

# Bartlett Regional Hospital

## Minutes

### BOARD OF DIRECTORS MEETING

April 28, 2020 – 5:30 p.m.

Robert F. Valliant Boardroom / Zoom videoconference / Telephone

**CALL TO ORDER** – The Board of Director’s meeting was called to order at 5:35 p.m. by Lance Stevens, Board President

#### BOARD MEMBERS PRESENT

Lance Stevens, President	Rosemary Hagevig, Vice President	Brenda Knapp
Kenny Solomon-Gross – Secretary	Mark Johnson	Marshal Kendziorek
Deb Johnston	Iola Young	Lindy Jones, MD

#### ALSO PRESENT

Chuck Bill, CEO	Kevin Benson, CFO	Billy Gardner, COO
Bradley Grigg, CBHO	Dallas Hargrave, HR Director	Rose Lawhorne, CNO
Megan Costello, CLO	Michelle Hale, CBJ Liaison	
Anita Moffitt, Executive Assistant		

**APPROVAL OF THE AGENDA** – *MOTION by Ms. Hagevig to approve the agenda.* Ms. Costello requested the removal of item D, Legal and Litigation Review in the Executive Session section. *Mr. Solomon-Gross seconded. Agenda approved as amended.*

**PUBLIC PARTICIPATION** – None

**CONSENT AGENDA** – *MOTION by Mr. Solomon-Gross to approve the consent agenda.* *Ms. Hagevig seconded. Consent agenda approved.*

**NEW BUSINESS** - None

**Medical Staff Report** – Dr. Neyhart noted that the credential report and the March Medical Staff Meeting minutes are in the packet. BRH is doing amazingly well with not having been overrun in the hospital with critically ill COVID patients. Kudos to Administration, the Hospitalist team and the adult medical services. Mr. Solomon-Gross initiated a discussion about the timeliness of minutes included in the packet. Future board packets will include the draft minutes of the most recent Medical Staff meeting and draft minutes of the most recent Board of Directors meetings will be included in the Medical Staff meeting packets.

#### COMMITTEE REPORTS:

Quality Committee Meeting – Ms. Hagevig noted the April 8<sup>th</sup> meeting minutes are in the packet. A lot of information had been covered. She is very impressed with the new Quality Director. Ms. Knapp agreed.

Finance Committee Meeting – April 10<sup>th</sup> meeting minutes are in the packet. Mr. Johnson noted that much of the talk was about how preparations for the Corona Virus impacted the budget.

Planning Committee Meeting – April 21 meeting minutes are in the packet. Mr. Kendziorek noted the meeting ended earlier than was needed to cover everything as Mr. Bill had to leave to attend a meeting with the surgeons to discuss reopening the OR for surgeries. Project updates for RRC and the Crisis Stabilization Unit had been provided and are included in the CBHO management report in tonight's packet. We are continuing with the ECG assessment project. A COVID status report had been given. Mr. Bill has been tasked with developing a roadmap that includes defined metrics to help us get through each phase of safely reopening the hospital for services. It needs include monitored actions not just guidelines. This roadmap will be brought back to the Planning Committee for discussion, ensuring that we are keeping our staff and our community as safe as possible. Mr. Solomon-Gross noted how articulate Dr. Zink's presentation to the CBJ Assembly meeting was yesterday. Her recommendations are based on science and he feels that the hospital, under Mr. Bill's and Dr. Zink's guidance can feel confident that BRH is doing everything right. Ms. Hale noted that CBJ does not have a roadmap yet. Mr. Stevens agrees, BRH does need to create a roadmap identifying how we are going to benchmark next steps and what our points are that say we have to pull back or can move forward with additional services for the community. The roadmap will be given to the city to help them understand some of the parameters and how they might impact other decisions to be made by the city.

**MANAGEMENT REPORTS:** Ms. Hagevig finds the HR staffing report to be fascinating with very good information. This report is presented quarterly with a summary report presented in January of the year before. The summary report will include a comparison the years prior.

CNO report - Mr. Solomon-Gross initiated a discussion regarding in-house rapid COVID testing capabilities. Supply shortage is the biggest issue and we have a very limited supply of test kits on hand. BRH has two Abbot rapid testing machines that can do one test at a time (8 a day) but are only approved for symptomatic testing at this time. These tests have a very low sensitivity and it is possible to get a lot of false negatives. We did receive 120 test kits for our Cepheid analyzer that can conduct 4 tests at a time. It can be used on symptomatic and asymptomatic patients. The difference between in-house testing and in home sample collection was clarified. In home sample collection is being conducted by CCFR through the CARES program. These samples are delivered to BRH before being sent to LabCorp for testing. Rapid testing will not be widely available any time in the near future. This is challenging because the guideline recommendations are to have patients tested within 48 hours prior to surgical procedures. It takes between 36 and 60 hours to get test results back. If we don't have test results back yet, surgery will proceed as if the patient were COVID positive. This will increase the PPE burn rate. BRH has worked very closely with State Epidemiology and the CDC and will be following a well-defined pathway to reopening services that had been put out by AHA, the College of Surgeons, and American Nurses Organization. We will be monitoring how the testing process works and the PPE burn rate when surgeries do resume. If either is not adequate, we will step back from conducting elective surgeries again until a new plan is developed. Conversation regarding testing centers and CCFR sample collections resumed. Ms. Hale reported that Dr. Zink is keenly aware of Juneau's need for testing supplies and is strongly advocating for more supplies to be available.

CBHO report - RRC is providing outpatient services only at this time and will continue to do so until RRC is no longer needed as an alternative care sight. It took a week to get residential patients discharged and safely placed elsewhere and another 72 hours to transform the space to an alternative care sight. Since closing the residential program and setting up an outpatient program, 10 of the 11 residential patients plus 10 additional patients are being served on an interim basis through outpatient telehealth services. One on one and group sessions are provided. It was noted that the no-show rate has gone down 40%. A decision to transform RRC back to a residential treatment facility will be made in conjunction with State Epidemiology's decision that the need for overflow bed and surge capacity has passed. RRC is receiving the same reimbursement rates for telehealth services as it would receive for face to face sessions.

CFO report – Mr. Benson reported that BRH has received about \$2 Million CARES money in the month of April. These funds have no restrictions or requirements attached and can be used at BRH’s discretion. Mr. Solomon-Gross commended Mr. Benson’s budget presentation to the Assembly. BRH’s budget was the only budget approved that night. Mr. Stevens initiated a conversation about the staff survey and the frequency they are to be conducted. This survey is a good tool to make sure we are meeting the needs of the staff. Mr. Kendziorek would like to see the employee health and wellbeing services currently offered to staff to continue to be provided, to some degree, after COVID is over.

**CEO REPORT** – In addition to the written report, Mr. Bill reported that we plan to open up surgeries that can’t be postponed for 8 weeks without detrimental impact to the patient, beginning May 4<sup>th</sup>. If we wind up having to use a lot of PPE for those cases, we will need to re-evaluate. Dr. Zink had reported that we have 40 ventilators in Juneau ready to go. We only have 15 but could have 5 additional ones set up pretty easily. There are no COVID positive cases in house as of this morning and nobody being tested in house. BRH has had 5 COVID positive patients, 1 had been ventilated. All have recovered. There have been no COVID deaths in Juneau. This is a testimony to the work of our staff and the medical team. We will be watching closely the testing capabilities and the use of PPE. BRH Incident Command is working very closely with the Unified Incident Command structure to really coordinate and make sure we are all on board with how this all rolls out. If we see an increase in the number of positive cases, we will probably have to take a step back and wait a while longer. We are moving forward with the ECG assessment. A final draft is to be presented to the Planning Committee on May 23<sup>rd</sup> for review before presenting to the full Board. This will be used at the Strategic Planning retreat whenever we get around to holding it. The Assembly did approve the purchase of the land adjacent to the hospital. Ms. Costello is in the process of writing up the contract to complete the purchase. We have had a bunch of work on the Rural Demonstration Program. (This program has been identified by ECG as a potential weakness or threat.) Congressman Young’s office has identified an Iowa Congresswoman that is willing to cosponsor adding the Rural Demonstration Program renewal to one of the stimulus bills. BRH’s budget approved by the assembly will be amended over the course of the year based on the COVID impact. Thursday’s COVID update to the Assembly was well received and appreciated. Updates about COVID and how the hospital is responding have been given on Action Line, social media, radio ads, etc. Mr. Bill is very proud and encouraged by all of the teamwork and planning that has been going on. Mr. Johnson initiated further conversation about staffing plans for ventilators and monitoring burn rates of PPE. Dr. Jones reported there are plenty of gowns, gloves and a way to sterilize N95s. He’s very happy with our PPE supply. Mr. Solomon-Gross expressed thanks to Mr. Bill for representing BRH so well and inquired about retirees returning to work and the number of anesthesiologists in town during this time. There are 10-15 retirees willing and able to come back if needed and the State has resources in the labor pool to draw from as well. Currently, we have one anesthesiologist in town at a time. We will return to having 2 in town when surgeries resume next week.

**PRESIDENT REPORT** – Mr. Stevens reported that he and Mr. Bill continue to touch base every Wednesday morning to discuss what’s going on at the hospital. His focus is to support Mr. Bill in supporting the staff in taking care of the community. It’s been a pleasure to see how BRH is setting a great example of how to do it right. Cooperation internally and externally, within the city and with other partners is creating a great dynamic that will serve us well moving into the future. We need to plan how to get back to normal and capitalize on “Look Local First” for services. Money will need to be spent on marketing services BRH has to offer. He reported that Hospital Week is May 10-16. If board members are available to participate in the kick-off event and/or have other ideas for recognizing staff during this time, please respond to the email from Ms. Bausler.

**BOARD CALENDAR** – May calendar reviewed. No changes to meetings listed. May 11<sup>th</sup> employee appreciation event to be added. Ms. Knapp has requested a Governance Meeting be scheduled to take place in May. Ms. Moffitt will send a poll to committee members to identify a date. Miss Hale requested to be included in the poll. Mr. Johnson will touch base with Mr. Bill about scheduling a Recruitment Committee meeting.

**BOARD COMMENTS AND QUESTIONS** – Dr. Jones stated that we need to do whatever we can to encourage Cepheid to provide more test kits. Ms. Hale thanked the Board, physicians and staff for everything they are doing for the community. Ms. Hagevig echoed Mr. Steven’s observations. It’s been a great opportunity for the hospital to stand out and shine. We can help the community lead the “Look Local First” campaign. Dr. Neyhart recognized Dr. Benjamin as an unsung hero for all of the heavy lifting she has done for COVID preparations. Ms. Young noted how pleased she was with the radio spot on KTOO reassuring the public that BRH has the ability to keep COVID and non-COVID patients safe and separate from each other. Ms. Young and Ms. Knapp thanked the management team for the thorough reports included in the packet.

**Executive Session** – Mr. Kendziorek made a suggestion to skip the executive session and move directly to approving the credentialing report if there are no questions about the items listed. There being no questions, suggestion approved.

***Ms. Hagevig made a MOTION to approve the credentialing report as presented. Mr. Kendziorek seconded. Credentialing recommendations approved.***

**ADJOURNMENT** – 7:09 p.m.