

Bartlett Regional Hospital

AGENDA

PHYSICIAN RECRUITMENT COMMITTEE

July 12, 2022 at 12:00pm

Zoom Videoconference: <https://bartletthospital.zoom.us/j/92610750230>

OR Call 1-888-788-0099, Meeting ID: 926 1075 0230

- I. **CALL TO ORDER**
- II. **INTRODUCTION OF GUESTS**
- III. **PUBLIC PARTICIPATION**
- IV. **APPROVAL OF MINUTES – [November 30, 2021](#)** (Pg. 2)
- V. **UPDATES**
 - A. Recruitment of Orthopedic Surgeon
 - B. Recruitment of Psychiatrists
 - C. Need to Recruit Additional General Surgeon
 - D. Oncology
 - E. Ophthalmology
 - F. Neurology
- VI. **NEW ITEMS** (Pg. 5)
 - A. [Draft Bylaws](#)
 - B. Recruitment of Radiologist(s)
 - C. Other Recruitment Topics
- VII. **COMMITTEE MEMBER COMMENTS**
- VIII. **ADJOURNMENT**

Bartlett Regional Hospital

Physician Recruitment Committee Meeting Minutes

Tuesday, November 30, 2021; 12:00 p.m.

Bartlett Regional Hospital - Zoom Videoconference/Boardroom

Called to order at 12:01 p.m. by Mark Johnson, Committee Chair. Attendees introduced themselves.

MEMBERS PRESENT (*Virtual attendees italicized*): Mark Johnson, Chair, Steven Strickler, DO, Iola Young, John Raster, MD, Sara Dodd, Dir. Physician Services, Lindy Jones, MD, Kate Peimann, MD

ALSO PRESENT (*Virtual attendees italicized*): Kenny Solomon-Gross, Board President, Jerel Humphrey, Interim CEO, Vlad Toca, COO, Anita Moffitt, Executive Assistant, Kim McDowell, CNO, Karen Forrest, CBHO, Kevin Benson, CFO, Debbie Kesselring, Director Medical Staff Services, Latrice Hay, Office Manager BSSC

PUBLIC COMMENT - None

APPROVAL OF THE MINUTES –MOTION by Dr. Strickler to approve the minutes from March 15, 2021. Dr. Raster seconded. There being no objections, minutes approved.

UPDATES

General Surgery - Mr. Johnson noted at the March meeting, it had been determined to hold off on discussions about recruitment of a General Surgeon until a permanent CEO was in place. Before Ms. Lawhorne's resignation as CEO, she was in support of recruiting a female general surgeon. Mr. Toca reported Dr. Gruchacz's resignation was effective November 29th. He supports recruitment of a new surgeon and suggests staying away from locum coverage due to costs and long term patient care issues. Ms. Dodd reported that she was unable to speak to Dr. David Miller but did speak with Dr. Ben Miller. He is not in support of recruiting a surgeon at this time as he feels patient volumes are still low. Dr. Gruchacz provided about 10 days of call coverage per month. Dr. Schmidt and Dr. Yost currently provide call coverage and Dr. Yost is willing to pick up extra days. A new locum is to start in December and will pick up extra days moving forward. Ms. Dodd stated locum coverage is not any more expensive than what Drs. Schmidt and Yost are paid as employed locums for BRH. She also stated if recruitment of a surgeon is approved, we should try to recruit a female. Dr. Strickler observed that David Miller had not been in support of recruitment in the past as reflected in the minutes from the last meeting. Dr. Strickler is on the fence about recruitment of a surgeon due to low patient volumes and follow-up care issues.

Mr. Humphrey is to coordinate gathering the following information to help in making the decision to recruit or not: patient volumes, cost differentials between locums and hired physicians, who pays for the locums and if costs aren't covered, which budget is impacted.

Dr. Jones joined the meeting at 12:10pm. After being brought up to speed, he stated that it's vital to recruit a general surgeon as locums do not provide continuity of care. He had also heard that David Miller is wanting to slow down a bit. Dr. Jones understands where Ben Miller's opinion is coming from but locum coverage, from the Emergency Room's point of view has not worked out well. Dr. Raster stated that neither surgeon has a full practice and recruiting another surgeon would result in reduced volumes for them. This committee has never before recommended adding to a specialty when those in the specialty are disinterested. It would be a breaking of precedence to do so. Dr. Jones highlighted some specific issues encountered with Dr. Gruchacz. Locums would

need to be more receptive to these types of issues or a general surgeon should be recruited. He also stated there is no outpatient surgery coverage provided by locums. Patients should not have to wait extended periods of time for full time surgeon to get back to town to get what is deemed non-emergency surgery by a locum. Dr. Raster suggested a workaround might be that a locum could not work two consecutive weeks, every other week would need to be covered by one of the Drs. Miller. He also stated that if it is decided to recruit against the wishes of the general surgeons, data supporting the need for an additional surgeon needs to be provided.

Dr. Peimann joined the meeting at 12:20. Mr. Johnson provided an overview of discussions so far and asked her opinion. She asked about current caseloads of the surgeons and what percentage of call is covered by locums. These would be important factors to know before deciding to start another recruitment effort. Ms. Dodd confirmed the surgeons are required to provide a minimum number of days of call coverage per month and are paid for any days in excess of the minimum. She also reported that we are fine with locum coverage for the immediate future. Mr. Johnson proposed postponing discussions until requested information is available. Another meeting will be scheduled to take place within two months to review the information and continue discussions.

Psychiatry – Ms. Forrest reported that our Behavioral Health Outpatient Psychiatric Services (BHOPS) rely on locums while we recruit for staff psychiatrists. We have hired one that is board certified in adult and child/adolescent psychiatry. She is due to start in January. There are two staff psychiatrists going on different degrees of vacation soon so locums will provide coverage during their absence. (Both locums have provided coverage for us in the past.) Dr. Gartenberg, Medical Director of Behavioral Health Services, retired on November 5th. We are looking at her departure as an opportunity to look at what we need going forward for her position. Before her departure, she divided her duties among several physicians as follows: The lead at BHOPS, handling the administrative duties is Dr. Sonkiss. The lead for Rainforest Recovery and Withdrawal Management is Dr. Tarim. The lead for the mental health unit is Dr. Short.

Medical Oncology – Mr. Toca noted that this committee had approved recruitment of a full time medical oncologist in September 2020. Drs. Malpass and Weiden currently provide oncology services but are close to retirement. Both physicians provided feedback that a full time oncologist is needed in Juneau. Ms. Dodd reported a recruiter had presented a candidate interested in coming to Juneau. This person was deemed to not be a good fit as Juneau needs a generalist that has seen a range of different cancers and not someone with a specialty as this person has. We are still actively recruiting. Dr. Strickler suggested reaching out to Oncology Residents to see if there is anyone interested in coming to Juneau since were so fortunate to have Dr. Huang come here for Radiation Oncology right out of training. Ms. Dodd said we would be open for that. She then reported that we had recruited for and filled two Oncology Nurse Practitioner positions. Sarah Dunn is working full time in the clinic but Christopher Savarese will be leaving the practice on January 25th. Ms. Dodd will conduct an interview this afternoon with a candidate that has a long history of oncology care as a possible replacement for him. This candidate was born and raised in Juneau and is moving back here in January with her family. Mr. Johnson noted this will be another agenda topic for our next meeting.

Ophthalmology – Ms. Dodd reported Ophthalmology is going well. Services that had been provided by Dr. Kopstein are now being provided by a group out of Anchorage. This is only a short term solution to not having a full time ophthalmologist in Juneau. They have held 3 clinics here and all went well. These are great providers that already had patients from Juneau traveling to Anchorage for their services. A recruitment firm has presented a strong candidate for us. First rounds of interviews went well and local Optometrists that have spoken with him

agree that he would be a great fit for our community. He has more interviews scheduled next week and if all goes well, a site visit will be the next step. He would like to start a clinic here in early summer 2022.

Mr. Toca noted the ophthalmology group is expensive and they only come three days a month. He also stated that even though this candidate is very good and wants to move here, we don't have space for him. This is a very big concern and we are actively looking for space solutions. Ms. Dodd noted space is a concern for general surgery as well since the lease for our current space ends December 2022 and will not be renewed.

Neurology – Dr. Peimann stated there is a real need for neurology services in Juneau. Dr. Hunter-Joerns has been practicing part time and hasn't maintained hospital privileges for quite a while. We have received word that she is closing practice at the end of December and there will officially be no neurologists in town with her retirement. Some neurologists in Anchorage provide telehealth services. While helpful, it's not ideal so Dr. Peimann sends a lot of patients out of town. Mr. Johnson asked if we should recruit for neurology as well. ***Motion by Dr. Jones that the committee approve the recruitment of a neurologist. Dr. Raster seconded. There being no objections, MOTION approved.*** Recommendation for recruitment of a neurologist will be presented to the Board for approval.

Orthopedic Surgery – Mr. Humphrey has met with Dr. Garcia to discuss recruitment of an orthopedic surgeon. Drs. Harrah, Schwarting and Schellack will all be gone in about 8 months due to retirements and relocation. Initially, Dr. Garcia was interested in recruiting a spine surgeon. BRH is not set up for that and volumes may not support it. Dr. Jones agreed the volumes would be low and identified one of the biggest losses with Dr. Schwarting's departure is total joint care. Mr. Humphrey recommends the committee to approve recruitment of one orthopedic surgeon that does total joints. ***Motion by Dr. Raster that the committee approve the recruitment of an orthopedic surgeon. Dr. Strickler seconded. There being no objections, MOTION approved.*** Recommendation for recruitment of an orthopedic surgeon will be presented to the Board for approval.

Mr. Johnson obtained confirmation that we no longer need to recruit for a Urologist. Dr. Huffer provides these services.

COMMENTS - None

Adjourned at 12:42 p.m.

Next meeting – To be determined

Draft

Bylaws for Bartlett Regional Hospital Physician Recruitment and Retention Committee

Physician Recruitment and Retention Committee

Voting members of the Physician Recruitment and Retention (PRRC) Committee shall consist of a chairman and two other members appointed by the Hospital Board President, the CEO of the hospital (or designated representative), plus five physicians appointed by a vote of the medical staff, including a surgeon, another medical specialist (e.g., radiologist, anesthesiologist, obstetrician gynecologist, oncologist, pediatrician, etc.), a hospitalist, an emergency medicine physician, and a general primary care physician. One of the physician specialty representatives may also be a Board member. If so, the Board President will appoint that member.

Current members of the committee may continue serving on the PRRC committee until members are appointed or reappointed by the Board President and a vote of the Medical Staff in January 2023. Members shall serve for three-year terms and may be reappointed for up to three terms.

Members who are unable or unwilling to finish serving a term shall be replaced by Board President appointment or Medical Staff vote, as appropriate according to these by-laws.

The duties and responsibilities of the PRRC Committee are to review and make recommendations to the Board and Hospital Chief Executive Officer concerning the recruitment and retention of medical staff at Bartlett Regional Hospital including midlevel providers (physician assistants and advanced nurse practitioners).

- A. The Physician Recruitment and Retention Committee may assist in the preparation and modification of long-range and short-range plans to ensure the medical staff meets the health care needs of the population served by the hospital, as appropriate for a mid-sized community hospital.

- B. The committee will meet and review a community physician needs assessment biennially.
- C. The committee recommendations should specifically encompass consideration of the hospital's mission, the hospital Board's strategic plan, the community physician needs assessment, medical staff succession planning, and expansion of service lines as approved by the Board of Directors.
- D. When appropriate, as determined by the committee chairman, in consultation with the hospital Board President and hospital CEO, the PRRC committee may also discuss strategies for retaining certain physician specialists, especially for specialties that are usually difficult to recruit.
- E. The committee will consider and recommend new medical service line needs, working with the Board Compliance Committee.
- F. The committee will consider advice and recommendations from physicians and surgeons in the community.
- G. The committee shall meet at least twice annually or more, as requested by the hospital CEO, the Hospital Board President, or the Chairman of the committee.
- H. All recommendations from a majority vote of the PRRC members must be approved by the Hospital Board of Directors before being implemented.
- I. The committee will conduct its meetings according to Roberts Rules of Order and CBJ public meeting policies.