

Bartlett Regional Hospital

AGENDA

PLANNING COMMITTEE MEETING

Thursday December 17, 2020 – 7:00 a.m.

Bartlett Regional Hospital Zoom Video Conference

Public may follow the meeting via the following link <https://bartlethospital.zoom.us/j/92226596373>

or call

1-253-215-8782 and enter webinar ID 922 2659 6373

I. CALL TO ORDER

II. PUBLIC COMMENT

III. APPROVAL OF THE MINUTES

- [November 17, 2020 Draft Planning Committee Meeting Minutes](#) (Pg.2)

IV. OLD BUSINESS

1. COVID status
2. Acquisition of BSSC Building Update
3. [Current Project Status](#) (Pg.5)
4. [Projects List Prioritization Review](#) (Pg.6)
5. [Gantt Chart Review](#) (Pg.8)
6. Pediatric Home Discussion

V. NEW BUSINESS

- Review Existing and Planned Community Health Initiatives

VI. FUTURE AGENDA ITEMS

VII. COMMENTS

VIII. NEXT MEETING

IX. ADJOURN

Bartlett Regional Hospital

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Planning Committee Meeting Minutes

November 17, 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, Deb Johnston, Brenda Knapp and Lindy Jones, MD.

Also Present: Chuck Bill, CEO; Billy Gardner, COO; Bradley Grigg, CBHO; Kevin Benson, CFO; Rose Lawhorne, CNO; Dallas Hargrave, HR Director; Marc Walker, Facilities Director; Joy Neyhart, DO; Anita Moffitt, Executive Assistant; Corey Wall, JYW; Nathan Coffee, CBJ and Jeanne Rynne, CBJ

APPROVAL OF THE MINUTES – Ms. Young made a MOTION to approve the minutes from October 15, 2020 Planning Committee meeting. Mr. Solomon-Gross seconded. Minutes approved.

PUBLIC PARTICIPATION – None

COVID STATUS – Mr. Bill reported one COVID positive patient in house. CBJ is suspending the operations at Centennial Hall.

A power outage last week caused a lot of extensive damage to controllers throughout the hospital including the air handling systems and beds. It also damaged the power pack to a CT scanner. The controllers for the 8 beds out of commission should arrive today. We were able to find a couple of frequency drives locally which allowed us to get the air handling systems back up and running temporarily, however, challenges continue for air handling in the ER, CCU, OB and MHU. Parts for permanent repairs are expected to arrive this week for installation. Mr. Gardner reported that parts cost approximately \$2K to fix each bed. They should be repaired by the end of the week. We do have 8 new beds on the barge that had been ordered prior to this incident. They should be here in 10 – 12 days. The CT scanner has been repaired and is up and running. Mr. Gardner indicated that the total cost of repairs is estimated to be around \$500,000. Mr. Kendziorek initiated a conversation about power conditioning so these power outages would cease to be a problem. Mr. Bill reported that we are looking at alternatives to the surge protectors we had in place. A permanent solution would be a very large unit that would need a lot of space and will cost approximately \$1.5 Million. Discussion was held about the need to be prepared for inevitable future blackouts and the damage, delays and quality/safety of patient care issues they cause despite the cost to do so. Also discussed was insurance coverage for damage incurred and the conversations Mr. Bill has had with AEL&P regarding options to resolve the issue in the future. Mr. Bill will get a revised quote for the centrifugal power conditioner and will speak to AEL&P about helping to fund it as a non-profit contribution to the BRH Foundation.

RAINFOREST RECOVERY AND CRISIS STABILIZATION CENTER UPDATES – Mr. Grigg reported that the RRC is operational. Residential has been open since October 26th. There are 6 patients in house (current max capacity) with 13 on the waitlist. Things are going well. Withdrawal Management

Unit will start taking patients on December 1st. Three new nurses have been hired to help staff this unit. The Crisis Stabilization Center project continues to move forward. The drawings are complete, everything has been established within the budget set by the Board. The next step is to put the project out for bid. We should see the RFP hit the street at the beginning of 2021 and are looking at the summer of 2022 for project completion.

PROJECT LIST PRIORITIZATION REVIEW – Mr. Kendziorek observed that there are now new projects that should probably be added to this project list, the power conditioning unit and possibly a pediatric project. Dr. Neyhart, Juneau Pediatrician for 20 years, reported that she also lost some minor equipment in the office space she rents from BRH. Between this incident and everything else that has been going on this year, she realized the need for a transition plan for pediatric care in Juneau. There are 5 pediatricians in Juneau, three currently working as pediatricians in Juneau, all women in their 50s. BRH needs competent pediatric physicians to staff the call schedule to attend deliveries and perform neonatal resuscitation. She suggests consideration of developing a comprehensive pediatric home for Juneau. She hopes to work with BRH to develop a transition plan to continue high quality medical care for children in this community and to keep the call schedule staffed. Mr. Kendziorek noted that there is a meeting scheduled to take place on November 25th to discuss possible partnership agreements for services. This is the type of service we might be able to leverage a robust partner in order to help us fill our needs and will be discussed at that meeting. Mr. Bill agreed and presented another model to be considered in which the hospital employed one of the practitioners in the community. This model would require working through the logistics with the other pediatricians and Valley Medical. Dr. Neyhart reported how the decrease in patients due to COVID affected her practice. She stated she would like to continue to support the hospital by participating in the call schedule for the next 10 years or so but cannot continue to do so as a practice owner. She also expressed interest in partnering with Glacier Pediatrics to become one large pediatric medical home for the community. Mr. Bill will work with Dr. Neyhart and other medical staff to come up with other suggestions to address this, including reaching out to Seattle Children’s Hospital about providing services.

Mr. Wall provided an overview of the projects priority list. This is a living document and will continue to evolve as new projects are identified. Projects in category A are currently underway, either under construction or in the bidding process. Projects in category B are in design. Both categories, regardless of how they are prioritized are moving ahead and total just under \$16 Million. Category C is projects for future consideration. These projects are given a number. If the number is followed by the letter B or C, it is an alternative path meaning the main number is a big project requiring a lot of funding and these are ways to solve some of the needs on a more temporary or limited basis. Senior Leadership and staff have worked with Mr. Wall to prioritize the items in category C and now seek assistance from the Planning Committee. There are ventilation needs on all levels of the hospital but most urgent in the ED. A Gantt chart was presented to identify timelines and different options for immediate and long term solutions. Discussion held about moving ahead with addressing the ED ventilation/negative pressure room issues. Dr. Jones will talk to Mr. Wall about ED patient rooms and logistics. Mr. Bill noted that the Board has already approved addressing the ED ventilation issues and the air handler to be installed for the temporary fix can be used for a later project. Multiple Board members expressed support in moving ahead with this temporary fix. We do not have a cost estimate for this project yet as the scope of the project needs to be determined first. It is anticipated that BRH will have to pay for it but an attempt will be made to obtain

money from FEMA for this project. Since there was no objection, this project will be moved into category B. Mr. Wall suggested combining items C1 and C1B Planning, knowing we are going to move ahead with C1B but authorize PDC Engineers to begin thinking about the whole 2005 wing to come up with a comprehensive ventilation solution. He also said it would be helpful to think about C3, the ED addition, as this would impact how we resolve the ventilation system for the 2005 wing. Discussion was held about the impact of overlapping construction of the Crisis Stabilization Unit (CSU) and the ED addition. Mr. Kendziorek expressed financial concerns about moving ahead with the ED addition so soon with all of the other projects slated to take place. Mr. Benson provided an overview of our funding capacity. Establishing 180 days' cash on hand in reserves would give us \$22 Million for funding some of these projects. Looking at the debt capacity of the hospital today, we could probably support another \$28 Million in revenue bonds based on current operations. This means potential funding sources of about \$50 Million. He then explained timing issues and financing of bonds. Mr. Solomon-Gross initiated discussion about overlapping the CSU and ED addition projects. Mr. Kendziorek feels that we are on the right track and encourages Senior Leadership to start thinking about the ED addition planning process and for Mr. Benson to think about bonding and bonding related issues. Dr. Jones initiated conversation about packaging projects together for revenue bonding. Ms. Rynne suggested packaging a small percentage of infrastructure projects with a larger bond project such as a new addition. While the north addition would be nice to have, Mr. Kendziorek feels there are other projects that are more important, such as replacing the OR ventilation system which is at its end of life. He also cautioned against using too much of the cash reserves so we are able to pay for emergencies such as broken equipment. Ms. Young agrees and supports the direction we are going as long as we are conservative in our decisions as the financing is dependent on the revenue stream remaining stable and maintaining 180 days' cash reserves. Mr. Benson noted that the capital budget determined as part of the annual budget process gives us another \$7 Million dollars that could be used on some of the smaller projects. Mr. Kendziorek requests Mr. Wall revise the current project prioritization list to include the power conditioning and project funding and send it to Ms. Moffitt for distribution.

Future Agenda Items:

- Continue evaluation of the prioritization of the projects
- Gantt chart review
- Pediatric Home discussion
- Acquisition of BSSC building update
- COVID update
- Current projects status

Next meeting: 7:00am – Thursday, December 17th

Comments: Mr. Solomon-Gross thanked Mr. Wall for the Gantt chart. It helped move discussions along and is much appreciated.

Adjourned – 8:46 a.m.

Verbal update to be provided on the following projects

- 1. Molecular Lab: Construction**
 - A. Equipment installation**
 - B. Process/training/validation**
- 2. ED Temporary COVID screening building**
- 3. ED Waiting Area / PAS window**
- 4. Other Projects in process**

Bartlett Regional Hospital
Facilities Master Plan - Project Priorities List DRAFT

November 17, 2020

Project	Type	Estimated Cost	Primary Cat.	Second. Cat.	Priority Notes	Funding	Status
A. Bidding / Under Construction							
A1	ED Temporary Triage Entry Facility	New	Small Covid	ED	No dominos	cares/CBJ	Constructed 1/2021
A2	COVID-19 Testing Room (Lab)	Reno	Small Covid	Other		cares/CBJ	Constructed 1/2021
A3	Ventilation Improvements to Surgery (Endoscopy) SF11 Replacement	Reno	\$400k Surgery			BRH	Construction Winter 20/21
A4	CSR Sink and Equipment	Reno	\$400k OR			Def Maint Fund 21	Construction Winter 20/21
A5	ED Waiting Room Security Screen	Reno	\$400k ED			BRH	Construction 10/20 - 11/20
B. In Design							
B1	Ventilation Upgrade - Limited Emerg. Dept. (EF 21 for Rms 1410 & 1411)	Reno	\$400k ED		May not be possible with existing EF-21	BRH	In design
B2	ASU-1 Heating Coil conversion to Glycol	Reno	\$400k Infrastructure			Def Maint Fund 21	In design
B3	BOPS Replacement Building	New	\$8M		May impact ED Addition	BRH	In design, construction 4/2021
B4	Rainforest Recovery Center Exterior Upgrade	Reno	\$800k			Def Maint Fund 21	In design, construction 4/2021
B5	Phase 1 Sidewalk Replacement	Site	\$400k Infrastructure			Def Maint Fund 21	With CBJ Engineering as a priority project
B6	Southwest Asphalt Replacement	Site	\$800k Infrastructure			Def Maint Fund 21	With CBJ Engineering as a priority project
B7	Fuel Oil Tank Supply Line Upgrade	Site	\$400k Infrastructure			Def Maint Fund 21	With CBJ Engineering as a priority project
B8	New South Site Access	Site	\$1.5M Access		CBJ primary project permitting	BRH/CBJ	
B9	Purchase Bartlett Surgery Speciality Clinic building	Reno	\$2M Expansion		Dominos or alternative expansion	BRH	
B10	ED Temporary Ventilation Upgrade (Trauma Room & 1-2 Exam Rooms)		Covid	ED	More immediate solution while C1 is developed		
C. Future Projects							
C1	Ventilation Upgrade - Patient Rooms (2005 Addition)	Reno	\$1M Covid			BRH	
	<i>Emerg. Dept. - Enclose Trauma Rooms and Upgrade Ventilation</i>	Reno	\$400k Covid	ED	1	BRH	Requires new ventilation, combine with ED Add.
	<i>OB/Nursery/Special Care. Convert 1 room to positive/negative pressure</i>		Covid	OB/Nursery/SC			Requires ventilation system modification
	<i>CCU. All patient rooms with negative/positive pressure</i>		Covid	CCU			Requires ventilation system modification
	<i>MHU. Convert 2 rooms for negative/positive pressure</i>		Covid	MHU			Requires new ventilation system
C2	Ventilation Upgrade - Patient Rooms (Pre-2005 Building)	Reno	\$1M Covid			BRH	
	<i>Med/Surg. Entire back wing negative/positive pressure</i>		Covid	Med/Surg			Requires new ventilation system
	<i>Med/Surg. Add bariatric isolation room with negative/positive pressure</i>		Covid	Med/Surg			Requires new ventilation system
C3	Emergency Department Addition	New/Reno	\$5M ED		2	Bonding	
	<i>Expanded Emerg. Dept. incl. new Exam, Triage, & Pysch Rms (3,675 sf)</i>		ED				
	<i>New 24-hour Pharmacy (1,215 sf)</i>						
C3B	Emergency Dept. Waiting Area	Reno	\$400k Covid/General	ED		BRH	Enlarge for patient separation. Maybe relocate.
C4	North Addition - Phase 1 (34,600 sf 2-story or 51,900 sf 3-story)	New/Reno	\$30-50M		3	Bonding	Where majority of dominos could go
	<i>Physician Services rental to replace Juneau Medical Center (8,200 sf)</i>		N. Addition				
	<i>Facilities Offices to replace Juneau Medical Center (950 sf)</i>		N. Addition				
	<i>Expanded Phys. / Occ. / Speech Therapy to replace 1988 Add. (6,880 sf)</i>		N. Addition				
	<i>Expanded Cardiac Gym to replace 1988 Add. (980 sf)</i>		N. Addition				
	<i>Expanded Infusion to replace 1988 Add. (760 sf)</i>		N. Addition				
	<i>Expanded Cafeteria / Kitchen, incl. dedicated Loading Dock (8,625 sf)</i>		N. Addition				Kitchen must move before 1st Floor Reno
C4B	Proper Changing Rooms and Areas to deal with PAPP's etc.	Reno	Small Covid	Multiple		BRH	Requires new ventilation system
C4C	Permanent IT Room	Reno	Medium			BRH	

Bartlett Regional Hospital
Facilities Master Plan - Project Priorities List DRAFT

November 17, 2020

Project	Type	Estimated Cost	Primary Cat.	Second. Cat.	Priority Notes	Funding	Status
C5 1st Floor Renovation <i>Abatement / Replacement of ductwork and mechanical in Main Shaft</i> <i>Expanded Materials Management w/ dedicated Loading Dock (4,250 sf)</i> <i>Expanded Facilities, including Shop space (4,040 sf)</i> <i>Expanded Facilities-Biomedical Shop (300 sf)</i> <i>Expanded Facilities – Laundry (2,470 sf)</i> <i>Reconfigured Shared Staff Space (300 sf)</i> <i>New Diagnostic Imaging Women's Clinic (2,580 sf)</i>	Reno	\$12M					
			1 st Floor		Requires moved Kitchen (North Addition)	Bonding	
			1 st Floor		All individual 1st Floor projects could be phased		
			1 st Floor				
			1 st Floor				
			1 st Floor				
			1 st Floor				
C6 South Addition over Cafeteria (2,800 sf, 5,000 sf, or 10,000 sf) <i>Relocate Lab or partially relocate and renovate (2,800 sf or 5,000 sf add.)</i> <i>Create new direct corridor from ED elevator to Surgical Services</i> <i>Relocate Med Surge patient rooms to exterior, add core (10,000 sf add.)</i>	New	\$3-10M	S. Addition				
					New Lab space would allow reno of extg. Lab	Bonding	
C6B Lab Renovation, including Ventilation Upgrade	Reno	Medium	Lab			BRH	
C6C Ventilation Upgrade - Boiler Room	Reno	Small	Infrastructure		Not clear how to renovate without domino space May not totally solve heat problem in Lab	BRH	
C7 Surgical Service Expansion. Options: 2016 plan, North, or South Add.	New	Large	Surgery		Some or all could be in North Addition	Bonding	
C8 Remove Medical Arts Building, Improve Central Site	Site	Medium	Med. Arts Bldg		Requires Admin. room elsewhere (North Addition)	BRH	
C9 New Parking Garage	Site	Large	Parking		Requires temporary parking loss	Bonding	
C9B New Parking Garage with Rental / Physician Space above	Site	Large	Parking		Requires temporary parking loss	Bonding	
C10 South Parking / Entrance / Garage		Medium	Parking		Required by ED expansion, South Site Access		
C11 Power Conditioning		Large			Comprehensive surge protection & power cond.		

List does not include basic equipment and small changes like crash carts and lunch room/sleep room needs, small changes to allow better social distancing in PT/OT/ST etc
 Project Size: Small < \$500k, Medium \$500k - \$2M, Large \$2M - \$10M, Major > \$10M

Bartlett Regional Hospital

Facilities Master Plan - Project Priorities Timeline

November 17, 2020

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