

**SOUTH KENAI PENINSULA HOSPITAL SERVICE AREA BOARD**

**VIRTUAL MEETING on ZOOM  
Regular Meeting Minutes  
September 8, 2022  
Devony Lehner, Recording Secretary**

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**1. – 2. Call to Order / Roll Call**

Acting Chair Roberta Highland called the meeting to order at 6:30 p.m. She requested a roll call.

Present: Kathryn Ault, Willy Dunne, Roberta Highland, Judy Lund, Tim Whip, Tim Daugharty,  
Amber Cabana, Ralph Broshes  
Excused: Helen Armstrong

SPHI Staff: Angela Hinnegan, Anna Hermanson

**3. Election of Acting SAB Vice Chair**

**MOTION:** Ms. Lund moved/Mr. Dunne seconded that Ralph Broshes be elected as Acting SAB Vice Chair.

**DISCUSSION:** None.

**VOTE:** No objections.

**MOTION:** Passed unanimously.

**4. Introduction of Guests:**

- Hannah Gustafson, MAPP Coordinator (Mobilizing for Action through Planning and Partnerships),
- Bernie Wilson (SPH, Inc., Board of Directors),
- Lane Chesley (Kenai Peninsula Borough Assemblymember),
- Lorne Carroll (Public Health Nurse)
- Derotha Ferraro (SPH Director of Public Relations)
- Rachel Chaffee (Kenai Peninsula Borough Community & Fiscal Projects Manager)

**5. Approval of Agenda**

**MOTION:** Ms. Lund moved/Mr. Dunne seconded to amend the agenda as discussed by the Committee of the Whole, namely, to list two presentations by Ms. Gustafson: (1) on MAPP, (2) on All Things Recovery.

**DISCUSSION:**

**VOTE:** No objections.

**MOTION:** Passed unanimously.

**6. Comments from the Audience –**

Derotha Ferraro shared the following comments:

- She thanked SAB for providing the opportunity for MAPP to present tonight; she's a member of the MAPP steering committee and has been involved with MAPP since its beginning. The Community Health Needs Assessments (CHNA), coordinated by MAPP every 3 years, are critical and provide extra connections throughout the vast Service Area community.
- She appreciates that the Service Area Board has added the opportunity for grantees to report mid year in addition to just annually when they request funding.
- She invited attendees to a presentation next Wednesday at 6 pm at Islands and Ocean. Dr. Tortora, and Lindsey Wolter will present on making medical and legal decisions related to end of life and how to plan for those in advance.
- The new bivalent COVID boosters that are appropriate for not only the original COVID, also Omicron variants, will soon be available; approved by emergency use authorization. Watch the SPH website for information; possibly available by end of next week.

## 7. Approval of minutes: Regular SAB meeting of August 11, 2022

**MOTION:** Ms. Lund moved/Mr. Dunne seconded to approve the minutes of August 11 as presented.

**VOTE:** No objections.

**MOTION:** Passed unanimously.

## 8. Presentation – Hannah Gustafson

### A) MAPP (Mobilizing for Action through Planning and Partnerships):

- MAPP is a collaborative group established in 2008—overseen by a steering committee—to improve community health. She thanked SAB for supporting MAPP since its establishment. MAPP is the Health Coalition on the southern Kenai Peninsula, and its vision is a proactive, resilient, and innovative community. Every 3 years, a Community Health Needs Assessment is conducted to compile and review a myriad of data sources to look at health needs and what can be done to improve community health. MAPP currently has two implementation entities: the Resilience Coalition, which is funded by a grant from the Alaska Division of Behavioral Health, and the All Things Recovery Coalition, which is funded by a generous donation from the SAB. The MAPP steering committee consists of 12 individuals representing a variety of community entities; the intent is to come together from different fields, realms, experiences, and places within the community to work collaboratively. Her company, G Squared, is contracted by SPH through KPB to coordinate MAPP. She is technically the MAPP Coordinator and has a team to back her up.
- Ms. Gustafson shared a graphic of the eight dimensions of wellness, shown at right. This reflects the comprehensive approach MAPP adopted some years ago. MAPP looks at how these dimensions are interconnected, and it embraces the philosophy that wellness and health go beyond physical health.
- The steering committee meets twice a month. MAPP communicates with the community through a monthly newsletter. It also contributes Point of View articles to *Homer News* related to the eight dimensions of wellness and also maintains a social media presence on Facebook. MAPP organizes community meetings at which different entities share their



activities to a large audience; since COVID, these have taken place virtually and have celebrated community collaboration. These meetings bring people together from all across the community to work towards a shared vision of community health. The next community meeting is September 30.

- Last year MAPP secured a grant to help support the Community Health Needs Assessment. MAPP is working with [Strategy Solutions, Inc.](#) based in Erie, Pennsylvania, SSI has done health needs assessments since the 1990s. It has worked in Alaska supporting the Mat-Su Health Foundation with its CHNA for the last couple of cycles. This summer, MAPP launched the next round of the CHNA and trained 12 community members in the various tools that will be used to capture data over the next few months. MAPP will participate in the Rotary Health Fair in November.
- Ms. Gustafson is working with Jeffrey Eide, Director of the [South Peninsula Hospital Foundation](#). He focusses on all things health related, and she appreciates sharing ideas on issues facing the community, such as after school programs, transportation, and housing.
- MAPP is rolling out its “perceptions of health surveys,” which will be widely distributed. Ms. Gustafson will send a link to Ms. Lehner to share with SAB memnbers (the link is [https://www.surveymonkey.com/r/SKP-MAPP\\_POH22](https://www.surveymonkey.com/r/SKP-MAPP_POH22)). Focus group discussions will also be used. If any SAB member wants to discuss MAPP further, contact Ms. Gustafson.

#### **B) All Things Recovery (ATR) Coalition:**

- With SAB financial support, this coalition was formed about 4 years ago as the South Kenai Peninsula Opioid Task Force. The name was changed to All Things Addiction to increase inclusivity and address all substances and addiction. Recently the name was changed again to All Things Recovery to focus on solutions rather than the problem. ATR updates and highlights include: (a) working on a new logo; (b) continuing monthly Coffee Connections; (c) hosting quarterly meetings of the full ATR coalition—currently via Zoom; (d) hosting a sober tent at the Salmonfest Music Festival in Ninilchik; (e) facilitating Discovering Recovery on the fourth Friday of each month; (f) organizing myriad events for September’s National Recovery Month; (g) speaking about National Recovery Month on the KBBI Coffee Table. As a result of strategic planning, ATR is now focusing on creating a “recovery ready” community and has established three monthly work groups to support this goal: navigating the system, family and youth support, and lived experience. Visit <http://mappofskp.net/opioid-task-force/> for more information.
- In the near-term: tomorrow at Homer Council on the Arts, ATR will host a live music event. On September 15, ATR will host a movie night, and the screening will be followed by a community conversation facilitated by local professionals. A week later, ATR will lead a recovery walk. Finally, a new partnership has been established with the SVT Thrive program (formerly SVT’s Thriving Thursdays)—this month’s Thrive program will be on the 29th.

Ms. Highland noted that Ms. Gustafson presentations covered what the SAB was looking for—and asked for questions:

In response to a question from Mr. Chesley, Ms Gustafson confirmed that the CHNA questionnaire would be distributed throughout the SPH Service Area. The goal is to collect data anywhere and everywhere. Mr. Chesley invited Ms. Gustafson to make a presentation to the borough assembly, and he will send her his contact information.

Ms. Ferraro commented that outreach for the CHNA has already started. The first introduction of the survey was at the Kenai Peninsula Fair.

Public Health Nurse Lorne Carroll commented that when he joined the MAPP Steering Committee in 2014, the Mat-Su Health Foundation came to Homer to learn how MAPP was accomplishing its CHNA. He added that there are a lot of things that lead to healthy outcomes, such as economic stability, education, and food. Through CHNAs, the community can begin to measure these and work on them. He also thanked the SAB for supporting MAPP all these years. He noted that MAPP offers an avenue to work within community and social contexts where things can be much harder to measure than when collecting data in health care systems—it's difficult to measure things like social integration, knowing your neighbor, and community engagement. He thanked the SAB for inviting MAPP to present.

Mr. Dunne then shared that for complete transparency, and as he had previously shared with both Ms. Highland and Ms. Armstrong, he filled in one of the ATR leadership roles in the Lived Experience workgroup when that workgroup's leader was on maternity leave. When he agreed to fill that role, he hadn't known it was a paid position; when he learned it was, he asked borough attorney Sean Kelly if that represented a conflict of interest; Mr. Kelly assured him that it didn't.

Ms. Gustafson was asked to clarify the term "implementation entities." She responded that in Mr. Carroll's words, implementation entities are the folks who do the work of accomplishing systems change within the community to improve community health. After a CHNA—and completion of its followup community health improvement plan—implementation entities such as workgroups undertake tasks to implement the health improvement plan before the next needs assessment.

Mr. Dunne asked about MAPP's involvement with the Resilience Coalition and All Things Recovery. His understanding is that these operate under separate contracts. Ms. Gustafson clarified that when she became MAPP Coordinator, the Resilience Coalition was already up and running with its own coordinator. A short while after she became MAPP coordinator, the Resilience Coalition coordinator left the community, so Ms. Gustafson took over the facilitation role in order to conduct required grant work. When a new Resilience Coalition coordinator was hired, Ms. Gustafson helped them get up to speed, but after additional turnovers, Ms. Gustafson agreed to coordinate the Resilience Coalition permanently—the Resilience Coalition grant was with Haven House, so Ms. Gustafson became a Haven House employee. The Resilience Coalition has secured a 3-year state grant through Haven House, this has since become a 4-year grant, so G Squared works under that grant, helping with project management while subcontracting as needed to do other grant work. Ms. Gustafson explained that the ATR coalition operates under a separate contract with the hospital through KPB. Ms. Gustafson provides support to the ATR coordinator, who is on the G Squared staff and works 20 hours per week managing ATR.

Ms. Ault noted that she has really enjoyed MAPP's previous community health needs assessments, and she wondered if Ms. Gustafson had examples of how assessment results are applied. Ms. Gustafson provided as an example that one past assessment honed in on the impacts of trauma and adverse childhood experiences (ACES) and how those turned into later health problems within a population. That data guided the community to focus on ACES and implement an ACES communication plan. In addition, trauma informed learning cohorts and efforts were initiated within the community, and multiple entities received in-depth training so they could begin making changes within their systems and institutions to become more trauma informed, leading to actual operational changes in these entities.

Ms. Ferraro clarified that South Peninsula Hospital has one contract with G Squared that was written for the Opioid Task Force—now called All Things Recovery—and a separate contract with G Squared for MAPP coordination. She pointed out that the All Things Recovery contract was based on findings from a

community health needs assessment. So in response to Ms. Ault's question, she noted that it was a CHNA that identified the need to focus on addiction, recovery, and prevention, and CHNA findings were used to support creation of the initial local opioid task force. She wished that the CHNA followup process were "cleaner," but it's a great relief for SPH to have SAB provide support for a variety of approaches to addressing CHNA findings. As Ms. Gustafson's presentation indicated, CHNA followup is often conducted in ways that are less formal and more collaborative than if followup were accomplished by a single agency and not through contracts with multiple community entities. Another finding from a previous CHNA was that community health-related organizations were working in "silos" and were unfamiliar with what other entities were doing that could be helpful or mutually reinforcing. By virtue of the MAPP steering committee, it's been possible to break down silos—steering committee meetings can have as many as 12 or 13 individuals representing different entities. And on any given day, steering committee members are continually sharing with each other new services or system findings so that they can learn from one another and incorporate new approaches. In terms of engaging the community at large, she commented that it's like there's no wrong door—"no matter what, we all know what's going on." Another example of CHNA followup is that SPH every 2 years (with some disruption during Covid) compiles a booklet "[Homer Area Support Group and Resources Guide](#)," so anybody who needs care or services right away can find what's available and whom to contact. This booklet is distributed online, as well as to the police department, local churches, the emergency room, and other places so that if somebody has an immediate need, everyone has this booklet to turn to.

Ms. Highland again thanked Ms. Gustafson for coming to the meeting. She also informally shared the suggestion that ATR might be better called All Things Recovery and Prevention, ATR and P.

## 9. Reports:

### A) Committee of the Whole – Devony Lehner, Recording Secretary

Ms. Lehner provided the following summary of the Committee of the Whole meeting:

- Ms. Highland opened by noting that Ms. Armstrong's surgery has been scheduled for the end of October. Members of the Service Area board can miss more than three meetings in a row if the absences are excused, so that won't be a problem for Ms. Armstrong.
- The committee discussed the upcoming AHHA conference (Alaska Hospital and Healthcare Association in Girdwood, sponsored by SPH), and Ms. Ault provided some background. Ms. Hinnegan mentioned another conference on October 6: the state of reform conference—bridging the gap between health care and health policy,. The AHHA conference was coming up too soon for any SAB members to be able to attend.
- The committee reviewed conceptual drawings of several facility master planning ideas. These were developed by the contracted architects. Costs have not yet been calculated. Land on the west side of Woodard Creek is owned by the city, and some conceptual drawings show parking there. Architects used City of Homer regulations with respect to number of parking spaces required per square foot of building. Facility Master Planning is a work in progress and continues to evolve. The hospital hopes to have plans by the end of this year, then it would take a couple of years to address funding, maybe with a bond issue. Engineers have been careful to avoid any plans that could destabilize slopes behind and in front of the hospital. The project would address future needs resulting from a growing and aging population. Some savings would be realized by not leasing buildings. Some revenues to the hospital would increase because of increased reimbursements resulting from providers being relocated within specified distances from the hospital.
- The committee discussed sepsis. Sepsis is a performance measure of highest importance to SPH. Dr. Kincaid is reviewing how best to address sepsis concerns from the time patients enter the hospital.



The importance of sepsis is reflected in the July 27 BOD minutes included in the packet.

- The committee agreed that tonight's agenda should be amended to add a separate presentation for All Things Recovery. The February AHA Rural Health Care Leadership Conference should be added to the SAB's October agenda.
- The Rotary Health Fair will be October 10-November 4. Blood draws should be scheduled separately and in advance.

#### **B) South Peninsula Hospital CEO – Angela Hinnegan, COO,**

Ms. Hinnegan provided the following updates on behalf of Mr. Smith, CEO:

- Covid bivalent booster vaccines are not yet available.
- SPH is transitioning into full time hospitalist positions some of its clinic providers who have been working shifts as both hospitalists and at Homer Medical Clinic. That model was too burdensome. Dr. Martinez and Dr. Roberts applied and were selected to fill two of the three hospitalist positions. A third hospitalist will arrive in October. Patients in the hospital will see one of those three, and those providers will coordinate all inpatient care, which should improve the patient experience.
- Outpatients who were seeing one of the two providers who will now be hospitalists received letters explaining the situation. For individuals that have complex medical care needs, it will take some time to transition to a new provider. Providers are reaching out to such patients so that they can be transitioned with a "warm handoff." Three new providers have joined Homer Medical Clinic. Dedicating these providers to HMC should improve ability for patients to quickly see a primary care provider—improving availability of appointments and consistency of service.
- Ms. Hinnegan invited Ms. Ferraro to discuss a weekly meet and greet that will be set up so patients can meet all the HMC providers, both on the phone and in person. Feedback from patients has been that they need better access to providers; extra time will be given to address the needs of patients who need care transition.
- Ms. Ferraro added that in the near term SPH is focusing on the Rotary Health Fair; the fair will again be in person this year, Saturday, November 5. There will be an in-person Meet and Greet at the Health Fair with HMC providers. All blood draws will be in advance. At the fair, patients can pick up lab results and visit the various health education booths. Blood draws will be offered during SPH business hours in the 3 weeks prior to the fair.
- Ms. Hinnegan added that Dr. Mayfield, who will be coming down from Anchorage, actually did a short rotation at Homer Medical Clinic during her residency. This will also allow Dr. Swain and Dr. Tortora to be full time at Homer Medical, which will open up their schedules.
- Ms. Hinnegan provided an update on the purchase of buildings for staff housing. For the 6-bedroom duplex on Bartlett St., the appraisal came in below the sales price, so SPH was able to gain some savings from that, and that purchase will go before the assembly. The other property situation is still unfolding. SPH is working with the seller to see if there are lease provisions for early termination—there is no point buying housing if the new purchase can't be used to house SPH staff.
- In response to a question about space vacated by Dr. Boling, Ms. Hinnegan noted that it's a nice space that SPH really wants it for patient care.

#### **C) South Peninsula Hospital CFO – Ms. Anna Hermanson**

Ms. Hermanson provided the following updates:

- Clinic volumes, patient days, and surgery volumes were all down in July.
- Cash down by about 7 days from previous month. Reasons: the drop in patient volumes, the fact that three payrolls were processed during the month; accounts receivable went up slightly. BOD sent to

transfer 4.7 days of cash to the borough—that translates to \$1.276 million.

- Line 21 and line 22 are assets that are listed as intangible assets—buildings and equipment. SPH had to implement a change in its accounting standards at the end of last fiscal year, which meant that all leased buildings and some other capital leases had to be put on the books as assets and also as liabilities because they represent ongoing future obligations. SPH will amortize those assets the same way it depreciates other assets over time. There have not been many changes in liabilities.
- SPH had \$15.18 million overall gross revenue in July. Inpatient days were 12% below budget, with 196 days versus 230 average in the prior year. Inpatient surgeries were down 15%; outpatient surgeries were 45% below budget—87 versus 100.6 per month in the prior year. One of the orthopedic surgeons was gone during July, and SPH relocated the general surgery clinic into the leased Marley building; that transition created some downtime. SPH will see improved reimbursements given that surgeons are now within 250 yards of the hospital.
- ER was busy, 33% above budget in July, with 610 visits. Last year's average was 432. Long Term Care was slightly below budget. Patient services revenue was \$8.28 million. Contract staffing was above budget but down from prior months. Software was a bit higher than expected, and SPH had unexpected elevator repairs in July.

#### **D) SPHI Board of Directors – Bernadette (Bernie) Wilson**

Ms. Wilson noted that the BOD had a pretty big meeting on August 24. There were several presentations of proclamations to retiring folks, some of whom were very long term employees, notably Marilyn Shroyer who is retiring after 43 years. These long term, employees will certainly be missed. The BOD approved a number of emergency management documents and accepted the hospital employees pension plan and trust audit. As Ms. Hermanson mentioned, SPH had to send 4.7 days of operating expenses (approximately \$1.2 million) to the Plant Replacement and Expansion Fund. The BOD also authorized updated bank account signers—a lot of folks have changed within the senior management team. The BOD also discussed its upcoming annual retreat, which will take place the end of September.

#### **E) SAB Representative to Board of Directors Meeting**

##### **August 24 BOD meeting – Kathryn Ault**

Ms. Ault noted that she really enjoyed the BOD meeting; she didn't have much to add to Ms. Wilson's report. She had provided a presentation covering what the SAB had done in its previous meeting.

#### **F) Kenai Peninsula Borough Assembly Representative – Lane Chesley**

Mr. Chesley noted that Mr. Dunne had asked that he and Ms. Chaffee speak about Borough Ordinance 2021-90-50, which was adopted to create a grant program to distribute opioid settlement funds. Mr. Dunne had specifically asked how the program will work, so Ms Chaffee is here to speak to that. He also apologized on behalf of the borough clerks who inadvertently failed to get SAB resolution 2022-07 on the borough assembly's agenda. The SAB resolution did go before the borough policies and procedures committee and was discussed, but it was the sentiments of the assembly to go ahead with the borough's ordinance as adopted. He then turned the floor over to Ms. Chaffee.

Rachel Chaffee began by noting that the borough adopted what it's calling the Opioid Settlement Fund Grant program—up to five grants will be funded if five applicants apply. She listed eligible entities, which include nonprofits, medical providers, mental health providers with active licenses, hospitals, and Native tribes and corporations that have not received opioid settlement funds previously. Funds will run for a calendar year, January 1 through December 31. The grant opportunity will be posted publicly on the borough's grants webpage, which is under the mayor's department, and also will be sent to individuals

who attended initial meetings to help provide information that guided this program. Applications will be scored using questions such as: will the grantee fill a need that has not been funded through federal or state funds? how many communities will be served? will low income or disadvantaged communities be served? does the applicant incorporate new ideas and forward thinking projects? If five entities apply, grant funds will be split evenly among them; if more than five entities apply, a committee will be formed from throughout the borough to conduct an evaluation process that will treat applicants anonymously. Ms. Chaffee will not take part in any evaluation processes but will manage the grant program. Allowable expenses will be those allowed under the opioid settlement funds, and will be broader and more far reaching than federal or state funding. For example, funds could be used to provide incentives to get people to attend their appointments or to provide assistance to help them get to their appointments.

Mr. Chesley also gave a status update about the potential land swap between the City of Homer and the borough. The city would swap the land under SPH for eight parcels in the wetland “checkerboard” west of Northern Enterprises Boatyard on Kachemak Drive. Wetland parcels would be included in Homer's green infrastructure stormwater project. Julie Engebretsen, Homer Deputy City Planner, told Mr. Chesley that the city has received commercial appraisals for the borough property; however, Marcus Mueller, the borough’s land manager, has not yet received an appraisal of the city parcel under the hospital, which he had hoped to receive by September 19.

Mr. Chesley informed the SAB that the borough assembly appointed former Mayor Mike Navarre as the interim administrator following Mayor Pierce’s resignation. Mr. Navarre will serve from the effective date of Mayor Pierce's resignation to the conclusion of a special election for mayor—the election date may be set at the next assembly meeting and will be 90 to 120 days after the meeting in order to give the borough clerk time to set up the election. Mr. Dunne asked if there was any difference between interim mayor and interim administrator. Mr. Chesley responded that Mr. Navarre will be the first interim mayor, then a second interim mayor will be elected to complete Mr. Pierce’s term. Both “mayor” and “administrator” are used because the interim mayor is the chief administrator for borough affairs. Until the special election, Mr. Navarre will have the full powers of mayor. Mr. Dunne noted that he was glad that Mr. Navarre—who previously served as borough mayor—would be involved in the borough’s budget process; Mr. Navarre’s selection by the assembly was a good decision. Mr. Chesley added that Mayor Pierce was 100% supportive of Mr. Navarre’s appointment because Mr. Navarre could offer important support to borough senior management and maintain continuity in borough operations.

#### **G) SAB Treasurer – Judith Lund**

Ms. Lund noted that the 2023 fiscal year has just started. SAB has done its billings through August, and the hospital shows that the SAB has used \$8,087. Ms. Lund received additional billings last week, so there's more to go, but everybody seems to be on track. She also noted that she is glad the SAB decided to have these second grantee presentations during the year rather than just the one during the budget process; that way we can keep up with what’s going on. She was hoping that the kind of information shared at these presentations would be part of being treasurer, but as it turns out, that kind of information can be hard to get, so it’s great to get updated more than once a year.

#### **H) SAB Acting Chair – Roberta Highland**

Ms. Highland noted that we will be following Ms. Armstrong’s medical situation and wishing her well.



## 9. Unfinished Business

### A) Opioid settlement funds, SAB resolution on KPB Ordinance 2021-19-50 – Willy Dunne

Mr. Dunne began by discussing the breakdown in communication that had occurred between the SAB and the borough assembly over the borough's proposed opioid settlement ordinance. He noted that Mr. Chesley mentioned that the borough clerk failed to transmit the SAB resolution to the assembly, but other breakdowns in communication occurred before that happened. It's very frustrating, and it's apparent that the assembly will not reverse or modify its decision even though the SAB had spent a couple of months on pretty detailed discussions and deliberations on the merits of different ways to distribute opioid settlement funds. No assembly representatives listened to those discussion, and apparently none had read the SAB minutes. Frustration is compounded because the assembly had postponed considering the ordinance from May until August specifically to give the SAB time to discuss it and make recommendations. He wanted to go on the record that it's frustrating to have this kind of lack of communication with assembly members. He encouraged SAB's designated liaison, Lane Chesley, to attend SAB meetings.

Ms. Highland noted that SPH and ATR can apply for one of the opioid settlement grants. Mr. Dunne reminded her that ATR is not a nonprofit; South Peninsula Hospital could certainly apply. He also mentioned that one of the issues raised by the SAB was that this year's \$29,000 when split five ways ends up being a small amount of money, and at some point, the grant amount becomes potentially meaningless. The idea of the settlement was that it was funded for 18 years in order to provide long term, predictable funding for opioid abatement and recovery support. Having the annual award split among five organizations seems to dilute the effectiveness of settlement funds, which was a big part of the SAB's discussion. Although the borough's policies and procedure committee discussed the SAB resolution after the fact, it decided to take no further action, so the borough ordinance passed without SAB input.

Ms. Lund suggested that SAB could be more emphatic about making sure that one of our assembly members attends SAB meetings. Ms. Highland had talked with Mr. Chesley, and he assured her that he was putting SAB meetings on his calendar.

## 10. New Business

### A) Alaska Hospital and Healthcare Association Annual Conference, Girdwood, September 20-21 (hosted by SPH, see <https://www.alaskahha.org/>) – Kathryn Ault

Ms. Ault brought this item to the SAB's attention. Ms. Highland noted that the AHHA conference was discussed during the committee of the whole and that it would have been better to discuss it at the August SAB meeting, since the conference will take place before SAB's October meeting. Mr. Dunne reminded SAB members that SAB has budgeted \$10,000 for training and related travel. His understanding is that since that money is already budgeted, a SAB member could simply request approval from the SAB Chair to attend the AH HA conference—the full board would not need to approve individual requests. He also understood that the training budget item was intended to cover attendance at the annual [AHA Rural Health Care Leadership Conference](#), which this year will be February 19-22 in San Antonio, Texas. Ms. Highland asked whether anybody was interested in attending the October AH HA conference? No SAB member was available to attend. Mr. Dunne suggested putting the February AHA Rural Health Care Leadership Conference on the agenda for SAB's October meeting.

## 11. Informational Items included in the Packet:

- Minutes of August 24, 2022, BOD meeting
- MAPP and All Things Recovery Powerpoint slides

374 **12. Comments from the Audience** – there were no comments

375 **13. Comments from Board/Staff** –

- 376 • Ms. Hinnegan explained that SPH first brings potential projects to the BOD, then to the SAB, then to  
377 the borough assembly, where funds get appropriated. All of this happens before SPH can put a bid out  
378 on the street. SPH has several projects that have been stacking up during COVID while it was waiting  
379 for contractors to again be able to accept bids. Her last meeting with John Hedges a few weeks ago  
380 indicated that responses to bid requests are coming in two or more times what was appropriated for  
381 these projects. This was a bit of a shock to hospital administrators, and they're trying to prioritize and  
382 strategize what can be done to keep some of these projects moving forward without hitting a dead end  
383 —how can some projects be combined or split apart. What that means is that SPH will probably come  
384 back through the SAB for review of projects that the SAB has seen before. She just wanted to give  
385 the SAB a heads up that every single project that SPH has put out to bid is not coming in even close to  
386 what it would have been, even though the borough is pretty good at having a finger on the pulse of  
387 what's happening in the contractor community. She doesn't know whether or not this is just a short  
388 term supply chain or labor issue and whether or not this situation might change. SPH will try to get  
389 safety issues out first and is doing its best to figure out what's most important. In January, the SAB  
390 will receive capital projects to take a look at.
- 391 • Ms Highland thanked Ms. Hermanson for coming to the meeting.
- 392 • Mr Daugharty noted that on other boards and commissions on which he's served, there's been an  
393 opportunity to go into executive session; is that part of SAB bylaws? Ms. Highland responded that the  
394 SAB has not had any reason to have an executive session, since executive sessions focus on personnel  
395 issues, and the SAB staff—Ms. Lehner—is actually borough staff. She reported that in the 15-16  
396 years some of the longer-serving SAB members had been on the board, there had never been an  
397 executive session. Mr. Dunne suggested that SAB send a simple email to the borough attorney asking  
398 for clarification on SAB executive sessions; he offered that an advisory board—such as the SAB—  
399 might have different boundaries than a board that has authority to allocate funds or make personnel  
400 decisions. Ms. Highland thought the topic would be covered in the SAB bylaws; Ms. Lehner pulled  
401 up and screenshared the SAB bylaws—but a search for “executive session” returned no result. Mr.  
402 Dunne noted that the SAB would be subject to the Alaska Open Meetings Act. Ms. Lehner then  
403 pulled up and screenshared the SAB Member Manual, and it does contain language about executive  
404 sessions: “executive sessions may only be held when the meeting is first convened as a public meeting  
405 and the question of holding an executive session to discuss matters that are permitted is voted on.” Ms.  
406 Highland then read the following from the screen: “the following subjects may be considered in an  
407 executive session:  
408     ◦ matters, the immediate knowledge of which would clearly have an adverse effect upon the  
409     finances of the public entity;  
410     ◦ subjects that tend to prejudice the reputation and character of any person, provided the person may  
411     request a public discussion;  
412     ◦ matters which by law, municipal charter, or ordinance are required to be confidential;  
413     ◦ matters involving consideration of government records that by law are not subject to public  
414     disclosure.”  
415 It appeared from the language that the need for an executive session should be identified when a  
416 meeting is “first convened,” but then the session could occur anytime during the meeting. Ms.  
417 Highland added that it is her understanding that executive sessions are to be taken very seriously and

used as infrequently as possible, and that, again, the SAB's history shows no reason to conduct them. Mr. Dunne shared an example of how the borough handles executive sessions during performance reviews: He noted that when the assembly does the annual review of the borough clerk, it calls an executive session but then asks the clerk if she wants the review to be done in public. Ms. Highland agreed to follow up on this with the borough attorney, and Mr. Daugharty expressed his appreciation.

There being no further business Ms. Highland adjourned the meeting.

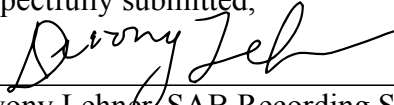
**14. Future Agenda Items / Reminders – meetings start at 5:30**

- October 26 BOD meeting – Judith Lund
- November/December BOD meeting – Willy Dunne

**15. Adjournment**

The meeting was adjourned at 8:15 pm.

Respectfully submitted,



Devony Lehner, SAB Recording Secretary

Minutes Approved: October 13, 2022