The City and Borough of Juneau, Alaska

Meeting Minutes – April 14, 2010

Meeting No. 2010-11: The Special meeting of the City and Borough of Juneau Assembly, held in the Assembly Chambers of the Municipal Building, was called to order at 7:00 p.m. by Mayor Bruce Botelho.

I. Roll Call

Assembly Present: Jonathan Anderson, Bruce Botelho, Jeff Bush, Ruth Danner, Bob Doll, Merrill Sanford, David Stone, and Randy Wanamaker.

Assembly Absent: Johan Dybdahl.

Staff Present: Rod Swope, City Manager; Kim Kiefer, Deputy City Manager; John Hartle, City Attorney; Laurie Sica, Municipal Clerk; Shawn Morrow, Hospital Administrator, Garth Hamblin, Chief Financial Officer, Bartlett Regional Hospital (BRH), and many BRH staff.

BRH Board Members Present: Nathan Piemann, Chair; Kristin Bomengen, Vice-Chair; Kevin Sullivan, Secretary; Robert Storer, Linda Thomas, Reed Reynolds

BRH Board Members Absent: Alex Malter, Lennie Gorsuch, Loren Jones

II. Public Participation on Non-Agenda Items – None.

III. Special Order of Business

A. Joint Meeting With Bartlett Regional Hospital Board

Mayor Botelho welcomed the members of the Bartlett Regional Hospital (BRH) Board and staff and thanked them for the opportunity to receive an updated status report on some of the issues before the Board. He recommended that after the presentation, public testimony be taken on non-agenda and agenda items.

Mayor Botelho acknowledged the loss of Dr. Akiyama last week, who characterized our image of a great doctor and a great human being. His passing is a great loss to the Bartlett family and the community.

Dr. Piemann took the lead on a Power Point presentation prepared by BRH. The Board is in the middle of its budget process and is approximately two weeks away from the formal budget presentation before the Finance Committee, so some items presented are still under Board consideration. Dr. Piemann introduced Board members present and apologized for the absence of those members who were unable to attend.

Capital Projects FY11

Mr. Sullivan reviewed the Capital Projects anticipated by BRH. Phase I and II are complete. Phase III is the renovation of eight, third-floor patient rooms from semi-private to private rooms, at an anticipated cost of $6 million. BRH plans to replace the CT scanner at an
estimated cost of $2 million. Roof repair of the facility is estimated at $2.6 million. Future Capital Project plans include a Child/Adolescent Mental Health Unit, a childcare facility on Bartlett Campus, expansion/replacement of operating room instruments and equipment, including consideration of Lithotripsy for use by new urologist, and improving the information systems infrastructure – moving toward electronic health records.

Mr. Sanford asked if the needs of Southeast Alaska are included in studies along with the needs of Juneau residents in determining planning for projects. Mr. Sullivan said yes, they work to meet the needs of Southeast Alaskan residents.

Mr. Doll said he understood the issue of adoption of electronic medical records was a decision of which technology to adopt. Dr. Piemann said a question is to update the current system or move to a new system. There are many products and the IT Team is reviewing its options. The State of Alaska has looked at establishing some preferred system, but more important is that the systems share a common language, which can be used by a variety of programs to standardize and unify the variety of providers.

Mayor Botelho asked if the Board has discussed land acquisition. Mr. Sullivan said that the Board has done a Phase I evaluation of a parcel on Hospital Drive currently owned by Holland America and staff is negotiating with the seller regarding possible acquisition price. CBJ staff is involved with the discussion. We are looking at the Master Development Plan in terms of the needs of BRH for additional space for infrastructure. Dr. Piemann said there are needs for child care on the BRH Campus and to do this in the near term, we need to take up area in the hospital that has been used for storage, then find another area for the storage facility, which the bus barn” can provide. We are looking at putting a new 16,000 square foot facility on the campus, which will displace something and we will need to be able to move the various functions to new locations.

Long Term Strategic Planning

Mr. Morrow provided an overview of the last three years with the Strategic Plan, which runs through 2010. There are six strategic initiatives: Quality, Organizational Culture, Financial Strength, Medical Staff Development, Service Line Availability, and Growth and Community Engagement.

In Quality, when we started with this plan, based on national standards, we were at the low end of the measured categories. We have made a big push over the past two years to improve quality care and patient satisfaction and have made headway. We are rigorous in measuring patient satisfaction.

Mayor Botelho asked if the hospital is able to determine from the surveys what some of the problems are. Mr. Morrow said yes, and said we have heard that in Obstetrics, husbands are upset with the food, so we have that level of detail and can make adjustments.

In Organizational Culture, Mr. Morrow said the Board, Administration, and Department heads are in fairly good agreement with the big issues and with the direction.

Mr. Anderson asked about a measure for employee satisfaction as well as patient satisfaction and where that fits into the strategic plan. Mr. Morrow said it is a large component and Mr. Piemann would explain the Denison Culture Survey.
Mr. Morrow said traveling staff have been replaced with full time residential employment by 15 people at a lower dollar rate since 2008. We are trying to find ways to boost our nursing staff when we are short staffed.

Mr. Sanford said as a former board liaison, the focus on reducing traveling staff was to make sure that BRH employs staff committed to the community as well as to the hospital and patients. Mr. Morrow said that the decrease in traveling staff ties in to the increase in quality, patient satisfaction, finances, and improvements in organizational culture.

Mr. Morrow said that the turnover rate in staff has dropped from 35% to 12%. Some of this is the economy down south, and some is due to our recruitment and retention efforts.

In Financial Strength, Mr. Morrow said BRH has increased the net margin from 3.2% in 1997-2008 to 6% from 2008-2010. BRH is a “not-for-profit” but does want to be self-sustaining. The margin is needed to reinvest in plant, people, equipment, and services.

In Medical Staff Development, Mr. Morrow said two psychiatrists, an urologist, two radiologists, and two general surgeons have been recruited. The medical staff quality committee has been restructured. Mayor Botelho asked what the net gain in recruitment is. Mr. Morrow said that the two general surgeons were a net gain, and the rest were replacements.

In Service Line Availability and Growth, Mr. Morrow said the older mammography units have been replaced with digital mammography; the two general surgeons that were hired have experience with breast and cancer issues. One of the general surgeons has added the bariatric lap band procedure. BRH now has a virtually film-less Radiology Department and we have completed Project 2005.

In Community Engagement, Mr. Morrow said BRH, as a community hospital, feels a strong sense of responsibility to be attuned to community needs for health and health promotion. They will do a community survey to determine why people stay or leave for health care needs. They have some data, which indicates that our colonoscopy, mammography, and chemotherapy drug pricing may be out of line and the Board will review this. BRH participates in Health Fairs and forums in Juneau, Skagway, Yakutat, Gustavus, and Elfin Cove. BRH works with Cancer Connections and provides health education on a variety of subjects including prenatal care, healthy eating, diabetes, and tobacco cessation. BRH has a financial counselor position now to assist people with payment methods or to see if they qualify for charity care guidelines. Last year BRH provided $7.6 million worth of uncompensated care to the community, including charity care and writing off bad debt.

Mr. Morrow said the Board is gearing up for creating a new three-year plan from August – October 2010. We want to have lots of involvement in the process.

Mr. Morrow said Potential New Services include a Child and Adolescent Mental Health Unit, Cardiology Services, Oncology Services, and Lithotripsy (laser treatment of stones).

Mr. Sanford asked if BRH has outreach to remote clinics. Mr. Morrow said that BRH provides physician assistance to Skagway, Gustavus, Tenakee Springs, Yakutat, and Elfin Cove. We added pediatrics to that. Surgical services have been expanded to Petersburg and Wrangell.
Ms. Danner asked about traveling nurses. Dr. Piemann said the number has been reduced to four, the goal is to replace them all with permanent staff, but they are still required to fill staffing.

Mr. Sanford asked about the UAS nursing program and how that is helping fill positions. Mr. Morrow said BRH contributes $50,000 a year to UAS-Southeast for a nurse educator to run a nursing program in Juneau and allows clinical rotations in the hospital. This has helped tremendously. Seven graduated in the first class and BRH hired six. The second class graduated eight and BRH hired three or four. The burden of precepting the nurses is great, so BRH can only assimilate so many at a given time. BRH is improving the “on-boarding” system.

**Rainforest Recovery Center**

Dr. Piemann said that in 2005, BRH hired a company called Diamond to look at the then current model of Rainforest Recovery Center (RRC) management, and they listed problems and solutions. One of the largest issues was the recommendation to shift from a medical-driven rehabilitation model to a non-medical model. That meant the detox, which is a medical condition, would occur in the hospital, and once the acute phase was done, the patient would return to RRC for 30 – 60 days. We have had problems, despite the change, and we rehired Diamond to do another study in the fall of 2009.

Jason Burke, Chair of the RRC Board, said the mental health unit took responsibility for the four beds because of detox, however, because our grant allows for 16 beds we are looking at increasing our beds from 12 – 16 in RRC.

Dr. Piemann said the Diamond study also showed that there needs to be better communication between BRH detox and RRC rehabilitation. The admission process was limiting the ability to get in for services. The staff turnover was excessive, the physical plant appearance is sub-optimal, the emergency service patrol van needs replacing, and they said the financial losses continue to be negative, despite the tobacco tax subsidy. There was a lack of authentication of medical orders in the records and documentation was lacking to adequately describe the processes. Diamond’s recommendations included hiring an experienced director with good leadership skills, as they had gone through four directors in three years. Upon reflection of the report, BRH decided to do a short-term management contract to put a professional in the organization with the expertise, stability, relationships, historical perspective, and one vested in the RRC mission to build stability and mentor a permanent replacement under that short-term contract.

BRH Administration looked at two firms, National Council of Alcohol and Drug Dependence (NCADD) and the Diamond Healthcare Group. A management contract was requested from both and reviewed. We did a few mis-steps and if we were to do this again, we would come to the city to do an RFP. We picked one contract, which we thought met the needs and approached CBJ with a sole services contract, put in a modification waiver request, and in consultation with CBJ purchasing, signed the contract with our CEO, the Board Chair, the CBJ Purchasing Officer, and the City Manager. The NCADD contract is for two years and is tied to the benchmarks that were referred to in the Diamond report and the payments are dependent upon meeting the benchmarks. In addition, they provided 2.5 full-time equivalents. For BRH to hire it would have cost in excess of $279,000 a year. The contract itself costs us $239,000 a
year, so we had a savings by using contract services. We will find a permanent replacement at BRH’s cost, as BRH’s employee. The succession plan was a key deliverable, and in the fall of 2010, will begin. In the first 90 days of the contract, the admission criteria was streamlined, the assessment process was restructured, three part-time therapists were hired, patient record review processes were reorganized, patient flow between facilities was improved, emergency service patrol scheduling has improved.

Mr. Burke said the report was responsible. The vacancy of the director for six months was very difficult. The Diamond report was accurate in many ways. Leadership was a key issue and Matt Felix is providing this. The change is instant in that clients are accessing services easier; there is more responsibility on Mr. Felix to help people navigate through the system. We are trying to address structural changes and we are making sure people get what they need. BRH has been very helpful and he is encouraged by the efforts.

Mr. Wanamaker asked the proportion of drugs to alcohol in the rehabilitation services provided by RRC.

Mr. Piemann said his information was only anecdotal, as an emergency room physician, he sees that alcohol is a drug dependency that is treated differently than street drugs – and the differences include long-term supply on the effects on health. It is not easy to stop using alcohol or drugs, but the support that is needed in the alcohol detox service is different from the chemical detox service.

Mr. Burke said his information is only anecdotal. He thought there was an even mix. Problems are complex now and they see people with dual addictions or who have co-occurring disorders. RRC tries to treat the whole person, to get a person lucid and engaged in counseling. Alcohol is legal and drugs are not. Anyone can become addicted, but alcoholics are predisposed to those conditions.

**Personnel Relations**

Dr. Piemann said the BRH Board is trying to measure and understand the organizational culture of BRH, with a goal of moving forward with employee relations. Understanding the perspective of every staff member is important. It is hard to validate and statistically show. When Mr. Morrow started in 2007, he asked the Board for a baseline survey, which we did then through the Denison Culture Survey. It is a snapshot in time of the way people feel about the way we do things at BRH.

Dr. Piemann reviewed slides, which compared the results of the 2007 to the 2009 Denison surveys. The questions compare BRH respondents replies to those of 880 varied organizations (some medical organizations are included) which take the study. The questions are about how a respondent feels about the organization at the moment the survey is taken. The results of the survey were included in the Power Point presentation.

Dr. Piemann said the survey showed there was an obvious disconnect between how the Board, the Active Medical Staff, the Senior Leadership Team, Department Heads, and Support responded to the survey from the Nursing Staff, Ancillary Services, and Behavioral Health. We were hearing this loud and clear from the survey and the Senior Leadership team, and it is a problem we want to solve.
Mr. Morrow said the Denison survey says alignment on Mission and Vision, Strategic Goals and Objectives is paramount for improvement, and once we see movement in this area, the next step is alignment in empowerment, involvement, and team organization. We have had good movement on mission and vision from management up, and we need to move toward involvement and engagement in the decision making process. We have been lacking in our organization and did not have a performance improvement methodology. There are various methodologies used by companies, and we selected 20 individuals representing a cross-section of the organization, heavily weighted with front line staff and evaluated eight or nine performance improvement methodologies that have been used successfully in health care industries. Clinical Microsystems was chosen to be the favored product to help transform the way decisions are made and processes are improved. The concept is that everything that happens in a hospital happens in small clusters of people with the patient at the center of activities. We are taking this to the Board and determining cost and involvement of manpower within two to three weeks. It is a six to eight month educational process and a substantial investment in training every person in the organization in the process.

Mayor Botelho said the orientation is toward improved service, but it seems there is a disconnect between the front line and management, at the same time that patients are satisfied with front line service. How can this effect confidence building between staff and how will this process build upon that, secondly with the goal of improved patient care. Mr. Morrow said the relationship and connections between management and front line staff will happen on an individual basis. Clinical Microsystems will facilitate that to occur. The manager, or CEO, being the “end all- know all” will be challenged and this will provide a structure for ideas to be put forward and provide a venue to be listened to and action taken. As part of the process, there is a manager sitting in with front line employees, as an equal participant and there is a trained facilitator as well. We will see some confidence from employees that things will change based on interactions over time – and this will take time.

Mr. Sanford said there is good data with where things are with staff and management. What would happen if you took no action. Mr. Morrow said that relationships are the key in the industry and most organizations and things would go downhill very quickly. Clinical Microsystems is not a silver bullet, but one tool.

Mr. Doll said he had heard that this situation is not one that will wait for six months or a year. He has heard that employee morale is at a critical situation and has deteriorated to the point where the term used was “a climate of fear.”
He was told that people re-orient whom they sit with at lunch, as they are afraid to be seen with certain people because of being tainted by those who may not be well regarded by the administration. The fact that people have come to him rather than the staff, management, or Board is a negative sign. What is reflected for the nursing staff is more than an administrative problem, it is a leadership problem. It implies morale in that group is at a very low ebb. He is interested to hear from staff present. This issue needs a lot of attention from the Board and Assembly.

Mr. Morrow concurred and said this is on the forefront of his mind and a day did not go by without looking at how the relationship can be repaired. He is trying to provide more formats for listening. The forums are open meetings for any employee to participate. They established a “burning box” for any employee to submit any question, anonymously if they prefer. Once a month he types up the questions and answers and distributes.
Mr. Anderson asked if Clinical Microsystems is hospital oriented and Mr. Morrow said yes. Mr. Anderson said given the tremendous changes in the nursing environment in the past 20-30 years, the education, expertise, and responsibility of nurses and the power dynamics between nurses and doctors and in the operating arena, he asked how that will be addressed.

Mr. Morrow said the Board created a Quality Committee to provide oversight for quality hospital wide and has discussed the book, “Why Hospitals Should Fly,” to initiate discussion.

Dr. Piemann said nursing has changed but there is still a common language, which is patient focused and patient centered. Morale at the nursing level is about treating people with respect, and when you start talking about treating patients with respect and with nurses about how to make an environment safe, you start to give them the respect that they deserve as well. When we stay patient focused, patient centered, we all come out winners.

Mr. Doll said the people who spoke with him have a minimum of 15 years service and told him that things were different when Mr. Valliant was the administrator, that it was a pleasure to work there. This tells him that someone who is in charge is doing things significantly different and the staff has a strong reaction to the difference. What was the Board’s reaction to the letters from the doctors and nurses last fall and what actions were taken.

Mr. Piemann said he was not chair at the time and missed some meetings.

Mr. Doll said this is not a single or small group reaction that happened last month, but a situation that prompted people to put their names to a document (which expressed their concerns to the Board). They are citizens of Juneau and he felt responsible to respond.

Mayor Botelho said this meeting and the presentation is a response to those issues.

Mr. Sullivan said the Board was very impressed and impacted by that circumstance. The Board chose to move forward in an analytical fashion, to give it the consideration it deserves and not do anything rash. If we knew the answer, we would have taken it. We are trying to understand the culture, to get buy-in from all the groups, and Clinical Microsystems was selected by employees from all areas of the hospital. It is a process, which will take time, and we are trying to move quickly and methodically. This is in direct response to the circumstance.

Mr. Storer said an expert in employee relations was called in and spoke to the Board for over an hour. We looked at a number of options. We know it will not be a quick fix, and we will have interim updates on progress and not just a final report.

Ms. Thomas said the board invested in management responding quickly to this issue and this has been the top priority over the past six months. We have a CEO that has been at the hospital for three years, we seriously consider this and we have made a decision on leadership and it takes time to change internally. The Board supports the process the CEO is going through and within the next year, we will expect significant improvement or we will be readdressing our decisions. The Board has taken this very seriously and devoted significant time to the matter.

Ms. Bomengen said this has been a painfully slow process but the Board wants to make sure it has as much information as possible before making decisions. The involvement and engagement of the board members has been intense. Seeking agreement with a large group of
people takes time. We need to maintain a community hospital that is rewarding to work at as well as supportive to the clients.

Mr. Morrow continued to discuss efforts to make connections with and between staff.

Mr. Stone said he was at the meeting at which the letter was delivered, and knows that the Board has taken this matter very seriously.

Ms. Danner said there are two doctors on the Board and asked if there are nurses as well. The answer was no.

**Quorum Contract Review**

Dr. Piemann said that in 2006 the Board hired ECG Management Consultant Services to review the Quorum Contract. He outlined a summary of services provided by the Quorum Contract, including provision of a CEO and CFO, a cooperative purchasing program, Board training and support, and support for physician recruitment. The ECG review was favorable of the Quorum contract agreement and performance. Succession planning was noted to be absent and we have instituted this. Ambulatory Services are being reviewed. Supply utilization and standardization are being improved. They recommended reducing travelers, which has been done.

Mr. Sullivan, Ms. Gorsuch, and Dr. Piemann are on the BRH Committee to evaluate the current contract. Dr. Piemann said they are 15 months out from the end of the contract. The goals include evaluating the current contract with a possible repeat of the ECG analysis of current services, considering option for renewal, or something like a sole source or an RFP. He asked the Assembly’s opinion.

Mayor Botelho said the Assembly has been unambiguous before with the Board that the last extension would be the last extension going forward without some form of RFP.

Mr. Wanamaker said that was his understanding also, but he was interested in hearing from the Board if it preferred to extend or to do an RFP.

Mr. Piemann said the Board has not had this discussion and he could not speak for the Board. The Board will do due diligence. We realize the advantages to an RFP, but it would also provide significant disruption in our goals for improvement, so we have to weigh the pros and cons and we have not had the discussion.

Mr. Sanford asked how many providers would bid. Mr. Piemann said there are three to five companies that do this type of management and two or three in our region.

Mr. Wanamaker said the reason the Assembly said we would live with the extension was because the Board was in the middle of large scale renovation projects and the Board made a convincing case about that at the time. It seems like the large scale projects are wrapped up. He will be interested to hear the Board’s discussion and remains open.
Possible implications of health care legislation on BRH.

Ms. Bomengen said it is too early to have a real sense of the implications of health care reform. The good news is the continuation of a Medicare demonstration project that BRH has been taking part of for the last three years. It is the Rural Community Hospital Demonstration Project, which permits BRH to receive a cost-based reimbursement for medicare in-patients and it has meant $600,000 in revenue per year. With the continuation of this project and an added element that will allow us to recalculate what our base is for assessing costs to medicare patient care, we can expect to see some increase in the kind of revenues from that project. It will continue for five years and has been expanded to other hospitals. We are one of three hospitals in Alaska that take part in this project and one out of 11 in the country. Senator Begich’s office was instrumental in keeping this program in the health care reform bill.

Ms. Bomengen said the Board has talked generally about expanded access to care and changes to reimbursement. As more people have access to care through improved insurance, we may see our uncompensated care decrease, but we will not see this immediately. The focus is on patient-centered care, providing incentive payments to hospitals for better quality care and reimbursement innovations that will change to reimbursing for bundled care – the care of the patient regardless of the tests and services. She is attending a training on this soon.

Mr. Sanford asked if there would be a shift from the doctor-patient loads to the patient-hospital loads. Mr. Piemann said this is known as the “Massachusetts effect,” when they went to universal health care, there was a lack of actual needed primary care providers and an increased utilization of emergency room services. This was short lived, but it did happen. There may be a similar effect here, but the market here is different. There is a large percentage of privately and adequately insured people in Juneau compared to the rest of the country.

Mr. Wanamaker said both BRH and Southeast Regional Health Corporation (SEARHC) have a regional focus and there has been a desire for cooperation and synergy on the part of the Assembly. He asked what progress has been made or are there significant barriers towards promotion of a cooperative working relationship.

Mr. Piemann said Mr. Morrow met with the consortium. The Board has attempted and failed to meet with the SEARHC Board on a few separate efforts.

Mr. Morrow said BRH and SEARHC cooperate on mobile mammography, but inroads are very few. Most of the limitation is based on how SEARHC is compensated, which prevents them from partnering on a greater level. They have great physicians who are actively involved with the medical staff at BRH and have cooperated on the cardiology feasibility study. That may be an area where we can find collaboration.

Mayor Botelho asked if there is anything the Assembly can do to assist cooperation. Mr. Morrow said we have no personal barriers to working together, only economic. Their model is “capitated,” to provide care within the dollar amount and they have incentives to send their patients to Sitka or to Native American hospitals.

Mr. Wanamaker asked if the Assembly could approach an administrative or legislative change that could assist with a more collaborative approach. Mr. Morrow said he would consider this, especially if the Assembly was willing to use political capital at the Federal level. Dr. Piemann said the Board would consider this.
Mayor Botelho said four people signed up to testify, the limit would be five minutes, and at the conclusion of all testimony he would ask the Board to follow up with any comments.

**Dr. Gordon Bozarth** said he is an orthopedic spine surgeon who has been in Juneau for four years. The aesthetics at Bartlett are better but there is a decline in quality of care over the past 2 – 3 years. We have good nursing staff but they are overworked. In the last year and a half, there is a developing culture of fear of disciplinary action among the nursing staff if they speak out about current programs or ideas. We perceive from the administration that there will be disciplinary action or termination. This creates low self-esteem among the nursing staff. When the nurses are overworked, they cannot provide quality care. The CT scanner should have been replaced last year as it was down for a few months and it can go down any time. It is critical to care. Operating room equipment should be replaced. We have a problem getting what we need. The biggest issue is nursing satisfaction. The patient-nurse ratio of six to one with post-op patients is dangerous. Surgeons and orthopedic surgeons see a certain adversarial relationship between the administration and the board. We write incident reports and do not feel they are adequately addressed. We do not feel our concerns are heard or addressed. The surgeons feel the administration and board is less interested in patient care and nursing staff issues than in revenue enhancement and building improvements. Patient care is everything and the way to do this well is to provide adequate nursing staff at adequate levels. This will provide the turnaround needed. BRH has the opportunity and ability to be the best hospital in the state. We can change, but we are at a critical juncture with nursing staff and ancillary staff.

Mayor Botelho asked if he is encouraged by what he has heard from the Board and administration tonight. He said he is not hearing anything he has not heard over the last year. The focus of the hospital and Board has to be on patient care, nursing satisfaction, and physician satisfaction. You can take all the surveys, and do the strategies, but it comes down to physician, patients, and nursing staff. Surgery is team approach. I need to know the people I work with. There needs to be sufficient staff that are not overworked. They need to not be in fear.

Ms. Danner asked if he could name three specific, easy things that could be done tomorrow to bring about change. He said to focus on the nursing staff and their retention, including pay, hiring more nurses, bring them here and keep them, the census of patient to nurse must be sufficient to do a good job. Staffing, retention, and pay level are key. The union contract has not been advantageous. The climate of fear to me is anecdotal – they speak to me because I am more outspoken than I should be. BRH offers an incredible quality of care with great physicians. The surgeons would like to make this hospital our own and be part of the change. Discussion about the ambulatory surgery center was closed to us. BRH told us that it was a money-losing proposition for the hospital and the hospital charges in-patient rates for outpatient procedures so they lose money. The orthopedists in town were whole-heartedly for it. There are a lot of different things that can move forward but the biggest concern is with the nursing staff.

**Dr. Allen Schlict** said he has been a surgeon in Juneau since 1993. He reiterated Dr. Bozarth’s comments. He was one of the authors of the letters that went to the Board. It is natural to disagree with one another, but when we do so it needs to be in a forum of mutual respect. In addition, when we propose our ideas our rhetoric should be accurate, and subsequent action should match the rhetoric. There are many inaccuracies. On behalf of the nursing service, our work requires extreme accuracy, and there is no room for variation. There is sometimes a
disconnect between language and actions. Nursing staffing is of paramount importance. They are providing the hour-to-hour care in the middle of the night. Their sense of security, their education and well-being are paramount to the institution – they are the heart of the institution. If they feel that they are still too frightened to make comments to which they can be linked directly, there is still a problem. There are many recent graduates working on the nursing floor. The mentors have their own patients to take care of, so there is a problem with this. The problem has not improved and is still ongoing. He spoke about a leadership based on example and inspiration, and said at BRH leadership is based on intimidation.

Mr. Sanford asked if the doctors on the Board are getting the information from the doctors and nursing staff. Dr. Schlicht said he did not typically attend the meetings.

Martha Leak, RN said she has worked at BRH for 12 years and appreciates the Assembly for holding the meeting and being concerned about personnel issues. She echoed that it remains a culture of fear at BRH. She found out about this meeting yesterday and called her co-workers. She asked them if they thought they could be fired by showing up. She has been told the fears are subjective, but they are real, shared, and are not addressed, perhaps not as quickly as they should be. Eighty people from BRH staff signed a letter addressed to Mr. Morrow and delivered it to the Board at the August meeting. That was not a sudden move but a building concern regarding the organizational culture and the leadership with concerns about retaliation, fear, demotion, or re-assignment to a different job if thoughts were expressed that were in opposition to senior leadership. After that, Mr. Morrow held some facilitated meetings. She was at one meeting when Cathy Carter, a nursing senior leader, made a comment that “if fear keeps you from coming to me, that’s your problem, not mine.” She feels this sentiment is shared by the leadership, and that there is not an open door policy. Open doors are only open if staff feel the door is open. She said she was the only nursing staff member speaking tonight and she was afraid, but at the same time, the Assembly is elected and she should not be afraid to express her concerns. Many said they could not express their concerns and they felt traumatized. She will continue as this is her community, and Bartlett does so many things well, but can do things better. BRH has a dedicated group of employees that are here for their community and co-workers.

Mr. Sanford asked Ms. Leak about the proper level of nursing staff at BRH. She said there are fewer travelers but she has seen many in the Operating Room, Emergency, and Respiratory Care recently. The turnover rates may be down, but she is not convinced and they may not be indicative of the last three months. They do not reflect the holes – the number of shifts we are not able to cover – that are short or missing staff. The list is overwhelming many months and with well over 100 shifts unable to be filled at the beginning of the schedule. There are not physically enough bodies. We make a “holes” list and sign up for extra shifts. Nurses easily work 50 – 60 hours a week to fill in. The Emergency Nurses Association has some recommended staff levels.

Mr. Anderson referred to a culture of fear and a reference to traumatization. He asked if she could provide some examples of events that lead to a culture of fear. Ms. Leak said there have been many changes in leadership and management positions. What prompted the letter was the resignation (or perhaps forced resignation) of a 25-year manager, which prompted an outcry. Many other managers, employees, and nurses resigned, were let go, were demoted, or were reassigned for a variety of reasons. Some of the reasons seem to be employees not sharing the same views with administration.
Ms. Danner thanked Ms. Leak for her comments. She assumed the Board is already taking this very seriously. She asked if there are three small things that could be done instantly that can ease the path from where she is to where she wants to be. Ms. Leak said part of what changes a culture is a pattern. Changing the pattern that employees have seen – people being fired or leaving for reasons of unhappiness - takes time. That would be the first step. She values shared governance but it does not come from the top down and it seems that is how it is being approached. The staff needs to be much more involved on the unit level regarding changes in the department. Some of the meetings regarding organizational development have been assigned by senior leadership and are not something in which the staff has been allowed to participate in. The membership of the selection committee has been fairly controlled, and that does not help.

Ms. Danner asked how organizational meetings can happen when staff is stretched so thin. Ms. Leak said travelers are expensive and the retention issue is huge, but we cannot cut and work without anyone.

Holly Cockerille has been a Social Worker at BRH for six years and said she loves her job and there are many good things about working at Bartlett and many good people that work there. Most people heard about this meeting today and there was lots of buzz and encouragement to come and speak their mind. More often than not, she heard about fear of retaliation for speaking – so she wanted to address this. This infiltrates all areas of Bartlett and it will impact patient care ultimately. Some of the things that are being tried in the effort to fix relationships are good, but some provide more fear of retaliation. Some are afraid to attend the forums, some will not put a question into the burning box, which has also been called the “bashing box” or the “bitching box” because people believe it promotes a negative climate. Mercer came to talk with us about salary adjustments and she heard equal jobs should receive equal pay, but she also heard that this was not being done. Some people did not participate in the Denison survey because people were suspicious of the computer system and having their answers tracked. She wants to make sure BRH respects its employees.

Mr. Doll asked Ms. Cockerille if she could point to a time of change at BRH. Ms. Cockerille said when she started in 2004, she did not perceive a fraction of the discord. There has been a lot of change in senior leadership.

Mayor Botelho closed public testimony and asked for Board comments.

Dr. Piemann said the Board takes the comments very seriously and would like time to reflect on the comments made to respond. There are a myriad of issues but they are ones we have discussed in public and in executive session. It is a challenge and we know this is the ultimate problem at BRH. He appreciated the speakers comments and thanked them.

Mr. Morrow said he did not have a comment.

Mayor Botelho said this has been a difficult session. BRH is a vital community institution, and it is important to everyone in the room. We all have a commitment to make BRH the best hospital that it can be and we care about the people who provide these services. The Assembly will want an update – in perhaps three months – to get a sense of where things are. He trusted that Mr. Stone will relate to the Assembly how the Board handles the comments tonight, particularly of the nursing and medical staff. Everyone here are constituents and it is healthy to responsibly air these issues.
Mr. Stone thanked the Board for its attendance and said the Board is engaged and takes the work seriously as volunteers. He thanked the public for their participation.

Mr. Wanamaker thanked the Board, Administration, Physicians, and employees who provided the Assembly with information. He is impressed by the depth of knowledge the Board has about the work before the Board and its knowledge of what needs to be done. He said he knows there will be success in the efforts.

Mr. Doll said it made an impression on him that in the 21st century Americans can come to a public meeting like this and express apprehension about keeping their jobs by reason of having testified. He hopes that is not justified and that since this has been expressed, it is an indication that this situation is urgent and requires resolution.

IV. ASSEMBLY COMMENTS AND QUESTIONS – None.

V. ADJOURNMENT – 9:45 p.m.

Signed:___________________________  Signed:_______________________________
Laurie Sica, Municipal Clerk                     Bruce Botelho, Mayor