

Bartlett Regional Hospital

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Planning Committee Meeting Minutes
May 7, 2021 – 12:00 p.m.
Bartlett Regional Hospital Boardroom / Zoom Videoconference

Called to order at 12:01 p.m., by Planning Committee Chair, Lance Stevens.

Planning Committee* and Board Members: *Lance Stevens, *Hal Geiger, *Iola Young, Rosemary Hagevig, Deb Johnston and Mark Johnson.

Also Present: Rose Lawhorne, Billy Gardner, Bradley Grigg, Dallas Hargrave, Kim McDowell, Gail Moorehead, Anita Moffitt and Jeanne Rynne,

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – *Mr. Geiger made a MOTION to approve the minutes from March 12, 2021 Planning Committee meeting. Ms. Young seconded. There being no objections, minutes approved.*

COVID STATUS – Ms. Moorehead reported that we have one COVID patient in the hospital. 88% of BRH staff and over 70% of eligible community members have been fully vaccinated. The final mass vaccination clinic at Centennial Hall is scheduled to take place tomorrow. A transition is being made to hold smaller clinics in the community through coordination of Public Health and local businesses, churches and community organizations. Clinics held at JDHS and TMHS for 16 year olds and over resulted in 84 vaccinations being administered to this age group. It is anticipated that Pfizer vaccines will be approved for 12-15 year olds through a EUA next week. There is coordination with the school district to provide vaccine clinics to students before they are released for the summer. BRH has resumed giving the Johnson and Johnson vaccine but now give a more thorough screening to patients and staff before administering. Vaccination status of all inpatient and ER patients reviewed on a daily basis. Non-vaccinated patients are able to choose between a Pfizer or Johnson and Johnson vaccine before discharge if they choose to be vaccinated. The COVID wing has been stood down to a ready status and is currently being used for patient overflow from Med Surg. It can be stood up quickly should it become necessary to do so.

MASTER FACILITY PLAN UPDATE – Mr. Gardner reported that he anticipates two updates to the Gantt chart, one to the BOPS/Crisis Stabilization building and the other to the road construction project. Mr. Grigg will provide information regarding the BOPS/Crisis Stabilization building. Phase two of the Hospital Drive roadway will move to the spring of 2022. Roadway projects currently going on will continue to mid-June.

CURRENT PROJECTS STATUS - Mr. Gardner reported the following updates:

- ED Ortho trauma room and ventilation system upgrade will go out to bid mid to late May with a construction completion date of September 2021.
- ASU-11/ Endo fan replacement went very well however leaks found in the ductwork during test and balancing of the system require a change order to repair the leaks.

- Physician call room – renovation space has been identified and Northwind Architects selected to draw up plans for the project. The bid ready documents will be due 60 days from the notice to proceed for the construction. Ms. Kesselring is collecting data to make sure we are right sized for the needs of the physicians.
- BRH surge protection - Phase I panel surge protection has been completed. Phase II recommendations are currently being reviewed. All identified vulnerable equipment is protected by the surge protectors and the larger plan is being worked on.
- ASU-1 heating oil conversion to glycol – Schmolck Mechanical was awarded the contract. Equipment has been ordered and conversion should be completed by mid-July.
- Campus door upgrades – The notice to proceed was issued a couple of weeks ago. The bid ready documents will be due 60 days from the notice to proceed date (April 22nd).

COBAS 6800 ROCHE ANALYZER/ MASS TESTING UPDATE – Mr. Gardner reported that as of yesterday afternoon, we can only run up to 45 tests at a time. Due to a faulty sensor, larger quantities will cause the machine to lock up. ROCHE is trying to resolve the issue. This is the third breakdown in two months. The number of scheduled collections before next Wednesday (busiest day each week) is not anticipated to be over the number of tests we can run. We do have smaller Cepheid analyzers for backup if needed. He confirmed the analyzer is still under warranty and ROCHE is committed to repairs. Ms. Lawhorne and Senior Leadership will be updated information becomes available. In response to Ms. Young’s question, Mr. Gardner confirmed that the molecular lab is still staffed as though it is performing at full capacity. Mr. Geiger initiated conversation about reagent availability. Reagents are readily available. ROCHE has eliminated commitments through purchasing contracts so supplies can now be purchased as needed and unused reagents will no longer need to be stockpiled. BRH has signed contracts to provide testing with the Juneau School District, Kensington and Greens Creek mining companies, AEL&P and CCFR. Opportunities for BRH to provide testing services for other entities are being pursued.

BOPS / CRISIS STABILIZATION PROJECT UPDATE – Mr. Grigg expressed gratitude for how quickly Planning, Finance and the Board got behind the idea of adding an additional floor to the Crisis Stabilization building. Looking long term, Behavioral Health services can definitely use the extra 5,000 square feet of space and it opens up a lot of opportunities for us in the interim, given the timing of construction, for ancillary and surgical services. Weekly meetings held with CBJ, Northwind Architects, Dawson Construction and BRH staff to design the floor to mirror the Bartlett Outpatient Psychiatric Services (BOPS). The top floor of the building, which will now be the 4th floor, will be the Crisis Stabilization Center. The third floor will be the additional floor approved by the Board. The ground floor (second floor) will be the BOPS. Underground (first floor) will be parking and storage. There will need to be additional reinforcement work done within the concrete parking garage to be able to support the additional floor and structure as a whole. The architects will present different options to choose from for adjustments that need to be made to the garage. Dawson Construction has been on campus several times in the last week preparing for the staging and razing of the current BOPS building so ground work can begin. There is an anticipated 60 – 90 days of ground work to be done before construction of the building begins. Continued weekly meetings and regular updates will keep everyone on the same page. In response to Mr. Stevens’ query, it was reported that management has made the decision to move ahead with the City Manager’s recommendation to execute a series of incremental change orders and supplemental agreements to the current construction contract and no action is required from the Board. Mr. Geiger supports management making this operational decision.

TELEHEALTH – Mr. Gardner reported that he and Dr. Mimi Benjamin met with Virginia Mason Medical Center to review a needs assessment of our community and the criteria for a \$1.5 Million grant

from the Rasmuson Foundation. This grant would allow partnering with Virginia Mason to bring specialty care services to BRH via telehealth. Our new grant manager has been working on an FCC reimbursement grant worth up to \$1Million. Mr. Benson and Mr. Chille have identified \$700,000 in equipment procurement and upgrades to be paid for by this FCC grant. Notification has been sent to all patient care directors to review their service lines and look for ways to incorporate telehealth services and expand provision of care to a higher level. Ms. Lawhorne thanked Mr. Gardner for his work with Virginia Mason and the BRH teams. As we continue campus planning and expansion, Mr. Gardner's plate is going to get progressively fuller. Because of Mr. Grigg's experience in developing telehealth programs here and at the State, Mr. Grigg will coordinate, with the support of Ms. McDowell, expansion of telehealth services at BRH to allow Mr. Gardner to focus on campus planning and development. Ms. Young initiated discussion about relaxed billing restrictions for telehealth services. Nationally, there is a broad effort to continue relaxed restrictions and we do anticipate some of them to continue. Mr. Grigg reported that as the emergency declaration has been lifted at the State level, the DHSS is going to continue to operate, at this time, under the relaxed lower threshold settings allowing patients to receive services from anywhere, not just a certified clinic. One of the biggest benefits of this lower threshold is better patient engagement and a significant drop in no-show rates. Ms. Hagevig asked if the latest round of federal legislation and funding changes includes an increase in the Federal Medical Assistance Percentage (FMAP), would it result in a beneficial outcome for BRH. Mr. Grigg reported that it is possible and we anticipate hearing more information about how it could benefit BRH specifically. Ms. Hagevig reported that issues dealing with isolation and anxiety caused a fair amount of perspective mental health problems in the senior population throughout the state and wondered if we are seeing a lot of that in Juneau. Mr. Grigg reported we most definitely are. Mr. Geiger enquired about initiatives to inform residents about telehealth options in Juneau and asked what medical services besides behavioral health, Bartlett will be offering. Ms. Lawhorne reported that she doesn't have specifics about what we will be telling the public yet because we first need to understand what the capabilities are. Many operational efficiencies can be gained by using telehealth services. In a time when our space is limited, we can use it for pre and post-op appointments, remote assessments, speech, physical and occupational therapy. Expanding these services would not require extra space and makes it easier for patients with transportation challenges or limited mobility to receive services. She noted we are at the ground level of incorporating Virginia Mason into the program. We need to identify our strategic direction, what's available, where we see ourselves going and how we can feasibly incorporate these services. compliance, billing, registration and all other departments that would have a stake in the development of this program need to be involved. Training of providers, staff as well as patients as to what the care will look like is important and will require development of messaging to the public in terms they can easily understand.

Future Agenda Items: EHR/EMR – Mr. Gardner suggested this topic can be contentious and needs to stay on the agenda. Having forward looking, transparent discussions about EHR/EMR in the Planning Committee and with the Board will help things go smoother in the future.

Comments: None

Next meeting: 12:00pm, Friday – June 4th

Adjourned – 12:44 p.m.