

Bartlett Regional Hospital

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Planning Committee Meeting Minutes
June 4, 2021 – 12:00 p.m.
Bartlett Regional Hospital Boardroom / Zoom Videoconference

Called to order at 12:00 p.m., by Planning Committee Chair, Lance Stevens.

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

Also Present: Rose Lawhorne, Kevin Benson, Bradley Grigg, Dallas Hargrave, Kim McDowell, Marc Walker, Anita Moffitt, Nathan Coffee and Jeanne Rynne,

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – *Mr. Geiger made a MOTION to approve the minutes from the May 7, 2021 Planning Committee meeting. Ms. Young seconded. There being no objections, minutes approved.*

COVID STATUS – Ms. Lawhorne reported there are no COVID patients in house. Vaccination efforts continue and rates in Juneau continue to rise. Things are going well with ironing out the processes for the molecular lab. The care area is the main area of focus but consideration must also be given to support services that are impacted in order to build a successful long term system.

Mr. Stevens identified himself, Mr. Solomon-Gross, Ms. Lawhorne, Mr. Grigg and Ms. Moffitt as being in the boardroom for this meeting. He named each of the other participants listed above as participating remotely via Zoom videoconference.

MASTER FACILITY PLAN UPDATE – Mr. Benson reported there are no updates to the Master Facility Plan. Ms. Lawhorne stated that we are reviewing the plans and looking at the best way to conserve money, time and resources for the Emergency Department's ventilation system project. This will result in a change to the Gantt chart and timing of the project.

CURRENT PROJECTS UPDATE – Mr. Benson noted the projects list included in the packet was up to date when written one week ago. There are a number of projects very near to completion that will drop off the list, including the Emergency Department (ED) waiting area, Molecular Lab, Hospital Drive and the ED Triage building. He also reported on the following:

- ED Exam / Trauma rooms – We have received cost estimates that put the trauma room ventilation change at \$200K and the exam room negative pressure ventilation at \$125K. It has been determined that work on the exam rooms can wait but work on the trauma room will proceed. Work on the trauma room will not have to be redone during expansion of the ED.
- ASU-11/ Endo fan replacement went as smoothly as one would have expected it to go. Leaks in the ductwork are preventing adequate airflow in the Endo room and will need to be addressed.
- Physician call room – Proposed designs have been reviewed and are expected to be finalized in the next week or so.

Mr. Lawhorne clarified that with the expansion of the ED, we will create negative airflow. The current project as designed would impact care in the exam rooms. After strategic planning discussions, it has been decided that the new structure will be built with the negative airflow and a new ventilation shaft. Exam rooms will then move into the new space. This will delay the negative airflow in the current space but will be less disruptive to patient care and will not create work that would need to be redone.

Mr. Geiger asked who is reviewing the phase 2 recommendations for the surge protection as noted in the projects list. Mr. Walker reported that he and Nathan Coffee have been reviewing the recommendations and sending them back to the design team.

In response to Mr. Solomon-Gross' question, Mr. Walker reported the endoscopy room is in use. It does meet the ventilation standards as it was designed when it was built. We are trying to bring it up to current standards. He also stated that the ED Triage building is complete and is in use. All paperwork needs to be completed during the close out phase before final payment can be issued.

MOLECULAR LAB UPDATE – Mr. Benson reported we are ready to close out this project. It has been operating since mid-March. The analyzer's sensor has been repaired. We are currently running at a 30% capacity, averaging 300 tests per week. BRH has signed contracts to provide testing with the Juneau School District, Kensington and Greens Creek mining companies, AEL&P, UnCruise Adventures and CCFR. Opportunities for BRH to provide testing services for other entities are being pursued.

BOPS / CRISIS STABILIZATION PROJECT UPDATE – Mr. Grigg reported that demolition of the BOPS building will happen any day. AEL&P has completed their work and sheds in back of the building have been relocated. Mr. Stevens noted that the Committee of the Whole approved changes to the original design plan of the Crisis Stabilization building and asked for a status report. Ms. Lawhorne, Mr. Grigg, Mr. Benson have met with CBJ Engineering and Dawson Construction twice in the last two weeks. This additional floor must meet the needs to provide outpatient care in the short term for surgical services and long term for behavioral health. Northwind Architects has come up with a design to meet those needs. In addition to adding a floor, it has been decided to switch from a wood structure to a steel structure for both planning purposes as well as cost efficiencies. Ms. Rynne reported these changes are within the dollar amount recently approved by the Committee of the Whole and the CBJ Assembly and are well within the overall project budget for adding contingencies throughout the duration of the project. Mr. Coffee clarified that the contractor will not have this building completed by the July 2022 timeline written in the original bid but does not foresee completion going beyond the fallback date of December 2022. The end date cannot be determined by Dawson Construction until after the designs are complete. A project completion date of December 2022 would be in line with the lease ending for the Bartlett Surgery and Specialty Clinic. Final designs will be shared with the Board. All grant funders have been notified of the changes and given assurance that their investment will not change the two original patient care floors for outpatient behavioral health services and inpatient crisis stabilization. They have also been informed that long term, the additional floor will be used for behavioral health services. Feedback from funders has been very positive and they request continued updates.

TELEHEALTH SERVICES – Ms. Lawhorne reported that we don't want to limit the area of specialties or the multiple organizations providing our telehealth services but we're somewhat limited by regulations in how we use this modality of care. Relaxed restrictions of the temporary emergency authorization for telehealth services are changing. Our plan is to develop an organized, strategic direction for a telehealth program that will allow us to support our partners within the community and continue providing a higher level of care to patients. Behavioral Health has a good handle on telehealth services and we can use this modality to bring specialty services to our community. It can be used to create efficiencies in processes

that already exist in the hospital, streamline our care and expand our patient volumes. Careful consideration is being given to how we can create a cohesive program that is very clear to follow.

In response to Mr. Solomon-Gross' query about who is taking the lead on telehealth services, Ms. Lawhorne reported that Mr. Grigg, who has stood up Bartlett's Behavioral Health telehealth program, has kindly stepped up to assist with the help of Ms. McDowell. Ms. McDowell is very well versed in the clinical areas. We are moving forward cautiously as we replace the COO position and depending on the resources that person has, we might be able to reassign. Ms. Hagevig asked if the issues being able to bill for these services has been resolved. There are national efforts to make the emergency declaration's use of telehealth services reimbursable long term. When the disaster declaration ends or changes, it could change the regulations. We want to make sure Bartlett sets up a program that's sustainable despite temporary starts and stops in how we are able to bill and be reimbursed for services. We are taking time to develop something that embraces the future of healthcare but isn't dependent on the changes that are going on. Resolution of the billing issues and insurance options are being addressed at State and national level. Ms. Lawhorne confirmed that physicians we credential for telehealth services are required to have a State of Alaska license.

New Business - None

Future Agenda Items:

1. Strategic Planning meeting - Mr. Solomon-Gross suggested it may be held after the board returns from the October Leadership Conference. He will discuss it Mr. Stevens.
2. Gantt chart – Mr. Solomon-Gross requests the Gantt chart be included in each month's Planning Committee packet.

Comments: None

EXECUTIVE SESSION - MOTION by Mr. Geiger to recess into executive session as written in the agenda:

- *To discuss information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH; that being a discussion about campus planning, and ask for unanimous consent.*

Ms. Young seconded. There being no objection the committee entered executive session at 12:30 pm and returned to regular session at 12:56 pm.

Mr. Stevens reported that the committee provided direction to the CEO for strategic purposes.

Next meeting: 12:00pm, Friday – July 2nd

Adjourned – 12:57 pm.