

# Bartlett Regional Hospital

Minutes  
BOARD OF DIRECTORS MEETING  
March 23, 2021 – 5:30 p.m.  
Zoom videoconference

**CALL TO ORDER** – Meeting called to order at 5:31 p.m. by Kenny Solomon-Gross, Board President

**BOARD MEMBERS PRESENT**

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

**ABSENT** - Lindy Jones, MD

**ALSO PRESENT**

Kevin Benson, Interim CEO/CFO	Billy Gardner, COO	Rose Lawhorne, CNO
Bradley Grigg, CBHO	Dallas Hargrave, HR Director	Keegan Jackson, MD, COS
Michelle Hale, CBJ Liaison	Robert Palmer, City Attorney	Barbara Nault, Legal Advisor
Anita Moffitt, Executive Assistant	Dorothy Hernandez, MD	Joanne Gartenberg, MD
Joy Neyhart, DO	Amy Dressel, MD	Mignon (Mimi) Benjamin, MD

**APPROVE AGENDA** – Mr. Solomon-Gross requested items A and C of the committee reports switch places on the agenda. Public participants wishing to speak about the action item listed under item C, Behavioral Health Pediatrician, will be allowed to speak when we move to that topic. ***MOTION by Ms. Hagevig to approve the agenda as amended. Mr. Johnson seconded. There being no objections, agenda approved as amended.***

**PUBLIC PARTICIPATION** – None at this time.

**CONSENT AGENDA** - ***MOTION by Ms. Hagevig to approve the consent agenda as written. Mr. Johnson seconded. There being no objections, consent agenda approved.***

**MEDICAL STAFF REPORT** – Dr. Jackson reported that the Meditech Expanse upgrade was the main topic discussed at the March 2<sup>nd</sup> Medical Staff meeting and the need for more than one month of training support identified. During discussion about the success of Rainforest Recovery and Crisis Stabilization services, questions raised about recruitment of Behavioral Health Pediatrician. Dr. Roth had reported that an Oncological Advanced Nurse Practitioner had been approved by the credentials committee. Dr. Dressel had provided feedback about the success of the vaccine clinics and encouraged other providers to volunteer at these clinics. Mr. Solomon-Gross acknowledged the frustrations of physicians regarding Meditech Expanse upgrade and expressed appreciation for everyone working together to resolve issues.

**COMMITTEE REPORTS:**

**Physician Recruitment Committee Meeting** – Minutes from the March 15<sup>th</sup> meeting are in the packet. Public comments about the recruitment of a Behavioral Health Pediatrician (BHP) heard at this time.

**Dr. Hernandez** introduced herself and provided her background. She expressed opposition to hiring a BHP to provide primary care to psychiatric patients. Encourages a more collaborative relationship with the primary care providers (PCPs) and psychiatrists. Supports hiring a full time case manager to help coordinate continuity of care in the community as

hiring a part-time physician with limited hours to see patients is not beneficial. Frustration was expressed that it was clearly stated previously that BOPS does not want to provide primary pediatric care, however the job description says the intention is to provide primary care pediatric services to child psychiatric patients. She proposes the Board postpone taking any action on this until the new CEO is able to weigh in on the matter.

**Dr. Dressel** thanked the Board for their commitment, introduced herself and provided her background. She echoed many of Dr. Hernandez's comments, acknowledged the current mental health crisis and changes in the way health care is provided. She agrees that a Case Manager is what is needed in BOPS for care coordination with the clinics. She noted that if the BHP is not be part of the pediatric call rotation, it would be a detriment to other providers. She too is upset with how this process was completed and the lack of follow-through with PCPs.

**Dr. Gartenberg** thanked Board for the opportunity to speak. She reported that half of the patients seen in BOPS are kids. There are over 200 active pediatric psychiatric cases at BOPS, many very complex. There are many models for integration of behavioral and primary healthcare, the proposed model means that a PCP is integrated into the clinic, is part of the treatment team, participates in rounds and consults on complex cases. Everyone is working together to get the patient as stabilized as possible, as quickly as possible. Discussion held about why call coverage was not included in the job description.

**Dr. Benjamin**, Medical Director of the Hospitalist Program, expressed her support of the bidirectional model proposed and suggests reading literature available about places where this model is being used.

**Dr. Neyhart** does not see this as competition, would be happy to collaborate with the behavioral health team to increase her patient population and does not see in the job description that a pediatrician hired by BOPS would provide long term primary care. Patients to be served by this model aren't patients that already have PCPs. These are patients in crisis and need immediate help. The goal of integrating this bidirectional care is to allow the person to be hired to work with patients and their families to get patients stable and into a PCP clinic of the patients' choice once they are able to do so.

**Dr. Hernandez** would also like the Board to consider that integration of mental health and pediatric primary care opens the door for adult medicine as well and the hospital then getting into primary care. She would like further discussions of this job description before the Board takes any action.

**Dr. Jackson** expressed concerns that this position was initially presented to the PCPs as a position for someone to provide specialty services, not primary care and she's troubled by how quickly this is moving. As the lead of medical services at SEARHC, she had not received feedback that BOPS was having difficulty getting patients into primary care in the community. She noted that JAMHI has had a similar program to this and while it can be beneficial, it's difficult when two providers are treating the same patient and information is not communicated. Lack of communication is one reason PCPs are wondering why this is happening so quickly and where it could lead farther down the road.

**Mr. Johnson** reported that the Recruitment Committee had carefully considered this request, did not vote on it when it was first presented and obtained feedback provided from PCPs. A specific job description was requested by Mr. Johnson for presentation at a follow-up meeting where a vote of the committee members approved it 5-1.

**Ms. Young** reported that she was the committee member that voted against this proposal. While she agrees the pediatric population this would reach is complex, fragile and families are struggling, it is important to do what's right for the patients. She requests the Board postpone taking action until Rose Lawhorne, as the new CEO, can weigh in and make a recommendation. The process was not as transparent or as inclusive as it could have been and other solutions have not been fully vetted. She is not convinced that the real barriers have been identified or that the best answer is this proposal. The issue of call coverage will also need to be addressed.

**Dr. Gartenberg** stated that BOPS will do everything they can to coordinate care with the PCPs. She also disputed that it was stated that there was not enough primary care available and that this was the reason for moving forward with this plan. BOPS is trying to help families navigate the system. There is a moral obligation to provide health services where patients are entering the system and then help them get into other parts of the system. BOPS does have community navigators to help coordinate care but they can't do everything that is needed.

**Ms. Hagevig** agreed there is compelling information on all sides of this issue and supports postponing the decision for one more month to allow further discussions to take place with the PCPs and allow the CEO weigh in.

**Mr. Grigg** agreed waiting one month is not going to make a difference. He reiterated that BOPS is not interested in primary care, they want to take care of patients coming through the doors that are struggling to find help due to their complexities. In response to Mr. Stevens' question, Mr. Grigg reported there is an estimate of just over a total of 50 pediatric patients currently meeting the criteria. The number of monthly visits depend on the intensity of services and he will provide more accurate numbers at the next meeting.

**Mr. Johnson** made recommendation on behalf of the Recruitment Committee that the Board approve job description.

**Mr. Solomon-Gross** requests a motion be made to move this back to the Recruitment Committee for more input before bringing it back to next month's Board of Directors meeting.

***MOTION by Ms. Young to move the proposed job description back to the Recruitment Committee to be further investigated and brought back to the Board for consideration.***

**Mr. Geiger** objected for the purpose of conversation. The committee has studied this and made a recommendation that is pretty overwhelming. Things should not be moved back to committee because they are controversial. He is ready to move the vote forward.

**Mr. Stevens** agrees with committee work, is concerned that we did not follow commitments as well as we could have but feels the bigger concern is not providing a service that is obviously needed. If Pediatric call could be available to BOPS while working on a solution, he would be more in favor of moving this back to committee.

**Mr. Johnson** clarified events to date. He feels process was followed at subsequent committee meetings; input was heard from PCPs and a request made for a specific job description to be brought back to the committee the following month. He believes the committee has followed the process correctly.

**Ms. Lawhorne** acknowledged all concerns. Details can be worked out so we are not encroaching on primary care but are providing the needs of the patient in the moment, much like in the Emergency Department. She will help facilitate the development of a position description the PCPs would be comfortable with.

Discussion held about ***motions*** made. Mr. Johnson noted that the Recruitment Committee has brought this proposal forward for approval making it a motion and asks if it preempts Ms. Young's motion. Mr. Palmer consulted for clarification. Ms. Knapp noted the Board follows Roberts Rules regarding action items coming forward out of committee. Mr. Palmer advised that if a recommendation by the committee is considered a motion and the standing policy of the board, an amendment cannot be made to send it back to the committee. A motion tabled at the Board level cannot be taken up again by Committee either. Action can be postponed at the board level to allow the Board Chair, Senior Leadership and stakeholders present to review the job description and provide more clarity before bringing it back for Board consideration at next month's meeting.

Ms. Young restated ***MOTION to postpone taking action on this job description until next month's board meeting when more information will be made available.*** **Ms. Knapp seconded.** Mr. Johnson objected. Roll call vote taken to approve postponing action on this item until next month's meeting. Ms. Young, Ms. Johnston, Ms. Knapp, Ms. Hagevig and Mr. Solomon-Gross voted in favor of postponing. Mr. Johnson, Mr. Geiger and Mr. Stevens voted against. Motion passes 5-3.

**Planning Committee Meeting** – Minutes from the March 12<sup>th</sup> meeting are in the packet.

**Board Quality Committee Meeting** – Minutes from the March 10<sup>th</sup> meeting are in the packet. ***Ms. Hagevig made recommendation on behalf of the committee that the board to approve the HIM/Utilization Management Plan, Risk Management Plan, Infection Prevention Plan, Environment of Care Plan and the Patient Safety & Quality Improvement Plan included in the packet.*** Hearing no objections, these items were approved.

**Finance Committee Meeting** – Draft minutes from the March 18<sup>th</sup> meeting are in the packet. Ms. Johnston reported the bulk of the time was spent reviewing the FY2022 budget presented in the packet. Mr. Benson noted that this was a very difficult budget to create given the unknowns related to COVID. We are optimistic that some tourism will return next year however we are relatively conservative with our numbers. Mr. Stevens stated that he felt Mr. Benson did a good job on the assumptions made when preparing the budget. Ms. Knapp initiated brief conversation about Psychiatrists' impact on

PERS. *Mr. Solomon-Gross noted there is a recommendation on behalf of the Finance Committee that the Board approve the proposed FY2022 budget.* Hearing no objections, FY2022 budget approved.

#### **MANAGEMENT REPORTS:**

**Legal report** – Ms. Nault provided a summary of projects her company has been working on since last month's meeting.

**HR report** – Mr. Hargrave noted a typo in his report. The survey results are from 2019, not 2009.

**CNO report** – No questions or comments.

**COO report** – Mr. Solomon-Gross thanked Mr. Gardner for the changes provided in his report.

**CBHO report** – Mr. Grigg reported that we are recruiting for 4 full time psychiatrists to meet the needs of the approximately 1,000 patients we see. Two of the candidates currently provide locums coverage at BRH.

**CFO report** – Mr. Benson reported that one of the cost saving activities we are looking at for next year is to switch to a new GPO able to provide us more favorable pricing. We are in the process of finalizing an RFP which will hopefully go out by the end of this week. ASHNHA is working hard to represent the hospitals in Alaska. For FY22 we are looking at a 5% reduction in Medicaid reimbursements that would be backfilled to the tune of \$35 Million to keep us whole from FY21 going into FY22. Our new Grants Manager begins on April 19<sup>th</sup>. She comes with 4 years of grant management at the state level. The CBJ Assembly approved appropriation of up to \$2.5 Million for the purchase of the building located at 3225 Hospital Drive. The owner of the property will evaluate our offer as well as another offer they have been presented. Discussion held about conversations with owner to date. Mr. Solomon-Gross reported a conflict of interest and recused himself from the conversation. Mr. Benson reported that our lease for space in that building is up in December. If we are unable to purchase the building, we may have to look for another location for the Specialty and Surgical Clinic. It was confirmed that increasing our bid would require us to go back to the Assembly for approval. If this needs to happen, Mr. Palmer can assist Mr. Benson and Mr. Bleidorn in exploring our options. Ms. Hale noted the Assembly can work quickly when they need to and will work with Mr. Palmer to expedite if needed.

In response to Mr. Stevens' question, Mr. Gardner reported that the glitches have all been worked out with the Roche testing machine and it is up and running. The challenges are that we are under contract for purchasing 900 tests with reagents per week but have failed to get anywhere near that usage. (We are doing well with getting up to 50 tests per day.) We are working to increase volumes and pursuing contracts with Coeur Mining, UnCruise, the school district, outlying communities and Capstone. We are processing CCFR collections, inpatient and pre-procedural testing.

**CEO REPORT** – Mr. Benson reported that we currently have 1 COVID positive case in the hospital. Within CBJ, 50% of people eligible for the vaccine, have received the first shot and 25% have received both. 73% of BRH staff have received vaccinations. BRH does have the Johnson and Johnson single dose vaccine and looks at opportunities to use them within our patient base. Extra vaccines received from the State are being distributed at vaccination clinics held at Centennial Hall. There are currently 14 active COVID cases in Juneau.

Mr. Gardner provided an update on the power smoother. Anderson Brothers Electric has ordered 9 surge protectors to supplement the ones already in place. Due to a shipping error, there will be about a week delay in getting these installed. The design team is going to continue to develop plans that will include generators.

**PRESIDENT REPORT** – Mr. Solomon-Gross reported that CEO candidate interviews have concluded. Ms. Lawhorne has been put forth as the new CEO. *Mr. Solomon-Gross seeks unanimous consent of the Board that Rose Lawhorne be the new CEO of BRH beginning April 4<sup>th</sup>.* Seeing and hearing no objections, Ms. Lawhorne is named the new CEO.

**BOARD CALENDAR** – April calendar reviewed. Ms. Knapp would like to schedule a Governance Committee meeting later in April but before the Board meeting. The topic of discussion to be Board self-evaluation. Mr. Hargrave is to provide information from the last evaluation and help develop a plan for the next one. An Executive Committee meeting will be scheduled to take place in April or May.

**BOARD COMMENTS AND QUESTIONS** – Congratulations and support of Rose Lawhorne as the new CEO expressed. Appreciation and acknowledgement of the hard work involved in the CEO selection process also expressed. Ms. Lawhorne acknowledged the support and thanked everyone. She expressed a strong commitment to the organization and community and looks forward to our future together. Mr. Grigg thanked Mr. Benson and acknowledged the extra

work he put in to cover both the CFO and interim CEO positions during this transition period. Mr. Benson acknowledged that he had a lot of help and is happy to be able to hand over the reins soon.

**EXECUTIVE SESSION – MOTION by Mr. Stevens 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 credentialing report, Medical Staff Meeting minutes, the patient safety dashboard and union negotiations.*

*And*

- *To discuss pending litigation related to BRH, specifically a candid discussion of the facts and legal strategies with BRH's attorneys;*

**Mr. Johnson seconded.** The Board entered executive session at 7:29 p.m. and returned to regular session at 7:45 p.m.

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

**ADJOURNMENT – 7:46 p.m**

**NEXT MEETING: 5:30 p.m. - Tuesday, April 27, 2021**