

S B

319

SENATE COMMITTEE REPORT

FIRST COMMITTEE OF REFERRAL

Date of 5-DAY NOTICE 2/1/90
IN ACCORDANCE WITH UNIFORM RULE 23

**FISCAL NOTE(S) MUST BE ATTACHED
IN ACCORDANCE WITH AS 24.08.035

FURTHER

SA
FIN

5/4/89

DATE TURNED INTO OFFICE 2/14/90

Mr. President:

HESS

Committee considered

SB 319

issuance of general obligation bonds in the amount of \$41,400,000 for the purpose of paying the cost of hospital construction, reconstruction, renovation and expansion of hospitals at Kodiak, Seward, and Ketchikan; efd

and recommended:

- replace with CS SB 319 same title
- attached amendment(s) and new title
- _____ letter of intent adopted
- do pass
- do not pass
- no recommendation
- individual recommendations
- further referral to _____

FISCAL NOTE(S) attached zero
 appropriation no FN attached

fiscal impact
 Gov. FN introduced w/ bill

MEMBERS SIGNING DO PASS

[Signature]
[Signature]

OTHER RECOMMENDATIONS

Gov Adams - No RE
J. Adams - No Rec
T. Kelly - No Rec -
Needs balance

Paul Fiske (Do Pass)
Chair: signature and recommendation

Committee backup attached

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: State Bond Committee
 Title: \$41,400,000 General Obligation Bonds
for Kodiak, Seward, & Ketchikan Hospitals BRU: _____
 Sponsor: Zharoff Components: _____
 Requestor: Senate HESS

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
OPERATING						
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LANDS & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	1293.8	5691.7	5691.7	5691.7	5691.7	5691.7
TOTAL OPERATING	1293.8	5691.7	5691.7	5691.7	5691.7	5691.7
CAPITAL						
	0	0	0	0	0	0
REVENUE						
	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND	1293.8	5691.7	5691.7	5691.7	5691.7	5691.7
FEDERAL FUNDS	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	1293.8	5691.7	5691.7	5691.7	5691.7	5691.7

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: attach a separate page for analysis. Fiscal year 1990 cost is zero.

Debt service on \$41,400,000 bonds with a maximum maturity of 10 years at an average interest rate of 6.25%. Fiscal year 1991 is one semi-annual interest payment.

Prepared By: Milt Barker *MB*
 Division: Treasury

Phone: 465-2350
 Date: February 7, 1990

Approved by Commissioner: _____
 Agency: Department of Revenue

Date: 2/7/90

Distribution (by preparer):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

FISCAL NOTE

REQUEST:

Revision Date: _____ Agency Affected: State Bond Committee
 Title: \$60,450,000 State General Obligation BRU: _____
 Bonds: for Hospitals
 Sponsor: Senate HESS Components: _____
 Requestor: Senate State Affairs

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 91	FY 92	FY 93	FY 94	FY 95	FY 96
OPERATING						
PERSONAL SERVICES	0	0	0	0	0	0
TRAVEL	0	0	0	0	0	0
CONTRACTUAL	0	0	0	0	0	0
SUPPLIES	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
LANDS & STRUCTURES	0	0	0	0	0	0
GRANTS, CLAIMS	0	0	0	0	0	0
MISCELLANEOUS	1888.9	8309.8	8309.8	8309.8	8309.8	8309.8
TOTAL OPERATING	1888.9	8309.8	8309.8	8309.8	8309.8	8309.8
CAPITAL	0	0	0	0	0	0
REVENUE	0	0	0	0	0	0

FUNDING: (Thousands of Dollars)

GENERAL FUND	1888.9	8309.8	8309.8	8309.8	8309.8	8309.8
FEDERAL FUNDS	0	0	0	0	0	0
OTHER	0	0	0	0	0	0
TOTAL	1888.9	8309.8	8309.8	8309.8	8309.8	8309.8

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

ANALYSIS: attach a separate page for analysis. Fiscal year 1990 cost is zero.

Debt service on \$60,450,000 bonds with a maximum maturity of 10 years at an average interest rate of 6.25%. Fiscal year 1991 is one semi-annual interest payment.

Prepared By: Milt Barker *MB*
 Division: Treasury

Phone: 465-2350
 Date: February 20, 1990

Approved by Commissioner: _____
 Agency: Department of Revenue

Date: 2/20/90

Distribution (by preparer):
 Legislative Finance
 Legislative Sponsor
 Requestor
 Office of Management and Budget
 Impacted Agency(ies)

Tawa

A M E N D M E N T

OFFERED IN THE SENATE

BY SEN. DUNCAN

TO: SB 319

Page 1, line 7:

Delete "\$41,400,000"

Insert "\$56,400,000"

Page 1, line 10, after "at":

Insert "Juneau"

Page 1, line 14, after "hospitals at":

Insert "Juneau,"

Page 1, line 16:

Delete "\$41,400,000"

Insert "\$56,400,000"

Page 2, after line 14, insert a new bill section to read:

"* Sec. 7. The amount of \$15,000,000 is appropriated from the "1990 Hospital Construction and Renovation Fund" to the Department of Administration for payment as a grant under AS 37.05.315 to the City and Borough of Juneau to be used for the construction, reconstruction, and renovation of the Bartlett Memorial Hospital."

Renumber the following bill sections accordingly.

Page 2, line 16:

Delete "\$144,900"

Insert "\$197,400"

Page 2, line 28:

Delete "\$41,400,000"

Insert "\$56,400,000"

Page 3, line 1:

Delete "\$41,400,000"

Insert "\$56,400,000"

Page 3, line 4, after "renovation in":

Insert "Juneau,"

Ketchikan General Hospital

3100 TONGASS AVE.
KETCHIKAN, ALASKA 99901

January 26, 1990

Senator Lloyd Jones
P.O. Box V
Juneau, AK 99811

JAN 27 1990

Dear Senator Jones:

I am writing to update you on the current status of the Ketchikan General Hospital Remodeling and Expansion project.

Certificate of Need - The Certificate of Need was filed on October 4, 1989. The State Department of Health and Social Services met with the hospital on November 18, 1989 and made a request on December 4, 1989 for additional information.

The Certificate of Need request was for \$18,890,000 for the total project. The State Department of Health requested the total project be broken down, if possible, to increase funding potential from the state. After study by the architects, the Certificate of Need was amended on January 25, 1990 to include full funding for the project costing \$18,890,000 plus a Phasing Plan that increases the cost by \$1,483,457 and increases construction time to 56 months and seriously disrupts the hospital operations. The Phasing Plan is as follows:

Phase I Cost: \$5,505,570 (plus \$100,000 hospital equipment, plus contingency of 5%, plus \$150,000 project clerk of the works for a total of \$6,018,348)

This phase is the infill between the nursing home and hospital for expansion of emergency and outpatient facilities and corrects critical and long standing code deficiencies in the laboratory.

Phase II Cost: \$8,523,167

This phase consists of constructing a new south addition, new service entrance, new boiler plant, new electrical switch gear, new emergency power facilities, and essentially providing new mechanical/electrical infrastructure for the entire hospital complex.

Phase III Cost \$5,228,720

Phase III consists of constructing alteration work on the space vacated and will be the most disruptive to the operations of the daily business of the hospital. The major departments affected will be X-Ray, Food Service and Materials

KGH

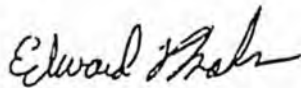
Ketchikan Gen. Hospital

The construction plan for the hospital was developed to correct the fire life safety violations, building code violations and space deficiencies that were identified by the state's own assessment in 1982. It is now eight years later and two plans later and our problems have been intensified by increased volumes and new services. I believe the deficiencies have reached a critical level for the hospital to continue to provide high quality services in the future. Ketchikan General Hospital has patiently waited while other hospitals identified in the 1982 reports have been funded by the State of Alaska.

In summary, our request is for the full project or enough to cover Phase I and Phase II. If that is not available, any help would be appreciated.

If you need additional information, please call me at 225-5171 ex. 326 or ex. 389.

Sincerely,



Edward Mahn
Administrator

cc: Jack Pearson, City Manager

EMpa

Ketchikan General Hospital

3100 TONGASS AVE.
KETCHIKAN, ALASKA 99901

March 29, 1989

31 1989

Senator Lloyd Jones
State of Alaska
P.O. Box V
Juneau, Alaska 99811

Dear Lloyd:

Attached is a copy of the cost estimates from the presentation last night to the City Council for the addition and improvements to Ketchikan General Hospital.

1. The City of Ketchikan has the money for the parking structure: \$1.6 million from the "Jobs Bill", \$140,000 left over from the State grant of \$500,000 for the design and construction of Ketchikan General Hospital, and the remainder from the sales tax.
2. You'll note that the Hospital portion is \$16,143,407 estimated out to start up of October, 1991.
3. We may move the decompression chamber off site.
4. The moveable furniture and equipment will be the responsibility of our Corporation.

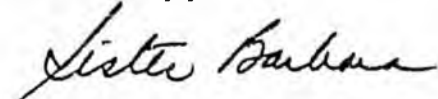
The project was thoroughly reviewed by our Project Advisory Committee (50% City & 50% Hospital) twice and by a City Council work session last night. A decision has been scheduled for April 6, 1989, for acceptance of the design and cost estimates.

We are 50% complete on the Certificate of Need and after Council's decision we should be able to finish quickly in presenting the CON to the Department of Health & Social Services.

Thank you for your assistance. Any further questions you may have on funding costs should be addressed to Acting City Manager, Jack Pearson, or Mayor Ted Ferry.

Thank you for all your help.

Sincerely,



Sister Barbara Haase
Administrator

3. PROJECT COST

A. SUMMARY SHEET

The following Cost Estimate Summary is based on Mills, John & Rigdon Schematic drawings, dated January 12, 1989, and the Alaskost "Schematic Estimate for Ketchikan General Hospital, Additions and Alteratilons," dated March 10, 1989. In accordance with the Project Schedule, the Costs have been adjusted for an October 1990 Bid Date.

(1.) Parking Structure: (Now Bidding)

(a.)	Estimated Construction Cost	\$ 1,882,200
(b.)	Design Fees	206,000
(c.)	Construction contingency (5%)	94,110

Subtotal

\$ 2,182,310

(2.) Hospital Additions and Alterations:

(a.)	Estimated Construction Cost	\$13,614,600
(b.)	Design Fees	1,868,417
(c.)	Construction Contingency (5%)	660,390

Subtotal

16,143,407

(3.) Other Costs:

(a.)	Relocation of Decompression Chamber Facility	70,000
------	--	--------

TOTAL

\$18,395,717

(4.) Costs Not Included:

- (a.) Development of Alternate Ambulance Routes at West Side
- (b.) Loose Furniture and Furnishings and Movable Equipment
- (c.) Owners Administration
- (d.) Construction Project Representative
- (e.) Special Inspection & Testing During Construction

Alaska State Legislature

SENATOR PAUL FISCHER, Chairman
SENATOR JIM DUNCAN, Vice Chairman
SENATOR AL ADAMS
SENATOR LLOYD JONES
SENATOR TIM KELLY



P.O. BOX V
ROOM 508
STATE CAPITOL
(907) 465-3762

Senate Committee on Health, Education and Social Services

Proposal to add improvements and construction to SB 319 for
Central Peninsula Hospital.

1. Incineration Unit Construction	\$ 375,000
2. Construction for CT Scan Site	\$ 320,000
3. Boiler Conversion Improvements	\$ 150,000
4. Air Conditioning Improvements	\$ <u>205,000</u>
TOTAL	\$ <u>1,050,000</u>

Mike:

I added this in HESS.

O. Smith,

MEMORANDUM*Renovation*

February 12, 1990

To : Senator Paul Fischer

**From : Michael J. Lockwood, Administrator
Central Peninsula General Hospital**

Subj : Funding for Projects

You have requested additional documentation for capital costs.

Boiler Conversion - Cost: \$150,000

This will convert the present heat exchanger from hot water to steam, \$75,000. The deletion of all unused piping and would open the existing space for other use, \$75,000.

Air Conditioning - Cost: \$205,000

Air conditioning would be installed to increase patient comfort in all patient areas during the summer months when temperatures reach 80 - 90 degrees. It would also be installed in areas that contain sensitive computer equipment.

LUTHERAN HOSPITALS AND HOMES SOCIETY

BUDGET REQUEST-CAPITAL EXPENDITURES (OTHER THAN

FACILITY NAME: CPGH

RESPONSIBLE PERSON: _____ ASSIGNED PROJ.

Brief description: Converting Present Heat exchange
Hot water to steam.

Goals and/or Objectives being met: Deletion of all old Boilers thus
getting more efficiency from our New Steam Boilers and elimin
Preventive Maint. & Repair on 3 old Hot water Boilers.
When Temp Drops to -20° and below the Hot water Boiler cannot
handle the load.

Justification and effect of expenditure on facility: Reducing fuel
Consumption + PM & Repair Costs,

FINANCIAL INFORMATION:

Identify expenses related to project:

\$75,000 Parts & Labor

Purchase Cost	_____
Annual Maintenance Cost	_____
Personnel Utilized	_____
Other (Describe) _____	_____
_____	_____
_____	_____

TOTAL _____

Cost Recovery, if applicable (_____)

Describe Cost Savings/avoidance, if applicable Less fuel Consump
Preventive Maint., upkeep & Repair, Stocking of critical spare parts

Description of leasing or other financing arrangements available to pay for this expenditure, if known Not Available

1. Title: Construction Of Site
For CT Scan

2. Location: 250 Hospital Place
Soldotna

3. Dept/Service Area/Community:
Central Peninsula Hospital
Service Area

4. Prepared By:
Michael J. Lockwood, Administrator
Randall Nichols, Director of Finance

5. Project Type

Real Property / Construction

Major Equipment / Vehicles

6. Project Ranking

Dept./Service Area/Comm.

Assembly

KENAI PENINSULA BOROUGH CAPITAL IMPROVEMENT PROGRAM Project Request 1989-92

7. Narrative Description:

Funds for this project would provide building of the enclosure for our computed axial tomography system that would provide in excess of 600 Scans per year to the patients of Central Peninsula General Hospital. The program is in a 1,000 sq-ft. building and the electrical to support the CT Scan and also the air conditioning and mechanical systems. The project is currently in designed development and would be funded by local funds and matching legislative approved funds.

8. Economic Benefits / Jobs Created:

The economic benefits of this program would be to employ two CT Scanning operators and one radiologist to read Scans. The major impact would be the reduction of the need of transporting patients for advance imaging studies in the city of Anchorage. Currently it costs \$2,300 per Medivac for people that need these kinds of studies, which would have a major impact on the healthcare expenses of the local community. It would also reduce the requirement for routine testing of local residents to make the round trip to Anchorage. This job would also create a multitude of construction jobs during the project.

KENAI PENINSULA BOROUGH
CAPITAL IMPROVEMENT PROGRAM
 Project Request
 1989-92

1. Title: Construction of Incineration Unit

2. Location: 250 Hospital Place Soldotna

3. Dept/Service Area/Community: Central Peninsula Hospital Service Area

4. Prepared By: Mike Lockwood, Administrator
 Randall Nichols, Director of Finance

5. Project Type

Real Property / Construction

Major Equipment / Vehicles

6. Project Ranking

Dept./Service Area/Comm. 2

Assembly

7. Narrative Description:
 This would be a gas fired incinerator that would provide incineration of infectious waste, produced at Central Peninsula General Hospital and by the local healthcare providers. It would be the hospital's intent that the incinerator be installed at the solid waste disposal site in Soldotna so that others besides the hospital could use the incineration area.

8. Economic Benefits / Jobs Created:
 Jobs created by the project would be one full time employee for Central Peninsula General Hospital. The economic benefit of the project would be the savings of transfer cost to the city of Anchorage for incineration of our infectious waste. Also, with the new regulations that are coming out, it would have a significant impact on regulation compliance necessary in burning waste, since we would be burning our own. This would also have a significant health impact to the Central Peninsula area since we would be able to burn infectious waste of other healthcare providers.

FEB 09 '90 10:38 KENAI PENINSULA BORO 0072621892

Project Elements	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
1. Planning / Designing	-0-	40,000	-0-	-0-	-0-	-0-	40,000
2. Land Acquisition	Existing Site	-0-	-0-	-0-	-0-	-0-	-0-
3. Construction	-0-	-0-	280,000	-0-	-0-	-0-	280,000
4. Equipment	-0-	-0-	-0-	-0-	-0-	-0-	-0-
5. TOTAL COSTS	-0-	40,000	280,000	-0-	-0-	-0-	320,000

Revenue Sources	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
6. State Aid	-0-	-0-	160,000	-0-	-0-	-0-	160,000
7. Federal Aid	-0-	-0-	-0-	-0-	-0-	-0-	-0-
8. Local Sources	-0-	40,000	120,000	-0-	-0-	-0-	160,000
9. Bond Issue	-0-	-0-	-0-	-0-	-0-	-0-	-0-
10. User Fees	-0-	-0-	-0-	-0-	-0-	-0-	-0-
11. TOTAL REVENUE	-0-	40,000	280,000	-0-	-0-	-0-	320,000

Project Elements	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
1. Planning / Designing	-0-	-0-	20,000	-0-	-0-	-0-	20,000
2. Land Acquisition	-0-	-0-	-0-	-0-	-0-	-0-	-0-
3. Construction	-0-	-0-	80,000	-0-	-0-	-0-	80,000
4. Equipment	-0-	-0-	275,000	-0-	-0-	-0-	275,000
5. TOTAL COSTS	-0-	-0-	375,000	-0-	-0-	-0-	375,000

Revenue Sources	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
6. State Aid	-0-	-0-	375,000	-0-	-0-	-0-	375,000
7. Federal Aid	-0-	-0-	-0-	-0-	-0-	-0-	-0-
8. Local Sources	-0-	-0-	-0-	-0-	-0-	-0-	-0-
9. Bond Issue	-0-	-0-	-0-	-0-	-0-	-0-	-0-
10. User Fees	-0-	-0-	-0-	-0-	-0-	-0-	-0-
11. TOTAL REVENUE	-0-	-0-	375,000	-0-	-0-	-0-	375,000

BARTLETT MEMORIAL HOSPITAL

3280 HOSPITAL DRIVE • JUNEAU, ALASKA 99801 • TELEPHONE (907) 586-2611

Roxanne

February 8, 1990

File SB 319

Senator Jim Duncan
Room 119 Capital Building
P.O. Box V
Juneau, AK 99811

Dear Senator Duncan:

Roxanne Stewart of your staff asked for some information relating to the recent expansion/remodel project at Bartlett Memorial Hospital. The amounts and corresponding sources of funds are as follows:

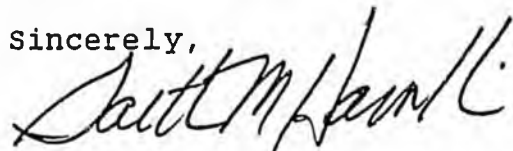
\$ 9,000,000	CBJ General Obligation Bond
1,100,000	State of Alaska Grant
<u>2,500,000</u>	BMH Funds (approximate)
\$ 12,600,000	Total

The hospital funds that were used for the project were for equipment, furnishings, and some \$ 750,000 that was used for the building itself.

A major portion of the project as planned, including relocation and improvements to the Critical Care and Obstetric units, was not undertaken due largely to the high costs associated with asbestos abatement/removal. The reasons for needing to do this portion of the project still exist. It would bring CCU up to code and improve the efficiency and level of care on all areas of the third floor which is where the patients rooms are located. Our information is that the needed work on the third floor will cost a total of \$ 3,500,000.

I hope this information is what you need. As always, we are available to answer questions or provide information that you need. Please let us know how we can help.

Sincerely,



Garth M. Hamblin
Controller

RECEIVED FEB 12 1990

CITY OF UNALASKA

P.O. BOX 89
UNALASKA, ALASKA 99685
(907) 581-1251



DATE: JANUARY 16, 1990

MEMO TO: MEMBERS OF THE ALASKA STATE LEGISLATURE

FROM: HERV HENSLEY, CITY MANGER CITY OF UNALASKA

SUBJECT: JUSTIFICATION FOR A NEW HEALTH CLINIC IN UNALASKA

I would like to introduce you to our proposal to develop a comprehensive health care center in Unalaska. The current health care system in Unalaska is undergoing severe stress in proportion to the rapidly expanding fishing industry and support services. Rapid change, accompanying the importance of the community as a seafood processing center, in combination with the fact that Unalaska is the primary population center for the Western Aleutians has created an intense demand for medical services. The highly industrial nature of the work force also causes an unusually high number of injuries, and trauma, in the clinic's patient population. The clinic's physical facility is inadequate and outdated to the point that the provision of healthcare services is often compromised.

The present facility encompasses 3,500 square feet. Incorporated in that space are three exam rooms, two offices which are shared by three medical practitioners, a closet sized room used for a pharmacy, a very small room used as a lab, a small emergency patient area, a business office and a waiting room that is frequently so crowded that patients must often wait outside on the clinic yard, or steps.

The residents of Unalaska are dependent upon the services the clinic can provide. Given the inadequate physical facility there is a real question as to the ability of the health care professional to ensure an adequate and safe level of care. There are no other health care services available in Unalaska. In addition to the permanent resident population who utilize the services of the clinic, the fact that Unalaska is centrally located within the major fishing grounds of the Northern Pacific and Bering Sea means the clinic serves a population that now exceeds 15,000.

The patient load is projected to continue to expand in proportion to the level of fishing, processing and shipping activity in the area. In addition to the large number of patients seen on an annual basis, there were 200 medevacs from the clinic during 1989. It is anticipated that number could grow to 300 during 1990. All medevacs are transported by air, and weather frequently precludes any flights in or out of the community, sometimes for days. Our present small village clinic simply cannot support the numbers of people to be medevaced, and keep them alive while waiting for transportation. Several patients lost last year could be attributed to the facility's capacity of sustaining them. Presently three major processing plants are either being built, or expanded. One new processing plant is completing a facility that will employ up to 400 new workers. This, along with the 60% growth in population over the last two years, and expected future growth, demand that we provide sufficient medical services.

As with other projects we have asked for, it is not our intention to request the full amount of this project to be funded by the State. However, given the major infrastructure needs of Unalaska, we cannot build the needed clinic on our own. It is our desire to create a project that is supported financially by the City, private industry and the State.

As you can see this is a basic community need, not fluff. For this reason and the fact that Unalaska is working toward accomplishing the stated goal of bringing fishing on shore, and providing jobs and revenue from a renewable resource, I kindly ask that you support funding this project.

STEVE COWPER
GOVERNOR

FEB 12 1990



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

February 8, 1990

The Honorable Paul A. Fischer
Chairman
Senate HESS Committee
P.O. Box V
Juneau, AK 99811

Dear Senator Fischer:

I am responding to the request of your committee for the administration's position on authorizing approximately \$100 million in State general obligation bonds for medical facilities.

The administration is not in favor of authorizing additional State general obligation bonds at this time. Although State revenues appear to be fairly stable for the next five years, the projected rapid fall thereafter makes it unwise to push the burdens of paying for such facilities into the future. Borrowing money to pay for facilities increases that burden, of course.

The State's hard-earned recognition of the volatility and uncertainty of revenue estimates, in the face of the fixed obligations of debt service--obligations that approach death and taxes in terms of certainty--also gives us pause.

The State will be better served if it reserves the use of its finite amount of debt capacity for times of true fiscal duress, or until its tax structure is diversified to provide a degree of certainty that would allow us to better gauge the burdens we would be passing on to the future.

At the same time, the administration recognizes that there are needs for additional capital facilities that must be met. However, I believe that alternatives to general obligation bonding may be able to satisfy these needs.

In the case of medical facilities, the pursuit of State, federal or municipal grants, local general obligation bonding, directly or through the Alaska Municipal Bond Bank, and revenue bonding, directly or through the Bond Bank or Alaska Medical Facilities Authority are among the alternatives that should be explored.

The Honorable
Paul A. Fischer

-2-

February 8, 1990

Thank you for the opportunity to comment on this proposal.

sincerely,

A handwritten signature in black ink, appearing to read "Steve Cowper", with a long horizontal flourish extending to the right. The signature is written in a cursive style.

Steve Cowper
Governor

Alaska State Legislature

SENATOR PAUL FISCHER, Chairman
SENATOR JIM DUNCAN, Vice Chairman
SENATOR AL ADAMS
SENATOR LLOYD JONES
SENATOR TIM KELLY



P.O. BOX V
ROOM 508
STATE CAPITOL
(907) 465-3762

Senate Committee on Health, Education and Social Services

Proposal to add improvements and construction to SB 319 for
Central Peninsula Hospital.

1. Incineration Unit Construction	\$ 375,000
2. Construction for CT Scan Site	\$ 320,000
3. Boiler Conversion Improvements	\$ 150,000
4. Air Conditioning Improvements	\$ <u>205,000</u>
TOTAL	\$ <u>1,050,000</u>

Project Elements	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
1. Planning / Designing	-0-	40,000	-0-	-0-	-0-	-0-	40,000
2. Land Acquisition	Existing Site	-0-	-0-	-0-	-0-	-0-	-0-
3. Construction	-0-	-0-	280,000	-0-	-0-	-0-	280,000
4. Equipment	-0-	-0-	-0-	-0-	-0-	-0-	-0-
5. TOTAL COSTS	-0-	40,000	280,000	-0-	-0-	-0-	320,000

Revenue Sources	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
6. State Aid	-0-	-0-	160,000	-0-	-0-	-0-	160,000
7. Federal Aid	-0-	-0-	-0-	-0-	-0-	-0-	-0-
8. Local Sources	-0-	40,000	120,000	-0-	-0-	-0-	160,000
9. Bond Issue	-0-	-0-	-0-	-0-	-0-	-0-	-0-
10. User Fees	-0-	-0-	-0-	-0-	-0-	-0-	-0-
11. TOTAL REVENUE	-0-	40,000	280,000	-0-	-0-	-0-	320,000

KENAI PENINSULA BOROUGH
CAPITAL IMPROVEMENT PROGRAM
 Project Request
 1989-92

1. Title: Construction Of Site
 For CT Scan

2. Location: 250 Hospital Place
 Soldotna

3. Dept./Service Area/Community:
 Central Peninsula Hospital
 Service Area

4. Prepared By:
 Michael J. Lockwood, Administrator
 Randall Nichols, Director of Finance

5. Project Type

Real Property / Construction

Major Equipment / Vehicles

6. Project Ranking

Dept./Service Area/Comm.

1

Assembly

7. Narrative Description:

Funds for this project would provide building of the enclosure for our computed axial tomography system that would provide in excess of 600 Scans per year to the patients of Central Peninsula General Hospital. The program is in a 1,000 sq.ft. building and the electrical and mechanical to support the CT Scan and also the air conditioning and mechanical systems. The project is currently in designed development and would be funded by local funds and matching legislative approved funds.

8. Economic Benefits / Jobs Created:

The economic benefits of this program would be to employ two CT Scanning operators and one radiologist to read Scans. The major impact would be the reduction of the need of transporting patients for advance imaging studies in the city of Anchorage. Currently it costs \$2,300 per Medivac for people that need these kinds of studies, which would have a major impact on the healthcare expenses of the local community. It would also reduce the requirement for routine testing of local residents to make the round trip to Anchorage. This job would also create a multitude of construction jobs during the project.

FEB 09 '90 10:40 KENAI PENINSULA BORO 5072211892

P.2

KENAI PENINSULA BOROUGH
CAPITAL IMPROVEMENT PROGRAM
 Project Request
 1989-92

1. Title: Construction of
 Incineration Unit

2. Location: 250 Hospital Place
 Soldotna

3. Dept./Service Area/Community:
 Central Peninsula Hospital
 Service Area

4. Prepared By:
 Mike Lockwood, Administrator
 Randall Nichols, Director of Finance

5. Project Type

Real Property / Construction

Major Equipment / Vehicles

6. Project Ranking

Dept./Service Area/Comm. 2

Assembly

7. Narrative Description:
 This would be a gas fired incinerator that would provide incineration of infectious waste, produced at Central Peninsula General Hospital and by the local healthcare providers. It would be the hospital's intent that the incinerator be installed at the solid waste disposal site in Soldotna so that others besides the hospital could use the incineration area.

8. Economic Benefits / Jobs Created:
 Jobs created by the project would be one full time employee for Central Peninsula General Hospital. The economic benefit of the project would be the savings of transfer cost to the city of Anchorage for incineration of our infectious waste. Also, with the new regulations that are coming out, it would have a significant impact on regulation compliance necessary in burning waste, since we would be burning our own. This would also have a significant health impact to the Central Peninsula area since we would be able to burn infectious waste of other healthcare providers.

FEB 09 '90 10:38 KENAI PENINSULA BORO 9072621892

Project Elements	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
1. Planning / Designing	-0-	-0-	20,000	-0-	-0-	-0-	20,000
2. Land Acquisition	-0-	-0-	-0-	-0-	-0-	-0-	-0-
3. Construction	-0-	-0-	80,000	-0-	-0-	-0-	80,000
4. Equipment	-0-	-0-	275,000	-0-	-0-	-0-	275,000
5. TOTAL COSTS	-0-	-0-	375,000	-0-	-0-	-0-	375,000

Revenue Sources	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
6. State Aid	-0-	-0-	375,000	-0-	-0-	-0-	375,000
7. Federal Aid	-0-	-0-	-0-	-0-	-0-	-0-	-0-
8. Local Sources	-0-	-0-	-0-	-0-	-0-	-0-	-0-
9. Bond Issue	-0-	-0-	-0-	-0-	-0-	-0-	-0-
10. User Fees	-0-	-0-	-0-	-0-	-0-	-0-	-0-
11. TOTAL REVENUE	-0-	-0-	375,000	-0-	-0-	-0-	375,000

MEMORANDUM*Renovation*

February 12, 1990

To : Senator Paul Fischer

From : Michael J. Lockwood, Administrator
Central Peninsula General Hospital

Subj : Funding for Projects

You have requested additional documentation for capital costs.

Boiler Conversion - Cost: \$150,000

This will convert the present heat exchanger from hot water to steam, \$75,000. The deletion of all unused piping and would open the existing space for other use, \$75,000.

Air Conditioning - Cost: \$205,000

Air conditioning would be installed to increase patient comfort in all patient areas during the summer months when temperatures reach 80 - 90 degrees. It would also be installed in areas that contain sensitive computer equipment.

LUTHERAN HOSPITALS AND HOMES SOCIETY

BUDGET REQUEST-CAPITAL EXPENDITURES (OTHER THAN EQUIPMENT)

FACILITY NAME: CPGH FACILITY NO. _____

RESPONSIBLE PERSON: _____ ASSIGNED PROJECT CODE _____

Brief description: Converting Present Heat exchangers from Hot water to steam.

Goals and/or Objectives being met: Deletion of all old Boilers thus getting more efficiency from our new steam boilers and elimin. Preventive Maint. & Repair on 3 old Hot water Boilers. When Temp Drops to -20° and below the Hot water Boiler cannot handle the load.

Justification and effect of expenditure on facility: Reducing fuel Consumption + PM & Repair Costs.

FINANCIAL INFORMATION:

Identify expenses related to project:

\$75,000 Parts & Labor

Purchase Cost _____
Annual Maintenance Cost _____
Personnel Utilized _____
Other (Describe) _____

TOTAL _____

Cost Recovery, if applicable (_____)

Describe Cost Savings/avoidance, if applicable Less fuel Consump. Preventive Maint., upkeep & Repair, Stocking of critical spare parts

Description of leasing or other financing arrangements available to pay for this expenditure, if known Not Available

MEMORANDUM

State of Alaska

TO: FILE

DATE: February 23, 1982

FILE NO:

TELEPHONE NO:

FROM: Dave W. Williams *DW*
Chief
Health Resources Development

SUBJECT: Health Facility Inventory
Panel meeting of 2/22/82

The meeting began at 2:30 PM, February 22, 1982. In attendance were:

Mark Hawkins, member of the Alaska Hospital Association
Peggy Wilson, Health Planner, South Central Health Planning and
Development, Inc.
Margaret Bixby, member of the Alaska Medical Facilities Authority
and South East Alaska Health Systems Agency
Howard Gabriel, Director, South East Health Systems Agency
Dr. Rabeau, member of Medical Care Advisory Board

Available as resource persons were:

Dave W. Williams, Coordinator, Health Resources Development
DHSS, State of Alaska
Ron Goldberg, Architect, Health Resources Development, DHSS,
State of Alaska
Cintra Price, Chief, Health Planning Section, DHSS,
State of Alaska

Gordon Jackson of the Statewide Health Coordinating Council, was scheduled to attend, but was unexpectedly called out of town. Brenda Bruce of his staff attended in his place as an observer. A member of Northern Alaska Health Resources Association was also expected to attend, but due to short notice and inclement weather was unable to arrive in Juneau.

Dave W. Williams began the meeting with opening remarks and a brief overview of the purpose of the meeting and purpose of the inventory and condition survey. The members of the review panel were requested to rank the surveyed facilities according to a desired order for addressing the correction of deficiencies noted for each facility. To be considered in the ranking were factors other than physical condition such as occupancy rates population trends, etc., as the panel deem appropriate.

The financial capacity of facilities requesting State funds;
(i.e. which facilities require grants and which facilities may secure financing through other means);

The preparedness of facilities to proceed with deficiency corrections
(i.e. those which are ready to proceed should not be held up by those facilities which may not be prepared for a time).

Certificate of Need considerations:

1. The relationship to the proposed project to the Health Systems Plan and annual implementation plan of the HSAs;
2. The relationship of the project to the State Health Plan;
3. The relationship of the proposed project to the long-range plan to the facility in question;
4. The need of the population served for 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 availability of resources including health man power management personnel and any additional funds needed for capital 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.

cc: Commissioner Beirne
Mark Hawkins, Administrator, Sitka Community Hospital
Margret Bixby, Alaska Medical Facilities Authority
Howard Gabriel, Director, SEAHSA
Peggy Wilson, Health Planner, SCHPD
Phoebe A. Lindsey, Director, DSHPD
Cintra Price, Health Planner III, DSHPD
Ron Goldberg, Architect, Health Resources Development

To perform this task, it was decided that the facilities should first be objectively ranked using only the information contained in the inventory and condition survey. Several methodologies assigning value systems to the components listed in the "Comparative Evaluation of Facilities" were used to arrive at preliminary rankings of the subject facilities.

<u>FACILITY</u>	<u>EQUAL WT.</u>	<u>SIMPLE WT.</u>	<u>COMPLEX WT.</u>	<u>FINAL RANKING</u>
Bartlett Memorial Hospital	11.5	9	11	11
Central Peninsula Hospital	11.5	10	9	10
Cordova Community Hospital	1	1	2	1
Faith Hospital	4	4.5	4	5
Ketchikan/Island View Manor	5.5	11	5	9
Kodiak	5.5	4.5	5	4
Norton Sound Regional Hospital	14	14	14	14
Petersburg General Hospital	2	2	1	2
Seward General Hospital	3	3	3	3
South Peninsula Hospital	9	8	8	8
St. Ann's Nursing Home	11.5	13	12.5	13
Valdez	11.5	12	10	12
Wesleyan	7.5	6	6	6
Wrangell	7.5	7	7	7

The rankings were averaged to arrive at a preliminary score for each facility. The panel discussed the preliminary score and agreed upon the final ranking shown in the right hand column above.

The panel discussed adjusting the final ranking by giving consideration to other factors such as utilization, population trends, etc.

At this point (4:30 PM) Dr. Rabeau expressed his need to leave in order to attend another meeting. The panel did not object to his leaving, but desired to continue the meeting rather than to meet again the next day.

The remaining panel members discussed the relationship of other factors such as population trends, occupancy levels, health plans and concluded that such considerations were beyond the capability of the panel. It was suggested that such factors should be addressed by the Department of Health and Social Services, the Statewide Health Coordinating Council and the Legislature. The panel recommended that persons making decisions regarding State funding for the subject facilities should include the following factors in their decisions:

Nursing care offered through Pioneer Homes;

Recommendations of the Alaska Hospital Association;

The extent to which State assistance may be needed at Federal facilities (i.e. light of Federal cut-backs);

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 <i>3 phase plan</i>			
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	
Wesleyan 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 <i>issued 1984</i>	\$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

Completed 1983
conversion 1984
Converted

Completed 1984
Planning completed

Completed 1983
Completed 1985

Completed 1984

Completed 1988

* 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.

February, 1990

BACKGROUND

HOSPITAL/NURSING HOME CONSTRUCTION

(SB 319/HB 442 - GO Hospital Construction)

The 1981 Legislature authorized and funded a study by the Department of Health & Social Services of the plant condition and functional adequacy of 15 rural hospitals and nursing homes.

The result of that study was contained in a report by the Department to the Legislature in March, 1982.

Anchorage and Fairbanks hospitals were not included. Valley Hospital, Palmer and Sitka Community Hospital did not participate as they were currently under construction or reconstruction in 1982.

Overview of Surveyed Facilities

A study team evaluated the adequacy of the physical facilities at each hospital or long term care unit, a number of serious problems and deficiencies were discovered. Such inadequacies tended to fall into common classifications, the most important of which can be grouped as follows:

- Building, fire and life safety code deficiencies and violations;
- Lack of adequate mechanical ventilation to critical areas of the building, and mechanical and electrical inadequacies occasioned by the acquisition and use of high demand diagnostic and therapeutic equipment in laboratory and treatment programs;
- Facility inflexibility in response to changing attitudes, medical technologies and resultant changes in patterns of use; and
- Space shortages occasioned by new patterns of use, increasing complexity in information processing and records storage requirements, and growth in service area populations.

Generally, the deficiencies observed in the health care facilities surveyed are due to the advances and changing techniques in the medical field, coupled with more stringent building, fire and life safety codes which have been adopted over the last few years.

1982 Prioritization of Surveyed Hospitals and Nursing Homes

In conducting the inventory and evaluation study of the fifteen hospitals and long term care facilities in 1982, architectural consultants identified six facilities which were 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.

(MORE)

Chuk - Lowl Match
or Funding

On Alaska. 4.5M
A.P.I

This committee consisted of one member cf:

- 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.

1982
Report

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~~
- 5. Wesleyan Nursing Home
- * 6. Wrangell General Hospital
- * 7. South Peninsula General Hospital and Long Term Care Facility
- ~~8. Ketchikan General Hospital and Island View Manor~~
- * 9. Central Peninsula General Hospital
- * 10. Bartlett Memorial Hospital
- 11. Valdez Community Hospital
- 12. St. Ann's Nursing Home
- * 13. Norton Sound Regional Hospital

* completed

In 1987, the Health Association of Alaska, representing hospitals and nursing homes, recommended that Kodiak, Ketchikan and Seward be ranked as the top priority facilities needing construction grants.

SB 319 - By Senator Zharof

HB 342 - By Representatives Davidson, Cato, C. Davis and Taylor

Authorizes issuance of general obligation bonds in the amount of \$41,400,000.00. This proposition to be placed on the 1990 general election ballot.

Kodiak Island Borough	\$14,500,000.00
City of Seward	9,500,000.00
City of Seward	1,200,000.00
City of Ketchikan	16,200,000.00

#

For More Information Contact:

Harlan Knudson
Health Association of Alaska
586-1790

By: Mayor Selby
Introduced: 10/05/89
Adopted: 10/05/89

KODIAK ISLAND BOROUGH
RESOLUTION NO. 89-69-R

A RESOLUTION ADOPTING A CAPITAL IMPROVEMENT PROGRAM FOR
FISCAL YEARS 1991 THROUGH 1995 AND ESTABLISHING
CAPITAL PROJECT PRIORITIES

WHEREAS, a Five-Year Capital Improvement Program has been prepared by the Borough for fiscal years 1991 through 1995; and

WHEREAS, the Borough's Planning and Zoning Commission has recommended approval of the prioritized FY 91 capital improvement priorities at its meeting in accordance with Borough Code Section 2.24.030 (e); and

WHEREAS, the Borough Assembly held a public hearing on the Five-Year Capital Improvement Program including the priorities during its meeting on October 5, 1989;

NOW, THEREFORE, BE IT RESOLVED that the document entitled "Kodiak Island Borough Capital Improvement Program" for the years from July 1, 1991 through June 30, 1995 is hereby adopted by reference; and

BE IT FURTHER RESOLVED that the Borough's capital project priorities for FY 1991 are as follows:

1. Hospital Construction	\$14,000,000
2. Mill Bay Road Reconstruction (Transfer to City)	5,000,000
3. Airport Sewage Treatment Plant	800,000
4. Left Turn Lanes at Airport & Base	800,000
5. Resurfacing Rezanof Drive	4,500,000
6. Borough Developmental Disabilities & Student Housing/Upgrade	600,000
7. Cape Chiniak Road Erosion/Relocation	350,000
8. Service District #1 Water & Sewer Projects	3,000,000
9. Airport Development	500,000
10. Selief Lane Drainage	60,000
11. Bayside Fire Station Expansion	275,000
12. KIB Solid Waste Disposal Site	1,500,000
13. Womens Bay Water & Sewer System Design	1,100,000
14. Monashka Bay Water & Sewer System Design	1,100,000
15. Public Water System Filtration Plant A & E	600,000
16. Sharatin/Perenosa Construction	2,500,000
17. Road Designs Three Sisters, Sawmill Ext./Peninsula	30,000
18. Bells Flats Road	1,250,000
19. State Airport Expansion/Upgrade	5,000,000
20. Karluk Access Road Design	25,000
21. Gear Storage Facility Development	2,500,000
22. Kalsin Hill Road Relocation	3,900,000
23. DOT Maintenance Facility	4,500,000
24. Spruce Cape Road Upgrade/Walkway	1,800,000
25. East Elementary Roof	350,000

BE IT FURTHER RESOLVED that Borough administration is hereby instructed to advise the governor, legislature and appropriate state agencies of the Capital Improvement Program and priorities adopted by the Borough Assembly.

PASSED AND APPROVED THIS 5th DAY OF OCTOBER, 1989.

KODIAK ISLAND BOROUGH

James M. Lacey
Borough Mayor

David J. White
Presiding Officer

ATTEST:

Barbara Sanderson
Borough Clerk

NEW FACILITY STATUS REPORT

KODIAK ISLAND HOSPITAL

MARCH, 1988

TABLE 3.2

State of Alaska
Debt Service on State-Supported Debt
(\$ Millions)

Fiscal Year	(1) State GOB's	(2) UA	(3) ASHA	(4) Lease-Purchase Obligations (Lease)	(5) School Debt (Muni)	Total Debt Service
79	\$60.0	\$1.7	\$10.1	\$0	\$22.3	\$94.1
80	75.1	1.8	10.1	0	24.1	111.1
81	97.6	2.2	10.0	0	38.4	148.2
82	97.5	2.3	10.0	0	38.3	148.1
83	143.6	2.3	9.9	0	36.2	192.0
84	166.3	2.0	9.9	0	90.6	268.0
85	169.5	2.0	9.9	.8	93.2	275.4
86	163.2	1.8	9.9	.5	106.3	281.7
87	154.9	1.8	6.5	4.7	115.8	283.7
88	147.9	1.5	6.5	.7	109.5	266.1
89	135.5	2.2	6.5	5.2	109.5	258.8
90	120.3	2.2	6.5	5.5	107.8	242.3
91	95.5	2.2	6.5	5.5	131 (120.2)	229.9
92	68.2	2.1	6.5	5.5	116.1	198.4
93	59.7	2.1	5.9	5.5	106.0	179.2
94	33.9	1.9	3.1	5.5	93.4	137.8
95	23.1	2.0	1.5	5.5	84.3	116.4
96	21.5	1.9	0	5.5	71.1	100.0
97	16.7	1.9	0	5.5	48.7	72.8
98	14.4	1.9	0	5.5	45.7	67.5
99	9.0	1.9	0	5.5	43.2	59.6
00	2.6	1.9	0	4.7	34.8	44.0
01	0	1.8	0	4.7	21.2	27.7
02	0	1.2	0	4.7	9.1	15.0
03	0	1.0	0	4.7	5.4	11.1
04	0	1.1	0	4.7	5.4	11.2
05	0	1.0	0	4.7	5.3	11.0

- (1) State of Alaska general obligation bonds
(2) University of Alaska bonds
(3) Alaska State Housing Authority lease revenue bonds
(4) Debt issued to finance Seward Student Service Center, Spring Creek Correctional Center, and Palmer Court-house
(5) State Reimbursement of municipal general obligation debt issued to finance school construction for debt issued through December 31, 1989

1. Title: Construction of
Incineration Unit

2. Location: 250 Hospital Place
Soldotna

3. Dept/Service Area/Community:
Central Peninsula Hospital
Service Area

4. Prepared By:
Mike Lockwood, Administrator
Randall Nichols, Director of Finance

5. Project Type

Real Property / Construction

Major Equipment / Vehicles

6. Project Ranking

Dept./Service Area/Comm.

 2

Assembly

KENAI PENINSULA BOROUGH
CAPITAL IMPROVEMENT PROGRAM
Project Request
1989-92

7. Narrative Description:

This would be a gas fired incinerator that would provide incineration of infectious waste, produced at Central Peninsula General Hospital and by the local healthcare providers. It would be the hospital's intent that the incinerator be installed at the solid waste disposal site in Soldotna so that others besides the hospital could use the incineration area.

8. Economic Benefits / Jobs Created:

Jobs created by the project would be one full time employee for Central Peninsula General Hospital. The economic benefit of the project would be the savings of transfer cost to the city of Anchorage for incineration of our infectious waste. Also, with the new regulations that are coming out, it would have a significant impact on regulation compliance necessary in burning waste, since we would be burning our own. This would also have a significant health impact to the Central Peninsula area since we would be able to burn infectious waste of other healthcare providers.

KENAI PENINSULA BOROUGH WORKS IN PROGRESS

Project	Status	Expected Completion Date	Total Funds Committed	Funds Committed But Unspent	Financed By:
Original Building	1971	Roof - 1973 Sprinkler - 1974 Fire Alarm - 1975	Satisfactory	Meeting current needs.	Not in 5 year projection.
Ancillary/Administrative services	1981	Radiology - 1984 (Remodel)		Current plans include addition of CT Scan.	FY 1990-91
Physical Therapy, Surgery, Delivery, and Routine Care.	1983		Satisfactory	Further growth in Physical Therapy and Surgery may require additional space.	FY 1992-93
Chemical Dependency, Emergency, Laundry, Dietary.	1986	Parking lots 1988	Satisfactory		Not in 5 year projection.

Title:

Construction of Incineration Unit.

Recurring Costs	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
1. Maintenance & Op.	-0-	-0-	2,000	4,200	4,400	4,600	15,200
2. Personal Services	-0-	-0-	5,000	10,500	10,900	11,400	37,800
3. Capital Outlay	-0-	-0-	375,000	-0-	-0-	-0-	375,000
4. Hauling Charges	-0-	-0-	-0-	-0-	-0-	-0-	-0-
4. TOTAL COSTS	-0-	-0-	382,000	14,700	15,300	16,000	428,000

Proposed Savings and Revenue: (please explain)

Savings or Revenue	-0-	-0-	50,000	78,400	86,000	94,300	308,700
Net Impact on Budget	-0-	-0-	(332,000)	63,700	70,700	78,300	(119,300)

Project Elements	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
1. Planning / Designing	-0-	-0-	20,000	-0-	-0-	-0-	20,000
2. Land Acquisition	-0-	-0-	-0-	-0-	-0-	-0-	-0-
3. Construction	-0-	-0-	80,000	-0-	-0-	-0-	80,000
4. Equipment	-0-	-0-	275,000	-0-	-0-	-0-	275,000
5. TOTAL COSTS	-0-	-0-	375,000	-0-	-0-	-0-	375,000

Revenue Sources	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
6. State Aid	-0-	-0-	375,000	-0-	-0-	-0-	375,000
7. Federal Aid	-0-	-0-	-0-	-0-	-0-	-0-	-0-
8. Local Sources	-0-	-0-	-0-	-0-	-0-	-0-	-0-
9. Bond Issue	-0-	-0-	-0-	-0-	-0-	-0-	-0-
10. User Fees	-0-	-0-	-0-	-0-	-0-	-0-	-0-
11. TOTAL REVENUE	-0-	-0-	375,000	-0-	-0-	-0-	375,000

**KENAI PENINSULA BOROUGH
CAPITAL IMPROVEMENT PROGRAM
Project Request
1989-92**

1. Title: Construction Of Site
For CT Scan

2. Location: 250 Hospital Place
Soldotna

3. Dept/Service Area/Community:
Central Peninsula Hospital
Service Area

4. Prepared By:
Michael J. Lockwood, Administrator
Randall Nichols, Director of Finance

5. Project Type

Real Property / Construction

Major Equipment / Vehicles

6. Project Ranking

Dept./Service Area/Comm. 1

Assembly

7. Narrative Description:
Funds for this project would provide building of the enclosure for our computed axial tomography system that would provide in excess of 600 Scans per year to the patients of Central Peninsula General Hospital. The program is in a 1,000 sq.ft. building and the electrical to support the CT Scan and also the air conditioning and mechanical systems. The project is currently in designed development and would be funded by local funds and matching legislative approved funds.

8. Economic Benefits / Jobs Created:
The economic benefits of this program would be to employ two CT Scanning operators and one radiologist to read Scans. The major impact would be the reduction of the need of transporting patients for advance imaging studies in the city of Anchorage. Currently it costs \$2,300 per Medivac for people that need these kinds of studies, which would have a major impact on the healthcare expenses of the local community. It would also reduce the requirement for routine testing of local residents to make the round trip to Anchorage. This job would also create a multitude of construction jobs during the project.

**KENAI PENINSULA BOROUGH
WORKS IN PROGRESS**

Project	Status	Expected Completion Date	Total Funds Committed	Funds Committed But Unspent	Financed By:
Original Building	1971	Roof - 1973 Sprinkler - 1974 Fire Alarm - 1975	Satisfactory	Meeting current needs.	Not in 5 year projection.
Ancillary/Administrative services	1981	Radiology - 1984 (Remodel)		Current plans include addition of CT Scan.	FY 1990-91
Physical Therapy, Surgery, Delivery, and Routine Care.	1983		Satisfactory	Further growth in Physical Therapy and Surgery may require additional space.	FY 1992-93
Chemical Dependency, Emergency, Laundry, Dietary.	1986	Parking lots 1988	Satisfactory		Not in 5 year projection.

FEB 09 '90 10:41 KENAI PENINSULA BORO 9072621892

Project Elements	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
1. Planning / Designing	-0-	40,000	-0-	-0-	-0-	-0-	40,000
2. Land Acquisition	Existing Site	-0-	-0-	-0-	-0-	-0-	-0-
3. Construction	-0-	-0-	280,000	-0-	-0-	-0-	280,000
4. Equipment	-0-	-0-	-0-	-0-	-0-	-0-	-0-
5. TOTAL COSTS	-0-	40,000	280,000	-0-	-0-	-0-	320,000

Revenue Sources	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
6. State Aid	-0-	-0-	160,000	-0-	-0-	-0-	160,000
7. Federal Aid	-0-	-0-	-0-	-0-	-0-	-0-	-0-
8. Local Sources	-0-	40,000	120,000	-0-	-0-	-0-	160,000
9. Bond Issue	-0-	-0-	-0-	-0-	-0-	-0-	-0-
10. User Fees	-0-	-0-	-0-	-0-	-0-	-0-	-0-
11. TOTAL REVENUE	-0-	40,000	280,000	-0-	-0-	-0-	320,000

Title:

Construction of Site for CT Scan

Recurring Costs	Prior Years	1989-90	1990-91	1991-92	1992-93	1993-94	TOTAL
1. Maintenance & Op.	-0-	-0-	28,000	69,000	72,450	76,075	245,525
2. Personal Services	-0-	-0-	30,000	31,500	33,075	34,730	129,305
3. Capital Outlay	-0-	-0-	-0-	-0-	-0-	-0-	-0-
4. Equipment Outlay	-0-	24,350	145,700	145,700	145,700	145,700	607,150
4. TOTAL COSTS	-0-	24,350	203,700	246,200	251,225	256,505	981,980

Proposed Savings and Revenue: (please explain) Net patient users fees based on initial 500 tests per year with about a 10% utilization increase per year. The calculated rates are based on current prevailing rates with modest inflation factors applied. Reimbursement is also based on our current average return on gross patient charges.

Savings or Revenue	-0-	-0-	230,000	270,000	295,000	320,000	1,115,000
Net Impact on Budget	-0-	(24,350)	26,300	23,800	43,775	63,495	133,020

KODIAK ISLAND HOSPITAL CON CAPITAL COST ESTIMATES, 1985 AND CURRENT

John Salness, Kodiak Island
Hospital and Nursing Home
486-3281

Revised: 11/29/89

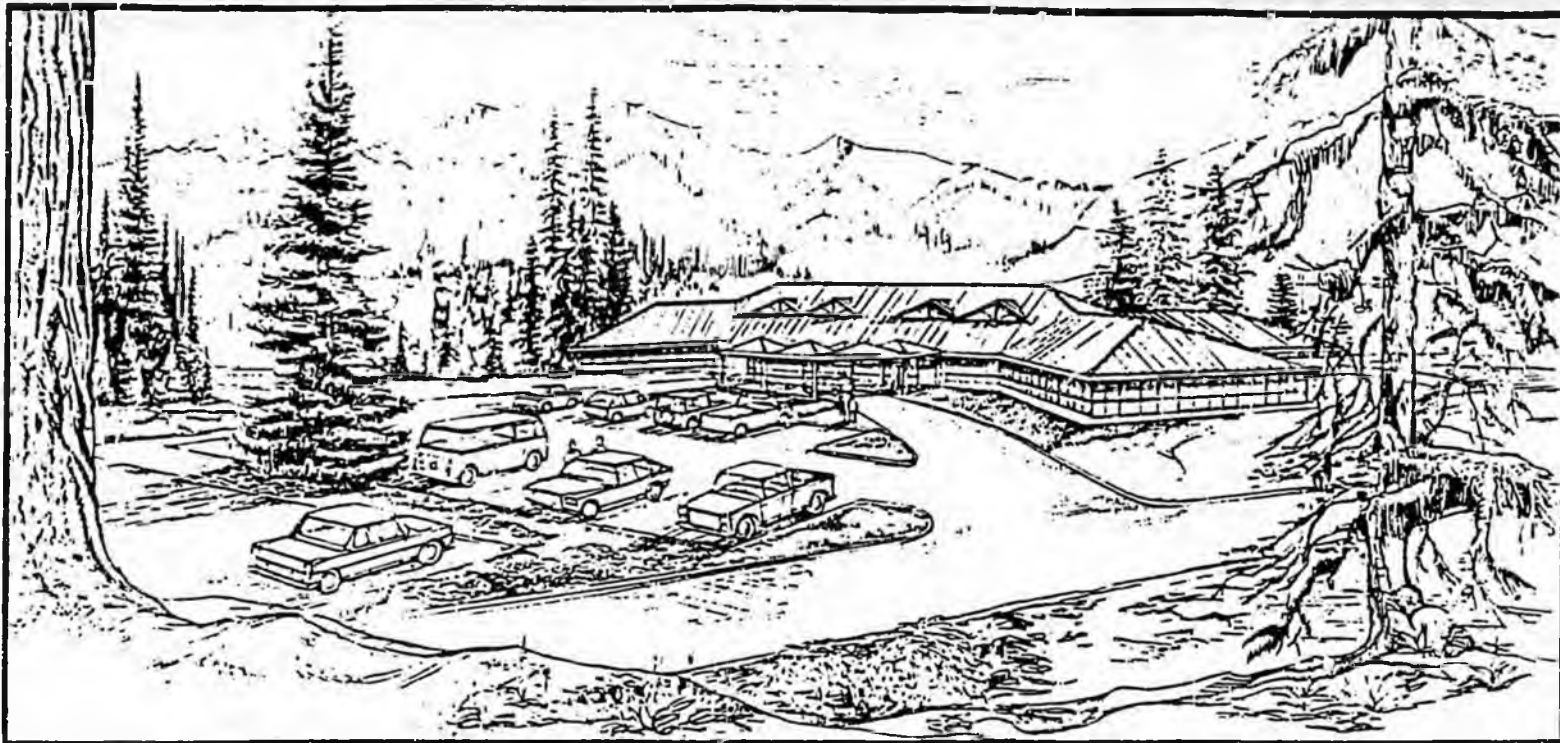
<u>CATEGORY</u>	<u>1989</u>	<u>1985</u>	<u>COST TO DATE</u>
1. Site acquisition	\$ 495,000	\$ 300,000	\$495,000
2. Est. general construction	16,929,352	11,800,000	
3. Fixed equipment, not included in B2	0	0	
4. TOTAL CONSTRUCTION COSTS (subtotal)	<u>\$17,424,352</u>	<u>\$12,100,000</u>	
5. Major movable equipment	\$ 450,000	\$ 721,000	
6. Other costs			
a. Administration expense	290,000	90,000	14,834
b. Site Survey, Soils, Materials test	100,000	50,000	26,409
c. Arch/Eng fees	1,000,000	795,000	849,019
d. Other consultation fees	194,000	410,000	
e. Legal fees	50,000	(inc)	
f. Land development & landscaping	(inc)	1,100,000	428,700
g. Permits & assessments	(inc)	(inc)	
h. Additional fees	(inc)	174,000	
i. Contingency	(inc)	980,000	
j. Insurance	(inc)	(inc)	
	(subtotal)	<u>\$ 4,320,000</u>	
7. TOTAL PROJECT COST	\$19,058,352	\$16,420,000	
16. Construction cost per sq. ft.*	241	185	
17. Construction cost per bed	384,728	270,000	
18. Project cost per sq. ft.*	265	257	
19. Project cost per bed	422,917	375,000	
*Square feet	70,158	60,111	



Kodiak Island Hospital

1915 East Rezanof Drive
Kodiak, Alaska 99615

ESTIMATED PROJECT COST, 1989 (Prior to program, code and square footage review)	\$ 19,058,352
TOTAL PAID TO DATE, OF "ESTIMATED"	\$ 1,813,962
KODIAK BOROUGH FUNDS AVAILABLE	\$ 179,000
KODIAK ISLAND HOSPITAL RESERVE FUNDS AVAILABLE	\$ 2,010,000
	<hr/>
	\$ 15,055,390



The following improvements are necessary either to comply with minimum federal standards, or to enhance the quality and efficiency of healthcare delivery for Kodiak residents:

- Asbestos free environment
- Dedicated Outpatient surgery areas.
- Expanded and better-equipped Critical Care facilities.
- Better isolation and infection control.
- More efficient arrangement of patient care departments, with provision for future expansion or renovation.
- Expanded examination and treatment facilities.
- Larger Delivery, Labor and Birthing rooms.
- A new Delivery room with rapid C-section capability.
- Improved access for the handicapped.
- An adequate dining and recreation area for elderly residents of the Intermediate Care Facility.
- Larger operating and recovery areas in surgery.
- Immediate external access to Emergency Services.
- Expanded facilities for Emergency Services, including dedicated hypothermia treatment facilities.
- Improved seismic bracing.
- Compliance with air-handling, heating and electrical system codes.
- Separation of the psychiatric holding area from acute care patient rooms.
- Enlarged Radiology, Pathology, Physical Therapy, Pharmacy and other diagnostic, treatment and support areas
- Provision for delivering emergency patients to the hospital directly by helicopter.

The need: A new Kodiak Island Hospital

Changes in healthcare delivery in Kodiak have been enormous since the existing hospital building was constructed in 1967. Designed to meet the needs of the last generation, there was no way of anticipating such improvements as nuclear medicine, outpatient surgery, respiratory care, family-centered birthing rooms, and special emergency treatments for hypothermia victims, to name just a few.

Accompanying the changes in medical technology and patient demands for new services, have been significant changes in federal and state codes for hospital facilities. In every case, they have become more stringent.

Further investigation revealed that every major patient care area was found to be too small for its intended purpose and because of the design of the existing building, there would be no substantial cost savings by renovating and expanding, rather than replacing the building with a new structure. The new design would provide greater staff efficiency, meet all current codes, and allow for future expansion when needed.

The planning process has been extensive. It has involved the Hospital Advisory Board, the borough's Architectural Review Board, the Hospital Medical Staff, the Planning and Zoning Commission, hospital employees, and area healthcare providers. Each major step in the process involved public meetings and hearings.

A new Kodiak Island Hospital facility has been identified as one of the Borough's and City's top construction priorities in 1988.

A new hospital will provide better care for Kodiak

Although there is no reason to expect the rate of change in healthcare to diminish-- and we certainly hope improvements continue-- the new hospital facility is designed to meet Kodiak's needs to the year 2000. Unlike the existing facility, the capability to accommodate future renovation and expansion is built into the design.

Immediate benefits will be: expanded facilities for all diagnostic treatment and support services. The design will encourage more efficient utilization of staff. It provides state-of-the-art facilities for outpatient surgery, diagnostic and treatment procedures, obstetrical services, emergency treatments, critical care, and hypothermia treatment.

Because of our isolation from urban medical centers, Kodiak must be able to meet a wider variety of its medical needs than other communities our size. The new hospital will be a giant stride toward that goal.

KODIAK ISLAND HOSPITAL AND CARE CENTER

WHY IS THERE A NEED FOR A REPLACEMENT HOSPITAL?

Two independent studies have been completed and both state that it would be virtually the same cost to build as to remodel and expand the present facility.

The present building was constructed with asbestos as an insulator on the heating system pipes throughout the building. Cost estimates done 4 years ago indicate a cost in excess of \$2,000,000 to remove the asbestos.

The present facility has major deficiencies under current licensing codes: 66 deficiencies under Department of Health and Human Services, 9 deficiencies under the 1980 Handicapped Access Code.

There are severe problems in providing for storage of such necessary equipment as wheelchairs, patient carts and emergency equipment.

Currently, the only place to store them is in the hallways. This is unacceptable to the Fire Marshall.

Ventilation is very inadequate throughout the present building. We have been cited by the state for excessive temperatures in Surgery, Central Processing, Laboratory, Radiology, acute patient rooms and the delivery area. There is no way, with the present system, to provide air conditioning or cooling to any of these areas. We are installing a C.T. Scanner in June. Due to the lack of proper ventilation and place to physically locate the machine, we are having to purchase a modular building and attach it to the hospital for the placement of this equipment.

Traffic flow problems are very evident, especially with the large increase in outpatient care we are currently delivering. There is one main waiting room for the hospital, inside the front door. There are no waiting areas for patients, or families, for Radiology, Laboratory, Emergency Room, Physical Therapy, Respiratory Therapy or outpatient Surgery.

Kodiak Island Hospital is a very active and growing facility. Since 1986, our average daily census of inpatients has increased 15%, our Emergency Room patients have increased 122% and our outpatient treatments have increased 76%.

Our service area is approximately 113,386 miles, an area equal in size to the states of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut and New York.

The population served by Kodiak Island Hospital goes well beyond the approximately 15,500 residents of Kodiak Borough. There are 30 factory ships with about 2,500 people, 30 to 40 mud boats with approximately 200 people, 130 joint venture trawlers and soon we will have a 400 foot factory ship with 300 individuals on it. In addition to this, add the commercial fishing fleet of 1,200 vessels.

Kodiak Island Borough has a high quality and capable Medical Staff. There are 8 Family Practice Physicians, 1 Internist, 1 General Surgeon, 1 Radiologist and Emergency Room Physicians practicing at Kodiak Island Hospital and Care Center.

Due to the nature of fishing, there is a greater potential for serious injuries that must be treated immediately. Hypothermia is a major concern of the fishing fleets. We currently have the equipment and expertise to treat this life threatening condition, but, there is no dedicated area of treatment. The various pieces of equipment are stored in various locations throughout the building.

Kodiak Island Borough has already purchased the land for the new facility and has completed the site construction work for the new hospital.

The design and construction blueprints are complete, have been approved by the state, and we could bid and be under construction within 4 months of funding.

This project would be of economic benefit not only to Kodiak Borough but also to the Anchorage area where a great number of the specialized construction workers for a project of this scope would be drawn from.

The construction of this facility will not increase the operating costs of Kodiak Island Hospital and Care Center. In fact, there will probably be a slight reduction in operating costs due to design efficiency, ability to offer greater range of services without staff increases and energy efficiency.

The trend in seafood consumption is not a fad. Americans, as well as people around the world have recognized the advantages in increased seafood consumption. Protein is the key issue. Where we live is one of the richest protein sources in the world. But, this comes at a price. As the canneries continue to expand, so do the number of accidents that occur in the areas of deep lacerations, tendon damage and orthopedic injuries.

A replacement hospital will provide:

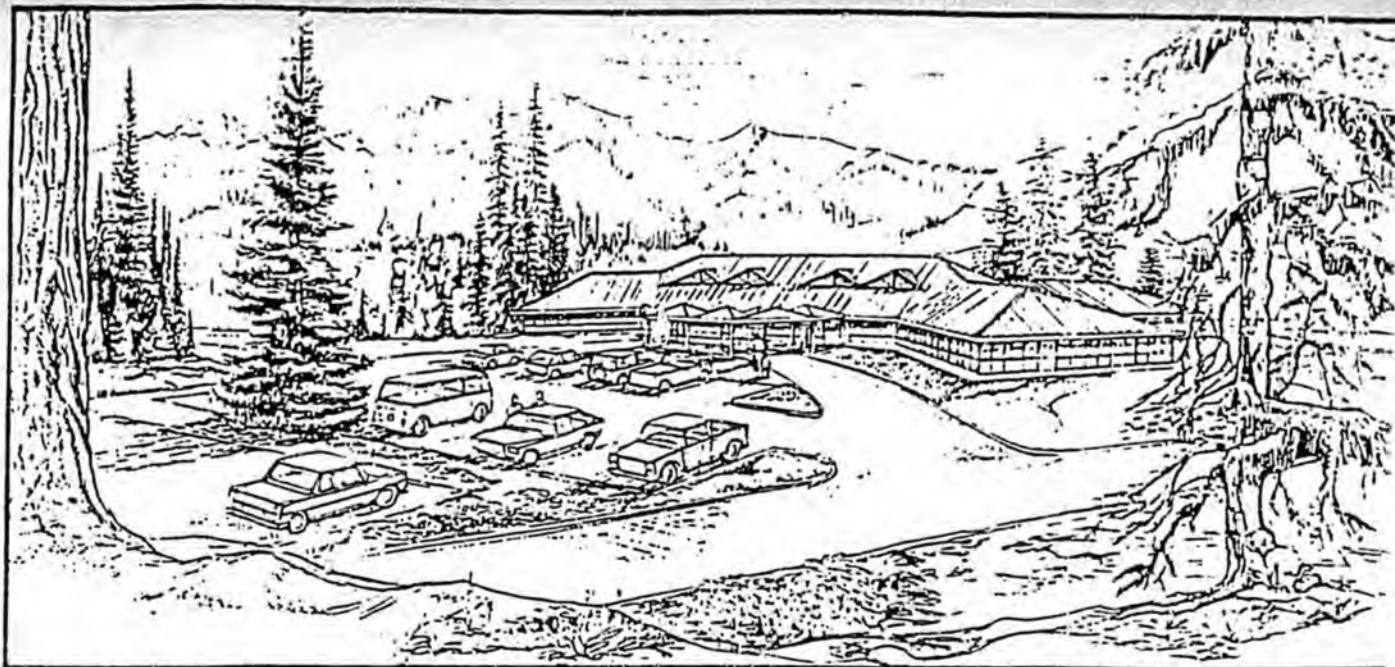
- Efficiently designed space for each department.
- A controllable plan which provides for ease of service to patients, families, the public and staff with security without an overburdening increase in staff members.
- Will comply with state and federal regulations and codes.
- Will be able to handle current and projected population growth and the resultant population and industrial demands and pressures.
- Better capabilities to handle multiple trauma, increasing Emergency Room volume, an increasing outpatient service requirements and the increasing inpatient volume we have been experiencing the past years.
- Bids for construction will favor Alaskan contractors, which will help support other business sectors in Alaska and keep Alaskan money in Alaska. This will also help employ more Alaskans.

Kodiak is an isolated island that has inherent problems attracting professionals as well as the problems of access many days of the year. In order to attract top quality physicians and medical personnel, we need a state-of-the-art facility.

A recent review of programs and plans by a major healthcare architect firm stated, "In our opinion, there is almost no excess space or "fat" in this project. We do not see any area where square footage can be "squeezed" out of the hospital plan with the existing programmatic functions still remaining intact."

Kodiak Island Hospital Replacement
Updated Cost Estimate
January 1, 1988

Item	Aug. 21, 1985 . Cost Estimate	Current Estimate	
1. New construction	\$11,880,000	\$14,428,000	inflation cost increase
2. Site work	850,000	484,500	contract in progress
3. Landscaping	250,000	250,000	
4. Mechanical balancing	40,000	30,000	
5. Contingency (7.5%)	980,000	581,000	
6. Site Acquisition	300,000	495,000	completed
7. Architect/Engineering Fees	1,248,000	1,200,000	\$569,643 of contract complete
8. Special inspections	42,000	42,000	
9. Site survey	10,000	10,000	
10. Moveable equipment	1,000,000	1,000,000	\$224,000 purchased and in use at KIHospital
Total	\$16,600,000	\$18,520,500	
Funded to date		\$ 2,259,710	\$1,969,704 expended or contracted
Balance needed		\$16,260,790	
Additional KIB funds		\$ 2,260,790	
Balance Requested from St of AK		\$14,000,000	



NEW FACILITY SQUARE FOOTAGE

64,211 SQ. FT.

SERVICE AREA COVERED

113,386 SQUARE MILES.
 THE APPROXIMATE SIZE OF MAINE,
 NEW HAMPSHIRE, VERMONT,
 MASSACHUSETTS, RHODE ISLAND,
 CONNECTICUT, & NEW YORK.

**SERVICES OFFERED AT
 KODIAK ISLAND HOSPITAL & NURSING HOME**

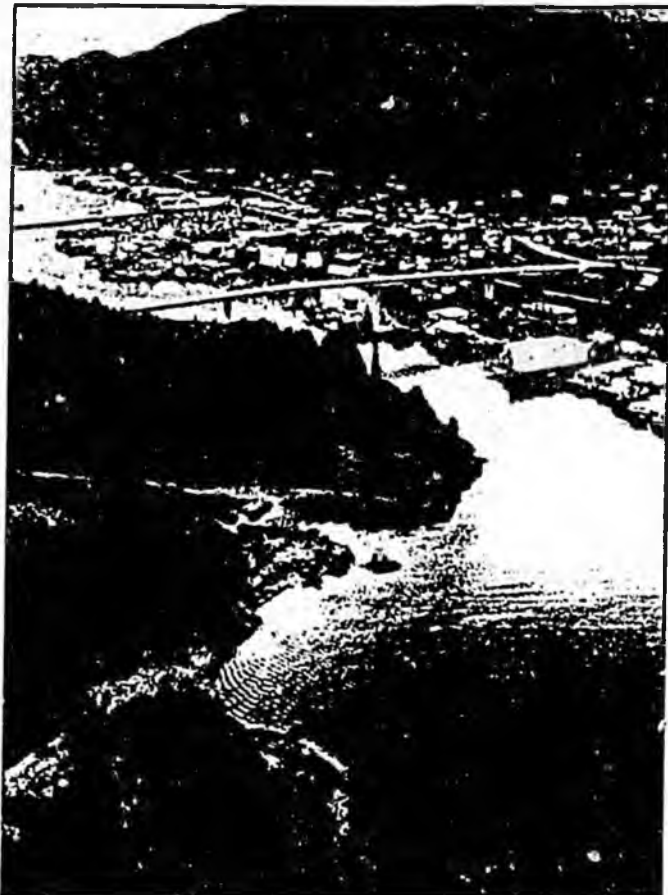
- | | |
|----------------------|-------------------------------|
| -Medical/Surgical | -Laboratory |
| -Newborn Nursery | -EKG |
| -Pediatrics | -Ultrasound |
| -Obstetrics | -X-ray |
| -Intensive Care Unit | -Pharmacy |
| -Respiratory Care | -Physical Therapy |
| -Labor/Delivery | -Speech Therapy |
| -Surgery | -Activities |
| -Recovery Room | -Social Services |
| -Emergency Room | -Intermediate
Nursing Care |

The following improvements are necessary either to comply with minimum federal standards, or to enhance the quality and efficiency of healthcare delivery for Kodiak residents:

- Asbestos free environment
- Dedicated Outpatient surgery areas.
- Expanded and better-equipped Critical Care facilities.
- Better isolation and infection control.
- More efficient arrangement of patient care departments, with provision for future expansion or renovation.
- Expanded examination and treatment facilities.
- Larger Delivery, Labor and Birthing rooms.
- A new Delivery room with rapid C-section capability.
- Improved access for the handicapped.
- An adequate dining and recreation area for elderly residents of the Intermediate Care Facility.
- Larger operating and recovery areas in surgery.
- Immediate external access to Emergency Services.
- Expanded facilities for Emergency Services, including dedicated hypothermia treatment facilities.
- Improved seismic bracing.
- Compliance with air-handling, heating and electrical system codes.
- Separation of the psychiatric holding area from acute care patient rooms.
- Enlarged Radiology, Pathology, Physical Therapy, Pharmacy and other diagnostic, treatment and support areas.
- Provision for delivering emergency patients to the hospital directly by helicopter.

CITY OF KODIAK

KODIAK ISLAND BOROUGH



THE SETTING

The Island of Kodiak sits at the crossroads of the world's most productive fishing grounds. The City of Kodiak is located near the northeastern tip of Kodiak Island in the Gulf of Alaska, south of Cook Inlet and the Kenai Peninsula. Kodiak is 45 minutes by air from Anchorage and just over three hours' flight time from Seattle.

The Alaska State Ferry, M/V Tustumena, connects Kodiak with Port Lions and communities of the Kenai Peninsula. The City of Kodiak is the economic, transportation and governmental center of the Kodiak Island Borough. 770 commercial fishing vessels are homeported in the Port of Kodiak and 123 vessels are homeported in communities close to Kodiak. Nearly 120 vessels based in Kodiak are 80 feet or larger, making Kodiak not only Alaska's largest fishing port but also the center for Alaska-based large trawl, longline and crab vessels.

THE PEOPLE

	1982	1988
City of Kodiak	5,873	6,774
Akhiok	103	123
Larsen Bay	180	169
Old Harbor	355	380
Ouzinkie	233	204
Port Lions	291	296
Karluk	102	107
Other Areas	5,577	7,522
KIB	12,714	15,575

The Borough has experienced an average annual growth in population of 2% since 1982. This does not reflect the large number of transient workers who come to Kodiak each summer to work in the fishing industry. In July 1988 the Alaska Department of Labor reported that there was a Borough-wide work force of 6,878 and an unemployment rate of 3.1 (as compared to the statewide rate of 7.6 for the same period).

CLIMATE

Kodiak Island residents enjoy generally mild coastal weather patterns with moderate precipitation and occasional high winds.

Average annual rainfall:74.2 inches

Average annual snowfall:34.5 inches

Prevailing wind direction:Northwest

Mean hourly wind speed:10.7 mph

Average Temperatures.
(reported in Fahrenheit)

	min.	mean	max.
January	-8	31.9	54.0
July	37.0	53.7	82.0
October	10.0	41.2	62.0

LOCAL BUSINESS PROFILE

The retail and service business sectors in the City of Kodiak are fully developed. A full range of support services are readily available for the fishing and visitor industries, which are the main source of income in the community. Local residents and visitors have a good selection of merchandise to fill their needs. Local retailers are committed to quality, service and customer satisfaction. Most statewide financial institutions have branch offices located in Kodiak. Auto dealers offer a full range of new and used automobiles. There are 250 hotel rooms available for conventioners, with several restaurants, meeting rooms and banquet facilities.

The Kodiak Chamber of Commerce and the Kodiak Island Convention and Visitors Bureau are organizations which are readily available to provide a wide range of information and services to the visitor, new resident or potential business to the community.

MARINE FACILITIES

The City of Kodiak provides public dock facilities. Stevedoring services are contracted to Sea-Land Service. Municipal Marine facilities include:

Pier I/Ferry Dock: 204' x 28'
Use: mooring, loading and unloading.
Services: water, bulk fuel.

Pier II/City Dock: 360' x 64'
(Extension is under construction that will increase Pier II to 860' Bollard to Bollard.) Harbor depth in excess of 30' and tides range approximately 10'.
Use: loading/unloading of commercial freight.
Services: Bulk fuel, water, covered warehouse, 20 & 90 ton cranes and forklifts.

Pier III/Container Terminal: 490' x 64' (880' Bollard to Bollard).
Use: Container service: for general cargo.
Services: Water, 30 ton Gantry crane.

Small vessel moorage include:

Two Small Boat Harbors:
With 600 stalls; maximum vessel length, 120'.

Mooring Buoys: St. Paul and St. Herman Harbors.

Tariffs, rules and regulations applying to the use of docks and related facilities are available from the Harbor-master at (907) 486-5438. Additionally, waterfront processors have extensive private docking facilities.

Lash Corporation is developing and operating a dock facility at Womens Bay that has a 130' x 40' wide tide grid. Additional services include warehousing, storage yard, 40 to 150 tons crane service, trucking, fuel and water.

T. T. Fuller's Boat Yard in Kodiak has recently completed installation of its 150 ton Marine Travel Lift. This will greatly enhance Kodiak's abilities to provide ship repair services.

TRANSPORTATION

Air Services: The Kodiak State Airport has three paved runways: 7,500, 5,400 and 5,000 feet, with FAA tower services. Regular scheduled services are provided by ERA Aviation, MarkAir, Peninsula Airways; charter services are also available.

There is a Municipal Airport with a 2,883 foot gravel runway. The City has plans to pave this airstrip. No tower services are available.

Floatplane Facilities: A private fresh water facility is at Lilly Lake, adjacent to the municipal airport. The public saltwater facility is located at St. Paul Harbor.

Bus/Taxi/Car Rental:

Airporter Bus: \$5 per person.

Cab: Approximately \$10 airport to town.

Auto Rentals: Five companies.

Highways: The major highway in the Kodiak Island area follows the coastline of the island from Cape Chiniak on the south through the City of Kodiak, and north to Mill Bay and terminates at Monashka Bay.

Rail: None.

Trucking: Alaska Transfer & Storage, Sea-Land, Kodiak Transfer.

Water: Passenger, vehicle and cargo service by the M/V Tustumena, operated by the Alaska Marine Highway System connecting Kodiak to the mainland road system via Seward and Homer, with occasional runs to Dutch Harbor, stopping at Chignik, Sand Point, King Cove and Cold Bay.

Cargo Carriers: Sea-Land Service, American President Lines, Samson Tug & Barge; others make periodic visits.

COMMUNICATIONS

Postal Service: Kodiak is served by a local main post office, a downtown branch, a branch on the U.S. Coast Guard Support Center, and the Chiniak community post office. Door-to-door delivery is available to the business community within the city. Cluster boxes are utilized in the neighborhoods.

Television: The State of Alaska Television Network, Channel 9, is received by most local residents. Cable television connections are available to over 2,400 residences and apartment units. Service is widely available, except to those south of the Coast Guard Station in Bells Flats and to Chiniak. Kodiak College broadcasts on Channel 11.

Radio: Programming in Kodiak is transmitted and received from KVOK-AM/KJJZ-FM and KMXT-FM Public Broadcasting. Also, KWAVE-FM/KPEN-AM from Homer and Moody Broadcasting Network is received via satellite.

Newspapers: Local publications include the Kodiak Daily Mirror (five days per week) and Kodiak Fisherman (monthly). State and national news publications are also available.

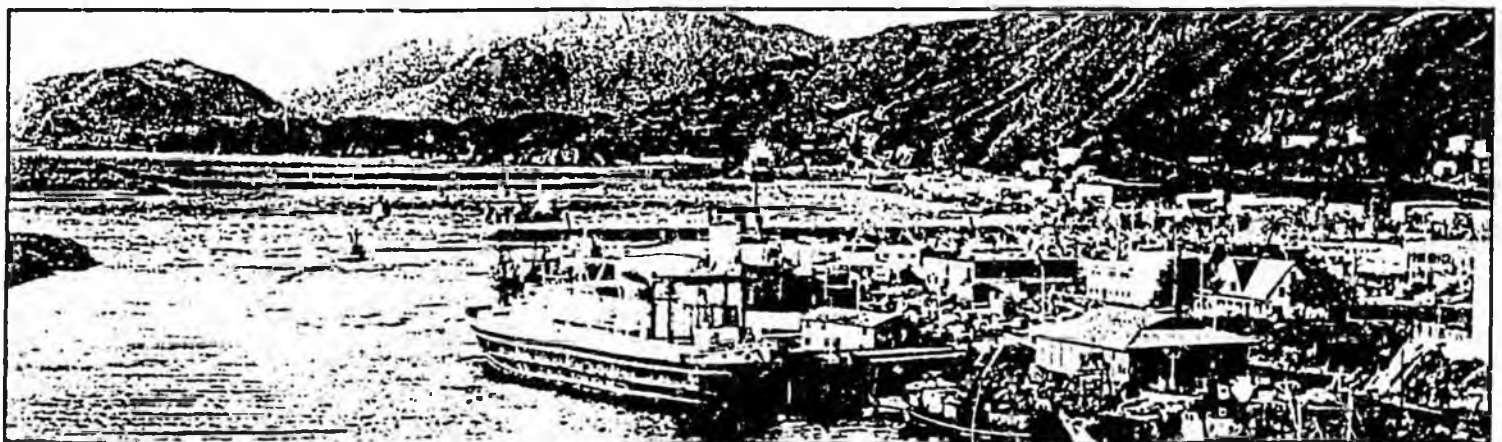
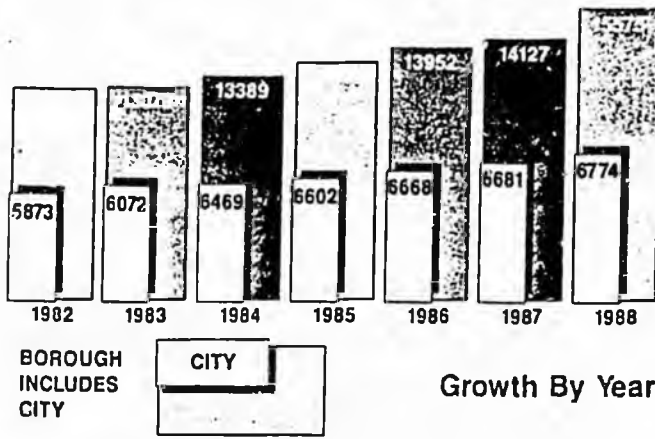


PHOTO: MARION STIRRUP

**KODIAK ISLAND
1982-1988 POPULATION FIGURES**



GOVERNMENT SERVICES

The City of Kodiak is a Home Rule City with an elected Mayor and Council, which employs a City Manager. The City of Kodiak and Alaska State Troopers provide police protection for the island residents. Fire protection is provided by the City of Kodiak, Bayside Fire Department and Womens Bay Fire Department. The 13 City firefighters are also certified Emergency Medical Technicians; the City also has a nine-member dive/rescue team. The City maintains a public library, nine developed public parks and a campground with shower and restroom facilities.

The Kodiak Island Borough, (KIB) is a Second Class Borough with an elected strong Mayor and Assembly form of government. The KIB has 15 recreational facilities spread over 223 acres, and a boat launch located at Anton Larsen. The City of Kodiak and the KIB both provide animal control officers and facilities.

The State of Alaska maintains three State Parks on the road system which are favorite recreation spots. These are Ft. Abercrombie, Buskin River and Pasagshak.

The State also provides a wide range of public service agencies in the Kodiak area including:

- Department of Fish and Game*
- Health and Social Services*
- Employment Center*
- Legislative Information*
- District Attorney*
- Public Defender*
- Vocational Rehabilitation*
- Department of Corrections*
- Adult Probation & Parole*
- Environmental Conservation*
- Alaska State Court System*
- Community & Regional Affairs*
- National Guard*
- SW District Parks Division*
- Dept. of Transportation & Public Facilities*

Additionally in Kodiak, the University of Alaska has offices for:

- Cooperative Extension Service*
- Fisheries Industrial Technology Center and Marine Advisory Program*

The federal government has local offices and personnel for:

- National Marine Fisheries Service*
- National Weather Service*
- Federal Aviation Administration*
- Kodiak National Wildlife Refuge on Kodiak*

The USCG Fire Department provides Crash/Fire/Rescue services to the Kodiak State Airport to maintain its FAA certification.

TAX ASSESSMENTS

The 1988 assessed value of residential, commercial and personal property in the Kodiak Island Borough totaled \$428.8 million.

- City —
 - Real Property* 2.0 mills
 - Personal* 0
 - Sales Tax* 5%
 - Transient Room* 5%
- Borough —
 - Real Property* 4.50 mills
 - Personal* 4.50 mills
 - Sales Tax* 0
 - Transient Room* 0

One percent of the five percent sales tax is dedicated to road improvements; one percent is dedicated to harbor improvements.

The City assesses tariffs on goods transferred over the municipal docks. In FY 87-88 the following wharfage and handling fees were generated at Piers I, II and III, which are used for harbor maintenance and improvements.

- Piers I & II* \$7,769.35
- Pier III* \$42,702.50

Dockage also generates revenues for the operation of the harbor facilities. In FY 87-88 dockage at Piers I & II generated \$4,791.51 and \$5,644.67 at Pier III.

HEALTH CARE

Health Systems Management Company operates the hospital facility in Kodiak, under contract to the Kodiak Island Borough. There is a 25-bed acute care facility offering obstetrics, emergency care, surgery, intensive and coronary care. Connected to the hospital is a 19-bed intermediate care facility offering 24-hour nursing services. Community health care providers include physicians, chiropractors, dentists, optometrists, pharmacists, registered nurses, public health care nurses, physician assistants, respiratory, speech and physical therapists.

The Kodiak Area Native Association contracts with the Bureau of Indian Affairs to provide health care services to Native Americans in Kodiak and outlying villages.

LAND OWNERSHIP / DEVELOPMENT POTENTIAL

The Kodiak Island Borough has 3,200,060 acres within its boundaries. The KIB recently annexed an area of approximately 12,000 square miles of land and water. Ownership in the area is constantly changing. Of this acreage, it is estimated that ownership is represented:

- Federal* 1,680,000 acres
- Native Corp* 935,480
- State* 482,580
- Local Gov.* 70,000
- Private* 32,000

Less than 1% is in private ownership.

The City of Kodiak owns 280 acres of land on Near Island, which is accessed by bridge and is the future site of the Fisheries Industrial Technology Center for the University of Alaska, Fairbanks. St. Herman Harbor has 331 slips for vessels up to 120'. The Kodiak Area Native Association has acquired a Near Island site for a proposed cultural heritage museum.

HOUSING

In FY 88 there were an estimated 2,330+ residential units (including mobile homes, but excluding Coast Guard base housing) in the Kodiak Urban Area. Another estimated 445 residential units are located in more remote settings of Kodiak Island. Several fish processors operate bunk houses for their workers, some which offer cafeteria services. Several local real estate firms offer the newcomer assistance with their housing needs.

VILLAGES

COMMUNITY LIFESTYLE

There are over 17 active churches representing many denominations in Kodiak. These include:

*Russian Orthodox
Catholic
Baptist
Evangelical*

Many Kodiak residents express their generous nature through participation in the many service and non-profit organizations in the area. These include:

*American Legion
American Red Cross
Elks Club
Filipino-American Assn.
4-H
Kiwanis
Kodiak Council on Alcoholism
Kodiak Crimestoppers
Lions
Pioneers of Alaska
Rotary
Salvation Army
Special Olympics
Veterans of Foreign Wars
Young Life
Youth Scouting Programs*

Recreation: Outdoor activities are enjoyed year-round by both local residents and visitors. Topping the list are hunting, fishing, hiking and camping. The area offers guides, lodges and air taxi services to help individuals take advantage of what the area has to offer. Adult and youth sporting activities are organized seasonally for volleyball, basketball and softball. There are two, ten-lane bowling alleys in town and on the Base; a 300-seat movie theater; teen center with two racquetball courts. Also, the community residents have access to the high school swimming pool and school gymnasiums for recreational activities. There are figure toning salons and a Nautilus Fitness Center. Annual events for community fun and celebration are the Crab Festival in May and State Fair and Rodeo each August. The Cry of the Wild Ram is an outdoor drama produced each August by the Kodiak Arts Council. The Council also sponsors several concerts and stage plays for community enjoyment. Dancing to live bands can be enjoyed at several local night spots.

COMMUNITY PROFILE	Akhiok	Karluk	Larsen Bay	Old Harbor	Ouzinkie	Port Lions
Population	123	107	169	380	204	296
Air Strip	YES	YES	YES	YES	YES	YES
Alaska Marine Highway Service	NO	NO	NO	NO	NO	YES
Community Hall	YES	YES	YES	YES	YES	YES
Community Septic System	YES	YES	YES	YES	YES	YES
Community Store	NO	NO	YES	YES	YES	YES
Electric Service	YES	YES	YES	YES	YES	YES
Library	YES	YES	YES	YES	YES	YES
Medical Clinic	YES	YES	YES	YES	YES	YES
Municipal Boat Harbor	NO	NO	YES	YES	NO	YES
Municipal Water	YES	YES	YES	YES	YES	YES
Public Safety Officer	YES	YES	YES	YES	YES	YES
Scheduled Air Service	YES	YES	YES	YES	YES	YES
School	YES	YES	YES	YES	YES	YES
Seafood Processing	NO	NO	YES	NO	NO	NO
Second Class City	YES	NO	YES	YES	YES	YES
Telephone Service	YES	YES	YES	YES	YES	YES
Tribal Council	YES	YES	YES	YES	YES	YES
U.S. Post Office	NO	YES	YES	YES	YES	YES
Visitor Lodging	NO	YES	YES	NO	NO	YES

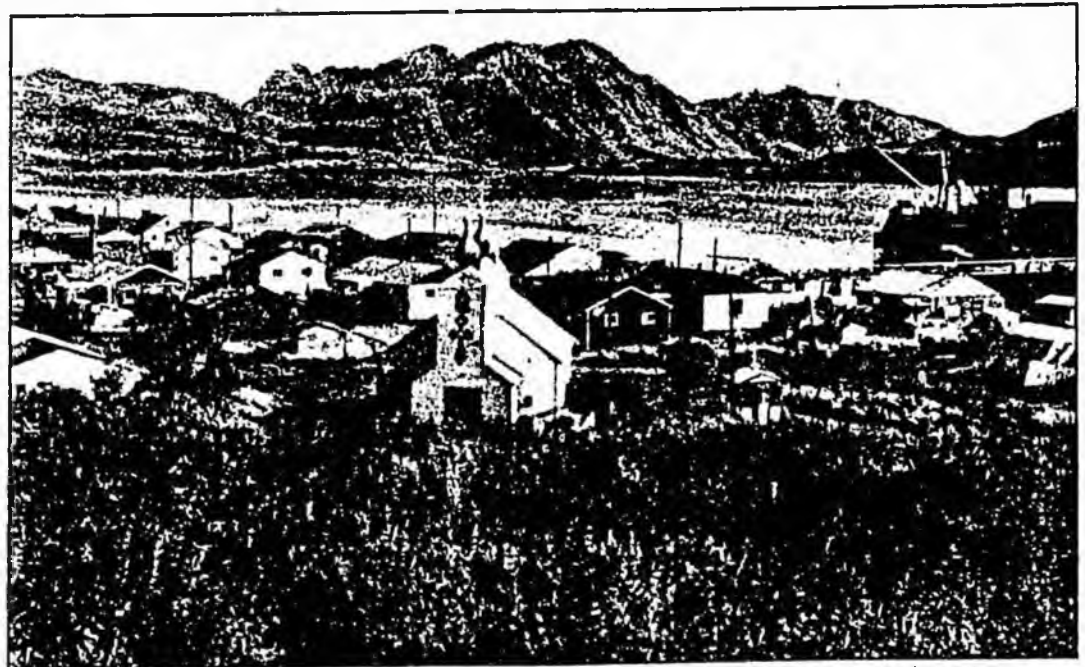


PHOTO: KODIAK AREA NATIVE ASSOCIATION

For additional community information contact:

City of Kodiak
P.O. Box 1307
Kodiak, Alaska 99615
(907) 486-3221

Kodiak Chamber of Commerce
P.O. Box 1485
Kodiak, Alaska 99615
(907) 486-5557

Kodiak Island Borough
710 Mill Bay Road
Kodiak, Alaska 99615

Kodiak Island Convention and Visitors Bureau
100 Marine Way
Kodiak, Alaska 99615

Information provided by:

Alaska Department of Labor
Chris Bublitz, F. TC
City of Kodiak
Kodiak Chamber of Commerce
Kodiak Island Borough
U.S.C.G. Support Center

This profile has been prepared by the Kodiak Chamber of Commerce with assistance from the Kodiak Island Borough and the City of Kodiak, January 1989.





ABOUT OUR HOSPITAL

Kodiak Island Hospital (KIH/CC) is a 25 patient bed acute care hospital with an attached 19 bed intermediate care center. *Our mission is to provide the best medical care possible in a remote, rural setting.* Included in the acute care facility is an OB suite, including labor and delivery rooms, nursery, and a birthing room. We have one OR suite and a 2 patient bed PAR. The hospital maintains a busy emergency room which services not only the Kodiak populations, but many of the injured off foreign fishing vessels. A 2 patient bed ICU-CCU handles our critically ill patients with central monitoring equipment with the capability of a 4 patient telemetry system. Recently we finalized plans for the installation of a C.A.T. Scanner.

Our ancillary services have trained staff and current equipment to provide excellent support for inpatient and outpatient surgery, laboratory, X-ray and Ultrasound, physical therapy, respiratory therapy, speech therapy, and social services. Kodiak Island Hospital is a busy, well equipped, and growing facility serving the people of Kodiak and the Western Gulf region.

COMMUNITY

Kodiak Island is approximately 100 miles long and 50 miles wide. It is one of the 16 major islands which form the Kodiak Archipelago, stretching through 10,500 square miles on the western edge of the Gulf of Alaska. Our climate is mild due to the Japanese current surrounding the island. Much of Kodiak Island is a natural wildlife refuge; uninhabited and accessible only by plane or by hiking from one of the seven native villages. Outdoor activities are unlimited and are one of the major attractions of Kodiak. Superb fishing and hunting are available year round.

Kodiak Island has a population of approximately 15,000, (City of Kodiak approximately 7,000), with much of economy centered around the fishing industry. Highlights of community life include

the Kodiak Crab Festival, the annual production of the Cry of the Wild Ram, and many functions at our new auditorium for the performing arts. The *Ram* is an historical Russian play in which much of the community participates. The local Community College offers a wide variety of academic and craft classes, many available for college credit.

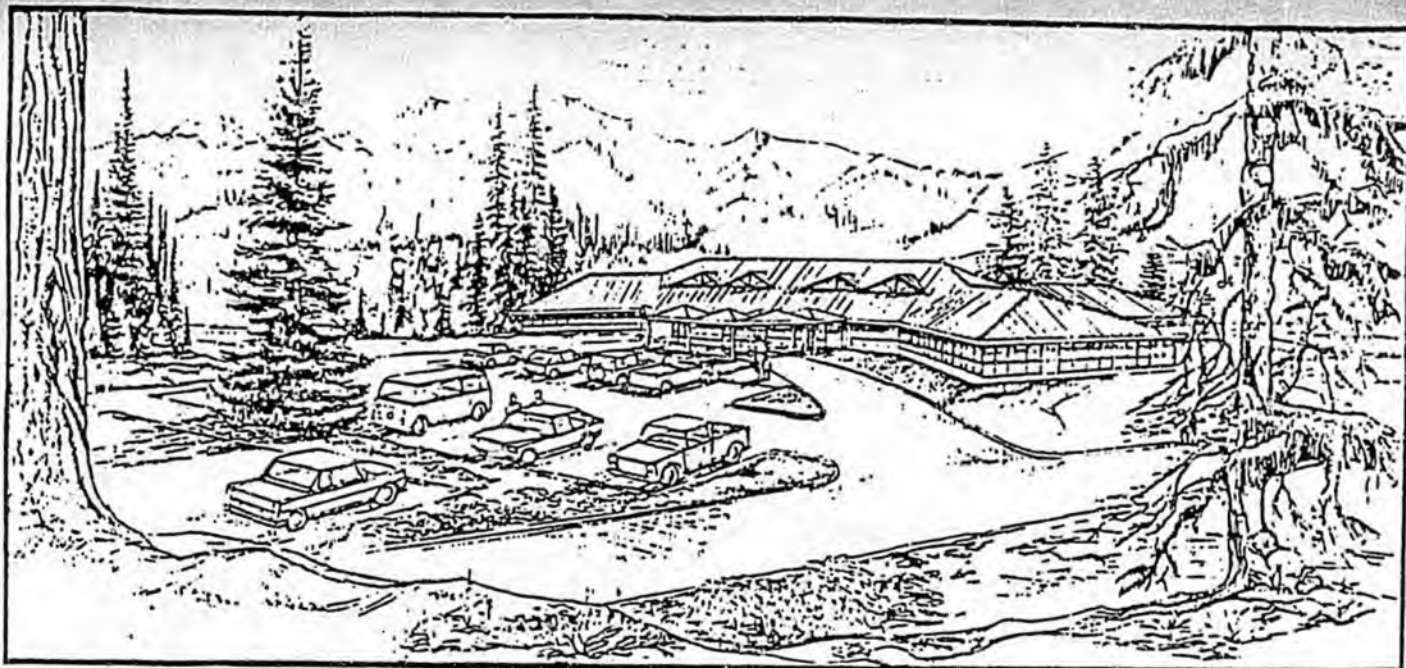
Kodiak health providers include our facility-KIH/CC, five private physician clinics, an active public health Center, a Women's Resource and Crisis Center with an active Crisis Line, a Mental Health Center, an Alcoholism Treatment Program, and Kodiak Area Natives Association Clinic which provides care to the Kodiak Native population.

MEDICAL STAFF

Our progressive medical staff consists of 10 active physicians. Physicians join the hospital medical staff through a credentialing process and are not employees of the hospital, but independent practitioners. 8 members are Family Practitioners, 1 internist, and 1 General Surgeon. Our community supports five independent clinics for the 10 active physician members on our staff. We have 16 physicians on staff with courtesy privileges as follows: 2 ophthalmologists, 1 orthopedic surgeon, 1 anesthesiologist, 1 OB/GYN, 4 radiologists, 1 rehab medicine, 1 psychiatrist, 1 dentist, 1 cardiologist, 1 general surgeon, 1 podiatrist, and 1 pathologist. We have a radiologist in-house full time during the work week, with his office within the facility. Our emergency room is staffed with an ER physician on weekends; we plan to have a full time ER physician in the future. We would be glad to put you in contact with our present Chief of Staff to further discuss your interests in joining our medical team.

TRANSPORTATION

Several modes of transportation are available to and from the island. The island has two commercial airlines with flights every day to and from Anchorage. In addition, the Alaska Marine Highway System serves Kodiak several days a week via ferry -- the *Tustumena*.



NEW FACILITY SQUARE FOOTAGE

64,211 SQ. FT.

33,600 sq ft - present
 Expanded: P.T., Lab, Radio, 2 O.R.'s, 2 Trauma
 Beds: same rooms

SERVICE AREA COVERED

113,386 SQUARE MILES.
 THE APPROXIMATE SIZE OF MAINE,
 NEW HAMPSHIRE, VERMONT,
 MASSACHUSETTS, RHODE ISLAND,
 CONNECTICUT, & NEW YORK.

**SERVICES OFFERED AT
 KODIAK ISLAND HOSPITAL & NURSING HOME**

- | | |
|----------------------|-------------------------------|
| -Medical/Surgical | -Laboratory |
| -Newborn Nursery | -EKG |
| -Pediatrics | -Ultrasound |
| -Obstetrics | -X-ray |
| -Intensive Care Unit | -Pharmacy |
| -Respiratory Care | -Physical Therapy |
| -Labor/Delivery | -Speech Therapy |
| -Surgery | -Activities |
| -Recovery Room | -Social Services |
| -Emergency Room | -Intermediate
Nursing Care |

The following improvements are necessary either to comply with minimum federal standards, or to enhance the quality and efficiency of healthcare delivery for Kodiak residents:

- Asbestos free environment
- Dedicated Outpatient surgery areas.
- Expanded and better-equipped Critical Care facilities.
- Better isolation and infection control.
- More efficient arrangement of patient care departments, with provision for future expansion or renovation.
- Expanded examination and treatment facilities.
- Larger Delivery, Labor and Birthing rooms.
- A new Delivery room with rapid C-section capability.
- Improved access for the handicapped.
- An adequate dining and recreation area for elderly residents of the Intermediate Care Facility.
- Larger operating and recovery areas in surgery.
- Immediate external access to Emergency Services.
- Expanded facilities for Emergency Services, including dedicated hypothermia treatment facilities.
- Improved seismic bracing.
- Compliance with air-handling, heating and electrical system codes.
- Separation of the psychiatric holding area from acute care patient rooms.
- Enlarged Radiology, Pathology, Physical Therapy, Pharmacy and other diagnostic, treatment and support areas.
- Provision for delivering emergency patients to the hospital directly by helicopter.



Kodiak Island Borough

KODIAK ISLAND BOROUGH POPULATION FIGURES

The following figures are the certified population figures resulting from the 1982 Kodiak Island Borough Special Census, the certified 1983, 1984, 1985, 1986 and 1987 Revenue Sharing Population figures.

	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
City of Kodiak	5,873	6,072	6,469	6,602	6,668	6,681
City of Akhiok	103					109*
City of Larsen Bay	180					217*
City of Old Harbor	355					380*
City of Ouzinkie	233					235*
City of Port Lions	291					302*
Village of Karluk	102					102
Service District #1	1,853					
Chiniak Area	185	5,146	5,059**	5,285	5,423	5,585
Womens Bay	521					
U.S.C.G. Base	1,995					
Monashka Bay (beyond Service District #1)	426					
Remainder of Borough	597					597
TOTALS	12,714	13,079	13,389	13,748	13,952	14,127*

* These figures have been certified by the Alaska Department of Community and Regional Affairs. The column does not add up as the State certified the village figures independently of the figures for the Kodiak Island Borough. The total Borough population should therefore be 14,208.

** Loss of population due to annexations of property by the City of Kodiak. The population affected by the annexations was 214 people.

These population figures were adopted on October 8, 1987, by the City of Kodiak and by the Kodiak Island Borough on October 1, 1987.



WE ARE READY TO BUILD

Kodiak Island Hospital serves as the "HUB" for the North Pacific Fish Fleet and canneries, in addition to the whole Kodiak Island Borough. (see attached map). Kodiak Island Hospital and the Borough have taken the initiative in:

- Obtaining Certificate of Need Approval
- Finalizing Architecture plans
- Purchasing land for new hospital/ Nursing Home
- Clearing of land for new site development

We are ready to build! With Alaskan based contractors!

AMOUNT ALLOCATED TOWARD PROJECT TO DATE

Revenue from State

--Design	\$1,000,000
--Site Work	111,900
--Construction	800,000

Revenue from Borough

--General Fund	\$123,810
--Land	495,000

Expenditures:

--Mills, John, Rigdon	\$569,643
--Land Purchase	495,000
--Site work	44,500

AMOUNT NEEDED TO COMPLETE

--Community's contribution	\$2,261,000
--Amount needed from state	\$14,000,000

The need: A new Kodiak Island Hospital

Changes in healthcare delivery in Kodiak have been enormous since the existing hospital building was constructed in 1967. Designed to meet the needs of the last generation, there was no way of anticipating such improvements as nuclear medicine, outpatient surgery, respiratory care, family-centered birthing rooms, and special emergency treatments for hypothermia victims, to name just a few.

Accompanying the changes in medical technology and patient demands for new services, have been significant changes in federal and state codes for hospital facilities. In every case, they have become more stringent.

Further investigation revealed that every major patient care area was found to be too small for its intended purpose and because of the design of the existing building, there would be no substantial cost savings by renovating and expanding, rather than replacing the building with a new structure. The new design would provide greater staff efficiency, meet all current codes, and allow for future expansion when needed.

The planning process has been extensive. It has involved the Hospital Advisory Board, the borough's Architectural Review Board, the Hospital Medical Staff, the Planning and Zoning Commission, hospital employees, and area healthcare providers. Each major step in the process involved public meetings and hearings.

The new Kodiak Island Hospital project meets the Governor's Capital Projects criteria and has been identified as one of the Borough's and City's top construction priorities in 1988.

A new hospital will provide better care for Kodiak

Although there is no reason to expect the rate of change in healthcare to diminish-- and we certainly hope improvements continue-- the new hospital facility is designed to meet Kodiak's needs to the year 2000. Unlike the existing facility, the capability to accommodate future renovation and expansion is built into the design.

Immediate benefits will be: expanded facilities for all diagnostic treatment and support services. The design will encourage more efficient utilization of staff. It provides state-of-the-art facilities for outpatient surgery, diagnostic and treatment procedures, obstetrical services, emergency treatments, critical care, and hypothermia treatment.

Because of our isolation from urban medical centers, Kodiak must be able to meet a wider variety of its medical needs than other communities our size. The new hospital will be a giant stride toward that goal.

FINANCIAL INFORMATION

Kodiak Island Hospital Replacement
Updated Cost Estimate
January 1, 1988

Item	Aug. 21, 1985 Cost Estimate	Current Estimate	
1. New construction	\$11,880,000	\$14,428,000	inflation cost increase
2. Site work	850,000	484,500	contract in progress
3. Landscaping	250,000	250,000	
4. Mechanical balancing	40,000	30,000	
5. Contingency (7.5%)	980,000	581,000	
6. Site Acquisition	300,000	495,000	completed
7. Architect/Engineering Fees	1,248,000	1,200,000	\$569,643 of contract complete
8. Special inspections	42,000	42,000	
9. Site survey	10,000	10,000	
10. Moveable equipment	1,000,000	1,000,000	\$224,000 purchased and in use at KiHospital
Total	\$16,600,000	\$18,520,500	
Funded to date		\$ 2,259,710	\$1,969,704 expended or contracted
Balance needed		\$16,260,790	
Additional KIB funds		\$ 2,260,790	
Balance Requested from St of AK		\$14,000,000	

Hospital Construction
Financial Status
as of December 31, 1987

Revenue:

State Grants

Design	\$1,000,000
Site Work	111,900
Construction	800,000

Kodiak Island Borough

General Fund	123,810
Kodiak Island Hospital (equipment)	224,000

Expenditures:

	Expended	Remaining Contract	Total
Mills, John, Rigdon Contract	\$589,643	\$216,561	\$786,204
Land Purchase	495,000	-0-	495,000
Site Work	44,500	420,000	464,500

KODIAK ISLAND HOSPITAL AND NURSING HOME

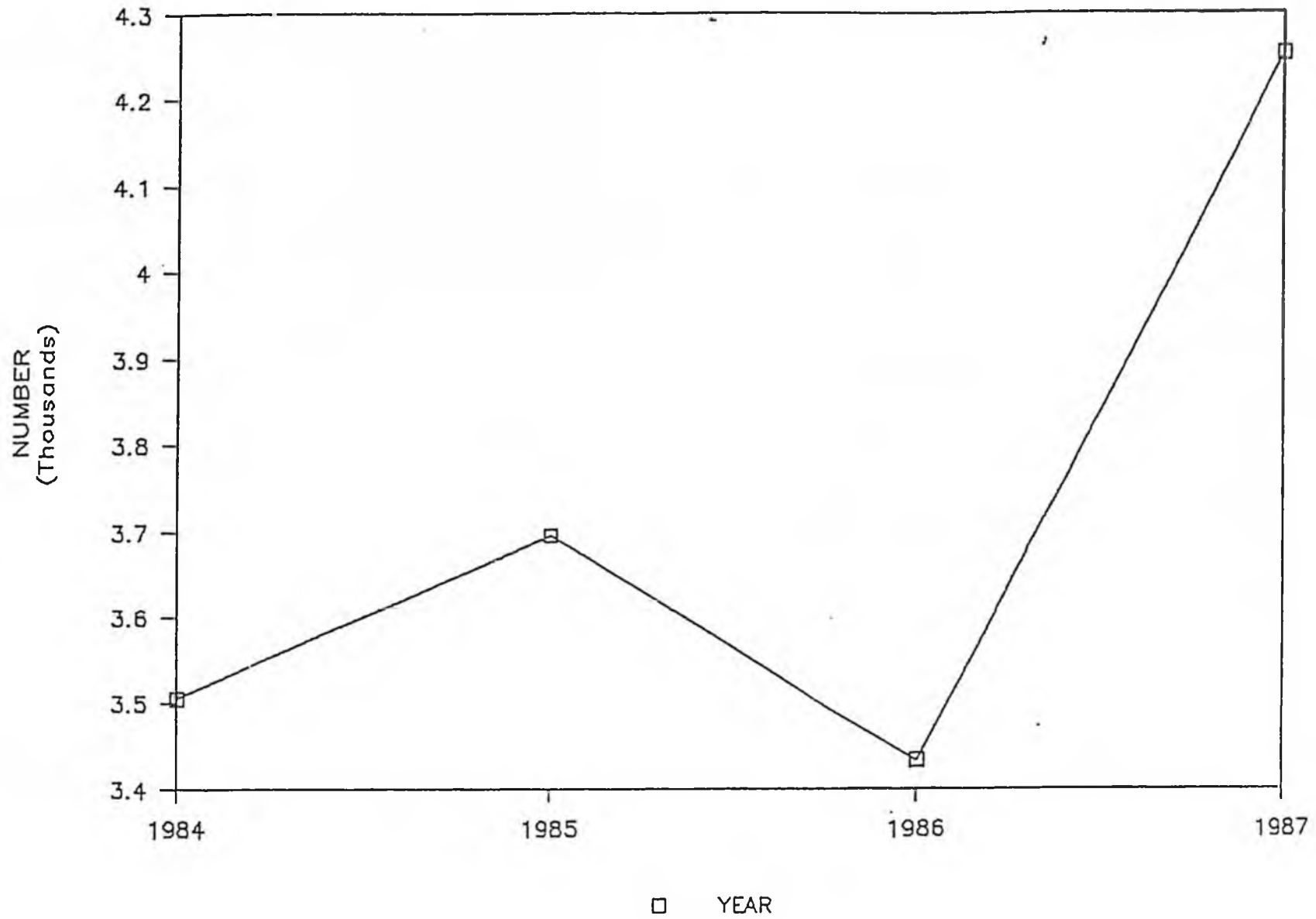
FINANCIAL STATEMENTS

	1984	1985	1986	1987
PATIENT SERVICE REVENUE	\$4,664,210	\$5,085,453	\$5,579,432	\$6,496,196
OTHER OPERATING REVENUE	91,507	102,183	92,435	90,620
DEDUCTIONS FROM REVENUE	(604,123)	175,729	(570,238)	(475,781)
TOTAL OPERATING REVENUE	4,151,584	5,363,365	5,101,629	6,111,035
OPERATING EXPENSES	4,543,976	4,786,699	5,144,975	5,440,048
OPERATING GAIN/(LOSS)	(392,392)	576,666	(43,346)	670,987
NON-OPERATING REVENUE	292,403	321,638	317,603	255,601
NET GAIN/(LOSS)	(\$99,989)	\$898,304	\$274,257	\$926,598

GRAPHS DEPICTING:

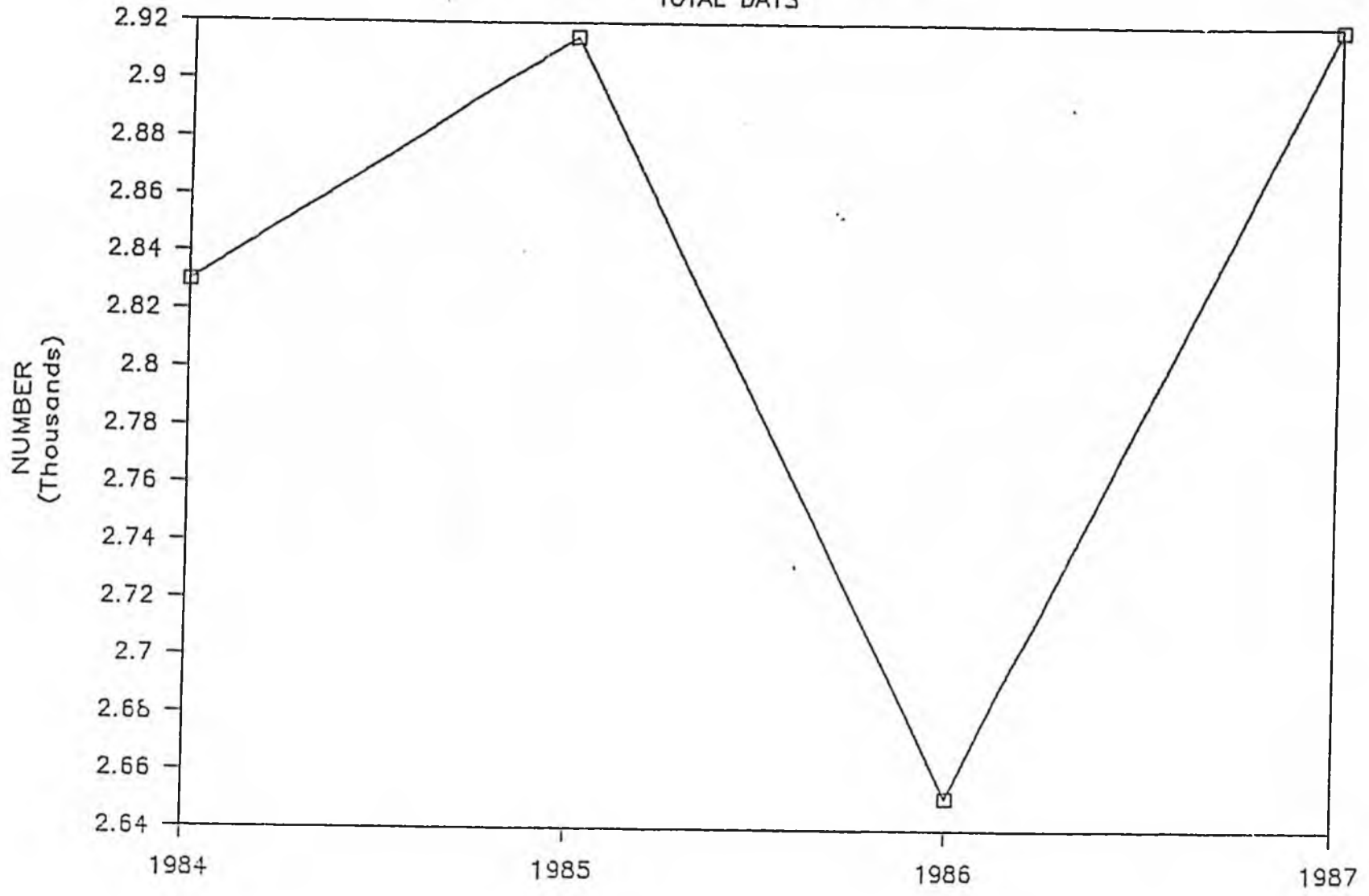
- TOTAL INPATIENT DAYS
- TOTAL MEDICAL/SURGICAL DAYS
- TOTAL OBSTETRICAL DAYS
- TOTAL ICU DAYS
- OCCUPANCY PERCENTAGES
- TOTAL EMERGENCY ROOM VISITS
- TOTAL OUTPATIENT VISITS

TOTAL INPATIENT DAYS



MEDICAL/SURGICAL

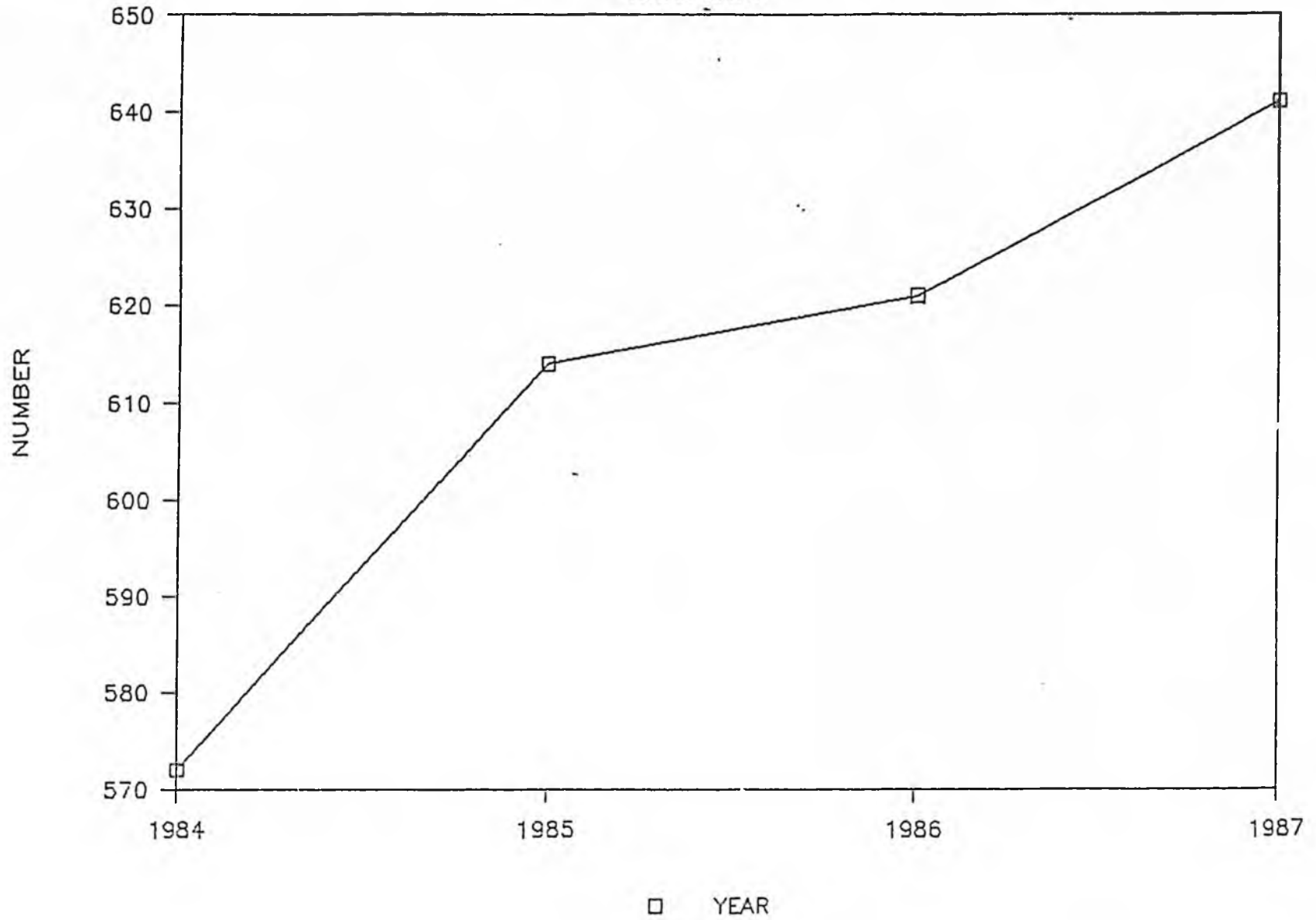
TOTAL DAYS



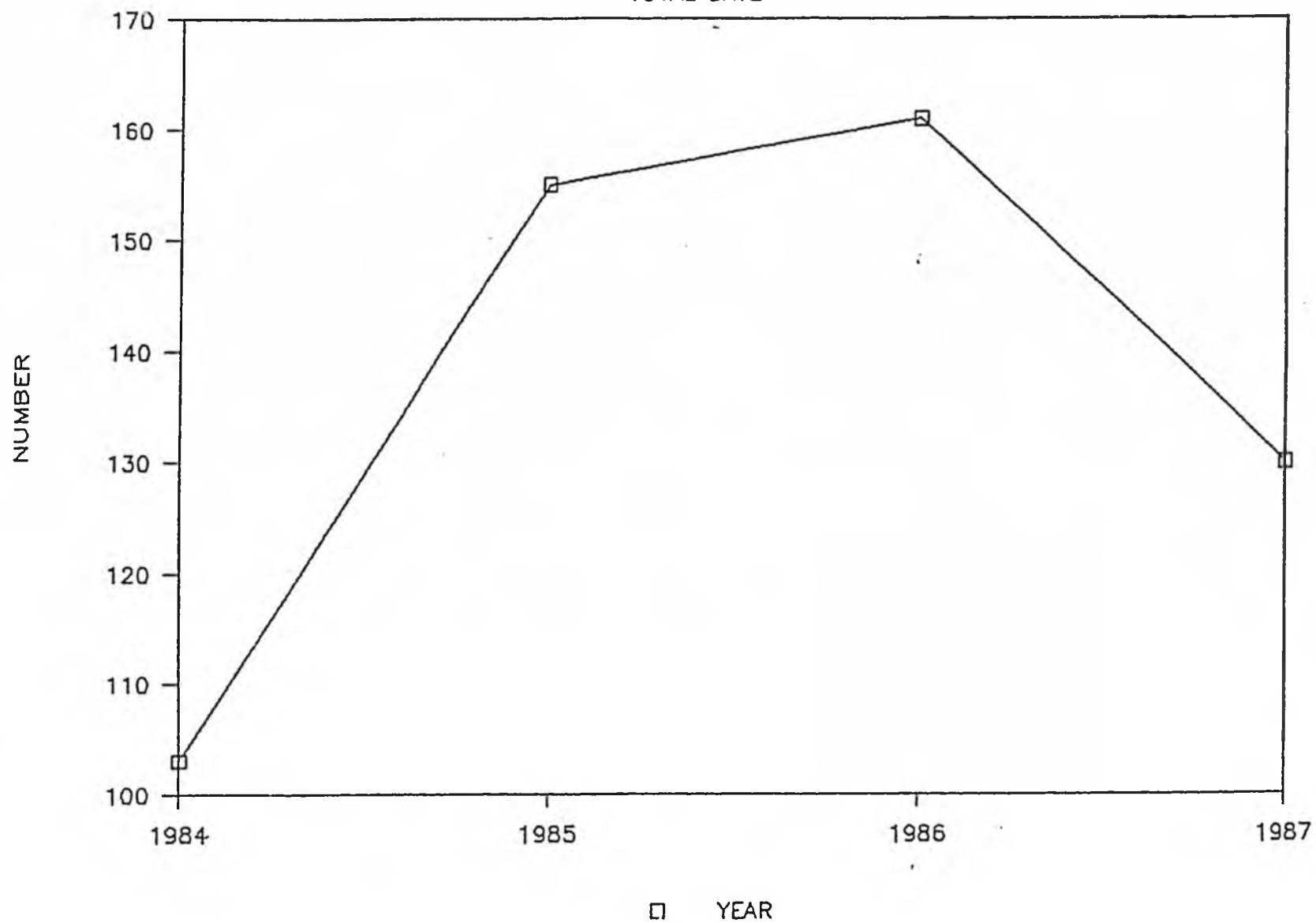
□ YEAR

OB TOTAL DAYS

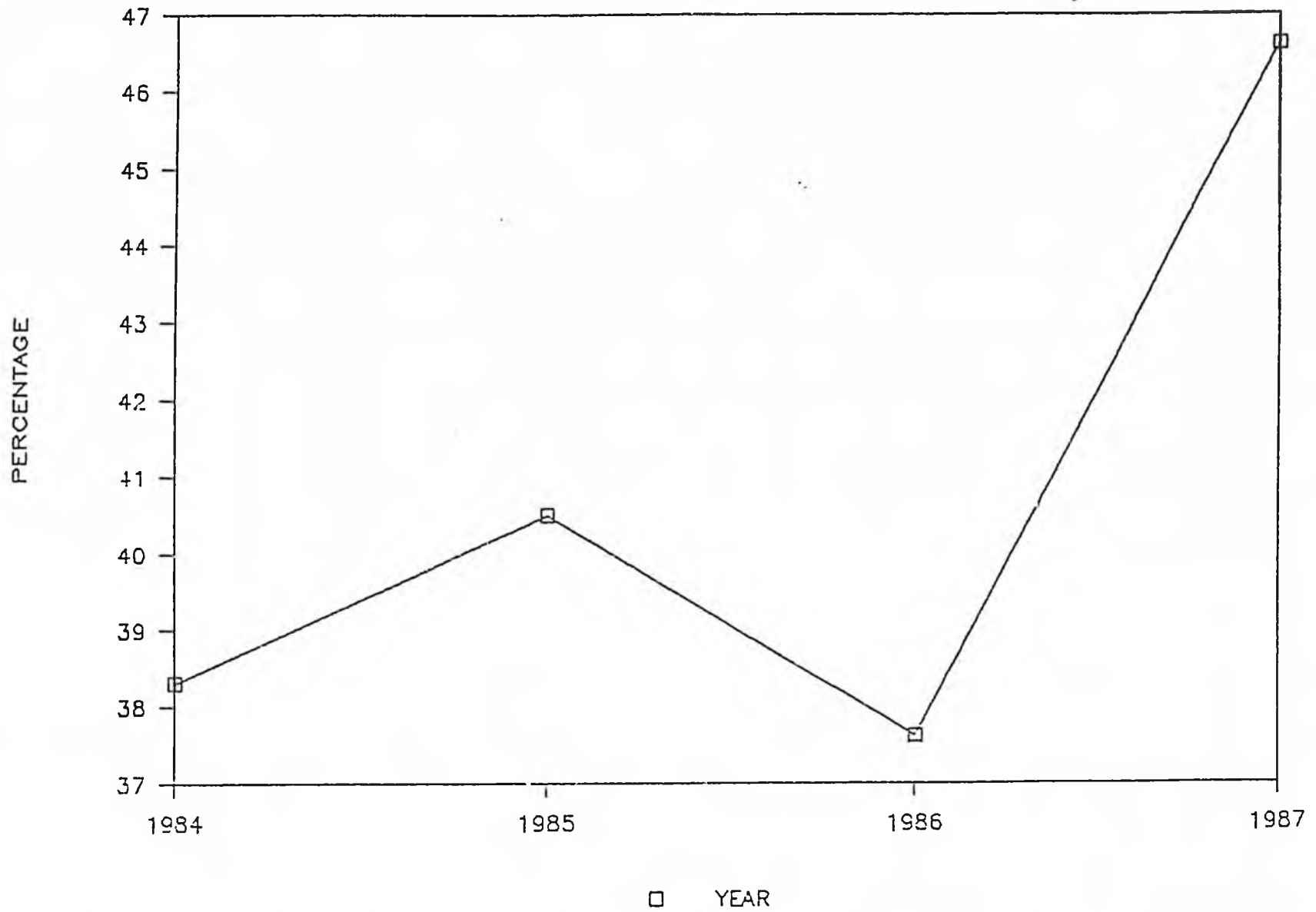
TOTAL DAYS



ICU
TOTAL DAYS

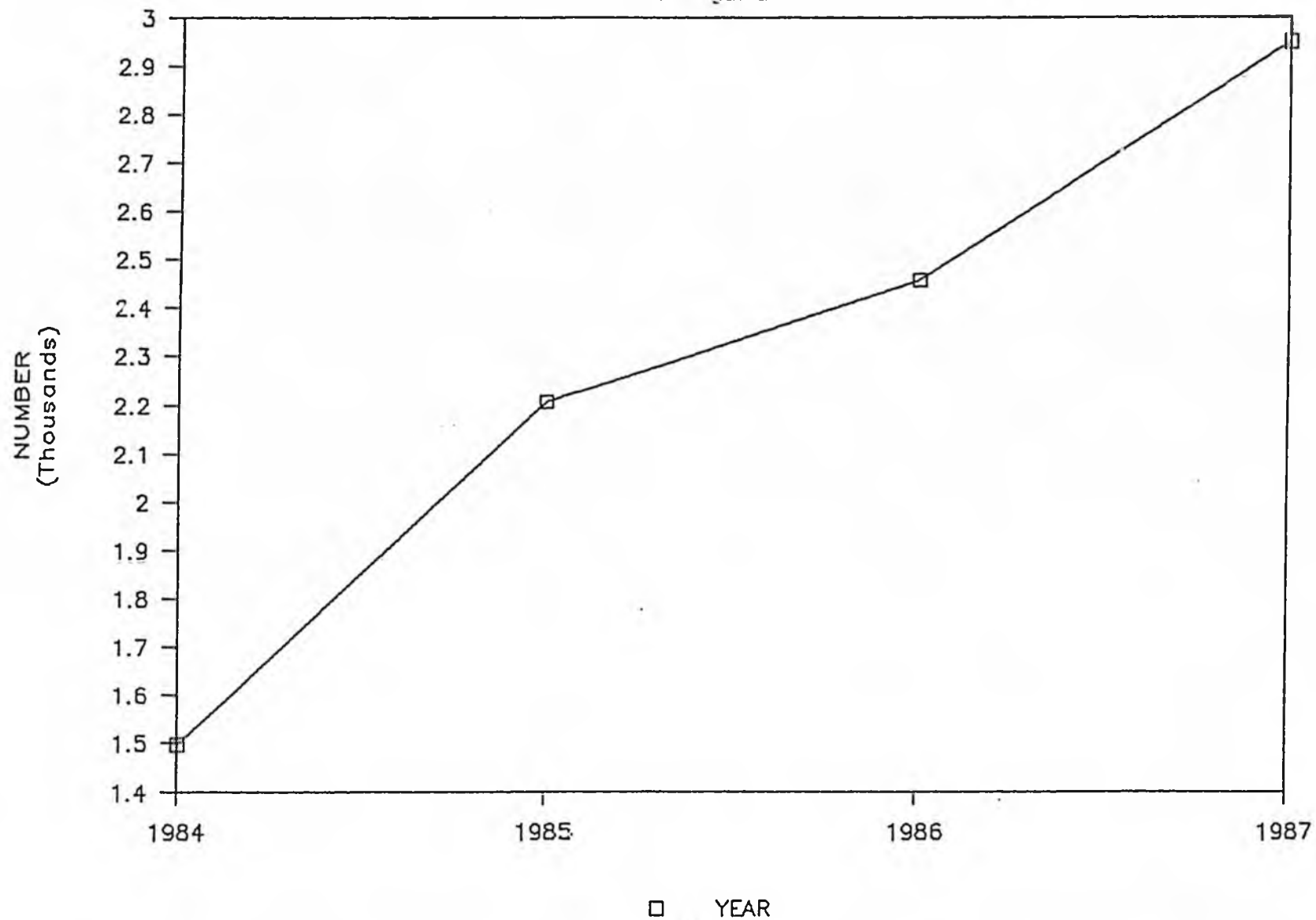


TOTAL % OF OCCUPANCY

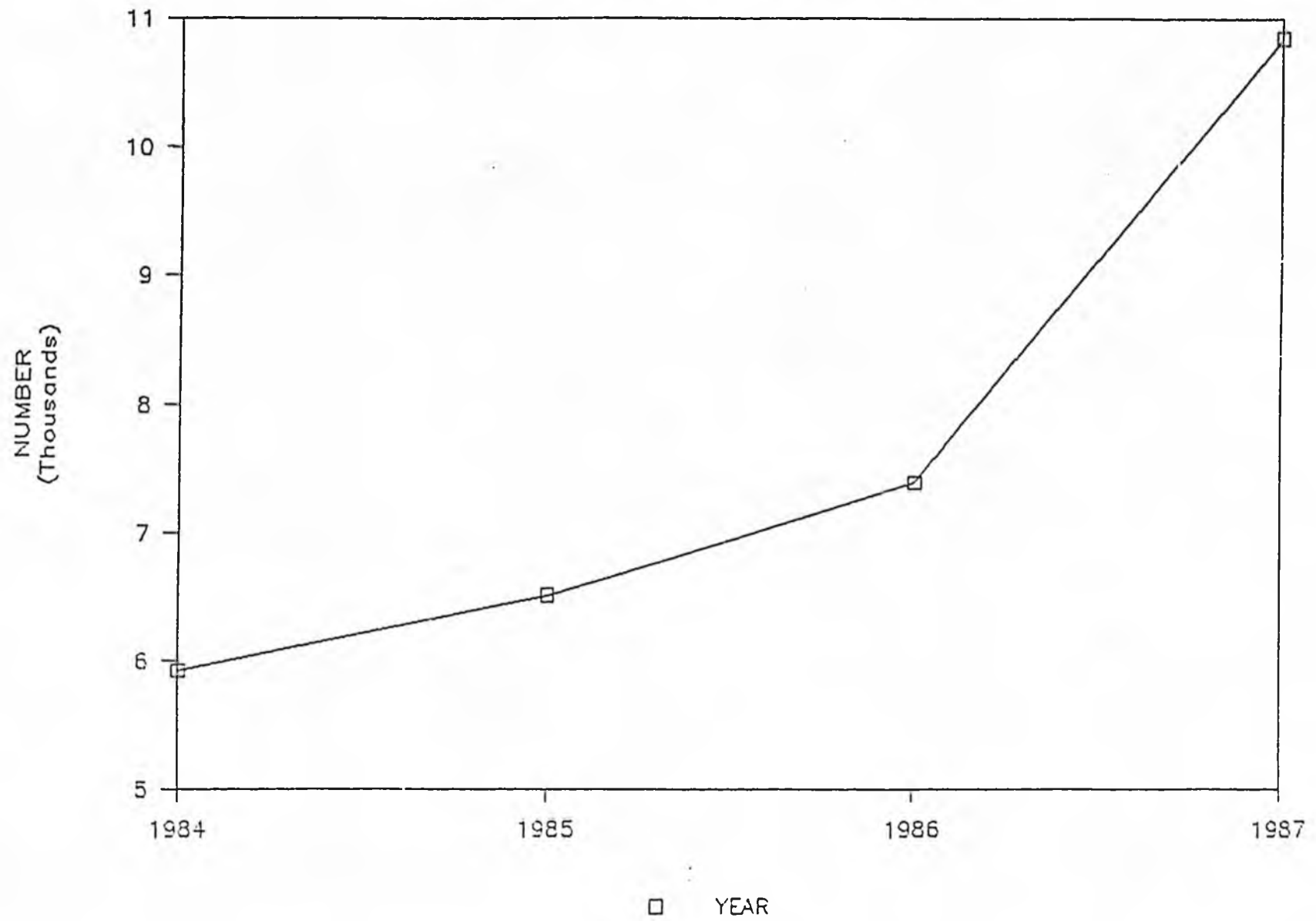


EMERGENCY ROOM

TOTAL VISITS



TOTAL OUTPATIENT VISITS



FACILITY SURVEY
LONG RANGE PLAN & NARRATIVE PROGRAM
KODIAK ISLAND HOSPITAL
Kodiak, Alaska



SUMMARY

PREPARED BY:

April 18, 1985

MILLS, JOHN & RIGDON ARCHITECTS AIA
HEALTH RESOURCE SERVICES GROUP

FACILITY SURVEY
AND
LONG RANGE PLAN AND NARRATIVE PROGRAM

FOR
KODIAK ISLAND BOROUGH HOSPITAL
KODIAK, ALASKA

MILLS, JOHN & RIGDON ARCHITECTS, A.I.A.

754 Central Building
810 Third Avenue
Seattle, Washington 98104
(206) 624-0410

VF&T DIVISION OF COFFMAN ENGINEERS, INC.

720 Olive Way, Suite 300
Seattle, Washington 98101-1856
(206) 623-0717

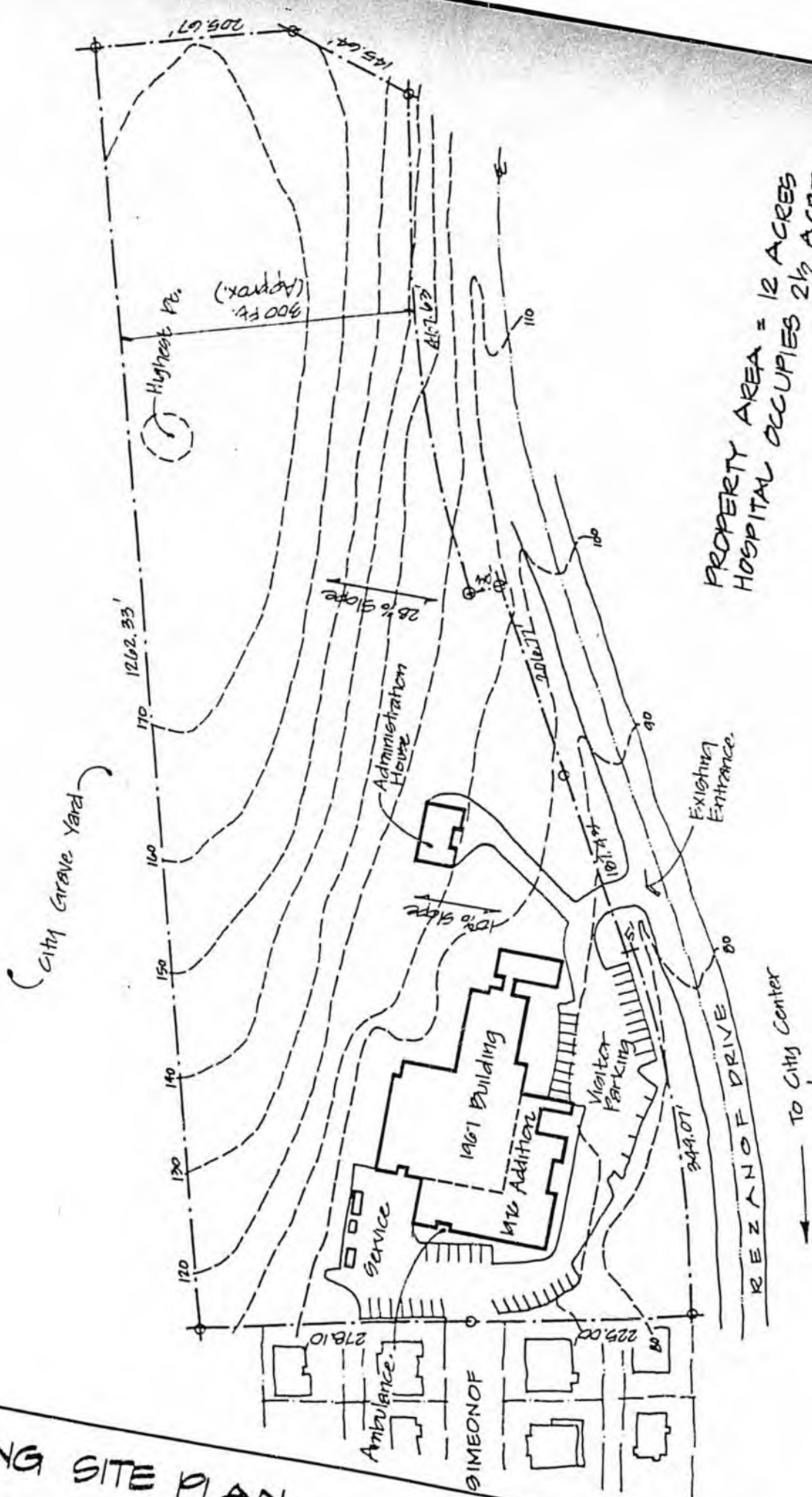
HEALTH RESOURCE SERVICES, INC.

925 Seneca Street
Seattle, Washington 98111
(206) 223-6351

PRESENTED TO KODIAK ISLAND BOROUGH ASSEMBLY

April 18, 1985

SUMMARY



PROPERTY AREA = 12 ACRES
 HOSPITAL OCCUPIES 2 1/2 ACRES



EXISTING SITE PLAN



→ To City Center

View to Woody Island Channel

EXISTING SITE PLAN
 KODIAK ISI AND HOSPITAL

Kodiak Alaska

SUMMARY

The Facility Survey, Narrative Program and Long Range Plan are three preliminary steps in the process which will determine the rehabilitation of Kodiak Island Hospital. These preliminary stages are not intended to provide answers; they are merely to gather information about the condition of the existing buildings, the type of health care that is provided and the population that is served.

The Narrative Program and Long Range Plan will determine the optimum services which Kodiak Island Hospital should contain in order to serve its population both now and in the near future. The next step, The Facility Master Plan, will determine how these services are to be provided, whether by renovation and addition, or by replacement facilities.

Although much of this work has been previously researched and reported on by other companies, this survey and report is entirely independent. It does not build on, amend or adopt that previous work in any way.

FACILITY SURVEY - MAJOR DEFICIENCIES

Outwardly, to the untrained observer, first impressions are of a relatively new, clean, well run and maintained, if austere, facility. Beneath this exterior, however, there are many serious problems and deficiencies. These render the building inefficient in its usage, inadequate in the services it supplies, and potentially hazardous in terms of current fire and earthquake codes. There are many deficiencies listed in this report. Some will require immediate action; some may be safely put aside. The major deficiencies may be grouped as listed below.

1. Lack of Space

Comparable urban 44 bed hospitals can be expected to have an average of 44,000 to 50,000 square feet. Given the special isolated nature of Kodiak Island Hospital, an area in excess of 50,000 square feet is to be expected. At only 33,000 square feet, the present building is severely impacted by lack of space in all areas, diagnostic, staff, service storage and public.

2. Elements of Building Layout Which Do Not Promote Medical Asepsis

In any infection control program, the basic elements will include:

- A. A separation of clean and soiled work areas
- B. Provision for adequate equipment sterilization
- C. Provision for adequate staff handwashing
- D. Provision for adequate housekeeping.

Throughout this Hospital, in all departments, there are deficiencies in these basic requirements.

3. Lack of Handicapped Accessibility

This building is not designed for handicapped usage.

4. Inadequate Seismic Bracing

Although no structure is earthquake proof, this building is well under the resistant strength required by current codes. As a critical service in any disaster, this Hospital must be capable of remaining in business.

5. Inadequate Mechanical Ventilation

All portions of the Hospital lack sufficient ventilation rates for compliance with current health codes.

6. Corroded Piping

Both the heating system piping and parts of the domestic water piping have excessive internal corrosion and are in need of replacement.

ARCHITECTURAL SUMMARY

Site

The Hospital site is close to the city center and central to the population it serves. However it does not have helicopter landing facilities. Although the site is large, at 12 acres, a good deal of it is unusable as it is too steep and too narrow. The main building is hemmed into one corner with very limited expansion possibilities. Of the two access roads, one is a backway through a housing development; the other is more direct from the main Rezanoff Drive. 100 parking spaces are required, only 58 are provided.

General Building Construction and Condition

The original 25 bed acute care, 20,400 square foot hospital was built in 1967, classified as a Type IV 1-hour under the 1964 UBC. The 10,716 square foot, 19 bed Intermediate Care Facility was added in 1976 and was also Type IV 1-hour under the 1973 UBC. The 2-hour smoke and area separation wall, and one of the access corridors between these two buildings, did not comply with code at the time of construction.

Both the original building and the addition are in good physical condition, showing no more wear and tear than can be expected of structures of this age. Maintenance is relatively uncomplicated. Recent reroofing and exterior repainting have helped correct some previous deficiencies. The fixed hard ceilings cause maintenance

problems because of the lack of access and small crawl space above the ceiling. They will also cause the greatest problem in any future renovation.

Code Compliance

Four major codes were used to survey the architectural elements of this facility:

1. Uniform Building Code 1982
2. National Fire Code Section 101 (Life Safety Code)
3. DHHS Publication (HRS-M-F) 84-1
4. ANSI Handicapped Code 1980.

At the time of construction, apart from the separation wall and one dead-end corridor, both structures conformed with code. Since that time, however, all codes have developed and become more restrictive. This building is now deficient in very many aspects of both health planning and life safety requirements.

Since it may be an expensive task to rework a structure to conform with code, all of the codes have provision to allow additions and alterations to be made without requiring the original building to be updated. It is therefore a value judgement, which the Owner and Consultants must make, as to how much of the existing building is to be brought up to current code standards.

Departmental Functioning

Many of the current organizational problems result from a lack of support space in the original building. This has since been compounded by an increased workload and changing medical techniques and equipment.

The original Hospital was of compact design with a relatively simple circulation pattern. Separation between public and staff/service traffic, however, was not well arranged. With the addition of the Intermediate Care Facility and the Administration Building, the work pattern has become extremely confused and inefficient. Both additions introduce unnecessary and unwanted traffic patterns which disturb the patients and make for inefficient nursing care.

The flexibility of the original design, which allowed some expansion for future development, has now been stymied by the two additions. The ICF has impacted Dietary, Laboratory and Business. Administration has enclosed the Acute Care Wing.

Throughout the facility conditions are cramped. There is a lack of storage space, rooms are undersized, there is poor soiled and clean separation and inadequate housekeeping facilities. Many of the rooms cannot effectively cope with the work for which the room as intended. Patient rooms lack privacy and the general aspect is austere.

STRUCTURAL SUMMARY

The existing structure was built in two phases in 1967 and 1976. The structural system shows no signs of distress or deterioration. The only concern for the structural system is that there is a significant difference between the bracing systems of the two phases. The difference is a result of a code change in 1973. This difference should be given serious consideration in any future plans.

MECHANICAL SUMMARY

The original Acute Care one-story Hospital facility is presently ventilated by multiple air-handling units suspended from the roof structure. The ICF Addition is ventilated by a single supply fan system located within a below-floor tunnel delivering treated air to the building through multiple terminal hot water heating coils.

While the majority of air-handling units serving the Acute Care portion are in need of replacement or substantial upgrading, the ICF fan system is in good condition. However, all portions of the Hospital lack sufficient ventilation exchange rates for compliance with current health codes. For the most part, in order to obtain proper ventilation and temperature, the ductwork will require replacement with larger size ducts.

Heating within the building is very poorly controlled with most spaces improperly zoned. The heating piping has excessive internal corrosion and is in need of extensive replacement. This corrosion has also affected much of the heating system components within the boiler room, also in need of replacement.

Although the medical gas systems are piped throughout the complex, most sensitive areas lack sufficient outlets for compliance with current codes.

The domestic water system is installed in copper pipe beyond the boiler room and likely not extensively affected by corrosion. However, the pipes within the boiler room are of galvanized material which have extensive corrosion and require replacement. In addition, this system lacks code-required back pressure devices to protect the city main.

The building is provided with an automatic sprinkler system having certain areas nonsprinklered. For code compliance, these areas must be sprinklered or hose cabinets strategically located. Sprinkler heads within the patient areas require replacement with heads having lower activation temperatures.

ELECTRICAL SUMMARY

The Hospital is presently in the process of installing a new utility and standby generation service. This service upgrade will provide a full standby generation capacity for the entire Hospital and eliminate a code violation with the existing service entrance installation.

While the new emergency service provides sufficient generation capacity, there are still numerous code violations within the existing building electrical distribution system. Normal and emergency circuits have not been physically separated. The failure of a non-critical circuit could possibly also result in loss of an emergency circuit.

Several panel boards in public areas have broken door locks. This not only allows access for turning off critical circuits, but in some cases exposes live bussing.

The existing grounding system in the Hospital is inadequate to meet the current Hospital requirements. All grounding is accomplished by utilizing high impedance conduits in lieu of a separate grounding conductor. The operating rooms do not have line isolation monitors to provide indication of the quality of the isolated electrical service serving these rooms.

Throughout the facility, there is either an insufficient quantity of duplex receptacles or the ones installed are of an improper type. Receptacles on emergency circuits are not identified as such. There are numerous open junction boxes with exposed conductors and broken flexible wire connectors.

SUMMARY OF LONG RANGE PLAN AND NARRATIVE PROGRAM

The long range plan and narrative program provides the framework for the development of health care services at Kodiak Island Hospital and a preliminary outline of the physical space required at the Hospital to implement these services. This plan and narrative program is divided into three major segments:

1. a profile of Kodiak Island Hospital, the Kodiak Island health care delivery system, and economic conditions and population growth trends on Kodiak Island;
2. the narrative program which includes hospital service volume forecasts, departmental square footage requirements and recommendations for diversifying or adding new services; and
3. a discussion of patient care improvements expected from narrative program recommendations and a listing of the assumptions used in arriving at the recommendations.

Kodiak Island Hospital Profile

Kodiak Island Hospital is the principal acute and intermediate long term care provider for the Kodiak Island area. Because the area served by Kodiak Island Hospital is geographically remote and isolated from specialty referral providers, the Hospital must be prepared to respond to a wider range of clinical situations. Consequently, the service mix at Kodiak Island Hospital is more comprehensive than would be expected in a less isolated facility of similar size. Services provided include: general acute care, obstetric and nursery care, critical care, emergency

and trauma care, rehabilitation services, short term medical treatment for alcohol and substance abuse, short term psychiatric care, inpatient/outpatient diagnostic and treatment, and intermediate long term care.

In general, over the past five years (1980-1984), medical-surgical services and related ancillary services have exhibited a fluctuating downward trend which has been directly related to a deterioration in the economic health of the fisheries and canneries on Kodiak Island. Obstetrical services, on the other hand, have shown slight growth over the five-year period which corresponds with the rate of growth in the childbearing population (females, ages 15 through 44). Intermediate care service volumes have remained relatively stable over this five-year period indicating a present balance between the supply and demand for this component of long term care.

Kodiak Island Health Care Delivery System Profile

Kodiak Island has an impressive array of community health and other health care providers which complement and sometimes compete with the services provided by the Hospital. The range of services provided by community health providers include, but are not limited to: primary

care, dental care, pharmacy services, home health (non-skilled) services, in-home supportive services, emergency medical and transport services, mental health services, alcohol and substance abuse treatment, women's health, nutritional services, preventive health, residential care, and medical equipment rental program. Outpatient and limited inpatient medical care services are provided by the Kodiak Coast Guard Support Base for military personnel and dependants.

Physicians practicing on the island are organized into four separate clinics and specialties represented encompass orthopedic surgery, general surgery, internal medicine, radiology and family practice. Some of the clinics provide basic diagnostic services such as clinical laboratory and radiology services. Other health professionals on the island include: physician assistants, a lay midwife, optometrists, dentists, orthodontists, psychologists and psychiatric social workers. Physician services provided on a consulting basis include: rehabilitation medicine, pediatrics and psychiatry.

Economic Conditions and Population Growth Trends

Over the last fifteen years, Kodiak Island has developed a more diversified economic base which is relatively less dependent on fishing and government industries. While fisheries remain the dominant force in Kodiak's economy, significant growth has occurred in Kodiak's construction, transportation and retail trade industries.

The fishing industry in Kodiak has been transformed from a seasonal to a more diversified, stable industry. The impact of the 1982 closure of King Crab seasons has prompted the industry to further develop bottomfish harvesting and processing capability. In particular, development of capacity for processing surimi may have a positive impact on the future of Kodiak's fishing industry. Moderate growth is anticipated for this industry and raw fish product revenues are expected by 1995 to reach 75 percent of the \$132 million peak harvest experienced in 1981.

The economic recovery of the fishing industry is expected to contribute to the growth of other sectors of the Kodiak economy. The outlook for the Kodiak economy, given its increased diversity, and the developing fish industries would appear to indicate a period of moderate but stable growth.

Population on Kodiak Island has grown from 9,409 in 1970 to 13,389 in 1984. Population forecasts, selected for the long range plan and narrative program, project an annual average growth of 3.4 percent, resulting in a 1990 population of 15,884 and 18,773 by 1995. Population groups, which have a substantial or direct impact on the use of health care, the elderly (65 and older) and the childbearing population (females ages 15 through 45) are both expected to grow at rates slightly greater or similar to the forecasted total population growth rate. The elderly population is expected to increase from 2.3 percent to 2.5 percent of the total population between 1980 and 1995. The childbearing population is expected to remain a proportion of about 25 percent of the total population between 1980 and 1995.

Service Volume Forecasts and Narrative Program

Departmental service volumes were forecasted for 1990 and 1995 by applying the results of a historical time series analysis to predicted trends such as population growth or changes in the economic status of the fishing industries. Additional capacity recommended by these forecasts included: an outpatient surgery room, an emergency treatment station, a radiology examination room and recovery of one post-partum bed presently used as a birthing room. The twenty-one bed medical-surgical unit (including critical care) and the nineteen bed intermediate care unit were found to be adequate for the service volumes anticipated in these areas through 1995.

The narrative program used the service volume forecasts along with Hospital construction standards to arrive at a preliminary estimate of square footage requirements for the departmental areas within the Hospital. A summary of the recommended areas for each department is provided below:

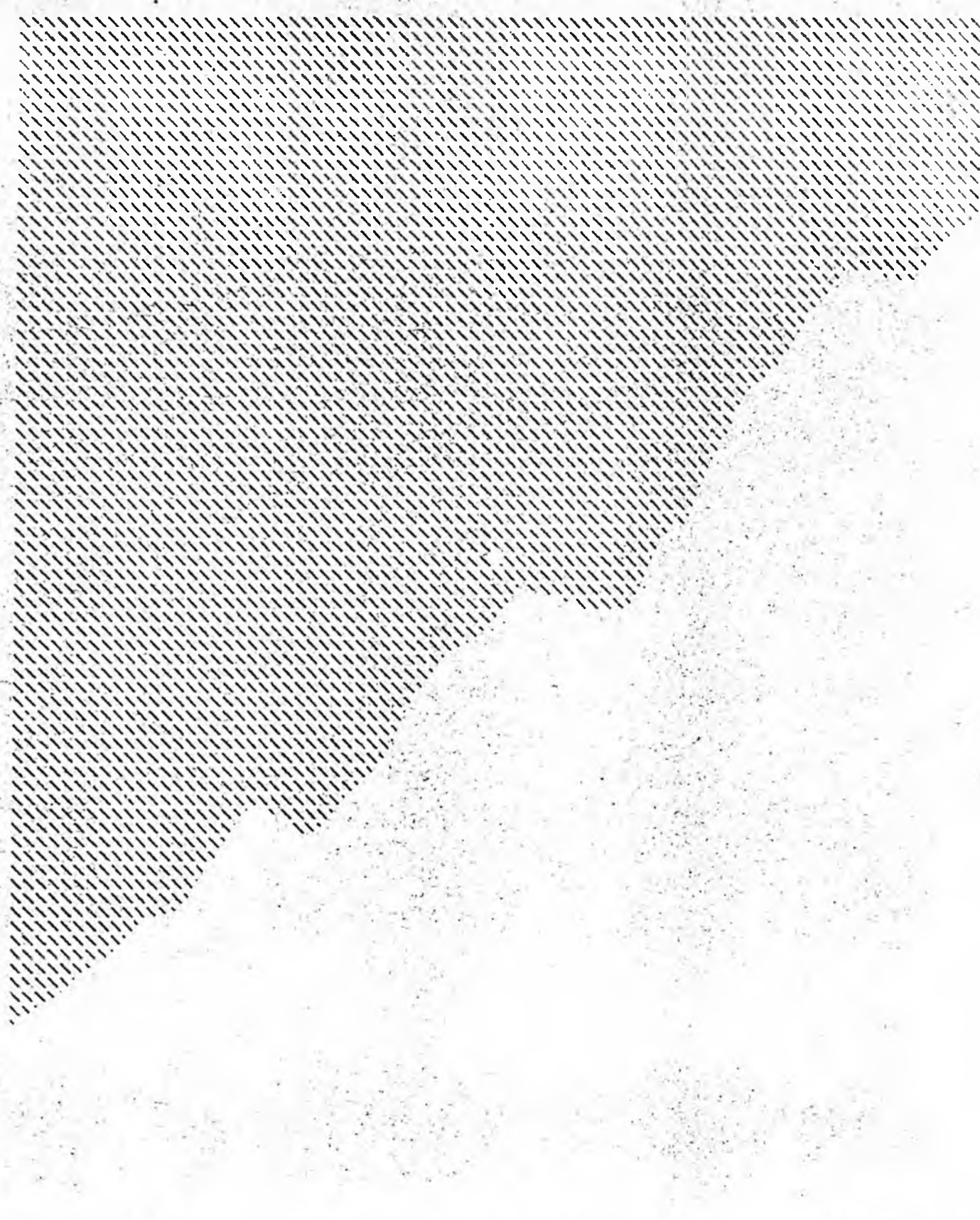
<u>Department/Area</u>	<u>Proposed Net Square Footage</u>
Acute Care - Medical Surgical	6,808
Intermediate Care	6,072
Surgery	3,361
Obstetrics	3,404
Emergency	1,621
Radiology	1,948
Laboratory	1,235
Cardio-Pulmonary	535
Physical Therapy	1,603
Pharmacy	515
Dietary	2,150
Central Sterile Supply	950
Laundry	820
Housekeeping	460
Administration	1,500
Admitting and Business	1,200
Medical Records	570
Medical Staff Facilities	545
Employee Facilities	720
Purchasing	1,510
Maintenance	860
Plant	4,130
Body Holding	152
Volunteers	375
Public Spaces	751
Total Department Net	43,795
Interdepartmental Circulation 13%	5,695
Structure 19%	<u>8,321</u>
Total Hospital Area	57,809

This preliminary estimate of square footage requirements represents an increase of 24,605 gross square feet over space available within the existing structures.

In other recommendations, included within the narrative program, Kodiak Island Hospital is encouraged to: develop a home care program involving the acute care nursing, pharmacy, respiratory therapy, physical therapy, dietary and purchasing departments, explore provision of skilled long term care nursing services; develop contingency plans for providing outpatient long term care services and respite services, and evaluate provisions of CT scanning services.

Improvements in Patient Care

Recommendations developed in the narrative program are oriented not only to complying with hospital construction requirements and providing adequate space to accommodate expected service volumes but also to improving the patient care provided at Kodiak Island Hospital. Specific recommendations oriented to improving patient care include: special emergency treatment station for hypothermia treatment, delivery room with C-section capability, dedicated outpatient surgery areas, adequately sized birthing room, recreational and dayroom facilities in long term care wing, separation of holding area from general medical-surgical capacity, inclusion of two dedicated critical care patient rooms and adequate patient changing and waiting areas.



SEWARD GENERAL HOSPITAL
REPLACEMENT PROJECT

1986

SEWARD GENERAL HOSPITAL

R E P L A C E M E N T P R O J E C T

JANUARY, 1986

C O N T A C T :

C. Keith Campbell, Administrator
Seward General Hospital
P.O. Box 365
Seward, Alaska 99664
(907) 224-5205

SEWARD REPRESENTATIVES:

Al Lamberson, Chairman of the Board,
Seward General Hospital Association
(907) 224-3322

Dennis Scholl, Ph.D.
Immediate Past Chairman of the Board
Seward General Hospital Association
(907) 224-3207

C. Keith Campbell, Administrator
Seward General Hospital
(907) 224-5205

Ron Garzini, City Manager
City of Seward
(907) 224-3331

PROJECT TEAM:

ARCHITECTS:

Clayton R. Joyce Architects
119 South Main Street
Seattle, Washington 98104
(206) 624-3818
Principal in Charge: Clayton R. Joyce

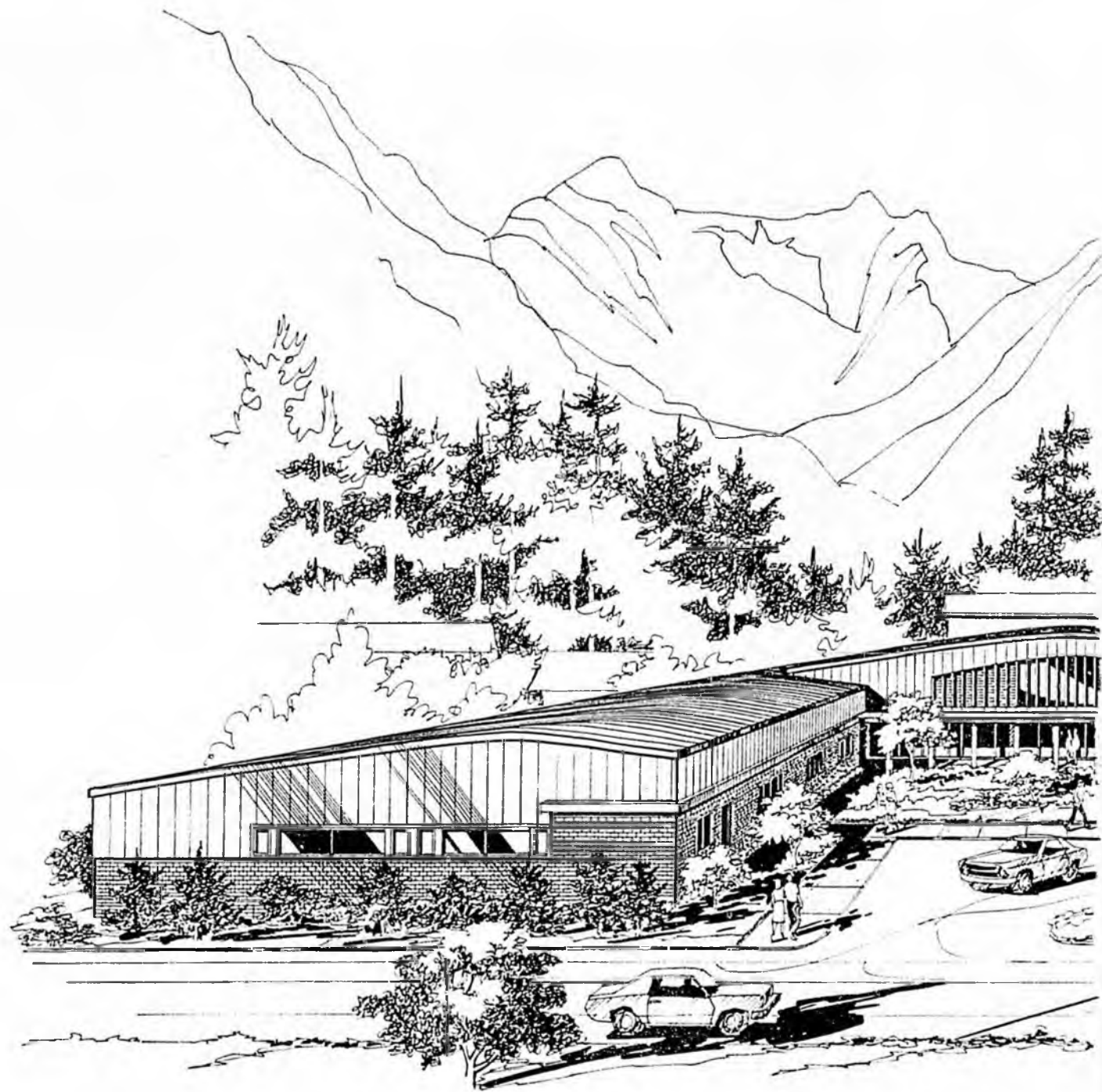
PROGRAMMERS:

Resources Management Consultants
157 Yesler Street, Suite 504
Seattle, Washington 98104
(206) 447-9969
Principal in Charge: Peter J. House

THE PROJECT:

The City of Seward requests funding for the replacement of Seward General Hospital. The hospital is currently housed in an antiquated, code-deficient facility built in the late 1950's. A 1982 state-funded study (the ECI Hyer Report) of all of Alaska's rural health care facilities cited life-safety code deficiencies at Seward General Hospital and recommended that the facility be replaced. A subsequent study by the state placed a high priority on funding for the Seward General Hospital replacement.

Over the last three years, the City of Seward and the Seward General Hospital Association have devoted time and money to moving ahead with the replacement project. In 1983 the Hospital Association sponsored a study of community options. In 1984, the Hospital Association funded a long-range planning study and the preparation of a Certificate of Need application. In the spring of 1985 the Hospital was awarded a Certificate of Need for the replacement of the Hospital. In the fall of 1985 the City of Seward and the Hospital Association commissioned a functional programming project which was followed by the preparation of a partial schematic design.

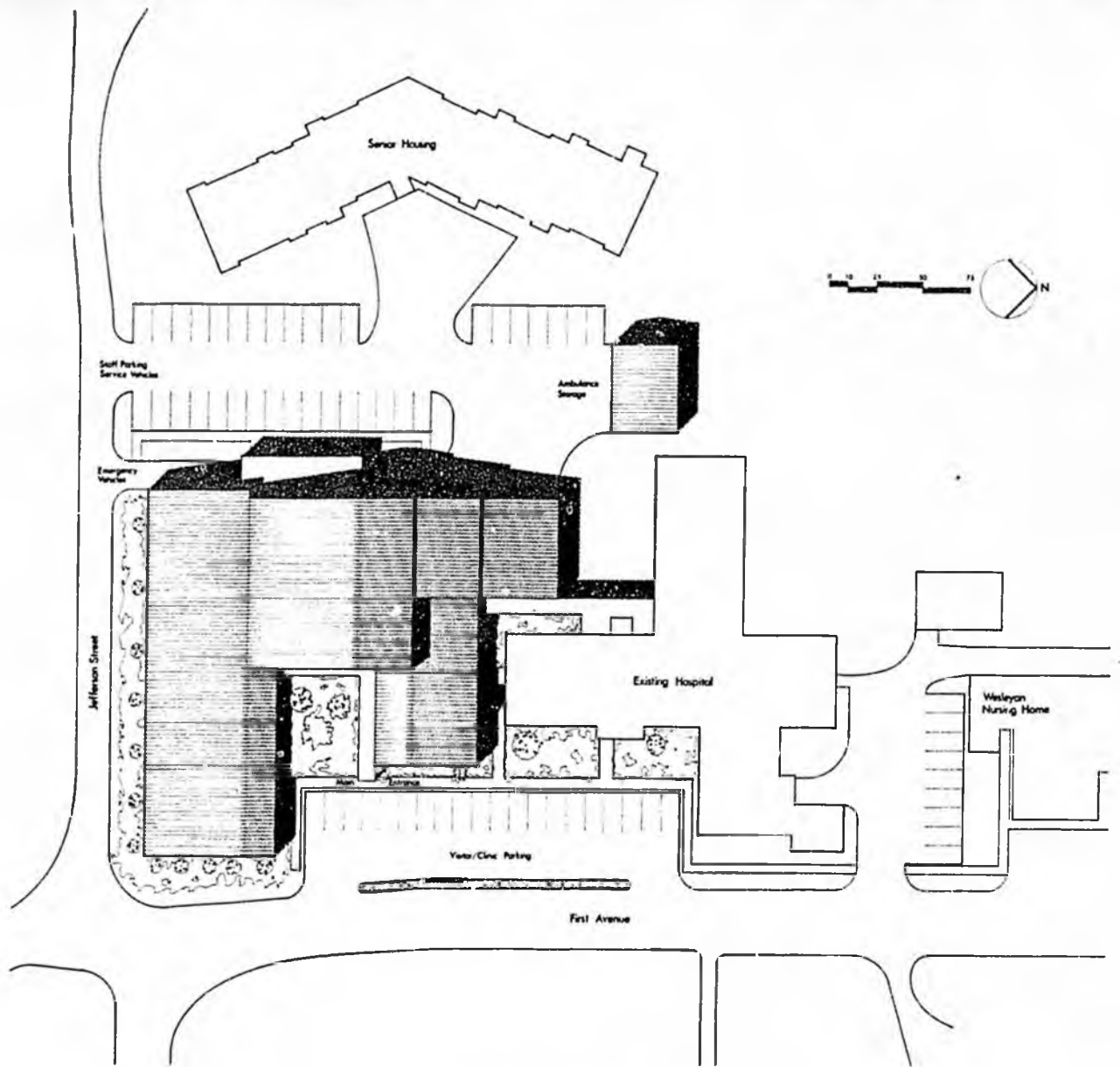




THE PLAN:

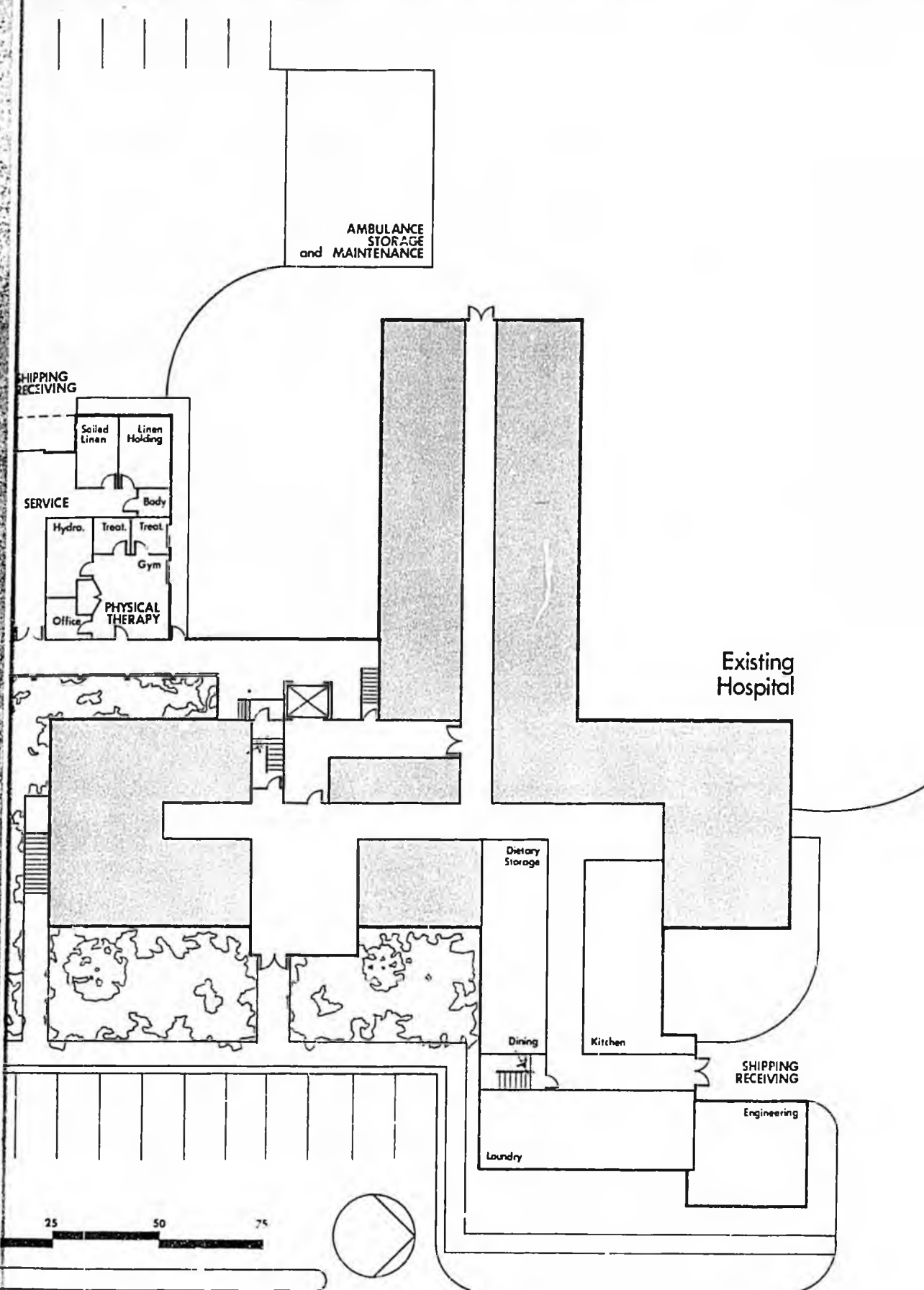
The proposed new hospital will have 20 beds. Besides regular patient rooms, there will be beds for special care, a birthing room, an isolation room, and a secure room for use by prison patients or psychiatric patients. The hospital will provide laboratory, imaging, physical therapy and emergency services. As a special feature, the local physicians' offices will be housed in the new building. Dietary, laundry, maintenance, some storage, and a public meeting room will remain in the old building.

The new hospital will contain approximately 28,500 square feet and the estimated cost of the project is 10.5 million dollars, which includes a local contribution of 2 million dollars. Since the hospital has already done its planning homework, detailed design can begin as soon as funding for the project is secured.



SITE PLAN

Open



AMBULANCE
STORAGE
and MAINTENANCE

SHIPPING
RECEIVING

Soiled
Linen

Linen
Holding

SERVICE

Body

Hydro.

Treat.

Treat.

Gym

Office

PHYSICAL
THERAPY

Existing
Hospital

Dietary
Storage

Dining

Kitchen

SHIPPING
RECEIVING

Engineering

Laundry

25

50

75

N

REFERENCES:

1. *Certificate of Need Application, Replacement and Remodeling, Seward General Hospital, Seward, Alaska, November, 1984.* (Prepared by Resources Management Consultants in conjunction with Clayton R. Joyce Architects)

This document establishes the need for this project and contains as appendices:

- The 1983 *Community Attitudes Survey*, concerning health services in Seward
- The 1982 *ECl Hyer Report* which contains a physical, functional, and architectural evaluation of the hospital.
- The 1984 *Long Range Planning Study*, prepared by Resources Management Consultants and Clayton R. Joyce Architects

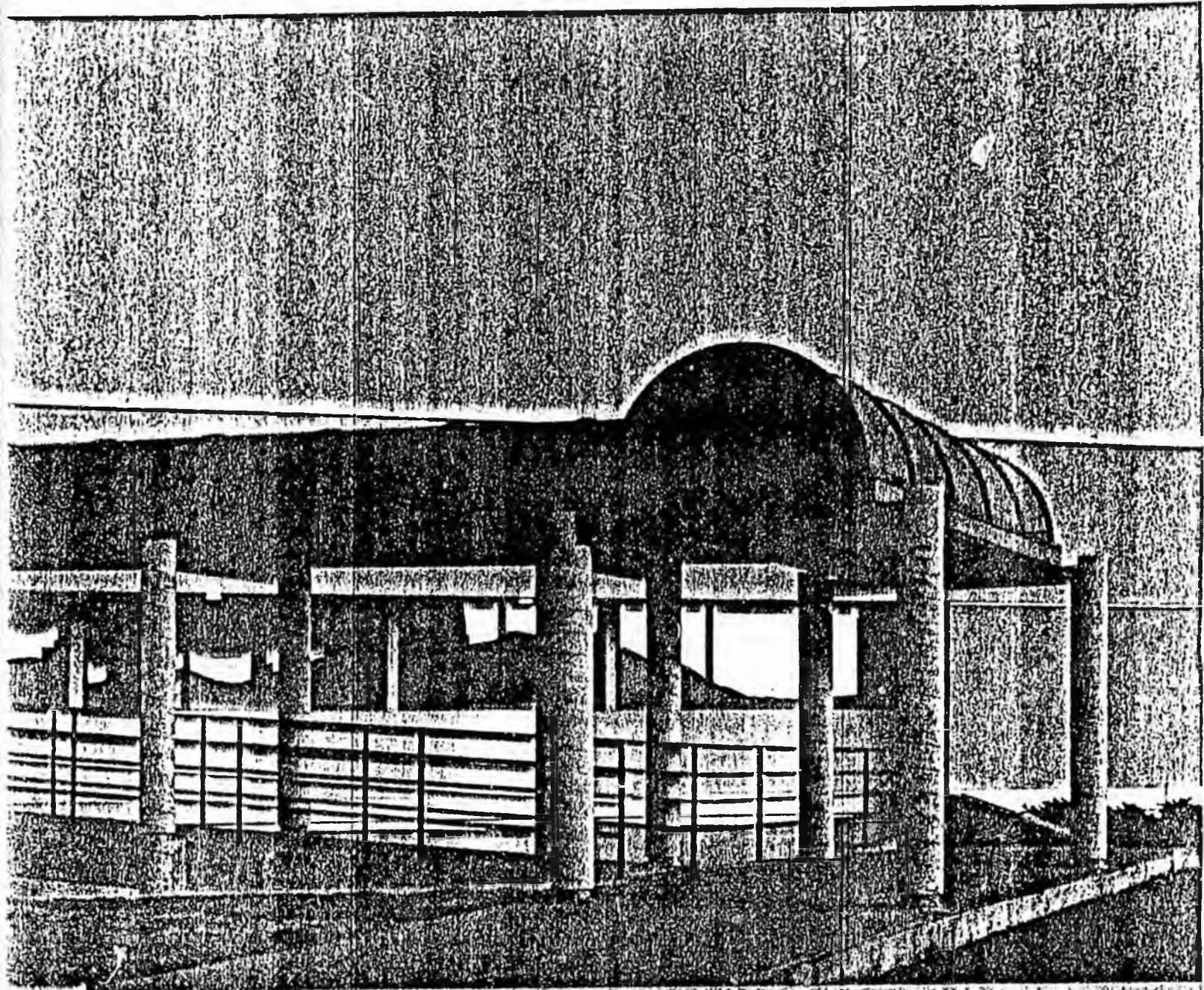
2. *Functional Program, November, 1985.*
(Prepared by Resources Management Consultants)

This document describes how the new hospital will function and presents a detailed listing of the rooms and square footages.

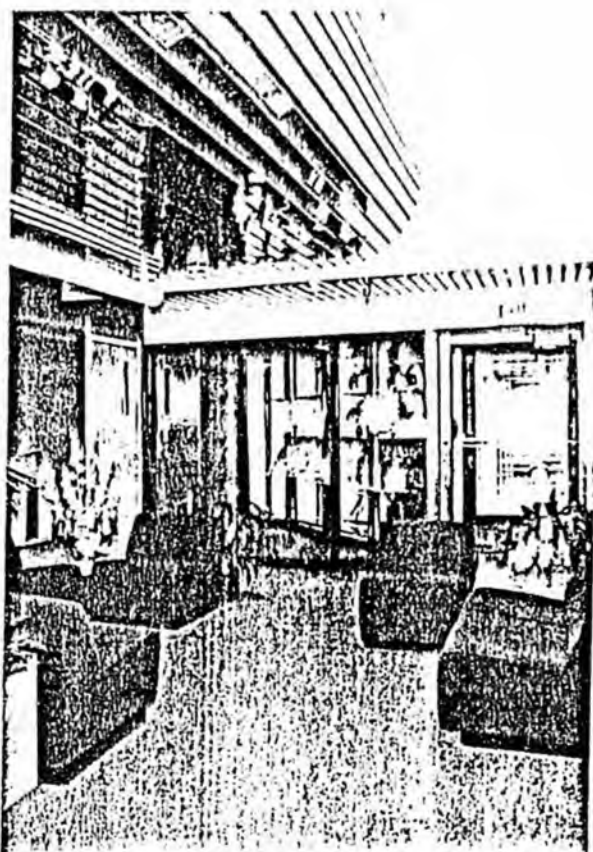
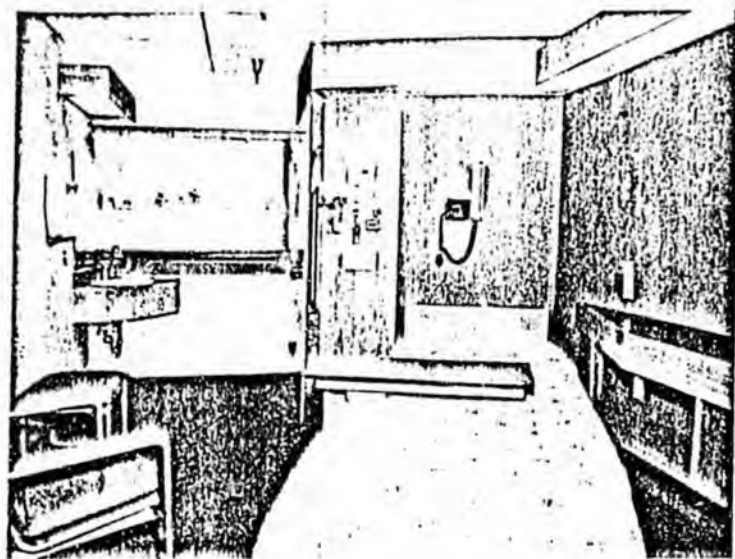
3. *Partial Schematic Design, December, 1985.*
(Prepared by Clayton R. Joyce Architects)

This study resulted in the line drawings and renderings contained in this book.

The Certificate of Need Application and the Functional Program are available from Seward General Hospital or the office of the State Architect.



INNOVATIVE RURAL MEDICAL CENTER

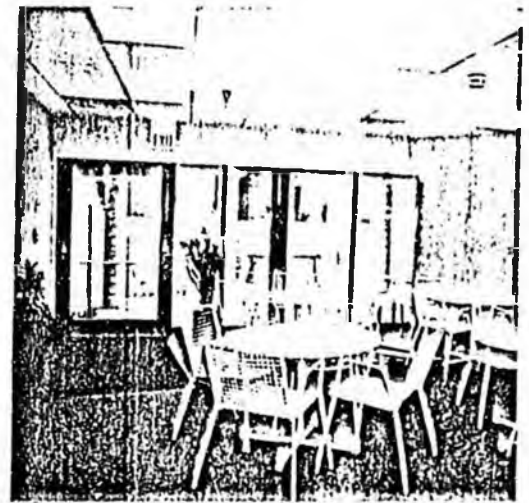
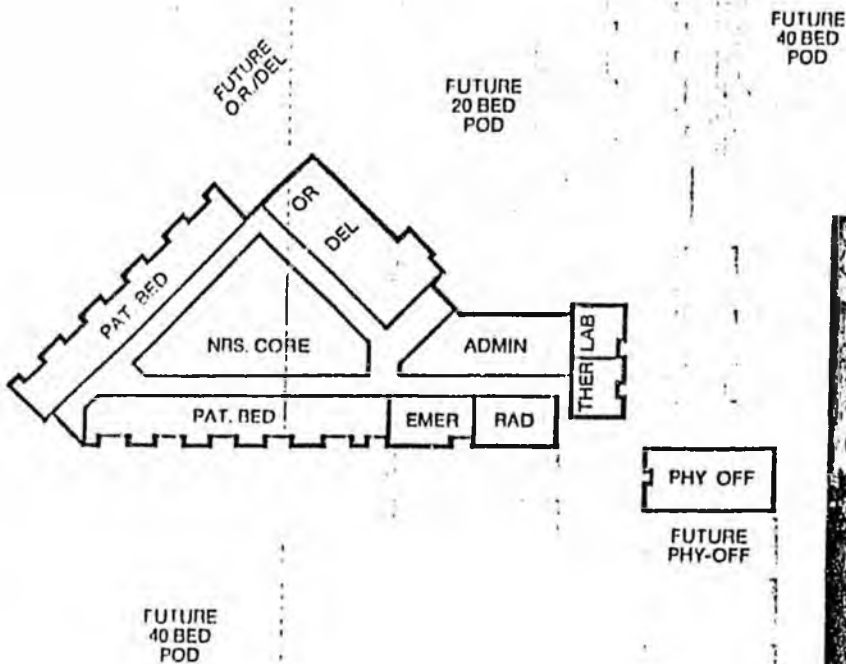


EXPANDABILITY

The "magic" behind the success of Design West's rural medical centers is a master plan which allows a project to start out as an ambulatory care facility and grow incrementally into an acute care facility with a maximum of 120 beds. The master plan facilitates flexibility by allowing independent expansion for every department and a circulation system which is never violated regardless of project scope.

TIME AND COST

The advantage of Design West's factory built rural medical center in today's competitive healthcare market is the ability to place a facility quickly at a below market price. Nine (9) months is a reasonable construction schedule for a twenty (20) bed acute care hospital. Three recently completed facilities in Utah were built for less than \$100 per square foot including all site development, construction and design fees. The price also included such first class features as Herman Miller casework, nurses stations and laboratory casework.



FACTORY CONSTRUCTION

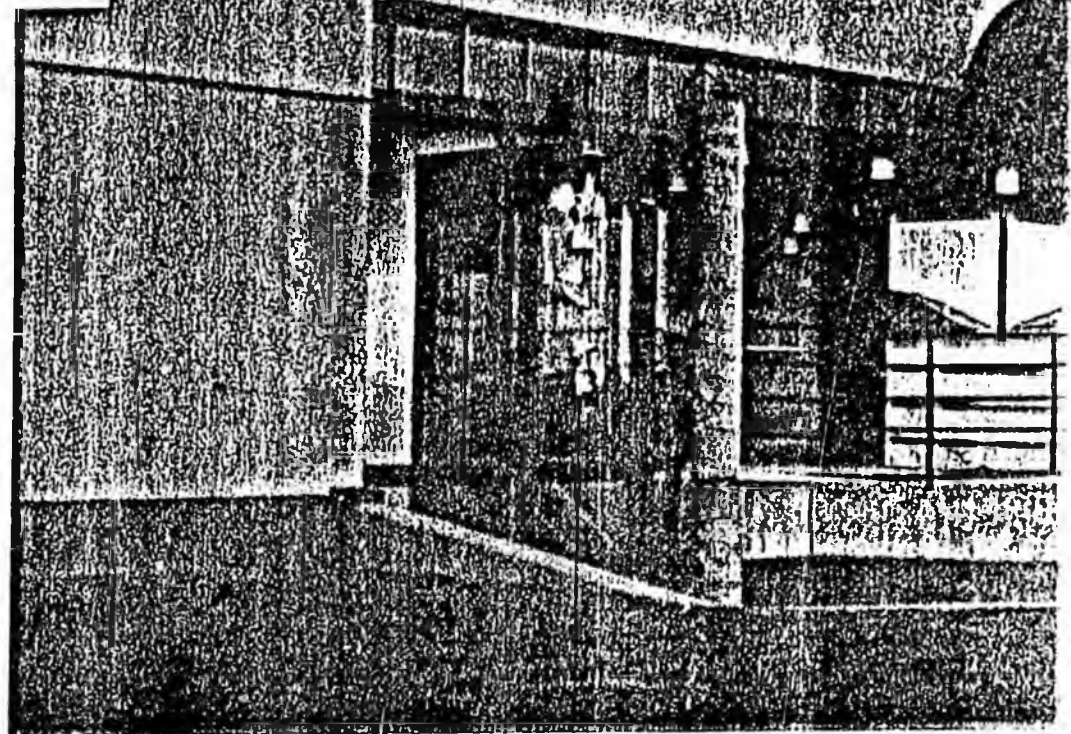
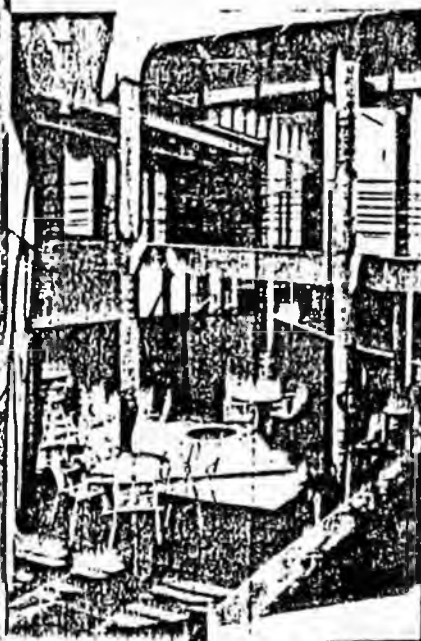
Seventy-five percent of construction can be accomplished in a factory (a controlled environment) using production line techniques. For the project shown here thirty-nine (39) modules were built in fifty-five (55) days and trucked to the construction site. The finished product shows no evidence of "modularity" normally associated with this type of construction.

OPERATIONAL COST

Design West's rural medical center ensures reduced operational cost. Low capital cost, efficient staffing patterns, multiple coverage work stations, low maintenance materials and energy efficient design all contribute to increased operational efficiency and decreased operational cost.

The following is operational cost data. For a typical 20 bed rural medical center located in a severe (115° F swing) climate:

Total Staff Requirements: 26 FTE's for 24 hour 7 day.
 Electrical Cost (12 months) \$22,500 or \$1.03/sq. ft./yr.
 L.P. Gas Cost (12 months) \$18,045 or \$0.82/sq. ft./yr.



The project illustrated in this brochure is the Sanpete Valley Hospital located in Mt. Pleasant, Utah.

*Owner: HIC Hospitals Inc.
Admin: Joseph B. May (801) 462-2441
Completion Date: July 12, 1984
Bed Capacity: 20 Acute Care Beds
Area: 20,960 G.S.F.*

DESIGN WEST HEALTH FACILITIES INC.
HEALTHCARE DESIGN AND CONSTRUCTION
95 West 100 South, Logan, Utah, 84321 (801) 752-7031
San Jose (415) 962-1199
Salt Lake City (801) 539-8221
Boise (208) 322-5775



Copyright © 1984 Design West Health Facilities

**PROPOSAL TO DEVELOP A
COMPREHENSIVE HEALTH CARE FACILITY
FOR UNALASKA**

**PREPARED FOR
ILIULIUK FAMILY & HEALTH SERVICES INC. AND
THE CITY OF UNALASKA
BY
PGS INC. AND
Kumia Associates, Inc.
JANUARY 19, 1990**

**PROPOSAL TO DEVELOP A
COMPREHENSIVE HEALTH CARE FACILITY
FOR UNALASKA**

**PREPARED FOR
ILIULIUK FAMILY & HEALTH SERVICES INC. AND
THE CITY OF UNALASKA**

BY

**EPGS PROFESSIONAL GROWTH SYSTEMS, INC.
327 E. FIREWEED LANE, SUITE 202
ANCHORAGE, AK 99503
276-4414**

AND

**Kumta Associates, Inc.
3000 "A" STREET, SUITE 202
ANCHORAGE, AK 99503
563-8877**

BACKGROUND

The recent growth in Bering Sea fisheries brought about by expanding bottom fish markets and increased use of on shore facilities by foreign fleets has brought explosive changes to the community of Unalaska. As the primary support community for the Bering Sea fishing efforts, some 40,000 persons involved in foreign or domestic fishing ventures look to Unalaska for services including health care.

Over the last three years the resident population of Unalaska has grown by 41%.

TABLE I
POPULATION CITY OF UNALASKA/DUTCH HARBOR
1987-89

<u>YEAR</u>	<u>POPULATION EST.</u>
1987	1,354
1988	1,908
1989	2,265

Source: City of Unalaska, PGS Inc.

The need for health care services has outstripped the ability of the present clinic facility to provide those services. The situation at the clinic has become a true crisis. Owned and operated by Illuliuk Family and Health Services, Inc., the facility is managed by a community governing board and serves the entire resident population as well as the transient fishing fleets.

At the request of the corporation and City, the State conducted a site review in August. The group, headed by Commissioner of Health & Social Services, Myra Munson, offered the following finding:

- "Alth. jgh well maintained, the facility is dated and a few improvements have been made since its construction. It is too small to handle the number of visits, hold adequate supplies, or to appropriately accommodate visiting specialists and limits the potential advantages for co-locating related community services."

The explosion of health care demand has prompted the Corporation and City to seek a new facility on an emergent basis . The City has agreed to donate a parcel of land for the new facility. Major processors in the area have agreed in concept to participate in the capital construction cost of the facility. The goal set by the City is a \$500,000 local share of the capital construction burden.

THE CURRENT SITUATION

During the past three years, especially this past year, clinic utilization has risen even more sharply than the population. Both after-hours emergencies and medical evacuations to Anchorage have risen more sharply still. Table II details these developments.

TABLE II
ILIULIUK CLINIC UTILIZATION
1987-1989

<u>Year</u>	<u>Clinic Visits</u>	<u>After Hrs. Emergencies</u>	<u>Medical Evacuations</u>
1987	6,491	491	44
1988	6,651	818	154
1989*	14,085	1,700	200

* 1989 Estimate based on actual figures and extrapolation to year-end

Source: Iliuliuk Clinic and PGS Inc.

The community sees the current crisis arising from off shore fleet growth. The unforeseen explosion to some 40,000 has placed an undue burden upon the community infrastructure, most notably health services.

The present clinic facility is beset with the following physical and operational problems:

- Only three exam rooms are available to the two physician assistants practicing in the clinic. These rooms must also accommodate the visiting physicians which travel twice a month for a one week period each. No less than five exam rooms are needed to meet present demand.
- The emergency room can accommodate only two patients. Recent experience bears out that on any given day, there is an 80% chance of a multiple casualty situation resulting in treatment of some in hallways or on the floor.
- There is capacity to hold two patients while awaiting medical evacuation to Anchorage. Given the number of multiple casualties seen by the clinic this meets about half the need. The present holding area is at the opposite end of the clinic from the emergency room making spill over into the emergency room facility or visa versa an unworkable solution.
- There is no facility for health personnel to sleep in the facility while on call. Emergencies now number better than five per night on a seven-day-a-week basis.
- The waiting area will accommodate only ten patients (or family members) at a time. The clinic is averaging 45 patients per day currently and waiting area is inadequate.
- Medical supplies are now being stored in the attic, crawl spaces under the building and a donated trailer unit.
- Virtually all the medical equipment is inadequate. There is only a portable x-ray machine when more than one is needed. The patient delays for x-rays is considerable.
- There is no emergency electrical generation. Power surges in the community utility system have damaged almost all of the equipment. Further, due to power outages the staff has had to deal with emergencies without power. Over the last three months, minor surgery using flashlights has been performed on several occasions.
- Space for administrative staff to carry out patient appointments, billing etc. is inadequate

- The present roof is in need of major repairs or replacement to deal with recurring leaks
- Medical supplies and pharmaceuticals are located at opposite ends of the building
- Visiting dentists are currently holding clinic outside the facility due to lack of space
- The clinic has no audiometric or spirometric testing capacity to deal with environmental and occupational hazards arising from the fishing industry. Such facilities are a requirement of employers to meet Federal OSHA standards.
- Present staffing of medical providers as well as laboratory and x-ray technicians is inadequate. However, with present facilities, additional staffing could not be accommodated.

THE FUTURE

Three major expansions of processing plants on the Island are already under construction or have been committed too. One processor is completing a facility that will need 200-400 workers to operate. Another is 40% complete on a project that will need an additional 200 workers upon completion. A third processor awaits construction permits on a plant of similar size.

A preliminary estimate of population growth is that increases of 15% and 10% are foreseen for the next two years and 7% each for the next three years. By the end of 1994, the population of the Island will have nearly doubled to 4,293. These estimates will be refined and substantiated in future planning efforts by the City.

In summary, the present situation has reached a true crisis. The clinic cannot accommodate present demand. Meeting growth already planned for the next two years will not be possible. The City and Clinic is

faced with an explosive on shore development and off shore expansion it cannot control but must accommodate.

PROPOSAL

To accommodate the increases in numbers of visits, the high rate of emergencies, needed holding capacity for medical evacuations, as well as integrate other health providers into a central facility the following changes in the physical plant are recommended:

EXPANSION NEEDED TO ACCOMMODATE PRESENT SCOPE OF SERVICES

1. Exam Rooms - Increase from 3 to 8 exam rooms plus a triage room
2. Emergency Room - Expand from 2 to 4 treatment stations
3. Holding Beds - Increase capacity from 2 to 3 beds plus a room that could also be used for isolation or psychiatric patients
4. Radiology - Expand from an existing portable machine to two permanent diagnostic rooms/machines as well as a new portable
5. Laboratory - Expand capacity to over 700 net square feet and assume separate staffing of lab and x-ray
6. Physical Therapy - Provide space for this much needed service to include whirlpool. The space would also be used for casting of bone breaks
7. Pharmacy - Assume operation of a full-time dispensing facility versus the present closet with dispensing by nursing personnel
8. Support - Significant expansion of administrative areas and storage
9. Provision of emergency electrical generation

ADDITIONAL SERVICES

To accommodate present and future needs, the following additional spaces and services are needed:

1. Audiometry and spirometry room
2. Dental operator
3. Apartment for visiting physicians as well as on-call practitioner
4. Development of an optometry service
5. Relocation of State Public Health Nursing to the clinic under a lease arrangement with the State
6. Relocation of the Community Health Aide to the clinic under a lease with the Aleutian Pribilof Islands Association (A/PIA)
7. Lease of office space to the A/PIA mental health and alcohol counselors, social worker, WIC program, patient educator

Over the next 2-3 months, these findings and recommendations will be further refined through an extensive feasibility study, functional plan and as well as cost estimate. Further, the feasibility of relocating State and other agencies to leased space within the new clinic will be determined.

UNALASKA CLINIC

Project Cost Summary

I	Site development costs (Estimate prepared by Department of Public Works, City of Unalaska)	\$ 60,000.
II	Construction of clinic (Estimate prepared by HMS, Inc., based on Kumin Associates' space summary and description of systems)	\$ 3,026,000.
III	Medical Equipment (Estimate prepared by Bill Dann of PGS, Inc.)	\$ 420,000.
IV	Non medical furnishings & equipment (Estimate prepared by Kumin Associates, Inc.)	\$ 45,000.
V	Overhead Costs @ 20% of above includes soils investigation, survey, design, construction administration and inspections, insurance, legal and other administrative expenses.	\$ 792,000.
VI	Project Contingency - @ 5% of above	\$ 220,000.
	Total Estimated Project Cost	\$ 4,563,000.

UNALASKA CLINIC

Summary of Spaces

1.	Clinic - 2500 S.F. + 300 S.F. interior circulation includes 8 exam rooms, triage, PHS house, reception, etc.	2800 S.F.
2.	Emergency Area - 1225 S.F. + 200 S.F. interior circulation includes treatment stations, waiting etc.	1425 S.F.
3.	Miscellaneous support spaces - 4000 S.F. + 700 S.F. interior circulation holding beds, psych. room, patient bath, kitchen, laundry, lab areas, pharmacy	4700 S.F.
4.	Offices - 2000 S.F. + 300 S.F. interior circulation, physicians, counselor, administration, conference records storage	2300 S.F.
5.	Physicians apartment - 750 S.F.	750 S.F.
	Subtotal	<hr/> 11,975. S.F.
6.	Non-program spaces	
	Vertical circulation	500 S.F.
	Circulation, between units & entry vestibules	1198 S.F.
	Mechanical room, electrical room, & emergency generator	600 S.F.
	General storage	400 S.F.
		<hr/>

GROSS FLOOR AREA 14, 673. S.F.