

Garfield County Memorial Hospital Community, Program, and Facilities Planning



Health Facilities Planning and Development

August, 2002

Summary of Findings to Date



HOSPITAL & HEALTHCARE CONTRIBUTION TO COUNTY'S ECONOMY (2001)

- ⌘ **102 total jobs (12% of County total)**
- ⌘ **\$3.1 million in income (15% of County's total wages)**
- ⌘ **\$945,000 in retail sales**
- ⌘ **\$75,000 in sales taxes**

Summary of Findings to Date

STAFFING/SERVICES

- ⌘ The Hospital could likely justify, right now, the addition of at least a partial FTE Nurse Practitioner (from a volume and productivity perspective).
- ⌘ Without such an addition, the current practitioners could not support new initiatives to increase market share and volumes.
- ⌘ BUT, there are extremely limited opportunities for adding new services, given the small market size. (Cost per-unit-of-service-delivered would always be high).

Summary of Findings to Date

SPACE NEEDS

	Space Driver	Garfield Current (2001) Activity	2006 Population-Based Estimates (Status Quo)	
			Total Activity	Space Needed
Acute Care	Acute care beds	0.52 ADC	NA	1-2 beds
ED	Treatment Bays	431 visits	364-525 visits	2 rooms (current supply)
Diagnostic Imaging	Imaging Equipment/ Rooms	400 X-rays NA NA	405 X-rays 47 CT scans 90 Ultrasounds	1 machine/room each
Long Term Care	Long Term Care Beds	30 residents (ADC)	22 beds (State methodology for County)	36 beds (current supply)
Laboratory	Tests/Types of Tests/Programming	2,848 tests	To be determined	
Physical/Occupational Therapy	Number/Types of Treatment Spaces	1,989 procedures	To be determined	

Space Needs Summary (cont.)



- ⌘ **Garfield currently has more than sufficient square footage and spaces to meet projected needs and demands.**
- ⌘ **However, Garfield is suffering from inefficiencies inherent due to physical plant age and design/layout/configuration.**
- ⌘ **Significant opportunities to consolidate/reconfigure Hospital and nursing home operations. But note:**
 - ⊞ **Hospital portion constructed 1948, largely concrete.**
 - ⊞ **Nursing constructed 1976, wood frame construction (modifications simpler and less costly).**

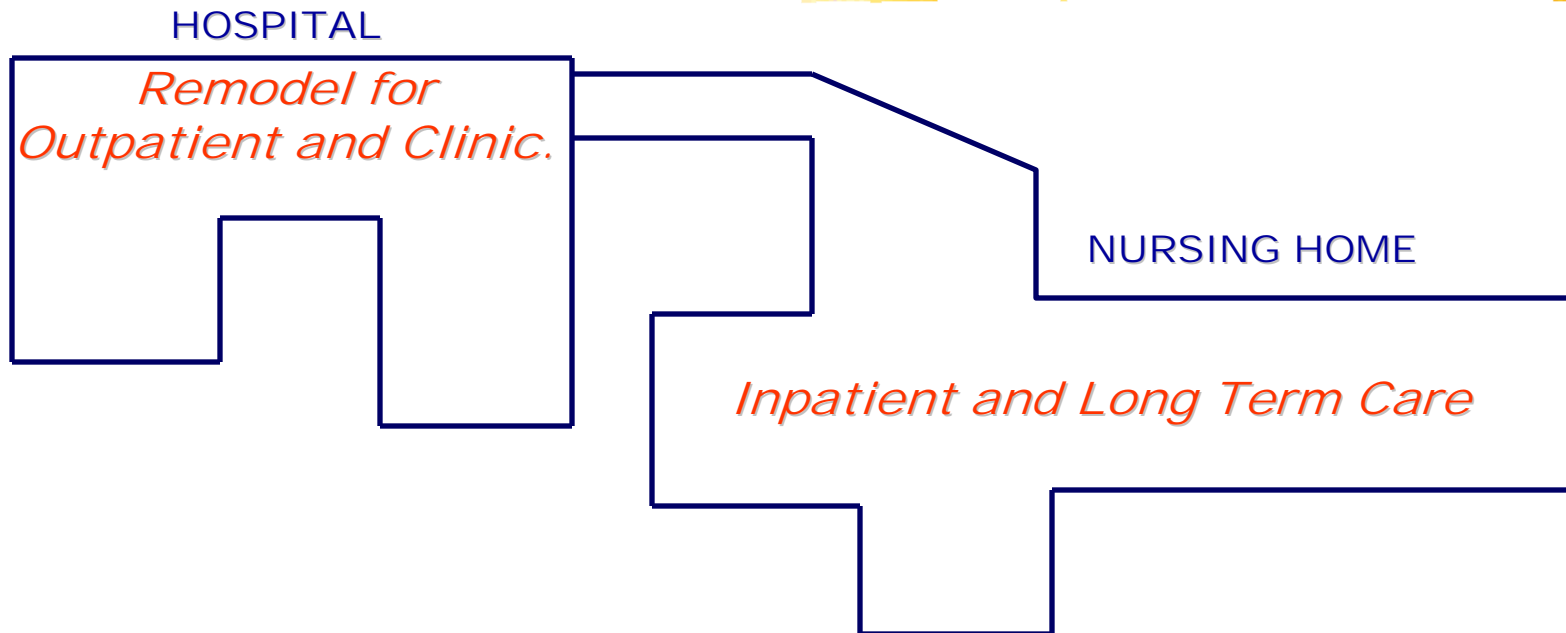
Space Needs Opportunities



- A. Eliminate current inefficiencies and redundancies inherent in operating the two distinct facilities by relocating Pomeroy Medical Clinic to Hospital facility.**

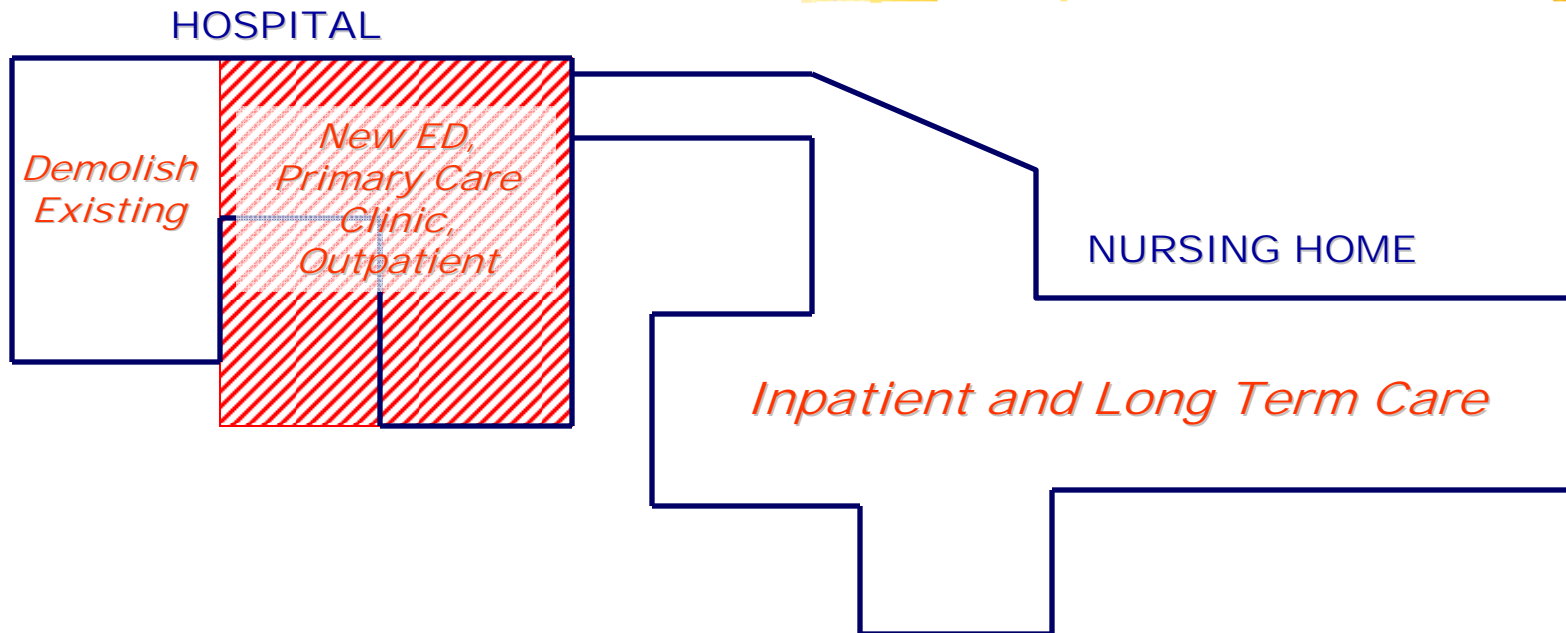
- B. Relocate (operate) Hospital's acute bed in the Long Term Care wing, achieving significant efficiencies in nursing coverage, and allowing acute care to occur in more up-to-date rooms.**

OPTION 1: Consolidate/Remodel



- A. Convert 25 LTC beds to swing.
- B. Remove inpatient acute care from existing hospital portion of building, consolidating in LTC wing.
- C. Remodel existing hospital portion of building to accommodate all outpatient services, including relocation of clinic.

OPTION 2: Consolidate/Rebuild



A and B. SAME: (25 LTC beds converted to swing, acute beds consolidated in LTC wing)

C. Demolish existing hospital portion, construct new outpatient areas.

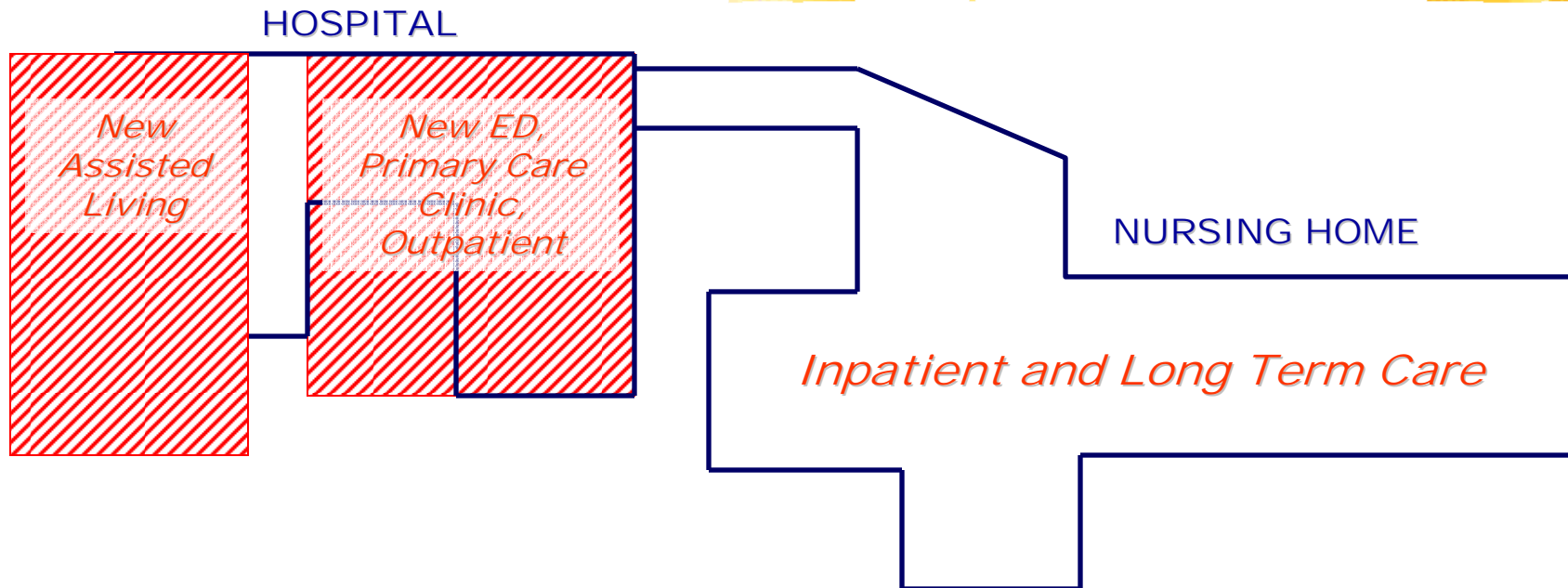
OPTION 3: Consolidate/Remodel + Assisted Living

- A and B. SAME: (25 LTC beds converted to swing, acute beds consolidated in LTC wing)
- C. SAME AS 1: Remodel existing hospital for outpatient.
- D. Add Assisted Living (freestanding or attached) to campus.

RULED OUT AS UNFEASIBLE:

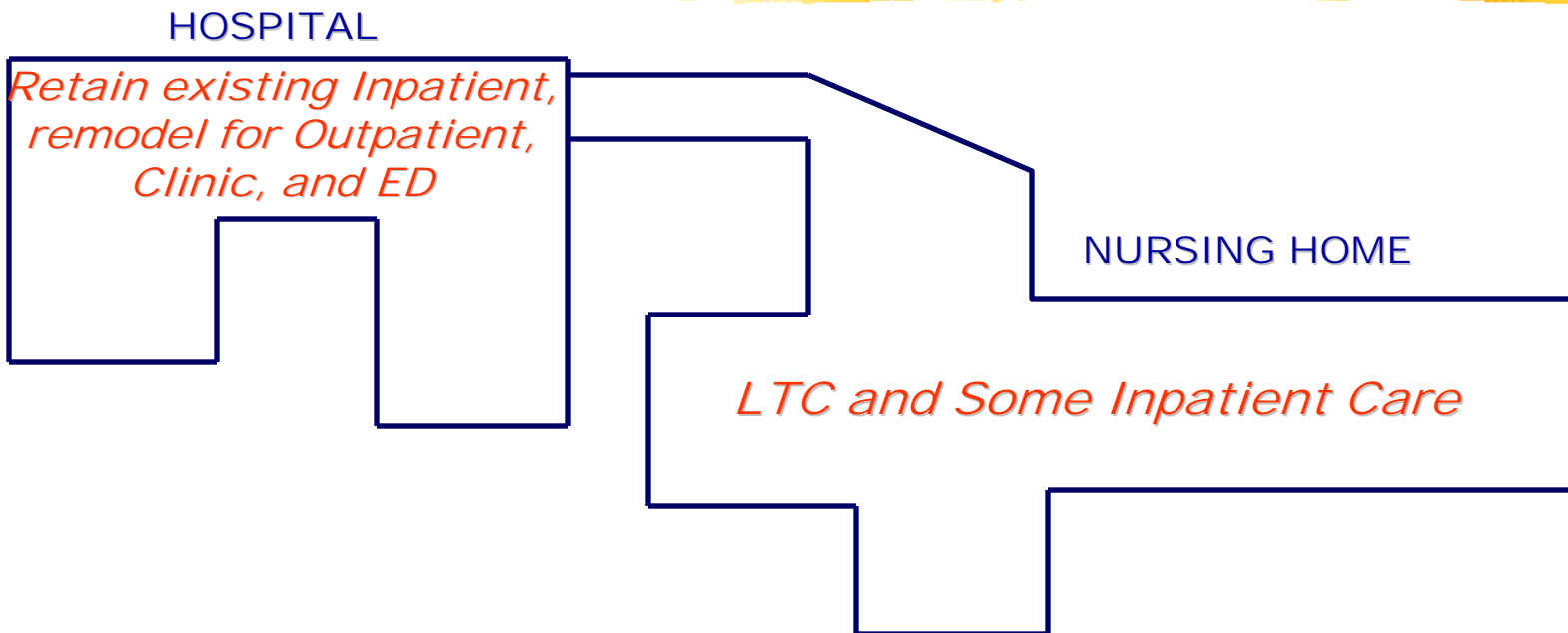
Existing campus can't accommodate Assisted Living without major site work or demolition.

OPTION 4: Consolidate/Rebuild + Assisted Living



- A and B. SAME: (25 LTC beds converted to swing, acute beds consolidated in LTC wing)
- C. SAME AS 2: Demolish existing hospital portion, construct new outpatient areas.
- D. SAME AS 3: Add Assisted Living (freestanding or attached) to campus.

OPTION 6: Remodel for Outpatient/ Don't Relocate Inpatient



- A. 20 LTC beds converted to swing.
- B. Existing acute and swing beds retained in hospital.
- C. Remodel existing hospital portion of building to accommodate all outpatient services, including relocation of clinic.

Other Issues Generic to All Options



- 1) Need to involve staff/medical staff to ensure that we understand/have considered all clinical implications.**
- 2) Need to ensure that selected option maximizes LTC reimbursement.**
- 3) Need to confirm / ensure that selected option supports future service and program development.**
- 4) Confirm financial viability of any scenario before proceeding.**