

Bartlett Regional Hospital

Agenda
Governance Committee Meeting
Wednesday, May 9, 2022; 12:00 p.m.

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

<https://bartletthospital.zoom.us/j/93527626182>

or call

888-788-0099 and enter webinar ID 935 2762 6182

- I. CALL TO ORDER
- II. ROLL CALL
- III. PUBLIC COMMENTS
- IV. APPROVAL OF THE AGENDA
- V. APPROVAL OF THE MINUTES – [March 15, 2022](#) (Pg. 2)
- VI. COVID UPDATE
- VII. NEW BUSINESS
 - I. [Start on Goals, Objectives, and Metrics for the New CEO](#) (Pg. 4)
 - II. [Board Self-Examination Study from 2021 Materials](#) (Pg. 8)
- VIII. OLD BUSINESS
 - I. Bylaws for the Physician Recruitment Committee
- IX. COMMENTS
- X. ADJOURN

Bartlett Regional Hospital

Minutes
BOARD GOVERNANCE COMMITTEE MEETING
March 15, 2022 – 12:00 p.m.
Zoom videoconference

CALL TO ORDER – Meeting called to order at 12:03 p.m. by Hal Geiger.

BRH BOARD AND COMMITTEE MEMBERS* PRESENT

Hal Geiger Chair* Iola Young* Rosemary Hagevig*
Kenny Solomon – Gross, BRH Board President*

ALSO PRESENT

Jerel Humphrey, BRH Interim CEO Kim McDowell, BRH CCO
Karen Forrest, BRH Interim CBHO Dallas Hargrave, HR Director

Suzette Nelson, BRH Executive Assistant Anita Moffitt, BRH Executive Assistant
Yvonne Krumrey, KTOO Reporter

Ms. Young made a MOTION to approve the agenda as written. Mr. Solomon - Gross seconded. There being no objections, agenda approved.

Ms. Young made a MOTION to approve the minutes from February 24, 2022. Mr. Solomon - Gross seconded and minutes were approved.

PUBLIC PARTICIPATION – None

BYLAWS FOR THE PHYSICIAN RECRUITMENT COMMITTEE – Mr. Geiger shared draft language for the Bylaws in the Physician Recruitment Committee. After some discussion and modification, the committee settled on the following draft language for further consideration at the next committee meeting:

**Draft language for
Bylaws for Physician Recruitment Committee**

Physician Recruitment Committee

The Physician Recruitment Committee shall consist of a chair and six members appointed by the hospital board president. Members of the committee shall be three hospital board members, the hospital’s chief executive officer and the chief clinical officer, and two physicians from the community; the physicians shall be appointed by the hospital board president from a list of names provided by the hospital medical staff. The physician makeup should include one primary care physician and one specialty care physician. The duties and responsibilities of the Physicians Recruitment Committee are to review and make recommendations to the Board and hospital administrator concerning the recruitment of medical staff to Juneau.

Formatted: Font: 12 pt, Bold

Formatted: Font: 12 pt

Formatted: Font: 12 pt

Formatted: Font: (Default) Times New Roman, Not Bold

Formatted: Font: (Default) Times New Roman

- A. The Physician Recruitment Committee may assist in the preparation and modification of long-range and short-range plans to ensure that the entire medical staff is attuned to meeting the health care needs of the community served by the hospital.
- B. The Physician Recruitment Committee will meet and review a periodic community needs assessment.
- C. The committee recommendations should specifically encompass consideration of the hospital's mission, the hospital board's strategic plan, the community needs assessment, medical staff succession planning, and expansion of service lines.
- D. The committee will consider a certificate of need, working with the Compliance Committee, for new service lines.
- E. The Physician Recruitment Committee will consider advice from physicians and surgeons in the community.

Mr. Geiger requested this language to be sent to the Physician Recruitment committee for their review and suggestions before it will be taken up again.

COVID UPDATES – Mr. Humphrey reported that we have ~~one~~ one patient in house and one or two employees out. We are very busy.

Formatted: Font: 12 pt
 Formatted: Font: 12 pt, Not Bold
 Formatted: Font: 12 pt

GOALS AND OBJECTIVES FOR THE NEW HOSPITAL CEO – There was a brief discussion about goals, objectives, and metrics for the new hospital CEO and an agreement that the committee will start on the task of developing these at our next meeting.

BOARD COMMENTS AND QUESTIONS — Mr. Solomon – Gross shared his appreciation to Mr. Geiger in regards to all his efforts with the tasks that was assigned to him.

ADJOURNMENT: 1:12pm

Goals, Objectives, and Metrics for the Bartlett Regional Hospital CEO

In the past there has been some confusion and inconsistency with the terms used to describe goals for Bartlett's CEO. So, let's start with some definitions. As I am using the term, a *goal* is statement of an overarching outcome or result that the board would like to bring about. An example might be to develop partnerships with other healthcare organizations, such as The University of Washington or the Virginia Mason Clinic. Another goal might be to maintain or improve patient satisfaction survey results. An *objective* is an observable, measurable, and specific step in support of a goal that should be taken to achieve success with the goal. Importantly, the objectives are what is to be examined at the time of the evaluation. If the goal is to develop these partnerships, then an example of an objective might be to present the board of directors a plan for developing these partnerships that includes four options to move forward with an analysis of each option. A *metric* is a measure—in this case a measure of the success of reaching a specific objective.

To be successful, a board must exercise great skill in developing these objectives and metrics—even greater skill than in developing the goals. We share an idiomatic expression of derision when someone is called a “bean counter” or the exercise is called “bean counting.” These expressions refer to measuring something which is unimportant or unrelated to achieving the overall goal. An example might be that if the goal was to build a house, an objective might be for the carpenter to drive at least a thousand nails. Then the metric might be a count of the actual number of nails driven. Objectives like this could easily lead to a project that would never be finished, or if finished, it might never be suitable, although the carpenter might receive several awards for driving far more nails than was requested.

To complete the house, the objectives should clearly tie closely to completion of the important parts of the overall goal, which in this case is house completion. The objectives might be something like (1) complete the design, (2) construct the foundation, (3) frame the floor, (4) frame the walls, (5) frame and finish the roof, (6) install siding, and (7) finish the interior. In this case, the most important metrics might be something as simple as a “pass” or “no pass” to each one of the city inspections for construction, electrical, and plumbing.

In conversation with Kim Russel, we concluded that the overall responsibility of being the Bartlett CEO might be described by seven dimensions: (1) quality, (2) patient satisfaction, (3) financial, (4) people relations, (5) physician relations, (6) health equity, and (7) community. Kim's list sounded a lot like what I heard was important at the Governance Institute's meeting in Colorado. Kim mentioned that outcomes involving employee satisfaction and physician relations are easy to measure, usually with surveys, but goals involving health equity, for example, are often hard to measure.

Kim also advised us to keep the number of goals simple and brief for the first year. Even so, we agreed things like appropriate financial management, appropriate personnel management, keeping the hospital out of the paper, and so on are all important maintenance goals and should be stated in the list of goals.

Then one possibility would be to name a few specific items from our strategic plan as explicit goals for the CEO—and stress these—and then also name basic management of each named dimension as on-going goals. Once the committee agrees on draft goals to present to the whole board, the committee can move on to developing a list of draft objectives and then draft metrics for the whole board to consider. With that as an introduction, let's, as a committee, consider and alter the following draft strawman language:

Step 1 – the goals...

--- To be modified by consensus at the next committee meeting ---

1. A goal taken from the strategic plan (this could, for example, be to present the board of directors with a plan for developing partnerships with outside health organizations, such as the University of Washington or Virginia Mason Clinic, that includes four options to move forward, with an analysis of each option).
2. Another goal taken from the strategic plan.
3. Another goal taken from the strategic plan.
4. A quality maintenance goal.
5. A patient-satisfaction maintenance goal.
6. A financial-management goal.
7. A people-management goal.
8. A physician-relations goal.
9. Possibly, a health-equity goal.
10. Possibly, a community-based goal.

Step 2 – after the goals are established, the objectives

Step 3 – after the objectives are established, the metrics

| 1. Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs. | | |
|--|--|---------------------------------|
| | Initiative | Owner |
| 1.1 | Evaluate and expand affiliations and partnerships with other healthcare organizations. | Planning Committee |
| 1.2 | Develop a comprehensive telehealth department at Bartlett Regional Hospital to help develop new service lines. | Planning Committee |
| 1.3 | Recruit needed medical specialists. | Physician Recruitment Committee |

| 2. Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth. | | |
|---|---|--|
| | Initiative | Owner |
| 2.1 | Develop a facility plan that provides for the efficient delivery of clinical services. | Planning Committee |
| 2.2 | Develop proformas for additional service lines, change of use, and acquisitions to properly evaluate return on investment so the board can move decisively. | 1. Planning Committee 2. Governance Committee |
| 2.3 | Evaluate current Bartlett Regional Hospital technology and industry best practices to prioritize replacement and identify new equipment needs. | Governance Committee |

| 3. People: 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. | | |
|---|--|---|
| | Initiative | Owner |
| 3.1 | Resolve electronic medical record system concerns. | 1. Finance Committee 2. Quality Committee |
| 3.2 | Expand workforce development programs. | 1. Planning Committee 2. Quality Committee |
| 3.3 | Explore feasibility of hospital run clinics and hospital employed providers. | 1. Planning Committee 2. Finance Committee |

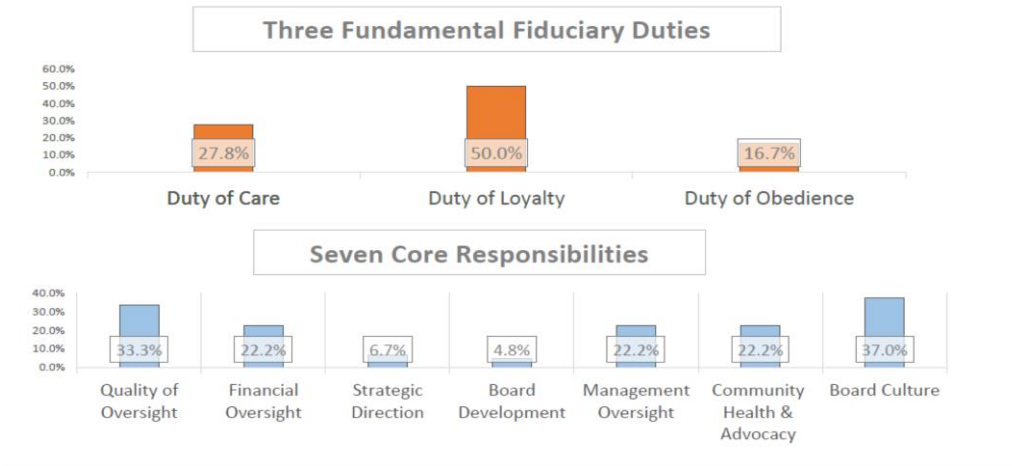
| 4. Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives. | | |
|--|--|-------------------|
| | Initiative | Owner |
| 4.1 | Evaluate current guidelines to identify the number of days of unrestricted cash on hand that are required. | Finance Committee |
| 4.2 | Ensure Bartlett Regional Hospital has the proper executive team to manage finances and assure adequate financial controls. | Finance Committee |
| 4.3 | Monitor inflation, provider shortages, and labor shortages impact on budget. | Finance Committee |
| 4.4 | Evaluate service line impact on revenues. | Finance Committee |

| 5. Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations. | | |
|---|---|-------------------|
| | Initiative | Owner |
| 5.1 | Stay current on technology and resources to facilitate risk management, data security, and employee safety. | Quality Committee |
| 5.2 | Develop quality initiatives that exceed accreditation and regulation requirements. | Quality Committee |

| 6. Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals. | | |
|--|---|----------------------|
| | Initiative | Owner |
| 6.1 | Maintain a robust education and training program at all levels to assure compliance goals are achieved. | Compliance Committee |

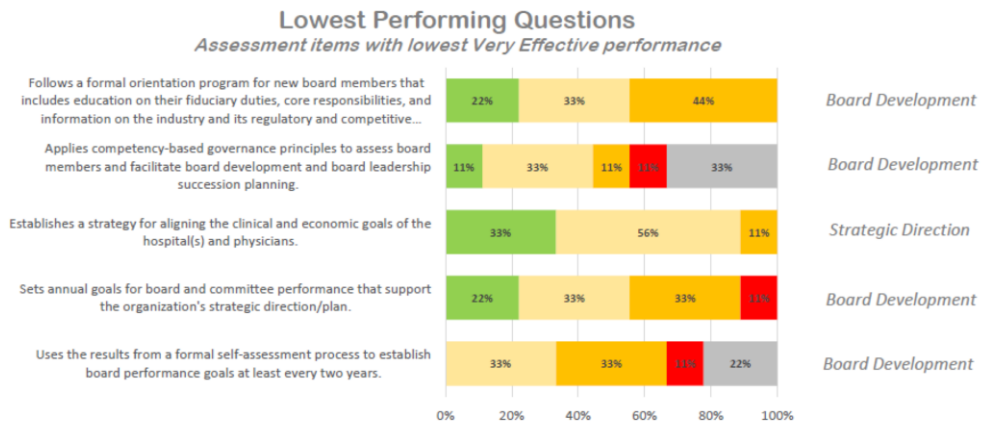
Example Material from 2021 Board Assessment Survey

Overall Assessment Ratings



Note that no explanation or key to the meaning of the statistics was included in the presentation.

Lowest Performing Assessment Items



What is the single most important improvement the board could make to be more effective in the upcoming year?

Open-Ended Responses:

- “I would like the board to be thinking further out into the future, and to be less reactive.”
- “Decide on our strategic direction with regards to affiliation with other organizations.”
- “Not sure. I think the board is more effective now than it was in the past.”
- “I believe training is always important. I want to continue keeping open communication with our board and with the SLT. I want to develop a strategic plan to keep Bartlett moving forward whether it is with affiliations or campus planning, making sure we are always keeping our mission statement in mind: provides our community with quality, patient-centered care in a sustainable manner.”

12

What is the single most important improvement the board could make to be more effective in the upcoming year?

Open ended responses (continued)

- “Develop a more formal schedule of initial orientation and ongoing training for board member beyond the binder and reference materials provided at onboarding. Board should initiate annual review of orientation and training materials for relevance.”
- “Assist with the onboarding of our newly appointed CEO; keep our capital expansion plan moving forward; strategic planning and moving forward with plans for establishing and supporting alignment plan/s with other hospitals in our expanded geographic region (Pacific Northwest)
- “Set performance standards for new CEO.”
- “Participate in discussion regarding keeping our organization the most prominent health care institution in Northern Southeast AK.”

Example Questions for the Committee:

1. Can any of the material from the 2021 Board Assessment Survey be used to assess weakness in the Bartlett Hospital Board?
2. Can any of the material from the 2021 Board Assessment Survey be used to make concrete recommendations on how to improve the effectiveness the Bartlett Hospital Board?
3. Can any of the material from the 2021 Board Assessment Survey be used to monitor changes in the effectiveness the Bartlett Hospital Board over time?