

# Bartlett Regional Hospital

Minutes  
BOARD OF DIRECTORS MEETING  
September 27, 2022 – 5:30 p.m.  
BRH Boardroom and Zoom

**CALL TO ORDER** – Due to technical difficulties, the camera and microphone in the Boardroom were not available at the start of the meeting. Mr. Solomon-Gross, Board President, started the meeting from his laptop and called the meeting to order at 5:32 p.m. He identified attendees.

**BOARD MEMBERS PRESENT** (*Zoom attendees italicized*)

Kenny Solomon-Gross, President	Brenda Knapp, Vice President	Deb Johnston, Secretary
Mark Johnson	Hal Geiger	<i>Iola Young</i>
Max Mertz	Lisa Petersen	<i>Lindy Jones, MD</i>

**ALSO PRESENT** (*Zoom attendees italicized*)

David Keith, CEO	Bob Tyk, Interim CFO	Tracy Dompeling, CBHO
<i>Cindy Carte, HR Manager</i>	<i>Joseph Roth, MD</i>	<i>Barbara Nault, Legal Advisor</i>
<i>Robert Palmer, CBJ Attorney</i>	<i>Michelle Hale, CBJ Liaison</i>	Anita Moffitt, Exec. Assistant
Nate Rumsey, Business Development	Nathan Overson, Compliance	Sam Norton, Interim IT Dir.
Gail Moorehead, Quality Director		

Mr. Tyk introduced Sam Norton, Interim IT Director. Mr. Norton has a lot of experience with Meditech and interim coverage.

**APPROVE AGENDA** – Mr. Solomon-Gross added **Land Acknowledgement Update** as item C under Old Business on the agenda. **MOTION by Mr. Geiger to approve the agenda as amended. Ms. Johnston seconded. There being no objections, agenda approved.**

**PUBLIC PARTICIPATION** – None

**CONSENT AGENDA** – **MOTION by Mr. Geiger to approve the consent agenda. Ms. Johnston seconded. There being no objection, the August 23, 2022 Board of Directors Minutes and July 2022 Financials approved.**

**OLD BUSINESS**

**Covid-19 Update** - Ms. Dompeling reported 3 employees out with Covid, 0 Covid positive patients in house. PPE and testing supplies are good but we are watching the supply chain due to hurricane activity. Dr. Jones reported the ER is still seeing Covid patients on a daily basis, one of them medevacked yesterday. Employee Health is holding clinics for employees to receive Covid boosters and flu shots.

Technical issues with Boardroom equipment resolved at 5:41pm.

**Family Practice Building Acquisition** – Mr. Rumsey reported BRH representatives were able to do a walk-through of the Family Practice building last Friday. In response to the seller’s concerns, Dan Bleidorn has requested the City Attorney’s help to determine whether BRH’s list of recommended maintenance items for owners to complete before finalizing the sale was submitted to the owners in a timely fashion. Mr. Rumsey will meet with Mr. Walker to obtain more information and will then work with Senior Leadership to come up with a recommendation on how to proceed.

Mr. Rumsey, Ms. Mow and Ms. Nault are reviewing lease agreements with existing tenants of the building and will draft appropriate lease agreements for when BRH takes ownership. Ms. Knapp initiated discussion about maintenance/repair item expectations. Mr. Keith noted these items will be part of negotiation process. We will prioritize them and determine which ones we are willing to negotiate on and which ones we are not. Mr. Rumsey explained the timing of the signing of the purchasing agreement and when the list of maintenance items was submitted to the owners. Dr. Jones stated that the owners are community minded individuals that want the best for BRH and the community. He is confident we can work out an agreement. Mr. Mertz agreed and stated we need to be respectful of closing this agreement in a reasonable amount of time.

**Update on Land Acknowledgement** – Mr. Geiger reported he and Ricardo Worl are working together to build the ad-hoc committee charged with gathering public comment on incorporating a land acknowledgement into our Board meetings and bringing a recommendation back to the Board for consideration. Erin Hardin is the BRH staff representative to assist the committee.

## **NEW BUSINESS**

**Charity Care Program** – Mr. Tyk reported a synopsis of the Charity Care packet is included in tonight's packet. This program allows patients to receive medically necessary services at reduced or no charge if they meet eligibility requirements. He provided an overview of the requirements and the screening process to determine eligibility. Patients that don't qualify for a full write-off are asked to submit a payment plan for the remaining portion of their bill. This program does not cover services rendered and billable by an independent medical professional (radiologist, pathologist, ER physician, etc.) Applications are available in the Patient Financial Services (PFS) Department, via mail and on our website. All self-pay patients are offered this program during the admissions process and follow up by the Patient Financial Counselor. Dr. Jones reported that JEMA (Juneau Emergency Medical Associates) has mirrored BRH's Charity Care Program. If patients are eligible for charity care with BRH, they are eligible with JEMA. Ms. Johnston initiated conversation about eligibility of under insured patients. Under insured patients do not qualify for the program since patients that have insurance cannot apply for Medicaid. Applying for Medicaid is a requirement for the program. Mr. Tyk stated the current policy has been in place for quite some time and could be changed to help people in an under insured or other disqualifying situation. Mr. Keith reported that he and Mr. Tyk will review the policy and provide feedback to the Board. Mr. Johnson requests a consistent policy that ensures coverage for everyone in need of assistance. Ms. Knapp would like to know what the financial impact is going to be on revenue by expanding the charity care program.

**Medical Respite** - Mr. Tyk provided highlights from the Medical Respite Program write up included in the packet. This began as a pilot program in 2010 for indigent patients with contagious illnesses unable to congregate or return to shelters. Due to the success of the program, continued support funding of \$5,000 per year was paid in equal parts by CBJ and BRH. In more recent years, prior to the pandemic, funding moved to the Juneau Community Foundation. The Juneau Coalition on Housing and Homelessness receives a large block grant each year that they divide between programs as the Coalition determines, medical respite had been receiving \$5,000 per year. We have requested an increase amount this year due to the significant increase in need and less involvement by the initial program partners. We have been notified that we have \$13,000 available to us through that fund with some additional rollover funds from FY22. We expect information about that amount in about a month. Respite needs increased in 2020 due to the pandemic and funds for the program were quickly depleted resulting in BRH and CBJ contributing additional funds and FEMA funding was secured to cover costs of quarantine and isolation. Federal funding ended on June 30, 2022. Rooms in the primary hotel used for medical respite have been booked since March of 2022 so all medical respite needs were met with other hotels and covered by BRH with reimbursement from CBJ. Due to the very limited number of rooms during the tourist season and Ironman competition, BRH reserved blocks of rooms at the Driftwood Hotel in anticipation of isolation needs through August 2022. If these patients had no place to go, they would wind up in BRH. The number of persons needing to quarantine will ebb and

flow but we do not expect to need to hold rooms through the winter months. BRH recently paid the Driftwood Hotel \$24,000 for rooms reserved for medical respite, some had not been used. Efforts are in progress to define a more sustainable, long-term system beyond the previous program since we expect to have continued increase in utilization from what we had prior to the pandemic. Mr. Keith stated the concern is that there are no boundaries around this program and the cost have gone well beyond expectations. It's now an ethical dilemma to decide at what point we can't afford to continue doing this much of the program and how do we reprioritize. The reality is that CBJ and BRH has taken over a program that they can't really afford in the capacity it is being presented today. He and Mr. Tyk have a meeting scheduled with Robert Barr and others to discuss what we can and can't afford as well as boundaries of the program and the need to stick to them.

**CEO Goals** – Mr. Solomon-Gross provided an overview of the CEO goals included in tonight's packet. He worked with Mr. Keith, Mr. Hargrave, the Governance Committee, Mr. Geiger to develop these goals. They are in no particular order. Mr. Mertz suggested goal #3, *establish a formal board orientation process for new board members*, should be removed since there are bigger issues to address. Ms. Johnston agreed, it is important but doesn't need to be included in the goals. Mr. Geiger disagreed. Ms. Knapp highlighted the orientation process and suggested the Governance Committee review it and make recommendations. Ms. Petersen reported that she had researched and downloaded materials on board responsibilities and would be happy to share. Mr. Solomon-Gross feels it's an important and easily attainable goal to develop a robust onboarding process. Mr. Keith stated orientation is about strategic alignment of the organization; the alignment goes well beyond the organization. BRH is tied to CBJ with nuances that Board members may or may not understand and we are building operational tactics for a new strategic plan that most Board members are unaware of. Orientation goes well beyond who the contacts are and what the responsibility and accountabilities of the board members are. It's truly understanding the goals, objectives, strategies and priorities of the organization and how we work in a model so tightly in alignment with the city. Regardless of whether this goal is included in the goals or not, we are working on it. Ms. Hale expressed appreciation for what Mr. Keith said. BRH is the most complex organization in the city and its Board has incredible responsibility; financial responsibility to the city and for the health and welfare of the people in the community. The Board should be aware of what keeps the CEO up at night. She agrees with Mr. Keith regarding understanding strategies and strategy alignment. Mr. Keith stated items listed in his management report are topics that are important to him and Senior Leadership. They are parts of bigger issues, easy to measure and quantify and some fit into the set goals. The goals were identified with Mr. Keith's input. ***MOTION by Mr. Geiger on behalf of the Governance Committee to approve the CEO goals as presented. There being no further discussion or objection, MOTION approved.***

**MEDICAL STAFF REPORT** – Dr. Roth thanked Board members for serving on the board. He then reported the following: Recent articles in the New York Times about hospital charity care programs might be of interest to the Board. It was status quo at the September 6<sup>th</sup> Medical Staff meeting. Medical staff is aware that SLT is working on it but they have concerns about radiology and orthopedic services coverage. There are also concerns about Hospice and Home Health services. Without them, people have to stay in the hospital because there is no place to send them. He encourages BRH and CBJ to help in any way possible so these services can continue. He observed that Wildflower Court has shut down one wing of their facility and encourages BRH to work with them to help move patients out of the hospital. He reported Medical Staff is not supportive of the hospital's plan to put in an outpatient pharmacy as part of the ER expansion project. Mr. Keith reported he has had conversations with Wildflower Court leaders and will provide more information during his report. In response to Ms. Petersen, Dr. Roth reported the opposition to an outpatient pharmacy is that it would be in direct competition with local pharmacies in the community. Dr. Jones reported ER physicians support an outpatient pharmacy to avoid complications from patients not being able to get prescriptions filled after pharmacy hours or having to go pick up prescriptions when they have a contagious illness. Mr. Keith requested further dialog, particularly about why an outpatient pharmacy would be perceived as competition. Dr. Roth explained BRH's plan was to open the outpatient pharmacy to CBJ employees,

not just ER patients needing medication. This would be direct competition with local pharmacies and would be burning bridges in the community, not building them. There are ways to make an outpatient pharmacy work, but not the way it was presented. An outpatient pharmacy at BRH would hurt Ron's Apothecary and Juneau Drug much more than it would one of the box store pharmacies. Mr. Mertz stated that he's sensitive to competition and feels that BRH should be doing things to nurture business such as Ron's and Juneau Drug. He also thinks it's worth evaluating the impact that an outpatient pharmacy would have. In response to Ms. Knapp, Dr. Jones reported there are lots of concerns about patients not being able to get prescriptions filled when they leave the ER. They are sent home with enough medication to get them through until they can get to a pharmacy in a reasonable amount of time. Mr. Keith stated that everything we do in Juneau is a partnership. It's not a one size fits all and can't be one sided. There are plenty of opportunities that would work to meet the needs of our community.

Mr. Solomon-Gross called for a brief recess. The meeting recessed at 7:02pm and resumed at 7:15pm.

#### **COMMITTEE REPORTS:**

**Planning Committee** – Ms. Knapp reported minutes from the September 2<sup>nd</sup> meeting in the packet. Many of the topics that were discussed are covered in Mr. Keith's report. The next meeting will be held on October 7<sup>th</sup>.

**Finance Committee** – Ms. Johnston reported the minutes from the September 9<sup>th</sup> meeting accurately reflect the discussions from the meeting. Financials were reviewed and the Charity Care Program and its policy discussed.

#### **MANAGEMENT REPORTS:**

**CEO Report** – Mr. Keith explained the format of his report. Over time, these reports will be modified. He provided an overview of his 100-day plan. These high priority items will not be completed in 100 days but work will begin within 100 days. Cost management - BRH has lost over \$1 Million each month for the last three months. Mitigation plans are being put into place immediately. Recruitment and retention - he has challenged staff to be more creative in their efforts to be successful in this area. Organizational structure - under review and changes will be coming. Physician alignment - We need to make the hospital easier for physicians to work in by addressing concerns such as Meditech, the OR and broken processes. Master Facility Plan – make sure our plans are still current, doable and affordable. Behavioral health enterprise – quantify the impact of our behavioral health enterprise and mitigate any potential losses. Patient throughput – be more creative in how we move patients through and out of the hospital. He reported the radiology services agreement is in Dr. Strickler's hands. There have been many concessions made to try to keep the local radiology service provider and it's up to Dr. Strickler to determine if he can meet the hospital's expectations or not. He has informed Catholic Community Services (CCS) that BRH will take over Hospice and Home Healthcare (HHHC) services. We need to do this as part of the continuum of care, part of the solution to our inpatient problem and more importantly, it's so critical to the community we can't bear to lose it. We are going through the due diligence process but CCS needs to tell us when they are ready to hand it over so we can start making long term plans. Wildflower Court (WFC) will have a new interim administrator in October. Mr. Keith will meet with him to discuss how BRH might be able to take over responsibility of WFC as well. He reported that Mr. Norton is here to help BRH become a fully integrated Meditech Expense institution by guiding us and working with clinicians to make Meditech Expense become a useful tool and not an irritant. CFO recruitment is an ongoing issue. We have had some good candidates that have opted to not take the position and other candidates that are not qualified. We are going to evaluate our process, including the salary range. It's important to be respectful of Mr. Tyk's time as the interim CFO but we need someone with the competency the Board and Mr. Keith expects. Other projects in the works: Working on updating our website and strengthening our brand in the community and across the state. A team is in and place working on developing a stronger alignment of all onboarding orientations for physicians, staff, leadership and the board. Work is being done to improve employee recognition to the community and community recognition to the employees. Looking at telehealth services and evaluating our capability, not only as a buyer of telehealth but also as a seller or provider of telehealth. The New Service Line Committee will be very busy looking at new and existing services and how we can bring more robust volume and revenues to the organization to help support things we don't get revenues for. The Assembly approved the design funding for the ED expansion project at last night's meeting. The application for the Certificate of Need (CON) will be filed tomorrow morning for the ED expansion project. Mr. Keith is committed to being more confident in our processes in the future.

Mr. Geiger stated he likes this style of communication and asked Mr. Keith what he envisions for HHHC. Mr. Keith does not want to see HHHC shut down, he wants it to be turned over to BRH. BRH will figure out how to make it work. It's too important for the community to lose and as far as continuum of care, it best aligns itself with the hospital. In response to Ms. Knapp's question about cost recovery, he reported that break-even would be the worst case scenario, making a profit would be the best. In response to Mr. Mertz's question about telehealth proposals, Mr. Rumsey explained that proposals we receive are often to expand telehealth services we are already receiving through partnerships. Ms. Petersen explained what eICU telehealth services provides. Mr. Solomon-Gross expressed appreciation for the transparency in Mr. Keith's report. Mr. Keith stated that some of these actions are going to result in reactions from physicians, staff and the community. He requested that all questions be directed to him so he is given the chance to create mutual understandings.

**CFO Report** - Mr. Tyk reported that a message was added to all self-pay accounts on September 20<sup>th</sup>. If they pay their balance in the next 45 days, they will get a 30% discount. As of this morning, we have received \$25,000 in cash towards these accounts. We have finalized the RFP to outsource self-pay collections. A vendor was selected today and the negotiations with the winning bidder will begin soon. Mr. Geiger requests that when statistics are presented, such as the case mix index, some sort of analysis is also provided so he knows why he's looking at the statistics. Mr. Keith has requested that Mr. Tyk star in a promotional video to be posted on social media to help CFO recruitment efforts. In response to Mr. Mertz's question about how the day to day functions are going in the short staffed accounting department, Mr. Tyk reported it has been rough. They are treading water but the things that need to get done are getting done.

**HR Report** – Ms. Carte reported we continue to interview the most qualified candidates for the CFO position and are working with recruitment agencies to help find candidates. We continue to make progress on our market wage analysis, an RFP was completed, a vendor selected and a contract is being negotiated. Working on recruitment and retention efforts with a focus on engaging high school and college students. BRH staff attended the UAS campus career kickoff on September 2<sup>nd</sup> and made some connections. They will attend career fairs at both local high schools in October and the UAF and UAA career fairs in November. Work continues with Erin Hardin to develop some strategies for recruitment via our social media campaign. Looking at options to hire foreign workers for hard to fill positions. The two firms we have engaged with for recruiting foreign applicants are targeting applicants from the Philippines. Our team is working with the local Filipino community to solicit support and help identify potential candidates. Progress is being made on the onboarding initiative with another meeting scheduled to take place tomorrow to do some process mapping. Mr. Hargrave and Mr. Rumsey met with CBJ planners to begin the process of identifying opportunities to improve housing availability in a way that would benefit BRH and the community. Housing, real or perceived, is often a noted barrier from candidates that we offer positions to. Housing is either unavailable or too expensive. Looking at the leadership reporting structure, working to strategize it to make sure lines of communication and accountability to the organization makes sense. Mr. Solomon-Gross thanked Ms. Carte for the updates.

**CCO Report** – No questions or comments.

**CBHO Report** – Ms. Dompeling highlighted the crisis stabilization and observation service lines as topics that keep her awake at night. The building is moving along and we are doing everything we can to keep costs down. We are working with Agnew : Beck to get a good understanding of the service lines and what type of revenues we will see to offset costs of the program. Salary and wages information has been provided to them for use in a proformas. We will look at proposed initial staffing ideas to determine the best model. BRH is the farthest along in crisis stabilization services in Alaska but other organizations in the state are farther along in crisis observation. A large number of people from BRH, CBJ, JHAMI, JPD and CCFR will go on a site visit in Arizona next week to see the Crisis Now model first hand. This model is a community effort with a lot of stakeholder engagement and support to ensure our community needs are met. She expressed concern that in the future, this will become Bartlett's responsibility like the medical respite program. A program manager for these service lines has been hired. He starts on October 2<sup>nd</sup> and will go on the site visit in Arizona. He will be a big help in getting policies in place and recruitment. Behavioral health providers gathered at the Alaska Hospital and Healthcare Association (AHHA) conference last week and discussed various issues. AHHA and the Alaska Behavioral Health Association (ABHA) are very interested in helping to advocate for behavioral health organizations throughout the state for higher Medicaid reimbursement rates for behavioral health services. Mr. Johnson has been a strong advocate for behavioral health services during his time on the board. He noted that Medicaid increased reimbursement rates for these services a few years ago and wonders if they will do it again. Ms. Dompeling is optimistic that they will; if the state does not recognize that without appropriate reimbursement for services being provided, the state will have fewer and fewer providers moving forward. She acknowledged that there are a large number of adolescents in the state in need of

involuntary, in patient services. Mr. Johnson encourages pursuing adolescent involuntary, in-patient services. In response to Ms. Petersen, Ms. Dompeling reported we are going to have 4 beds for voluntary crisis stabilization of adolescents. We do not have the projected financials of the program yet, Agnew : Beck is working on it and we should have them within a couple of months. Mr. Solomon-Gross stated this topic is to be put on the agenda for the next Planning Committee meeting. Ms. Johnston would like the financial projections discussed at the Finance Committee meeting as well.

**Legal Report** – Ms. Nault reported since the last meeting, her office has worked with directors and SLT on the following: Applied Behavioral Health Analyst services agreement. Notices to terminate the 340B contract pharmacy agreements. Consult with CBJ Law regarding guardianship services. Existing lease agreements in the Family Practice building. Ophthalmology and Radiology services agreements. Question regarding EMTALA (Emergency Medical Treatment and Active Labor Act). Market wage analysis. Matters related to the ongoing discussion regarding CCS services. Mr. Palmer reported the Assembly approved an alternative procurement ordinance for the ED expansion project. This is only the second time they have approved one. He suggests the Board pay attention to this project and provide regular updates to the Assembly on the success or opportunities for this process. He stated he is grateful the new CEO has come on board with a positive influence on conversations. Staff has been very supportive of the projects BRH is doing.

**CBJ LIAISON REPORT** – Ms. Hale thanked Mr. Palmer for the work on approving the ordinance. She also thanked Mr. Keith and staff for ensuring the Assembly was approving the right amount of funding pending the CON for the ED expansion project. This will be Ms. Hale’s last meeting; she will not be the BRH liaison next year. She expressed her appreciation to the board for hiring Mr. Keith. He will be very good for BRH and for the Board. She reported the 3 Assembly members are running unopposed. It will be nice that the Assembly will be able to move beyond Covid and focus on getting things done; the highest priority is housing. The Assembly is off for one month due to elections. There should be a new Liaison at the October Board meeting. She expressed her appreciation for BRH taking over the HHHC services. Dr. Jones disagreed with Ms. Hale about the Assembly wasting their time on Covid, he stated they crushed it. She will pass this sentiment on to the Assembly. Mr. Solomon-Gross thanked Ms. Hale for being our liaison for the last 4 years and being our conduit to the Assembly.

**PRESIDENT REPORT** – Mr. Solomon-Gross reported the Governance training in Colorado Springs was a little different than it had been in the past. They really focused on taking care of the needs of our customers. (He compared this conference with movie theater conferences.) The importance of training was stressed during the conference. Training will be provided in the next couple of months on the responsibility of the Board when it comes to credentialing providers. The importance of transparency was also discussed. He reported that his weekly meetings with the CEO will now include one board member in attendance. He and Mr. Geiger met with Mr. Hargrave to discuss CEO and Board evaluations. Staff will be asked to provide input as the evaluation tool used last year was not very useful. He is working with Mr. Keith to have staff provide presentations about concepts and new service lines.

**BOARD CALENDAR** – October calendar reviewed. Finance Committee meeting moved to 12:00pm, Friday, October 21<sup>st</sup>. Quality Committee will meet at 1:00pm, Monday, October 24<sup>th</sup>. No other changes.

**BOARD COMMENTS AND QUESTIONS** – Mr. Solomon-Gross wants the Board and CEO evaluation done by the end of the year to allow Mr. Johnson’s input before he terms out on the Board. Ms. McDowell will provide an in depth OR update at the next meeting.

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

Mr. Solomon-Gross called for a short break. The meeting recessed at 8:34pm and resumed at 8:40pm.

**EXECUTIVE SESSION** – ***MOTION by Mr. Geiger 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.)*

**Mr. Johnson 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 8:40 p.m. and returned to regular session at 8:55 p.m.

***MOTION by Mr. Geiger to approve the credentialing report as presented. Mr. Johnson seconded. There being no objections, MOTION approved.***

**ADJOURNMENT:** 8:56 p.m.

**NEXT MEETING:** 5:30 p.m. – Tuesday, October 25, 2022