6:14 pm and returned to regular session at 6:46 pm.

**Ms. Knapp made a MOTION to approve the credentialing report as presented. Dr. Urata seconded and it was approved.**

**CEO Report –** Mr. Bill provided feedback from his most recent conversation with the BBA. He noted that BBA prices were 35% - 40% higher than our current supplier when the contract went out to bid, he requested and is waiting for current pricing to be provided. Mr. Stevens had also requested current pricing and not received it. Dr. Jones initiated a conversation about platelet supplies and shelf life. Conversations will be held with BBA as well as our current supplier about meeting our platelet needs.

Title 40 - Changes to Title 40 had been approved by the Governance Committee and forwarded to the Board for approval. Ms. Costello provided an overview of the most recent proposal and the reasoning behind it. Dr. Urata requested a review by the medical staff before the Board takes action. The Board agreed to delay action.

Cash Reserves – A white paper with recommendations for cash management from Mr. Benson was reviewed. Discussions regarding designation of cash reserves, the amount of cash on hand, funded depreciation, budget reserves, alignment with CBJ and investment strategy were held. Mr. Benson noted the purpose of doing this is to align our operating and capital funds with different investment options; long term vs short term. As a financial benefit, placing funds in a Board designated fund for capital improvement, protects the interest income against the offset of our interest expense. This results in an additional reimbursement to our Rural Demonstration Project.

***Dr. Urata made a MOTION to transfer \$11 Million from the Operating Cash to Board Designated Funds increasing the Board Designated funds to \$47 Million. Ms. Knapp seconded.*** Discussion was held about proper language. Mr. Benson explained that Board Designated funds for capital improvements is a CMS regulation, not CBJ. Designated Funds are a reimbursement issue and different from restricted funds. ***A rollcall vote was taken. The motion passed unanimously.*** This issue will go back to the Finance Committee to come up with a plan for designations and investments.

Mr. Bill reported that he and Mr. Hargrave have been working with Modern Healthcare magazine and have submitted an application to be considered as one of the top 100 places to work in Healthcare.

Mr. Bill also reported that today was the first day of ASHNHA's State Legislative Fly-in. Among topics discussed by Al Wahl, Deputy Commissioner who oversees Behavioral Health, was the 1115 waiver, discussions with CMS regarding bundled payment methodologies and the status of Alaska Psychiatric Institute. A presentation about the managed care demonstration project that will take place in Anchorage was provided.

## COMMITTEE REPORTS

- Planning Committee – Mr. Solomon Gross reported that Planning Committee met on January 28<sup>th</sup>. Mr. Benson had been asked to put together the whitepaper regarding restricted funds previously discussed. Also discussed were RFPs to update the master facility plan and construction of the Detox and Assessment Center.
- Governance – Ms. Knapp reported that changes to Title 40 had been approved to move forward to the Board for approval. Also discussed was the cash reserves issue and the Board's role of physician oversight. This will be brought back to the committee before going to the Board. Several Board members will attend a Governance Institute Leadership Conference in April to learn the roles and responsibility of the Board. The committee is beginning to take a look at possible affiliation models.
- Quality Committee – The Quality Committee met on January 9<sup>th</sup> and approved the Calendar Year 2019 Quality Management Plan, Risk Management Plan and Infection Prevention Plan evaluation move forward to the Board for approval.

***Mr. Stevens made a MOTION to approve the CY2019 Quality Management Plan, CY 2019 Risk Management Plan and Infection Prevention Plan evaluation. Ms. Johnston seconded and the motion was approved.***

- Finance Committee – Dr. Urata provided an overview of the December financials. BRH did not achieve budget expectations and experienced a Net Loss of \$406,000. Patient day were 15% less than budget due in part to a reduced volume of inpatient surgeries. Total expenses exceeded budget by 0.7%. Year to date income is \$1.4 Million. This is below the budget target of \$1.6 Million. Mr. Benson presented information regarding the Access Passport Electronic Forms software that will allow patients to sign forms electronically.

***Dr. Urata made a MOTION to approve the purchase of the Access Passport Electronic Forms software. Mr. Solomon-Gross seconded it and the motion was approved.***

Dr. Urata presented a revised version of the delegation of spending authority.

***Dr. Urata made a MOTION to approve the delegation of spending authority as presented. Ms. Johnston seconded and the motion was approved.***

Mr. Benson provided an overview of the proposed FY20 Budget. He noted the proposed budget has been based on existing operations and adjusted for known changes. He then highlighted key assumptions. Mr. Stevens expressed concerns and a discussion was held about contract labor projections. A discussion was held about the status of the Rural Demonstration Project.

***Dr. Urata made a MOTION to approve the FY20 Budget as presented. Ms. Johnston seconded. A rollcall vote was taken. The motion passed unanimously.***

**PRESIDENT REPORT** – Mr. Stevens reported that he has been meeting with Mr. Bill on a regular basis to discuss hospital workings. They are working on the 360 review process for the CEO.

**BOARD CALENDAR** – The March Board calendar was reviewed.

**BOARD COMMENTS AND QUESTIONS** - Mr. Bill reported that we are looking to replace Egnyte with the Nasdaq Boardvantage Board Portal included in our Governance Institute membership.

**ADJOURNMENT** – 8:02 p.m.

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Finance Committee Meeting Minutes BRH Boardroom – March 13, 2019

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

**Finance Committee & Board Members:** Dr. Bob Urata (Chair), Kenny Solomon-Gross, Mark Johnson, Marshal Kendziorek, Lance Stevens

**Staff:** Kevin Benson, CFO, Rose Lawhorne, Asst. CCO, Billy Gardner, CCO, Megan Taylor, Executive Assistant

**Guest:** Bob Bartholomew, CBJ Finance

*Mr. Johnson made a MOTION to approve the minutes from the February 14, 2019 Finance Committee Meeting. Dr. Urata noted no objections and they were approved.*

### January 2019 Finance Review – Kevin Benson, CFO

BRH experienced a break even month overall for the month of January 2019. 340B program saved BRH \$160,000 in pharmaceutical costs. Contract labor was still over budget for the month, but less so than before. *(Continued after Mr. Bartholomew's presentation)* 26% of capital budget has been committed, but BRH is expected to underspend by \$2 million. The major outstanding project was replacement of all the infusion pumps, with the price tag of \$525,000, over the next 3-6 months.

Mr. Johnson asks for a status update on the Crisis Stabilization project, which Mr. Benson and Mr. Gardner deferred to Mr. Grigg on, who was not present at the meeting. This is to be addressed at the upcoming Board of Director's meeting on March 26<sup>th</sup>, 2019.

*Mr. Johnson made a MOTION to move Mr. Bartholomew's Investment Review to the next item on the agenda. Upon hearing no objections, this was approved.*

### CBJ Investment Review

Dr. Urata explained that BRH has excess funds to invest, and inquired about CBJ policy on investment. Mr. Bartholomew began on page 19 of the packet, specifically pointing to the three BRH lines: Hospital, CIP, and Capital Reserve. CBJ allots funds into these accounts, but allows BRH to move funds between them as appropriate, and does not need to include the Assembly in these decisions. Any BRH technical questions on restricting funds will be determined with the auditors. The Assembly could restrict it, but isn't likely to do so, and leaves the decision-making to the board. Mr. Bartholomew explains that CIP is funds that have been approved by the board and appropriated by the Assembly. The Capital Reserve account is our general cash or cash flow operating reserve for two to three months. Funds can be moved from active status to the reserve account if needed.

Dr. Urata inquired if all funds will be applied to the more aggressive investment strategy. Mr. Bartholomew responded with an explanation of BRH's three levels of liquidity. First is the checking account at First National Bank of Alaska for daily activity, which averages \$30-40 million worth of activity per month,

with a maintained “overnight balance” of \$12 million. The second level is the municipal pool, which is a state agency charged with providing investment services to municipalities, which oversees \$20-60 million depending on time of year with taxes, tourism income, budgetary allocation, teacher payouts, etc. Third level is investments with Alaska Permanent Capital in Anchorage, investing in US treasury bonds or corporate bonds, and are managing \$150 million, \$40-50 million of which is attributed to BRH. These investments are a 36-month ladder. CBJ will be going out to bid, presenting their cash flow, investment guidelines and policies, and asking for what firms would do differently, accounting for changing interest rates. Mr. Bartholomew then explained bond performance over the last three years as it applies to BRH’s investments. Bond values fluctuate with economy, market, and deficit.

Dr. Urata asked what the guiding factors are in BRH’s investments, whether we have any say in those factors, and if we have a representative to act as a voice. Mr. Bartholomew responded that there is a municipal code, and an investment policy statement that is more detailed. Code is being rewritten due to outdated instruction. Mr. Benson has been kept in the loop and has participated in the process, with the five financial advisors, and in December and February it went to the Assembly Finance Committee, who vetted it and asked questions. Rewritten code is expected to be adopted April 1<sup>st</sup>, and becomes law 30 days later.

The new code includes objectives, which is where the Assembly had the most input. The objectives, in order of priority are: 1. Safety/Preservation of Principle, 2. Liquidity, and 3. Investment Return. Also included is what is allowed to be invested, and invested in, and the investment policy dictates how much is invested in money market, and whether it is 1, 2, 3, or 5-year maturities. Mr. Benson will be one of the four people on the selection committee for RFP’s. CBJ cash flows are straight forward, with buffers for volatility. The externally managed \$150 million has been above that amount for the last 10 years.

Dr. Urata asked for the philosophy of maintaining investment income while accounting for inflation. Mr. Bartholomew explained that the city has two endowments they manage. With these they try to maintain purchasing power, which is done by using interest to cover inflation. Cash flow value is determined by the interest rate market more than inflation. Most governments are 1-5 year bonds, so at 3 years, CBJ may be below average. CBJ is 60% US government bonds, and 40% corporate bonds. Most governments don’t have as many corporate bonds. The hope with the RFP’s is to have someone say, “We believe we can offer the same return, with less risk in corporate bonds.” CBJ has already lowered the percentage of corporate bonds, as it was previously 50/50.

Mr. Stevens inquired about CBJ funds versus Bartlett funds for investing. Mr. Bartholomew clarifies that Bartlett funds are seen as separate, and CBJ essentially ignores them when investing. He states Kenai has 10% of their investment in equities, and they are sending Mr. Bartholomew their numbers over the last three years, but he states this is probably not the ideal approach for CBJ or BRH.

Mr. Johnson asked if there has been a situation where the city or hospital has had to sell bonds before maturity, to which Mr. Bartholomew replied that he has been with the city seven years, and they haven’t had to do that yet. There are almost always US treasury bonds within 30-90 days of maturity that we can sell and get a return on the investment. \$5 million a month are maturing, and then reinvested.

Mr. Benson states that having 90 days cash on hand in an operating reserve is adequate since BRH’s cash flow is steadier throughout the year than the city’s cash flow. The last board meeting, the board designated moving \$10 million into the capital improvements fund and for reimbursement benefit. There is \$25 million in operating funds, invested in a money market, which has been producing almost 2%, because the difference between the 1-3 year markets are so narrow. Mr. Benson expressed his belief that the city money managers are doing a good job. The oversight committee he is a part of meets two to four times a year, and includes presentations on progress.

Mr. Bartholomew stated that when the proposals return is the time for people to weigh in, and that the Assembly will be informed about the evaluation process, but they wouldn’t be involved.



Dr. Urata referenced concerns that BRH’s cash reserves could be allocated by the city to projects unrelated to the hospital, and asked for input on this. Mr. Bartholomew stated it is legally possible if the Assembly wanted to do it. His example, however, of what is more likely to occur is like the Housing First project, where the city can approach the hospital and request contribution, since the hospital is related to or affected by the project. Each enterprise has been gradually raising their rates to cover costs, and contribute to infrastructure replacement. Money has been left over after operating budget needs, but not enough to cover infrastructure needs, similar to the 1% sales tax allotment every five years for the hospital.

### **Budget Follow-up Items**

The asbestos issue in some flooring was discussed, referencing the floor plan graphic in the packet and associated photos of the flooring itself. These are all non-patient care areas. This was included to clarify need for replacement. The cost explanation was included in the FY 2020 budget, for the amount of \$500,000.

Mr. Kendziorek brought up the issue of “restricted funds”, seeking clarification on the pros and cons. He clarified that designating funds for the purpose of planning can have the downside of needing to be un-designated if issues come up (i.e. CAMHU project). Mr. Stevens explained that it shows intent and that un-designating is simply a matter of bringing it to the board again.

Mr. Benson presented a graph of the previous three years of revenue to demonstrate trends by month. The only visible trend was the month of August tends to be higher, and the month of December didn’t necessarily demonstrate a consistent decrease as previously speculated.

Mr. Johnson expressed some confusion in keeping track of employed physicians, versus hospitalists, versus locums. Dr. Urata clarified that locums are used for areas with less sustainable demand (i.e. Orthopedics). To this point Mr. Stevens stated concern that the budgeted amount for locums was significantly less than the previous year’s budgeted amount despite consistency over those years. Mr. Benson explained that goals have changed – to move toward employed staff, and the budget reflected this.

Mr. Stevens brought up a letter from Mr. Bill and the State Hospital Association with statistics, which Mr. Bill wanted approval on. Mr. Stevens wasn’t comfortable approving it until it had been vetted by the Finance Committee. Mr. Benson clarified intent of letter: to gather information from hospitals in the state, regarding potential budget cuts. It is presumed that they will put together a campaign to communicate effect of cuts on healthcare.

**Next Meeting:** April 10, 2019 at 7:00 a.m. in BRH Boardroom

**Adjourned – 8:07 a.m.**

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## Compliance Committee Meeting Draft Minutes March 11, 2019

**Called to order at 7:00 AM., by Board Compliance Committee Chair, Bob Urata, MD**

### **Compliance Committee and Board Members:**

**Board Members:** Bob Urata, MD; Marshal Kendziorek, Deborah Johnston (absent), and Kenny Solomon-Gross

**Staff/Other:** Chuck Bill, CEO (absent); Nathan Overson, Compliance Officer; Megan Costello, Assistant Municipal Attorney

**Agenda Approval:** *Marshal Kendziorek made a MOTION to approve the agenda as presented. Mr. Overson noted that the Navigant Report under Executive Session did not need to be reviewed as an executive session item. Hearing no further requests for change, the agenda was approved as amended.*

**Previous Board Compliance Meeting Minutes Approval:** *Mr. Kendziorek made a MOTION to approve the December 10, 2018 minutes. Hearing no objections, the minutes were approved as written.*

**Education and Training:** Mr. Overson provided compliance education and training. Training consisted of an overview of what a compliance program is, and two topics from “Measuring Compliance Program Effectiveness: A Resource Guide”. The two topics of “Lines of Communication and Reporting” and “Response and Prevention of Detected Offenses” were covered.

In discussion during the training Mr. Kendziorek asked what the recommended procedure would be when an employee circumvents the chain of command and goes straight to the Compliance Officer. Dr. Urata stated that he believed there was a policy that highlighted a reporting outline that gave staff and physicians an option to contact the board president if necessary. Mr. Overson explained that there is a reporting policy, but will take a look at whether there should be an algorithm to accompany the policy. Mr. Kendziorek wanted to know how the process of sorting out the issues that may be brought up to the wrong department is being handled. Mr. Overson explained that between Legal, Risk, Compliance and Human Resources there is an understanding that we will all take the initial complaint and then reroute internally as necessary because some issues do touch on multiple areas of concern.

**Compliance Officer Report:** Mr. Overson gave an update on the progress toward the 2019 compliance Risk Assessment. The Hospital Compliance Committee is currently working on identifying and prioritizing risks in specific risk areas in preparation for completing the 2019 compliance work plan. The Hospital Compliance Committee moved to carry forward the 2018 work plan as it relates to 2019, and also break out into smaller advisory groups to meet individually to assess shared risks.

### **Elements of Compliance Dashboard:**

A Policy/Document Review dashboard report was presented and approved as an ongoing compliance dashboard element. A Compliance Log dashboard report was presented and generally approved. Mr. Kendziorek asked if there was a way to capture outstanding risks; Mr. Overson will look into what that may entail. A Monitoring and Auditing dashboard element will be submitted once the monitoring and auditing portion of the work plan is established and a schedule is developed. Currently the regularly

scheduled internal audits are chart reviews performed by the revenue cycle team and the Compliance Officer.

Mr. Overson presented the action item report generated from the Navigant compliance assessment dated 1-29-2017; all action items were completed by 01-31-2018

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

**Meeting Adjourned** 7:59 am

**Next Meeting** 06/11/2019 at 7:00 am

DRAFT

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

## March 26, 2019 Management Report From CLO

### Topics\*

- General contract review and legal research
- Risk management/litigation monitoring and related consults
- General legal advice/review of records requests, subpoenas & similar docs
- Risk-related legal consultations with CEO, Risk Manager, Compliance, and/or Quality Director
- Revisions to Title 40
- Editing and approval of the 340B Pharmacy contracts
- AKOSH consultation close-out conference
- Legal Case Review monitoring and strategy discussion/updates with outside counsel

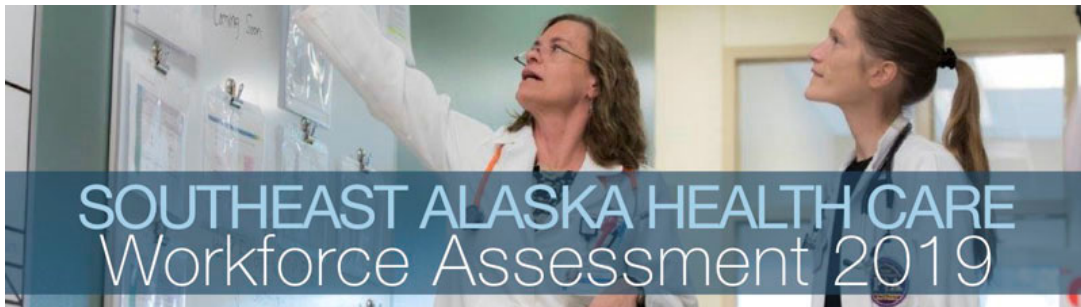
\*Full project report available at month's end to Board members upon request.

# Bartlett Regional Hospital

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## Management Report from Dallas Hargrave, Human Resources Director March 2019

- The HR Director participated in a Southeast Alaska Healthcare Workforce Assessment steering committee meeting with representatives from the Southeast Conference, other Healthcare employers, ASHNHA and the UA system. Details for the workforce assessment are below:



The University of Alaska Southeast, University of Alaska Anchorage, Bartlett Regional Hospital, the Southeast Alaska Regional Health Consortium, and Alaska State Hospital and Nursing Home Association have partnered with Southeast Conference to conduct a Southeast Alaska health care workforce analysis.

### Objectives

- **Measure** the future workforce needs of regional health care providers.
- **Understand** the trends and economic importance of health care in the region.
- **Identify** the challenges, gaps, and opportunities in meeting the region's health education and training demands.
- **Establish** a strategy-driven Southeast Alaska health care action plan.

### Steering Committee

Bartlett Regional Hospital: **Charles Bill**, **Dallas Hargrave**; Alaska Behavioral Health Association: **Tom Chard**; SEARHC: **Dan Neumeister**, **Alexa Koontz**; ASHNHA: **Jeannie Monk**; PeaceHealth: **Matt Eisenhower**; Petersburg Medical Center: **Phil Hofstetter**; Senior Citizen Support Services, Inc: **Sioux Douglas**; Alaska Pioneer Home: **Julie Sande**; University of Alaska: **Rick Caulfield**, **Jeff Jessee**, **Kathryn Craft**, and **Karen Carey**.

### Project Schedule 2019

- ▶ **February** - Steering committee formed
- ▶ **March** - Questions finalized and survey launched
- ▶ **February - July** - Committee workshops held to develop strategic action plan
- ▶ **August** - Data analysis, interviews, survey findings, and strategic action initiatives compiled into a regional healthcare publication
- ▶ **September** - Final Health Care Workforce Assessment and Plan presented at Southeast Conference



### Project Contact

Meilani Schijvens is the project manager through Southeast Conference:

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463-9234



There are 3,500 health care jobs in Southeast Alaska, and more are needed. As our population ages, health care needs increase, and regional providers experience higher patient volumes. Attracting and retaining workers can be challenging as demand across the U.S. is also up. By anticipating demand, we can educate Alaskans to be our future health care workers.



ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION



UAA College of Health  
UNIVERSITY OF ALASKA ANCHORAGE



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# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

[www.bartletthospital.org](http://www.bartletthospital.org)

## Chief Clinical Officer, William Gardner Board Report March 26, 2019

### Diagnostic Imaging Department

- Awaiting standup of Citrix environment for EEG kickoff
- Working to return to secure Remote connectivity to all Equipment in DI for real-time diagnosis of system issues and applications assistance
- Preparing to switch over to bill on administration for all contrast agents used in DI
- Finding creative solutions to make physician ordering process more user friendly. Primary obstacles: insurance requirements, legal requirements for order forms, staff resources
- Working with the ED to establish clear handoff with patient pick-up and return. Using a digital tracking board with symbols that initiate different courses of action

### Emergency Department

- Our Emergency Department is certified for level IV trauma. The certification is up for renewal this fall and we are gathering information to determine what we need to meet the requirements for recertification. So far the largest barrier appears to be that at least 7 providers would need to be ATLS (Advanced Trauma Life Support) certified. ATLS training will require either travel out of Juneau or finding instructors who will come to Juneau. Mark Johnson has assisted our department with finding both ACS (American College of Surgeons) and State standards/requirements for level IV designation.
- Working on ED dwell times and throughput (especially importing coming up to cruise season where there will be an added ship this season containing 5,400 passengers and crew)
- Implemented team huddles with providers and continuing to do bedside report

### Respiratory Therapy Department

- Updating PFT equipment
- Upgrade of Tracemaster in vendor decision phase

### Surgical Services Department

- Director to meet with Dr. Kopstein – potential new eye surgeon and working on his contract
- Working with Dr. Hightower, Orthopedic Surgeon, with his block time and getting the equipment he needs for his time in the OR



**Bartlett Regional Hospital**  
CFO Report - March 26, 2019 - BOD Meeting

**HIM – Rachael Stark**

1. Anxiously awaiting a kickoff call with Access Forms solution to begin implementation of a forms solution for Bartlett Regional Hospital.

**PAS – Angelita Rivera**

1. Still pending one more FT PAS Rep position, hopefully we can onboard them at next NEO.
2. We will be working with Rachael on the ACCESS electronic project implementation.

**PFS – Tami Lawson-Churchill**

1. Working on Policy Updates
2. Continued Staff Training/Education
3. Finalizing A/R in Legacy LSS System for Psych Outpatient
4. Implementation of 276 & 277 (Claim Status Request and Response) post back to Meditech
5. Acquired new NPI number for MDPP (Diabetes Prevention Program)

**Facilities – Marc Walker**

1. Staffing
  - A. The Maintenance Department has filled one open full time position with a Casual Employee and has an offer out to an individual to fill the second vacancy. There is one budgeted FY19 position that has not yet been approved.
  - B. BioMed is fully staffed.
  - C. Security is fully staffed, but as always looking for more casual officers.
  - D. Environmental Services is fully staffed. There is one budgeted FY19 position that has not yet been approved. The EVS Supervisor has announced his retirement for June of 2019. We are currently recruiting for his replacement.
  - E. Laundry is fully staffed.
2. Of Note:
  - A. The Main Server Room Fire Suppression System project is complete. The design team is currently reviewing the information submitted for the Operations and Maintenance Manual.
  - B. The MAB Roof Replacement project has been awarded. The pre-construction meeting has occurred and submittals are currently being received and reviewed.
  - C. The Pharmacy Clean Room project has a design team onboard with design workshops scheduled through the end of the month.
  - D. Other projects underway or are just getting started include: RRC Detox, ASU 11 Supply Fan replacement, Ventilation Improvement for the Laboratory, JMC Fire alarm replacement, SF1 heating coil water to glycol conversion, Rooftop Chiller #2 replacement, and Endoscopy Ventilation improvements.

**Case Management – Jeannette Lacey**

1. Case Management continues work with WSHA/ASHNHA Partnership for Patients project looking at reducing readmissions for multi-visit patients. A quarterly report will be available next month.
2. One annual goal for CM is: Optimize flow of information through the Revenue Cycle. We are working on improving processes with the Revenue Cycle team by having staff from one team department shadow staff from another team department, insurance verification from PAS was working with utilization review in Case Management this month; identifying gaps; and updating and creating new policies.
3. We are preparing for the 2019 cruise ship season and will have our annual planning meeting with hospital leadership, directors, managers, physicians, and Cruise Line Agency staff later this week.

**IS – Scott Chille**

1. Projects:
  - a. T-System cloud migration – Go-Live March 13<sup>th</sup> 01:00am

2. Patching – March 21<sup>st</sup> early morning downtime (rescheduled due to mass trauma)
  - a. Meditech will be offline as we are doing a Top-Off: midnight – 6:00am downtime
3. Core Switch software upgrade COMPLETE
4. Meditech Expanse, ED Module, Web Ambulatory
  - a. Working with key stakeholders to develop plans
  - b. Expanse tentative November, Web Ambulatory March 2020, ED Module still working out details
5. Security Risk Assessment Remediation
  - a. Security Awareness Advisory Board
    - i. First meeting to occur in March
  - b. Policies and Procedures currently being updated
  - c. Security Awareness Training –
    - i. Baseline Training 63% complete – 259 staff still need to complete baseline training
    - ii. Topic of the month training beginning in April – 5 – 10 minute segments reinforced with various engagement activities
6. See Infographic attached (as of March 14<sup>th</sup>)

**Dashboard** | Welcome

### Organization's Risk Score

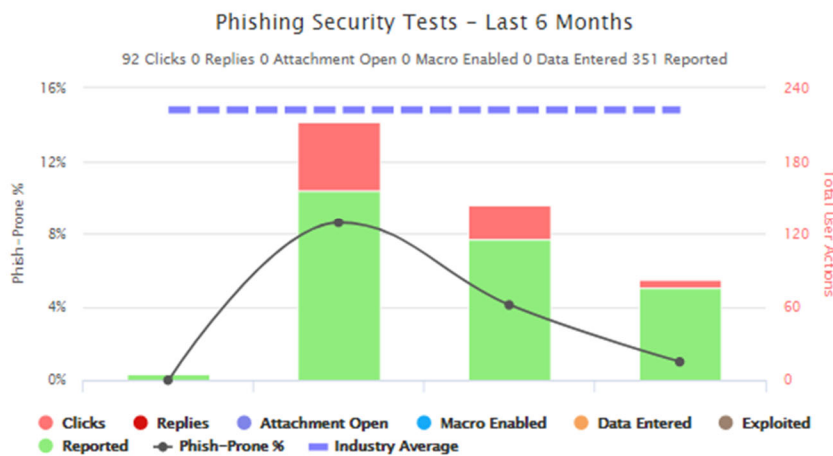


**20.8**

See our [Virtual Risk Officer \(VRO\) Guide](#) for details about how Risk Scores are calculated.

### Phishing

[See more phishing reports](#)



Industry Benchmark Data	
YOUR LAST PHISH-PRONE%	<b>1.0%</b>
INDUSTRY PHISH-PRONE%	<b>14.8%</b>

Industry:

Company Size:

Program Maturity:



# Bartlett Regional Hospital

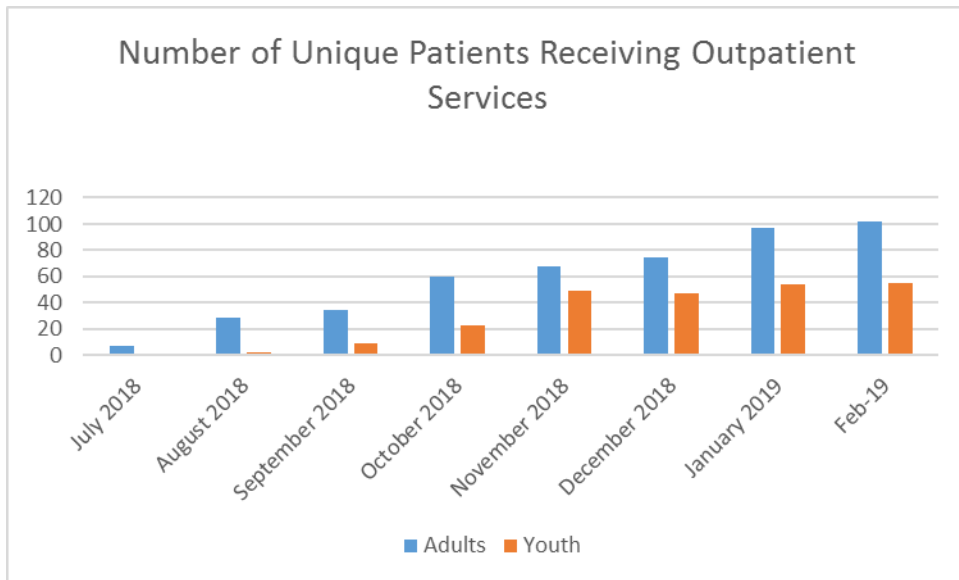
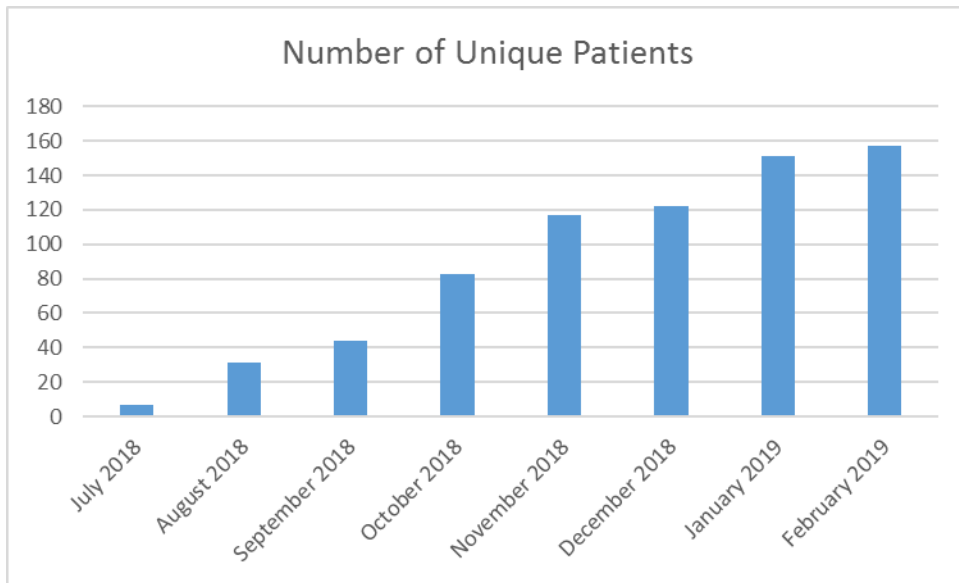
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## March 2019 Behavioral Health Board Report Bradley Grigg, CBHO

- **Psychiatry Update:**
  - **Dr. Joanne Gartenberg** (BRH Employee) providing administrative oversight to BH Medical Staff in addition to seeing patients at RRC, BOPS, and covering MHU (including call).
  - **America Gomez, Psychiatric Mental Health NP** (BRH Employee), is providing outpatient services to children, adolescents, and adults in addition to taking call.
  - **Dr. Joshua Sonkiss** (BRH Contractor) continues to provide weekday morning coverage at RRC, afternoon coverage at BOPS, and weekend coverage on MHU on a 7 day on/7 day off rotation.
  - **Tina Pleasants, Psychiatric Mental Health NP** (BRH Employee) starts employment Monday, March 25, 2019, providing weekday morning coverage at RRC, afternoon coverage at BOPS, and weekend coverage on MHU on a 7 day on/7 day off rotation, alternating with Dr. Sonkiss.
  - **Dr. Helen Short** (Locum) has extended her assignment through September 2019 while we continue to recruit for full time MHU coverage and call.
  
- **Psychiatry Recruitment Update:**
  - We continue to recruit for a full-time psychiatrist for MHU. Preference is for Board Certification in Adult & Child/Adolescent Psychiatry as we move forward with Crisis Stabilization Planning and Development.
  
- **Rainforest Recovery Center:**
  - Daily Average of 11.20 patients in February 2019, with an average length of stay 20.78 days.
  
- **Mental Health Unit:**
  - Daily Average of 11 patients per day in February 2019, with an average length of stay 16 days.

**- Bartlett Outpatient Psychiatric Services:**

- BOPS has extended its hours on Mondays and Wednesdays to 7pm to accommodate work and school schedules for patients and their families. We are seeing success in that every time block offered in those extended hours offered since February 1, 2019 has been full.
- Medication Assisted Treatment (“MAT”)
  - BOPS has served 39 unique MAT patients since July 1, 2018; our target goal for the FY19 grant was 35. All of our medical staff have credentials necessary to provide MAT services.
- Outpatient Services FY19 year to date:
  - As of February 28, 2019, BOPS has seen 157 unique individuals for Outpatient Services; of which 102 are adults (aged 18 and older) and 55 are youth (aged 17 and younger)



- **Grants Update:**
  - **Crisis Stabilization:**
    - Bartlett Behavioral Health was awarded a \$2 million grant (\$1.5 million operational/\$500k capital) to develop and implement this program.
    - March 3, 2019: The AK Mental Health Trust Authority in Anchorage, accepted our request for funding and is moving forward with the formal application process.
      - Next Steps:
      - Formal Grant Application is due on April 12, 2019
      - Funding determination will be made by June 1, 2019.
  - **Other Crisis Grant Opportunities:**
    - The MH Trust is partnering with Premera and the designated funds Premera has obligated for the development of rural Crisis Stabilization Services in Alaska pursuant to the recent corporate tax law changes.
    - March 28, 2019 – Joint meeting with Bartlett Behavioral Health, Alaska MH Trust and Premera to discuss capital funding needs for the BRH Crisis Stabilization Program.
  - **Other Grants Update:**
    - March 7, 2019 - Bartlett Behavioral Health was awarded a grant by the State of Alaska to develop Ambulatory Detox Services. Start date is April 1, 2109. Duration FY19-20 totaling \$355,000 operational funds, mostly to cover personnel costs for Psychiatry and Psychiatric NP Staff.
    - Comprehensive Behavioral Health Grants Update (“CBHTR”) – Competitive RFPs posted for the following services, all for which BRH will be applying:
      - Substance Use Disorders Residential and Outpatient Treatment.
      - Psychiatric Emergency Services (Emergency Assessment Funding)
      - Essential Equipment Grant for Behavioral Health Service Delivery
      - Proposals are due April 5, 2019
- **Crisis Stabilization Update:**
  - Ongoing meetings with Emergency Department, Hospitalist Service, and Psychiatry to have developed protocols to begin serving patients who are boarding, either awaiting an open bed by providing psychiatric/therapeutic treatment services while boarding in hopes of stabilizing for possible discharge back home. Our services in the hospital will be limited during this time, due to only have one bed on the Medical Floor
  - Since January 1, 2019 we have served 18 patients under the Grant who are considered “Crisis Stabilization,” 8 of whom are youth aged 10-17. Average length of stay has been 4 days.
- **Sleep-Off Update:**
  - Current dialogue with City Manager’s Office, CCFR, and BRH is identifying an alternative site and provider for sleep-off services.
  - Recently, St. Vincent de Paul has joined the dialogue as a potential partner with CCFR to house and provide staffing for a sleep off center in the community.

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## March 2019 Board Report Chuck Bill, CEO

We are in the middle of a time of uncertainty as far as the impacts of the proposed State and Federal budgets on Bartlett Regional Hospital. Suffice it to say, if either or both of the budgets get implemented without changes, we will be devastated financially. Both budgets will change and I am active, through ASHNHA, on the advocacy front to assure that our voice is heard while these changes are crafted. I will testify at the public hearing of the House Finance Committee on Friday evening, 3/22.

I'm including a 2 page document from ASHNHA which gives a summary of where things are currently and talking points for use in discussion with legislators and the public. I'm somewhat concerned that most of the editorials have focused on other areas of the budget cuts, not healthcare.

Some positive notes:

- We continue to receive grant monies for behavioral care and crisis intervention (see Bradley's report)
- We will send a draft employment agreement to the Ophthalmologist, Dr. Andy Kopstein on 3/20 or 3/21

I will be at the AHA annual meeting from 4/6 – 4/11. This will give me an opportunity to meet with our legislators and work on the Federal Budget for Healthcare and the Rural Demonstration Project.



## Governor's DHSS Budget Quick Facts and Talking Points

### Overall Medicaid Services reduction:

\$249 million general funds  
\$465 million federal funds  
 \$714 million total reduction

The Medicaid Services general fund budget is reduced by \$249.2 million in general fund dollars and \$465 million in federal matching funds. The majority of this reduction is in unallocated cuts to the Medicaid program.

Medicaid Services - General fund (GF)	Millions
Eliminate Medicaid Adult Dental	\$ 8.27
Medicaid reform - 4th year	\$ 6.44
Implement Medicaid cost containment measures and reform initiatives	\$ 225.00
Unidentified cuts	\$ 9.49
<b>Medicaid Services - Total GF reduction</b>	<b>\$ 249.20</b>

Medicaid Services	FY19 Mgmt	FY20 Governor Amended	Change
<b>UGF</b>	\$ 661,216	\$ 411,999	-\$249,216.80
<b>DF</b>	\$ 902	\$ 902	\$0.00
<b>Other</b>	\$ 12,480	\$ 13,111	\$631.50
<b>Federal</b>	\$ 1,591,069	\$ 1,125,592	-\$465,476.60
	<b>\$ 2,265,666</b>	<b>\$ 1,551,604</b>	<b>-\$714,061.90</b>

All numbers in millions

UGF - Undesignated General Funds, DF - Designated Funds

### The most significant general fund cut (\$225 million) is described as follows:

"DHSS will implement a combination of cost savings and containment measures to achieve this decrement including but not limited to: Implementation of Diagnosis Related Group (DRG) and Resource Utilization Group (RUG) payment structures across eligible facility types; provider rate and inflation changes; implementation of utilization management for certain designated services; increased travel pre-authorization and review; streamlining pharmacy payment and coverage initiatives; review of eligibility determinations; and the implementation of cost containment measures outlined in AS 47.07.036."

During the press availability, OMB, shared that the cuts would be coming from Medicaid provider rates.

### Other DHSS cuts:

- WWAMI funding zeroed out of the budget
- Pioneer Home rate increase to cover full cost of care. Payment assistance available to support existing residents. Eventual privatization.
- Privatization of Alaska Psychiatric Institute, positions transferred to contract
- \$1 million from substance abuse and treatment grants
- \$1 million from front-line social workers
- \$3.4 million from Juvenile Justice facilities and programs (close Nome facility)
- \$35.4 million from public assistance: \$14.7 million from adult public assistance, \$16.9 million from tribal assistance programs and \$3 million from public assistance field services
- Repeal Senior Benefits Payment program (nearly \$20 million removed)
- Repeal hold harmless program (\$17 million)
- \$2.5 million out of the nursing budget contained in Public Health
- \$1.38 million from human services community matching grants

## Key Talking Points

- The Governor's budget proposes a reduction of over \$700 million, almost a third of the total Medicaid budget. The cuts are largely unallocated. All Alaskans will be impacted, with significant impact on vulnerable populations.
- The proposed Medicaid cuts would reshape the entire health care infrastructure of the state. Hospitals and nursing homes would close, providers would leave the state and all Alaskans would face reduced access to care.
- The Department has not presented a plan to achieve the reduction. Cuts of this magnitude will dramatically reduce services, eligibility, and provider rates. CMS approval will be needed. Achieving approval for major program changes by July 1, 2019 is unrealistic.
- In 2016, a bi-partisan group of legislators, and advocates from all parts of the health and social services sectors worked together to pass SB74 to redesign the Medicaid program.
- Through implementation of SB 74, Alaska now covers 70,000 + more people through Medicaid with the same amount of general fund dollars we spent in 2015. This was achieved through better coordination of care, improved information sharing, and refinancing general fund programs with Medicaid dollars.
- Hospitals have been part of the solution, implementing the EDIE system to improve care in emergency departments and reduce unnecessary visits.
- Increased coverage has made substance use disorder treatment services more available by providing a payer source for those Alaskans struggling with addiction to opioids and alcohol.
- Stable Medicaid funding is essential for hospitals and other providers to invest in expanding behavioral health capacity. Investment will not happen if Medicaid is under constant attack
- Drastic cuts to Medicaid won't make Alaskans' acute and chronic health care needs go away, and it won't address the burden of mental health and substance use/misuse on Alaska's families. It will simply force many Alaskans to access care in the most expensive and least appropriate setting to meet their needs.
- Health care is a major contributor to the state's economy, with nearly one in 10 jobs in health care. Just over 40% of the 31,837 jobs in health care are in hospitals; hospitals are also among the largest employers in the state.
- Let's work together to continue to reform Alaska's Medicaid program to achieve the vision of improved health and increased value.
- There is more work to be done and Alaska hospitals and nursing homes want to be part of the solution.

## Title 40.15.060 option analysis from CBJ Law

The Board has the ultimate authority as the Governing Board of the Hospital. (CBJ 40.05.020). Any change to the code is subject to approval by the Hospital Board and then by the CBJ Assembly. The Medical Staff shall be called upon to “advise” on professional problems and policies. (CBJ 40.15.020).

For example, the Hospital Board has the authority to appoint hospital medical staff after receiving recommendations of the hospital medical staff. (CBJ 40.15.030; Medical Staff Bylaw 7.2(d)). The Medical Staff has the authority to forward recommendations on staff appointments to the Hospital Board. (Medical Staff Bylaw 7.2(c)). The Hospital Board can reject or accept the recommendation of the Medical Staff. (Medical Staff Bylaw 7.2(d)). Clinical privileges means permission granted by the Board. (Medical Staff Bylaw 1.1(13)). The contracting provision at issue here falls under similar authority. (Additionally the Hospital Board has the final approval of the Medical Staff rules and regulations (CBJ Code 40.15.040; Medical Staff Bylaw Article XIII)). The Medical Staff has the authority to “make reports and recommendations to the hospital board of directors concerning clinical care at the hospital.” (CBJ Code 40.15.050(5)). The Board has the authority to deny an application or request from the medical staff. (CBJ Code 40.15.080).

We cannot use the language “approved by” as that means that the Medical Staff has the authority to deny an action within the authority of the Board. There are similar concerns with “concurrence” as that means that the Board could not take an action without concurrence. The Medical Staff has the authority to make recommendations but cannot make ultimate decisions of issues that are under the Board’s authority

However, we have listened to the concerns of the Doctors, who are concerned that “after considering input” does not give the medical staff the voice or the respect that they deserve. We have come up with this option, which addresses their concerns and keeps us in line with the law and fits directly within CBJ 40.15.020 and the Medical Staff and Board bylaws:

### 40.15.060 – Contract for rendering professional services

With documented need, as recommended by the Recruitment Committee and after **receiving advice** from Medical Staff, the hospital Board of Directors may contract with physicians and other medical providers for the rendering of professional services under terms and conditions that comply with applicable local, state, and federal healthcare laws and regulations.

This gives the Medical Staff three places to have their voice heard in the process:

1. In the Recruitment Committee. There are three doctors on this committee that represent Medical Staff interests in making a recommendation;
2. Medical Staff advice to the Board: in whatever form they want to give it. I assume a report from Medical Staff to the Hospital Board similar to the credentialing report;

## Title 40.15.060 option analysis from CBJ Law

3. At the Hospital Board meeting, with several avenues:
  - a. Through representation on the Board (such as Dr. Urata),
  - b. or by testifying/presenting at the Board meeting through the Chief of Staff, who represents the views of the Medical Staff to the Hospital Board (Medical Staff Bylaws 3.7(a)(6))
  - c. or by individually testing/presenting as a public member on an issue before the Board

This compromise keeps us within the law but gives the Medical Staff the voice they are asking for.



# April 2019

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9 7:00am Credentials Committee <b>(NOT A PUBLIC MEETING)</b>	10 7:00am Finance Committee Meeting <b>(PUBLIC MEETING)</b>	11	12	13
14	15	16	17	18	19	20
BRH Board members attending Governance Institute Leadership Conference in Scottsdale, AZ April 14 - 17						
21 	22	23 5:30pm Board of Directors <b>(PUBLIC MEETING)</b>	24	25	26	27 5:00pm Employee Service Awards Banquet <b>**TRAM (NOT PUBLIC)</b>
28	29	30				

**Committee Meeting Checkoff:**

- Board of Directors – 4<sup>th</sup> Tuesday every month
- Board Compliance – 2<sup>nd</sup> Tuesday every 3 months (Mar, Jun, Sept, Dec)
- Board Quality- 2<sup>nd</sup> Wednesday every 2 months (Jan, Mar, May, July, Sept, and Nov.)
- Executive – As Needed
- Finance – 2<sup>nd</sup> Wednesday every month

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