

Bartlett Regional Hospital

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Planning Committee Meeting Minutes

August 18, 2020 – 7:00 a.m.

Bartlett Regional Hospital Boardroom / Zoom Videoconference

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

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

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

APPROVAL OF THE MINUTES – Mr. Solomon-Gross made a MOTION to approve the minutes from June 18, 2020 Planning Committee. Ms. Young seconded. Minutes approved.

PUBLIC PARTICIPATION – One public participant listening with no comments

COVID STATUS – Mr. Bill reported that even though Juneau has had a couple of COVID outbreaks recently, we have not been overrun here at the hospital. We currently have one COVID positive patient in house. We are seeing more potential COVID cases in the ED which reinforces the use of our appropriate protocols and PPE. BRH, working in conjunction with CBJ Incident Command, performed rapid COVID testing on the people of the Matanuska ferry last weekend. All tests came back negative. This event highlights challenges we continue to see as it relates to rapid testing and turnaround times. There was an Incident Command Task Force meeting yesterday to look at standing up PCR testing here in Juneau. Currently there are 4 machines on order, Cepheid, Roche, Abbott and Panther. The one we can get up and running the fastest is the one we will end up buying when they become available in several months. We are working with CBJ Engineering to identify a space that will accommodate the most complex unit (Roche) should that be the one to become available. The space must have a solid base with no vibration. If there is no adequate space identified at BRH, an offsite location must be found. After space is identified, we will begin work on whatever mechanical, drainage and other necessary specs needed to have the space ready when the equipment arrives. Mr. Solomon-Gross requests a timeline for identifying a location and preparing for this equipment. Mr. Bill stated that a timeline cannot be provided before the engineers have helped identify an appropriate location and noted that Mr. Watt has made this a high priority for CBJ engineering. Engineering will meet with Billy Gardner and Marc Walker today to get this process going. We may be able to avoid the RFP process due to the emergent situation and the fact that CBJ is funding it. Mr. Bill clarified that the community and the task force has asked BRH to manage the process but it does not have to be on the BRH campus. Bartlett's Clinical Laboratory Improvement Amendments (CLIA) license would be used to certify the equipment to get it up and running. We are looking at what would be needed to repurpose space for the equipment, this would include hoods and outside ventilation, etc. One option to be explored is to move Dr. Vanderbilt's office which is adjacent to the micro lab. This space would be readily available for retrofitting, etc. Mr. Gardner reported that hoods and equipment have already been ordered in anticipation of getting a Roche machine. If CBJ engineering does identify an appropriate space at BRH, hopefully by the end of this week, we will start preparing that

space immediately. It was noted that the Cepheid machine would be the easiest to set up but we are constrained by getting an adequate supply of test kits. The other machines are less dependent on kits because they can use normal saline as the medium to work up the samples. The medium that is needed for Roche testing is readily available and can be made here in Juneau. We have communicated directly to the companies and through our federal delegation and the state through Incident Command, how remote we are to try to make us a priority to obtain equipment. Because everyone is considered to be a priority, allocations of equipment will be made based on when we got in the queue. Ms. Young initiated a discussion about personnel needs. We are conducting a national search to fill four certified lab technologist positions. If unable to recruit, we will have to reallocate staff and limit times of testing. In response to Mr. Solomon-Gross' query, Mr. Bill stated that there is no lab tech training program in Alaska that he is aware of. The current turnaround time for send out tests is up to 72 hours unless there are flight delays. Mr. Bill reported there are no delays in reporting once results are in at this point in time. There is consideration of sending airport testing kits to a lab in California that is guaranteeing a 24 hour turnaround time on results once they receive the specimens. Flight delays will still cause slow turnaround times. The lab in California would take the responsibility of contacting the patient. Dr. Jones noted that the challenge is variable, if there's an outbreak elsewhere, it effects our turnaround time and we are not in control of our destiny.

RAINFOREST RECOVERY CENTER UPDATES – Mr. Grigg reported COVID is effecting Behavioral Health as well. We have been on the path of reopening RRC at 50% capacity on September 8th. We have recently learned of COVID positive patients in two facilities in AK that provide similar services to RRC. This has caused us to look at all of our up front strategies and precautions again to ensure that we can open safely. The new construction on the building is complete and we are finalizing and installing all of the fixtures and furnishings. Mr. Grigg expressed his thanks to Ms. Lawhorne and the directors of the Critical Care Unit and Medical for their assistance in getting some of the essential equipment that will be needed to provide the detox/withdrawal management services in this new unit. He also reported that the renovation of the existing facility that has been taking place as part of phase two is to be completed this week. We are at the point of opening with extreme caution, both residential and detox simultaneously for locals while looking at ways to keep our staff safe with this communal program. Part of keeping our staff safe while continuing to provide services includes virtual programs. We currently have 26 patients in virtual treatment. Dr. Jones stated that Mr. Grigg and his staff have done an excellent job implementing telemedicine services for behavioral health. He asked if anyone is working to make a more robust telemedicine program at the hospital. Mr. Bill reported that Mr. Gardner is working closely with Virginia Mason to expand our telemedicine relationship with neurology being at the top of the list of where we are going. This will be discussed at the Strategic Planning retreat.

STRATEGIC PLANNING RETREAT and the “NEW NORMAL” – The Strategic Planning retreat is scheduled to take place on September 19th. It will be held via Zoom from the BRH boardroom. We can accommodate a few people in the room but request the majority of participants participate remotely, including the facilitators. We expect to have packets out about two weeks prior to the retreat. We will use the facility plan as a base but will modify it to match the new normal for COVID. Mr. Kendziorek requests a gantt chart plan for the major categories including negative pressure rooms, waiting room space, triage space, etc. be available for review. Mr. Bill will have it available prior to the Strategic Planning Retreat. Ms. Young thanked Dr. Jones for his report. Mr. Solomon-Gross expressed his thanks to Dr. Jones and Ms. Lawhorne for the tour they provided of the areas noted in Dr. Jones' report and stressed the importance of providing a better triage space as soon as possible. Dr. Jones highlighted the

difficulties in the working environment for the staff and providing quality patient care in tough conditions. Mr. Johnson proposed setting up a trailer to replace the triage tent. The logistics of setting one up in that location is very challenging. We need to be able to make the necessary changes while remaining operational. Mr. Solomon-Gross requests options be presented to the BOD to address the triage tent issue and requests updates on the progress prior to the Strategic Planning retreat. Ms. Hagevig requests bare bones options be presented at next week's Board of Directors meeting. In addition to Dr. Jones' report, Ms. Young requests a report of issues that need to be addressed in other areas throughout the hospital be provided.

Future Agenda Items:

1. Strategic Planning Retreat recommendations review
2. How do these recommendation work into our existing planning document

Comments: Dr. Jones noted that his document covers areas he's familiar with only and said we need insight into challenges we face from other areas of the hospital. Ms. Hagevig asked whether CARES funding would cover any of the improvements we are looking at. We have a \$2.7 million place holder in CARES funding to cover the purchase of the testing equipment only. There is no funding identified for remodeling. Mr. Johnson said this topic is one the agenda for Friday's Finance Committee meeting. The money we have already received from the CARES ACT can only be applied to lost revenues and if we can't show lost revenue, we have to pay it back. The only option we would have to use CARES funding for renovations would be from the money allocated by the state to the CBJ. We need to make our needs known to the Assembly before that money is allocated for other purposes. Mr. Solomon-Gross stated that he is proud of our organization for setting things up so quickly and efficiently as a result of this pandemic.

Next meeting: To be held in October, date to be determined. (Mr. Bill will be out of town October 5th through 23rd. Meeting will be held without him.)

Adjourned – 8:15 a.m.