

Bartlett Regional Hospital

AGENDA
PLANNING COMMITTEE MEETING
Tuesday, May 19, 2020 – 1:30 p.m.
Bartlett Regional Hospital Boardroom / Zoom Video Conference

Public may participate telephonically by calling 1-800-315-6338 – Access code 86591

Mission Statement

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

- I. CALL TO ORDER**
- II. APPROVAL OF THE MINUTES – [April 21, 2020](#)** (Pg.2)
- III. PUBLIC COMMENT**
- IV. OLD BUSINESS**
 - 1. COVID Status
 - 2. Testing Ability and Turn Around Times
- V. NEW BUSINESS**
 - 1. [Roadmap to Reopening Services](#) (Pg.5)
 - 2. Planning for No Cruise Season
 - 3. Strategic Planning Retreat
 - 4. ECG Assessment
- VI. FUTURE AGENDA ITEMS**
- VII. NEXT MEETING**
- VIII. COMMENTS**
- IX. ADJOURN**

Bartlett Regional Hospital

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

Planning Committee Meeting Minutes

April 21, 2020 – 1:00 p.m.

Bartlett Regional Hospital Boardroom / Zoom Videoconference

Called to order at 1:02 p.m., by Planning Committee Chair, Marshal Kendziorek

Planning Committee and Board Members: Marshal Kendziorek, Kenny Solomon-Gross, Iola Young, Rosemary Hagevig, Deb Johnston and Mark Johnson

Also Present: Chuck Bill, CEO, Kevin Benson, CFO, Rose Lawhorne, CNO, Billy Gardner, COO, Bradley Grigg, CBHO, Dallas Hargrave, HR Director, Megan Costello, CLO, Anita Moffitt, Executive Assistant and Michelle Hale, CBJ Liaison

Mr. Solomon-Gross made a MOTION to approve the minutes from March 13, 2020 Planning Committee of the Whole meeting. Ms. Young seconded. Minutes approved.

PUBLIC PARTICIPATION – None

PROJECT UPDATES: RRC PHASE II – Mr. Grigg reported that there has been a pause in phase one of the build of the detox center. This is due to travel quarantine restrictions for the out of town subcontractors and a limited number of workers on site each day. Due to the slower pace, construction on the detox unit should be done by the end of May. Phase 2 of the construction started yesterday. An overview of this phase was provided and it was noted that this phase should be completed by May 8. The rest of the renovation will be put on hold until Rainforest Recovery is no longer set up as an alternative care site due to the COVID pandemic. A discussion was held about grant funding vetoes and what the impact is to these projects. It was noted that about 60% of our operational grant dollars are federal. Historically, vetoing state dollars has not impacted grants that are coming from Federal resources.

CRISIS STABILIZATION RENDERINGS – Mr. Grigg provided an overview of the preliminary blueprints of the Crisis Stabilization Unit included in the packet. The next step will be to finalize the timeline. We are waiting on the geotechnical reports which we hope to receive on May 10th. A discussion was held about parking options. Underground parking, included in the pricing, would produce between 14 and 17 spots and would also allow maintenance equipment to be stored out of the weather. Additional parking would be available in front of and behind the building. A discussion about other parking options we might have if we acquire the land to the south of the building was held. Discussion was also held about the number of parking spaces required to meet code. There is no hard date set for a go, no go on the underground parking option included in the plans. We are keeping our grant funders updated each week and the decision regarding underground parking will not change their commitment of support. The geotechnical reports will be shared with the Board when they are received. Assuming we have this report by the next Planning meeting, we will present the final alternatives, ask for recommendations to present to the Finance Committee and then to the Board as a whole.

ECG ASSESSMENT – Mr. Bill reported that ECG is ready to follow up with the Planning Committee members individually to obtain feedback on the draft report they have written. The COVID pandemic is going to have a major impact on potential financials, the potential for our need for a partner as well as the potential for partners to be interested. This report is pretty detailed and will raise a lot of good questions for discussion. A final draft report will be presented in May after obtaining feedback from the individual Planning Committee members and Senior Leadership Team. ECG has identified two key areas of threat at this point in time: The ongoing COVID and the impact on finances going forward and the question of whether the Rural Demonstration Project will be renewed. A copy of the draft report will be sent to each of the Planning Committee members prior to their meetings with ECG.

Mr. Bill provided highlights of discussions held during yesterday's conference call organized by ASHNHA that included Senators Murkowski and Sullivan, Congressman Young and the Deputy Secretary for Health and Human Services for the U.S. The purpose of the call was to make a point that the formula that was used to distribute the stimulus dollars to Alaska was flawed. Alaska only received 1/3 of the amount of the next lowest state in the union. Mr. Bill felt that it was a successful meeting and thinks there will be some changes made to that formula moving forward. He reported that he was also able to make a bid to the Legislators on the call that renewing the Rural Demonstration Project sooner rather than later would help the sustainability of hospitals like BRH and Central Peninsula. This resulted in, what he took to be, a positive response from Senator Murkowski.

COVID-19 STATUS – Mr. Bill reported that we continue to have a very low incidence here in Juneau and provided the current status. The Governor's Mandate 15 is starting to lay the table for opening things up beginning with healthcare. BRH should start scheduling surgeries that were being deferred but are not considered elective. If a case can be deferred for 8 weeks, it should be. An OR Committee meeting is to be held this afternoon to discuss how to move that process forward. OR cases and procedures will begin to open up on or about May 4th as long as we can support it with PPE and testing. We are starting to see increases in our PPE pipeline. We have implemented a new process for sterilizing our N95 masks that will allow us to use them again (no more than 10 times). This reduces our utilization by about 80% and is a safer methodology for our staff and physicians than our previous process of putting used masks in a paper bag and letting them set for 5 days. BRH has 2 rapid testing machines that can only do one test at a time and are only approved for symptomatic testing. Because their sensitivity is much lower, they are not approved for non-symptomatic testing so won't help to clear staff or non-symptomatic patients. The Lab Corp facility in Arizona can turn tests around in 48 hours and have assured us that they can support 500 tests per *day to help meet the needs of BRH and the rest of the community. They have also committed to replenishing up to 500 test kits per *day. We have about 300 swabs and test kits on hand that can be used for state testing. A discussion was held about preserving PPE usage, criteria, prioritization and deferment of surgical cases. This afternoon's OR meeting, that begins in a few minutes, will discuss all of this. Before leaving this Planning meeting to attend the OR meeting, Mr. Bill stated that he would like to send a message to everyone that BRH is in an incredibly good spot as far as being prepared for what we anticipate coming down with this virus. We've had time to learn from prior organizations, to do our preparations and get things in place. We've had incredible response from the community and volunteers and are in as good of a spot as we could hope to be. *We should be more than capable of handling any sort of surge that we are likely to see here.* He gave big kudos to Drs. Benjamin, Neyhart and Jones for their part in the Incident Command structure. BRH is working closely with the CBJ to take care of potential

hotspots, such as the homeless population. We have a temporary license for an additional 76 beds (a total of 149 now) to help with a surge of patients. ¹

Mr. Kendziorek referenced the “Safe Anchorage roadmap to reopening” that came out last night. He would like to see a plan written similar to this that outlines what activities, what measures we are going to take and what risk metrics we have in order to get to the next step. This plan will be shared with the Board before sharing with the public. It should identify where BRH is at each step in the reopening process and to provide information such as where it is going based on availability of testing, how long the tests take and other information staff can come up with. Mr. Bill noted that a Unified Incident Command meeting is scheduled to take place on Thursday for the purpose of developing a community plan. Mr. Kendziorek requests BRH specific plans, not community plans.

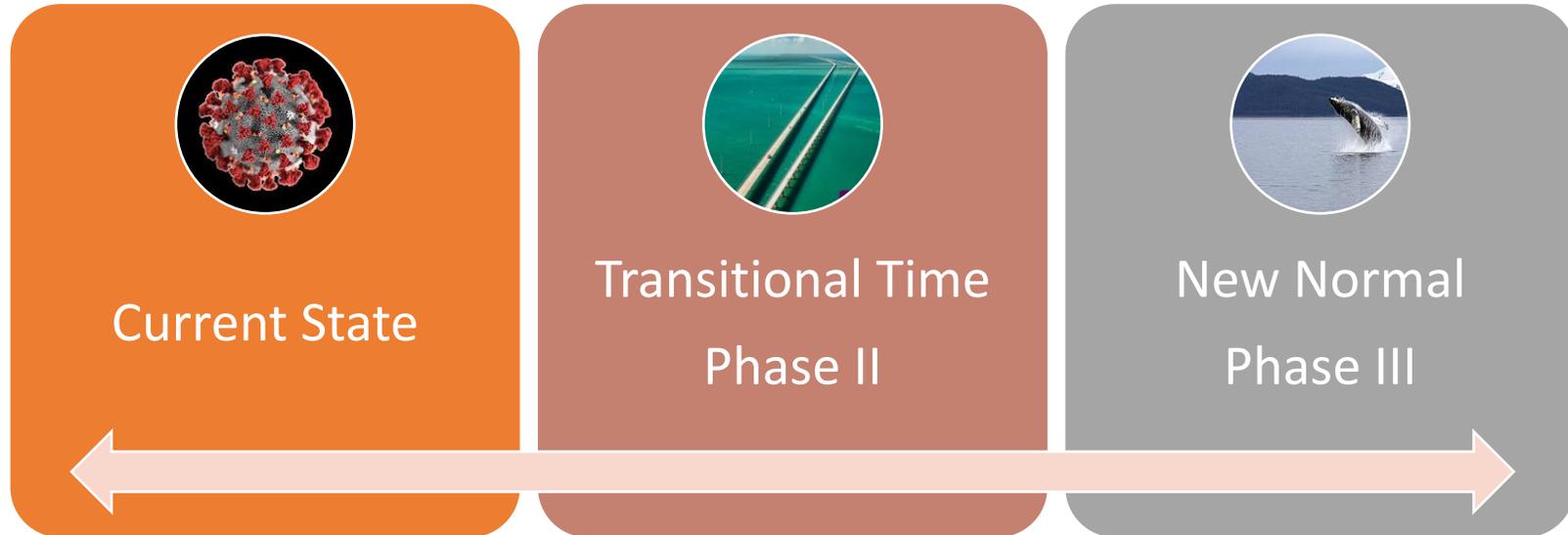
Comments: Mr. Kendziorek and Mr. Solomon-Gross agree that the Board needs to stay at a high level and would like the plan to include input that is metric based, from each of the senior leaders. Ms. Hagevig noted that it needs to be in layman’s language so the public will understand it. Ms. Young noted that patients need reassurance that they will be safe when they do come back to the hospital for services. Mr. Kendziorek will forward the link to the Safe Anchorage roadmap to Ms. Moffitt to share with the rest of the Board members.

Next meeting: To be scheduled for the week of May 17th – date and time to be determined

Adjourned – 2:08 p.m.

¹* LabCorp can process and replenish up to 500 tests per **week**, not per day as stated during the meeting.

Bartlett Regional Hospital Pathway for Safe Return to Normal Operations:



This transitional plan is not a linear process, it will encompass movements back and forth through the three distinct phases, with a focused plan to land in a new normal by Dec 2021. As situations demand occasional steps backwards will be required to safely move forward as the COVID – 19 virus runs its course. This plan is constructed with the base understanding that there will be no cure, or effective vaccine until mid to late 2021.

Current State: Early Phase II

Key Points:

Current ADC:	Average Daily Revenue Delta from year prior:
Current ER daily Visits:	Number of COVID patients treated:
Current Average Daily Surgical Cases:	Number of currently active COVID patients:

Analysis:

The organization is currently under an active Incident Command Structure with incident periods running for 2 weeks at a time. The visitation has been relaxed to be consistent with a soft opening of selective services and surgery. About 70 staff are currently working from home at this time. Social Distancing and universal masking is being utilized along with multiple patient safety strategies on the units to maintain a safe work place and preserve the hospitals ability to provide care for the community.

The hospital is currently licensed for 147 beds to include our surge beds we have actively worked to prepare in case of need.

We have currently established a triage tent and check in station in the front lobby, which screens and evaluates risk for patients and visitors coming into the facility.

We have constructed a “COVID – 19” wing for patients on medical surgical unit with entire space being negative pressure.

We are actively working to maintain, grow, and preserve supply chain and current supplies of PPE.

We are currently working to develop a testing capacity that includes reliable and locally available on-site testing.

Communication systems are in place that include but are not limited to:

- Employee survey for feedback / Resurvey

- Weekly updates from Infection prevention, senior leader team, and Lead Hospitalist

- Regularly scheduled ICS meetings that include hospital based as well as Unified ICS communication

- Written updates, incident directives, and unit based “updates” using zoom technology

Effective May 4th, some non-emergent surgery cases will begin, looking at a current rate of approximately 50% of pre-COVID volume.

We are currently experiencing a stable yet fragile PPE supply chain.

Employee wellness focusing on mental health needs of the staff in creative ways, including meditation, and professional counseling

Regular meetings of Incident Command within the BRH as well as with Unified Command (2-3 per week)

Current open issue with housing of supervised homeless where, and how to staff this community need persist.

The hospital has secured outside expertise and has worked to set up negative pressure areas throughout the building with 8 beds in CCU, a unit specific to COVID on the medical Surgical Unit, along with 4 negative pressure rooms, and ER facility changes to create a COVID care area with negative pressure

Currently cruise ship activity has been halted, and travel bans remain in place requiring a strict 14 day self-isolation for out of state travelers.

Transitional Projections / Phase Two

Key Points:

Current ADC: Average Daily Revenue Delta from year prior:
 Current ER daily Visits: Number of COVID patients treated:
 Current Average Daily Surgical Cases: Number of currently active COVID patients:

Roadmap to Reopening Bartlett Regional Hospital

Continuing Phase II

This document captures an assessment of current state, activities planned for reopening, risk assessments for continuing to move forward, freezing, or even reversing direction as it pertains to safely reopening the hospital

Allowed / Planned Activity	Protective Measures (Here are mitigating measures placed to protect the critical mission of Bartlett, specific to the action)	Risk Metrics (In order for this phase to continue these criteria must stay in place or improving)	Who / Target date
Cease Incident Command Structure Activities / expanded incident time windows Continue opening	<ul style="list-style-type: none"> • Continue universal masking • Continue limited visitation 	<ul style="list-style-type: none"> • Epidemiologically the COVID 19 case load remains manageable without any high risk, or 	The decisions as to when the activities occur will be coordinated / implemented in conjunction with the

<p>of surgery schedule to 75 % of Pre- COVID Volume</p> <p>Staff Return to work within the walls of the institution, with evaluation of continued work from home arrangements on an individual basis</p> <p>Reopen the doors of the administrative buildings that are currently locked during business hours</p> <p>Prepare for dual channel patient care processes: COVID 19 / Non COVID 19 care safely, with full confidence of community, providers, and staff</p> <p>RRC and Detox Unit open for rehab/detox patients.</p>	<ul style="list-style-type: none"> • Implementation of checking all staff temperatures at the entrance coming into work • Maintain a weekly meeting dedicated to Current state of COVID issues • Large meetings are curtailed and only scheduled in spaces that allow social distancing in the work place / Zoom platform continues to be the preferred method • Shared office spaces are evaluated and safety issues addressed before placing more than one person into a working space closer than 6 feet apart 	<p>uncontrolled cluster spread events</p> <ul style="list-style-type: none"> • The hospital census of COVID 19 patient remain less than 6 at any given time • Community high risk populations continue to have little to no active spread of COVID 19 (homeless, group housed, long term care units, etc.) • Testing capacity remains to safely operate the facility for at least the next 14 days • PPE supply of critical / hard to produce locally items are at, at a minimum of 14-day supply 	<p>Hospital Incident Command Structure, Unified Incident Command Structure, as well as local and state mandates</p>
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<p>Ancillary services open at 70%.</p> <p>Behavioral Health Unit to begin opening back up to clients from outside of immediate area</p> <p>Hospital owned provider's offices begin opening their schedules back up to all patients, and seeing them in the office</p> <p>Employee leave with local travel will be allowed</p> <p>Time and expense tracking of event will continue as long as state of emergency exist, when this is lifted, this practice will cease</p> <p>Hospital will consider and research resources needed to gain the ability to process</p>	<ul style="list-style-type: none"> • Maintain plan/ability to use RRC facility as alternate care site. • BHU has explicit pre-screening process in place prior to accepting a patient that requires water / air travel to get to Juneau, including negative Abbott Test, symptom screening, and others measures as situation demands • All outpatient areas within the hospital and hospital owned offices will adopt and maintain patient screening processes as determined by CDC, and hospital practice • Employee leave will be allowed with the stipulation and 	<ul style="list-style-type: none"> • Employee illness rates stay within 8% of total staff schedules • Any Employee positive to COVID is identified early, and there is no "spread" within the hospital, to patients • Public health ability to test large populations and person under investigation tracing resources will continue to be consistent in our community 	
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<p>PCR test in a definitive way, in CBJ</p> <p>COVID 19 Unit, and ER triage tent will remain in place and used as needed during transition time</p> <p>Transition from telehealth services back to normal operations of clinics and services where needed for patient care.</p> <p>Consider adopting / continuing telehealth as a modality of care, in areas where it has demonstrated a proven benefit only after evaluation and careful consideration of current and future trends in practice standards, regulations, and reimbursement</p>	<p>understanding a change to the travel mandates or a change in community COVID activity may result in cancellation of leave</p> <ul style="list-style-type: none"> • Community will develop and maintain reliable method to manufacture cloth mask needed for universal masking process on hospital grounds • Joint Commission Tracer activity on all areas is restarted for eyes on the units and support of unit leadership • Current locked doors in administrative building will be evaluated for safely screening visitors, or 		
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<p>Café', Gift Shop, and Coffee shop return to normal operations as consistent with governmental mandates</p> <p>Meetings / classes with fewer than 10 participants can move back to in-person meetings, using social distancing, hand washing, and universal masking as needed</p>	<p>protection of greeting staff within those building</p>		
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Strategy to Consider	Date Planned / Expected	Notes
<p>Consider how the COVID 19 experience exposed weaknesses in current provider footprint, and look at new and unique partnerships and acquisitions</p>		
<p>Consider conducting community focus groups to solicit their thoughts on hospital operations, and lessons learned from the "Voice of the customer" perspective.</p>		

New Normal Vision / Phase Three

Key Points:

Current ADC: Average Daily Revenue Delta from year prior:
 Current ER daily Visits: Number of COVID patients treated:
 Current Average Daily Surgical Cases: Number of currently active COVID patients:

Roadmap to Reopening Bartlett Regional Hospital			
Phase Three			
This document captures an assessment of current state, activities planned for reopening, risk assessments for continuing to move forward, freezing, or even reversing direction as it pertains to safely reopening the hospital			
Allowed / Planned Activity	Protective Measures (Here are mitigating measures placed to protect the critical mission of Bartlett, specific to the action)	Risk Metrics (In order for this phase to continue these criteria must stay in place or improving)	By Who / Target Date
Consider permanent remodeling needs to manage new patient care demand	<ul style="list-style-type: none"> ED triage tent removed, temporary walls/ante-rooms deconstructed, temporary windows 	<ul style="list-style-type: none"> Community wide testing ability is maintained, while potentially placing the services on hold 	The decisions as to when the activities occur will be coordinated / implemented in

<p>Consider new provider models and structures that suit new normal</p> <p>Care delivery without COVID-19 specific processes:</p> <p>Full patient care capacity maintained</p> <p>Normal patient/visitor flow.</p> <p>Stable isolation measures</p> <p>PPE management and re-supply returns to normal vendor process, and all extra / outside measures cease</p> <p>Review all incident directives, make policy through normal channels those we will retain, lift all others</p>	<p>with HEPA filters removed, typical interventions resume (intubations, nebulizer, etc.)</p> <ul style="list-style-type: none"> • Surgical Services, ancillary services fully operational • Screening with temp checks stopped, normal visitor policies restored, all public access points opened to hospital • Meetings are moved back into original meeting places, with in-person attendance strongly encouraged, because of its “synergistic impact” on positive relationships 	<p>of no presence of COVID-19</p> <ul style="list-style-type: none"> • Definitive treatment medications and treatment plans • Community wide vaccinations available • Sufficient PPE / Testing materials related to COVID will be maintained at Phase II levels until vaccine, or treatment is widely available, and being utilized 	<p>in conjunction with the Hospital Incident Command Structure, Unified Incident Command Structure, as well as local and state mandates</p>
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<p>Employee leave process returns to pre COVID 19 processes</p> <p>Formally adopt telehealth practices that are good business models, and have proven to be positive for patients if allowed by CMS</p> <p>Restore full service to community including health fairs, screenings activities etc.</p>			
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Strategy to be considered	Date Planned / Expected	Notes
<p>Consider having a GRAND REOPENING....Community event in an effort to get people back to the building and say thank you to our community, City leaders</p>		