



BOX 1447, OAK BLUFFS, MASSACHUSETTS, 02557, 508-693-3453
FAX 508-693-7894 INFO@MVCOMMISSION.ORG WWW.MVCOMMISSION.ORG

**Minutes of the Commission Meeting
Held on October 21, 2004
in the Stone Building
33 New York Avenue, Oak Bluffs, MA**

IN ATTENDANCE

Commissioners: James Athearn (Elected – Edgartown), John Best (Elected – Tisbury), John Breckenridge (Appointed – Oak Bluffs), Christina Brown (Elected – Edgartown), Linda DeWitt (Appointed - Edgartown), Jane Greene (Appointed – Chilmark), Katherine Newman ((Appointed – Aquinnah), Ned Orleans (Appointed - Tisbury), Robert Schwartz (Appointed – West Tisbury), Doug Sederholm (Elected – Chilmark), Linda Sibley (Elected - West Tisbury), Paul Strauss (County Comm. Rep.), Richard Toole (Elected – Oak Bluffs), Andrew Woodruff (Elected – West Tisbury)

Staff: Mark London (Executive Director), Bill Veno (Senior Planner), Paul Foley (DRI Analyst), Srinivas Sattoor (Traffic Planner)

1. MARTHA'S VINEYARD HOSPITAL PRESENTATION

Commissioners Present: J. Athearn, J. Best, J. Breckenridge, C. Brown, L. DeWitt, J. Greene, K. Newman, N. Orleans, R. Schwartz, D. Sederholm, L. Sibley, P. Strauss, R. Toole, A. Woodruff

Martha's Vineyard Hospital: Tim Walsh (CEO), Tim Sweet (Vice Chairman of the MVH Trustees)

Tim Walsh outlined the hospital's needs, planning process, and current plan.

- The original proposal was for a new hospital facility, for an estimated cost of over \$50 million.
- The current proposal is for new clinical space keeping part of the existing building, for an estimated \$42 million.
- The proposal has been well received by a variety of groups; hospital representatives are about half-way through planning and fundraising.
- **Tim Walsh** asked what the hospital needs to do to gain acceptance by the Commission.

Mark London said hospital consultants have met with MVC staff twice. He had suggested that the hospital start out with answering some of the big questions of why and where.

Tim Walsh outlined various aspects of the proposal.

Facility Needs

- Existing space is not adequate for volume, particularly in the Emergency Room.
- Demographic data suggests increased demand for service.

- The current facility, built in the early '70s, has not aged well and hasn't been adequately maintained.
- The existing wood frame structure does not meet hospital building code and cannot be brought up to code.
- The current state of HVAC and heating systems creates a risk of catastrophic shutdown.
- To house an Emergency Room, the hospital has to have sophisticated and extensive equipment and services.
- During the summer months, expenses are supported by revenues; during the winter months, expenses are not supported but equipment and services must remain in place.

In-Patient Volumes

- In-patient volume has been lost because primary care physicians on the Island have full patient loads and some of the volume has shifted off-Island.
- However, the hospital has recruited new physicians since 2000. In 2003 and 2004 in-patient admissions increased.
- The hospital is also seeing increased confidence by the public in its services and a 4 - 5% annual increase in Emergency Room use.
- It has also increased radiology, laboratory, and rehabilitative services.

Financial

- Historically, the hospital has run in the red. In 2003, the hospital started to see a profit from operations.
- In FY04 and FY05, financial operations stabilized with the result that financial gifts could be used for strategic activities rather than for supporting operations.

Population

- The over-65 age group demonstrates significant difference in use than other age groups for all services in the hospital, including the nursing home, particularly for 85 and older.
- The U.S. Census predicts a 17% increase in the over-65 population in the next ten years, with a 30% increase in the following ten years. For the Vineyard, the increase in number of retirees could be significant.

New Facility

- The question the hospital asked the architect to answer during this second phase was: can a facility be built that will house all the clinical space and fit on the existing lot?
- A determination of need was filed with the State on July 1st, which includes a needs assessment from the health care point of view.
- The proposal for the new 3-story building includes:
 - Basement housing mechanics
 - First floor Emergency Room with 16 rooms (up from 10)
 - Operating rooms
 - Radiology
 - Laboratories
 - Second floor with 30 in-patient private rooms, ICU and Women's Services

- The project would also allow for future expansion. The proposed design is planned to meet needs for five years, but includes the ability to build out from the back of the building.

Mark London asked about the decision to remain on the current site.

Tim Walsh explained that when the hospital went to the reduced cost model of \$42 million, they looked at only replacing clinical space, which can't meet code with the existing wood structure, and renovating existing physician and administrative space. Moving the hospital and keeping Windemere at its present site is an issue because Windemere is supported by hospital services, including the kitchen. A new site would require building physician and administrative space and rebuilding Windemere, with an estimated cost of over \$70 million.

John Best raised a variety of issues:

- He asked for and received confirmation that the hospital is not proposing any housing.
- He said that the site is rather challenged from an environmental standpoint, with wetlands in close proximity.
- He cautioned against projecting high numbers of retirees to the Island. His experience is that Islanders cash out and move off-Island. Also, retirees often decide to move to more sophisticated retirement communities or closer to medical facilities.

Tim Walsh responded that the projections are for only 5 years and do not include a lot of growth. The plan is for a facility that can be expanded if necessary.

Jane Greene asked whether the hospital would expand the tertiary treatment facility.

Tim Walsh said, after discussion with Oak Bluffs, it seems promising that the hospital can tie into the town wastewater treatment plant. **Tim Sweet** added that the hospital now has an alternative to the treatment facility even if expansion doesn't occur.

Jane Greene asked about the planned construction process. **Tim Walsh** explained that plans call for tearing down a very small part of the existing structure. Parking will be a significant problem during construction and the hospital hasn't addressed parking yet.

Linda Sibley expressed two concerns:

- Some people are of the opinion that the hospital is in a bad location. Windemere compounded an existing problem. Now the hospital is saying the facility can't be moved because of Windemere. She asked whether it is time to decide to move the hospital to a new location.
- She said she had been involved in a building proposal that was pared down to meet a cost figure, even though the need for a bigger proposal was clear, and a subsequent proposal had to be made shortly thereafter. She recommended that the hospital propose what it needs with an exact cost and see if the community supports the proposal.

John Breckenridge addressed environmental issues:

- He is on the Oak Bluffs Conservation Commission and is aware that the hospital site is on an incredibly environmentally sensitive area: three DCPCs overlap the area, which is also in a flood zone.
- Joan Hughes [chairman of the Oak Bluffs Conservation Commission] wrote John Ferguson a letter outlining that the hospital site is surrounded by natural resources, some of which are not in good health. By developing a sensible wastewater treatment plan, the hospital would be contributing to the environmental and economic health and well-being of the Island.

Linda DeWitt commented that this is a really good time for this proposal to be happening as the hospital has the stability it needs to go through construction. She asked how many airlifts are done a year. **Tim Walsh** said that there are about 200 a year; the heliport will still be used. During tough weather, about ten times a year, the Coast Guard will come in with the bigger helicopter.

Linda DeWitt asked about the original landscaping plan that has been destroyed and wondered whether the Ladies' Garden Society could help restore the plan.

James Athearn asked whether the main reason for the hospital staying at the current site is Windemere's need for a kitchen. He asked whether food could be transported to Windemere from another location such as a satellite kitchen. **Tim Walsh** said that if the kitchen were the only issue, they could probably solve the problem.

James Athearn pointed out the possibility of working with Oak Bluffs for the town's site in the Southern Woodlands.

To build a totally new hospital on a new site, they would need to sell the old site, requiring the demolition and rebuilding of Windemere. It was pointed out that the market value of the current site would not support the cost of building a facility on a new site. Also, the transportation time requirements for a nursing facility are very strict.

Christina Brown said she is very glad that this project can be talked about in the early stages. She asked Tim Walsh to talk about how the hospital plans to raise the money for construction.

Tim Walsh explained that the hospital board has decided that funds will be raised through fundraising rather than through borrowing. **Tim Sweet** said he can not overstate the magnitude of the challenge to raise \$42 million; nothing remotely close to this level of fundraising has been done on Martha's Vineyard. **Christina Brown** said it has been suggested at various times that the hospital go to the towns for money.

Tim Sweet responded to a number of issues.

- About five years ago a public funding concept was discussed and had a cool reception.
- The hospital plans to raise the money but will explore public funding if necessary.
- The hospital is fundamentally and absolutely opposed to borrowing, which almost brought the hospital to bankruptcy.
- Raising \$42 million seems difficult. The difficulties associated with raising \$70 million and moving are overwhelming; moving would involve finding a new parcel that will accommodate a helicopter and moving Windemere, or separating the hospital from Windemere.

- The Conservation Commission motivated the hospital to explore alternatives to wastewater treatment, making the site more environmentally sound.
- This is not a compromise plan; nothing clinical was compromised. Rather than building a \$10 million office building as part of the plan, the proposal is to renovate, at much less cost, existing office buildings.
- Most urgent is the updating and expansion of the Emergency Room.

James Athearn suggested that Community Services, the Ice Arena, etc., would make excellent neighbors and create opportunities for sharing of wastewater treatment and other services.

Tim Sweet responded that the Land Bank cannot allow use of their land; the only land that would be available is the swapped land in the Southern Woodlands area that is proposed to be transferred to the Town of Oak Bluffs.

Linda Sibley commented on the plan and financing.

- She wondered what would happen to the existing Emergency Room wing. As it exists, it affects projected parking. It might be made more efficient and beneficial if this wing was removed although this might involve more cost.
- She commented that she was a county commissioner when an attempt was made to raise money for an Emergency Room through county assessments, which was not supported.
- She feels with the current fiscal stability of the hospital, people might be more willing to support the physical plant, especially if it were clear that people are getting a better product.

Bob Schwartz asked how many acres are at the present site and how many would be needed.

Tim Walsh said there are 8+ at the present site; 18 are recommended.

Katherine Newman asked John Breckenridge to clarify whether the Conservation Commission is supporting the current site. **John Breckenridge** said that the Conservation Commission is inviting hospital representatives to meet and talk about environmental issues. He stated that the letter is not intended as an opinion on the relative merits of staying on the site or moving.

Andrew Woodruff asked for clarification that no use is intended for the old Emergency Room portion. He asked whether a second story could be added onto the existing structures for office space. **Tim Walsh** said he believed that adding a second story would require extensive renovation and wouldn't be worth the cost.

Tim Walsh, responding to a question from Linda DeWitt, said the hospital has 120 – 150 live births per year. He confirmed that maternity is a significant money loser. **Linda DeWitt** asked whether the Commission has records of hospital projects; the hospital was built in '72, two years before the Commission formed, but the Commission may have records on Windemere.

Jane Greene said she assumed that the hospital and Windemere are both tied into the wastewater treatment system built in the '90s. **John Breckenridge** said it is not a strong nitrogen reduction system. **Bill Wilcox** said the tests show that its nitrogen is 10 parts per million which is the drinking water standard.

Mark London noted that this is not a public hearing, but a preliminary presentation for initial feedback. He summarized some issues that had been raised that hospital planners could focus on.

- The Hospital should clarify the benefits and detriments of remaining on the existing site, of moving the hospital and leaving Windemere, and of moving both the hospital and Windemere.
- In an earlier proposal to staff, the Hospital representatives gave the impression that the new facility would be about the same size as the existing one, which is not the case. A fundraising strategy might emphasize square footage increases and improved services.
- When analyzing the traffic, wastewater and other impacts, the Commission will have to look at all the floor space of the facility, even that which is not being used.
- The design should include a consideration of keeping or demolishing the unused third wing, especially in relation to parking and landscape. Extending the parking in front of the building right down to the road might be problematic.

John Best asked whether the 1929 building is being demolished and what will be under the second floor. **Tim Walsh** said the front piece is being demolished, but the back part stays. The wing under the second floor will be useful floor space.

Mark London said the existing facility is about 90,000 square feet; new construction would be about 58,000 square feet. **Tim Sweet** said that when the facility is replaced, rooms must be brought up to code and enlarged.

Linda Sibley suggested that before the Hospital comes before the Commission with a formal proposal, the Hospital knows its plan for the vacant wing; if the Hospital doesn't have a specific plan, the Commission has to assume the highest possible traffic generation.

Tim Walsh summarized why the Hospital is building a new facility:

- The Hospital doesn't have enough space for current volumes; the ER has four-hour waits.
- The Hospital believes volumes will increase.
- The Department of Health will tell Martha's Vineyard Hospital that the existing facility can't be expanded; it would have to be torn down before expanding it.

Andrew Woodruff asked whether any expansion requires that the Hospital start from scratch and bring the entire building up to code. **Tim Sweet** said there might be a threshold, but any substantial change requires bringing the existing facility up to code.

- The Hospital believes it is about five years away from major structural problems, such as leaking roofs.
- Problems can be band-aided, but no major renovations can take place; the State didn't do the Hospital any favors by allowing the frame to be wood.
- He said he doesn't believe the Hospital can wait for a catastrophic problem.
- Maintenance problems are huge; heating and cooling are very expensive; the landscaping is inefficient.

Robert Schwartz commented that if the existing building is so bad, why is it being kept. **Tim Sweet** explained that office and doctor space can be renovated; new roofs can be put on. However, the hospital area needs to be new to meet hospital code.

Linda DeWitt asked about work on Windemere. **Tim Walsh** explained that they've done some work on it, but the design is a maintenance nightmare. **Tim Sweet** said he believes that structurally the building is okay.

Paul Foley clarified that the Hospital was before the Commission in 1982 for the helipad, in 1987 for a parking lot that was withdrawn, in 1989 for a parking lot, and in 1990 for the long term care facility Windemere.

The Commission recessed briefly.

2. MINUTES

Commissioners Present: J. Athearn, J. Best, J. Breckenridge, C. Brown, L. DeWitt, J. Greene, K. Newman, N. Orleans, R. Schwartz, D. Sederholm, L. Sibley, P. Strauss, R. Toole, A. Woodruff

Linda Sibley moved and it was duly seconded to approve the minutes of July 22, 2004, with corrections.

- page 12, line 30 should read 'with the Vineyard'
- page 13, line 43 should read 'would be appropriate to consider giving Mark London'
- Section 5: Other should add 'Christina Brown'
- page 13, line 11 should read 'the Island had more'

A voice vote was taken. In favor: 13. Opposed: 0. Abstentions: 1. The motion passed.

3. LUPC MEETINGS

Commissioners Present: J. Athearn, J. Best, J. Breckenridge, C. Brown, L. DeWitt, J. Greene, K. Newman, N. Orleans, R. Schwartz, D. Sederholm, L. Sibley, P. Strauss, R. Toole, A. Woodruff

Christina Brown pointed out that *Looking at the Commission* includes very specific suggestions for looking at the DRI process. She invited everyone to read *Looking at the Commission* and to come to the November 1st and November 8th LUPC meetings to discuss the process.

4. CAIRPA

Commissioners Present: J. Athearn, J. Best, J. Breckenridge, C. Brown, L. DeWitt, J. Greene, K. Newman, N. Orleans, R. Schwartz, D. Sederholm, L. Sibley, P. Strauss, R. Toole, A. Woodruff

Mark London reminded participating Commissioners to meet at the airport for the CAIRPA meeting with regional planning agencies of Cape Cod and Nantucket. At the meeting, the Commission will be asked to sign two letters:

- A letter of supporting for the Massachusetts Estuaries Project.
- A second letter supporting the concept of checkerboarding for sewers. The letter asks that the Legislature make it possible for any community who wants to extend sewers to set its own standards as to which lots can connect.

Jane Greene suggested that the Estuaries Project letter be revised to make its point first and follow with history.

Ned Orleans moved and it was duly seconded to endorse the letters of support of the Massachusetts Estuaries Project. A voice vote was taken. In favor: 14. Opposed: 0. Abstentions: 0. The motion carried.

Mark London said he was not sure of the logistics of revising the letter, but he will follow up.

James Athearn asked for an alternate to sign the letters; **Linda Sibley** will sign.

Ned Orleans moved and it was duly seconded to endorse the letter regarding checkerboarding for sewers. A voice vote was taken. In favor: 14. Opposed: 0. Abstentions: 0. The motion carried.

Jane Greene suggested that the letter also be revised so that the topic is first and the history of the issue is second.

5. OTHER BUSINESS

Commissioners Present: J. Athearn, J. Best, J. Breckenridge, C. Brown, L. DeWitt, J. Greene, K. Newman, N. Orleans, R. Schwartz, D. Sederholm, L. Sibley, P. Strauss, R. Toole, A. Woodruff

5.1 State Forest

Mark London talked to Mr. Rasmin, the forester in charge of looking at the changes at the State Forest. The process is nowhere near as advanced as reported. The first inquiry to be made is the economic possibilities of harvesting some of the plantation trees. If the State concludes that it would be feasible to move ahead, it will involve the community in the process and may be setting up a task force or committees. Andrew Woodruff, Jim Athearn, Linda Sibley and Richard Toole are interested in representing the Commission with respect to this issue.

5.2 Planning Process

Ned Orleans had proposed a due date for the planning proposal for the end of October; he suggested moving the due date to the end of November.

Jane Greene moved and it was duly seconded to move the due date to the end of November. A voice vote was taken: In favor: 14. Opposed: 0. Abstentions: 0. The motion carried.

5.3 Secretary

Mark London announced that Jackie Campbell, regrettably, is leaving October 29th. An ad has been placed for a new secretary

5.4 Anniversary Celebration

Mark London said that tickets for the anniversary party should be purchased by November 1st. Tickets are \$40.00 and the celebration is open to the public.

Katherine Newman said for 70 – 75 people, the front meeting room of the Ag Hall will be used. If more people attend, the main hall will be used. There will be communal tables for a community dinner.

5. DUKES COUNTY SAVINGS BANK: DRI NO. 578 – WRITTEN DECISION

Commissioners Present: J. Best, J. Breckenridge, C. Brown, L. DeWitt, J. Greene, K. Newman, N. Orleans, R. Schwartz, D. Sederholm, L. Sibley, R. Toole

Richard Toole moved and it was duly seconded to approve the revised written decision as written.

Jane Greene moved and it was duly seconded to approve the following corrections for clarification:

Page 6 Regarding possible pre-existing contamination of the site, that staff verify the Bank's statement regarding investigation and remediation of any such contamination.

A voice vote was taken. In favor: 10. Opposed: 0. Abstentions: 1. The motion passed.

Jane Greene moved and it was duly seconded to approve the following corrections for clarification:

Page 6 g 'The Bank will lease a daycare center, if built, to a licensed operator'

A voice vote was taken. In favor: 10. Opposed: 0. Abstentions: 1. The motion passed.

Commissioners discussed the landscap

ing conditions regarding the walking/bicycle path easement and previous applications.

Jane Greene moved and it was duly seconded to approve the following corrections for clarification:

Page 7 k 'The Bank will honor the conditions of the previous decision (DRI No 507, 1999) in regard to the bike and walking path.'

Page 7 l 'If and when the Town or State plans a walking and/or bicycle path along State Road or Holmes Hole Road, the applicant will grant a 10-foot easement to accommodate it.'

A voice vote was taken: In favor: 11. Opposed: 0. Abstentions: 0. The motion passed.

Richard Toole made the following grammatical correction:

Page 4 paragraph 3 should read 'came forward'

Christina Brown moved and it was duly seconded to make the following corrections as suggested by Bill Wilcox:

Page 7 Stormwater: end the sentence at 'parking' and relocate the sentence under Site Design and Landscaping.

John Breckenridge asked Bill Wilcox about curbing. **Bill Wilcox** explained that NRCS responded that for a large paved area, a vegetative buffer would become clogged with sediment and sand, causing eventual problems for the septic system. NRCS suggested that the deep sump pits are more appropriate for this size parking lot. In this case, the vegetative buffer will serve primarily as a landscaping element.

A voice vote was taken. In favor: 11. Opposed: 0. Abstentions: 0. The motion passed.

Bill Veno pointed out an incorrect date:

Page 3 should read '1987'

A roll call vote was taken on the motion by Richard Toole to approve the written decision. In favor: J. Best, J. Breckenridge, C. Brown, L. DeWitt, J. Greene, N. Orleans, R. Schwartz, D. Sederholm, L. Sibley, R. Toole. Opposed: None. Abstentions: None. The motion passed.

The meeting adjourned at 10:05 p.m.

Chairman

Date

Clerk-Treasurer

Date