I. CALL TO ORDER

II. APPROVAL OF THE MINUTES – May 19, 2020 (Pg.2)

III. PUBLIC COMMENT

IV. RAINFOREST RECOVERY and CRISIS STABILIZATION CENTER UPDATES
   1. Rainforest Recovery Center Completion
   2. Crisis Stabilization Unit Update
      A. Geotechnical Report (Pg. 5)
      B. Parking Options (Pg. 6)

V. OLD BUSINESS
   1. COVID Status
   2. Strategic Planning Retreat

VI. FUTURE AGENDA ITEMS

VII. COMMENTS

VIII. NEXT MEETING

IX. EXECUTIVE SESSION
   ➢ ECG Assessment Review

   Motion by XX, to move into Executive Session to discuss and review information presented that the immediate knowledge of which would clearly have an adverse effect upon the finances of BRH, that being a discussion and information presented by ECG that may impact future partnerships or transactions between BRH and other health care organizations.

X. ADJOURN
Called to order at 1:30 p.m., by Planning Committee Chair, Marshal Kendziorek

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

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

PUBLIC PARTICIPATION – None

APPROVAL OF THE MINUTES – The date identified for the completion of Phase 2 of the detox center construction should be May 28. Mr. Solomon-Gross made a MOTION to approve the minutes from April 21, 2020 Planning Committee as amended. Ms. Young seconded. Minutes approved as amended.

COVID-19 STATUS – Mr. Bill reported that we have been successful at flattening the curve and getting maximum preparation in case a surge does come. We are slowly starting to open things up, including the coffee bar in the gift shop that opened last week. On May 4th we reopened surgical services to 50% capacity for some non-emergent cases that should not be postponed by 8 weeks. On May 18th, we went up to 80% capacity based on the success of our new processes; 48 hour testing working and PPE conservation. We are anticipating being able to open up to everything by early June. Volumes have increased in the lab, imaging and therapies. Telemedicine is working really well, particularly for behavioral health. The State Medical Licensing Board is going to make permanent, the emergency regulations that allow telemedicine. The community, through the Unified Incident Command, is really focusing on testing. Most current COVID cases in the community are related to the cluster at Lemon Creek Correctional (LCC) Facility. We have not had a COVID patient in the hospital in several weeks and have had no employees contract it. Visitor restrictions are in place. Mandatory screening of everyone entering the hospital has been expanded to include all employees and physicians reporting on campus for work. Discussion was held about testing of the homeless community. Testing is being conducted today and tomorrow at the JACC with an intent to take it to the Glory Hall and other congregate living areas. This is being run by public health and CBJ through the CARES program with the expectation of testing up to 150 people. Symptomatic patients will quarantine in Centennial Hall until test results come back. All inmates and employees of LCC were tested late last week. There have been no positive test results from inmates. The State Lab reports that they’ve had about 350 negative tests sent to them for confirmation and only one of them turned out to be not negative. Alaska is not seeing the false negative numbers other places are reporting from the use of the Abbott rapid testing equipment we have. BRH is rapidly depleting rapid test kits and having difficulties in getting testing supplies. Tests sent to Anchorage or Fairbanks have
almost 95% success in getting results back within the 48 hour window before surgical procedures. The feasibility and obstacles of getting a free standing, off-site State testing lab facility in Juneau was discussed. Mr. Kendziorek summarized our testing status as follows: We are out of local testing resources and supplies to use our existing equipment. The chances of realistically getting any reference testing in Juneau is somewhere between slim and non-existent in a realistic usable timeframe. We need to continue doing what we’re doing to focus on maintaining a reasonable turnaround time on testing.

ROADMAP TO REOPENING SERVICES – Mr. Bill reported that this roadmap is based off of the roadmap put out by the city of Anchorage and the guidelines issued by the CDC to the American Hospital Association. This roadmap shows Bartlett’s current state, the transitional time and the anticipated new normal. The roadmap continuing to phase 2 will closely follow the guideline requirements from the State and the Department of Health and Social Services. Phase 3 tries to predict what the new normal will look like. We have tried to identify the triggers that would allow us to move forward or backward based on the activity we are seeing. Discussions were held about the phase we are currently in, what guidelines we are following and the homeless population. Mr. Kendziorek requested more specificity about triggers and how decisions are to be made about moving forward or backward.

It was reported that 126 students were classified as homeless in the 2018-2019 Academic school year. Adults counted in the fall of 2019 was 210. The most recent numbers from CBJ EOC is about 140 individuals in the shelters and the campground but does not break it down by children. A discussion was held about screening the homeless population for other things besides COVID. The difference in how the homeless are counted by different groups was also discussed.

PLANNING FOR NO CRUISE SEASON – We have received notification from the cruise industry that almost all cruises (about 90%) have been canceled for the season. This will have a big financial impact on BRH. We need to decide if we should cancel travelers that we have contracted with to provide coverage during the cruise season and the COVID pandemic. We have received over $7Million in stimulus funds from the CARES Act to offset some of our lost revenue due to COVID. With surgical services opening back up, we hope to have a little bit of a rebound. ER visits are up about 50% from what they were last month and in-house volumes are about double what they were a month ago.

STRATEGIC PLANNING RETREAT – It will probably be July before this retreat can be held. The ECG assessment is going to be a major driver of our agenda.

ECG ASSESSMENT – Mr. Bill has a meeting on Friday to review the draft assessment with ECG. Meetings will be scheduled for the Planning Committee members to meet with them individually next week to review the draft and offer feedback. The final draft should be ready by the end of May. Discussion was held about when and how it would be presented to the full board. Also discussed were strengths and weaknesses identified, Certificate of Need requirements and Tribal Health facilities. It was noted that our smallness and isolation is also one of our strengths.

Future Agenda Items:
1. ECG Assessment
2. COVID Status
3. Strategic Planning Retreat Agenda
4. Geotechnical Report and Parking Options
5. Rainforest Recovery and Detox Center updates

Comments: Stay safe and well.

Next meeting: To be scheduled for the week of June 14th – date and time to be determined

Adjourned – 2:35 p.m.
Daily Observation Report

Project: BOPS Replacement, CBJ Contract # E20-053
Contractor: NWA, PDC,
Date/Time: Friday, April 3, 2020 – 8:30 am
Weather: Light Snow, 32 degrees
Report by: Nathan Coffee, CBJ Project Manager, 586-0895

Onsite Workforce:

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<tr>
<th>Trades</th>
<th># of Persons</th>
<th>Major Equipment / Notes</th>
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<tr>
<td>Civil – PDC (PDC)</td>
<td>1+1</td>
<td>Cody + Ethan</td>
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<tr>
<td>Driller – Discovery Drilling (DD)</td>
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Description of Work:
1. Two workers from DD were drilling at BH-4, the final 50’ borehole located directly south of the existing BOPS building. Cody and Ethan of PDC were overseeing the drillers work and collecting soils samples for testing. Cody noted that they were able to complete 50’ and 30’ boreholes yesterday, Boreholes 3 and 5 respectively. Cody noted that soils were loose silty sand with some small organic fragments and speculated that the soils on the slope, in particular in the location of Borehole 3, were comprised of surplus soils scrapped off the main BRH campus during the construction of the original hospital.
INPATIENT LEVEL
4504 SF (WAS 5049 SF - 545 SF DELTA)
200519