



MEETING RECORD

PROJECT: Heart of the Rockies Regional Medical Center Facility Master Plan

PROJECT NO: 2022-013.00

DATE: 02-01-2023

ATTENDANCE:

HRRMC Attendees: Bob Morasko, Heather Roberts, April Asbury, Desirae Westphal, Dave Colarelli, Randy Crews

RTA Attendees: Mike Malloy, Joey Bahnsen, Paul Reu, Susan Brock,

SUBJECT: Facility Master Plan – Website and Content Review

1. Website @ Research and Investigation TAB, remove Trauma Informed Design from the Website - it does not quite align with HRRMC philosophy, training, and practice. Instead, list and reference the AIDET framework.
 - a. Quality Guided Care
2. Space programs: make requested updates to wording in titles for both “Existing” and “Proposed” sections for each departmental area – make them clearer.
 - a. Existing = Existing to Remain
 - b. Proposed = Proposed Additional Space
3. Site Plan comments:
 - a. Add/ show proposed, Employee Housing (duplexes/ four-plexes) and “Hospitality House” – get drawings from Dave C.
 - b. Confirm/ check with Crabtree Civil, that the proposed expanded employee site parking can work with current storm retention/ detention.
 - c. Confirm/ discuss southside, expanded patient parking adjacent to ED, can be accomplished and what civil engineering strategy (drywell?? Or other??) would be employed.
 - d. Add and show an additional footprint for a (125) bed Long Term Care (LTC) Nursing Unit – reference LTC drawings in the project directory – Owner Info.
 - i. Expand LTC down to the existing RV parking.
 - e. Helicopter Trips: (15) outgoing transfers per month
 - f. Salida VA/ Podiatry Building: PL at the back of the building is not shown correctly.
 - g. Increase/ maximize #5 MOB footprints with updated/ expanding parking lot graphics – (2) story buildings.
4. C Suite/ Registration discussions:
 - a. No C-Section OR is desired.
 - b. C- Suite location:
 - i. Maintain existing location
 - ii. Update/ re-label rooms and functional designations
 - iii. Foundation – relocates to HWY 15

- iv. HR – desired to move/ relocate department closer to updated/ expanded Registration addition - 2nd floor location
- c. Human Resources Functional Program:
 - i. Directors Office + (4) private offices (Benefits/ Records/ 2 Generalist) + (1) Conference Room - (6) person
- 5. Medical Records location and Functional Program:
 - i. Relocate to 1st Floor location, within and adjacent to Registration in new addition
 - ii. Functional Program: Directors Office + (10 – 12) shared/ open offices or cubicle work stations + walk-up counter and small Waiting Area for the public (includes (2) of the (10-12) Work Stations)
- 6. IT Training (relocate to existing “old Med Records” space) for ongoing certifications and staff training needs
 - a. Training Room: (15) training stations
 - b. Staff Toilets
 - c. Shared Medium-sized Conference Room (with medical center and MSS?)
 - d. Medical Surgical Staff (MSS): relocate out of C-Suite, possibly with IT Training??
 - i. Director’s Office + Shared Office (for two) + lots of File Storage
 - e. Update/ correct Dialysis footprint and area
- 7. Registration Addition:
 - a. (5) Registration Stations + Financial Counselor Office + Registration Supervisor + PBX Operator Room ((2) workstations) + Break Room (with staff Lockers) + Staff Toilets
 - b. Main Greeter Desk and small waiting area, provided upon entry – reduces crowding and enables patients to be directed to the various other areas of the hospital: registration, sub-wait areas, outpatient services, etc.
 - c. No Valet function or dedicated counter required – Greeter Desk will take specific valet requests and accommodate when requested.
 - d. Need IDF Room (s) at 1st and 2nd floors in addition.
 - e. Provide a building wide “Panic Button” system at Reception/ Registration stations that is capable of “locking- down” all facility entry doors.
 - f. Non-Invasive Cardiac Rehab:
 - i. Include/ integrate this relocated functional program area within or adjacent to the Registration Building Addition with adjacency and view to Healing Gardens
 - ii. Functional Program: Registration Walk-Up Desk w/ small Waiting Area + Rehab Manager Office + (2) Consult Rooms + Rehab Gym + Storage (supplies and equipment) + Toilet Rooms (Staff and Patient)
- 8. Observation Unit:
 - a. No Sleep Lab – leave Sleep Lab in existing location, as- is
 - b. Functional Program: new, (6) bed Observation Unit: each room to have a full/ Patient Toilet/ Shower Room + Nurse Station + requisite support spaces.
- 9. Critical Access Hospital – (25) bed requirement: Medical Center desires, through remodel, renovation, to coincide with new Observation Unit and Emergency Department building addition, to revise the (25) bed mix and allocation to:

1. (6) ICU beds – optimally, this new unit, would have the ability to flex between ICU and standard med/ surg bed patients as patient census would require (expanded count)
 - a. ICU rooms need to have isolation capabilities
2. (15) Med/ Surg beds (reduced count)
3. (4) OB beds (maintained count)

10. Emergency Department:

- a. Add 5 exam rooms
- b. Add a decontamination shower
- c. Add 2 behavioral health rooms for hold
- d. Corridor connection directly to the helipad walkway adjacent to the staff area
- e. Staffing
 - i. 4 nurses + 2 ER providers + 2 Students @ nurse station
- f. Behavioral health work area
- g. Lab draw room where the existing directors office is located with door access from the hallways if code allows with smoke compartments

11. Surgery:

- a. SPD
 - i. Keep the SPD where it is currently located
 - ii. Recently redone and costly work area to interrupt
- b. Pain Clinic
 - i. Pain will grow faster than OR/Surgery uses/functions
 - ii. Pain to occupy one of the existing OR Rooms or the future OR room to be built where the staff lockers and lounge currently exist
- c. Gastro
 - i. Gastro is growing quickly much like pain
 - ii. Need an additional gastro room
- d. Operating Rooms:
 - i. Currently at a 40% utilization rate
 - ii. 70% utilization rate is max for an OR
 - iii. Da Vinci OR room is desired in the future
- e. Future Expansion:
 - i. Move the staff lockers and lounge up into the future expansion
 - ii. Existing staff locker and lounge will become an OR Room capable of having a Da Vinci machine
 - iii. Future Da Vinci OR will be used either as a standard OR or pain management until pain suite is built in future expansion
 - iv. Gastro suite to be built in future expansion
 - v. Removal of pain below SPD allows for SPD to expand south if necessary
 - vi. Future Gastro suite allows existing gastro area to become equipment storage

12. Imaging:

- a. Cath Lab:
 - i. Still a desired future function
 - ii. Needs to be built into the design for a future imaging shell expansion
- b. MRI:

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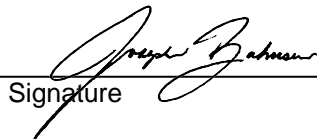
- i. 2 MRI rooms are wanted in the future expansion
 - ii. Locate MRI scan rooms on outside walls for easy access via knockout panels
 - iii. Develop proper 4 zone system with a shared control room
- c. CT:
 - i. Convert existing MRI room into a PET/CT room in the future
- d. Sleep Lab
 - i. Sleep lab to remain as is, do not move it in building

13. Phasing and Priority Discussion:

- a. Phasing Priority #1: Parking Expansions: North Staff Parking & South Patient Parking – w/ initial Civil Engineering recommendations and requirements
- b. Phasing Priority #2: Registration Addition: (2) story, includes new/ relocated, Out-Patient Cardiac Rehab services
- c. Phasing Priority #3: North Addition – Core and Shell and Satellite CUP with phased strategic Tenant Improvement (TI), priorities:
 - i. TI Priority A: Materials Management: with (2) new, Receiving Docks (w/ levelers) + (1) (relocated) recycle dumpster: 20' deep dock w/ O.H. Canopy – completed with initial North Addition, Core/ Shell
 - ii. TI Priority B: Surgical Department: OR(s) + Staff Lockers and Lounge + Pain Clinic + (2) room GI Lab (see Phasing Priority #6)
 - iii. TI Priority C: Imaging Department: MRIs/ Cath Lab/ Sub-Wait/ support spaces (see Phasing Priority #7)
- d. Phasing Priority #4: MOBs: Med/ Rad Oncology (2 story) + Wellness + Clinics: TBD
- e. Phasing Priority #5: Clinic Expansion – complete once Oncology Infusion is relocated to new Med/ Rad Oncology MOB
- f. Phasing Priority #6: Surgical Department - Tenant Improvements
- g. Phasing Priority #7: Imaging Department -Tenant Improvements
- h. Phasing Priority #8: Emergency Department & Observation Unit, Building Addition – (2) Story

Attachments:
CC:

REPORTED BY:


Signature

Joey Bahnsen

Printed Name

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