AGENDA
PLANNING COMMITTEE MEETING
Tuesday August 18, 2020 – 7:00 a.m.
Bartlett Regional Hospital Zoom Video Conference

Public may follow the meeting via the following link https://bartletthospital.zoom.us/j/99780003370 or call 1-253-215-8782 and enter webinar ID 997 8000 3370

I. CALL TO ORDER

II. APPROVAL OF THE MINUTES – June 18, 2020 (Pg.2)

III. PUBLIC COMMENT

IV. OLD BUSINESS
   1. COVID Status
   2. Rainforest Recovery and Crisis Stabilization Center Updates
   3. Strategic Planning Retreat

V. NEW BUSINESS
   ➢ Planning for the new “Normal”
     • Hospital COVID-19 Modifications memo (Pg.4)

VI. FUTURE AGENDA ITEMS

VII. COMMENTS

VIII. NEXT MEETING

IX. ADJOURN
Called to order at 7:01 a.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 Lance Stevens. (Rosemary Hagevig late arrival)

Also Present: Chuck Bill, CEO, Rose Lawhorne, CNO, Billy Gardner, COO, Bradley Grigg, CBHO, Dallas Hargrave, HR Director, Megan Costello, CLO, Anita Moffitt, Executive Assistant, NorthWind Architects representatives Sean Boily and Dave Hurley, PDC Engineering representative Mark Pusich, ECG Representatives John Budd, Jeff Hoffman and Morgan Parsons.

APPROVAL OF THE MINUTES – Ms. Young made a MOTION to approve the minutes from May 19, 2020 Planning Committee as amended. Mr. Solomon-Gross seconded. Minutes approved.

PUBLIC PARTICIPATION – None

RAINFOREST RECOVERY and CRISIS STABILIZATION CENTER UPDATES
Mark Pusich of PDC Engineering provided an overview of the findings of the geotechnical survey conducted on the property where the Crisis Stabilization Center is to be located. The soil is not suitable to be built on and will need to be removed and replaced with an engineered structural fill material to support a building, prevent settlement and withstand a seismic event. Discussion was held about how the additional costs for excavation work impacts the budget for this project and what changes have been made to the design to offset those costs. Redesigning the building, changing construction type from a steel frame to a wood frame and filling in the hole with building instead of dirt were noted as ways to best serve the project and keep costs down. Mr. Grigg reassured the committee that cuts in the square footage does not cut the service delivery that has been discussed throughout this process. Mr. Boily presented the most current set of plans with the inclusion of underground parking. He noted that it is a better value for our construction dollars to fill the hole with an underground parking garage and snow removal equipment storage as opposed to filling it in and building on it. Mr. Bill made a recommendation on behalf of the Senior Leadership Team that the Committee accept this report and forward to the Board for full consideration. The recommendation to be considered is that we do the full project, including the parking garage and stay within the budget that has been established. Further discussion about underground parking and equipment storage was held. Mr. Solomon-Gross made a MOTION to move this project forward as presented to the Board for approval. Ms. Young seconded. There being no objection, Motion approved. Mr. Kendziorek thanked Mr. Grigg, Mark Pusich, NorthWind Architects and everyone else that worked so hard on this project.

Mr. Kendziorek requested the Executive Session be the next item on the agenda to allow ECG participants to exit the meeting after completion of their presentation.
Motion by Mr. Solomon-Gross 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. Ms. Young seconded. The committee entered executive session at 7:29 a.m. and returned to regular session at 8:32 a.m.

It was noted that Ms. Hagevig joined the meeting and Ms. Knapp exited the meeting during the executive session. Mr. Stevens made a MOTION to accept the ECG report and move to the full board for consideration during the executive session of the June Board of Directors meeting. Mr. Johnson opposed the motion. Motion passes 5-1 with 6 members present.

Mr. Stevens exited the meeting. Five committee members remaining, quorum maintained.

COVID STATUS – Mr. Bill reported that we continue to be ready for any surge that we might see. We have made substantial progress in standing back up operations. There are two big COVID issues being discussed right now. The first is getting clarification from the State regarding how the mandate for interstate travel effects healthcare workers. The second is the Unified Incident Command at CBJ level looking at the ability to stand up more rapid testing here in Juneau. Roche and Cepheid equipment options have been looked at. Roche equipment is very large and would require significant staffing increases and space that we don’t have at BRH. Cepheid now offers a 16 port system. We could accommodate two of these systems in our existing lab. Cepheid has said they would be comfortable fulfilling this order and would be able to have at least 300 test kits a week to us by the end of September. (This is a much quicker turnaround than what Roche would be able to offer.) BRH will be making a recommendation to the UIC to move forward with the Cepheid machines. This will give us additional capacity and technology to be able to do more tests than the Roche machines would allow us to do. Cepheid tests are more versatile than Roche and Abbott tests. Two Cepheid machines would allow up to 32 tests an hour to be conducted. The Cepheid test error rate is less than 1%. Discussion was held about CARES Act money for equipment and the chance of possibly obtaining startup funding from the cruise and mining industries. Current turnaround times are problematic and may take three or more days to get results. The state lab is overwhelmed and the LabCorp facility has not opened up in Seattle yet due to inability to recruit staff.

STRATEGIC PLANNING RETREAT – This will be discussed at the June 23rd Board of Directors meeting. The ECG assessment is going to be a major driver of our agenda.

Future Agenda Items:
1. COVID Status
2. ECG Assessment
3. Strategic Planning Retreat

Comments: None

Next meeting: To be discussed at the Board of Directors meeting

Adjourned – 8:52 a.m.
To: Bartlett Regional Hospital Board Planning Committee

From: Dr. Lindy Jones

Cc: Chuck Bill, CEO; Billy Gardner, COO

Date: August 9, 2020

Re: Hospital COVID-19 modifications

Before the upcoming planning committee meeting, I wanted to provide information and raise some concerns about our ability to function efficiently and safely, given our new normal with COVID-19. This list provides insight into some of these challenges, but is not comprehensive, as I do not understand the workings of all hospital departments. I do believe that 6 months ago we did a good job of putting together makeshift changes that quickly made our hospital a safer place to work; however, many of the modifications are temporary and need to be redesigned in a more permanent and deliberate manner to ensure long term safety of Bartlett’s care teams and patients.

1) Hospital entrance and prescreening—we have erected a temporary tent in front of the ER, which is staffed 24/7 for COVID prescreening. Although the tent offers a level of protection, it has temporary heat, electricity and the floor leaks in heavy rain. We also staff a screening station at the main entrance during weekdays. These areas should be reviewed from a safety, efficiency, and aesthetic perspective so that we can improve our hospital prescreening. We may need to redesign one or both of our entrances to facilitate this process.
2) ER waiting room issues—currently the waiting room has temporary pieces of tape on half the chairs and is underutilized as there is no way to have social distancing. Long term strategies need to be identified, potentially with assistance from expert consultation, to provide a safer environment for patients, families, and our staff members who work in this area.

3) ER negative pressure issues—we created one critical care negative pressure room by using a portable HEPA filter to push air into the existing duct system. Problems still exist with this room. It is too small to run a full trauma code and is frequently occupied with patients experiencing respiratory issues and needing negative airflow space. Our current trauma bays are all open and not negative pressure, so if our single negative pressure room is occupied, or we have multiple trauma patients, we are forced to care for these individuals in rooms with less than optimal ventilation. We often do not know patients’ true risk for COVID-19 on arrival and caring for critical patients often requires aerosolizing procedures. We need a better, long-term solution for managing critically ill patients in an environment that is safe for the care team.
4) ER exam room HEPA filter issues—most of our rooms can accommodate a mobile HEPA filter which is turned on if one has concerns about the patient having COVID. These filters create issues with care delivery. They are loud, making it difficult to interview patients, and impossible to hear anything through a stethoscope. Also, due to their size, it is difficult, if not almost impossible, for patients to transfer between bed and wheelchair, or to perform bedside tasks such as portable ultrasound.
5) Microbiology/virology issues—the current space is very small, only includes one small viral hood, limiting our ability to process specimens for send out. It also limits the type of high-volume polymerase chain reaction (PCR) analyzer we can purchase. If we were called upon to perform high volume testing such as at a school or on a small cruise ship, currently we would be unable to not only run the samples but process them in an efficient and timely manner.
6) Med/Surg surge capacity—currently we have a negative pressure wing set up on Med Surg for admissions that exceed the capacity of our 2 CCU and 4 Med Surg negative pressure rooms. This wing relies on a temporary plastic dividing wall, and a makeshift ventilation system to create the negative pressure environment.
I am sure there are other issues that need to be identified and addressed in our facility to improve our ability to safely care for our patients in our new state of normal. I recommend that we develop a master plan to address these issues. There may be an opportunity to access additional CARES Act funding to make the modifications in a more permanent manner.

Please call me if you have questions or would like to take a look at things yourself. I am having some problems with CBJ email.

Lindy
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