

Bartlett Regional Hospital

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Planning Committee Meeting Minutes

October 15, 2020 – 7:00 a.m.

Bartlett Regional Hospital Boardroom / Zoom Videoconference

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, Rosemary Hagevig, Mark Johnson, Lance Stevens and Lindy Jones, MD.

Also Present: Billy Gardner, COO; Bradley Grigg, CBHO; Kevin Benson, CFO; Rose Lawhorne, CNO; Megan Costello, CLO; Gail Moorehead, Quality Director; Marc Walker, Facilities Director; Kathy Callahan, Director Physician Services; Anita Moffitt, Executive Assistant; Corey Wall, JYW; Nathan Coffee, CBJ; Jeanne Rynne, CBJ and Roseman, GenPub.

APPROVAL OF THE MINUTES – Mr. Solomon-Gross made a MOTION to approve the minutes from August 18, 2020 Planning Committee and the September 19, 2020 Strategic Planning meetings.

Ms. Young seconded. Minutes approved. Minutes from the September 19, 2020 Strategic Planning meeting will be forwarded for approval at the October 27, 2020 Board of Directors meeting.

PUBLIC PARTICIPATION – None

COVID STATUS – Ms. Moorehead reported that we currently have 5 COVID positive patients in house, 2 are on respite, 3 in the COVID wing and 2 in Critical Care Unit (CCU). Juneau saw its first COVID death at Bartlett earlier this week. There has been an increase in COVID positive cases among the homeless population. Centennial Hall has been set up for isolation and quarantine of known positive cases in this population. Ms. Lawhorne, Mr. Grigg, Mr. Gardner and Ms. Lacey have been very instrumental in helping the set up and support of this. 130 people of the unsheltered population were tested for COVID on October 9th, 14 tests came back positive. Testing will be done again this week. The CCFR CARES unit is trying to track and test as many of the untested homeless population as possible. Testing will be provided for the people staffing Centennial Hall. BRH is helping support staffing at Centennial Hall as much as possible while CBJ continues its recruiting efforts. Ms. Moorehead also reported that Juneau is the first community in Alaska to get court ordered quarantines which require supervised quarantine. Because these patients do not meet the criteria for hospital admission, there will be a room set up at Centennial Hall with a supervisor. COVID positive patients currently in the Driftwood Lodge that are able to maintain quarantine and have appropriate behaviors will remain at the Driftwood until their quarantine period is over. Those that do not comply will be sheltered in Centennial Hall as will all new COVID positive cases in this population. A brief discussion was held about Juneau's positivity rate and the current risk rating. CBJ risk metric was reviewed. Bartlett's testing supplies have remained pretty constant. PPE supplies have remained steady with no shortages. The OR continues to sterilize N95 masks allowing us to conserve the supply. Dr. Jones noted that the Abbott tests currently on hand expire November 1st. Cepheid is in the process of producing a combined test of RSV, Flu and COVID that will be available at the end of December. Mr. Gardner provided the current testing supply status and

will provide an update at the October 27th Board of Directors meeting. It was reported that prospective delivery of the PCR testing machines has moved to January.

Mr. Kendziorek expressed appreciation and thanked the staff for all of the hard work. Mr. Gardner also acknowledged Ms. Lawhorne, Mr. Grigg, Ms. Lacey and Ms. Moorehead for the leadership shown during this time.

RAINFOREST RECOVERY CENTER UPDATES – Mr. Grigg reported that the RRC renovation is officially complete. RRC will reopen residential and withdrawal management on Monday, October 26th, seven months to the day after closing. Tours of the facility are being conducted this week and next for those that are able to attend. A virtual tour will be available for those that wish to see the facility but are unable to do so in person. The facility will open only at 50% capacity and residential treatment will be made available to Juneau residents only at this time. The outpatient program, which currently has 42 patients, will continue. COVID testing of inpatients of RRC will be conducted weekly and of RRC staff every two weeks. Mr. Solomon-Gross encourages everyone to take part in the tour, whether live or virtual, to see the details put into the facility. He also expressed appreciation for using the works of local artists to decorate the facility. Dr. Jones expressed concerns of regularly testing RRC staff and not staff in other departments, such as the ED and of burning up a limited number of test supplies. Mr. Grigg provided the justification that because RRC is a congregate setting, it was determined that testing is warranted. Send out tests would be used, not BRH test supplies. Dr. Jones is not opposed to the use of send out tests and suggests that testing should be offered to other departments as well. Testing of other departments will be discussed by senior leadership. A brief discussion was held about testing turnaround times and things that could impact them.

STRATEGIC PLANNING MEETING RECOMMENDATIONS – Mr. Kendziorek noted that as a follow-up to the strategic planning meeting, we have a large list of projects that need to be prioritized and financial questions to address. Mr. Gardner noted the list includes high priority projects identified as a result of the COVID pandemic and highlighted the work of multiple people that went into creating this list. Mr. Wall provided an overview of the plans for a temporary triage facility to replace the tent currently set up. The temporary facility would be comprised of 3 modular buildings, built off site and transferred to the location outside of the Emergency Room where they will then be joined together, the roof sealed and stairs and ramps built. The layout of the building and patient flow was demonstrated. A discussion was held about the term contract, CBJ's procurement process and the time it would take to construct this facility. Mr. Wall is working with engineering and Dawson Construction to get pricing for CBJ's approval before moving ahead. He will know more about the budget and schedule by next week. The goal is to have the facility in place before Christmas. Mr. Kendziorek stated that the Board is willing to assist however it can, without violating the procurement process, to get this project moving ahead. Mr. Wall reported that this facility will have electric heat and exhaust fans in the wall. It will take about a week to complete set up and build the stairs, ramp and decks once on location. It has yet to be determined where patient triage will take place during this time. He did note that each of the three modules that make up this facility is its own separate unit. There is no plumbing and when separated, they can be stored and quickly set up again wherever they may be needed. Approval must be granted by the fire marshal to use this structure without a sprinkler system. Indications are that it will be allowed. Ms. Hagevig complimented Mr. Wall and BRH staff for such impressive work done in a very short amount of time.

Mr. Kendziorek noted the projects list created for the Master Facility plan prior to COVID did not include necessary changes identified as a result of COVID. Pre and post COVID project lists have been combined and now need to be prioritized. Mr. Gardner outlined the work conducted by the staff to combine and prioritize the list and Mr. Wall provided an overview of this list that includes projects that are already happening as well as future projects. It was explained that projects under \$500K are categorized as small, medium projects range from \$500K to \$2M, large projects range from \$2M to \$10M and major projects are over \$10M. The highest priority items on the list are fairly small projects in the scope of what is planned to be done over the next 20-30 years. These high priority items include ventilation improvements, a triage facility, testing lab and main entrance screening. A discussion was held about overall ventilation capacity and how the current ventilation projects would impact the overall project. Dr. Jones stated that enclosing at least one trauma room and providing negative pressure capabilities is a very high priority for the ED physicians. Obstacles to increasing ventilation to the ED were discussed. ED ventilation and negative pressure capabilities is to be placed higher on the priority list and a solution identified. Mr. Wall will develop Gantt charts for use in planning and coordinating each project. In response to Dr. Jones' query as to the status of COVID-19 testing room (Lab), Ms. Rynne reported that the contracts department is in the process of issuing a modification request to ACC for the work to move ahead. The project is designed and ready for construction. Ms. Rynne will confirm the schedule ACC has agreed to and report back. Mr. Gardner reported that the hoods are here, the refrigeration units have been ordered and we should be ready to go when the testing equipment arrives. Mr. Walker provided updates on projects in the OR's Central Supply Room, phase one sidewalk replacement, asphalt repair, fuel oil tank supply line upgrade and the heating coil conversion to Glycol for supply fan 1. Mr. Wall reported the Crisis Stabilization unit design is almost complete and will go out to be bid spring 2021, construction to begin in the summer with anticipated completion date August 2022. While the emergency room expansion project should not happen at the same time as the Crisis Stabilization unit project, the RRC exterior upgrade could. Dr. Jones stated that with the timing of the Crisis Stabilization project, it is important to look at a temporary, more aggressive ventilation system to make more negative pressure rooms in the ER. Waiting 3-5 years before having safer rooms in the ER is not a good idea. Funding for the Crisis Stabilization unit was discussed. 40% of the costs come from Capital grants from the State and private organizations, the other 60% have been obligated by the Board with the caveat that fund raising continues. Mr. Kendziorek said we need to move ahead and line up these projects so they aren't bumping into each other, set the priorities and find the funding to fund what is doable. Mr. Wall will create a master Gantt chart to help this process. Mr. Benson is to create a white paper identifying what our total available funding is and an explanation about how much money we need to set aside and why. The white paper is to also include a breakdown of the various amounts of money we can expect to receive over time and any restrictions there may be on that money. Once we have this information, we can use the Gantt chart to line these projects out based on their priority. Ms. Hagevig initiated a conversation about the use of bond funding. Mr. Benson noted that at the Strategic Planning meeting, 180 days cash on hand had been identified as an adequate target to maintain for an emergency situation. That would leave us \$22M of reserves that could be used. The Finance Committee will discuss what our current bonding capacity may be. He also clarified that the types of bonds we would receive would be revenue bonds secured by the revenue stream of the hospital, not general obligation bonds. Revenue bonds do not go to the public for a vote. This information will be included in Mr. Benson's white paper. Mr. Gardner and staff will work with Mr. Wall to prioritize the list and obtain projected costs

for each project. Safety for patients and employees will be used in determining project priority. The priority list, Gantt chart and finance information will be reviewed at the next Planning meeting.

PARTNERING - Mr. Kendziorek asked what the Board could do to move us along to bring some partnering opportunities to the hospital. Mr. Benson reported that Mr. Bill had been tasked with having initial discussions with potential partners. He does have some meetings scheduled to take place when he returns to Juneau later this month.

GOVERNANCE INSTITUTE WEBINAR – Mr. Kendziorek reported that this webinar was not what he expected it to be. It was merger and acquisition specialists talking about mergers and acquisitions. BRH and the Board has no interest in doing either.

Future Agenda Items:

- Continue evaluation of the prioritization of the projects
- Finance Committee report review
- Gantt chart review
- Project funding over the course of time

Next meeting: 7:00am - Tuesday, November 17th

Comments: Ms. Hagevig commented that today's meeting was a very good, informative one. Mr. Johnson agreed. Mr. Kendziorek thanked the staff, Mr. Wall and Ms. Rynne and team for the hard work put into this project.

Adjourned – 8:46 a.m.