

# Bartlett Regional Hospital

AGENDA  
PLANNING COMMITTEE MEETING  
Friday, January 17, 2020 – 7:00 a.m.  
Bartlett Regional Hospital Boardroom

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Mission Statement

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

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- I. CALL TO ORDER
- II. APPROVAL OF THE MINUTES – [December 20, 2019](#) (Pg. 2)
- III. PUBLIC COMMENT
- IV. OLD BUSINESS
  - A. [Community Healthcare Needs Assessment update](#) (Pg. 5)
  - B. [Projects updates](#) (Pg. 34)
  - C. [Campus Plan update](#) (Pg. 38)
- V. NEW BUSINESS
- VI. FUTURE AGENDA ITEMS
- VII. NEXT MEETING
- VIII. COMMENTS
- IX. ADJOURN

# Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 [www.bartletthospital.org](http://www.bartletthospital.org)

Minutes  
Planning Committee  
December 20, 2019 – 7:00 a.m.  
Bartlett Regional Hospital Boardroom

**Called to order at 7:00 a.m., by Planning Committee Chair, Marshal Kendziorek**

**Planning Committee and Board Members:** Lance Stevens, Rosemary Hagevig, Marshal Kendziorek, Kenny Solomon-Gross, Brenda Knapp and Mark Johnson,

**Staff:** Chuck Bill, CEO, Dallas Hargrave, HR Director, Rose Lawhorne, CNO, Billy Gardner, COO and Anita Moffitt, Executive Assistant

*Mr. Solomon-Gross made a MOTION to approve the minutes from November 21, 2019. Ms. Knapp seconded. Minutes approved as written.*

**PUBLIC PARTICIPATION** – None

**Project Updates:** Mr. Gardner noted the following projects are ready for design phase II: fire alarm for the Medical Arts building, Central Sterile Processing room in OR, endo fans in ASU11. These should be ready to go out to bid in 4 – 5 weeks. OR renovations will not take place until November. The ED waiting room area is to have walls constructed and bullet resistant glass installed for staff safety. This will go out to bid and construction will begin as soon as possible. Pharmacy clean room construction is going well but the hoods have been delayed. The completion date for this project is January 20. The Gift Shop/Coffee Bar completion date is set for January 17.

**Community Healthcare Needs Assessment:** Mr. Bill reported that we are in the final phases of the physician needs analysis based on demographics and national standards. This will be completed by the end of the year and presented to the board in January. Meetings will be scheduled with physicians to get their input about specialty and sub-specialty services currently provided by primary care physicians. A discussion was held about wants vs needs and how helpful the survey responses will be in providing the information we need. Mr. Bill is working with CBJ purchasing to finalize the wording of the Provider Network Study RFP so it can go out either today or Monday.

**Campus Plan Update:** Corey Wall provided a summary overview of current floor plans. It has been identified that under 15% of additional space is needed to meet anticipated future needs. We currently have 209,425 square feet for the whole building, 28,936 more are needed. The following were noted:

- Portions of the original first floor have not been renovated since the sixties and need abatement.
- Food service is too small and there is no way to expand. Moving it to a different location would provide the 17,000 square feet needed to expand all of the other departments on the first floor.
- The ED has the most space needs. A proposed plan to push the outer ED wall south 28 feet and move the ambulance bay was presented. This would provide just under 5,000 additional square feet. Security and a 24 hour pharmacy could be located near the new entrance and would allow this area of the hospital to be locked down from the rest of the hospital after hours.
- Proposed plans for separating the women's imaging center from the radiology department were discussed. This would open up more space for the radiology department. Plans propose putting the women's imaging center on the first floor where security offices are currently located.

These high level conceptual plans were based off of feedback from every department regarding their current and future needs. Detailed design and functionality are important and will require additional staff input as each project moves forward. The plans will be shared with staff when the final design is closer to being finished. The pros and cons of doing additions in stages was discussed. Pushing to the south is not ideal but really the only option available.

A discussion was held about the need for an emergency access road to the back of the hospital. \$90,000 is to be put into the CIP to look at options for an emergency access road. Mr. Johnson suggested making a strong case that the community needs an alternative route in case Egan Drive is ever shut down so DOT may help with funding. Mr. Wall highlighted some of the challenges in putting in an emergency access road due to the elevation of the hillside. The possibility of moving Wildflower Court to a location further from the hospital and using that space for medical facilities was discussed.

With an increase in services and staff and losing spaces due to construction, parking needs to be addressed. Multiple options for parking were discussed. One option is to build a parking garage on the hillside south of the hospital with an entrance on Egan Drive. Building on the hillside would be expensive, requiring the purchase of the adjacent property and excavating the hillside. A hillside garage would address the elevation challenges of accessing the south entrance and provide an alternative to Egan Drive access. Plans were also discussed for building a garage to the north of the hospital adjacent to the Johnson Youth Center property. This would be more convenient to patients but would be a significant visual impairment for patient rooms..

Mr. Wall turned the focus on proposed additions to the north side of the facility. He noted that the 30,000 feet of additional space needed would most likely happen here. A proposal for building a three storied addition where the physical therapy area and the Juneau Medical Center building is located was presented. This would be done in two phases and give more space than needed to



meet future needs. Doing this in two phases would allow time to address the medical office building. The “domino” pieces for this addition as well as the OR renovation were discussed.

Mr. Johnson expressed concern about building space we “might” need in the future and said we need to try to be as efficient as we possibly can. Mr. Kendziorek views these plans as reasonable options for the future, not concrete plans. We do need to have a high level view to understand the issues and to have a plan of action a decade out.

#### **FUTURE AGENDA ITEMS - Continued discussion of the Campus Plan**

**COMMENTS** – A meeting will be held before the next board meeting to continue these discussions. These are long term plans and need to be looked at systematically. Doing so sends a message to the community that we are looking ahead and planning for the future. Mr. Bill will talk about this during his next Action Line session. A suggestion was made to make this a meeting of the Committee of the Whole to have more people on the board participating in these discussions.

Mr. Wall provided one more option to ease congestion; the Medical Arts building could go away and open up space. This would enhance the whole entry and allow for a nicer drive that comes through and right back out Hospital Drive.

A discussion was held about building above the boiler room and renovation of the lab. The boiler room issues have to be resolved before we can build above it.

**Next meeting:** 7:00 a.m. – January 17, 2020.

**Adjourned** - 8:25 a.m.

# COMMUNITY HEALTH NEEDS ASSESSMENT

# BARTLETT REGIONAL HOSPITAL

## 2019-2020



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## **PART A: CHNA**

# **HISTORY OF COMMUNITY HEALTH NEEDS ASSESSMENTS**

The Affordable Care Act (ACA), enacted March 23, 2010 added new requirements hospital organizations must satisfy, in order to qualify as a 501(c)(3) hospital. In addition they established new reporting and excise taxes.

These new requirements for charitable 501(c)(3) hospitals are articulated in section 501(r). The ACA imposes the following new requirements on organizations that operate one or more hospital facilities (Hospital Organizations). Each 501(c)(3) hospital organization is required to meet four general requirements on a facility-by-facility basis:

- ◆ establish written financial assistance and emergency medical care policies
- ◆ limit amounts charged for emergency or other medically necessary care to individuals eligible for assistance under the hospital's financial assistance policy
- ◆ make reasonable efforts to determine whether an individual is eligible for assistance under the hospital's financial policy before engaging in extraordinary collection actions against the individual

- ◆ conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years.

These CHNA requirements are effective for tax years beginning after March 23, 2012

IRS ruling 69-545 established the community benefit standard as the basis for a tax exemption. Community benefit is determined if the hospital promotes the health of a broad class of individuals in the community, based on factors that include:

- ◆ emergency room care is open to all, regardless of ability to pay
- ◆ surplus funds are used to improve patient care, expand facilities, train staff, etc.
- ◆ the hospital is controlled by independent civic leaders, and
- ◆ all available qualified physicians are privileged

The healthcare reform law, the Patient Protection and Affordable Care Act, added new provision to the IRS code for not for

profit hospitals. Under this provision, not for profit hospitals must conduct a Community Health Needs Assessment (CHNA) every three years. The health needs identified in the CHNA must be addressed in an action or implementation plan. Other requirements of the new IRS provision include:

- ◆ the CHNA must take into account the broad interests of the community
- ◆ the assessment must involve individuals with expertise in public health
- ◆ the findings must be made widely available to the public

IRS requirements also specify that the deadline for completion of the CHNA is the end of the hospital's tax year starting after March 2012. For 501(c)(3) hospitals, failure to complete a CHNA could result in

a \$50,000 fine and possible loss of tax-exempt status.

Many hospitals that are either for profit or are not a 501(c)(3) organization, have seen the benefits of a CHNA and have chosen to conduct a CHNA in order to better understand and serve their community. Bartlett Regional Hospital (BRH) engaged Cycle of Business to:

- ◆ complete a Community Health Needs Assessment (CHNA) report
- ◆ provide Bartlett Regional Hospital with a better understanding of the community they serve
- ◆ provide information needed for BRH to better understand specific health needs and plan for services that will improve the health of the people they serve
- ◆ integrate results into the BRH strategic plan ensuring completion of the plan.

## **THE BRH COMMUNITY HEALTH NEEDS ASSESSMENT:**

Bartlett Regional Hospital has always tried to stay abreast of the services needed in their community. They have had a belief that understanding the community and making sure you are staffed to meet the needs of that community will always ensure patient loyalty and the best quality healthcare in the community. As a result, over the years, BRH has looked into what services people are needing that Bartlett was not providing. They have analyzed leakage reports and done a physician staffing analysis in order to better meet the needs of the community. This year BRH decided to conduct a Community Health Needs Assessment as a final piece to the puzzle. The information derived from all these efforts will be utilized to verify their services meet the needs of the community and they are staffing appropriately so fewer people have to leave the community for their healthcare needs.



## SERVICE AREA:

The Service Area for Bartlett Regional Hospital pulls mainly from the residents of the Borough of Juneau Alaska. Because of the remoteness of the cities in Alaska and the difficulty of travel to neighboring cities and hospitals, BRH has a limited service area.

Community	Zip Code	Population-2015
Douglas, AK	99824	2,111
Angoon, AK	99820	479
Juneau, AK	99801	29,164
Gustavus, AK	99826	442
Haines, AK	99827	2,602
Hoonah, AK	99829	777
Petersburg, AK	99833	3,202
Skagway, AK	99840	986
Wrangell, AK	99929	2,338
Estimated Potential Service Area Population		42,101

The population of Juneau Borough is 31,754. This population is made up of just 3 zip codes covering not only the Cities of Juneau, Angoon and Douglas, but also the surrounding areas. In addition to the Borough population BRH has a secondary service area that reaches as far north as Skagway and South to Wrangell. This secondary service area adds an additional 10,347 to the population served to bring the total to 42,101.



**Bartlett Regional Hospital Total Service Area**

**PROCESSES AND METHODOLOGY**

Completion of the BRH Community Health Needs Assessment (CHNA) followed an outline designed by the Center for Rural Health at the University of North Dakota for the North Dakota Critical Access Hospitals. The sections of this CHNA generally follow their suggested methodology but were slightly modified to meet the needs of BRH and requirements of their RFP.

Two meetings were held to complete the CHNA. An initial meeting to discuss the survey as well as a follow-up meeting to discuss the results. The survey was conducted in between meetings to gather appropriate data to make final decisions on which health needs were appropriate to address in this fiscal year.

The first meeting was a general review of health information on a Borough level. After that meeting, Bartlett Regional Hospital reviewed and refined an electronic survey that would be distributed throughout the service area and in local businesses. The survey was further revised in conjunction with Cycle of Business and Bartlett Regional Hospital to ensure the questions asked would help Senior Leadership and the Board decide on the best course of action for the Hospital. Before the survey was distributed to the community special care was taken to ensure the verbiage was inclusive.

A second meeting was held with Senior Leadership to review the information from the survey and prioritize the most important health issues that could and should be addressed given the resources of Bartlett Regional Hospital. Key findings from the survey were looked at to see what needed to be addressed by the hospital and what needed to be given priority.

As the survey was reviewed by the Senior Leadership team, areas of focus and clarification were outlined. The Senior Leadership Team wanted to ensure the CHNA was not only dealing with the opinions of the community, they wanted to make sure they had the data to make appropriate decisions. Finally a revised CHNA was prepared and taken to the Board of Directors for their input and approval.

## **RESOURCES AND SECONDARY INFORMATION:**

The CHNA for Bartlett Regional Hospital Utilized Data From:

**County Health Rankings.** Since it began in 2010, County Health Rankings ranks the health of nearly every county in the nation and is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program awards grants to local coalitions and partnerships working to improve the health of people in their communities. The information received from this website appears to be from 2016.

**Current Census Data.** The United States Government conducts a census every few years to gather data on certain demographics in the country. The last census data for Juneau, AK was conducted in 2015.

**Survey Conducted Through the Hospital and Community.** A survey was designed in conjunction with Cycle of Business and Bartlett Regional Hospital to gather information from the community on the immediate needs of the population.

**Broad Interests of the Community Were Considered:**

Special care was used to find individuals in the community who could help define the health care needs of the community representing the youth, the elderly, and varied cultures.

The individuals involved in the initial meeting were asked to review the survey and give their input on the needs of the hospital. Additional efforts were made to reach out to the community in general to give input on the survey. A link to the survey was sent out to the major employers in the community. Employers and community members were contacted personally.



Bartlett Regional Hospital has some of the best imaging equipment in the state.

## **PARAMETERS FOR DATA COLLECTION**

COB and BRH used the most recent population and demographic information available to ensure the community needs were being met. This included gathering national statistics of the services area as well as the demographics of the service area. The federal government also tracks certain health statistics across the U.S. by county. This information was compiled to give a good baseline of where certain health needs were being met and areas that needed improvement.

## DEMOGRAPHICS:

The demographics for the area were collected through the use of census data and other reports. Unfortunately the latest data was only as recent as the 2015 census. Although exact population and demographic information may vary slightly from that articulated in the CHNA, the outcomes of the CHNA will not be affected by any minor discrepancies.

The population of the Borough of Juneau, AK is estimated for 2015 at approximately 31,754. Due to the fact the additional zip codes from the secondary service area we incorporated into this analysis only make up a small portion of the population served, we will use the demographic data from Juneau to represent the secondary service areas. Therefore, based on what we know from Juneau:

- 67% of the population are between the ages of 18 and 64
- 18% are 60 or older

### Age

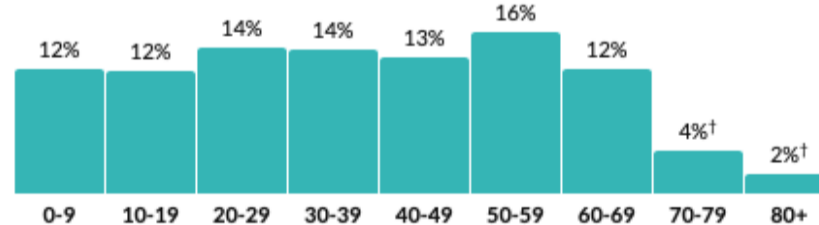
**38**

#### Median age

about the same as the figure in the Juneau, AK Micro Area: 38

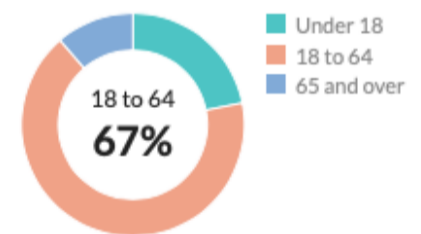
about 10 percent higher than the figure in Alaska: 33.9

Population by age range



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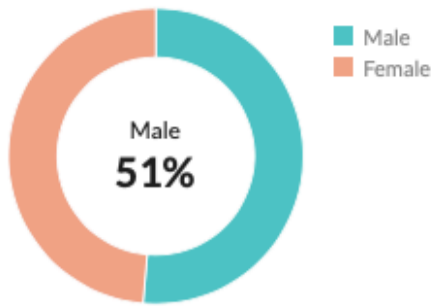
Population by age category



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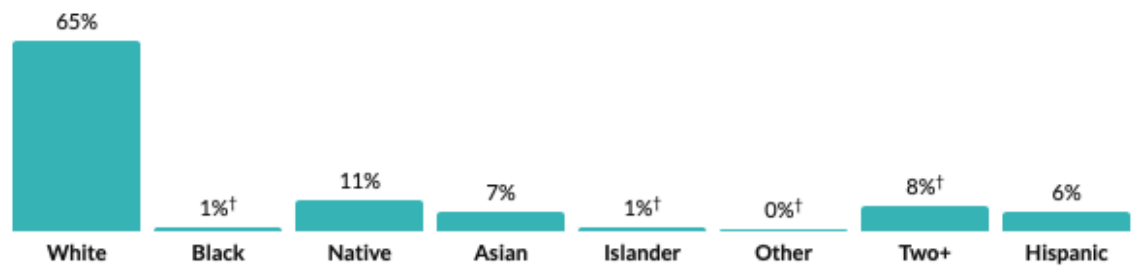
- 49% of the population identify as women
- 65% are white and 11% are Native Alaskan, 7% are Asian, while 6% regard themselves as Hispanic

Sex



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Race & Ethnicity



\* Hispanic includes respondents of any race. Other categories are non-Hispanic.

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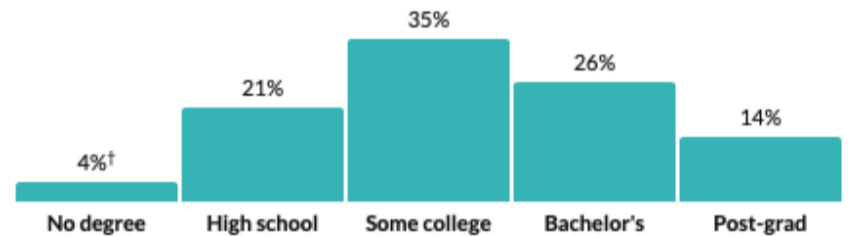
- 96% of Juneau residents have graduated from high school compared to the Alaska average of 92.4%.
- 40.3% of Juneau residents have a Bachelor’s degree of Higher.
- This is 1.4 times the rate of the rest of Alaska which is only about 29%.

Educational attainment

**96%**  
High school grad or higher  
about the same as the rate in the Juneau, AK Micro Area: 96%  
a little higher than the rate in Alaska: 92.4%

**40.3%** ±2.1%  
(8,998 ±476)  
Bachelor's degree or higher  
about the same as the rate in the Juneau, AK Micro Area: 40.3% 8,998 (±2.1% / ±476)  
about 1.4 times the rate in Alaska: 29% 137,821 (±0.5% / ±2,424)

Population by minimum level of education

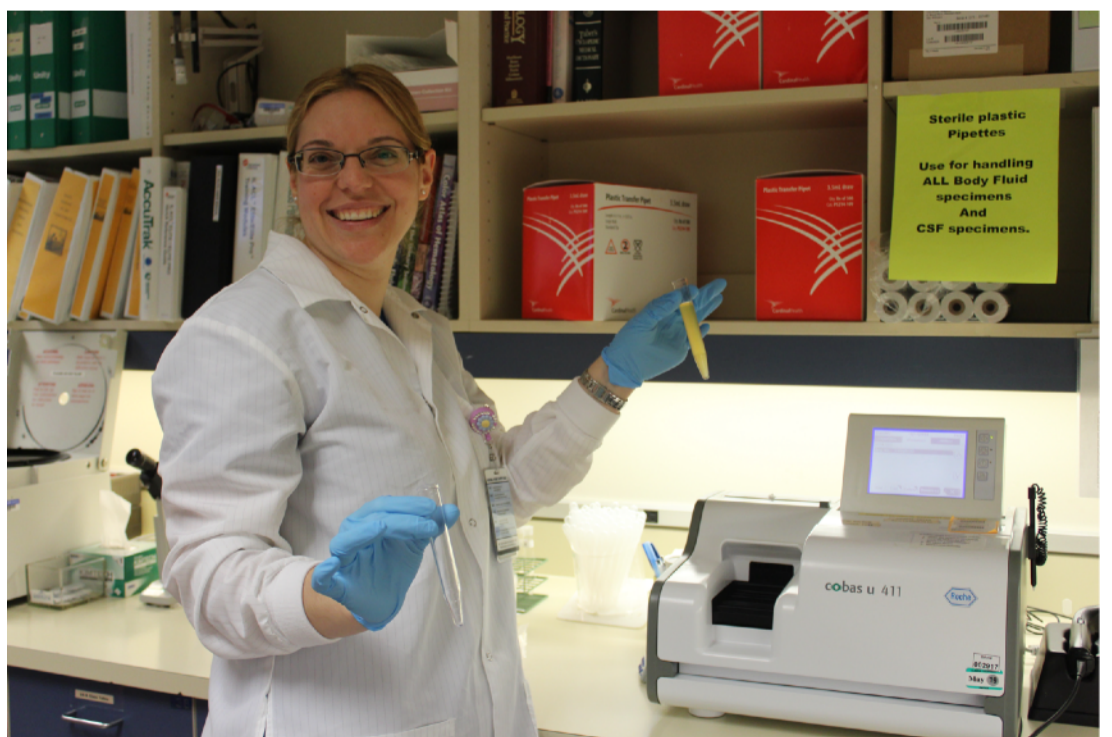


\* Universe: Population 25 years and over

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“BRH DOES AN OUTSTANDING JOB PROVIDING ESSENTIAL SERVICES TO THE COMMUNITY OF JUNEAU WITH A LIMITED AMOUNT OF FUNDING”

Survey Participant



Bartlett Regional Hospital offers a full range of laboratory services to the community

- The median household income in the Borough of Juneau is \$90,749 with a per capita income of \$41,904.
- 7.4% of the population live in poverty
- 13% of the population of Juneau Borough live without health insurance. This 13% of uninsured people is 3% less than the state of Alaska which is 16%.

**Income**

**\$41,904**

Per capita income

about the same as the amount in the Juneau, AK Micro Area: \$41,904

about 20 percent higher than the amount in Alaska: \$35,065

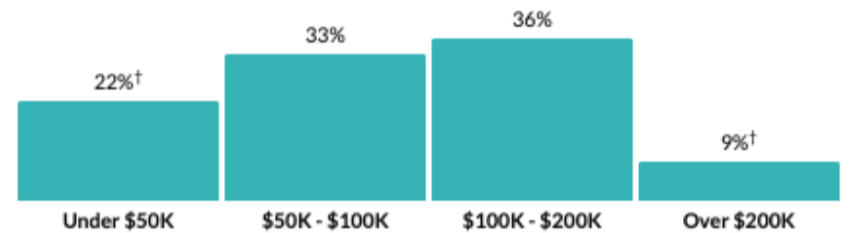
**\$90,749**

Median household income

about the same as the amount in the Juneau, AK Micro Area: \$90,749

about 20 percent higher than the amount in Alaska: \$76,114

**Household income**



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**Poverty**

**7.4%**

Persons below poverty line

about the same as the rate in the Juneau, AK Micro Area: 7.4% †

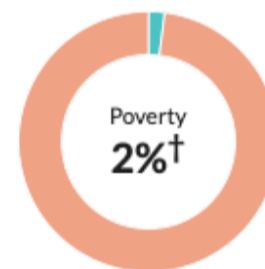
about three-quarters of the rate in Alaska: 10.2%

**Children (Under 18)**



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**Seniors (65 and over)**



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The Borough of Juneau has some areas that are advantageous to the people who live there. 100% of the people report having access to exercise. The 13% of people without insurance is relatively low and they have extremely good ratios of patient to provider for Primary Care, Mental Health, and Dental.

On the other hand Juneau has a fairly high ratio in the following health risk factors:

- Excessive drinking is above top performing counties
- Alcohol impaired driving deaths (Half of all automobile deaths)

According to the County Health Rankings website, in half of all driving accidents where there is at least one fatality, alcohol was a contributing factor.

	Juneau County	Top Performers	Alaska
Adult Smoking	18%	14%	19%
Adult Obesity	29%	26%	30%
Excessive Drinking	22%	13%	19%
Alcohol Impaired Driving Deaths	50%	13%	37%

- STDs including HIV are much higher than we would like to see

	Juneau County	Top Performers	Alaska
HIV per 100,000	69	49	109
Sexually Transmitted Infections per 100,000	494.6	152.8	771.6
Teen Births per 1000	17	14	30



- Drug overdose almost 3 times what we would like to see
- Mammogram Screenings should be higher
- Flu Vaccinations 35% lower than top performers

	Juneau County	Top Performers	Alaska
Life Expectancy	79.5	81	78.5
Premature Death	7,900	5,400	8,200
Mammography Screenings	33%	49%	33%
Flu Vaccinations	34%	52%	32%
Drug Overdose	29	10	18

Premature death is another area of concern. This number is calculated by taking the cumulative number of years people die in the community before reaching their 75th birthday and extrapolating that number for a population of 100,000 residents. For Juneau the equivalent of 7900 years would be lost between the time people die and their 75th birthday if Juneau had a population of 100,000. In the state of Alaska 8,200 years are lost per 100,000, However the CDC would like to see those rates closer to 5,400 per 100,000.

One other point of concern is that drug overdoses in Juneau are almost 3 times the national average and almost 66% more than the State of Alaska. This concerning health factor was supported later with the results of the CHNA survey. Mental and Behavioral Health issues were the most common concern of the respondents in open ended questions.

## THE PROCESS

### MEETINGS WITH COMMUNITY MEMBERS AND FOCUS GROUPS

## Initial meeting:

On October 4 and 5 of 2019 a meeting was held with members of the community who demographically, represented the people of the community. Special care was taken to ensure all people would be represented in the results of the survey. This meant reaching out to large employers as well as special interest groups who would help ensure all demographics were well represented. Discussions took place to review a template of the survey to be distributed, and suggestions were made to ensure the survey would be acceptable to all potential respondents.

The focus group recognized that health care needs may differ between genders, ethnicity, sexual preference and age. The focus group also pointed out that Juneau has a growing LGBTQ+ population and each subset of that group would have unique needs. As a result, the survey was written to be inclusive and ensure that everyone would feel comfortable in responding to the question.

The survey was also written to go beyond the current national data that is readily available. BRH wanted to be able to specifically look at the results needed to meet the service needs of the community. They also wanted to staff the hospital with the appropriate physician mix.



Bartlett Regional Hospital has state of the art 3D Mammogram services

## DISTRIBUTION OF SURVEY

After reviewing and revising the CHNA survey, BRH sent a link to the survey out to community members who represented the population at large and specific demographics within the community. The representatives then forwarded that link to their respective communities in order to ensure the population was appropriately represented in the answers of the survey. Additional links to the survey were also placed on the hospital's website and radio interviews were given to make sure the community would

know how to access the survey.

After giving the community 3 weeks to respond to the survey, the responses were gathered and analyzed to be presented to the Senior. Leadership staff.

## **COMMUNITY ENGAGEMENT**

The community was well represented in the initial meeting where the process and a description of their assistance was discussed. Bartlett staff wanted to ensure the broad interests of the community were taken into consideration. The participants gave important insight into what needed to be included in the survey and how to make sure certain specialties were brought to the public to insure what services were most needed.

253 members of the community responded to the survey. Respondents appeared to cover all the demographics of the community. Their feedback covered health needs of the community but also social challenges and suggestions for improving access to care. They were candid in their responses and gave the hospital information that will assist them as they improve on their service to the community. The feedback from this survey will be utilized to develop a strategic plan for the year 2020 and beyond.

# **THE RESULTS**

## **SURVEY RESULTS**

Results of the survey centered around a few key areas.

**Utilization:** The hospital is currently not being utilized by the community as one would expect. 57% of the respondents said they do not use BRH for their main healthcare. 56% of the respondents had received some of their healthcare from hospitals outside of Juneau in the last 3 years. The reasons for this varied, but dealt mainly with specialties the patient needed. Due to the nature of specialties and what BRH offers, it is possible that some of the respondents could be using BRH for primary care only to be referred outside for specialties that are not available in Juneau.

There were also concerns about insurance coverage as well as the cost to the patient. Alaska has a higher cost of healthcare than other areas in the lower States. This concern showed itself throughout the survey.

**Specialties:** Recruitment is always difficult in rural hospitals. Due to the remoteness of the area and the limited number of people in the area, it has been difficult to hire and retain specialists. This has made it more important than ever to ensure the specialties provided by a hospital such as Bartlett Regional Hospital are specialties that are supported by the community and ensure the physician is able to have enough business to make it viable.

The Community Health Needs Assessment mentioned several specialties that will need to be explored. Those specialties included, Cardiology, Endocrinology, Nephrology, Neurology, Orthopedics, Oncology among others. Developing a responsible plan for growth in the specialties will take more research beyond the CHNA, however, the information in the CHNA will assist in focusing our attention in the correct areas. BRH will review the results of the survey, comparing them to current hospital data to see how those requested specialties line up with existing physicians as well as needed specialists. Based on the need, the expressed desire to have someone local, and the financial feasibility, BRH will decide on which specialties need to be filled, methods for filling them, and the timeline for doing so.

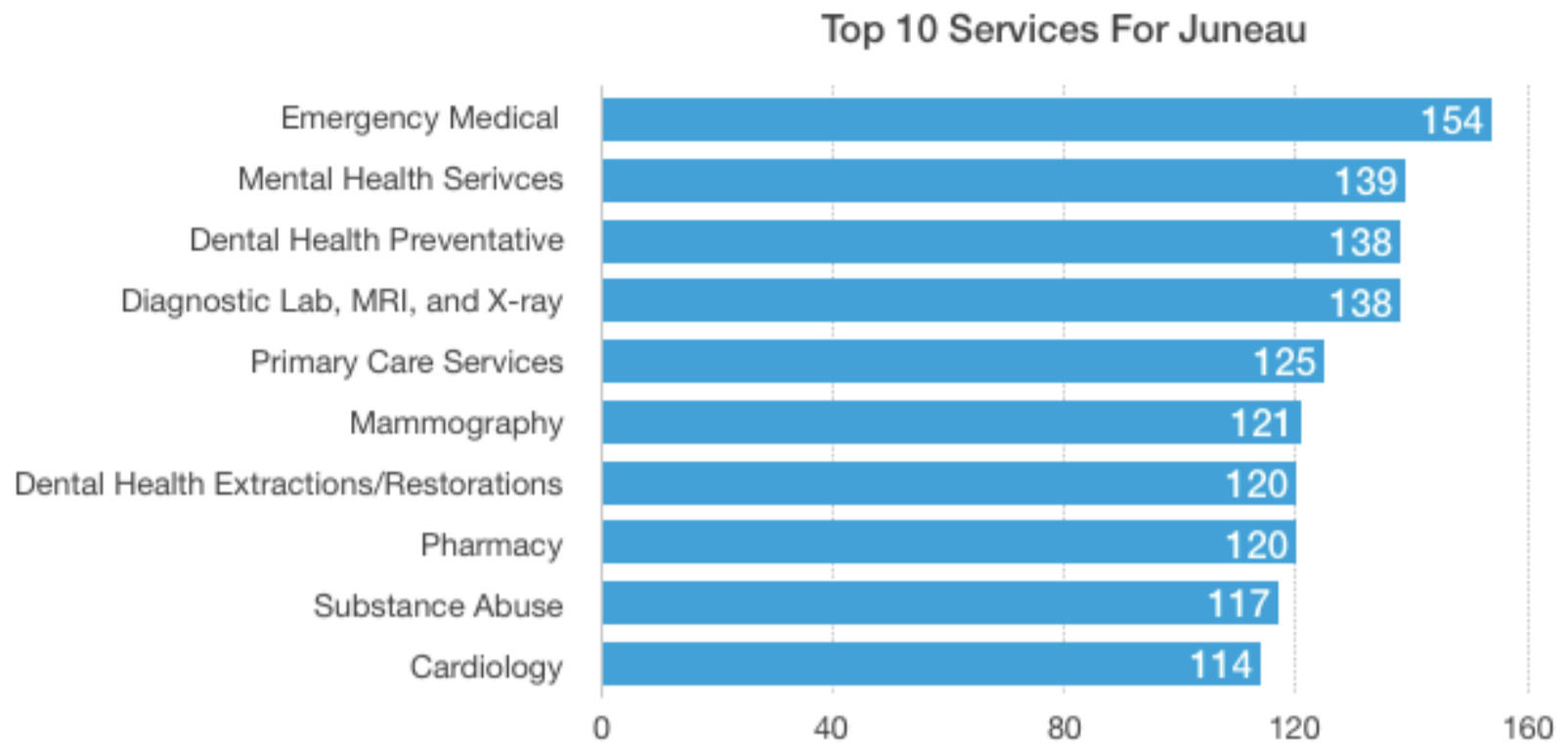
**Mental Health:** Mental health was referred to more than any other topic in the open ended questions. It appears that Mental and Behavioral health is a concern that affects almost every member of the community. Areas specifically mentioned were mental health among the homeless population, grief counseling, and drug and alcohol addiction. As mentioned above, Juneau faces nearly four times the level of alcohol related driving deaths, nearly three times the level of drug overdoses, and nearly twice the level of excessive drinking as the top performing counties in the nation.

Bartlett already has a robust Mental health program which includes:

1. 16 bed residential substance abuse recovery program
2. Large behavioral outpatient service
3. 12 bed locked adult mental health unit
4. 8 bed crisis intervention center under development with separate beds for Adults and Youth

Additional insights from the survey:

When asked what services the respondent, a member of their family, or a person they know from the community utilized, respondents prioritized the following at the top 10 services. Many of these are already provided by BRH.



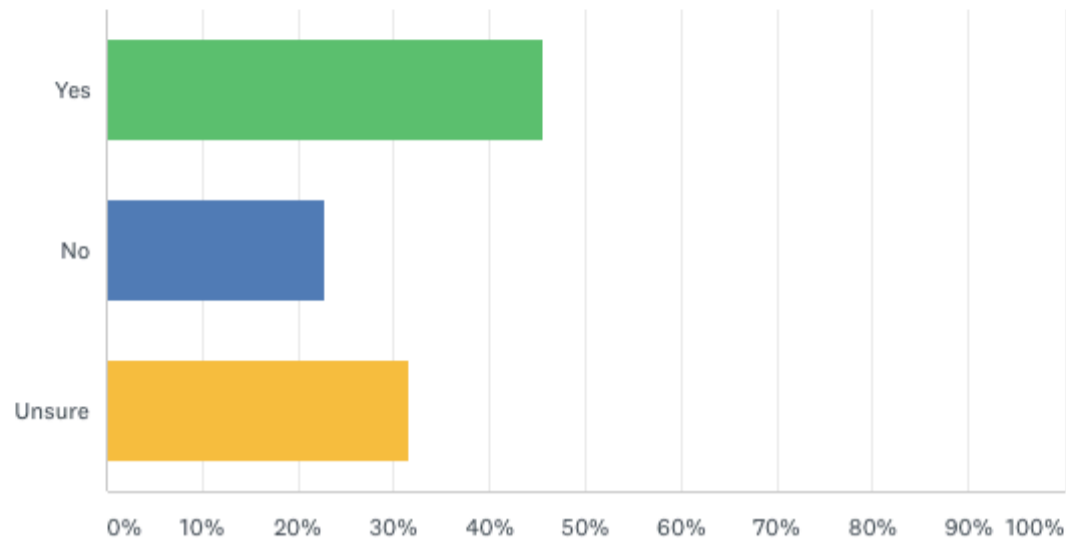
### **Robotic Surgery:**

Robotic surgery is becoming more prevalent in the industry and many newer physicians are being trained to use them for specialty procedures during medical school and their internships. Some rural hospitals are finding they are unable to recruit specialists who are trained and rely on these machines. There are concerns about how patients, as well as physicians, would feel about bringing these services to Juneau.

When asked, “Would you be open to having a robot used for a surgery performed on you or a loved one?” 45% of the respondents said yes, 32% were unsure, and 23% said no.

Would you be open to having a robot used for a surgery performed on you or a loved one?

Answered: 250 Skipped: 3



### Supportive Services:

When asked about how people felt about the supportive services BRH provides to their patients, the top five services where BRH was doing well were as follows.

1. Follow-up /Discharge Planning
2. Referral to Other Locations
3. Health Education
4. Help Understanding Recommended Medical Care
5. Care Management

However, there were areas where BRH could improve. These areas include:

1. Bariatric Services
2. Translation
3. Help With Enrollment Services for Medicaid
4. Medical Supplies For In Home Use
5. Transportation

Transportation issues were multifaceted with difficulties coming to Bartlett from surrounding areas because the Governor of Alaska has cut funding for the Ferry. This has made transportation difficult for some people.

The second area of transportation concerns dealt with Air Transport from Juneau to outside hospitals that can better serve certain healthcare needs. Juneau has three separate transportation companies each requiring an annual fee. These companies take shifts to fly people out when needed. Juneau residents are concerned the transporter they have chosen may not be the on duty service when they need it.

### **Demographic Services:**

When looking at areas BRH does well in servicing the health needs of the community, positive results were seen in the following categories:

1. Adults
2. Children
3. Women Of Child Bearing Age
4. People Eligible for Medicare / Seniors
5. Schools

However, there are a few groups where the community felt needs were not being met. Those groups included:

1. Transgender Community
2. People with no insurance
3. The Homeless
4. People with Behavioral Health Needs and Substance Abuse Issues
5. People with minimal insurance

When asked what aspects of healthcare are most important to the community, it was interesting to see the perspective of the people of Juneau. The top five most important areas to the residents revolved mostly around taking charge of their own health. They were:

1. Access to healthy foods
2. Scheduled Appointments
3. Urgent Care
4. Convenient Pharmacy
5. More active care management by your primary care practitioners

**Barriers to Using BRH:**

When asked if there were barriers to using BRH only 29% of the respondents said there were. The top two reasons they gave were Cost and the availability of Specialist. However, when asked where people had actually received care in the last 24 months, the main reasons for getting care outside of BRH or its clinics were because of lack of specialties at BRH. Cost was the least common answer.

When asked in what areas the people of Juneau would like additional information and learning to help them stay healthy, Addiction Recovery and Substance Abuse took the top two position. They were followed by Depression and Anxiety, Diet and Nutrition, with Smoking/vaping rounding out the top 5.

	HIGHLY APPLICABLE	APPLICABLE	NOT APPLICABLE	TOTAL
Addiction Recovery	56.31% 125	18.02% 40	25.68% 57	222
Substance Abuse	57.34% 125	19.72% 43	22.94% 50	218
Depression or Anxiety	55.36% 124	28.57% 64	16.07% 36	224
Diet/Nutrition	44.59% 99	41.89% 93	13.51% 30	222
Smoking/Vaping	45.41% 99	28.44% 62	26.15% 57	218



**Bartlett Medical Oncology Center: Bringing the best cancer treatment to Southeast Alaska.**



## **IMPLEMENTATION PLAN**

Senior Leadership reviewed the results of the survey in order to create a structured Implementation plan. During this meeting several areas of concern were identified as areas BRH would like to explore as they prepare for an upcoming strategic planning session. These areas, as well as the physician analysis will be discussed in the upcoming strategic planning session this spring.

### **Enhance Patient Navigation:**

Residents mentioned they would like more help in navigating their healthcare. This included educating the population around what to do when they have a condition and how to work with the BRH, their Insurance Company and what to do once they are released.

### **Getting the right Physician/Specialist mix:**

BRH will be working with the local physician group to review the physician assessment and how those numbers align with the current staffing levels.

### **Develop a faster way for people to move through the ER:**

BRH would like to reduce the time in the ER and become more efficient in dealing with wait times and service there.

### **Dealing with the 5% cut on medicaid payments:**

The State of Alaska has cut 5% in reimbursements from medicaid. This loss can negatively affect the organization's ability to support programs that don't cover their cost.

### **What to do about state employee cutbacks/less insured people**

With cutbacks in government employees, fewer people have insurance. This has had a negative effect on the hospital. BRH is looking into what if anything can be done to prepare for such cutbacks and loss of covered people.

### **Ferry and Air Evacuation transportation issues.**

Transportation can be an issue in remote areas. The government has cut back on the number and frequency of Ferry Transportation to Juneau. In the CHNA survey people from BRH's Secondary Service Area expressed concern they were not able to

get to BRH for services. In addition, survey participants mentioned they would like to see a better solution for Air Evacuation issues. Maybe with a program that covers all carriers.

### **Partner with state on health plans for employees and retirees**

BRH would like to explore with the State what can be done to help employees and retirees keep their health insurance.

### **Mental Health/Behavioral Health**

Even though BRH has a fairly robust Mental Health Program and is building a new facility to assist both adults and teens. They would like to ensure the needs of the community are covered and that the community is aware of what is offered.

## **REVISIONS TO PHYSICIAN RECOMMENDATIONS**

In 2015 BRH hired MJ Philps and Associates to conduct a Hospital Development Plan for Medical Staff and Hospitalists. This report was designed to give a better understanding of the staffing needs at Bartlett Regional Hospital based on population and a number of widely accepted physician to population ratios. This report identified a number of areas where BRH could modify their existing staffing models and better meet the population models.

Cycle of Business took the MJ Philps Study and compared the identified staffing needs to the feedback on the Community Health Needs Assessment Survey. This was done to ensure the recruiting efforts were focused on staffing that met population needs as well as the specific health needs of BRH's primary and secondary service areas.

Recommended physician to population ratios were reviewed based on the same studies used for the Michael Philps Study of 2015. Declining populations also impacted the number of physicians needed at BRH.

These numbers were then matched to survey information as well as data from BRH databases to calculate the correct physician mix. BRH and Cycle of Business also addressed the prioritization of specialty need in an effort to bring in the right services first.

Other options such as Telehealth and Traveling Physicians were also discussed as strategies to meet the current and upcoming needs of the population.

## **FINAL PRESENTATION TO BOARD**

Senior Leadership met to review the information from the CHNA survey. This information outlines the wants and desires of the community. It gave insight into areas the respondents considered were important to the health of the community. However, there were areas of concern that weighed heavily on the community that may not have been as wide spread of a concern as the CHNA survey made them out to be. These false positives were a result of recent government cutbacks coming directly from the Governor's office. Before taking information that may have been disproportionately influenced by recent news stories, the results of the survey were matched against data from the hospital. This allowed BRH to take the most important topics directly to the board for consideration and allowed BRH to focus their energies on the right areas.

The Final presentation to the board will be given after the Senior Leadership team has had a chance to review and create a recommended implementation plan. Additional steps will be taken to convert the more general action plan to more specific actions during the Strategic Planning session planned for Spring of 2020.

## **PART B: UPDATED PHYSICIAN ANALYSIS**

### **BACKGROUND:**

In 2015 Bartlett Regional Hospital contracted with Michael J Philips & Associates to analyze the number of physicians currently working with BRH. The purpose of this study was to ensure the correct level of staffing to handle the healthcare needs of the community. Recommended levels of physicians by specialty were based on ratios of physician per 100,000 residents and then adjusted based on the population of the BRH primary service area.

Cycle of Business has revisited those numbers and that methodology and revised the numbers accordingly. Some specialties BRH is currently offering were not included in the original analysis. COB has added those specialties to the current analysis and included

recommended staffing based on current nationally accepted staffing levels. Adjustments were made in the formulas to scale appropriately. Finally the specialists were given a staffing relevance ranking based on the level of concern stated in the Community Health Needs Assessment. This allows BRH to prioritize the recruiting efforts of staff based, not only on the shortage of physicians but also on the wants of the community.

## **CONSIDERATIONS:**

The levels stated in this survey are based on current levels. In 2015 the projected staffing, numbers were based on expected population for the year 2020. During the last 4 years the population of Juneau Borough has not grown according to expected growth rates. In fact, the population has decreased slightly. As a result COB has recommended staffing to current population and not for growth.

When calculating staffing levels this year, several organizations that project physician numbers have adjusted their 2015 calculations for what the appropriate staffing levels should be as of 2019. Those numbers have been modified for 2019 when calculating blended averages. Even though the same companies were used where possible, the recommended numbers of those companies varied slightly. COB also found in some cases there were no updated numbers for certain specialties.

A few points to mention are around Oncology and Geriatrics. These specialties are focused mainly on the elderly. Therefore, the blended averages were also multiplied by the percent of the population most effected to get a better idea of how many physicians to consider. In the case of Juneau, 28% of the population are 60 or older. Once the blended averages were reached, 28% of those numbers were used as the recommended number of physicians needed based on appropriate demographics.

## **CALCULATING PHYSICIAN STAFFING AVERAGES:**

Exhibit 1 is designed to give a blended average of physicians required given the population size of BRHs primary service area. The numbers used were based on the 4 sources used in 2015. For some specialties recommended numbers were not available from the original sources, and therefore COB utilized the numbers available to them from other sources. In those cases the recommended ratio was placed in the Solucient column in Exhibit 1.

An area that needed special consideration was the right staffing levels based on current mix of Family Medicine physicians vs OB/GYN. All national numbers were based on OB/GYN levels. BRH has several Family Medicine physicians that also do OB work. They have only

**Calculation Of Physical Ratios Blended Averages For Seasonal Changes**

	Academy Physicians	GMENAC	AMA	Solucient	Blended Average	By Population of Juneau in off Season	By Population of Juneau in Tourist Season	Off Season Staffing	Tourist Season Staffing
<b>Anesthesiology</b>	7.0	9.1	13.4		9.8	31.754%	42.865%	3.1	4.2
<b>Cardiology</b>	1.0	3.2	7.3	4.2	3.9	31.754%	42.865%	1.2	1.7
<b>Dermatology</b>	2.0	2.9	3.7	3.1	2.9	31.754%	42.865%	0.9	1.3
<b>Emergency Medicine</b>	2.7	5.5	9.3	12.3	7.5	31.754%	42.865%	2.4	3.2
<b>Family Medicine</b>	40	25.2	38.3	22.5	31.5	31.754%	42.865%	10.0	13.5
<b>Family Practice / OB</b>	9.1	9.9	14.7	10.2	11.0	31.754%	42.865%	3.5	4.7
Gastroenterology	2.0	2.7		3.5	2.7	31.754%	42.865%	0.9	1.2
<b>General Surgery</b>	10	9.7	13.9	6	9.9	31.754%	42.865%	3.1	4.2
Geriatrics	Numbers unavailable See Appendix for calculations							3.8	5.1
Gynecology	9.1	9.9	14.7	10.2	11.0	31.754%	42.865%	3.5	4.7
Hospitalist			10	4.0	7.0	31.754%	42.865%	2.2	3.0
<b>Internal Medicine</b>	12.8	28.8		19	20.2	31.754%	42.865%	6.4	8.7
<b>Nephrology</b>		1.1	2.6	0.7	1.5	31.754%	42.865%	0.5	0.6
Neuro Surgery	1	1.1	1.9		1.3	31.754%	42.865%	0.4	0.6
<b>Neurology</b>	1.3	3.4	5.0	1.8	2.9	31.754%	42.865%	0.9	1.2
Oncology	2.5	3.7		1.08	2.4	31.754%	42.865%	0.8	1.0
<b>Ophthalmology</b>	5.0	4.8	6.5	4.7	5.3	31.754%	42.865%	1.7	2.3
<b>Orthopedic Surgery</b>	3.3	6.2	8.6	6.1	6.1	31.754%	42.865%	1.9	2.6
<b>Otolaryngology</b>	2.0	3.3	3.5	2.8	2.9	31.754%	42.865%	0.9	1.2
<b>Pathology</b>	4.1	6.5	6.1		5.6	31.754%	42.865%	1.8	2.4
<b>Pediatrics</b>	7.3	15	18.4	13.9	13.7	31.754%	42.865%	4.3	5.9
<b>Plastic Surgery</b>	2.0	1.1		2.2	1.8	31.754%	42.865%	0.6	0.8
Podiatry				4.9	4.9	31.754%	42.865%	1.6	2.1
Psychiatry	10	23.2	13.6	6.3	13.3	31.754%	42.865%	4.2	5.7
<b>Pulmonologist</b>	1.0	1.5	3.5	1.3	1.8	31.754%	42.865%	0.6	0.8
Radiation Oncology*			1.28		1.3	31.754%	42.865%	0.4	0.5
<b>Radiology</b>	8.0	8.9	11		9.3	31.754%	42.865%	3.0	4.0
<b>Urology</b>	3.3	3.2	3.7	2.9	3.3	31.754%	42.865%	1.0	1.4

Exhibit 1: Physician Calculations

one physician who specializes in Obstetrics and Gynecology. Current physician levels confirm that BRH has more than enough physicians to fill Family Medicine positions. For the size of the Primary Service Area , between 10.0 and 13.5 Family Medicine physicians are recommended. BRH currently has a total of 19 FTEs in this category. On the other hand, for the population size, 3.5 to 4.7 OB/GYN physicians are recommended. BRH currently has 1 physician who specializes in OB/Gynecological work. Therefore it might make sense to

replace retiring Family Medicine physicians with OB/GYNs in order to balance the mix.  
(See Exhibit 2)

BRH Medical Staff With Work Adjustments, Consulting And Retirement									
Physician Priority from CHNA	Specialty	BRH Medical Staff FTEs	FTEs with Work Adjustment & Consulting	Physicians Over Age 61	FTEs With Work Adjustment, Consulting & Retirement	Recommended Staffing levels Non Tourist Season	Recommended Staffing levels Tourist Season	Physicians Needed (Non Tourist Season)	Physicians Needed (Tourist Season)
	Anesthesiology	4	3	1	2	3.1	4.2	1.1	2.2
2	Cardiology	0	0.4	0	0.4	1.2	1.7	0.8	1.3
6	Dermatology	0	0.1	0	0.1	0.9	1.3	0.8	1.2
1	Emergency Medicine	11	8.3	2	6.3	2.4	3.2	-3.9	-3.1
	Family Medicine	3	0	0	3	10	13.5	7	10.5
4	Family Medicine / OB	18	17	1	16	3.5	4.7	-12.5	-11.3
	Gastroenterology					0.9	1.2	0.9	1.2
	General Surgery	5	2.3	2	2.3	3.1	4.2	0.8	1.9
	Geriatrics	0	0	0	0	3.8	5.1	3.8	5.1
	Gynecology	1	1		1	3.5	4.7	2.5	3.7
	Hospitalist	8	6.5	0	6.5	2.2	3.0	-4.3	-3.5
	Internal Medicine	4	3	0	3	6.4	8.7	3.4	5.7
	Nephrology	0	0.1	0	0.1	0.5	0.6	0.4	0.5
	Neuro Surgery					0.4	0.6	0.4	0.6
7	Neurology	0	0	0	0	0.9	1.2	0.9	1.2
	Oncology	3	1	2	-1	0.8	1.0	1.8	2.0
	Ophthalmology	0.5	0	0	0.5	1.7	2.3	1.2	1.8
3	Orthopedic Surgery	5	5	0	5	1.9	2.6	-3.1	-2.4
	Otolaryngology	0.2	0.2	0	0.2	0.9	1.2	0.7	1.0
	Pathology	2	1.4	1	0.4	1.8	2.4	1.4	2.0
5	Pediatrics	3	3	0	3	4.3	5.9	1.3	2.9
	Plastic Surgery	0	0	0	0	0.6	0.8	0.6	0.8
	Podiatry	1	0.5	0	0.5	1.6	2.1	1.1	1.6
	Psychiatry	3	3	0	3	4.2	5.7	1.2	2.7
	Pulmonologist	0	0	0	0	0.6	0.8	0.6	0.8
	Radiation Oncology*	1	1	0	1	0.4	0.5	-0.6	-0.5
	Radiology	3	2.4	0	2.4	3.0	4	0.6	1.6
8	Urology	1	0.5	0	0.5	1.0	1.4	0.5	0.9

Exhibit 2: Physician Staffing Report

In the case of certain specialties, the numbers of specialists were difficult to find. Also in the case of specialties like Geriatrics and Oncology, the specialty is either exclusively or

primarily used by the elderly. The rationale for the numbers presented in these specialties are explained in the appendix.

## **PHYSICIAN DEFICITS AND OVERAGES:**

Bartlett Regional Hospital wanted to see where the community had appropriate resources and where they had deficits. Recommended staff levels were calculated and compared to current FTEs in order to decide where to focus efforts. Information from the CHNA was also reviewed in order to help prioritize areas where the community might have needs waiting to be filled.

A unique characteristic is the population adjustments needed for the tourist months. Juneau is a port on many Alaskan Cruise lines. This leads to the population increasing dramatically over those months. For 6 months out of the year an addition 11,111 people per day are coming to the area. This brings its own set of problems, one of which is staffing for potential illnesses that may occur.

COB calculated the physician staffing levels based on non-tourist season populations as well as tourist season populations in order to get a better idea of what the levels of staffing should be. They are also reflected in Exhibit 2 above.

## **NEXT STEPS:**

BRH will discuss the staffing levels with the physician groups covering the area, to decide on correct staffing. They will discuss the areas that showed up in the CHNA as levels of concern with the population. They will also look at what specialties they are seeing that are currently being referred outside of the area for services. In deciding on the proper specialty — patient — population ratio, BRH will be able to better meet the demands of the community.

Once the staffing levels are decided, BRH will need to look deeper into the feasibility of certain roles and staffing levels. This will be part of the Strategic Planning sessions planned for spring of 2020.

# APPENDIX

Rationale for numbers.

**Geriatrics:** This was a difficult number to find. None of the reference studies had calculated for geriatrics. COB was able to find a US News and World Report article in which the American Society of Gerontology gave some statistics. These were that about 30 percent of the 65 and older patient population will need a geriatrician and that one geriatrician can care for 700 patients. Given the population of Juneau during tourist season and the off season, COB calculated the needed geriatrician numbers as follows.

Calculation for Gerentologists				
Population of Juneau / Season	Percent of population considered Elderly	Percent of population likely to use a Geriatrician	Number of patients a Geriatrician can handle in a year	Geriatrician FTE
31,754	28%	30%	700	3.8
42,865	28%	30%	700	5.1
<b>Reference</b>	<a href="https://health.usnews.com/health-news/patient-advice/articles/2015/04/21/doctor-shortage-who-will-take-care-of-the-elderly">https://health.usnews.com/health-news/patient-advice/articles/2015/04/21/doctor-shortage-who-will-take-care-of-the-elderly</a>			

**Radiation Oncology:** COB was unable to find credible numbers for Radiation Oncologists as well. Most of the tables had numbers for a category called Hematology/Oncology. This number was used to for the calculation of Medical Oncologists in our study. However, the only numbers available for Radiation Oncologists were based on the Supply of Radiation Oncologists Rather than the Demand for them. COB then calculated what the supply would dictate based on the the percentage of population likely to get cancer and the percentage of cancer patients likely to use radiation for treatments. In just new patients based on 2020 estimates, Juneau would need a .2 FTE increase to the existing demand. This validated an estimate for Radiation Oncologists as a percentage of the supply side as a starting point and then consulting with the existing oncology practice in Juneau to decide on what would be most appropriate.

Radiation Oncology Calculations					
2020 Expected New Cancer Cases in U.S.	Expected 2020 U.S. population	Percentage of population likely to get cancer	Juneau Population	Number of Juneau residents likely to get cancer	Population likely to Use Radiation Oncologist
1,956,916	333,546,000	0.59%	31,754	186.3	54.0
Patients per Radiation Oncologist per year	FTE for Radiation Oncologist for new patients in 2020				
250	0.2				





**CONDUCTED BY  
CYCLE OF BUSINESS  
2019-2020**

# COO Project Report

## **Pharmacy remodel/ Gift shop:**

The Pharmacy clean room nears its substantial completion date of 02/14/20. The pharmacy hoods arrived earlier this week and await contractor installation. Silver Bow Construction Company has worked with our infection control nurse, Charlee Gribbon, and our Facilities Director, Marc Walker, to ensure full compliance with ICRA standards. ICRA(Infection Control Risk Assessment) standards ensure we keep both our patients and our staff in a safe environment during the construction process. This week work continues with flooring, wall coverings, painting, and HVAC controls. Next week will begin casework installation.

The Bartlett Hospital Foundation Gift shop and Coffee bar work continues with mechanical and electrical rough-in, taping and painting, case work installation and flooring. Estimated substantial completion is 01/28/2020 and Final completion date is set for 01/31/2020. Bartlett Hospital Foundation Director, Maria Uchytel, is in regular attendance of our weekly project meetings.

## **Hospital Access Road Project:**

The scope of this project has flexed over the past year. It began as a simple resurface of the Hospital Access road and grew to include: Major CBJ water line improvements, sidewalk and drainage reconfigurations with regrade, parking lot reconfigurations, lighting demo/install with security cameras and four electric car charge station installs to name a few. The project costs and time requirements also grew. On 12/18/2019 we met with CBJ and the engineering firm Dowl to discuss our plans. It has been determined that in anticipation of the new master facilities plan being delivered, it would not make sense to do a multi-million dollar investment into these improvements and then have to deconstruct them based upon the recommendations found in the new report (Master Facility Plan). Our plan moving forward is to scale back and do what is necessary at this time--- basically install a new water line with CBJ and then repave the surface of Hospital Access drive from just before the bus stop (this is where the road is really bad) to the end of the road. This will improve the surface for traffic, allow the water line to be installed, and give us time to analyze the Master Facility Plan without a huge investment of resources.

## **OR Air handlers (supply fan11, Endoscopy ventilation, CSR equipment)—**

These three projects were combined into a single project to minimize OR downtime. We will revisit with stakeholders to set a begin date that makes sense for the organization due to February's date not being achievable. The Professional Service Contract is in place with Notice To Proceed (NTP) issued 12/11/2019. 100% bid ready documents due no later than 45 days after NTP (01/25/2020).

### **Other Ongoing Projects:**

#### **Juneau Medical Center Fire Alarm System Replacement:**

- Professional Service Contract is in place with NTP issued 12/11/2019
- 100% bid ready documents due no later than 45 days after NTP 01/25/2020.

#### **Ground Floor PAS Security Window:**

- Professional Service Contract in Place with NTP issued 01/04/2020
- 100% bid ready documents due no later than 25 days after NTP 01/29/2020.

#### **Supply Fan 1 Heating Coil Conversion to Glycol:**

- Conceptual Design and Cost estimation submitted.
- Currently planning Phase 2 go ahead from BRH Administration.

#### **Laboratory Ventilation Upgrades:**

- Conceptual Design and Cost estimation submitted.
- Currently planning Phase 2 go ahead from BRH Administration.

#### **Chiller 2 Replacement:**

- Conceptual Design and Cost estimation submitted.
- Currently planning Phase 2 go ahead from BRH Administration.

#### After Hours Lock Down:

- Chuck, Billy and Marc met 12/30/2019 and established a phased rollout plan.
- First Phase:
  - Single corridor door from ED to cafeteria corridor access control device installation completed 01/03/2020.
  - Double doors to stairwell across from the ED waiting area access control device installation completed 01/09/2020
  - Elevator access control. Awaiting quote anticipated the week of 01/13/2020
  - Move Vending Machines to the ED waiting area install power completed 01/09/2020
  - Remove carpet from area where vending machines will reside and replace with Luxury Vinyl Plank. Currently awaiting estimate with uncertain delivery date at this time.
  - After Hours Visitor Control policy currently being worked on by Risk Management and Nursing.

#### RRC Detox Project:

- Update provided by Bradley

#### BOPS/Crisis Stabilization:

- Update Provided by Bradley

#### Maintenance Shop/Ground Floor Breakroom update (All work done in-house except flooring):

- Maintenance Shop:
  - Flooring Installation complete 12/06/2019
  - New Lighting Installation complete 12/10/2019
  - New tool boxes and cabinets installation complete 01/02/2020
  - New Work Station installation complete 12/13/2019
  - Painting Complete 12/02/2019
  - New parts storage systems awaiting delivery and installation
- Break room:
  - New furnishings complete (Recycled from BOPS)
  - Painting Complete 12/28/2019
  - New Casework Complete 12/28/2019

Phillips Wireless Access Point Ceiling Panel Installation:

- Contractor secured, price estimate approved and contract initiated.
- Work completed 01/08/2020

Ground Floor Water Damage:

- Contractor secured, price estimated approved and contract initiated
- Asbestos Abatement Complete
- Wall repairs mostly complete with a few areas still in the works with an estimated completion the second week of February
- Wall protections and corner guards awaiting arrival with an estimated completion the second week in February.
- Breakroom door and frame replacement awaiting arrival estimated completion is the second week in February.

Server Room Power for New UPS and Servers:

- IT, Maintenance and the contracted Electrician is currently working with an electrical engineer to develop a power installation plan that minimizes system down time.
- The estimated completion date is yet to be determined

Kitchen Exhaust Hood Retrofit to meet current standards:

- Estimate approved 04/07/2019
- Contractor Completed work 12/29/2019

OR Locker Rooms Locker Replacement:

- Conceptual design completed OR and Facilities
- Materials list completed
- Price quotes, currently being worked on by Materials Management

Hot water Piping Installation for Lab Eye Wash:

- Contractor secured and price quote Complete
- PO issued and contract sent to Contractor for signature 12/30/2019
- NTP awaiting contractor signature
- Estimated completion date is 30 days after the NTP.

**Bartlett Regional Hospital - Facilities Master Plan**

**Jensen Yorba Wall December 9, 2019**

Space Program	Net Areas	Gross Area	Additional Needed
<b>ALL BUILDINGS</b>			
CEO - Administration	1,771		General reconfiguration to address privacy concerns / adjacency issues
CEO - Community Relations	164		
CEO - Compliance	260		
CEO - Quality	726		
CEO - Hospitalist	489	 25%	122
CEO - Medical Staff Services	2,193		
CEO - Physician Services	16,461	 15%	2,469 Could consolidate Medical Office spaces and increase housing
CEO - Education and Staff Development	2,595		Reconfiguration for increased storage
CEO - Gift Shop	378		
HR - Human Resources	937		
CFO - Case Management	1,027		
CFO - Finance	818		
CFO - Health Information Services	5,064		
CFO - Information Services	2,637		
CFO - Patient Access Services	1,724		
CFO - Patient Financial Services	2,174		
COO - Diagnostic Imaging	10,323	 25%	2,581 Remote Women's Clinic to allow for expansion of CT and other needs.
COO - Food and Nutrition	5,390	 60%	3,234 Double Serving and Seating, 50% increase to Storage and Kitchen
COO - Laboratory and Histology	4,894	 25%	1,224 Space needs to be renovated. Additional area would be beneficial, but not required.
COO - Materials Management	2,835	 50%	1,418 Additional Storage, Loading Dock, and Unboxing areas
COO - Pharmacy	1,832	 25%	458 24-hour retail space near ED, additional equipment space
COO - Physical, Speech, Occ. Therapy	5,441	 50%	2,721 Additional gym, therapy space. Could be outside main facility.
COO - Respiratory, Cardiac, Sleep Study	2,522	 25%	631 Additional gym space, more storage
COO - Facilities	6,138	 25%	1,535 Move Facilities areas out of mechanical spaces and improve access
COO - Facilities - Biomedical	218	 100%	218 Additional main Shop space, additional Shop in Surgical Services
COO - Facilities - Environmental Services	1,427		
COO - Facilities - Laundry	1,644	 50%	822 Additional Storage, Laundry space in addition to mechanical renovation
COO - Facilities - Security	798		Needs more central and visible location
COO - Facilities - Mechanical	16,641		
CBHO - B. Outpatient Psychiatric Services	2,320		
CBHO - Grants	108		
CBHO - Mental Health Unit	8,305		
CBHO - Rainforest Recovery Center	10,739		
CNO - Critical Care Unit	6,124		
CNO - Emergency Department	7,349	 50%	3,675 Additional Exam, Triange, Psych rooms needed
CNO - Infusion and Chemotherapy	1,391	 50%	696 New spa-like facility could be located outside main facility
CNO - Medical Surgical Unit	17,020		Continue renovations to decrease Med/Surg rooms, increase Swing Beds, etc.
CNO - Nurse Admin	136		
CNO - Obstetrics	8,177		Reconfiguration for larger Triage room.
CNO - Surgical Services	13,019	 10%	1,302 Comprehensive reno and some additional clean/dirty circulation. 2016 project had 7,500 sf addition
Shared Space - Public	2,491		Additional Conference Rooms, General Break Room
Shared Space - Staff	2,021	 50%	1,011
Elevators	1,640		
	<b>180,361</b>	<b>209,425</b>	<b>28,936</b>

## **Bartlett Regional Hospital Facilities Master Plan**

### **Possible Projects List - DRAFT**

December 9, 2019

#### **1. First Floor Renovation / Reconfiguration**

The original portions of the Main Building first floor have not been fundamentally reconfigured or renovated since the first portion of the building was constructed in 1968. The spaces contain the majority of the unabated asbestos as well as many departments that are undersized or badly configured. By moving the Kitchen and Cafeteria to a new location, space would be freed up to allow the rest of the existing departments to shuffle as the entire area is holistically abated and reconfigured.

- **16,700 sf of Renovated Space** (including current pedestrian ramp)
  - 2,580 sf new Diagnostic Imaging Women's Clinic
  - 4,250 sf expanded Materials Management, including dedicated Loading Dock
  - 4,040 sf expanded Facilities, including shop space
  - 300 sf expanded Facilities-Biomedical Shop
  - 2,470 sf expanded Facilities – Laundry
  - 300 sf reconfigured Shared Staff Space (Toilet Rooms)
  - *13,940 sf Subtotal (x 1.2 circulation, walls, etc) = 16,728 sf Total Area*
- **Pros:**
  - Building will be fully abated
  - Many of the most pressing facility needs can be addressed, allowing for smoother operations of all departments
  - Will eliminate public traffic down to east side of Floor 1
- **Cons:**
  - Significant project costs devoted to back-of-the-house departments may limit fund-raising
  - Will require relocation of the Cafeteria

#### **2. Emergency Department Addition**

The Emergency Department has shown significant increases in use since construction a decade ago. Department use is expected to continue to increase with the projected growth in summer visitors. Because of Diagnostic Imaging to the north and the Boiler Rooms to the east, the only area for expansion is to the south. A single-story, 28' wide addition along the entire of the existing department could provide needed space without blocking the view out of the Critical Care Unit patient rooms above. Relocating the Waiting Room to the front could also be studied as part of the addition.

- **4,890 sf of Added Space**
  - 3,675 sf expanded Emergency Department including new Exam, Triage, Pysch, rooms
  - 1,215 sf new 24-hour Pharmacy

- **Pros:**
  - Addition could be constructed without impacting the current ED
  - Pharmacy and Security station could be added to new Emergency Entrance at the south side
- **Cons:**
  - Addition would require moving the Ambulance Bay to the south and will impact parking / drive lanes.
  - Addition will impact siting of new Crisis Intervention Center

### 3. North Addition

The north side of the Main Building is a single-story, metal-framed addition constructed in 1988 adjacent to the original 2-story portion of the 1960 building. Roughly 1/3 of this addition sits north of a lateral structural bay and could be removed without impacting the rest of the structure to the south. Removal of this portion of the 1988 addition, along with the adjacent wood-framed Juneau Medical Center, would allow for construction of a new, multi-story building of significant size. A 92' wide (the depth of the 2009 addition) x 260' long (extending almost to the east wall of the current Juneau Medical Center) would be possible without extending past current building limits. An addition of this size could provide 23,920 sf per floor. A 3-story addition would provide 71,760 sf of space—almost twice what is envisioned as being required by currently-projected BRH needs.

A 92' x 188' addition would provide 17,300 sf per floor. A 2-story addition would provide 34,600 sf.

- **34,600 sf of Added Space**
  - 8,200 sf replaced Physician Services rental spaces to replace Juneau Medical Center
  - 950 sf replaced Facilities offices to replace Juneau Medical Center
  - 4,160 sf + 2,720 sf replaced/expanded Physical / Occupational / Speech Therapy to replace 1988 addition
  - 350 sf + 630 sf replaced/expanded Cardiac Gym to replace 1988 addition
  - 260 sf + 700 sf replaced/expanded Infusion to replace 1988 addition
  - 8,625 sf expanded Cafeteria, including dedicated Loading Dock
  - *26,600 sf Subtotal (x 1.3 circulation, walls, mech. etc) = 34,600 sf Total Area*
- **Pros:**
  - Addition could be more than adequate to meet projected space needs.
  - Addition could contain non-medical spaces to reduce construction costs.
  - Addition could replace lower-quality spaces (Juneau Medical Center).
  - Locating the Cafeteria in the north additional would allow for new Loading Dock, easing traffic on south portion of site.
- **Cons:**
  - Addition may not be properly located for Surgical Services renovation / replacement project.
  - Addition may not be properly located for Laboratory renovation / replacement project.
  - Addition will require new elevators to access floors above main level.

### 4. Surgical Services Renovation / Replacement

The Surgical Services suite was constructed in 1988 and needs comprehensive renovation. The space is centrally located and staff has not wanted to move farther out of the building core. A 2016 conceptual plan showed a new 7,500 sf addition constructed adjacent to the east which would allow for phased renovation and replacement. Although some improvements to the layout (particularly separated paths for clean and dirty materials) is needed, staff has not identified a need for significant additional space.



- Option 1: Add space to west as per 2016 plan. Renovate existing area.
- Option 2: Utilize space in North Addition (see 3 above) for temporary or permanent Surgical Services.
- Option 3: Other ideas?

## 5. South Addition

The south side of the Main Building has two single-story, metal-framed additions constructed in the mid-2000s which are designed for additional floor loads above. The Boiler Room addition has a 2,200 sf footprint and the Cafeteria addition has a 2,800 sf footprint. The Boiler Room is currently under-ventilated, making the spaces above over-heated, but assuming the issue could be addressed, a 5,000 sf per floor addition is possible without new foundation work. Adjacent Floor 2 spaces are mostly Laboratory-related, while Floor 3 has patient rooms which require exterior windows.

- Option 1: Move Laboratory into a new 5,000 sf Floor 2 addition over both Boiler and Cafeteria.
- Option 2: Move a portion of Laboratory into new 2,800 sf addition over just Cafeteria.
- Option 3: Add 5,000 sf at both floors. Move patient rooms on Med Surg to new exterior wall, use expanded core for Case Managers, Storage, and Therapy spaces.

## 6. Medical Arts Replacement

The Medical Arts is a single-story 5,400 sf building located between the Main and the Valliant Admin buildings. Although the building is in good shape, it is taking up valuable real estate in the middle of the campus.

- Option 1: Replace the building with a 3-story building, connected to the Valliant Admin Building. This new, expanded Admin center could take the majority of Admin offices out of the Main Building, providing additional space for medical services there.
- Option 2: relocate Admin offices to the new North Addition (see 3 above) and demolish the Medical Arts building to provide additional parking and landscaping in the middle of campus.

## 7. North Parking Garage

The campus has 480 parking stalls, located in lots of various size and quality around the entire site. The 2011 Master Plan identified 442 stalls, so it is clear that staff has been reconfiguring the site to maximize parking wherever possible. Although the existing parking count more than meets CBJ requirements, it is clear that more is needed, particularly near the Emergency Department entry to the south, the Main Entry to the north, and for public classroom use at the Valliant Building. Exact needs are difficult to quantify, but an additional 25% (120 stalls) would likely solve current deficits with more needed for future growth.

- Option 1: Construct a 3-story, 125' x 250' parking garage on the north-east surface parking lot. The garage would have 285 stalls and replace about 100 existing stalls for a net addition of 185 stalls.
- Option 2: Construct a 4-story, 125' x 250' parking garage on the north-east surface parking lot. The garage would have 380 stalls and replace about 100 existing stalls for a net addition of 280 stalls.

## 8. South Parking Garage

There is a triangular property between the south campus and Egan Drive which has previously been listed for sale. Although the lot is small, it could be used as the base of a new parking garage which would extend into the hillside and connect the south portion of the campus to Egan Drive 30' +/- below.

- **Pros:**
  - Significant new parking near the Emergency Room entrance.

- Garage would connect campus to Egan drive below.
- **Cons:**
  - Would require demolition of the Bartlett House.
  - Would probably take up a significant portion of the anticipated Crisis Intervention Center.
  - Constructing the garage into the hillside would be more expensive than on a flat site.

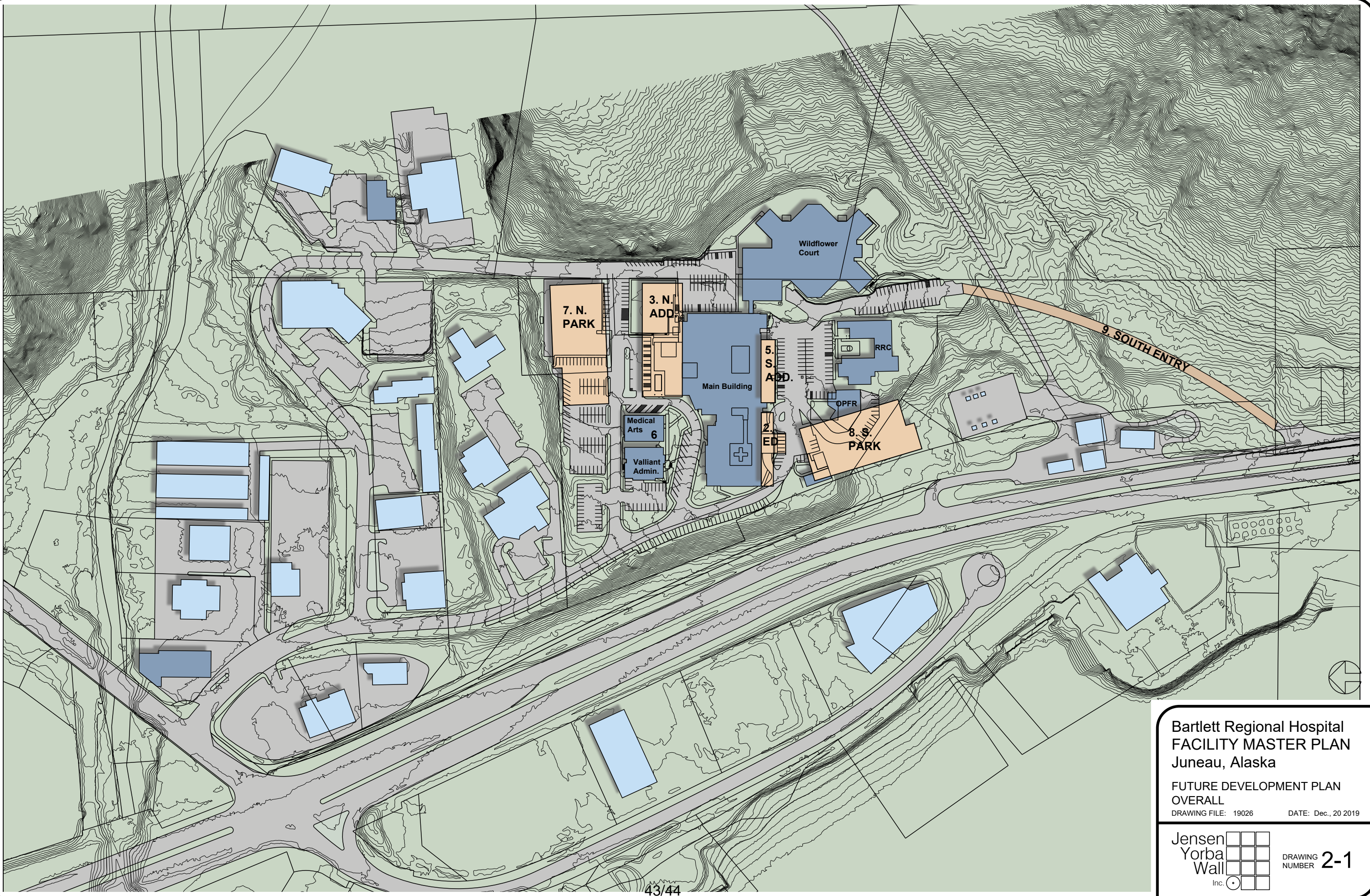
## 9. South Campus Entry

Currently the only vehicular entrance to the campus is through the signaled intersection at Egan Drive / Glacier Highway and then up Hospital Drive to the north of campus. Any accident blocking Hospital Drive essentially cuts off BRH. Additionally, projected outflow from Salmon Creek dam runs down east of BRH property and then down through Hospital Drive, meaning BRH would be cut off in the case of a dam breach. CBJ has contingency plans to access BRH from the end of Glacier Hwy to the south through the woods above the AEL&P substation, but this would require rapid emergency tree removal and grading.

- Option 1: Create a permanent limited-use road from the end of Glacier Hwy up to the south end of the Wildflower Court parking lot.
- Option 1B: create a permanent second access road from end of Glacier Hwy up to the south end of the Wildflower Court parking lot.
- Option 2: Create a permanent limited-use road up from Egan Drive, though the AEL&P site, to the south end of the Wildflower Court parking lot. The road would be right-turn only exit and entry.
- Option 2B: create a permanent second access road up from Egan Drive, though the AEL&P site, to the south end of the Wildflower Court parking lot. The road would be right-turn only exit and entry.

## 10. North Parking Lot Access Reconfiguration

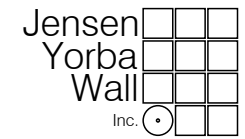
Currently an access road leading from Hospital Drive to the west cuts between the north parking lots and the north side of the Main, Valliant Admin, Medical Arts and Juneau Medical Center Building. Reconfiguring the access road to run on the north side of the parking lots would allow for safer pedestrian access between the parking and the buildings. The north side of BRH property could also be regraded with added retaining walls to possibly add additional parking.



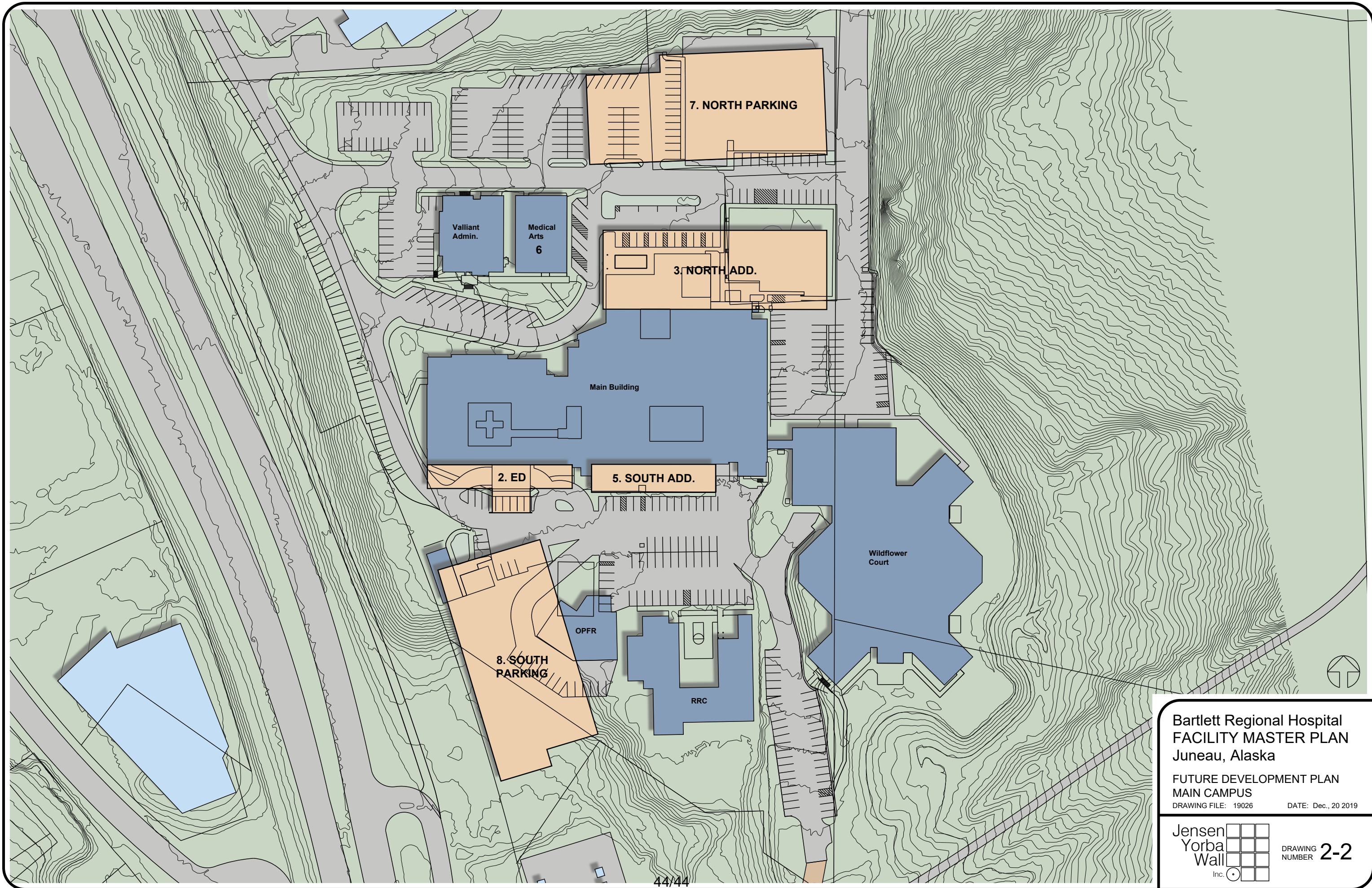
**Bartlett Regional Hospital  
FACILITY MASTER PLAN  
Juneau, Alaska**

FUTURE DEVELOPMENT PLAN  
OVERALL

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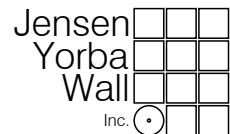
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**Bartlett Regional Hospital  
FACILITY MASTER PLAN  
Juneau, Alaska**

FUTURE DEVELOPMENT PLAN  
MAIN CAMPUS

DRAWING FILE: 19026      DATE: Dec., 20 2019



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