

# Bartlett Regional Hospital

**AGENDA**  
**PLANNING COMMITTEE MEETING**  
**Friday, November 9, 2018 - 7:00 a.m.**  
**Bartlett Regional Hospital - Boardroom**

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**Mission Statement**

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

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**CALL TO ORDER**

**APPROVAL OF THE MINUTES** – September 21, 2018

Public Comment

**Old Business**

- A. Ophthalmology Updates
- B. Comprehensive Facility Planning
- C. Upcoming Strategic Planning Meeting

**Future Agenda Items**

Next meeting

Comments

**Adjourn**

# Bartlett Regional Hospital

**DRAFT MINUTES  
PLANNING COMMITTEE MEETING  
Friday, September 21, 2018 – 7:00 a.m.  
Bartlett Regional Hospital - Boardroom**

**COMMITTEE AND BOARD MEMBERS PRESENT:**

Brenda Knapp, Board President  
Cate Buley, MD  
Bob Urata, MD

Marshal Kendziorek  
Rosemary Hagevig  
Mark Johnson

**ALSO PRESENT:**

Chuck Bill, CEO  
Dallas Hargrave, HR Director  
Anita Moffitt, Executive Assistant

Bradley Grigg, CBHO  
Rose Lawhorne, Assistant CCO

**Call to Order-** Planning Committee meeting was called to order at 7:02 a.m. by Marshal Kendziorek, Committee Chair.

**Change to the agenda** – Mr. Bill requested Facility Planning be added as agenda item C under old business.

**Approval of the Minutes - Ms. Hagevig made a motion to approve the August 13, 2018 minutes. Dr. Buley seconded and they were approved.**

**NEW BUSINESS**

**Strategic Planning Retreat-** Strategic Planning Retreat is scheduled to take place on Saturday, November 17<sup>th</sup>. Mr. Kendziorek encouraged all Board members to attend and to visit the Governance Institute's website to review the strategic planning section prior to the meeting. Mr. Bill reported that David Sandberg from Focus and Execute will facilitate the meeting. The Moss Adams report and broad goals for 2020 are to be discussed. Critical factors that will need to be considered when planning are the Rural Demonstration Project, Critical Access status, DBH payments, implications of GASB 68 and 75 and DET status.

Dr. Urata requested an analysis of FTEs be provided. Justification for excess staff such as needed for regulation compliance work is to be included.

Mr. Kendziorek stated that senior leadership and staff are responsible for meeting strategic goals and providing updates. The board should stay at a higher level and utilize Focus and Execute and Mr. Bill's CEO reports to receive updates. The majority of time at board meetings should be spent looking forward, not backwards.

**OLD BUSINESS**

- A. Ophthalmology (and equipment)** – We are still trying to recruit an Ophthalmologist. In the meantime, discussions with an Ophthalmology group in Anchorage are being held about providing services on a monthly basis. Surgical services as well as monthly checkups and macular degeneration injections need to be available here to meet community needs. In addition to recruitment, a plan needs to be developed around equipment, space and capital investment needs. Discussions about the need of a reputable Ophthalmologist as well as the use of Mid-level practitioners were held. A recommendation was made that Mr. Bill speak with the Chief Operations Officer of SEARHC about the possibility of partnering with SEARHC and using their space and equipment to hold regular clinics. If agreeable, an agreement would need to be entered into with Alaska Native Tribal Health Consortium (ANTHC).
- B. Critical Access Status** – A discussion was held about obtaining Critical Care Access status if the Rural Demonstration Project drops off and what some of the challenges would be in doing so. Concerns were expressed about a reduction in the number of inpatient beds and length of stay restrictions. A thorough analysis will be provided by Mr. Bill for consideration during strategic planning.
- C. Facility Planning** – The RRC remodel is anticipated to be \$500,000 over budget due to a number of components. Because we are still in the design phase, now is the time to suspend the project if we are going to and consider other options. Mr. Bill reported that Dr. Breffeilh’s old space is empty and in need of a remodel. He suggested this space may be able to temporarily house BOPS (Bartlett Outpatient Psychiatric Services) if that building is to be demolished. A discussion was held about a grant application for a Crisis Stabilization Program for children and adults. Dr. Urata proposed consideration of building one single building for Mental Health services to replace BOPS and RRC.

## **FUTURE AGENDA ITEMS**

- A. Ophthalmology**
- B. Facility Planning Updates**
- C. Strategic Planning Meeting Follow-up**

An update was provided on the robotics analysis listed as a future agenda item in the August 13 minutes. A feasibility study is being conducted and construction problems due to height restrictions were noted. Also discussed was which physicians would use a robot and what surgeries it could be used for.

**Comments** – Ms. Knapp noted that we need to determine if we are going to move ahead with the RRC remodel or not. Mr. Grigg reported that CBJ architects and engineers are leading the project to determine the work that will be required and the costs involved. After a brief discussion, it was determined that more information would be needed to be able to discuss the pros and cons of having one building for mental health and RRC services.

**Next Meeting** – A doodle poll will be sent out for the week of November 4<sup>th</sup>. Mr. Kendziorek will send a copy of questions regarding strategic planning to board members for review prior to the next meeting.

**Adjournment** – Meeting adjourned at 8:24 a.m.