

Bartlett Regional Hospital

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

**Bartlett Regional Hospital
Board of Directors
Minutes
March 25, 2014**

Called to order at 5:15 p.m.

Roll call

Present

Kristen Bomengen, President	Bob Storer, Vice President
Nancy Davis, Secretary	Linda Thomas, past President
Mary Borthwick	Nate Peimann, MD
Alex Malter, MD	Mark Johnson
Lauree Morton	

Absent

None

Others present

Jeff Egbert, CEO	Billy Gardner, CNO
Mila Cosgrove, HR	Toni Petrie, Executive Assistant
Karen Crane, CBJ Liaison	Amy Dressel, MD, COS
Jane Sebens, CBJ Law	Alan Germany, CFO

Public participation – None

Ms. Cosgrove introduced the CEO candidates – David Abercrombie, Chuck Bill and wife Sue, Joe Cladouhos, Craig Dahl and Dr. Paul Frank.

Ms. Borthwick made a MOTION to approve the minutes from the March 25, 2014. Nancy Davis seconded and they were approved as amended.

Ms. Bomengen asked the Board to pay close attention to the action items as we move towards a consent agenda.

STANDING COMMITTEE REPORTS

Executive Committee – Ms. Bomengen reports

We received a monthly legal review report from the CBJ Legal Department that described the work they have reviewed for the hospital.

One of the highlights of the meeting was discussion regarding Property Management for the Juneau Medical Building. Mr. Egbert met with Ms. Keifer to discuss CBJ managing the building leases, removing the hospital from the challenging position of landlord to its Medical Staff members.

There was a Physician Employment Agreement for Dr. Pam Gruchacz presented with the committee promoting it to the full Board with its recommendation for approval.

Mr. Storer made a MOTION to approve the Physician Employment Agreement for Dr. Pam Gruchacz. Dr. Peimann said there was not a Schedule A to the agreement and he could not support approving at this time. Dr. Peimann tabled the motion until we had a Schedule A. Mr. Storer seconded tabling the motion without objection the motion was tabled.

There were two amendments for excessive ER Call Coverage for Dr. Pam Gruchacz and Dr. Ben Miller's initial employment agreement that was reviewed. There was a recommendation by Ms. Davis at the Executive Committee meeting to add under Subsection 5.2(n) "effective February 1, 2014". The contracts were reviewed and signed off on by CBJ Legal, Risk Management and Dick Monkman. The Executive Committee has recommended approval.

Ms. Davis made a MOTION to approve the amendment for excessive ER Call Coverage for Dr. Pam Gruchacz with the amendment as presented. Dr. Malter seconded the motion and it was approved.

Ms. Davis made a MOTION to approve the amendment for excessive ER Call Coverage for Dr. Ben Miller with the amendment as presented. Dr. Malter seconded the motion and it was approved.

There was a Billing Services Agreement reviewed for Dr. Charles Lee, an anesthesiologist that will be doing some work in Juneau. The contract was reviewed and signed off on by CBJ Legal, Risk Management and Dick Monkman. The Executive Committee has recommended approval.

Mr. Storer made a MOTION to approve the Charles Lee Billing agreement. Ms. Thomas seconded the motion and it was approved.

Arthur Marshall Recruitment Agreement – Ms. Bomengen reported that this agreement was approved at the Executive Committee. The original agreement was for Pediatric recruitment, but we recently received a resignation from one of our Psychiatrists so we added Psychiatry recruitment to this agreement. This motion was made subject to ratification by the full board. The Executive Committee has recommended approval.

Dr. Malter made a MOTION to ratify the approval of the Arthur Marshall Recruitment Agreement as presented. Ms. Thomas seconded and the motion passed.

Planning Committee report – Dr. Peimann reports

Dr. Peimann said there were three items to move forward to the full board for consideration that were reviewed at the Planning Committee.

Strategic Goals - A list of high level Board strategic goals was presented as a draft for approval. Dr. Peimann said these will be reviewed and discussed at the October Board retreat. Ms. Thomas asked if the Planning Committee feels these goals are achievable in 2014. Dr. Peimann said yes they do. Dr. Peimann said he would like the Executive Committee to look at the formatting of the document and then to make committee assignments next to each goal. Mr. Egbert said these are a higher level of goals, rather than administrative goals. Dr. Peimann asked the Board to think about things that aren't on the list that should be, or things on the list that shouldn't be.

Mr. Storer also suggested taking this to the Executive Committee and they can make committee assignments, and then bring back to the full board for approval.

October Board Strategic Planning retreat – There are two dates for the retreat that Dr. Peimann would like the Board to choose from, October 11th or the 18th. Dr. Peimann asked that the Mission/Vision statements on the posters be reviewed.

The Planning Committee approved again posting in the boardroom the updated Mission/Vision statement posters, including care values.

Finance Committee report – Ms. Morton reports

There were five capital items for recommended for approval.

Class and Compensation Study – Ms. Cosgrove brought back an estimated cost to the Finance Committee and she's checking to see if it needs to go through the RFP process. She will bring information back to the Board once she has received it.

The February financial statements were reviewed.

Excess of revenues over expenses for the month of February 2014 was \$370,129 which was \$247,066 better than the budget of \$123,063.

February's performance brings the year to date actual to \$4,859,595 which exceeds the budget of \$1,986,936 by \$2,872,659 or 145%.

Total gross patient revenue for the month was \$268,336 better than budget and is within .1% of budget on a year to date basis. Although volumes earlier in the year have been below historical levels, February inpatient volume increased, especially in the Mental Health unit.

Deductions from revenue for February are under budget and prior year. For the year thus far, deductions from revenue are \$1.7 MM under budget, primarily due to cost report settlements received earlier in the fiscal year. Bad debt expense is trending significantly under budget for the month and year to date.

Other Operating Revenue for the month is under budget by \$21,472, primarily due to the loss of the Wildflower Court food service contract. For the year, Other Operating Revenue is \$1.1 MM over budget due to the receipt of an Electronic Health Record incentive of \$898,281 in December. This payment was the result of Stage 1 Meaningful Use Attestation.

Total Expenses were right at budget for the month and slightly under budget for the year. Notable negative variances were:

- Salaries and Benefits were \$9,257 (.2%) over budget.
- While Fees – Other as a category is under budget by \$25,989, this includes the account Contract Employees, which is over budget by \$43,380.
- Supplies expense continues to trend under budget due to the lower patient volumes and effective control of the supply spend. Supply expense in total was under budget by \$126,058 in February. A significant line item which is under budget is Drugs/Pharmacy cost which is \$83,196 under budget which is due to more effective utilization of the GPO and also 340B pricing. Food cost also has begun to trend under budget with the discontinuance of the Wildflower Court contract. Food cost was under budget by \$26,469 in February.
- Utilities are over budget by \$4,839 with \$2,841 of the variance in Electricity. Total Utilities are within 0.5% of budget for the year.
- Rentals & Leases are over budget by \$18,493 for the month. This includes a negative variance of \$13,581 in equipment rentals.
- Depreciation is over budget \$71,376 as the FY14 budget did not include additional depreciation for projects placed in service at or soon after the end of FY13.
- Interest expense is \$56,271 over budget as the FY14 interest expense related to the Bond Defeasance was not known in time for inclusion in the budget. This monthly variance will continue through June, 2014.
- Other expenses for the month are \$61,703 over budget which includes a negative variance of \$24,760 in “Reimbursable Costs”. Operating cash was \$19,520,371 as of February 28, 2014 and Days Cash on Hand was 165. Net A/R Days was 79.

Dr. Peimann noted that on the capital purchases list for the current fiscal year we have so far not spent much of what was budgeted and asked if we planned on purchasing the remaining items. Mr. Egbert said there are some items that will be taken off the list due to changing priorities. Mr. Egbert said there are items that were approved in a budget that haven't been purchased that would take a good amount of that money.

Ms. Morton made a motion to approve the February financials. Ms. Borthwick seconded and they were approved.

Anesthesia Ventilators – Mr. Gardner reports

These anesthesia ventilators are used to put patients to sleep and monitor them. No surgeries can be performed without them. We have two older models of these machines

that are now obsolete. They are no longer supported with replacement parts. One of these two is now down and we will not be able to do any emergency C-sections when the other one goes down. This purchase was been approved already last year by the Board, but were not purchased. We are purchasing two new ventilators. Anesthesia has requested that one of the machines be MRI compatible. The cost is \$100,193.80 for the machines.

Ms. Thomas made a MOTION to approve the Anesthesia Ventilators not to exceed \$100,200. Dr. Malter seconded the motion and the motion passed by a roll call vote.

Philips Monitors – These monitors are used post—operatively in short stay. They are a critical piece of equipment for direct patient care. They are used for recovery. We are purchasing 15 total, two for the recovery room and 13 for short stay. This purchase was also approved last year by the Board, but not purchased. We have closed two rooms for monitor failures. The ones we have now are no longer supported and cannot be repaired. The cost is \$197,687.80. This purchase includes a three year information technology service agreement.

Mr. Storer made a MOTION to approve the Philips Monitors. Dr. Malter seconded. Ms. Thomas made a friendly amendment that the purchase not exceed \$197,700. Mr. Storer accepted the amendment and the motion passed by a roll call vote.

V-Pro Max Sterilizer – The V-Pro Max is a sterilizer that uses vaporized Hydrogen Peroxide to sterilize instrumentation such as scopes, camera heads, light cords, and other instrumentation that cannot be put through a steam sterilizer. This system also has the capability of sterilizing our flexible scopes with small lumens. The V-Pro Max is more expensive upfront; however, it is a better quality product and does have the capability of sterilizing small scopes. The service contract for the V-Pro Max is \$9,000.00 compared to \$13,000.00 for the Sterrad NX for three years. The cost of the machine is \$138,120.70, this includes installation of the machine and removal of the old machine. The original amount approved last year was \$115,000.

Dr. Peimann asked if the savings were annualized or for the life of the machine. Mr. Egbert said this is an annual savings of operating due to the decrease of the other agents.

Ms. Thomas made a MOTION to approve the V-Pro Max not to exceed \$138,200.00. Dr. Peimann seconded. Ms. Borthwick asked if the \$9,000 was included. Mr. Egbert said it was not included because it's not a capital expense. Ms. Borthwick also asked what the life of the machine is. They last approximately 15-20 years. ***The motion passed by a roll call vote.***

There were two unbudgeted items for approval – Mr. Gardner reports Integra Ultra 360 Patient Positioning System and Mayfield Swivel Horseshoe Headrest. This system is used during cervical spine surgeries for positioning the head and neck safely. Without the system we cannot safely do cervical spine surgeries. The one



owned by BRH has been broken for a couple of months and cannot be repaired. We have a loaner system from Integra and they have called to have it returned. The cost of the system is \$13,526.00, this includes any training on the new system from the representative from Integra.

The other item is Synthes 4.0 Cannulated Screw Set. The 4.0 cannulated screw set is used by orthopedic surgeons to repair broken bones in the arms and legs. BRH currently does not own one and has a loaner set from Synthes. Other facilities are requesting the use of this set and Synthes is asking for it to be returned. If we return this set before purchasing one it could have an effect on the types of orthopedic surgeries we will be able to do and may lead to cancellation of some cases due to lack of instrumentation and implants. The purchase of the set qualifies for a set promo. With the purchase of the implants for the set, the instrumentation is provided at no charge. A cost savings of \$5,075.40. The cost of the entire set is \$18,691.20 minus the savings of \$5,075.40 for a cost of \$13,615.80. This set is frequently used during orthopedic surgeries and will pay for itself quickly. BRH could start to incur a rental fee for this set if it is not returned to Synthes.

There was a tradeoff of pediatric scopes to get equipment to do spine surgeries. We have a loaner system currently and they want it back if we don't purchase. It costs \$13,615.80. Dr. Peimann asked if Dr. Bozarth approved of this item. Mr. Gardner said yes. Ms. Thomas said there was a brief discussion if this needed to come to the Board for approval due to the dollar amount.

Ms. Thomas made a MOTION to approve the Integra Ultra 360 Patient Positioning System and Mayfield Swivel Horseshoe Headrest and the Synthes 4.0 Cannulated Screw Set for the purchase price of \$13,526.00. Ms. Davis seconded and it was approved by a roll call vote.

2014-2016 Biennial Budget progress update – Mr. Germany reported that his team has been meeting with the department directors this week. They have been getting input from the directors and reviewed the reports so the numbers are accurate. Part of it is getting up to speed on the way we do operations here and possibly looking at doing things in a different way.

Mr. Germany said in going forward as part of the financial report, to start including a payor mix report as part of the financials, splitting between inpatient and outpatient. Ms. Thomas said she thinks it would be good for the Board before the finance Committee to understand the high level assumptions that we are targeting at this point.

There was a high level of budget assumptions for FY15 reviewed. Mr. Germany said he's not anticipating a big change in payor mix from a business perspective.

Mr. Germany said he will be bringing back some different scenarios regarding the rate increase 3%, 4% and 5% analysis. Ms. Thomas asked Mr. Germany to explain the rationale behind a 5% increase. Mr. Germany directed the Board to look at the cost comparisons data that was provided in the packet, between Bartlett Regional Hospital, Alaska Mat-SU, Virginia Mason and Swedish Medical Center. Most hospitals do raise

their rates every year to account for wage increases and inflation. It's specifically written in the AETNA contract that up to that point of a 5% rate increase, they will leave the reimbursement mechanisms alone.

Ms. Thomas said the reason she is asking for the explanation is because our board over the last couple of years have done a good job at controlling the rate increases and we need to understand why management originally recommended the 5% increase.

Mr. Egbert said BRH compared to other hospitals up North and some in Seattle, we are very similar. There is one hospital in Seattle that is less expensive, but they don't negotiate their rates. From our standpoint, those charges that we currently have, have room to remain competitive, without overcharging our community if we do it in the correct way. We don't want to raise rates on outpatient procedures since we tend to compete with Seattle. There's room on our inpatient procedures that remain in the area. Where we were leaving money on the table was with regard to our cost based reimbursement programs. We left about \$160,000 in costs that we could have improved and been reimbursed through the sole community provider payment scheme or under our current demonstration project with CMS. The other thing we talked about was the day's cash on hand. We are 165 and that's great, but with ICD-10 coming, we need to have more days cash on hand, especially if the implementation doesn't go well. We are looking at rate increases for employees, increases that will be passed on to us for supplies from our vendors, and shipping costs aren't going down. Our costs as an entity are going up and we need to be able to balance that to make sure the cash flow continues the coverage of operations.

Ms. Thomas said even though we are doing reasonably well on our bottom line for this year, there are recurring and nonrecurring reimbursements that are going away that are fairly large dollar amounts. Mr. Germany has indicated he will provide the Board a better break down at the budget presentation.

Dr. Malter reiterated Ms. Thomas's point that management did an excellent job at speaking to the 5% rate increase. He encouraged all board members to attend the next couple of Finance Committee meetings, as this will be discussed in more detail. He asked management to go back and look at lower rate increases and see what it would do to the budget. He's heard a lot over the years from the community about how expensive our rates are and we should at least see what the lower rates look like in the budget.

Ms. Davis said the perception is that BRH rates are high, she was struck at looking at the comparisons, how low Bartlett's rates were compared to other places in the state. We are very similar and maybe it's because the community doesn't understand how the costs work. The hospital and the Board can do better at educating the community how the costs work here.

Dr. Peimann said we should be more forward about our costs and we should also be more forward about the explanation of that cost, what they get for that service and what it means to be a community hospital.

Mr. Egbert said a good discussion to have at the Board's retreat is how to work with the larger medical community. All that was reviewed at the Finance Committee was hospital charges compared to other hospitals. Healthcare in Juneau is very expensive, but the hospital is only one piece of it. When a patient comes to the hospital and has a colonoscopy, we have the hospital's charges, but then there are other charges by doctors, anesthesiologists, etc. All of those bills come out to the patient and the insurance company outside of what gets submitted by BRH. To be able to compete effectively for the outpatient services going to Seattle, we are going to have to get a relationship put together with our medical staff on pricing. That's something to explore over the next couple of years.

Ms. Crane asked while we look at the price increases, we also look at some of the community organizations that we work with as well. She thinks about JAMHI and what a 5% increase does to them who are getting less federal money and being squeezed in other ways as well. That 5% increase for them means less service for people in Juneau. She knows we need to charge what it costs to provide service, but she would really like us to look at some of those organizations to see if there isn't something we can do to help soften the blow for them. Mr. Egbert said he agreed and he's been working on how to help support the Front Street Clinic. As a community hospital, we need to be very sensitive to those relationships.

Quality Council – Ms. Davis reported that the first Quality Council Summit was held on March 12th. It was a great opportunity hearing from the directors on how to improve patient care and patient safety. There's a quality council folder in Egnyte if board members would like to look at that information. They looked at falls and there is an increase. This has caused the staff on Med/Surg to ramp up and look at better ways to prevent falls. We want to be less than the national average for falls. One of the suggestions is looking at it as an aggregate. It's not just patient falls. They are going to start sorting that out so we as an organization can look at that aspect. The HCAPS scores that are reported, out of all of them, all but one went up. Ms. Davis encouraged the Board to come to the Quality Council meeting. Mr. Egbert said they are going to start asking front line staff to attend this meeting.

Ms. Bomengen encouraged the Board members to attend the Quality Council meetings whenever they can.

Dr. Pam Gruchacz' s Physician Employment Agreement – this motion was tabled earlier in the meeting as there was a missing schedule A that shows what schedule Dr. Pam Gruchacz will be working. She will not be getting paid for excessive call after July 1, 2014. Dr. Malter asked if there are concerns with doing 4 straight days of call. Currently they are doing more than 4 days a week. Dr. Peimann asked if we could go into executive session to discuss items that could have an adverse effect on the finances of the hospital with regards to this agreement.

Ms. Thomas made a MOTION at 6:35 p.m. to go into executive session to discuss matters that are confidential by law and could have an adverse effect on finances of the hospital. Dr. Malter seconded and it was approved.

Chief of Staff report – Dr. Dressel addressed the credentialing report

Back in session at 6:58 p.m. The Chief of Staff report was discussed as well as Dr. Pam Gruchacz's Physician Employment Agreement.

Ms. Davis made a MOTION to approve the credentialing report. Dr. Peimann seconded and it was approved.

Dr. Malter made a MOTION to approve the Physician Employment Agreement for Dr. Pam Gruchacz. Mr. Storer seconded. Dr. Peimann objected. The motion passed by 8-1 roll call vote.

CEO selection committee – Ms. Thomas said we have selected five candidates as finalists. There will be an executive session at the end of tonight's meeting to discuss the interview process. The interviews and other activities will begin at 8:00 a.m. Wednesday, March 26th, and will last all day.

IT Steering Committee – Mr. Egbert said we reassembled the IT Steering Committee and had a great discussion. There was not a lot of physician participation at the meeting. Mr. Egbert made a recommendation to not replace the ER component and keep the T-Systems. We were able to move into the discussions for the needs of the hospital more broadly. Mr. Egbert will bring Keith Ryan, Cornerstone Advisors, next week to talk to the medical staff. In the future CPOE has to be adopted. It's a matter of which direction we want to go, Meditech Magic upgrade or Meditech 6.x. He hopes after meeting with the Medical Staff to come back to the Board and call the questions. Dr. Peimann said the other thing the Medical staff needs to understand is that is even if we just adopt Meditech Magic with CPOE, this is a short term plan. Down the road we are kicking the can of adoption of an EMR system down the road three to five years. As CMS goes further down this regulatory cycle, they are going to add more and more important meaningful changes to what the EMR delivers for them and for our reimbursement. As that happens and Magic is no longer supported and those updates are no longer available, we are going to be forced to move to a system that does provide us that meaningful interface. Physicians need to know that sticking with Magic will mean two changes within the next 5-10 years as opposed to adopting a new system now and having one change in the next 5-10 years.

Ms. Davis said all of the staff who were in attendance were so ready for us to move forward. They are very ready for an improvement. Dr. Malter asked if we were anticipating a big push back from the Medical Staff. Dr. Dressel said everyone is very negative when it gets brought up.

OLD BUSINESS:

Cerner Recovery Update - Mr. Egbert said that CBJ Law and Dick Monkman, Alan Germany, Jeff Egbert and Martha Palicka had a meeting and went over the documentation regarding Cerner. Mr. Egbert said he would bring back some information to the Board next month.

Front Street Clinic – Mr. Egbert said this topic was brought up at the Bartlett Foundation meeting. Mr. Egbert wanted to make sure the Board knew how BRH is helping support the Front Street Clinic thus far. We have not offered financial assistance to them, but we have offered to provide a certain number of MRI's, CT's and lab work to patients to support their efforts. The Foundation asked what the hospital would like as a focus for a fundraiser. One suggestion was to identify a project that could also assist the clinic.

Dr. Peimann said he supports the idea that we give the Front Street Clinic some support in a limited fashion and to describe to them very distinctly, if possible what those limits and circumstances are. Front Street Clinic is a full medical clinic, taking both insured and uninsured patients. They will be competing with other clinics in town for those same patients. If they can offer free services to those patients, it's probably not a competitive advantage we want to find ourselves in. Mr. Egbert said when we talked about providing free MRI's, CT's and lab work, we will bill the insured patients ourselves. We will not be giving those services to the patients for the clinic to then bill themselves.

Dr. Malter said he's supportive of the patients using the clinic; it doesn't make sense to describe supporting the clinic, but supporting the providers. We are facilitating referrals for certain procedures. If they can demonstrate to the community that there is partnership with BRH, they have a stronger position to request funding.

Ms. Davis said the word partnership is really important because BRH has participated in the medical respite approach when people can't go back on the street because they are too ill. We have been a partner on behalf of Juneau's homeless population for a couple of years now. When she thinks about a partnership, she thinks it's a partnership for a vulnerable population in our community.

Dr. Peimann said he certainly supports the Front Street Clinic's mission. They made a recent announcement that they changed their name.

Dr. Malter asked if we have to rationalize why we would support uninsured patients who are being seen and private clinics about why we would subsidize or support patients using the Front Street Clinic as opposed uninsured patients to using other clinics in the community.

BRH Foundation – Mr. Egbert reports

There were two final candidates for an Executive Director. They did an email vote and we haven't heard the final results.

CEO Report – Mr. Egbert reports

Mr. Egbert went over the current Organizational Chart as part of the Board Education Plan. Mr. Egbert announced he recently moved the Case Management department back

to the CFO. Ms. Borthwick said she sees two positions without names and asked if they were not filled at this time. Mr. Egbert said there was a change in those two positions (HIM and PFS) and they are reporting directly to our interim Revenue Cycle Director, Mike Dumont, but this is subject to change. The last administration made a change to not have a director over those two departments, but Mr. Egbert and Mr. Germany are looking at restructuring in some areas.

Ms. Davis said it seems like recently there was talk about the Case Management department being involved in the record auditing and reviewed in Quality and how they connect. Mr. Egbert said it was a great vision, but it's not working well. The goal is to fill the position of an abstractor.

Legislative update – There were two handouts from ASHNHA included in the packet. Mr. Egbert said there has been a lot of participation at the legislature by Dr. Pappenheim, Jennifer Brown (Director of MHU & RRC), and Billy Gardner, representing us with budget negotiations regarding the reductions, sometimes severe, of mental health funding for inpatient mental health as well as substance abuse. It sounds like the funding when it comes back to the senate, maybe close to being restored. Mr. Gardner said the indications from the Senate is it will survive.

Ms. Crane said another thing we need to be aware of is we currently have approximately 12 billion dollar unfunded liability for PERS (Alaska Public Employees' Retirement) and TRS (Teachers' Retirement System) and the governor proposed this year a 3 billion dollar deposit from the reserve account into PERS and TRS. It will require a 3/4 vote by both the House and the Senate for this to go through. One reason they are doing this is that municipalities pay 22% for PERS and TRS, and the state pays everything above that. The state amount has been going up. This year it's supposed to be \$600+ million dollars, next year, \$760+ million and in just a few years we will go to \$1.2 billion dollars a year. The Governor's deposit would limit the state's amount on an annual basis to \$500 million dollars a year. It would limit what the state is doing and it would extend out what municipalities are paying. Unfortunately, neither the House nor the Senate have included this in the state budget. They are now talking about reducing the amount of the deposit into PERS and TRS (rumor at this point), a billion 2 or a billion 4 or something like that, but what they are also talking about is raising the PERS amount what we have to pay from 22% to 24%. What that would mean for Juneau for the municipal budget, but she doesn't it includes Bartlett, is an additional \$1.5 million a year. They are working very hard to see this doesn't happen, but we should be aware of this. The Alaska Municipal League and the City are working on it.

Mr. Storer asked Ms. Crane what committee this is in. Ms. Crane said the Governor included it in the budget, both the House and the Senate have taken it out of the budget at this point. There are a couple of other bills floating around that they can attach. We are expecting some form of proposal in a week to ten days.

Mr. Johnson received a call that the Senate was going to put in a claim for the trauma fund which is half of what the Hospital Association was requesting. He's also done some additional research alternative funding that he can present to the Finance Committee.

Dr. Malter said the Planning Committee is going to start addressing oncology services and wanted to know if there's anything the Board should be thinking about more quickly to come up with a plan. Mr. Egbert said The Midnight Sun Oncology Group has applied for hospital privileges and they will be working out of the Southeast Oncology Center a few times a month whereas we only offer oncology services once a month. Mr. Egbert will be meeting with some key stakeholders from Virginia Mason to explore oncology services. We are going to continue to have our chemotherapy center remain in the hospital.

President's report – Ms. Bomengen reports

Ms. Bomengen said we heard from Barbara Sheinberg at last month's board meeting asking us to get involved in looking at the health care in Juneau for the Juneau Economic Development Plan. Ms. Sheinberg developed four questions that Ms. Bomengen forwarded to the Board members. She asked if hospital staff and board members would like to get together sometime in April or the beginning of May. Ms. Bomengen asked the Board to go to the site to sign up. April 3rd there will be a meeting to talk about the overall plan. Ms. Thomas said she would attend.

NEW BUSINESS:

The April calendar was reviewed.

There was a special Finance Committee meeting scheduled for April 3rd at 5:15 p.m. to go over the budget. There was also a special Board meeting scheduled for March 31st at 5:15 p.m., to discuss the CEO Selection process.

BOARD COMMENTS:

Ms. Borthwick reminded the Board to start thinking about reviewing the bylaws for 2015.

Ms. Morton wanted to let the Board know that the Sexual Assault Response Team training is ongoing on this week. There a lot of nurses in attendance. There are 60 people from all over Southeast Alaska including Juneau in attendance. It's been very well received. Ms. Morton thanked the Bartlett Foundation for their efforts to help fund this.

Dr. Malter made a MOTION to go into executive session at 7:45 p.m., to discuss items which are confidential by law and could have an adverse effect on the finances of the hospital. Ms. Davis seconded and it was approved.

The Board came out of executive session at 8:15 p.m. to extend the meeting to 8:45 p.m.

The Board came out of executive session at 8:35 p.m.



Meeting adjourned at 8:37 p.m.