



AMERICAN RESCUE PLAN ACT

AMERICAN SAMOA MEDICAL SERVICES AUTHORITY
Lyndon B. Johnson – Tropical Medical Center
PROJECT PROPOSAL

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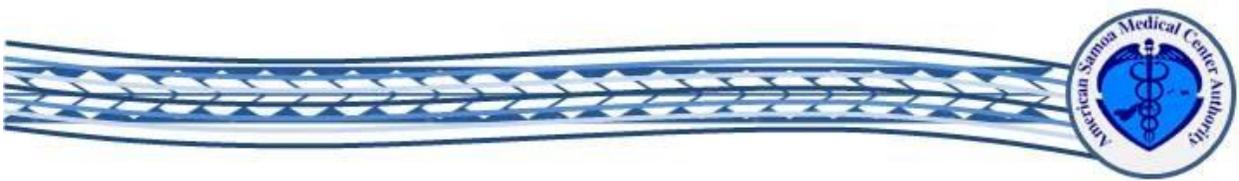


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SN:22-0014

Keith Gebauer
Executive Director
American Rescue Plan Act (ARPA) Oversight Office
A.P. Lutali Executive Office Building
Pago Pago, American Samoa 96799

Dear Executive Director Gebauer,

President Biden signed the \$1.9 trillion pandemic relief package, the American Rescue Plan Act (ARPA) into law (P.L. 117-2) on 11 March 2021. The ARPA included key provisions that would increase health care access, infrastructure, workforce capacity development and affordability. The American Samoa Medical Center Authority (ASMCA) doing business as Lyndon B. Johnson (LBJ) Tropical Medical Center (TMC) as a sub-recipient of the American Rescue Plan Act (ARPA for the Territory of American Samoa – **DUNS #85499333** requests your consideration of this proposal for funding. LBJ-TMC can leverage federal funding to positively impact the territory in addressing healthcare recovery needs brought forth from the COVID-19 pandemic.

On February 22, 2022, Governor Lemanu Mauga declared Code Red high-risk level for American Samoa due to Covid-19 transmission in the community. The territory is still under emergency crisis and the data as of April 4, 2022 shows a total of 4,957 Covid positive cases and 10 deaths. American Samoa is in dire need of assistance and support from ARPA to adequately provide the necessary healthcare services to address local needs as result of Covid-19. In the United States, more than 35 million people get admitted to a healthcare facility each year. In American Samoa, there is only one hospital that provides services for five (5) main islands and approximately 50,000 people. American Samoa is an isolated U.S. territory located in the South Pacific. The nearest U.S. health care assistance is approximately 3,000 miles away in Hawaii.

Constructed in 1966, the hospital was a single-story concrete and wood structure, arranged into five wings connected by two primary corridors; total area of the primary facility including outpatient clinics was approximately 150,000 square feet. Nearing 60 years of operational service, the 128-bed general acute care hospital facility shows signs of age, wear and end of its serviceable life cycle (50 years), which pose threats of the outdated infrastructure that does not meet the minimum safety requirements to combat disasters and the Covid-19 pandemic.

In addition to the aging existing and limited healthcare service and facilities in the Territory, the border closure since March 2020 due to the Public Health emergency declaration has exacerbated the disparities in access to quality healthcare. The small percentage of residents that were fortunate enough to receive access to health care services not available in American Samoa have not been able to seek needed healthcare services. The border closure also added to the already strained territorial healthcare system as limited resources have been mobilized for many COVID-19 mitigation and preparation efforts. Ensuring that the hospital can continuously serve the community, it is our collective responsibility to address these challenges. The proposed multi-projects listed in this document will enhance the American Samoa Medical Center Authority infrastructure, workforce, and services to increase the capacity for better planning, execution, and mitigation to counter negative impacts brought forth by disasters such as the COVID-19 pandemic. This is essential for providing safe, good health services to assist with the sustainability of the hospital.

As the CEO I will act as the primary point of contact with construction management being handled by I'iga Peseta Sa Mavaega, Director of Plant Services and Chief Engineer (sa.mavaega@lbj.as) for construction and Akenese Nikolao, EdD, Director of Human Resources akenese.nikolao@lbj.as for staffing.

Your favorable consideration of this proposal is appreciated.

Sincerely,

Moefa'auo William T. Emmsley, Acting CEO
American Samoa Medical Services Authority
Lyndon B. Johnson Tropical Medical Center william.emmsley@lbj.as

BACKGROUND

The mission of LBJ Tropical Medical Center is to provide patient focused, comprehensive, high-quality, cost effective health care and related services to the people of American Samoa. The American Samoa Government is committed to finding solutions to improve the delivery of health services by expanding opportunities across the territory. With the expansion and new hospital proposal, it is imperative that the stakeholders increase and improve the provision and accessibility of community healthcare for the people.

Construction for the current hospital began in 1966 with a single-story concrete and wood structure, arranged into five wings connected by two primary corridors. The total area of the primary facility including inpatient units and outpatient clinics is approximately 150,000 square feet. The facility was built on swampland filled with sand from a nearby lagoon. Damage due to environmental exposure is appearing on the concrete structural elements of the facility.

At its present location, LBJ is in a flood prone zone and is at a high risk for damage from tsunami. LBJ sits at an elevation of a mere seventeen feet (17) above sea level at the foot of a mountain in a narrow valley. The ocean is roughly a quarter-mile away, and the hospital is located at a site that is at high risk of being flooded and possibly shut down due to a tsunami event. A natural disaster event could bring all medical/emergency treatment capability on the island to a stop. As such, the case for a secondary hospital facility on a tsunami resistant site is justified.

COVID IMPACT

American Samoa is under an emergency situation since February 22, 2022 as result of Covid-19 community transmission. The data shows the high surge in numbers of those who tested positive and also deaths in connection to Covid virus. The demand is high for healthcare services while the supplies and number of medical professionals are low. Most of the current staff are working around the clock to cover shifts in order to provide much-needed services for the community. This makes it much more important to acquire ARPA assistance for improvements of LBJ hospital, establishment of new hospital facility and enhancement of healthcare workforce capacity to accommodate local needs and strengthen the territory's healthcare system.

The COVID-19 pandemic has significantly and disproportionately impacted the healthcare service system of American Samoa. The American Samoa public health emergency declaration and the Federal Health and Human Services (HHS) and the Center for Disease Control and Prevention (CDC) guidance revealed the immediate need to retrofit the existing facility to ensure the reliable flow of critical healthcare services while responding to the adjustments required to address COVID-19. The hospital's facilities needed immediate modifications to accommodate the required separation of Covid-19 treatment areas. Putting a strain on available space and resources both financially and operationally.

At present, LBJ-TMC has altered its facility to accommodate the following areas for Covid-19 care:

- Satellite ER Tents

- Isolation Tent
- Deacon Tents
- Negative Pressure Covid Unit
 - Limited Dialysis beds
- Negative Pressure Lab rooms for covid testing
- Makeshift Vaccination POD
- Vaccine storage specialized freezers
- Covid Patient overflow
- Covid Morgue overflow
- Covid Supplies Storage

Another challenge the pandemic has brought on is the inability of LBJ to provide Covid-19 related services because of the deteriorating infrastructure and poor condition of electrical and mechanical systems that are in need of immediate repair. The present facility was not constructed to meet the challenges of disasters such as the Covid-19 pandemic, or Centers of Medicare and Medicaid Services (CMS) standards, seismic and wind requirements, or life safety codes. The hospital's infrastructure is nearing 60 years old and maintaining a hospital like LBJ is costly. The aging facility has seen its share of natural disasters and has altered areas to accommodate timely changes through the years. As found by the U.S. Army Corps of Engineers (USACE) assessment in April 2019, it was found that the current infrastructure of LBJ-TMC hospital was in a state of failure due to age, environmental exposure, and lack of preventative maintenance. As new services are added, spaces are lessened from other services to provide needed space for new services, and Covid-19 is no exception.

Since the beginning of the Covid-19 Pandemic, Federal HHS and CDC guidance have definitely altered the hospital facility layout to accommodate required separation of Covid-19 care areas.

CURRENT CAPACITIES AND CAPABILITIES

It is a constant struggle to acquire new equipment and to provide continuous preventative maintenance and repairs. There is also a lack of certified biomed technicians that can service the machines or resolve complex equipment problems.

LBJ serves a population of approximately 50,000 residents, as well as visitors, to the Territory, with little change made to the infrastructure. It has become difficult to perform renovations or expansion work because the facility is in operation at all times. The present facility does not provide adequate beds to serve the public, as well as space capacity for support services.

The difficult task of recruitment and retention of quality medical professionals for a hospital with a severe staffing shortage that is located in an isolated South Pacific Island is heightened more, not only because of the remoteness of American Samoa, and the inability to compete with other hospitals across the nation, but also due to the added challenges brought on with the Covid-19 pandemic. There is a need to boost recruitment, retention and re-training to address the severe staffing shortage and workforce capacity of the hospital.

IMPACT OF BORDER CLOSURES

The COVID-19 Public Health Emergency declaration presented a lot of challenges which impacted everyone in American Samoa socially, economically and medically. As the ASMSA is the only healthcare provider in American Samoa, closing of our borders became a huge problem since 30% of our patients are usually transferred to Hawaii for specialize care or treatment.

With the restricted travel and border closure since the pandemic, equipment has gone uncertified, unrepaired and eventually needs to be replaced. CMS survey has cited lack of proper preventative maintenance and repairs during site survey visits.

STAKE-HOLDERS AND COMMUNITY ENGAGEMENT

When tasked with determining the best allocation of the ARPA grant funds, a Stakeholder's Committee, of interested and affected parties, was assembled to analyze the best implementation of the funds provided, to improve healthcare for American Samoa, in the event that a Covid pandemic spreads to this Territory. The committee consisted of representatives from the Governor's office, the legislature, Samoan Affairs, pertinent infrastructure entities, such as ASPA, ASTCA, ODAPM, DPW, EPA, FONONO, DOC, Public Works, Treasury/Budget, NGO and those involved in Territorial healthcare, including DOH, DHS, Medicaid, DHSS, and LBJ Tropical Medical Center.

The stakeholders met several times to brainstorm and discuss several strategies and options on how to put together a plan for a new hospital. In the initial stakeholders meeting 4 subcommittees were formed: Design and Construction, Medical, Finance, Public Engagement.

As the committee met and considered the multiple factors involved, the consensus of the stakeholders, to delegate the actual proposal to a sub-committee of those from the healthcare industry, as it was felt they had the best grasp of the current medical situation and the potential healthcare needs posed by the worsening worldwide Covid pandemic.

The sub-committee reviewed and discussed current facilities, patient volumes, staffing, statistical factors and nationwide recommendations pertaining to the provision of healthcare. The location of American Samoa, local demographics and anticipated population growth/decline were factored into the recommendations. Limitations to providing quality healthcare, availability of specialty care and quarantine needs were also considered.

After several months of deliberation, a proposal was submitted to the entire Stakeholder Committee and discussed. The Medical Sub-Committee proposed to build a New Hospital that consists of specialize services with 40 beds with the plan to expand to a 150 beds hospital in the future. After due consideration, it was approved by a unanimous vote of the Stakeholders Committee and submitted for public hearing and comment that was held at the Lee Auditorium on November 13th, 2021.

See members of each subcommittees presented below.

DESIGN & CONSTRUCTION

LBJ (Lead)
 (Lead)
 Governor’s Office (Chief of Staff)
 DOH
 of Reps.)
 ASPA
 Public Works
 ASTCA
 FONO
 DOC
 ODAPM
 EPA

MEDICAL

LBJ (Lead)

 DOH
 DHSS

 VA
 MEDICAID
 Cancer Coalition

FINANCE

Treasury/Budget

 ODAPM
 FONO (Senate/House

 LBJTMC
 DOC
 MEDICAID

PUBLIC ENGAGEMENT

Samoa Affairs (Lead)
 KVZKTV
 FONO

 ASTCA
 NGO
 Public Safety

PLANNED IMPROVEMENTS

The proposed projects at LBJ-TMC will address the pressing need for the existing hospital to provide adequate space and support systems for a healthier working environment that allows staff to perform safe treatments for all visiting patients.

In addition to improvements at LBJ-TMC the American Samoan Government is seeking to construct a new 40 bed hospital on the west side of the island to accommodate increasing inpatient and outpatient visits, address population growth and bring healthcare services closer to the highest population density in the Territory.

Space at the LBJ-TMC location is severely limited, and that limitation results in a significant disruption when the existing facilities are renovated or expanded. This creates a temporary loss or reduction in service capacity; consequently, delaying and/or disrupting both emergency and daily healthcare services. The presence of two hospitals with Emergency Departments, ICU rooms and bed capacity enhances the ability to address the shortcomings at LBJ-TMC while providing increased capacity required to respond to pandemic/epidemic situations.

Planned improvements at both sites will be in line with current CMS, VA, JCAHO and CDC requirements and recommendations and address:

- Safe working environment for staff,
- Strategies for limiting COVID 19 transmissions,
- Increased social distancing space needs,
- Incorporating physical barriers for the appropriate separation and protection of staff / patients / caregivers and visitors,
- HVAC systems and Central Plant capacity improvements required to meet temperature and humidity demands related to healthcare facilities, with specific conditions required for highly contagious patient treatment areas, as would be found with pandemic / epidemic situations,
- Increased demand for facilities & equipment required to respond to pandemic / epidemic situations,

- Hospital space needs related to patient isolation during treatment,
- Loss of service capacity associated with building expansion or renovation work.

ELIGIBILITY ANALYSIS

INTRODUCTION

This memo analyzes whether the American Rescue Plan Act (“ARPA”) funds received from the Federal Government can be used for to increase the amount of healthcare services offered, expand existing facilities and construct a new medical facility. The analysis below shows that this project does qualify as an eligible use under ARPA.

ELIGIBILITY ANALYSIS

The US Department of Treasury has released guidance on eligible uses of funds in their Interim Final Rule (“IFR”). The IFR includes not only a non-exhaustive list of eligible uses, but also an analytical framework for projects and expenditures that are not specifically mentioned. The IFR indicates that eligible uses include “support for vulnerable populations to access medical or public health services;...enhancement to health care capacity...(and) other public health responses. They also include capital investments in public facilities to meet pandemic operational needs...” 31 CFR 35 (accessed via PDF P. 18-19). Investing into expanded services and new hospital facilities would fall into each of those categories comfortably. The reasons supporting the analysis below will equally apply to those categories.

Although this project fits within the above explicit categories, an analysis using the framework set forth in the IFR will be completed below out of an abundance of caution.

The IFR states the public health use framework for determinations as follows:

“Accordingly, to assess whether a program or service is included in this category of eligible uses, a recipient should consider whether and how the use would respond to the COVID- 19 public health emergency. Assessing whether a program or service “responds to” the COVID-19 public health emergency requires the recipient to, first, identify a need or negative impact of the COVID-19 public health emergency and, second, identify how the program, service, or other intervention addresses the identified need or impact. While the COVID-19 public health emergency affected many aspects of American life, eligible uses under this category must be in response to the disease itself or the harmful consequences of the economic disruptions resulting from or exacerbated by the COVID-19 public health emergency.” 31 CFR 35 (accessed via PDF, Page 10).

In order to determine whether a program “responds to” the COVID-19 public health emergency, a need or negative impact must be identified and how the program addresses that need must be identified. Both parts are necessary and will be analyzed below.

PUBLIC HEALTH ANALYSIS

(1) IDENTIFIED NEED

The COVID-19 pandemic highlighted the continued lack of healthcare infrastructure and services in the Territory. LBJ Tropical Medical Center has been American Samoa’s only hospital for many decades and its aging facilities and shortage of necessary equipment played a significant role in the determination to suspend commercial flights to the Territory. The lack of health care capacity was a major risk to the population in general and made worse by the potential impact of COVID-19.

Even without the pandemic, American Samoa would need upgraded medical facilities to properly meet the needs of the people. However, COVID-19 poses such a threat to the community that a new facilities and more comprehensive care is critically necessary. Currently, LBJ Hospital has 150 bed capacity for a territory with roughly 55,000 people. In the event COVID-19 ever spread locally, it would severely overwhelm current capacity in a matter of days.

In addition to the issues with capacity, American Samoa has long struggled with non-communicable diseases that have left much of the population vulnerable to COVID-19. An example of this is the steadily increasing amount of patient visits to the renal dialysis clinic. According to the most recent American Samoa Statistical Yearbook, the number of dialysis visits more than doubled from 2009 to 2019, ending with 24,328 visits for a single year. That dramatic increase relative to a population that saw a nearly 12,000 residents decreased over the same period highlights the dangers from the pandemic facing much of the population.

The above example illustrates the need not just for more physical capacity, but for a broader range of medical services. Much of the population has relied on seeking treatment off-island during pre-pandemic times. Having experienced tremendous difficulties in getting people off-island due to the pandemic, the need for offering both preventative and therapeutic services locally is of the highest priority.

(2) IDENTIFY HOW PROGRAM ADDRESSES THE NEED

New and upgraded medical facilities will provide much needed medical care and increased capacity to serve the residents in American Samoa. These facilities will not only assist in meeting pandemic operational needs as required in ARPA, but also provide more treatment facilities to address underlying conditions that make much of American Samoa vulnerable to the effects of COVID-19.

Increasing health care capacity will also provide increased access to healthcare services to the vulnerable populations. Focusing on expanding treatment options and investing in equipment and personnel will benefit the overall health of the population. Non-communicable diseases

place many in the population at risk for diseases like COVID-19, so better access to treatment will mitigate the potential impact.

Hospitals throughout the USA and around the world have experienced such a strain resulting from COVID-19. Increasing healthcare capacity and services will not only alleviate the potential pressure on facilities but also possibly allow for greater opening of commercial flights in the event of continued pandemic waves or new threatening contagious diseases. This will be essential to keeping the islands connected economically, as well.

CONCLUSION

Based on the guidance under the Interim Final Rule and the analysis for eligible uses, the Expansion of Medical Services Project appears to be an eligible use of funds.

PUBLIC HEALTH ANALYSIS for LBJ-TMC Fagaalu Site improvements and New Medical Facility and Services Project to respond to COVID-19 pandemic and Public Health Emergency Declaration

IDENTIFIED NEED

The facility was constructed in 1966 as a single-story concrete and wood structure arranged into five wings connected by two primary corridors. The total area of the primary facility, including outpatient clinics, is approximately 150,000 square feet. Nearing 60 years of operational service, the facility is showing signs of age and wear. While these conditions are cause for concern during “normal” times, the stressed state of the facilities and lack of capacity are even more critical as the COVID-19 pandemic rages around the world.

Furthermore, with the Territory being isolated in the middle of the Pacific, LBJ does not have the luxury of transferring patients from one hospital to another. It is the only acute services provider for 50,000 people and plays an essential role in everyday life in American Samoa. The people depend on LBJ for virtually all of their healthcare needs including basic and acute healthcare services, prevention programs, health clinic services, dialysis treatments, acute care treatments, OR services, pharmaceutical services, laboratory services, and mortuary services among others. *The hospital facility is in need of critical capacity expansion to alleviate the pressures brought on and exacerbated by the COVID-19 pandemic.* The current state of the only hospital serving a highly vulnerable population must be addressed to protect against COVID-19 and its harsh effects.

HOW THE PROGRAM ADDRESSES THE NEED

Upgrading the hospital facility will provide the necessary means to address the challenges that brought forth by the pandemic. The renovation, expansion of proposed services and improvement to the central plant will better prepare the LBJ-TMC facility to cope with COVID-19. The proposed projects are the forefront services that are directly affected by any spread of COVID-19, so these projects are vital to the LBJ-TMC operation in time of emergencies or COVID-19 pandemic.

LBJ has worked diligently in identifying and tailoring this program to effectively address the areas of most critical need. Multiple factors were identified which are obstacles and impediments to providing medical care to the community, which would only be exacerbated should the pandemic spread to American Samoa. These concerns included:

1. Expanding island bed capacity by constructing the new hospital facility.
2. Adding an additional ICU with better capacity, capability and isolation potential to address needs caused by a pandemic or other disaster.
3. The new hospital should be built with individual in-patient rooms, with single bed occupancy and capacity for improved patient privacy and isolation, very important in dealing with infectious diseases.
4. In the event of a community spread of Covid, or any other major illness or disaster, more patients could be treated and given needed healthcare than can be currently provided.
5. A second Emergency Department on the island would offer additional care options to help meet current needs and give greater care capacity in the event of a pandemic or other situation.
6. A new facility would help alleviate bed space demands, due to lack of out-patient long-term care options.
7. A new hospital could be built with larger patient rooms to accommodate bariatric needs and family/visitor concerns.
8. The new facility would offer an additional dialysis unit and more accessibility for a large portion of the population.
9. A new facility in the Tafuna area would shorten EMS transportation times considerably, benefitting patients needing such transportation. It would also provide a second place of care in the event the main highway was interrupted and not usable.
10. A new facility could incorporate a complete pharmacy, providing all medications to a large portion of the population avoiding transportation of drugs from LBJ Fagaalu. Medication will be readily available in an event of a pandemic.
11. A second facility will act as a source of backup supplies or supply sharing between the two hospitals in an event of COVID 19 spread.
12. The new facility would offer out-patient clinic care, more easily reaching and meeting the expanding needs of the population in and event of a pandemic.
13. Additional medical specialties, to provide expanded patient care options in American Samoa, is desirable. A new, modern facility, would be an added enticement, helping to attract such specialists in the future and help in immediate recruiting efforts.

Addressing these concerns, as the proposed program does, will address the public health need identified above by increasing the healthcare capacity and quality in American Samoa. Upon completion of the proposed projects, LBJ-TMC will be well equipped to provide the essential services to the public, a safer working environment for the staff, and, most importantly, prepare for possible COVID-19 outbreak.

SUMMARY / OVERVIEW - \$300 Million Proposal Breakdown

IMPROVEMENTS AT LBJ TROPICAL MEDICAL CENTER

The planned building improvements under this proposed \$50 million funding for LBJTMC will include the following activities:

1. Construction of New Intensive Care Unit (ICU), Medical Information System (MIS) & Hyperbaric Treatment Facilities
2. New Central Plant
3. Expansion of Emergency (ER) Department Unit
4. Expansion of Dialysis Unit

IMPROVEMENTS AT TAFUNA SITE

The planned building (new) improvements under this proposed \$200 million funding for LBJTMC at the Tafuna site include:

1. A new 40 bed hospital with the appropriate support facilities and services to enable the facility to act as a stand-alone community hospital.
2. Additional service capacity to include:
 - a. Orthopedics, Cardiology & Urology services,
 - b. Oncology (Linac, PET/CT) with infusion capabilities
 - c. Specialized services.
 - d. Pharmacy will be USP-797 & 800 compliant with a Type II / Class 5 drug vault.
3. A helipad permitting this hospital to respond to off-shore air transport emergencies.

PERSONNEL PLAN

The planned activities for personnel/staffing under this proposed \$50 million funding for LBJTMC Faga'alu and Tafuna sites will include:

1. Recruitment
2. Retention
3. Re/training

Funding to cover these costs is essential to attracting and retaining qualified staff to make the healthcare system in American Samoa viable and effective. These activities will address major hurdles associated with recruiting staff, retaining staff, staff benefits, continuing education/training, housing, and salaries.

SCOPE OF WORK

ICU, MIS, and Hyperbaric Expansion

Overview - The Covid-19 Pandemic has stressed healthcare facilities around the world, and the ICU's (Intensive Care Units) have been hit the hardest. LBJ TMC has been extremely fortunate, in that due to their isolation, they have managed to (so far) keep the pandemic under control. This could change at moment's notice however, at which point their existing 6 bed ICU (for a population of 60,000) would be overwhelmed rapidly.

The Intensive Care Unit (ICU), Medical Information System (MIS), and Hyperbaric Expansion at the LBJ Tropical Medical Center has been envisioned to replace the existing ICU room which consists of 6 beds in a common room separated by privacy curtains. The existing ICU facility is under capacity and ill equipped to provide the current standards of care and patient isolation required for such a facility. The addition of a 16 bed ICU was deemed necessary, by hospital leadership, to serve the current population with 8 of those rooms being of a hybrid design and able to serve as NICU and Labor and Delivery as needed.



Point of Contact – Mr. Sa Mavaega, Director of Plant Services and Chief Engineer (sa.mavaega@lbj.as)

Key Objectives

- Provide up-to-date ICU facilities,
- Expand the current ICU capacity from 6 to 16 beds,
- Provide ICU isolation capabilities,
- Provide 8 Hybrid ICU's for NICU & Labor / Delivery Capacity,
- Provide Hyperbaric treatment space,
- Provide M.I.S. expansion space for operations and training,
- Elevate the ICU facilities above grade on the second floor to address potential tsunami inundation,
- Provide close proximity to surgical services & ICU functions.
- Provide space for displaced services and offices affected by this improvement:

- Entry & Waiting
- Patient Check-in / Check-out / Payment & Facilities
- Administrative Offices
- Provide for the consolidation of services either spread through-out the facility or lacking sufficient space:
 - Nurses Services
 - Community Education & Conferencing
 - Security
- Provide an all-weather entry point into the hospital.

Project Description - This expansion will result in a first-floor area of 14,633 square feet (SF) with an all-weather entry canopy of 6,334SF. The second floor ICU will cover 18,600SF, and the mechanical penthouse will be 9,000 SF. In addition, this expansion will require the installation of two elevators capable of carrying a patient gurney.

The proposed location for this addition will displace the current MIS operations as well as the patient administrative services related to patient check-in, waiting and payment. The new facility will need to accommodate these services in an expanded capacity as well as provide space for security, conference / training / education, and nurses' services, all of which currently have very limited space resources, and a new hyperbaric department.

The addition of a hyperbaric treatment facility, utilizing two hyperbaric chambers, addresses a significant need on the island for treating conditions where oxygen therapy can provide lifesaving outcomes. Such a facility puts a great demand on the oxygen reserves of the hospital, which is currently fed from a tank farm. The resulting oxygen demand and tank changes related to hyperbaric operations will place a significant cost and labor burden on the hospital.

Due to the limited site area, this expansion will need to be a multi-story addition with all ICU operations occurring on the second floor and the remaining functions, previously mentioned, and occurring on the first floor. Due to the heavy HVAC requirements associated with the ICU a third penthouse level will be required to house the mechanical equipment. The placement of the ICU on the second floor was also to provide a degree of tsunami resistance, as this facility is in a valley where tsunami events will be amplified in height if a direct wave alignment occurs.

This expansion project also takes into consideration the current Covid-19 pandemic and its necessary emergency use and/or re-designation as necessary for acute Covid care.

Budget - The current opinion of probable construction cost for this facility is \$____. As the construction start date on this project moves out a 5% annual increase in cost should be accounted for.

Construction Costs / Equipment Detail

- Architectural Components include a new 3 story steel and concrete building w/ covered entry canopy.
- Major Civil Improvements include site traffic circulation modifications, drainage catchments and utility infrastructure modifications

- Major Mechanical Equipment costs include (5) double wall chilled water AHU's, (3) Sub-cooling Chillers, (10) Exhaust Fans, Appx. (60) Terminal Units, (5) Chilled Water Fan Coils, HVAC Controls, and all ductwork, piping, controls, and support equipment.
- Major Plumbing Equipment costs include all Plumbing Fixtures (including DCW, DHW, Sewer, and Vent piping), Med Gas outlets, sensors, alarms, and piping.
- Major Electrical Equipment includes switchgear, panel boards, lighting fixtures, and all required conduits and wiring to support electrical, mechanical, and plumbing equipment.

Timeline - These numbers assume a 2022 construction start date.

SCOPE OF WORK

Central Plant

Overview – The existing central plant was designed over 20 years ago, using a modular concept that allowed the facility to add additional chillers as LBJ expanded. When initially built, 2 chillers were required. Currently, (4) chillers are required. The design can add (2) more chillers (and support equipment, including pumps and cooling towers), at which point there is no further room for additional chillers. When initially designed, the maximum number of on-line chillers was (5), with (1) chiller serving as a backup.



Chiller Unit

Cooling Tower

Unfortunately, the pace of expansions at LBJ has reached the available chiller capacity. All of the in-construction (OR Renovation, Phase 3-4-5 ductwork) and in-Design (ICU/MIS/Hyperbaric Chambers, Pharmacy expansion, and MRI) projects currently underway at LBJ will equal the existing HVAC central plant capacity, with zero capacity for any future projects or expansions. This will require ALL equipment to be functional ALL the time. This is an un-realistic expectation for any mechanical equipment, especially that operating 24/7 in the harsh climate (high temperature, high humidity, high corrosion) conditions in American Samoa.

As indicated in the HVAC FCA portion of the Feasibility Study for the ICU/MRI/Hyperbaric Chambers Suite, most of the existing central plant equipment is at or nearing the end of its useful life. In that document, the recommendation was made to provide a new, larger central plant (1200 tons vs the existing 900 tons), proceeding with design sooner rather than later. Due to the typically long duration (measured in years) required for this type of major infrastructure projects (including design/installation/commissioning and placed in operation), this work should have already commenced.

In addition to increased chiller capacity and maintaining chiller redundancy, other new equipment is also required as part of the Central Plant to provide support services for the ICU/MIS/Hyperbaric Chamber Project. This includes a new oxygen generator (a single Hyperbaric Chambers uses about 2X the oxygen in 1 day (3 treatments) **than all oxygen used at the hospital in 1 day**), and a new boiler for providing hot-water reheat to provide tempered air to critical areas (Operating Rooms, ICU, Neo Natal ICU, and Covid Unit) of LBJ.

The increased demand for 100 percent outside air / 100 percent exhaust environments within the various treatment and isolation areas, associated with highly contagious patient care, specifically Covid-19, creates additional burden on the existing central plant's capacity. The planned ICU project will require all of the remaining central plant capacity, leaving no redundant capacity to address a systems component failure. Such failures are aggravated by the remote location of this facility and the long lead times related to equipment replacement. Additionally there will be no surplus central plant capacity, after the ICU project becomes operational, to address planned

expansions and renovations. As such, this improvement is essential to expanding the building systems capacity in order to re-establish resilience in the hospital's systems and provide capacity for the expansion of hospital services necessary to meet the needs of the Samoan community.

Point of Contact – Mr. Sa Mavaega, Director of Plant Services and Chief Engineer (sa.mavaega@ljb.as)

Key Objectives

- Expand the hospitals current cooling and dehumidification capability through increased chiller capacity,
- Provide for chiller capacity growth for future hospital improvements,
- Convert the hospital electrical system from a 208V / 1 phase system to a 480V / 3 phase system with appropriate equipment space allocation,
- Provide space for bulk oxygen generation equipment to support hyperbaric treatment and address increased demand in subsequent improvements,
- Provide for increased emergency generator capacity in an environmentally protected enclosure,
- Provide for increased supplies receiving and storage,
- Provide for increased boiler capacity and equipment space,
- Provide for cooling tower capacity,
- Provide for engineering staff offices and support spaces,



LBJ-TMC – Proposed location of Central Plant

Project Description –

The new central plant has been conceptually designed as a two-story building located at the rear of the hospital with the first-floor housing mechanical systems (four chillers, a boiler / pump room, oxygen generator / O2 pump, liquid oxygen tank room, and (2) 1000 kVA emergency generators. Since container storage units will be displaced with this central plant addition, the first floor will also house a receiving dock and office with a modular lift to transport supplies to the second level, where a storage area for 144 pallets is located. This storage area can accommodate the existing lack of storage issue due to Covid-19 preparations and response. The second level will also have 4 maintenance facility offices, toilets, break area and the primary 208/480V, 3 phase electrical service entrance equipment. The surrounding site will support two new cooling towers, two electrical transformers and a new ASPA transfer switch. A utility canopy will be extended from

this building to carry chilled and hot water as well as power and oxygen piping into the main hospital.

The new central plant will also include a new 480V Electrical System, including transformers, ASPA switch (for automatic selection of Tafuna or Satala power plants), generator(s), and switchgear. This system will power all equipment within the new central plant, which (when functional) will then allow the existing central plant (with its 208V system) to be decommissioned.



LBJ-TMC – 208 V system

As it stands now, the existing 208V system (powering all of LBJ, including the existing central plant) has no surplus capacity. When the existing central plant is decommissioned, this will allow that 208V capacity to be available to power most foreseeable future expansions at LBJ.

The new Central Plant consists of 4,827 SF of equipment area on the first floor and 4,150 SF of storage/offices/electrical equipment on the second floor and will have (4) 300-ton Chillers totaling 1200 tons with (3) Chillers being full time operational and (1) as back up. The Central Plant will also consist of (2) 600-ton Cooling Towers, the Oxygen Generator, a Heating Hot Water Boiler, as well as a new 480V Electrical Distribution System that will serve all future large electrical loads.



LBJ-TMC Map of proposed Central Plant project

Budget - These improvements have an estimated cost of approximately \$__ dollars, which includes A/E Fees. These costs assume that construction can start in the third quarter of 2022. As the construction start date on this project moves out a 5% annual increase in cost should be accounted for.

These costs are inclusive of building and all anticipated electrical, mechanical, fire protection, and storage related equipment and systems, including rack shelving, pallet elevator, stacker and jack. The need to upgrade the entire mechanical and electrical system is crucial to the overall hospital operations.

Construction Costs / Equipment Detail

- Architectural Components include a new 2 story building and utility canopy spine, steel and concrete.
- Major Mechanical Equipment costs include (3) 400 ton chillers, (2) 500 ton cooling towers, chilled and condenser water pumps, piping, controls, O2 Generator and tank, HHW Boiler, and all other appurtenances as required.
- Major Electrical Equipment includes 480V switchgear, transformers, panel boards, (2) generators, and all required conduits and wiring to support electrical and all mechanical equipment.

Timeline - Design, construction, completion, and commissioning of the new central plant (located at the rear of the Hospital, near the SE corner of the property) must begin in 2022 to ensure there is enough capacity to serve planned expansions / renovations and provide capacity for future improvements.

SCOPE OF WORK

Emergency Room (ER) Expansion

Overview – While some funding has been provided to address urgent needs associated with medical care in American Samoa and to address an outbreak event of SARS Covid-19 on a limited basis, an evaluation of the medical facilities at LBJ-TMC by the US Army Corps of Engineers, in April 2019, indicated the facility **is not physically prepared** to handle such an outbreak from COVID 19. The present crisis with Covid-19 pandemic spread has validated justifications for improving the ER and many other facilities at the LBJ hospital in Faga’alu.

The current infrastructure of the LBJ-TMC hospital is in a state of failure due to age and environmental exposure. Expanding and upgrading the LBJTMC Emergency Department, building with more bed space and individual rooms will offer increased care options with more efficiency, privacy and isolation capability. It would enlarge trauma and critical care facilities and in the event of a pandemic, local epidemic or natural disaster, it would be more capable of meeting a surge in patient demand.

The government of American Samoa has decreed an immediate change from ASG’s response condition “Code Blue” to “Code Yellow”. This requires the closure of all DOH clinics and the outpatient clinics at LBJ-TMC. Such a closure, forces all patients needing care, including new Covid cases, to be seen through the Emergency Department at LBJ-TMC.

As of 2020, statistics for annual visits to LBJ-TMC are as follows:

Emergency Department	33,454
Outpatient clinics	41,698
Dental clinic	11,718
Renal dialysis	<u>25,252</u>
Total visits	112,122

This figure does not include outpatient visits seen by providers at DOH and VA Clinics. Granted, not all of these would need medical care during a Code Yellow scenario, but a sufficient number would require care, easily increasing the volume of Emergency Department visits to well in excess of double the number currently seen annually.

The Emergency Department at LBJ-TMC is already unable to efficiently handle the number of cases seen annually and wait times for patients usually exceed 2 hours throughout the day. The Department has only 11 actual beds, 2 bench spaces and all the rest of the patients have to sit in chairs or stand while receiving care. The additional number of Emergency Department cases during a Code Yellow condition, due to closure of all the clinics, would overwhelm the Emergency Department. Add to that the number of new Covid cases and it will be virtually impossible to provide adequate patient care with the current facility, resulting in a steep rise in mortality and morbidity numbers.

The only viable option to address this looming disaster is to utilize some of the ARPA grant monies to expand the Emergency Department facility to be larger and more efficient. With the already planned and designed enlargement of the hospital Intensive Care Unit, there is limited space available for ED expansion.

Point of Contact – Mr. Sa Mavaega, Director of Plant Services and Chief Engineer (sa.mavaega@lbj.as)

Key Objectives

- Expand the Emergency Room capacity for exams:
 - minor injuries and illnesses
 - pediatrics
 - chest-pain
 - trauma
- Provide for isolation capacity in the waiting and treatment rooms
- Provide space for
 - triage & emergency physician office
 - increased staff capacity
 - additional supplies storage
 - equipment storage
- Mechanical equipment mezzanine to resupply this wing of the hospital

Project Description – The proposal is to expand the LBJ-TMC Emergency Department into the current ambulance bay area, the mechanical space between the ED and the Pharmacy addition and as far toward the access road as feasible. The size of the ED should at least be doubled and designed to improve patient flow, with larger work spaces, upgraded infrastructure, and removal of non-functioning equipment, mold contamination, failing plumbing, electrical, etc.



LBJ-TMC Emergency Department expansion area

Expanding ICU capacity and enlarging the Emergency Department are the two most urgent hospital-needs to address a Covid 19 outbreak in American Samoa and should have the highest priority for the allocation of the ARPA funds provided.

Budget - The ER Expansion has an estimated cost of approximately \$___ dollars, which includes A/E Fees. These costs assume that construction can start in the first quarter of 2023. As the construction start date on this project moves out a 5% annual increase in cost should be accounted for.

Construction Costs / Equipment Detail

- Architectural Components include a new steel and concrete expansion to the existing building. Renovation of the existing ER space.
- Major Mechanical Equipment costs include (1) double wall chilled water AHU, appx (12) Terminal Units, ductwork, piping and controls.
- Major Electrical Equipment includes switchgear, panel boards, lighting fixtures, and all required conduits and wiring to support electrical and all mechanical equipment.

Timeline - This improvement is deemed essential to addressing a surge in healthcare demand and as such LBJ-TMC is seeking to begin the design process in the first quarter of 2022 with construction starting in the fourth quarter of 2022.

SCOPE OF WORK

Dialysis Expansion

Overview – Covid-19 has been shown to cause kidney damage in severely affected patients. In many cases, patients have required dialysis as a treatment while within the ICU. This puts a severe strain on the already 100% capacity Dialysis Treatment resources at LBJ. Additionally, there are only (2) Isolation Rooms for the existing Dialysis Treatment department.

At present LBJ has 32 chairs in our existing clinic and the clinic is now operated on three shifts on Mondays, Wednesdays, and Fridays and 4 shifts on Tuesdays, Thursdays, and Saturdays. We proposed to add 12 to 16 more chairs to prevent the over usage of the machines and the support systems.

The recent change to four shifts poses a safety concern due to the long usage of not only the dialysis machines but the RO System and the Mixing Station on a daily basis. I have been instructed by the CEO to come up with an

immediate plan to address these current concerns as well as addressing the long-term needs of this Unit noting that there are more dialysis patients returning home through the repatriation flights and the increased number of patients that are on border line or waiting for their fistula operations locally or off island.

On the other hand, if we are faced with a pandemic that will force the border to be closed, we don't have enough chairs to accommodate the existing patients and new patients waiting to be treated. The opportunity to be transferred off island for treatment is no longer an option if the border is closed.

Due to the shortfall in capacity of the current Dialysis Unit, the Supervisor asked if we could build an extension. Such an extension will provide additional isolation treatment rooms for Covid-19 or similar highly contagious patients and be in close proximity to the existing dialysis unit improving treatment efficiency, capacity for contagious patients and overall patient volume. With that, we proposed to the Dialysis Staff, HR staff, OB staff, and the CEO to relocate HR to a new location, move OB Clinic to space currently occupied by HR to make room for Dialysis expansion in space currently occupied by the OB Unit. This really accomplishes the request of the nursing staff for a new dialysis extension next to the existing unit to accommodate staff sharing.

We shall not wait for a drastic problem to arise due to the overuse of dialysis machines and system. It is cheaper to do this than dealing with several numbers of deaths if one part of system breaks



LBJ-TMC Dialysis unit expansion

down. We cannot afford to wait on this Project any longer as we don't have the luxury of getting help from another local clinic. We are the only show in town.

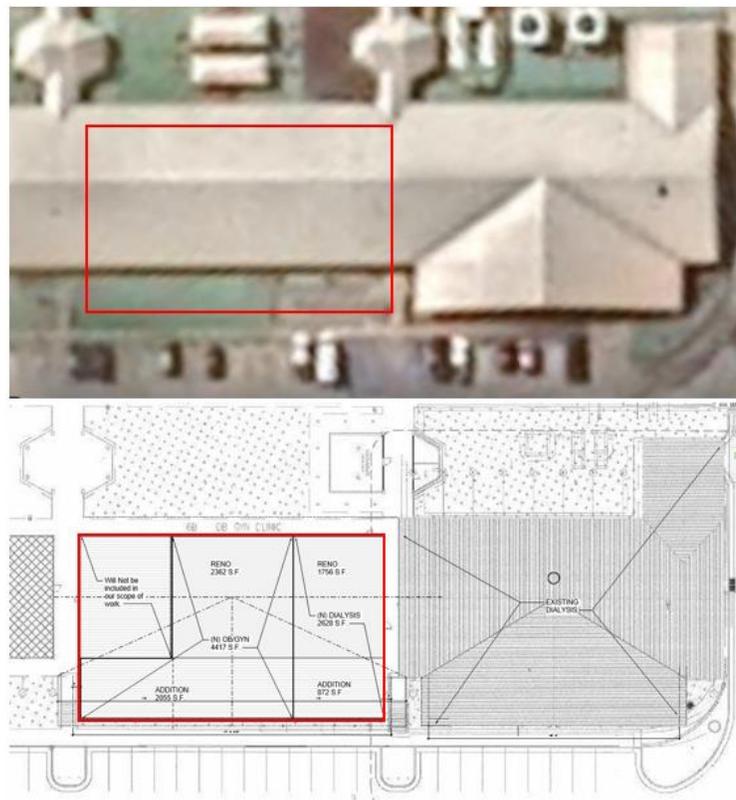
There are some construction challenges for this project, noise from construction activities access to some areas but Engineering will work closely with the Contractor to minimize any disruption because hospital operations cannot be stopped or even be disturbed. The safety of patients and the visiting public is also a challenge because patients and visitors shall have all access to every service within the hospital.

Point of Contact – Mr. Sa Mavaega, Director of Plant Services and Chief Engineer
(sa.mavaega@lbj.as)

Key Objectives

- Expand the Dialysis treatment capacity,
- Increase the Isolation treatment capacity,
- Relocate OB/GYN clinic to accommodate the Dialysis expansion,
- Expand the building envelope to provide additional space for Dialysis and OB/GYN.

Project Description - This project will remodel and expand that section of the existing building where the current OB/GYN clinic is located. This improvement will renovate and expand that area currently allocated to OB/GYN into a Dialysis treatment area comprised of 1,756 s.f. of renovated area with an 872 s.f. addition, for a total Dialysis expansion of 2,628 s.f. This improvement will house 12 additional treatment stations and a nurse support station. The 2015 Dialysis expansion immediately adjacent has sufficient capacity to handle 12 additional stations so no additional square footage will be required for the water treatment facility. The adjacent existing 2,362 s.f. space will be renovated for a new OB/GYN clinic and will be expanded by 2,055 s.f. for a total new OB/GYN clinic of 4,417 s.f.



Budget - The dialysis expansion has an estimated cost of approximately \$____ dollars, which includes A/E Fees. These costs assume that construction can start in the last quarter of 2022. As the construction start date on this project moves out a 5% annual increase should be accounted for.

Construction Costs / Equipment Detail

- Architectural Components include a new steel and concrete expansion to the existing building. Renovation of the existing space
- Major Mechanical Equipment costs include (1) double wall chilled water AHU, appx (12) Terminal Units, ductwork, piping and controls.
- Major Plumbing Equipment costs include all Plumbing Fixtures (including DCW, DHW, Sewer, and Vent piping), Med Gas outlets, sensors, alarms, piping, and Dialysis water equipment, piping, and controls.
- Major Electrical Equipment includes switchgear, panel boards, lighting fixtures, and all required conduits and wiring to support electrical and all mechanical equipment.

Timeline – LBJ-TMC is seeking to begin the design process in the first quarter of 2022 with construction starting in the fourth quarter of 2022.

SCOPE OF WORK

New 40 bed Hospital - Tafuna

Overview – The American Samoa Government is seeking to construct a new 40 bed hospital with the appropriate support facilities and services to enable the facility to act as a stand-alone community hospital. This facility is deemed essential to addressing the limited existing medical services in the Territory as evidenced with the present emergency situation with Covid-19 spread as well as providing capacity for those medical services which currently do not exist in the Territory. This additional capacity is critical to addressing both the current pandemic and a future epidemic situation. The prevailing strategy to the current pandemic is to close the border due to the limited ability to address an outbreak. Medical services and treatments that have traditionally been found in Hawaii and the U.S. are no longer accessible, thus increasing the demand for services and treatments within the Territory.

Project Description – The new 40 bed hospital will be located on the western plain of the island where the majority of the population lives. The subject site will need to be hardened against: tsunamis, typhoon storm surges and potential sea level rise conditions. The protected nature of the proposed site location and the Corp of Engineer’s Tsunami analysis would indicate this site as a favorable location for this facility when specific hardening approaches are taken. Site hardening would include elevating the site and utilizing a podium design with an elevated grade parking structure. The main hospital entry would occur at the second level parking deck.



In addition to the inclusion of new ICU, Surgical Services, Endoscopy, Emergency Dept, Pharmacy, Labs and their associated support services the facility will expand on the LBJ-TMC facilities by providing: Orthopedics, Cardiology & Urology services, Oncology (Linac, PET/CT) with infusion capabilities and all specialized services. The Pharmacy will also be an upgrade from the LBJ-TMC facility and will be USP-797 & 800 compliant with a Type II / Class 5 drug vault.

This new facility will also be equipped with a helipad permitting this hospital to respond to air transport emergencies, as are common with the local commercial fishing industry.

In order to function as a stand-alone hospital both the primary and secondary services associated with patient diagnosis, treatment and recovery will need to be present in this facility in order to support the patient through-out the process. This will include the associated: administrative, facility engineering, information systems, house-keeping and food service operations. The design of the facility will not only need to address the environmental, geographic and climatic conditions

of the site but will also need to facilitate the expansion of the hospital bed capacity in the future with the appropriate expansion of key hospital functions required to support the additional patient population. The following program of hospital departments & clinics with their associated gross square footage assignments has been established by an independent medical planner in consultation with staff representation from LBJ-TMC. It represents the initial programmed space allocations required for this facility as a 40 bed hospital.

Point of Contact – Mr. Sa Mavaega, Director of Plant Services and Chief Engineer (sa.mavaega@lbj.as)

HOSPITAL PROGRAMMING		
DEPARTMENT	Licensed Bed	DGSF
Med/Surg Beds (1 Unit of 32 beds)	32	21,459
Intensive Care Unit (ICU) (1 Unit of 8 beds)	8	7,694
Orthopedics, Surgical Services (2 O.R.'s; 1 Cath Lab)		10,434
Special Services Clinics		4,400
Endoscopy (1 Endo rm; 1 Bronch rm.)		1,907
Emergency Room (8 Exams)		6,693
Pharmacy		2,035
Laboratory, Morgue		8,535
Cardiology, Urology Imaging / Radiology (1 R&F, 1 RAD, 1 CT, 1 MRI, 1 US)		8,712
Oncology (1 Linac, 1 PET/CT, 8 infusion stations)		9,714
Respiratory Therapy		878
Security		676
Food and Nutrition (Dietary)		5,854
Sterile Processing (SPD)		4,007
Admitting/ Registration		1,846
Public Spaces		1,599
Volunteers (Gift Shop)		1,456
Administration		3,660
Information Services		1,424
HIM/ Telemedicine/ Library		1,463
Communication		377
General Building (EVS, Laundry, Mail, Mat'ls Mgmnt)		9,504
Clinical Engineering		767
Engineering/Facilities		5,382
Facilities (Central Energy Plant)		<u>16,089</u>
TOTAL DGSF		136,565

Primary Circulation @	12%	16,388
Mech'l/Elect @	5%	6,828
Ext Walls/Canopies@	3%	4,097
Stairs & Elevators @ 1,200 / floor	2%	<u>2,400</u>
Total New 40 Bed Hospital Gross S.F.:	BGSF/BED	4,157
CLINICAL BUILDING		
Clinics (12 Exam Rooms) inclusive of outpatient		7,502
<u>Dialysis Clinic (16 chairs)</u>		<u>7,376</u>
TOTAL DGSEF		14,878
Primary Circulation @	12%	1,785
Mech'l/Elect @	5%	744
Ext Walls/Canopies@	3%	<u>446</u>
Total New Clinic Building Gross S.F.:		17,853
	BGSF/BED	4,603
Parking Requirements:		
Hospital: 3 spaces/bed:	120	
<u>MOB: 5 spaces/1000 DGSEF</u>	<u>89</u>	
Total # parking spaces:	209	
Surface parking @350 SF/parking space:	73,150	

Key Objectives

- Expand healthcare service capacity, diagnostic capabilities and treatment protocols in the Territory,
- Harden the healthcare system in the Territory against environmental disasters through diversification of treatment locations.
- Provide treatment facilities of a quality that is in line with today's standards for patient care, responsive to pandemic / epidemic events and adequately supports staff in their efforts to provide the highest level of care for their patients.

Budget - See "Cost Estimate Summary" (pg 24) for the projected budget for this scope of work.

Due to the level of detail available at this early programming stage, itemized costs beyond the limits provided herein have no quantitative basis beyond square footage. Contingencies and escalation factors are provided in an effort to cover the lack of quantitative data, market value fluctuations and shipping costs associated with the remote location of these planned improvements.

Timeline – See “Implementation Plan & Timeline Summary (pg 23) for this scope of work.

IMPLEMENTATION PLAN & TIMELINE SUMMARY:

PROJECT	PERIOD OF PERFORMANCE (FUNDS MUST BE OBLIGATED NLT 12-31-2024)	EXPECTED OPERATIONAL DATE
New Hospital (40 bed to be expanded to 150 beds in the future)	RFP – April 2022 Awarding of A/E Contract – May 2022 Schematic Design Complete – September 2022 Design Development Complete - December 2022 Construction Documents Complete - March 2023 RFB- Local Contractors/Off Island Contractors – April 2023 Awarding of Contract – May 2023 Construction to Start – June 2023	Construction Period – Appx. 42 months. ECD May 2026, NLT December 31, 2026
ICU, MIS, and Hyperbaric Expansion	Design Complete – April 2022	Construction Period – Appx. 32 months. ECD December 2024, NLT December 31, 2026
	RFB – Local Contractors - April 2022	
	Awarding of Contract – April 2022	
	Construction to Start– May 2022	
Central Plant	Schematic Design Complete – April 2022	Construction Period – Appx. 30 months. ECD Jan 2025, NLT December 31, 2026
	Design Development Complete – April 2022	
	Construction Documents Complete - April 2022	
	RFB – Local Contractors - May 2022	
	Awarding of Contract – June 2022	
	Construction to Start – July 2022	
ER Expansion	Schematic Design Complete – May 2022	Construction Period – Appx. 24 months. ECD November 2024, NLT December 31, 2026
	Design Development Complete - June 2022	
	Construction Documents Complete - July 2022	
	RFB – Local Contractors - August 2022	
	Awarding of Contract – September 2022	
	Construction to Start – October 2022	
Dialysis Expansion	Schematic Design Complete – July 2022	Construction Period – Appx. 24 months ECD January 2025, NLT December 31, 2026
	Design Development Complete – August 2022	
	Construction Documents Complete – September 2022	
	RFB – Local Contractors – October 2022	
	Awarding of Contract – November 2022	
	Construction to Start – December 2022	

RFB (Request for Bid), ECD (Estimated Completion Date), NLT (No Later Than)

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AMERICAN RESCUE PLAN ACT

AMERICAN SAMOA MEDICAL SERVICES AUTHORITY
Lyndon B. Johnson – Tropical Medical Center
PROJECT PROPOSAL

PART 2

*ENHANCE HEALTHCARE
WORKFORCE ^{PART 2} CAPACITY*

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LBJ-TMC - Enhance Healthcare Workforce Capacity

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BACKGROUND

Background of the LBJTMC Workforce

American Samoa is presently under an emergency state due to Covid-19 community transmission. This prompted immediate action on February 22, 2022 by Governor Lemanu Mauga to elevate the risk level in the territory to Code Red, which is the highest risk level. Further, the shutdown of schools, ASG operations except for essential services, public events, churches, non-essential businesses and restrictions on certain business operations such as retail stores were enforced as result of the pandemic spread. Curfews, home quarantine and home isolation were also imposed and are still being enforced by authorities to help minimize and prevent the further spread of Covid-19. Data from the health authorities as of March 28, 2022 shows a total of 3,756 positive cases in 57 villages and 4 deaths related to Covid-19. They predict the numbers will keep increasing at an alarming rate and this makes logical sense considering many who have pre-existing health conditions and are now exacerbated by contracting the Covid virus.

LBJ-TMC is the sole medical hospital in the territory serving close to 50,000 residents. The present number of medical doctors, nurses and personnel are very limited and cannot accommodate for the spike in the number of Covid related cases being referred and admitted for testing, diagnosis and treatment at the hospital. The current medical staff including the Emergency Medical Services (EMS) are bombarded with overload work with many working around the clock to cover shifts and accommodate for the urgent medical needs of the community. This makes it critically important for the immediate recruitment and retention of much needed medical personnel and staff as proposed here to address this vital need. LBJ's proposed request is reasonable to provide the necessary and sufficient response to help the people of American Samoa during this difficult time with the pandemic.

The COVID-19 pandemic has and will continue to have significant negative impacts on American Samoa's hospital workforce. The mission of LBJ Tropical Medical Center is to provide patient focused, comprehensive, high-quality, cost-effective health care and related services to the people of American Samoa. The American Samoa Government is committed to finding solutions to improve the delivery of health services, health outcomes, and efficiency of providing healthcare services by expanding opportunities across the territory. With the expansion of the current and construction of a new hospital, it will be important to have an adequate amount of staffing to deliver high-quality medical treatment and patient care. It is imperative that the stakeholders increase and improve the provision and accessibility of community healthcare for the people of American Samoa. Accessibility to healthcare can be realized if there is sufficient staffing (specialized inclusive) employed at LBJTMC to avoid a tsunami of labor challenges that will be brought on by the Covid-19 pandemic.

In the latest report from the Association of American Medical Colleges (AAMC), there will be an estimated shortage of between 37,800 and 124,000 physicians by 2034 across primary care and specialties in the United States. A September 2021 assessment by the Medical Group Management Association (MGMA) found that medical practices across the nation reported "staffing" as the biggest pandemic challenge heading into 2022. According to the Bureau of Labor Statistics (BLS),

Employment Projection 2014-2024, healthcare professional is among the leading growing occupations in the country, yet the current demand far outweighs the current supply of healthcare professionals.

The shortages of healthcare providers and nurses in the United States have a direct negative impact on the ability for recruitment for American Samoa. The demand for healthcare workers in American Samoa far supersedes the local workforce pool available and there is a need to amplify the supply of healthcare professionals. The Covid-19 public health emergency in American Samoa and the restricted travel has been a very challenging impediment with strengthening the hospital recruitment and retention. There are not enough nurses, medical physicians, ancillary and clinical providers in American Samoa. The regulated travel into the territory and the lack of the available local individuals with the needed skillset and credentials remains to be a challenge for LBJTMC’s recruitment and retention efforts.

Currently, thirty percent (30%) of our physician recruitment is done through networking with other physicians employed with LBJ. All medical staff physicians are credentialed with ninety percent (90%) of the physicians holding Bachelors of Medicine, Bachelor of Surgery (MBBS) degrees from Fiji or other foreign medical schools, and five percent (5%) are U.S. Doctor of Medicine (U.S. MD) or U.S. Doctor of Osteopathy (U.S. DO) degree holders.

U.S. MD physicians demand a salary at a rate higher than LBJ can afford to offer, which is in the range of \$70,000-\$150,000 in American Samoa. Based on the population of American Samoa, LBJTMC should have at least ninety-five (95) physicians on staff. Presently, it fluctuates between fifty to fifty-seven (57) physicians. Currently, there are thirteen (13) specialty areas for the Medical Staff Department (see table A). Staffing problems are not isolated to physicians. LBJ-TMC experiences great staffing shortage with nurses, physical therapists, pharmacists, providers, and other medical and clinical technicians.

The table below depicts the Medical Staff Services Active List as of January 2022

MEDICAL STAFF SERVICES ACTIVE LIST and SPECIALTY	
SPECIALTY	Number of Staff
Anesthesia	5
Dentistry	9
Ear, Nose, Throat (ENT)	1
Emergency Room	15 Physicians, 1 Physician Assistant (U.S.)
Internal Medicine	10
Behavioral Health / Psychiatrist	1
OB/Gyn	6 Physicians, 1 Midwife (U.S.)
Ophthalmology	3
General Surgery	5

Orthopedic	3
Pathology	1
Pediatrics	7
Radiology	2

Table A. Medical Staff Services Active List and Specialty Areas

For a hospital the size of LBJTMC, it is favorable to require approximately 150 Registered Nurses (RNs) and 52 Licensed Practical Nurse (LPNs) to operate safely in accordance with CMS standards. Presently, there are less than sixty-six (66) RNs and forty-four (44) LPNs. Numbers of have severely decreased since the Measles Outbreak that rampaged Samoa prior to the current Covid-19 pandemic. In the Emergency Room, it would be safe to have four (4) RNs on staff during a shift. Presently, there are barely two (2) RNs and one LPN on staff at the in-patient wards during each shift. The same shortage is experienced throughout other clinics of the hospital for registered nurses and licensed practical nurses.

The table below depicts the Nursing Staff as of January 2022

NURSING SERVICES ACTIVE LIST	
Position	Number of Credentialed Staff
Registered Nurses (Direct Patient Care)	48
Licensed Practical Nurses	44
Certified Nurse Assistants	38
Ward Clerks	19
Orderlies	20
Certified Clinical Hemodialysis Tech	8
Patient Care Technicians – Dialysis	12
Ophthalmologist Technicians	2

Table B. – Nursing Services Active List

For pharmacy, LBJTMC pharmacy is the sole distributor for medication of all of American Samoa. The pharmacy lacks space for all compounding requirements and is significantly undersized to support the current mission of the entire population of American Samoa. The American Society of Hospital Pharmacist (ASHP) surveyed that a 100- bed hospital would require an average of eleven (11) pharmacists and fourteen (14) pharmacy technicians. LBJ, a licensed for 150 -beds, only employs three (3) pharmacists and fourteen (14) technicians. This staff of 17 US pharmacy technicians (certified and eligible) is tasked with providing and delivering clinical services for in-patients as well as servicing all of the out-patient clinics for the entire Territory.

The table below depicts the Pharmacy Staff as of January 2022

PHARMACY SERVICES ACTIVE LIST	
Position	Number of Credentialed Staff
Pharmacists (U.S. Board Certified)	3
Pharmacy Technicians (U.S. Certified / Eligible)	14

Table C. Pharmacy Services Active List

Considering the growing national shortages of physicians, nurses, medical, ancillary/clinical and specialists, LBJ is challenged with recruiting the right type of medical professionals due in a large part to the local economy, educational system, and geographic location. There is no local pipeline that can meet the demands of the hospital for staffing recruitment. The closest and most affordable Medical School in the Pacific is Fiji National University where most of the physicians graduated with a MBBS degree. More than sixty percent (60%) of the physicians are contracted from outside of American Samoa from Fiji and the Philippines.

The only local medical professional program is the Nursing Program at the American Samoa Community College (ASCC). The Nursing Program struggles to enroll students in the Nursing program. Due to the lack of a consistent channel from ASCC to the hospital, LBJTMC has no other option, but to recruit from other countries to meet the need as established CMS condition of participation. It would ideal if the community college could also strengthen the health science program. Other medical professionals and specialists continue to be a recruitment challenge in areas of Laboratory, Respiratory, Physical Therapy, Dietary, Diagnostic Imaging, Wound Care, and Renal Dialysis.

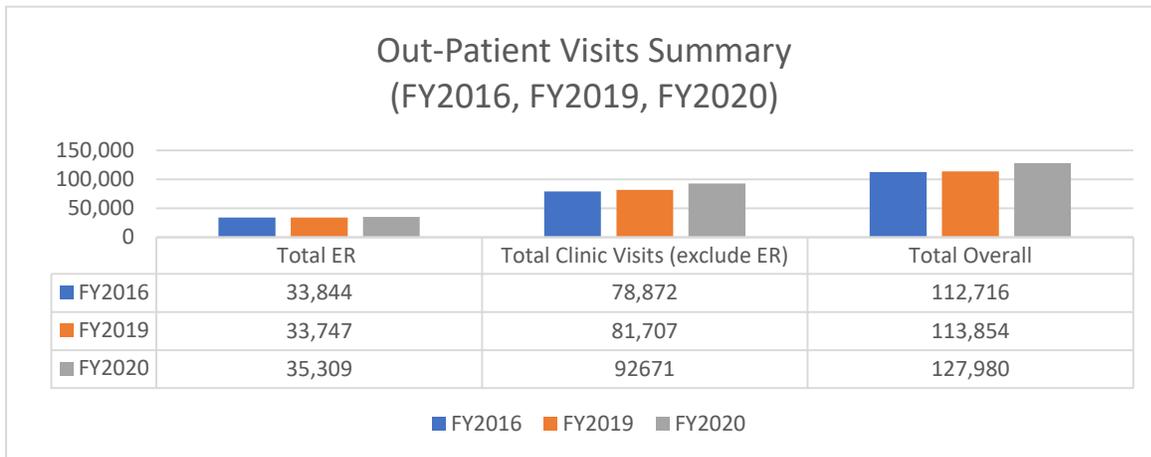
An oft-cited solution for recruitment and retention issues is professional development and cross-training for existing staff as recommended by our federal partners. For LBJ, professional development efforts are also hampered by financial constraints. Staff safety and well-being are essential to continued operations and effective patient care during the Covid-19 pandemic. These opportunities need to be provided to the employees and staff to better combat the Covid-19 virus.

The hospital's End Stage Renal Disease (Dialysis) ESRD Facility currently treats approximately 170- patients with thirty-six (36) staff to handle the workload. We currently provide an average of 1,900 treatments per month and our staff is consistently working overtime to cover staffing shortage. There are currently six (6) RNs, one (1) LPN, twelve (12) technicians, eight (8) orderlies and three (3) medical support assistants working three shifts to ensure the ESRD Facility is operational. However, an ideal staffing model for the number of patients or treatments we provide should be, five (5) RNs, five (5) technicians, two (2) orderlies, and one medical support assistant per shift.

LBJTMC wants to be able to offer competitive compensation packages to interested physicians from the U.S., however, LBJ can be prevented from making competitive offers because of the inadequate annual budget, and as a result the hospital resorts to operate with non-U.S. certified

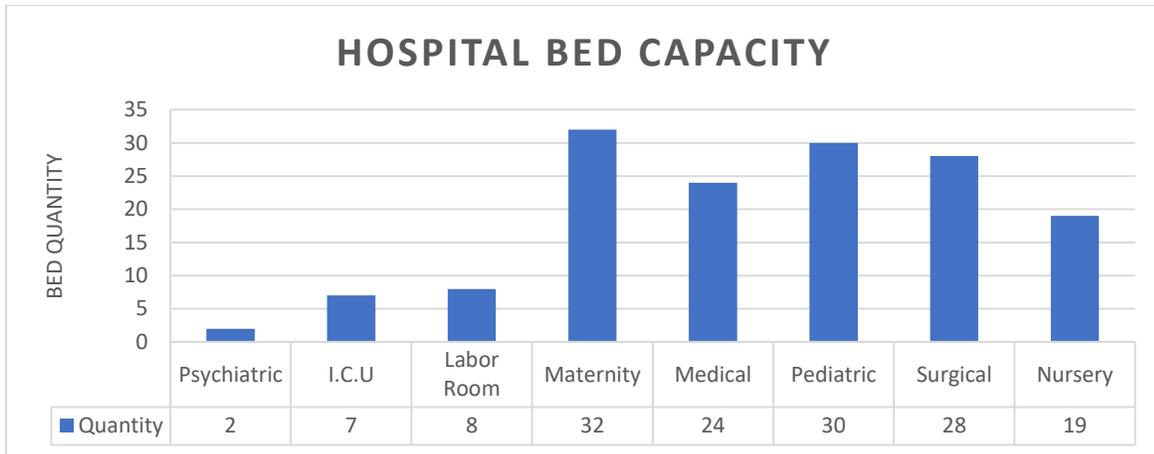
medical professionals and especially in practice areas where there is a great need such as the ESRD Facility and Covid-19 related services. The Covid-19 pandemic has a direct and indirect influence on American Samoa’s healthcare system.

UTILIZATION DATA AND STATISTICS



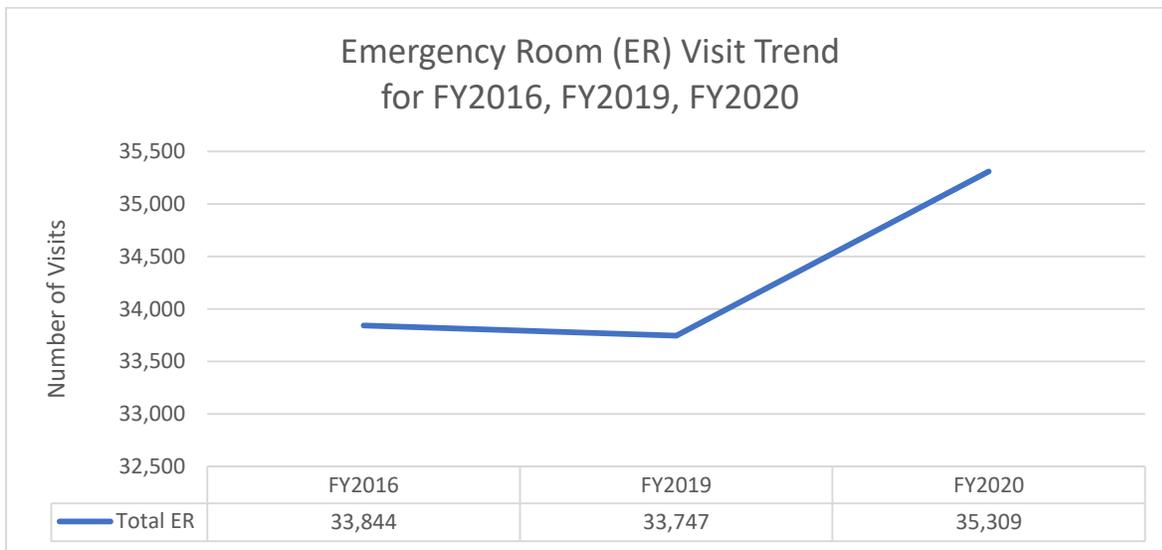
Graph A. – Out Patients Visit Summary

The graph above depicts an Out-Patient Visit Summary for fiscal year 2016, 2019 and 2020. For Emergency only visits, in 2016, there were 33,844 visits in the Emergency Room (ER), in 2019 there were 33,747 visits to the ER, and in FY 2020, the visit increased to 35,309 visits to the ER. The same graph depicts the total out-patient clinic visits for FY 2016, 2019, and 2020. For FY 2016, there were a total of 78,872 total out-patient clinic visits, in FY 2019 it increased to 81,707 out-patient clinic visits for year, and in FY 2020, it increased again to 92,671. The trend for hospital out-patient visits for these three (3) FY years show an increase for each year, which implies that there are more needs for acute medical services for the territory despite the fact there were no Covid-19 cases in American Samoa.



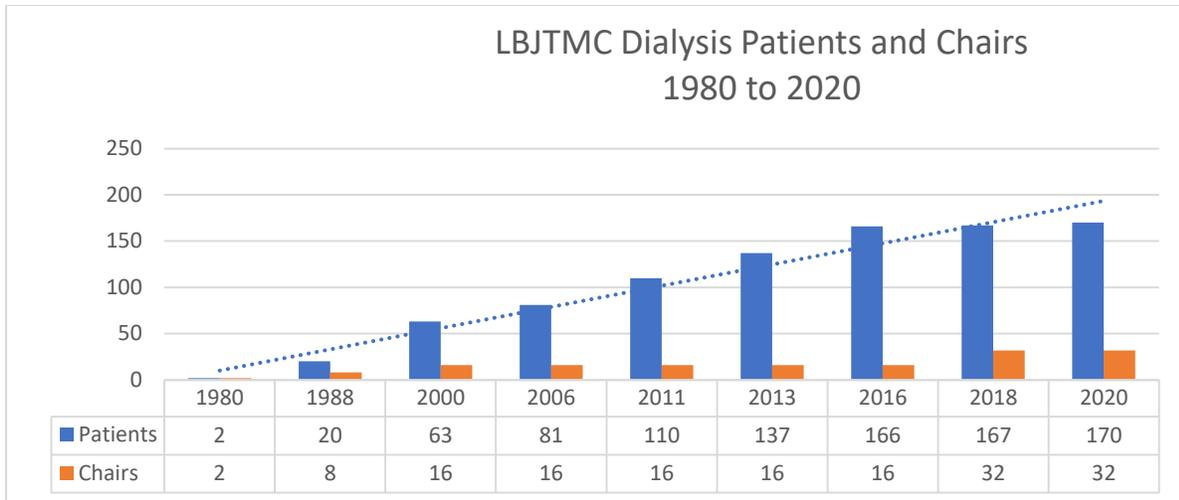
Graph B – Hospital Bed Capacity

The graph above depicts the capacity of the hospital’s licensed beds and the location of the beds. (Psychiatric Unit -2 beds, ICU - 7 beds, Labor Room – 8 beds, Maternity Ward – 32 beds, Medical Ward – 24 beds, Pediatric Ward 30 beds, Surgical Ward – 28 beds, Nursery/NICU – 19 bassinets)



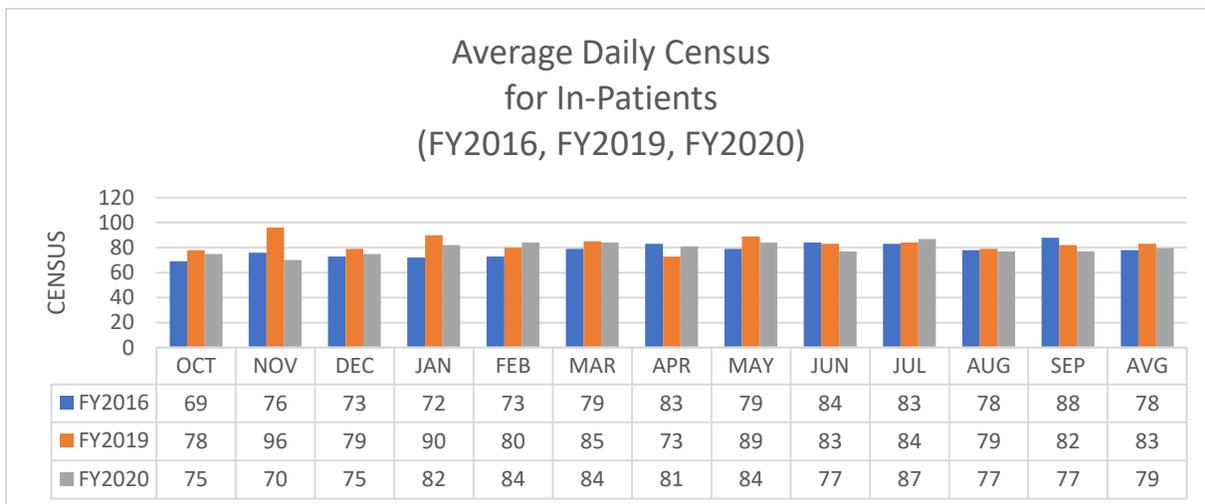
Graph C – Emergency Room (ER) Visit Trend

The graph above depicts the trend for ER visits. In 2016, there were 33,844 visits in the Emergency Room (ER), in 2019 there 33, 747 visits to the ER, and in FY 2020, the visit increased to 35,309 visits to the ER.



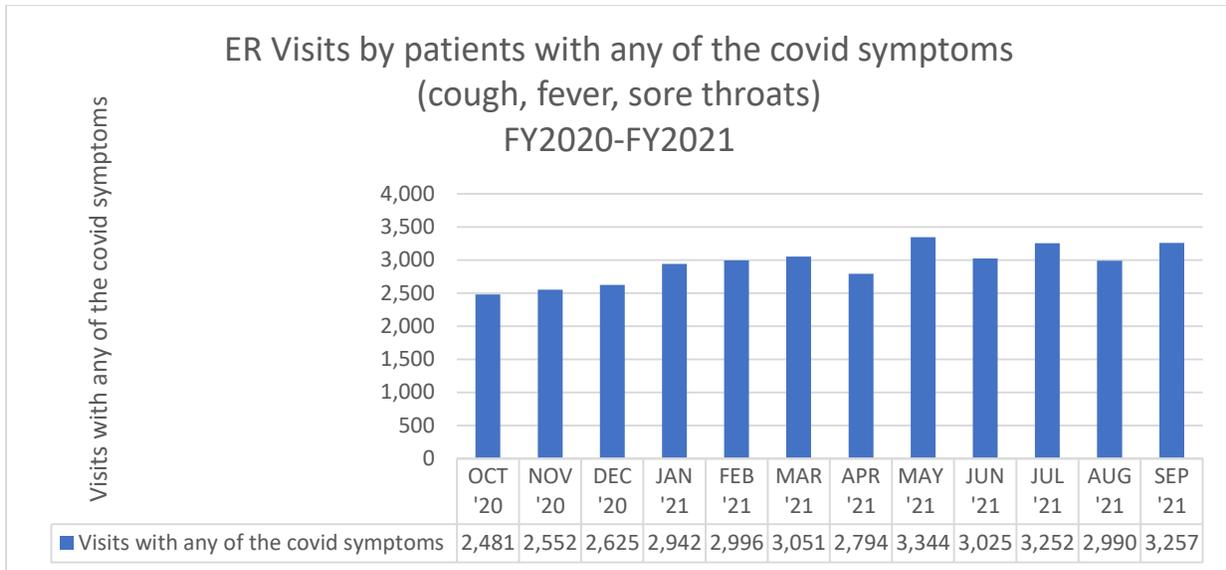
Graph D – LBJTMC Dialysis Patients and Chairs

In 1980, the End Stage Renal Dialysis (ESRD) opened its doors for Dialysis service for the American Samoa Territory. Since 1980, there has been a steady rise in Dialysis patients as seen in the graph above. In 1980, the ESRD had two (2) chairs and two (2) patients. In 2000, the patient census grew to 63 and the ESRD had 16 dialysis chairs. As of 2020, there are 170 patients, 32 chairs and 3 shifts every day, except Sunday.



Graph E. Average Daily Census for In-Patients

The graph above depicts the steady Average Daily Census for In-Patients for FY 2016, 2019 and 2020. The average daily for census for In-Patients for FY 2016 was 85, for FY 2019 it was 90, and for FY 2020 it was 80. The average for these 3 years was 85 and this accounts for almost 60% bed capacity daily average throughout these years.



Graph F. ER Visits by patients with any of the Covid Symptoms

The graph above depicts the amount of visits for patients who exhibited any of the Covid-19 symptoms such as cough, fever, or sore throat in FY2020-2021. There was on average 2,943 ER visits for Covid-19 symptoms during this year and this was before any community transmissions of Covid-19 in the Territory.

COVID IMPACT

The territory has been hit hard with Covid-19 transmission in the community since February 22, 2022. LBJ-TMC is experiencing hardship in accommodating the present needs in the community and why this proposal is critical to properly provide critical and much needed services. The COVID-19 pandemic has significantly and disproportionately impacted the healthcare service system of American Samoa. Prior to the Covid-19 pandemic, American Samoa’s healthcare system struggled with staffing the current hospital with U.S. board certified medical providers, U.S. ancillary/clinical providers, and U.S. nurses (specialist included) for many years. Recruitment and retention has been negatively impacted because of the Covid-19 pandemic and public health emergency. With two upcoming hospital facilities to provide adequate staffing, there will be more tension and demand to provide acute care and Covid-19 related services.

CURRENT CAPACITIES AND CAPABILITIES

The difficult task of recruitment and retention of quality medical professionals for a hospital with a severe staffing shortage that is located in an isolated South Pacific Island is heightened more, not only because of the remoteness of American Samoa, and the inability to compete with other hospitals across the nation, but also due to the added challenges brought on with the Covid-19 pandemic. There is a need to boost recruitment, retention and re-training to address the severe staffing shortage and workforce capacity of the hospital.

IMPACT OF BORDER CLOSURES

The COVID-19 Public Health Emergency declaration presented a lot of challenges which impacted everyone in American Samoa socially, economically and medically. As the ASMSA is the only healthcare provider in American Samoa, closing of our borders became a huge problem since 30% of our patients are usually transferred to Hawaii for specialize care or treatment. With the restricted travel and border closure since the offset of the pandemic, equipment has gone uncertified, unrepaired and some needs to be replaced. There are no local specialists to provide the needed services for the hospital. The last CMS surveys continue to cite the lack of qualified and credentialed personnel to provide services, patient care, and medical treatment for hospital operations.

OVERVIEW – SUMMARY ENHANCE HEALTHCARE WORKFORCE CAPACITY

STAFFING (RECRUITMENT, RETENTION and RETRAINING) – Workforce Development and Capacity Building at LBJ Tropical Medical Center

Staffing recruitment, retention and retraining for LBJ Tropical Medical Center workforce is highly critical at this emergency level for American Samoa. The Covid-19 transmission in the community has spread all across the territory with 57 villages being infected by the pandemic. The island is very small so this factor will contribute to the increase rate and quick spread of the pandemic making it necessary for immediate action to address LBJ's workforce capacity. Covid-19 has increased costs and added more needed services to LBJ's financial constraints, thus creating a host of more issues, stress and challenges in its daily operations. As reflected in our annual budget, personnel expenditures are low compared to other U.S. hospitals of the same number of beds due to shortage of physicians, nurses, clinical providers and other specialists at LBJTMC. Adequate staffing is required as part of the Centers of Medicare and Medicaid Services (CMS) Condition of Participation, yet we continue to experience stark staffing shortage hospital-wide.

During the onset of Covid-19, the hospital has seen staffing problems such as increases in turnover, early retirements, job changes, exits to other professions and loss of nurses who have turned to traveling nurse or stateside opportunities. The locale of American Samoa in a remote South Pacific island is a deterrent for proactive and efficient recruitment efforts. A weakened and lacking pipeline for school-to-work is almost non-existent for the healthcare industry. The restricted travel into the territory, underserved and rural setting exacerbates the problematic effort of recruitment, retention, workforce and capacity building for the only hospital on the island. This limitation is aggravated by the inability to attract staff from the U.S. and more affluent countries where financial resources are more abundant. Funding to cover these costs is essential to attracting and retaining qualified staff to make the healthcare system in American Samoa viable and effective. These reasons contribute to the severe staffing shortage across the hospital, especially departments that provide Covid-19 related services and the dire need to remedy this crisis.

The planned improvements under this funding for LBJTMC will:

5. Augment medical physicians, providers, nursing, clinical and support staff (specialized inclusive) for both LBJTMC sites (Faga'alu and Tafuna)
6. Augment additional specialized service providers to include:
 - a. Cardiology and Urology service providers/clinicians
 - b. Oncology providers/clinicians
 - c. Orthopedic providers/clinicians
 - d. Infectious Disease Physician
 - e. Dermatologist providers
 - f. Rheumatologist and Pulmonologist providers/clinicians
 - g. Neurologist providers
 - h. Endocrinologist providers
 - i. Other specialized ancillary, clinical and support service staff
7. Improve and strengthen healthcare workers capacity

8. Enhance the skillset and knowledge of all staff to provide improved services to the beneficiaries of the hospital as it relates to the Covid-19 and public health emergency response and pandemic
9. Improve the access and quality of healthcare services for the LBJTMC beneficiaries by expanding workforce capacity through retention, retraining, and recruitment of US providers, medical, nursing, ancillary/clinical and support staff (specialized inclusive)

PROJECT DESCRIPTION - ENHANCE HEALTHCARE WORKFORCE CAPACITY

Recruitment, Retention, and Retraining of LBJTMC Workforce

Due to the alarming rate of positive cases and the increase number of deaths related to Covid-19, the ARPA funds will provide immediate assistance to increase access and improve quality of services for beneficiaries by expanding the workforce capacity. The funding will be used for recruitment of needed staffing for severe shortage, specialized staff, retention, retraining and building workforce capacity to help support the hospital and Territory's response to Covid-19 community transmission.

Budget – The targeted cost for this project is \$50,000,000.00.

Recruitment Cost Detail – approximately \$46,500,000.00

This project intends to augment the capability of the LBJTMC workforce to respond to the COVID-19 pandemic and public health emergency. This includes recruitment of providers, nurses, ancillary/clinical and support staff (specialized inclusive) for both hospital sites (Faga'alu and Tafuna) to provide acute care/treatment during the pandemic.

The following is a list of needed specialized and support hospital staff to be recruited, but not limited to:

- Emergency Room (ER) Physician(s)
- Registered Nurse (ER)
- Internal Medicine
- Registered Nurse (Medical/Surgical)
- Registered Nurse (Covid-19 Travel Nurse)
- ICU Physician(s)/providers
- ICU Registered Nurse
- Infection Disease Physician/providers
- Respiratory Therapist Practitioner
- Emergency Medical Technician/Paramedic
- Nurse Practitioner
- Physician Assistant
- Nephrologist
- Radiologist/provider (intervention)
- Pathologist
- Laboratory Medical Technologist
- Pulmonologist
- Respiratory Therapist
- Pharmacist
- Intensivist
- Psychiatrist
- Licensed Practical Nurse

Nurse Technicians
Medical Assistants
Radiologic Technologists (X-Ray, CT, US, MRI, Mammo)
Certified Technicians (Hyperbaric)
Anesthesiologist
General Surgeon
Registered Nurse (General)
Registered Nurse (Nephrology – Dialysis)
Orthopedic
Ophthalmologist
Otolaryngologist
Cardiologist
Oncologist
Nephrologist
Urologist
Rehabilitation Therapist
Pediatrician
Nurse Anesthetist
Nurse Technicians
Medical Assistants
Certified Nurse Assistants
Orderlies
BioMedical Engineer for Dialysis
Paramedic Trainer/Consultant
Hospital Staffing Consultant
BioMedical Engineer for Medical Equipment
BioMed Equipment (Accreditation)
Project Manager (Faga'alu / Tafuna Site)
Project Manager (Staffing Project)
Administrative Assistant
Consultants / Trainers – Specialists
Project Coordinator
Data Collector
Data Analyst
Health Information Technology Tech
Health Medical Information Technician
Medical Coding Staff
Medical Billing Staff
Medical Transcribers/Transcriptionist
Physical Therapist Rehabilitation
Hospital Engineers (Staff Engineers)
Wound Care Technician
Registered Nurse (Wound Care)
Surgical Technician
Pharmacy Technicians
Diabetes Educator

Ophthalmic Technician
Audio Technician
Surgical Instrument Technician
Oral & Maxillofacial Surgeon
Clinical Social Worker
Medical Sonographer
Dentists (general)
Dental Hygienists
Gastroenterologist
Dermatologist
Allergy & Immunology
Endocrinologist

Other Covid-19 Public Health Expenses – approximately \$2,000,000.00

On February 22, 2022, American Samoa was declared Code Red level and normal operations were immediately shutdown except for essential services due to Covid-19 community transmission. LBJ-TMC hospital in Fagaalu saw an increase in the number of patients for Covid-19 testing, diagnosis and treatment. The present data has shown the numbers of those tested positive and deaths related to Covid-19 are increasing. Thus, the medical professionals and staff at LBJ hospital are working hard even around the clock to cover needed shifts. They are performing beyond the call of duty because of the urgent need for their services during the pandemic spread. The population is close to 50,000 residents while the healthcare workforce on island is very limited. Every worker at LBJ hospital is contributing in some way or form in ensuring the safety of the community by following and enforcing policies and guidelines for minimizing the spread of Covid-19 at the hospital site. Further, the Emergency Medical Services (EMS) is busy and overloaded with Covid related work transporting patients from across the island to the hospital. The teamwork and support by all LBJ workers are vital during this critical time to help control and prevent the spread of the pandemic while addressing healthcare needs of the territory. This funding will be allocated for eligible use as allowed within the parameters of the final rule to assist eligible LBJ workers. They have dedicated much of their services, efforts and time in response to Covid-19 and in support of measures to minimize the further spread of the pandemic.

Training and Work Force Development Cost Detail- approximately \$500,000.00

This includes training/retraining and workforce development for providers, nurses, ancillary/clinical and support staff (specialized inclusive) for both hospital sites (Faga’alu and Tafuna) to provide acute care/treatment or to provide services in the workforce’s respective area during the pandemic and to respond to the public health emergency/Covid-19.

The following table is a breakdown of four (4) main areas for training and retraining of current hospital employees and recruited employees for evidence-based and best practices for responses Covid-19 response. This will address challenges faced by the hospital in the areas of workforce professional development, accountability, and health education initiatives. This will enhance the skills for each employee for their respective area and Covid-19 (and other disasters) preparedness. (Items are listed in no chronological or priority order).

MEDICAL STAFF	PATIENT CARE – NURSING STAFF	ANCILLARY & CLINICAL SUPPORT STAFF	HOSPITAL SUPPORT STAFF
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<ul style="list-style-type: none"> • Physicians (ER) • Physician (Internal Medicine , GP, FP) • Physician/provider • Physician Assistant • Nephrologist / Dialysis Physician (locum tenens) • Radiologist • Pathologist • Psychiatrist • Anesthesiologist • General Surgeon • Orthopedic • Ophthalmologist • Otolaryngologist • Cardiologist • Oncologist • Urologist • Pediatricians 	<ul style="list-style-type: none"> • Registered Nurses (General) • Registered Nurse (ICU) • Licensed Practical Nurse • Registered Nurse • Orderlies • Certified Nurse Assistants 	<ul style="list-style-type: none"> • Pharmacists • Pharmacy Technicians • Respiratory Therapist/Technician • Emergency Medical Technician/Paramedic • Medical Laboratory Technologists (MLT) • Medical Lab Technicians • Registered Dietitians/Nutritionists • Surgical Technician • Certified Clinical Hemodialysis Technicians • Phlebotomist • Radiologic Technologists • Diabetes Educator • Clinical Medical Social Worker • Certified Hyperbaric Technicians • Rehabilitation Therapist / DPT / Physical Therapist 	<ul style="list-style-type: none"> • BioMedical Engineer (Dialysis) • Hospital Engineer (Staff Engineer) • Health Information Technology Tech • Health Medical Information Technician • Medical Coding • Medical Billing • Current support staff
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Training (and retraining) effort will be for all four (4) main areas of the current hospital employees and recruited employees for evidence-based and best practices for Covid-19 responses and needed certifications. These training opportunities will enhance knowledge and skills in areas such as, but not limited to:

- Covid-19 Basic Training
- Preventive Medicine Grand Rounds: Vaccine Confidence training
- Covid-19 Training for Healthcare Workers
- Bedside Ultrasound evaluation for Covid-19
- Infection Prevention and Control training
- Basic life support (BLS) certification training
- Environmental cleaning training
- Human Resources for Health Certification/Credential Training
- Waste management training

- Decontamination of medical devices training
- Advanced Life Support in Obstetrics (ALSO)
- Neonatal Resuscitation (NRP) Nursing Certification
- Management of Assaultive Behavior (MAB) Nursing Certification
- Peri-Operative Training
- Trauma Nursing Core Course (TNCC) Certification
- Wound Care Nursing Certification
- Pharmacy technician and provider training
- Ophthalmic training
- Audiology training
- Diagnostic Imaging training
- Clinical Hemodialysis training
- Diabetes education training
- Health information training
- Medical Billing training
- Laboratory Clinical training
- Medical transcriber training
- Hospital/Healthcare Finance training and certification
- Acute/Critical Care Nursing (CCRN)
- Pediatric Nursing Certification
- Certified ICU RN (AACN)
- Safety Office training
- Medical social worker training
- Property management training
- EMS / paramedic training
- Finance – Revenue cycle management training
- Medical Coding certification training
- Maintenance division certifications
- Nephrology Nursing Certification
- Investigations and care training for clinical management
- Respiratory/Cardio and respiratory equipment training
- Neglected tropical diseases training
- Epidemic and pandemic leadership training;
- And more

Human Resources for Health/Hospital Training and Consultancy

COVID has drastically impacted the medical field, particularly with HR. These issues, which are having ripple effects throughout the country and ultimately impacting American Samoa require expertise and training to help LBJ navigate the changing landscape. Ensuring that HR is up to date on all systems has never been more important, particularly as a significant part of the

project involves a rapid expansion of personnel and services that are necessary to mitigate the impacts of COVID-19. Consulting and training to include specific guidelines and topics on Covid-19 and effective measures, strategies and efforts to minimize the Covid spread would be valuable for effective implementation. Healthcare is a complex adaptive system, and with the intricacy of human resources management for the hospital/healthcare, there is a need for the human resources department and management to engage in consultancy and training. In healthcare, HR leaders and departments have a demand to be forward-thinkers, legally proficient, and strategic. Healthcare HR is more compound due to the diversity of the tasks that involve specialized delivery of patient treatment and care.

The following areas will require subject matter experts to guide and train the Human Resources department so it may make informed decisions and become a positive vehicle of change for the hospital in the areas of, but not limited to:

- Healthcare recruitment especially during the post Covid-19 pandemic era
- Wage compensation assessment - Manage variable shifts and pay schedules
- Ability to recruit, and retain the right people
- Understand legal and regulatory compliance for healthcare
- Training and Development
- Digitization
- Staffing shortages
- Privacy
- Improve patient satisfaction
- Relevant Trends
- Succession Management
- Managing and embracing HR technology
- Burnout
- Performance Management
- Logistics Management
- And more

The most important aspects of impact should these Covid-19 related training and HR healthcare consultancy opportunities do not commence are: first; incompetency of the hospital to provide training to personnel and staff for specialized field and services; second, no improvement in cost-efficiency for both the hospital and patient; third, no improvement, enhancement of knowledge and competency skills for staff as recommended by CMS. There will be a lack of professional healthcare development and training for capacity building and workforce development for LBJTMC's workforce.

Legal Services Consultation

LBJTMC ARPA projects management seeks to have legal consultation for navigating the intricacy of the ARPA Covid-19 funds, especially for risk management and compliance for the hospital projects (expansion, new hospital and staffing). LBJ needs a legal consultant to draft and review contracts for ARPA funded projects, advise on procurement issues for these projects, assist in drafting and reviewing compliance reports, and assist in drafting policies and update

regulations to address the needs created by the ARPA funded projects and expanded facilities and staffing as well as any relevant legal issues related to Covid-19 to ensure effective LBJ-TMC operations during this difficult time with the pandemic.

Timeline – The numbers assume a 2022 staffing plan start date of one month after approval of proposal.

SUSTAINABILITY

- Providing necessary services to Medicaid, Medicare and private beneficiaries coming out of the pandemic at American Samoa Medical Center Authority (ASMCA).
- The increased recruitment and retention for needed staffing (specialized inclusive) will expand and improve access to acute healthcare for the community resulting in reduced use of inpatient care, readmissions, and potential for decrease of medical costs.
- The ARPA funding and investment into the hospital workforce via recruitment, retention and retraining activities will provide necessary services to Medicaid beneficiaries coming out of the pandemic in the hospital (LBJTMC) settings and now avoids higher hospital costs.
- The ARPA funding may support the hospital in developing better emergency preparedness and response plans.
- The funding would be on-going for four years.

COMMUNITY ENGAGEMENT / STAKEHOLDERS ENGAGEMENT

As one of the sub-recipients of the American Samoa ARPA funding, it is vital that all stakeholders and community members are included in the decision-making process. Community input will be a consideration as it relates to work and activities from the allocated ARPA funds. LBJTMC has taken consideration of different strategies to effectively enable an equitable and comprehensive Community Engagement process for the funding for LBJTMC. Community awareness, community input, and community access are important factors for the community engagement.

COMMUNITY ENGAGEMENT PLAN and TIMELINE

Considering our barriers, challenges, opportunities and goals, LBJTMC proposes the following stakeholder engagement plan and timeline. (This is subject to change)

	STAKEHOLDER	TYPE OF ENGAGEMENT	PURPOSE	TIMEFRAME
Past	ASG/Private Sector	Virtual & In Person Meeting	General Meeting with Stakeholders (Initial Meeting)	7 October 2021

Past	ASG/Private Sector	In-Person Meeting	General Meeting with Stakeholders	22 October 2021
Past	ASG/Private Sector	In-Person	General	28 October 2021
Past	ASG/Private Sector	In-Person	Informational Governor's Presentation	3 November 2021
Past	ASG/Private Sector	In-Person		
Past	Sub-Committee (Medical)	In-Person	Medical – Lead Meeting	18 November 2021
Past	ASG/Private Sector, Community at Large	In-Person	P	13 December 2021
Past	ASG/Private Sector, Community at Large	In-Person	Questionnaire at the Public Hearing	13 December 2021
Future	ASG/Private Sector, Community at Large	Virtual	Notice of Proposed RFO for AE Project online, local newspapers, television and/or radio broadcasts	21 April 2022
Future	ASG/Private Sector, Community at Large	Virtual/Media	RFP Deadline	23 May 2022
Future	ASG/Private Sector Community at Large	Virtual	Public Hearing for AE	23 June 2022
Future	ASG/Private Sector, Community at Large	Virtual/Media	Public Q&A on Project Progress	23 Sept 2022
Future	ASG/Private Sector, Community at Large	Virtual Media	Public Q&A on Project Progress	23 Dec 2022
Future	ASG/Private Sector, Community at Large	Virtual/Media	Public Q&A on Project Progress	23 March 2023

Below is a list of detailed activities for Notice and comment timeline for LBJTMC sub-recipient of ARPA funds for the Faga'alu and Tafuna site projects:

- A Notice of Proposed Project will be published online, in local newspapers, and via television or radio broadcasts. The Notice will specify there will be thirty (30) days for the public to provide comment either in writing or by attendance at schedule public hearings conducted on 13 Dec 2021
- Concurrent to the publication of the Notice, a draft proposal and scope of work will be published on the ARPA website for the public to review
- At the close of the public comment period, LBJTMC will have 20 days to revise the project as appropriate and submit the Final Draft to the ARPA Oversight Office

- The Final Draft of the Project will be posted for public review after completion and certified by the ARPA Oversight Office

Below is a list of other Community Engagement strategies LBJTMC has identified:

- Set up a public website for accountability, informational, and transparency of LBJTMC sub-recipient ARPA funding
 - Website shall conduct input surveys for residents of American Samoa to submit their ideas on the use of the funding for the hospital
- Utilize evidenced-based community engagement assessment tools (for staff engagement, board engagement, institutional support, community awareness, community voice in hospital)
- Create an email account for the community and stakeholders to send in their suggestions and ideas about the new hospital. (This strategy was utilized before and after the Community Engagement and Stakeholders meeting held at the Lee Auditorium on December 13, 2021)
- Collaboration through information exchanges, sharing resources, for mutual benefit and common purpose
- Networking with different partners, community leaders, NGO, and stakeholders

Below is the list of members of each Stakeholders Subcommittee:

DESIGN & CONSTRUCTION
LBJTMC (Lead)
Governor’s Office (Chief of Staff)
Department of Health Reps
ASPA
Public Works
ASTCA
FONO
DOC
ODAPM
EPA

MEDICAL
LBJTMC (Lead)
Department of Health
DHSS
VA
Medicaid
Cancer Coalition
EPA

Other ASG agencies/departments
Healthcare professionals
ARPA Oversight Office

FINANCE
Treasury/Budget (Lead)
ODAPM
FONO (Senate/House of Rep)
LBJTMC
DOC
Medicaid

PUBLIC ENGAGEMENT
Office of Samoa Affairs (Lead)
KVZK TV
FONO
ASTCA
NGO
Public Safety

PLANNED IMPROVEMENTS

The Covid-19 pandemic has drastically driven the reconfiguration of hospital services and medical workforce needs for American Samoa. The proposed projects at LBJTMC will address the pressing necessity for the existing hospital to provide adequate staffing (specialized inclusive) based on services provided, space and support systems for a healthier and safer working environment that allows staff to provide patient safe, quality care and medical treatment for all visiting patients and patron as a response to the public health emergency for Covid-19.

In addition to improvements at LBJTMC, the American Samoan Government is seeking to construct a new 40-bed hospital on the west side of the island to accommodate increasing inpatient and outpatient visits, address population growth and bring healthcare services closer to the highest population density in the Territory. This new 40-bed hospital will require immediate recruitment and retention efforts to staff the 2-site facilities for LBJTMC.

Planned improvements at both sites will be in line with current CMS, VA, JCAHO and CDC requirements and recommendations and address:

- Respond to the emergency state in the territory with Covid-19 transmission in the community
- Respond to the increase positive cases and deaths related to the pandemic

- Respond to the increase demand in medical services due to pandemic spread
- Respond to providing adequate number of medical personnel and staff to accommodate for urgent needs as a result of the pandemic
- Respond to improving and expanding workforce capacity at LBJ hospital to properly address the needs of the impacted population as result of Covid-19
- Respond in providing reasonably proportional response to the urgent need in the territory due to Covid-19
- Respond to the COVID-19 public health emergency or its negative economic impacts
- Improve healthcare access and services
- Increase of staffing to provide services to the 2-site facilities for LBJTMC (specialized inclusive)
- Increase manageable and safe workloads for all staff (physicians, nurses, ancillary/clinical and support staff)
- Strategies for limiting COVID-19 transmissions
- Successful retention efforts for staff to provide continued services for both facilities
- Retraining and just-in-time training is necessary for staff and patient safety and efficient hospital operations.

ELIGIBILITY ANALYSIS FOR STAFFING PLAN

INTRODUCTION

This memo analyzes whether the American Rescue Plan Act (“ARPA”) funds received from the Federal Government can be used for recruitment and retention efforts for medical personnel to support American Samoa’s only existing hospital and the proposed new facility. The analysis below shows that this project does qualify as an eligible use under ARPA.

ELIGIBILITY ANALYSIS

The US Department of Treasury has released guidance on eligible uses of funds in their Interim Final Rule (“IFR”). The IFR includes not only a non-exhaustive list of eligible uses, but also an analytical framework for projects and expenditures that are not specifically mentioned. The IFR indicates that eligible uses include “support for vulnerable populations to access medical or public health services; enhancement to health care capacity...(and) other public health responses.” 31 CFR 35 (accessed via PDF P. 18-19). In addition, premium pay for frontline workers is explicitly authorized in the ARPA. 42 U.S.C. 602(c)(1)(B).

LBJ's proposal for recruitment and retention likely fits into the above enumerated uses, however, an analysis using the framework set forth in the IFR will be completed below out of an abundance of caution. The issue of premium pay will also be analyzed as the limitations spelled out in the IFR and Final Rule must be applied to the proposal.

PUBLIC HEALTH ANALYSIS

The IFR states the public health use framework for determinations as follows:

“Accordingly, to assess whether a program or service is included in this category of eligible uses, a recipient should consider whether and how the use would respond to the COVID- 19 public health emergency. Assessing whether a program or service “responds to” the COVID-19 public health emergency requires the recipient to, first, identify a need or negative impact of the COVID-19 public health emergency and, second, identify how the program, service, or other intervention addresses the identified need or impact. While the COVID-19 public health emergency affected many aspects of American life, eligible uses under this category must be in response to the disease itself or the harmful consequences of the economic disruptions resulting from or exacerbated by the COVID-19 public health emergency.” 31 CFR 35 (accessed via PDF, Page 10).

In order to determine whether a program “responds to” the COVID-19 public health emergency, a need or negative impact must be identified and how the program addresses that need must be identified. Both parts are necessary and will be analyzed below.

(1) IDENTIFIED NEED

The COVID-19 pandemic not only highlighted the shortcomings in terms of healthcare infrastructure, but also the healthcare workforce in American Samoa. LBJ Tropical Medical Center is the only hospital serving roughly 50,000 residents. According to figures provided by LBJ, the hospital is understaffed for the number of residents it serves as specified in CMS requirements.

Currently, there are far less physicians and nurses employed than there should be. Recruitment efforts are typically impacted by the remote location and lower salary offers base on what ASG can afford. The pandemic, though, has worsened this trend as healthcare workers have been in demand across the United States and American Samoa was forced to close its borders to prevent the spread of COVID-19. The people of American Samoa have a higher incidence of non-communicable diseases that make them vulnerable to the effects of COVID-19. Without a properly staffed hospital, it leaves the population at significant risk of severe disease and death should COVID-19 reach American Samoa.

For those reasons, recruiting additional doctors, nurses, and technicians is critical to the ability to combat COVID-19 in the Territory. Retention efforts are also key in ensuring that staff turnover is kept to a minimum during these uncertain times.

(2) *IDENTIFY HOW PROGRAM ADDRESSES THE NEED*

LBJ's proposal for recruitment, retention, and training of employees will directly address the above need by providing an increase in quality healthcare services for the people of American Samoa. Recruitment will help LBJ reach CMS standards for the number of staff relative to the population. LBJ is the only hospital on island and, aside from limited services at the Department of Health and the Veteran's Affairs Clinic, is responsible for the vast majority of care on island. Adding licensed professionals to the existing staff will alleviate existing pressures and improve the level of care to protect the large vulnerable population in the islands.

Retention efforts, spearheaded by premium pay for existing staff is generally allowable as eligible. However, the issues regarding the limitations on the premium pay program will be discussed below.

The training efforts are likely to be eligible as a part of the general "public health response" allowed in the IFR and Final Rule. Investing into workforce training, particularly as the pandemic brings on new challenges for the healthcare industry would respond to the above identified need, namely the need for more quality service providers, by improving the skills of the existing staff. Better prepared staff will in turn provide better services and enable them to combat COVID-19 and related issues.

OTHER ELIGIBILITY RELATED ISSUES

(1) *REASONABLENESS OF COSTS*

ARPA expenditures are generally governed by the Uniform Guidance set forth in 2 CFR 200 et seq. One of the key provisions applicable to this type of program, particularly the recruitment portion, is the requirement that the costs be reasonable. The following standard is set forth in the Uniform Guidance to assist recipients in determining reasonableness of costs:

"A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost." 2 CFR 200.404.¹

¹ 2 CFR 200.404 "Reasonable Costs": A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. The question of reasonableness is particularly important when the non-Federal entity is predominantly federally-funded. In determining reasonableness of a given cost, consideration must be given to:

- (a) Whether the cost is of a type generally recognized as ordinary and necessary for the operation of the non-Federal entity or the proper and efficient performance of the Federal award.
- (b) The restraints or requirements imposed by such factors as: sound business practices; arm's-length bargaining; Federal, state, local, tribal, and other laws and regulations; and terms and conditions of the Federal award.
- (c) Market prices for comparable goods or services for the geographic area.

In making the determination of reasonableness, LBJ will have to provide data to support their proposed compensation packages for new healthcare hires. In addition, there are specific restrictions on use for recruiting costs contained in the Uniform Guidance. Of particular note is that recruitment costs are subject to the following:

“Special emoluments, fringe benefits, and salary allowances incurred to attract professional personnel that do not meet the test of reasonableness or do not conform with the established practices of the non-Federal entity, are unallowable.” 2 CFR 200.463(b).

This part reiterates the need for data-based justification for the proposal requests and the program will need to conform to these requirements. If costs fail the reasonableness test they are unallowable and therefore ineligible under ARPA standards.

Costs like travel for recruiting, relocation costs, etc., however, are allowable if they are a part of the standard recruitment program. To the extent those costs are factored into the budget, they need to be separated to make a proper evaluation of reasonableness/eligibility.

(2) PREMIUM PAY ISSUES

The Final Rule largely reiterates what was set forth in the IFR re premium pay. However, it is important to identify the outer limits of the program to ensure LBJ’s proposal will be eligible. Premium pay is covered in 31 CFR 35.6(c), which allows pay to eligible workers performing essential work. Healthcare workers responding to the pandemic qualify for premium pay.

The first issue, is that the premium pay is to be offered to employees whose work is directly tied to pandemic related issues. This would generally apply to all the workers at the hospital since their efforts have been directed at taking care of the vulnerable population and implementing COVID-19 mitigation efforts.

Premium pay will be found to respond to eligible workers performing essential work according to the following set out in the Final Rule:

“(1) The eligible worker’s total wages and remuneration, including the premium pay, is less than or equal to 150 percent of the greater of such eligible worker’s residing State’s or county’s average annual wage for all occupations as defined by the Bureau of Labor Statistics’ Occupational Employment and Wage Statistics;

(d) Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to the non-Federal entity, its employees, where applicable its students or membership, the public at large, and the Federal Government.

(e) Whether the non-Federal entity significantly deviates from its established practices and policies regarding the incurrence of costs, which may unjustifiably increase the Federal award's cost.

(2) The eligible worker is not exempt from the Fair Labor Standards Act overtime provisions (29 U.S.C. 207); or

(3) The recipient has submitted to the Secretary a written justification that explains how providing premium pay to the eligible worker is responsive to the eligible worker performing essential work during the COVID-19 public health emergency (such as a description of the eligible workers' duties, health, or financial risks faced due to COVID-19, and why the recipient determined that the premium pay was responsive despite the worker's higher income)." 31 CFR 35.6(c).

The 150% cap stated above is not a bar for providing premium pay, but if it does indeed go over that 150% average annual wage it will require the justification set forth in paragraph (3). LBJ's program must, therefore, determine who is eligible for receiving premium pay and provide detailed justification if the premium pay puts an employee over that 150% threshold.

Unfortunately, American Samoa is not included in the Final Rule's referenced Occupational Employment and Wage Statistics. The best statistical reference for American Samoa is the Statistical Yearbook, which would place the 150% threshold at \$51,380. This lower amount would likely require most doctors and nurses to have extra justification for premium pay.

In addition to the above limitations, the ARPA caps premium pay at \$13/hour and no more than \$25,000 to any employee. Each employee's premium pay compensation will have to take that into account. Exceeding these figures will violate the standards set forth in the ARPA and likely lead to recoupment.

The last issue is that premium pay should be focused on those wage earners at the lower end of the spectrum. The intent behind premium pay was to offer assistance to those who have risked their lives to provide essential services during the pandemic, particularly if those workers earn less. Those employee's sacrifices are not usually rewarded and this provision is intended to correct that to some extent.

LBJ's proposal for premium pay needs to focus on those frontline healthcare workers who are at the lower end of the wage scale, cap pay at \$13/hour with no more than \$25,000 paid to any individual, and provide justification in the event that doctors, nurses, and technicians go above the 150% threshold. As long as the proposal abides by these terms, the program is an eligible use.

CONCLUSION

Based on the guidance under the Interim Final Rule and the analysis for eligible uses, the Workforce Expansion Program appears to be an eligible use of funds.

SCOPE OF WORK - ENHANCE HEALTHCARE WORKFORCE CAPACITY

Staffing Plan for Recruitment, Retention and Retraining for LBJTMC Healthcare System

The scope of work for this staffing proposal is tri-fold. First, it will be comprised of recruitment of needed healthcare professionals to combat the Covid-19 pandemic, public health disasters and provide access to healthcare for the community. Second, there is a need to retain the current workforce by offering premium pay for the frontline healthcare workers. Third, and last, this funding will be used to provide training for providers, and all employees to decrease the spread of the SARS-CoV-2 virus. This will help bring the pandemic under control.

A robust workforce is essential for the success of the healthcare system. This proposal strives to provide immediate relief to address the personnel/staffing shortages arising from the COVID-19 public health emergency and pandemic by increasing hospital personnel staff for both LBJ Tropical Medical Center hospital sites (Faga'alu and Tafuna), and expanding programs to support the recruitment of U.S. medical licensed providers and U.S. licensed ancillary/clinical and support staff, and the retention of current workforce, as well as re-training of the workforce that provides COVID-19 related services and acute healthcare services. In numerous studies and systemic reviews, it has been concluded that better hospital staffing is associated with few patient complications, lower mortality rates, favorable patient outcomes, and shorter days for admitted patients and fewer readmissions.

This ARPA funding will be used for recruitment of U.S. licensed providers, ancillary/clinical support staff, and the retention and retraining of current U.S. licensed health care and essential support staff for the acute care facilities at Lyndon Baines Johnson (LBJ) Tropical Medical Center (TMC) This is a critical step to ensure that LBJ Tropical Medical Center will have the necessary staff to continue essential healthcare work. Staffing is needed to have a safe amount of front line workers to provide treatment and safe; quality care for all who access the LBJTMC facilities is not optional.

Point of Contact – Akenese E. Nikolao, EdD, MSOM, Director of Human Resources

Location – LBJ Tropical Medical Center (Faga'alu and Tafuna Sites)

Key Objectives

- Support urgent COVID-19 public health emergency response efforts through recruitment, retention and retraining of providers and staff to continue to decrease the spread of the SARS-CoV-2 virus and bring the pandemic under control
- Maintaining appropriate staffing in both LBJTMC sites (Faga'alu and Tafuna) to provide a safe work environment for the hospital, employees and safe, quality patient care
- Recruitment and Retention of Specialized Providers who respond and perform essential work during the Covid-19 public health emergency

- Offer mitigation strategies and a continuum of options for addressing the severe staffing shortages
- Recruitment and Retention of Nurses (specialized inclusive)
- Recruitment and Retention of Ancillary / Clinical / Support Service staff
- Support employees to provide clinical supervision
- Support employees to avoid burn out and understaffed conditions
- Expand access to healthcare from a well-trained, highly-skilled workforce
- Enhance, expand, and strengthen the workforce capacity of LBJTMC (both sites)
- Support compliance of the Conditions of Participation with the Center of Medicare and Medicaid Services (CMS) for LBJ Tropical Medical Center
- Expand eligibility and increase access to care for all Medicaid/Medicare beneficiaries in American Samoa
- Provide Telehealth capability for remote patient monitoring (during Covid-19 surge) – based on previous and multiple telehealth projects and activities, LBJTMC has had successful collaboration with the University of Hawaii Telecommunications and Social Informatics (UH TASI) Research Program in establishing telehealth programs. LBJTMC will seek recommendations or requests to engage in a partnership for this project with LBJTMC’s capability in offering telehealth services during the Covid-19 pandemic and public health emergency.
- Support services and retraining that address the healthcare needs intensified by the pandemic
- Reduce the overall impact of the Covid-19 public health emergency/disaster on employees, patients/residents, partners and stakeholders
- Provide necessary services to Medicaid, Medicare and private beneficiaries coming out of the pandemic at the LBJTMC/ASMCA.
- Assist with avoiding higher long term costs and allow for sustainable services to be offered at LBJ Tropical Medical Center
- Utilize appropriate metrics to measure meaningful outcomes and objectives of the proposal

The following table is a breakdown of four (4) main areas for recruitment. (Items are listed in no chronological or priority order)

MEDICAL STAFF	PATIENT CARE – NURSING STAFF	ANCILLARY & CLINICAL SUPPORT STAFF	HOSPITAL SUPPORT STAFF
<ul style="list-style-type: none"> • Physicians (ER) • Physician (Internal Medicine , GP, FP) • Physician (ICU) 	<ul style="list-style-type: none"> • Registered Nurse (ER) • Registered Nurse (Medical/Surgical) 	<ul style="list-style-type: none"> • Pharmacists • Pharmacy Technicians • Respiratory Therapist/Technician • Diabetes Educator 	<ul style="list-style-type: none"> • BioMedical Engineer (Dialysis) • Paramedic Trainer/Consultant

<ul style="list-style-type: none"> • Physician (ICU – Covid-19) • Infection Disease Physician/provider • Nurse Practitioner • Physician Assistant • Nephrologist / Dialysis Physician • Radiologist (Intervention) • Pathologist • Pulmonologist • Intensivist • Psychiatrist • Anesthesiologist • Nurse Anesthetist (CRNA) • General Surgeon • Orthopedic • Ophthalmologist • Otolaryngologist • Cardiologist • Oncologist • Urologist • Pediatrician • Locum Tenens – all specialties 	<ul style="list-style-type: none"> • Registered Nurse (Covid-19 Travel Nurse) • Registered Nurse (ICU) • Licensed Practical Nurse • Nurse Technicians • Medical Assistants • Registered Nurse (General) • Registered Nurse (Nephrology – Dialysis) • Nurse Technician • Medical Assistants • Orderlies • Certified Nurse Assistants • Registered Nurse (Wound Care) 	<ul style="list-style-type: none"> • Emergency Medical Technician/Paramedic • Medical Laboratory Technologists (MLT) • Medical Lab Technicians • Registered Dietitians/Nutritionists • Surgical Technicians • Wound Care Technicians • Certified Clinical Hemodialysis Technicians • Phlebotomist • Radiologic Technologists • Certified Hyperbaric Technicians • Rehabilitation Therapist / DPT / Physical Therapist • Clinical Medical Social Worker 	<ul style="list-style-type: none"> • Hospital Engineer (Staff Engineer) • Data Collector • Project Coordinator • Data Analyst • Health Information Technology Tech • Health Medical Information Technician • Medical Coding • Medical Billing • Medical Transcribers • Health Information Technology to provide telehealth consultant capability
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NEGATIVE IMPACT

The hospital needs to be resourceful and proactive in keeping the integrity of safe staffing accountability for the hospital and patients especially during this time of the Covid-19 pandemic. Providing quality, safe patient care training will resort to practices and standard operating procedures that is favor to the requirements of CMS guidelines and Conditions of Participation. This ASG ARPA funded program will help recruit, retain and train all staff to make sure there are competent and adequate personnel in at LBJTMC.

The most important aspects of impact should this LBJTMC ARPA project not commence are: first; incompetency of the hospital to provide personnel and staff for specialized field and services during the pandemic; second, no improvement in cost-efficiency for both the hospital and patient due to weak retention of staff; third, no improvement and enhancement and the knowledge and competency skills for staff as recommended by CMS. There will be a lack of professional healthcare development and training for capacity building and workforce development for LBJTMC’s workforce.

PROJECT EVALUATION

- Physicians, providers, patient care staff, ancillary and clinical support staff recruited, retained and trained for this project will be offered evaluation twice a year for their performance with the Covid-19 response project
- Participant hires will be offered to fill out an evaluation/survey regarding the project and their experience annually
- Evaluation/survey will measure participant’s progress and satisfaction with the project
- The project team will review evaluations throughout the year for positive development for project activities

Budget Summary Cost Estimate

Approximately \$50,000,000.00

Performance Year	Cost Estimate Summary
Year 1	\$15,925,558.00
Year 2	\$14,754,340.00
Year 3	\$14,754,340.00
Year 4	\$4,565,762.00
	\$ 50,000,000.00

*Detailed Cost Estimate Year 1**\$15,925,558.00*

PERONNEL POSITION	FTE	ESTIMATE SALARY COST/year/FTE	ESTIMATE COST YEAR 1
Allergy & Immunologist	1	\$	\$
Anesthesiologist	1	\$	\$
Biomedical Engineer	2	\$	\$
Cardiologist (Interventionist)	1	\$	\$
Clinical Medical Social Worker	1	\$	\$
CRNA Certified Registered Nurse Anesthetist	1	\$	\$
Dermatologist	1	\$	\$
Emergency Medical Tech / Paramedic	1	\$	\$
Endocrinologist	1	\$	\$
Emergency Medicine Physician	1	\$	\$
Family Medicine / General Practitioner	1	\$	\$
Gastroenterologist	1	\$	\$
General Surgeon	1	\$	\$
Infectious Disease Physician	1	\$	\$
Internal Medicine Physician	2	\$	\$
Medical Equipment Preparer	2	\$	\$
Medical Technologist	2	\$	\$
Nephrologist	1	\$	\$
Nurse Practitioner	2	\$	\$
OB/Gyn	1	\$	\$
Oncologist	1	\$	\$
Ophthalmologist	1	\$	\$
Oral & Maxillofacial Surgeon	1	\$	\$
Orthopedic Surgeon	1	\$	\$
Otolaryngologist	1	\$	\$
Pathologist	1	\$	\$
Pediatrician	1	\$	\$
Pharmacist	2	\$	\$
Physical Therapist	1	\$	\$
Physician Assistant	1	\$	\$
Podiatrist	1	\$	\$
Psychiatrist	1	\$	\$
Pulmonologist	1	\$	\$
Radiologic Technologist	1	\$	\$
Radiologist	1	\$	\$
Registered Dietitian/Nutritionist	2	\$	\$

Registered Nurse (Dialysis)	2	\$	\$
Registered Nurse (Discharging Planning)	2	\$	\$
Registered Nurse (ER)	2	\$	\$
Registered Nurse (ICU)	3	\$	\$
Registered Nurse (Labor & Delivery)	2	\$	\$
Registered Nurse (Maternity Ward)	2	\$	\$
Registered Nurse (Med/Surge)	2	\$	\$
Registered Nurse (OB/Gyn Clinic)	2	\$	\$
Registered Nurse (OR)	2	\$	\$
Registered Nurse (Pediatric Unit)	2	\$	\$
Registered Nurse (Wound Care)	2	\$	\$
Registered Travel Nurse	2	\$	\$
Respiratory Therapist	2	\$	\$
Surgical Technician	2	\$	\$
Urologist	1	\$	\$
Wound Care Technicians	1	\$	\$
SUB-TOTAL (SPECIALIZED RECRUITS)	74		\$ 11,304,133.00
Contingency			\$ 565,207.00
SUBTOTAL - PERSONNEL + Contingency			\$ 11,869,340.00
LBJTMC ARPA STAFF			
Project Coordinator (2 Projects)	2	\$	\$
Administrative Assistant	1	\$	\$
Project Assistants	2	\$	\$
Data Collector	2	\$	\$
Data Analyst	2	\$	\$
Sub-Total (Local LBJ ARPA)			\$ 330,000.00
TRAVEL			
U.S. Continental to PPG (airfare for each new recruit plus 3 dependents)	296	\$	\$
Lodging \$139/day +Meals + Incidental = \$225 x 5 days = \$1,125/ new recruit	74	\$	\$
Dependent Lodging is \$139/day + meals + Incident = \$225 x 5 days = \$1,125/new recruit * 75% (for each dependent) = \$844.00 per dependent. Each recruit * 3 dependents = \$2,532.00	74	\$	\$
SUB-TOTAL TRAVEL			\$ 1,158,618.00

HOUSING			
\$800 x 12 months (for each new recruit)	74	\$ 9,600.00	\$710,400.00
SUB-TOTAL HOUSING (Year 1)			\$710,400.00
SUPPLIES FOR ARPA STAFF			
General office supplies at \$900/month x 12 months (Yr 1) for 9 project staff	9	\$ 900.00	\$ 8,100.00
Computer supplies for project staff x \$1400	9	\$1,400	\$ 12,600.00
SUB-TOTAL SUPPLIES (ARPA STAFF YEAR 1)			\$ 20,700.00
OTHER COVID-19 PUBLIC HEALTH EXPENSES: Costs to be charged shall be eligible and allowable in the final rule.			\$1,232,500.00
SUB-TOTAL OTHER COVID-19 PUBLIC HEALTH EXPENSES			\$ 1,232,500.00
DESCRIPTION FOR YEAR 1			
Telehealth Consultation / Telehealth capability for Covid-19 Response. These costs will not be a double charge to any federal award.			\$
Legal Services - consultation for reviewing contracts for Tafuna/Faga'alu ARPA projects, draft and review compliance reports, draft policies and update regulations to address needs created by ARPA funded projects and expanded facilities and staffing, advise on procurement issues for these ARPA projects and any necessary legal issue as needed by LBJ-TMC in connection to Covid-19 pandemic			\$

HR for Health Consultation for Hospital HR Department – Expertise, Consultant and Training to help LBJ navigate the changing landscape. Ensuring that HR is up to date on all systems has never been more important, particularly as a significant part of the project involves a rapid expansion of personnel and services that are necessary to mitigate the impacts of COVID-19 pandemic				\$
SUB-TOTAL CONTRACTUAL (Year 1)				\$450,000.00
CONSTRUCTION N/A	NA			
OTHER COST				
Description				
Printing Costs				\$ 3,000.00
Software fees				\$ 4,000.00
Media Advertising for recruitment etc				\$ 6,000.00
Incentives for Recruitment x 100 candidates (\$50/candidate)	100	\$ 50.00		\$ 5,000.00
Internet Fees				\$ 2,000.00
Zoom HIPAA / Cybersecurity Site Subscription				\$ 9,000.00
SUB-TOTAL OTHER COST (Year 1)				\$ 29,000.00
TRAINING (Year 1) for all employees for Covid-19 response (900+ employees) and for health and safety standards in hospital settings related to Covid-19 pandemic. These costs will not be a double charge of the same costs from the HR Healthcare Consultant				\$125,000.00
SUB-TOTAL TRAINING Year 1				\$125,000.00
TOTAL OF DIRECT CHARGES FOR YEAR 1				\$15,925,558.00

*Detailed Cost Estimate Year 2**\$14,754,340.00*

PERONNEL POSITION	FTE	ESTIMATE SALARY COST/year/FTE	ESTIMATE COST YEAR 2
Allergy & Immunologist	1	\$	\$
Anesthesiologist	1	\$	\$
Biomedical Engineer	2	\$	\$
Cardiologist (Interventionist)	1	\$	\$
Clinical Medical Social Worker	1	\$	\$
CRNA Certified Registered Nurse Anesthetist	1	\$	\$
Dermatologist	1	\$	\$
Emergency Medical Tech / Paramedic	1	\$	\$
Endocrinologist	1	\$	\$
Emergency Medicine Physician	1	\$	\$
Family Medicine / General Practitioner	1	\$	\$
Gastroenterologist	1	\$	\$
General Surgeon	1	\$	\$
Infectious Disease Physician	1	\$	\$
Internal Medicine Physician	2	\$	\$
Medical Equipment Preparer	2	\$	\$
Medical Technologist	2	\$	\$
Nephrologist	1	\$	\$
Nurse Practitioner	2	\$	\$
OB/Gyn	1	\$	\$
Oncologist	1	\$	\$
Ophthalmologist	1	\$	\$
Oral & Maxillofacial Surgeon	1	\$	\$
Orthopedic Surgeon	1	\$	\$
Otolaryngologist	1	\$	\$
Pathologist	1	\$	\$
Pediatrician	1	\$	\$
Pharmacist	2	\$	\$
Physical Therapist	1	\$	\$
Physician Assistant	1	\$	\$
Podiatrist	1	\$	\$
Psychiatrist	1	\$	\$
Pulmonologist	1	\$	\$
Radiologic Technologist	1	\$	\$
Radiologist	1	\$	\$
Registered Dietitian/Nutritionist	2	\$	\$

Registered Nurse (Dialysis)	2	\$	\$
Registered Nurse (Discharging Planning)	2	\$	\$
Registered Nurse (ER)	2	\$	\$
Registered Nurse (ICU)	3	\$	\$
Registered Nurse (Labor & Delivery)	2	\$	\$
Registered Nurse (Maternity Ward)	2	\$	\$
Registered Nurse (Med/Surge)	2	\$	\$
Registered Nurse (OB/Gyn Clinic)	2	\$	\$
Registered Nurse (OR)	2	\$	\$
Registered Nurse (Pediatric Unit)	2	\$	\$
Registered Nurse (Wound Care)	2	\$	\$
Registered Travel Nurse	2	\$	\$
Respiratory Therapist	2	\$	\$
Surgical Technician	2	\$	\$
Urologist	1	\$	\$
Wound Care Technicians	1	\$	\$
		\$	
SUB-TOTAL (SPECIALIZED RECRUITS)	74	9,319,973.00	\$11,304,133.00
Contingency			\$ 565,207.00
SUBTOTAL - PERSONNEL + Contingency			\$11,869,340.00
LBJTMC ARPA STAFF			
Project Coordinator (2 Projects)	2	\$	\$
Administrative Assistant	1	\$	\$
Project Assistants	2	\$	\$
Data Collector	2	\$	\$
Data Analyst	2	\$	\$
			\$
Sub-Total (Local LBJ ARPA)	9		330,000.00
TRAVEL			
U.S. Continental to PPG (airfare for each new recruit plus 3 dependents)	0	\$ 0	\$ 0
Lodging \$139/day +Meals + Incidental = \$225 x 5 days = \$1,125/ new recruit	0	\$ 0	\$0
Dependent Lodging is \$139/day + meals + Incident = \$225 x 5 days = \$1,125/new recruit * 75% (for each dependent) = \$844.00 per dependent. Each recruit * 3 dependents = \$2,532.00	0	\$0	\$ 0
SUB-TOTAL TRAVEL			\$ 0

HOUSING			
\$800 x 12 months (for each new recruit from Year 1)	74	\$ 9,600.00	\$ 710,400.00
SUB-TOTAL HOUSING (Year 2)			\$710,400.00
SUPPLIES FOR ARPA STAFF			
General office supplies at \$900/month x 12 months (Yr 2) for 9 project staff	9	\$ 900.00	\$ 8,100.00
Computer supplies for project staff x \$1400	0	0	\$ 0
SUB-TOTAL SUPPLIES (ARPA STAFF YEAR 2)			\$ 8,100.00
OTHER COVID-19 PUBLIC HEALTH EXPENSES			\$1,232,500.00
All costs to be charged shall be eligible and allowable in the final rule			
OTHER COVID-19 PUBLIC HEALTH EXPENSES			\$ 1,232,500.00
DESCRIPTION FOR YEAR 2			
Telehealth Consultation / Telehealth capability for Covid-19 Response. These costs will not be a double charge to any federal award.			\$
Legal Services - consultation for Tafuna/Faga'alu ARPA projects , draft and review compliance reports, draft policies and update regulations to address needs created by ARPA funded projects and expanded facilities and staffing, advise on procurement issues for these ARPA projects and any necessary legal issue as needed by LBJ-TMC in connection to Covid-19 pandemic			\$

HR for Health Consultation for Hospital HR Department – Expertise, Consultant and Training to help LBJ navigate the changing landscape. Ensuring that HR is up to date on all systems has never been more important, particularly as a significant part of the project involves a rapid expansion of personnel and services that are necessary to mitigate the impacts of COVID-19 pandemic			\$
SUB-TOTAL CONTRACTUAL (Year 2)			\$450,000.00
CONSTRUCTION N/A	NA		
OTHER COST			
Description			
Printing Costs			\$ 3,000.00
Software fees			\$ 4,000.00
Media Advertising for recruitment etc			\$ 6,000.00
Incentives for Recruitment x 100 candidates (\$50/candidate)	100	\$ 50.00	\$ 5,000.00
Internet Fees			\$ 2,000.00
Zoom HIPAA / Cybersecurity Site Subscription			\$ 9,000.00
SUB-TOTAL OTHER COST (Year 2)			\$ 29,000.00
TRAINING (Year 1) for all employees for Covid-19 response (900+ employees) and for health and safety standards in hospital settings related to Covid-19 pandemic. These costs will not be a double charge of the same costs from the HR Healthcare Consultant			\$125,000.00
SUB-TOTAL TRAINING Year 2			\$125,000.00
TOTAL OF DIRECT CHARGES FOR YEAR 2			\$14,754,340.00

*Detailed Cost Estimate Year 3**\$14,754,340.00*

PERONNEL POSITION	FTE	ESTIMATE SALARY COST/year/FTE	ESTIMATE COST YEAR 3
Allergy & Immunologist	1	\$	\$
Anesthesiologist	1	\$	\$
Biomedical Engineer	2	\$	\$
Cardiologist (Interventionist)	1	\$	\$
Clinical Medical Social Worker	1	\$	\$
CRNA Certified Registered Nurse Anesthetist	1	\$	\$
Dermatologist	1	\$	\$
Emergency Medical Tech / Paramedic	1	\$	\$
Endocrinologist	1	\$	\$
Emergency Medicine Physician	1	\$	\$
Family Medicine / General Practitioner	1	\$	\$
Gastroenterologist	1	\$	\$
General Surgeon	1	\$	\$
Infectious Disease Physician	1	\$	\$
Internal Medicine Physician	2	\$	\$
Medical Equipment Preparer	2	\$	\$
Medical Technologist	2	\$	\$
Nephrologist	1	\$	\$
Nurse Practitioner	2	\$	\$
OB/Gyn	1	\$	\$
Oncologist	1	\$	\$
Ophthalmologist	1	\$	\$
Oral & Maxillofacial Surgeon	1	\$	\$
Orthopedic Surgeon	1	\$	\$
Otolaryngologist	1	\$	\$
Pathologist	1	\$	\$
Pediatrician	1	\$	\$
Pharmacist	2	\$	\$
Physical Therapist	1	\$	\$
Physician Assistant	1	\$	\$
Podiatrist	1	\$	\$
Psychiatrist	1	\$	\$
Pulmonologist	1	\$	\$
Radiologic Technologist	1	\$	\$
Radiologist	1	\$	\$
Registered Dietitian/Nutritionist	2	\$	\$

Registered Nurse (Dialysis)	2	\$	\$
Registered Nurse (Discharging Planning)	2	\$	\$
Registered Nurse (ER)	2	\$	\$
Registered Nurse (ICU)	3	\$	\$
Registered Nurse (Labor & Delivery)	2	\$	\$
Registered Nurse (Maternity Ward)	2	\$	\$
Registered Nurse (Med/Surge)	2	\$	\$
Registered Nurse (OB/Gyn Clinic)	2	\$	\$
Registered Nurse (OR)	2	\$	\$
Registered Nurse (Pediatric Unit)	2	\$	\$
Registered Nurse (Wound Care)	2	\$	\$
Registered Travel Nurse	2	\$	\$
Respiratory Therapist	2	\$	\$
Surgical Technician	2	\$	\$
Urologist	1	\$	\$
Wound Care Technicians	1	\$	\$
		\$	
SUB-TOTAL (SPECIALIZED RECRUITS)	74	9,319,973.00	\$ 11,304,133.00
Contingency %			\$
SUBTOTAL - PERSONNEL + Contingency			\$ 11,869,340.00
LBJTMC ARPA STAFF			
Project Coordinator (2 Projects)	2	\$	\$
Administrative Assistant	1	\$	\$
Project Assistants	2	\$	\$
Data Collector	2	\$	\$
Data Analyst	2	\$	\$
			\$
Sub-Total (Local LBJ ARPA)	9		330,000.00
TRAVEL			
U.S. Continental to PPG (airfare for each new recruit plus 3 dependents)	0	\$ 0	\$0
Lodging \$139/day +Meals + Incidental = \$225 x 5 days = \$1,125/ new recruit	0	\$ 0	\$0
Dependent Lodging is \$139/day + meals + Incident = \$225 x 5 days = \$1,125/new recruit * 75% (for each dependent) = \$844.00 per dependent. Each recruit * 3 dependents = \$2,532.00	0	\$ 0	\$0
SUB-TOTAL TRAVEL			\$ 0

HOUSING			
\$800 x 12 months (for each new recruit)	74	\$ 9,600.00	\$ 710,400.00
SUB-TOTAL HOUSING (Year 3)			\$710,400.00
SUPPLIES FOR ARPA STAFF			
General office supplies at \$900/month x 12 months (Yr 1) for 9 project staff	9	\$ 900.00	\$ 8,100.00
Computer supplies for project staff x \$1400	9	\$0	\$ 0
SUB-TOTAL SUPPLIES (ARPA STAFF YEAR 3)			\$8,100.00
OTHER COVID-19 PUBLIC HEALTH EXPENSES			
Costs to be charged shall be eligible and allowable in the final rule			\$1,232,500.00
SUB-TOTAL – OTHER COVID-19 PUBLIC HEALTH EXPENSES			\$ 1,232,500.00
DESCRIPTION FOR YEAR 3			
Telehealth Consultation / Telehealth capability for Covid-19 Response. These costs will not be a double charge to any federal award.			\$
Legal Services - consultation for Tafuna/Faga'alu ARPA projects , draft and review compliance reports, draft policies and update regulations to address needs created by ARPA funded projects and expanded facilities and staffing, advise on procurement issues for these ARPA projects and any necessary legal issue as needed by LBJ-TMC in connection to Covid-19 pandemic			\$

HR for Health Consultation for Hospital HR Department– Expertise, Consultant and Training to help LBJ navigate the changing landscape. Ensuring that HR is up to date on all systems has never been more important, particularly as a significant part of the project involves a rapid expansion of personnel and services that are necessary to mitigate the impacts of COVID-19 pandemic			\$
SUB-TOTAL CONTRACTUAL (Year 3)			\$450,000.00
CONSTRUCTION N/A	NA		
OTHER COST			
Description			
Printing Costs			\$ 3,000.00
Software fees			\$ 4,000.00
Media Advertising for recruitment etc			\$ 6,000.00
Incentives for Recruitment x 100 candidates (\$50/candidate)	100	\$ 50.00	\$ 5,000.00
Internet Fees			\$
Zoom HIPAA / Cybersecurity Site Subscription			\$
SUB-TOTAL OTHER COST (Year 3)			\$
TRAINING (Year 1) for all employees for Covid-19 response (900+ employees) and for health and safety standards in hospital settings related to Covid-19 pandemic. These costs will not be a double charge of the same costs from the HR Healthcare Consultant			\$125,000.00
SUB-TOTAL TRAINING Year 3			\$125,000.00
TOTAL OF DIRECT CHARGES FOR YEAR 3			\$14,754,340.00

*Detailed Cost Estimate Year 4**\$4,565,762.00*

PERONNEL POSITION		FTE	ESTIMATE SALARY COST/year/FTE	ESTIMATE COST YEAR 4
Allergy & Immunologist	NA	0	\$	\$ -
Anesthesiologist	NA	0	\$	\$ -
Biomedical Engineer	NA	0	\$	\$ -
Cardiologist (interventionist)	NA	0	\$	\$ -
Clinical Medical Social Worker	NA	0	\$	\$ -
CRNA Certified Registered Nurse Anesthetist	NA	0	\$	\$ -
Dermatologist	NA	0	\$	\$ -
Emergency Medical Tech / Paramedic	NA	0	\$	\$ -
Endocrinologist	NA	0	\$	\$ -
ER Physician	NA	0	\$	\$ -
Family Medicine / General Practitioner	NA	0	\$	\$ -
Gastroenterologist	NA	0	\$	\$ -
General Surgeon	NA	0	\$	\$ -
Infectious Disease Physician	NA	0	\$	\$ -
Internal Medicine Physician	NA	0	\$	\$ -
Medical Equipment Preparer	NA	0	\$	\$ -
Medical Technologist	NA	0	\$	\$ -
Nephrologist	NA	0	\$	\$ -
Nurse Practitioner	NA	0	\$	\$ -
OB/Gyn	NA	0	\$	\$ -
Oncologist	NA	0	\$	\$ -
Ophthalmologist	NA	0	\$	\$ -
Oral & Maxillofacial Surgeon	NA	0	\$	\$ -
Orthopedic Surgeon	NA	0	\$	\$ -
Otolaryngologist	NA	0	\$	\$ -
Pathologist	NA	0	\$	\$ -
Pediatrician	NA	0	\$	\$ -
Pharmacist	NA	0	\$	\$ -
Physical Therapist	NA	0	\$	\$ -
Physician Assistant	NA	0	\$	\$ -
Podiatrist	NA	0	\$	\$ -
Psychiatrist	NA	0	\$	\$ -

Pulmonologist	NA	0	\$	\$	-
Radiologic Technologist	NA	0	\$	\$	-
Radiologist	NA	0	\$	\$	-
Registered Dietitian/Nutritionist	NA	0	\$	\$	-
Registered Nurse (Dialysis)		2	\$	\$	
Registered Nurse (Discharging Planning)		1	\$	\$	
Registered Nurse (ER)		1	\$	\$	
Registered Nurse (ICU)		2	\$	\$	
Registered Nurse (Labor & Delivery)	NA	0	\$	\$	-
Registered Nurse (Maternity Ward)	NA	0	\$	\$	-
Registered Nurse (Med/Surge)	NA	1	\$	\$	
Registered Nurse (OB/Gyn Clinic)	NA	0	\$	\$	-
Registered Nurse (OR)	NA	0	\$	\$	-
Registered Nurse (Pediatric Unit)	NA	0	\$	\$	-
Registered Nurse (Wound Care)	NA	0	\$	\$	-
Registered Travel Nurse	NA	0	\$	\$	-
Respiratory Therapist	NA	0	\$	\$	-
Surgical Technician	NA	0	\$	\$	-
Urologist	NA	0	\$	\$	-
Wound Care Technicians	NA	0	\$	\$	-
SUB-TOTAL (SPECIALIZED RECRUITS)		0		\$	579,250.00 -
Contingency 5%				\$	-
SUBTOTAL - PERSONNEL + Contingency				\$	-
				\$	-
LBJTMC ARPA STAFF				\$	608,212.50
Project Coordinator (2 Projects)		2	\$	\$	
Administrative Assistant		1	\$	\$	
Project Assistants		2	\$	\$	
Data Collector		2	\$	\$	
Data Analyst		2	\$	\$	
Sub-Total (Local LBJ ARPA)		9		\$	330,000.00
				\$	-

				\$	-
				\$	-
TRAVEL				\$	-
U.S. Continental to PPG (airfare for each new recruit plus 3 dependents)	NA	0	\$0	\$	0 -
Lodging \$139/day +Meals + Incidental = \$225 x 5 days = \$1,125/ new recruit	NA	0	\$0	\$	0 -
Dependent Lodging is \$139/day + meals + Incidental = \$225 x 5 days = \$1,125/new recruit * 75% (for each dependent) = \$844.00 per dependent. Each recruit * 3 dependents = \$2,532.00	NA	0	\$ 0	\$	0 -
SUB-TOTAL TRAVEL				\$	0 -
				\$	-
				\$	-
HOUSING				\$	0 -
\$800 x 12 months (for each new recruit)	NA	0	\$0	\$	-
SUB-TOTAL HOUSING (Year 4)				\$	-
				\$	0 -
SUPPLIES FOR ARPA STAFF				\$	-
General office supplies at \$900/month x 12 months (Yr 4) for 9 project staff		9	\$ na		\$6,274.55
Computer supplies for project staff x \$1400		9	\$ 0	\$0	
				\$0	-
SUB-TOTAL SUPPLIES (ARPA STAFF YEAR 4)					\$6,274.55
				\$	-
				\$	-
OTHER COVID-19 PUBLIC HEALTH EXPENSES				\$	0 -
	NA	0		\$	-
	NA	0		\$	-
	NA	0		\$	-

SUB-TOTAL OTHER COVID-19 PUBLIC HEALTH EXPENSES		0		\$ 0 -
				\$ -
				\$ -
DESCRIPTION FOR YEAR 4				\$ -
Telehealth Consultation / Telehealth capability for Covid-19 Response. These costs shall not be a double charge to any federal award.				\$
Legal Services - consultation for Tafuna/Faga'alu ARPA projects projects, draft and review compliance reports, draft policies and update regulations to address needs created by ARPA funded projects and expanded facilities and staffing, advise on procurement issues for these ARPA projects and any necessary legal issue as needed by LBJ-TMC in connection to Covid-19 pandemic				\$ 1
HR for Health Consultation for Hospital HR Department – Expertise, Consultant and Training to help LBJ navigate the changing landscape. Ensuring that HR is up to date on all systems has never been more important, particularly as a significant part of the project involves a rapid expansion of personnel and services that are necessary to mitigate the impacts of COVID-19 pandemic				\$
SUB-TOTAL CONTRACTUAL (Year 4)				\$ 450,000.00
				\$ -
CONSTRUCTION N/A		NA		\$ -
				\$ -
OTHER COST				\$ -
Description				\$ -
Printing Costs				\$ 3,000.00
Software fees				\$ 4,000.00
Media Advertising for recruitment etc	NA			\$0
Incentives for Recruitment x 100 candidates (\$50/candidate)	NA	0	\$ 50.00	\$ -
Internet Fees				\$ 2,000.00

Zoom HIPAA / Cybersecurity Site Subscription				\$ 9,000.00
SUB-TOTAL OTHER COST (Year 4)				\$ 18,000.00
				\$ -
				\$ -
TRAINING (Year 1) for all employees for Covid-19 response (900+ employees) and for health and safety standards in hospital settings related to Covid-19 pandemic. These costs shall not be a double charge of the same costs from the HR Healthcare Consultant				\$ 125,000.00
SUB-TOTAL TRAINING Year 4				\$ 125,000.00
				\$ -
				\$ -
TOTAL OF DIRECT CHARGES FOR YEAR 4				\$4,565,762.00

IMPLEMENTATION PLAN & TIMELINE SUMMARY FOR STAFFING PLAN:

The chart below shows the proposed projects and justification for LBJ Tropical Medical Center Staffing Recruitment, Retention, and Retraining & Workforce Capacity Building ARPA Project.

ACTIVITY	TIMEFRAME Period of Performance (Funds will be obligated NLT 31 Dec 2024)	STAFF/PARTNERS	COMMENTS
<p>Recruitment of needed identified staff to provide immediate, direct Covid-19 Response and relief for current staffing shortage.</p> <p>Recruit LBJTMC ARPA Team to provide support for this 4-year project</p>	<p>Year 1: Q2, Q3, Q4 (based on approval of ARPA award on or about April 2022)</p> <p>Year 2 (2023): Q1, Q2, Q3, Q4</p> <p>Year 3 (2024): Q1, Q2, Q3, Q4</p> <p>Year 4 (2025): Q1, Q2</p>	<p>LBJTMC ARPA Team for Recruitment</p>	<p>Covid-19 recruitment to include identified on appendix A (Use Salary Comparison Appendix)</p>
<p>Engage the services of healthcare/hospital staffing consultants and tele-health consultants for this project. The hospital staffing consultants will conduct an assessment and provide consultation for needed hospital staffing for the current</p>	<p>Year 1: Q2, Q3 (based on approval of ARPA award on or about March 2022)</p> <p>Year 1: Q2, Q3 - RFB – for contracts HRH consultation and telehealth consultation.</p> <p>Year 1: Q3, Q4 – awarding of contracts for consultants</p>	<p>LBJTMC ARPA Team for Recruitment and Expansion</p>	<p>UH TASI for Telehealth or another equivalent consultant with a proven track record with LBJTMC or similar USAPI entity.</p> <p>LBJTMC ARPA team will put out advertisements to obtain the services of HR healthcare</p>

<p>hospital, expansion projects and Tafuna site) during the performance period.</p>			<p>consultants who specialize in staffing services and assessments for hospitals.</p>
<p>Training /Retraining of the four (4) core areas of the hospital for Covid-19 response (acute) for all respective areas.</p>	<p>Year 1: Q3, Q4 Year 2: Q1, Q3 Year 3: Q1, Q3 Year 4: Q1, Q3</p>	<p>LBJTMC ARPA Team for Training</p>	<p>All hospital departments and divisions will engage in data-driven and best practices Covid-19 response training for respective areas.</p>
<p>Retention Program – will work with Directors/Management for innovative ways to retain employees and staff.</p>	<p>Year 1: Q3 – planning with management for the retention program Year 1: Q4 – identified staff/employees will receive recipient notification of retention award</p>	<p>LBJTMC ARPA Team and Management who provide direct Covid-19 patient care, treatment or service</p>	<p>Example of retention program activities:</p>
<p>Data collection and analysis preparation for ARPA quarterly reports (progress narratives, and financials)</p>	<p>Year 1: Q2, Q3, Q4 Year 2: Q1, Q2, Q3, Q4 Year 2: Q1, Q2, Q3, Q4 Year 4: Q1, Q2, Q3, Q4</p>	<p>LBJTMC ARPA Team</p>	<p>Conducted by LBJTMC ARPA Staff</p>
<p>Engagement of innovative retention efforts for the four (4) core areas (Medical, Nursing, Ancillary and Support Staff) of the hospital – Premium Pay</p>	<p>Year 1: Q2, Q3, Q4 Year 2: Q1, Q2, Q3, Q4 Year 3: Q1, Q2, Q3, Q4 Year 4: Q1, Q2, Q3, Q4</p>	<p>LBJTMC ARPA Team will work with HR/Finance and Department Directors for guidance</p>	<p>Use LBJTMC Covid-19 exposure Tier Model</p>

Continuous Recruitment efforts to enhance and augment the workforce for LBJTMC to provide Covid-19 and public health emergency acute care response	Year 1: Q2, Q3, Q4 Year 2: Q1, Q2, Q3, Q4 Year 3: Q1, Q2, Q3, Q4 Year 4: Q1, Q2, Q3, Q4	LBJTMC ARPA Team	
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DISCLOSURE & FEDERAL REQUIREMENTS

LBJTMC as an ARPA sub-recipient shall comply with the following ARPA requirements, standards and subsequent regulatory guidelines.

LBJTMC Proposals shall:

1. Comply with ARPA submission of Project and Expenditure Reports (quarterly and annual) to include the project status, adopted budget, project demographic distribution etc.
2. Comply with equipment purchasing requirement
3. Comply with conflict-of-interest disclosure requirement
4. Comply with ASG and/or LBJTMC procurement process, laws, and any relevant requirements
 - a. ASG gives preference to local bidders in construction projects
 - b. For contracts valued at \$50,000 or less, only local bidders are allowed to participate
 - c. For contracts greater than \$50,000, local bidders are given specified add-on percentages
5. Comply with ARPA and ASG/LBJTMC contract requirements
6. Comply with adherence to using designs and construction methods and using material approved, codified, and recognized standards acceptable by the design and construction industry
7. Comply with strong labor standards and practices including:
 - a. Project labor agreements
 - b. Community benefits agreements that include wages at or above prevailing rate
 - c. Local hire provisions – hire local workers or those from underserved communities
8. Comply with required programmatic data
9. Comply with Civil Rights Compliance and Equal Opportunity
10. Comply with Davis Bacon Act
11. Comply with Contract Work Hours and Safety Standards Act
12. Comply with Clean and Water Compliance
13. Comply with Civil Rights Compliance
14. Comply with programmatic data for infrastructure projects
15. Comply with contractor and subcontractor workforce safety and training standards
 - a. Priority shall be provided to those contractors/subcontractors who meet these criteria
 - b. Recipient or sub-recipients in excess of \$100, 000 with respect to a capital expenditure that involves employment of mechanics or laborers must include a provision for compliance with certain provisions of the Contract Work hours and Safety Standards Act, 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5)
16. Priority shall be provided to contractors/sub-contractors with no recent violations of federal and state labor and employment laws.

“ARPA funds are required by federal statute to be encumbered by December 31, 2024 and spent by December 31, 2026. (31 CFR 35.5).