

# Bartlett Regional Hospital

## MINUTES - STRATEGIC PLANNING WORK SESSION

January 8, 2022 – 9:00 a.m.

Zoom videoconference

**CALL TO ORDER** – The Strategic Planning work session was called to order at 9:00 a.m. by Kenny Solomon-Gross, Board President

### BOARD MEMBERS PRESENT

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

### ALSO PRESENT

Jerel Humphrey, Interim CEO	Kevin Benson, CFO	Kim McDowell, CNO
Vlad Toca COO	Karen Forrest, Interim CBHO	Dallas Hargrave, HR Director
Joseph Roth, MD, COS	Amy Dressel, MD	Nicholas Rosenfeld, MD
Keegan Jackson, MD	Mila Cosgrove	

**\*\*Michelle Hale and Robert Palmer joined the meeting for the executive session**

**OVERVIEW OF STRATEGIC PROCESS** - Mr. Solomon-Gross stated our strategic objective is to come up with a good plan that will serve Bartlett well into the future without having to recreate the wheel. He acknowledged holding the meeting via Zoom is harder than doing so in person, thanked everyone for attending and then introduced Mila Cosgrove as the facilitator of the meeting. Ms. Cosgrove welcomed everyone. She stated today's meeting would follow a fairly traditional format; review the mission, vision and values, do a SWOT analysis and review currently established key objectives in the strategic plan. After doing that, we'll take a look at the high level strategic objectives. Most of the time today will be looking at key initiatives that the board wants to tackle. She stated it is important stay up at policy level and not get into the weeds. We have a tightly scripted agenda and while back and forth discussion is important, if it starts getting too off-track, she will bring it back on track. Mr. Hargrave will keep track of things on the side and this will be shown throughout the day to help attendees keep track as well. In an effort to easily see the board members, she requested that all but board members turn their cameras off unless addressing the board and to use the raise hand feature when wanting to speak. She requested cross talk be kept to a minimum and using the chat feature if there is a need to communicate with someone. She noted that she and Mr. Hargrave are running the meeting in the background since Ms. Moffitt was unable to attend and requests patience from attendees as they work through things. When we get to the key initiatives, break out rooms will be used for small group discussions and then reported back to the whole group. Everyone will get the opportunity to work with everyone else at some point. Several breaks will be provided throughout the day, including a break for lunch and she will try to wrap up by 2:00pm or sooner.

**FINANCIAL OVERVIEW** – Mr. Benson provided a high level financial overview. He stated that over the last few years, BRH operated with a positive bottom line, the last 2–3 years range around 2-3%. Members of the community don't think the hospital should be in the business of making money, however, our net income plus our depreciation expense (a non cash expense) provides the organization the funds to help supply our capital needs. A healthy bottom line is crucial to the success of the organization in being able to accomplish its mission. Observed over the last five years is a steady increase in net operating revenues. He noted that 2020 was fairly flat due to shut down of elective outpatient services for 6 weeks as a result of COVID but picked up in 2021. 2022 is also projected to show a healthy increase. Two-thirds of our expenses are salary and benefit related. As services increase, staffing must also increase. This puts BRH in a bind if they

ever need to reduce or hold expenses in terms of how it's to be done without touching salaries, wages and staffing. In order to maintain expenses, they would have to look at cutting services or finding savings within that area. 2017-2019 had very limited capital expenditures and had a corresponding impact to cash balances. As capital spending was limited, BRH was able to increase cash balances. This is good but necessitated the need to play catch up in capital spending for equipment replacement, project maintenance, etc. 2020 and 2021 show significant increase in capital expenditures and dipping into cash balances in 2021 to fund those projects. Moving forward, net income plus depreciation expense, about \$10 Million a year, can be assigned to capital purchases. The main point he would like to make is that operations need to be sufficient to meet the capital needs of the organization on an annual basis. In response to Ms. Young's query, Mr. Benson responded that the CARES funding is reflected in the income statement in the amount of \$6 Million for 2020 and \$7 Million in 2021. These funds have allowed BRH to be whole from the impact of COVID. Net operating revenues are not reflective of the CARES funding however, without this funding, BRH would have shown net operating losses. Through February 2020, FY20 was looking fantastic with a strong bottom line and growing revenues and then everything came to a screeching halt. The expenses incurred to COVID mitigation affected BRH very adversely; the checkbook was open and BRH did what needed to be done to safely continue operations. Mr. Stevens observed the capital spending went up due to the COVID crisis as well. The important thing is that BRH is projected to come out of it stronger than when it went in when we're forecasting the next year based on the current trend. Ms. Knapp feels our challenge moving forward without the CARES funding, is to make sure our revenues are meeting the expenditures. Ms. Johnston clarified that while the CARES funding offset enough of the expenses of the loss of revenue to keep us from a negative net income, it's not break even. We lost more than we gained from the CARES funding but it helped us from being in the negative. Had we not had the COVID crisis, we would have been in a much better financial position than we are today. Mr. Benson agreed and stated we continue to have COVID related expenses. We have received additional funds of almost \$4 Million in FY22 and as a result, we have to document whether these funds are going to go to lost revenues or COVID related expenses. We are having no issues identifying costs associated with COVID that would not have been incurred without that event.

**REVIEW PROGRESS ON CURRENT STRATEGIC OBJECTIVES** - Mr. Humphrey provided a high level overview of the recent accomplishments on current objectives document included in the packet. We have started Crisis Intervention services; it's going really well. We implemented the testing analyzer from Roche which did exceptionally well for us in terms of return on investment at the height of usage but testing numbers have dropped off recently. We achieved a net income of \$8 Million in FY20 and \$4 Million in FY21. We completed a hospital comparison on our prices for services and validated that they are competitive. Construction is underway for the Crisis Stabilization Unit with an anticipated completion and opening in May 2023. CBJ Assembly approved a bond issue of \$20 Million for the Emergency Room expansion and the Crisis Stabilization projects. We have developed a Certified Nurses Aid program which is going well. Because of COVID and other things, we have implemented retention programs for our existing staff and new hires to continue onboarding of much needed clinical staff. We received our final report for our recent Joint Commission Survey. It went extremely well. The surveyors were very positive in terms of what we were doing, how we are conducting ourselves and documenting our activities. We will be working on some corrective actions but for the most part, we are in very good shape. We are very pleased with our overall 5-star rating from Medicare on Quality measures for treating heart attacks, pneumonia readmission rates and safety of care. Lastly, after reviewing our compliance program, actions have been taken to strengthen it. He noted that Mr. Benson has submitted his resignation as the CFO. He and Mr. Hargrave are working to recruit a possible replacement and hope to bring her onboard before Mr. Benson's departure on January 28<sup>th</sup>. Dr. Jones expressed appreciation for the reports and the stabilization Mr. Humphrey has brought to the organization. He thanked Mr. Benson for the work he has done financially and stated that he will be missed.

**UPDATE STRATEGIC PLAN** - Ms. Cosgrove stated she hopes the quick review of the financials and the progress review has given a foundation from which to work. She noted the last time the board revisited the strategic plan was in September 2020.

**Review Mission, Vision and Values** – Ms. Cosgrove provided an overview of Bartlett's Mission, Vision and Values to make sure they are still pertinent.

**Mission** – BRH provides its community with quality patient centered care in a sustainable manner.

**Vision** – BRH will be the best community hospital in Alaska

**Values** – At BRH we **C.A.R.E**

**Courtesy** – We act in a positive, professional and considerate manner, recognizing the impact of our actions on the care of our patients and the creation of a supportive work environment.

**Accountability** – We take responsibility for our actions and their collective outcomes; working as an effective, committed and cooperative team.

**Respect** – We treat everyone with fairness and dignity by honoring diversity and promoting an atmosphere of trust and cooperation. We listen to others, valuing their skills, ideas and opinions.

**Excellence** – We choose to do our best and work with a commitment to continuous improvement. We provide high quality, professional healthcare to meet the changing needs of our community and region.

Mr. Solomon-Gross, Ms. Hagevig, Dr. Jones and Ms. Johnston support leaving the wording as is. Ms. Knapp agrees for the most part but in our Vision, being the best community hospital in Alaska bothers her. She noted you could be the best in Alaska and still not be very good. It also sounds like we're in competition with other hospitals when we should be cooperating with each other and working together. Mr. Johnson agreed with Ms. Knapp. Ms. Young feels the Mission statement could use some improvement and suggested "We provide the community with exceptional patient centered care in a sustainable manner". She also feels we need to add something to our vision that we are actively engaged in driving forward the health of our community. Mr. Solomon-Gross suggested addressing these changes in the Governance Committee. Mr. Geiger agreed as during this meeting is not the appropriate time. Changes will be made through the Governance Committee. Ms. Young, and others are requested to write their ideas and submit them to the committee for review.

**SWOT Analysis** – Ms. Cosgrove noted looking at a SWOT analysis is a way to get a quick picture of the current environment. As the board moves into the planning process and starts working on specific initiatives and board actions, it'll be doing so within the container of what is seen around them both from internal and external perspectives. While there doesn't need to be consensus on these things, it is important that as a board, there is an opportunity to surface the issues seen as influencing BRH's world. Strengths and weaknesses are looking at the internal organization. Strengths, whether tangible or intangible, are what is making BRH successful and why it's in a good place. Weaknesses are things that are making it difficult to succeed. The important things about weaknesses is that because they are internal, they should be mostly controllable and should be able to be influenced directly through planning activities. Looking at the external environment, opportunities are factors that could be leveraged to the organizations' advantage. Generally, there is limited or no control over external factors. Challenges, also external, are things that might impair success. There is limited or no ability to control them but they are still acting upon you as you carry out your operations.

Mr. Cosgrove asked the board members to take 5 minutes to jot down their individual thoughts about the strengths, weaknesses, opportunities and threats to the organization. A round robin discussion held when the time was up.

Responses to each area:

- Strengths – dedicated staff; balance sheet; excellent leadership despite our challenges, good facility, supportive community; excellent reputation locally, regionally, statewide and with regulatory agencies; strong alliances with other community service providers; broad range of services for a small community; good campus plan/layout; ability to gear up for COVID successfully; CMS and Medicare ratings are excellent; ability to recruit temporary help
- Weaknesses – key leadership positions in transition; absence of quantitative measurement and adaptation except for financials; out migration of services; for long term, lack of space – land for growth as we expand to provide additional services; labor shortages; lack of planning for post-COVID realities and impacts; recruiting for long term staffing; electronic medical records; inability to provide certain service lines which leads to other issues as noted; compliance review for new programs/service lines
- Opportunities – partnership and expansion of workforce development; property options to consider that may help address space issues with other entities; strategic alliances with other entities to improve service lines; ECG study showed it was a good time to partner or affiliate with another entity; accelerating momentum to virtual care coupled with people's hesitation to travel; generate hospital-based services; expanding service lines such as behavioral health or inpatient dialysis; telemedicine; increasing health care presence in tourism industry
- Threats – COVID pandemic – don't know the length; some unhappiness amongst the medical staff; competition, in particular providers with deep pockets; it's difficult for BRH to act quickly given its status as a public entity,

we can't act as quickly as the competition and have an obligation to act as if we are in the private sector because it's the environment we operate in; stagnant population, it's not growing but is aging; keeping physicians – housing issues, facility constraints, etc.; SEARHC's aggressive move to provide healthcare to the greater Juneau community, particularly services that would otherwise provide income to BRH; charter constraints that limit how and where we can provide healthcare; continuing changes in healthcare funding streams – Medicare, Medicaid, ACA, etc. and external funding sources; campus expansion due to land constraints at current facility limits service line expansion; national nursing and other labor shortages; inflation cycle

She stated the intent of this exercise was to prime the pump as we begin to think about initiatives that the board should undertake to leverage strengths and opportunities or to resolve / mitigate opportunities and threats. Mr. Johnson noted there is a statute or state law that allows boroughs to form health districts with neighboring boroughs. This could be a way to get around some of the charter constraints. Ms. Cosgrove suggests he bring this up again when we begin looking at objectives and key initiatives. Ms. Knapp noted legal issues was not mentioned as a challenge but we should always keep that in mind. While this is a very good reminder, Ms. Cosgrove suggests leaving this for Compliance and Quality issues. She then called for a 10 minutes' recess before diving into strategic objectives.

**Review/Update Strategic Objectives** – Ms. Cosgrove noted the strategic objectives, included in the packet, originated from the Focus and Execute process and are tied to Studer's pillars for hospital operations and governance. She noted Services, Financial, Facility, People, Quality and Safety and Compliance are the 6 objective areas identified. Each one will be reviewed and a determination made whether there needs to be adjustments or not. Strategic objectives should be a bigger picture spanning a 5 – 10-year term even though some may be enduring, such as compliance. Discussions held about each of the following objectives and initiatives:

***Services – Develop and maintain a service portfolio that meets community needs and is sustainable.***

Ms. Knapp feels this statement is still applicable today. Mr. Geiger noted strategic is a term borrowed from the military. Strategic goals, in a military setting have to be somewhat specific and there has to be a balance between specificity and generality. He feels this objective should be a bit more specific. While Ms. Cosgrove agrees that we need to get to a level where we need to be more specific about what we're going to do, it's not at this level. There will be an opportunity later to say how are we going to get there and what strategic initiatives are we going to adopt. Ms. Johnston stated that this objective implies a stopping point, that we develop services and maintain them but don't continue to look forward to what needs to change. She thinks this is a continuing process where we review it regularly and do make changes. Mr. Solomon-Gross agreed with Mr. Geiger and then stated that not only do we want to maintain, but we want to grow a service portfolio that meets the community needs. He suggested it to say "develop, maintain and grow". Ms. Knapp agreed with this change. Mr. Stevens suggested changing "meets community needs" to "is responsive to community needs". The services objective changed to: ***Develop, maintain and grow a service portfolio that is responsive to community needs and is sustainable.***

**Financial – Improve net income to \$3.7 Million by the end of FY2020.** Ms. Cosgrove observed this one is outdated and was meant to address not relying on the Rural Demonstration Project funding. Ms. Hagevig noted the Rural Demonstration Project has been renewed and will be here for a while. She also does not feel that putting a dollar amount is appropriate because our funding environment has changed significantly. Mr. Stevens suggested moving the Financial objective to above Compliance and say "to maintain a positive net income so that we can accomplish the above goals and objectives". Ms. Hagevig agreed. Ms. Johnston wants everyone to understand that just a positive net income is not enough. We need to make sure that we have sufficient positive net income for growth. Ms. Knapp agreed and said we also need to recognize that we need to maintain enough of the number of days of operating reserves that we want to keep on the books. This is sometimes difficult to justify to the Assembly but it's important to have a cushion so we have the resources available to respond should an emergency situation, such as COVID, come up. Ms. Cosgrove suggested tweaking the wording to say "maintain a positive net income and sufficient cash reserves to accomplish the above goals and objectives". Mr. Geiger suggested adding the adjective "real" before "positive net income". That would indicate that we want this to account for inflation. Mr. Stevens suggested "develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives". As there is no objection to this language, the financial objective changed to: ***Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.***

**Facility – Update the existing campus plan to identify major replacement needs and options for future revenue growth.** Ms. Knapp suggested “services lines” also needs to be included for future growth. Ms. Hagevig noted a lot of work has been done on the campus plan since we last did this exercise. This is an ongoing responsibility and she is looking for something that really identifies where we are with campus planning. Mr. Stevens stated he is not fond of the word maintain but suggests “*maintain a comprehensive campus plan that identifies major replacement needs...*” Ms. Hagevig and Ms. Knapp agreed with these changes. Mr. Solomon-Gross noted that we have a GANTT chart as a part of our campus plan and wonders how we can add it as we go forward. Mr. Stevens identifies that as a comprehensive plan that not only identifies the replacements needs of the existing building but options for the future. The details in the GANTT chart would be used in the planning committee. Dr. Jones isn’t worried about the plan but the campus. He suggests removing the word plan and say “*to maintain a comprehensive campus*” Mr. Stevens agreed. Ms. Johnston suggested changing “identify” to “address” which goes with the continuing review and modification. Ms. Hagevig agrees with removing “plan” but cautions there may be pushback from people who want to use the word plan and see the plans on paper. They don’t realize how quickly some of our options change so, as we go forward, we’ve got to be more specific in the items we put under this particular objective. Mr. Geiger stated our overarching strategic goal is to maintain the campus, not the plan. After further discussion, facility objective changed to: ***Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.***

**People – Create an atmosphere that enhances employee and physician satisfaction and improves our ability to recruit and retain.** Mr. Geiger would like to add “Improve our alliance with private clinics”. Mr. Solomon-Gross expressed caution in how we handle this as we don’t want to appear to be favoring one clinic over another. He suggested instead of alliance, say communication. This should apply to all physicians and not just physician clinics. Ms. Knapp suggested we should take a step back as alliance has certain connotations and seems to indicate an affiliation or partnership. In any healthcare community, there is a continuum of care with the hospital at the most intensive end as it provides inpatient and outpatient services. Maybe we should focus this on being responsible for the development and support of a health service network in the community that would include private providers, non-profit providers, pharmacies, etc. Taking a leadership role will help deal with competition as well. Mr. Stevens suggested “improve strategic alliances and communication to maintain a community continuum of care”. Ms. Johnston liked what Mr. Stevens suggested and said we need to maintain good relationships with all of the stakeholders in the community, not just providers and pharmacies. She wants to make sure we capture the broader spectrum of stakeholders. Mr. Stevens suggested “Create an atmosphere that enhances employee, physician and stakeholder satisfaction to improve our ability to recruit and retain”. Mr. Geiger feels these changes now make this objective not specific enough. He would still like to make a specific pitch for the clinics. Mr. Solomon-Gross noted this would fall into the bucket (initiatives) listed under the objectives. The objective should not be so specific. Dr. Jones and Ms. Hagevig suggest leaving it at this high level. In response to Mr. Solomon-Gross, Mr. Geiger stated he is fine with this. Ms. Cosgrove noted the statement is important as it relates to the strategic objectives but wonders if it should be in the people section instead of in services. Ms. Hagevig feels it is in the right section and said there will probably be similar action items under multiple categories. Mr. Geiger agreed. People objective changed to: ***Create an atmosphere that enhances employee, physician and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.***

**Quality and Safety – Meet Joint Commission requirements and Alaskan and national quality and safety measures.** Dr. Jones stated that the Joint Commission (TJC) and quality measures are important but they don’t define a quality organization. We’re not so worried about Joint Commission or Alaskan and national quality measures, we’re concerned about providing the best quality to the people we serve. Mr. Geiger referenced notes he had taken at the Leadership conference regarding eliminating harm, improving performance and increasing affordability. He feels these are good goals. Mr. Solomon-Gross stated that one of the things that came out of TJC survey is that the surveyor always asks staff what they are doing to keep the facility safe for patients. She reported that BRH was the only hospital that every employee was able to give an answer. It’s important to keep our staff educated on the importance of quality and safety measures. Ms. Johnston agrees that the language here is just maintenance and doesn’t get us to the level of excellence going above and beyond. Ms. Hagevig said it’s important not to lose the national accreditation piece and suggested it be listed as an initiative. Quality and Safety objective changed to: ***Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.***

**Compliance – Maintain compliance at all levels while accomplishing the above goals.** Ms. Knapp does not like the inclusion of “above goals”. Ms. Young would like it to be more specific to say “maintain robust, proactive compliance programs at all levels while maintaining our strategic goals”. Mr. Solomon-Gross suggested “develop and maintain a robust, proactive compliance program at all levels”. Ms. Knapp reminded everyone that at one time, we had a Quality and Compliance Committee but broke them out in an effort to identify in CMS audits how serious we were about compliance. The intent of the compliance committee was narrowly focused on being in compliance with statutes and regulations. The Quality Committee was broader in what it looked at as far as service delivery. We don’t need to get too broad with compliance. Ms. Cosgrove suggested using “expand and maintain” as one option or “continuously improve a robust proactive compliance program”. After further discussion, compliance objective changed to: ***Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.***

Ms. Cosgrove noted we have come to a natural break in the process and asked if attendees would prefer to break for an early lunch or move on to the next assignment. She will email the newly edited strategic objectives document and leave it up on a shared screen as requested. The meeting recessed for lunch at 11:43am and resumed at 12:05.

Ms. Cosgrove identified the next steps in the process. She said we have identified our big buckets, created our strategic objectives and will now work on creating key initiatives. She asked participants to think about the more specific layer that the board or staff should engage in to achieve those bigger objectives. When thinking about key initiatives, decide whether it’s something the board needs to do specifically or whether it’s something that shifts to staff. Board members will be broken up into groups of three and placed into breakout rooms for this exercise. Each rotation will put people into a different group. Groups will have 12 minutes to identify 2-4 key initiatives that the board would like to engage in or feel are critical to achieving the key objectives just defined. The goal is to have the entire conversation in 25 minutes so when you return from your breakout sessions, one designated person from each group will report. We will move quickly to be able to get through them all. Quality, Safety and Compliance will probably be combined. She explained how breakout rooms work and how to get in and out of them. It will be board members only in the breakout rooms. The first objective to be discussed is services. Board members put into breakout rooms.

After returning from breakout session, the following services initiatives identified:

1. Recruitment of specialists; Ortho, Neurology, General Surgery
2. Build on work we have done with respect to affiliations and partnerships with other healthcare organizations to help us grow our service lines
3. Enhance our relationship with healthcare providers that are currently in our community (this item may be moved under the people objective)
4. Build on the success of behavioral health through telehealth. Develop a comprehensive telehealth department at BRH to help develop new service lines.
5. Identify ancillary service lines we can provide from physician referrals for services not available in Juneau
6. Evaluate how BRH can become a provider of telehealth services to support physician recruitment
7. Explore how to have hospital run clinics

Discussion held about the need to prioritize the list or not and how to determine if initiatives are staff or board work. Mr. Geiger noted some of these are complicated ideas and require more time to give them the consideration they deserve. Ms. Cosgrove wants to make sure there is time to touch each of these areas within today’s time limit. Mr. Stevens suggests that after initiatives are identified and prioritized, they should go to the Executive Committee to assign to committees to work on, whether they are staff or board assigned objectives, to make sure they get done. The committees will flush them out to a higher degree and put parameters and expectations around each statement. Trying to do this today, is going to take too long. Ms. Cosgrove provided the option to dive in at a deeper level today and schedule another meeting to finish up or do as Mr. Stevens suggests. It was determined that initiatives would be identified and prioritized today and will move to the Executive Committee to assign. Initiatives will be prioritized through a poll at the end of the meeting.

Board members were put into breakout rooms and given 10 minutes to identify key initiatives for facility. The following initiatives identified:

1. Move decisively on proposed property acquisitions
2. Evaluate what needs to be on campus versus off. Consider moving admin services and storage off campus to maximize space for clinical services

3. Continue to monitor strategic goals for facilities
4. Evaluate off campus acquisitions to support continuum of care and relieve on campus pressure
5. Evaluate service line needs and determine if property growth is the best alternative to support expanded care
6. Develop proformas for additional service lines, change of use, and acquisitions to properly evaluate return on investment (ROI)
7. Educate board on equipment replacement and maintenance schedules
8. Evaluate current technology on site and best practices to prioritize replacement and new equipment needs. Stay up to date with equipment and technology

Board members were put into breakout rooms and given 10 minutes to identify key initiatives for people. The following initiatives identified:

1. Enhance our relationship with healthcare providers that are currently in our community (moved from list of service initiatives)
2. Measure, evaluate and adapt with respect to employees, doctors and stakeholders
3. Expand workforce development programs “build your own and they will come”
4. Improve our alliances with existing primary care clinics
5. Attract new providers to fill in holes in existing services in Juneau
6. Pickup discussion about provider wellness that the medical staff has initiated
7. Develop relationship with SEARHC to reach mutually agreeable goals to ensure best health care for our community
8. Move toward finding resolutions to electronic medical record (EMR) system
9. Possible hospital run clinics by hospital employed providers

Board members were put into breakout rooms and given 10 minutes to discuss key financial initiatives. The following initiatives identified:

1. Evaluate the current guidelines to identify the unrestricted number of days’ cash on hand that are required, based on COVID experience
2. Ensure we have the proper executive team to manage finances and assure adequate financial controls
3. Look at current income streams including commercial, Medicare, and Medicaid
4. Keep an eye on inflation, provider shortages, and labor shortages. It is unlikely that there will be additional COVID funds
5. Look at profitable service lines and see how reimbursement rates are impacting revenues. Can new service lines be added that will pay for themselves. Utilize Moss Adams tools
6. Look at locums, travelers, etc. to see how it compares to BRH staff
7. Continue focus on marketing initiatives
8. Evaluate how new competition is impacting profitable service lines

Board members were put into breakout rooms to discuss key initiatives for Quality and Safety and Compliance. The following initiatives were identified for quality and safety:

1. Legal consultation regarding certificate of need compliance for ER expansion
2. Develop additional quality measures beyond those that are mandated beyond accreditation or regulation
3. Provide full explanation of any harm that shows up on the dashboard. For items that are repeated, provide a full report back to board on action taken
4. Develop quality initiatives beyond the regulatory requirements that are meaningful to the community
5. Stay current on technology and resources to facilitate risk management, data security, and employee safety
6. Keep a robust education program along with staff training
7. Improve graphical and statistical information presented to the board

The following initiatives identified for compliance:

1. Make sure information from Compliance Officer is presented in a way that is concise, understandable and not redundant
2. Keep a robust education program along with staff training

Ms. Cosgrove stated that because we are over on time, we will not have time to prioritize today. A survey monkey will be sent out after the meeting. She will consolidate the information from today's meeting to include in the next board packet. Ms. Hagevig stated that she does not feel there will be enough time at a regular board meeting for the discussions that need to happen and suggests a work session. Mr. Solomon-Gross and Mr. Hargrave will review the responses to the survey monkey prioritizing the initiatives and decide if there is need for longer conversations in a Committee of the Whole meeting or if it can be done in a 15 or 20-minute portion of the next board meeting. After the strategic plan is approved, he will work with the Mr. Hargrave, Ms. Cosgrove and the Executive Committee to formulate how we put it into the committees moving forward.

Mr. Solomon-Gross thanked Ms. Cosgrove for facilitating the meeting, her leadership is greatly appreciated. If need be, she may be asked to attend the board meeting and help facilitate the conversation. Ms. Cosgrove thanked everyone and wished good luck for the next task. Mr. Solomon-Gross called for a brief recess to be taken at 2:19 pm. Meeting resumed at 2:25 pm.

**EXECUTIVE SESSION - *Motion by Mr. Stevens, to recess into executive session as written in the agenda 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 attendees may be excused from this portion of the session.)***

There being no objection, the meeting entered at executive session at 2:26 pm and returned to regular session at 2:45 pm

Mr. Stevens reported that coming out of the Executive Session, the board provided Senior Leadership with direction regarding campus planning.

**COMMENTS AND QUESTIONS** – Mr. Solomon-Gross said it's been a long day and thanked everyone for their hard work. Mr. Hargrave told everyone to be on the lookout for a survey monkey. Everyone will have one week to complete the survey. Mr. Stevens thanked senior leadership and the medical staff that attended today's meeting; now is the time to start providing your input to some of these priorities and other things that have been put out there and how we can work together. Mr. Solomon-Gross noted he will be making some changes to committee assignments and will send those out in a couple of days.

**ADJOURNMENT** – 2:46 pm