

HB

149

STATE OF ALASKA
House of Representatives
District 27

Representative Cliff Davidson
Chairman
House Resources Committee



Box V, Juneau, AK 99811
(907) 465-2487
Box 746, Kodiak, AK 99615
(907) 486-8250

TO: Representative Georgianna Lincoln, Co-Chairman
House Health & Social Services Committee

FROM: Representative Cliff Davidson

DATE: March 18, 1991

SUBJECT: House Bill 149, "An Act making appropriation for grants to certain hospitals for hospital construction and renovation; and providing for an effective date."

Please consider scheduling House Bill 149, which makes appropriations for grants to certain hospitals, at your earliest convenience.

House Bill 149 is an appropriation bill which would fund the remaining three projects prioritized in the 1982 "Inventory and Evaluation Survey" prepared by the Department of Health and Social Services. In the survey, fifteen hospitals were evaluated and ranked by a committee made up of the Alaska Medical Facility Authority, the Alaska State Hospital Assn., the S.E. Alaska Health Systems Agency, Inc., South Central Health Planning and Development, Inc., the Medical Care Advisory Committee and the Statewide Health Coordinating Council. Priority ranking was based on the relative severity of all physical and functional deficiencies found at each facility. Kodiak, Ketchikan and Seward were ranked in the top ten but to date have not been funded.

If you have any questions about this legislation, please call my staff member, Stephanie Love, at 465-2487.

Thank you for your consideration of this request.

SPONSOR STATEMENT

STATE OF ALASKA
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BILL BACKGROUND

HOUSE BILL 149

HB 149 would appropriate \$36,917,116 to replace, renovate and/or equip the current general hospitals in Kodiak, Ketchikan and Seward.

In 1982, at the request of the legislature, the Department of Health and Social Services developed a prioritized capital funding plan to fund all non-federal level III hospitals and nursing homes in the state. The plan was based on intensive inventory and condition surveys of each facility. Fifteen separate facilities were surveyed and incorporated into the plan.

Ketchikan General Hospital was ranked 5th of 15; Kodiak Hospital ranked 6th and Seward ranked 8th. To date, all higher ranked facilities have received significant funding. Of the lower ranked facilities, only Weslyn Nursing Home in Seward; St. Ann's Nursing Home in Juneau and Valdez Community Hospital (in a wing of Harborview Developmental Center) have not received significant funding.

Of the three facilities in this bill, all have Certificates of Need. Kodiak received it's C.O.N. February 28, 1991 for \$18,200,000. Ketchikan received it's C.O.N. June 15, 1990 for \$19,300,300 and Seward received it's C.O.N. September 9, 1989 for \$9,500,000.

HB149 Background

FUNDING REQUEST COMPARISON

HOSPITAL PROJECT	1990 REQUEST	1991 REQUEST	Local Match	Total Project Costs	C.O.N. REQUEST
	General Obligation Bond	State Grant Request			
Kodlak General Hospital	\$14,500,000	\$14,250,000	\$4,750,000	\$19,000,000	\$18,167,340
Seward General Hospital	\$10,700,000	\$8,603,438	\$2,867,813	\$11,471,251	\$9,500,000
Ketchikan General Hospital	\$16,200,000	\$14,063,678	\$4,687,893	\$18,751,571	\$19,300,000

Funding Request Comparison

Note:

The allowable inflation rate under the C.O.N. is 15%

1989 inflation rate 4%

1990 inflation rate 5%

State agencies are using a 10% inflation rate for 1991 & 1992, 7% inflation rate for 1993

*Request under SB 319

**Request under SB 111 communities must match 25% with a limit of 5% of in-kind funds

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HOUSE BILL 149
Sponsored by Representative Cliff Davidson

GOOD MORNING MADAME CHAIR, COMMITTEE MEMBERS - THANK YOU FOR SCHEDULING HOUSE BILL 149 FOR A HEARING THIS MORNING.

ARTICLE 7, SECTION 9 OF OUR ALASKA CONSTITUTION MANDATES THAT THE LEGISLATURE SHALL PROVIDE FOR PROMOTION AND PROTECTION OF PUBLIC HEALTH AND THE PUBLIC WELFARE.

I INTRODUCED HOUSE BILL 149 TO ADDRESS A CONCERN AND BASIC HUMAN RIGHT OF ALL ALASKANS -- ACCESS TO ADEQUATE AND BASIC HEALTH CARE. BUT WHEN IT COMES TO BASIC HEALTH CARE FACILITIES -- OUTSIDE OUR THREE LARGEST URBAN AREAS -- WE, THE LEGISLATURE, FACE A SHAMEFUL RECORD OF NEGLECT. WE ARE OUT OF COMPLIANCE WITH ALASKA CONSTITUTIONAL MANDATE.

ECONOMIC PROSPERITY AND WISE USE OF OUR STATE'S ABUNDANT RESOURCES DEPEND ON A HEALTHY POPULATION WITH ACCESS TO BASIC HEALTH CARE FACILITIES WHICH ADDRESS LOCAL HEALTH CARE NEEDS. PHYSICAL PLANTS IN A NUMBER OF ALASKA'S HOSPITALS AND NURSING HOMES HAVE BEEN ALLOWED TO DETERIORATE WHILE OTHER STATE PRIORITIES HAVE BEEN ADDRESSED. IT IS MY UNDERSTANDING THAT THE LAST TIME WE BUILT A HOSPITAL WAS 6 YEARS AGO, SPENDING APPROXIMATELY \$2 MILLION. THE 1990 CENSUS SHOWS AN INCREASE IN POPULATION IN RURAL AREAS. WE HAVE ADDRESSED NEEDS FOR PRIORITY SCHOOL CONSTRUCTION, NOW IS THE TIME TO DO THE SAME FOR HEALTH

CARE FACILITIES. THE SLOW DOWN AND DELAY IN THE FEDERALLY FUNDED ALASKA NATIVE HOSPITAL IN ANCHORAGE PUTS EVEN MORE RURAL ALASKAN AT RISK. WE NEED A PROCESS TO GET THE JOB OF HEALTH CARE DONE.

THE PROCESS USED TO IDENTIFY PRIORITY NEEDS FOR HEALTH CARE HAS BEEN A LONG AND THOROUGH ONE. IT GOES BACK TO A STUDY AUTHORIZED AND FUNDED BY THE 1981 LEGISLATURE. FIFTEEN RURAL HOSPITALS AND NURSING HOMES THROUGHOUT ALASKA WERE FOUND TO BE IN A DETERIORATED CONDITION. IT WAS DETERMINED ALSO THAT THESE FACILITIES HAD MANY HEALTH AND BUILDING CODE VIOLATIONS. THEY EXPERIENCED FUNCTIONAL FAILURES AS WELL.

THE LIST OF NEGLECTED HOSPITAL FACILITIES WERE GIVEN A PRIORITY RANKING WHICH WAS BASED ON THE SEVERITY OF ALL PHYSICAL AND FUNCTIONAL DEFICIENCIES FOUND AT EACH FACILITY. THE LIST DID NOT CONSIDER OTHER FACTORS SUCH AS FACILITY UTILIZATION OR POPULATION TRENDS. A DECADE LATER (IN 1991), ONLY SEVEN OF THE 15 FACILITIES IDENTIFIED HAVE COMPLETED MAJOR RENOVATION OR RECONSTRUCTION PROJECTS. FIVE ARE CO-LOCATED FACILITIES. THIS MEANS BOTH ACUTE CARE SERVICES AND LONG-TERM CARE SERVICES ARE COMBINED IN ONE FACILITY. IN SOME CASES, LOCAL COMMUNITIES PROVIDED THEIR OWN FUNDING WHEN THE LEGISLATURE CUT ALLOCATIONS IN THESE AREAS. HOUSE BILL 149 REQUIRES EACH COMMUNITY TO PROVIDE A FINANCIAL CONTRIBUTION. UP TO FIVE PERCENT OF THAT CONTRIBUTION MAY BE IN KIND.

TEN YEARS IS A LONG TIME TO WAIT TO ADDRESS IDENTIFIED DEFICIENCIES WHICH CAN ONLY BE CORRECTED BY MAJOR RENOVATION. HOUSE BILL 149 WOULD MOVE US TOWARD A MORE ADEQUATE STATEWIDE NETWORK OF HEALTH CARE FACILITIES.

THERE IS NOTHING MORE WORTHY NOR IMPORTANT OF OUR ATTENTION AND OUR RESOURCES THAN THE PUBLIC HEALTH AND THE PUBLIC WELFARE. ALASKA'S ECONOMIC HEALTH AND SOCIAL HEALTH DEPEND ON OUR ABILITY TO NURTURE A HEALTHY AND PRODUCTIVE POPULATION.

THEREFORE, I URGE YOUR SUPPORT OF HOUSE BILL 149.

3-27-91

To the Juneau LIO from Lorna in Kodiak.

3 Pages were just sent from the Kodiak Island Hospital Administrator this is his testimony to be entered into the record of the House HESS t/c scheduled for this mornings t/c at 7:30 am. T/C 91-03-127.

He thought Kodiak was included as a site to participate in this t/c this morning.

His name is Jansen Blanton, 1915 E. Rezanof - Kodiak 99615, 486-3281.

C-106

House H.E.S.S. Committee 3-27-91

Mr. Chairman, Members of the Committee

Thank you for the opportunity to speak to you concerning the need for a new health care facility for Kodiak Island. The present facility needs to be replaced based on the assessment of the physical plant.

- * The facility is twenty-five years old. At the time it was constructed, 90% of services were delivered to inpatients. Today, less than 50% of services are delivered to inpatients. In 1986, the facility served 2,238 outpatients. In 1990, we served 8,758 outpatients. Medical services and people's needs have changed -- the facility has not.**
- * The facility is "bursting at the seams". We had to locate the new C.T. scanner in a separate outside building due to space and electrical service deficiencies. We have temporarily converted patient rooms to meet office space needs. Storage space is being utilized offsite to meet current needs. Medical equipment is stored in the library.**

Radiology space was taken for Emergency Room space.

The Pharmacy and the doctors have to share a room and the mammography and ultrasound patients have to alternate since both machines are in the same room. This crowding interferes with medical services to patients and causes safety concerns for both patients and staff.

- * The last inspection by the fire marshal resulted in 66 deficiencies from the Federal government under Handicapped Codes and four Life Safety Code deficiencies which cannot be corrected without major structural changes to the building. The major mechanical equipment is twenty-five years old and requires constant repairs and modifications to stay operable. The Borough is currently planning to replace a defective hot water system. Asbestos has been identified as insulating material in the boiler room and will have to be removed thus necessitating another large expense and service disruption.**

- * **The construction of the new facility will allow for expanded critical care, obstetric, and operating room services, expanded emergency and outpatient services areas and will meet Federal regulatory codes. In addition, the new facility will allow Kodiak Island Hospital & Care Center to continue providing quality health care services and meet the demands of today's medical care. The new facility will help keep jobs in the community, keep health care spending local and help us expand to meet the future needs of the community we serve.**

Jensen A. Blanton
Interim Administrator

Introduced by: Mayor Selby
Date: 11/01/90
Adopted: 11/01/90

KODIAK ISLAND BOROUGH
RESOLUTION NO. 90-67

A RESOLUTION ESTABLISHING A JOINT CITY/BOROUGH FISCAL YEAR
OF 1992 CAPITAL PROJECT PRIORITY LIST

WHEREAS, the City Council adopted the City of Kodiak's capital improvement priorities by Resolution No. 33-90 on September 27, 1990; and

WHEREAS, the Borough Assembly adopted the Kodiak Island Borough's capital improvement priorities by Resolution No. 90-60 on October 4, 1990; and

WHEREAS, the City Council and the Kodiak Island Borough Assembly have developed a merged list to present to the Seventeenth Alaska Legislature for funding consideration;

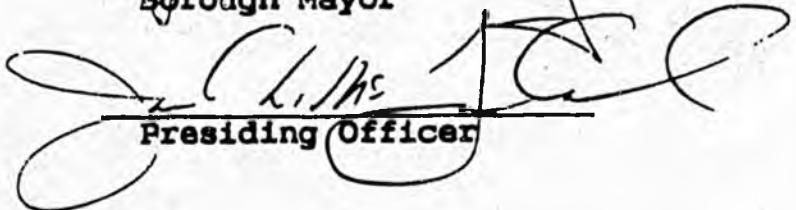
NOW, THEREFORE, BE IT RESOLVED by the Kodiak Island Borough Assembly in conjunction with the Council of the City of Kodiak, Alaska, the following priorities are hereby adopted for fiscal year 1992 capital improvement projects:

- | | | |
|----|---|---------------|
| 1. | Hospital Construction | \$ 15,000,000 |
| 2. | Mill Bay Road Construction | 5,000,000 |
| 3. | Water System Filtration Plant
Construction | 7,000,000 |
| 4. | New Elementary School | 8,200,000 |
| 5. | St. Paul Harbor
Inner Harbor Construction | 1,200,000 |
| 6. | Near Island Roads and Utilities | 2,500,000 |
| 7. | Resurfacing Rezanof Drive | 4,500,000 |

PASSED AND APPROVED THIS 1st DAY OF NOVEMBER, 1990.

KODIAK ISLAND BOROUGH


Borough Mayor


Presiding Officer

ATTEST:


Borough Clerk

CITY OF KODIAK
RESOLUTION NUMBER 38-90

A RESOLUTION OF THE COUNCIL OF THE CITY OF KODIAK ESTABLISHING A JOINT CITY/BOROUGH FISCAL YEAR 1992 CAPITAL PROJECT PRIORITY LIST

WHEREAS, the City Council adopted the City of Kodiak's prioritized Capital Improvements Program by Resolution Number 33-90, on September 27, 1990; and

WHEREAS, the Borough Assembly will adopt the Kodiak Island Borough's capital improvement priorities by Resolution Number 90-60-R, on October 4, 1990; and

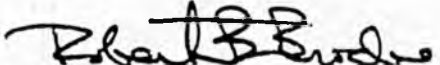
WHEREAS, the City Council and the Kodiak Island Borough Assembly have developed a merged list to present to the First Session of the Seventeenth Alaska Legislature for funding consideration,

NOW, THEREFORE, BE IT RESOLVED that the Council of the City of Kodiak, Alaska, in conjunction with the Kodiak Island Borough Assembly, does hereby adopt the following priorities for the fiscal year 1992 capital improvement projects:

- | | |
|--|--------------|
| 1. Hospital construction | \$14,000,000 |
| 2. Mill Bay Road reconstruction | 5,000,000 |
| 3. Water System Filtration Plant construction | 7,000,000 |
| 4. New elementary school | 8,200,000 |
| 5. St. Paul Harbor inner harbor reconstruction | 1,200,000 |
| 6. Near Island roads and utilities | 2,500,000 |
| 7. Resurfacing Rezanof Drive | 4,500,000 |

PASSED AND APPROVED this 25th day of October, 1990.

CITY OF KODIAK


MAYOR

ATTEST:


CITY CLERK



Alaska State Legislature

c-106

Please enter into the record my testimony to the ~~House of Representatives~~
 committee name
 committee on HB 149, dated 3/27/91
 bill/subject

Thank you for the opportunity to offer testimony on this important Bill.

Although my interest in improving health care in Kodiak, I have a concern that Alaska has not paid sufficient attention to health care needs all over the State - Seward and Ketchikan are also in need of assistance.

We have paid good attention to the needs in Education around the state and it is high time to raise the health care to our citizens.

I would like to see Alaska "above average" in health care - rather than way "below average". Please support this HB 149. Thank you

Signed: Lorne White Lorne White
 Testifier

Representing (Optional)
Box 1661 Kodiak
 Address
480-4791
 Phone No.

HOUSE COMMITTEE REPORT

(7)

Date Referred: February 20, 1991

FURTHER REFERRALS:

Finance

Date of Committee Action: 3/27/91

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 149

HOUSE BILL NO. 149

APPROP: MUNICIPAL GRANTS FOR HOSPITALS

"An Act making appropriations for grants to certain hospitals for hospital construction and renovation; and providing for an effective date."

RECOMMENDATIONS:

be replaced with _____ the same title

have attached amendments(s) a new title

do pass

do not pass

no recommendations

individual recommendations

additional referral to the _____ Committee

ADOPTS: _____ letter of Intent

ATTACHES NEW FISCAL NOTE(s): (Dept) _____

APPROVES PREVIOUS: (Dept/Date) _____

fiscal impact _____

fiscal note(s) _____

zero fiscal note _____

zero fiscal note(s) _____

SIGNING DO PASS:

(LINCOLN) SIGNING OTHER RECOMMENDATIONS:

	Check appropriate column:	Do Not Pass	No Rec	Amend
<i>[Signature]</i>				
<i>[Signature]</i> (CARNEY)				
<i>[Signature]</i> (GONZALES)				
<i>[Signature]</i>				
<i>[Signature]</i> (HANLEY)			<input checked="" type="checkbox"/>	
Mary Miller				
Cheri Davis				

[Signature]
CO-Chairman's Signature

DRAFT

Table 3.1 - 1990 ALASKA HOSPITAL SURVEY
SPECIALIZED CARE FACILITIES
INVENTORY

Area	Facility	Period Reported	Administrator	Ownership	Operator
SOUTHEAST					
	Juneau Recovery Unit	01/01/89 to 12/31/89	Steve Hamilton	Municipal	City and Borough of Juneau
SOUTHCENTRAL					
	Charter North Hospital	10/01/88 to 09/30/89	Kathy Cronen	Private	Charter Medical Corporation
	North Star Hospital	01/01/89 to 12/31/89	Stephen D. Berkshire	Private	Samissa Healthcare Inc.
	Alaska Psychiatric Institute	07/01/89 to 06/30/90	Alvin D. Finneseth	State of Alaska	State of Alaska

Table 2.1 1990 ALASKA HOSPITAL SURVEY
ACUTE CARE FACILITIES
INVENTORY

DRAFT

Area	Facility	Period Reported	Administrator	Ownership	Operator
SOUTHEAST					
	Bartlett Memorial Hospital	07/01/88 to 06/30/89	Robert F. Valliant	Municipal	Quorum Health Resources, Inc.
	Ketchikan General Hospital	07/01/88 to 06/30/89	Ed Mahn	Municipal	Sisters of St. Joseph
	Mt. Edgecumbe/SEARHC	10/01/88 to 09/30/89	Arthur C. Willman	Federal	SEARHC
	Petersburg General Hospital	01/01/89 to 12/31/89	Gary Grandy	Municipal	City of Petersburg
	Sitka Community Hospital	01/01/89 to 12/31/89	Anna Walker	Municipal	City & Borough of Sitka
	Wrangell General Hospital	11/01/89 to 12/31/89	John Vowell	Municipal	City of Wrangell
SOUTHCENTRAL					
	Alaska Native Medical Center	01/01/89 to 12/31/89	Richard Handsager, M.D.	Federal	Public Health Service
	Branch Naval Hospital, Adak	01/01/89 to 12/31/89	CDR. Lee W. Tomkins	Federal	Federal, U.S. Navy
	Bristol Bay/Kanakanak Hospital	01/01/89 to 12/31/89	Jay Toth	Federal	Public Health Service
	Central Peninsula Hospital	01/01/89 to 12/31/89	Michael J. Lockwood	Municipal	Lutheran Health Systems
	Cordova Community Hospital	01/01/89 to 12/31/89	Edward Zeine	Municipal	City of Cordova
	Humana/Alaska Hospital	01/01/89 to 12/31/89	Charles P. Stokes	Private	Humana Inc., Louisville, KY.
	Kodiak Island Hospital	01/01/89 to 12/31/89	Norm Campeau	Private	Lutheran Health Systems
	Providence Hospital	01/01/89 to 12/31/89	Sister Dona Taylor	Private	Sisters of Providence, Seattle
	Seward General	01/01/89 to 12/31/89	Diane Rabb	Municipal	City of Seward
	South Peninsula Hospital	01/01/89 to 12/31/89	Ralph Paulding	Private	Corporation
	Valdez Community Hospital	01/01/89 to 12/31/89	Dan Mohler	Private	Private
	Valley Hospital	01/01/89 to 12/31/89	James G. Walsh	Private	Corporation
	Yukon-Kuskokwim Delta	01/01/89 to 12/31/89	Delbert Nutter	Federal	Public Health Service
	Elmendorf A.F.B. Hospital	10/01/88 to 09/30/89	Col. Mervin Avants	Federal	U.S. Air Force
NORTH					
	Bassett Army Hospital	10/01/88 to 09/30/89	Lt. William Cahill	Federal	U.S. Army
	Barrow PHS/ANH Hospital	07/01/89 to 06/30/90	Violet M. Nageak	Federal	Public Health Service
	Fairbanks Memorial Hospital	01/01/89 to 12/31/89	James Gingerich	Private	Lutheran Health Systems
	Kotzebue PHS/ANS Hospital	01/01/89 to 12/31/89	Frank Williams	Federal	Public Health Service
	Horton Sound Region	10/01/88 to 09/30/89	Wallace N. Boyd	Private	Horton Sound Health Corp.

Table 4.1 - 1990 ALASKA HOSPITAL SURVEY
LONG TERM CARE FACILITIES
INVENTORY

Area	Facility	Period Reported	Administrator	Ownership	Operator
SOUTHEAST					
	Island View Manor	07/01/88 to 06/30/89	Ed Mahn	Municipal	Sisters of St. Joseph
	Juneau Pioneer's Home	01/01/89 to 12/31/89	Daniel J. Heddleton	State of Alaska	State of Alaska
	Ketchikan Pioneer's Home	07/01/89 to 07/01/90	Roslyn Reeder	State of Alaska	State of Alaska
	Petersburg General Hospital	07/01/88 to 06/30/89	Gary Grandy	Municipal	Local Government
	St. Ann's Nursing Home	01/01/89 to 12/31/89	Grant Asay	Private	St. Ann's Nursing Inc.
	Sitka Pioneer's Home	07/01/89 to 06/30/90	Julia A. Smith	State of Alaska	State of Alaska
	Wrangell General Hospital	01/01/89 to 12/31/89	John Vowell	Municipal	Local Government
SOUTHCENTRAL					
	Anchorage Pioneer's Home	01/01/89 to 12/31/89	Stan Soth	State of Alaska	State of Alaska
	Arlene Home	01/01/89 to 12/31/89	Stephen P. Lesko	Private	Private
171	Cordova Community Hospital	07/01/88 to 06/30/89	Edward Zeine	Municipal	Local Government
	Mary Conrad Center	01/01/89 to 12/31/89	Joan Fisher	Private	Sisters of Providence
	Forest Park Cottage	01/01/89 to 12/31/89	Stephen P. Lesko	Private	Private
	Harborview Developmental Ctr.	01/01/89 to 12/31/89	Patrick J. Londo	State of Alaska	State of Alaska
	Heritage Place	01/01/89 to 12/31/89	Dennis Murray	Private	Lutheran Health Systems
	Hope Park Cottage	01/01/89 to 12/31/89	Stephen P. Lesko	Private	Private
	Juliana Home	01/01/89 to 12/31/89	Stephen P. Lesko	Private	Private
	Kodiak Island Hospital	01/01/89 to 12/31/89	Norm Campeau	Municipal	Lutheran Health Systems
	Ocean Park Cottage	01/01/89 to 12/31/89	Stephen P. Lesko	Private	Private
	Our Lady of Compassion	01/01/89 to 12/31/89	Tom Boling	Private	Sisters of Providence
	Palmer Pioneer's Home	01/01/89 to 12/31/89	Gary L. Sheridan	State of Alaska	State of Alaska
*	Sourdough Place	01/01/89 to 12/31/89	Patrick J. Londo	State of Alaska	State of Alaska
	South Peninsula Hospital	07/01/88 to 06/30/89	Hike Herring	Private	South Peninsula Hospital Inc.
	Wesleyan Nursing Home	01/01/89 to 12/31/89	Richard W. Jones	Private	United Methodist Church
ORTH					
	Denali Center	01/01/89 to 12/31/89	Mark Bertilrud	Private	Lutheran Health Systems
	Fairbanks Pioneer's Home	07/01/89 to 06/30/90	Eileen Montano	State of Alaska	State of Alaska
	Kotzebue Senior Center Care	08/04/89 to 12/31/90	Nancy Farrington	Private	Non-Profit Native Corporation
	Quyaana Care Center	10/01/88 to 09/30/89	Diane Rabb	Private	Private

*Sourdough Place is the nursing home portion of Harborview Developmental Center

Table 4.6 - 1990 ALASKA HOSPITAL SURVEY
LONG TERM CARE FACILITIES
BED DISTRIBUTION BY HEALTH SERVICE AREA

DRAFT

FACILITIES	NURSING CARE BEDS		RESIDENTIAL BEDS	TOTAL BEDS	MEDICARE		MEDICAID	
	LICENSED	SETUP&STAFFED	SET UP & STAFFED	SET UP & STAFFED	LICENSED	SETUP&STAFFED	LICENSED	SETUP&STAFFED
SOUTHEAST								
Island View Manor	46	46	0	46	8	8	46	46
Juneau Pioneer's Home	32	34	20	54	0	0	0	0
Ketchikan Pioneer's Home	30	30	19	49	0	0	0	0
Petersburg General Hospital	14	14	0	14	14	14	14	14
St. Ann's Nursing Home	45	45	0	45	0	0	45	45
* Sitka Pioneer's Home	45	41	86	127	0	0	0	0
Wrangell General Hospital	14	14	0	14	14	14	14	14
SOUTHCENTRAL								
** Anchorage Pioneer's Home	92	94	134	228	0	0	0	0
Arlene Home	5	5	0	5	0	0	5	5
Cordova Community Hospital	10	10	0	10	0	0	10	10
Mary Conrad Center	66	66	24	90	0	0	66	66
Forest Park Cottage	10	10	0	10	0	0	10	10
Harborview Developmental Ctr.	64	64	0	64	0	0	64	64
Heritage Place	45	45	0	45	45	45	45	45
Hope Park Cottage	10	10	0	10	0	0	10	10
Juliana Home	5	5	0	5	0	0	5	5
Kodiak Island Hospital	19	19	0	19	0	0	19	19
Ocean Park Cottage	10	10	0	10	0	0	10	10
Our Lady of Compassion	224	224	0	224	16	16	224	224
Palmer Pioneer's Home	55	55	37	92	0	0	0	0
Sourdough Place	16	16	0	16	0	0	16	16
South Peninsula Hospital	18	18	0	18	0	0	18	18
Wesleyan Nursing Home	66	66	0	66	0	0	66	66
NORTH								
Denali Center	101	101	0	101	101	101	101	101
Fairbanks Pioneer's Home	54	48	56	104	0	0	0	0
Kotzebue Senior Center Care	9	9	0	9	9	9	9	9
Quyaana Care Center	15	15	0	15	0	0	15	15

* NOTE: The number of nursing care beds at the Sitka Pioneer's Home was reduced from 41 to 29 in October 1989.

** NOTE: The number of nursing care beds set up and staffed at the State Pioneer's Homes includes infirmary beds.

Table 3.4 - 1990 ALASKA HOSPITAL SURVEY
SPECIALIZED CARE FACILITIES
BED DISTRIBUTION - LICENSED

DRAFT

SOUTHEAST

FACILITY	ACUTE CARE							INTENSIVE CARE					NEWBORN CARE			OTHER			
	GENERAL MEDICAL	PEDIA- TRICS	PSYCHI- ATRICS	SUBSTNC ABUSE	OBSET- TRICS	OTHER	TOTALS	ADULT	CARDIAC	BURN	OTHER	TOTALS	NEONATAL ICU	NEWBORN	TOTALS	SWING	CARE	MEDICARE	MEDICAID
Juneau Recovery Unit				15			15					0			0			0	0

Table 3.4 - 1990 ALASKA HOSPITAL SURVEY
(cont.)
SPECIALIZED CARE FACILITIES
BED DISTRIBUTION - LICENSED

SOUTHCENTRAL

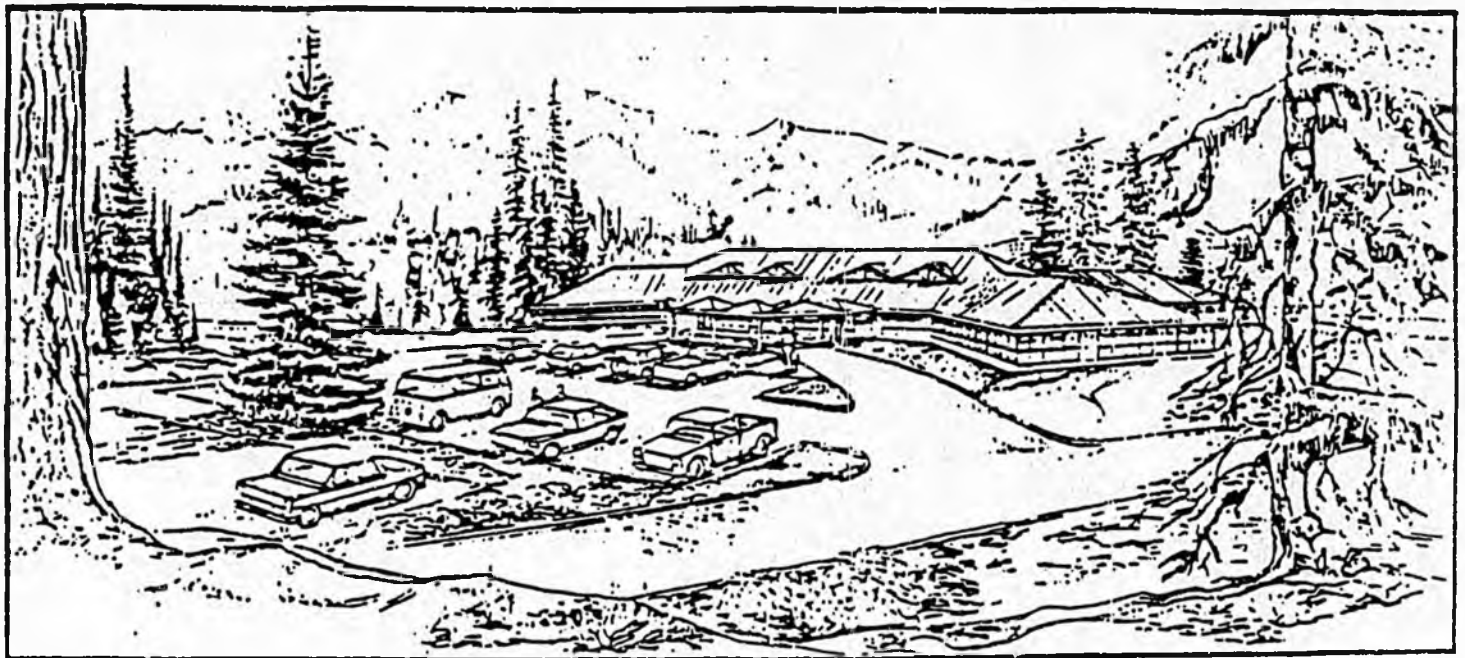
FACILITY	ACUTE CARE							INTENSIVE CARE					NEWBORN CARE			OTHER			
	GENERAL MEDICAL	PEDIA- TRICS	PSYCHI- ATRICS	SUBSTNC ABUSE	OBSET- TRICS	OTHER	TOTALS	ADULT	CARDIAC	BURN	OTHER	TOTALS	NEONATAL ICU	NEWBORN	TOTALS	SWING	CARE	MEDICARE	MEDICAID
Charter North Hospital			70	10			80					0			0			80	80
North Star Hospital			34				34					0			0			34	34
Alaska Psychiatric Institute			160				160					0			0			160	160

Table 2.5A
 1990 Alaska Hospital Survey
 Acute Care Facilities Utilization Summary

	Acute Care Beds	Total Discharge	Total Patient Days	Average Daily Census (# of Patients)	Average Length of Stay (# of Days)	Occupancy Rate (Percent)
Anchorage ANS/PHS Hospital	170	4473	32744	89.7	7.32	52.8%
Bassett ARMY Hospital	69	1383	4336	11.9	3.14	17.2%
Barrow PHS/ANS Hospital	14	510	1600	4.4	3.14	31.3%
Bartlett Memorial Hospital	51	2979	9859	27.0	3.31	53.0%
Branch Naval Hospital Adak	15	523	1375	3.8	2.63	25.1%
Bristol Bay PHS/ANS Hospital	15	468	1336	3.7	2.85	24.4%
Central Peninsula Hospital	46	2674	9344	25.6	3.49	55.7%
Cordova Community Hospital	13	226	630	1.7	2.79	13.3%
Elmendorf AFB Hospital	75	5387	23147	63.4	4.30	84.6%
Fairbanks Memorial Hospital	177	6905	25073	68.7	3.63	38.8%
Humana/Alaska	238	7534	34583	94.7	4.59	39.8%
Ketchikan General Hospital	46	1726	5288	14.5	3.06	31.5%
Kodiak Island Hospital	25	1505	4369	12.0	2.90	47.9%
Kotzebue PHS/ANS Hospital	31	761	2263	6.2	2.97	20.0%
Mt. Edgecumbe/SEARCH	78	2037	14246	39.0	6.99	50.0%
Horton Sound Regional Hospital	19	673	1741	4.8	2.59	25.1%
Petersburg General Hospital	11	140	469	1.3	3.35	11.7%
Providence Hospital	365	14219	87477	239.7	6.15	65.7%
Seward General Hospital	32	392	1216	3.3	3.10	10.4%
Sitka Community Hospital	24	727	2641	7.2	3.63	30.1%
South Peninsula Hospital	20	778	2530	6.9	3.25	34.7%
Valdez Community Hospital	15	257	733	2.0	2.85	13.4%
Valley Hospital	36	229	1308	3.6	5.71	10.0%
Wrangell General Hospital	9	128	307	0.8	2.40	9.3%
Yukon-Kuskokwim Delta PHS/ANS Hosp.	51	1928	6676	18.3	3.46	35.9%

THE FOLLOWING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

**KODIAK ISLAND (BOROUGH) HOSPITAL
AND CARE CENTER**



REPLACEMENT FACILITY PROPOSAL

KODIAK ISLAND (BOROUGH) HOSPITAL AND CARE CENTER

HISTORICAL PERSPECTIVE

Kodiak Island (Borough) Hospital and Care Center has been trying for nine years to achieve funding for a badly needed modern health care facility. The State of Alaska has not funded rural health care facility construction for the past seven years.

During this nine years, several studies have been completed. They have studied the needs of the Borough, the present facilities, the need for either remodeling/additions to the present facility, or a replacement facility; the projected health care needs of Kodiak Island Borough; and the respective costs of remodeling/additions versus a replacement facility.

In 1982, the State of Alaska contracted with ECI-Hyers, Architects and Planners, to study the existing need in the state. Their conclusions were that replacement of the present facility would be the most cost effective methods of providing needed health care.

In 1985, Mills, John & Rigdon Architects determined that the most prudent method of providing the needed health care was a replacement facility. Their findings were that the present facility's problems in the areas of asbestos control, mechanical systems, air handling systems, traffic flow, earthquake protection and multiple code violations made a replacement facility the only choice.

In May of 1986, the Health System Agency came to the conclusion as the two previous studies: replacement is the only cost effective and realistic approach to the problems of health care delivery in Kodiak Island Borough.

The present facility has 66 deficiencies under Federal Codes, 19 deficiencies under the Handicapped Code, 4 major deficiencies under Life Safety Code, and it does not meet the state requirements for earthquake protection.

When the hospital was built in 1968, it met the medical needs of that time. Then, we had 2,300 outpatient visits a year; now, we have over 9,000. Then, we had about 10 patients a day in the hospital; now, we have over 15 a day. Then, we had one x-ray machine; now, we need three machines and our CT Scanner is going to have to be put in a building outside the hospital because there is no room inside. Then, we had three laboratory machines performing 1,500 tests a year; now, we have five state-of-the-art machines performing over 9,000 tests. But we are still in the same building with the same 22-year-old mechanical, ventilation and electrical system.

The State of Alaska appropriated \$200,000 to Kodiak Island Borough for planning of a new facility. Kodiak Island Hospital and Care Center has donated over \$2,000,000 to the Borough for site acquisition, architect's drawings and specifications, and site preparation. There are currently plans, specifications and documents ready for construction. Due to a lack of funding, the Certificate of Need which was granted, and extended twice in anticipating of funding, has expired. The Certificate of Need has been resubmitted to the State for review.

The Kodiak Island Borough and the City of Kodiak have both made the replacement of the present hospital with a new facility their number one priority again this year.

To date, the Kodiak Island Borough and Hospital have spent \$1,813,962.00 in preparation for the new hospital. There is over \$1,000,000 in reserves dedicated for the construction of the new hospital. We are currently researching the possibility of a fund developing program to further assist ourselves and the state in providing the necessary health care for our borough.

Over the nine years of waiting, we have spent large sums of money studying the problem and developing the most economical solution and the plans and specifications to implement the replacement facility. The delays have increased the cost of construction, through inflation and increasing technology, from \$11,500,000 in 1982 to \$19 million in 1991. These are costs that are directly born by the hospital, borough, citizens and State of Alaska.

KODIAK ISLAND (BOROUGH) HOSPITAL AND CARE CENTER

WHY IS A NEW HOSPITAL NEEDED?

1. REPLACEMENT VERSUS REMODELING

In 1982, the State of Alaska said this facility should be replaced in 1985-1986. They recommended \$10,000,000 be appropriated for the project. It wasn't. We are still waiting.

Long range studies done in 1982, March, 1985 and May, 1986 have been completed regarding the future needs of the Kodiak Island (Borough) Hospital and Care Center.

The most definitive studies were the 1982 and March, 1985 studies.

The 1982 study, completed by ECI-Hyers, Architects and Planners, for the State of Alaska, looked at the problems, potentials and costs of replacing and remodeling/adding on. Their final costs in 1982 dollars, was:

- * Build replacement \$11,363,900.00
- * Remodel/add-on \$14,245,700.00

The 1985 study, done by Mills, John & Rigdon, Architects, determined the best plan was replacement. They felt that due to the present hospitals problems in the areas of asbestos control, mechanical system and air handling deficiencies and facility traffic flow problems, remodeling of the present building was cost prohibitive. They estimated a new facility would cost, in 1985 dollars, \$16,500,000.00.

The May, 1986 study, done by South Central Health Planning and Development, Inc., came to the same conclusions; building a replacement facility would be more cost effective than remodeling and adding on. They estimated the cost of remodeling/adding on at \$300.00 per square foot, minimum, and building at \$200.00 per square foot, in 1986 dollars.

There are currently drawings, specifications and bidding documents completed. With some modifications and code compliance changes, we could be ready to build.

To date, the Borough and Hospital have spent:

Site Acquisition	\$ 495,000.00
Architect/Engineer Fees	890,262.00
Site Preparation	<u>428,700.00</u>
	\$1,813,962.00

This demonstrates the level of commitment that has been made by the Kodiak Island Borough Assemblies and the Kodiak Island Hospital Advisory Board.

2. **OUTDATED DESIGN**

We cannot attract professionals, health care workers, physicians, due to our antiquated, crowded and "boxed in" building. The hospital was built in 1968. Then, over 90% of the patients were in-patients. Today, less than 50% of our total patients are in-patients. In 1986, we had 2,238 emergency and out-patients. This year, we will have over 9,000. The way medicine is practiced has changed greatly in 22 years; the building hasn't.

The C.T. Scanner is having to be put in a trailer in the back parking lot; there is no room for it here in the facility.

3. **SPACE CONSTRAINTS AND DEFICIENCIES**

We are "bursting at the seams". Currently, storage is being rented/purchased in three separate off-site locations and two Conex containers at the hospital. There is no room for storage at the hospital.

The present building has 66 deficiencies from the Federal government, deficiencies under Handicapped Codes and four deficiencies from Life Safety Codes that cannot be corrected without major structural changes to the building.

4. **AGING AND FAILING PHYSICAL PLANT**

We are facing a deadline with the State Fire Marshal. We must spend in excess of \$50,000 in the next 90 days to stay open.

The boilers, autoclaves, air handling systems, dishwasher and vacuum/oxygen systems here are all 22 years old. They require constant repairs and modifications just to keep them operating.

A new hospital is the Number One Capital Project for the Borough and the City.

KODIAK ISLAND HOSPITAL REPLACEMENT

COST ESTIMATE

1. New Construction	\$ 14,000,000
2. Site Work	484,500
3. Site Acquisition	495,000
4. Landscaping	250,000
5. Mechanical Balancing	40,000
6. Movable Equipment	450,000
7. Architectural/Engineering Fees	1,200,000
8. Site Survey/Soils & Materials Testing	50,000
9. Special Inspections	42,000
10. Administrative Expense	250,000
11. Contingency	<u>1,738,500</u>

TOTAL PROJECT COST (1991) \$ 19,000,000

LOCAL FUNDING \$ 4,000,000

BALANCE REQUESTED FROM STATE OF ALASKA \$ 15,000,000

CERTIFICATE OF NEED

KODIAK ISLAND HOSPITAL & CARE CENTER ORDER OF THE COMMISSIONER

In accordance with provisions of A.S. 18.07.031-111 and 7 AAC 07.010-130, it has been determined that the Kodiak Island Hospital and Care Center application for replacement has met the applicable criteria and findings to the satisfaction of the State Health Planning and Development Agency, Alaska Department of Health and Social Services.

The Certificate of Need authorizes a maximum capital expenditure of \$18,200,000 for the project, with the bed capacity remaining at 25 acute care beds and 19 long term care beds.

The activities approved under this Certificate of Need shall be completed within a reasonable period of time, but must be completed no later than September 30, 1995.



Walter J. Hickel, Governor

By:

Handwritten signature of Theodore A. Mala.

Theodore A. Mala, MD, MPH
Commissioner
Dept. of Health & Social
Services

Date:

28 February 1991

Post-It™ brand fax transmittal memo 7671	# of pages	1
To	RAY CAMARDELLA	
From	RON GARZINI	
Co.	K.I.B.	
Phone	486-5736	
Fax	486-5001	
Dept.		
Fax #	486-5001	

WHY IS A NEW HOSPITAL NEEDED?

FOUR MAIN REASONS:

1. We are "bursting at the seams". Currently, storage is being rented/purchased in three separate off-site locations and two Conex containers at the hospital. There is no room for storage at the hospital.

The present building has 66 deficiencies from the Federal government, deficiencies under Handicapped Codes and four deficiencies from Life Safety Codes that cannot be corrected without major structural changes to the building.

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The C.T. Scanner is having to be put in a trailer in the back parking lot; there is no room for it here in the facility.

- 3.a. This building has asbestos throughout it. Before we could remodel, that would have to be removed.
- b. We are facing a deadline with the State Fire Marshal. We must spend in excess of \$50,000 in the next 90 days to stay open.
- c. The boilers, autoclaves, air handling systems, dishwasher and vacuum/oxygen systems here are all 22 years old. They require constant repairs and modifications just to keep them operating.

A new hospital is the Number One Capital Project for the Borough and the City.

4. In 1982, the State of Alaska said this facility should be replaced in 1985-1986. They recommended \$10,000,000 be appropriated for the project. It wasn't. We are still waiting.

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Site Preparation	<u>428,700.00</u>
	\$1,813,962.00

This demonstrates the level of commitment that has been made by the Kodiak Island Borough Assemblies and the Kodiak Island Hospital Advisory Board.

	<u>1982</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>	<u>1988</u>	<u>1989</u>	<u>1990</u>	<u>PROJ. 1995</u>
Borough Population	12,714	13,748	13,952	14,208	14,897	15,585	16,869	21,142
Average Hospital Patient Day	11.3	8.1	9.4	10.1	11.1	10.8	11.8	14.9
Average Care Center Resident Day	16.5	16.6	16.1	18.5	17.8	18.1	17.6	22.0
Births	229	252	280	273	284	258	289	369
Emergency Patients	N/A	N/A	2,238	2,136	3,586	4,229	4,530	5,677
Out-Patients	N/A	N/A	N/A	N/A	N/A	N/A	5,004	6,272
Surgeries	273	273	284	294	299	285	248	563

Look at what has happened to the costs in eight years:

1982 Estimate \$11,363,900

1985 Estimate \$16,500,000

1989 Estimate \$19,058,352

That is a 68% increase in seven years, almost 10% per year. What will the cost be in 1995? \$30,000,000.00?

The following improvements are necessary to comply with minimum federal standards and to enhance the quality and efficiency of health care 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 Care Center
- 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
Area
Native
Association**



RECEIVED FEB 20 1991

102 Center Avenue
Kodiak, Alaska 99615
Phone (907) 486-5725

February 18, 1991

Office of the Governor
Walter Hickel, Governor
Third Floor, State Capitol
P.O. Box A
Juneau, AK 99811

REC

FEB 20 91

KODIAK ISLAND BOROUGH
MAYOR'S OFFICE

Dear Governor Hickel:

On behalf of Kodiak Area Native Association (KANA) and the villages it serves (Akhiok, Karluk, Larsen Bay, Old Harbor, Ouzinkie and Port Lions), we would like to express our strong support for the creation of the new Kodiak Island Borough Hospital. The present twenty-two (22) year-old hospital really is totally inadequate. Particularly in the areas of outpatient and support services which our Native villagers rely upon. For example, the minor surgery and radiology services are so backed-up that villagers might have to spend an extra day in Kodiak at considerable cost and inconvenience.

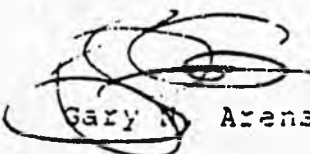
The KANA Board of Directors support the development of a clinic annex with joint funding from KANA health contract funds as a part of the new facility. We are also exploring a long term hospitalization and ancillary care (e.g., lab, x-ray) contract which would help provide secure and stable funding for the new facility.

There is a strong possibility that KANA would enter into a long term lease with the Borough of Kodiak to provide the most convenient and cost effective hospital services. At present, Kodiak Area Native Association, by itself, has about 3,500 active patient charts, to give you an indication of potential work-load from the Native population alone.

We believe that cooperating projects using both federal and state funds for the greatest cost effectiveness deserve to be rewarded with the fullest consideration as priority projects and examples to the state.

I have also taken the liberty of sending a copy of this letter to
Commissioner Ted Mala.

Sincerely,
KODIAK AREA NATIVE ASSOCIATION



Gary A. Aronson, President

cc: Jerome Selby, Borough Mayor
Ted Mala, Commissioner
Jan Blanton, Acting Kodiak Island
Borough Hospital Admin.
KANA Management Team
KANA DH&SS Managers



MAYOR AND CITY COUNCIL
POST OFFICE BOX 1397, KODIAK, ALASKA 99615

TELEPHONE (907) 486-8635
FAX (907) 486-8600

RECEIVED

JAN 16 91

KODIAK ISLAND BOROUGH
MAYOR'S OFFICE

January 15, 1991

To Whom It May Concern::

The City of Kodiak supports the Kodiak Island Borough's efforts to construct a new full-service hospital to serve Kodiak Island residents. On October 25, 1990, the City Council passed Resolution Number 38-90 naming the hospital number one priority on the list of needs of the Kodiak community.

The existing hospital is twenty-three years old and does not address the critical problems of restricted handicapped access, poor traffic flow, poor interdepartmental spatial relationships, and serious structural problems which include inadequate ventilation and an inefficient heating systems. Many of these constitute licensing code violations which can only be corrected by the construction of a new facility.

The site work for the new hospital is complete and construction can begin within a few months upon receipt of funds. Upon completion operating costs are expected to be equal to or less than current costs due to greater design efficiency. The new facility will also attract additional qualified staff to provide support in the growing areas of outpatient services and emergency care.

I urge you to give construction of the Kodiak Island Hospital your consideration for funding during the First Session of the Seventeenth Legislature. Thank you.

Sincerely,

CITY OF KODIAK

ROBERT B. BRODIE
Mayor

RBB/mhd



**KODIAK
CHAMBER
OF COMMERCE**

P.O. Box 1485, Kodiak, Alaska 99615

(907) 486-5557

FAX: (907) 486-7605

January 28, 1991

Mr. Larry Streuber
Chief Planning Division
Division of Administrative Services
Department of Health & Social Services
P.O. Box H-OZ
Juneau, AK 99811

Dear Mr. Streuber,

The Board of Directors of the Kodiak Chamber of Commerce wishes to voice their support for the construction of a new hospital facility in Kodiak. For your information, we have enclosed a copy of a position paper adopted by this body and submitted to the Alaska State Chamber of Commerce for their consideration.

This position paper supports the development of a health care facilities fund to replace, repair and update health care facilities around the state. Most important to the Kodiak Chamber of Commerce is the construction of a new hospital facility in Kodiak. Additionally, the construction of a new hospital is the number one capital improvement project for the Kodiak Island Borough and the City of Kodiak.

The Kodiak Island Borough has already committed \$1.8 million to the design, architectural drawings and specifications, site acquisition and preparation, in anticipation of state funding for construction of the hospital. Presently, the Kodiak Island Borough has over \$1 million set aside in a reserve account as a portion of the local contribution for construction.

Two separate studies conducted in 1982, and 1985, as well as a separate assessment conducted in 1986 all came to the same conclusion; construction of a new facility was to be the most cost effective way to bring modern, efficient health care to the residents of Kodiak Island.

Dedicated to Kodiak's Future

Page 2

In conclusion, if the State of Alaska is earnest in its attempt to broaden and diversify its economic base, attention must be paid to community health care facilities. If the facilities are not available or not in the best condition possible, it is difficult for communities to attract the quality of labor force necessary for companies to justify expansion or relocation to Alaska.

We would urge you to approve the certificate of need for the Kodiak Island Hospital and set in motion the funding necessary to construct a new hospital facility in Kodiak.

Yours in economic prosperity,

A handwritten signature in cursive script that reads "Laura Stohl Bealey". The signature is written in dark ink and is positioned above the typed name.

Laura Stohl Bealey
Vice President

Enclosure

KODIAK CHAMBER OF COMMERCE
ASCC Position Paper - Health Care Funding
Presented: November 1990

The Board of Directors of the Kodiak Chamber of Commerce would ask that the Alaska State Chamber of Commerce adopt a position urging the Alaska State Legislature to develop and fund a Health Facility Capital Project's Bill.

Funding for health care facilities in the State of Alaska has been ignored by the State for the last seven years. The health and welfare of the citizens of the State of Alaska are a primary responsibility of the State, under the Alaska constitution. This lack of funding of health care facilities appears to be a serious disregard of the health and welfare of the citizens of Alaska.

For several years, there has been a need for health care facility upgrades and replacements and the list of needs within the state has grown to a rather significant volume. Hospitals are in serious violation of state codes in several communities throughout the state, particularly in the communities of Ketchikan, Seward, and Kodiak. Several facilities in the other communities need substantial funding in order to upgrade and meet the current codes. Existing facilities can either be renovated or expanded in a manner to meet the current needs and code requirements within those communities. In addition, in the Municipality of Anchorage there is a glaring need for a new State Mental Health facility. This facility has been needed for many years and for various reasons it has never been funded. Now is the time to pull these particular facility needs together and fund them.

We propose that the Alaska Legislature, during its session in 1991, develop and fund a Health Facilities Capital Projects Bill which is adequate to meet the combined needs of these communities and put these services back in a position to deliver quality health care to the citizens of Alaska. Due to the rural nature of the State of Alaska, the great distances and weather which prevents travelling on a frequent occurrence, health care facilities in the State of Alaska must be built to higher standards and be capable of delivering more variety of care than other hospitals in the United States. Continued lack of funding of these facilities may now, and will certainly soon, start resulting in unnecessary loss of life to citizens of the State of Alaska. This is a tragedy that can be prevented simply by upgrading and providing adequate facilities throughout the State of Alaska which will allow high quality health care to be delivered.

Page 2

Additionally, if the State of Alaska is earnest in its attempts to broaden and diversify its economic base, attention must be paid to community health care facilities. If these facilities are not available, or are not in the best shape possible, it is difficult for communities to attract the quality of labor force necessary for company's to justify expansion or relocation to Alaska.

We would urge the Alaska State Chamber of Commerce and other parties to put their support behind successful funding of these facilities and do something positive for the residents of Alaska.

A Chartered Chapter of
The National Council on Alcoholism
Alaska Region, A State Division
of the
National Council on Alcoholism

**Kodiak
Council
on
Alcoholism, Inc.**

Phone (907)486-3535
Post Office Box 497
Kodiak, Alaska 99615

January 3, 1991

and Criminal Justice Liaison Services,
an Alcohol Safety Action Program

Mr. Larry Streuber
Chief, Planning Division
Division of Administrative Services
Department of Health and Social Services
P.O. Box h-02
Juneau, Alaska 99811

Dear Mr. Streuber,

The Kodiak Council on Alcoholism as a state supported community service non-profit organization endorses and supports continued funding for replacement hospital for the Kodiak Island region.

The existing facility has recently been cited as a potentially hazardous environment due to inadequacies of space for storage, outdated equipment and a general state of structural deficiencies.

With the current local hospital facility it is often necessary to transport patients to Anchorage for needed technical and specialized, diagnostic, medical and related care services support. As you may be aware, at times, due to inclement weather conditions on Kodiak, such transport is not always possible. Plans for the new hospital facility would alleviate some of the need for necessary transport of patients to Anchorage due to non-availability of the aforementioned care services in Kodiak.

KCA maintains a close working relationship with the Kodiak Island Hospital. Both agencies have a definitive role in the provision of services for the management of withdrawal from alcohol and other drugs. The hospital in respect to manifest withdrawal symptoms requiring medical care and KCA with respect to withdrawal symptoms not requiring care in a hospital setting. Over the years the Hospital staff and administration have worked with our counseling staff to provide appropriate care for patients admitted with alcohol or other drug related problems. I can only anticipate that a new hospital facility would increase our combined abilities to provide necessary and statutorily required care for individuals incapacitated due to alcohol or other drug misuse or addition.

We are proud of the services to the community provided by the Kodiak Island Hospital and fully recommend the approval of funds to allow these services to improve.

Respectfully,

Thomas H. Goldston
Thomas H. Goldston,
Executive Director

cc:

Joseph M. Smith, KIH Acting Administrator

KIH Advisory Board

Jerome Selby, Mayor KIB

Bob Brodie, Mayor City of Kodiak

Representative Cliff Davidson

Senator Fred Zharoff

January 23, 1991

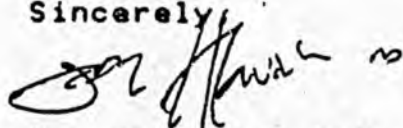
Mr. Larry Streuber
Chief of Planning Division
Division of Administrative Services
Department of Health and Social Services
P.O. Box H-02
Juneau, AK 99811

Dear Mr. Streuber:

I am writing in support of a new replacement hospital for the Kodiak Island Hospital. I have been a physician in Kodiak for five years and have been hearing about the need for replacement since my arrival. Now, as chief of staff, I have had the opportunity to review all previous studies dating back to 1982. It has been evident from repeated studies that it is much more cost effective to build a new facility than to remodel our old facility. Our old facility is well in need of replacement. This has been evidenced by a recent fire marshal review. Much of the patient flow and treatment areas have become very outdated and quite cumbersome.

As evidenced by Kodiak's commitment to this project, approximately two million dollars has been spent towards the site preparation and architecture fees. Again, this letter is in support of building a new Kodiak Island Hospital for the residents in all of southwest Alaska that would benefit from this new facility. I trust that your review of the crisis in the medical care delivery in Alaska and our need for a facility going on almost one decade, will be addressed this year.

Sincerely,



Jon Hlavinka, M.D.
Chief of Medical Staff



Kodiak Island Hospital and Care Center

1915 East Rezanof Drive
Kodiak, Alaska 99615
907-486-3281

January 22, 1991

Mr. Larry Streuber
Chief of Planning Division
Division of Administrative Services
Department of Health and Social Services
P.O. Box H-02
Juneau, Alaska 99811

Re: New Hospital in Kodiak, Alaska

Dear Mr. Streuber:

I would like to make a few comments in support of a new hospital for the Kodiak Island Borough.

I am a board certified radiologist and have been working at the Kodiak Island Hospital for approximately one and one half years. The radiology department provides essential services to this island community, the fishing industry and Coast Guard base in the field of diagnostic radiology, ultrasound and very soon CT scanning. The department is cramped into a cluster of small windowless rooms in the center of the hospital. There is poor ventilation and an acute lack of space. Our busy ultrasound operation has to share one 10x15 foot size room with the mammography department and the office desk for the technologists. This severely hampers the efficiency of the department and causes at times considerable delays in patient examinations if the room is occupied with one procedure. The crowded conditions severely compromise patient's privacy and create often embarrassing situations. Essential new equipment for high quality mammography cannot be installed due to lack of space.

The new CT scanner cannot be housed in the present hospital building and a separate modular building is being constructed across the parking lot, unattached from the present hospital. This will force hospital patients to be wheeled across the parking lot for CT examinations in very inclement weather. The decentralization and lack of space creates situations of very inefficient use of our personnel. It is very difficult to assure adequate patient supervision.

All these deficiencies can only be ameliorated by creating a more efficiently designed and a more spacious department of medical imaging in a new hospital building.

Hans U. Tschersich, M.D.
Radiologist

HUT:mg

HOLMES JOHNSON CLINIC

115 MH Bay Road
Kodiak, Alaska 99615
486-3237

January 23, 1991

Mr. Larry Streuber
Chief, Planning Division
Division of Administrative Services
Department of Health and Social Services
P.O. Box H-02
Juneau, Alaska 99811

Dear Mr. Streuber:

Allow me to introduce myself. I am Dr. Bob Johnson, a board certified family physician, and I have been in practice since 1955 in Kodiak. My father was in practice before me from 1938 to 1955 and I practiced with him until his death in 1964.

My father was one of the progenitors of the Griffin Memorial Hospital which was built by the State. In the late 1960's it became apparent that this 12-bed hospital was inadequate to deal with the increasing patient load and I was a member of the Building Committee of the Kodiak Island Hospital which opened in 1968. The old Griffin Building is serving now as the Kodiak Health Center, Social Services, and Mental Health Center.

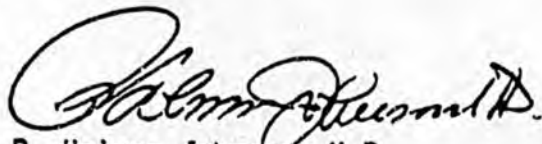
Now, twenty-two years after the Kodiak Island Hospital was built, we are faced again with the problem of its being inadequate to meet the demand of the advancing technology as well as patient care. In addition to this, many aspects of the Hospital do not meet the new building code requirements. Several years ago consultants were called in to analyze whether it would be more cost effective to bring the present Hospital up to date or to build a new one. There were many public hearings and everyone had an opportunity to comment. In the final analysis, it was determined that a new hospital would be more cost efficient and certainly serve the community better.

At that time it looked like funding would be available and indeed enough funding was obtained to complete the engineering drawings and clear the site for the new hospital. Coincidentally and unfortunately, by the time funds were needed for construction, the oil revenues dropped off and there were very few funds available for capital projects. The new hospital has remained on the drawing board for the last several years.

We now are building a separate small building adjacent to the Hospital for a CT Scan which is being installed. We have exceeded our storage capacity. We no longer meet the building codes (as previously mentioned) and our outpatient facilities are sadly lacking. The hospital has been placed in highest priority by both the Borough Assembly and the City Council and we are hoping for partial funding at least during this year.

As the oldest physician in practice and the longest in residence in Kodiak. I have the perspective of having been here before there was a hospital in which to practice and I have grown with the growth of medicine and technology over the ensuing thirty-three years. You may accept the fact that we have outgrown our second hospital and are sadly in need of our new one. Anything you can do to help would be appreciated. Any questions you have would be welcome and you may reach me at the above phone number.

Sincerely.



R. Holmes Johnson, M.D.

gbs

cc: Mr. Norm Campeau, Administrator, Kodiak Island Hospital
Chairman, Advisory Board, Kodiak Island Hospital
Chairman, Kodiak Island Borough Assembly
The Honorable Robert Brodie, Mayor, City of Kodiak
The Honorable Walter Hickel, Governor, State of Alaska



Mr. Larry Streuber
Chief, Planning Division
Division of Administrative Services
Department of Health and Social Services
P.O. Box H-02
Juneau, AK 99811

January 16, 1991

Dear Mr. Streuber:

The Kodiak Senior Center and the Kodiak Island Hospital interact on a daily basis concerning seniors who are in need of hospital care and those who are already in the hospital. Our staff participates in care conferences at the hospital and usually, we are at the hospital on a daily basis working with seniors and the hospital staff. As Project Director of the Kodiak Senior Center, I feel that I and my staff are qualified with our direct extensive experience with the Kodiak Island Hospital to comment on the need for a new hospital.

The Senior Citizens of Kodiak strongly supports a new hospital for our community. We know that the facility is outdated and in need of a significant amount of work in order to meet fire and safety codes. We fully realize the storage problems, the need for updated equipment and a building that will serve our community and other Southwestern Alaskan communities with expanded care in hypothermia and the use of a new cat scan machine.

The health care system in our state needs to be not only maintained properly but it is imperative that our facilities are kept up to date and replacements built so that Alaskans do not have to go "outside" for basic health care. Taking care of seniors, our staff everyday sees the need for basic health services in our community. With Alaskan senior population growth figures projected to double in the next decade, the state has the responsibility to plan for senior health needs today and not wait for a crisis management situation to develop in the next few years. We are already at the point of needing an overhaul with our health care system and facilities. We feel it is imperative to begin now with that process.

if you have any questions regarding this letter of support, please do not hesitate to phone me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Branson".

Patricia Branson
Project Director



POLICE DEPARTMENT

217 LOWE MILL BAY ROAD, KODIAK, ALASKA 99615

TELEPHONE (907) 486-8000

FAX (907) 486-8023

January 15, 1991

Mr. Larry Streuber
Chief, Planning Division
Division of Administrative Services
Department of Health and Social Services
P.O. Box H-02
Juneau, AK 99811

Dear Mr. Streuber:

The purpose of this letter is to inform you that, from a public safety perspective, the continued operation of the Kodiak Island Hospital is crucial to the well-being of the citizens of Kodiak.

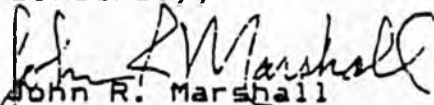
The Kodiak Police Department routinely brings many injured and incapacitated persons to the hospital for treatment each year; if it were not available many of these persons would suffer needlessly or perhaps die. The hospital is, in addition to being a primary emergency care provider, the only in-patient care provider on the Island. It is also an integral part of Kodiak's emergency preparedness unit, and would prove invaluable in the event of a tsunami, earthquake, or other disaster.

A local care facility such as KIH cannot be replaced by medivacs; in many instances the Kodiak weather prohibits flights to or from Anchorage. There is simply no way to replace the services that KIH provides to the communities of Kodiak Island absent the construction of another hospital facility, which is at this time problematical.

I therefore urge you to support the continued operation of the Kodiak Island Hospital despite any design or construction deficiencies which may plague it. These deficiencies, if they exist, are certainly preferable to having no hospital at all.

Thank you for your consideration of this request.

Sincerely,


John R. Marshall
Chief of Police

cc: File

✓ Ms. Kate Fitzgerald, KIH

KODIAK WOMEN'S RESOURCE AND CRISIS CENTER

P.O. BOX 2122, KODIAK, ALASKA 99615
Business Phone: (907) 486-6171 Crisis Line Phone: 486-3625



January 23, 1991

Mr. Larry Streuber, Chief Planning Division
Division of Administrative Services
Dept of Health & Social Services
P.O. Box H-02
Juneau, AK 99811

Dear Mr. Streuber,

This letter is to express the support of the Kodiak Women's Resource & Crisis Center for a Certificate of Need re: the replacement of Kodiak Island Hospital.

The present facility is approximately 30 years old. Standards and codes have changed since the building was originally constructed and a great deal of effort has been invested in attempts to upgrade the premises and to correct problems. In addition, there are patient needs that simply cannot be met within the spacial limitations of the existing structure; the emergency room warrants expansion and there is a great need for a quiet, confidential room for the performance of domestic violence and rape examinations. It has become increasingly evident that a new facility is needed to make adequate services available to the residents of Kodiak Island. Fortunately, a suitable site has been located.

Since the Kodiak Island Hospital is the only such institution within 250 miles and must serve the entire island, it is essential that the residents of our community be accorded immediate access to appropriate medical care.

Please accept this letter of support and give the hospital's needs your serious consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Letitia A. Raub". The signature is fluid and cursive, written over a few lines of text.

Letitia A. Raub
Executive Director
Kodiak Women's Resource & Crisis Center

lar/dv

Barbara J. Cristaldi

1719 Selief Lane
Kodiak, Alaska 99615

March 4, 1991

The Honorable Governor Walter Hickel
State of Alaska
Box A
Juneau, AK 99811

Dear Governor Hickel:

I am resident of Kodiak, Alaska, concerned about the status of funding for a new hospital facility in my community. Prompted by public comments made by Mr. Jim Fisk stating that he speaks for Kodiak in saying that a new hospital is not needed, I would like you to know why I feel to the contrary. (I do not know Mr. Fisk personally, but it is common knowledge that he considers himself your spokesperson.)

As a nine-year resident of Kodiak, my family and I have been treated at the Kodiak Island Hospital on numerous occasions. I have had in-patient as well as out-patient surgery; I have had three additional illnesses that required hospital confinement; and, my family and I have had untold tests, x-rays, and visits to the emergency room. I also had a personal friend (now deceased) who was a resident of the Intermediate Care Facility at the Hospital for many years. Therefore, I believe I can address the Hospital's alarming shortage of space with a degree of credibility.

Kodiak Island Hospital is an excellent example of an institution keeping pace with the growing needs of a busy community -- precisely why space has become such a problem. The variety and sophistication of health care services has dramatically increased in the last nine years; tests, x-rays and surgical procedures that were not possible nine years ago are now being performed on a daily basis. Fewer and fewer people are having to leave the island for their health care. Increased demands for these services have created an urgent and obvious need for more space for equipment, surgical rooms, emergency rooms, storage, and business office activities. Overcrowding has also resulted serious state fire code violations.

Renovation of the existing hospital was studied long and carefully and was rejected for a variety of reasons. The most valid reason, in my estimation, was the inevitable disruption of health care during the renovation period. Already lacking enough space to carry on daily operations, the hospital would be hard pressed to find additional space to relocate patients and services. The ensuing noise and mess created during asbestos removal and renovation would make an undesirable situation intolerable and unsafe. Given our location and the physical dangers of our fishing industry, the disruption of health care services in Kodiak, even temporarily, is frightening.

Without the new facility, no growth will be possible. The concept of "no growth" is not acceptable personally nor should it be for a thriving community. I urge you to support funding for a new hospital facility, and thank you for listening to my concern.

Sincerely,


Barbara J. Cristaldi

cc: Senator Fred Zharoff
Representative Cliff Davidson
Kodiak Island Hospital Board of Directors

KODIAK ISLAND MEDICAL ASSOCIATES

1818 EAST REZANOF DRIVE • KODIAK, ALASKA 99815 • (907) 486-6065 or 486-3177

MARK WITHROW, M.D. • GENERAL PRACTICE
CAROL JUERGENS, M.D. • INTERNAL MEDICINE
BRAD BRINGGOLD, M.D. • FAMILY PRACTICE

K. LOGAN PORTER, M.D. • FAMILY PRACTICE
JON HLAVINKA, M.D. • FAMILY PRACTICE



March 11, 1991

Mr. Larry Streuber
Chief, Planning Division
Division of Administrative Services
Department of Health and Social Services
P.O. Box H-02
Juneau, Alaska 99810

RE: Kodiak Island Hospital

Dear Mr. Streuber:

I have been a physician in Kodiak, Alaska since 1978. The purpose of this letter is to encourage funding for a replacement hospital. The reasons are numerous and I will briefly touch on some of them. Please do not get the wrong idea, the health care delivered in Kodiak is excellent. A new facility is needed to continue this excellent care in a changing medical community.

As you are aware, many procedures formerly done as in-patients are now done as an out-patient procedure. The out-patient procedures in Kodiak Island Hospital are in a post-anesthesia recovery room next to the operating room. This leaves no room for emergency surgeries at the same time as out-patient surgeries.

The very young population of Alaska and Kodiak translates into approximately 350 births a year. We are currently using an old labor room as a birthing room. This current birthing room does not have adequate space when you bring in a Kreiselman baby warmer and the needed equipment in case of emergencies.

Another specific area that requires attention would be a larger critical care unit/ICU. While our patients continue to have myocardial infarctions, a greater need in this community is for trauma patients. Currently the ICU/CCU contains two beds. It is adjacent to the psychiatric holding room. As you can imagine, the noise and disruption from patients in the psychiatric holding room often interferes with a patient's rest and recovery besides the obvious distraction to patients and health care workers.

Our radiology department is currently installing a CT scanner. But because of the variety of codes, the CT scanner is approximately 100 feet away, across an icy parking lot in a separate building. Imagine the scenarios to come taking a head injured patient on a gurney across an icy parking lot in the dark to a separate building to obtain the CT scanner that previously would have to have been done in Anchorage. We are very happy to have our CT scanner. This will provide much better care for our trauma victims and head injury victims, but the necessity to travel outside in Alaska's climate adds another unnecessary risk to patients.

Mr. Larry Streuber
March 11, 1991
Page 2

A critical area for our hospital is the emergency room that needs to be expanded. The young population of fishermen and cannery workers often comes in with serious trauma such as fractures, lacerations, crush injuries, inhalations, near drownings, etcetera. We often have patients in the hallway waiting to be seen while the most critical patients are taken care of in our two bed emergency room.

I do not have much dealings with the business side of the hospital but they are currently working in an adjacent house so their former areas could be used for patient care areas.

The Borough has proceeded with land purchasing and preliminary development of the plot as well as architectural and engineering fees for a total of approximately 1.8 million. I believe this shows the Borough is committed to a new hospital and is willing to help in any way to its completion. I would like to add my endorsement of a new hospital for Kodiak Island.

Sincerely,

MARK WITHROW, M.D.

Mark Withrow, M.D.

MW:re
T/3-11-91

THE PRECEDING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

THE FOLLOWING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

CITY OF SEWARD
CAPITAL PROJECT ASSISTANCE 1991

CATEGORY - COMMUNITY DEVELOPMENT CITY PRIORITY 1

PROJECT TITLE: SEWARD GENERAL HOSPITAL REPLACEMENT

PROJECT COST: NEW HOSPITAL REPLACEMENT \$10,446,250
REMODEL EXISTING BUILDING \$ 1,025,000
TOTAL PROJECT \$11,471,250

ANNUAL O & M COST: NO CHANGE

DESCRIPTION:

This project is to construct a new 20-bed hospital facility to provide long term health care services including space for emergency and trauma, obstetrics, operating room, inpatient care, laboratory, imaging (ultra sound and x-ray), intensive care (coronary) and a clinic. The project also includes remodeling the old, existing hospital building to provide for other outpatient health care providers.

JUSTIFICATION:

A new replacement hospital remains the City's highest priority project for state funding. The existing building was inspected in 1981 and deemed to be in violation of numerous federal, state and local life safety and accessibility codes. The extent of the violations should require the facility to be condemned as an acute care facility. It is not feasible and more costly to correct the deficiencies by repairing or remodeling the existing facility.

In 1989 the state re-evaluated and reissued the Certificate of Need. The most recent cost estimate is \$10,446,250 for a complete facility. The City proposes to contribute 25% of the hospital construction cost, \$2,867,812. The additional cost to remodel the existing hospital for other health services and support activities is \$1,025,000.

It is not feasible, nor recommended, to upgrade the existing hospital building for use as an acute care facility; however, it is very suitable for outpatient services, physicians' offices and examination rooms, training and dormitory space for the Community Health Aid Training Program, and similar activities. The net space in the existing hospital is 22,000 square feet; therefore, there is sufficient space for the above-mentioned services. The cost to remodel the building (\$1,025,000) is estimated to be less than the cost for a new facility to house these services and activities.

The Seward General Hospital is, in effect, a regional health facility, providing services not just to local residents but to outlying areas such as Crown Point, Moose Pass, Bear Creek, the Spring Creek Correctional Facility and the hundreds of seasonal workers and

SEWARD CAPITAL PROJECT

JUSTIFICATION (CONT'D)

thousands of tourists who frequent the area. Its importance is critical to life safety, for without these services and facilities, those in need must await medical transport to Anchorage or Soldotna, and such transportation is dependent upon weather and road conditions.

OPERATING COST: No increase in cost of operations though monies could be saved by utilizing a smaller, better constructed facility.

SOURCE OF FUNDS:

Local:	\$ 2,867,812
State:	<u>\$ 8,603,438</u>
Total:	\$11,471,250

STAFF: Diane Rabb
Hospital Administrator
224-5205

CAPITAL PROJECT ASSISTANCE 1991

SEWARD GENERAL HOSPITAL REPLACEMENT PROJECT REVISED COST ESTIMATE - 1992 CONSTRUCTION

The cost of the 20 bed Seward General Hospital Replacement Project has been revised to incorporate the most recent cost projections and concepts for the project. The estimated cost of 9.5 million dollars by SHPDA was developed prior to August 1989 based on the economic forecast at that time. Since that time inflation has increased the cost of construction by more than 5% per year and this years inflation may exceed this rate. The movable and installed equipment in the existing hospital has continued to age and replacement will be more costly due to greater capability and more costly technology of new equipment. Much of the equipment dates from prior to 1960's through 1970's and is no longer economical to operate, reliable or capable of providing acceptable service by today's standards. It will be necessary to replace the total equipment packages for surgery, radiology, emergency ambulatory care, dietary, kitchen and laundry. The physicians outpatient clinic building (ambulatory care center) must be replaced by including the facility in the hospital, thus increasing the floor space. The existing building is being closed and a temporary office is being set up in a local mall some distance from x-ray and laboratories serving them. The revised project budget is as follows, based on 1992 construction season.

1.	Building Construction		
	Hospital and additional space for ambulatory care center	=	\$ 6,941,875
2.	Site Development		
	Site paving, drainage & landscaping	=	\$ 452,025
3.	Fixed Equipment	=	\$ 300,000
	Total Construction Cost	=	<u>\$ 7,693,900</u>
4.	Site Surveying, Soils	=	\$ 75,000
5.	Architects & Engr. @ 7% Construction Cost	=	\$ 538,573
6.	Other Consultants, @ 2% Construction Cost	=	\$ 153,878
7.	Administration @ 1 1/2 Construction Cost	=	\$ 115,048
8.	Building Permits	=	\$ 28,000
9.	Other Equipment, Movable Equipment	=	\$ 1,072,461
10.	Contingency @ 10% Construction Cost	=	<u>\$ 769,390</u>
	Total Hospital Project Cost	=	\$10,446,250

SEWARD GENERAL HOSPITAL REPLACEMENT PROJECT SHEET
(CONTINUE)

11. Remodel Existing Building for other health care related activities = \$ 1,025,000

Total Project Cost \$11,471,250

Source of Funds

<u>Element</u>	<u>Local</u>	<u>State</u>
Hospital Project	\$2,867,812	\$ 8,603,438

1. Most health care activities expected to utilize existing hospital building will be state agencies or state funded activities or regional native association health care activities.

APPENDIX I - MEMORANDUM TO COUNCIL
1991 LEGISLATIVE PRIORITIES
NOVEMBER 19, 1990

CITY OF SEWARD

P.O. BOX 167
SEWARD, ALASKA 99664



- Main Office (907) 224-3331
- Police (907) 224-3338
- Harbor (907) 224-3138
- Fire (907) 224-3445
- Telecopier (907) 224-3248

MEMORANDUM

TO: HONORABLE MAYOR AND CITY COUNCIL MEMBERS

THRU: DARRYL SCHAEFERMEYER, CITY MANAGER

FROM: E. PAUL DIENER, MGR. ENGINEERING & UTILITIES

SUBJ: 1991 LEGISLATIVE PACKAGE, CAPITAL IMPROVEMENT PROJECTS

DATE: NOVEMBER 19, 1990

The following listed projects are proposed for the legislative CIP package with descriptions and costs as indicated. The list was developed from unfunded projects in last year's legislative CIP list and the City's three year Capital Improvement Plan.

PRIORITY 1 Seward General Hospital Require \$ 9,675,000

This project is the community's top priority and is being carried over from previous years. The funding includes \$ 9.5 million for a complete new facility including FF&E and \$ 1.2 million to remodel the existing facility as a support and out-patient health center. The total project cost is \$ 10.7 million less local funding of \$ 1,025,000 (land and in-kind contributions), leaving a legislative grant requirement of \$ 9,675,000.

PRIORITY 2 School sidewalks/Iditarod bike trail Require \$ 200,000

These items are the city's designated #2 priority and consists of funding for the construction of a multipurpose sidewalk and bike trail. The sidewalk, to be part of the Iditarod National Historic Trail, will provide safe pedestrian passage particularly for school children along a route from the Seward Highway, up Swetmann Avenue to the Junior/Senior High School, and then to create a trail to the Elementary school, thereby providing life safety travelways where no such walks exist. Currently, children are exposed to a tremendous danger walking on roadways made hazardous by snow, ice and darkness. The other portion of this project is to provide funding to complete the asphaltting of a hiking/biking trail that follows along the Seward waterfront (9/10th of a

1991 LEGISLATIVE PACKAGE

Page two

mile), to provide amenities such as rest areas and signage, protective equipment such as bollards. This project will connect with the sidewalk/trail system described above.

The City of Seward has identified numerous needs for capital projects. Though all projects can be identified in the most-recent CIP document, the Administration would like to include, for emphasis, the following projects in the 1991 legislative package:

<u>Replacement Lowell Creek Bridge</u>	Require	\$ 160,000
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This project was included in last year's legislative package for \$ 500,000. Since then, we have received \$ 340,000 in state emergency funds to pay a portion of the cost of replacing the bridge which is frequently damaged during heavy rains thereby isolating the residents and businesses south on Lowell Point Road and threatening flood damage to city areas in the vicinity of the bridge. DOT/PF has additionally committed to provide four steel bridge beams stored in the local DOT/PF yard. The additional funds - \$ 160,000 - are necessary for a completed project including channeling and rip rap of the channel.

<u>Harbor Float System & Electrical Service</u>	Require	\$ 9,300,000
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This project involves a complete rebuilding and upgrade of the floats, piling and electrical service system in the Seward Small Boat Harbor. This is required because of the deteriorated condition of the floats and piling and the inadequate electrical service. The harbor is over-taxed by demand and the present facility presents a "disaster waiting to happen" unless either the state or the City take the lead in replacing the facility.

The cost breakdown for this project is \$ 2.5 million for piling, \$ 5.6 million for floats and \$ 1.2 million for the electrical system.

<u>SMIC North Dock Expansion</u>	Require	\$ 7,300,000
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As identified by the Seward Port Advisory Committee and the Seward Trade Board, this project is carried over from previous years since 1981 when this project was first introduced to the legislature in the the original SMIC design. The expansion will involve creating 1,500 lineal feet of new dock space providing additional space essential for in-water ship repair, berthing space as well as providing critically needed berthing for log and lumber exports from the sawmill. This project would complete the Seward Marine barrier - a project that has received over \$ 20 million of prior state investment to provide jobs and economic activity for the region. To date, the state's port investment has produced over 300 jobs and over \$ 125 million of investment. Finishing the North Dock

1991 LEGISLATIVE PACKAGE

Page three

will allow the state and city's hopes to be fulfilled in hopes of developing projects that provide income and employment.

Miscellaneous Projects Require \$ 185,000

The following projects have been identified frequently by patrons, visitors and local committees:

Park Improvements	\$ 50,000
New ambulance	95,000
Public bath and shower facility, SBH	<u>40,000</u>
Total	\$ 185,000

Feasibility Studies Funding Require \$ 350,000

This request is for funding required for Corps of Engineers studies for the 1991 season only. Additional funds will be needed in future seasons.

A listing of the studies is as follows:

Seward South Harbor Expansion	\$ 150,000
Lowell Canyon Creek Flood Control	100,000
4th of July Creek Flood Control	<u>100,000</u>
Feasibility Studies Total	\$ 350,000

Ak. Marine Mammal Center Funding Require \$ 250,000

The Seward Association for the Advancement of Marine Sciences (SAAMS), with the support of the City of Seward, is actively pursuing the funding for construction of a \$10 million science, research, rehabilitation and education center involving marine mammals of the northern regions. The funding requirement is for initial planning and design of the facility and for more thorough research of the project and fund-raising tools.

1991 LEGISLATIVE PACKAGE
Page four

In summary, the Administration wishes to present this package to the legislature:

Seward General Hospital	\$9,675,000
School sidewalks/Iditarod bike trail	200,000
Lowell Creek Bridge Replacement	160,000
Harbor Float & Electrical System	9,300,000
SMIC North Dock Expansion	7,300,000
Miscellaneous Projects	185,000
COE Feasibility Studies	350,000
Marine Mammal Center Funding	250,000

Total Legislative Package \$ 27,420,000

A brief description of these projects is attached and more detailed explanations of these items can be found in the "Fiscal Year 1991 Capital Improvement Plan. Upon adoption of the final project and priority list, a detailed package will be assembled for the 1991 legislature.

RECOMMENDATION: THAT THE CITY COUNCIL APPROVE RESOLUTION NO. 90-147 IDENTIFYING PROJECTS AND SETTING PRIORITIES FOR THE LEGISLATIVE CIP PACKAGE.

ADOPTED BY THE CITY COUNCIL, CITY OF SEWARD NOVEMBER 26, 1990

CIP PROJECTS DESCRIPTIONS

SEWARD GENERAL HOSPITAL - This item calls for the replacement of the Seward General Hospital facility into a twenty (20) bed unit. The existing building has not complied with hospital and building codes, is unsafe and uneconomical to operate. State and Federal agencies may reject SGH's certification at any time leaving the community without an acute-care health facility. With the new facility, it is conceivable that the financial burden of hospital operations may be lessened by an increase in revenues by area residents relying more upon the facility for treatment and care rather than taking their health care dollars to Anchorage or peninsula hospitals. In addition, a new facility would provide additional motivation for new physicians to establish practices in Seward thereby adding to the quality of care and specialties of services. With industries looking at Seward for possible future development, the presence of a quality health facility will make the community appear more attractive to the industries and families considering locating here. This project has been designated as the City's top priority.

SCHOOL SIDEWALK/IDITAROD BIKE TRAIL - The school sidewalk project, not listed on the City CIP plan, has been placed upon this year's legislative list because of the attention caused to this project's need by local groups and families. The project involves the construction of a sidewalk/bike trail along the major street leading to the Seward Junior/Senior High School, from the Seward Highway, along Swetmann Avenue. Currently, students must walk along the roadway as no such sidewalk exists. This presents an extremely hazardous situation to the safety and welfare of the school children who must share the road with vehicle traffic. The hazard is worsened because of snow, ice and darkness and a vehicle/pedestrian accident is inevitable. The sidewalk will be tied in to the Iditarod National Historic Trail project - a project to construct a hiking/biking trail that will run from the city's south beach to the harbor then to the school and then connecting the high school with the elementary school. Not only will the trail (which has been on Seward's legislative list for the past three years) provide a major capital improvement for the city's park lands but will enhance the life safety factors for the thousands of visitors and the local citizens in pedestrian and recreational needs. Monies will be used to build the sidewalks and to asphalt the trail, provide signage and protective barriers such as bollards and to provide bridges and culverts as needed. The City Council has determined these projects to be the City's #2 priority.

LOWELL CANYON CREEK BRIDGE REPLACEMENT - This project is not contained in the CIP. However, Administration wishes to include this in the legislative package because of the notorious nature of the existing bridge and the successful acquisition of state emergency funds for bridge replacement in the amount of \$ 340,000 due to damage to the bridge in the 1989 flood. During heavy rains and flooding conditions the bridge, located below the outfall, rapidly fills with water restricted by the narrow width of

drainage channel. This hazardous situation escalates because of the accumulation of gravels and debris under the bridge further restricting the channel. As the situation continues, the water may destroy the approaches to the bridge, jeopardizing the foundation and structural integrity of the bridge and causes water to spread to locations along Railway Avenue. Public Works crews, utilizing heavy equipment, risk their personal safety in unblocking the restricted channel during flooding and in attempts to keep the bridge open so that residents and businesses located south of the bridge can have access to the city.

HARBOR FLOAT & ELECTRICAL SYSTEM REPLACEMENT - The present electrical system in the Harbor is inadequate and services slightly over half of the berths. The system has severe salt water corrosion and, at some point in time, the operation of the system will be impractical and unsafe. This item has been mentioned frequently by members of the Port Advisory Committee, members of the Seward Yacht Club and those leasing berth space. Because of the inadequate system, consumers are often rigging up their own electrical power sources (unsafe and not in code conformance) or complaining about the lack of service available for their craft. The need to replace the entire float system itself deserves serious consideration because of the present overload conditions at the harbor and the age of the facility itself. Presently, pilings are deteriorated effecting the stability of the entire float system. The floats are in need on additional floatation as the system sinks under heavy load thereby endangering life and property. With the heavy demand of the harbor, especially during the fishing months when boats may be rafted six and seven deep, the entire structure is suspect for collapse due to the heavy stress upon the system.

SMIC NORTH DOCK EXPANSION - This is another item not on the City CIP yet the project has come under considerable recommendation by the Trade Board and the Port Advisory Committee. In the original proposal of the development of the Seward Marine Industrial Center, an extension of the North Dock southward was designed in order to relieve the swell conditions in the SMIC basin and to provide extra mooring space. With the increase in activity at SMIC over the past year, the need for such an improvement becomes more desirable as additional in-water docking space is needed for ship repair, berthing for fishing and cargo vessels. Though the additional dock would cost a considerable amount, it will be a revenue-producing facility thereby bringing economic activity to the area, the community and the City.

NEW AMBULANCE - A third ambulance is necessary to provide a more reliable service and to maintain an advanced life support capability within the city at all times. A critical situation is present when one of the ambulances is in transport of a patient to Anchorage causing the vehicle to be occupied and out-of-service to the community's needs for hours. This leaves the city with only one ambulance thereby leaving the city in a precarious situation for proper emergency transport and life-safety services, i.e. when the

fiscal planning though there are a multitude of needs and developments that could be implemented if the monies were available. Park improvement monies have been on the legislative list for the past four years yet have never been funded. Among desired projects are the construction of a bathroom facility at Ballaine & Monroe, replacement of tot lot toys that are of potential high-liability risk, grass planting and more amenities such as picnic tables and grills. Some improvements have been made financed primarily by campground collections profits though more could and needs to be done with additional monies. With Seward experiencing growth in population (caused by more families coming to the community because of the increased employment opportunities) and the boom in tourism, the City is in need of developing these public properties to offer the amenities and facilities expected by the patrons.

SMALL BOAT HARBOR BATHROOM/SHOWER FACILITY - A sanitation facility is desired at the north end of the harbor, near "J" ramp, as permanent facilities are located on the south end of the harbor. This item has been mentioned frequently by harbor users and the Port Advisory Committee as a necessary addition to the harbor.

FEASIBILITY STUDIES FUNDING - Local shares of funding will be required to implement Corps of Engineers' studies on the Small Boat Harbor South Expansion, Lowell Canyon Creek Flood Control and 4th of July Creek Flood Control. If the City wishes to proceed on these projects, monies will need to be made available either through local funds or legislative grants. Because of the importance of the projects, Administration would like to forward these grant requests to the state rather than seek the funding from local funding sources.

MARINE MAMMAL CENTER FUNDING - A local group of citizens, supported by research and rehabilitation professionals in the field of marine mammal studies, have formed an association to pursue the construction of the Alaska Marine Mammal Center to be located in Seward. The City of Seward has provided its support to this project which will provide facilities for research, rehabilitation and education involving marine mammals of northern seas. The plan calls for the construction of a \$10 million facility. The request for funding is to acquire funds for design and technical planning for the facility. In addition, the funds will be utilized for other professional services required in the Center's initial development phase.

**APPENDIX II - SEWARD GENERAL HOSPITAL
CERTIFICATE OF NEED**

SHPDA Findings And Recommendation

**SEWARD GENERAL HOSPITAL
Application For Modification
Certificate of Need**

August 30, 1989

**State of Alaska
State Health Planning and Development Agency**

**Planning Section
Division of Administrative Services
Department of Health and Social Services
Post Office Box H-02
Juneau, Alaska 99811
(907) 465-3015**

**APPENDIX I
CERTIFICATE OF NEED**

SHPDA Findings And Recommendation

Seward General Hospital
Certificate of Need
Application For Modification
September, 1989

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REVIEW CRITERIA

1. Relationship To Applicable Plans

The original proposal was found to be the product of a thorough planning process and to be consistent with the Health Systems Plan and the State Health Plan. Extension of completion data as requested by this modification application would not appear to be in conflict with this earlier found consistency.

2. Demonstration of Need

The original state agency review found that the deficiencies within the hospital were the primary demonstration of need for the project. Specifically, the hospital does not meet building fire and life safety codes. The problems include use of non-fire treated wood in the interior and ventilating systems that may contribute to the spread of infection. Additionally, the space is insufficient to comply with code requirements.

The service area for Seward General Hospital is defined as the east peninsula portion of the Kenai Peninsula Borough encompassing Seward, Moose Pass, Cooper Landing, Bear Creek and Hope. The 1984 estimated service area population was 3,850. At the time of the original application, the population of Kenai Borough was expected to double within 10 years. The depression has dramatically impacted this projected growth, however, and the State Demographer's most recent estimate shows a 4.4% growth in the Kenai Borough from 1984 to 1998.¹

The applicant documented and the state agency agreed with an existing need for 9 beds at the time of the original application. The applicant proposed operation of the new facility initially with the ten proposed single rooms, converting to double rooms by adding beds as demand increases. The double bedded rooms appear to be an equitable approach to meeting growth demands as the one time construction cost will provide enough beds for foreseeable increases in demand or changes in service delivery over the economic life of the building. Operating costs will reflect only staffing costs required for the actual utilization.

¹ "1983 Estimates of Alaska's Population", News Release, Alaska Dept. of Labor, July 10, 1989.

3. Availability of Less Costly Alternatives

Several alternatives were considered as mechanisms for meeting the objectives of the proposal. Of the alternatives that provide hospital care consistent with the State Health Plan, the alternative chosen was the least costly.

4. Financial Feasibility

With the exception of the building site, activity related to this project must rely entirely on funding derived from outside the community. The city cannot afford to borrow the money for the project because to do so would result in an increase in patient day costs of \$486 to retire general obligation bonds and \$461 to retire revenue bonds. (These estimates were based on index data supplied by a Seattle bond broker in 1984 and may grossly understate the per diem costs since they rely on what have proven to be inflated population and utilization estimates.)

The applicant states that "...the hospital is working with the state legislature on a program to fund hospital construction via a state-wide bond issue.....If the legislature puts a bond issue (on the state-wide ballot) for funding of health care projects, the election would be held in the fall of 1990 and this could result in a 'Month 0' of January 1991."² "Month 0" refers to the start of an estimated 27 month period necessary for project completion.

The applicant has tried unsuccessfully to obtain a direct legislative grant for this project. This effort has been made, however, during a time in which state revenues have been steadily declining and rigid closures placed on the capital construction budget.

Funding for this project thus must rely on future action by the state legislature. When or if such funds will be made directly available by the state legislature or if, as an alternate means of funding, the legislature will authorize a statewide bond issue and if such an issue can be successfully passed cannot be predicted with any assurance. State participation is essential, however, for this project to be fiscally feasible.

² Letter to Commissioner M. Munson from C. Keith Campbell, CEO Seward Hospital, May 1, 1989.

Depreciation of capital funds received through grants is a reimbursable patient care expense under Medicaid regulation. The impact of this project on the Medical Assistance budget will be limited to an increase of the depreciation basis to reflect the \$9.5 million capital expenditure. The old building will not be used to support hospital functions and, therefore, no depreciation for that asset will be allowable for rate setting purposes.

5. Relationship To Existing Services

Seward General Hospital has a close working relationship with Wesleyan Nursing Home which is also sited in Seward. The Hospital provides inpatient, outpatient, and ancillary services to Wesleyan and sells meals to the Senior Citizens.

The most important impact that the proposal will have on the health care systems is the assurance that hospital and emergency care will continue to be available in the eastern Kenai peninsula area.

6. Availability of Resources

Fiscal resources are discussed in Section 4 above. Personnel resources are deemed adequate since no increases in personnel are anticipated as a result of this project.

The provision of office space and the up-graded medical care facility resulting from this project should enhance efforts to recruit and retain health care professionals in the Seward area. The revenue expected from rental space was not identified by the applicant.

7. Relationship To Ancillary And Support Services

The use of an adjacent site for patient care facility construction will ease the staging transition to the new structure and allow continuation of core services during the construction period. The new areas provided for ancillary and support services will enhance and facilitate the provision of these services.

8. Methods And Impact Of Proposed Construction

The design of the hospital as originally proposed was reviewed by the Department of Health and Social Services architect and determined to be carefully planned. The architect did find that construction costs were underestimated. At his recommendation, the Certificate was granted for \$10.5 million. This was \$2.2 million more than

the original estimate provided by Seward. In the current application for modification, Seward has determined that anticipated costs are less than as specified in the Certificate of Need and have requested that the Certificate expenditure authorization be reduced to \$9.5 million. The original application identifies \$200,000 for fixed equipment and \$550,000 for major movable equipment. This equipment would replace existing equipment and will not substantially increase the service volume capability or advance substantially the technological capability of the health care facility.

9. Needs of Medically Underserved Groups

This hospital makes a significant contribution to meeting the health care needs of a rural isolated community.

HEALTH SYSTEMS AGENCY RECOMMENDATION

The South Central Health Planning and Development Agency, Inc., the health systems agency serving the applicant's catchment area, offered no comment or recommendation regarding this application for modification. (This agency has been defunded and no longer maintains an active role in regional health planning activities.)

STATE AGENCY FINDINGS AND RECOMMENDATION

The State Agency finds as follows:

■ This application proposes an extension of the completion date for a project originally reviewed and approved in 1985. The circumstances and conditions that led to the original approval of this project remain equally valid when currently reviewed under the Certificate of Need criteria.

■ Local funding sources have not been found to provide the capital necessary to complete this project. Efforts during the past four years to obtain a state legislative grant to fund the capital costs of this project have proved unsuccessful.

■ The applicant describes a proposed legislative sponsored statewide bond issue in 1990 as a source of funding for this project. However, no assurance can be given that such an issue would be approved by the legislature or accepted by the electorate. The projected completion date for the project under this funding mechanism would be April, 1994.

■ The proposal relies entirely on state funding and will require no repayment of principal or interest by the applicant. Depreciation will be increased to reflect the \$9.5 million capital expenditure. The old hospital building will not be used for hospital functions.

Based on these findings, the State Agency recommends:

1. A modified Certificate of Need be granted to Seward General Hospital;
2. the completion date for this Certificate be extended until April 30, 1994; and
3. the maximum expenditure authorized for activity conducted under this Certificate be reduced to \$9.5 million.

BACKGROUND

The Applicant

The Seward General Hospital is located in Seward, an isolated community of approximately 2,400 population in southeastern Kenai peninsula. The Hospital is owned by the City and is leased for one dollar a year to the Seward General Hospital Association, a local non-profit corporation which operates the facility. Although the City is not directly involved in management of the hospital, City sales taxes are used to defray operational losses at the hospital.

The Proposal

The Seward General Hospital was built in 1958. Although well maintained, the hospital building suffers from deficiencies under the headings of mechanical, electrical, functional, fire prevention, and life safety code violations. In a 1981 state sponsored study of rural health care facilities, Seward ranked third on a priority list of needed hospital projects. In May of 1985, Seward received a Certificate of Need for a \$10.5 million project to correct these deficiencies.

The project involves construction of a new building to house patient care and support services on a site adjacent to the current hospital, remodeling of space in the current building to house physician offices, and using the remainder of the current building for other health and social service programs. Bed capacity will decrease from 33 to 20, and equipment will be modernized, but the scope of services offered will be generally unchanged.

The construction plan includes 10 two-bed rooms. However, the actual number of beds licensed will depend on demand. Four of the 20 beds will be dedicated to obstetrics and another four will be equipped for intensive and coronary care. There will be one operating room, one delivery room, and a two-bay trauma room. Patient service areas planned include radiology, physical therapy, and laboratory, each of which will also have an outpatient component.

The remodeled area of the existing hospital will include physicians' offices, an outpatient clinic, and rental space for other health and social service agencies.

Funding for the project was to be obtained from the State through a legislative grant. However, the oil recession that paralyzed the state's economy since 1985 has

blocked the City from obtaining state funding for this project. The activity authorized by the Certificate was originally to be completed by December, 1987. When it became apparent during the 1987 legislative session that funding would not be available, Seward requested an extension of the completion date which Commissioner Myra M. Munson granted until December, 1988. In December of 1988, Commissioner Munson again extended the expiration date of the Certificate until July, 1989 to allow Seward time in which to prepare and submit a formal application to modify the Certificate.

This modification application was determined complete on June 5, 1989 and, although the scope of the activity would be deferred but unchanged, proposes a reduction in total project cost from \$10.5 million to \$9.5 million. The applicant remains unsure of when state funding may be obtained, but discusses a legislature sponsored statewide bond proposal for health care facility construction. Assuming successful passage of a bond issue in the fall of 1990, the project would begin in January, 1991 and be completed by April, 1994.

JAN 23 1991

KENAI PENINSULA CAUCUS
AN ORGANIZATION REPRESENTING
MUNICIPAL GOVERNMENTS AND CHAMBERS OF COMMERCE
OF THE KENAI PENINSULA BOROUGH
177 North Birch Street, Soldotna, AK 99669
Phone: 262-9107

January 23, 1991

Alaska Legislators
State of Alaska
P.O. Box V (Mail Stop 3100)
Juneau, AK 99811

Dear Legislators:

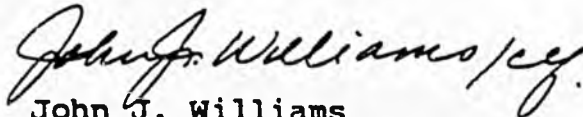
Enclosed please find a copy of the Kenai Peninsula Caucus resolution supporting a legislative grant to fund the replacement of the Seward General Hospital.

The replacement of the Seward General Hospital is the high priority project of the City of Seward for the 1991 legislative session and the Caucus strongly supports the request for funding.

Thank you for your cooperation in this matter.

Sincerely,

KENAI PENINSULA CAUCUS



John J. Williams
Secretary

JJW/clf

KENAI PENINSULA CAUCUS

RESOLUTION 90-12

A RESOLUTION SUPPORTING A LEGISLATIVE GRANT TO FUND REPLACEMENT OF SEWARD GENERAL HOSPITAL.

WHEREAS, Seward General Hospital is one of three acute care hospitals within the Kenai Peninsula Borough; and,

WHEREAS, in 1981 Seward General Hospital was inspected by state and federal regulators and found to be in violation of numerous federal, state and local life safety and accessibility codes; and,

WHEREAS, the State of Alaska, Department of Health and Social Services, pursuant to the provisions of AS 18.07.031-111 and 7AAC 07.010-130, on September 9, 1989, granted Seward General Hospital a Certificate of Need for replacement; and,

WHEREAS, the Certificate of Need authorizes a replacement project of up to ten double-bed, acute-patient-care rooms with a total expenditure authorized for the project of \$9,500,000, not including land and in-kind contributions; and,

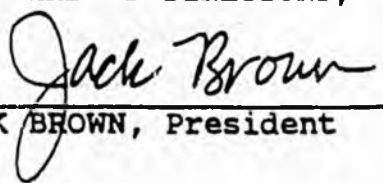
WHEREAS, the replacement of the Seward General Hospital is the single highest priority project for the City of Seward for funding by the 1991 legislative session.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE KENAI PENINSULA CAUCUS:

Section 1. The Kenai Peninsula Caucus supports the appropriation of \$9.5 million by the 1991 Alaska Legislature for the replacement of Seward General Hospital.

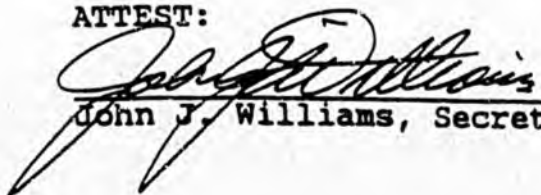
Section 2. The secretary is hereby directed to send copies of this resolution to The Honorable Walter J. Hickel, Governor, State of Alaska; all members of the 1991 Alaska State Legislature; Theodore Mala, Commissioner, Department of Health and Social Services; and the Alaska Hospital Association.

ADOPTED BY THE KENAI CAUCUS BOARD OF DIRECTORS, this 18th day of January, 1991.



JACK BROWN, President

ATTEST:



John J. Williams, Secretary

THE PRECEDING PAGES WERE TREATED AS
A UNIT IN THE ORIGINAL FILE.

Ketchikan General Hospital

3100 TONGASS AVE.
KETCHIKAN, ALASKA 99901

January 26, 1990

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

JAN 28 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 Management.

KGH

Ketchikan Gen. Hospital Project

KGH Certificate of Need

Page 2

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

JAN 23 1991

January 18, 1991

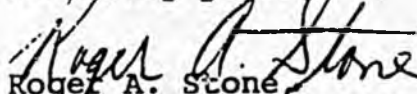
Senator Lloyd Jones
Alaska State Senate
Box V
Juneau, Alaska 99811

Dear Senator Jones:

This letter is to clarify the dollar amount needed to accomplish the planned facility expansion at Ketchikan General Hospital. According to our Certificate of Need dated 5-23-90, we needed \$17,774,000 as a lump sum to complete our facility expansion project all at the same time if construction started during the 1990 construction season. Since construction did not start in the 1990 construction season, our architects, John Rigdon & Mills, estimate our costs have increased approximately 5.5% over last year. Therefore, our current funding need to complete the facility expansion as a single project is estimated to be \$18,751,570. If our expansion project were to be built in three phases our 1990 Certificate of Need estimated the cost at \$19,257,457. Again assuming our costs have increased approximately 5.5%, the phased cost is now estimated to be \$20,316,617.

If you need any additional information or require additional details on the above cost estimates, please contact either Ed Mahn, our Administrator here in Ketchikan, or me if Ed is not available. We sincerely hope the Alaska State Legislature can fund this badly needed project for the Ketchikan Community in the upcoming legislative session.

Sincerely yours,


Roger A. Stone
Chief Financial Officer

KCH

ing with other agencies in t
A troopers vessel visit

ie.
uam

scene, Godfrey said.
A coroner's presumptive death

will attempt to rule whether the two
See 'Investigation' on page 2

Funding would aid cramped hospital

By JANIE DUNWORTH
Daily News Staff Writer

A \$14 million appropriation bill for the expansion and renovation of Ketchikan General Hospital was introduced to the Alaska State Senate on Monday.

The bill, sponsored by Sen. Lloyd Jones, R-Ketchikan, is part of a \$36.9 million appropriation bill that also seeks funding for hospitals in Seward and Kodiak. The bill calls for Seward to receive about \$8.6 million and for Kodiak to receive about \$14.2 million.

According to Jones, the three hospitals were identified for top priority funding in a 1982 inventory and Evaluation Survey prepared for the legislature by the Department of Health and Social Service.

"There are three hospitals that need help now. Ketchikan, Seward and Kodiak have been identified as top priority for replacement and renova-

tion funds in 1982. It's absolutely critical we fund these projects this year. They were in bad shape then, you can imagine how bad off they are now," said Jones.

Problems outlined

About 250 employees at the hospital don't have to imagine how bad it is. They are the ones who must deal with the lack of space and with bathrooms that are now used as closets and closets that are now used as dressing rooms. They must also deal with radioactive isotopes that have been placed in what used to be a bathroom. The pharmacy department must use a closet to mix its medicine and the blood supply in the laboratory has inadequate storage space. The list goes on and on, according to staff.

"There's no slack left. Currently we are faced with serious life-safety codes and deficiencies," said Ed Mahn, hospital administrator.

Mahn said he is "cautiously optimistic" about funding this year. Other employees were less sure than Mahn. They all continue to play the budget waiting game.

The \$18 million expansion and remodeling project has been tagged as the city's number one priority, according to Mahn. In addition, it has been listed as one of the top regional priorities on the Ketchikan Community Legislative Priorities list.

City needs to contribute

If Jones' appropriation bill passes this session, the city will need to come up with a \$4.6 million match for the funding.

Assistant City Manager Bill Jones said the city is still working on its capital project budget and it is too soon to tell if the hospital project will be included. City Finance Director Howard Ward said the budget should be

presented to the Ketchikan City Council in March.

According to Mahn, the need for expansion is illustrated by the increased volume of business at the hospital. He said it has seen a 33 percent increase since 1982. Individual departments are also experiencing increases. While the demand grows, there is no place to accommodate it.

Tim Walker, a medical technologist who has worked in the hospital's lab for four years, said lab activities have doubled. The department reported that it performs between 1,000 and 1,500 tests a week.

A walk through the lab paints a cramped, chaotic picture. Equipment is stacked on desks and the corridor can only accommodate one person in many areas. The blood supply is stacked and another refrigerator is needed. But, Walker said, there isn't room for another refrigerator.

Crowding continues

Dave Smith, director of the radiology and laboratory departments, said there is so little space in the hospital that there isn't any place to put the equipment or to accommodate the technology. He said funding for equipment has been available, but there isn't space.

Smith said he often feels sorry for the patients as they have few if any areas to wait. He said it makes him feel bad when he sees them parading down the hallways in their robes.

Besides the lack of space, other deficiencies have been identified by the State Department of Health. It reported that there are serious life-safety code deficiencies, serious space deficiencies and an asbestos problem.

A lack of parking was identified in the 1982 study as well, but was remedied when the new 60-space parking lot was built.
See 'Hospital' on page 3

Workers lighten seniors' load



Total Brend talks with Jean Elliot during a Case Management visit last week.

Staff photo by Janie Dunworth

Allies claim Basra nearly isolated

By FRED BAYLES
Associated Press Writer

DHAHRAN, Saudi Arabia (AP) — Favored by the desert sun, allied jets stepped up the air war Monday with hundreds more bombing runs against Iraqi targets. The city of Basra, nerve center of Iraq's defense, was believed all but cut off.

Iraq fired two Scuds at Israel and launched a missile at Saudi Arabia, causing injuries and damage in both countries.

"We hated to come back, but we ran out of bombs," an exuberant U.S. Air Force pilot told reporters on his return from a bombing run.

As U.S. air commanders pressed this "battlefield preparation phase," President Bush met with his war advisers to consider ordering American troops onto that battlefield — in a decisive ground war for Kuwait.

Emerging from a White House meeting with Defense Secretary Dick Cheney and joint chiefs chairman Gen. Colin Powell, both just back from Saudi

As for a ground offensive, Bush said, "we're not talking about dates." In Baghdad, the government announced it was reaching still deeper into the Iraqi population — into the schools — for teen-age soldiers to help "destroy the enemies of God and humanity."

Also Monday, Iraq's religious affairs minister, Abdullah Fadel, said "thousands" of civilians have been killed or wounded in allied bombings. It was the first time a senior Iraqi official had spoken of such high civilian losses. The government previously listed 650 civilian dead.

Civilian deaths estimated
Peace activist and former U.S. Attorney General Ramsey Clark, newly returned to New York from a week in Iraq, said the chief of the country's Red Cross affiliate estimated civilian deaths at 6,000 to 7,000.

In the Middle East and elsewhere, the quest for peace continued.

A Soviet envoy, Yevgeny Primakov, ventured into bomb-battered Baghdad

Ketchikan Daily News / Feb 17, 1991

Tuesday
 Low 5:12 a.m. 4.4 ft.
 High 11:15 a.m. 15.2 ft.
 Low 5:45 p.m. -0.2 ft.
 High

Wednesday
 Low 5:49 a.m. 3.4 ft.
 High 0:13 a.m. 14.0 ft.
 Low 8:17 p.m. -0.8 ft.
 High 11:51 a.m. 15.9 ft.

Weather Special

Two new records high temperature for the 10th of February was set for Arnette Island Sunday. A new record high to 81 degrees broke the previous high of 80 degrees set in 1970. Also the high minimum temperature of 39 degrees set way back in 1983 was broken with a new high minimum temperature of 46 degrees.

Alaska Special

Two weak low pressure centers located just offshore from the Kuskokwim delta and over the Alaska Peninsula brought precipitation to southern portions of Alaska. The precipitation was mainly in the form of snow over the Aleutians and the Pribilofs.

There was rain over the southeast Alaska peninsula and Kodiak Island, and a mixture of rain and snow over Bristol Bay, the Alaska Peninsula, the Susitna valley and the north gulf coast. Bethel, in the Yukon-Kuskokwim delta, reported periods of freezing rain during the morning. Otherwise skies were mostly cloudy over the remainder of Alaska today.

Strong northerly winds blew over the Bering Sea, with both Gambel and Saint Paul Island reporting winds gusting over 35 miles per hour. Saint Paul also had a blowing snow advisory in

Coast.
 It snowed over much of inland New York state and parts of Pennsylvania, Ohio and Michigan. Snow also fell from east central Illinois to south-west Iowa. Snowfall during the six hours ending at 1 p.m. EST included 4 inches at Syracuse, N.Y., and 1 inch at Bradford, Pa. There were no reports of heavy rain during the same six hours.

Winds to near 40 mph over parts of New York state and western Pennsylvania brought ash and cinders of 23 below zero at Massena, N.Y., 19 below at Bradford, Pa., and 15 below at Buffalo, N.Y.

The low for the Lower 48 states Monday morning was minus 10 degrees at Caribou, Maine.

Temperatures around the nation at 9 p.m. ranged from 9 degrees at a New National Falls, Minn., to 85 at Palm Springs, Calif.

Gulf Summary

By The Associated Press
 Tuesday's forecast for Iraq is for quiet weather to continue, according to Accu-Weather Inc.

The private forecast service in State College, Pa., said the sky will be sunny to partly cloudy through the entire Mideast. Temperatures will be in the low 80s in Iraq and Israel while readings in the upper 80s and low 70s will prevail in Saudi Arabia. Tuesday night will bring patchy clouds and light winds throughout the area.

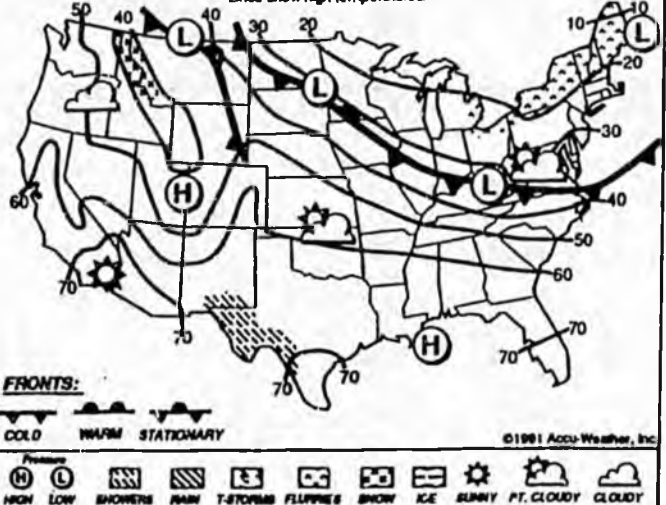
(Some countries in the region, including Iraq, are no longer providing surface observations normally used in forecasting. Accu-Weather bases its predictions on satellite photos, and measurements from the countries still providing weather data.)

Estimated Middle East Temperatures:

	Hi	Lo
Tuesday		
Amman	82	40
Baghdad	80	32
Cairo	82	42
Damascus	59	30
Dhahran	72	52
Jiddah	78	54
Riyadh	72	49
Tehran	40	25

Lower 48 Weather

The Accu-Weather® forecast for noon, Tuesday, Feb. 12.
 Lines show high temperatures.



Iranian bid to mediate an end conflict.

The Soviets and Iraq say Iraq must agree to end its 6-month-old occupation of Kuwait, a condition Saddam has rejected. Before heading to Baghdad, Primakov stopped in Tehran to coordinate his activities with the Iranians.

Since last week, in a buildup to ground war, Operation Desert Storm's air arm has intensified its attacks on Iraqi positions and supply lines, particularly bridges, in the Kuwait Theater of Operations — Kuwait and southern Iraq.

Brightening skies Monday enabled air commanders to mount 2,900 sorties over 24 hours, hundreds more than on any recent day. The U.S. command said 750 missions were directed against Iraqi positions in the Kuwait theater, including 200 against the dug-in Republican Guard, the Iraqi army's elite units.

Basra was again hit hard. The southern Iraqi port is both headquarters for the Iraqi defense and a transshipment

A U.S. command spokesman, Marine Brig. Gen. Richard Neal, said bombers have destroyed many of the key links into and out of Basra, which lies in a region crisscrossed by rivers and other waterways.

The Americans reported continuing successful strikes against tanks, artillery and Iraqi bunkers in the Kuwait theater.

Capt. Dewey Gay, the F-16 pilot who "hated to come back," said his flight "pretty much got all the tanks.... This was one of the best ones in a while."

Launchers reportedly hit Desert Storm officers also reported likely hits against four Iraqi mobile

Hospital

Continued from page 1
 berth was completed in June.

Asbestos a problem
 The areas of the hospital targeted for renovation and expansion include the emergency and radiology departments, the laboratory, support areas, conference rooms and private patient rooms. Asbestos removal is also slated as part of the project.

Mahn said the asbestos problem will be contained or "encapsulated" in areas of renovation and removed from areas of remodeling.

In addition, the project calls for the replacement of the mechanical, heating and electrical facilities. Mahn said the hospital does not have the required fire sprinklers, which are included in the project.

Mahn is hoping to receive good news from the Legislature in July. If the appropriation comes through, an 8-month design process will start. He said construction could take between three and four years, depending on the number of project phases.

In addition to the appropriations bill, Jones also introduced Senate Bill No. 67, which would place a systematic, rational procedure for ranking hospital and nursing home projects to help get the worthiest and neediest projects funded.

Rep. Cheri Davis, R-Ketchikan, said it is hard to make the call about the hospital funding. She said it is difficult to know with a new governor and administration.

"I hope it will go well. We're going to fight for it. None of us know what the governor's plan is," she said.

In brief

Hearings scheduled

The House Resources Committee is sponsoring a legislative public hearing on three house bills dealing with the Alaska Mental Health Lands Trust.

House Bill No. 58 calls for appropriations to the Alaska Mental Health Trust Escrow Account while House Bill No. 59 reconstitutes the mental health lands trust under the Alaska Mental Health Enabling Act of 1956.

In addition, House Bill No. 79 will be addressed. It calls for the establishment of a mental health trust authority.

Testimony will be limited to the land/mental health trust issue only and persons interested in testifying or observing may do so at 3 p.m. Wednesday at the Legislative Information Office on Front Street.

In addition, the House Labor and Commerce Committee has planned a public hearing on House Bill No. 78, which relates to employment rights based on pregnancy, childbirth and related conditions, sick leave and family leave.

Testimony will be taken at the teleconference, which starts at 1 p.m. Tuesday at the LIO in Ketchikan.

the Saudi capital. Israeli authorities said the Scud there fell into a desert area in the central part of the country. U.S.-supplied Patriot missiles destroyed the incoming Scud near Riyadh, but falling debris injured two people, officials said.

Early Tuesday, a missile with a conventional warhead hit a residential area in Israel, officials said. Army spokesman Brig. Gen. Nachman Shai did not say how many people were hurt but that "most of them are only slightly wounded. Perhaps one or two

Iraqi radio and old male student report to military. In January, the lowered the age of military service in Iraq. Iraq will not and will never a radio said.

Since the early week-old war, it silent on the casualties.



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Facts and Figures

- Ketchikan General Hospital was built in 1962 with the capacity to service 46 acute care patients.
- The hospital building is owned by the City of Ketchikan while the hospital management has been operated by the Sisters of St. Joseph of Peace since its opening.
- Island View Manor Nursing Home was built as an addition to the hospital in 1968. The nursing home has a capacity of 31 beds.
- Currently, the hospital is a regional provider of service to an area of over 25,000 people including Ketchikan, Prince of Wales Island, Petersburg and Wrangell.
- Annually, over 17,000 patient days are provided on an inpatient basis, over 19,000 people are cared for as outpatients and over 10,000 people are treated as emergency patients.
- Twenty-four hour Emergency Room physician staffing began in May 1989.
- In the last four years, Ketchikan General Hospital has been purchasing state-of-the-art diagnostic equipment for the Imaging Service Department to meet the changing needs of the community.
- Ketchikan General Hospital generates over \$15 million dollars in revenue a year and has a combined direct and indirect economic impact on the community in excess of \$13 million.
- The medical staff consists of 17 physicians who have made Ketchikan their home.
- Specialists from Ketchikan General Hospital travel to outlying communities on a monthly basis to hold clinics.
- Ketchikan General Hospital was the first employer to offer employer-run daycare in Alaska.
- The hospital is one of the largest employers in Ketchikan with over 250 full and part-time employees.
- In 1982, a report from Alaska's State Department of Health made immediate recommendations to make changes to Ketchikan General Hospital to meet current life safety code regulations.

more

KGH

Renovation

- The State Department of Health's recommendations called for immediate expansion of the Laboratory Department and an upgrade to the energy system.
- Kerchikan General Hospital completed a long-range plan to cover the needs of our community until the year 2010. This long-range plan included demographics, population forecast, and the space needs of the hospital.
- In all areas of the plan, the hospital was found to have:

Serious life safety code deficiencies
Serious space deficiencies
Serious Asbestos problem
Lack of parking

- The total projected cost of the remodeling project is \$ 18.9 million.
- Parking has been addressed and the new 60 space parking garage was completed June 1990.
- Areas still needing renovation and expansion due to growth, technology and minimum requirements of regulating bodies include:

Emergency Department	an additional 1,500 sq ft.
Surgery Department	an additional 2,100 sq ft.
Imaging Services Department	an additional 2,400 sq ft.
Laboratory Department	an additional 1,150 sq ft.
Material Management Department	an additional 2,600 sq ft.
Dietary Department	an additional 3,000 sq ft.
Maintenance Department	an additional 4,500 sq ft.
Other support departments	an additional 7,750 sq ft.

- The Emergency department exceeded its projected 2001 need by over 3000 patients in 1990.
- Complete expansion and remodeling will increase space by 25,000 sq ft., adhere to life safety codes and provide the needed service to the communities in Southern Southeast.
- Without renovation, service and care given to our patients will suffer as will our role as a regional provider of health care.

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**ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION
STATEMENT**

**SUPPORT- HB 214 - HEALTH FACILITY CONSTRUCTION GRANTS
HB 149 - APPROPRIATIONS: SEWARD HOSPITAL; KODIAK ISLAND
HOSPITAL/LONG TERM CARE FACILITY; KETCHIKAN
GENERAL HOSPITAL/LONG TERM CARE FACILITY**

MARCH 1991

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

Anchorage and Fairbanks hospitals were not included. Valley Hospital, Palmer, and Sitka Community Hospitals did not participate as they were currently under construction or reconstruction in 1982. Denali Center in Fairbanks did not exist at this time.

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.

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 15 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. The Department assigned a committee to review the report.

This committee consisted of one member from:

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

The ranking provided by the 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

A.S.H.N.H.A. Position Statement

- *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, Seward
- *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, Juneau
- *13. Norton Sound Regional Hospital

* Completed (Central Peninsula and Bartlett Memorial utilized local bonding)

HB 214, Health Facilities Construction Process/Grants -

HB 214 creates the Health Facility Review Board, composed of seven members appointed by the Governor within the Department of Health & Social Services. The Board will advise the Department in establishing priorities for possible capitol construction grants for non-profit health facilities.

By October 15 of each year the Department shall submit to the Governor and within the first ten days of each regular legislative session, a construction grant schedule with budgets. Each facility applying for grants will have been required to have a Certificate of Need and meet all provisions of HB 214.

HB 149, Health Facility Capitol Construction Grants Kodiak, Ketchikan, & Seward - SB 111 appropriates:

Kodiak Island Borough Hospital/LTC	- \$14,250,000.00	(State Grant)
Kodiak Borough Appropriate	- \$ 4,750,000.00	(Local Match)
Total	- \$19,000,000.00	
Seward General Hospital	- \$ 8,603,438.00	(State Grant)
City of Seward Appropriate	- \$ 2,867,813.00	(Local Match)
Total	- \$11,471,251.00	
Ketchikan General Hospital	- \$14,063,678.00	(State Grant)
City of Ketchikan Appropriate	- \$ 4,687,893.00	(Local Match)
Total	- \$18,751,571.00	

FOR MORE INFORMATION CONTACT:

**Harlan Knudson - 586-1790, Juneau
Alaska State Hospital & Nursing Home Association
319 Seward, #11; Juneau, Alaska 99801**

#



Alaska State Legislature
House of Representatives
 COMMITTEE ON HEALTH, EDUCATION
 AND SOCIAL SERVICES

SUBJECT OF MEETING:
 HB 149 APPROPRIATION: MUNICIPAL GRANTS
 FOR HOSPITALS

DATE: March 27, 1991

PLACE: Capitol Room 106

NAME	REPRESENTING	BUSINESS/PERSONAL MAILING ADDRESS	ZIP	(H) PHONE	(W) PHONE	DO YOU WANT TO TESTIFY?	WHAT SUBJECT/ WHICH BILL?
✓ RAY CAMARDELLA	Kodiakboro	KODIAK ISLAND BOROUGH 710 MILL BAY RD.	99605	486-5787	486-5736	<input checked="" type="radio"/> Y <input type="radio"/> N	Kodiak Hospital
✓ Dianne Pahl	Seward	Seward General Hosp PO Box 365, Seward	99664	224-5205	224-5345	<input checked="" type="radio"/> Y <input type="radio"/> N	Seward Hosp.
Daryl Schertmeyer	Seward	CITY OF SEWARD P.O. Box 167 Seward	99664	224-3331		<input checked="" type="radio"/> Y <input type="radio"/> N	Seward Hosp
ALAN AUSTERMAN	City of Kodiak	Box 33172 Juneau, AK 99803			789-1547	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	HB 149
						<input type="radio"/> Y <input type="radio"/> N	
						<input type="radio"/> Y <input type="radio"/> N	
						<input type="radio"/> Y <input type="radio"/> N	
						<input type="radio"/> Y <input type="radio"/> N	
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						<input type="radio"/> Y <input type="radio"/> N	
						<input type="radio"/> Y <input type="radio"/> N	

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 * DELIVER TO: LHSCHES *
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 * *
 * ORIGINAL *
 * SENT: 03/27/91 TIME: 10:31 *
 * FROM: LTCCKTN *
 * SUBJECT: 91-03-127;FS;HEALTH;3-27 *
 * PRINT DATE: 03/27/91 TIME: 10:31 *
 * *

SUBJECT LINE TO READ: TC NO.; PL/FS; SHORT SUBJECT; DATE

T/C NO: 91-03-127
 DATE: MARCH 27, 1991
 SPONSOR: HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES
 SUBJECT: HB 149: APPROP: MUNICIPAL GRANTS FOR HOSPITALS
 HB 150: APPROP: ANCHORAGE NEIGHBORHOOD HEALTH CTR
 HB 173: APPROP: UNALASKA HEALTH CARE FACILITY
 SB 43: APPROP: NURSES DETERMINATION OF DEATH
 GOVERNOR: [REDACTED]
 SITE: KETCHIKAN

FINAL STATS

 TESTIFIED

NAME (REFERENCED BY)	ADDRESS	PHONE	BILL NO.
1. JACK PEARSON, CITY MANAGER, CITY OF KETCHIKAN	334 FRONT ST, KTN, AK	99901 225-6035	HB 149
2. ALAIRE STANTON, VICE MAYOR, CITY OF KETCHIKAN	334 FRONT ST, KTN, AK	99901 225-9655	HB 149
3. ED MAHN, KETCHIKAN GENERAL HOSPITAL	3100 TONGASS, KTN, AK	99901 225-7562	HB 149

TESTIFIED: 3
 UNABLE: 0
 OBSERVED: 0
 TOTAL: 3

START TIME: 7:35 AM

END TIME: 8:30 AM