

Bartlett Regional Hospital

AGENDA
EXECUTIVE COMMITTEE MEETING
Monday August 16, 2021; 4:00 p.m.
Bartlett Regional Hospital – Zoom Teleconference

Public may follow the meeting via the following link <https://bartletthospital.zoom.us/j/94604086473>

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- I. CALL TO ORDER
- II. PUBLIC PARTICIPATION
- III. EXECUTIVE SESSION

- Campus Planning

Motion by xx, to recess into executive session 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.

- IV. APPROVAL OF THE MINUTES

- [April 22, 2021 Executive Committee](#)

(Pg. 2)

- IV. REGIONAL HEALTHCARE SUPPORT RESOLUTION – Action Item (To be inserted)
- V. COMMENTS AND QUESTIONS
- VI. ADJOURNMENT

Bartlett Regional Hospital

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Minutes EXECUTIVE COMMITTEE MEETING April 22, 2021 – 12:00 p.m. Zoom Videoconference

Called to order at 12:01 p.m., by Kenny Solomon-Gross, Board President

Executive Committee* and Board Members Present: Kenny Solomon-Gross*, Board President; Rosemary Hagevig*, Vice-President; Mark Johnson*, Secretary; Lance Stevens*, Past Board President; Iola Young and Hal Geiger

Also Present: Rose Lawhorne, CEO; Kevin Benson, CFO; Billy Gardner, COO; Dallas Hargrave, HR Director; Bradley Grigg, CBHO and Anita Moffitt, Executive Assistant

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES - MOTION by Ms. Hagevig to approve the February 1, 2021 Executive Committee Meeting minutes. Mr. Johnson seconded. Minutes approved.

CRISIS STABILIZATION CENTER PROPOSED DESIGN CHANGE – Ms. Lawhorne reported that we were unsuccessful in our attempt to purchase the building at the bottom of the hill and must now find a solution to meet our existing and future needs for space. The lease for the Bartlett Surgery and Specialty Clinic (BSSC) space expires in December 2022 so will need an alternate location. We are in the final stages of contracting with a new Urologist to replace Dr. Saltzman. The lease for Dr. Saltzman's space expires in June 2021, will not be made available for the new Urologist and intensifies our need for more space. Also to be considered in the strategies for moving forward is the need for transitional space during the facility upgrades to take place throughout the campus. Discussions with property owners and realtors have been unsuccessful in identifying an alternate spaces. After discussions with CBJ engineers, contractors and architectural teams about adding an additional floor to the crisis stabilization building, it was determined that it would be very cost effective to add a floor and would actually reduce the overall cost per square foot of the building. Replacing wooden support beams with steel would be cheaper and would accommodate an additional floor. The floor plans of the first floor will be duplicated for the additional floor. The estimated cost of this plan is \$2.5 Million. This is less than the \$2.75 Million we were going to pay for BSSC building. Impacts to the construction contract were discussed. An additional floor would take an extra two months for construction, however, the contract included a six month buffer to allow for unanticipated issues. This floor will be used as additional behavioral health services space after the need for temporary usage has concluded. Brief discussion held about an elevator and design changes needed for separate entrances. Mr. Stevens initiated discussion about how this would impact grant funding. Legal consultations and proactive communications with entities providing grant funding for this building will take place to address any unanticipated issues. Brief discussion held about parking issues. Funds that had been previously

approved by the Assembly for appropriation for the purchase of the BSSC property can be re-appropriated for this project. Mr. Benson reported that Dawson Construction will delay placing an order for materials until a decision is made. Because this is a time sensitive project, it would be beneficial if Board approval could be obtained at next week's Board meeting.

MOTION by Ms. Hagevig that the Executive Committee move the addition of another floor to the Crisis Stabilization Building forward to the Board for approval at next week's meeting. Mr. Johnson seconded. There being no objection, MOTION approved.

Mr. Stevens requests that the original cost estimates and new cost estimates are included in the Board action item. Mr. Solomon-Gross has spoken with Deb Johnston, chair of the Finance Committee about this proposal and will provide her with an update prior to next week's Board meeting.

BOARD SELF EVALUATION – This will be spoken about in depth at tomorrow afternoon's Governance Committee meeting. A sample survey and other documents will be reviewed. Mr. Solomon-Gross encourages all Board members to attend.

CEO COMPENSATION AND PERFORMANCE EVALUATION – Mr. Hargrave provided an overview of his written summary regarding CEO performance and compensation included in the packet. He noted that Ms. Lawhorne's agreement does not include a bonus but does include the offer for an executive coach for her first year of employment as CEO. Coaching would include a self-evaluation process, goal setting process through the coach and regular reporting by the coach and Ms. Lawhorne to the Board President around the performance meeting the goals that were set. This process could be helpful to the Board in deciding how to set the CEO performance expectations for her first year as CEO and in letting her know how she will be evaluated at the end of her one year anniversary. Mr. Solomon-Gross clarified that although there may be tie-in, the coach would work with Ms. Lawhorne on her development goals, and not the goals of the facility. The cost of an executive coach ranges from \$35,000 to \$60,000 depending on the level and length of engagement. Mr. Hargrave, will provide final costs and make a recommendation to the Board for approval. Mr. Solomon-Gross stated that the Board is doing the best job possible of providing the tools to make sure the CEO is successful in her role. Mr. Geiger asked about evidence based measures to be included in the CEO evaluation. This will be discussed at tomorrow's Governance Committee meeting.

PEDIATRIC BEHAVIORAL HEALTH PHYSICIAN – Mr. Solomon-Gross reported that a meeting was held with the stakeholders to discuss this matter as directed by the Board. Ms. Lawhorne reported that a lot of effort has been put in to address this topic. Clarification of the updated position description and robust discussions were provided at the Medical Staff Executive Committee meeting as well as the Medical Staff Meeting. A meeting of the stakeholders held at the direction of the Board was limited to participants that provided feedback and expressed concerns at last month's Board meeting. Data regarding patient needs, an updated position description and the role of the provider as it is related to primary care had been presented by BRH staff. Robust discussions took place, no new information was presented from the primary care providers and the needs of our patients still need to be met. Mr. Johnson supports this position and highlighted difficulties people have experienced in the past when trying to obtain psychiatric help for their children. Because a significant number of patients utilizing these services do not currently have primary care providers, the expectation is that patient volumes will increase, not decrease, for primary care providers. This program will interface with the school district. Ms. Young asked if



other alternatives had been looked at. She noted the main concern of primary care providers is that this is the first step to establish a pediatric practice that encroaches on existing facilities within the community. She asks what assurances there are that this isn't that first step. Ms. Lawhorne explained that this position is a part time position to help prevent encroachment into primary care. It is to meet acute care needs that are not being met by primary care providers but are being referred to the emergency department. The goal is to develop a robust, bidirectional integration of care between behavioral health and medical care providers. Ms. Young noted that she had previously had a lot of concerns about this program and those concerns have been met. She feels that she would be able to support this at the next Board meeting. She would like explicit language in the written duties and responsibilities or in the motion that's to be made, that the goal is to return patients to a medical home in the community whenever possible and this is not meant to be a medical home for the pediatric patients. Mr. Grigg agrees that we need to be very clear about the intent and clarified that most of these patients do not have medical homes to return to so the goal would be to identify a medical home and help connect them. Assurances will need to be made in writing and over time, actions will need to prove that what we said is truly what we meant about getting these patients into primary care homes. Mr. Grigg will send information to the Board members about the AIMS program. Mr. Solomon-Gross and Mr. Johnson provided an overview of discussions held about this matter with primary care providers. Both support moving forward with this position.

Comments and Questions – None

Adjourned 12:57 p.m.