

Bartlett Regional Hospital

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Planning Committee Meeting Minutes
October 7, 2022 – 12:00 p.m.
Zoom Videoconference

Called to order at 12:01 p.m., by Planning Committee Chair, Brenda Knapp.

PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT: Brenda Knapp*, Max Mertz*, Mark Johnson*, Kenny Solomon-Gross, Iola Young and Deb Johnston

ALSO PRESENT: Bob Tyk, Tracy Dompeling, Kim McDowell, Dallas Hargrave, Marc Walker, Nate Rumsey, Nathan Overson, Jeanne Rynne, Anita Moffitt, Beth Mow, Gail Moorehead and Jason Hoffbauer

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

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – Mr. Mertz made a MOTION to approve the minutes from the September 2, 2022 Planning Committee meeting. Mr. Johnson seconded. There being no objections, minutes approved.

NEW BUSINESS:

Plans and Financing for BOPS/CSC Facility Programs – Ms. Dompeling reported BOPS (Bartlett Outpatient Psychiatric Services), Crisis Stabilization, ABA (Applied Behavioral Analysis) and Crisis Intervention services will be located in the new building. New service lines to be implemented are Crisis Observation (up to 23 hours and 59 minutes) and Crisis Stabilization Residential Services. She, along with Robert Barr and representatives from JAMHI, JPD, CCFR and SEARHC went on a site visit to Recovery International (RI) in Arizona earlier this week to observe their behavioral health service continuum that includes Crisis Observation and Stabilization programs. The thought behind their Observation program is that there is no wrong door option. Patients can come in on their own or be brought in by family members, police or community members when in a crisis situation. It's a safe, warm place where screening and assessments can be done within that 23 hour and 59-minute time period to identify the next steps for treatment. WMU (Withdrawal Management Unit) can also play into this continuum of behavioral health services. The planned use of the third floor of the new building is for crisis stabilization long term residential treatment. (Long term treatment is for up to 7 days, or longer if they meet criteria.) We are looking at options to move adolescent observation and stabilization services to third floor so all adolescents are together and not on the first floor with adults. Staff providing adolescent services will have experience and training in working with adolescents. We are working with Agnew : Beck on processes and proformas. They will be looking at volumes, services we can bill for through the 1115 waiver and other types of services that can be billed for separately. The staffing model of RI International will be used as a comparison moving forward. Marshall Crosland has been hired as the Behavioral Health Program Manager and was able to go on the site visit as well. He will look at services that need to be fine-tuned and identify the work flow between programs. RI International suggests we create a model for our community before we are told how it has to be done. Communities should have of dispatch or call center to help determine where patients should go and should also have mobile crisis response teams. An overview of the call center's operation in AZ provided by Ms. Dompeling. Ms. Knapp acknowledged Ms. Dompeling's excitement about the programs. Crisis observation is a new thrust that we haven't considered yet. We need to compare original assumptions for this building and its services with what might be better alternatives now. Ms. Dompeling stated the programs she described are in line with what the 2 grant proposals submitted to the state were intended for. In response to Ms. Knapp,



Mr. Tyk reported the proforma is going to be about staffing and expectations of patient volumes for the new programs. With the exception of the 8 beds and some of the crisis intervention, the programs moving into that building don't generate money. He will meet with Ms. Dompeling and her directors to review financials of BOPS, RRC and PES to determine how to cut expenses. He noted salary, wages and benefits is what generally kills these programs and if we can break even, we would be well served. Ms. Knapp expressed the importance of knowing what services other organizations in town are doing so we don't duplicate efforts. Mr. Johnson noted there used to be a stake holder group that helped get a handle on who was doing what and also identified amount unmet needs in our community and throughout the state. He also noted that JYS provides up to level 4, unsecured treatment, meaning kids can walk away. A study had been conducted years ago on the sustainability of a level 5 residential psychiatric treatment program. Medicaid has increased reimbursement rates in the past and could increase them again if a strong case could be made for doing so. AK loses a lot of money by sending kids out of state for secure treatment. He urged when working on the proforma, to look at long term planning. He then questioned the location of the ABA services. With so many outstanding questions, he suggested a task force might be appropriate to dig deeper into the behavioral health programs. Mr. Mertz and Mr. Solomon-Gross support the Finance Committee reviewing the financial aspects of these programs. Planning Committee is to work with Ms. Dompeling to get an understanding of what programs we're going to have, how they're going to work and how we're going to pay for them. Mr. Solomon-Gross requests Ms. Dompeling put some slides together for the next Planning meeting about the services and where they will be provided in the building. Ms. Knapp suggested she and Mr. Solomon-Gross meet with Mr. Keith and Ms. Dompeling to discuss what information is expected to be included in the slides. (Mr. Johnson will submit his questions in writing to the group.)

Da Vinci Robot – Mr. Tyk reported Dr. Newbury has been advocating for a Da Vinci robot for about three years. He had hosted a luncheon last year in which the Da Vinci reps and Dr. Joanie Hope, a gynecological oncologist from Anchorage that Dr. Newbury refers cases to, presented the Da Vinci robot. A proforma was built based on the numbers and types of surgical cases that leave Juneau. Mr. Tyk noted unlike three years ago, there is no longer a need to buy the Da Vinci robot, there are now lease options and a payback would be realized in a little over 2.5 years. Dr. Hope has committed to come to Juneau to perform surgery on patients referred by Dr. Newbury. A robotically trained urologist has agreed to come and work with Dr. Huffer. Mr. Keith, after meeting with the sales rep and Dr. Newbury, felt this would be a positive bottom line issue and instructed Mr. Tyk to move forward with getting a contract in place. The robot can also be used for recruiting other physicians trained on robotics. We will start with gynecology and urology but over time, general, head and neck, thoracic and other surgeries will be performed by robotics but. Getting the contract written up is taking a lot of time due to the language requirements by CBJ. Also slowing down the process, a 5-year lease of this type is \$2.7 Million, well above Mr. Keith's spending authority. The board will need to approve this purchase and then present to the Assembly for approval of fund appropriation. While working through those processes, we are working to bring the third OR up to Joint Commission standards so will have 3 functional operating rooms when this is completed. In response to Ms. Johnston, Mr. Tyk reported the lease for a robot is just under \$40,000 a month over a 5-year period. Ms. Knapp agrees this will help with recruitment but it still needs to go to finance for further discussion about how we are paying for it. Mr. Johnson feels it might help with leakage of patients and that studies show that robotic surgery reduces pain and suffering and speeds recovery time. Mr. Tyk reported two procedures per month by Dr. Hope would cover the lease payments each month. After further conversation, Ms. Knapp referred this matter to Finance for further consideration. Staff is to provide information about costs coverage and utilization of the equipment. Mr. Johnson suggested the Finance Committee may want to review the Moss Adams report from a few years ago as well.

OLD BUSINESS:

Family Practice Building Update – Mr. Rumsey reported BRH and the current owners have agreed on a purchase price. BRH has transmitted a signed purchase agreement addendum to CBJ to finalize the purchase. He is waiting to hear back from CBJ regarding the timing of the closing. He should be receiving information from CBJ on the existing leases by early next week. This will help in moving forward with new lease agreements with the existing tenants.

Master Facility Plan and Timeline – Mr. Walker reported he and Mr. Rumsey have met and discussed refreshing the look and condensing the master facility plan and timeline. There will potentially be some significant changes in the



content. Mr. Keith has requested a thorough review and discussion about how each project is going to align with the strategic plan in the future. A meeting is scheduled to take place next Tuesday to begin that review.

Current Projects Update – The current projects update is included in the packet. Mr. Walker reported the physician sleep room project has been canceled due to costs and lack of data supporting the need for the project. Also, a need to get the equipment out of OR 3 presented a higher need for that space.

Bops / Crisis Stabilization Project Update – Ms. Rynne reported an overview of the work in progress. Construction is moving along and still on schedule for completion by March of 2023.

Emergency Department (ED) Expansion Project Update - Ms. Rynne reported the Assembly approved the GC/CM procurement process on September 26th. We have advertised the Request for Qualifications (RFQ) and expect statements of qualifications to come in from interested contractors next Wednesday. An RFP will be issued for cost proposals and additional qualifications. We hope to complete the selection process of the GC/CM contractor by the December 12th Assembly meeting. Design development is now complete. We should have a cost estimate for the design development phase come in on October 12th. The GC/CM will be on board and able to provide input before we begin the construction documents. In response to Mr. Mertz, she reported this is not the first time the Assembly has approved a GC/CM process.

Comments – Ms. Knapp thanked everyone for their time.

Next Meeting – 12:00 p.m., November 4, 2022

Adjourned – 1:07 p.m.

