EXHIBIT 8

Rate Order 16,465,560

HSCRC Proposal — Option 6

TOTAL McCready FMF

Based on 90% of McCready, YR 1 & 2; 85% YR 2; 80% YR 3 and After

McCready FMF	Yr 1 90% FY2020	Yr 2 90% FY2021	Yr 3 85% FY2022	Yr 4 80% FY2023	Yr 5 80% FY2024	
EMG	$ 2,750,634	$ 2,750,634	$ 2,597,821	$ 2,445,008	$ 2,445,008	
CL	$ 2,603,678	$ 2,603,678	$ 2,459,029	$ 2,314,380	$ 2,314,380	
LAB	$ 1,719,742	$ 1,719,742	$ 1,624,201	$ 1,528,660	$ 1,528,660	
RAD	$ 1,488,433	$ 1,488,433	$ 1,405,742	$ 1,323,052	$ 1,323,052	
CAT	$ 457,077	$ 457,077	$ 431,684	$ 406,290	$ 406,290	
IRC	$ 2,904	$ 2,904	$ 2,743	$ 2,581	$ 2,581	
RES	$ 209,101	$ 209,101	$ 197,485	$ 185,868	$ 185,868	
PTH	$ 689,352	$ 689,352	$ 651,055	$ 612,758	$ 612,758	
STH	$ 25,064	$ 25,064	$ 23,671	$ 22,279	$ 22,279	
OBV	$ 132,722	$ 132,722	$ 125,349	$ 117,975	$ 117,975	
MSS	$ 331,542	$ 331,542	$ 331,542	$ 271,262	$ 271,262	
CDS	$ 601,214	$ 601,214	$ 601,214	$ 491,902	$ 491,902	
FMF Total	**$ 11,011,463**	**$ 11,011,463**	**$ 10,451,535**	**$ 9,722,015**	**$ 9,722,015**	$ (1,289,448) Savings per Year

TOTAL Peninsula Regional Inpatient

Based on 100% of PRMC's Rates Every Year

Based on 100% of PRMC's Rates	Yr 1 100%	Yr 2 100%	Yr 3 100%	Yr 4 100%	Yr 5 100%	
Peninsula Permanent Shift						
MSG	$ 745,772	$ 745,772	$ 745,772	$ 745,772	$ 745,772	
ADM	$ 44,482	$ 44,482	$ 44,482	$ 44,482	$ 44,482	
OR	$ 499,360	$ 499,360	$ 499,360	$ 499,360	$ 499,360	
ORC	$ 13,962	$ 13,962	$ 13,962	$ 13,962	$ 13,962	
ANS	$ 31,585	$ 31,585	$ 31,585	$ 31,585	$ 31,585	
SDS	$ 397,582	$ 397,582	$ 397,582	$ 397,582	$ 397,582	
EKG	$ 80,133	$ 80,133	$ 80,133	$ 80,133	$ 80,133	
OTH	$ 65,858	$ 65,858	$ 65,858	$ 65,858	$ 65,858	
MRI	$ 10,112	$ 10,112	$ 10,112	$ 10,112	$ 10,112	
MSS	$ 208,822	$ 208,822	$ 208,822	$ 208,822	$ 208,822	
CDS	$ 417,954	$ 417,954	$ 417,954	$ 417,954	$ 417,954	
Total Shift To Peninsula	**$ 2,515,623**	**$ 2,515,623**	**$ 2,515,623**	**$ 2,515,623**	**$ 2,515,623**	$ (625,000) Additional Variable Cost
						$ 1,890,623 Profit
Total	**$ 13,527,086**	**$ 13,527,086**	**$ 12,967,158**	**$ 12,237,638**	**$ 12,237,638**	
RY19 GBR Target	$ 16,465,560	$ 16,465,560	$ 16,465,560	$ 16,465,560	$ 16,465,560	
Public Savings/Dissipation	$ 2,938,473	$ 2,938,473	$ 3,498,401	$ 4,227,922	$ 4,227,922	
Savings Percent	17.85%	17.85%	21.25%	25.68%	25.68%	

Additional Community Investments

FMF Permanent Capital	$ 1,929,147	$ 1,929,147	$ 1,929,147	$ 1,929,147	$ 1,929,147	Based on $25 million over 25 years @ 5% ($146,148/month) + MU
Rural Health/Population Health	$ 900,000	$ 900,000	$ 900,000	$ 900,000	$ 900,000	Based on Hospital's Request — Pop Health/ER Physicians
Rural Health/Telemedicine	$ 400,000	$ 400,000	$ 400,000	$ 400,000	$ 400,000	Based on Hospital's Request — IP Transportation Cost
FMF One Time Transition	$ 1,000,000	$ 1,000,000	$ -	$ -	$ -	Based on $1 million per Year
	$ 4,229,147	**$ 4,229,147**	**$ 3,229,147**	**$ 3,229,147**	**$ 3,229,147**	
RY19 GBR Target	$ 17,756,234	$ 17,756,234	$ 16,196,305	$ 15,466,785	$ 15,466,785	
Net Saving	$ (1,290,674)	$ (1,290,674)	$ 269,254	$ 998,774	$ 998,774	
Net Savings Percent	-7.84%	-7.84%	1.64%	6.07%	6.07%	

EXHIBIT 9

CALLISONRTKL

REPORT ON MCCREADY MEMORIAL HOSPITAL

Peninsula Regional Health System

McCready Memorial Hospital

PENINSULA
REGIONAL HEALTH SYSTEM

McCready
HEALTH
With you...for life!

September 13, 2018

EXECUTIVE SUMMARY

A new facility should be constructed for a Freestanding Medical Facility (FMF) to meet the healthcare needs of the Crisfield community. A newly constructed building will provide state-of-the art facilities, be efficient to operate and minimize disruption to healthcare services during the construction period. The new facility will support clinical services for generations.

The recommendation to construct a new facility was reached after thorough evaluation, which included the consultants, construction manager and PRMC. Through this evaluation, we determined factors including cost, duration of construction, level of frustration, coordination efforts and code-related design considerations should eliminate the renovation option from consideration. Refer to Section 3D and related Attachments.

CONTENTS

Section 1:

INTRODUCTION

WHY IS THIS REPORT BEING WRITTEN?

The current status of McCready Memorial Hospital is not sustainable. The number of inpatients has declined to a point where conversion to a Freestanding Medical Facility (FMF) appears to be inevitable. The operating expenses of the current physical plant are greater than the current patient volumes can sustain.

Participants

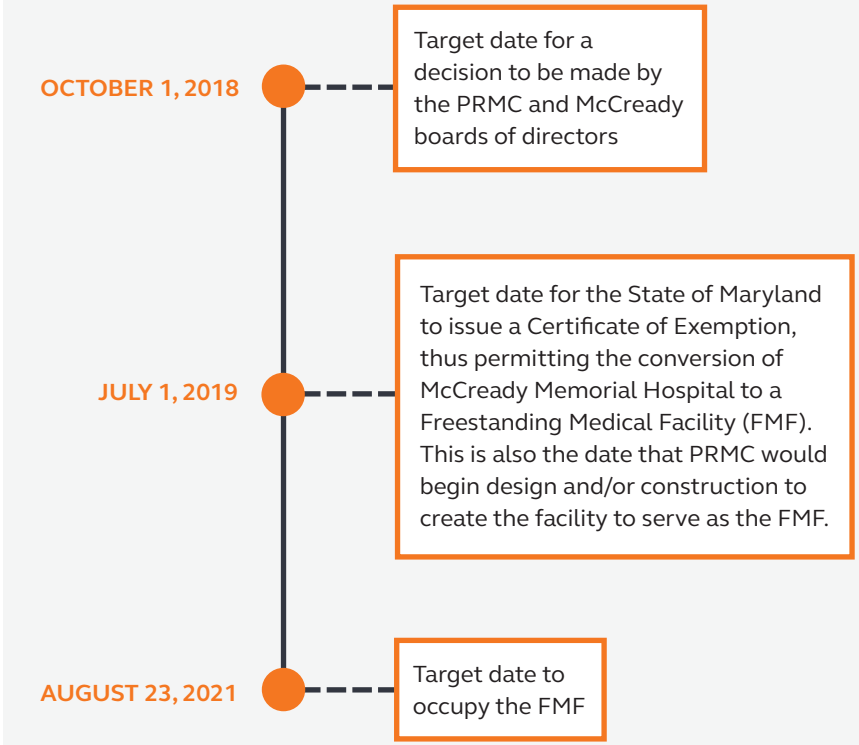
Peninsula Regional Medical Center (PRMC) engaged the following firms to help analyze existing conditions and support recommendations for a future course of action:

- **CallisonRTKL**, Architectural Services, Washington, DC
- **Leach Wallace**, Mechanical/Electrical/Plumbing Engineering, Elkridge, MD
- **Whiting-Turner**, Construction Consulting and Cost Estimating, Salisbury, MD

Process Used for Analysis and Formation of Recommendation

- **Analysis of Data:** The McCready staff made drawings in both hard copy and AutoCAD available to the PRMC staff and consultants. Additional information was gathered from publicly available sources such as Google Maps.
- **Site Visits:** Several visits were made to the McCready campus by staff members of PRMC, CallisonRTKL and Leach Wallace. Participants walked through the hospital (clinical, administrative and MEP spaces), as well as around the exterior.
- **Meetings with Staff:** McCready staff were very helpful in answering questions about the facility, history and ongoing projects:
  - Ken Stirling
  - Rich Sipe

Key Dates



Section 2:

EXISTING CONDITIONS AT MCCREADY

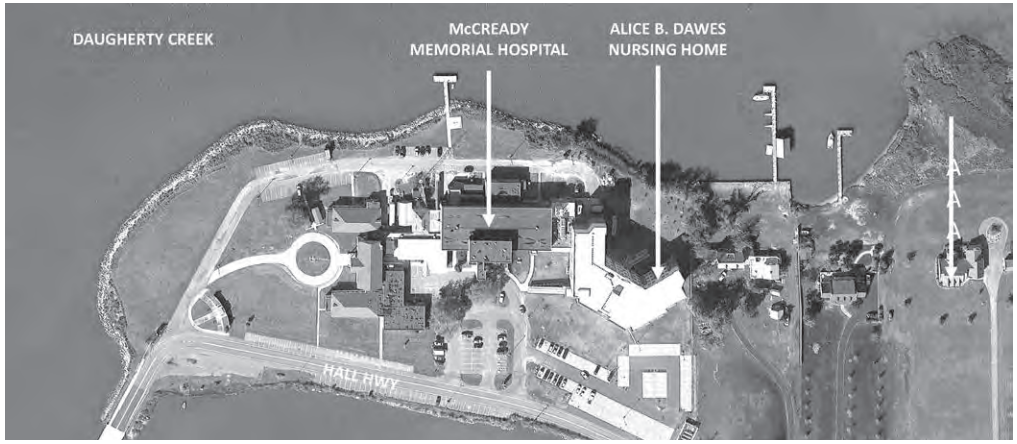
2.A
SERVICES CURRENTLY PROVIDED

- The Emergency Department is currently reported to receive 12 patients/day
- The Average Daily Census for inpatients is below 2
- Other services are provided, including surgery, imaging, laboratory, pharmacy, outpatient clinics and rehabilitation medicine

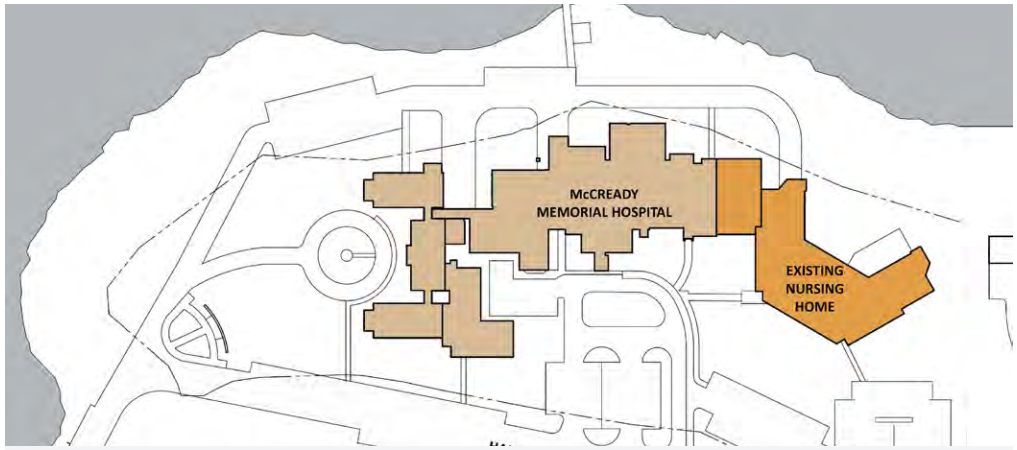
2.B
EXISTING PHYSICAL PLANT

Site

The site is a peninsula and sits very near the water. In recent storm events, no water was reported to have entered clinical spaces although some support areas have been flooded.



An aerial view of the site of McCready Memorial Hospital in Crisfield, MD



Site plan showing the existing hospital and nursing home.
The boiler plant is shared between the two facilities.

Architecture

This study included the McCready Memorial Hospital, McCready Outpatient Center and McCready Outpatient Rehabilitation. Other entities (Alice B. Tawes Nursing & Rehabilitation Center and Chesapeake Cover Assisted Living) were not part of this study.

The hospital has about 16 buildings including connections between buildings, but excluding free-standing outbuildings. The buildings were constructed between 1929 and 2000. (Note that the boiler plant was expanded in 2008 as part of the nursing home project that followed shortly thereafter, however, these buildings are not part of the hospital.) The hospital buildings total just over 70,000 BGSF with about 60% of the space in the "1980" Building with its minor additions.

The buildings are in relatively good shape for their age. They have no visible structural issues and have received limited upgrades such as replacement windows in some older buildings, and no visible roof leakage on the upper floors. Some of the older buildings have recently received new interior finishes and some interior renovations.

The buildings that predate the 1980 building have very small footprints and are unlikely to justify the expense of significant renovation to support state-of-the-art clinical functions. Several out buildings are used for storage; they were not evaluated as part of this study.

The 1980 building has a reasonable column spacing for modern clinical functions, however, it sits only 9' above the high-tide water mark (the new nursing home sits at 10'-6") and part of the surgical suite encroaches upon the 100' critical buffer area of the site.

All buildings predate the adoption of the Americans with Disabilities Act, and very few modifications have been undertaken to address accessibility concerns. Many requirements of current codes and standards are not being met in the current buildings. Addressing architectural and medical code deficiencies would most likely require a total gut and renovation of the spaces.

The 1929 buildings as seen from the bridge entering the site.

M.E.P. Systems

The engineering infrastructure is about 40 years old and has been maintained on a tight budget. The systems do not meet current codes for hospitals. A full report is included in the Appendix.

The existing hospital buildings are fully sprinklered.

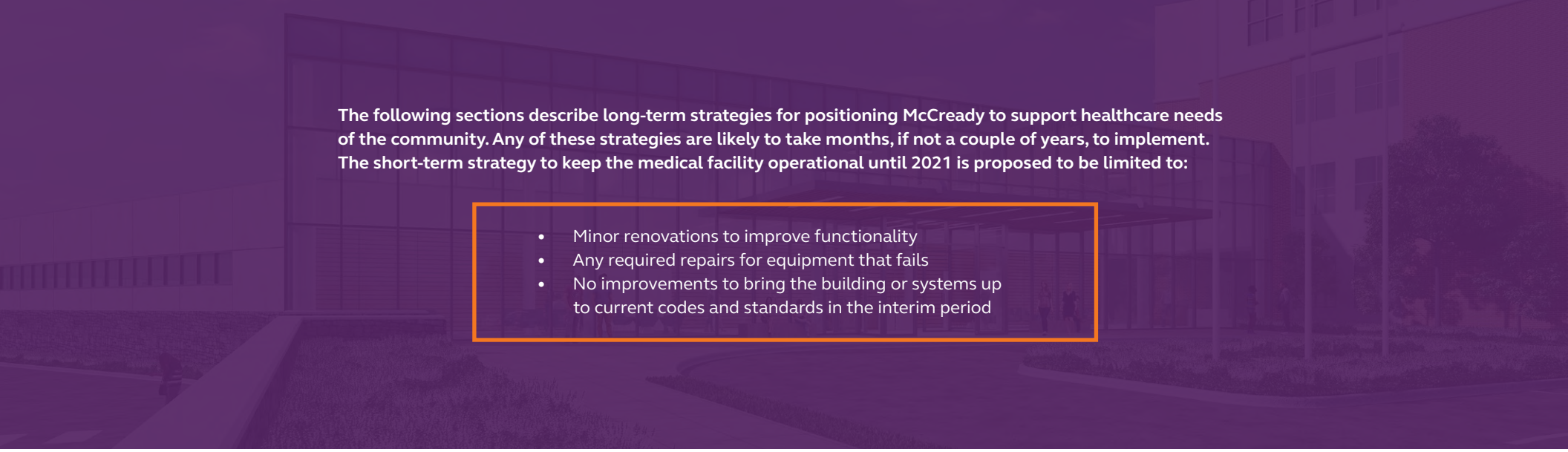
The hospital central plant includes the following major systems:

- Two 100 psig high pressure steam boilers and support systems including a deaerator (not functioning) and condensate return system. The boilers only source of fuel is fuel oil.
- 130 ton rooftop air cooled chiller (not functioning and abandoned in place)
- Domestic booster pump (serves both hospital and nursing home). Per staff input, the system is undersized.
- Steam fired 1,200 gallon tank type domestic water heater
- Medical vacuum pump (leaking oil)
- 25,000 gallon underground fuel oil storage tank (serves the boilers and generators)
- Fire pump (connected to an existing 6” water service and has churn issues)
- Electrical

The “1980” building, the current main entrance of the hospital.

Section 3:

ANALYSIS OF OPTIONS FOR MCCREADY



The following sections describe long-term strategies for positioning McCready to support healthcare needs of the community. Any of these strategies are likely to take months, if not a couple of years, to implement. The short-term strategy to keep the medical facility operational until 2021 is proposed to be limited to:

- Minor renovations to improve functionality
- Any required repairs for equipment that fails
- No improvements to bring the building or systems up to current codes and standards in the interim period

3.A
SERVICES TO BE PROVIDED

Service Lines

- **Conversion to FMF:** The inpatient beds and surgery services will be discontinued. An application will be filed with the State of Maryland to issue a Certificate of Exemption. The FMF services will be operated as departments of the PRHS.
- **Emergency Department:** 1 triage room, 3 treatment rooms, 1 oversized treatment/procedure room, 2 observation rooms with private toilet/shower (1 of which to be an Airborne Infection Isolation room), and 2 secure holding rooms.
- **Imaging Department:** 1 radiography room, 1 CT, 1 ultrasound room; PACS with remote reading capability
- **Laboratory:** Specimen collection areas for blood and urine; space for selected analyzers
- **Crisfield Clinic:** Exam rooms and support spaces to accommodate up to 4 providers simultaneously. This clinic should connect to the Emergency Department so clinical services and staff can swing between the two departments.
- **Outpatient Rehabilitation Medicine:** 2 Consultation rooms, 1 group therapy room and support spaces to accommodate up to 3 providers

The following is a summary of the proposed departments. Additional detail can be found in the space program and staffing plan included in the Appendix.

	EXISTING	PROPOSED				
Department	**DGSF**	**NSF**	**DGSF**	**BGSF**	**Staff on Main Shift**	**Total Staff**
Administration	?	1,175	1,586		10.6	10.60
Crisfield Clinic	?	1,965	2,751		10	9.80
Freestanding E.D.	2,640	3,705	5,557		8	28.86
Imaging	3,324	1,562	2,343		3.5	6.43
Laboratory	1,267	1,014	1,267		3	5.95
Pharmacy	1,460	0	0		1	1.10
Psych–Outpatient	1,500	880	1,346		3	3.00
Physical Therapy	4,624	2,308	3,000		4.2	4.20
Support Services	?	1,902	2,473		7	15.38
Subtotals:		14,511	20,324		50	83.32
Communications/LAN Closets		Included in Support Services				
Common Circulation		1,626	8.0%			
Mech/Plumbing Allowance		658	3.0%			
Building Envelope		752				
TOTAL ESTIMATED BGSF		**23,359**				

Summary of the space program of existing and proposed facilities.

Accounting	1.00
Administration	3.00
Admissions	7.00
Behavioral Health	3.00
Communications	1.60
Courier	3.00
Crisfield Clinic	9.80
Emergency Department	13.35
Environmental Services	3.28
Human Resources	1.00
Information Technology	3.00
Laboratory	5.95
Maintenance	5.10
Materials Management	1.00
Medical Records	1.00
Patient Accounts	2.00
Patient Services	1.00
Pharmacy	1.10
Physical Therapy	2.60
Princess Anne Clinic	6.40
Radiology	4.93
Radiology CT	0.50
Respiratory Therapy	4.93
Security	4.48
Speech Therapy	0.60
Total	90.62

Staff plan for the FMF.

3.B
OPPORTUNITIES/LIMITATIONS

No buildings are historic, any buildings can be considered for demolition

The level of the ground floor of the hospital buildings is at 9' above sea level and cannot reasonably be changed. The new nursing home is at 10'-6" above sea level and the higher level is very reasonable given the proximity to the water and the potential of flooding due to storms. Although clinical levels of the hospital have never flooded, flood waters have been reported to have flooded service areas.

3.C
OPTION 1: DO THE MINIMUM/CONTINUITY OF OPERATIONS WHILE LONG TERM PLAN IS DEVELOPED

Existing operations may continue under current conditions. Minor improvements, as noted hereinafter, are required for minimal code compliance and appropriate patient care.

As an example, minimal improvements include:

- Provide supplemental air conditioning for the primary data closet
- Replace the Nurse Call System in the Emergency Department
- Contingency for significant system failure
- Due to the age of the buildings and MEP systems, all systems and equipment is beyond their Life Cycle with the except that installed with the Nursing Home
- To continue operation of these systems for in excess of two years, it is estimated a Contingency Fund of $2,000,000 to cover rental of temporary equipment under Catastrophic Failure
- Required Improvements to maintain "status quo"

Current Design / Operational Deficiencies

- Replace windows throughout
- ED:
    i. Provide private rooms
    ii. Provide ice machine
    iii. Provide Airborne Infection Isolation room

Code Deficiencies

- ADA
- MEP

Addressing MEP upgrades will bring about major disruptions. A list of the recommended MEP upgrades is attached for reference.

Plan of the first floor of the 1980 building with “short-term” renovation areas shown in green.

Minimum Work to Maintain Current Occupancy for 2 Years

a. Provide proper sealing and drainage for emergency generator. Generator currently has standing water in base of generator around conduits providing power to generator batteries and accessories.
b. Provide new ED nurse call system. The existing nurse call system appears to be inoperable, and modifications/upgrades would be difficult due to its age and condition.
c. Install additional normal and emergency electrical receptacles in ED patient bays to meet the minimum code requirements. Currently, the ED bays have a single quad receptacle (which means 4 receptacles for plugs), and the construction guidelines required 12 receptacles, with approximately half on emergency power and half on normal power. The existing quad outlets are either on normal or emergency, and not both normal and emergency. We propose adding either an emergency or normal circuit to each bay, as well as 2 additional quads per bay.
d. Perform grounding tests on the existing building.
e. Perform preventative maintenance (PM) on the existing main normal power switchboard. The existing bolted pressure switches require significant maintenance, and it is not clear if this has been regularly performed.
f. Install additional normal and emergency electrical receptacles in re-branded Trauma Room (currently OR) to meet code minimum quantities. The existing operating rooms only have 10 and 12 receptacles (for ORs #1 and #2 respectively). Also bring two branches of power into operating room as room is solely served from critical power currently.
g. Consider removing twist lock plugs in the trauma room. (Optional)
h. Consider adding a code blue function to the nurse call system in the ED and Trauma Room, as none exists today. (Optional)
i. Provide generator annunciator in 24 hour manned location or man the boiler plant office around the clock.
j. Filter and treat the fuel in the existing main underground fuel storage tank and daytanks to confirm fuel is clean and usable.
k. Confirm what PRMC insurance company (Chubb) will require.
l. Need 2 sources of fuel for steam boilers providing heat to patient rooms and clinical spaces. Extend and connect to existing propane gas main serving the nursing home boilers. Replace existing burner nozzles and trim with dual fuel equipment.
m. There is no backflow preventer visible on the hospital 4" CW. Add a BFP. (Optional)
n. Remove local dehumidifiers from OR's.
o. There is currently only one medical gas master alarm panel, installed a room that is not 24 hour monitored. Add second master alarm panel per code and extend to BAS.
p. Confirm ATC system is on emergency power. If not, re-feed to e-power.
q. Add decontamination shower and holding tank to ED. (Optional)
r. Provide MEP connections for the new ADA bathrooms/sinks in the ED (exhaust, sanitary, vent, domestic water).
s. Test/clean/adjust/retro-commission existing AHU's.
t. AHU-1 and AHU-2 dual-duct system has an existing high humidity issue. The hot deck receives raw outside air that does not pass over a cooling coil first, and is not dehumidified. (Optional)
u. Repair/replace medical vacuum pump. It is leaking a lot of oil. (Optional)
v. Roof – medical vacuum discharge is 2' from openable nursing home window. (Optional)
w. Repair/complete the installation of the boiler emergency shut-off switches; they are currently not wired.
x. PM/clean/inspect existing sanitary lift station and pumps

List of M.E.P. engineering issues to be addressed in the short term.

Short Term Option

Minimal changes are appropriate as temporary measures to improve operational efficiencies until a more permanent solution is developed.

Architectural Strategy

The design team recommends the following changes to the Emergency Department to improve short-term efficiencies:

- Add a bathroom and a window to the exterior to one of the ED bays. This would allow the room to be used for extended stays, and possibly allow an inpatient to remain in the ED rather than requiring the second floor of the hospital to be opened for a single patient.
- The medications station and nourishment station would be relocated to the existing doctor room where plumbing exists. An ice maker should be added at this location.
- An existing corridor should be closed off to provide storage space for the ED.
- The Surgery Department soiled utility room could to be converted to a doctor's room (combination on-call room and office).

The changes have been proposed to minimize both the cost and the disruption/ time required for construction. **The estimated cost for these improvements is $75,000.**

M.E.P. Strategy

Please see the list of M.E.P. items that require decisions. **The estimated cost for these improvements is $600,000 - $900,000 based on optional improvements.**

3.D
OPTION 2: RENOVATION

The following section describes efforts that were performed as part of "due diligence", however, renovation is not considered to be feasible for reasons listed in **Section 4. Recommendation**.

Analysis of "Old Buildings"

The old buildings have radiators for heat and window air conditioning units. Also, the oldest buildings appear to be wood construction. The original 2-story building has only one stairway and an exterior fire escape. Given the small footprints of these interconnected buildings, it will be expensive and not efficient to bring them up to current codes and standards for institutional functions.

An enclosed connection to the nursing home is recommended to allow services, staff and patients to be shared between the facilities.

The 1980 building is the only building that might be feasible for renovation. This building has the following advantages over the other buildings:

- The geometry of the floor plates is generous.
- The structural system consists of well-spaced columns.
- The building is connected to the existing nursing home.

Reasons to not renovate this building include:

- The building is much larger than is warranted by the proposed services/ departments
- The existing building geometry is irregular (especially on the ground floor), and the location of fire stairs and elevators make the building less efficient in layout than could be provided in new construction
- Encroachment on the 100' critical buffer area of the site is a serious drawback
- Renovation will required phasing of construction inside a building providing clinical services 24/7. Funds will be expended on temporary construction protection measures and patients and staff will be exposed to greater risks than if construction of a new facility were undertaken outside the walls of the existing facility.

Test Fit Layout(s)

A test fit was created to confirm the feasibility of renovating the 1980 Building (with its minor additions) to accommodate the space program. The clinical programs can be functional on the first floor with minor reductions in space from the space program. The second floor of the building could easily accommodate administrative offices, staff break room, IT/electrical equipment and still have much unassigned space that could be use for mechanical equipment or any other purpose if desired.

The test fit was created meeting the 2018 edition of the FGI Guidelines and 2010 edition of the ADA. Diagrams are included in the appendix.

Architectural Strategy

The interior of the 1980 building, both floors, will be gutted and reconstructed in phases to provide an efficient layout for the proposed departments. Once completed, the older portions of the hospital complex will be demolished.

The nursing home is not impacted by the proposed construction work.

M.E.P. Strategy

Replacement of the existing MEP infrastructure will be complicated and expensive as clinical departments will need to remain in operation during the renovation period. The Emergency Department is in operation 24/7, so replacement of infrastructure such as the main electrical system will need special accommodation.

Please see attached list of M.E.P. systems to be addressed. Please note that replacement of existing infrastructure will be more complicated and expensive as clinical departments will need to remain in operation during the renovation period. Especially the Emergency Department is in operation 24/7, so replacement of infrastructure such as the main electrical system will need special accommodation.

Estimated Construction Cost

Phased renovation of the facility while maintaining clinical operations will equal or exceed the cost of construction of the proposed replacement facility.

Estimated Time Line

Renovation will need to occur in at least two phases, with some shared areas (such as the main corridor) kept in full operation during the entire renovation period.

Central Plant/Central MEP Systems

a. Convert approximately half of the 2nd floor to be mechanical/electrical space.
b. Expand the existing propane fuel farm on the site to include four (4) additional 1,000 gallon tanks. Extend a 3" underground propane service pipe around the Nursing Home and site to adjacent to the existing 2" service for the nursing home (at the loading dock). Extend the new 3" service to the existing central utility plant (CUP).
c. Provide two (2) new 200-ton rooftop air cooled chillers on the roof over the old surgery space. Extend piping into the new 2nd floor MEP space to new distribution pumps. Extend and connect new chilled water piping to old. Once new chiller plant is active, remove existing abandoned rooftop AC chiller located above the existing central plant, and all associated piping, supports and connections. Demolish any chiller pumps/specialties in the CUP.
d. Provide three (3) new 25 GPM condensing domestic water heaters in the existing CUP, two to met the demand with one redundant heater. Heaters will be propane fired. Extend and connect HW piping to existing. Install one (1) new heater in the space adjacent to the existing 1,200 gallon tank heater. Once started up and connected to the existing piping system, demolish the existing 1,200 gallon tank/ heater and associated equipment and steam piping. When the space is cleared, install the remaining two (2) heaters in the old tank heater footprint.
e. Provide a new 10 GPM domestic hot water recirculation pump and associated piping and specialties in the CUP. Provide a copper-silver Legionella treatment system.
f. Demolish one existing high pressure steam boiler and associated piping and specialties. This boiler is redundant capacity. Provide three (3) new 1,000 MGH condensing heating hot water boilers in existing boiler footprint. The boilers will be dual fired with propane and diesel fuel oil. Extend new heating hot water piping up to existing penthouse to back feed old steam-to-HW converter system, then demo old converters and steam station in the penthouse.
g. Once new HHW system is connected, demolish remaining HP steam boiler, deaerator, piping, etc.
h. Replace existing medical vacuum pump with new skid/packaged dry claw system.
i. Provide a medical air manifold system in the CUP (or a medical air pump), and extend new piping to the ED, Trauma Rooms and Isolation Rooms as required by programming.
j. In the penthouse, make temporary connections between AHU-1 and 2. These are dual duct units. In the hospital, close off all dual duct boxes for unoccupied areas. Then, demolish existing AHU-2. Install a new custom field-erected AHU in the existing AHU-2 footprint. The AHU will be approximately 40,000 CFM, and include a fan array for the supply. Once installed, the new AHU will back0feed the AHU-1 system. Then demolish existing AHU-1 and AHU-3 (DOAS unit serving 2nd floor FCU's). The new AHU will be single duct using HHW for reheat at the VAV boxes.
k. Remove all existing dual ductwork, mains, branches and supports. Remove all existing dual duct air terminal units and low pressure ductwork and air devices. Provide all new single duct supply air ductwork, single duct VAV boxes, and heating hot water piping system. The ductwork replacement will be done as phased construction, as areas on the first floor will remain occupied during the replacement.
l. Provide a new central DDC building automation system.
m. Replace existing 6" combined fire/water service with a new 8", or include a new parallel 4" to help alleviate the fire pump churn issues.
n. Provide new fire pump to maintain 100 psig at top of standpipes.
o. Add critical exhaust systems for isolation rooms, ED waiting room, triage and radiology waiting rooms.
p. Add a dedicated decontamination shower exhaust system per code.
q. Provide new master and area medical gas alarm panels and extend to BAS.
r. Replace existing sanitary lift station serving the hospital, nursing home and 1919 buildings.
s. Generator Access. The generator breaker sits above the recommended 6'7" height for operability per NEC. Generator sits on underbelly tank, and access for maintenance would be difficult.
t. Provide new 480Y/277V, 1600A electrical service via pad mounted transformer on site.
u. Provide new 480Y/277V, 1600A Switchboard in new electrical space on 2nd floor.
v. Maintain existing 750 KW generator for emergency power.
w. Provide new ATS's to match existing sizes in dedicated emergency power distribution room on the 2nd floor separated from normal power. Provide replacements to major emergency power distribution panels immediately downstream of ATS's on this floor as well. This would include an 800A equipment branch, a 400A critical branch, a 225A radiology branch, and a 100A life safety branch.
    - Deduct alternate. Maintain existing transfer switches and emergency distribution on ground floor. This option leaves emergency power system vulnerable to flooding.

Floor Renovations

a. Renovate areas of first floor per architectural program and concept.
b. In general, all spaces will be gutted down to the structure for complete renovation. All windows and exterior doors will be replaced.
c. HVAC systems for the renovated spaces will include new supply ductwork mains, VAV boxes, HHW piping and controls.
d. Plumbing distribution (CW/HW/HWR) piping will be all new
e. Plumbing sanitary/vent piping will be all new. The first floor is slab on grade and will require extensive cutting and patching of concrete floors and trenching.
f. All existing electrical panels, feeders and branch circuiting will be replaced in the renovation spaces.
g. All existing lighting fixtures and circuiting will be removed. Provide LED lighting fixtures throughout areas of renovation in accordance with IES standards.
h. All existing fire alarm devices and wiring will be removed. Extend existing fire alarm system with new initiation and notification appliances throughout renovated space.

List of M.E.P. engineering issues to be addressed for the renovation option.

3.E
OPTION 3: NEW CONSTRUCTION/REPLACEMENT

Recommended Site / Location

A new freestanding FMF of approximately 25,000 BGSF is proposed to be constructed east of the existing 1980 Building with direct connection to the door at the southwest corner of the nursing home. The FMF would be clear of the 100' critical area buffer, and essentially be on the hospital parking lot. The main floor level would match the level of the nursing home at 10'-6".

Occupied spaces would be on the first floor of the building. An upper level would be constructed for selected mechanical equipment, but especially for electrical and IT equipment.

Once the new FMF is opened, the existing hospital buildings would be demolished. A new parking lot for the FMF could be constructed in the 100' critical area buffer and/or on the land vacated by the demolished hospital buildings.

Test Fit Layout

A simple building is proposed for the FMF. A main entrance lobby would serve the E.D., a clinic and the imaging/lab diagnostic areas. The clinic would connect to the E.D. so staff, equipment and patient treatment areas could be shared as appropriate. The imaging/lab area is very near the E.D. and clinic since those departments will refer patients for diagnostic services. An ambulance entrance is proposed to be located around the corner from the main entrance to provide privacy for those patients transported by ambulance, yet the reception/triage areas of the E.D. should be convenient to both entrances.

Separate entrances are proposed for the outpatient behavioral health and the outpatient rehabilitation suites. In both these cases, patients come frequently and repeatedly for the sessions in their treatment plans. The behavioral health patients would prefer privacy as they come to the FMF; the rehabilitation patients will benefit from minimal walking distance between their cars and the FMF.

A service entrance with an 8' wide enclosed corridor to the nursing home will allow for patients and services to easily move back and forth between the two facilities. The FMF will be small enough to not require a formal loading dock, a double door at this location will suffice for the deliveries. An outdoor screened area will be created for the various waste services.

Architectural Strategy

The new FMF will be constructed as a single-story facility for all the clinical areas to maximize flexibility of clinical services. It is proposed to be located next to the nursing home so it has an adequate construction site while the existing hospital remains in operation. The nursing home's main entrance includes a long exterior ramp, which the new FMF will demolish. The proposed main entrance to the FMF would be shared with the nursing home to provide one gracious entrance to serve both facilities.

There will also be an interior connection between the FMF and the service corridor of the nursing home that leads back to the loading dock.

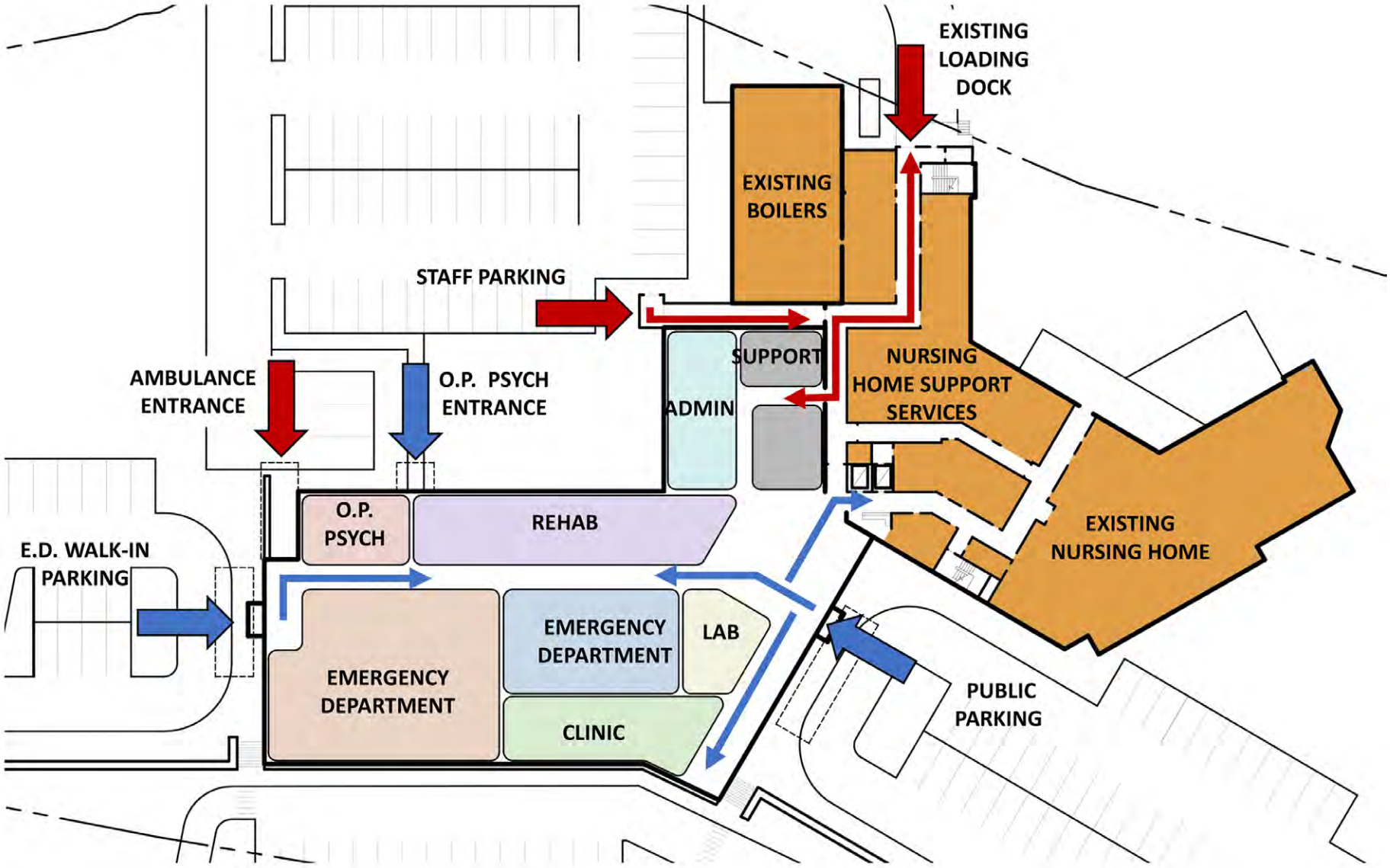
Entrances to the FMF will be consolidated into two locations: the joint FMF/ nursing home entrance and the ED/Outpatient Psych entrance. In both cases, the exterior grade level will slope gently up to the floor level of the FMF and nursing home. This also helps separate a "front" side of the FMF from a "private" side. The "front" main lobby of the FMF will serve the following:

- Crisfield Clinic
- Laboratory
- Imaging
- Outpatient Rehab
- Administration and service areas

The "back" entrance area will have visual screening—to be determined in the design phase—to provide privacy between the walk-in entrance to the ED, the ambulance entrance to the ED, and the patient entrance to the Outpatient Psych facility.

The ED, Crisfield Clinic, Laboratory and Imaging departments are designed as one block that can share staff and equipment, and allow patient flow out of the view of public spaces.

The administration and service areas (including staff support areas) connect the lobby of the FMF with the service corridor of the nursing home. The existing ramp from the hospital to the nursing home can be re-purposed into a staff entrance for both the FMF and the nursing home.

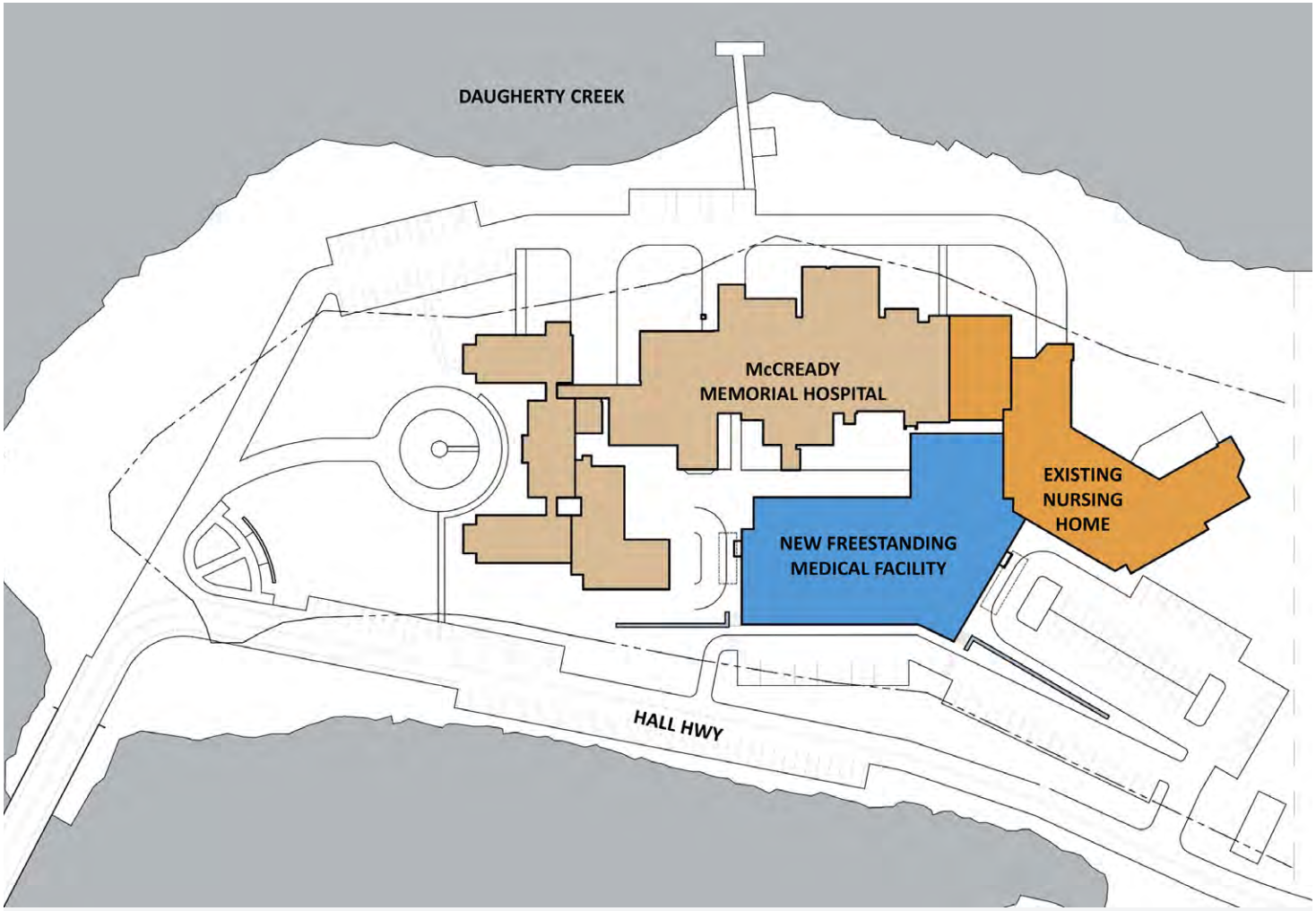


Floor plan diagram showing proposed locations of departments in the FMF and relationship of the departments to the nursing home.

M.E.P. Strategy

MEP systems for the new PRHS FMF will be similar to a similar nearby standalone ED. These systems will be described in more detail as the concept is further developed.

Once the new building is constructed and staff have moved over, the existing hospital and central plant will be demolished. A detailed description of the MEP systems is included in the appendix.



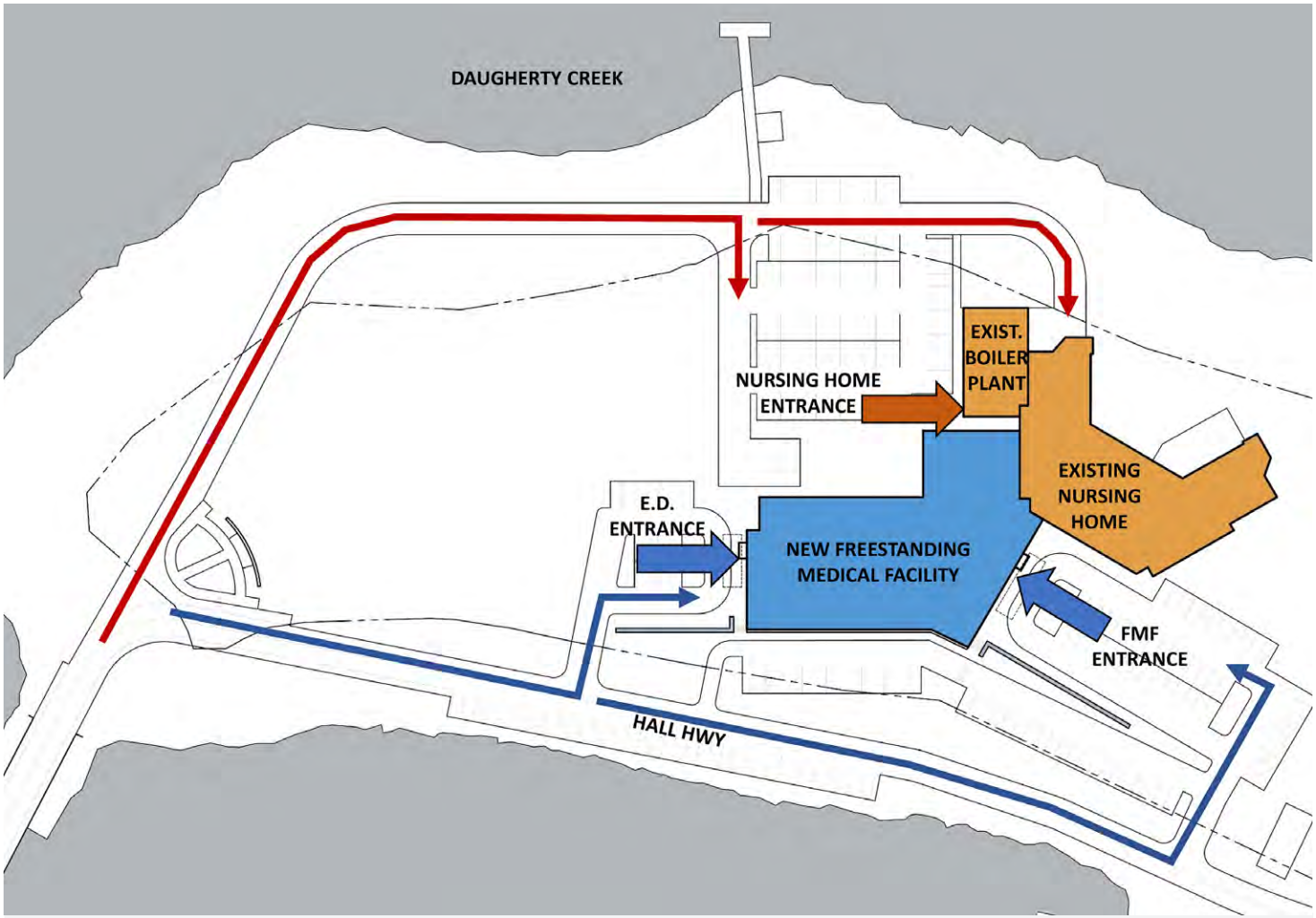
Site plan showing the location of the proposed FMF in blue. The FMF can be constructed while the existing hospital and nursing home remain in full operation.

Estimated Construction Cost

The Whiting-Turner Construction Company created a cost estimate for the proposed new facility based on the space program and recent comparable construction projects. The proposed replacement would have a construction cost of approximately $14 million. Note that the project cost will be greater. See Appendix for additional detail.

Estimated Time Line

Approximately 2 years. This includes 9 months for design (see attached schedule), about 13 months to construct, a few more months for commissioning, transitioning to the new facility, certifications, etc.



Site plan showing the new FMF and the nursing home after the existing hospital buildings have been demolished.

Section 4:

RECOMMENDATION

OUR RECOMMENDATION

A newly constructed Freestanding Medical Facility is the best option to provide health care services to the Crisfield community in a cost-effective manner.

Rationale for Recommendation

Construction of a new building is our sole recommendation for the following reasons:

- The main floor of the existing 1980 building is too low above sea level; the nursing home is 18" higher. There is risk of flooding of the hospital main floor level.
- Part of the 1980 building is within the 100' critical buffer area, i.e. it is too close to the water. There is risk of flooding.
- Maintenance costs of a renovated building will be higher because the building has almost twice the area required for the FMF. It will be necessary to keep the extra interior space free of mold and vermin, the extra exterior walls/windows/doors will need to be maintained and kept weather tight.
- Geometry of the existing building: the exterior wall of the building is quite irregular, this limits the geometry of potential interior layouts. Filling in the gaps between the exterior portions would be expensive and create problems with the floor slab joints.
- The geometry of the existing building (location of fire stairs, elevators and egress requirements) forces the renovation layout to be inefficient. Departments and corridors must "snake around" the fixed elements; some portions of the building interior (for example, the chapel area) are long and skinny and difficult to access.
- The floor slab on the main floor is reported to be slab-on-grade. This will require demolishing portions of the floor slab to add new under-floor piping required for the proposed clinical functions. This adds to the disruption of renovation, is an infection control risk, and makes it more expensive to have a smooth floor in the final renovated space.
- Current operations in the building must be maintained during renovation. Furthermore, these departments are on the main floor where the departments should be located after renovation, so there are limited options to relocate departments as part of the renovation work. This will complicate replacement of the outdated infrastructure. It also requires phased renovation which is additional cost to no benefit of the final product—dust partitions, air filters, testing to confirm that the risk mitigation strategies area effective.
- The ground floor of the 1980 building (with small additions) is too small to accommodate all the clinical departments as currently programmed. Approximately 90% of the spaces can be accommodated, so it could be functional, but it is still unfortunate to compromise the initial layout. This will hinder future functionality as new equipment, treatments and protocols will typically benefit from "flex" space, a little extra space to handle new items.
- Construction cost to renovate the 1980 Building is likely to equal or exceed the cost of new construction, and renovation costs will be more difficult to manage as existing conditions will be determined during the construction process.
- The duration of construction activities is likely to be greater in renovation than in new construction because renovation will entail phases of construction.
- A new building can portray a state-of-the-art professional environment of care that cannot be presented by a 40-year old exterior. Additional funds would be required to update the exterior image of the facility.

Cost Estimate

The cost of the total project includes several components:

Construction Cost

The largest is the construction cost, which was estimated based on the space program. Other costs are itemized below.

Contingency Funds for Interim Maintenance

The existing physical plant will need to be maintained until a replacement has been occupied, regardless of whether the replacement is in new construction or in renovated spaces. This could easily extend a couple years into the future, depending on the speed of approvals from state and local authorities, exact start date for design and construction, and other variables.

The infrastructure is typically beyond its useful life and has been maintained on a limited budget. If/when a system fails, it will need to be repaired or replaced immediately since the facility typically lacks redundancy.

A significant contingency fund is strongly recommended.

Professional Fees

Design fees for the new Freestanding Medical Facility are estimated to be approximately $1,200,000. This fee is inclusive of reimbursable expenses (travel, printing, etc.). For more detailed information on design fees (inclusions, exclusions, refer to the appendix of this report.

This estimate is based on the current design concept and schedule as presented in this report. It includes full design services for Architecture, Interior Design, Medical Planning, MEP Engineering, Structural Engineering, Civil Engineering, Wayfinding and Signage, Geotechnical Engineering as well as an existing conditions survey. The scope of work includes all design phases: Concept Design, Schematic Design, Design Development, Construction Documents and Construction Services.

New Medical Equipment / Furnishings

Services to be provided by PRMC.

Relocation / Transition Costs

Services to be provided by PRMC.

Other Costs

Security Systems – Video Surveillance and Access Control: $200,000

Peninsula Regional Medical Center
Salisbury, MD
9/6/2018

DRAFT

Functional Space Program

300.00 McCready Campus

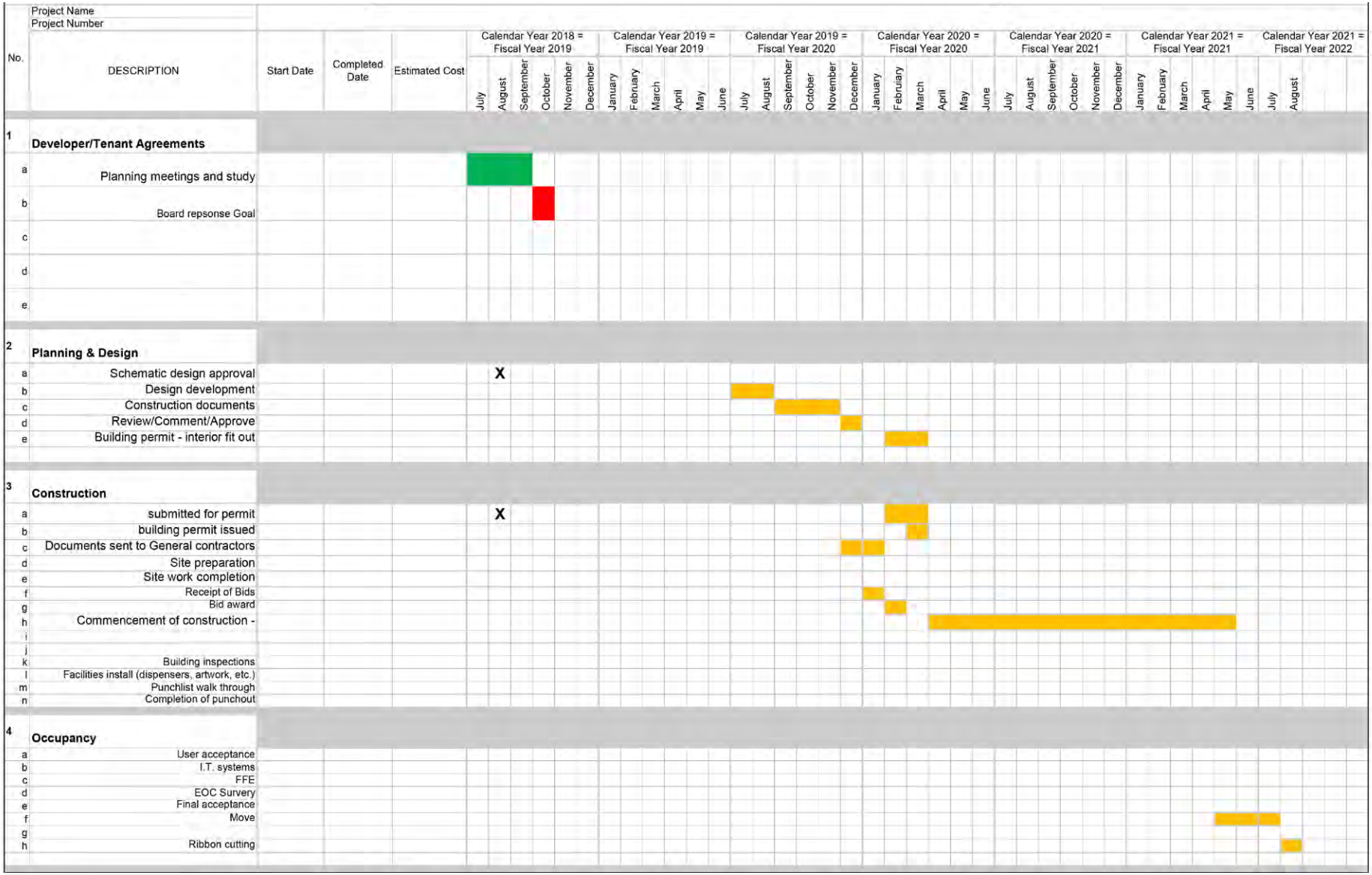
300.00 Summary

Ref	Service	NSF	DNSF	$/DNSF	TOTAL	BGSF	Comments
	Division 1 Project Requirements		**2.00%**		**$ 265,708**		
301.00	**FreeStanding Emergency**	**3,705**	**5,558**	**$ 156.60**	**$ 870,305**	**6,113**	
302.00	**Crisfield Clinic**	**1,965**	**2,751**	**$ 152.25**	**$ 418,840**	**3,026**	
303.00	**Administration**	**1,175**	**1,586**	**$ 108.75**	**$ 172,505**	**1,745**	
304.00	**Imaging**	**1,562**	**2,343**	**$ 375.00**	**$ 878,625**	**2,577**	
305.00	**Laboratory**	**1,014**	**1,267**	**$ 174.00**	**$ 220,436**	**1,394**	
306.00	**Pharmacy**	**0**	**0**	**$ 217.50**	**$ -**	**0**	
307.00	**Psych - Outpatient**	**880**	**1,346**	**$ 217.50**	**$ 292,842**	**1,481**	
308.00	**Physical Therapy**	**2,308**	**3,000**	**$ 108.75**	**$ 326,294**	**3,300**	
309.00	**Support Services**	**1,892**	**2,460**	**$ 108.75**	**$ 267,482**	**2,706**	
			20,311				
310.00	**Building Systems**	**0**	**658**	**$ 13.05**	**$ 8,587**	**658**	
311.00	**Public Areas & Circulation**	**0**	**1,245**	**$ 108.75**	**$ 135,394**	**1,245**	
	Core & Shell			**$ 150.00**	**$ 3,636,769**	**24,245**	
			119%				
	Design Contingency		**10%**		**$ 722,808**		
	Building Cost			***$ 338.90***	***$ 8,216,592***	**24,245**	
	Site Allowance			**$ 16.75**	**$ 1,441,676**	**86,070**	
	Helipad (On Grade)				**$ 275,000**		
	Demoltion of Existing Structures				**$ 400,000**		
	Site Design Contingency		**15%**		**$ 257,501**		
	Subtotal Construction Budget			**$ 436.82**	**$ 10,590,770**		
	Whiting-Turner General Conditions		5.25%		$ 556,015		
	Whiting-Turner Insurance		1.00%		$ 117,041		
	Whiting-Turner Bond		0.55%		N/A		
	Whiting-Turner Fee		2.50%		$ 295,529		
	Whiting-Turner Preconstruction		0.25%		$ 65,165		
	Construction Contingency		5%		$ 557,339		
	Total Construction Budget			**$ 502.45**	**$ 12,181,860**		
	Escalation To Mid-Point of Construction 10/2020		5% per year		$ 1,133,125		
	Total Budget			**$ 549.18**	**$ 13,314,984**		

Summary of construction cost estimate

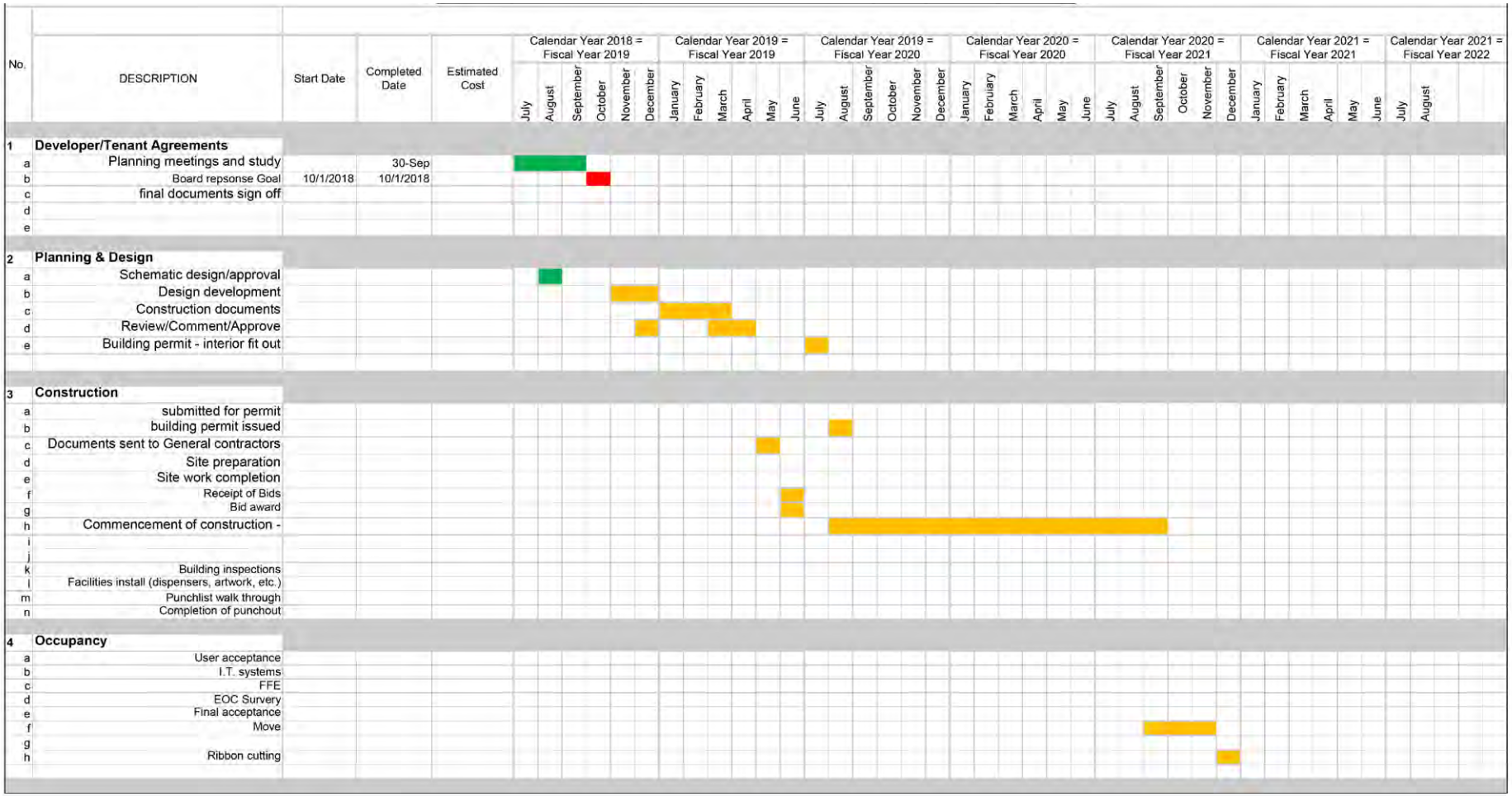
Detailed Time Lines

McCready Transition Project Schedule Based on July 1, 2019 Design & Programming



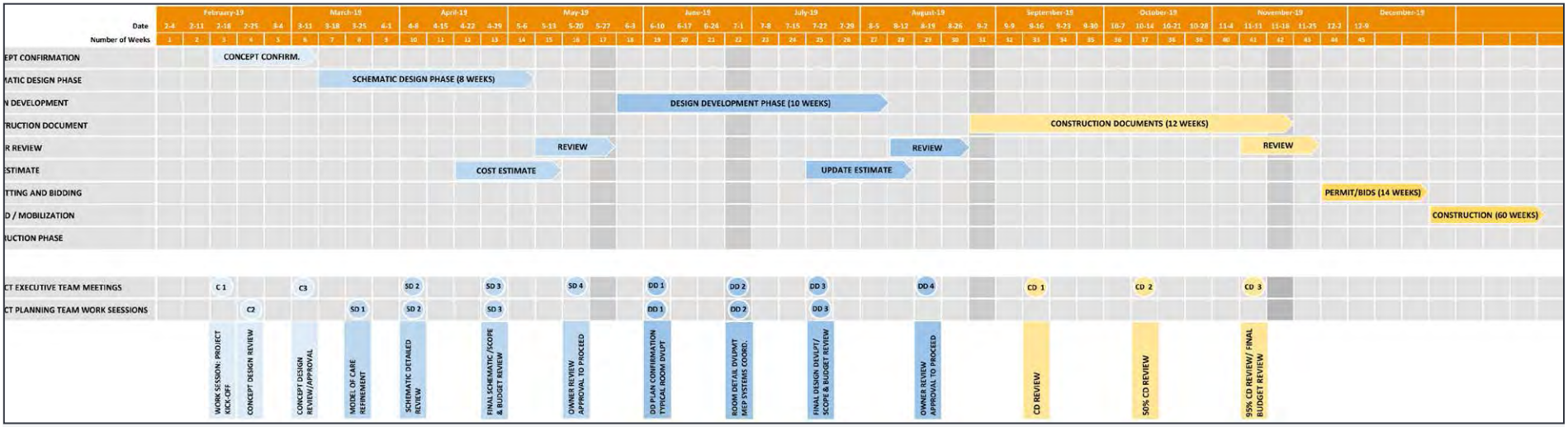
Timeline showing the entire project schedule to open an FMF in Crisfield based on July 1, 2019 start date.

McCready Transition Project Schedule Based on Early Design & Programming



No.	DESCRIPTION	Start Date	Completed Date	Estimated Cost
1	**Developer/Tenant Agreements**			
a	Planning meetings and study		30-Sep	
b	Board repsonse Goal	10/1/2018	10/1/2018	
c	final documents sign off			
d				
e				
2	**Planning & Design**			
a	Schematic design/approval			
b	Design development			
c	Construction documents			
d	Review/Comment/Approve			
e	Building permit - interior fit out			
3	**Construction**			
a	submitted for permit			
b	building permit issued			
c	Documents sent to General contractors			
d	Site preparation			
e	Site work completion			
f	Receipt of Bids			
g	Bid award			
h	Commencement of construction -			
i				
j				
k	Building inspections			
l	Facilities install (dispensers, artwork, etc.)			
m	Punchlist walk through			
n	Completion of punchout			
4	**Occupancy**			
a	User acceptance			
b	I.T. systems			
c	FFE			
d	EOC Survery			
e	Final acceptance			
f	Move			
g				
h	Ribbon cutting			

Timeline showing the entire project schedule to open an FMF in Crisfield based on November 1, 2018 start date.



Timeline for the design services for an FMF.

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PENINSULA
REGIONAL HEALTH SYSTEM

McCready
HEALTH
With you...for life!

APPENDIX

Report on McCready Memorial Hospital

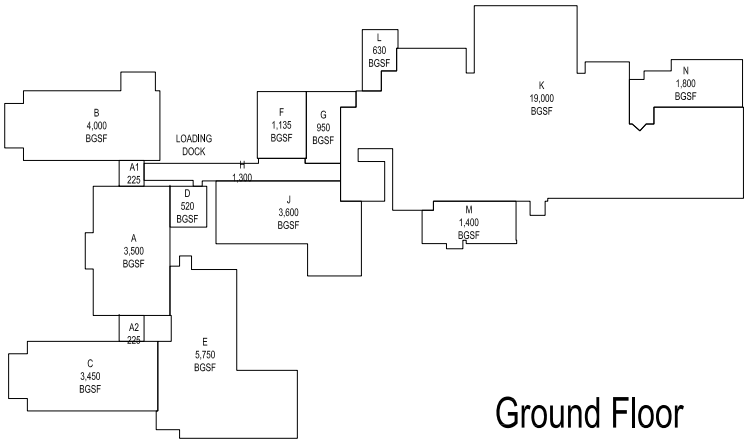
September 13, 2018

PENINSULA
REGIONAL HEALTH SYSTEM

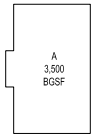
McCready HEALTH
With you...for life!

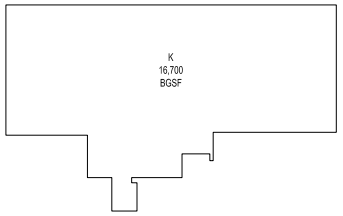
EXISTING CONDITIONS

Existing Areas Diagram

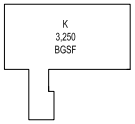


Ground Floor





2nd Floor



3rd Floor

CALLISONRTKL
A DESIGN CONSULTANCY OF ARCADIS

CallisonRTKL Inc.
2101 L Street, NW
Suite 200
Washington, D.C. 20037
THE 202.833.4400
Fax 202.887.5168

Project No:
Project No:

PRMC
McCready Existing Buildings
August 6, 2018

Issue Drawing Log

Seal

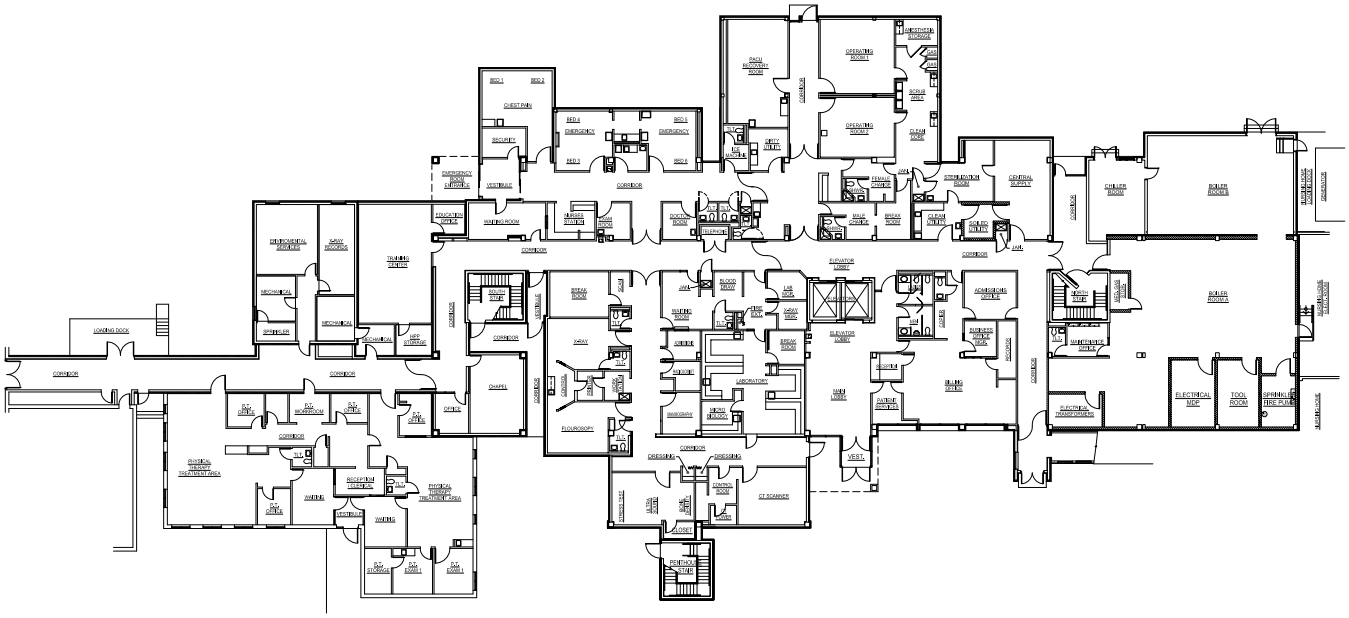
Sheet Identification

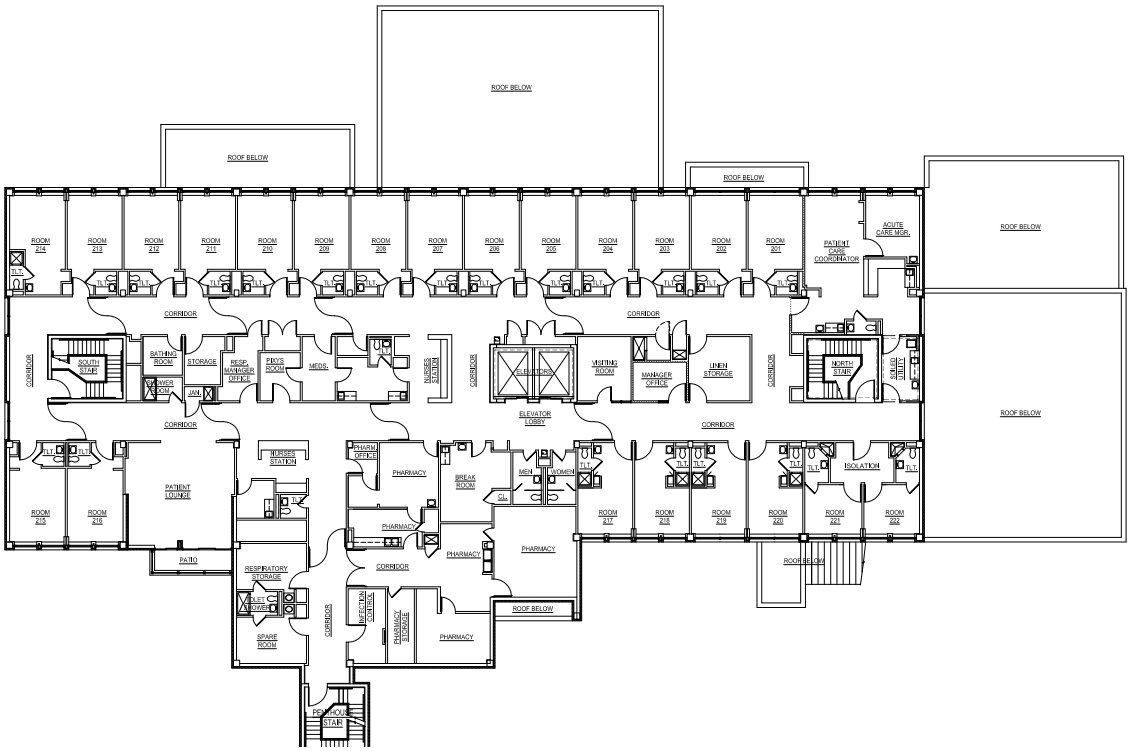
Approximate
Building Sizes

Existing Areas

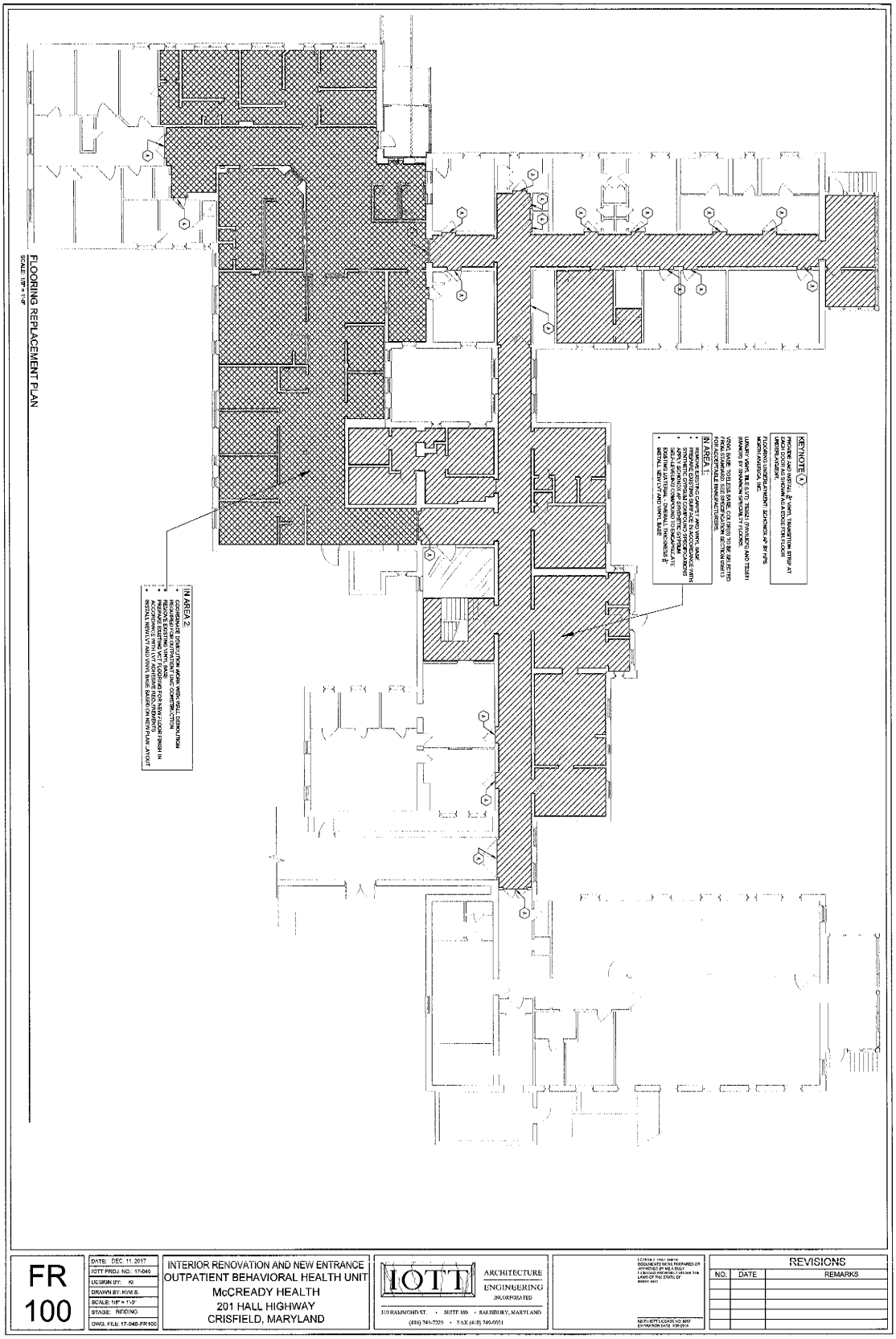
McCREADY MEMORIAL HOSPITAL BUILDING AREAS					
July 26, 2018					
Building	Floor 1	Floor 2	Floor 3	Totals	
A	3,500	3,500		7,000	10%
A1	225			225	0%
A2	225			225	0%
B	4,000			4,000	6%
C	3,450			3,450	5%
D	520			520	1%
E	5,750			5,750	8%
F	1,135			1,135	2%
G	950			950	1%
H	1,300			1,300	2%
J	3,600			3,600	5%
K	19,000	16,700	3,250	38,950	55%
L	630			630	1%
M	1,400			1,400	2%
N	1,800			1,800	3%
				70,935	100%

Existing Floor Plans





Existing Floor Plans



FR 100

DATE: DEC. 11 2017
IOTT PROJ. NO.: 17-046
DESIGN BY:
DRAWN BY: KVM S.
SCALE: 1/8" = 1'-0"
STAGE: BIDDING
DWG. FILE: 17-046-FR100

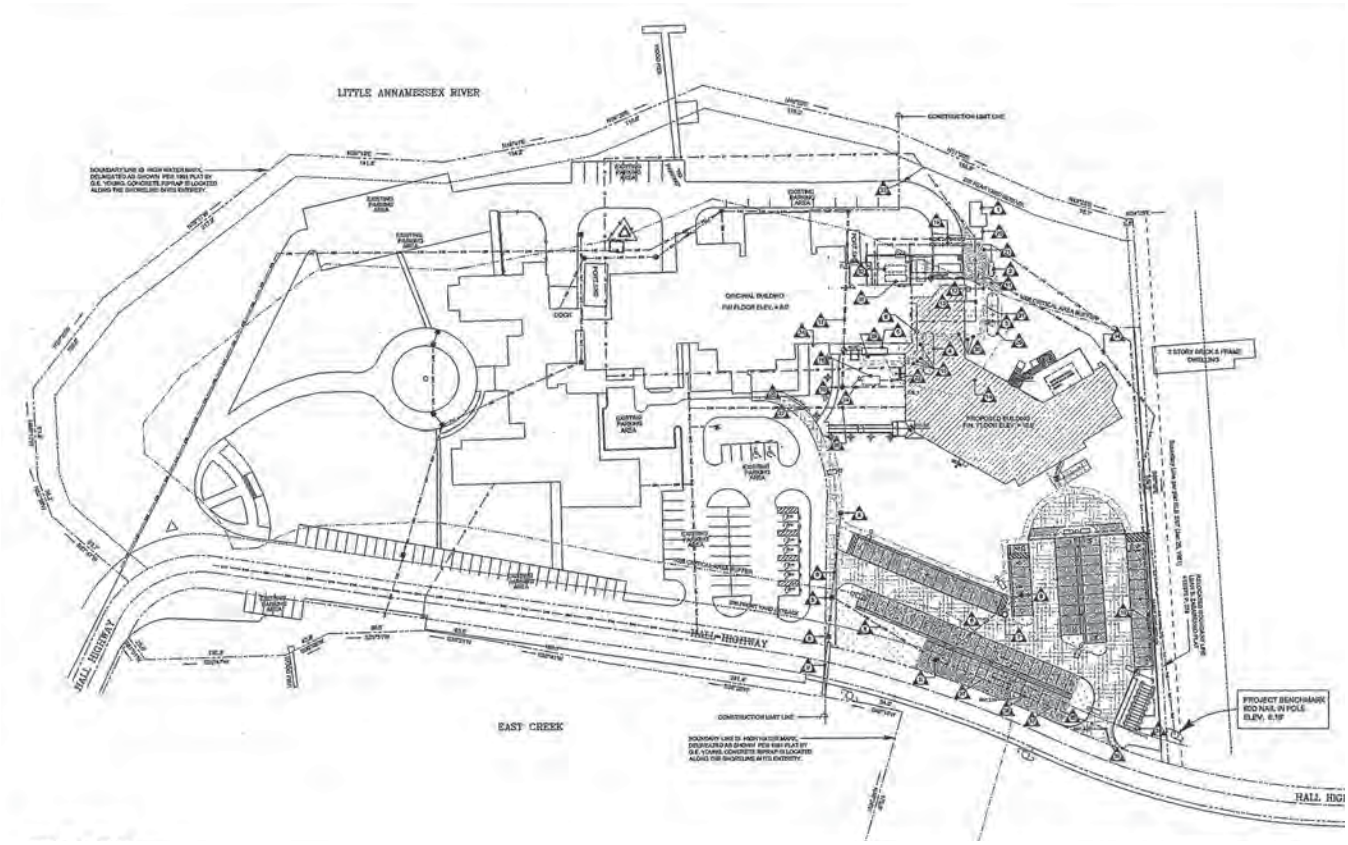
INTERIOR RENOVATION AND NEW ENTRANCE
OUTPATIENT BEHAVIORAL HEALTH UNIT
McCREADY HEALTH
201 HALL HIGHWAY
CRISFIELD, MARYLAND

IOTT ARCHITECTURE ENGINEERING INCORPORATED
310 HAMMOND ST. • SUITE 100 • SALISBURY, MARYLAND
(410) 749-7220 • FAX (410) 749-0551

REVISIONS

NO.	DATE	REMARKS

Site Plan


LITTLE ANNAMESSEX RIVER
CONSTRUCTION LIMIT LINE
ORIGINAL BUILDING
1 STORY BRICK & FRAME DWELLING
PROPOSED BUILDING
EXISTING PARKING AREA
HALL HIGHWAY
EAST CREEK
PROJECT BENCHMARK
RAIL HIGHWAY

SPACE PROGRAM

Space Program

PENINSULA REGIONAL MEDICAL CENTER

McCready Memorial Hospital Replacement

July 24, 2018

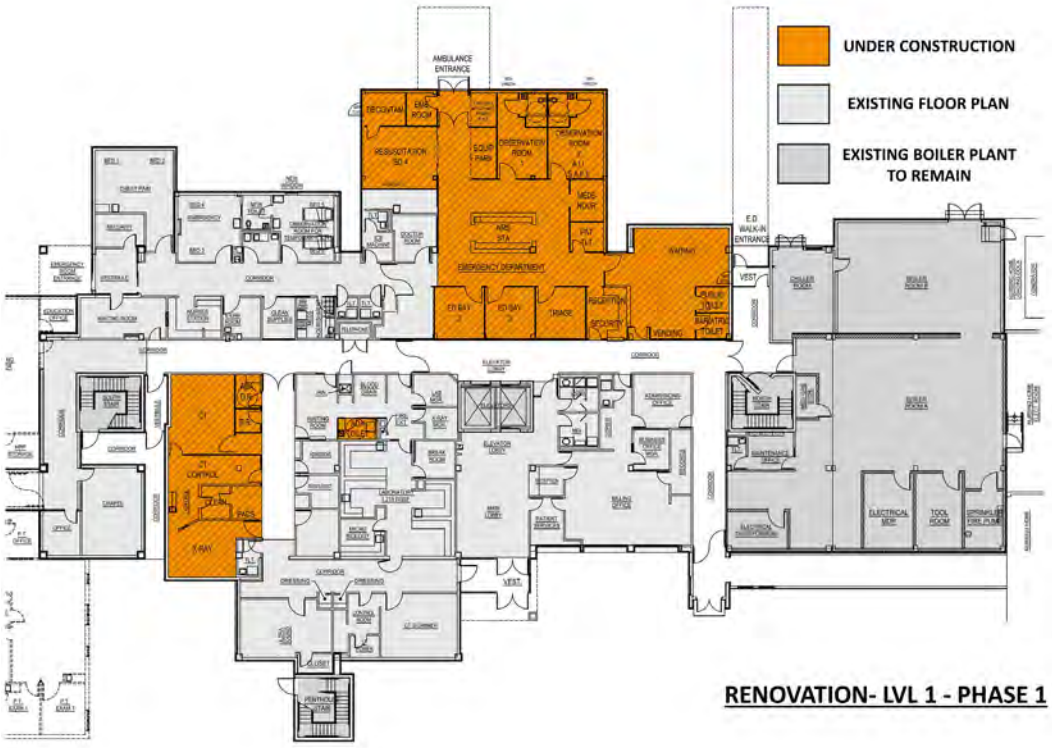
SUMMARY PAGE — Proposed Area is based on input freceived from July 23 site visit and August 8 PRMC meeting

	Existing	Proposed						Possible Locations		
Department	DGSF	NSF	DGSF	BGSF	Staff per Shift	Total Staff	Staff no lockers	DGSF Floor 1	DGSF Floor 2	DGSF Either
ADMINISTRATION		1,175	1,586		10.6	10.60	6.00			1,586
CRISFIELD CLINIC		1,965	2,751		10	9.80	9.80			2,751
FREESTANDING E. D.	2,640	3,705	5,557		8	26.86	26.86	5,557		
IMAGING	3,324	1,562	2,343		3.5	6.43		2,343		
LABORATORY	1,267	1,014	1,267		2	5.95		1,267		
PHARMACY	1,460	0	0		1	1.10				
PSYCH--OUTPATIENT	1,500	880	1,346		3	3.00	3.00			1,346
PHYSICAL THERAPY	4,624	2,308	3,000		4.2	4.20		3,000		
SUPPORT SERVICES		1,892	2,460		7	15.38		861	780	819
Subtotals:		14,501	20,311		49	83.32	45.66	13,028	780	6,503
COMM/LAN CLOSETS					in DGSf				check	20,311
COMMON CIRCULATION				1,625	8.0%					
MEP ALLOWANCE				658	3.0%	Elec in Support				
BUILDING ENVELOPE				752		minimum				
				23,345						
Elev/Fire Stairs if 2nd floor				900						
ESTIMATED TOTAL BGSF				24,245						

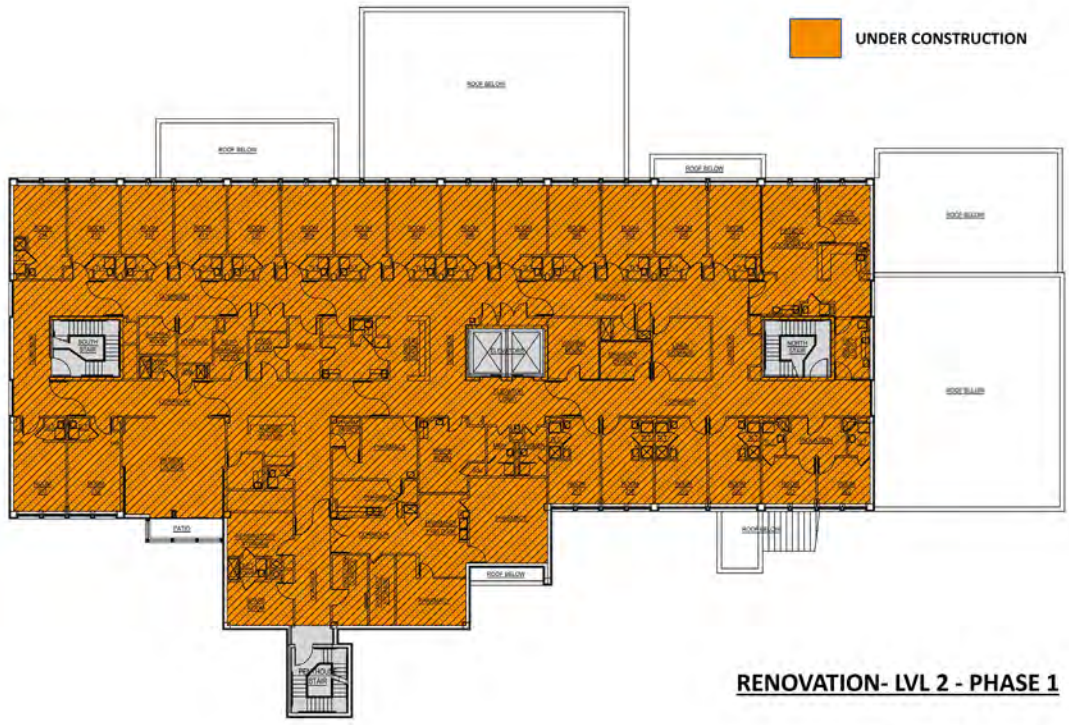
DIAGRAMS FOR RENOVATION OPTION

The option to renovate the 1980 Building for a Freestanding Medical Center was studied but is not recommended. These pages show the proposed option that appeared to be most promising.

Phase One Level One

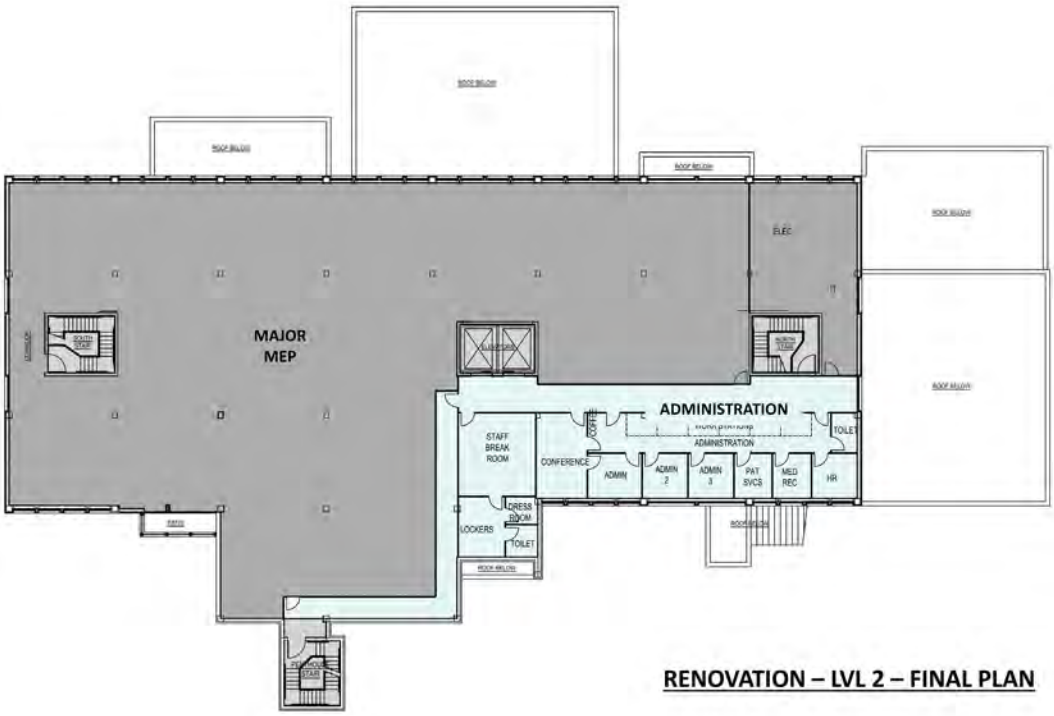


Phase One Level Two



Phase Two Level One

Phase Two Level Two



This plan shows the final layout for the main floor level.

Final Layout Level One

MEP REPORT

MEP Systems Proposed for a New Freestanding Medical Facility

A. COOLING

The peak chilled water load is estimated to be 125 tons for the proposed facility.

The system will consist of two (2) 150 ton air-cooled chillers (de-rated to 125 ton for glycol), located on the roof, and will utilize a minimum 30% propylene glycol mixture to prevent freezing. One unit will serve the cooling loads while the second will provide redundant capacity.

The base load chiller will be provided with a free-cooling coil and valve arrangement to take advantage of winter ambient temperatures when cooling is required in the building.

The chillers will be designed with a 14°F differential, 56°F entering water/glycol temperature and 42°F leaving temperature. The condenser sections will be rated for a 100°F ambient temperature to compensate for higher rooftop temperatures. The evaporator coils will be coated for coastal environments. The chilled water system will be a variable flow primary arrangement.

Pumps and Piping Systems:
Two (2), 250 GPM pumps will be provided in a rooftop mechanical room for the chilled water system. One will provide chilled water to the building AHU's and the second will act as a redundant pump. A single buffer tank, air separator, and expansion tank will also be located in the mechanical room. The chillers will be piped together in a parallel arrangement with automatic isolation valves.

Any piping exposed on the roof will include fiberglass insulation and metal jacketing. Chilled water piping located on the roof shall be black steel or type K copper.

Chemical Treatment:
Chemical treatment systems will be installed to serve the chilled water systems. The chemical treatment will comprise of combination filtration/shot feeders. These will be located in the main mechanical room.

B. HEATING

The heating load is estimated to be 1,000 MBH for the proposed facility.

The boilers will consist of two propane gas fired, 1,000 MBH output boilers with the ability to operate on fuel oil as a backup fuel. The system requires "firm" redundancy per code requirements to ensure heating in the event of a boiler failure. The fuel oil will act as an emergency heating back-up in the event that propane service is interrupted. The boilers will be piped in a parallel arrangement with isolation valves. The system will be designed with a 40°F differential, 100°F entering water temperature and 140°F leaving water temperature.

The heating water system will be a primary/secondary loop arrangement within the mechanical room. A single, primary heating water pump will be provided for each boiler. The primary boiler pumps will be in-line type pumps. Two (2), 80 GPM secondary heating water pumps will circulate the water to the building. A variable frequency drive will be provided for all secondary pumps to allow a reduction in pumping energy during varying load conditions. Heating water piping shall be black steel or type K copper.

Chemical Treatment:
A chemical treatment system will be installed to serve the heating water system. The chemical treatment will comprise of filtration and shot feeders. A separate vendor, obtained by the owner, will be responsible for all chemicals, chemical tanks, and injection pumps.
The plant will be complete with air separators, expansions tanks, by-pass valves, solid separators, and control devices.

C. AIR HANDLING SYSTEMS

A summary of the air handling units is listed below:

AHU #	Capacity (CFM)	% Minimum OA
AHU-1	25,000	35
AHU-2	25,000	35

All air handling units will be located on the roof on 24" high roof curbs and will be connected in parallel to the ductwork systems. To accommodate current energy codes, a plate type total enthalpy heat recovery unit will be provided on the roof to preheat/precool the outside air feeding the AHU's from the exhaust air system.
Air handling units 1 and 2 will be semi-custom, double-wall, aluminum rooftop modular units and will be equipped with the following:

- Supply: 6 fan array (N+1 redundancy)
- Return: 4 fan array (N+1 redundancy)
- Pre/Intermediate filter (MERV 8/10) section
- Hot water preheat coil section
- Chilled water/glycol cooling coil section
- UV lights
- 95% (MERV 14) final filters
- Steam humidifier
- "Doghouse" with access doors to house maintainable items (pumps, valves , etc)

D. AIR DISTRIBUTION

All duct systems will be designed at low velocities to minimize overall static pressure loss and reduce fan horsepower to comply with building energy codes.

In general, medium pressure supply and return ducts will be routed into the ceiling space where it will be distributed horizontally to variable air volume supply air terminal units. Each supply air terminal unit will be equipped with hot water reheat to provide individual zone control. Return / exhaust air terminal units will be matched with supply air terminal unit(s) for critical pressurization spaces such as resuscitation/trauma rooms and isolation rooms.

All terminal units provided will be digital boxes with electronic actuation. Support spaces will be zoned together as their space load density warrants, as indicated on drawings. Low pressure ductwork will be extended from the terminal units to new air devices in the ceilings. Generally, aluminum louvered ceiling diffusers with 24"x24" lay-in modules and return / exhaust air registers will be used in treatment and support spaces. Critical spaces will be provided with specialty diffusers as appropriate for the purpose.

E. EXHAUST SYSTEMS

There will be a central general exhaust system, included as part of the energy recovery unit. There will also be two critical exhaust systems to serve isolation rooms and the decontamination shower rooms.

General

General exhaust systems will be provided throughout the facility to serve areas such as toilet rooms and soiled utility rooms.

Critical Exhaust

An exhaust air system will be required for the Airborne Infectious Isolation Rooms, ED Triage, ED Waiting Rooms and Lab. The exhaust air system will consist of two (2) high-plume, direct-drive fans, similar to a Greenheck Vektor MH, discharging a minimum of 10 feet above roof. The system will be fully redundant with two (2) fans on a common plenum. Under normal operation one fan will operate to meet the load. If a fan fails, the second fan will start. Fan speed will be controlled though variable frequency drives.

Medium pressure isolation exhaust air ductwork will be provided to the isolation rooms. Exhaust air terminal units will be provided to maintain negative pressure to each isolation exhaust room. In addition, isolation rooms will be provided with a room pressurization monitor at the isolation room which will be interlocked with the rooms supply and exhaust air terminal units via the building automation system.

Mechanical Room

There will be one (1) spun aluminum, centrifugal down blast domed exhaust fan serving the mechanical room, located on the roof above. This fan will be energized to ventilate the room to maintain the thermostat setpoint. A backdraft damper and louver located in the exterior wall, or roof, will allow for make-up air.

Decontamination

A dedicated critical exhaust air system will be required for the Decontamination room. The exhaust air system will consist of a high-plume type, direct-drive fan, similar to a Greenheck Vektor MH, discharging a minimum of 10 feet above roof per code. The systems will be fully redundant with two (2) fans on a common plenum. Under normal operation one fan will operate to meet the load. If a fan fails, the second fan will start. Fan speed will be controlled though variable frequency drives.

A medium pressure critical exhaust air duct will be provided to the decontamination room. The exhaust fan will maintain negative pressure in the decontamination room. In addition, the decontamination room will be provided with a room pressurization monitor at the decontamination room which will be interlocked with the rooms supply air terminal unit and fan via the building automation system.

F. HUMIDIFICATION

An atmospheric pressure propane fired steam generator will be installed on the roof to serve the air handling unit humidifiers. The humidifiers will be sized to maintain a minimum of 30% relative humidity within the occupied spaces during the winter months. Humidifier piping shall be stainless steel, insulated per energy code.

G. IT CLOSET / IMAGING EQUIPMENT ROOMS

The IT closets and electrical closets throughout the facility will have constant cooling requirements. A ductless split DX cooling system will be indicated to serve each IT closet and imaging equipment rooms with overhead air terminals serving as back-up cooling and to provide positive pressure per code. Electrical rooms containing transformers will be served by air terminal units without reheat coils. The air-cooled chillers will be operated year-round to maintain cooling in interior rooms.

H. PLUMBING SYSTEMS

The facility will be provided with the following plumbing systems:

- Domestic cold water, hot water, and hot water recirculation systems for all plumbing fixtures and equipment as required. Dead legs on domestic hot water piping will be reduced to be as short as practically possible.
- Domestic cold-water piping to freeze-proof hose bibs located along the exterior of the building (assume 6).
- Domestic cold water to irrigation systems and exterior water features. The irrigation service will tie into the system prior to the water softener system. An RPZ backflow preventer will be installed to protect the potable water system in the building. This system will be able to be isolated from the domestic water system when needed (valved off during winter months and freeze protected).
- Soil, waste and vent systems for all plumbing fixtures, drains, and equipment as required
- Water closets will generally be floor mounted, floor discharge, but some will be rear discharge to coordinate with structural members.
- Sinks and showers will include local thermostatic tempering valves per code.
- Public toilets and lavatories will utilize infra-red technology with hard-wired transformers.
- Medical gases will be provided to meet the code requirements
-

Ball valves will be provided throughout all piping systems to isolate all equipment, and main branches where appropriate. Specifications will include required valve charting, numbered and identified accordingly, as a contractor responsibility.

All equipment and piping systems will be identified using labels and nameplates.

A single 8" combined fire and domestic water service will enter the facility, in a water room, which will immediately branch to the fire pump, and to the domestic water booster pump. Consideration should be made to include a second water service, however, there is only one service from the utility crossing the bridge to the site. In lieu of a second service, an emergency water connection could be considered, to allow serving the hospital from a tanker truck, through the booster pump. Two RPZ backflow preventers will be provided for domestic service and two RPZ backflow preventers will be provided for fire service, as indicated on drawings.

The system will be provided with a whole building water softener system. The system will include a brine tank as well as three resin tanks to reduce the mineral content from entering the building from the municipal supply.

The domestic hot water system will consist of two (2), 349 GPH, natural gas-fired water heaters with integral 119-gallon storage tanks. One unit will serve the load while the other will be redundant capacity. Water will be stored at 140°F and distribute to the facility. Thermostatic mixing valves will be located at each fixture to reduce the fixture discharge temperature to 110°F.

The system will be provided with a recirculation pump to recirculate the domestic hot water. The domestic hot water recirculation system will be designed in accordance with the International Plumbing Code. Temperature dependent balancing valves will be utilized throughout the recirculation system similar to Circuit Solver by ThermOmegaTech. Pump speed will be controlled through a differential pressure transmitter.

Domestic hot, cold, and recirculation piping 3" and smaller shall be soldered copper or Propress. Piping larger than 3" shall be galvanized steel using Victaulic couplings. All piping shall be insulated per code.

A mono-chloramine injection system will be utilized for domestic hot water sterilization.

All sanitary collected from the plumbing fixtures will be piped together below slab to several sanitary mains extended to 5' outside the building to be extended by the civil division. Under-slab piping shall be cast iron soil pipe. All piping will be sized per International Plumbing Code requirements. Any food prep sanitary services will be routed through a grease trap. Exact points of connection and routing for the sanitary piping systems will be coordinated with the Civil Engineer during design.

Storm water collected from the roof drains will be collected and tied into the storm water service. Under-slab piping shall be cast iron soil pipe. Secondary storm drainage will be provided via roof scuppers. Exact points of connection and routing for the storm water will be coordinated with the Civil Engineer during design.

Foundation drains will be provided around the perimeter of the facility as directed by the structural division and piped into the storm water main on site.

I. MEDICAL GAS SYSTEMS

The facility will require medical gas/vacuum services. The services will include oxygen, medical air, and, vacuum. The mechanical room will house the medical air, and medical vacuum systems. The existing Praxair bulk oxygen system on site will remain to serve the new building.

The medical air compressor will be a triplex unit, with 10 hp oil-less scroll compressors and a capacity of 69.6 scfm @ 50 psi. The compressors are skid mounted with a 200 gallon receiver. Basis of design is a Beacon Medaes SAS10T.
The vacuum pump will be a triplex unit, with 7.5 hp oil-less claw-type pumps and a capacity of 130 scfm @ 19" Hg of vacuum. The pumps are skid mounted with a 200 gallon receiver. Basis of design is a Beacon Medaes VHS07T.
Lockable valves will be provided as recommended in NFPA 99 to facilitate future modifications to the medical gas/ vacuum systems. In general, service valves will be provided upstream of each zone valve box. In addition, alarms will be provided as required in NFPA 99. This includes a minimum of two separate master alarm panels and all local alarming of zone valve boxes. Zone valve boxes will be provided at each separate patient zone (assume nine).

Medical gases and vacuum systems will be provided and designed in accordance with NFPA 99 and FGI Standards and Guidelines. All wall-mounted medical gas connections will be Diamond Quick-Connect type.

A summary of the FGI required medical gas outlets for each space is indicated in the chart below:

MEDICAL GAS OUTLET REQUIREMENTS			
LOCATION	OXYGEN	VACUUM	MEDICAL AIR
Isolation Room	1/bed	1/bed	1/bed
ED Exam/Teatment	1/bed	1/bed	1/bed
Triage	1/station	1/station	1/bed
Resuscitation	2/bed	3/bed	1/bed

J. AUTOMATIC TEMPERATURE CONTROLS

A direct digital control (DDC) building automation system will be provided to monitor the facilities mechanical and plumbing systems. The system will be complete with operator's workstations and all components required for a complete system. The system will include color graphics for each system with real-time monitoring and all software required to provide the control package. The workstations shall consist of a color monitor, PC, and printer.
The system will be fully integrated with the fire alarm and security systems through the building's IS Ethernet system for communication between control units.
The following items will require monitoring through the building automation system:

- Chilled Water System: complete system control and monitoring
- Heating Water System: complete system control and monitoring
- AHU's: digital control with electronic actuation; interface of status and monitoring
- Domestic Hot Water System: complete system control and monitoring
- Isolation and General Exhaust Fans: interface of status and monitoring
- Air Measuring Devices: interface of status and monitoring
- Emergency Generator system
- Normal power gear monitoring
- Supply Air terminal Units: digital control and electronic actuation
- Return Air Terminal Units: digital control and electronic actuation
- Exhaust Air Terminal Units: digital control and electronic actuation
- Isolation Rooms: direct user interface for each individual room
- A full graphical interface for all systems at the BAS operator workstation.

All controllers will be DDC and electronic. All controls and monitoring shall be able to be viewed via the web or cloud based services at the main PRMC campus in Salisbury, MD.

K. POWER DISTRIBUTION SYSTEMS

Normal Power

The local electrical utility will terminate their 13.2KV service feeder at a utility-owned pad-mount transformer on site. The utility service from the transformer will supply a 2000A, 480Y/277V Main Switchboard located in the building via a concrete encased duct-bank. This switchboard will contain four circuit breakers that feed the buildings automatic transfer switches.

Emergency Power

Generators

The emergency generator will be located on grade in dedicated, weatherproof, sound-attenuated enclosure. One diesel fueled, generator rated at 600KW, 480Y/277V will be provided, manufactured by Caterpillar or approved equivalent. The generator will be standby rated with unit mounted radiator and be equipped with a sub-base tank capable of providing 96 hours of fuel. An exterior platform and stairs will be provided for access, due to the height of the sub-base tank.

Emergency Switchboard

The emergency switchboard will be located in a dedicated room in the building. It is designed for a 600KW generator and a roll-up generator connection that can also serve as a load bank connection. A quick connect switchboard will be provided on site with male and female cam locks. The emergency switchboard will have a bus rating of 1000A at 480Y/277V with SPD and be manufactured by Square D, Eaton, or Siemens.

Automatic Transfer Switches

Emergency power will be distributed throughout the building and switched automatically using automatic transfer switches (ATS). The ATS will sense power loss and signal the generator to start. Once proper frequency and voltage is reached, the ATS will transfer the load to the active power source. Three closed transition ATS's will be provided: a 480Y/277V, 150A life safety switch, a 480Y/277V, 600A critical power switch, 480Y/277V, and a 1000A equipment branch switch. All transfer switches will be equipped with a bypass isolation feature.

UPS Power

A 208Y/120V, 50 KVA UPS will be provided for IT loads with lithium ion batteries. Individual UPS's will be provided with each piece of radiology equipment.

Distribution

Panelboards and transformers will be provided as indicated on attached single line diagram and shall have 25% spare breaker space for future expansion capability. All panelboards will be provided with copper bus bars. All life safety panels will be fused in order to achieve selective coordination and will be provided with surge protective devices as mandated by code.

In compliance with NEC 517, all panels serving patient care vicinities will have their equipment grounds bonded together.

Main electrical rooms will be segregated to separate normal and emergency power. Grounding bars will be provided for IT closets.

Wiring Methods

All branch circuits will be installed in electrical metallic tubing (EMT), minimum ¾" diameter, where concealed in walls, above suspended ceilings, and exposed 6' above finished floor or higher. Branch circuits routed in concrete slabs or in wet locations will be installed in intermediate metal conduit (IMC). All feeders will be installed in intermediate metal conduit (IMC). Connections to motors, transformers, and other vibrating equipment will be flexible metal conduit not to exceed 6' in length. Conductors in feeders and branch circuits will be copper, minimum size #12 AWG, with thermoplastic insulation. All feeders and branch circuits will include copper ground conductors sized in accordance with the National Electric Code (NEC). All electrical equipment will be U.L. listed.

All circuits will be designed in accordance with the NEC, which limits the voltage drop to the farthest outlet of power to a maximum of 3% for either feeder or branch circuits, with a limit of 5% combined voltage drop.

L. LIGHTING

All lighting (both interior and exterior) will be LED for energy efficiency, low cost maintenance, and better control. Lighting levels will be designed and recommended by the Illuminating Engineering Society (IES) handbook. This will be the maximum level. The International Energy Conservation Code (IECC) requires automatic controls of lighting to turn lights off during times of vacancy. In addition, lighting is prohibited from turning on to 100% once someone enters a room. The lights can be turned on manually or automatically, but only to a level of 50%. Most spaces will have dimming controls to allow each occupant to adjust the lighting output. Areas with ample daylight will be considered to have photocells to reduce lighting output where fenestration provides adequate illumination.

Lighting controls will be IP based and networked. Room controllers will interface with a variety of wall stations, touch pads, and other systems such as fire alarm, nurse call, and patient entertainment/experience.
Site lighting will be provided as part of this project and will consist of pole-top LED fixtures to provide recommended illumination on all paved surfaces. These will be controlled via a central lighting control panel located within the building. Lighting will also be provided at helipad in accordance with recommendations by a separate aviation consultant. Lighting will also be provided at the monument sign, flag poles, and potentially the spring at the entrance to the site.

M. FIRE PROTECTION

Water Supply
The building will be fully sprinklered. The systems will be supplied via a combined fire/water main as described above. Two (2) 2-1/2-inch reduced pressure principle (RPZ) backflow preventers will be provided between the municipal supply and the sprinkler control valves to allow for regular maintenance without shutting down the water supply. Two (2) 3-inch backflow preventers will be provided between the municipal supply and the domestic service to the building.

Fire Sprinkler Systems
Fire sprinkler systems will include wet pipe, and dry pipe systems. Two dry pipe valves will be specified for exterior canopy at the main entries and the ambulance bay, and where required by NFPA 13.

Individual sprinkler zones will be zoned to coincide with smoke barriers.

All system piping will be ASTM A53 or A795, Sch 40 black steel, and be joined by threaded or grooved fittings. Preaction and dry system piping will be fabricated with cut grooves, where grooved fittings are utilized. Flexible piping to heads will be incorporated into the system.

Sprinklers located in light hazard areas, as defined by NFPA 13, and throughout all smoke compartments with patients, will be quick response. Sprinklers for all other areas will be standard response, except where specifically noted otherwise in the contract documents.

Systems will be designed and installed in accordance with NFPA 13, the requirements of Somerset County, and Chubb, the owner's insurance carrier.

All sprinkler systems will be electrically supervised by the fire alarm system, which will be provided with off-site monitoring in accordance with NFPA 72.

Fire department hose valves will be located in cabinets where travel distance from the exit is greater than 200 feet and on each side of all horizontal exits, except where permitted otherwise by NFPA 14.

N. FIRE ALARM AND DETECTION SYSTEM

System Architecture
The facility will be served by a fire alarm, detection, and communication system by Honeywell, or approved equivalent. The network will also permit selective and all-call voice communication throughout all areas via recorded or live-voice announcements. The system will be monitored off-site to a UL listed supervising station.

All notification appliance and signaling pathways will be Class B. Where these pathways pass through or serve multiple smoke compartments, the pathway(s) shall be provided with Level 2 survivability, similar to network pathways. Pathways, or portions thereof, passing though or serving only one smoke compartment will be provided with Level 1 performance.

The final arrangement of smoke compartments, voice notification philosophy, and fire alarm system design must be coordinated with the Owner's overall life safety plan. Accordingly, the Owner must approve all recorded messages and how they are to be broadcast during a fire event.

Occupant Notification
Occupant notification will be a combination of public-mode and private-mode notification. Areas that do not provide patient care and are typically occupied by ambulatory outpatients, the general public, or facility personnel will be designated as public-mode areas. These areas would include facility service areas, main lobbies, waiting, and administrative areas. Public-mode areas are provided with voice notification intended for all occupants within the area. Private-mode areas receive voice notification intended only for facility staff. These areas would include the Emergency Department.

The overall notification philosophy is as follows:

Alarm in public mode area

- General evacuation or alert message for all public mode areas
- Alert message for all private mode areas

Alarm in private mode area

- General evacuation or alert message for all public mode areas
- Relocation message for private mode zone of origin
- Alert message for all other private mode areas

Detection

Smoke detection will be provided for many areas of the facility, including:

- Cross-corridor smoke doors equipped with hold-open devices
- HVAC systems
- At system control panels and subpanels
- At the IT Equipment Rooms

Detection required for preaction sprinkler systems will be photoelectric smoke detectors.

Integration

The fire alarm system will interface with the following fire protection and building systems:

- Fire and smoke doors on magnetic hold-open
- HVAC systems
- Smoke dampers
- Emergency generator
- Preaction sprinkler systems
- Facility security system/locking hardware

O. FUEL AND UTILITY SOURCE

Propane

Three (3) 1,000-gallon liquid propane tanks will be added to the existing propane tank farm on site to provide 96 hours of back-up fuel to the hot water boilers.

Electricity

The utility company will provide a secondary service from a utility owned transformer on the property. The contractor will be responsible for providing a concrete pad for the transformer, as well as all wiring and conduit from the transformer secondary. At least one spare conduit beyond what is required will be provided between the transformer and the switchboard for feeder replacement in the future.

Initial MEP Pricing Items

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Date: August 22, 2018

Reference: Peninsula Regional Health Systems

Subject: McCready Hospital
MEP Budget Items

LWA Project No.: 18-462-00

Overview

PRHS has submitted a letter of interest in purchasing the McCready Health campus in Crisfield, MD. A certificate of need will be submitted to the State of Maryland for the proposed merge and conversion to a freestanding emergency department. There are three primary buildings/groups of buildings on the McCready Hospital campus.

- 1980 Hospital
- 2010 Nursing Home
- 1919 Buildings – mixed use

Per the current plan, PRMC will take ownership of the McCready campus on July 1, 2019. For approximately 1.5 to 2 years, PRMC will operate the Hospital in its current function. The current project focuses primarily on the 1980 Hospital building and Central Plant.

There are three scopes of work to be budgeted:

1. Work to be done to maintain the current small hospital function for approximately 2 years.
2. Option 1 – Renovations to be performed to convert the existing Hospital building into a freestanding medical facility (FMF), specifically a freestanding emergency department. The work will be performed over the 2 year time period in item 1 above. The renovations will occur while the existing first floor spaces are occupied and functioning.
3. Option 2 – Construct a new 24,000 sf FMF on the existing campus, in the footprint of the existing Hospital parking lot, with connections to the Nursing Home. Once the new building is constructed and staff have moved over, the existing hospital and central plant will be demolished.

Existing Conditions

The existing building is currently served by the utility transformer located on a concrete pad onsite. This transformer serves both the nursing home and the hospital, with a separate service lateral for the fire pump. The hospital service was originally installed at 1600A, but is now limited to 1000A via a circuit breaker in the nursing home main electrical room.

The main switchboard for the hospital is rated for 480Y/277V, 1600A. It was manufactured by Federal Pacific in 1979 and is in poor condition. Furthermore, Federal Pacific went out of business in the 1980's, and replacement parts for their equipment is now costly. Due to lack of available spaces and spares in the distribution section, the gear appears to have had been bus tapped on four different occasions, with breakers and fusible disconnects mounted in close proximity. While the original gear has two levels of ground fault as required by NEC 517 for hospitals, the bus tap breakers and fuses do not have ground fault protection, which endangers the entire lineup. The room the gear occupies does not have two means of egress as mandated by electrical code, nor does it have the double clearance required per the exception to this code. The main disconnect is a bolted pressure switch, which is undesirable as this type of switch requires frequent maintenance in order to avoid dangerous arc flash conditions that are possible if the switch does not fully operate.

Emergency power for the hospital is provided from a 750 KW, 480Y/277V emergency generator located outside the building in a weatherproof enclosure. A 2300 gallon belly tank acts a day tank for the generator. The generator was manufactured by MTU in 2009 and is in fair condition. Standing water was observed in the base of the unit around the conduit containing the start/stop wires and accessory power conduits. The belly tank is several feet high, and, as a result, the generator is difficult to access and maintain, as there is no stairs or platform to allow maintenance staff easy access to the enclosure.

The emergency generator serves a 1200A distribution panel located in a room off the boiler plant. This distribution panel was manufactured by Square D, and is in good condition. The panel does not provide code required separation of the life safety breaker as required by recent change in the National Electrical Code. This panel serves four ATS's, a 800A equipment branch, a 400A critical branch, a 225A radiology branch, and a 100A life safety branch. The equipment ATS is in the same room as the emergency distribution panel. The other three ATS's occupy the same room as the main normal power switchboard, in violation of NFPA 110's separation requirements. Additionally, the working space in front of the X-ray ATS is blocked by a pair of transformers that sit right in front of it.

Minimum Work to Maintain Current Occupancy for 2 Years

a. Provide proper sealing and drainage for emergency generator. Generator currently has standing water in base of generator around conduits providing power to generator batteries and accessories.
b. Provide new ED nurse call system. The existing nurse call system appears to be inoperable, and modifications/upgrades would be difficult due to its age and condition.
c. Install additional normal and emergency electrical receptacles in ED patient bays to meet the minimum code requirements. Currently, the ED bays have a single quad receptacle (which means 4 receptacles for plugs), and the construction guidelines required 12 receptacles, with approximately half on emergency power and half on normal power. The existing quad outlets are either on normal or emergency, and not both normal and emergency. We propose adding either an emergency or normal circuit to each bay, as well as 2 additional quads per bay.
d. Perform grounding tests on the existing building.
e. Perform preventative maintenance (PM) on the existing main normal power switchboard. The existing bolted pressure switches require significant maintenance, and it is not clear if this has been regularly performed.
f. Install additional normal and emergency electrical receptacles in re-branded Trauma Room (currently OR) to meet code minimum quantities. The existing operating rooms only have 10 and 12 receptacles (for ORs #1 and #2, respectively). Also bring two branches of power into operating room as room is solely served from critical power currently.
g. Consider removing twist lock plugs in the trauma room. (Optional)
h. Consider adding a code blue function to the nurse call system in the ED and Trauma Room, as none exists today. (Optional)
i. Provide generator annunciator in 24 hour manned location or man the boiler plant office around the clock.
j. Filter and treat the fuel in the existing main underground fuel storage tank and daytanks to confirm fuel is clean and usable.
k. Confirm what PRMC insurance company (Chubb) will require.
l. Need 2 sources of fuel for steam boilers providing heat to patient rooms and clinical spaces. Extend and connect to existing propane gas main serving the nursing home boilers. Replace existing burner nozzles and trim with dual fuel equipment.
m. There is no backflow preventer visible on the hospital 4” CW. Add a BFP. (Optional)
n. Remove local dehumidifiers from OR’s.
o. There is currently only one medical gas master alarm panel, installed a room that is not 24 hour monitored. Add second master alarm panel per code and extend to BAS.
p. Confirm ATC system is on emergency power. If not, re-feed to e-power.
q. Add decontamination shower and holding tank to ED. (Optional)
r. Provide MEP connections for the new ADA bathrooms/sinks in the ED (exhaust, sanitary, vent, domestic water).
s. Test/clean/adjust/retro-commission existing AHU’s.
t. AHU-1 and AHU-2 dual-duct system has an existing high humidity issue. The hot deck receives raw outside air that does not pass over a cooling coil first, and is not dehumidified. (Optional)
u. Repair/replace medical vacuum pump. It is leaking a lot of oil. (Optional)
v. Roof – medical vacuum discharge is 2’ from openable nursing home window. (Optional)
w. Repair/complete the installation of the boiler emergency shut-off switches – they are currently not wired.
x. PM/clean/inspect existing sanitary lift station and pumps.

Option 1 – Hospital Renovation

Central Plant/Central MEP Systems

a. Convert approximately half the 2nd floor to be mechanical/electrical space.
b. Expand the existing propane fuel farm on the site to include four (4) additional 1,000 gallon tanks. Extend a 3" underground propane service pipe around the Nursing Home and site to adjacent to the existing 2" service for the nursing home (at the loading dock). Extend new 3" service to the existing central utility plant (CUP).
c. Provide two (2) new 200-ton rooftop air cooled chillers on the roof over the old surgery space. Extend piping into the new 2nd floor MEP space to new distribution pumps. Extend and connect new chilled water piping to old. Once new chiller plant is active remove existing abandoned rooftop AC chiller located above the existing central plant, and all associated piping, supports and connections. Demolish any chiller pumps/specialties in the CUP.
d. Provide three (3) new 25 GPM condensing domestic water heaters in the existing CUP, two to meet the demand with one redundant heater. Heaters will be propane fired. Extend and connect HW piping to existing. Install one (1) new heater in the space adjacent to the existing 1,200 gallon tank heater. Once started up and connected to the existing piping system, demolish the existing 1,200 gallon tank/heater and associated equipment and steam piping. When the space is cleared, install the remaining two (2) heaters in the old tank heater footprint.
e. Provide a new 10 GPM domestic hot water recirculation pump and associated piping and specialties in the CUP. Provide a copper-silver Legionella treatment system.
f. Demolish one existing high pressure steam boiler and associated piping and specialties. This boiler is redundant capacity. Provide three (3) new 1,000 MBH condensing heating hot water boilers in existing boiler footprint. The boilers will be dual fired with propane and diesel fuel oil. Extend new heating hot water piping up to existing penthouse to back feed old steam-to-HW converter system, then demo old converters and steam station in the penthouse.
g. Once new HHW system is connected, demolish remaining HP steam boiler, deaerator, piping, etc.
h. Replace existing medical vacuum pump with new skid/packaged dry claw system.
i. Provide a medical air manifold system in the CUP (or a medical air pump), and extend new piping to the ED, Trauma Rooms and Isolation Rooms as required by programming.
j. In the penthouse, make temporary connections between AHU-1 and 2. These are dual duct units. In the hospital, close off all dual duct boxes for unoccupied areas. Then demolish existing AHU-2. Install a new custom field-erected AHU in the existing AHU-2 footprint. The AHU will be approximately 40,000 CFM, and include a fan array for the supply. Once installed, the new AHU will back-feed the AHU-1 system. Then demolish existing AHU-1 and AHU-3 (DOAS unit serving 2nd floor FCU's). The new AHU will be single duct using HHW for reheat at the VAV boxes.
k. Remove all existing dual ductwork, mains, branches and supports. Remove all existing dual duct air terminal units and low pressure ductwork and air devices. Provide all new single duct supply air ductwork, single duct VAV boxes, and heating hot water piping system. The ductwork replacement will be done as phased construction, as areas on the first floor will remain occupied during the replacement.
l. Provide a new central DDC building automation system.
m. Replace existing 6" combined fire/water service with a new 8", or include a new parallel 4" to help alleviate the fire pump churn issues.
n. Provide new fire pump to maintain 100 psig at top of standpipes.
o. Add critical exhaust systems for isolation rooms, ED waiting rooms, triage and radiology waiting rooms.
p. Add a dedicated decontamination shower exhaust system per code.
q. Provide new master and area medical gas alarm panels and extend to BAS.
r. Replace existing sanitary lift station serving the hospital, nursing home and 1919 buildings.

Option 1 – Hospital Renovation (continued)

s. Generator Access. The generator breaker sits above the recommended 6'7" height for operability per NEC. Generator sits on underbelly tank, and access for maintenance would be difficult.
t. Provide new 480Y/277V, 1600A electrical service via pad mounted transformer on site.
u. Provide new 480Y/277V, 1600A Switchboard in new electrical space on 2nd floor.
v. Maintain existing 750 KW generator for emergency power.
w. Provide new ATS's to match existing sizes in dedicated emergency power distribution room on the 2nd floor separated from normal power. Provide replacements to major emergency power distribution panels immediately downstream of ATS's on this floor as well. This would include an 800A equipment branch, a 400A critical branch, a 225A radiology branch, and a 100A life safety branch.
    - Deduct alternate. Maintain existing transfer switches and emergency distribution on ground floor. This option leaves emergency power system vulnerable to flooding.

Floor Renovations

a. Renovate areas of first floor per architectural program and concept.
b. In general, all spaces will be gutted down to the structure for complete renovation. All windows and exterior doors will be replaced.
c. HVAC systems for the renovated spaces will include new supply ductwork mains, VAV boxes, HHW piping and controls.
d. Plumbing distribution (CW/HW/HWR) piping will be all new
e. Plumbing sanitary/vent piping will be all new. The first floor is slab on grade and will require extensive cutting and patching of concrete floors and trenching.
f. All existing electrical panels, feeders and branch circuiting will be replaced in the renovation spaces.
g. All existing lighting fixtures and circuiting will be removed. Provide LED lighting fixtures throughout area of renovation in accordance with IES standards.
h. All existing fire alarm devices and wiring will be removed. Extend existing fire alarm system with new initiation and notification appliances throughout renovated space.

Option 2 – New Building

Preliminary pricing for the new building option will be developed based on WT's recent budgeting from another similar nearby standalone ED. MEP systems for the new PRHS FMF will be similar to the other ED. These systems will be described in more detail in the next concept.

PRHS will construct a new approximately 24,000 sf free-standing medical facility on the existing campus, in the footprint of the existing Hospital parking lot, with building connections to the Nursing Home. Once the new building is constructed and staff have moved over, the existing hospital and central plant will be demolished

DESIGN FEES

Design Fee Detail

CRTKL

DESIGN FEE ESTIMATE

The following design fee estimates for the new Freestanding Medical Facility have been prepared by CallisonRTKL along with partner consultants:

- CallisonRTKL - Architecture – lead architectural design consultant, medical programming and planning services
- Becker Morgan Group - Architecture – lead local architectural consultant, construction document and construction administration services
- Leach Wallace Associates - MEP Engineering
- Becker Morgan Group -Civil and Structural Engineering

These fees are preliminary estimates, based on the current design concept as presented in the Report on McCready Memorial Hospital prepared by CallisonRTKL and Leach Wallace Associates in conjunction with PRMC (dated Sept 13, 2018) and the project understanding as described below.

PROJECT SCOPE

The project scope is based on providing the following professional design services:

- Architecture,
- Medical Planning,
- Interior Design,
- Civil Engineering,
- Structural Engineering,
- Mechanical, Electrical and Plumbing Engineering
- Wayfinding and Signage
- Geotechnical
- Existing Conditions Survey

For the purpose of this estimate, The scope of work includes site planning and design of the Freestanding Medical Facility (exterior and interior) from Pre-Design Phase Services through Schematic Design, Design Development, Construction Documentation, Bidding and Construction Phase Services. It is recommended that the project start with a Pre-Design Phase consisting of programming confirmation and concept design refinement in order to address relevant issues or direction that may have evolved since the original Concept Report's completion. This will provide a solid base prior to moving into the Schematic Design Phase.

DESIGN SERVICES NOT INCLUDED IN THIS ESTIMATE

The following services are not included in this estimate as it is assumed they are either not required, or will be provided by the Owner:

- Construction Cost Estimating
- Acoustical/Vibration Consultant
- Food Service Consultant
- Environmental Consultant
- Landscape Architect
- Traffic/parking Consultant
- LEED Consultant
- Building Commissioning Services
- Medical Equipment Planning/procurement
- Furniture Selection/Procurement
- Artwork Consultant
- Aviation Consultant (FAA Coordination for Helipad)
- Wind Analysis Consulting Services

CRTKL

PROJECT DELIVERY SYSTEM

This fee and time schedule for performance of services are based on the use of the Design/Bid/Award/Construction with one prime construction contract delivery system *or* a single negotiated construction contract with 1 bid package.

SCHEDULE

The duration of the project is assumed to have a 9-month design schedule (as broken out below) plus a 3-month permitting and review process and a 14-month construction period.

Pre-Design Phase (programming and concept validation/refinement) – 4 weeks
Schematic Design – 8 weeks
Owner Review – 3 weeks
Design Development – 10 weeks
Owner Review – 3 weeks
Construction Document – 12 weeks
Owner Review - 2 weeks (concurrent with above)
Permitting and Bidding - 14 weeks
Construction – 60 weeks

COMPENSATION FOR PROFESSIONAL SERVICES

Total Design Fee	$1,150,000
Reimbursable Expenses (4%)	$50,000
Total Compensation	**$1,200,000**

Design Fee Breakdown by Discipline:

Architecture *(includes medical planning, interior design, and management of design team)*	$600,000
Civil Engineering	$85,000
Structural Engineering	$50,000
MEP Engineering	$320,000
Signage and Wayfinding	$45,000
Geotechnical Engineering	$25,000
Existing Conditions Survey	$25,000
Total	**$1,150,000**

Design Fee Breakdown by Phase

Pre- Design Services	5%
Schematic Design Phase Services	15%
Design Development Phase Services	30%
Construction Documents Phase Services	30%
Bidding or Negotiation Phase Services	2%
Construction Phase Services	18%

CONSTRUCTION COST ESTIMATE

Construction Cost Estimates

Peninsula Regional Medical Center
Salisbury, MD
9/6/2018

DRAFT

Functional Space Program

300.00 McCready Campus

300.00 Summary

Ref	Service	NSF	DNSF	$/DNSF	TOTAL	BGSF	Comments
	Division 1 Project Requirements		**2.00%**		**265,708**		
301.00	**FreeStanding Emergency**	**3,705**	**5,558**	**$ 156.60**	**$ 870,305**	**6,113**	
302.00	**Crisfield Clinic**	**1,965**	**2,751**	**$ 152.25**	**$ 418,840**	**3,026**	
303.00	**Administration**	**1,175**	**1,586**	**$ 108.75**	**$ 172,505**	**1,745**	
304.00	**Imaging**	**1,562**	**2,343**	**$ 375.00**	**$ 878,625**	**2,577**	
305.00	**Laboratory**	**1,014**	**1,267**	**$ 174.00**	**$ 220,436**	**1,394**	
306.00	**Pharmacy**	**0**	**0**	**$ 217.50**	**$ -**	**0**	
307.00	**Psych - Outpatient**	**880**	**1,346**	**$ 217.50**	**$ 292,842**	**1,481**	
308.00	**Physical Therapy**	**2,308**	**3,000**	**$ 108.75**	**$ 326,294**	**3,300**	
309.00	**Support Services**	**1,892**	**2,460**	**$ 108.75**	**$ 267,482**	**2,706**	
			20,311				
310.00	**Building Systems**	**0**	**658**	**$ 13.05**	**$ 8,587**	**658**	
311.00	**Public Areas & Circulation**	**0**	**1,245**	**$ 108.75**	**$ 135,394**	**1,245**	
	Core & Shell			**$ 150.00**	**$ 3,636,769**	**24,245**	
			119%				
	Design Contingency		**10%**		**$ 722,808**		
	Building Cost			***$ 338.90***	***$ 8,216,592***	**24,245**	
	Site Allowance			**$ 16.75**	**$ 1,441,676**	**86,070**	
	Helipad (On Grade)				**$ 275,000**		
	Demoltion of Existing Structures				**$ 400,000**		
	Site Design Contingency		**15%**		**$ 257,501**		
	Subtotal Construction Budget			**$ 436.82**	**$ 10,590,770**		
	Whiting-Turner General Conditions		5.25%		$ 556,015		
	Whiting-Turner Insurance		1.00%		$ 117,041		
	Whiting-Turner Bond		0.55%		N/A		
	Whiting-Turner Fee		2.50%		$ 295,529		
	Whiting-Turner Preconstruction		0.25%		$ 65,165		
	Construction Contingency		5%		$ 557,339		
	Total Construction Budget			**$ 502.45**	**$ 12,181,860**		
	Escalation To Mid-Point of Construction 10/2020		5% per year		$ 1,133,125		
	Total Budget			**$ 549.18**	**$ 13,314,984**		

ESCALATION CALCULATOR

Current Date ***September 3, 2018***

Calculate to Start Date

Current Date			Start Date	Months
September 3, 2018	to	Start Date	March 1, 2020	18.0
				Weeks 77.4
				Workdays 387

Calculate to Mid-point Assume Construction Duration of 14 months

Current Date			Mid-Point	Months
September 3, 2018	to	Mid-Point	October 1, 2020	25.0
				Weeks 107.5
				Workdays 537.5

Escalation Calcs Based on Per Annum Rate of:		**5.00%**	
To Start Date	1.5	5.00%	**7.59%**
To Mid-Point	2.1	5.00%	**10.70%**

Escalation Calcs Based on Per Annum Rate of:		**5.00%**	
To Start Date	1.5	5.00%	**7.59%**
To Mid-Point	2.1	5.00%	**10.70%**

Peninsula Regional Medical Center

Salisbury, MD 9/6/2018

Functional Space Program

300.00 McCready Campus

301.00 Freestand Emergency Center

Ref	Description	Qty	NSF/Unit	Total NSF	Comments
	Emergency				
301.01	Reception	1	65	65	
301.02	Triage	1	120	120	
301.03	Security	1	50	50	
301.04	Wheelchair Storage	3	16	48	
301.05	Waiting	1	370	370	
301.06	Public Toilet	1	55	55	
301.07	Drinking Fountain	1	10	10	
301.08	Public Toilet - Bariatric	1	55	55	
301.09	Cashier/ Reception Reg	1	65	65	
301.10	Treatment Rooms	3	140	420	
301.11	Secure Holding / Triage	1	300	300	
301.12	Resuscitation Room	1	250	250	
301.13	Observation Room	2	120	240	
301.14	Patient Toilet Room	1	50	50	
301.15	*Nurse Station*	1	166	166	
301.16	Physician Documentation	1	30	30	
301.17	Clean Supply / Equipment Storage	1	220	220	location tbd
301.18	Medications	1	80	80	
301.19	Nourishment Station	1	30	30	
301.20	Soiled Workroom	1	140	140	
301.21	Environmental Services	1	50	50	
301.22	Strecher Parking Alcove	1	25	25	
301.23	Decont. Room - Shower Room	1	80	80	

Peninsula Regional Medical Center

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Functional Space Program

300.00	**McCready Campus**			
301.24	Staff Toilet	1	50	50
301.25	Ambulance Vestible	1	150	150
301.26	EMS Room	1	40	40
301.27	Staff Lounge Lockers	1	276	276
301.28	Patient Toilet Rooms Patient Shower	1	270	270
	Total Net Square Feet			**3,705**
	DNSF to DGSF			1.50
	Total Departmental Gross Square Feet			**5,558**
	DGSF to BGSF			1.10
	Total Floor Gross Square Feet			**6,113**

Peninsula Regional Medical Center

Salisbury, MD 9/6/2018

Functional Space Program

200.00 McCready Campus

302.00 Crisfield Clinic

Ref	Description	Qty	NSF/Unit	Total NSF	Comments
	Crisfield Clinic				
302.01	Waiting- Seats, WC, Queing	1	345	345	
302.02	Public Toilet	1	55	55	
302.03	Reception / Admissions	1	90	90	
302.04	Exam Rooms	8	120	960	
302.05	Patient Toilet	1	55	55	
302.06	Provider Charting	4	65	260	
302.07	Nurse Station	1	110	110	
302.08	Supplies Closet	1	35	35	
302.09	Staff Toilet	1	55	55	
	Total Net Square Feet			***1,965***	
	DNSF to DGSF			1.40	
	Total Departmental Gross Square Feet			**2,751**	
	DGSF to BGSF			1.10	
	Total Floor Gross Square Feet			**3,026**	

Peninsula Regional Medical Center

Salisbury, MD 9/6/2018

Functional Space Program

300.00 McCready Campus

303.00 Administration

Ref	Description	Qty	NSF/Unit	Total NSF	Comments
	Support Services				
303.01	Conference Room	10	20	200	
303.02	Coffee Bar	1	15	15	
303.03	Administrator	1	120	120	
303.04	Assistant Admin	2	100	200	
303.05	Human Resources	1	100	100	
303.06	Medical Records	1	80	80	
303.07	Patient Services	1	80	80	
303.08	Work Stations	5	65	325	
303.09	Toilet	1	55	55	
303.10	xx				
	Total Net Square Feet			***1,175***	
	DNSF to DGSF			1.35	
	Total Departmental Gross Square Feet			**1,586**	
	DGSF to BGSF			1.10	
	Total Floor Gross Square Feet			**1,745**	

Peninsula Regional Medical Center

Salisbury, MD 9/6/2018

Functional Space Program

300.00 McCready Campus

304.00 Imaging

Ref	Description	Qty	NSF/Unit	Total NSF	Comments
	Imaging				
304.01	Waiting	1	130	130	
304.02	Public Toilet	1	55	55	
304.03	Drinking Fountain	1	10	10	
304.04	Reception	1	65	65	
304.05	**Radiography**	1	340	340	
304.06	**C.T. Scanner**	1	400	400	Including Equipment
304.07	Control Room	1	150	150	
304.08	Ultrasound	1	120	120	
304.09	Patient Toilet	1	55	55	
304.10	Dressing Room	1	42	42	Barrier Free
304.11	Dressing Room	1	35	35	
304.12	Quality Controls / PACS	1	80	80	
304.13	Office	1	80	80	
304.14	Ultrasound	0	160	0	
304.15	Patient Toilet	0	60	0	
304.16	Staff Office	0	100	0	
304.17	Radiologist Reading	0	120	0	
304.18	Team Work Area	0	160	0	
304.19	Clean Supply	0	160	0	
304.20	Soiled Utility	0	100	0	
304.21	Receptionist	0	100	0	
304.22	Family/Patient Lounge	0	200	0	
304.23	Patient Changing	0	60	0	

Peninsula Regional Medical Center

Salisbury, MD 9/6/2018

Functional Space Program

300.00	**McCready Campus**			
304.24	Staff Toilet	0	60	0
304.25	Staff Breakroom/Conference	0	180	0
	Equipment Storage	0	160	0
	Housekeeping	0	60	0
	Total Net Square Feet			***1,562***
	DNSF to DGSF			1.50
	Total Departmental Gross Square Feet			**2,343**
	DGSF to BGSF			1.10
	Total Floor Gross Square Feet			**2,577**

Peninsula Regional Medical Center

Salisbury, MD 9/6/2018

Functional Space Program

300.00 McCready Campus

305.00 Laboratory

Ref	Description	Qty	NSF/Unit	Total NSF	Comments
	Lab				
305.01	Specimen Collection	1	115	115	
305.02	Accessioning / Shipping	1	25	25	
305.03	Entrance Area	1	35	35	
305.04	Open Lab	1	838.5	839	
	Total Net Square Feet			***1,014***	
	DNSF to DGSF			1.25	
	Total Departmental Gross Square Feet			**1,267**	
	DGSF to BGSF			1.10	
	Total Floor Gross Square Feet			**1,394**	

Peninsula Regional Medical Center

Salisbury, MD 9/6/2018

Functional Space Program

300.00 McCready Campus

306.00 Pharmacy

Ref	Description	Qty	NSF/Unit	Total NSF	Comments
	Pharmacy				
306.01	General Storage	0	440	0	
306.02	Picking	0	160	0	
306.03	Compounding	0	160	0	
306.04	Office	0	100	0	
306.05	Staff Toilet	0	60	0	shared
306.06	Staff Breakroom/Conference	0	180	0	shared
	Total Net Square Feet			***0***	
	DNSF to DGSF			1.30	
	Total Departmental Gross Square Feet			**0**	
	DGSF to BGSF			1.10	
	Total Floor Gross Square Feet			**0**	

Peninsula Regional Medical Center

Salisbury, MD 9/6/2018

Functional Space Program

300.00 McCready Campus

307.00 Psych - Outpatient

Ref	Description	Qty	NSF/Unit	Total NSF	Comments
	Psych - Outpatient				
307.01	Patient Lounge / Waiting	1	65	65	
307.02	Consultation	2	100	200	
307.03	Group Room	1	200	200	
307.04	Patient Toilet Room	1	50	50	
307.05	Offices	3	100	300	
307.06	Work Area	1	65	65	
307.07		0	240	0	
307.08		0	100	0	
307.09		0	120	0	
307.10		0	60	0	
307.11		0	160	0	
307.12		0	60	0	
307.13					
307.14		0	250	0	
307.15		0	100	0	
307.16		0	20	0	
307.17		0	60	0	
307.18		0	180	0	
	Total Net Square Feet			**880**	
	DNSF to DGSF			1.53	
	Total Departmental Gross Square Feet			**1,346**	
	DGSF to BGSF			1.10	
	Total Floor Gross Square Feet			**1,481**	

Peninsula Regional Medical Center

Salisbury, MD 9/6/2018

Functional Space Program

300.00 McCready Campus

308.00 Physical Therapy

Ref	Description	Qty	NSF/Unit	Total NSF	Comments
	Physical Therapy				
308.01	Waiting /Seats/WC	1	160	160	
308.02	Reception / Clerical	1	65	65	
308.03	Patient Toilet Room	1	55	55	
308.04	Open Gym	1	1418	1,418	
308.05	Private PT Room	1	110	110	
308.06	Private OT Room	1	110	110	
308.07	Office	1	80	80	
308.08	PT Staff Work Room and Equip	2	50	100	
308.09	PT Storage	1	80	80	
308.10	PT Staff Toilet	1	55	55	
308.11	Clean Supplies	1	50	50	
308.12	Soiled Holding	1	25	25	
308.13	xx	0	140	0	
308.14	xx				
	Total Net Square Feet			***2,308***	
	DNSF to DGSF			1.30	
	Total Departmental Gross Square Feet			**3,000**	
	DGSF to BGSF			1.10	
	Total Floor Gross Square Feet			**3,300**	

Peninsula Regional Medical Center

Salisbury, MD 9/6/2018

Functional Space Program

300.00 McCready Campus

309.00 Support Services

Ref	Description	Qty	NSF/Unit	Total NSF	Comments
	Support Services				
309.01	Staff Break Room	1	413	413	
309.02	Staff Lockers / Bench / Clear	1	162	162	
309.03	Staff Toilet Room	1	55	55	
309.04	Staff Changing Room	1	42	42	
309.05	EVS Room	1	80	80	
309.06	Building Services Storage	1	100	100	
309.07	Maintenance Work Station	2	25	50	
309.08	Rec . / Breakdown Room	1	65	65	
309.09	Clean Linen Rec Room	1	65	65	
309.10	Soiled Linen Holding Room	1	65	65	
309.11	Cart Wash Alcove	1	35	35	
309.12	Respiratory Therapy Workroom	0	25	0	
309.13	Med Gas Manifold Room	1	80	80	
309.14	Body Holding Room	1	80	80	
309.15	IT Room	1	200	200	
309.16	Electrical Main Room	1	400	400	
	Total Net Square Feet			***1,892***	
	DNSF to DGSF			1.30	
	Total Departmental Gross Square Feet			**2,460**	
	DGSF to BGSF			1.10	
	Total Floor Gross Square Feet			**2,706**	

Peninsula Regional Medical Center

Salisbury, MD 9/3/2018

Functional Space Program

300.00 McCready Campus

310.00 Building Systems

Ref	Description	Qty	NSF/Unit	Total NSF	Comments
					Determine based on configuration & long term
	Mechanical				
310.01	MEP Allowance	1	658	658	
310.02	Boilers	0	250	0	
310.03	Hot Water	0	200	0	
310.04	Medical Gas Pumps	0	240	0	
310.05	Electical - Main	0	500	0	
310.06	Electrical - Distrbuted	0	160	0	
310.07	Building Controls	0	120	0	
310.08	AHU	0	0	0	
310.09	Control Engineer	0	100	0	
310.10	Bio Med & shop	0	600	0	
310.11	**Information Systems**	0			
310.12	Main	0	250	0	
310.13	Distributed	0	120	0	
310.14	Support Technician	0	100	0	
310.15	Storage	0	200	0	
310.16	xx	0			
310.17	xx				
310.18	xx				
	Total Net Square Feet			***0***	
	DNSF to DGSF			1.20	
	Total Departmental Gross Square Feet			**0**	
	DGSF to BGSF			1.10	
	Total Floor Gross Square Feet			**658**	

Peninsula Regional Medical Center

Salisbury, MD 9/3/2018

Functional Space Program

300.00 McCready Campus

311.00 Public Areas & Circulation

Ref	Description	Qty	NSF/Unit	Total NSF	Comments
	Public Lobby				
311.01	Common Circulation	1	345	345	
311.02	Lobby - upper floors	0	600	0	
311.03	Vestibule/wc stor	0	200	0	
311.04	Vestibule - ED / Cancer Care	0	200	0	
311.05	Reception/ Registration	0	120	0	
311.06	Patient Toilets	0	60	0	
311.07	Gift shop	0	160	0	
311.08	Conference Room	0	200	0	
311.09	Housekeeping	0	60	0	
311.10	Security	0	10	0	
311.11	xx	0		0	
311.12	**Circulation - Vertical**				
311.13	Elevators	1	450	450	
311.14	Stairs	1	450	450	
311.15	xx				
311.16	xx				
	Total Net Square Feet			***0***	
	DNSF to DGSF			1.25	
	Total Departmental Gross Square Feet			**0**	
	DGSF to BGSF			1.10	
	Total Floor Gross Square Feet			**1,245**	

PENINSULA
REGIONAL HEALTH SYSTEM

McCready
HEALTH
With you...for life!

EXHIBIT 10

Where To Go For Care

Your healthcare provider should be your first point of contact for most medical problems.

You get the most efficient care because they personally know you and your medical history.

1st Choice

Primary Care Office

- Best choice
- Knows you and your health
- Available to call 24/7

To find a family physician, visit peninsula.org/findadoctor

2nd Choice

Urgent Care Facilities

- If your doctor can't see you and your condition can't wait
- Extended and weekend hours

CALL YOUR PRIMARY CARE PROVIDER FIRST

Learn more at yourdocsin.com

3rd Choice

Hospital Emergency Rooms

- Life-threatening problems

  Examples:
  - Sudden chest pain
  - Sudden numbness in face, arm, or leg
  - Seizures
  - Inability to breathe
  - Sudden severe headache
  - Severe abdominal pain
- Call 911

Trust Peninsula Regional Medical Center, the most comprehensive trauma/emergency care provider on the Shore.

Visit peninsula.org/emergency

It is always important to bring a list of the current medications you are taking no matter where you go for care.

PENINSULA REGIONAL MEDICAL CENTER

Where To Go For Care

Your primary care provider should be your first point of contact for most medical problems. You get the most efficient care because they personally know you and your medical history.

Primary Care Office

- **Best choice**
- **Knows you and your health**
- **Available to call 24/7**

Urgent Care Facilities

CALL YOUR PRIMARY CARE PROVIDER FIRST

- **If your primary care provider can't see you and your condition can't wait**
- **Extended and weekend hours**

Hospital Emergency Rooms

- **Life-threatening problems**
  Examples:
  -Sudden chest pain
  -Sudden numbness in face, arm, or leg
  -Seizures
  -Inability to breathe
  -Sudden severe headache
  -Severe abdominal pain
- **Call 911**

Where To Go For Care

Your healthcare provider should be your first point of contact for most medical problems.

You get the most efficient care because they personally know you and your medical history.

1st Choice

Primary Care Office

- Best choice
- Knows you and your health
- Available to call 24/7

2nd Choice

Urgent Care Facilities

- If your doctor can't see you and your condition can't wait
- Extended and weekend hours

CALL YOUR PRIMARY CARE PROVIDER FIRST

3rd Choice

Hospital Emergency Rooms

- Life-threatening problems
  Examples:
  - Sudden chest pain
  - Sudden numbness in face, arm, or leg
  - Seizures
  - Inability to breathe
  - Sudden severe headache
  - Severe abdominal pain
- Call 911

It is always important to bring a list of the current medications you are taking no matter where you go for care.

MKT-026 (05/19)

EXHIBIT 11

July 30, 2019

VIA EMAIL & HAND DELIVERY

Ms. Ruby Potter
ruby.potter@maryland.gov
Health Facilities Coordination Officer
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Re: Notice of Intent to Convert McCready Hospital to a Freestanding Medical Facility and Request for Exemption from Certificate of Need Review

Dear Ms. Potter:

On behalf of McCready Foundation, Inc. and Peninsula Regional Medical Center, Inc., as joint applicants, enclosed are six copies of the applicants' Request for Exemption from CON Review to convert McCready Hospital to a Freestanding Medical Facility. Also enclosed is a CD containing electronic versions of the exemption application (WORD) and tables (EXCEL), and searchable PDF files of the application and exhibits. Full scale drawings of the proposed McCready Health Pavilion are also being hand delivered.

If you have questions about the information provided above, please contact counsel for McCready Foundation and Peninsula Regional Medical Center convenience:

Emily H. Wein
Foley & Lardner LLP
Washington Harbour
3000 K Street, N.W.
Suite 600
Washington, D.C. 20007
EWein@foley.com

Counsel for McCready Foundation, Inc.

James Buck
Gallagher, Evelius & Jones LLP
218 North Charles Street, Suite 400
Baltimore, Maryland 21201
410-347-1353
jbuck@gejlaw.com
Counsel for Peninsula Regional Medical Center, Inc.

#670752
011888-0002

The Applicants look forward to working with the Maryland Health Care Commission, the Maryland Institute for Emergency Medical Services Systems, the Health Services Resources Cost Review Commission, and other interested stakeholders to effectuate a new and innovative model of health care delivery for the residents of Somerset County.

Please sign and return to our waiting messenger the enclosed acknowledgment of receipt.

Sincerely,

James Buck

James C. Buck

Enclosures

CC by email without enclosures:

Ben Steffen, Executive Director, Maryland Health Care Commission
Dr. Theodore R. Delbridge, MIEMSS Executive Director
Paul Parker, Director, Center for Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need Program
Suellen Wideman, Esq., Assitant Attorney General
Steven E. Leonard, President and CEO, Peninsula Regional Health System, Inc.
Kathleen Harrison, FACHE, CEO McCready Foundation, Inc.
Bruce Ritcie, Vice President, Finance/CFO, Peninsula Regional Health System, Inc.
Camesha Spence, CFO, McCready Foundation, Inc.
Melvin (Chip) R. Hurley Jr., CPA, FHFMA, CGMA, Berkely Research Group
Andrew L. Solberg, A.L.S. Healthcare Consultant Services
Emily H. Wein, Foley & Lardner LLP

EXHIBIT 12

September 4, 2019

VIA EMAIL & FEDEX

The Honorable Lawrence J. Hogan, Jr.
100 State Circle
Annapolis, Maryland 21401
Governor.mail@maryland.gov

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
Miller Senate Office Building
3 East Wing
11 Bladen Street,
Annapolis, Maryland 21401
delores.kelley@senate.state.md.us

The Honorable Shane E. Pendergrass
Chair, House Health and Government Operations Committee
House Office Building, Room 241
6 Bladen Street
Annapolis, Maryland 21401
Shane.pendergrass@house.state.md.us

The Honorable Charles J. Otto
House Office Building, Room 321
6 Bladen Street
Annapolis, MD 21401
charles.otto@house.state.md.us

The Honorable Mary Beth Carozza
James Senate Office Building, Room 314
11 Bladen Street
Annapolis, MD 21401
marybeth.carozza@senate.state.md.us

The Honorable Craig N. Mathies Sr.
President, Somerset County Commission
Somerset County Commissioners Office
11916 Somerset Ave. Room #111
Princess Anne, Md 21853
commissioners@somersetmd.us

#674371
012888-0002

The Honorable Ralph D. Taylor
Somerset County Administrator
11916 Somerset Avenue, Room 111
Princess Anne, MD 21853
Phone: 410.651.0320
dtaylor@somersetmd.us

The Honorable Robert R. Neall
Secretary of Health
Office of Secretary
Maryland Department of Health
Herbert R. O'Conor State Office Building
201 West Preston Street
Baltimore, Maryland 21201
Robert.neall@maryland.gov

Mr. Ben Steffen
Executive Director
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215
ben.steffen@maryland.gov

Lori Brewster, MS, APRN/LCADC
Somerset County Health Officer
8928 Sign Post Rd.
Suite #2
Westover, MD 21871
lori.brewster@maryland.gov

Re: Summary of Public Informational Hearing Regarding Conversion of Edward W. McCready Memorial Hospital to a Freestanding Medical Facility

Dear Governor Hogan, Senators Kelley and Carozza, Delegates Pendergrass and Otto, County Manager Taylor, Councilman Mathies, Mssrs. Shrader and Steffen, and Ms. Brewster:

On behalf of McCready Foundation, Inc. and Peninsula Regional Medical Center, Inc., by and through the undersigned counsel and pursuant to MARYLAND CODE, HEALTH-GENERAL §

19-120(l)(6) and Code of Maryland Regulations § 10.24.17.04(C)(3)(c)(iii), this letter and the accompanying enclosures provide a summary of the public informational hearing held by McCready Foundation, Inc. and Peninsula Regional Medical Center, Inc. in connection with their notice of intent filed with the Maryland Health Care Commission to convert Edward W. McCready Memorial Hospital to a freestanding medical facility.

As background, McCready Foundation Inc. d/b/a Edward W. McCready Memorial Hospital ("McCready") and Peninsula Regional Medical Center, Inc. ("PRMC"), as joint applicants (together, the "Applicants"), filed a notice of intent and a request for an exemption from certificate of need review to convert Edward W. McCready Memorial Hospital to a freestanding medical facility with the Maryland Health Care Commission on July 30, 2019. This filing followed an Affiliation Agreement executed between Peninsual Regional Health System, Inc. ("PRHS") and McCready on June 26, 2019, pursuant to which PRHS will become the sole corporate member of McCready Foundation, and each component of McCready will become participants in PRHS's regional health care delivery system.

MARYLAND CODE, HEALTH-GENERAL § 19-120(l)(2) and Code of Maryland Regulations § 10.24.17.04(C)(3)(c)(ii) require that a hospital, within thirty days of filing a notice of intent to convert to a freestanding medical facility, hold a public informational hearing in the jurisdiction where the hospital is located. The public informational hearing must address: (1) the reasons for the proposed conversion; (2) plans for transitioning acute care services previously provided by the hospital to residents of the the hospital's service area; (3) plans for addressing the health care needs of residents of the hospital's service area; (4) plans of the hospital or the merged asset system that owns or controls the hospital for retraining and placement of displaced employees; (5) plans for the hospital's physical plant and site; and (6) the proposed timeline for the conversion. The Applicants held a public informational on August 20, 2019, beginning at 6:00 p.m., at the McCready Hospital Community Room, Alice B. Tawes Nursing and Rehabilitation Center, located at 201 Hall Highway in Crisfield, Maryland. Within ten working days of holding the public informational hearing, the Applicants are required to provide a summary of the public hearing. At the hearing, the Applicants addressed each of the factors set forth in HEALTH GENERAL § 19-120(l)(2) and COMAR § 10.24.17.04(C)(3)(c)(ii).

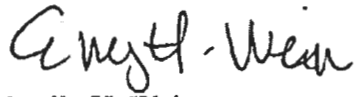
Before holding the public informational hearing, the Applicants exceeded their regulatory obligations to ensure that the hearing was well attended. PRMC published notice of the hearing date and location on McCready's website's homepage and in the print and electronic versions of the The Daily Times, a newspaper of daily circulation, for no fewer than fifteen days prior to the public hearing. PRMC also purchased advertisements in the County News, a Somerset County newspaper, which circulates less than daily, announcing the date and location of the public hearing.

The public informational hearing lasted approximately one hour and fifteen minues and was well attended. Kathleen Harrison, Chief Executive Officer of McCready and Steven E. Leonard, President and Chief Executive Officer of PRHS, hosted the public informational hearing. At the hearing, Ms. Harrison and Mr. Leonard reviewed a slide presentation that addressed each of the issues required by MARYLAND CODE, HEALTH-GENERAL § 19-120(l)(2) and Code of Maryland Regulations § 10.24.17.04(C)(3)(c)(ii). Following the slide presentation, Ms. Harrison and Mr. Leonard answered questions from the audience. A transcript of the hearing is enclosed herewith as **Exhibit A**, and a copy of the slide presentation is enclosed herewith as **Exhibit B**. Notably, during the presentation Mr. Leonard mistakenly indicated in response to a question that, under Maryland Institute for Emergency Medical Services Systems ("MIEMSS") protocols, priority 1 patients would not be brought the freestanding medical facility by EMS providers. In fact, MIEMSS protocols allow EMS providers to transport priorty 1 patients who are *in extremis* to a freestanding medical facility. The day after the hearing, Mr. Leonard followed up directly with the person who asked the question to correct his misstatement.

Please contact me if you have any questions regarding the public informational hearing, the enclosed materials, or the Applicants' intent to convert Edward W. McCready Memorial Hospital to a freestanding medical facility.

Respectfully submitted,

James C. Buck
Gallagher Evelius & Jones, LLP
Counsel to Peninsula Regional Medical Center, Inc.



Emily H. Wein
Foley & Lardner, LLP
Counsel to McCready Foundation, Inc.

Enclosures

#674371
012888-0002

cc via email: **Senate Finance Committee**
The Honorable Brian J. Feldman, Vice Chair,
The Honorable Malcolm Augustine
The Honorable Pamela Beidle
The Honorable Joanne C. Benson
The Honorable Antonio Hayes
The Honorable Stephen S. Hershey, Jr.
The Honorable J. B. Jennings
The Honorable Katherine Klausmeier
The Honorable Benjamin F. Kramer
The Honorable Edward R. Reilly
David A. Smulski, Staff

House Health and Government Operations Committee
The Honorable Joseline A. Pena-Melnyk, Vice Chair
The Honorable Heather Bagnall
The Honorable Erek L. Barron
The Honorable Harry Bhandari
The Honorable Alfred C. Carr, Jr.
The Honorable Nick Charles
The Honorable Brian Chisholm
The Honorable Bonnie Cullison
The Honorable Terri L. Hill
The Honorable Steve Johnson
The Honorable Ariana B. Kelly
The Honorable Ken Kerr
The Honorable Nicholaus R. Kipke
The Honorable Susan W. Krebs
The Honorable Robbyn Lewis
The Honorable Ric Metzgar
The Honorable Matthew Morgan
The Honorable Samuel I. Rosenberg
The Honorable Sid Saab
The Honorable Sheree Sample-Hughes
The Honorable Kathy Szeliga

The Honorable Karen Lewis Young
Erin R. Hopwood, Staff

Somerset County Commission
The Honorable Charles Laird
The Honorable Eldon Willing
The Honorable Rex Simpkins
The Honorable Randy Laird

Theodore Delbridge, M.D., MIEMSS Executive Director
Paul Parker, Director, Center for Health Care Facilities Planning and Development
Kevin McDonald, Chief, Certificate of Need Program
Suellen Wideman, Esq., Assistant Attorney General
Steven E. Leonard, MBA, FACHE, President and Chief Executive Officer
Peninsula Regional Medical Center, Inc.
Kathleen Harrison, FACHE, Chief Executive Officer
McCready Foundation, Inc.
Andrew L. Solberg, A.L.S. Healthcare Consultant Services
Melvin (Chip) Hurley, Berkeley Research Group, LLC

EXHIBIT 13

The Daily Times

McCready Health
Public Information Hearing

Peninsula Regional Health System (PRHS) and McCready Health will hold a public information hearing to address the conversion of McCready Hospital to a freestanding medical facility, and the affiliation of McCready Health with PRHS. At the public hearing, PRHS and McCready Health will address the reasons for the conversion and proposed timeline, plans for healthcare services currently provided by McCready Health, retraining and placement of displaced employees, and the existing hospital facility.

Location: McCready Hospital Community Room,
Alice B. Tawes Nursing and Rehabilitation Center,
201 Hall Highway, Crisfield, MD 21817

Date: Tuesday, August 20, 2019

Time: 6:00 p.m.

MD-GEG0000774-01

McCready Health Public Information Hearing

Peninsula Regional Health System (PRHS) and McCready Health will hold a public information hearing to address the conversion of McCready Hospital to a freestanding medical facility, and the affiliation of McCready Health with PRHS. At the public hearing, PRHS and McCready Health will address the reasons for the conversion and proposed timeline, plans for healthcare services currently provided by McCready Health, retraining and placement of displaced employees, and the existing hospital facility.

Location: McCready Hospital Community Room,
Alice B. Tawes Nursing and Rehabilitation Center,
201 Hall Highway, Crisfield, MD 21817

Date: Tuesday, August 20, 2019

Time: 6:00 p.m.

EXHIBIT 14

MARYLAND DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY
SPRING GROVE CENTER
BLAND BRYANT BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228

License No. 19-001

Issued to:

Edward McCready Memorial Hospital
201 Hall Highway
Crisfield, MD 21817

Type of Facility: Acute General Hospital

Date Issued: July 1, 2018

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 Section 318 Annotated Code of Maryland, 1982 Edition, and subsequent supplements and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Patricia Tomasko May, MD

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

McCready Health

Crisfield, MD

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

November 22, 2018

Accreditation is customarily valid for up to 36 months.

Craig W. Jones, FACHE
Chair, Board of Commissioners

ID #1865
Print/Reprint Date: 01/29/2019

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

Search Again

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You entered Legal Business Name: McCready Foundation

DCN/CCN	632735000
NPI	
Tracking Id	
Application Type	855A
Name	FRANK COLLINS
Legal Business Name	MCCREADY FOUNDATION
Received Date	2013-09-30

The status of this application is: Approved

Novitas Solutions has processed and approved this CMS-855, CMS-20134, EFT application, or Opt Out request.

Please refer to the notification letter for complete details and additional required action.

Status History	
Date	**Status**
December 13, 2013	Approved
December 2, 2013	Development Received
December 2, 2013	Development Received
November 25, 2013	In Development
October 23, 2013	In Process

HEALTHCHOICE

MARYLAND CHILDREN'S HEALTH PROGRAM

MARYLAND PHARMACY ASSISTANCE PROGRAM

LONG TERM CARE

SPECIALTY MENTAL HEALTH SERVICES

WAIVER PROGRAMS

LISTING OF LOCAL DEPARTMENTS OF SOCIAL SERVICES

MEDICAL PROGRAMS HOME

FOR PROVIDERS: WHAT SHOULD I DO IF MY INFORMATION IS INCORRECT?

Search Criteria	
MCO: Not Specified	**Provider Type:** HOSPITAL - All
Last Name: McCready	**Provider Location:** State of **MD**
Show only PCP? No	

Time taken to search:109 ms <Previous **1** Next> **[Showing 1 - 3 of 3]**

Print this page Search

MCCREADY FOUNDATION, INC
201 HALL HWY
CRISFIELD , MD 21817
(410) 968-1801

Provider Number:**1604414 60**
NPI:**1023058062**
HOSPITAL, ACUTE

Handicap Accessible: Y | TTY: Y | EPSDT Certified:N

Managed Care Organization(s):

MARYLAND PHYSICIANS CARE	Primary Care Physician: N	Accepting New Patients:Y
PRIORITY PARTNERS	Primary Care Physician: N	Accepting New Patients:Y

MCCREADY HOSPITAL
201 HALL HWY
CRISFIELD , MD 21817
(410) 968-1200

Provider Number:**0109738 60**
NPI:**1881683423**
HOSPITAL, ACUTE

Handicap Accessible: Y | TTY: Y | EPSDT Certified:N

Managed Care Organization(s):

AETNA BETTER HEALTH	Primary Care Physician: N	Accepting New Patients:Y
PRIORITY PARTNERS	Primary Care Physician: N	Accepting New Patients:Y

MCCREADY MEMORIAL HOSPITAL
201 HALL HWY
CRISFIELD , MD 21817
(410) 968-1200

Provider Number:**0016594 61**
NPI:**1881683423**
HOSPITAL, ACUTE

EPSDT Certified:N

Managed Care Organization(s):

JAI MEDICAL SYSTEMS MCO	Primary Care Physician: N	Accepting New Patients:Y

<Previous **1** Next> **[Showing 1 - 3 of 3]**

Print this page Search

EXHIBIT 15

MARYLAND DEPARTMENT OF HEALTH
OFFICE OF HEALTH CARE QUALITY
7120 SAMUEL MORSE DRIVE, SECOND FLOOR
COLUMBIA, MARYLAND 21046

License No. 22-003

Issued to:

Peninsula Regional Medical Center
100 East Carroll Avenue
Salisbury, MD 21801

Type of Facility: Acute General Hospital

Date Issued: July 1, 2018

Authority to operate in this State is granted to the above entity pursuant to The Health-General Article, Title 19 Section 318 Annotated Code of Maryland, 1982 Edition, and subsequent supplements and is subject to any and all statutory provisions, including all applicable rules and regulations promulgated thereunder. This document is not transferable.

Patricia Tomsko May MD

Director

Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.

Peninsula Regional Medical Center

Salisbury, MD

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

April 27, 2019

Accreditation is customarily valid for up to 36 months.

David Perrott, MD, DDS, MBA, FACS
Chair, Board of Commissioners

ID #6299
Print/Reprint Date: 07/17/2019

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

Search Again

Return to Multiple Results Page

You entered Legal Business Name: Peninsula Regional Medical Center

DCN/CCN	383370537
NPI	1780689463
Tracking Id	T072020180001544
Application Type	855A
Name	
Legal Business Name	PENINSULA REGIONAL MEDICAL CENTER
Received Date	2018-12-03

The status of this application is: Approved

Novitas Solutions has processed and approved this CMS-855, CMS-20134, EFT application, or Opt Out request.

Please refer to the notification letter for complete details and additional required action.

Status History	
Date	**Status**
December 14, 2018	Approved
December 14, 2018	Development Received
December 5, 2018	In Development
December 5, 2018	In Process

HEALTHCHOICE

MARYLAND CHILDREN'S HEALTH PROGRAM

MARYLAND PHARMACY ASSISTANCE PROGRAM

LONG TERM CARE

SPECIALTY MENTAL HEALTH SERVICES

WAIVER PROGRAMS

LISTING OF LOCAL DEPARTMENTS OF SOCIAL SERVICES

MEDICAL PROGRAMS HOME

FOR PROVIDERS: WHAT SHOULD I DO IF MY INFORMATION IS INCORRECT?

Search Criteria	
MCO: Not Specified	**Provider Type:** HOSPITAL - All
Last Name: Peninsula	**Provider Location:** State of **MD**
Show only PCP? No	

Time taken to search:47 ms <Previous **1** Next> **[Showing 1 - 4 of 4]**

Print this page Search

PENINSULA HOME CARE SALISBURY
1001 MOUNT HERMON RD
STE 200
SALISBURY , MD 21804
(410) 543-7550

Provider Number:**0035271 61**
NPI:**1811976418**
HOSPITAL, ACUTE

Handicap Accessible: Y TTY: Y EPSDT Certified:N

Managed Care Organization(s):

MARYLAND PHYSICIANS CARE	Primary Care Physician: N	Accepting New Patients:N
PRIORITY PARTNERS	Primary Care Physician: N	Accepting New Patients:Y
U M HEALTH PARTNERS	Primary Care Physician: N	Accepting New Patients:N

PENINSULA REGIONAL MED CENTER
30434 MOUNT VERNON RD
PRINCESS ANNE , MD 21853
(410) 543-4705

Provider Number:**0011207 71**
NPI:**1780689463**
HOSPITAL, ACUTE

Handicap Accessible: Y TTY: Y EPSDT Certified:N

Managed Care Organization(s):

PRIORITY PARTNERS	Primary Care Physician: N	Accepting New Patients:Y

PENINSULA REGIONAL MED CENTER
100 E CARROLL ST
SALISBURY , MD 21801
(410) 546-6400

Provider Number:**0011207 60**
NPI:**1780689463**
HOSPITAL, ACUTE

Handicap Accessible: Y TTY: Y EPSDT Certified:N

Managed Care Organization(s):

MARYLAND PHYSICIANS CARE	Primary Care Physician: N	Accepting New Patients:N
PRIORITY PARTNERS	Primary Care Physician: N	Accepting New Patients:Y
U M HEALTH PARTNERS	Primary Care Physician: N	Accepting New Patients:N

PENINSULA REGIONAL MEDICAL CEN
100 E CARROLL ST
SALISBURY , MD 21801
(410) 546-6400

Provider Number:**0174963 60**
NPI:**1124005053**
HOSPITAL, ACUTE

EPSDT Certified:N

Managed Care Organization(s):

UNITEDHEALTHCARE	Primary Care Physician: N

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EXHIBIT 16

McCready HEALTH
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McCready Health

Peninsula Regional Health System (PRHS) and McCready Health will hold a public information hearing to address the conversion of McCready Hospital to a freestanding medical facility, and the affiliation of McCready Health with PRHS. The meeting will be held on Tuesday, August 20, 2019 at 6:00 p.m. in the McCready Hospital Community Room at Alice B. Tawes Nursing and Rehabilitation Center (201 Hall Highway.) Please click here to view more on the transition plan.



McCready Foundation and Peninsula Regional Medical Center Transition Plan for Conversion Edward W. McCready Hospital to a Freestanding Medical Facility

McCready Foundation, which owns and operates the Edward W. McCready Hospital, the Alice B. Tawes Nursing Home, and Chesapeake Cove Assisted Living in Crisfield, recently announced plans to affiliate with Peninsula Regional Health System, an integrated health delivery system serving the Delmarva Peninsula. Following the affiliation, McCready and PRHS will become participants in a regional system established by PRHS to serve Somerset County and the Eastern Shore of Maryland.

McCready and PRHS believe that the affiliation is the best interests of the communities presently served by McCready by improving access to quality and efficient healthcare services. The affiliation between McCready and PRHS will also serve to:

- enhance recruitment of personnel and development of resources for new and existing programs;
- maintain and enhance medical services for the under-insured and underserved; and
- facilitate the coordination of health care services throughout the respective service areas of both McCready and PRHS.

McCready and PRHS both value the longstanding community focus and historic mission of the McCready Foundation to provide high quality, compassionate health care through an efficient and diversified service network, maintaining and improving the health of the people and communities served by McCready over their lifetime. As part of McCready Foundation's mission, it has operated the Edward W. McCready Hospital since 1923. Changes in healthcare delivery practices and reimbursement, however, have contributed to steadily declining inpatient utilization at the hospital and steadily declining financial performance. Coupled with the hospital's aged physical plant, both McCready and PRHS recognize that continued operation of McCready hospital over the long-term not is not viable.

In furtherance of the McCready's and PRHS's goal of creating a viable and cost efficient integrated delivery system to maintain and improve access to healthcare services for residents of Somerset County and the Eastern Shore of Maryland for the future, McCready and PRHS have jointly sought regulatory approval to convert McCready Hospital into a freestanding medical facility. The freestanding medical facility will be staffed and capable of delivering emergency and observation services 24/7, at much the same levels as those services presently exist at McCready Hospital. The freestanding medical facility will also offer a clinic, outpatient behavioral health services, rehabilitation services, and diagnostic imaging. Acute inpatient and surgical services will transitioned to Peninsula Regional Medical Center or other facilities as appropriate to each patient's medical needs. The Alice B. Tawes Nursing Home and Chesapeake Cove Assisted Living will continue to operate and are not impacted by the proposed planned to convert McCready Hospital to a freestanding medical facility.

Depending on the timing of regulatory approvals, McCready and PRHS plan to convert the existing McCready hospital to a freestanding medical facility before the end of 2019. The conversion of McCready Hospital to a freestanding medical facility will take place in two phases. In Phase I, minor changes will be made to the existing hospital facility in order to operate as a freestanding medical facility. At the same time, PRHS will construct a state of the art freestanding medical facility to be located approximately 3 to 5 miles northeast of the existing hospital campus. Construction of the new facility is presently expected to be completed in mid-2021. In Phase II of the conversion, the freestanding medical facility will be relocated into the newly constructed facility.

Plan for Transitioning of Acute Care Services Previously Provided at McCready Hospital

The projected timeline for the transitioning of acute care services currently provided at McCready Hospital will depend on the timing of regulatory approvals. McCready and PRHS are engaged in ongoing planning in order to prepare for the first phase of the upcoming transition. Once opened, emergency services currently provided at McCready Hospital will continue to be provided at the freestanding medical facility. The facility's emergency treatment spaces will be staffed by board certified emergency physicians and continue to accept most EMS priority levels, except those that are critically ill or unstable. The facility will operate as an integrated department of Peninsula Regional Medical Center. The freestanding medical facility will also continue to provide diagnostic testing, ancillary services, case management, and observation care.

Patients who present at the freestanding medical facility who need inpatient medical, surgical or critical care will, subject to the patient's individual medical needs and stated preference, be transferred to Peninsula Regional Medical Center. All patients will be stabilized at the freestanding medical facility by the emergency physician and clinical staff before being transferred.

Plan for Job Retraining and Placement of McCready Hospital Employees

The freestanding medical facility will be staffed according to federal and state requirements. McCready and PRHS are continuing to develop a staffing plan for operation of the freestanding medical facility. Any current McCready employees whose positions are eliminated upon conversion of McCready hospital to a freestanding medical facility and who are otherwise qualified will be considered for open positions within PRHS, even if the available position is not identical to the position that was eliminated so long as the displaced employee could qualify for the available position with a reasonably limited amount of occupational training. PRHS has further committed to affording priority to McCready employees whose positions may be eliminated when considering placements in open positions within PRHS.

With due consideration of clinical, financial, and operational needs, PRHS hiring of displaced McCready employees will be based on time of service with McCready and each employee's performance evaluations. Any displaced employees who are rehired by PRHS will be reinstated with their original date of hire and will be immediately eligible for benefits if rehired within twelve months of the effective date of their separation. Finally, severance pay will be offered to displaced McCready employees in varying amounts based on length of service. Part-time employees will be offered severance based on length of service on a pro-rated basis.

Plan for Existing McCready Hospital's Physical Plant

Once the freestanding medical facility relocates to the newly constructed building described above for Phase II of the conversion, PRHS will examine if there is a viable need to maintain the McCready Hospital.