



Capital Improvement Oversight Committee - MINUTES

March 28, 2022

Called to Order: 4:00 p.m.

Adjourned: 5:54 p.m.

Attendees: Donald Musnicki (BOM), Frank Pace, Jerry Cayer, Jeff Hellinger, Phil McDowell (BOM), John Lehman (BOM), Mike Young (BOM) (A – 4:15 p.m.), L. Peters - Recorder

Excused: Dr. Howard Meny

Donald Musnicki began the meeting by reading the Vision and Mission of Lewis County Health System.

Old Business - None

New Business

Frank reported on the following 2021 EOC Management Plans annual evaluations and Emergency Operation Plan:

1. **Medical Equipment Management Plan (J. Hellinger)**

The annual evaluation was performed, and it was determined that this plan met the 2021 goals and was deemed effective. This plan will continue through 2022.

2. **Hazmet and Waste Management Plan (Neil Turck, Bobbi Kahl)**

The annual evaluation was performed, and it was determined that this plan met the 2021 goals with the removal of decontaminated equipment because we do not currently have a Hazmet Team in place. This plan was deemed effective and will continue to be monitored and will continue through 2022.

3. **Life Safety Management (F. Pace)**

The annual evaluation was performed, and it was determined that this plan met the 2021 goals except for Fire Alarms which did not meet the goal of 0%. There were 10 alarms in 2021, which was an increase of 40% versus 2020. The plan was deemed effective and will continue through 2022.

Discussion: It may be helpful to have an overview of the alarms and reasons (so that it can be determined whether it was a minor issue – example of “malfunctioning fryer in the kitchen” and an overview of after-action improvement goals / status / corrections can be presented for this team to review).

4. **Utilities Management Plan (F. Pace)**

The annual evaluation was performed, and all performance indicators met the suggested goal for 2021 except for equipment failure. The goal of 0% was not met and there were 22 Life Safety Equipment failures during 2021. The plan was deemed effective and will continue to be monitored through 2022.

5. Security Management Plan (Bobbi Kahl)

The annual evaluation was performed and only 1 of 3 performance indicators were met. The plan was deemed effective and will continue through 2022. Frank noted that we saw an increase of 33% in security incidents in 2021 versus 2020. Although this may be a sign of the troubling times, we are in with COVID, we have already seen three incidents in 2022.

The 2021 Security Management Plan fallouts were:

- Security incidents in the facility goal of zero. There were 6 security incidents reported in 2021.
- Security incidents involving police / security personnel goal of zero. There were 6 incidents requiring police / security in 2021.

Discussion: Frank explained that after-action reports are done on these incidents. The group feels that it would be helpful to see an overview of the incidents, along with any plans of correction that were implemented because of the reviews – including additional staff trainings. The concern is that the hospital is a soft target, and the team would like to see a breakdown of the severity levels of these incidents – including if injuries occur for staff. Jerry Cayer noted that in some cases, the incidents involve one community member, and it would be helpful to see what community resources are being utilized to help lessen these incidents. Also, of note – with the total number of ER visits and facility visits, six incidents is not necessarily unprecedented, but does require follow up and review – including reviews with community agencies and partners.

Action: Bobbi Kahl will create metric identifying incidents, how well incidents were handled, and recommendations for process changes.

4:15 Mike Young joined the meeting.

6. Safety Management Plan (Bobbi Kahl)

The annual evaluation was performed, and all performance criteria met the suggested goal, except for falls and Safety Awareness which reached 96% of the 100% goal. The plan was deemed effective and will continue through 2022.

7. Emergency Management Plan (Bobbi Kahl)

The annual evaluation was performed, and all performance indicators met the suggested goal except for the completion of introduction to NIMS and HICS training of all supervisors and managers – 0% was completed of the 100% goal. The plan was deemed effective and will continue through 2022.

Discussion: The group discussed the presentation of the annual reviews and asked that performance improvement suggestions and initiatives be reflected.

Action: Frank Pace will create an organizational overview for the Environment of Care Department which will include community partners for a clear framework for this department.

These annual reviews were presented to the Environment of Care Committee on January 26, 2022 and will be presented to the Board of Managers on March 30, 2022.

Motion to approve the Annual Evaluations for 2021, and to accept the Management Plans for 2022. Motion: John Lehman, Second: Phil McDowell – (6 in favor – none opposed) Motion approved.

Hospital Addition and Revitalization Project Update

Frank Pace discussed the status of the Hospital Addition and Revitalization Project Update.

- All five contracts have been reviewed for accuracy by the architect and project manager, references have been checked and contracts have been awarded as follows:
 - o Black Horse – General Contractor – Watertown, NY
 - o Hyde-Stone Contracting – Mechanicals - Watertown, NY
 - o J.E. Sheehan Construction – Plumbing – Potsdam, NY
 - o Nytric – Electrical – Watertown, NY*
 - o Barrett Paving – Sitework – Watertown, NY

*Nytric was the second lowest bidder when it was identified that the lowest bid Patricia Electric (Syracuse) had made a \$400,000 error in their estimate and they disqualified themselves.
- Two of the five contracts are currently signed, the rest should be signed by March 29, 2022. Architects and engineers are reviewing the submittals.
- March 29, 2022 - Kick-off Construction meeting from 10 a.m. to 12 p.m. At this meeting the 5-page contract will be discussed so that a combined schedule can be created amongst the contractors.
- April 5, 2022 – At the next Board of Legislators meeting, we will know who was selected to issue the bond for this project and the exact interest rate.
- April 20, 2022 – Groundbreaking Ceremony
- Frank noted that a team is meeting to discuss and review equipment needs. The team includes OR manager, Chief Nursing Officer, Med/Sur and ICU manager. Budget for equipment is \$1.9 million (this is part of the bond).
- Mike Nuffer is the Project Manager who will be on site at least 2 times per week documenting the status of the project.
- There will be large pad created – it will hold 5 trailers, 4 storage units and contractor vehicles. Access will be through the ER parking lot.
- It is estimated that 14 trucks per hour will be taking out soil through the #3 Road access.
- Frank Pace has met with Police, Fire and Emergency Services personnel.
- Frank will have weekly meetings with the contractors, and bi-weekly meetings with internal staff to notify them of what aspect of the construction project is happening, and how their departments may be affected. The project is broken down into a 2-week schedule, with contractor meetings on Tuesdays, with staff meeting that same day in the afternoon.
- **Total budget for this project is \$31,946,000**
 - o Lewis County Health System will manage the funds. The income received will earn interest which will come back to Lewis County Health System.
 - Flow of payments – C&S will review invoices, then will provide to Jeff Hellinger upon approval for payment. (All invoices signed off by Mike Nuffer, Frank Pace, Jeff Hellinger.)
 - o We have secured a 20-year bond (which will save \$3 million from the previously considered 25-year bond.)
 - o Interest rate is 2.64%

- We will receive the funds in April 2022.
 - These details were reviewed with Mike Young last week and will be shared with the Board of Managers on March 30th.
 - Jeff reported that we are working on a grant budget to submit for possible additional Federal funding for the project.
- **Roadway Access**
 - Frank met with Mountainview last Spring – the trucks will be leaving through a temporary exit in their driveway (a separate access from where patients and staff would enter and exit). Frank is awaiting a callback from the Mountainview Director to update them on the timeline.
 - **Action: We had conversations with the previous County Highway Manager, but have not spoken directly to Tim Hunt, the new manager. Frank will reach out to him to ensure that additional signage is posted and that the County is involved in this process.**
 - **Action: If possible, road speeds should be reduced. Frank will ask Tim to reach out to the State to see if this is possible.**
- **Department of Health Certification**
 - The contract is approved. The modification is still under review. There have been no requests for documents in nearly two months. This project has been approved.
- **Insurance**
 - Don Musnicki asked who has care and custody of the job site – and asked whether we should procure a Builder’s Risk Insurance. Jeff responded that he has spoken with our insurer, and they are aware of the project and have not advised any changes in our insurance needs at this time. **Action: Jeff Hellinger will get clarification on who owns the building materials once they are on hospital property in case there was damage or theft and will report this at the upcoming Board of Managers meeting.**
 - Black Horse will likely hire some subcontractors. It was noted that all subcontractors would be required to have adequate insurance. Black Horse has recently completed a project for a V.A. hospital, which should be helpful as they work through our project. They are the General Contractor and will need to provide a list of subcontractors and provide proof of insurance.
 - **C&S will be the project manager coordinating and overseeing the entire project.**

Motion to adjourn was made by Mike Young, seconded by John Lehman. Adjourned 4:54 p.m.

Respectfully submitted,



Frank Pace
Director of Facilities