





Manchester VAMC

Facility Planning Meeting

1 Day Session November 30, 2017

Consulting & Cost Modeling



EBA Ernest Bland Associates, P.C.

Alpha Corporation | Affiliated Engineers, Inc.

Meeting Agenda

10:15 Overview

Experience with VISN 1 FMP Process

SOW (Accelerated Process)

Discussion of Scenarios (Discuss basis)

10:30 **Review of Planning Options**

11:00 **Comparison of Options**

Advantages and Disadvantage

Cost

Schedule

Discussion 11:30

11:45 Adjourn



VISN 1



Overview





Site visits and leadership interviews Identify
impacts to
Facility Master
Planning

Finalize approved adaptive workload

Identify space and facility needs Develop FMP Concepts Identify FMP Projects

Conduct site visits to survey facilities and space. Host discussions with leadership and user groups

Garner input
and consider
impact of
service line
strategy in the
context of
Facility
Master
Planning

Adapt facility workload projection to reflect approved strategic direction, which then feeds space calculator.

Analyze space gaps and, with facility input, identify facility needs and priorities.

Develop FMP concepts based on space programs and facility priorities.

Develop project lists and associated budget costs based on FMP concepts.









FMST's



Space Calculator





Space Programs

Surgery Program		
	Department Gross	Building Gross for area (x1.15)
Procedure Areas & Support (8 OR's)**	24,082	27,694
PACU (11 Positions)	5,729	6,588
Prep/ Stage II Recovery (18 Positions)	7,524	8,652
Staff Locker/ Lounge (incl. On-Call)***	4,777	5,494
Staff Admin & Education***	16,568	19,053
Surgery Reception/ Waiting	2,720	3,138
Total	61,400	70,619



Facility Master Plans













Purpose and Scope of Manchester Project

- To assist the VISN and the VISN Task Force in determining what may be the best alternative for improvements at the Manchester VAMC campus.
- Review Existing Site and Facility Conditions
- Determine Work Loads and Bed Numbers per VISN
- Develop Concept Options for each scenarios
 - Full Service Inpatient Hospital
 - Subacute Inpatient Hospital
 - Ambulatory Care Center only
 - Minimum Required Infrastructure Improvements "Bare Bones"
- Provide Order of Magnitude Impacts and Costs for each Option
 - Infrastructure - Demolition
 - Parking - Additions
 - Utilities - Renovations
- Deliver Report in Summary to VISN December 2017





SOW / Direction

The core objective of this study is to assist the VISN and the VISN Task Force in determining what may be the best alternative for improvements at the Manchester VAMC campus.

Through the process of on-site meetings and a series of interactive communications with an accelerated deliverable time frame.

Below is the summary of the initial direction given to the design team.

Initial direction and scope includes:

- Architectural Programming
- Architectural Planning
- Infrastructure Analysis/Impacts
- Develop cost model for alternative planning scenarios
- Coordinate with VISN 1 Task Force
- Review data provided by VISN





Planning Scenarios (Basis of Planning)

Four program scenarios were identified

Full Service Inpatient Hospital

The addition of 30 Medical/Surgical beds and associated support needs for a full service Inpatient Hospital was Included in the original SOW in addition to increased Primary, Specialty and Mental Health Ambulatory Care.

Subacute Inpatient Hospital

In lieu of 30 Medical Surgical acute beds, an optional scenario was introduced at the October 18th meeting to add a 15 bed Subacute Care unit to expanded Ambulatory Care services provided in the current facility.

Ambulatory Care Center only

This scenario, included in the original SOW, expands ambulatory care services on site without adding Medical/Surgical Inpatient beds.

Minimum Required Infrastructure Improvements "Bare Bones"

Recognizing that much of the infrastructure of the current facility is failing, this scenario was introduced in the October 18th meeting to identify the cost of replacing the campus infrastructure with new systems.





Planning Scenarios (Basis of Planning) - Continued

All scenarios except the "Bare Bones" scenario include Inpatient Mental Health Unit of 12 to 15 beds, a 15 – 30 bed RRTP site, Long Term Care (CLC), and growth in Specialty Care.

All scenarios will consider on-site development only and include RRTP, Domiciliary, Inpatient Psychiatric, and Community Living Center Beds. Off-site concepts and scenarios are not a part of this project scope.



Program Summary

Department Area Need		Existing								
Full M/S	Subacute	ACC	Area	As % of	Comments					
				Need						
BEDS SECOND SECO										
23,500	0	0	0	0%						
0	12,225	0	0	0%						
9,000			0	0%						
RRTP (30 Beds)										
5,400			0	0%						
5,400			0	0%						
2,700			0	0%						
9,000			0	0%						
40,626			13,533	33%						
34,930 26,630		11,262	32%	% of Full M/S Need						
18,100			0	0%						
11,283			5,982	53%						
9,000 7,500		4,955	55%	% of Full M/S Need						
41,534			17,064	41%	Area Need Includes CBOCs					
94,821			44,213	47%	Area Need Includes CBOCs					
20,500			13,800	67%	Area Need Includes CBOCs					
SUPPORT										
79,336	71,711	65,213	39,131	49%	% of Full M/S Need					
37,460	29,088	26,732	28,750	77%	% of Full M/S Need					
8,737	7,862	7,225	0	0%						
442,327	404,379	382,664	178,690	40%	% of Full M/S Need					
199,047	181,971	172,199								
641,375	586,350	554,863								
	23,500 0 0 34,930 9,000 79,336 37,460 8,737 442,327 199,047	Full M/S Subacute 23,500 0 0 12,225 9,000 5,400 2,700 9,000 40,626 34,930 26 18,100 11,283 9,000 7, 41,534 94,821 20,500 79,336 71,711 37,460 29,088 8,737 7,862 442,327 404,379 199,047 181,971	Full M/S Subacute ACC 23,500 0 0 0 12,225 0 9,000 5,400 2,700 9,000 40,626 40,626 34,930 26,630 18,100 11,283 9,000 7,500 41,534 94,821 20,500 20,500 79,336 71,711 65,213 37,460 29,088 26,732 8,737 7,862 7,225 442,327 404,379 382,664 199,047 181,971 172,199	Full M/S Subacute ACC Area 23,500 0 0 0 0 12,225 0 0 9,000 0 0 5,400 0 0 2,700 0 0 9,000 0 0 40,626 13,533 34,930 26,630 11,262 18,100 0 0 11,283 5,982 9,000 7,500 4,955 41,534 17,064 94,821 44,213 20,500 13,800 79,336 71,711 65,213 39,131 37,460 29,088 26,732 28,750 8,737 7,862 7,225 0 442,327 404,379 382,664 178,690 199,047 181,971 172,199	Full M/S Subacute ACC Area As % of Need 23,500 0 0 0 0% 0 12,225 0 0 0% 9,000 0 0% 0% 0% 5,400 0 0% 0% 0% 2,700 0 0% 0% 0% 9,000 0 0% 0% 0% 40,626 13,533 33% 33% 34,930 26,630 11,262 32% 18,100 0 0% 0% 11,283 5,982 53% 9,000 7,500 4,955 55% 41,534 17,064 41% 94,821 44,213 47% 20,500 13,800 67% 79,336 71,711 65,213 39,131 49% 37,460 29,088 26,732 28,750 77% 8,737 7,862 7,225 0 0%					



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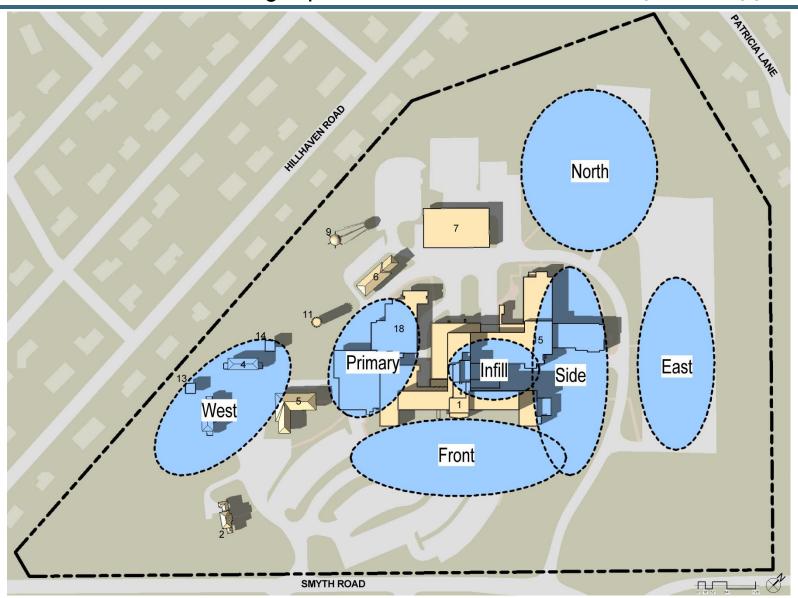
VISN 1



Review of Planning Options









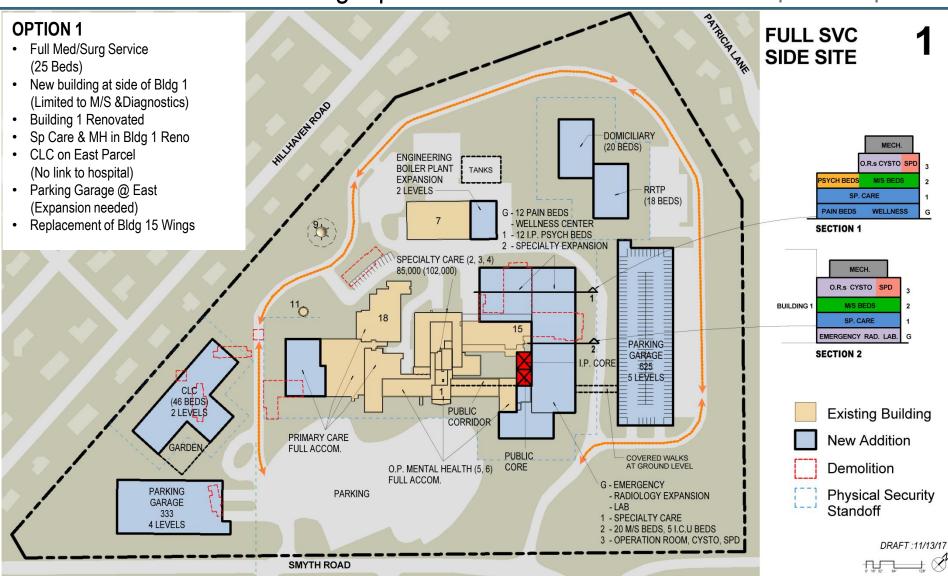


	PROGRAM	EXPANSION SITE	KEEP/DEMO Building 1	COMMENTS		
IA1		FRONT	KEEP	SPECIALTY CARE SPACE COMPROMISED IN BUILDING 1	*	
IA2			DEMO	VERY DIFFICULT - NOT PRACTICAL		
IB1	FULL SERVICE	SIDE	KEEP	NEED TO VACATE BUILDING 15. SPECIALTY CARE SPACE COMPROMISED IN BUILDING 1	*	
IB2			DEMO	VERY DIFFICULT - NOT PRACTICAL		
IC1		FRONT & SIDE	DEMO	NEED TO VACATE BUILDING 15 ALL PROGRAMS ACCOMMODATED IN NEW CONSTRUCTION	*	
IIA1		FRONT	KEEP	SPECIALTY CARE SPACE COMPROMISED IN BUILDING 1	*	
IIA2			DEMO	VERY DIFFICULT TO ACHIEVE - NOT PRACTICAL		
IIB1	SUB ACUTE MED SURG	SIDE	KEEP	NEED TO VACATE BUILDING 15 SPECIALTY CARE SPACE COMPROMISED IN BUILDING 1		
IIB2	IIILD COILC		DEMO	VERY DIFFICULT TO ACHIEVE - NOT PRACTICAL		
IIC1		FRONT & SIDE	DEMO	NEED TO VACATE BUILDING 15 ALL PROGRAMS ACCOMMODATED IN NEW CONSTRUCTION		
IIIA1		FRONT	KEEP	NEW SPECIALTY CARE SPACE ADMIN AND SUPPORT FULLY ACCOMMODATED IN BUILDING 1	*	
IIIA2			DEMO	DIFFICULT TO ACHIEVE		
IIIB1	ACC	SIDE	KEEP	NEED TO VACATE BUILDING 15 SIDE NOT BEST PUBLIC ACCESS FOR CLINIC SPACE		
IIIB2		SIDE	DEMO	DIFFICULT TO ACHIEVE NEED TO VACATE BUILDING 15		
IIIC1	FRONT & SIDE		DEMO	NEED TO VACATE BUILDING 15 ALL PROGRAMS ACCOMMODATED IN NEW CONSTRUCTION	*	



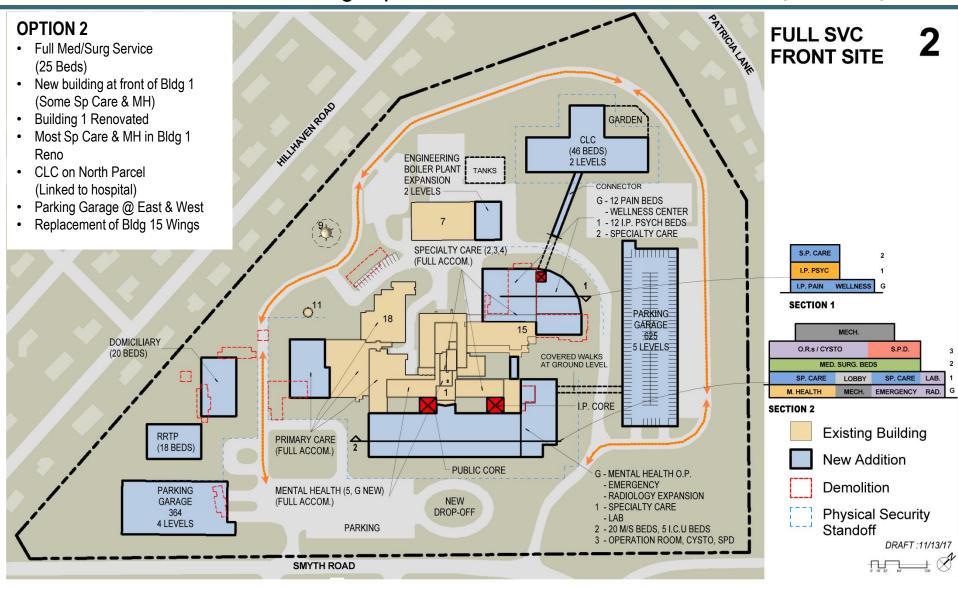


Site Development Options





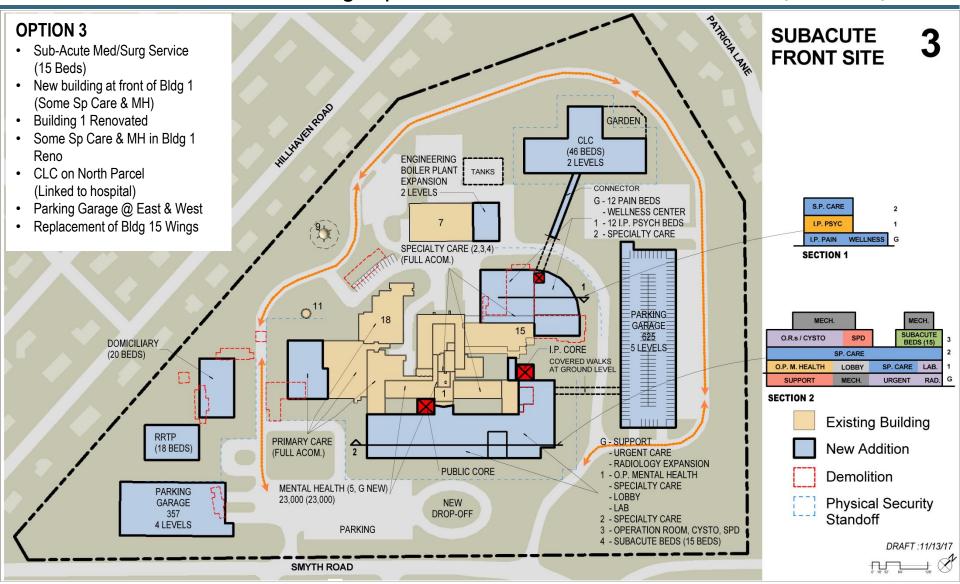






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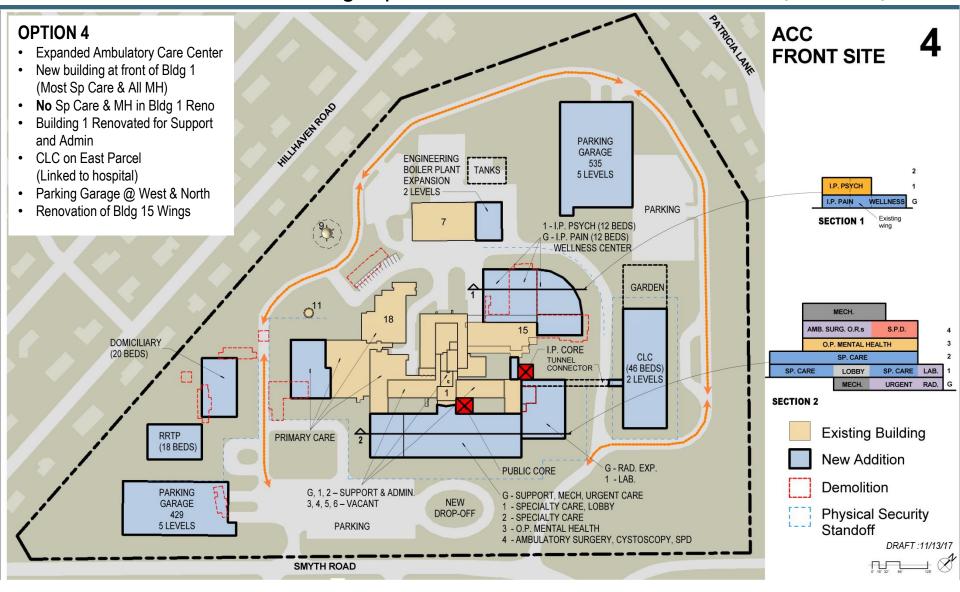




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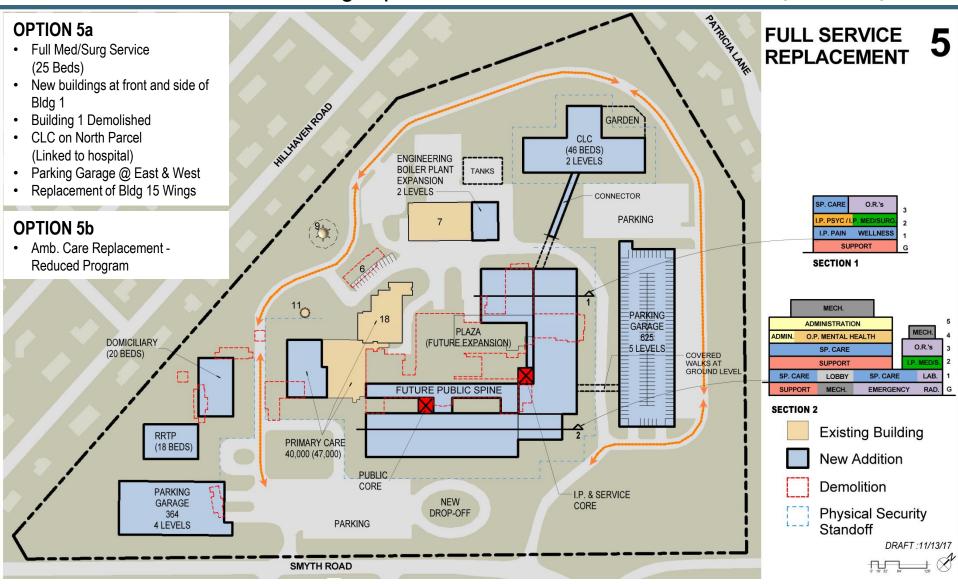


Site Development Options



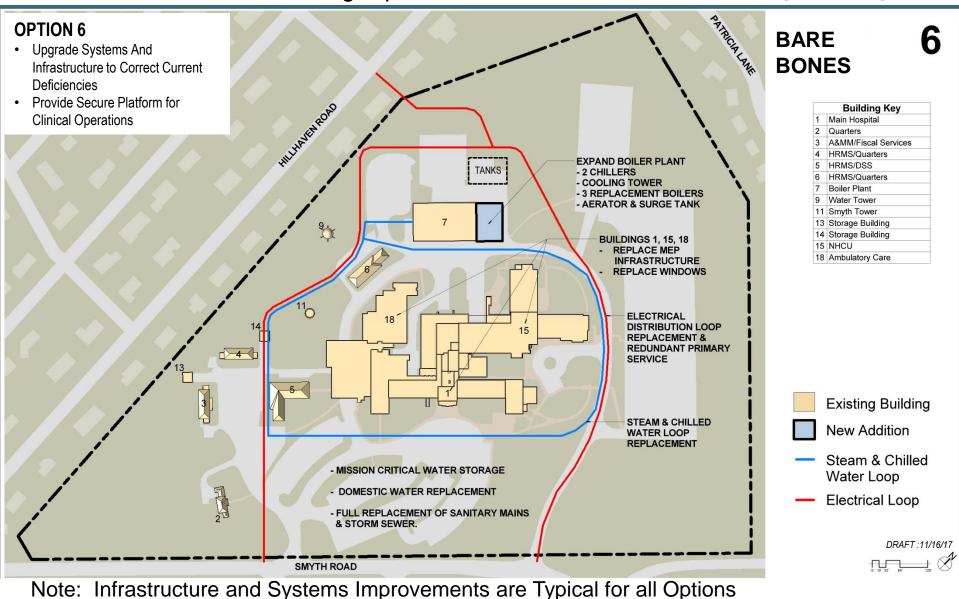
















Mission Critical/Continuity of Operations

- Project Specific Compliance vs. Global Compliance
- Mission Critical Utility Storage
 - Potable Water
 - Industrial Water
 - Fire Protection Water
 - Wastewater
 - Contaminated Water
 - Fuel

Utility Distribution System Replacement

- Replacement of Storm, Sanitary, & Water Distribution Systems
 - Identified by FCA to have exceeded useful life
 - To meet additional demands placed on systems by new buildings & additions
 - To provide service to new buildings provided on outer areas of Campus





VISN 1

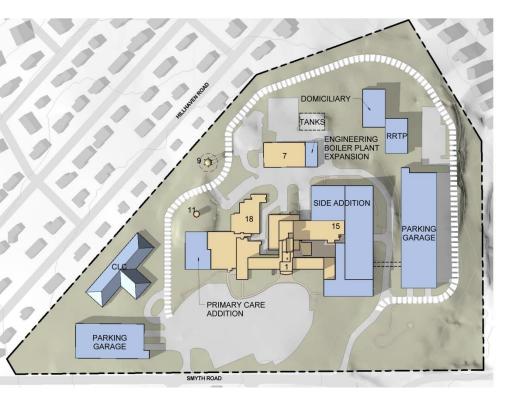


Comparison of Options





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- Less site disruption than Option 2-5
- Full Med Surg. Program (New Const.)
- Additional Parking
- Enhanced Infrastructure
- Improved Services

Disadvantages

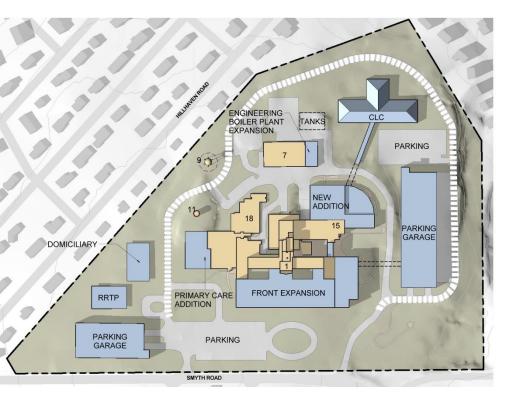
- Substandard clinic space in Building 1
- Clinical addition remote from Main Entry

Projected Cost - \$512.3 M

Duration - 7 Years







- New front image for Medical Center
- Full Med Surg. Program (New Const.)
- Additional Parking
- Enhanced Infrastructure
- Improved Services

Disadvantages

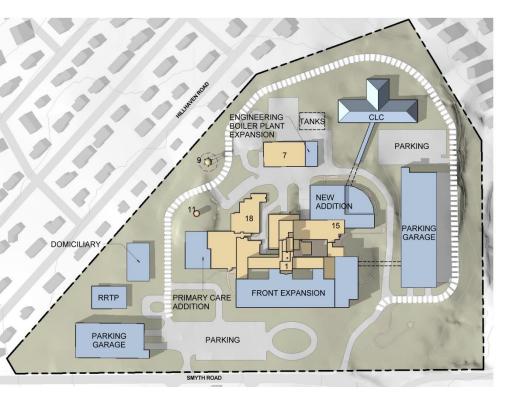
- Substandard clinic space in Building 1
- Additional site disruption and longer schedule than Option 1

Projected Cost - \$516.2 M

Duration - 8 Years







- New front image for Medical Center
- Additional Parking
- **Enhanced Infrastructure**
- Improved Services

Disadvantages

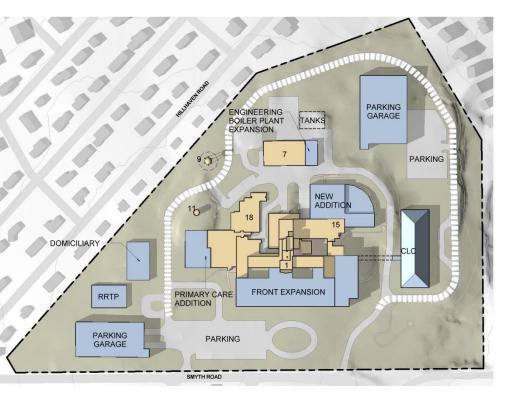
- Substandard clinic space in Building 1
- Additional Site disruption and longer schedule

Projected Cost - \$ 498.0 M

Duration - 8 Years







- All clinics in new building
- New front image for Medical Center
- Additional Parking
- Enhanced Infrastructure
- Improved Services

Disadvantages

- Additional site disruption
- Several Building 1 floors remain vacant

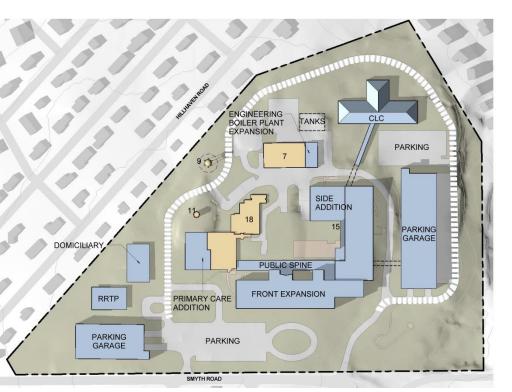
Projected Cost - \$ 467.1 M

Duration - 7 Years





Manchester VAMC Planning Options Full Service M/S Replace Building 1 (Option 5)



Advantages

- All programs in new building
- Building 1 no longer a liability
- Best option for improved space and flexibility
- Full Med Surg. Program (New Const.)
- Additional Parking
- Enhanced Infrastructure
- Improved Services

Disadvantages

- Most expensive Full Service option
- Additional Site disruption
- Longer Schedule than Option 1

5a Projected Cost - 5b Projected Cost -

\$ 621.7 M

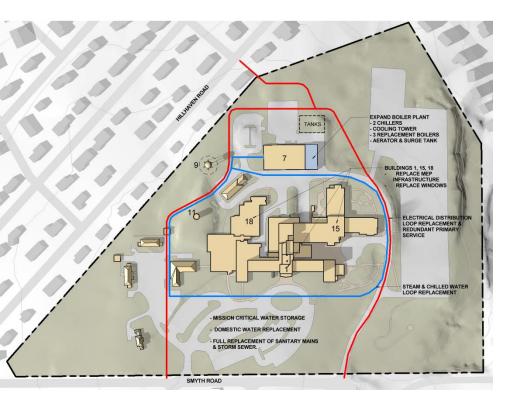
\$ 559.3 M

Duration - 8 Years

Duration - 8 Years







<u>Advantages</u>

- Least expensive option
- Least site disruption
- Enhanced Infrastructure

Disadvantages

- Growth in Clinical Programs not accommodated
- Lack of swing space for phasing
- Most disruptive to clinical service operations
- Space Gap will be increased by projected clinical program growth
- Clinical space remains substandard in existing aged facility
- No added parking

Projected Cost - 122.9 M

Duration - 3 - 4 Years





VISN 1



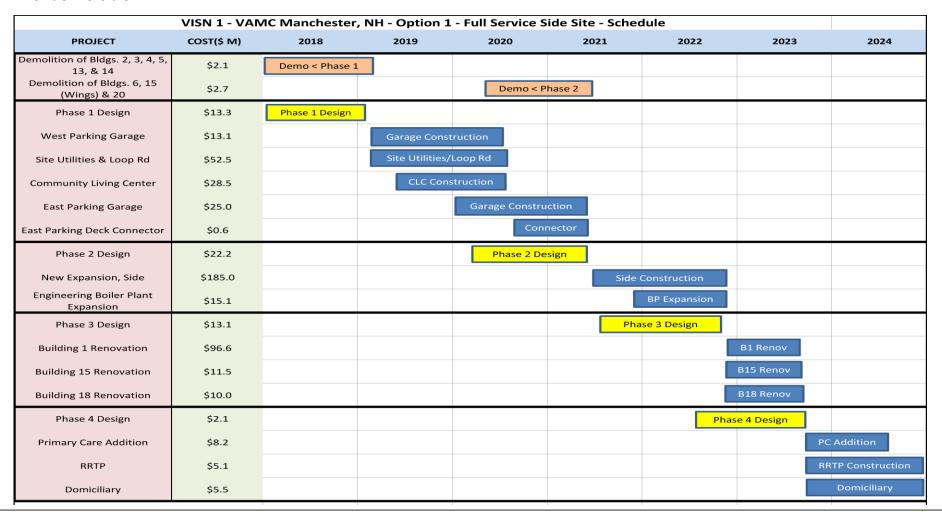
Cost / Scheduling





Options 1 Cost an Schedule Summary

\$ 512.3 M



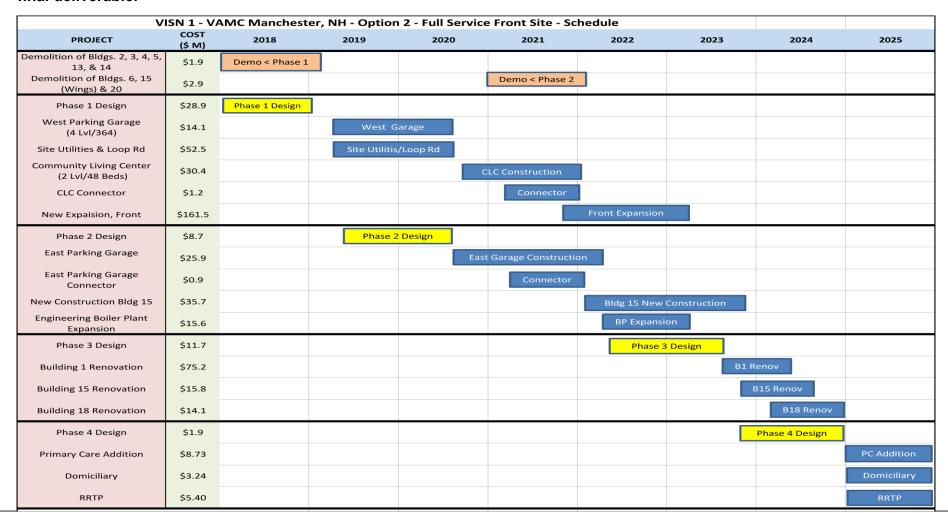




Options 2 Cost an Schedule Summary

\$ 516.2 M

All Costs are preliminary and conservative. All Options will likely be adjusted and may increase upon development of final deliverable.



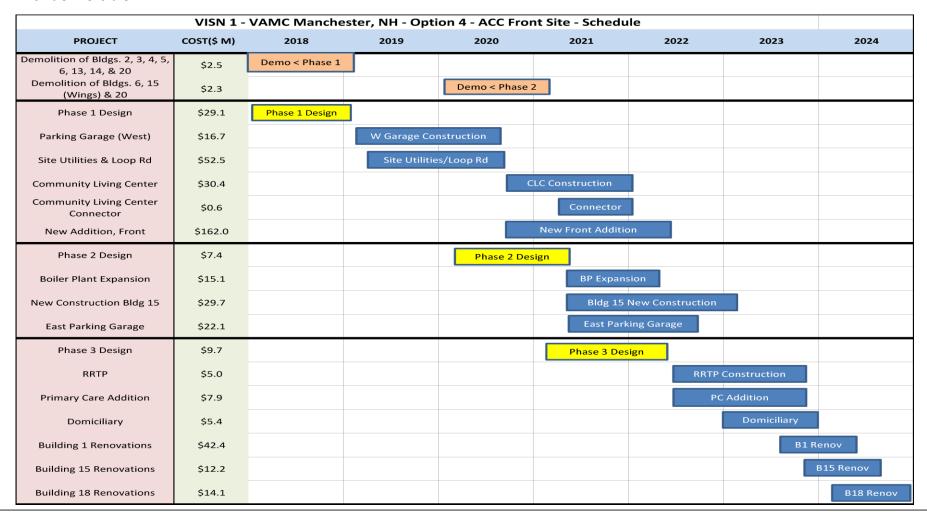




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Options 3 Cost an Schedule Summary

\$ 498.0 M

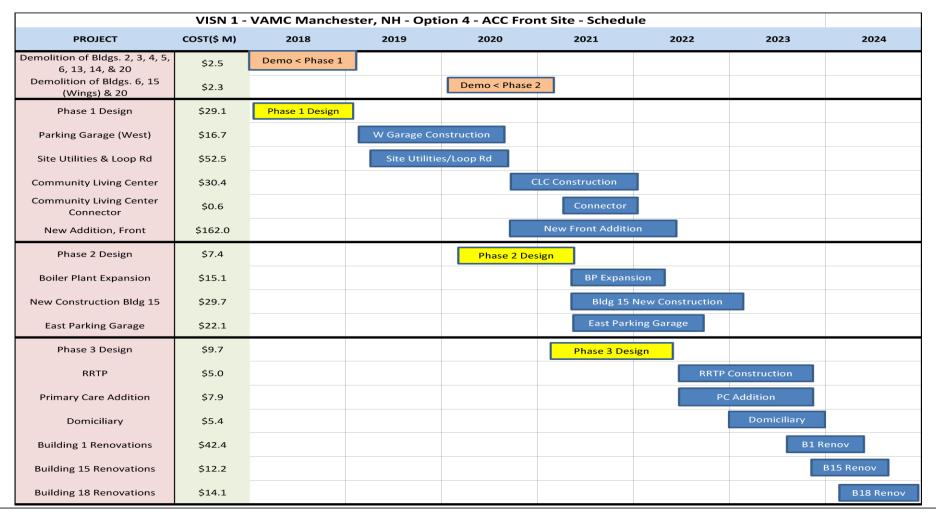






Options 4 Cost an Schedule Summary

\$ 467.1 M

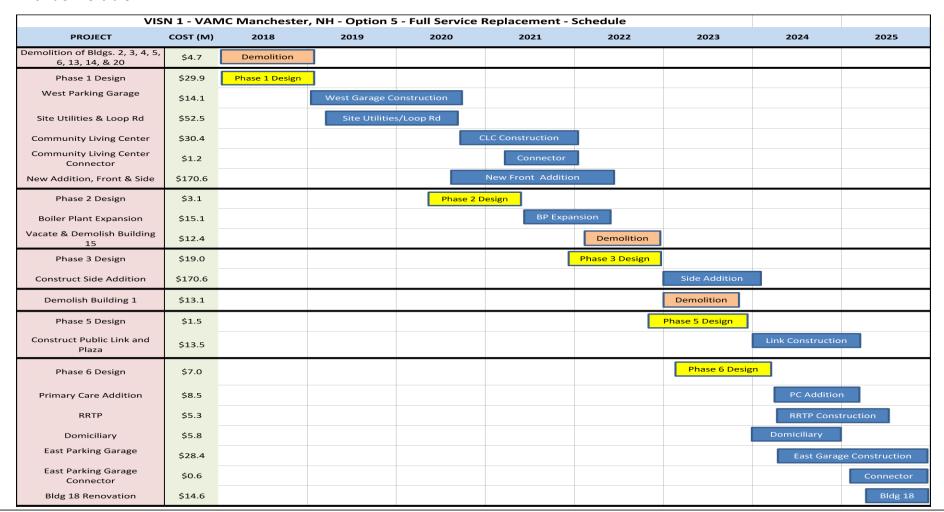






Options 5 Cost an Schedule Summary

\$ 621.7 M







VISN 1



Questions / General Discussion



