

Bartlett Regional Hospital

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Planning Committee Meeting Minutes
June 13, 2022 – 12:00 p.m. Zoom Videoconference

Called to order at 12:00 p.m., by Planning Committee Chair, Brenda Knapp.

PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT: Brenda Knapp*, Mark Johnson*, Hal Geiger and Kenny Solomon-Gross

ALSO PRESENT: Jerel Humphrey, Kim McDowell, Marc Walker, Sara Dodd, Karen Forrest, and Anita Moffitt

APPROVAL OF AGENDA – Mr. Johnson made a MOTION to approve the agenda as written. Mr. Solomon-Gross seconded. There being no objections, agenda approved.

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – Mr. Johnson made a MOTION to approve the minutes from the May 5, 2022 Planning Committee meeting. Mr. Solomon-Gross seconded. There being no objections, minutes approved.

FAMILY PRACTICE BUILDING UPDATE – Mr. Walker reported Steve Garger and Jensen Yorba Wall Architects are to help assess the Family Practice building. We are working on getting all of the players together to inspect the building and to provide a written report when the inspection is complete.

MASTER FACILITY PLAN AND TIMELINE – Mr. Walker reported the facility plan and timeline, included in the packet, are up to date. The second phase of the power conditioning project (conditioning modules) has been awarded to Anderson Brothers for \$297,000. We will continue on with designs to dampen surges coming into the facility even more. He noted item C-2, North Addition – Phase 1 listed under Future Projects was projected to be in the planning & design phase now. He asked if it should be postponed until a later date or if we should start now. It was agreed that this plan had been developed pre-Covid and is not ready for action at this time. There have been too many changes since the master plan was originally developed. We will soon have new board members a new CEO in place and they should be part of the decision making process. Senior leadership and staff will begin working on a concept, without design professionals at this time, and define what the hospital needs are for this addition. Recommendations are to be brought back to the Planning Committee for consideration to be acted on after the start of the new year when new board members and CEO are in place.

CURRENT PROJECTS UPDATE – Mr. Walker provided an overview of the project update list included in the packet. RRC siding project substantial completion date has been moved to the end of June. Water main and waste line project is moving along nicely. Paving for the site improvement project has been delayed until tomorrow due to weather. Completion of paving and painting will help alleviate some of our parking issues. The bid date for the underground fuel line project has been moved to June 21st. Hospitalist sleeping quarters is being redesigned and will go out to bid again in August. In response to Ms. Knapp, Mr. Walker confirmed the cost of the surge protection project is a bit more than what it cost to repair damages and replace equipment due to a power surge last year. We have received some reimbursement for those repair and replacement costs. Brief discussion about insurance coverage held. In response to Mr. Solomon-Gross, Mr. Walker reported the Assembly must approve use of funds for the parking study to be conducted. Committee will receive report after study is completed.

BOPS / CRISIS STABILIZATION PROJECT UPDATE – Mr. Walker reported construction is moving along and still on schedule for completion in the spring of 2023. Design team has been working on identifying any potential delays and possible impacts to costs by repurposing the use of the second floor for the ABA (Applied Behavioral Analysis) program. Ms. Forrest reported the design team is going through every single piece of the design to make sure it meets the higher safety rating required for its redesignation. This is Ms. Forrest’s last Planning Committee meeting as tomorrow is her last day working for BRH. Ms. Knapp thanked Ms. Forrest for her 8 months of service as the CBHO and told her she would be missed.

ED EXPANSION PROJECT UPDATE - Mr. Walker reported the GC/CM (General Contractor / Construction Manager) procurement methodology was approved by the PWFC (Public Works and Facility Committee). Engineering and Law staff are to draft an ordinance to present to the Assembly for its first reading at the July 11th meeting. It will be presented a second time, for adoption, at the August 1st Assembly meeting. Also of note, the PWFC approved the recommendation from the JCOS (Juneau Commission on Sustainability), to approve a LEED (Leadership in Environmental Energy and Design) Certification exemption request for the ED expansion project. It will go before the Assembly for approval tonight. We are still looking at different methodologies to meet some of the LEED requirements because it’s the right thing to do. Conceptual design has been completed and we are now moving to schematic design.

Strategic Goal Initiatives – Mr. Humphrey reported that Senior Leadership has taken ownership of various goals produced by the Board. A full report will be available at next month’s Planning Committee meeting. Ms. McDowell’s report, included in the packet, gives a good start on the Planning Committee’s assigned initiatives.

Initiative 1.1 – Evaluate and expand affiliations and partnerships with other healthcare organizations:

Ms. McDowell has been asked to co-chair the Rural Chair on the AHHA (Alaska Hospital & Healthcare Association). This will aid in building relationships with other healthcare organizations and possibly make partnerships/affiliations easier to obtain. AHHA is formerly known as ASHNHA (Alaska State Hospital and Nursing Home Association). Ms. Knapp expressed interest in obtaining information about what AHHA’s vision is and who its members are.

Initiative 3.1 – Resolve EMR (Electronic Medical Records) system concerns:

Working with IT and Meditech to schedule a site visit for ED Director, Chief Clinical Officer and Dr. Jones to see Meditech Expanse in use in an ED in Mississippi. Patient information from T-system, currently used in the ED does not transfer smoothly to the Meditech system used in the rest of the hospital, when the patient is admitted to the hospital. ED is resistant to switching to Meditech Expanse but using the same system throughout the organization is one more way to help ensure patient safety. Seeing expanse in action may help address any concerns ED may have. Site visit dates have not been determined yet but it expected to take place this summer.

Initiative 3.2 – Expand workforce development programs:

Ms. McDowell reported nursing shortages are a nationwide problem. BRH is addressing the issue by thinking outside the box and using paramedics in the ED, having a hospital based CNA program, postings to hire LPNs and partnering with the university for cohorts. SLT has held discussions about bringing new graduates on board by offering to help with tuition costs in exchange for a commitment of 2-3 years to BRH. We must continue to think outside the box to recruit and retain staff. Ms. Knapp noted traveling nurses make more money and only a small percentage of health care providers want to relocate to small, rural hospitals. Mr. Johnson suggested that opposition to drug testing, specifically marijuana, is also an issue with hiring and wonders if the board needs to reconsider changing drug testing requirements. Mr. Humphrey is not sure what we test for and stated that there are federal requirements to follow. He will discuss this with Mr. Hargrave. Ms. Knapp requests Mr. Hargrave be prepared to report on BRH’s current practice for drug testing and how it relates to any outside regulations we have to comply with at the next Planning Committee meeting.

Initiative 3.3 - Exploring the feasibility of hospital run clinics;

Ms. Knapp reported that Mr. Tyk was to give a report on this topic and there had been a suggestion made about looking into federally funded healthcare clinic status. The new CEO will need to be involved too but we are well

underway with the tasks assigned to this committee. The Quality Committee is to be involved with the workforce development and other initiatives. These initiatives should be on their agenda for discussion at their next meeting scheduled to take place on July 13th.

ECG report – Ms. Knapp reported the ECG report was written a couple of years ago. ECG was focused on the impact of the COVID pandemic, revenue streams and limiting inpatient revenues. They consistently brought up SEARHC and reminded us that we need to keep our guiding principles in mind, the primary one is to remain independent. CBJ has no interest in selling the hospital and wants BRH to remain a community owned and operated hospital. Three things that are key to BRH’s ability to achieve its goal of independence is that we have to be able to recruit physicians, prevent or minimize the leakage of services and need to have access to expanded care options. We have been setting on these recommendations and now need to move forward after revisiting them with the new CEO. Mr. Johnson stated we are a very good community hospital but aren’t a referral hospital. We need to understand that some care will be provided elsewhere but we can continue to be part of that care. When recruiting, it’s important to keep in mind what is most feasible for our size community. Recruitment of orthopedic surgery is a good example – back surgery specialists would not have as much demand here as someone that can do full joint replacements. At some point we need to clearly define what level of services are reasonable and feasible for us and how we fit into the continuum of care.

Mr. Geiger stated that cardiac services make up a substantial amount of leakage but we can’t support a cardiologist here. Some physicians have relationships for these services with other facilities, like Virginia Mason, by default. BRH needs to start moving forward with developing relationships with these facilities as well. He then expressed concern and initiated discussion about why physicians are choosing to leave Juneau or retiring early. Ms. Knapp noted that nationally, a lot of physicians are retiring at an earlier age due to the pressures they faced during the pandemic and burn out. She would like feedback from the medical staff. Mr. Johnson wonders if there is a way to do exit interviews with retiring physicians. Mr. Solomon-Gross will work with Ms. Moffitt to schedule a joint Medical Executive Committee and Board Executive Committee meeting to discuss physician retention and recruitment issues.

Comments – Mr. Johnson noted the CBJ Planning Committee is looking a 45,000 square foot medical building for SEARHC to be built near Vintage Park. Discussion held about services to be provided in that facility. Ms. Knapp stated we need to continue to look at the recommendations in the ECG reports and decide which ones to move ahead with. In response to Mr. Johnson, Mr. Humphrey reported he continues working with the orthopedic surgeons at Juneau Bone and Joint to recruit an orthopedic surgeon for their practice. There has been no success to date and he stated that if we can find one that would like to work for BRH instead of a practice, we should move ahead with that recruitment.

Next Meeting – 12:00 p.m., Friday, July 1st

Adjourned – 1:11 p.m.