



## BROOKS-TLC HOSPITAL SYSTEM, INC.

### ***A message to staff and the community on behalf of Ken Morris, President and CEO:***

As a follow up to my previous communication, I will focus on the recurring questions as to why the decision was made to build a new hospital at the site chosen in Fredonia versus renovation of the existing physical location in Dunkirk. Many factors were considered and the major ones are listed here below.

#### **Cost**

As anyone who has lived through a major renovation project can attest, living on the construction site presents its own set of logistical problems, not to mention extending the length of the project that adds time and money. The ongoing construction upheaval – inclusive of noise, displacement of departments and services, parking, etc. – is too disruptive to the effective management of patient care without adding significant costs.

Next, in order to meet today's needs and those of the future, renovation requires all spaces and utilities to meet code. The infrastructure, such as generators, emergency power systems, medical gas systems, plumbing and air handling systems are substantial, just to name a few. The effort to adapt to these new technologies, code compliance and regulatory requirements is made all the more restrictive due to abatement of old building materials (containing asbestos) which increases disposal costs and time.

It has been mentioned that the location was built to add additional floors. This is a common strategy to expand existing hospitals in growing communities that can support the existing operation as well as a future expansion. Consider this... the building that would be used as the foundation of our future is not only 32 years of age, but is also approximately 12,000 square feet. It would require at least 8 levels in order to provide enough square footage to support the new services. These additional floors above the current outpatient structure will not be an efficient layout for today's healthcare. Our new plan includes all services on one floor with a focus on safety of patients, visitors and personnel. It supports and incorporates features that address ADA compliance while still allowing room for possible future expansion.

So, can the existing hospital be renovated? Sure, but the cost would be significantly more than the dollars that were awarded to Brooks-TLC.

#### **Emergency Access**

Brooks-TLC is the first line of defense when it comes to stabilizing patients and transferring to a higher level of care, and the current location challenges access to this in several ways. The challenges

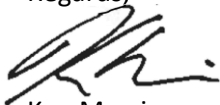
include travel through residential zones, it is not easily accessible to I-90 and the existing site does not have a helipad for air transportation. The new site however, will have better access to the I-90 as well as routes 20 and 60 which would provide alternate routes for emergency transportation.

Currently, Brooks-TLC also coordinates several urgent/emergent air medical transfers a week, and the Dunkirk location does not have site access to a helipad. The only option would be to add a helipad to the roof, which would significantly increase costs and liability (chemical containment systems, fire-fighting systems, elevator, insurance, etc.). Limited county EMS resources are available to transport patients from the hospital to a designation area for helicopter transportation. This requires additional time, resources and coordination between EMS with MercyFlight. These are resources that would be freed up and better utilized once a helipad is located on campus.

The new Brooks-TLC hospital will be designed for the model era of healthcare with the patient focus in mind. Cost will be minimized at a new location that will serve the region with improved access to care.

The Brooks-TLC management team is committed to addressing important questions and will continue to share perspectives in the future.

Regards,

A handwritten signature in black ink, appearing to read 'Ken Morris', with a stylized flourish at the end.

Ken Morris  
President and Chief Executive Officer