

Montana Coal Impact Grant Application

Submitted to the Montana Coal Board

By

Big Horn Hospital Association

For

**Big Horn Hospital Front Entry Construction &
Admission Office Renovation**

**Date Submitted
April 24, 2020**

SUMMARY INFORMATION

1. NAME OF APPLICANT(S):

Big Horn County

2. TYPE OF ENTITY:

Acute Care Hospital/Critical Access Designation

3. FEDERAL TAX ID NUMBER:

4.

5. SENATE AND HOUSE DISTRICTS: ***Senate District 21 House District: 41 & 42***

AMOUNT OF COAL IMPACT GRANT REQUESTED ***\$498,759.00***

6. NAME OF PROJECT: ***Hospital Front Entry Construction And Admission Office Renovation***

7. TYPE OF PROJECT: ***Hospital Construction And Renovation***

8. POPULATION SERVED BY PROJECT: ***13,141 – 2015 US Census Report***

9. NUMBER OF HOUSEHOLDS SERVED BY PROJECT: ***3,576***

10. CHIEF ELECTED OFFICIAL OR AUTHORIZED REPRESENTATIVE:

George Real Bird III/ Chairman Big Horn County Commissioner

Address: 121 West 3rd St.

Hardin, MT 59034

Phone: 665-9700

cwells@co.bighorn.mt.us

11. PRIMARY ENTITY CONTACT PERSON:

Bill Hodges/Hospital Foundation Director

17 N. Miles Ave.

Hardin, MT 59034

Phone: 665-2310 C Phone: 665-5539 FAX: 665-9238

E Mail Address: bhodges@bighornhospital.org

12. OTHER CONTACT PERSONS:

CTA Architects & Engineers/Mike Glassing-AIA

13 North 23rd Street – Billings, MT.

Phone: 248-7455 – Mike Glassing-AIA

12. MILLAGE RATES:

<u>FISCAL YEAR</u>	<u>MILL WORTH</u>	<u>MILLS LEVIED:</u>	
FY 2016-17	\$23,337.00	107.51	\$2,508,960
FY 2017-18	\$23,776.00	125.96	\$2,994,825
FY 2018-19	\$23,559.00	129.86	\$3,059,372
FY 2019-20	\$23,195.00	164.83	\$3,823.232

AMOUNT OF COAL GROSS PROCEEDS TAX: *In the previous two years, Big Horn County has received \$19,802,134. Gross proceeds tax is less than the previous two years due to reduced coal production. The aforementioned amount is allocated to County Department budgets (approximately 40%) and County schools. (ie 60%) Consequently, because gross proceeds taxes are allocated to governments where mines are located, Big Horn County uses these funds to support county government activities.*

COUNTY FINANCES: *Debt Obligations: Big Horn County has no current debt obligations. Current Assets: Total fixed assets for Big Horn County for fiscal year ending June 30, 2019 is \$40,840.948.*

13. IMPACTS FROM COAL INDUSTRY: *Approximately 520 + community residents (ie Coal Miners) are employed at the three coal mines contained within Big Horn County with an annual payroll exceeding \$44 million. According to the Environmental Quality Council draft report; in calendar year 2016 \$81 million was generated to state and local governments in the form of severance and gross proceeds taxes. The state of Montana generated \$60.4 million from the severance tax in fiscal year 2016, and has historically averaged between \$52.7 million and \$60.4 million since 2011. The coal gross proceeds tax, which is a 5% yearly constant tax imposed on gross proceeds, and collected by local county treasurers and then given proportionally to the taxing entity. In fiscal year 2016, this tax amounted to \$20.8 million. The Federal government collects royalties on tons of coal produced on federal property, and about half are sent to the state of Montana. The funds are then directed to the general fund, with approximately 25% going to an impact account committed to local governments. In fiscal year 2016, Montana mines paid \$20.9 million in federal royalties. Coal production has declined since 2008 when 45 million tons were produced to 35.3 million tons produced in 2017. (eg. Environment Quality Council Report-January 2018 & Montana Coal Council Annual Employment Report)*

14. MAPS: *Blueprints & Architect/Artist Drawings Will Be Included In This Application To Illustrate project scope and design to be located within Preliminary Architectural Report.*

17. BRIEF PROJECT SUMMARY:

Big Horn Hospital Front Entry Construction & Admission Office Renovation

Historical Information: Big Horn Hospital was built in 1959 by Big Horn County as an acute care hospital serving a rural population seeking moderate non emergent healthcare services. But in recent years due to increased volumes of patients seeking emergency treatment - Big Horn Hospital has not been prepared for this emerging patient demand for healthcare. Big Horn Hospital emergency department and ancillary hospital departments have not been renovated for over 40 years causing lack of efficiency and patient treatment outcomes to be less than optimal. Patient emergency visits have increased drastically in the previous three fiscal years to surpass an 8% increase yearly since 2016. This in turn exceeds a monthly average of 430 visits per month. Patient overflow in the Hospital causes the admission department to be congested and compromising patient confidentiality. The admission department renovation will encompass individual reception areas along with an improved lobby area for processing of patient admissions. A drive through covered entry/canopy will be included in the new construction to address the increase in patient volumes and provide an efficient patient delivery which is enclosed and protected from inclement weather.

Problem: Hospital Emergency Front Entrance/Patient Admissions Has The Following Deficiencies:

Admissions/Front Entry Is Undersized And Inadequate For Patient Disclosure Of Medical Information.

Patient Congestion With an Undersized Admissions Lobby Causes Patient Anxiety And Delays in Treatment of Patient Medical Symptoms.

Lack of Controlled Patient Access Is Evident Causing Patient Confidentiality To Be Compromised Along With Patient & Hospital Staff Safety.

Proposed Solution:

New Hospital Admissions Area Will Have Separate Admissions Reception Desks Bays That Will Address Emergent Patient Surges In The Admissions Department.

Patient Controlled Access Will Be Safer And Efficient With An Improved Design For Increased Patient Volumes.

Improved Patient Entry With A Covered Canopy Will Assist In Entry To Hospital And Relieve Congestion In The Patient Lobby/Waiting Areas While Protection From Volatile Weather Conditions.

**Big Horn Hospital Front
Entry Construction And
Admission Office
Renovation**

Completed by: Bill Hodges

For: Hardin, MT

Date: April 24, 2020

ADMINISTRATIVE/ FINANCIAL COSTS	SOURCE: Coal Board	SOURCE: BHHA	SOURCE: Big Horn County	SOURCE:	TOTAL:
Grant Administration	\$	\$2,150.00	\$ 935.00	\$	\$3,085.00
Office Costs	\$	\$	\$ 215.00	\$	\$ 215.00
Professional Services	\$	\$	\$	\$	\$
Legal Costs	\$	\$	\$	\$	\$
Travel & Training	\$	\$	\$	\$	\$
<u>TOTAL ADMINISTRATIVE/ FINANCIAL COSTS</u>	\$	\$2,150.00	\$1,150.00	\$	\$3,300.00
ACTIVITY COSTS:					
Equipment Cost	\$	\$	\$	\$	\$
Construction Cost	\$498,759	\$1,779,746	\$	\$	\$2,278,505
Architectural/Engineering Design	\$	\$ 125,163	\$	\$	\$ 125,163
Product Completion (PER's, studies, etc.)	\$	\$	\$	\$	\$
Contingency	\$	\$ 213,569	\$	\$	\$ 213,569
TOTAL ACTIVITY COSTS	\$498,759	\$2,118,478	\$	\$	\$2,617,237
TOTAL PROJECT COSTS	\$498,759	\$2,120,628	\$ 1,150.00	\$	\$2,620,537

BUDGET NARRATIVE FOR: Big Horn Hospital Front Entry Construction And Admission Office Renovation

<u>ADMINISTRATIVE/FINANCIAL COSTS</u>	
<u>Office Costs:</u>	
Office Costs will be minor in this project. Minimal cleric duties and processing of grant documents for the project	\$ 215.00
<u>Grant Administration:</u>	
Hospital Association Foundation Director will be the project manager assigned to the grant which will include monitoring work by professional staff along with completion of a final progress report for Coal Board administrative staff.	\$ 3,085.00
<u>Professional Services:</u>	
Professional Services will be reflected on this project in the costs associated with in design & engineering in the project budget.	\$ 0.00
<u>Legal Costs:</u>	
No legal fees are anticipated for this project.	\$ 0.00
<u>Audit Fees:</u>	
Audit fees will not be required for this project.	\$ 0.00
TOTAL ADMINISTRATIVE/FINANCIAL COSTS	\$ 3,330.00
<u>ACTIVITY COSTS</u>	
<u>Equipment Cost:</u>	
Not allocated for this funding application	\$
<u>Construction Cost:</u>	
Construction Cost Related To New Construction? Renovation Along With Contingency Costs.	\$ 1,179,746
<u>Architectural/Engineering Cost:</u>	
Fees Associated with Front Entry & Admission Office Design Associated Blueprints Including Mechanical & Electrical	\$ 125,163
<u>Contingency Costs:</u>	
Cost Associated With Concealed Conditions of Project.	\$ 213,569
TOTAL ACTIVITY COSTS:	\$ 2,617,237
TOTAL PROJECT COSTS:	\$ 2,620,537

**IMPLEMENTATION SCHEDULE FOR Big Horn Hospital Front Entry
Construction And Admission Office Renovation**

	QUARTERS 2019				QUARTERS 2020				QUARTERS 2021			
TASK	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH	1ST	2ND	3RD	4TH
<u>PROJECT START-UP</u>												
A. Sign contract with Coal Board							X					
B. Secure approval of other funding							X					
C. Submit progress reports and draw Down. (Progress reports.)								X				
<u>PROJECT CONSTRUCTION</u>												
A. Architectural Design							X					
B. Conduct pre-construction conference							X					
C. Construction and purchase and installation of equipment							X					
D. Monitor Progress								X				
E. Final Inspection								X				
<u>PROJECT CLOSE-OUT</u>												
A. Coal Board administrative staff conduct on-site monitoring of the project.								X				
B. Submit project completion report.									X			
C. Include project in audits.									X			

19. DESCRIPTION OF RELATIONSHIP TO COAL BOARD STATUTORY GRANT CRITERIA

A. Need

Does a serious deficiency exist in a basic or necessary community public facility or service? Examples include emergency services such as police, fire, or ambulance services. (Describe the nature and frequency of occurrence and provide supporting documentation.)

APPLICANT'S RESPONSE:

1. **As stated in the application project summary, Big Horn Hospital was built in 1959 for a stable health care patient population seeking only rudimentary healthcare services, but in the last three years, the healthcare consumer in Big Horn County is presenting in higher volumes which in turn necessitates that an improved healthcare facility with more physical space and efficient design concepts be built to address this urgent need for patient healthcare. The current hospital entrance which consists of a small lobby reception area and patient admission is an undersized design causing patients to be congested in a small area, and not conforming to confidential standards of healthcare transmission of patient medical information. An 8% increase in emergency room visits in the preceding three (3) fiscal years is the rationale for improving the admission process to be efficient and professional.**
2. Have serious public health or safety problems that are clearly attributable to a deficiency occurred, or are they likely to occur, such as illness, disease outbreak, substantial property loss, environmental pollution, safety problems, hazards, or health risks?

APPLICANT'S RESPONSE:

The serious public health problem that is apparent with the hospital business admission area is that patient confidentiality is compromised along with lack of control access which allows unfettered access by the patient to a majority of the hospital physical plant.

3. Is the entire community, or a substantial percentage of the residents of the community, seriously affected by the deficiency or at risk, as opposed to a small percentage of the residents. (Describe the number or percentage of community residents affected by the problem.)

APPLICANT'S RESPONSE:

A percentage of the Big Horn County population is at risk with a FY 2020 patient emergency visit average of 436.00 over nine (9) months of hospital operation along with projected visits to all hospital business lines to exceed 10,000 visits in a hospital fiscal year. Consequently, hospital visits would be almost approximately 78% of the City of Hardin population. Therefore, a risk factor could be evident with a patient population that is being delayed due to hospital admission inefficiency in the business office.

4. Is there clear documentation that the current condition of the public facility or service (or lack of a facility or service) violate, a state or federal health or safety standard. If the proposed project is necessary to comply with a court order or a state or federal agency directive, describe the directive and attach a copy of it.

APPLICANT'S RESPONSE:

There is not clear evidence/documentation Big Horn Hospital current physical plant violates state or federal health standards, but recommended hospital industry standards on square footage for “best practice” healthcare treatment with acute medical symptoms is being compromised in the current hospital reception/lobby area of the Hospital.

5. Does the standard that is being violated, or potentially may be violated; represent a significant threat or potential threat to public health or safety?

APPLICANT'S RESPONSE:

The potential for public safety is moderate and not a significant threat to public health/safety. But the potential delay of processing of patients in an inefficient admission office could cause for secondary threats to public safety. The lack of a controlled access point for patients could potentially be considered a mild threat to public welfare.

6. Additional information supporting the NEED for this project.

APPLICANT'S RESPONSE:

Big Horn Hospital in current fiscal year (ie July 1, 2019 – June 30, 2020) will have an estimated hospital visits/encounters exceeding 10,000 in the aforementioned fiscal year 2020. These patient encounters include emergency room visits, laboratory tests along with visits from patients seeking ancillary services such as imaging services which include CT Scans, Mammograms, X-Rays, and MRI's. The physical therapy department which is an aligned business entity of the Hospital Association has experienced increased patient visits in the current and previous fiscal years. All of these patient encounters will need to be processed by the admission/business department of the Hospital. The new design at the admissions office will allow patient reception and collection of patient data to be seamless and private which in turn will increase overall efficiency of operations in the hospital. The new public entrance will be a covered canopy and will be for most patient presentations that are not transported by ambulance. The new entry will allow patients/families to be protected from weather conditions. According to the Community Health Services public survey conducted in May of 2019, approximately 81.5% of survey respondents indicated that “local healthcare services are very important to the economic well-being of the community.” In current fiscal year 2020, Big Horn Hospital projected employee payroll will exceed 8 million dollars which has a conversion factor of close to 24 million to the local economy of Big Horn County. Big Horn Hospital Association is providing a viable economic base by employment of close to 200 medical healthcare workers in both Big Horn Hospital, Big Horn Senior Living, and Big Horn County Public Health.

B. Degree of Severity of Impact from an Increase or Decrease in Coal Development or In the Consumption of Coal by A Coal-Using Energy Complex

1. Describe why the need for the expansion or improvement to the public facility or public service is attributable to coal-related impacts. Additionally, please provide the percentage of the project that is a result of coal impacts.

APPLICANT'S RESPONSE:

Due to the medical necessity of coal related activities and economic conditions within Big Horn County approximately 43% of the Hospital renovation and equipment replacement would be coal-related impacts to the general population while about 4% would be direct coal miner job related utilization of the hospital services arena. The aforementioned numerical calculation is the population threshold of households that are impacted by the Hospital project due to an estimated 10,000 annual hospital visits. According to Census 2010, the median income for a household was \$36,550, and the median income for a family was \$41,985. According to a recent publication/report to the Montana Coal Council, total coal production for Montana was about 35.3 million tons in calendar year 2017. The aging workforce of the Big Horn County coal miners and families along with the job related hazards of coal mining causes the Hospital renovation to be a significant influence to coal related activities in Big Horn County. Big Horn County has three (3) coal mines in the County, Cloud Peak/Spring Creek Mine, Westmoreland Resources/Absaloka Mine, Lighthouse Resources/Decker Mine, and one Coal generating station north of Hardin. A computer server north of Hardin was in construction, but has been idled in the last 90 days due to financial constraints of operations

2. Name the nearest coal development area or coal-using energy complex to your community and the road miles from your community.

APPLICANT'S RESPONSE:

The closest coal development area complex to the town of Hardin is Absaloka Mine located 21 miles southeast of Hardin along with coal generating station north of Hardin approximately 1.5 miles, but operations have sporadic in previous calendar years.

3. Additional information supporting the DEGREE OF SEVERITY OF IMPACT FROM AN INCREASE OR DECREASE IN COAL DEVELOPMENT OR IN THE CONSUMPTION OF COAL BY A COAL-USING ENERGY COMPLEX.

APPLICANT'S RESPONSE:

Big Horn Hospital is one of two critical access hospitals in Big Horn County. Big Horn Hospital offers an array of diverse medical services including updated medical equipment and related technology to the County population of 12,800 + residents. A modern renovated business department and new front entrance will provide an efficient and quality medical environment that permits the health care consumer in Big Horn County to be seen locally and treated without delay or transfer to urban hospitals in Billings approximately 50 miles away. According to the 2021 Biennium Coal Impacted Local Governmental Units Designation Report Spring Creek Mine is projected to increase production by more than 1 million tons per year for the remainder of the biennium which has been under speculation due to lack of demand in international markets.

C. Availability of Funds

1. Amount requested from the Coal Board: **\$ 498,759.00 = 19%**
2. Amount of Coal Board funds available at the time of application \$ _____ (#2 will be completed by Coal Board staff)
3. Explain why a coal impact grant is necessary to make the project feasible and affordable

APPLICANT’S RESPONSE:

The Coal impact grant is necessary due to Hospital Association previously committed funds for building repairs/capital equipment purchases toward Big Horn Hospital and Big Horn Senior Living Center operated by the Hospital Association. Traditional capital equipment expenses for Big Horn Hospital Association are approximately \$200,000 per fiscal year. The annual debt loan service for the Hospital Association/Big Horn Senior Living is in excess of \$11,705,000. A majority of this debt is associated with Hospital capital improvement campaign. (ie New construction/renovation). Hospital reimbursement is by government payers-Medicaid & Medicare. Reimbursement by these payers is approximately 27% of billable charges. Hospital Association engages in annual grant writing requests to off-set capital equipment purchases, but due to competitive nature of grant funding – funding is often subsidized by the Hospital Association and Big Horn County Inter-governmental grant revenue. The Coal Board grant request is approximately 19% of the total project budget demonstrating the obligation of the Hospital Association to be dedicated to the completion of the front entry/admission office renovation.

Proposed funding sources for the project?

APPLICANT’S RESPONSE:

<u>FUNDING SOURCES SUMMARY FOR Big Horn Hospital Front Entry Construction And Admission Office Renovation Project</u>				
Source	Type of Fund	Amount	Status of Commitment	Loan Rates & Terms
Montana Coal Board	Impact Grant	\$ 498,759.00	Pending	Not Applicable
Big Horn Hospital Association	Direct Contribution Hospital Foundation Hospital Reserves, And MT Finance Loan.	\$2,120,628.00	Pending Public Fundraising Capital Campaign	Loan Secured 20 Year – 4.38 % 5 Year - 4.58%
Big Horn County	In Kind Contribution	\$ 1,150.00	Pending Award	Not Applicable
		\$ 2,620,537		

4. If a particular proposed source of funding is not obtained, how will the applicant proceed?

APPLICANT'S RESPONSE:

If Big Horn Hospital Association is not successful in the quarterly Coal Board meeting in June, alternative avenues to pursue funding would be the following: increase allocation of Hospital Association reserve funds to the project, expand public capital campaign, and finally request additional financial support from Big Horn County in upcoming fiscal years 2021 & 2022.

D. Degree of Local Effort in Meeting Needs

1. If current millage rates given are lower than the average rates levied during the previous three years, briefly explain why they are lower.

APPLICANT'S RESPONSE:

Current millage value have increased in previous fiscal years.

2. Describe any local efforts to meet the public facility or public service needs by providing financial contributions to the project to the extent possible, such as local funding, donations of land, absorbing some or all-administrative costs. For non-profit organizations, describe fundraising efforts or other in-kind assistance to the proposed project as well as usual program fund-raising efforts.

APPLICANT'S RESPONSE:

Local Fundraising efforts have been active in Big Horn County for approximately 17 months. It is projected the community/public campaign phase along with pledges from the Hospital Association Medical Family will offset a portion of project costs. As of this application submission community along with Hospital Family pledges have surpassed \$1,000,000 in capital campaign funding. A Community Development Block Grant application was applied for and funded at \$400,000. A combined total of \$1,457,000 has been secured by this application date towards a campaign goal of \$3,000,000.

3. Describe past operation and maintenance budgets and practices over the long-term, including any reserves for repair and replacement.

APPLICANT'S RESPONSE:

Big Horn Hospital Association historically implements a capital replacement five (5) year plan that outlines and prioritizes equipment attrition/useful life for plant operations. Due to the aging physical plant of the Hospital built in 1959, this 61 year old building is in drastic need of renovations with specific need to the front entry and admission department area that has been absent since inception of the original build date of 1959. The Hospital has minimal reserves for capital repair and replacement and since incurring new debt service obligations towards the hospital master facility update/construction project.

APPLICANT'S RESPONSE:

**CURRENT DEBT SUMMARY FOR Big Horn Hospital
Front Entry Construction & Admission Office
Renovation Project**

Year Issued	Purpose	Type of Bond/ Security	Amount	Maturity Date (mo./yr.)	Debt Holder	Coverage Required	Annual Payment Amount	Outstanding Balance
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4. If there are indications that the problem is not of recent origin, or has developed because of inadequate operation and maintenance practices in the past, explain the circumstances and describe the actions that management will take in the future to assure that the problem will not reoccur.

APPLICANT'S RESPONSE:

Big Horn Hospital is an acute care critical access hospital, offering hospital services beginning July 1, 1959. Big Horn Hospital is operational 24 hours a day – 7 days a week to the residents of Big Horn County. The business department has undergone only minor cosmetic upgrades since the Hospital was first built in 1959. The new front entry construction will add efficiency and improved access to the Hospital for patients that are self-transporting to seek medical attention. This phased master facility capital improvement project will serve the Big Horn County healthcare consumer well in the future of Big Horn County growth and expansion.

5. If the project involves water, wastewater or solid waste, provide the current and projected monthly household user charges, including operation and maintenance:

Not Applicable to this application/project.

a

b What is the current monthly household user charge? \$ _____

c What is the projected monthly user charge (including operation and maintenance) when the project is complete? \$ _____

6. What are your current debt obligations? **Total Debt Schedule From June 1, 2019 To June 30, 2020**

Refer To Enclosed Attachment Debt Loan Document.

TOTAL = \$ 11,819,702.27

7. What are your current assets?

APPLICANT'S RESPONSE:

Please refer to attached Big Horn Hospital Association Income Statement for Fiscal 2020.

8. What financial accounting system do you use? **Athena**

9. Is the applicant in compliance with the auditing and annual financial reporting requirements provided for in the Montana Single Audit Act, 2-7-501 to 522, MCA? (Tribal governments must comply with auditing and reporting requirements provided for in OMB Circular A-133).

Yes **X** No__ Date of last completed audit or financial report **February 2020**.

10. If there have been audit findings within the last five years, have they been satisfactorily addressed?

APPLICANT'S RESPONSE:

Yes. No significant audit findings have been recommended for correction in recent audit.

11. Additional information supporting the DEGREE OF LOCAL EFFORT IN MEETING NEEDS.

APPLICANT'S RESPONSE:

The degree of local effort is transparent with yearly capital campaign requests by the Hospital Foundation to seek out community donor requests for the benefit of the Hospital Association along with an annual community "Fish Fry" which has been in existence for 29 years. Big Horn Senior Living offers an annual Alzheimer Walk each spring that assists with activity department budgets at both the long term care facility and Big Horn Hospital. The Hospital coordinated the first Hospital "Showcase" event in October 2019 which was well attended by the public of Big Horn County. Grant writing for funding of capital equipment requests is aggressively pursued based on availability of funding from local & regional sources when capital equipment needs present. Strong support from Hospital Association affiliated auxiliaries have been evident previous fifteen years.

E. Planning & Management

1. Describe how your grant request reasonably fits into an overall plan for the orderly management of the existing or contemplated growth or decline problems related to coal impacts.

APPLICANT'S RESPONSE:

The Hospital Association engaged in a master facility planning review process almost four years ago on all properties managed by the Hospital Association. The Hospital Association master facility planning committee comprised of hospital staff, medical providers, and members of the general public ranked the hospital renovation with specific references to congested patient traffic flow as an urgent need for improvement. The prioritization of the Hospital construction/renovation project translated into an immediate need along with high probability of positive financial return of investment on construction expenses. Patient safety along with compliance issues for patient confidentiality was a salient reason for addressing the future planning and anticipated growth of issues related to coal impacts. This issue is also addressed in the Preliminary Architectural Report prepared by CTA Architects & Engineering.

Describe how the proposed project is consistent with current plans.

APPLICANT'S RESPONSE:

Big Horn Hospital Association revision of organization mission/vision statements in 2015 indicates the Association – “will provide and individualize the healthcare experience, embodying an organization of people working together, promoting a culture of personal accountability to improve the health and well-being of those we serve.” Big Horn Hospital along with Big Horn Senior Living has adopted the values of

C A R E

Compassion – We treat our patients, communities and colleagues with sensitivity and empathy.

Accountability – We promote individual and organizational responsibility.

Respect – We honor the dignity of our patients, communities and colleagues.

Empowering – We create an environment for individuals to make confident decisions and health choices.

The Hospital Association since 2000 has been an independent operational entity absent of outside managerial consultation. The Hospital Association has established an aggressive/proactive evaluation and replacement of capital equipment with quarterly quality improvement models to evaluate capital equipment replacement projects. The current physical plant design of Big Horn Hospital, does not allow for efficient levels of patient services to be rendered in an appropriate medical industry standard of compliance. Patient emergency encounters in the previous three years have been on an 8% increase driving the necessity of this project to be a significant priority for delivery of healthcare in Big Horn County. To further underscore the sentiments of Big Horn County residents, in a 2019 Community Health Survey Project coordinated by Montana State Bozeman Rural Health staff-71.8% of survey respondents indicated Hardin was a preference for primary care services. A public hearing will be scheduled in May 2020 to address environmental health issues for this project and will be forwarded before June 1st for inclusion into the application packet.

APPENDIX A

PAR PRELIMINARY ARCHITECTURAL REPORT (PAR) REQUIREMENTS

This Section Is Not Applicable To Big Horn Hospital Front Entry Construction And Renovation Project

A. A PAR MUST BE SUBMITTED AS PART OF A COAL BOARD APPLICATION FOR:

Utilization of a PAR for rehabilitation or construction of Coal Board funded activities for Non-Water/Non-Wastewater community facility projects;

- a. New construction of a Non-Water/Non-Wastewater community facility project;

B. A PAR MUST MEET THE REQUIREMENTS FOR:

- a. Preparation of a PAR as a planning activity

C. GENERAL INFORMATION ON PARs:

- The PAR outline presented here is by no means all-inclusive. The architect should use his or her professional judgment to present sufficient information during preparation of the PAR, taking into account that different projects require varying levels of detail (rehabilitation of an existing building versus construction of a new building) and consideration of reasonable alternatives.
- Architects and project representatives can call Community Development Division staff (406841-2770) to request clarification and guidance regarding this PAR outline.

D. ENVIRONMENTAL CONSIDERATIONS RELATED TO THE PAR

<p>NOTE: All state and Coal Board funded projects are subject to the Montana Environmental Policy Act (MEPA). This law seeks to avoid adverse impacts on the environment by mandating careful consideration of the potential impacts of any development assisted with funds.</p>
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- MEPA seeks to avoid or mitigate adverse impacts on the natural and human environment by mandating careful consideration of the potential impacts of any development assisted with state funds or approved by a Montana state agency.

Please refer to enclosed environmental impact checklist.

1. PAR OUTLINE

I. PROBLEM DEFINITION

A. DESCRIBE AND DOCUMENT THE NEED FOR THE PROJECT AND THE PROBLEM(S)

TO BE SOLVED. Describe the need for the project according to the following criteria:

1. Health and Safety - Describe concerns and deficiencies, compliance issues, and relevant regulations such as the International Building Code, (and other codes as listed in "Special Requirements Concerning Code and Standards Enforcement"), asbestos, lead-based paint, handicapped accessibility, zoning ordinances, and other federal, state, local, or tribal requirements concerning the existing facility(ies).

Attach pertinent correspondence to or from appropriate federal, state, and local regulatory agencies, especially information that provides documentation of health and safety concerns and deficiencies.

2. Facility Operation & Maintenance (O&M) - Describe O&M concerns regarding the existing facility(ies) with an emphasis on those with the greatest financial and operational impact.

If the high cost of maintaining the existing facility(ies) is related to a proposal to modify or replace the existing facility, describe and document these concerns and potential cost savings.

3. Growth - Describe the facility's capacity to meet projected growth needs from the completion of construction through the anticipated useful life of the building

Discuss any potential for future expansion, if applicable, or any consideration given to designing for phased construction or incremental expansion of the facility in the future.

Provide both the number of current users served by the facility(ies) and the projected number of users to be served by the proposed project upon completion.

B.IDENTIFY THE PLANNING AND SERVICE AREA, INCLUDING THE EXISTING LOCATION AND POTENTIAL, ALTERNATE LOCATIONS OF THE FACILITY.

Using narrative and drawings, describe the planning and service area and alternate building(s) or sites under review or consideration. The description should include the following information:

1. Location - Indicate legal and natural boundaries, major obstacles, environmental constraints, etc., using maps, photographs, and sketches of the planning and service area, including both the existing location and potential alternate locations for the facility.
2. Growth Areas and Projected Population Trends - Identify specific areas of projected, concentrated population growth and relate these to the forecasted growth in the clientele to be served by the proposed project.

Provide population projections for the project's planning and service area (and for the persons and/or groups the facility will serve) as well as for the projected design period (i.e., the anticipated useful life of the proposed facility).

Base projections for the clientele to be served upon historical records, Census data, or economic projections, citing recognized sources.

B. EVALUATE THE CONDITION OF THE EXISTING FACILITY(IES). Describe the existing facility(ies), including at least the following information:

1. History - Provide a brief history of the facility(ies), including when the structure was constructed, major improvements implemented in the past, and any past problems.
2. Condition of Facilities - Describe the present condition and any problems such as code deficiencies, general structural decay, presence of asbestos, mold or moisture, lead based paint, subsidence issues, overcrowding, or handicapped accessibility. Describe the adequacy or capacity of the existing facility(ies) to meet existing and long-term needs.

II. ALTERNATIVE ANALYSIS

A. DESCRIPTION OF ALTERNATIVE SOLUTIONS. Describe each alternative design, building, or site considered -- i.e., identify and describe existing buildings with potential for rehabilitation or alteration, or alternative building sites considered for new construction.

1. If proposing rehabilitation or alteration of existing buildings - Describe existing buildings within the community that could be modified or rehabilitated to accommodate the proposed facility or need.

Describe the potential benefits and possible deficiencies with each alternative design, building or site considered, including code compliance issues, floor space, handicapped accessibility, and potential for long-term expansion, as applicable.

2. If proposing new construction, describe alternative building sites considered for new construction, any existing structures on the site(s), potential for long-term expansion, proximity to other services, environmental constraints, etc.

B. REGULATORY COMPLIANCE AND PERMITS. Describe issues that need to be addressed concerning compliance (for either a new building or a rehabilitated building) with appropriate regulations such as the International Building Code and other relevant codes, zoning issues, asbestos, lead-based paint, permits, handicapped accessibility (American Disabilities Act and HUD 504 regulations), designated 100-year floodplains, and other applicable federal, state, local or tribal requirements.

C. LAND ACQUISITION ISSUES. Identify sites to be purchased or leased and any easements needed, if applicable. Specify whether these properties are currently owned, to be purchased or leased, and whether options have been obtained, contingent upon receipt of funding.

D. ENVIRONMENTAL CONSIDERATIONS. For the alternative selected for the project, discuss the following:

1. Potential Environmental Impacts - The PAR must include a discussion of environmental resources in the area that might be impacted or that might impact the proposed facility.
2. Mitigation - Evaluate appropriate short and long-term measures to mitigate each potentially adverse impact.

Describe the mitigation measure(s) necessary to minimize potentially adverse impacts upon identified environmental resources. Projects contemplating the renovation of existing structures should thoroughly discuss mitigation measures to address any existing hazards, such as asbestos and lead-based paint, where identified, in accordance with federal and state requirements.

3. Correspondence - Include any environmentally-related correspondence and agency comments (e.g., comments from the State Historic Preservation Office).
4. Exhibits/Maps - Include any exhibits, maps, or drawings as applicable to describe potential environmental impacts.

E. CONSTRUCTION PROBLEMS. Discuss potential concerns such as geological constraints, limited access, underground storage tanks, high water table, asbestos, lead based paint, contaminated soil, noise, odors, or other conditions that may affect cost of construction or long-term operation of the proposed (new or rehabilitated) facility.

F. COST ESTIMATES FOR EACH ALTERNATIVE. For each alternative considered, include both:

1. Project Costs (i.e., administrative, financial, engineering, architecture, and construction costs) and Project Annual Operation and Maintenance Costs

III. SELECTION OF THE PREFERRED ALTERNATIVE

A. ANALYSIS OF ALTERNATIVE SOLUTIONS. Provide an analysis of why the preferred alternative (design, building, or location) was selected over other alternatives.

B. SITE LOCATION AND CHARACTERISTICS. Discuss the site location of any current or proposed facilities, and why the preferred alternative was selected over other alternatives.

C. PRELIMINARY ARCHITECTURAL PLANS. Provide preliminary architectural plans (including a proposed floor plan) for the proposed (new or rehabilitated) facility.

- D. OPERATIONAL REQUIREMENTS.** Discuss the expertise required to operate the facility and any unique operational requirements or benefits of the facility and describe why the preferred alternative was selected over other alternatives.

- E. PROJECT COST SUMMARY / PROJECT COST ESTIMATE.** Provide an itemized estimate of the project cost based on the anticipated period of construction including administrative, development and construction, land and utilities, legal, engineering, interest, equipment, contingencies, refinancing, and other costs associated with the proposed project. See 'II. F Cost Estimates for Each Alternative, above.

CONCLUSIONS AND RECOMMENDATIONS

Provide any other conclusions and recommendations and any additional findings that should be considered in the evaluation of the proposed project and the selected alternative.

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APPENDIX Contents:

A. Coal Board Planning Grant Application

ATTACHMENTS:

- ***Certification Statement***
- ***Hospital Association Debt Loan Schedule***
- ***Hospital Association Income Statement***
- ***Hospital Renovation Project Budget***
- ***Community Health Services Report 2019***
- ***Architect Facility Preliminary Report***
- ***Hospital 5 Year Capital Replacement Schedule***
- ***Project Environmental Project Public Notice***
- ***Project Specific Environmental Review Checklist***
- ***Project Specific Environmental Review Narrative***

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**THE COAL IMPACT GRANT APPLICATION FORM
SUBMITTED BY Big Horn Hospital
Association/Big Horn Hospital**

CERTIFICATION

To the best of my knowledge and belief, the information provided in this application and in the attached documents is true and correct.

In accordance with Section 90-6-205, MCA, the applicant is eligible for Coal Board grants and has the statutory authority to make expenditures to provide for the particular service or facility.

Name: *GEORGE REAL BIRO III*

Title: *COUNTY COMMISSIONER*

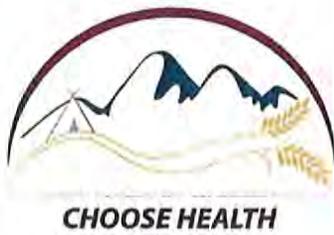
Signature: *[Handwritten Signature]* Date: *04.23.2020*

**Big Horn Hospital Association
Debt Schedule
7/01/2019 - Thru 6/30/20**

	Series 2018A MFFA Bond Taxable Loan Big Horn Hospital	2018B MFFA Bond Non-Taxable Loan Big Horn Hospital	Balboa Capital Phone System BH/HA	Stago STA Satellite Lab Equipment	GE Capital EKG Machine MAC 5500 HD	First American Leasing Kronos	Kingsbridge DRX Plus 3543C Detector	Kingsbridge MRI -Digital Mammo Portable	Creekridge Capital Omni-Cell	Canon Medical CT Scanner Capital Lease	Thermo Fisher ABX Lab Capital Lease	Hologic Dexa Scanner Capital Lease	Thermo Fisher Vitros 5600 Lease	LHSB Bobcat Diesel 4X4	Total
	\$ 3,000,000.00 \$65,750/Month	\$ 8,000,000.00 \$25,533.34/Month	\$ 25,218.75 \$478.80/Month	\$ 38,619.43 \$727.86/Month	\$ 17,699.20 \$297.24/Month	\$ 98,667.48 \$1849.02/Month	\$ 42,500.00 \$724.45/Month	\$ 1,333,989.24 \$22,172.18/Month	\$ 124,334.74 \$2,346.35/Month	\$ 341,199.00 \$6,478.00/Month	\$ 45,389.00 \$901.00/Month	\$ 37,000.00 \$703.50/Month	\$ 158,972.00 \$3,000.00/Month	\$ 29,125.00 \$539.57/Month	
Beginning Balance, 6/30/19	\$ 3,000,000.00	\$ 8,000,000.00	\$ 21,460.67	\$ 2,165.49	\$ 15,061.23	\$ 37,286.95	\$ 40,088.58	\$ 1,192,635.44	\$ 4,663.53	\$ 153,090.87	\$ 21,653.16	\$ 17,866.66	\$ 115,371.04	\$ 23,325.21	\$ 12,644,668.83
New Borrowings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Principal Payments	\$ (550,000.00)	\$ -	\$ (3,523.70)	\$ (3,606.16)	\$ (2,643.91)	\$ (15,596.89)	\$ (4,521.22)	\$ (147,955.47)	\$ (4,663.53)	\$ (53,198.25)	\$ (6,302.66)	\$ (5,720.47)	\$ (23,055.18)	\$ (4,172.12)	\$ (824,959.56)
Ending Balance	<u>\$ 2,450,000.00</u> 270300	<u>\$ 8,000,000.00</u> 270300	<u>\$ 17,936.97</u> 220500	<u>\$ (1,440.67)</u> 220500	<u>\$ 12,417.32</u> 220500	<u>\$ 21,690.06</u> 220500	<u>\$ 35,567.36</u> 220500	<u>\$ 1,044,679.97</u> 220500	<u>\$ -</u> 220500	<u>\$ 99,892.62</u> 220500	<u>\$ 15,350.50</u> 220500	<u>\$ 12,146.19</u> 220500	<u>\$ 92,315.86</u> 220500	<u>\$ 19,153.09</u> 220500	<u>\$ 11,819,709.27</u>
Maturity Schedule															
FY2021	\$ 575,000.00	\$ -	\$ 5,766.88	\$ -	\$ 4,419.77	\$ 21,690.06	\$ 8,081.64	\$ 262,106.70	\$ -	\$ 93,442.93	\$ 13,554.74	\$ 10,054.06	\$ 37,623.28	\$ 7,254.29	\$ 994,116.78
FY2022	\$ 600,000.00	\$ -	\$ 5,231.46	\$ -	\$ 3,547.76	\$ -	\$ 6,992.53	\$ 224,525.49	\$ -	\$ 6,449.69	\$ 1,785.90	\$ 2,092.13	\$ 34,038.39	\$ 6,087.49	\$ 850,624.96
FY2023	\$ 625,000.00	\$ -	\$ 5,512.80	\$ -	\$ 3,558.42	\$ -	\$ 7,497.94	\$ 238,614.59	\$ -	\$ -	\$ -	\$ -	\$ 20,654.19	\$ 5,811.31	\$ 880,183.75
FY2024	\$ 650,000.00	\$ -	\$ 1,424.12	\$ -	\$ 891.37	\$ -	\$ 8,039.85	\$ 253,587.81	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 913,943.15
FY2025	\$ -	\$ 405,000.00	\$ -	\$ -	\$ -	\$ -	\$ 4,955.40	\$ 65,845.35	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 475,800.75
Thereafter	\$ -	\$ 7,595,000.00	\$ 1.71	\$ (1,440.67)	\$ (0.00)	\$ (0.00)	\$ -	\$ 0.03	\$ -	\$ 0.00	\$ 9.86	\$ (0.00)	\$ (0.00)	\$ (0.00)	\$ 7,705,039.88
	Mar-20	Mar-20	Mar-20	Mar-20	Mar-20	Mar-20	Mar-20	Mar-20	Mar-20	Mar-20	Mar-20	Mar-20	Mar-20	Mar-20	Mar-20

**Big Horn Hospital
Income Statement
February 2020**

Current Month			Current Year-To-Date			Prior Fiscal Year-To-Date
Actual 02/29/20	Budget 02/29/20	Positive (Negative) Variance	Actual 02/29/20	Budget 02/29/20	Positive (Negative) Variance	Actual 02/28/19
254,883.01	159,278.67	95,604.34	Gross Patient Revenue			
269,148.79	220,981.25	48,167.54	Inpatient Revenue	1,780,292.41	1,274,229.33	506,063.08
597,275.73	680,546.17		Outpatient Revenue	2,332,394.05	1,767,850.00	564,544.05
183,813.02	293,546.50		Emergency Room Revenue	4,835,321.55	5,444,369.33	5,776,812.64
0.00	0.00	0.00	Swing Bed Inpatient Revenue	1,808,279.88	2,348,372.00	2,055,360.17
			Long Term Care Revenue	0.00	0.00	0.00
1,305,120.55	1,354,352.58		Total Patient Services Revenue	10,756,287.89	10,834,820.67	11,577,934.10
			Revenue Deductions/Additions			
			Contractual Adjustments		2,339,469.98	
			Bad Debt		67,933.41	280,197.49
			Community Care Adjustments			
			Misc. Discounts; Admin Adjust			
47,052.63	0.00	47,052.63	HUF Income	383,143.66		0.00
			Total Revenue Deductions		2,160,928.80	
70,638.89	1,181,827.33		Net Patient Services Revenue	7,598,300.75	9,454,618.67	8,409,444.51
27,215.56	30,919.18		Other Operating Revenue	227,304.23	247,353.44	237,981.21
731,854.45	1,212,746.51		Total Operating Revenue	7,825,604.98	9,701,972.11	8,647,425.72
			Operating Expenses			
2,823.18	8,159.08	5,335.90	Repairs & Maintenance	47,704.64	65,272.64	17,568.00
8,367.82	7,489.57		Leases & Rental	71,747.69	59,916.56	25,198.31
503,815.76	528,483.93	24,668.17	Salary	4,223,073.22	4,227,871.44	3,842,993.25
155,387.39	177,009.95	21,622.56	Benefits	1,207,464.90	1,416,079.60	1,190,484.32
4,212.02	11,547.28	7,335.26	EE Related Expenses	67,452.93	92,378.24	24,925.31
22,008.28	36,737.58	14,729.30	Patient Chargeable Supplies	259,709.66	293,900.64	34,190.98
31,256.89	33,111.76	1,854.87	Patient Non-Chargeable Supplies	423,025.06	264,894.08	130,845.55
715.62	2,415.62	1,700.00	Postage & Freight	21,528.43	19,324.96	16,664.42
89,085.65	130,885.02	41,799.37	Contract Services	918,598.69	1,047,080.16	1,280,966.36
49,358.71	51,171.35	1,812.64	Other Departmental Expenses	344,413.06	409,370.80	64,957.74
8,711.98	7,712.14		Insurance	88,354.47	61,697.12	82,674.73
18,418.58	22,278.60	3,860.02	Utilities	169,480.41	178,228.80	8,748.39
93,362.30	95,850.85	2,488.55	Depreciation & Amortization	671,133.88	766,806.80	95,672.92
5,187.02	7,434.85	2,247.83	Recruitment & Credentialing	59,642.38	59,478.80	54,513.14
2,464.92	2,369.26		Other Fees	10,968.71	18,954.08	7,985.37
35,779.39	26,358.00		Other Operating Expenses	297,230.91	210,864.00	121,858.90
7,235.77	43,074.66	35,838.89	Interest Expense	326,524.09	344,597.28	427,682.85
1,038,191.28	1,192,089.50	153,898.22	Total Operating Expenses	9,209,153.13	9,536,716.00	8,679,973.08
	20,657.01		Income/(Loss) From Operations		165,256.10	2,389,909.69
38,614.53	35,859.71	2,754.82	Grant Revenue/Contributions	1,215,367.29	286,877.68	78,545.05
	2,484.77		New Clinic	10,541.77	19,878.16	16,763.76
	18,221.90		Investment Income/(Loss)	99,207.24	145,775.20	69,472.13
0.00	0.00	0.00	Gain (Loss) on Sale of Assets	0.00	0.00	0.00
2,000.00	2,399.13		Misc Non-Operating Revenue	16,000.00	19,193.04	21,442.00
20.98	183.22		Interest Income	564.84	1,465.76	1,287.62
2,397.74	7,502.20		Bond	43,407.79	60,017.60	41,982.81
66,650.93			Net Non-Operating Rev/(Exp)	1,385,086.93	533,207.44	229,473.37
87,307.94			Net Income (Loss)	1,540.78	698,463.54	196,926.01
-41.86%	1.70%		Operating Margin	-17.68%	1.70%	-0.38%
-43.77%	7.20%		Total Profit Margin	0.02%	7.20%	2.28%



Big Horn Hospital Association
Big Horn Hospital · Big Horn Senior Living

BIG HORN HOSPITAL PROJECT BUDGET/FRONT ENTRY & BUSINESS OFFICE

<u>Project Budget Item Description</u>	<u>Amount</u>
Building Mechanical Infrastructure	\$743,510.81
Project Site Work/Landscaping	\$218,774.61
Speciatities/Demolition	\$683,211.94
General Conditions/Bonds Insurance	\$134,249.58
TOTAL	\$1,779,746.94

Big Horn Hospital
 17 N Miles Ave.
 Hardin, MT 59034
 (406) 665-2310
 (406) 665-9238 fax

Big Horn Senior Living
 200 N Mitchell Ave.
 Hardin, MT 59034
 (406) 665-2802
 (406) 665-3809 fax

Physical / Occupational Therapy
 16 N Miles Ave.
 Hardin, MT 59034
 (406) 665-9219
 (406) 665-3106 fax

Big Horn County Public Health
 809 N Custer Ave.
 Hardin, MT 59034
 (406) 665-8720
 (406) 665-1025 fax

COMMUNITY HEALTH SERVICES DEVELOPMENT FINDINGS

A Community Health Needs Assessment Process

Big Horn Hospital Association participated in the Community Health Services Development (CHSD) project, a community health needs assessment process, administrated by the Montana Office of Rural Health and funded in part through the Montana Health Research and Education Foundation (MHREF) Flex Grant.

In the spring of 2019, Big Horn Hospital Association's service area was surveyed about its healthcare system. The following is a summary of key findings. To view the full report visit: <https://www.bighornhospital.org/>

Big Horn County's Top 3's

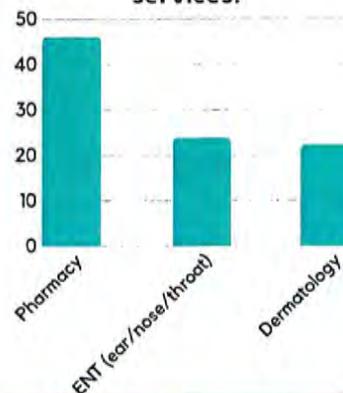
Top 3 components for a healthy community



Top ways to improve community's access to healthcare:

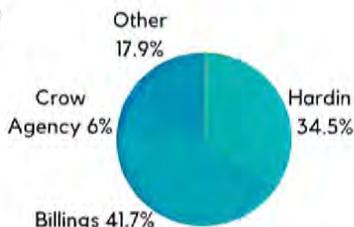


Top desired local health services:



39.8% reported they or a member of their household did not get (or delayed) needed medical services.

Location of hospital used most often in last 3 years:



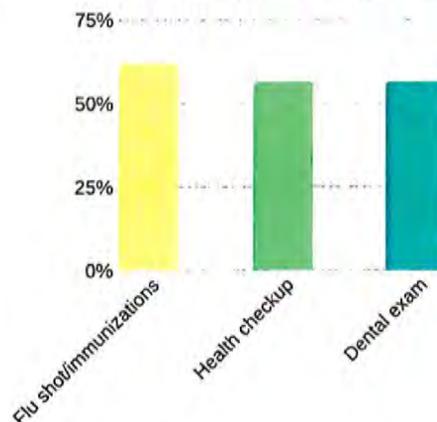
Healthcare Utilization

Most utilized primary care providers were located in:

- Hardin 71.8%
- Billings 9.4%
- Crow Agency 7.7%



Most utilized preventative services in the past year



Knowledge & Opinion



81.5% of respondents indicated that local healthcare services are very important to the economic well-being of the community.

44.7% of respondents feel their knowledge of services available at Big Horn Hospital Association is "Good" and 21.1% rated their knowledge as "Excellent."



70.6% of respondents learn about health services from their friends or family.

OVERALL QUALITY OF CARE AT BIG HORN HOSPITAL ASSOCIATION WAS RATED "EXCELLENT TO GOOD" SCORING A 3.5 OUT OF 4.0

Healthy Communities

Top Health Concerns:

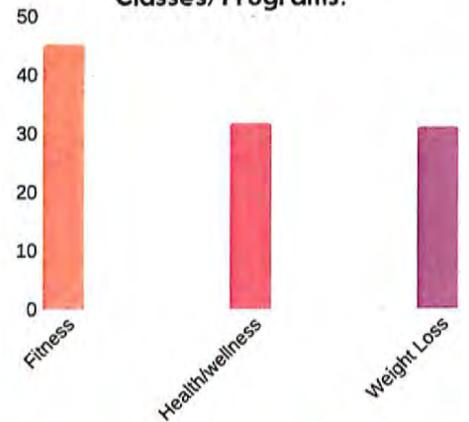
Alcohol/substance abuse 85.7%
 Diabetes 31.7%
 Overweight/obesity 26.2%



60% reported they feel their community is somewhat healthy.



Interest in Health Education Classes/Programs:



Physical activity

Daily	33.1%
2 to 4 times a week	44.6%
None	5.8%



Survey demographics

Employment



126 surveys were returned for a 18.5% response rate.

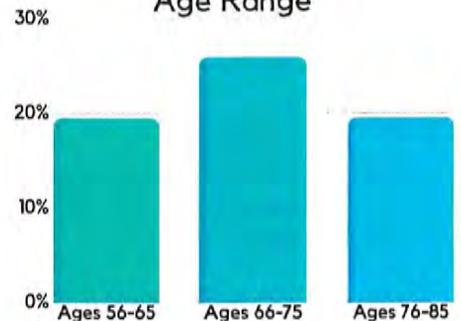
Respondents were:

63.5% Female;
 31.7% Male;
 4.8% No Response



84.6% of respondents were from Hardin, 8.1% were from the Crow Agency & 4.1% were from Lodge Grass

Age Range



Focus Group Findings

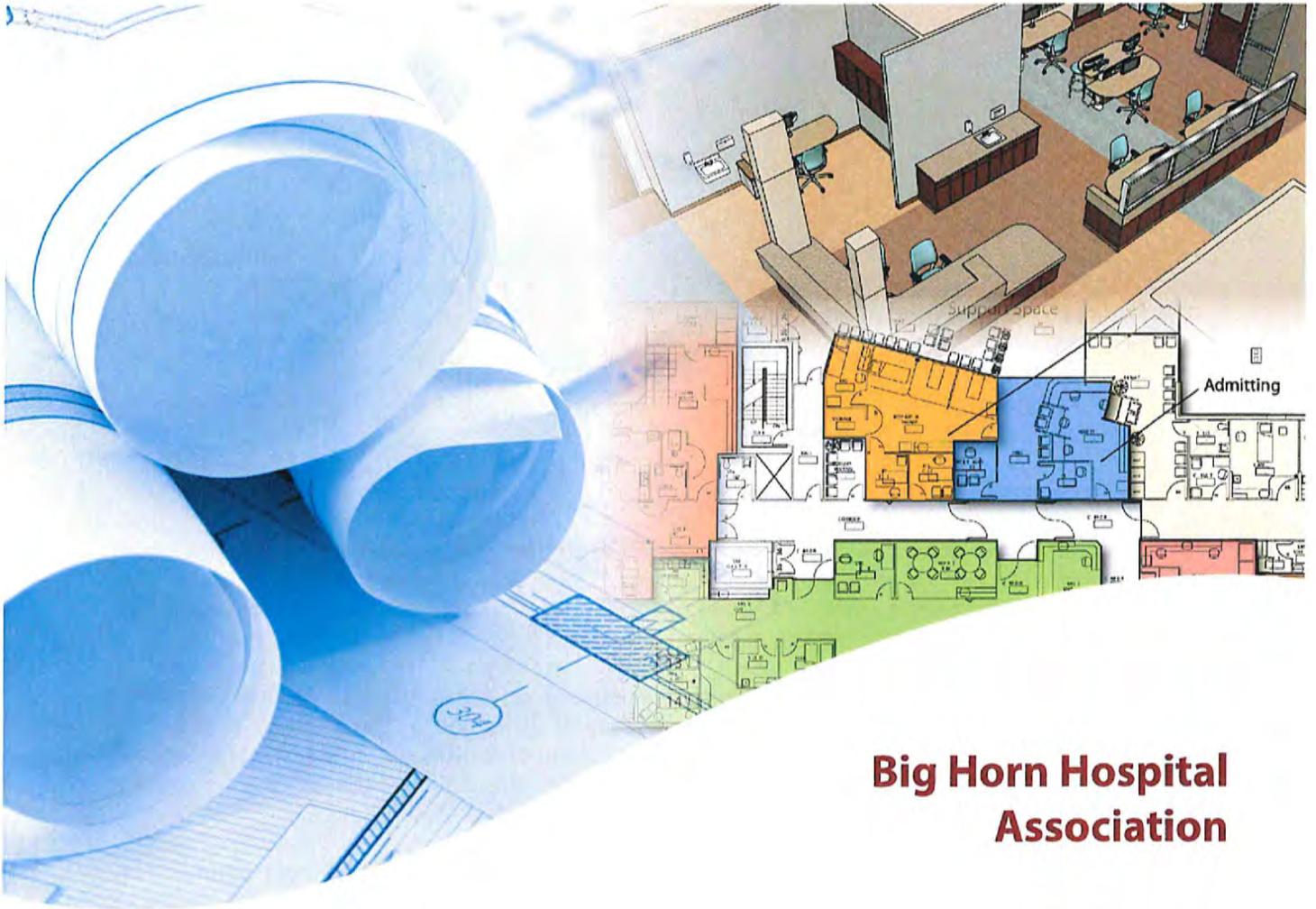
Major issues/concerns:

- Mental health
- Alcohol and drug abuse
- Lack of fitness opportunities
- Access to primary care
- Appointment availability
- Senior needs -dementia living-units, respite care, and physicians for elderly

Services needed:

- Additional mental health services
- More medical practitioners
- Increased focus on preventative care
- Specialty services - cardiology, orthopedics and OB/GYN
- Health education classes and more opportunities to be physically active
- Substance abuse services





Big Horn Hospital Association

Big Horn County Memorial Hospital **PRELIMINARY ARCHITECTURAL REPORT**

HARDIN, MONTANA

JUNE 2018

PREPARED BY

CTA Architects Engineers
13 North 23rd Street
Billings, MT 59101
406.248.7455
www.ctagroup.com





June, 2018

Big Horn Hospital Association
Hardin, MT

Re: Facility Master Planning / Preliminary Architectural Report (PAR)
Big Horn County Memorial Hospital

Planning Committee & Board Members:

CTA Architects Engineers is pleased to present the BHHA Facility Planning / PAR document that was a collaborative effort with your Planning Committee, the Staff, and the Board. The proposed improvements address the areas of concern and provide the goals for improvements as determined by all involved for the foreseeable future.

For the Hospital, the focus of the planning was mainly on but not limited to, the Outpatient Service Line growth, improved Patient access, and Emergency Department deficiencies affirmed early in the planning process. The proposed improvements are conceptually estimated for budgeting purposes. The budgeting is based on the subsequent Schematic Design Documents for 2018 costs and a 15% contingency has been included.

We appreciate the opportunity to provide Planning and Design Services for your organization. We look forward to continuing to work with BHHA on the project implementation. Please let us know if we can help with any additional information. Our CTA Design Team and our Graphics Department can also further assist with some overview marketing and project funding pursuit materials.

Respectfully,
CTA Inc.

A handwritten signature in black ink, appearing to read 'Michael Glassing', is written over a light blue horizontal line.

Michael Glassing
Medical Planner
Senior Healthcare Project Manager

m:\jobs\bhch_mp16\bhha par\b_cvr letter.doc

BIG HORN HOSPITAL ASSOCIATION
PRELIMINARY ARCHITECTURAL REPORT
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COVER LETTER

I. BHHA FACILITY PLANNING OVERVIEW

II. PROPOSED IMPROVEMENTS

CONCEPT OPTIONS / PROPOSED IMPROVEMENTS PLANS

- Existing vs. Expanded Written Hospital Program
- Hospital Priority Improvements Site Plan: Preferred Option A
- Hospital Priority Improvements Floor Plans: Preferred Option A
- Option B: Physical Therapy / Education Expansion Plan: Option B

III. PROJECTED PROJECT COSTS

- Conceptual Hospital Priority Option A Project Costs
- Replacement Hospital Cost Comparison
- Physical Therapy / Education Expansion Remodel Costs
- Comparative Stand Alone Physical Therapy Costs

IV. POTENTIAL SCHEDULE

- Potential Project Time Frame (Schedule)

APPENDIX A

- Preliminary Planning Concept Options
 - Hospital Planning Options A, B, & C
 - Physical Therapy Planning Option A & B

APPENDIX B

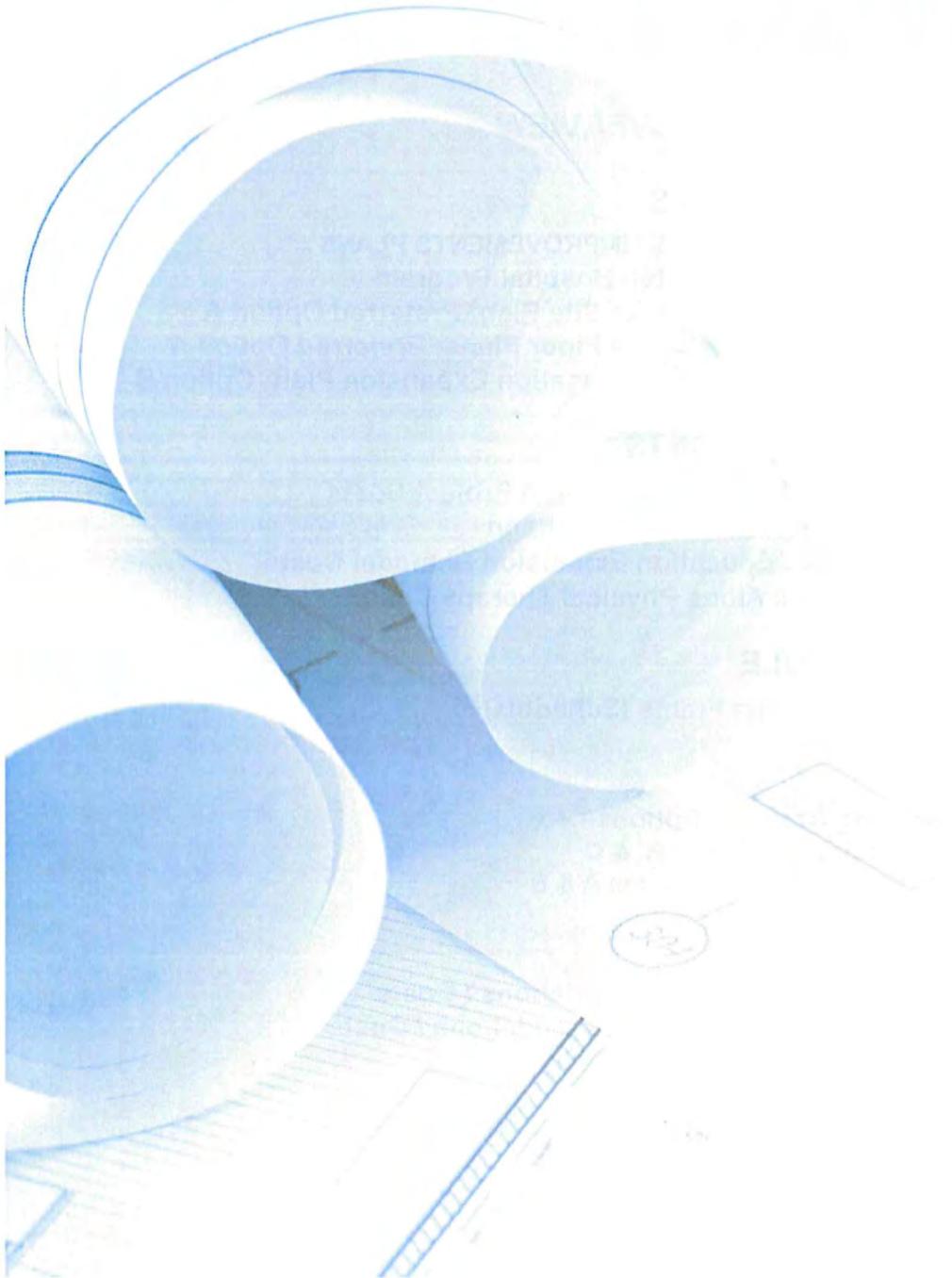
- HVAC System Evaluations / Recommendations / Costs
- Electrical System Evaluations / Recommendations / Costs

APPENDIX C

- Priority Planning Issues
- User Meetings Synopsis
- Planning Process Outline



I. PLANNING OVERVIEW



PLANNING OVERVIEW

Planning Process

A detailed outline of the planning process and schedule were provided and followed during the course of the planning process and is included in the full Master Plan document as an appendix.

The schedule was established to align the Board / Committee meetings and involved a 6 step process with monthly updates to the Board.

After departmental user meetings were completed and initial program needs and facility services were reviewed, departmental spatial programming was completed for use during the conceptual planning process. A facilities evaluation of the existing systems and infrastructure was also performed by CTA Engineers. All information was considered in the course of the planning and incorporated into the proposed final solution.

The proposed improvements are both sensible and defensible and are aligned in phases that can be done by priority if desired as future funding allows.

Planning Assertions

Hospital

Preliminary discussions and feedback from Administration and the Planning Committee indicated that the hospital building was designed for providing some services that are no longer needed or have reduced program needs and the focus on outpatient services has increased. The Inpatient wing is no longer needed as a separate area and the nursing needs to be consolidated in one location for both Skilled / Swing Bed and Inpatient services.

The number of beds needed has diminished and the bed count could effectively be reduced from 25 to 18 beds.

The current inpatient wing is also located such that the main circulation for the building is the corridor of that central area. Consolidating the beds into one segregated area would be much better for infection control as well as noise control.

With services becoming more outpatient based as well as reimbursements trending toward being patient satisfaction, and performance based, leverage is added to the proposed improvements concept. This concept realigns the existing building program, use, and flow toward those goals.

Another conclusion in the course of the planning was that the existing Main Entrance lacked a visual prominence and was located such that much of the visitor and patient traffic was directed through the Inpatient nursing area.

A new Main Entrance was realized and discussed due to the need to create a prominent main entry as well as improve the public and outpatient circulation within the building. The idea of the Main Entry / Business Office and the Emergency Department being alternatively and conversely located was proposed and reviewed as an option. It was concluded that for the renovation option, this would provide much better visibility, more

PLANNING OVERVIEW

direct and appropriate patient access for outpatient services, as well as provide an improved identity for the hospital. This concept also allowed for an appropriate drive under the canopy which has been required by Healthcare Guideline regulations for some time.

Hospital Planning Concept A

The combination of these factors led to the evident Preferred Planning Option A which incorporates a new entrance and drive under canopy to the east, with expanded parking realized by removal of the older clinic building which has been empty for a number of years.

Hospital Planning Concept B

A second Concept B considered use of the exiting westerly main entrance with potential expanded parking there. This concept was not pursued due to site constraints, limited parking area, and the desire to create an easterly entrance.

Replacement Hospital Facility

A new replacement facility was also included as part of the planning options for cost comparison purposes. Existing property owned by Big Horn Hospital Association, adjacent to the Senior Living Complex (Heritage Acres) was considered. The cost of a full replacement facility was considered prohibitive even with property that was already owned by BHA.

Physical Therapy

Physical Therapy, which is located in the existing Hardin clinic has also experienced an increase in use and requires either expansion within the clinic or possible relocation. Land adjacent to the clinic was considered for a possible relocation / expansion of the services along with an after-hours public use aspect as a wellness center.

The concept was developed and costed for planning purposes and although the stand alone solution was very desirable, the hospital improvements were deemed a priority and implementing the new PT project was considered cost prohibitive at this time. A second option for expanding the Physical Therapy within the existing Hardin clinic was developed and costed for potential implementation along with the proposed hospital improvements.

See Appendix A for:

- [Multiple Preliminary Planning Concepts](#)
- [Priority Planning Issues](#)
- [User Meeting Synopsis](#)

Mechanical / Electrical Systems and Infrastructure Assessment

CTA Mechanical and Electrical Engineers evaluated the existing systems, equipment, and infrastructure services. A synopsis based on a review of the facility, the existing construction documents, and input from the Facilities Maintenance staff is provided as noted below. Conceptual budget are provided in conjunction with those evaluations as part of the Costing section of this report.

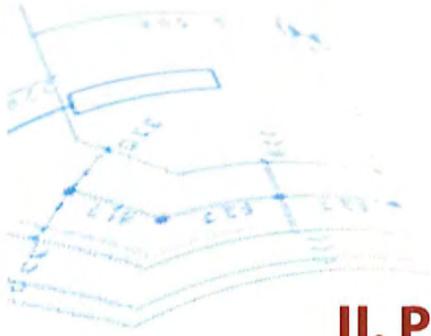
PLANNING OVERVIEW

Mechanical Systems Overview

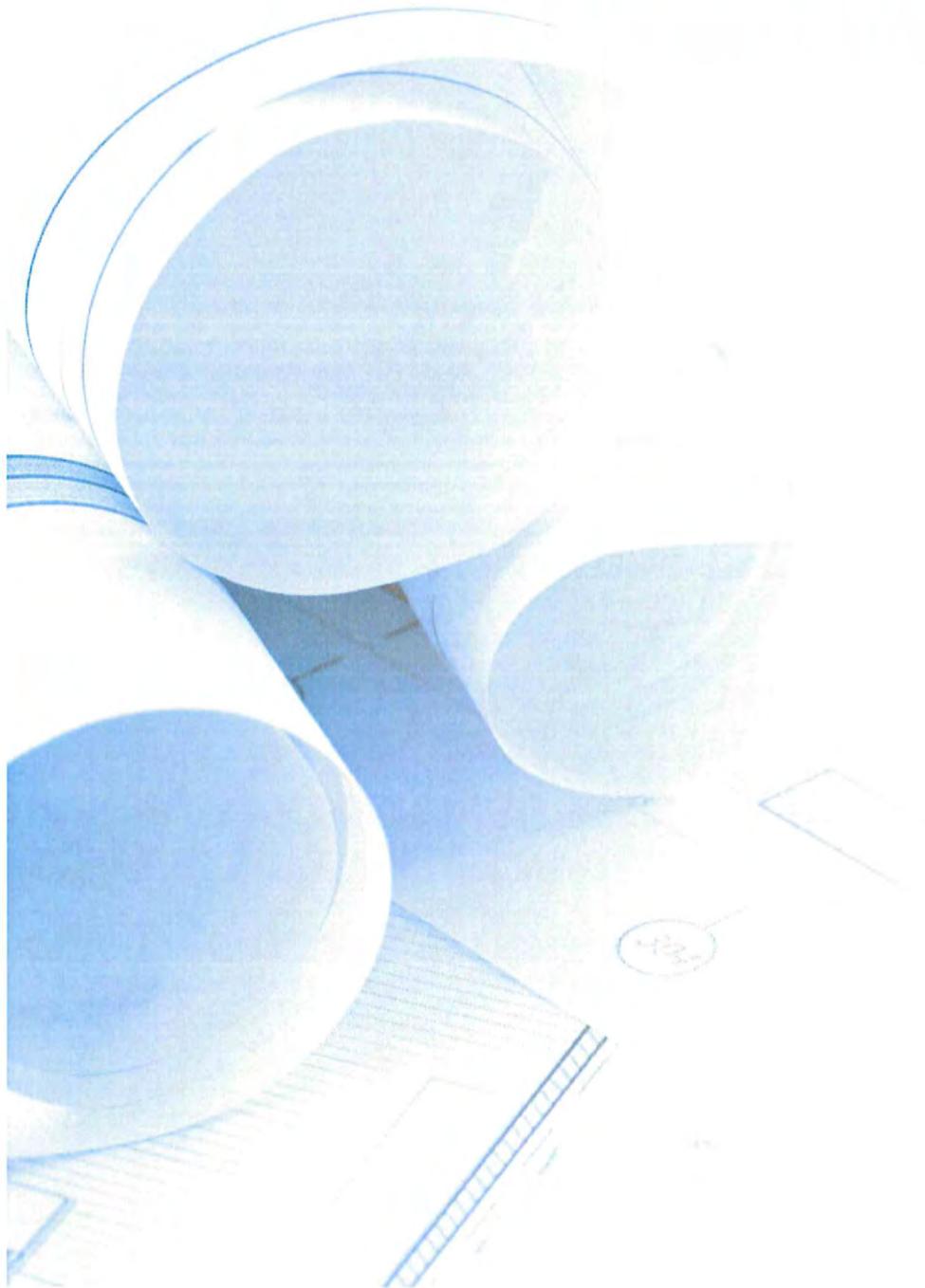
(See written assessment, recommendations and costs in APPENDIX B)

Electrical Systems Overview

(See written assessment, recommendations and costs in APPENDIX B)



II. PROPOSED IMPROVEMENTS



Big Horn County Hospital



BHCH Existing Program

BHCH Proposed Program

September 23, 2016			
Programmed Spaces	#	Area	Total
Business Office/Admitting			
Business Office	1	1274 sf	1274 sf
Admitting	1	167 sf	167 sf
Chapel	1	203 sf	203 sf
Med Records	1	304 sf	304 sf
Main Waiting	1	177 sf	177 sf
Business Office/Admitting Total			2125 SF
Administration			
CEO Office	1	243 sf	243 sf
Board Room	1	326 sf	326 sf
DON Office	1	154 sf	154 sf
Assistant DON Office	1	148 sf	148 sf
Social Work Office	1	111 sf	111 sf
MDS Office	1	86 sf	86 sf
Administration Total			1068 SF
Education			
None			
Education Total			0 SF
Patient Care/Nursing			
Patient Room w/ Toilet	21	220 sf	4620 sf
Patient Room w/ Toilet	1	194 sf	194 sf
Patient Room w/ Toilet (Double)	1	336 sf	336 sf
Nurse Station w/ Meds etc.	1	446 sf	446 sf
Nurse Station	1	187 sf	187 sf
Storage	1	188 sf	188 sf
Tub Room	1	164 sf	164 sf
Staff Locker/Toilet	1	144 sf	144 sf
Clean Utility	1	120 sf	120 sf
Soiled Utility	1	117 sf	117 sf
Physical Therapy	1	186 sf	186 sf
Beauty Shop	1	132 sf	132 sf
Storage	1	91 sf	91 sf
Soiled Utility	1	90 sf	90 sf

September 23, 2016			
Programmed Spaces	#	Area	Total
Business office/Admitting			
Offices	4	120 sf	480 sf
Open Office Cubicles	8	70 sf	560 sf
Accounting Storage	2	140 sf	280 sf
Med Records	1	304 sf	304 sf
General Storage	1	250 sf	250 sf
Ward Clerk	1	50 sf	50 sf
FTE (Required New FTE)	1	50 sf	50 sf
Consultation Room	1	110 sf	110 sf
Staff Break Room	1	165 sf	165 sf
Business Office/Admitting Total			2249 SF
Administration			
CEO Office	1	243 sf	243 sf
Board Room	1	326 sf	326 sf
DON Office	1	154 sf	154 sf
Assistant DON Office	1	148 sf	148 sf
Social Work Office	1	111 sf	111 sf
MDS Office	1	86 sf	86 sf
Foundation Office	1	120 sf	120 sf
Small Conference Room	1	200 sf	200 sf
Administration Total			1386 SF
Education			
CPR Storage	1	200 sf	200 sf
Large Training Room	1	450 sf	450 sf
Offices	2	110 sf	220 sf
Education/ IT Manager Office	1	110 sf	110 sf
Hospital Room Mock Up	1	220 sf	220 sf
Small Serving Kitchen	1	200 sf	200 sf
Consult Rooms (By OR & ED)	2	100 sf	200 sf
Education Total			1600 SF
Patient Care/Nursing			
Patient Room w/ Toilet	17	220 sf	3740 sf
Patient Room w/ Toilet (On call Suite)	1	325 sf	325 sf
Nurse Station w/ Meds etc.	1	350 sf	350 sf
Storage	2	160 sf	320 sf
Tub Room	1	180 sf	180 sf
Staff Locker/Toilet	1	240 sf	240 sf
Clean Utility	2	120 sf	240 sf
Soiled Utility	2	100 sf	200 sf
Physical Therapy	1	140 sf	140 sf
Beauty Shop	1	160 sf	160 sf
Hxkp	2	50 sf	100 sf
Vending	1	50 sf	50 sf
Observation Rooms	2	220 sf	440 sf
Nursing Offices	3	120 sf	360 sf

Big Horn County Hospital



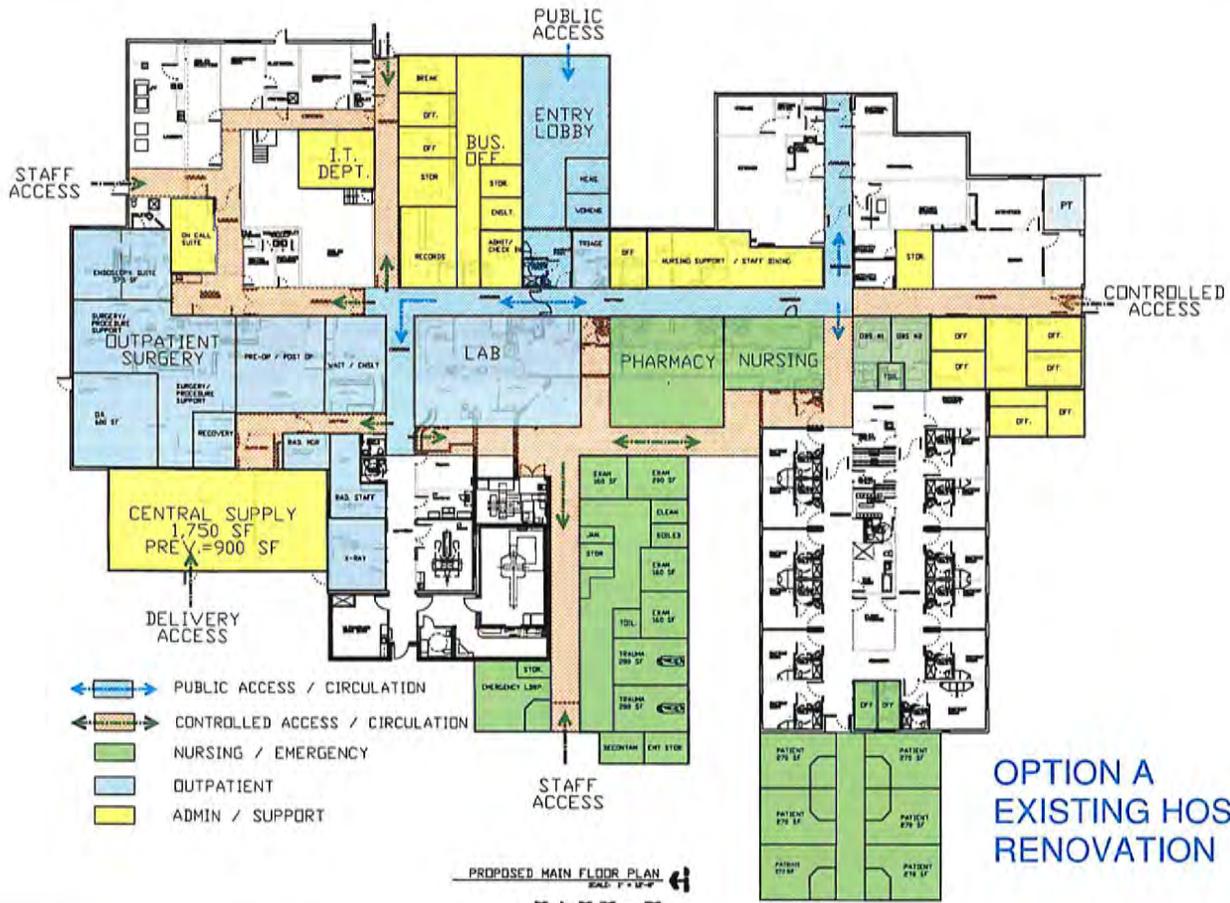
BHCH Existing Program

BHCH Proposed Program

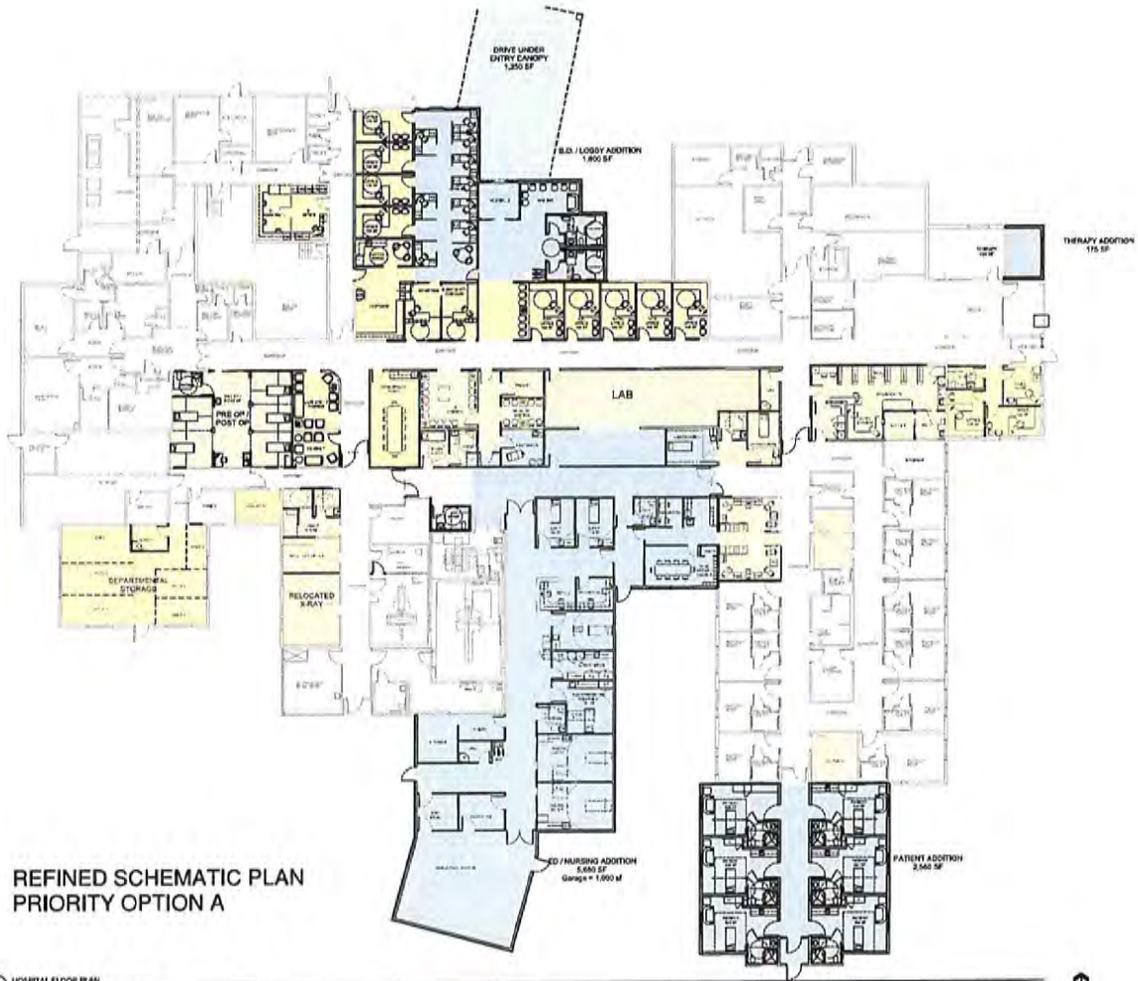
September 23, 2016			
Programmed Spaces	#	Area	Total
94			
95			
96			
97			
98			
99			QR Total 922 SF
100	Laundry		
101	Laundry	1 602 sf	602 sf
102	Solled Receiving	1 258 sf	258 sf
103			Laundry Total 860 SF
104	Facilities		
105	Boiler	1 949 sf	949 sf
106	Generator	1 218 sf	218 sf
107	Electrical	1 117 sf	117 sf
108	Hskp	1 35 sf	35 sf
109	Office (143)	1 115 sf	115 sf
110	Copy/Files	1 127 sf	127 sf
111	Staff Toilet	1 41 sf	41 sf
112	Public Toilet	1 44 sf	44 sf
113	Mechanical	1 380 sf	380 sf
114	Hskp Storage	1 114 sf	114 sf
115	Maintenance Shop	1 248 sf	248 sf
116	Oxygen	1 46 sf	46 sf
117	Server	1 97 sf	97 sf
118			
119			
120			
121			
122			Facilities Total 2531 SF
123	Materials Management		
124	Storage	1 800 sf	800 sf
125	Receiving	1 98 sf	98 sf
126	Electrical	1 117 sf	117 sf
127	Hskp	1 35 sf	35 sf
128	Mechanical	1 380 sf	380 sf
129	Hskp Storage	1 114 sf	114 sf
130	Maintenance Shop	1 248 sf	248 sf
131			
132			Materials Management Total 1792 SF
133	Pharmacy		
134	Manager	1 118 sf	118 sf
135	Pharmacy	1 147 sf	147 sf
136	Pharmacy	1 147 sf	147 sf
137			
138			Pharmacy Total 412 SF

September 23, 2016			
Programmed Spaces	#	Area	Total
94			
95			
96			
97			
98			
99			QR Total 2443 SF
100	Laundry		
101	Laundry	1 602 sf	602 sf
102	Solled Receiving	1 258 sf	258 sf
103			Laundry Total 860 SF
104	Facilities		
105	Boiler	1 949 sf	949 sf
106	Generator	1 218 sf	218 sf
107	Electrical	2 117 sf	234 sf
108	Hskp	1 35 sf	35 sf
109	Office (143)	1 115 sf	115 sf
110	Office (New)	1 140 sf	140 sf
111	Copy/Files	1 127 sf	127 sf
112	Staff Toilet	1 41 sf	41 sf
113	Public Toilet	1 44 sf	44 sf
114	Mechanical	2 380 sf	760 sf
115	Hskp Storage	1 114 sf	114 sf
116	Maintenance Shop	1 248 sf	248 sf
117	Oxygen (Existing + New)	2 46 sf	92 sf
118	Server (Existing)	1 97 sf	97 sf
119	IT Work Room and Office	1 240 sf	240 sf
120	Data	1 135 sf	135 sf
121			
122			Facilities Total 3589 SF
123	Materials Management		
124	Storage	1 800 sf	800 sf
125	Receiving	1 98 sf	98 sf
126	Electrical	1 117 sf	117 sf
127	Hskp	1 35 sf	35 sf
128	Mechanical	1 380 sf	380 sf
129	Hskp Storage	1 114 sf	114 sf
130	Maintenance Shop	1 248 sf	248 sf
131	Loading Dock	1 150 sf	150 sf
132			Materials Management Total 1842 SF
133	Pharmacy		
134	Manager	1 118 sf	118 sf
135	Pharmacy	1 800 sf	800 sf
136	Pharmacy Mixing	1 125 sf	125 sf
137	Ante Room	1 100 sf	100 sf
138			Pharmacy Total 1143 SF





OPTION A EXISTING HOSPITAL RENOVATION



REFINED SCHEMATIC PLAN
PRIORITY OPTION A

HOSPITAL FLOOR PLAN



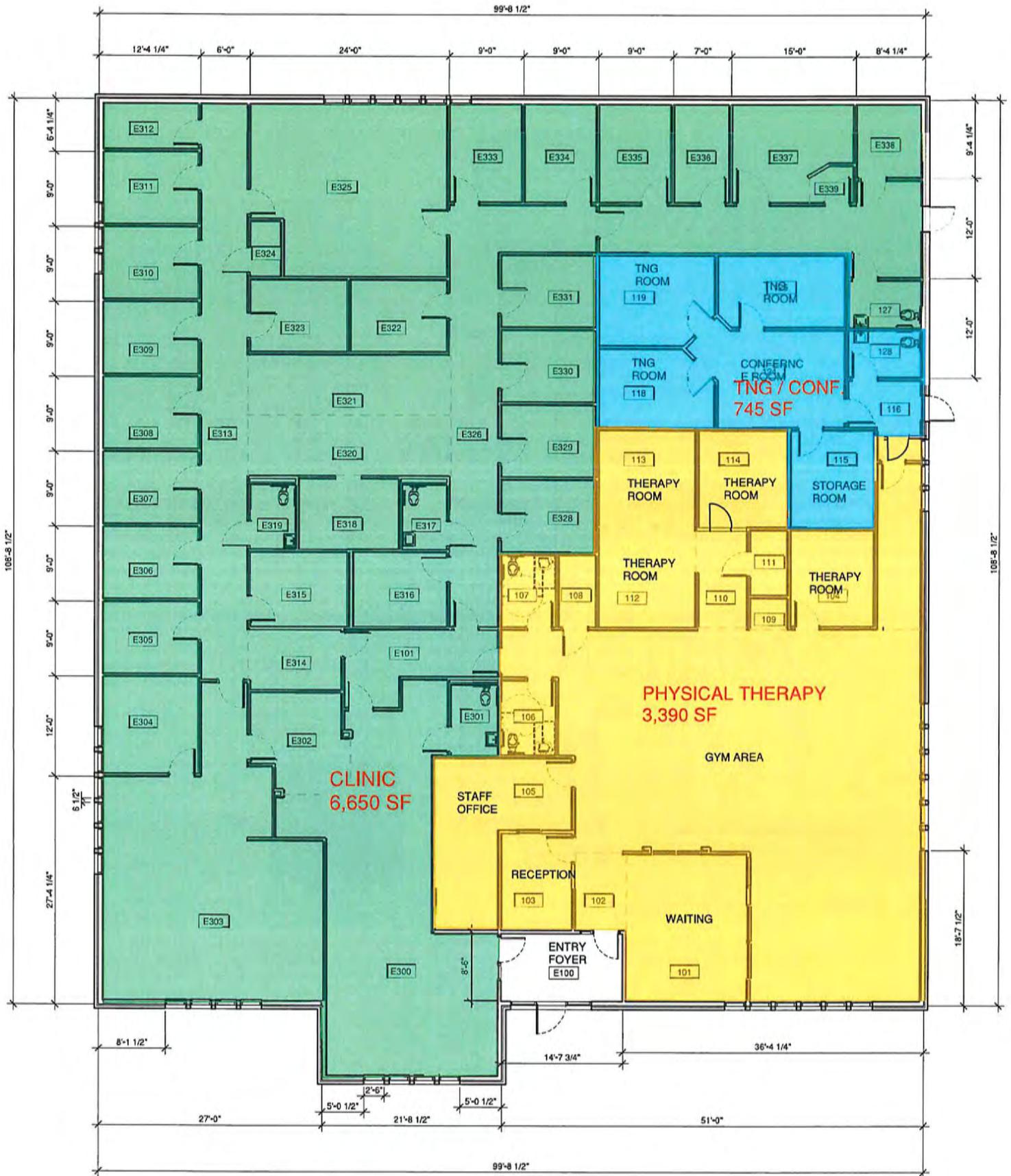
NOT FOR CONSTRUCTION - PRELIMINARY DESIGN

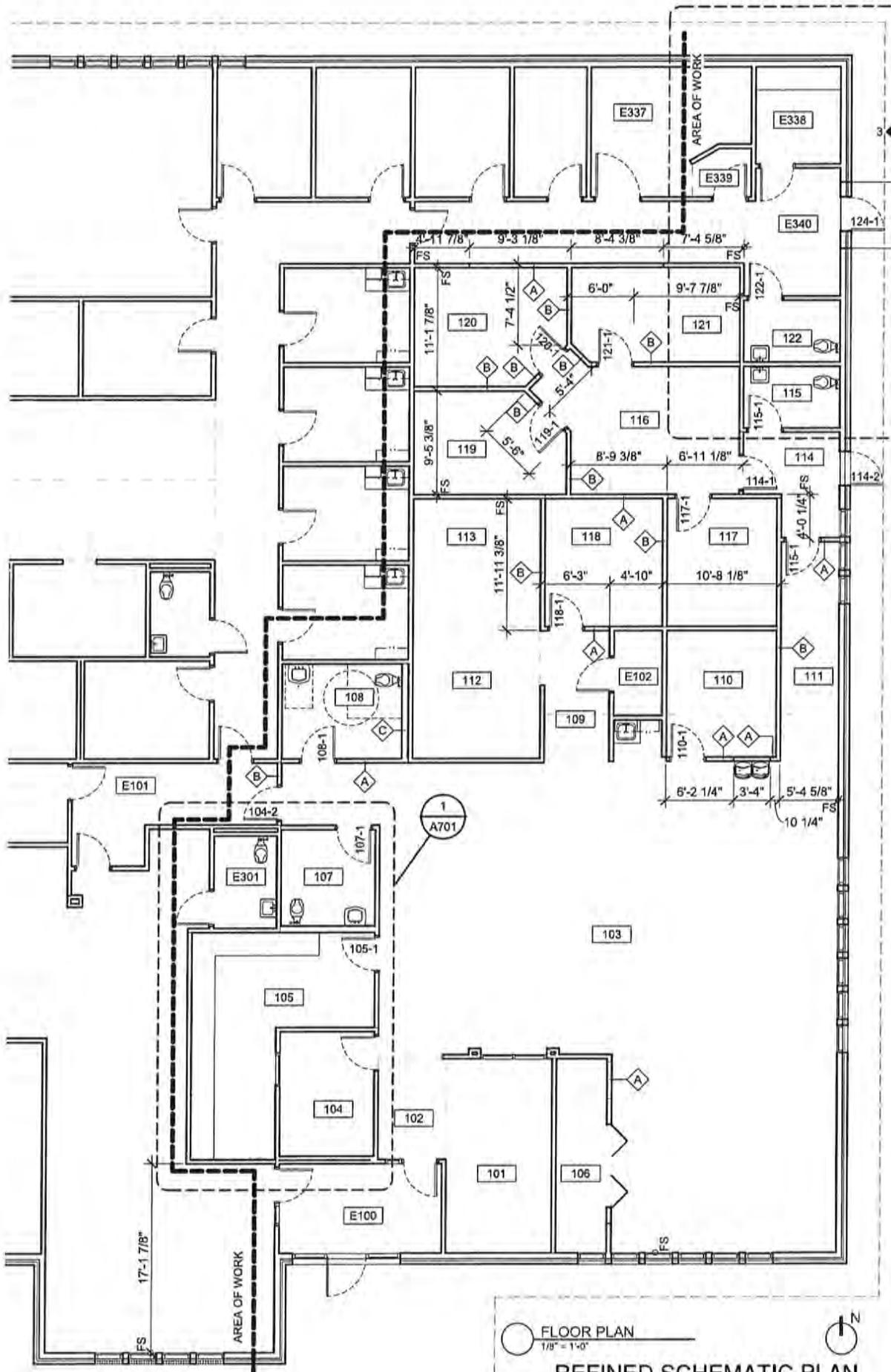
MAKING MT
BIG HORN HOSPITAL
HOSPITAL UPGRADE



HOSPITAL
FLOOR PLAN
A101

BIG HORN HOSPITAL ASSOCIATION Option B - Physical Therapy / Education Remodel

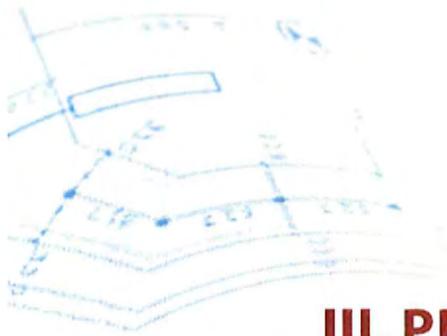




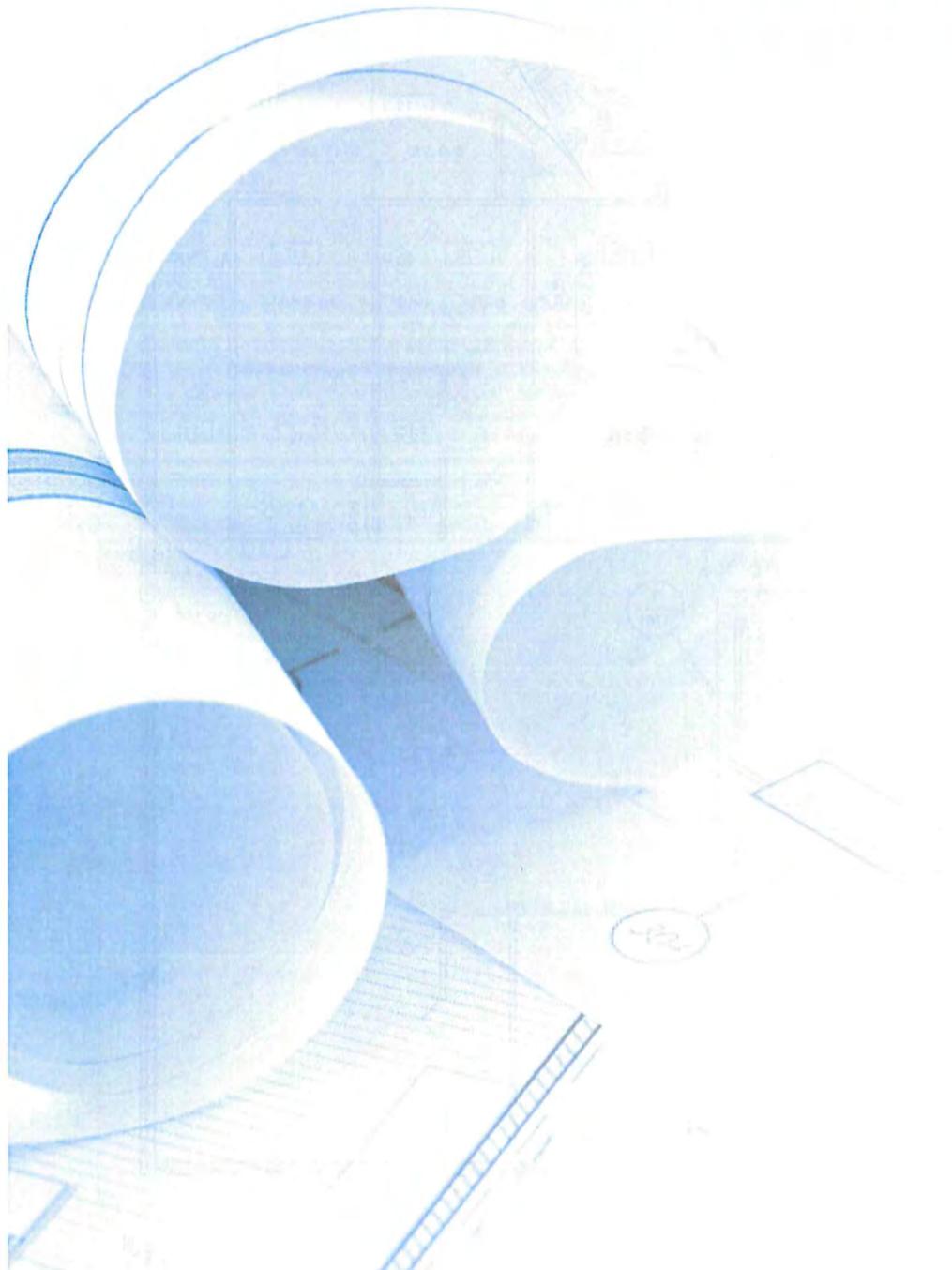
FLOOR PLAN
1/8" = 1'-0"



REFINED SCHEMATIC PLAN
PT / EDUCATION OPTION B



III. PROJECTED PROJECT COSTS



**III. PROJECTED
PROJECT COSTS**



LS = Lump Sum
SF = Square Feet

Big Horn Hospital Association - Schematic Design Budget

Updated 6/10/2018

BHHA Priority Projects Schematic Design Budget Costing - New Entry / B.O. / E.D. / Lab / Pharmacy / Patient Wing / Admin / Pre Post

OVERALL PROJECT CATEGORIES:	Qty	Unit	\$/Unit	BUDGET
Existing Hospital				SD Updated Budget
Additions & Renovations				
1. Main Entry Canopy / ED Canopy	1,200	SF	\$150	\$180,000
1a. ED Garage	1,000	SF	\$210	\$210,000
2. Lobby Foyer / B.O. Addition	1,800	SF	\$225	\$405,000
3. BO Remodel / Check-in / Admin Offices	2,450	SF	\$170	\$416,500
4. IT / P.W. Staff Offices Remodel	1,085	SF	\$140	\$151,900
5. PT Infill Addition	175	SF	\$200	\$35,000
6. Misc Circulation Finish Upgrades (Corridors)	1,000	SF	\$70	\$70,000
7 Medical Services Additions - ED / Patient Wing	8,285	SF	\$290	\$2,402,650
8. Medical Services Remodel - Pharmacy / Lab / Pre-Post Op./Obs.	3,580	SF	\$225	\$805,500
9. Misc. Renovation - Rad Tech / Wait / Triage / Consult/ Conference	2,166	SF	\$170	\$368,220
10. Convert Office to X-ray Room.	310	SF	\$230	\$71,300
11. Misc Storage / Maintenance Shop	1,517	SF	\$150	\$227,550
12. Systems Upgrades	1	LS		\$300,000
13. Designated Site Work / Landscaping	25,000	SF	\$20	\$500,000
14. Existing Building Demolition Allowance (Old Clinic)	10,000	SF	\$8	\$80,000
15 Selective Demolition	12,108	SF	\$20	\$242,160
16 CM / GC OH&P		LS	12%	\$775,894
Subtotal Construction Costs				\$7,241,674
B. A/E Services / Expenses (A/E-Interiors-Civil-Landscape-Expenses)(Includes Garage)	11.5%		(76K Additional)	\$828,000
C. Site Survey			(12K Budgeted)	\$7,200
D. Geo-Technical Testing & Report			(10K Budgeted)	\$7,565
E. Design / Construction Testing Allowance (Includes Asbestos Testing)	0.50%			\$36,208
F. Building Permit:	0.75%			\$54,313
G. Plan Review Fee:	0.50%			\$36,208
H. Relocate Existing X-ray Machine - Allowance		LS		\$35,000
H. Equipment Allowance (Items 2 & 3)		LS		\$200,000
I. Furnishings / Signage Allowance (FF&E Items 3 & 5)		LS		\$320,000
J. Project Contingency (12% of Construction Cost)	12.0%			\$869,001
Total Preliminary Project Budget (Hospital)				\$9,635,169
Total Preliminary Project Budget (Physical Therapy)				\$585,211
Total Preliminary Project Budget				\$10,220,380



Big Horn Hospital Association - PHYSICAL THERAPY REMODEL

6/10/2018

BHHA Master Facility Planning Conceptual Costing - Physical Therapy / Education Remodel

OVERALL PROJECT CATEGORIES:	Qty	Unit	\$/Unit	BUDGET
Existing Clinic Building Renovation				
A. Additions & Renovations				
1. Physical Therapy Upgrades (New Spaces)	1,620	SF	\$125	\$202,500
2. Physical Therapy Upgrades (Exist Finishes / M-E-P Modifications)	1,600	SF	\$65	\$104,000
3. Training Area Remodel	972	SF	\$132	\$128,304
4. Add Required Exit Door		LS		\$7,500
5. Selective Demolition	2,500	SF	\$14	\$35,000
				\$477,304
B. A/E Services / Expenses (A/E-Interiors-Mechanical-Electrical)	9.5%			\$45,344
C. Site Survey				\$0
D. Geo-Technical Testing & Report				\$0
E. Design / Construction Testing Allowance	0.50%			\$0
F. Building Permit:	0.75%			\$3,580
G. Plan Review Fee:	0.50%			\$2,387
H. Equipment Allowance (By Owner)	0.0%			\$0
I. Furnishings / Signage Allowance (By Owner)	0.0%			\$0
J. Project Contingency (12% of Construction Cost)	12.0%			\$56,596
Total Preliminary Project Budget				\$585,211



Big Horn Community Hospital Planning - Option C

Conceptual Costing

9/21/2016

OVERALL PROJECT CATEGORIES:	Qty	Unit	\$/Unit	BUDGET
New Hospital Adjacent to Heritage Acres				
Additions & Renovations				
1. New Hospital (Includes Physical Therapy)	51,560	SF	\$320	\$16,499,200
2. Site Improvements	1	LS		\$950,000
3. Site Acquisition Allowance (Reasonable Allowance)	1	LS		\$350,000
				\$17,799,200
B. A/E Services / Expenses (A/E-Interiors-Civil-Landscape-Expenses)	9.0%			\$1,601,928
C. Site Survey				\$12,000
D. Geo-Technical Testing & Report				\$10,500
E. Construction Testing Allowance	0.50%			\$88,996
F. Building Permit:	0.75%			\$133,494
G. Plan Review Fee:	0.50%			\$88,996
H. Equipment Allowance (Items 2 & 3)	10.0%			\$1,779,920
I. Furnishings Allowance (FF&E Items 2 & 3)	7.5%			\$1,334,940
J. Project Design / Construction Contingency (12% of Construction Cost)	12.0%			\$2,135,904
Total Preliminary Project Budget				\$24,985,878

**Big Horn Hospital Association - Physical Therapy Option A****BHHA Master Facility Planning Conceptual Costing - New Physical Therapy / Conference & Training**

OVERALL PROJECT CATEGORIES:	Qty	Unit	\$/Unit	BUDGET
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Physical Therapy**New Building Adjacent to Existing Clinic**

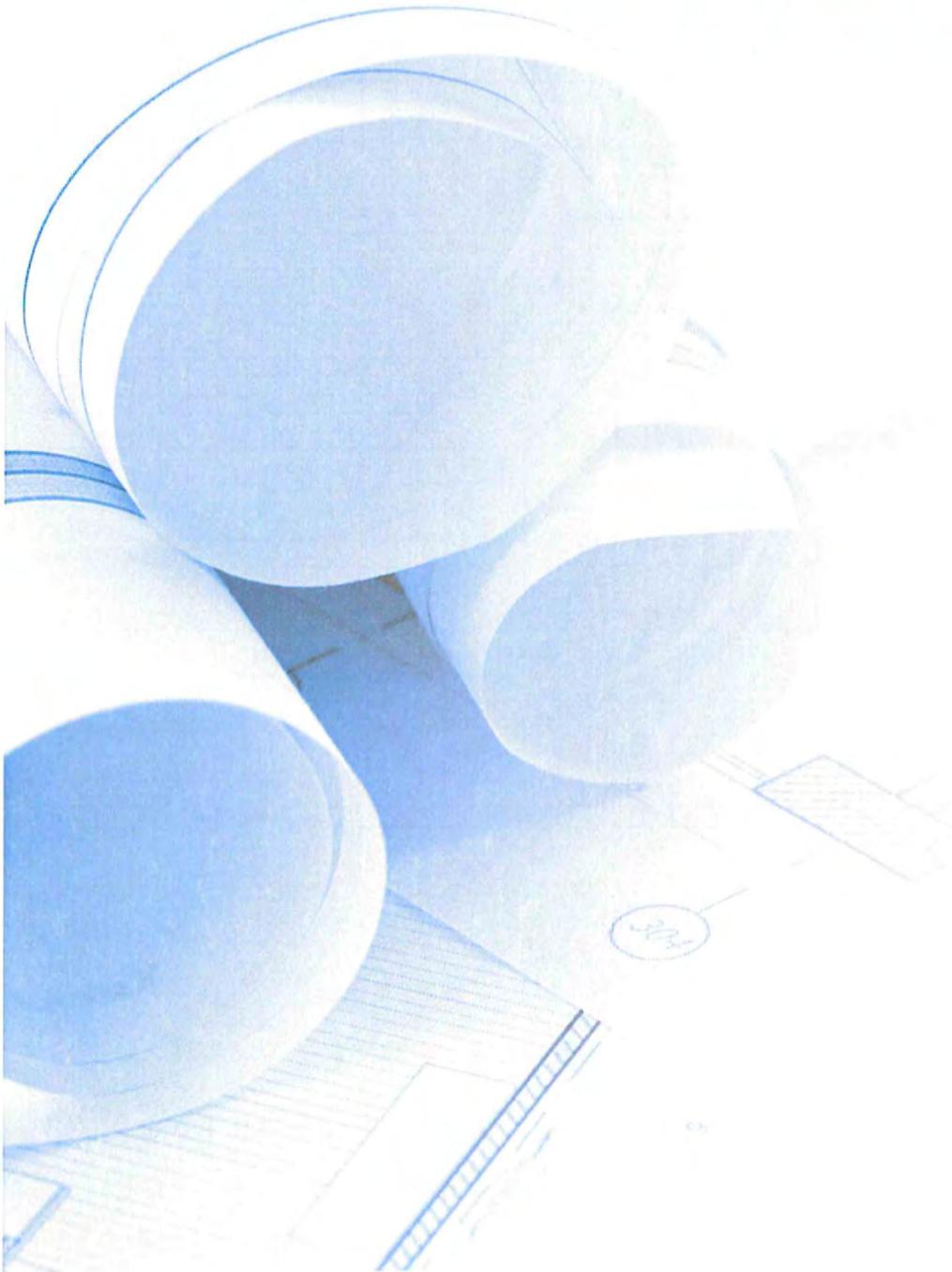
1. Physical Therapy	8,800	SF	\$215	\$1,892,000
2. Designated Site Work (Rink Demo / Entry / Added Parking)	18,000	SF	\$14	\$252,000
3. Utility Improvements		LS		\$60,000
4. Renovate Existing PT for Education / Conference & Board Room	2,500	SF	\$125	\$312,500
5. Land Aquisition (Skating Rink)		LS		\$0

\$2,516,500

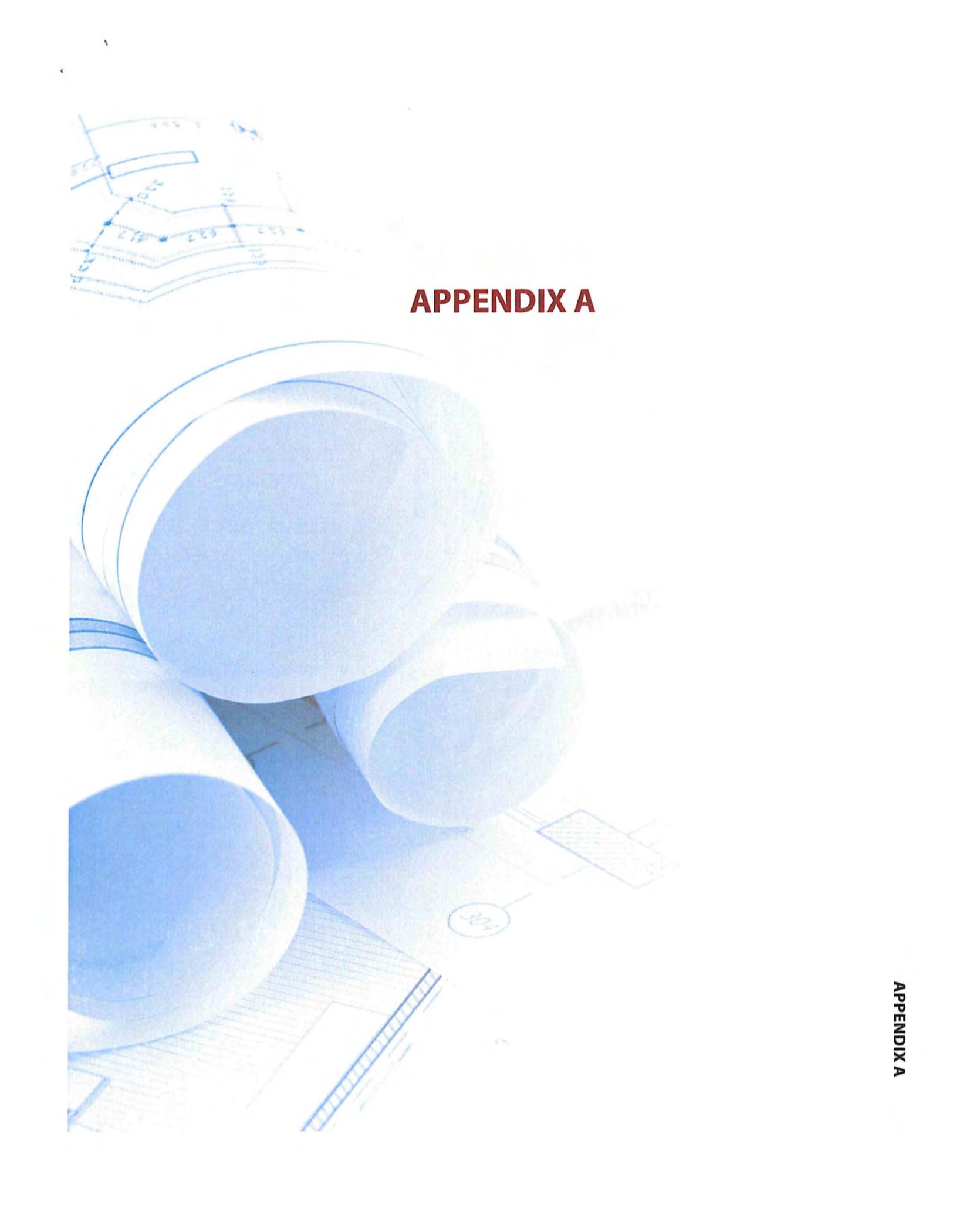
B. A/E Services / Expenses (A/E-Interiors-Civil-Landscape-Expenses)	9%			\$226,485
C. Site Survey				\$6,500
D. Geo-Technical Testing & Report				\$8,500
E. Construction Testing Allowance	0.50%			\$12,583
F. Building Permit:	0.75%			\$18,874
G. Plan Review Fee:	0.50%			\$12,583
H. Equipment Allowance (By Owner)	5.0%			\$0
I. Furnishings Allowance (By Owner)	5.0%			\$0
J. Project Contingency (15% of Construction Cost)	15.0%			\$377,475
Total Preliminary Project Budget				\$3,179,499



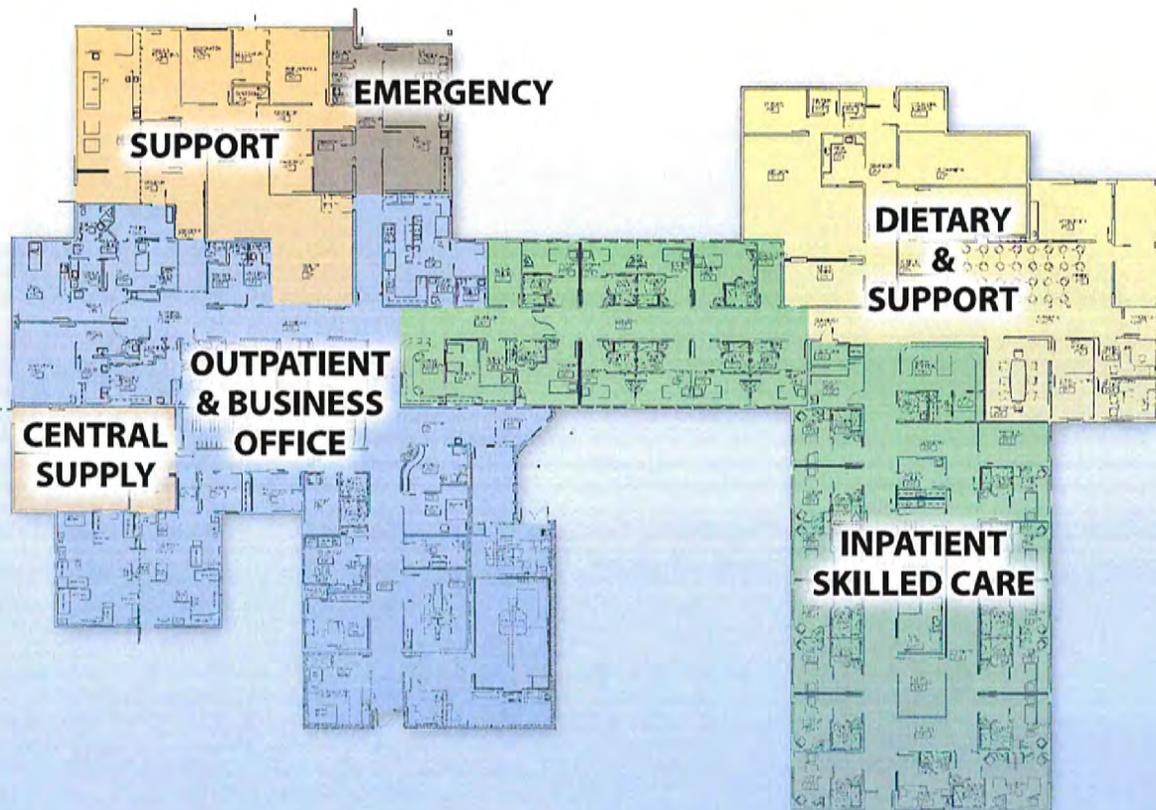
IV. POTENTIAL SCHEDULE

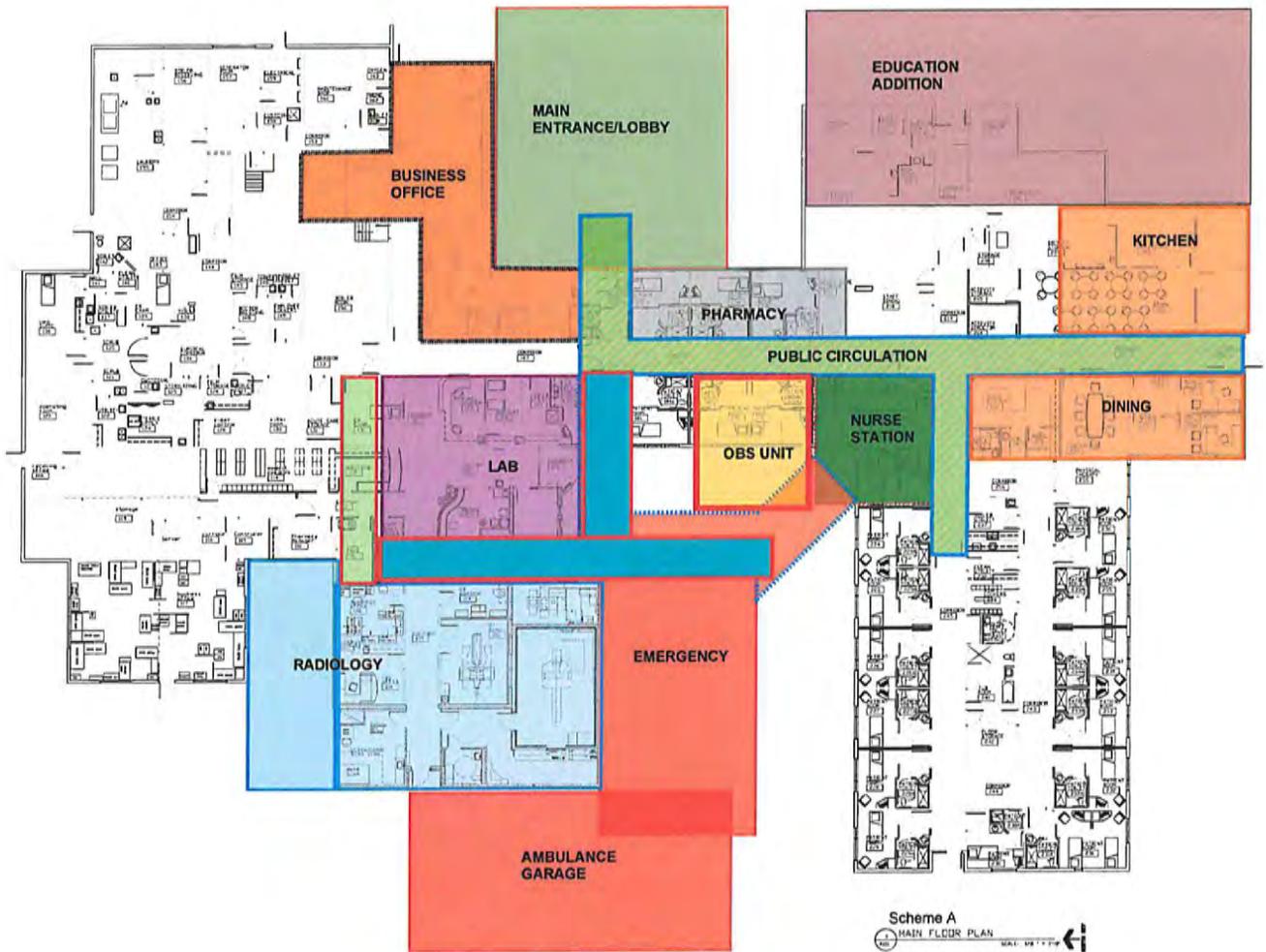


Big Horn Hospital Master Plan Implementation Schedule		Start Date	Finish Date	2018												2019												2020										
				D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J				
1	Overall Potential Schedule																																					
2	FUNDING																																					
3	BHCH Business Plan / Funding Option Refinement	12/1/17	3/2/18																																			
4	Owner Funding / Procurement Effort	1/1/18	10/1/18																																			
5	Potential Preliminary Architectural Report (PAR - Separate Fee / Effort)	4/30/18	6/15/18																																			
6	Potential Fall 2018 Construction Start																																					
7	DESIGN / CONSTRUCTION DOCUMENTS																																					
8	Begin (if mid-January 2018 - 7.5 months)	1/1/18	8/10/18																																			
9	Engage Design Firm	1/2/18	1/2/18																																			
10	Initial Planning / Scheduling Meetings	1/4/18	1/15/18																																			
11	Preliminary Info - Civil Site Survey / Soils Investigation Report	1/15/18	3/16/18																																			
12	Design / Construction Documents																																					
13	Ph. 1 Design / Construction Documents	1/15/18	6/16/18																																			
14	Refine Conceptual Program & Plans / Produce Schematic Plans	1/15/18	2/16/18																																			
15	State Health Department Meeting / Preliminary Plan Review	2/19/18	2/23/18																																			
16	Schematic Design Documents Phase	2/19/18	4/13/18																																			
17	Owner Review / Approval	4/16/18	4/23/18																																			
18	Design Development Documents Phase	4/23/18	6/25/18																																			
19	Owner Review / Approval	5/26/18	6/4/18																																			
20	Construction Documents Phase	5/28/18	7/27/18																																			
21	Quality Control Reviews / Pick Ups	7/30/18	8/16/18																																			
22	Final Owner Review / Approval	7/30/18	8/16/18																																			
23	State Plan Review Submittals																																					
24	Submittals to State for Review / Approval & Permit	7/30/18	8/31/18																																			
25	POTENTIAL BID / CONSTRUCTION																																					
26	RFP & CM / GC Selection Process	4/16/18	6/6/18																																			
27	DD Estimating / Constructibility Reviews	6/11/18	7/6/18																																			
28	Final Cost Verifications / Pre Bid Set up	7/20/18	8/16/18																																			
29	Final Bid / Pricing / Contract Agreements	8/13/18	9/7/18																																			
30	Phase A / B - Hospital / Outpatient Improvements (19 Mo.)																																					
31	PHASE A																																					
32	Construction Ph. A - E.D./ Patient / Pharm / Lab / Nursing / PT / Canopy	9/10/18	7/19/19																																			
33	Construction Ph. A1 - Mechanical Upgrades (Equip. Delivery lag)	1/14/19	6/14/19																																			
34	AHJ Approvals & CO / Owner Occupy Phase A	7/22/19	8/6/19																																			
35	PHASE B																																					
36	Construction Ph. B - Admin / Lobby / Check in / Misc. Remodels	8/12/19	1/10/20																																			
37	AHJ Approvals & CO / Owner Occupy Phase B	1/13/20	1/24/20																																			
38	PHASE C																																					
39	Construction - Ph. C - Misc Admin & Off. Spaces	1/27/20	3/27/20																																			
40	AHJ Approvals & CO / Owner Occupy Phase C	3/30/20	4/10/20																																			



APPENDIX A

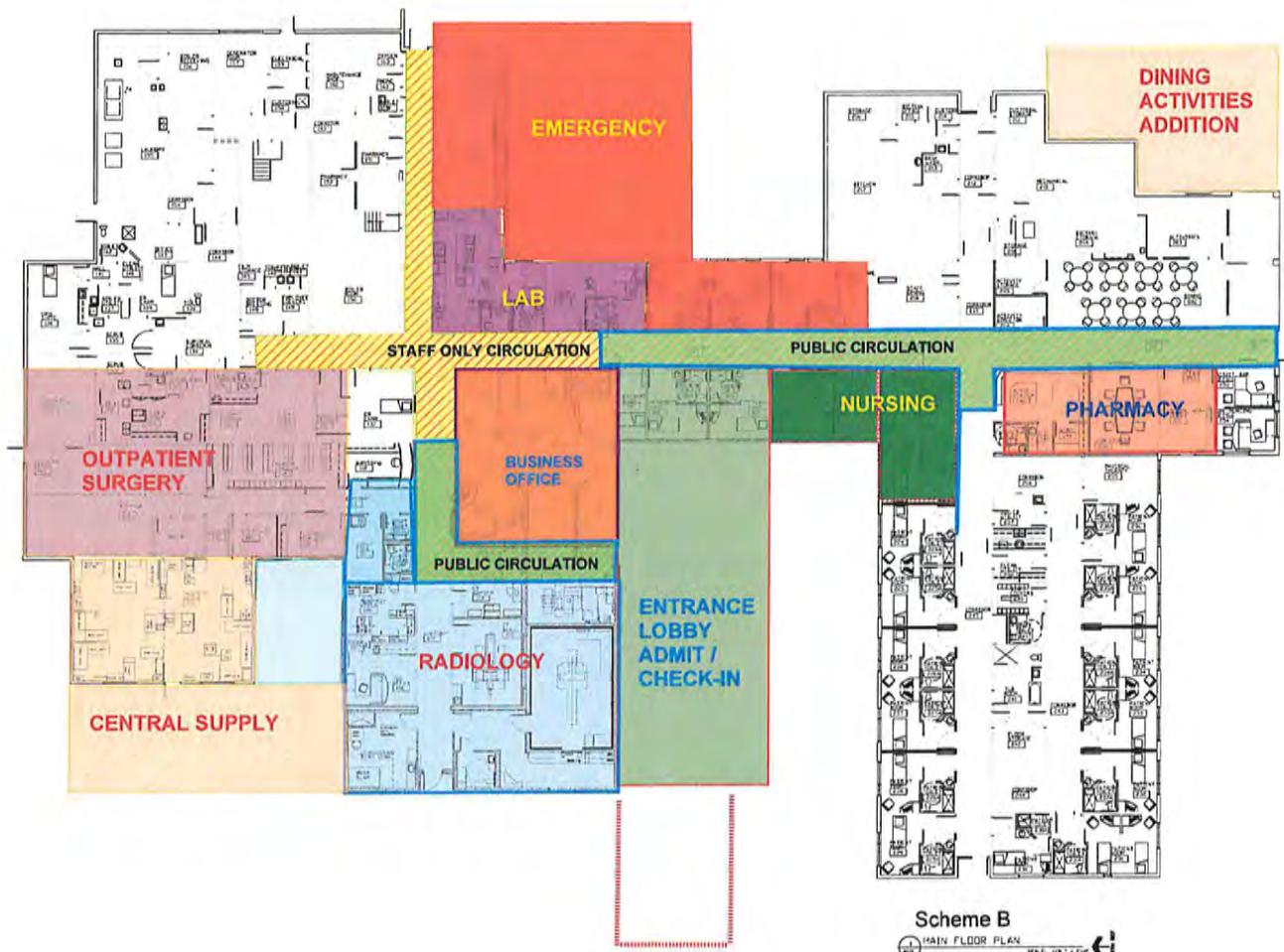


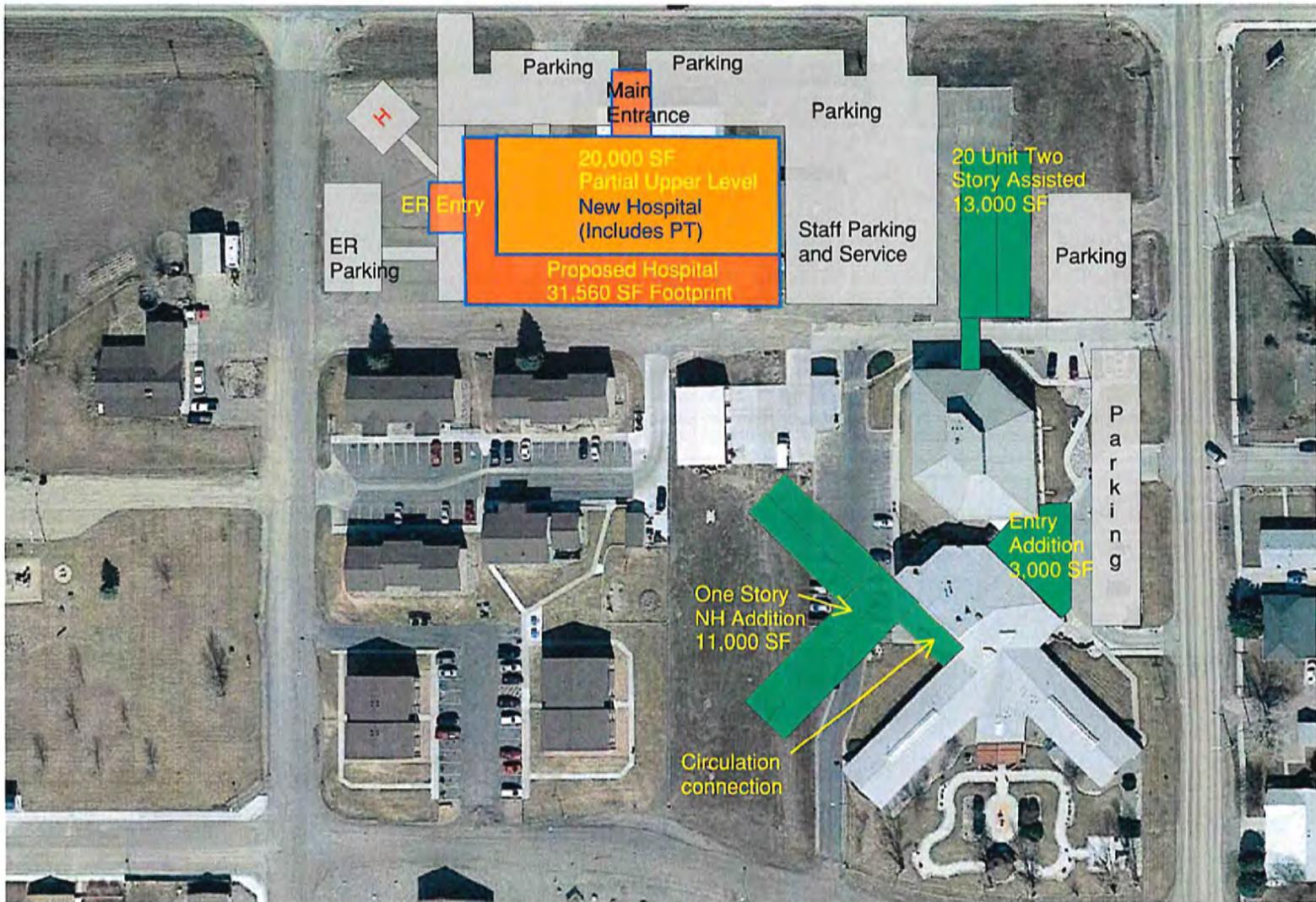




**BIG HORN COUNTY
MEMORIAL HOSPITAL**

**Master Facility Planning
SCHEME A SITE PLAN**



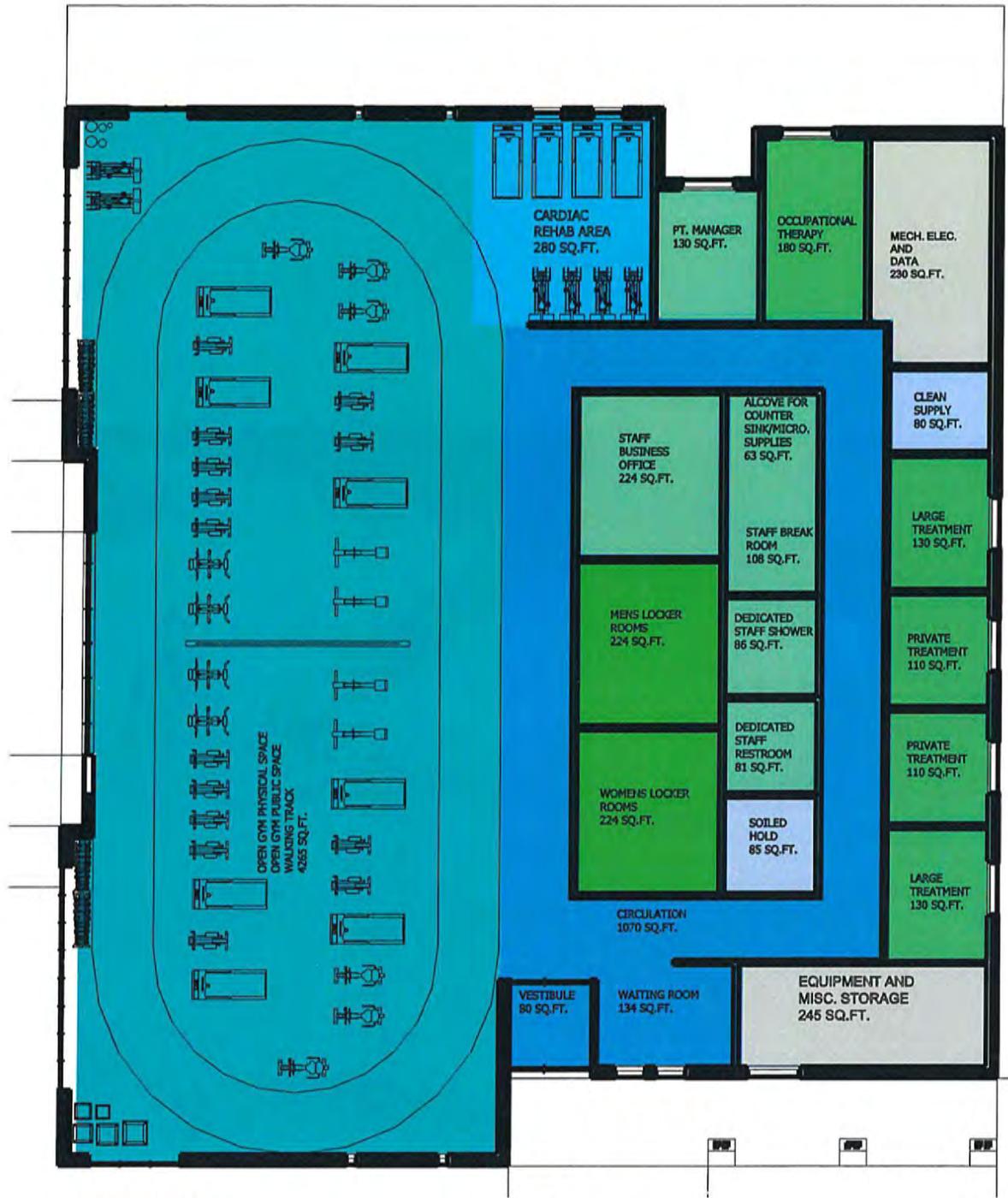


BHA Planning Option C Site Plan

Physical Therapy / Rehab - Conceptual Program				
	Qty.	Net SF Room	Net SF Totals	Notes
PUBLIC SPACES			770	
Vestibule/ Lobby	1	100	100	
Second Exit Vestibule	1	70	70	
Small Waiting	1	100	100	Seating for 4-6
Men's Locker and Public Restroom	1	250	250	
Women's Locker and Public Restroom	1	250	250	
PRIVATE THERAPY SPACES			450	
Private Treatment Rooms	2	110	220	10 x 11
Large Treatment	1	130	130	10 x 13
Open Cardiac Rehab Area	1	100	100	
Semi Private (Curtained) Treatment Rooms	0	80	0	8 x 10
GYM THERAPY SPACE			3,270	
Open Gym Physical Therapy Space	1	1500	1500	160 SF/Patient x 8-10 + Eq.
Open Gym Public Space	1	1500	1500	
Equipment & Misc. Storage	1	210	210	
Alcove for Counter /Sink / Microwave / Supplies	1	60	60	
STAFF USE / SUPPORT SPACE			887	
Reception - 1 (+1) Staff	1	110	110	
PT Manager	1	125	125	
Staff / Business Office - 6 Staff	6	42	252	35 SF / Staff
Conference Room (Use Break Room)	0	130	0	
Staff Break Room w/ Kitchenette (Guidelines)	1	115	115	Seating for 6-8
Dedicated Staff Restroom	1	50	50	
Dedicated Staff Shower Restroom and lockers	1	75	75	
Clean Supply	1	80	80	
Soiled Hold	1	80	80	
ANCILLARY SPACE			1,183	
Circulation @ 20% of Total	1	0.2	728	
Mechanical/Electrical	1	165	165	
Data	1	75	75	
Non Assignable @ 4% of total	1	0	215	
TOTAL GROSS S.F.			6,560	

Comments

- 1 Open Therapy area based on 8 hour day / 5 days per week at (8-10???) Patients / Equipment.
- 2 Dedicated Staff Rest Room for privacy and convenience of both Staff and Patients. (Guideline Req.)
- 3 Staff Break can be used for small Conference Room.



BIG HORN HOSPITAL ASSOCIATION
 NEW PHYSICAL THERAPY

SCALE: 1" = 10'





BIG HORN HOSPITAL ASSOCIATION
NEW PHYSICAL THERAPY

PERSECTIVE 01: BIRDS EYE VIEW LOOKING NORTH





BIG HORN HOSPITAL ASSOCIATION
NEW PHYSICAL THERAPY

PERSECTIVE 02: VIEW LOOKING NORTHEAST





BIG HORN HOSPITAL ASSOCIATION
NEW PHYSICAL THERAPY

PERSECTIVE 03: VIEW LOOKING NORTHWEST





BIG HORN HOSPITAL ASSOCIATION
NEW PHYSICAL THERAPY

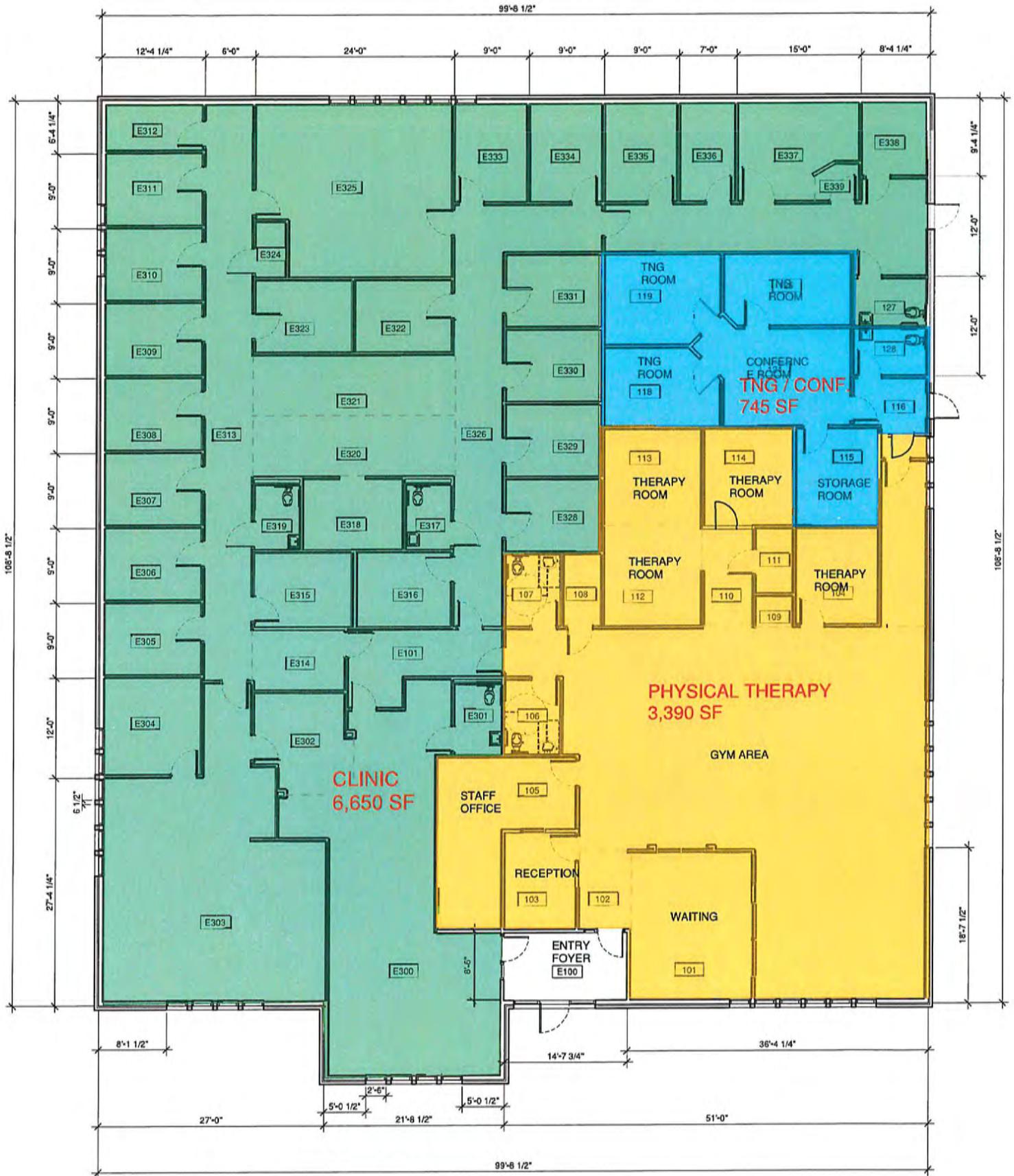
PERSECTIVE 04: VIEW LOOKING SOUTHEAST



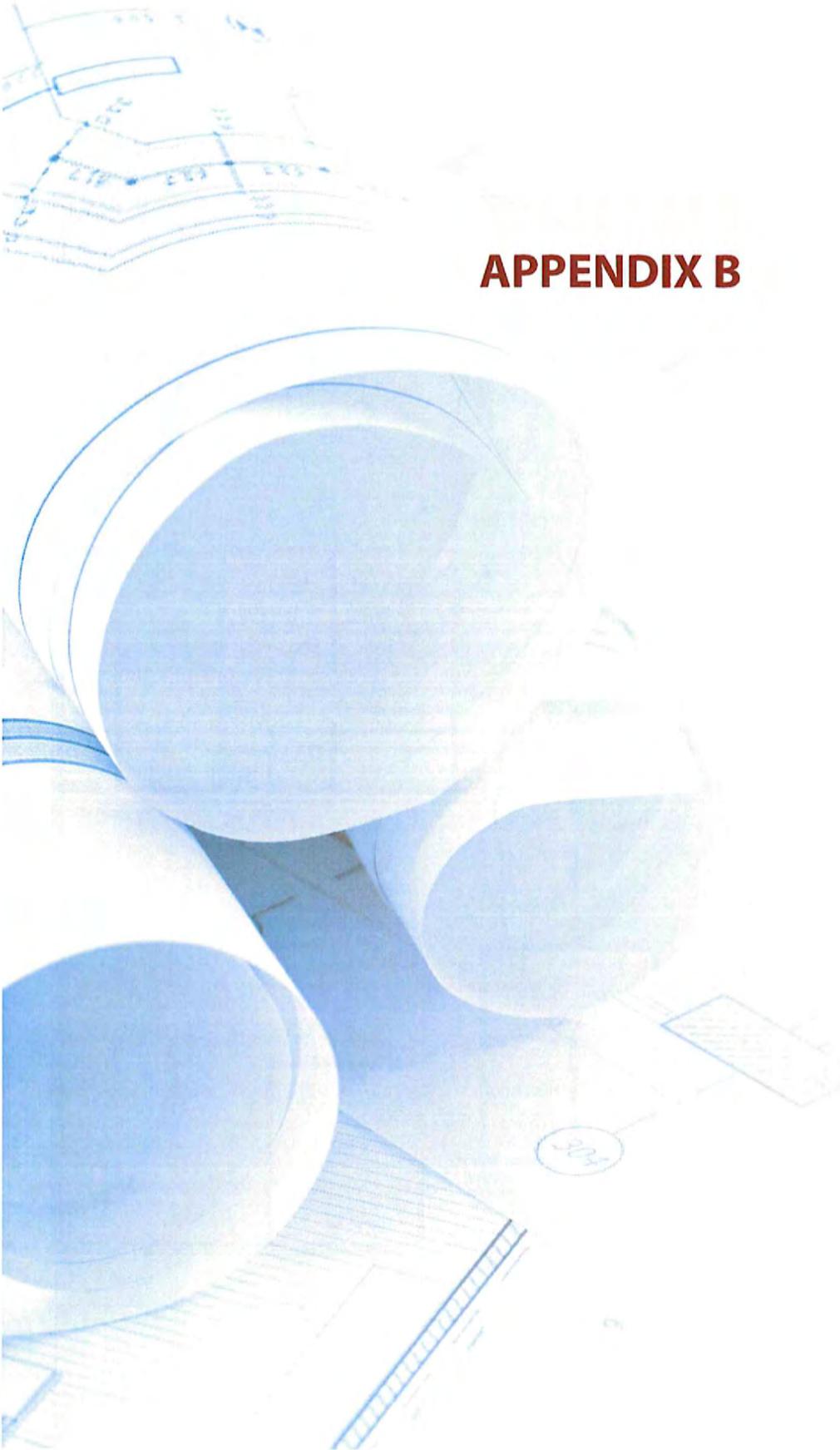


BIG HORN HOSPITAL ASSOCIATION

Option B - Physical Therapy / Education Remodel



APPENDIX B



Big Horn Hospital Association – Hospital Facility

Mechanical Systems Narrative

12-08-2016

HVAC SYSTEMS

Existing heating, ventilation and air conditioning (HVAC) systems consist of a central heating plant, 3 indoor air handling units, 1 outdoor packaged air handling unit, a type 1 kitchen hood exhaust system, and various other minor exhaust systems throughout the facility. The facility currently only has local humidification in the MRI addition area.

HEATING WATER SYSTEM:

The existing facility (including the MRI addition) is all served by a central heating plant consisting of three boilers. All three boilers are 80% efficient hot water boilers. Two of the boilers B-1 and B-3 have a dual fuel burner, meaning they can fire on either natural gas or fuel oil. The changeover is done with a manual switch on the burner. The third boiler B-2 only fires on natural gas. The boilers have a total combined output capacity of 5,673 MBH. Typically only two boilers are required to meet the load of the facility. This follows the AIA guidelines of having N+1 redundancy in a hospital boiler plant. Boilers B-1 and B-3 were replaced during a 2004 systems upgrade. B-2 is original to the building but was converted from a steam to hot water boiler as part of the 2004 systems upgrade. All the boilers seem to be in good operating order and are meeting the facility heating requirements with reliable operation. No complaints were indicated by the facilities maintenance personnel.

Combustion air for the boilers is provided with a forced air draft system. The air is tempered with a face and bypass hot water coil. Flue gasses for all boilers are routed out of the building via individual steel flues for each boiler which extend through the roof.

A boiler shutdown switch is located at the exit door, as required by ASME CSD-1.

The boilers are installed in a primary / secondary configuration with a constant flow primary loop and a variable flow (VFD) on the secondary building loop. There is an automatic glycol feeder, so the heating water system does contain glycol, but the percentage was not confirmed. A typical range for our climate would be in the 30-35% range.

The building distribution system is primarily steel piping and utilizes base mounted end suction pumps (Taco FI Series, 7.5 HP, 300 gpm at 160 ft of head). The boiler pumps are in line pumps (Taco KS Series, 1 HP, 150 gpm at 14 ft of head). The pumps are all 2004 vintage and appear to be in good condition.

AIR HANDLING SYSTEMS:

AHU-1:

A 2004 systems upgrade included the installation of a packaged VAV air handling unit with hot water heat, DX cooling, and an integral condensing unit located on grade on the east side of the facility. Exterior ductwork runs from this unit up the building face and over the roof in order to connect to previous existing ductwork that served the nursing home and large portions of the hospital. Facility maintenance personnel report they have had repeated issues with this unit since it was installed and an entire circuit of the dx cooling coil has been bypassed because they could not repair it to prevent it leaking refrigerant charge. They report the unit is often ramped up to 110% of fan speed and full capacity in the summer, but is still unable to keep up with the hospital cooling demands. Even though the unit is only twelve years old it has already had one fan motor replacement. This was especially problematic for the hospital as it is a single supply fan unit with no redundancy, so any time the unit is down for repairs, thermal comfort conditions in the hospital and nursing home are compromised. Three of the compressors on the unit have been replaced over the past three years. This is not surprising as the unit is nearing the 15 year typical expected life span for packaged equipment. Replacement of this unit with a minimum of two smaller units with fan walls for redundancy should be a high priority consideration for any future systems upgrades or hospital additions or remodels.

AHU-4:

This constant volume air handling unit provides heating and ventilation to the laundry area. The unit includes a hot water heating coil, chilled water cooling coil (abandoned since the 2004 system upgrades), fan and filters. It is located in the accessible attic above the laundry area.

This air handling unit is from the original 1972 construction and no longer provides cooling to the laundry area after the removal of the central chiller and chilled water system in 2004. Currently the only area served by this unit which is cooled is the actual laundry equipment room itself which is cooled by a small ceiling mounted heat pump unit installed in 2004. The unit is 44 years old and has exceeded its expected service life. It is recommended that replacement of this unit be included in the five year master planning effort. The new unit should include a dx cooling coil with split condensing unit on the roof to meet the cooling needs of this area of the facility.

Kitchen AHU:

This constant volume unit provides 100% fresh air to the kitchen. It contains a hot water heating coil, a DX cooling coil, supply fan, and filters. It is located indoors in a main level mechanical room across from the kitchen. The facilities personnel indicated the dx coil had recently been replaced and the unit was provide adequate cooling and heating for the kitchen area.

Although the unit is part of the original 1972 construction and has exceeded its expected service life, it appears to be running in a reliable manner without any issues. CTA would recommend this unit be included in a long term equipment replacement plan for the building due to age, but no immediate action is recommended or required.

MRI Addition AHU:

This packaged VAV air handling unit serves the MRI addition completed in 2010. It contains a hot water heating coil, dx cooling coil with remote condensing unit, supply fan and filters. The hot water coil is supplied from the central boiler plant. The unit is located in a small equipment yard on grade adjacent to the MRI addition. This unit is only six years old and in excellent condition. No work is required at this time.

AIR DISTRIBUTION SYSTEMS:

The VAV air handling units (AHU-1, MRI AHU) distribute air through medium pressure sheet metal ductwork to pressure independent VAV boxes with hot water reheat coils. The reheat coils are piped to the central boiler plant hot water distribution piping system. The air from the VAV boxes is distributed to ceiling diffusers via low pressure sheet metal ductwork.

The VAV boxes were installed in 2004 or 2010 and are fitted with digital controllers and electronic hot water valves. The boxes are in good condition.

Constant volume systems (AHU-4, and Kitchen AHU) distribute air through low pressure sheet metal duct systems.

The nursing home area has underground return ductwork with floor grilles near the windows.

KITCHEN HOOD SYSTEMS:

Appropriately listed kitchen hoods are in place and covering all cooking equipment. However, the Type 1 hood serving the gas fired grilles, griddles, etc. does not have a UL listed grease fan (UL762) with grease cup and vented curb.

PLUMBING SYSTEMS

DOMESTIC WATER SERVICE:

The existing domestic water entrance is located in the laundry area in the northwest corner of the facility. The pipe is 3" and the water pressure is approximately 60 psi per the fire protection system service tags and gauges. The water entrance does not have a reduced pressure backflow preventer, nor a double check backflow preventer to provide city utility line contamination prevention. The Uniform Plumbing Code requires backflow prevention. A double check backflow preventer should be added to bring the system into code compliance.

The water serving the facility is very hard and has taken its toll on the components on the water riser. It is recommended that the owner should exercise shut off valves, etc. on a quarterly basis to ensure the hard water deposits do not freeze up all of the valves.

DOMESTIC WATER HEATING SYSTEMS:

The existing domestic water heating system consists of two stacked gas-fired copper fin boiler style water heaters coupled with three 200 gallon storage tanks. The boilers are used to heat softened domestic cold water which is then stored in the tanks. In essence, this system de-couples the burner from the storage tanks. The dual boiler system allows for good staging and some redundancy. The two boilers are "Lochinvar" model CFN1441PM with 1,440 MBH input and approximately 1209.6 MBH output each. Total system output is 2,419.2 MBH. The boiler and storage tanks were installed as part of the 2004 building renovations. The existing water heater system is not dual fuel, which would mean an interruption to the supply of domestic hot water to patients during a gas outage.

The Lochinvar boilers installed are approximately 80% efficient. Due to the nature of domestic hot water heating (low supply water temperatures), they are prime candidates for replacement with high efficiency water heaters. It is estimated the current boilers have a service life of approximately 10-15 years depending on water quality. It would be to the owner's benefit to consider installing high efficiency condensing water heaters when a replacement of the existing system is required.

PLUMBING FIXTURES:

The facility plumbing systems appear to be in good condition. Most of the patient care areas (Nursing Home and Hospital) plumbing fixtures were replaced with new as part of the 2004 renovation. However, current codes require ASSE 1070 mixing valves at all hand wash locations. These required valves are not installed at the lavatories in the patient rooms nor in the public bathrooms. Any future renovations in these areas will require the mixing valves to be installed in order to bring the facility into code compliance.

PLUMBING PIPING:

The piping throughout the facility is a mix of new and original piping. Most of the sewer and water piping mains are original construction vintage. The majority of the domestic water piping is copper. Sewer piping above ground appears to be PVC transitioning to cast iron as it goes below slab.

Due to the age of the piping a camera inspection of the cast iron sewer mains is recommended. Cast iron sewer systems can suffer heavy degradation from direct burial in soil. The pipe walls become very thin and might collapse which could create significant contamination issues from sewage back-ups into the crawlspace. No indication of current leaks was observed during the inspection.

ROOF DRAINAGE SYSTEMS:

The majority of the existing facility has low slope roofs. The existing roof drainage system consists of internal roof drains with cast iron domes located on the roof. On a majority of the roof, no overflows are piped, though the lack of a parapet would allow any overflow condition to cascade over the roof edge.

Existing drains are in poor conditions with broken domes. This will potentially allow leaves and branches into the existing storm drain piping system and these should be replaced as soon as possible.

KITCHEN PLUMBING SYSTEMS:

The sanitary and domestic water piping for the kitchen and nourishment areas is original construction. Fixture air gaps over indirect waste receptors were observed in most locations.

There is no evidence of a grease interceptor in the kitchen or outside. If no interceptor is in place, the UPC requires commercial kitchens to be installed with a grease trap or grease interceptor for all grease laden sewage.

FIRE SUPPRESSION SYSTEMS

The entire facility is sprinkled, utilizing semi-recessed sprinkler heads. There is a 6" fire supply line feeding three risers located in the water service alcove off the laundry room. Of the three risers, two are wet risers (one feeds the hospital and one feeds the nursing home) and one is a dry riser which feeds the unheated attic areas outside of the mechanical service platform. The piping for the dry sprinkler system in the attic is original construction vintage and thin walled galvanized pipe was used. This has resulted in leaks any time the system is charged. It is recommended that this system be replaced with a nitrogen dry pipe system with schedule 40 galvanized pipe to alleviate the problem.

The main fire supply line has only a single check valve in place for backflow prevention. This is not compliant with current UPC code requirements. A double check detector assembly should be installed on the main fire entrance for backflow prevention. A fire department connection extends through the east exterior wall of the alcove.

MEDICAL GAS SYSTEMS

The existing facility medical gas systems include vacuum and oxygen. There is no medical air system in the facility at this time.

Oxygen:

The oxygen system is located in a dedicated room and includes two liquid dewar tanks (4577 cubic feet) and a four gas bottle backup. The room is ventilated via a low 8"x8" opening and a dedicated exhaust fan. Fin tube is used to temper the room and the light switch is above 60". Two additional dewar tanks were stored in the room for reserve.

Medical Vacuum:

The medical vacuum pump is original building construction and is not in good condition. It is recommended this unit be replaced as soon as possible with a newer more reliable unit. The current vacuum pump is a Toshiba Houston model with two Ingersol Rand 30T compressors each with a 1 HP motor.

Mechanical Systems Planning Recommendations:

1. Replace AHU-1 with Multiple Units to Improve Function and Redundancy.

Replace AHU-1 with two equally sized units at approximately 14,000 cfm and 35 tons each. One unit shall serve the nursing home wing and one unit shall serve the remainder of the hospital. New units shall each have a fan wall system and multiple refrigerant circuits for redundancy.

- **(Estimated Cost: \$300,000)** Means 2016 237413 pg 391 15,000 CFM VAV Unit

2. Replace AHU-1 Fan with Fan Wall System

Within the space constraints of the existing AHU-1 unit replace 30 HP fan with fan wall system. Plan changeover for least amount of down time possible, preferably perform change out in either Spring or Fall when weather conditions are not at their peak. -

(Estimated Cost: \$35,000) Means 2016 566749 Single Width, belt drive 30 HP fan

3. Replace Defective Refrigerant Coil Section

Within the space constraints of the existing AHU-1 replace defective coil section with a minimum of a two circuit new refrigerant coil to allow for some redundancy and staging of the unit. Plan changeover in spring prior to peak summer cooling conditions.

- **(Estimated Cost: \$11,600)** Means 2016 238216 pg 404 2 row, 8 FPI 51"x120" Coil

4. Perform retro-commissioning / test and balance on existing unit

Perform a retro-commissioning in conjunction with a test and balance contractor to determine if the existing AHU-1 is adequately size for and meeting the cooling loads of the building and if by making adjustments at the box level it can operate more effectively.

Pricing below includes two commissioning agents (5 days) T&B Contractor (2 days). -

(Estimated Cost: \$20,000)

5. Replace AHU-4 unit with Packaged Roof-top DX Unit.

Replace existing indoor AHU-4 unit with a packaged roof-top DX unit. Confirm with structural this is possible. Replacing it with a package roof-top dx unit will allow for adding cooling back into the laundry room areas which was disabled during the 2004 remodel projects.

- **(Estimated Cost: \$20,000)**

6. Add heating to crawlspace

A considerable amount of heating energy is lost from the occupied spaces to a fully ventilated crawlspace with little or no tempering of outside air and no insulation on the floor / ceiling assembly of the crawlspace. It is recommended at a minimum that unit heaters be added throughout to temper the crawlspace to 65 deg F at a minimum. It is assumed the current boiler plant can support this additional heating load. Price includes eight 44 MBH unit heaters and associated piping and valves.

- **(Estimated Cost: \$12,000)**

7. Replace kitchen exhaust fan with UL762 listed fan.

Current kitchen exhaust fan serving type 1 hood is not UL762 labeled and does not have a grease cup and vented curb. To bring this system into full code compliance the fan should be replaced.

- (Estimated Cost: \$6000)

8. AIA Required Humidification for Spaces throughout the Facility.

- TBD

- (Estimated Cost: TBD)

Plumbing Systems Master Planning Recommendations:

1. Add mixing valves to all handwash sinks and lavatories in ADA accessible spaces.

Install ASSE 1070 required mixing valves on all sinks / lavatories in patient rooms and public spaces to meet current code requirements. Estimate is based on 24 patient room sinks and 7 public restrooms for a total of 31 fixtures.

- (Estimated Cost: \$9300)

2. Install backflow preventer on building domestic water entrance.

Install double check backflow preventer on 3" building domestic water entrance. Perform pressure test on incoming water main to ensure 60 PSI listed on the fire entrance tag is accurate. Validate domestic distribution system pipe sizes to ensure minimum 25 PSI at most remote flush valve for proper fixture operation. The cost below is for two 2" reduced pressure backflow preventer piped in parallel. This will allow for testing of one while maintaining the water supply to the hospital.

- (Estimated Cost: \$3500)

3. Replace pneumatic controls with DDC controls on domestic hot water system.

Boiler plant controls were converted to DDC during the 2004 renovation. However, most of the pneumatic controls on the domestic hot water system remain in use. Pneumatic controls are becoming an antiquated system with no expertise to repair or maintain them. Recommend the hospital plan for replacing all remaining pneumatic controls and valves over the next 5-10 years.

- (Estimated Cost: \$10,000)

4. Replace existing domestic water boilers and storage tanks with new high efficiency condensing water heaters with integral storage tanks.

Estimated service life of the copper fin tube boilers is 10-15 years depending on water quality at the site. At the point these boilers require replacement, recommend replacing the boiler and storage tank set up with two 500 MBH high efficiency domestic water heaters with 120 gallon integral storage tanks.

- (Estimated Cost: \$50,000)

2016 Fire Protection Systems Planning Recommendations:

1. Replace piping for dry fire sprinkler system in attic.

Replace existing dry pipe attic system and piping with schedule 40 galvanized piping and nitrogen system.

- (Estimated Cost: \$TBD)

2. Install backflow preventer on building fire sprinkler entrance.

Install double check backflow preventer on 6" fire service. Perform pressure test on incoming water main to ensure 60 PSI listed on the fire entrance tag is accurate. Validate fire sprinkler system pipe sizes to ensure minimum 7 PSI at most remote head for proper system operation.

- (Estimate Design Verification Cost: \$4,000)

- (Estimated Installation Cost: \$10,500.00)

Medical Gas Systems Master Planning Recommendations:

1. Replace Vacuum Pump.

- (Estimated Cost: \$7,500)

Recommendation for Domestic HW Conversion to DDC

The existing domestic HW system at the BCH consists of two (2) domestic HW boilers, three (3) domestic HW storage tanks, and a thermal mixing valve.

DDC Retrofit

- New panel-mounted DDC controls with 120/24 VAC fused power with disconnect
- Boiler enable - BO, Boiler Supply-T, Boiler alarm - BI (typical of 2 boilers)
- Storage tank temp - AI (typical of 3 tanks)
- Domestic recirc. pump start/stop - BO, Status - BI
- Domestic HW supply-T leaving tempering valve - AI
- High temp domestic HW supply-T to Kitchen & Laundry - AI
- Connect to existing global controller with MS/TP in existing boiler room
- Graphics, programming, and checkout
- (Budget Price \$12,500)

Big Horn Hospital Association – Hospital Facility Electrical Systems Narrative

12-8-2016

POWER DISTRIBUTION:

Power to the facility is provided by a pad-mount transformer feeding a newer main switchboard (MSB) on the exterior of the building. This MSB then feeds an older fused main distribution panel (MDP) which then feeds the branch circuit panelboards throughout the facility. A lot of breakers are unmarked and therefore control unknown loads.

EMERGENCY POWER:

Emergency power is provided by two paralleled natural gas fueled generators that were installed ~2014. These generators are connected to a newer emergency distribution panel (CIC) that feeds four automatic transfer switches to separate the emergency power into the Code required Life Safety, Critical and Emergency branches. These transfer switches then feed branch circuit panelboards throughout the facility. Most of these emergency power panels have plenty of spaces and spare capacity for future loads.

DEVICES:

Receptacle types and locations appear to be adequate. However, some emergency receptacles do not have the panel and circuit identification on their coverplates. Electrical Code requires panel and circuit identification for all receptacles on the Critical branch.

LIGHTING - INTERIOR:

The majority of interior lighting is provided by T8 lamp fluorescent fixtures which were installed in the 2004 remodel.

Some of the exit lights are older dimly lit incandescent type and should be replaced with newer LED type.

LIGHTING - EXTERIOR:

The exterior lighting consists of globe type pole lights along the main entry walkway, recessed canopy lights at the entrances, and a few wallpacks. All of the canopy and wall lights appear to be old and should be replaced. There also should be additional lighting at the Emergency entrance.

LIGHTING CONTROLS:

The interior lighting controls are manual wall switches and the exterior lighting is controlled by photocells and/or timer switches. Any future remodel would need to include automatic lighting controls, i.e. occupancy sensors, to satisfy energy code requirements.

FIRE ALARM SYSTEM:

The fire alarm system is a Notifier type and has no apparent issues.

NURSE CALL SYSTEM:

The nurse call system is an older Dukane type that is no longer manufactured. It is therefore recommended that a new system be installed to provide for increased functionality, expandability and reliability.

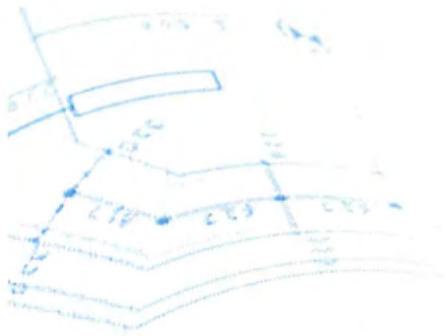
Electrical Master Planning Upgrade Recommendations: Hospital Facility

- 1. Circuit trace unknown loads and provide accurate and complete circuit directories in all panelboards.**
- (Estimated Cost: \$5,000)
- 2. Perform arc flash and overcurrent device coordination study for entire power distribution system.**
- (Estimated Cost: \$15,000)
- 3. Install appropriate arc flash hazard labels on all panelboards and other equipment per NEC 110.16.**
- (Estimated Cost: \$2,000)
- 4. Replace ATS-1 and ATS-2 with same make/model as other ATS's.** -
(Estimated Cost: \$15,000)
- 5. Replace Dukane nurse call system.**
- (Estimated Cost: \$50,000)
- 6. Replace building exterior lighting with full-cutoff LED type.**
- (Estimated Cost: \$10,000)

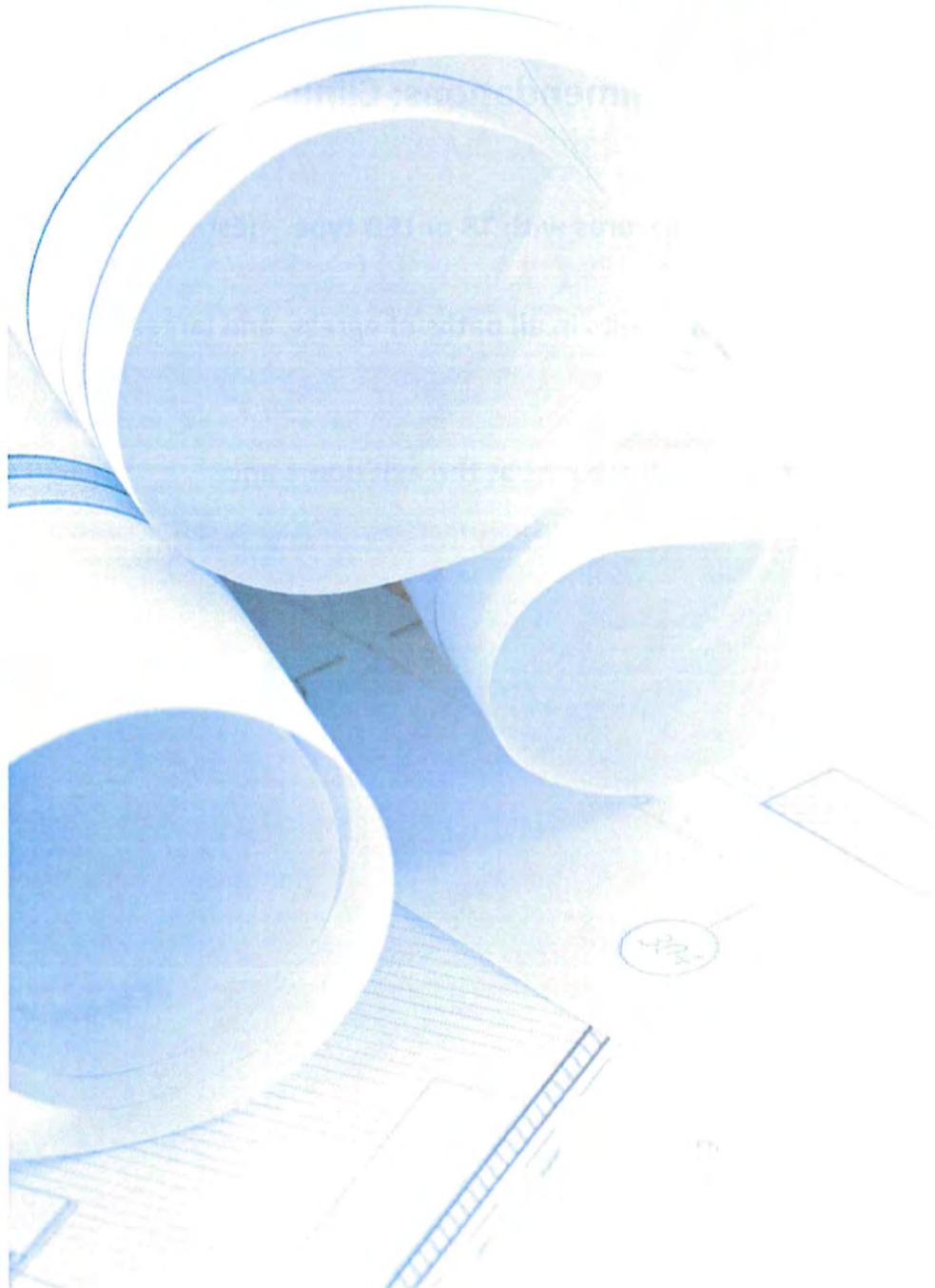
- 7. Install new lighting at Emergency Department entrance.**
- (Estimated Cost: \$5,000)
- 8. Label all emergency receptacles in critical care areas with panel and circuit number per NEC 517.19.**
- (Estimated Cost: \$2,000)
- 9. Replace older incandescent type exit lights with newer LED type.**
- (Estimated Cost: \$2,500)

Electrical Master Planning Recommendations: Clinic Building

- 1. Replace all T12 fluorescent light fixtures with T8 or LED type. - (Estimated Cost: TBD)**
- 2. Install emergency battery lighting units in all paths of egress, and larger rooms and work areas.**
- (Estimated Cost: TBD)
- 3. Install a fire alarm system with pull stations at the exit doors and horn/strobe appliances throughout.**
- (Estimated Cost: TBD)



APPENDIX C



PRIORITY PLANNING ISSUES

General / Architectural Priority Issues Overview:

1. **Outpatient Services Spatial Adequacy:** The existing Lab and Hospital Pharmacy spaces are confined and lacking programmatically. Additional space is needed for both services.
2. **Outpatient Services Location / Access:** Outpatient services would be more appropriately located near the main entry with direct access for Patients and better access to daylight. With competing market share, creating a better Patient experience and increasing patient satisfaction can only help to maintain and increase the current market share capture, while better serving the local community and helping to insure fulfillment of trending reimbursement criteria.
3. **Staff/Patient/Public Access to Financial & Administrative Services:** If Outpatient services relocate to the Main Level, having the administrative and financial services co-located near the main entry would make sense for staffing efficiency and ease of public access.
4. **Site Use:** Site is limited and additional parking is a challenge if large additions are implemented. Limited additions and removal of the old Hardin Clinic building would afford an easterly main entrance with appropriate parking and a needed code compliant drive under entry canopy.
5. The existing building, although aged with several subsequent additions since the original building was built, is structurally sound. The masonry exterior is in good condition and shows no signs of adverse foundation settlement.
6. **Departmental Overview:** A questionnaire was sent to each department within the organization to collect initial pertinent information for the planning process. As a follow up, CTA met with each of the departments and the Administration to discern what was working well, what was not working, and what the programmatic needs of each department were.

Discussions also included addressing spatial, operational, staff, patient, and facility issues. A synopsis of the information is provided in Appendix C of this document.

Overview: Program Issues - Proposed Solutions

GENERAL CONSIDERATIONS / RECURRING THEMES

- a) Hospital Trending from Inpatient to more Outpatient services
- b) Access / Consolidating / Space needs of expanded Outpatient Services
- c) Inpatient bed counts are down trending
- d) ED Access and control / Outpatient Access to Radiology and Lab

PRIORITY PLANNING ISSUES

- e) Additional space needed for Physical Therapy expanded services
- f) Space / Privacy for Tele-Med
- g) General Privacy and control issues for Patients / Family / Staff
- h) Heating / Cooling control for entire building

Review of Proposed Hospital Concept Solutions

Hospital Option A – Relocate Entry East w/ single point of Access and Control

- Relocate the Main Entry, Check-in, Business Office, and Lab for improved access and continuity for patients, family and staff.
- Provide direct access for outpatient services via one entrance with a drive under canopy per code.
- Potentially consolidate Admin offices.
- Utilize vacated inpatient room space to incorporate Outpatient Services into one area adjacent to the Hospital Main Entry for improved patient access, staffing efficiencies, and improving the needed adjacencies for the Outpatient / Emergency Department / Inpatient services.
- Consolidate nursing into one location for inpatient / swing bed that is adjacent to the Emergency Department for staffing control and efficiency.

Option B – Retain Entry West w/ single point of Access and Control

- Maintain the Main Entry to the west and relocate Check-in, Business Office, and Lab for improved access and continuity for patients, family and staff.
- Provide direct access for outpatient services via one entrance with a drive under canopy per code.
- Potentially consolidate Admin offices.
- Utilize vacated inpatient room space to incorporate Outpatient Services into one area adjacent to the Hospital Main Entry for improved patient access, staffing efficiencies, and improving the needed adjacencies for the Outpatient / Emergency Department / Inpatient services.
- Consolidate nursing into one location for inpatient / swing bed that is adjacent to the Emergency Department for staffing control and efficiency.
(This is difficult with Option B due to Patient Wing and ED separation.)

Option C – Build New Facility to accommodate an 18 bed Hospital

- Location consideration for shared services adjacent to Heritage Acres.
- Consider Utility access.
- Cost comparison for realities to remodel / upgrade exiting Hospital.
- Consideration for what to do with existing facility.

PRIORITY PLANNING ISSUES

Physical Therapy – Option A

- Locate Physical Therapy adjacent to the existing Big Horn Clinic.
- Consider Public use as Wellness Center after hours.
- Consideration for what to do with existing space in Big Horn Clinic.
- Create additional space for Training / Conference due to loss of the old clinic building.

Physical Therapy – Option B

- Consider expanding PT within the existing Big Horn Clinic.
- Create additional space for Training / Conference due to loss of the old clinic building.

After initial meetings, departmental space assessment, and three rounds of conceptual design considerations, the following *Overview* outlines what transpired as the foundation of the proposed improvements and chosen design direction.

The proposed final solution became the unanimous alternative for the Staff, Administration and the Board.

BIGHORN HOSPITAL ASSOCIATION DEPARTMENTAL USER MEETINGS
6 / 9 / 2016

BIGHORN COUNTY MEMORIAL HOSPITAL DEPARTMENT INTERVIEWS

Nursing /ED

- Want 1 central nurse station all nurse staff can function from this point
 - Current 15 combo
 - 2 swing
 - Want 18 combo
 - 2 swing
- *SEE FIGURE A. BUBBLE DIAGRAM FOR PRIMARY ADJACENCIES FOR CENTRAL NURSE STATION
- Combine Inpatient / Skilled Nursing Station.
 - Possibly drop in computer stations in rooms for decentralized charting
 - OR: in corridors in patient wings
- Think 18 combo - Acute/Swing plus 2 Observation (Not utilizing 25 Bed capacity currently)
- BHCMH does not have enough staff to serve all swing bed patients currently
 - They have to turn away people because they are understaffed
 - This prompts the need for a centralized nurse station so more staff can help out in swing bed rooms when needed
 - 3 swing bed patients are long term nursing home patients that were grandfathered in, live in facility full time.
- Highest swing bed counts: Last year 10, last June had 16 once
 - Averages 4 people (typically ranges from 3 to 9)
- Nursing would like one of the swing rooms to turn into a suite with restroom
 - Could use for travelling staff, overnight stay
 - On call staff, mid-level providers, overnight stay
- ED entries are not clear / functional (Ambulance vs. Ambulatory)
- Shower / Tub - use NB/whirlpool more than shower.
- Cafeteria currently serves as multifunction space for meetings, patient meals, family gathering, activities, music, parties, etc.
 - Adjacent kitchen/ dietary, functions adequately
 - Would like a separate staff dining for privacy, not out in open cafeteria
 - Staff dining room should accommodate at least 6 people.
- Nurse offices are spread out over the entire facility
 - They have to walk through each other's offices
 - Need for privacy for one on one meetings
- OB services, BHCMH delivers in emergency situation, but typically transfers to Billings
- Surgery
 - BHCMH can run 1 room for surgery as of now due to limited staff
 - Could potentially increase surgery rooms if staff numbers increase
- Physical Therapy
 - From nurse perspective does not have to be attached but would like it in close proximity to the swing beds
- Security
 - Currently no security for staff to close off sections of the hospital
 - Anyone can walk in any area of the corridors, patients, staff, family, alike
 - Need control access into ER and other wings of the hospital

BIGHORN HOSPITAL ASSOCIATION DEPARTMENTAL USER MEETINGS 6 / 9 / 2016

*SEE FIGURE B BUBBLE DIAGRAM FOR ENTRANCE FLOW PRIMARY ADJACENCIES

Emergency Department

1. Need 2 Trauma Bays - 4 Exams
2. 445 last month (May 2016)
3. 380's / mo. in the past but rising
4. Mid-levels / physicians on call
5. Currently rooms are disjointed and Ambulatory entry / control is an issue.

Business Office / Admitting / Accounting

- Accounting storage in currently Clinic - 2 rooms
- Medical Records storage in Room 114 - gone within 1 year
- Admitting/Outpatient – separate functions
 - Staff - 1 Ward Clerk (12 hr. shift)
 - 24/7 adds an FTE
- 12 Business Office staff + Controller
- Need 4 offices & open office cubicles
- Need Consultation Room (existing conference OK for now)
 - Like being open to hear for support
 - Proximity to Admitting/Outpatient check-in
 - Prefer direct Adjacency
 - Mail currently in Admitting - does not work well
- Staff Break Room needed

Housekeeping & Maintenance

- Heating - Cooling is a single York A.H. and resides in older portion of the building
- Currently 8 staff
- Small office - deals with Heritage Acres as well
 - Window preferred
- Assisted - 1 housekeeping closet for both floors currently
- Heritage: 3rd floor shelled / unheated / not sprinkled / not usable
(CTA: Could it be heated / Sprinklered?)

Dietary (see list at end of Diet)

- Outpatient - Diet Education / Meal Planning
 - Not billing yet for dietician
 - Look at contracting out
- Lack larger education space
- Could use added counter space in Kitchen
- Ordering Menu vs. Buffet would be preferred.

BIGHORN HOSPITAL ASSOCIATION DEPARTMENTAL USER MEETINGS
6 / 9 / 2016

OR

1. 1 OR is an issue. Could use 2 for quicker turn over when scheduling for a day.
2. Is OB an option? Lack of staff or numbers?
BHCH to determine if plausible.
3. Have O2 - no piped Med Air for patient use
 - o Currently med gas is wall mounted = hoses on floor
 - o Need ceiling booms
4. Power is not up to code of needs.
5. Traffic / Patient privacy & access is not good.
6. Need a space for Endo's
7. Pre-post is not very functional or appropriate.
8. 8 days - 5/6 per day when scheduled (increasing)
9. General / Colonoscopy
(CTA: 5/6 per day operations or only colonoscopy)

Purchasing

1. Loading dock would help - 3 semi-trailer deliveries/week
2. Space OK but may not be in future
3. Could consider delivery / storage off site but that has disadvantages.

Lab

- Current lab size is 1/3 to 1/5 of need
- Hospital/Nursing Home/Outpatient/Jail labs are performed here
- Tests completed = 11,000-12,000/month
- 6 FTEs currently work in the lab
- Manager needs to be adjacent to the Lab
- Draw room space for 2 chairs
 - o Need 2 larger chairs
- Current location is good
 - o Next to Nurse Station (where providers sit)
 - o By ER services
- Not a huge amount of outpatient traffic is seen at this lab
- Open floor plan would be ideal
- Boiler Room area in existing hospital could be a good location

Foundation (Public Health Director)

- Donors need private location and larger space
- Current location is not ideal
- Office space doesn't need to be in the Hospital
- There is no support staff full time
 - o Can get a PRN temporarily during a campaign
- Schedule will be important for Bill Hodges to know to start fundraising

BIGHORN HOSPITAL ASSOCIATION DEPARTMENTAL USER MEETINGS

6 / 9 / 2016

Pharmacy

- Inpatient only
- No retail
- One tower Omni
- General Pharmacy space should be larger
- Provide nursing access after hours
- Location is best out of hospital traffic - no EMS or patient traffic
- Mixing room and Ante room don't currently exist and would be ideal
 - Need anti room with double locks before pharmacy
 -
- Location is better away from Boiler Room due to heat transfer
- Location would ideally be by OR Suite
- Currently Nurse are mixing drugs in acute care storage room - nurses and wash sink locations don't work.
 - Need sink, hood
- IV handled by supply chain and stored
 - Should be in RX
- Swing Bed meds could be done with more staff and space
Eventually want pharmacy to supply swing bed wing so they do not have to outsource their medications
- Current pharmacy does not have enough space for growth
- Would like to expand their staff to 1 full time and one part time pharmacist with room to grow
- Additional Pharmacy requirements:
 - No windows
 - Away from entrances
 - Out of the main path of travel, away from corridor
 - Want to store IV materials in pharmacy in future
 - Security locks, double locks were necessary, locked cabinets, etc. card readers/badges

Physical Therapy

- Outpatient is the largest volume.
- Hospital Includes
 - Inpatient
 - Swing Bed
 - Assisted Living & Long Term
 - School District
- Staff currently includes: 1 PT, 2PTA's, 1 O.T. who is contracted 2 days w/ St. John's.
- ADL - space limited - could be added
- Exams: 2 semi-private treatment rooms
 - Hot packs in old Pool Room
- No pool currently - no need in future
- Current condition in clinic has non/private exam room with curtains, and open gym similar to a home gym.
- Athletes from school district need indoor facility for winter months
- High demand for Cardiac PT- need additional treadmills

BIGHORN HOSPITAL ASSOCIATION DEPARTMENTAL USER MEETINGS

6 / 9 / 2016

- Wound Care through PT Outpatient
- Need a Track in Physical Therapy
- Need Cardiac Rehab
- 2 PTs in County (1) Crow Hospital (1) here
- A ceiling lift would be ideal for Bariatric toilets
- They would like to promote and make available community access to the exercise equipment
- This department sees approximately 50 new patients/month
- PT can only supervise (2) PTA's
- Need Stress Test locations
 - Could be 2 rooms
- Current use is approximately 300/400 patient/mo.
- Prefer Office space for PTs
 - Private office for managers, Privacy is important
 - No staff space currently in PT
- 50 new patients each month with over 300 regular a month, continual growth
- Needs separate staff bathroom
- Head PT needs private office for managerial work, private meetings, etc.
- Some space is wasted space, example: cabinets, unused storage
- Need larger separate waiting room

Education

- Office in old clinic across the street
 - Conferences
 - Webinars
 - CNA (class of 12)
 - Telemed
 - Heart Association
 - Lunch-N-Learns
 - CEU's for Nurses
 - Skill Competency
 - AA
- Educational session max is 15 people in clinic, 12 people in hospital (plus 2 instructors)
- Storage for mannequins, props etc. for CPR classes
- Near parking w/outside access
- Would like a small conference room
 - Larger training room
- Offices (2)
 - Education Coordinator (1)
 - CNA Educators (2)
- Current Board Room too small for staff meetings - 20 to 24 seats would be ideal
 - Conference tables modular
- Combo IT-Education Department Manager
 - 2 to 3 PC setups for learning
- Mini serving kitchen/dishwasher (dishes and manikin props)
 - Board could meet there as well

BIGHORN HOSPITAL ASSOCIATION DEPARTMENTAL USER MEETINGS

6 / 9 / 2016

- CNA Training rooms
 - Prefer 3 hospital rooms in a mock set-up
 - Staff can access afterhours for night classes
 - Separate entrance from outdoors so people aren't walking through the hospital wings
 - Can be separate from main hospital
 - Storage for CNA class items
- Offer wellness classes for public – Large conference/ training room
 - Could be separate with PT off site
 - Want a separate conference room off of the main corridor, away from patient wings
 - *There is an opportunity to create a conference space that the surrounding community can access for different events, functions, etc.
 - Expand technology so not just the hospital staff can utilized it, the rural area can access it as well.
- Consult Room by OR and ED

IT

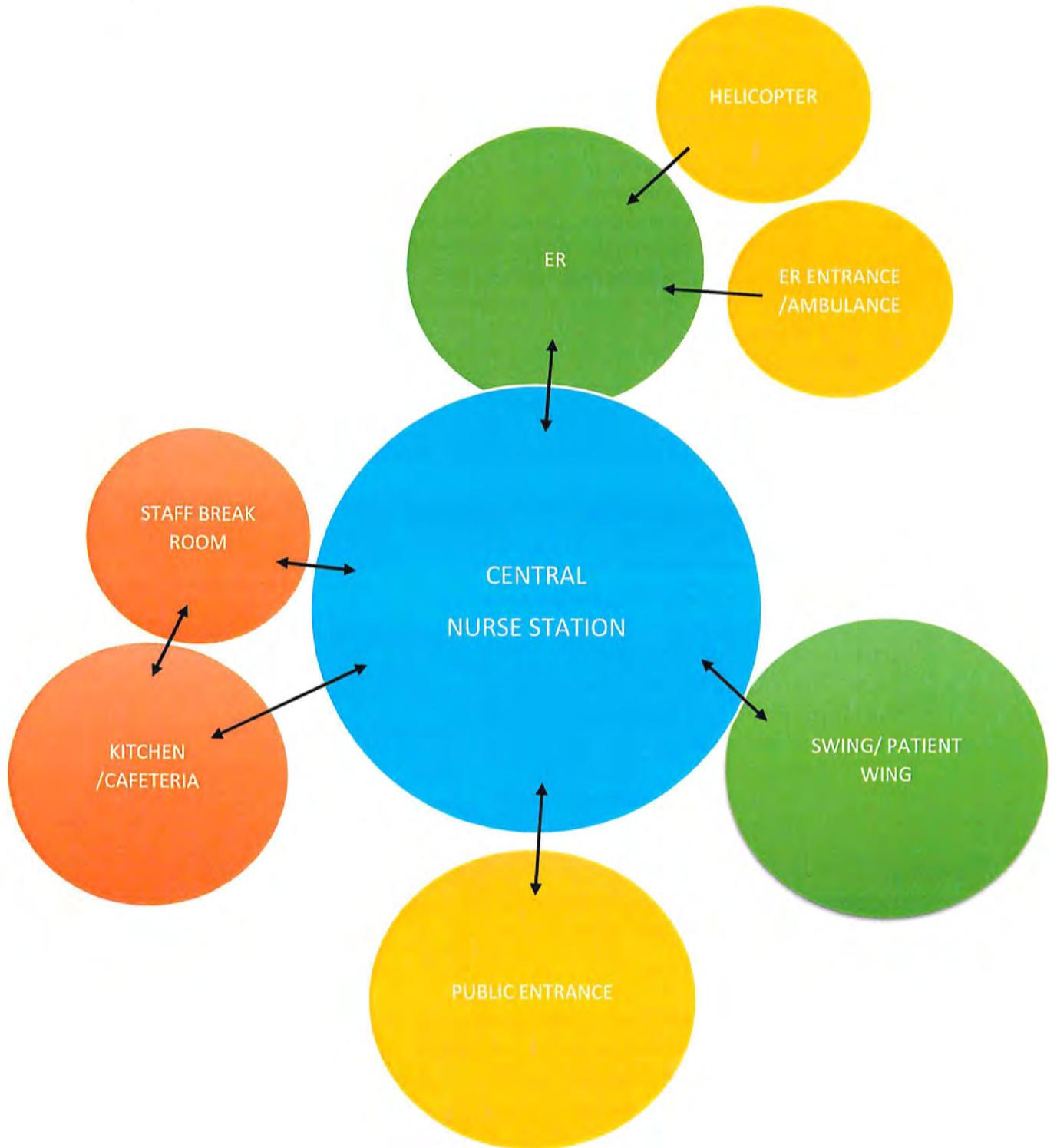
- Need secure rack room
- Server in its own room
- Storage and work space together with office and bench in same space
 - Still developing a budget
- Central Data Room preferred
- Phone room existing room OK for existing system
- Data Room is OK
- Server Room currently inadequate
 - They added a Mr. Slim in Server Room
- Storage currently is 8x12 workspace/server/storage
- 2 exam room size would suffice
 - Heritage Acres
 - Data Room could be better
 - Server is at the Hospital

Radiology

- Patients roll past Waiting Room to CT from ED – Not ideal
- No change or toilet in CT. Need blinds for window.
- MRI does have Changing Room
- Ultrasound and Dexa should have their own person
 - Would like separate toilet in Ultrasound
- Ideally there should be a door between CT and Control
- Ideally X-ray would be within the Department
- Manager Office should be in Department
- Room 108 seems right sized
- 3 staff on a day - 5 total FTE
- There is a PACS server in X-Ray
- Single modalities into the future

BIGHORN HOSPITAL ASSOCIATION DEPARTMENTAL USER MEETINGS
6 / 9 / 2016

FIGURE A.



BIGHORN HOSPITAL ASSOCIATION DEPARTMENTAL USER MEETINGS
6 / 9 / 2016

FIGURE B.





April 27, 2016

Big Horn County Hospital
Attn: Jim Seykora
Hardin, MT

Re: **Facility Master Planning Proposal**

Jim,

This document outlines CTA's *Approach and Fee Proposal* breakdown for **Facility Master Planning** coinciding with the attachments in this ten (10) page document. CTA Inc. will provide the proposed planning services described in the **Master Plan Agreement** as follows:

- 1) CTA will provide planning services and tasks as outlined in the attached *Work Plan / Approach* document for the total fee as outlined in the *Fee Proposal* breakdown included as part of this document.
- 2) CTA will invoice for professional fees on a monthly basis correlating to the effort expended and direct expenses utilized. Payments will be due 30 days after receipt of invoicing.
- 3) CTA will provide 2 copies of the final Master Plan report as defined in *STEP 6 – FINAL REPORT DELIVERABLES*.
- 4) CTA will accomplish the proposed planning effort in the approximate timeline outlined in the attached *Schedule* included as part of the *Proposal for Master Planning*. This overall effort will take approximately 4 months depending on schedule coordination and needed review time of concepts for BHCH and the Board.

Please Let us know if you have any questions or require any additional information.

Respectfully
CTA, Inc.

A handwritten signature in black ink, appearing to read "Michael Glassing".

Michael Glassing
Sr. Health Care Project Manager

Work Plan / Approach

The CTA approach for determining both the immediate and long-range needs of Big Horn County Hospital is detailed below. This general approach has worked very well on many past medical planning projects in critical access and senior living settings.

Step 1 – Data Gathering and Programming

Task 1.1: Update Existing Space Utilization Inventory

Utilizing architectural floor plans of the existing facility, CTA will verify current space utilization. We will organize this inventory to allow comparative analysis between existing departmental areas and the space program to be developed in the following tasks.

CTA will review any strategic planning done by the Organization in order to ascertain how that may influence any master planning decisions. Any previous planning information would also be reviewed.

Questionnaires will be distributed to selected departmental representatives and medical staff from each of your identified departments to verify existing information and past assumptions as well as generate any new planning assumptions specific to each department. This gets the departmental leaders thinking about the process and considering their goals and outcomes related to patients, families and staff. This would then be transcribed into a condensed overview of the departmental needs and requests in conjunction with the information gathered at the user meetings noted in Step 1.4 for use during the planning process. This would include but is not limited to the following:

- **Major Treatment Spaces:** The number and types of diagnostic, treatment and therapeutic spaces required for any department.
- **Interdepartmental Relationships:** Prioritized relationships between departments related to patient, staff, visitor, and materials traffic flow.

- **Design Issues:** Current regulatory and planning criteria to be considered for the department, a specific space or the overall buildings in general.

Task 1.2: Site Analysis

CTA will review existing organization of the site with respect to building footprints, parking areas, utility routing and landscaped areas. "Open" areas of the site would be evaluated for suitability for development and/or "highest & best use" for the future. Adjacent property acquisition, if applicable, would be addressed. Any previous planning information would be reviewed for pertinent incorporation into this analysis.

Task 1.3: Building Assessments

This effort would involve a thorough review of the facility with the maintenance personnel as well as evaluate and update any pertinent changes and recommendations with regard to mechanical systems (heating, air conditioning & ventilation air), plumbing systems (sanitary, domestic, fire sprinkler and medical gases), electrical and life safety systems, and any current code compliance issues.



Step 2 – On-Site User Meetings with Staff, Administration, and Steering Committee

Task 2: On-Site User Meetings

CTA will spend one and a half to two days on-site during a series of user meetings and work sessions to help develop the information listed above and solidify any ideas that might be generated out of the meetings, the questionnaire responses, and guidance from the administrative control group or the Board.

Step 3 – Priorities & Program Development

Task 3.1: Space Program Development / Update

CTA will prepare a space program to accommodate the services and program workloads, staffing and objectives for each of the listed departments based on the information collected. The space program will list functions and square footage needed. This space program will also comply with current codes and healthcare guidelines.

Task 3.2: Conceptual Plan / Site Plan Updates

Based on the information collected, CTA will review and update plans for the purpose of generating the concept and priorities for the building and the site during on-site meetings, as noted in Task 3.3 below.

Task 3.3: Initial Information Review with Owner

Initial information will be reviewed on-site with the Owner including questionnaire and user meeting responses and input, any organizational strategic planning, and any additional preliminary input from the administration and steering committee or Board to establish anticipated direction and priorities for the concept studies to follow.

Step 4 – Concept Plan Development

Task 4.1: Concept Plan Studies

Utilizing the information contained in the approved space program, we will prepare concept plan studies, in graphic form, illustrating development scenarios for the affected departments / building areas. These studies will address, but not be limited to, the following key planning components and will consider planning priorities established during Task 3:

- **Current Needs:** Space needs to alleviate immediate and short-range spatial problems.
- **New Programs and Services:** Implementation of changes to incorporate new or expanded programs and services.
- **Interdepartmental Relationships:** Location of any affected departments or activity areas based on functional requirements and optimal operational efficiency, and ease of patient access.
- **Interdepartmental Circulation:** Development of efficient and logical circulation patterns between departments considering patients, staff, visitors and materials.
- **Phasing:** The scheduling and/or consolidation of new construction and renovation to minimize disruption of patient services and other ongoing operations.



- **Expansion Capability:** Establishing alternate ideas and directions for growth and change for the facility that would minimize disruption of on-going operations while meeting the intended needs of the organization.

Task 4.2: Concept Site Plan

CTA will provide an overview of the site with recommendations on future development of the site. Each option developed for the building (Task 4.1) will have its specific site plan. Specific footprints of future facilities, if appropriate, will be addressed. General consideration will be given to the following:

- Site Circulation and Services Accessibility for Patients and Family
- Site Parking (Both Immediate and Long Term Adequacy)
- Emergency Services Site Access and Egress

Task 4.3: Present Concepts On-Site

CTA will present alternate conceptual plans to staff and administration for reaction in meetings during the concept phase. A summary of concepts with advantages and disadvantages will be presented to an administrative control group or the Board in an exit meeting. General costs, based on square foot unit costs as noted in item 4.3, would also be presented for consideration at this time.

Task 4.4: Preliminary Construction Cost Estimates

Based on the concept plan studies, conceptual construction costing will be prepared by CTA for selected studies. These Studies illustrate alternative planning concepts relating to reuse of existing space, renovation and/or new construction. The Conceptual Estimates will address the cost variations of these varied planning approaches, which will facilitate the Organization's selection of a preferred design approach. Costs will be on a unit basis only for the initial options and discussions.

Any new facility costs will include site utilities costs, any associated site development costs and any land acquisition costs, if appropriate.

Step 5 – Long Range Plan Refinement

Task 5.1: Refine Approved Concept(s)

Upon selection and approval by staff and the Administration/Board of one of the concepts prepared, or a potential hybrid(s) to be developed, CTA will refine and further develop the concepts, incorporating the prioritized recommendations from the initial concept review process. The refined long range plan will illustrate:

- Definitive Departmental Relationships and Locations
- Defined Departmental Growth.
- Proposed Additions / Remodels at a Schematic Plan Level
- Analysis / Defined Recommendations of Engineered Systems
- Refined Schedules and Phasing Plans
- Refined Estimates Based on Schematic Level Plans and Phasing Plans

Task 5.2: Present Plans

The master plan and refined conceptual cost estimates will be presented by CTA in an on-site meeting with hospital representatives. This typically includes group presentations to the staff, a committee and / or the Board.

Additional Option(s) or Further Refinement

If additional refinement or alternative options are needed or desired, this can be determined at this time. A planning contingency is provided in the fee proposal for this purpose and the Owner may choose to further refine or explore additional options at their discretion.

Task 5.3: Additional Owner Review & Comment (1 week or as needed)

Step 6 – Final Report and Deliverables

Task 6.1: Final Revisions

Final revisions will be made to all of the information reviewed, as determined, during the meetings in Step 5 and as directed by the Owner.

Task 6.2: Refined Final Drawings and Information

The final product will be copies of a booklet in 8-1/2" x 11" format. CTA will provide six copies of the "Executive Summary" version and two copies of the longer comprehensive version as well as the required electronic copies. These booklets will contain the following:

- The Spatial Program and Listing of Existing Space Inventory
- Reduced Drawings of Developed Concept Plans
- Reduced Drawings of Schematic Level Building Plans
- Reduced Drawing(s) of Proposed Phasing Plans, as Appropriate
- Reduced Drawing(s) of Long Range Site Plan
- Estimated Total Project Costs By Phases, if Appropriate
- Time Schedule for Implementation of Long Range Plan and Listed Design Phases and Construction Timelines

Task 6.3: Deliver Final Report

An optional final presentation to the Board / Administration.

Task 6.4: Compile / Coordinate Preliminary Architectural Report with Owner

Owner Involvement and Assistance

This memo contains suggestions designed to expedite and facilitate project scheduling and logistics and includes proposed interview participants and process. We will discuss meeting dates as part of the initial scheduling process; we can be flexible with dates but have provided some time frames for consideration in the schedule provided as part of this RFP response.

Preliminary Interview List

During our first and second site visits, there are a series of crucial meetings that will need to be scheduled. These include:

- A general facility tour, focused on understanding the layout of the campus, operations, facilities deficiencies or constraints, and opportunities for development / improvement.
- An in-depth tour and review of the facilities' infrastructure and systems with facilities maintenance personnel and CTA engineers.
- A series of departmental interviews, focused on the strategy and competitive positioning of the organization, market opportunities, strategic, operational and physical challenges, and future direction for the department and the organization.
- An initial meeting with the steering committee to vet data and findings from the above.

Facility Tour

Early in our visit, we would like to tour all of the following clinical and non-clinical departments and buildings on the campus. This helps us better understand the needs and challenges described by the users in our interviews. Typically, the Director of Facilities and Operations and / or a key administrative person guides the tours. The department managers and / or medical directors for the respective department know we are coming and can walk with us for a few minutes as we pass through their areas. We understand that people are busy, if schedules do not permit a manager to be present as we pass through, we will gather the needed information through the interviews and may take a brief field trip to their area during our interview time.

Group Interviews / User Groups

We would like to meet with all departmental leadership through individual and group interviews to gain their perspective on critical issues, day-to-day operations, and perceptions of various departments on campus. Specifically, we would like to meet with directors and clinical leaders for 30 minutes to one hour from the following departments:

- Inpatient Nursing Care
- Emergency Department
- Imaging / Radiology
- Lab
- Administrative Areas
- Rehabilitation
- Outpatient Clinic(s)
- Business Office / Medical Records
- Materials and Logistics
- Information Technology
- Kitchen / Food Services / Cafeteria
- Housekeeping / Environmental Services
- Long Term Care / Dimensia Care
- Any Other Departments

We anticipate completing these group interviews during our first / second site visit, and can combine these group interviews with a tour of each department.

Steering Committee

We suggest creating a Steering Committee that will be the key group that works with us throughout the process to develop and define the long-term campus plan. The role of this group is crucial, as it serves the following roles:

- Acts as the decision-making group for the engagement
- Drives the hospital facility master plan to completion
- Identifies other resources (if necessary) to address specific issues
- Facilitates communication about the planning processes
- Recommendation of the plan to the full Board of Directors

We will schedule some time with you prior to our visit to discuss and understand your thoughts about the composition of the Steering Committee, as well as your thoughts about who we should interface with through the course of the planning to coordinate scheduling, data requests, etc.

Initial Steering Committee Meeting / Composition

During our second site visit, we would like to schedule a meeting to fully understand and discuss BHCH's strategies, market position and operational and facilities issues. This meeting might typically last approximately 60-90 minutes, but should be scheduled for two hours. We suggest the following individuals as an initial list, but feel free to add to or delete as you see fit:

- Hospital executive leadership
- Selected medical staff members, at your discretion, representing key service lines for the hospital
- Board members (1-2)

Big Horn County Hospital

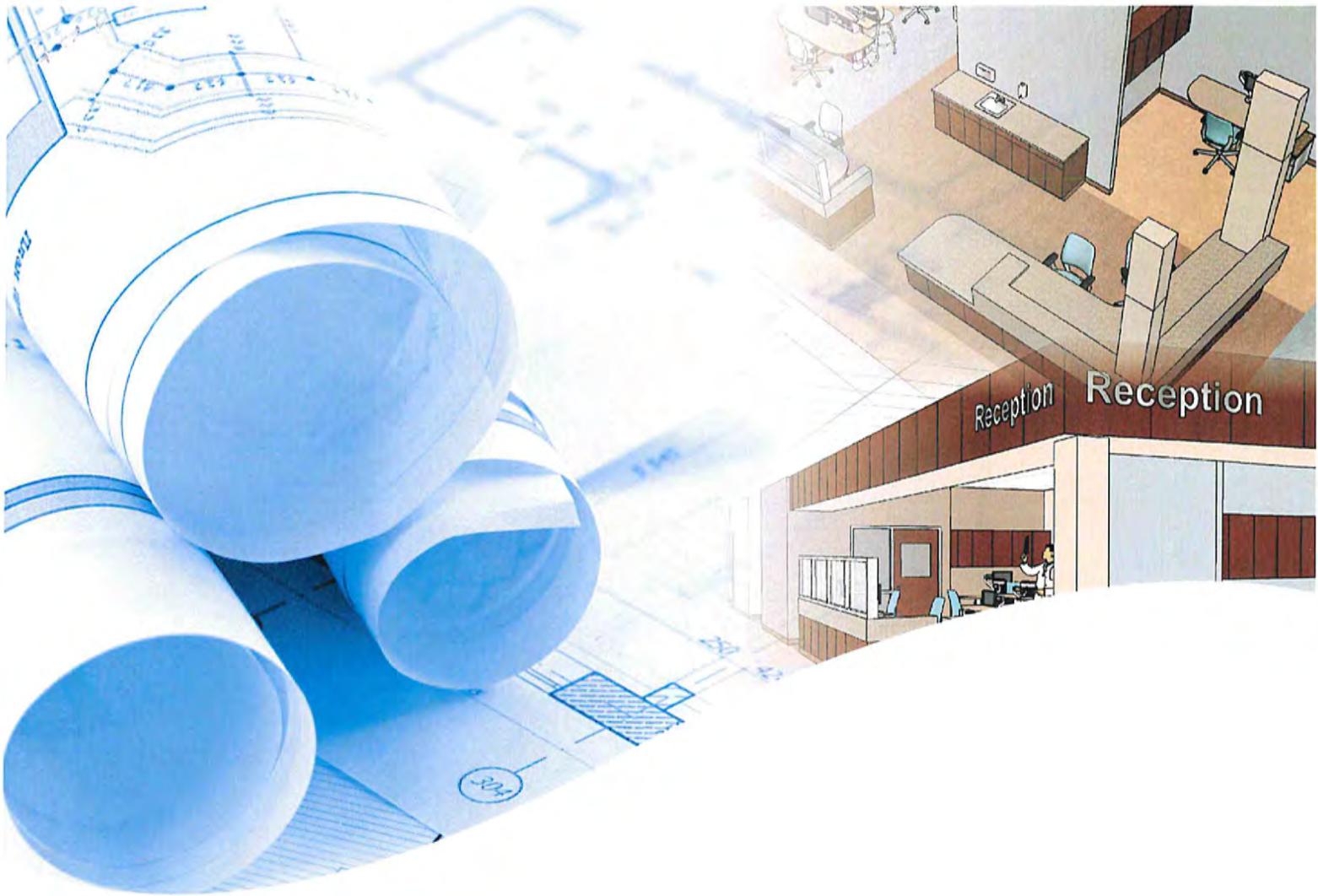
April, 2016

Master Planning Schedule

MONTHS

	Activity Name	MONTHS																				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
1	Discuss / Refine Planning Process / Scheduling	▶																				
2	Distribute Questionnaires to Department Heads		▼																			
3	Verify / Update Plan Backgrounds Site Plan Review / Analysis Generate Written Program of Existing Facility		▲	▶																		
4	Engineers to Meet on Site to Review and Discuss Facility Systems with Facilities Director - Initial M/E Written Assessment & Recommendations / Options		■																			
5	Questionnaires Returned to CTA			▼																		
6	Schedule / Conduct on Site User Meetings Generate Synopsis of Goals, Needs and Priorities				▲	▶																
7	Review Initial Information with Administrative / Committee (Discuss Potential Directions)						◆															
8	Generate Comparative Written Program of Existing vs. Required / Desired Improvements						▲	▶														
9	Develop Conceptual Plans / Site Plan Options & Preliminary Costs								▶													
10	Review Initial Concepts / Potential Costs w/Owner - Establish Priorities & Direction										◆											
11	Develop Schematic Plans / Site Plans / Phasing / Refine Potential Costs. (Evaluate Phasing / Funding Options & Time lines)											▶										
12	Present / Review Refined Information																					
13	Further Refine Schematic Drawings & Information Develop Final Report																					
14	Deliver / Present Final Report																					
		30	6	13	20	27	3	10	17	24	3	10	17	24	31	7	14	21	28	5	12	





Thank you for the opportunity.



CTA Architects Engineers

13 North 23rd Street

Billings, MT 59101

406.248.7455

www.ctagroup.com

Capital Equipment Plan

BY2020

Description	Dept	Cost	2019-2020	2020-2021	2021-2022
			Urgent		
1 HA-Light Pole Bases/Lighting		8600	\$38,000		\$38,000
2 Bladder Scanner		6000	\$15,000		\$15,000
3 HA Ass't Living Carpet		8130	\$5,000		\$5,000
4 BHSL Sidewalk Replacement		8600	\$15,000		\$15,000
Needed					
1 Sterilant Processing System		6200	\$25,000		\$25,000
2 HA Dining Room Flooring		8600	\$13,500		\$13,500
3 HA Tunnel - Ass't Lvg to SNF		8600	\$150,000		\$150,000
4 HA Nurse Station Relocation Item		8600	\$1,700,000	\$1,700,000	
**Office, Conference Room, Break Room Beauty Shop, Medical Records, Nursing & Dietary Storage					
5 HA Covered Entrance & Damaged Sidewalk Replacement		8600	\$500,000		\$500,000
6 HA Dietary Expansion		8600	\$600,000		\$600,000
7 HA Fencing - Between Garages		8600	\$10,000	\$10,000	
8 HA Parking Lot sealing/Repairs		8600	\$36,000		\$36,000
9 Treadmill		6700	\$8,000		\$8,000
10 Sno Guard - West side of Apartment		8130	\$7,500		\$7,500
11 BHSL Dietary Door Frame		8700	\$9,300		\$9,300
12 Floor Scrubber Unit		7030	\$8,000		\$8,000
13 Apartment Front Doors		8130	\$8,500		\$8,500

Nice To Have

1	Patient Room Furniture	6000	\$10,000		\$10,000	
2	Hospital Bed-2	6000	\$18,000	\$18,000	\$18,000	
3	Bed for Swing Bed	6300	\$10,000		\$10,000	
4	Parking Lot sealing/Repairs	7000	\$14,000	\$16,000		
6	Hi-Lo Bed for swing bed	6300	\$5,000	\$5,000		
8	System Back-Up (Off-Site - Cloud)	7050	\$80,000		\$5,000	\$80,000
10	Bio-Fire (2nd machine)	6500	\$45,000			\$45,000
12	Negative 30 degree freezer	6500	\$18,000			\$18,000
13	HA Fire Place Insert	8600	\$6,000		\$6,000	
14	BHSL Handrail Replacement	8600	\$10,000		\$10,000	
15	BHSL Street Sign Reader Board	8600	\$28,000			\$28,000

Contingent

1	Sewer pipes replacement	7000	\$7,000		\$7,000	
2	Hot water lines replacement	7000	\$9,000		\$9,000	
3	Hot water boiler	7000	\$10,000		\$10,000	
4	Surgery Remodel	7000	\$500,000		\$500,000	
5	HA NH Beds, 2	8100	\$4,000	\$4,000	\$4,000	
6	HA - Whirlpool/Bath tub	8100	\$15,000		\$15,000	
7	HA-Port, vitals unit, 1	8100	\$7,000		\$7,000	
8	HA - 16 Passenger Bus	8100	\$80,000		\$80,000	
9	HA-Heat Pumps	8600	\$13,500		\$13,500	
10	HA-Hot Water Heater	8600	\$7,000		\$7,000	
11	HA - Boiler	8600	\$425,000		\$425,000	
12	Defibrillator	6200				
13	HA Asst Lvg Planter	8630	\$5,000		\$5,000	
14	HA Conference Table & Chairs	8600	\$7,000		\$7,000	
15	HA Dining Room Cabinets	8600	\$7,000		\$7,000	
16	BHSL Resident Assessable Van	8600	\$60,000		\$60,000	
17	BHSL Walk-In Freezer-Cooler	8630	\$40,000		\$40,000	

Purchased

FY2019	ER Gurney	Purchased within the capital project
FY2018	HA Elevators	Coal Board, BHH & IGT funded
FY2018	Phone System Intergration	With BHSL Nurses station remodel project
FY2019	PT Carpet	Purchased within the capital project
FY2019	Cardiac Monitor (2nd Ped Patient)	Purchased within the capital project
FY2019	VOCERA - Nursing Communication Device	Similar type product - Purchased within the capital project
FY2019	Digital Mammography w/ Tomo	Purchased with the MRI remodel - refinance
FY2018	HA Phone System	With BHSL Nurses station remodel project
FY2019	MRI Upgrade	Purchased with the MRI remodel - refinance
FY2018	4 Wheeler for Snow Removal etc	Financed at LHSB
FY2018	HA Nurses Station - Repair	Coal Board, BHH & IGT funded
FY2018	HA Nurse Call System	Coal Board, BHH & IGT funded
FY2018	HA Wander Guard	Coal Board, BHH & IGT funded
FY2018	Chemistry Analyser - Upgrade	New Lease
FY2019	PT Equipment	Purchased within the capital project

ENVIRONMENTAL REVIEW CHECKLIST

NAME OF PROJECT:	Big Horn Hospital Front Entry Construction And Renovation
PROPOSED ACTION:	Renovated Business/Office Department Along With New Patient Entry
LOCATION:	<u>Hardin</u> _____, Montana

Key Letter:
N: No Impact; **B:** Potentially Beneficial; **A:** Potentially Adverse; **P:** Approval/Permits Required; **M:** Mitigation Required

PHYSICAL ENVIRONMENT

Key	1	Soil Suitability, Topographic and/or Geologic Constraints (e.g., soil slump, steep slopes, subsidence, seismic activity)
N		<i>Response and source of information:</i>
		No Impact On Soil. Existing drainage has been addressed.
Key	2	Hazardous Facilities (e.g., power lines, hazardous waste sites, acceptable distance from explosive and flammable hazards including chemical/petrochemical storage tanks, underground fuel storage tanks, and related facilities such as natural gas storage facilities)
N		<i>Response and source of information:</i>
		All power lines are within acceptable distance from any flammable hazards.
Key	3	Effects of Project on Surrounding Air Quality or Any Kind of Effects of Existing Air Quality on Project (e.g., dust, odors, emissions)
N		<i>Response and source of information:</i>
		None identified for this project.
Key	4	Groundwater Resources & Aquifers (e.g., quantity, quality, distribution, depth to groundwater, sole source aquifers)
N		<i>Response and source of information:</i>
		None identified for this project.

Key Letter:		
N: No Impact; B: Potentially Beneficial; A: Potentially Adverse; P: Approval/Permits Required; M: Mitigation Required		
Key	5	Surface Water/Water Quality, Quantity & Distribution (e.g., streams, lakes, storm runoff, irrigation systems, canals)
		<i>Response and source of information:</i>
N		None Identified for this project. Project away from lakes, streams. In residential area Of community.
Key	6	Floodplains & Floodplain Management (Identify any floodplains within one mile of the boundary of the project.)
		<i>Response and source of information:</i>
N		Project not in a floodplain area of community.
Key	7	Wetlands Protection (Identify any wetlands within one mile of the boundary of the
		<i>Response and source of information:</i>
N		Project not in wetlands area of town/community.
Key	8	Agricultural Lands, Production, & Farmland Protection (e.g., grazing, forestry, cropland, prime or unique agricultural lands) (Identify any prime or important farm ground or forest lands within one mile of the boundary of the project.)
		<i>Response and source of information:</i>
N		Project will not impact any agricultural lands.
Key	9	Vegetation & Wildlife Species & Habitats, including Fish and Sage Grouse (e.g., terrestrial, avian and aquatic life and habitats) https://sagegrouse.mt.gov
		<i>Response and source of information:</i>
N		Project not in contact with any wildlife species/habitats.
Key	10	Unique, Endangered, Fragile, or Limited Environmental Resources, Including Endangered Species
		<i>Response and source of information:</i>
N		

Key Letter:		
N: No Impact; B: Potentially Beneficial; A: Potentially Adverse; P: Approval/Permits Required; M: Mitigation Required		
N		No impact due to location of project within confines of residential setting of community.
Key	11	Unique Natural Features (e.g., geologic features)
		<i>Response and source of information:</i>
N		None identified with this project.
Key	12	Access to, and Quality of, Recreational & Wilderness Activities, Public Lands and Waterways, and Public Open Space
		<i>Response and source of information:</i>
N		Project location is not in direct access to recreational/wilderness areas.
HUMAN ENVIRONMENT		
Key	1	Visual Quality – Coherence, Diversity, Compatibility of Use and Scale, Aesthetics
		<i>Response and source of information:</i>
B		Project will not impact visual quality, but will improve aesthetics of residential Area..
Key	2	Nuisances (e.g., glare, fumes)
		<i>Response and source of information:</i>
N		None identified with this project.
Key	3	Noise -- suitable separation between noise sensitive activities (such as residential areas) and major noise sources (aircraft, highways & railroads)
N		<i>Response and source of information:</i>

Key Letter:		
N: No Impact; B: Potentially Beneficial; A: Potentially Adverse; P: Approval/Permits Required; M: Mitigation Required		
N		Noise will be minimal and project is distant from residential properties.
Key	4	Historic Properties, Cultural, and Archaeological Resources
		<i>Response and source of information:</i>
N		None noted with this project.
Key	5	Changes in Demographic (population) Characteristics (e.g., quantity, distribution, density)
		<i>Response and source of information:</i>
N		Not an Impact For This Project.
Key	6	General Housing Conditions - Quality, Quantity, Affordability
		<i>Response and source of information:</i>
N		Not An Impact Due To Location Of Project Within The Community.
Key	7	Displacement or Relocation of Businesses or Residents
		<i>Response and source of information:</i>
N		None due to previous location on established medical campus.
Key	8	Public Health and Safety
		<i>Response and source of information:</i>

Key Letter:		
N: No Impact; B: Potentially Beneficial; A: Potentially Adverse; P: Approval/Permits Required; M: Mitigation Required		
N		None identified.
Key	9	Lead Based Paint and/or Asbestos
		<i>Response and source of information:</i>
N		Not utilized in this project.
Key	10	Local Employment & Income Patterns - Quantity and Distribution of Employment, Economic Impact
		<i>Response and source of information:</i>
B		Due to expansion of building on the medical campus, an opportunity for additional employees and revenue is projected.
Key	11	Local & State Tax Base & Revenues
		<i>Response and source of information:</i>
N		Minimal impact since Hospital is tax exempt.
Key	12	Educational Facilities - Schools, Colleges, Universities
		<i>Response and source of information:</i>
N		May have impact for local schools for educational enhancement of health careers.
Key	13	Commercial and Industrial Facilities - Production & Activity, Growth or Decline.
		<i>Response and source of information:</i>
N		No impact.
Key	14	Health Care – Medical Services

Key Letter:	
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B	<i>Response and source of information:</i>
	Improved access and efficiency will be realized with this project on local population.
Key	Social Services – Governmental Services (e.g., demand on)
N	<i>Response and source of information:</i>
	Possible small impact for community social services.
Key	Social Structures & Mores (Standards of Social Conduct/Social Conventions)
N	<i>Response and source of information:</i>
	None from this project.
Key	Land Use Compatibility (e.g., growth, land use change, development activity, adjacent land uses and potential conflicts)
N	<i>Response and source of information:</i>
	None known at this juncture of the project.
Key	Energy Resources - Consumption and Conservation
B	<i>Response and source of information:</i>
	Potential savings with energy consumption due to efficiency of building design.
Key	Solid Waste Management
N	<i>Response and source of information:</i>
	None noted with this project.

Key Letter:		
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Key	20	Wastewater Treatment - Sewage System
N		<i>Response and source of information:</i>
		Project will utilize existing sewage system with a minimal impact.
Key	21	Storm Water – Surface Drainage
N		<i>Response and source of information:</i>
		Project will utilize existing sewage system with a minimal impact.
Key	22	Community Water Supply
N		<i>Response and source of information:</i>
		Project will utilize existing sewage system with a minimal impact.
Key	23	Public Safety – Police
B		<i>Response and source of information:</i>
		Potential Improvement with access to Hospital in an expedite level of healthcare.
Key	24	Fire Protection – Hazards
N		<i>Response and source of information:</i>
		None noted with this project.
Key	25	Emergency Medical Services
B		<i>Response and source of information:</i>
		Notable improvement with access of emergency medical services with direct access to med surge services.
Key	26	Parks, Playgrounds, & Open Space

Key Letter:		
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N		<i>Response and source of information:</i>
		None noted with this project.
Key	27	Cultural Facilities, Cultural Uniqueness & Diversity
N		<i>Response and source of information:</i>
		None noted with this project.
Key	28	Transportation Networks and Traffic Flow Conflicts (e.g., rail; auto including local traffic; airport runway clear zones - avoidance of incompatible land use in airport runway clear
N		<i>Response and source of information:</i>
		None noted with this project.
Key	29	Consistency with Local Ordinances, Resolutions, or Plans (e.g., conformance with local comprehensive plans, zoning, or capital improvement plans)
B		<i>Response and source of information:</i>
		Potential improvement with community planning to improve local healthcare.
Key	30	Is There a Regulatory Action on Private Property Rights as a Result of this Project? (consider
N		<i>Response and source of information:</i>
		None noted with this project.

**BOARD OF COMMISSIONERS
BIG HORN COUNTY, MONTANA**

**AGENDA
MAY 14, 2020
THURSDAY**

- 8:30
- 9:00 Sheriff Lawrence Big Hair - *Vehicle Incident*
- 9:30
- 10:00 Victoria Olson, Detention Administrator
- 10:30
- 11:00 Public Hearing – Coal Board Application – Hospital Front Entry –
Environmental Assessment Determination
- 11:30
- 1:00
- 1:30
- 2:00
- 2:30
- 3:00
- 3:30
- 4:00

PUBLIC COMMENT AND DISCUSSION IS ENCOURAGED FOR EACH ITEM LISTED

The Board met this day in Regular Session with the following members present, to-wit: George Real Bird III, Chairman; Sidney Fitzpatrick and Larry Vandersloot, Members.

Undersheriff Eric Winburn discussed the purchase of new patrol vehicles. Lance Pedersen, Legal Counsel; Mike Opie, Accountant; Deputy Jeramie Middlestead, and Dr. Carol Greimann were in attendance. Deputy Middlestead discussed the purchase of used vehicles from the City of Billings whom will be receiving new patrol vehicles in the Fall. The Board directed Deputy Middlestead to contact the City of Billings to express Big Horn County's interest in a couple of their used vehicles. Dr. Carol Greimann, Health Officer, discussed concerns relating to individuals that have either tested positive of COVID 19, and/or had directed contact, violating the quarantine and isolation requirements. Discussion ensued with regard to jurisdictional issues within the exterior boundaries of the Northern Cheyenne and Crow Tribe Reservations. Both Undersheriff Winburn and Deputy Middlestead indicated that they would be available to provide assistance to BIA law enforcement in monitoring the situation.

Undersheriff Winburn discussed a personnel matter with the Board. Rhonda Johnson, Human Resources and Lance Pedersen, Legal Counsel, were in attendance.

Chairman Real Bird was authorized to execute the CARES Act Grant Offer with the FAA, to-wit:

(CARES ACT GRANT OFFER)

The Board met with Victoria Olson, Detention Administrator, to discuss the vacant Dispatch Manager position. Motion by Vandersloot to offer Ms. Olson an additional \$3.00 per hour to assume the Dispatch Manager position in addition to her Detention Administrator duties effective immediate. Seconded by Fitzpatrick.

As per Ms. Olson's request, motion by Vandersloot to approve an additional \$1.00 per hour wage increase to Kenny Rogers for the Lead Detention Officer position. Seconded by Fitzpatrick. Motion carried.

Motion by Vandersloot to award Dana Safety Supply the quote for the purchase of two patrol vehicles for the Sheriff's Office, in the amount of \$114,356.44. Seconded by Fitzpatrick. It was noted this quote was solicited due to the fact no bids were received during the required bidding process. Motion carried.

Motion by Vandersloot to award Dana Safety Supply the quote for the purchase of a transport vehicle for Detention facility in the amount of \$40,776.00. Seconded by Fitzpatrick. Motion carried.

Chairman Real Bird opened the public hearing regarding the Public Notice for Environmental Review for Big Horn County Coal Board request. Candy Wells, Administrative Assistant; Lance Pedersen, Legal Counsel, and Mike Opie, Accountant, were in attendance. It was noted that Big Horn County has applied for a Coal Board grant through the State of Montana Department of Commerce in order to assist with funding the Big Horn Memorial Hospital Front Entrance Improvement Project. Candy Wells, Administrative Assistant, advised that the Montana Environmental Policy Act (MEPA) includes a procedural statute that jurisdictions applying for State of Montana Coal Board funds provide a process by which agencies and public are informed about the potential consequences of, alternatives to, and public concerns about decisions they intend to make that might affect the human environment. Ms. Wells further explained that MEPA specifies three different levels of environmental review, based on the significance of the potential impacts including (1) Statutorily exempt or categorically excluded from MEPA review; (2) Environmental assessment (EA), and (3) Environmental impact statement (EIS). Motion by Vandersloot to approve the categorical exclusion of the Big Horn Hospital Front Entrance Improvement project grant application that included environmental and public review process, as complete and that Big Horn County has formally approved its determination that the project qualifies for an exclusion. Seconded by Fitzpatrick. Motion unanimously carried. Chairman Real Bird closed the public hearing.

There being no further business, the Board adjourned.

APPROVED:



George Real Bird III
Chairman

ATTEST:



Kimberly Yarlott
Clerk and Recorder