

Bartlett Regional Hospital

Minutes

BOARD OF DIRECTORS MEETING

August 27, 2019 – 5:30 p.m.

Robert F. Valliant Boardroom

CALL TO ORDER – The Board of Director’s meeting was called to order at 5:30 p.m. by Rosemary Hagevig, Board Vice President

ATTENDANCE

Rosemary Hagevig, Vice President	Bob Urata, MD, Secretary	Mark Johnson
Brenda Knapp, Past President	Marshal Kendziorek	Kenny Solomon-Gross
Deb Johnston	Lindy Jones, MD	

ALSO IN ATTENDANCE

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Dallas Hargrave, HR Director	Bradley Grigg, CBHO	Don Schneider, MD, COS
Rose Lawhorne, CNO	Megan Costello, CBJ Law	Michelle Hale, CBJ Liaison
Anita Moffitt, Executive Assistant	Gail Moorehead, Staff Development	Beth Weldon, Mayor
Loren Jones, Assembly Member	John Raster, MD	Laurie Bell
Kathi Petersen		

ABSENT - Lance Stevens, President

APPROVAL OF THE AGENDA – *MOTION by Mr. Kendziorek to approve the agenda as written. Mr. Johnson seconded, agenda approved.*

PUBLIC PARTICIPATION – Community member, Kathi Peterson spoke about an article about her in Bartlett’s House Call publication, her care at BRH, the need for sensitivity training for staff and medical providers and HIPAA violation policies.

Laurie Bell, an employee that works in Patient Access Services, spoke about safety concerns and lack of communication regarding safety occurrence reporting. She recounted an incident of assault she had experienced at the hands of a patient and how the situation was handled after she reported it. Suggestions to address safety concerns and to improve communications were provided by Ms. Bell. Mr. Kendziorek reported that the Planning Committee is halfway through the campus planning effort. He stated that one of the top priorities repeatedly discussed, because of safety issues, is a redesign of the Emergency Department, including the registration desk. Dr. Urata reported that there is a financial proposal included in tonight’s board packet to improve safety in the ED by making modifications. A copy of Ms. Bell’s notes used for testimony are to be attached to the minutes of tonight’s meeting as requested by Dr. Urata. Mr. Solomon-Gross noted that Board and Sub Committee minutes are posted on Bartlett’s website as a source of obtaining information. Ms. Knapp requests that Mr. Bill provide a follow up to the concerns expressed by Ms. Bell and Ms. Peterson at the September board meeting.

Dr. John Raster, ENT-Otolaryngologist introduced himself and expressed concerns on behalf of himself and the general medical community regarding aggressive advertising by SEARHC. Shared concerns are that SEARHC has always been mandated to serve the native population and are now beginning to serve the non-native population as well. While they are not doing it yet, SEARHC may begin sending elective cases out of Juneau for care. This will have an impact on private physicians as well as BRH. Mr. Johnson requests this be a future agenda item. He suggests an invitation be extended to SEARCH to attend a future board meeting in the hopes that they will discuss their plans and answer some questions. Ms. Hagevig noted that the board has already begun looking ahead at what options BRH may have to address these concerns. An RFP is being written for an affiliation study to be conducted. The study will include a SWAT analysis to help identify what the threats are. Physician input will be very important.

CONSENT AGENDA – Dr. Urata requested item B.-Draft Physician Recruitment Minutes be pulled from the consent agenda. ***MOTION by Mr. Kendziorek to approve the remainder of the consent agenda as written. Consent agenda approved with the exception of item B.***

Dr. Urata stated that under item B – the Physician Recruitment Committee has decided to look at hiring an Oncological Advanced Nurse Practitioner. He requests that primary care physicians (PCPs) that do chemotherapy and oncology care participate in developing a roll of this person. PCPs provide continuity of patient care with the help of Oncologists. Having a mid-level provider intervene could affect the quality of care. Dr. Jones agrees that it needs to be a collaborative plan. Mr. Bill thinks it is appropriate for PCPs to be involved in this process. The position could be set up like the Hospitalist Program allowing PCPs the opportunity to opt in or out of using their services. ***MOTION by Mr. Johnson to approve the minutes of the Physician Recruitment Committee. Ms. Knapp seconded. Minutes approved.***

BOARD EDUCATION

STAFF DEVELOPMENT NURSE RESIDENCY PROGRAM – Gail Moorehead reported that they are working to improve the efficient onboarding of new to practice RNs. This project was chosen to provide a robust standardized training plan and increase retention of new graduate RNs and to reduce the use of Travel RNs. She reported that the goal is to increase the retention rate of graduate nurses to 90% by May 2021, support local graduates to return to Juneau to practice nursing at BRH and to provide training during residency to increase competency and confidence in patient care and safety in a structured setting. She provided an overview of the analysis of data collected, change concepts applied, challenges and barriers encountered, a summary of activity to date and plans for the future. She reported that 14 new graduate nurses have been hired since this cohort began in June 2019. Mr. Solomon-Gross is very happy that this is the direction BRH is going and hopes it works really well.

NEW BUSINESS: Mr. Bill noted that Mr. Gardner needs to leave early to catch a flight and requested that new Capital Projects listed under new business be moved ahead of the Medical Staff Report.

CAPITAL PROJECTS – Dr. Urata reported the capital projects listed on tonight’s agenda were reviewed at the August 14 Finance Committee Meeting. The Finance Committee did not have a quorum to take action on these items, however board members Mr. Kendziorek and Mr. Solomon-Gross were in attendance and support the approval of these items. Mr. Gardner provided an overview and justification for approval of each of the Capital Projects listed on the agenda.

Motion made by Dr. Urata to approve the Air Supply Unit – 11 Supply Fan Upgrade. Mr. Johnson seconded. There being no objections, Motion approved.

Motion made by Dr. Urata to approve the Central Sterilization Room Upgrades. Mr. Johnson seconded. There being no objections, Motion approved.

Motion made by Dr. Urata to approve the Lab Ventilation and Cooling Upgrades. Mr. Johnson seconded. There being no objections, Motion approved.

Motion made by Dr. Urata to approve the Chiller No. 2 replacement. Mr. Johnson seconded. There being no objections, Motion approved.

Motion made by Dr. Urata to approve the ASU-1 Heating Coil Upgrade to Glycol. Mr. Johnson seconded. There being no objections, Motion approved.

Mr. Gardner provided an overview of future projects to be completed. These projects are within Mr. Bill's signing limits and include: stairwell doors replacement, after-hours main hospital lockdown and the ED waiting area/PAS desk modifications to address safety concerns.

Medical Staff Report – Dr. Schneider noted the July 2nd Medical Staff meeting minutes are in the packet. He reported the following were discussed at the August 6 meeting: Physician reports cards are starting to come out, MSQIC helped clarify conflict of interest issues specifically in the peer review process, a vote was approved to make the EMR Committee an official medical staff committee to allow them to have more input in the future direction of the EMR, lastly, there was a lively discussion regarding SEARHC.

Executive Session – Motion made by Mr. Kendziorek to recess into executive session as written in the agenda to discuss several matters:

- *Those which by law, municipal charter, or ordinance are required to be confidential or involve consideration of records that are not subject to public disclosure, specifically the patient safety dashboard, the confidential chief of staff report, and the credentialing report.*

And

- *To discuss possible BRH litigation, specifically a candid discussion of the facts and litigation strategies with the BRH attorney. (Unnecessary staff and Medical Chief of staff are excused from this portion of the session.)*

Dr. Urata seconded. Motion approved. A request was made for a 5 minute break before executive session. The committee took a break from 6:40 to 6:45 pm. The committee entered executive session at 6:46 pm and returned to regular session at 7:22 pm.

- A. Credentialing report (BLUE FOLDER): *Motion by Mr. Kendziorek to approve the credentialing report with a request that Dr. Peterson's status be changed from Locum Tenens to Active. Mr. Johnson seconded. Credentialing recommendations approved with requested change.*
- B. Confidential Chief of Staff Report (BLUE FOLDER): No action to be taken. The Board reviewed the confidential chief of staff report.
- C. Patient Safety Dashboard (BLUE FOLDER): No action to be taken. The Board reviewed the Patient Safety Dashboard.
- D. Legal and Litigation Review: The Board provided direction to BRH attorney regarding litigation strategies.

OLD BUSINESS:

CAMPUS PLAN UPDATE – Mr. Bill stated that Jensen Yorba Wall (JYW) is actively moving through the schedule shared at the Planning Committee Meeting last week and is on target. Mr. Kendziorek noted that the most important thing that came out of the Planning Meeting is that Corey Wall had stated that this is a process, not a product. It's a way to move forward with a campus plan, not a hard fast plan. Ms. Hale confirmed that this campus plan will intersect with the CIPs.

CRISIS INTERVENTION UPDATE – Mr. Grigg reported that we have received notifications of capital grant funding. We've received \$200,000 from the Mental Health Trust for FY20. Premera has given a verbal commitment that it will award \$1 Million. We've finalized our initial letter of inquiry to the Rasmuson Foundation for a Tier II \$800,000 capital grant. A letter of inquiry has been submitted to the Murdoch Foundation. We qualify for their Tier II grant which awards between \$100,000 and \$600,000 per capital project. We are awaiting next steps from the Murdoch Foundation. The RFP for the design closed 10 days ago, scoring happened today. Tomorrow, CBJ will put out notification of award for the design bid.

STATE BUDGET – Mr. Bill noted there is still a lot of unknowns in the state budget. We think we know that a 5% cut will be applied. This will be a \$1.5 Million hit to us. What we don't know is how the additional \$50 Million that the governor vetoed will be applied so our hit could be higher. We had received notice from the State that we were awarded grants that we had historically received for Rainforest Recovery. These grants are all subject to funding so we may not see them due to the line item veto for \$6.1 Million for behavioral health grants. We should know before the next board meeting. He also noted that we should have an update in September regarding the lawsuit filed against the state by ASHNHA for using the emergency clause for implementing the cuts announced in July. Mr. Kendziorek made a request that an agenda item for next month's board meeting be a resolution stating this board's view on this budget and the effect it's having on our hospital and the community. We need to take a stand and make it clear that we are opposed to the impacts of these budget cuts. Discussion was held about the appropriateness of BRH making this resolution as well as the two resolutions passed by the CBJ Assembly.

NEW BUSINESS:

AFFILIATION STUDY RFP – Mr. Bill referenced the white paper in the packet for an RFP to conduct an affiliation option analysis. He stated as part of our fiduciary responsibility and due diligence, we need to look at the best way to secure and grow the services we provide to the community of Juneau. Mr. Johnson questioned the need to move quickly with this study and expressed his concerns. Ms. Knapp

provided an overview of the discussions held to date by the Governance Committee. She also noted, that action does not need to be taken as a result of the analysis but it will provide us with a community needs assessment, information as to what the broad scope of possible affiliation options are, what has worked for other hospitals in our situation that may have problems staying afloat with some of the potential changes coming in funding streams and competition moving in. It will also help identify what the indicators are that it would be time to jump at something. A thorough study, to include a SWAT analysis is anticipated to cost between \$70,000 and \$100,000. Mr. Bill provided a summary of conversations held with SEARHC in the past and the attempts to share services, such as biomedical maintenance. He stated that an affiliation with someone would probably not affect our Rural Demonstration designation. Mr. Solomon-Gross expressed his support of being pro-active instead of reactive. Dr. Jones and Dr. Urata want to ensure that threats to BRH are a part of the analysis. In response to Ms. Hale inquiry, Mr. Bill stated that the board's intent is to forward to the assembly a proposed RFP before it is put out for proposals. Ms. Johnston stated the board needs to be very clear and agree on the statement of work to be included in the RFP. ***Motion by Ms. Knapp to move ahead to get the RFP in a final draft form for approval by the board and moved on to the Assembly for review and comment. Mr. Solomon-Gross seconded. There being no opposition, Motion passed.***

Ms. Hagevig noted that concerns expressed at tonight's meeting need to be captured in the RFP. She stated that Mr. Bill will be the primary writer of the RFP. The need for timeliness of the RFP was discussed. A Governance Committee meeting to vet the RFP will be held before presentation to the board. The next time the RFP is presented to the board, it will have a fiscal amount attached to it so will require a roll call vote for approval.

MANAGEMENT REPORTS – No questions or additional items discussed. Ms. Hagevig thanked the leadership team for their comprehensive reports.

CEO REPORT – Mr. Bill reported that Dr. Kopstein will be here on Thursday to see patients and will begin doing surgeries next month. He also reported that he was interviewed on Friday by the Juneau Empire regarding the state budget and had a similar discussion on Monday with Pete Carron on Action Line. He noted that Becky Hultberg is resigning from ASHNHA to take a similar role with the Oregon Hospital Association. Recruitment of a replacement has begun.

STRATEGIC DISCUSSION – Mr. Bill reported that he and Mr. Stevens have discussed moving the Strategic Retreat from December to March. We will have new board members on board by then and all of the studies will have been completed for use during strategic planning discussions.

PRESIDENT REPORT – None

BOARD CALENDAR – September calendar reviewed. Multiple changes requested due to committee members unavailability. Ms. Hagevig and Mr. Solomon-Gross will be out of town for the September 10th Credentials Committee meeting. Mr. Johnson will attend in their place. The Board Quality Committee meeting will be held at 4:15pm on Wednesday, September 18th. The Finance Committee meeting will be held at 7:00am on Friday, September 20th. A Governance Committee meeting will be held at 1:00 pm. on Friday, September 20th.

BOARD COMMENTS AND QUESTIONS – Dr. Jones thanks Ms. Knapp for her work on the RFP.

ADJOURNMENT – 8:13 p.m.

"There are three solutions to every problem: accept it, change it or leave it. If you can't accept it, change it. If you can't change it, leave it."

I want to address the ability to voice a concern about current policy and practices while also bringing possible solutions to the table. Anyone can complain, and we all do to varying degrees, but how many of us earnestly want to put forth an effort to fix the things that are problematic in our lives? During orientation, HR told us that we are able to see things with fresh eyes. If we become aware of any areas that need improving, to bring that to our supervisors, managers and/or to the administration.

Sharing ideas and positive changes should be encouraged. I think Bartlett is trying to encourage this, but I have discovered that many feel otherwise. Most of the staff I spoke with, stated that they just don't feel heard, and many said they felt they might be let go, because "rocking the boat" or being the "squeaky wheel" is undesirable. This has not been my experience per se but I can appreciate that others may feel this way possibly due to past administrations/managers/supervisors. I bring this up to begin with, because it was brought to my attention while trying to figure out how to bring concerns to the right people.

The topic on the mind of many is safety. We all know the medical industry ranks highest in terms of most cases of workplace violence. The saddest part of this statistic, is how frequently, violence goes unreported. The most common reasons given:

1. It's just part of the job.
2. I don't want to make a fuss.
3. The reporting system doesn't really work. I don't get feedback for my reports.
4. What's the point? Nothing changes.

I think this can change if leadership encourages current staff with regular announcements to inform them, that reporting incidents of violence/injury is important and will be taken seriously. If there is a desire to file charges or seek legal proceedings, it would help to have BRH legal team offer to assist with advice.

Personally, I felt like I had to deal with everything all alone. I was frustrated when requests for the video evidence was met with confusion and then realization that it was never saved. I felt defeated when my tires were slashed in the Bartlett staff parking lot, but there are no cameras and inadequate lighting.

I would like our security team to coordinate with JPD in creating a policy/protocol for when we need to call them to assist. Part of the failure with my incident, was that it wasn't taken seriously. I was told by the prosecutor that my professional calm during the call to JPD, was a sign that I wasn't afraid for my safety and that it wasn't a big deal. The officers failed to have their body cam/audio switched on and didn't even take my statement or seek out witness statements, and because these things were missed, that was why prosecution could not follow through.

These are all things that can be changed relatively easily. I would like to offer help in any way that I can in doing so. Because I want my fellow coworkers to feel safe and actually BE SAFE. So how can leadership encourage staff to come forward, especially with ideas on how to fix problems that need to be addressed? Again, I think the consensus from those I spoke with, was that they had experienced:

1. not being heard
2. not being taken seriously
3. feeling like their position was threatened if they complained/reported a problem

Even if this was a misunderstanding, I think staff need to be encouraged to come forward so that our workplace can continually evolve positively. Especially with the volume of new people coming into Bartlett, it should be a periodic message. I don't believe anyone would want a negative work issue to become the status quo, but it has in many areas.

I hope that in voicing not just my concerns, but ideas for how to fix the issues I dealt with, that you feel encouraged to work with me to make BRH a safer place for everyone. I know that safety is a priority for those in charge because there was an immediate response after my incident. I don't know the names of all who have been working on fixing the ED waiting room reception area, but Nathan has been very approachable when I've respectfully shared my ideas, and Mary Crann came to see how I was doing in the following days. I'm grateful for their responses. I know our security officers want to do their best, even when stretched thin (hopefully this will be addressed as well).

Thank you for being open to hearing my concerns. I am willing to speaking with anyone who would like to discuss my concerns and ideas for fixing them. I also welcome guidance in how to navigate the process for doing so and ensuring I am connected with the right people in the correct order/timeframe. Thank you for allowing me to take this time and for your thoughtful consideration in this matter.

"I cannot say whether things will get better if we change; what I can say is they must change if they are to get better." -Georg C. Lichtenberg