

# State of Maryland

## 2007 Bond Bill Fact Sheet

1. Senate		House		2. Name of Project
LR #	Bill #	LR #	Bill #	
983	SB76	1122	HB804	St. Agnes HealthCare
3. Senate Bill Sponsors				House Bill Sponsors
Jones				Haynes
4. Jurisdiction (County or Baltimore City)				5. Requested Amount
Baltimore City				\$560,000
6. Purpose of Bill				
Authorizing the creation of a State Debt to serve as a grant to the Board of Directors of St. Agnes HealthCare, Inc. for the planning, design, renovation, expansion, repair, construction, and capital equipping of the birthing center and neonatal intensive care unit to be located at St. Agnes Hospital in Baltimore City.				
7. Matching Fund Requirements				
The grantee shall provide and expend a matching fund. No part of the fund may consist of real property or in kind contributions. The matching fund may consist of funds expended prior to the effective date of the Act.				
8. Special Provisions				
None.				
9. Contact Name and Title			Contact Phone	Email Address
Nancy H. Creighton, Director			410-368-2944	ncreight@stagnes.org

**10. Description and Purpose of Grantee Organization** (3000 characters maximum)

Founded in 1862, St. Agnes HealthCare is a member of Ascension Health (formerly Daughters of Charity National Health System) and was the first Catholic hospital in Baltimore. Initially organized to provide nursing care to the poor, St. Agnes reorganized as a full-service hospital in 1906. Originally located on Lanvale Street and Greenmount Avenue, St. Agnes moved to its current location at Wilkens and Caton Avenue in 1876. Due to dramatic changes in medical technology and demands for health services, in 1961, St. Agnes opened a new seven-story replacement facility at the same location. Subsequently, the campus has undergone major expansion and renovation projects in 1965-1969, 1974, 1977-1981, 1986-1988, and 1990-1994. At present, St. Agnes is an urban campus of approximately 1.0 million square feet of physical plant with average age of plant of 11.91 years.

St. Agnes is a 323-bed full service acute care community teaching hospital with residencies in surgery, medicine and pediatrics (joint program with Johns Hopkins). The main campus is located in the southwest portion of Baltimore City and provides a broad array of services to the 730,000 people that reside in the primary and secondary service area. Consistent with our heritage, an integral component of today's mission continues to be the dedication to meeting the health care needs of the poor and disenfranchised of southwest Baltimore. Key services at St. Agnes include:

The St. Agnes Cancer Center (Radiation, Medical and Surgical Oncology Services)

The Chest Pain Emergency Center

Cardiovascular Services

Women's Health Services (12-Room Birthing Center, Comprehensive Breast Center)

Level IIIB Perinatal Program

The Joint Connection

The Center for Minimally Invasive Surgery and Telemedicine

St. Agnes Emergency Department, which includes Pediatric, Adult and Urgent Care Emergency Centers

**11. Description and Purpose of Project** (3000 characters maximum)

St. Agnes Hospital is a long-standing provider of OB and neonatal intensive care services. In 1994, the third floor of the patient tower was expanded and renovated and the OB/GYN services were relocated from the sixth floor. This renovation included the implementation of 12-room LDR Birthing Center (Labor, Delivery, and Recovery) with 2 C-section rooms and 34-bed post-partum unit as well as a 3-room, 28-bed Neonatal Intensive Care Unit including a 10-bed, service carousel model, tertiary care room.

The Birthing Center and Neonatal Intensive Care Unit (NICU) project will renovate 24,665 (gross and net) square feet of space located on the third floor of the existing patient care tower. The project will increase the safety and efficiency of the care areas for patients, physicians, nurses and other care providers. In the Birthing Center the Labor/Delivery/Recovery (LDR) rooms will be renovated to maximize existing square footage creating specific zones for mother, baby, family and staff to standardize room layout and streamline workflows throughout the unit. The NICU renovation will transition the existing open ward design to 17 private rooms that will increase patient and family privacy. A standardized room layout will also be adopted in this area to improve efficiency and safety.

**Birthing Center Renovation:**

1. Labor/Delivery/Recovery (LDR) Rooms: Renovate LDR’s to maximize existing square footage to create defined mother, baby, family and caregiver zones as well as standardize room layout and streamline workflow
2. Central Station & Supply Storage: Redesign central station and supply storage to provide distinct workflow areas for caregivers and streamline supply storage and distribution
3. Other Improvements: Simplify way-finding, upgrade bathrooms to meet ADA guidelines, replace all floor finishes, wall and ceiling finishes and upgrade family nourishment center

**Neonatal Intensive Care Unit Renovation:**

1. Patient Rooms: Transition existing open ward design to 17 private rooms that will reduce noxious exposure to noise and light, minimize nosocomial infection, and increase patient and family privacy; Standardize room layout to improve efficiency and safety
2. Reception/Control: Relocate reception desk to provide improved visibility and support way-finding
3. Nurse Station: Decentralize nurse’s station via 6 substations that support maintaining caregivers at or near bedside
4. Supply and Equipment Storage: Relocate and enlarge clean supply and equipment storage to centralize access and reduce “track-backs” to secure supplies for care delivery
5. Formula/Breastfeeding Storage & Preparation: Provide dedicated space for storage of breast milk and formula and dedicated space with a separate sink for the preparation of breast milk and formula to meet guidelines by the Pediatric Nutrition Practice Group of the American Dietetic Association

*Round all amounts to the nearest \$1,000. The totals in Items 11 (Estimated Capital Costs) and 12 (Proposed Funding Sources) must match. The proposed funding sources must not include the value of real property unless an equivalent value is shown under Estimated Capital Costs.*

**12. Estimated Capital Costs**

<b>Acquisition</b>	\$0
<b>Design</b>	\$159,000
<b>Construction</b>	\$2,190,000
<b>Equipment</b>	\$118,000

<b>Total</b>		\$2,467,000	
<b>13. Proposed Funding Sources – (List all funding sources and amounts.)</b>			
<b>Source</b>		<b>Amount</b>	
Abel Foundation/Proctor Gamble		\$100,000	
MHA Capital Bond Grant		\$560,000	
St. Agnes Hospital Cash Reserves		\$1,807,000	
<b>Total</b>		\$2,467,000	
<b>14. Project Schedule</b>			
<b>Begin Design</b>	<b>Complete Design</b>	<b>Begin Construction</b>	<b>Complete Construction</b>
11/1/2005	5/31/2007	7/1/2007	11/30/2007
<b>15. Total Private Funds and Pledges Raised as of January 2007</b>		<b>16. Current Number of People Served Annually at Project Site</b>	
\$0		2,493 Women 258 Neonates	
<b>18. Other State Capital Grants to Recipients in Past 15 Years</b>			
<b>Legislative Session</b>	<b>Amount</b>	<b>Purpose</b>	
NONE			
<b>19. Legal Name and Address of Grantee</b>		<b>Project Address (If Different)</b>	
St. Agnes HealthCare, Inc.			
<b>20. Legislative District in Which Project is Located</b>			44
<b>21. Legal Status of Grantee (Please Check one)</b>			
<b>Local Govt.</b>	<b>For Profit</b>	<b>Non Profit</b>	<b>Federal</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22. Grantee Legal Representative</b>		<b>23. If Match Includes Real Property:</b>	
<b>Name:</b>	Jeff Pecore	<b>Has An Appraisal Been Done?</b>	Yes/No
<b>Phone:</b>	410-715-8905		No
<b>Address:</b>		<b>If Yes, List Appraisal Dates and Value</b>	
<b>24. Impact of Project on Staffing and Operating Cost at Project Site</b>			

Current # of Employees	Projected # of Employees	Current Operating Budget	Projected Operating Budget	
90	90	FY07 Birthing Center: \$(2,229,132) FY07 NICU: \$(283,286)	FY09 Birthing Center: \$(2,273,335) FY09 NICU: \$(257,442)	
<b>25. Ownership of Property</b> (Info Requested by Treasurer's Office for bond issuance purposes)				
<b>A. Will the grantee <u>own</u> or <u>lease</u> (pick one) the property to be improved?</b>			Own	
<b>B. If owned, does the grantee plan to sell within 15 years?</b>			No	
<b>C. Does the grantee intend to lease any portion of the property to others?</b>			No	
<b>D. If property is owned by grantee and any space is to be leased, provide the following:</b>				
	<b>Lessee</b>	<b>Terms of Lease</b>	<b>Cost Covered by Lease</b>	<b>Square Footage Leased</b>
	N/A			
<b>E. If property is leased by grantee – Provide the following:</b>				
	<b>Name of Leaser</b>	<b>Length of Lease</b>	<b>Options to Renew</b>	
	N/A			
<b>26. Building Square Footage:</b>				
<b>Current Space GSF</b>		24,665		
<b>Space to Be Renovated GSF</b>		24,665		
<b>New GSF</b>		0		
<b>27. Year of Construction of Any Structures Proposed for Renovation, Restoration or Conversion</b>			FY 2007	
<b>28. Comments: (3000 characters maximum)</b>				