



Choosing Health

**Northeastern Vermont
Regional Hospital**

Docket No. GMCB-005-23con

**Certificate of Need Application
Emergency Department and Laboratory Expansion and Modernization
Northeastern Vermont Regional Hospital
3 April 2023**

Submitted by:
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Name of Applicant: Northeastern Vermont Regional Hospital

Date of Applications: 3 April 2023

Project Title: Emergency Department and Laboratory Expansion and Modernization

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Proposed Total Project Cost: \$14,464,831

**Community
Corporators**
320 members



Choosing Health

**NORTHEASTERN VERMONT
REGIONAL HOSPITAL**

**Board of
Trustees**
Mary Parent,
Chair
20 members

**Shawn Tester,
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NVRH Leadership Snapshot

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Medical
Practices,
Physical Therapy,
Occ Health,
Laboratory,
Diagnostic
Imaging

Hospitalists,
Quality
Med Staff
Credentialing,
Infection
Prevention,
Risk &
Compliance

Hospital
Supervisors, Nurse
Directors,
Nursing,
Respiratory
Therapy, Care
Managers

Information
Services,
Health
Information
Management,
Security

Talent Acquisition
Compensation &
Benefits
Employee
Development

Finance, Patient
Business Services,
Access,
Plant Ops

Community
Health,
Marketing,
Nutrition
Services

Organizational Overview – Northeastern Vermont Regional Hospital

Northeastern Vermont Regional Hospital (NVRH) is a community, not-for-profit, acute care, critical access (25 bed) hospital in St. Johnsbury, VT, which provides a wide range of services to people living in Vermont's Northeast Kingdom region, including multiple primary care clinics, specialty and surgical services, birth center, inpatient and outpatient care, community health programs, community walk-in clinics, and a 24-hour physician-staffed Emergency Department. We serve patients regardless of race, color, sex, age, religion, national origin, sexual orientation, disability, or source of payment.

NVRH is located in the rural region with a population of approximately 7,500 people. Our service area includes all of Caledonia County and a portion of Essex County with a total population of approximately 30,000. The service area is defined as the 18 towns and villages in Caledonia and southern Essex Counties in northeastern Vermont, including the towns and villages of Barnet, Burke, Concord, Danville, East Haven, Granby, Guildhall, Kirby, Lunenburg, Lyndon, Maidstone, Newark, Sheffield, St. Johnsbury, Sutton, Victory, Walden, Waterford, and Wheelock.

NVRH currently provides services through a variety of facilities comprising a robust rural health system (all in St. Johnsbury unless otherwise noted), including critical access (25 bed) hospital, a medical arts building, two community healthcare clinics (one in Lyndonville, which includes a walk-in clinic), an orthopedic clinic, a community connections center, a pediatric clinic, and a physical therapy clinic (in Lyndonville).

Growing patient numbers, particularly in the Emergency Department (ED), have strained the hospital facilities. The Northeast Kingdom has the oldest population in the state, and people are living longer due to advanced medical care. This results in a growing need for emergency care for critical illnesses and episodes such as heart attacks and strokes. In addition to local community members, tourists enjoy skiing, snowmobiling, mountain biking, and the beauty of our lakes and other recreational areas.

The practice of medicine has evolved significantly over the last 50+ years. ED providers now perform more procedures and treatments than in the past, meaning patients are often able to avoid hospitalization, and sometimes even surgery. While NVRH's team and treatment have advanced—utilizing healthcare's best practices and processes—the ED facilities are among the most outdated in the hospital.

More than 12,600 patients visited the ED in 2022. On average, the department saw 35 patients daily, with as many as 57 patients on its busiest days. While the number of unnecessary visits to the ED declined during the pandemic (due in part to our work to expand primary care and urgent/walk-in care services), we continued to see high numbers of the most serious cases, as well as growing numbers of patients, particularly children, experiencing a mental health crisis.

Increased numbers of patients, and the seriousness of their physical and mental illness, also have a ripple effect on other hospital services such as the Lab and Imaging.

- NVRH has cared for 443 people mental health crisis in 2022 with 444 people served in 2021. Of these served in 2022, 381 adults and 62 minors. In 2021, we served 376 adults and 68 minors in mental health crisis. One minor patient remained with NVRH for a few hours shy of 14 days. One adult patient remained with NVRH for 14 days. Sixteen of these patients were cared for in our ED for greater than 72 hours.
- The average number of “mental health boarding” hours in the NVRH ED has increased, from 23.8 hours in 2021, to 26 hours in 2022. This is due to an inability to locate an appropriate treatment facility with an available bed that can take the patient. NVRH must provide a bed (in an 85 sq/ft room with little privacy) until a placement can be arranged.
- The pandemic has been particularly devastating to our community’s youth. In 2019, the ED cared for 18 youth in mental health crisis; that has tripled to 69 youth in 2021 and 68 in 2022.

Increased numbers of patients, and the seriousness of their physical and mental illness, also have a ripple effect on other hospital services such as the Lab and Imaging.

Proposed Project

New Construction and Renovation of Existing Space

NVRH proposes a capital expansion and renovation project at its main hospital facility in St. Johnsbury to expand and renovate the Emergency Department, as well as expand and improve space for the Laboratory. The project will involve approximately 12,213 sq/ft of new and renovated space, of which approximately 4,870 sq/ft is new construction, for the expansion to the existing Emergency Department. This will be NVRH’s largest renovation and expansion to its Emergency Department clinical space since its original construction in 1972 and will help meet the evolving healthcare needs of our community, as well as meet current regulatory requirements.

NVRH proposes to modernize its Emergency Department and Laboratory to address the lack of space and operational flow inefficiencies. The total project cost is \$14,464,831. NVRH has not significantly updated its emergency room since its build in 1972. The Laboratory received minimal updates in 2007 with an adjacent project. This will be the largest facility investment in NVRH’s history and is critical to the success of NVRH’s future success. CON approval before October 3, 2023 would maintain the proposed project timeline (Appendix 1) and deliver the modernized Emergency Department and Laboratory in four years.

The Northeastern Vermont Regional Hospital Emergency Department patient volume has far surpassed the number that the department was designed to serve. Coupled with the impact of the mental health crisis, the demand for improved infection control, patient and staff safety, and the challenges of staff retention and recruitment, the need for a new Emergency Department became apparent. Based on facility master planning, utilization analyses, and construction feasibility

studies, it was determined that the best location for a new Emergency Department was its current location. The studies showed that the most cost-effective approach to expand and renovate in-place would be multi-phased construction. Phase one builds ten patient care rooms, (two trauma, one SANE, and seven exam), while keeping all of the existing patient care stations open. Phase two renovates the existing ED adding triage and two more patient care rooms plus staff support spaces. The Laboratory adjacent to the ED has not been renovated since it was built. Phase three concludes the project with internal renovations in conjunction with the phase two renovation progress. The Facility Master Plan indicated that the current Lab location provided efficient patient access and expedient test turnaround for the ED and operating rooms and should remain where it is. The ED expansion and renovation provided the opportunity for a modest expansion of the Lab and renovations.

Existing Facilities

The existing Emergency Department is 6,254 sf built in 1972, with eight patient care stations serving approximately 9,000 patients annually in 1972. NVRH had since added two additional patient care stations, one of which doubles as a mental health room. NVRH currently has a mental health support area under way, which received a non-jurisdictional decision from the GMCB in May 2022.

The annual patient volume is now projected to be 13,500.

There are compliance issues with all the patient care spaces and toilets. There is one patient toilet serving ten patient care spaces. The three high-acuity patient care rooms (trauma rooms) are below the code requirement minimum, the patient care space designated for OB/GYN does not have a dedicated toilet room. The remaining patient care stations (exam rooms) do not meet the minimum area or have hand-washing stations. The mental health room is not anti-ligature. There is no covered drop-off at the ambulance or ambulatory entrances. Other program spaces missing are human decontamination, secure medication room, equipment storage, EVS, and family consultation room. (Appendix 2, Refer to drawing A.1)

The existing Lab is 3,194 sf, built in 1994 with some internal expansion in 2007. Lab test demand has increased, technology has advanced, and staff has increased all without any physical changes to the space. Blood Bank, Microbiology, general processing have seen the largest growth in test volume and advancement in technology. Phlebotomy has also experienced growth causing issues around patient privacy, and overcrowded waiting. The ED has provided the opportunity for the Lab to expand internally and renovate in place. The reorganized and expanded Lab departments provide space to improve patient privacy, room to add new technology, and organize the lab process to be more efficient. (Appendix 2, Refer to drawings A.2, A.4 and A.5)

Given these factors, NVRH requests approval to modernize its Emergency Department and Laboratory for the following reasons:

Emergency Department

- The current Emergency Department was last updated in the early 2000s when two rooms were divided in half to add two additional rooms allowing for an increase the number of total treatment rooms to nine. During the COVID-19 pandemic, there was also an additional temporary treatment space erected in a corner of the Emergency Department waiting room.
- Treatment rooms are undersized by Facility Guidelines Institute (FGI) 2022 criteria affecting patient care and patient experience.
- Treatment rooms do not meet current code standards.
- The Emergency Department care team currently operates in a 337 sf provider/nurse/tech station, creating increased disruption from alerts, phones, and clinical discussions all adding to noise pollution in the workspace. This space is disruptive to providers and the nursing team while charting.
- No consultation space for additional services or private conversation with family members.
- No enclosed medication preparation room.
- Insufficient storage space

Laboratory

- 2016 College of American Pathologists (CAP) Survey inspector's summation report deficiencies inspector comment indicating clutter due to lack of storage and space related to Requirement ID GEN.6200.
- Additional 2018 College of American Pathologists (CAP) Survey inspector's summation report deficiencies inspector comment indicating clutter due to lack of storage and space related to Requirement ID GEN.6200.
- No dedicated patient lavatory for specimen collection resulted in patients walking specimens through the public hallway.
- Specimen draw room, multiple chairs with no patient privacy.
- The draw room is located across the Laboratory from central processing resulting in unnecessary traffic through the chemistry area and delays in processing due to distance and inconvenience.

As a result of a formal review of space conducted by the architect and other outside consultants, the recommendation is to increase the Emergency Department from nine beds to at least twelve beds, increase the size of exam rooms to current minimum requirements, add dedicated space of four beds for people experiencing a mental health crisis awaiting transfer to an appropriate treatment facility, and add appropriate staff and bathroom facilities. The survey also identified the need for at least two private lab draw spaces for use by the public and increased space for Laboratory services.

Since September 2019, NVRH continues to see fluctuations in volumes and acuity within the ED. In fiscal year (FY) 2021, we saw a 41% increase in critical patients from 298 the year before to 439 in 2020. This has continued to increase in FY 2022, with a 17% increase from FY 2021 critical patient volumes. NVRH also continues to see an annual increase in Level 4 acuity patients. In both FY 2021 and 2022 increase percentages were noted at 10% and 21% respectively.

Through the COVID-19 pandemic, the Emergency Department volumes decreased for a period of three months beginning in March 2020. These volumes continued to fluctuate for the following two years. ED volumes have since resumed or even exceeded pre-pandemic daily volumes since April of 2022. The acuity of the patient population did not decrease during this time. As a region with the highest aging population in Vermont, NVRH continues to assess the community need for additional access to care and service needs.

During these times, we have also made tremendous progress within our community regarding avoidable emergency department visits. Some of the initiatives include community education campaigns and the implementation of two urgent walk-in care locations.

Within our current Emergency Department, the treatment rooms are below current FGI space recommendations. Four of our treatment spaces are between 83-90 sq/ft, with today's standards set at 120 sq/ft. Our Trauma/Resuscitation rooms are between 204-209 sq/ft with today's standards listed at 250 sq/ft. We also only have one patient toilet for nine treatment spaces, well below the 1:4 treatment room ratio as required by FGI standard today.

The new and renovated Emergency Department will:

- Right-sized patient rooms in compliance with FGI guidelines.
- Increase the treatment spaces from nine (9) to twelve (12), with a dedicated triage room.
- Add a family consult room.
- Improved operational efficiencies.
- Improved access to patient lavatories.
- Increase in capacity resulting in less waiting room time.
- Provide a dedicated SANE treatment room with a private lavatory.
- Increase provider/nurse/tech station size to decrease distractions.
- Line-of-sight access for providers into high-acuity rooms.
- Expansion of integrated telemetry monitoring units.

The renovated Laboratory will:

- Add laboratory-specific lavatory
- Private specimen draw rooms
- Expanded waiting room space
- Increased privacy during check-in

- Increased space in the Micro Lab to allow for appropriate operation of the biosafety cabinet/hood providing infection control.
- Increase operational efficiencies with the relocation of draw rooms

Appendix 2 – Design Schematics illustrates the proposed changes to the modernized Emergency Department and Laboratory.

HVAC and generator equipment and their installation are included in the project cost. A more comprehensive narrative of the above-listed infrastructure needs associated with this project is seen in Appendix 3. Additionally, a more comprehensive list of operationally related equipment is found in Appendix 4.

Construction and Renovation

Proposed Facilities

- a. Proposed Spaces (Refer to Appendix 2, 10 Comparison Space Program and 11 -20 for site plans existing and proposed plans, exterior elevation and typical wall section)
- b. Proposed building systems and components
 - i. Foundation and structure:

Frost wall foundations, 14” thick including a 4” masonry shelf with horizontal and vertical reinforcing each face. The outside surface of the foundation wall will receive sprayed on moisture barrier. Final structural design will be coordinated with the Geotech soils assessment and structural design coordination.

Continuous wall footings, 2’-0” wide, 12” deep. Continuous reinforcing plus dowels to the foundation wall. Final structural design will be coordinated with the Geotech soils assessment and structural design coordination.

Slab on grade will be 4” thick concrete, reinforced with welded wire fabric.

The supper structure will be structural steel columns and wide flange beams moment frame.

Roof construction will be galvanized steel roof deck spanning wide flange steel beams. The roof deck will be warped to provide for roof drainage.

ii. Exterior wall Construction

Face brick, air cavity, thru-wall flashing, exterior rigid plastic foam insulation (NFPA 285 compliant), sprayed applied weather barrier, 5/8” exterior GWB, 6” metal studs, 5/8” interior GWB.

iii. Windows

Aluminum, thermal, fixed window system, finished to match existing.

iv. Roof

Warped, steel roof deck, deck underlayment, polyisocyanurate insulation, EDPM membrane roofing, mechanically fastened.

c. Design requirements

- i. Site area, new expansion equals 4,648 sf (refer to drawing A.4)
- ii. Zoning, Health Service District
- iii. Use Group Classification: Healthcare I-2
- iv. Construction Classification: IBC Type I-B, NFPA Type II(222)

Building Site

Site description

- d. The Facilities Master Plan studied several locations for the proposed ED expansion as a new ED replacement project. The location chosen kept the ED central to the Lab, radiology, and the operating rooms. Cost analysis showed that the expansion and renovation of the ED as the best value. Each of those locations continue to be viable expansion opportunities for the hospital.
- e. Zoning Compliance. The project is located in the Health Services District, which includes Hospitals as a permitted use. Zoning will also require Development Review Board Site Plan Review, which will require the review of the adequacy of (1) traffic access, (2) circulation and parking, (3) landscaping and screening, (4) utilization of renewable energy resources; and (5) adequacy of storm water drainage and run off including the absence of flooding and ponding.

The project also requires a state land use permit amendment (Vermont Act 250). The state land use permit associated with this property is 7-C-0205 with numerous amendments.

f. Water and Sewer

- i. The Hospital operates a Public Non-Transient Non-Community Water System (WSID #VT0021311). The water system uses two sources, an onsite drilled well and the system is supplied by the Town of St Johnsbury Public Community Water System. The onsite well supplements the supply from the Town of St. Johnsbury and allows for emergency use if the Town system is compromised. The facility also includes a two-cell 46,500 gallon partially buried concrete water storage tank.
- ii. Water Pressure of 110 lbs is maintained by an onsite booster pump system, including a tri-plex pump design for ramping service needs up

or down. Water pressure in the building can maintain the normal pressure range of 35-60 psi.

- iii. Northeastern Vermont Regional Hospital also has their own well and storage tank. Additional water supply demands will require allocation from the Town of St. Johnsbury.
- iv. Northeastern Vermont Regional Hospital is currently connected to the Town of St. Johnsbury Sewer system with an 8-inch gravity sewer system that was constructed as part of the original hospital. The sewer lines have adequate capacity to meet any incremental increases in design flow for the building addition. Sewer allocation will be required from the Town of St. Johnsbury.
- g. Available Utilities, Northeastern Vermont Regional Hospital currently uses onsite storage of #2 heating fuel and a supplemental compressed natural gas system using an unloading station for trailer units. These utilities supply dual fuel boilers.

Previous use of site: currently the site proposed for the ED and BHU expansion is existing parking and road access for the Emergency Department and outpatient entrance to the hospital. The proposed plan will reconfigure the parking to the west allowing for the relocation of the access road and ED parking to provide the necessary building site the size. Prior use of the site includes a former Medical Office Building and parking lot, which was removed in 2013.

Site Plan – Appendix 2, refer to drawing C102.

Schematic Building Plans – Appendix 2, refer to drawings A.2, A.4 and A.5

Basis of Design – Appendix 8

Project Staffing Plan

NVRH anticipates a minimal increase in full-time equivalent (FTE) positions. Within the financial projection is \$190,000 for new FTEs. That is equal to about 1.5 FTE Environmental Support Service (EVS) technicians and 1.5 FTE ED nurses. There is no change to the FTE allocation to the Laboratory.

NVRH anticipates local employment for EVS members. Continuing recruitment for nursing both locally and out of our region, while working closely with Vermont Technical College School of Nursing, our internal Nurse Residency program, and cross-training opportunities within our current Nursing teams.

Project Timeline

Please see Appendix 1 for planned construction timeline.

Project Cost

The total cost for the ED addition, ED renovations, and Lab renovations is \$14,464,821. Table 1, which summarizes the project costs, is presented below.

Project Funding

Funding for the ED/West Wing Project will be provided by a combination of:

- Equity contribution
- Philanthropic donations
- USDA Grant
- USDA Community Facilities Loan

Table 2, which summarizes the Sources of Funds for the project, is also presented below.

Northeastern VT Regional Hospital			
NVRH ED_West Wing Project			
TABLE 1			
PROJECT COSTS			
Construction Costs			
1.	New Construction	\$	5,601,888
2.	Renovation		\$3,571,837
3.	Site Work		384,014
4.	Fixed Equipment		
5.	Design/Bidding Contingency		\$477,886
6.	Construction Contingency		\$1,021,600
7.	Construction Manager Fee		285,316
8.	Other - GC Bond; Gen'l Liability Insur		158,990
	Subtotal	\$	11,501,531
Related Project Costs			
1.	Major Moveable Equipment	\$	500,000
2.	Furnishings, Fixtures & Other Equip.		
3.	Architectural/Engineering Fees		\$1,209,200
4.	Land Acquisition		
5.	Purchase of Buildings		
6.	Administrative Expenses & Permits		\$422,200
7.	Debt Financing Expenses (see below)		831,900
8.	Debt Service Reserve Fund		-
9.	Working Capital		-
10.	Other (please specify)		-
			-
			-
	Subtotal	\$	2,963,300
Total Project Costs		\$	14,464,831
Debt Financing Expenses			
1.	Capital Interest	\$	432,600
2.	Bond Discount or Placement Fee		-
3.	Misc. Financing Fees & Exp. (issuance costs)		399,300
4.	Other		-
	Subtotal	\$	831,900
Less Interest Earnings on Funds			
1.	Debt Service Reserve Funds	\$	-
2.	Capitalized Interest Account		-
3.	Construction Fund		-
4.	Other		-
	Subtotal	\$	-
Total Debt Financing Expenses		\$	831,900

Northeastern VT Regional Hospital						
NVRH ED_West Wing Project						
TABLE 2						
DEBT FINANCING ARRANGEMENT, SOURCES & USES OF FUNDS						
Sources of Funds						
1.	Financing Instrument	Bond				
	a.	Interest Rate	3.8%			
	b.	Loan Period	Oct 2026	To:	Sep 2062	
	c.	Amount Financed				\$ 10,290,431
2.	Equity Contribution					-
3.	Other Sources					
	a.	Working Capital				624,600
	b.	Fundraising				2,700,000
	c.	Grants				849,800
	d.	Other				-
Total Required Funds						\$ 14,464,831

CON Standards and Statutory Criteria

Statutory Criteria 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 certainly takes into consideration healthcare reform and delivery system reform initiatives. One goal of reform initiatives is to reduce unnecessary utilization and delivering care in the most appropriate location. Since 2018, NVRH has made a concerted effort to reduce avoidable ED visits. In fact, avoidable ED visits, as a percent of total ED visits, has decline from 14.5% in FY 2020 to 9.3% in FY 2022. Our efforts include recruitment of an appropriate number of primary care providers to meet the community's needs and our Call Your PCP First public awareness campaign that encouraged patients to call their primary care provider office for a possible appointment before going to the ED. In addition, NVRH partnered with the local FQHC, Northern Counties Health Care, to open two Express Care locations for walk-in primary care services.

When a visit to the ED is the appropriate option, the project will enhance the patient experience and quality of care, which are also goals of healthcare reform and delivery system reform initiatives. NVRH's ED was built 50+ years ago. If built in accordance with current guidelines, the footprint would need to be 2,200 square feet larger. Treatment rooms are woefully undersized by current FGI guidelines. Due to an inadequate footprint, the existing space lacks privacy, confidentiality is challenging and appropriate storage areas do not exist. There is one bathroom available for all ED patients. The project will address all of these shortcomings and create an environment where quality of care and the patient experience will be greatly enhanced.

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

The project directly represents a response need for the community NVRH serves. NVRH also supports the larger statewide mental healthcare need with the increase in the number of exam rooms in the Emergency Department. We believe this project addresses and balances our community's need for services while in alignment with managing the cost of care to our patients.

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 healthcare resources, as shown by the completion of the requested CON standards listed below.

CON STANDARD 1.4: If an application proposes services for which a higher volume of such service is positively correlated to better quality, the applicant shall show that it will be able to maintain appropriate volume for the service and that the addition of the service at the facility will not erode volume at any other Vermont facility in such a way that quality at that facility could be compromised.

NVRH does not anticipate adding additional services with the modernization and expansion of the Emergency Department or Laboratory. NVRH does not anticipate the erosion of any other Vermont facility volumes that could compromise its operations. Our closest Vermont facilities are Copley Hospital in Morrisville (40 miles away) and North County Hospital in Newport (43 miles away).

CON STANDARD 1.6: Applicants seeking to develop a new health care project shall explain how the applicant will collect and monitor data relating to health care quality and outcomes related to the proposed new health care project. To the extent practicable, such data collection and monitoring shall be aligned with related data collection and monitoring

efforts, whether within the applicant’s organization, other organizations or the government.

NVRH ED has and will continue to monitor various quality metrics, which are already established. Some of these metrics are:

- Door to EKG time
- Patient Satisfaction
- 72-hour patient returns
- Against Medical Advice departure
- Left Without Being Seen
- Door to Provider time

These metrics are tracked and reviewed monthly within the emergency department committee. Providing discussion and notes as to trends, specific scenarios leading to changes, or areas where the direct focus is called for. While this list is far from inclusive, there are additional metrics in alignment with the National Patient Safety Goals, American College of Emergency, and Centers for Medicare & Medicaid Service, which are also regularly tracked and reviewed.

NVRH Laboratory will continually collect and monitor data regarding volume collected by the Lab team and received into the Lab (including specimens from off-sites). Collection and monitoring of such data have shown volume increases in the number of specimens collected and received in our Lab outpatient draw rooms as well as our processing areas. More space is needed for staff to handle increased volume and new analyzers purchased (or to be purchased). The Laboratory will also continue to monitor for patient satisfaction increase as a direct result of the project. Result turnaround time is also a QA metric item expected to decrease, as the staff can receive specimens more quickly when the outpatient draw room is closer to the general processing area.

Volume in Clinical Lab; Anatomical Pathology volume not calculated here:

	Volume in Clinical Lab
2019	180,982
2020	173,302 (COVID)
2021	202,826
2022	205,331

More space is needed for staff to handle increased volume and new analyzers purchased (or to be purchased in the future). Stock and inventory items are required to be separated from working area benches as per College of American Pathologists (CAP) standards.

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 NVRH emergency nursing team members utilize the Emergency Nurse Association (ENA) for resources from toolkits to position statements and clinical practice guidelines, inclusive of quality and safety resources. In addition, the American Nursing Associate (ANA) resources are also utilized to ensure evidence-based practices are updated regularly. The Emergency Department continues ongoing participation in patient experience initiatives to improve the overall care and experience provided to patients and families. Our providers participate with both the American College of Emergency Physicians (ACEP) and the American Academy of Emergency Medicine (AAEM), utilizing this information to guide evidence-based clinical guidelines and inform our practice positions on various subjects.

The project will allow the Emergency Department to implement additional efficiencies based on Lean Six Sigma (LSS) methodologies to decrease duration in “door-to-provider” time as well as left without being seen” patients. Evidence suggests “chaos” within the Emergency Department can be reduced by increasing efficiencies and streamlined work, allowing for team-based care has better outcomes and improves patient satisfaction. Prolonged wait times and ED crowding are associated with poorer patient outcomes. The additional space and treatment rooms will help reduce treatment times, improve staff morale, and improve team collaboration.

In terms of care provided in our Emergency Department, our physicians are residency-trained and board certified in emergency medicine. We strive to provide evidence-based, patient-centered care. We are challenged, at times, with limited clinic space and limited patient support space to ensure efficient and timely evidence based practice.

The current nine room ED was designed and built for lower patient volume and acuity. With increased patient volume, higher acuity, and advancements in emergency care, it has been a challenge to maintain patient safety standards as well as patient comfort in the existing space.

Regularly during times of high patient volume, our existing ED footprint does not provide sufficient dedicated clinical treatment space. In the past (pre-pandemic), we expanded treatment space into hallways and the waiting room. With infection control concerns, we no longer expand into hallways and instead utilize rooms in adjacent department space including an x-ray room in the diagnostic imaging department and a procedure room in the same day surgery clinic. These rooms are detached from the main ED resulting in staffing challenges and decreased efficiency. We continue to see and treat patients in our waiting room. These expanded treatment areas are not designed for emergency care and could compromise patient comfort and negatively impact patient safety initiatives.

Infection control standards have also evolved over the past fifty years and our existing ED now lacks appropriate storage space for equipment, isolation space, and hand stations for maintaining

hand hygiene. Current standards would call for equipment to be stored in secure and protected locations – not in patient rooms or hallways. Isolation space should be adequate to contain patients at risk of spreading illness and to protect other patients and staff. Further, hand hygiene wash stations should be easily accessible in all treatment spaces.

Our existing ED lacks family consultation space, which is critical for maintaining a patient-centered and supportive environment.

One example of evidenced-based care that we always strive to practice is trauma-informed care. It is exceedingly challenging to ensure trauma-informed care in our existing space when at or above capacity. Appropriately sized clinical treatment spaces and an adequate number of treatment spaces will afford significant enhancement in patient privacy and comfort during treatment.

Laboratory

Evidence-based practice indicates that staff should have an adequate workspace to do technical bench work, as well as adequate storage space for storing items not needed for current testing. Our Lab does not have adequate storage to allow lab techs to perform technical work on their workbench, as lab inventory must be stored on workbench countertops due to no designated lab storage space.

CON STANDARD 1.8: Applicants seeking to develop a new health care project shall demonstrate, as appropriate, that the applicant has a comprehensive evidence-based system for controlling infectious disease.

Northeastern Vermont Regional Hospital has a comprehensive Infection Prevention program, overseen by staff Certified in Infection Prevention and Control (Certified Infection Control Professional). The primary goal of the Infection Program is to prevent the transmission of healthcare-associated infections. Key elements include staff education; consultation and collaboration with state and national entities; partnership with units across the organization, including all clinical staff, Occupational Medicine, Environmental Services, and Plant Management; evidence-based policies and procedures; as well as ongoing surveillance and reporting. Focus areas of the organizational policies and plan include (but are not limited to) risk assessment, hand hygiene, proper use of personal protective equipment, a respiratory protection plan, and mitigation of infection-related issues related to construction and renovation.

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.

NVRH costs and methods of the proposed construction are necessary and reasonable. The total cost is estimated to be \$14,464,831 based on the estimates presented below:

NVRH				
ED and Lab Renovation				
PROJECT COST SUMMARY BY PROJECT				
	ED	ED	LAB	TOTAL
	ADDITION	RENOVATION	RENOVATION	CON
CONSTRUCTION COSTS				
GENERAL CONDITIONS	\$534,408	\$318,954	\$444,736	\$1,298,098
DEMOLITION & ALTERATIONS	\$302,902	\$179,706	\$151,626	\$634,234
CONCRETE	\$321,496	\$5,129	\$0	\$326,625
MASONRY	\$100,434	\$0	\$0	\$100,434
METALS	\$359,326	\$12,824	\$0	\$372,150
ROUGH & FINISH CARPENTRY	\$136,973	\$64,784	\$180,571	\$382,328
FINISH CARPENTRY AND MILLWORK				\$0
THERMAL & MOISTURE CONTROL	\$458,291	\$35,702	\$19,239	\$513,232
DOORS, WINDOWS & GLASS	\$216,347	\$91,186	\$51,614	\$359,147
FINISHES	\$401,837	\$279,783	\$282,380	\$964,000
SPECIALTIES	\$34,207	\$49,003	\$14,754	\$97,965
EQUIPMENT	\$0	\$0	\$0	\$0
FURNISHINGS	\$0	\$0	\$0	\$0
SPECIAL CONSTRUCTION	\$0	\$0	\$0	\$0
CONVEYING SYSTEMS	\$0	\$0	\$0	\$0
FIRE SUPPRESSION	\$34,818	\$31,498	\$16,594	\$82,910
PLUMBING	\$152,130	\$96,915	\$95,374	\$344,419
HEATING, VENTILATING, AND AIR-CONDITIONING (HVAC)	\$801,620	\$522,907	\$294,052	\$1,618,579
INTEGRATED AUTOMATION				\$0
ELECTRICAL	\$1,071,090	\$218,059	\$114,448	\$1,403,598
COMMUNICATIONS	\$0	\$0	\$0	\$0
ELECTRONIC SAFETY & SECURITY	\$0	\$0	\$0	\$0
EARTHWORK	\$384,014	\$0	\$0	\$384,014
EXTERIOR IMPROVEMENTS	\$389,854	\$0	\$0	\$389,854
UTILITIES	\$286,153	\$0	\$0	\$286,153
Sub Total	\$5,985,901	\$1,906,449	\$1,665,388	\$9,557,739
ESTIMATING CONTINGENCY	\$299,295	\$95,322	\$83,269	\$477,886
GC BOND	\$50,282	\$17,516	\$15,301	\$83,099
GENERAL LIABILITY	\$47,516	\$15,145	\$13,230	\$75,891
CM FEE	\$180,496	\$55,947	\$48,873	\$285,316
TOTAL CONSTRUCTION COST	\$6,563,490	\$2,090,379	\$1,826,061	\$10,479,931
OWNERS COSTS				
	ED	ED	LAB	TOTAL
	ADDITION	RENOVATION	RENOVATION	CON
ADMIN/PERMITS/BONDS:				
PERMITS	\$111,400	\$19,500	\$17,200	\$148,100
ADMIN/BONDS	\$171,600	\$54,700	\$47,800	\$274,100
LEGAL	\$34,000	\$10,800	\$9,500	\$54,300
CAPITALIZED INTEREST	\$270,900	\$86,300	\$75,400	\$432,600
ARCHITECT AND ENGINEERING	\$741,500	\$248,100	\$207,400	\$1,197,000
EQUIPMENT	\$300,000	\$50,000	\$150,000	\$500,000
ARCH, ENG, PLANNING	\$7,600	\$2,400	\$2,100	\$12,200
OWNER CONTINGENCY	\$639,800	\$203,800	\$178,000	\$1,021,600
OTHER PROFESSIONAL FEES (ISSUANCE COST RELATED)	\$216,200	\$68,800	\$60,100	\$345,100
TOTAL OWNERS COST	\$2,493,000	\$744,400	\$747,500	\$3,984,900
GRAND TOTAL ALL COSTS	\$9,056,490	\$2,834,779	\$2,573,561	\$14,464,831

The project is reasonable based on project design work, ensuring the right size for NVRH. Given the site location for NVRH, there are limited options for expanding the Emergency Department. Four locations were proposed based on the space program developed by the design team. Of these four locations, it was deemed best suited for the Emergency Department to remain in the current location and increase square footage adjacently. Noted as location “1” (Figure 1).

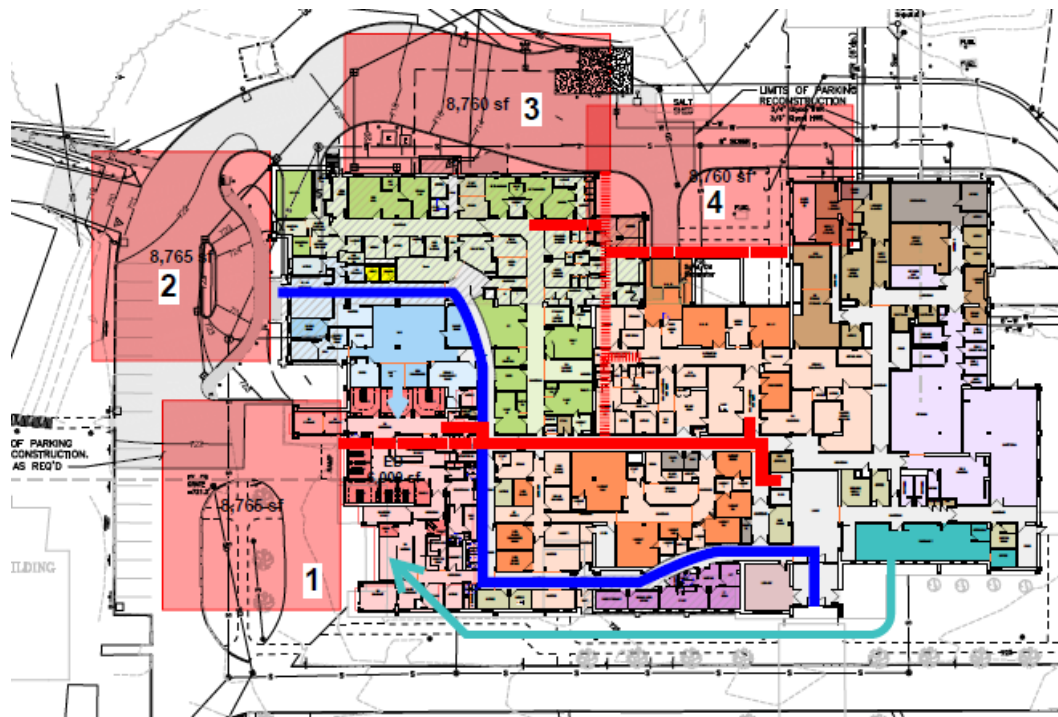


Figure 1., Lavallee | Brensinger, NVRH Steering Committee Presentation, 3/2021

NVRH’s design partners Lavallee Brensinger Architects and H.P. Cummings Construction have extensive experience in healthcare projects. This experience is invaluable in the current unpredicted labor and material markets. Through extensive design configurations, the Project reflects the best fit for NVRH to meet the program needs to increase efficiencies in the most cost-effective manner.

H.P. Cummings has a proven track of projects on time and under budget at NVRH. H.P. Cummings will employ local contractors to decrease unnecessary contractor expenses as well as infuse the local economy.

Given the current labor and materials markets, as well as the design completed to schematic level, estimates are the current to the market response as of September 2022. Throughout the design of the project, there have been considerable market fluctuations we are taking into consideration and have already adjusted to in design plans.

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.

Our goal is to achieve the highest level of efficiency that is appropriate for a construction project of this nature. NVRH and the project architects are working in partnership with Efficiency Vermont to achieve that goal. Please refer to the letter from Efficiency Vermont included in Appendix 5.

CON STANDARD 1.11: Applicants proposing new health care projects requiring new construction shall demonstrate that new construction is the more appropriate alternative when compared to renovation.

NVRH has assessed several internal opportunities before moving forward with the project. Given current FGI guidelines for exam room sizes, renovating the existing space, only would not be possible. We believe our utilization of both new construction and renovation to be the best solution. If looking at bringing just the treatment rooms to the minimum required FGI size, this would be unmanageable without an increase to our footprint. There is also a lack of space for the additional lavatories, and family support area to meet minimum FGI requirements.

Improvements will also allow for appropriate medication preparation, improved clean and solid utility operations, as well as removing a large percentage of equipment being stored in hallways.

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), current edition. See Bulletin 001 for CON on GMCB website.

The project will comply with all pertinent Facility Guideline Institute, 2022, requirements as explained in Appendix 6 & 7, FGI Compliance Charts from project Principle architect, Joe Britton from the firm Lavallee Brensinger. Also, refer to Appendix 2, which are schematic level plans for the construction and renovation project.

The entire construction and renovation project will take approximately 93 weeks to complete. During that time, the ED and Laboratory services will maintain their operations.

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.

The following table was included in NVRH’s fiscal 2023 budget submission. The project was also discussed in the fiscal 2023 GMCB budget narrative

Northeastern VT Regional Hospital Capital Budget Northeastern VT Regional Hospital

	2023B	2024 Plan	2025 Plan	2026 Plan
CONSTRUCTION IN PROGRESS	\$0	\$0	\$0	\$0
LAND & LAND IMPROVEMENTS	\$0	\$0	\$0	\$0
BUILDINGS & BUILDING				
IMPROVEMENTS	\$2,400,000	\$750,000	\$250,000	\$250,000
FIXED EQUIPMENT	\$0	\$0	\$0	\$0
MAJOR MOVABLE EQUIPMENT	\$2,030,868	\$1,156,755	\$1,836,956	\$1,392,280
OTHER	\$0	\$0	\$0	\$0
TOTAL CAPITAL EXPENDITURES	\$4,430,868	\$1,906,755	\$2,086,956	\$1,642,280
TOTAL CON ITEMS	\$0	\$4,952,500	\$11,033,000	\$3,727,900
TOTAL CAP BUDGET AND PROJ CON	\$4,430,868	\$6,859,255	\$13,119,956	\$5,370,180

CON STANDARD 3.5, 3.6, 3.7, 3.19, 3.20, 3.23: Diagnostic imaging equipment.

NVRH does not have major moveable or fixed diagnostic imaging equipment included for purchase or installation in the project. It will continue to be supported by the established services.

CON STANDARD 3.18: Applicants seeking to enhance or expand emergency room capacity shall explain what measures are also being taken to address primary care infrastructure limitations that may be increasing pressure on emergency departments.

As a practice at NVRH, our Primary Care Practice Care Coordinators reach out to patients after they visit the ED to mitigate any gap in needed follow-up or primary care services. NVRH started making large strides in reducing avoidable ED visits in 2018. A public relations campaign was launched to provide community awareness of service alternatives to the ED, as well as information regarding types of symptoms that are best cared for by a Primary Care office, or walk-in clinic.

At the end of 2018, NVRH also launched a pilot program within one of the primary care offices, staffing a provider for non-emergent walk-in care patients. This well-received program was the

start of a new care model at NVRH. In February 2020, Northern Express Care at Corner Medical opened with an increase in dedicated hours and staffing from the original pilot. NVRH also collaborated with Northern Counties Health Care to open Northern Express Care, in St. Johnsbury in December of the same year. NVRH continues to provide updates on Express Care hours and services via social media accounts regularly.

Avoidable ED visits, based on diagnosis, have consistently trended down, as desired (Figure 2). Additionally, the volumes seen by the two Express Care locations have remained relative to ED volumes, rather than pulling volumes away from the ED (Figure 3).

NVRH utilizes “third next available” appointment calculations to monitor PCP availability, in addition to completing efficiency projects to maximize provider schedules.

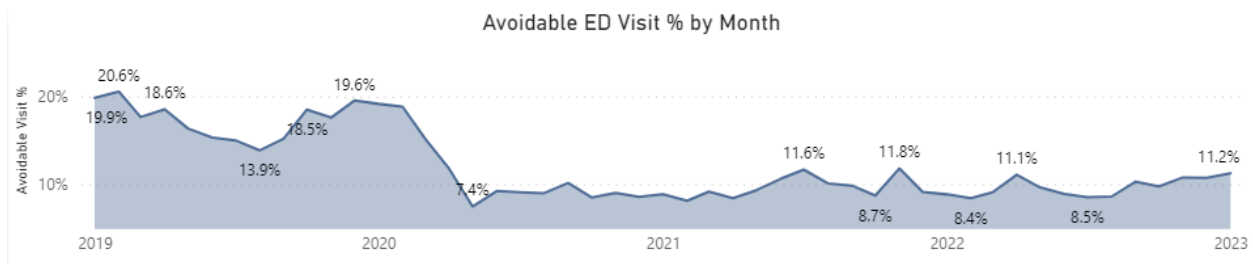


Figure 2. ED Avoidable ED Visits Summary, Power BI

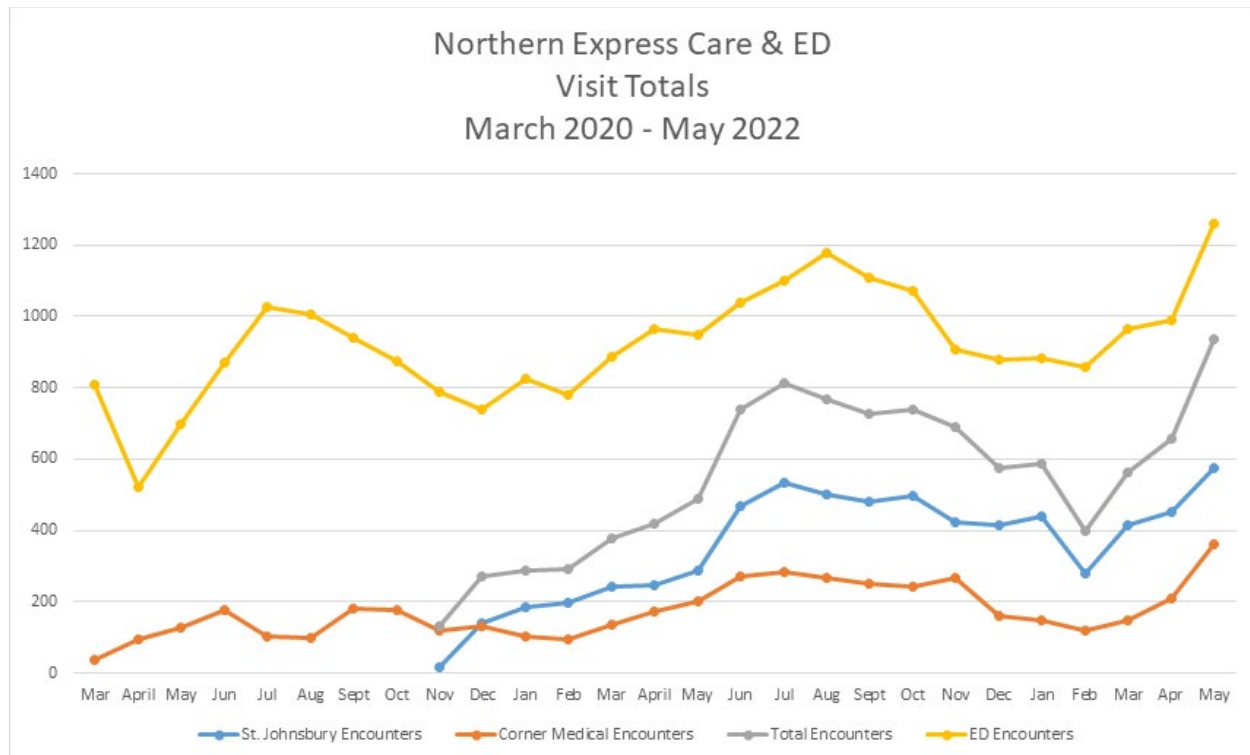


Figure 3. NVRH, L. Newell, 9/2022. The two walk-in care locations are reflect in blue and orange. Walk-in care combined totals reflected in grey. Total ED volumes reflected in yellow.

CON STANDARD 4.3: Applicants seeking to expand emergency departments shall address how they plan to provide access to on-call emergency psychiatry consultations and how the expansion will enhance current or emerging mental health and substance abuse needs in the applicant’s service area.

NVRH was granted a non-jurisdictional determination for a four-bed extension of the Emergency Department for improved space to support individuals experiencing a crisis in May 2022. This work is specifically in response to the immediate needs in our community to increase the Emergency Department’s capacity to provide a healing space for those in crisis. Completion of this project is projected for fall 2023.

NVRH intends to continue telepsychiatry consultation services. The current service provider is ending services however; NVRH is actively looking for additional service providers to work with. Community partners, Northeast Kingdom Human Services will continue providing resources to NVRH patients related to mental health and substance abuse. NVRH has also recently been awarded a SAMHSA grant for \$105,000, providing funding for partnership with VT YSBIRT (Screening, Brief Intervention, and Referral to Treatment). Allowing for an on-site resource based near the Emergency Department. This program also allows more than one

support treatment session to be completed by our on-site resources, while establishing a care or referral plan. NVRH has also implemented S.M.A.R.T Medical Clearance forms to provide expedited medical clearance for persons who may be experiencing a crisis.

The ED renovation will afford patients a safe, private and secure environment to seek emergent psychiatric care and substance abuse care. Enhancements in care include:

- Increased bed capacity will ensure more timely access to private treatment spaces.
- Larger, appropriately sized treatment rooms will be designed for emergency care and patient comfort.
- Patients being treated in the ED and awaiting transfer to an inpatient psychiatric treatment facility will have access to a common area lounge and a dedicated bathroom with a shower.
- Patient family consultation room will be available for private family meetings.

In regards to accessing on-call emergency psychiatry consultations, all patients requiring emergency evaluation will be evaluated by an emergency physician or advanced practice provider. If clinically indicated, the second certification will be performed by a Department of Mental Health (DMH) state psychiatrist by telemedicine consultation.

The Emergency Department recently utilized a private telepsychiatry service to provide consultation for patients with mental health disease. Soon, we hope to partner with DMH, our designated agency, and/or DHMC to provide enhanced on-call telepsychiatric consultation.

Telepsychiatry consultation occurs on a wireless mobile device that can be available to patients in their rooms or a consultation space to ensure comfort and privacy during consultation.

CON STANDARD 4.5: To the extent possible, an applicant seeking to implement a new health care project shall ensure that such project supports further integration of mental health, substance abuse and other health care.

NVRH has provided access to recovery coaches in the Emergency Department since 2018. Access to this resource does not have to be requested, it is made available upon arrival at the Emergency Department. Through our Community Connections services, follow-up community-based care after discharge from either the Emergency Department or inpatient hospital services is also provided. With the care coordinators embedded in the Emergency Department workflows, NVRH consistently evaluates and improves the integration of services both internally and externally available in the community.

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

The modernization of the NVRH Emergency Department is consistent with the goals of Institute of Medicine's Triple Aim. The Triple Aim calls for improving the patient experience of care (including the quality and satisfaction); improving the health of populations; and reducing the per capita cost of healthcare.

Improving the patient experience of care in the Emergency Department is the primary focus of this project. The current ED was created using an outdated, 50-year-old design. If the current ED was built using current guidelines the foot print would need to be increased by 2,200 square feet. Given the inadequate space, patients do not have the right to privacy that is expected and required in hospitals today. There is only one bathroom that is shared by patients and staff. When the nine clinical treatment rooms are full, patients are either placed in the corridor outside the treatment rooms or moved to another part of the hospital for treatment. The HVAC is outdated and strains to make patients comfortable during treatment, especially after the system was retrofitted to provide negative airflow throughout the department. The expansion and modernization of the Emergency Department will address all of these shortcomings and bring the expected level of privacy, safety, and comfort that are essential and basic components of a quality patient experience.

This project also supports the aim of improving the health of the population. The Emergency Department is the most critical component of care for the 30,000 community members served by NVRH. Expanding the number of treatment rooms for 9 to 13 (and the addition of a 4-bed Mental Health Support Area) will significantly improve timely access to quality emergent care in this critical component of care in the community. Further, the enhanced privacy provided in the modern design will for improved the ability to have frank and open patient/provider consultations. In addition, the new design will provide a setting that will enhance the patient's ability to better understand discharge instructions and education, which in turn will contribute to improved healing and recovery.

This project is also consistent with the triple aim goal to contain healthcare costs. For the past several years, NVRH has had an emphasis reducing non-emergent use of our Emergency Department. One component of that effort was working with our community partner, Northern Counties Health Care, to open two Express Care centers in the community. We have also worked hard to assure there is an adequate number of primary care providers in the area. NVRH's ED team consistently educates patients on the importance of a relationship with primary care providers and the availability of and importance of using Express Care when appropriate to do so. Those efforts will continue when the project is completed.

Statutory Criteria 2: The cost of project is reasonable because each of the following conditions are met:

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

NVRH's Board of Trustees is ever focused on the strategic need to invest in our facilities. Recent examples include a complete renovation of our Birth Center and expansion of the Diagnostic Imaging department to house a fixed MRI scanner. The need to expand and renovate the Emergency Department and part of the hospital's west wing has been part of NVRH's strategic plan for over 5 years.

As shown in Table 2, NVRH's cash contribution to the project represents only 4% of the project cost. Funding for the majority of project costs will come from community philanthropic support, a USDA grant and a low-interest USDA Community Facilities Loan.

Initial plans for the ED/West Wing project included the design and funding for a 4-bed Mental Health Support Area (MHSA.) However, NVRH worked with Senator Leahy's office to secure a \$3 million Congressionally Directed Spending (CDS) grant to fund the MHSA project, thereby reducing the potential financial burden to NVRH for the MHSA space.

A USDA grant of nearly \$900,000 will cover equipment and planning costs associated with the project, which also reduces potential any financial burden. The structure of the USDA Community Facilities Loan itself will reduce the financial impact of the project. NVRH obtained an interest rate of 3.75% on the loan, a rate that is fixed for the 36-year term. Additionally, during the first year NVRH will pay interest only.

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;**

There is minimal competition with NVRH and other local hospitals or healthcare providers for either Emergency Room or Laboratory patients. As noted previously, NVRH partners with Northern Counties Health Care to operate two Express Care centers in the community. The project will not affect the cost of services provided at the Express Care centers, nor will it affect the cost of Emergency Department care at other local hospitals.

We anticipate the project will increase annual operating costs by approximately \$900,000. NVRH has historically found ways to offset the impact of costs associated with other new

projects in order to maintain a positive operating margin. The project does come at a time NVRH anticipates a loss from operations. During fiscal year 2022, NVRH implemented a financial sustainability program to address better align expenses with revenues. The work of the Program will be used to partially offset the operating cost increase associated with the project. However, a rate increase of .25% to .5%, in addition to standard annual rate increases, may be required to fund the higher operating costs. In our opinion the benefits to the public derived from the project, which are detailed throughout this application, outweighs the additional rate increase of .25% to .5%.

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

NVRH staff, working with our LBA architect partners, developed several plans for the ED/West Wing project. The end result was the current design for the ED addition and renovations to the existing ED and Laboratory renovations. Going from the original plans to the final design was arduous and challenged the creative skills of the NVRH and LBA team. During the process, the new ED space was reduced by over 6,000 square feet. Another 2,665 square feet of new construction was transferred to the MHSA project. Also during the design process, planned renovations to the Access, Surgical Day Care and Pain Management departments were completely eliminated. The scope of the Laboratory renovation work was reduced by 40%. The final result is a set of plans that will meet but not exceed what is required to meet the community needs for timely access to essential services. A less expensive alternative is not feasible or appropriate.

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

NVRH is working with Efficiency Vermont to ensure the project will meet or exceed current energy efficiency requirements. Please refer to Appendix 5, the Efficiency Vermont commitment letter.

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

NVRH has provided identifiable and existing need for the proposed renovation and modernization to the Emergency Department and Laboratory in the above provided narratives. Supporting the projects are space constraints, non-compliance in current building code and increased volumes since original building construction.

Statutory Criteria 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 West Wing Expansion project will greatly enhance quality of healthcare services and overall patient experience here in the Northeast Kingdom (NEK). Additionally, this project will augment NVRH's 50-year old facility to provide more appropriate and adequate space to meet the current day demand for services. Affording this space will allow for increased access via lesser wait times for some services, and a more expedited Emergency Department experience, as informed by utilization trends over time. The ability to enhance workflows and afford the space necessary for staff to perform their roles will also increase both staff and patient satisfaction.

As we see increased ED boarding and other trends statewide, we are certain that this expansion will reduce the burden on the State's health systems who may have to support NVRH service area residents during times where diversion is necessary due to volume and space constraints. Alternatively, NVRH may be able to support other health systems faced with similar challenges via this capacity expansion project.

Statutory Criteria 5: The project will not have an undue adverse impact on any other existing services provided by the applicant.

The West Wing Expansion project will not pose an undue adverse impact on other existing services here at NVRH, but will rather increase facility capacity to meet the current demand for ED services. NVRH will need to expand staffing capacity to ensure satisfactory ratios of staff to patients, which has been considered as part of the project planning.

Statutory Criteria 6: *REPEALED*

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

1. NVRH's mission speaks volumes regarding the core values and focuses of the organization as a healthcare leader: "NVRH is dedicated to improving the health of all people in the communities it serves... provides high-quality healthcare services focused on community needs at the lowest cost consistent with excellent care. NVRH will cooperate with other organizations to provide medical, educational, preventive, and wellness services."
2. As required for all not-for-profit hospitals under the Affordable Care Act, NVRH conducts a thorough Community Health Needs Assessment (CHNA) to learn about needs, challenges, and opportunities from community members and key stakeholders. The CHNA process informs NVRH community-based

programming, services, community benefit spending, and other support efforts in a resulting Implementation Plan.

1. Programming:

1. NVRH's Community Connections program is comprised of trained Community Health Workers (CHWs) who support all individuals—regardless of income—to identify and navigate the service and resource needs of each individual, free of charge. CHWs' use a person-centered approach and are committed to supporting community members to improve health and wellness.

1. CHWs can assist with the following:

1. Connecting with services, resources, transportation, and other supports
 2. Accessing healthcare and health information
 3. Quitting tobacco with support from a Tobacco Treatment Specialist
 4. Understanding and completing forms and applications for services
 5. Learning healthy habits with our health coaches
 6. Accessing health insurance

2. Community Connections also facilitates and manages NVRH's philanthropic fund, the "Community Unmet Needs," providing patients and clients with critical resources to meet their needs, such as gas cards, medication financial assistance, etc.

2. Implementation strategies regarding the availability of affordable, accessible transportation include:

1. **"Rides to Work"** – Transportation to work initiatives. NVRH allocates Community Benefit funding to support this identified gap in transportation services by low-income residents and public transportation providers. NVRH works with Voc Rehab and Creative Workforce Solutions to find short- and long-term solutions to transportation to work for low-income individuals. Rural Community Transportation (RCT) is also engaged in short-term solutions, along with providing gas cards for individuals.
2. **"Rides to Wellness"** – Also supported with Community Benefit funding, Community Connections support clients with transportation to medical appointments and other essential trips, such as shopping and social service appointments. Community Connections screens clients for transportation needs create action plans with clients to plan for future needs and provides short-term solutions such as gas cards or taxi rides.

3. NVRH Care Managers for inpatients and medical practices also support patients on a case-by-case basis to assist with transportation to ensure access to critical appointments.
3. NVRH is a collaborative, community-based institution and works with all healthcare and social service organizations in our service area to create a unified response to identified needs. In 2015, NVRH and local “backbone” partners launched the NEK Prosper! Accountable Health Community initiative that aims “To ensure fair and just opportunity for everyone in Caledonia and Southern Essex Counties to be healthy and prosperous.” As such, the vision of this work is to address the root causes of poor health, namely poverty, resulting in a community that “...will be Well-Housed, Well-Nourished, Physically Healthy, Mentally Healthy, Financially Secure.” The NEK Prosper! structure values include the promotion of an open and trusting environment; sharing collective resources, data, staff, and efforts as a means of expanding capacity; and engaging community members to give them equal status and shared responsibility to determine what and how services and programs are provided. NVRH and the other backbone organizations approach this work with health equity at the forefront, ensuring engagement, representation, and enhancing resilience in our community. Through this infrastructure, participating organizations can efficiently address local challenges such as transportation and work to identify regional solutions. This vehicle for collaboration creates a responsive and innovative community-based approach to addressing emerging and persistent needs across the social determinants of health and the continuum of care.

Statutory Criteria 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 technology associated with the Emergency Department, specifically telemetry monitors, will continue to conform to 18 V.S.A §9351 while integrating into legacy systems. There is no expected purchase or lease of Health Care Information Technology related to the Laboratory renovations.

Statutory Criteria 9: 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, holistic system of care, as appropriate. 18 V.S.A. § 9437(9).

This project follows another capital effort to develop a Mental Health Support Area within the ED, which affords mental health patients with a comfortable, safe, and appropriate space. While

patients are at NVRH, staff will support care and stabilizations needs and develop transition plans, such as a high level of care at a treatment facility. Care managers, ED staff, and other critical community partners may be engaged in this process to ensure a patient-centered approach and a transition that is appropriate for the patient.

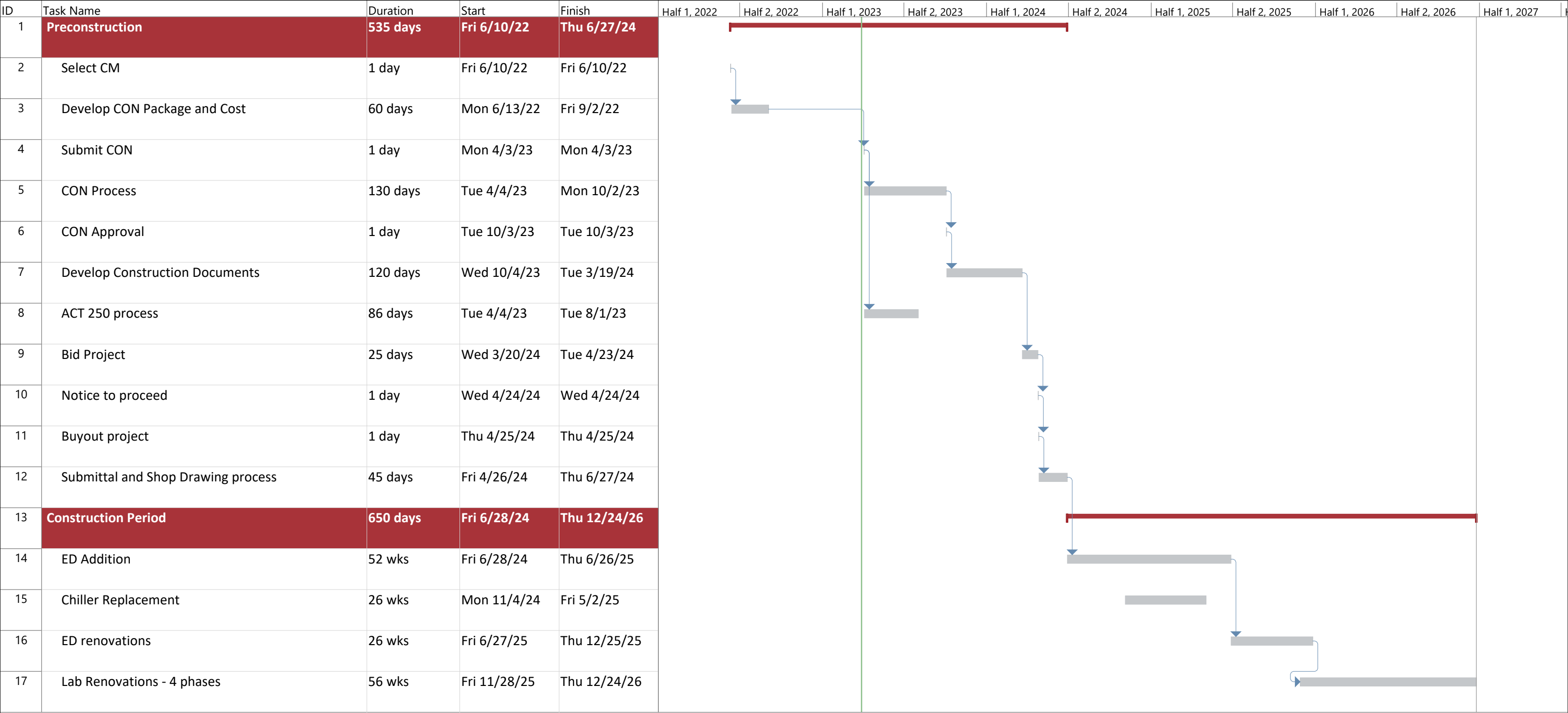
- a. NVRH is a collaborative organization heavily vested in community health and initiatives that enhance access to social and health care needs. Through the VT Blueprint for Health model, for which NVRH is the HSA Program Manager, a high level of engagement and support is facilitated through the Community Health Team model. NVRH works with the local FQHC, Northern Counties Health Care; the designated agency, Northeast Kingdom Human Services (NKHS); NVRH Rural Health Clinics; and other community partners to ensure effective care coordination approaches and alignment of community resources to best support the needs of our residents, especially the most vulnerable.
 - i. Some projects that have been implemented in the HSA, specifically impacting the continuum of care for mental health, include:
 1. Integrating a “Mental Health Assessment and Mental Health Follow Up Note” into the NVRH ED EMR to ensure releases are signed and comprehensive information is available for both NVRH and NKHS to make informed decisions. This documentation is also being developed for NVRH primary care practices.
 2. Integration of universal screenings in the ED and primary care, and other tools for indicated populations, including:
 - a. Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - b. PHQ-9
 - c. CSSRS (Columbia Suicide Severity Rating Scale)
 - d. Embedded questions that include a CALMs Assessment (Counseling Against Lethal Means)
 - e. A full assessment that can be tracked and data that can be gathered related to what services were discussed and the disposition of those services that are easy to understand what the next steps are.
 - ii. NVRH has also integrated Behavioral Health Specialists into the Rural Health Clinics, including: St. Johnsbury Pediatrics, Women’s Wellness Center, Kingdom Internal Medicine, and Corner Medical. The integration of this role provides short-term behavioral health capacity to support patients who may be waiting for a more long-term option or who only need interim support.
 - iii. NVRH maintains a contract with Alpine Telehealth to ensure telepsychiatry access, to include:
 1. Outpatient Primary Care telepsychiatry by an APRN or MD

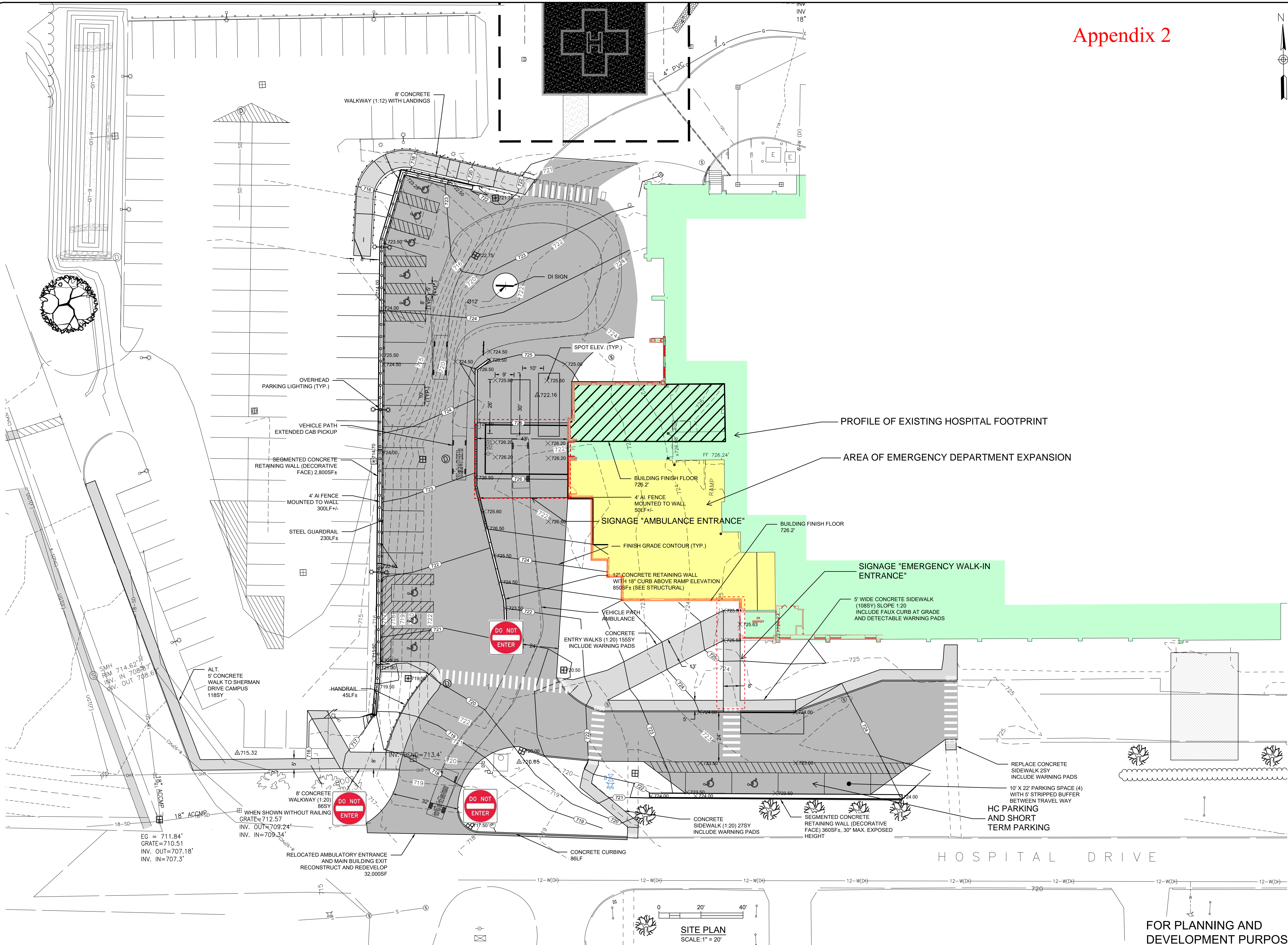
2. Collaborative Care telepsychiatry Consultation

NVRH ED Wing Expansion

Preliminary Construction Timeline 3.29.2023

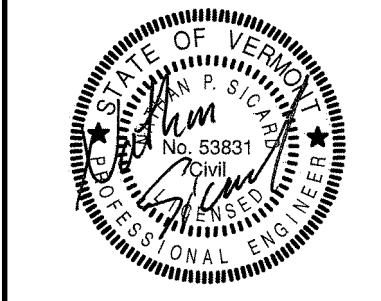
Appendix 1





Appendix 2

RUGLES
ENGINEERING SERVICES, INC.
4680 MEMORIAL DRIVE, ST. JOHNSBURY, VT 05819
Civil Engineering-Site Permitting
Water, Sewer and Stormwater System Designs
JOB No. 21051



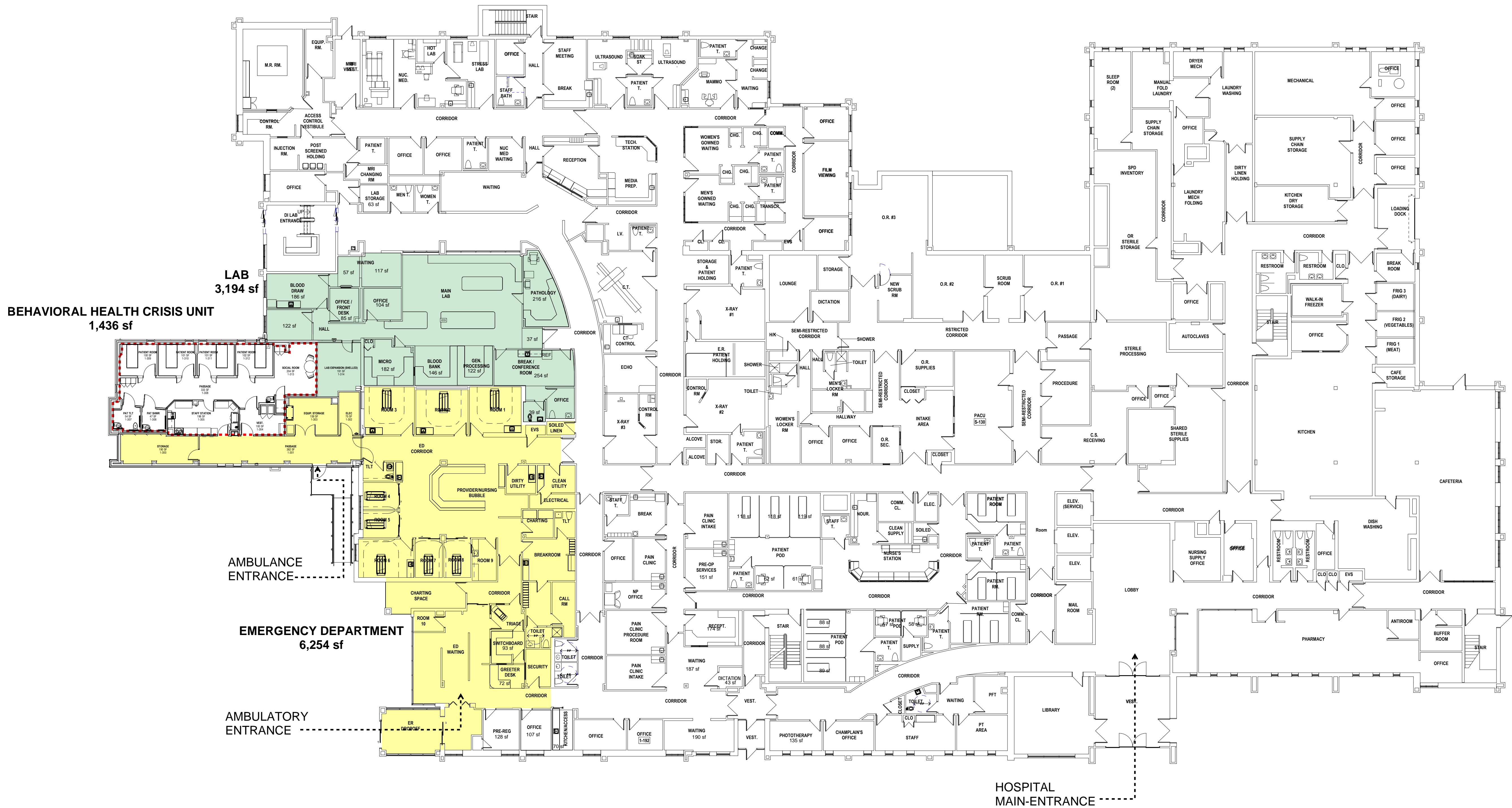
PREPARED FOR: **NORTHEASTERN VT REGIONAL HOSPITAL, INC.**
1305 HOSPITAL DRIVE, ST. JOHNSBURY, VT 05819
Address
GENERAL SITE GRADING AND PARKING PLAN
ED DEVELOPMENT PROJECT

REVISIONS		Date
No.	Description	

Designed: NPS
Drawn: NPS
Checked: -
DATE: 3/30/22

C102
Sheet of

FOR PLANNING AND DEVELOPMENT PURPOSES



1 FIRST FLOOR PLAN - EXISTING
1/16"=1'-0"

NORTHEASTERN VERMONT
REGIONAL HOSPITAL

SCHEMATIC DESIGN -
CON

1315 Hospital Dr, St Johnsbury, VT
05819

NO.	DESCRIPTION	DATE

CONTENT: FIRST FLOOR PLAN - EXISTING	
DRAWN BY:	Author
PROJECT NO:	20-098
DATE:	10.16.2022
REVISED:	
SCALE:	AS NOTED
A-EX	
Project Phase SCHEMATIC DESIGN	
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Space Requirements:

- * One patient toilet / 6 exam rooms required min 2.2-3.1.3.7
- * Trauma Room(s) - min clear floor space 250 sf 2.2-3.1.3.6(4)
- * Treatment Room for Patients of size 2.2-3.1.1.6(6)
- * Human Decontamination Room 2.2-3.1.3.6(8)
- * Special Patient Care Areas 2.2-3.1.4
- * Equipment, other Storage nearest proximity

COMPLIANCE ANALYSIS - EMERGENCY DEPARTMENT				
ROOM NO.	ROOM NAME	AREA	COMPLIANT	COMMENTS
1-309	PATIENT ROOM	100 SF	YES	
1-310	PATIENT ROOM	101 SF	YES	
1-311	PATIENT ROOM	101 SF	YES	
1-312	PATIENT ROOM	102 SF	YES	
1-307	PAT TLT	54 SF	YES	
1-306	PAT SHWR	47 SF	YES	
25	TRAUMA	208 SF	NO	higher acuity minimum sf requirements
26	TRAUMA	204 SF	NO	higher acuity minimum sf requirements
27	TRAUMA	209 SF	NO	higher acuity minimum sf requirements
X	TOILET	45 SF	YES	confirm clearances, accessories
1-308E	TOILET	47 SF	YES	confirm clearances, accessories
1-308F	TOILET	54 SF	NO	accessibility
1-308O	BREAKROOM	189 SF	YES	
1-308R	TLT	47 SF	NO	clearances, accessories
15	ROOM 9	88 SF	NO	square footage, clearances, handwashing station
17	TRIAGE	70 SF	NO	
19	ROOM 8	89 SF	NO	square footage, clearances, handwashing station
20	ROOM 7	89 SF	NO	square footage, clearances, handwashing station
21	ROOM 6	186 SF	NO	
22	ROOM 5	80 SF	NO	square footage, clearances, handwashing station
23	ROOM 4	80 SF	NO	square footage, clearances, handwashing station
24	TLT	41 SF	NO	clearances, accessories
315	ROOM 10	39 SF	NO	square footage, clearances, handwashing station



COMPLIANCE LEGEND

ROOM IS NOT COMPLIANT

ROOM NOT LISTED IN FGIROOM IS COMPLIANT

12' - 6"

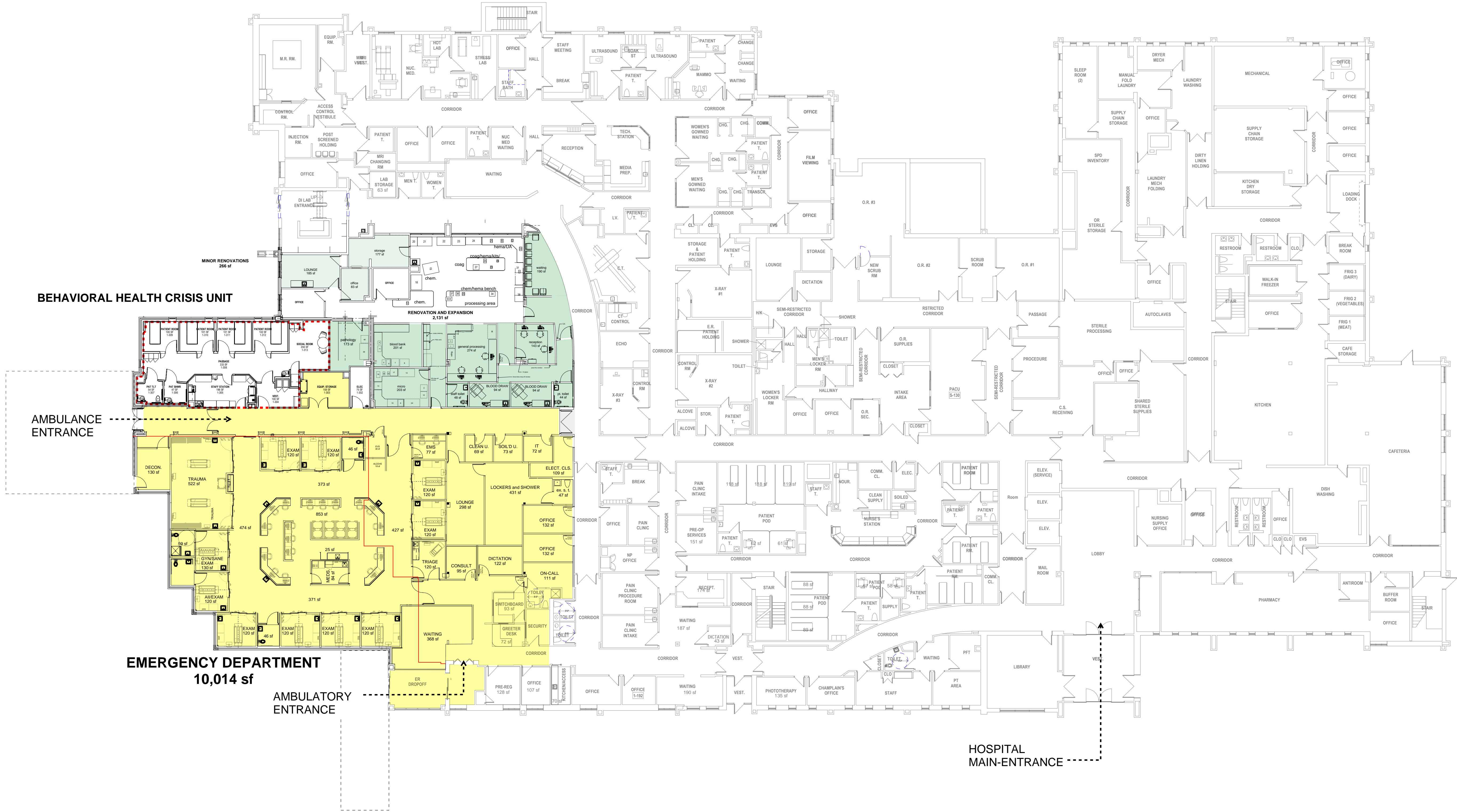
DIMENSION IS NOT COMPLIANT

12' - 6"

DIMENSION IS FGI COMPLIANT

NO.	DESCRIPTION	DATE

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REVISED:	
SCALE:	AS NOTED
A-1	
Project Phase SCHEMATIC DESIGN	
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NORTHEASTERN VERMONT
REGIONAL HOSPITAL

SCHEMATIC DESIGN -
CON

1315 Hospital Dr, St Johnsbury, VT
05819

NO.	DESCRIPTION	DATE

CONTENT: FIRST FLOOR PLAN - PROPOSED EXPANSION AND RENOVATIONS	
DRAWN BY:	Author
PROJECT NO:	20-098
DATE:	10.16.2022
REVISED:	
SCALE:	AS NOTED
A-2	
Project Phase SCHEMATIC DESIGN	
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1 FIRST FLOOR PLAN - PROPOSED EXPANSION AND RENOVATIONS
A.4 1/16"=1'-0"



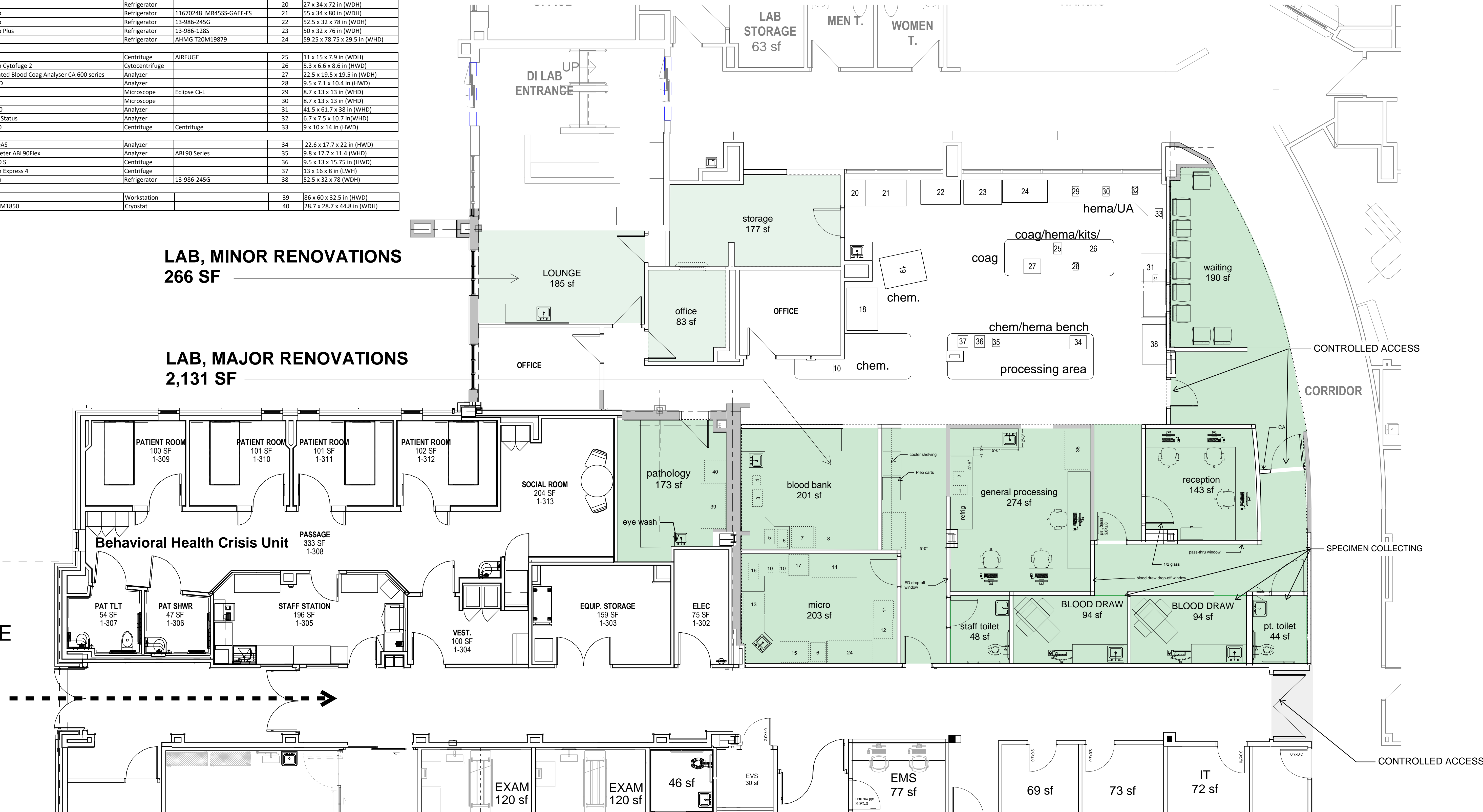


AMBULATORY
ENTRANCE

EMERGENCY DEPARTMENT
10,014 sf

1	FIRST FLOOR PARTIAL PLAN - EMERGENCY DEPARTMENT - BEHAVIORAL HEALTH HOLDING - LAB 1/8"=1'-0"
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Section	Item #	Vendor	Model Name	Equip Type	Ref #	Dimensions
Section 1	General Processing					
	1	Thermo Scientific	Sorvall ST 8	Centrifuge		18.9 x 12.2 x 14.6 in (WDH)
Section 2	BloodBank					
	2	eppendorf	5702	Centrifuge		12.6 x 15.6 x 9.6 in (WDH)
	3	Ortho workstation		Centrifuge		22.84 x 12.8 x 8.66 in (WDH)
	4	International Equipment Company	IEC Central-8 Plus	Centrifuge		12.5 x 10.2 x 10.2 in (WDH)
	5	Micro Typing System Inc.	MTS Centrifuge - Ortho Clinical Diagnostics	Centrifuge	PK215 Rev 3-10-04	19.5 x 13.5 x 6.25 in (WDH)
	6	Barke plasmatherm		Plasmatherm		13.3 x 23.6 x 12.5 in (WDH)
	7	Helmer		Refrigerator	IB120 i-series	29 x 79.6 x 28.2 in (WHD)
	8	Helmer		Freezer		29 x 80.3 x 34.6 in (WHD)
	9	bioMerieux, Inc.	BacT/Alert 3D	Combo	200291	19.5 x 30.8 x 24.5 in (WHD)
Section 3	Hallway					
	10	Liaison MDX	DiaSorin	Thermocycler		18 x 12 x 12 in (WDH)
Section 4	Micro					
	11	Thermo Scientific	Forma Direct Heat CO2 Incubator	Incubator		26 x 38.5 x 25 in (WHD)
	12	Thermo Scientific	HeraTherm Incubator	Incubator		32 x 25 x 25 in (HWD)
	13	Cardinal Health		Refrigerator	UR124A22	37.8 x 28 x 78.5 in (DWH)
	14	Labconco	Purifier Class II Safety Cabinet	Hood		28 x 38 x 58 in (WDH)
	15	Labconco	Protector Acid Storage Cabinet	Storage		5' x 2.5' x 4' (WDH)
	16	Genexpart	Cephheid	Storage		22.75 x 25.80 x 13.25 in (WHD)
	17	bioMerieux, Inc.	Vitek 2 Compact	Analyzer	27530	28.3 x 26.8 x 23.6 in (WDH)
Section 5	18	Siemens	Dimension EXL 200	Analyzer		56 in x 49 in x 41 in (WHD)
	19	Siemens	Dimension EXL 200	Analyzer		56 in x 49 in x 41 in (WHD)
	20	Cardinal Health		Refrigerator		17.4 x 34 x 72 in (WDH)
	21	Fisher Scientific	Isotemp	Refrigerator	11670248 MR455S-GAEF-FS	55 x 34 x 80 in (WDH)
	22	Fisher Scientific	Isotemp	Refrigerator	13-986-245G	52.5 x 32 x 78 in (WDH)
	23	Fisher Scientific	Isotemp Plus	Refrigerator	13-986-128S	50 x 32 x 76 in (WDH)
	24	Helmer		Refrigerator	AHMG T20M19879	59.25 x 78.75 x 29.5 in (WHD)
Section 6	25	Beckman	Airfuge	Centrifuge	AIRFUGE	11 x 15 x 7.9 in (WDH)
	26	RIS	StatSpin Cytofuge 2	Cytocentrifuge		5.3 x 6.6 x 8.6 in (HWD)
	27	Siemens	Automated Blood Coag Analyzer CA 600 series	Analyzer		22.5 x 19.5 x 19.5 in (WDH)
	28		miniSED	Analyzer		9.5 x 7.1 x 10.4 in (HWD)
	29	Nikon		Microscope	Eclipse Ci-L	8.7 x 13 x 13 in (WHD)
	30			Microscope		8.7 x 13 x 13 in (WHD)
	31	Sysmex	XN-2000	Analyzer		41.5 x 61.7 x 38 in (WHD)
	32	Siemens	Clinitex Status	Analyzer		6.7 x 7.5 x 10.7 in (WHD)
Section 7	33	Hettich	EBA 200	Centrifuge	Centrifuge	9 x 10 x 14 in (HWD)
	34	bioMerieux, Inc.	miniVIDAS	Analyzer		22.6 x 17.7 x 22 in (HWD)
Section 8	35	Radiometer	Radiometer ABL90Flex	Analyzer	ABL90 Series	9.8 x 17.7 x 11.4 (WHD)
	36	Hettich	EBA 280 S	Centrifuge		9.5 x 13 x 15.75 in (HWD)
	37	RIS	StatSpin Express 4	Centrifuge		13 x 16 x 8 in (LWH)
	38	Fisher Scientific	Isotemp	Refrigerator	13-986-245G	52.5 x 32 x 78 (WDH)
Section 8	Pathology					
	39	Grosslab Senior		Workstation		86 x 60 x 32.5 in (HWD)
	40	Leica	LEICA CM1850	Cryostat		28.7 x 28.7 x 44.8 in (WDH)



1 FIRST FLOOR PARTIAL PLAN - LAB
1/8"=1'-0"

NO.	DESCRIPTION	DATE

CONTENT: FIRST FLOOR PARTIAL PLAN LAB RENOVATION	
DRAWN BY:	Author
PROJECT NO:	20-098
DATE:	10.16.2022
REVISED:	
SCALE:	AS NOTED
A-5	
Project Phase	
SCHEMATIC DESIGN	
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Northeastern Vermont Regional Hospital MEP Systems Outline for CON Application

Introduction

Yeaton MEP, Inc. has been engaged by Lavallee|Brensiger Architects to provide mechanical, electrical, plumbing and fire protection master planning services for Northeastern Vermont Regional Hospital located in St. Johnsbury, Vermont. The facility is comprised of multiple generations of major construction, beginning in 1972 and most recently in 2004 and 2007.

The Hospital desires to expand their emergency department and reconfigure the existing patient areas to improve the flow of patient care. The addition and renovation will require filing for Certificate of Need (CON). This document is intended to outline the scope of work anticipated during each phase of the expansion and renovation.

Project phasing referenced here is summarized as follows:

Phase 1: Emergency Department Addition/Expansion

Refer to architectural documents. Expansion consists of a 4,500 (+/-) single story addition with a flat roof. The addition will feature two trauma rooms, a nurse station, eight exam/treatment rooms and support spaces.

Phase 2: Emergency Department Renovations

Refer to architectural documents. Renovations consist of a 3,500 (+/-) renovation within an active hospital environment. Renovations will include the creation of at least three more exam rooms in the ED, extending the nurse station and developing staff support spaces.

Phase 3: Lab Renovations

Refer to architectural documents. Expansion consists of a 1,750 (+/-) renovation within an active hospital environment. Renovations will include the creation of micro biology and pathology spaces, blood draw rooms and processing spaces.

Applicable Codes

All construction elements and systems will conform to the following:

- The New Hampshire State Building Code
- IBC 2015 (International Building Code)
- IPC 2015 (International Plumbing Code)
- 2020 Vermont Commercial Building Energy Standards
- Vermont Fire and Building Safety Code, 2015
- NFPA 70, 2017 (National Electrical Code)
- NFPA 99, 2018 (Health Care Facilities Code)
- NFPA 101, 2017 (Life Safety Code)
- NFPA Standards, including 13, 14 and 54.
- Facility Guidelines Institute (FGI) 2018, Guidelines for Hospitals
- ASHRAE 170-2017 Ventilation of Healthcare Facilities
- Local Authorities Having Jurisdiction (AHJ)
- NVRH Construction Standards
- All Other Applicable Codes and Standards

Division 21 - Fire Protection

❖ Automatic Sprinkler System

The existing wet sprinkler system shall be extended to provide NFPA-13 compliant coverage within the Phase 1 new addition and reworked to accommodate the Phase 2 and 3 renovations.

Phase 1 – Emergency Department Addition:

Phase 1 addition shall be protected by an NFPA 13 compliant wet sprinkler system. All areas protected are anticipated to be Light Hazard.

A flow test shall be provided to confirm available pressures and flow at the sprinkler entrance. The intent is to extend the existing 4" wet sprinkler entrance located in the basement of the 2007 addition. Current tags indicate pressure at the existing alarm valve is 117 PSI static with 96 PSI residual.

A new 4" wet sprinkler line shall connect to the existing system at the entrance in the facility Basement. Provide (1) new zone control valve and extend a new 4" bulk main to the ED expansion.

All piping within the ED Expansion shall be steel piping with mechanical (Victaulic) fittings, located above ceilings. Sprinkler coverage shall be by concealed pendant heads with white flat plates, or semi-recessed sidewall where space does not allow a ceiling pendant. Note – use of UL listed flexible sprinkler heads will not be allowed.

Porte cocheres and overhangs will be constructed of non-combustible materials and will not require dry-barrel sprinkler coverage.

Phase 2 – Renovations to Existing Hospital:

Phase 2 renovations shall be protected by reworking the existing wet sprinkler system to provide NFPA 13 compliant coverage. All areas protected are anticipated to be Light Hazard.

The area of renovation is currently served by a wet sprinkler system, with a 6" entrance located in the Hospital's mechanical space. Rework shall be limited to the area under renovation, extending newer services from outside the scope of work is not anticipated.

New piping shall be steel with mechanical (Victaulic) fittings, located above ceilings. Sprinkler coverage shall be by concealed pendant heads with white flat plates, or semi-recessed sidewall where space does not allow a ceiling pendant. Note – use of UL listed flexible sprinkler heads will not be allowed.

No dry-barrel coverage is anticipated in the areas of renovation.

Phase 3 – Lab Expansion:

Phase 3 renovations shall be protected by reworking the existing wet sprinkler system to provide NFPA 13 compliant coverage. The renovated area is anticipated to be Light Hazard. Rework shall be limited to the area under renovation, extending newer services from outside the scope of work is not anticipated.

Division 22 – Plumbing

Phase 1 – Emergency Department Addition:

The new Emergency Department expansion shall be addressed by extending existing domestic water services into the addition. New sanitary, vent and roof drain systems are anticipated.

Phase 1 Domestic Water Systems:

Extend existing domestic hot, cold and hot water recirculation lines from the existing facility to the new addition. Point of connection is an existing 1-1/2" cold water, 1-1/4" hot water and 3/4" recirc. line located over the existing lab. The intent is to install a new domestic water "loop" run above the corridor of the ED expansion, with branch lines and shutoffs to individual fixtures.

Provide isolation valves at point of connection, with expansion joints where crossing into the new addition.

All new domestic water piping shall be type L hard copper with soldered fittings. Use of Pro-Press is not acceptable to NVRH.

Extend new domestic services to all new fixtures in the addition.

- Provide isolation valves at all take-offs to individual fixtures.
- Extend hot water recirculation lines down to within 2 feet of all public lavatories.
- Extend a 1" cold water line to all flush valve toilets and flush rim sinks.
- Provide Wade #5 shock absorbers at all flush valve toilets and flush rim sinks.

All new domestic water piping (cold, hot and recirculation) shall be fully insulated with 1" pre-molded fiberglass insulation with all service jacket. Label all services and tag all valves ne meet ANSI/ASME standards.

Phase 1 Sanitary, Vent & Storm Drain Systems:

Sanitary piping from the hospital connects to a municipal sewer system. A new sanitary exit is required to support the ED addition.

Provide a new 4" sanitary exit from the ED expansion to the nearest sewer line.

All new below slab sanitary piping shall be standard weight cast iron with hub & spigot connections. Piping to be installed to gravity drain towards the exist at a 1% pitch.

Venting of fixtures within the ED expansion shall be new piping leading to two (2) 4" vents through roof. All venting shall be per International Plumbing Code (IPC), VT adopted addition.

A new roof drain system serving the ED expansion will be installed. A new 6" storm exit will be required, with a new exit connecting to the storm system on the property. Connecting to the existing systems doe not appear to be feasible without invasive measures.

Provide a new 6" main to serve the ED wing. Provide a minimum of three (3) 4" primary roof drains to serve the ED expansion. Connect to nearest catch basin outside.

Secondary roof drains shall be fully piped to a lambs tongue discharge above grade. Three (3) 4" emergency drains shall be installed with one (1) 6" discharge.

Insulate all horizontal runs of roof drain piping with 1.5" fiberglass wrap with all service jacket.



The exterior porte cocher shall be drained by a new exterior rain leader connecting to a nearby storm system. New exterior rain leaders shall be standard weight cast iron piping with no-hub fittings, insulated and covered with a hard PVC shell.

Phase 1 Plumbing Fixture Notes:

Fixtures shall be installed in keeping with NVRH standards.

- Toilet fixtures shall be floor mounted with elongated bowl by American Standard. Toilet fixtures to have dual flush manual flush valves by Sloan. Fixtures shall be ADA where required.
- Urinals shall be by American Standard, with manual flush valves by Sloan. Fixtures shall be ADA where required.
- Lavatories in patient care areas shall be integral to the countertop, like those recently done in the Birthing Center. Faucets shall be ADA compliant with manual wrist blade handles, manufactured by Chicago or Kohler.
- Wall mounted lavatories (where shown by Architect) shall be ADA accessible by Kohler with concealed arm carrier. Faucets shall be ADA compliant with manual wrist blade handles, manufactured by Chicago or Kohler.
- Eye washes shall be installed where required – in the Soiled and Med Room at a minimum. Eye washes shall be deck mounted swing style by Guardian.
- Drinking fountains shall be by Elkay, dual height ADA accessible, with integral chiller and bottle filler. Where code allows, a bottle filler only shall be installed.
- Housekeeping closets shall be furnished with a 24"x24" molded stone mop basin, with faucet provided with integral checks and bucket hook.
- The decontamination room shall be provided with an exterior cold water, freeze proof hose bibb for washdown of the entryway. The interior shall be provided with one hot and one cold water hose bibb for washdown purposes. Drainage from the decontamination room shall through a floor sink to a secondary container, which shall be manually pumped and disposed of.

Phase 1 Medical Gas Systems:

NFPA 99 piped medical gases shall be extended into the new ED expansion. Services required are: oxygen, vacuum and medical air. All medical gas services shall be installed to meet the requirements of a Category 1 system as described by NFPA 99.

Piped oxygen shall be extended from the existing system. A new 3/4" Oxygen line shall be extended from the main chase located near X-Ray-2, where an existing 1" line bears the capacity for the extra beds.

Piped vacuum shall be extended from the existing system. A new 1-1/4" vacuum line shall be extended from a capped 1-1/2" line outside the existing lab.

Medical air shall be piped from an existing 1" line serving the operating rooms. Currently, a 2x2 manifold serving the OR's is the only piped air on site. Extending this line from the source is required to build enough buffer to support the entire system.

A new zone valve box shall be installed to serve the ED expansion. Box shall be a 3-gas, NFPA-99 compliant fixture by Amico – the Hospital standard.



A new area alarm panel shall be located by the nurse station and shall monitor gases on the patient side of the new zone valve box. Extension of the alarms to the existing master alarm panels is required.

Gas outlets shall all be DISS style, by Amico. Locations per architectural plans, assume (1) Oxygen, (1) Vacuum, (1) Vacuum Spacer and (1) Medical Air per bed.

Phase 2 – Renovations to Existing Hospital:

The renovations within the existing hospital shall be addressed by reworking existing domestic water services to accommodate the new space program. Rework of existing sanitary and vent piping is anticipated, with slab cutting as required to tie new sanitary to the existing.

Phase 2 Domestic Water Systems:

Rework existing domestic hot, cold and hot water recirculation lines to accommodate the renovation area. The intent is to remove existing fixtures as outlined by the architectural drawings and remove existing branch lines to main. New branch lines shall be extended as required to accommodate new plumbing fixtures. Provide isolation valves at point of connection.

All new domestic water piping shall be type L hard copper with soldered fittings. Use of Pro-Press is not acceptable to NVRH.

Extend new domestic services to all fixtures within the renovation area.

- Provide isolation valves at all take-offs to individual fixtures.
- Extend hot water recirculation lines down to within 2 feet of all public lavatories.
- Extend a 1" cold water line to all flush valve toilets and flush rim sinks.
- Provide Wade #5 shock absorbers at all flush valve toilets and flush rim sinks.

Phase 2 Sanitary, Vent & Storm Drain Systems:

The phase 2 renovation takes place in an area with slab on grade floors. Plumbing fixtures removed shall be capped below slab with venting removed to main and capped. New fixtures shall be connected to the existing below slab sanitary system via slab cutting and patching. New vents from individual fixtures shall connect to the existing vent network – no new VTR's anticipated.

All new below slab sanitary piping shall be standard weight cast iron with hub & spigot connections. Piping to be installed to gravity drain towards the exist at a 1% pitch.

Venting of fixtures within the renovation area shall be per International Plumbing Code (IPC), VT adopted addition.

Roof drains within the renovation area are to be rework as/if necessary. Insulate all horizontal runs of roof drain piping with 1.5" fiberglass wrap with all service jacket.

Phase 2 Plumbing Fixture Notes:

Fixtures shall be installed in keeping with NVRH standards.

- Toilet fixtures shall be floor mounted with elongated bowl by American Standard. Toilet fixtures to have dual flush manual flush valves by Sloan. Fixtures shall be ADA where required.



- Urinals shall be by American Standard, with manual flush valves by Sloan. Fixtures shall be ADA where required.
- Lavatories in patient care areas shall be integral to the countertop, like those recently done in the Birthing Center. Faucets shall be ADA compliant with manual wrist blade handles, manufactured by Chicago or Kohler.
- Wall mounted lavatories (where shown by Architect) shall be ADA accessible by Kohler with concealed arm carrier. Faucets shall be ADA compliant with manual wrist blade handles, manufactured by Chicago or Kohler.
- Showers for staff members shall be 38"x38" insert for staff areas with ADA valve and center drain.
- Eye washes shall be installed where required – in the Soiled and Med Room at a minimum. Eye washes shall be deck mounted swing style by Guardian.
- Drinking fountains shall be by Elkay, dual height ADA accessible, with integral chiller and bottle filler. Where code allows, a bottle filler only shall be installed.
- Housekeeping closets shall be furnished with a 24"x24" molded stone mop basin, with facet provided with integral checks and bucket hook.
- The decontamination room shall be provided with an exterior cold water, freeze proof hose bibb for washdown of the entryway. The interior shall be provided with one hot and one cold water hose bibb for washdown purposes. Drainage from the decontamination room shall through a floor sink to a secondary container, which shall be manually pumped and disposed of.

Phase 2 Medical Gas Systems:

NFPA 99 piped medical gases shall be reworked as required to accommodate the Phase 2 renovations. Services required are: oxygen, vacuum and medical air. All medical gas services shall be installed to meet the requirements of a Category 1 system as described by NFPA 99.

Rework of existing oxygen and vacuum services currently serving the lab is anticipated. System shutdowns to accommodate new valve boxes and tie in-e upstream of shutoffs are expected. Medical air extended into the Phase 1 addition may be used to serve the renovations by connecting to a service valve installed during the phase 1 addition.

Note that no existing gas services are expected to be re-used, all new outlets and valve boxes are anticipated. Three (3) new valve boxes are expected. One new area alarm panel is anticipated for covering the Procedure area of the renovation.

All piping shall be seamless hard copper, type L or K with brazed joints. Valves shall be installed and tagged to meet NFPA 99 requirements.

Phase 3 Domestic Water Systems:

Rework existing domestic hot, cold and hot water recirculation lines to accommodate the renovation area. The intent is to remove existing fixtures as outlined by the architectural drawings and remove existing branch lines to main. New branch lines shall be extended as required to accommodate new plumbing fixtures. Provide isolation valves at point of connection.

Phase 3 Medical Gas Systems:

No new medical gases are anticipated in the Lab Renovation.

Division 23 – Mechanical

Phase 1 – Emergency Department Addition:

The new Emergency Department expansion shall be addressed by a new fully ducted air handler dedicated to the expansion. Unit will operate as a VAV system. Exhaust systems will be installed to address isolation spaces and general exhaust. Extension of the existing hot water and steam systems will be required to provide heat and humidification. Cooling shall be refrigerant based, with piping back to the chiller plant run in anticipation of connecting to the existing chilled water system in the future.

Phase 1 Air System:

The existing behavioral health wing is served by a packaged rooftop unit with MERV 13 filters, Dx compressors for cooling, and VFD driven supply fan serving VAV's in the space. This system is stand alone, and shall be considered separate from the ED expansion.

Install (1) new 6,500 CFM rooftop unit on the roof of the emergency department. Unit to be semi-custom by Trane or equal, Trane PCC or Trane Horizon. Features of the unit shall include:

- VFD Driven supply fan for VAV service
- Dx cooling coil with stainless steel drain pan
- Hot water heating coil
- Steam humidification coil
- (Blank) Cooling coil section for
- MERV 8 pre-filters
- MERV 14 final filters
- VFD driven exhaust fan
- Access sections
- Insulated roof curb
- Double walled insulated cabinets
- UV-C Lights in cooling coil section

The units shall be coupled with an air-cooled condensing unit installed on grade, near the expansion. Sets of refrigerant lines will run exposed from the condensing unit to the Dx coil in the air handler.

The new RTU shall supply air to the ED Expansion through insulated ductwork, with VAV's with hot water reheat coils controlling airflow to occupied zones. All VAV's shall deliver air to meet ASHRAE 170 guidelines for air change per hour. All return ductwork from spaces shall be fully ducted to the air handler. Ten (10) VAV's are currently anticipated.

The unit shall be furnished with a blank chilled water coil section. The intent is to build a pipeline back to the mechanical room over time, and eventually add chilled water cooling to the unit as a source of redundant cooling.

Phase 1 General Exhaust:

Install a general exhaust system to serve toilet rooms, soiled rooms and the emergency department waiting room. Fan shall be equal to a Greenheck model CUE and shall run 24/7 to maintain negative pressures in the aforementioned spaces. Anticipated capacity is approximately (+/-) 2,000 CFM.

Install a new upblast utility set to address the Decontamination Room and Negative Pressure (All Isolation) Patient Room. Room shall be permanently exhausted to address a minimum requirement of 12 air changed per hour. Pressure sensors located above the patient room door shall be installed to alarm should pressure differential fall below 0.01" w.c.. Fan equal to Greenheck USF, with 10'-0" discharge stack.

A dedicated negative pressure system shall be installed to transition all exam rooms into a 100% negative pressure space. Fan shall be equal to Greenheck Vektor with 10' discharge stack and variable speed, VFD driven fan. Estimated capacity is 4,500 CFM. A dedicated exhaust duct network will run from the fan to each patient room. Control dampers on exhaust and return branches to each patient room shall be installed to allow the room to swing from standard return to negative pressure upon a command from the energy management system.

Phase 1 Heating Hot Water:

Extend the existing hot water heating loop from the existing facility to the new addition. Estimated line size is 2.5", or (2) 1-1/2" lines. Based on evaluation of existing infrastructure, the lab area has (2) 1-1/2" lines available for extension.

All VAV's shall be furnished with hot water heating coils, with 2-way modulating control valves. Rooms with an exterior exposure shall be provided with hydronic radiant panels to address skin heat losses. The waiting area shall be furnished with Runtal radiation across the entire perimeter exposure.

Hot water heating coils in the rooftop air handlers shall be furnished with 2-way modulating control valves.

Phase 1 Chilled Water:

Provide 2-1/2" insulated chilled water piping from the new rooftop to the edge of the phase of construction. Chilled water piping shall, in the future, be extended to the existing mechanical room where it will be connected to the Hospital's chiller system. Piping to be fully insulated, valved and capped for continuation under Phase 2 renovations.

Miscellaneous Mechanical Requirements

- VAV's will be provided with 2-row hot water heating coils and automatic balancing valves for flow control.
- Return air will be fully ducted from each space back to the rooftop air handler. Return air VAV's may be used to ensure critical clinical spaces maintain proper pressure control, although none are anticipated at this time.
- Perimeter office and patient rooms with a window will be provided with supplemental hot water radiant panels for trim heating.
- Clinical spaces will be provided with air volumes meeting or exceeding the air change per hour (ACH) requirements of ASHRAE 170-2017, Table 7.1.
- All isolation and other pressure sensitive areas will be provided with room pressure sensors equal to TSI. Sensors will integrate with the CTI Energy Management System, providing alarms should the space pressure fall outside normal parameters.
- All Isolation rooms will require a dedicated exhaust fan with 10'-0" discharge stack on roof. Rooms shall be kept at a negative pressure with respect to adjacent areas with alarming monitors (TSI or equal) through the EMS.
- Fans will be viewable on the EMS, showing status, alarms, VFD information.

Trauma Rooms

Trauma Rooms shall be kept at a positive pressure at all times. Pressure monitored by a room pressure sensor.

Supply air to Trauma rooms shall be by Type E, non-aspirating diffusers. Laminar flow diffusers do not require HEPA filtration at the ceiling level.

Electrical, IT & Data Room Cooling

Electrical Rooms, where load proves to be small enough, will be exhausted through the building general exhaust system.

Data rooms to be furnished with 2-ton split systems with low ambient cooling.

Rooms furnished with a UPS shall be exhausted through the building general exhaust system.

Snow Melt

No snow melt is anticipated.

Humidifiers

New humidifiers are anticipated for the Trauma rooms. Provide 10 lb/hr capacity electric steam humidifiers by Dri-Steam or equal with duct dispersion wand for each Trauma Room.

Ductwork Standards

All low and medium pressure ductwork installed within the building shall be built to meet the latest SMACNA standards and ASHRAE recommendations, including the following:

- Duct shall be made of the best grade galvanized iron. Duct shall be installed and stored on site per SMACNA “Advanced Level” cleanliness guidelines.
- Exterior ductwork shall be double walled with 2” insulation.
- Volume dampers shall be provided at all runouts to individual air terminals.
- Combination smoke/fire dampers shall be provided at each shaft penetration by a duct.
- Fire dampers shall be provided wherever a 2-hour wall is penetrated by a duct, or a duct penetrates a floor not protected by a shaft.
- Smoke dampers will be required at smoke barrier penetrations by a duct.
- Ductwork shall be insulated to meet or exceed the requirements of VT Commercial Energy Code. All air conditioning supply ductwork shall be insulated with a minimum of R-6.2 fiberglass insulation. Exterior ductwork shall be insulated with minimum of 2” (R-11) insulation.

Piping Standards

Piping is to be steel or hard copper, and shall be installed to meet the following:

- Copper tubing shall be Type L, with lead free solder fittings.
- Steel tubing shall be screwed or welded schedule 40, with 150# fittings.
- Insulation shall be as required by VT Commercial Energy Code.

Phase 2 – Renovations:

Phase 2 renovations shall be a rework of the existing VAV, and hot water reheat systems serving the areas. General exhaust shall also be reworked. The unit serving the area to be renovated is “AHU-4”. Installed in 2007, the unit is of the quality and capacity to serve the Phase 2 renovations.

It is suspected that the existing air handling system served in the area can provide the ASHRAE 170 required air to each space. Similar to the ED, HVAC zone will be served by a supply air VAV with hot water reheat. Return air shall be fully ducted back . the existing HVAC unit. Fifteen (15) new VAV units are anticipated under the renovation.

Extend the 3” chilled water lines installed under Phase 1 from the new addition to the mechanical room. Piping shall be valved and capped in the mechanical room. The intent is to connect to the chilled water system once the system has been upgraded to a larger system with additional capacity.

Phase 3 – Lab Renovations:

Phase 3 Lab renovations shall be a rework of the existing VAV, and hot water reheat systems serving the area today. An exhaust fan installed as part of the Behavioral Health addition will be



extended to serve micro biology and pathology. General spaces may be returned to the existing air handler. Three (3) new VAVs are anticipated to rework the supply distributin and address the new footprint.

Division 25 – Integrated Automation

- NVRH is currently served by a Siemens Energy Management System (EMS). The intent is to extend the existing Siemens system to address the Phase 1 addition. During Phase 2 renovations, the intent is to provide new Siemens controllers on all new equipment.
- The current platform is Apogee. Transition to Desigo is imminent but has yet to happen.
- New ATC work shall be based off Siemens Desigo platform. It is anticipated that the ED expansion and phase 2 renovations will take place after the Apogee to Desigo transition is completed.
- Siemens will provide and install new hardware and will provide graphics and programming.
- NVRH will provide wiring from T-Stats to VAV's and heating terminals.
- The EC must provide conduits for all low voltage wiring.

Division 26 - Electrical

❖ Normal Power, Emergency Power, Distribution and Lighting Systems

Phase 1: Emergency Department Addition

The existing Type 1 Essential Electrical System shall be expanded to serve the proposed addition. There is limited to no available spare capacity on the existing generator distribution and a new generator is proposed for the expansion and renovations. Preliminary sizing of the generator to replace the existing is 750KW, which includes the ED expansion, existing building load, existing HVAC proposed to be added to the generator distribution, and spare future capacity.

Egress signage, emergency lighting, and medical gas alarm panels shall be provided in accordance with all applicable codes and powered via the Life Safety branch of the emergency electrical distribution. All required critical receptacles and loads shall be powered via the Critical branch of the emergency electrical distribution. Essential HVAC and rooftop equipment shall be powered via the Equipment branch of the emergency electrical distribution. Life Safety and Critical branch circuits shall be kept independent of all other wiring and equipment as required by code.

All branch circuits serving patient care spaces shall be provided with hospital grade wiring with effective ground-fault current path as required by National Electrical Code Article 517.

All new electrical work associated with this project shall be in accordance with prevailing state codes and NVRH construction standards.

Electrical installation materials, devices and specialties shall be in keeping with NVRH construction standards for all work covered under this contract. Existing electrical infrastructure shall be extended to address the addition and supplemented with new as required to provide a completely code compliant and functional end product.

Install all required transformers, lighting, electrical specialties and safety devices required by prevailing codes and in keeping with best trade practices throughout the addition to provide a completely functional end product.

Install all required mechanical equipment power, grounding, normal power branch circuits, emergency power branch circuits, application specific receptacles, conduit, wireways, raceways, lighting and lighting controls throughout the addition to provide a completely functional end product.

Phase 2: Emergency Department Renovations:

The existing Type 1 Essential Electrical System shall be augmented to serve the proposed renovation space. Egress signage, emergency lighting, and medical gas alarm panels shall be provided in accordance with all applicable codes and powered via the Life Safety branch of the emergency electrical distribution. All required critical loads shall be powered via the Critical branch of the emergency electrical distribution. Essential HVAC and rooftop equipment shall be powered via the Equipment branch of the emergency electrical distribution. Life Safety and Critical branch circuits shall be kept independent of all other wiring and equipment as required by code.



All branch circuits serving patient care spaces shall be provided with hospital grade wiring with effective ground-fault current path as required by National Electrical Code Article 517.

All new electrical work associated with this project shall be in accordance with prevailing state codes and NVRH construction standards.

Electrical installation materials, devices and specialties shall be in keeping with NVRH construction standards for all work covered under this contract. Existing electrical infrastructure shall be extended to address the contract area and supplemented with new as required to provide a completely code compliant and functional end product.

Install all required transformers, lighting, electrical specialties and safety devices required by prevailing codes and in keeping with best trade practices throughout the renovation area to provide a completely functional end product.

Install all required mechanical equipment power, grounding, normal power branch circuits, emergency power branch circuits, application specific receptacles, conduit, wireways, raceways, lighting and lighting controls throughout the renovation area to provide a completely functional end product.

Phase 3: Lab Renovations

The existing Type 1 Essential Electrical System shall be augmented to serve the proposed renovation space. Egress signage and emergency lighting shall be provided in accordance with all applicable codes and powered via the Life Safety branch of the emergency electrical distribution. All required critical loads shall be powered via the Critical branch of the emergency electrical distribution. Essential HVAC and rooftop equipment shall be powered via the Equipment branch of the emergency electrical distribution. Life Safety and Critical branch circuits shall be kept independent of all other wiring and equipment as required by code.

All branch circuits serving patient care spaces shall be provided with hospital grade wiring with effective ground-fault current path as required by National Electrical Code Article 517.

All new electrical work associated with this project shall be in accordance with prevailing state codes and NVRH construction standards.

Electrical installation materials, devices and specialties shall be in keeping with NVRH construction standards for all work covered under this contract. Existing electrical infrastructure shall be extended to address the contract area and supplemented with new as required to provide a completely code compliant and functional end product.

Install all required transformers, lighting, electrical specialties and safety devices required by prevailing codes and in keeping with best trade practices throughout the renovation area to provide a completely functional end product.

Install all required mechanical equipment power, grounding, normal power branch circuits, emergency power branch circuits, application specific receptacles, conduit, wireways, raceways, lighting and lighting controls throughout the renovation area to provide a completely functional end product.

Division 27 – Communications

❖ Structured Wiring & Nurse Call Systems

Phase 1 - Emergency Department Addition

Install new Tel/Data drops, specialties and devices throughout the addition to provide a completely functional end product. Wiring shall be installed as CAT 6 cabling installed in conduit to above accessible ceiling tray systems. The actual design will be coordinated and specified in close coordination with the Northeastern Vermont Regional Hospital IT Department.

The existing Nurse Call system shall be extended to address the new spaces in the addition. The system shall consist of emergency call stations, nurse stations, corridor dome lights and bed call systems as directed by the practice and occupancy.

Phase 2: Emergency Department Renovations:

Install new Tel/Data drops, specialties and devices throughout the renovation to expand the existing system. Wiring shall be installed as CAT 6 cabling installed in conduit to above accessible ceiling tray systems. The actual design will be coordinated and specified in close coordination with the Northeastern Vermont Regional Hospital IT Department.

The existing Nurse Call system shall be modified to address the new spaces in the renovation area. The system shall consist of emergency call stations, nurse stations, corridor dome lights and bed call systems as directed by the practice and occupancy.

Phase 3: Lab Renovations

Install new Tel/Data drops, specialties and devices throughout the renovation to expand the existing system. Wiring shall be installed as CAT 6 cabling installed in conduit to above accessible ceiling tray systems. The actual design will be coordinated and specified in close coordination with the Northeastern Vermont Regional Hospital IT Department.

Division 28 – Electronic Safety and Security

❖ Fire Alarm, Surveillance, Intrusion and Card Access Systems

Phase 1 - Emergency Department Addition

The existing Fire Alarm system shall be extended to address the spaces within the addition. Notification Appliances shall consist of ceiling and/or wall mounted speaker strobes and strobe only devices located to provide full coverage visual and intelligible audio signaling. Spot Smoke Sensors for corridors, stairwells, electric rooms, IT closets and similar occupancies. Duct smoke sensors for air handling units 2000 CFM and larger. Wiring will be installed as conductors and cabling in conduit, EMT minimum, with Fire Alarm MC cabling permitted for wiring concealed in walls and above accessible lay-in ceilings.

Provide wiring and equipment associated with a fully operational card access system. System shall be based on equipment and wiring presently being utilized at Northeastern Vermont Regional Hospital. System shall consist of Card Readers, electric strikes and request to exit devices. Electric strikes will be provided as part of the door hardware systems package. Provide door access control panels, power supplies and associated wiring. The actual design will be coordinated and specified in close coordination with the Northeastern Vermont Regional Hospital IT Department.

Provide wiring and equipment associated with a fully operational video surveillance system. System shall be based on equipment and wiring presently being utilized at Northeastern Vermont Regional Hospital. Intrusion system components shall include motion sensors, door contacts and control panels. The actual design will be coordinated and specified in close coordination with the Northeastern Vermont Regional Hospital IT Department. Wiring shall be installed as CAT 6 cabling installed in conduit to above accessible ceiling tray systems.

Phase 2: Emergency Department Renovations:

The existing Fire Alarm system shall be modified to address the spaces within the renovation area. Notification Appliances shall consist of ceiling and/or wall mounted speaker strobes and strobe only devices located to provide full coverage visual and intelligible audio signaling. Spot Smoke Sensors for corridors, stairwells, electric rooms, IT closets and similar occupancies. Duct smoke sensors for air handling units 2000 CFM and larger. Wiring will be installed as conductors and cabling in conduit, EMT minimum, with Fire Alarm MC cabling permitted for wiring concealed in walls and above accessible lay-in ceilings.

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Phase 3: Lab Renovations

The existing Fire Alarm system shall be modified to address the spaces within the renovation area. Notification Appliances shall consist of ceiling and/or wall mounted speaker strobes and strobe only devices located to provide full coverage visual and intelligible audio signaling. Spot Smoke Sensors for corridors, stairwells, electric rooms, IT closets and similar occupancies. Duct smoke sensors for air handling units 2000 CFM and larger. Wiring will be installed as conductors and cabling in conduit, EMT minimum, with Fire Alarm MC cabling permitted for wiring concealed in walls and above accessible lay-in ceilings.

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Northeastern Vermont Regional Hospital

Equipment by Location

Equipment Summary: Emergency Department

Clean / Dirty Utility Rooms	\$7,285.50
Storage Areas	\$11,051.53
Medication Room	\$862.95
Triage	\$492.59
Break/Locker Room	\$15,477.91
Consult & Waiting Room	\$6,186.43
Work Area	\$20,435.74
Exam & Trauma Rooms	\$208,867.82
Miscellaneous	\$61,706.26
Office / On Call	\$7,379.25
Dictation	\$ 5,258.94
	\$345,004.92

Furniture

Non-Medical Equipment

Medical Equipment

Laboratory

Renovated Space	\$ 150,565.36
	\$495,570.28

Owner Cost Description

14	Typical Equipment By Owner	O	\$0
	A Lab Equipment	O	\$14,298
	B Medical Equipment, OR Lights, X-Ray, Gas Booms	O	\$225,402
	C Laundry Equipment	O	\$876
	D Bank Equipment	O	\$0
	E Theater Equipment	O	\$0
	F Library Equipment	O	\$0
	G Food Service Equipment	O	\$0
	H Vending Equipment	O	\$0
	I Storage Shelving	O	\$17,221
	J Audio/Video	O	\$0
	K Non-Medical Equipment (NVRH Added)	O	\$27,323
15	Typical Furnishings By Owner		
	A Furniture	O	\$60,975
	B Drapes/Blinds	O	\$0
	C Signage	O	\$0
	D Art Work	O	\$0
	E Office System Furniture (modular)	O	\$123,435
	F Office Ancillary Needs (NVRH)	O	\$443
16	Commissioning Agent	O	\$0
17	Information/Technology		
	A Telephone Raceway	CM	\$0
	B Telephone Wire	O	\$0
	C Telephone Equipment	O	\$3,336
	D Cable TV - wiring only	O	\$0
	E Data/Networking	O	\$0
	F Clock System	O	\$0
	G Sound System	O	\$0
	H Owner Security	O	\$0
	I Nurse Call	O	\$0
	J MISC. IS Components (NVRH)	O	\$22,261
			\$495,570.28

ED and Laboratory All Inclusive

Area	Item	Quantity	Description	Specifications	Each Price	Total Estimated Cost	Owner Cost Code
Clean Utility	Wire shelving	6	Uline: Stainless steel Wire Shelving, 60x24x63, 4 shelves, H-5477		\$751.00	\$4,506.00	14i
Clean Utility		6	Additional wire shelving, H-4303, 2 shelves per box		\$421.00	\$2,526.00	14i
Clean Utility	Plastic Stackable Bins-Uline		Uline Model#	Outside Dim.			
Clean Utility		6	S-14454	18X8X9	\$17.95	\$107.70	14k
Clean Utility		4	S-12421	18X11X10	\$18.45	\$73.80	14k
Clean Utility		3	S-12422	18X16.5X11	\$24.00	\$72.00	14k
Storage Area	Wire Shelving-8	8	Uline: Stainless steel Wire Shelving, 60x24x63, 4 shelves, H-5477		\$ 751.00	\$6,008.00	14i
Storage Area		8	Additional wire shelving, H-4303, 2 shelves per box		\$ 421.00	\$3,368.00	14i
Storage Area	Rack for crutches, canes, walker	2	Medline: Storage Rack, 66", #5NR7297		\$ 406.29	\$812.58	14i
Storage Area	Plastic Stackable Bins-Uline		Model#	Outside Dim.			
Storage Area		9	S-14454	18X8X9	\$ 17.95	\$161.55	14k
Storage Area		12	S-12421	18X11X10	\$ 18.45	\$221.40	14k
Storage Area		20	S-12422	18X16.5X11	\$ 24.00	\$480.00	14k
Med Room	Plastic Stackable Bins-Uline		Model#	Outside Dim.			
Med Room		9	S-14454	18X8X9	\$ 17.95	\$161.55	14k
Med Room		12	S-12421	18X11X10	\$ 18.45	\$221.40	14k
Med Room		20	S-12422	18X16.5X11	\$ 24.00	\$480.00	14k
Triage	Stool	1	CME: Drive 13034 Wheeled Round Stool		\$ 252.95	\$252.95	15a
Triage				SKU#CESS-701009-00001, MPN 13034			
Triage	Extra chair	1	HD Supply: Boss Office Animicrobial Vinyl Guest chair 500 lb		\$ 239.64	\$239.64	15a
Triage				#116651			
Triage	Cardiac monitor				?		14b
Break Room	Chairs-8	8	HD Supply: National Public Seating® NPSC Black Vinyl Seat Stackable Chair		\$ 176.60	\$1,412.80	15a
Break Room			Package of 4 #PART 761499			\$0.00	
Break Room	Bulletin Boards					\$0.00	
Break Room		1	Medline: Dry Erase Board,silver aluminum frame,24"x18", #QRTS531		\$ 44.00	\$44.00	15f
Break Room		1	Medline: Classic Series Cork Bulletin Board, silver aluminum frame,48"x36"		\$ 99.67	\$99.67	15f
Break Room		1	Medline: Classic Series Cork Bulletin Board, silver aluminum frame, 60"x36"		\$ 163.13	\$163.13	15f
Break Room	Mailboxes for staff-50	5	WB Mason: Classroom Keepers Mailbox, 10 slots, Blue, 21x12 3/4x16 3/4		\$ 27.29	\$136.45	15f
Break Room	Lockers-40	17	Uline: Single tier- 3 wide- H8998, #of lockers 3, 36x18x72		\$ 665.00	\$11,305.00	15a
Break Room	Benches-4	4	CME: Locker Room Bench,standard, 60x9x17, #H-5554ST		\$ 140.00	\$560.00	15a
Break Room	Boot trays-10	10	Amazon: Stalwart 75-ST6102 weather boot tray-		\$ 25.71	\$257.10	15a
Break Room			large water resistant plastic utility set of 2				
Break Room	Hooks for Coats,jackets-12	12	WB Mason: Safco Nail Head Wall Coat Rack, 6 hooks, metal		\$ 124.98	\$1,499.76	15a
Break Room			#SAF4202	36x2 3/4x2			
Consult & Waiting Room	Couch	1	HD Supply: 542762		\$ 1,320.99	\$ 1,320.99	15a
Consult & Waiting Room	Chairs	17	HD Supply: Boss Office Animicrobial Vinyl Guest chair 500 lb, #116651		\$ 239.64	\$ 4,073.88	15a
Consult & Waiting Room	Small table	1	Medline: Round Wheelchair Height table, round wheelchair height table 48", HSM4333		\$665.47	\$ 665.47	15a
Consult & Waiting Room	Phone	1	Model 7821		\$126.09	\$ 126.09	17c
Work Area	Chairs	18	WB Mason: HON Basyx Wave Mesh High-Back Task Chair, Black		\$ 349.99	\$6,299.82	15a
Work Area				#HVL702MM10			
Work Area	Cisco phones	7	Model 7821		\$ 126.09	\$882.63	17c
Work Area	Cisco phones	3	Model 8851		\$ 271.43	\$814.29	17c
Work Area	Fax/copier	1	Model 4750i		\$ 2,500.00	\$2,500.00	17j
Work Area	Tracker-2-24"monitors	2	per IS		\$ 270.00	\$540.00	17j
Work Area	All in one desktop	13	per IS		\$ 723.00	\$9,399.00	17j
Exam & Trauma Rooms	Stretcher	5	Stryker:Prime w/5th wheel stretcher 30",scale system		\$ 7,831.20	\$39,156.00	14b
Exam & Trauma Rooms	Bedside table	12	Medline: Plastic top Overbed table, #MZ113069		\$ 154.55	\$1,854.60	14k
Exam & Trauma Rooms	Stainless Steel Table	12	Medline: Stainless Steel Instrument Table w/shelf, #MPH08MCM503		\$ 374.38	\$4,492.56	14k
Exam & Trauma Rooms	Step stool w/handle	12	Medline: Steel Foot Stools with handrail, JCC1251, # JCC1251		\$ 79.95	\$959.40	15a
Exam & Trauma Rooms	Commode	4	Medline: Steel Bedside Commode, 350lb, #MDS89664		\$ 104.57	\$418.28	14k
Exam & Trauma Rooms	Visitor chair	24	HD Supply: Boss Office Animicrobial Vinyl Guest chair 500 lb, #116651		\$ 239.64	\$5,751.36	15a
Exam & Trauma Rooms	Phone	12	Model 7821		\$ 126.09	\$1,513.08	17c
Exam & Trauma Rooms	TV	12	per IS, 32"		\$ 255.00	\$3,060.00	17j
Exam & Trauma Rooms	Stool	8	CME: Drive 13034 Wheeled Round Stool		\$ 252.95	\$2,023.60	15a
Exam & Trauma Rooms				SKU:CESS-701009-00001, MPN 13034		\$0.00	
Exam & Trauma Rooms				#MDN992000198		\$0.00	
Exam & Trauma Rooms	Diagnostic Wall Set	13	All Heart: GS 777 Integrated Wall System 5 Item Board Set 77791		\$ 1,610.98	\$20,942.74	14b
Exam & Trauma Rooms	Overhead lamp	11	CME: Burton Medical ALEDSC AIM LED Minor Surgery Procedure Light		\$ 3,693.00	\$40,623.00	14b
Exam & Trauma Rooms				Single Ceiling Mount		\$0.00	
Exam & Trauma Rooms				SKU: CESS-94020-00		\$0.00	
Exam & Trauma Rooms	Kick bucket cans	3	Medline: Stainless Steel Kick Bucket, #GHF3267,		\$ 212.52	\$637.56	14k

Furniture

Non-Med. Equip

Medical Equipment

Donna Jerry
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Exam & Trauma Rooms	3	Medline: Rectangular Trash Can, # EVSTC70233	case of 4	\$	158.20	\$474.60	14k
Exam & Trauma Rooms	3	Medline: Rubbermaid Step On Trash Can, Red 8 gal., #QNQ406143RED,		\$	138.85	\$416.55	14k
Exam & Trauma Rooms	24	Medline: Plastic Quad Glove Box Holder,	MDS194096B	\$	153.79	\$3,690.96	14k
Exam & Trauma Rooms	3	Medline: SharpSafety In Room Wall Enclosures, Cardinal Health		\$	9.05	\$27.15	14k
Exam & Trauma Rooms			#COV85161H			\$0.00	
Exam & Trauma Rooms	20	Medline: Hands Free paper towel dispenser 10"rolls, #SJIT7100TBK		\$	165.40	\$3,308.00	14k
Exam & Trauma Rooms	20	Medline: Manual Wall Dispenser, REMPUSHGRAY, 800 and 1000ml		\$	120.15	\$2,403.00	14k
Exam & Trauma Rooms	25	Medline: Automatic dispenser white, #AUTODISPW		\$	72.14	\$1,803.50	14k
Exam & Trauma Rooms	13	Grainger: Protection System, # of compartments7, Beige Powder		\$	362.89	\$4,717.57	14k
Exam & Trauma Rooms			Coated Aluminum, #34GF53, Model#PS.06-0512			\$0.00	
Exam & Trauma Rooms	2	Tiger Medical:		\$	12,008.33	\$24,016.66	14b
Exam & Trauma Rooms			By Zoll MFR#: 30310000001030012 TIGER#: TM			\$0.00	
Exam & Trauma Rooms	2	Medline: Aluminum Medical Cart/Crash, SKU: MPH01WMLA9RED		\$	2,649.82	\$5,299.64	14b
Exam & Trauma Rooms	5	Medline: Y-Block Oxygen flowmeter w/power take off		\$	86.34	\$431.70	14b
Exam & Trauma Rooms			#PREMFA1005PT1			\$0.00	
Exam & Trauma Rooms	5	Medline: Continuous/Intermittent Suction Regulators		\$	318.51	\$1,592.55	14b
Exam & Trauma Rooms			#RTACIACM			\$0.00	
Exam & Trauma Rooms	2	CME: Burton Medical ALEDDC AIM LED Light w/double ceiling mount		\$	6,534.00	\$13,068.00	14b
Exam & Trauma Rooms			SKU: CESS-726680-00002			\$0.00	
Exam & Trauma Rooms	4	Medline: Roam 3 Carts w/glass doors, 3 units, #MDRSR3GCL		\$	6,546.44	\$26,185.76	14b
Miscellaneous	13	Armstrong AMC-6		\$	3,000.00	\$39,000.00	14b
Miscellaneous	10	Medline: Medline Soiled Linen Cart, unassembled, # CX102b		\$	87.56	\$875.60	14c
Miscellaneous	2	Armstrong AMC-6		\$	3,000.00	\$6,000.00	14b
Miscellaneous	1	Armstrong AMC-6		\$	3,000.00	\$3,000.00	14b
Miscellaneous			#MDRRC333369BL			\$0.00	
Miscellaneous	1	see ENT cart		\$	3,000.00	\$3,000.00	14b
Miscellaneous	2	Medline: Champion 56 Series Bariatric Recliner 500lb,#: MDR566T96		\$	3,237.21	\$6,474.42	15a
Miscellaneous	16	Medline: Aluminum Deluxe 5 leg IV pole, #MDS80494	Case of 2	\$	192.89	\$3,086.24	14b
Miscellaneous		system to be changing, no quote at this time				\$0.00	
Miscellaneous	1			\$	270.00	\$270.00	17j
Office & On Call	1	per IS		\$	723.00	\$723.00	17j
Office & On Call	1	WB Mason: Bush Business Furniture Move 60, series height adjustable sta	72"w X 30"d, natural maple/cool gray metalli,	\$	679.99	\$679.99	15a
Office & On Call	1	WB Mason: HON Basyx Wave Mesh High-Back Task Chair, Black		\$	349.99	\$349.99	15a
Office & On Call			#HVL702MM10				
Office & On Call	2	WB Mason: HON H320 Series 4 drawer file letter, black, HONH324P		\$	399.99	\$799.98	15a
Office & On Call	1	WB Mson: Storex 2 drawer mobile filing cabinet, # STX61309B01C,		\$	131.99	\$131.99	15a
Office & On Call	6	HD Supply: Boss Office Animicrobial Vinyl Guest chair 500 lb, #116651		\$	239.64	\$1,437.84	15a
Office & On Call	1	WB Mason: Bush Business Furniture, 72"high 5 shelf, #BSHBK7236AC		\$	315.99	\$315.99	15a
Office & On Call	1	WB Mason: Bush Business Furniture Easy Office 48"H 3-Shelf Bookcase		\$	189.99	\$189.99	15a
Office & On Call			Mocha Cherry, #BSHEO104MR				
Office & On Call	3	Medline: Dry Erase Board,silver aluminum frame,36"x24", QRT75123		\$	45.56	\$136.68	15a
Office & On Call	3	Medline: Dry Erase Board,silver aluminum frame,24"x18", #QRT5531		\$	44.00	\$132.00	15a
Office & On Call	3	Medline: Classic Series Cork Bulletin Board, silver aluminum frame, 36"x24", #QRT2303		\$	56.66	\$169.98	15a
Office & On Call	3	Medline: Classic Series Cork Bulletin Board, silver aluminum frame,48"x36"		\$	99.67	\$299.01	15a
Office & On Call	3	Medline: Classic Series Cork Bulletin Board, silver aluminum frame, 60"x36"		\$	163.13	\$489.39	15a
Office & On Call	3	WB Mason: Safco Impromptu Machine Stand, 1 shelf, gray, SAF1857GR		\$	321.98	\$965.94	15a
Office & On Call	1	Medline: Fortress nightstand,bedside cabinet, 2shelves, natural, #MODFR530N		\$	527.49	\$527.49	15a
Office & On Call	1	Amazon: Bedside Lamp w/USB port-touch control table lamp for bedroom, 3 way dimmer		\$	29.99	\$29.99	15a
Dictation	3			\$	723.00	\$2,169.00	17j
Dictation	3	WB Mason: Bush Business Furniture Move 60, series height adjustable stand desk		\$	679.99	\$2,039.97	15a
Dictation	3	WB Mason: HON Basyx Wave Mesh High-Back Task Chair, Black		\$	349.99	\$1,049.97	15a
Laboratory	1	WB Mason: HON Between Nesting Table, 24"x72", Pinnacle Laminate	HONPT2472NS	\$	569.02	\$569.02	15a
Laboratory	1	WB Mason: Fellowes® Literature Organizers, 36 Sections Letter, 29 x 11 7/	FEL25061	\$	286.42	\$286.42	14k
Laboratory	3	New workstation in CP and desk areas (per current NVRH IS pricing)	All in one desktops with dual monitors	\$	1,200.00	\$3,600.00	17j
Laboratory	4	WB Mason: HON Basyx Wave Mesh High-Back Task Chair, Black	#BSXVL702MM1	\$	494.67	\$1,978.68	15a
Laboratory	1	Home Depot: Frigidaire 13.9 cu.ft Top freezer/fridge - without ice maker	Staff food and beverages, White, #FFTR1425VW	\$	598.00	\$598.00	14k
Laboratory	1	Home Depot: Magic Chef 4.4 cu.ft. mini fridge w/freezerless design	for patient food/drinks, stainless steel,	\$	189.00	\$189.00	14k
Laboratory	5	Uline: Double tier- 3 wide- H7576, # of lockers 6, 36x18x72 (assembled)		\$	725.00	\$3,625.00	15a
Laboratory	5	Uline: Mobile Pedestal Filet, 2 drawer, Light Gray, 15x20x28, 2 shelves	H-7004GR	\$	280.00	\$1,400.00	15a
Laboratory	2	Uline: Mobile Pedestal Filet, 3 drawer, Light Gray, 15x20x28, 2 shelves	H-7005GR	\$	280.00	\$560.00	15a
Laboratory	3	Uline: Bench Rack 37x19 with bins 11x5.5x5 - blue	H-1426	\$	145.00	\$435.00	15e
Laboratory	1	Fisher: Heathrow Scientific Tubby Storage Container - pack of 5	03-448-319	\$	26.10	\$26.10	14k
Laboratory	-	New England Lab - Scope: Pathology, Bloodbank, Micro, General Processin	Proposal # 36890 2 August 2022	-		\$123,000.00	15e
Laboratory	1	Helmer: iBF105-GX i.Series BB/Plasma freezer - Undercounter, 5.3 cu ft (se	iBF105-GX	\$	5,448.14	\$5,448.14	14a

Furniture

Non-Medical Equipment

Medical Equipment

1 Fisherbrand Isotemp General Purpose Lab Freezer

FBG25FSSA

\$	8,850.00	\$	8,850.00	14a
			\$495,570.28	

Memo

To: Jacquelyn Zaun, Northeastern Vermont Regional Hospital (NVRH)

From: Colin Healey

Date: September 26, 2022

Re: NVRH Emergency Room and Laboratory expansion and modernization

This memo confirms that Efficiency Vermont is working closely with Jacquelyn Zaun and NVRH on the development and implementation of the Emergency Room and Laboratory expansion and modernization at their St. Johnsbury facility.

As part of the project team, Efficiency Vermont has assigned a designated energy consultant, who will provide support services as part of the design process, including:

- Technical assistance & recommendations on energy efficiency opportunities
- Cost/benefit analysis of options
- Collaborate with Architects/Contractors
- Provide “Objective Expertise”
- Financial incentives & assistance

The collaborative goal of these efforts is to achieve the highest levels of efficiency that are appropriate for a project of this nature, and in the process, reduce energy costs, strengthen the economy, and protect our environment.

If you have any questions, don’t hesitate to contact me directly.

Thanks,

Colin J. Healey

Customer Engagement Manager

Efficiency Vermont

P: (802) 540-7842

C: (802) 923-9167

2022 GUIDELINES for the DESIGN and CONSTRUCTION of HOSPITALS	
2.2-3.1 Emergency Service	
2022 FGI Guideline Section	How the Project Addresses the FGI Requirement
A2-2-3.1.1 Classification of facilities for emergency services. This section of the <i>Guidelines</i> is separated into requirements for a basic emergency care unit and requirements for a full emergency department . A dedicated emergency department may be part of a state or American College of Surgeons (ACS) trauma system with a Level I–IV designation. Trauma-level designations are awarded based on the capabilities and services provided by the hospital. All emergency departments, regardless of trauma-level designation, need to be able to provide for the initial evaluation and treatment of all trauma patients and transfer to a higher level of care when necessary. The following ACS reference provides detailed descriptions of Level I–IV trauma centers: “Descriptions of Trauma Center Levels and Their Roles in a Trauma System,” chapter 2 in <i>Resources for Optimal Care of the Injured Patient</i> . State designations have their own criteria but often mimic the ACS requirements for each level. The extent and type of emergency services provided in an emergency department vary according to patient population and hospital capabilities. At minimum, a hospital needs to provide a medical screening exam conducted by qualified medical personnel to determine if an emergency condition exists and, if required, stabilization and treatment within the capability of the hospital. If the patient’s condition requires further inpatient treatment, the hospital needs to arrange for admission to the hospital or transfer to an appropriate facility for additional treatment.	Response 1: The expansion and renovation of the NVRH Emergency Department is following the requirements of a "full emergency department".
2.2-3.1.3 Surge capacity for nuclear, biological, chemical (NBC) hazards events. When consistent with agreements between the organization and local and regional emergency preparedness planning agencies, acute care facilities with an emergency department can function as receiving, triage, and treatment centers during an unplanned event affecting the community. These facilities should have the capacity to handle anticipated types and numbers of patients above the current emergency department capacity and should designate specific area(s) for these functions. Planning for a disaster should include identification of space at the facility or an alternate site to be used for triage and management of incoming patients. Utility support and additional capacity for these areas (e.g., oxygen, water, electrical service) should be considered. Patient rooms are used to provide surge capacity; additional medical gas and vacuum outlets/inlets and electrical receptacles for patient rooms should be considered to increase capacity in the event of a disaster. Areas identified for triage should be able to provide a negative pressure environment to help control aerosolized infectious particulates with 100 percent exhaust capability. a. If 100 percent exhaust cannot be achieved, appropriate proven portable technology should be used to reduce airborne particles by more than 95 percent. b. If patient care areas in the hospital are to be used to house these patients, the route to the patient care unit should minimize the potential for cross-contamination. c. Existing smoke control areas could be used to meet ventilation requirements. Air-handling systems should be designed to provide required pressure differentials. d. Written protocols should be developed to assure proper performance of the means to accomplish intended goals. Facilities may designate an area outside and adjacent to the emergency department to serve as a primary decontamination area.	Response 2: The Emergency Department is designed for a limited Surge event by having additional headwalls in the Trauma room.
2.2-3.1.3.1 General: (1)Application. Hospitals that offer more than basic emergency care services shall have facilities that meet the requirements in this section for the services they provide. (2) Security. The emergency department shall be designed to assure that access control can be maintained at all times.	Response 3: Security: There are four access points into the Emergency Department, the ambulance entrance, through Triage, from the Waiting room and from the hospital. All four access points have access control via card swipe hardware. Refer to drawing A.3
a. All-hazards approach. The design of the emergency department should promote an all-hazards approach to the safety and security of those working in, visiting, or seeking emergency services. The layout and design should provide secured access or the ability to lock down the emergency department. Specific security recommendations can be found in <i>Security Design Guidelines for Healthcare Facilities</i> , Section 02.02 Emergency Departments, published by the International Association for Healthcare Security & Safety.	Response 4: The Emergency department consist of four distinct and separately secured zones. Zone 1 is the clinical ED, Zone 2 is the Behavioral Health Crisis Unit, Zone 3 is staff support and zone 4 is public waiting and support spaces. Refer to drawing A.3
b. Perimeter security. The exterior perimeter of the emergency department should have the capability to be secured to control access and provide safety in the event of a disaster or situations requiring a higher level of security.	Response 5: Refer to Response 3
2.2-3.1.3.2 Entrance: Entrances shall meet the requirements in Section 2.1-6.2.1 (Vehicular Drop-Off and Pedestrian Entrance) as amended in this section.	
2.1-6.2.1 Vehicular Drop-Off and Pedestrian Entrance: A minimum of one drop-off or entrance shall be reachable from grade level. Climate, patient acuity, and community standards may influence whether a covered or canopied entrance is desired.	Response 6: Both Ambulance and ambulatory entrances are at grade.
(1) The site design shall provide a signed route from public thoroughfares that directs ambulance traffic to the ambulance entrance to the emergency department and vehicle traffic to the public entrance.	Response 7: Site development supporting the ED addition provides for separate, signed access routes to both the ambulance entrance and the ambulatory entrance. Refer to drawing C 102
(2) Paved emergency access to permit discharge of patients from automobiles and ambulances shall be provided. The paved emergency access should accommodate short-term parking close to	Response 8: Paved short term parking is provided directly across the access drive in front of the ambulatory entrance. Refer to drawing C 102
(3) The emergency department entrance shall be clearly marked.	Response 9: Refer to drawing C 102
(4) Where a raised platform/dock is used for ambulance discharge, a ramp or elevator/lift to grade level shall be provided for pedestrian and wheelchair access.	Response 10: Does not apply
(5) The emergency vehicle entry cover/canopy shall provide shelter for both the patient and the emergency medical crew during transfer between an emergency vehicle and the building.	Response 11: Both the ambulance and ambulatory entrances are canopy cover. The ambulance canopy is drive through providing cover the EMTs. Refer to drawing C 102
(6) The emergency bays shall be sized so they are compatible with horizontal and vertical vehicle clearances of EMS providers.	Response 12: Refer to drawing C 102
(7) Ambulance entrances shall provide a minimum of 6 feet (1.83 meters) in clear width to accommodate gurneys for individuals of size, mobile patient lift devices, and accompanying	Response 13: Clear opening will be 6'-4"
(8) Transfer provisions shall be considered based on the patient handling and mobility assessment (Section 1.2-4.3).	Response 14: Space to store stretchers, wheelchairs and walkers is available at both ambulance and ambulatory entrances. Refer to drawing A.4

<p>1.2-4.3 Patient Handling and Mobility Assessment (PHAMA)</p> <p>A patient handling and mobility assessment is an interdisciplinary, documented assessment process conducted to direct/assist the design team in incorporating appropriate patient handling and mobility equipment into the health care environment. The purpose of this equipment is to increase or maintain patient mobility, independent functioning, and strength as well as to provide a safe environment for staff and patients during performance of high-risk</p> <p>The PHAMA has two distinct, yet interdependent, phases:</p> <p>Phase 1: A patient handling and mobility assessment is performed to identify appropriate patient handling and mobility equipment for each patient care area.</p> <p>Phase 2: The space, structural, and other design requirements needed to accommodate patient handling and mobility equipment and facilitate patients’ weight-bearing and physical activity are determined.</p>	Assessment to be by NVRH																																																															
<p>(9) A video surveillance system shall be provided for each emergency department public entrance.</p>	Response 15: Video surveillance is planned for the ambulance and ambulatory entrances, patient corridors, clinical ED, BHSA area, Med safety zones, and public waiting.																																																															
<p>(10) Where emergency department public entrances may be locked, a duress alarm system that is conspicuously located, readily accessible, and immediately available shall be provided.</p>	Response 16: The public ambulatory entrance is open 24/7 and will not be locked.																																																															
<p>2.2-3.1.3.3 Reception and triage areas</p> <p>(1) Location</p> <p>(a) Reception and triage areas shall be located to provide a means for observation of the main entrance to the department and the public waiting area.</p>	Response 15: Refer to drawing A.4																																																															
<p>(b) Public access points to the treatment area shall be under direct observation of the reception and triage areas.</p>	Response 16: Triage, switchboard and the greeter all have direct view of the public assess door to the ED treatment area. Refer to drawing A.4																																																															
<p>(2) Triage area. The triage area shall include the following:</p> <p>Consider providing a separate area for patients waiting for triage. This area should have appropriate ventilation and be clearly visible from the triage station.</p>	Response 17: There is one public waiting which includes Triage waiting. Ventilation will meet ANSI/ASHRAE/ASHE Standard 170: Ventilation of Health Care Facilities for requirements.																																																															
<p>(a) Access to language translation services</p>	Response 18: Is available via Language Line																																																															
<p>(b) Provisions for patient privacy.</p>	Response 19: Triage is conducted in a private room. Refer to drawing A.4																																																															
<p>(c) Handwashing station. Handwashing stations shall be provided in accordance with Section 2.1-2.8.7.2 (Handwashing Station—Design requirements).</p>																																																																
<p>(i) A handwashing station shall be provided in each triage room</p>	Response 20: Sink provided. Refer to drawing A.4																																																															
<p>(ii) In triage areas, one handwashing station shall be provided for every four triage bays or cubicles.</p>																																																																
<p>(d) Hand sanitation dispenser. A hand sanitation dispenser shall be provided for each triage bay or cubicle.</p>	Response 21: Hand sanitizer provided.																																																															
<p>(e) Access to a duress alarm for security emergencies</p>	Response 22: Duress button provided																																																															
<p>(f) Building system components</p> <p>(i) Call devices. See Table 2.1-2 (Locations for Nurse Call Devices in Hospitals) for requirements.</p>	Response 23: Patient call station with visible signal light in the corridor above the triage door provided.																																																															
<p>Table 2.1-2: Locations for Nurse Call Devices in Hospitals*</p> <table><tr><th>Section</th><th>Location</th><th>Patient Station</th><th>Bath Station</th><th>Emergency Call Station</th><th>Nurse Master Station</th><th>Notes</th></tr><tr><td colspan="7">PATIENT CARE UNITS</td></tr><tr><td>2.1-2.2.6</td><td>Patient toilet room</td><td></td><td>•</td><td></td><td></td><td>2</td></tr><tr><td colspan="7">SUPPORT AREAS</td></tr><tr><td>2.1-2.8.2</td><td>Nurse/control station</td><td></td><td></td><td></td><td>•</td><td></td></tr><tr><td>2.1-3.2</td><td>Exam room</td><td></td><td></td><td>•</td><td></td><td></td></tr><tr><td>2.2-3.1.3.3.(2)</td><td>Triage room or area in the emergency department</td><td>•</td><td></td><td></td><td></td><td>1, 2</td></tr><tr><td>2.2-3.1.3.6.(1)</td><td>Emergency department treatment room</td><td>•</td><td></td><td></td><td></td><td>1, 2</td></tr><tr><td>2.2-3.1.3.6.(7)(a)</td><td>Interior human decontamination room</td><td>•</td><td></td><td>•</td><td></td><td>1</td></tr></table> <p>Notes</p> <p>1. One device shall be permitted to accommodate patient station and emergency call station functions.</p> <p>2. A visible signal shall be activated in the corridor at the patient’s door, at the nurse/control station, and at all duty stations. In multi-corridor patient care units, additional visible signals shall be installed at corridor intersections.</p> <p>(ii) Electrical receptacles for equipment used in triage. See Table 2.1-1 (Electrical Receptacles for Patient Care Areas in Hospitals) for requirements.</p>	Section	Location	Patient Station	Bath Station	Emergency Call Station	Nurse Master Station	Notes	PATIENT CARE UNITS							2.1-2.2.6	Patient toilet room		•			2	SUPPORT AREAS							2.1-2.8.2	Nurse/control station				•		2.1-3.2	Exam room			•			2.2-3.1.3.3.(2)	Triage room or area in the emergency department	•				1, 2	2.2-3.1.3.6.(1)	Emergency department treatment room	•				1, 2	2.2-3.1.3.6.(7)(a)	Interior human decontamination room	•		•		1	Response 24: At a min. (4) duplex electrical outlets will be provided, (2) normal power and (2) emergency power.
Section	Location	Patient Station	Bath Station	Emergency Call Station	Nurse Master Station	Notes																																																										
PATIENT CARE UNITS																																																																
2.1-2.2.6	Patient toilet room		•			2																																																										
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2.2-3.1.3.6.(7)(a)	Interior human decontamination room	•		•		1																																																										

Table 2.1-1: Electrical Receptacles for Patient Care Areas in Hospitals

Section	Location	Minimum Number of Single Receptacles ¹	Receptacle Locations ²
DIAGNOSTIC AND TREATMENT AREAS			
2.1-3.2	Exam room	8	4 convenient to head of gurney or bed or on each lateral side of the imaging gantry
2.2-3.5.2.1 (2)	Class 1 imaging room		
2.2-3.1.3.3 (2)	Triage room or area in the emergency department	6	Convenient to head of gurney or bed (At least 50% of these receptacles shall be connected to emergency system power and be so labeled.)
2.2-3.1.3.6 (1)	Emergency department treatment room	12	Convenient to head of gurney or bed
2.2-3.1.3.6 (2)	Trauma/resuscitation room	16	Convenient to head of gurney or bed
2.2-3.1.3.6 (7)(a)	Interior human decontamination room	4	—

²“Convenient” in this table means the cords from the equipment to be used in the room can reach the receptacles without causing a trip

(iii) Medical gas and vacuum systems. See Table 2.1-3 (Oxygen, Vacuum, Medical Air, WAGD, and Instrument Air Systems) for requirements.

Response 25: At a min. (1) oxygen and (1) vacuum, will be provided.

Table 2.1-3: Oxygen, Vacuum, Medical Air, WAGD, and Instrument Air Systems (Outlets/Inlets)¹

Section	Location	Oxygen	Vacuum	Medical Air	WAGD ²	Instrument Air
DIAGNOSTIC AND TREATMENT LOCATIONS						
2.1-3.2	Exam room	1/room	1/room	—	—	—
2.2-3.1.3.3 (2)	Triage room or area in the emergency department	1/station	1/station	— ⁸	—	—
2.2-3.1.3.6 (1)	Emergency department treatment room or area	1/gurney	1/gurney	1/gurney	—	—
2.2-3.1.3.6 (2)	Trauma/resuscitation room	2/gurney	3/gurney	1/gurney	—	—
2.2-3.1.3.6 (7)(a)	Interior human decontamination room	1 ⁶	— ^{1, 9}	—	—	—

¹For any area or room not included in this table the facility clinical staff shall determine station outlet/inlet requirements after consultation with the authority having jurisdiction.

⁶Use of portable equipment in lieu of a piped gas system shall be permitted.

⁹Portable vacuum equipment shall be readily accessible.

<div>Donna Jerry</div> <div>Docket No. GMCB-005-23con</div> <div>NVRH Emergency Department and Laboratory Expansion and Modernization</div> <div>April, 2023</div> <div>Page 68 of 129</div>		
(3) As the location of initial assessment for patients with undiagnosed and untreated airborne infections, the triage area shall be designed and ventilated to reduce the exposure of staff, patients, and families to airborne infectious diseases. See ANSI/ASHRAE/ASHE Standard 170: Ventilation of Health Care Facilities for requirements.		Response 26: Triage will be a negative pressure room.
2.2-3.1.3.4 Public waiting area. A public waiting area with the following shall be provided: Where dedicated pediatric treatment rooms are provided, a separate family waiting area and toilet facilities should be provided adjacent to the treatment area. (1) Seating (2) Immediately accessible public toilet room(s) with handwashing station(s) Public toilet room. Ligature-resistant design criteria should be considered. See Section 1.2-4.6 (Behavioral and Mental Health Risk Assessment) for more information. (3) Access to drinking water (4) Access to public communications services Public communications services. Public communications services may include provisions such as telephone access, wireless internet connectivity, and distributed antenna systems to support cellphone use.		Response 27: The current and proposed ED does not provide dedicated pediatric treatment rooms.
		Response 28: A variety of seating will be available to accommodate non-bariatric and bariatric requirements.
		Response 29: Public toilet rooms are available. Refer to drawing A.4
		Response 30: Drinking water is available. Refer to drawing A.4
		Response 31: Access to Wi-Fi and cell phone charging stations will be provided throughout the Waiting room and treatment rooms.
2.2-3.1.3.5 Communications with EMS (1) Communication connections to emergency medical services (EMS) shall be provided. (2) Where an EMS base station is provided, it shall be designed to reduce noise, distractions, and interruptions during communications.		Response 32: EMS communication station is provided in the Staff Station.
2.2-3.1.3.6 Treatment rooms and areas Emergency department treatment areas. The governing body may elect to subdivide the emergency department into separate distinct areas based on medical specialties such as pediatrics, geriatrics, and obstetrics. Where specialty units are created, they should be designed to preclude unrelated traffic and security and safety measures should be provided. See Section 1.2-4 (Safety Risk Assessment) for additional information.		Response 33: The treatment area of the ED is a single, undivided area operating on a universal treatment room concept. Ortho, suture, adult and pediatric intubation carts, etc. are located in the staff station and go to the universal treatment room as needed. Specialty rooms with in the treatment area are Trauma, GYN/SANE and All. Refer to drawing A.4
A1.2-4 About the SRA. The safety risk assessment is an interdisciplinary, documented assessment process used to proactively identify hazards and risks and mitigate underlying conditions of the built environment that may contribute to adverse safety events. These adverse events include infections, falls, medication errors, immobility-related outcomes, security breaches, and musculoskeletal or other injuries. The SRA also includes assessment of the hazards and risks from natural and man-made emergency conditions. The SRA process includes evaluation of the population at risk and the nature and scope of the project; it also takes into account the models of care, operational plans, sustainable design elements, and performance improvement initiatives of the health care organization. The SRA proposes built environment solutions to mitigate identified risks and hazards. (1) Single- and multiple-patient treatment rooms Pediatric care. Where treatment rooms are used for pediatric care, provision of additional space to accommodate guardians or family members and additional equipment should be (a) Patient care spaces for exam and treatment shall be provided in accordance with Section 2.1-3.2 (Exam Room or Emergency Department Treatment Room).		Response 34: No specific room or rooms are dedicated for pediatric care.
2.1-3.2.2 Single-Patient Exam or Treatment Room (1) Area. Each single-patient exam room shall have a minimum clear floor area of 120 square feet (11.15 square meters) with a minimum clear dimension of 10 feet (3.05 meters). (2) Clearances (a) Room size shall permit a room arrangement with a minimum clearance of 3 feet (91.44 centimeters) at each side and at the foot of the exam table, recliner, or chair. (b) A room arrangement in which an exam table, recliner, or chair is placed at an angle, closer to one wall than another, or against a wall to accommodate the type of patient being served shall be permitted.		Response 35: Exam room provide 120 sf clear floor area. Refer to drawing A.4
2.1-3.2.2.2 Room features. The exam room shall contain the following: (1) Exam light. See Section 2.1-8.3.4.2 (3) (Lighting for exam/treatment/trauma rooms) for requirements.		Response 36: Exam rooms are planned to meet or exceed clearance requirements. Refer to drawing A.4
2.1-8.3.4.2 Lighting for specific locations in the hospital (3) Exam/treatment/trauma rooms. A portable or fixed exam light shall be provided for exam, treatment, and trauma rooms.		Response 37: Does not apply
(2) Trauma/resuscitation room. A trauma/resuscitation room(s) for emergency procedures shall be provided and shall meet the following requirements: Access to the trauma/resuscitation room should be adjacent to the ambulance entrance.		Response 38: Exam light are planned to be ceiling mounted on a articulating arm.
(a) Space requirements for a single-patient trauma/resuscitation room (i) Area. Each trauma/resuscitation room shall have a minimum clear floor area of 250 square feet (23.23 square meters).		Response 39: Refer to drawing A.4 for Trauma location.
(ii) Clearances. A minimum clearance of 5 feet (1.52 meters) shall be provided around all sides of the gurney.		Response 40: Trauma is not a single room, refer to (b) below
(b) Space requirements for a multiple-patient trauma/resuscitation room. Where a trauma/resuscitation room for multiple patients is provided, the following requirements shall be met: (i) Area. The minimum clear floor area for each patient care station defined by privacy curtains (a bay) shall be 200 square feet (18.58 square meters). (ii) Clearances. A minimum clearance of 5 feet (1.52 meters) shall be provided around all sides of the gurney, with 10 feet (3.04 meters) between each patient bed or gurney.		Response 41: Trauma is not a single room, refer to (b) below
		Response 42: The area for each trauma bay exceeds 200 sf. Refer to drawing A.4
		Response 43: The clearances around each gurney meets or exceeds required clearances. Refer to drawing A.4
(c) The trauma/resuscitation room shall contain the following: (i) Space for storage of supplies		Response 44: Provided, refer to drawing A.4
(ii) PACS, film illuminators, or other systems to allow viewing of images and films in the room		Response 45: Provided at head wall.
(iii) A handwashing station(s) that meets the requirements in Section 2.1-2.8.7 (Handwashing Station)		Response 46: Provided. Refer to drawing A.4
(iv) Space for a code cart		Response 47: Provided. Refer to drawing A.4
(v) Exam lights		Response 48: Exam lights are planned to be ceiling mounted on articulating arms
(vi) Accommodations for written or electronic documentation Because of the speed with which care is provided in a trauma/resuscitation room, two documentation stations/areas are recommended: one for the licensed independent practitioner (resident) and one for other staff members (e.g., nurse, respiratory therapist, imaging staff, environmental services staff).		Response 49: (4) Documentation stations a planned for. Refer to drawing A.4 There are (2) documentation stations per stretcher.
(vii) Physiological monitoring equipment		Response 50: Providing (1) per head wall
(viii) Storage for personal protective equipment		Response 51: PPE donning and supply are located outside of the trauma room with the scrub sink. Refer to drawing A.4

(ix) Building system components Electrical receptacles. See Table 2.1-1 (Electrical Receptacles for Patient Care Areas in Hospitals) for requirements.	Response 52: 16 electrical receptacles at a min. with half on emergency power, to be located at the head wall of each gurney.
Medical gas and vacuum systems. See Table 2.1-3 (Oxygen, Vacuum, Medical Air, WAGD, and Instrument Air Systems) for requirements.	Response 53: A min. of 2 oxygen, 3 vacuum and 1 med air is provided per gurney.
(d) Door openings. Doorways leading from the ambulance entrance to the trauma/resuscitation room shall have a minimum clear width of 70.25 inches (1.78 meters) and a height of 83.25 inches (2.12 meters).	Response 54: Door are a combined sliding and break-a-way door, with a 6'-5" clear opening when sliding and a 9'-11" clear opening when broken-a-way. Refer to drawing A.4
The door opening is sized to simultaneously accommodate gurneys, equipment, and personnel. The doorways in the emergency department should be able to accommodate the size of gurneys and equip-ment used by EMS personnel.	
(e) Renovation (i) In renovation projects, if it is not possible for existing trauma/resuscitation rooms to meet the minimum square-footage standards in [above] paragraphs 2.2-3.1.3.6(2)(a) and (b), the authority having jurisdiction shall be permitted to grant approval to deviate from this requirement.	Response 55: Trauma is located in new construction.
(ii) In renovation projects, if it is not possible for existing trauma/resuscitations rooms to meet the minimum door opening width standard [above] in Section 2.2-3.1.3.6(2)(d), the authority having jurisdiction shall be permitted to grant approval to deviate from this requirement provided the opening has a minimum clear width of 4 feet (1.22 meters).	Response 56: Trauma is located in new construction.
(f) When not in use for a trauma patient, this room shall be permitted to be subdivided with cubicle curtains or movable partitions to provide multiple patient care stations if each resulting bay or cubicle meets the following requirements:	Response 57: Cubicles curtains will allow the trauma room to hold 3 gurneys.
(i) Each resulting patient care station (bay or cubicle) meets all the physical environment requirements for the service to be provided in the room, including:	When used for lower acuity treatment, the divided spaces in the trauma room will meet or exceed the requirements of an exam room.
Area	Response 58 80 sf required, 174 sf provided.
Clearance around gurney	Response 59: Requirements met, 5' between gurneys and 4' from gurney to wall.
Direct access to a handwashing station in the room or a scrub sink outside the room	Response 60: (2) per 3 gurney treatment space.
Electrical receptacles	Response 61: Requirement exceeded, 16 per gurney.
Medical gas and vacuum systems	Response 62: Requirement exceeded, (2) oxygen, (3) vac. (1) med air per gurney.
(ii) The physical space and operational plan accommodate conversion back to a trauma room.	Response 62: 3 gurneys @ 80 sf ea. is 240 sf, space is 522 sf offering room to reconfigure.
(iii) Cubicle curtains, movable partitions, or other temporary room dividers will not impinge on required trauma room area or clearances when in the stowed position.	Response 63: Cubicles curtains are stored at the foot wall, out of the way of room operations.
(g) When not in use as a trauma room, the trauma/resuscitation room shall be permitted to be used as a treatment room for individuals of size providing it meets the requirements in Section 2.2-3.1.3.6(3) (Treatment room for individuals of size).	Response 64: Trauma bay A will be equipped to service individuals of size.
At least one trauma/resuscitation room should be designed to accommodate individuals of size as indicated in Section 2.1-2.3 (Accommodations for Care of Individuals of Size).	
(3) Treatment room for individuals of size. Emergency departments shall provide treatment rooms that can accommodate individuals of size.	
(a) Design requirements. These rooms shall meet the following requirements as amended in this section:	
(i) Section 2.1-2.3.1 (Accommodations for Care of Individuals of Size—General) Accommodations for patient handling and mobilization shall be provided by either an overhead lift system or a floor-based full-body sling lift and standing-assist lifts.	Response 66: The decision to use ceiling mounted equipment or floor sling will be made during the next phase of design development.
(ii) Section 2.1-2.3.7 (Single-Patient Exam or Emergency Department Treatment Room for Care of Individuals of Size)	Response 67: Individuals of size will be treated in the trauma room.
(iii) Section 2.1-2.3.10 (Special Design Elements for Spaces for Care of Individuals of Size) All door openings used for the path of travel to public areas and areas where care will be provided for individuals of size shall have a minimum clear width of 44.5 inches (1.13	Response 68: Trauma room doors exceed 44.5 inches.
(b) Transfer side clearance. Where ceiling-or wall-mounted lifts are provided, a clearance of 5 feet 6 inches (1.68 meters) from the edge of the expanded-capacity patient table or bed shall be provided on the transfer side.	Response 69: The transfer side of the gurney in the trauma room exceeds 5'-6". Refer to drawing a.4
Transfer side clearance. As indicated in Section 2.1-2.3.7.2 (Single Patient Exam or Emergency Department Treatment Room for Care of Individuals of Size—Space requirements), the transfer side clearance for an exam room with a ceiling- or wall-mounted lift is 5 feet (1.52 meters) because it is anticipated patients will be transferred from a wheelchair to a sitting position on the exam table or chair. In an emergency facility treatment room, 5 feet 6 inches is required because more clearance is needed when patients arrive on a gurney and need a lateral transfer from the gurney to the patient table or bed.	
(c) When not in use for an individual of size, this treatment room shall be permitted to be subdivided with cubicle curtains or movable partitions to accommodate more than one patient if each resulting bay or cubicle meets all electrical and medical gas requirements for emergency department treatment areas.	
(4) Geriatric treatment room or area. Geriatric patients (65 years of age or older) present to the emergency room with greater challenges for care, resulting in a 20 percent longer length of stay, and account for 43 percent of hospital admissions from the emergency department. Geriatric patients require 50 percent more laboratory and imaging services, have multiple medical co-morbidities, are taking multiple medications, exhibit complex physiological changes, and require more social service consults. Emergency departments that provide geriatric-appropriate design accommodations improve the standard of care for this patient population and decrease iatrogenic complications that cause increased length of stay and decreased reimbursement.	Response 70: The planning for this ED does not include a specific geriatric treatment room or area.
Patient fall prevention. Falls represent a major traumatic mechanism for geriatric patients. Prevention of falls in this population is an important goal of the safety risk assessment team. Surfaces and furnishings should be selected in accordance with sections 1.2-4.4 (Fall Prevention Assessment), 2.1-7.2.3.1 (Flooring and wall bases), and 2.1-7.2.4.1 (Built-in furnishings). Considerations should be given to providing space for mobility devices, assistance with toileting, and furniture that facilitates the transfer process and minimizes fall risk.	Included for hospital consideration
(5) Fast-track area. Where provided, the fast-track area shall meet the requirements in Section 2.1-3.2 (Exam Room or Emergency Department Treatment Room) as amended in this section:	Response 71: The planning for this ED does not include a Fast-Track area.
(6) Low-acuity patient treatment area. Where a low-acuity treatment area is provided in the emergency department, it shall meet the requirements in this section.	Response 72: The planning for this ED does not include a Low Acuity Treatment Area.

(7) Human decontamination facilities (a) Interior decontamination room. An interior decontamination room shall be provided in accordance with the requirements in this section. (i) Location The internal door of this room shall provide direct access into a corridor of the emergency department or a treatment room, swing into the decontamination room, and be lockable against ingress from the corridor or treatment room.	Response 73: Planning includes an Interior door with direct access to an interior corridor. Refer to drawing A.4
(ii) Entrance In new construction, a decontamination room shall have a dedicated and secured outside entry door located no less than 10 feet (3.05 meters) in any direction from the next closest entrance. This entrance shall be lighted and protected from the environment. The entrance shall have a contrasting boundary line on the ground that is 3 feet (91.44 centimeters) from each side of the door and extends 6 feet (1.83 meters) out from the exterior wall; the word “DECON” shall be marked on the ground within these boundaries.	Response 74: Exterior door is 14'-3" from the nearest door, and under the ambulance entrance canopy. Refer to drawing A.4
(iii) Space requirements The room shall have a minimum clear floor area of 100 square feet (9.29 square meters). Means for patient privacy shall be provided.	Response 75: Decon is planned to be 130 sf. Refer to drawing A.4
(iv) Architectural detail and surface requirements The room shall have smooth, nonporous, scrubbable, nonabsorptive, nonperforated surfaces.	Response 76: Finishes will be seamless vinal flooring w/ 6" integral base, full height vinyl wall protection and a hard ceiling w/ epoxy paint.
The floor of the decontamination room shall be seamless and self-coving to a height of not less than 6 inches (15.24 centimeters).	Response 77: As noted above
(v) Electrical system requirements For electrical receptacle requirements, see Table 2.1-1 (Electrical Receptacles for Patient Care Areas in Hospitals). The human decontamination room shall be designed as a wet	Response 78: (2)duplex outlets per rinse station. Refer to drawing A.4
(vi) Plumbing system requirements The room shall be equipped with a minimum of two hand-held shower heads, temperature controls, and a floor drain(s). Where required by local codes or other jurisdictional authorities, a dedicated holding tank shall be provided. Rinsate shall be prevented from leaving the room.	Response 79: Provided. Refer to drawing A.4 Trench drains to be located on the interior side of both door.
(vi) Water drainage. Water drainage should be contained and disposed of in a way that prevents contaminated water from entering the hospital or community drainage systems. There should be a means of containment (e.g., threshold, trench drain) at the door sill to prevent efflux. Acid-resistant fixtures shall be provided. For medical gas and vacuum system requirements, see Table 2.1-3 (Oxygen, Vacuum, Medical Air, WAGD, and Instrument Air Systems).	Response 80: A monitored, hazardous waist holding tank will be provided Response 81: (1) O2 outlet is provided per rinse station. Refer to drawing A.4
(vii) For nurse call requirements, see Table 2.1-2 (Locations for Nurse Call Devices in Hospitals).	Response 82: Patient and code stations are provided.
(b) Exterior decontamination structures. Where provided, exterior decontamination structures shall meet the requirements in this section. Exterior decontamination structures may be tents; trailers; curtained spaces under canopies; and other exterior, covered spaces.	Response 83: Exterior decontamination is not provided.
2.2-3.1.3.7 Patient toilet room a. Ligature-resistant features. The behavioral and mental health risk assessment (Section 1.2-4.6) should establish whether features in the emergency department patient toilet rooms should be ligature-resistant.	Response 84: Care for patients with behavioral or mental health issues is provided in the Behavioral Health Crisis Unit.
b. Toilet room for individuals of size. A patient toilet room for individuals of size that meets the requirements of Section 2.1-2.3.5 (Patient Toilet Room for Individuals of Size) should be immediately accessible to the treatment room for individuals of size. Where it is not possible, or it is impractical, to meet the specific minimum requirements for a patient toilet room for individuals of size due to conflicting federal, state, or local regulations, provision of a patient toilet room that meets as many of the requirements as possible in Section 2.1-2.3.5 (Patient Toilet Room for Individuals of Size) is recommended.	Response 85: will be addressed, during the design development phase
(1) At least one patient toilet room with a handwashing station shall be provided for each six treatment rooms and for each fraction thereof.	Response 86: (2) ADA compliant toilet rooms are provided to serve 10 exam rooms.
(2) Where a secure holding room is provided, a patient toilet room with ligature-resistant features that is readily accessible to the secure holding room shall meet the requirements in the following sections in Chapter 2.5, Specific Requirements for Behavioral and Mental Health Hospitals:	Response 87: Care for patients with behavioral or mental health issues is provided in the Behavioral Health Crisis Unit. Antiligature and other safety requirements are provided in the Crisis Unit.
2.2-3.1.3.8 Patient shower room.	Response 88: The only patient shower provided is accessed from the GYN/SANE exam room. Refer to drawing A.4
Where a patient shower room is provided, it shall meet the following requirements: (1) Provisions for patient dressing shall be provided.	Both the patient toilet room and exam room provide space for changing.
(2) Location of the shower in a patient toilet room shall be permitted.	
2.2-3.1.3.9 Diagnostic service areas. Access to imaging and laboratory services shall be provided.	Response 89: Radiology is located adjacent to the Emergency Department.
2.2-3.1.4 Special Patient Care Areas	
2.2-3.1.4.1 Reserved	
2.2-3.1.4.2 Airborne infection isolation (All) room	Response 90: One All room is provided. Refer to drawing A.4
(1) At least one All room shall be included as part of basic emergency care facilities and in emergency departments. The need for additional All rooms or for protective environment rooms as described in Section 2.2-2.2.4.4 (PE room) shall be determined by an ICRA.	
(2) All room(s) shall meet the requirements in sections 2.1-2.4.2.1 (3) (All Room—Location) and 2.1-2.4.2.4 (1) (All Room—Architectural details and furnishings).	
2.1-2.4.2.2 All room requirements.	
(1) Capacity. Each All room shall contain only one bed.	Response 90(A): Compliant. Refer to drawing A.4
(2) Provision shall be made for personal protective equipment (PPE) storage and disposal at the entrance to the room.	Response 90(B): Compliant. Refer to drawing A.4
(3) Handwashing station. Section 2.1-2.2.5.3 (Handwashing Station in the Patient Room—Renovation) shall not apply to All rooms.	Response 90(C): Compliant. Refer to drawing A.4
(4) The patient toilet room shall serve only one All room.	Response 90(D): Compliant. Refer to drawing A.4
(5) The patient toilet room shall have a bathtub or shower.	Response 90(E): Compliant. Refer to drawing A.4
(6) A door from the All room directly to the corridor shall be permitted.	Response 90(F): Compliant. Refer to drawing A.4
2.1-2.4.2.3 Anteroom	Does not apply. All is negative pressure only.

2.1-2.4.2.4 Architectural details and furnishings.	
(1) Architectural details (a) All room perimeter walls, ceiling, and floor, including penetrations, shall be constructed to prevent air exfiltration.	Response 90(G): All room is planned to be compliant with air infiltration.
(b) Doors (i) All rooms shall have self-closing devices on all room exit doors. Omission of self-closing devices shall be permitted if the alarm required by Section 2.1-2.4.2.5 (Pressure alarm) has an arrangement that allows activation of the audible alarm when the All room is in use as an isolation room.	Response 90(H): door is planned to be a manual sliding door with a pressure alarm.
(ii) Edge seals shall be provided along the sides and top of the doorframe for any door into the All room.	Response 90(I): Door is planned to be gasketed.
(iii) Use of bottom edge door sweeps to assist in maintaining negative pressure shall be permitted. Door sweeps. To support maintenance of negative pressure, the opening under the door should be the minimum required for proper door operation. However, if the All room is not sealed well and the negative pressure of the room cannot be maintained at negative 0.01 inches of water column (negative 2.5 pascals) without a door sweep, provision of a sweep is	Response 90(J): Door is planned to be gasketed.
(2) Window treatments and privacy curtains Privacy curtains in patient rooms and other patient care areas. Use of fabric privacy curtains shall be permitted if the fabric is cleanable.	Response 90(K): There are no windows in the All room. Response 90(L): Privacy curtains will be cleanable with a smooth surface.
Use of a wipeable fabric with a smooth surface is preferable. Pressure alarm. A visual or audible alarm that indicates if negative pressure is not maintained in the room shall be provided for the All room.	Response 90(M): The All room is planned to have a pressure alarm.
(3) All room(s) shall be visible from a nurse station.	Response 90(N): All room is fully visible from the staff station. Refer to drawing A.4
2.2-3.1.4.3 Rooms serving behavioral and mental health patients	Response 91: Care for patients with behavioral or mental health issues is provided in the Behavioral Health Crisis Unit. Refer to drawing A.4
2.2-3.1.4.5 Sexual assault forensic exam room. Where a sexual assault forensic exam room is provided in the emergency department, it shall meet the requirements in Section 2.1-3.2.4 (Sexual Assault Forensic Exam Room).	
2.1-3.2.4 Sexual Assault Forensic Exam Room	Response 92: Planning provides a GYN/SANE exam room. Refer to drawing A.4
1 Each sexual assault forensic exam room shall contain a pelvic exam bed/table.	
2 A private toilet room with shower and storage space for clothing, shoes, linens, and bathing products shall be immediately accessible to the sexual assault forensic exam room.	Response 93: Compliant. Refer to drawing A.4
3 Lockable storage areas shall be provided for forensic collection kits, laboratory supplies, and equipment.	Response 94: Lockable storage is provided as casework not millwork.
4 A room for consultation, family, support services, and law enforcement shall be readily accessible to the sexual assault forensic exam room.	Response 95: A Consult room is provided outside of the clinical area. Refer to drawing A.4
2.2-3.1.5 Reserved	
2.2-3.1.6 Reserved	
2.2-3.1.7 Reserved	
2.2-3.1.8 Support Areas for the Emergency Department	
2.2-3.1.8.1 Reserved	
2.2-3.1.8.2 Nurse station (1) A nurse station for staff work and charting shall be provided in accordance with Section 2.1-2.8.2 (Nurse Station) as amended in this section.	
2.1-2.8.2 Nurse Station (1) Space for counters	Response 96: Refer to drawing A.4 for Staff Station
(2) Handwashing stations	Response 97: (3) provided, refer to drawing A.4
(a) At least one handwashing station shall be located in, next to, or directly accessible to the nurse station.	
(b) A hand sanitation dispenser shall be permitted as a substitute for this requirement.	
(2) Nurse master station and central monitoring equipment shall be provided. See Table 2.1-2 (Locations for Nurse Call Devices in Hospitals) for requirements.	Response 98: Nurse call master station to be located in the staff station.
(3) Decentralized nurse stations located near clusters of treatment rooms shall be permitted.	Does not apply
(4) Visual observation of traffic into and traffic in the unit shall be provided.	Response 99: The staff station can visually observe all entrances into the clinical area of the ED. Refer to drawing A.4.
2.1-2.8.3 Documentation Area 1 Documentation areas shall have a work surface to support the documentation process for the number of staff who will use it at the same time.	Response 100: The amount of seating in the staff station allows for staff growth.
2.1-2.8.8 Medication Safety Zones A medication preparation room, self-contained medication dispensing unit, automated medication-dispensing station, or other system approved by the authority having jurisdiction (AHJ) shall be permitted to serve as a medication safety zone. Design requirements. a. The physical environment requirements listed in Section 2.1-2.8.8.1 (2) are found in General Chapter <1066> “Physical Environments that Promote Safe Medication Use” of the U.S. Pharmacopeia-National Formulary (USP-NF).	Medication Safety Zone is refer to as Meds. Refer to drawing A.4
b. The following surface and furnishing recommendations should be incorporated in the design of medication safety zones: —Surface materials should be selected to reduce glare and reflectivity. —Use of surface materials with sound-mitigating properties should be considered. —Built-in furnishings (where present) should be configured to provide visual and acoustic privacy, minimize visual and sound distractions and interruptions, and reduce staff fatigue through ergonomic design.	Response 101: The medication Safety zone is a enclosed room, accessed from the staff station. Doors into the Medication Safety Zone will be half glass and the room will be monitored via security camera. Counter will be a solid surface material with a matt finish.
A2.1-2.8.8.1 (2) (a) Locating medication safety zones out of circulation paths minimizes the potential for distractions and interruptions that interfere with staff concentration and attentiveness to medication therapy activities.	Response 102: Refer to drawing A.4 for the location of the medication safety zone, referred to as Meds.
A2.1-2.8.8.2 Drug and needle controls. The operational procedures associated with drug and needle controls should be described in the functional program. Such controls may require physical environment components such as electronic surveillance, password-controlled access, and view panels in doors.	Response 103: All of the requirements noted below are included in the planning.
This room shall be under visual control of the nursing staff. This room shall contain the following: (i) Work counter (ii) Handwashing station (iii) Lockable refrigerator (iv) Lockable storage for controlled drugs (v) Sharps containers, where sharps are used	

2.1-2.8.9 Nourishment Area or Room	Response 104: All of the requirements noted below are included in the
<p>The nourishment area or room shall have the following:</p> <p>(1) Handwashing station</p> <p>(2) Work counter</p> <p>(3) Refrigerator</p> <p>(4) Microwave</p> <p>(5) Storage cabinets</p> <p>(6) Space for temporary storage of food service implements</p> <p>Unused meal trays. Provisions and space for separate temporary storage of unused meal trays shall be provided.</p> <p>Soiled meal trays. Provisions and/or space for soiled meal trays shall be provided. (e.g., physical separation, enclosed space, and/or dedicated spaces).</p>	
<p>2.2-3.1.8.3 – 2.2-3.1.8.10 Reserved</p> <p>2.2-3.1.8.11 Clean supply room. A clean supply room(s) shall be provided in accordance with Section 2.1-2.8.11.3 (Clean supply room).</p>	Response 105: Clean Supply room is provided in the planning, not a clean workroom.
<p>The clean workroom or clean supply room shall be separate from and have no direct connection with the soiled workroom or soiled holding room.</p> <p>A room used only for storage and holding as part of a system for distribution of clean and sterile supplies does not require a work counter or a handwashing station.</p> <p>2.2-3.1.8.12 Soiled workroom or soiled holding room. A soiled workroom(s) or soiled holding room(s) shall be provided for the exclusive use of the emergency department in accordance with Section 2.1-2.8.12 (Soiled Workroom or Soiled Holding Room).</p>	Response 106: Soiled Workroom is provided in the planning not a soiled holding.
<p>Disposal space for regulated medical waste (e.g., gauzes/linens soaked with body fluids) should be separate from routine disposal space.</p> <p>2.1-2.8.12 Functions for soiled workroom and soiled holding room</p> <p>a. Soiled workroom. Soiled items may be handled in a soiled workroom to prepare them for subsequent cleaning, disposal, or reuse (e.g., emptying and rinsing bedpans or emesis basins, emptying or solidifying suction canisters, rinsing and gross cleaning of medical instruments). As well, this room provides temporary storage for soiled items prior to their removal from the unit.</p> <p>b. Soiled holding room. This location is used exclusively for temporary storage of soiled materials and/or supplies prior to their removal from the unit.</p> <p>Soiled workrooms and soiled holding rooms shall be separate from and have no direct connection with either clean workrooms or clean supply rooms.</p> <p>Soiled workroom. This room shall contain the following:</p>	Response 107: The criteria for a Soiled Workroom are provided. Refer to drawing A.4
<p>(a) Handwashing station</p> <p>(b) Flushing-rim clinical service sink with a bedpan-rinsing device or equivalent flushing-rim fixture</p> <p>(c) Work counter</p> <p>(d) Space for separate covered containers for waste and soiled linen</p> <p>Soiled holding room. This room shall contain the following:</p> <p>(1) Handwashing station or hand sanitation dispenser</p> <p>(2) Space for separate covered containers for waste and soiled linen</p> <p>2.2-3.1.8.13 Equipment and supply storage</p>	Response 108: 159 sf of Equipment Storage is provided. Refer to drawing A.4
<p>(1) Wheelchair and gurney storage. A storage area for wheelchairs and gurneys for arriving patients shall be located out of traffic with access to emergency entrances.</p> <p>(2) Emergency equipment storage. Emergency equipment storage shall be provided in accordance with Section 2.1-2.8.13.4 (Emergency equipment storage).</p> <p>2.1-2.8.13.1 Clean linen storage. This storage shall meet the following requirements:</p>	Response 119: Clean linen will be stored in the Clean Supply room
<p>(1) Clean linen shall be permitted to be stored in the clean workroom or clean supply room, in a separate closet, or using a covered cart distribution system on each floor.</p> <p>(2) Where a covered cart distribution system is used, storage of clean linen carts in a corridor alcove shall be permitted.</p> <p>2.1-2.8.13.2 Equipment and supply storage room or alcove</p> <p>A room or alcove—sized to provide a minimum of 10 square feet (0.93 square meter) per patient bed—shall be provided on the patient care unit floor for storage of equipment and supplies necessary for patient care.</p>	Response 110: 159 sf of equipment storage is provided for 13 stretcher locations including triage.
<p>2.1-2.8.13.3 Storage space for gurneys, stretchers, and wheelchairs. Storage space for gurneys, stretchers, and wheelchairs shall be provided.</p>	Response 111: Wheelchair storage is located at both entrances.
<p>2.1-2.8.13.4 Emergency equipment storage</p>	Response 112: A 18 sf alcove is planned for the storage of emergency equipment. Refer to drawing A.4
<p>Emergency equipment can be positioned in an alcove located in a corridor. Types of emergency equipment stored include cardiopulmonary resuscitation (CPR) carts, pumps, ventilators, patient monitoring equipment, and portable X-ray units.</p> <p>a. Emergency power outlets for battery charging should be provided at each emergency equipment location.</p> <p>b. Needed emergency equipment storage locations and types should be identified in the functional program.</p> <p>(1) Each patient care unit shall have at least one emergency equipment storage location.</p> <p>(2) Emergency equipment storage shall be provided under visual observation of staff.</p>	Response 113: The alcove is located directly across from the staff station. Refer to drawing A.4
<p>(3) Emergency equipment storage locations in corridors shall not encroach on the minimum required corridor width.</p> <p>2.2-3.1.8.14 Environmental services room. An environmental services room(s) directly accessible from the emergency department shall be provided in accordance with Section 2.1-2.8.14.2 (Environmental services room features).</p>	Response 114: The criteria for EVS has been included in the planning. Refer to drawing A.4
<p>2.1-2.8.14.2 An environmental services room shall be readily accessible to the unit or floor it serves.</p> <p>Each environmental services room shall be provided with the following:</p> <p>a. Environmental services rooms should be planned to accommodate carts used in the housekeeping process.</p> <p>b. A storage or bin space should be included for recyclable materials: white paper, mixed paper, cans, bottles, and cardboard.</p> <p>(1) Service sink or floor-mounted mop sink</p> <p>(2) Provisions for storage of supplies and housekeeping equipment</p> <p>(3) Handwashing station or hand sanitation dispenser</p> <p>2.2-3.1.8.15 Reserved</p>	

2.2-3.1.8.16	Security station. Where a security station is provided, it shall be located near the emergency entrances and triage/reception area.	Response 115: The Security office is located near the ambulatory entrance, behind the greeter desk with full view of the waiting room.
	(1) The security station shall have a means of observing public waiting areas and emergency department entrances, including pedestrian and ambulance entrances. (2) The security station shall have a means of controlling access. A security station and/or system should be located to maximize visibility of the treatment areas, waiting areas, and key entrance sites. Specific security recommendations can be found in Design Guidelines for Healthcare Facilities, Section 02.02: Emergency Departments, published by the International Association for Healthcare Security & Safety. a. The system should include visual-monitoring devices installed in both the emergency department and outside at entrance sites and parking lots. b. Special requirements for a security station should include accommodation for hospital security staff, local police officers, and monitoring equipment. c. Design considerations should include installation of silent alarms, panic buttons, intercom systems, and physical barriers such as doors to patient entry areas. d. The security monitoring system should be connected to the hospital’s emergency power backup system.	
	2.2-3.1.8.17 Human waste disposal facilities	Response 116: Clinic sink w/ bedpan washed is located in the soiled workroom.
	(1) Provisions for disposal of solid and liquid waste shall be provided in the emergency (2) A clinical sink with a bedpan-rinsing device in the soiled workroom in Section 2.2-3.1.8.12 (Soiled workroom or soiled holding room) shall be permitted to serve this function.	
	2.2-3.1.9 Support Areas for Emergency Department Staff Staff support areas immediately accessible to the emergency department shall be provided in accordance with Section 2.1-2.9 (Support Areas for Staff) .	
	2.1-2.9 Support Areas for Staff Support areas for staff should be restricted from public access as defined in Security Design Guidelines for Healthcare Facilities, Section 02: Buildings and the Internal Environment, published by the International Association for Healthcare Security & Safety. Wherever possible, staff lounge facilities should have access to daylight and views of the outdoors.	Response 117: Staff support spaces are accessed from within the emergency department. Refer to drawing A.4
	Lounge facilities of no less than 100 square feet (9.29 square meters) shall be provided.	Response 118: Staff Lounge is 298 sf.
	Staff Toilet Room	Response 119: Staff toilet is accessed from the staff locker room. Refer to drawing A.4
	A staff toilet room shall be readily accessible to each patient care unit. Each staff toilet room shall contain a toilet and a handwashing station. Staff toilet rooms shall be permitted to be unisex. Storage for Staff	Response 120: A staff locker room is included in the planning. Refer to drawing A.4
	Securable closets or cabinet compartments for the personal articles of staff shall be located in or near the nurse station. At minimum, they shall be large enough for purses and billfolds. If coat storage is provided, storage of coats in closets or cabinets on each floor or in a central staff locker area shall be permitted.	
2.2-3.1.10	Support Areas for Families, Patients, and Visitors in the Emergency Department Provision of support areas for patients and their patient advocates shall be considered. a. Family consultation room. At least one family consultation room should be accessible from both the emergency treatment corridor and the emergency waiting room. The consultation room should be comfortable enough to allow consultation with the family and should have a minimum sound transmission class (STC) of 65 for the walls and 45 for the floors and ceiling. The room should be provided with Internet capability, electrical outlets, and a telephone.	Response 122: The Family Consultation room is located adjacent to the waiting room. Refer to drawing A.4
	b. Provisions for patient hygiene. Provision of a shower, toilet, and handwashing station should be considered.	

<div>Donna Jerry Docket No. GMCB-005-23con NVRH Emergency Department and Laboratory Expansion and Modernization April, 2023 Page 74 of 120</div>		Appendix 7
2022 GUIDELINES for the DESIGN and CONSTRUCTION of HOSPITALS		
2.1-4.1 Laboratory Services		
2022 FGI Guideline Section		How the Project Addresses the FGI Requirement
2.1-4.1 General (1) Space shall be provided to accommodate equipment and activities for testing performed on-site. Determination of specific testing to be done on-site with point-of-care and other laboratory instrumentation shall be reviewed with the medical staff of the hospital or freestanding emergency facility. (2) Provisions shall be included for specimen collection and processing.		Response 1: (2) Blood Draw, (1) Toilet. Refer to A.5
2.1-4.1.1.1 Certain tests may be performed on-site or provided through a contractual arrangement with a laboratory service when approved by the authority having jurisdiction. When testing is performed on-site, space and facilities will be needed to accommodate these services. Testing may include hematology, clinical chemistry, urinalysis, coagulation, genetic testing, molecular diagnostics, toxicology, microbiology, anatomic pathology (including cytology and histology), and blood banking as well as tests for blood glucose, arterial blood gases, and electrolytes.		
2.1-4.1.1.2 Equipment requirements. Laboratory equipment requiring permanent connections to power, water, ventilation, or other utility systems shall meet the requirements in Section 1.4-1.3.1.1 (The drawings or other project documentation...).		Response 2: Prior to finalizing the construction documents an inventory of new and relocated equipment along with cut sheets will be made available to the engineering firm to coordinate the infrastructure required to operate the various pieces of lab equipment.
2.1-4.1.2 Laboratory Work Areas The following laboratory work areas shall be provided: (1) Workstations shall be sized to accommodate equipment used and, at minimum, shall include the following: (a) Laboratory work counter		Response 3: Compliant.
(b) Sink		Response 4: Compliant. Refer to A.5
(2) Access to the following shall be provided as required: (a) Vacuum and gases		Response 5: Existing gases to be relocated as required.
(b) Tele/data service		Response 6: Tel/data to be relocated as required.
(c) Electrical service		Response 7: Electrical power to be relocated as required.
(d) Computer/printer		Response 8: Data ports to be relocated as required.
2.1-4.1.2.2 Handwashing station (1) A handwashing station shall be provided where staff handle specimens, test reagents, or blood products.		Response 9: Sinks are located in each of the blood draw stations.
(2) If there is one workstation, a handwashing station shall be provided at the workstation.		
(3) If more than one workstation is provided, a handwashing station shall be provided within 25 feet (7.62 meters) of all testing and specimen-handling areas.		Response 10: Sink locations are less than 25 feet away from any location.
(4) A handwashing station shall be provided in each enclosed room where bio-hazardous specimens and/or hazardous chemicals are handled.		Response 11: Compliant. Refer to drawing A.5
2.1-4.1.2.3 Refrigerated storage facilities (1) A refrigerator shall be provided.		Response 12: Refer to A.5, Equipment list and floor plan for the location of the refrigerators.
(2) Blood storage facilities shall meet the requirements of the Clinical Laboratory Improvement Amendments (CLIA) regulations for blood banks.		
2.1-4.1.2.4 Storage facilities. Storage shall be provided for reagents, specimens, flammable materials, acids, bases, and other supplies used in the laboratory.		Response 13: Storage is located at the bench and in the Storage Room. Refer to drawing A.5
Storage should meet the requirements of NFPA 400: Hazardous Materials Code and NFPA 30: Flammable and Combustible Liquids Code, where applicable.		Response 14: Storage cabinet or container complies with applicable codes for the storage of hazardous materials.
2.1-4.1.2.5 Special design elements. All work counters in areas used for specimen handling, preparation of specimens or reagents, and laboratory testing shall be constructed of non-porous materials.		Response 15: Lab case work and counter tops to be provided by a lab equipment vendor.
Reagent water systems. Deionized or reverse osmosis reagent water systems should be designed in accordance with ASTM D1193-06: Standard Specification for Reagent Water.		Response 16: Deionized and or reverse osmosis new, replacement or relocation is not part of the project scope of work.

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<div>2.1-4.1.2.6 Safety and security provisions</div> <div>a. Additional security information about biological, chemical, and radiation areas can be found in Security Guidelines for Healthcare Facilities, published by the International Association for Healthcare Security & Safety.</div>	
<div>b. Eyewash and emergency showers. The number and location of eyewash and emergency showers that may be required will be based on requirements from different occupational safety organizations at local, state, and federal levels. The application of these requirements will depend on the types and volumes of chemicals used in a lab. Hospitals should consult with the local authority having jurisdiction to determine these requirements.</div>	<div>Response 17: The location and quantity of eye wash stations and emergency shower will be determined during the next phase of design development.</div>
<div>(1) Terminal sterilization provisions. Facilities and equipment shall be provided for terminal sterilization of bio-hazardous waste before transport (autoclave or electric oven).</div>	<div>Response 18: The need for terminal sterilization of biohazard waste will be determined during the next phase of design development.</div>
<div>(a) Terminal sterilization is not required for waste that is incinerated on-site.</div>	
<div>(b) If the facility includes a biosafety Level III lab, autoclave requirements shall be in conformance with Section IV of the CDC Biosafety in Microbiological and Biomedical Laboratories (BMBL).</div>	<div>Response 19: This lab is a level II</div>
<div>(2) Radioactive material-handling provisions. If radioactive materials are employed, facilities for long-term storage and disposal of these materials shall be provided in accordance with the requirements of authorities having jurisdiction.</div>	<div>Response 20: radioactive material is not present in this lab.</div>
<div>2.1-4.1.3 Specimen Collection Facilities</div> <div>Specimen collection facilities. When a chain of custody is required for the specimen collected, the specimen collection facility should meet the requirements of the Department of Health and Human Services Mandatory Guidelines for Federal Workplace Drug Testing Programs.</div>	
<div>(1) Space shall be provided for specimen collection.</div>	<div>Response 21: There are several locations for specimen drop off. Refer to drawing A.5.</div>
<div>(2) Location of specimen collection facilities outside the laboratory shall be permitted.</div>	
<div>2.1-4.1.3.1 Specimen collection facility location. Specimen (e.g., blood, urine, feces) collection may occur in a number of locations, including exam rooms for blood draw and toilet rooms for urine and feces specimens. Where a space is dedicated to specimen collection outside of the laboratory, it is often referred to as a phlebotomy location.</div>	
<div>2.1-4.1.3.2 Facility requirements. At minimum, specimen collection facilities shall have the following:</div> <div>(1) A blood collection area with:</div> <div>(a) Work counter</div> <div>(b) Space for patient seating</div> <div>(c) Handwashing station(s)</div> <div>(d) Supply storage</div> <div>(2) A urine and feces collection facility equipped with a toilet and a handwashing station</div> <div>(3) Storage space for specimen collection supplies</div> <div>(4) Work counter for labeling and computerized data entry</div> <div>(5) Storage for specimens awaiting pickup</div>	<div>Response 22: Compliant</div> <div>Response 23: Compliant</div> <div>Response 24: Compliant</div> <div>Response 25: Compliant</div> <div>Response 26: Compliant</div> <div>Response 27: Compliant</div> <div>Response 28: Compliant</div> <div>Response 29: Compliant</div>
<div>2.1-4.1.4 – 2.1-4.1.7 Reserved</div>	
<div>2.1-4.1.8 Support Areas for the Laboratory</div> <div>Office(s) and space for clerical work, filing, and record maintenance and storage shall be provided.</div>	<div>Response 30: Compliant</div>
<div>2.1-4.1.9 Support Areas for Staff</div> <div>Lounge, locker, and toilet facilities shall be readily accessible for laboratory staff.</div> <div>Location of these areas outside the laboratory area and sharing of these areas with other departments shall be permitted.</div>	<div>Response 31: Compliant. Refer to drawing A.5</div>

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West Wing ED Expansion - CON

20-098-02

LAVALLEE | BRENSINGER ARCHITECTS

Basis of Design Summary

Basis of Design Summary				
Spec #	Topic	Comments	Purchasing strategy	Furnished by/Installed by
	Site Documentation (Due Diligence)			
	Land Survey	Completed		
	Environmental Assessment	NVRH, Confirm renovated areas for assessments, lead paint		
	Geotechnical investigations	Verify w/ NVRH		
	Water flow test (Hydrant Test)	NVRH to confirm		
	Water quality test	NVRH to provide		
	Building Code, Permitting, Regulatory			
	Applicable codes	IBC 2015 (Amended), IEBC 2015 (Amended, Structural), VT Plumbing Rules & IPC 2018, Mech: NFPA 1, Amended; VT Commercial Energy Standard, Elec: NFPA 70, 2017 & VT Electrical Safety Rules; Accessibility: Vermont Access Rules (ADAAG 2010); Fire Code: NFPA 1, 2015 Amended; Life Safety Code: NFPA 101, 2015 Amended; CMS: NFPA 101, 2012, NFPA 99-2012		
	LEED / Level of sustainability	No		
	Use Classification	IBC: I-2, Business, Storage, Assembly (Waiting Rooms over 50 people) NFPA: Healthcare, Business, Ambulatory Care, Assembly, Hazardous areas		
	Construction Type	Type 1B		
	Insurance Requirements	FM Global - Confirm with NVRH (Travelers)		
	BIM			
	Revit version	2021		
	LOD	300 or better		
	Management of model (Design, Bidding, CA, Closeout)	Through all phases		
	Level 1 elevation (100' or Sea Level)	Match Existing		
	Building Envelope			
	Brick Veneer Wall system	Brick Veneer, 1.5" Rigid Insul. (blueskin wb) w/ Metal Stud backup		
	Aluminum Storefront Windows	Punched masonry openings (NVRH/HP to provide)		
	Membrane Roof System	fully Adhered EPDM (Firestone) R-(verify VT), insul bd, air barrier, deck board		
	Roof top equipment screens	HP to price		
	Building Foundations and Superstructure			
	Steel framing	WF Column/beam, open web joists, dunnage at roof top units (TBD, verify curb mounted)		
	Live load	100 PSF, 50 PSF in offices		
	Floor to floor heights	12'-6" (existing)		
	Roof System: Metal roof deck, steel joist or WF beams	metal roof deck, WF beam & joists, rigid/tapered insulation		
	Roof top equipment screens	HP to price		
	Roof Parapet	No		

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LAVALLEE | BRENSINGER ARCHITECTS

Basis of Design Summary

Basis of Design Summary				
Spec #	Topic	Comments	Purchasing strategy	Furnished by/Installed by
	Building Expansion Joints	TBD		
	Window cleaning tie-offs	No		
	Egress Stairs: Service quality steel w conc pans and pipe rails	N/A		
	General Conditions add 00 21 13 Instructions to Bidders			
	2004 CSI format			
	Division 00 - Procurement and Contracting Requirements			
00 72 00	General Conditions			
00 73 00	Supplemental Conditions			
	Division 01 -- General Requirements			
01 00 00	General Requirements			
01 00 30	Electronic Media	Waiver		
01 21 20	Allowances			
01 22 00	Unit prices			
01 23 00	Alternates			
01 45 33	Special Inspections	Statement of Special Inspections		
01 57 21	Indoor air quality			
01 60 00	Product Requirements			
01 74 19	Construction waste management			
01 78 00	Project Closeout / Record Documents			
01 78 10	Warranties			
	Division 02 -- Existing Conditions			
02 32 10	Subsurface Explorations	Borings, test pits in expansion area		
02 41 00	Demolition	(E) Exterior wall removals, interior partition removals, salvage components (copper pipe, wire etc) per owner requirements, ACT 250 (Nate to follow up)		
	Division 03 -- Concrete			
03 30 00	Cast-in Place Concrete	yes		
	Admixtures in concrete	as required (verify Barrier 1)		
	Concrete Foundations	Strip footings at exterior, interior footings at columns		
	Concrete Slab on grade	4" thick		
	Concrete Slab on deck	N/A		
	Vapor retarder	yes		
	Elevator pit (with sump pit)	N/A		
	Concrete filled stair pans	N/A		
	Loading Dock	N/A		
	Division 04 -- Masonry			
04 20 00	CMU	Infill existing as required		
	Division 05 -- Metals			
05 12 00	Structural steel framing	ED Entrance/Ambulance canopy, building steel		
05 31 00	Steel Decking	canopy decking		
05 40 00	Cold-Formed Metal Framing	Exterior wall, canopy framing		

Northeastern Vermont Regional Hospital

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LAVALLEE | BRENSINGER ARCHITECTS

Basis of Design Summary

Basis of Design Summary				
Spec #	Topic	Comments	Purchasing strategy	Furnished by/Installed by
05 50 00	Metal Fabrications			
	Loose lintels	at interior masonry openings		
	Elevator pit supports, pit covers, grating, frames	N/A		
	Medical equipment supports for overhead lights	ED Exam/Trauma?, Procedure Room		
	Bollards at front entrance canopy	Yes		
	Misc. steel angles, plates			
	Exterior and wet location components hot dipped galvanized	Canopy framing		
	Folding partitions	Confirm w/ NVRH		
05 51 00	Metal Stairs			
	Steel egress stairs			
	Handrails and guardrails	Exterior, interior - hot dipped galv		
	Ladders	Roof stair to ED roof from existing roof		
	Division 06 -- Wood, Plastics, and Composites			
06 10 54	Wood blocking and curbing			
	Wood blocking, FP, PT	Wall mounted accessories		
06 20 00	Finish Carpentry and Arch Millwork			
	AWI Grade	Premium		
	Wood for translucent finish	Species - (match NVRH)		
	Solid surface window sills	Yes		
	Counter supports	Rakks bracket, surface mounted		
06 41 00	Arch Wood Casework			
	AWI Grade	Custom Cabinets, Standard		
	Cabinets, drawer, aprons, valances	Plastic Laminate Faced Cabinets		
	Custom reception desks			
	Wall mounted cabinets			
	Wood blocking at door stops	Yes		
	Hardware	LBA standard for NVRH Review, provide keyed locks typ.		
	Cabinet door hinges	LBA standard for NVRH Review		
	Door pulls	D handle		
	Drawer slides	LBA standard for NVRH Review		
	Coat hooks	LBA standard for NVRH Review		
06 42 16	Wood Veneer Paneling	No, Laminate		
	Division 07 -- Thermal and Moisture Protection			
07 21 00	Thermal insulation			
	Batt acoustical insulation (interior walls)	Interior stud walls		
	Rigid insulation - cavity wall, foundations (inside)			
	Underslab insulation, verify code req			
	Rigid roof insulation	at roof		

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Basis of Design Summary

Basis of Design Summary				
Spec #	Topic	Comments	Purchasing strategy	Furnished by/Installed by
07 21 19	Foamed-in-place insulation	at roof		
07 53 00	EPDM Roofing (Fully adhered)			
	Polyisocyanurate roof insulation	R-VT required min + tapered insulation to drain		
	Deck underlayment	As required for code		
07 62 00	Sheet Metal Flashing and Trim	Prefinished aluminum		
07 72 00	Roof Accessories	Walkway pads, roof stair		
07 81 00	Applied Fireproofing	Yes, 2-HR		
07 84 00	Firestopping	Hilti		
07 90 05	Joint Sealers	Tremco or equal		
07 95 13	Expansion Joint Covers			
	Division 08 -- Openings			
08 11 13	Hollow metal doors and frames	Steelcraft		
08 14 16	Flush Wood Doors	Solid Wood - Maple w/ Clear finish (wall protection)		
08 14 23	Clad Wood Doors (High Impact)	Corridors into Clinical Spaces (Birthing Center)		
08 31 00	Access Doors and Panels	Rated, gasketed as required - screw cover telescopic sliding, Low-power auto openers (NABCO, Stanley), hands free acuator		
08 42 29	Automatic entrances			
08 43 13	Alum. Framed Storefronts	ED Waiting/Entrance, MH Entrance - Kawneer		
08 45 00	Translucent Wall and Roof Assemblies	TBD		
08 51 13	Alum Windows	NVRH to provide MRI window type		
		NVRH Standard - Sargent to provide cylindrical, Occupancy		
08 71 00	Door Hardware	indicators, swing clear hinges (all bathrooms, exam, procedure), door protection on high use, access control (raceways provided)		
08 80 00	Glazing	door lites, borrowed lites		
08 91 00	Louvers	TBD		
	Division 09 -- Finishes			
09 05 61	Floor Preparation	ardex self-leveling underlayment		
09 21 16	Gypsum Board Assemblies	Metal studs, 5/8" Type X & MR gyp board		
	Typical acoustical partition	STC-49, S15 wall (2 layers/ 1 layers) offices & exam rooms		
09 30 00	Tiling	LBA to review (lounge, breakroom)		
09 51 00	Acoustical Ceilings	2x2, gasketed (as required), Armstrong 15/16 grid		
09 65 00	Resilient Flooring	Welded Seam Sheet Rubber, LVT		
	Wall base	Rubber Cove Base, integral as req'd (look at match seam cut)		
09 68 13	Carpet Tile	2x2 carpet tile - NVRH to confirm manuf.		
09 72 00	Wall Coverings	TBD		
09 91 13	Exterior Painting	Ben Moore - NVRH to provide standard colors		
09 91 23	Interior Painting	Ben Moore - colors req'd for MH		
	Division 10 -- Specialties			
10 11 01	Visual display boards	part of FFE		
10 14 24	Interior signage	Code required signage by owner		OF

Northeastern Vermont Regional Hospital

West Wing ED Expansion - CON

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LAVALLEE | BRENSINGER ARCHITECTS

Basis of Design Summary

Basis of Design Summary				
Spec #	Topic	Comments	Purchasing strategy	Furnished by/Installed by
10 21 23	Cubicle tracks and curtains	Ceiling mounted track, curtain is OF (blocking detail)		OFCI
10 22 26	Folding Panel Partitions			
10 26 01	Wall and cornerguards	IPC rigid sheet, corner guards, FRP (procedure 4' high), wd chair rail at waiting		
10 28 00	Toilet and Healthcare Accessories	NVRH Standard - Owner Provided		
	Toilet Paper Dispenser			OFCI
	Hand towel Dispenser			OFCI
	Soap Dispenser			OFCI
	Grab bars	Bobrick		
	Mirrors	Bobrick		
	Shower curtain rods	Bobrick		
	Utility hooks	Bobrick		
	Robe hooks	Bobrick		
	Trash receptacles			OFCI
	Napkin Disposal receptacles			OFCI
	Baby changing stations			CFCI
	Gloves Box			OFCI
	Sharps Container			OFCI
	Ototoscope / BP Cuff panel			OFCI
	Meds Disposal			
10 44 00	Fire Protection Specialties	Recessed/semi recessed cabinet		OFCI (Extinguisher)
10 51 00	Lockers	Z-style lockers (metal), shoe cubbies (integral)		
	Division 11 -- Equipment			
11 52 13	Projection screens			
	Exam Table			OFCI
	Division 12 -- Furnishings			
12 24 00	Window Shade System	Mechoshade, manual - blackout shades		
12 36 00	Countertops	Plastic Laminate, Solid Surface (integral bowl)		
12 48 13	Entrance floor mats and frames	See flooring for entrance mat carpet		
	Exam Room / patient chair			OFCI
	Waiting Rooms			OFCI
	Artwork	Provide areas for blocking		OFCI
	Division 13 -- Special Construction			
13 49 05	X-Ray Radiation Protection			
	Division 14 -- Conveying Equip			
	Division 21 -- Fire Suppression			
	Sprinkler Water Service	single story, extend existing (from X-ray)		
	Fire pump	N/A		
	Sprinkler systems	wet system, nothing at canopies		
	Sprinkler head type	Recessed, white flat plate		

Northeastern Vermont Regional Hospital

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LAVALLEE | BRENSINGER ARCHITECTS

Basis of Design Summary

Basis of Design Summary				
Spec #	Topic	Comments	Purchasing strategy	Furnished by/Installed by
	Sprinkle head location	Centered		
	Fire suppression system	hard piped, no flex heads		
	Standpipes	N/A		
	Water shut offs	zone valves for new area? Hose connection		
	Materials	steel piping		
	Proposed manufacturers	match NVRH Existing (confirm)		
	Division 22 -- Plumbing			
	Domestic Water Service	Extend off existing system, verify point of connection - 1-1/2" CW line		
	Domestic Water Heating Systems	Extend existing - 1 1/4, 3/4" HW (existing lab area)		
	Domestic Water Distribution Systems	Loop distribution, soldered joints (Propress alternate), hose bib (CW)		
	Sanitary Drainage and Venting Systems	new venting for MH&ED, new sanitary exit - extend to ED, cast-iron below/above		
	Storm Water Drainage Systems	10' of building - coordinate w/ Ruggles		
	Roof drainage	cast-iron, Zurn ((1) 4" on MH, (3) 4" drains ED), 8" rain leader leaving building, overflow drains (1 for MH, (1) ED - lambs tongue		
	Canopy drainage	hard piped, both canopies		
	Special Drainage and Venting Systems	N/A		
	Medical Gas and Vacuum Systems and Distribution	Extend, evaluate existing piping (O2, air, vacuum - ED only), (DISS), Area alarm, confirm pipe sizing to OR, dedicated system for ED		
	Propane or Natural Gas Systems	N/A		
	Reverse-Osmosis (RO) Water Systems	Verify w/ Lab		
	Plumbing Fixtures	American Standard		
	Handwashing sinks (Exam room)	Chicago/Kohler manual faucets, integral bowl (SS)		
	Handwashing sinks (Soiled, Meds)	use birthing center standard		
	Handwashing sinks (Toilet - multi-user)	N/A		
	Handwashing sinks (Toilet - single occupancy)	wall mounted, porcelain sink		
	Toilet (Staff, single occupancy)	floor mounted, sloan flush valves - dual		
	Toilet (Patient, single occupancy)	floor mounted, solenoid shut-offs at MH Staff Station		
	Shower unit	MH Shower - cement board/sprayed epoxy, anti-ligature fixtures, trench drain; fiberglass elsewhere, soiled utility, med, blood draw & lab - deck mounted swing arm		
	Eyewash station	fiberglass insert, integral		
	H/K mop sink	Elkay, bottle filler		
	Drinking fountains / water bottle filler?			
	Division 23 -- Heating, Ventilating, and Air-Conditioning (HVAC)			
	Design degree criteria			
	Fuel source options	compressed NG,		

Northeastern Vermont Regional Hospital

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LAVALLEE | BRENSINGER ARCHITECTS

Basis of Design Summary

Basis of Design Summary				
Spec #	Topic	Comments	Purchasing strategy	Furnished by/Installed by
	Primary Heating Systems	Existing HW heating loop - extend to cabinet/air curtain, VAV (group 2-3 Exam Rms)		
	Perimeter heat preference	fin tube		
	Primary Cooling Systems	refrigerant based, condenser on roof, chiller		
	Hydronic Distribution Systems	Yes		
	Humidification Systems and Distribution	Yes, spot		
	Air Handling Systems	semi-custom RTU		
	General Exhaust Systems	Exam - neg, Trauma + (ability to switch to neg)		
	Special Exhaust Systems	zonal opportunities		
	Air Distribution Systems	VAV w/ reheat, fully ducted return, waiting room (fully exhausted)		
	Local Terminal Equipment and Systems			
	Materials			
	Proposed Manufacturers	Custom, Trane units as BOD - Yeaton to suggest alternate		
	Division 25 -- Integrated Automation			
	Automatic Temperature controls	Siemens, extend system		
	HVAC Zoning	Yeaton to evaluate, VAV & perimeter zones		
	Division 26 -- Electrical			
	Electrical company / designation	Utility - Green Mountain Power		
	Normal Electrical Service	3000A, 277/480V. Existing demand ~900KW		
	Pad mount transformer (utility)	1500KVA, customer owned transformer label		
	Essential Electrical Service	Type I EES. Critical, LS, and Equipment branches		
	Generator - Standby	Need upgraded. 750KW generator proposed		
	Electrical equipment	New panels and transformers for each branch (Square D with alternate for pricing)		
	Grounding	Grounding per NEC, bonded panelboards.		
	Lightning Protection			
	Wiring Methods	Hospital grade cabling, conduit for critical and LS		
	Lighting and Controls	0-10V dimming. UL924 relays for EM		
	Lighting	New LED throughout, Lithonia 2BLT		
	Exam Room	2x2 typical fixture		
	Procedure Room			
	Soiled, Meds, Storage, Clean			
	Office / Teamroom			
	Waiting / Public corridors			
	Toilet Rooms			
	Building mounted	Exterior building lighting (controlled), as req'd for egress		
	Parking lot	RAB Fixtures		
	Lighting and Controls	Tied into existing system		

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Basis of Design Summary

Basis of Design Summary				
Spec #	Topic	Comments	Purchasing strategy	Furnished by/Installed by
	Photovoltaic Collectors	N/A		
	Division 27 -- Communications			
	Main Data Room			
	Back-up Data Room			
	Data Room (per floor)			
	IT Raceway/Pathway System/Cabling/Terminations	HP supply conduit, Yeaton provides pathways		
	Voice Communications	VoIP - Cisco		
	Cable TV			
	Electronic Health Record			
	Wireless network			
	Nurse call system	Hilrom - Existing		
	Overhead Paging system			
	Music system			
	Duress buttons			
	Cell Phones			
	AV Systems / requirements / infrastructure			
	Exam Rooms			
	Computer work station			
	Meds Refrigerator / monitoring			
	Waiting Rooms			
	Waiting Rms / USB port - Phone			
	Registration / check-in kiosks			
	Registration / ipads - patient info			
	Home monitoring devices			
	Employee Time Clock			
	Division 28 -- Electronic Safety and Security			
	Security	NVRH, in-house		
	Card access - doors	Yeaton: box& conduit, NVRH install		
	Video surveillance (interior & exterior)			
	Duress / panic buttons			
	Radiation, gas detection alarms			
	Fire Alarm System	Tie into existing system (Notifier)		

APPENDIX 9 – Financial Tables Assumptions

NVRH
ED/West Wing Project
Tables 1-8

TABLE #1 ASSUMPTIONS:

HP Cummings, Construction Manager developed the project cost estimates. The estimates are based on schematic level design documents prepared by Lavallee Brensinger Associates.

TABLE #2 ASSUMPTIONS:

NVRH will fund the project as follows:

- | | |
|--|---------------|
| • Equity Contribution | \$ 624,600 |
| • Philanthropic Contributions | \$ 2,700,000 |
| • USDA Emergency Rural Health Care Grant | \$ 849,800 |
| • USDA Community Facilities Loan | \$ 10,290,431 |

- **Equity Contribution**

NVRH has assigned an equity contribution of \$624,600 to the project. The contribution will be made from available short term operating cash

- **Philanthropic Contribution**

Community support totaling \$2.7 million has been projected for this project. Over \$1.8 million has been raised to date towards our goal

- **USDA Emergency Rural Health Care Grant**

NVRH was awarded a USDA Emergency Rural Health Care Grant to cover the cost of new equipment and partially cover architectural and related planning fees. The total grant was \$1 million. The balance will be used to fund similar costs for non-CON projects.

- **USDA Community Facilities Loan**

On February 2, 2023 the USDA approved NVRH's application for a Community Facilities Loan. The loan term is 36 years. An interest rate of 3.75% is fixed for the term of the loan. The first year debt service requirement is for interest only.

The USDA loan to NVRH was approved for a total of \$16.5 million. The balance of the loan will be used to fund non-CON projects.

TABLE #3A ASSUMPTIONS WITH OUT PROJECT

NET PATIENT SERVICE REVENUES

In developing forecasted Net Patient Service Revenues the following assumptions were considered:

Charge Increases of:

- FY 2024 - 10%
- FY 2025 - 7%
- FY 2026 - 6%
- FY 2027 - 6.75%

Volume increase:

An annual volume increase of .5% was considered throughout the 4-year projection period. This increase is based on aging of the population in the community on continuing our trend of expanding and adding services to meet community need. Please refer to Table 8 assumptions below

Medicare Reimbursement

No changes to existing Critical Access Hospital payment methodology was assumed. Participation in a Medicare Alternative Payment Program was not considered.

Medicaid Reimbursement

No increase to current levels of Medicaid reimbursement was considered. A slight annual increase in Fixed Prospective Payment attribution levels was included.

Commercial Insurances Reimbursement

Projections of NPR assume there will be no significant changes to current contract terms with commercial insurance payers

OTHER OPERATING REVENUES

Other operating revenues will increase by an average of 3% annually. Recapturing some of the recent loss of 340B revenue will create the annual increase

OPERATING EXPENSES

Salaries Non MD – Annual salary adjustments have been considered as follows

- FY 2024 – 7%
- FY 2025 – 6%
- FY 2026 – 5%
- FY 2027 – 5%

Fringe Benefits Non MD – Annual increases for fringe benefits have been considered as follows:

- FY 2024 – 8%
- FY 2025 – 6%
- FY 2026 – 6%
- FY 2027 – 6%

Fringe Benefits MD – Annual increases for fringe benefits have been considered as follows:

- FY 2024 – 8%
- FY 2025 – 6%
- FY 2026 – 6%
- FY 2027 – 6%

Physician Fees and Salaries - Annual adjustments have been considered as follows:

- FY 2024 – 7%
- FY 2025 – 6%
- FY 2026 – 5%
- FY 2027 – 5%

Health Care Provider Tax

The annual Health Care Provider Tax is projected at 6% of the previous year's Net Patient Service Revenue.

Depreciation/Amortization

- Routine capital purchases Year1 (FY 2024) of \$3,250,000 increased annually by 3%
- Mental Health Support Area full year depreciation of \$110,000, begin in FY 2024
- Meditech EMR upgrade full year depreciation of \$605,000 beginning in FY 2027
- Depreciation on fully depreciated assets of \$300,000 per year

Interest

Interest on existing 2016 Series A bonds will continue throughout the 4-year projection period.

Other Operating Expense – Annual inflationary allowances have been considered as follows:

- FY 2024– 6.2% (reduced by sustainability program savings of \$1.5 million)
- FY 2025- 6.2%
- FY 2026– 5.1%
- FY 2027- 5.0%

NON OPERATING REVENUES

- FY 2024 – FY 2027 – 2.5% per year earned on invested funds

TABLE #3B ASSUMPTIONS “PROJECT ONLY”

NET PATIENT SERVICE REVENUES

Charge Increases of:

- FY 2024 – FY 2026- No change
- FY 2027 – 7% (.25% increase for the project)

Volume increase

- FY 2024 – FY 2027 – No change

All 3rd Party Payers

- FY 2024 – FY 2027 – No change

OTHER OPERATING REVENUES

- FY 2024 – FY 2027 – No change

OPERATING EXPENSES

Salaries Non MD

- FY 2024 – FY 2027 – No change to annual increases
- FY 2027 – Salaries increase by \$158,100 for 2.5 additional FTEs

Fringe Benefits Non MD

- FY 2024 – FY 2026– No change to annual increases
- FY 2027 – Fringe benefits increase by \$31,700 for additional FTEs

Fringe Benefits MD

- FY 2024 – FY 2027 – No change

Physician Fees and Salaries

- FY 2024 – FY 2027 – No change

Health Care Provider Tax

- FY 2024 – FY 2027 – No change

Depreciation/Amortization

- FY 2024 – No change
- FY 2025 – Depreciation expense increases by \$125,696 for 1/2 year depreciation on ED additional portion of project. (\$8.8 million cost depreciated over 35 years)
- FY 2026 – Depreciation expense increases by an additional \$165,021 for 1/2 year on ED addition plus 1/2 year on ED renovation portion of project (\$2.7 million cost depreciated over 35 years)
- FY 2027 – Depreciation expense increases by an additional \$70,000 for 1/2 year on ED renovation portion of project plus 1/2 year on Laboratory renovation portion of project (\$2.5 million cost depreciated over 35 years)-

Interest

- FY 2027 – Interest expense increases by \$350,000 for CON related projects financed with 36 year USDA loan with fixed 3.75% interest rate

Other Operating Expense

- FY 2027 – Other operating expense savings of \$600,000 to partially offset cost increases associated with the project

NON OPERATING REVENUES

- FY 2025 – Non operating revenues increase by \$849,800 for USDA grant to offset project a portion of project costs

TABLE #4 ASSUMPTIONS WITHOUT PROJECT

Current Assets

- Cash and investments will fluctuate as a result of day to day operations and changes in other working capital categories
- Accounts receivable are projected based on average of 33 days to collect an account
- Other current assets will not fluctuate significantly during the projection period

Board Designated Assets

- Invested assets will increase by 2.5% annually

Property, Plant and Equipment

- Routine capital purchases Year1 (FY 2024) of \$3,250,000 increased annually by 3%
- Mental Health Support Area will be completed in fiscal 2024 at a cost of \$3.2 million
- Meditech EMR upgrade will be finished in fiscal 2027 at a cost of \$3 million
- Non-CON projects will be added in fiscal years 2024 and 2025 at a total cost of \$6.2 million

Other Long Term Assets

- Will decrease annually as Goodwill amortizes and other accounts receivable are collected

Current Liabilities

- Accounts and salaries payable, combined, will average between 31 and 33 days
- Estimated third party settlements - NVRH has 5 years of Medicare cost reports yet to be audited. That is unlikely to change during the projection period (fiscal 2024-fiscal 2027)
- Other current liabilities are mostly employee 457B plan related and will not change significantly during the projection period
- Current portion of long term debt relates to 2016 Series A bond issue

Long Term Debt

- FY 2024 – FY 2026 - long term debt only relates to 2016 Series A bonds. The outstanding balance is reduced annually by principal payments made
- FY 2027 long term debt increases by amount of the USDA loan used for non-CON projects

TABLE #4 ASSUMPTIONS “PROJECT ONLY”

Current Assets

- In fiscal 2024 cash and investments will decrease by \$624,600, which will be used for the project. Also, in Fiscal 2027, \$59,000 will be transferred to an Escrow Bond Account as required by USDA loan terms

Board Designated Assets

- An escrow Bond fund will be established in fiscal 2027 as required by USDA loan terms

Property, Plant and Equipment

- ED expansion phase will be completed in fiscal 2025 at a cost of \$8.8 million
- ED renovations phase completed in fiscal 2026 at a cost of \$2.7 million
- Laboratory renovation phase will be completed in fiscal 2027 at a cost of \$2.5 million

Other Long Term Assets

- Will decrease annually as funds raised by NVR Corp (parent) for the project are transferred to NVRH (changes amount Due From Parent)

Current Liabilities

- No changes related to project as current portion of USDA loan isn't payable until fiscal 2029

Long Term Debt

- FY 2017 long term debt increases by amount of USDA loan used for CON projects (\$10.3 million)

TABLE #6 ASSUMPTIONS

No changes to Medicare, Medicaid or Commercial insurance terms are anticipated during the project period. The project does not change this assumption.

TABLE #7 ASSUMPTIONS

During the projection period, volume will increase by an average of .5%. Specific volume assumptions details are as follows.

Revenue Growth	Inpatient Volume	Outpatient Volume	Med Practices Volume
FY23-FY24	0.0%	1.0%	3.0%
FY24-FY25	0.5%	0.5%	4.0%
FY25-FY26	0.5%	0.5%	3.5%
FY26-FY27	0.5%	0.5%	3.5%

There will be no volume change resulting from the project.

TABLE #8 ASSUMPTIONS

FY 2024-FY 2027 – NVRH employed FTEs will increase proportionately with decrease in reliance on travelers.

FY 2027- There will be a net increase of 2.5 FTES related to additional ED and Environmental Services after the ED addition and renovations are completed

PLEASE PROVIDE ASSUMPTIONS
Northeastern VT Regional Hospital
NVRH ED_West Wing Project

PLEASE REFER TO APPENDIX 9 FOR ASSUMPTIONS

	Proposed Yr 1	Proposed Yr 2	Proposed Yr 3	Proposed Yr 4
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Table 1

Table 2

INCOME STATEMENT

BALANCE SHEET

CASH FLOW

REVENUE SOURCE-PAYER

UTILIZATION

STAFFING

STATISTICS

Notes to Support Assumptions:

Northeastern VT Regional Hospital
NVRH ED_West Wing Project
TABLE 1
PROJECT COSTS

Construction Costs	
1. New Construction	\$ 5,601,888
2. Renovation	\$3,571,837
3. Site Work	384,014
4. Fixed Equipment	
5. Design/Bidding Contingency	\$477,886
6. Construction Contingency	\$1,021,600
7. Construction Manager Fee	285,316
8. Other - GC Bond; Gen'l Liability Insur	158,990
Subtotal	\$ 11,501,531
Related Project Costs	
1. Major Moveable Equipment	\$ 500,000
2. Furnishings, Fixtures & Other Equip.	
3. Architectural/Engineering Fees	\$1,209,200
4. Land Acquisition	
5. Purchase of Buildings	
6. Administrative Expenses & Permits	\$422,200
7. Debt Financing Expenses (see below)	831,900
8. Debt Service Reserve Fund	-
9. Working Capital	-
10. Other (please specify)	-
Subtotal	\$ 2,963,300
Total Project Costs	\$ 14,464,831

Debt Financing Expenses	
1. Capital Interest	\$ 432,600
2. Bond Discount or Placement Fee	-
3. Misc. Financing Fees & Exp. (issuance costs)	399,300
4. Other	-
Subtotal	\$ 831,900
Less Interest Earnings on Funds	
1. Debt Service Reserve Funds	\$ -
2. Capitalized Interest Account	-
3. Construction Fund	-
4. Other	-
Subtotal	\$ -
Total Debt Financing Expenses	\$ 831,900
feeds to line 7 above	

**Northeastern VT Regional Hospital
NVRH ED_West Wing Project**

TABLE 2

DEBT FINANCING ARRANGEMENT, SOURCES & USES OF FUNDS

Sources of Funds			
1. Financing Instrument	Bond		
a. Interest Rate	3.8%		
b. Loan Period	Oct 2026	To: Sep 2062	
c. Amount Financed			\$ 10,290,431
2. Equity Contribution			-
3. Other Sources			
a. Working Capital			624,600
b. Fundraising			2,700,000
c. Grants			849,800
d. Other			-
Total Required Funds			\$ 14,464,831

Uses of Funds			
<u>Project Costs (feeds from Table 1)</u>			
1. New Construction		\$	5,601,888
2. Renovation			3,571,837
3. Site Work			384,014
4. Fixed Equipment			-
5. Design/Bidding Contingency			477,886
6. Construction Contingency			1,021,600
7. Construction Manager Fee			285,316
8. Major Moveable Equipment			500,000
9. Furnishings, Fixtures & Other Equip.			-
10. Architectural/Engineering Fees			1,209,200
11. Land Acquisition			-
12. Purchase of Buildings			-
13. Administrative Expenses & Permits			422,200
14. Debt Financing Expenses			831,900
15. Debt Service Reserve Fund			-
16. Working Capital			-
17. Other (GC Bond, Gen'l Liability Insur)			158,990
Total Uses of Funds		\$	14,464,831

Total sources should equal total uses of funds.

NORTHEASTERN VT REGIONAL HOSPITAL

INCOME STATEMENT

Table 3A

	WITHOUT PROJECT							Proposed Years Must change from Current Budget (*)									
	2021		2022		2022		2023		Proposed Yr 1		Proposed Yr 2		Proposed Yr 3		Proposed Yr 4		
	Actual	Budget	% change	Actual/Projection	% change	Budget 2023 App	% change		% change		% change		% change		% change		% change
REVENUES																	
INPATIENT CARE REVENUE	37,882,771	35,607,800	-6.0%	44,106,202	23.9%	44,645,139	1.2%	48,883,540	9.5%	52,608,900	7.6%	56,070,894	6.6%	60,342,104	7.6%		
OUTPATIENT CARE REVENUE	135,110,363	142,497,100	5.5%	149,547,264	4.9%	166,407,218	11.3%	184,878,400	11.1%	198,809,000	7.5%	211,791,200	6.5%	227,149,700	7.3%		
OUTPATIENT CARE REVENUE - PHYSICIAN	19,730,734	23,441,500	18.8%	20,495,051	-12.6%	28,410,529	38.6%	29,262,800	3.0%	30,433,300	4.0%	31,498,500	3.5%	32,600,900	3.5%		
CHRONIC/SNF PT CARE REVENUE	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%		
SWING BEDS PT CARE REVENUE	1,668,320	1,836,200	10.1%	1,275,046	-30.6%	1,300,000	2.0%	1,656,060	27.4%	1,738,900	5.0%	1,825,806	5.0%	1,917,096	5.0%		
GROSS PATIENT CARE REVENUE	194,392,188	203,382,600	4.6%	215,423,563	5.9%	240,762,886	11.8%	264,680,800	9.9%	283,590,100	7.1%	301,186,400	6.2%	322,009,800	13.5%		
DISPROPORTIONATE SHARE PAYMENTS	919,704	926,400	0.7%	1,964,712	112.1%	926,400	-52.8%	926,400	0.0%	926,400	0.0%	926,400	0.0%	926,400	0.0%		
BAD DEBT FREE CARE	(5,023,918)	(5,722,200)	13.9%	(5,419,580)	-5.3%	(5,559,995)	2.6%	(6,164,000)	10.9%	(6,628,400)	7.5%	(7,061,200)	6.5%	(7,593,300)	7.5%		
DEDUCTIONS FROM REVENUE	(106,494,378)	(109,757,666)	3.1%	(115,829,509)	5.5%	(132,441,091)	14.3%	(146,530,400)	10.6%	(157,164,400)	7.3%	(167,198,700)	6.4%	(180,294,500)	7.8%		
NET PATIENT CARE REVENUE	83,793,596	88,829,134	6.0%	96,139,186	8.2%	103,688,200	7.9%	112,912,800	8.9%	120,723,700	6.9%	127,852,900	5.9%	135,048,400	5.6%		
FIXED PROSPECTIVE PAYMENTS AND RESERVES	7,614,353	8,539,654	12.2%	9,529,370	11.6%	8,780,527	-7.9%	9,100,000	3.6%	9,500,000	4.4%	10,000,000	5.3%	10,500,000	5.0%		
NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES	91,407,947	97,368,788	6.5%	105,668,556	8.5%	112,468,727	6.4%	122,012,800	8.5%	130,223,700	6.7%	137,852,900	5.9%	145,548,400	5.6%		
OTHER OPERATING REVENUE	10,182,398	4,465,100	-56.1%	5,385,918	20.6%	5,485,593	1.9%	5,641,300	2.8%	6,099,100	8.1%	6,216,100	1.9%	6,387,300	2.8%		
TOTAL OPERATING REVENUE	101,590,345	101,833,888	0.2%	111,054,474	9.1%	117,954,320	6.2%	127,654,100	8.2%	136,322,800	6.8%	144,069,000	5.7%	151,935,700	11.5%		
OPERATING EXPENSE																	
SALARIES NON MD	39,001,563	37,777,871	-3.1%	40,481,440	7.2%	43,250,173	6.8%	46,340,550	7.1%	49,089,408	5.9%	51,543,855	5.0%	53,962,791	4.7%		
FRINGE BENEFITS NON MD	10,907,065	12,338,395	13.1%	13,228,500	7.2%	13,887,123	5.0%	14,998,403	8.0%	15,898,359	6.0%	16,852,330	6.0%	17,831,756	5.8%		
PHYSICIAN FEES & SALARIES	10,877,163	10,677,129	-1.8%	11,868,727	11.2%	11,838,824	-0.3%	12,684,750	7.1%	13,437,192	5.9%	14,109,045	5.0%	14,814,509	5.0%		
FRINGE BENEFITS MD	2,899,347	3,006,205	3.7%	3,516,437	17.0%	3,801,389	8.1%	4,105,497	8.0%	4,351,841	6.0%	4,612,970	6.0%	4,889,744	6.0%		
HEALTH CARE PROVIDER TAX	5,149,900	5,525,000	7.3%	5,615,220	1.6%	6,341,300	12.9%	6,748,100	6.4%	7,320,800	8.5%	7,813,400	6.7%	8,271,200	5.9%		
DEPRECIATION AMORTIZATION	3,389,394	3,508,500	3.5%	3,890,401	10.9%	3,915,100	0.6%	4,116,500	5.1%	4,390,664	6.7%	5,104,624	16.3%	5,691,646	11.5%		
INTEREST - LONG/SHORT TERM	255,819	176,700	-30.9%	223,980	26.8%	200,000	-10.7%	143,830	-28.1%	124,575	-13.4%	105,087	-15.6%	354,002	236.9%		
OTHER OPERATING EXPENSE	26,183,022	26,759,050	2.2%	31,971,287	19.5%	35,966,095	12.5%	36,398,900	1.2%	39,326,900	8.0%	41,492,821	5.5%	43,387,500	4.6%		
TOTAL OPERATING EXPENSE	98,663,273	99,768,850	1.1%	110,795,992	11.1%	119,200,004	7.6%	125,536,530	5.3%	133,939,739	6.7%	141,634,132	5.7%	149,203,148	5.3%		
NET OPERATING INCOME (LOSS)	2,927,072	2,065,038	-29.5%	258,482	-87.5%	(1,245,684)	-581.9%	2,117,570	-270.0%	2,383,061	12.5%	2,434,868	2.2%	2,732,552	14.7%		
NON-OPERATING REVENUE	4,145,765	-	-100.0%	(3,737,355)	#DIV/0!	4,000,000	-207.0%	551,200	-86.2%	715,200	29.8%	579,100	-19.0%	593,600	-17.0%		
EXCESS (DEFICIT) OF REVENUE OVER EXPENSE	7,072,837	2,065,038	-70.8%	(3,478,873)	-268.5%	2,754,316	-179.2%	2,668,770	-3.1%	3,098,261	16.1%	3,013,968	-2.7%	3,326,152	7.4%		

Accounts	2021 Actuals	2022 Budget 2022 Mid Year Approved	Actuals	2023 Budget 2023 Approve
Gross Revenue				
Hospital				
Inpatient Care Revenue	37,882,771	35,607,800	44,106,202	46,611,700
Outpatient Care Revenue	135,110,363	142,497,100	149,547,264	161,963,900
Chronic/SNF PT Care Revenue	0	0	0	0
Swing Beds PT Care Revenue	1,668,320	1,836,200	1,275,046	1,577,200
Total Hospital	174,661,454	179,941,100	194,928,512	210,152,800
Physician				
Outpatient Care Revenue - Physician	19,730,734	23,441,500	20,495,051	27,989,500
Total Physician	19,730,734	23,441,500	20,495,051	27,989,500
Net Revenue Deductions				
Disproportionate Share Payments	919,704	926,400	1,964,712	926,400
Bad Debt Free Care	-5,023,918	-5,722,200	-5,419,580	-6,514,700
Deductions from Revenue	-106,494,378	-109,757,666	-115,829,509	-131,276,527
Graduate Medical Education	0	0	0	0
Total Net Revenue Deductions	-110,598,592	-114,553,466	-119,284,377	-136,864,827
Net Patient Care Revenue	83,793,594	88,829,134	96,139,186	101,277,473
Fixed Prospective Payments and Reserves	7,614,353	8,539,654	9,529,370	8,780,527
Net Patient Care Rev & Fixed Payments & Reserves	91,407,947	97,368,788	105,668,556	110,058,000
Other Operating Revenue				
Community Foundation Revenue	0	0	0	0
Grant Income	0	0	0	0
Cafeteria & Parking	0	0	0	0
Employee Sales Pharmacy	0	36,000	0	110,000
Employee Sales Med Surg Supplies	0	0	0	0
Sale of Services to Other Organizations	0	0	0	0
Physician Office and Other Rentals	0	0	0	0
Meaningful Use	0	0	0	0
340B Retail Pharmacy Programs	2,055,031	2,400,000	1,108,396	2,100,000
COVID-19 Stimulus and Other Grant Funding	5,687,175	0	2,392,711	0
Miscellaneous/Contract Income	0	0	0	0
Premium Revenue and Payer Incentives	0	0	0	0
Specialty Pharmacy	0	0	0	0
Outpatient Pharmacy Revenue	0	0	0	0
Reference Lab Revenue	1,743,800	1,725,000	1,678,378	1,600,000
Institutional Services Revenue	0	0	0	0
Reimbursed Expenses	0	0	0	0
Other	696,392	304,100	206,433	555,000
Total Other Operating Revenue	10,182,398	4,465,100	5,385,918	4,365,000

Total Operating Revenue	101,590,345	101,833,888	111,054,474	114,423,000
Operating Expense				
Salaries Non MD	39,001,563	37,777,871	40,481,440	42,387,354
Fringe Benefits Non MD	10,907,065	12,338,395	13,228,500	13,375,138
Physician Fees & Salaries	10,877,163	10,677,129	11,868,727	11,602,646
Fringe Benefits MD	2,899,347	3,006,205	3,516,437	3,661,162
Health Care Provider Tax	5,149,900	5,525,000	5,615,220	6,054,000
Depreciation Amortization	3,389,394	3,508,500	3,890,401	4,084,400
Interest - Short Term	0	0	0	0
Interest - Long Term	255,819	176,700	223,980	186,700
Other Operating Expense	26,183,022	26,759,050	31,971,287	32,821,600
Bad Debt (pre 2012)	0	0	0	0
Total Operating Expense	98,663,273	99,768,850	110,795,992	114,173,000
Net Operating Income (Loss)	2,927,072	2,065,038	258,482	250,000
Non-Operating Revenue	4,145,765	0	-3,737,355	250,000
Excess (Deficit) of Revenue Over Expense	7,072,837	2,065,038	-3,478,873	500,000

Income Statement
Description Tables 3A, 3B and 3C

Levels: Northeastern VT Regional Hospital
Currency: United States of America, Dollars

PLEASE PROVIDE ASSUMPTIONS

NVRH ED_West Wing Project
BALANCE SHEET PROJECTIONS--TABLE 4

PLEASE REFER TO APPENDIX 9 FOR ASSUMPTIONS

Proposed Yr 1	Proposed Yr 2	Proposed Yr 3	Proposed Yr 4
2024	2025	2026	2027

ASSETS

CURRENT ASSETS

CASH & INVESTMENTS
PATIENT ACCOUNTS RECEIVABLE, GROSS
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS
DUE FROM THIRD PARTIES
OTHER CURRENT ASSETS

TOTAL CURRENT ASSETS

BOARD DESIGNATED ASSETS

FUNDED DEPRECIATION
ESCROWED BOND FUNDS
OTHER

TOTAL BOARD DESIGNATED ASSETS

PROPERTY, PLANT, AND EQUIPMENT

LAND, BUILDINGS & IMPROVEMENTS
CONSTRUCTION IN PROGRESS
MAJOR MOVABLE EQUIPMENT
FIXED EQUIPMENT

TOTAL PROPERTY, PLANT AND EQUIPMENT

LESS: ACCUMULATED DEPRECIATION

LAND, BUILDINGS & IMPROVEMENTS
EQUIPMENT - FIXED
EQUIPMENT - MAJOR MOVEABLE

TOTAL ACCUMULATED DEPRECIATION

TOTAL PROPERTY, PLANT AND EQUIPMENT, NET

OTHER LONG-TERM ASSETS

TOTAL ASSETS

LIABILITIES AND FUND BALANCE

CURRENT LIABILITIES

ACCOUNTS PAYABLE
SALARIES, WAGES AND PAYROLL TAXES PAYABLE
ESTIMATED THIRD-PARTY SETTLEMENTS
OTHER CURRENT LIABILITIES
CURRENT PORTION OF LONG-TERM DEBT

TOTAL CURRENT LIABILITIES

LONG-TERM DEBT
BONDS & MORTGAGES PAYABLE
CAPITAL LEASE OBLIGATIONS
OTHER LONG-TERM DEBT

TOTAL LONG-TERM DEBT

OTHER NONCURRENT LIABILITIES

TOTAL LIABILITIES

FUND BALANCE

TOTAL LIABILITIES AND FUND BALANCE

NOTES:

NORTHEASTERN VT REGIONAL HOSPITAL

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NVRH ED_West Wing Project

Balance Sheet

Proposed Years Must change from Current Budget (*)

	2021	2022	2022	2023	%	2024	%	2025	%	2026	%	2027	%
	Actual	Budget		Budget	change	Proposed Year 1	change	Proposed Year 2	change	Proposed Year 3	change	Proposed Year 3	change
ASSETS													
CURRENT ASSETS													
CASH & INVESTMENTS	24,574,811	13,670,959	9,376,635	9,985,435	6.5%	10,961,171	9.8%	12,921,626	17.9%	12,753,240	-1.3%	16,807,679	30.1%
PATIENT ACCOUNTS RECEIVABLE, GROSS	22,985,887	22,500,000	30,944,628	25,230,411	-18.5%	10,947,500	-56.6%	11,689,900	6.8%	12,379,700	5.9%	13,102,500	12.1%
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS	(13,818,876)	(11,898,000)	(19,854,945)	(15,145,811)	-23.7%		-100.0%		#DIV/0!		#DIV/0!		#DIV/0!
DUE FROM THIRD PARTIES	-	-	-	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
ACO RISK RESERVE/SETTLEMENT RECEIVABLE	56,745	-	-	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER CURRENT ASSETS	4,089,042	3,250,000	10,421,963	3,000,000	-71.2%	3,025,000	0.8%	2,900,000	-4.1%	3,025,000	4.3%	2,975,000	2.6%
TOTAL CURRENT ASSETS	37,887,609	27,522,959	30,888,281	23,070,035	-25.3%	24,933,671	8.1%	27,511,526	10.3%	28,157,940	2.3%	32,885,179	19.5%
BOARD DESIGNATED ASSETS													
FUNDED DEPRECIATION	24,807,040	24,028,949	21,574,492	22,427,330	4.0%	22,598,730	0.8%	23,163,730	2.5%	23,742,830	2.5%	24,336,430	5.1%
ESCROWED BOND FUNDS	-	-	-	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER	-	-	-	99,000	#DIV/0!	478,800	383.6%	478,800	0.0%	478,800	0.0%	478,800	0.0%
TOTAL BOARD DESIGNATED ASSETS	24,807,040	24,028,949	21,574,492	22,526,330	4.4%	23,077,530	2.4%	23,642,530	2.4%	24,221,630	2.4%	24,840,658	5.1%
PROPERTY, PLANT, AND EQUIPMENT													
LAND, BUILDINGS & IMPROVEMENTS	36,330,329	38,844,545	37,359,565	40,846,666	9.3%	41,589,666	1.8%	47,487,781	14.2%	47,487,781	0.0%	47,570,682	0.2%
CONSTRUCTION IN PROGRESS	270,668	1,010,000	715,408	743,000	3.9%	957,496	28.9%		-100.0%		#DIV/0!	1,198,215	#DIV/0!
MAJOR MOVABLE EQUIPMENT	36,900,837	37,739,809	37,652,465	40,437,810	7.4%	43,387,810	7.3%	46,709,062	7.7%	52,856,962	13.2%	55,925,462	19.7%
FIXED EQUIPMENT	1,974,457	2,324,457	1,974,457	1,974,457	0.0%	1,974,457	0.0%	1,974,457	0.0%	1,974,457	0.0%	1,974,457	0.0%
TOTAL PROPERTY, PLANT AND EQUIPMENT	75,476,291	79,918,811	77,701,895	84,001,933	8.1%	87,909,429	4.7%	96,171,300	9.4%	102,319,200	6.4%	106,668,816	10.9%
LESS: ACCUMULATED DEPRECIATION													
LAND, BUILDINGS & IMPROVEMENTS	(22,211,149)	(22,666,270)	(23,241,640)	(24,340,150)	4.7%	(25,493,660)	4.7%	(26,624,338)	4.4%	(27,660,691)	3.9%	(28,867,066)	8.4%
EQUIPMENT - FIXED	(1,931,600)	(1,949,398)	(1,947,801)	(1,947,457)	0.0%	(1,947,457)	0.0%	(1,945,457)	-0.1%	(1,945,457)	0.0%	(1,945,457)	0.0%
EQUIPMENT - MAJOR MOVEABLE	(26,572,600)	(29,279,126)	(29,213,092)	(32,030,026)	9.6%	(34,993,016)	9.3%	(38,255,002)	9.3%	(42,323,273)	10.6%	(46,791,444)	22.3%
TOTAL ACCUMULATED DEPRECIATION	(50,715,349)	(53,894,794)	(54,402,533)	(58,317,633)	7.2%	(62,434,133)	7.1%	(66,824,797)	7.0%	(71,929,421)	7.6%	(77,603,967)	16.1%
TOTAL PROPERTY, PLANT AND EQUIPMENT, NET	24,760,942	26,024,017	23,299,362	25,684,300	10.2%	25,475,296	-0.8%	29,346,503	15.2%	30,389,779	3.6%	29,064,849	-1.0%
OTHER LONG-TERM ASSETS	8,615,502	6,278,864	8,411,606	8,036,425	-4.5%	7,898,425	-1.7%	7,800,425	-1.2%	7,702,425	-1.3%	6,775,994	-13.1%
TOTAL ASSETS	96,071,093	83,854,789	84,173,741	79,317,090	-5.8%	81,384,922	2.6%	88,300,984	8.5%	90,471,774	2.5%	93,566,680	6.0%
LIABILITIES AND FUND BALANCE													
CURRENT LIABILITIES													
ACCOUNTS PAYABLE	4,348,697	3,600,000	3,836,969	3,600,000	-6.2%	3,600,000	-6.2%	3,550,000	-1.4%	3,550,000	0.0%	3,575,000	0.7%
CURRENT LIABILITIES COVID-19	10,514,280	-	-	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
SALARIES, WAGES AND PAYROLL TAXES PAYAB	6,642,486	6,026,807	5,399,134	5,500,000	1.9%	5,600,000	3.7%	5,700,000	1.8%	5,700,000	0.0%	5,725,000	0.4%
ESTIMATED THIRD-PARTY SETTLEMENTS	7,240,367	2,074,915	5,370,970	5,400,000	0.5%	5,400,000	0.5%	5,200,000	-3.7%	5,200,000	0.0%	5,200,000	0.0%
OTHER CURRENT LIABILITIES	1,669,490	2,053,707	8,990,415	2,037,352	-77.3%	2,141,000	-76.2%	2,033,600	-5.0%	1,933,800	-4.9%	1,649,769	-18.9%
CURRENT PORTION OF LONG-TERM DEBT	807,584	891,799	825,152	836,133	1.3%	855,371	3.7%	874,600	2.2%	894,300	2.3%	939,911	7.5%
TOTAL CURRENT LIABILITIES	31,222,904	14,647,228	24,422,640	17,373,485	-28.9%	17,596,371	-28.0%	17,358,200	-1.4%	17,278,100	-0.5%	17,089,680	-1.5%
LONG-TERM DEBT													
LONG TERM LIABILITIES COVID-19	-	-	-	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
BONDS & MORTGAGES PAYABLE	7,799,787	6,893,002	6,991,921	6,407,669	-8.4%	5,552,300	-20.6%	4,677,700	-15.8%	3,783,400	-19.1%	9,228,759	97.3%
CAPITAL LEASE OBLIGATIONS	1,745,959	-	1,147,862	1,118,920	-2.5%	193,000	-83.2%	59,400	-69.2%	25,600	-56.9%		-100.0%
OTHER LONG-TERM DEBT	1,910,009	-	1,678,096	1,729,431	3.1%	2,686,895	60.1%	7,901,267	194.1%	7,901,267	0.0%	1,729,400	-78.1%
TOTAL LONG-TERM DEBT	11,455,755	6,893,002	9,817,879	9,256,020	-5.7%	8,432,195	-14.1%	12,638,367	49.9%	11,710,267	-7.3%	10,958,159	-13.3%
OTHER NONCURRENT LIABILITIES	-	9,094,489	-	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TOTAL LIABILITIES	42,678,659	30,634,719	34,240,519	26,629,505	-22.2%	26,028,566	-24.0%	29,996,567	15.2%	28,988,367	-3.4%	28,047,839	-6.5%
FUND BALANCE	53,392,434	53,220,070	49,933,222	52,687,585	5.5%	55,356,356	10.9%	58,304,417	5.3%	61,483,407	5.5%	65,518,841	12.4%
TOTAL LIABILITIES AND FUND BALANCE	96,071,093	83,854,789	84,173,741	79,317,090	-5.8%	81,384,922	-3.3%	88,300,984	8.5%	90,471,774	2.5%	93,566,680	6.0%

Accounts	2021 Actuals	2022 Budget 2022 Mid Year Approved	Actuals	2023 Budget 2023 Approved
[Assets] Assets				
[Current_Assets] Current Assets				
[Cash_Investments] Cash & Investments	24,574,811	13,670,959	9,376,635	10,273,192
[Patient_Accts_Rec_Gross] Patient Accounts R	22,985,887	22,500,000	30,944,628	25,200,000
[Less_Allowance_For_Uncollectible_Accts] Les	-13,818,876	-11,898,000	-19,854,945	-13,892,311
[Due_From_Third_Parties] Due From Third Part	0	0	0	0
[Risk_Reserve_Receivable] ACO Risk Reserve,	56,745	0	0	0
[Other_Current_Assets] Other Current Assets	4,089,042	3,250,000	10,421,963	4,023,120
[Current_Assets] Total Current Assets	37,887,609	27,522,959	30,888,281	25,604,001
[Fixed_Assets] Fixed Assets	0	0	0	0
[Board_Designated_Assets] Board Designated Assets				
[Funded_Depr] Funded Depreciation	24,807,040	24,028,949	21,574,492	21,364,347
[Escrowed_Bond_Funds] Escrowed Bond Fund:	0	0	0	0
[Other] Other	0	0	0	0
[Board_Designated_Assets] Total Board Designa	24,807,040	24,028,949	21,574,492	21,364,347
[LongTerm_Assets] Long Term Assets				
[Net_Property_Plant_And_Equip] Net, Property, Plant And Equipment				
[Gross_Property_Plant_And_Equip] Gross, Property, Plant And Equipment				
[Land_Buildings_Improvements] Land, Buildir	36,330,329	38,844,545	37,359,565	37,878,214
[Construction_In_Progress] Construction In P	270,668	1,010,000	715,408	3,143,000
[Major_Movable_Equip] Major Movable Equip	36,900,837	37,739,809	37,652,465	39,693,111
[Fixed_Equip] Fixed Equipment	1,974,457	2,324,457	1,974,457	1,974,457
[Gross_Property_Plant_And_Equip] Total Gros	75,476,291	79,918,811	77,701,895	82,688,782
[Accumulated_Depr] Accumulated Depreciation				
[Depr_Land_Buildings_Improvements] Land,	-22,211,149	-22,666,270	-23,241,640	-24,340,150
[Equip_Fixed] Equipment - Fixed	-1,931,600	-1,949,398	-1,947,801	-1,947,457
[Equip_Major_Moveable] Equipment - Major I	-26,572,600	-29,279,126	-29,213,092	-31,285,327
[Accumulated_Depr] Total Accumulated Depre	-50,715,349	-53,894,794	-54,402,533	-57,572,934
[Net_Property_Plant_And_Equip] Total Net, Pro	24,760,942	26,024,017	23,299,362	25,115,848
[LongTerm_Assets] Total Long Term Assets	24,760,942	26,024,017	23,299,362	25,115,848
[Other_LT_Assets] Other Long-Term Assets	8,615,502	6,278,864	8,411,606	7,352,782
[Assets] Total Assets	96,071,093	83,854,789	84,173,741	79,436,978
[Liabilities_Equities] Liabilities and Equities				
[Liabilities] Liabilities				
[Current_Liabilities] Current Liabilities				
[Accts_Payable] Accounts Payable	4,348,697	3,600,000	3,836,969	3,800,000
[Current_Liab_COVID] Current Liabilities COV	10,514,280	0	0	0

[Salaries_Wages_Payroll_Taxes_Payable] Sal	6,642,486	6,026,807	5,399,134	6,200,000
[Est_3rd_Party_Settlements] Estimated Third-Party	7,240,367	2,074,915	5,370,970	1,206,476
[Other_Current_Liabilities] Other Current Liabilities	1,669,490	2,053,707	8,990,415	2,537,977
[Current_Portion_Of_LT_Debt] Current Portion of Long-Term Debt	807,584	891,799	825,152	891,799
[Current_Liabilities] Total Current Liabilities	31,222,904	14,647,228	24,422,640	14,636,252
[LongTerm_Liabilities] Long Term Liabilities				
[Long_Liab_COVID] Long Term Liabilities COVID-19	0	0	0	0
[LT_Debt] Long-Term Debt				
[Bonds_Mortgages_Payable] Bonds & Mortgages Payable	7,799,787	6,893,002	6,991,921	6,073,469
[Capital_Lease_Obligations] Capital Lease Obligations	1,745,959	0	1,147,862	1,328,000
[Other_LT_Debt] Other Long-Term Debt	1,910,009	0	1,678,096	1,910,009
[LT_Debt] Total Long-Term Debt	11,455,755	6,893,002	9,817,879	9,311,478
[LongTerm_Liabilities] Total Long Term Liabilities	11,455,755	6,893,002	9,817,879	9,311,478
[Other_Noncurrent_Liabilities] Other Noncurrent Liabilities	0	9,094,489	0	6,647,564
[Liabilities] Total Liabilities	42,678,659	30,634,719	34,240,519	30,595,294
[Fund_Balance] Fund Balance	53,392,434	53,220,070	49,933,222	48,841,684
[Liabilities_Equities] Total Liabilities and Equities	96,071,093	83,854,789	84,173,741	79,436,978

Balance Sheet
Description Table 4A, 4B & 4C

Levels: Northeastern VT Regional Hospital
Currency: United States of America, Dollars

PLEASE PROVIDE ASSUMPTIONS

NVRH ED_WEST WING PROJECT
PAYER PROJECTIONS--TABLE 6

PLEASE REFER TO APPENDIX 9 FOR ASSUMPTIONS

Proposed Yr 1	Proposed Yr 2	Proposed Yr 3
YYYY	YYYY	YYYY

Commercial

Hospital
Physician
Total Revenue

Allowances - Hospital
Allowances - Physicians
Free Care
Bad Debt
Net Payer Revenue

Medicaid

Hospital
Physician
Total Revenue

Allowances - Hospital
Allowances - Physicians
Free Care
Bad Debt
Graduate Medical Education Payments_Phys.
Graduate Medical Education Payments-Hosp
Net Payer Revenue

Medicare

Hospital
Physician
Total Revenue

Allowances - Hospital
Allowances - Physicians
Free Care
Bad Debt
Net Payer Revenue

Disproportionate Share Payments

Total Payer Revenue

Hospital

Physician

Total Revenue

Allowances - Hospital

Allowances - Physicians

Free Care

Bad Debt

Disproportionate Share Payments

Graduate Medical Education Payments_Phys.

Graduate Medical Education Payments-Hosp

Net Payer Revenue

NOTES:

NORTHEASTERN VT REGIONAL HOSPITAL

NVRH ED WEST WING PROJECT

PAYER REVENUE REPORT

WITHOUT PROJECT

Proposed Years Must change from Current Budget (*)

	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	2024 Proposed Year 1	% change	2025 Proposed Year 2	% change	2026 Proposed Year 3	% change	2027 Proposed Year 4	% change
Commercial															
Hospital	53,626,166	67,692,100	26.2%	59,390,252	-12.3%	66,372,200	11.8%	74,351,665	12.0%	79,954,080	7.5%	85,175,069	6.5%	91,593,016	7.5%
Physician	9,437,210	9,911,160	5.0%	8,471,708	-14.5%	10,868,800	28.3%	11,363,244	4.5%	11,817,769	4.0%	12,231,405	3.5%	12,659,485	3.5%
Total Revenue	63,063,376	77,603,260	23.1%	67,861,960	-12.6%	77,241,000	13.8%	85,714,909	11.0%	91,771,849	7.1%	97,406,474	6.1%	104,252,501	13.6%
Allowances - Hospital	-417,348	-1,374,200	229.3%	-203,798	-85.2%	-1,358,200	566.4%	(22,776,766)	1577.0%	(23,655,637)	3.9%	(24,694,799)	4.4%	(25,445,328)	3.0%
Allowances - Physicians	-1,481,384	-2,961,300	99.9%	-1,473,279	-50.2%	-3,277,686	122.5%	(1,370,718)	-58.2%	(1,232,026)	-10.1%	(1,081,628)	-12.2%	(925,364)	-14.4%
Free Care	-1,639,819	-2,843,100	73.4%	-1,868,741	-34.3%	-2,521,800	34.9%	(4,712,900)	86.9%	(5,068,000)	7.5%	(5,449,857)	7.5%	(5,860,486)	7.5%
Bad Debt	-3,384,099	-2,879,100	-14.9%	-3,550,839	23.3%	-3,992,900	12.4%	(1,451,100)	-63.7%	(1,560,400)	7.5%	(1,677,935)	7.5%	(1,804,327)	7.5%
Net Payer Revenue	42,111,443	45,217,660	7.4%	51,049,941	12.9%	47,589,614	-6.8%	55,403,425	16.4%	60,255,786	8.8%	64,502,255	7.0%	70,216,396	8.9%
Fixed Prospective Payment & Reserves	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Net Payer Revenue & Fixed Prospective Payment	42,111,443	45,217,660	7.4%	51,049,941	12.9%	47,589,614	-6.8%	55,403,425	16.4%	60,255,786	8.8%	64,502,255	7.0%	70,216,396	8.9%
Reimbursement Rate - Commercial	67%	58%		75%		62%		65%		66%		66%		67%	
Payer Mix - Commercial	46%	46%		48%		43%		45%		46%				48%	
Medicaid															
Hospital	35,615,237	35,309,700	-0.9%	38,354,048	8.6%	40,604,300	5.9%	45,485,871	12.0%	48,913,241	7.5%	52,107,269	6.5%	56,033,555	14.6%
Physician	4,423,631	4,238,640	18.4%	4,216,778	-19.5%	5,958,900	41.3%	6,229,983	4.5%	6,479,179	4.0%	6,705,958	3.5%	6,940,958	7.1%
Total Revenue	40,038,868	40,548,340	1.3%	42,570,826	5.0%	46,563,200	9.4%	51,715,854	11.1%	55,392,420	7.1%	58,813,227	6.2%	62,974,513	13.7%
Allowances - Hospital	-28,068,241	-30,785,177	9.7%	-32,931,813	7.0%	-36,400,000	10.5%	(41,552,653)	14.2%	(44,605,024)	7.3%	(47,324,051)	6.1%	(50,775,337)	13.8%
Allowances - Physicians	-1,765,461	-2,415,177	36.8%	-1,893,559	-21.6%	-2,536,800	34.0%	(1,060,882)	-58.2%	(1,103,317)	4.0%	(1,141,934)	3.5%	(1,181,900)	7.1%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Graduate Medical Education Payments-Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Net Payer Revenue	10,205,166	7,347,986	-28.0%	7,745,454	5.4%	7,626,400	-1.5%	9,102,319	19.4%	9,684,079	6.4%	10,347,242	6.8%	11,017,276	13.8%
Fixed Prospective Payment & Reserves	0	8,539,654	#DIV/0!	0	-100.0%	8,945,827	#DIV/0!	9,100,000	1.7%	9,500,000	4.4%	10,000,000	5.3%	10,500,000	10.5%
Total Net Payer Revenue & Fixed Prospective Payment	10,205,166	15,887,640	55.7%	7,745,454	-51.2%	16,572,227	114.0%	18,202,319	9.8%	19,184,079	5.4%	20,347,242	6.1%	21,517,276	12.2%
Reimbursement Rate - Medicaid	25%	39%		18%		36%		0		35%		35%		34%	
Payer Mix - Medicaid	11%	16%		7%		15%		15%		15%				15%	
Medicare															
Hospital	85,420,051	76,939,300	-9.9%	97,184,212	26.3%	103,176,300	6.2%	115,580,464	12.0%	124,289,479	7.5%	132,405,562	6.5%	141,782,330	14.1%
Physician	5,869,893	8,291,700	41.3%	7,806,565	-5.9%	11,161,800	43.0%	11,669,573	4.5%	12,136,351	4.0%	12,561,137	3.5%	13,000,758	7.1%
Total Revenue	91,289,944	85,231,000	-6.6%	104,990,777	23.2%	114,338,100	8.9%	127,250,037	11.3%	136,425,830	7.2%	144,966,699	6.3%	154,783,088	13.5%
Allowances - Hospital	-59,881,528	-48,787,212	-18.5%	-68,578,620	40.6%	-67,270,434	-1.9%	(78,602,382)	16.8%	(85,167,837)	8.4%	(91,252,357)	7.1%	(100,012,424)	17.4%
Allowances - Physicians	-851,135	-1,106,700	30.0%	-1,033,077	-6.7%	-1,932,607	87.1%	(1,001,700)	-48.2%	(1,235,258)	23.3%	(1,472,038)	19.2%	(1,717,036)	39.0%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Net Payer Revenue	30,557,281	35,337,088	15.6%	35,379,080	0.1%	45,135,059	27.6%	47,645,955	5.6%	50,022,735	5.0%	52,242,304	4.4%	53,053,628	6.1%
Fixed Prospective Payment & Reserves	0	0	#DIV/0!	0	#DIV/0!	-165,300	#DIV/0!	(165,300)	0.0%	(165,300)	0.0%	(165,300)	0.0%	(165,300)	0.0%
Total Net Payer Revenue & Fixed Prospective Payment	30,557,281	35,337,088	15.6%	35,379,080	0.1%	44,969,759	27.1%	47,480,655	5.6%	49,857,435	5.0%	52,077,004	4.5%	52,888,328	6.1%
Reimbursement Rate - Medicare	33%	41%		34%		39%		0.373128811		0.365454511		0.359234254		0.341693196	
Payer Mix - Medicare	33%	36%		33%		41%		39%		38%		38%		36%	
Disproportionate Share Payments	919,704	926,400	0.7%	1,964,712	112.1%	926,400	-52.8%	926,400	0.0%	926,400	0.0%	926,400.0		926,400	0.0%
Total Payer Revenue															
Hospital	174,661,454	179,941,100	3.0%	194,928,512	8.3%	210,152,800	7.8%	235,418,000	12.0%	253,156,800	7.5%	269,687,900	6.5%	289,408,901	14.3%
Physician	19,730,734	23,441,500	18.8%	20,495,051	-12.6%	27,989,500	36.6%	29,262,800	4.5%	30,433,299	4.0%	31,498,500	3.5%	32,601,201	7.1%
Total Revenue	194,392,188	203,382,600	4.6%	215,423,563	5.9%	238,142,300	10.5%	264,680,800	11.1%	283,590,099	7.1%	301,186,400	6.2%	322,010,102	13.5%
Allowances - Hospital	-102,396,400	-103,274,489	0.9%	-111,429,593	7.9%	-123,529,434	10.9%	(142,931,801)	15.7%	(153,428,498)	7.3%	(163,271,207)	6.4%	(176,233,089)	14.9%
Allowances - Physicians	-4,097,980	-6,483,177	58.2%	-4,399,915	-32.1%	-7,747,093	76.1%	(3,433,300)	-55.7%	(3,570,601)	4.0%	(3,695,600)	3.5%	(3,824,900)	7.1%
Free Care	-1,639,819	-2,843,100	73.4%	-1,868,741	-34.3%	-2,521,800	34.9%	(4,712,900)	86.9%	(5,068,000)	7.5%	(5,449,857)	7.5%	(5,860,486)	15.6%
Bad Debt	-3,384,099	-2,879,100	-14.9%	-3,550,839	23.3%	-3,992,900	12.4%	(1,451,100)	-63.7%	(1,560,400)	7.5%	(1,677,935)	7.5%	(1,804,327)	15.6%
Disproportionate Share Payments	919,704	926,400	0.7%	1,964,712	112.1%	926,400	-52.8%	926,400	0.0%	926,400	0.0%	926,400	0.0%	926,400	0.0%
Graduate Medical Education Payments - Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	(165,300)	#DIV/0!	(165,300)	#DIV/0!	(165,300)	#DIV/0!	(165,300)	#DIV/0!
Net Payer Revenue	83,793,594	88,829,134	6.0%	96,139,187	8.2%	101,277,473	5.3%	112,912,799	11.5%	120,723,700	6.9%	127,852,901	5.9%	135,048,400	11.9%
Fixed Prospective Payment & Reserves	7,614,353	8,539,654		9,529,370		8,780,527		9,100,000	3.6%	9,500,000		10,000,000		10,500,000	
Total Net Payer Revenue & Fixed Prospective Payment	91,407,947	97,368,788		105,668,557		110,058,000		122,012,799		130,223,700		137,852,901		145,548,400	
Reimbursement Rate - All Payers	47%	48%		49%		46%		46%		0.45919692		0.457699821		0.451999484	

NORTHEASTERN VT REGIONAL HOSPITAL

NVRH ED_ WEST WING PROJECT

PAYER REVENUE REPORT

PROJECT ONLY

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	2024 Proposed Year 1	% change	2025 Proposed Year 2	% change	2026 Proposed Year 3	% change	2027 Proposed Year 4	% change
Commercial															
Hospital			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Physician			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	-	#DIV/0!
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care															
Bad Debt															
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	-	#DIV/0!
Fixed Prospective Payment & Reserves															
Total Net Payer Revenue & Fixed Prospective Payment															
Reimbursement Rate - Commercial	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!	
Payer Mix - Commercial	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				0%	
Medicaid															
Hospital			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Physician			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	-	#DIV/0!
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care															
Bad Debt															
Graduate Medical Education Payments-Phys.			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Graduate Medical Education Payments-Hosp			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	-	#DIV/0!
Fixed Prospective Payment & Reserves															
Total Net Payer Revenue & Fixed Prospective Payment															
Reimbursement Rate - Medicaid	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!	
Payer Mix - Medicaid	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				0%	
Medicare															
Hospital			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	600,000	#DIV/0!
Physician			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	600,000	#DIV/0!
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care															
Bad Debt															
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	300,000	#DIV/0!
Fixed Prospective Payment & Reserves															
Total Net Payer Revenue & Fixed Prospective Payment														300,000	
Reimbursement Rate - Medicare	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				0.5	
Payer Mix - Medicare	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				100%	
Disproportionate Share Payments			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Total Payer Revenue															
Hospital			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	300,000	#DIV/0!
Physician			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	300,000	#DIV/0!
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Bad Debt			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Disproportionate Share Payments			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Graduate Medical Education Payments-Phys.			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Graduate Medical Education Payments-Hosp			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!	300,000	#DIV/0!
Fixed Prospective Payment & Reserves															
Total Net Payer Revenue & Fixed Prospective Payment														300,000	
Reimbursement Rate - All Payers	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				1	

NORTHEASTERN VT REGIONAL HOSPITAL

NVRH ED WEST WING PROJECT

Note: This table requires no "fill-in" as it is populated automatically
PAYER REVENUE REPORT

WITH PROJECT

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	2024 Proposed Year 1	% change	2025 Proposed Year 2	% change	2026 Proposed Year 3	% change	2027 Proposed Year 4	% change
Commercial															
Hospital	53,626,166	67,692,100	26.2%	59,390,252	-12.3%	66,372,200	11.8%	74,351,665	12.0%	79,954,080	7.5%			91,593,016	14.6%
Physician	9,437,210	9,911,160	5.0%	8,471,708	-14.5%	10,868,800	28.3%	11,363,244	4.5%	11,817,769	4.0%			12,659,485	7.1%
Total Revenue	63,063,376	77,603,260	23.1%	67,861,960	-12.6%	77,241,000	13.8%	85,714,909	11.0%	91,771,849	7.1%			104,252,501	13.6%
Allowances - Hospital	-417,348	-1,374,200	229.3%	-203,798	-85.2%	-1,358,200	566.4%	-22,776,766	1577.0%	-23,655,637	3.9%			-25,445,328	7.6%
Allowances - Physicians	-1,481,384	-2,961,300	99.9%	-1,473,279	-50.2%	-3,277,686	122.5%	-1,370,718	-58.2%	-1,232,026	-10.1%			-925,964	-24.8%
Free Care	-1,639,819	-2,843,100	73.4%	-1,868,741	-34.3%	-2,521,800	34.9%	-4,712,900	86.9%	-5,068,000	7.5%			-5,860,486	15.6%
Bad Debt	-3,384,099	-2,879,100	-14.9%	-3,550,839	23.3%	-3,992,900	12.4%	-1,451,100	-63.7%	-1,560,400	7.5%			-1,804,327	15.6%
Net Payer Revenue	42,111,443	45,217,660	7.4%	51,049,941	12.9%	47,589,614	-6.8%	55,403,425	16.4%	60,255,786	8.8%			70,216,396	16.5%
Fixed Prospective Payment & Reserves	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!			0	#DIV/0!
Total Net Payer Revenue & Fixed Prospective Payment	42,111,443	45,217,660	7.4%	51,049,941	12.9%	47,589,614	-6.8%	55,403,425	16.4%	60,255,786	8.8%			70,216,396	0
Reimbursement Rate - Commercial	67%	58%		75%	62%	65%		65%		66%				67%	
Payer Mix - Commercial	46%	46%		48%	43%	45%		45%		46%				48%	
Medicaid															
Hospital	35,615,237	35,309,700	-0.9%	38,354,048	8.6%	40,604,300	5.9%	45,485,871	12.0%	48,913,241	7.5%			56,033,555	14.6%
Physician	4,423,631	5,238,640	18.4%	4,216,778	-19.5%	5,958,900	41.3%	6,229,983	4.5%	6,479,179	4.0%			6,940,958	7.1%
Total Revenue	40,038,868	40,548,340	1.3%	42,570,826	5.0%	46,563,200	9.4%	51,715,854	11.1%	55,392,420	7.1%			62,974,513	13.7%
Allowances - Hospital	-28,068,241	-30,785,177	9.7%	-32,931,813	7.0%	-36,400,000	10.5%	-41,552,653	14.2%	-44,605,024	7.3%			-50,775,337	13.8%
Allowances - Physicians	-1,765,461	-2,415,177	36.8%	-1,893,559	-21.6%	-2,536,800	34.0%	-1,060,882	-58.2%	-1,103,317	4.0%			-1,181,900	7.1%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!			0	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!			0	#DIV/0!
Graduate Medical Education Payments-Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!			0	#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!			0	#DIV/0!
Net Payer Revenue	10,205,166	7,347,986	-28.0%	7,745,454	5.4%	7,626,400	-1.5%	9,102,319	19.4%	9,684,079	6.4%			11,017,276	13.8%
Fixed Prospective Payment & Reserves	0	8,539,654		0		8,945,827		9,100,000		9,500,000				10,500,000	
Total Net Payer Revenue & Fixed Prospective Payment	10,205,166	15,887,640		7,745,454		16,572,227		18,202,319		19,184,079				21,517,276	
Reimbursement Rate - Medicaid	25%	39%		36%	35%	35%		35%		35%				34%	
Payer Mix - Medicaid	11%	16%		7%	15%	15%		15%		15%				15%	
Medicare															
Hospital	85,420,051	76,939,300	-9.9%	97,184,212	26.3%	103,176,300	6.2%	115,580,464	12.0%	124,289,479	7.5%			142,382,330	14.6%
Physician	5,869,893	8,291,700	41.3%	7,806,565	-5.9%	11,161,800	43.0%	11,669,573	4.5%	12,136,351	4.0%			13,000,758	7.1%
Total Revenue	91,289,944	85,231,000	-6.6%	104,990,777	23.2%	114,338,100	8.9%	127,250,037	11.3%	136,425,830	7.2%			155,383,088	13.9%
Allowances - Hospital	-59,881,528	-48,787,212	-18.5%	-68,578,620	40.6%	-67,270,434	-1.9%	-78,602,382	16.8%	-85,167,837	8.4%			-100,312,424	17.8%
Allowances - Physicians	-851,135	-1,106,700	30.0%	-1,033,077	-6.7%	-1,932,607	87.1%	-1,001,700	-48.2%	-1,235,258	23.3%			-1,717,036	39.0%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!			0	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!			0	#DIV/0!
Net Payer Revenue	30,557,281	35,337,088	15.6%	35,379,080	0.1%	45,135,059	27.6%	47,645,955	5.6%	50,022,735	5.0%			53,353,628	6.7%
Fixed Prospective Payment & Reserves	0	0		0		-165,300		-165,300		-165,300				-165,300	
Total Net Payer Revenue & Fixed Prospective Payment	30,557,281	35,337,088		35,379,080		44,969,759		47,480,655		49,857,435				53,188,328	
Reimbursement Rate - Medicare	33%	41%		34%	39%	37%		37%		37%				34%	
Payer Mix - Medicare	33%	36%		33%	41%	39%		39%		38%				36%	
Disproportionate Share Payments	919,704	926,400	0.7%	1,964,712	112.1%	926,400	-52.8%	926,400	0.0%	926,400	0.0%			926,400	0.0%
Total Payer Revenue															
Hospital	174,661,454	179,941,100	3.0%	194,928,512	8.3%	210,152,800	7.8%	235,418,000	12.0%	253,156,800	7.5%			289,708,901	14.4%
Physician	19,730,734	23,441,500	18.8%	20,495,051	-12.6%	27,989,500	36.6%	29,262,800	4.5%	30,433,299	4.0%			32,601,201	7.1%
Total Revenue	194,392,188	203,382,600	4.6%	215,423,563	5.9%	238,142,300	10.5%	264,680,800	11.1%	283,590,099	7.1%			322,310,102	13.7%
Allowances - Hospital	-102,396,400	-103,274,489	0.9%	-111,429,593	7.9%	-123,529,434	10.9%	-142,931,801	15.7%	-153,428,498	7.3%			-176,233,089	14.9%
Allowances - Physicians	-4,097,980	-6,483,177	58.2%	-4,399,915	-32.1%	-7,747,093	76.1%	-3,433,300	-55.7%	-3,570,601	4.0%			-3,824,900	7.1%
Free Care	-1,639,819	-2,843,100	73.4%	-1,868,741	-34.3%	-2,521,800	34.9%	-4,712,900	86.9%	-5,068,000	7.5%			-5,860,486	15.6%
Bad Debt	-3,384,099	-2,879,100	-14.9%	-3,550,839	23.3%	-3,992,900	12.4%	-1,451,100	-63.7%	-1,560,400	7.5%			-1,804,327	15.6%
Disproportionate Share Payments	919,704	926,400	0.7%	1,964,712	112.1%	926,400	-52.8%	926,400	0.0%	926,400	0.0%			926,400	0.0%
Graduate Medical Education Payments-Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-165,300	#DIV/0!	-165,300	0.0%			-165,300	0.0%
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!			0	#DIV/0!
Net Payer Revenue	83,793,594	88,829,134	6.0%	96,139,187	8.2%	101,277,473	5.3%	112,912,799	11.5%	120,723,700	6.9%			135,348,400	12.1%
Fixed Prospective Payment & Reserves	7,614,353	8,539,654		9,529,370		8,780,527		9,100,000		9,500,000				10,500,000	
Total Net Payer Revenue & Fixed Prospective Payment	91,407,947	97,368,788		105,668,557		110,058,000		122,012,799		130,223,700				145,848,400	
Reimbursement Rate - All Payers	43%	44%		45%	43%	43%		43%		43%				42%	



		2021	2022	2023	
		Actuals	Budget 2022 Mid Year Approved	Actuals	Budget 2023 Approved
Payer	Accounts				
Payer (Uncategorize	Hospital	0	0	0	0
	Physician	0	0	0	0
	Total Revenue	0	0	0	0
	Allowances - Hospital				
	Free Care	0	0	0	0
	Allowances	0	0	0	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Hospital	0	0	0	0
	Allowances - Physicians				
	Free Care	0	0	0	0
	Allowances	0	0	0	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Physicians	0	0	0	0
	Disproportionate Share Payments	919,704	926,400	1,964,712	926,400
	Graduate Medical Education Payments_Phys.	0	0	0	0
	Graduate Medical Education Payments-Hosp	0	0	0	0
	Net Payer Revenue	919,704	926,400	1,964,712	926,400
	Fixed Prospective Payments and Reserves				
	Fixed Prospective Payments	8,086,553	0	9,184,370	0
	Reserves	-472,200	0	0	0
	Other Reform Payments	0	0	345,000	0
	Total Fixed Prospective Payments and Reserves	7,614,353	0	9,529,370	0
	Total Net Payer Revenue & Fixed Prospective Payment	919,704	926,400	1,964,712	926,400
Commercial (Rollup	Hospital	53,626,166	67,692,100	59,390,252	66,372,200
	Physician	9,437,210	9,911,160	8,471,708	10,868,800
	Total Revenue	63,063,376	77,603,260	67,861,960	77,241,000
	Allowances - Hospital				
	Free Care	-1,639,819	-2,843,100	-1,868,741	-2,521,800
	Allowances	-417,348	-1,374,200	-203,798	-1,358,200
	Discounts	-14,029,283	-22,327,900	-9,715,362	-18,500,800
	Bad Debt	-3,384,099	-2,879,100	-3,550,839	-3,992,900
	Total Allowances - Hospital	-19,470,549	-29,424,300	-15,338,740	-26,373,700
	Allowances - Physicians				
	Free Care	0	0	0	0
	Allowances	-1,481,384	-2,961,300	-1,473,279	-3,277,686
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Physicians	-1,481,384	-2,961,300	-1,473,279	-3,277,686

	Disproportionate Share Payments	0	0	0	0
	Graduate Medical Education Payments_Phys.	0	0	0	0
	Graduate Medical Education Payments-Hosp	0	0	0	0
	Net Payer Revenue	42,111,443	45,217,660	51,049,941	47,589,614
	Fixed Prospective Payments and Reserves				
	Fixed Prospective Payments	0	0	0	0
	Reserves	0	0	0	0
	Other Reform Payments	0	0	0	0
	Total Fixed Prospective Payments and Reserves	0	0	0	0
	Total Net Payer Revenue & Fixed Prospective Payment	42,111,443	45,217,660	51,049,941	47,589,614
Medicaid (Rollup)	Hospital	35,615,237	35,309,700	38,354,048	40,604,300
	Physician	4,423,631	5,238,640	4,216,778	5,958,900
	Total Revenue	40,038,868	40,548,340	42,570,826	46,563,200
	Allowances - Hospital				
	Free Care	0	0	0	0
	Allowances	-28,068,241	-30,785,177	-32,931,813	-36,400,000
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Hospital	-28,068,241	-30,785,177	-32,931,813	-36,400,000
	Allowances - Physicians				
	Free Care	0	0	0	0
	Allowances	-1,765,461	-2,415,177	-1,893,559	-2,536,800
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Physicians	-1,765,461	-2,415,177	-1,893,559	-2,536,800
	Disproportionate Share Payments	0	0	0	0
	Graduate Medical Education Payments_Phys.	0	0	0	0
	Graduate Medical Education Payments-Hosp	0	0	0	0
	Net Payer Revenue	10,205,166	7,347,986	7,745,454	7,626,400
	Fixed Prospective Payments and Reserves				
	Fixed Prospective Payments	0	9,027,154	0	9,301,277
	Reserves	0	-812,500	0	-355,450
	Other Reform Payments	0	325,000	0	0
	Total Fixed Prospective Payments and Reserves	0	8,539,654	0	8,945,827
	Total Net Payer Revenue & Fixed Prospective Payment	17,819,519	15,887,640	17,274,824	16,572,227
Medicare (Rollup)	Hospital	85,420,051	76,939,300	97,184,212	103,176,300
	Physician	5,869,893	8,291,700	7,806,565	11,161,800
	Total Revenue	91,289,944	85,231,000	104,990,777	114,338,100
	Allowances - Hospital				
	Free Care	0	0	0	0
	Allowances	-59,881,528	-48,787,212	-68,578,620	-67,270,434
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Hospital	-59,881,528	-48,787,212	-68,578,620	-67,270,434
	Allowances - Physicians				
	Free Care	0	0	0	0
	Allowances	-851,135	-1,106,700	-1,033,077	-1,932,607
	Discounts	0	0	0	0

		0	0	0	0
	Total Allowances - Physicians	-851,135	-1,106,700	-1,033,077	-1,932,607
	Disproportionate Share Payments	0	0	0	0
	Graduate Medical Education Payments_Phys.	0	0	0	0
	Graduate Medical Education Payments-Hosp	0	0	0	0
	Net Payer Revenue	30,557,281	35,337,088	35,379,080	45,135,059
	Fixed Prospective Payments and Reserves				
	Fixed Prospective Payments	0	0	0	0
	Reserves	0	0	0	-165,300
	Other Reform Payments	0	0	0	0
	Total Fixed Prospective Payments and Reserves	0	0	0	-165,300
	Total Net Payer Revenue & Fixed Prospective Payment	30,557,281	35,337,088	35,379,080	44,969,759
Unallocated	Hospital	0	0	0	0
	Physician	0	0	0	0
	Total Revenue	0	0	0	0
	Allowances - Hospital				
	Free Care	0	0	0	0
	Allowances	0	0	0	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Hospital	0	0	0	0
	Allowances - Physicians				
	Free Care	0	0	0	0
	Allowances	0	0	0	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Physicians	0	0	0	0
	Disproportionate Share Payments	0	0	0	0
	Graduate Medical Education Payments_Phys.	0	0	0	0
	Graduate Medical Education Payments-Hosp	0	0	0	0
	Net Payer Revenue	0	0	0	0
	Fixed Prospective Payments and Reserves				
	Fixed Prospective Payments	0	0	0	0
	Reserves	0	0	0	0
	Other Reform Payments	0	0	0	0
	Total Fixed Prospective Payments and Reserves	0	0	0	0
	Total Net Payer Revenue & Fixed Prospective Payment	0	0	0	0
Free Care	Hospital	0	0	0	0
	Physician	0	0	0	0
	Total Revenue	0	0	0	0
	Allowances - Hospital				
	Free Care	0	0	0	0
	Allowances	0	0	0	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Hospital	0	0	0	0
	Allowances - Physicians				
	Free Care	0	0	0	0

	Allowances	0	0	0	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Physicians	0	0	0	0
	Disproportionate Share Payments	0	0	0	0
	Graduate Medical Education Payments_Phys.	0	0	0	0
	Graduate Medical Education Payments-Hosp	0	0	0	0
	Net Payer Revenue	0	0	0	0
	Fixed Prospective Payments and Reserves				
	Fixed Prospective Payments	0	0	0	0
	Reserves	0	0	0	0
	Other Reform Payments	0	0	0	0
	Total Fixed Prospective Payments and Reserves	0	0	0	0
	Total Net Payer Revenue & Fixed Prospective Payment	0	0	0	0
Bad Debt	Hospital	0	0	0	0
	Physician	0	0	0	0
	Total Revenue	0	0	0	0
	Allowances - Hospital				
	Free Care	0	0	0	0
	Allowances	0	0	0	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Hospital	0	0	0	0
	Allowances - Physicians				
	Free Care	0	0	0	0
	Allowances	0	0	0	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Physicians	0	0	0	0
	Disproportionate Share Payments	0	0	0	0
	Graduate Medical Education Payments_Phys.	0	0	0	0
	Graduate Medical Education Payments-Hosp	0	0	0	0
	Net Payer Revenue	0	0	0	0
	Fixed Prospective Payments and Reserves				
	Fixed Prospective Payments	0	0	0	0
	Reserves	0	0	0	0
	Other Reform Payments	0	0	0	0
	Total Fixed Prospective Payments and Reserves	0	0	0	0
	Total Net Payer Revenue & Fixed Prospective Payment	0	0	0	0
Total Payer (Rollup)	Hospital	174,661,454	179,941,100	194,928,512	210,152,800
	Physician	19,730,734	23,441,500	20,495,051	27,989,500
	Total Revenue	194,392,188	203,382,600	215,423,563	238,142,300
	Allowances - Hospital				
	Free Care	-1,639,819	-2,843,100	-1,868,741	-2,521,800
	Allowances	-88,367,117	-80,946,589	-101,714,231	-105,028,634
	Discounts	-14,029,283	-22,327,900	-9,715,362	-18,500,800
	Bad Debt	-3,384,099	-2,879,100	-3,550,839	-3,992,900
	Total Allowances - Hospital	-107,420,318	-108,996,689	-116,849,173	-130,044,134

Page 112 of 129 Free Care	0	0	0	0
Allowances	-4,097,980	-6,483,177	-4,399,915	-7,747,093
Discounts	0	0	0	0
Bad Debt	0	0	0	0
Total Allowances - Physicians	-4,097,980	-6,483,177	-4,399,915	-7,747,093
Disproportionate Share Payments	919,704	926,400	1,964,712	926,400
Graduate Medical Education Payments_Phys.	0	0	0	0
Graduate Medical Education Payments-Hosp	0	0	0	0
Net Payer Revenue	83,793,594	88,829,134	96,139,187	101,277,473
Fixed Prospective Payments and Reserves				
Fixed Prospective Payments	8,086,553	9,027,154	9,184,370	9,301,277
Reserves	-472,200	-812,500	0	-520,750
Other Reform Payments	0	325,000	345,000	0
Total Fixed Prospective Payments and Reserves	7,614,353	8,539,654	9,529,370	8,780,527
Total Net Payer Revenue & Fixed Prospective Payment	91,407,947	97,368,788	105,668,557	110,058,000
Accounts				
Net Patient Care Rev & Fixed Payments & Reserves	91,407,947	97,368,788	105,668,556	110,058,000



Green Mountain Care Board

PAYER REVENUE

Description: REPORT 6

Levels: **Northeastern VT Regional Hospital**

Currency: United States of America, Dollars

PLEASE PROVIDE ASSUMPTIONS

NVRH ED_ WEST WING PROJECT
UTILIZATION PROJECTIONS--TABLE 7

PLEASE REFER TO APPENDIX 9 FOR ASSUMPTIONS

Proposed \ Proposed \ Proposed Yr 3
YYYY YYYY YYYY

Inpatient Utilization
 Acute Beds (Staffed)
 Acute Admissions
 Acute Patient Days
 Acute Average Length Of Stay
Outpatient
 All Outpatient Visits
 Operating Room Procedure
 Operating Room Cases
 Physician Office Visits
Ancillary
 All Operating Room Procedure
 Emergency Room Visits
 Cat Scan Procedures
 Magnetic Resonance Image Exams
 Nuclear Medicine Procedures
 Radiology - Diagnostic Procedures
 Laboratory Tests
Adjusted Statistics
 Adjusted Admissions
 Adjusted Days

NOTES:

April, 2023

Northeastern VT Regional Hospital

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NVRH ED_ WEST WING PROJECT

UTILIZATION PROJECTIONS--TABLE 7

	WITHOUT PROJECT							Proposed Years Must change from Current Budget (*)							
	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	Proposed Yr 1 2024	% change	Proposed Yr 2 2025	% change	Proposed Yr 3 2026	% change	Proposed Yr 3 2027	% change
Inpatient Utilization															
Acute Beds (Staffed)	23	23	0.0%	-	-100.0%	23	#DIV/0!	23	0.0%	23	0.0%	23	0.0%	23	0.0%
Acute Admissions	1,489	1,465	-1.6%	-	-100.0%	1,450	#DIV/0!	1,450	0.0%	1,457	0.5%	1,465	0.5%	1,472	0.5%
Acute Patient Days	4,827	4,732	-2.0%	-	-100.0%	5,459	#DIV/0!	5,459	0.0%	5,486	0.5%	5,514	0.5%	5,541	0.5%
Acute Average Length Of Stay	3.24	3.23	-0.4%	-	-100.0%	3.76	#DIV/0!	3.76	0.0%	3.76	0.0%	3.76	0.0%	3.76	0.0%
Outpatient															
All Outpatient Visits	-	42,400	#DIV/0!	-	-100.0%	-	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Physician Office Visits	74,116	81,015	9.3%	-	-100.0%	106,333	#DIV/0!	109,523	3.0%	113,904	4.0%	117,891	3.5%	122,017	3.5%
Ancillary															
All Operating Room Procedure	2,660	3,312	24.5%	-	-100.0%	3,192	#DIV/0!	3,224	1.0%	3,240	0.5%	3,256	0.5%	3,273	0.5%
All Operating Room Cases	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	0	#DIV/0!
Emergency Room Visits	11,198	12,500	11.6%	-	-100.0%	13,104	#DIV/0!	13,235	1.0%	13,301	0.5%	13,368	0.5%	13,435	0.5%
Cat Scan Procedures	13,327	12,691	-4.8%	-	-100.0%	14,305	#DIV/0!	14,448	1.0%	14,520	0.5%	14,593	0.5%	14,666	0.5%
Magnetic Resonance Image Exams	1,611	1,550	-3.8%	-	-100.0%	1,959	#DIV/0!	1,979	1.0%	1,988	0.5%	1,998	0.5%	2,008	0.5%
Nuclear Medicine Procedures	344	451	31.1%	-	-100.0%	670	#DIV/0!	677	1.0%	680	0.5%	683	0.5%	687	0.5%
Radiology - Diagnostic Procedures	16,152	17,000	5.3%	-	-100.0%	18,103	#DIV/0!	18,284	1.0%	18,375	0.5%	18,467	0.5%	18,560	0.5%
Laboratory Tests	141,398	115,989	-18.0%	-	-100.0%	155,369	#DIV/0!	156,923	1.0%	157,707	0.5%	158,496	0.5%	159,288	0.5%
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	0	#DIV/0!
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	0	#DIV/0!
Adjusted Statistics															
Adjusted Admissions	7,921	8,398	6.0%	-	-100.0%	7,427	#DIV/0!	7,427	0.0%	7,464	0.5%	7,502	0.5%	7,539	0.5%
Adjusted Days	25,679	27,127	5.6%	-	-100.0%	27,960	#DIV/0!	27,962	0.0%	28,102	0.5%	28,242	0.5%	28,384	0.5%

NVRH ED_WEST WING PROJECT

5.122	5.122
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Proposed Years Must change from Current Budget

	2021	2022	2022	2023	Proposed Yr 1		Proposed Yr 2		Proposed Yr 3		Proposed Yr 3			
	Actual	Budget	% change	% change	Budget	% change	2024	% change	2025	% change	2026	% change	2027	% change
Inpatient Utilization														
Acute Beds (Staffed)			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Acute Admissions			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Acute Patient Days			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Acute Average Length Of Stay			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Outpatient														
All Outpatient Visits			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Physician Office Visits			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Ancillary														
All Operating Room Procedure			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
All Operating Room Cases			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Emergency Room Visits			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Cat Scan Procedures			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Magnetic Resonance Image Exams			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Nuclear Medicine Procedures			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Radiology - Diagnostic Procedures			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Laboratory Tests			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Adjusted Statistics														
Adjusted Admissions			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Adjusted Days			#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	

April, 2023

Northeastern VT Regional Hospital

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NVRH ED_ WEST WING PROJECT

UTILIZATION PROJECTIONS--TABLE 7

Note: This table requires no "fill-in" as it is populated automatically

WITH PROJECT

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022	% change	2023 Budget	% change	Proposed Yr 1 2024	% change	Proposed Yr 2 2025	% change	Proposed Yr 3 2026	% change	Proposed Yr 3 2027	% change
Inpatient Utilization															
Acute Beds (Staffed)	23	23	0.0%	-	-100.0%	23	#DIV/0!	23	0.0%	23	0.0%	23	0.0%	23	0.0%
Acute Admissions	1,489	1,465	-1.6%	-	-100.0%	1,450	#DIV/0!	1,450	0.0%	1,457	0.5%	1,465	0.5%	1,472	1.0%
Acute Patient Days	4,827	4,732	-2.0%	-	-100.0%	5,459	#DIV/0!	5,459	0.0%	5,486	0.5%	5,514	0.5%	5,541	1.0%
Acute Average Length Of Stay	3	3	-0.4%	-	-100.0%	4	#DIV/0!	4	0.0%	4	0.0%	4	0.0%	4	0.0%
Outpatient															
All Outpatient Visits	-	42,400	#DIV/0!	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Physician Office Visits	74,116	81,015	9.3%	-	-100.0%	106,333	#DIV/0!	109,523	3.0%	113,904	4.0%	117,891	3.5%	122,017	7.1%
Ancillary															
All Operating Room Procedure	2,660	3,312	24.5%	-	-100.0%	3,192	#DIV/0!	3,224	1.0%	3,240	0.5%	3,256	0.5%	3,273	1.0%
All Operating Room Cases	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Emergency Room Visits	11,198	12,500	11.6%	-	-100.0%	13,104	#DIV/0!	13,235	1.0%	13,301	0.5%	13,368	0.5%	13,435	1.0%
Cat Scan Procedures	13,327	12,691	-4.8%	-	-100.0%	14,305	#DIV/0!	14,448	1.0%	14,520	0.5%	14,593	0.5%	14,666	1.0%
Magnetic Resonance Image Exams	1,611	1,550	-3.8%	-	-100.0%	1,959	#DIV/0!	1,979	1.0%	1,988	0.5%	1,998	0.5%	2,008	1.0%
Nuclear Medicine Procedures	344	451	31.1%	-	-100.0%	670	#DIV/0!	677	1.0%	680	0.5%	683	0.5%	687	1.0%
Radiology - Diagnostic Procedures	16,152	17,000	5.3%	-	-100.0%	18,103	#DIV/0!	18,284	1.0%	18,375	0.5%	18,467	0.5%	18,560	1.0%
Laboratory Tests	141,398	115,989	-18.0%	-	-100.0%	155,369	#DIV/0!	156,923	1.0%	157,707	0.5%	158,496	0.5%	159,288	1.0%
	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Adjusted Statistics															
Adjusted Admissions	7,921	8,398	6.0%	-	-100.0%	7,427	#DIV/0!	7,427	0.0%	7,464	0.5%	7,502	0.5%	7,539	1.0%
Adjusted Days	25,679	27,127	5.6%	-	-100.0%	27,960	#DIV/0!	27,962	0.0%	28,102	0.5%	28,242	0.5%	28,384	1.0%

		2021	2022		2023
		Actuals	Budget 2022 Mid Year Approved	Actuals	Budget 2023 Approved
Accounts					
Utilization					
Inpatient					
Acute					
[Util_Acute_Beds] Acute Beds (Staffed)		23	23	0	23
[Util_Acute_OccupancyPct] Acute Occupancy % (Staffed Beds)		57.5%	56.4%	0.0%	65.1%
[Util_Acute_Admissions] Acute Admissions		1,489	1,465	0	1,450
[Util_Acute_Days] Acute Patient Days		4,827	4,732	0	5,459
[Util_Acute_AvgStay] Acute Average Length Of Stay		3.24	3.23	0.00	3.76
Chronic/Rehab		0	0	0	0
[Util_ChronicRehab_Beds] Chronic Rehab Beds (Staffed)		0	0	0	0
[Util_ChronicRehab_Admissions] Chronic Rehab Admissions		0	0	0	0
[Util_ChronicRehab_Days] Chronic Rehab Patient Days		0	0	0	0
[Util_ChronicRehab_AvgStay] Chronic Rehab Average Length Of Stay		0.00	0.00	0.00	0.00
SNF/ECF		0	0	0	0
[Util_SNFECF_Beds] SNF/ECF Beds (Staffed)		0	0	0	0
[Util_SNFECF_Admissions] SNF/ECF Admissions		0	0	0	0
[Util_SNFECF_Days] SNF/ECF Patient Days		0	0	0	0
[Util_SNFECF_AvgStay] SNF/ECF Average Length Of Stay		0.00	0.00	0.00	0.00
Nursery		0	0	0	0
[Util_Nursery_Beds] Nursery Beds (Staffed)		4	4	0	4
[Util_Nursery_Admissions] Nursery Admissions		183	200	0	170
[Util_Nursery_Days] Nursery Patient Days		326	400	0	340
[Util_Nursery_AvgStay] Nursery Average Length Of Stay		1.78	2.00	0.00	2.00
Swing Beds		0	0	0	0
[Util_SwingBeds_Beds] Swing Beds (Staffed)		2	2	0	2
[Util_SwingBeds_Admissions] Swing Admissions		65	110	0	75
[Util_SwingBeds_Days] Swing Patient Days		953	1,000	0	750
[Util_SwingBeds_AvgStay] Swing Average Length Of Stay		14.66	9.09	0.00	10.00
Total		0	0	0	0
[Util_Total_Beds] Total Beds (Staffed)		29	29	0	29
[Util_Total_Admissions] Total Admissions		1,737	1,775	0	1,695
[Util_Total_Days] Total Patient Days		6,106	6,132	0	6,549
[Util_Total_AvgStay] Total Average Length Of Stay		3.52	3.45	0.00	3.86
Outpatient		0	0	0	0
[Util_Outpatient_OutpatientVisits] All Outpatient Visits		0	42,400	0	0
[Util_Outpatient_OPRoomProcedure] Operating Room Procedure		2,660	2,926	0	2,847
[Util_Outpatient_ObservationUnits] Observation Units		690	750	0	581
[Util_Outpatient_PhysOfficeVisits] Physician Office Visits		74,116	81,015	0	106,333
[Util_Outpatient_OPRoomCases] Operating Room Cases		0	0	0	0
[Util_Outpatient_RVU] Provider Work RVU		0	0	0	0
Ancillary		0	0	0	0
[Util_Ancillary_OpRoomProcedure] All Operating Room Procedure		2,660	3,312	0	3,192
[Util_Ancillary_OpRoomCases] All Operating Room Cases		0	0	0	0
[Util_Ancillary_ERVisits] Emergency Room Visits		11,198	12,500	0	13,104
Adjusted Statistics-monthly only		0	0	0	0
[Util_AdjStat_AdjAdmissions_monthly] Adjusted Admissions-monthly only		7,921	8,398	0	7,427
[Util_AdjStat_AdjDays_monthly] Adjusted Days-monthly only		25,679	27,127	0	27,960
Department	Accounts	0	0	0	0
Cat Scan	[UnitofMeasure.Procedures] Procedures	13,327	12,691	0	14,305
Cat Scan	[UnitofMeasure.Tests] Tests	0	0	0	0
Cat Scan	[UnitofMeasure.Treatments] Treatments	0	0	0	0
Cat Scan	[UnitofMeasure.Visits] Visits	0	0	0	0
Cat Scan	[UnitofMeasure.Exams] Exams	0	0	0	0
Magnetic Resonance Image	[UnitofMeasure.Procedures] Procedures	0	0	0	0
Magnetic Resonance Image	[UnitofMeasure.Tests] Tests	0	0	0	0
Magnetic Resonance Image	[UnitofMeasure.Treatments] Treatments	0	0	0	0
Magnetic Resonance Image	[UnitofMeasure.Visits] Visits	0	0	0	0
Magnetic Resonance Image	[UnitofMeasure.Exams] Exams	1,611	1,550	0	1,959
Nuclear Medicine	[UnitofMeasure.Procedures] Procedures	344	451	0	670
Nuclear Medicine	[UnitofMeasure.Tests] Tests	0	0	0	0
Nuclear Medicine	[UnitofMeasure.Treatments] Treatments	0	0	0	0
Nuclear Medicine	[UnitofMeasure.Visits] Visits	0	0	0	0
Nuclear Medicine	[UnitofMeasure.Exams] Exams	0	0	0	0

Radiology - Diagnostic	[UnitofMeasure.Procedures] Procedures	<u>16,152</u>	17,000	<u>0</u>	18,103
Radiology - Diagnostic	[UnitofMeasure.Tests] Tests	0	0	0	0
Radiology - Diagnostic	[UnitofMeasure.Treatments] Treatments	0	0	0	0
Radiology - Diagnostic	[UnitofMeasure.Visits] Visits	0	0	0	0
Radiology - Diagnostic	[UnitofMeasure.Exams] Exams	0	0	0	0
Laboratory	[UnitofMeasure.Procedures] Procedures	0	0	0	0
Laboratory	[UnitofMeasure.Tests] Tests	141,398	115,989	0	155,369
Laboratory	[UnitofMeasure.Treatments] Treatments	0	0	0	0
Laboratory	[UnitofMeasure.Visits] Visits	0	0	0	0
Laboratory	[UnitofMeasure.Exams] Exams				

		2021	2022		2023
		Actuals	Budget 2022 Mid Year Approved	Actuals	Budget 2023 Approved
Department	Accounts				
	Utilization				
	Inpatient				
	Acute				
	[Util_Acute_Beds] Acute Beds (Staffed)	23	23	0	23
	[Util_Acute_OccupancyPct] Acute Occupancy % (Staffed Beds)	57.5%	56.4%	0.0%	65.1%
	[Util_Acute_Admissions] Acute Admissions	1,489	1,465	0	1,450
	[Util_Acute_Days] Acute Patient Days	4,827	4,732	0	5,459
	[Util_Acute_AvgStay] Acute Average Length Of Stay	3.24	3.23	0.00	3.76
	Chronic/Rehab				
	[Util_ChronicRehab_Beds] Chronic Rehab Beds (Staffed)	0	0	0	0
	[Util_ChronicRehab_Admissions] Chronic Rehab Admissions	0	0	0	0
	[Util_ChronicRehab_Days] Chronic Rehab Patient Days	0	0	0	0
	[Util_ChronicRehab_AvgStay] Chronic Rehab Average Length Of Stay	0.00	0.00	0.00	0.00
	SNF/ECF				
	[Util_SNFECF_Beds] SNF/ECF Beds (Staffed)	0	0	0	0
	[Util_SNFECF_Admissions] SNF/ECF Admissions	0	0	0	0
	[Util_SNFECF_Days] SNF/ECF Patient Days	0	0	0	0
	[Util_SNFECF_AvgStay] SNF/ECF Average Length Of Stay	0.00	0.00	0.00	0.00
	Nursery				
	[Util_Nursery_Beds] Nursery Beds (Staffed)	4	4	0	4
	[Util_Nursery_Admissions] Nursery Admissions	183	200	0	170
	[Util_Nursery_Days] Nursery Patient Days	326	400	0	340
	[Util_Nursery_AvgStay] Nursery Average Length Of Stay	1.78	2.00	0.00	2.00
	Swing Beds				
	[Util_SwingBeds_Beds] Swing Beds (Staffed)	2	2	0	2
	[Util_SwingBeds_Admissions] Swing Admissions	65	110	0	75
	[Util_SwingBeds_Days] Swing Patient Days	953	1,000	0	750
	[Util_SwingBeds_AvgStay] Swing Average Length Of Stay	14.66	9.09	0.00	10.00
	Total				
	[Util_Total_Beds] Total Beds (Staffed)	29	29	0	29
	[Util_Total_Admissions] Total Admissions	1,737	1,775	0	1,695
	[Util_Total_Days] Total Patient Days	6,106	6,132	0	6,549
	[Util_Total_AvgStay] Total Average Length Of Stay	3.52	3.45	0.00	3.86
	Outpatient				
	[Util_Outpatient_OutpatientVisits] All Outpatient Visits	0	42,400	0	0
	[Util_Outpatient_OPRoomProcedure] Operating Room Procedure	2,660	2,926	0	2,847
	[Util_Outpatient_ObservationUnits] Observation Units	690	750	0	581
	[Util_Outpatient_PhysOfficeVisits] Physician Office Visits	74,116	81,015	0	106,333
	[Util_Outpatient_OPRoomCases] Operating Room Cases	0	0	0	0
	[Util_Outpatient_RVU] Provider Work RVU	0	0	0	0
	Ancillary				
	[Util_Ancillary_OpRoomProcedure] All Operating Room Procedure	2,660	3,312	0	3,192
	[Util_Ancillary_OPRoomCases] All Operating Room Cases	0	0	0	0
	[Util_Ancillary_ERVisits] Emergency Room Visits	11,198	12,500	0	13,104
	Adjusted Statistics-monthly only				
	[Util_AdjStat_AdAdmissions_monthly] Adjusted Admissions-monthly only	7,921	8,398	0	7,427
	[Util_AdjStat_AdjDays_monthly] Adjusted Days-monthly only	25,679	27,127	0	27,960
Department	Accounts				
	Cat Scan				
	[UnitofMeasure.Procedures] Procedures	13,327	12,691	0	14,305
	[UnitofMeasure.Tests] Tests	0	0	0	0
	[UnitofMeasure.Treatments] Treatments	0	0	0	0
	[UnitofMeasure.Visits] Visits	0	0	0	0
	[UnitofMeasure.Exams] Exams	0	0	0	0
	Magnetic Resonance Image				
	[UnitofMeasure.Procedures] Procedures	0	0	0	0
	[UnitofMeasure.Tests] Tests	0	0	0	0
	[UnitofMeasure.Treatments] Treatments	0	0	0	0
	[UnitofMeasure.Visits] Visits	0	0	0	0
	[UnitofMeasure.Exams] Exams	1,611	1,550	0	1,959
	Nuclear Medicine				
	[UnitofMeasure.Procedures] Procedures	344	451	0	670
	[UnitofMeasure.Tests] Tests	0	0	0	0
	[UnitofMeasure.Treatments] Treatments	0	0	0	0
	[UnitofMeasure.Visits] Visits	0	0	0	0
	[UnitofMeasure.Exams] Exams	0	0	0	0

	[UnitofMeasure.Procedures] Procedures	<u>16,152</u>	17,000	<u>0</u>	18,103
	[UnitofMeasure.Tests] Tests	0	0	0	0
	[UnitofMeasure.Treatments] Treatments	0	0	0	0
	[UnitofMeasure.Visits] Visits	0	0	0	0
	[UnitofMeasure.Exams] Exams	0	0	0	0
Laboratory	[UnitofMeasure.Procedures] Procedures	0	0	0	0
	[UnitofMeasure.Tests] Tests	141,398	115,989	0	155,369
	[UnitofMeasure.Treatments] Treatments	0	0	0	0
	[UnitofMeasure.Visits] Visits	0	0	0	0
	[UnitofMeasure.Exams] Exams	0	0	0	0



Utilization Statistics

Levels:

Northeastern VT Regional Hospital

Currency:

United States of America, Dollars

PLEASE PROVIDE ASSUMPTIONS

PROJECT NAME

STAFFING REPORT--TABLE 8

PLEASE REFER TO APPENDIX 9 FOR ASSUMPTIONS

Proposed Yr 1	Proposed Yr 2	Proposed Yr 3
YYYY	YYYY	YYYY

PHYSICIAN FTEs

TRAVELERS

Residents & Fellows

MLPs

Non-MD FTEs

TOTAL NON-MD FTEs

NOTES:

NORTHEASTERN VT REGIONAL HOSPITAL

PROJECT NAME

STAFFING REPORT - TABLE 8

WITHOUT PROJECT

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022 Actual	% change	2023 Budget	% change	Proposed Year 1 2024	% change	Proposed Year 2 2025	% change	Proposed Year 3 2026	% change	Proposed Year 4 2027	% change
PHYSICIAN FTEs	30.9	32.3	4.5%	33.2	2.8%	34.0	2.4%	34.0	0.0%	34.0	0.0%	34.0	0.0%	34.0	0.0%
TRAVELERS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	18.0	#DIV/0!	18.0	0.0%	18.0	0.0%	18.0	0.0%
Residents & Fellows	-	-	#DIV/0!	0.8	#DIV/0!	-	-100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
MLPs	33.7	37.4	11.0%	36.9	-1.3%	35.2	-4.6%	35.2	0.0%	35.2	0.0%	35.2	0.0%	35.2	0.0%
Non-MD FTEs	439.6	450.3	2.4%	445.7	-1.0%	449.3	0.8%	449.3	0.0%	449.3	0.0%	449.3	0.0%	449.3	0.0%
TOTAL NON-MD FTEs	473.3	487.7	3.0%	483.4	-0.9%	484.5	0.2%	484.5	0.0%	484.5	0.0%	484.5	0.0%	484.5	0.0%

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs

STAFFING REPORT - TABLE 8

PROJECT ONLY

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022 Actual	% change	2023 Budget	% change	Proposed Year 1 2024	% change	Proposed Year 2 2025	% change	Proposed Year 3 2026	% change	Proposed Year 3 2027	% change
PHYSICIAN FTEs	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
TRAVELERS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Residents & Fellows	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
MLPs	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Non-MD FTEs	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	2.5	#DIV/0!
TOTAL NON-MD FTEs	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	2.5	#DIV/0!

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs

Note: This table requires no "fill-in" as it is populated automatically

STAFFING REPORT - TABLE 8

WITH PROJECT

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022 Actual	% change	2023 Budget	% change	Proposed Year 1 2024	% change	Proposed Year 2 2025	% change	Proposed Year 3 2026	% change	Proposed Year 3 2027	% change
PHYSICIAN FTEs	30.9	32.3	4.5%	33.2	2.8%	34.0	2.4%	34.0	0.0%	34.0	0.0%	34.0	0.0%	34.0	0.0%
TRAVELERS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	18.0	#DIV/0!	18.0	0.0%	18.0	0.0%	18.0	0.0%
Residents & Fellows	-	-	#DIV/0!	0.8	#DIV/0!	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
MLPs	33.7	37.4	11.0%	36.9	-1.3%	35.2	-4.6%	35.2	0.0%	35.2	0.0%	35.2	0.0%	35.2	0.0%
Non-MD FTEs	439.6	450.3	2.4%	445.7	-1.0%	449.3	0.8%	449.3	0.0%	449.3	0.0%	449.3	0.0%	451.8	0.6%
TOTAL NON-MD FTEs	473.3	487.7	3.0%	483.4	-0.9%	484.5	0.2%	484.5	0.0%	484.5	0.0%	484.5	0.0%	487.0	0.5%

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs

		2021	2022	2023	
		Actuals	Budget 2022 Mid Year Approved	Budget 2023 Approved	
Department	Accounts FTE Class		Actuals		
General Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Physician FTEs	1.0	0.9	1.3	1.0
Inpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Physician FTEs	4.0	3.8	4.5	0.0
Outpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Physician FTEs	0.0	0.0	0.0	0.0
Ancillary Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Physician FTEs	5.4	5.1	5.2	6.3
Other Services	[StaffFTE.FT_Equiv] FT Equivalents (Physician FTEs	0.0	0.0	0.0	0.0
Physician Office Practice Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Physician FTEs	20.5	22.5	22.2	26.7
Department (Uncategorized)	[StaffFTE.FT_Equiv] FT Equivalents (Physician FTEs	0.0	0.0	0.0	0.0
Department (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Physician FTEs	30.9	32.3	33.2	34.0
Department	Accounts FTE Class				
General Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Travelers	0.0	0.0	0.0	0.0
Inpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Travelers	0.0	0.0	0.0	0.0
Outpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Travelers	0.0	0.0	0.0	0.0
Ancillary Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Travelers	0.0	0.0	0.0	0.0
Other Services	[StaffFTE.FT_Equiv] FT Equivalents (Travelers	0.0	0.0	0.0	0.0
Physician Office Practice Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Travelers	0.0	0.0	0.0	0.0
Department (Uncategorized)	[StaffFTE.FT_Equiv] FT Equivalents (Travelers	0.0	0.0	0.0	0.0
Department (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Travelers	0.0	0.0	0.0	0.0
Department	Accounts FTE Class				
General Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Residents & Fellows	0.0	0.0	0.0	0.0
Inpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Residents & Fellows	0.0	0.0	0.0	0.0
Outpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Residents & Fellows	0.0	0.0	0.0	0.0
Ancillary Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Residents & Fellows	0.0	0.0	0.0	0.0
Other Services	[StaffFTE.FT_Equiv] FT Equivalents (Residents & Fellows	0.0	0.0	0.0	0.0
Physician Office Practice Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Residents & Fellows	0.0	0.0	0.8	0.0
Department (Uncategorized)	[StaffFTE.FT_Equiv] FT Equivalents (Residents & Fellows	0.0	0.0	0.0	0.0
Department (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Residents & Fellows	0.0	0.0	0.8	0.0
Department	Accounts FTE Class				
General Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (MLPs	0.0	0.0	0.0	0.6
Inpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (MLPs	1.6	1.9	2.1	0.0
Outpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (MLPs	0.0	0.0	0.0	0.0
Ancillary Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (MLPs	8.2	11.1	9.5	4.7
Other Services	[StaffFTE.FT_Equiv] FT Equivalents (MLPs	0.0	0.0	0.0	0.0
Physician Office Practice Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (MLPs	23.9	24.4	25.3	29.9
Department (Uncategorized)	[StaffFTE.FT_Equiv] FT Equivalents (MLPs	0.0	0.0	0.0	0.0
Department (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (MLPs	33.7	37.4	36.9	35.2
Department	Accounts FTE Class				
General Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Non-MD FTEs (Rollup)	156.7	161.5	154.9	153.9
Inpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Non-MD FTEs (Rollup)	66.8	67.3	68.3	65.2
Outpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Non-MD FTEs (Rollup)	11.3	12.2	11.6	12.2
Ancillary Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Non-MD FTEs (Rollup)	136.2	137.5	138.0	118.2
Other Services	[StaffFTE.FT_Equiv] FT Equivalents (Non-MD FTEs (Rollup)	0.0	0.0	0.0	0.0
Physician Office Practice Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Non-MD FTEs (Rollup)	102.3	109.2	110.6	135.0
Department (Uncategorized)	[StaffFTE.FT_Equiv] FT Equivalents (Non-MD FTEs (Rollup)	0.0	0.0	0.0	0.0
Department (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents (Non-MD FTEs (Rollup)	473.3	487.7	483.4	484.5
Accounts					
Staff Wages					
[NonMD_Wages] Non-MD Wages					
	[General_Services_Wage	0	0	0	0
	[Inpatient_Routine_Wage	0	0	0	0
	[Outpatient_Routine_Wa	0	0	0	0
	[Ancillary_Wages] Total /	0	0	0	0
	[Other_Wages] Total Oth	0	0	0	0
	[Physician_Office_Practic	0	0	0	0
	[NonMD_Wages] Total No	0	0	0	0

Donna Jerry

Docket No. GMCB-005-23con

NVRH Emergency Department and Laboratory Expansion and Modernization

April, 2023

Page 126 of 129

[Non_MD_per_FTE] Non-MD \$ Per FTE				
[General_Services_Per_I	0	0	0	0
[Inpatient_Routine_Per_F	0	0	0	0
[Outpatient_Routine_Per,	0	0	0	0
[Ancillary_Per_FTE] Tota	0	0	0	0
[Other_Per_FTE] Total O	0	0	0	0
[Physician_Office_Servic	0	0	0	0
[Non_MD_per_FTE] Total	0	0	0	0
[NONMD_SalaryPerFTE] Tr	0	0	0	0

STAFFING REPORT
Description REPORT 8

Levels: Northeastern VT Regional Hospital
Currency: United States of America, Dollars

Verification Under Oath

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Submission of Certificate of Need)
Application to Expand and) Docket No. _GMCB-005-23con____
Modernize NVRH's Emergency and)
Laboratory Departments)

Verification Under Oath to file with Certificate of Need Application, correspondence and additional information subsequent to filing an Application.

[Officer or other deponent], being duly sworn, states on oath as follows:

1. My name is Shawn P. Tester. I am the Chief Executive Officer of Northeastern Vermont Regional Hospital. I have reviewed the certificate of need application to modernize and expand NVRH's emergency and laboratory departments.
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the certificate of need application to modernize and expand NVRH's emergency and laboratory departments is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the certificate of need application to modernize and expand NVRH's emergency and laboratory departments is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.
4. The following individuals have provided information or documents to me in connection with the certificate of need application to modernize and expand NVRH's emergency and laboratory departments and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:

Jacquelyn Zaun, Project Manager
Robert Hersey, Finance Project Manager
Andre Bissonnette, Chief Financial Officer

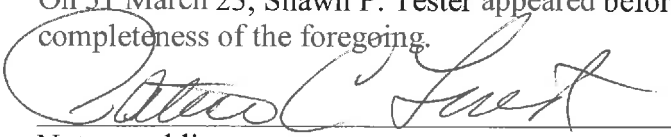
5. In the event that the information contained in the the certificate of need application to modernize and expand NVRH's emergency and laboratory departments becomes untrue,

inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the certificate of need application to modernize and expand NVRH's emergency and laboratory departments as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.



Shawn P. Tester

On 31 March 23, Shawn P. Tester appeared before me and swore to the truth, accuracy and completeness of the foregoing.



Notary public

My commission expires 01/31/2025

[seal]

