

# Bartlett Regional Hospital

## PLANNING COMMITTEE MEETING

September 21, 2018

7:00 a.m.

Agenda

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### Mission Statement

Bartlett Regional Hospital provides its community with quality, patient-centered care in a sustainable manner.

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### CALL TO ORDER

### APPROVAL OF THE MINUTES – August 13, 2018

Public Comment

### New Business

- A. Strategic Planning Retreat

### Old Business

- A. Ophthalmology (and equipment)
- B. Critical Access Status

### Future Agenda Items

Next meeting

Comments

### Adjourn

# Bartlett Regional Hospital

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## PLANNING COMMITTEE MEETING

August 13, 2018, 7:00 a.m.

### Minutes

Called to order at 7:00 a.m. by Planning Committee Chair, Marshal Kendziorek

**Planning Committee and Board Members:** Marshal Kendziorek, Rosemary Hagevig, and Bob Urata, MD

**Staff:** Chuck Bill, CEO, Bradley Grigg, CBHO, Joseph Wanner, CFO, Rose Lawhorne, Assistant CCO, and Megan Taylor, Executive Assistant

*Ms. Hagevig made a MOTION to approve the minutes from July 16, 2018 as presented. Mr. Kendziorek seconded and they were approved.*

Public Comment - None

### OLD BUSINESS

#### Moss Adams Analysis –

Increased numbers for RRC discussed, as outlined in the Moss Adams packet, which hadn't increased in about ten years. These new numbers reduce losses by that amount, but still about two million dollars in debt for RRC.

#### New service lines (see July 16, 2018 packet for documents) -

**Ambulatory Surgery Center:** Joint venture with physicians, free standing and off site (or at least outside the hospital). They would need a transfer agreement with hospital to get licensed in case of emergencies, as required by state. This is a way of Bartlett having some control in what kinds of facilities are opened.

Dr. Urata explained that about ten years ago, this was researched, and it was determined that the effect for Bartlett was that it would take nine to eleven years to backfill surgery revenues to recoup investment. It would take the other entity about five years. It would be good for the community in that it would potentially decrease cost of surgeries (PERS wouldn't apply). Bartlett would only do emergent and major surgeries. 80% of current surgeries and their revenues would be lost (except for Bartlett's part of the clinic revenues). The clinic would be run by the physicians – physician managers or physician board. It would be efficient and be off campus.

When Bartlett saw the amount of time it would take to recover costs, they decided against participating. The method of informing others of Bartlett's denial was less than ideal. The feasibility presentation seemed promising to others involved, so Bartlett's firm refusal apparently created some tensions throughout the community. If this proceeds, Dr. Urata recommends greater transparency with others involved.

Mr. Bill clarified that nothing has really changed, regarding feasibility, between then and now. It would still take about a decade to backfill surgery revenues. Mr. Kendziorek noted that given the information, past and present, this topic is not worth further pursuit or discussion. Ms. Hagevig clarified the new transparency law's effect on this topic.

**Adolescent Crisis Stabilization Unit:** Mr. Bill clarified that he is continuing to work with Mr. Grigg, and the Mental Health Trust, on a grant for a feasibility study. This will be an important opportunity for us, but won't be a revenue generator, and Mr. Bill notes that it would be more cost effective for someone else to take this on if they can avoid PERS. Sleep Off program is decreasing in utilization but continues to cost relatively the same to operate. Housing First contributes to decreased utilization, and is a significant benefit to the community, but has resulted in some decreased

revenue for the Bartlett. Therefore, Bartlett can only commit \$185,000 to supporting Housing First's Phase 2, but is working to find additional support for the program elsewhere.

**Swing Beds:** (Mr. Bill) It was proposed to license a certain number of acute care beds as swing beds for long-term rehab OR for acute care. This requires balancing need with availability to ensure optimal use of these beds. This can generate about \$1,000 per day.

**Ophthalmology:** (Mr. Bill) Juneau should be able to support a full time provider, but there are talks of potentially having a provider come to Juneau one week a month to begin with. The requirements of supporting this kind of arrangement have been discussed - may be based out of optometrist's office, but competing optometrists may not comply with referrals, may be based out of Bartlett, etc. This would also be a source of local follow up for those who sought ophthalmologic surgeries elsewhere. Credentialing requires surgeons to have 24/7 backup for their office practice.

**Critical Access Status:** (Mr. Bill) Similar to Medicare rural demonstration project, it reimburses at cost but both inpatient and outpatient at cost – would generate \$3,000,000/year. This program has strict limitations on census and length of stay. There is a maximum of 25 acute care beds, 10 mental health beds, and no max on observation beds. Trends are toward shorter in-patient stays.

**Robotics:** Dr. Urata inquires if we've done a formal feasibility study on robotics. Urological and gynecological patients may be lost if we aren't staying up to date on surgical techniques.

**Diagnostic Imaging Techniques:** Dr. Urata wanted to emphasize continued fiscal planning for updating imaging technologies, and make sure that these items were continually planning for such upgrades.

### **Facility Planning Status**

Discussion continued on planning for building upgrades to accommodate imaging machine upgrades and additions. Mr. Bill clarified that once the Moss Adams Project is wrapped up, more thorough planning can begin for these larger scale upgrades, and research can be done into benefits and value of different avenues for the hospital (explained above).

We received a tax-dollar grant from the city for an intake and assessment center for RRC. Surveyors have completed, and JYL contractors have completed the design phase. Within eight weeks work should begin.

By the end of 2019, Bartlett will need a new ventilation system in the pharmacy for chemotherapy preparation. It is being considered to move chemotherapy preparation to a satellite pharmacy closer to the infusion center.

The gift shop may need to be moved and the best location seems to be to the family waiting area outside OB. Since the ATM is no longer there, the wall can be moved out for more room, and the kid's area can be moved to where the observation desk is now.

### **Future Agenda Items**

- A. Facility Planning Status
- B. Robotics Analysis
- C. Diagnostic Imaging Timeline
- D. Ophthalmology (and equipment)
- E. Critical Access Status

**Next meeting** – None discussed

**Comments** - None

**Adjourned at 8:04 a.m.**