

Bartlett Regional Hospital

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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 28. 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.