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# Alaska State Legislature

Chair, Resources Committee  
Vice-chair, Transportation Committee  
Member, Rules Committee  
Member, Committee on Committees



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**Senator Lloyd Jones**

## MEMORANDUM

**TO:** Senator Arliss Sturgulewski, Chair  
Members, Senate HESS Committee

**FROM:** Senator Lloyd Jones 

**SUBJ:** HESS Committee Hearing on SB 111 and SB 67

**DATE:** February 26, 1991

Thank you for scheduling SB 111 and SB 67 for a HESS Committee hearing this Friday, March 1. As we discussed, I will be unable to attend the hearing as I will be in Washington D.C. However, Glenda Carino of my staff will attend and is able to answer any questions regarding either of these bills.

Since this will be the first time SB 111 will be heard in your committee, I would like to explain my rationale in introducing this bill and its relationship to SB 67. As you know, SB 67 is a mechanism for funding hospital and nursing home capital projects. SB 111 is an appropriation bill which would actually fund three projects ranked in the "Inventory and Evaluation Survey" prepared by the Department of Health and Social Services in 1982.

### Historical Perspective

Fifteen hospitals were surveyed in the 1982 study, by a committee made up of the Alaska Medical Facility Authority; the Alaska State Hospital Association; 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. The ranking was based on the relative severity of all physical and functional deficiencies found at each facility. It did not consider other factors such as facility utilization or population trends. Kodiak, Seward and Ketchikan General Hospitals were in the top ten.

In 1987, the Hospital and Nursing Home Association of Alaska (formerly the Health Association of Alaska) recommended that Kodiak, Ketchikan and Seward be ranked as the top priority facilities needing construction grants. There have been several attempts to fund those construction grants. Last year, Senator Fred Zharoff and Representative Cliff Davidson introduced bills which authorized the issuance of general obligation bonds to be placed on the 1990 general election ballot. Those bills failed to pass the legislature, however they did bring the issue into the lime light.

**Senator Arliss Sturgulewski**  
**HESS Committee Hearing on SB 111 and SB 67**  
**Page 2**  
**February 25, 1991**

As a result, Senator Zharoff was named chair of the Senate Special Committee on Health Care Facilities. I was a member, as was Senator Jay Kertulla. The committee assessed health care facility needs around the state, focusing on renovation and replacement of hospitals and nursing homes. It was also charged with making recommendations regarding the funding of those projects. One proposal is contained in my bill, Senate Bill 67.

#### **Senate Bill 67 - A Long Range Plan**

As discussed, Senate Bill 67 is designed to set up a priority ranking system on a statewide basis, to be used by the legislature and the executive branch when making decisions about capital budget priorities. Although it is a good start toward equal and rational distribution of health care facility construction funds, the lag time between getting the program off the ground and getting actual construction dollars to needy projects is too long. Ketchikan, Seward and Kodiak are projects that are ready to go now.

#### **Replacement & Renovation of Ketchikan, Kodiak and Seward Hospitals**

As you can see from the most recent figures, inflation costs in just one year have pushed the price tags up on these projects (see attachment: *1990 - 1991 Funding Request Comparison*). In terms of financial prudence, these hospitals have waited too long. But the real issue is health and life safety. For that reason, I ask that you support Senate Bills 67 and 111. The State of Alaska needs direction in prioritizing health care construction grants, but short of this priority list, Ketchikan, Seward and Kodiak General Hospitals need help today.

#### **Enclosures: Backup on Senate Bill 111**

- Title 37, Section 37.05.318
- Letter from Ketchikan General Hospital & other backup
- Kodiak Island Hospital and Care Center Backup
- Seward General Hospital Backup
- 1990 - 1991 Funding Request Comparison

### FUNDING REQUEST COMPARISON

HOSPITAL PROJECT	1990 REQUEST	1991 REQUEST		Total Project Costs	C.O.N. REQUEST
	General Obligation Bond	State Grant Request	Local Match		
Kodiak 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

**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*

# DRAFT

February 25, 1991

## BILL BACKGROUND

### SENATE BILL 111

S.B. 111 would appropriate \$36,917,116 to replace, renovate and/or equip the current general hospitals in Ketchikan, Kodiak and Seward.

In 1982, at the request of the legislature, the Department of Health and Social Services developed a prioritized capital funding plan to meet 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.

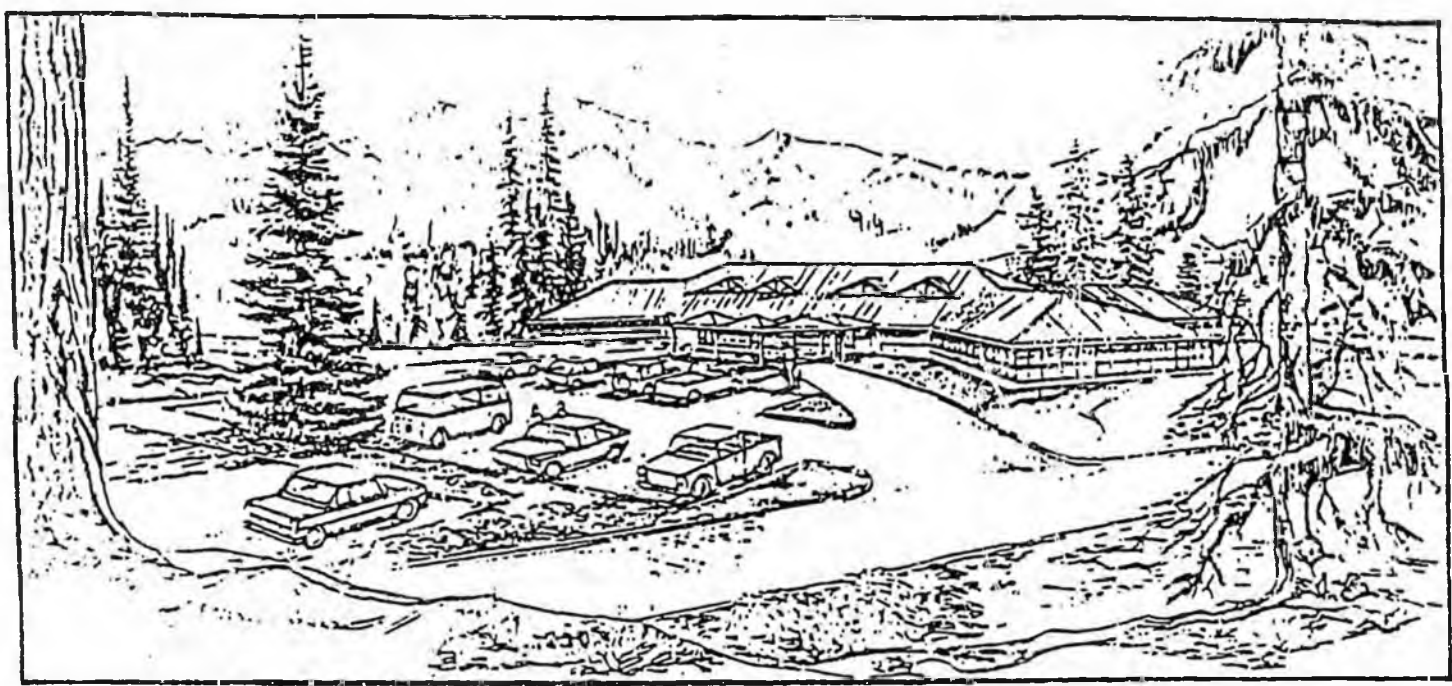
Of the three facilities in this bill, all have or have applied for Certificates of Need. Kodiak's requested \$18,167,340. It's C.O.N. request is in the final stages of review. Ketchikan received it's C.O.N. June 15, 1990 for \$19,300,000 and Seward received it's C.O.N. September 9, 1989 for \$9,500,000.

**BACKUP  
SENATE BILL 111**

**Kodiak Island Hospital  
and Care Center**

JAN. 13. 1980

**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 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. <del>Movable Equipment</del>	<del>220,000</del>
7. Architectural/Engineering Fees	1,200,000
8. Site Survey/Soils & Materials Testing	50,000
9. Special Inspections	42,000
10. <del>Administrative Expense</del>	<del>430,000</del>
11. <del>Contingency</del>	<del>307,500</del>

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

LOCAL FUNDING \$ 4,000,000

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

**BACKUP  
SENATE BILL 111**

**Seward General Hospital**

CITY OF SEWARD  
CAPITAL PROJECT ASSISTANCE 1991

CATEGORY                      COMMUNITY DEVELOPMENT                      CITY PRIORITY 1

PROJECT TITLE: SEWARD GENERAL HOSPITAL REPLACEMENT

<u>PROJECT COST:</u>	NEW HOSPITAL REPLACEMENT	\$10,446,250
	REMODEL EXISTING BUILDING	<u>\$ 1,025,000</u>
	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

## 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.	<del>Administration @ 1 1/2 Construction Cost</del>	=	<del>\$ 115,643</del>
8.	Building Permits	=	\$ 28,000
9.	<del>Other Equipment, Movable Equipment</del>	=	<del>\$ 200,000</del>
10.	<del>Contingency @ 10% Construction Cost</del>	=	<del>\$ 769,390</del>
	Total Hospital Project Cost	=	\$10,446,250

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

# CITY OF SEWARD

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- Harbor (907) 224-3138
- Fire (907) 224-3445
- Telecopier (907) 224-3248

## MEMORANDUM

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**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

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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 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.

## 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

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**

## 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, Moosa Pass, Cooper Landing, Bear Creek and Hope. The 1984 estimated service area population was 3,950. 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 1988.<sup>1</sup>

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.

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<sup>1</sup> "1988 Estimates of Alaska's Population", News Release, Alaska Dept. of Labor, July 10, 1989.

Depreciation of capital funds received through grants is a reimburseable 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

## 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

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:

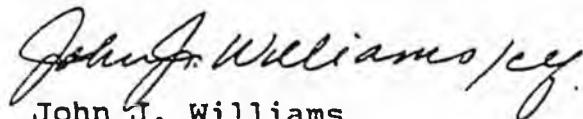
Enclosed please find a copy of the Kenai Peninsula Caucus resolution supporting a legislative grant to fund the replacement of the Seward General Hospital.

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 17.010-130, 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:

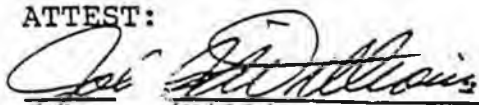
Section 1. The Kenai Peninsula Caucus supports the appropriation of \$9.5 million by the 1991 Alaska Legislature for the replacement of Seward General Hospital.

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 Williams, Secretary

**BACKUP  
SENATE BILL 111**

**Ketchikan General Hospital**

# Ketchikan General Hospital

3100 TONGASS AVE.  
KETCHIKAN, ALASKA 99901

January 26, 1990

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

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 \$18,390,000 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.

KCH

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

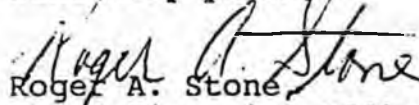
Senator Lloyd Jones  
Alaska State Senate  
Box V  
Juneau, Alaska 99811

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 ~~current~~ cost is now estimated to be ~~\$20,316,614~~.

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 the case.  
A troopers vessel visited Seguam

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

See 'Hospital' on page 3

## Workers lighten seniors' load



Tom Brend talks with Jean Bilot 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

	<b>Tuesday</b>	
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	....	....
	<b>Wednesday</b>	
Low	5:49 a.m.	3.4 ft.
High	0:13 a.m.	14.0 ft.
Low	6:17 p.m.	-0.8 ft.
High	11:51 a.m.	15.0 ft.

## Weather Special

Two new records high temperature for the 10th of February was set for Annette Island Sunday. A new record high to 61 degree broke the previous high of 56 degree set in 1970. Also the high minimum temperature of 36 degree set way back in 1963 was broken with a new high minimum temperature of 45 degree.

## Alaska Summary

By The Associated Press  
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 Pribilof.

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 Seward valley and the north gulf coast.

Bedell, 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 Gambell 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 east 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 rainfall during the same six hours.

Winds to near 40 mph over parts of New York state and western Pennsylvania brought wind chills of 22 below zero at Meadville, 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 3 p.m. ranged from 9 degrees at International 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 end of the Middle East. Temperatures will be in the low 60s in Iraq and Israel while readings in the upper 60s 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:		
Tuesday	Hi	Lo
Aminan	62	40
Baghdad	60	32
Cairo	62	42
Damascus	59	30
Dhahran	72	52
Jeddah	78	54
Riyadh	72	49
Tehran	40	25

mediators began considering an Iranian bid to mediate an end to the conflict.

The Soviets and Iranians 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

the Saudi capital. Israeli authorities said the Scud there fell into a deserted 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 announced old male students are being report to military conscription. In January, the Baghdad lowered the age for military service in Iraq to 17-year-olds. Iraq will not agree to and will never surrender radio said.

Since the early days week-old war, Iraq has silent on the question casualties.

## 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.

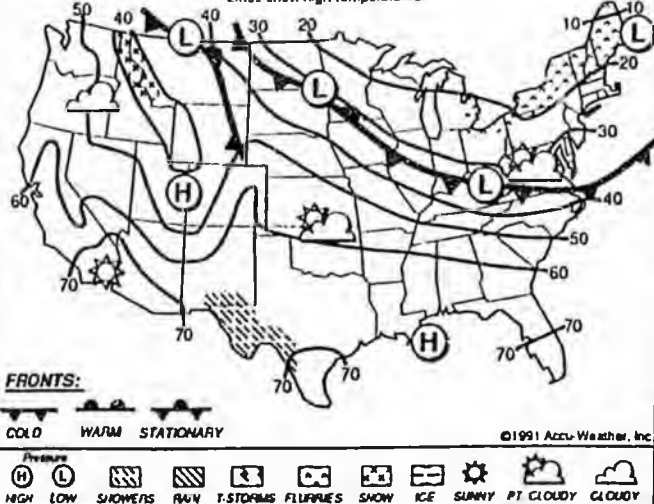
Testimony will be limited to the land/mental health trust issue only and persons interested in testifying or observing may do so at 3 p.m. Wednesday at the Legislative Information Office on Front Street.

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.

## Lower 48 Weather

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



FRONTS:  
COLD WARM STATIONARY

©1991 Accu-Weather, Inc.  
Pressure: H, L  
HIGH, LOW, SHOWERS, RAIN, T-STORMS, FLURRIES, SNOW, ICE, SUNNY, PT. CLOUDY, CLOUDY



## Valentines for Two

### Lobster stuffed Filet Mignon

Tender filet stuffed with lobster, green onions, mushrooms and herbs. Broiled to perfection and served with bearnaise sauce.

### Halibut & Prawns Vancouver

A filet of halibut stuffed with pepper mushrooms and edam cheese. Serve hollandaise sauce with two bay fish and three sauteed prawns.



Your Choice for two  
\$60 plus tax & grat

Includes a rose for the ladies and a bottle of good  
Charley's regular dinner will be available.  
Music by 'Hotfoot'

Reservations Recommended 225-5090

Ketchikan's finest Dining and Entertainment



# DIAMOND JIM'S ENTERPRISES

P.O. Box 2988 • Kodiak, AK 99016 • (907)488-3959

## Diamond Jim's

FAX TRANSMITTAL

James L. Pisk Jr.  
Chief Executive Officer



DATE: 3-1-91

TO: Senator A. STUNGULEWSKI

ATTENTION: Ness Chhaidas

FAX NUMBER: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_

NUMBER OF PAGES INCLUDING THIS PAGE: \_\_\_\_\_

If you experience any problems receiving this FAX, please call us at:

Our telefax number is:

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- (907)488-7088 *Box*
- \_\_\_\_\_

- (907)488-7099
- (907)488-4118
- \_\_\_\_\_

This FAX was sent by: \_\_\_\_\_

*Jim Pisk Jr.*

MESSAGE:

Nader Chhaidas "Ness"

Here are some facts & Fig.

Saddam is present w/ Republican Guard  
for hearing on 5/15/11. Let us put it to a  
Vote of the people and it will fail

By 95% our facilities is only a holding  
place till the next Jet-Airplane

*Wanko*

"E"

KODIAK ISLAND HOSPITAL AND CARE CENTER  
JANUARY STATISTICS

Decrease



	BUDGETED	ACTUAL	VARIANCE	
<b>ADMISSIONS:</b>				
MED/SURG	79	70	(19)	
OB/GYN	22	23	1	
SWING BED	3	4	1	
ICU/CCU	10	4	( 6)	
NURSERY	21	24	3	
TOTAL ACUTE ADMITS	135	125	(10)	8%
<b>PATIENT/RESIDENT DAYS</b>				
MED/SURG	275	177	(98)	
OB/GYN	47	34	(13)	
ICU/CCU	17	11	( 6)	
SWING BEDS	54	63	9	
NURSERY	36	37	1	
TOTAL ACUTE DAYS	429	322	(108)	25%
CARE CENTER DAYS	537	468	( 69)	
BIRTHS	21	24	3	
TOTAL OUTPATIENT VISITS	495	325	(170)	35%
<b>SURGICAL SERVICES</b>				
INPATIENT PROCEDURES	15	13	( 2)	
OUTPATIENT PROCEDURES	12	5	( 7)	
EMERGENCY ROOM VISITS	370	295	( 75)	20%

Actual 188  
 4  
 - 228

Atto: Department Heads 25  
 Employees 128

EMPLOYEES BY DEPARTMENT LIST

DEPARTMENT 050 (PURCHASING)  
 01230 \* BARBARA ALLAIN  
 2410 DONNA BUNNELL  
 16220 KELLY PHILLIMEANO  
 19190 JEFFRY SILVA

DEPARTMENT 052 (DIETARY)  
 2030 NANCY BALORAN  
 2089 \* BETTY BARNES  
 2290 DAN BLACKMAN  
 4143 ELLIZABETH DELOS SANTOS  
 7054 LADONNA GIL  
 8032 \* SANDRA HALSEY  
 1271 \* MITHOSILA LAURIN  
 13508 DEBRA MULLAN  
 16071 CORAZION PASION  
 20053 PATRICIA TILL  
 23033 ANNIE WAGONER

DEPARTMENT 053 (HOUSEKEEPING)  
 5082 EGENIO ERIBAL LOA  
 7126 CLAUDIA GONZALES  
 14035 AURORA NATIVIDAD  
 15008 RO-SAL OLAES  
 16168 \* MANUAL PENERA  
 19000 ROSANEL SABADO  
 22046 \* VIRGINIA VALLADOLID  
 22053 LALAH VALUZ

DEPARTMENT 054 (LAUNDRY)  
 2360 JUANITA BULAONG  
 7096 NANCY GOCHAN

DEPARTMENT 056 (MAINTENANCE)  
 1123 PHILLIP AGUIRRE  
 2121 CHRIS BISHOP  
 20040 STAN THOMPSONN

DEPARTMENT 060 (ACCOUNTING)  
 22160 KEITH VORACHEK  
 08200 TIMOTHY R. HOCUM  
 3078 SHARON MAJOR

DEPARTMENT 066 (UNIT SECRETARIES)  
 6023 \* RHONNY FARRELL  
 7010 \* MARIA GARCIA  
 16154 \* FRANCES PENDLEY  
 18086 \* NEDRA ROOKSTOOL  
 19224 \* JENNIFER SMITH  
 22004 \* CYNTHIA VAN REESE  
 25106 \* JESSE YOUMANS

DEPARTMENT 067 (BUSINESS OFFICE)

3319 ALISON CHILDS  
 8290 JULIE HOWARD  
 11070 SUSAN KERBY  
 12098 SHARON LUDVIGSON  
 13268 KIMBERLY MEAD  
 15032 DANA OLIVER

DEPARTMENT 068 ( DATA PROCESSING)  
 16055 LETICIA PASCUA

DEPARTMENT 069 (CREDIT & COLLECTIONS)

DEPARTMENT 080 (ADMINISTRATION)  
 08185 \* REBECCA HICKOX HIRED 11/19/90 P/T  
 18005 DEBRA RAPER  
 19315 BETH STOHL-REILAND

DEPARTMENT 084 (MEDICAL RECORDS)  
 5041 RENIE ELLER  
 7070 MARY GLAMANN  
 8227 CORLENE HOGG  
 8326 CYNTHIA HURT  
 11060 PAMELA KELLY  
 12054 \* SANDRA LAYTON  
 03300 \* DORIS MENSCH  
 23226 REBECCA WHITE

DEPARTMENT 086 (HUMAN RESOURCES)

DEPARTMENT 101 (NURSING ADMINISTRATION)  
6080 KATHLEEN FITZGERALD  
23093 \* CAMI WARNER

DEPARTMENT 104 (ACUTE NURSING)

1594	SANDRA ANDREWS	
2095	* LADONNA BENDER	HIRED 11/21/90 ins/chg 12/8
3772	KATHLEEN CROSSEN	
6205	* ILVA FOX	LOA
6221	NEVA DIANNE FRANKLIN	
07062	* SHEILA GILPIN	
8052	CINDY HARDY	
8128	MARIAN HEMINGWAY	
10033	LILIA JENKS	
10470	PENELOPE JONES	
11122	* CHRISTY KINTER	
12013	NANCY LANCE	
12138	ADELAIDA LLAVE	
13029	ALICE MACDONOUGH	
13097	* ESTRELLA MANGAHAS	
13144	FELICIDAD MARASIGAN	
13151	JANISE MARSHALL	
13185	* DEBRA MCBRIDE	
13524	LINDA MULLAN	
15040	* ANDREA OLSEN	
16295	* JUDY PHILLIPS	
16477	ROBERT PLYER	
16097	* MAUREEN PROVOST	
18076	* ALANA ROE	
18101	JOSEFINA ROSALES	
20045	PATRICIA THORN	
22095	* PAULA VICKSTROM	
23028	BETSY WADE	
23045	* MARGARET WALKER	HIRE DATE 11/1/90
23058	SUSANA WALLACE	

DEPARTMENT 106 (SURGERY)  
02280 \* MIKE BLACK  
07591 JIM GREER  
22030 DONNA VAZQUEZ

DEPARTMENT 120 (ANESTHESIA)

\* 35

6077 KEITH FALATKO

DEPARTMENT 122 (LABORATORY)  
1115 MARY AGUIRRE  
3210 RICHARD CARSTENS  
3418 STEPHEN COEN  
13433 DENNIS MOONEY

DEPARTMENT 126 (RADIOLOGY)  
07665 DENNIS GRUSOLAK  
11200 MEGAN KNAUF HIRED 11/26/90 F/T  
12872 JACK LUA  
19679 FLEURETTE GAGNE

DEPARTMENT 130 (RESPIRATORY CARE)  
3178 BARBARA CARBERRY  
13227 JEFF MARCH  
23060 WAYNE WALLACE

DEPARTMENT 132 (PHYSICAL THERAPY)  
8060 CENA HARMON

DEPARTMENT 133 (SPEECH THERAPY)  
4218 \* JEAN DICKSON

DEPARTMENT 137 (PHARMACY)  
13219 JOHN MCENTEE  
19125 \* LUCY PRYOR

DEPARTMENT 201 (NURSING ADMINISTRATION)  
10462 JUANITA JONES

DEPARTMENT 214 (CARE CENTER NURSING)  
 1032 LILIAN ACUNA  
 2006 \* BELINDA BALMES  
 2147 SARA BISHOP  
 3053 GLORIA CABUDOL  
 3582 \* MARLYCE COZART  
 4226 EDNA DOMINGO  
 11007 MERNA KEENE  
 13300 TITA MEDINA  
 13359 \* ASUNCION MIRANDA  
 16014 ESTHER PAGSOLINGAN  
 19140 VICKI SHELTON  
 19303 SANDRA STEELMAN  
 20008 WILMA TANNER  
 20065 \* MARTHA TROTZKE HIRE DATE 11/1/90  
 22012 LYNN VARGAS

DEPARTMENT 234 (ACTIVITIES)  
 05046 \* SUSAN EMERSON  
 03440 ALANNA MONTAGUE  
 20125 REBA C. TURNER HIRE DATE 11/12/90

DEPARTMENT 240 (SOCIAL SERVICES)  
 6098 MICHELE FITZGERALD-DYER

DEPARTMENT 578 (DR. TSCHERICH BILLING)  
 10496 EMILIA JOVANOVIC

# KODIAK ISLAND HOSPITAL AND CARE CENTER MEMORANDUM

**TO:** Jan Blanton, Interim Administrator

**FROM:** Deb Raper, Administrative Secretary

**DATE:** February 11, 1991

**SUBJECT:** New Facility Support

*Dele -  
Hickel said -  
- this and say -  
we have a flow for  
this. Probably should be  
coordinated by Jan  
+ Paul  
this  
for*

In a phone conversation with Jerome Selby, Borough Mayor, this morning, he indicated that Jim Fiske, a self-appointed community representative and personal friend of Walter Hickel, the new governor, had told Gov. Mickel that Kodiak doesn't need a new hospital. Apparently, Fiske has some influence with Gov. Hickel and Mayor Selby is concerned about Fiske changing the attitude of Gov. Hickel with regard to construction.

Mayor Selby strongly suggested that a letter writing campaign be undertaken, that the letters be addressed to Gov. Hickel and copies sent to Representative Davidson and Senator Zharoff.

*and this  
re: faculty  
\**

Jerome suggested that you work with staff, board and auxiliary and flood Gov. Hickel's office with letters of support for a new hospital. He suggested that staff who wrote letters also indicate their position in the hospital, i.e., Charge Nurse, Janitor, etc. so that a broad cross-section of support is shown.

*\*  
\**

The Auxiliary is meeting tomorrow night at the home of Anne Kalcic, the co-president, 812 Mission Road. This might be a good opportunity for you to meet with the organization and ask for their support (and the support of their many and influential friends). As an organization, they are pro new facility.

The Board is meeting on Wednesday night and this should be an item on the agenda.

*NOTE  
\**

I would think that the best way to get the word to the staff would be through the daily in-house publication, the "Pulse Beat", which I edit. If you agree, perhaps we can work on the wording?

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To: Tom Minger	From: Deb Raper
Co. LHS	Co. KIH
Dept.	Phone #