

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

CERTIFICATE OF NEED APPLICATION

RUTLAND REGIONAL MEDICAL CENTER

**RE: DOCKET NO. GMCB-009-19con
Renovations and Substantial Remediations to Remedy Ligature Risks**

May 23, 2019

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TABLE OF CONTENTS

SECTION I: PROJECT OVERVIEW4

A. Description of the Project4

B. Project Details5

C. Project Timeline.....6

D. Project Costs.....6

SECTION II: CONSISTENCY WITH HRAP STANDARDS.....6

SECTION III: CONSISTENCY WITH 18 V.S.A § 94378

CONCLUSION16

TABLE OF EXHIBITS.....17

SECTION I: PROJECT OVERVIEW

A. Description of the Project

Rutland Regional Medical Center (RRMC) submits this Certificate of Need Application (Application) to the Green Mountain Care Board (GMCB) in accordance with 18 V.S.A. § 9434(b). On May 7, 2019 the GMCB determined that the Application is appropriate for emergency review pursuant to 18 V.S.A. § 9440(e) and GMCB Rule § 4.03. The Application requests that the GMCB approve the Application and issue a Certificate of Need (CON) for the Project (Project) to renovate the RRMC Psychiatric Services Inpatient Unit (PSIU or Unit) and remediate newly recognized risks to patients at a high risk for self-harm.

RRMC is a Joint Commission accredited hospital. The Joint Commission (TJC) is a national accrediting organization that established and enforces standards that meet the federal Conditions of Participation (CoP). The Centers for Medicare & Medicaid Services (CMS) has granted TJC "deeming" authority, so that its certification of a facility is deemed as meeting CMS' certification requirements. Both CMS and TJC have been developing new guidelines for facilities to reduce the risk of suicide by making the environment of care more ligature resistant. A ligature risk is defined as a fixed point to which a ligature can be tied for purposes of hanging or strangulation (handles, coat hooks, pipes, shower rails, radiators, bedsteads, window and door frames, ceiling fittings, hinges, closures, etc.). Ligature risks also include anchor points such as gaps between a window/door and its frame, window/door handles, shower heads, shower controls, sink taps, furniture such as metal bed frame arms, chair/table legs, door hinges, ventilation grills, ceiling vents/ducts, sprinkler heads, etc. RRMC is aware of enforcement actions against at least two hospitals in Vermont/New Hampshire that have been found deficient with respect to the new guidelines regarding ligature risks.

In August 2018, RRMC retained two experts to provide an assessment of its facilities and processes and obtain guidance regarding compliance with Joint Commissioner standards including the new ligature risk guidelines. The engagement resulted in two consultation reports (Reports), which included detailed recommendations to address new ligature risk guidelines. The Reports, in relevant parts, describe an extensive list of ligature risks that were identified in the environment in relation to TJC Environment of Care Standard EC.02.06.01 (The hospital establishes and maintains a safe, functional environment), Element of Performance, EP 1

(Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided.) A copy of this portion of each of the Reports is submitted as Exhibit A. Between August 2018 and present day, RRMC has been working to identify the extent of necessary changes in conjunction with architect Joan Eagleson of Lavallee and Brensinger Architects, who has specific expertise designing safe and therapeutic environments for inpatient psychiatric units, and the construction company HP Cummings, who has experience with similar projects to reduce ligature risks in hospitals. Based on that planning work, RRMC has sufficient information to submit this Application for a CON.

RRMC has implemented a short-term plan to mitigate the risk of harm associated with the physical environmental hazards by increasing staffing to provide continuous direct staff monitoring in all high-risk areas. The proposed renovations are necessary to remove the environmental hazards that are the systemic cause of the risk to patients. Completion of the renovations will permanently make the environment safer, will allow RRMC to resume normal staffing, and will provide patients with an appropriate level of personal privacy. This Application seeks approval for renovations that are necessary to reduce the risk of self-harm.

B. Project Details

The Project involves remediating ligature risks throughout 9,950 square feet of space that currently includes twenty patient beds that are in thirteen patient rooms. At the completion of the project there will be a total of twenty-one beds in seventeen patient rooms. The room renovations will include changing a variety of hardware and furniture, renovating bathrooms, replacing toilets, and changing materials for flooring and walls. The changes to the Unit will include changes to a nursing station to improve safety and line of sight and changes to walls and activity rooms to improve safety. An itemized description of the Project is attached as Exhibit B. The Project will be completed in three phases:

Phase One: Phase one will include (1) relocating a support department that currently occupies space that is adjacent to the Unit to expand the Unit's footprint to allow for the construction of three new patient rooms; (2) building a temporary nurse's station; (3) relocating a laundry room; and (4) initiating work on the existing dining room. The most significant part of Phase One involves the addition of three patient rooms in space that is currently used as a conference room and offices. The addition of these rooms serves two critical purposes; (1) the additional beds

will allow RRMC to maintain capacity during construction phases of the Project; and (2) the Project requires replacing beds with anti-ligature bed platforms. Since the bed platforms are larger than the existing beds, rooms that are currently being used as double-rooms will be converted to single-bed rooms. When the Project is complete, the facility will have increased the total number of beds by one bed.

Phase Two: Phase two will include (1) renovating West Wing rooms; (2) initiating construction of a new nurse's station to improve the security of the space and line of sight for patient supervision; (3) removing a corridor wall to improve line of sight; and (4) completing work on the dining room.

Phase Three: Phase three will include (1) renovating the North Wing rooms; and (2) completing renovations of activity spaces.

C. Project Timeline

The Project, if approved, will be completed as expeditiously as possible to reduce the risks to patients and the attendant loss of privacy pending completion. The construction is planned to start at the beginning of the fiscal year, but it will be expedited as soon as the Project is approved. The planned construction timeline is 262 days for completion by September 30, 2020. Phase one construction is projected to take 57 days. Phase two construction is projected to take 70 days. Phase three construction is projected to 135 days. The goals of the construction timeline are to mitigate the risks to patients as quickly as possible while minimizing the disruption of inpatient psychiatric bed capacity. The detailed Timeline is attached as Exhibit E.

D. Project Costs

A detailed budget estimate reflecting the full extent of the proposed Project is submitted as Exhibit B. The total Project cost is estimated to be \$4,067,353. RRMC has worked with the Project architect and construction company to ensure that there are no alternatives that would lower costs. The proposed Project reflects the most cost-effective approach to remediating the identified risks, with minimized disruption to patients.

SECTION II: CONSISTENCY WITH HRAP STANDARDS

The proposed Project is consistent with the policy goals articulated in the current Health Resource Allocation Plan (HRAP) in that it is necessary to provide access to care in a safe

facility. The applicable CON standards referenced below appear in **bold face** font, which is followed by an explanation as to how the Project is consistent with each standard.

1. Proposed Project aligns with statewide health care reform goals and principles because the Project:

A. takes into consideration health care payment and delivery system reform initiatives;

The Project is consistent with Vermont's health care reform initiatives because it involves a critical investment in essential inpatient psychiatric services. The Project is necessary to maintain inpatient treatment capacity in the safest environment feasible, while minimizing the occurrence of psychiatric patients being stuck in hospital emergency departments due to a lack of inpatient beds. The Project phasing is intended to minimize the temporary loss of bed capacity during construction.

B. addresses current and future community needs in a manner that balances statewide needed (if applicable); and

The Psychiatric Services Inpatient Unit at RRMC is a critical component of Vermont's mental health system. RRMC participates in the Department of Mental Health Designated Hospital system and serves as a resource for the entire state of Vermont. Approximately 25 percent of patients admitted to the unit live outside of the Rutland Health Service Area. Moreover, psychiatric patients from Rutland who cannot be served at RRMC due to lack of capacity either have extended stays in the Emergency Department or are transferred by ambulance to other hospitals.

C. is consistent with appropriate allocation of health care resources, including appropriate utilization of services, as identified in the HRAP pursuant to section 9405 of this title.

The Project is consistent with the appropriate allocation of resources and utilization of services. The statewide lack of adequate inpatient bed capacity for psychiatric services is a well-established fact. The proposed Project is intended to maintain the current capacity as the hospital adapts to new regulatory requirements. RRMC has a robust utilization management program that includes using evidence based InterQual utilization criteria to make level of care and readiness for discharge determinations to ensure services are used appropriately. Additionally, the care of all involuntary patients and commercially insured patients is routinely reviewed with the

Department of Mental Health and commercial insurers respectively as determined by their utilization review criteria.

SECTION III: CONSISTENCY WITH 18 V.S.A § 9437

This Application demonstrates, and the GMCB should find, that the Project is consistent with the statutory criteria included in Health Facility Planning statute at 18 V.S.A. § 9437.

CON STANDARD 1.7: Applicants seeking to develop a new health care Project shall explain how such Project is consistent with evidence-based practice. Such explanation may include a description of how practitioners will be made aware of evidence-based practice guidelines and how such guidelines will be incorporated into ongoing decision making. (2005 State Health Plan, page 48.)

The current Project does not represent a new or substantially expanded service. On December 8, 2017, CMS issued a memo to the State Survey Agency Directors entitled "Clarification of Ligature Risk Policy" which now represents the minimum standards for safe design and operation of an inpatient psychiatric unit. *CMS, Clarification of Ligature Risk Policy, S&C Memo: 18-06 (Dec. 8, 2017)*. As CMS and TJC communicated the development of new standards, RRMC engaged two consultants with expertise in TJC standards and accreditation to provide guidance on the application of the new standards and assistance in preparing for an anticipated reaccreditation survey. The consultants' guidance is included in the Reports. The proposed Project is intended to align the current service with new regulatory requirements and evidence-based practices to reduce the risk of suicide.

CON STANDARD 1.9: Applicants proposing construction Projects shall show that costs and methods of the proposed construction are necessary and reasonable. Applicants shall show that the Project is cost-effective and that reasonable energy conservation measures have been taken.

The renovation costs associated with renovating the PSIU and replacing the furniture and fixtures are necessary and reasonable to remediate ligature risks throughout 9,950 square feet of existing space while contributing to the maintenance of statewide capacity for inpatient psychiatric services. All renovations are being designed by an architect with specific expertise in psychiatric unit design and constructed by a construction company with experience with similar projects. The proposed Project reflects the most cost-effective approach to reduce the ligature risks.

RRMC believes that the proposed construction cost of \$266 per square foot is reasonable particularly considering the unique costs associated with renovating an active psychiatric unit that requires specialized materials to reduce risks for patients. To ensure that construction costs are competitive and cost effective, RRMC will obtain multiple competitive bids from all trades providing services.

RRMC has implemented increased staffing as a temporary measure to reduce the risk associated with the current physical environment. These measures include increasing staffing to provide continuous direct staff monitoring in all high-risk areas. Completion of the project will reduce operating costs as the unit will be able to resume normal staffing.

RRMC has collaborated with Efficiency Vermont on this Project, as it does with all projects, to ensure that the Project is energy efficient. A letter from Efficiency Vermont is attached as Exhibit C.

CON STANDARD 1.10: Applicants proposing new health care Projects requiring construction shall show such Projects are energy efficient. As appropriate, applicants shall show that Efficiency Vermont, or an organization with similar expertise, has been consulted on the proposal.

RRMC has collaborated with Efficiency Vermont on this Project, as it does with all projects, to ensure that the Project is energy efficient. A letter from Efficiency Vermont is attached as Exhibit C.

CON STANDARD 1.12: New construction health care Projects shall comply with the Guidelines for Design and Construction of Health Care Facilities as issued by the Facility Guidelines Institute (FGI), 2014 edition.

Prior to any health care construction project within a hospital accredited by the Joint Commission, such as RRMC, it is required by the FGI Guidelines to complete a physical space assessment. Such an assessment was completed by an architectural firm with specific expertise in conducting such reviews. The observations and recommendations for corrections identified by the review are included in Exhibit D. The assessment table included in Exhibit D identifies specific issues that need to be addressed in conjunction with clinical direction as indicated in the Guidelines.

In order to accomplish these modifications while maintaining services, this will be a multi-phased project. The Project includes the addition of three private patient rooms in space

currently used as a conference room and offices. The addition of these rooms serves two critical purposes; (1) the additional beds will allow RRMC to maintain capacity during construction phases of the Project; and (2) the Project requires replacing beds with anti-ligature bed platforms. Since the bed platforms are larger than the existing beds the larger bed platforms will reduce the clear floor space to below the minimum required by FGI Guidelines. As a result, several existing semi-private patient rooms will be converted to private rooms. When the Project is complete, the facility will have increased the total number of beds by one.

In addition, with the increased number of bedrooms, there is a need to increase the number of toilet rooms to meet the FGI Guidelines. Several existing toilet rooms are being renovated to meet both FGI and ADA requirements. As a result of the assessment, the nurse's station and related staff spaces are being relocated to provide a clear line of sight down all corridors and the freed space will be used for increased patient activity space. Additional modifications will be made to architectural, HVAC, electrical and plumbing systems to not only meet new configurations but to meet current Guideline requirements and best practice.

CON STANDARD 3.4: Applicants subject to budget review shall demonstrate that a proposed Project has been included in hospital budget submissions or explain why inclusion was not feasible.

RRMC included an anticipated psychiatric renovation Project in the 2019 Budget submission. The Project was listed as Psychiatric Unit Renovations and estimated costs at \$8,450,690. To support Project planning and CON submission we also included \$50,000 of capital planning costs in fiscal year 2019. RRMC identified this as a Certificate of Need Project but did not submit the letter of intent until April 2019. RRMC has since delayed the capital Project from 2019 to 2020.

The cost in this CON request is now \$4,067,353. The difference in costs between the Project renovations in the 2019 submission and this request is approximately \$4.4 million. RRMC changed the scope of the Project to align the renovation plans and priorities with the risks that were identified in the consultants' Reports. The major scope changes between the proposed and requested renovation Projects include:

- Reduced the renovations from 12,100 square feet to 9,950 square feet.
- Reduced the scope of interior wall renovations.

- Eliminated the replacement of doors and frames and now are only replacing hardware.
- Reduced the amount of flooring and ceiling replacement.
- Eliminated the replacement of the HVAC systems that maintain the area.

The 2020 budget will include 6.0 additional FTEs to mitigate the ligature risks that were identified in the Reports. The FTEs will provide additional monitoring for all psychiatric patients. The additional monitoring will include two staff who monitor patients 24 hours a day, 7 days a week. As construction is complete this staff will be phased out. The total cost included in our 2020 Budget, including benefits, of the additional staff is projected to be \$284,181. If the renovation Project is not completed, we will need to carry this cost forward and include in future budgets.

Triple Aims: Institute of Healthcare Improvement (IHI), Triple Aims: Explain how your Project is:

(a) improving the individual experience of care;

The Project represents a critical investment to further the goals of the triple aim that health care be safe, effective, patient-centered, timely, efficient, and equitable. Completion of the Project will dramatically improve the individual patient experience for patients who need access to treatment in a safe and therapeutic environment. The intent of this Project is to maintain compliance with recent changes in regulatory standards to address the risks posed by the physical environment to patients at high-risk of self-harm and suicide. All patients will benefit from a physical environment, that due to its safe design, allows the freedom of movement, individual privacy and personal autonomy that is fostered by a well-designed and built environment. In the absence of a facility that is fully compliant with current safety standards, the primary risk mitigation strategy is to increase staffing to provide continuous direct staff monitoring in all high-risk areas. In accordance with CMS guidelines, this direct one-to-one supervision of patients' needs to be in place, even while patients are sleeping, bathing, and toileting. For most patients, this intensive level of direct continuous observation is countertherapeutic and interferes with their experience of care on the unit as respectful, welcoming and safe. It is especially challenging for patients who present with trauma histories or whose mental illness includes a mistrust of people around them. The proposed Project which will remove ligature risks, create line of sight visibility, and provide more access to single occupancy rooms will substantially improve the experience of care for all patients on the inpatient psychiatric unit.

(b) improving health of populations;

Ensuring the continuous availability of high quality inpatient psychiatric care is vital to the health and safety of the population of individuals who need access to acute inpatient psychiatric services.

(c) reducing the per capita costs of care for populations.

This Project will reduce the need to incur additional costs related to patient monitoring. Currently we have added two staff, 24 hours per day 7 days per week, to monitor patient activity. This increased staffing is the equivalent of 6 FTEs or 12,510 hours. The additional cost, with benefits, of this is projected to be \$284,181 on an annual basis. This staff must stay in place until the renovations are complete. Once complete we will eliminate this staff and thus forgo the expense.

2. The cost of Project is reasonable because each of the following conditions is met:

A. The applicant's financial condition will sustain any financial burden likely to result from completion of the Project;

RRMC has included this Project in the overall budget strategies and funding plan for 2020. The capital investment strategy, accounting for inflation, is to replace capital at a rate of 1.2 times our annual depreciation. Using this strategy as our funding guideline we provided nearly \$17 million for 2020 capital funding. This psychiatric renovation Project is included as part of the overall 2020 capital plan.

The capital investment strategy includes considerations for cash flow that support capital Projects. Based on our current cash position we do not expect to issue any debt for any 2020 capital Project.

RRMC plans to seek contributions and fundraise for the Project and will center our 2020 fundraising campaign efforts on psychiatric care. We have targeted a total of \$500,000 to be raised in support of the renovation Project.

B. The Project will not result in an undue increase in the costs of medical care or an undue impact on the affordability of medical care for consumers. In making a finding, the Board shall consider and weigh relevant factors, including:

- (i) The financial implications of the Project on hospitals and other clinical settings, including the impact on their services, expenditures and charges; and**

(ii) Whether the impact on services, expenditures, and charges is outweighed by the benefit of the Project to the public;

The Project will support patient care and will negate costs that are currently being expended to care for the psychiatric population. If RRMC was not approved to complete the project and PSIU was subject to an adverse survey finding by either TJC or CMS, one possible outcome could include the imposition of limits on the number of patients that could be admitted to the PSIU. A reduction in available psychiatric inpatient beds would have a negative impact on patients and hospitals throughout the State.

In response to the Reports' findings and to mitigate the risks that were identified in the Reports RRMC has increased staffing by two staff, 24 hours per day 7 weeks per week. This increased staffing is the equivalent of 6 FTEs or 12,510 hours. The additional cost, with benefits, of this is Projected to be \$284,181 on an annual basis. This staff must stay in place until the renovations are complete. Once complete we will eliminate this staff and thus forgo the expense.

RRMC will submit our 2020 Budget in accordance with the Green Mountain Care Board net revenue growth targets. This Project will be supported as part of the overall budget and we will not need additional funding nor levy additional rate increases to support the Project.

C. Less expensive alternatives do not exist, would be unsatisfactory, or are not feasible or appropriate.

There are no less expensive alternatives that will maintain inpatient bed capacity while effectively mitigating the ligature risks. All renovations were designed by an architect with specific expertise in psychiatric unit design and will be constructed by a construction company with experience with similar projects. The proposed Project reflects the most cost-effective approach to reduce the ligature risks.

D. If applicable, the applicant has incorporated appropriate energy efficiency measures.

RRMC collaborates with Efficiency VT on all Projects, and Efficiency VT has been involved in this Project as well. A letter from Efficiency Vermont is attached as Exhibit C.

3. There is an identifiable, existing, or reasonably anticipated need for the proposed Project that is appropriate for the applicant to provide.

With 20 general adult psychiatric beds and six Level One psychiatric intensive care beds, the Psychiatric Services Inpatient Unit at RRMHC serves more than 650 patients per year from across the State. This Unit is one of only five Designated Hospitals designated by the Vermont Department of Mental Health to provide inpatient psychiatric services. RRMHC is one of only three hospitals that provide Level One services.

4. The Project will improve the quality of health care in the State or provide greater access to health care for Vermont's residents, or both.

The Project will maintain access to inpatient psychiatric services in an improved therapeutic setting. The current psychiatric unit was designed more than thirty years ago. It has had many upgrades over the years, but the general unit layout and configuration of the nurse's station has remained unchanged. The new configuration of the unit will improve the overall safety of the unit in compliance with CMS and TJC standards by removing all identifiable ligature risks and improve lines of sight.

5. The Project will not have an undue adverse impact on any other existing services provided by the applicant.

The Project phasing will minimize the impact of multiple room renovations. Phase one will create three new single occupancy rooms to minimize the impact on bed capacity throughout the course of the Project. During the Project there will be a temporary reduction of two beds for approximately eight months. At the end of the Project, overall bed capacity will be increased by one bed, increasing beds from 20 to 21 on the general adult unit. Additionally, we will be decreasing the number of double occupancy rooms from seven to four which will allow the unit to run at a higher utilization rate than prior to construction.

6. REPEALED

7. The applicant has adequately considered the availability of affordable, accessible transportation services to the facility, if applicable

The proposed Project is a renovation of the current inpatient psychiatric unit with no changes that will affect access to the facility. Approximately 25 percent of patients admitted to the current unit come from outside the RRMHC Health Service Area who typically arrive by ambulance from other hospitals across the state.

- 8. If the application is for the purchase or lease of new Health Care Information Technology, it conforms with the Health Information Technology Plan established under section 9351 of this title.**

The Project does not include the purchase of health care information technology.

- 9. The applicant must show the Project will support equal access to appropriate mental health care that meets the Institute of Medicine's triple aims. 18 V.S.A. § 9437(9).**


The Psychiatric Services Inpatient Unit at RRMC participates in the Department of Mental Health Designated Hospital system and serves as a resource for the entire state of Vermont. Approximately 25 percent of patients admitted to the unit live outside of the Rutland Health Service Area. Moreover, psychiatric patients from Rutland who cannot be served at RRMC due to lack of capacity either have extended stays in the Emergency Department or are transferred by ambulance to other hospitals. The proposed Project is necessary to ensure the uninterrupted access to necessary inpatient mental health care.

CONCLUSION

Based upon the information contained in this Application, RRMC respectfully requests that the GMCB APPROVE the Application as expeditiously as possible and issue a certificate of need for the Project described herein.

Dated at Rutland, Vermont this 23nd day of May, 2019.

RUTLAND REGIONAL MEDICAL CENTER

By: 
Claudie Fort, President and Chief Executive Officer

By: 
John H. Wallace, General Counsel

By: 
Jeffrey D. McKee, Psy,D Vice President, Community and Behavioral Health

By: 
Judi Fox, Chief Financial Officer

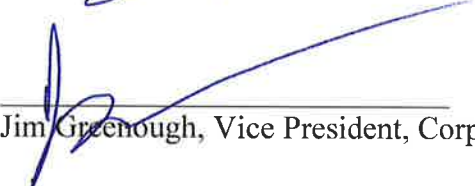
By: 
Jim Greenough, Vice President, Corporate Support Services

TABLE OF EXHIBITS

EXHIBIT A: Vizient, TJC Accreditation Assessment Report (Excerpts)

EXHIBIT B: HP Cummings Construction Company, RRMC 4th Floor PSIU Mock Survey Renovations DD Budget Estimate.

EXHIBIT C: Efficiency Vermont, collaboration letter, May 9, 2019.

EXHIBIT D: Lavallee Brensinger Architects, RRMC – 4th Floor Psychiatric Unit Assessment

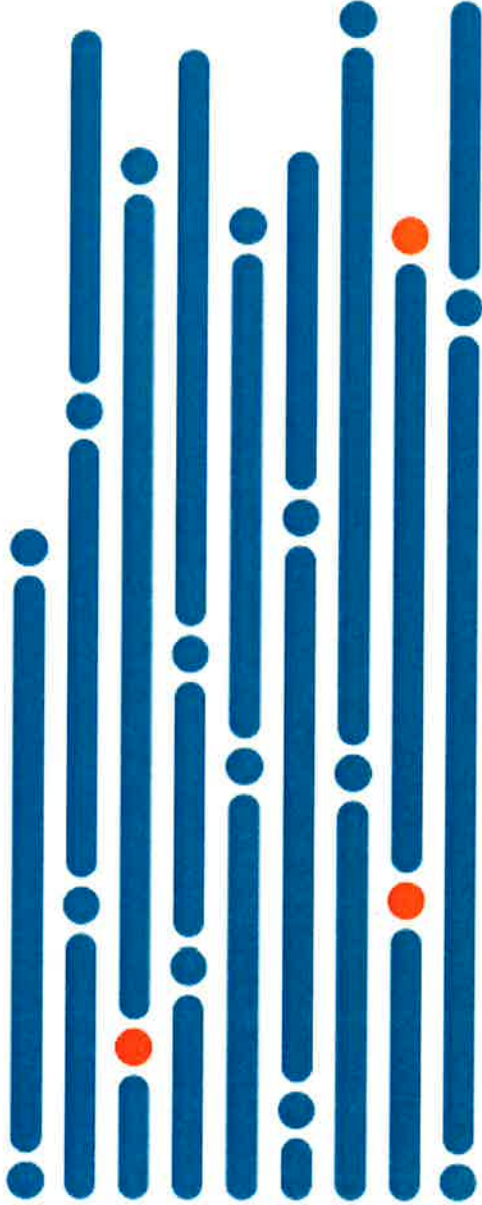
EXHIBIT E: HP Cummings, Rutland Regional Medical Center, Preliminary Timeline

EXHIBIT F: Financial Tables

Rutland Regional Medical Center

Rutland, Vermont

TJC HAP Accreditation Assessment Report
August 28 and 29, 2018
Edmund Lydon, MS, CHFM, FASHE



Standard	Risk Category Harm/Scope	Corresponding findings and recommendations	References/Resources
<p>EP 14 The hospital meets all other HealthCare Facilities Code requirements, gas and vacuum systems, and gas equipment, as related to NFPA 99-2012: Chapters 5 & 11.</p> <p>Note: For hospitals that use Joint Commission accreditation for deemed status purposes: the hospital meets the applicable provisions of the Life Safety Code Tentative Interim Amendments (TIAs) 12-4 and 12-6.</p>	<p>Limited / Low</p>	<p>Observed during the building tour, an H tank with wrappers on the tank in the medical gas storage room.</p> <p>Ensure all gas cylinder wrappers used for transport of cylinders are removed from the tank prior to entering the hospital.</p>	<p>See the Health Care Facility Code, NFPA 99 – 2012 edition, Chapter 5, section 5.1</p>
<p>Standard EC.02.06.01 The hospital establishes and maintains a safe, functional environment.</p> <p>EP 1 Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided.</p>	<p>Pattern / High</p> <p>Unmitigated ligature risk could put the hospital in an adverse decision on survey.</p>	<p>Emergency Department:</p> <p>The Emergency Department Behavioral Health POD would be considered a behavioral health unit based on current practice and design.</p> <p>Observed during the building tour, a patient on Suicide Ideation (SI) precautions (continuous monitoring) outside the ED Behavioral Health POD (unit was full at the time of survey) in treatment room #2 with numerous self-harm opportunities (examples: plastic bags in barrel, tubing and cords not in use).</p> <p>Continuous monitoring is the CMS (see CMS CoP Tag 144) preferred method to reducing risk to patients and should be considered as part of the mitigation strategy for identified risk within the ED. CMS expects 1:1 monitoring with continuous observation and removal of equipment and objects not in use.</p>	<p>Hospitals are expected to follow nationally recognized standards of care and guidelines to minimize risk to suicidal patients.</p> <p>EC News February 2018 Identifying and Mitigating Ligature Risk</p> <p>NPSG 15.01.01</p> <p>Sentinel Event Alert # 56</p> <p>The Joint Commission FAQ for Ligature Risk as it references the Behavioral Health Design Guide, February 2018, Edition 7.3</p> <p>The Joint Commission Perspectives, November 2017.</p> <p>CMS, S&C Memo:18-06-Hospitals</p> <p>CMS / CoP 144 and 701</p>



Standard	Risk Category Harm/Scope	Corresponding findings and recommendations	References/Resources
		<p>The organization should remove all items that can be removed from the room and provide an appropriate level of monitoring based upon patient's suicide risk and the ligature/self-harm items that remain in the environment to ensure patient care is provided in a safe environment. The organization is expected to develop and implement a policy/procedure to direct staff, provide education to staff as to the procedure, and ensure demonstrated competence and compliance. If the organization has a designated "safe room," The Joint Commission expects this room to be ligature resistant.</p> <p>Behavioral Health Unit Observed during the building tour of the Behavioral Health Unit, medical beds are being used. Safety provisions must be considered for all patients who could be at risk for suicide. Provisions may include locking the patient room door where a medical bed is being used when unoccupied, removing a medical bed from the unit if not in use, and/or any intervention that restricts access to the medical bed by other patients.</p> <p>The use of medical beds should be balanced based on the medical needs and the patients' risk for suicide. For patients who require medical beds that have ligature points, there must be appropriate mitigation plans and safety precautions in place. This information should be documented within the patient's medical record. In addition, The Joint Commission will not advise on the type of medical beds or ligature-resistant bed that should be purchased for patients. These decisions should be balanced based on patient needs.</p>	<p>The Joint Commission July 2018 revised FAQs</p>

Standard	Risk Category Harm/Scope	Corresponding findings and recommendations	References/Resources
		<p>Observed during the building tour, multiple types of furniture in the Behavioral Health Unit that have looping opportunities and can be used for stacking.</p> <p>Furniture used in behavioral health facilities should be easily cleaned, sturdy, loop resistant, and as heavy as possible to minimize the likelihood of patients turning chairs on end to gain elevation and throwing chairs, tables, etc. The organization should select furniture appropriate for the patient population served.</p> <p>Consider as much furniture as practical should be built-in or securely anchored in place to prevent stacking or barricading of doors.</p> <p>Observed during the building tour of the Behavioral Health Unit, fire alarm system horns and strobe boxes have ligature edges.</p> <p>Ensure fire alarm system horns and strobe boxes have mitigated edges.</p> <p>Observed during the building tour of the Behavioral Health Unit, numerous wall picture frames, informational boards, wall and ceiling surface mounted plates, access panels, speakers, etc. do not have tamper resistant screws.</p> <p>Ensure tamper resistant fasteners are used for all fasteners exposed to view on every product and assembly accessible in the inpatient environment and should be noted explicitly in the construction documents. Performance criteria for all fasteners accessible to patients shall be tamper resistant of the hexalobular (6-lobed), pin reject, internal drive system, meeting ISO Standard 10664.</p>	

Standard	Risk Category Harm/Scope	Corresponding findings and recommendations	References/Resources
		<p>Also ensure pick resistant caulking is used where appropriate.</p> <p>Observed during building tour of the behavioral health unit, badge scanner protector casing is shelf like and not ligature resistant.</p> <p>Ensure to risk assess and mitigate per assessment.</p> <p>Observed during building tour of the behavioral health unit, a shelf mounted on the wall of the patient room which appears to be a ligature risk.</p> <p>Consider removing the shelf or risk assess and mitigate per assessment.</p> <p>Observed during the building tour of the Behavioral Health Unit, multiple tight-fitting doors which provide a pinch point that allows a patient to tie a knot (in a sheet, the leg of a pair of jeans, or other object), place it over the top of the door, and close the door to create a hanging device.</p> <p>Ensure risk assessment is complete for all doors and that they are mitigated by constant monitoring.</p> <p>One way to reduce this risk in the future is with a pressure-sensitive or photoelectric device placed near the top of the door that can sound an alarm when activated.</p> <p>Observed during the building tour, door hardware not ligature resistant. Most concerning was a rounded door knob (style typically seen in a home) and non-breakaway lever action hardware.</p>	

Standard	Risk Category Harm/Scope	Corresponding findings and recommendations	References/Resources
		<p>Ensure to risk assess and consider use of some type of ligature-resistant door hardware. Caution should be given, as some door hardware can be used for ligature attachment in three ways: pulling down, pulling up and over the top of the door, and tying something around the latch edge of the door using both the inside and outside handles(transverse). The latch bolt itself has even been used successfully as an attachment point as it has the opening behind the strike plate; for this reason, a box should always be provided behind the strike plate.</p> <p>Consider door hardware with a lever handle. These effectively deal with up and down pressure, but are susceptible to transverse attachment. The lever should move freely in both directions when engaged to reduce ligature attachment risks. It is possible, lever handles may present more risk than some of the other product choices.</p> <p>Observed during the building tour of the Behavioral Health Unit, numerous patient room doors swing inward to patient room allowing for a barricade opportunity.</p> <p>Consider mounting patient room furnishings to floor or heavy difficult furniture to move or lift. Consider in future projects a door with a door that opens in the opposite direction.</p> <p>Observed during the building tour of the Behavioral Health Unit, the Rainbow Room was not secured or under direct observation. Patients had access to numerous self-harm objects. A patient was also located in patient room 464</p>	

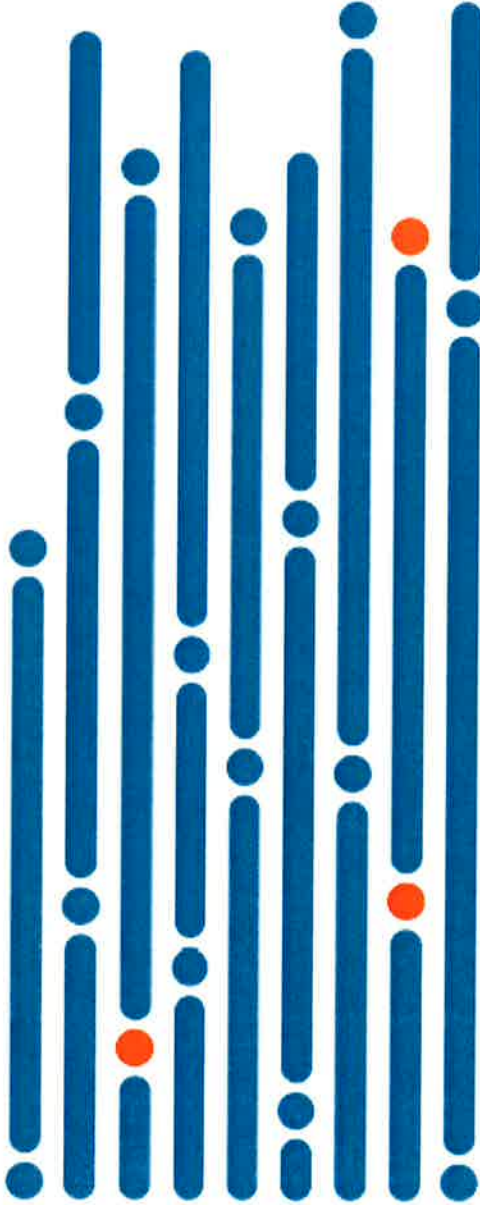
Standard	Risk Category Harm/Scope	Corresponding findings and recommendations	References/Resources
		<p>access from the Rainbow room that would have access to the room.</p> <p>Complete a risk assessment and consider locking door of room when not under constant observation.</p> <p>Observed during the building tour of the Behavioral Health Unit, a sub corridor outside patient rooms 460 and 461 not under observation where there is opportunity for self-harm. Also, in this area was a linen cart with a linen bag that could be used for self-harm.</p> <p>Consider removing linen bags from the patient care area. Complete a risk assessment and consider a camera or constant observation for this area.</p> <p>During tracer activity on both sides of the Behavioral Health unit, it was observed that staff at the nurse's station responsible for continuous monitoring of the patient CCTV system were performing other unit functions or not at the station. Patient constant monitoring was not occurring for location on the unit.</p> <p>Consider changing practice where staff are assigned to constant monitoring without disruption. Ensure the entire unit is visible if CCTV is the methodology for observation.</p> <p>The Joint Commission recommendation #13: Patients with serious suicidal ideation must be placed under demonstrably reliable monitoring (1:1 continuous monitoring, observations allowing for 360-degree viewing, continuously monitored</p>	

Standard	Risk Category Harm/Scope	Corresponding findings and recommendations	References/Resources
<p>Standard EC.02.06.05 The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.</p>		<p>video). The monitoring must be linked to the provision of immediate intervention by a qualified staff member when called for.</p> <p>Observed during the building tour of the Behavioral Health Unit, visitor lockers are located on the unit in the patient common area. This allows opportunity for visitors to enter the unit with contents that maybe harmful to staff and patients.</p> <p>Consider relocating lockers outside of the unit so no visitors can enter the unit with items that maybe harmful to staff and patients.</p>	<p>EOC News May 2018, the TJC "Construction and Design Partner Decision Checklist"</p>
<p>EP 2 When planning for demolition, construction, renovation, or general maintenance, the hospital conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services.</p> <p>Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation.</p>	 <p>Pattern / Moderate</p>	<p>Observed during the building tour, a nurse call system was being installed (above ceiling activity) with no ICRA or construction risk assessment in place.</p> <p>Observed work in the area of MRI with no apparent ICRA mitigation in place.</p> <p>Ensure during all demolition, construction, renovation, or general maintenance, the hospital conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services.</p> <p>Ensure no contractor tool carts are unattended.</p>	<p>According to The Joint Commission, dangerous microbes continue their attempts to invade the built health care environment despite the best efforts to eradicate them. Research shows that transmission of pathogenic organisms rises during construction and renovation projects in health care facilities. Especially prominent are bacteria like Aspergillus, Bacillus, and Legionella; fungi such as Mucorales and Histoplasma; and molds like Penicillium and Fusarium. An estimated 5,000 deaths occur annually due to construction-related infections in health care settings.</p> <p>See EC News September 2017 and October 2017 for additional information.</p>

Rutland Regional Medical Center
Rutland, VT



TJC HAP Accreditation Assessment
August 28-29, 2018

Karen Roehm, MHA, MSN, RN, CPHQ
Alexandra Dores, BSN, RN, CJCP



Standard	Risk Category Harm/Scope	Corresponding findings and recommendations	References/Resources
<p>Standard EC.02.06.01 The hospital establishes and maintains a safe, functional environment.</p> <p>EP 1 Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment and services provided.</p>	<p>High / Pattern</p>	<p>The physical environment of both dedicated and non-dedicated spaces for Behavioral Healthcare were reviewed for ligature and other safety risks.</p> <p>The organization provided a copy of the environmental risk assessments in dedicated and non-dedicated spaces. Many of the environmental risks identified by the surveyors were not noted on the risk assessment.</p> <p>Time constraints did not allow for a thorough review of all documents provided. Please ensure that areas, including outpatient Behavioral Health services, are included in the risk assessment process.</p> <p>Ensure that all risk-assessed areas include specificity related to ongoing mitigation actions, responsible individuals and a timeline for completion.</p> <p>The expectation on survey is that the assessment lists each room individually unless rooms are configured exactly alike. The assessment must include all spaces within the locked unit, to include hallways, common areas, patient rooms, bathrooms, shower rooms, restraint/seclusion rooms, etc. Non-dedicated spaces must also be assessed.</p>	<p>Effective July 1, 2018: Change in citing ligature/self-harm deficiencies:</p> <p>(CMS), beginning July 1, 2018, Joint Commission surveyors will cite ligature/self-harm deficiencies under Patient's Rights Condition of Participation (CoP) 482.13. Previously, Joint Commission surveyors cited these deficiencies under Physical Environment CoP 482.41, as well as under The Joint Commission's Environment of Care (EC) standard EC.02.06.01, element of performance (EP) 1.</p> <p>Joint Commission surveyors will continue to use and cite EC.02.06.01, EP 1, but add the relationship between this requirement and CoP 482.13 in the crosswalk. CoP 482.13 will be cited for ligature/self-harm findings, and CoP 482.41 will now be cited for non-ligature/self-harm findings. The EC requirement covers several areas beyond those that could be considered as a self-harm risk; it states:</p> <p>EC.02.06.01 — The hospital establishes and maintains a safe, functional environment. Note: The environment is constructed, arranged, and maintained to foster patient safety, provide facilities for diagnosis and treatment, and provide for special services appropriate to the needs of the community.</p>

EXHIBIT A

Standard	Risk Category Harm/Scope	Corresponding findings and recommendations	References/Resources
		<p>Additionally, please refer to the Engineer's report for specific details on environmental risks not noted here.</p> <p>BH Inpatient Unit:</p> <ul style="list-style-type: none"> In the kitchen area where patient may be unattended, old dumbwaiters were locked with padlocks, creating a looping hazard. Ice/soda machine have a flat top. Phone handset cradles in hallways – need to be tested and included in risk assessment. The nursing station is an open concept; the counter is low and narrow, and there is potential for a patient to access the area. Please refer to the July 2018 TJC Perspectives for additional FAQ related to nursing stations. The laundry room contained large tubs of powdered laundry detergent which were sitting unsecured. While staff indicated patients do not have access to this room, the potential for a patient to overpower a staff member and gain unauthorized access to this room should be risk – assessed. PICU (high acuity side) – ice machine and refrigerator have flat tops, tables are not fastened down. 	<p>•EP 1: Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.</p> <p>See Perspectives: NOV 2017, JAN & MAR 2018 TJC</p> <p>Graphic representation of the guidance in Nov 2017 TJC Perspectives</p>  <p>TJC-CMS Expert Panel Guidance Suicidi</p> <p>CMS Memo Dec 2017:</p>  <p>Survey-and-Cert-Letter-18-06 - Ligature Ris</p> <p>Additional Resources: Sentinel Event Alert # 56 Suicide Risk Booster - available to accredited organizations via their Secure Extranet Site EC News February, 2018 Volume 21 – Issue 2 – <i>The Safe Environment: Identifying and Mitigating Ligature Risks.</i> See also CMS CoP 482.13 (c) (2).</p>

Standard	Risk Category Harm/Scope	Corresponding findings and recommendations	References/Resources
		<ul style="list-style-type: none"> • A reclining chair with moving parts and ligature risks was in the group room; the vinyl covering was shredding and in poor condition. • In the comfort room, loose cushions could be used as a distraction. • Many vents contained a mix of regular flat and tamper proof screws. • A transfer board was propped against the wall in the restraint room bathroom. • In the exercise room, the equipment was not included on the risk assessment. <p>A tour of the ED behavioral health "safe" pod was conducted. This space was presented as non-designated, however, it was not evident that mitigation strategies were consistently implemented and enforced, including one-to-one constant observation.</p> <p>Risks identified:</p> <ul style="list-style-type: none"> • Regular ED stretchers in use • Chairs, over-bed tables, door hinges, door handles, air vents in rooms presented ligature risks. <p>A high risk patient was being observed by a sitter. The observation record was reviewed; it was noted that on several occasions, the patient was monitored via camera in lieu of one-to-one constant observation. This practice would not meet the TJC/CMS requirement for ONE-TO-ONE observation</p>	

Standard	Risk Category Harm/Scope	Corresponding findings and recommendations	References/Resources
		<p>of patients assessed to be at high risk for suicide in the ED. Please see references provided in adjacent column.→</p> <p>The organization does not require CCTV monitors to be staffed 24/7, therefore, the use of cameras as a mitigation strategy would not meet the requirements in areas where risks cannot be monitored via direct line-of sight.</p> <p>ED waiting room bathroom – nurse call pull cord was wrapped around a grab bar rendering it non-functional.</p> <p>The single sink in the Radiology Ultrasound exam room was used for both rinsing the endovaginal probe during the HLD process and for hand hygiene. Please see recent TJC SIG in adjacent column.→</p> <p>These items may be scored on survey as a CMS Condition Level Deficiency.</p>	<p>TJC SIG – 05/23/18 Use of single sinks Q: Is it acceptable to do initial decontamination of a Trophon device in the single sink within a room? The sink is cleaned / decontaminated after the Trophon is rinsed in it and before it is returned to use as a hand washing sink. Is this an acceptable practice? A: Rinsing of a vaginal probe in a sink that is also utilized for hand hygiene is not permissible. A sink designated for decontamination of soiled items, regardless of whether the sink is cleaned or not, should not be used for hand hygiene. Surveyors will look for this during survey and if observed, would be scored under EC.02.06.01.</p>
<p>HUMAN RESOURCES Standard HR.01.05.03 Staff participate in ongoing education and training. EP 1 Staff participate in ongoing education and training to maintain or increase their competency and, as needed, when staff responsibilities change. Staff participation is documented.</p>		<p>Consultative: Please ensure that written tests and quizzes have a documented passing grade. Also evaluators should refrain from drawing a single arrow through multiple line items, as this practice does not accurately reflect the competency process.</p>	<p>EXHIBIT A</p>



RRMC 4th Floor PSIU Mock Survey Renovations DD Budget Estimate REV 1 04.25.19

Project: RRMC PSIU West and North Wing
 Architect: Lavallee Brensinger Architects

Summary Sheet

Construction Cost Budget Estimate with A01 and A03				\$2,895,878
Move PI Staff Offsite & Renovate				\$100,000
Owner /soft cost: to include Architect, Engineer fees, and other	allow	15.00%		\$434,382
FFE and Equipment	allow	13.00%		\$376,464
Owner Contingency	allow	9.00%		\$260,629
Total Project cost				\$4,067,353

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 4/25/2019



RRMC 4th Floor PSIU Mock Survey Renovations DD Budget Estimate REV 1 04.25.19

Project: RRMC PSIU West and North Wing

printed on 04/25/19

Architect: Lavallee Brensinger Architects

ITEM	DESCRIPTION	QUAN	U/M	UNIT LABOR	LABOR	UNIT MAT'L	MAT	SUB COST	TOTAL
1	GENERAL CONDITIONS				\$198,860		\$152,174	\$0	\$351,034
2	DEMOLITION & ALTERATIONS				\$89,151		\$40,319	\$0	\$129,470
3	CONCRETE				\$390		\$260	\$0	\$650
4	MASONRY				\$0		\$0	\$0	\$0
5	METALS				\$0		\$5,000	\$0	\$5,000
6A	ROUGH CARPENTRY				\$4,800		\$4,000	\$0	\$8,800
6B	FINISH CARPENTRY & MILLWORK				\$0		\$50,150	\$78,974	\$129,124
7	THERMAL & MOISTURE PROTECTION				\$14,400		\$16,120	\$0	\$30,520
8	DOORS, WINDOWS & GLASS				\$95,432		\$142,465	\$10,445	\$248,342
9	FINISHES				\$38,880		\$258,988	\$0	\$297,868
10	SPECIALTIES				\$3,690		\$24,040	\$23,895	\$51,625
11	EQUIPMENT				\$0		\$0	\$0	\$0
12	FURNISHINGS				\$0		\$0	\$0	\$0
13	SPECIAL CONSTRUCTION				\$0		\$0	\$0	\$0
14	CONVEYING SYSTEMS				\$0		\$0	\$0	\$0
21	FIRE SUPPRESSION				\$0		\$6,000	\$85,750	\$91,750
22	PLUMBING				\$0		\$0	\$0	\$0
23	HEATING, VENTILATING, AND AIR-CONDITIONING (HVAC)				\$0		\$30,000	\$303,000	\$333,000
25	INTEGRATED AUTOMATION				\$0		\$0	\$0	\$0
26	ELECTRICAL				\$0		\$33,550	\$386,310	\$419,860
27	COMMUNICATIONS				\$0		\$7,500	\$0	\$7,500
28	ELECTRONIC SAFETY & SECURITY				\$0		\$33,710	\$72,865	\$106,575
31	EARTHWORK				\$0		\$0	\$0	\$0
32	EXTERIOR IMPROVEMENTS				\$0		\$0	\$0	\$0
33	UTILITIES				\$0		\$0	\$0	\$0
* Pricing is based on Lavallee Brensinger 4th Floor Inpatient drawings AD1.1, AD1.2, A1.1, & A1.2 dated 2-25-2018 and the product binder dated 10-12-2018.									
Building Floor Areas:					\$445,603		\$804,276	\$961,239	\$2,211,118
Phase 1 1,260 sf									
Phase 2 8,690 sf									
Total Building 9,950 sf									
Cost /SF \$252.19									
								CM Estimating Contingency 10.00%	\$221,112
								sub tot	\$2,432,230
								G.C. BOND	\$20,066
								sub tot	\$2,452,296
								CM FEE 2.25%	\$57,030
								TOTAL	\$2,509,326

Total Building	9,950 sf			CM Estimating Contingency 10.00%	\$221,112
Cost /SF	\$252.19			sub tot	\$2,432,230
				G.C. BOND	\$20,066
				sub tot	\$2,452,296
				CM FEE 2.25%	\$57,030
				TOTAL	\$2,509,326

ALTERNATES	
A01: Phase 1, Add Third Patient Room & Bathroom	\$76,443
A02: Replace Corridor Security Ceilings with 2x2 Armstrong Metalworks	not accepted
A03: Moderate Bathroom Renovations in lieu of Minor	\$310,109
A04: Remove & Replace West Corridor Handrails	not accepted

TOTAL WITH ALTERNATES \$2,895,878

The construction estimate excludes typical owner costs such as:

- Property
- Environmental clearance
- Mold Remediation
- Abatement of Hazardous Materials
- Legal/Administrative
- Financing
- Clerk of the Works/Owners Representative
- Architectural and Special Consultants Fees and Reimbursables
- Moving Costs
- Utility Company Charges
- Permits
- All Testing
- Furnishings (System Furnishings, Furniture, Loose Equipment, etc.)
- Window Treatment
- Interior Signage
- Owner Provided Equipment and Wire
- Property Insurance, Builder's Risk including Deductible
- Owner's Construction Contingency

Our estimate assumes there are no unusual sub-surface conditions such as, but not limited to:

- Boulders
- Ledge
- Ground Water
- Unsuitable or Contaminated Soils
- Inadequate Bearing

EXHIBIT B

EXHIBIT B



RRMC 4th Floor PSIU Mock Survey Renovations DD Budget Estimate REV 1 04.25.19

Project: RRMC PSIU West and North Wing

printed on 04/25/19

Architect: Lavallee Brensinger Architects

ITEM	DESCRIPTION		QUAN	U/M	UNIT LABOR	LABOR	UNIT MAT'L	MAT	SUB COST	TOTAL
1 GENERAL CONDITIONS										
010	General & Special Conditions									
0101004	Overtime Premium		80	hrs	\$30	\$2,400		\$0		\$2,400
012	Field Supervision									
0101201	Superintendent		47	wks	\$3,320	\$156,040		\$0		\$156,040
0101202	Field engineer	in above				\$0		\$0		\$0
014	Expenses									
0101401	Key Person Expenses		47	wks		\$0	\$25.00	\$1,175		\$1,175
016	Field Office									
0101601	Office Trailer Rental		11	mo		\$0	\$270.00	\$2,970		\$2,970
0101602	Move Trailers					\$0		\$0		\$0
0101603	Storage trailer/shed	see divisions				\$0		\$0		\$0
0101604	Office supplies		11	mo		\$0	\$50.00	\$550		\$550
018	Safety Program									
0101801	First aid		1	ls		\$0	\$250.00	\$250		\$250
0101805	Protective Equipment		1	ls		\$0	\$250.00	\$250		\$250
0101807	Infect Control/Life Safety		47	wks		\$0	\$200.00	\$9,400		\$9,400
022	Tools									
0102202	Small Tools		47	wks		\$0	\$25.00	\$1,175		\$1,175
0102203	Equipment to Plant					\$0		\$0		\$0
0102204	Rental, Company	minor	11	mo		\$0	\$500.00	\$5,500		\$5,500
0102205	Rental, Non-Company					\$0		\$0		\$0
0102206	Pick-Up Trucks		11	mo		\$0	\$650.00	\$7,150		\$7,150
0102207	Company Gas		47	wks		\$0	\$75.00	\$3,525		\$3,525
0102208	Tool Repair					\$0		\$0		\$0
0102209	Lifts for Trades					\$0		\$0		\$0
041	Project Management									
0104101	Senior Project Manager		47	wks		\$0	\$240.00	\$11,280		\$11,280
0104102	Project Manager \$91 x 12 hrs p/wk		47	wks		\$0	\$1,092.00	\$51,324		\$51,324
0104103	Admin Travel Expense		47	wks		\$0	\$120.00	\$5,640		\$5,640
0104104	Executive Management	inc. in fee				\$0		\$0		\$0
0104106	Admin support		47	wks		\$0	\$135.00	\$6,345		\$6,345
042	Scheduling									
0104201	In House Scheduling			inc. in fee		\$0		\$0		\$0
0104202	Scheduling Consultant			ls		\$0		\$0		\$0
0104203	Maintain Schedules			inc. in fee		\$0		\$0		\$0
043	Preconstruction Services									
0104301	Fee		1	ls		\$0	\$9,300.00	\$9,300		\$9,300
0104302	Reimbursables					\$0		\$0		\$0
045	Insurances/Taxes									
0104501	State Sales Tax, EXEMPT					\$0		\$0		\$0
0104503	Builders Risk	by owner				\$0		\$0		\$0
0104504	Owner Protective Liability	by owner				\$0		\$0		\$0
0104505	Bridge B.R. Deduct			ls		\$0		\$0		\$0
0104506	Other Insurance			ls		\$0		\$0		\$0
065	Permits									
0106502	Zoning/Local Rutland City	allow	1	ls		\$0	\$7,500.00	\$7,500		\$7,500
0106503	State /Fire Safety based on \$1.5 million	allow	1	ls		\$0	\$20,000.00	\$20,000		\$20,000
330	Survey & Layout									
0133003	Engineer Layout	none	1	ls		\$0		\$0		\$0
335	Protect/Repair Grounds									
0133504	Maintain Egress		1	ls		\$0	\$1,500.00	\$1,500		\$1,500
0133505	Temp Signage		1	ls		\$0	\$500.00	\$500		\$500
510	Temporary Utilities									
0151002	Temp Power Consump	by owner				\$0		\$0		\$0
0151003	Temp Lights & Wire	by subs				\$0		\$0		\$0
520	Winter Conditions									
0152001	Temp heat/fuel	none		mo		\$0		\$0		\$0
0152002	Temp heat equipment	none		mo		\$0		\$0		\$0
0152003	Winter weather shelter	none		ls		\$0		\$0		\$0
0152004	Snow removal					\$0		\$0		\$0
525	Construction Aids									
0152507	Temp water					\$0		\$0		\$0
0152508	Temp Toilets & Wash		11	mo		\$0	\$240.00	\$2,640		\$2,640
530	Barriers and Enclosures									
0153001	Temp Laydown area		1	ls		\$0	\$1,200	\$1,200		\$1,200
0153002	Temp fencing					\$0		\$0		\$0
0153003	Temp Barricades					\$0		\$0		\$0
540	Security									
0154001	Watchman			ls		\$0		\$0		\$0
0154002	Security Systems			ls		\$0		\$0		\$0
560	Quality Control/Testing									
0156001	Test Soils/Concrete	none	1	ls		\$0		\$0		\$0
0156002	Test Steel/Fire	none	1	ls		\$0		\$0		\$0
0156003	Assist with Testing			ls		\$0		\$0		\$0
0156004	IBC Testing	none	1	ls		\$0		\$0		\$0
565	Temporary Fire Protection									
0156501	Temp fire extinguishers		6	ea		\$0	\$250.00	\$1,500		\$1,500
580	Project Identification									
0158001	Project Sign			ls		\$0		\$0		\$0
660	Testing Systems									
0166001	Commissioning	none				\$0		\$0		\$0
0166002	Operational Testing			ls		\$0		\$0		\$0
710	Cleaning									
0171001	Recycle Plan					\$0		\$0		\$0

EXHIBIT B

EXHIBIT B



RRMC 4th Floor PSIU Mock Survey Renovations DD Budget Estimate REV 1 04.25.19

Project: RRMC PSIU West and North Wing

printed on 04/25/19

Architect: Lavallee Brensingher Architects

ITEM	DESCRIPTION	QUAN	U/M	UNIT LABOR	LABOR	UNIT MAT'L	MAT	SUB COST	TOTAL
0171002	Dumpsters				\$0		\$0		\$0
0171005	Progress Clean	47	wks	\$860.00	\$40,420		\$0		\$40,420
0171007	Final Clean Building				\$0		\$0		\$0
720	Project Documents								
0172001	Document Print & Distrib				\$0		\$0		\$0
0172002	Photos				\$0		\$0		\$0
0172003	As-Built Drawings				\$0		\$0		\$0
0172004	Coordination Drawings				\$0		\$0		\$0
0172007	CAD Record Files				\$0		\$0		\$0
770	Project Closeout								
0177001	Warranties				\$0		\$0		\$0
0177002	O&M Manuals	1	ls		\$0	\$1,500.00	\$1,500		\$1,500
0177003	Closeout Expenses				\$0		\$0		\$0
800	LEED Objectives								
0180001	General				\$0		\$0		\$0
810	Allowances								
0181001	General				\$0		\$0		\$0
820	Alternatives								
0182001	General				\$0		\$0		\$0
830	Owner Furnish								
0183001	General				\$0		\$0		\$0
840	Contractor Install								
0184001	General				\$0		\$0		\$0
850	Project Management								
0185001	Environmental Protection				\$0		\$0		\$0
0185002	Indoor Air Quality				\$0		\$0		\$0
0185003	Storm Water Control				\$0		\$0		\$0
0185004	Moisture & Mold Control				\$0		\$0		\$0
860	Supplemental GC's								
0186001	Punch List				\$0		\$0		\$0
0186002	Training				\$0		\$0		\$0
ITEM TOTAL					\$198,860	\$45,872	\$152,174	\$0	\$351,034

2 DEMOLITION & ALTERATIONS									
024100 Selective Demolition									
Phase 1									
Temp provisions									
	Move owner equipment/furnishings	32	hrs	\$60.00	\$1,920		\$0		\$1,920
	Temp partitions	760	sf	\$8.00	\$6,080	\$2.00	\$1,520		\$7,600
	Walk-off mats	15	pads	\$60.00	\$900	\$90.00	\$1,350		\$2,250
	HEPA filters	14	wks	\$30.00	\$420	\$25.00	\$350		\$770
	Carts	14	wks	\$0.00	\$0	\$15.00	\$210		\$210
	Negative air machines	14	wks	\$150.00	\$2,100	\$75.00	\$1,050		\$3,150
	Pressure indicator	14	wks	\$30.00	\$420	\$25.00	\$350		\$770
	Dumpsters	3	ea		\$0	\$1,250.00	\$3,750		\$3,750
	Demo				\$0		\$0		\$0
	CL1, remove ceilings	605	sf	\$0.75	\$454	\$0.25	\$151		\$605
	CL2, remove drywall ceilings	94	sf	\$1.25	\$118	\$0.50	\$47		\$165
	CM1, remove casework & counter-tops	13	lf	\$24.00	\$312	\$2.00	\$26		\$338
	CM4, remove counter-tops	24	lf	\$20.00	\$480	\$2.00	\$48		\$528
	DW3, remove aluminum double door opening	1	ea	\$120.00	\$120	\$10.00	\$10		\$130
	DW8, remove door, frame & hardware	3	ea	\$120.00	\$360	\$10.00	\$30		\$390
	DW12, remove door hardware, salvage door	2	ea	\$90.00	\$180	\$10.00	\$20		\$200
	DW14, remove door hinges, salvage door & hardware	1	ea	\$60.00	\$60	\$10.00	\$10		\$70
	E1, remove & salvage lockers	3	ea	\$60.00	\$180	\$10.00	\$30		\$210
	E3, remove display boards, wall shelving, & misc equip	1	ea	\$180.00	\$180	\$10.00	\$10		\$190
	E9, remove existing sink			Refer to division 230000	\$0		\$0		\$0
	F1, remove VCT flooring & base	94	sf	\$1.00	\$94	\$0.25	\$24		\$118
	F2, remove flooring & base	610	sf	\$1.00	\$610	\$0.25	\$153		\$763
	F3, remove ceramic flooring	81	sf	\$1.75	\$142	\$0.50	\$41		\$183
	P1, demo wall assembly, 12' tall	907	sf	\$3.00	\$2,721	\$0.50	\$454		\$3,175
	P3, demo wall for new opening, 8' tall	216	sf	\$3.00	\$648	\$0.50	\$108		\$756
Phase 2									
Temp provisions									
	Move owner equipment/furnishings	208	hrs	\$60.00	\$12,480		\$0		\$12,480
	Temp partitions	1900	sf	\$8.00	\$15,200	\$2.00	\$3,800		\$19,000
	Walk-off mats	20	pads	\$60.00	\$1,200	\$90.00	\$1,800		\$3,000
	HEPA filters	33	wks	\$30.00	\$990	\$25.00	\$825		\$1,815
	Carts	33	wks	\$0.00	\$0	\$15.00	\$495		\$495
	Negative air machines	33	wks	\$150.00	\$4,950	\$75.00	\$2,475		\$7,425
	Pressure indicator	33	wks	\$30.00	\$990	\$25.00	\$825		\$1,815
	Dumpsters	5	ea		\$0	\$950.00	\$4,750		\$4,750
	Demo				\$0		\$0		\$0
	CL1, remove ceilings	402	sf	\$0.75	\$302	\$0.50	\$201		\$503
	CL2, remove drywall ceilings	220	sf	\$1.25	\$275	\$0.50	\$110		\$385
	CL4, remove portions of ceilings	865	sf	\$1.25	\$1,081	\$0.50	\$433		\$1,514
	CM1, remove casework & counter-tops	20	lf	\$24.00	\$480	\$5.00	\$100		\$580
	CM4, remove counter-tops	11	lf	\$20.00	\$220	\$5.00	\$55		\$275
	CM5, remove Nurse station, complete	1	ls	\$2,880.00	\$2,880	\$500.00	\$500		\$3,380
	DW8, remove door, frame & hardware	13	ea	\$120.00	\$1,560	\$25.00	\$325		\$1,885
	DW10, remove door hardware, salvage door	1	ea	\$90.00	\$90	\$25.00	\$25		\$115
	DW12, remove door hardware, salvage door	2	ea	\$90.00	\$180	\$25.00	\$50		\$230
	DW13, remove lockset only	11	ea	\$30.00	\$330	\$25.00	\$275		\$605
	DW14, remove door hinges, salvage door & hardware	3	ea	\$60.00	\$180	\$25.00	\$75		\$255
	E3, remove display boards, wall shelving, & misc equip	2	ea	\$180.00	\$360	\$50.00	\$100		\$460

EXHIBIT B

EXHIBIT B



RRMC 4th Floor PSIU Mock Survey Renovations DD Budget Estimate REV 1 04.25.19

Project: RRMC PSIU West and North Wing

printed on 04/25/19

Architect: Lavallee Brensinger Architects

ITEM	DESCRIPTION	QUAN	U/M	UNIT LABOR	LABOR	UNIT MAT'L	MAT	SUB COST	TOTAL
	E4, remove shelving, curtain track & coat hooks	13	ea	\$180.00	\$2,340	\$50.00	\$650		\$2,990
	E9, remove existing sink	Refer to division 230000			\$0		\$0		\$0
	E17, remove corridor railings	226	lf	\$8.00	\$1,808	\$1.00	\$226		\$2,034
	E18, remove ceiling mounted speaker box	Refer to division 260000			\$0		\$0		\$0
	E19, remove floor bed restraint hooks	13	ea	\$30.00	\$390	\$10.00	\$130		\$520
	E20, remove non-tamper resistant outlet plates	Refer to division 280000			\$0		\$0		\$0
	E22, remove electrical wall plates	Refer to division 260000			\$0		\$0		\$0
	E23, remove tel/data & cable outlets	Refer to division 260000			\$0		\$0		\$0
	F1, remove VCT flooring & base	1400	sf	\$1.25	\$1,750	\$0.50	\$700		\$2,450
	P1, demo wall assembly, 12' tall	2360	sf	\$3.00	\$7,080	\$0.50	\$1,180		\$8,260
	Cut for other work, labor	allow	80	hrs	\$60.00		\$0		\$4,800
	Core penetrations for trades, labor	allow	64	hrs	\$60.00		\$0		\$3,840
	Core penetrations for trades, material	allow	1	ls		\$500.00	\$500		\$500
	Assist-install owner furnishing	allow	24	hrs	\$58.00		\$3.00	\$72	\$1,464
	Off hour work/premium	allow	24	hrs	\$30.00		\$25.00	\$600	\$1,320
	Remove & replace ceilings	allow	1	ls	\$2,784.00		\$1,500.00	\$1,500	\$4,284
	Forklift	3	mo		\$0	\$2,600.00	\$7,800		\$7,800
					\$0		\$0		\$0
ITEM TOTAL					\$89,151		\$40,319	\$0	\$129,470

3 CONCRETE									
033000 Cast-In-Place Concrete									
	Patch concrete floor at removed anchors (E19)	13	ea	\$30.00	\$390	\$20.00	\$260		\$650
					\$0		\$0		\$0
ITEM TOTAL					\$390		\$260	\$0	\$650

4 MASONRY									
042000 Unit Masonry									
									\$0
ITEM TOTAL					\$0		\$0	\$0	\$0

5 METALS									
051200 Structural Steel Framing									
055000 Metal Fabrications									
	Misc metals	allow	1	ls		\$5,000.00	\$5,000		\$5,000
					\$0		\$0		\$0
ITEM TOTAL					\$0		\$5,000	\$0	\$5,000

6A ROUGH CARPENTRY									
061054 Wood Blocking and Curbing									
	FT wood blocking, labor	allow	80	hrs	\$60.00		\$4,800		\$4,800
	FT wood blocking, material	allow	1	ls		\$4,000.00	\$4,000		\$4,000
					\$0		\$0		\$0
ITEM TOTAL					\$4,800		\$4,000	\$0	\$8,800

6B FINISH CARPENTRY & MILLWORK									
062000 Finish Carpentry & Architectural Woodwork									
064100 Architectural Wood Casework									
123600 Countertops									
Millwork Sub									
	Typical patient room casework	Windham	1	budget		\$0	\$0	\$78,974	\$78,974
	Typical patient room solid surface	in above			\$0		\$0		\$0
	Temporary staff/nurse station casework	in above	6	lf		\$0	\$0		\$0
	Temporary staff/nurse station solid surface	in above			\$0		\$0		\$0
	Dumbwaiter PLAM doors	in above	11	lf		\$0	\$0		\$0
	Corridor bench	in above			\$0		\$0		\$0
	Corridor bench solid surface	in above	4	sf		\$0	\$0		\$0
	Nurse station die wall	in above			\$0		\$0		\$0
	Nurse station paneling	in above			\$0		\$0		\$0
	Nurse station solid surface	in above			\$0		\$0		\$0
	Nurse station tall cabinets		11	lf		\$0	\$650.00	\$7,150	\$7,150
	Dining				\$0		\$0		\$0
	Base cabinets		8	lf		\$0	\$450.00	\$3,600	\$3,600
	Counter-top, solid surface		11	lf		\$0	\$250.00	\$2,750	\$2,750
	Sink enclosure, solid surface		2	lf		\$0	\$225.00	\$450	\$450
	Wall cabinets		11	lf		\$0	\$325.00	\$3,575	\$3,575
	Soiled Utility				\$0		\$0		\$0
	Base cabinets		5	lf		\$0	\$450.00	\$2,250	\$2,250
	Counter-top, solid surface		5	lf		\$0	\$250.00	\$1,250	\$1,250
	Wall cabinets		5	lf		\$0	\$325.00	\$1,625	\$1,625
	Laundry				\$0		\$0		\$0
	Counter-top, solid surface		5	lf		\$0	\$250.00	\$1,250	\$1,250
	Deep counter-top, solid surface		7	lf		\$0	\$300.00	\$2,100	\$2,100
	Open Shelving, PLAM		9	lf		\$0	\$75.00	\$675	\$675
	Reception				\$0		\$0		\$0
	Counter-top, solid surface	in above	4	lf		\$0	\$0		\$0
	Med Room				\$0		\$0		\$0
	Wall cabinets		7	lf		\$0	\$325.00	\$2,275	\$2,275
	Base cabinets		6	lf		\$0	\$450.00	\$2,700	\$2,700
	Deep Counter-top, solid surface		12	lf		\$0	\$300.00	\$3,600	\$3,600
	Counter-top, solid surface		7	lf		\$0	\$250.00	\$1,750	\$1,750
	Sink enclosure, solid surface		2	lf		\$0	\$225.00	\$450	\$450
	Dictation				\$0		\$0		\$0

EXHIBIT B