

STATE OF ALASKA  
DEPARTMENT OF HEALTH & SOCIAL SERVICES  
PUBLIC MEETINGS

REGARDING:

Certificate of Need Application  
for Bartlett Regional Hospital  
Expansion of Same-Day Surgery Services  
Upgrade Medical/Surgical Nursing Unit

MEETING CONDUCTED BY:

Karen Lawfer

HELD:

October 22, 2008

5:00 - 6:30 p.m.

Juneau City-Borough Assembly Chambers  
Juneau, Alaska

CON Public Hearing - Bartlett Regional Hospital  
October 22, 2008

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1 WEDNESDAY, OCTOBER 22, 2008; JUNEAU, ALASKA  
2 5:00 P.M.

3 MS. LAWFER: My name is Karen  
4 Lawfer, and I'm with the State of Alaska in the  
5 Health Planning and Systems Development program,  
6 which oversees the Certificate of Need program.

7 This is a public hearing for any  
8 individuals to give their input into the  
9 application that Bartlett Regional Hospital has  
10 submitted to the Certificate of Need program for  
11 renovation of the Level 3 medical/surgical unit, as  
12 well as renovation of the same-day care unit.

13 This public hearing goes from 5:00  
14 to 6:30. Once you've said what you want to say and  
15 have given your input, feel free to go. This is  
16 not a meeting that goes from 5:00 to 6:30. We just  
17 give a time so that any individual that wants to  
18 come has a time period in which they can give  
19 testimony. So I'll not take it as a personal  
20 affront if you say what you need to say and then  
21 leave. So that will be fine.

22 Everything that is said, we keep a  
23 transcribed record of it. And Bartlett Hospital  
24 will get a copy of that once we receive the hard  
25 copy, so you'll get to -- so if you do leave, and

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1 you want to see if anybody else came and if  
2 anything else was said, you can have a copy of  
3 that.

4 So usually how this process starts  
5 is, I allow the applicant about 15 minutes to give  
6 an overview of what the application is involving.  
7 There is a copy of the application in the back.  
8 There are also copies of the public notice that  
9 went out that discusses the process for public  
10 input on this application.

11 If you know somebody that wants to  
12 give public input on this application and was not  
13 able to attend this meeting, written comments will  
14 be accepted in our office through the 31st of  
15 October. And my e-mail address, mailing address,  
16 fax number, everything that a person would need to  
17 give input is on that public notice. So feel free  
18 to grab one of those if you would like to. It is  
19 also posted on the web, on the website. It is also  
20 listed on that too.

21 So without further ado, I'm going  
22 to let Debbi with Bartlett give her presentation.

23 5:05 PM

24 (Off record.)

25 5:07 PM

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1 MS. LAWFER: On the record for a  
2 point of clarification: The deadline is  
3 November 3rd for public input.  
4

5 PRESENTATION BY DEBBI LEHNER  
6

7 MS. LEHNER: (Narrating PowerPoint  
8 presentation.) Well, I'm Debbie Lehner, and I'm  
9 here today to talk about our project for Bartlett  
10 Regional Hospital, to look at our facility  
11 renovation on our third floor, the east wing, and  
12 to expand our same-day care area.

13 What we're requesting our  
14 Certificate of Need for is to renovate the  
15 easternmost portion of our medical/surgical floor,  
16 which is on our third floor, to bring the remaining  
17 rooms up to comparable aesthetics as the rest of  
18 the floor.

19 Our additional goal with  
20 renovations on the second floor is to improve  
21 patient flow. We're going to be adding some  
22 same-day care space, a new entrance, some new  
23 waiting room space, as well as some public  
24 restrooms and moving the physicians lounge.

25 Both of these areas have not been

1 abated of asbestos, so it's very logical, since  
2 they are beneath each other, to do it at the same  
3 time. It is most financially feasible to do it  
4 that way.

5 We've had some opportunities for  
6 growth recently. We have just added two new  
7 general surgeons to our staff, so opportunities for  
8 growth within the OR is going to impact our  
9 already-full flow in our same-day care area. So we  
10 have the opportunity to grow with that.

11 There is also a lot of growth in  
12 orthopedics in our community. We've had a total  
13 increase of 87.1% of orthopedic patients from 2005  
14 to 2008, which is 115 patients. We have had a  
15 55.5% increase in Medicare orthopedic patients, and  
16 our non-Medicare patients have increased 108.9%.  
17 So this is a great growth opportunity for a  
18 hospital like Bartlett.

19 We hope to encourage folks to stay  
20 in Juneau, in Southeast Alaska, to have orthopedic  
21 procedures. Right now, we saw in 2006, 60 from  
22 Juneau -- 60 orthopedic patients went to Seattle  
23 for care, and 47 orthopedic patients left our  
24 secondary service area for care, so that's a pretty  
25 good number that could have stayed right here in

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1 Juneau. We could have taken care of them. So we  
2 are hoping to capture that market.

3 Baby boomers are aging  
4 everywhere -- and I'm afraid I'm one of them --  
5 unfortunately. But that is increasing the need for  
6 patient beds. Between 2000 and 2006, the number of  
7 people 65 and over increased 25% in our area. So  
8 with older folks, their joints are getting tired.  
9 They need joint replacements. There are increased  
10 fall risks. So there is an opportunity for  
11 Bartlett to be able to service these folks.

12 As well as, with age, there is  
13 also an increased breast cancer risk. Our two new  
14 general surgeons -- that's often their focus, so we  
15 have great opportunities to grow there.

16 On the third floor, one-third of  
17 the beds -- which is the beds we're talking about  
18 for the Certificate of Need -- were carved out of  
19 the existing project. There is no plan at this  
20 point to renovate them, so they are pretty dated.  
21 They are semi-private rooms. All the new ones are  
22 private. They have no shower, so they simply have  
23 a commode and a sink, and then they have a common  
24 shower to go to.

25 They are not ADA-compliant. They

1 are teeny-tiny. You can't get a wheelchair in  
2 there. And we have minimal ability to separate our  
3 surgical patients from our medical patients, which  
4 is shown to give us more risk for infection. So it  
5 is better to be able to separate those types of  
6 patients.

7 And it's a dissatisfier. Today's  
8 patient expects a private room. They don't  
9 necessarily want to cohabitate with someone that's  
10 got other problems. They want their privacy. They  
11 want their family to be able to visit. There's not  
12 a lot of space.

13 So I want to share that 20 of our  
14 rooms will be private in the current project, and  
15 the 21st patient would be in a room like this. And  
16 this picture doesn't do it justice, but it's pretty  
17 dark, it's pretty close, and it's not such a pretty  
18 thing.

19 Then the corridor that this room  
20 is on is very dark, very dated. You can't tell,  
21 but there's pipes running down the corridor. It  
22 looks like you stepped back 10, 20 years. In the  
23 current Level 3 that we've just opened a couple of  
24 weeks ago, they are all private rooms. Every room  
25 has got its own bathroom and shower. It is totally



1 ADA-compliant. Anyone in a wheelchair could wheel  
2 right into the bathroom. And there's plenty of  
3 space to have their family visit, which is shown to  
4 increase healing.

5 So our new patient rooms look like  
6 this, and that's where the first 20 will go, on a  
7 beautiful corridor like this.

8 You can't see it too well here,  
9 but we have a very distinct point on the floor  
10 where you step from 2008 back to 1978. You  
11 really -- here it's dark and dismal; here, it's  
12 bright. And it's just going to send a message to  
13 our patients that we're not equally treating them,  
14 and we don't necessarily want to do that.

15 On the second floor, our same-day  
16 care area is a little bit challenged. We currently  
17 have 13 rooms. There is minimal area for private  
18 conversations. In our waiting space, you come in,  
19 and there's a large desk. Everything is overheard  
20 by everybody. So there is an opportunity here to  
21 create some privacy.

22 The entrance is difficult. It is  
23 in the back of the building. There is a big  
24 transformer in front of it, and I'll show you a  
25 picture of that. And patient flow through that

1 area is definitely hindered, so folks end up  
2 waiting.

3 Here is the current entrance. As  
4 you can see, this is in the back of the building.  
5 There is a big transformer blocking where these  
6 folks need to come in to. It is just not pleasant.

7 This is their current waiting  
8 space. You walk in, and it's basically just a few  
9 chairs, and then there's this large desk. And  
10 there is really nowhere to sit. So they end up  
11 sitting out in the corridor. When physicians come  
12 out to tell a family member how your surgery  
13 procedure went, I'm guessing other folks are  
14 hearing this conversation, which is not  
15 HIPAA-compliant. It's just not appropriate. We  
16 need to create a better private space for them.

17 To fit in with our long-term plan  
18 with the hospital, we're all about patients. We  
19 are all about customer service. We feel it's  
20 important that we provide equivalent care to every  
21 patient, not the 21st and beyond has an old room  
22 and they are not private.

23 We want to provide support to our  
24 growing services. We want to increase our OR  
25 activity and support our two new surgeons. We want

1 to grow our orthopedic business.

2 We want to improve our patient and  
3 our physician satisfaction. Physicians are no  
4 happier that their patients are in the cramped old  
5 rooms than the patients are. They want to see the  
6 flow of their patients through the OR run smoothly.  
7 And we would like to keep our Southeast Alaska  
8 folks that live here, our citizens, to be able to  
9 stay in Juneau for care.

10 Bartlett Regional Hospital is an  
11 enterprise fund of the City and Borough, and our  
12 board is appointed by the Assembly and overseen by  
13 the City. Merrill Sanford sits as our liaison from  
14 the Assembly on our board, and all employees of  
15 Bartlett are also employees of CBJ.

16 So you can see what our  
17 construction proposal is. We really are only  
18 adding 350 square feet to the building. The rest  
19 of it is renovation. That 350 square feet is  
20 simply a small entry alcove. We'll be renovating  
21 6,500 square feet on the second floor and  
22 5,700 square feet on the third, so 12,673 square  
23 feet will be challenged.

24 This is an overall plan of the  
25 campus. As you are driving in, this is the new

1 heliport area. This is the new building. This is  
2 the administration building, the Robert Valiant  
3 Building, and medical arts. The area in red here  
4 is the area we're talking about renovating.

5 So currently, a patient coming for  
6 surgery would drive in and generally come this  
7 direction, around this building, and that's where  
8 that lovely entrance and transformer are. In the  
9 new plan, they'll be able to come around here and  
10 have a nice entrance and parking.

11 This is the existing second floor,  
12 and what you're seeing here is the entrance that I  
13 was just showing you where the transformer is.  
14 When you enter here, here is this large desk and  
15 very small waiting space. This is the chairs in  
16 the hallway that I was sharing with you. We  
17 currently have 13 short-stay beds. We have no  
18 isolation space in our short-stay, same-day care  
19 area, so we have opportunity with that. It's a  
20 bottleneck. There's nowhere for them to go.

21 This is the back where the  
22 entrance -- this is Wildflower Court, which is the  
23 adjacent long-term care facility to the hospital.  
24 This is the bridge between the two. And this is  
25 where the proposed entrance will be. This is just

1 an artist's rendering of that entrance. So driving  
2 and parking will be along here.

3 And there is the bigger drawing of  
4 that. This is where you can see -- here is  
5 wildflower Court here, and you can see the  
6 preliminary drawing of the entrance, which is a  
7 little nicer than the transformer.

8 So here is what the plan will be  
9 once we -- and this is all our first blush at  
10 drawings. This all may change. But this is that  
11 entrance that I was just describing, so the patient  
12 would arrive here, a nice reception area here, a  
13 great big waiting space here. I'm sorry. Here is  
14 the reception area. That's actually a private room  
15 where a physician could come tell your family about  
16 your surgical procedure and what's happening with  
17 you.

18 It adds -- we're going from 13 to  
19 18. It adds five new short-stay spaces. One is  
20 actually an isolation space, so we take over that  
21 former waiting room and create two places for  
22 preadmission testing, which is really important and  
23 gives us the opportunity to expedite the care.

24 We actually had to move the  
25 nursing lounge, because that ends up being right

1 here where we needed to gain space. We also had to  
2 move -- this is where our physician lounge was  
3 before. We're moving that down farther here. And  
4 some education space is planned for the OR team,  
5 and just a little bit of upgrading on their current  
6 same-day care nurses station.

7 We're leaving this exit here,  
8 because we're thinking that might be a nice way,  
9 even though it has the transformer, that, at  
10 conclusion of care, folks could be picked up out  
11 this way. It is a good exit.

12 This is the third floor currently.  
13 This whole area here was the former mental health  
14 area that was vacated with the last -- became part  
15 of the newest building. But these are currently  
16 the semi-private rooms here. This is the existing  
17 solarium. All of this is obviously very tired.  
18 This had been used during construction -- the  
19 solarium had -- as the nurses station. All of this  
20 needs to be abated.

21 This is what our preliminary plan  
22 looks like. The solarium stays intact but gets new  
23 finishes. We create nine private patient rooms,  
24 each with their own bathroom and shower. We create  
25 a nice conference room. The nurses station -- they

1 get a remote nurses station in this current  
2 project, so that is going to be right there, but we  
3 gain some wonderful storage. There is a lot of  
4 equipment involved with medical/surgical care in  
5 general, but when you add orthopedics to that mix,  
6 there is just a lot of equipment required, so this  
7 is a great storage room, which we desperately need.  
8 We have already filled up all the new storage on  
9 medical/surgical, and we have only been in there a  
10 week. It didn't take us long.

11 So this is our proposed plan. For  
12 estimating purposes, those plans were sent off to  
13 an estimating company, and this shows what they  
14 went through for the various components of a  
15 project like this, including the abatement and  
16 everything else. And their rough estimate to do  
17 the square footage that we're talking about, with  
18 the complexity that we're talking about, is around  
19 \$5 million just for the construction.

20 So there are other components. We  
21 obviously need to have an architect draw this for  
22 us, and all the various equipment and furniture  
23 that needs to go along with it, and also all of the  
24 inspections. And hopefully these project overruns  
25 wouldn't happen this time, but I know I'm dreaming.

1 Unfortunately, those things happen. We try to stay  
2 on top of it. So basically, the project estimation  
3 at this point in time, with everything that it will  
4 take to do it, is about \$8 million. We're hoping  
5 to fund this through operations over a two-year  
6 period.

7 Our estimated construction bid  
8 time frame is spring of 2009. We have actually  
9 already chosen our architectural firm. We went  
10 through an RFP. Jensen Yorba Lott was chosen by  
11 the RFP team to be the architectural firm. We're  
12 going to begin -- once everything goes well with  
13 this process, we're going to begin meeting with  
14 them in January. We're hoping to start our  
15 construction in the summer/fall of 2009. We  
16 anticipate 12 to 18 months, obviously phasing  
17 things in and having to do that.

18 We have to complete the current  
19 project first. We have to move medical records,  
20 which is in some of the areas that same-day surgery  
21 would move into. Again, funding is coming from  
22 hospital operations over a two-year period.

23 So here is our new front door.  
24 We're very excited about this. We open this on  
25 Monday, and we'd like to open the front door to



1 take it to the next level and make sure we get  
2 everything finished so our hospital is completely  
3 up to today's standards.

4 I went over 15 minutes. I'm  
5 sorry.

6 MS. LAWFER: Next is Shawn Morrow.  
7 And if you want to just stand, that will be fine.  
8 You don't have to have a presentation.

9

10 PUBLIC COMMENT BY SHAWN MORROW

11

12 MR. MORROW: I'm just going to  
13 concur with everything Debbie said. It's gone  
14 through all the board planning committees. The  
15 Board of Directors is well aware of and in support  
16 of where we're going. And I'll just go on record  
17 as concurring with what has been said.

18 It is critical that we get the OR  
19 throughput fixed. It is just critical so we can  
20 keep people at home and meet the demand that our  
21 surgeons have for space in the inpatient units, so  
22 that we are meeting today's standard of care for  
23 our patients. Thank you.

24 MS. LAWFER: And next is Garth  
25 Hamblin.

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1 MR. HAMBLIN: Oh, did I say yes?

2 MS. LAWFER: You said yes. Okay.

3 I'll change that to a no.

4 And then I have Dr. Bob Urata.

5

6 PUBLIC COMMENT BY DR. ROBERT URATA

7

8 DR. URATA: I don't really have a  
9 prepared speech, so I'm just going to talk off the  
10 top of my head.

11 As a board member for a long time,  
12 I started out with this project a long time ago. I  
13 think it was '98 when we talked about building a  
14 new hospital. Instead, we decided on this road  
15 because we thought it would be cheaper.  
16 Interestingly enough, at that time a new hospital  
17 would have cost us \$70 million, or something like  
18 that. And we said, "Oh, gee. That's really  
19 expensive."

20 But, in fact, this project  
21 finishes the project that we started in 1998. It  
22 really does. And the reason is, is because we had  
23 to take the third floor area of the single-bed  
24 rooms out of the project because of a lack of  
25 funding. But unfortunately, that, perhaps, wasn't

1 a correct decision, looking back on it now, because  
2 we still have to finish the project nevertheless.

3 And so this will complete our  
4 project of renovation and improving Bartlett  
5 Regional Hospital. So we really need to get this  
6 CON, and for that purpose alone I think is a good  
7 reason.

8 Now, the bottom part of the  
9 project, the second floor, is just sort of  
10 renovating our same-day surgery, which is a growing  
11 business for us, and I think it is the future.  
12 People don't stay in the hospital anymore after  
13 surgeries because surgeries are done with minimal  
14 impact on the body, laparoscopic surgery  
15 especially.

16 And our community has been  
17 recruiting doctors who can do that kind of surgery,  
18 and so we have some really good ones now. We're  
19 getting equipment for them, because outpatient  
20 surgery is the thing of the future. And so, for  
21 this reason, we see our business growing here, and  
22 so we need more beds for that.

23 Now, we may get some people who  
24 disagree with us from the medical community, but as  
25 a physician who has been here for a long time, who

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1 has been on the board for a long time, be careful  
2 with what they say. Our community hospital is the  
3 only community hospital in this region, and we need  
4 to survive. And if some of these docs build their  
5 own surgery center, it will really impact  
6 negatively on our hospital. So please keep that in  
7 mind when you look at our CON.

8 If you have any questions, I'd be  
9 happy to answer them, and you know where to find  
10 me. But I strongly urge you to pass this through  
11 quickly. Thank you.

12 MS. LAWFER: That's all I have  
13 that want to testify. Would anybody like to change  
14 their mind and give some input on the record?

15 If not, as I said earlier, I'll be  
16 here, along with Lynda, until 6:30, should anybody  
17 come in to give any sort of input. But I will not  
18 take it as a personal affront if you were to leave.

19 With that, I'll go off the record.

20 5:27 PM

21 (Off record.)

22 6:30 PM

23 MS. LAWFER: The public meeting  
24 was closed at 6:30 with no additional testimony.

25 (Public hearing concluded at 6:30 p.m.)

C E R T I F I C A T E

S T A T E   O F   A L A S K A    )  
  )    Ss.  
F I R S T   J U D I C I A L   D I S T R I C T    )

I, LYNDA BATCHELOR BARKER, Registered Diplome Reporter and Notary Public duly commissioned and qualified in and for the State of Alaska, do hereby certify that the foregoing proceedings were taken stenographically before me and thereafter reduced to typewriting by me or at my direction.

That the foregoing transcript is a full, true and correct transcript of the proceedings, including questions, answers, objections, statements, motions and exceptions made and taken at the time of the foregoing proceedings.

That all documents and/or things requested to be included with the transcript of the proceedings have been annexed to and included with said proceedings.

That I am not a relative or employee or attorney or counsel of any of the parties in these proceedings, nor a relative or employee of such attorney or counsel, and that I am not financially interested in said proceedings or the outcome thereof.

IN WITNESS WHEREOF, I have set my hand and affixed my Notarial Seal this 27th day of October, 2008.

\_\_\_\_\_  
LYNDA BATCHELOR BARKER, RDR,  
Notary Public for Alaska  
My commission expires: 5/6/2012