

Bartlett Regional Hospital

AGENDA
PLANNING COMMITTEE MEETING
Tuesday, April 21, 2020 – 1:00 p.m.
Bartlett Regional Hospital Boardroom / Zoom Video Conference

Public may participate telephonically by calling 1-800-315-6338 – Access code 86591

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 – [March 13, 2020](#)** (Pg.2)
- III. PUBLIC COMMENT**
- IV. OLD BUSINESS**
 - 1. Project Updates
 - [RRC Phase 2 Extent of Work](#) (Pg.4)
 - [Crisis Stabilization Renderings Layout](#) (Pg.5)
 - 2. ECG Assessment - timing and possible adjustments due to COVID-19
- V. NEW BUSINESS**
 - 1. Community COVID-19 Status
 - 2. Hospital COVID-19 Status and Preparations
 - a. Discussion - What the new normal will look like over time
 - b. Discussion – How we get there
 - c. Discussion – Steps the hospital can take based on different criteria over time
 - 3. [Advisory Board “Return to Normalcy” article](#) (Pg.10)
- VI. COMMENTS**
- VII. ADJOURN**

Bartlett Regional Hospital

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Planning Committee of the Whole Meeting Minutes

March 13, 2020 – 7:00 a.m.

Bartlett Regional Hospital Boardroom

Called to order at 7:02 a.m., by Planning Committee Chair, Marshal Kendziorek

Planning Committee and Board Members: Marshal Kendziorek, Kenny Solomon-Gross, Rosemary Hagevig, Deb Johnston, Mark Johnson and Brenda Knapp

Staff: Chuck Bill, CEO, Rose Lawhorne, CNO, Billy Gardner, COO, Dallas Hargrave, HR Director, Megan Costello, CLO and Megan Rinkenberger, Executive Assistant

Mr. Solomon-Gross made a MOTION to approve the minutes from February 13, 2020. There being no objection, minutes were approved.

PUBLIC PARTICIPATION – None

COVID-19 UPDATE: Gastineau Elementary School is closed today due to one of its student being tested for the Corona Virus. The first confirmed case of the virus in Alaska was in Anchorage – a foreign national traveling for business, self-isolated as soon as symptoms began. Mr. Bill promoted consistent messaging, social distancing and hand washing. This will not stop the virus but will slow it down and prevent a spike in cases that will overwhelm the healthcare system. He reported that we will set up the Incident Command System later today so we have a formal mechanism for communications. A triage tent to be staffed 24/7 with nursing staff to pre-screen patients before they enter the building is to be set up later today as well. Mr. Bill had previously reported that we have two ventilators. He recently learned that including backups, we have 9, and up to 12 if we were really crunched. We may not have trained staff to run all 12, but could train others if needed. Mr. Kendziorek suggests not waiting to do “just in time” training, but to start now to allow higher quality training. BRH has had one emergency department patient tested for the virus. The test came back negative. The patient’s nurses were quarantined until the test came back. Turn-around time on testing is about 24-48 hours due to sample needing to be sent on 5pm flight to Anchorage (State CDC). BRH is following strict CDC guidelines for administering the test which means a patient must be symptomatic and have exposure to a known positive or be from a high risk area. Labcorp is offering test kits commercially through primary care physicians with patients that do not meet testing criteria. Patients will be charged for these tests. Ms. Lawhorne provided an overview of the protocols in place if a member of the staff experiences symptoms. Discussion was held about flight options for transporting tests as well as the structure BRH has set up and contingency plans to handle this evolving situation. Mr. Kendziorek posed the question of setting isolation rooms up for more than one person. Discussion was held about the Pioneer home and how Bartlett would support the nursing homes and elderly facilities (Pioneer Home is full, Wildflower court 85% capacity – Combined population is about 100, average age at Pioneer Home is 86.5) Discussion was held about how to protect our own staff and keep them from burning out. Ms. Lawhorne gave a thorough report on clinical and non-clinical staff preparedness, resource utilization and stricter visitor policies which include screening of visitors. It was reported that the limiting factor on testing now is the swab availability. Rapid tests are in development, which we would be able to run here in BRH lab. Any physician who requests a test can order it. Testing abilities are growing rapidly. Ms. Costello reported that the CBJ Assembly is providing COVID-19 updates at every meeting. CBJ is restricting staff travel until April 15th, allowing CBJ employees to work from home and encouraging social distancing. Discussion was held about CCFR’s preparedness. The Port of Seattle is currently closed to cruise ships, and the discussion is in progress about cargo ships. AML is not affected,

barges should still run. Bartlett's inventory levels of critical supplies was discussed. Mr. Gardner provided an overview of the plan in place for increased fatalities. Mr. Kendziorek asked Ms. Costello about adjusting the rules about no greater than three board members calling in to allow for virtual meetings. Ms. Costello stated the assembly is currently discussing this, and that it will likely be discussed at the meeting on Monday (the 16th). Mr. Bill will provide the board with weekly coronavirus updates.

Provider Network Analysis: Most of today's attendees have been attending the regular Planning meetings so there was a limited discussion regarding ECG interviews. Mr. Bill reported that ECG is currently reviewing all the data that has been provided to them so far and he has instructed them to conduct the interviews remotely.

Campus Plan Review – A matrix was used to prioritize projects in the order they must be completed in, in relation to each other. A south entrance to the property and asbestos remediation are top priorities. CBJ engineering is working on a design for the south entrance coming off of Glacier Highway. The property owners are willing to sell the property below Rainforest Recovery Center so an appraisal has been ordered and is to be conducted within 25 days. **Mr. Kendziorek requested a MOTION to move the campus plan document to the full board for acceptance and action. Ms. Hagevig moved the motion. Ms. Knapp seconded. Motion approved.** Mr. Kendziorek clarified why the motion was worded the way it was. Accepting this campus plan document allows us to begin discussions with CBJ to get us in line with other CIP projects and to speak with the CBJ Finance Director about how we want to finance these projects.

Mr. Bill noted that the Employee Service Awards Banquet scheduled to take place April 25th will probably be canceled due to the coronavirus. We have until April 13th to cancel our reservation at the tram.

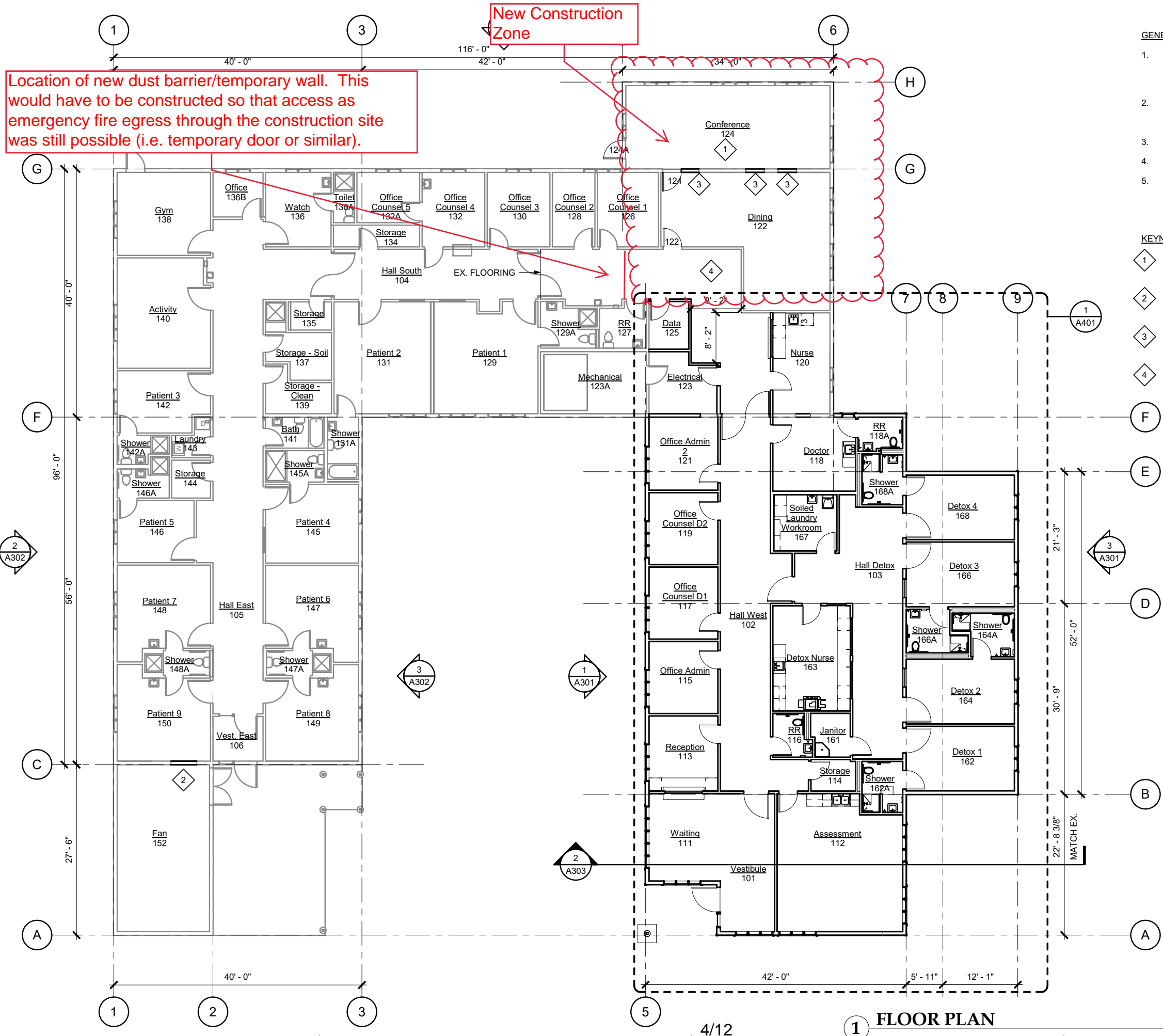
After receiving an update from Ms. Costello, Mr. Kendziorek requested a **MOTION to temporarily suspend the rules of order until further notice to allow as many members of the board to dial in or Zoom in to formally attend the meeting. One board member must be physically present at the hospital to serve as chair. Ms. Hagevig moved the motion.** For purposes of discussion, it was clarified that this is an option people can choose and is not required. **Mr. Johnson seconded.** Discussion was held about the need for a board member to be physically present at the hospital. **There being no objection, Motion approved.**

FUTURE AGENDA ITEMS – Nothing to be added to future planning meeting agenda at this time.

Comments: Mr. Johnson: This meeting was important and informative, and the board looks forward to regular updates regarding virus response. Mr. Bill suggested suspending committee meetings other than the required board meetings. BOD, Finance and Credentialing committees need to meet. Attendees agreed to be available for short notice Committee of the Whole meetings for updates. Discussion was held about meeting public attendance requirements by providing virtual meetings. Options discussed were livestream on BRH website or a Link to Zoom meeting on website with request to mute microphone and ensure attendees video output is turned off? The upcoming Governance Meeting and Physician Recruitment Meetings are to be cancelled.

Next meeting: To be determined

Adjourned - 8:16 a.m.



- GENERAL NOTES:**
- PATCH AND REPAIR ALL EXISTING FINISHES IN EXPOSED LOCATIONS AS REQUIRED FOR SEAMLESS APPEARANCE. COORDINATE WITH REMOVED WALLS AND EQUIPMENT. SEE DEMOLITION PLANS.
 - PATCH WALL FINISHES AS REQUIRED BY INSTALLATION OF ELECTRICAL AND MECHANICAL ITEMS.
 - ALL DIMENSIONS ARE FROM FACE OF STUD - UON.
 - SEE AD201 FOR PHASING AND ALTERNATE NOTES
 - INSTALL PAINTED METAL COVERPLATES OVER ELECTRICAL BOXES IN LOCATIONS OF REMOVED ITEMS. SEE ELECT. NOTE THAT WORK TAKES PLACE THROUGHOUT BUILDING.

- KEYNOTES:**
- 1 NEW INSUL. AND VB AT WALLS, NEW GWB OVER EXISTING STUDS AND ROOF FRAMING. NEW WINDOW / DOOR TRIM.
 - 2 PATCH WALL AROUND NEW DUCTS, SEE MECHANICAL
 - 3 INFILL PARTITION. MATCH ADJACENT WALL THICKNESS, A4, SIM. TEXTURE TO MATCH ADJACENT.
 - 4 PATCH CEILING WITH "POPCORN" TEXTURE TO MATCH ADJACENT AS REQUIRED BY REMOVED ROOMS AND PARTITIONS. PAINT CEILING FROM DOORS AT GRID 3.5 WEST.



City and Borough of Juneau Bartlett Regional Hospital
Rainforest Recovery Center
Detox Addition
 CBJ Project #BE19-173
 Juneau, Alaska

Conformed

REVISIONS

▲	
▲	
▲	

SHEET TITLE
FLOOR PLAN

DATE: May 10, 2019
 FILE: 18002

1 FLOOR PLAN

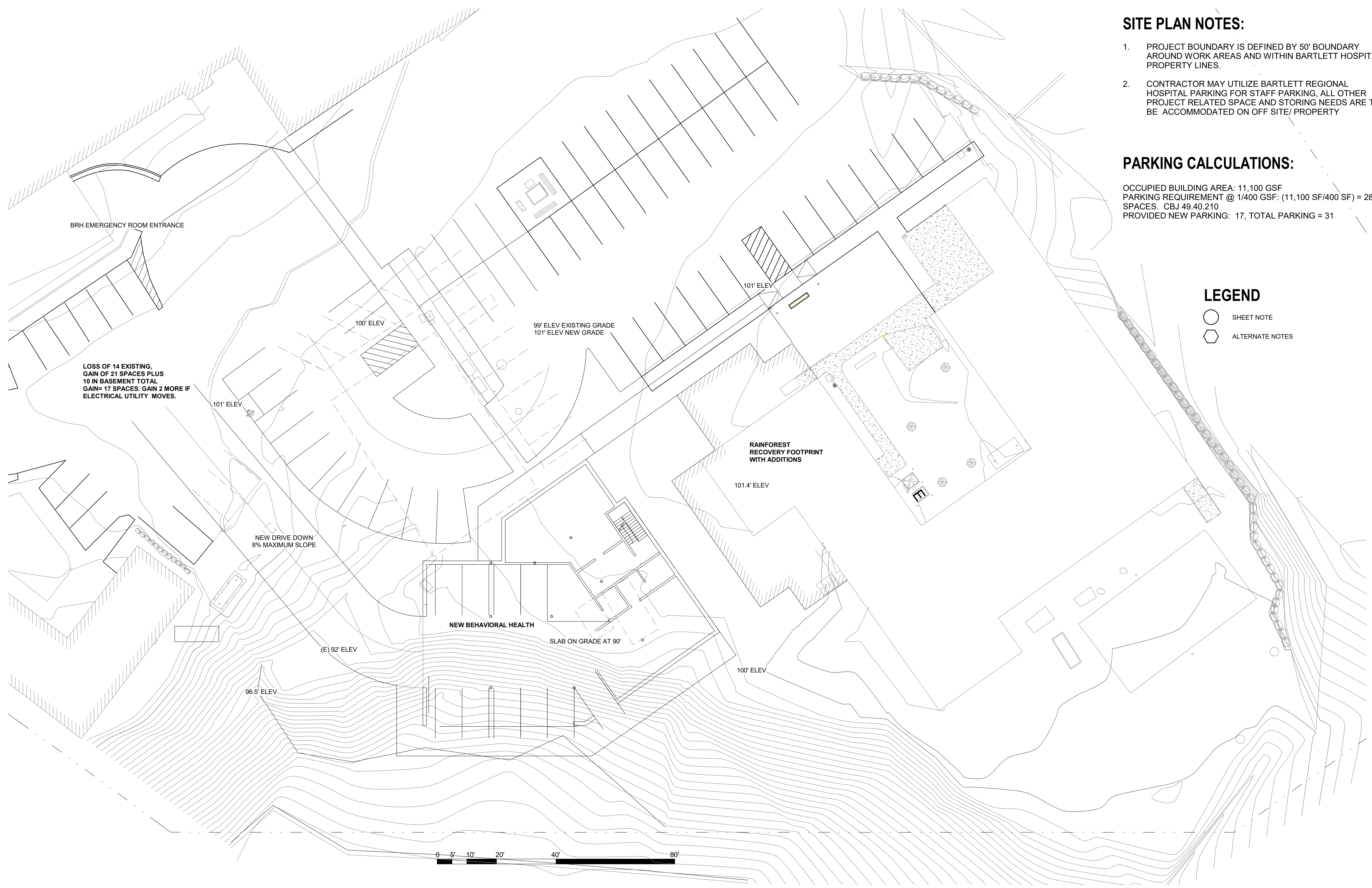




VIEW OF MAIN ENTRANCE



EVENING VIEW OF MAIN ENTRANCE



SITE PLAN NOTES:

- PROJECT BOUNDARY IS DEFINED BY 50' BOUNDARY AROUND WORK AREAS AND WITHIN BARTLETT HOSPITAL PROPERTY LINES.
- CONTRACTOR MAY UTILIZE BARTLETT REGIONAL HOSPITAL PARKING FOR STAFF PARKING, ALL OTHER PROJECT RELATED SPACE AND STORING NEEDS ARE TO BE ACCOMMODATED ON OFF SITE/ PROPERTY

PARKING CALCULATIONS:

OCCUPIED BUILDING AREA: 11,100 GSF
 PARKING REQUIREMENT @ 1/400 GSF: (11,100 SF/400 SF) = 28 SPACES. CBJ 49.40.210
 PROVIDED NEW PARKING: 17, TOTAL PARKING = 31

LEGEND

- SHEET NOTE
- ⬡ ALTERNATE NOTES

NOT FOR CONSTRUCTION

XX/XX/2018

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 Juneau, AK 99801
 Ph #907.586.6150
 www.northwindarch.com

IF THE ABOVE DIMENSION DOES NOT MEASURE ONE INCH (1") EXACTLY, THIS DRAWING WILL HAVE BEEN ENLARGED OR REDUCED, AFFECTING ALL LABEL SCALES.

BRH BEHAVIORAL HEALTH FACILITY

Bartlett Regional Hospital
 City and Borough of Juneau
 BE20-236

SHEET TITLE:
ARCHITECTURAL SITE PLAN

CHECKED	Checker
DRAWN	Author
issue	date
	description

SHEET # **G0.4**
 PLOT DATE 03/11/20
 ISSUE DATE 3/31/2020

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1 SITE PLAN
 1/16" = 1'-0"



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XX/XX/2018



1" ACTUAL
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BRH BEHAVIORAL HEALTH FACILITY

Bartlett Regional Hospital
City and Borough of Juneau
BE20-236

SHEET TITLE:
BASEMENT FLOOR PLAN

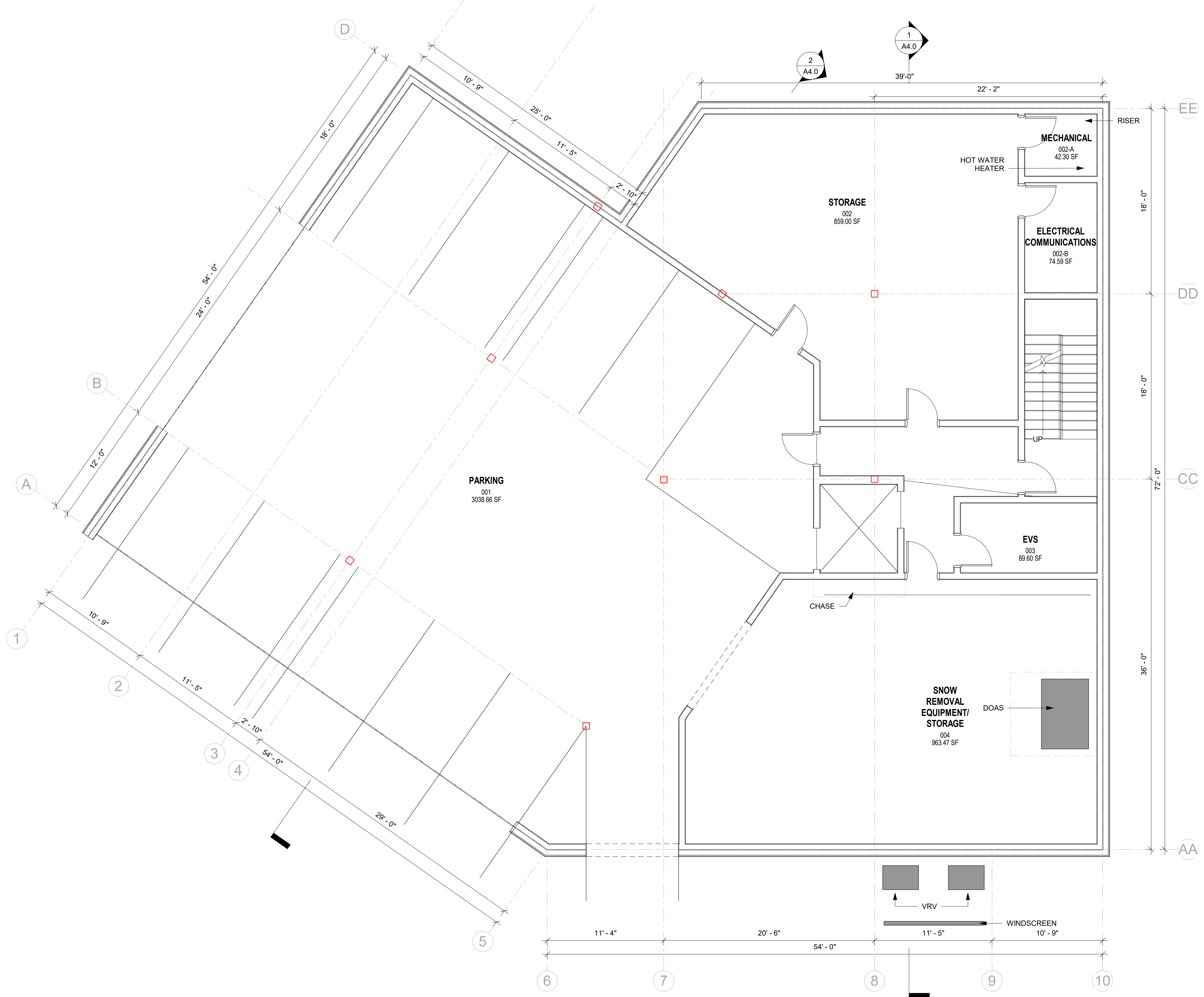
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issue date description

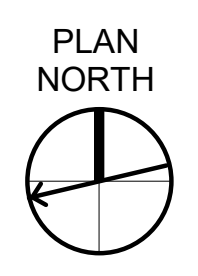
SHEET # **A2.0**

PLOT DATE 03/24/2020
ISSUE DATE 3/31/2020



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1 BASEMENT PLAN
3/16" = 1'-0"



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XX/XX/2018



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BRH BEHAVIORAL HEALTH FACILITY

Bartlett Regional Hospital
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BE20-236

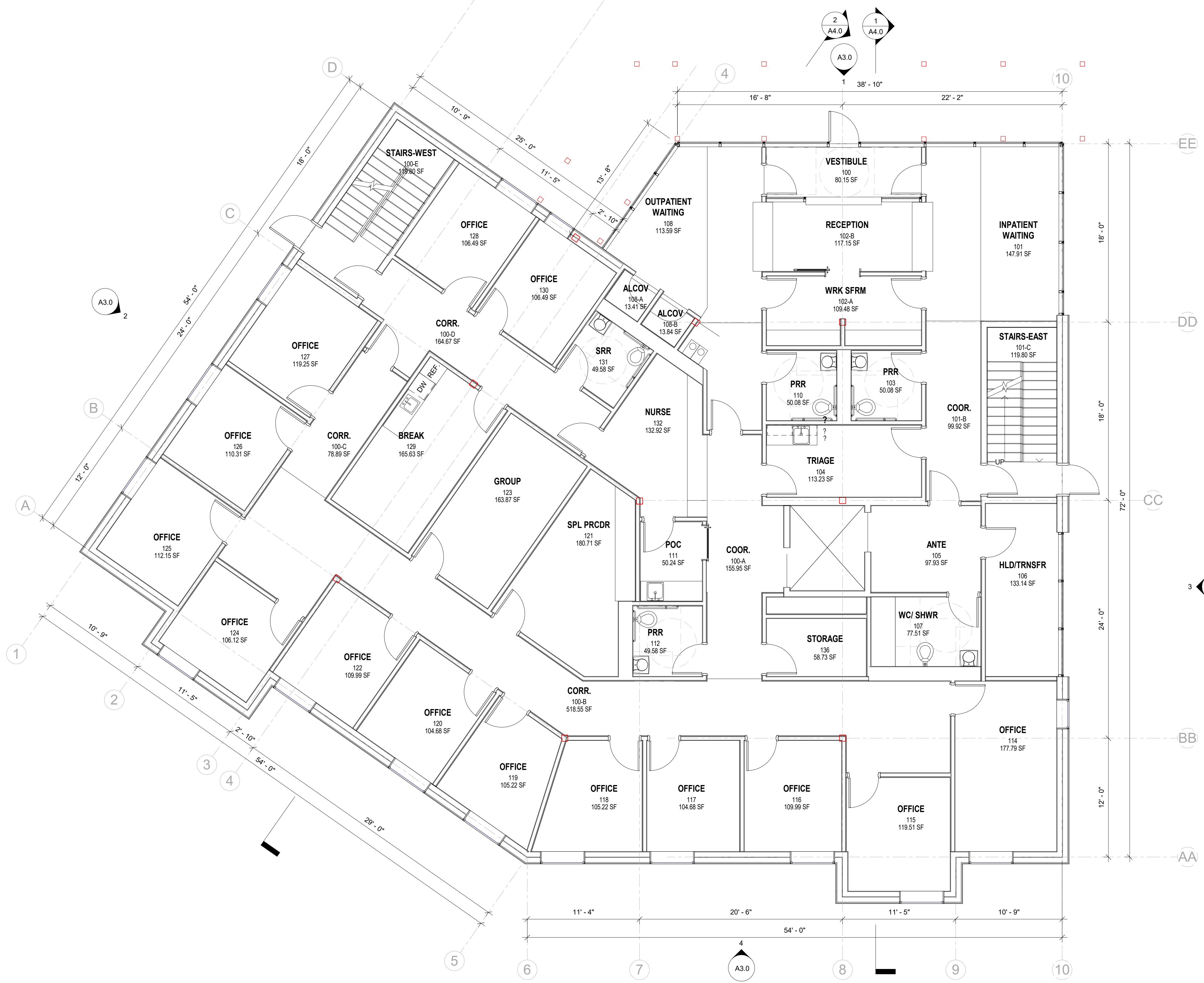
SHEET TITLE:
FIRST FLOOR PLAN

CHECKED DH
DRAWN EJ

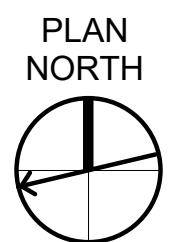
issue date description

SHEET # **A2.1**

PLOT DATE 03/24/2020
ISSUE DATE 3/31/2020



1 FLOOR PLAN - FIRST FLOOR
3/16" = 1'-0"



NOT FOR CONSTRUCTION

XX/XX/2018



1" ACTUAL
IF THE ABOVE DIMENSION DOES NOT MEASURE ONE INCH (1") EXACTLY, THIS DRAWING WILL HAVE BEEN ENLARGED OR REDUCED, AFFECTING ALL LABEL SCALES.

BRH BEHAVIORAL HEALTH FACILITY

Bartlett Regional Hospital
City and Borough of Juneau
BE20-236

SHEET TITLE:
SECOND FLOOR PLAN

CHECKED DH
DRAWN EJ

issue date description

SHEET # **A2.2**

PLOT DATE 03/24/2020
ISSUE DATE 3/31/2020



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1 FLOOR PLAN - SECOND FLOOR
3/16" = 1'-0"





Quick Search

**At the Helm**

A 'return to normalcy' is at best a long way off. It's time to get comfortable with uncertainty.

11:30 AM on April 21, 2020 by **Matthew Stevens, JD** and **Ken Leonczyk, JD**

In the wake of World War I, Warren G. Harding coined the phrase "a return to normalcy." That neologism appears to be the anthem of the current news cycle, with the constant talk of restarting the economy, returning to business as usual, and coming back out of the enforced hibernation of physical distancing.

Your top resources for Covid-19 readiness

Returning to sound financial footing is certainly the front-of-mind pressure facing health care organizations and, for that matter, all businesses. That means reigniting quieted assets, bringing folks back to work, and providing a full range of services to the communities we serve. But, while this is certainly a priority, you'll be operating a different organization, in a different market, with different patients.

Adapt and innovate: Why leaders should get comfortable with uncertainty

Learning to adapt and innovate has long been a catchphrase in management theory but, in the time of Covid-19, these skills will truly be what set apart the strongest health care leaders and

their organizations. Our advice is not to rely on what you think you know and old habits; rather, get comfortable with uncertainty, adapt to it, and be prepared to iterate as you innovate.

We're not saying you haven't been adaptive and innovative thus far. Hospitals across the country have repurposed equipment and made face shields out of almost anything; sourced PPE from new and local suppliers; retrained staff and moved them across the organization, sometimes even across state lines; and paired ambulatory surgeons with medical residents to combine the necessary license with the ICU skillset. And, across the industry, we've ramped up consumer and peer-to-peer telehealth offerings, as the voices of the nay-sayers have grown quiet and found they liked it once they've tried it.

Our point is these efforts are not finished, in fact, they never will be. As a leader, your task is to harness this newfound spirit of ingenuity and distil from it the ongoing innovative culture from the temporary duct tape and bailing wire. None of us has been here before. Beyond broad shifts in the economy and increased unemployment, patients who once relied on you exclusively, may now have found other options. Patients who demanded to be seen face-to-face, are now quite happy with a phone call or video visit. Regulations that have been relaxed may return, they may remain in place, or they may change in yet another new, novel, and frustrating way.

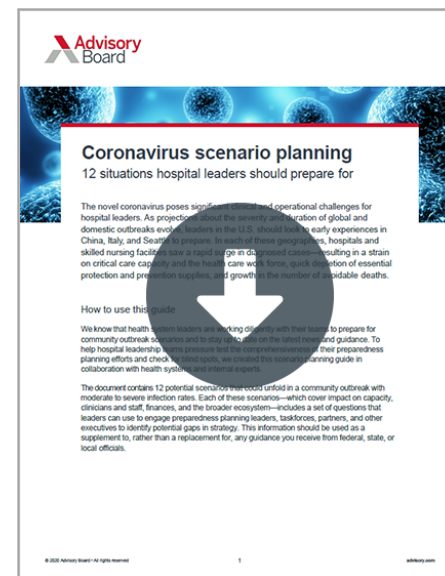
Don't let the opportunity pass

It's a platitude that every crisis is an opportunity. We've all heard that repeated *ad nauseum* but, surely, it depends on how you use the crisis. **Successful leaders** will rally their forces toward innovation and build on the connectedness this crisis has created. However, when the urgency passes, it's all too easy to fall back into old habits (only 20% of heart attack survivors change their behaviors, give up smoking, or get more exercise).

Even in the midst of the present chaos your eyes need to turn to the challenges ahead. Celebrate the work that has been done thus far, but begin to reverse engineer that process. How were your previous silos busted? What shared principles allowed individuals and departments to give up something in exchange for the greater good? In lieu of endless meetings of innumerable committees, you've made collective decisions quickly, and were able to pivot when the initial execution didn't achieve the necessary outcomes.

Do not lose that nimbleness; rather, hardwire it into your culture. All these efforts are your template for how your organization works together, and drives to a shared goal. Don't let this internal insight be lost. And don't forget to say "Thank you" along the

11/12



**Covid-19 scenario planning:
12 situations hospital
leaders should prepare for**

way.

Covid-19 weekly webinar: What health care leaders need to know



Covid-19 news is changing fast—and we want to make it as easy as possible for you to keep up. Join us this Thursday at 1 p.m. ET to stay up to date on the Covid-19 epidemic.

[Register Now](#)



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