

ALASKA LEGISLATURE COMMITTEE FILES, 1989-1990 8672

6267 SENATE HEALTH, EDUCATION AND SOCIAL SERVICES

1. Title: Construction of  
Incineration Unit

2. Location: 250 Hospital Place  
Soldotna

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

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

### 5. Project Type

Real Property / Construction

Major Equipment / Vehicles

### 6. Project Ranking

Dept./Service Area/Comm.

 2

Assembly

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

### 7. Narrative Description:

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

### 8. Economic Benefits / Jobs Created:

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

## KENAI PENINSULA BOROUGH WORKS IN PROGRESS

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

**Title:**

Construction of Incineration Unit.

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

**Proposed Savings and Revenue:** (please explain)

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

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

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

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

**1. Title:** Construction Of Site  
For CT Scan

**2. Location:** 250 Hospital Place  
Soldotna

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

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

**5. Project Type**

Real Property / Construction

Major Equipment / Vehicles

**6. Project Ranking**

Dept./Service Area/Comm.  1

Assembly

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

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

**KENAI PENINSULA BOROUGH  
WORKS IN PROGRESS**

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

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

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

**Title:**

Construction of Site for CT Scan

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

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

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

KODIAK ISLAND HOSPITAL CON CAPITAL COST ESTIMATES, 1985 AND CURRENT

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

Revised: 11/29/89

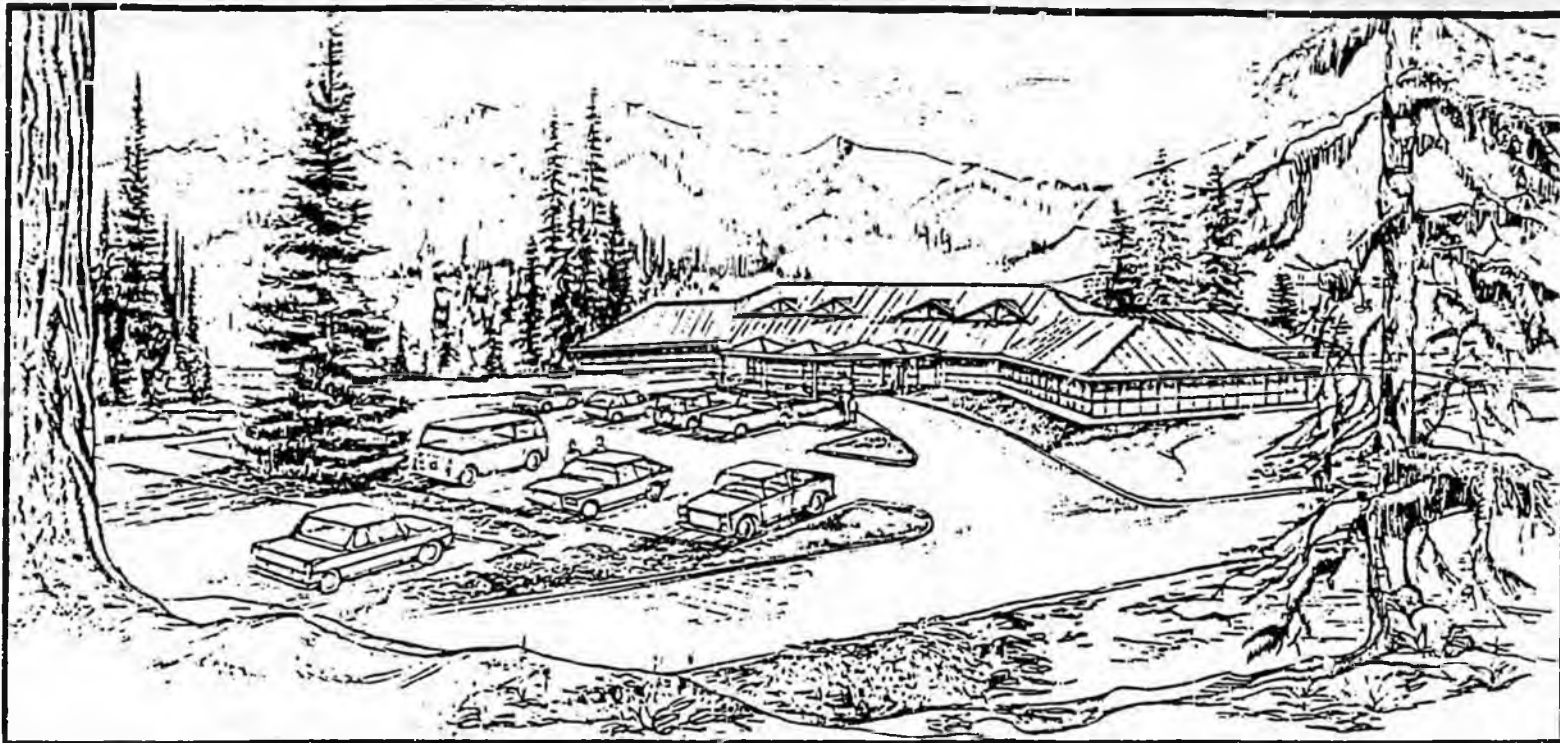
<u>CATEGORY</u>	<u>1989</u>	<u>1985</u>	<u>COST TO DATE</u>
1. Site acquisition	\$ 495,000	\$ 300,000	\$495,000
2. Est. general construction	16,929,352	11,800,000	
3. Fixed equipment, not included in B2	0	0	
4. TOTAL CONSTRUCTION COSTS (subtotal)	<u>\$17,424,352</u>	<u>\$12,100,000</u>	
5. Major movable equipment	\$ 450,000	\$ 721,000	
6. Other costs			
a. Administration expense	290,000	90,000	14,834
b. Site Survey, Soils, Materials test	100,000	50,000	26,409
c. Arch/Eng fees	1,000,000	795,000	849,019
d. Other consultation fees	194,000	410,000	
e. Legal fees	50,000	(inc)	
f. Land development & landscaping	(inc)	1,100,000	428,700
g. Permits & assessments	(inc)	(inc)	
h. Additional fees	(inc)	174,000	
i. Contingency	(inc)	980,000	
j. Insurance	(inc)	(inc)	
	(subtotal)	<u>\$ 1,634,000</u>	<u>\$ 4,320,000</u>
7. TOTAL PROJECT COST	\$19,058,352	\$16,420,000	
16. Construction cost per sq. ft.*	241	185	
17. Construction cost per bed	384,728	270,000	
18. Project cost per sq. ft.*	265	257	
19. Project cost per bed	422,917	375,000	
*Square feet	70,158	60,111	



Kodiak Island Hospital

1915 East Rezanof Drive  
Kodiak, Alaska 99615

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



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

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

## The need: A new Kodiak Island Hospital

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

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

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

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

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

## A new hospital will provide better care for Kodiak

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

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

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

## KODIAK ISLAND HOSPITAL AND CARE CENTER

### WHY IS THERE A NEED FOR A REPLACEMENT HOSPITAL?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A replacement hospital will provide:

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

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

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

Kodiak Island Hospital Replacement  
Updated Cost Estimate  
January 1, 1988

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



**NEW FACILITY SQUARE FOOTAGE**

64,211 SQ. FT.

**SERVICE AREA COVERED**

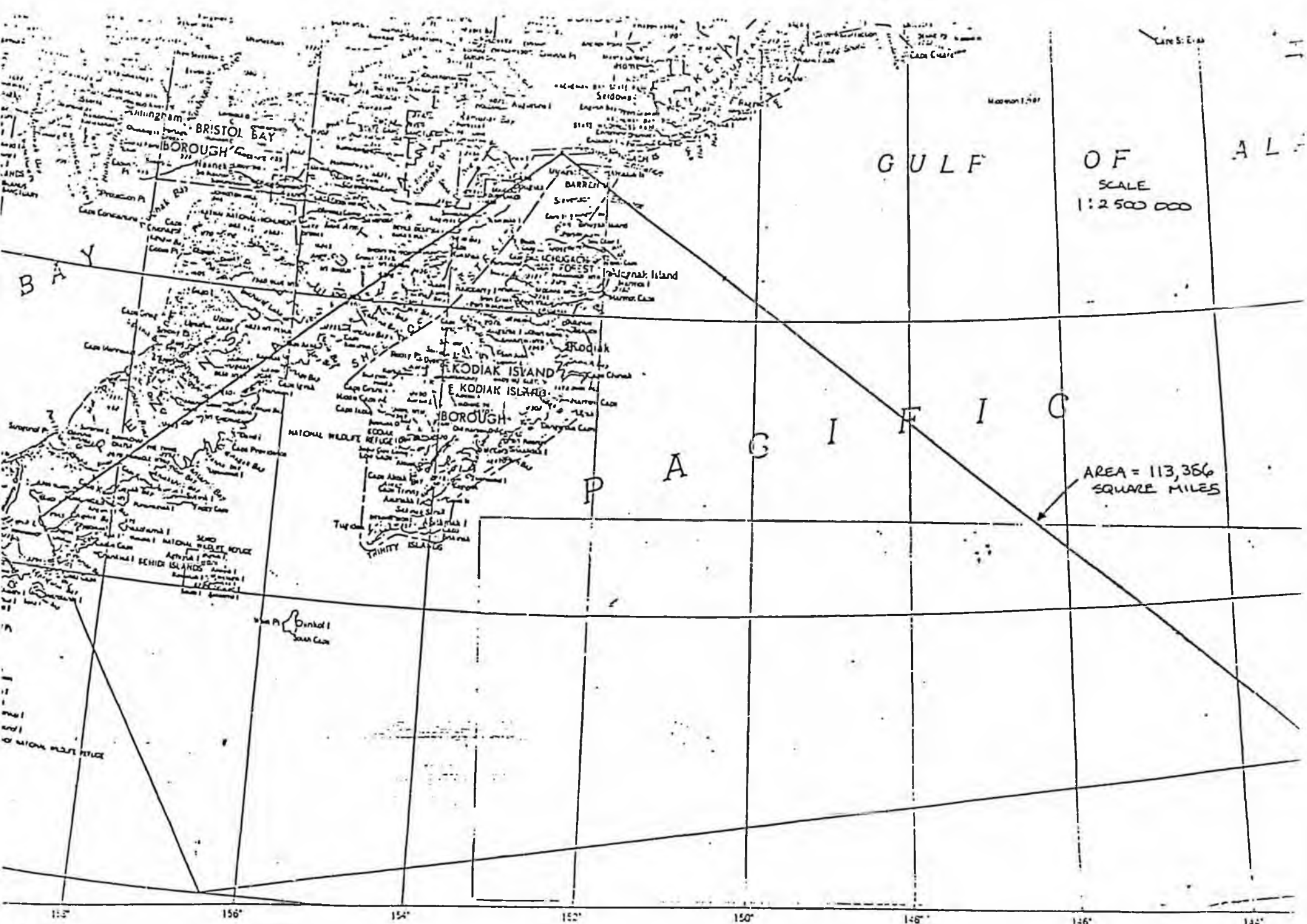
113,386 SQUARE MILES.  
 THE APPROXIMATE SIZE OF MAINE,  
 NEW HAMPSHIRE, VERMONT,  
 MASSACHUSETTS, RHODE ISLAND,  
 CONNECTICUT, & NEW YORK.

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

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

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- Separation of the psychiatric holding area from acute care patient rooms.
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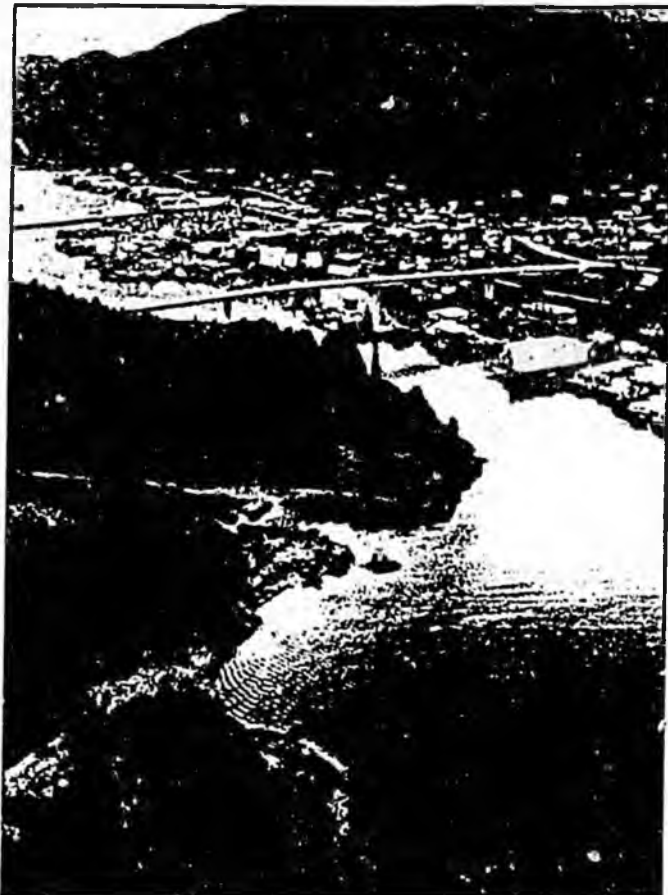
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AREA = 113,356  
SQUARE MILES

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# CITY OF KODIAK

## KODIAK ISLAND BOROUGH



### THE SETTING

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

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

### THE PEOPLE

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

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

### CLIMATE

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

*Average annual rainfall: . . . . . 74.2 inches*

*Average annual snowfall: . . . . . 34.5 inches*

*Prevailing wind direction: . . . . . Northwest*

*Mean hourly wind speed: . . . . . 10.7 mph*

*Average Temperatures, (reported in Fahrenheit)*

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

### LOCAL BUSINESS PROFILE

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

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

## MARINE FACILITIES

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

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

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

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

Small vessel moorage include:

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

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

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

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

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

## TRANSPORTATION

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

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

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

### Bus/Taxi/Car Rental:

Airporter Bus: \$5 per person.

Cab: Approximately \$10 airport to town.

Auto Rentals: Five companies.

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

**Rail:** None.

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

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

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

## COMMUNICATIONS

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

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

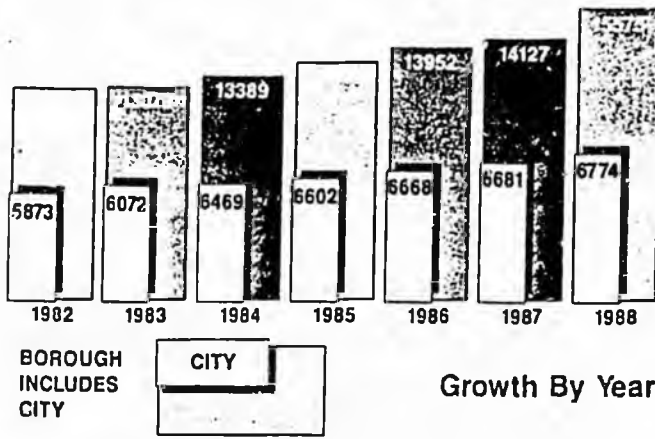
**Radio:** Programming in Kodiak is transmitted and received from KVOK-AM/KJJZ-FM and KMXT-FM Public Broadcasting. Also, KWAVE-FM/KPEN-AM from Homer and Moody Broadcasting Network is received via satellite.

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



PHOTO: MARION STIRRUP

**KODIAK ISLAND  
1982-1988 POPULATION FIGURES**



**GOVERNMENT SERVICES**

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

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

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

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

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

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

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

The federal government has local offices and personnel for:

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

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

**TAX ASSESSMENTS**

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

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

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

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

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

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

**HEALTH CARE**

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

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

**LAND OWNERSHIP / DEVELOPMENT POTENTIAL**

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

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

Less than 1% is in private ownership.

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

**HOUSING**

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

## VILLAGES

### COMMUNITY LIFESTYLE

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

*Russian Orthodox  
Catholic  
Baptist  
Evangelical*

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

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

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

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

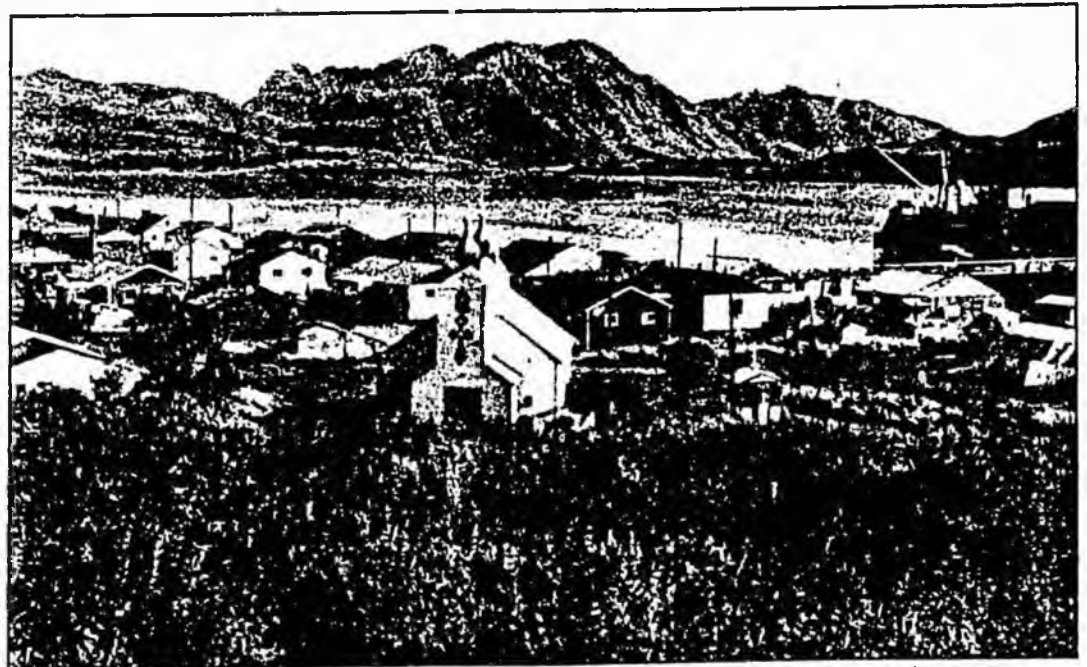


PHOTO: KODIAK AREA NATIVE ASSOCIATION

For additional community information contact:

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

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

Kodiak Island Borough  
710 Mill Bay Road  
Kodiak, Alaska 99615

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

Information provided by:

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

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





### ABOUT OUR HOSPITAL

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

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

## COMMUNITY

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

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

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

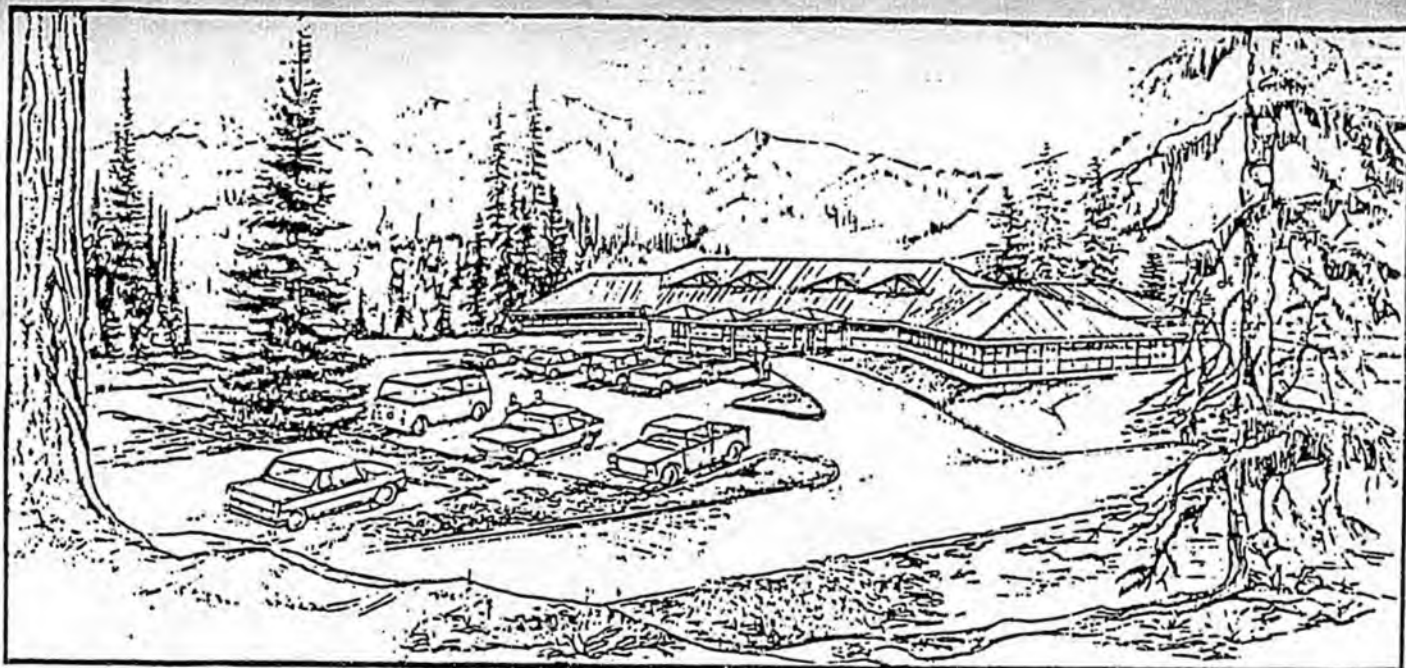
Kodiak health providers include our facility-KIH/CC, five private physician clinics, an active public health Center, a Women's Resource and Crisis Center with an active Crisis Line, a Mental Health Center, an Alcoholism Treatment Program, and Kodiak Area Natives Association Clinic which provides care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

## MEDICAL STAFF

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

## TRANSPORTATION

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



**NEW FACILITY SQUARE FOOTAGE**

64,211 SQ. FT.

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

**SERVICE AREA COVERED**

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

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

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

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

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



# Kodiak Island Borough

## KODIAK ISLAND BOROUGH POPULATION FIGURES

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

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

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

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

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



### WE ARE READY TO BUILD

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

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

We are ready to build! With Alaskan based contractors!

### AMOUNT ALLOCATED TOWARD PROJECT TO DATE

#### Revenue from State

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

#### Revenue from Borough

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

#### Expenditures:

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

### AMOUNT NEEDED TO COMPLETE

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

## The need: A new Kodiak Island Hospital

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

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

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

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

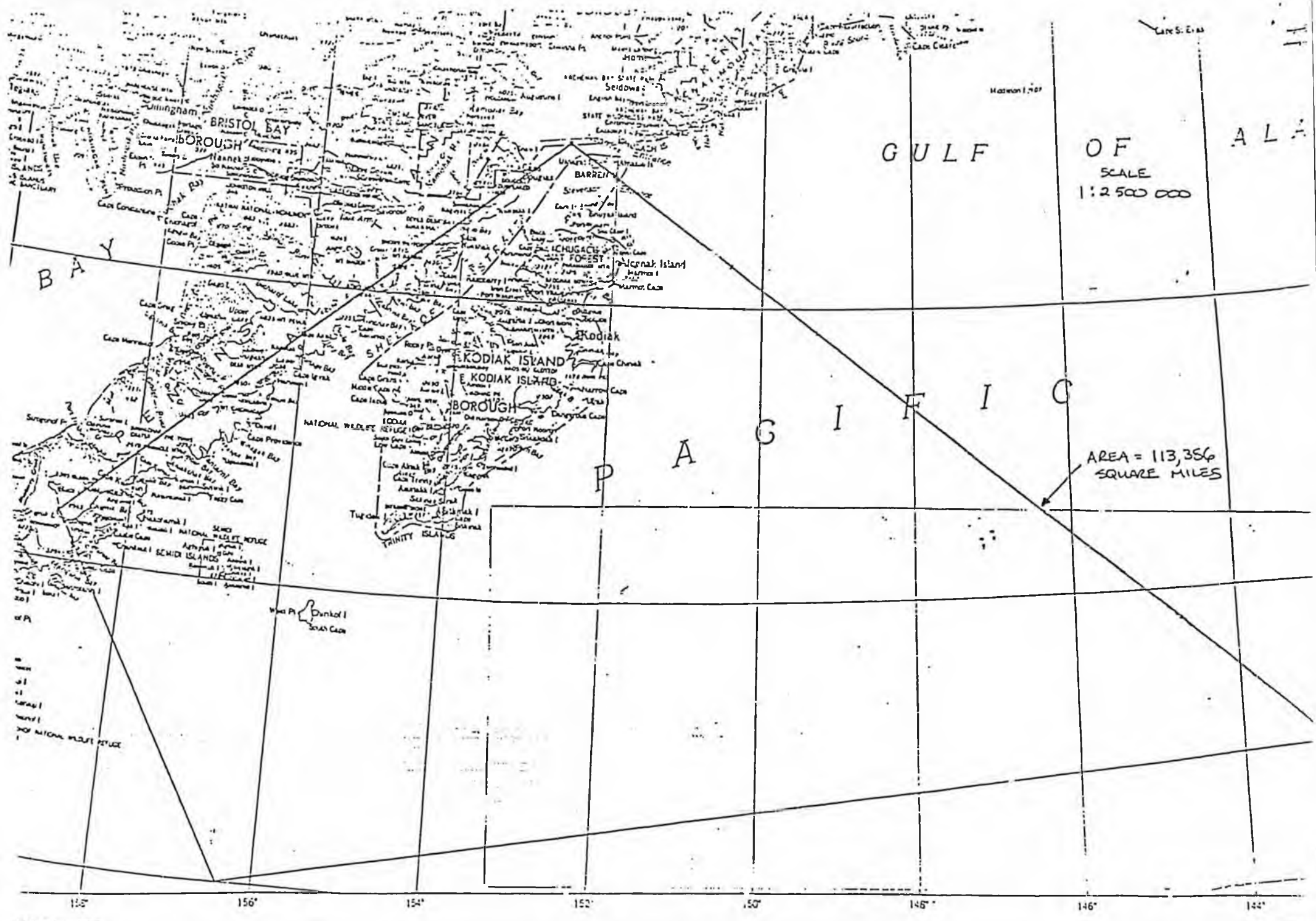
The new Kodiak Island Hospital project meets the Governor's Capital Projects criteria and has been identified as one of the Borough's and City's top construction priorities in 1988.

## A new hospital will provide better care for Kodiak

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

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

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



SCALE  
1:2 500 000

AREA = 113,356  
SQUARE MILES

158° 156° 154° 152° 150° 148° 146° 144°

FINANCIAL INFORMATION

Kodiak Island Hospital Replacement  
Updated Cost Estimate  
January 1, 1988

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

Hospital Construction  
Financial Status  
as of December 31, 1987

Revenue:

State Grants

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

Kodiak Island Borough

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

Expenditures:

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

KODIAK ISLAND HOSPITAL AND NURSING HOME

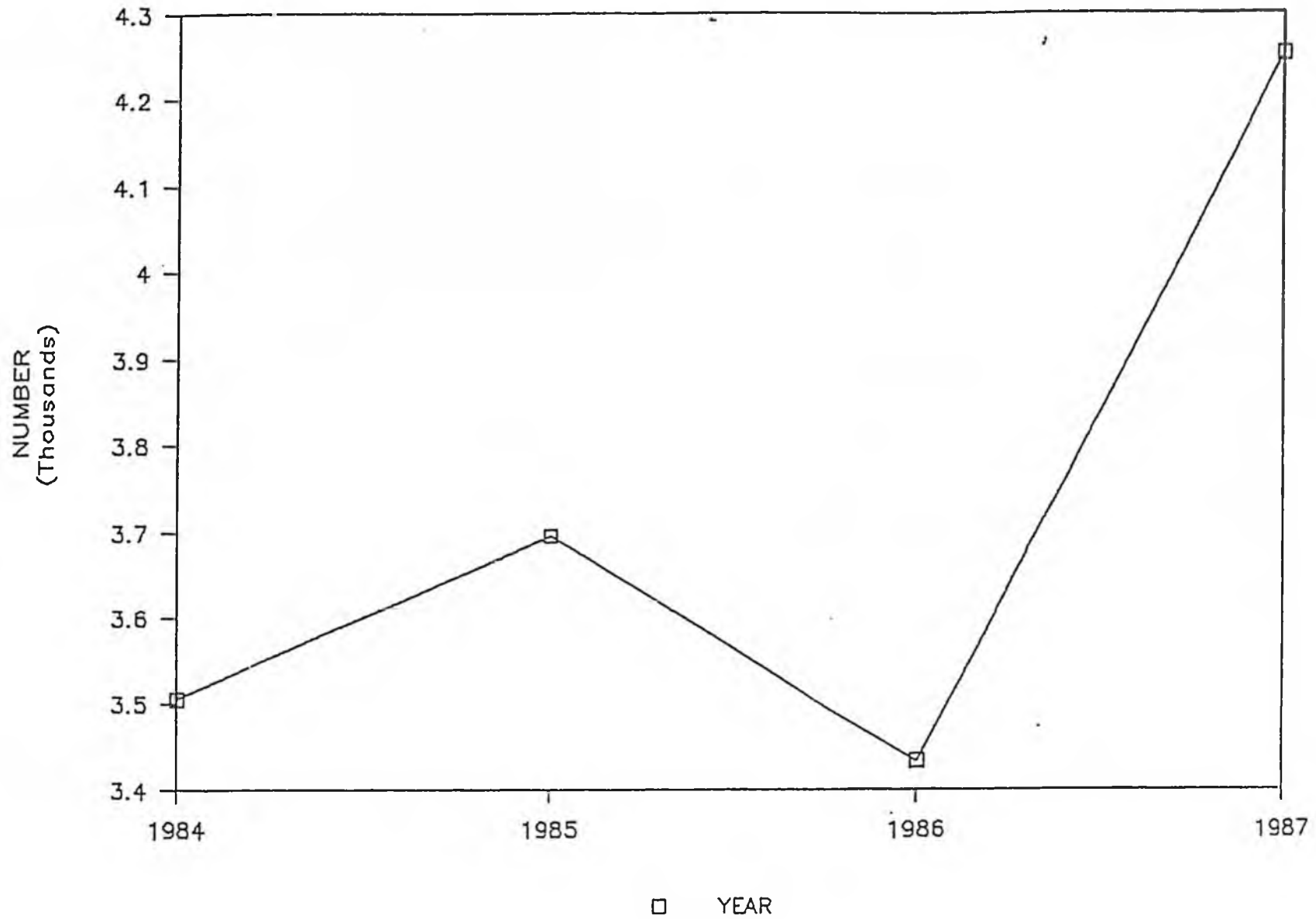
FINANCIAL STATEMENTS

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

GRAPHS DEPICTING:

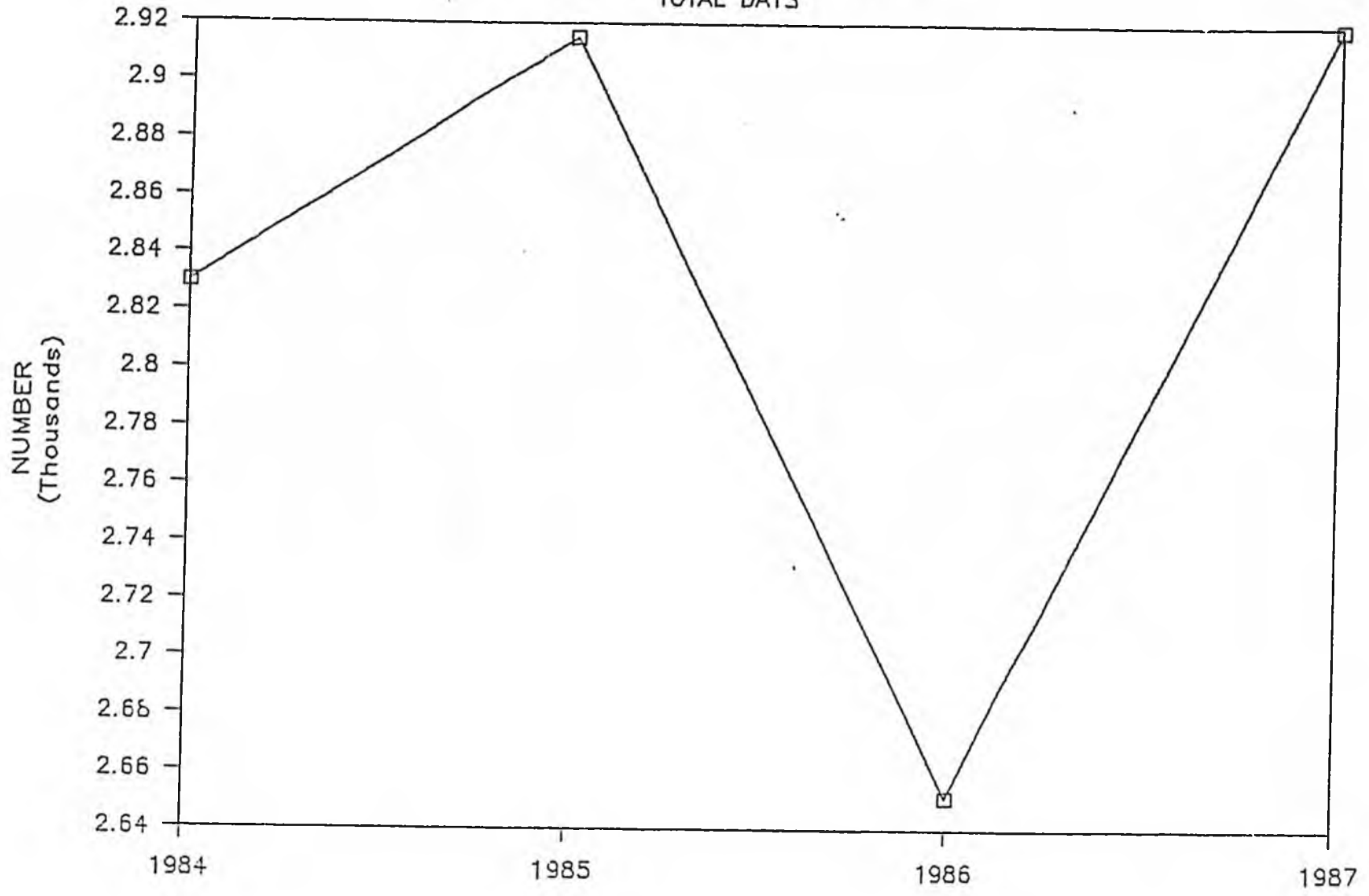
- TOTAL INPATIENT DAYS
- TOTAL MEDICAL/SURGICAL DAYS
- TOTAL OBSTETRICAL DAYS
- TOTAL ICU DAYS
- OCCUPANCY PERCENTAGES
- TOTAL EMERGENCY ROOM VISITS
- TOTAL OUTPATIENT VISITS

# TOTAL INPATIENT DAYS



# MEDICAL/SURGICAL

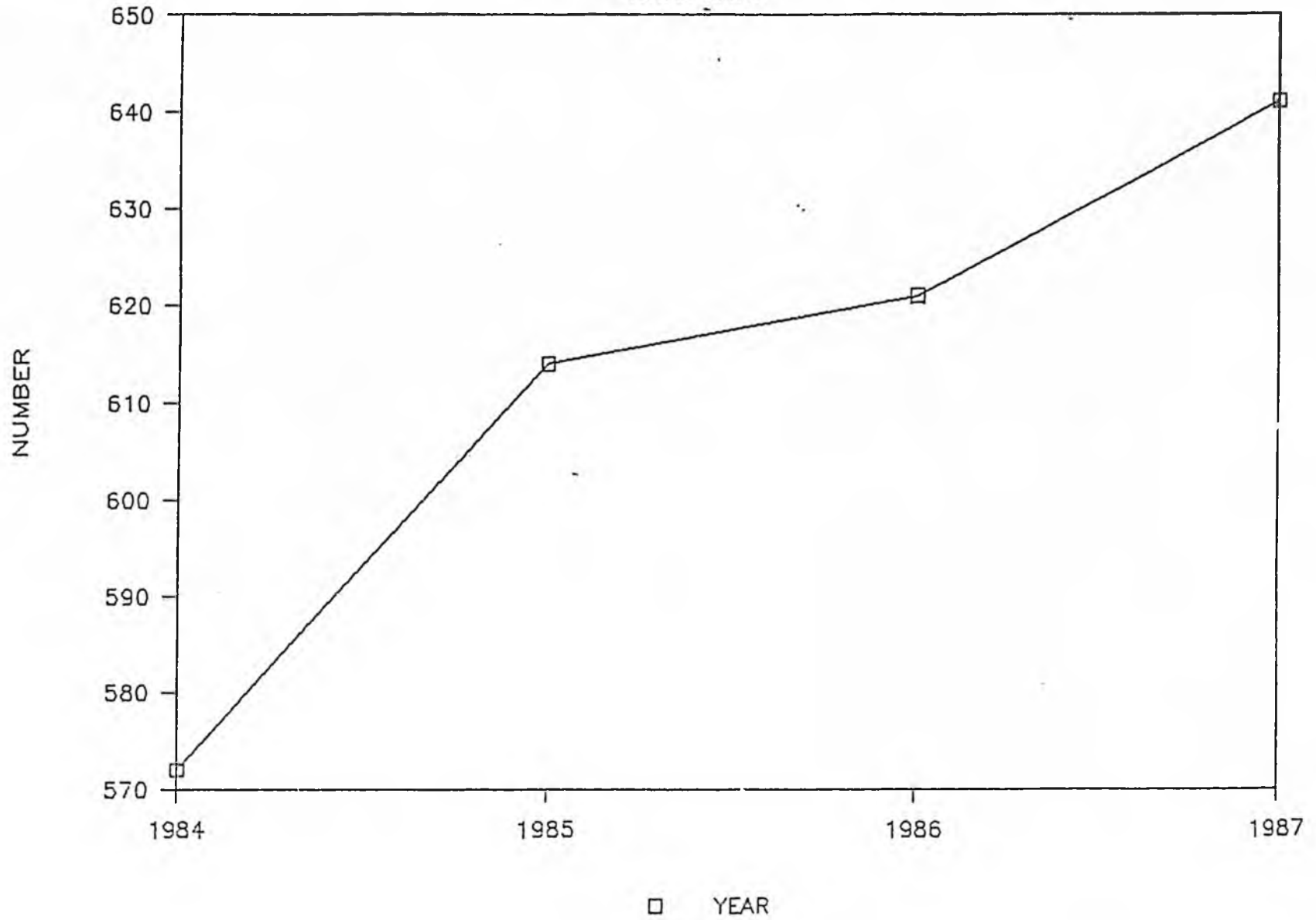
TOTAL DAYS



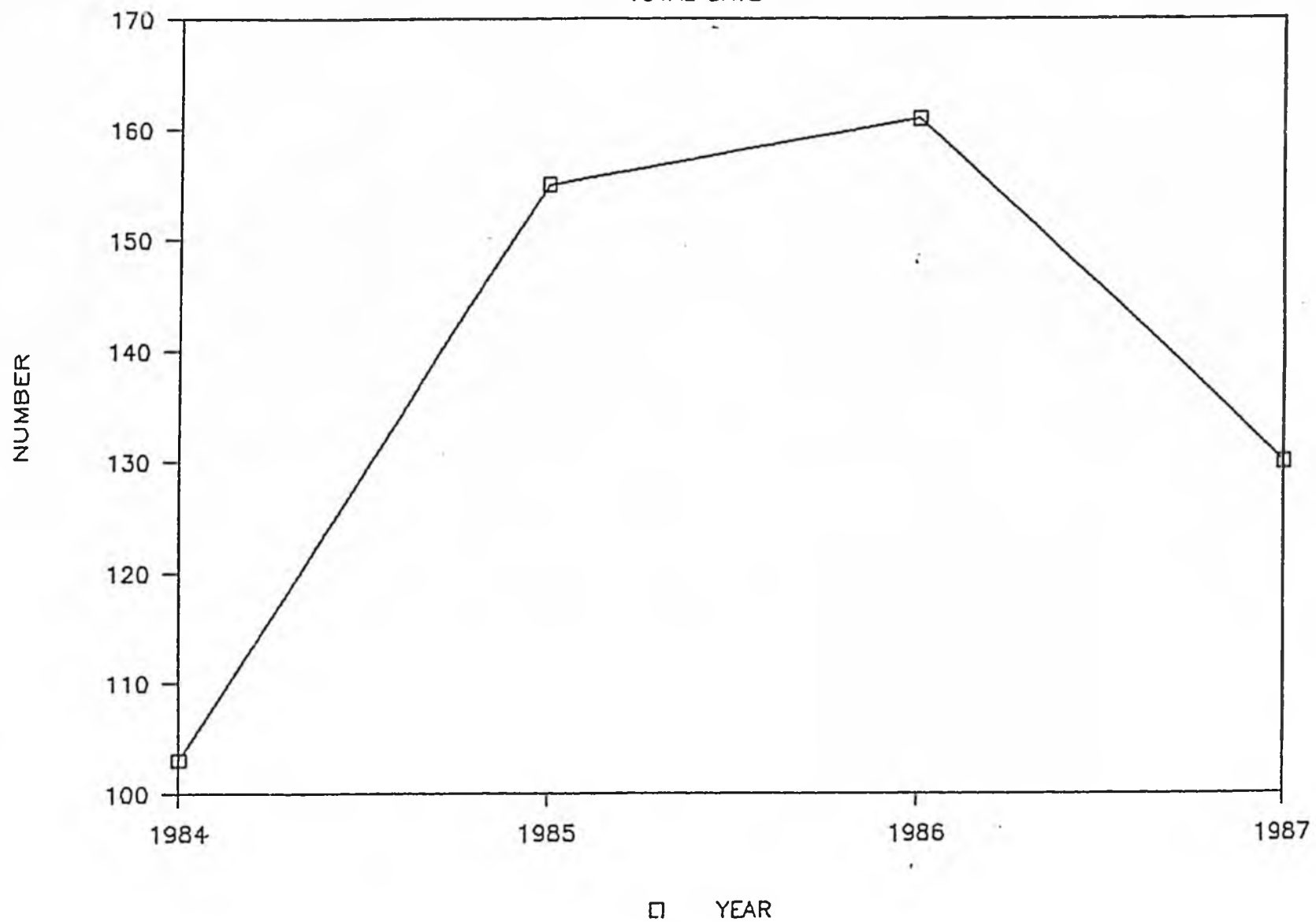
□ YEAR

# OB TOTAL DAYS

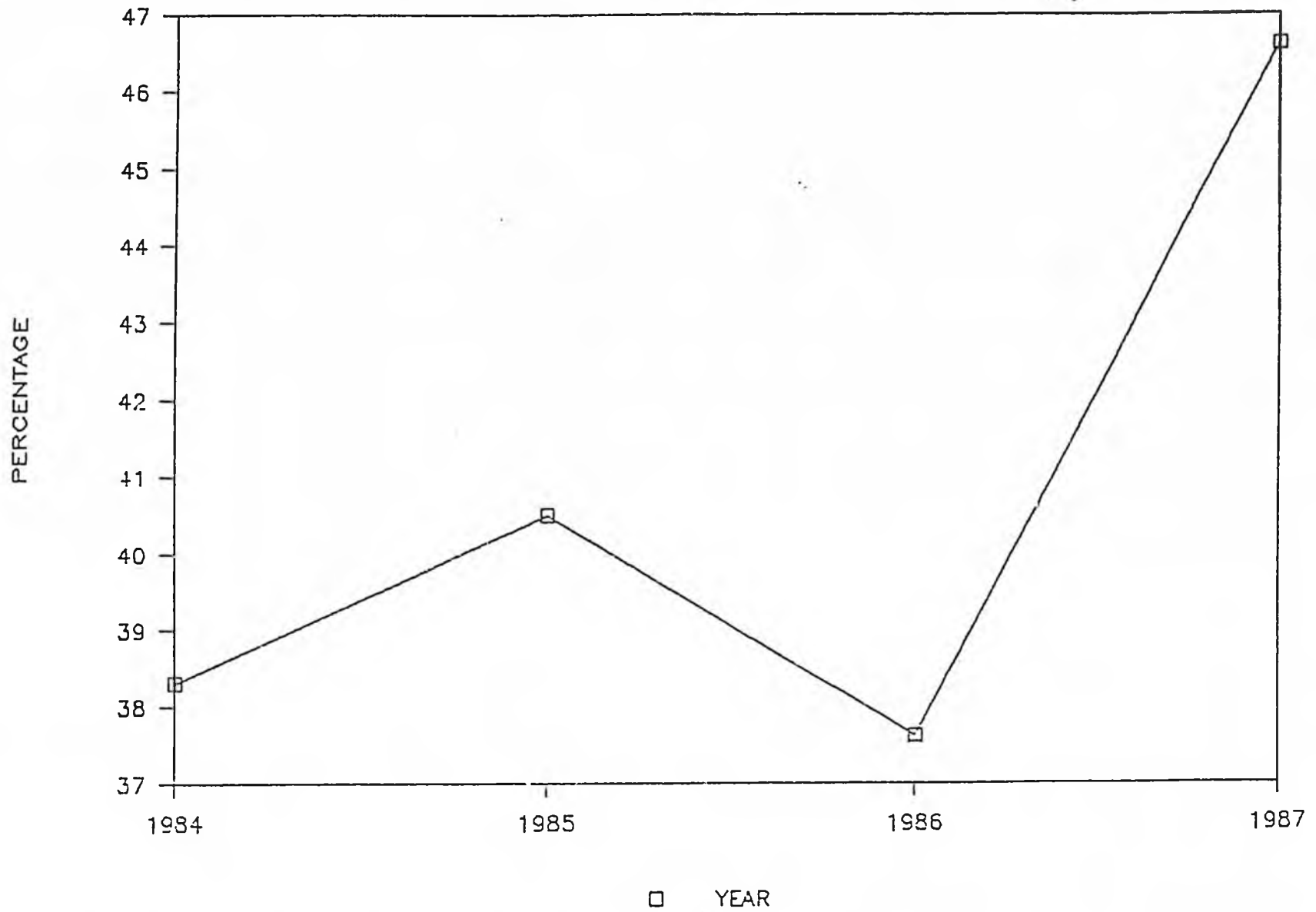
TOTAL DAYS



ICU  
TOTAL DAYS

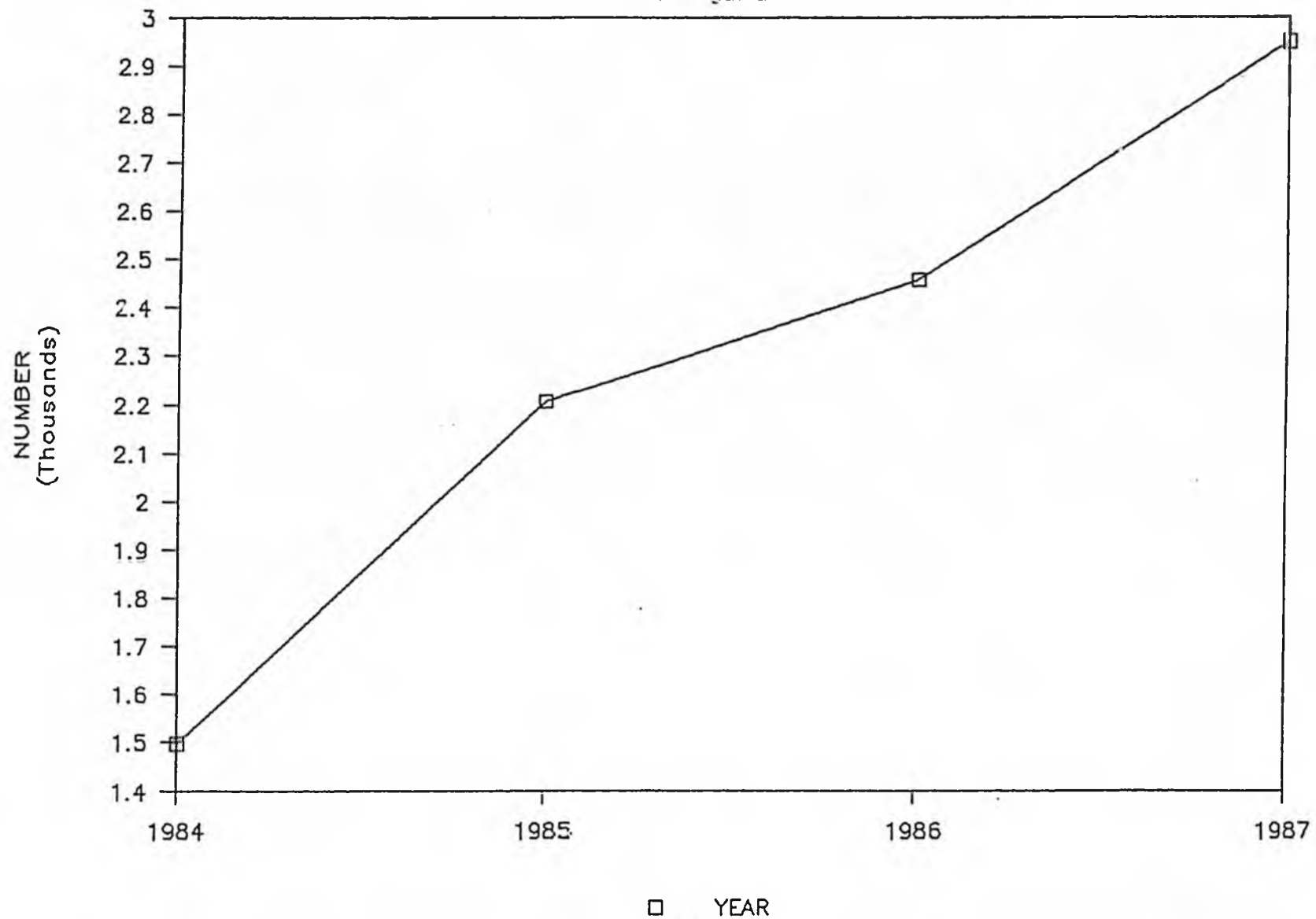


# TOTAL % OF OCCUPANCY

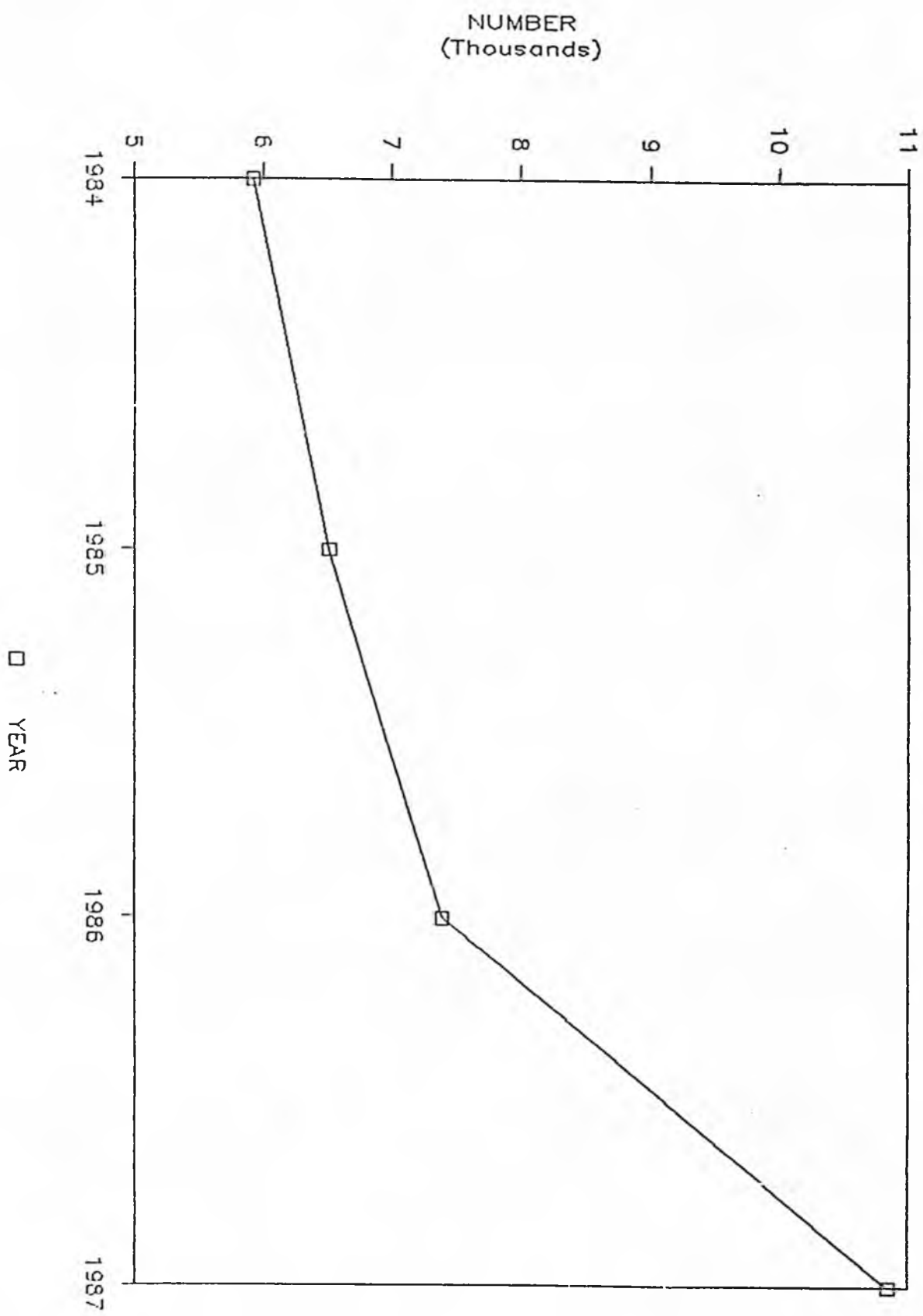


# EMERGENCY ROOM

TOTAL VISITS



# TOTAL OUTPATIENT VISITS



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



# SUMMARY

PREPARED BY:

April 18, 1985

**MILLS, JOHN & RIGDON ARCHITECTS AIA**  
**HEALTH RESOURCE SERVICES GROUP**

FACILITY SURVEY  
AND  
LONG RANGE PLAN AND NARRATIVE PROGRAM

FOR  
KODIAK ISLAND BOROUGH HOSPITAL  
KODIAK, ALASKA

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

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

VF&T DIVISION OF COFFMAN ENGINEERS, INC.

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

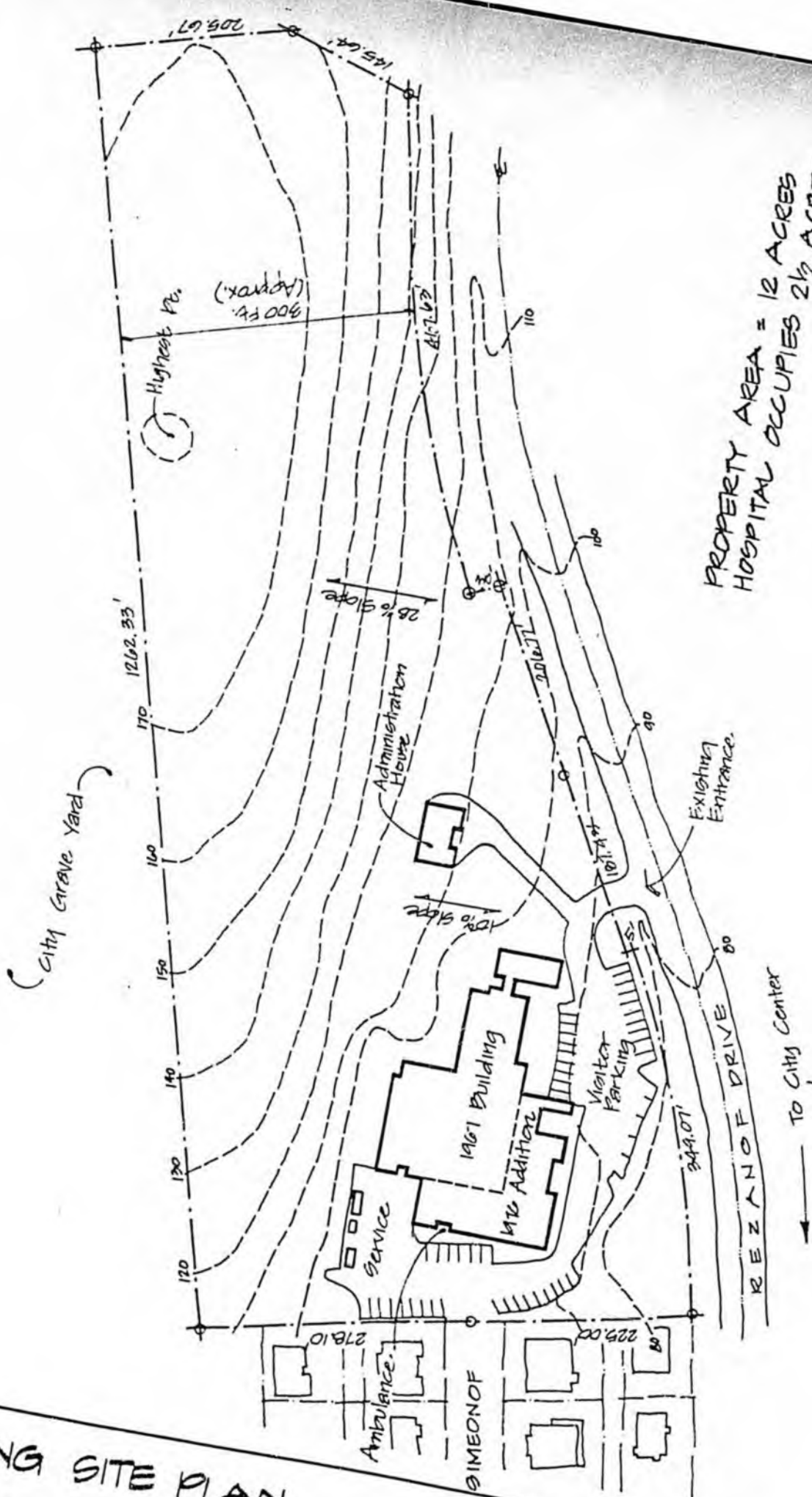
HEALTH RESOURCE SERVICES, INC.

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

PRESENTED TO KODIAK ISLAND BOROUGH ASSEMBLY

April 18, 1985

# SUMMARY



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



EXISTING SITE PLAN



View to Woody Island Channel

EXISTING SITE PLAN  
 KODIAK ISI AND HOSPITAL

Kodiak Alaska



## SUMMARY

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

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

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

## FACILITY SURVEY - MAJOR DEFICIENCIES

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

### 1. Lack of Space

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

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

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

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

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

3. Lack of Handicapped Accessibility

This building is not designed for handicapped usage.

4. Inadequate Seismic Bracing

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

5. Inadequate Mechanical Ventilation

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

6. Corroded Piping

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

## ARCHITECTURAL SUMMARY

### Site

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

### General Building Construction and Condition

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

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

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

### Code Compliance

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

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

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

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

### Departmental Functioning

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

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

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

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

### STRUCTURAL SUMMARY

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

### MECHANICAL SUMMARY

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

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

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

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

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

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

### ELECTRICAL SUMMARY

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

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

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

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

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

## SUMMARY OF LONG RANGE PLAN AND NARRATIVE PROGRAM

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

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

### Kodiak Island Hospital Profile

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

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

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

### Kodiak Island Health Care Delivery System Profile

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

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

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

### Economic Conditions and Population Growth Trends

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

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

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

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

## Service Volume Forecasts and Narrative Program

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

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

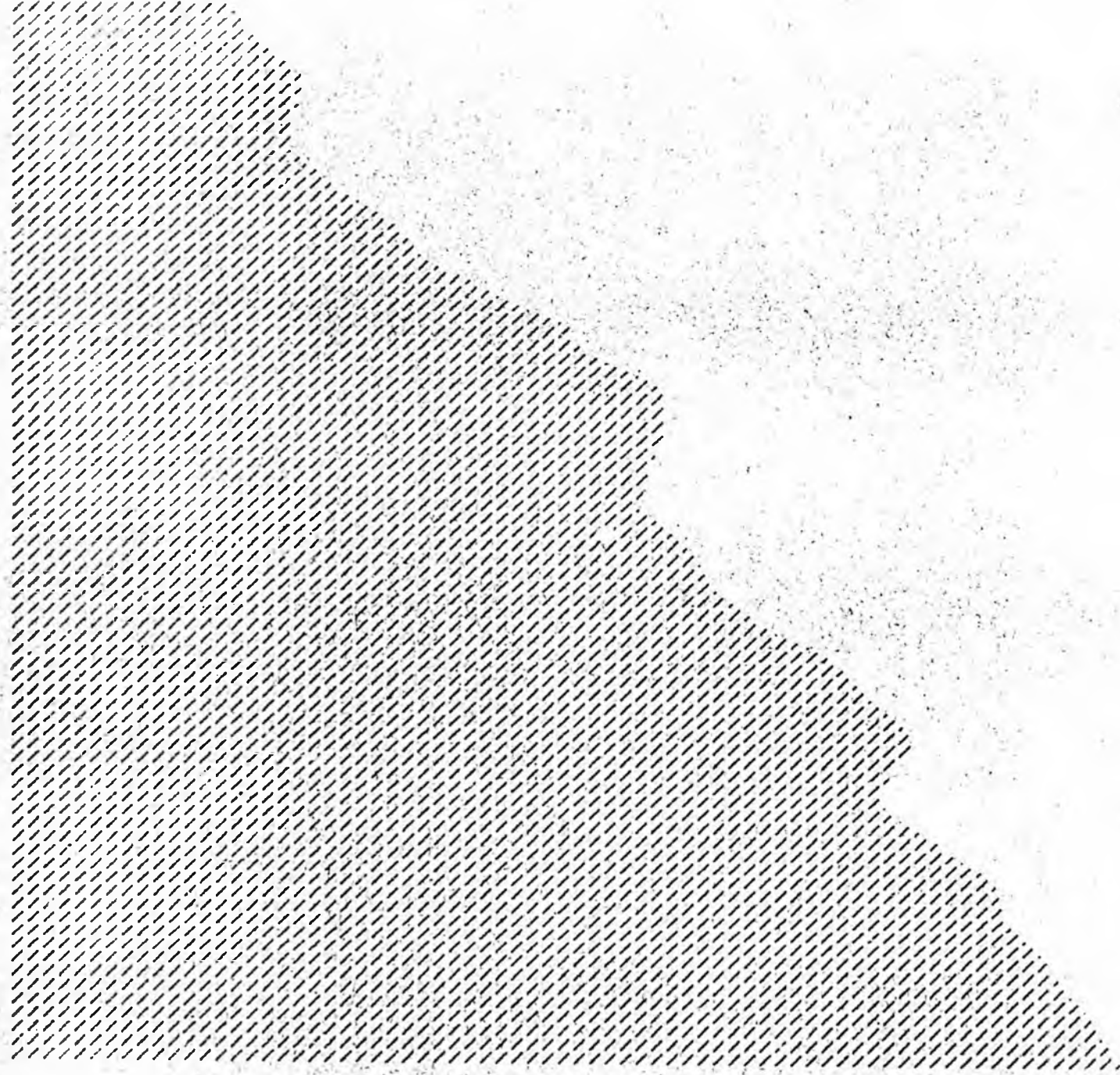
<u>Department/Area</u>	<u>Proposed Net Square Footage</u>
Acute Care - Medical Surgical	6,808
Intermediate Care	6,072
Surgery	3,361
Obstetrics	3,404
Emergency	1,621
Radiology	1,948
Laboratory	1,235
Cardio-Pulmonary	535
Physical Therapy	1,603
Pharmacy	515
Dietary	2,150
Central Sterile Supply	950
Laundry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

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

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

#### Improvements in Patient Care

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



SEWARD GENERAL HOSPITAL  
REPLACEMENT PROJECT

1986

# SEWARD GENERAL HOSPITAL

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

JANUARY, 1986

## C O N T A C T :

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

## SEWARD REPRESENTATIVES:

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

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

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

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

## PROJECT TEAM:

### ARCHITECTS:

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

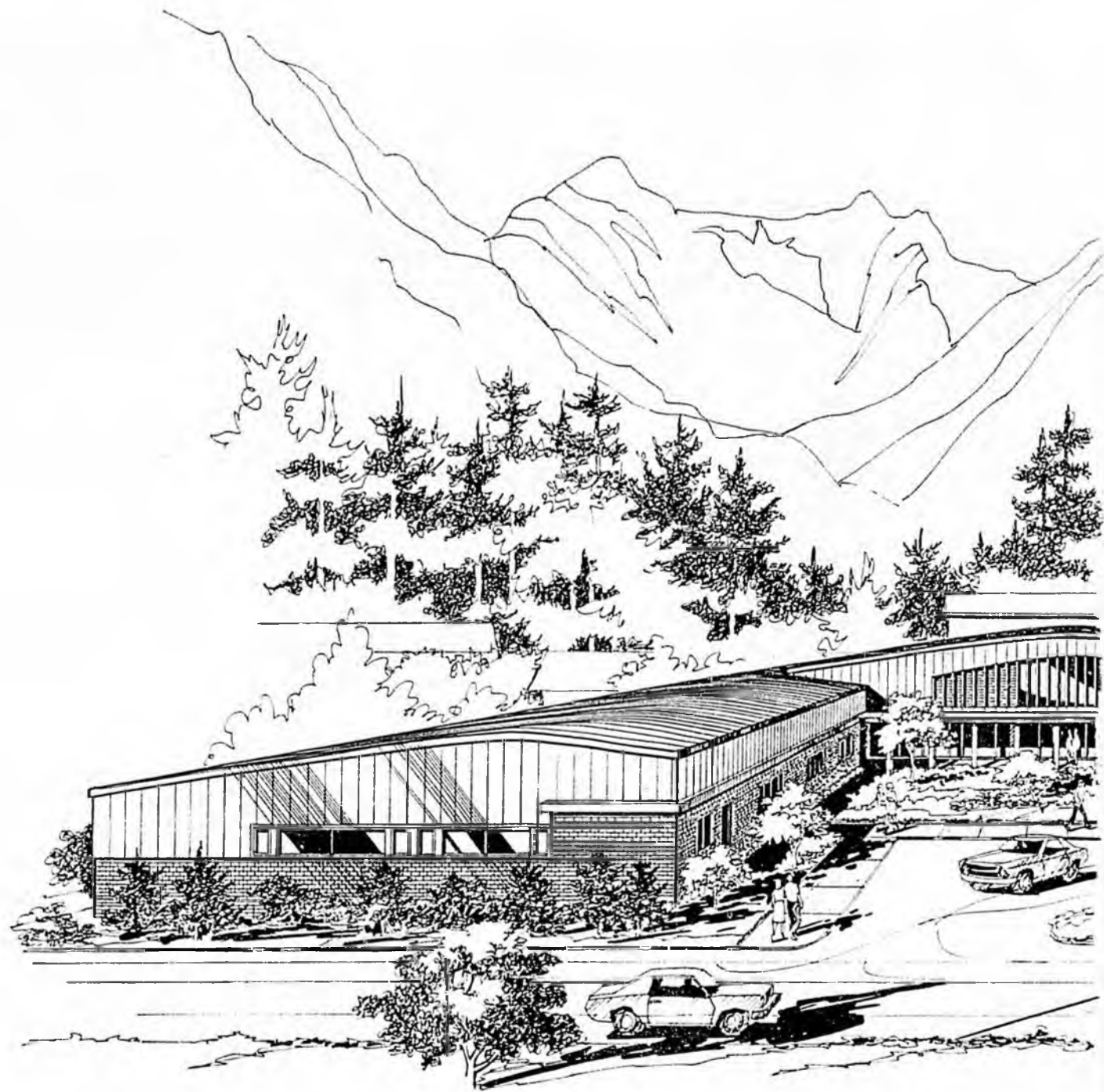
### PROGRAMMERS:

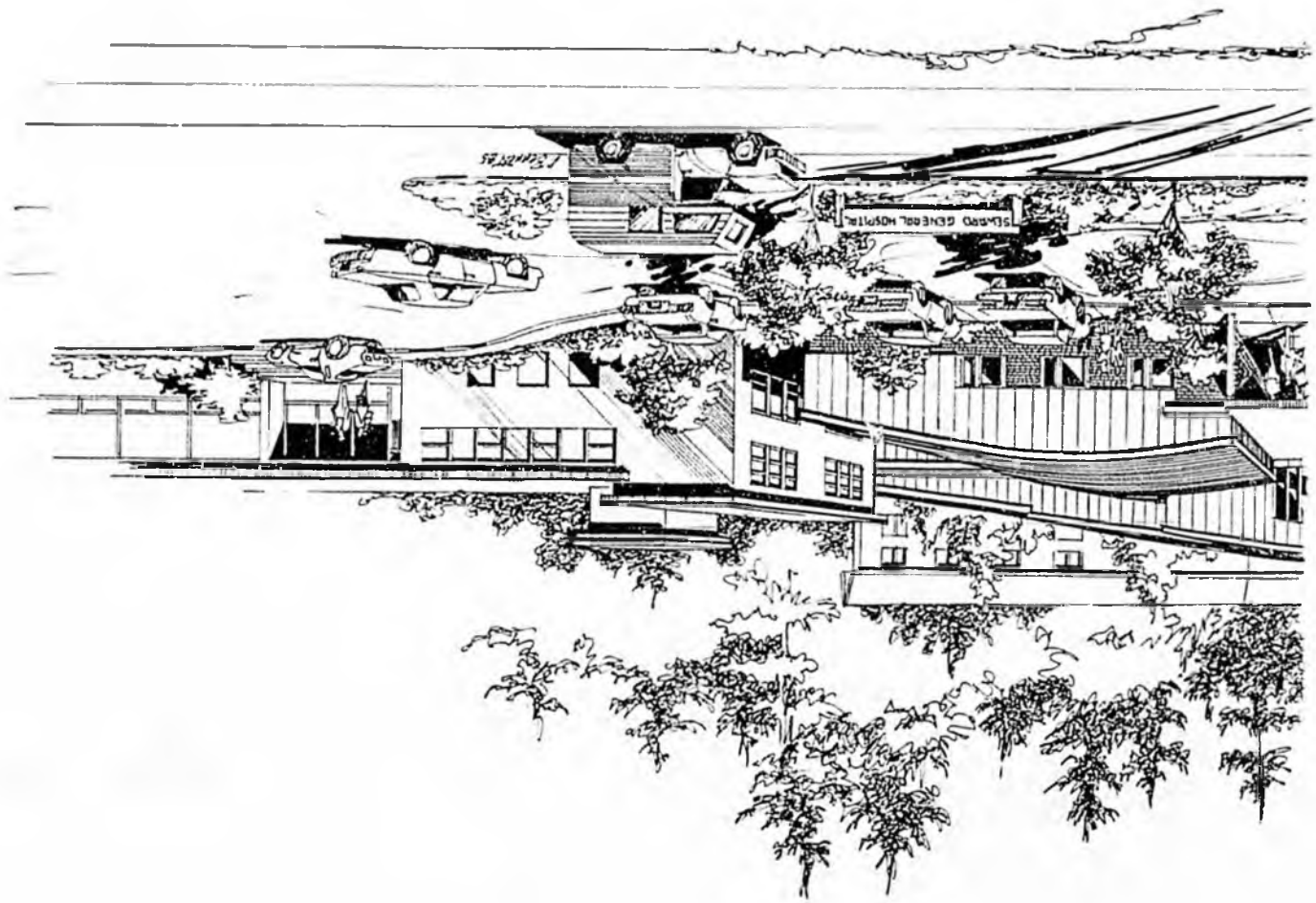
Resources Management Consultants  
157 Yesler Street, Suite 504  
Seattle, Washington 98104  
(206) 447-9969  
Principal in Charge: Peter J. House

## THE PROJECT:

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

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

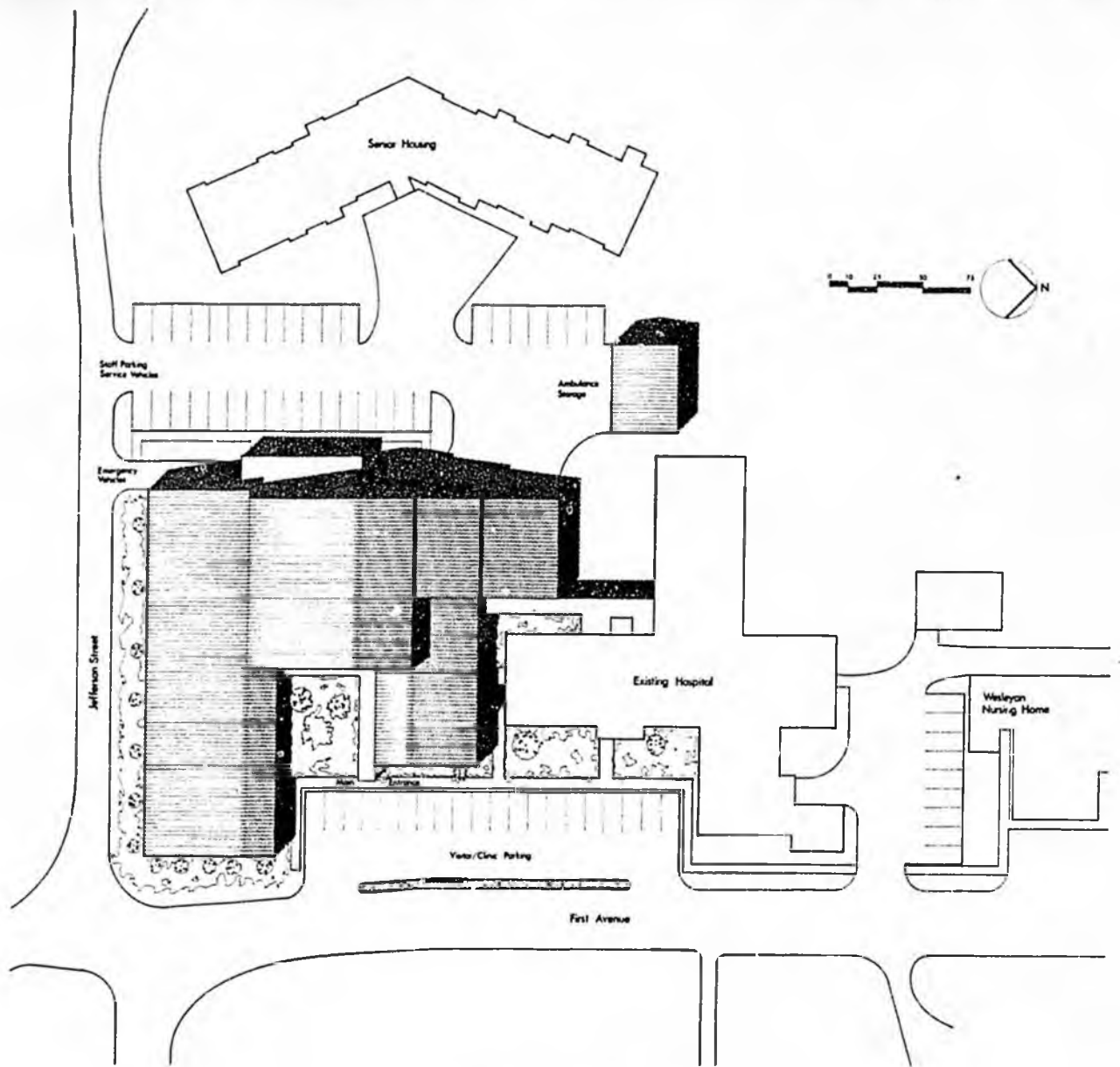




## THE PLAN:

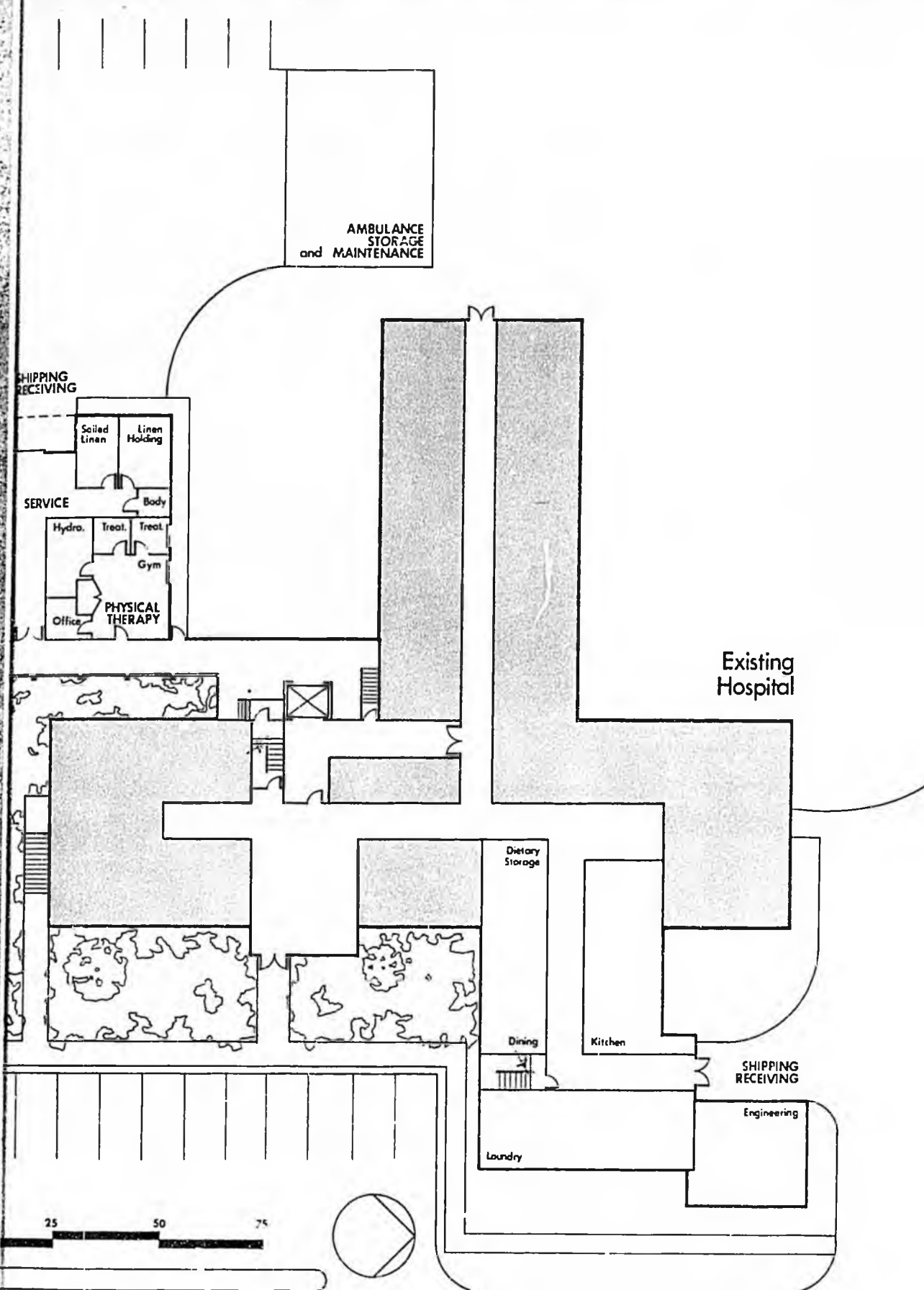
The proposed new hospital will have 20 beds. Besides regular patient rooms, there will be beds for special care, a birthing room, an isolation room, and a secure room for use by prison patients or psychiatric patients. The hospital will provide laboratory, imaging, physical therapy and emergency services.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

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



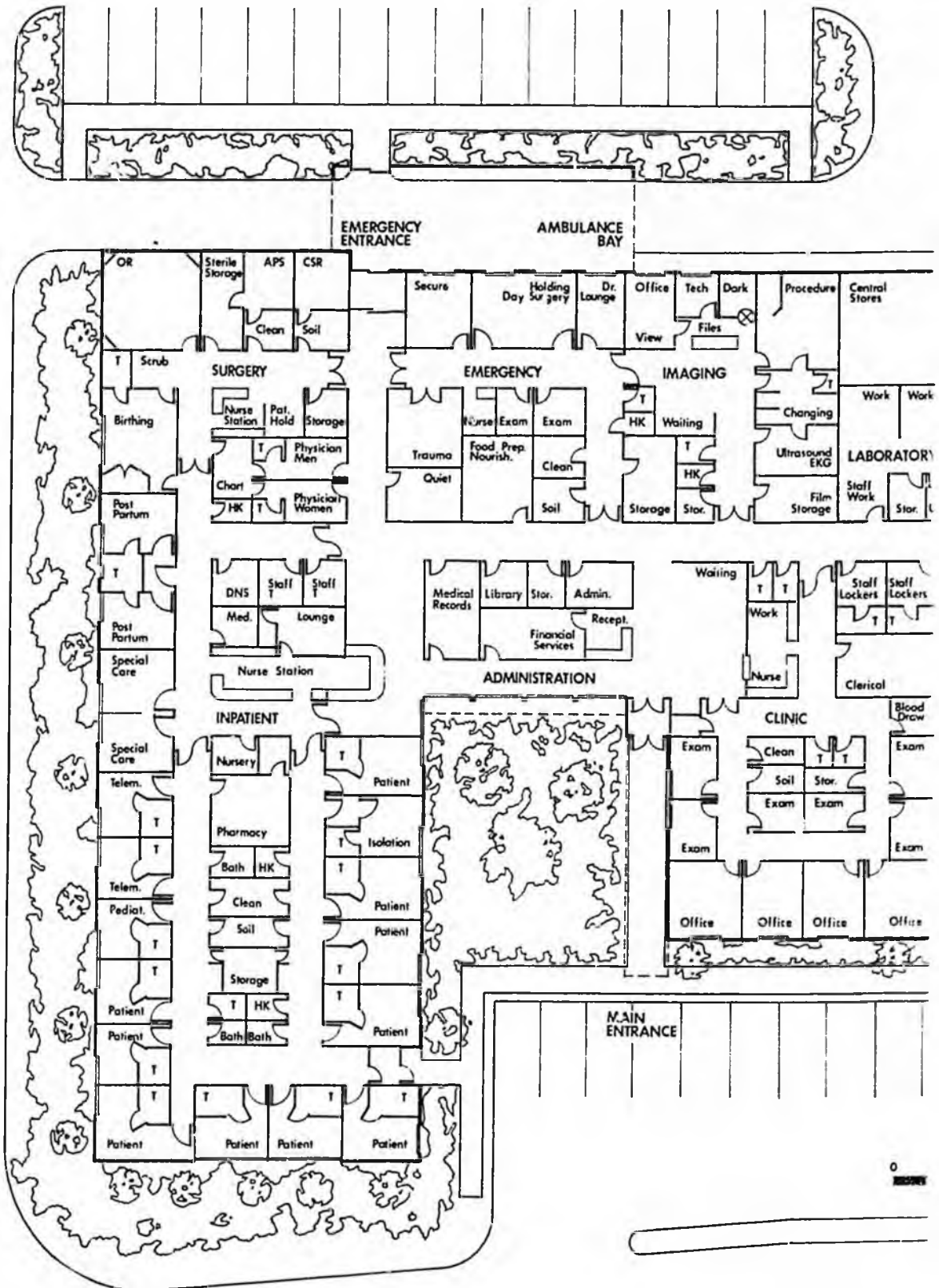
# SITE PLAN

Open



25 50 75

N



FLOOR PL

## REFERENCES:

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

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

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

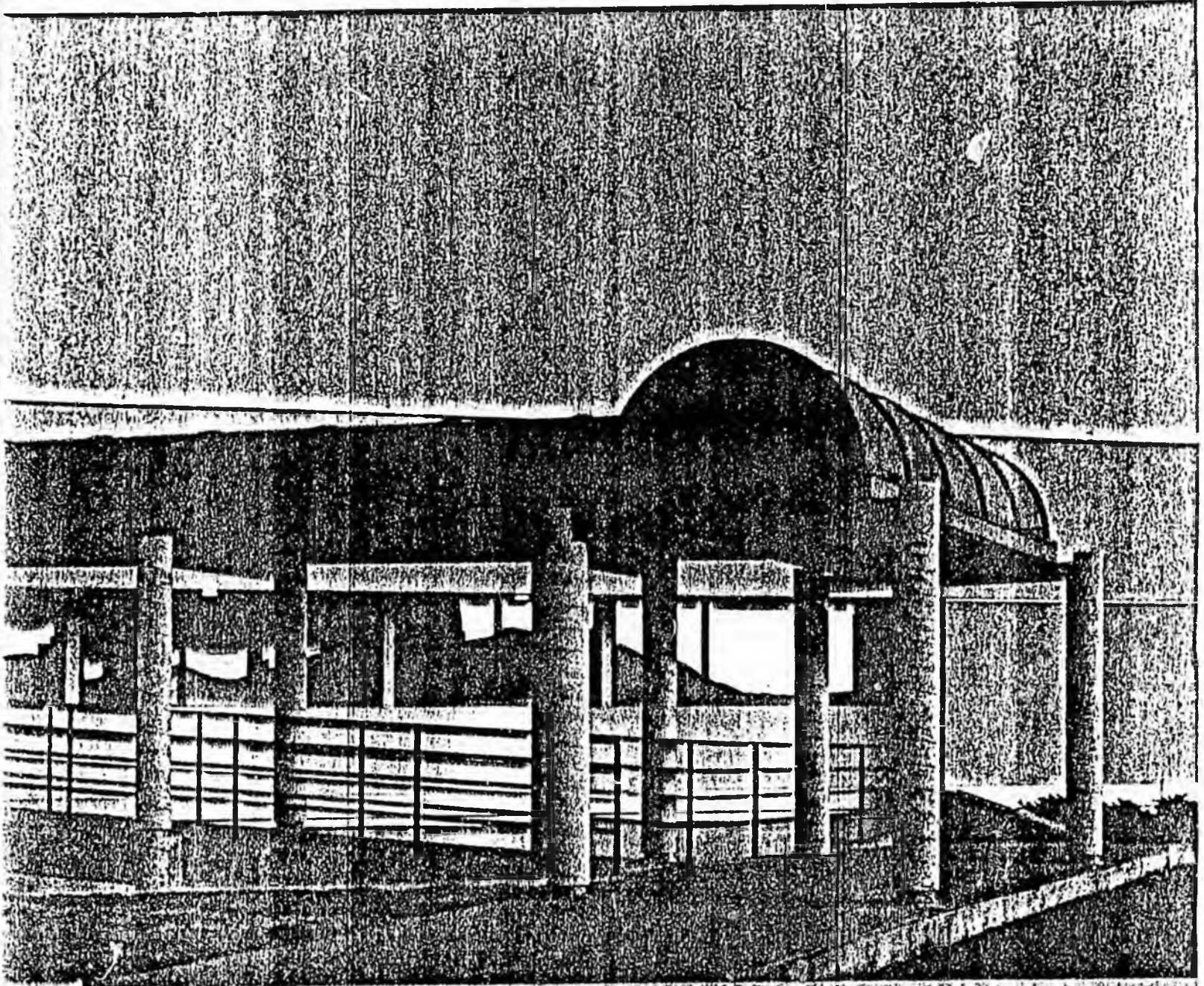
2. *Functional Program, November, 1985.*  
(Prepared by Resources Management Consultants)

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

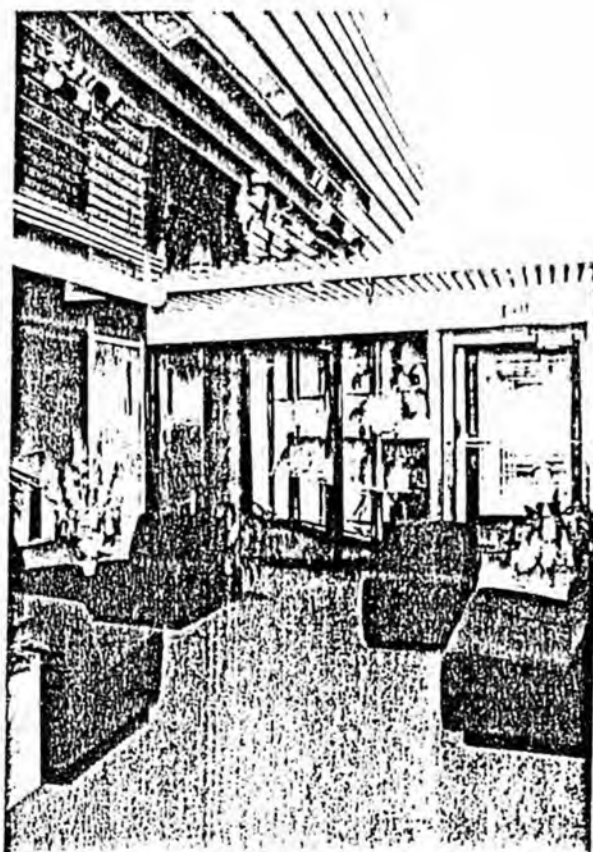
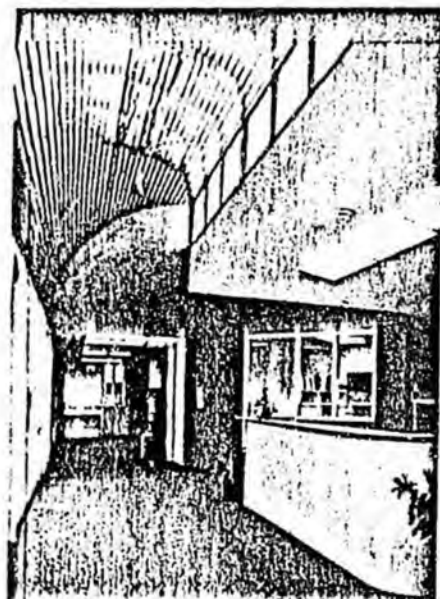
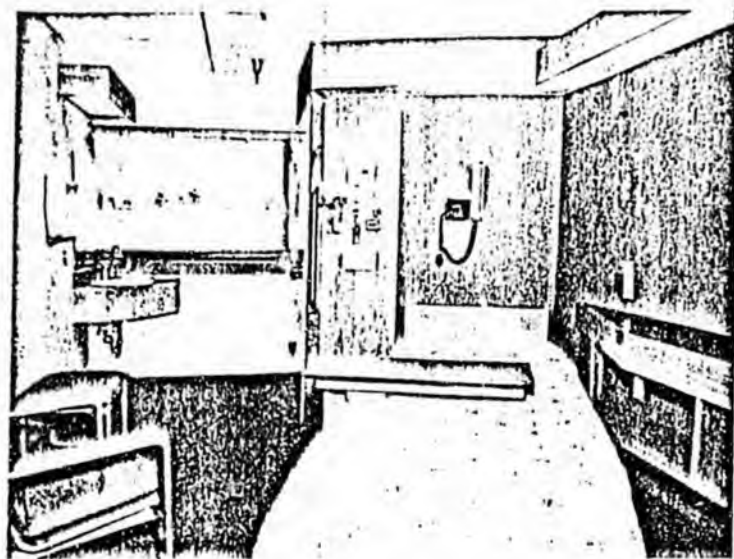
3. *Partial Schematic Design, December, 1985.*  
(Prepared by Clayton R. Joyce Architects)

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

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



# INNOVATIVE RURAL MEDICAL CENTER

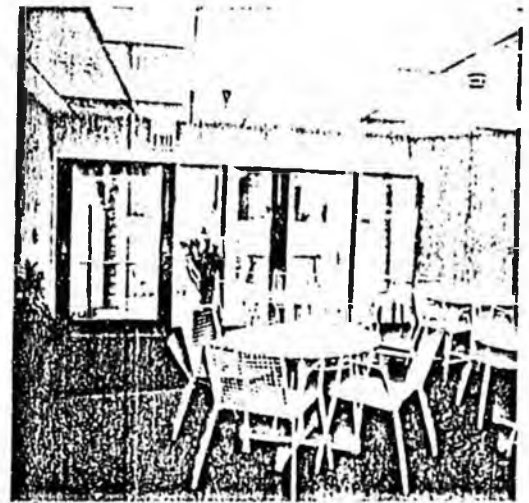
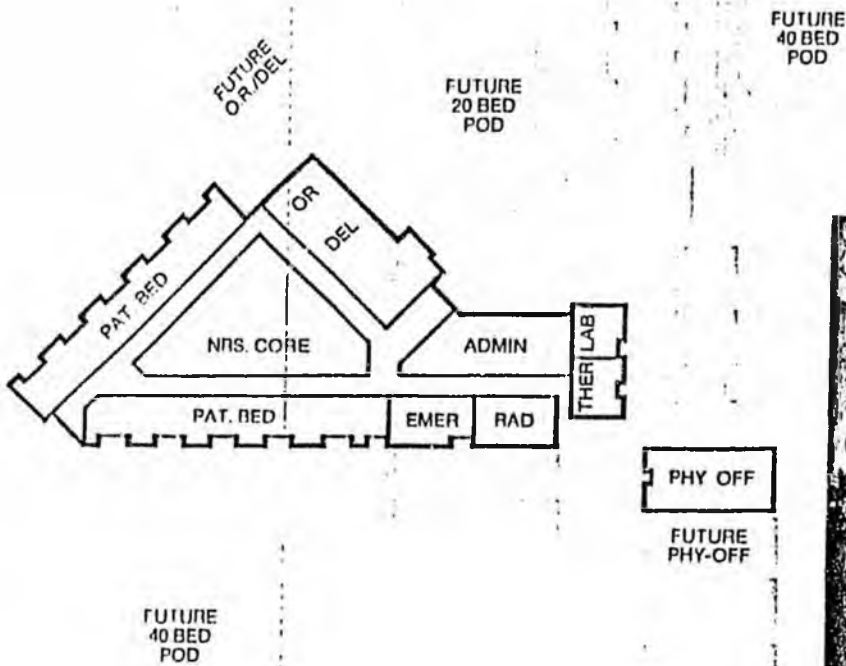


## EXPANDABILITY

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

## TIME AND COST

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



## FACTORY CONSTRUCTION

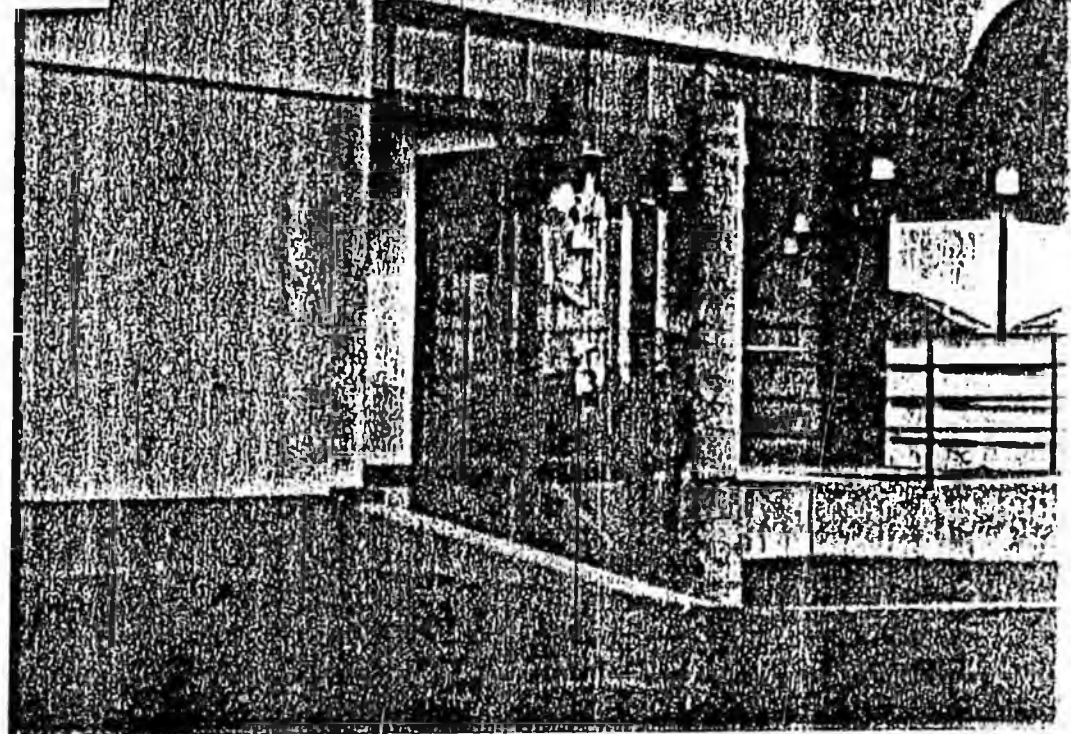
Seventy-five percent of construction can be accomplished in a factory (a controlled environment) using production line techniques. For the project shown here thirty-nine (39) modules were built in fifty-five (55) days and trucked to the construction site. The finished product shows no evidence of "modularity"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

## OPERATIONAL COST

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

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

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



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

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

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



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

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

**BY  
PGS INC. AND  
Kumia Associates, Inc.  
JANUARY 19, 1990**

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**BY**

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

**AND**

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

## BACKGROUND

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

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

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

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

Source: City of Unalaska, PGS Inc.

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

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

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

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

## THE CURRENT SITUATION

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

TABLE II  
ILIULIUK CLINIC UTILIZATION  
1987-1989

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

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

Source: Iliuliuk Clinic and PGS Inc.

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

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

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

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

## THE FUTURE

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

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

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

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

## PROPOSAL

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

### EXPANSION NEEDED TO ACCOMMODATE PRESENT SCOPE OF SERVICES

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

### ADDITIONAL SERVICES

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

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

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

## UNALASKA CLINIC

### Project Cost Summary

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

# **UNALASKA CLINIC**

## **Summary of Spaces**

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

**GROSS FLOOR AREA 14,673 S.F.**

**S B**

**326**

SENATE COMMITTEE REPORT

FIRST COMMITTEE OF REFERRAL

Date of 5-DAY NOTICE 1/18/90  
IN ACCORDANCE WITH UNIFORM RULE 23

FURTHER FIN

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

5/6/89

DATE TURNED INTO OFFICE 1/23/90

Mr. President:

HESS

Committee considered SB 326

grants for community health planning; efd

and recommended:

replace with CS ~~SB 326~~ <sup>Dem</sup> SB 326 (HESS)  same title

attached amendment(s) and  new title

\_\_\_\_\_ letter of intent adopted

do pass

do not pass

no recommendation

individual recommendations

further referral to \_\_\_\_\_

FISCAL NOTE(S) attached  zero

appropriation no FN attached

fiscal impact

Gov. FN introduced w/ bill

MEMBERS SIGNING DO PASS

OTHER RECOMMENDATIONS

[Signature]

[Signature]

[Signature]

[Signature]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Paul Thirk (Do Pass)

Chair : signature and recommendation

Committee backup attached

Adopted

- C.V.

6-1376Ha ✓  
Lauterbach

A M E N D M E N T

OFFERED IN THE SENATE

BY SEN. JONES

TO: SB 326

Page 1, after line 8:

Insert a new bill section to read:

"\* Section 1. LEGISLATIVE INTENT. (a) The purpose of the grant program established under this Act is to encourage community planning for health services and to promote coordinated planning in those instances where communities may share resources. Grant funding will be available to purchase professional expertise in completing needs assessments, market surveys, management and financial studies, and other community and area analyses that will assist community health leaders to develop planning strategies for improved health services.

(b) Although there will be only one grant for each community, the department is encouraged to assist communities to engage in cooperative planning. Cooperative planning among communities will allow efficient use of consultant services purchased with grant funds, avoid unnecessary duplication of health services that could be shared by communities, and provide increased accessibility and affordability of health care services.

(c) To the extent that it is reasonable, the format for community health planning supported by the grants made under this Act should be consistent among grantees so that the community health service data and other information will be useful for regional and statewide health planning purposes."

Page 1, line 9:

Delete "\* Section 1."

Insert "\* Sec. 2."

Renumber the remaining bill sections accordingly.

Page 1, line 12:

Delete "a grant"

Insert "one grant each"

Page 1, line 13:

Delete "each"

Page 2, lines 5 - 6:

Delete "at least \$20,000 in"

Page 2, line 7, after "grant":

Insert "totalling in value an amount that equals or exceeds 33 percent of total grant funds received during the term of the grant"

Page 2, lines 14 - 15:

Delete ", particularly resources available in the grantee's local area"

*CS - Adopted*

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Original sponsor(s): SEN. JONES

IN THE SENATE

BY THE HESS COMMITTEE

CS FOR SENATE BILL NO. 326 (HESS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

SIXTEENTH LEGISLATURE - SECOND SESSION

A BILL

For an Act entitled: "An Act relating to grants for community health planning; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

\* Section 1. LEGISLATIVE INTENT. (a) The purpose of the grant program established under this Act is to encourage community planning for health services and to promote coordinated planning in those instances where communities may share resources. Grant funding will be available to purchase professional expertise in completing needs assessments, market surveys, management and financial studies, and other community and area analyses that will assist community health leaders to develop planning strategies for improved health services.

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(c) To the extent that it is reasonable, the format for community health planning supported by the grants made under this Act should be consistent among grantees so that the community health service data and other information will be useful for regional and statewide health planning purposes.

\* Sec. 2. GRANT PROGRAM FOR COMMUNITY HEALTH PLANNING. (a) The Department of Health and Social Services shall establish a grant program