Cascade Medical Center Facility Master Plan

Worksession #1 – 9/18/20

WIPFLI

Growth Opportunity

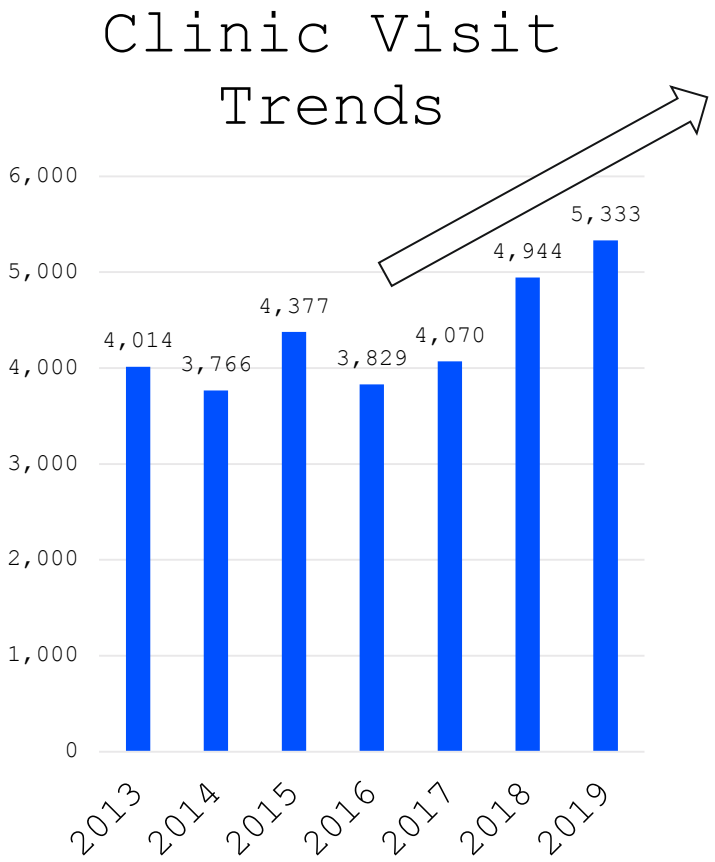
- Most people indicated that there will be growth in the community over the next five to ten years, while individually some have more conservative opinions and some more aggressive about how much growth
- Based on market data and interviews, there is also growth opportunity by capturing more volume and services that are leaving the community due to lack of access, or offering of key services at CMC
- Based on these findings, we will be showing three scenarios for facility growth over the next 10 years:
  - 1. On-campus ("Bridge Strategy") – limited and targeted growth in select clinical areas on existing campus to allow for continued growth and eventual relocation to new campus in the next 10 years
  - 2. New campus ("New Campus Strategy") – Two scenarios on two sites – Moderate or High growth across all departments on a new relocated campus, with options to expand if more aggressive growth occurs which will serve CMC for 30+ years

Clinic and Behavioral Health

- Both clinic and behavioral health have opportunity to grow, however growth is hindered by lack of space (exam rooms, behavioral health space, support space, work areas)
- CMC would like to move to a team-based care model which requires additional and larger work areas
- Providers and staff all agree that physical connection of clinic to hospital is imperative given the size of the organization and benefits of cross-staffing, and ability to move between clinic and inpatient, ED, lab, imaging and other departments of the hospital on a daily basis (both providers and patients)
- Quantitative assessment confirms space is undersized for current use and growth plans; two future space growth scenarios will be developed (less aggressive on campus and more aggressive new campus)
  - 10-12 exam rooms (5 today) for primary care, 1-2 for specialists/telemedicine, and 3-5 (2 today) for behavioral health

Clinic and Behavioral Health

- Findings support growth in both these clinical areas



	Max. # of Concurrent Providers	Rooms per Provider	Total Room Need	Existing Room Supply	Variance	Benchmark DGSF per Exam Room[1]	Benchmark DGSF	Existing DGSF	Total Variance	% of Standard
Current										
Existing Clinic (No Growth)	2	2.5	5	5	0	480	2,400	2,630	230	110%
Future										
Bridge Strategy (Moderate Growth)	3	2.5	8	5	(3)	480	3,840	2,630	(1,210)	68%
New Hospital (Moderate Growth)	3	2.5	8	5	(3)	500	4,000	2,630	(1,370)	66%
New Hospital (Strong Growth)	4	2.5	10	5	(5)	500	5,000	2,630	(2,370)	53%

= Good = Average = Poor

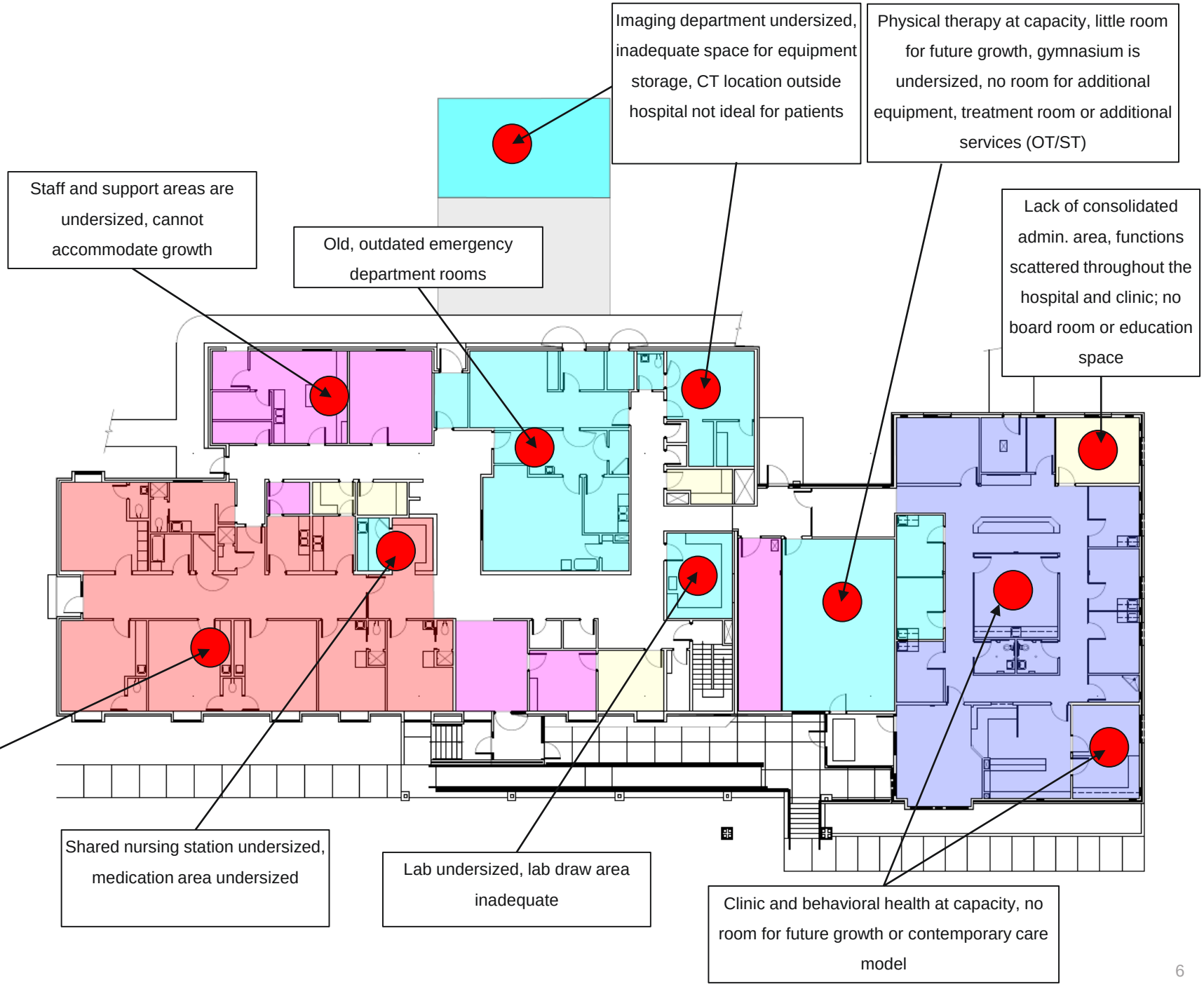
Department	At Capacity?	Location	Design	Space	Customer Service	Priority?	Comments
Outpatient Clinics							
Primary Care Clinic	Yes					Yes	Rapidly growing service; Adjacency to hospital is important for lab/imaging referrals; expect steady growth in volumes, anticipate offering clinic 7 days per week; lack of exam rooms today, needs 10-12 exam rooms for provider growth; would prefer a central "bullpen" for providers/support staff and behavioral health for team-based care; lack of 2nd procedure room not ideal; Need to add 1-2 telehealth capable exam rooms for specialty services
Behavioral Health Clinic	Yes					Yes	Rapidly growing service; Prefers co-location with the primary care clinic; would prefer team-based care model with primary care; lack of privacy and sound attenuation today; growth will require additional offices; would like shared conference area for group meetings

Existing Hospital

- CMC was built in the 1970s to replace the original 1950's hospital, and since that time has undergone one major expansion for therapy/clinic
- The hospital's design allows for efficient staffing of the inpatient unit and emergency department from a single nursing station
  - Flexibility of unused inpatient beds are utilized for support functions and other clinical services as needed
- Multiple clinical departments are suffering from design, space, and customer service issues and lack the ability to grow or expand services; more detailed findings are available in the appendix
  - Clinical: inpatient, lab, imaging, rehab/therapy, clinic, behavioral health, pharmacy
  - Non-clinical: Dietary, administration and business office, storage
- Based on findings, the majority of departments need to be renovated or expand to meet contemporary standards and anticipated 10-year growth

Major Facility and Operational Issues

- Departmental space issues and challenges were documented by department based on tours/interviews
- Map samples some relevant findings (detailed findings in supporting evaluations)



Priority issue

Laboratory is undersized today and lacks a dedicated space for blood draw

- Limited space in existing department for blood draw, which has caused management to look for expansion opportunities in other departments
- Crowded workspaces create a disjointed workflow, lack of privacy for blood draw and workspaces
- Lab occupies 221 DGSF today, which falls significantly below industry benchmarks of >1,000 DGSF.

Major Facility and Operational Issues

Department	At Capacity?	Location	Design	Space	Customer Service	Priority?	Comments
DIAG & TX							
Laboratory	Yes					Yes	Space is extremely tight today; need for additional phlebotomy space for blood dra to replace chemistry analyzer in the next five years, which will further constrain
Imaging	Yes					No	CT machine is old, but the CT building is functional; CT building outside the hosp ideal; x-ray room is undersized; some other imaging equipment stored in hallways w not ideal; technician office is undersized for four people; need for additional st department
Rehab	Yes					Yes	Nearing capacity; Not enough space in the main gymnasium for growth in equipment (parallel bars, mirror, blank wall, traction); no room for future growth anticipat OT, ST, cardiac rehab, and/or wound care
Emergency	No					Yes	Good location today adjacent from ambulance bay entry point; rooms are appropriate sized, but could use additional rooms during peak periods (up to 5); ideally would psych-capable room; shared nursing station with inpatient works well
INPATIENT							
Med/Surg	No					Yes	Undersized and lacking in appropriate room and departmental support space; Undersi nursing station and medicine room; lack of private room model; rooms lack private bathrooms
ADMINISTRATION							
Administration	Yes					Yes	No dedicated administration and business office area, CEO/CFO offices located in e rooms; no board room for larger meetings
SUPPORT							
Dietary	No					No	Dietary space is old and outdated but functional; no public dining area today
Staff lounge	Yes					No	Staff lounge is conveniently located next to dietary, serves all staff of the hosp providers) which is a plus; lounge can become crowded during busy periods like lun
IT	No					No	Server room size is sufficient, additional spare desired for the workroom for one-training and/or group training
Conference room	No					Yes	No Board/training room today, staff lounge is used for meetings instead
Business office	Yes					No	3 staff sharing a small office today, which is not ideal for privacy; could use a space, but overall location near front entrance is ideal

= Good = Average = Poor

Space needs under three growth scenarios vs. existing space

	CMC's Existing Space	CMC's existing space needs assuming industry space standards	CMC's existing space overage/ (shortage) from industry standards	Bridge Strategy (Limited Growth)	New Campus (Moderate Growth)	New Campus (High Growth)	Bridge Strategy Growth Consideration	New Campus (Moderate Growth) Growth Considerations	New Campus (High Growth) Growth Considerations
Inpatient									
Med/Surg	2,525	3,900	(1,375)	5,200	5,200	6,500	2 additional beds		4 additional beds
Sub-Total	***2,525***	***3,900***	***(1,375)***	***5,200***	***5,200***	***6,500***			
Outpatient and Ancillary									
Emergency Department	1,064	1,520	(456)	1,520	1,520	2,280	2 treatment rooms, could serve up to 2,400 ED visits or 100% growth from existing ED visits		3 treatment rooms, could serve up to 3,600 ED visits or 200% growth from existing ED visits
Therapy	828	2,373	(1,545)	2,373	3,328	3,733	3 PT rooms, industry standard gym space and storage	3 PT rooms, 1 shared OT/ST room, industry standard gym space and storage	4 PT rooms, 1 OT room, 1 ST room, industry standard gym space and storage
Lab	300	1,343	(1,043)	300	1,343	1,421	No growth	Growth to industry benchmarks	Growth to industry benchmarks, includes one additional tech workstation
Pharmacy	57	926	(869)	338	926	926	Larger workstation and medication storage area	Growth to industry benchmarks	
Imaging	747	1,004	(257)	923	1,004	1,004	Growth to industry benchmarks	Growth to industry benchmarks, includes 2 tech workstations	
Sub-Total	***2,996***	***7,166***	***(4,170)***	***5,454***	***8,121***	***9,364***			
Clinic and Behavioral Health									
Clinic	2,630	2,400	230	3,840	4,000	5,000	3 additional treatment rooms, space for one additional provider or 38% growth in clinic visits	3 additional treatment rooms, space for team-based care, space for one additional provider or 38% growth in clinic visits	5 additional treatment rooms, space for team-based care, space for two additional providers or 75% growth in clinic visits
Behavioral Health	205	205	0	250	375	625	2 treatment rooms	3 treatment rooms	5 treatment rooms
Sub-Total	***2,835***	***2,605***	***230***	***4,090***	***4,375***	***5,625***			

Space needs under three growth scenarios vs. existing space

	CMC's Existing Space	CMC's existing space needs assuming industry space standards	CMC's existing space overage/ (shortage) from industry standards	Bridge Strategy (Limited Growth)	New Campus (Moderate Growth)	New Campus (High Growth)	Bridge Strategy Growth Consideration	New Campus (Moderate Growth) Growth Considerations	New Campus (High Growth) Growth Considerations
Admin. and Business Office									
Admin. and Bus. Office	132	783	(651)	783	835	918	Growth to industry benchmarks	Growth to industry benchmarks, includes offices for C-suite, clerical workstations, and mail alcove	Growth to industry benchmarks, includes offices for C-suite, clerical workstations, an administrative assistant workstation, and mail alcove
Accounting	65	166	(101)	166	166	166	Growth to industry benchmarks, includes 2 finance workstations		
Sub-Total	***197***	***949***	***(752)***	***949***	***1,001***	***1,084***			
Education									
Board Room	0	500	(500)	500	500	500	Does not exist today; assumes adding one board room		
Conference/Education	0	250	(250)	0	250	500	No change	One small conference room	One large conference room
Sub-Total	***0***	***750***	***(750)***	***500***	***750***	***1,000***			
Support									
Materials Management	242	500	(258)	242	500	500	No change	Growth to industry benchmarks	
Facility Operations	0	743	(743)	0	743	743	No change	Growth to industry benchmarks	
IT	44	138	(94)	44	138	138	No change	Growth to industry benchmarks	
Laundry	44	135	(91)	44	135	135	No change	Growth to industry benchmarks	
Dietary Services	411	864	(453)	411	864	864	No change	Growth to industry benchmarks, expansion to contemporary commercial kitchen, expanded dining	
Waiting/Registration	346	1,046	(700)	581	1,046	1,087	Growth in waiting space	Growth to industry benchmarks, includes public restrooms and consult office	Growth to industry benchmarks, includes public restrooms (one additional restroom stall) and consult office
Staff Lounge	253	554	(301)	253	554	554	No change	Growth to industry benchmarks, expanded central lounge space for all employees	
Sub-Total	***1,340***	***3,980***	***(2,640)***	***1,575***	***3,980***	***4,021***			

Space Needs vs. Existing Space

- Future space needs call for 23,500+ square feet to meet contemporary standards
  - CMC is currently 13,500 DGSF short on space
- Bridge strategy effectively doubles required DGSF (from 9,893 DGSF to 17,819 DGSF), but does not achieve total expansion needed

Departmental Square Footage at Existing Hospital Compared to Future Needs	**CMC Existing**	**Bridge Strategy (Limited Growth)**	**New Campus (Moderate Growth)**	**New Campus (High Growth)**
SUB-TOTAL DGSF	***9,893***	***17,768***	***23,427***	***27,594***
General Circulation				
Mech. And Circ. Space	2,574	3,900	5,142	6,057
Sub-Total Mech & Circ.	***2,574***	***3,900***	***5,142***	***6,057***
Ratio of Mech./Circ. To BGSF	21%	18%	18%	18%
GRAND TOTAL BGSF	**12,467**	**21,668**	**28,569**	**33,651**

Departmental space growth

Building space growth

Existing Site

- The existing hospital sits on 1.56 acres, with an adjacent helipad and open land of .64 acres separated by a public street (Lefever Drive)
  - Typically Wipfli recommends at least 10-15 acre sites for new Critical Access Hospitals to allow for growth and expansion and eventual long-term regeneration of the hospital
  - The existing site is extremely constrained and expansion zones are limited by topography and the public street; any growth will displace parking which is already tight on campus
- Existing site can not accommodate needed expansion to serve hospital over the next 10+ years; It can handle one more limited expansion before requiring:
  - Re-routing of Lefever Drive and Helipad
  - Acquisition of adjacent properties
  - Significant regrading of land

Site Assessment

- Site has limited long-term future contiguous expansion capability due to Lefever Drive which breaks up two sites
- Topography on west and north limit expansion
- Lack of adequate and accessible parking during peak times for patients
- Complaints about ADA accessibility of ramp

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Expansion Zones

Site Constraints

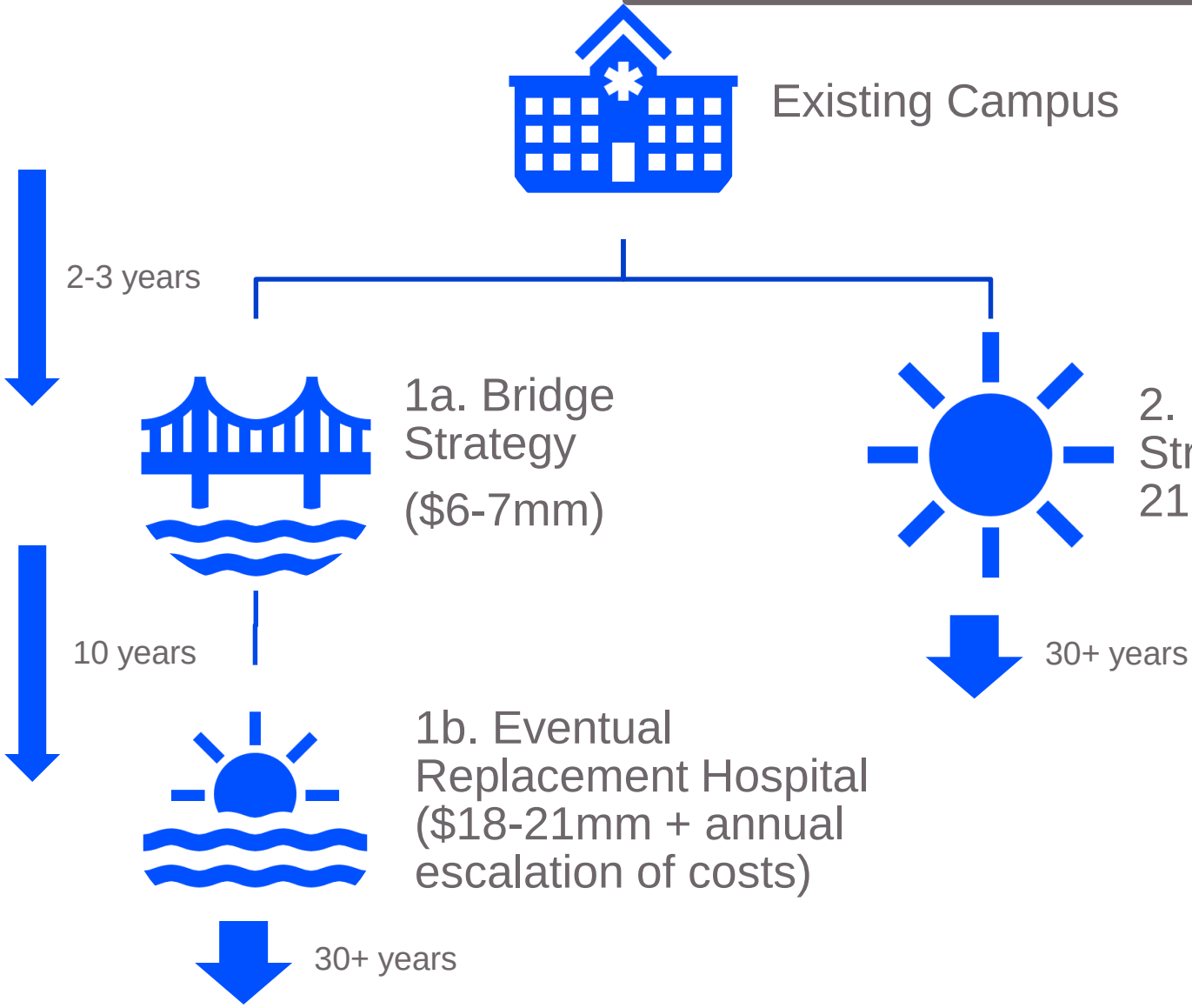
Key Takeaways

- Long-term 30+ year use of existing site for hospital regeneration will be difficult given site constraints
- Due to limitations of site, future space growth limited to highest priority areas on campus, with larger expansion options available on new site
  - Bridge Strategy = 8,000 DGSF additional space to provide limited/selective growth
  - New campus Strategy = 13,000-17,000 additional DGSF to meet needs of all priority departments and new services over the next 10 years

Facility Strategies

Note: Price estimates were developed in 2020.

Since then, significant construction inflation has occurred.



- Factors to Consider
  - Ability to address space needs and growth
  - Affordability now vs. duplication of capital investments
  - Land Availability
  - Political/economic conditions

02.

Facility Planning Priorities

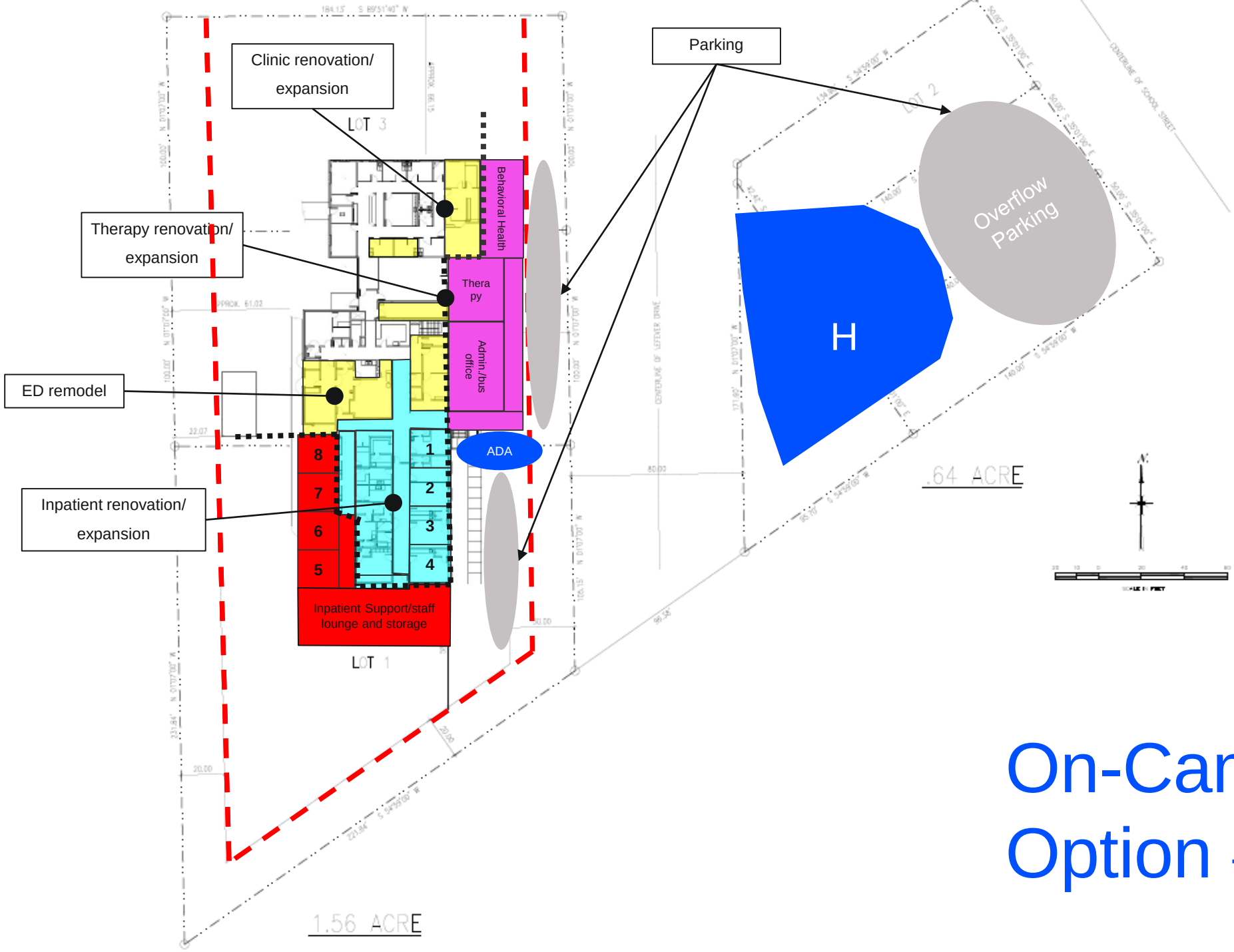
Facility Priorities

Department	At Capacity?	Location	Design	Space	Customer Service	Priority?
DIAG & TX						
Laboratory	Yes					Yes
Rehab	Yes					Yes
Emergency	No					Yes
INPATIENT						
Med/Surg	No					Yes
ADMINISTRATION						
Administration	Yes					Yes
SUPPORT						
Dietary	No					No
Conference room	No					Yes
Business office	Yes					Yes
Outpatient Clinics						
Primary Care Clinic	Yes					Yes
Behavioral Health Clinic	Yes					Yes

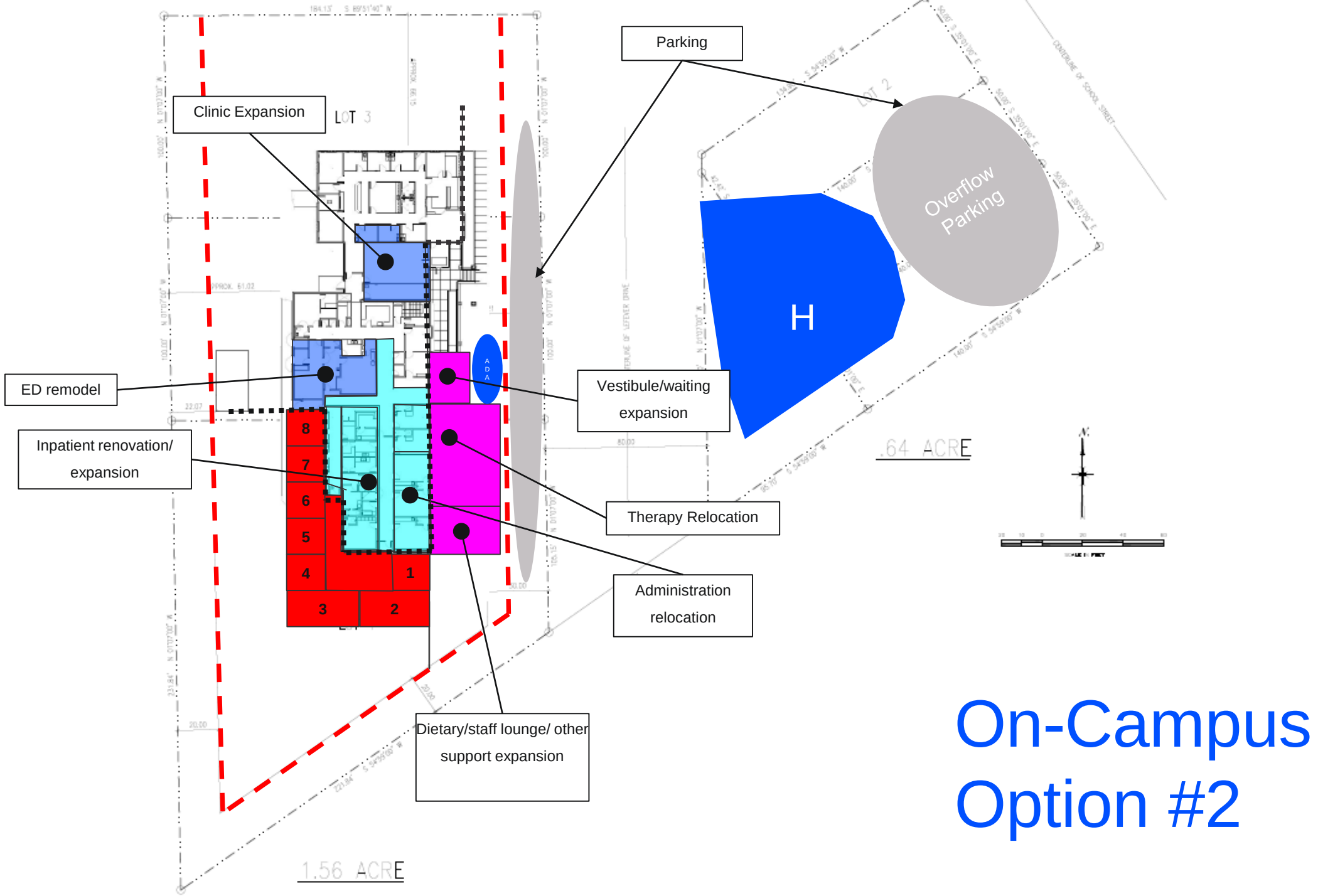
= Good = Average = Poor

03.

Facility Planning Options



On-Campus Option #1



On-Campus Option #2

On-Campus Option Comparison

Option #1

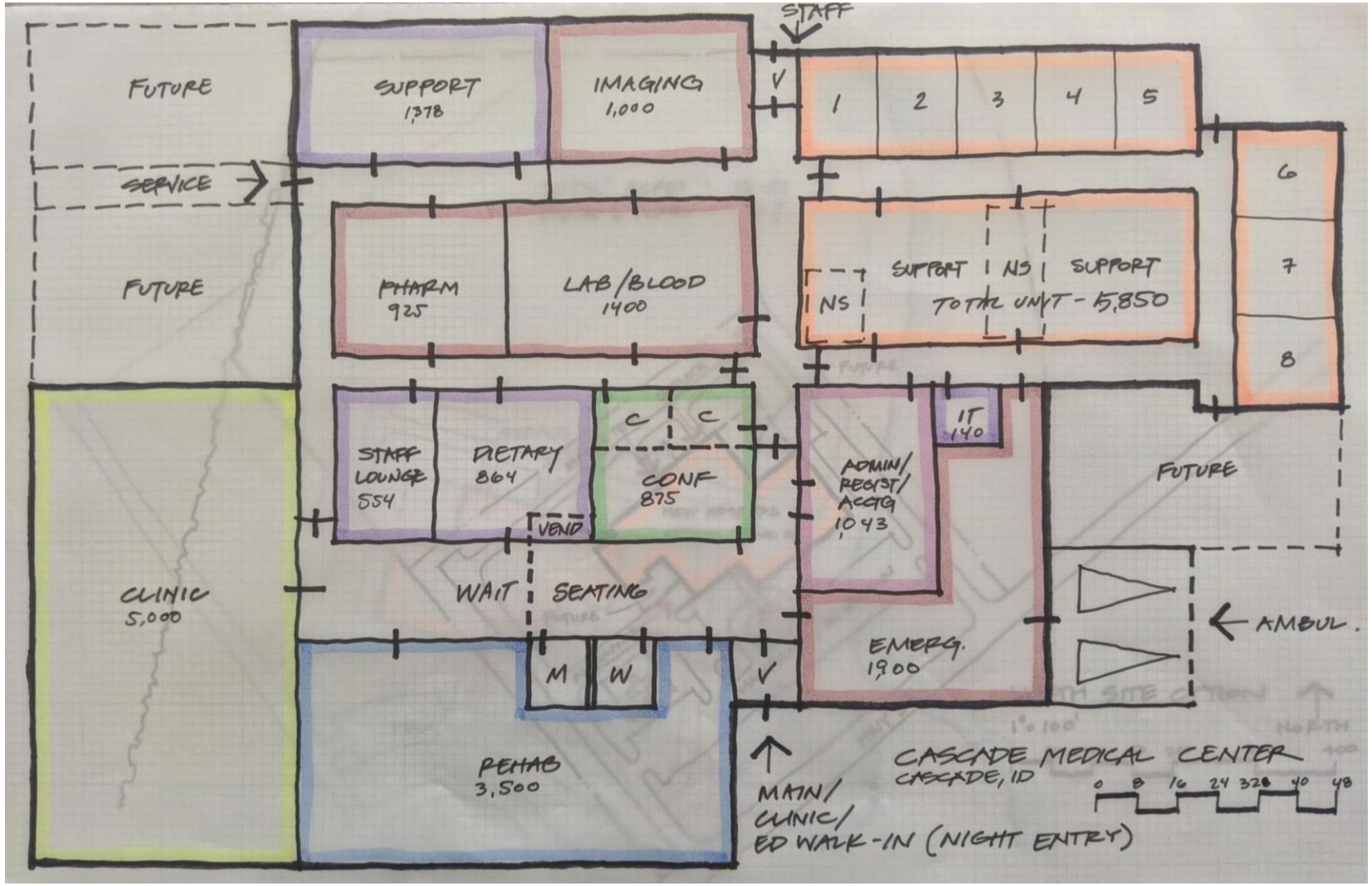
Pros	Cons
Behavioral Health gets brand new space delineated from clinic	More complex phasing than option 2
Larger clinic expansion compared to option 2	Smaller therapy expansion compared to option 2
Administration/business office get consolidated space	Two separate additions is more expensive
Better separation of inpatients and outpatients in hospital	

Option #2

Pros	Cons
Slightly less expensive	Mixing of outpatients across hospital not ideal
New addition dedicated to southern portion of hospital (less disruptive to campus)	Admin. and business office location in old inpatient wing not ideal
Phasing may be less complex	Administration/business office would remain fragmented
Larger inpatient rooms on end of addition can be used for other services as needed	

Replacement Hospital Option

- New hospital floor block program developed to size "footprint" of a new building
  - For massing purposes only
  - Ideal adjacencies of key departments represented
  - Total size of 31,000-32,000 matches space needs between moderate/high growth option
  - Should not be considered final; program details can still change substantially



North Site Replacement Option

04.

Next Steps

Your presenters

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5. Appendix

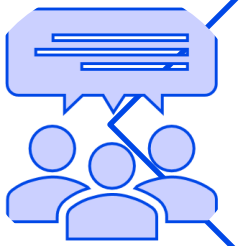
Facility Assessment

What major space, flow, design and capacity issues exist at the departmental level today? What are the highest facility priorities?

Facility Assessment Methodology

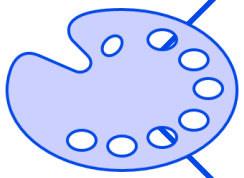
Location

- Is the department appropriately located for the customers it serves as well as proximity relationships to related departments/functions?



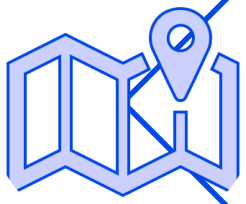
Customer Service

- Does the department have positive “first impression” attributes, easy wayfinding, privacy, confidentiality, and needed amenities to serve patients, families, staff, and physicians? Are you able to service the needs of patients appropriately and provide quality care in the space?



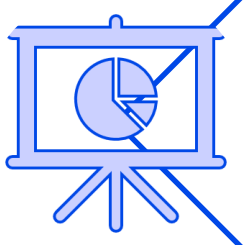
Design

- Is the department appropriately designed for ease of access and egress, as well as operating efficiency and patient safety?



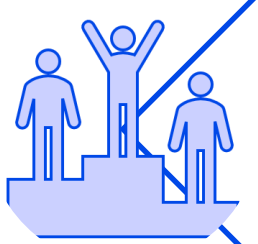
Off-Site Potential

- Could the department be situated outside of the Hospital proper, either on site (detached) or off site?



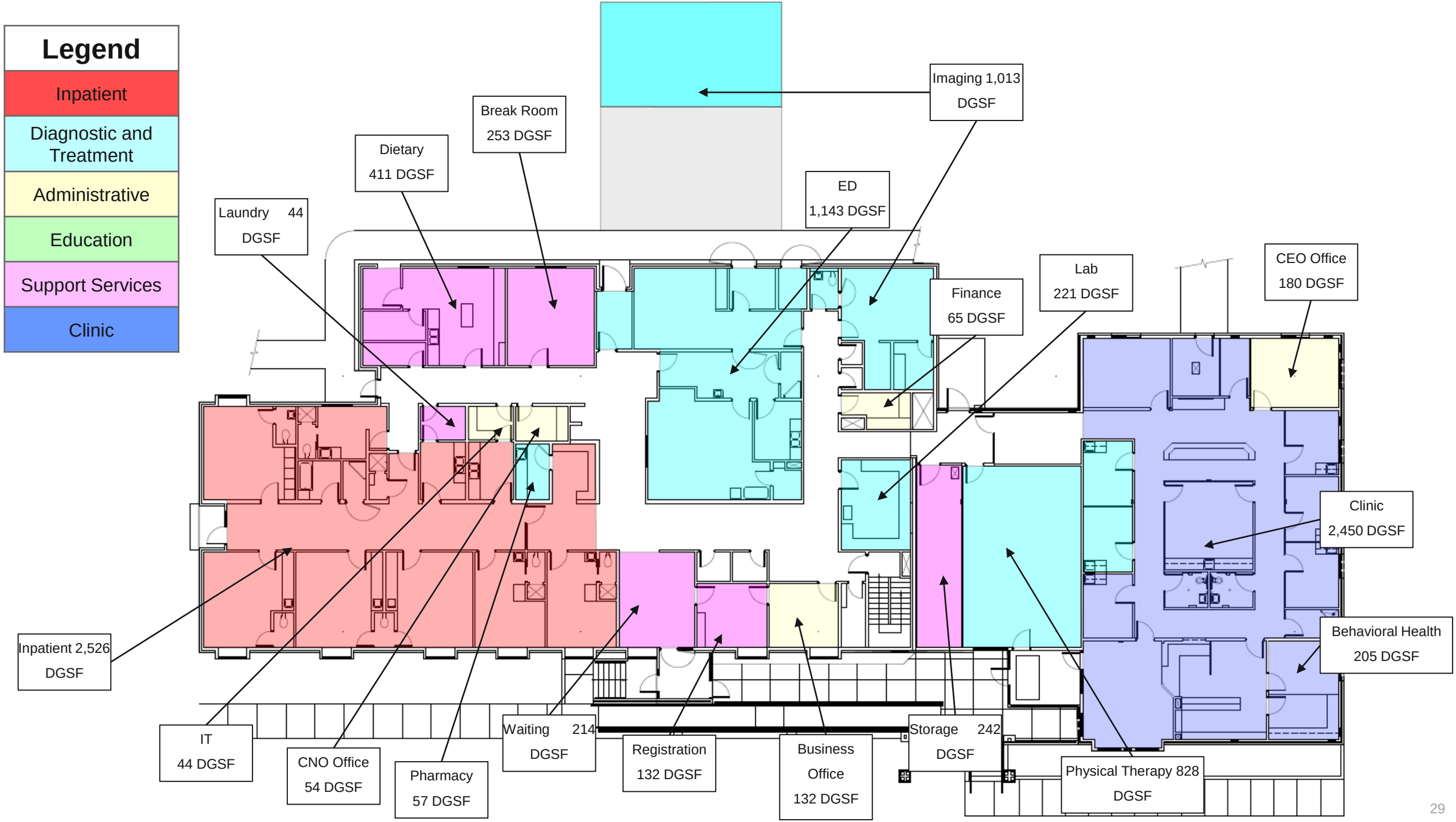
Space

- Is the department appropriately sized for the functions it serves, the modalities required, and needed support spaces?



Overall Priority

- Decided based on weighted consideration of assessment criteria, space benchmarks, and overall contribution to clinical outcomes


Legend
Inpatient
Diagnostic and Treatment
Administrative
Education
Support Services
Clinic
Imaging 1,013 DGSF
Break Room 253 DGSF
Dietary 411 DGSF
ED 1,143 DGSF
Laundry 44 DGSF
Finance 65 DGSF
Lab 221 DGSF
CEO Office 180 DGSF
Clinic 2,450 DGSF
Behavioral Health 205 DGSF
Inpatient 2,526 DGSF
IT 44 DGSF
CNO Office 54 DGSF
Pharmacy 57 DGSF
Waiting 214 DGSF
Registration 132 DGSF
Business Office 132 DGSF
Storage 242 DGSF
Physical Therapy 828 DGSF

Desirable Site and Zoning Traits

As we assesses various facilities around the country, we have identified eight characteristics driving reinvestment into hospital resources. In *italics*, we have provided a brief summary of CMC's position relative to each characteristic.

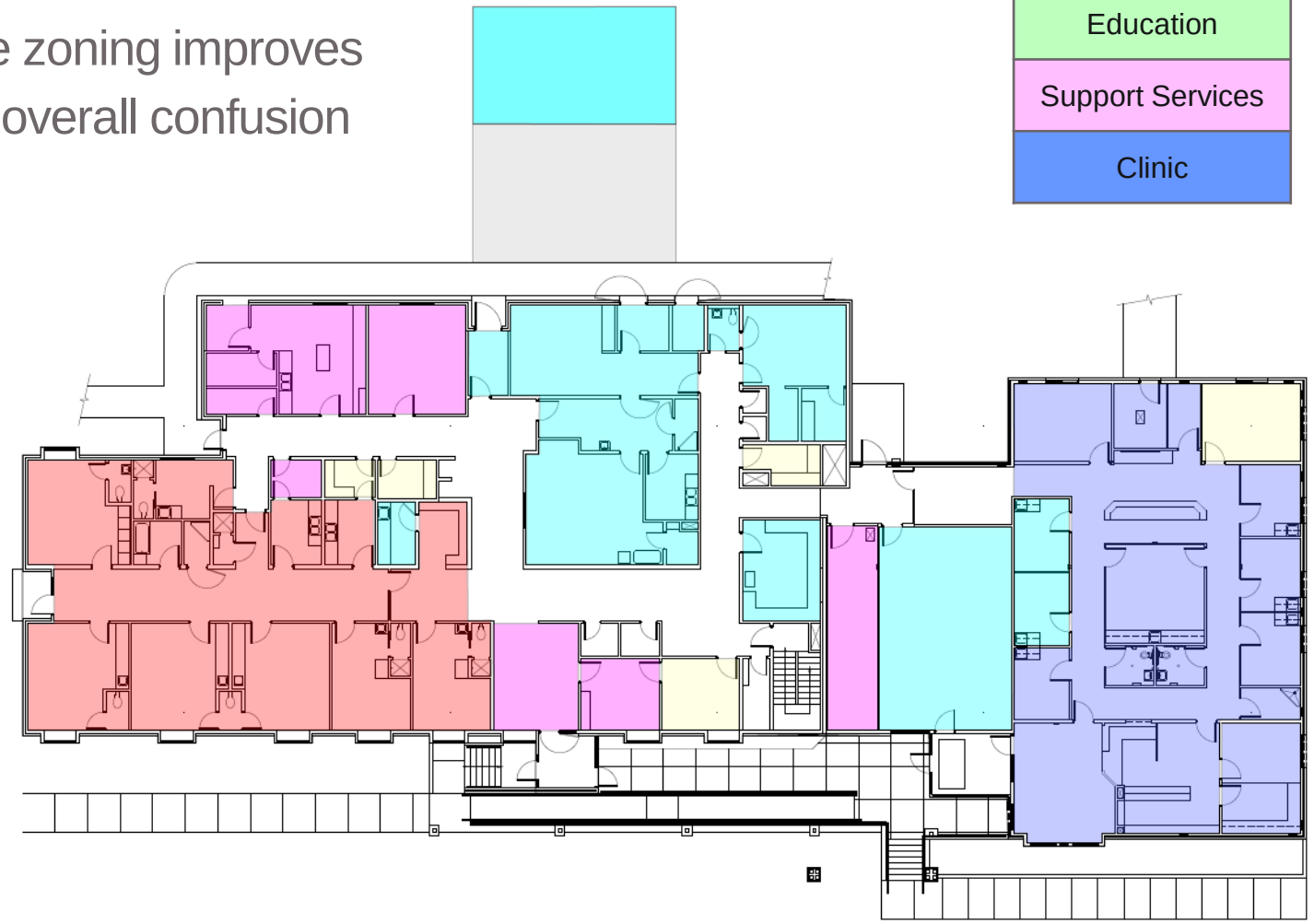
1. SITE GROWTH AND LAND ACQUISITION – Ideally, hospitals should be acquiring parcels of land at reasonable prices when they become available so that over time the site can be expanded (assuming the existing site is where the organization wants to operate long term).

   - Cascade Medical Center was constructed on its current site in 1974 as a replacement for the original hospital constructed in 1941. CMC is surrounded by residential and commercial properties – for a significant expansion, CMC would need to acquire neighboring properties when available.

Desirable Site and Zoning Traits

2. APPROPRIATE SITE ZONING, SEPARATION OF PATIENT TYPES, AND CONSOLIDATION OF SIMILAR SERVICES – Ensuring appropriate site zoning improves wayfinding, campus flow, and reduces overall confusion for patients.

- Overall appropriate zoning of key departments today, except for the administrative department, which lacks a centralized home-base
- The inpatient wing is utilized for multiple different functions to effectively utilize the space, including med/surg, staff support (sleep room), and D&T (imaging modalities co-located in inpatient rooms)



Desirable Site and Zoning Traits

3. MAJOR BUILDING PROGRAM EVERY TEN YEARS – Industry dynamics and service evolution encourage major building programs to keep pace with industry dynamics. Major construction every few years can be disruptive but waiting too long can result in functional/facility obsolescence and/or potential lost business opportunities. Implementation of a major building program every ten years keeps a facility current while minimizing campus disruption.

- The hospital building is a one-level facility originally built in 1974. Since that time, the campus as evolved to accommodate expansion of existing services, and addition of new service lines. The hospital's first and only addition occurred in 1999 to create a primary care clinic, which has since been overtaken by growth in the hospital's physical therapy program.
  - No major additions or expansions have occurred in the past 20 years besides the addition of the building that houses the CT machine.

Desirable Site and Zoning Traits

4. REMODELING/EXPANSION OF MAJOR ANCILLARY SERVICES – Due to technological changes and growth, some departments need to be expanded more frequently. Diagnostic imaging, emergency, and surgical services are typically high-volume departments that have significant technology needs. Ideally, these departments should be located on an outside wall of the hospital building to accommodate growth.

- Most major hospital and ancillary services, including the inpatient department, imaging, and clinic, are located along exterior walls to allow for ease of expansion. However, the proximity of CMC to neighboring properties and roads limit or complicate expansion of these clinical areas

Desirable Site and Zoning Traits

5. MEDICAL OFFICE BUILDING ON CAMPUS, CONVENIENT OR CONNECTED TO THE HOSPITAL – Physicians and patients seek convenience. Generally speaking, the location of physicians on or near the hospital campus is convenient to both. Ideally, the sharing of ancillary and support services is a desirable objective.

- The main hospital has an attached clinic building for physical therapy, primary care clinic, and behavioral health clinic. Stakeholder interviews indicated that co-location of the hospital and clinic is ideal for three key reasons: 1) ED cross-coverage, and 2) proximity for patients to lab, imaging, and 3) to minimize duplication of ancillary and support services (lab, x-ray, dining, lounge, etc.)

Desirable Site and Zoning Traits

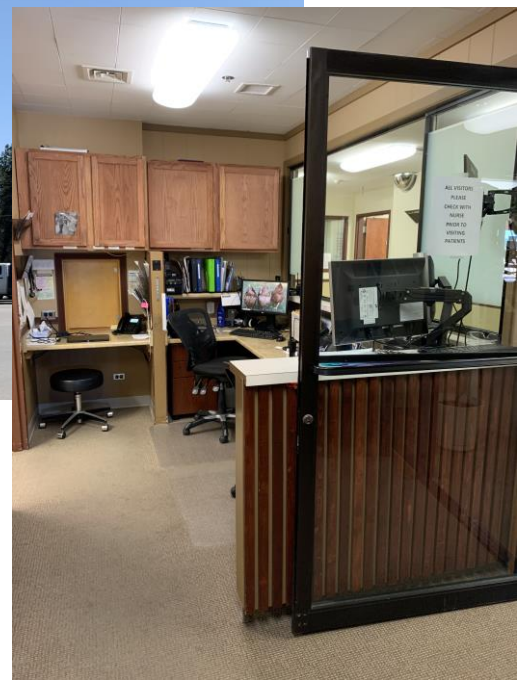
6. UNDEVELOPED “GREEN SPACE” TO ENHANCE ATTRACTIVENESS OF SITE – Most hospitals want to make their campus appealing. Often this is accomplished through the maintenance of green space and garden areas/court yards on the campus. Maintaining open space is important for future building growth as well.

- CMC has only one small outdoor space today, but leadership noted in the 2020 Strategic Plan that CMC should strive to “create a safe, pleasant, and relaxing outside area for patients and staff”
- Future expansion and parking requirements will reduce any existing green space on campus

Desirable Site and Zoning Traits

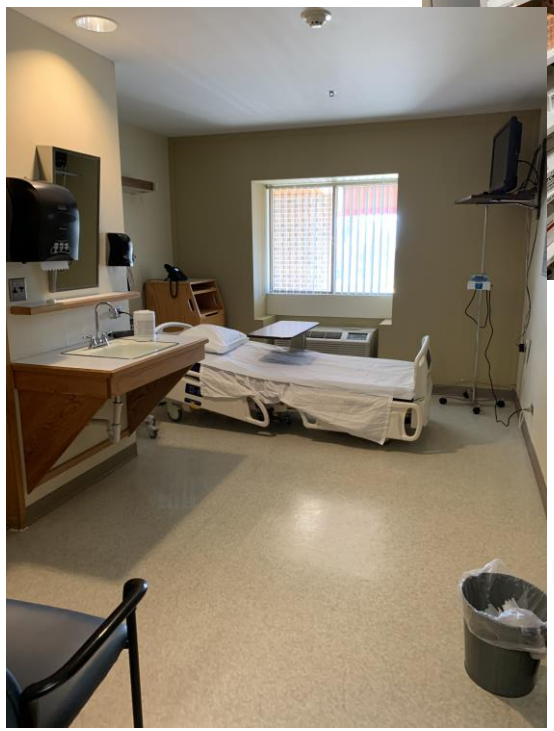
7. ATTRACTIVE LOBBY AND ENTRANCES TO MAKE POSITIVE FIRST IMPRESSION ON CUSTOMERS – Customer service is an increasingly important component of health care delivery. Customers often draw their first impression about a hospital from the buildings themselves. Therefore, attractive entrances and lobbies are important to support the positive impression the facility wishes to denote.

- CMC's facility lacks green space, curb appeal, and a contemporary registration experience. Interior and exterior finishes are weathered and outdated, and lack contemporary amenities that patients come to expect
- Parking is also a challenge for patients of CMC, where spaces are either limited or poorly defined.
- Patients complain about accessibility of ADA ramp at entrance



The inpatient department is utilized for multiple purposes today given low census

- Department is used for med/surg, imaging, ED overflow, and provider support space
- Shared nursing station between inpatient and ED is good for efficiency and cross-staffing
- Undersized and lacking in appropriate room and departmental support space
- Undersized nursing station and medicine room
- Lack of private room model; rooms lack private bathrooms



Imaging department lacks its own identity today given separation of modalities in different parts of the campus

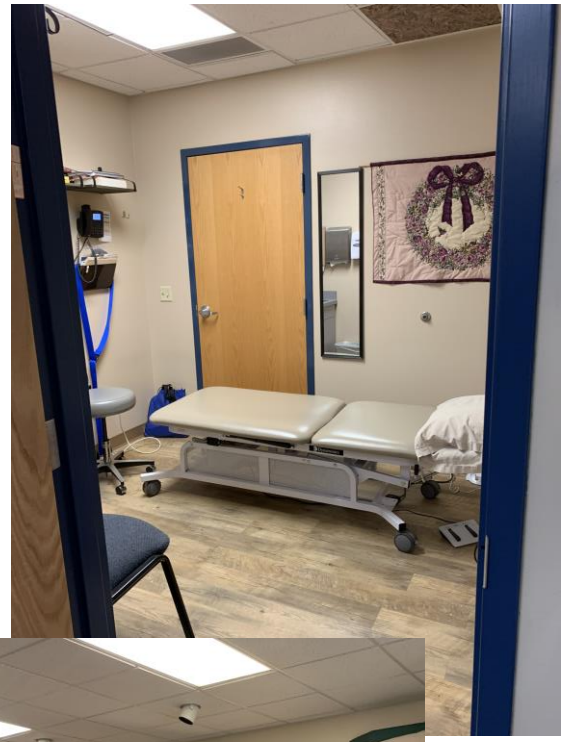
- CT machine is old, but the CT building is functional
- CT building outside the hospital not ideal; x-ray room is undersized
- some other imaging equipment stored in hallways which is not ideal
- Technician office is undersized for four people
- Need for additional storage in the department

Laboratory is undersized today and lacks a dedicated space for blood draw

- Space is extremely tight today
- Need for additional phlebotomy space for blood draw ideally close to main hospital entrance
- Need to replace chemistry analyzer in the next five years, which will further constrain the space

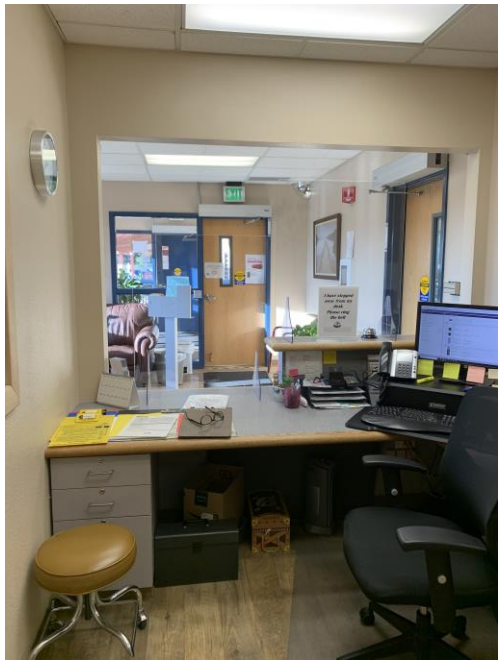
Rehab department faces challenges with equipment crowding and lack of exam rooms for future growth

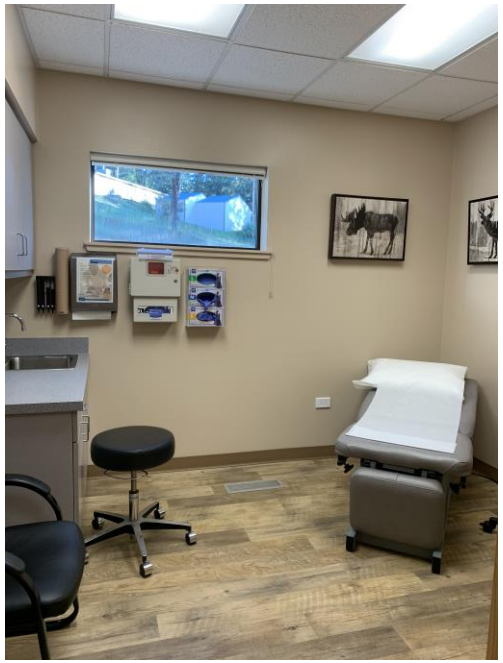
- Nearing capacity
- Not enough space in the main gymnasium for growth in equipment (parallel bars, mirror, blank wall, traction)
- No room for future growth anticipated for PT, OT, ST, cardiac rehab, and/or wound care



The primary care and behavioral health clinic are co-located in a separate wing of the building

- Primary complaints stem from lack of space to grow providers and specialty service offerings
  - Would ideally have between 10-12 exam rooms for primary care, 1-2 for specialists/telemedicine, and 3-5 for behavioral health
  - Staff workspace is slightly undersized for needs, providers would prefer a larger “bullpen”-style workspace that allows for better integration of the behavioral health team



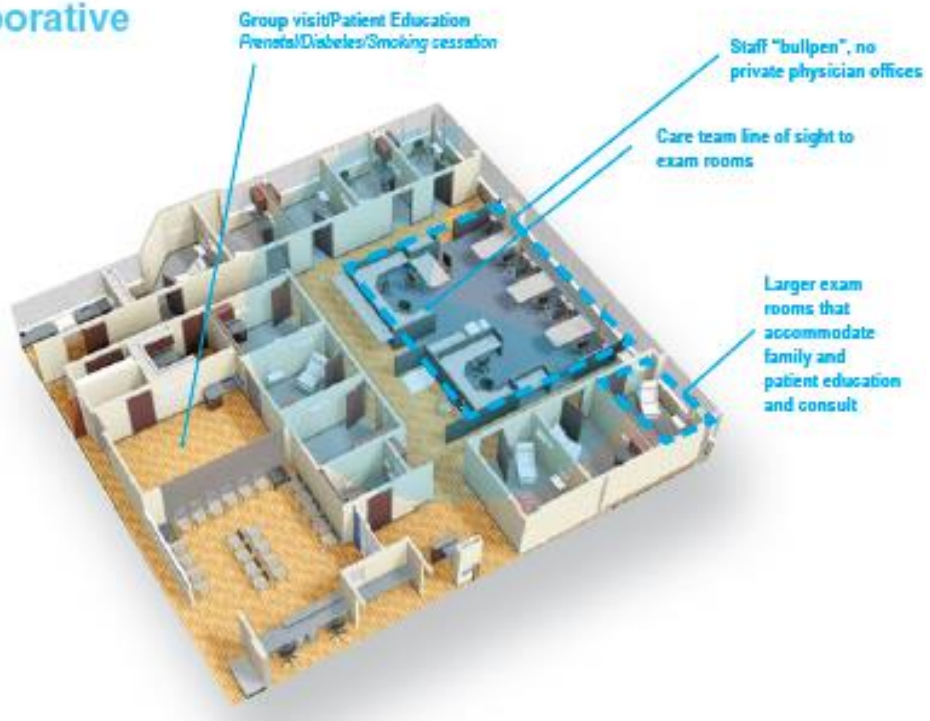


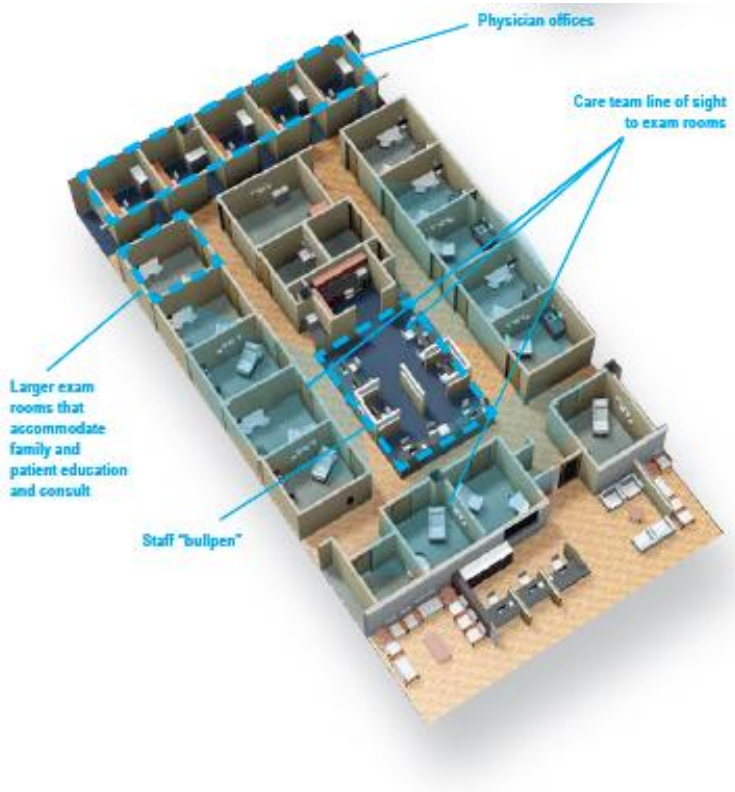
Primary care delivery is moving towards collaborative “team-based” models of care

Integration of care coordination and team-based care can be executed to varying degrees, but provider culture and preference will largely drive the level of care coordination a clinic can achieve

The fully open collaborative clinic model

This clinic model is the most open of all models, and represents the most significant departure from the traditional. The fully open bullpen has the physician sitting across from the MA, with no private offices. The other pod spaces are occupied by case manager (health Coach), behavioral health professional, RN, and electronic records staff. There are no partitions within the bullpen.





The transitional / hybrid collaborative clinic model

This model retains the central staff bullpen, where the clinical staff collaborate and share. It differs from the fully open model in that it maintains offices for the physicians.

Physicians who are "in clinic" work out of the bullpen. The private offices are used for non-clinic activities, patient consults, dictation, and follow-up calls. This transitional model allows practices to move towards the advantages of a bullpen concept without the complete culture change required to fully adopt an open working environment.

= Good = Average = Poor

Departmental Evaluations

- Detailed departmental evaluations for every major department, help inform priority areas to address as part of master plan

Department	At Capacity?	Location	Design	Space	Customer Service	Priority?	Comments
DIAG & TX							
Laboratory	Yes					Yes	Space is extremely tight today; need for additional phlebotomy space for blood draw; need to replace chemistry analyzer in the next five years, which will further constrain the space
Imaging	Yes					No	CT machine is old, but the CT building is functional; CT building outside the hospital not ideal; x-ray room is undersized; some other imaging equipment stored in hallways which is not ideal; technician office is undersized for four people; need for additional storage in the department
Rehab	Yes					Yes	Nearing capacity; Not enough space in the main gymnasium for growth in equipment (parallel bars, mirror, blank wall, traction); no room for future growth anticipated for PT, OT, ST, cardiac rehab, and/or wound care
Emergency	No					Yes	Good location today adjacent from ambulance bay entry point; rooms are appropriately sized, but could use additional rooms during peak periods (up to 5); ideally would have psych-capable room; shared nursing station with inpatient works well
INPATIENT							
Med/Surg	No					Yes	Undersized and lacking in appropriate room and departmental support space; Undersized nursing station and medicine room; lack of private room model; rooms lack private bathrooms

= Good = Average = Poor

Departmental Evaluations

Department	At Capacity?	Location	Design	Space	Customer Service	Priority?	Comments
ADMINISTRATION							
Administration	Yes	🔴	🔴	🔴	🔴	Yes	No dedicated administration and business office area, CEO/CFO offices located in exam rooms; no board room for larger meetings
SUPPORT							
Dietary	No	🟡	🔴	🔴	🟡	No	Dietary space is old and outdated but functional; no public dining area today
Staff lounge	Yes	🟢	🟢	🟡	🟡	No	Staff lounge is conveniently located next to dietary, serves all staff of the hospital (including providers) which is a plus; lounge can become crowded during busy periods like lunch
IT	No	🟢	🟡	🟢	🟡	No	Server room size is sufficient, additional spare desired for the workroom for one-on-one training and/or group training
Conference room	No	🔴	🔴	🔴	🔴	Yes	No Board/training room today, staff lounge is used for meetings instead
Business office	Yes	🟢	🟡	🔴	🟢	Yes	3 staff sharing a small office today, which is not ideal for privacy; could use additional space, but overall location near front entrance is ideal
Outpatient Clinics							
Primary Care Clinic	Yes	🟢	🔴	🔴	🔴	Yes	Rapidly growing service; Adjacency to hospital is important for lab/imaging referrals; expect steady growth in volumes, anticipate offering clinic 7 days per week; lack of exam rooms today, needs 10-12 exam rooms for provider growth; would prefer a central "bullpen" for providers/support staff and behavioral health for team-based care; lack of 2nd procedure room not ideal; Need to add 1-2 telehealth capable exam rooms for specialty services
Behavioral Health Clinic	Yes	🟢	🔴	🔴	🔴	Yes	Rapidly growing service; Prefers co-location with the primary care clinic; would prefer team-based care model with primary care; lack of privacy and sound attenuation today; growth will require additional offices; would like shared conference area for group meetings

Hospital Departmental Assessment

What are the deficiencies of the remaining departments in CMC? Will these departments need to change to help execute the growth strategy?

The inpatient department DGSF falls at 65% of contemporary industry benchmarks

Inpatient wing features 2 private rooms and 4-semi-private rooms, which is sufficient for current needs under peak scenarios

- Future scenarios assume cross-functionality of several inpatient rooms for ED overflow
- However, inpatient rooms are used for multiple purposes today, which places further strain on room supply during peak periods

	Available Rooms	Existing Space	Existing DGSF per Bed	Benchmark DGSF per Bed	Benchmark Total Space	Total Variance	% of Standard	Comments
Current								
Inpatient	6	2,525	421	650	3,900	(1,375)	65%	2 private rooms, 4 semi-private rooms = 10 total beds
Future								
Low Scenario (existing)	8	2,525	316	650	5,200	(2,675)	49%	All private rooms
Low Scenario (new)	8	2,525	316	650	5,200	(2,675)	49%	All private rooms
High Scenario (new)	10	2,525	252	650	6,500	(3,975)	39%	All private rooms

The imaging department is also undersized at 62% of industry benchmarks

Industry benchmarks include dedicated waiting space and some support for the department, while CMC's smaller size makes it efficient to have a centralized waiting space and support functions

- High scenario assumes one additional imaging machine (MRI)

	Imaging Room Count	Existing Department DGSF	Existing DGSF per Room	DGSF Standard per Room	DGSF per Room Variance	Total Space Required Based on Standard	Total Space Variance	% of Standard
Current								
Imaging Modalities	2	747	374	600	(226)	1,200	(453)	62%
Future								
Wipfli Recommended	2	747	374	600	(226)	1,200	(453)	62%
High Scenario	3	747	249	600	(351)	1,800	(1,053)	42%

The emergency department is slightly undersized at 75% of industry benchmarks

Existing number of rooms sufficient for non-peak periods; future scenarios assume overflow can occur into inpatient rooms

	Existing Treatment Room Count	Existing Department DGSF	Existing DGSF per Room	DGSF Standard per Room	DGSF per Room Variance	Total Space Required Based on Standard	Total Space Variance	% of Standard
Current								
ED Rooms	2	1,143	572	760	(189)	1,520	(377)	75%
Future								
Low Scenario (existing)	2	1,143	572	760	(189)	1,520	(377)	75%
Low Scenario (new)	2	1,143	572	760	(189)	1,520	(377)	75%
High Scenario (new)	3	1,143	381	760	(379)	2,280	(1,137)	50%

Clinic will need 1,210-2,370 additional DGSF to accommodate future growth in exam rooms and support space

This assumes behavioral health and administrative space is relocated into more appropriate space as well

- Stakeholder interviews indicated interest in team-based model of care, which increases the DGSF need per exam room due to patient amenities and centralized workstations for staff

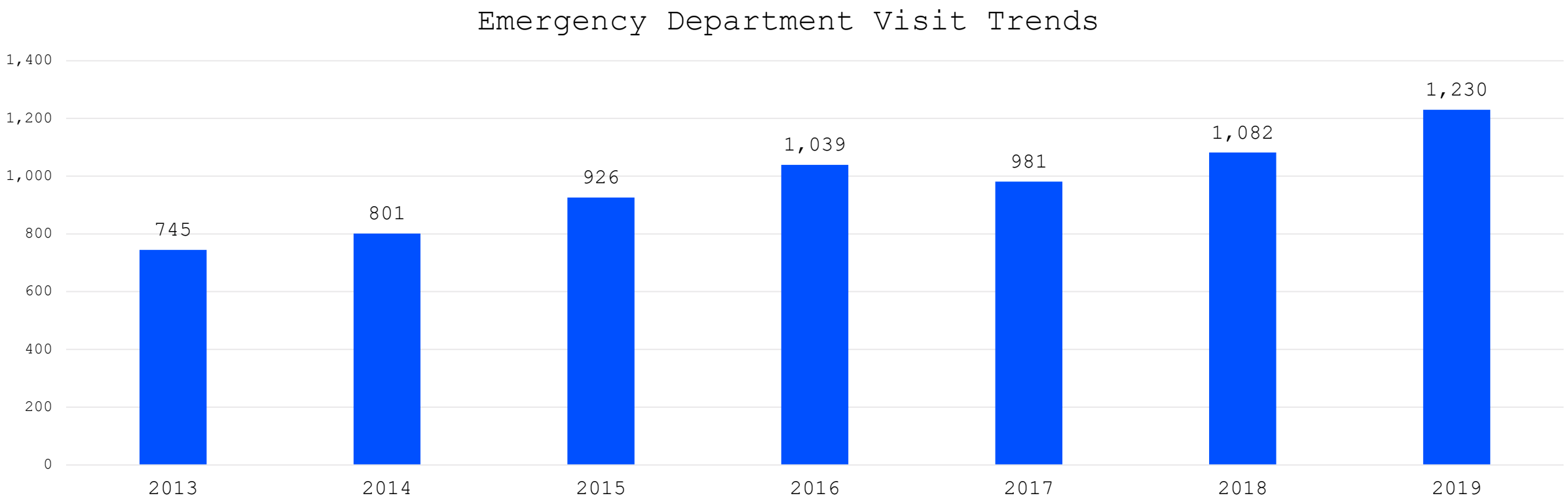
	Max. # of Concurrent Providers	Rooms per Provider	Total Room Need	Existing Room Supply	Variance	Benchmark DGSF per Exam Room[1]	Benchmark DGSF	Existing DGSF	Total Variance	% of Standard
Current										
Clinic	2	2.5	5	5	0	480	2,400	2,630	230	110%
Future										
Low Scenario (existing)	3	2.5	8	5	(3)	480	3,840	2,630	(1,210)	68%
Low Scenario (new)	3	2.5	8	5	(3)	500	4,000	2,630	(1,370)	66%
High Scenario (new)	4	2.5	10	5	(5)	500	5,000	2,630	(2,370)	53%

[1] Benchmark DGSF per exam room is benchmark planning standard and includes direct work/support space (nurse stations, waiting, etc.) **as well as team-based care work space**

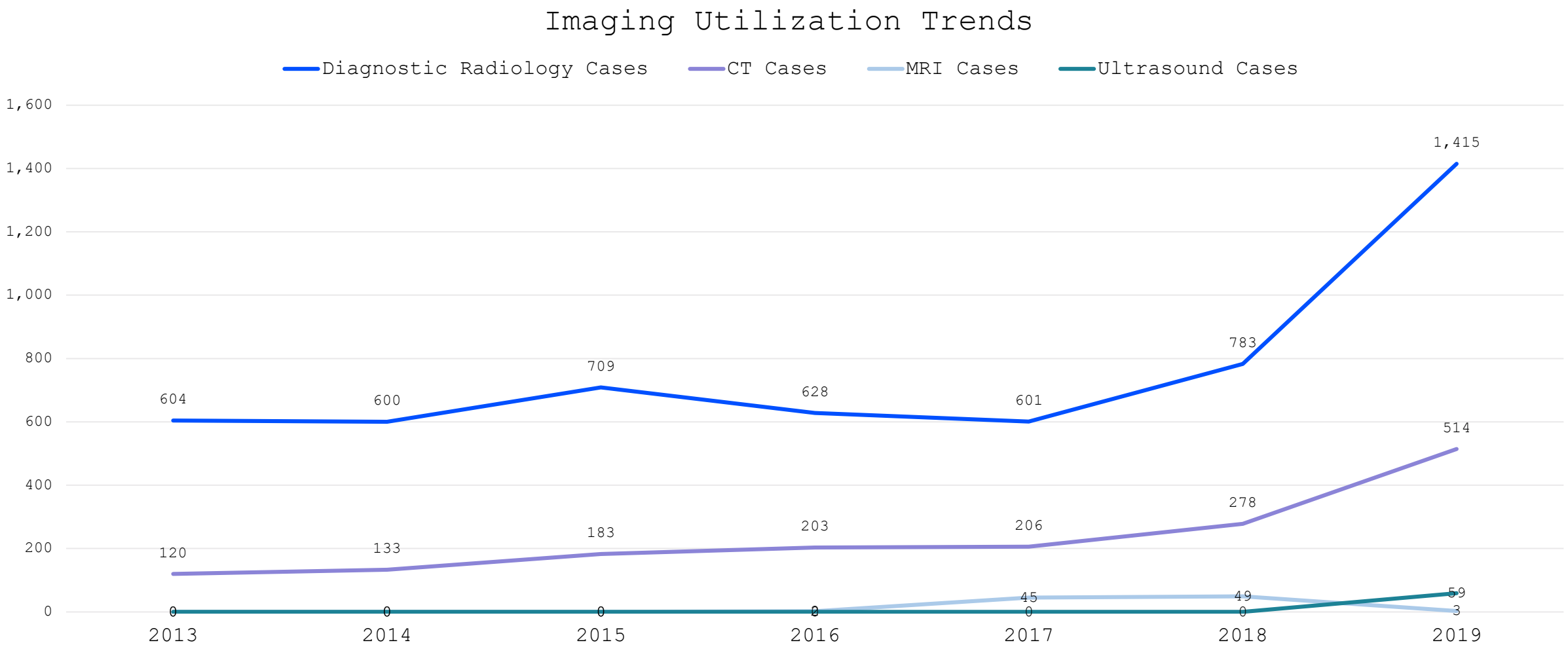
Strategy, Market, and Growth

ED visits have steadily increased since 2017 to about 1,230 cases observed in 2020

Nationally, CAHs have trended towards convenient care and urgent care options to reduce ED utilization; CMC will need to consider the impact of expanding its convenient care hours on ED, a major revenue generating department

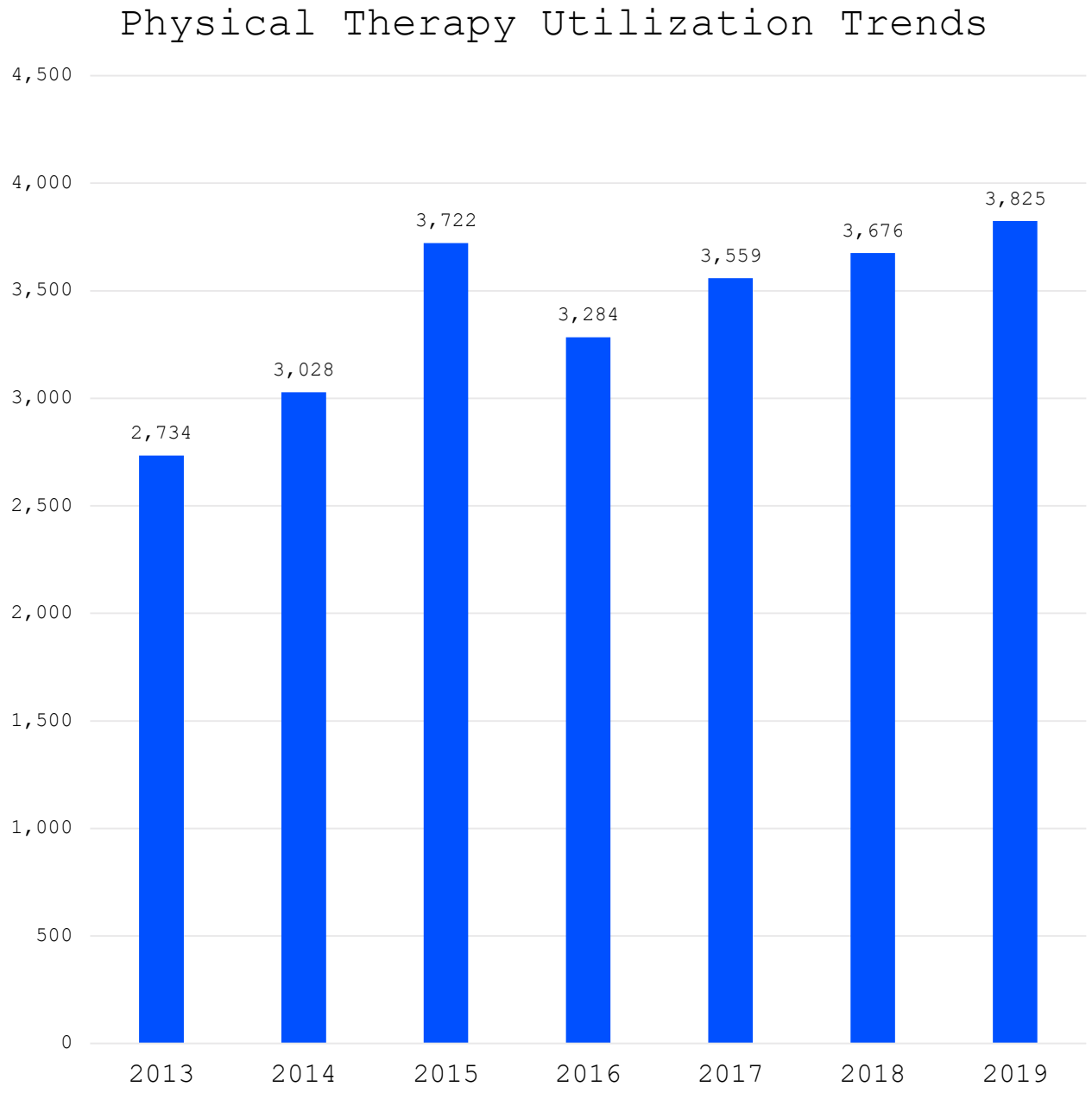


X-ray and CT cases have grown since 2017, likely due to increase in ED utilization, inpatient stays, and clinic visits



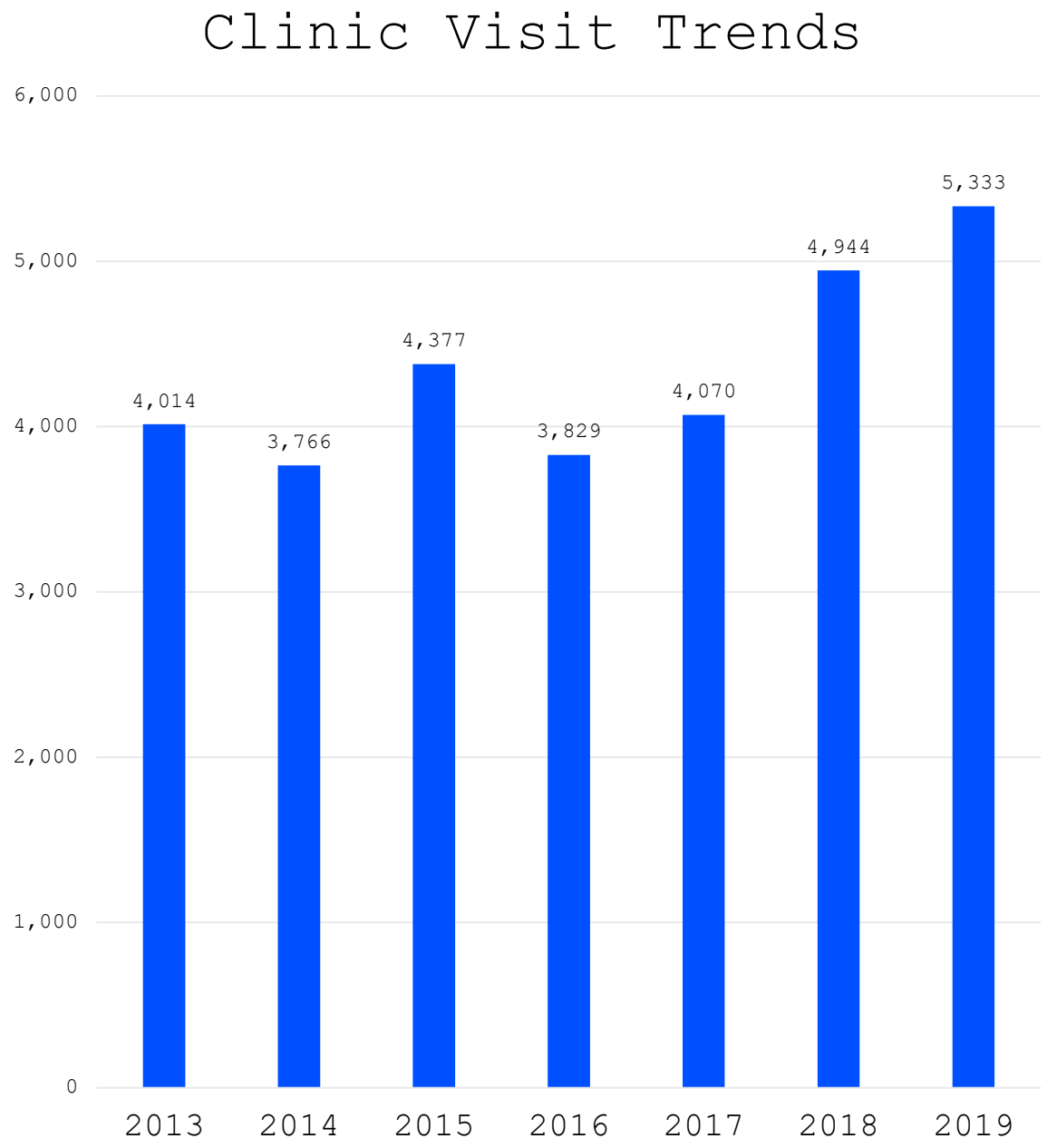
Rehab cases have grown steadily over the past four years after a significant decline in cases in 2016

- Rehab and therapy have been on the rise across the country in CAHs, with aging of the population
  - Potential to expand into occupational and speech therapy with additional space
- Strong future growth opportunity for CMC, with obvious ramifications for space needs



Clinic visits have grown by about 31% since 2017, or 1,263 visits

- Leadership interviews revealed that there are strong growth expectations for clinic and behavioral health over the next five year to meet rising community demand
- The community health survey indicated that growth opportunities exist for CMC to expand into holistic service offerings (chiropractic care, acupuncture) and more flexible operating hours



Physician Growth Opportunity

- Given CMC's desire to grow its provider service offerings and results of the strategic plan, Wipfli explored growth opportunity for primary care and visiting/tele-medical subspecialties

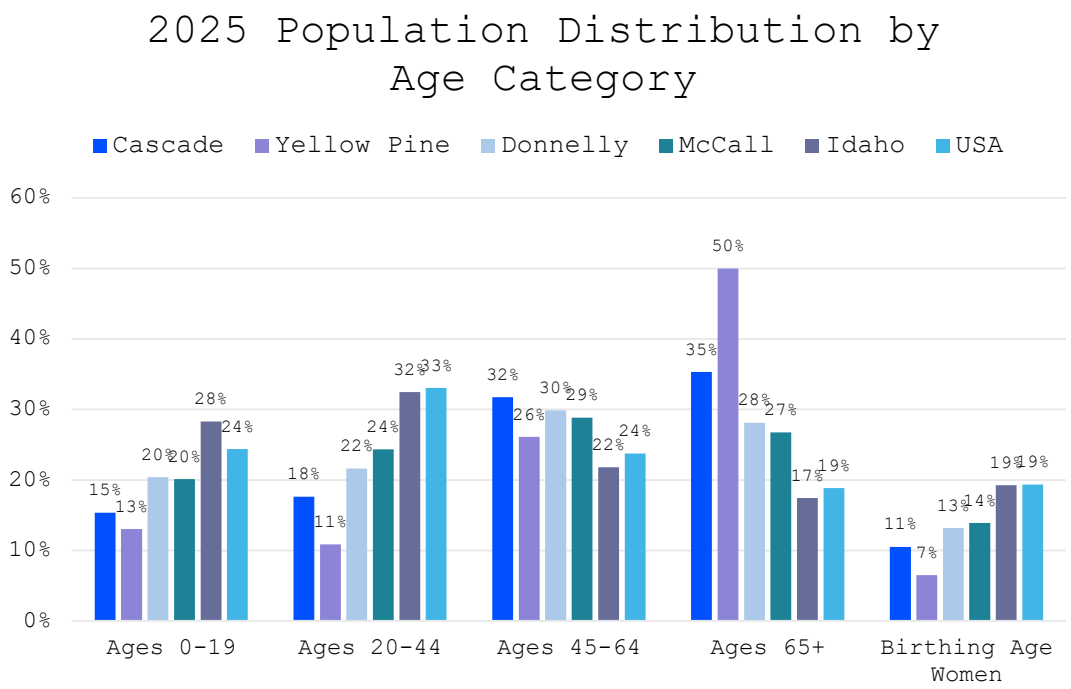
Provider supply vs. demand reviewed for core Cascade area and larger regional service area

- Demand for 4.2 primary care providers in Cascade, Yellow Pine and Donnelly
- Lack of sufficient demand in to support full-time or half-time general surgery, orthopedics or other surgical specialties
  - McCall surgical coverage appears adequate

2019	Cascade and Yellow Pine		Donnelly	McCall		Total		
	Supply	Demand	Demand	Supply	Demand	Supply	Demand	Variance
Primary Care								
Family Practice	2.5	0.9	0.6	8.5	2.1	11.0	3.6	7.4
Internal Medicine	0.0	0.8	0.5	2.0	1.9	2.0	3.2	(1.2)
Obstetrics/Gynecology	0.0	0.4	0.3	6.0	0.9	6.0	1.6	4.4
Pediatrics	0.0	0.4	0.3	0.0	0.9	0.0	1.6	(1.6)
Total	2.5	2.5	1.7	16.5	5.8	19.0	10.0	9.0
Medical Subspecialties								
Allergy	0.0	0.0	0.0	0.0	0.1	0.0	0.1	(0.1)
Cardiology	0.0	0.2	0.1	0.0	0.4	0.0	0.7	(0.7)
Dermatology	0.0	0.1	0.1	0.0	0.2	0.0	0.4	(0.4)
Endocrinology	0.0	0.1	0.0	0.0	0.1	0.0	0.2	(0.2)
Gastroenterology	0.0	0.1	0.1	0.0	0.3	0.0	0.5	(0.5)
Hematology/Oncology	0.0	0.1	0.1	0.0	0.2	0.0	0.4	(0.4)
Infectious Disease	0.0	0.1	0.0	0.0	0.2	0.0	0.3	(0.3)
Nephrology	0.0	0.1	0.0	0.0	0.2	0.0	0.3	(0.3)
Neurology	0.0	0.1	0.1	0.0	0.2	0.0	0.4	(0.4)
Pulmonary Medicine	0.0	0.1	0.0	0.0	0.2	0.0	0.3	(0.3)
Rheumatology	0.0	0.0	0.0	0.0	0.1	0.0	0.1	(0.1)
Total	0.0	1.0	0.5	0.0	2.2	0.0	3.7	(3.7)
Surgical Specialties								
General Surgery	0.0	0.3	0.2	1.0	0.7	1.0	1.2	(0.2)
Cardio/Thoracic Surgery	0.0	0.0	0.0	0.0	0.1	0.0	0.1	(0.1)
Neurosurgery	0.0	0.0	0.0	0.0	0.1	0.0	0.1	(0.1)
Ophthalmology	0.0	0.2	0.1	0.0	0.4	0.0	0.7	(0.7)
Orthopedic Surgery	0.0	0.2	0.1	2.0	0.4	2.0	0.7	1.3
Otolaryngology	0.0	0.1	0.1	0.0	0.2	0.0	0.4	(0.4)
Plastic Surgery	0.0	0.1	0.0	0.0	0.1	0.0	0.2	(0.2)
Urology	0.0	0.1	0.1	0.0	0.2	0.0	0.4	(0.4)
Vascular Surgery	0.0	0.0	0.0	0.0	0.1	0.0	0.1	(0.1)
Total	0.0	1.0	0.6	3.0	2.3	3.0	3.9	(0.9)

Cascade and surrounding communities are anticipated to grow between 6-14% over the next five years

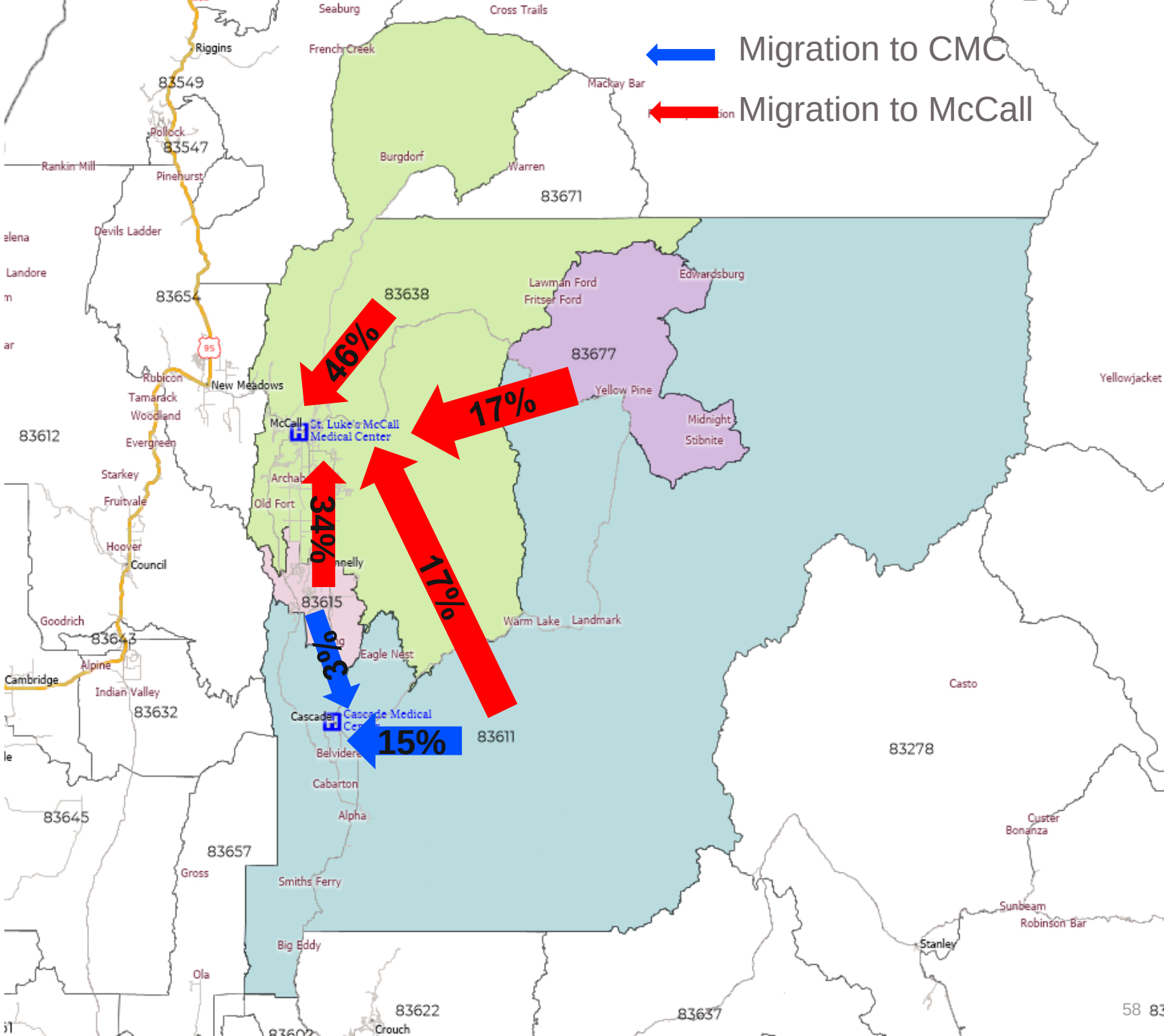
- CMC's service area serves a significantly elderly population: 52% of their total population falls over the age of 65
- Populations will age significantly over the next five years, impacting utilization, provider need, and service need



	2020	2025	2030	2020-2025 Change	2020-2025 Percent Change	2025-2030 Change	2025-2030 Percent Change
83611(Cascade)	2,621	2,778	2,972	157	6.0%	194	7.0%
83677 (Yellow Pine)	45	46	51	1	2.2%	5	10.9%
83615 (Donnelly)	1,849	2,112	2,443	263	14.2%	331	15.7%
83638 (Mccall)	6,674	7,102	7,660	428	6.4%	558	7.9%
Total Service Area	11,189	12,038	13,126	421	7.6%	530	9.0%
Idaho	1,834,216	1,985,117	2,156,378	150,901	8.2%	171,261	8.6%
United States	334,886,638	348,332,662	363,878,134	13,446,024	4.0%	15,545,472	4.5%

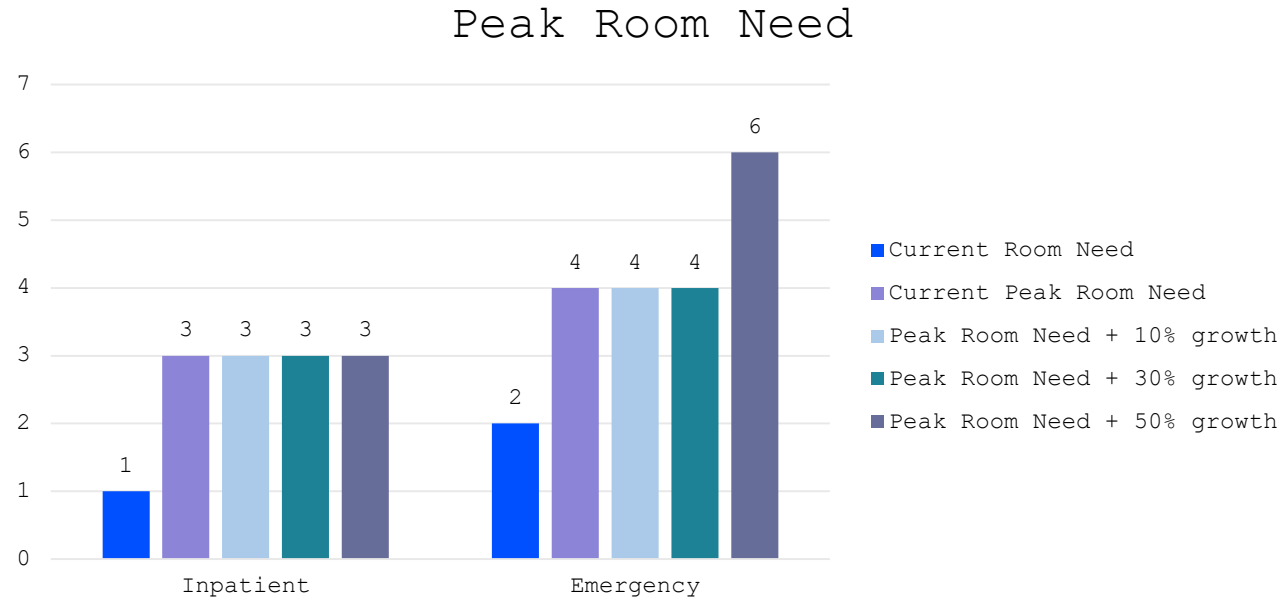
In 2018, CMC captured 15% of the inpatient Medicare market share in Cascade, and 3% market share in Donnelly

- Opportunity to redirect some volume and growth market share
- Medicare data may not reflect other payer groups or outpatient service capture



Wipfli reviewed preliminary patient data and peak data with growth factors

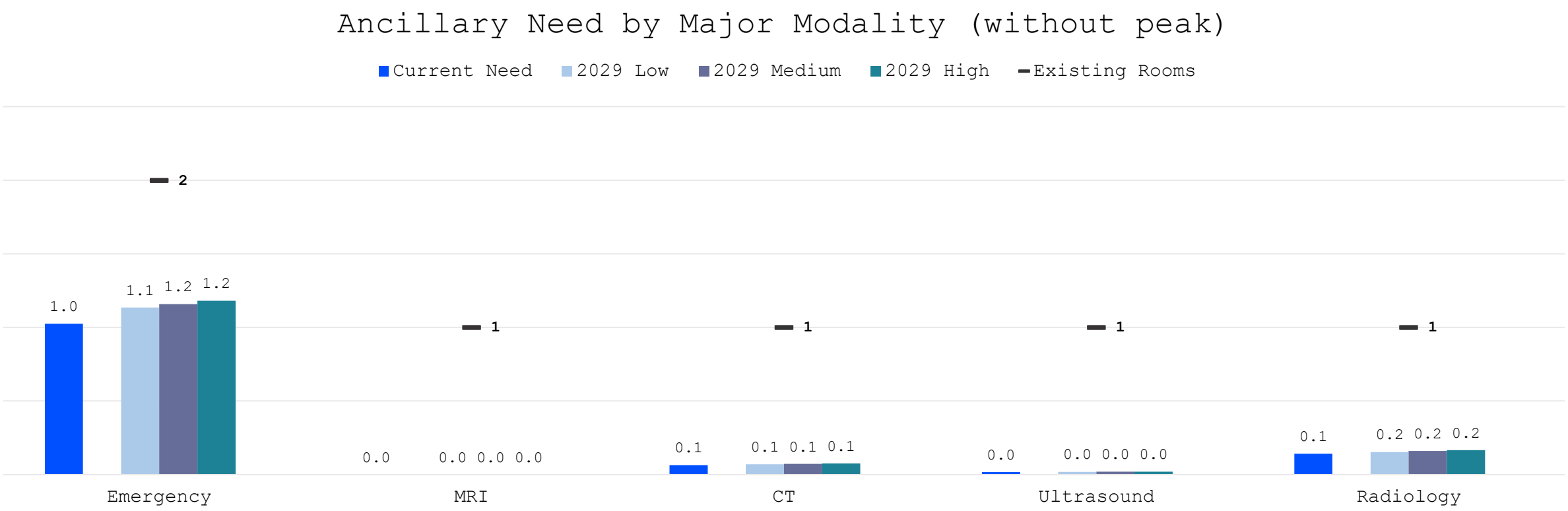
- Data does not reflect potential opportunity for multi-use of rooms, flexing rooms for use for other services or between services (e.g. IP and ER), or other opportunities we will explore during tour and interviews

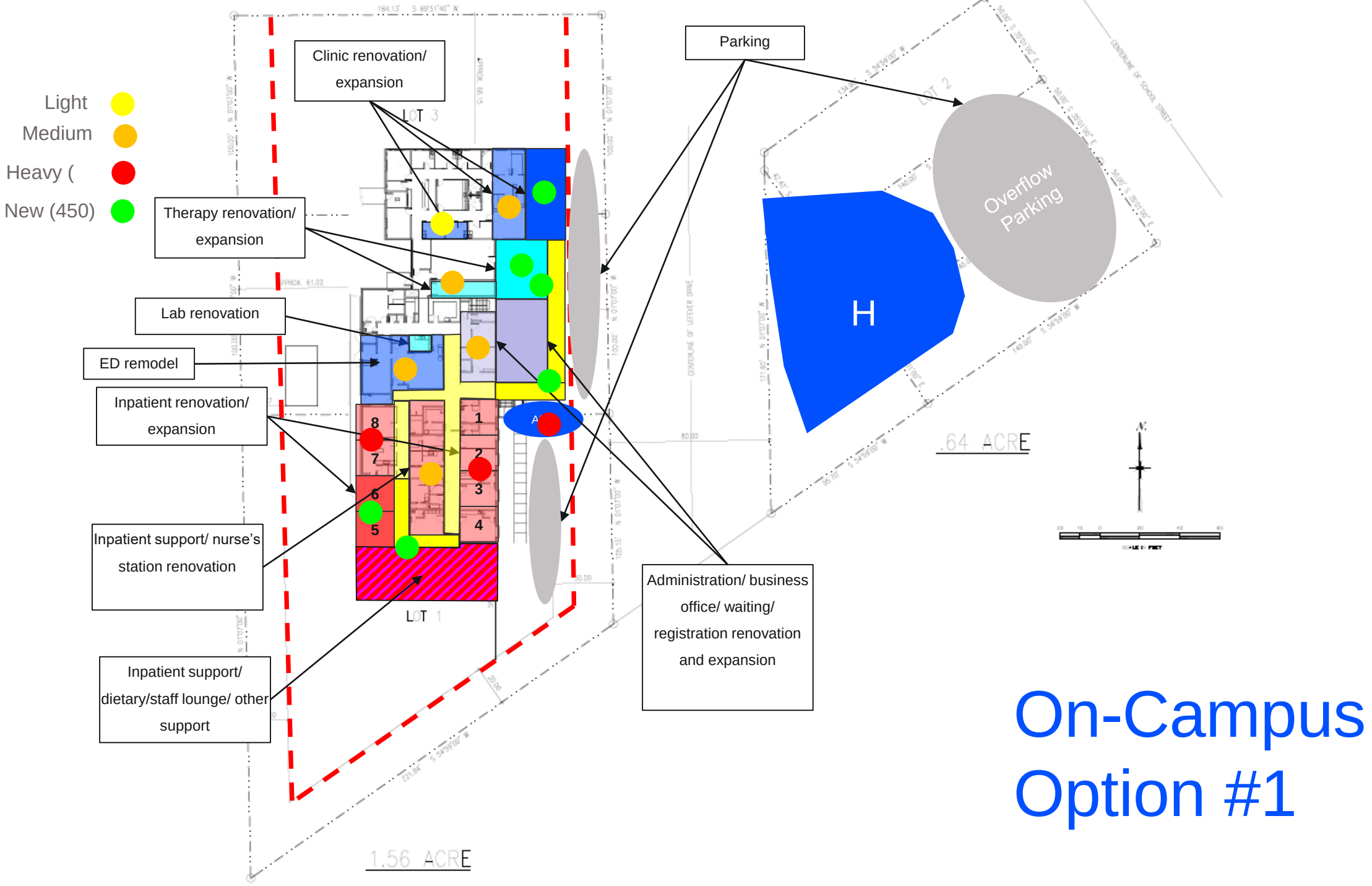


	Current Room Need	Monthly Peak Factor	Current Peak Room Need	Peak Room Need + 10% growth	Peak Room Need + 30% growth	Peak Room Need + 50% growth
Inpatient	1	3	3	3	3	3
Emergency	2	2	4	4	4	6

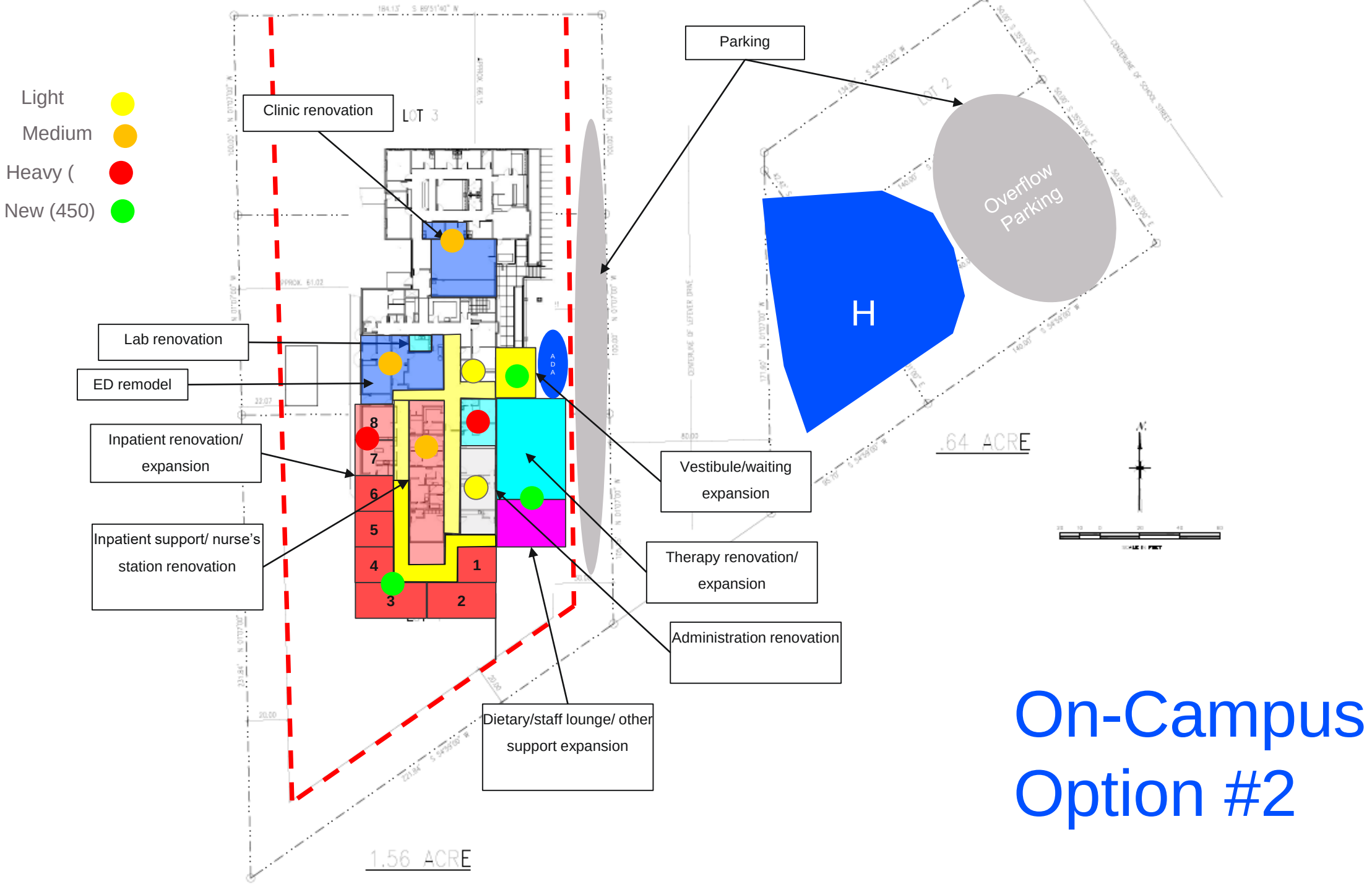
No major capacity issues anticipated for any hospital ancillary services, even under high-growth scenarios

Space challenges exist for ED and imaging, which will be discussed during the departmental space assessment





On-Campus Option #1



On-Campus Option #2