

Bartlett Regional Hospital

AGENDA
COMMITTEE OF THE WHOLE PLANNING MEETING
Friday, March 13, 2020 – 7:00 a.m.
Bartlett Regional Hospital Boardroom

Mission Statement

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

- I. CALL TO ORDER**
- II. APPROVAL OF THE MINUTES** – February 13, 2020 (Pg.2)
- III. PUBLIC COMMENT**
- IV. OLD BUSINESS**
 - A. ECG Provider Network Development Analysis update
 - B. Campus Plan Review (Pg.5)
- V. COVID-19 UPDATES**
- 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

Planning Committee Minutes
February 13, 2020 – 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: Marshal Kendziorek, Kenny Solomon-Gross, Iola Young

Staff: Chuck Bill, CEO, Kevin Benson, CFO, Rose Lawhorne, CNO, Billy Gardner, COO, Dallas Hargrave, HR Director, Megan Costello, CLO, Bradley Grigg, CBHO and Megan Rinkenberger, Executive Assistant

Mr. Solomon-Gross made a MOTION to approve the minutes from January 17, 2020. Ms. Young seconded, and minutes were approved.

PUBLIC PARTICIPATION – None

Campus Plan Review – Chuck Bill (see Handout):

Following the projects listed from top to bottom, Mr. Bill began by discussing the First Floor Renovation/Reconfiguration (1). This conversation began with the need for abatement of the few areas that contain asbestos in the first floor around the Materials Management department. This led to talks around the opportunity to resolve issues regarding spacial constraints to other areas. Cafeteria eating space could be expanded, including to a second floor above the cafeteria. The current structure is already designed to accept an additional floor. BRH is looking at options for relocating (temporarily or permanently) the Materials Management department, as well as laundry, etc.

An addition to the Emergency Department (2) was discussed, but would make navigation around the corner between the ambulance bay and the Bartlett House difficult. It also may present the logistical challenge of requiring a Certificate of Need. An alternative proposition would be a potential Urgent Care clinic downtown that would function only in the Summer/cruise ship season to specifically address medical needs of cruise ship passengers and tourists. This would take seasonal pressure off the Emergency Department.

The north addition (3) is a two story possibility, involving the demolition of the Juneau Medical Complex, and repositioning or expanding the OR. This would involve finding alternative space for the providers currently operating there.

The north parking garage project (7) would address the need for finding alternative provider space and is high on the sequencing list, and fairly high on the priority list. This would be a first floor parking garage with medical offices in the second story. The second floor would provide the opportunity for a retail space, specifically a retail pharmacy – providing 24 hour access for hospital patients, and as a dispensary for CBJ employees at discounted rates, and allowing access to specialty medications that are normally sent out for. This project could coincide with the North Parking Lot Access Reconfiguration (10) on the handout, in that during the process of constructing the parking garage/office building, they

could move the road access to the north side of the parking lots. This addresses the current safety issue of staff crossing the street on foot between the parking lots and the hospital campus buildings.

Surgical Services renovation (4) can be addressed partially by the north addition (3) project, but is not a high priority and does require many steps before this can happen. This project will be kept on the list, but at one of the lowest priorities.

The South Addition (5) only requires an addition of a South entrance (9) to the hospital campus, and therefore could be done earlier in the timeline, and with little difficulty. This would allow relocation of the lab, which is currently above the boiler room and receives more heat than is ideal. There was a discussion of the options for a South Entrance, from a restricted access gravel road, to full access pavement road, and even discovery of a DOT diagram showing potential overpass access. This additional access is necessary for disaster planning, efficient access during construction of the main access road, and access for deliveries.

The project list shows South Parking Garage (8) as off the table due to the North Parking Garage as a more feasible priority.

The Medical Arts building (6) needs updating and renovating, but is not a priority. The committee decides this should be postponed out to a 10- or 15-year plan.

Community Healthcare Needs Assessment Review – Chuck Bill:

There have been minor corrections to the assessment. Further discussion and review will happen at a future meeting, to include specialists in the community.

Provider Network Development Study Update – Chuck Bill:

Senior leaders have heard from the top three respondents. All bids came in well over expected amounts. After analyzing the top three proposals, and scoring them independently, all four senior leaders scored ECG the highest. Their proposed cost was \$200K-\$230K (not to exceed \$230K). There was a discussion that some pieces of the work may already be complete, as they performed a study for SEARHC, and could potentially use some of that research, and the Community Healthcare Needs Assessment information that was just completed, as well. Any conflict of interest concerns the committee had regarding ECG working with both SEARHC and BRH were discussed and resolved. Mr. Kendziorek requests clarification on their intention and definition when using the word “partnership”, specifically regarding tasks 10 & 11 in the document. Mr. Bill stated that he had the discussion that BRH will maintain local control through any “partnership”.

Project Updates:

Pharmacy Clean Room construction progress – Mr. Gardner: The latest deadline for substantial completion is February 27, 2020. The project is on budget. Testing will begin once construction is complete. Final completion date for reveal and tour is difficult to say.

Hospital Access Road Project – Mr. Gardner: There was a meeting last night with local businesses regarding the effect of construction on their business. There will be a water outage that was discussed, as well as ambulance access during construction. BRH does have access to emergency water sources, especially if there is advanced notice to potential work on the line.

PAS Employee Window at Emergency Department – Mr. Gardner: Phase one design plans have been received by the city, for a June 30, 2020 completion date using the city's contracted construction team.

JMC Fire Alarm Replacement – Mr. Gardner: The design came back, and will go out to bid March 25, 2020, with a July 1, 2020 expected completion.

After Hours Lockdown – Mr. Gardner: There is one more piece to phase one, getting control panels on the elevators. See board report for more details on phases.

Central Sterile Processing in the OR – Mr. Gardner: This is part of the supply fan replacement. There is a deep triple sink to be replaced early in the renovation to alleviate an employee health concern, as well as make contracting work easier.

RRC Renovation – Detox Unit and Assessment Center – Mr. Grigg: Phase one (new construction) is expected to be completed April 17, 2020, and phase two (renovating apex wall of horseshoe) will begin in early May 2020, and will not impact patient care or operations. BRH anticipates being able to start serving patients in new facility in June or July 2020. There will be a new conference room created for group activities. Tours will be available before patients begin using new facility. A new roof is complete over the entire facility.

Crisis Stabilization – Mr. Grigg: The fees for project management with Northwind architects have been finalized, and CBJ finalized architect reports. A more detailed timeline for phase one, which involves tearing down the BOPS building, is expected by Feb 29, 2020. Completion is expected in Summer 2022. The total cost of the facility – \$7.7 million, plus \$1.5 million for first floor parking garage (15-20 spots, including a handicap spot), and other variables \$1.3 million, for a total of \$10.5 million. Without a parking area, the project would be \$9 million. Since a North Parking Garage is under consideration, all factors will need to be considered together to determine the worth of the additional cost for the parking garage. Capital Fundraising: \$1 million from Premera, Mental Health Trust \$200K, DHSS \$500K, and Rasmusen Foundation \$400K-\$600K (November 2020). BRH will seek another \$200K for FY21 from the Mental Health Trust, as well as reaching out to Murdock and others. Operational grants have funded Crisis Stabilization services, with 19 minors served since January, and they awarded additional funds for the next FY as well.

Planning Committee Charter and By-laws Review – Marshal Kendziorek:

Mr. Kendziorek encouraged the committee to review and become familiar with the charter and by-laws document to know the expectations of the committee.

FUTURE AGENDA ITEMS – Project Updates with Timelines, Schedule a Committee of the Whole Planning Meeting to review CIP project handout

Next meeting: To be determined

COMMENTS – None

Adjourned - 8:32 a.m.

Bartlett Regional Hospital - Facilities Master Plan

Jensen Yorba Wall December 9, 2019

Space Program	Net Areas	Gross Area	Additional Needed	
ALL BUILDINGS				
CEO - Administration	1,771	<div></div>		General reconfiguration to address privacy concerns / adjacency issues
CEO - Community Relations	164			
CEO - Compliance	260			
CEO - Quality	726			
CEO - Hospitalist	489	<div></div> 25%	122	
CEO - Medical Staff Services	2,193			
CEO - Physician Services	16,461	<div></div> 15%	2,469	Could consolidate Medical Office spaces and increase housing
CEO - Education and Staff Development	2,595	<div></div>		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	<div></div> 25%	2,581	Remote Women's Clinic to allow for expansion of CT and other needs.
COO - Food and Nutrition	5,390	<div></div> 60%	3,234	Double Serving and Seating, 50% increase to Storage and Kitchen
COO - Laboratory and Histology	4,894	<div></div> 25%	1,224	Space needs to be renovated. Additional area would be beneficial, but not required.
COO - Materials Management	2,835	<div></div> 50%	1,418	Additional Storage, Loading Dock, and Unboxing areas
COO - Pharmacy	1,832	<div></div> 25%	458	24-hour retail space near ED, additional equipment space
COO - Physical, Speech, Occ. Therapy	5,441	<div></div> 50%	2,721	Additional gym, therapy space. Could be outside main facility.
COO - Respiratory, Cardiac, Sleep Study	2,522	<div></div> 25%	631	Additional gym space, more storage
COO - Facilities	6,138	<div></div> 25%	1,535	Move Facilities areas out of mechanical spaces and improve access
COO - Facilities - Biomedical	218	<div></div> 100%	218	Additional main Shop space, additional Shop in Surgical Services
COO - Facilities - Environmental Services	1,427			
COO - Facilities - Laundry	1,644	<div></div> 50%	822	Additional Storage, Laundry space in addition to mechanical renovation
COO - Facilities - Security	798	<div></div>		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	<div></div> 50%	3,675	Additional Exam, Triange, Psych rooms needed
CNO - Infusion and Chemotherapy	1,391	<div></div> 50%	696	New spa-like facility could be located outside main facility
CNO - Medical Surgical Unit	17,020	<div></div>		Continue renovations to decrease Med/Surg rooms, increase Swing Beds, etc.
CNO - Nurse Admin	136			
CNO - Obstetrics	8,177	<div></div>		Reconfiguration for larger Triage room.
CNO - Surgical Services	13,019	<div></div> 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	<div></div> 50%	1,011	
Elevators	1,640			
	180,361	209,425	28,936	

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.

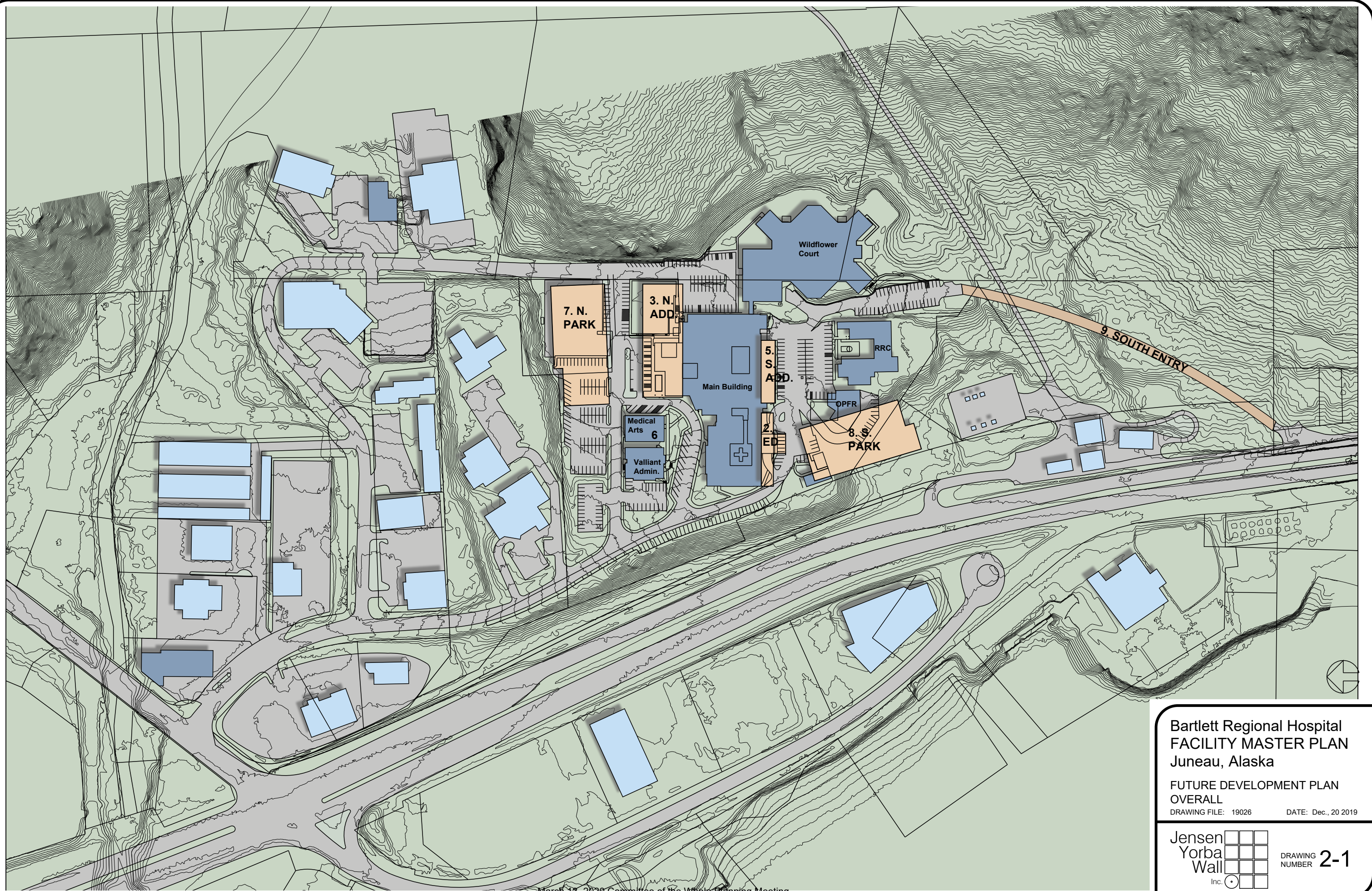
9. South Campus Entry

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.



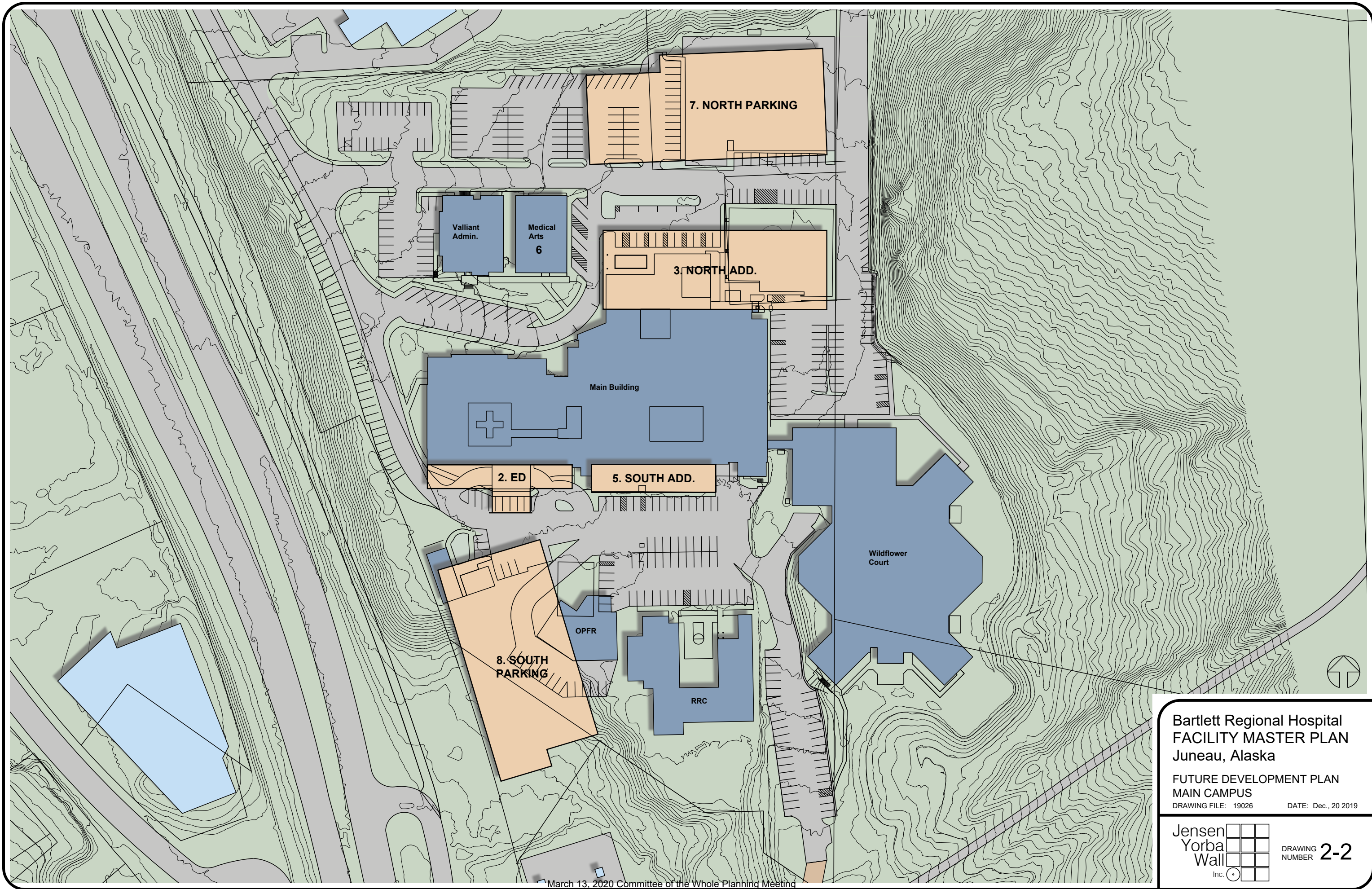
**Bartlett Regional Hospital
FACILITY MASTER PLAN
Juneau, Alaska**

**FUTURE DEVELOPMENT PLAN
OVERALL**

DRAWING FILE: 19026 DATE: Dec., 20 2019

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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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NUMBER **2-2**

March 13, 2020 Committee of the Whole Planning Meeting