

# Bartlett Regional Hospital

**BOARD OF DIRECTORS  
December 15, 2009  
Robert F. Valliant Center Boardroom  
Minutes**

## **CALL TO ORDER**

Kristen Bomengen called the meeting to order at 5:23 p.m.

### **Present**

Loren Jones (Phone)	Kristen Bomengen
Nate Peimann, MD	Reed Reynolds
Kevin Sullivan	Dr. Alex Malter
Robert Storer	Linda Thomas
Lennie Gorsuch (Phone)	

### **Absent**

### **Others Present**

Shawn Morrow, CEO	Garth Hamblin, CFO
Cathy Carter, CNO	Debbi Lehner, COO
John Raster, M.D.	Toni Petrie, Executive Assistant
Dick Monkman, Atty.	

## **ROLL CALL**

*Kristen presented Dr. Raster with an engraved gold pan and a donation from the Board in the amount of \$1,000 in the name of Dr. John and Sarah Raster to the Bartlett Foundation and thanked him for his exceptional service as Chief of Staff for 2009.*

**PUBLIC PARTICIPATION** – None

**APPROVAL OF MINUTES** – Dr. Peimann made a **MOTION** to approve the **November 24, 2009 minutes as amended. Dr. Malter seconded the motion and they were approved.**

**MEDICAL STAFF REPORT** – Dr. Raster reports;

## **NEW APPOINTMENTS TO THE MEDICAL STAFF:**

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
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**1. John R. Holmes, MD Consulting Cardiology**

Dr. John R. Holmes graduated from the University of Washington School of Medicine in 1978. Dr. Holmes is a cardiologist for Virginia Mason Medical Center.

**REAPPOINTMENTS TO THE MEDICAL STAFF:**

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
<b>1. David B. Robinson, MD</b>	<b>Courtesy</b>	<b>Psychiatry and Child/Adolescent Psychiatry</b>

Dr. David B. Robinson graduated from the University of North Carolina at Chapel Hill in 1987. Dr. Robinson is a psychiatrist in private practice at Alaska Psychiatric Concepts.

**2. Michael W. Singaas, MD Active Urology and Visual Laser Ablation of Prostrate**

Dr. Michael W. Singaas graduated from the University of Washington School of Medicine in 1970. Dr. Singaas is an urologist for Alaska Native Medical Center in Anchorage.

**3. John D. Sohonage, DDS Courtesy Dentistry**

Dr. John D. Sohonage graduated from the West Virginia University School of Dentistry in 1992. Dr. Sohonage is a dentist for S.E.A.R.H.C. - Dental.

**4. Verner Stillner, MD Active Psychiatry and Chemical Dependency Detoxification**

Dr. Verner Stillner graduated from the Wayne State University in 1967. Dr. Stillner is a psychiatrist for Bartlett Outpatient Psychiatric Services.

**5. Michael W. Tobin, MD Active Emergency Medicine**

Dr. Michael W. Tobin graduated from the Oregon Health Sciences University School of Medicine in 1981. Dr. Tobin is an emergency room physician for BRH Emergency Department.

**6. Rodney K. Vaught, MD Courtesy Emergency Medicine**

Dr. Rodney K. Vaught graduated from the University of Washington School of Medicine in 1977. Dr. Vaught is an emergency room physician for North Valley Hospital.

**CLOSURE OF FILE:**

**1. Julia Lee, MD - (Consulting – Virtual Radiology; Teleradiology)**

**REQUEST FOR WITHDRAWAL:**

1. **Jaime Sheperd, MD** – (Consulting – Virtual Radiology; Teleradiology)

**REQUEST FOR ADDITIONAL OR EXPANDED PRIVILEGES:** None

**CHART REVIEW:** None

**REQUEST FOR CHANGE OF STAFF STATUS:** None

**LOCUM TENENS:** None

**LEAVE OF ABSENCE:** None

**MEDICAL RESIDENT:** None

**PHYSICIAN ASSISTANT STUDENT:** None

**MEDICAL STUDENT:** None

**DIRECT ENTRY MIDWIFE STUDENT:** None

**OTHER:** None

*Dr. Peimann made a MOTION to approve the credentials report as presented. Bob Storer seconded the motion and it passed unanimously.*

**Dr. Malter made a MOTION to approve the Rules and Regs regarding the Behavioral Quality Improvement Committee (BQIC). Reed Reynolds seconded the MOTION and it passed unanimously.**

**CEO MONTHLY REPORT** – Shawn Morrow reports;

**Patient Satisfaction/Clinical Quality**

- Mid-quarter scores show that “likely to recommend” is still above the state average. Overall satisfaction is up from 65% to 70% and also above the State average.

**Cultural Transformation**

- An action plan targeted at building on our Denison results was presented to the Executive Committee of the Board and then emailed out to all Bartlett employees.
- The CEO Burning Box seems to be working very well at providing an additional mechanism for tough questions and rumors to be addressed.
- Supporting efforts to build camaraderie and workplace friendships is ongoing. We have expanded our sponsorship of hospital employee sports teams and will

continue to do so per the demand. We currently sponsor three volleyball teams, two softball teams and a basketball team and it appears that we may soon be adding an indoor soccer team.

### **Financial Strength**

- We continue to watch healthcare reform evolve from day to day. We receive several bulletins from QHR, and healthcare associations on a regular basis.
- There are several legislative efforts underway to extend the rural demonstration project. The extension would prevent a decline in our net income of about \$600,000 per year.

### **Service Line Expansion**

- The Cardiology Steering Committee presented their recommendation to move forward with efforts to recruit a full time Cardiologist to the Medical Staff. There weren't any objections vocalized. The committee wants to put out an RFI to the larger Cardiology groups in Seattle and Anchorage to ensure all are given a chance to present their case for providing the best possible cardiology coverage in Juneau and to ensure that those institutions we have done business with in the past are considered. Next steps include preparing the RFI, running it past the Cardiology Steering Committee and then taking it to the Recruitment Committee of the Board for their consideration.

### **Medical Staff Development**

- The Hospitalist Steering Committee had its first meeting to examine a hospitalist program at Bartlett. Next steps include a Medical Staff survey to determine what percentage would like to see this program developed, what percentage would actually use it, and how they would use it. The results of this survey will be discussed at the next steering committee meeting and then presented to the full Medical Staff.
- Dr. John Pappenheim, Psychiatrist, will start work January 4<sup>th</sup>. Following a one month orientation he will assume full duties as the Medical Director of Behavioral Health.
- Psychiatrist recruitment is still underway with no progress to report.
- Urologist recruitment is progressing well. Dr. Mike Saltzman came to Juneau, on Dec. 11-13 to look at office space. We now have a signed contract with Dr. Saltzman. The income guarantee has been changed from 2 years to 1 year with a forgiveness period of 3 years instead of 4 years. This change was initiated by legal counsel to ensure the contract was compliant with the most recent stark law provisions.
- Dr. Bill Richie, (Radiologist) is retiring from his duties at Bartlett effective December 31<sup>st</sup>. Shawn will be meeting with the other two partners, Dr. Shanley and Dr. Strickler to review past performance on the service agreement, to ensure we have a mutual understanding of the contract, and secure their signatures on the agreement.

- The ED Physicians (JEMA) contract expires in May, but they have requested that the contract be renegotiated early. This process is underway.

*Dr. Malter asked if the Cardiology Steering Committee recommendations were formally brought to the Medical Staff Committee meeting. Dr. Raster responded that Dr. Roth spoke on behalf of the Committee and mentioned they are looking at a couple of possible options. One is to have a Cardiologist here in Juneau full time, and two is to have an Anchorage and Seattle Cardiologist come periodically. The Committee will continue to discuss the different options.*

*Dr. Malter suggested that surveying the medical staff regarding a Hospitalist should wait until the numbers are put together to make sure it can be supported. He felt that it's not appropriate to offer something that might not work financially. Loren mentioned the physicians that were participating in the meeting were adamant about seeing the level of interest from the medical staff before moving forward and doing the research on the numbers.*

*Dr. Malter asked how the ED Physicians contract works. Shawn explained that BRH does the billing for them and we pay them a flat percentage of what they bill. At the end of the year we settle up and make sure our actual collections were close to that percentage we are paying them. It's about a break even. The billing is a separate contract.*

### **Community Engagement**

- Bartlett played a key role in the Women's Health Forum.
- Bartlett initiated a council of agencies/stakeholders to work on Substance Abuse Care in Juneau. The council had an organizing meeting and then its first official meeting in November.
- Bartlett is actively involved in the Food Bank food drive having gathered over 1000 pounds of food to date. This is due to the coordinating efforts of Betty Stidolph and the good hearts of our employees.
- Bartlett continues its support of youth organizations aimed at creating healthy minds and bodies. The annual tradition of supporting the Boy Scouts through the purchase of popcorn for all of the departments is just one example of Bartlett's sponsorship of Juneau's Youth programs.

### **Key Vacancies**

- CCU Manager – three on site interviews.
- Patient Admission Services Supervisor – retiring this month

### **QHR Activity**

- QHR ED Assessment. Stephen Wickham (QHR Consultant) was on site December 8-9 to observe ED processes that impact the patient experience, staffing levels, assess the validity of current productivity targets, and the current

staffing matrix. Data on acuity levels and volumes will be included in his analysis as well as non quantitative data obtained through numerous interviews. Utilization of services up stream and down stream from the ED will be included in his assessment. Recommendations for improving the effectiveness of the ED will be included in a management action plan.

- CEO/CFO Monthly Operating Review. This meeting consists of a review on contract obligations, operating indicators, and strategic priorities. The purpose of the review is to ensure QHR is matching its resources with our needs.
- There have been telephone calls and emails concerning education, benchmark data reports, reimbursement/legislative advisories, federal grant advisories, strategic trends, RAC Audits, Productivity System, compliance, etc..

**EXECUTIVE COMMITTEE** – Loren Jones reports;

**Renewal Physician Contracts:**

Renewal of contracts for physicians that visit various Southeast Alaska Clinics were presented. These are annual renewal for Drs. Dressel, Malter, Roth, Maier, N. Peimann, Ludwig, Jones, and Longworth.

**Loren Jones made a MOTION to approve the contracts for the Southeast Clinics as presented. Kevin Sullivan seconded the motion. The MOTION passed with a unanimous roll call vote.**

Dr. Peimann and Dr. Malter abstained from voting due to a conflict of interest.

*Lennie asked what the approximate dollar amount that is spent on those visits each year. Shawn said they make about 26 visits a year between all six physicians and is significantly less than the \$120,000 maximum per year that is allowed.*

**Denison Results and Action Plan:**

Shawn had e-mailed to all Board members a draft of an e-mail to be sent to all BRH employees. This included cost estimates for various parts of the proposals contained in the e-mail. There was a good discussion of the intent of the e-mail, the content of the e-mail and suggestions for making changes prior to it being sent out.

A subsequent draft was sent to Executive Committee members and then the e-mail was sent to all employees. This was without the dollar amounts.

It was concluded that as the plans discussed in the e-mail begin to be formulated and further decisions are made that the cost will become more apparent and will be built into the FY 2011 budget. If funds are needed this year then these will follow the normal process of Finance committee review and Board approval.

Dr. Malter wanted to discuss if it would be worthwhile for the Board as a group to discuss the implications of the results any further, or just wait and see how the Leadership's plan goes? Loren felt he has been assured that the results were heard by Senior Management and they want to change the results and address the issues that brought the results about. The plan to do that is in the Denison Action Plan. Loren felt the process at this point is to support Senior Management and that action plan they put together, to monitor it, make sure they are carrying it out and that the Board is behind them and critical of them where it needs to be as we move forward with the plan, knowing that things are not going to change over night. The discussion will be ongoing to change those numbers over time. Bob's observation is no matter what game plan there is, it depends on execution. He feels this is a good way to go. He was pleased to hear we were starting with this year's fiscal budget to help fund this plan.

**JOINT CONFERENCE COMMITTEE – None**

**QUALITY COMMITTEE – Dr. Peimann reported on the Quality Dashboard Indicators.**

#	Indicators <i>(all are reported Quarterly unless otherwise indicated)</i>										
	Category	Performance Metrics	Base-line	B. Date	Target	T. Date	Rolling 3Y (7/1/05-6/30/08)				Legend
1	Outcome	Heart Failure 30-day Readmission Rate	23.8%	7/1/05-6/30/08	24.5%	NA	23.8%				Red = >2% higher than baseline, >2% higher than nat'l average Yellow = Within 2% of baseline and nat'l average Green = >2% below baseline, >2% below nat'l average
2	Outcome	Heart Attack 30-day Readmission Rate	20.0%	7/1/05-6/30/08	19.9%	NA	20.0%				
3	Outcome	Pneumonia 30-day Readmission Rate	18.7%	7/1/05-6/30/08	18.2%	NA	18.7%				
	Category	Performance Metrics	Base-line	B. Date	Target	T. Date	Q2 FY2009	Q3 FY2009	Q4 FY2009	Q1 FY2010	Legend
4	Outcome	Overall Satisfaction - Inpatient	80th	Q1 FY2010	85th %ile	2011	22nd	55th	37th	80th	Red = below baseline, below target Yellow = at or above baseline, below target Green = above baseline, at or above target
5	Outcome	Overall Satisfaction - Outpatient	29th	Q1 FY2010	50th %ile	2011	12th	12th	12th	29th	
6	Outcome	Overall Satisfaction - Ambulatory Services	1st	Q1 FY2010	50th %ile	2011	19th	11th	6th	1st	
7	Outcome	Overall Satisfaction - ED	51st	Q1 FY2010	60th %ile	2011	56th	56th	32nd	51st	

	Category	Performance Metrics	Base-line	B. Date	Target	T. Date	Q1 FY2009	Q2 FY2009	Q3 FY2009	Q4 FY2009	Legend
8	Process	AMI Composite Score	91.0%	FY08	74.0%	FY10	87.0%	100.0%	91.0%	88.0%	Red = below baseline, below target Yellow = at or above baseline, below target Green = above baseline, at or above target
9	Process	HF Composite Score	69.0%	FY08	75.0%	FY10	81.0%	74.0%	78.0%	81.0%	
10	Process	PN Composite Score	73.0%	FY08	74.0%	FY10	94.0%	84.0%	90.0%	97.0%	
11	Process	SCIP Composite Score	70.0%	FY08	84.0%	FY10	79.0%	84.0%	87.0%	81.0%	
	Category	Performance Metrics	Base-line	B. Date	Target	T. Date				8/1/09-10/31/09	Legend
12	Strategic Focus	Adverse Events per 1,000 patient days	140.56	8/1/09-10/31/09	TBD	TBD	Not	Meas	ured	140.56	TBD
13	Strategic Focus	Adverse Events per 100 Admissions	100	8/1/09-10/31/09	TBD	TBD	Not	Meas	ured	100	
14	Strategic Focus	Percent of Patients Affected by and Adverse Event	42.90%	8/1/09-10/31/09	TBD	TBD	Not	Meas	ured	42.9%	

17	Outcome	2 x 2 Inpatient Mortality Matrix	Non-CCU		
			CCU		
				Comfort Care	Non-Comfort Care

National Average 30-Day All Cause HF Mortality = 16.6%

National Average 30-Day All Cause AMI Mortality = 11.1%

National Average 30-Day All Cause PN Mortality = 11.5%

Box 1 - Can we use community resources better?  
Box 2 - Do we have system-level Failure to Rescue?  
Box 3 - Are we using our intensive resources properly?  
Box 4 - Should we be transferring out more?

Linda felt it was important to put the Definition of an Adverse Effect in the minutes, so that anyone who doesn't know that is reading this, will have a better understanding.

An Adverse Effect is Anything that a person might feel is a negative or harmful as a result of treatment or test.

Patient Satisfaction Indicators – 1) How many Alaska Hospitals are in the Press Ganey AHA Region 9 and how many total in this latest's quarters review? 5 hospitals out of 184 are from Alaska. AHA Region 9 includes West Coast states, Hawaii, Nevada, Utah, Idaho, and Montana. The five hospitals are: BRH; Alaska Native Medical Center (ANMC); Providence Hospital Anchorage; Providence Hospital Kodiak; and YKHC Medical Center

Quality Committee Dashboards - Will follow CORE measures with composite scores and benchmarks; will follow the Overall Mean Trends, Overall Percentile Rank Trend Analysis, Overall Analysis by Questionnaire Sections, Overall Mean/Rank Analysis Across Sections for Outpatient, Inpatient, AS, ED and MHU (when available).

**PLANNING COMMITTEE** – Reed Reynolds reports;

**Big Dot Issues**

Denison Survey Action Plan – The Quality Committee asked the Planning Committee to track the organizational culture and community perception. The progress of the Denison Action Plan per the presented timeline will be reported back to the Planning Committee.

A lengthy discussion from the Committee on the Communities perception on inpatient and outpatient services. The Committee would like to have some input on why patients are leaving Juneau to have services rather than having them done here. Kristen spoke with someone from The League of Women Voters to see about having questions related to the hospital put on their surveys. The League has to reevaluate their statistical sampling model because of their “shift to cell phones” in all communities. Therefore, we will have to wait and see what their plan is.

Shawn said the Patient Satisfaction Surveys provide great data for people that come to the hospital for services. The Community Perception Survey is on the Jim Strader, the Community Relations Director's agenda to work on very soon. Shawn wants to find the breakdown on why people choose to stay here for their care and why people choose to leave. Shawn will have Jim Strader attend the Planning Committee periodically to report back. Dr. Peimann feels that work needs to be done with the front line staff before focusing so much on community perception. Kristen would like to try and can get the information in other ways such as doctors offices or insurance companies before engaging in an expensive survey. She will follow-up with an insurance company to see what kinds of information they are tracking. Reed asked Garth to pull data from our DRG's (Diagnostic Related Group) to provide as much information as possible.

**Board Training Ideas**

Loren and Toni will work together to firm up the educational offerings for the Board in January.

## **Master Facility Planning**

Debbi Lehner reported that Senior Leadership spoke with a company, American Health Facilities Development to discuss the master facility planning. They said it would take approximately 90 days and be in three phases.

1. **Space Programming:** This would evaluate the existing facility and campus, as well as look at programs/service lines in place and potential future ones. It would consider growth, existing volumes and necessary space allocations. *We would plan to update our Child Adolescent Behavioral Health feasibility study and perform an Oncology one prior to enlisting the services of a master planning organization.*
2. **Mechanical, Electrical, Plumbing:** This would look at our existing systems in the hospital, our infrastructure, including items such as HVAC and nurse call. *Although much of our systems were revamped with project 2005, the OR has opportunities with ventilation and communications. This would also help evaluate capacity of our existing systems for any expansions.*
3. **Medical Equipment Planning:** This looks at medical equipment needs within the space projected. *We should be in moderately good shape here as our expensive diagnostic equipment is all relatively new. There would be some equipment planning necessary for OR renovations or new services of Oncology.*

Master Facility planning would provide us with items such as preliminary architectural building space plans, Campus plans, and budgetary estimates as needed, debt capacity studies with pro formas. A planner would be on site meeting with key stakeholders for a week and an architect would visit as well. AHFD discussed options for them to collaborate with our local architects if we wished. We seek to gain Hospital facility planning expertise from a master facility planning organization. Our local architects have more generalized experience, but we would be open to collaboration.

Recommendation:

Complete the following progressive timeline of events:

- Update existing Child Adolescent Behavioral Health Feasibility plan with current needs estimates (approximately 60 days)
- Conduct Feasibility Study surrounding Oncology services including the creation of an Oncology Steering Committee (approximately 6 months – concurrently with Child/Adolescent plan)
- Send out RFP to Master Facility Planning vendors late 4<sup>th</sup> quarter FY 2010 or early 1<sup>st</sup> quarter 2011, award contract and ultimately have Master Facility plan completed 2<sup>nd</sup> or 3<sup>rd</sup> quarter FY2011.

This study would be approximately \$250,000.

## **Other**

- Reach Demolition – Reed asked Debbi about the progress on the REACH demo project. Debbi said that it is slated to be torn down in early spring. An estimate should be received this winter, but it has already been budgeted for and approved.
- Land Purchase – The City's Land Dept. is reviewing the paperwork from the owner.

- Daycare – Shawn announced that Kyla Allred, HR Manager has completed the RFP and will be bringing it to the Bartlett Foundation on Monday (December 14) so they can review.

## **FINANCE COMMITTEE** – Kevin Sullivan reports;

### **Discount Campaign Report**

Sara Clauder, Collections Supervisor, reviewed information distributed showing results of Discount Campaign conducted this fall. A total of \$183,013 was collected. Staff felt the effort was a success. Some Comments and “Thank You’s” received were shared with the Committee.

### **RRC Management**

The Committee reviewed a summary – including cost and funding consideration - of status of recommendation to contract with NCADD for Management of RRC (members received copies of proposed contract in Board packet). The Committee discussed history leading to recommendation for contracting management. This agreement will be taken up by full Board at its meeting.

### **Urology Contracts / Equipment Requests**

The Committee reviewed a summary of equipment needs being discussed with Dr. Saltzman, Urologist. Final equipment requests and any agreements for billing, management assistance and such should come before the Board in January 2010 meetings.

### **Appeal of FY 2010 Medicaid Rate**

Bartlett is still caught by “lower of cost of charges” in our FY 2010 Medicaid payment rate. We have appealed the rate and are considering options for relief. This can be discussed further in our January 2010 meeting. *Dr. Malter did not participate in this discussion.*

### **CBJ Budget Preparation**

The Committee briefly discussed upcoming budget – FY 2011 – and pressures that may come as a result of overall CBJ Budget.

### **Healthcare Costs / Reform**

Recent proposal by Senators, including Senator Begich, includes a provision to extend Rural Community Demonstration project for 5 years and includes a provision for re-basing.

### **RAC & MIC Audits / Preparations**

There are no specific / active issues with either at this time

### **Denison Results and Action Plan**

The Committee discussed the action plan developed in response to discussion / input from Denison Culture Survey. While there is support for the focus and areas of

emphasis, some concern was expressed about the potential associated costs. The recommendations will be up for discussion with the full Board at its meeting.

## **November 2009 Financial Results**

### **Notable Financial Events**

- Mental Health Unit over budget in census and revenue
- General Surgeon revenue not meeting budget
- Hospital overall volume under budget, but little downward movement in FTE's

### **Summary**

Operating results for November show total patient days under budget. Inpatient Revenue was at budget while outpatient revenue was 5.9% under budget leading to total revenue 3.8% lower than budget. Revenue deductions were 9.7% over budget. Total Operating Expenses were 2.5% over budget. For November, Net Loss of \$537,496 was \$595,908 under budget

Our Operating Cash balance is \$8,730,071 as of the end of the month, an increase of \$2,172,637.

Year-To-Date for our Fiscal Year 2010

### **Financial**

- Total Revenue of \$44,690,002 is 5.3% over budget
- Revenue Deductions of \$9,805,080 is 13.0% over budget
- Net Revenue of \$34,884,922 is 3.4% over budget
- Total Operating Expenses of \$32,252,656 is 1.1% under budget
- Net Income of \$3,300,676 is \$1,489,186 over budget

### **Statistics and Indicators**

- Patient Days of 5,017 are 2.2% over budget
- Admissions of 1,002 are 11.3% under budget
- ER Visits of 5,841 are 0.9% over budget
- Staff Hours per Adjusted Patient Day is 3.25% over budget
- Net Margin is over budget by 4.09%
- Productivity is 99
- Overtime Percentage is 4.72%

**Kevin Sullivan made a MOTION to adopt the Professional Services Agreement for Rainforest Recover Center and to allocate \$84,000 from our general funds to facilitate the contract. Dr. Peimann seconded the motion. The MOTION passed with eight in favor and one against.**

*Loren asked if the State has given final approval or if we are still waiting. Shawn replied that Brenda Knapp, with the State, DBH, has seen it and said it looks fine and to move forward. Nate Peimann asked if we needed State approval for all contracts with RRC. The Professional Services contract is the only one that needs their approval.*

Denison Action Plan – it was brought up where the money will be coming from to implement this plan. Garth said we have room in our budget to handle the dollar amount for the implementation. Loren said some of the money would come from this year’s budget; the more expensive items will be in next year’s budget. Nate asked Administration to track the progress and what the money is being used for and report it back to the Finance Committee.

**Linda made a MOTION that the Board supports the efforts of the Action Plan financially, the recommendations to Management to reprioritize the operating funds as needed up to a maximum of \$100,000 to supports the efforts and to report on a regular basis to the Board. Kevin seconded the motion. Reed spoke against the motion because he felt throwing money at this problem is not what’s required to fix it. He feels Management styles need to change. Kevin feels that since they haven’t seen a better recommendation he feels an urgency to move forward and put a plan in motion. There has been consideration and due diligence undertaken. We are moving forward and we don’t have this expertise, so we need to use the resources to help the Board learn to deal with the issues. He considers it an investment in our organization. Dr. Malter also is not in favor of the motion. He feels it needs to be dealt with at a lower level (SLT) before outsourcing it and spending a lot of money to implement this big new process. **The MOTION passed with seven in favor and two against.****

#### **PHYSICIAN RECRUITMENT COMMITTEE** – None

**RRC ADVISORY BOARD** – Loren reports;  
The Advisory Board mainly discussed the approval of the RRC Contract.

**BARTLETT FOUNDATION**- Kevin Sullivan report;  
Kevin reported that the Foundation had their annual recognition awards banquet and it was very well attended. Shawn concurred and said the Director told him it was the biggest turnout they have ever had.

The Foundation is working on a fundraiser in January, the Alaska Women’s Expo that will be held at Centennial Hall.

**NOMINATING COMMITTEE**- Lennie Gorsuch reports;  
Lennie announced the results from the Nominating Committee as follows;

- Nate Peimann Chair
- Kristen Bomengen Vice Chair
- Kevin Sullivan Secretary

**Lennie made a MOTION to elect the slate of officers put forward by the Nominating Committee. The MOTION passed unanimously.**

*Linda wanted to extend thanks to Loren for Chairing the Board for two years. “He did an incredible job.”*

## **OTHER BUSINESS**

January Calendar changes – Executive Committee moved to 11:00 a.m. Joint Conference will be at 12:00 p.m.

Planning Committee moved to 12:00 p.m. on January 13<sup>th</sup>.

## **BOARD COMMENTS**

*Reed asked how the Laundry was going. Debbi said it has been up and running for two weeks now and going well.*

*Reed asked the status of the Daycare center – Kyla Allred took the RFP to the Foundation Board as an informational item to review.*

*The Board discussed supplying email addresses to the public.*

*Nate wanted to discuss how the book was going to be discussed. At January's Board meeting Kevin Sullivan will give a 5 minute synopsis on the book chapters 1-5. Bob Storer will give one on chapters 6-10 and Linda Thomas will to a complete review in March at a special dinner held at her house.*

*Dr. Peimann asked that our Mission, Vision and Strategic Goals be posted in the Board room for people to view. Jim Strader will work on that task.*

*Dr. Peimann would like to see documentation in our minutes regarding action items. He would like documentation when someone is assigned to do something, who that person is, what their task is and who is supposed to report back on that task.*

*Linda made a suggestion to replace the phone system in the Board room to one that has more speakers for better sound quality for individuals on the other end. Toni will continue to research the options.*

***Meeting adjourned at 7:17 p.m.***

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Nate Peimann, MD, Secretary