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Martha's Vineyard Commission Land Use Planning Committee Meeting Notes - May 8, 2006

Held in the Stone Building, New York Avenue, Oak Bluffs.

Commissioners Present: Christina Brown (Chair), Jim Athearn, Kathy Newman, Chris Murphy, Ned Orleans, Paul Strauss, Doug Sederholm, Megan Ottens-Sargent, John Best

MVC Staff Present: Mark London, Paul Foley, Bill Wilcox, Chris Flynn,

Press: Julia Wells (MV Gazette), Nelson Sigelman (MV Times),

1. Martha's Vineyard Hospital (DRI 324-M)

Present for the Applicant: Tim Walsh, Tim Sweet, and Ken Chisholm

Project Location: 1 Hospital Road, Oak Bluffs, MA Map 5 Lot 18 (0.13 acres), Map 6 Lots 38 (1.43 acres), 39 (0.85 acres), 40 (0.38 acres), 41 (0.11 acres), 43 (0.29 acres) and Map 7 Lot 1 (9.8 acres). 12.99 acres total.

Proposal: Renovation, expansion and replacement of part of the existing hospital.

Chairman Brown opened the meeting at 5:30 with an introduction and explanation of the DRI process.

Background

- The Hospital and its consultants have met the Commission three times and they are almost ready to make a formal submission.
- The goals for this meeting are mainly to approve the Traffic Scope of Services and to discuss a proposed Scope of Services for a Risk Assessment, in order to have them ready when the application is submitted.
- With respect to the possibility of moving the facility, the Hospital had said that this site, though not ideal, was adequate, that there might not be an alternative available site, and that even if there were an alternative site, it would not be financially feasible. If the second concern were verified, the other two would be moot; therefore a sub-committee of Commissioners and Hospital representatives prepared a study of possible alternative sites. It did not clearly conclude that there was no other viable site, although the sites of possible interest were not necessarily available or affordable.
- The Hospital's position is that it is submitting a proposal for this site, which it considers to be the only viable option. The purpose of this meeting is to help them prepare their proposal for the public hearing.

History

- The Martha's Vineyard Hospital opened on its present site on June 10, 1922.
- It was almost immediately at capacity and was expanded to 25 beds in 1929.

- Over the years, it expanded incrementally.
- In 1972, a new hospital was built on the site of the former Eastville Inn, adjacent to the 1929 building.
- The Martha's Vineyard Hospital has been before the MVC several times:
 - The construction of the Helipad (DRI 149) was approved by the MVC in 1982.
 - A proposal to build a parking lot (DRI 267) was withdrawn in 1987.
 - Construction of another parking lot (DRI 299) was approved with conditions in 1989.
 - Construction of Windemere (DRI 324) was approved with conditions by the MVC in 1990.

Proposal

- Note: The following numbers are from the last proposal the MVC saw; we do not have the new figures yet.
- The existing hospital is 40,971 gross square feet (gsf).
- Last year's proposal consisted of 12,123 gsf of renovation and 91,478 gsf of new construction, a net increase of 50,507 gsf of space (Newly constructed square footage plus renovated space is 62,630 gsf). The latest proposal is for 89,000 gsf of new construction (purely clinical).
- These numbers do not include the 88,450 gsf at Windemere.
- The new building will house state of the art inpatient rooms, surgery, imaging, outpatient services, and the emergency department.
- There will be an increase in medical/surgical beds of 7 (from 11 to 18), a decrease in maternity beds from 4 to 3, and the addition of 3 observation beds.
- The projected capital expense of the proposal is \$44,248,575.
- The Hospital representatives clarified that 10,000sf of the 1929 building is scheduled for demolition and that all of the 1972 buildings will be kept.
- Dialysis and administration will stay in the old hospital.
- Elder services are being accommodated on site. Daycare will move during construction.
- The VNA will move during construction but will return, taking a wing of the 1972 building.
- Windemere and the helipad will stay where they are.
- The expected life of the building is about 40 years

Traffic

- The Hospital carried out a Traffic Impact Assessment Study (TIAS) in 2002. The MVC transportation staff submitted to LUPC the scope of services required to update this study (Appendix A). The Hospital agrees with this proposal.
- Traffic counts have typically been growing 2%/year although roads close to saturation are not going up as quickly as roads with more capacity.
- The Hospital is planning on adding a parking area on the other side of Eastville Avenue, although the arrangements have not been finalized yet.
- The following corrections were made to the Scope of TIAS.
 - Include a discussion of public transit.
 - Allow MVC staff to work with the hospital's traffic consultant to estimate the traffic increase, which would not be based purely on the increase of floor

area. In some cases, more spacious facilities would not increase traffic (e.g. changing double rooms to single rooms).

- ***It was agreed by consensus to approve the Traffic Scope of Services with an agreement to work out with staff the increase in trips and adding a section dealing with public transit.***

Risk Assessment

- In light of the concerns that have been raised about risks associated with the hospital's location, especially flooding and hurricanes, MVC staff has prepared a possible scope of services for a professional risk assessment. It is suggested that the Commission hire a consultant, to ensure the appearance of objectivity. The Hospital has agreed to fund this study.
- Subsequently, the Hospital might want to hire its own risk analysis consultant to ensure that proper mitigation measures have been incorporated into the design.
- The following comments were made about the draft scope:
 - The risks associated with the proposal should be compared to the risks associated with the present hospital.
 - The Hospital might not only identify but also equip an alternative facility to be used in case an emergency puts the present hospital temporarily out of commission.
- The Hospital has an emergency committee. Right now the Pandemic issue is the big topic.
- The MVC is doing a pre-disaster mitigation study with MEMA for the entire Island.
- The Hospital has not discussed with their insurers the cost of property insurance relative to the risk. According to the Hospital representatives this is not an issue because malpractice insurance on one doctor is more expensive than the property insurance.
- There should be a clarification of the risk associated with transporting someone with a medical emergency from one of the further towns. Information should be provided from EMT's – numbers, timing, delays, etc
- ***It was agreed by consensus to approve the draft Scope of Services for Risk Assessment. The study is to be funded by applicant but the consultant will be hired by the MVC.***

Other Issues

- There was a brief discussion of the Alternative Site Committee Report. Last week there was a Letter to the Editor about a piece of land that the hospital supposedly owns in Vineyard Haven. The Hospital representatives clarified that the Hospital owns less than 5% of the land in question and that there is bad title on it.
- Commissioners will want to hear about the energy efficiency aspects of the new hospital.
- Tim Walsh, Tim Sweet, Mark London and Paul Foley made a trip to Cape Cod Hospital to discuss their new construction and the DRI Process they went through at the Cape Cod Commission. There were several similarities and some dissimilarity.
 - CCH is now completing a large addition, located as close to the water and at a similar elevation to the proposed MVH.
 - There had not been any risk assessment or emergency planning for the CCH or in the review by the CCC. Major decisions were made before Katrina so there was less concern about these issues. After Katrina hit, the CCH made some minor

- improvements to the design of the exterior walls, and began working on emergency response measures rather than pre-disaster mitigation.
- The CCH briefly contemplated moving, but concluded that it was not feasible for financial reasons. In that case, moving would have required replacing several existing buildings with relatively recent surgical facilities and patients' rooms.
 - The Hospital will give a more complete presentation of the relative costs of building on this site versus moving. It will include:
 - The architects said that it is cheaper to build on a new site.
 - The cost of the Hospital's acquisition of additional land in the current location should be included in the comparison.
 - A clarification of the architectural fees.
 - The options of total, partial, and phased moves.

Water and Wastewater

- The Commission will need to see a stormwater management plan.
- The Hospital should clarify the status of their discussions with the Oak Bluffs Wastewater Committee. Are they considering connecting up other neighborhoods?
- Bill Wilcox noted that the capacity of the Ocean Park leaching field is limited. They might need a second leaching area.

Adjourned 6:54 p.m.

Appendix A

Proposed Scope of Revisions to Traffic Impact Assessment Study

The Martha's Vineyard Commission transportation planning staff reviewed the Martha's Vineyard Hospital Expansion Traffic Impact and Access Study (TIAS) dated September 2004 and recommends updating the study with the following changes and additional information.

1. Revised Proposal: Plans and descriptions should be updated to reflect the current proposal including the proposed new parking area on the other side of Eastville Avenue.
2. Projection Periods:
 - Trip generation and related traffic impacts should be projected for 5 years and 20 years after construction.
 - The increase in background traffic should be projected at 10% (2% per year) at the end of 5 years and at 25% at the end of 20 years (1% per year for the subsequent years).
3. Trip Generation Rates:
 - Estimated trip generation rates should be revised to more realistically reflect the likely increase in hospital use.
 - The previous TIAS estimated trip generation was based on the projected number of employees and implied that traffic generated by the expanded hospital would not be much different than the existing situation.
 - The percentage increase in trip generation over 20 years should be equal to the percentage increase in floor space.
 - For the 5-year projection period, one quarter of this overall increase should be used.
 - For comparison purposes, the trip generation rates should be compared to those of the ITE Trip Generation manual, Land Use Code 610 based on the square footage of the building.
4. Time Periods of Traffic Analysis:
 - An analysis of the midday peak and a Saturday midday peak hour should be included in the study.
5. Traffic Impact:
 - The sections "Build Trip Generation" and "Build Traffic Volumes and Turning Movements" should be updated with necessary changes based on the above recommendations.
6. New Entrance Road:
 - The report should analyze the need for the new curb cut and new entrance road with a proposed bridge over wetlands.
 - This level of activity would hardly justify the construction of the section of the perimeter road (and bridge) at the Beach Road end.
 - Future summer mid-day traffic volumes should be developed to justify the need for a second connection at Beach Road.
 - The perimeter road should be reviewed carefully.
7. Drawbridge:
 - A more thorough analysis of the impact of the operation of the drawbridge on the study area road network should be included in the TIAS.

- This analysis should include:
 - The queue lengths on Beach Road when drawbridge is open;
 - Clearance time for congestion along Beach Road;
 - Queue lengths and delays on the minor roads of the study network;
 - Indication of alternative routes for moving a patient from Vineyard Haven to the hospital with drawbridge up and the time required.

8. Alternative Access in Emergencies:

- The report should clearly indicate how access would be provided should normal access roads not be available, whether due to:
 - Storm (hurricane, Nor'easter)
 - Drawbridge being closed for extended periods of time;
 - Structural failure before a replacement is in place;
 - Because of the planned two-staged reconstruction process.

9. New Parking Area:

- The plans and report should indicate the layout of the proposed additional parking area on the other side of Eastville Avenue including:
 - Vehicular access
 - Pedestrian movement between the parking lot and the hospital.

10. Bicycle Path:

- As has been discussed at previous meetings, it is important that there be an exclusive bicycle path through the hospital property.
- This path should continue to pass through the hospital property in order to avoid the dangerous corner and intersection pointed out in the first TIAS.

11. Parking Areas:

- The earlier proposal to expand the parking lots in front of the building all the way down to and along Beach Road should be reconsidered in terms of potential negative impacts on scenic values and on wetlands.
- The addition of the new parking area should allow reducing this parking area or maintaining the current situation.

12. Changes to the Presentation of the Report: The following changes or additions should be made to clarify the report:

- A site plan of the existing layout should be submitted similar to that of Fig. 4 to better illustrate the changes.
- The site plans should identify all roads referred to in the report.

13. Note: Additional clarification or analysis may be requested during the Martha's Vineyard Commission public hearing process.

Appendix B

Proposed Scope of Services Martha's Vineyard Hospital Risk Assessment

Background

The Martha's Vineyard Hospital is planning to build a large addition that would house all its surgical and medical facilities. Part of the existing hospital would be maintained and used for offices. The hospital is adjacent to the Windemere nursing home with which it shares certain facilities and services. The Hospital administration decided to enlarge on the existing site, given the high cost and other impacts of rebuilding all facilities in a new location. The Martha's Vineyard Commission will be reviewing the proposal to enlarge the hospital as a Development of Regional Impact.

Goal

The purpose of the study is to allow the Martha's Vineyard Commission, the Hospital administration, and the public to better understand the risks associated with the proposed hospital expansion on the existing site and the principle mitigation measures that should be included in the project with respect to access, site design, and building design.

Tasks

1. Site and Facility Description
 - Describe the existing situation and proposed expansion in relation to exposure to potential hazards.
2. Identification of Potential Hazards
 - Identify the principle hazards that could impact the hospital and its access. These include:
 - Flooding, wind, and other damage due to hurricane, nor'easter, blizzard, or other storm. The effect of sea-level rise due to climate change should be considered.
 - Earthquake.
 - Other (wildfire, terrorism, bio-hazard, pandemic, etc.)
3. Risk Assessment of Potential Hazards
 - For each hazard, indicate the general history of events on Martha's Vineyard with respect to the frequency of the events, and to the extent, nature, and severity of impacts.
 - Analyze the risk associated with the possibility of future events including the likelihood and potential impacts. This should include an order of magnitude estimate of possible damages.
 - These risks should be analyzed with respect to:
 - a) Vehicular and other access to the site, including evacuation.
 - b) Site layout and features of site design.
 - c) Building design.

4. Mitigation Measures

- Outline the principle mitigation measures that could be used to reduce the potential impacts of the various hazards including the order of magnitude of their cost and the anticipated reduction of possible damages.
- Indicate which measures are recommended.
- Indicate whether there is a credible risk that the entire hospital may not be able to be used for a period of time and what the possible mitigation might be.

5. Conclusion

- Comment on the overall vulnerability of the hospital on the current site, with and without implementation of the mitigation measures.