MEETING NO. 2010-22: 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 5:30 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; John Hartle, City Attorney; Beth McEwen, Deputy Clerk; Shawn Morrow, BRH Administrator.

Bartlett Regional Hospital Board Members Present: Dr. Nathan Piemann, Chair; Vice-Chair; Kevin Sullivan; Kristen Bomengen, Linda Thomas; Dr. Alex Malter, Robert Storer, Loren Jones, and Reed Reynolds.

BRH Members Absent: Lennie Gorsuch

II. PUBLIC PARTICIPATION ON NON-AGENDA ITEMS – None.

III. NEW BUSINESS

A. Joint Meeting With Bartlett Regional Hospital (BRH) Board - Discussion with the Board regarding Hospital Culture Assessment

Mayor Botelho welcomed the members of the Hospital Board and thanked them for their service to the community.

Dr. Piemann spoke on behalf of the Board about the assessment of quality over the past three to four years, the organizational cultural assessment, the scope of patient care, the hospital’s involvement in the community and the outlook for BRH. He delivered this information through a power point presentation.

Dr. Piemann spoke about the consultation with Dr. Joseph S. Bujak on hospital quality in October 2008. The Board formed a Quality Committee. The medical staff adopted “CMS Core Measures” and BRH hired a permanent Quality Director. In 2009, a Physician Practice Peer Review Program was implemented. The Joint Commission is an outside organization that surveyed BRH for quality and there was successful completion in 2009.

Mayor asked what constitutes “successful completion.”

Dr. Piemann said the Joint Commission can audit any part of the hospital for violations and allows for corrective action plans to be submitted. If no action plan is submitted it is
considered a “failure.” A “deemed” status can be lost for not meeting a standard, which happened four years ago.

Mayor Botelho asked if the problem was successfully addressed or was there a process in place to address the problem. Dr. Piemann said the Joint Commission looks for safety standards to be met and for corrective processes to address concerns.

Dr. Piemann said that in September 2009 the board began receiving quarterly reports on quality issues, called the “Dashboard.” In March 2010, a cross-section of BRH employees selected Clinical Micro Systems (CMS) as a BRH process improvement methodology. In July 2010, BRH has taken on three issues as part of the process improvement program, including how pain is managed on the medical surgery unit, how dietary assessment is perceived by patients and signage and ease of access throughout the hospital. Those three issues are a start. He said when quality of patient care is the focus of the board, it is a marker for quality throughout the organization.

Mayor Botelho said the statement that “the Board thinks that quality is the most important concern, it will pervade the institution” sounds good. He asked how is this executed and what has changed.

Dr. Piemann explained the hiring of the Quality Director and said they have a person now who deals specifically with complaints or risk management issues and she has staff working with her to assess risks and address them. She also reviews regulatory requirements and reporting. BRH has to report quarterly to CMS and other regulatory arms.

Mayor Botelho asked how this approach differs from the process six months ago.

Dr. Piemann said the difference is number of people involved in the Quality department, with six full time employees rather than three. When the Board says quality is important, it is communicated to the senior leadership team and front line staff - the whole chain. Knowing the goal sets the expectation and leads to change.

Dr. Piemann spoke about standardization of data collection, which will help identify patterns of activities, and the information gathered will help lead to significant changes over time.

Mr. Sanford asked how the information from data collection was communicated with staff. Dr. Piemann said quality issues were not just catastrophic events, but could be as simple as the temperature of a room. If simple matters occur over time, then problems can be identified and handled by the quality department.

Mr. Anderson said that part of an impact of performance measures is the transparency. What is the plan for the openness of the performance measures?

Dr. Piemann said most data collected that comes before the board is public. The data is shared with a third party vendor and is posted on “Hospital Compare,” a website that compares hospitals. The individual occurrence reports are shared with the Quality Department and the department involved, but not with the board or the public. The information is compiled in aggregate for the board as part of the “dashboards.”
Dr. Piemann spoke about CMS core measures compliance. Some measures were average, some were below, and the Board is working with staff to raise measures to above average. Compliance with national standards helps with the perception that the hospital is meeting quality standards and help clinically by reducing patient morbidity and mortality. As a provider there are always certain particular standards we are asked to measure that we may not think is the best practice, but we follow the practice because we know we are being measured.

Mr. Sanford said that was not always good for the patient. Dr. Piemann said that was not usually the problem. The problems involve cost. For example, one quality standard is pneumonia, and the measure is to get blood cultures on every patient that presents or is admitted. The expense of the test without actually doing something with the results, other than as a measurement, is a concern.

Dr. Piemann said the new physician peer review project would give physicians opportunities for improvement before mistakes happen in the first place.

Mayor Botelho asked to what extent is there buy-in by the medical staff for this peer review system.

Dr. Piemann said that was hard to answer. From his own perspective, anything that improves medical care is what medical providers strive for, however most feel that increased regulatory oversight does not always translate into better patient quality care. There is buy-in to the concept and cautious watchful waiting for what the process actually means.

Dr. Malter agreed and said there is occasionally skepticism that the regulations might not be as beneficial as they are hoped to be.

Mayor Botelho said regulations for standard of care have always been out there and he is not sure if this is another way to determine who has or does not have hospital privileges.

Dr. Piemann said the key phrase is “meaningful ongoing review,” which allows physicians to get feedback from other medical professionals and peers on how their care is being evaluated.

Mr. Doll asked if this process helps insurance rates or positioned BRH well in the case of lawsuits. Dr. Piemann said yes.

Mr. Anderson asked about quality of care vs. cost containment, for instance, the balance between one more test increasing the cost of care. One issue is sacrificing quality for cost. Dr. Piemann asked to come back to that issue.

He spoke about implementation of a nursing practice review program through a “Shared Governance” model.

He said there has been concern about some people “bowing to physicians,” and establishment of a Physician Wellness Committee to address physician impairment and behavior issues will allow for improved work conditions.

Mr. Sanford asked how the staff was buying into a shared governance model.
Dr. Piemann said he does not have much feedback to provide at this time. Staff is aware this is happening but the board does not have specific instances in which they can highlight at this time.

Mr. Sanford asked how the program would be promoted.

Cathy Carter of the nursing staff said it was a scientifically professional practice to implement shared governance through some type of nursing input into how the practice is given and coordinated when nursing jobs are developed. They are at the investigation and research stage of various models. A group of nursing staff has agreed to participate in the development of which governance model to implement. There has been a lot of support from the board and will take 6 – 12 months to develop the model.

Dr. Piemann staff committees are being reviewed regarding efficient and effective use of time, in order to have more direct time with patients.

Ms. Linda Thomas said that at the April Assembly meeting Mayor Botelho requested that the BRH Board report back to the Assembly on issues brought to the Assembly. At a subsequent BRH Board meeting several employees expressed concern that the comments made to the Assembly were making a negative impression of BRH. Dr. Piemann asked Ms. Thomas to chair a Cultural Assessment Committee to give the Board a better feel for what was actually happening with staff at the hospital, as the Board is not on site every day. The Foraker Group took a website survey and individual interviews, prepared a report and she summarized the results.

Ms. Thomas said the report focused on perceptions, but not necessarily truths. This is not a scientific survey. It is strictly getting a feel for what is going on. The recommendations address three prevailing themes:

1. It is perceived that there is a productivity focus that created a conflict of values among employees and that the focus on productivity and numbers may eventually affect patient care.

2. There is not a clear understanding of many internal processes, one example is the grievance process, and working on this particular area could alleviate concerns.

3. Trust. There needs to be some changes in the organization that would help engender more trust.

She said Foraker found most employees enjoy working at BRH, and a minority of employees fear retribution from speaking to management, however, better communications and credibility from administration, and specifically from senior leadership should be addressed.

Foraker worked with the Board and management to come up with an action plan. Some items were already in progress, but have had more resources and emphasis added. The action plan was outlined in a memo in the packet and includes:

1. Productivity measures will be reviewed carefully by management and the Board, with the focus on quality, patient safety and patient satisfaction.
2. Two key initiatives that were already in progress and are now being implemented to improve the strategies of involvement and change from the ground up – including “shared nursing governance” and “Clinical Microsystems” (continuous improvement methodology). These strategies are already starting to have positive impacts. In addition, staff from each nursing unit and case management will be involved to develop the core staffing grids.

3. A Human Resource Department Best Practice and Policy Review will be completed by the hospital’s management consulting firm, Quorum Health. There will be an employee team that will review the consultant’s recommended changes, give input and assist with communication. The Board will also actively participate in the review.

Mr. Sanford encouraged the staff to be an integral part of this policy development in order to get “buy-in.” Mayor Botelho asked how the employee team is selected. Ms. Thomas said the action plan was adopted at the last Board meeting and this issue was still under discussion.

Mr. Doll asked how the Foraker group was selected and given direction. Ms. Thomas said that the subcommittee, Dr. Malter, Kristen Bomengen, Reed Reynolds, Dr. Piemann and herself, interviewed two firms, the McDowell Group and the Foraker Group. Based on responses to pre-determined questions, the subcommittee selected the Foraker Group and provided them with direction on how to proceed. Mr. Doll said he had some comments and a critique of the Foraker Group’s work. Ms. Thomas said that all the subcommittee’s meetings were publicly noticed and the Foraker Group was part of two of the meetings at which comment was taken. Mr. Doll said he appreciated how much Board time this matter has taken, but feels the report is fundamentally flawed. When the time came to examine the issues dramatically raised to the Assembly, Foraker chose to interview the employees as if they were the origin of the problem. This was a diversion from what should have been the focus. It implies that someone is guilty and they will be found, and it succumbs to our need to quantify issues by majority vote. This is not a quantifiable issue. This is a clear management decision, and mistaken choice issue, which was what Foraker should have focused on – not on a “culture of fear.” That is a term coined by some to provide a basis for looking into the situation. The sequence of events, from Bob Valliant’s departure to Quorum’s hiring, to a wrongful dismissal claim, to a letter signed by over 100 people, those all tell him that there were management decisions made that Quorum ignores. The Foraker report mentions this and then drops the subject. He said to put the focus on employees instead of management papers over a fundamental problem that Foraker should have addressed.

Mayor Botelho asked to “park the issue” to hear the rest of the action plan. Mr. Sanford said that he did not necessarily agree with Mr. Doll’s comments. Mayor Botelho understood. Ms. Thomas continued her report.

4. There will be an increased focus on supervisory education and leadership to assist with conflict resolution, coaching skills, employee involvement and other communication issues. There will be Nurse Manager training for all of the Nurse Managers by the Association of Nurse Executives.

5. The leadership team and the Board will work on methods to improve communication and accessibility.
6. The Board will invest resources towards the initiatives and training and closely monitor the progress towards goals. The Board has identified a standing committee (the Planning Committee) that will be responsible for reporting to the Board regularly on the status of employee morale at BRH, and identify continuous improvement areas.

Ms. Thomas said this is the high-level action plan, and there is more detail developed by the CEO which was presented to the committee and board. The Board unanimously adopted the action plan to move forward to focus more on human resources. This is a small community hospital and our employees and patients are important to all of us.

Dr. Piemann continued with the power point presentation and gave current operating statistics about BRH and reviewed future plans.

Mayor Botelho said he was happy to see reference to a partnership with SEARHC for mobile mammography and asked if there are other possibilities for increased communications and possible joint ventures.

Dr. Piemann said there have been discussions and interest in cooperation regarding oncology services. There are many regulatory limitations to doing this.

Recess: 6:45 – 6:50 pm

Mayor Botelho asked Ms. Thomas to address the concerns raised earlier by Mr. Doll regarding the efficacy of the way the culture survey was designed and executed.

Ms. Thomas said the Board works directly with the senior leadership team constantly. After hearing the employee concerns, both regarding dissatisfaction and satisfaction, we thought a broad based employee survey was needed. Both consultants had similar recommendations. The Board wanted objective input that was not skewed in any manner from as many employees as possible. The interviews were selected randomly, and employees were not required to participate. She understood from the report that most employees were eager to share their opinions. The Foraker Group has expertise in area. Management was supportive in helping the Foraker Group to accomplish the survey. We felt this was objective information to use to move forward. The entire Board unanimously approved this approach.

Mr. Storer said there are some global issues here. The Foraker Group report is a good study, which identifies problems to address. There is immense value to it. Part of the responsibility of the Assembly is to evaluate the management decisions as well and this is an ongoing issue.

Mr. Stone said that as liaison to the BRH, he was present during the meetings at which this was discussed, as well as in executive sessions, and the Board has taken its charge seriously.

Ms. Danner said her concern with the Foraker report was that the participation by employees was only 50%. How much overlap was there in “in-person” interviews? She was curious about the two departments, which refused to participate, and seven departments that could not schedule it.

Ms. Thomas said the two departments that refused to participate were very small departments. This was addressed by the Foraker report and they did not have concerns about this. The
Foraker Group was pleased with the response rate. This was done in a short time frame, reactively, to the concerns of the employees. The Foraker Group was comfortable with the results and the information they were able to glean.

Dr. Piemann said the Foraker Group described in the report how they selected the random interviews, by getting a list of each department’s employees and asking every third employee to participate. Anyone who wanted to participate in the oral interview was allowed to be interviewed. To address Mr. Doll’s comments, Dr. Piemann said he saw this as an assessment of the organization, not the employees. The issues of moral brought up will be addressed through working on trust. We all understand this is needed.

Mr. Anderson accepted the survey and report and asked what will happen now – he did not quite understand the action plan and would like more elaboration on how things will be done differently to improve the culture.

Ms. Thomas said one of the key issues to address will be the complete Human Resource Best Practice and Policy review. Having employee input into this, produced by professionals and having the Board more involved with hearing from employees regularly will be helpful.

Dr. Piemann said the measures include de-emphasizing productivity and re-evaluating core staffing for department function. They are emphasizing communication and trust – the areas that were identified as deficient.

Mr. Anderson gave kudos to the City Manager for dealing with issues of culture within city government, which Mr. Anderson was pushing for as performance measures. The cultural evaluation will be incorporated into the appraisal of departments that the City Manager does and he hopes this will translate to BRH.

Mr. Doll said “why” questions should be asked. Why has a long-term employee of BRH initiated wrongful separation arbitration? Why did four employees come to an Assembly meeting with their apprehensions? Why do we have several doctors and staff supporting that employee? Why is the BRH attorney not working on the case? How much exposure does CBJ have? There are many good observations in the Foraker report, but it is routine. It is not focused on what should be the Assembly’s concern, which is our exposure to this set of circumstances.

Mr. Hartle said the CBJ Risk Management function includes BRH and if there is litigation it is possible that it would be paid by the risk management fund. There is an ongoing litigation, it is arbitration from a former employee, the arbitration is suspended at this time, and the parties are trying to settle. BRH is represented by Davis, Wright, and Tremaine, which has represented the hospital many times in the past in personnel matters. The Assembly should avoid discussion of individual cases. The culture issues may have, in part, been raised by the litigation. The general practice is to contract for outside council for litigation that involves potential tort claims against the city. This one did not come through the law department.

*MOTION, by Doll, to enter Executive Session to discuss this matter of litigation.* Hearing no objection, Mr. Doll agreed to defer this motion to the end of the meeting.

Ms. Danner asked about breaks and scheduling for employees, which was brought forward by employees in April and is not addressed in the report. What is being done to make sure breaks
and schedules are reasonable? Are there ways to measure nurse to patient ratio in the past and present?

Dr. Piemann said this has been addressed in two ways. We are looking at core staffing in each department to evaluate the needs of the department. The most common reason people choose not to take breaks is due to the collegial feel in a department that is above normal. For example, if a person has a regular schedule every day, with a lunch break at noon, that would be regularly expected. The vast majority of the people in the hospital have regular days and busy days were no regular schedule is followed. Looking at the core staffing will help and a new time system was implemented in March, which will give us direct feedback that will show how often people are not taking breaks.

Ms. Thomas said Juneau is small but there are boom periods in the summer so staffing is done to cover those needs – but tourism does create additional work and perhaps additional stress.

Mr. Sanford said the hospital was not unique except that in the fact that there are many unique people who take a high level of care for the citizens of Juneau. There are statistics on how to staff hospitals but Juneau is somewhat isolated and cannot draw on neighboring hospitals for additional staff. BRH staff studies the information and passes it to the Board and is adapted for our situation.

Mr. Bush said he appreciates the Board’s efforts and the Foraker Study provides good information. His frustration is in the next steps and it is likely the same for the Board. His management experience tells him that if he had an employee response survey that looked like this one he would be horrified. The comments show there is strong loyalty and positive feelings toward immediate supervisors but a breakdown between the departments and senior management. Changing senior management behavior is a good thing but staff perceptions do not change quickly. He does not know where to go from here.

Mayor Botelho said that challenge is for the Board. The Board has been dedicated in its efforts to examine, without limitation, how the hospital is running. He said he did not know of another Board that had taken this searching self-examination, at no small cost of emotion and time. Wherever we are with how we think things should go, we all admire the work that the Board has done and continues to do. Mr. Bush summarized that the Assembly does not envy the struggle. He thanked the Board for its presentation.

IV. ASSEMBLY COMMENTS AND QUESTIONS

Mr. Anderson said from his experience, he did not believe that the HR system analysis would offer a solution for hospital culture. It is good to do but would not be the answer to the issues.

MOTION, by Anderson, to accept the recommendation of the Lands Committee to authorize the manager to negotiate the sale of a property at Lot 10, Block L, Pinewood Park 2 for the school to use and asked for approval by the Assembly. Hearing no objection, it was so ordered.

Mr. Sanford wants to help the City of Hoonah in any way possible because of the shooting death of two of their three police officers. Mr. Swope said CBJ had devoted resources to Hoonah by sending a dozen police officers, negotiators, S.W.A.T. team and air medivac assistants. The Trooper S.W.A.T. team arrived and many of the resources are back. Juneau stepped up and he will talk to Hoonah’s city administrator to see if additional help is needed.
Mr. Doll said October is Energy Awareness Month and he will assist in giving this as much publicity as he can and hopes for CBJ participation.

V. EXECUTIVE SESSION

MOTION, by Mr. Doll to go into executive session to discuss matters of ongoing litigation – specifically pending arbitration.

Hearing no objection, the Assembly recessed into executive session with Mr. Hartle, the BRH Board, Dick Monkman, BRH Attorney, and Shawn Morrow, BRH Hospital Administrator, from 7:27 - 7:41 p.m.

Upon return from executive session, Mayor Botelho said the Assembly received an update from the city attorney regarding an arbitration that is currently pending.

Mr. Anderson asked about a future time for an updated report from the Hospital Board.

Mayor Botelho said he would defer that to the BRH liaison to determine

Mr. Doll thanked the Board for its investment of time. He and his wife have been hospital patients in the past few years and have received excellent service.

Mr. Swope referred to the Rainforest Recovery Center (RRC) Program. He said that with the “silver bullet” missing, the fire department / EMS have to respond to public inebriates with ambulances and fire trucks, 4- 5 firefighters and often police officers. CBJ supports funding of RRC. Mr. Swope said he spoke with the RRC Director Matt Felix about this and he hopes the city will see some relief from what he said was a poor use of personnel and equipment. He asked the Board about the current status of the program because he said the EMS team has not seen any improvements.

Dr. Piemann said he spoke with the BRH nursing officer regarding RRC, who said she spoke with Matt Felix. There is a recognized need for more EMT’s to come on, specifically on the weekends. They have hired some, but when there are not two EMT’s available and there is someone in a bed, the one EMT is responsible to monitor the patients in the sleep off area. There have also been some equipment problems and a new van has been ordered with delivery by January. Staffing is being sought.

VI. ADJOURNMENT – 7:45 p.m.

Signed: ____________________________  Signed: ____________________________
Elizabeth J. McEwen, Deputy Clerk  Bruce Botelho, Mayor