

HPN HHIC Meeting 9/20/18

Neighbor attendees: Mike Thompson, Tom Foster, Donna Koperski, Mary Lou Huff, Marie Via, Jacqueline Lindauer Lisa Reagan, Mike Burger, David Nelson

HH Attendees: Mike Zanghi, Wendy Boyce, Maureen Malone

Agenda:

- Strategy for Highland on South Ave.
- Parking
- Rockingham fencing

South Ave. Going Forward

- Mike T – Asks about Highland's strategy for the South Avenue site going forward, what kind of changes in activity on the site should the neighborhood expect in the future (staffing, patient visits, etc.)
 - Mike Z – HH continues to develop programs in the most logical place for patients like moving Cardiology offsite to Red Creek.
 - As certain programs develop, it makes sense to move them off site.
 - In terms of the future, what's on tap is incremental development as part of the PD application. HH wants to move from semi to almost all private rooms which involves building 60 private patient beds in 2022.
 - Hospitals try to project capital expenses over a 5 year period so HH doesn't usually predict 10 years or more out.
 - It's premature to say we would know what we're going to do past this tower.
 - HH has maxed out our level 1 space for operating rooms so we don't project building more at this time. There are ebbs and flows in different types of surgeries and HH can't predict that.
 - The one thing we can all agree on is that our population is aging so the needs of the aging population will continue in the community. Demographics of the area drive the demand for hospitals.
 - HH doesn't have anything in the capital plan currently that says there will be more development on site after this.
- Neighbor - If you look back over the last 5-10 years what has happened to the number of employees here at HH? What about the number of outpatient procedures?
 - Mike Z – we have seen an increase in employees and in the last 10 years we have moved diabetes health source and cardiology off site as outpatient practices, we made E5 inpatient instead of outpatient and moved dialysis offsite.
- Jackie –Currently, what percentage of the activity is outpatient v. inpatient and what is the percentage of activity in the hospital's revenue?
 - Maureen – we can look into it and I want to make sure we're being accurate when we provide that context.
- Neighbor – we all assume there are limits to the growth because you're landlocked. What is your plan for making the hospital better and not bigger given the limitations? I was here 5 years ago and 10 years ago for these discussions for “we have no plans in our capital budget” but over the time I've been here there's been nothing but growth so you must be thinking of the end game in terms of your space usage.
 - Mike Z – last time Highland expanded the square footage was 2007 in the ED and the small infield project off the lobby in 2010 so the project HH is proposing now is the first major expansion since the mid 80's and before that was 1975 when the west wing was added.
- Neighbor – you're leaving out the South Ave. garage so we could talk about the neighborhood impact in pieces or you could talk about your plan to limit growth or the future of the whole footprint of Highland.
 - Mike Z – Highland doesn't know what will happen 10 years from now. Throughout its history, Highland has done what has been essential to serve the community. We want to continue to have the conversation about how Highland interfaces with the community.
- Neighbor – healthcare is changing so fast. I think the hospital does the best it can to try to keep up with the times and have a hospital that is serving the purposes of the community but I think it's difficult to make any long range projections. Healthcare is just evolving so rapidly.
- Neighbor – if we're saying we have no way of knowing then there's no point in having plans because you're going to be coming back every 5 years with more plans. I understand there are things you need to change based on markets but the aging population isn't something we haven't anticipated. Unless you're saying you're not going to raze anything, unless we can have an intelligent conversation. Essential for the community needs to be defined. This community needs more emergency rooms and I left after a few hours a few months ago after not being seen and went to an urgent care.

- Mike Z – what do you mean razed?
- Neighbor- HFM was razed and now there's a parking garage and there will be more of that unless we have a discussion about what the limit is. What's your plan to limit the space growth as a responsible neighbor?
- Mike Z – you have growth for modernization purposes and growth for expanding services. Everything Highland has done has been about modernization and taking our facilities and turning them into modern ORs, Observation beds, etc. Highland had to modernize and create space for those patients. HH has to modernize over time.
- Neighbor – What are you going to limit or take off the site if you're not just going to expand your space into the surrounding area?
 - Mike Z – Highland has no plans to expand into the neighborhood.
- Mike T – Are you going to be an orthopaedic center? There are a lot of demographic needs.
 - Maureen - there are other factors that mitigate those items, reducing length of stay, moving practices off site, and there are technological advances no one can predict. At this time, Highland cannot predict beyond 5 years.
- Neighbor – But you also want to compete with suburban hospitals. If the community is labeled as the city then how are you competing with suburban hospitals?
 - Mike Z – demographics are leading to a higher demand for healthcare. How that develops overtime is something none of us, even the smartest pundits, can tell you that hospitals are going to do X in ten years. We're not hiding anything, we're just trying to explain the complexity of health care.
- Mike T – you must be on some kind of trajectory though.
 - Mike Z – yes, Highland is going to build a multi-story addition.
 - Mike T – that's been clear for a while.
 - Mike Z – but it wasn't always. 3 years ago Highland wasn't in a position financially to go forward with this expansion.
- David – how did the money change?
 - Mike Z – the money came from Highland's revenue. Capital dollars in a non-profit all come from the revenue stream. If Highland wasn't going to build 60 beds because we didn't think it was a priority then we would replace an MRI or something else that goes into HH's plan.
- Mike T – You mentioned at the meeting with the city that the new addition would need approximately 9 more employees.
 - Mike Z – we have reevaluated and we will need 18 new additional employees.
 - Maureen – This is part of decompressing 60 semi-private rooms.
- Neighbor – what changed from a couple of weeks ago to now that doubled the number of employees needed?
 - Mike Z – HH had more conversations and reevaluated the counts. Nine was an optimistic projection, 18 is probably the most pessimistic, but we won't know until we go through it. HH will have to know when the CON is submitted. Three floors will need three additional nurse managers, more house keepers, an extra security officer, those are some of the positions that would be in that mix. Three floors means three additional unit secretaries, we have FTEs so if we say there are 18 new FTEs it means there will be three people on day shift, three on the evening, there is a complexity to all of these numbers. But we hope it gives you a sense of what we're talking about.
- Neighbor – We perceive an increased amount of pressure on the neighborhood based on traffic and parking. When we talk about the numbers, what we're getting at is the pressure on the neighborhood so although the things you say are true, there's no doubt that there's an intense pressure on the neighborhood. What we're struggling with is how you're using the HH campus to conduct this growth. I think it's sort of an obvious observation but I thought I'd just put words on it.
- Mike T – it's like boiling a frog, you just turn it up a couple of degrees at a time. This is what happens in urban neighborhoods. Compounded over time if this neighborhood turns into all rentals.
- Neighbor- we all appreciate the need for more health care but from the Strong expansion perspective. IT's not that we don't want HH or strong to succeed but it's just incompatible with where the hospital happens to live.

Parking

- Neighbor – the last meeting, I thought parking was a reasonable price, but how many spots are offered at that price? Parking on Rockingham got better because the signs were changed. How many spots are offered at that price to employees?
 - Mike Z – It costs \$380 for everyone in our shuttle program. About 400 people shuttle from College

Town. There are registrants and then people who actually park there every day. About 115 actually park there daily. There are 350 spaces at the South Ave. garage, not sure the number of registrants but that garage also costs \$380. We probably have about 900 people who are registered and pay the price.

- Neighbor – I talked to an employee who said he was offered a spot at Scottsville Rd.
 - Mike Z – No one from HH has been offered a spot there.
- Mike T – Parking is always the hot issue. There is a ton of stuff out there with creative solutions on urban parking. I suggest we come up with something that will change or effect how parking is done. Maybe there's carpooling?
 - Maureen – I see your point and I've seen the change from living in the neighborhood. We need to have a meaningful discussion. HH would like to do a Steering committee reconvene to come up with solutions.
- Neighbor – I understand there is built in excess parking capacity because you have to account for shift changes and I'm not a parking planner but that seems to be a poor planning of space. Could you stagger your shifts?
 - Mike Z – these are people taking care of patients. Nurse A has to be on the floor before Nurse B can leave. That's a majority of people who work in the evening so it's difficult to switch shifts around and still make sure the hospital is properly staffed at all times.
- Maureen – Mike T are you ok with who we would have a new committee or reconvene the Steering committee?
 - Mike Z – like the previous steering committee, we would like to have the leadership of the neighborhood.
 - **Mike T will provide people for a parking steering committee.**
 - Neighbor – given the number of different neighborhoods this impacts you might want to have a larger arena for neighbor comment as well.
- Neighbor – has cost of parking gone up in last 6 months?
 - Mike Z – No. Also, there are many people who pay for parking but still park in the neighborhood. To them, it's a matter of convenience.

Rockingham Corner Landscaping

- Mike Z introduces Paul and Rich from Holt Architects.
- Mike Z – Paul and Rich are here to introduce ideas for the corner of Rockingham and Mt. Vernon. HH has heard that neighbors would like to see something better at that corner of the property. These were drawn up by Trowbridge Wolff Michaels who did the landscape masterplan. Ultimately, we will have Holt do the final design. These are just conceptual designs. For people who might not be familiar, HH had landscaping done around the new addition and had some landscaping done at the end of Bellevue. Now HH is working its way down to the northeast corner.
- Paul – for those of you on the Landscape Committee, that side is a little unsightly and we understand that. Also, snow is an issue from the hospital side and where to put it since it kills the plants etc. We have sound, site, snow and probably a bunch of other things but keep those in mind as you look at the solutions.
- Rich – (shows current view of the area) Landscape architects looked at some screening and buffers. Option 1 (there are 4), has some wood panels for a visual screen, leaving gaps for trees and snow removal. Low planting in front of it and adding additional trees between sidewalk and the street.
- Neighbor – are those trees there now?
 - Rich – some are existing now and some will be added.
- Neighbor – how old are the trees pictured there?
 - Mike Z – they're about 5 years old. HH is planting honey locust, which will survive salt.
- Rich – Option 2 has vertical and horizontal wood panels with various heights.
- Paul – they used the lower levels to scale to the street thinking it would be more residential.
- Jackie – what's the height of the fencing in this design?
 - Mike Z – the current guidelines for the city say fences need to be 10 feet from the property line so as we drafted the PD language, we drafted the language so we can put up to 6 ft high fences on this property line.

- Marie – is it 6 ft regardless of which material
 - Mike Z – yes
- Neighbor – how would this design impact your snow removal?
 - Mike Z – the pockets in the fences provide a place to pile the snow. The gap between panels is to pile snow. Down where you come to the corner there would be a natural break in the fence so we can pile snow there.
- Marie – is the thought that whatever vines are growing up those would block the view in the winter as well?
 - Paul – My guess is that if it's ivy, it'll stay green all winter, I'm sure the landscape architect has a plan for that but we would make sure they did something in the winter.
- Neighbor – isn't it possible to redo the sidewalks so there aren't mud slicks so people in wheelchairs don't fall into the mudslicks and can't get back up?
 - Mike Z – that's something we might be able to look into. As a reminder, the city promised they would fix the sidewalks so hopefully that will get done.
- Mike Z – Option 4 is a faux brick paneling and keeps more with the look of the hospital, wouldn't require frequent staining. There's another option to these more solid finishes. HH might be able to put some sound deadening material on the inside and would need to get a consultant for that. Only possible on the wood but not the woven wood and the brick option.
- Mike T – The corner at South Ave. looks really good and this design could look much better.
 - Mike Z – we're asking, within the realm of possibility, what can we do. The concern was the visibility of the cars.
- Maureen – do you want us to do Rockingham and then a screening on the garage?
 - Jackie – the one that's further from South Ave. is better looking but they're two massive buildings that are very different and visually jarring. I don't think the wooden fence is right because it doesn't seem to match the current aesthetics. When I think of really good screening I think of the Walmart in Henrietta because they've hidden all of their garbage dumpsters. Also, Wegmans on East Ave.
- Maureen – To summarize the feedback, you prefer the brick, and want further enhancements to the brick idea.
- Jackie – historically, there were arborvitae and we're trying to get back a look that's been lost. If you break it off and something has foliage with wires but it has to be foliage there all year round.
- Maureen - And you're ok with a phased approach with how we would do green screening on the garage?
 - **Neighbors agree with a phased approach in terms of execution, but would like the design plan to be done all at once so it's cohesive.**
- Mike Z – do you see any value in putting something like this on top of the concrete wall?
 - Marie – Yes. Could we do Wall Therapy?
 - Maureen – it's an idea we have considered
 - Marie – it would be so striking to see that through those openings in the fence. It would be a beautiful addition back there.
 - Mike Z - we will be restoring the concrete wall over the next couple of years **and can consider mural art as well.**
- David – the brick panels, look a little tacky to me because it doesn't look like masonry, it looks like a prefab wall with a bring stamp on it. Something that looks more like a masonry wall and is thicker would be nicer.
- Maureen – I would say if you're in conversation with neighbors and they have images or ideas they're looking for please feel free to send them along.

Highland Hospital will present to NBN6 about the PD on Monday, Oct. 1.

Next Meeting: Thursday, October 25 at 5:30pm in Gleason