## **Bartlett Regional Hospital**

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Planning Committee Meeting Minutes February 12, 2021 – 12:00 p.m. Bartlett Regional Hospital Boardroom / Zoom Videoconference

Called to order at 12:02 p.m., by Planning Committee Chair, Lance Stevens.

**Planning Committee\* and Board Members:** \*Lance Stevens, \*Iola Young, \*Hal Geiger, Kenny Solomon-Gross, Rosemary Hagevig, and Mark Johnson.

**Also Present:** Kevin Benson, Billy Gardner, Bradley Grigg, Rose Lawhorne, Marc Walker, Gail Moorehead, Anita Moffitt, Nathan Coffee and Jeanne Rynne

## **PUBLIC PARTICIPATION** – None

APPROVAL OF THE MINUTES – Ms. Young made a MOTION to approve the minutes from December 17, 2020 Planning Committee meeting. Mr. Geiger seconded. Minutes approved.

COVID STATUS – Ms. Moorehead provide a COVID status update while participating in today's community vaccination clinic at Centennial Hall where it is anticipated that 540 vaccinations will be administered. As of today, about 13% of Juneau's population has received both doses of the vaccination. The State of Alaska has received an allocation of 119,000 doses and hopes to receive more. Almost 80% of staff at BRH has received COVID vaccinations. We currently have one COVID positive patient in house. Of the 285 people tested through our Emergency Department in February, only one person tested positive. Ms. Young expressed appreciation for the efforts put in to provide these clinics to the community. Ms. Moorehead reported that these clinics are manned almost 100% by volunteers and thanked Ms. Young for volunteering in this community project as well. Mr. Geiger initiated a conversation about tier one (over 65) eligible vaccine recipients. CCFR is to begin doing vaccinations for the homebound population unable to leave their homes due to transportation or are immune compromised. Hesitancy to get the vaccine is not a big problem in Juneau, availability of the vaccine to meet the demand is as allocation is much less than what is ordered.

Ms. Lawhorne reported that issues in maintaining adequate air exchange and temperatures in the temporary triage facility have been resolved. The facility is currently being monitored to make sure temperatures are maintained before it opens up for patients. She also reported that part of the hesitancy of being vaccinated is due to its expedited development. This MRNA technique is not new. It has been in research for quite some time to treat cancer but not in use for vaccination development. Ms. Young asked what the impact would be if the State Emergency order is not continued. Ms. Lawhorne provided a summary of the impacts as the emergency order removes restrictions that could potentially negatively impact patient care for surge environments, allows for temporary changes to the facility in the patient care environment (temporary walls, ventilation systems, etc.). We would not be able to apply for funding that is distributed under this emergency declaration if we didn't have that access within the state. Mr. Solomon-Gross thanked Ms. Lawhorne for her report and noted that the Assembly passed an ordinance to extend Juneau's emergency orders. Ms. Hagevig reported that the Senate and the House are trying to get a



deal together and get it to the Governor before the February 15<sup>th</sup> deadline. If they don't beat the deadline, some of the provisions will be retroactive if adopted by the legislature and approved by the Governor.

ACQUISITION OF BSSC BUILDING – Mr. Benson reported that there is not much new to report. The offer of \$2 Million was rejected. The owner is pretty firm at \$2.5 Million. The engineer's report revealed no serious issues with the building. The roof is nearing its end of life and will need to be replaced in the next 2-3 years. CBJ engineers provided a rough estimate of \$470,000 to replace it. This information is to be discussed at the Finance Committee on February 19<sup>th</sup>. Mr. Stevens expressed concerns about the \$500,000 increase in price. Adding on contingencies and cost of replacing the roof is another \$500,000 and doesn't include water intrusions that will need to be addressed. Hopefully this will be a negotiating point. Ms. Hagevig noted remodeling costs would also need to be considered.

## **CURRENT PROJECTS STATUS - Mr.** Gardner reported the following:

- Temporary triage facility substantial work has been completed. We will continue to monitor the heat situation.
- COVID-19 testing room testing of interface should be done this week. After completion, interface will go back to Meditech to load into "Live". After it's loaded, it will need to be tested and validation conducted in the live environment. Roche representatives will be on campus next week to review everything we have in place to make sure we are ready to go. We anticipate a go live date of February 23<sup>rd</sup>. The first shipment of reagents is due to arrive today. Memorandum of agreements with outside entities, including Beacon, will be put in place. We will have enough reagents each week to run 960 tests, including the required two times daily validation tests. The supply of reagents may possibly increase in March. Discussion held about testing costs. Testing may be billed to patient insurance or directly to organizations wishing to do bulk testing.
- Ventilation improvements to Surgery The bids have been received and contractor given notice to proceed. The estimated substantial completion date is April 13<sup>th</sup>. Planned OR downtime is three days. Weekly meetings will be held with the contractor and efforts coordinated to have the least impact on operations.
- CSR sink and equipment We are waiting for final design from PDC engineers. Estimated delivery of final design documents is today.
- ED waiting security screen The work that began on December 17<sup>th</sup> had been completed but necessary changes have been identified. Cost estimates for changes and adding an additional doorway are being obtained.
- Ventilation upgrade emergency department an assessment has been conducted to determine if the exhaust fans in that area could handle an additional load. The system was determined to be at capacity and would require an upgrade.
- ASU-1 heating oil conversion to glycol This project is out to bid. There is a pre-bid walkthrough scheduled to take place on February 16<sup>th</sup>. Bids open up on March 3<sup>rd</sup>. The estimated completion date of this 3 week project is April 30<sup>th</sup>.
- BOPS replacement building Bid ready documents are near completion. Advertisement of the project is scheduled for February 22<sup>nd</sup> and bids open March 23<sup>rd</sup>. We are still pushing for a July or August 2022 substantial completion. Despite some of the delays we've had, we are currently on target for our timeline for this project but coordination of sidewalk replacement and this project will require some adjustments.
- Rainforest Recover Center exterior upgrades The siding and window replacements documents have been received and are being reviewed.
- Phase 1 sidewalk replacement Southwest asphalt replacement is the back parking lot near the loading dock. The planning and design of this is being done in conjunction with the fuel oil tank



- supply line upgrades. DOWL is doing this for us as part of the replacement of the sidewalks project.
- Underground fuel oil tank supply line upgrade CBJ engineering is currently working on this. Estimates are \$120,000 for construction and \$25,000 for professional service fees. This is estimated to go out to bid in mid-March. Construction is to take two months and begin early summer 2021.
- New south site access this is currently being worked on by CBJ engineering and DOWL.
- ED temporary ventilation upgrade (trauma room & 1-2 exam rooms) the engineer has done the research on the existing system, calculations and preliminary equipment selection. Site inspection has been completed for possible routes for duct work. He is now working on producing the conceptual design.

PROJECTS LIST PRIORITIZATION REVIEW – Mr. Gardner made a proposal to the committee to combine future projects identified as C1, C2 and C3 on the projects list into one project. This decision was made after consultations with CBJ engineering, architects, our facility plan and contractors. This will require funding for design and development and we are asking for \$425,000 to get us through this phase. MOTION by Ms. Young to combine these projects and request \$425,000 through the Finance Committee to fund the design and concept. Mr. Geiger seconded. There being no objection, MOTION approved.

**GANTT CHART REVIEW** – The Gantt chart is a fluid document requiring adjustments as projects change. Cory Wall will make the adjustments.

Mr. Gardner proposed the addition of the following 4 items to the projects priority list:

- 1. Physician sleep/call room Work is being done by Nathan Coffee to design it. The estimated cost of the project will be greater than \$50,000 but less than \$250,000 and would require it to go out to bid. For the work/life balance for our physicians, Mr. Stevens agrees it should be a priority.
- 2. Stress test room renovation this space is too small to accommodate the multiple health care professionals in the room with the patient undergoing treadmill stress testing and meet social distancing requirements. Patients are unable to wear masks while under stress and are currently required to have pre-procedural COVID testing prior to having stress test and staff is required to wear PPE while conducting test. Stress tests are conducted several times a week.
- 3. Power supply conditioner PDC has been hired to design plans for a power supply conditioner. Recent events have shown this to be a priority item.
- 4. Fire doors replacement Fire doors are inspected annually and repairs are made as needed. There were 22 doors that failed inspection this year (normally 1 or 2) and are no longer able to be repaired. The high rate of failure this year is due to a combination of the age of the doors and a different person conducting the inspection. So as to have only one door project, a request was made to include repairs to doors that are part of our facility lockdown process and a power operator for the OB door. Mr. Walker stated that CMS requires an action plan to be in place for replacement of defective life safety components within our facility. Mr. Stevens stated that not only does this need to make the list, it's an immediate action item. Since these doors were installed in the late 60s, they've served their purpose well.

MOTION by Mr. Geiger to add the four projects identified to the priority list and Gantt chart. Ms. Young seconded. There being no objection, MOTION approved.

Mr. Stevens noted we will expect to see some actionable numbers that we need to move to finance on a couple of these projects fairly quickly.



**Future Agenda Items:** Review existing and planned community health initiatives. This has been brought up by our CBJ liaison, was in the interviews for BRH Board candidates and has been on the Assembly's priority list. Mr. Gardner is to coordinate inviting the appropriate people to provide feedback as to what it means and how it pertains to long term expectations. Ms. Hagevig noted the work at Centennial Hall is a great example of this. In response to Mr. Geiger's question about how the committee would produce a plan, Mr. Stevens stated that we need to have a listening session with our assembly representatives, CBJ liaison and the City Manager to share what the expectations are and what the intent was when they put it on their priority list. Until we know that, we won't know what our next steps are. We will plan to have this meeting in the next month or two.

Next meeting: 12:00pm, Friday - March 19th

**Comments**: Future Planning Committee meetings will be held at noon on the third Friday of each month unless a conflict comes up. If the Finance meeting does move to March 19<sup>th</sup>, we will meet on March 12<sup>th</sup>.

**Adjourned** – 1:11 p.m.

