

March 28, 2022

Donna Jerry  
144 State Street  
Montpelier, VT 05602

**RE: Docket No. GMCB-014-21con, North Country Hospital, Construction and Renovation Project Involving the In-Patient Department, Emergency Department, Lab Department, OT/PT/ST Department and Access and Canopies. Total Project Cost: \$27,898,176.**

Dear Ms. Jerry:

As requested, please find responses to further inquiries from your March 2, 2022 letter regarding North Country Hospital's proposed project.

**General**

1. **Provide a more detailed overview of existing conditions, age of the plant in each of the areas to be renovated, when past renovations/construction were completed, and more information as to why the proposed changes in each area are needed. Also provide:**
  - a. **A table showing the current square footage and proposed square footage for each project component;**
    - See Attachment 1a
  - b. **A table showing the current and proposed number of beds/rooms and clinical spaces by type for each project component, where applicable.**
    - See Attachment 1a
2. **Provide a copy of the master facility plan referenced in the application.**
  - See Separate Master Facility Plan sent via email
3. **Provide an explanation as to why the project was not included in past hospital budget submissions and address whether it will be included in the FY23 submission.**
  - The project was not included in FY22 budget submission because the project will not begin until Certificate of Need has been approved. In anticipation of a positive outcome, NCH will be including the project in the FY23 budget submission.
4. **Provide a letter from Efficiency Vermont (EV) that outlines how the hospital will be working with EV on the energy efficiency for each component of the project.**
  - See email attachment from Efficiency Vermont

5. **Explain in more detail how the project will support equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated wholistic system of care. (See number 10 on page 17 of your application.)**
  - The project will more effectively streamline the patient flow from patient registration, to the ED, to the inpatient setting alleviating bottlenecks that prevent care in the appropriate setting. For example, a patient who is being admitted and is able to move to the next level of care in a timely fashion, allows for the next patient access to care dropping down wait time to be seen by doctor/nurse. This allows for proper housing of all urgent patient care needs including the mental health population. NCH has 24/7 access to telemedicine psychiatry and ongoing support from Northeast Kingdom Human Services for inpatient, outpatient, and post discharge service to the mental health population. These services will continue to be integrated into all aspects of patient care at NCH. As with all patients, NCH will care for mental health patients regardless of ability to pay. Patient navigators work alongside patients to identify resources such as health insurance enrollment and discounts based on income level.
  
6. **Explain the availability of public transportation service and frequency of service with stops at the hospital.**
  - Rural Community Transport RCT is the sole community provider of public transport. There are 2 stops on campus daily at NCH Main Entry / Emergency Department and Primary Care Building. Monday – Saturday drop-off and pick-up's are at 7:55a, 9:10a, 9:55a, 11:10a, 12:55p, 2:10p, 2:55p, 4:10p. RCT will also arrange for direct pick-up and drop-off's at our Pediatric, Surgical, and Rehab buildings. In addition, the hospital arranges use of RCT and taxi services for patients on the off hours or needing transportation to areas not commonly covered in RCT routine routes.
  
7. **On page 9, it is noted that an attestation of compliance with the FGI Guidelines was included in the application but was not attached. Please provide a copy of the attestation.**
  - See Attachment FGI Attestation Letter

### **Inpatient Department Component**

8. **CON Standard 1.6: Explain in detail how the hospital currently collects and monitors data relating to health care quality and outcomes related to the inpatient component and whether this will continue or change when the project is completed.**
  - NCH monitors average length of stay, high census, nurse to staff ratios, readmission rates, quietness of environment, safe use of opioids, and statin medications at discharge. These measures are reviewed at monthly Quality Improvement Committee. They are also reviewed by CMS accrediting body,

DNV. All measures will continue to be collected and monitored when project is complete.

**9. CON Standard 1.7: Explain how the hospital is currently consistent with evidence-based practices; how practitioners will be made aware of evidence-based guidelines; and how such guidelines will be incorporated into on-going decision making and whether it will continue or change when the project is completed.**

- This project provides the opportunity to upgrade and modernize the inpatient care environment of care for adult, peds, and newborns. Staff have continuous education at daily huddles, monthly staff meetings, monthly education. The co-location of both maternal child and adult inpatient will encourage greater collaboration across nurses and providers to provide for optimal patient outcomes using shared developing talent. Because this will be the first time both departments are on same floor, it will provide the opportunity to improve standardized best practices for both departments. NCH is surveyed annually by DNV to validate hospital is operating in line with evidence-based practices.

**10. Clarify the total number of proposed inpatient rooms and the number with negative pressure.**

- The proposed number of inpatient rooms remains at 25. At a minimum we will provide 1 Airborne Isolation Room (All). The total number of negative rooms will be reviewed further throughout design development. We will need to review this alongside current and projected future policies on Covid-19 and any future pandemic like illnesses.

**Emergency Department Component**

**11. CON Standard 1.6: Explain in detail how the hospital currently collects and monitors data relating to health care quality and outcomes related to the inpatient component and whether this will continue or change when the project is completed.**

- Running a more efficient ED with appropriate space for all ED patients such that patients aren't being treated in ED hallways allows for proper care and assessment before decision to admission. NCH tracks door to doc, door to discharge, left without being seen, but does not track time spent evaluating proper inpatient cohorts upon decision of admission. The new build allows the ED physician, Hospitalist, and charge nurse to focus time on direct patient care, rather than modeling inpatient room placement, for example male/female, infectious/noninfectious, available rooms if relocating existing inpatients to alternative rooms to accommodate incoming admission. This also impacts rework for environmental care staff, patient family/visitors room reassignment, patient medical equipment, etc. These unnecessary steps will be completely removed with new build.

**12. CON Standard 1.7: Explain how the hospital is currently consistent with evidence-based practices; how practitioners will be made aware of evidence-based guidelines; and how such guidelines will be incorporated into on-going decision making and whether it will continue or change when the project is completed.**

- All ED physicians are Board Certified. All Physicians and Nurses maintain their yearly education and competencies. They are provided with professional resources such as “Up to Date” which allows for clinical decision-making tools. The department is surveyed each year by DNV representing CMS to continue to identify areas for improvement. The new project will continue to elevate the environment of care but will not replace the continuous process improvement programs already in place within the department.

**13. Explain in more detail if and how the hospital has included the local Designated Agency and mental health advocacy community in the design of the area in the ED for individuals experiencing a mental health crisis.**

- Northeast Kingdom Human Services (NKHS) new CEO, Kelsey Stavseth, met with NCH Administration and Architects to review and comment on current schematic plans. NKHS’s behavioral health and psychiatrists also participated. They are supportive of the current design and will further participate in the detail design phase post CON approval. Most recently, community members and legislators have discussed desire for opening an offsite mental health and substance abuse center for the Northeast Kingdom. This effort will include participation with outlying communities such as St. Johnsbury, also operating within NKHS service area. These groups are aware of the need to upgrade the existing Emergency Departments in Newport and St. Johnsbury to serve the mental health population up until patient is discharged to more appropriate, higher level of care.

**14. Clarify which rooms in the emergency department will be pressurized or whether the entire department will be pressurized.**

- Similar to the inpatient design, we have not yet confirmed the amount of negative pressure rooms that will be provided.

**15. Explain where the ambulances are currently housed and their location following the project.**

- Since Covid-19, NCH has not used the ambulance garage as that has been staged to handle Covid19 needs. During this time the ambulances have been parked outside of the ED. This will continue. A canopy will be provide for the transfer of patients out of the ambulance and into the ED.

**16. Explain in detail initiatives undertaken by the hospital during the past five years to reduce the number of ED visits such as educational programs, expansion of primary care, walk-in clinics, etc.**

- Because the ED does such a good job of seeing patients quickly upon presentation to the department, community members have gravitated to this place of service as a point of convenience. Over the last several years, NCH has explored multiple models for supporting a walk-in clinic for the community. NCH extended Primary clinic hours beyond normal operation, but the service was not utilized by patients. The primary care offices are located on same campus as the hospital emergency department. 3 years ago, NCH looked at off campus models. Even the lowest cost model proved challenging given ongoing costs to operate a duplicate primary care service line. In March 2022, NCH announced a partnership with Northern Counties Health Care (NCHC) to open Northern Express Care – Newport, a federally qualified health clinic. NCH will sponsor the walk-in clinic to offset operating losses. The clinic opens on Main Street in downtown Newport Summer 2022. NCH is also seeking to invest more capital and resources into our Community Wellness Center. Efforts are underway to identify new updated programs, equipment, and space to draw community members into healthy lifestyle choices. These efforts and others are in line with NCH’s recently updated Community Health Needs Assessment.

**17. The application represents that the hospital serves 27,000 residents in Orleans County and North Essex County and that the ED currently serves approximately 17,200 patients annually. Provide more detail regarding the annual number of ED visits relative to the population of your service area.**

- Newport is a lakeside community with increasing focus on drawing tourists and seasonal residents for the many outdoor recreation opportunities. Newport’s lakeside and mountain biking trails, hiking trails, boating, hunting, fishing, golfing, ATV, snowmobiling, ice fishing, dirt track racing, recreation tournaments and Jay Peak Four Seasons Mountain Resort offer plenty of opportunities to enjoy the community. In addition, the Newport/Derby area is a preferred location for shopping with 4 large grocery stores, 3 new car dealerships, 2 large department stores, 2 recycle centers, and numerous restaurants; all reasons to visit from nearby Canada or outlying communities. These all bring unexpected ED encounters.

**18. CON Standard 4.3: Specifically address how the ED provides access to on-call emergency psychiatry consultations and specifically how the expansion will enhance current or emerging mental health and substance abuse needs.**

- The hospital has 24/7 on-demand emergency psychiatry telemedicine consulting. ED Physician places order and ED Nurse facilitates the consult at patient bedside. The Psychiatrist will make assessments and recommendations to the ED physician regarding patient’s care and documents encounter to be included in patient chart. The hospital expansion will provide

additional private patient treatment rooms along with appropriate technology to continue this very important service.

**19. CON Standard 4.5: Specifically identify services and protocols included in the ongoing operation of the ED relative to furthering the integration of mental health, substance use disorder, and other health care and provide examples.**

- NCH added a dedicated ED case manager in 2020. This role had previously been split with Maternal Child Health department. There is now a dedicated case manager for that floor as well. Both positions will continue. In addition, NCH partnered with NKHS to embed a second case manager with added focus roles on mental health and substance use disorder. For example, when a patient presents with a mental health or substance use disorder diagnosis, NCH pairs the person with one of our 3 case managers to further identify post care needs. Other needs identified are passed onto our outpatient care coordination team located in our medical group practices. We continue to match patients with specialized external agencies such as Journey to Recovery, Umbrella, Northeast Kingdom Community Action, NEK Council on Aging, Northeast Kingdom Human Services, and other such agencies.

**OT/PT Department Component**

**20. CON Standard 1.6: Explain in detail how the hospital currently collects and monitors data relating to health care quality and outcomes related to the inpatient component and whether this will continue or change when the project is completed.**

- Rehab participates in the Med Surg CMS patient quality and patient experience. The patient's care and follow up surveys are owned by the Med Surg department and referred to Rehab department for appropriate follow up as necessary. For example, if Med Surg receives feedback regarding ineffective "Communication with Nurses" that relates to the rehab therapists, both departments work together to resolve and improve the metric. Another example, Rehab's certified wound specialists consult with Med Surg on wound care as requested. The patient's progress is charted in nurse notes by Med Surg tracking metrics such as size and patient pain. The Rehab inpatients are also included in the annual DNV surveys representing CMS. In addition, Rehab gathers baseline range of motion metrics for inpatient post-surgery total knee replacements. This is used to improve quality of life for recovery and seeking to influence improved patient outcomes in home health and outpatient rehab. This will continue post hospital project build.

**21. CON Standard 1.7: Explain how the hospital is currently consistent with evidence-based practices; how practitioners will be made aware of evidence-based guidelines; and how such guidelines will be incorporated into on-going decision making and whether it will continue or change when the project is completed.**

- Rehab hosts monthly discipline specific meetings which include practice guidelines, documentation standards, education, and industry best practices. For example, best practice measuring range of motion of spine. All therapists are required to maintain license thru ongoing clinical education. Each therapist is provided a MedBridge subscription which includes continuing medical education, manual therapy techniques, and orthopedic exam tests. For example, standards of practice for evidence based joint mobilizations for the shoulder. Therapists maintain their yearly education and competencies. In addition they are provided with professional resources such as “Up to Date” which allows for clinical decision-making tools. This will continue post hospital project build.

### **Lab Department Component**

#### **22. Identify the number of labs processed annually in the existing lab and the number that will be accommodated in the new lab.**

- Lab volumes grew 20% from 2019 to 2021 or 12% when factoring out COVID -19. We expect this trend to continue as more testing becomes available and considering our aging population. Molecular testing space will be important as this is becoming the industry standard for many tests. Once settled into new space, chemistry analyzers will need to be upgraded to larger instrumentation to accommodate this growing volume. Testing we are considering bringing in-house are as follows:
  - Gastrointestinal Panels
  - GC/Chlamydia
  - Hepatitis
  - HIV
  - Vitamin D
  - Lyme

## Attachment 1a

### Existing vs. Proposed SF Areas by Department

### Bed Count per Department/Area



North Country Hospital Inpatient Expansion & Renovation				
		Existing SF	Proposed SF	Notes
	Front Entrance/Lobby/Reg	2,000	6,300	
	Lab	3,342	4,452	
	Emergency Department	8,595	8,595	Ambulance Garage area of 1,385sf is in the existing sf number, it is being repurposed for exam space.
	Maternal Child Health (MCH)	7,437	-	
	Medical / Surgical	11,158	-	
	Combined MCH & Med/Surg	-	21,905	
	OT/PT Department	8,824	7,717	

North Country Hospital Exam & Bed Spaces		
Department	Exam / Beds	
	Current	Proposed
Emergency Department	7	11
Maternal Child Health	5	4
Medical / Surgical - Private	8	21
Medical / Surgical - Semi Private	18	0
Medical / Surgical Observation	0	5

**Attachment: Efficiency Vermont Support Letter**



Steven Horton <stevnhorton@gmail.com>

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## North Country Hospital expansion project

1 message

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Phil Bickel <pbickel@veic.org>

Wed, Mar 9, 2022 at 3:54 PM

To: "stevnhorton@gmail.com" <stevnhorton@gmail.com>

Good afternoon Steve,

It was a pleasure speaking with you earlier today about North Country Hospital's expansion project. As we discussed, Efficiency Vermont will provide technical support during this phase of the project by reviewing the design plans as they are developed. Our engineering staff will note where the design meets Vermont's Commercial Building Energy Standards (CBES) and offer suggestions where there are options to go above and beyond code.

In addition to technical support during the design process, Efficiency Vermont can also provide financial incentives to North Country Hospital for measures that exceed code minimum.

We are looking forward to working with you and North Country Hospital on this project.

Best regards,

Phil

### Phillip Bickel, BEP

Senior Account Manager

Efficiency Vermont

[20 Winooski Falls Way](#)

5<sup>th</sup> Floor

Winooski, VT 05404

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Efficiency Connections, the enewsletter for Vermont's largest businesses

**Sign up now:** [encyvermont.com/ency-connections](http://encyvermont.com/ency-connections)

**COVID-19 Update:** To protect the health of our staff and our customers, Efficiency Vermont offices are closed to the public. You can find more information on our safety protocols [here](#).

**Attachment: FGI Attestation Letter**

March 16, 2022

RE: North Country Hospital adherence to Federal Guidelines Institute

This correspondence is to verify that Lavallee Brensinger is designing the proposed expansion at North Country Hospital in accordance with the Guidelines for Design and Construction of Health Care Facilities as issued by the Facilities Guidelines Institute (FGI), 2018 Edition.

Sincerely,

A handwritten signature in blue ink, appearing to read "Paul G. Brensinger".

**Joe Lonergan, AIA, NCARB**

Associate

Lavallee Brensinger Architects

**Attachment: NKHS Mental Health Outreach Communication**



Steven Horton <stevnhorton@gmail.com>

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## Re: Our meeting today

1 message

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**Kelsey Stavseth** <KStavseth@nkhs.net>

Mon, Mar 21, 2022 at 9:57 AM

To: Steve Horton <stevnhorton@gmail.com>

Cc: David Mooney <DMooney@nkhs.net>, Joseph Forscher <JForscher@nkhs.net>, Brian Nall <bnall@nchsi.org>, Jennifer Desroches <jdesroches@nchsi.org>

Steve,

sorry for the delay. Happy to share a few thoughts here. Let me know if this addresses your hopes for a communication to the GMCB.

NKHS appreciated being brought into the conversation about NCH's expansion project, specifically regarding treatment of MH crises. We thought that the approach included and incorporated these situations into their planning. It is clear that thoughtful consideration of how to support people in MH crisis was considered not only by inviting our team to weigh in but also through discussion of their history and experience. NKHS is generally supportive of this project and is open and willing to stay connected and give input when more details are available as the project progresses. NCH is a valued partner and we see continued collaboration as essential to supporting our community. It is clear that NCH sees the importance of considering acute MH services when developing new projects. We would be happy to discuss this further, if needed, as a support to NCH.

Thanks,

Kelsey Stavseth  
Executive Director

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From: Steve Horton <stevnhorton@gmail.com>

Sent: Wednesday, March 16, 2022 8:55:20 AM

To: Kelsey Stavseth

Cc: David Mooney; Joseph Forscher; Brian Nall; Jennifer Desroches

Subject: Re: Our meeting today

Kelsey,

Thank you for all of that.

I wonder, if you are willing; it might be advantageous if you were to write up some of your thoughts of our discussion, so that I could share that with in our communications to the Green Mountain Care Board?

As you know, nothing is certain at this time, and we are very early in our process.

Let me know what you think.

Steve Horton  
SHCCSI  
PO Box 399  
Walpole, NH 03608  
603-313-9333

On Mar 16, 2022, at 8:42 AM, Kelsey Stavseth <KStavseth@nkhs.net> wrote:

Steve,

We also appreciated the time to connect and review your construction. Thanks for including us and we hope we can build on this relationship. As for roles, please see below:

- Dr. Mooney – Chief Medical Officer
- Joe Forscher – Chief of Behavioral Health – his email is also [jforscher@nkhs.net](mailto:jforscher@nkhs.net) – I think you forgot the C in your original email – I have corrected that and added Joe to this email.
- Kelsey Stavseth – Executive Director

Please let us know if you need anything else and let us know if you would like to meet again.

Also, thanks for letting us know about communication with the GMCB – please keep us posted on communication. Although we are

generally supportive of this expansion, if your communication is more formalized than just a review of our discussion we would appreciate seeing what is being sent prior to the communication making its way to the GMCB to make sure our position is accurately represented. If it is just a general update about our conversation then I do not feel like we need to see it prior to it being sent.

Thanks and take care!

Kelsey

From: Steven Horton <stevnhorton@gmail.com>

Sent: Tuesday, March 15, 2022 2:54 PM

To: David Mooney <DMooney@nkhs.net>; jforsher@nkhs.net; Kelsey Stavseth <KStavseth@nkhs.net>

Cc: Brian Nall <bnall@nchsi.org>; Jennifer Desroches <jdesroches@nchsi.org>

Subject: Our meeting today

Thank you all from NKHS for meeting with us today.

I tried to keep up with everyone, but I was unable to capture some of the information, especially introductions.

I wonder if I could impose on all of you to be so kind as to share with me your titles and roles at NKHS- for my efforts to record the information discussed today? Just for your knowledge, we will be providing the basic discussion content with the Green Mountain Care Board for our Certificate of Need (CON) application process to memorialize the general comments - and also to allow us to continue our dialogue together later on...

Finally, if you have further thoughts or comments on the project, please feel free to share with us accordingly.

Thank you in advance.

Sincerely,

Steve Horton- Owner's Representative for Construction

PO Box 399 Walpole, NH 03608

603-313-9333