

Bartlett Regional Hospital

BOARD OF DIRECTORS

Agenda

September 23, 2014

5:15 p.m.

Administration Boardroom

Mission Statement

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

- | | | |
|--------------|---|------------------|
| I. | ROLL CALL | 5:15 p.m. |
| II. | PUBLIC PARTICIPATION ON NON-AGENDA ITEMS <ul style="list-style-type: none">Housing FirstCatholic Community Services | 5:20 p.m. |
| III. | SPECIAL ORDER OF BUSINESS | 5:40 p.m. |
| IV. | APPROVAL OF MINUTES from August 26, 2014 (Pg. 3) | 5:45 p.m. |
| V. | NEW BUSINESS | 5:50 p.m. |
| VI. | CONSENT AGENDA | |
| VII. | STANDING COMMITTEE REPORTS | 6:00 p.m. |
| | A. Executive Committee – Kristen Bomengen reports (Pg. 8) | |
| | B. Finance Committee –Cynthia Brandt reports | |
| | C. Quality Council – Ms. Davis reports (Pg. 10) | |
| | D. Bartlett Foundation – Linda Thomas reports | |
| VIII. | MANAGEMENT REPORTS | 6:20 p.m. |
| | <ul style="list-style-type: none">CEO – Chuck Bill reports | |
| IX. | PRESIDENT’S REPORT – Kristen Bomengen reports | 6:30 p.m. |
| X. | BOARD EDUCATION | |
| XI. | EXECUTIVE SESSION – Medical Staff report (Pg. 14) | 6:45 p.m. |

XII.	OCTOBER BOARD CALENDAR (Pg. 17)	6:55 p.m.
XIII.	BOARD COMMENTS AND QUESTIONS	6:50 p.m.
	ADJOURNMENT	7:00 p.m.

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

**Bartlett Regional Hospital
Board of Directors
August 26, 2014
Minutes**

Called to order at 5:17 p.m.

Roll call

Present

Kristen Bomengen, President
Mary Borthwick
Mark Johnson

Nancy Davis, Secretary (by phone)
Lauree Morton
Linda Thomas

Absent

Robert Storer, Vice President
Alex Malter, MD
Nate Peimann, MD

Others present

Chuck Bill, CEO
Alan Germany, CFO (Phone)
Toni Petrie, Executive Assistant
Carlton Heine, MD
Karen Crane, CBJ Liaison
Amy Dressel, MD, Chief of Staff

Billy Gardner, CNO
Dick Monkman, Hospital Atty.
Cynthia Brandt, Interim CFO
Jane Sebens, CBJ Law

Public participation – Ms. Bomengen welcomed Cynthia Brandt, Interim CFO.

Approval of the minutes – *Mr. Johnson made a MOTION to approve the minutes from the July 22, 2014 Board of Directors meeting. Ms. Borthwick seconded and they were approved.*

NEW BUSINESS: None

CONSENT AGENDA: None

STANDING COMMITTEE REPORTS:

Executive Committee report – Executive Committee “Draft” Minutes were in the Packet. Ms. Bomengen reported that Mr. McMillian attended the Executive Committee meeting to discuss the Board’s strategic planning retreat in October.

Finance Committee report – Ms. Morton reported there were two items for purchase that were discussed at the Finance Committee.

The Q-centrix contract will allow us to outsource our core measure abstraction data. This data is sent to CMS and Joint Commission. Some of our reimbursements are based on participation in this program.

Ms. Morton made a MOTION to approve the Q-Centrix agreement with the initial cost of \$38,000 for a year then 2 subsequent years of \$37,000, for a total of \$112,000. Ms. Thomas seconded and it passed by a roll call vote.

GE Flashpad conversion kit – This will allow us to perform an upgrade to our existing x-ray equipment in room 1 without a forklift upgrade. It essentially uses the existing system but makes it a digital (no cassettes required) system where the images are ready for viewing and QA immediately, no waiting for electronic processing. The original amount requested in the budget was \$125,000.00. The GE representative has reduced the cost to \$108,400.00.

Ms. Morton made a MOTION to Approve the GE Flashpad Conversion Kit not to exceed \$109,000. Ms. Borthwick seconded and it was approved by a roll call vote.

Mr. Germany reported on the July financials. We were slightly over budget for the month. We have seen a continued increase on the Mental Health Unit for July.

Salaries wages and benefits were under budget. Physician fees were under budget. Supplies were over budget. Utilities were under budget.

Accounts Receivable days have been going up.

Ms. Borthwick asked if we have ever had an underpayment on the RAC Audit. Mr. Germany said we have, but it’s extremely rare.

Planning Committee report – Ms. Borthwick reported there was no action taken at the meeting other than the committee decided to go to quarterly meetings.

Quality Council report – Ms. Davis reported pharmacy reinstated the “good catch award”. This is when an employee finds a potential error before it can harm anyone.

There was a dramatic decrease in patient falls. We dropped below the national average for the last two quarters.

There was discussion regarding working on the structure of the Quality Council to make sure we had the best process in place. Mr. Johnson said he participated in the midday rounds to show appreciation to the staff for reducing falls and appreciated being invited to do so. Ms. Morton and Ms. Borthwick were also in attendance.

Bartlett Foundation report – Ms. Thomas reported there was \$83,000 disbursed from the Baby Jack fund for pediatric game carts and a pediatric climbing wall. The Seafood Gala is scheduled for September 27, 2014 from 6:00-10:30 p.m. Bartlett will be sponsoring a table at this event.

Ms. Thomas said that Rhio Harper from CCU came and spoke to the needs for five more beds in CCU that could potentially be funded by the Carrigan Fund. Five beds are on their last legs. The Carrigan fund has been used for the hospital through the Foundation over several years. The cost of each bed is \$31,327. The Foundation Board is in the process of voting on purchasing two beds this year. The decision will be made by the end of the week. They are planning on raising money for another bed with the Seafood Gala funds.

Ms. Thomas announced that there are two new board members on the Bartlett Foundation Board, Beth Chapman and Dr. Patricia Sharp.

CEO REPORT – Mr. Bill reported;

We are continuing the search for a permanent CFO. We have narrowed the candidates down to nine. Ms. Cosgrove is doing telephone interviews with them.

The orthopedic physicians have asked that their contracts for call be written for each of them as individuals, not a single contract for the group. The way the call is written is 5 per month or 15 per quarter. Dr. Schwarting came in and signed his contract today. We are close having a final agreement done for the summer no doc call with the family practice physicians.

Mr. Bill met with Dr. Banyas regarding anesthesia. Dr. Banyas indicated he's being proactive and is working with someone through credentialing right now as we get closer to physicians retiring. Dr. Dressel said a nurse anesthetist is something to think about.

Mr. Bill said he was looking into that, but currently our Medical Staff bylaws restrict that option and he is also looking at potentially giving nurse practitioners privileges in the hospital.

We are still actively recruiting for two psychiatrists and a pediatrician.

We closed the bid on the consultant proposal for our Meditech implementation and Santa Rosa was the best scoring bidder in the group. The next step is to go through a thorough reference check.

Ms. Borthwick made a MOTION to go into executive session at 6:07 p.m., to discuss matters which are confidential by law (Medical staff report). Mr. Johnson seconded and it was approved.

Out of executive session at 6:11 p.m. No action was taken.

Ms. Borthwick made a MOTION to accept the credentialing report with one minor change, that Dr. Carlton Heine should be listed as active staff, not courtesy. Mr. Johnson seconded and it was approved.

President report – Ms. Bomengen reminded the Board to turn in their attestation forms from the compliance training.

Ms. Bomengen reported the Board received a letter from the Rainforest Recovery Center Advisory Board to take a position on the housing first model. They have offered to come to a board meeting to give a presentation. Ms. Bomengen recommended that they do the presentation at the next board meeting.

She has also asked Max Mertz to address the Executive Committee to give an opportunity to ask for some specifics on the ongoing standalone audit process.

BOARD EDUCATION - Mr. Bill said it would be a good idea to talk through the RFP process for the Meditech implementation project. The process was driven by CBJ's Purchasing Department. There were individuals in the hospital to participate on the selection process. Each individual was given a packet of the proposals and were asked to rate them independently to help take the politics out of the process. Santa Rosa came in way on top of the list. The process now is for us to do our due diligence. Ms. Thomas asked who developed the rating factors. Ms. Brandt said several individuals from different areas of the hospital.

Ms. Palicka was asked to explain the process to the Board. Ms. Thomas asked how the questions were developed and Ms. Palicka said all the questions that were included in the RFP were what we had to use and we weren't allowed to add any other questions.

Ms. Thomas asked how the ratings were determined. Ms. Palicka said the vendors were rated by the following criteria;

Vendor qualifications – implementation methodology and approach – project management and implementation tools – Rules responsibilities and staffing – Training – Cost.

Ms. Thomas asked for an explanation how Santa Rosa was the number one candidate. Ms. Brandt said we were evaluating what was presented. The information presented in Santa Rosa's RFP met the requirements both with what they presented and with the staff involved. They painted a very good detailed picture of what the implementation would be like. They included enough detail in a broad spectrum. They put a lot of emphasis on workflow. They were the only one to propose that their project manager and leads be onsite 100% of the implementation time.

Dr. Heine said there is a concern amongst the Medical Staff on the implementation and asked how much experience Santa Rosa had on the Clinical side. Mr. Gardner said that was one of the biggest components to choosing them.

Ms. Thomas asked if the reference checks don't check out, do we have to start over or could we go back to the other vendors that responded to the RFP. Ms. Brandt said if we determine we didn't get reliable information it falls into the negotiation failed category and it would give us the option to look at the other vendors.

SEPTEMBER CALENDAR – The September calendar was reviewed and changes were made.

BOARD COMMENTS:

Ms. Borthwick wanted to thank the staff and Sara Parker for including the Board on celebrating the staff for reducing patient falls by walking around and delivering cakes. She would also like to reinstate doing the Board tours to each department.

Ms. Thomas made a MOTION to go into executive session at 6:40 p.m., to discuss matters which are confidential by law and could affect the finances of the hospital. Ms. Borthwick seconded and it was approved.

Out of executive session at 6:53 p.m., no action was taken.

Adjourned at 6:54 p.m.

Board Secretary

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900

www.bartlethospital.org

Executive Committee

September 4, 2014

Minutes

Called to order 12:04

Attendance: Kristen Bomengen, Bob Storer, Linda Thomas, Nancy Davis, Mary Borthwick

Staff attendance: Chuck Bill, Billy Gardner and Toni Petrie

Items added to the agenda:

- Max Mertz - Standalone audit
- CAMHU discussion
- ICD10 added to future agendas
-

Approval of the minutes – Mr. Storer made a MOTION to approve the minutes from the August 4, 2014 Executive Committee. Ms. Thomas seconded and they were approved as amended.

The CBJ Law project list was reviewed.

ER Call update – Mr. Bill reported that Dr. Schwarting signed his agreement and the primary care group is reviewing the final draft of the no doc summer call agreement.

Mr. Bill also reported there was a group of primary care physicians and pediatricians that met last night to discuss neonatal resuscitation ER call. They had some ideas and a good discussion in hopes to move forward with a workable plan.

Mr. Bill reminded the committee about the Seafood Gala fundraiser that the Foundation is putting on September 27th.

NEW BUSINESS: Meditech update – The process is moving along well. Mr. Bill approached the Medical Staff about identifying physician champions to help with the project. Mr. Bill reached out to Dr. Dostal to see if he would be interested in helping out with the surgery side and they have a meeting scheduled to discuss this. Mr. Bill said this is going to be a fairly significant expectation of their time and there were no funds budgeted that. We do have money budgeted for staff.

Mr. Bill noted that the shipping and installation of the hardware wasn't included in the budget. Shipping is \$20,000 and travel is \$3,000. The reference checks for Santa Rosa (consultant firm for the project) are going really well.

Strategic Plan update – Ms. Bomengen wanted to provide the opportunity to look over the strategic plan that was used in 2013, and provided the plan in the packet. Mr. McMillian is meeting with assembly members October 7th and his staff has been reaching out to the Medical Staff to schedule meetings.

Ms. Borthwick said she believes there is a lack of diversity on the hospital board. We have tried to recruit from the native community and they don't apply, and was hoping this was something Mr. McMillian could address. Ms. Thomas said we should revisit the matrix Reed Reynolds made to help what to look for in a board member and that the process was pretty thorough but it is always worthwhile to revisit.

Ms. Thomas would like also to revisit the master facility plan at the retreat.

Ms. Bomengen said Max Mertz was not able to make the meeting today, but he will be attending the Finance Committee on September 16th to discuss the standalone audit.

CAMHU – Ms. Bomengen said we need to start thinking about the CAMHU project. Mr. Bill said we need to do a very in-depth review of the analysis that was done and get recommendations from staff and open it up more to the community. Mr. Johnson said he would be willing to work on this committee along with Ms. Morton. Ms. Davis said at one point it was discussed bringing in someone to do another feasibility study so we have something more current.

Ms. Davis said October 2015 is the ICD-10 go live date. She's concerned how our physicians are going to adapt to the requirements of ICD-10. Mr. Bill said the Emergency Room Physicians are developing those through T-Systems now and that they are also looking at potentially converting their billing to a company outside of Bartlett. Ms. Brandt said the coders are currently doing dual coding with ICD-10 to get familiar with it before going live.

Meeting adjourned at 1:20 p.m.

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Board Quality Quarterly Summit **DRAFT Confidential Minutes** Wednesday, September 10, 2014 1200-1400

Called to order: at 1205 by Nancy Davis (BOD)

Present: M. Borthwick (BOD), C. Bill (CEO), B. Gardner (CNO), B. Rogers (QM); D. Bigge (QM), T. Duncan (QM), L. Bishop (Nursing), S. Parker (Risk Mgr.), K. Vermedal (QM), R. Free (Ancillary), U. Iha (Pharmacy), S. Free (QM), M. Dunker (QM)

Excused/Absent: B. Vanderbilt (Med Staff), J. Fortin (Lab), K. Bomengen (BOD), C. Bill (CEO), M. Johnson (BOD)

Minutes: August 13, 2014 minutes approved as written.

ITEM	DISCUSSION / ACTIVITY	ACTION / RECOMMENDATION	RESPONSIBILITY
NEW BUSINESS			
Approval of Minutes	August 13, 2014 minutes approved by Ms. Borthwick.	Informational	
Structural Considerations	<p>Ms. Davis explained the past structure of the Board Quality Council; there used to be two meetings, Hospital Quality Committee and Board Quality Committee, which were combined at Jeff Egbert's recommendation. Due to confidential meeting information, particularly that which relates to patient information, the structure of the meeting is being reviewed. Ms. Davis asked the committee for feedback and posed two questions.</p> <ol style="list-style-type: none"> 1. Does this meeting meet the committee needs, including having the appropriate level of detail in the reports? 2. Have the committee members received the information in a different venue? Or are you learning new information? <p>Ms. Rogers noted that she will be working with Mr. Bill to balance transparency with confidentiality for this meeting; a reevaluation of the charter may be in order.</p> <p>Ms. Davis opened her questions to the committee.</p> <p>Ms. Iha asked how the committee felt about her medication reports and level of detail. Ms. Bishop responded that she appreciates the level of detail and uses the reports as a learning tool. No other comments. Ms. Davis asked the committee to continue to think about additional feedback.</p>	Informational	Ms. Davis, Ms. Rogers and Mr. Bill to review structural outline and communicate any proposed changes to the committee.
OLD BUSINESS			
None			
STANDING REPORTS			
A. Safety, Risk, Regulatory Reporting			
i. Medication Safety Events	Ms. Iha presented Medication Safety events from August, 2014. Ms. Iha reviewed and explained the total errors and	Informational	Ongoing. Ms. Iha

<p>ii. Occurrence Report Trends</p>	<p>total doses dispensed in pharmacy and explained each occurrence. Ms. Iha shared an example of the “Good Catch award” and explained to the committee why they were received.</p> <p>Ms. Parker reported on Occurrence trends for August. Trends are reported using the RL Solutions system. A Fall Prevention team is actively working on decreasing our number of inpatient falls, and she continues to monitor employee incidents.</p> <p>Not all occurrence reports involve adverse outcomes or errors, but are included in the report. Ms. Parker continues to monitor all areas of occurrences.</p>	<p>Informational</p>	<p><i>Ongoing.</i> Ms. Parker</p>
<p>iii. Patient Complaints</p>	<p>Ms. Parker reviewed specific patient complaints. Ms. Parker monitors complaints and associated improvement actions, along with follow up to specific patients.</p>		
<p>iv. Significant/Sentinel Events</p>	<p>There were no events to report in August.</p>		
<p>B. Quality Outcomes Measures</p>			
<p>i. Patient Satisfaction</p>	<p>Mr. Free reviewed Bartlett Regional Hospital patient satisfaction scores from Press Ganey. Mr. Free explained the outcome evaluations and scores. Bartlett’s overall score is in the 71st percentile. Only one category fell below the 50th percentile. Areas we can celebrate; Responsiveness of Staff 91st percentile and Communication with Doctors 90th percentile. Areas for opportunity; Care Transition score 56.5, and Discharge Information 39th percentile. Mr. Free discussed current strategies for training managers in use of the tools and initiating PI actions around improving the patient experience.</p>	<p>Informational</p>	<p><i>Ongoing.</i> Mr. Free</p>
<p>ii. Patient Stories/Feedback</p>	<p>Ms. Rogers communicated the patient compliment overview and compliments per department given from June – August 2014. Compliments are also sent via email each month. Patient confidentiality is protected but the report highlighted noted employees or departments.</p>	<p>Informational</p>	<p><i>Ongoing.</i> Ms. Rogers</p>

<p>iii. Mortality Review</p>	<p>The mortality data through June 30th was reported in the August meeting.</p>	<p>Informational</p>	<p><i>Ongoing.</i> Ms. Rogers</p>
<p>C. Quality Process Measures</p>			
<p>i. Pt. Safety PI Efforts</p>	<p>Ms. Rogers reviewed Patient Safety PI efforts. They include reducing Clinical Alarm Fatigue, the Employee Flu Vaccine Effort, VTE Prophylaxis and Off-Hours IV Mixing.</p>	<p>Informational</p>	<p><i>Ongoing.</i> Ms. Rogers</p>
<p>ii. Core Measures</p>	<p>Ms. Dunker shared with the committee the new outsourcing process for abstracting Core Measure data; new process to begin in mid-September. One of the benefits of outsourcing is that we can share data sooner. Ms. Dunker reviewed the missed opportunities within our Core Measures and communicated the importance of documentation.</p>	<p>Informational</p>	<p><i>Ongoing.</i> Ms. Dunker</p>
<p>D. Dept.-Specific QAPI Reporting</p>			
<p>i. Pharmacy</p>	<p>Ms. Iha presented Pharmacy's PI report around managing Pharmaceutical Waste. This PI goal balances law, regulation, best practice, and environmental conservation. The goal is that no pharmaceutical waste goes down the drain by the end of the year. There are some challenges but they are working hard towards the goal. Ms. Iha explain that the pharmacy will dispose of controlled substances; EOC will dispose of the rest. Ms. Iha shared examples of new waste sorting bins.</p>	<p>Informational</p>	<p>Ms. Iha</p>
<p>ii. Infection Control</p>	<p>Ms. Rogers presented the Infection Control PI report around Hand Hygiene. The number one way to prevent infection is by washing your hands. The goal is to be at 90%; the national average is 50%. Ms. Vermedal's process improvement efforts include education and training, secret shoppers, and a new less-drying hand sanitizer product.</p>	<p>Informational</p>	<p>Ms. Vermedal</p>
<p>iii. Quality Management</p>	<p>Ms. Rogers presented the Quality Improvement and Education Services PI around Improving Communication and Transparency around Quality and Patient Safety. The goal was selected to address the need to share patient safety information with frontline staff. The team would like to change the 'we are good enough' perception. Ms. Rogers</p>	<p>Informational</p>	<p>Ms. Rogers</p>

<p>iv. House Supervisors</p>	<p>showed an example of the ‘real time’ data gathering idea they’ll be testing in patient areas soon.</p> <p>Ms. Gribbon presented the House Supervisor report around improving the Floating experience. The goal is to improve the efficiency and quality of float orientations. The goal is to reach 50% compliance with documentation of float orientation by April 2015; currently they are at 32%.</p>	<p>Informational</p>	<p>Ms. Gribbon</p>
<p>v. Rehabilitative Services</p>	<p>Ms. Skolnik presented the Rehabilitative Services report around Patient Feedback. Their goal is to improve services and meet patient needs and expectations. Ms. Skolnik showed an example of their ‘real time’ process to gather patient feedback and feels that it’s going well. Ms. Skolnik plans to post results publicly in a few months.</p>	<p>Informational</p>	<p>Ms. Skolnik</p>
<p>OTHER DISCUSSION</p>			
<p>None.</p>			
<p>ADJOURNMENT</p>			
<p><i>Next Meeting: October 8, 2014 12:00-1:00 pm Quality Board Council</i></p>		<p>Submitted by: Ms. Duncan, QM</p>	
<p><i>Abbreviations Used: BOD – Board of Directors; QM – Quality Management; RM – Risk Management; EOC – Environment of Care; PI – Process Improvement; TJC-The Joint Commission; VTE – Venous thromboembolism; IV - intravenous</i></p>			

Credentials Committee
Hospital Privileges for the Board of Director's Consideration
Tuesday, September 23, 2014 5:15 p.m. – Robert F. Valliant Center Boardroom

REAPPOINTMENTS TO THE MEDICAL STAFF:

<u>Name</u>	<u>Category</u>	<u>Privileges In</u>
1. John H. Bocachica, MD	Consulting	Dermatology
Dr. John H. Bocachica graduated from the State University of NY at Stony Brook in 1976. Dr. Bocachica is a dermatologist for Tongass Dermatology.		
2. Benjamin R. Gilbert, DDS	Consulting	Dentistry, Assist with Preparation Existing Jaw Bone for Oral Prosthesis, Periodontal Surgery, Dental Implant Surgery, Administer of Conscious Sedation, and Dentistry Under Anesthesia
Dr. Benjamin R. Gilbert graduated from the University of Michigan Dental School in 2004. Dr. Gilbert is a dentist in private practice in Juneau.		
3. Daniel R. Harrah, MD	Active	Orthopedic Surgery and Fluoroscopy
Dr. Daniel R. Harrah graduated from the St. Louis University School of Medicine in 1993. Dr. Harrah is an orthopedic surgeon for Juneau Bone and Joint Center.		
4. Kim N. Hort, DMD	Consulting	Dentistry, Preparation of Existing Jaw Bone for Oral Prosthesis, Periodontal Surgery, Administration of Conscious Sedation, and Dentistry Under Anesthesia
Dr. Kim N. Hort graduated from the University of Pennsylvania School of Dental Medicine in 2000. Dr. Hort is a dentist for S.E.A.R.H.C. - Dental.		
5. William R. Martin, III, MD	Active	Orthopedic Surgery, Endoscopic Assisted Carpal Tunnel Decompression, and Fluoroscopy
Dr William R. Martin III graduated from the Loyola University of Chicago, Stritch School of Med in 1992. Dr Martin is an orthopedic surgeon for the Juneau Bone and Joint Center.		

6. Eric G. Paulson, DDS Consulting Oral and Maxillofacial Surgery and Conscious Sedation

Dr. Eric G. Paulson graduated from the University of Minnesota at Minneapolis in 1975. Dr. Paulson is an oral surgeon in private practice in Juneau.

7. Catherine L. Peimann, MD Active Internal Medicine and Exercise Stress Treadmill

Dr. Catherine L. Peimann graduated from the New York Medical College - Valhalla in 1998. Dr. Peimann is an internist at Southeast Medical Clinic.

8. Richard Rome, MD Consulting Radiology, Teleradiology, and Fluoroscopy

Dr Richard S. Rome graduated from the Boston University School of Medicine in 1977. Dr Rome is a radiologist at Laredo Medical Center in Texas.

9. Kim C. Smith, MD Locum Tenens Family Medicine and Exercise Stress Treadmill

Dr. Kim C. Smith graduated from the Wayne State University in 1972. Dr. Smith is a family medicine physician for Family Practice Physicians.

10. Matthew A. Taintor, MD Active Pediatrics, Pediatrics Newborn, Internal Medicine, Umbilical Vessel Catheter, Conscious Sedation Arterial and Lumbar Puncture, Paracentesis, Thoracentesis, and Central Venous Line

Matthew Taintor graduated from the University of Minnesota Medical School in 2008. Taintor is a family medicine and internal medicine physician and will be joining SEARHC – Juneau.

REQUEST FOR WITHDRAWAL:

1. **John Gorman, MD** – (Consulting; RAPC; Teleradiology)

REQUEST FOR CHANGE OF STAFF STATUS:

1. **William Bruns, MD** – (Courtesy to Locum Tenens)
2. **Dana Richards, PAC** – (AHP to Access to Services)
3. **Kathy Stepien, MD** – (Active to Locum Tenens)

LOCUM TENENS:

1. **James Currier, MD** – (CompHealth; Radiation Oncology)

TELERADIOLOGY:

1. **George Mulopulos, MD** – (Consulting – vRad; Teleradiology)

PHYSICIAN ASSISTANT STUDENT:

1. **Christi Bentz, PAS** - (Franklin Pierce University/Valley Medical Care/BRH MHU/BOPS; Pediatrics and Psychiatry, Evaluate & Treat Patients, History and Physical w/Sponsoring Physician per BRH P&P 9500.105 b)

MEDICAL STUDENT:

1. **Tobin Dennis, MSIII** – (University of Washington SOM/BRH MHU; Inpatient H&P, Examine/Treat Patients, Blood Draws, Start IV's, Assist and Other Minimally Invasive Procedures Under Direct Supervision of the Supervising Physician and Per Policy 9500.105 b)
2. **John Nick Loomis, MSIII** – (University of Washington SOM/BRH MHU; Inpatient H&P, Examine/Treat Patients, Blood Draws, Start IV's, Assist and Other Minimally Invasive Procedures Under Direct Supervision of the Supervising Physician and Per Policy 9500.105 b)
3. **Wessley McKnight, MSIV** – (Wake Forest SOM/JEMA; Emergency Department Patients Evaluation and Treat Patients, H&P, Blood Draws, Start IV's, and Other Minimally Invasive Procedures Under Direct Supervision of the Supervising Physician and Per Policy 9500.105 b)
4. **Michael Schmitt, MSIII** – (University of WA SOM/Valley Medical Care; Inpatient H&P, Examine/Treat Patients, Blood Draws, Start IV's, Assist and Perform Surgical Procedures/OB Procedures Under Direct Supervision of the Supervising Physician and Per Policy 9500.105 b)

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October 2014

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6 12-Executive Committee BR	7	8 12-Quality Council BR	9	10	11
12	13	14 7:00 a.m. Credentials Committee BR	15	16 5:15 p.m. Finance Committee BR	17	18 9:00-5:00 Strategic Planning Retreat Schaible House
19	20	21	22	23	24	25
26	27	28 5:15-Board of Directors BR	29	30	31 	

Look at dates for Joint Conference