

Bartlett Regional Hospital

Minutes
BOARD OF DIRECTORS MEETING
August 24, 2021 – 5:30 p.m.
Zoom videoconference

CALL TO ORDER – Meeting called to order at 5:32 p.m. by Rosemary Hagevig, Board Vice-President

BOARD MEMBERS PRESENT

Rosemary Hagevig, Vice-President	Mark Johnson, Secretary	Brenda Knapp
Hal Geiger	Iola Young	Deb Johnston
Lindy Jones, MD		

ABSENT - Kenny Solomon-Gross – President, Lance Stevens

ALSO PRESENT

Rose Lawhorne, CEO	Kevin Benson, CFO	Kim McDowell, CNO
Dallas Hargrave, HR Director	Bradley Grigg, CBHO	Vlad Toca, COO
Keegan Jackson, MD, COS	Adam Gottschalk, CBJ Attorney	Barbara Nault, Legal Advisor
Sherri Layne, CBJ Attorney	Michelle Hale, CBJ Liaison	Anita Moffitt, Executive Assistant
Anjela Johnston, Union Rep	Mary Frances Fisher, Union Rep	Nathan Overson, Compliance Director

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

PUBLIC PARTICIPATION – Anjela Johnston introduced herself as a nurse at BRH and acting President of Unit 2201 of Local 200 of the International Longshore and Warehouse Union. She is here to advocate for union members and urges the Board to not mandate COVID-19 vaccination at this time. She stated that these are the same BRH heroes that have been providing stellar services throughout this whole pandemic and they feel strongly that whatever policies are directed at staff to protect patient safety should apply to physicians, travelers and others working alongside BRH staff. To increase the uptick in vaccination relies on building empathy and trust, listening to fears and concerns without judgement, recognizing the concern, respecting the person and then working together to build shared understanding. A mandate may make it harder to get staff on board because fears and walls go up. Allowing management flexibility to build a policy that increases engagement, extends grace to staff, demonstrates care values and really moves the needle on vaccine uptake would help reach the goal without causing distress among employees. She stated that Unit 2201 stands ready to partner with management in that work to whatever extent that would be of benefit. Dr. Jones stated that the medical staff has polled all of its members about this and asked if the Union has polled members as well. Ms. Johnston responded that Union members have been informally polled via email. The union recognizes that most hospital staff are vaccinated and it may be less than 10% that have concerns, but they are very strong concerns. Mr. Geiger asked if there are staff that have stressed strong reservations about getting the vaccine and what specifically should be done to address these concerns. *Yes, some employees that have stated they are more afraid of the vaccine than the virus. To increase vaccine uptake, you need to talk to people one on one to alleviate concerns.* Ms. Knapp asked if full approval of the Pfizer vaccine by the FDA makes a difference in allaying some of the concerns people might have had. *A little more time is needed to know but it is expected that it would help a little.*

Mary Frances Fisher identified herself as the President of Local 200. The email sent to employees on Sunday, encouraged people with questions or concerns to talk to their union representatives or to contact Infection Prevention. She reiterated that it's important for people to find someone they can trust to talk to about their concerns as some of the people against

the mandate are willing to listen and wait for more studies and that consideration also be given to the fact that some employees work from home. She expressed concerns about taking a Pfizer vaccine booster if that was not the brand received previously and the other brands are not yet approved by the FDA. She requests time be given to convince the last 70-75 people to get vaccinated as a mandate could have a negative effect on morale.

CONSENT AGENDA - *MOTION by Mr. Johnson to approve the consent agenda as written. Ms. Knapp seconded. There being no objection, the July 27, 2021 Board of Directors meeting minutes and June 2021 Financials approved.*

OLD BUSINESS:

Hospital Vaccination Policy – Ms. Hagevig noted this subject had been discussed in depth at last month’s Board meeting and has been brought forth to this meeting for possible action. Dr. Jones expressed appreciation for the concerns expressed by Ms. Johnston and Ms. Fisher however, the decision to not receive the vaccine affects the employees, patients and community. The Pfizer vaccine has now been approved by the FDA and every healthcare facility in Southeast Alaska has mandated vaccination. BRH medical staff unanimously voted that mandating vaccination is the right thing for BRH to do as well.

MOTION by Dr. Jones that we move ahead with a vaccine mandate for employees that would be developed by Ms. Lawhorne and Mr. Hargrave that would allow for reasonable religious and medical exemptions. Mr. Johnson seconded.

Mr. Geiger proposed a policy that allows for vaccination or alternatively, allows staff to get COVID testing, at their own expense, prior to working each shift in the hospital. Dr. Jones expressed concerns about the burden of increased workloads for the lab, the quantities of tests needed and other unintended consequences as a result of allowing testing as an alternative to vaccination. Mr. Geiger agreed but thinks we should explore a bit more. He asked Ms. Lawhorne how she would specifically engage staff that is hesitant to get a vaccine. Ms. Lawhorne identified some of the hesitations and said that as a facility we have to acknowledge the support for vaccination to improve health and safety and reduce deaths. We can have trusted healthcare workers talk to their colleagues that are not vaccinated, in an effective way that is understanding and not seen as punitive. They can share the science and data of what has been seen in hospitals to show that vaccination is safe. Ms. Knapp noted that much has been done to provide the best information available about vaccination and the uptick in the number of cases in our communities supports the rationale for moving forward with the vaccination mandate. We have to assure patients that they aren’t in danger of getting COVID from anyone on staff. Ms. Hagevig expressed her support of this mandate. As the primary healthcare provider in the community it’s important that we set an example for other healthcare providers and businesses. Mr. Toca expressed the importance of providing education to clear up any misinformation and supports putting this mandate in place. Ms. Johnston expressed her strong support of the mandate as it’s important for the safety of patients and the community to take a positive stand.

Dr. Jones amended his MOTION to include medical staff. Mr. Johnson agreed with amendment.

Roll call vote taken for the following: ***Move ahead with a vaccine mandate for employees and medical staff that would be developed by Ms. Lawhorne and Mr. Hargrave that would allow for reasonable religious and medical exemptions. Motion passed unanimously by the seven board members present.*** (Mr. Solomon-Gross and Mr. Stevens absent.)

NEW BUSINESS:

Board Self-Assessment – Ms. Knapp reported that Ms. Moffitt has posted a survey for the board members to help identify a date for a Committee of the Whole meeting to review the results of the board self-assessment. All Board members are to respond to the survey and are encouraged to attend the meeting if possible. Mr. Hargrave added that the Governance Committee was interested in, after hearing the presentation, starting a discussion about what to do about the results and what the Governance Institute might suggest we do. Ms. Knapp also reported that sometime in the fall, after enough organizations have taken the survey, we will get a new report with a base line comparison to the other organizations.

Amendment to Title 40 – Ms. Lawhorne reported that Title 40 is a CBJ ordinance that gives authority and jurisdiction to the Board of Directors in directing hospital operations. Bartlett has received a request in the form of a letter (included in the packet) from the Mayor and City Manager of Haines to assist them once again with emergent behavioral health issues as the result of recent events and the reduction in behavioral health resources due to staffing issues. Because current language in Title 40 limits us to providing services within the City and Borough of Juneau, our legal counsel with CBJ recommended that we amend the language to include *located inside and outside the City and Borough of Juneau* to provide appropriate authority to allow for our teams to go and practice outside of Juneau. This amendment will cover our operations as requested by Haines and other communities as well. Ms. Hagevig obtained confirmation from Ms. Lawhorne that another community requesting services is Petersburg. Ms. Nault clarified that there is still a state statute that implicates extra jurisdictional services like this outside of the municipality that Mr. Palmer and his staff are working on. There may be additional steps needed beyond the passage of this by the board as a recommendation to the Assembly for adoption even if adopted.

MOTION by Mr. Johnson to adopt the amendment to Title 40 dealing with the hospital Board of Directors authority to provide services outside the CBJ boundary. Mr. Geiger seconded. There being no objection, MOTION approved.

MEDICAL STAFF REPORT – Dr. Jackson reported that it was business as usual at the August 3rd, Medical Staff meeting. Routine committee reports were provided. The medical staff voted and unanimously approved mandating COVID vaccination of employees. A Wellness Committee meeting that had been scheduled was canceled due to the pandemic. The teams have been helping out due to staffing issues, Rainforest Recovery Center was on diversion for a while so other units in the hospital were helping out. After speaking with some providers, it seems that the latest upgrade to Meditech Expanse has made it slightly easier for providers to enter into their notes. Feedback will be provided next month whether the providers are noticing that IT support has been expanded on.

COMMITTEE REPORTS:

Compliance and Audit Committee Meeting – Draft minutes from the August 5th meeting are in the packet. Ms. Young reported that the committee did an initial review of the compliance audit. This will be discussed during the executive session of tonight's meeting.

Finance Committee Meeting – Draft minutes from the August 13th meeting are in the packet. Ms. Johnston reported that the June, fiscal yearend financial statements were reviewed. We are now heading into the audit and cost report season.

Executive Committee Meeting – Draft minutes from the August 16th meeting are in the packet. We just passed a motion for the Title 40 amendment as the result of the work that was done during that meeting.

Governance Committee Meeting – Draft minutes from the August 23rd meeting are in the packet. Ms. Knapp reported that the committee had met at the advice of legal. An amendment to the bylaws is required to allow BRH board members to receive the compensation approved by the Assembly. The proposed amendments, included in tonight's packet, were reviewed and a recommendation to move to the board for approval was made. As a second reading is required before a motion of approval made, the proposed bylaw revisions will be brought before the board again at next month's meeting. After approved, it will be forwarded to the Assembly for approval. If approved, compensation will begin in January 2022.

MANAGEMENT REPORTS:

Legal Report – Ms. Nault provided a summary of projects she has been working on since last month's meeting. Matters completed since the last meeting include the CT services arrangement with SE Radiation Oncology, an informed consent policy and some templates for use by the Bartlett Medical Oncology Center, professional services agreements for licensed professional counselors, employment agreements for the psychiatrists referenced in the CBHO report, and professional services agreements for clinical and surgical services for ophthalmology services. They have also provided input on the

Compliance Department's proposed process for development of new service lines and input on the development of the off campus behavioral health services referenced in the CBHO report. They continue to work with Compliance and Risk Management to provide legal input on the hospital's protocol's for dealing with disruptive patients and also working with Behavioral Health, Human Resources and the Medical Staff Services Department on a policy for credentialing contracted licensed outpatient services providers which will be done through the Human Resources Department. There are also several contracts being worked on with the contracts manager including the laboratory services agreement, new case management software agreement, updating the hospital's pathology services agreement, and reviewing a clinical internship agreement. There are projects pending with the Medical Staff Services Department.

HR Report – Mr. Hargrave noted that since writing his report, legal advice regarding the employee COVID vaccine had been received and is included in the packet. Conversations with the union have already begun and will continue after tonight's meeting using the guidance from the motion from the board to bargain the impacts of implementing such a policy. In response to Ms. Hagevig's question regarding the issues of getting background checks in a timely fashion, Mr. Hargrave noted it's not a new issue but had gotten worse. The state is now allowing us to obtain provisional approvals by contracting with another company to conduct the background checks for us. We then verify there are no barrier crimes for the new employees or employees going through recertification. This does make things go quicker but is not a process that will be able to remain in place. Ultimately, when the state is caught up, it will issue final approval for the people that have been granted provisional approvals.

CNO Report – Ms. McDowell reported that we are getting staffing back to normal in surgical services by creating a surgical tech program. We will train people from the community in an effort to grow our own techs. She also reported two classes on implicit bias were conducted by Dr. Sheufelt yesterday. 14 staff members from the Emergency Department attended. They were very enlightened, felt refreshed and were surprised by some of the things that were brought up that they didn't realize they were harboring. It was a great experience and we look forward to more of those classes.

CBHO Report – Mr. Grigg reported that we now have 5 employed psychiatric providers on our team. This means we now have more employed providers than locums. He also reported that based off of the current schedule for the Crisis Stabilization building, the foundation will be going in in September and the erection of the building will start some time in November. It is estimated that the roofing will go on in February or March. Ms. Hagevig expressed appreciation for the pictures of the project included in the written report.

COO Report – Mr. Toca reported that we are working to fully staff PT/OT, looking at improving some efficiency standards and are exploring solution options to the space restrictions as it pertains to the pediatric waitlist. He is working with Respiratory Therapy to provide critical care training for the RTs and putting together a telehealth program for the Cardio/Pulmonary Rehab department. He is heavily involved with marketing efforts and looking at strategic initiatives for the programs we have. In response to Mr. Geiger's request for more information about the planned marketing campaign and Ms. Hagevig's question about the timeline we have in mind, Mr. Toca stated that the marketing strategy is going to encompass technology based activities such as social media, radio and television ads. Working with our leaders, we will push out the specific services that we offer that are not as transparent as others. We would like to start revamping the BRH website to include the ability to schedule visits and telehealth services through the website. We will have a quote by the end of the week from a company he has worked with in the past and that has experience with critical access hospitals and prioritizing patient needs through marketing initiatives. With their help, he anticipates having a fully functional website within a month. We should see postings on social media by the end of the month.

CFO Report – Mr. Benson noted this is a busy time for us with the end of the fiscal year, the audit and the Medicare cost report. General accounting is fully staffed after a 60% turnover in staff over the past 2 years. A field audit report to test our accounting systems was conducted last week by Elgee Rehfeld, LLC. This normally takes 5 days but was completed in 2 due to our improved processes. At Ms. Hagevig's request, Mr. Benson provided an update on the Rural Demonstration Project. BRH had not previously recorded any benefit from this project which ended for us on June 30, 2020 but was extended in December, retroactively to July 1, 2020. In August, we received a payment of \$4.2 Million for FY2021. We recorded about \$2 Million of that as we believe we will have to refund a portion of the 4.2 Million due to the increased reimbursements from the low-volume adjustments received and because of a decrease in inpatient volumes due to COVID. (Our cost based reimbursements are based on inpatient activity.) We took a very conservative approach in our estimate understanding that the cost report will determine the final amount. Going forward we will receive payments of \$175K every two weeks for FY2022.

CEO REPORT/STRATEGIC DISCUSSION – Ms. Lawhorne reported that a ground breaking ceremony for the Crisis Stabilization Unit is being planned to take place in the next several weeks. She has been meeting with local clinics and physicians, one on one, to build relationships and this has been very productive. We now have the COVID wing open with 4 patients in that wing and one patient in critical care. With the surge in COVID cases, we are seeing stress to the systems in AK and in the Pacific Northwest. We have experienced difficulty in transferring patients out as Anchorage hospitals are overwhelmed and having difficulty managing the level of illness they are seeing. ASHNHA has coordinated several meetings with agencies throughout the state to discuss these and staffing challenges. Ms. Lawhorne is on an ASHNHA task force to look at the wellness, burnout, competency and availability of staff. Yesterday, she participated in a meeting with the Governor and other agencies expressing concerns that we face and also expressing how the emergency declaration allowed us flexibilities in delivering care. While there's hesitation to implement a full on emergency declaration, there are still executive orders and legislative actions that can be taken to allow us those flexibilities in our care processes. The Governor and his team are working to identify what can be done quickly to address these concerns. Ms. Lawhorne also reported that she is doing research and working with the Board President to develop a Board Orientation Manual. Mr. Geiger requested Ms. Lawhorne share what is publicly available about the general characteristics of the COVID patients in house and those that have recently died. She reported that what we are seeing is that the deaths largely occurred in unvaccinated populations and the vaccinated populations are those that are immunocompromised or have comorbidities contributing to their demise and their lack of ability to fight the infection.

CBJ LIAISON REPORT - Ms. Hale had nothing to report.

BOARD CALENDAR – September calendar reviewed. No changes.

BOARD COMMENTS AND QUESTIONS – Mr. Johnson noted there has been good reporting in the news lately about COVID. He requests that the Board received copies of these new releases.

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

- *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 Compliance Program Review and Risk Assessment report, credentialing report, Medical Staff Meeting minutes and the patient safety dashboard and..*
And
- *To discuss possible BRH litigation, specifically a candid discussion of the facts and litigation strategies with the BRH attorney. (Unnecessary staff and Medical Chief of staff are 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 are excused from this portion of the session.)*

Ms. Knapp seconded. Ms. Lawhorne identified who is to be in attendance for each item listed under executive session. Mr. Hargrave moved the other attendees to a waiting room. The Board entered executive session at 6:51 p.m. after a 3 minute break. They returned to regular session at 7:27 p.m.

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

ADJOURNMENT: 7:28 p.m.

NEXT MEETING: 5:30 p.m. – Tuesday, September 28, 2021