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

I. CALL TO ORDER

II. APPROVAL OF THE MINUTES – November 28, 2018 Governance Committee (Pg. 2)

III. TITLE 40 (Pg. 3)

IV. BOARD’S ROLE IN PHYSICIAN OVERSIGHT

V. EXPLORING AFFILIATION MODELS

VI. CASH RESERVE IDENTIFIED AS DEPRECIATION AND DEFERRED MAINTENANCE

VII. COMMENTS

VIII. ADJOURN
Governance Committee Meeting
Minutes
November 28, 2018

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

Attendance:

Committee Members: Mark Johnson, Bob Storer (via phone), Linda Thomas (via phone), Chuck Bill, and Brenda Knapp

BRH Staff: Suzette Nelson, Executive Assistant

Mr. Johnson made a MOTION to approve the minutes from October 1, 2018. Mr. Storer seconded and they were approved.

Mr. Johnson made a MOTION to approve the minutes from October 9, 2018. Mr. Storer and Ms. Knapp seconded and they were approved.

Title 40: Mr. Bill expressed that there were several different options that the Medical Staff was presented – in which they did some minor wordsmithing. Their legal counsel will review what is presented and provide their input. Mr. Bill shared that we will take in consideration what their counsel suggests but our City Attorney will have the final determination in the language.

Ms. Knapp and Mr. Johnson shared their concerns regarding some of the current language in Title 40 and would like to see it changed.

The next step will be the Governance committee review the final language and provide it to the entire board by January of 2019.

Comments: Mr. Johnson shared that we’ve had three topics we’ve discussed and would like to know the future goals for this committee going forward.

Ms. Thomas thanked the committee for their hard work and would like keep the momentum.

Adjourned at 12:19 p.m.
The Board has the ultimate authority as the Governing Board of the Hospital. (CBJ 40.05.020). Any change to the code is subject to approval by the Hospital Board and then by the CBJ Assembly. The Medical Staff shall be called upon to “advise” on professional problems and policies. (CBJ 40.15.020).

For example, the Hospital Board has the authority to appoint hospital medical staff after receiving recommendations of the hospital medical staff. (CBJ 40.15.030; Medical Staff Bylaw 7.2(d)). The Medical Staff has the authority to forward recommendations on staff appointments to the Hospital Board. (Medical Staff Bylaw 7.2(c)). The Hospital Board can reject or accept the recommendation of the Medical Staff. (Medical Staff Bylaw 7.2(d)). Clinical privileges means permission granted by the Board. (Medical Staff Bylaw 1.1(13)). The contracting provision at issue here falls under similar authority. (Additionally the Hospital Board has the final approval of the Medical Staff rules and regulations (CBJ Code 40.15.040; Medical Staff Bylaw Article XIII)). The Medical Staff has the authority to “make reports and recommendations to the hospital board of directors concerning clinical care at the hospital.” (CBJ Code 40.15.050(5). The Board has the authority to deny an application or request from the medical staff. (CBJ Code 40.15.080).

We cannot use the language “approved by” as that means that the Medical Staff has the authority to deny an action within the authority of the Board. There are similar concerns with “concurrence” as that means that the Board could not take an action without concurrence. The Medical Staff has the authority to make recommendations but cannot make ultimate decisions of issues that are under the Board’s authority.

However, we have listened to the concerns of the Doctors, who are concerned that “after considering input” does not give the medical staff the voice or the respect that they deserve. We have come up with this option, which addresses their concerns and keeps us in line with the law and fits directly within CBJ 40.15.020 and the Medical Staff and Board bylaws:

40.15.060 – Contract for rendering professional services

With documented need, as recommended by the Recruitment Committee and after receiving advice from Medical Staff, the hospital Board of Directors may contract with physicians and other medical providers for the rendering of professional services under terms and conditions that comply with applicable local, state, and federal healthcare laws and regulations.

This gives the Medical Staff three places to have their voice heard in the process:

1. In the Recruitment Committee. There are three doctors on this committee that represent Medical Staff interests in making a recommendation;
2. Medical Staff advice to the Board: in whatever form they want to give it. I assume a report from Medical Staff to the Hospital Board similar to the credentialing report;
3. At the Hospital Board meeting, with several avenues:
   a. Through representation on the Board (such as Dr. Urata),
   b. or by testifying/presenting at the Board meeting through the Chief of Staff,
      who represents the views of the Medical Staff to the Hospital Board (Medical
      Staff Bylaws 3.7(a)(6))
   c. or by individually testing/presenting as a public member on an issue before
      the Board

This compromise keeps us within the law but gives the Medical Staff the voice they are asking for.