

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Construction of Four Story Building to House Medical Offices, Cardiac Rehabilitation, Replacement of Operating Room Suite and Central Sterile Processing, and Replacement of Boilers

Docket No. **GMCB-001-16con**

Verification Under Oath

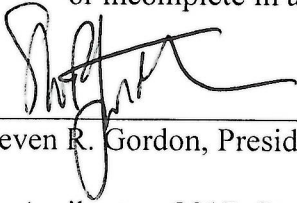
Steven R. Gordon, being duly sworn, states on oath as follows:

1. My name is Steven R. Gordon. I am the President and CEO of Brattleboro Memorial Hospital, Inc. I have reviewed the Construction of Four Story Building to House Medical Offices, Cardiac Rehabilitation, Replacement of Operating Room Suite and Central Sterile Processing, and Replacement of Boilers.
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in Construction of Four Story Building to House Medical Offices, Cardiac Rehabilitation, Replacement of Operating Room Suite and Central Sterile Processing, and Replacement of Boilers is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the Construction of Four Story Building to House Medical Offices, Cardiac Rehabilitation, Replacement of Operating Room Suite and Central Sterile Processing, and Replacement of Boilers is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.
4. The following individuals have provided information or documents to me in connection with Construction of Four Story Building to House Medical Offices, Cardiac Rehabilitation, Replacement of Operating Room Suite and Central Sterile Processing, and Replacement of Boilers and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:

Michael O. Rogers, Vice President Finance

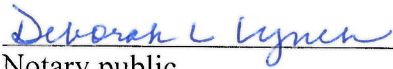
Steven P. Cummings, Vice President Information and Support Services

5. In the event that the information contained in the Construction of Four Story Building to House Medical Offices, Cardiac Rehabilitation, Replacement of Operating Room Suite and Central Sterile Processing, and Replacement of Boilers becomes untrue, inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the Construction of Four Story Building to House Medical Offices, Cardiac Rehabilitation, Replacement of Operating Room Suite and Central Sterile Processing, and Replacement of Boilers as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.



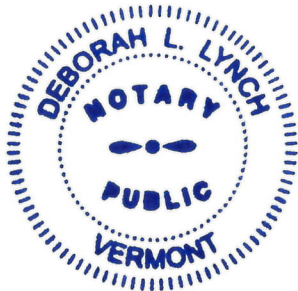
Steven R. Gordon, President and CEO

On April 10, 2017, Steven R. Gordon appeared before me and swore to the truth, accuracy and completeness of the foregoing.



Notary public

My commission expires 2.10.19



Mr. Steven Gordon
 President and CEO
 Brattleboro Memorial Hospital
 17 Belmont Ave.
 Brattleboro, VT 05301

April 7, 2017

Donna Jerry
 Green Mountain Care Board
 89 Main Street
 Montpelier, VT 05620

RE: Docket No. GMCB-001-16con, Demolition of Existing Two-Story Building and Construction of a New Four Story Building and Renovations to House Medical Offices, Cardiac Rehabilitation, Replacement of Operating Room Suite, Central Sterile Processing, Replacement of Boilers and Relocations of Physician Practices to Gannet Building. Project Cost: \$22,692,789.

Dear Ms. Jerry:

Please find below our responses to the questions presented in your letter from February 9, 2017.

1. Please complete the table below for the existing 3 Operating Rooms (ORs) and 2 Procedure Rooms (PR).

See attached Capacity Calculation Spreadsheet for OR and PR capacity detail. Our Projected OR Volumes are done for overall case volume rather than by individual OR suite.

Capacity and Projected Volumes Summary								
	Capacity				Projected Volumes			
	Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4
Operating Room								
OR 1								
OR 2								
OR 3								
Total OR	3024	3024	3024	3024	2374	2374	2374	2374
Procedure Room								
PR 1 - Endo					1540	1540	1540	1540
PR 2 – Minor procedure					212	212	212	212
Total PR	8064	8064	8064	8064	1752	1752	1752	1752
Grand Total OR+PR	11088	11088	11088	11088	4126	4126	4126	4126

2. Please complete the table below for the proposed 3 Operating Rooms (ORs) and 2 Procedure Rooms (PRs).

See attached Capacity Calculation Spreadsheet for OR and PR capacity detail. Our Projected OR Volumes are done for overall case volume rather than by individual OR suite. We are only projecting a slight increase in OR cases in year 3 and 4 once the building is complete. There is no projected increase in cases in the procedure rooms.

Capacity and Projected Volumes Summary								
	Capacity				Projected Volumes			
	Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4
Operating Room								
OR 1								
OR 2								
OR 3								
Total OR	3024	3024	3024	3024	2374	2374	2393	2393
Procedure Room								
PR 1 - Endo					1540	1540	1540	1540
PR 2 – Minor Procedure					212	212	212	212
Total PR	8064	8064	8064	8064	1752	1752	1752	1752
Grand Total OR+PR	11088	11088	11088	11088	4126	4126	4145	4145

3. Provide the current and proposed number and location of all pre- and post-op beds. Explain how the need for the proposed 21 pre- and post-op beds was determined and provide supporting data.

Room Description	Current Count	Future Count	Future Location
Operating Rooms	3	3	New ORs will be locating on the first floor of the new building.
Procedure Rooms	2	2 One room will be exclusively used for endoscopy procedures. The second will be used for other minor procedures.	Minor procedure rooms will be located in renovated space.
PreOp and PostOp Beds	12 PreOp 6 PostOp Total = 18	Total = 21 Three new swing beds will be added to serve as both Pre and PostOp beds as needed.	Located in existing building on first floor. This provides flexibility in the use of the Pre/PostOp beds as needs arise. This location also allows for nursing staff to move between these locations as needed.

In working with the renovation plan for our perioperative services, the creation of 3 additional bed spaces, specifically positioned between ACU and PACU, was determined based on the pre and post-operative volumes and the observations of the surgical patient flow after improvement processes were implemented.

Process and flow changes that were implemented:

- Total joint patients are now pre-op'd on the surgical inpatient unit. This allows for the patient to be prepared for surgery by their inpatient nurse, in the room they will return to after their surgical course. This has been received well by patients and has lessened the volume burden in the ACU.
- Improved communication and cross training opportunities between ACU and PACU nurses.
- Addition of a second part time Endo tech to provide parallel process for procedure assistance and scope cleaning.
- A shift of Endo patients who received anesthesia to post-op in PACU rather than ACU.
- Staggering of ACU and PACU nurse schedules to accommodate early arrivals and late departures.

Currently ACU has 12 beds and PACU has 6 beds. Determined by surgeon block time and consistent daily Endo volume, the ACU can have up to 26-28 patients to pre-op and can have up to 16-18 patients to post-op during the course of the day. PACU can have up to 10 patients to post-op during the course of the day, plus up to 10-12 patients to provide morning space for in order to provide anesthesia blocks prior to going to the OR.

Patients arrive for their surgeries sequentially, and depending on their procedures, arrive back for post-op care at varying intervals. Also depending on their procedure, the acuity and duration of their post-op needs vary.

The determination of the 3 additional swing beds was strategically planned to provide the optimal effectiveness and efficiency to accommodate both the ACU and PACU needs. They were strategically placed as swing beds between the PACU and ACU so that they could accommodate varying patient need. Their placement between the two areas also aids in consolidating the late nurses in both ACU and PACU so as to allow for less patient movement for late cases and end of day efficiency.

There is no anticipation at this time of significantly increased volume due to the addition of these 3 beds. The beds were deemed necessary due to current volume and flow and to add valued efficiency to our current process improvement implementations.

- 4. Tab 5. The hospital currently has one procedure room. Provide more detailed information and supporting data to support the need for two proposed procedure rooms.**

BMH is not going from one procedure room to two procedure rooms as this question indicates. Currently we have two procedure rooms. One is a Minor Procedure Room and the other procedure room is used exclusively for Endoscopies. The number and purposes of these rooms will remain the same in the new construction.

Currently our Minor Procedure Room is used for small surgical procedures that require only local anesthesia or sedation, thus allowing for patient assessment to be performed by nursing, not anesthesia. Some examples of procedures done in the Minor Procedure Room are: trigger finger release, GYN scopes, small orthopedic hardware removals and eye laser. The utilization of the Minor Procedure Room does not take up OR room resources, especially anesthesia, allowing for parallel scheduling in the OR rooms.

The second procedure room is exclusively used for Endoscopies. Currently this room is used 5 days per week for Endoscopies. You cannot use one procedure room for small surgical cases and endoscopies. Small surgical cases, such as the ones done in our Minor Procedure Room are sterile procedures requiring a room that is cleaned based on the requirements in an OR room. Endoscopies are classified as clean procedures and do not require the same regulated cleaning and garb as an OR room. Having one combined room to do both minor procedures and endoscopies would be inefficient, difficult to schedule, would require terminal cleaning between cases and would conflict with CMS regulations for infection control. Therefore, as we have now, we will continue to require two procedure rooms.

5. Provide a detailed summary of the alternatives explored for each component of this project, associated costs, and why the other alternatives were not selected.

Operating Rooms and Central Sterile:

Renovation of the ORs in place was not feasible as BMH could not continue to provide surgical services during construction. Nor does it solve the issue of the boilers located under the operating room suites causing excessive heat and vibration. New construction was required to make available the space needed for ORs, central sterile processing and OR storage that meet current FGI space requirements. The proposed location was chosen due to the proximity of the existing department. The new ORs also need logical connections to existing patient preop and recovery locations. Building in any other location on campus did not meet these requirements. No significant cost estimates were developed for other alternative given the limited options open to us.

Medical Office Space:

Placing two floors of medical office space over the new ORs in the proposed new building was chosen as the most appropriate option as we have very limited space on our campus. Adding another building anywhere on our campus would have taken up parking spaces or been severely impacted by limited setbacks from existing property boundaries. We work hard to be sensitive to our neighbors concerns and impact on their properties. Given these limitations we did not explore detailed plans or cost estimates for adding a second new building or adding onto existing structures to accommodate the medical office space needs.

Boiler Plant:

Given the age and location of our existing boilers, the need for replacement was clear. The "Boiler Plant Fuel Analysis" conducted by LN Consulting and found in Appendix D of our original application defines the four fuel systems evaluated:

1. No. 2 Fuel Oil
2. Propane
3. Compressed Natural Gas
4. Biomass

LN Consulting's study goes on to provide an Economic Analysis including the Probable Construction Costs and the operating Fuel Costs per Year for each option. Each fuel type was analyzed for the cost and environmental impact. Finally we looked at the impact on our neighbors on Maple Street regarding the frequency of fuel truck deliveries. Weighing all these factors their recommendation and our proposed plan is to replace the existing boilers in place to use No. 2 Fuel Oil and dual fuel burners to allow r future flexibility should propane or compressed natural gas become economically feasible.

- 6. Provide a complete copy of the Surgery Management Improvement Group (SMIG) study. Tab 5 only includes a PowerPoint summary.**

The PowerPoint slides found in Attachment C of our original CON application is the final report for the Operating Room Utilization Study performed by Surgery Management Improvement Group. There is not additional written report.

- 7. It is stated that," The proposal does not include the purchase of any x-ray or other diagnostic equipment." (Tab 1, p. 3) Confirm whether this is the case because you are reusing existing x-ray and diagnostic equipment.**

The proposal does not include the purchase of any new x-ray or diagnostic equipment because we plan to use existing equipment in the new and renovated spaces.

- 8. Confirm the square footage for each of the three proposed ORs.**

Proposed OR 1 = 600 SF

Proposed OR 2 = 598 SF

Proposed OR 3 = 600 SF

- 9. Confirm that all the costs associated with the construction, renovations and relocation of functions and staff reflected in the application are included in the total project cost.**

All costs known at this time have been included in the total project cost. These costs include moving expenses for displaced staff, temporary record storage and parking impact mitigation such as a shuttle service to an offsite lost for employees.

This concludes our responses to the questions posed. We look forward to continuing to work with the Green Mountain Care Board on this important project.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Gordon', followed by a long horizontal flourish.

Steven R. Gordon
President and CEO

BRATTLEBORO MEMORIAL HOSPITAL

Docket No. GMCB-001-16con

Capacity Calculation		
	OR	PR
Year 1		
Days/Year	252	252
Daily Hours	24	16
Total Available Hours	6,048	4,032
Average Length of Procedure (Hours)	2.0	0.5
Annual Utilization/Room (Cases)	2,374	1,752
Total Capacity (Cases)	3,024	8,064
% of Total Used	79%	22%
Year 2		
Days/Year	252	252
Daily Hours	24	16
Total Available Hours	6,048	4,032
Average Length of Procedure (Hours)	2.0	0.5
Annual Utilization/Room (Cases)	2,374	1,752
Total Capacity (Cases)	3,024	8,064
% of Total Used	79%	22%
Year 3		
Days/Year	252	252
Daily Hours	24	16
Total Available Hours	6,048	4,032
Average Length of Procedure (Hours)	2.0	0.5
Annual Utilization/Room (Cases)	2,393	1,752
Total Capacity (Cases)	3,024	8,064
% of Total Used	79%	22%
Year 4		
Days/Year	252	252
Daily Hours	24	16
Total Available Hours	6,048	4,032
Average Length of Procedure (Hours)	2.0	0.5
Annual Utilization/Room (Cases)	2,393	1,752
Total Capacity (Cases)	3,024	8,064
% of Total Used	79%	22%