

# NEW HOSPITAL BUILD

## FREQUENTLY ASKED QUESTIONS (FAQS)

BROOKS-TLC HOSPITAL SYSTEM, INC.



### ***1. Why do we need a new hospital?***

Our patients deserve better. The current hospital is more than 75 years old and has been stretched far beyond its effective life as an acute care facility. The hospital's infrastructure is under continual and costly repair and maintenance due to its age. Maintaining the hospital over the long term is not an option either financially or in terms of offering contemporary patient care. Renovating Brooks to modern hospital standards is simply not financially or logistically possible. Patients deserve care in a facility designed to meet their needs in an era of modern technology and where clinicians have the facilities and the tools they need to deliver the highest quality care.

While building a new hospital is a monumental endeavor, it is part of an overall strategy to strengthen health care delivery in Chautauqua County and ensure long term sustainability. The overarching goal of the project is to restructure a health care delivery system that ensures health care needs are met for all members of the community for the next 100 years.

We have a once in a lifetime opportunity to see a new hospital built in our community. This is certainly a rarity in rural communities across New York State and, in fact, will serve as a model for transformed health care delivery across the State. The new regional hospital will replace acute inpatient services of two struggling small community hospitals, Brooks and TLC, and expand access and improve quality care for a broader, more diverse patient base.

### ***2. Why can't we just update the current hospital?***

Built in 1942 and expanded in 1962, the existing 170,000-square-foot hospital on Central Avenue is very old, substantially larger than needed and costly to maintain. The cost required to renovate the existing physical structure to meet today's needs and that of the future far exceeds that of the grant awards. The ability to adapt to new technologies, comply with building codes and regulatory requirements is extremely restrictive due to the need for abatement of old building materials and manage patient care delivery concurrently. Despite the emotional ties to the building, it is not practical to continue to remodel, refurbish and to heat, air condition and power an old building.

### ***3. Where will the new hospital be located?***

The 30-acre parcel of land is located on East Main Street just west of Route 60 in the Village of Fredonia, NY. Formerly occupied by the Cornell Cooperative Extension Grape Research Facility, the new site is located just 2.5 miles from the existing Brooks' Campus. The property is currently owned by Cornell University, a private institution. Although the site is located near the State University of New York at Fredonia, there is no relationship between the two universities relative to the hospital project.

### ***4. Will the hospital keep Brooks in its name when it moves?***

During the all of the discussions held during the merger process of Brooks Memorial Hospital and TLC Health Network, the Board of Directors of both organizations wanted to ensure that the legacy of care provided by both would be recognized in its name. Additionally, the Brooks name and its place in the history of the City of Dunkirk, and the philanthropy of the Brooks family is significant. Recognizing the regional mission of the new hospital, the Board of Directors chose a name that honors both organizations; Brooks-TLC Hospital System, Inc.

## ***5. How was the new site selected?***

The Brooks-TLC Hospital, Inc. Board of Directors was ultimately responsible for selecting the site. The Board engaged the services of national experts in planning and design of sustainable health care facilities in both rural and urban environments. In addition, executives from Kaleida Health have provided guidance and expertise within the process. Kaleida Health, which is a Brooks-TLC Health System affiliate, has extensive experience in new hospital and hospital reuse projects.

Together, a list of key criteria was developed that would be used to evaluate any potential site for the new hospital. The key criteria included:

- Infrastructure (25-30 acres, utilities, environmental)
- Access (road systems for deliveries and primary service area (PSA))
- Convenience (ease of access for providers, employees, PSA)
- Regulatory (federal designation requirements, state and local laws, timelines for grant)

After seeking community input for potential sites, the evaluation process on all suggested sites was initiated. More than 22 potential sites were provided, including sites within Dunkirk and Fredonia. However many of them did not meet the acreage criteria of 25-30 acres. After applying the criteria, the list was narrowed down to approximately three sites.

The Town of Pomfret site and the Village of Fredonia site were very similar in scoring. Initially, the Pomfret site worked best as it was priced within budget limitations. However, due to the tight timeline on the grant process and delays in obtaining zoning approvals on the Pomfret site, the Board evaluated the alternatives which led to the selection of the Fredonia site.

## ***6. Were there any sites within the City or Town of Dunkirk considered for the new hospital?***

Yes. Both the City and Town of Dunkirk had sites that were considered and in fact, the City of Dunkirk presented three (3) specific sites for consideration. The sites were not selected due to their ratings on the selected criteria and several sites were considered to be located too close to railroad tracks and power lines; issues that impact construction costs and/or have the potential to interfere with sensitive medical equipment.

## ***7. Can you share the scoring criteria and the specific sites considered?***

The criteria utilized for site selection were specific to requirements for construction of hospitals, which are quite different than those for construction of other types of buildings. Out of respect for the property owners whose sites weren't considered and the potential impact on future sale or use of those properties, we will not disclose the specific locations, current ownership, or the scoring of the site for construction.

## ***8. What will the new hospital look like?***

The brand new state-of-the-art , 100,000-square-foot, 29-bed acute care hospital will include 21 medical/surgical beds, four intensive care beds, four beds for maternity and post-partum space, an imaging suite plus an 11-bay emergency department, four operating rooms and two procedure rooms. The overall design plan features a bright and airy, open layout that focuses on safety of both patients and personnel, while creating a healing environment that is emotionally and functionally supportive.

Important features of the new site design include a helipad, larger patient rooms to accommodate family members, and adequate space for future expansion, if needed. Final design elements will incorporate important community-friendly features that address the Americans with Disabilities Act (ADA) compliance, remote translation services, and other accessibility features for patients, staff and visitors.

### ***9. How will a new hospital help recruit new physicians to the area?***

Competition for talented physicians is a challenge faced by most rural hospitals across the country. As many of our physicians and surgeons are approaching retirement age, we have an accelerated need to recruit new physicians to our area. A brand new state-of-the-art hospital provides a rare opportunity to recruit and retain physicians to our area, as well other health care workers. Many physicians who have completed their residencies or fellowships expect to practice with up-to-date technology similar to that on which they trained. A new hospital equipped with new technology will make it easier to attract medical talent to our area.

### ***10. What services will be provided at the new hospital and will they be the same as presently offered at the Central Avenue campus?***

The square footage (100,000 square feet) of the new hospital is smaller than the current hospital (170,000 square feet). However, this does not mean a reduced capacity for services. The new hospital is designed for maximum efficiency and smart use of space, focusing on patient care areas, elimination of unnecessary use of corridors and other non-clinical space.

Plans for new hospital include 21 medical/surgical beds, four intensive care beds, four beds for maternity with postpartum space. An imaging suite and 11-bay emergency department, four operating rooms and two procedure rooms are included.

### ***11. How much will the project cost and where are the funds coming from?***

The total project cost is \$70 million. Funding for the hospital came through two grants, the Essential Health Care Provider Support Program and the Statewide Health Care Facility Transformation Program. The funds were provided to assist in the hospital's transformation plan and to build a new hospital that will accommodate the acute inpatient needs of Brooks and TLC.

### ***12. Why is the new hospital smaller than the current hospital?***

Brooks Memorial Hospital is currently licensed for 65 beds, but does not utilize that capacity. The new hospital will have 29 beds. Funding for the hospital project from New York State is based on the transformation of health care in the region, including eliminating excess capacity and rightsizing acute care. In 2006 The Berger Commission – The New York State Commission on Health Care in the 21st Century- explicitly said there is an excess of hospital beds in New York State, that excess capacity needs to be taken out, and that health care providers need to ensure that outpatient care is replacing inpatient and emergency department care, not adding to it. The Berger Commission addressed the high cost of excess capacity and set the state's hospitals on a course to right-size or reduce beds and in some cases even close.

The grant for the new hospital and the transformation of healthcare in our region is an extension of that thinking. Brooks has too many beds. On an average day, only 18 to 20 of the 65 beds at Brooks are occupied, which is less than 30%. Clearly there is excess capacity. The new hospital's 29-bed size fits the needs of the region for inpatient beds, eliminates excess capacity and meets the expectations of the New York State Department of Health.

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### ***14. Won't having the new hospital in Fredonia be a challenge for Dunkirk residents?***

We understand that Brooks Memorial Hospital has been part of the Dunkirk community for decades. However, less than 40% of Brooks' patients come from Dunkirk. The rest come from across the region. Brooks is a regional health center, serving Dunkirk, Fredonia and the many communities of Southern Erie and Northern Chautauqua counties. Part of the selection of the new site considered the location for its ease of access from all areas of the region to serve all the patients who come to us for care.

Even though the new hospital will be only 2.5 miles from the current site we need to consider access for Dunkirk residents to the new hospital. Over the coming months we will be working with local officials, leaders and others to ensure that residents of Dunkirk who don't have their own transportation will be able to access the new hospital.

### ***15. What is the timeline for construction?***

Construction of the hospital is expected to take approximately 18 months from the time construction begins. Completion of construction and moving day would be expected in early 2021.

### ***16. What will happen to the current hospital?***

A Citizens Advisory Committee (CAC) has been created and will serve to assist the Board of Directors in developing a Request For Proposal (RFP) that will be shared with developers that may have an interest in the site for development. The CAC members have been asked to reach out to their constituents to gain ideas and guide a community-based reuse process for the Central Avenue site.

The committee is comprised of a cross-section of community members who have been chosen to reflect a diversity of viewpoints across the community –neighbors, local business people, leaders of community based organizations, professionals with relevant expertise, and people from major community institutions. The public is encouraged to submit ideas and comments relative to this important community project on the hospital website at [www.brookshospital.org/hospital-reuse](http://www.brookshospital.org/hospital-reuse) or email directly to [hospitalreuse@brookshospital.org](mailto:hospitalreuse@brookshospital.org).

## ***17. Who is on the Citizens Advisory Committee?***

Lou DiPalma, vice president for Dunkirk-based Lake Shore savings Bank and Virginia Horvath, president of the State University of New York at Fredonia, are co-chairs of the Citizens Advisory Committee (CAC). Both are members of the Brooks-TLC Board of Directors. Other members of the CAC include:

- Nate Aldrich, Community Economic Development Specialist
- Marty Bamonto, Member of City of Dunkirk Common Council
- Diane Hannum, Executive Director, Northern Chautauqua Community Foundation
- Shaun Heenan, Member of City of Dunkirk Common Council
- Tom Panasci, Owner, Pizza Village
- Steve Rees, Revitalize Dunkirk, Inc.
- Willie Rosas, Mayor City of Dunkirk
- Christine Schuyler, Director of Health and Human Services, Chautauqua County DOH
- Loretta Slaton Torain, Director of Upward Bound Program
- Rebecca Yanus, Director of Planning & Development for City of Dunkirk