# **Bartlett Regional Hospital**

#### AGENDA

PLANNING COMMITTEE MEETING Friday, April 1, 2022 – 12:00 p.m. BRH Boardroom / Zoom Video Conference

Committee/Board members and designated staff will meet in person to the extent possible. Public, Staff and Committee/Board members wishing to attend virtually may access the meeting via the following link <u>https://bartletthospital.zoom.us/j/94747501805</u> or call 1-888-788-0099 and enter webinar ID 947 4750 1805

- I. CALL TO ORDER
- II. APPROVAL OF AGENDA
- III. PUBLIC COMMENT

### IV. APPROVAL OF THE MINUTES

$\succ$	March 4, 2022 Draft Planning Committee Meeting Minutes	(Pg.2)

### V. OLD BUSINESS

1.	COVID status – Kim McDowell	
2.	Master Facility Plan and Timeline – Marc Walker	(Pg.5)
3.	Current Projects Update - Marc Walker	(Pg.8)
4.	BOPS/Crisis Stabilization Project Update – Katie Koester	(Pg.9)
	Expansion of Behavioral Health Services - Karen Forrest	(Pg.13)
5.	ED Expansion Project Update – Katie Koester and Mark Kneedler	(Pg.14)
6.	Bartlett Surgery and Specialty Clinic Relocation – Jerel Humphrey	
7.	Prioritization of Strategic Goal Initiatives – Brenda Knapp	(Pg.19)

- VI. COMMENTS
- VII. NEXT MEETING 12:00pm, Friday, May 6, 2022
- VIII. ADJOURN



Bartlett Regional Hospital — A City and Borough of Juneau Enterprise Fund

## **Bartlett Regional Hospital**

3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900 www.bartletthospital.org

Planning Committee Meeting Minutes March 4, 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\*, Lance Stevens\*, Mark

Johnson\*, Deb Johnston, Hal Geiger and Kenny Solomon-Gross

ALSO PRESENT: Jerel Humphrey, Karen Forrest, Kim McDowell, Dallas Hargrave, Marc Walker, Jeanne Rynne, and Anita Moffitt

**APPROVAL OF AGENDA -** *Mr. Johnson made a MOTION to approve the agenda as written. Ms. Knapp 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 February 4, 2022 Planning Committee meeting. Ms. Knapp seconded. There being no objections, minutes approved.

**COVID STATUS** – Ms. McDowell reported we have no Covid patients in house, 8 Covid positive employees, seeing decreased numbers of Covid activity through the ED and overall numbers throughout CBJ decreasing. PPE, testing supplies and staffing are all stable at this time.

**MASTER FACILITY PLAN AND TIMELINE** – Mr. Walker reported that the plan and timeline, included in the packet, have been updated since our last meeting.

**CURRENT PROJECTS UPDATE** – Mr. Walker reported the current projects update list is included in the packet. He noted that the chiller replacement project was estimated to cost \$250,000. The lowest bid for the project came in at \$365,000. The contract is going to be awarded today. Mr. Stevens expressed concern that the bid is so much higher than our highest estimate. Ms. Rynne reported that this is a problem that has resulted in cancelation of several projects in town due to increased supply costs. There is a small chance to reduce some of these project costs but deductive change orders cannot be negotiated until after a bid is awarded. We have not yet exceeded budget for these projects. Funds for these projects come from deferred maintenance. We will be under by about \$117,000 out of \$6.9 Million if we move the CT/MRI replacement out of deferred maintenance. Mr. Stevens stated we need help from the city to obtain truer estimates so sound fiscal decisions can be made. Ms. Rynne agreed that if the engineer had given a 45 - 50% contingency, she would have questioned it. Ms. Knapp stated that we may need to allow ourselves higher built in contingencies since supply chains and material costs are not reliable. Mr. Solomon-Gross asked what the time frame is from when the engineer makes an estimate of the cost and when it goes out to bid. Preliminary estimates are done at initial planning of the projects, again at 65% completion in the design process and again at 95% completion. Typically, the engineer's estimates would fall in the middle of the bid range but that's not what we are seeing. We are going to have to keep an eye on this and be prepared as we move forward.

**BOPS / CRISIS STABILIZATION PROJECT UPDATE** – Ms. Rynne reported the field report in the packet reflects the status of the behavioral health building project as of last Thursday. The final concrete pour has been done and they've started erecting steel, a major milestone. The project is on schedule.



**ED EXPANSION PROJECT UPDATE** - Ms. Rynne reported the pre-design report is in the packet. She provided an overview of the project cost estimates from 2021 and 2022. The cost estimates for the plan included in the pre-design report was at \$11.2 Million for construction, total project cost of \$18.8 Million. This is significantly higher than what we started out with at the completion of the master planning phase. Construction had been estimated at \$7 Million, total project cost at \$11.3. We have been working with Architects Alaska and stakeholder groups to get program costs down. We have honed in on two options that fall within the \$10.2-10.5 Million range for construction, \$17.5 - 17.7 Million total project costs. We are very close to a final concept design that meets our needs. It now needs to be determined what an acceptable budget target is for this project. Mr. Stevens stated the financial aspect of this is a huge issue. We bonded \$12 Million for this project and are going to be short \$6 Million before we're out of the final design. If bids come back as we've seen, we won't even have half of this. Ms. Johnston stated this needs to go back to Finance Committee to discuss finance options. She then asked how the medical equipment got missed in the initial estimate. Ms. Rynne reported we did not have a good estimate for equipment costs in the first estimate. A thorough analysis will be done to determine what medical equipment actually needs to be replaced. The \$2 Million is a place holder and would cover costs if all equipment needed to be replaced. In response to Mr. Johnson's question about the status of the Certificate of Need (CON) application for this project, Mr. Humphrey reported that legal is working on it. Mr. Solomon-Gross stated that we're pretty deep into this project and doesn't think we can stop. Ms. Knapp stated that the ED expansion has been needed for a long time. She agreed this needs to go back to finance and that Jeff Rogers should be invited to the March 11<sup>th</sup> meeting to provide information about our options to help in our decision making. As a follow-up to Ms. Knapp's question at the February Planning Committee meeting, Ms. Rynne reported that controlling airborne illnesses by people coming into the ED will be handled like it is now. People that come into the ED presenting with symptoms that are respiratory in nature, receive a mask upon entry. If there is a high suspicion of contagion, the patient will be taken immediately into a treatment room for isolation from others in the waiting room.

**MARKETING STRATEGY UPDATE** – Mr. Humphrey reported that Marketing Director, Erin Hardin has started surveying and soliciting input from key stakeholders regarding a marketing reset. A survey will also be sent to board members for input. It is important for Bartlett to let the community know what the services are that Bartlett has to offer.

#### **NEW BUSINESS**

Hospital Parking and Excavation - Ms. Rynne reported the draft memo from Rorie Watt, included in the packet, includes a sitemap for areas that could possibly be excavated for a future parking garage. These parcels are owned by CBJ and BRH. He suggests BRH might want to consider going into a planning phase to do a survey, geotechnical work and concept planning with a rough order of magnitude cost estimates as part of the deliverables, to add a future parking structure. Mr. Johnson expressed his support for an analysis since parking is an ongoing issue. Ms. Rynne reported that John Bohan recommends budgeting \$150,000 for this analysis. Mr. Stevens initiated discussion about the cost of the downtown parking structure. He stated that he would prefer to have the Gitkoff property surveyed if we have to choose just one. Mr. Geiger observed that the 2-acre piece of property is very steep and would be expensive and impractical to excavate. Mr. Solomon-Gross suggested it would make more sense to build a parking garage on the flat ground we currently own and use for parking, and build offices on top of that. Ms. Knapp agreed this would make sense and also supports an analysis of the Gitkoff property. Ms. Rynne stated the \$150,000 would cover looking at all three parking concepts. Mr. Johnson supports looking at all 3 options. Ms. Knapp suggested moving this to the Finance Committee for further discussion. Mr. Stevens expressed support of a study so we will know what we can we do to maximize the use of the land that we already own. MOTION by Mr. Johnson for the finance committee to look at the three options for land utilization, including parking, and to identify resources with which to proceed with such a study. Ms. Knapp seconded. There being no objection, MOTION approved.

**Bartlett Surgery and Specialty Clinic (BSSC) Relocation** – Mr. Humphrey reported that the BSSC is going to have to vacate its current location since SEARHC has purchased the building. The lease is up December 2022. He has a meeting scheduled with Charles Clement, CEO of SEARHC next week to discuss extending the lease. He noted the second floor of the Crisis Stabilization Center was to be used as a temporary location for the BSSC but it will not be available before the lease is up. He also reported that Karen Forrest, Interim Chief Behavioral Health Officer, has been working on expanding



behavioral health services. Moving the BSSC to the second floor of this building was to be a temporary solution until a permanent location could be found. He identified property located at 3017 Clinton Drive (Rejuvenation Salon and Spa location in Vintage Park) as a possible relocation option for the BSSC and their billing staff. Moving the BSSC to this location would allow behavioral health to use the second floor of the Crisis Stabilization building to expand their services. Mr. Johnson observed that Dr. Huffer, the new urologist, is located in Vintage Park. Mr. Geiger, referencing a document in the packet, commented that when communicating with the board, make sure the author of the document is included as well as who the document is addressed to. In response to Mr. Stevens, Mr. Humphrey stated the proposed location would be a leased space with an option to purchase in the future and the lease would be cheaper than what we currently pay. He will supply specifics about the proposed location as well as Mr. Clement's response regarding extending BSSC's current lease when they become available.

Crisis Stabilization Center, Floor 2 Proposal – Ms. Forrest reported the behavioral health department would like to utilize the second floor of the Crisis Stabilization Center building for expansion of outpatient psychiatry and ABA (Applied Behavioral Analysis) services and for crisis navigators space. There has been tremendous growth in outpatient services provided, 33% in the last year and still growing. Services to children through ABA, are currently maxed out to 18 children and have 70 kids on the wait list. These services could easily expand into the second floor. When this building was designed, the long term goal was to have the entire building used for behavioral health services after it is no longer needed as transition space. It would be great to be able to do that when it first opens. She is seeking feedback and approval from the board to move ahead with obtaining cost estimates for minimal design changes to better meet our needs. Mr. Johnson expressed his support and initiated discussion about how many more children would benefit from these expanded services. Ms. Forrest anticipates the need for behavioral health services to continue to grow. Mr. Stevens initiated discussion about the best use of this limited space. Mr. Johnson initiated discussion about the crisis response system in our community. Ms. Knapp thanked Ms. Forrest for sharing her in depth knowledge of the system and for development of these behavioral health programs. She then stated that we need to determine where the BSSC will go before a determination is made about moving ahead with this plan. Mr. Humphrey will speak to SEARCH about extending the current lease for BSSC and further investigate the proposed relocation space. Findings will be brought back to the Planning Committee for review. Ms. Forrest will meet with her team again to ensure plans are mapped out in a way to best meet the needs for expansion of BOPS and ABA services. Mr. Stevens and Mr. Johnson support moving ahead with getting cost and revenue estimates for this proposal. Ms. Knapp gave the go ahead to proceed with getting these estimates and bringing them back to the Planning Committee for review. Ms. Forrest noted that time is of the essence since materials are already being ordered and we don't want to order anything we don't need. She expressed appreciation of the committee's support.

**Strategic Goal Initiatives** – Ms. Knapp stated the strategic goal initiatives included in the packet are the result of the work done at the strategic planning meeting. She will work with Mr. Solomon-Gross to identify which of the projects assigned to Planning Committee should be worked on first. Staff is going to need to bring information and recommendations related to the initiatives. Mr. Solomon-Gross would like the board's input as to how to prioritize them. Mr. Johnson initiated discussion about a compliance review of new service lines. Strategic goal initiatives will be put on next month's agenda for further discussion and prioritization.

**Comments** – Mr. Johnson will be in Mexico and may not be able to participate at the April 1<sup>st</sup> meeting. Mr. Solomon-Gross will also be out of town and possibly unable to participate. Ms. Knapp thanked everyone for participating in today's meeting.

Next Meeting – 12:00 pm Friday, April 1, 2022

Adjourned – 1:20 pm.



Bartlet	t Regional Hospital						
	s Master Plan - Project Priorities List						
March 28							
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A Didd	Project ing / Under Construction	Туре	Cost	Primary Cat.	Priority	Notes	Funding
<b>А. Бійй</b> А1	Ventilation Improvements to Surgery (Endoscopy) SF11 Replacement	Reno	\$400k	Surgery			BRH
A1 A4	BOPS Replacement Building	New	\$18M	Behavioral Hea	lth	May impact ED Addition	BRH
A4 A5	Rainforest Recovery Center Exterior Upgrade	Reno	\$460k	Infrastructure	101		Def Maint Fund
B5	Fuel Oil Tank Supply Line Upgrade	Site	\$609k	Infrastructure			Def Maint Fund
B3	Phase 1 Sidewalk Replacement	Site	\$1.8M	Infrastructure			Def Maint Fund
B4	Southwest Asphalt Replacement (Combined with B3)	Site	φ1.0IVI	Infrastructure			Def Maint Fund
	Campus Door Upgrades	Reno	\$1.1M	Infrastructure			Def Maint Fund
	Chiller 2 Replacement	Reno	\$465K	Infrastructure			Def Maint Fund
B. In De		Itene	φ+00ιχ	Innastractare			
C9	Power Conditioning	Site	\$1.8M			Comprehensive surge protection & power cond.	
C1	Emergency Dept. Addition & Ventilation Upgrade	Reno	\$18M	Covid	2		Bonding / BRH
01	ED - Expanded ED. incl. new Exam, Triage, & Pysch Rms (3,675 sf)		φιοινί	ED	<u> </u>		Donaing / Drai
	ED - New 24-hour Pharmacy (1,215 sf)			ED	****		
	ED - Reconfigured, relocated and possibly expanded ED Waiting Room			ED	****	Enlarge for patient separation. Relocate to Entrar	ice
	2005 Bldg - OB/Nursery/Special Care. Convert 1 room to +/- pressure			Covid		Requires ventilation system modification	
	2005 Bldg - CCU. All patient rooms with negative/positive pressure			Covid		Requires ventilation system modification	
	2005 Bldg - MHU. Convert 2 rooms for negative/positive pressure			Covid		Requires new ventilation system	
	Pre-2005 Bldg - Med/Surg. Entire back wing negative/positive pressure			Covid		Requires new ventilation system	
	Pre-2005 Bldg - Med/Surg. Add bariatric isolation room with +/- pressure			Covid		Requires new ventilation system	
NEW	Phsician Sleep Rooms (Redesign and rebid in August 2022)	Reno	\$500K	Physician			Def Maint Fund
	CT/MRI Replacement	Reno	\$6M	DI			BRH
C. Futu	re Projects						
B6	New South Site Access	Site	\$1.5M	Access		CBJ primary project permitting	BRH/CBJ
	OR Lights/Booms and required infrastructure upgrades	Reno	\$3M	Surgery			BRH
C2	North Addition - Phase 1 (34,600 sf 2-story or 51,900 sf 3-story)	New/Reno			3	Where majority of dominos could go	Bonding
	Physician Services rental to replace Juneau Medical Center (8,200 sf)			N. Addition		· · _ · _ · _ · _ · · · · ·	
	Facilities Offices to replace Juneau Medical Center (950 sf)			N. Addition			
	Expanded Phys. / Occ. / Speech Therapy to replace 1988 Add. (6,880 sf)			N. Addition			
	Expanded Cardiac Gym to replace 1988 Add. (980 sf)			N. Addition			
	Expanded Infusion to replace 1988 Add. (760 sf)			N. Addition			
	Expanded Cafeteria / Kitchen, incl. dedicated Loading Dock (8,625 sf)			N. Addition		Kitchen must move before 1st Floor Reno	BRH
C2B	Proper Changing Rooms and Areas to deal with PAPR's etc.	Reno	Small	Covid		Requires new ventilation system	BRH
	Permanent IT Room	Reno	Medium				
C3	1st Floor Renovation	Reno	\$12M			Requires moved Kitchen (North Addition)	Bonding
	Abatement / Replacement of ductwork and mechanical in Main Shaft					All individual 1st Floor projects could be phased	
	Expanded Materials Management w/ dedicated Loading Dock (4,250 sf)			1 <sup>st</sup> Floor			
	Expanded Facilities, including Shop space (4,040 sf)			1 <sup>st</sup> Floor			
	Expanded Facilities-Biomedical Shop (300 sf)			1 <sup>st</sup> Floor			
	Expanded Facilities – Laundry (2,470 sf)			1 <sup>st</sup> Floor			
	Reconfigured Shared Staff Space (300 sf)			1 <sup>st</sup> Floor			
	New Diagnostic Imaging Women's Clinic (2,580 sf)			1 <sup>st</sup> Floor			
C4	South Addition over Cafeteria (2,800 sf, 5,000 sf, or 10,000 sf)	New	\$3-10M	S. Addition		New Lab space would allow reno of extg. Lab	Bonding
~	Relocate Lab or partially relocate and renovate (2,800 sf, or 10,000 sf)		ψ0-10ΙνΙ	J. Addition		The weak and would allow terio of exty. Lab	Donaing
	Create new direct cooridor from ED elevator to Surgical Services						
	Relocate Med Surge patient rooms to exterior, add core (10,000 sf add.)						
C4R	Lab Renovation, including Ventilation Upgrade	Reno	Medium	Lab		Not clear how to renovate without domino space	BRH
	Ventilation Upgrade - Boiler Room	Reno	Small	Infrastructure		May not totally solve heat problem in Lab	BRH
0+0		1 CHO	Unian			may not totally solve heat problem in Lab	DIVIT

	Originally Prepared by Jensen Yorba Wall, Inc
	586-1070 corey@jensenyorbawall.com
	Status
	Nearing Completion
	Under Construction
1	Under Construction
	Ready to Bid Under Construction
1	Under Construction
1	Awarded In Submittal Phase
1	Awarded In Submittal Phase
	Awarded in Submittai F hase
	Phase 2 Surge Suppression Ready To Bid
	In Conceptual Design
	Redesign/Rebid August 2022
	In Design
	We die envitten von den en DOM
	Working with vendor on ROM
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Bartlet	t Regional Hospital						Originally Pro	epared by Jensen Yorba Wall, Inc
Facilities Master Plan - Project Priorities List							586-1070	corey@jensenyorbawall.con
March 28	3, 2022							
	Project	Туре	Cost	Primary Cat. Priority	Notes	Funding	Status	
C5	Surgical Service Expansion. Options: 2016 plan, North, or South Add.	New	Large	Surgery	Some or all could be in North Addition	Bonding		
C6	Remove Medical Arts Building, Improve Central Site	Site	Medium	Med. Arts Bldg	Requires Admin. room elsewhere (North Addition)	BRH		
C7	New Parking Garage	Site	Large	Parking	Requires temporary parking loss	Bonding		
C7B	New Parking Garage with Rental / Physician Space above	Site	Large	Parking	Requires temporary parking loss	Bonding		
C8	South Parking / Entrance / Garage		Medium	Parking	Required by ED expansion, South Site Access			
C9	Power Conditioning		Large		Comprehensive surge protection & power cond.			
	List does not include basic equipment and small changes like crash carts a		om/sleep roon	n needs, small changes to al	low better social distancing in PT/OT/ST etc			
	Project Size: Small < \$500k, Medium \$500k - \$2M, Large \$2M - \$10M, Ma	ijor > \$10M						

Bartlett Regional Hospital											Originally F	repared	by Jensen \	′orba W	all. Inc
Facilities Master Plan - Project Priorities Project Timeline											586-1070		prey@jensen		
March 28, 2022														<u> </u>	
		021	20	022	20	23	2024		2025	2026	2027	,	2028	202	20
Project		.021	20	022	20	23	2024		2023	2020	2021		2020	202	29
A. Bidding / Under Construction	+ +														
A1 Ventilation Improvements to Surgery (Endoscopy) SF11 Replacement															
A4 BOPS Replacement Building															
A5 Rainforest Recovery Center Exterior Upgrade															
B5 Fuel Oil Tank Supply Line Upgrade (Temporary hold on bid to establish Timeline)															
B3 Phase 1 Sidewalk Replacement (+Road Work)															
B4 Southwest Asphalt Replacement (Combined with B3)															
NEW Campus Door Upgrades															
NEW Chiller 2 Replacement															
B. In Design		-													
C9 Power Conditioning															
C1 Emergency Dept. Addition & Ventilation Upgrade															
NEW Phsician Sleep Rooms (Redesign and rebid in August 2022)				<u> </u>											
NEW CT/MRI Replacement															
C. Future Projects															
B6 New South Site Access (Intrim CEO Request to await arival of permenant CEO)															
NEW OR Lights/Booms and required infrastructure upgrades															
C2 North Addition - Phase 1 (34,600 sf 2-story or 51,900 sf 3-story)			12	mo.	30 1	то.									
C2B - Proper Changing Rooms and Areas to deal with PAPR's etc.															
C2C - Permanent IT Room															
C3 1st Floor Renovation								9 m	o. 18 r	no.					
C4 South Addition over Cafeteria (2,800 sf, 5,000 sf, or 10,000 sf)										<mark>9 mo.</mark>	18 mo				
C4B - Lab Renovation, including Ventilation Upgrade															
C4C - Ventilation Upgrade - Boiler Room															
C5 Surgical Service Expansion. Options: 2016 plan, North, or South Add.												12 mo.	12 r	10.	
C6 Remove Medical Arts Building, Improve Central Site							9 mo.	9 m	0.						
C7 New Parking Garage							9 mo.	12 r	no.						
C7B New Parking Garage with Rental / Physician Space above															
C8 South Parking / Entrance / Garage (Intrim CEO Request to await arival of permenant CEO)			9 m	no.	9 mo.										
- Project Planning & Design															
- Project Construction		+ $-$	+ -	+				+				+			

#### **BRH Project Updates**

March 24, 2022

#### **Close-out Phase**

- ASU-1 Conversion to Glycol: Final Pay application has been approved.
- **CSR Equipment Upgrades:** Final pay request has been submitted. Waiting on project closeout documentation from contractor.

#### Under Construction

- **ASU-11/Endo Fan**: RFP 12 work for new fire/smoke damper and additional access hatches completed. RESPEC currently working on RFP 13 details for final system rebalance. New substantial completion date for project is 4/29/2022.
- **RRC Siding and Window Replacement:** New substantial completion date for project is 5/31/2021. All interior work is completed, remaining work is gutter installation, re-seeding and punch list items.
- Behavioral Health Facility: Steel erection is underway and interior wall framing has begun at the lower level. The Level 1 floor slab is scheduled to be poured on March 30, followed by the Level 2 floor slab the following week. Changes are being incorporated ahead of construction to convert the use of the second floor from specialty clinic space to a behavioral health function. The final completion date is anticipated to be mid/late March of 2023.
- BRH New Water Main and RRC Waste Line Repairs: Admiralty Construction to begin work in early April.
- **BRH Site Improvements:** Admiralty Construction began work on Phase 1 of the project, which includes installing the water line on Hospital Drive, on March 16.
- **Campus Door Upgrades:** Currently in submittal phase of project. Lead time for hollow metal doors is approximately 20 weeks; submittal for doors and frames was approved on 2/23/2022

#### In Design

- **BRH Surge Protection**: PDC/RESPEC provided final bid documents for the panel surge protection this week. The project is scheduled to advertise in mid-April with bids opening in mid-May. The engineer's estimate range is \$350,000-\$450,000.
- **Chiller #2 Replacement:** Bid was award to Schmolck Mechanical Contractors (SMC). Currently in submittal phase of project. NTP (Notice to Proceed) was issued to SMC on 3/18/2022. Contract length is 240 days from NTP. Lead time for chiller unit is currently 27 weeks.
- **CT Scanners/MRI Infrastructure Upgrades:** 100% bid documents are due May 9. Project will advertise for bid late May. Architect's estimate range is \$1.1M-\$1.3M. Construction planned to begin in June 2022 with completion in mid-November.
- ED Addition and Renovation: Architects Alaska continues to work on refining the project scope. Plans showing options within the current budget as well as more comprehensive renovation options will be presented to the BRH Planning Committee and Finance Committee at their April meetings for consideration of budget impacts.

#### Planning

• Valiant Administration Building Window Replacement: Current plan is to remove and reinstall siding at the south wall and install new windows to mitigate water infiltration during intense rain events. It has been proposed to expand the scope and time frame of the envisioned project. Given the anticipated scope revisions, the remaining funds of \$143,000 will likely be insufficient to complete all the work. We will work with the designer of record to obtain a new estimate for the cost of the full project.

#### On hold/Cancelled

- Underground Fuel Line Replacement: 100% documents received by Taku Engineering February 22, 2022. Construction estimate is \$ 415,000. Total project cost is \$609,000. Bid advertisement has been delayed due to the number of on-going construction projects in the same area.
- Hospitalist Sleeping Quarters Renovation (AKA Physician Call Room): The low bid of two bids came in at \$438,500, more than twice the midpoint of the estimated range of \$150,000-\$250,000. Bid award has been cancelled. Current plan is to revise/reduce scope of the project and rebid in August 2022.



**Daily Observation Report** 

#### ENGINEERING DEPARTMENT CIP Engineering, Third Floor

230 So. Franklin Street, Marine View Center

**Project:** BRH Behavioral Health Facility, CBJ Contract # BE21-149

**Contractor:** Dawson Construction

Date/Time Thursday, March 24, 2022 08:55 a.m.

Weather: Partly cloudy, breezy, 40 degrees (ground surface – Bare.)

**Report by:** X Rod Wilson, Project Manager, (907) 789-4867 (landline) Jeanne Rynne, CBJ City Architect, 586-0800, x4186

#### **Onsite Workforce/Equipment:**

Trades	# of Persons	Major Equipment / Notes
General – Dawson Construction (DC)	3	Site supervisor (Jason) & 2 laborers
Concrete – Compass Construction (CC)	4	Supervisor (Rob) and 3 laborers
Mechanical – Inside Passage (IP)	1	Supervisor (Kyle)
Steel Erectors – AK Specialty Contractors (ASC)	3	Foreman and two laborers)

On Site Equipment	# of Pieces	Major Equipment Listing
Equipment, active (DC)	1	-Telescoping forklift (GEHL RS10- 55 GEN 3)
Equipment, Idle (DC)	1	-Temporary light stand
Equipment, idle (SEEM)	1	-BOMAG 70/70 Compactor
	1	-Large Excavator (Link-Belt 290-LX)
Equipment, idle (SEEM)	1	-Small Volvo Excavator (VE8182)
	1	-Large drum compactor
	1	-Front-end loader (Volvo CR6U36
		L110G)
Equipment, idle (ASC)	1	-Genie S-65 Man-lift (Bobcat rentals)
	1	-Genie GTH-844 Forklift (Bobcat)
	1	-Grove Heavy Lift Crane (75 ton)

Purpose of site visit: Routine, daily site visit.

Work transpiring since last site visit: DC has started to frame the exterior, east wall – photo 1685 page 2. CC crew installed rebar ties between wall and floor slab. See pages 3 and 4.

#### **Description of Work:**

#### 08:55 a.m. Observation:

Upon arrival, the above noted (DC, CC, IP and ASC) workforces were on site.

**Dawson Construction:** DC workers begin the erection of the exterior wall framing along the eastern side of the facility. See photo 1685, page 2.

**<u>Compass Construction</u>**: CC workers are placing and tying off  $4 \times 4 WWM$  at the first floor level in preparation for concrete pour early next week. See photos pages 3 and 4.

**Inside Passage:** IP supervisor (Kyle White) locates and marks the placement of plumbing fixture 'sleeve's through the pan deck in advance of 'pour'. See photos page 3.

Alaska Specialty Contractors: Prepares for the upcoming installation of the stairways.

Departed site around 09:25 a.m.

Copies to: Owner, Project File

#### MAILING ADDRESS: 155 SOUTH SEWARD STREET, JUNEAU, ALASKA 99801

**Photo 1685 –** DC workers (Alex and Riley) have started a portion of the exterior (metal stud) wall framing along GL "8".



**Photo 1684 –** As noted in yesterday's report, the geo-tech filter fabric along the exterior face of wall on GL "2" has failed. Will require repairs prior to backfilling.



Printed: 3/24/2022

April 1, 2022 Planning Com**Patter** Page 10 of 20

**Photo 1683 –** IP worker (Kyle) performs 'mechanical/plumbing' layout on level 1 pan deck (in foreground.) Two CC workers place and tie  $4 \times 4$  WWM reinforcement in background.



**Photo 1682 –** View of edge condition at GL "F". Note that CC workers have installed (epoxied) rebar into the upper portion of the basement wall to provide a 'tie' between the wall and slab.



Printed: 3/24/2022

April 1, 2022 Planning Com**Pattee3Meat**ing Page 11 of 20 Photo 1680 – Another view of edge condition with wall and rebar (tie) interface.



**Photo 1679–** Group photo of all three-subcontract firm's (DC, CC and IP) work crews on level one pan deck. Note that CC workers are placing and tying reinforcement mat in background.



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# **Bartlett Regional Hospital**

3260 Hospital Drive, Juneau, Alaska 99801

907.796.8900

www.bartletthospital.org

DATE:	March 29,
TO:	Jerel Humphrey, Interim CEO
FROM:	Karen Forrest, Interim Chief Behavioral Health Officer
	Robert Tyk, Interim Chief Financial Officer
RE:	Crisis Stabilization Center - Expansion of Behavioral Health Services

The Crisis Stabilization Center will be the new home for Bartlett Outpatient Psychiatric Services (BOPS), Crisis Intervention Staff (currently without offices) and the Applied Behavior Analysis Clinic. Construction is estimated to be complete March 2023.

#### BOPS

BOPS services continue to expand due to community need. Monthly patient visits to BOPS alone increased from 367 in January of 2020 to 609 by January of 2021. By December of 2021 patient visits to BOPS reached 880 per month. Including Crisis Intervention, Psychiatric Emergency Services and Outpatient Services for Rainforest Recovery (all new services since 2019), patient visits are now over 1200 per month.

#### **BOPS** Revenue

FY18 \$176,720 FY19 \$1,815,557 FY20 \$3,030,990 FY21 \$3,373,037 FY22 \$5,013,696 (annualized)

#### ABA

The Applied Behavior Analysis (ABA) clinic opened in July of 2021. It has reached its maximum capacity of 18 people in service and now has over 70 children and youth waiting for services.

#### ABA Budget FY23 \$171,590

#### Interior Building Changes to Support Operations

Interior building changes to support the expansion of BOPS and ABA are limited. Primary changes include exam rooms becoming office without sinks and plumbing. Other spaces are repurposed, i.e. medical procedure space becomes group therapy room; nurses station becomes conference room, etc. Several interior walls are moved in the design so as to make better use of the space. For example, a completely separate reception and waiting room previously designed on the medical floor no longer needs to be so large since the primary reception for behavioral health will be on the first floor.

Northwind Architects has estimated there to be no delays to the project and for the costs of construction to be less than the original plan. There will be some "minimal" design costs incurred.

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#### **Option G**

- Visible security presence at the entrance with easy access to other units for safety
- Registration at entrance to help guide patients to correct departments, as well as to ensure completed registration for ED patients upon discharge/admission
- Triage location will allow for more of a streamlined process for patients and allow for line of sight from PAS and security
- Negative pressure resuscitation room allows for patients that are critically ill with unknown COVID-19 status or other communicable diseases to be stabilized, i.e. intubation, cardiac arrest, respiratory arrest, without risk of exposure to department
- Airborne Infection Isolation (AII) room allows true isolation for easily communicable infectious processes. Currently the ED does not have a true AII room. The AII room will allow for patients to be able to use a dedicated bathroom, as well as staff having an ante room for donning and doffing
- Six negative pressure rooms to accommodate current/ future pandemic concerns (this was part of an original project that was rolled into the remodel due to the timing of the project)
- Two nurses' stations. The smaller nurse's station will accommodate line of sight to new rooms, and will also have space for providers to dictate, as well as other ancillary providers that need to chart and access patient records, i.e. PES( Psychiatric Emergency Services). Larger nurse's station will have a 360 degree view of the department and patient rooms. This will increase safety for patients and staff, to have visual, as well as being able to audibly hear calls for assistance
- Separate medication room so nurses can pull medications and calculate drug dosages in a space that decreases distraction to prevent medication errors( moving out of nurses station)
- Nutrition room moved to decrease traffic in nurse's station

- Added two more patient bathrooms, for a total of four. Bathrooms will be placed in areas that allow easy access for patients regardless of what area of the department they are in
- Adding an additional psychiatric room, and relocating existing psychiatric room, so that they are directly across from the nurse's station side by side, and farther away from the exterior doors
- With PAS moving by triage, able to utilize that space for easy access storage
- Sliding glass doors will be placed between trauma bed 1 and 2, to allow for increased privacy. Doors would be able to slide open and provide a larger work space for mass causality incidents
- Larger staff locker and breakroom to allow staff to have an area in which they can comfortably have breaks and eat. Current space allows for two staff members to break at a time and no space for staff personal belongings
- Case management office to accommodate three people, ED directors office, JEMA office and sleep room , extra office that can also be used for a family conference room
- Pharmacy on first floor (24 hrs.) in old waiting room space

1. Se	1. Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs.							
	Initiative	Owner						
1.1	Evaluate and expand affiliations and partnerships with other healthcare organizations.	Planning Committee						
1.2	Develop a comprehensive telehealth department at Bartlett Regional Hospital to help develop new service lines.	Planning Committee						
1.3	Recruit needed medical specialists.	Physician Recruitment Committee						

	2. Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth.								
	Initiative	Owner							
2.1	Develop a facility plan that provides for the efficient delivery of clinical services.	Planning Committee							
2.2	Develop proformas for additional service lines, change of use, and acquisitions to properly evaluate return on investment so the board can move decisively.	<ol> <li>Planning Committee</li> <li>Governance Committee</li> </ol>							
2.3	Evaluate current Bartlett Regional Hospital technology and industry best practices to prioritize replacement and identify new equipment needs.	Governance Committee							

sta	3. People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care.								
	Initiative	Owner							
3.1	Resolve electronic medical record system concerns.	<ol> <li>Finance Committee</li> <li>Quality Committee</li> </ol>							
3.2	Expand workforce development programs.	<ol> <li>Planning Committee</li> <li>Quality Committee</li> </ol>							
3.3	Explore feasibility of hospital run clinics and hospital employed providers.	<ol> <li>Planning Committee</li> <li>Finance Committee</li> </ol>							

4. Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives.			
	Initiative	Owner	
4.1	Evaluate current guidelines to identify the number of days of unrestricted cash on hand that are required.	Finance Committee	
4.2	Ensure Bartlett Regional Hospital has the proper executive team to manage finances and assure adequate financial controls.	Finance Committee	
4.3	Monitor inflation, provider shortages, and labor shortages impact on budget.	Finance Committee	
4.4	Evaluate service line impact on revenues.	Finance Committee	

#### 5. Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations.

	Initiative	Owner
5.1	Stay current on technology and resources to facilitate risk management, data security, and employee safety.	Quality Committee
5.2	Develop quality initiatives that exceed accreditation and regulation requirements.	Quality Committee

6. Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals.			
	Initiative	Owner	
6.1	Maintain a robust education and training program at all levels to assure compliance goals are achieved.	Compliance Committee	