

Bartlett Regional Hospital

Agenda
Governance Committee Meeting
Monday, November 21, 2022; 1:00 p.m.

This virtual meeting is open to the public and may be accessed via the following link:

<https://bartletthospital.zoom.us/j/91301657597>

or call

888-788-0099 and enter webinar ID 913 0165 7597

- I. CALL TO ORDER
- II. ROLL CALL
- III. PUBLIC COMMENTS
- IV. APPROVAL OF THE AGENDA
- V. APPROVAL OF THE MINUTES – [October 13, 2022](#) (Pg. 2)

- VI. NEW BUSINESS
 - I. [Land acknowledgement](#) – Erin Hardin ACTION ITEM (Pg.3)
 - II. [Draft language for board member attestation](#) – Nathan Overson (Pg.4)

- VII. OLD BUSINESS
 - I. Review of the committee’s 2022 goals:
 - i. Update the vision, mission, and values statement
 - ii. Develop goals and metrics for the new CEO
 - iii. *Finish the board self-examination study*
 - iv. Review the bylaws (especially with regard to physician recruitment committee)
 - v. [Consider guidelines for board presentations](#) (Pg.5)
 - vi. *Make recommendations for board training*
 - II. The Strategic Plan (2.2 & 2.3)

- VIII. COMMENTS
- IX. ADJOURN

Bartlett Regional Hospital

Minutes

BOARD GOVERNANCE COMMITTEE MEETING

October 13th, 2022 – 12:00 p.m.

Zoom videoconference

CALL TO ORDER – Meeting called to order at 12:02 p.m. by Hal Geiger.

BRH BOARD & COMMITTEE MEMBERS (*) PRESENT – Hal Geiger* (Committee Chair), Iola Young*, Lisa Petersen* and Kenny Solomon-Gross (Board President).

BRH STAFF & OTHERS - Kim McDowell, CCO, Tracy Dompeling, CBHO, Robert Tyk, Interim CFO, Dallas Hargrave, HR Director, Sam Norton, Interim IT Director, Nathan Overson, Director of Compliance/Risk and Suzette Nelson, Executive Assistant.

Ms. Young made a MOTION to approve the agenda. Mr. Solomon-Gross seconded and the agenda was approved

Ms. Young made a MOTION to approve the minutes from August 25, 2022, subject to minor editorial changes. Mr. Solomon-Gross seconded and minutes were approved.

PUBLIC PARTICIPATION – None

BOARD ATTESTATION – Mr. Overson briefed the board members regarding the draft board attestation--something that aligns the city's conflict of interest and the hospital's compliance training. Mr. Keith, CEO, would like it simple, meaningful, and the format easy to understand and would meet the regulatory requirements. Mr. Overson will continue to work on this with the intent to have an attestation be a part of board orientation.

BOARD SELF-EXAMINATION – Mr. Hargrave will work with Mr. Solomon-Gross and Mr. Geiger to get a new draft together and present it the entire BOD (Board of Directors) for the upcoming October 25, 2022 meeting.

THE STRATEGIC PLAN (2.2 & 2.3) -- Sam Norton, Interim IT Director, provided the committee information regarding Meditech. He has heard feedback from staff and engaged Meditech to come on site in two weeks. They will complete a health check and look at the system both clinically and its financial revenue cycle. They will use their tools and measure it.

BOARD COMMENTS AND QUESTIONS – Ms. Young expressed her gratitude to Mr. Tyk's hard work and expertise to BRH.

NEXT MEETING: TBD

ADJOURNMENT: 1:09pm

BRH Draft 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 be providing services in your ancestral homeland and to be a part of this community.

Draft language for board member attestation:

- I confirm that I have received CBJ Conflict of Interest and Bartlett Regional Hospital (BRH) Board of Directors Compliance Program training.
- I understand that it is my responsibility as a BRH Board Member to be fair, transparent, and to act in the public interest
- I understand that it is my responsibility to know and follow the CBJ Conflict of Interest Law, and associated code of ethics, and I agree to abide by them.
- I understand it is my responsibility, along with other board members and senior leadership, to create and foster a culture of ethics and compliance with city, state, and federal regulation, and I agree to do so.
- I understand that if there is anything unclear to me regarding the CBJ Conflict of Interest Law, and associated code of ethics, or the Hospital's Compliance Program, it can be clarified by the CBJ Legal Department or the BRH Compliance Officer.

Proposed Standards for Tables and Graphics Used for Board Briefings

Because board meetings are usually quite full, information presented in staff reports needs to be easily and quickly understood by members of the board. To avoid wasting valuable time, tables, figures, and other statistical information needs to be understandable on the first reading. The other alternative is for board members to simply glaze over or just to ignore unclear information—which is not a good option. Of course, the board does not need to know all of the details that go into each graphic, table, or statistic. Indeed, too many details can make the information harder to understand and this can either bog down board discussion or cause the board to lightly skim over important information that should be understood and carefully considered. Below, there are seven suggested rules for presenting graphical and tabular information to the Bartlett Hospital Board of Directors at public meetings. These rules are intended to make the information easier for the board and the public to understand without the need to ask the person who created the information what it means.

When staff takes the time to prepare information, each board member should know why this information is important, know why it is being presented to the board, and should understand what the information means. To make efficient use of time at board and committee meetings, each board member should have reviewed the reports, including all graphs and tables, before the meeting and come to the meetings prepared to ask questions of substance. The board has occasionally received tables with no column headings, graphs with no labels on one or more axes, or that otherwise just lead to the question, “what does this mean?”

A long-standing standard for scientific papers and presentations is that all tables and graphics must be able to stand alone¹. In essence, this means that a board member or member of the public must be able to understand exactly what information is in a table or graphic using just what is presented in the table or graphic itself—without reference to another document or without a need to ask questions of the person who created the graph or table.

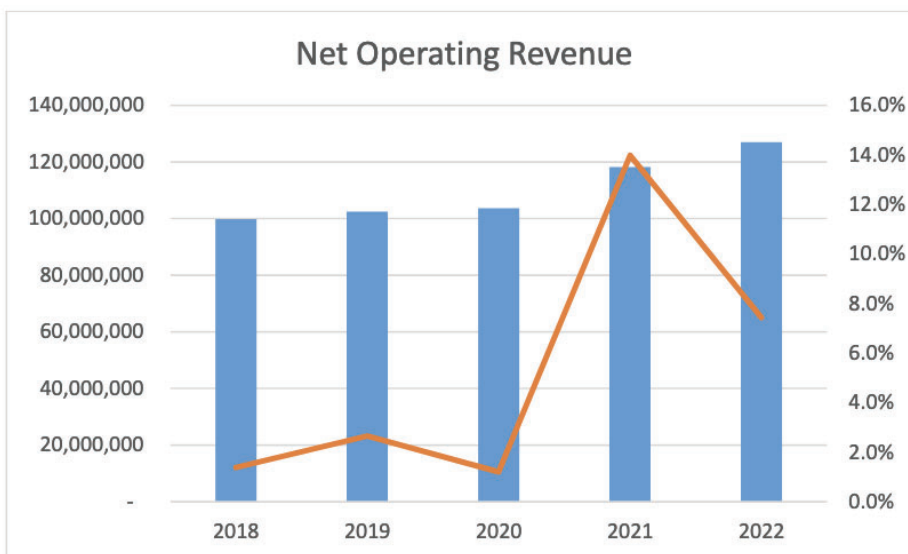
Rule 1: All tables and graphics must be able to be understood from just the information in the table or graphic, which includes the table or figure caption. The graph labeled Figure 1 was recently presented to the board. Notice that the graph cannot be understood from just what is presented. When a reader first looks at the graph, it wouldn't be clear if the blue bars or the red ribbon represented the net operating revenue.

¹ This rule that figures and tables must be able to stand alone can be found in most references for research papers. Here is an example of such standards for Fresno State University:
<https://www.fresnostate.edu/academics/gradstudies/thesis/tablesandfiguresform.html>.

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The reader might be able to guess that the blue bars are the operating revenue by looking at all of the information provided. However, even if the reader was familiar enough with the data to know that the blue bars are the operating revenue, it is still not possible to know what the red ribbon represents. The red series seems to be some kind of percentage, but to understand the entire graph most readers would have to ask someone what he or she was supposed to see in the red-ribbon series.

Rule 2: To be complete, the graph should have all axes clearly labeled. Leaving off a label for the year in Figure 1 might be acceptable from a clarity point of view, as the meaning is still clear without it. However, the lack of a label for the right-hand axis results in a substantial problem with clarity.



- Net Operating Revenue is increasing significantly over the past 2 years (22%).
- FY2020 was negatively impacted by the shutdown of outpatient services for 6 weeks during the COVID mitigation efforts.

Figure 1. An example of a graphic that cannot be understood without asking for information that was not presented along with the graphic. It is not possible to know what the red ribbon represents from the information provided. If the blue bars are the operating revenue, then obviously the red ribbon is a percentage of something. Neither the right or the left axis is labeled. To understand the graph easily, it is particularly important to understand the percentage of *what* is being represented on the right axis.

For every figure, each axis needs to be clearly labeled in a sufficiently large font. Because tables and graphs are likely to be projected onto a screen, all text and symbols should be able to be seen and understood at a distance. Indeed, all fonts should be sufficiently large, colors that are used to communicate information should be easy to distinguish at distance, and the graph or table should be free of symbols, text, shading, or other marks that are not essential to communicating the important features of what is being communicated.

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In the past, the tabular financial information that has been presented to the board has usually been easy to understand because the numbers are in a standardized, predictable format. Columns and rows have been usually been well labeled using understandable accounting terms. Also, the board reviews this information frequently and it knows what to expect in these tables. But special-purpose tables and graphs require more time to digest and more explanation.

However, at times the board has been presented with busy, complex combinations of statistics, tables, and graphs (e.g., Figure 2) that cannot be understood without asking the creator what the tables and graphics mean, where the data came from, and what the variable names and column headings mean.

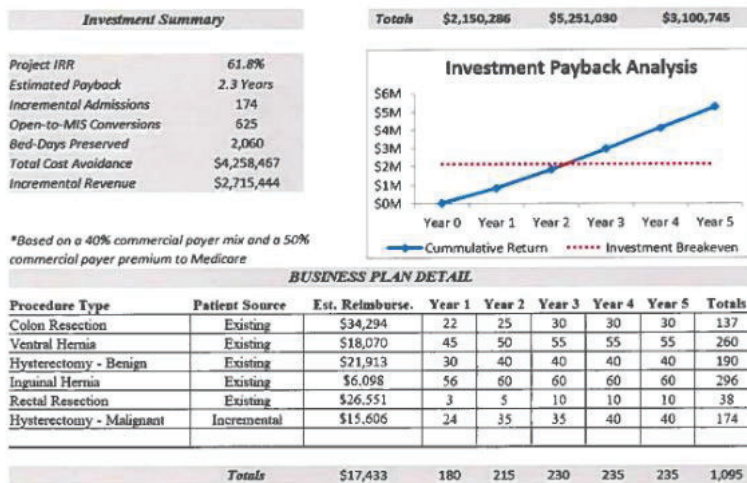


Figure 2. An example of a combination of tables, a graphic, and unexplained statistics that cannot be understood without asking for information that was not presented. There was no explanation of how any of the numbers were derived, what the numbers mean, where the numbers came from, nor is there enough information to understand what the graphic means.

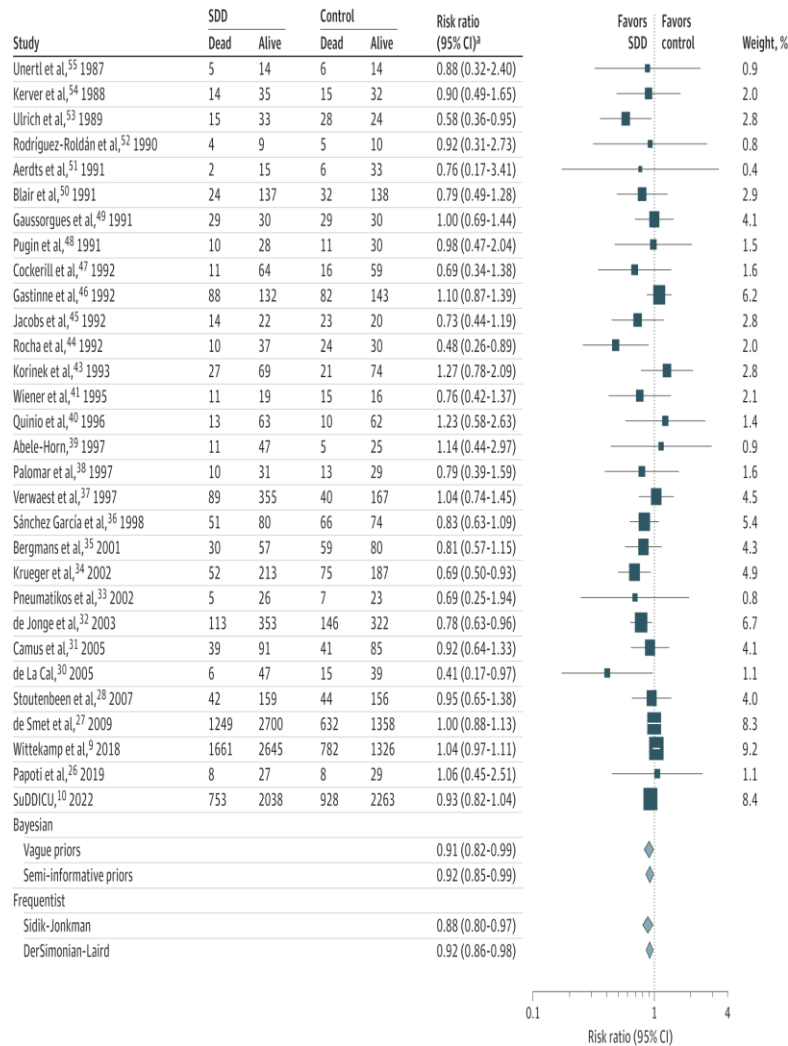
It is possible to use complex combinations of tables and graphics and still communicate clearly; however, in all cases the data must be described, columns must have headings, and the graphics must be understandable from what is presented—without having to ask questions. See Figure 3 for an example of a complex table and graph from recent medical literature. Notice it (1) has a figure caption, (2) important acronyms are defined, and (3) the caption offers some accompanying explanations of the tables and graphs. Although this graphic would not be suitable for presentation to the public, because of the highly specialized technical jargon and terms of art, it was judged suitably for clear communication to a technical audience, as evidenced by the fact it was published in the peer-reviewed medical literature.

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Rule 3: All graphs and tables should be introduced with a figure or table caption.

These should clearly describe the information in the figure (graph) or table (see Figures 1 – 4 for example figure or table captions). Figure or table captions should usually be in a different font from the other text in the report. Usually, graphs don't need a figure title (a large-font name of the graph at the top). This is typically a wasted space on the graph; the figure caption should serve the purpose of a figure title.



^aCredible intervals for Bayesian estimates.

Figure 3. Forest plot for hospital mortality for the comparison between selective decontamination of the digestive tract (SDD) compared with standard care. The dark boxes represent point estimates, and the sizes of the boxes are proportional to the weight. The whiskers represent confidence intervals. For the diamonds, the width represents all trials' pooled estimate confidence interval and the middle point, the point estimate. Taken from Hammond, N.E., J. Myburgh, I. Seppelt, et al. 2022. Association Between Selective Decontamination of the Digestive Tract and In-Hospital Mortality in Intensive Care Unit Patients Receiving Mechanical Ventilation: A Systematic Review and Meta-analysis. The Journal of the American Medical Association, Published online October 26, 2022.

Rule 4. Missing values or unmeasured entries should never be coded as zero in a table or graph. Typically, the notation “NA,” or something similar, should be used to code missing values in a table, and the symbol denoting missing values should be defined in the table caption or a footnote.

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Rule 5. If it is necessary or convenient to use abbreviations or acronyms in the figure or table, these should be either described in the figure caption or in footnotes. Again, because the board meetings are, in part, to communicate to the public, all graphs and tables should be free of undefined jargon or symbols and acronyms that are not commonly used by the public. Of course, sometimes unfamiliar symbols or jargon are needed for brevity, but these should be defined in a caption or footnote (see Figure 3 or 4 for an example).

Rule 6. For tables, all columns must have an identifying column heading, and again, all symbols or abbreviations in the column heading should be defined in footnotes or in the caption.

Rule 7. When graphics or tables are taken from some other sources, the caption should credit the source and the figure caption must contain enough explanation so the viewer can understand the graphic or table without the need for additional information. For example, below (Figure 4) is a graphic that was used in a report to the board in 2021. The graphic was presented without a figure caption or any other explanatory information. The graphic was used to make the important point that getting vaccinated was somehow better than not getting vaccinated. The presenter was trying to make a point that was certainly worth board consideration. The graph seemed to go over the head of everybody that was not already familiar it. Without the information that has been added in the figure caption, below, almost no readers would not be able to use the graph see why lower values (in green) were somehow better than larger values (in red).

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For review only

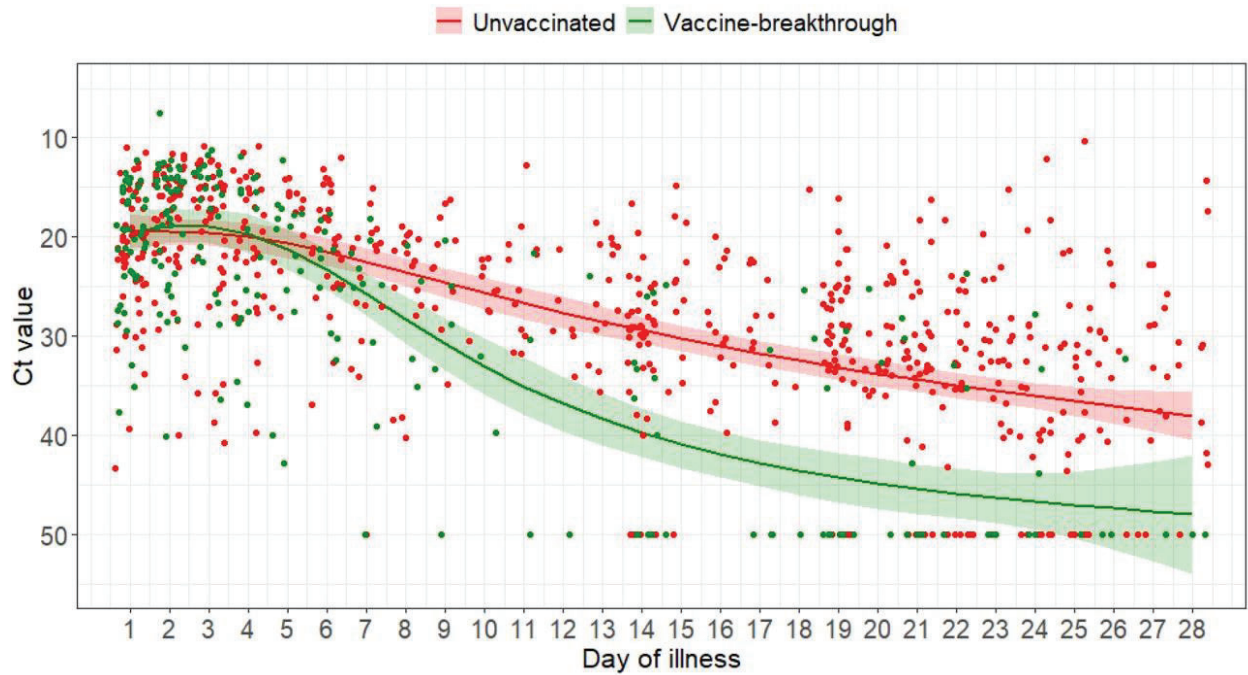


Figure 4. Example Graphic. A graphic taken from the Center for Disease Control website (downloaded from https://www.cdc.gov/library/covid19/images/august2021/0813_FIG4.png?noicon on Sept. 12, 2021). The figure shows the differences in the levels of detectable viruses in vaccinated and unvaccinated COVID-19 patients over time. The Ct (cycle threshold) is the number of polymerase chain reaction (PCR) cycles required for the fluorescent signal to exceed background level (i.e., for the sample to be considered positive). Ct levels are inversely proportional to the amount of target nucleic acid in the sample (i.e. the higher the Ct level the lower the amount of target nucleic acid in the sample).