
MINUTES – BOARD OF DIRECTORS MEETING

DATE: March 24, 2026
LOCATION: BRH Boardroom and TEAMS Videoconference

- I. **CALL TO ORDER** – 5:00 p.m. by Deborah (Deb) Johnston, Board President
- II. **LAND ACKNOWLEDGEMENT** – Mr. Letterman provided the land acknowledgement: *Gunalchéesh* to the Tlingit, Haida and Tsimshian people. We respectfully acknowledge them as the original inhabitants of Southeast Alaska. Bartlett Regional Hospital is located on the homelands of the *Áak'w Kwáan*. We are grateful to provide services in your ancestral homeland and to be a part of this community.
- III. **ROLL CALL**
Board Members Present: *(Virtual attendees italicized)*
President: Deb Johnston, **Vice President:** John Raster, MD, **Secretary:** Hal Geiger, Lisa Petersen, Chris Letterman, Jeanne Monk, Brent Tingey, DMD and Dorothy Hernandez, MD.

Absent: Max Mertz

Also Present: *(Virtual attendees italicized)* Joe Wanner, Kim McDowell, Angela Davis, Gail Moorehead, Chad Brown, Jodie Totten, MD, Deb Koelsch, Melissa McCormick, Aaron Langlois, Cody Murray, Alicia Hughes-Skandijs, and Anita Moffitt.
- IV. **APPROVAL OF AGENDA** – *MOTION* by Dr. Raster for the Board of Directors of Bartlett Regional Hospital (BOD) to approve the agenda as presented. Ms. Monk seconded. There being no objection, *MOTION* approved.
- V. **PUBLIC PARTICIPATION** – None
- VI. **CONSENT AGENDA** – *MOTION* by Dr. Raster for the BOD to approve the consent agenda. Mr. Letterman seconded. There being no objection, *MOTION* to approve consent agenda consisting of the February 24, 2026, BOD meeting minutes, January 2026 Financials, Final FY25 Audit Report and the Home Health and Hospice Quality Improvement (QAPI) Plan approved.
- VII. **OLD BUSINESS**
Hospital Capacity Update - Kim McDowell, CNO/COO reported patient days in February: CCU – 66 , Med Surg – 352, MHU – 241, OB – 73, and Newborn Nursery 51; the Emergency Department saw 879 patients. We have 3 long-term care patients and 1 sub-acute rehab patient waiting for placement elsewhere. Dr. Raster initiated a discussion about what constitutes a full house when we implement code triage and how it relates to a Critical Access Hospital (CAH) designation. Ms. McDowell explained what is involved when implementing a code triage. Mr. Wanner explained that the mix of patients is actually more important than the number of bodies in a designated CAH.

At 5:07pm, Ms. Johnston acknowledged that Dr. Hernandez has joined the meeting.

Home Health and Hospice (HH&H) Services Update – Ms. McDowell introduced Aaron Langlois as the Interim Director of HH&H. Mr. Langlois reported the average daily census (ADC) for Home Health services was 22 in February with the average length of stay (LOS) 45 days. Hospice ADC for the month of February was 5 and the average LOS was 205 days. He reported Home Health and Hospice services had a combined total of 10 admissions in January, 2 of which were Hospice. 8 total admissions in February, 2 of which were Hospice. 18 admissions in March so far, 3 of which are Hospice with a potential of 4 more Hospice admissions this week. He reported that in the 6 weeks he has been here, he has found a mission driven and dedicated team here that is committed to delivering high quality patient care. His focus has been to optimize processes to make things more efficient and less duplicative to get patients on service as quickly as possible. Some of the things he has accomplished in the time he's been here include an extensive operational review, one on one meetings with key leaders in the organization, new and ongoing clinical education with operational and clinical resources available to staff.

Wildflower Court (WFC) Update – Ms. Koelsch reported WFC's ADC in February was 47, current census is 50. Occupancy rate was 75.34%. Construction is still having an impact on the occupancy rate. We anticipate call light testing will only take a couple of more days and then we can open these rooms back up.

- VIII. Bartlett Regional Hospital Foundation (BRHF) Update** – Ms. McCormick reported the following: We are receiving a lot of positive feedback on the birthday gift card program launched in January. Grace and Phil Edelman Health Science Scholarship applications for the 2026–27 academic year are due May 15th. The BRHF, in support of what is currently being called the 2026 Bartlett Loves Babies Campaign, is procuring contents for the baby boxes to be released in the Spring. The OB Department is holding a contest to determine the name that would best reflect what we are procuring for the baby boxes. The BRHF funded BRH's Snowpocalypse Carpool Challenge drawing in which several staff members received a total of 35,000 Alaska Airlines/Atmos miles for their participation. BRHF has invested \$36,893.09 in BRH from January 1, 2026, through March 18, 2026.

IX. NEW BUSINESS

A3 Presentation – Mr. Murray presented an overview of an A3 to improve resilience to burnout. The recent employee engagement survey conducted by Press Ganey indicated BRH had a higher than national average level of burnout. This continues to be a systemic issue facing staff at all levels. The goal of this A3 is to reduce employee burnout and occupational stress by providing structured, equitable access to onsite physical activity during breaks and lunch periods. Plans to meet this goal are to identify a location for exercising, outline participant requirements and developing an onboarding process. Options for expanding the program include sharing monthly health tips, home exercises of the month, optional participant challenges and integration into Health Yourself Rewards. Success will be measured by the number and percentage of eligible employees enrolled, booking utilization rate, and annual Press Ganey Burnout scores. Mr. Murray will meet with Human Resources and Employee Wellness to discuss feasibility of this program and location planning. It's important for the location to not allow overlap with patient care. There is equipment not currently in use that could be re-allocated for this program.

Level IV Trauma Hospital Designation – Ms. McDowell reported BRH has submitted to the Department of Health and Social Services (DHSS), a request for a reverification site visit relative to our Level IV trauma facility designation. The preferred time frame for the surveyors' visit would be between December 1st and 31st of this year. Designation of facilities as Level IV trauma centers is made by the State of Alaska based on recommendations from the surveyors and the Board of Directors' resolution to provide the resources necessary to achieve and sustain a Level IV designation. Dr. Raster initiated a discussion about the category difference between level III and level IV. Ms. McDowell stated that Level

III is too far out of our range due to the criteria requirements. Dr. Totten reported that the ER, Trauma Committee, and Medical Staff support this Level IV designation.

MOTION by Dr. Raster for the BOD to approve the hospital board's resolution to sustain a Level IV Trauma Hospital designation. Dr. Hernandez seconded. There being no objection, MOTION approved.

- X. MEDICAL STAFF REPORT** – Jodie Totten, MD., Chief of Staff (COS), reported the hospital has been pretty busy. Implementing the Code Triage and the operating rooms running late has added extra strain on staff. The March 10th Medical Staff meeting was business as usual. The Medical Staff approved a similar resolution in support of the Level IV Trauma Hospital Designation. She thanked BRH and the Board for supporting the Southeast Regional EMS symposium that is taking place this week.

XI. COMMITTEE MEETING UPDATES

Planning Committee – Dr. Raster reported minutes included in the packet from the March 6, 2026, meeting accurately reflect the conversations from the meeting. Construction on the ED Renovation Project will begin very soon (mid-April).

Quality and Compliance Committee Meeting – Ms. Petersen reported minutes from the March 19, 2026, meeting accurately reflect the conversations from the meeting. It had been noted that there was not a quorum at the January 22nd meeting. Action items from the January meeting will be presented at the May meeting for approval and then put before the BOD again for approval. Mr. Reynolds had presented the Home Health and Hospice QAPI Plan for approval by the committee. The committee did approve the QAPI Plan and forwarded it to the board for final approval. The committee also agreed that they will meet at 3:30 p.m. on the third Thursday, every other month going forward.

Finance & Audit Committee Meeting – Ms. Monk reported the minutes from the March 20, 2026, meeting accurately reflect the conversations of the meeting. There had been quite a bit of time discussing the final financial audit report and the remediation efforts to address the findings. The monthly FTE report was also reviewed. 75% of the increase in FTEs can be tied to strategic growth and the expansion of services. January financials were also reviewed. She stressed the importance of all board members to review and pay attention to the finances of the hospital. Ms. Johnston reminded all board members that they are welcome to attend the finance meetings and that recordings of the meetings are available on the BRH website. Ms. Monk reported an action item was approved by the committee for the replacement of OR lights and is now before the board for final approval.

MOTION first and seconded from the Finance Committee for the BOD to approve the CoMedical quote in the amount of \$136,408 as well as an additional amount, not to exceed \$50,000, for a total amount of \$186,408 for electrical installation and incidentals for the replacement of the OR lights as presented. There being no objection, MOTION approved.

- XII. ADMINISTRATION REPORTS** – Mr. Wanner began his report by stating that we have a duty to evaluate and seek balance in what we do here at BRH. The Triple Aim framework, put forward by the Institute of Healthcare Improvement in 2008, gives guidance that we should look at quality, access to care, and cost of care when making decisions. Expanding it to Quadruple Aim would include employee and physician engagement. He reported that we are waiting on the State to make decisions about the Rural Health Transformation Program and hope to have more information by next month's Finance Committee meeting. From the legislation considerations, the big thing of importance to BRH is the nurse licensure compact. Stroudwater was here in early March to meet with leadership and directors to conduct a strategic and financial review of our processes. Some process changes have already taken place in areas identified in their initial report. Stroudwater will provide their final report in 6 – 8 weeks. Some of the issues identified were already known to us, some were not. Ms. Johnston noted Stroudwater will come back with best practice recommendations to help us put a plan together on how

to move forward. This review is being funded through the Rural Development U.S. Department of Agriculture (USDA). Mr. Wanner also reported we had an allegation of staff safety. This resulted in an inspection by Occupational Safety and Health Administration (OSHA) over the last two weeks which resulted in no findings.

XIII. CBJ LIAISON REPORT – Ms. Hughes-Skandijs reported she had not attended the meeting where BRH presented its budget to the Assembly. There is a special pre-finance meeting to introduce budget legislation scheduled to take place on April 1st. Reports from the community feedback sessions will be reported at the next Assembly meeting. There will be a secondary meeting held soon regarding Eagle Crest. She reported the City Manager’s office had shared the list of the Rural Health Transformation Letters of Interest (LOI) and wants to know how the City can best support BRH when we hear back from the Department of Health (DOH) about the next stage of applications.

XIV. PRESIDENT REPORT - Ms. Johnston reported we are looking at a compensation program with measurable goals for the CEO. We would like to bring the concept of measurable goals down to the leadership level as well. Ms. Johnston has appointed an ad-hoc committee to look at different options. This committee consists of Ms. Johnston, Ms. Monk and Mr. Mertz. The committee will do the leg work and report back to the full board.

XV. BOARD CALENDAR – April 2026 calendar reviewed. No changes requested.

MOTION by Dr. Hernandez for the BOD to approve the April 2026 calendar as presented. Dr. Raster seconded. There being no objections, MOTION approved.

XVI. BOARD COMMENTS AND QUESTIONS - None

XVII. EXECUTIVE SESSION

MOTION by Dr. Raster for the BOD of Bartlett Regional Hospital to recess into executive session to discuss several matters as noticed 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, patient safety dashboards, and legal updates.*

Dr. Hernandez seconded. There being no objection, MOTION approved.

The Board entered executive session at 5:54 p.m. Regular session resumed at 6:21 p.m.

MOTION by Dr. Raster for the BOD to accept the credentialing report as presented. Dr. Tingey seconded. There being no objection, MOTION approved.

XVIII. ADJOURNMENT – 6:22 p.m.

Next Meeting: 5:00 p.m. Tuesday, April 28, 2026