



Hazel Hawkins
MEMORIAL HOSPITAL



Master Facility Plan

Hazel Hawkins Memorial Hospital

December 06, 2021

TREANOR **HL**



- Market Assessment
 - Provider Needs
 - Hazel Hawkins Market Position
- Future Volume Projections:
 - Inpatient Care
 - Key Services:
 - Emergency Care
 - Surgical Services
 - Long-Term Care
- Facility Assessment
- Planning Scenarios
- Recommended Direction
- Case Studies



Hazel Hawkins
MEMORIAL HOSPITAL

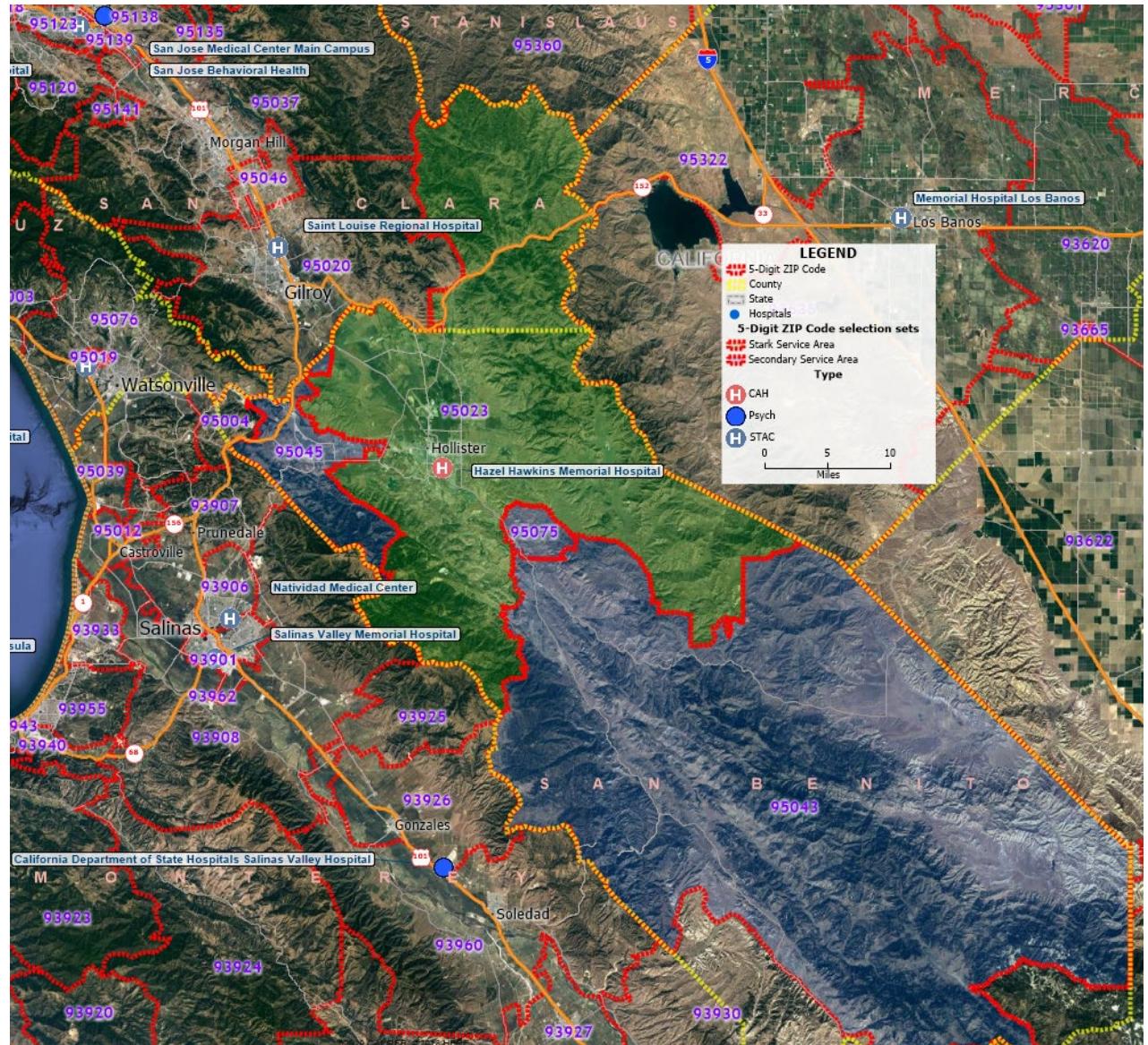


Market Assessment



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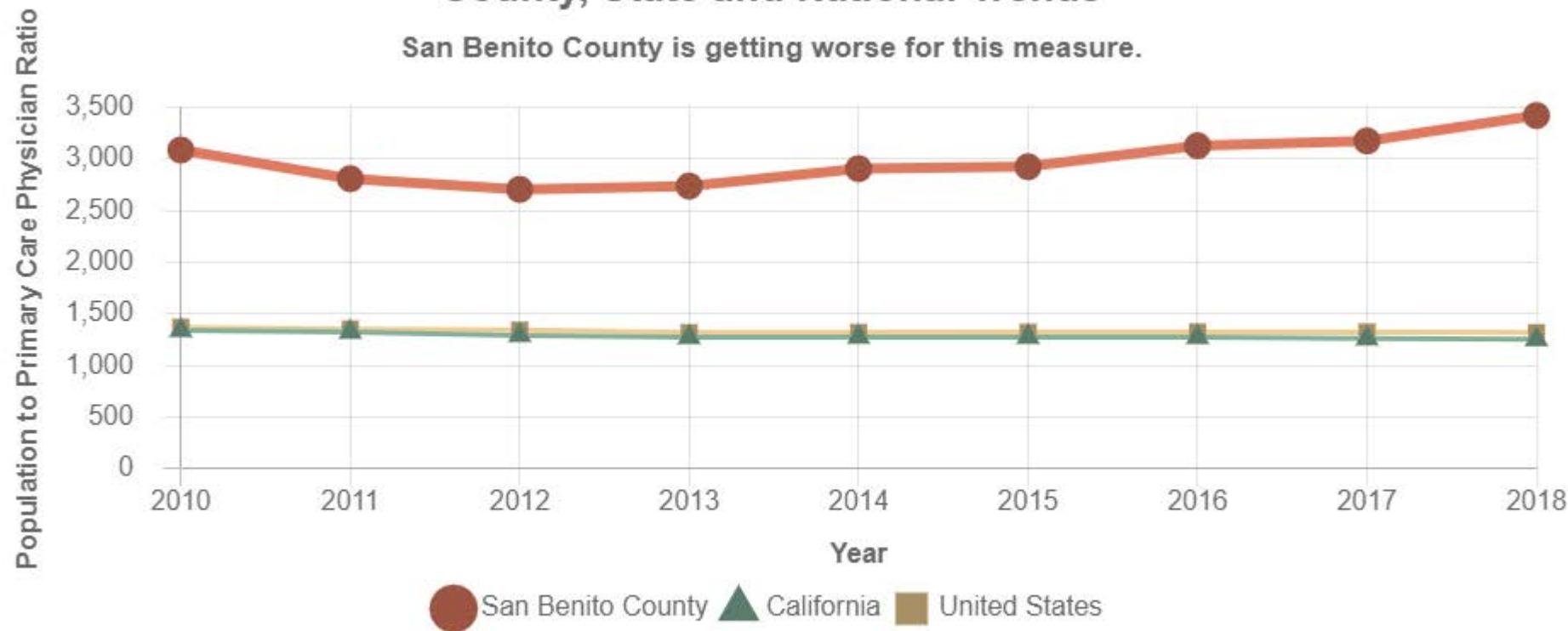
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- CMS defines Stark Service Area as those contiguous zip codes where a facility derives the top 75% of IP Discharges.
 - For Hazel Hawkins zip code 95023 comprises 83-84% of inpatient discharges.
 - Service Area Population is projected to increase from about 56,000 in 2021 to 62,000 in 2031.

Primary care physicians in San Benito County, CA County, State and National Trends

San Benito County is getting worse for this measure.



Notes:

The data in this table reflect the average population served by a single primary care physician.

Source: County Health Rankings & Roadmaps

Clinic	Type	Exam Rooms	Max Providers/Day			Target Exam Rooms 3/MD, 2/APP
			Physician	APP	Other Provider	
First Street	Primary Care	7	2	6	1	20
Fourth Street	Primary Care/OB	7	2	4		14
San Juan Bautista	Primary Care	3	1	1		5
Sunset / Annex	Primary Care	9	7	3		27
Barragan Center	Primary Care/Endocrine	6	4	2	1	18
Multi-Specialty (MSC)	Specialist Clinic	6	6	0		18
Orthopedic Specialty	Surgical Specialists	6	3	0		9
Current Exam Room Needs		44				111
Recruitment Plan	Primary Care		10	10		50
	Medical Specialists		6		2	22
	Surgical Specialists		3	4		17
						89
Exam Room Needs-2026						200
Note: Target Exam Rooms 3/MD, 2/APP, 1 Office for Virtual/Prov						

- Current State:
 - Current facilities lack adequate exam room space.
 - Buildings are relatively small and lack a cohesive appearance/attachment to HHHM.
- Impact of Recruitment Plan:
 - Significant additional clinic space needs to be acquired.
- Evolving Care Models:
 - Expansion of Virtual Care will impact the types/numbers of rooms needed for providers.



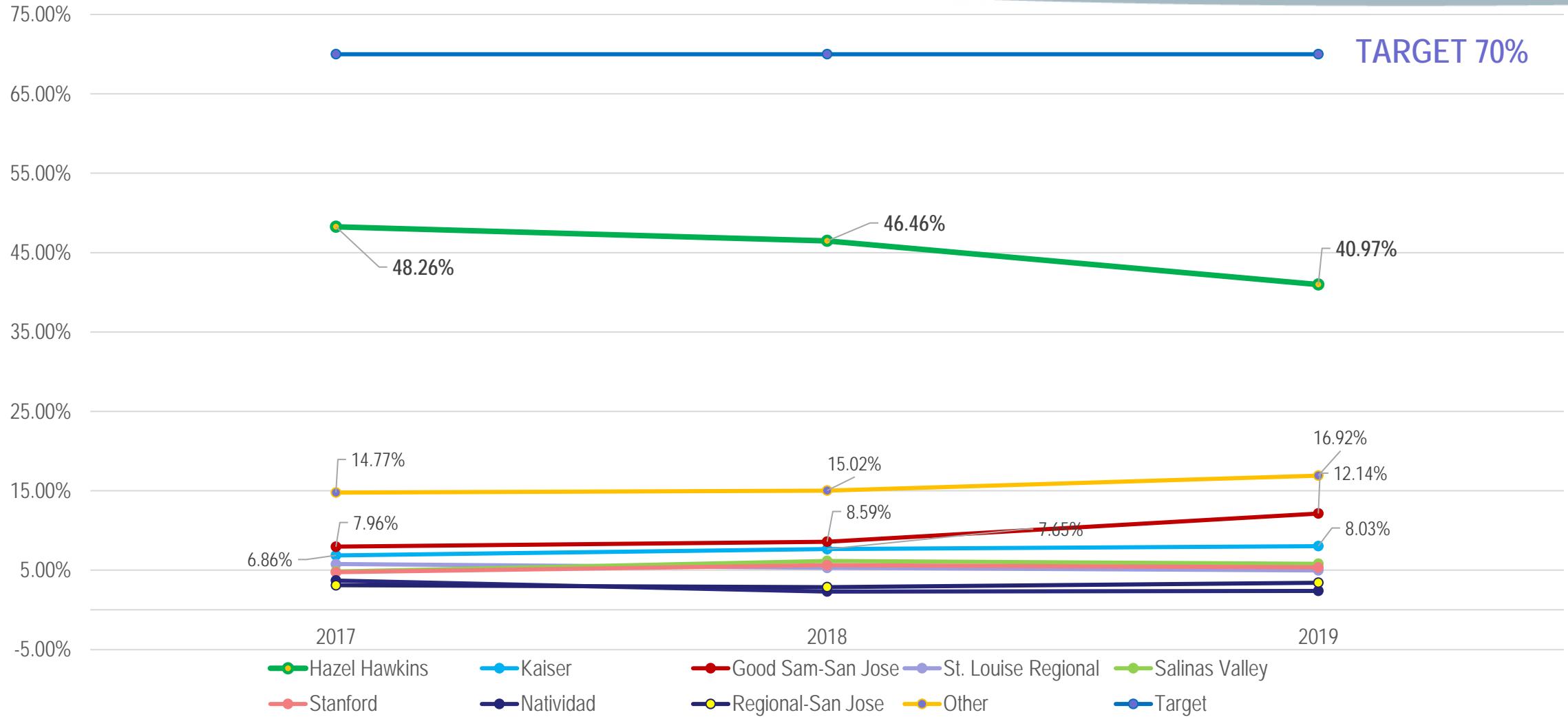
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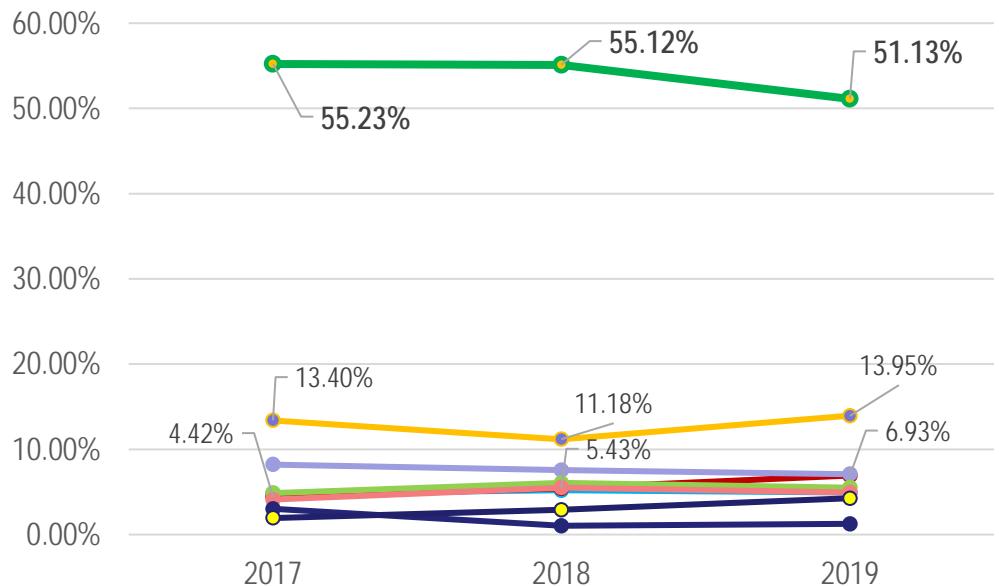
Market Share

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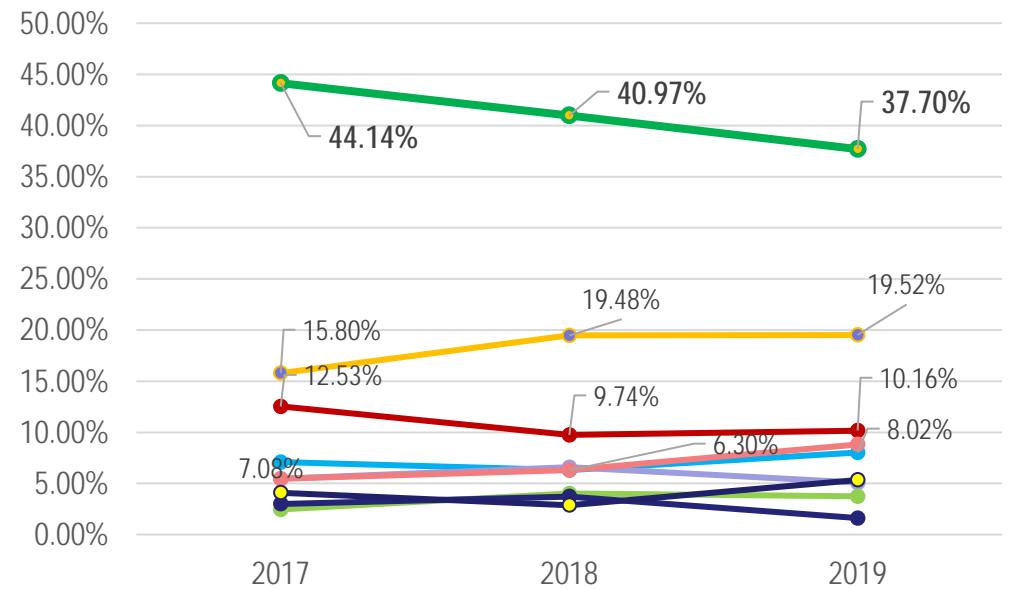




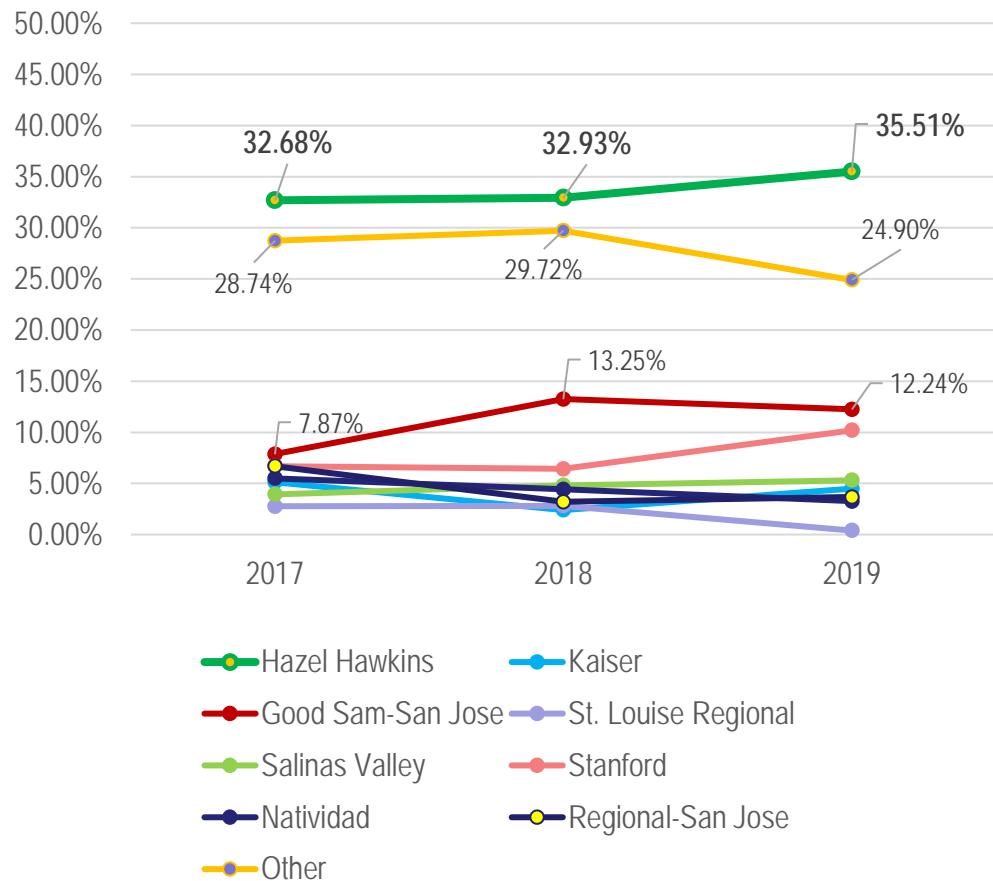
General Medicine



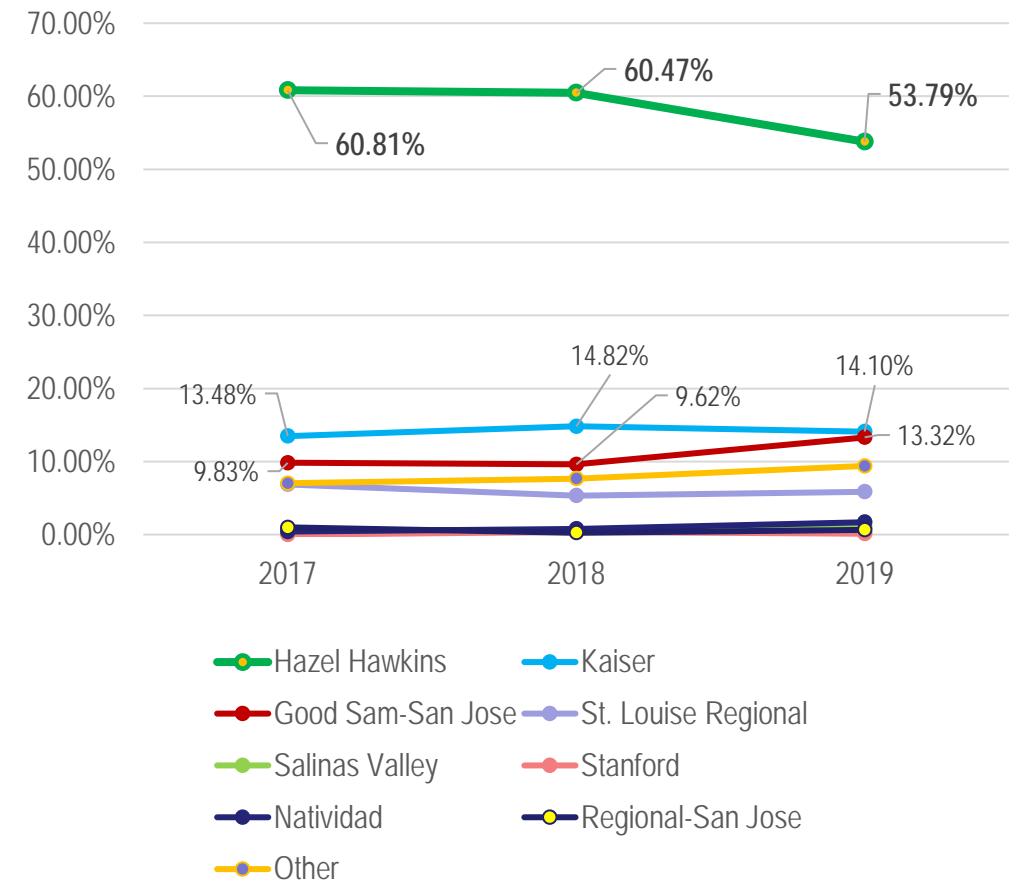
General Surgery



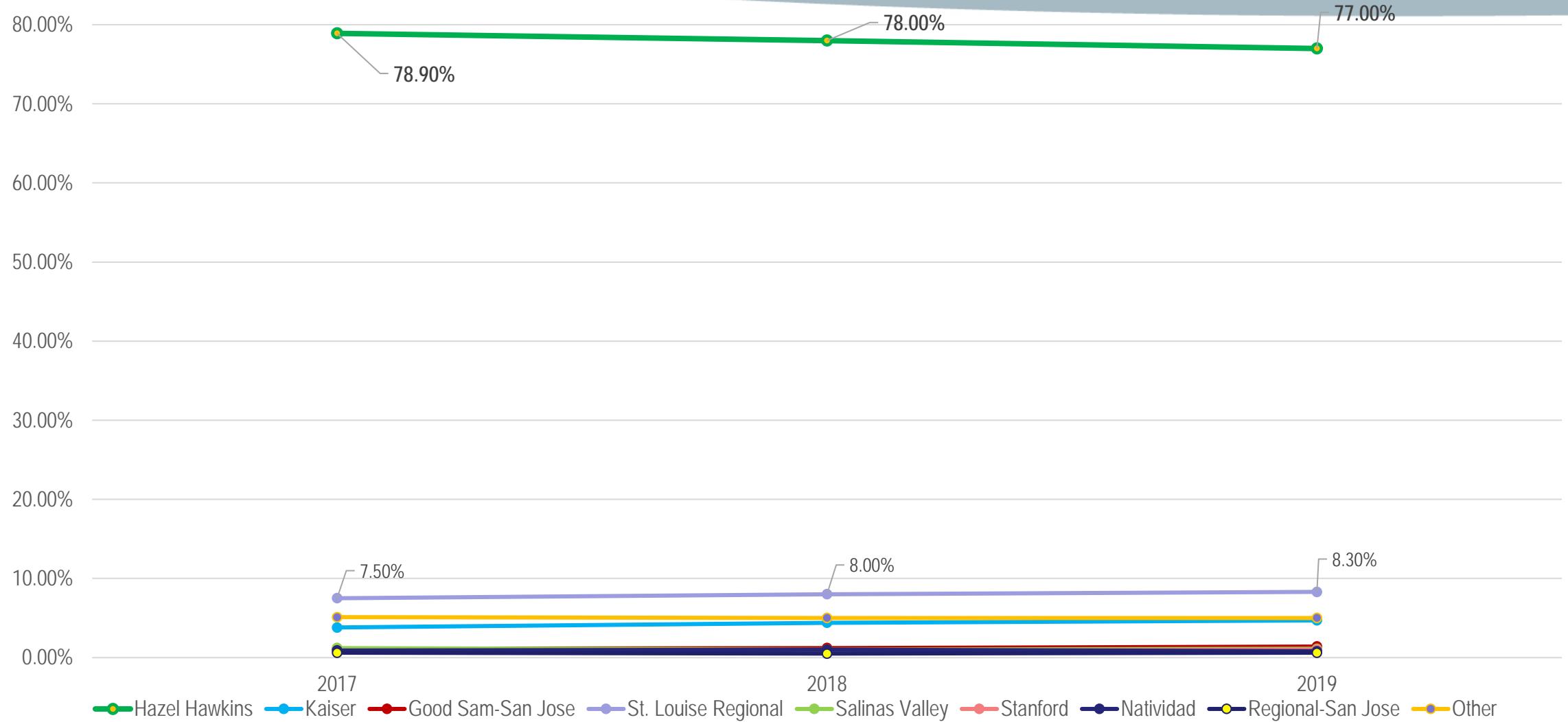
Orthopedics



Obstetrics



OP ER Market Share 2017-2019



Hazel Hawkins Memorial Hospital
Ambulatory Surgery & GI

	Outpatient			Outpatient	
	Service Area	In-Migration	Total Cases	Market-2019	OP Market Share
Cosmetic Procedures	-	-	-	344	0.0%
ENT	18	1	19	993	1.8%
Gastroenterology	787	116	903	3,307	23.8%
General Surgery	294	51	345	916	32.1%
Gynecology	96	15	111	734	13.1%
Neurosurgery	-	-	-	132	0.0%
Obstetrics	-	-	-	43	0.0%
Ophthalmology	116	18	134	2,319	5.0%
Orthopedics	142	15	157	3,086	4.6%
Pain	241	26	267	1,471	16.4%
Pulmonology	-	-	-	75	0.0%
Spine	-	-	-	211	0.0%
Thoracic Surgery	-	-	-	74	0.0%
Urology	15	4	19	1,319	1.1%
Vascular	-	-	-	60	0.0%
Grand Total	1,709	246	1,955	15,084	11.3%

Source:HHMH Surgical Services Case Log, Advisory Board

- The PSA generated over 15,000 ambulatory surgery and endoscopy procedures in 2019.
- HHH captured about 11% of those volumes.



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Facility Sizing Components
Based on Market Projections

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- Inpatient projection modeling is based on key demographic factors for a given market:
 - Defined Market Geography
 - Population by age, sex, race multiplied by current and/or projected use rates for that region= **Total Market Volume**
 - Market position by service line multiplied by **Total Market Volume** by service line= **Facility Projected Volumes**

Hazel Hawkins Memorial Hospital

Stark Service Area

Market Volume by Service Line-Trended & Projected

	2017	2018	2019	2020	Projections	
					2026	2031
Cardiology	367	417	442	430	496	552
ENT	29	35	54	40	43	44
General Medicine	1,291	1,270	1,197	1,313	1,482	1,619
General Surgery	367	349	374	381	419	449
Gynecology	52	36	24	38	42	45
Neonatology	399	436	362	399	397	396
Neurology	180	155	147	168	185	203
Neurosurgery	59	65	58	63	71	78
Obstetrics	712	769	766	768	808	840
Oncology	74	90	98	91	106	114
Ophthalmology	3	9	7	7	7	8
Orthopedics	254	249	245	264	309	344
Psychiatry	36	38	57	45	50	52
Spine	82	54	80	77	86	94
Thoracic Surgery	19	16	16	17	20	21
Transplant	7	6	4	5	6	8
Trauma	137	136	129	139	157	176
Urology	42	54	50	51	58	64
Vascular	47	63	74	64	76	86
Grand Total	4,157	4,247	4,184	4,360	4,818	5,193
<i>Annual Change</i>		2.2%	-1.5%	4.2%	2.0%	1.5%

Source: OSHPD, Advisory Board, HHHM, ADAMS

* (Pre COVID)

- Inpatient Use Rates are relatively stable.
- Overall Market IP Discharges are expected to grow by about 1,000 by 2031.

Hazel Hawkins Memorial Hospital
Stark Service Area
Market Share by Service Line-Trended & Projected

					2031			
	2018	2018	2019	2020	Baseline	Target	Stretch	70% Model
Cardiology	34.6%	27.3%	22.9%	15.8%	23.4%	30.3%	37.0%	51.3%
ENT	20.7%	17.1%	20.4%	12.5%	20.4%	27.9%	35.4%	75.0%
General Medicine	54.2%	55.1%	51.9%	42.5%	51.8%	62.0%	71.9%	87.3%
General Surgery	43.9%	42.1%	39.3%	22.3%	37.6%	46.1%	54.8%	72.8%
Gynecology	53.8%	55.6%	54.2%	15.8%	54.2%	59.2%	64.2%	90.0%
Neonatology	63.2%	60.8%	42.5%	33.1%	42.5%	42.5%	42.5%	50.0%
Neurology	37.2%	35.5%	31.3%	26.2%	32.0%	40.9%	50.7%	63.1%
Neurosurgery	1.7%	0.0%	1.7%	4.8%	1.7%	1.7%	1.7%	5.0%
Obstetrics	59.4%	59.6%	53.4%	49.0%	53.6%	65.4%	77.3%	87.6%
Oncology	21.6%	16.7%	12.2%	3.3%	12.2%	14.7%	17.2%	25.0%
Ophthalmology	33.3%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Orthopedics	32.3%	31.7%	34.7%	19.7%	33.4%	38.4%	43.9%	80.2%
Psychiatry	47.2%	36.8%	49.1%	44.4%	49.1%	49.1%	49.1%	50.0%
Spine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Thoracic Surgery	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Transplant	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Trauma	43.8%	44.1%	48.8%	31.7%	46.6%	50.0%	54.0%	60.8%
Urology	38.1%	33.3%	54.0%	29.4%	54.0%	54.0%	54.0%	80.0%
Vascular	21.3%	14.3%	21.6%	9.4%	21.6%	21.6%	21.6%	25.0%
Grand Total	47.3%	46.2%	41.4%	32.5%	41.3%	48.8%	56.3%	70.8%

Source: OSHPD, Advisory Board, HHMH, ADAMS

- HHMH Market Share has steadily declined from 2018-2020.
- Full-service community hospitals (sole providers) can typically reach 70%-80% market share.
 - Reaching 70% market share in 2031 would double the hospital's inpatient volume.

Hazel Hawkins Memorial Hospital
Inpatient Services-Summary

	FY 2018	FY 2019	FY 2020	2031 Projection			
				Baseline	Target	Stretch	70% Model
Discharges	2,293	2,006	1,611	2,487	2,942	3,401	4,302
Market Share	46.17%	41.44%	32.50%	41.31%	48.80%	56.35%	70.77%
In-Migration	14.48%	13.56%	12.04%	13.75%	13.87%	13.97%	14.57%
Patient Days							
Inpatient	6,569	5,899	4,727	7,403	8,845	10,290	13,283
Observations	763	714	762	896	1,071	1,246	1,608
Total	<u>7,332</u>	<u>6,613</u>	<u>5,489</u>	<u>8,299</u>	<u>9,916</u>	<u>11,536</u>	<u>14,891</u>
Average Daily Census							
Inpatient	17.95	16.12	12.92	20.23	24.17	28.11	36.29
Observations	2.08	1.95	2.08	2.45	2.93	3.40	4.39
Total	<u>20.03</u>	<u>18.07</u>	<u>15.00</u>	<u>22.68</u>	<u>27.09</u>	<u>31.52</u>	<u>40.69</u>
Bed Needs	Current	Projected Bed Needs					
ICU	4	5	4	4	4	5	6
Med/Surg	15	21	20	17	25	30	34
Women's	6	8	7	5	6	7	8
Total	<u>25</u>	<u>34</u>	<u>31</u>	<u>26</u>	<u>35</u>	<u>42</u>	<u>48</u>
							<u>62</u>

- Hazel Hawkins needs approximately 40-50 beds in the target scenarios.
- Growth to 70% market share would require approximately 60-65 Beds.

Hazel Hawkins Memorial Hospital ER Volume Trend							
	2018	2019	2020	Baseline	Target	Stretch	70% Model
Primary Service Area							
Inpatient	1,140	1,092	874	1,307	1,544	1,783	2,239
Outpatient	18,590	19,320	19,161	22,709	24,173	25,638	27,103
Primary Service Area-Total	19,730	20,412	20,035	24,016	25,717	27,421	29,342
Inmigration							
Inpatient	225	193	147	245	292	340	448
Outpatient	727	328	325	386	410	435	460
InMigration Total	952	521	472	630	702	775	908
Total	20,682	20,933	20,507	24,646	26,420	28,196	30,251
Volume Change	251	(426)	4,139	5,913	7,689	9,744	
Percent Change	1.2%	-2.0%	1.7%	2.3%	2.9%	3.6%	
IP Discharges-PSA	1,961	1,734	1,417	2,145	2,534	2,926	3,675
IP Discharges-In-Migration	332	272	194	342	408	475	627
Percent IP from ER-PSA	58.1%	63.0%	61.7%	60.9%	60.9%	60.9%	
Percent IP from ER-In-Mi	67.8%	71.0%	75.8%	71.5%	71.5%	71.5%	
PSA							
OP Use Rate	438.9	456.3	456.4	473.5	473.5	473.5	473.5
Population	54,265	54,997	55,750	61,878	61,878	61,878	61,878
Estimated OP Market	23,819	25,097	25,444	29,296	29,296	29,296	29,296
Estimated OP Market Share	78.0%	77.0%	75.3%	77.5%	82.5%	87.5%	92.5%
<i>Note: Excl LWOBS</i>							
<i>Source: Spotlight, ADAMS, Advisory Board, OSHPD ER Database</i>							

- Emergency Room throughput ranges from 1500-1800 visits per room.
 - Need is 15-18 Rooms

Hazel Hawkins Memorial Hospital Emergency Room Need							
	2031 Projection						70% Model
	FY 2018	FY 2019	FY 2020	Baseline	Target	Stretch	Model
Total IP	1,365	1,285	1,021	1,551	1,836	2,122	2,687
Total OP	19,317	19,648	19,486	23,094	24,584	26,074	27,563
Total Volume	20,682	20,933	20,507	24,646	26,420	28,196	30,251
ER Room Need							
High (1500/Yr)	14	14	14	16	18	19	20
Med (1650/Yr)	13	13	12	15	16	17	18
Low (1800/Yr)	11	12	11	14	15	16	17

Hazel Hawkins Memorial Hospital
Surgery, GI/Endo, and Procedures

	FY 2019	FY 2020	2031 Projection			
			Baseline	Target	Stretch	70% Model
Inpatient Cases	632	460	785	928	1,087	1,375
Outpatient Cases	1,955	1,488	3,202	6,185	9,225	13,266
Total Cases	2,587	1,948	3,987	7,113	10,312	14,641
OP Market Share*	11.33%		10.54%	20.47%	30.57%	44.02%
Bed Needs	Current					
IP Operating Rooms	2	1	1	1	2	3
ASC Operating Rooms	3	1	1	2	3	5
GI Endo Suites	-	1	1	2	2	3
Procedure Rooms	-	1	1	1	1	2
Total	5	4	4	6	8	15

* Estimated based on Advisory Board Market Sizing

- Significant ambulatory surgery growth is projected over the next 10 years.
 - Procedural platforms will need to grow if HHHM is to accommodate this growth.

Hazel Hawkins Memorial Hospital
Key Planning Units-Inpatient Beds

	2031						Change from Current
	Calculated Need						
Current	Baseline	Target	Stretch	70% Model	ADAMS Target		
Beds	25	35	42	48	62	48	23
ICU	4	4	5	6	7	6	2
Med/Surg	15	25	30	34	46	34	19
Women's	6	6	7	8	9	8	2
Diagnostic & Treatment Spaces							
Emergency Room	18	15	16	17	18	17	(1)
Operating Rooms-Hospital	2	1	2	2	3	2	-
Operating Rooms-ASC	3	2	3	5	7	4	1
GI/Endo Suites	-	2	2	2	3	2	2
Procedure Rooms	-	1	1	1	2	1	1
C-Section Suites	1	1	1	1	1	1	-
CT	2	1	2	2	3	2	-
MRI	1	1	1	1	2	1	-
X-Ray	3	4	4	5	6	5	2

- Given the projected growth in the community, Hazel Hawkins Memorial Hospital needs to expand its capacity.
 - Future growth beyond the projection period is highly likely.
- Development of Ambulatory care options, which are conveniently located for community access and attractive to insurance providers will be key to successful service line development.



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Long-Term Care
Community Needs

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Hazel Hawkins Memorial Hospital
Nursing Home Care Needs Model

Population	2021	2031	2030
	Stark Service Area	Stark Service Area	California
Under 15 Years	11,906	11,814	7,309,312
15-17 Years	2,613	2,633	1,580,788
18-44 Years	20,736	22,587	15,016,802
45-64 Years	13,885	14,874	10,060,097
65-74 Years	4,471	6,776	4,811,887
75-84 Years	2,074	3,233	2,263,560
85+	839	933	799,601
Total	<u>56,524</u>	<u>62,849</u>	<u>41,842,047</u>
Bed Needs per 1,000			
Under Age 65	0.59	0.59	0.59
Over Age 65	13.75	13.75	13.75
Nursing Home Demand <65	29	31	19,900
Nursing Home Demand >65	102	151	108,300
Total Nursing Home Demand	<u>131</u>	<u>182</u>	<u>128,200</u>

Source: ADAMS, Public Policy Institute of California

- The Public Policy Institute of California has done extensive needs modeling for long term care in the state.
- Utilizing these models, Hollister needs additional Long-Term Care capacity.
 - 182 Beds by 2031, with capacity for future growth.



Hazel Hawkins Memorial Hospital Replacement SNF Development Option of Probable Costs		
	120 Beds	200 Beds
Construction	\$ 54,028,746	\$ 90,047,909
Construction/Design Contingency	\$ 6,768,162	\$ 10,730,270
Escalation	2 Years	\$ 10,551,117
Site Costs	\$ 7,500,000	\$ 7,500,000
Soft Costs (Arch, Permits, Certification)	\$ 11,382,818	\$ 18,046,363
Equipment & Furnishings	\$ 2,846,250	\$ 2,846,250
IT Costs	\$ 5,400,000	\$ 9,000,000
Project Contingency	\$ 4,396,299	\$ 6,908,540
	<u>\$ 102,873,391</u>	<u>\$ 161,659,827</u>
NOTE: Excludes Land		

- Long-Term Care Concepts:
 - Long Term Care Patients
 - Transitional / Skilled Nursing Care
 - Private or Semi-private rooms
 - Home concept planning
 - Outdoor courtyards
 - Security Features
- Sizing Constructs:
 - 120 BEDS is approximately a 72,000 +/- square ft building.
 - Allows for expansion to 200 beds at an additional 48,000 +/- square feet
 - 200 BEDS = 120,000 +/- square feet
- Explore Partnership opportunities to expand Long-Term Care expansion in the market.



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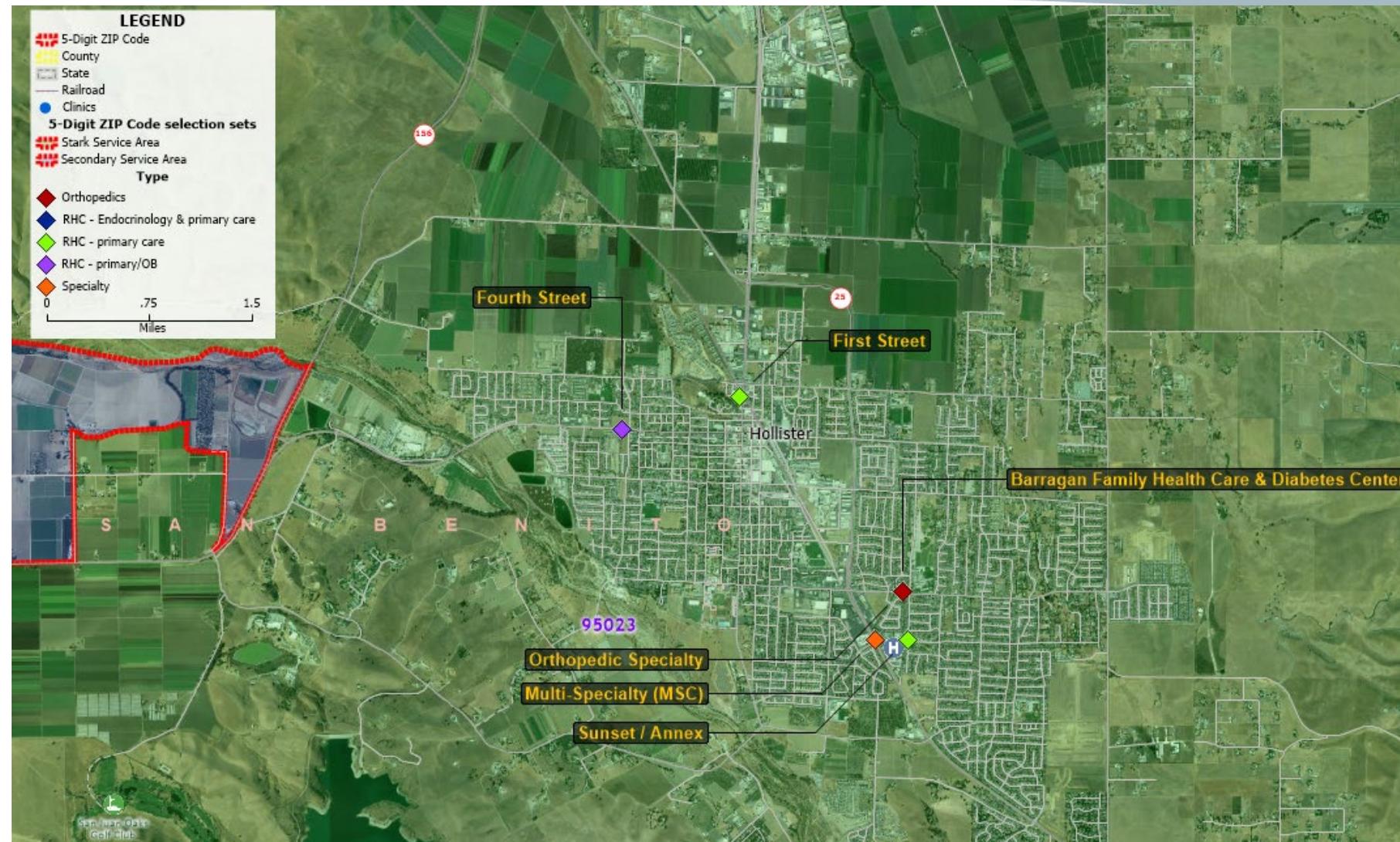
Current State
Facility Assessment

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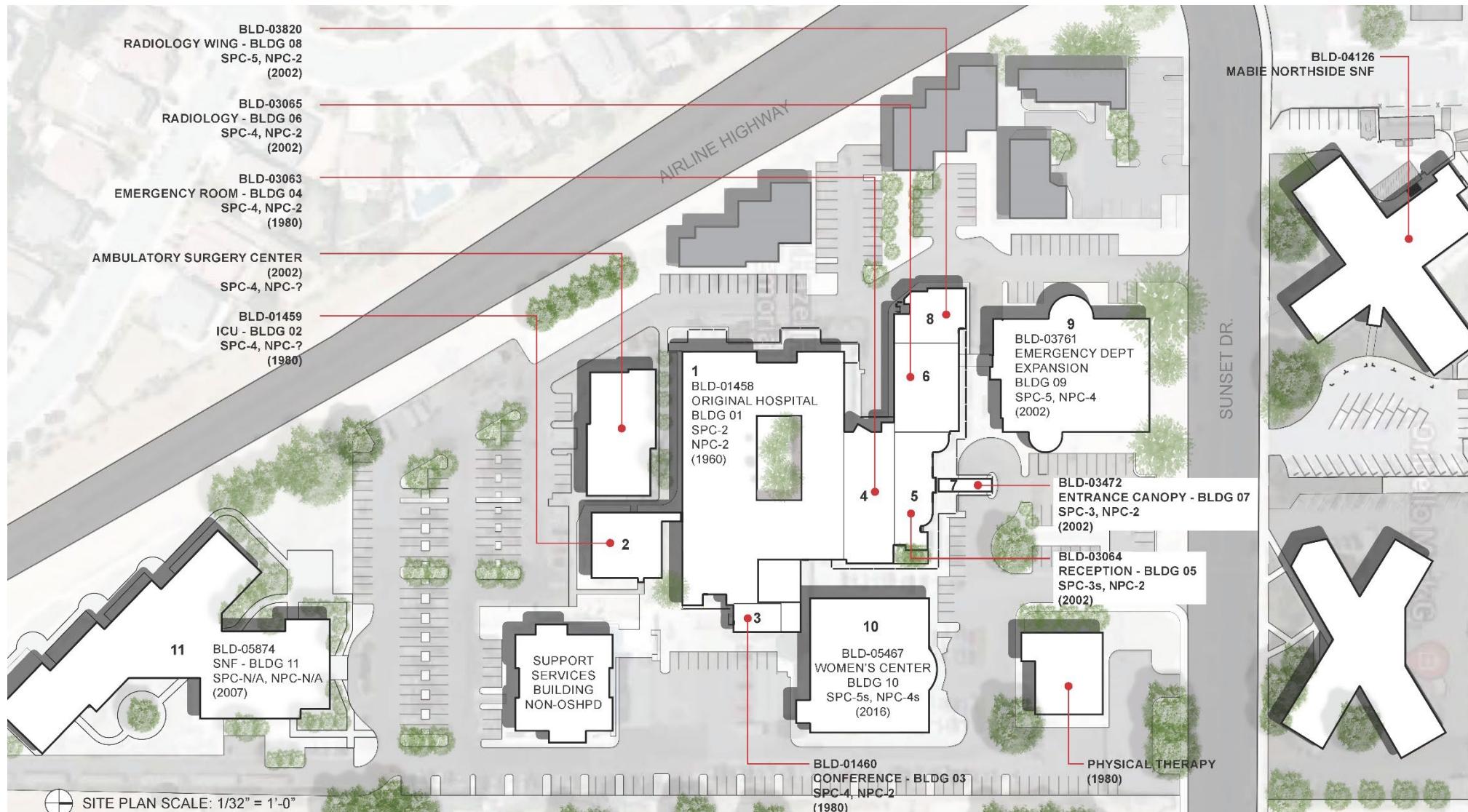
Ambulatory Presence *Hazel Hawkins Clinic Placement*



- Majority of clinic space is concentrated around the Hospital Campus.
- Clinics have inadequate space and lack a cohesive presence or branding.

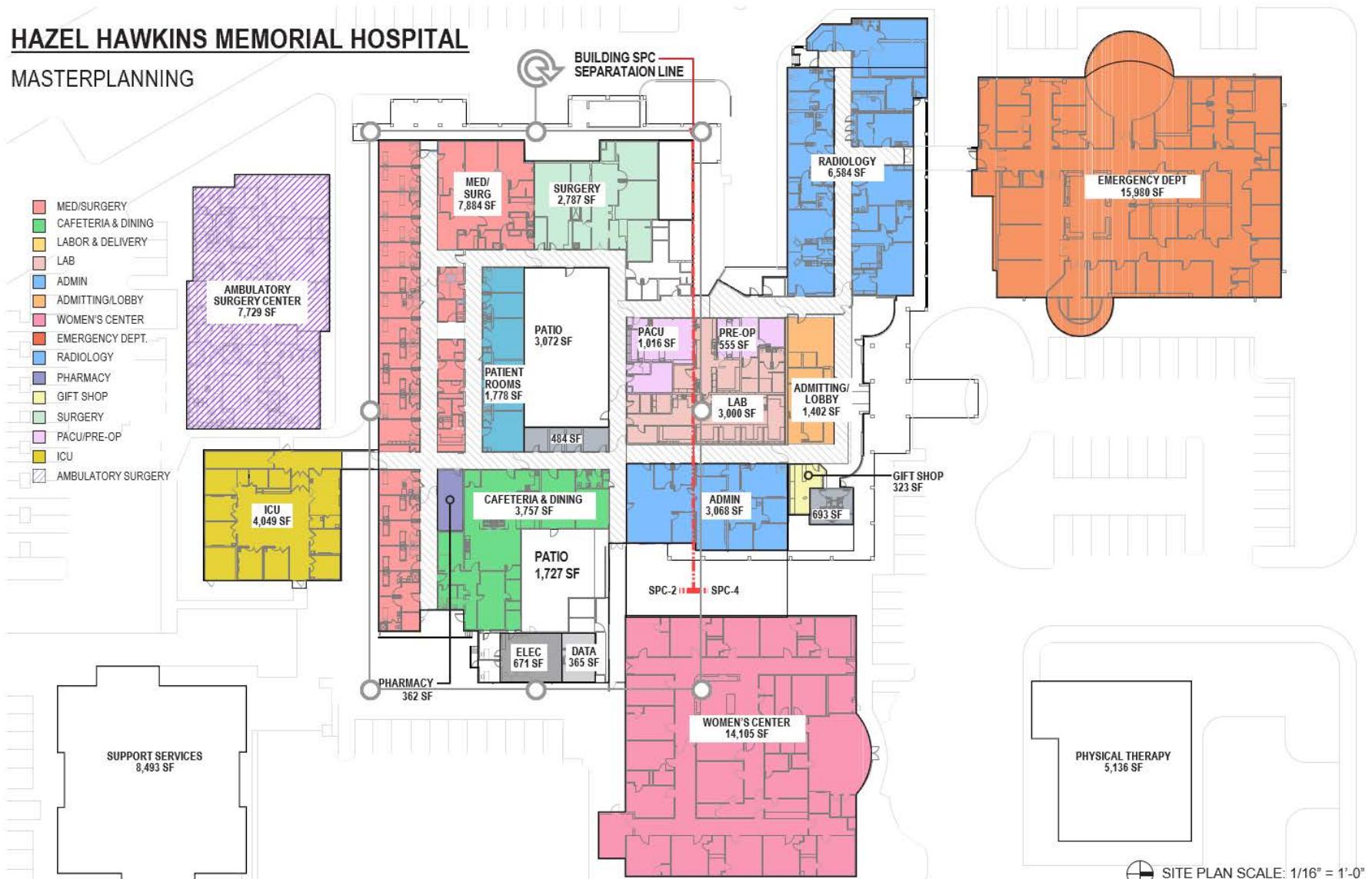


- Site is constrained with limited parking availability.
- While most medical offices are located near the hospital, no MOB exists on campus for specialists.
- Main Hospital building is now 61 years old.
 - Expected life 40-70 years from initial construction.



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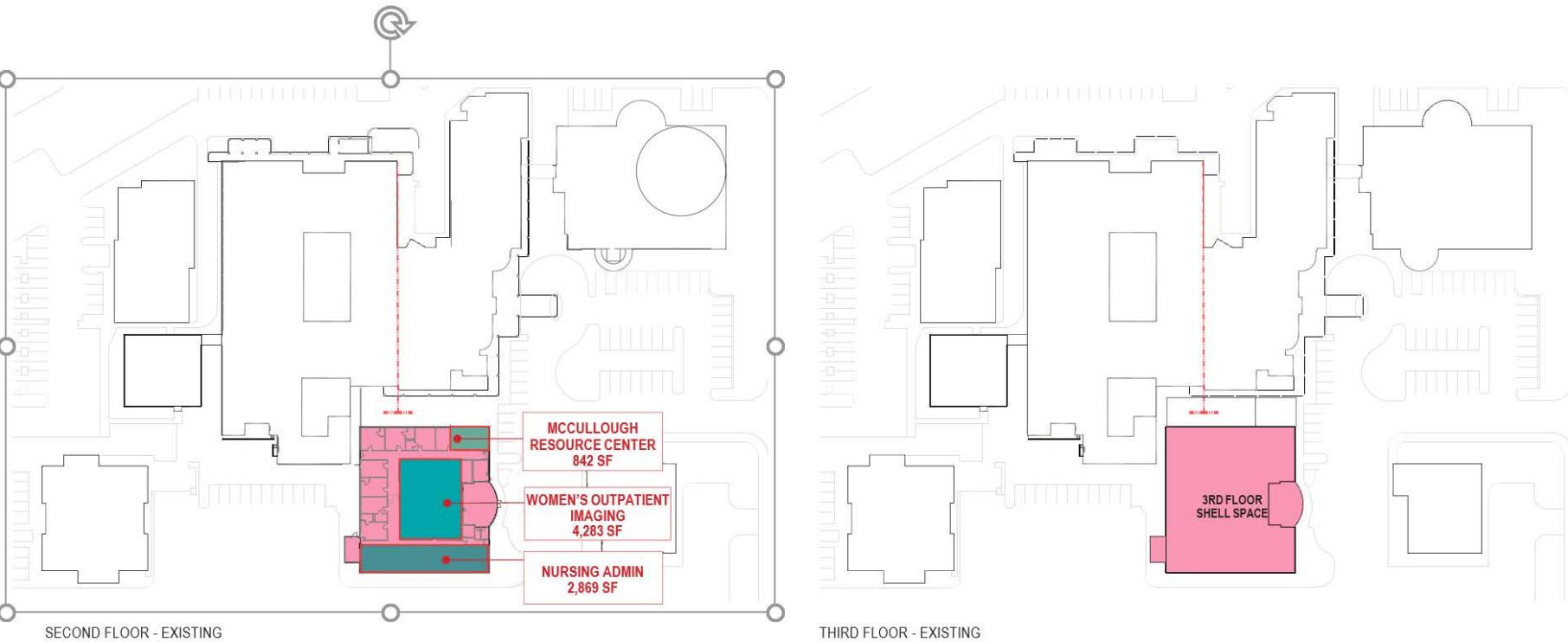
MASTERPLANNING



- ER and Imaging Areas are adequate from a sizing and construction viewpoint.
- Surgery is undersized and lacks proper flow and support areas:
 - Flow from Non-Sterile to Sterile.
 - Pre/Post
- Kitchen is undersized and lacks adequate storage and refrigeration.
- Pharmacy is undersized.
- Med/Surg rooms are undersized
- 1960 Building lacks ADA compliance.

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MASTERPLANNING



- 2nd Floor
 - Women's Imaging Center
 - Provides services to both Men and Women but lacks space for separation of waiting areas.
 - Administration and Storage comprise the balance of space on the 2nd Floor.
- 3rd Floor:
 - Shell Space, provides easy opportunity for future development.

 SITE PLAN SCALE: 1/32" = 1'-0"



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Scenario 1
*Renovate Current Facility and
Complete seismic upgrades*

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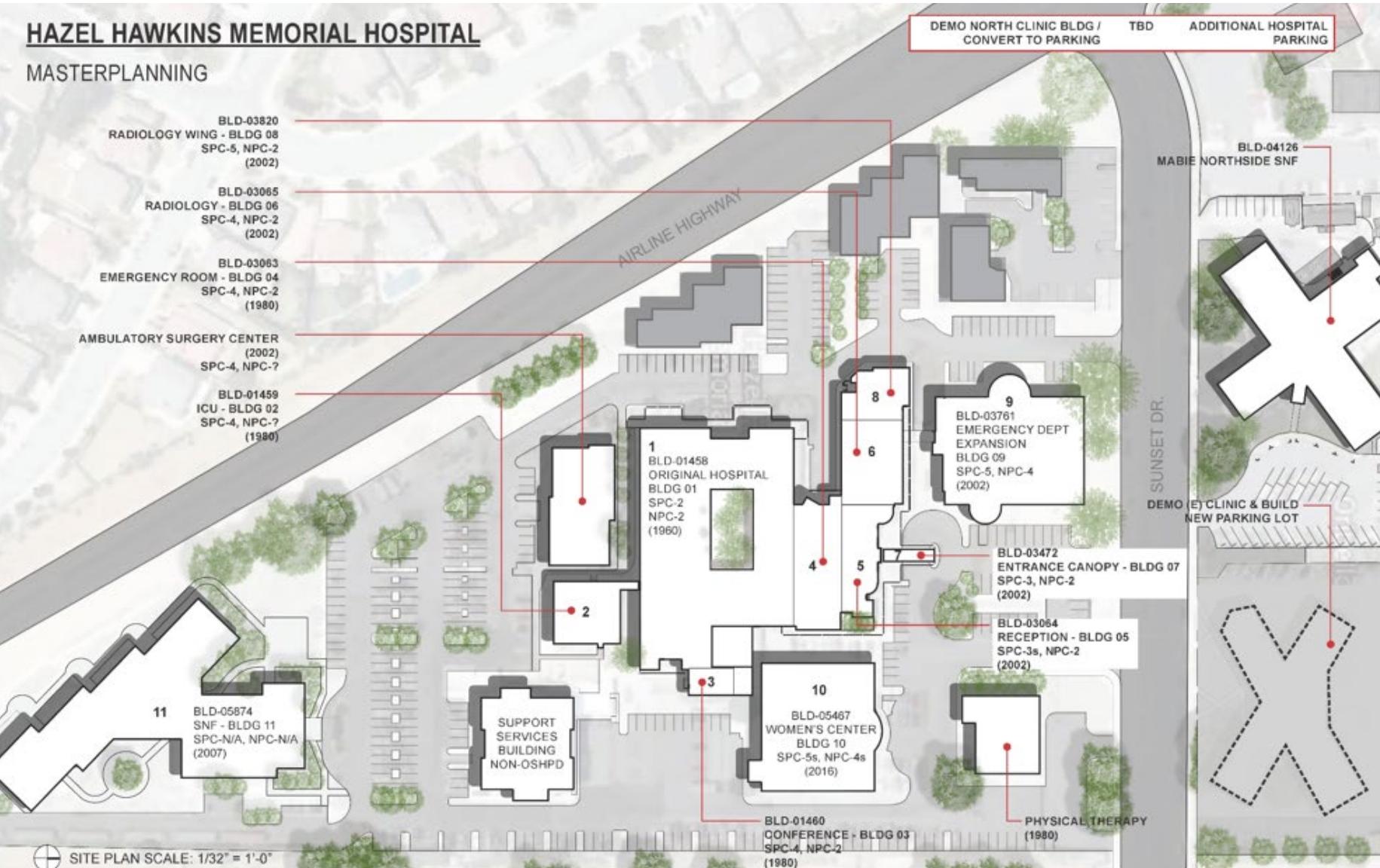
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RADIOLOGY WING - BLDG 08
SPC-5, NPC-2
(2002)

BLD-03065
RADIOLOGY - BLDG 06
SPC-4, NPC-2
(2002)

BLD-03063
EMERGENCY ROOM - BLDG 04
SPC-4, NPC-2
(1980)

AMBULATORY SURGERY CENTER
(2002)
SPC-4, NPC-2

BLD-01459
ICU - BLDG 02
SPC-4, NPC-2
(1980)



- Scenario 1 assumes that additional medical office space is developed to support for provider recruitment.
- Existing wood framed clinic building would be demolished to provide parking expansion on campus.

Facility Detail

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911 SUNSET DRIVE, HOLLISTER, CA 95023
San Benito County

License Category:
General Acute Care Hospital

OSHPD ID:
106350784

Facility Status:
Open

PERM ID:
10640

Status Effective:
06/29/1962

License Number:
070000004

Total Licensed Beds:
82

License Effective Dates:
01/01/2020 - 12/31/2020

Facility Level:
Parent Facility

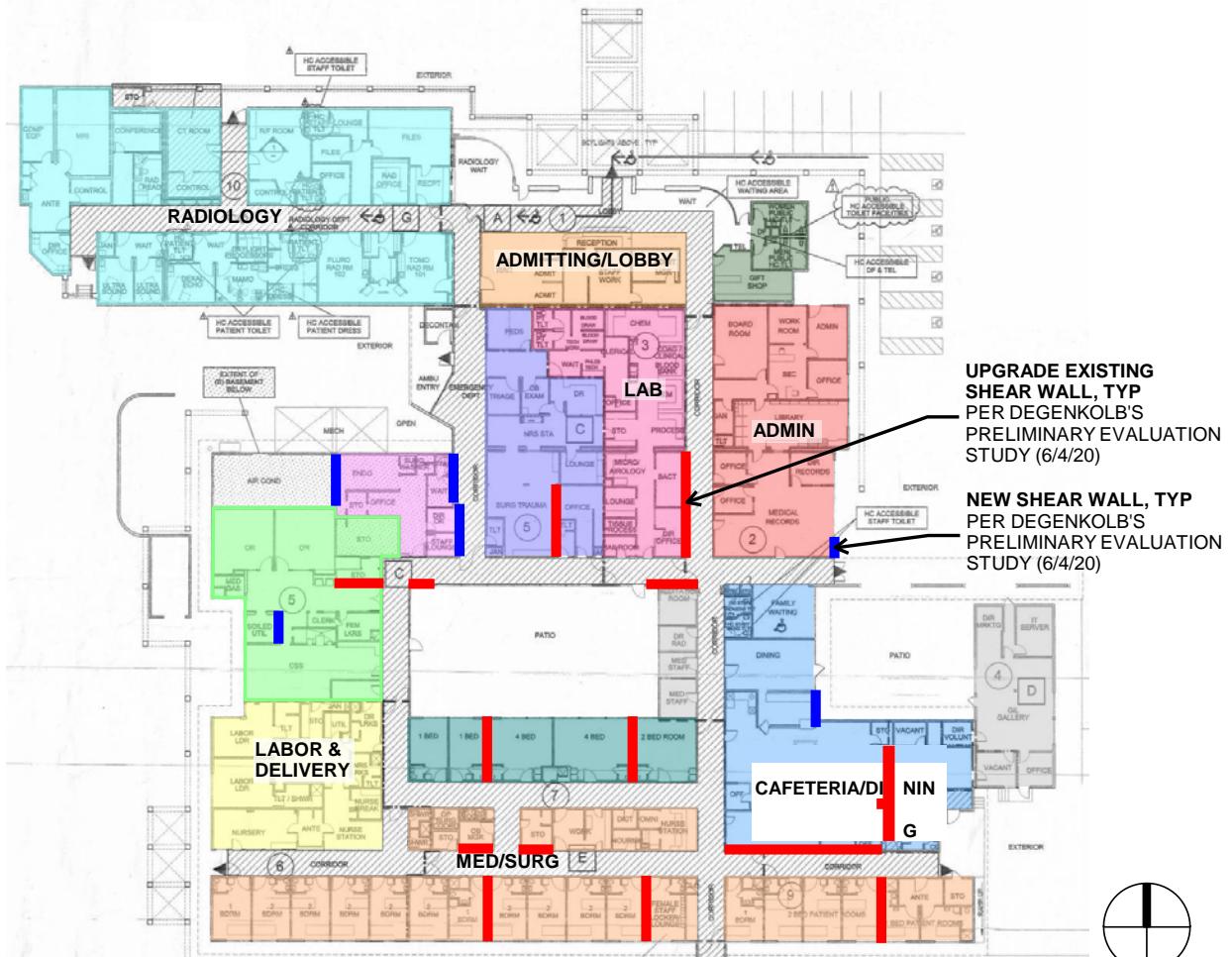
Originally Licensed:
06/29/1962

Beds:

Units	Type
4	Intensive Care
6	Perinatal
15	Unspecified General Acute Care
57	Skilled Nursing
82 Total Beds	

FLOOR PLAN

HY HIBSER YAMAUCHI Architects, Inc.

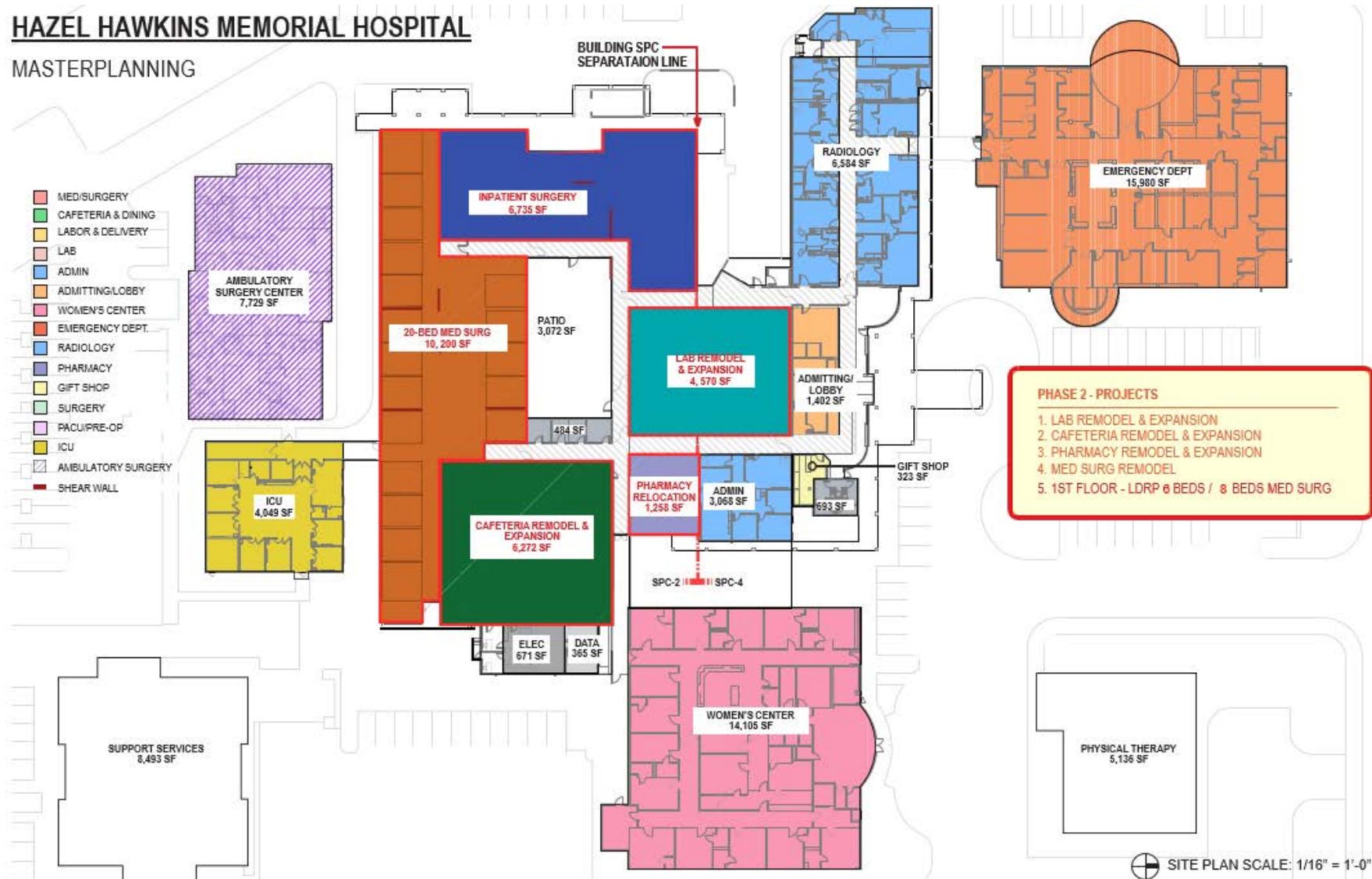


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SB 1953 MASTERPLAN

- SPC upgrades needed were identified by HY Architects as part of a required OSHPD study.
- Non-Structural (NPC) upgrades needed have yet to be identified, but given the age of the building, most MEP components (including in the attic spaces) likely lack the required bracing.
- Completing these upgrades presents significant unforeseen risk in both cost and schedule

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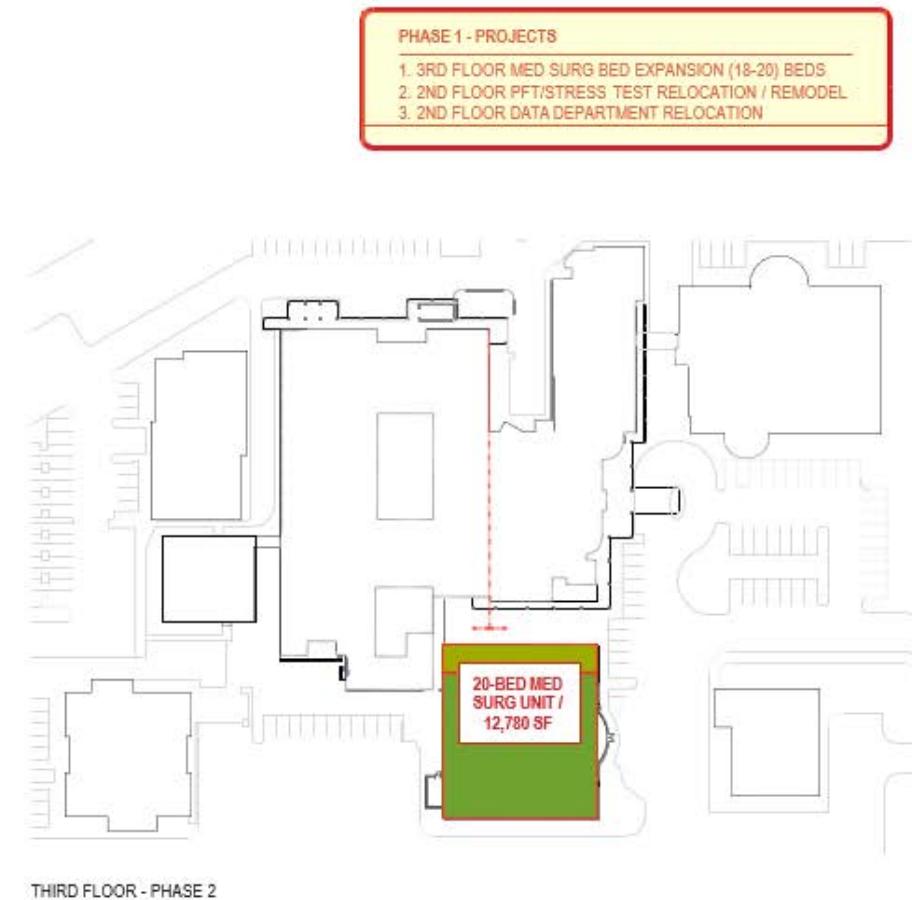
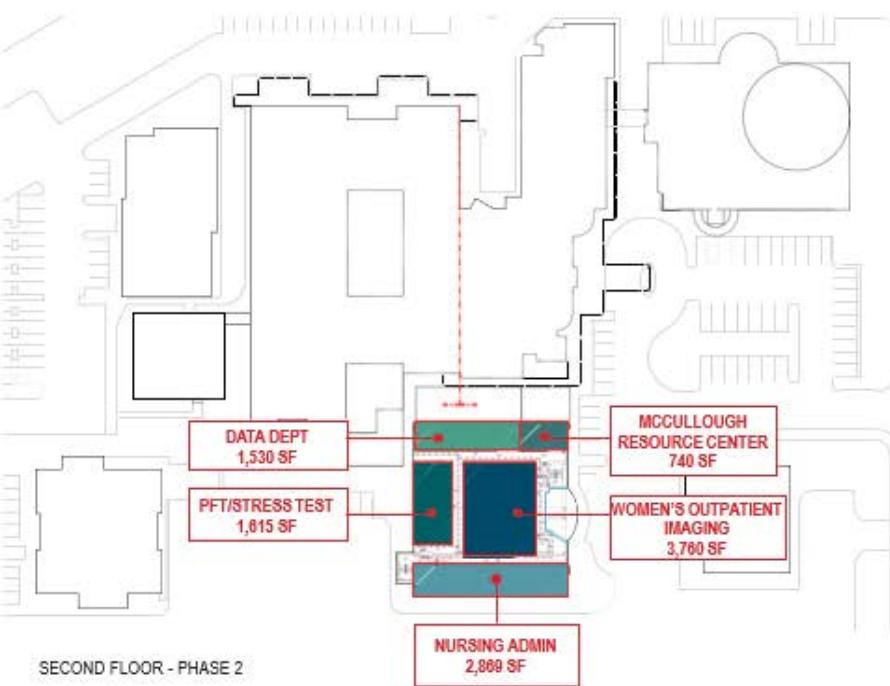
MASTERPLANNING



- Scenario 1 contemplates 3 phases of work to address the sizing components as well as SPC, NPC and other code required upgrades including:
 - Expanded IP OR with new Pre/Post & Sterile Processing.
 - Expanded Kitchen and Cafeteria
 - Expanded Lab
 - Relocated Pharmacy
 - Renovated Med/Surg unit including upgrades for ADA compliance.

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MASTERPLANNING



PHASE 1 - PROJECTS

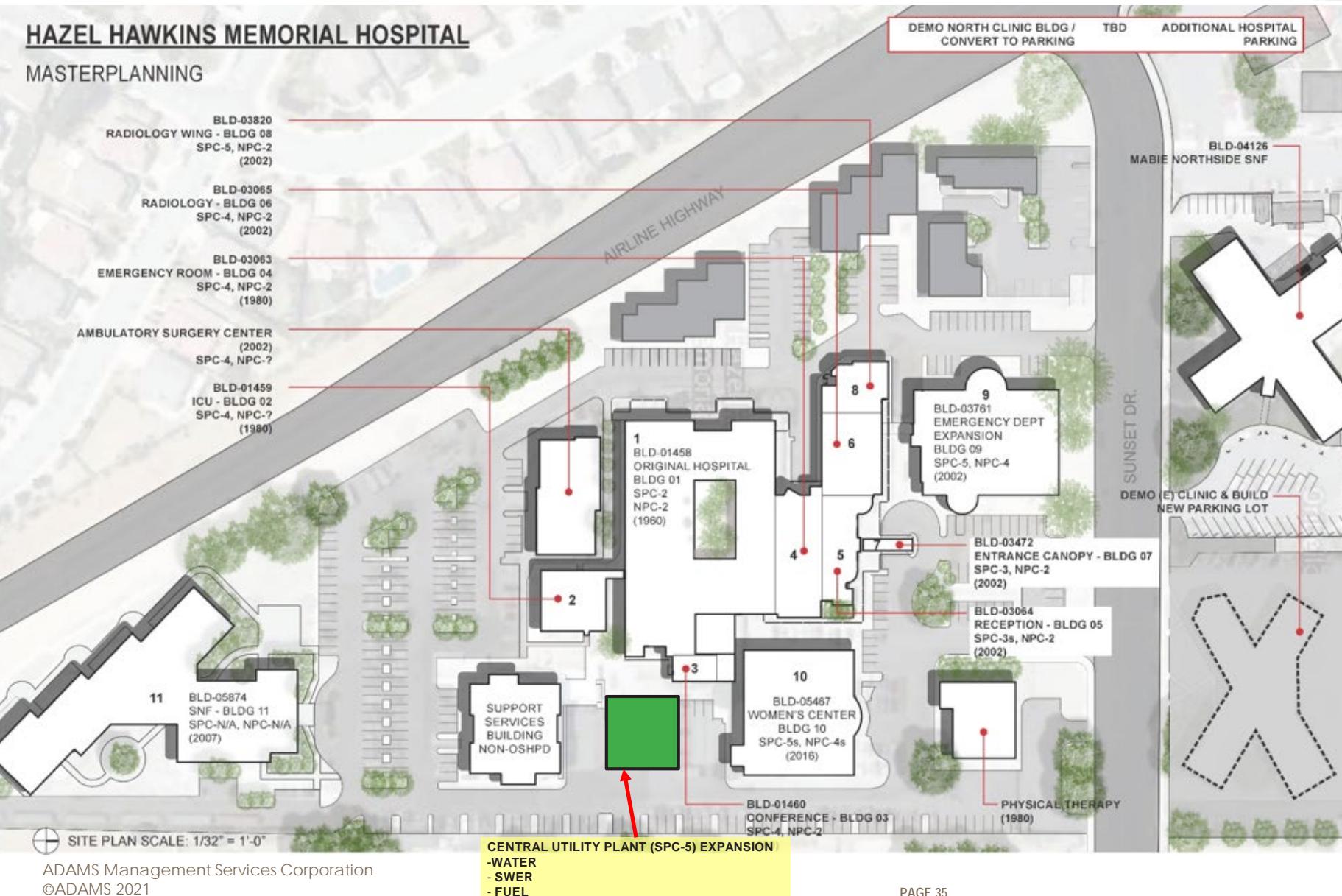
1. 3RD FLOOR MED SURG BED EXPANSION (18-20) BEDS
2. 2ND FLOOR PFT/STRESS TEST RELOCATION / REMODEL
3. 2ND FLOOR DATA DEPARTMENT RELOCATION

- The 2nd Floor would take on some additional clinical and support spaces that need to be relocated to support renovations on the 1st Floor.
- The 3rd Floor shell would be completed into a new 20 Bed Med/Surg unit.



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- The Final Phase of the project would be a replacement for the current CUP.
- Seismic requirements require the ability to operate "off-grid" for 72 hours including:
 - Fresh Water
 - Sewage Retention
 - Fuel for Generators

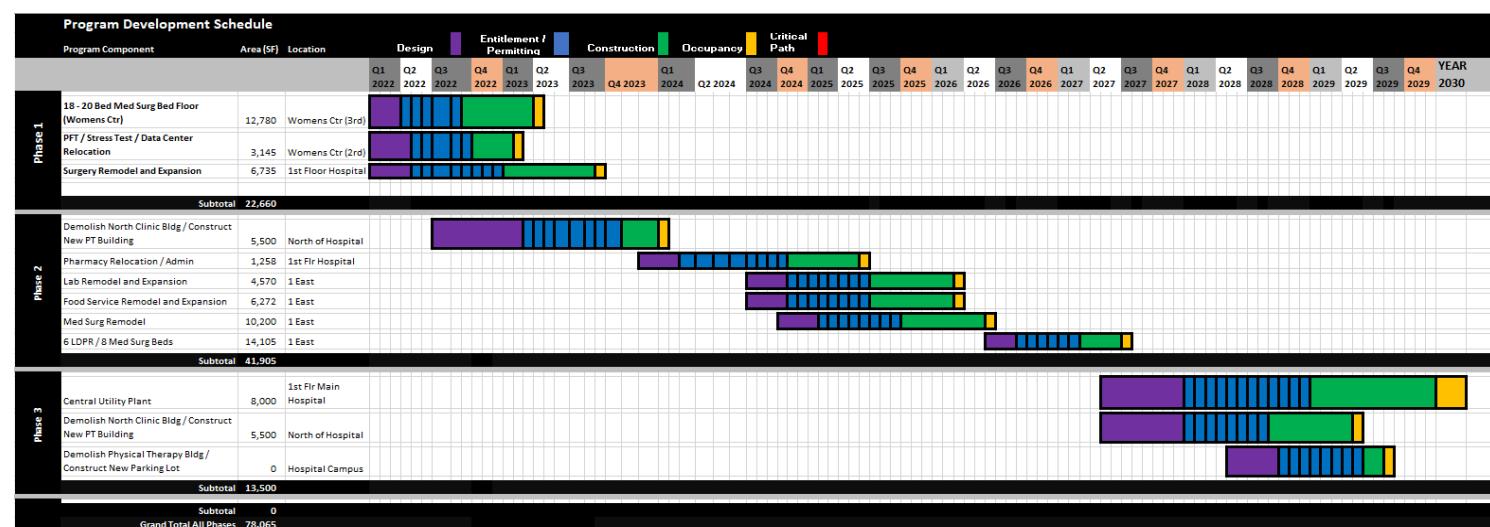
Hazel Hawkins Memorial Hospital

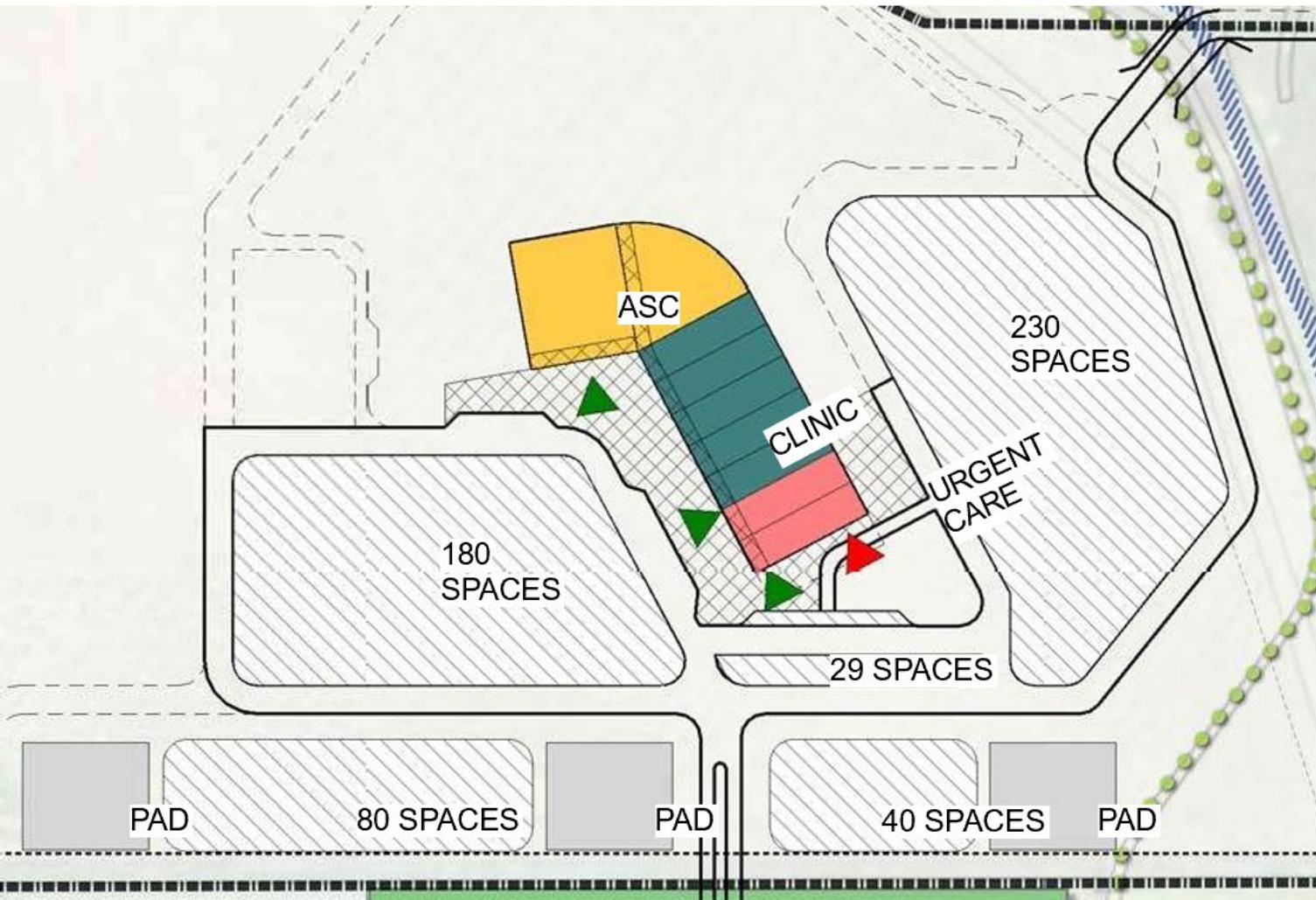
Scenario 1

Option of Probable Costs

Hazel Hawkins Memorial Hospital		
Scenario 1		
Option of Probable Costs		
	Total SF	Projected Costs
Construction	72,439	\$ 67,893,399
Construction/Design Contingency		\$ 7,730,404
Escalation	2-5 Years	\$ 23,070,769
Site Costs (Demo/Parking Lot Exp)		\$ 2,383,000
Soft Costs (Arch, Permits, Certification)		\$ 13,001,134
Equipment & Furnishings		\$ 10,225,838
IT Costs		\$ 3,919,335
Project Contingency		\$ 5,257,655
		<u>\$ 133,481,534</u>
Medical Office Building		\$ 79,590,364
Total Project		<u>\$ 213,071,899</u>

- Renovation and Expansion of Facility:
 - Renovation will address Seismic Issues as well as accommodate ADA, Departmental adjacencies and other FGI Issues.
 - Expands capacity to approximately 60 Beds
 - Lengthy Phase Project
- Doesn't replace original infrastructure, likely 15-year life.





- To support both provider recruitment, as well as the hospital renovations/expansion on the current campus, new medical office space needs to be developed.
- Planned as a 60,000-70,000sf building, this is initially planned to house:
 - Primary Care
 - Specialist Offices
 - Therapies & OP Diagnostics
- Future Expansion could include the addition of an ASC to the building.
- Discussions with local developers could impact the sizing and placement as several have expressed interest in adding medical office space to their development to support their residents.
 - These locations would be best suited to Primary Care locations

- Pros:
 - Addresses seismic requirements prior to the 2030 deadline.
 - Lowest initial cost approach to meet state requirements.
 - Creates a platform to support the target and stretch volumes identified.
- Overall Planner Evaluation: **D**
- Cons:
 - Buildings will meet state seismic requirements, but the aging campus will continue to present problems.
 - Remodel will bring most spaces up to code minimum, but most spaces will still not be ideal for current care standards.
 - Parking will be expanded, but with most of the additional spaces being across the street, convenience and ease of access will remain a problem.
 - No ability to expand beyond 60 beds. Given the growth trajectory of the community further expansion will be necessary.
 - Phased renovation will require many years of ongoing construction within your operational hospital.



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MEMORIAL HOSPITAL



Scenario 2

Expand and Upgrade Current Campus

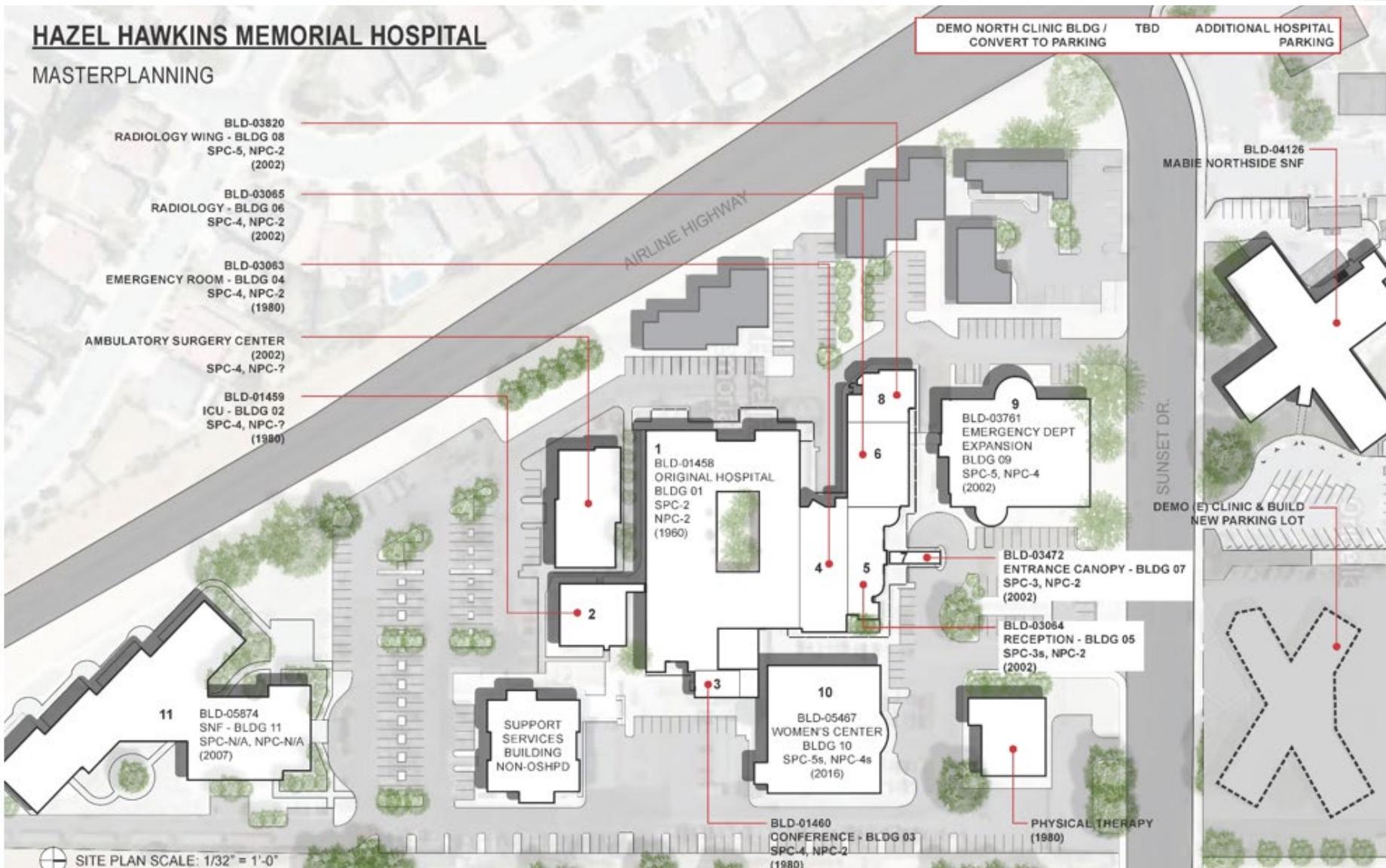


TREANORHL



HAZEL HAWKINS MEMORIAL HOSPITAL

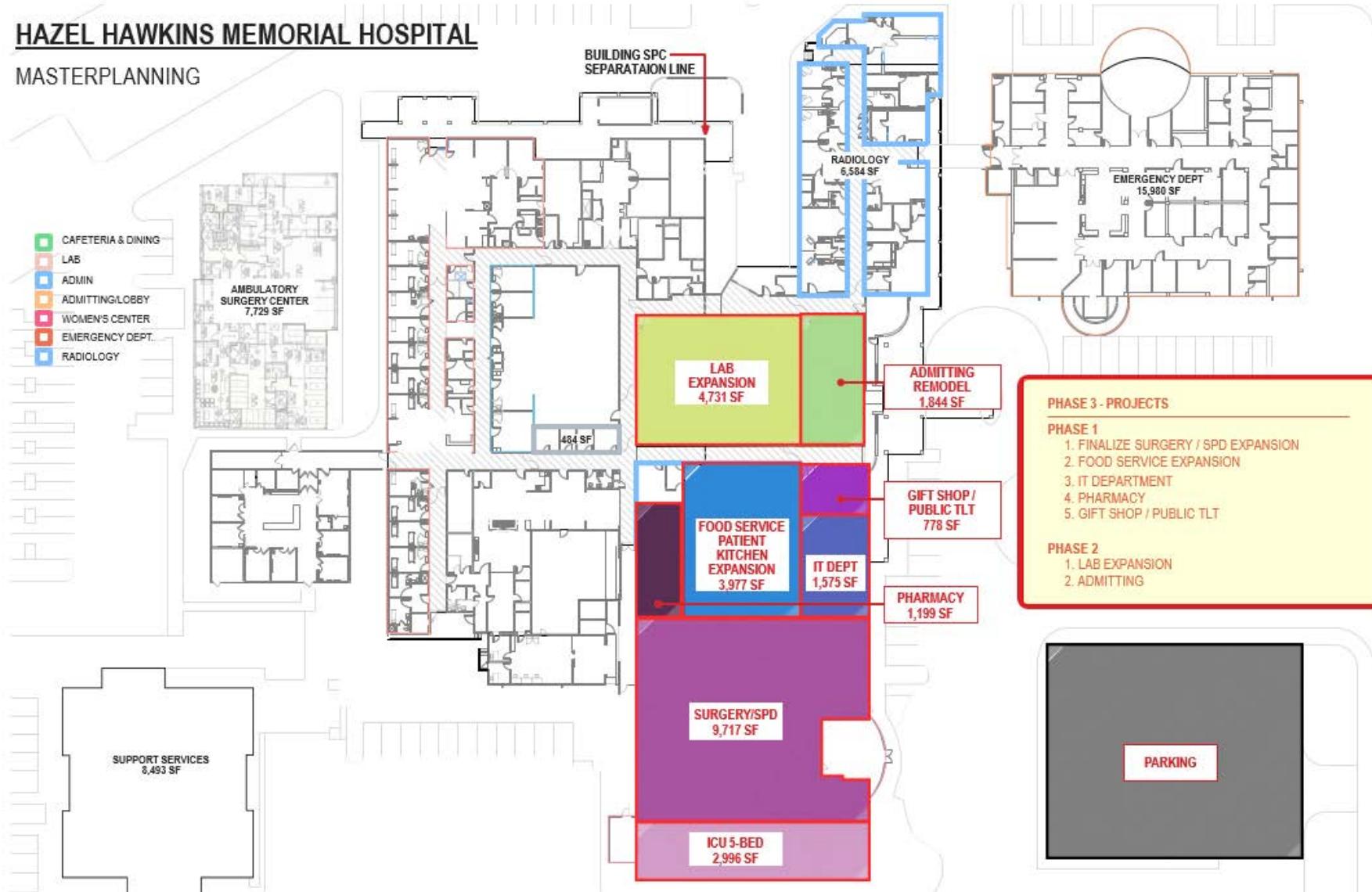
MASTERPLANNING



- Scenario 2, like scenario 1, assumes that additional medical office space is developed to support for provider recruitment.
- Existing wood framed clinic building would be demolished to provide parking expansion on campus.

HAZEL HAWKINS MEMORIAL HOSPITAL

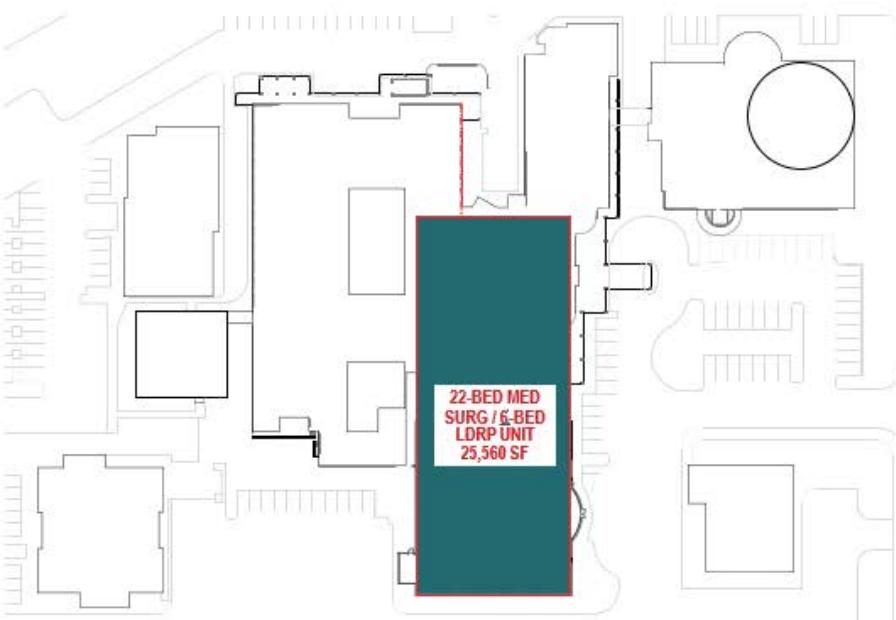
MASTERPLANNING



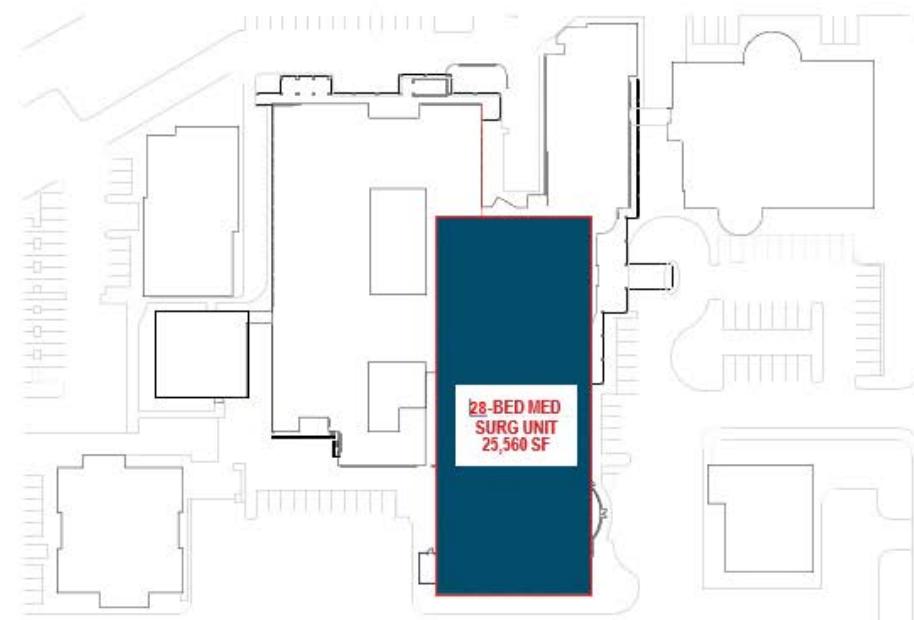
- Scenario 2 contemplates 3 major phases of work to essentially replace the main hospital infrastructure on the current campus.
 - New Inpatient Surgery Center
 - New ICU
 - New Dietary
 - New Pharmacy
 - Expansion of Lab

HAZEL HAWKINS MEMORIAL HOSPITAL

MASTERPLANNING



SECOND FLOOR - EXISTING



THIRD FLOOR - EXISTING

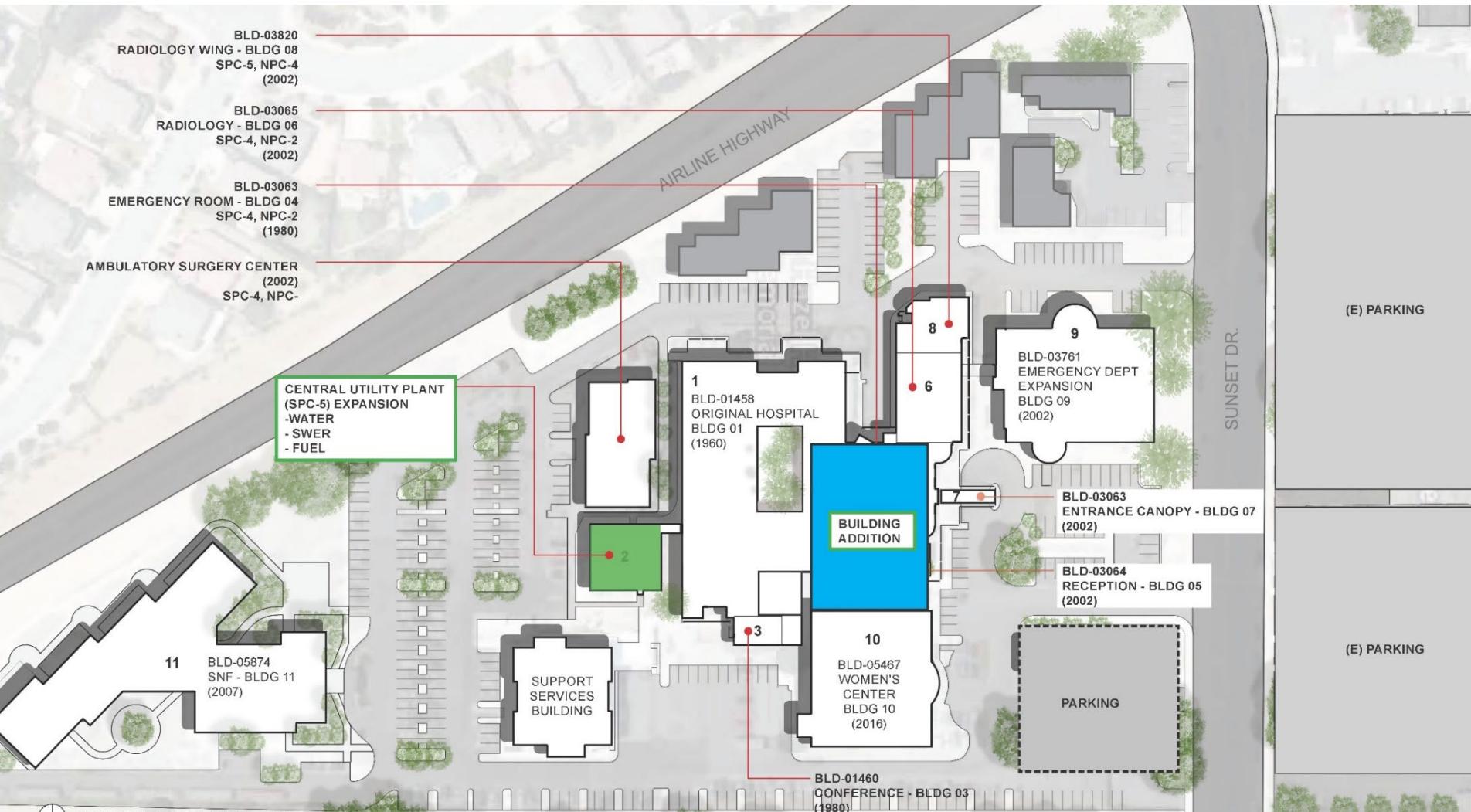
PHASE 3 - PROJECTS

- 1. 3RD FLOOR - 28 BED MED SURG UNIT
- 2. 2ND FLOOR - 6 BED LDRP / 22 BED MED SURG UNIT

- The 2nd and 3rd floor would expand the current Women's Center, creating a new 3 Story Hospital.
 - Leverages the existing Emergency Room and Radiology departments, as well as the current main entry.
 - Each floor would contain 28-30 beds, with appropriate clinical support space.



Central Utility Plant Replacement



- The Final Phase of the project would be a replacement for the current CUP.
- Seismic requirements require the ability to operate "off-grid" for 72 hours including:
 - Fresh Water
 - Sewage Retention
 - Fuel for Generators

- Replacement of acute services located in buildings that are not compliant with seismic codes.
 - Expands capacity to approximately 60-70 Beds
 - Extremely disruptive to ongoing operations
- Doesn't replace all existing infrastructure, likely 25–30-year life.

Hazel Hawkins Memorial Hospital		
Scenario 2		
Option of Probable Costs		
	Total SF	Projected Costs
Construction	94,252	\$ 104,533,372
Construction/Design Contingency		\$ 11,760,801
Escalation	2-5 Years	\$ 28,110,124
Site Costs (Demo/Parking Lot Exp)		\$ 2,383,000
Soft Costs (Arch, Permits, Certification)		\$ 19,779,529
Equipment & Furnishings		\$ 6,581,729
IT Costs		\$ 7,068,900
Project Contingency		\$ 7,605,367
		<u><u>\$ 187,822,822</u></u>
Medical Office Building		\$ 79,590,364
Total Project		<u><u>\$ 267,413,186</u></u>

- Projected Cost per Year of Life:
 - Hospital Only: \$6.3M

- Pros:
 - Will bring facility up to current state seismic codes by 2030.
 - The facility becomes more attractive to the community and physicians.
 - Leverages the components of the current campus as much as possible.
- Cons:
 - Buildings will meet state seismic requirements but some of the aging components will remain.
 - Limited ability to grow beyond 70-80 beds.
 - Parking is improved but will remain a challenge.
 - Access in and out of the site is challenging.
 - Emergency Parking is a problem.
 - Phased renovation will require many years of ongoing construction within your operational hospital. Phasing with this option is extremely disruptive.
- Overall Planner Evaluation: **C**



Hazel Hawkins
MEMORIAL HOSPITAL

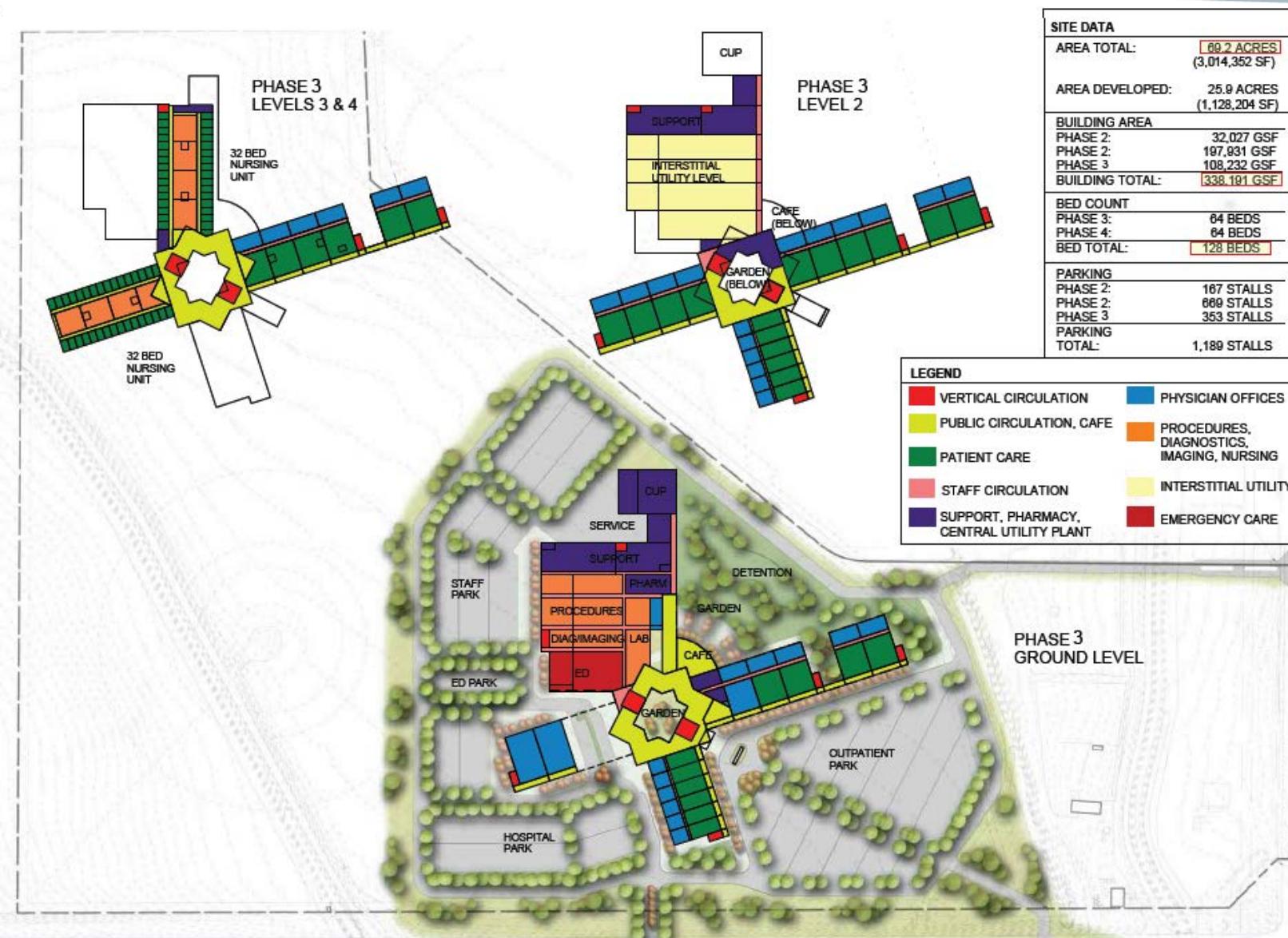


Recommended Direction
Relocate Acute Care to New Site
Renovate Current Campus as Ambulatory Site





- The recommendation of the planning team is to invest in the development of a replacement hospital campus.
- This will allow the facility to:
 - Accommodate future growth in the market.
 - Serve as the foundation for the future of healthcare in San Benito County.
- The initial phase would anticipate:
 - Land sufficient to accommodate future expansion of the facility as well as the addition of other Ambulatory and Medical Office needs of the community.
 - Hospital would initially be sized at
 - 50-60 Beds
 - 2-4 Operating/Procedure Rooms
 - 18-20 Emergency Room Exam Spaces

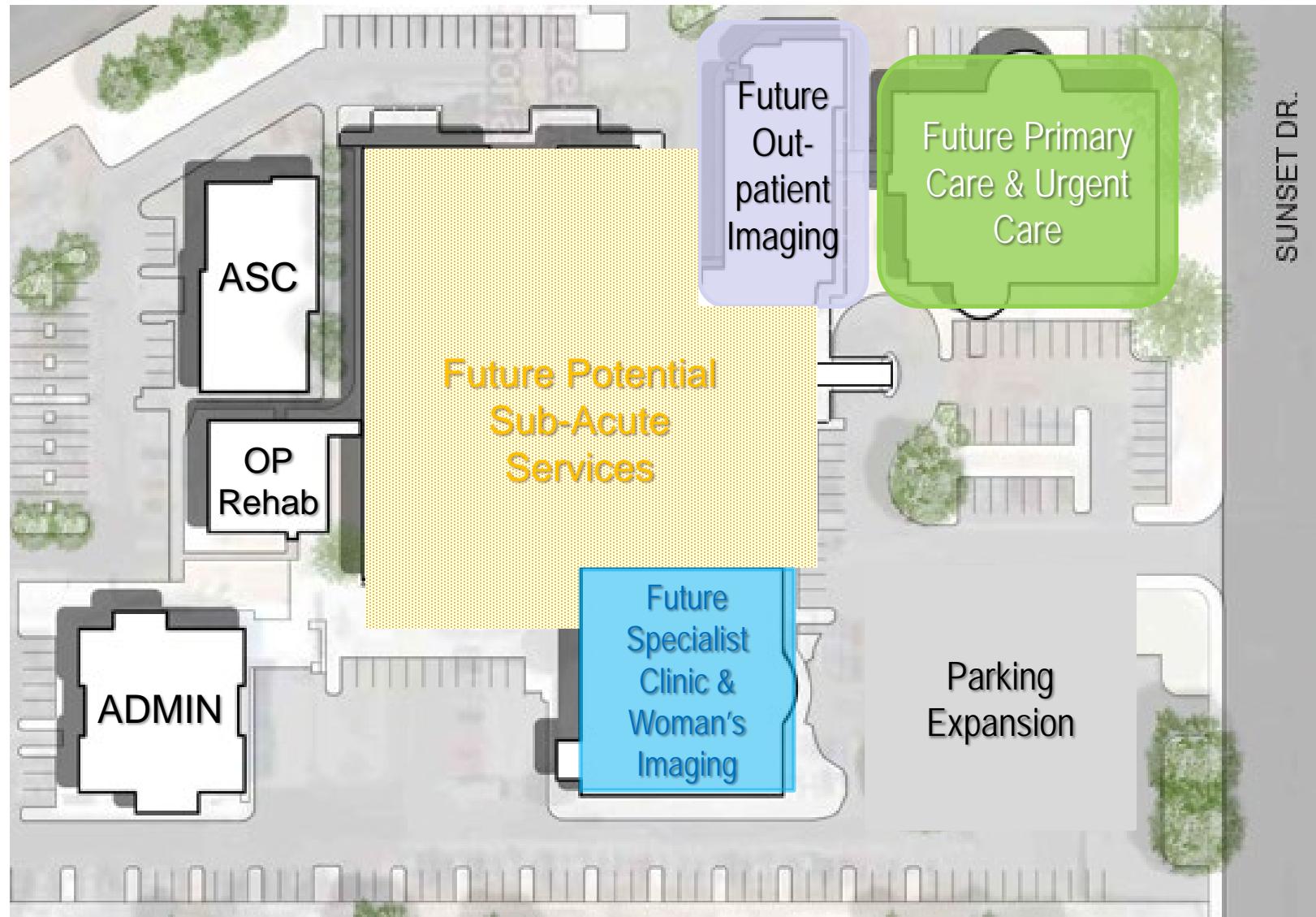


- Future Campus can evolve with the needs of the community.
 - Bed Capacity can easily reach 150-200 beds if community growth indicates that level of needs exist.
 - Campus can include additional Medical Office and Ambulatory Care space as needed.





Preferred Direction Repurpose Current Campus to Ambulatory Center



- Repurposing the current campus into the future ambulatory center would leverage the needed investments toward replacing the hospital.
 - Women's Center:
 - Medical Office Space for Specialists can be created today on the 3rd Floor of the Women's Center and expanded to the 1st floor later.
 - Woman's Imaging can remain where it is and expand in the future.
 - ER can be repurposed into a primary care and urgent care center.
 - Imaging can remain as an OP Imaging Center.
 - The ASC can remain. Future ASC development/expansion can happen on the new campus, this building can be repurposed into a GI/Endoscopy Center.
 - OP Rehab can move into the current ICU Building.

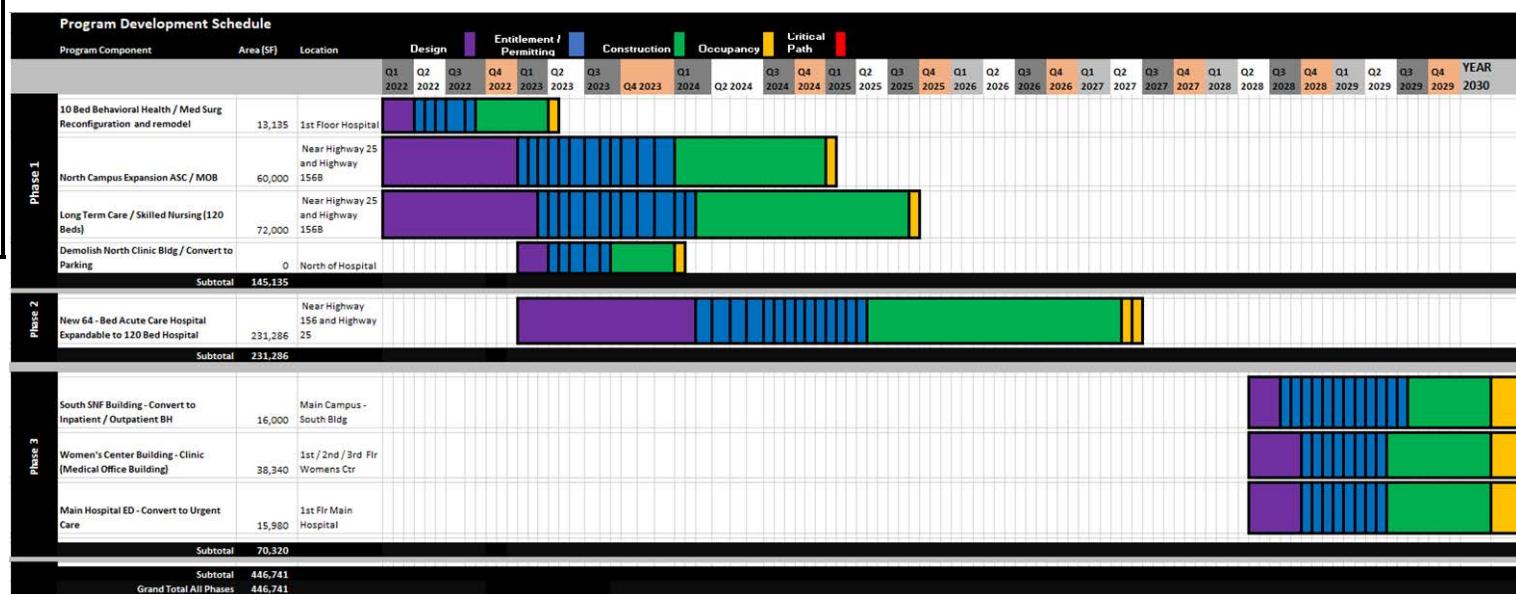
Hazel Hawkins Memorial Hospital

Recommended Direction-Replacement Hopsital

Option of Probable Costs

Hazel Hawkins Memorial Hospital Recommended Direction-Replacement Hospital Option of Probable Costs		
	Total SF	Projected Costs
Construction	100,000	\$ 88,047,409
Construction/Design Contingency		\$ 12,268,627
Escalation	4 Years	\$ 43,295,447
Site Costs (Demo/Parking Lot Exp)		\$ 23,485,560
Soft Costs (Arch, Permits, Certification)		\$ 20,633,599
Equipment & Furnishings		\$ 28,462,500
IT Costs		\$ 7,500,000
Project Contingency		\$ 9,019,885
		<u><u>\$ 232,713,026</u></u>
Buildout of 3-WC into New Clinic	1 Year	\$ 9,458,435
Renovation of 2-WC to Clinic	6 Years	\$ 12,677,041
Total Project		<u><u>\$ 245,390,068</u></u>

- Replacement of the Acute Care Infrastructure provides a number of benefits.
 - Lowest Impact on current operations and fastest scenario to completion.
 - Leverages the existing campus to become the Ambulatory and Administrative site for the system.
 - Existing Hospital infrastructure can be redeveloped into additional sub-acute beds. (SNF, Psych, etc.)
- New Hospital infrastructure has a projected life of 40-70 years.



- Projected Cost per Year of Life:
 - Hospital Only: \$5.8M over 40 years

- Pros:
 - No disruption to current hospital operations
 - Timeliness to market.
 - Building location can be selected to be convenient to the entire city, considering where growth is projected to occur.
 - New building will be operationally more cost effective.
 - Facility would have the ability to expand to 150+ beds as dictated by future needs of the community.
 - New facilities tend to provide a foundation for provider recruitment, thereby helping drive future volumes.
 - Accessibility to facility and parking.
- Cons:
 - Community perception of move.
 - Financial ability to support development of the replacement facility.
- Overall Planner Evaluation: **A**



Hazel Hawkins
MEMORIAL HOSPITAL



Replacement Hospital *Case Study Analysis*



TREANORHL





CLOUD COUNTY

Cloud County Master Plan/Replacement Hospital

In late 2018 TreanorHL was selected to complete a Facility Master Plan for Cloud County Health Center located in Concordia Kansas. This project included a full assessment of the existing hospital building, multiple department director and administration meetings, Board and Community meetings, site studies and careful coordination with USDA standards and requirements to ensure expedited approval of project funding. In early 2020, the project obtained USDA funding and approval, so the design team and selected General Contractor (McCownGordon) moved forward with design of the new replacement hospital. The modern facility will include all critical operational requirements within a Critical Access Hospital including Emergency Department, Inpatient, Surgery, Imaging and support spaces. For this client, the highest area of demand is the clinic, so we have included more rooms for both their family practice and specialty clinic spaces.

LOCATION
Concordia, Kansas

SIZE
80,000 SF

COST ESTIMATE
Est. \$40M

BID AMOUNT/FINAL COST
Est. \$40 M

DIFFERENCE
\$0

COST PER SQUARE FOOT
Est. 500/SF

COMPLETION
Est. 2022

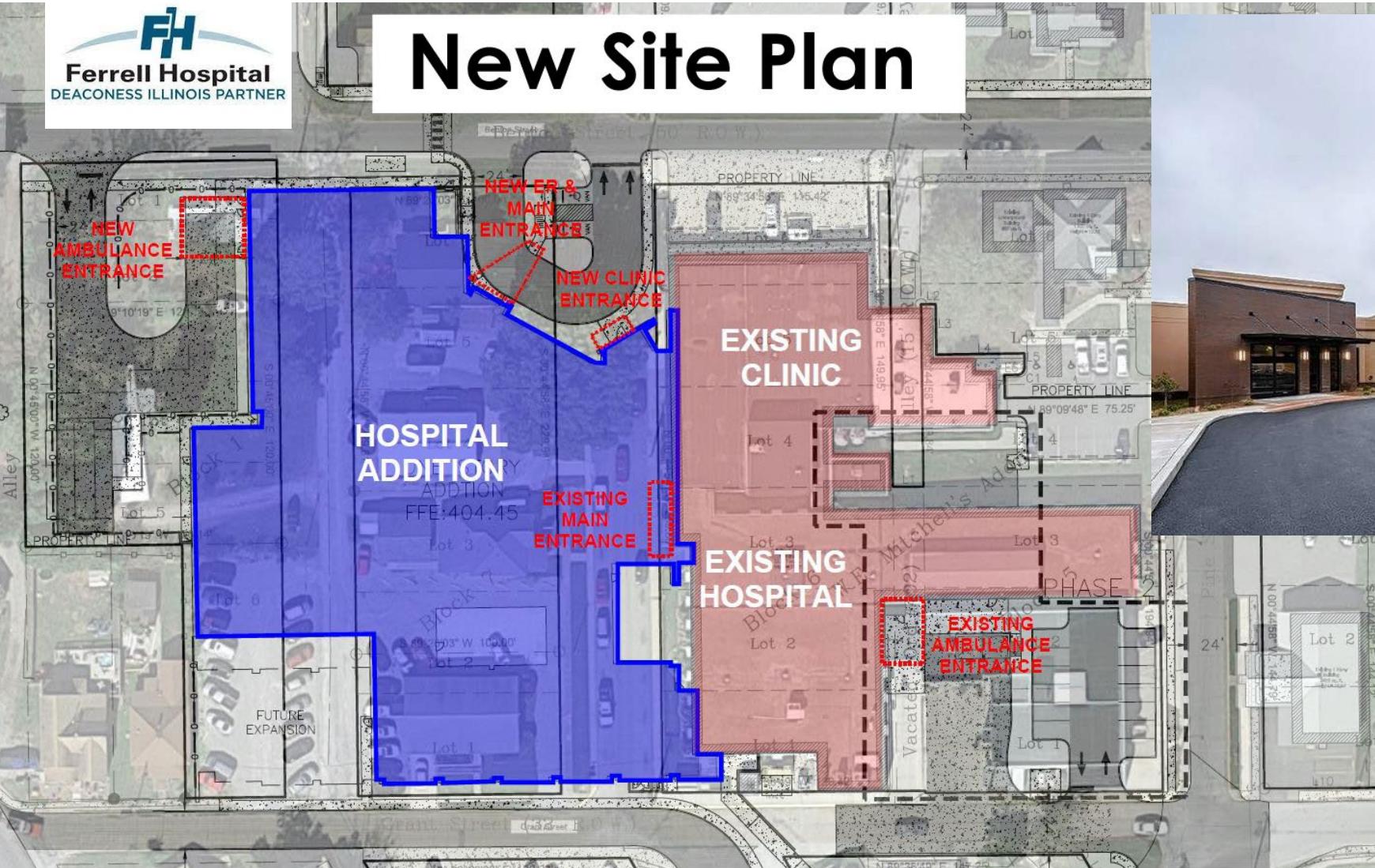
- Concordia, KS-Pop 5,100
- Cloud, Co -Pop 8,900
- One Hospital, 22 Beds.

CASE STUDIES - CLOUD COUNTY HEALTH CENTER

ADAMS Management Services Corporation
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New Site Plan



- Eldorado, IL – Pop 4,500
- Saline, Co – Pop 25,000
- Two Hospitals, 93 Beds.



Like many towns in the Mountain West, the city of Bozeman, Mont., is dealing with the demands of population growth. Surrounded by mountain ranges in the southwest corner of the state, the city is home to Montana State University and the seat of Gallatin County. With a population of about 112,000, it has been the fastest-growing part of the state in recent years.

Bozeman Health Deaconess hospital, operated by the nonprofit Bozeman Health system, serves as a tertiary care center for the region and is in the middle of a \$75-million phased expansion and renovation project. Designed by regional architecture and engineering firm Cushing Terrell (formerly CTA Architects Engineers), with Layton Construction of Sandy, Utah, as the general contractor, the expansion is the largest project undertaken at the hospital since it opened in 1986, says Mike Noli, executive project director for Franklin, Tenn.-based NoliWhite group, which is providing program management.

- Bozeman, MT–Pop 53,500
- Gallatin, Co –Pop 122,000

- Two Hospitals
 - 1 CAH, 1 Bed
 - Main Campus 91 Beds.

TREANORHL



CASE STUDIES - BOZEMAN HEALTH



BARRETT HOSPITAL & HEALTHCARE

That 83,000-square-foot new facility opened in June 2012, and has resulted in a spike of employees at Barrett. In 2011, Barrett employed 206 people, but now its employs 238. Of those 238 employees, 216 are full-time with payroll and benefits totaling \$17 million. Its annual budget is about \$29 million.

"It's important that we have state-of-the-art systems that make people want to come to us," he said. "It's a building designed for growth."



CATEGORY
Healthcare



SIZE
82,472 s.f.



COMPLETE
June 2012



LOCATION
Dillon, Montana

SUSTAINABLE HEALTHCARE IN A HEALING ENVIRONMENT

Barrett Hospital and HealthCare in Dillon, Montana is the first LEED GOLD hospital built in the state, and the twenty-eighth in the nation. This 82,742 s.f., 18-bed critical access replacement hospital is situated on a twenty-acre campus and addressed creating a healing environment that incorporated the ranching culture and natural beauty of the region. A much-needed expansion was critical to accommodate the growing needs of this small town and its outlying rural areas. HUD-insured, the design portion of the project took only nine months from the time of architect selection to the beginning of construction. [\[Read More\]](#)



- Sierra Vista, AZ -Pop 44,000
- Cochise County -Pop 125,000
- 4 Hospitals, 150 Beds.

PROJECT FACTS

Location: Sierra Vista, Arizona
Size: 177,000-SF
Market: Healthcare
Services: Planning, Programming, Architecture, and Interiors
Scope: Replacement Hospital

Canyon Vista Medical Center includes:

- 22 ED positions
- Seven-bed observation unit
- Four new operating rooms connected to an existing five operating room ambulatory suite
- Imaging suite with radiographic, ultrasound, nuclear medicine, and CT rooms
- 12-bed ICU rooms
- Seven LDR suites with C-section OR
- Term and level II nurseries
- 19-bed behavior health suite
- 75 medical-surgical beds

CASE STUDIES - CANYON VISTA MEDICAL



- Summit County, UT Population-42,000
- 37 Bed Hospital
- Operating Income \$10M-\$15M Annually (8-15% operating margin)
- 1,500 Discharges

ABOUT PARK CITY MEDICAL CENTER

Location: Park City, Utah

Structure Size: 140,000

Budget: \$42,000,000

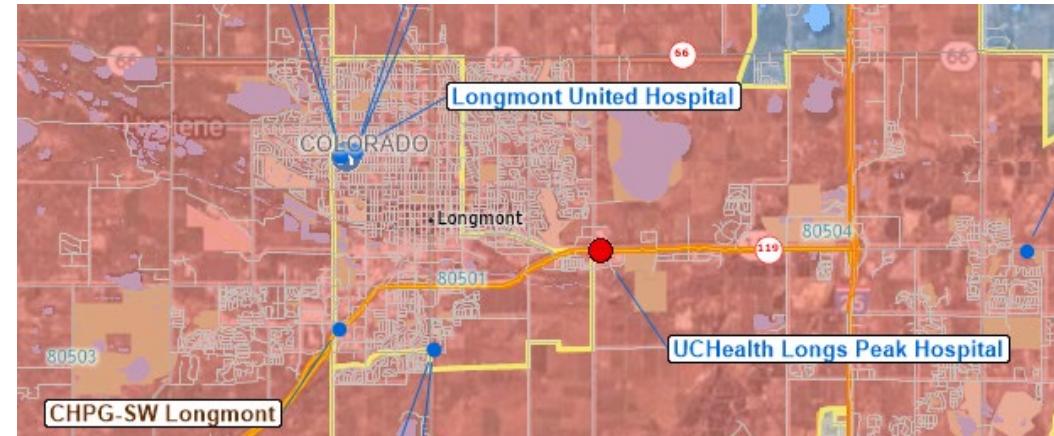
Date of Completion: 2009

CASE STUDIES - PARK CITY HOSPITAL



- Longmont United Hospital in Longmont, CO was an independent community hospital (100+ Beds).
- Located in an older residential area, and on a small physical site, much of the facility was older.
- Facility was not responsive to the growing community needs.

- UC Health partnered with local providers and built a new facility, with easy access, on the growing side of town.
- Within 2 years, UC Health Longs Peak took half the volume from Longmont United.
- Longmont was forced to find a strategic partner to redefine it as a small community hospital.



- Develop financial pro-forma projections to reflect projected operations.
- Review potential funding mechanisms.
 - Revenue Bonds/Municipal Bonds
 - Mortgage Lending (including HUD backed)
 - Developer partnership
- Refine recommended direction as supported by financial projections.