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Senate Health, Education and Social Services Committee

Legislation Checklist

Bill number: SB 63

Sponsor: Ziegler

Date referred to committee: 1/18/85

Synopsis completed: 1/21

Fiscal note:

Further referrals: Finance

CONTACTS:

Dennis DeWitt, Hosp Assoc

↓ Emma Ivey, Wrangell Hosp

Sen Ziegler

Pat Alexander - DHS - 3037

↓ Jerome Selby - Kodiak Island Borough Manager
486-5736

↓ Jim Gingrich, Kodiak Hosp Administrator
486-3281

Ferguson

Bill Ray

COMMITTEE REPORT
SENATE

FURTHER: FINANCE

1/18/85

Date 3-12-85

Mr. President

The Committee on HESS considered SB 63

making a special appropriation as a grant to the City of Wrangell for remodeling and construction of an addition to the Wrangell General Hospital; efd.

and (a majority of the committee) (the committee) reports it back with the following recommendations:

- do pass
- do pass with attached amendment(s)
- replace with/or adopt CS for _____
- new title
- same title and recommends _____
- and attached a "LETTER OF INTENT" [] NEW FISCAL NOTE
- reports it back without recommendation
- recommends referral to _____ Committee

MEMBERS SIGNING
DO PASS

Arlos Szeglenki

Edna De Vries

Paul Fiske

MEMBERS HAVING
OTHER RECOMMENDATIONS

Betty-Jabrenkovic
Chairman

Chairman recommendation

Alaska State Legislature

BETTYE FAHRENKAMP, Chairman
ARLISS STURGULEWSKI, Vice Chairman
JOE JOSEPHSON
PAUL FISCHER
EDNA ARMSTRONG-DE VRIES



POUCH V
STATE CAPITAL
JUNEAU, ALASKA 99811
(907) 465-3834
(907) 465-3835

Senate Committee on Health, Education and Social Services

MEMORANDUM

TO: Members, Senate Committee on Health, Education and Social Services

FM: Committee S

RE: Amendments to 3, special appropriation to Wrangell General Hospital

DT: March 6, 1985

AMENDMENT 1

Senator Zharoff has proposed an amendment which would appropriate \$2,114,000 to the Kodiak Island Borough for architecture and engineering costs of either remodeling or reconstructing the Kodiak Island Borough Hospital. (attached)

AMENDMENT 2

Senator Ferguson has proposed an amendment which would appropriate \$6,000,000 to the Norton Sound Health Corporation for renovation and new construction of the Norton Sound Hospital. (attached)

AMENDMENT 3

Senator Ray has proposed an amendment which would appropriate \$6,000,000 to the City and Borough of Juneau for the remodeling and construction of an addition to the Bartlett Memorial Hospital. (attached)

AMENDMENT 4

Senator Paul Fischer has proposed an amendment which would appropriate \$1,736,000 from the general fund for payment as a grant to the Kenai Peninsula Borough for construction of a Chemical Dependency Unit at Central Peninsula Hospital. (attached)

AMENDMENT 5

Senator DeVries has proposed an amendment which would appropriate \$9,600,000 from the general fund for payment as a grant to the City of Seward for reconstructing the Seward General Hospital. (attached)

AMENDMENT 6

Senator DeVries has proposed an amendment which would appropriate \$4,000,000 from the general fund for payment as a grant to the City of Seward for renovation of the Wesleyan Nursing Home. (attached)

AMENDMENT 7

Senator DeVries has proposed an amendment which would appropriate \$2,400,000 from the general fund for payment as a grant to the City of Cordova for construction of the Cordova Community Hospital.



319 Seward St., Juneau, Alaska 99801 • (907) 586-1790

REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

Chairman of the Board
Edward Zeine
Cordova Community Hospital
Cordova

CAPITAL FUNDING

SENATOR

Chairman-Elect
Michael Herning
South Peninsula Hospital
Homer

1. Wrangell	6.0 Million	Ziegler
2. Seward General	8.5 Million	Kerttula/DeVries
3. Bartlett Memorial	6.0 Million	Ray
4. Cordova Hospital	1.4 Million	Kerttula/DeVries

Immediate Past Chairman
Mark Hawkins
Sitka Community Hospital
Sitka

(1 Million in Governor's Budget needs 1.4 Million more.
Total Project - 10.4 Million)

Secretary/Treasurer
Emma Ivy
Wrangell General Hospital
Wrangell

Delegate to the American
Hospital Association
Al M. Cairns to
Providence Hospital
Anchorage

Remainder have equal priority

Alternate Delegate to the
American Hospital Assoc.
Sister Barbara Haase
Ketchikan General Hospital
Ketchikan

Central Peninsula
Hospital/Soldotna 1.8 Million P. Fischer
(Add Chemical Dependency Unit)

Delegate to the American
Health Care Association
Jack Buck
St. Ann's Nursing Home
Juneau

Ketchikan Gen. Hospital 0.5 Million Ziegler
(Developmental)

Alternate Delegate to the
American Health Care
Association
Craig Slater
Petersburg General Hospital
Petersburg

Kodiak Island Hospital 1.0 Million Zharoff
(Developmental)

Providence House 0.5 Million Faiks
(Construction Costs)

Delegate to the Association
of Western Hospitals
Keith Campbell
Seward General Hospital
Seward

South Peninsula Hospital 3.0 Million P. Fischer
Homer (Nursing Home Addition)

St. Ann's Nursing Home 250,000 Ray
(Renovation)

Alternate Delegate to the
Association of Western
Hospitals
Jane Sabes
Norton Sound Regional
Hospital
Nome

Wesleyan Nursing Home 3.0 Million Kerttula/DeVries
(Remodel & Code Compliance)

Trustee Delegate to the
America. Hospital Assoc.
Moe Kadish
Trustee, Providence
Hospital
Anchorage

Alternate Trustee Delegate
to the American Hospital
Association
Maxine Robertson
Trustee, Ketchikan
General Hospital

Physician Member of
the Board
Morris Homing, M.D.
Anchorage

President
Dennis L. DeWitt
Juneau

Amendment #1



Kodiak Island Hospital

SB 63

1915 East Rezanof Drive
Kodiak, Alaska 99615

February 25, 1985

The Honorable Fred F. Zharoff
State Capitol
Pouch V
Juneau, Alaska 99811

Dear Senator Zharoff:

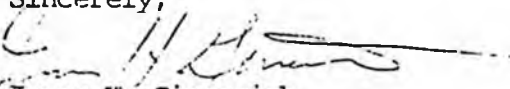
I recently discussed with Dennis DeWitt the Architectural and Engineering money being spent from the State to proceed with the planning related to Kodiak Island Hospital and Intermediate Care Facility. Currently the Kodiak Island Borough has the projection A&E cost \$2,114,000.00.

The Kodiak Comprehensive Projects List has the Hospital Study as #3 on the community list. The two projects in front of the Hospital are both City of Kodiak Projects, #1 City Dog Bay Breakwater and #2 being City Cold Storage & Gibson Cove Transfer.

It is my understanding this request can be drafted as a part of Senate Bill #63. We will be providing you with comprehensive back up and supportive information about the current condition of the Hospital and the projected scope of the renovation or restructuring of the Hospital and ICF.

Should you have other questions concerning this project, please contact Jerome Selby, Borough Manager (907-486-5736) or Jim Gingerich, Hospital Administrator (907-486-3281, ext. 281).

Sincerely,


James H. Gingerich
Administrator

JHG/p

cc: Dennis DeWitt, ASHA
Jerome Selby, Kodiak Borough Manager
Rep. David Thompson
Wilton White, Chairman KIH Advisory Board



SENATOR FRED F. ZHAROFF
ALASKA STATE LEGISLATURE

P. O. BOX 405, KODIAK, ALASKA 99615 (907) 426-5259

DURING SESSION:

POUCH V, JUNEAU, ALASKA 99811 • (907) 465-3473 • 465-3474 • 465-3844 (Labor and Commerce Committee)

DISTRICT N

ALASKA PENINSULA • ALEUTIAN CHAIN • BRISTOL BAY • KODIAK ISLAND • LAKE CLARK/LAKE ILIAMNA • PRIBILOF ISLANDS • SHUMAGIN ISLANDS

M E M O R A N D U M

TO: Senator Fahrenkamp, Chair
Senate HESS Committee

FROM: Senator Zharoff

DATE: February 25, 1985

RE: SB 63

Kodiak Island Borough Hospital has not only outgrown its size, but also is in need of substantial remodel in architecture, electrical and mechanical areas, in order to adequately meet the needs of the community. Two recommendations were made to the Division of State Health Planning and Development, DH&SS. One is a remodel with an addition, the other is a complete replacement facility. Both alternatives are similar in cost and benefit.

I would like to request an amendment and a title change to SB 63, "An Act making a special appropriation for payment as a grant to the City of Wrangell for remodeling and construction of an addition to the Wrangell General Hospital, and providing for an effective date." The amendment should read:

"The sum of \$2,114,000 is appropriated from the general fund as a grant to the Kodiak Island Borough for architecture and engineering for the Kodiak Island Borough Hospital."

This appropriation will enable Kodiak Island Borough to begin design and engineering work for the much-needed remodel/construction of the hospital.

I have attached additional back-up for your information. I respectfully request your consideration of this amendment.

KODIAK ISLAND BOROUGH HOSPITAL
Kodiak, Alaska

Inventory and Evaluation Report
of Selected Hospitals and
Long-term Care Facilities for
the State of Alaska

Prepared For:

Division of State Health
Planning and Development
Department of Health and
Social Services
Juneau, Alaska

February 12, 1982

Prepared By:

ECI-Hyer
Architects and Planners

101 Benson, Suite #306
Anchorage, AK 99503
(907) 279-8653

West 621 Mallon Avenue
Spokane, WA 99201
(509) 328-5931

3.0 SUMMARY OF KODIAK ISLAND FACILITY

Kodiak Island Borough Hospital is a relatively new facility which unfortunately is already too small and which needs major remodeling in all areas -- architectural, mechanical and electrical, in order to function efficiently. Nearly every space in the facility needs to be reworked and rearranged. Its slab-on-grade construction will make the necessary plumbing and mechanical alterations expensive, and interior layout must be reconfigured at substantial expense. The facility has a number of code deficiencies and unacceptable operational conditions which should be rectified immediately.

3.1 Recommendations

Make immediate code deficiency corrections to the building. (The corrective actions to be taken immediately are enumerated in Section 12.1 of this report.)

Two viable alternatives will overcome the serious problems in this facility:

1. Develop a complete replacement facility, using the existing building for other purposes; or
2. Remodel the existing facility and build an addition.

These two alternatives appear to be very close in benefits and costs. We recommend detailed master planning to assure that the direction elected will provide for proper results. In summary, these two options are as follows:

1. Construct a replacement facility for the hospital portion of Kodiak Island Borough Hospital. According to our estimates, such a new facility would occupy 36,624 square feet of space. This figure was arrived at as described in Section 12.2 of this report, and is a combination of the existing hospital space plus needs as enumerated in the hospital's long-range plan.
2. Remodel the existing facility and construct an 8,464 square foot addition. This figure is based on needs articulated by the hospital's Long-range Planning Committee, and includes space for circulation and services.

3.2 Costs

A. Corrections - Code Related

General	\$	32,000	
Mechanical		184,300	
Electrical		<u>95,700</u>	
Sub-total			\$ 312,000
Design Contingency			31,200
Contingency			<u>15,600</u>
TOTAL	\$		358,800

B. Corrections - Non-Code

General	\$	<u>17,000</u>	
Sub-total			\$ 17,000
Design Contingency			1,700
Contingency			<u>850</u>
TOTAL	\$		19,550

C. Energy Efficiency Recommendations

General & Mechanical	\$	<u>5,500</u>	
Sub-total			\$ 5,500
Contingency			<u>550</u>
TOTAL	\$		<u>6,050</u>
TOTAL OF CORRECTIONS	\$		<u><u>384,400</u></u>

D. Recommendation Costs

Option 1., Replacement Hospital Construction
(36,624 square feet)

General	\$ 5,328,900	
Mechanical	3,845,700	
Electrical	<u>1,648,100</u>	
Sub-total		\$10,822,700
Congingency		<u>541,200</u>
TOTAL FOR REPLACEMENT HOSPITAL		\$11,363,900

Remodel of Existing Facility
For Other Use.

General	\$ 2,133,000	
Mechanical	1,706,400	
Electrical	<u>900,600</u>	
Sub-total		\$ 4,740,000
Contingency		<u>237,000</u>

TOTAL TO REMODEL EXISTING FACILITY \$ 4,977,000

TOTAL, OPTION I \$16,340,900

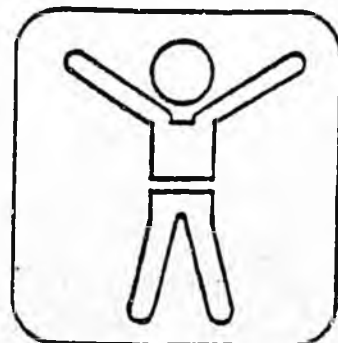
Option 2. Remodel Existing Facility as
Hospital (31,600 square feet).

General	\$ 3,384,360	
Mechanical	3,586,600	
Electrical	<u>1,914,960</u>	
Sub-total		\$ 8,885,920
Contingency		<u>444,300</u>
TOTAL FOR REMODEL		\$ 9,330,220

Construct Addition to Existing
(13,924 square feet).

General	\$ 2,127,300	
Mechanical	1,535,300	
Electrical	<u>658,000</u>	
Sub-total		\$ 4,320,600
Contingency		<u>216,000</u>
TOTAL FOR ADDITION		\$ <u>4,536,600</u>
TOTAL, OPTION 2		<u>\$14,245,700*</u>

*Phasing costs not included above will have to be added to Option 2, (but not Option 1). Such costs will make these options very comparable in price. The above also includes costs for corrections which are necessary to keep the existing building in use.



A mendment # 2

Amendment

#3

BARTLETT MEMORIAL HOSPITAL

3260 HOSPITAL DRIVE • JUNEAU, ALASKA 99801 • TELEPHONE (907) 586-2611

February 22, 1985

Senator Bill Ray
Pouch V
Juneau, AK 99811

STATUS OF HOSPITAL EXPANSION PROGRAM

The Board of Directors is proceeding with the hospital expansion program. A Request for Proposals for Project Management Services for the design and engineering phase is scheduled to be advertised the first week of March 1985. This will be funded by the \$1,000,000 grant that you got for the City and Borough of Juneau at the last session. The design and bidding process should be completed by late fall of 1985.

Construction is planned to start in the Spring of 1986 provided we get the funding of \$6,000,000 from the State this year and the Juneau electorate approve General Obligation Bonds in October of 1986.

Dennis De Witt of the Alaska State Hospital Association has suggested that we include our \$6,000,000 request on Wrangell's grant request (SB 63 and HB 76) along with other hospitals to form an all inclusive request. HESS will hold hearing on SB 63 on March 5, 1985.

Would greatly appreciate your advice regarding this approach.
Thanks.

Jim
JAMES R. BURNS, ADMINISTRATOR

cc: Representatives Duncan and Miller
Mr. Dennis De Witt, ASHA

BARTLETT MEMORIAL HOSPITAL
Juneau, Alaska

Inventory and Evaluation Report
of Selected Hospitals and
Long-Term Care Facilities for
the State of Alaska

Prepared for:

Division of State Health
Planning and Development
Department of Health and
Social Services
Juneau, Alaska

February 12, 1982

Prepared by:

ECI-Hyer
Architects and Planners

101 Benson, Suite #306
Anchorage, AK 99503
(907) 279-8653

West 621 Mallon Avenue
Spokane, WA 99201
(509) 328-5931

3.0 SUMMARY OF BARTLETT FACILITY

Bartlett Memorial Hospital is a 65-bed acute care hospital, located in Juneau. As southeastern Alaska's major medical facility it serves a population of 20,000 in and around Juneau, and draws patients from virtually all of the State's southeastern region. Its structure is Type I construction, in generally good condition. The hospital's most pressing need is for additional space. Only 60 of its beds are operational because space shortages have forced conversions of three patient rooms to other uses.

A medical facilities planning firm has been retained by the Hospital Board to formulate a long-range plan (to 1990) within the borough. This group has identified the following additional space requirements over existing square footages in these areas:

<u>Area</u>	<u>Square Footage</u>
Surgery	1,445
Radiology	2,375
Laboratory	1,910
Emergency Room	1,345
Medical Records	245
Business/Administration	840
Pharmacy	250
Physical Therapy	200
	<u>8,610 S.F.</u>

This planning firm has also recommended that by 1990 the hospital needs 90 beds, and that a total of 42,500 S.F. of additional space should be constructed to house a new nursing unit.

3.1 Recommendations

- A. Make necessary code-related and other corrections to mechanical and electrical items in present facility (these items are enumerated in Section 12.1 of this report).
- B. Construct a nursing unit addition to the hospital (42,500 S.F.) to provide a total of 90 beds to meet 1990 needs.
- C. Remodel the existing hospital to expand areas now critically short of space, and to reorganize functions within the space vacated by the nursing unit.

- D. Correct code deficiencies (enumerated in Section 12.1) if the nursing unit addition does not commence.

3.2 Costs

- A. Code-related corrections and other recommended improvements. \$ 707,255
- B. Construct nursing unit addition. \$12,271,665
- C. Remodel existing structure; expand spaces which are now too small. \$10,889,025
- D. Code-related corrections if the nursing unit addition/remodel does not commence. \$166,730



4.0 DESCRIPTION OF BARTLETT FACILITY

Bartlett Memorial Hospital is located approximately 3.5 miles northwest of the City of Juneau, at 3260 Hospital Drive. It was designed as an acute care facility, and its construction was completed in 1969. The architects for the original project were Olsen and Sands, of Juneau.

With its licensing for 65 beds, Bartlett Memorial would have to be classified as southeastern Alaska's major medical facility. Forty-nine of its beds are classified as medical/surgical, with eight ICU/CCU (four of which are intermediate-care beds) and eight obstetrical beds. Due to critical space shortages, three patient rooms are currently being used for other purposes, leaving 60 beds operational.

Bartlett Memorial is city-owned, but supported by charges to users of the facility. The operation of the facility is carried out by a hospital board appointed by the City Assembly.

Key hospital personnel are:

James Burns, Administrator
Donald Rooney, M.D., Chief Medical Officer
Sammye Rink, R.N., Assistant Administrator
and Director of Nursing
Danny Flake, Facility Engineer

The facility serves a borough population of approximately 20,000 plus a service area which covers virtually all of southeast Alaska.

The building is a two-story structure plus a ground floor that has grade level access from the rear of the building. Just off the southwest corner of the hospital, attached by a common vestibule, is an American Native outpatient clinic. This building is leased from the hospital and relies on the hospital for lab and radiology services.

Both the hospital and the clinic are Type I construction in generally good condition. A structural review of the drawings for the hospital found it to be a very substantial steel and concrete structure. In 1979, a sprinkler system was installed, and in 1981 the level under the main floor of the Native Health Clinic was finished. This space now serves as dead storage for the

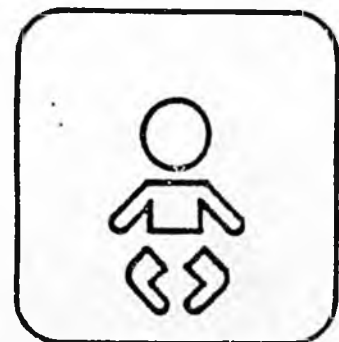
hospital. The ceiling height is limited in this area and the space is not usable for any function other than storage. Minor interior remodeling projects have been on-going within the hospital since its construction, and have consisted mainly of relocating partitions and doors.

The exterior shell of the building is in need of reconditioning and the built-up roofing is in poor condition, even though we understand that it was replaced just two years ago.

It appears from the drawings that the only thermal insulation in the building consists of 2-inch thick fiberboard on the roof and 3/4-inch fiberboard on the inside face of the exterior walls. This type and quantity does not offer the desired energy efficiency.

Statistics

No. of beds:	
Licensed	65
Operational	60
Square Footages:	
Ground level	18,214 S.F.
Main level	19,985 S.F.
Second level	21,893 S.F.
A.N.H.S. basement	3,300 S.F.
	<hr/>
	63,392 S.F.



Amendment

#4

Alaska State Legislature

Senator Paul A. Fischer
Senate District D
Box 784
Soldotna, Alaska 99669
(907) 262-9420 W
262-9269 H

While in Juneau
Pouch V
Juneau, Alaska 99811
(907) 465-3791

State Senate

MEMORANDUM

TO: Senator Bettye Fahrenkamp, Chair
Senate HESS Committee

FROM: Senator Paul Fischer *PS*

DATE: March 5, 1985

RE: Requested Amendment SB 63

I would like to request an amendment and appropriate title change to SB 63, "An Act making a special appropriation for payment as a grant to the City of Wrangell for remodeling and construction of an addition to the Wrangell General Hospital; and providing for an effective date."

I would propose that the language of the amendment read "The sum of \$1,736,000 is appropriated from the general fund for payment as a grant to the Kenai Peninsula Borough for construction of a Chemical Dependency Unit at Central Peninsula Hospital."

This much needed alcohol and drug abuse treatment unit is ready for construction this summer as all design and engineering for the project has already been completed. The difference between the total project cost of \$3.2 million and the grant will be funded through local taxes. Central Peninsula Hospital has never, to my knowledge, before been the recipient of state grant monies.

Your consideration of this amendment is respectfully requested.

Amendment

#5

Seward General Hospital

P O BOX 365
SEWARD ALASKA 99664 0365
PHONE (907) 224-5205

File
SB 63

February 22, 1985

Senator Edna Armstrong-DeVries
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Senator Armstrong-DeVries:

Senate Bill 63 is calendared for hearing on March 5, 1985. This bill has funding for the projected construction and remodeling for the Wrangell Hospital.

I view this as a mechanism for Seward General Hospital funding to be achieved this year. As you are aware, we are next on the state priority list for replacement of our facility.

Our Certificate of Need hearing will be held on February 25, 1985. At this point, all the comments have been positive and it is anticipated that the certificate will be issued in early April.

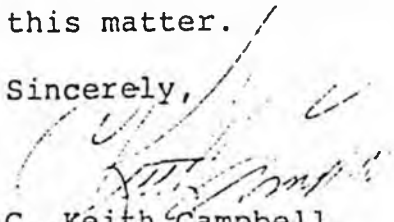
Your cooperation in expediting the funding of 9.6 million dollars would keep this project on its original schedule.

Our new cost estimate of 9.6 million dollars reflects the most recent firm costs received in the Cordova Hospital project plus the recent estimating experience by the architect on the Wrangell Hospital job. I would like to emphasize that we will not have firm figures until bid-ready documents are complete during the winter of 1985-86.

Thank you for your help in this very important project and I will rely upon your best judgement as to how best achieve the desired results.

I will be available later on in March for direct consultation on this matter.

Sincerely,


C. Keith Campbell
Administrator

CKC:ecb

Seward General Hospital

P O BOX 365
SEWARD ALASKA 99664-0365
PHONE (907) 224 5205

FILE SEWARD

AKS

August 30, 1983

Mr. Robert L. Smith, Commissioner
Department of Health and Social Services
State of Alaska
Pouch H-01
Juneau, Alaska 99811

Dear Commissioner Smith:

In February 1982 the firm of ECI-Hyer completed a state-wide inventory and evaluation report on the condition of most of the acute hospital buildings in the state. Based upon the results of this report, a five-year funding capital budget was prepared.

The State Health Plan for Alaska dated January 1983 states the rationale for pursuing the replacement of Seward General Hospital during the mid to late 1980's. The time table becomes more critical as each succeeding year the licensing criticisms grow more serious. It is imperative that the original, or even an accelerated funding cycle be adhered to or it is conceivable that the new facility will not be completed by the time the old facility becomes unlicensable.

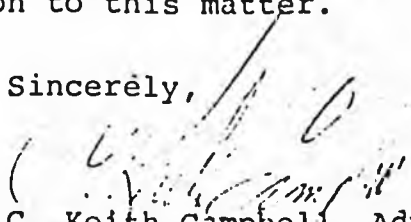
The Board of Trustees of Seward General Hospital has commissioned a study to achieve an up-to-date perception of the general public's feeling about medical care in the community. The Board hopes to be able to guide the provision of health care services to this community using the results of this study. The study sampled opinions toward the provision of existing health care services and facilities in Seward. Opinions were also sought regarding the provision of services and facilities for the future.

With these points in mind, the Board would like to ascertain your department's degree of commitment to State Health Plans Timetable.

I have enclosed copies of the Seward General Hospital summary and the latest Licensing Survey Report for your convenience.

Thank you for your attention to this matter.

Sincerely,


C. Keith Campbell, Administrator

CKC:ecb

Enclosures
1983 Licensing Survey Report
Summary of Seward General Hospital

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929

REMODELING AND ADDITION PROJECT

Using the information from the State Hospital survey, our Long Range Master Plan, Certificate of Need, approved by the State, and input from the entire staff; the decision was made to do a wrap around construction type project to allow remodeling and expansion in all areas needed to correct functional and physical deficiencies in the existing facility, while keeping construction and operation and maintenance cost at a level where we could defend the amount and afford to run the facility after it was completed.

<u>SURGERY</u>	SQ. FT EXISTING and PROPOSED	
	740	850
Addition of dressing rooms, shower and a hallway leading directly into O.R. for infection control. Installation of large cool light.		
<u>EMERGENCY ROOM</u>	250	500
Increase the capacity to care for more than one patient without having to use the hallway. Add covered entryway to give patients protection from the elements.		
<u>DELIVERY/BIRTHING</u>	545	545
No change in size, but entire area redesigned to incorporate new birthing concepts, add patient shower and provide improved use of space.		
<u>X-RAY</u>	300	510
Dressing rooms added. Patients now have to dress in public toilet and sit in open hallway to wait for their studies. Add locked film filing room, film presently are kept in open hallway. Also add Radiologist office to view x-rays and dictate findings. Foundation repair needed as area under large x-ray machine is slowly sinking into the basement.		
<u>ULTRASOUND</u>	Ø	1202
Purchase new real time machine and add room with adjoining toilet to provide an improved level of care with this diagnostic equipment. Presently have a second hand machine repaired with parts obtained from Petersburg Hospital's old one.		

PHYSICAL THERAPY

360

748

Increased size so more than one patient can utilize the area at one time. Storage room for equipment. Hydrotub installed in room by its self for privacy. Training, toilet and shampoo sink for Long Term Care residents adjoining.

MEDICAL RECORDS

100

289

Present room is only part of the front lobby sectioned off with plywood. To have new rolling files installed, area for dictaphone system, doctors dictation area and new computer system to comply with new release of information via D.R.G. system for payment from the Government programs.

NURSERY

120

218

Increased in size to allow more space per bassinet and isolette to improve infection control. Include sink and bathing area, add increased oxygen, suction outlets as required. Presently only one (1) outlet for three (3) bassinets and one (1) incubator. Addition of new Bililight in ceiling. Presently only have a regular type flourescent light that is much less effective than light made specially for this treatment.

TREATMENT ROOM

Ø

130

Multiuse for orthopedic work, cast application, and care of minor injuries to keep large emergency room free from small dirty cases and also provide expansion to emergency in multiple injury cases.

ADDITION OF 4 LONG TERM CARE ROOMS

1595

2791

The present L.T.C. occupancy rate has run over 100% for the past 4 years. These added rooms will help meet added placement needs and the income from them will help pay operation and maintenance costs of the entire addition proposed.

LABORATORY

210

680

Allow space to install new equipment that will provide faster more accurate testing. Presently many tests can not be done in house and are sent to Seattle. Others are done, but with old type methods that are far less accurate than is available with new equipment. Improved sanitation and maintenance of the area will also be incorporated.

ACTIVITIES AND DINING AREA LONG TERM CARE

570

1099

Separate space designated for crafts, games and projects from the dining area. Same area presently is used for both functions, so all crafts and activities have to be removed for each meal to take place. Add storage area for activities and crafts. Presently these items are stored in a area made over the stair well to the basement which is against the fire safety codes. Sun deck and access to the Memorial Park for the residents will also be added from this area. Activity Directors office will also be added.

CENTRAL STERILIZING AND SUPPLY ROOM 335 464

All clean and soiled areas including soiled utility room have been rearranged into separate areas to comply with sanitation regulations and provide improved functional design to increase efficiency.

ANESTHESIA STORAGE 25 25

Old open shelves to be replaced by locked area with refrigerator to comply with regulations and provide safety for anesthesia drugs in more accessible area in the O.R. suite.

STORAGE - FOR GENERAL STORES AND EQUIPMENT 1285 3093

This is a major problem noted throughout the entire facility INADEQUATE STORAGE. The added storage in each department plus a large general stores area will correct the problem and provide better accountings of materials. Many items now must be kept in hallways because of lack of storage space (wheelchairs, scales, lifts, carts, etc.)

WAITING ROOM - PUBLIC TOILET - TELEPHONE - DRINKING FOUNTAIN
and VENDING MACHINES for PUBLIC USE 132 279

Increased sq. ft. to provide improved waiting area containing public access to items required that are not contained in existing facility.

CONFERENCE ROOM - LIBRARY - QUIET AREA 340 840

All in one large room with divider so space can be utilized for more than one event at a time. Present library is in hallway. This multi use room will also be used for inservice and patient education and Hospital Auxiliary meetings.

SLEEP - SHOWER SPACE (2) 0 178

For use by doctors when staying with critical patients and for out of town physical therapist, dietitian, occupational therapist and other consultants on contract making scheduled visits.

GATEWAY MENTAL HEALTH RENTAL SPACE 95 381

Increased area to allow improved family counseling and provide group therapy not available because of lack of space. Provide privacy for secretary, who now is located in hallway, in wheel chair storage area.

DOCTORS OFFICE RENTAL SPACE 1460 2381

Continuation of the two (2) full time physicians offices PLUS adding space for traveling physicians to hold clinics to bring services to the people in town and increase utilization of local hospital facilities.

DIETARY

410

848

Provide for separate room for dishwashing sanitation procedures. Office for Food Service Manager, and storage of supplies. Improved functional design to provide better working conditions and cut down on work time.

NURSES STATION - DRUG ROOM - DIRECTOR OF NURSES OFFICE

432

502

Enlarged and design changes to provide increased confidentiality and control of medications and records.

MORGUE

330

330

No change needed, except to remove office of Infection Control - Inservice Director nurse and equipment and supplies stored in the room. Paint and paint equipment also now stored in this room will be stored in a special cabinet in new garage - maintenance room.

LAUNDRY

145

260

Provide space for handling dirty linen in separate area from clean linen. Provide locked storage area for new linen supply. Incorporation of linen cart system and other equipment that will cut down on energy use while reducing wear on clothes.

PRIVATE ROOMS NINE (9) ACUTE CARE BEDS

1700

2000

Provide 9 private rooms with shower to allow for better utilization of the 9 beds. Due to the patient mix problem we now have with them mostly as semi-private rooms, much time is lost moving beds and equipment and prohibits best utilization of the beds capacity ie (male-female) (alcoholic - new mother) - (child - cardiac patient.)

STAFF LOUNGE - COFFEE ROOM

145

260

For all staff members to take breaks and eat lunch, a microwave oven, refrigerator, coffee machine, vending machines will be available. No meals are supplied to employees. Improved ventilation to provide smoke free atmosphere will be installed.

STAFF LOCKERS - TOILETS

90

293

To provide locker space for all employees, plus a space to sit to remove boots and hang clothes. Presently males must utilize janitor storage area and in both male and female rooms only place to sit down is on toilet in adjoining room.

SQ. FT EXISTING and PROPOSED

MAINTENANCE, REPAIRS, HOUSEKEEPING, YARD STORAGE VAN GARAGE

120 830

Only area available to do maintenance and repair is outside in unheated shed. Housekeeping carts, etc., are presently stored in same room as deep freezer which does not meet sanitation regulations. Van, which is used mostly for Long Term Care residents in wheel chairs transfer is kept outside in the rain and snow.

MISC. OFFICE SPACE NEEDS

665 985

Controller - Bookkeeper, insurance clerk, telephone switchboard, computers, microfilming equipment, administration, office manager, admittance, copy machine, mailing. Added space to allow for privacy when discussing admittance and billing matters. Microfilming equipment presently in O.R. hallway. Improved paper flow throughout aided by new design.

OTHER AREAS INCLUDED IN TOTAL SQUARE FOOTAGE

6719 9720

Tubs, showers other than in patient rooms, mechanical, electrical and circulation.

FOLLOWING CHANGES ALSO NEEDED TO MEET REGULATIONS IN FIRE, SAFETY AND SANITATION

TECHNICAL MODIFICATION

In air supply and humidity control systems to main areas O.R., ER, OB, Nursery, CCU, Isolation and other patient areas.

HANDICAPPED REQUIREMENTS

Level entries, adequate hand rails, ramps, toilet rooms, grinking fountains and telephones will be incorporated throughout the facility.

DOOR SECURITY AND AUTOMATIC CLOSURE

All doors are kept locked at night so a two way intercom system to alert nurses when someone comes to the emergency entrance at night will be installed. Also doors will have a monitor system set up so nurses can tell when a Long Term Care resident goes out, for safety purposes. During cold weather especially a close watch must be kept to prevent residents from wandering outside and getting lost or frozen. All doors will automatically close in patient areas when smoke and fire alarms are activated.

NURSE CALL SYSTEM

A complete new system is needed, the existing two (2) systems are not compatible and the oldest system is obsolete to the point no parts have been available for years. Plus many areas are not hooked up to any system (x-ray, lab, physical therapy, day room or security room).

EMERGENCY GENERATOR

Increase in capacity from 60 kw to over 200 kw to provide 100% coverage of the facility plus reserve capacity. Also add voltage protector on the electrical line coming into the building from the city to cut down on maintenance - repair problems caused throughout on all equipment and lights by fluctuating power.

PARKING

Increased to required number according to the number of employees, bed capacity and number of agencies using the facility. Relocated in area where they will provide for better circulation of employees, visitors and patients to cut down on traffic and cleaning.

HALLWAYS

Widened to comply with 8 foot clearance. Smoke detectors and visual fire alarms will be installed as required.

MEDICAL GAS LINES

Oxygen system to be completely redone as the present system must be kept turned off except when actually needed, due to the loss from improper functioning of the system (slow leaks).

STEAM SUPPLY

All equipment has been changed over to electric - power, except for sterilizing equipment in Central Supply. It will be remodeled to run off electricity and so will allow for removal of the old high pressure boiler that is in poor condition and a energy waster.

HEATING AND HOT WATER SYSTEM

Two (2) old oil fired furnaces will be replaced with new type energy efficient ones and adequate controls added to provide correct water temperature throughout the facility. Presently water is too hot or cold without any way to correct temperature in problem areas.

INSULATION

Improved insulation of old sections and maximum amount incorporated into new additions to conserve energy where ever possible.

LIGHTING

Installation of new type energy efficient lighting inside and out. Wired so unneeded lights can be turned off or set to turn off automatically at a certain time daily.

WATER FILTER SYSTEM

All water coming into the building will be filtered. Wrangell water is full of "muskeg" yellow vegetable material that clogs pipes, causes equipment to corrode and malfunction. With this new system in place maintenance time will be cut and life of the equipment extended.

The acute care hospital (9 bed) part of the facility was built in 1968 (17 years old). The long term care (14 bed) addition was built in 1974 (11 years old).

OCCUPANCY RATE

9 acute care beds located in three (3) single rooms and three (3) semi private rooms averages 32% occupancy. Of these acute care beds four (4) are designated as swing beds so are utilized also as long term beds as needed.

14 long term care beds all semi private rooms have averaged 104% rate of occupancy during the past 4 years.

These occupancy rates are figured by taking the total bed days available divided by the number of actual patient days.

TOTAL SQUARE FOOTAGE

Existing facility approximately 18,465 sq. ft.
Proposed facility approximately 22,555 sq. ft.
An increase of 4,070 sq. ft.

SERVICE AREA

Service to approximately 3000 people. It is the only health facility located on Wrangell Island, which is accessible only by water or air. The next larger hospital is in Ketchikan, approximately 90 miles away and it is also accessible only by air and water. Patients served by the Wrangell Hospital are mostly Wrangell residents, plus people from surrounding logging camps, from summer labor, crews off fishing boats, foreign freighters, summer visitors and Canadians working along the Stikine River.

Maintaining operation of the facility during this type construction will be a major problem, but with a good demolition and work schedule made out and followed activity shutdown or slowdown should be kept to a minimum.

FULL TIME MEDICAL STAFF IN TOWN

- (1) Family Practice physician
- (1) Surgeon/family practice physician

ACTIVE CONSULTANTS HOLDING CLINIC FROM

<u>Out of Town</u>	<u>In Town</u>	<i>(Part time)</i>
(1) Radiologist	(2) Dentist	
(1) Orthopedic Surgery	(1) Medical Director	
(1) Otolaryngology	(1) Laboratory Director	
(1) Ophthalmology		
(1) General plastic surgeon		
(1) Obstetrics and Gynecology		
(1) Podiatrist		

CONSULTANTS ON CONTRACT

- (1) Physical Therapist approximately monthly
- (1) Dietitian quarterly visits
- (1) Pathologist quarterly visits
- (1) Pharmacist on contract *(Part Time)*

EMPLOYEES FULL TIME EQUIVALENTS ----- Total 30 employees

- Registered Nurses (6)
- Licensed Practical Nurses (2)
- Nurses Aides (4)
- Medical Records (1)
- Laboratory Technician (1)
- X-Ray - Ultra Sound Technician (1)
- Maintenance (1)
- Housekeeping (1)
- Administrator (1)
- Director of Nurses (1)
- Clerical Personnel (4)
- All other personnel including food service, laundry, purchasing, etc (7)

POSITION PAPER

Senate Bill No. 63

For "An Act making a special appropriation for payment as a grant to the City of Wrangell for remodeling and construction of an addition to the Wrangell General Hospital; and providing for an effective date."

BACKGROUND

This bill would appropriate \$6,000,000 for a payment to the City of Wrangell. The project was originally granted a Certificate of Need in 1981 which permitted an expenditure of \$6.9 million. In 1984 a modification to the Certificate was issued to increase the number of long-term beds by four to a total of 18.

Approval of the Certificate of Need reflects not only approval by Department of Health and Social Services but that of the Southeast Alaska Health Systems Agency. The project is a top priority, as listed by the Alaska State Hospital Association.

DESCRIPTION

The project includes the following:

- New paved parking areas, driveways, walkways and related sitework.
- New lower level areas including central storage, on-call, divisible conference, suite for mental health, suites for resident and visiting doctors.
- A new grade level area at the north including garage/workshop, maintenance office, laundry suite, housekeeping space, employee lockers, mechanical and emergency generator spaces.
- Extensive remodeling for kitchen, dietary, dining, surgical/delivery suite lockers, birthing room, central sterilizing, emergency, utility, treatment, offices, storage, ultrasound, laboratory, pharmacy, nursery, nurses station, bathing and accessory spaces. The existing semiprivate acute care bedrooms are modified to accommodate isolation, security, recovery, labor, pediatrics, labor and intensive care functions.
- An addition to the south provides waiting business, administrative, medical records, utility, physical therapy, activity therapy/dayroom/dining, and longterm bedrooms.
- Basic heating, ventilating and electrical systems are extended and upgraded to current standards.

Although the project is programmed to accommodate only immediate needs, the design has flexibility for future requirements and additions.

POSITION PAPER/Department of Health & Social Services

POSITION PAPER Continued
Senate Bill No. 63
Page 2

Justification for this project has existed for a number of years and every effort has been demonstrated by this institution in seeking a responsible and economical response.

Previous appropriations for planning has enabled architectural and engineering work to approach final stages so that the execution of this project may be accomplished without delay.

POSITION

The Department of Health and Social Services supports Senate Bill No. 63 without reservation.

RECOMMENDED BY: Patricia R. Alexander
PATRICIA R. ALEXANDER, DIRECTOR
DIVISION OF PLANNING

DATE: 2/22/85

APPROVED BY: John R. Pugh
JOHN R. PUGH
COMMISSIONER
DEPARTMENT OF HEALTH & SOCIAL SERVICES

DATE: 2/22/85

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

Revision Date: _____

REQUEST

Bill/Resolution No.: S.B. 63
 Title: Grant for the Construction
of Wrangell Hospital
 Sponsor: Zieqler & Eliason
 Requestor: _____
 Date of Request: 1-1-8-85

FISCAL DETAIL

Agency Affected: Health & Social Services
 Program Category Affected: Health
 BRU, Program or Subprogram(s) Affected: _____

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	400.0	6,000.0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND	400.0	6,000.0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL	400.0	6,000.0	0	0	0	0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

City received funding in FY 85 to plan and design. This bill will have a direct impact on the FY 86 Capital Budget of \$6,000.0. Any future impact this appropriation will have on the operating budget is unclear at this time and degree of detail.

Prepared By: Patricia R. Alexander Phone: 465-3037
 Division: Planning Date: 2-21-85

Approved by Commissioner: John A. P. Date: 2-22-85
 Agency: Health & Social Services

Distribution (by Agency preparing fiscal note):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget

JCC



Alaska State Legislature

Senate

Official Business

February 25, 1985

Pouch V
State Capitol
Juneau, Alaska 99811

Senator Edna DeVries
Senator Jan Faiks
Senator Paul Fischer
Senator Jalmar M. Kerttula
Senator Bill Ray
Senator Fred Zharoff
Alaska State Legislature
Juneau, Alaska 99811

Fellow Senators:

Not too long ago I introduced SB 63. It pertains to a \$6 million special appropriation for payment as a grant to the City of Wrangell for remodeling and construction of an addition to the Wrangell General Hospital. I have attached a position paper from the Department of Health and Social Services justifying the need for the project. Furthermore, the Alaska State Hospital Association has identified the project as a number one hospital priority in the state.

Currently, the bill is in Senator Fahrenkamp's Health, Education and Social Services Committee and she has scheduled a hearing on the same on March 5th. Being a political realist, and considering the severe shortage of funds, the bill, flying by itself, will never get off the ground. However, each of you has hospital projects in your respective areas and in unity there is strength. I think that perhaps if you would check with my office, we could give you your designated projects and the amount of money involved. The other three top priorities are the Seward General Hospital, Bartlett Memorial Hospital and the Cordova Hospital, so obviously Senators Zharoff, Kerttula, DeVries and Ray should be interested. Other Senators have items of equal priority, but if you're going to take care of one, perhaps we should try to take care of everything at the same time.

It's doubtful we're going to get the approximately \$20 million involved for everyone as an appropriation bill, but we might be able to accommodate everybody in terms of a bond issue. Right now we're up to the lid, but by 1987 it is anticipated by a spokesman in the Department of Revenue, there will be almost \$50 million available in debt capacity.

Put another way, if we can all get together, agree upon our projects, and present a concerted front to Senator Fahrenkamp, she might be convinced that the bonding route makes sense and be willing to accommodate us accordingly.

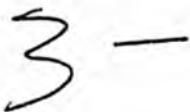
Senator DeVries
Senator Faiks
Senator P. Fischer
Senator Kerttula
Senator Ray
Senator Zharoff

Page Two

February 25, 1985

Remember the old adage, "United we stand, divided we sprawl."

Regards,

A handwritten signature consisting of a large, stylized number '3' followed by a horizontal dash.

Robert H. Ziegler, Sr.

RHZ:lk

Enclosures

cc: Sen. Warren Zamp

POSITION PAPER

Senate Bill No. 63

For "An Act making a special appropriation for payment as a grant to the City of Wrangell for remodeling and construction of an addition to the Wrangell General Hospital; and providing for an effective date."

BACKGROUND

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POSITION PAPER Continued
Senate Bill No. 63
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Justification for this project has existed for a number of years and every effort has been demonstrated by this institution in seeking a responsible and economical response.

Previous appropriations for planning has enabled architectural and engineering work to approach final stages so that the execution of this project may be accomplished without delay.

POSITION

The Department of Health and Social Services supports Senate Bill No. 63 without reservation.

RECOMMENDED BY: Patricia R. Alexander
PATRICIA R. ALEXANDER, DIRECTOR
DIVISION OF PLANNING

DATE: 2/22/85

APPROVED BY: John R. Pugh
JOHN R. PUGH
COMMISSIONER
DEPARTMENT OF HEALTH & SOCIAL SERVICES

DATE: 2/22/85

STATE OF ALASKA 1985 LEGISLATIVE SESSION
FISCAL NOTE

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EXPENDITURES/REVENUES: (Thousands of Dollars)

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200 TRAVEL						
300 CONTRACTUAL						
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0

CAPITAL	400.0	6,000.0	0	0	0	0
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REVENUE	0	0	0	0	0	0
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FUNDING: (Thousands of Dollars)

GENERAL FUND	400.0	6,000.0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL	400.0	6,000.0	0	0	0	0

POSITIONS:

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PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

City recieved funding in FY 85 to plan and design. This bill will have a direct impact on the FY 86 Capital Budget of \$6,000.0 . Any future impact this appropriation will have on the operating budget is unclear at this time and degree of detail.

Prepared By: Patricia R. Alexander Phone: 465-3037
 Division: Planning Date: 2-21-85

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- Legislative Finance
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- Office of Management and Budget

JCC
D

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929

November 13, 1984

Senator Robert H. Zeigler, Sr.
307 Bawden Street
Ketchikan AK 99901

Dear Bob,

As I promised on the phone, I will bring you up to date on our renovation/addition project.

With the \$400,000.00 grant from the State, which you helped push through for us, we have been busy with the design phase of the project which includes the following:

- 1) Ackley/Jensen Architects under contract to the design and are presently working on the construction phase of the project, and are right on schedule to be bid ready in the spring.
- 2) Davis Associates, Inc. completed a site survey.
- 3) Robert McFarland is working now part-time as project manager and will start full-time the first of next year. He is the same man who was project manager on the Sitka Hospital project and did an excellent job.
- 4) Test holes have been drilled and soil samples obtained by a Juneau firm.
- 5) Freedman Associates, from Seattle, Washington are helping us prepare our equipment list.
- 6) George Bundy, Assoc., of Seattle, Washington, are in the process of preparing dietary schematics and area design, equipment layout.

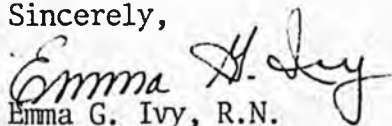
I have written the Governor asking him to provide the six million dollars, via a state municipal grant, to complete the project. Your help in seeing that the money is obtained is greatly needed.

As you know the City of Wrangell decided that instead of a long list they would ask for only two projects (#1, Safety Building; #2, Hospital project), because of the importance to the community of these both receiving funding this year.

I have been getting letters of support for our project sent to the Governor and have copied for you the ones who gave me copies, so you can see we have community support for both projects.

Please advise if you need any further information.

Sincerely,


Emma G. Ivy, R.N.
Administrator

EGI/sjl

file SB 63

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929

JAN 31 1985

January 29, 1985

Alaska State Legislature
Senator Betty Fahrenkamp, Chairman
Health Education and Social Services Committee
Pouch V
Juneau, Alaska 99811

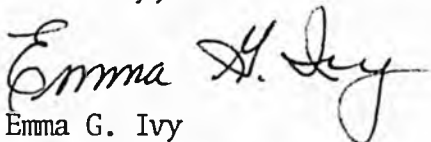
Dear Senator Fahrenkamp,

It was a pleasure to meet with you in Juneau, and hope to meet with you again in the near future.

Regarding Senate Bill Number 63 I would ask your support, and when you schedule the bill for a hearing if you would like me to appear before your committee I will do so. I am a "green horn" at this but will do my best and with Dennis DeWitts help should be able to provide you with any added information you may need.

Thanks again for taking time out from your busy schedule to meet with all of us on the Hospital Association Executive Board.

Sincerely,



Emma G. Ivy
Administrator



ADOPTED AUGUST 1972

letters in support

CITY of WRANGELL, ALASKA

INCORPORATED JUNE 15, 1903

BOX 531, 99929 (907) 874-2381

October 17, 1984

Honorable William Sheffield
Governor, State of Alaska
Pouch A
Juneau, AK 99811

Dear Sir:

The Wrangell City Council, in a special meeting held October 16, 1984, established the needs for Wrangell as follows, in priority order:

1. Public Safety Facility Phase II - \$3.5 million
Phase II design is complete, and includes facilities for the fire, police, jail and court system. The total cost is \$4.7 million however, the City has funds available in the amount of \$1.2 million. Information on the facility needs is attached.
2. Wrangell General Hospital and Long Term Care Facility Improvements - \$6 million
The improvements include necessary renovation and an addition to the existing facility. This project has a number one priority with the Alaska Hospital Association. Information on the improvements has been previously submitted by the Hospital Administration.

The City Council specifically delayed setting the priorities until the voters had an opportunity to elect the persons they wished to represent them in these decisions at the October 2nd election. While there will always be dissenters, we, as the duly elected council, do represent the majority of the residents.

We strongly urge you to include our priorities in your budget. Each of them fulfill your goal of "life-health-safety".

Sincerely,

William B. Privett
Mayor

Enc.

cc: Senator Robert Ziegler
Representative Ron Wendte
Representative John Sund

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929

GOVERNOR BILL SHEFFIELD
OFFICE OF THE GOVERNOR
THIRD FLOOR, STATE CAPITOL
POUCH A
JUNEAU, ALASKA 99811

October 18, 1984

Dear Governor Sheffield,

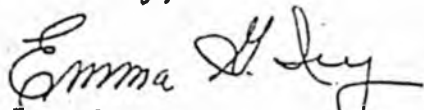
The following is an outline of our ~~renovation addition status~~ to bring you up to date.

- 1) The updated Certificate of Need has been approved by the State Health Resources Development and by the Southeast Alaska Health Systems Agency.
- 2) Soil testing done by Juneau firm last of September.
- 3) Ackley-Jensen Architects are on the construction documents phase of the plans, right on schedule to bid ready in the early spring.
- 4) Bill Hogarty with Freedmen Associates of Seattle is under contract to prepare our equipment list. The list is in the final stages. The Director of Nurses, Purchasing Services Supervisor and I will be meeting with the vendors in Bellevue on 24th, 25th and 26th of October, with the help of the Health and Hospital Services National group purchasing service we belong, to obtain the best prices available and all needed information for the Architects.
- 5) The first of October we brought on board Robert McFarland (Architect) as project manager on a part time basis, to review all stages of blue prints and other documents to help prevent problems and see that the project runs smoothly and most cost effectively. He is scheduled to start work full time January of 1985. He was also project manager for the Sitka Hospital and worked well with state people and all others associated with the project. Excellent references. Food Facilities Engineers and Consultants.
- 6) Bundy and Associates of Seattle were obtained to do kitchen schematics, area design, equipment layout on for the dietary department.
- 7) All seems to be going according to the planned schedule for the project and so all we have now is the last big step, obtaining the 6 Million needed to complete the project. I hope you will provide this from your capitol project budget VIA a state municipal grant.
- 8) The Alaska Hospital Association and Department of Health and Social Services has our facility listed as number one on their list this year.
- 9) The city of Wrangell decided that they would list only two projects on their legislative priority list this year, because of the importance of both receiving needed funding this year. Hospital and Safty Building.

GOVERNOR SHEFFIELD
PAGE 2

Your help in providing the much needed funding for our Facilities Renovation-Addition Project will be very much appreciated. Please advise if you need any further information

Sincerely,



Emma G. Ivy, RN, Administrator
Wrangell General Hospital and
Long Term Care Facility

EGI/di

C.C. A.S.H.A, Dennis DeWitt
Commissioner Pough
City Manager

KENNETH BEHYMER, M. D.

INTERNAL MEDICINE

9500 INDEPENDENCE DRIVE, SUITE 900, ANCHORAGE, ALASKA 99507
(907) 522-1341

November 1, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor State Capital
Pouch A
Juneau, Alaska 99811

Dear Sir:

I am writing you to support the renovation and addition project of Wrangell General Hospital and long term care facility. I have been associated with this institution for approximately fifteen years and can assure that this facility is extremely important to the health care of the people in the Wrangell area. Because of weather conditions and relative isolation, an excellent facility must be maintained in this area.

It has been recognized for some time now that the expansion project was needed very badly and the renovation project would be money very well spent as it would create a much more efficient facility to utilize space and personnel more efficiently.

This institution will then be better able to serve the community at all levels of health care. Again, this is so important in an area that is relatively isolated.

If there are any specific requests or questions you have of me, feel free to call on me.

Best regards, M.D.



Kenneth Behymer, M.D.

KB/kn

GARY E. CARLSON, M.D.,P.C.

Reconstructive Plastic Surgery
3235 TONGASS AVENUE
KETCHIKAN, ALASKA 99901

November 1, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capital
Pouch A
Juneau, Alaska 99811

RE:WRANGELL GENERAL HOSPITAL RENOVATION PROJECT

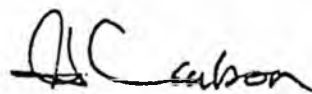
Dear Governor Sheffield:

I write to you in support of the proposed renovation project for the Wrangell General Hospital and Long Term Care Facility. As a physician who regularly visits Wrangell to provide services for the people of that area, I feel that this project would be certainly in their best interests.

I would appreciate your kind consideration of this project and would feel happy to speak to you personally in it's support if you so desire.

Thank you in advance for your kind consideration of my request in this matter.

Yours,


Gary E. Carlson, M.D.

GEC/ct

cc:Emma Ivy, R.N. Administrator, Wrangell General Hospital



Alaska Native Sisterhood

Camp No. 1

P.O. Box 2, Wrangell, Alaska 99929

*Copy sent to
Governor
10-17-84*

October 2, 1984

Emma Ivy, Administrator
Wrangell General Hospital
P.O. Box
Wrangell, AK 99929

Dear Emma:

Enclosed is a copy of a resolution in support of the upgrading of the Wrangell General Hospital. This was passed at a meeting of ANS Camp #1 last month.

We will be taking the resolution to Grand Camp later this month. It was also sent along with the delegates to the Tlingit & Haida Central Council Annual meeting to be held this week.

We hope that this added support will be of assistance. If we can be of further help please let us know.

Sincerely,

Marge Byrd

Marge Byrd
ANS President

enclosure



ALASKA NATIVE BROTHERHOOD

CAMP NO. 4

ALASKA NATIVE SISTERHOOD

CAMP NO. 1

WRANGELL



RESOLUTION NO. 9-94-2

TITLE: Upgrade of Wrangell General Hospital Facility

WHEREAS, the only medical facility in the community of Wrangell is the Wrangell General Hospital and Long Term Care Center, and

WHEREAS, the Wrangell General Hospital serves the community of Wrangell and outlying areas, and

WHEREAS, the Wrangell General Hospital has outgrown its present space and the facility is a vital part of the health care of the community,

NOW THEREFORE BE IT RESOLVED, the Alaska Native Brotherhood Camp #4 and Alaska Native Sisterhood Camp #1 meeting during a regularly scheduled meeting the 26th day of September, 1984 support the funding of the upgrading of the Wrangell General Hospital and Long Term Care center.

This resolution passed during a duly called meeting held on the 26th day of September, 1984.


Marge Byrd, ANS President

Gateway COMMUNITY
MENTAL HEALTH CENTER

Wrangell Office

P.O. Box 1615

Wrangell, Alaska 99929

3134 Tongass Avenue
Ketchikan, Alaska 99901
Phone 225-4135

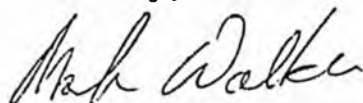
Governor Bill Sheffield
Office of the Governor
Third Floor, State Capitol
Pouch A
Juneau, Alaska 99811

Dear Governor Sheffield:

I am writing in support of the Wrangell General Hospital and Long Term Care Facility renovation/addition project. This project involves the expansion of the two existing wings, creating one integrated building. This project represents a high priority for the community of Wrangell. The present facility is outdated and therefore not capable of meeting many of the communities needs.

I would like to add that our agency (Mental Health) occupies office space in the basement of the hospital. This space is very small and inadequate for our purposes. The renovation project includes an expansion of our office space. Our present office is so small that we cannot see families in counseling sessions. In addition our office is located in a public area so that the confidentiality of the clients visiting our clinic is compromised. The proposed renovation would remedy these problems.

Sincerely,



Mark T. Walker, M.S.W.

HARRIET JACKSON SCHIRMER. M. D.

BOX 773

WRANGELL, ALASKA 99929

874-3368

October 18, 1984

Governor Sheffield
Pouch A
Juneau, AK 99811

Dear Governor Sheffield:

I urge you to do whatever you can to get funding for the remodeling and addition at Wrangell General Hospital. We really are having problems with space; not just the technical problems that the standards people are concerned about, but problems with space to take care of the patients we have.

I know you are cognizant of our concern, but I did feel the need to again state my feeling that this is becoming more and more urgent as time passes.

In addition, I think that the plan as it is in its present state of development, will be an excellent plan that will produce a modern, workable facility that should be good for quite a number of years in Wrangell.

We do need more long term care beds, as evidenced by having long term care patients presently occupying four rooms in the acute care section. We need more room for the laboratory. We need more room for the imaging department (x-ray and ultrasound). The medical records department needs more room. In fact, we are bursting at the seams in most areas of the hospital.

I really appreciate the help you have given us in the past with this, and hope that it won't be dropped.

Yours sincerely,

Harriet J. Schirmer, M.D.

HJS:kaw

cc: Emma Ivy

Alaska State Hospital Assoc.

Wrangell Council on Alcoholism and Related Drug Dependencies

P.O. Box 1108-Wrangell, Alaska 99929
(907) 874-3338

October 19, 1984

Governor William Sheffield
Pouch A
Juneau, Alaska 99811

Dear Governor Sheffield:

Wrangell is in the midst of a crisis which results in the need of two of it's buildings being put in your top priority listing.

We need a new public safety building as the police station and firehall are literally decaying before our very eyes. Both are in very saddened conditions. Neither can operate at it's capacity because of cramped and demoralizing conditions.

Wrangell General Hospital, though a newer facility and in a much better physical condition is still in a demoralizing condition because of it's smallness and ineffectiveness in some areas because of limited space. It is literally bursting at the seams!

Neither do we have a security room in the hospital for the mentally unbalanced or drug-effected brain which is sometimes a real life-risk when a detox client is in an alcoholic hallucinative state.

Wrangell should not have to choose between these two approximates that are needed so desperately by this community and for so long. Both are invaluable in their life-saving extremity!

Sincerely yours,



Merry Warner, Director

cc: Legislators and significant others



Fairbanks Alaska 99701

420 Bartlett Hall

October 20, 1984

Governor Sheffield
Capital Bldg
Level A
Juneau. AK 99811

Dear Governor,

Mi, Jim Beth and I met you last February when I was a Close Up student in Juneau. You gave my group a Press Interview and I asked you about funding for a new hospital addition for Wrangell. You told me that if the construction costs could be reduced from \$8 million dollars you would strongly support the construction. Good news. I've been told that the costs are now down to between 5.6 to 6 million!! Knowing this I am sure you will do everything you can, as our Governor, to see that Wrangell gets the new hospital.

People told me after that interview that you were a man of your word & if you said Wrangell would get a hospital that meant it! - THANKS.

My boyfriend is a Wrangell fireman and they really need the fire hall/public safety building. Could we please have them both!! Thanks.

I wanted to talk to you when you were in Wrangell but didn't get to. We kids wanted to say thanks for the high school, its to late for me, as I am in college at the U of A - Fairbanks, but my little sister gets to graduate from the new school.

Thank you
your friend

Beth Ann Keenan

DIAGNOSTIC RADIOLOGY CONSULTANTS, P.C.

A PROFESSIONAL CORPORATION

RADIOLOGY

3260 HOSPITAL DRIVE

JUNEAU, ALASKA 99801

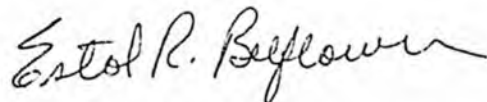
October 23, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capitol
Pouch A
Juneau, Alaska 99811

Dear Governor Sheffield:

As consulting radiologist for Wrangell General Hospital, I can appreciate the need for their renovation and addition. There is need for additional space in the radiology/ultrasound department and a video monitor for the fluoroscopic exams would enhance the radiology services there. I urge your support in funding in order to complete the proposed project.

Sincerely yours,



Estol R. Belflower, M.D.

ERB:jmf
cc; Emma G. Ivy, Administrator
Wrangell General Hospital

MOORE CLINIC
A PROFESSIONAL CORPORATION
P.O. BOX 377
SITKA, ALASKA 99835
(907) 747-3446

GEORGE H. LONGENBAUGH, M.D., F.A.C.S.
PAUL D. WHITE, M.D., F.A.C.S.

GENERAL SURGEONS

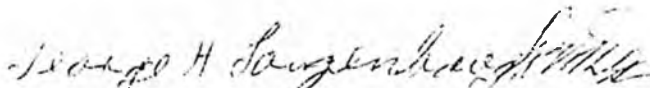
October 22, 1984

Emma G. Ivy, R.N.
Administrator
Wrangell General Hospital
Box 80
Wrangell, Ak 99929

Dear Ms. Ivy,

Enclosed please find a copy of the letter to Governor Sheffield regarding my support for your expansion in Wrangell.

Sincerely,


George H. Longenbaugh, M.D., F.A.C.S.

GHl:pb

Enc.

(Dictated but not read)



Superior Court

State of Alaska
FIRST JUDICIAL DISTRICT

CHAMBERS OF
HENRY C. KEENE, JR., JUDGE

P.O. BOX 888
WRANGELL, ALASKA 99929

October 24, 1984

Honorable Bill Sheffield
Governor, State of Alaska
Pouch A (MS 0101)
Juneau, Alaska 99811

Re: Renovation/Addition of Wrangell General Hospital

My Dear Governor Sheffield:

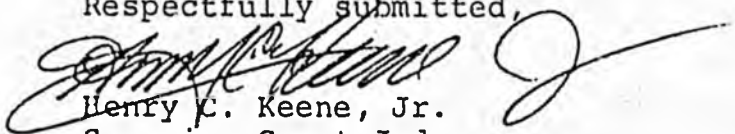
I would again like to bring to your attention the serious needs of the City of Wrangell for the improvement of their hospital and long term care facility.

The needs of this community for an expansion in their present facility and an overall improvement is mandatory. In order to meet the needs of the community with the expanding requirements for medical services to all and with particular emphasis on the long term care facility, the planned renovation of the hospital is considered to be of the highest priority.

The planned renovation and addition will add nine acute care beds and four long term care beds to the present 14 bed unit. This action will not just expand and increase the present hospital facility, but will also promote a more efficient operation with better utilization of personnel. The renovation will improve the existing plant as well as expand the two wings into one integral unit.

It is highly recommended that your administration support the Wrangell General Hospital and Long Term Care Facility renovation and addition programs to improve the medical standards in Wrangell and to provide a high standard of care for persons in the community.

Respectfully submitted,


Henry C. Keene, Jr.
Superior Court Judge

cc: Alaska State Hospital Association
Emma G. Ivy, Administrator, Wrangell General Hospital

SOUTHEAST ALASKA ANESTHESIA, INC., P.S.
P.O. Box 8155
Ketchikan, Alaska 99901

Philip E. Zeidner, P
Susan A. Cooney, C
907-225-2626

October 26, 1984

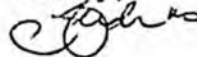
Governor Bill Sheffield
Office of the Governor
Third Floor, State Capitol
Pouch A
Juneau, Ak. 99811

Dear Governor Sheffield,

I am currently the consultant anesthesiologist for the Wrangell General hospital and Long Term Care Facility. During my most recent visit in the summer of 1984, I had an occasion to review the plans for renovation and expansion of the hospital with the administrator Ms. Emma Ivy. It is my opinion that the expansion planned is a most needed project in order to provide sufficient level of patient care in Wrangell. Additionally I feel that the planned expansion represents an extremely well thought out proposal with a great deal of thought having been given to improving efficiency as well as reducing costs. I specifically reviewed the changes requested within the surgical area and found these changes to be especially needed in order to maintain sterility according to hospital accreditation standards set by JCAH.

I most certainly hope that you will support the State Capital Project Grant for the Wrangell General Hospital. Thank you very much for your attention.

Sincerely,



Philip E. Zeidner, Chief
Dept. of Anesthesia
Ketchikan General Hospital

cc: Ms. Emma Ivy
Wrangell General Hospital Administrator

Oct. 19, 1984

Dear Governor Sheffield:

I am writing this letter in regards to the funding for the new hospital addition.

I am a registered nurse, born and raised in Wrangell. I worked as an aide in the Bishop Howe Hospital and assisted in the move to Wrangell General Hospital in 1968. Our present facility has been quite sufficient up until the past few years when equipment has become more sophisticated with many more items to move from room to room, corner to corner, this type of moving is very hard on equipment. Having access to this equipment means faster life saving efforts. It is unhandy to run to the lower floor basement to grab equipment because the halls need to be free for fire safety reasons.

Another point to make is our Long-Term Care facility, we are up to our capacity in LTC residents, which is great. People are respecting and becoming more involved and comfortable with nursing homes. My one concern is my own family members as well as my self, who will some day be a resident of our own nursing home. When the day comes, I shudder to think the space would be unavailable and we may be turned

One final word is the different walks of life our hospital touches, we serve people all around the country in our facility, we have elderly people from the tour ships, many people from the ferries, log ships who carry people from Japan, China, etc. So we affect many people, we have received many letters and comments from these people, mostly good and kind remarks regarding our little facility in Alaska, we're proud of our town and hospital and hope this letter will help you see the need to continue to be proud.

We truly need your earnest support and effort in the #1 priority matter.

These are just a few of my concerns as a nurse as well as a life long resident of Wrangell.

Sincerely,
Glynn A. Macdonald

THOMAS AND DIANE IVY
P.O. BOX 697
WRANGELL, ALASKA 99929

GOVERNOR BILL SHEFFIELD
OFFICE OF THE GOVERNOR
THIRD FLOOR, STATE CAPITOL
POUCH A
JUNEAU, ALASKA 99811

OCTOBER 17, 1984

Dear Governor Sheffield,

I'm writting in regards of my support in the Six Million Dollar, Wrangell General Hospital Renovation/Addition Project. As a long time Alaskan resident and an employee of the hospital, I from a first hand view see the extreme need Wrangell has for the people of the community.

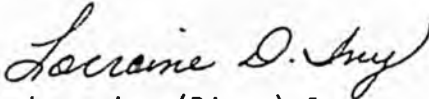
Wrangells volume of patients coming thru my area are increasing at an astounding rate every day, in turn increasing the volume of that never ending paper work and billing. With less and less space to store things my office sometimes looks like a maze. Each year more equipment must be added to keep up with modern times and this also is crowding the office.

Being isolated on the island and with the extreme high cost of transportaion of air and ferry, one can not afford to travel if certain lab and x-ray test can not be performed here, in which if more space was available might allow our facility to do so, thus not generating all moneys to Seattle.

I can see a need in every department of our hospital to help them act more efficiently.

Thank you very much for your time and I do hope to see Wrangell's Renovation/Addition Project and Public Saftey Building on this coming Capitol Budget.

Sincerely,


Lorraine (Diane) Ivy

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929

GOVERNOR BILL SHEFFIED
OFFICE OF THE GOVERNOR
THIRD FLOOR, STATE CAPITOL
POUCH A
JUNEAU, ALASKA 99811

October 17, 1984

Dear Governor Sheffield,

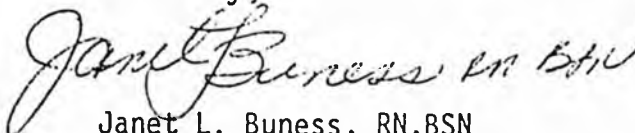
I am writing regarding state funding for the remodeling expansion project for Wrangell General Hospital. As the Director of Nursing, I see many areas in the facility which need enlarging/improving in the next year.

The hospital has grown and changed along with the community in the past 17 years. It has added a new (1976) Long Term Care unit to better handle the needs of this small community. Now we find ourselves in a position where we need to expand our long term care beds (we have over 100% occupancy), expand our capacity for emergency care from 1 to 2 patients at a time (we see approximately 60-90 Emergency patients each month) and enlarge the support services which the hospital requires (especially storage, laboratory, dietary, x-ray, medical records and the business office).

I believe the community hospital is a vital part of our small town. We must keep up with ever changing and advancing technology in order to give people the patient care they deserve. In order to provide this care we must look toward the remodeling and expansion of our facility. I hope you can support our hospital through a grant in the State Capital Projects Budget.

Thank you for your time and attention to this matter.

Sincerely,



Janet L. Bunes, RN,BSN
Director of Nursing

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929

October 17, 1984

Governor Sheffield
Pouch A
Juneau, AK 99811

Dear Governor Sheffield:

I am writing in support of the renovation of Wrangell General Hospital. As I stated in my letter to you in February of 1983, inadequate space is certainly one of our major problems and in the past two years this has become increasingly difficult to manage.

We have lost our library in order to make room for the computer which has become necessary due to federal Medicare regulations; in order to keep staffing from being increased. Library books are now kept in the hallway, as still are our x-ray files. The microfilming equipment which became necessary due to lack of storage space, is set up in the foyer to Labor/Delivery and the operating room which is not only cumbersome, but special utilization considerations have to be made so as not to interfere or jeopardize patient care.

As Medical Record Technician, I have been moved out of the front office in order to better accommodate the expansion of both the Admissions/Billing Office and The Medical Records Department. The only area large enough to house my department was the front lobby, half of which has been enclosed for this purpose.

As we strive to give the best possible care to the community of Wrangell, we ask your support in the aid for our renovation needs. I thank you for your attention and consideration.

Sincerely,

Karen A. Wright
Medical Records Technician

cc: Emma G. Ivy, R.N.

October 17, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capitol
Pouch A
Juneau AK 99811

Dear Governor Sheffield:

I wish to ask you to include \$6,000,000.00 in your Capital Projects Budget to complete the renovation/addition project to Wrangell General Hospital and Long Term Care Facility. This project will correct all the problems I now face working at the facility. Some of them are: no place to repair equipment except in patient rooms or hallways; no covered place to park wheelchair van; inadequate parking for visitors and employees; inadequate storage for supplies and tools, and obsolete equipment that is hard to keep in repair and running. Also inadequate insulation, ventilation system and nurse call system.

Your help in providing these much needed funds for the above project would be very much appreciated.

Sincerely,

Louis C. Schilter,
Maintenance

LCS/sjl

CC: ✓ Hospital Administrator
A.S.H.A., Denis DeWitt

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929
October 22, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capitol
Pouch A
Juneau, Ak 99811

Re: Capitol funding priority
for Wrangell

Dear Governor Sheffield;

As office manager of Wrangell General Hospital; and also as a concerned citizen, I am writing, asking you to include the costs of Wrangell General Hospital's expansion in your Capitol budget.

You have personally been here in our hospital, so you are aware of the caring facility we have. However, we are truly bursting at the seams and we need more space to adequately provide for the people of Wrangell, and all the many tourists, visitors and others from outlying areas we serve.

I don't really know about the professional needs of the hospital, even tho I have been an employee here for over 10 years. I am sure others, who can give you the exact professional needs will be contacting you. I can write about, and am familiar with ancillary care and needs. I don't wish to waste your time Governor Sheffield telling you about our small offices and how we climb over one another, or how the computer with all of its noise sits right in our midst in the front business office. While these are all bothers and present problems, they are not reason enough to spend money on a new facility for our community.

What bothers me, greatly, is seeing lack of space when a family needs a place to grieve, or to wait. There is no place for a family to rejoice at the time of birth. Life is especially precious here in Wrangell. Birthing is almost a community event, I really wish you could see this special time. It is grand; but for the family members waiting there is no room. If the family members are smokers there is really no room. To comply with current state non smoking regulations we can't even extend our hospital lobby to families in either of these situations if they are smokers. Smokers have to sit outside the building on one little bench, in the wind and cold and usually rain.

It is my responsibility to speak to patients regarding their financial ability to pay. However, there is no room anywhere in the hospital where we have any degree of privacy. I hope they are not as embarrassed as I am getting all their personal financial information while their friends and neighbors are within hearing range. Our facility does not have a social worker, partly because of finances and partly because of lack of space. Therefor, I do much of that type of work along with office duties. The same lack of space mentioned in the financial problems is noted with the social work. I ask families to bare their life to me to perform the necessary paper work for state assistance programs,

Governor Bill Sheffield
Wrangell Priority Capitol Funding
October 22, 1984
page 2

and they have to bare it to me in front of everyone. I try to be discrete but where????? I know I said in the previous paragraph I didn't want to talk about our small offices, but guess I will have to. With 2 or 3 people working in postage stamp offices and a computer making grand noises I can't find a place to talk to patients and their families in private.

What really tears at my heart strings is our nursing home. Please, Governor don't get me wrong. Wrangell has the BEST nursing home anywhere. Mrs Ivy, our Administrator, and the nursing staff have worked long and hard to provide the best care anywhere for our residents; the community involvement and support is excellent. However, their BEST care does not include adequate space for the dear grandmas to have room for treasures and their projects. One 90 year old lady keeps young by making beautiful hand braided rugs. She enjoys every minute of the life she has and makes many people really happy with the quality of her rugs. We have no place for the storage of her materials so she has rows of unsightly boxes piled in the corner of her room. It is difficult for her to lift and tug moving boxes from her wheelchair; but she is fiercely independent; she needs a craft area where there would be a designated area for her supplies. What good would it be for her to be alive physically if not alert mentally, so all those boxes of material and partly completed rugs are very important to her. Another 93 year old lady, with failing eye sight, tries to continue her beautiful INdian beading. The work she can do is beautiful. But there is not adequate light for her to see. By the time she gets all the bead work out to do (at 93 she has slowed some) from the various nooks and crannies she stores them in, the daylight is going and she can't see to work. Again, some designated space for her to have her craft at all times would make her quality of life greater.

I am a craft person my self, so I keenly feel for these senior citizens, living in their "golden years" with no place for a sewing machine or a quilting frame. Many of these ladies have the ability and desire to sew. One lady, who just passed away at 96 tried in vain to sew quilt blocks by hand, her eye sight was not good enough to continue. She saw a hand held sewing machine on T.V. and sent for that but it did not work. With adequate craft space she could have been happier and busier. As it was the last year or so of her life, she just faded away.

There are other residents who's great pastime would be cooking. I say would, because we have no room for them to do that, as they desire. Idle time looking at cookbooks and remembering cooking skills is what they do. Our activities department works on this and has a cooking project once or twice a month. But doing something one or two times a month in group activity is far from doing something you love on a continuing basis. A small kitchen area, barrier free would solve this problem. Mrs Ivy has the solution, but not the space. We do have a nice 25 inch TV with all the channels you can get in Wrangell. If this is your idea of retirement we offer that. It seems tho our nursing home residents would like to be more active. Tuesday is BINGO day. The day room becomes alive for the afternoon. Many people from the community turn out for the games and a great time is had by many. However, there are some residents who because of their beliefs do not want to play bingo; they have the choice of staying in their little room. Don't they deserve more than this? We think so, but lack the space to provide 2 activities at the same time.

Governor Bill Sheffield
Wrangell Priority Capitol Funding
Page 3

Wrangell does not have a funeral home. Our hospital meets this need in the community. We have a morque in the basement. The morquealso doubles for additional office space (Governor, I told you the office was crowded) and for a storage area. I personally have a problem with a seeminn lack of respect for a deceased person if they are in the holding box and I am down thre thumbing thru papers, or banging on an tynewriter.

Our hospital looks for ways to better serve the community. Each time we reach out and ask "what can we do to better serve your needs" we hear, "bring specialists to town." You see, Governor, in Wrangell you can't get your eyes examined when you need to, you wait until an eye doctor comes from Juneau twice a year or so. Nor can you see a medical specialist that you might need to see, unless you can afford to travel somewhere to them. We need to fulfill this need in Wrangell by bringing these special physicians to town. These physicians, such as orthopedists, internists, OB, GYN, Plastic Surgeons are willing to come to Wrangell, but we don't have the space to offer them so they can put on their clinics. The eye doctors have used the hospital space available, the basement storage room. I don't know is they used counting cans of tomatoes and carrots as a substitute for the eye charts. They are now usinn the local hotels. When a specialist does come to town for a clinic, the only space available is for one of our two practicing doctors to take a couple of days off and give up their office space for the visitinq physician. Expansion will provide a special "visitinq physician" office area. We will then be able to ask more physicians to come to Wrangell, thus providinq the service our community needs; and in turn increasing utilization of our local hospiatal.

Thank you for your patience. I did not start out expecting this letter to be so long. I said I wouldn't talk about the real nursinn needs; however I did not start out realizing I knew nearly 3 typewritten panes of ancillary problems.

Again, Governor Sheffield, thank you for your high priority placement for our hospital; and slao for our public safety building, I consider them as one community need.

Sincerely,

Betty Keegan
Office Manager

Wrangell, Alaska 99929
P.O. Box 1692
September 19, 1984

Governor Bill Sheffield
Office of the Governor
3rd Floor State Capitol
Pouch A
Juneau, Alaska 99811

Dear Governor Sheffield;

I am writing, as a citizen of the community of Wrangell, and as an employee of Wrangell General Hospital; to ask you for your continued support and help for the needed construction/ renovation of Wrangell General Hospital.

As you know, the hospital has previously been granted \$400,000 by the Legislature for the pre construction phase of the facility and we were hoping to have the construction funding included in the Department of Health and Social Services budget for the coming fiscal year. This did not happen, and I would like to ask your consideration of the construction funding in your capitol budget. I feel the Public Safety Building is needed also and ask that you consider these two projects, not as number 1 and number 2, on a priority listing but combined as a joint number 1 priority.

When you were recently here in Wrangell for the ground breaking of the new high school, you had your picture taken with the cheerleaders. One of those cute girls is my daughter, so maybe I am asking with a selfish motive when I appeal to you to make possible the quality care facility this isolated community needs to have to maintain and provide care for my daughter and all of her friends. My selfish motive broadens as I think of my medical school daughter and the facility I would like the community to be able to offer her in Wrangell when she is looking for a place to begin practice.

My third daughter spent a tour in Juneau with the Close Up program last spring. Governor Sheffield, you were gracious enough to grant a personal interview with this group and Beth asked you the question about your priority for Wrangell General Hospital, and you made a statement to her to the effect of assuring her of the construction. Some adult member of the Close Up group told her after the interview "that means your community will get their hospital. Bill Sheffield is a man of his word, if he said it, he meant it."

Thank you Governor Sheffield for being a man of his word. Thank you for being a Governor close enough to the people to have your picture taken with a group of cheerleaders. Thank you for being the Governor of a state who cares enough for our young people to provide college loans to kids like my future doctor daughter. Thank you, even more, Governor Sheffield for providing the expansion Wrangell needs to maintain quality level health care.

Do come visit Wrangell again soon. Please don't wait until the ground breaking of the new Public Safety building AND new hospital renovation, even tho they BOTH will be soon, thanks to you.

Sincerely,

Betty Keegan
Betty Keegan

Copy for E. Jiff

Box 1271
Wrangell, Alaska 99929
October 19, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capital
Pouch A
Juneau, Alaska 99811

Dear Governor Sheffield;

As Infection Control nurse, Staff nurse and consumer of medical care in our island community, I highly recommend that our Hospital have NUMBER ONE priority for funds.

Our need for more Long Term Care beds grows each year beyond our space available.

We must be able to provide optimum health care to our population.

Expanding can help save money in the long run by increasing efficiency and localizing services! Not to mention termination of wear and tear on equipment shuffled from corner to corner as census dictates due to lack of storage space.

Renovations will also update our hospital in areas pertaining to infection control and prevention which as your know is a major cost concern in the medical delivery system.

Thank you for your time and consideration.

Yours truly,

Sue H. Cooper

Sue Cooper

HANSEN BOAT SHOP

P. O. BOX 225
WRANGELL, ALASKA 99929

October 22, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capital
Pouch A
Juneau, Alaska 99811

To Whom it May Concern:

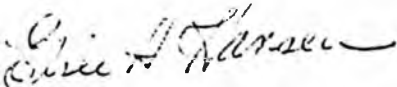
As a concerned person, wife of a businessman, part owner of same business and a Registered Nurse I would like to endorse the renovation of Wrangell General Hospital.

The original facility was built in 1968 and was adequate at the time. In 1975 we added 6 room and 11 more hospital beds. It was added to the original building. The kitchen laundry and some other departments were not enlarged but are now serving an enlarged number of patients with some difficulty. We are also using some of our acute care side of the building for L.T.C.

The building is in need of renovation and will be more in need of renovation every year we delay the work.

Thank you for looking into this matter.

Sincerely Yours,



Elsie H. Hansen

cc Wrangell General Hospital

Wanda Simonson
Central Supply & Purchasing Clerk
P.O. Box 80
Wrangell, Alaska 99929

October 22, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capitol
Pouch A
Juneau, Alaska 99811

Dear Governor Sheffield;

I am writing to urge you to place 6 million dollars in the State Capitol Projects budget through a municipal grant, for the renovation and addition project of our hospital.

I work in purchasing and central supply. We are very much in need of more storage area for supplies. Our present store room is congested and we are limited as to amounts of supplies we can order at one time.

Central supply is in need of more defined clean, dirty, sterile areas. New steam and Ethylene oxide sterilizers are needed. The present ones have been here since the building was erected in 1968. With all the concerns over Ethylene oxide levels in work areas, we feel a Ethylene oxide sterilizer combination/areator would lower chances of high levels of E.T.O. in the air & help us to comply with OSHA's standards.

Again I ask your support for this funding to complete the project.

Thank you for your time.

Sincerely yours;

Wanda Simonson
Central Supply & Purchasing Clerk
Wrangell General Hospital
and Long Term Care Facility

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929

October 23, 1984

Housekeeping Department

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capitol
Pouch A
Juneau, Alaska 99811

Dear Governor Sheffield,

We are looking for support of Wrangell General Hospital and Long Term Care Facility Renovation, addition project in your budget.

Cleaning areas in our facility are so poorly situated, it makes it harder and slower to get anything done, our main problems is lack of space in our janitor rooms, also poor ventilation.

Our cleaning equipment are scattered through out the facility, there is no specific area to store all equipment.

I also need office space to work on my schedules policies and procedures and order supplies, as of now I have a little area I share with the maintenance man. Most of the time, he is repairing and doing maintenance work in the same area. I am unable to do any paper work that is necessary.

Your help in obtaining the budget for our expansion in all our departments would really help us all.

Sincerely

Margie Ward
Housekeeping Supervisor

Margie Ward

October 26, 1984

Honorable William Sheffield
Governor, State of Alaska
Pouch A
Juneau, AK 99811

Dear Governor Sheffield:

I am the Laboratory/Radiology Supervisor at Wrangell General Hospital, and have served in this capacity for the last eleven years.

The laboratory department is desperately in need of more space. In the past year I have added some new instruments, that replaced some grossly antiquated ones, in order to provide the community with the caliber of clinical laboratory medicine that is necessary for an isolated hospital. As I noted in my letter to you, dated February 3, 1983, we were greatly in need of space at that time and with the addition of the new instrumentation, we are in even worse shape, if that is possible. At the present time, in the areas of hematology and clinical chemistry, I am able to provide the same quality care that a patient would receive in Anchorage, Juneau, or Seattle. In the areas of serology, bacteriology, coagulation studies, and blood banking, I am unable to provide comparative quality care. The addition of new instrumentation and methodologies must be added to achieve this goal, and there is absolutely no space available for these additions.

The x-ray department is also very much in need of more space. The x-ray working area is very small with all of the filing done in a hallway. There is not adequate dressing areas for the patients and there are times they must sit in the hallway dressed in a gown and robe, waiting for their appointment with the radiologist. In 1981, the hospital purchased an old, used ultrasound machine, and since that time, sonogram studies have become a very important diagnostic tool in providing routine, as well as emergency care. The results of a sonogram study can determine the need for emergency surgery or the need to Medevac the patient to a larger facility. Medevac service is very good in Wrangell; however, also very expensive to the patient, especially if the patient is evacuated unnecessarily.

Honorable William Sheffield
October 26, 1984
Page 2

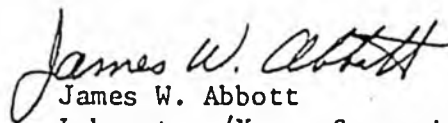
At the present time, the ultrasound machine needs to be replaced with an instrument that does more accurate and sensitive studies, however, there isn't adequate space to perform the studies we are now doing; therefore, there certainly isn't room for new equipment.

The Wrangell City Council, in a special meeting held October 16, 1984, established the needs, in priority order, for the community. The Public Safety Facility, Phase II was listed as number one and the Wrangell General Hospital Improvements was listed as number two. It is my opinion that BOTH of these projects are greatly needed in Wrangell.

It is also my opinion that, while there are some dissenters in the community, the Wrangell Fire Department and Emergency Medical Technicians, the Wrangell Police Department, and the Wrangell General Hospital all work together as a team to provide comprehensive service to the people living in our community.

Your support in obtaining adequate funds for both projects in our community would be greatly appreciated.

Sincerely,


James W. Abbott
Laboratory/X-ray Supervisor
Wrangell General Hospital

JWA:kaw

October 19, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capital
Pouch A
Juneau, Alaska 99811

Dear Governor Sheffield:

The City of Wrangell has placed a very high priority on the Expansion and Renovation project of Wrangell General Hospital and Long Term Care Facility. After several years of preparation (certificate of need), planning and design work, surveys, etc., it seems the appropriation for construction is nowhere to be found in your budget or that of Health and Social Services.

I have been employed at Wrangell General Hospital as Controller and Medical Records Director for 10 years, and wish to ask for your support in at last getting the money appropriated for these changes. The State has shown real support (by such appropriations) for other health care facilities; please don't stop now. Every town in Southeast Alaska should have a first class facility. We must keep up with technology to maintain our patient care standards at the level expected by people today. We've done well with our little building, but we are out of room.

Please give your support to a municipal grant of \$6 million to complete the Wrangell General Hospital and Long Term Care Facility renovations.

Sincerely,



Terry Davenport, A.R.T.
Controller

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929

October 25, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capitol
Pouch A
Juneau, Alaska 99811

Dear Governor Sheffield,

I am writing to urge for your continued support for Wrangell General Hospital's renovation/addition project. I began work at WGH as a kitchen aide/nurses aide in 1974 and have been able to see the growth of this hospital from a well planned facility that met the communities needs to one that is overcrowded and inefficient of our personnel's time.

Many expensive, necessary pieces of equipment have been purchased over these years. With these purchases came no extra storage space. This has resulted in equipment being moved from vacant patient room to hallway to morgue to vacant patient room. This wastes personnel time as well as being hard on the equipment.

In my varied roles as infection control nurse, inservice coordinator, O.R. scrub nurse, as well as general duty staff nurse, I am aware of the frustration and inconvenience confronted by our personnel in all areas of the hospital. Because we are a small facility, our various types of patients can only be separated by the distance of one or two rooms. This means we might have to admit a new mother and infant next door to a patient with a highly infectious disease. Our renovation would provide an isolation/security room which will make it easier to conform to the CDC guidelines for isolation precautions in hospitals. This room will also serve dual duty as the ideal room for alcohol detox./psych patients.

Another area in need of updating is our operating room suite. We currently are unable to meet federal and state regulations in terms of infection control. We desperately need an area for cleaning instruments, better enclosed storage space for sterile supplies, and a shower/dressing room for the O.R. personnel.

There is currently no room at the hospital able to accomodate staff for state required inservices. We are currently employing a vacant patient room, when available, and a small room used for staff meetings. The proposed plans provide a large conference room in the basement of the facilities. As a citizen of Wrangell involved as a C.P.R. instructor and A.A. volunteer I can guarantee this room will not only be utilized for hospital inservices but for needed city classes/meetings such as CPR, AA, First Aide, EMS, Cold Water Near Drowning, Health Planning Board, etc.

We need six million dollars put in the State Capital Projects Budget through a municipal grant to complete this project. I would like to thank you for all your support in the past and encourage you to remain supportive of our completion needs.

Sincerely,

Diana R. Nore

Diana R Nore, R.N.

October 31, 1984

The Honorable William Sheffield
Governor of Alaska
Pouch A
Juneau AK 99811

Dear Sir:

This letter is in support of Wrangell General Hospital
and Long Term Care Facility in their renovation/addition project.

As the dietary cook supervisor, I know that we sorely
need this funding. Our present kitchen structure is far too
small and needs to be renovated so that we may be able to put
out the best care available for our patients.

Respectfully,

Mae Dailey
P.O. Box 152
Wrangell AK 99929

MD/sjl

Box 1271
Wrangell, Alaska 99929
October 19, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capital
Pouch A
Juneau, Alaska 99811

Dear Governor Sheffield;

As Infection Control nurse, Staff nurse and consumer of medical care in our island community, I highly recommend that our Hospital have NUMBER ONE priority for funds.

Our need for more Long Term Care beds grows each year beyond our space available.

We must be able to provide optimum health care to our population.

Expanding can help save money in the long run by increasing efficiency and localizing services! Not to mention termination of wear and tear on equipment shuffled from corner to corner as census dictates due to lack of storage space.

Renovations will also update our hospital in areas pertaining to infection control and prevention which as your know is a major cost concern in the medical delivery system.

Thank you for your time and consideration.

Yours truly,

Sue Cooper

Henny Collins
Laundry Supervisor
Wrangell General Hospital
Box 80
Wrangell, Alaska 99929
October 18, 1984

Governor Bill Sheffield
Office of the Governor
Third Floor, State Capital
Juneau, Alaska 99811

Dear Governor Sheffield;

I am writing to ask for your support of the Wrangell General Hospital and Long Term Care Facility renovation and addition project.

We need six million dollars put in the State Capital Projects Budget through a municipal grant to complete the project.

Our laundry room is only 11 by 20 feet which holds one washer, one dryer, one extractor, one sink, one folding table, one sewing machine, one clothes rack and one ironing board which leaves very little room to move around in. Also we are supposed to be able to keep the dirty linens separate from the clean linens which is very hard to do with the overcrowded conditions here.

Our heating and ventilation system for the laundry is also poor. We often work at 80° temperatures which slows personnel. We also have an odor problem because of no outside ventilation.

Again I ask for your support for this project as it is really needed.

I wish you could have had more time on your recent visit to Wrangell so you could have visited our facility and visited with our long term patients and staff.

Thank you,

Henny Collins
Henny Collins

October 24, 1984

Honorable William Sheffield
Governor, State of Alaska
Pouch A
Juneau, Alaska 99811

Dear Sir:

This letter is with regard to the priority listing for capitol fund appropriations for Wrangell, Alaska. My husband and I moved to Wrangell in June of this year, and I have been working part-time at the hospital as a medical technologist since then.

Working at the hospital I am, of course, more aware of the conditions there; and the conditions are cramped! The laboratory is located in one small room of approximately 12'x13'. The instruments necessary to provide laboratory services cover almost every inch of counter space forcing the technologists to use under-the-counter refrigerators as writing tables. Due to the size of the lab we are forced to use the Supervisor's Office down the hall as the Outpatient Drawing Room and reagent storage room. Not only is this inconvenient for us, but leaves no place to take proper care of patients in case of sickness or fainting. Other areas of the hospital are likewise cramped and inconvenient for employees and patients alike. I believe the hospital improvement plan is an economical way to make the additions necessary to give all areas of the hospital the needed extra room with better care for patients being the ultimate result.

In the past a vocal minority has made it hard to show a united front for the City and again this could be the case as the Council members decide between two worthwhile projects; the hospital and the safety building. This year the City is only asking for two priority listings and while being forced to rank them as #1 or #2, both projects have great merit. Funds are being asked for using great fiscal restraint and altogether less than 10 million dollars are necessary to achieve the goals. I urge you to support the hospital and the safety building and appropriate necessary monies to make both a reality for Wrangell.

Sincerely,

Beth L. Allison-Strauss
Beth L. Allison-Strauss, MT, ASCP

WRANGELL GENERAL HOSPITAL
and
LONG TERM CARE FACILITY
P.O. Box 80
Wrangell, Alaska 99929

REMODELING AND ADDITION PROJECT

Using the information from the State Hospital survey, our Long Range Master Plan, Certificate of Need, approved by the State, and input from the entire staff; the decision was made to do a wrap around construction type project to allow remodeling and expansion in all areas needed to correct functional and physical deficiencies in the existing facility, while keeping construction and operation and maintenance cost at a level where we could defend the amount and afford to run the facility after it was completed.

	SQ. FT EXISTING and PROPOSED	
<u>SURGERY</u>	740	850
Addition of dressing rooms, shower and a hallway leading directly into O.R. for infection control. Installation of large cool light.		
<u>EMERGENCY ROOM</u>	250	500
Increase the capacity to care for more than one patient without having to use the hallway. Add covered entryway to give patients protection from the elements.		
<u>DELIVERY/BIRTHING</u>	545	545
No change in size, but entire area redesigned to incorporate new birthing concepts, add patient shower and provide improved use of space.		
<u>X-RAY</u>	300	510
Dressing rooms added. Patients now have to dress in public toilet and sit in open hallway to wait for their studies. Add locked film filing room, film presently are kept in open hallway. Also add Radiologist office to view x-rays and dictate findings. Foundation repair needed as area under large x-ray machine is slowly sinking into the basement.		
<u>ULTRASOUND</u>	Ø	202
Purchase new real time machine and add room with adjoining toilet to provide an improved level of care with this diagnostic equipment. Presently have a second hand machine repaired with parts obtained from Petersburg Hospital's old one.		

PHYSICAL THERAPY

360 748

Increased size so more than one patient can utilize the area at one time. Storage room for equipment. Hydrotub installed in room by its self for privacy. Training, toilet and shampoo sink for Long Term Care residents adjoining.

MEDICAL RECORDS

100 289

Present room is only part of the front lobby sectioned off with plywood. To have new rolling files installed, area for dictaphone system, doctors dictation area and new computer system to comply with new release of information via D.R.G. system for payment from the Government programs.

NURSERY

120 218

Increased in size to allow more space per bassinet and isolette to improve infection control. Include sink and bathing area, add increased oxygen, suction outlets as required. Presently only one (1) outlet for three (3) bassinets and one (1) incubator. Addition of new Bililight in ceiling. Presently only have a regular type flourescent light that is much less effective than light made specially for this treatment.

TREATMENT ROOM

Ø 130

Multiuse for orthopedic work, cast application, and care of minor injuries to keep large emergency room free from small dirty cases and also provide expansion to emergency in multiple injury cases.

ADDITION OF 4 LONG TERM CARE ROOMS

1595 2791

The present L.T.C. occupancy rate has run over 100% for the past 4 years. These added rooms will help meet added placement needs and the income from them will help pay operation and maintenance costs of the entire addition proposed.

LABORATORY

210 680

Allow space to install new equipment that will provide faster more accurate testing. Presently many tests can not be done in house and are sent to Seattle. Others are done, but with old type methods that are far less accurate than is available with new equipment. Improved sanitation and maintenance of the area will also be incorporated.

ACTIVITIES AND DINING AREA LONG TERM CARE

570 1099

Separate space designated for crafts, games and projects from the dining area. Same area presently is used for both functions, so all crafts and activities have to be removed for each meal to take place. Add storage area for activities and crafts. Presently these items are stored in a area made over the stair well to the basement which is against the fire safety codes. Sun deck and access to the Memorial Park for the residents will also be added from this area. Activity Directors office will also be added.

CENTRAL STERILIZING AND SUPPLY ROOM 335 464

All clean and soiled areas including soiled utility room have been rearranged into separate areas to comply with sanitation regulations and provide improved functional design to increase efficiency.

ANESTHESIA STORAGE 25 25

Old open shelves to be replaced by locked area with refrigerator to comply with regulations and provide safety for anesthesia drugs in more accessible area in the O.R. suite.

STORAGE - FOR GENERAL STORES AND EQUIPMENT 1285 3093

This is a major problem noted throughout the entire facility INADEQUATE STORAGE. The added storage in each department plus a large general stores area will correct the problem and provide better accountings of materials. Many items now must be kept in hallways because of lack of storage space (wheelchairs, scales, lifts, carts, etc.)

WAITING ROOM - PUBLIC TOILET - TELEPHONE - DRINKING FOUNTAIN and VENDING MACHINES for PUBLIC USE 132 279

Increased sq. ft. to provide improved waiting area containing public access to items required that are not contained in existing facility.

CONFERENCE ROOM - LIBRARY - QUIET AREA 340 840

All in one large room with divider so space can be utilized for more than one event at a time. Present library is in hallway. This multi use room will also be used for inservice and patient education and Hospital Auxiliary meetings.

SLEEP - SHOWER SPACE (2) 0 178

For use by doctors when staying with critical patients and for out of town physical therapist, dietitian, occupational therapist and other consultants on contract making scheduled visits.

GATEWAY MENTAL HEALTH RENTAL SPACE 95 381

Increased area to allow improved family counseling and provide group therapy not available because of lack of space. Provide privacy for secretary, who now is located in hallway, in wheel chair storage area.

DOCTORS OFFICE RENTAL SPACE 1460 2381

Continuation of the two (2) full time physicians offices PLUS adding space for traveling physicians to hold clinics to bring services to the people in town and increase utilization of local hospital facilities.

DIETARY

410

848

Provide for separate room for dishwashing sanitation procedures. Office for Food Service Manager, and storage of supplies. Improved functional design to provide better working conditions and cut down on work time.

NURSES STATION - DRUG ROOM - DIRECTOR OF NURSES OFFICE

432

502

Enlarged and design changes to provide increased confidentiality and control of medications and records.

MORGUE

330

330

No change needed, except to remove office of Infection Control - Inservice Director nurse and equipment and supplies stored in the room. Paint and paint equipment also now stored in this room will be stored in a special cabinet in new garage - maintenance room.

LAUNDRY

145

260

Provide space for handling dirty linen in separate area from clean linen. Provide locked storage area for new linen supply. Incorporation of linen cart system and other equipment that will cut down on energy use while reducing wear on clothes.

PRIVATE ROOMS NINE (9) ACUTE CARE BEDS

1700

2000

Provide 9 private rooms with shower to allow for better utilization of the 9 beds. Due to the patient mix problem we now have with them mostly as semi-private rooms, much time is lost moving beds and equipment and prohibits best utilization of the beds capacity ie (male-female) (alcoholic - new mother) - (child - cardiac patient.)

STAFF LOUNGE - COFFEE ROOM

145

260

For all staff members to take breaks and eat lunch, a microwave oven, refrigerator, coffee machine, vending machines will be available. No meals are supplied to employees. Improved ventilation to provide smoke free atmosphere will be installed.

STAFF LOCKERS - TOILETS

90

293

To provide locker space for all employees, plus a space to sit to remove boots and hang clothes. Presently males must utilize janitor storage area and in both male and female rooms only place to sit down is on toilet in adjoining room.

SQ. FT EXISTING and PROPOSED

MAINTENANCE, REPAIRS, HOUSEKEEPING, YARD STORAGE VAN GARAGE
120 830

Only area available to do maintenance and repair is outside in unheated shed. Housekeeping carts, etc., are presently stored in same room as deep freezer which does not meet sanitation regulations. Van, which is used mostly for Long Term Care residents in wheel chairs transfer is kept outside in the rain and snow.

MISC. OFFICE SPACE NEEDS 665 985

Controller - Bookkeeper, insurance clerk, telephone switchboard, computers, microfilming equipment, administration, office manager, admittance, copy machine, mailing. Added space to allow for privacy when discussing admittance and billing matters. Microfilming equipment presently in O.R. hallway. Improved paper flow throughout aided by new design.

OTHER AREAS INCLUDED IN TOTAL SQUARE FOOTAGE 6719 9720

Tubs, showers other than in patient rooms, mechanical, electrical and circulation.

FOLLOWING CHANGES ALSO NEEDED TO MEET REGULATIONS IN FIRE, SAFETY AND SANITATION

TECHNICAL MODIFICATION

In air supply and humidity control systems to main areas O.R., ER, OB, Nursery, CCU, Isolation and other patient areas.

HANDICAPPED REQUIREMENTS

Level entrys, adequate hand rails, ramps, toilet rooms, drinking fountains and telephones will be incorporated throughout the facility.

DOOR SECURITY AND AUTOMATIC CLOSURE

All doors are kept locked at night so a two way intercom system to alert nurses when someone comes to the emergency entrance at night will be installed. Also doors will have a monitor system set up so nurses can tell when a Long Term Care resident goes out, for safety purposes. During cold weather especially a close watch must be kept to prevent residents from wandering outside and getting lost or frozen. All doors will automatically close in patient areas when smoke and fire alarms are activated.

NURSE CALL SYSTEM

A complete new system is needed, the existing two (2) systems are not compatible and the oldest system is obsolete to the point no parts have been available for years. Plus many areas are not hooked up to any system (x-ray, lab, physical therapy, day room or security room).

EMERGENCY GENERATOR

Increase in capacity from 60 kw to over 200 kw to provide 100% coverage of the facility plus reserve capacity. Also add voltage protector on the electrical line coming into the building from the city to cut down on maintenance - repair problems caused throughout on all equipment and lights by fluctuating power.

PARKING

Increased to required number according to the number of employees, bed capacity and number of agencies using the facility. Relocated in area where they will provide for better circulation of employees, visitors and patients to cut down on traffic and cleaning.

HALLWAYS

Widened to comply with 8 foot clearance. Smoke detectors and visual fire alarms will be installed as required.

MEDICAL GAS LINES

Oxygen system to be completely redone as the present system must be kept turned off except when actually needed, due to the loss from improper functioning of the system (slow leaks).

STEAM SUPPLY

All equipment has been changed over to electric - power, except for sterilizing equipment in Central Supply. It will be remodeled to run off electricity and so will allow for removal of the old high pressure boiler that is in poor condition and a energy waster.

HEATING AND HOT WATER SYSTEM

Two (2) old oil fired furnaces will be replaced with new type energy efficient ones and adequate controls added to provide correct water temperature throughout the facility. Presently water is too hot or cold without any way to correct temperature in problem areas.

INSULATION

Improved insulation of old sections and maximum amount incorporated into new additions to conserve energy where ever possible.

LIGHTING

Installation of new type energy efficient lighting inside and out. Wired so unneeded lights can be turned off or set to turn off automatically at a certain time daily.

WATER FILTER SYSTEM

All water coming into the building will be filtered. Wrangell water is full of "muskeg" yellow vegetable material that clogs pipes, causes equipment to corrode and malfunction. With this new system in place maintenance time will be cut and life of the equipment extended.

The acute care hospital (9 bed) part of the facility was built in 1968 (17 years old). The long term care (14 bed) addition was built in 1974 (11 years old).

OCCUPANCY RATE

9 acute care beds located in three (3) single rooms and three (3) semi private rooms averages 32% occupancy. Of these acute care beds four (4) are designated as swing beds so are utilized also as long term beds as needed.

14 long term care beds all semi private rooms have averaged 104% rate of occupancy during the past 4 years.

These occupancy rates are figured by taking the total bed days available divided by the number of actual patient days.

TOTAL SQUARE FOOTAGE

Existing facility approximately 18,485 sq. ft.
Proposed facility approximately ~~12~~22,555 sq. ft.
An increase of 4,070 sq. ft.

SERVICE AREA

Service to approximately 3000 people. It is the only health facility located on Wrangell Island, which is accessible only by water or air. The next larger hospital is in Ketchikan, approximately 90 miles away and it is also accessible only by air and water. Patients served by the Wrangell Hospital are mostly Wrangell residents, plus people from surrounding logging camps, from summer labor, crews off fishing boats, foreign freighters, summer visitors and Canadians working along the Stikine River.

Maintaining operation of the facility during this type construction will be a major problem, but with a good demolition and work schedule made out and followed activity shutdown or slowdown should be kept to a minimum.

FULL TIME MEDICAL STAFF IN TOWN

- (1) Family Practice physician
- (1) Surgeon/family practice physician

ACTIVE CONSULTANTS HOLDING CLINIC FROM

<u>Out of Town</u>	<u>In Town</u>	<i>(part time)</i>
(1) Radiologist	(2) Dentist	
(1) Orthopedic Surgery	(1) Medical Director	
(1) Otolaryngology	(1) Laboratory Director	
(1) Ophthalmology		
(1) General plastic surgeon		
(1) Obstetrics and Gynecology		
(1) Podiatrist		

CONSULTANTS ON CONTRACT

- (1) Physical Therapist approximately monthly
- (1) Dietitian quarterly visits
- (1) Pathologist quarterly visits
- (1) Pharmacist on contract *(Part Time)*

EMPLOYEES FULL TIME EQUIVALENTS ----- Total 30 employees

- Registered Nurses (6)
- Licensed Practical Nurses (2)
- Nurses Aides (4)
- Medical Records (1)
- Laboratory Technician (1)
- X-Ray - Ultra Sound Technician (1)
- Maintenance (1)
- Housekeeping (1)
- Administrator (1)
- Director of Nurses (1)
- Clerical Personnel (4)
- All other personnel including food service, laundry, purchasing, etc (7)



Alaska State Legislature

Senate

Official Business

Senator Robert H. Ziegler, Sr.
307 Bawden Street
Ketchikan, Alaska 99901

Pouch V, Juneau, Alaska 99811

Pouch V
State Capitol
Juneau, Alaska 99811

January 21, 1985

Ms. Emma Ivy, Administrator
Wrangell General Hospital and
Long Term Care Facility
P. O. Box 80
Wrangell, Alaska 99929

Dear Emma:

Senator Eliason, who certainly didn't have to cosponsor the enclosed bill, graciously consented so to do. Apparently he has fond memories of those years when he represented Wrangell.

The bill was referred to the Health, Education and Social Services Committee and to the Finance Committee. The former is chaired by Senator Bettye Fahrenkamp of Fairbanks, a close personal friend and a most knowledgeable person.

I suggest that you write to Senator Fahrenkamp and offer to appear before her committee when and if she schedules the bill for a hearing. If she accommodates us in this regard, I think it is imperative that Dennis DeWitt likewise be in attendance to corroborate the fact that the upgrade and renovation of the Wrangell General Hospital is the number one hospital priority in the state.

Best regards,

BH Z -

Robert H. Ziegler, Sr.

RHZ:1k

Enclosure

cc: Senator Eliason
Mr. Dennis DeWitt

cc: Sen. Fahrenkamp

STATE OF ALASKA
THE LEGISLATURE

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May, 1988

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Mary Van Nimwegen

HESS 3-5-85 5:22 pm
3-6-85 5:08 pm
3-12-85 1:38 pm
~~3-12-85~~

Alaska State Legislature

BETTYE FAHRENKAMP, Chairman
ARLISS STURGULEWSKI, Vice Chairman
JOE JOSEPHSON
PAUL FISCHER
EDNA ARMSTRONG-DE VRIES



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Senate Committee on Health, Education and Social Services

March 12, 1985

Senator John Sackett, Co-Chair
Senator Jan Faiks, Co-Chair
Senate Finance Committee
Pouch V
Juneau, Alaska 99811

Dear Senator Faiks and Senator Sackett:

SB 63 would make a special appropriation of \$6 million for payment as a grant to the City of Wrangell to correct functional and physical deficiencies in the existing Wrangell General Hospital facility. The Alaska State Hospital Association (AHA) has identified the Wrangell project as its capital priority for FY 86. A Certificate of Need has been granted and the project is 'shovel ready.'

The Senate Committee on Health, Education, and Social Services held public hearings on SB 63 on March 5th and 6th. At that time, seven amendments were proposed. In light of current revenue projections, the committee does not feel able to support amending the bill to add additional projects. However, we do feel that each of the proposed projects has merit, and should be funded should monies become available.

The Committee has prioritized the amendments based on (1) need as determined by the AHA; (2) construction preparedness, "shovel ready"; (3) architectural and engineering design readiness (Certificate of Need has been granted); (4) their planning readiness (applying formally for a CON); and (5) local ability to assist in funding. The following figures reflect minimum needs while those in parentheses represent the language of the original amendments.

PROPOSED AMENDMENTS, PRIORITIZED BY THE HEALTH, EDUCATION, AND SOCIAL SERVICES COMMITTEE, TO SB 63:

1) \$1,400,000 (\$2,400,000) CORDOVA COMMUNITY HOSPITAL
Cordova was the AHA priority for FY 85. \$10.4 million was needed, however, they were only funded \$8 million last year. The Governor's proposed FY 86 capital budget contains \$1 million for

Senator John Sackett
Senator Jan Faiks
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the Cordova Hospital. The project is 'shovel ready' and the additional monies will bring it to completion.

2) \$500,000 (\$9,600,000) SEWARD GENERAL HOSPITAL
The AHA has identified the Seward General Hospital as its second priority. The \$500,000 will provide monies for planning and design, which will be used in the Certificate of Need request.

(3) \$500,000 (\$4,000,000) WESLYAN NURSING HOME, SEWARD
The Wesleyan Nursing Home is expected to complete planning and design this spring. The \$500,000 will provide funding for the architectural and engineering phase of the project.

(4) \$5,000,000 (\$6,000,000) BARTLETT MEMORIAL HOSPITAL, JUNEAU
The AHA has identified the Bartlett project as its third priority. \$5 million in state funds is needed to support a \$7 million construction bond which will be on the ballot in the October Municipal election. Planning and design will be completed this spring. The Certificate of Need has been awarded.

THE FOLLOWING PROJECTS ARE OF EQUAL PRIORITY:

* \$1,600,000 (\$2,114,000) KODIAK ISLAND BOROUGH HOSPITAL
\$1.6 million is needed for architectural and engineering design. The Kodiak project received a \$250,000 grant in FY 85 from the Borough for planning and design which will be used in their CON request. The AHA believes the CON will be granted in June. With A/E money, the project will be 'shovel ready' in FY 87.

* \$2,500,000 (\$6,000,000) NORTON SOUND HOSPITAL, NOME
\$2.5 million is needed for initial planning and design (.5 million) and to upgrade the facility to code (2 million). Last year Norton Sound received \$250,000 from the State which made them eligible for a matching grant from the Indian Health Service. The matching \$250,000 has not been received. According to IHS, the money has been "lost."

* \$1,736,000 (\$3,200,000) CENTRAL PENINSULA HOSPITAL, KENAI
Funds are needed for construction of a Chemical Dependency Unit. The planning and A/E activities are complete, and the project is 'shovel ready'. The community has indicated they can proceed without state assistance. This hospital is in a hospital service district which has taxed its residents to provide capital and operating costs for the facility.

The unique geography of Alaska requires our rural facilities to maintain a greater array of equipment and services than those outside which are only "several miles away by road." Federal grant programs which built the Wrangell and Seward facilities are no longer available. The need to keep rates competitive with Seattle makes it difficult to maintain operations and to develop capital reserves or service significant debt. Yet we agree to the necessity of our rural hospitals for emergency care and the importance of providing nursing home care in our local communities.


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Most of our rural hospitals were constructed from the mid 1950s through the early 1970s with the assistance of federal Hill-Burton Hospital construction funds. These physical plants are deteriorating or sadly below current standards. The per square foot energy consumption is far greater than newer technology would allow. The available space is far below that needed for modern equipment.

The Senate HESS Committee believes that hospital construction is a matter of significant state concern. In times of austerity it is critical that we look at needs statewide on a prioritized basis. Once that is done it is imperative that action towards satisfying the priorities begin. It is with this conviction we submit SB 63 to the Senate Finance Committee. We hope that the committee would embrace this priority approach to hospitals and fund Wrangell General Hospital. To the extent that additional funds are available we hope you would consider funding additional projects in the order we have presented them.

Senators, thank you for taking these comments into consideration. We would be pleased to assist you in any way during your deliberations.


Sincerely,



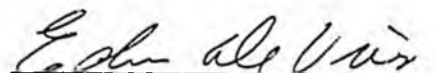
Senator Bettye Fahrenkamp
Chairman



Senator Paul Fischer



Senator Arliss Sturgulewski
Vice Chairman



Senator Edna DeVries

Senator Joe Josephson

BF:er

REPORT ON RURAL ALASKA HOSPITALS AND NURSING HOMES
INVENTORY AND EVALUATION
SURVEY

PREPARED FOR
ALASKA LEGISLATURE

BY

DIVISION OF STATE HEALTH PLANNING AND DEVELOPMENT
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
HELEN D. BEIRNE, COMMISSIONER
MARCH 8, 1982

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INTRODUCTION

Ensuring access to and availability of care is an important planning responsibility of the State of Alaska. The needs for and adequacy of health care facilities, manpower, services and equipment are all important considerations in determining an appropriate health care delivery system for Alaska.

With the support of a 1981 legislative appropriation, the Department of Health and Social Services has conducted an inventory of 15 rural hospitals and nursing homes and a survey of more than 200 clinics in the State to assess their physical plant condition and functional adequacy. This report describes the inventory design and process, the findings, and alternative construction funding sources. In a separate effort, the Department surveyed all health clinics in the State and has provided an initial report on the needs for clinic construction to the legislature.

Information provided in these reports is intended to serve as a guide in determining an appropriate level of State support for health facility construction, since the number and size of construction aid requests and/or appropriations are increasing each year. Cost estimates are provided to outline the dimension of construction need, but cannot be interpreted as a recommended level of State support.

I. HEALTH FACILITY INVENTORY DESIGN AND IMPLEMENTATION

The Need for a Health Facility Inventory

The Department of Health and Social Services has become increasingly aware that many health care facilities, particularly rural hospitals and nursing homes,

are in need of renovation or replacement. This awareness has sharpened as the Department fulfills its responsibilities for review and approval of facility construction plans, for issuing construction licenses, for annual operational licensure surveys, for certification for Medicare and Medicaid reimbursement and in analyzing applications for certificate of need. Knowledge that there were significant needs for upgrading facilities was accompanied by an awareness that many communities were unable to undertake hospital or nursing home renovations because the community's economic base could not support the total costs. The Department initially outlined its concerns related to health facility construction and operation in a 1981 report to the Legislature on health facility revenue sharing.

Designing the Inventory

As a result of an appropriation by the 1981 Legislature to inventory health facilities, the Department defined its scope as those rural hospitals and nursing homes designated as Level III facilities in the State Health Plan. This designation includes communities with sufficient population and health care services, manpower, equipment and facilities to provide basic hospital services and long term care services. The inventory was limited to these communities because construction, licensing and certification staffs had identified major deficiencies in these facilities which communities had been unable to correct. These deficiencies included:

- Building, fire and life safety code violations;
- Lack of adequate mechanical ventilation to patient care areas;
- Mechanical and electrical inadequacies resulting from acquisition and use of modern equipment which places higher demands on original mechanical and electrical systems;

- Structural constraints which inhibit facility flexibility to respond to changes in health care practices, patterns of use, medical technology and community attitudes;
- Space shortages resulting from increased complexity of information processing and records storage requirements;
- Space shortages resulting from more medical equipment;
- Storage shortages related to greater use of disposables rather than reuseable items.

Changes in service area populations (growth or decreases) modifying needs for space.

To determine interest in participating in the survey, the Department contacted all rural hospitals and nursing homes to advise them of the survey and to request their participation. Anchorage and Fairbanks hospitals were not included as they are not considered rural facilities and were not experiencing code compliance correction issues faced by rural facilities. For-profit facilities such as Nakoyia Health Care Center in Anchorage and Careage North in Fairbanks were also excluded since they are not eligible for State assistance. All rural hospitals and nursing homes elected to participate in the inventory with the exception of Valley Hospital in Palmer, since financing had been secured for renovation/replacement of the facility and project design was in progress. Sitka Community Hospital also declined to participate since construction of a replacement facility was underway.

Conducting the Inventory

Once the listing of facilities to be inventoried had been finalized, the Department of Health and Social Services issued a Request for Proposal to architectural firms for the completion of an on-site inventory and evaluation survey of fifteen rural health care facilities in the State.

The purpose of the survey is two-fold: 1) to develop a detailed record of the current condition of each subject facility, emphasizing physical condition and functional adequacy; and, 2) based on an analysis of those current conditions and any anticipated future developments (expressed in long-range plans, and certificate of need applications, for example), to formulate recommended activities for the correction of noted deficiencies and provide preliminary cost estimates for the recommended activities.

The inventory and condition survey was organized into three basic phases:

Phase One: Pre-inventory Activity

The first phase consisted of pre-inventory activity including:

- preparation of request for proposals
- selection of architectural firm
- initial consultation with selected firm
- collection and review of available documents/plans
- confirmation of site visit schedule
- development of forms and questionnaires
- final coordination meeting between architectural firm and DHSS

Phase Two: On-site Inventory

The second phase included all the on-site inventory activity. To accomplish this portion of the work in the limited time available, two survey teams were formed, each with a hospital systems planner, an architectural investigator, a mechanical investigator, and an electrical investigator. The facilities surveyed were divided into an eastern region and a western region with one survey team assigned to each region. Pre-determined survey formats were used to assure consistency between the two regions.

Each site survey consisted of the following steps:

Document Review:

Examination of existing documents including plans, code reviews, pertinent facilities board actions, pending physical plant changes, fire marshal reports, licensing agency recommendations and long-range plans.

Staff Interview:

An interview session including representatives from the facility's administration and medical staff (as deemed appropriate by the facility's administrator).

Facility Examination:

The survey team inspected all portions of the facility to gather first-hand information on all systems. Standardized forms and checklists were used to assure thorough investigation and standardized reporting. Field notes were used to itemize deficiencies not covered by the standardized forms and checklists.

Final Meeting:

A final meeting was held with the facility's administrator to communicate the results of the facility examination, preliminary findings of the team, and to discuss the nature of the report.

Phase Three - Evaluation of Reports

The third phase of the inventory and condition survey included the evaluation of collected data, and preparation and submission of draft reports. The Health Resources Development Section of the Division of State Health Planning and Development, DHSS analyzed several drafts and worked with the consulting architectural firm toward the completion and printing of the report.

II. OVERVIEW OF SURVEYED FACILITIES

During its evaluation of the physical facilities of each hospital/nursing home the architectural team discovered a number of serious deficiencies. Generally, the deficiencies result from advances and changing techniques in the medical field, coupled with more stringent building, fire and life safety codes which have been adopted over the years since construction of the facilities. Space and flexibility limitations in the facilities were also judged to be important deficiencies and were considered in arriving at the recommendations for corrective measures.

The majority of nursing units were found to lack required electrical capacity, mechanical ventilation systems and nurse call systems. Surgical units

in some hospital facilities were found not to meet minimum area requirements and to be poorly ventilated. Often the surgical areas were laid out in a manner providing undesirable circulation patterns which created cross-contamination problems.

Advanced laboratory and treatment equipment is increasingly being placed in service at the facilities. Usage of the radiology and laboratory units of the facilities is also increasing. These areas require large amounts of mechanical and electrical service to accommodate these increases. Most of the facilities surveyed were drastically short on space in these areas. Most of the older facilities provide insufficient waiting areas for outpatients, causing the use of corridors, foyers, and other access areas for waiting areas. These conditions result in Life Safety Code violations.

Many facilities have found it necessary to store medical equipment in corridors due to the lack of storage space, thus compounding circulation problems.

New obstetrical practices such as "birthing rooms" and "rooming in" have become popular in recent years causing changes in space requirements for obstetrical areas.

Administration areas in most facilities are cramped, with records storage space lacking. As these facilities convert to the use of computerized data storage systems, this problem will increase due to the sophisticated mechanical and electrical requirements for this equipment. Retrofitting most facilities to handle this type of equipment will be costly and difficult.

Bringing some of the surveyed facilities into compliance with the governing

mechanical and electrical codes is expected to be more costly than new construction. This is due, in part, to a lack of physical space in which to install the required systems. Examples of this are:

The existence of concrete floor slab-on-grade construction, where the floor would have to be removed to install new plumbing or mechanical systems; and,

Buildings that have little or no space between ceilings and the roof framing for the installation of mechanical systems.

Although, in some instances the report recommends facility replacement based upon the conclusion that it would not be cost-efficient to attempt to bring the facility up to current hospital construction standards by remodeling or renovation, many of those facilities may still be useful for non-hospital programs.

The reports do not recommend the correction of noted deficiencies when the costs involved appear to outweigh the benefits. In such instances replacement is suggested. In other instances the reports recommend immediate remedial action to correct hazards even though the final conclusion is for replacement of the facility.

III. PRIORITIZATION OF SURVEY FACILITIES

In conducting the inventory and evaluation study of the fifteen hospitals and long-term care facilities, the architectural consultants identified six facilities which are in greater need of immediate attention than others, due

to their more severe physical and functional deficiencies. To arrive at a ranking of all surveyed facilities based upon relative need for construction to correct noted deficiencies, the Department assembled a committee to review the report. This committee consisted of one member of:

The Alaska Medical Facility Authority;
The Alaska State Hospital Association
Southeast Alaska Health Systems Agency, Inc;
South Central Health Planning and Development, Inc.;
The Medical Care Advisory Committee, and
The Statewide Health Coordinating Council.

The ranking provided by this committee was based only upon the relative severity of all physical and functional deficiencies found at each facility and did not consider other factors such as facility utilization or population trends: The committee ranking was as follows:

- 1.) Cordova Community Hospital and Long-Term Care Facility
- 2.) Petersburg General Hospital and Long-Term Care Facility
- 3.) Seward General Hospital
- 4.) Kodiak Island Hospital and Long-Term Care Facility
- 6.) Wesleyan Nursing Home
- 7.) Wrangell General Hospital
- 8.) South Peninsula General Hospital and Long-Term Care Facility
- 9.) Ketchikan General Hospital and Island View Manor
- 10.) Central Peninsula General Hospital
- 11.) Bartlett Memorial Hospital
- 12.) Valdez Community Hospital

13.) St. Ann's Nursing Home

14.) Norton Sound Regional Hospital

To develop a construction plan for addressing the need for correcting the noted deficiencies, the Department considered the recommendations given in the report and the recommended ranking provided by the review committee in light of factors other than physical characteristics such as occupancy rates, population trends, accessibility, and alternative sources of health care. The construction plan (attached as an appendix) recognizes the need for an orderly progression for each facility on a year to year basis from preparation of long-range planning to design and then to construction. The plan also recognizes the fact that some of the facilities have completed the planning phase or design phase and are prepared to proceed with the correction of deficiencies. For these reasons the construction plan is not entirely consistent with the prioritized listing which was based only upon the severity of deficiencies. The plan also spreads the estimated costs for planning and construction over a five year period.

For some facilities the consultants report provided estimated costs for correcting deficiencies. For other facilities where estimated costs were more difficult to assess the report recommended long-range planning before establishment of cost estimates. Readers of this report should note that the estimated costs have been proposed without the benefit of detailed long-range planning and should only be viewed as guidelines. The costs shown in the report and construction plan are estimated 1982 values without projection for inflation and do not include other project costs such as fees, equipment, or site acquisition. More accurate figures have been presented for the Petersburg facility since that facility is nearing the end of the design phase.

The estimated costs shown are provided as a guideline in determining the dimensions of a given community's need. No estimates have been made or indeed can be made from this inventory as to the level of State assistance appropriate to any one community.

The construction plan emphasises the need for long-range planning prior to construction. The consultant report indicates that sufficient long-range planning was not done before construction of several of the facilities surveyed. The Department recommends a requirement for formal long-range planning for those facilities which have not begun or have not have adopted a long-range plan before any State funding is provided. One important aspect of long-range planning is to identify possible future expansion and thereby, avoid "boxing in" service areas which can reasonably be expected to require more space in future years. Long-range planning and State policy development should also consider both Pioneers and non-Pioneers requiring long-term nursing care. The expected growth of the age group of Alaskans eligible for Pioneer services, which include skilled nursing care, make this an important consideration.

IV. ALTERNATIVE SOURCES OF CONSTRUCTION FUNDS

Possible sources for construction funds are limited and apparently do not meet the needs of most of the surveyed facilities. Existing sources are:

Revenue Sharing

Under AS 29.90 municipalities or other hospital or health facilities sponsors may receive reimbursement for up to 25% of total project costs. This partial reimbursement is available only to those facilities which have successfully secured financing and have completed a health facility construction project. Most rural facilities do not have the capacity for debt required to secure

financing for completion of a facility. For this reason access to the partial reimbursement is essentially denied to those facilities.

Alaska Medical Facility Authority

Under AS 18.26 medical facilities may apply to the Alaska Medical Facility Authority for State backing relative to the sale of tax-exempt bonds for the purpose of financing medical facility construction. One project has been financed through this program to date -- a 1978 Fairbanks Memorial Hospital expansion project in the amount of approximately \$12 million. Alaska Hospital and Medical Center, Anchorage, is presently working with the Authority for the refinancing of that facility and the acquisition of the adjacent professional office building.

One determination which the Authority must make before bonds may be issued under this statute is that the lease or operator agreement for the medical facility being financed by that issue is at least sufficient to meet all obligations in connection with the lease or operator agreement, including all costs necessary to service the bonds. This prerequisite essentially disallows use of the program by rural facilities, most of which do not have more than a minimal capacity for servicing bonds.

Federal Funding

Federal funding for health facility construction provided under the Hill-Burton program is no longer available.

Congress has approved a program which may provide construction funds for the purpose of converting existing hospitals and long-term care facilities to

other uses. The intent of this program is to provide for an orderly closure of an unneeded hospital or long-term care facility. This program has not been funded and would not serve the needs of Alaskan facilities which are seeking funds for renovation or replacement.

The only Federal funds which are available for health facility construction are essentially limited to construction or renovation of Federally owned facilities such as Public Health Service hospitals or Veterans hospitals.

Municipal or Borough Bonds

The issuance of municipal or borough bonds is a possible source of funds for community hospitals. Most of the surveyed facilities are, however, located in municipalities or boroughs which do not have the bond capacity necessary to meet more than a portion of estimated construction costs.

Direct Legislative Funding

Direct legislative funding through the sale of bonds or from general funds has been an important source of State support for health facility construction, particularly for rural facilities. There are, however, several problems which may result from a direct legislative appropriation to a named recipient. This method of funding has provided excess funding in some instances, and insufficient funding in other instances, since, under this method, funding levels are necessarily set before reliable cost estimates are available. An excess of funds usually results in additions to the original building concept such as additional administrative space, another operatory or another feature which may not be essential. Insufficient funding either causes delays

in project construction, incomplete projects, or the construction of a facility which is reduced in scope from the original design.

Conventional Loans

Conventional loans from lending institutions may be another source of construction dollars for hospitals; however, lending institutions usually have more stringent requirements and higher interest rates than previously mentioned alternatives.

V. DETERMINING A STATE ROLE IN HEALTH FACILITY CONSTRUCTION

The question of the appropriate state role in assisting construction needs of existing facilities is a complex one. This report has noted that the State and Federal Government have previously had roles in establishing and/or assisting with the construction of many health care facilities. With the discontinuation of Federal funds which had previously supported construction of health care facilities, the State's role has become less clear and in need of further exploration and definition. Regardless of the extent of the State's role, the fact remains that many of Alaska's health care facilities, which are deemed to be needed facilities by virtue of access to the services they provide, are in need of renovation, modernization or replacement in order to continue to make quality health care reasonably accessible to Alaskans as well as to the many visitors to this State.

Health facility construction funding is presently limited to the aforementioned alternatives. The likelihood of Federal assistance for which Alaska facilities would be eligible any time in the near future is remote. Health facility construction need not be bound by current programs if it is determined that the State has a role in assisting with systematic health facility upgrading and construction.

Two legislative proposals address the need for a statutorily established health facility construction program. House Bill 844 and the identical Senate Bill 782 pose one possible format for a program addressing health facility construction. These bills would create a fund within the Department of Health and Social Services for plant improvements and maintenance at rural health facilities. The bills provide that the Statewide Health Coordinating Council will make recommendations to the Commissioner of the Department of Health and Social Services as to the prioritization of projects. Under these bills the prioritization of projects would be based upon:

- 1) The condition of the existing physical plant of a rural health facility (as determined by an annual inventory prepared by the Department of Health and Social Services);
- 2) The ability of the rural health facility to continue to provide quality health services;
- 3) The need in the community for additional services; and
- 4) The ability of the rural health facility to meet current licensure standards.

Although the concept of providing state assistance to rural health facilities as outlined in these bills appears valid, the bills do have some shortcomings. The bills apparently provide for total State funding of construction of ^{resoluted} rural health facilities. It can be argued that the State has a responsibility for ensuring access to quality health care facilities by its citizens by providing

grant funds when other sources of funding are non-existent or insufficient; however, the Department does not believe the State has a responsibility to totally fund health facility construction. Some level of local support for health facility construction is essential.

The Department has historically supported the establishment of a formalized health facility construction program in Alaska to better guide the allocation of limited resources. The completed rural hospital and nursing home inventory and condition survey and the committee's review comments described in this report are viewed as the first step in the development of a systematic approach to state assistance for health facility construction. Such an approach should include the following components as well:

- a Statewide Medical Facilities Plan
- certificate of need review
- a funding mechanism
- construction progress assessments

A proposed format and discussion of these components follows:

Statewide Medical Facilities Plan

A hospital construction assistance program should be based upon a Statewide Medical Facilities Plan which sets out the future needs for medical facilities in the State. This plan may be included as a part of the State Health Plan prepared on a regular basis by the Department of Health and Social Services and the Statewide Health Coordinating Council. The purpose of the Statewide Medical

Facilities Plan would be to orderly set forth and prioritize the need for construction of health facilities. The format of such a plan should be determined by the Department of Health and Social Services; however, the development and approval of the plan would involve the individual hospital, the Statewide Health Coordinating Council, the Alaska State Hospital Association, the State Health Planning and Development Agency, and the health systems agencies or successor organizations. To provide a data base for the plan, each facility would be requested to submit, on a voluntary basis, a long-range plan. The long-range plan would, at a minimum, anticipate the facility's program needs and construction needs for the current year and the next five years. These institution-specific plans would be included and prioritized in the Statewide Medical Facilities Plan by the Division of State Health Planning and Development and approved by the Statewide Health Coordinating Council (SHCC). In its consideration for approval of the Statewide Medical Facility Plan the SHCC would consider public input, certification and licensure reports, the State Health Plan, and other pertinent information.

Funding Mechanism

The funding mechanism should allow sufficient flexibility to permit non-grant financing to be used in conjunction with grant funds. Planning and design of a hospital construction project should be completed to the degree necessary to establish reliable construction cost estimates before construction funding levels are determined. The mechanism might also serve to reduce the inaccuracy of funding levels by providing separate allocations for 1) planning and design, and 2) construction. Although some adjustments to cost estimates will occur during construction, this method of determining funding levels

will reduce the excess funding and funding shortfalls which have resulted from current methods of funding hospital construction.

The first step in any building program is the perception that a need exists. Typically, the perception of the need for a building program results from observable facility inadequacies: The facility is too small, too old, does not provide sufficient space for a recently perceived need such as birthing room, long-term care rooms, ultra-sound services, for example. As such, the need for a building program is generally perceived on a local level by physicians, facility staff, the community served by the facility and is subsequently brought before the facility's board of directors for approval. The State may point out the need for a building program as a result of licensure or architectural surveys; however, it is essential that the people who work in the facility and are served by the facility be involved in the development of a solution to an identified need if the solution is to be acceptable.

Once a need has been perceived, active planning begins with a need survey and feasibility evaluation. The work required by the need survey will depend upon the specific points of the perceived need. If the perceived need is to meet a code requirement, the need survey may simply be a statement of the facts. If the perceived need is for a new facility, the need survey would be more extensive, identifying what services the community desires, what services may reasonably be offered in the community, and workloads for those services. The most important point to determine with the need survey is whether the perceived need is an actual need.

Certificate of Need Review

The certificate of need review is essential to any process whereby State funds are provided for hospital and nursing home construction. It is this review which offers a safeguard against the proliferation of health care beds, avoids unnecessary duplication of facilities, and gives assurance that the size and cost of facilities are reasonable.

The above noted need survey and feasibility evaluation are the major components of a certificate of need application. A positive indication by the need survey and feasibility evaluation usually result in the issuance of a certificate of need approving the requested construction project. (When a negative indication results from the need survey or feasibility study the facility's board generally does not proceed with the submission of an application for a certificate of need. As such, few certificate of need applications are disapproved.)

Where construction of a health facility is proposed the certificate of need review addresses considerations such as:

1. The relationship of the project to the State Health Plan;
2. The relationship of the proposed project to the long-range plan of the facility;
3. The relationship of the proposed project to the Health Systems Plan and Annual Implementation Plan of the Health Systems Agencies;

4. The need of the population to be served served by the facility;
5. The availability of less costly or more effective alternative methods of meeting the needs of the area to be served by the facility;
6. The immediate and long-term financial feasibility of the proposed facility;
7. The relationship of the facility to other existing health care facilities in the area;
8. The availabiltiy of resources including health manpower, management personnel and the availability of funds needed for construction or those funds needed for operating costs;
9. The probable impact of the construction project on the cost of providing health services to the citizens to be served.

Level of State Assistance

Assuming certificate of need approval, one major decision regarding a proposed health facility project would remain: the appropriate level of state assistance for the project. The appropriate level could be determined in a simple and straight forward manner by the provision of a ratio of State assistance to local assistance, such as 70% State funding and 30% local match. Obviously several variations in the ratio are possible. An important consideration which this simple formula would overlook is the capability of the community served to provide the matching funds. The discontinued Federal Hill-Burton program for health facility construction worked on this basis: however, in Alaska the local match was provided by the State.

It may be more appropriate to establish an application process by which the facility would request an amount of State assistance with accompanying justification to support the request. Department of Health and Social Services staff or an advisory committee would review the application for State assistance and provide to the Commissioner a recommended level of State participation in the form of a grant, loan, loan guarantee or a combination. In this model a procedure would be established to coordinate the expenditure of grant funds with lenders, the Alaska Medical Facility Authority, and other possible funding sources.

Once any level of State funding has been established, the recipient should be required to demonstrate the availability of total construction funds necessary for the completion of the project before the expenditure of State funds. Such a demonstration will help avoid situations where funding is depleted before the project is completed or where the scope of a project is reduced to the point where the completed facility will be inadequate to fulfill needs and requirements for which it was originally planned.

Construction Progress Assessments

To give further assurance that funds will be sufficient to complete the project, it is advisable for the disbursement of funds to be made in phases according to the percentage of work completed. The Department of Health and Social Services currently reviews plans and specifications for hospital construction and intermittently visits construction sites to assure that the completed facility meets codes and it is acceptable for Medicare and Medicaid certification and State licensure. Under this program the Department of

Health and Social Services representatives would have the added responsibilities of verifying the percentage of project completion and reporting that percentage to the disbursement officer in charge of State funds for each project.

APPENDIX

FIVE-YEAR CONSTRUCTION PLAN FOR STATE HEALTH PLAN LEVEL III

HOSPITALS AND NURSING HOMES

Notes to Five-Year Construction Plan for State Health Plan Level III

Bartlett Memorial Hospital

A long-range plan has recently been completed. Preparation of plans and specifications for the correction of deficiencies may begin once the facility's board has assessed the long-range plan. The five year plan indicates \$2,000,000 for design during FY 85 with construction costs determined thereby in FY 86. The source of financing has not been identified.

Central Peninsula General Hospital

Done
Facility operations have recently expanded into a major addition for outpatient and administration departments. Another addition for needed beds and surgery department improvements is in the contracting phase. A borough bond issue has been approved for the purpose of financing the project and a certificate of need has been issued.

Cordova Community Hospital and LTC Facility

*Mostly Done
Need 2.5M*
Has recently completed a certificate of need application for a new structure. A bill for funding of the design phase is currently before the legislature. A decision regarding this application is expected in late March. The five-year plan indicates an estimated \$1,000,000 for design during FY 83 and \$13,000,000 toward construction in FY 84.

Faith Hospital

Done
Has completed preliminary drawings for an addition and renovation project. Funding has not been arranged. This facility's board has in the past indicated reluctance to accept State funding. The five-year plan suggests a sum of \$1,200,000 as needed for this project.

Ketchikan General Hospital and Island View Manor Nursing Home

Has recently completed an extensive addition and renovation project. Funds shown anticipate future needs of \$50,000 in FY 84 for planning and \$1,000,000 in FY 85 for design. Construction costs as determined during these phases would follow in FY 86.

Kodiak Island Hospital and LTC Facility

Is currently completing long-range planning and program work and has submitted a certificate of need application. \$1,000,000 for design and \$10,000,000 for construction are estimated for FY 84 and FY 85.

Norton Scund Community Hospital

*On Hold
to 1984*

Recently occupied a new hospital wing and remodeled facility. \$50,000 for formal long-range planning is estimated for FY 85 with funds required for subsequent phases to follow in succeeding years. Long-range planning should consider both Pioneer and non-Pioneer long-term nursing care.

Petersburg General Hospital and LTC Facility

Done

\$10,000,000 is before the legislature. Planning and design has ben completed with funds provided from previous state grants.

Seward General Hospital and Wesleyan Nursing Home

Should be encouraged to join in cooperative planning at an early date in order to maintain quality standards consistent with recognized goals. Long-range planning funds of \$40,000 for each facility are scheduled in FY 84 and design funds of \$1,500,000 in FY 85. Approximate construction costs for joint usage are shown at \$15,000,000 in FY 86. Long-range planning should consider both Pioneer and Non-Pioneer long-term nursing care.

Sitka Community Hospital

A new Facility is ~~under construction~~.

South Peninsula Hospital

*Done
Need
.1.3*

Has completed some preliminary planning and has been granted a certificate of need for an addition. A bill for funding has been introduced into the legislature to provide \$4,000,000 for construction in FY 83.

To complete + 3.0 for Nursing Home
St. Ann's Nursing Home

Occupies quarters which were remodeled and expanded in the late 1970s. Establishment of a Pioneer Home providing other nursing home services in Juneau would profoundly affect this facility. The five-year plan schedules long-range planning funds of \$40,000 in FY 84 and design funds of \$500,000 in FY 85. Construction funds as necessary would be designated in FY 86 following the design phase.

Valdez Community Hospital

Is deficient in certain respects and should be studied particularly in regard to overall Harborview Developmental Center relationship and future need. Long-range planning funds of \$50,000 in FY 85 would establish probable costs to be considered in FY 86 and 87.

Valley Hospital

Done

currently completing construction drawings in accordance with the certificate of need issued. Construction is expected to begin in early summer of 1982

Wrangell General Hospital and LTC facility

Has expressed a need for additional space to satisfy current standards and goals. Design funds of 1,000,000 are indicated for FY 83 with construction funds of \$8,000,000 in FY 84.

FIVE-YEAR CONSTRUCTION PLAN FOR STATE HEALTH PLAN LEVEL III

HOSPITALS AND NURSING HOMES

FACILITY	FY 1983	FY 1984	FY 1985	FY 1986	FY 1987
Bartlett Memorial Hospital Juneau	long-range plan is complete	_____	\$2,000,000 for design	const. cost to be determined during design phase	_____
✓ Central Peninsula General Hospital Soldotna	Addition & remodel design is complete and construction to begin in 1982	construction is to be completed in FY 84 with borough funds	_____	_____	_____
Cordova Community Hospital & LTCF Cordova	\$1,000,000 for design of new facility	\$13,000,000 for construction of new facility	_____	_____	_____
Faith Hospital Glennallen	Addition & remodel \$1,200,000 for construction of new facility	_____	_____	_____	_____
Ketchikan General Hospital and Island View Manor Ketchikan	new addition & remodeling has been completed	\$50,000 for long-range planning	\$1,000,000 for design	construction costs to be determined during design phase	_____
Kodiak General Hospital & LTCF Kodiak	_____	\$1,000,000 for design	\$10,000,000 for construction	_____	_____
Norton Sound Hospital & LTCF Nome	_____	_____	\$50,000 for long range planning	design costs to be determined in planning phase	construction costs to be determined in planning
✓ Petersburg General Hospital & LTCF Petersburg	\$10,000,000 for construction design to be comp. w/state grant fund	_____	_____	_____	_____
Seward General Hospital Seward	_____	\$40,000 for long range planning	\$1,500,000 for design	\$15,000,000 for construction	_____
Weselyan Nursing Home Seward	_____	\$40,000 for long range planning (cooperative program)	_____	_____	_____
Sitka Community Hospital Sitka	A new facility is under construction	_____	_____	_____	_____
✓ South Pen. General Hospital & LTCF Homer	\$4,000,000 for construction	_____	_____	_____	_____
St. Ann's Nursing Home Juneau	_____	\$40,000 for planning	\$500,000 for design	Construction costs to be determined in design phase	_____
✓ Valley Hospital & LTCF Palmer	Addition & remodel design is complete to be under construction in 1982	_____	_____	_____	_____
Valdez Community Hospital Valdez	_____	_____	\$50,000 for long-range planning	design costs to be determined in planning phase	const. costs to be determined in design phase
Wrangell General Hospital & LTCF Wrangell	\$1,000,000 for design	\$8,000,000 for construction	_____	_____	_____
OTHER	_____	_____	_____	unknown	unknown
TOTAL	\$17,200,000	\$22,170,000	\$15,100,000	\$15,000,000 plus	\$15,000,000 plus

* LTCF = Long-Term Care Facility

APPROXIMATE COSTS SHOWN ARE ESTIMATED 1982 VALUES WITHOUT PROJECTIONS FOR FUTURE INFLATION AND DO NOT INCLUDE OTHER PROJECT COSTS SUCH AS FEES, EQUIPMENT, SITE ACQUISITION, ETC. THE ESTIMATED COSTS SHOWN ARE PROVIDED AS A GUIDELINE IN DETERMINING THE DIMENSIONS OF A GIVEN COMMUNITY'S NEED. NO ESTIMATES HAVE BEEN MADE OR INDEED CAN BE MADE FROM THIS INVENTORY AS TO THE LEVEL OF STATE ASSISTANCE APPROPRIATE TO ANY ONE COMMUNITY.

SB 63, Special appropriation for remodeling and construction of an addition to the Wrangell General Hospital.

SB 63 would appropriate \$6,000,000 for a payment to the City of Wrangell to correct functional and physical deficiencies in the existing Wrangell General Hospital facility. Much of the proposed remodeling is needed to meet fire, safety and sanitation regulations. In 1981, the project was granted a Certificate of Need permitting an expenditure of \$6.9 million. Last year the State granted \$400,000 for the design phase of the project, all of which is presently encumbered. The Alaska State Hospital Association has indentified the Wrangell project as the priority for FY 86.

The Wrangell General Hospital serves approximately 3,000 people in the Wrangell area.

Senator Zharoff has proposed an amendment (attached) to SB 63 which would appropriate \$2,114,000 to the Kodiak Island Borough for architecture and engineering costs of either remodeling or reconstructing the Kodiak Island Borough Hospital.

SB 140, Rights of the terminally ill.

Under the authority granted in SB 140, a competent adult would be allowed to execute a declaration that life-sustaining procedures be withheld or withdrawn from that adult. The bill specifies that the declaration would take effect only if the adult's condition is terminal and the adult is unable to make treatment decisions. A declaration would be revocable at any time.

The bill requires witnessing of the signing of the declaration and proper recording of the decision on the patient's chart. It provides for immunity from liability for honoring a declaration and penalties for disregarding one.

According to the Society for the Right to Die, similar legislation has been enacted in 20 other states and the District of Columbia.

POSITION STATEMENT

Capital Funding of Health Facilities

Position: State assistance in funding capital needs of health facilities should be a priority of state government. It should be done on a consistent basis with a high degree of productability. We encourage the funding of the following projects in the 1985 Legislative session.

A.	Wrangell General Hospital	6.0 million	✓
B.	Seward General Hospital	8.5 million	✓
C.	Bartlett Memorial Hospital	6.0 million	✓
D.	Central Peninsula Hospital	3.2 million	P. Fisch
E.	Cordova Community Hospital	2.5 million	UNION
F.	Ketchikan General Hospital	0.5 million	
G.	Kodiak Island Hospital	1.3 1.0 million	✓
H.	Norton Sound	Open	1986
I.	Providence House	0.5 million	
J.	South Peninsula	3.0 million	
K.	St. Ann's Nursing Home	.25 0.1 million	✓
L.	Wesleyan Nursing Home	3.0 million	✓

Rationale:

Health facilities are a most important part of the infrastructure of Alaska. They represent not only a source of health care but also a valuable economic resource for the communities they serve. Health is a labor intensive industry with payrolls which are a substantial portion of the purchasing dollars in many communities. Further, well developed health resources are an important consideration in drawing other economic activity to Alaskan communities.

Beyond the local importance, our health facilities serve populations beyond local municipal boundaries. This is because of the highly mobile nature of our population, the volume of tourists in our state and the fact that service areas exceed municipal boundaries.

Process: We encourage inclusion and support of these items in the state's 1985 capital appropriations.

December 6, 1984

FIVE-YEAR CONSTRUCTION PLAN FOR STATE HEALTH PLAN LEVEL III

HOSPITALS AND NURSING HOMES

FACILITY	FY 1983	FY 1984	FY 1985	FY 1986	FY 1987
Bartlett Memorial Hospital Juneau	long-range plan is complete	_____	\$2,000,000 for design	const. cost to be determined during design phase	_____
✓ Central Peninsula General Hospital Soldotna	Addition & remodel design is complete and construction to begin in 1982	construction is to be completed in FY 84 with borough funds	_____	_____	_____
Cordova Community Hospital & LTCF Cordova	\$1,000,000 for design of new facility	\$13,000,000 for construction of new facility	_____	_____	_____
Faith Hospital Glennallen	Addition & remodel \$1,200,000 for construction of new facility	_____	_____	_____	_____
Ketchikan General Hospital and Island View Manor Ketchikan	new addition & remodeling has been completed	\$50,000 for long-range planning	\$1,000,000 for design	construction costs to be determined during design phase	_____
Kodiak General Hospital & LTCF Kodiak	_____	\$1,000,000 for design	\$10,000,000 for construction	_____	_____
Norton Sound Hospital & LTCF Nome	_____	_____	\$50,000 for long range planning	design costs to be determined in planning phase	construction costs to be determined in planning
✓ Petersburg General Hospital & LTCF Petersburg	\$10,000,000 for construction design to be comp. w/state grant fund	_____	_____	_____	_____
Seward General Hospital Seward	_____	\$40,000 for long range planning	\$1,500,000 for design	\$15,000,000 for construction	_____
Weselyan Nursing Home Seward	_____	\$40,000 for long range planning (cooperative program)	_____	_____	_____
Sitka Community Hospital Sitka	A new facility is under construction	_____	_____	_____	_____
✓ South Pen. General Hospital & LTCF Homer	\$4,000,000 for construction	_____	_____	_____	_____
St. Ann's Nursing Home Juneau	_____	\$40,000 for planning	\$500,000 for design	Construction costs to be determined in design phase	_____
✓ Valley Hospital & LTCF Palmer	Addition & remodel design is complete to be under construction in 1982	_____	_____	_____	_____
Valdez Community Hospital Valdez	_____	_____	\$50,000 for long-range planning	design costs to be determined in planning phase	const. costs to be determined in design phase
Wrangell General Hospital & LTCF Wrangell	\$1,000,000 for design	\$8,000,000 for construction	_____	_____	_____
OTHER	_____	_____	_____	unknown	unknown
TOTAL	\$17,200,000	\$22,170,000	\$15,100,000	\$15,000,000 plus	\$15,000,000 plus

* LTCF = Long-Term Care Facility

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FIVE-YEAR CONSTRUCTION PLAN FOR STATE HEALTH PLAN LEVEL III

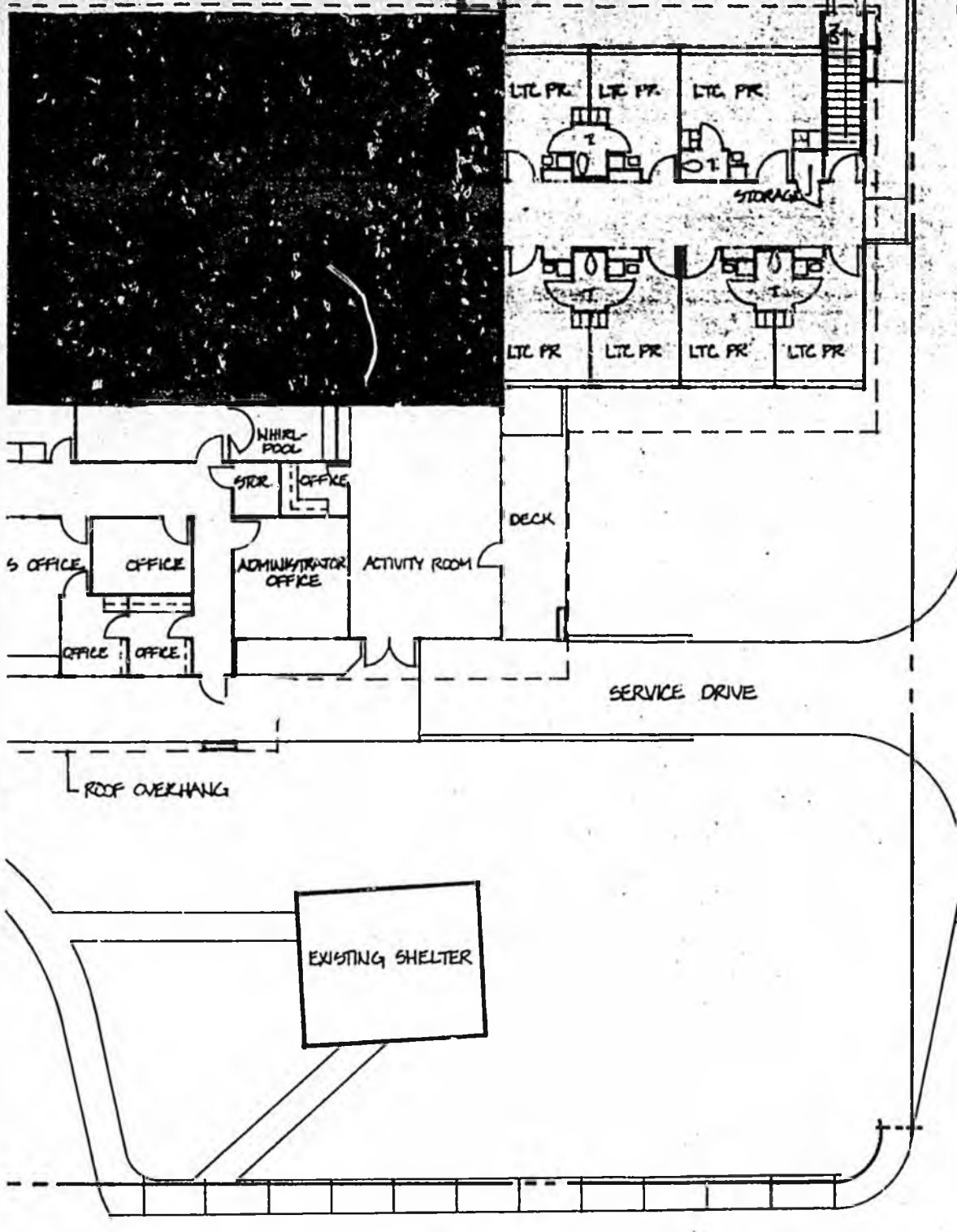
HOSPITALS AND NURSING HOMES

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OTHER	_____	_____	_____	unknown	unknown
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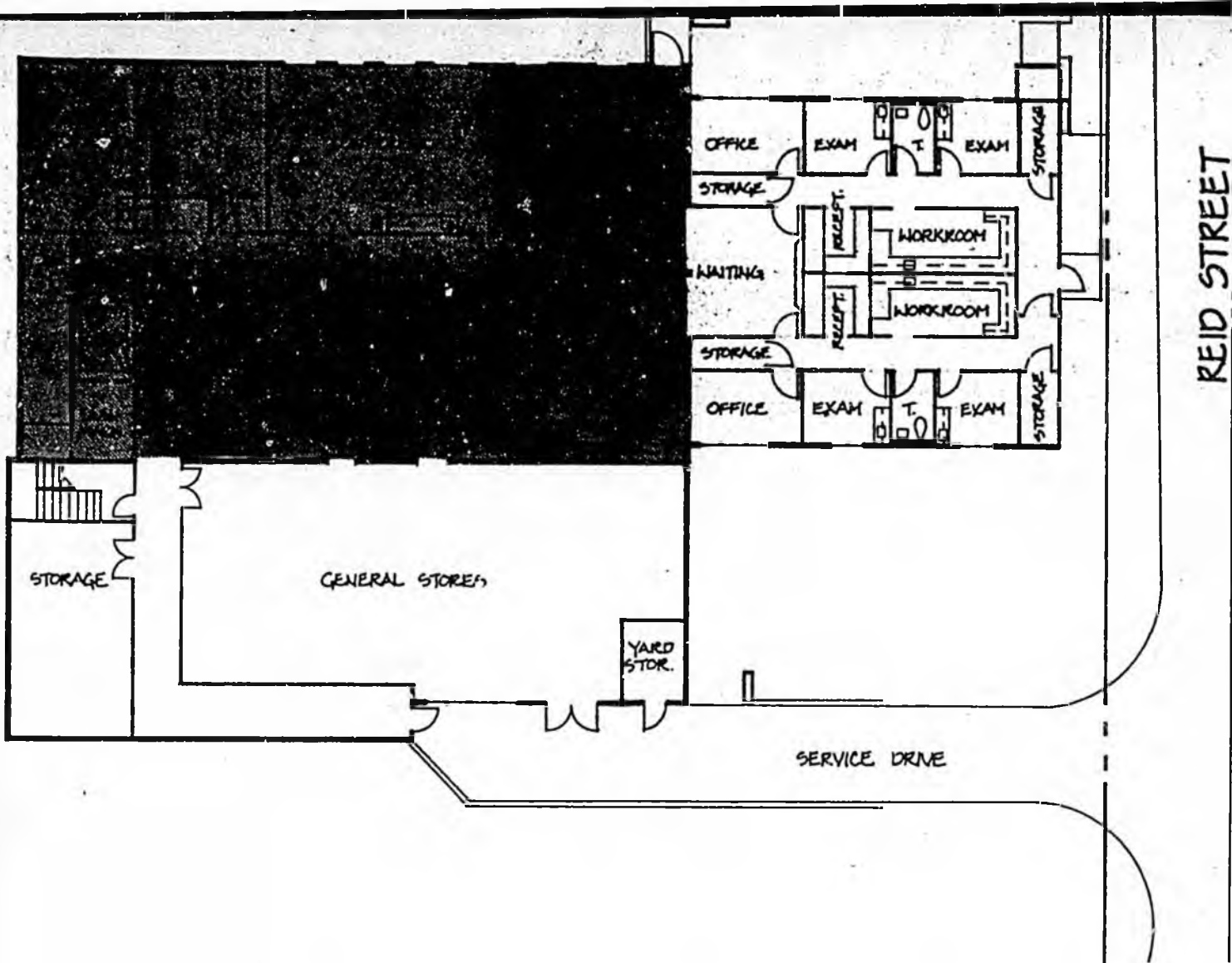
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THE FOLLOWING DOCUMENT HAS
NOT BEEN FILMED BUT IS
AVAILABLE IN THE ORIGINAL
FILE



<p>WRANGELL GENERAL HOSPITAL AND LONG TERM CARE FACILITY FIRST LEVEL . SCALE 1" = 20'-0"</p>	<p>ackley jensen architects inc.</p>
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<p>WRANGELL GENERAL HOSPITAL AND LONG TERM CARE FACILITY BASEMENT LEVEL SCALE 1" = 20'-0"</p>	<p>ackley jensen architects inc.</p>
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