

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF ALBANY

THE LANDMARKS SOCIETY OF GREATER UTICA,
JOSEPH BOTTINI, #NOHOSPITALDOWNTOWN, BRETT
B. TRUETT, JAMES BROCK, JR., FRANK MONTECALVO,
JOSEPH CERINI, AND O'BRIEN PLUMBING & HEATING
SUPPLY, a division of ROME PLUMBING AND HEATING
SUPPLY CO. INC.,

Petitioners-Plaintiffs

For a Judgment pursuant to Article 78 and Section 3001 of the
Civil Practice Laws and Rules,

against-

PLANNING BOARD OF THE CITY OF UTICA, NEW YORK
STATE OFFICE OF PARKS, RECREATION AND
HISTORIC PRESERVATION, ERIK KULLESEID, ACTING
COMMISSIONER, DORMITORY AUTHORITY OF THE
STATE OF NEW YORK AND MOHAWK VALLEY
HEALTH SYSTEM,

Respondents-Defendants.

STATE OF NEW YORK)

COUNTY OF ONEIDA)ss:

Robert Scholefield being duly sworn deposes and says:

1. I am the Executive Vice President of Facilities and Real Estate for the Mohawk Valley Health System ("MVHS").
2. I have been involved with MVHS's project to build a new, single hospital/healthcare campus in downtown Utica (the "Project") since the project's inception in November 2014 and accordingly have the personal knowledge and authority to make the statements in this Affidavit.
3. The statements in this Affidavit represent my recollections of activities pertaining to the timeline of the Project and the public's involvement and knowledge throughout the planning

**AFFIDAVIT OF ROBERT
SCHOLEFIELD**

Index No. 02797-19

Assigned Judge:
Hon. Michael Mackey, J.S.C.

process for the Project. From Project's inception in 2014, MVHS engaged in community outreach and education and considered community concerns from various stakeholder groups – including those that are now the named Petitioners in this proceeding.

4. In March 2014, Faxton St. Luke's Healthcare (FSLH) and St. Elizabeth Medical Center (SEMC) became affiliated as a single entity known as Mohawk Valley Health System. The affiliation helped to enhance services for the residents of the Mohawk Valley through greater collaboration and improved clinical quality for patient and resident care.

5. MVHS is governed by a single, 19-member board of directors, with nine members from FSLH's board and nine from SEMC's board and one member representing the Partners in Franciscan Ministries. The system is operated by a single management team.

6. MVHS serves the geographic area of Oneida, Herkimer and Madison counties and is an integrated delivery system with 4,200 full-time equivalent employees and a combined operating budget of \$566 million.

7. Substantial effort has been focused on consolidating existing resources, eliminating redundancies, expanding the depth and breadth of services, improving access and elevating the quality of healthcare services in the region. MVHS has been successful in its efforts thus far, but has been constrained by the age and physical limitations of the existing facilities.

8. As a result, in November 2014, MVHS announced that it was exploring opportunities to potentially fund and build a new, single replacement hospital for the local community.

9. In January 2015, Governor Andrew Cuomo cited the MVHS new hospital project in the State of the State address and as part of his proposed \$700 million to support Upstate New York hospitals, he noted that \$300 million would help to “create an integrated healthcare delivery system in Oneida County.”

10. In 2014-2015, MVHS retained several consultants to assist with the site selection process for the new hospital. An initial study was performed by Elan Planning, Design, & Landscape Architecture, PLLC (Elan) and O'Brien & Gere Engineers, Inc. (OBG). This study included a comprehensive site evaluation of 10+ sites within Oneida County that could support a new, single hospital. Criteria analyzed in this study included access to the site by the populations we serve, environmental impacts and infrastructure requirements. That report, issued on June 12, 2015, recommended the downtown Utica location.

11. MVHS also asked Hammes Company, who it had engaged in December 2014 to assist with the new hospital, to provide a second opinion on the site recommendation of the initial study. After performing a comprehensive review of the report, Hammes confirmed the recommendation of the downtown site as the best option for MVHS to pursue.

12. On July 23, 2015, the MVHS Board of Directors unanimously approved the downtown location for the new regional healthcare campus. This decision was announced publicly in September 2015.

13. In March 2016, the New York State Legislature approved \$300 million for an integrated healthcare delivery system in Oneida County as part of the 2016 budget.

14. Through New York Public Health Law Section 2825-b, New York State created the "Oneida County Health Care Transformation Program" that set aside up to \$300 million in capital grant funding for the sole purpose of consolidating multiple licensed healthcare facilities into an integrated system of care, within the largest population center in Oneida County (i.e., Utica). The downtown Utica site meets this condition.

15. In January 2017, MVHS submitted a response to Request for Applications (RFA #1505060325) from the New York State Department of Health (NYSDOH) and Dormitory

Authority of the State of New York (DASNY) to receive the grant funds set aside as part of the "Oneida County Health Care Transformation Program."

16. MVHS was awarded the \$300 million Health Care Facility Transformation Grant in April 2017 by the New York State Department of Health (NYSDOH) and the downtown location was crucial to MVHS receiving that grant. Without this grant MVHS would not be able to financially support building a new healthcare campus.

17. The new hospital campus will result in the transformation of healthcare services in the region. The new MVHS integrated health campus and state-of-art hospital will combine services and replace SEMC and FSLH, will reduce the number of beds in the community, as designated on the hospital Operating Certificates, and consolidate patient services to one campus all to deliver higher quality, more effective care with better community outcomes and at a lower cost.

18. The integrated campus serves the public need by (1) creating a facility with the newest technology, services and advancements in patient safety and quality so that our community can receive the most up-to-date healthcare services that rivals those found in large cities; (2) serving the growing demand for healthcare due to the rapidly increasing and aging population in this region; and (3) improving accessibility to and availability of services by attracting specialists and providing services that otherwise would not be available to the community. In addition, the opportunity to gain greater operational efficiencies through the elimination of duplicative and redundant functions will help to reduce the rate of increase in healthcare spending and to achieve improved financial stability. It will benefit Medicaid enrollees and uninsured individuals in the City and serve the largest and most diverse population in Oneida County.

19. The Project will also help support the ongoing efforts to revitalize downtown Utica by bringing more than 3,500 MVHS employees and medical staff to the new campus, which will spur

additional economic development. Downtown housing, commercial, food, retail, education and entertainment venues are positioned to greatly benefit from the influx of employees and visitors. The project will also create future healthcare and development opportunities to anticipate needs in education, research and applied sciences.

St. Luke's Is not a Viable Alternative

20. Although the St Luke's campus was a reasonable alternative to consider for purposes of completing the siting study, it was not a viable location and was not selected by the Board of Directors.

21. The primary building structures at St. Luke's age from 1957 through 2004. Miscellaneous renovations and remodeling occurred from 2004 to the present. Additions have been added on in various locations creating additional challenges.

22. The electrical system routing at St. Luke's is dangerously complicated. Interconnections of the additions have made it difficult to service buildings on a central plant system. Numerous systems (ie chillers, tanks, pumps) have been "landlocked" with no means for removal or replacement.

23. There is no loading dock and the receiving area is in a poor location. As a result, biomedical waste is removed at ground level past the pharmacy.

24. The lobby area is small for the amount of traffic that occurs and patients and visitors share a common corridor. There is also a lack of support space to storage and supplies, etc.

25. The St. Luke's campus does not give patient/visitor a sense of arrival. ER ambulance entrance is shared with outpatient ambulatory entrance as well as the outpatient MRI entrance. Patient discharge occurs at main entrance.

26. Parking is broken up throughout campus and is less than convenient to services

27. The existing St. Luke's facility could not be updated and expanded to meet the contemporary requirements for hospital services such as private patient rooms needed to strengthen patient safety and infection control, larger operating rooms to accommodate the latest technology, and a more expansive and redesigned Emergency Department to meet all community needs. In fact, our expert consultants have stated that the inpatient units are inadequately sized and inefficient to meet today's standards for clinical excellence in patient care.

28. Significant portions of the existing campus are designated wetlands and would have to be excluded from any construction.

29. Contrary to the misinformation being shared, if the medical center had been planned to be built on the St. Luke's Campus, it would likely have required the acquisition of adjacent land, including adjacent residential properties.

30. An expansion of the St. Luke's Campus would require additional parking and, most likely, a parking garage to be constructed, as is also the case in Downtown Utica.

31. Both MVHS hospital campuses, St. Luke's and St. Elizabeth, need to be fully functional during the construction of a new medical center in order to meet the needs of our patients and community members.

32. Expanding at St. Luke's would likely have extended the construction time to more than ten (10) years – just for construction. Costs were prohibitive because of the need to build to accommodate relocation of services, building new and then again relocating those services. This would have been very disruptive to patient care. Moreover, this expansion and expenditure would not have addressed the infrastructure issues at St. Elizabeth nor the continued transfer of patients between two campuses for specialty services (e.g., patients suspected of having a stroke at St. Elizabeth having to be transferred to the Stroke Center at St. Luke's) and the need for physicians

to cover two hospital campuses.

33. Accordingly, building a new regional medical center at St. Luke's was not, and is not, an option. No amount of alternatives analysis could or can change that for the reasons just identified.

The Environmental Review and Local Approvals

34. At the February 22, 2018 Meeting, the Planning Board declared its intent to serve as Lead Agency and sent notice of that intention to all other involved and interested agencies.

35. On May 7, 2018, the City of Utica accepted the role as "Lead Agency" under the State Environmental Quality Review Act ("SEQR") and made a Positive Declaration of the Type 1 Action.

36. On May 17, 2018, MVHS submitted a draft scoping document to focus the draft environmental impact statement on potentially significant adverse impacts and to eliminate consideration of those impacts that are irrelevant or nonsignificant; and

37. The Planning Board held a duly noticed public scoping hearing on June 7, 2018 and accepted written comments on the draft scoping document until June 20, 2018.

38. The Planning Board adopted a final scoping document on July 19, 2018.

39. On October 25, 2018, the SEQR Environmental Impact Statement (the "EIS") was delivered to the City of Utica Planning Board (the "Planning Board").

40. During a regular Planning Board meeting on November 15, 2018, the Planning Board passed a resolution accepting the DEIS as adequate for the purpose of commencing public review.

41. The Planning Board held a public hearing on the DEIS, on December 6, 2018, and accepted written public comments until December 27, 2018.

42. MVHS's environmental and engineering consultants prepared a Final Environmental Impact Statement ("FEIS"), dated March 2019 in accordance with the Regulations for review by

the Planning Board.

43. At its regular meeting on March 21, 2019, the Planning Board resolved to accept the FEIS as accurate and adequate.

44. At its regular meeting on April 18, 2019, the Planning Board issued a written findings statement that found the Project in the downtown location as proposed by MVHS is the alternative that best minimizes impacts to the environment while providing significant beneficial impacts in terms of revitalizing a blighted area, secondary economic growth, and better serving the populations most in need of healthcare, as well as meeting MVHS's goals and objectives for the Project.

45. On September 10, 2019, the City of Utica Zoning Board (the "Zoning Board") approved the required zoning variances for the new healthcare campus.

46. On September 18, 2019, DOH approved early construction of the new healthcare campus.

47. On September 19, 2019, the Planning Board approved the site plan for the new healthcare campus.

48. On September 20, 2019, the City of Utica Common Council conveyed Sayer Alley and a portion of Cornelia Street to MVHS.

49. During the fourth quarter of 2019, MVHS began construction of the new healthcare campus.

50. MVHS expects to complete construction of the new healthcare campus in the first quarter of 2023.

Public Outreach

51. From the inception of this Project to the present day, MVHS has sought to be as transparent as possible. Between 2015 and 2019, in order to keep the various stakeholders and the general

public informed about Project developments, MVHS representatives have held or participated in approximately 180 meetings with a collective total of approximately 6,218 attendees. A record of the meetings is attached as Exhibit A.

52. Between April 2015 and the end of December 2015, representatives of MVHS held a total of seven (7) meetings with various community groups at which a collective total of 214 individuals were in attendance.

53. In the 2016 calendar year, representatives of MVHS held a total of forty-five (45) meetings and/or presentations and/or interviews with various community groups, municipal leaders and employees, and other political leaders, at which a collective total of approximately 507 individuals were in attendance.

54. Four (4) of the 2016 meetings were held with Petitioner #Nohospitaldowntown on November 29, 2016, December 1, 2016, December 7, 2016, and December 8, 2016. A meeting was also held with the Petitioner Landmarks Society of Greater Utica (the "Landmarks Society") on December 12, 2016. These meetings were conducted by The Paige Group, a Utica based marketing and public relations firm, retained by MVHS. During these meetings The Paige Group discussed with #Nohospitaldowntown and the Landmarks Society an overview of the Health System affiliation, process by which we decided to pursue a replacement hospital and the rationale for location. Particular focus on benefits to not only MVHS, but the local medical community, healthcare providers and staff, hospitalized patients and the City of Utica. Information regarding urban planning considerations, site locations, benefits to a downtown location were discussed. Also provided were detailed descriptions of the time line and processes that went into the decisions. Time was allotted to questions and back and forth dialog. The Paige Group was utilized because #NoHospitaldowntown had declined MVHS leadership offer to meet. At the conclusion of each

meeting, Paige offered more detailed one on one meetings with members of #Nohospitaldowntown with MVHS Leadership that were never accepted.

55. In May 2017, architects, including the urban planner from NBBJ, in collaboration with the MVHS outreach team, began conducting stakeholder meetings to gather input and advance the site plan and design for the new healthcare campus. Through this process a Project Vision Statement was developed: *To create an advanced healthcare campus for MVHS through design that promotes the health of patients, optimizes the work environment for caregivers, and serves as a catalyst for the revitalization of downtown Utica.*

56. In the 2017 calendar year, representatives of MVHS held a total of seventy-five (75) meetings and/or presentations with various community groups, municipal groups and leaders, and political leaders, at which a collective total of approximately 1,518 individuals were in attendance.

57. In particular, a meeting was held with #Nohospitaldowntown on June 20, 2017 and representatives of #Nohospitaldowntown were present at a meeting with Utica Common Council on December 6, 2017. Meetings were also held with the Landmarks Society on May 25, 2017 and June 26, 2017. During these meetings The Paige Group provided #NoHospitaldowntown and the Landmark Society an opportunity to meet with NBBJ, the architecture, planning and design firm retained by MVHS, and their urban planner to discuss the Project in detail and specifically the downtown location and how the planning addressed and respected the comments made by community members during previous community forums. The June 26, 2017 meeting was a walking tour of the downtown site, again addressing any questions.

58. Additionally, community forums were held on January 10, 2017 and December 7, 2017, at which approximately 431 individuals were in attendance, including members of #Nohospitaldowntown and the Landmarks Society. Copies of the presentations made at these

meetings are attached as Exhibits B and C respectively.

59. In September of 2017, MVHS prepared a chart of the local community's contributions to guiding principles for the new hospital project. A copy is attached as Exhibit D.

60. The community principles included preserve as much of street grid as possible, incorporate green space, ensure traffic plan and parking plan that considers needs of hospital, residents and businesses, consider the historic nature of the buildings around the hospital, and consider old and new aspects of Utica.

61. MVHS has taken these into account in its design and planning.

62. In the 2018 calendar year, representatives of MVHS held a total of five (5) meetings and/or presentations with various community groups at which a collective total of approximately 83 individuals were in attendance. Two of these meetings (April 19, 2018 and May 8, 2018) consisted of press conferences held by MVHS representatives.

63. On October 26, 2018, MVHS held a press conference to reveal the draft of the exterior renderings of the new healthcare campus. A copy of the presentation is attached as Exhibit E.

64. Specifically, during the meeting on October 26, 2018, I highlighted in my presentation how the design of the new hospital was a collaborative process with as much community input as possible. A list of priorities brought forth by the community for the new hospital project included consider traffic flow, respond to Utica's history, enhance neighborhood aesthetic, encourage business, and utilize green space.

65. MVHS has taken these into account in its design and planning.

66. In the 2019 calendar year, representatives of MVHS held a total of twenty (20) meetings and/or presentations or interviews with various community and municipal groups at which a collective total of approximately 453 individuals were in attendance.

67. Between April 2019 and November 2019, a model of the new healthcare campus was on display in twenty-seven (27) different locations on twenty-seven (27) different occasions for viewing by the public.

68. A construction communication meeting was held on November 6, 2019 to inform stakeholders about the construction process, how it will impact traffic in Downtown Utica and how changes and updates will be communicated.

69. From 2015 through 2018, MVHS responded to approximately 154 media requests. These requests were from print, radio and television media outlets and ranged from responding to lists of specific questions to formal live interviews. In addition, from 2015 through 2020, MVHS has issued approximately 191 press releases related to the Project.

70. Since the inception of the Project, MVHS has provided information and updates on its website. These started out as simple fact sheets about the Project, but also included talking points, handouts, FAQs, updates, “In the News”, “Downtown Blog” and more recently “Just the Facts.” Each week, “Just the Facts” provides information about a key aspect of the Project being built by MVHS. It is designed to keep MVHS medical staff, employees and volunteers, as well as community members updated and to stop the spread of misinformation and rumors.

Ongoing Meetings

71. I also attended a number of regularly scheduled ongoing meetings regarding the new Mohawk Valley Health System Regional Medical Center. These include:


- Project Owners Group: Oneida County Executive, City of Utica Mayor, President/CEO of The Community Foundation of Herkimer & Oneida Counties, President/CEO of MVHS and Robert Scholefield, executive vice president of Facilities and Real Estate for MVHS
 - Meet once a month to discuss the new medical center

- Meetings started on 5/2018
- This evolved from a larger group meeting that met biweekly from 1/2018 to 4/2018.
- City/County Meetings
 - Every other week, representatives from the City of Utica and Oneida County meet with representatives from MVHS, Hammes Company, NBBJ and Gilbane Building Company (previously Turner Construction Company was part of the meetings).
 - City of Utica representatives include: legal counsel, budget director, police chief/deputy chief, fire chief, commissioner of Urban and Economic Development and director of Facilities.
 - Oneida County representatives include: legal counsel and Planning Department commissioner/representative.
 - Meetings started on 12/21/17
- Communications Group: Communications representatives from MVHS, MVEDGE, The Community Foundation, City of Utica and Oneida County hold a call each week to discuss communication opportunities around the new medical center.
 - Meetings started on 5/2018.

Dated: 2/13, 2020


Robert Scholefield

Sworn to before me this
13th day of February, 2020.


Notary Public

KAREN A. BURTON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01BU6251652 13
Qualified in Oneida County
My Commission Expires 11-21-2023

Exhibit A

B1

Summary of Community Education/Outreach

	Attendees	# Meetings
2015	214	8
2016	507	45
2017	1518	75
2018	83	5
2019	3896	47
	<hr/>	
	6218	180

Mohawk Valley Health System

New Hospital Concept - Community Education

2015

		# Attendees	
4/8/2015	Clinton Chamber of Commerce	75	Bob
4/10/2015	St. Elizabeth Medical Center College of Nursing Board of Directors	20	Bob
5/27/2015	St. Elizabeth Medical Center Neighbors Group	6	Bob
10/13/2015	Greater Utica Chamber of Commerce Board Meeting	20	Bob
10/27/2015	Local Business Leaders Meeting With Legislators	29	Scott
12/8/2015	Patient Advisory Council Excluding Staff	10	Bob
12/14/2015	Association of Block Coalitions Community Group	54	Judge Siegel
		214	G28

Mohawk Valley Health System

New Hospital Concept - Community Education

2016		# Attendees		
1/13/2016	Garden Path Group	30	Deb	
1/21/2016	CPA - New Hospital Presentation	80	Bob	
2/23/2016	Hamilton College Class of Professor Herman Lehman – Public Health	20	Scott	
4/19/2016	National Grid Retirees	40	Bob	
4/21/2016	Hamilton College Little Thinkers (Group of Retirees; Dr. Ed Bradley)	30	Scott	
4/29/2016	Chamber Government Affairs Present	7	Bob	
5/19/2016	Women's Giving Circle	47	Deb	
6/1/2016	Meeting with Utica Common Council Michael Galime, President, plus 10 Common Council Members and Staff, Fire Chief Brooks, Assorted Members of the media and public	45	Scott	
6/7/2016	Meeting with Former SEMC and FSLH Board Members	16	Scott	130
8/5/2016	Utica Rotary Club	50	Bob	
9/18/2016	Senior Sunday, St. Luke's Home	22	Bob	
11/6/2016	County Executivem Anthony Picente	1	Paige	
11/11/2016	Delores Caruso - Director of Inter- Governmental Affairs NYS Department of Labor	2	Paige	
11/17/2016	Regina Bonacci Downtown Utica Development Assoc	1	Paige	

11/17/2016	Mark Mojave, Gerber's 1933 Tavern	1	Paige
11/17/2016	Assemblyman Anthony Brindisi	1	Paige
11/17/2016	NYS DOT Region 2; Downtown Busine Owners Networking	6	Paige
11/17/2016	Robert Palmieri, Mayor, City of Utica	3	Paige
11/21/2016	Delores Caruso - Director of Inter- Governmental Affairs NYS Department of Labor	1	Paige
11/28/2016	MV EDGE	4	Paige
11/28/2016	MMRL	6	Paige
11/29/2016	#No Hospital Downtown	2	Paige
11/29/2016	Bagg's Square Association Beth Irons	1	Paige
11/29/2016	Rust2Green/Downtown Utica Comm Diane Shoemaker	1	Paige
12/1/2016	#No Hospital Downtown	3	Paige
12/5/2016	County Executive - Anthony Picente	1	Paige
12/6/2016	Rust2Green/Downtown Utica Comm Diane Shoemaker	2	Paige
12/6/2016	Assemblyman Anthony Brindisi	1	Paige
12/7/2016	#No Hospital Downtown	2	Paige
12/7/2016	MV EDGE	2	Paige
12/7/2016	O'Brien & Gere	2	Paige
12/8/2016	#No Hospital Downtown	2	Paige
12/8/2016	WIBX – Keeler in the Morning and WUTQ – Talk of the Town		Scott

Date	Name of the Town	Count	Name
12/8/2016	Phyllis Ellis, Oneida County Health Dir	1	Paige
12/12/2016	Phyllis Ellis, Oneida County Health Dir	1	Paige
12/12/2016	Landmarks Society	6	Paige
12/12/2016	Bagg's Square Association - Beth Iron	1	Paige
12/13/2016	Conference on Sustainable Develop & Collaborative Governance: Business Support Networking	1	Paige
12/13/2016	EDGE Presentation	55	Scott
12/14/2016	Mohawk Valley Learning Institute for Learning in Retirement	3	Paige
12/14/2016	The Parkway Center, Kelly Walters	1	Paige
12/16/2016	Greater Utica Chamber of Commerce	2	Paige
12/20/2016	MV Latino Association, Sonia Martine	1	Paige
12/20/2016	MV Resource Center for Regugees Shelly Callahan	1	Paige
12/22/2016	Court Street Children's Center	2	Paige

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Mohawk Valley Health System

New Hospital Concept - Community Education

		# Attendees	
1/9/2017	Bags Square Association	9	Bob/Paige
1/10/2017	Community Forum – Radisson	300	Scott
1/19/2017	Mike Galime, Utica Common Council	1	Paige
1/20/2017	Frank Przybycien, MVCC Adjunct Professor	1	Paige
2/1/2017	Utica Common Council (guessing) Dr. Kelberman	30	
2/1/2017	Robert Heins, Architect	1	Paige
2/3/2017	Mark Mohave, Gerber's	1	Paige
2/15/2017	Genesis Group: Business Support Network	1	Paige
2/15/2017	RCIL Presentation	20	Bob
2/22/2017	MVREDC: Business Support Networking	1	Paige
3/2/2017	OC State of the County: Business Support Netorking	1	Paige
3/7/2017	Hamilton College Class of Professor Herman Lehman – Public Health	40	Scott
3/9/2017	MVWA, Patrick Becher, Exec Dir	1	Paige
3/10/2017	West Side Senior Center, Tim Trent	1	Paige
3/30/2017	MVREDC: Business Support Networking	1	Paige
4/4/2017	Preswick Glen	30	Bob

A30

4/6/2017	Utica Area Chamber, Meghan Fraser McGrogan; Patrick Becher, Exec Dir	2	Paige
4/11/2017	Filming with Joe Kelly – WUTR	1	Scott
4/12/2017	MMRL - Traci Lloyd	1	Paige
4/18/2017	Utica Chamber: Business Member Networking	1	Paige
4/21/2017	Wilcor, K. Corrigan	1	Paige
4/24/2017	Presentation Oneida County Health Care Coalition	50	Bob
4/25/2017	Rob Esche, President, Utica Comets	1	Paige
4/27/2017	MVHS Foundation Board	17	Paige
4/26/2017	West Side Center Forum	60	Bob
4/27/2017	Assemblyman Anthony Brindisi	1	Paige
5/4/2017	Mohawk Valley Legacy Awards	75	Scott/Bob
5/10/2017	Oneida County Board of Legislators 75 (23 legislators plus 50+ people between County staff and the public	75	Scott
5/18/2017	Genesis Dinner	200	Bob
5/22/2017	RCIL	3	Debbie/City of Utica
5/24/2017	City of Utica Mayor and Police Chief	4	NBBJ/Paige
5/24/2017	Joe Marino - Common Council Membe	1	NBBJ/Paige
5/24/2017	Bagg's Square Association - Beth Iron	1	NBBJ/Paige
5/25/2017	Oneida County Executive	3	NBBJ/Paige
5/25/2017	Landmark Society - Board	9	NBBJ/Paige
5/25/2017	Mike Galime, Utica Common Council	1	NBBJ/Paige

President

5/27/2017	Harbor Point LDC, Vin Gilroy	2	NBBJ/Paige
5/25/2017	MV Latino Association and NAACP	4	NBBJ/Paige
6/6/2017	AUD Authority	4	NBBJ/Paige
6/8/2017	Women's Giving Circle	62	NBBJ/Debbie
6/8/2017	Meeting with the Mayor	1	Scott
6/8/2017	Mark Mojave-Gerber's Grill	1	NBBJ/Paige
6/19/2017	MVHS New Hospital Committee	5	Bob/NBBJ/Paige
6/20/2017	Jim Brock-No Hospital Downtown	1	NBBJ/Paige
6/26/2017	Battle for Our City Symposium		NBBJ/Paige
6/26/2017	Landmark's Society Walking Tour		NBBJ
6/27/2017	MVHS Foundation Board of Directors	10	NBBJ
6/28/2017	MVHS Patient & Family Advisory Council	20	NBBJ
6/28/2017	Shelly Callahan-MVRRCR	3	NBBJ/Paige
6/28/2017	East Utica & Cornhill Neighborhood Me	9	NBBJ/Paige
6/29/2017	Nick and Fred Matt	2	NBBJ/Paige
6/29/2017	Women's Giving Circle	9	NBBJ
7/18/2017	Patrick Becher, Chair, Utica Chamber of Commerce	1	Paige
7/26/2017	Meeting with Scott/Ray Meier/ Steve DiMeo	3	
7/27/2017	Meeting with EDGE reps/ Howard Zemsky		
8/10/2017	Keeler in the Morning radio interview	3	Bob/Steve DiMeo

8/15/2017	Meeting with Mayor Palmier & Scott	2	
8/17/2017	Meeting with Paige Group/Scott/Dec	3	
8/30/2017	Meeting with Interfaith Coalition	16	Debra/Caitlin
9/7/2017	Keeler in the Morning radio interview	3	Bob/Linda
9/8/2017	Talk of the Town stakeholder meeting	4	Bob/Caitlin/Paige
9/13/2017	Meeting with Catholic Women's Group	30	Bob
9/20/2017	Talk of the Town radio interview	4	Bob/Caitlin
9/20/2017	Observer-Dispatch Editorial Board	4	Scott/Bob/Debbie
9/21/2017	Retired St. Luke's Nurses	9	Debbie
9/27/2017	Meeting with County Executive (Footprint)	1	Scott
9/28/2017	Meeting with Mayor Palmieri (Footprint)		Scott (not sure of #)
10/12/2017	City/County/Architects/Delores Caruso		Scott (not sure of #)
10/23/2017	Advocate Meeting	12	Bob
11/9/2017	Partners in Giving Presentation	51	Scott
12/1/2017	FSLH Volunteer Association	42	Scott
12/4/2017	East Utica Neighborhood Group	32	Bob
12/6/2017	Utica Common Council with No Hosp Downtown Reps	40	Bob
12/7/2017	Community Forum		Scott/Bob
	2:00 p.m.	70	
	6:00 p.m.	61	
12/11/2017	South Utica	48	Bob
		1518	

Mohawk Valley Health System**New Hospital Concept - Community Education**

	# Attendees	
1/28/2018 Community Foundation Board	32	Bob
1/23/2018 Office of the Aging Board Livable Community Steering Comm	23	Bob
4/19/2018 Press Conference - Business Advocates		Scott
5/8/2018 Press Conference - Compassion Coalition		Bob
10/9/2018 Garden Path Presentation	28	Joan Compson
	83	G24

Mohawk Valley Health System**New Medical Center - Community Education**

		# Attendees	
1.10.19	DOH DASNY Presentation	15	Bob
3.20.19	Utica Planning Board	5	Bob
4.17.19	Public Safety Mtg	20	Bob
4.25.19	Keeler Show		Bob
4.30.19	Repurposing Session	25	Bob
5.1.19	Repurposing Session	25	Bob
5.15.19	WRVO NPR Radio interview		Bob
6.14.19	NY Times Interview		Bob
6.18.19	SUNY Poly	3	Bob
6.19.19	Common Council	30	Bob
7.18.19	Utica Planning Board		Bob
8.7.19	Common Council	50	Bob
9.18.19	Utica Common Council	50	Bob
9.19.19	Utica Planning Board	20	Bob
10.29.19	Syracuse Contractor Informational Session	40	Bob
12.3.19	Rochester Contractor Informational Session	40	Bob
12.4.19	WRVO NPR interview		Bob
12.12.19	Utica Builders Exchange	100	Bob
12.10.19	Builders Spotlight Info Webinar	10	Bob
12.17.19	Binghamton Contractors Informational Session	20	Bob

New Medical Center Model in Community

4.2019	MVHS Board of Directors	18	E30
4.26.19	Owner's Group	5	
5.2.19	MVHS Nurse Recognition Dinner	200	
5.13.19-5.19.19	Hospital Week - MVHS	500	
5.28.19	MVHS Full Reveal	100	
6.4.19	Capital Campaign Steering Committee	20	
6.12.19	Strawberry Festival	60	
6.12.19	Donor Event - Romano Home	20	
6.20.19	Medical Staff	200	
6.25.19	Women's Giving Circle	60	
7.9.19	Preswick Glen	30	
7.12-14.19	Boilermaker Expo	1000	
7.17.19	Young Professionals - Chamber	30	
7.26.19	Utica Public Library	50	
7.29.19	Kirkland Library - Clinton	30	
8.6.19	New Hartford Library	40	

8.19.19	MVHS Golf Outing	200
8.21.19	Foundation Gilroy House Event	30
	9.2019 Credit Rating Agencies - St. Luke's	15
9.4.19	Dunham Library	40
9.21.19	City Wide Health Fair	300
9.25.19	Excellus Corporate Board	50
9.25.19	MBWE Contractor Meeting	125
10.21.19	MVHS Employee Orientation	100
10.24.19	Utica National	40
11.12.19	Funeral Directors	50
11.14.19	Partners in Giving	130

Mohawk Valley Health System

New Medical Center - Community Education

		<u># Attendees</u>	<u>Presenter</u>
1.20.20	Repurposing Results Presentation	20	Bob
1.21.20	Repurposing Press Conference		Bob

Exhibit B

**Community Outreach & Engagement Forum
Meeting Process Steps and Suggested Timeframes**

Part 1 — 95 minutes

1. Welcome and Introduction of Guests — S. Perra **(5 mins)**
2. Program Structure/Ground Rules — N. Pattarini **(5 mins)**
 - a. Purpose and agenda highlights
 - b. Ground rules
 - c. Presentation is being videotaped and will be available on the MVHS You Tube site by the week of January 16-20
 - d. Turn over to S. Perra
3. Presentation — S. Perra **(45 mins)**
 - a. Staff collect question cards near end of presentation
4. Refreshment break while question sheets sorted **(10 mins)**
 - a. Review Q&A format — N. Pattarini
 - i. All questions that we are unable to answer due to timing will be posted on the website with answers by the week of January 16, 2017
5. Q&A — S. Perra **(30 mins)**
 - a. Facilitated by N. Pattarini; rule is to allow for 1-2 follow-up questions on same topic.
 - b. S. Perra to answer a few questions submitted prior to meeting; select ones not addressed directly in presentation
 - c. S. Perra to answer submitted questions
 - i. Subject matter experts who are present may be called on to assist

5 Minute Refreshment/Transition Break

Part 2 — 80 minutes

1. Guiding Principles Kickoff — N. Pattarini **(5 mins)**
 - a. Purpose and how input will be used
 - b. Review of GP worksheet and participant task
 - c. Note facilitators and their role
 - d. Ground rules reminder
2. Group brainstorming (managed by facilitators; supported by staff) **(35 mins)**
 - a. Note-taker assigned at each table
 - b. At the 30 minute mark, ask each table to rank the questions in order of importance to them
 - c. At the 40 minute mark, facilitators start collecting worksheets and record the top 3 for each table on large pads that will be stationed nearby
3. Reporting out **(30 mins)**
 - a. Facilitators report out, sharing highlights of the ideas that were generated in the top 3 interest areas for each table
 - b. N. Pattarini facilitates, noting any themes or patterns emerging
4. Closing Remarks **(10)**
 - a. Review of community input process going forward; what happens with info collected today
 - b. Appreciation for attendance; encouragement to attend in future; commitment to continuing to share information as process moves forward

***Note: We should be prepared to run over by 10-15 minutes
depending on # of attendees.***



Faxton St. Luke's Healthcare | St. Elizabeth Medical Center

Welcome

Ground Rules & Meeting Etiquette

- Respect the agenda — strive to meet the stated purpose of the meeting. Additional meetings can be scheduled to address other topics.
- Respect each other; critique ideas, not people.
- Listen actively to others.
- Be patient when listening to others speak and do not interrupt them.
- Limit side conversations.
- Please silence cell phones.

Breakout Discussions

- Stay on the topic being discussed.
- Everyone participate, no one dominate.
- Brainstorm possibilities — be respectful of other people's ideas.



Mohawk Valley Health System

Together, we make a difference.

- In March 2014, Faxton St. Luke's Healthcare (FSLH) and St. Elizabeth Medical Center (SEMC), located in Utica, New York, affiliated under the Mohawk Valley Health System (MVHS).
- The system has approximately 4,274 employees (FTEs), an operating budget of \$541 million, 571 acute care beds and 202 long-term care beds. MVHS serves Oneida, Herkimer and Madison counties.



Mohawk Valley Health System
Full Time Equivalent (FTE)

2013
4,291

2014
4,223

2015
4,189

2016
4,274

*MVHS entities include Faxton St. Luke's Healthcare, St. Elizabeth Medical Center, St. Luke's Home, Senior Network Health and Visiting Nurse Association of Utica and Oneida County

MVHS Facts & Figures

- Acute Care Beds: **571**
- Long-Term Care Beds: **202**
- Number of MVHS Locations: **39**
- Total Employees: **5,010 (4,274 FTEs)**
- Number of Licensed Providers: **810**

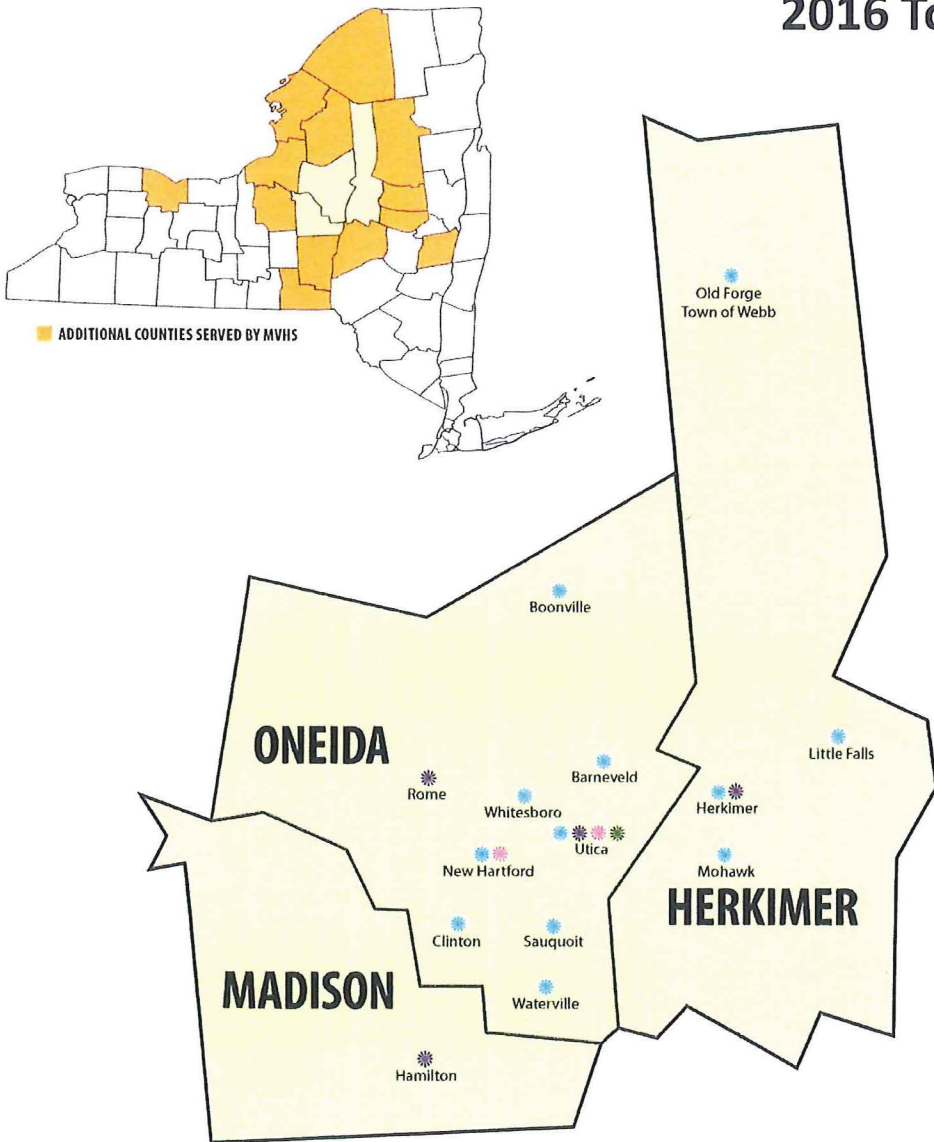
2016 Numbers

- Emergency Department (ED) Visits: **78,265**
- Treated & Released From EDs: **64,249**
- Admitted Through EDs: **14,583**
- Urgent Care Visits: **28,854**
- Admissions: **23,452**
- Primary Care Visits: **200,966**
- Specialty Care Visits: **70,946**
- Births: **1,869**
- Projected Revenue: **\$541 million**
- Insurance: **72% Medicare and Medicaid**

MVHS is approaching a \$1 billion economic impact in our communities.



2016 Total Number of Patient Visits - 684,682



Zip Code	City/Town/Village	Number of Visits
13501	Utica	93,598
13502	Utica	71,830
13413	New Hartford	31,342
13440	Rome	23,674
13492	Whitesboro	22,363
13323	Clinton	20,715
13357	Ilion	14,927
13340	Frankfort	13,593
13309	Boonville	12,046
13350	Herkimer	9,946
	Total	314,034

★ (20) PRIMARY CARE OFFICES
 ★ (9) SPECIALTY OFFICES
 ★ (6) DIALYSIS LOCATIONS
 ★ (3) CAMPUS LOCATIONS



Major Service Lines

- **Cancer Services** – The MVHS Cancer Center is nationally accredited by the Commission on Cancer and provides state of the art care to our patients. *In 2016, the Cancer Center provided 9,779 radiation treatments, 5,491 outpatient infusion treatments and cared for 950 cancer patients.*
- **Cardiac Services** – MVHS is a tertiary care center for cardiac services, providing technologically-advanced cardiac care from diagnosis to rehabilitation. *In 2016, the team performed 2,760 cardiac catheterizations, 1,252 electrophysiology procedures, 970 angioplasties and 335 cardiac surgeries.*
- **Dialysis Center** – MVHS is the sole provider of dialysis treatments within a 25 mile plus radius of Utica. *In 2016, 400 patients from seven counties received 71,197 dialysis treatments.*



Major Service Lines Continued

- **Orthopedic Program** – MVHS's Orthopedic Program provides a continuum of care, from diagnosis through surgery, discharge and physical therapy. *MVHS performed 1,100 total joint surgeries in 2016.*
- **Stroke Program** – The Stroke Center has received the American Heart Association/American Stroke Association's Get With The Guidelines Stroke Gold Plus Quality Achievement Award six years in a row. The program recently added a bi-plane angiography unit to provide neuroendovascular care to patients. *In 2016, the Stroke Program treated 1,650 patients.*



Medical Staff recruitment in 2015-2016 included the Following specialties:

- Gastroenterology and Advanced Endoscopy
- Cardiac-Thoracic Surgery
- Vascular Surgery
- Breast Surgery
- Neurosurgery
- Primary Care
- Urgent Care
- Hospitalists

More than 72 providers joined the MVHS Medical Group in 2015 and 2016.

A new hospital will significantly enhance our recruitment efforts.



MVHS Medical Staff

MVHS Physicians

Total: 554 - 220 have privileges at both FSLH and SEMC

Average age: 51.6

Board certified: 75 percent

Allieds (FNPs, PAs, NPs)

Total: 256 - 129 have privileges at both FSLH and SEMC

In our community:

Central New York Cardiology: 16 medical staff members

Slocum-Dickson Medical Group: 65 medical staff members



MVHS Medical Staff

MVHS Medical Group

MVHS Medical Group Providers total: 184

MVHS Medical Group Physicians: 113

MVHS Medical Group Mid-levels: 71

The 18 MVHS Medical Group primary care offices had 200,966 patient visits in 2016.

The 12 MVHS Medical Group specialty care offices had 70,946 patient visits in 2016.



Recent Consolidations

- Consolidation of the SEMC and FSLH primary care groups into the MVHS Medical Group – April 2015.
- Consolidation of all invasive cardiac services to the St. Elizabeth Campus (cardiac catheterizations and angioplasty procedures) – September 2015.
- Outpatient Endoscopy Services consolidated to the St. Luke's Campus – April 2016.
- St. Elizabeth Home Care consolidated with the Visiting Nurse Association of Utica and Oneida County – July 2016



New Healthcare Campus

- In response to MVHS's affiliation work, \$300 million has been earmarked in the New York State budget to help to "create an integrated healthcare delivery system in the largest population center in Oneida County." This legislation provides a once in a lifetime opportunity for MVHS to build a new, freestanding hospital for our community.
- The new hospital would replace FSLH and SEMC. In September 2015, the MVHS Board of Directors announced downtown Utica as its preferred site.
- The new, downtown Utica hospital is estimated to cost \$480 million with an estimated completion date of early 2022.



New Healthcare Campus

Why build a new hospital?

- The St. Elizabeth and St. Luke's Campuses were built in a time, 60 to 100 years ago, when healthcare was much different than it is today or will be in the future.
- To realize our vision of achieving excellence in healthcare for our communities, we need to consolidate existing resources, eliminate redundancies, expand the depth and breadth of services, improve access and elevate the quality of healthcare services in the region.
- It is a unique opportunity to provide access to a state-of-the-art healthcare facility, while also spurring economic development and playing a pivotal role in enhancing the downtown revitalization efforts.



New Healthcare Campus

Site Selection:

- MVHS Board of Directors worked with Mohawk Valley EDGE, engineering and planning professionals to examine 12 potential sites within a 5-10 mile radius from the center of the City of Utica.
- A master list of criteria was used to evaluate these potential sites, including but not limited to infrastructure (water, sewer and power), access and a good transportation network. Of the 12 sites reviewed, only three met the needed criteria. Further analysis led the MVHS Board to unanimously select the downtown site based on its alignment with other local, regional and state initiatives.
- A downtown hospital can help support an improved transportation network, aligns with legislation that allocates \$300 million in New York State funding.



New Healthcare Campus Planning Metrics for Site Selection

Features and Attributes

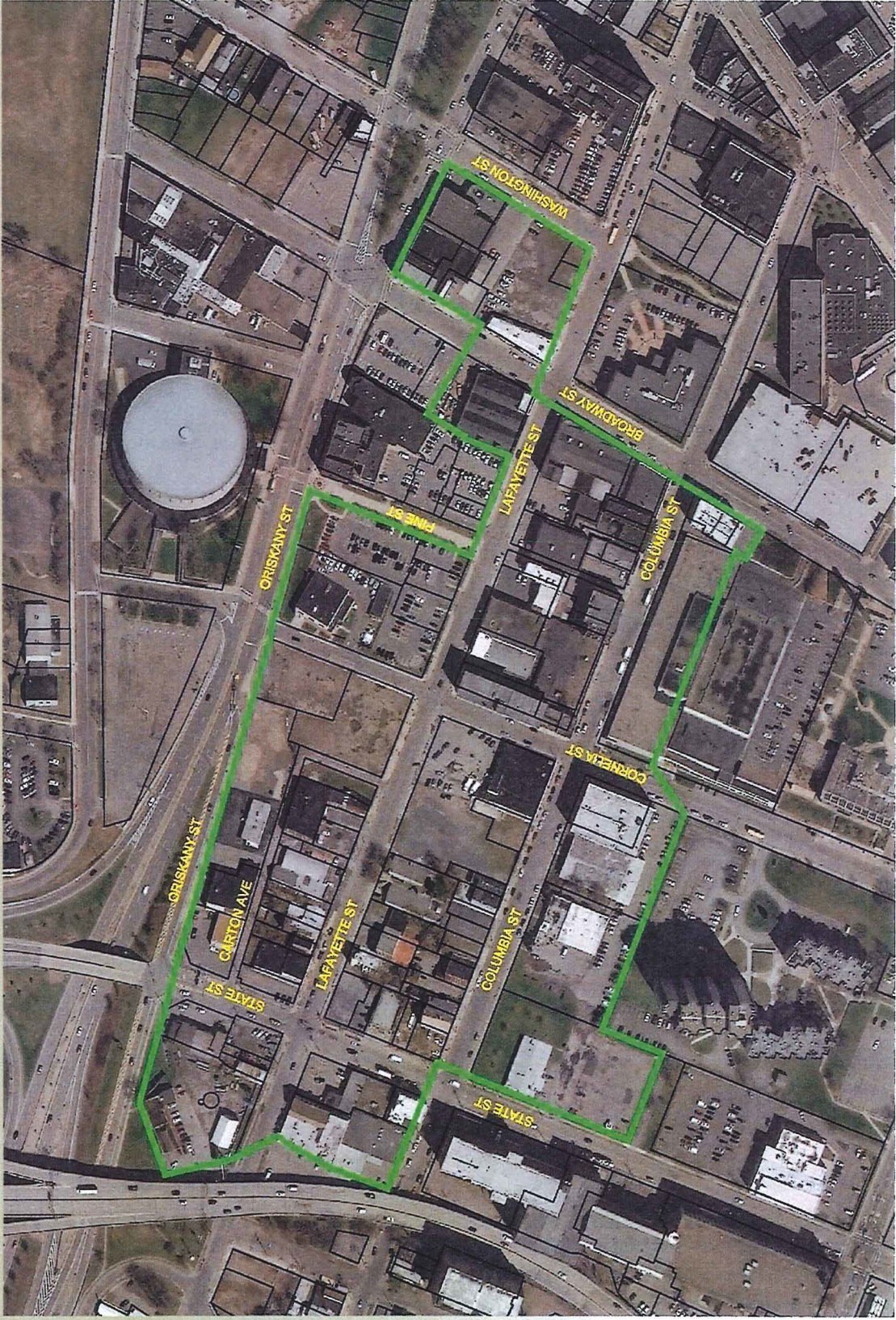
- Access – Auto/Public Transportation/Pedestrian
- Configuration
- Visibility
- Growth & Future Expandability, Flexibility
- Acquisition Costs: Land, Utilities, Demolition
- Grant Opportunities
- Zoning & Public Relations or Benefits
- Geology & Environmental
- Potential for Adjacent Development or Catalyst for Growth
- Community Asset & Connection
- Adjacent Uses: Commercial, Residential, Other
- Security and Safety
- Intangibles

Provided by the Hammes Company

Throughout the project, MVHS has been supported by the following companies, departments and individuals:

- NYS Senator Joseph Griffo
- NYS Assemblyman Anthony Brindisi
- Oneida County Executive Anthony J. Picente, Jr.
 - Planning Department
 - Health Department
- Mayor Robert Palmieri
 - Planning Department
- Mohawk Valley EDGE
- Hammes Company
- Elan Planning & Design
- O'Brien & Gere
- Paige Group
- NBBJ Architects
- Turner Construction Company
- NYS Department of Transportation

New Healthcare Campus Site



New Healthcare Campus - Cost and RFPs

- The new hospital, proposed for downtown Utica, was conceived to be approximately 830,000 square feet and estimated to cost \$573 million.
- The new cost projection is approximately \$480 million for a 750,000-square-foot facility. The revised plan includes a reduction in facility square footage, updated inventory of equipment for reuse at the new facility, additional evaluation of services and does not include a parking structure.
- Officials from MVHS issued a Request for Proposal (RFP) to 14 architects, 11 engineers and seven construction management firms.
 - Architectural firm NBBJ and construction management firm Turner Construction Company were chosen.
- The goal of MVHS throughout the project is to use, whenever possible, resources from the Mohawk Valley region. Several of the companies make it a practice to subcontract with local companies.



New Healthcare Campus - Property Appraisals

- MVHS selected three firms for the appraisals of the downtown properties that will be impacted by the new hospital project.
- It is anticipated that the appraisal process will be complete by the end of January 2017. MVHS is working with Mohawk Valley EDGE, the entity that has retained the appraisal firms and is assisting in the valuation process.
- The offers that will follow the appraisal process are contingent on New York State (NYS) approval of a Certificate of Need (CON) for the new hospital.



New Healthcare Campus - Working with the Community

- MVHS has launched an engagement program aimed at facilitating community involvement in the development of the new downtown hospital. The first step in this multi-phased process was engaging The Paige Group to directly speak with stakeholders.
- Outreach formats include individual meetings, group presentations, and neighborhood and community-wide forums. The initiative also includes the establishment of a community advisory committee.
- To date, leadership at MVHS has held 18 public presentations with more than 600 total attendees. There have also been 22 individual business, legislative leadership and group meetings.



Community Information and Input

Includes opportunity for feedback and education

Estimated timeframe: Ongoing through project completion

Project Organization

Includes scope definition and budgeting

Estimated completion: 2017

Reuse

Includes the study and development of a reuse plan for existing facilities which include the Faxton, St. Elizabeth and St. Luke's Campuses

Estimated completion: 2017

Land Acquisition

Includes due diligence, appraisals and purchase process

Estimated timeframe: 2016-2018

Design and Engineering

Includes team selection, schematic design, design development and construction documentation

Estimated timeframe: 2016-2018

Approvals

Includes NYS Department of Health RFA and Certificate of Need, City of Utica Zoning and Building Permits

Estimated timeframe: 2017-2018

Construction

Includes bidding, site clearing and building

Estimated timeframe: 2018-2022

Activation and Relocation

Includes employee training and education, equipment movement and the admittance of the first patient

Estimated timeframe: 2022

Questions

- Please submit any questions you have to one of the staff members throughout the room.
- Questions not answered today will be addressed via www.mvhealthsystem.org.

Today's Meeting Outcome

Develop a set of project guiding principles.

Guiding principles describe the community's beliefs and philosophy regarding what a new hospital facility and integrated health care campus in the downtown location should strive to achieve.

The Project Steering Committee will consider these guidelines throughout the planning and design phases.

Important considerations for a new hospital facility and integrated health care campus

1. In groups, brainstorm the six questions on the worksheet. Think creatively!
2. Designate a note taker to record the ideas that are generated.
3. Prioritize by identifying what you believe should be the top three considerations. Try to gain consensus among the group on the top three.

Community Questions – January 2017

1. What will become of the two former hospital sites (Faxton-St. Luke's and St. Elizabeth's Medical Center)? Does the MVHS have a comprehensive and feasible plan to redevelop the sites, and, if so, what are they?
2. If either of the sites proves to be partially or wholly unused or unusable (aka empty) for the foreseeable amount of time, will the MVHS tear down these abandoned building to prevent further stain on our urban landscape, and return these greenspaces to the City of Utica or the Town of New Hartford for preservation as public parks and/or new build mixed-use development? Does the MVHS have a plan for this type of scenario, and funds to complete this type of redevelopment?
3. What are some of the proposed names for the new hospital building? How will the process of naming the new complex work and be developed to best integrate and successfully brand the community at-large behind it?
4. Would you consider Rome location? We have plenty of land on Griffiss business park, and there is also a land across MV community college in Rome on Floyd Avenue that would be perfect for this \$480M project. We are not too far from Syracuse in case patients need to be transferred to Upstate Trauma Center.
5. I am concerned that removing both pre-existing and prospective businesses in your proposed site would harm the City of Utica's existing and future tax base. Given my understanding that the hospital would claim tax-exempt status, and that the MVHS hospitals are already posting annual losses in the millions, this doesn't seem to make sound economic sense.
6. I understand that \$300M in funding for the hospital has been promised by government officials, provided that new buildings are erected. Given that the proposed move would exceed that amount by hundreds of millions of dollars, from where would the additional money be generated? Given MVHS's operational losses, is there some other revenue stream that would not affect tax payers? Bear in mind that the annual median household income for the City of Utica is lower than the national average, and residents are financially unable to accommodate further tax burdens.
7. With regard to new construction, would the pre-existing space available at the St. Luke's campus not be a viable alternative for a new or expanded facility? Would it not also provide more assurance with limiting the costs to the \$300M which has already been procured? Existing road infrastructure is there as well, and the site would not have to undergo the costly expense of relocation to an area that is not yet part of your land assets. Additionally, the existing St. Luke's campus would presumably have even more room to expand in the future, even beyond the immediate addition, unlike the landlocked downtown neighborhood.
8. We now have two psychiatric wards. What is the plan for a psych unit, and how many beds will be available in the new hospital? What are the plans for new psychiatric Doctors?

Community Comments

- As a long time New Hartford resident I am opposed to the new location of the hospital. It would make much more sense to me to see St. Luke's re modeled and expanded. Keep St. Elizabeth for some specific procedures. Two facilities would not be made useless and an area downtown would not be destroyed. Politicians and economic development people in the Utica area promise much and deliver so little. AMS as an example. I have very little faith in what they say about the hospital.
- I am very much against the location. Unfortunately my husband's health is not good. I would be too afraid to go into this section to visit with him. We are considering changing doctors to be able to go to perhaps Oneida or Rome or even Bassett. Anyplace other than this section of Utica! I don't think you are putting your patients first. At least the emergency room should be busy with the hospital being within walking distance of a lot of the "action". Honestly I can't imagine where your head is. Certainly not with the hearts of your patients. It is clear Healthcare has certainly become much more business than caring. So sad.
- I have read that hospital administration and government officials have indicated that a move downtown would create social and residential vibrancy and economic vitality to the neighborhood. I respectfully have to disagree with that notion. As a current resident of the City of Utica with possible interests in a downtown move, having a sprawling hospital campus as part of the neighborhood dissuades me from doing so. A hospital campus would detract from a vibrant downtown feel and would be excessively noisy and congested, particularly given that Utica's downtown is so small. The successful revitalization of neighborhoods like Bagg's Square and Franklin Square, by entrepreneurs, is more consistent with my definition of a vibrant city with residential appeal. Likewise, part of what makes Utica "cool" is its historic buildings. By razing them to build a hospital campus, the historic identity of Utica would be irrevocably stripped. Too many building in downtown have already suffered this fate. Preservation is what makes a city appealing to its residents and visitors.

(January 9, 2017)

NEW HOSPITAL COMMUNITY FORUM QUESTIONS- January 10, 2017

Infrastructure

1. This area contains some of our oldest infrastructure. How certain are we of it's ability to take on future growth, including what is needed for this project?
2. John Siegenthaler's advice on the energy efficiency & heating of the hospital may be useful. He lives in Holland Patent and is a P.E., the author of the leading U.S. text on boiler installs. He can be reached at www.hydronicpros.com. A hospital train or hospital barge may be a useful supplement to the new building. If available for loans, FEMA may help fund it. Hospital trains are now used in Russia.

Public Participation/Support – Communication with Employer

1. Why were the citizens of Utica not given the opportunity to approve the revisions to the center of the city before announcing that a hospital was planned? When was this project started before the Uticans were informed? What was NYS DOT's input given to the hospital location?
2. Has the medical staff expressed support for the new campus?
3. Public vote omitted?
4. Why has there not been more public discussion before this point about the new hospital?
5. Will there be additional large community forums planned throughout construction of the new hospital to foster feedback?
6. What percentage of employees expressed interest in living downtown?
7. Why is there no public input on the sites?

Landowners/Property Owners

1. When a business accepts an offer, how long does it have to move?
2. Do you own the land? If no, have you sat down with each property and/or business owner prior to this meeting?
3. What are the projected costs that will be assumed by the City of Utica and Oneida County?
4. When will the current landowner be contacted?
5. Has city economic development started to assist current owners to find a new location in the city?
6. Are the businesses affected going to receive assistance with relocation to another area?
7. Who converses with the current business owners about this project? They own their land, have any discussions been done and who is supposed to do this – city vs. MVHS?
8. Will you be re-appraising the property prior to any actual offer? Our appraisal occurred around 6/16 and we were told the deal might not happen. We have been renovating and want fair treatment.
9. Our property is at the west end of the proposed project. If we are included in the footprint of the project, we would like to discuss a couple of items that could be worked around.
10. What is the expectation for compensating land owners for their last costs between now and 2019 when parcels are actually acquired?
11. When will you start discussions on buildings on acquisition and price?

12. How do you add value to a building for all interior work in a building? (Ex: a showroom)
13. How do you add value for business seeing current location as best location?
14. When should we plan to be out of current building?
15. How do you find a site for a 30,000 sq ft building in downtown area?
16. What happens if a group of property owners refuse to sell?
17. How does a private entity plan to use "eminent domain" to seize properties?
18. How many active businesses will have to be relocated as a result of the new hospital downtown location?

Employees

1. What are the other licensed employee stats: RN, Radiological, etc (2013-2016)?
2. How will the new facility have an impact on these employee numbers?
3. Will all Administrative & Support staff functions be located downtown too? Or "off" campus?
4. Will doctors be willing to move their established medical offices to the downtown area to be closer to the new hospital?
5. I am concerned about the additional demand to time for MD's & HCW to drive downtown to a hospital from their existing offices and professional buildings. If those offices are moved downtown, then there will be even more additional empty buildings in South Utica and New Hartford. Concern also for safety of employees and driving downtown.
6. How many more doctors will you need?
7. Will staff be added with the decrease in hospital beds?

Environmental

1. Are you doing environmental studies on the buildings, grounds and the air around the proposed facilities for contamination?
2. How do you plan to deal with the Marcellus/Utica Shale deposit in regard to natural gas releases?

Location/Businesses

1. How will the new hospital be a partner to the downtown area re: local businesses, evening activities, the Aud?
2. How will connectivity between east and west Utica be achieved?
3. Utica National has moved downtown. Has anyone picked their brain? What would they have done differently? Positives/Negatives?
4. What will happen to the businesses displaced by the downtown campus?
5. What is the property tax loss by taking downtown buildings? How will it be made up?
6. How many buildings do you have to purchase for site of new hospital?

Location/Site

1. Why is the footprint so irregular? Why extend so far east?
2. Does the current project footprint impact the Utica Police Dept and headquarters? If so, who will bear the cost of reconstruction?

3. The Utica Master Plan calls for a mixed use walkable downtown. What if any consideration was given to the Master Plan in site selection?
4. The site is currently occupied with a number of businesses who provide jobs, sales and property taxes. What consideration was given to these matters in site selection?
5. Your stats show that the majority of people are from Utica that use the hospital. Does that mean that people can afford to go elsewhere in other areas?
6. Why hasn't St Luke's facility been kept up?
7. Why isn't St. Luke's land being used? Seems that would be more economically feasible.
8. What were the 12 proposed sites for the new hospital?
9. Under what circumstances would the new hospitable built on the 2nd choice site @ St Luke's campus?
10. Given that MVHS goals for the new hospital as stated seem to be achievable at both sites, what is the best use for this site?
11. Why the downtown selection? St Luke's campus has 60+ available acres for expansion. Downtown building means expenses for demolition, buying up properties, building parking garages, not to mention destruction of historic structures. I am not against building a new facility, I am against the location. Have you ever tried to move along downtown Utica during the busy hours? St Luke's campus is the best way to go!
12. Why not the property on Bleecker Street across from the Masonic Home? It would be less expensive to prepare, it will have good access and be near a research facility.
13. How locked in is the downtown site? Are there other legal battles before the next step?
14. Why would you not expand and renovate existing facilities?
15. Why can't the footprint be smaller?
16. Since the site is not owned by MVHS, was there a draft EIS available that weighs the relative impacts of the various sites?
17. The Utica Psychiatric Center remains empty. What leads you to believe the St E's will be used?

Cost

1. What about reimbursement on single rooms when hospitalized? Medicare will only cover double rooms.
2. Where is the other approximate \$300 million coming from to build this hospital?
3. What happens if someone does not want to sell their property?
4. Will there be a cluster of traffic issues when the hospital is complete?
5. Projected cost of new hospital is \$480 million now... 5 years down the road the cost could be \$600 million. Where will the extra money come from?
6. Do you have a firm financing commitment for \$150 million. If not, when will you?
7. How will the downtown hospital affect satellite offices?
8. If full budget cannot be covered, do you expect to proceed on a scaled back project at the same location?
9. Does the \$480 million include contingencies, reuse costs and costs for moving expenses?
10. Will new facility attract new and better medical staff?
11. What is the estimated cost to purchase, demolish and dispose of all buildings in proposed downtown hospital area?

12. What is the lost tax revenue and what is the amount of lost revenue to the City of Utica for taking the hospital supply company out of the City Hall parking garage building between Cornelia, Broadway and Columbia streets? Has this been added to the estimated cost?
13. How much debt is this going to add to MVHS?
14. How do you know the cost of the hospital if the land has not been acquired?
15. What will healthcare be like in the future that requires new buildings?
16. Who will pay for future costs, overruns, maintenance of buildings as well as repurposed buildings?

Construction

1. Does the state money require a 30% or any other percentage MWBE expenditure?
2. Will there be any state approved apprentice language attached to this project?
3. What is planned involvement for local engineers/architects?
4. Is there MBE/WBE utilization required?

Transportation

1. How does this project integrate with the Oriskany Street reconstruction project?
2. The Oneida County executive has taken a "vision 2020" approach to transportation without automobiles. What are your thoughts about transit access to the site and pedestrian accessibility to and from the rest of downtown?
3. Any thoughts to a public/private partnership to provide parking?
4. Discuss the traffic pattern proposal to eliminate bottlenecks with events being held at the Utica Aud (ex: hockey games)?
5. How is the cost of the parking garage being covered? Will there be a charge for parking in the garage?
6. Will the new hospital preserve existing street grid?
7. The new hospital site contains several streets. What consideration was given to the impact of closing these streets in the site selection?
8. Will the hospital development improve walkability?
9. Will the project consolidate parking (ie garages, not parking lots)?
10. Will the downtown hospital cut off any existing traffic patterns?
11. What are the planned transportation improvements to minimize traffic disruption to county, state, city facilities?
12. Where will the parking garage be located?

Use/Reuse of Existing Facilities

1. Does the St Luke's Nursing Home stay where it is or does that relocate to downtown Utica?
2. Who is going to pay for the parking garage?
3. What is your traffic flow plan, if any?
4. Where will everyone park with the police station and Aud so close by?
5. Demolition of historic sites in downtown Utica again?
6. Taking taxable properties off the Utica tax base is wrong! Where is the additional revenue coming from?
7. What is the actual cost of the new hospital?

8. There will be less beds available in new hospital. How can this plan cover the entire population in this area?
9. 66% of the public want this new hospital on the St Luke's campus. Why aren't you in favor of this site?
10. What is going to happen to the St Elizabeth's and St Luke's sites and why don't you have answers to this?
11. What is the amount of money budgeted for land? Parking garage? The facility?
12. What will happen to the current hospital buildings when the new hospital opens?
13. St Luke's campus could be used for Utica College dormitory, classrooms, laboratories?
14. SEMC could be used as a Veterans Administration Hospital (turn key)?

Design

1. Is there land at the downtown site for future expansions?
2. What are the Mayor's thoughts about the tax loss?
3. Relative to the future expandability and flexibility of the new improvements, will the architects allow for increasing the size of the hospital by building higher floors, in 15-20 years should the demographic needs of the area require it?
4. How many floors are proposed for the new hospital? Can they go 1 or 2 more floors and reduce the footprint you are taking?
5. How will the final design of the building be decided upon? Important what the new hospital will look like and if it fits into the city skyline, a good looking structure – something high quality and not too outlandish.
6. Can the individual service lines be housed in separate buildings in order to allow for more dynamic designs?
7. What prevention is in place to eliminate air borne viruses in the new building? How will this problem be eliminated in the old facilities? We have 2-3 buildings with contaminations.
8. How will the MVHS improve its low rating? Quality of care?
9. How many stories will the new hospital be? Will it block view of the hills?
10. How can the hospital integrate with other downtown development and initiatives?
11. How can the new hospital help with tourism and promote health and recreation?
12. How can taxpayers hold MVHS accountable for all their promises?
13. Did you consider retail shops for the first floor of hospital to help with the cost?
14. What patient satisfaction issues will be addressed in the construction plans, such as Press Ganey scores?
15. What medical concerns can be addressed in facility design(infection, readmission, Press Ganey metrics)?
16. What are the priorities of design (cost, economic development, healthcare delivery)?
17. Will the project keep some of the building fabric?
18. How do you plan to deal with the Utica Master Plan (2016) and the Canal Area zoning which requires buildings to be no higher than 2 stories?

Accessibility

1. Will the new hospital be accessible for the visually impaired?

2. How are issues in regard to accessibility being addressed for individuals with disabilities during the building and equipment installation? (architecture, facilities, furniture and equipment).
3. Is consideration being given to issues for pedestrian safety and ADA for the surrounding area to the new hospital and the downtown area? (accessible crosswalks, sidewalks, traffic signals for street crossing, etc)

Programs for Access to Community To Meet Demand

1. What will be done to dramatically improve the pediatric care available locally? It is totally unacceptable that our children must travel to Syracuse or Albany to receive quality care.
2. Detox and psych are much needed services in our community. Please consider.
3. During my last visit to a Syracuse hospital, nurses said that a large number of their patients come from the Mohawk Valley. How can you assure that this new hospital will not result in the same outcome?
4. Healthcare is much different today than it was decades ago. What is envisioned with new improvements that the present day FSLH & SEMC do not currently have? How will healthcare be improved?
5. A mental health emergency room is needed.
6. Will the new facility provide any new specialized services or progress so that care will not have to be sent elsewhere?
7. If this hospital is built, will it add to even better pediatric healthcare and possibly create more jobs?
8. How will healthcare services be designed to better meet the REAL needs of residents? (mental health services, fully accessible services & equipment for people with disabilities, coordination of services with fully accessible 24 hour access for working people)
9. What formula are you using to come up with in determining the number of beds needed when the hospital is built? Will it be adequate to meet the needs of growing patient needs?
10. Need to address questions about inclusion of a detox center in the new hospital. Also, need to address issues of a psychiatric department in the hospital to assist patients with psychiatric needs in our area.
11. Will you have a substance abuse floor and rehab at the new hospital? High rate in this area and continually growing and is a community need!
12. Is SEMC not part of Bassett anymore?
13. Will you start the hospital project before getting a Certificate of Need?
14. What is the incentive to attract outlying services?
15. What role will Franciscans play in merged facility?
16. Explain the Certificate of Need Process.
17. How can ONE emergency room handle a catastrophic event?
18. Are there plans to include a space for spiritual worship welcoming the many faiths in our community?

Economic Development

1. What specific areas in respect to economic development will the new hospital improve? Is the economic impact based solely on employees/patients being downtown or are there specific elements to aid in economic development?
2. What other hospital "strategic initiatives" will align/benefit from this project?



**Mohawk Valley Health System Community Forum Questions
Tuesday, January 10, 2017**

1.) What are the top three unique characteristics of Downtown Utica that the planning and design of the new hospital should consider (for example: architecture, urban spaces, parks and green spaces, urban amenities, etc.)?

2.) What are the unique historic elements of Downtown Utica that the planning and design of the new hospital should consider?

3.) What are the unique natural features of Downtown Utica or the region that the planning and design of the new hospital should consider (for example: the Mohawk River or other waterways, the Adirondack Mountains, or other unique topography, natural woodlands/nature areas)?

4.) What is the most exciting thing about the new hospital moving to Downtown Utica?

5.) What is your greatest concern about the new hospital moving to Downtown Utica?

6.) There are a number of development initiatives in progress in the City of Utica, including the downtown area. In what ways can the new hospital facility and campus integrate into the city's urban fabric, for example, integrating with current and planned pedestrian connections, new open spaces, improved streetscapes, new retail, restaurants, businesses, housing, etc.)?

Tuesday, January 10, 2017

1 p.m. session _____ 5 p.m. session _____

Please submit any questions you have about the new hospital project and/or to submit a request for a meeting with your organization. The facilitators of today's event will pick up the cards near the end of the presentation.

Questions: _____

Request for a Meeting

Organization Name: _____

Name: _____

Daytime Phone Number: _____



Exhibit C



You're invited to a
**Community Forum on the
New Mohawk Valley Health System Integrated
Healthcare Campus**
Free and Open to the Public

Thursday, December 7, 2017

Two sessions: 2 p.m. and 6 p.m. (Seating is limited.)

Grande Ballroom at the Radisson Hotel-Utica Centre

The forum will provide a project update from Robert Scholefield, executive vice president/COO for MVHS, and Kim Way, principal at the project's architectural firm, NBBJ.

There will be informational booths about healthcare improvements, patient and visitor experiences, design qualities and character, neighborhood connectivity and the SEQR process.

Please RSVP for the event at community@mvhealthsystem.org.



Mohawk Valley Health System Community Forum #2
December 7, 2017 – 2 p.m. and 6 p.m. – Radisson Hotel–Utica Centre

- I. **Introduction**
Scott Perra, President/CEO, MVHS (5 minutes)
- II. **Agenda Overview and Ground Rules**
Nancy Pattarini, President & CEO, The Paige Group (5 minutes)
- III. **Project Overview and Site Plan Details**
Robert Scholefield, Executive Vice President/COO, MVHS, and Kim Way, Principal, NBBJ (30 Minutes)
- IV. **Informational Kiosks (30 minutes)**
Attendees will be encouraged to use the seed questions (see section V.) to guide their experience as they seek additional clarifications and ask questions at each kiosk, and also record their ideas on the form. Each kiosk has an NBBJ or OBG staff member assigned as the subject matter expert. Members of the communications team (MVHS and Paige Group) will provide support.
 - a. Healthcare improvements – Staffed by Craig
 - i. Focus: Quality and efficiencies
 - b. Patient and visitor experience – Staffed by Mitzi
 - i. Focus: Convenience and amenities
 - c. Design qualities and character – Staffed by Ryan/Joel
 - i. Focus: Integration into existing character
 - d. Neighborhood connectivity – Staffed by Kim
 - i. Focus: Reflections on Guiding Principles
 - e. SEQR process – Staffed by OBG
 - i. Focus: Process and what is included
- V. **Round Table Discussions (30 minutes)**
Attendees will be asked to engage in thoughtful discussion regarding the following topics. A note taker will record the highlights of their feedback onto a master feedback form. At the conclusion, an individual from each table will be asked to report out the feedback from their table. All forms will be collected. A facilitator will be at each table and will include one staff member from the communications team with assistance and support from Hammes and/or NBBJ.
 - a. Topics and seed questions:
 - i. Healthcare:
 1. What does quality healthcare mean to you?
 - ii. Patient/visitor experience:
 1. Do these personas resonate with you?
 - iii. Design qualities/characteristics:

1. What local buildings inspire you and why?
2. How do you see these spaces, areas...how are they useful to you?
3. How do these images make you feel? (Comfortable, etc.)
- iv. Neighborhood connectivity:
 1. What things should the hospital connect to?
 2. What should be provided along those connections?

VI. Report Out

Facilitated by Nancy Pattarini (15 minutes)

Content and Materials:

- Boards:
 - Vision (2)
 - Guiding Principles (4)
 - Site Plan (use existing)
- Handouts:
 - Vision and Guiding Principles (Debbie to confirm if we can include Precepts)
 - Feedback Forms (for tables and individuals)
 - Project Handout
- Kiosks:
 - 6/8-foot tables with skirting
 - One/two topical boards to support each kiosk



INTEGRATED HEALTH CAMPUS

December 7, 2017

To create an **advanced healthcare campus** for MVHS through design that **promotes the health** of patients, **optimizes the work environment** for caregivers, and serves as a **catalyst for the revitalization** of downtown Utica.

MAJOR PROJECT MILESTONES



MVHS

www.mvhealthsystem.org

MAJOR PROJECT MILESTONES

2014 2015 2016

MAJOR PROJECT MILESTONES

MVHS announces it is exploring opportunities to fund and build a new, combined hospital for the community.

2014

NOV

JAN

2015

2016

Governor Cuomo : As part of his proposed \$700M pledge to support Upstate New York hospitals, \$300M would help to “create an integrated healthcare delivery system in Oneida County.”



MAJOR PROJECT MILESTONES

MVHS announces it is exploring opportunities to fund and build a new, combined hospital for the community.

The NYS Budget was approved and included the \$300M for the new MVHS hospital. MVHS continued to work with NYS to receive the application for the funding.

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Governor Cuomo : As part of his proposed \$700M pledge to support Upstate New York hospitals, \$300M would help to “create an integrated healthcare delivery system in Oneida County.”

MVHS announces downtown Utica as the location for the new hospital.

MAJOR PROJECT MILESTONES

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NYS Legislature approves the \$300M for the 2016 budget.



Governor Cuomo : As part of his proposed \$700M pledge to support Upstate New York hospitals, \$300M would help to “create an integrated healthcare delivery system in Oneida County.”

MVHS announces downtown Utica as the location for the new hospital.

MVHS receives Request for Application (RFA) from NYS and has until the end of January 2017 to submit it.



MAJOR PROJECT MILESTONES

2017



MVHS

www.mvhealthsystem.org

MAJOR PROJECT MILESTONES

The New York State Department of Health (NYSDOH) announced that MVHS was the recipient of the \$300M Health Care Facility Transformation grant.

2017

JAN

APR

MVHS submits RFA; holds Community Forums; announces the selection of the architectural and construction firms; announces Memorandum of Understanding with Masonic Labs.



MAJOR PROJECT NEXT STEPS

2018

2019



MVHS

| www.mvhealthsystem.org

MAJOR PROJECT NEXT STEPS

The MVHS design team will continue to develop the site plan along with the character of the campus landscape.

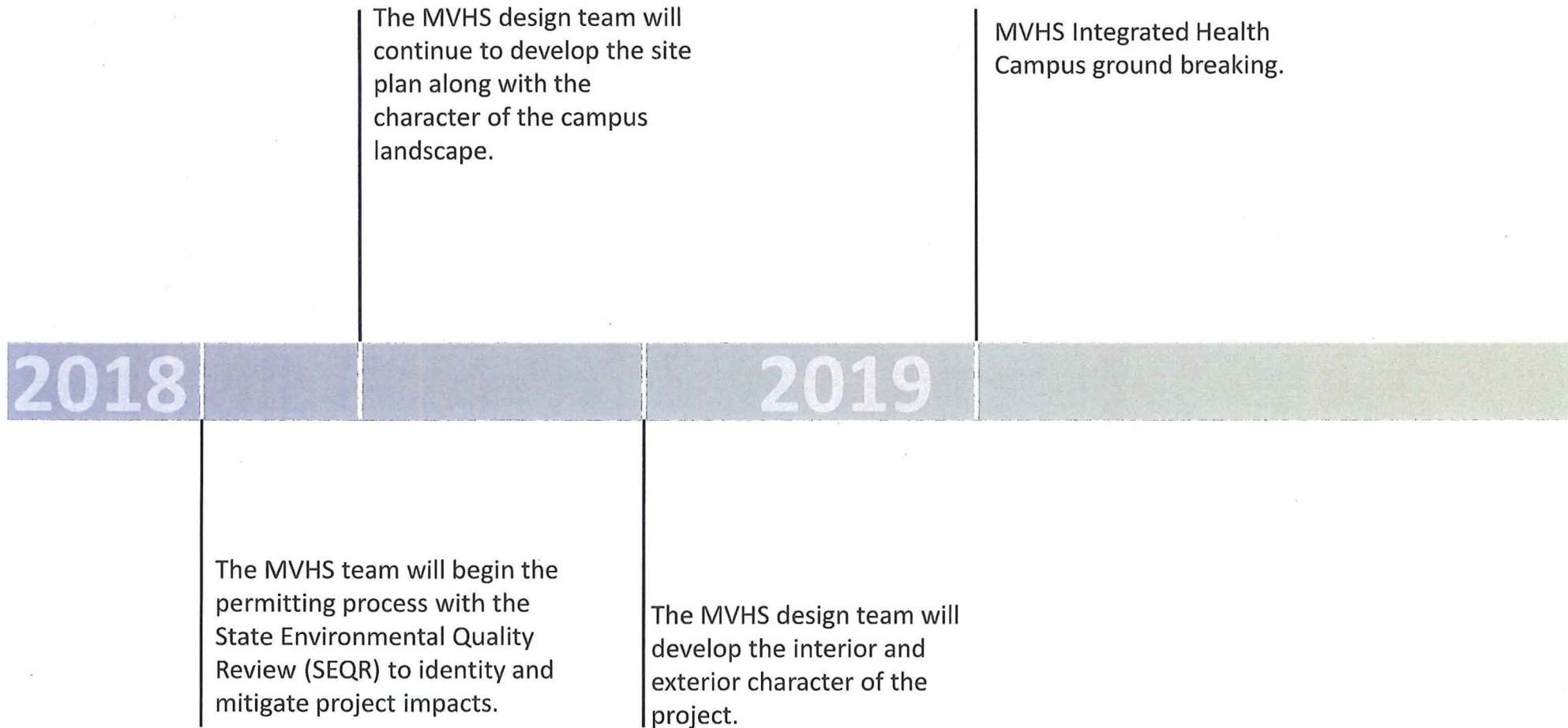
2018

The MVHS team will begin the permitting process with the State Environmental Quality Review (SEQR) to identify and mitigate project impacts.

2019

The MVHS design team will develop the interior and exterior character of the project.

MAJOR PROJECT NEXT STEPS



COLLABORATIVE PROCESS

over **100**
Community Meetings Conducted

over **2000**
Community Members Involved

over **90**
User Group Meetings Conducted

over **378**
Staff Involved
Physicians
Clinicians
Non-Clinical Staff
Technicians : Staff Support

● Department Flows



COLLABORATIVE PROCESS

● Mock-up Room



GUIDING PRINCIPLES

GUIDING PRINCIPLES

Following are the local community's contributions to guiding principles for the new hospital project:
In terms of architectural design and layout, the new hospital facility should:

Principle	How Reflected in Plan to Date
1. Preserve the street grid as much as possible.	Columbia, State, part of Lafayette still in tact; created remainder of Lafayette as a pedestrian way.
2. Consider how the height of the building fits in with the Utica skyline.	Similar or lower in height than buildings such as Kennedy Plaza, Hotel Utica, and State Office Building
3. Incorporate green space.	Park-like areas, tree lined walks, green infrastructure etc.
4. Promote connectivity with the surrounding neighborhoods.	Streets and campus walkways allow access into and through campus east, west, north, south.
5. Allow for aesthetic views (healing, artistic, etc).	Designed location of patient rooms so no windows point inward, all exterior views.

GUIDING PRINCIPLES

Following are the local community's contributions to guiding principles for the new hospital project:
In terms of architectural design and layout, the new hospital facility should:

Principle	How Reflected in Plan to Date
6. Incorporate features that accommodate 4-season weather conditions.	Proximity of garage to hospital covered walkways, canopy, lighting, et
7. Contribute to vibrancy of the city with features that are favorable to surrounding late night activity.	Street/campus lighting, security, parking, pedestrian walkways, etc.
8. Ensure a traffic plan that takes into consideration both hospital needs and the surrounding business and residential needs.	Siting analysis took into consideration all types of traffic flows, in and out of the hospital. Speak to separate routes for ambulances, employees, patients, delivery vehicles.
9. Incorporate features that promote transportation alternatives to cars (walking, biking, etc.).	Adjacent to planned Oriskany bikeway; designed for walkability around campus. Include time-to-destination estimates.
10. Include a parking plan that considers both hospital needs and the surrounding business and residential needs.	Close proximity of new garage and upgrades to Kennedy parking to hospital and auditorium; spaces available to general public. Additional surface parking.

GUIDING PRINCIPLES

Following are the local community's contributions to guiding principles for the new hospital project:
In terms of architectural design and layout, the new hospital facility should:

Principle	How Reflected in Plan to Date
11. Consider the historic nature of buildings around the new hospital and how to blend them into the new cityscape.	
12. Consider both the old and the new aspects of Utica, including nearby landmark sites of Utica (Stanley, Union Station, etc.).	
13. Seek to preserve some buildings for other medical and business uses (adaptive reuse).	
14. Be supportive of development surrounding the campus; promote first level business/retail space and upper level housing space	
15. Consider other urban redevelopment plans underway; integrate/enhance/help promote these other initiatives.	

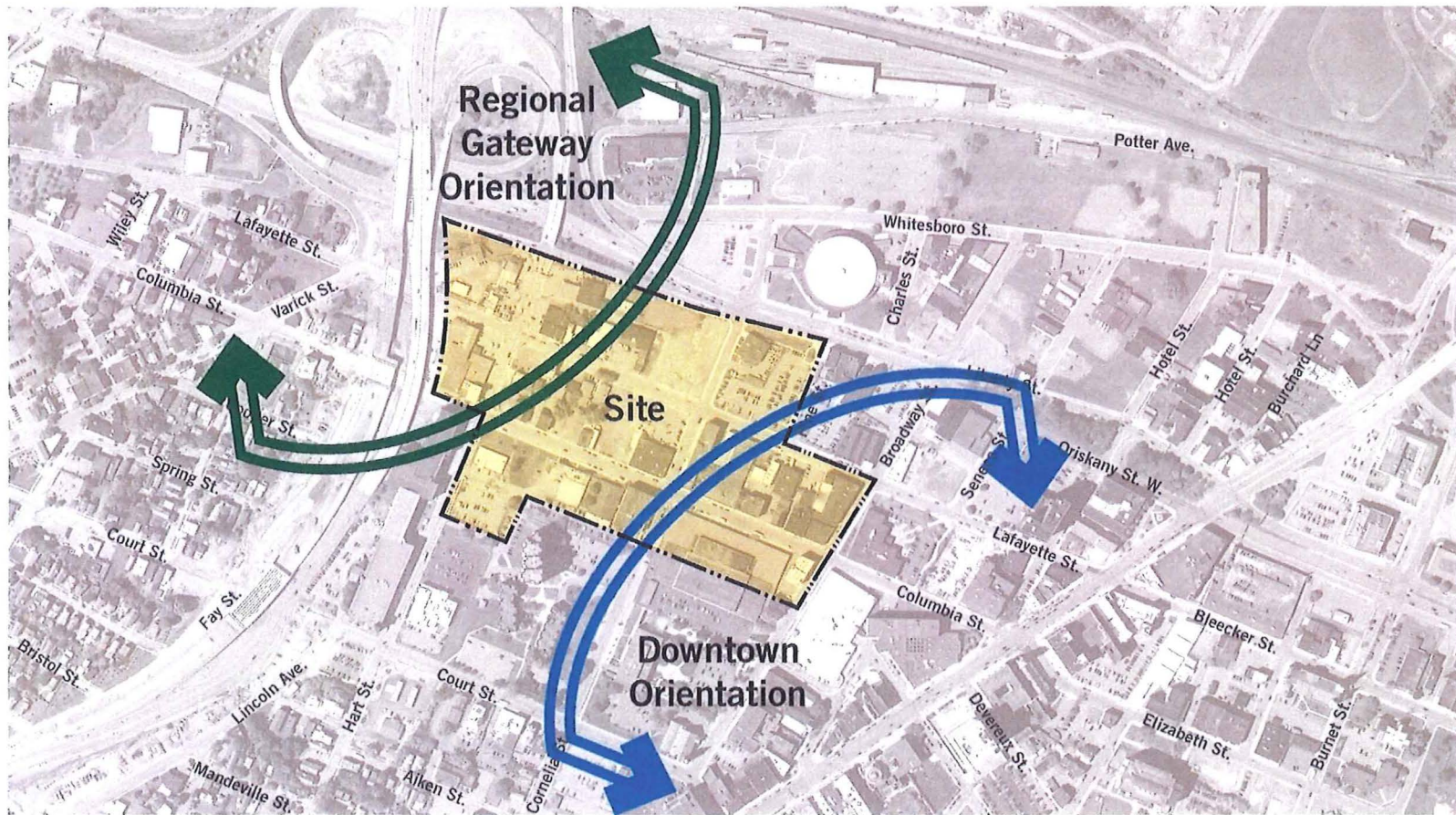
COMMUNITY PARTNERSHIP

MVHS is partnering with Masonic Medical Research Laboratory, an internationally recognized biomedical research institute, to include research space in the new facility.

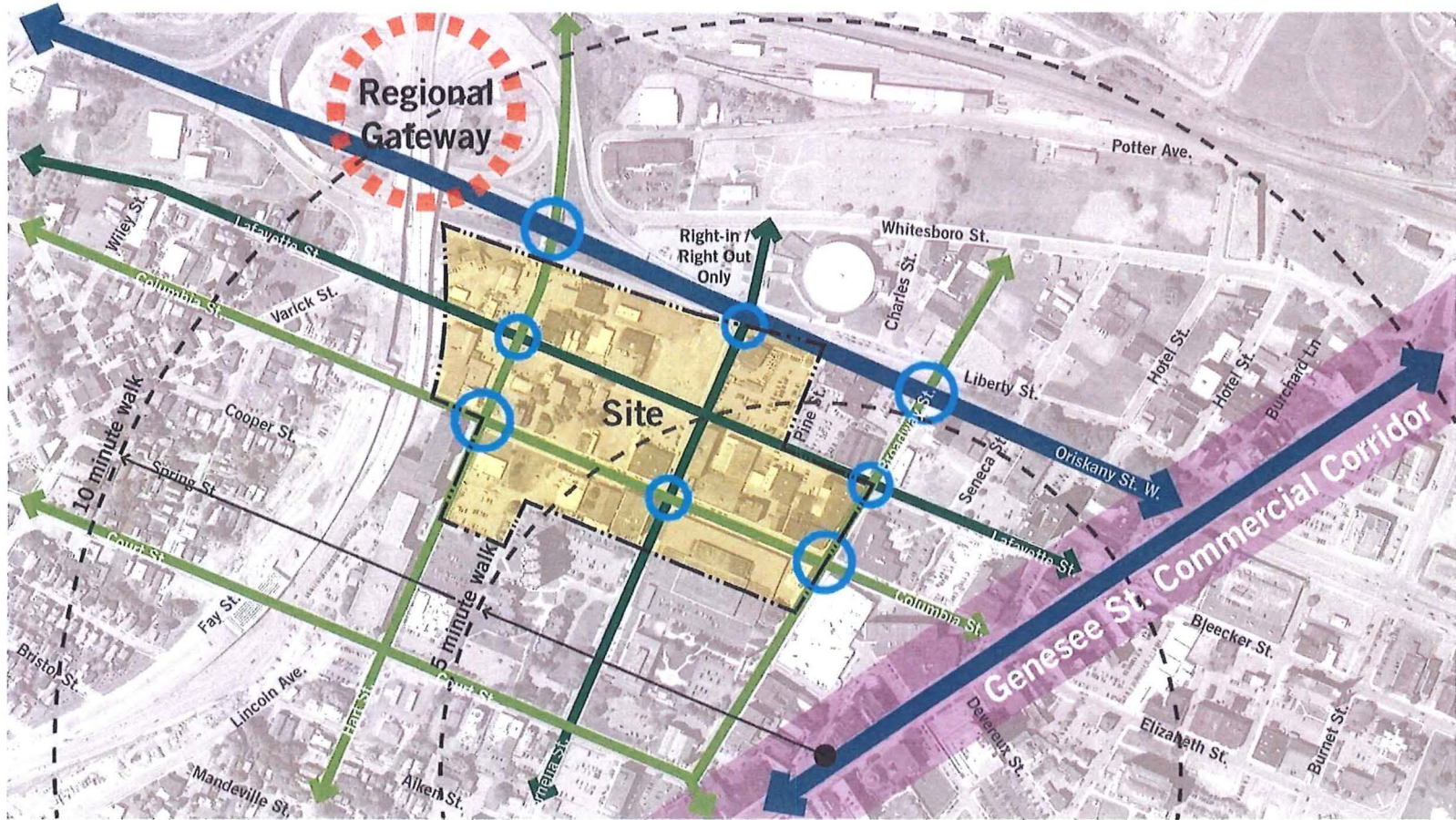


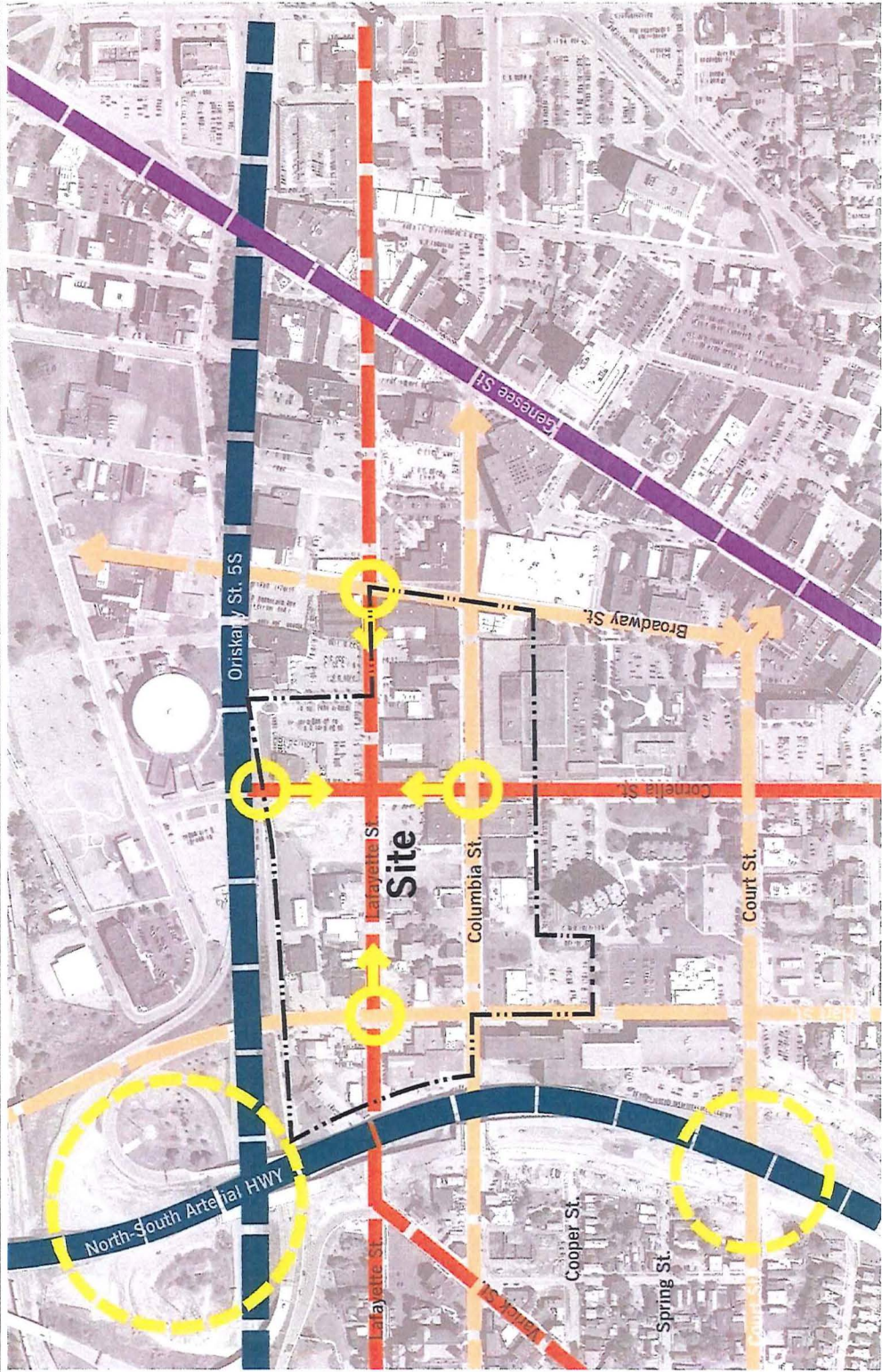
SITE DEVELOPMENT

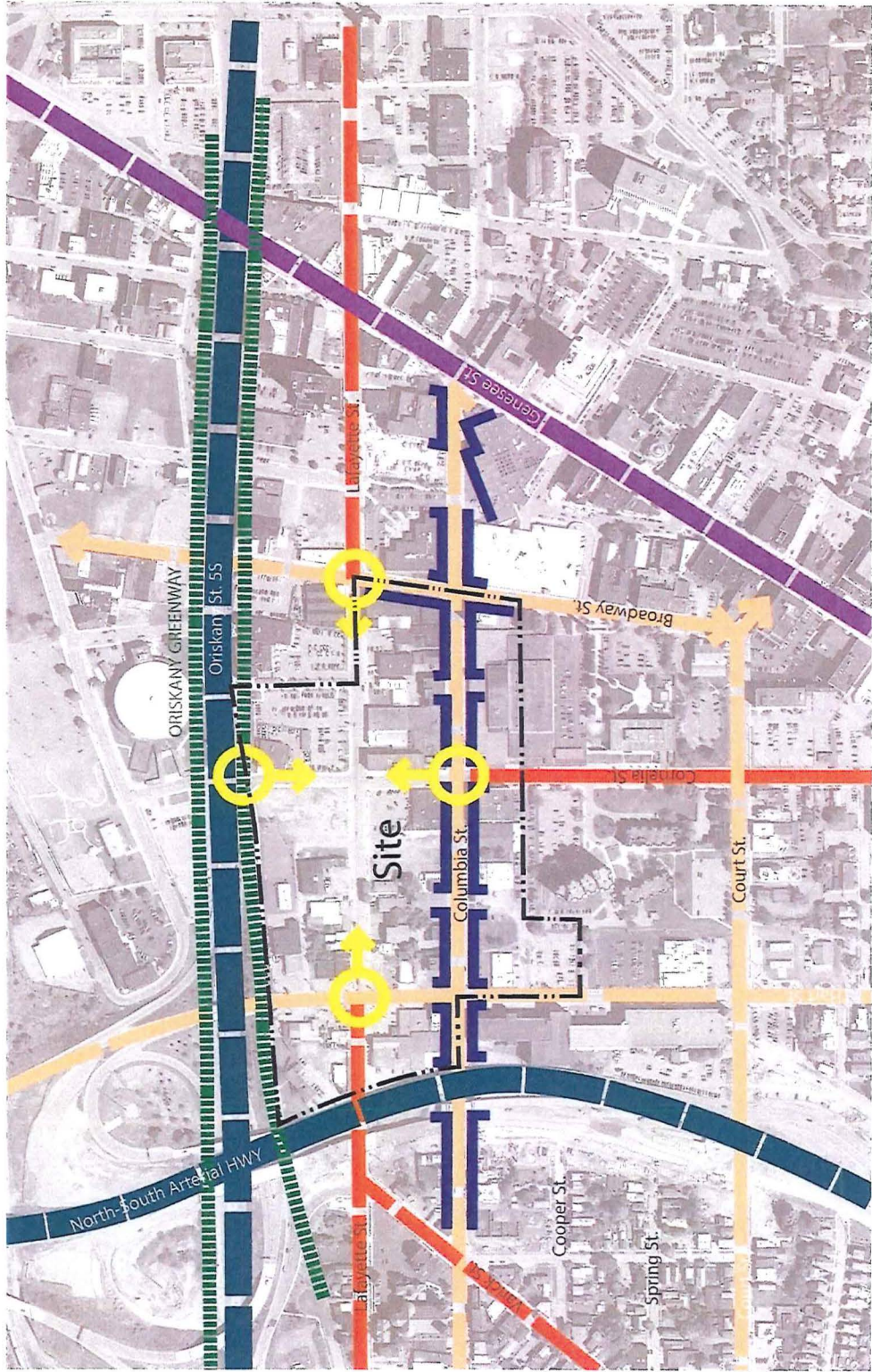
SITE ORIENTATION

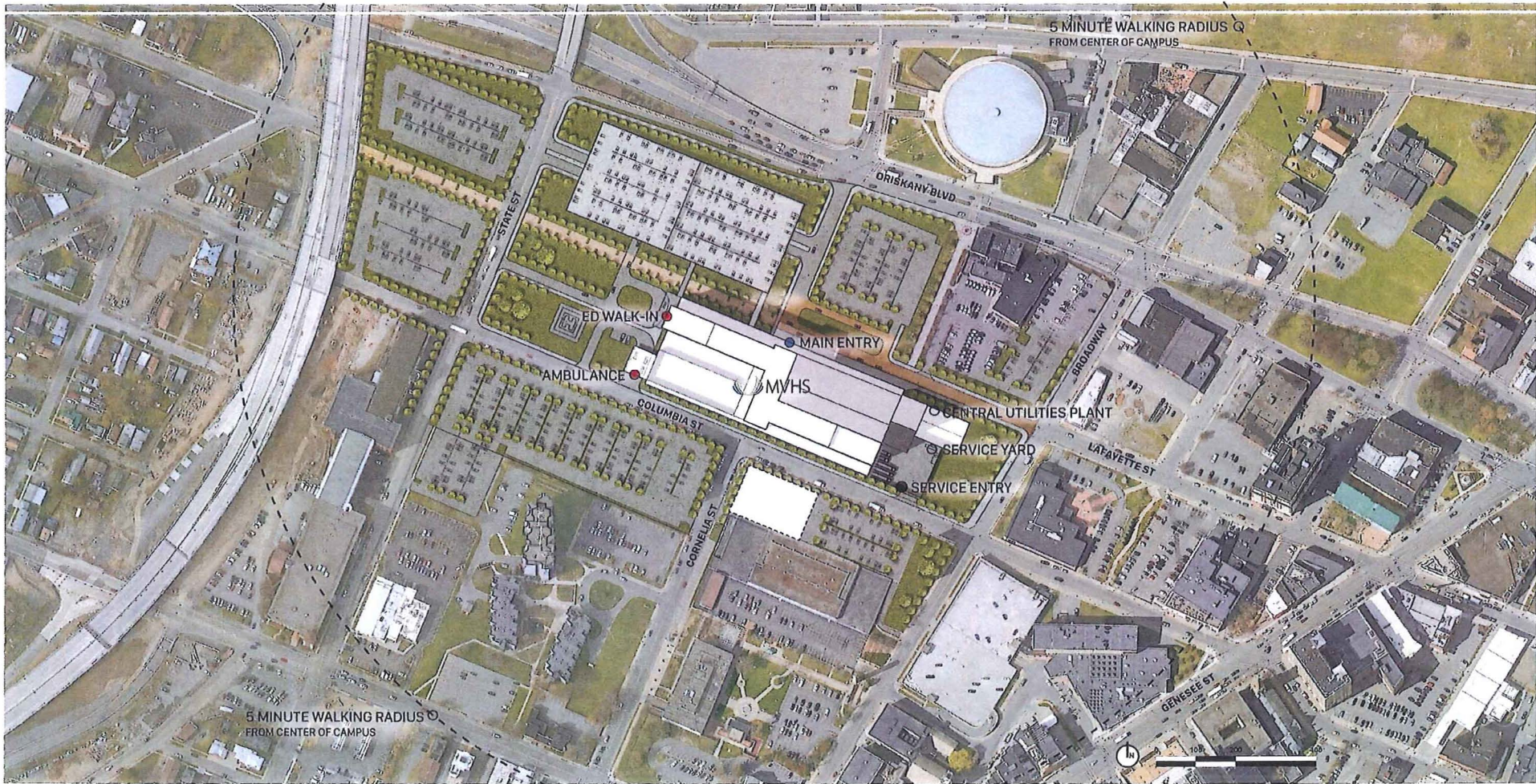


ACCESS : KEY STREETS : INTERSECTIONS

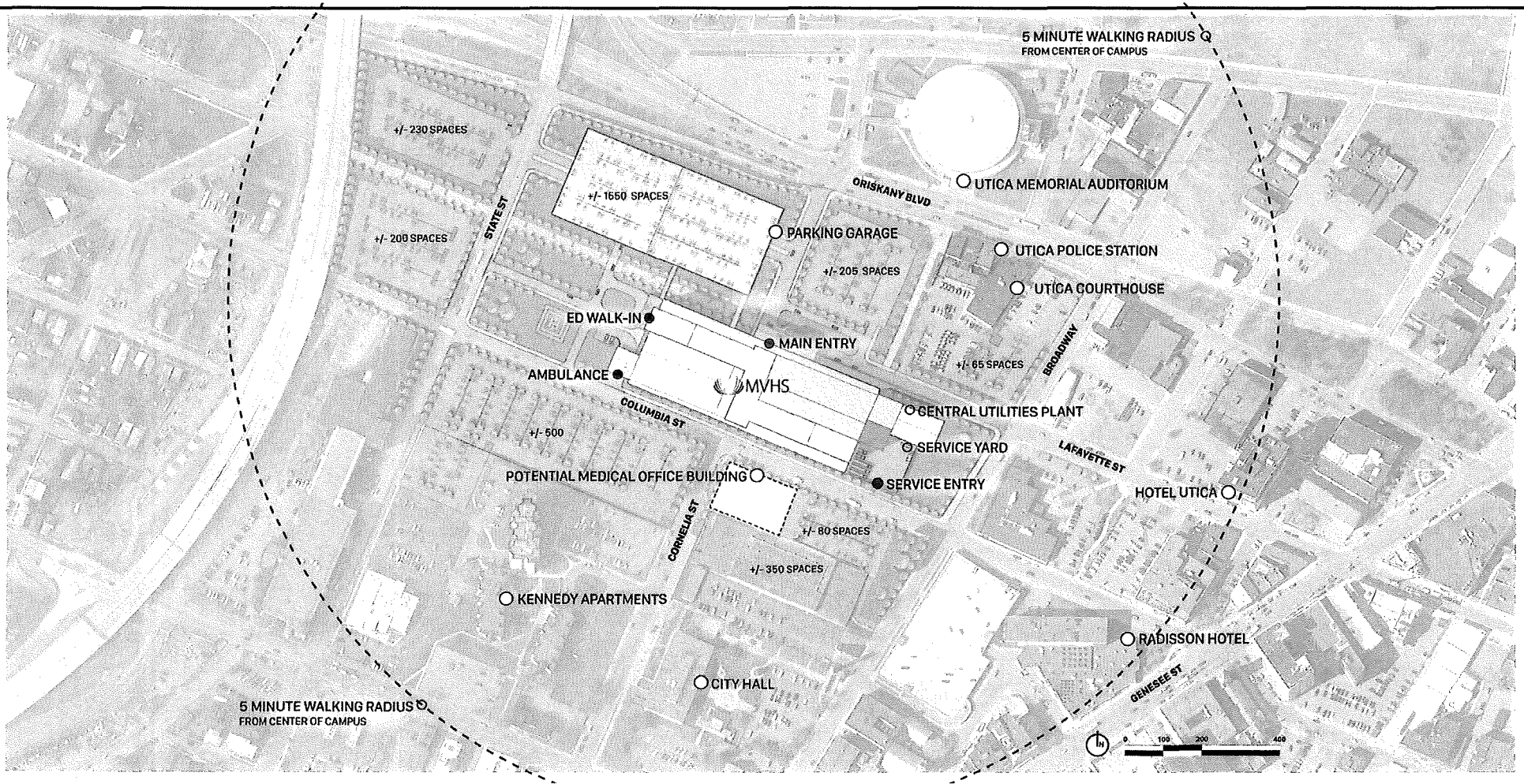




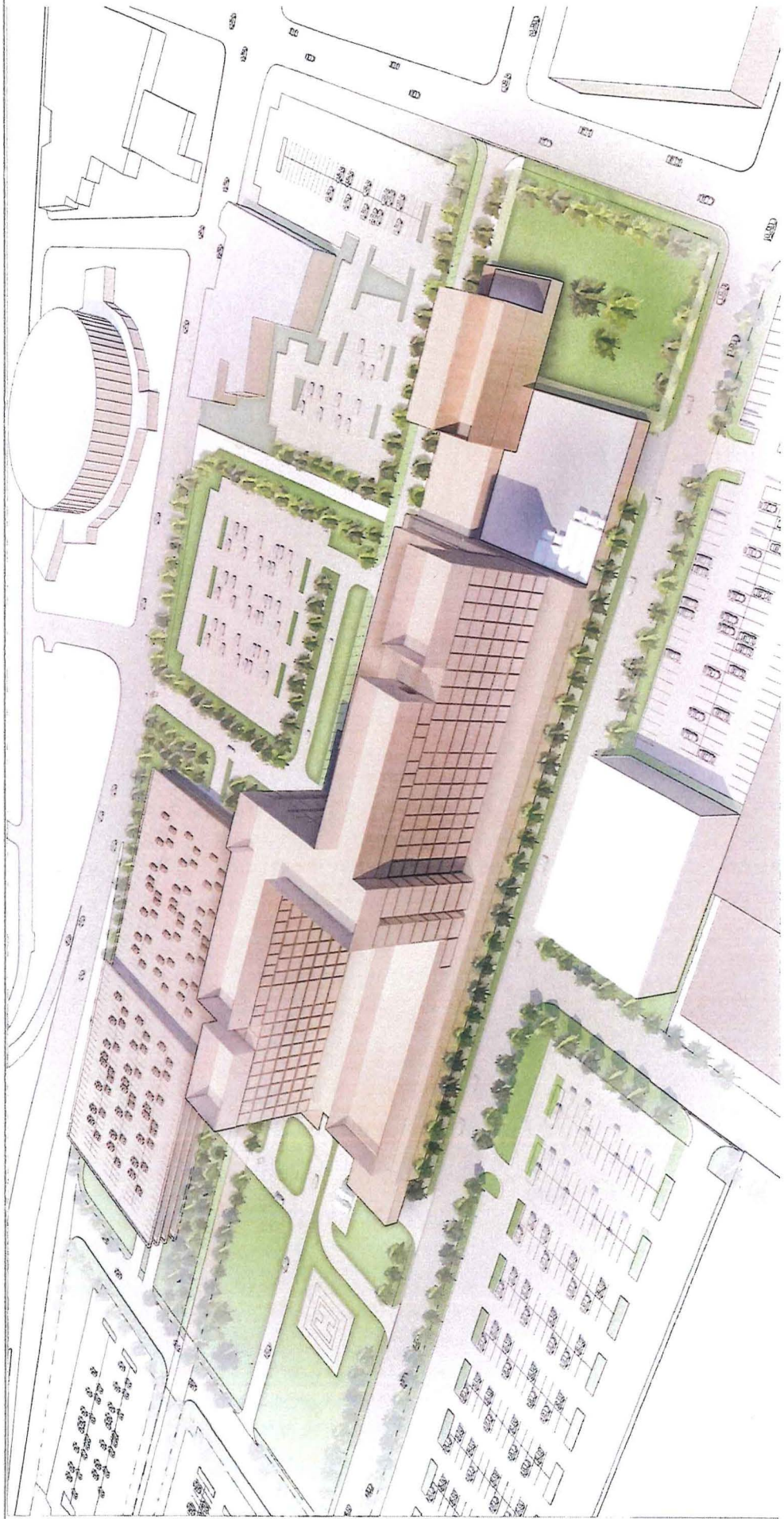




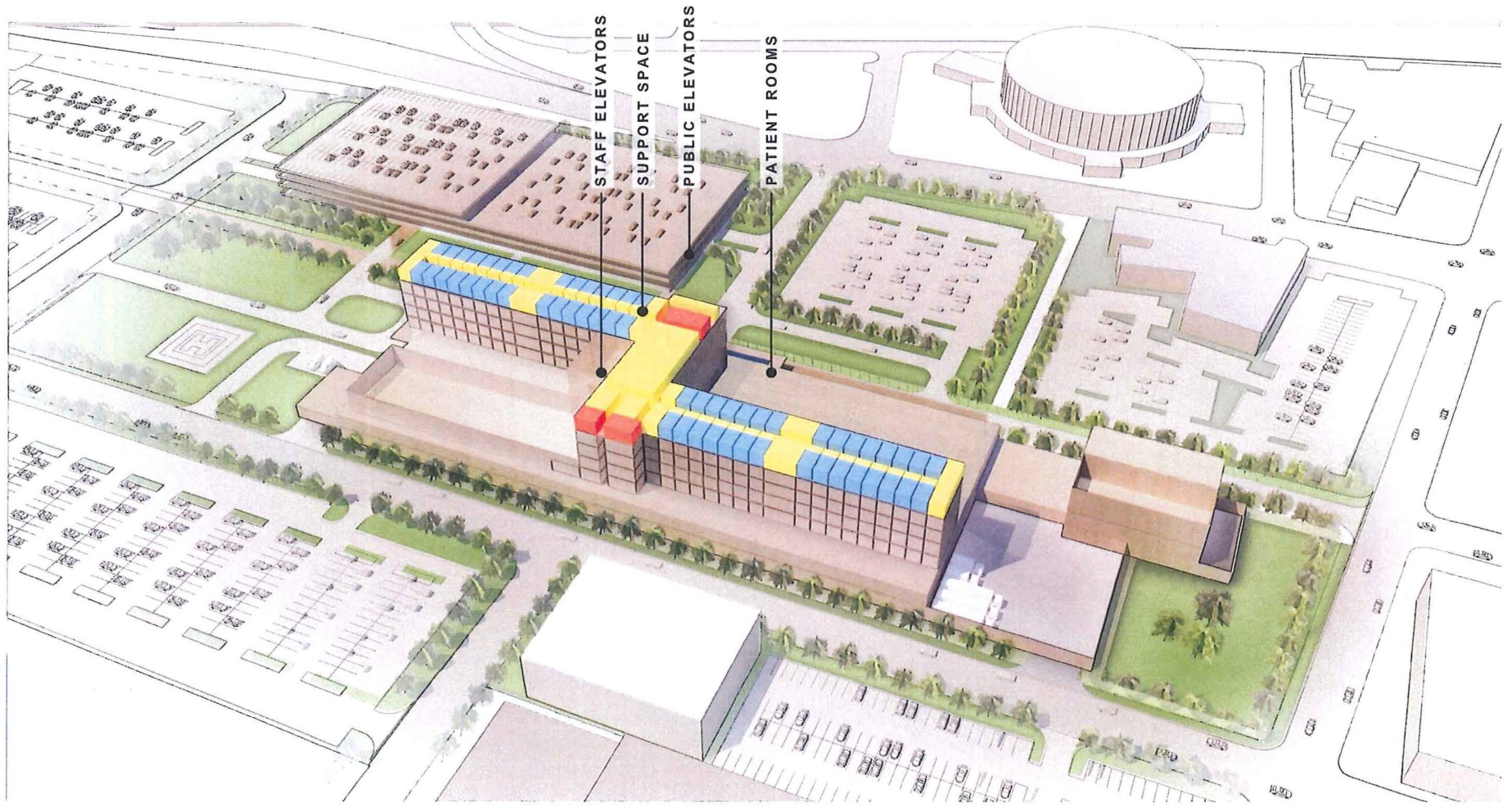
SITE PLAN



VIEW FROM SOUTHEAST



VIEW FROM SOUTHEAST : TYPICAL PROGRAM LAYOUT





VIEW LOOKING EAST ALONG LAFAYETTE



Program Breakout Session:

Visit Informational Kiosks (30 minutes)

Round Table Discussions and Report Out
(45 minutes)

Informational Kiosks:

Healthcare Improvements
Neighborhood Connectivity
Patient & Visitor Experience
Design Qualities & Character
SEQR Process

Questions?

Community@mvhealthsystem.org

MVHS Community Forum
December 7, 2017
Facilitators Guide & Responsibilities

General

- 1) Assist as people arrive; welcome and encourage them to fill tables near the front.
- 2) Maintain a light and friendly attitude.
- 3) Introduce yourself as assisting as a facilitator; invite people to come to you if they have any particular need in the course of the meeting.
- 4) If someone approaches you with a question or comment that will take more than a quick response, ask them to accompany you to out to the hallway so that these conversations do not draw attention away from the main event.
- 5) Bring any concerns about a participant to the immediate attention of Debra Altdoerffer, Nancy Pattarini, Allison Damiano-DeTraglia, or a security officer as appropriate. We will have MVHS security on site. While some community members are quite passionate about this topic, we do not expect any serious problems.
- 6) Ground rules for meeting etiquette and protocol will be covered at the beginning of the session.
- 7) During the presentation, discreetly observe how the attendees are reacting to the presentation and the level/attitude of any side chatter. We do not need written notes (and note taking could be perceived negatively by attendees). Do bring any points of interest to Nancy Pattarini's attention.

Kiosks

- 1) Participants will be provided a feedback form to help guide their questions at the kiosks and will be encouraged to record their feedback on their individual form.
- 2) If an individual begins to sidebar on unrelated topics or if someone approaches you with a question or comment that will take more than a quick response, offer to help connect them with someone who can answer their question more fully if they are willing to give you their name and contact number. Avoid being drawn away from the kiosk and the other people who need attention.

Breakout Group Discussions

- 1) Each facilitator will be responsible for two tables.
- 2) Ask each table to assign a note taker. This person will also be responsible for reading the table's responses aloud to the room at the completion of the session.
- 3) Each table will have a feedback form identical to the one used during the kiosk segment of the event. The form includes a list of questions that prompt the group to think about various aspects of the project.
- 4) Periodically travel between the two tables to check for any clarification needed.
- 5) Responsibilities of the facilitator
 - a. For this exercise we are neutral facilitators, not judging or prioritizing participant input
 - b. Encourage discussion and explanation of viewpoints
 - c. Prevent anyone from dominating by reminder of the ground rules. Introduce a round-robin approach if too few people at a table are participating at once. (Each person in order around the table gets to speak.)
 - d. If input becomes off-topic (is outside the meeting agenda), offer to record it separately and submit it as a separate report.
 - e. If there is disruption that threatens to overtake the task of the group, again remind individuals of the ground rules. If necessary, suggest they speak separately with someone, in which case bring in N. Pattarini for an intervention.
 - f. Collect each participant's individual form as well as the group form at the end of the exercise

Ground Rules

- Respect the agenda — strive to meet the stated purpose of the meeting. Additional meetings can be scheduled to address other topics.
- Respect each other; critique ideas, not people.
- Listen actively to others.
- Be patient when listening to others speak and do not interrupt them.
- Limit side conversations.
- Please silence cell phones.

**MVHS Community Forums- New Hospital
Radisson Hotel
December 7, 2017 2 p.m. /6 p.m. Forums**

What does quality healthcare mean to you:

- Caring, compassionate employees supported by equipment and facilities
- Timely and quality service
- Modern/Innovative
- Mental/physical/social health
- Education/teaching – integrated medical system (affiliated with a medical teaching hospital)
- Availability of information
- Not having to leave the area
- Single rooms

Patient/Visitor Experience Kiosk Feedback:

- Could be applied whether hospital is downtown or not
- Modern and delightful
- Great ideas, roof-top garden
- Does not resonate – leaving behind 3 working hospitals
- Too many parking lots
- Just “fluff” to sell the hospital – if it was important, you’d do it at your current sites
- Does not resonate because aspects of Utica are being lost and MVHS will make money that taxpayers will likely subsidize

Local, inspiring buildings:

- Stanley Theatre
- Utica Library
- Savings Bank of Utica – gold dome
- Adirondack Bank
- Grace Church
- Hotel Utica – history and style
- Train Station
- Utica Auditorium
- Munson Williams - modern
- None – Our buildings are outdated and inefficient
- Episcopal Church – architecture
- Old homes all over the city
- St. Elizabeth
- Upstate Cerebral Palsy
- Landmarc Building
- Turn Verein Building
- Armory
- State/County office buildings
- Fountain Elms

What should be reflected from the current design/character in Utica in the design of the new healthcare campus:

- Green, sustainable architecture
- Public art, outdoor water elements on campus
- Completely Unique
- 90% of design should draw from Utica’s character
- Use bricks from existing historic buildings, identify the parts build with that (blend of old/new)
- Nothing – improve and utilize buildings you already have

- Hospital will be a separator not a connector
- Current design is too sprawling
- Look at the data regarding geothermal heating/cooling from Cornell University/Cooperative – extra funding for energy efficiency upgrades from the US DOE, Sandia National Labs or Zero Energy Homes

What should be developed around the new healthcare campus:

- Mixed-use neighborhood
- Connection with the Auditorium
- Use Harbor Point or the old psych center for parking
- Work with Centro for bus development
- Businesses it can feed off (medical supplies, meeting spaces, research facilities)
- Green space, parks/playgrounds
- Connect to Varick, State and Genesee street neighborhoods
- Restaurants and cafes
- Relationship with Utica College / Slocum-Dickson
- Connect to Erie Canal trail

Misc:

- Will there still be a chapel?
- It is a tragedy how little concern, planning or thought has gone into transitioning the property owners so they do not get taken advantage of
- Will there be spaces for detox units?
- Look at what Roswell Park did for Buffalo
- Health care is separate from economic development
- Advantages/disadvantages of proximity to the train station?
- Why did the parking garage pop up with cost to taxpayers but no vote?
- Where are police parking facilities going to be?
- UAP Engine Rebuilders on State and Lafayette → needs more info, not against project, would like to stay in area if desirable property would be offered
- Submit current press release of new “blue print” site plan



Mohawk Valley Health System Community Forum
Thursday, December 7, 2017

2 p.m. Session

6 p.m. Session

1. What does quality healthcare mean to you? Please use brief phrases or word descriptions.

Three horizontal lines for writing the answer to question 1.

2. Think about what you saw at the Patient and Visitor Experience kiosk.

a. Do these concepts resonate with you? Yes No

b. Please explain why.

Three horizontal lines for writing the explanation for question 2b.

3. List two to three local buildings that inspire you and explain why.

Four horizontal lines for listing buildings and explaining why for question 3.

4. Think of the images that you saw at the Design Qualities and Character kiosk. How much of the current design and character in Utica should be reflected in the new healthcare campus?

Three horizontal lines for answering question 4.

5. With regard to neighborhood connectivity, what should the new healthcare campus connect to? What should be developed around it?

Three horizontal lines for answering question 5.

REQUEST FOR MEETING

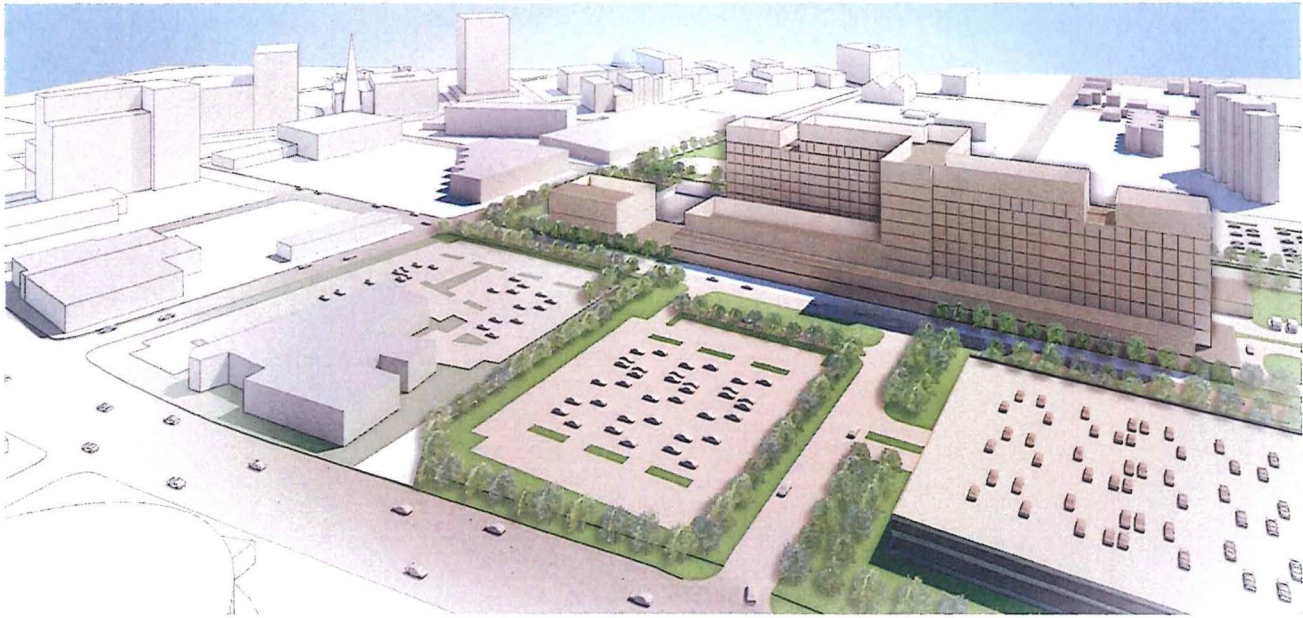
Organization Name:

Contact Name:

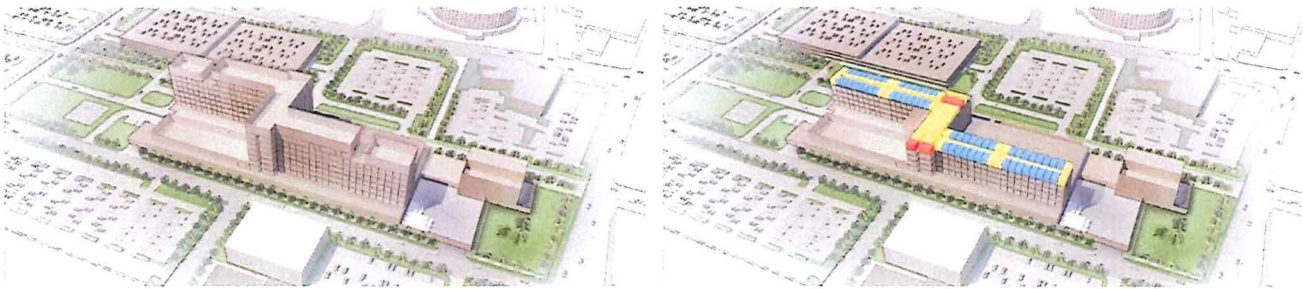
Daytime Phone Number:

Three horizontal lines for providing contact information for the meeting request.

DESIGN QUALITIES & CHARACTER



VIEW LOOKING SOUTH

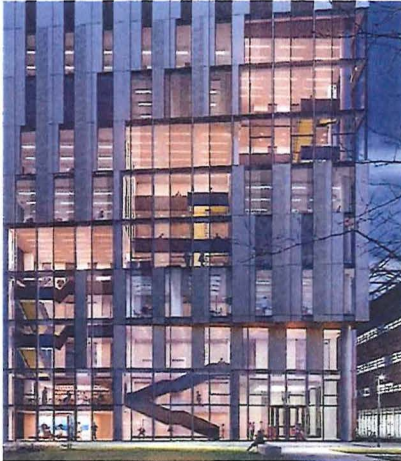


VIEW LOOKING NORTH

ARCHITECTURAL STYLE




GENESSEE ST




HENRY ROYCE INSTITUTE



ROYAL LIVERPOOL UNIVERSITY HOSPITAL


Expression: Sensitivity to context
Material / Color: Brick. Warm Coloration
Craftsmanship: via masonry detail

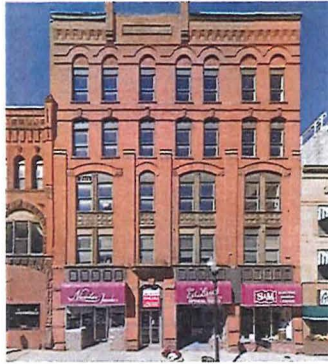

Expression: Precision and clinical excellence
Material / Color: Metal & Glass. Cool Coloration
Craftsmanship: via machine-like aesthetic



CITY CONTEXT



UTICA CLUB



GENESSEE ST



ADIRONDACK BANK



HOTEL UTICA



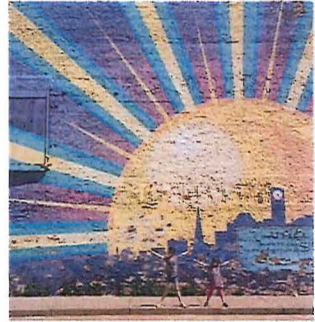
STATE OFFICE BUILDING



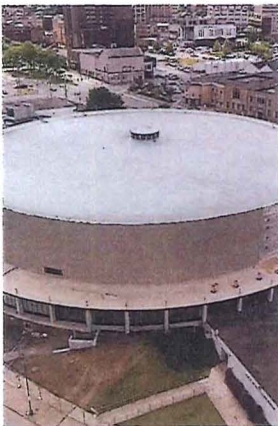
STANLEY THEATER



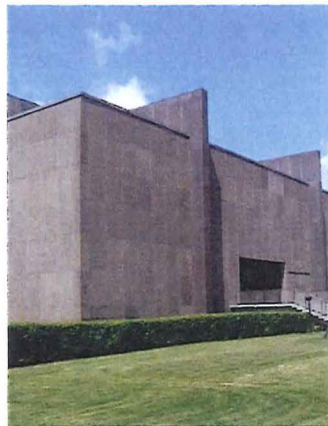
UTICA LIBRARY



PUBLIC ART



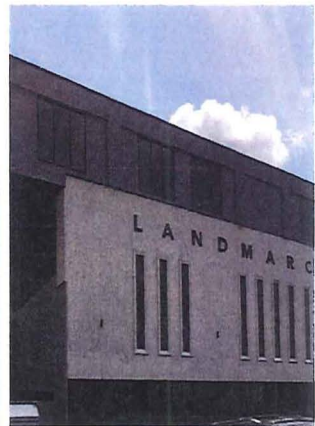
THE AUD



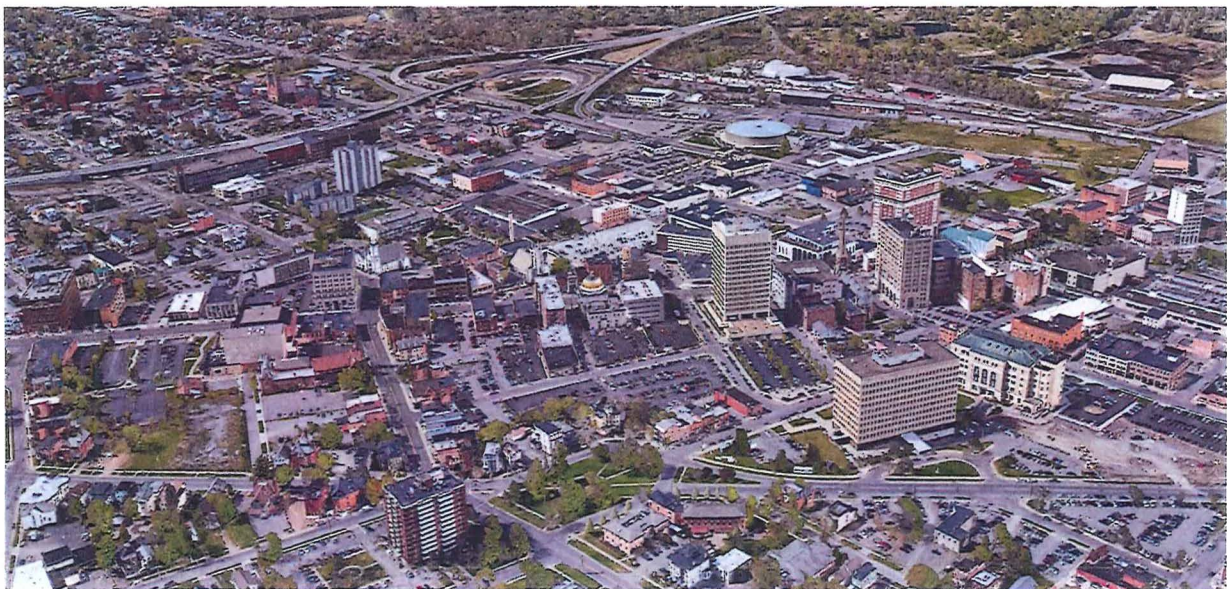
ART INSTITUTE



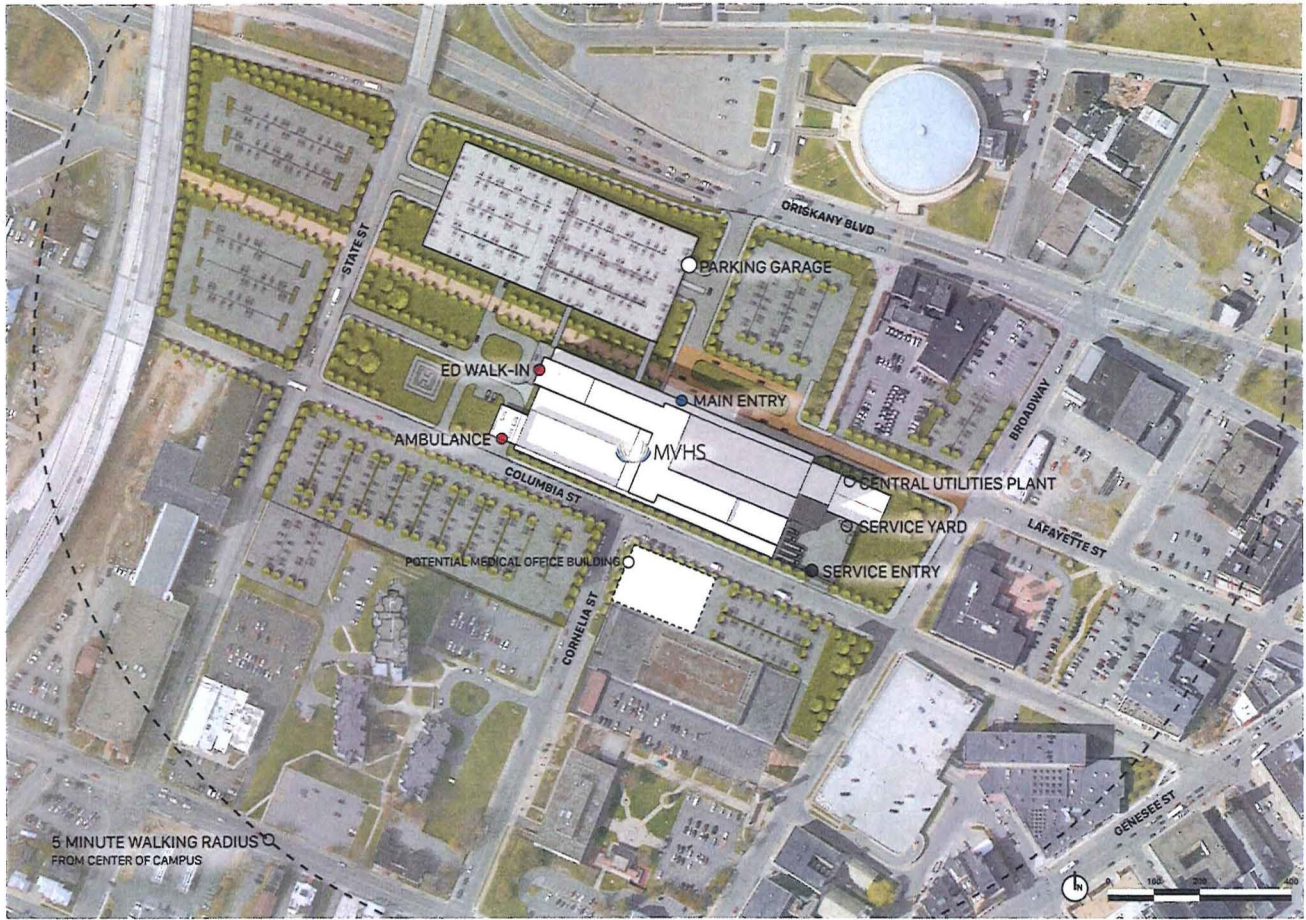
SAVINGS BANK OF UTICA



LANDMARC : OCEAN BLUE



NEIGHBORHOOD CONNECTIVITY

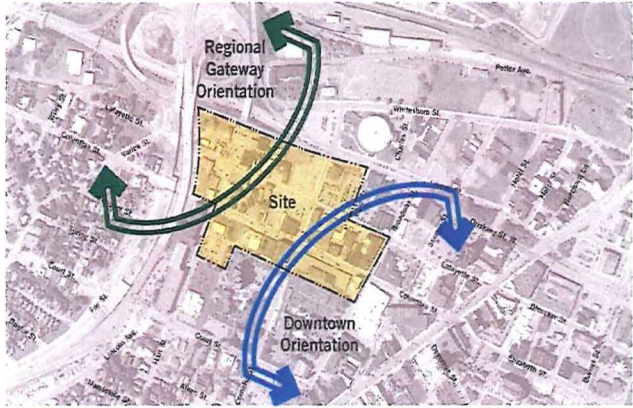


MVHS SITE PLAN

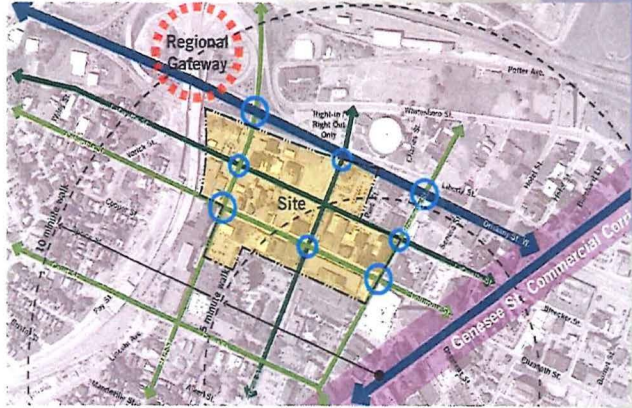


LAFAYETTE PEDESTRIAN WALKWAY LOOKING EAST

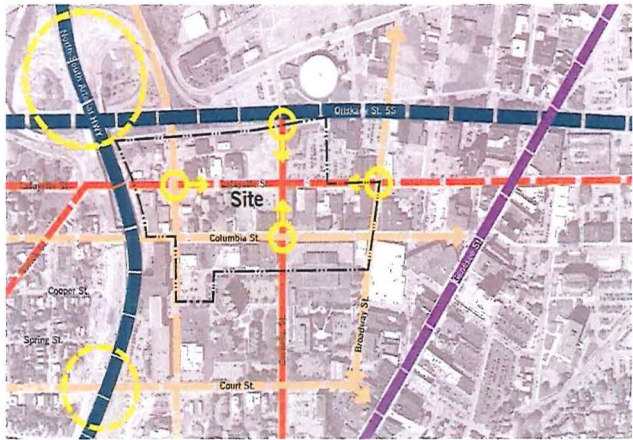
SITE ORGANIZATION



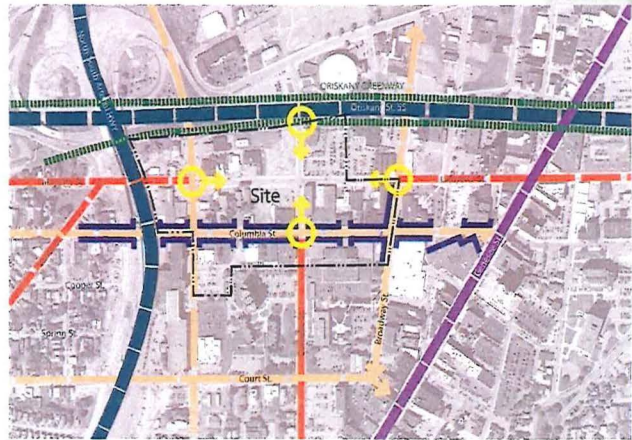
SITE ORIENTATION



KEY STREETS AND INTERSECTIONS



SITE ACCESS POINTS



URBAN EDGES



SITE PRECEDENTS

PATIENT & VISITOR EXPERIENCE



Jamie

AGE 10

ABOUT MY FAMILY/HOUSEHOLD

I live with my parents and two older siblings. I was in a car accident when I was 5 years old which paralyzed me.

WHAT I DO

I am a student in grade school.

MY GOALS

I need the sore on my buttocks to heal. I need to be more compliant with weight shifting. I sit all day in my wheelchair. I need to lay down more often and shift in my wheelchair.

MY CONCERNS

I don't want to get an infection.

CURRENT ACTIVE MEDICAL ISSUES

Jamie's mother brought her to St. Elizabeth's ED with concern about the sore on Jamie's buttock.

- Doctor evaluated open area on Jamie's buttock for treatment and signs and symptoms of infection.
- Culture done.
- V/S done.
- Treatment to wound done.
- Instructions given to mother on wound care.
- Referral made to wound clinic on Middle Settlement Road in New Hartford with appointment scheduled in two days.

INSURANCE: United Health Care



Gene

AGE 34

ABOUT MY FAMILY/HOUSEHOLD

I live at home with my parents in New Hartford. I have a five-year-old daughter who lives with her other grandparents who have custody of her.

WHAT I DO

I have been unemployed for two years. I am a heroin addict who is prescribed Suboxone by my doctor at Milestone Dual Recovery Program.

MY GOALS

I need help with my heroin addiction.

MY CONCERNS

I am worried that my parents will kick me out of the house.

CURRENT ACTIVE MEDICAL ISSUES

Gene was brought to St. Elizabeth Hospital per an ambulance after the parents found him unconscious in his bedroom with a needle in his arm.

- Administered Narcan by EMTs in the home and Gene regained consciousness.
- In the ED multiple IVs started, oxygen and cardiac monitoring done.
- When stable, transported to med-surg floor where he was evaluated by hospitalist.
- Parents had private physician come in who would prescribe Suboxone while in hospital because hospitalist unable to.
- When stable, admitted to the psychiatric floor.
- Referral made to McPike Addiction Treatment Center.
- Client discharged from psychiatric after seven days to McPike. (bed had to be available)

INSURANCE: United Health Medicaid



Candy

AGE 52

ABOUT MY FAMILY/HOUSEHOLD

I am retired as a former postal clerk. I live with my disabled husband and my two grown children in the area.

WHAT I DO

I watch a lot of TV, do some sewing, and knit. I used to go to the mall a lot, but since my health has declined and my husband had a stroke, we don't get out of the house too much.

MY GOALS

I want to lose some weight so my diabetes can improve. I want to get off of my insulin shots because I have a hard time giving them to myself. I want to get better so I can walk again. I want to finally quit smoking.

MY CONCERNS

I am worried I'm not going to be able to take care of my husband. I'm worried about my feet getting so bad. I'm worried about losing my legs.

CURRENT ACTIVE MEDICAL ISSUES

Candy is a Type 2 diabetic, with multiple chronic comorbidities. She has a BMI of 34.9 (5'2" 136 Kg). She has experienced many issues with diabetic foot, and her neuropathy and compromised circulation has caused her to develop a significant left foot infection that went initially undetected. She is diagnosed at the North Utica Medical Clinic and admitted to the med-surg unit for IV antibiotic and possible surgical debridement at Faxon St. Luke's.

- Candy is brought by her son by wheel chair to the med-surg clinic with pain and swelling on her left foot.
- She is taken to an exam room, examined, diagnosed with severe LUL infection. She has her wound debrided and sent for microbiology, and she is stabilized by the medicine physician to the med-surg unit. IV Unasyn is ordered.
- Candy transfers onto a gurney, and a transporter leaves her and her son to the med-surg unit.
- She is assigned a bed, but requires moving her to transfer into a room her gurney.
- Once Candy is changed, assessed, and IV started, her Unasyn is hung.
- Her frequent blood sugar checks require access to point of care testing equipment.
- Candy's close son decides to stay with his Mom, and needs an appropriate chair in which to sleep.

INSURANCE: AETNA



Bob

AGE 74

ABOUT MY FAMILY/HOUSEHOLD

I live with my wife of 47 years and have two grown children out of town.

WHAT I DO

I am self-employed. We live in a "retired" home. I am a retired teacher for the last 15 years. My wife still works. I take care of the household needs and I love to cook. I also have other hobbies.

MY GOALS

I have been looking to poorly for the last month with no energy. I want to feel well again and find out what is the matter with me.

MY CONCERNS

I am worried I might have cancer.

CURRENT ACTIVE MEDICAL ISSUES

Bob brought to St. Elizabeth Hospital LUL by wife. Bob has chills, low grade fever, shortness of breath and chest pressure. Bob was admitted two weeks ago with acute symptoms. Doctor's diagnosis was viral and sent Bob home after four days. Symptom returned last around the heart.

- Admitted to ICU.
- Two days later taken out to room had from insured heart.
- Then admitted to cardiac ICU.
- Two days later, admitted to the cardiovascular floor.
- Bob continued to get the chills and was febrile.
- Introduced streptococcus culture in for culture.
- Bob had MRSA low cultured and started on oral antibiotics.
- Returned to VNA clinic.
- Bob's wife was hospitalized in hospital on admission of antibiotics by Lipstick Hospital. He had a splenic where equipment and IV antibiotics will come from.
- Sent home with VNA services in place for continued assessment.

INSURANCE: Medicare and Medicaid



Patrick

AGE 56

ABOUT MY FAMILY/HOUSEHOLD

I used to be married. I have two children at their 20s who live locally. My wife divorced me seven years ago and her and my ex-wife were not really to go with me. They were away in Mississippi but I lost track of them.

WHAT I DO

I have a degree in civil engineering from "SU" although I haven't worked in ten years. I am currently homeless and stay wherever I can, sometimes at the rescue Mission in Utica. I have always had some depression and gambling problems but within the last few years, things have gotten worse and unmanageable.

MY GOALS

I would like to be able to live with someone. I would like to be compliant with my medication. I would like to not feel so lonely all the time and have these blackout periods.

MY CONCERNS

I don't want to be cold, hungry and alone anymore.

CURRENT ACTIVE MEDICAL ISSUES

Patrick was brought to the LUL at St. Luke's Hospital by police after wandering along (downer street) in 20 degree weather without a coat. When the police stopped to question him, Patrick became belligerent and combative.

- In the LUL, Patrick was given a dose of a sedative.
- Examination by the LUL physician found him underweight, with LULI
- No address or contacts found.
- Reported to the rescue Mission of Utica done by social services.
- Refused to accept services at the facility for assessment.
- Client released by 72 hour commitment when services put in place.

INSURANCE: Medicaid



Arnold

AGE 78

ABOUT MY FAMILY/HOUSEHOLD

I am a retired Navy Veteran. I live in Utica with my daughter and her family. Since I've been diagnosed with COPD, my daughter has been taking care of me and taking me to many visits with my primary care doctor at the clinic in New Hartford.

WHAT I DO

I watch TV and play cards, enjoy walking with the dogs down at the tavern and drink a little now and then. I can get around town in my wheelchair easily now.

MY GOALS

I want to breathe better and get my strength back.

MY CONCERNS

I am worried I may get too weak to get around on my scooter. I don't want to be a burden on my daughter and her family. I'm worried I'll go into the hospital. I won't get out alive.

CURRENT ACTIVE MEDICAL ISSUES

- Arnold suffers from severe COPD/emphysema brought on by years of smoking. He is on supplemental oxygen full time, and uses a walker around the house, and an electric mobility scooter outside the home. He local physician believes he has influenza and the diagnosis and strength have declined as his fever has increased. She contacts with Arnold's pulmonologist and they agree to admit him to Faxon St. Luke's.
- Arnold is transported to St. Luke's by his daughter, who arrives at the main entrance, and finds a wheel chair for him.
- Arnold's daughter wheels him to the admitting desk, and he is given a mask. His pulmonologist has ordered labs and imaging, and the daughter is directed to wheel Arnold to the lab. A radiologist took notes from the lab after his blood draw, and wheels him to imaging.
- After chest x-ray and CT was completed, a transporter takes him by gurney to the med-surg floor, where he is assigned an isolation room.
- Appropriate arrangements, a supply of IVs, masks and PPEs, isolation gowns and gloves are placed at the nurse workstation by his room.
- Arnold's pulmonologist comes to the LUL to examine Arnold and write orders. An infectious disease specialist visits to assess his influenza testing and diagnosis. The care team convenes in a multidisciplinary work room.
- RT arrives to begin Arnold's regimen of breathing treatments.
- Arnold's family meets in the unit and reviews testing and isolation precautions and protocols on the unit.
- Arnold always wears a face, so no requests one for his stay.

INSURANCE: Medicaid

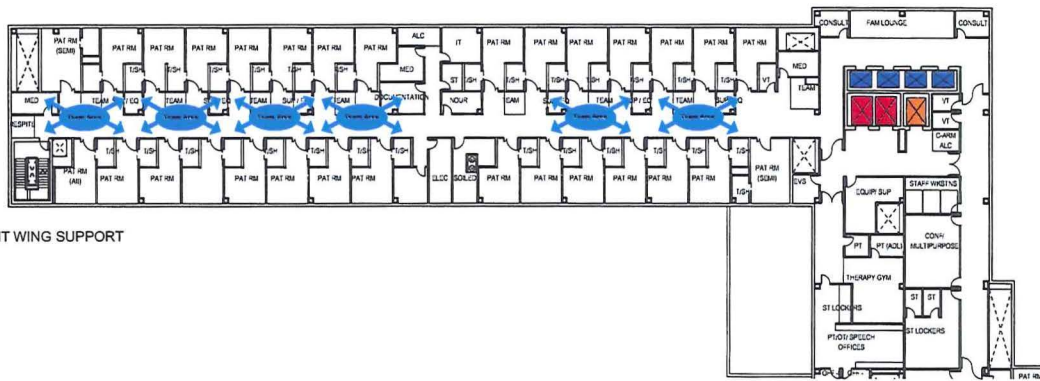
PATIENT PERSONAS



MVHS USER GROUPS



PATIENT SPACES PRECEDENTS



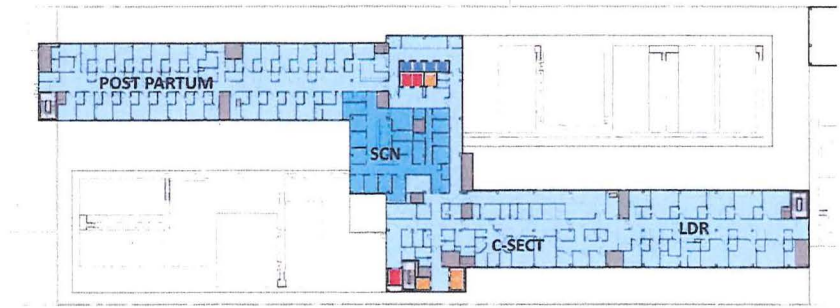
TYPICAL PATIENT WING SUPPORT



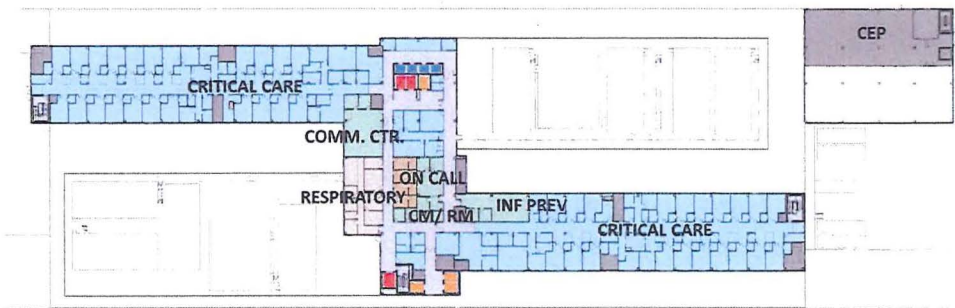
FIRST FLOOR AMENITIES

HEALTHCARE IMPROVEMENTS

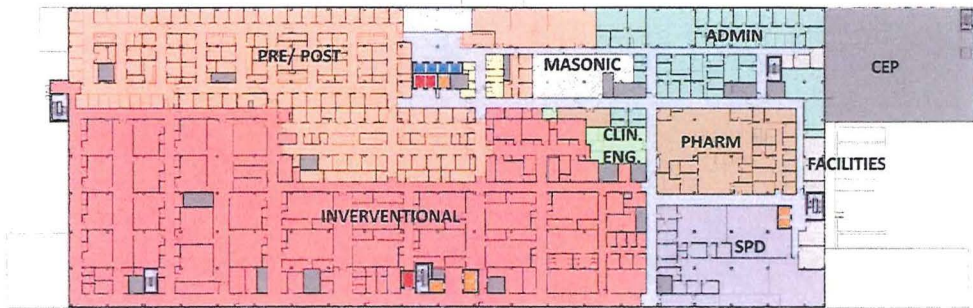
FLOOR 4
BIRTHING



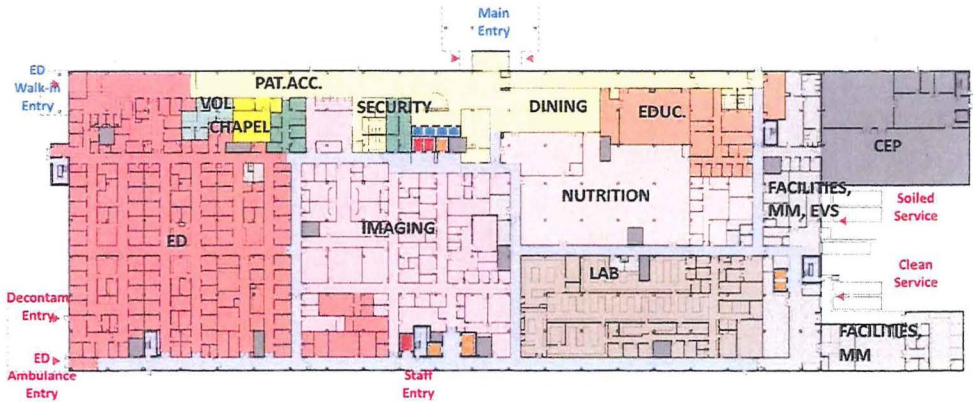
FLOOR 3
CRITICAL CARE

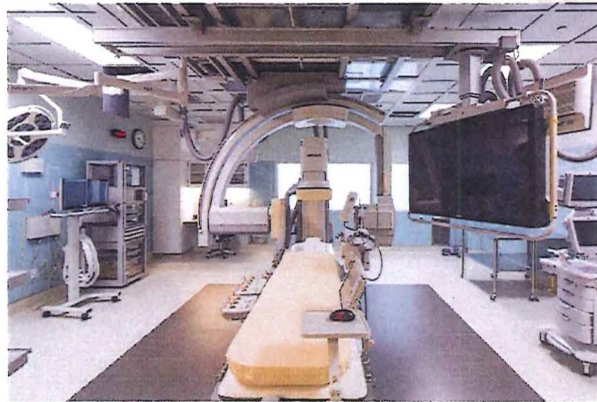
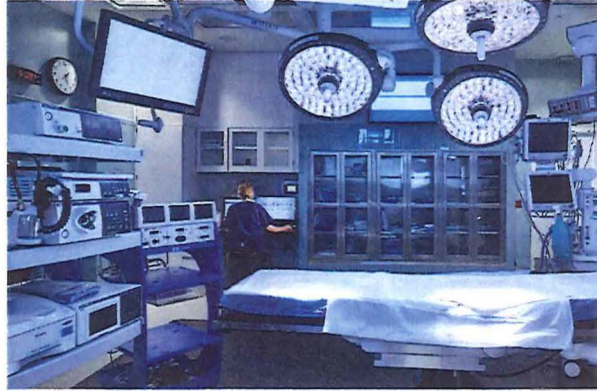


FLOOR 2



FLOOR 1

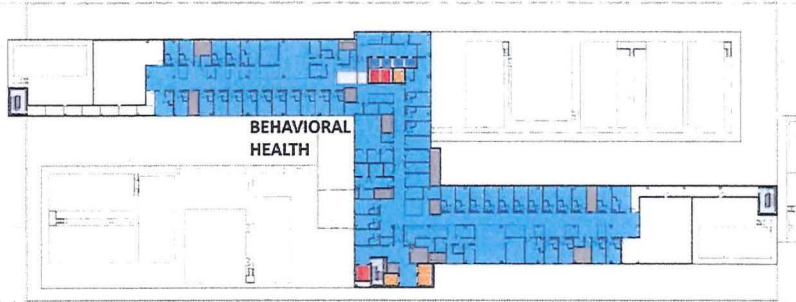




CLINICAL SPACE PRECEDENTS

FLOOR 9

BEHAVIORAL



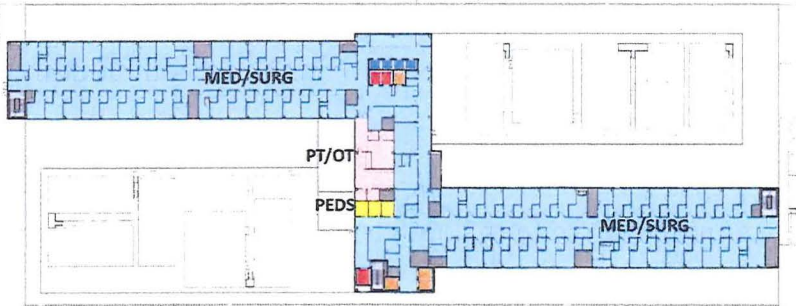
FLOOR 8

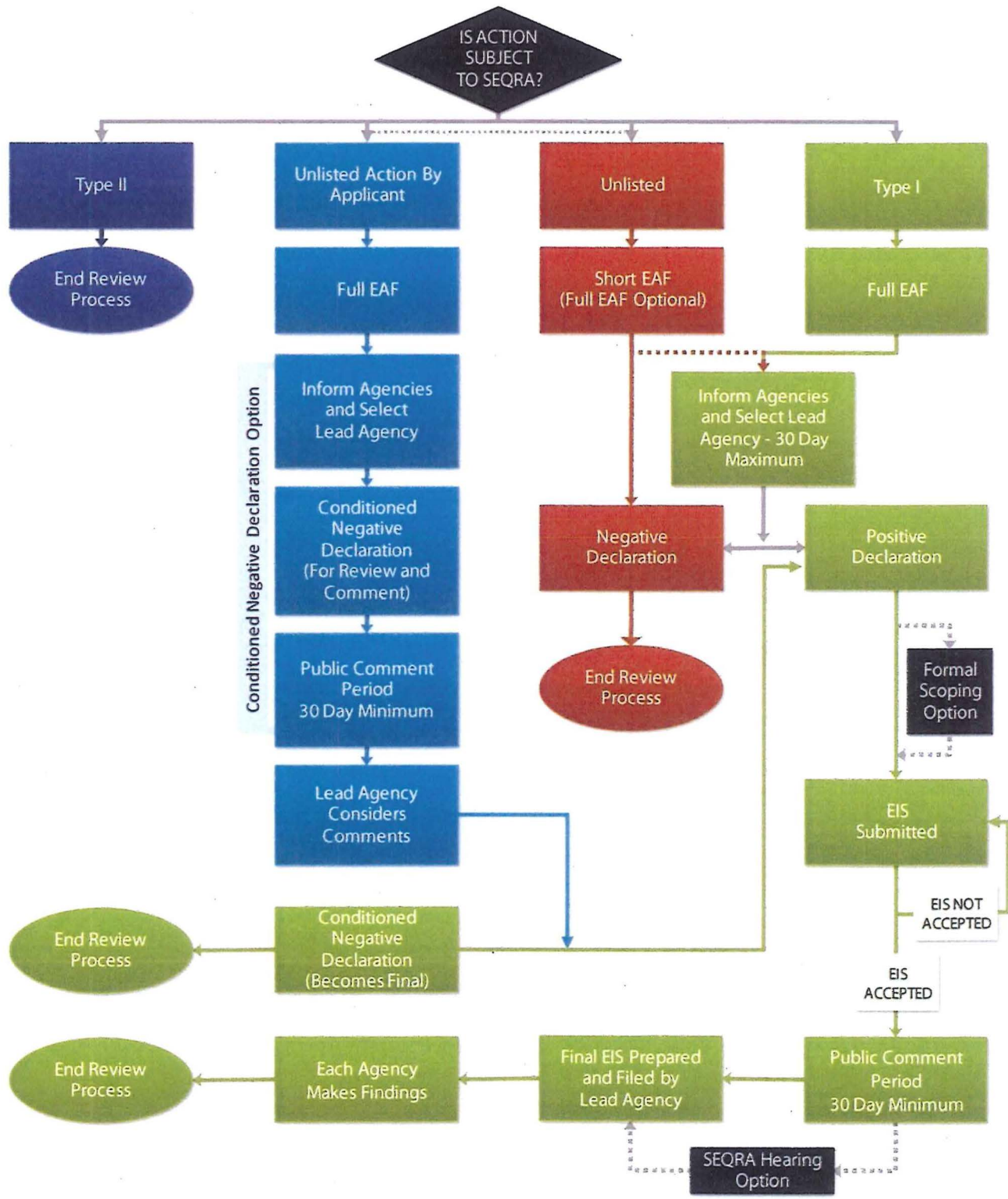
FLOOR 7

FLOOR 6

FLOOR 5

INTERMEDIATE CARE
MED : SURG







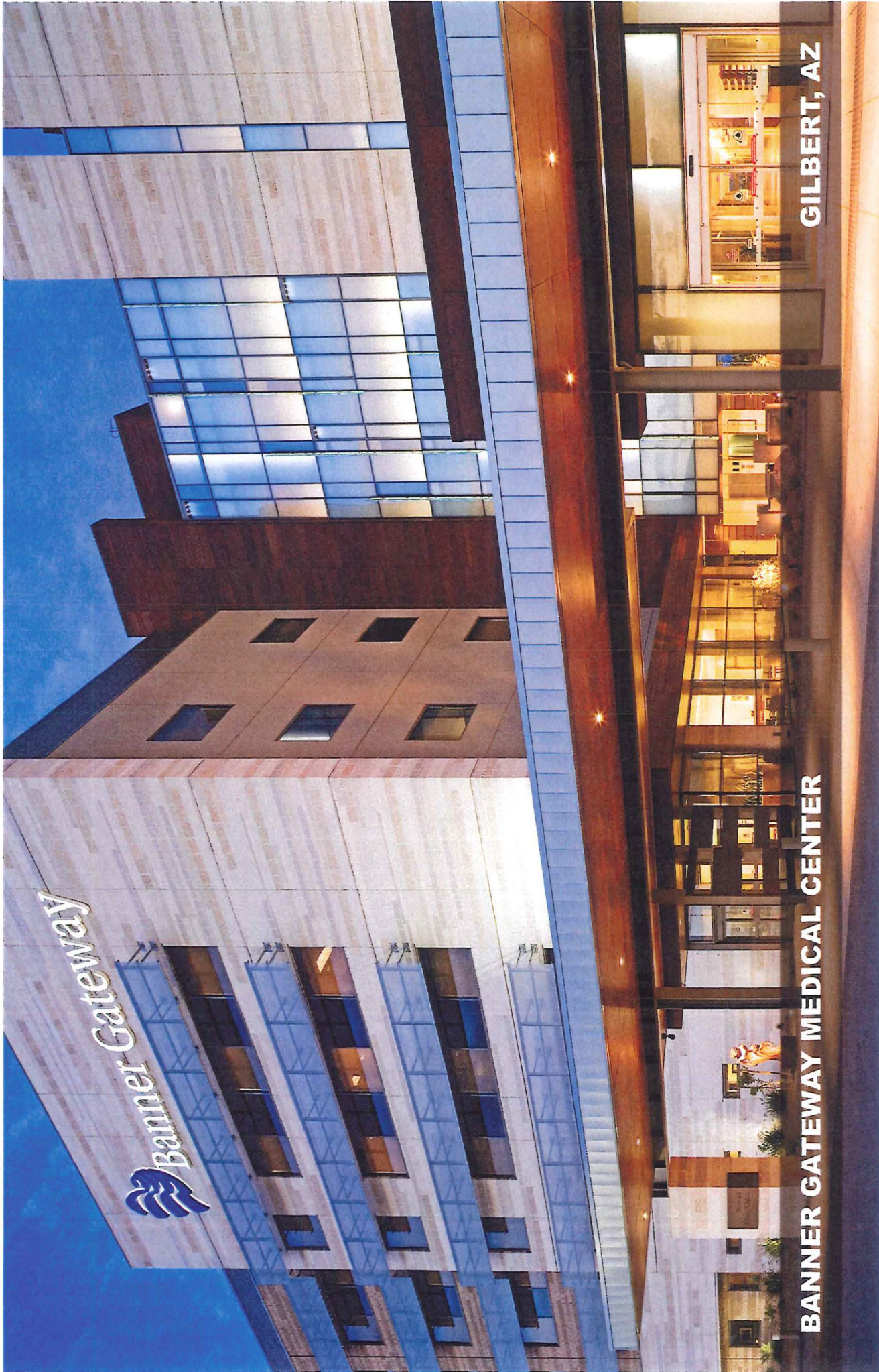
RENTON, WA

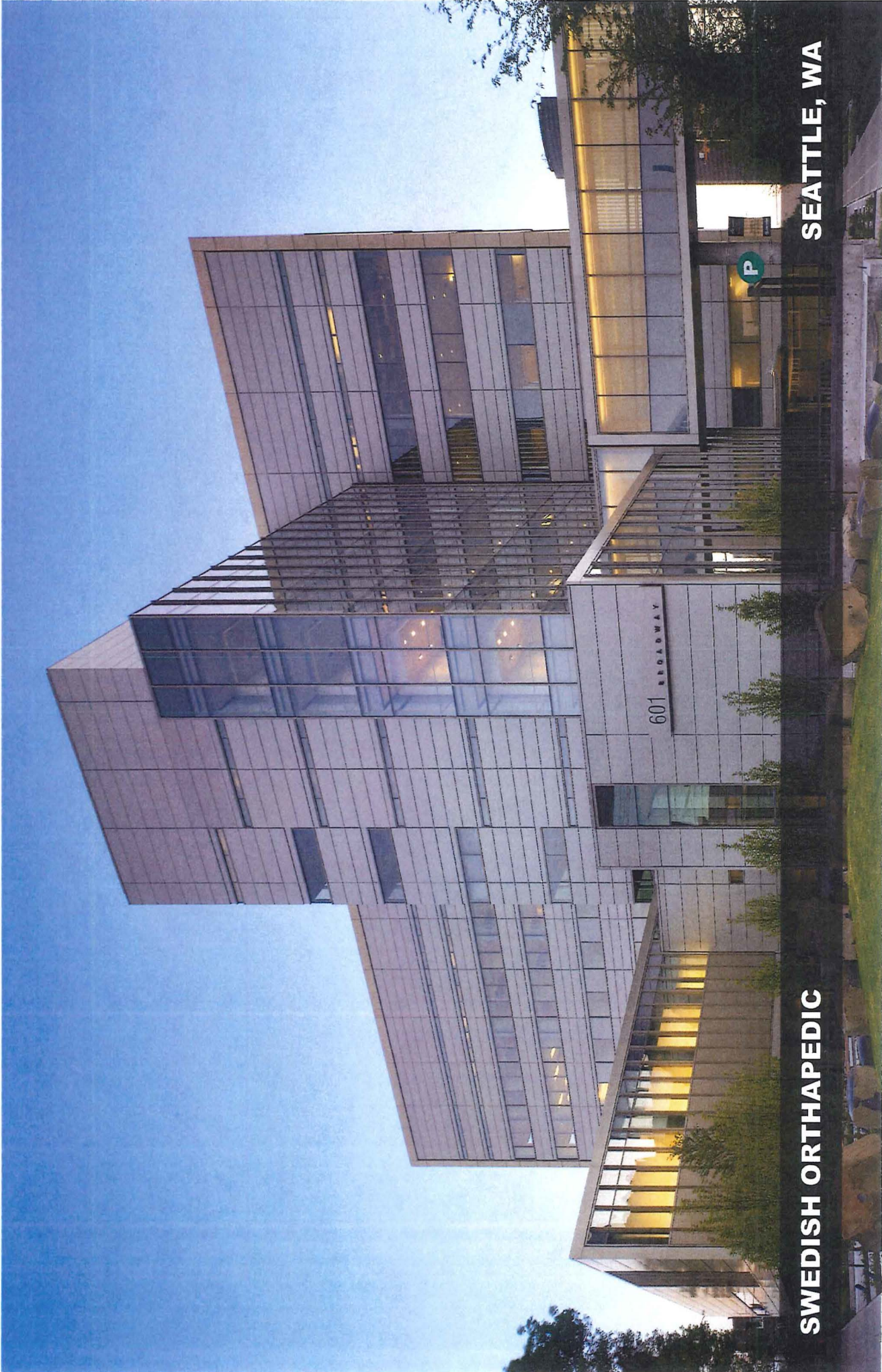
VALLEY MEDICAL CENTER

 Banner Gateway

BANNER GATEWAY MEDICAL CENTER

GILBERT, AZ

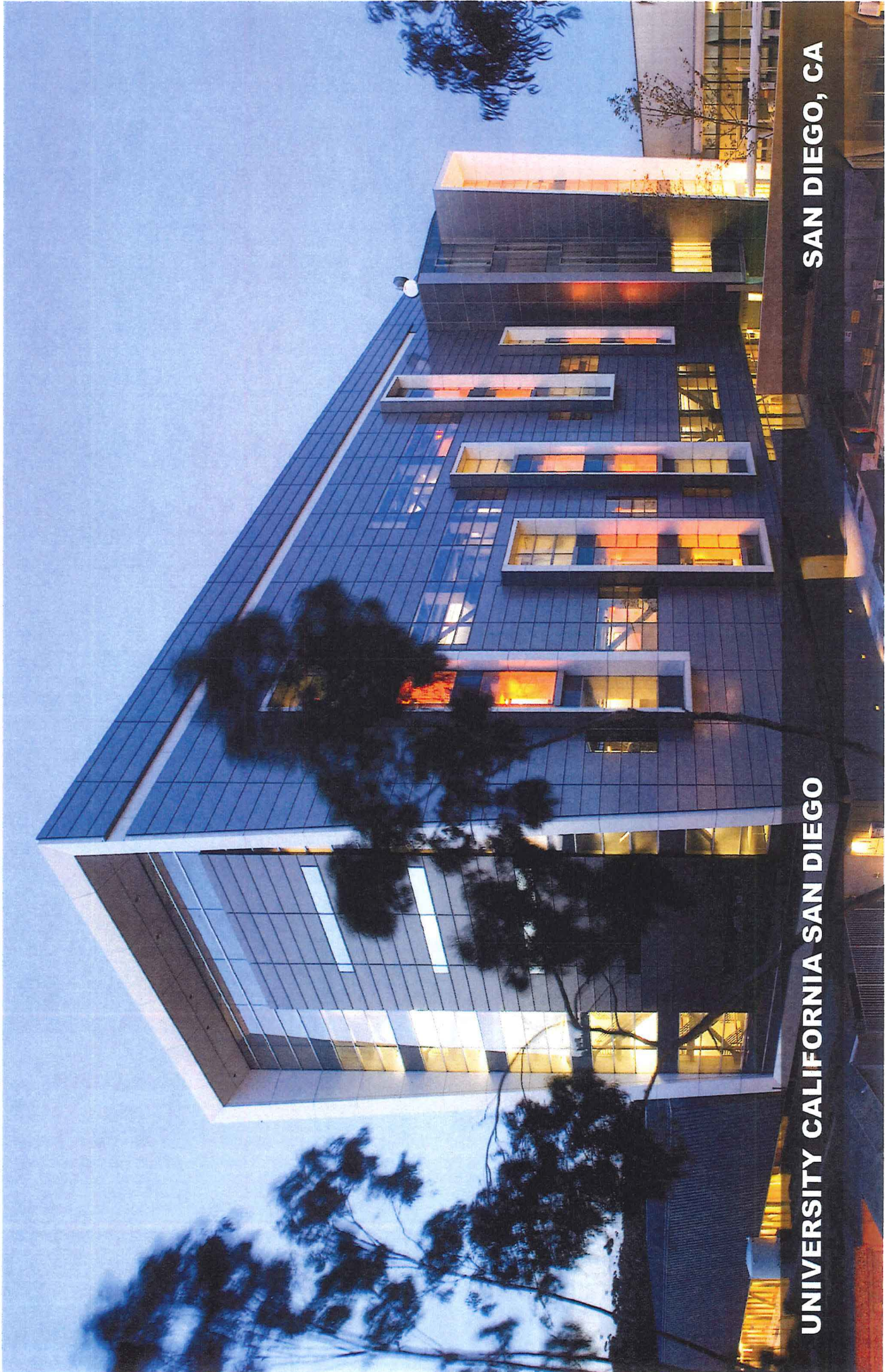




SEATTLE, WA

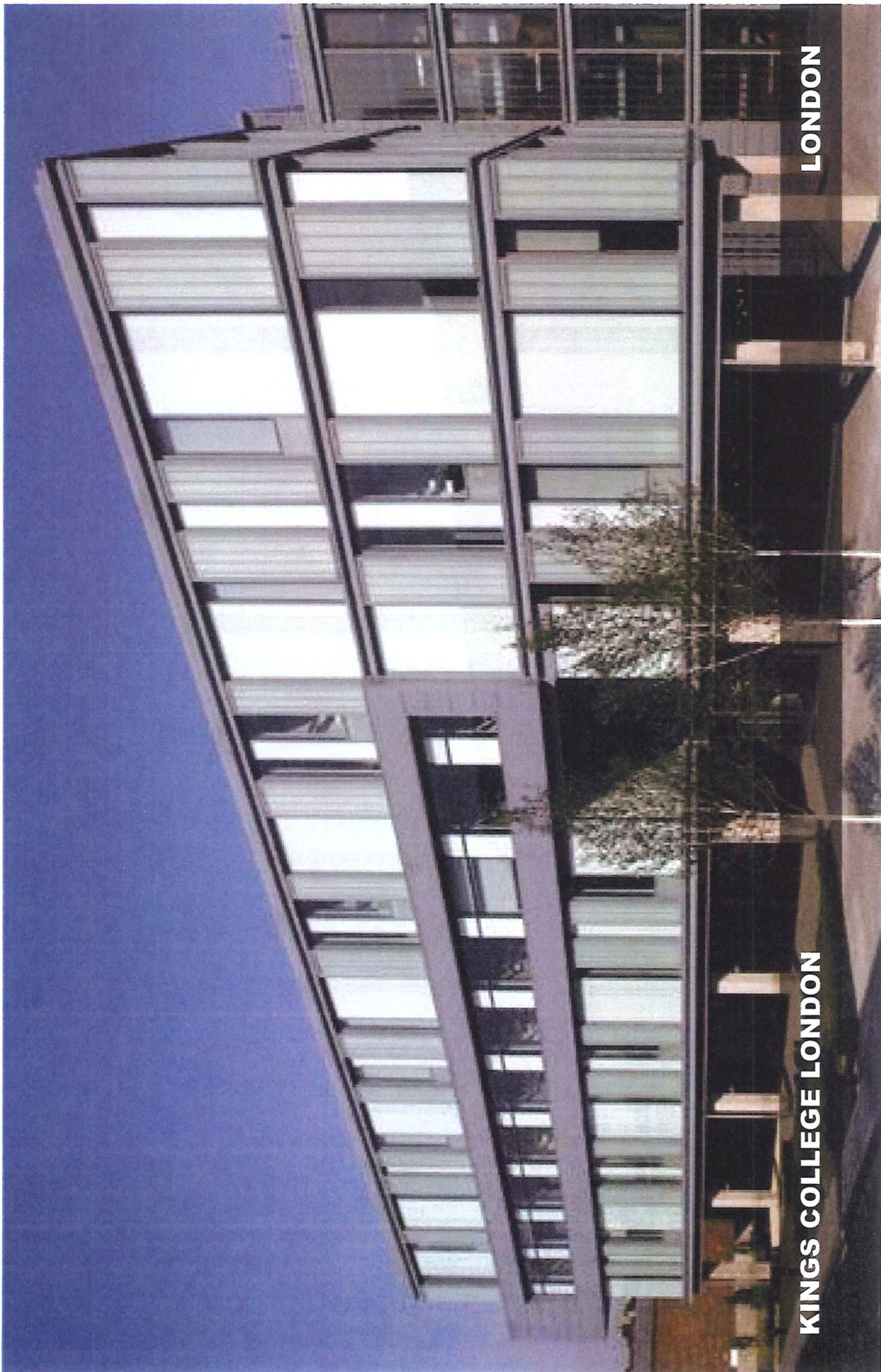
601 BROADWAY

SWEDISH ORTHAPEDIC



UNIVERSITY CALIFORNIA SAN DIEGO

SAN DIEGO, CA



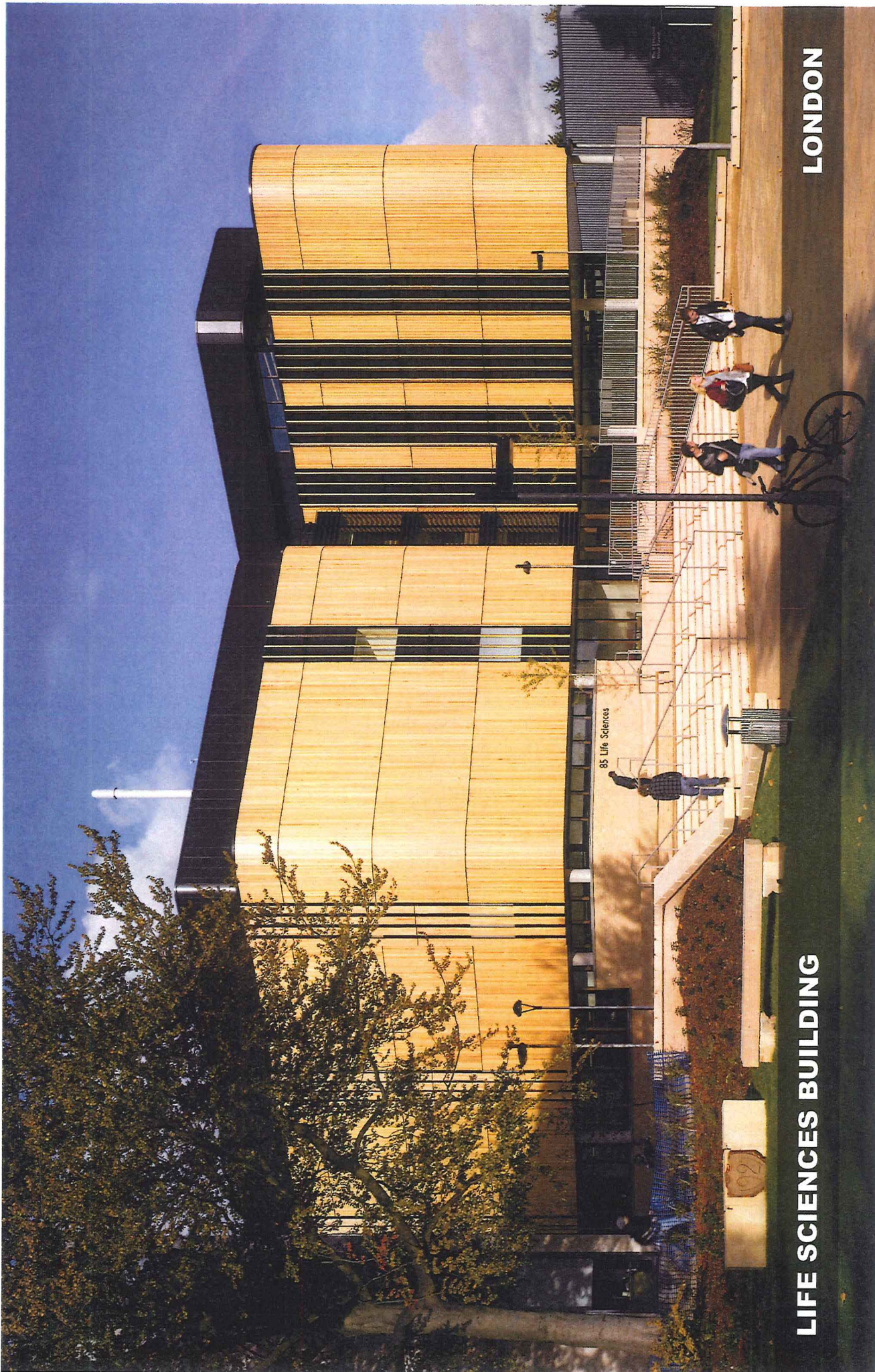
LONDON

KINGS COLLEGE LONDON



MIAMI VALLEY HOSPITAL

DAYTON, OH



LONDON

LIFE SCIENCES BUILDING



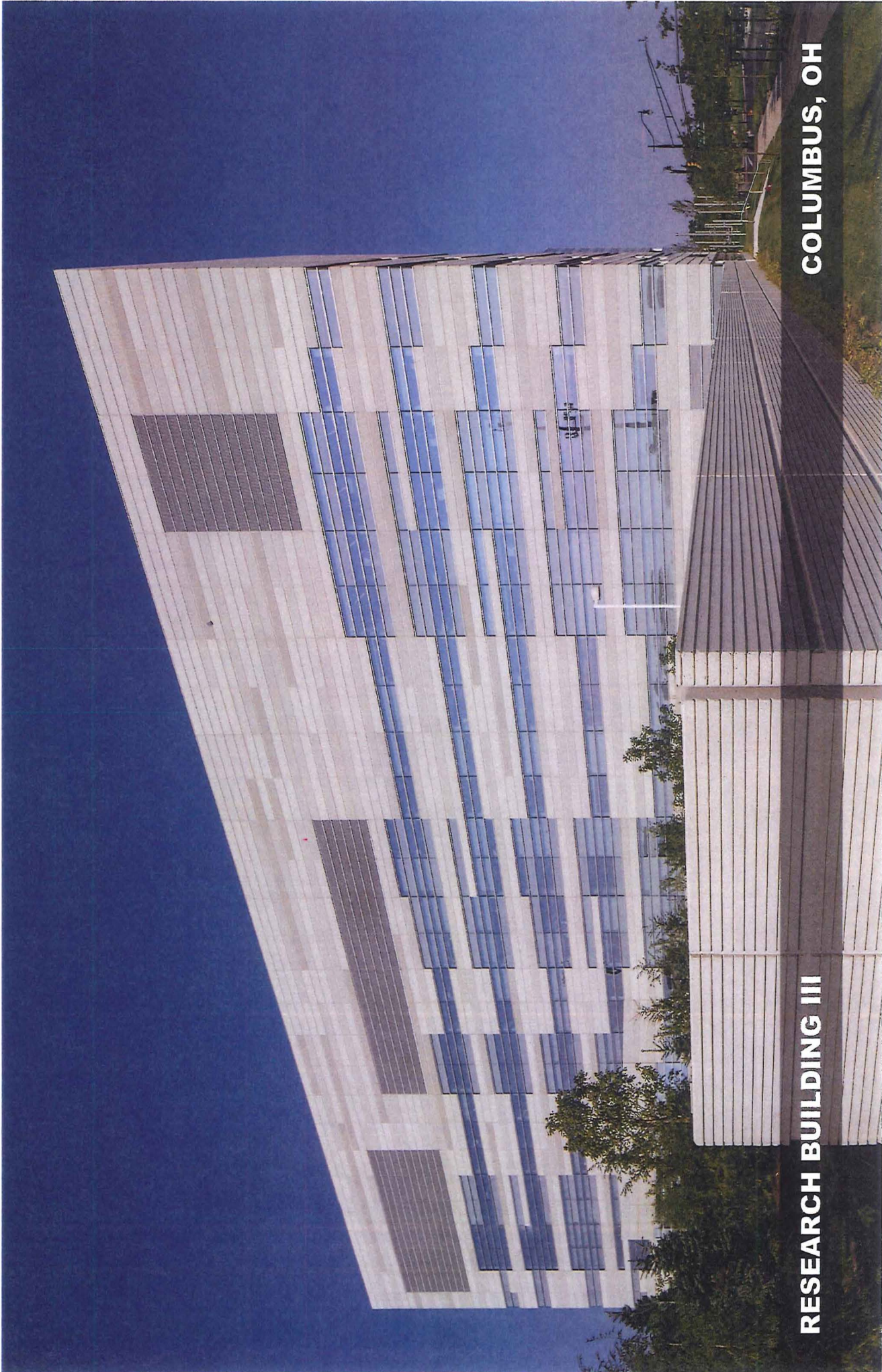
UNIVERSITY
MEDICAL CENTER
NEW ORLEANS

SPEED
LIMIT
35

NEW ORLEANS, LA

UNIVERSITY MEDICAL CENTER

CANAL
2005



COLUMBUS, OH

RESEARCH BUILDING III

A photograph of the Cambridge Material Sciences Building in London, featuring a prominent facade of perforated brickwork and a series of cantilevered upper floors. The building is set against a clear blue sky. The text 'CAMBRIDGE MATERIAL SCIENCES BUILDING' is printed vertically on the left side of the image.

CAMBRIDGE MATERIAL SCIENCES BUILDING

LONDON



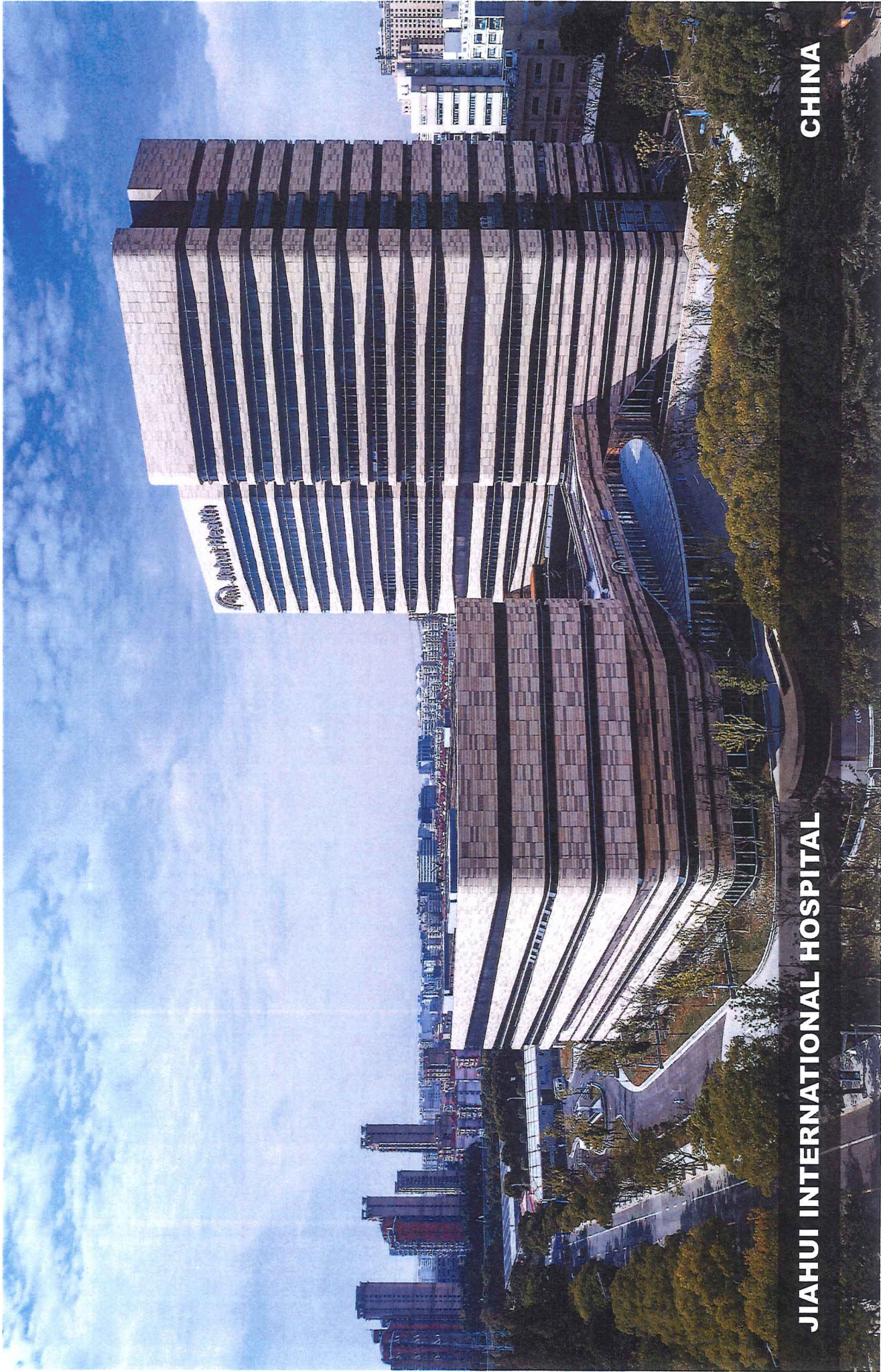
LONDON

ROYAL LIVERPOOL HOSPITAL



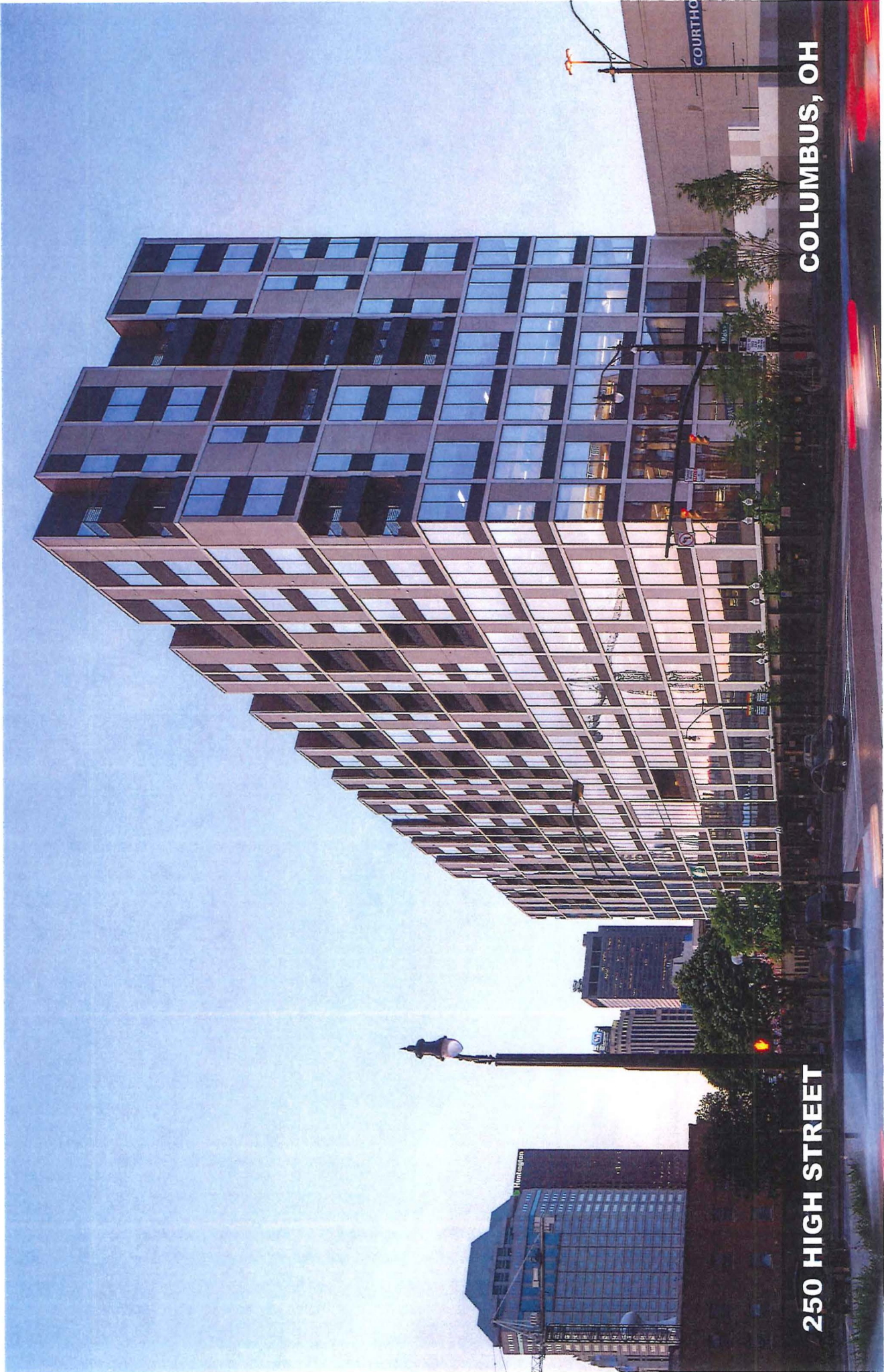
BORGESS HEALTH AMBULATORY CARE CENTER

KALAMAZOO, MI



JIAHUI INTERNATIONAL HOSPITAL

CHINA



COLUMBUS, OH

250 HIGH STREET



LEGACY HEALTH MEDICAL CENTER

PORTLAND, OR



LONDON

SUFFOLK UNIVERSITY

SUFFOLK UNIVERSITY
DIVE CITY
STATION



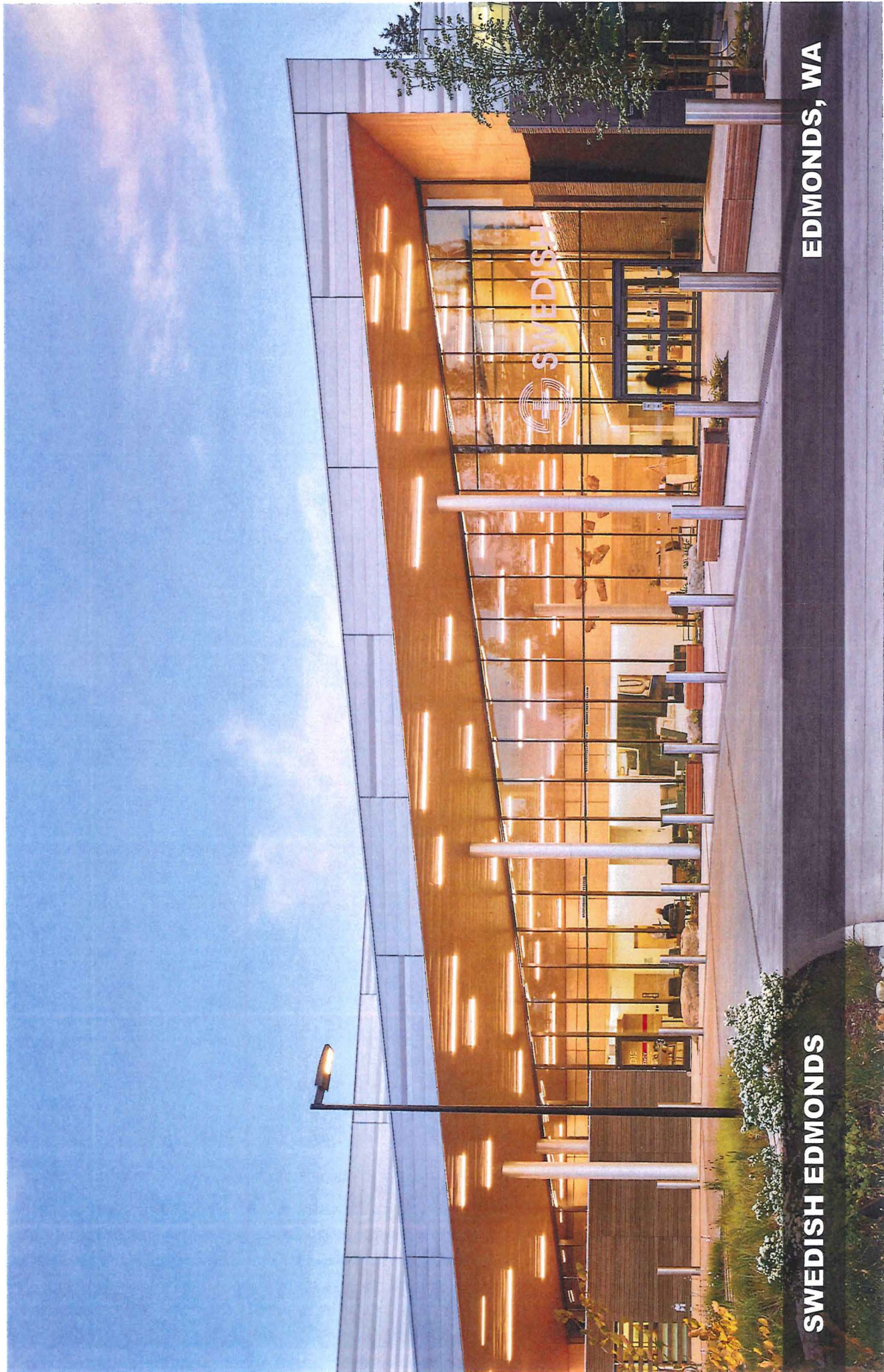
MEDICAL UNIVERSITY SOUTH CAROLINA

CHARLESTON, SC



NEW ORLEANS, LA

UNIVERSITY MEDICAL CENTER



SWEDISH EDMONDS

EDMONDS, WA



MERIDIAN HEALTH

SEATTLE, WA

Exhibit D



Following are the local community's contributions to guiding principles for the new hospital project:

In terms of architectural design and layout, the new hospital facility should:

Principle	How Reflected in Plan to Date
1. Preserve the street grid as much as possible.	Columbia, State, part of Lafayette still in tact; created remainder of Lafayette as a pedestrian way.
2. Consider how the height of the building fits in with the Utica skyline.	Similar or lower in height than buildings such as Kennedy Plaza, Hotel Utica, and State Office Building.
3. Incorporate green space.	Park-like areas, tree lined walks, green infrastructure etc.
4. Promote connectivity with the surrounding neighborhoods.	Streets and campus walkways allow access into and through campus east, west, north, south.
5. Allow for aesthetic views (healing, artistic, attractive, etc.).	Designed location of patient rooms so no windows point inward, all exterior views.
6. Incorporate features that accommodate 4-season weather conditions.	Proximity of garage to hospital covered walkways, canopy, lighting, etc.
7. Contribute to vibrancy of the city with features that are favorable to surrounding late night activity.	Street/campus lighting, security, parking, pedestrian walkways, etc.
8. Ensure a traffic plan that takes into consideration both hospital needs and the surrounding business and residential needs.	Siting analysis took into consideration all types of traffic flows, in and out of the hospital. Speak to separate routes for ambulances, employees, patients, delivery vehicles.
9. Incorporate features that promote transportation alternatives to cars (walking, biking, etc.).	Adjacent to planned Oriskany bikeway; designed for walkability around campus. Include time-to-destination estimates.
10. Include a parking plan that considers both hospital needs and the surrounding business and residential needs.	Close proximity of new garage and upgrades to Kennedy parking to hospital and auditorium; spaces available to general public. Additional surface parking.

The remainder of these guiding principles apply to later stages of the project.

11. Consider the historic nature of buildings around the new hospital and how to blend them into the new cityscape.	
12. Consider both the old and the new aspects of Utica, including nearby landmark sites of Utica (Stanley, Union Station, etc.).	
13. Seek to preserve some buildings for other medical and business uses (adaptive reuse).	
14. Be supportive of development surrounding the campus; promote first level business/retail space and upper level housing space	
15. Consider other urban redevelopment plans underway; integrate/enhance/help promote these other initiatives.	

Updated September 2017

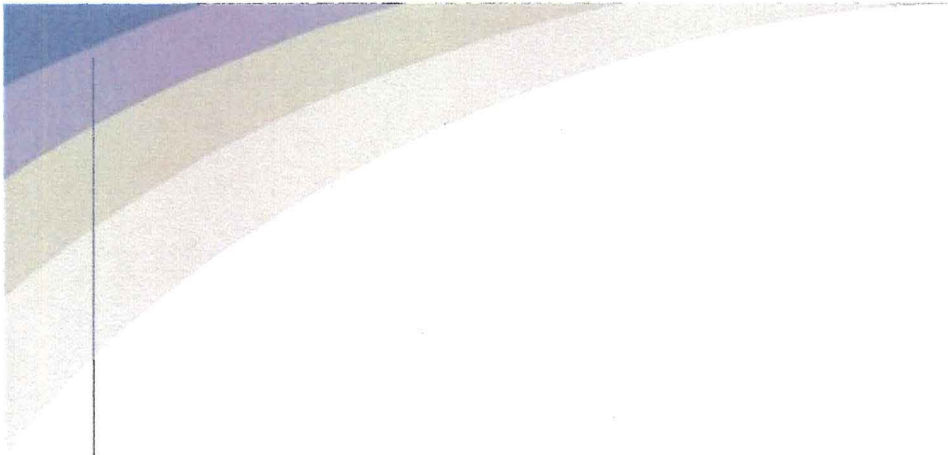


**MOHAWK VALLEY HEALTH SYSTEM
PRESS RELEASE AND MEDIA EVENT**

October 26, 2018
Utica, NY

AGENDA

1. INTRODUCTION
2. MAJOR PROJECT MILESTONES
3. COLLABORATIVE PROCESS
4. COMMUNITY INPUT
5. SITE PLANNING
6. EXTERIOR DESIGN: PROCESS AND IMAGES



MAJOR PROJECT MILESTONES

Exhibit E

MAJOR PROJECT MILESTONES

MVHS announces it is exploring opportunities to fund and build a new, combined hospital for the community.

The NYS Budget is approved and includes the \$300M for the new MVHS hospital. MVHS continued to work with NYS to receive the application for the funding.

NYS Legislature approves the \$300M for the 2016 budget.



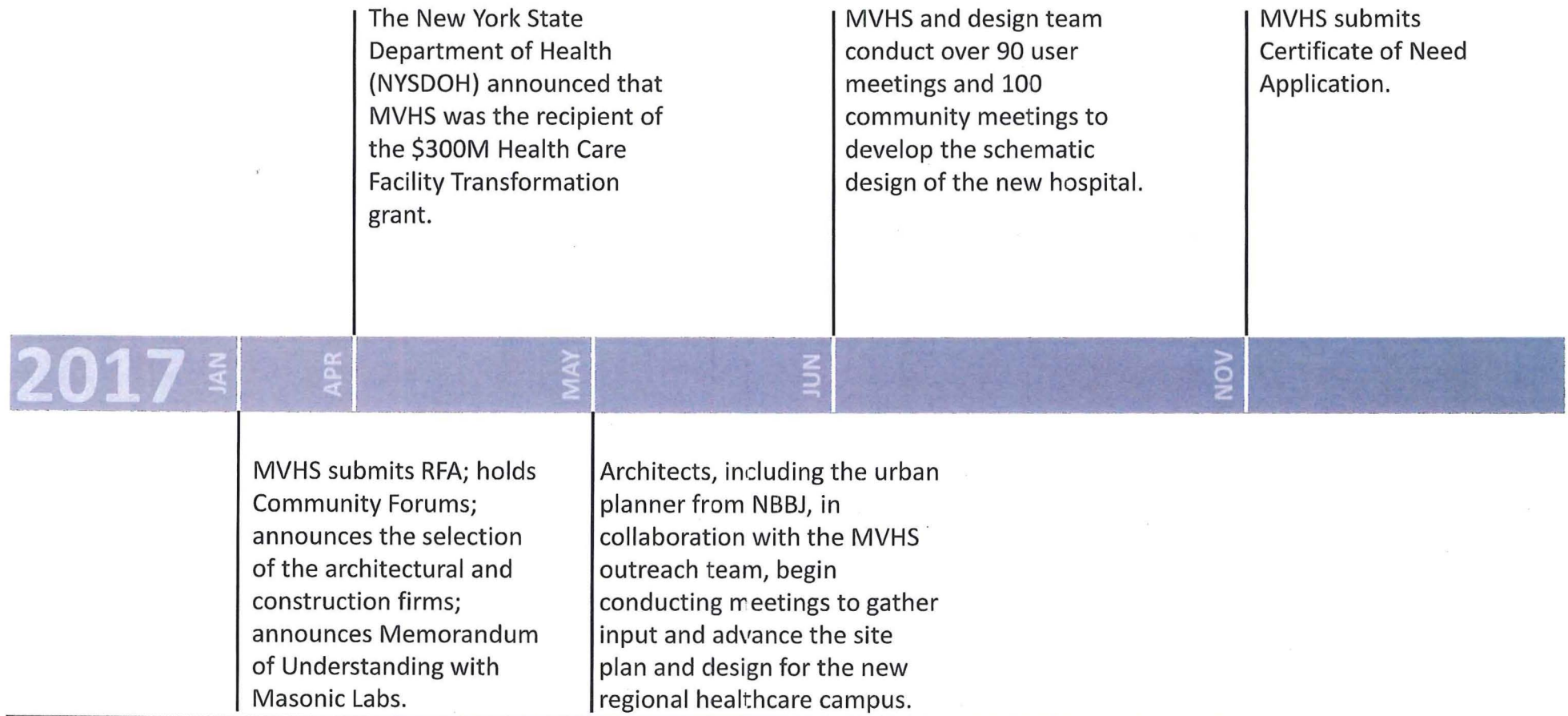
Governor Cuomo : As part of his proposed \$700M pledge to support Upstate New York hospitals, \$300M would help to “create an integrated healthcare delivery system in Oneida County.”

MVHS announces downtown Utica as the location for the new hospital.

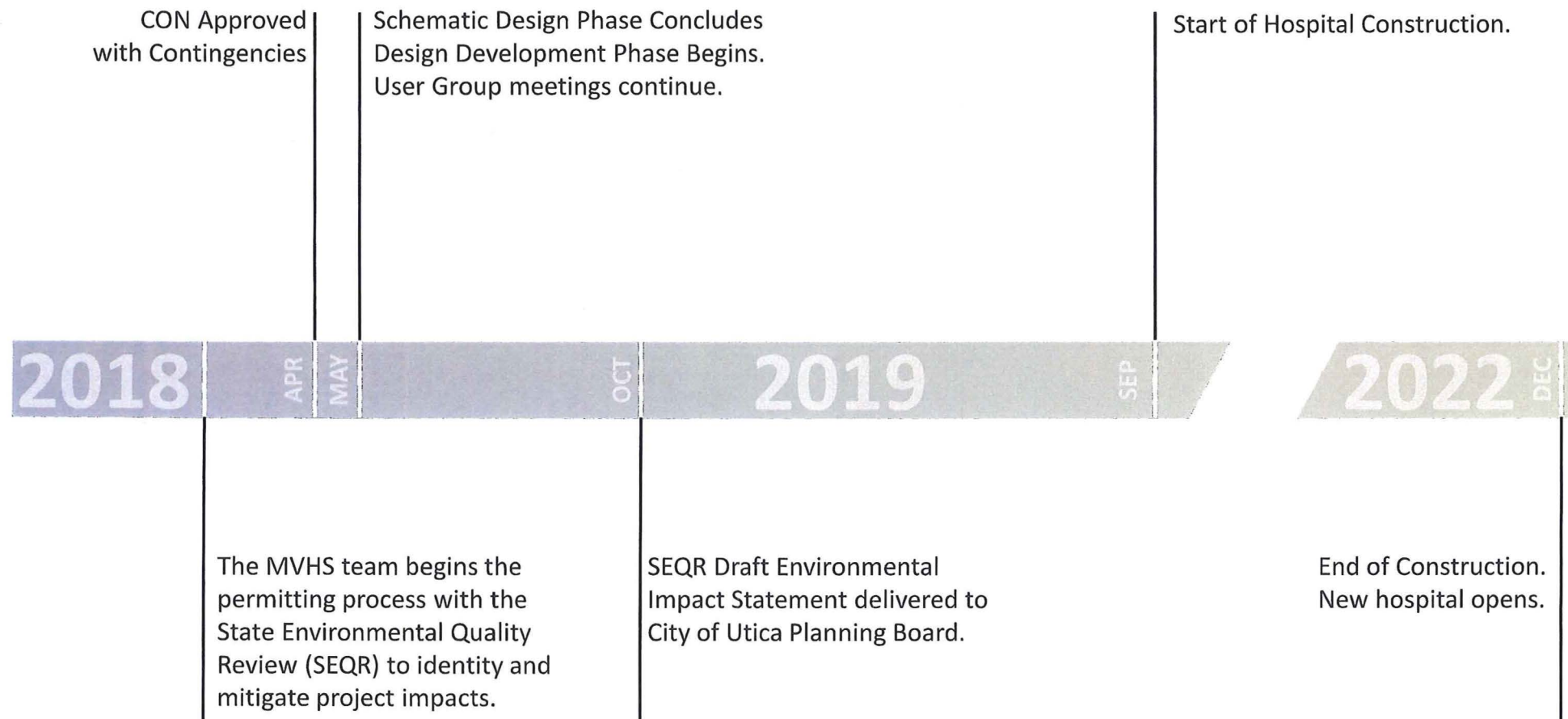
MVHS receives Request for Application (RFA) from NYS and has until the end of January 2017 to submit it.



MAJOR PROJECT MILESTONES



MAJOR PROJECT NEXT STEPS





COLLABORATIVE PROCESS

PROJECT VISION STATEMENT

To create an advanced healthcare campus for MVHS through design that promotes the health of patients, optimizes the work environment for caregivers, and serves as a catalyst for the revitalization of downtown Utica.

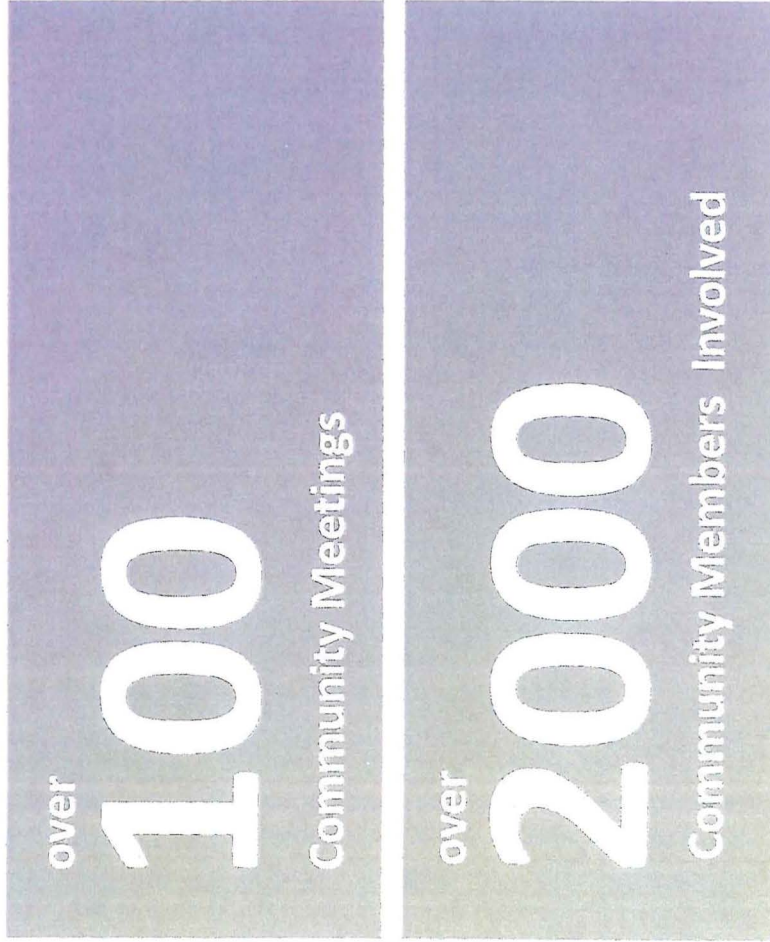
COLLABORATIVE PROCESS

Latina and Community Residents

over
100
Community Meetings

COLLABORATIVE PROCESS

Utica and Community Residents



COLLABORATIVE PROCESS

Utica and Community Residents

over

100

Community Meetings

Mohawk Valley Health System

over

155

User Group Meetings Conducted

over

2000

Community Members Involved

COLLABORATIVE PROCESS

Utica City Residents

over

100

Community Meetings

over

2000

Community Members Involved

Mohawk Valley Health System

over

155

User Group Meetings Conducted

over

378

Staff Involved

Physicians

Clinicians

Non-Clinical Staff

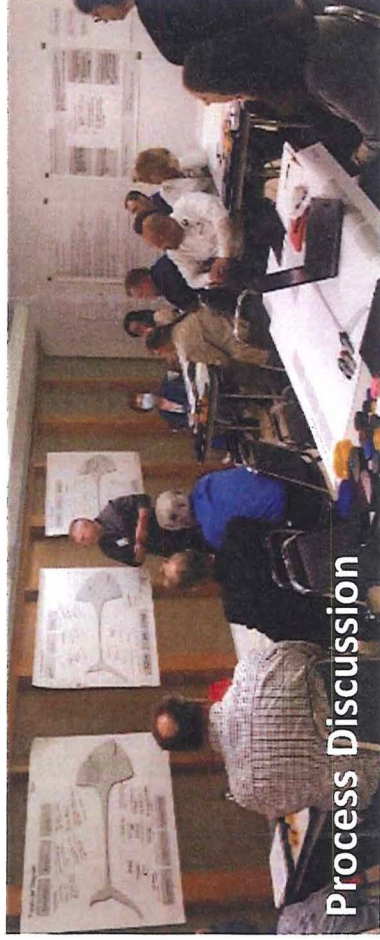
Technicians

Staff Support



COLLABORATIVE PROCESS

User Groups



COLLABORATIVE PROCESS

User Groups



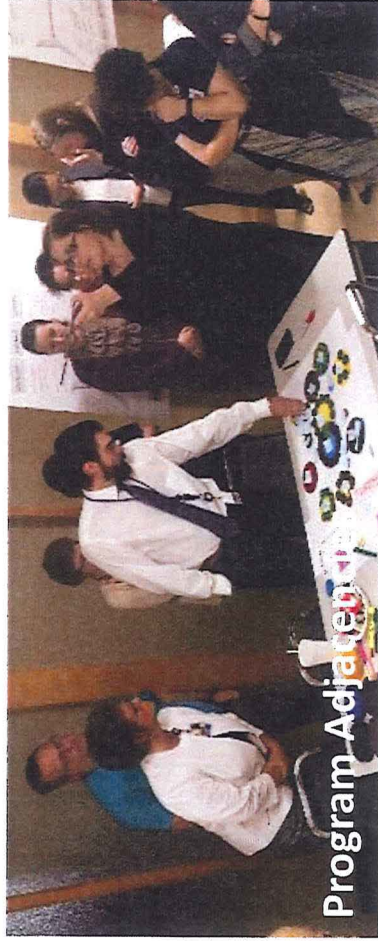
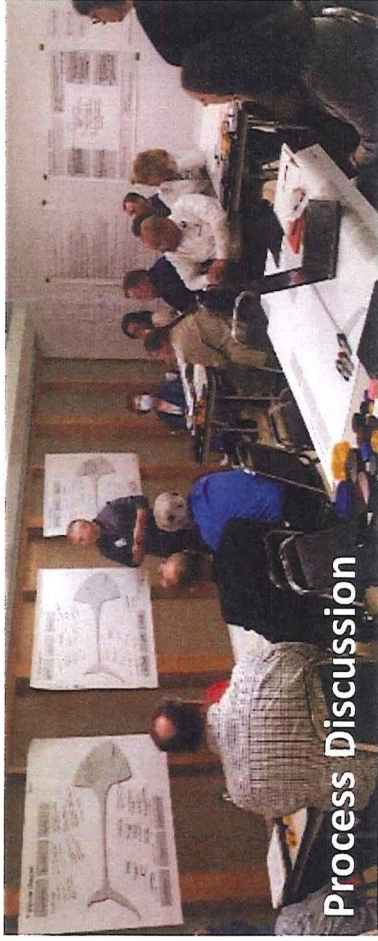
Process Discussion



Program Adjacent

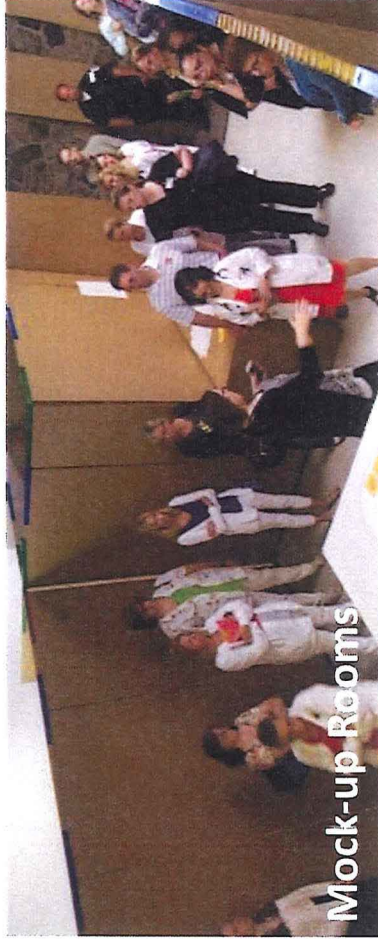
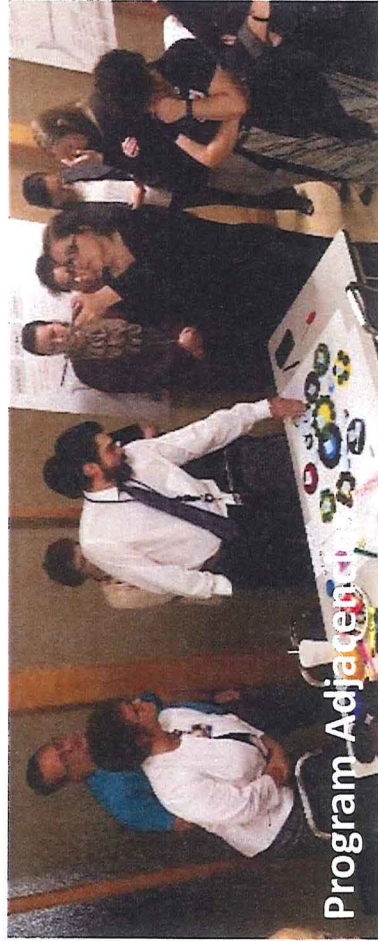
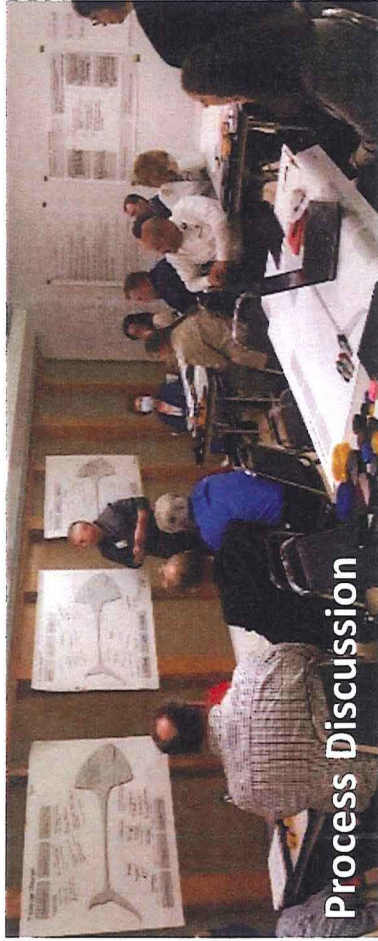
COLLABORATIVE PROCESS

User Groups



COLLABORATIVE PROCESS

User Groups



COLLABORATIVE TEAM





COMMUNITY INPUT

GUIDING PRINCIPLES

Here is a list of priorities brought forth by the community for the new hospital project:

The image shows a large rectangular area divided into a grid of colored boxes. The boxes are arranged in approximately 5 rows and 3 columns. The colors of the boxes vary, including shades of light blue, medium blue, dark blue, and green. The text within these boxes is completely obscured, suggesting that the content has been redacted or is otherwise hidden.

GUIDING PRINCIPLES

Here is a list of priorities brought forth by the community for the new hospital project:

Augment City Vibrancy		
Encourage Business		
	Allow Transportation Alternatives	
		Design for all 4 Seasons

GUIDING PRINCIPLES

Here is a list of priorities brought forth by the community for the new hospital project:

Augment City Vibrancy		
Respond To Utica's History		
Encourage Business	Promote A Parking Plan	Respect The Street Grid
	Allow Transportation Alternatives	Benefit Utica's Skyline
	Consider Traffic Flow	Design for all 4 Seasons

GUIDING PRINCIPLES

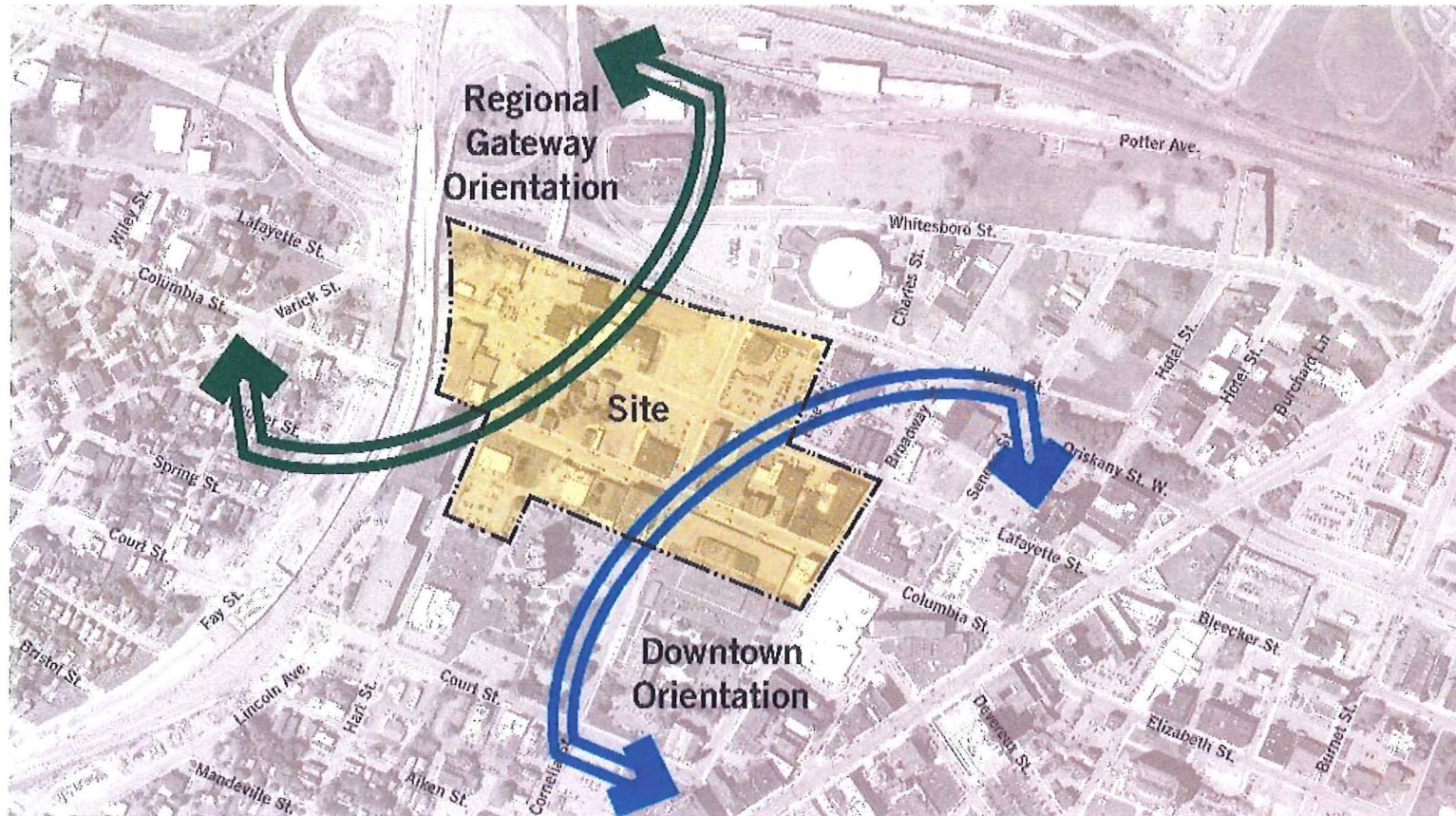
Here is a list of priorities brought forth by the community for the new hospital project:

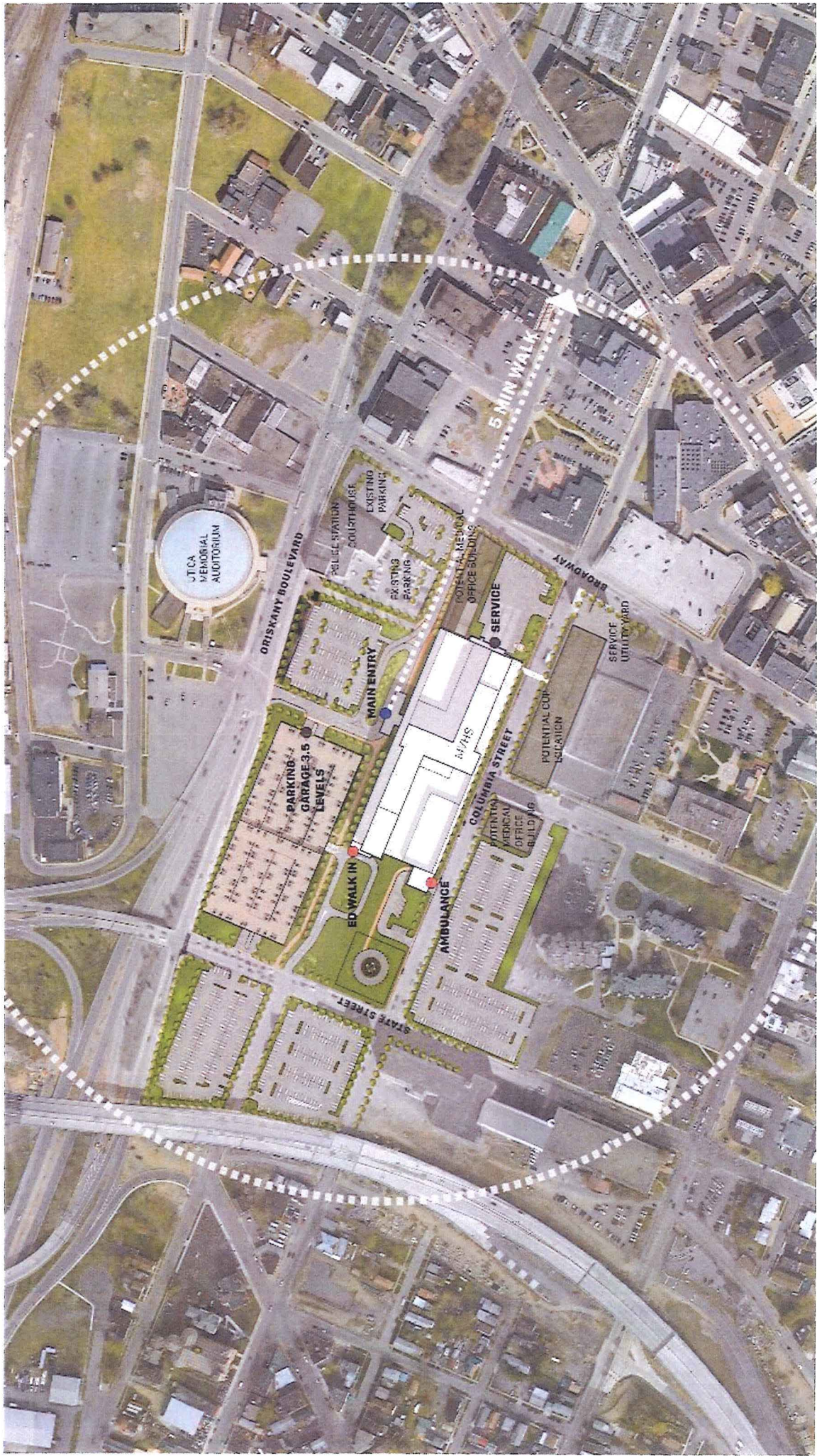
Augment City Vibrancy	Utilize Green Space	Support Urban Growth
Respond To Utica's History		
Encourage Business	Promote A Parking Plan	Respect The Street Grid
Designed For Views		Connect Neighborhoods
Enhance Neighborhood Aesthetic	Allow Transportation Alternatives	Benefit Utica's Skyline
	Consider Traffic Flow	Design for all 4 Seasons

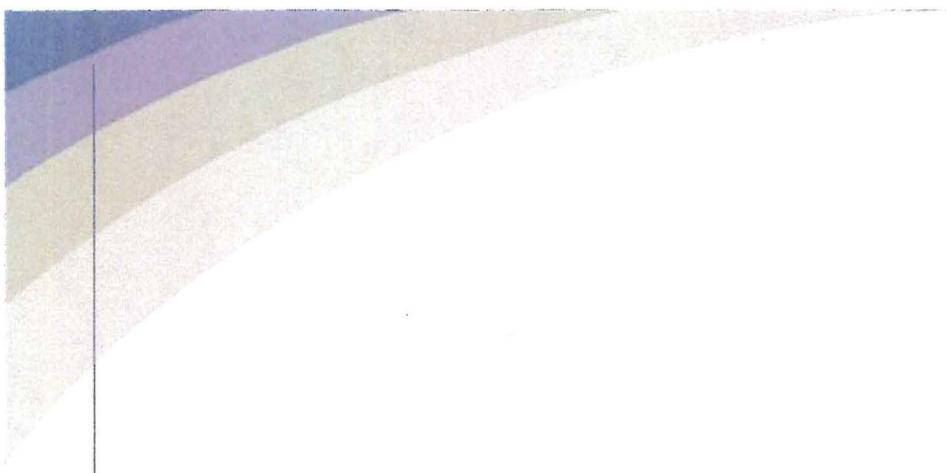


SITE PLANNING

SITE ORIENTATION

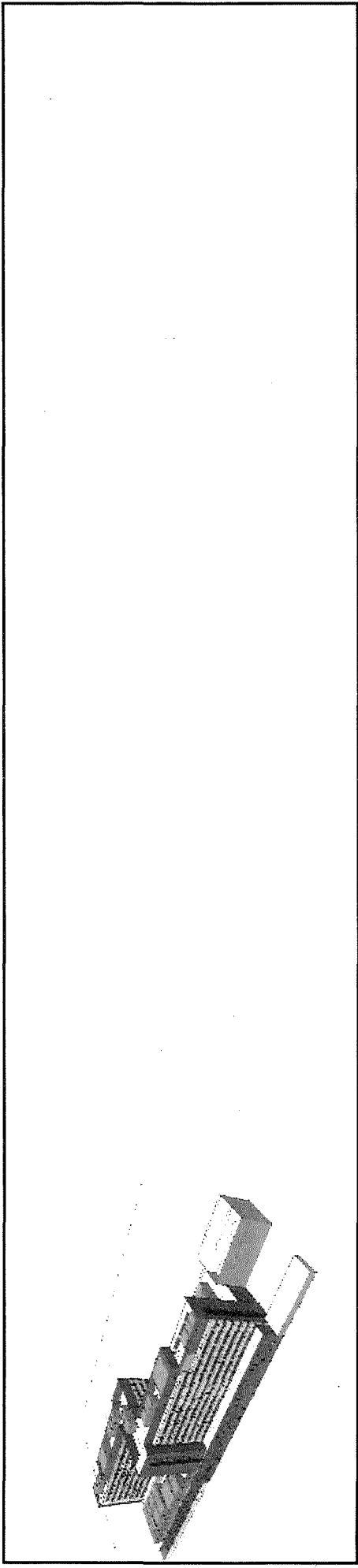
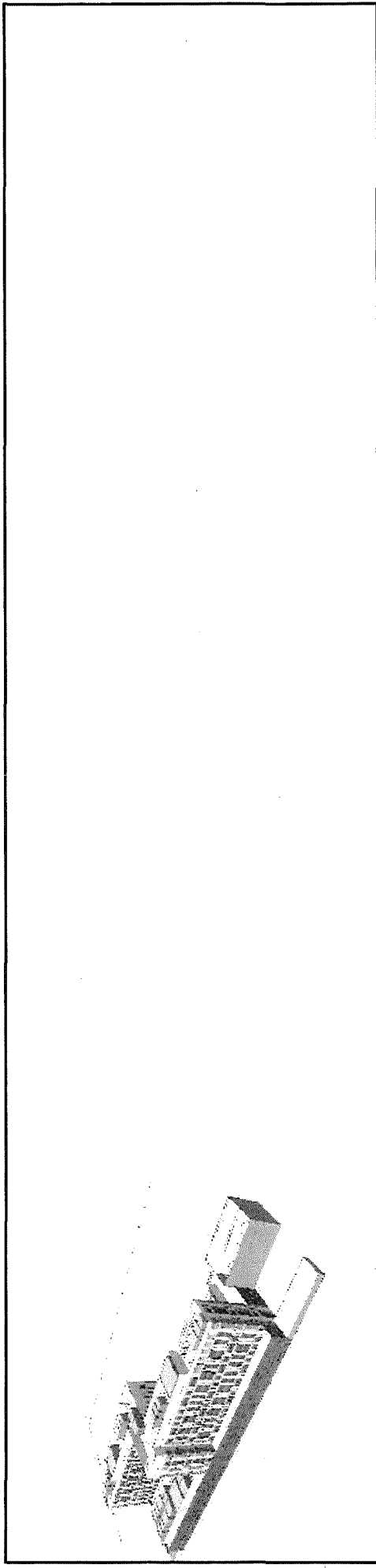




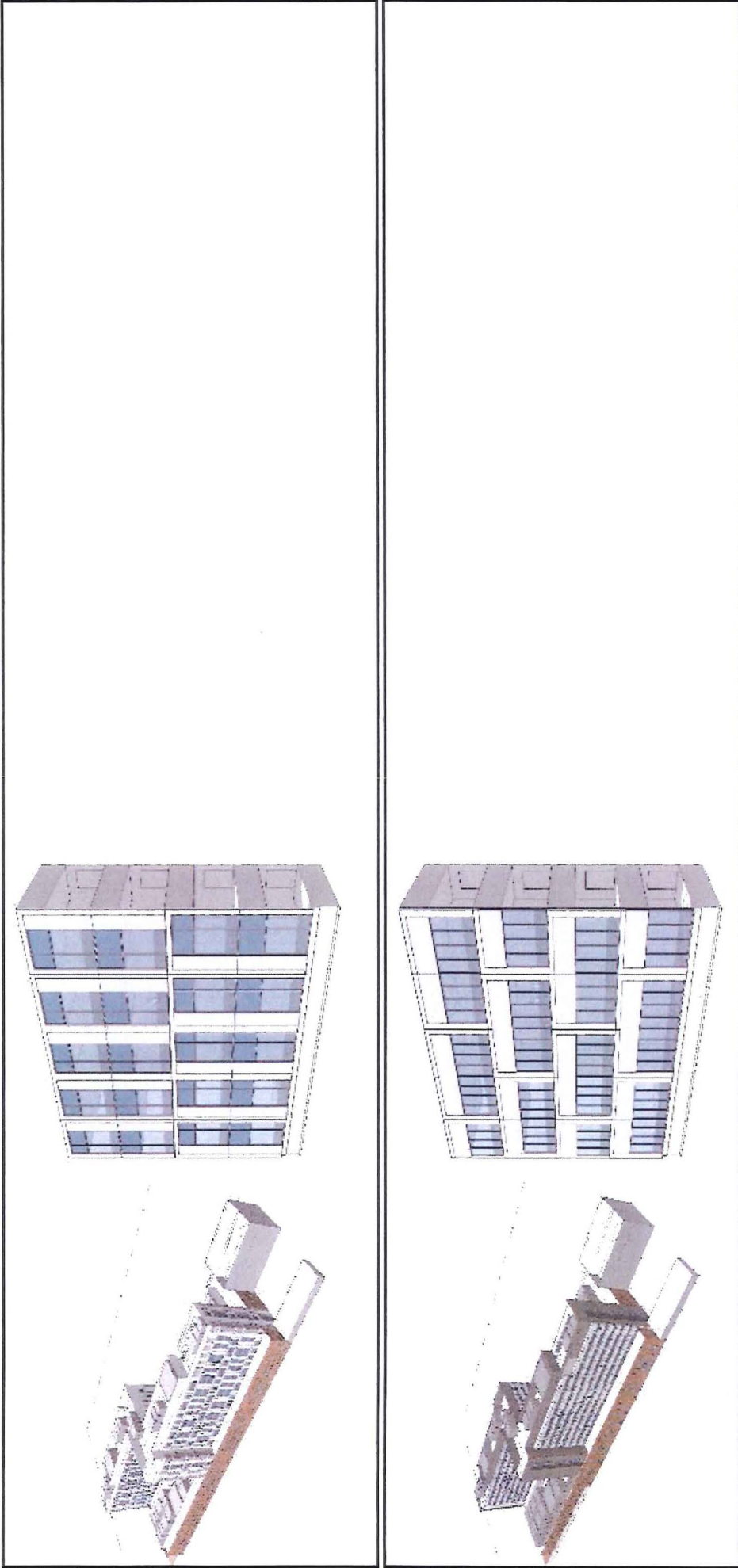


EXTERIOR DESIGN PROCESS

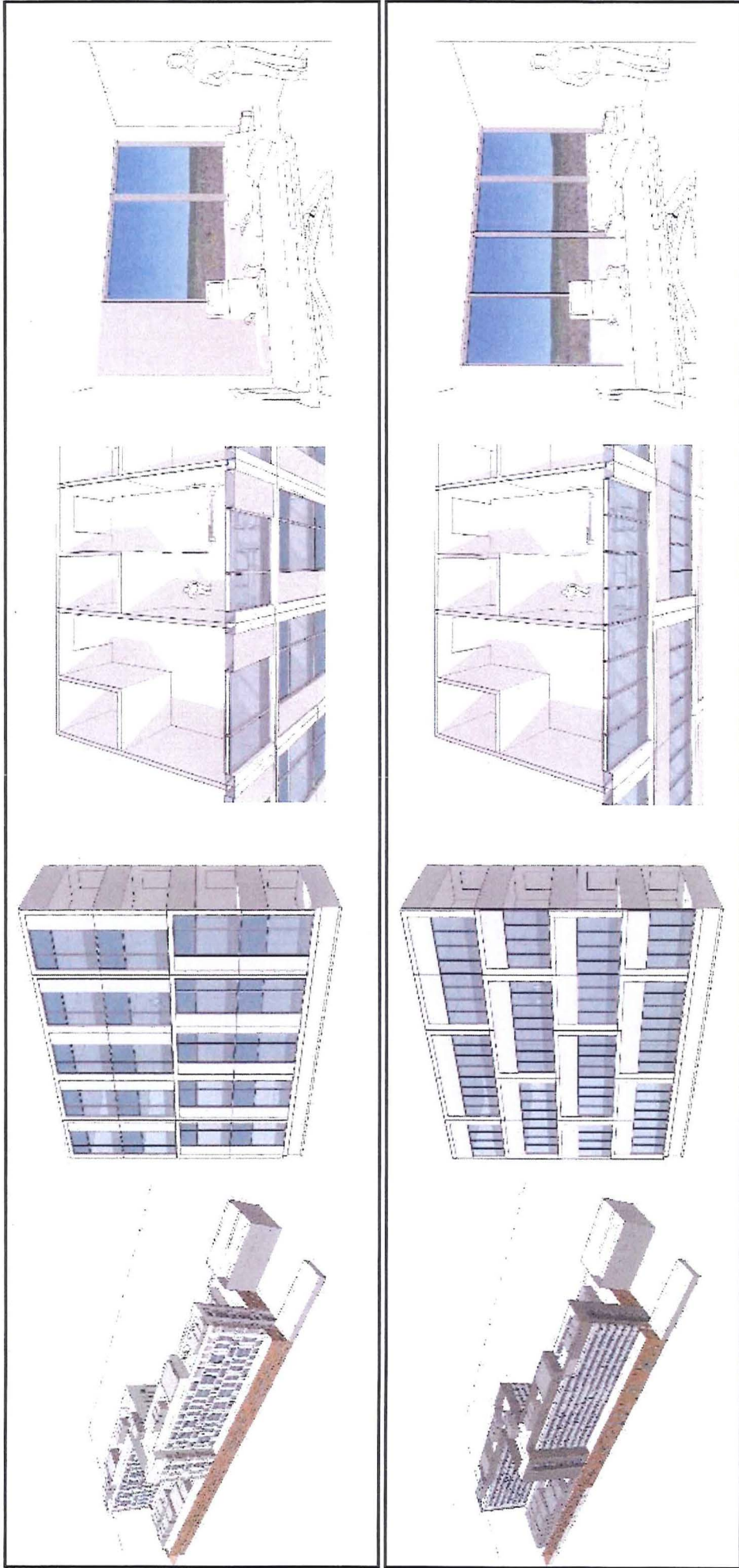
BUILDING ARTICULATION STUDIES



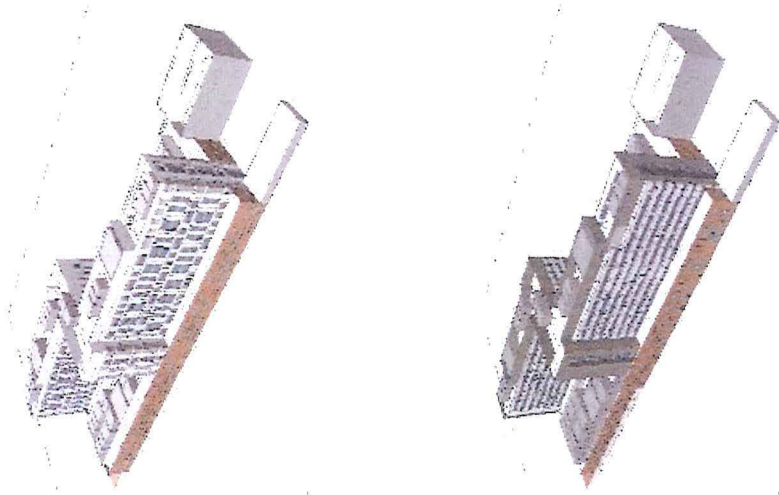
BUILDING ARTICULATION STUDIES



BUILDING ARTICULATION STUDIES



BUILDING ARTICULATION STUDIES

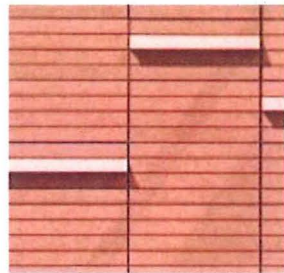


FAÇADE MATERIAL STUDIES

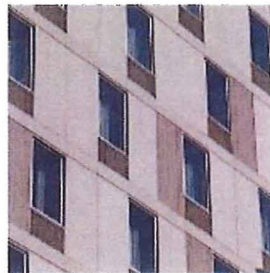
BRICK



TERRACOTTA



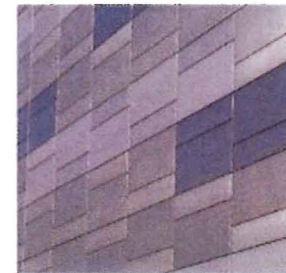
PRECAST



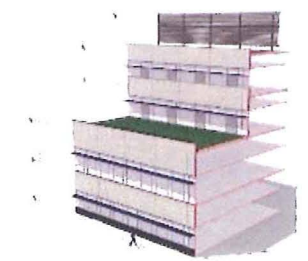
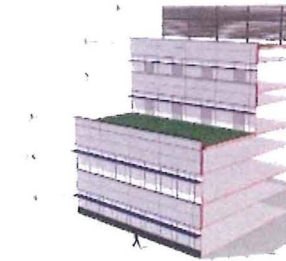
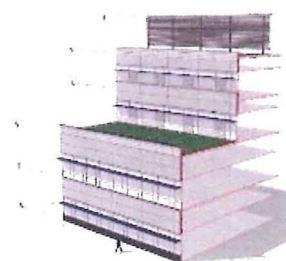
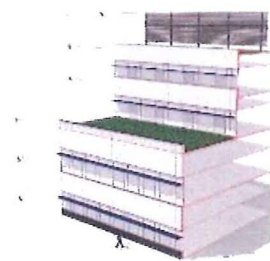
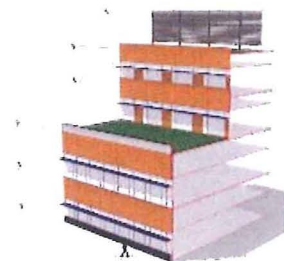
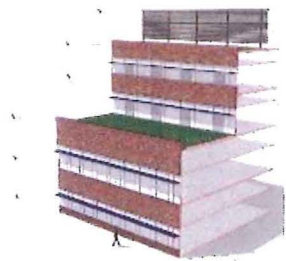
GFRC



METAL PANEL



CEMENT PLASTER

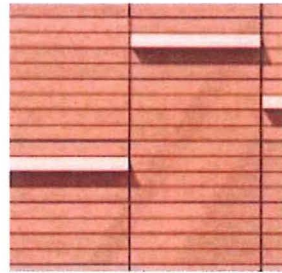


FAÇADE MATERIAL STUDIES

BRICK



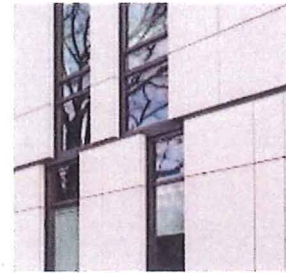
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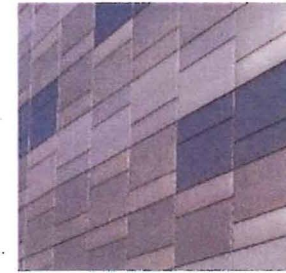
PRECAST



GFRC



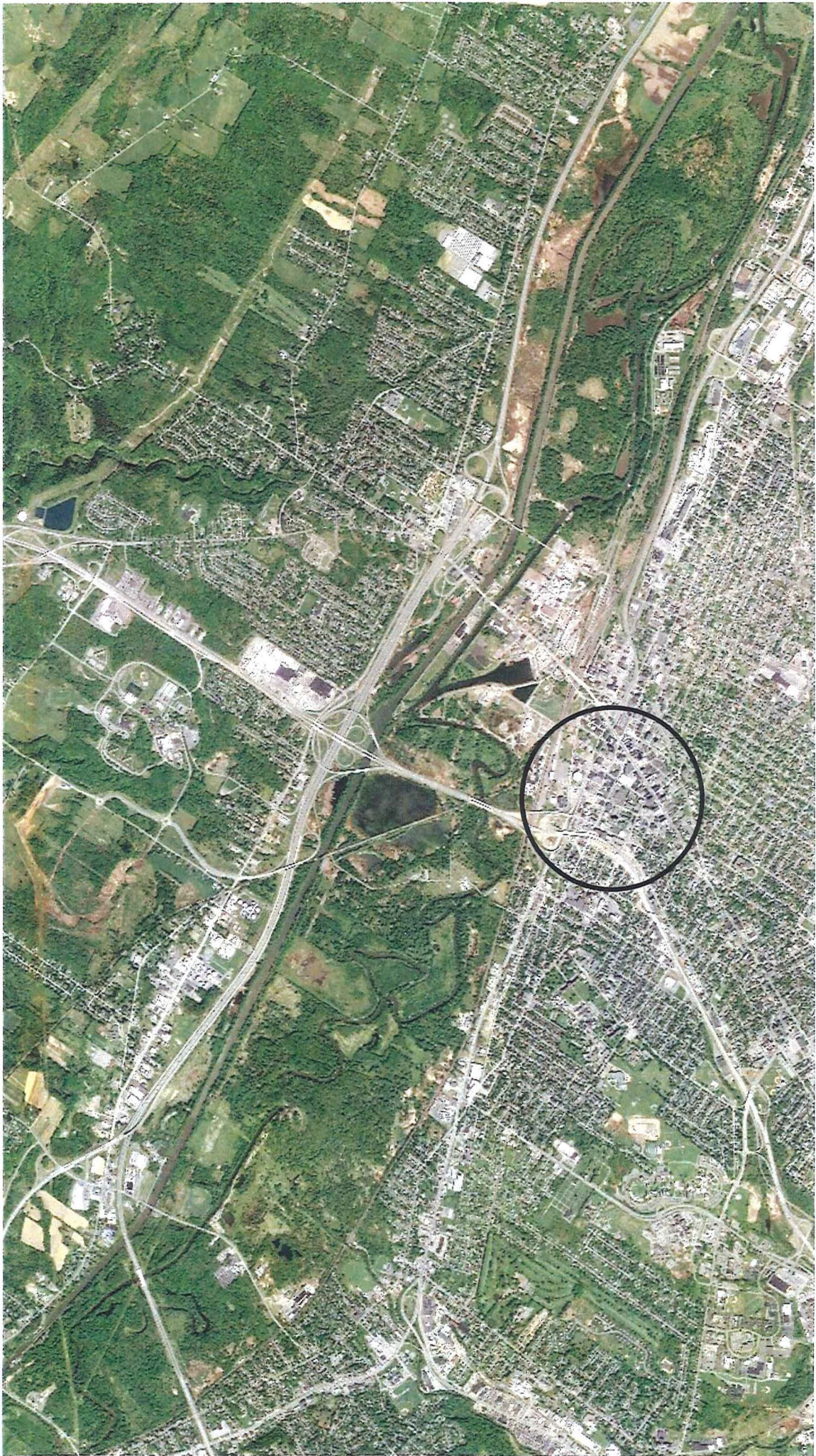
METAL PANEL

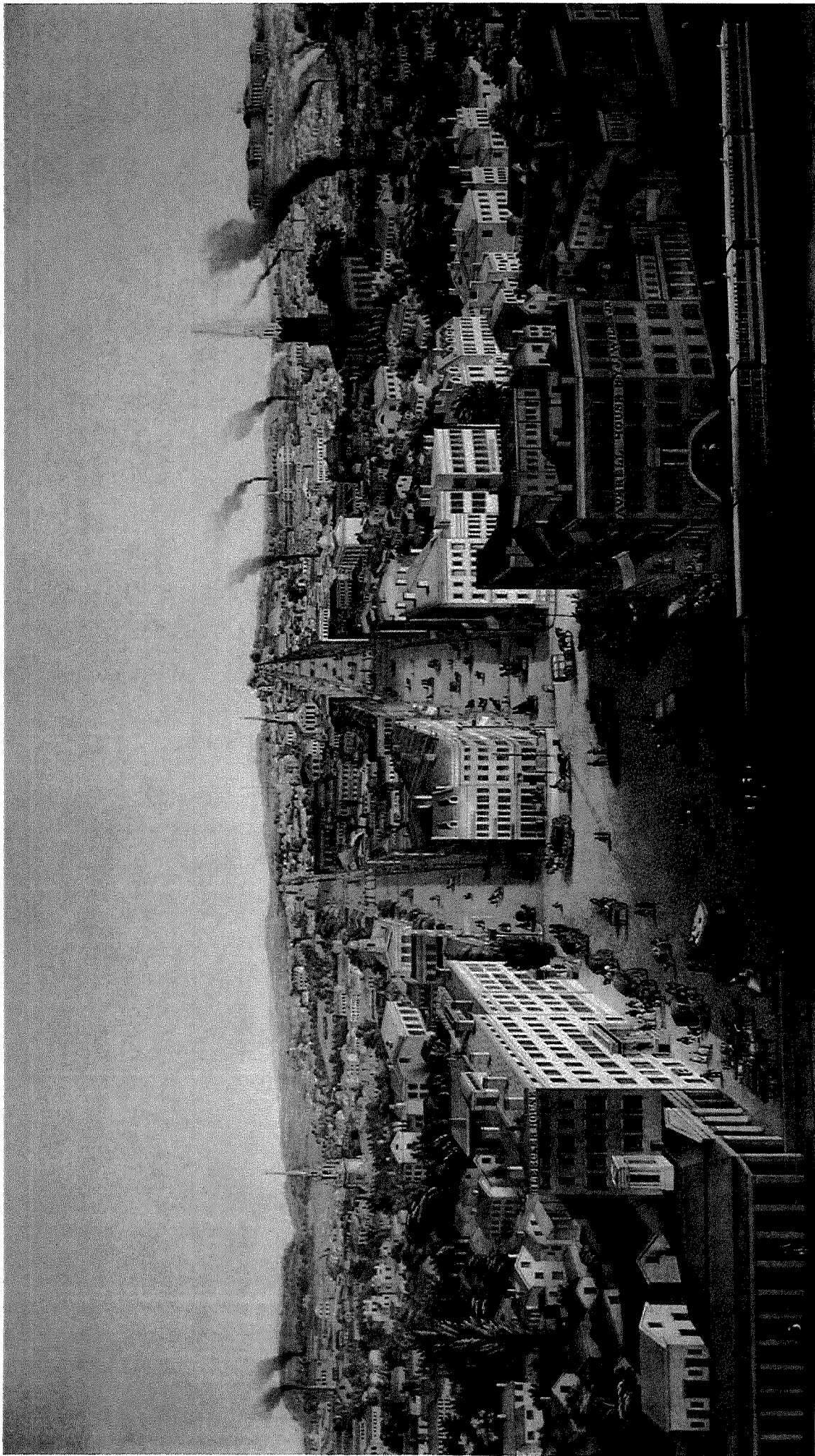


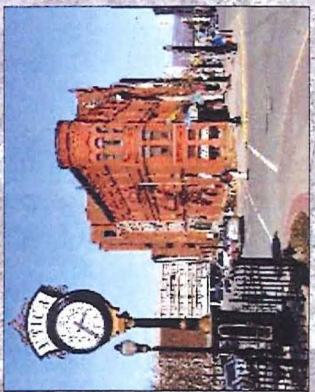
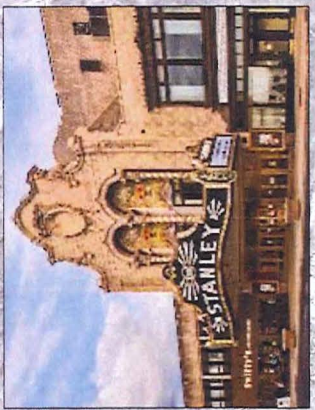
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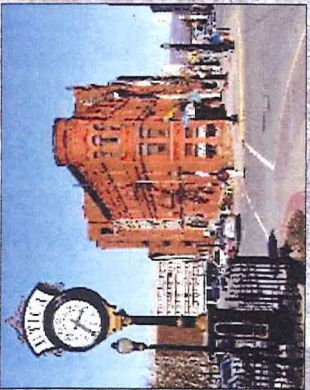
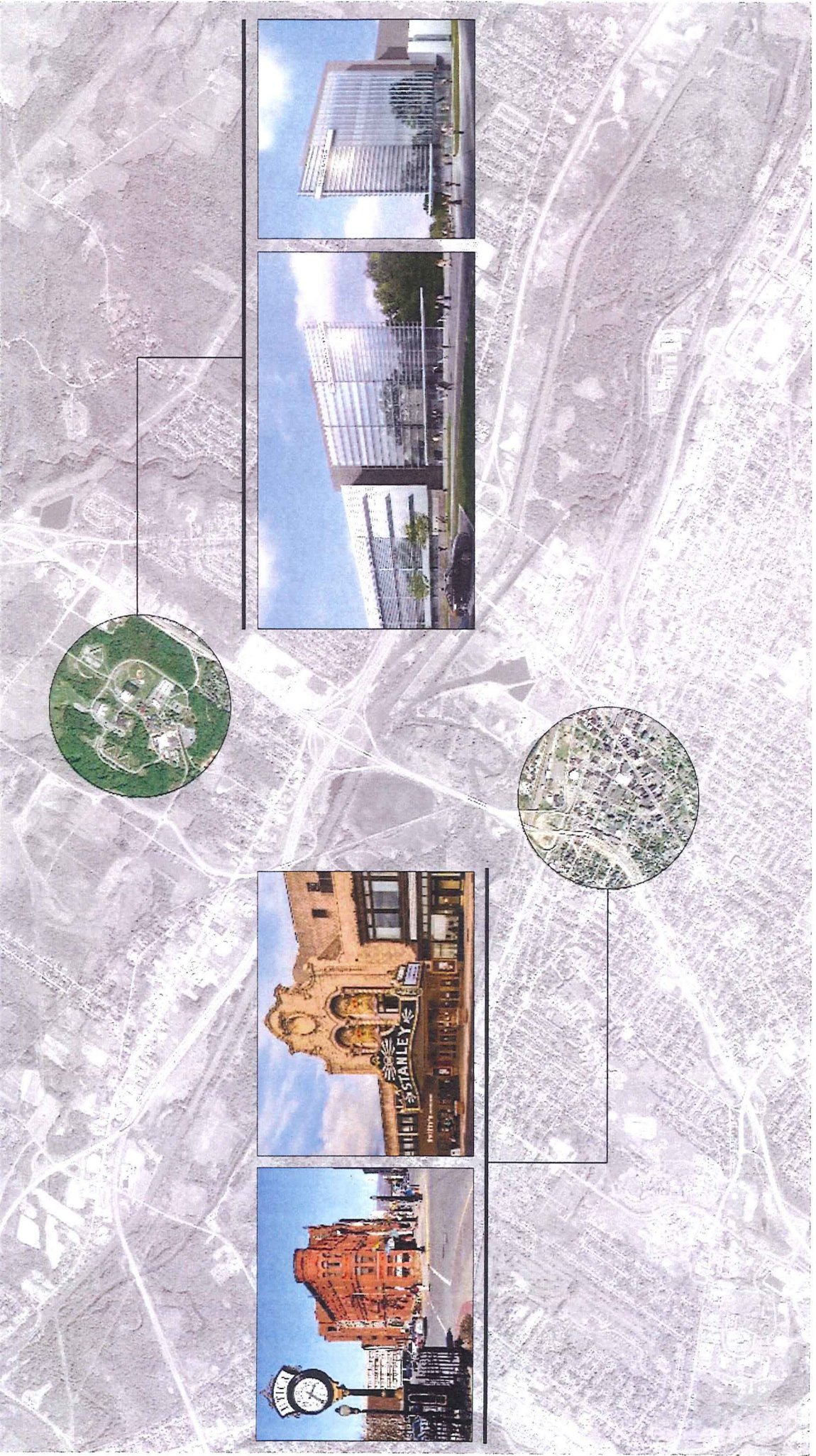


WALL TYPE	DESCRIPTION	COST	WEIGHT	PERFORMANCE		WARRANTY	MAINTENANCE CLEANING	REPAIR/REPLACE
				WATER	THERMAL			
ARTICULATED, INSULATED PRECAST CONCRETE	INSULATED TO R 19 VALUE. 4 INCH ARTICULATION ON OUTSIDE FACE	\$\$\$\$	###	2 STAGED SEALANT JOINTS OFFER 2 LAYERS OF DEFENSE	INSULATION AT THE OUTER EDGE OF SYSTEM	50+ YEARS	CLEAN WITH WATER EVERY 4 YEARS.	3- REPLACE DUAL STAGE SEALANT JOINTS EVERY 20-30 YRS.
INSULATED PRECAST CONCRETE	INSULATED TO R 19 VALUE. NO ARTICULATION	\$\$\$	###	2 STAGED SEALANT JOINTS OFFER 2 LAYERS OF DEFENSE	INSULATION AT THE OUTER EDGE OF SYSTEM	50+ YEARS	CLEAN WITH WATER EVERY 4 YEARS.	3- REPLACE DUAL STAGE SEALANT JOINTS EVERY 20-30 YRS.
FIBER - CEMENT	INSULATED TO R 20 VALUE,RAINSCREEN*	\$\$	#	RAINSCREEN SYSTEM (NOT PRESSURE EQUALIZED) OFFERS 2 LAYERS OF DEFENSE	INSULATION OUTBOARD OF FRAMING	15+ YEARS		PANELS RELATIVELY EASY TO REPLACE
FORMED METAL PANEL	INSULATED TO R 20 VALUE,RAINSCREEN*	\$\$	#	RAINSCREEN SYSTEM (NOT PRESSURE EQUALIZED) OFFERS 2 LAYERS OF DEFENSE	INSULATION OUTBOARD OF FRAMING	20+ YEARS	CLEAN WITH WATER WHEN WASHING WINDOWS	PANELS RELATIVELY EASY TO REPLACE
COMPOSITE METAL PANEL	INSULATED TO R 20 VALUE,RAINSCREEN*	\$\$	#	RAINSCREEN SYSTEM (NOT PRESSURE EQUALIZED) OFFERS 2 LAYERS OF DEFENSE	INSULATION OUTBOARD OF FRAMING	20+ YEARS	CLEAN WITH WATER WHEN WASHING WINDOWS	PANELS RELATIVELY EASY TO REPLACE
INSULATED METAL PANEL	INSULATED TO R 20 VALUE,RAINSCREEN*	\$\$	#	JOINT CHAMBER CREATES A PRESSURE EQUALIZED SYSTEM.	INSULATION OUTBOARD OF FRAMING, INTEGRAL TO PANEL	20+ YEARS	CLEAN WITH WATER WHEN WASHING WINDOWS	PANELS RELATIVELY EASY TO REPLACE
EXTERIOR INSULATED AND FINISH SYSTEM	INSULATED TO R 20 VALUE.	\$	#	DRAINABLE SYSTEM. SECONDARY DRAINAGE OFFERS 2 LAYERS OF DEFENSE	INSULATION OUTBOARD OF FRAMING	10+ YEARS	CLEAN WITH WATER AND REPAINT EVERY 4-5 YEARS	SUBJECT TO CRACKING IF NOT JOINED PROPERLY, FIELD REPAIR EASY TO DO
INSULATED CEMENT PLASTER SYSTEM	INSULATED TO R 20 VALUE.**	\$	#	DRAINABLE SYSTEM. SECONDARY DRAINAGE OFFERS 2 LAYERS OF DEFENSE	INSULATION OUTBOARD OF FRAMING, INTEGRAL TO PANEL	10+ YEARS	CLEAN WITH WATER AND REPAINT EVERY 4-5 YEARS	SUSCEPTABLE TO IMPACT DAMAGE, BUT EASY TO REPAIR





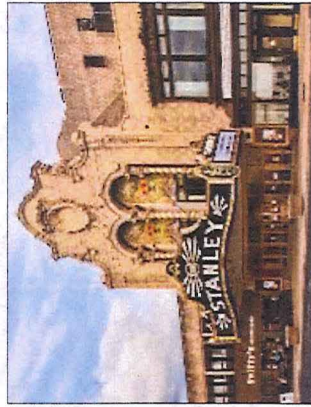




Connecting Character to Context



Embracing Utica's Innovation-Driven Future



Honoring Utica's Rich History



CHARACTER STUDIES



Historical Precedents

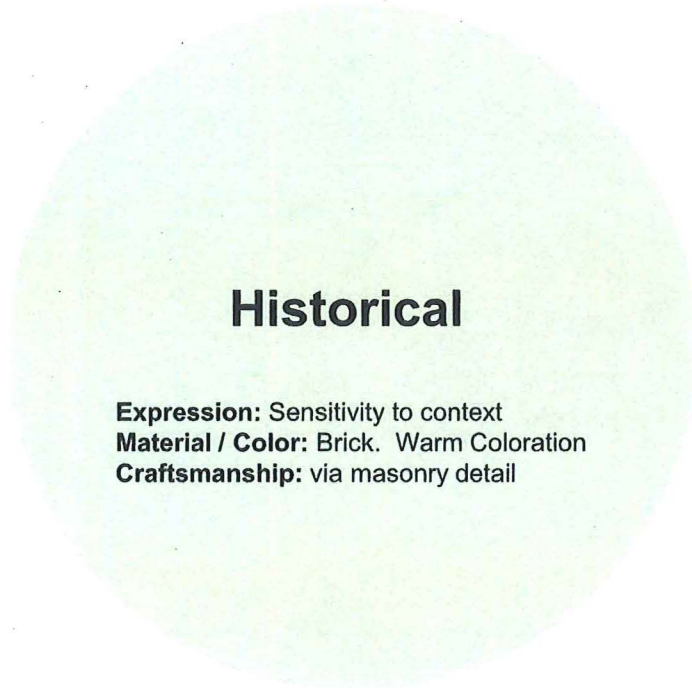
- **Expression:** Sensitivity to context
- **Material / Color:** Brick. Warm Coloration
- **Craftsmanship:** via masonry detail



Contemporary Precedents

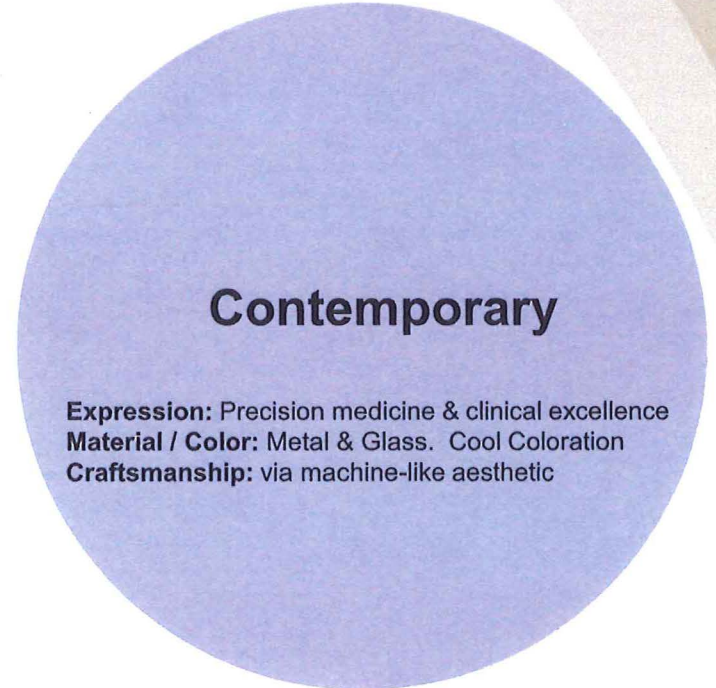
- **Expression:** Precision medicine and clinical excellence
- **Material / Color:** Metal & Glass. Cool Coloration
- **Craftsmanship:** via machine-like aesthetic

CHARACTER STUDIES



Historical

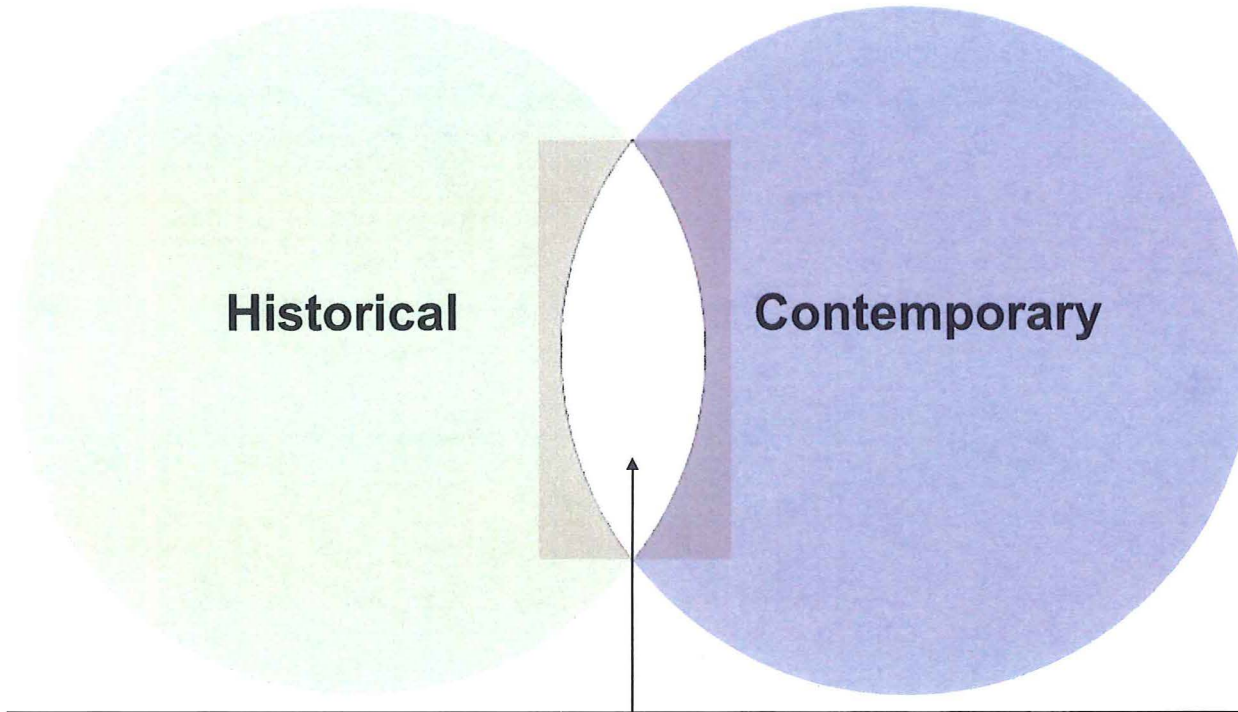
Expression: Sensitivity to context
Material / Color: Brick. Warm Coloration
Craftsmanship: via masonry detail



Contemporary

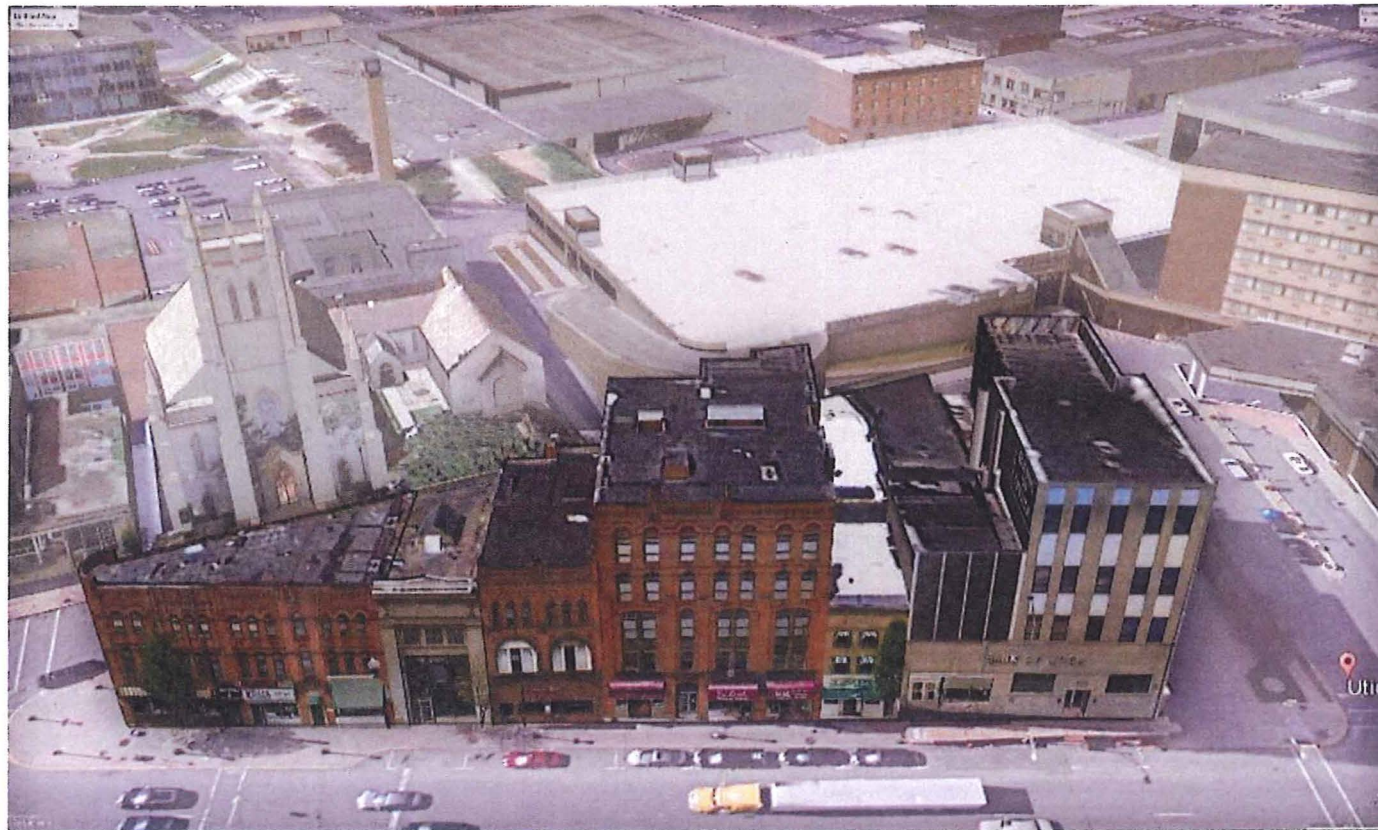
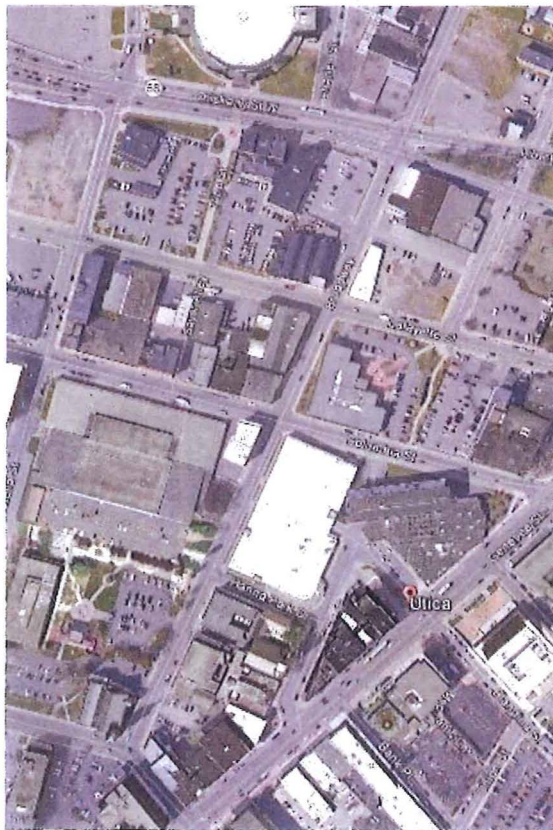
Expression: Precision medicine & clinical excellence
Material / Color: Metal & Glass. Cool Coloration
Craftsmanship: via machine-like aesthetic

CHARACTER STUDIES



Goal: An exterior expression that respects the rich history of Utica and complements the surrounding neighborhoods, while projecting a sense of clinical excellence through rigorous detailing and craftsmanship.

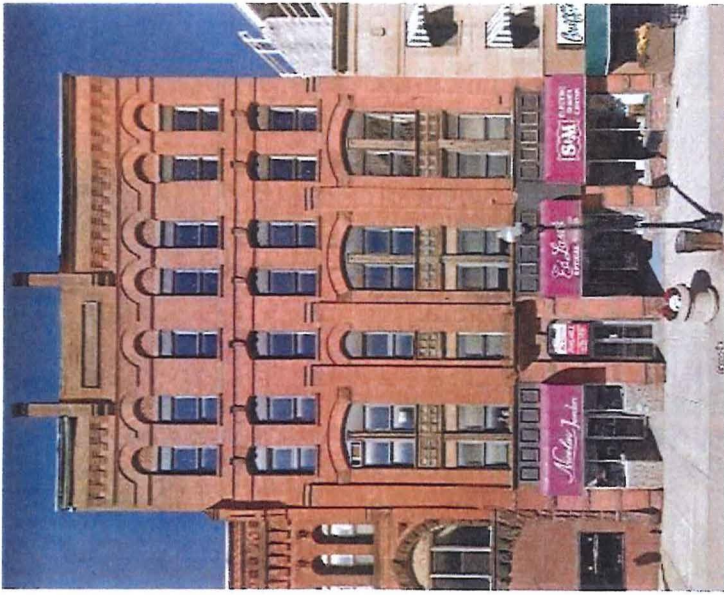
UNDERSTANDING UTICA'S RICH ARCHITECTURAL HERITAGE



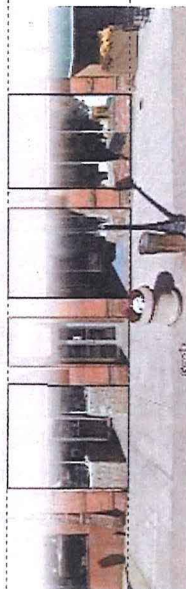
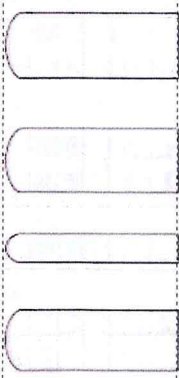
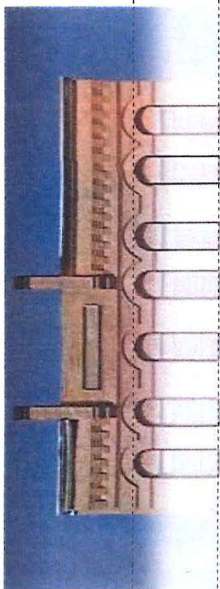
CONTEXT STUDIES & ANALYSIS



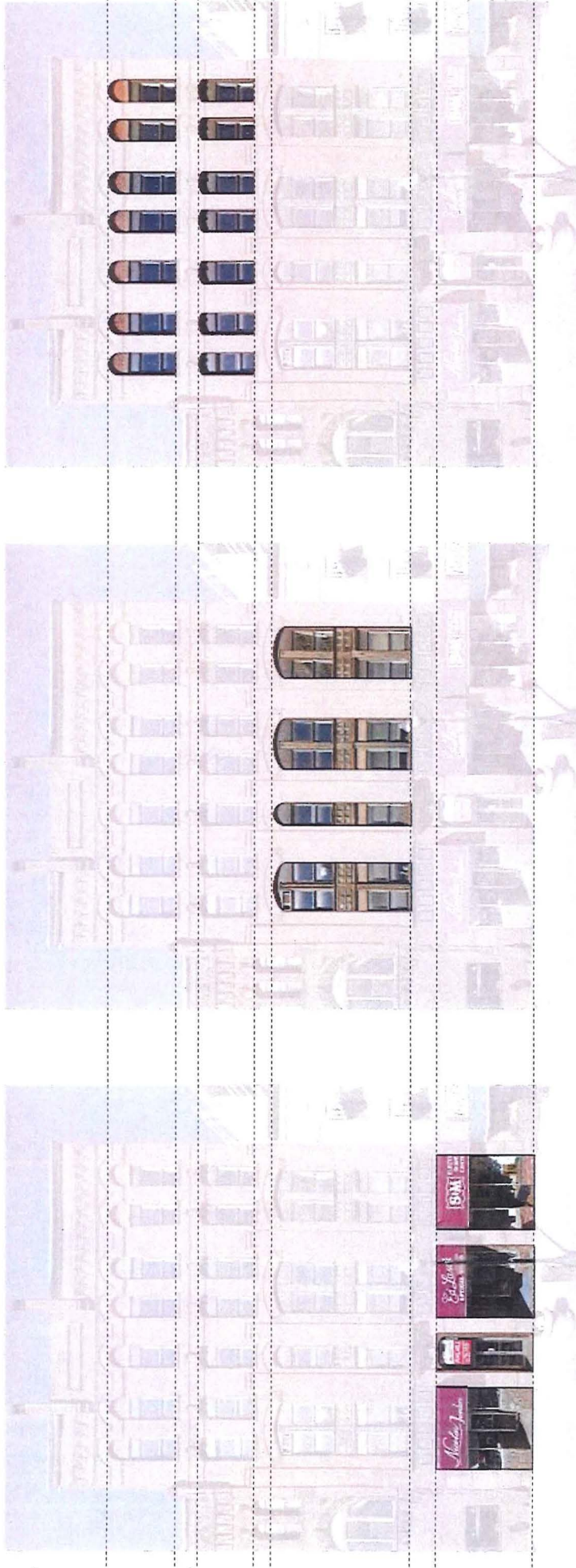
CONTEXT STUDIES & ANALYSIS



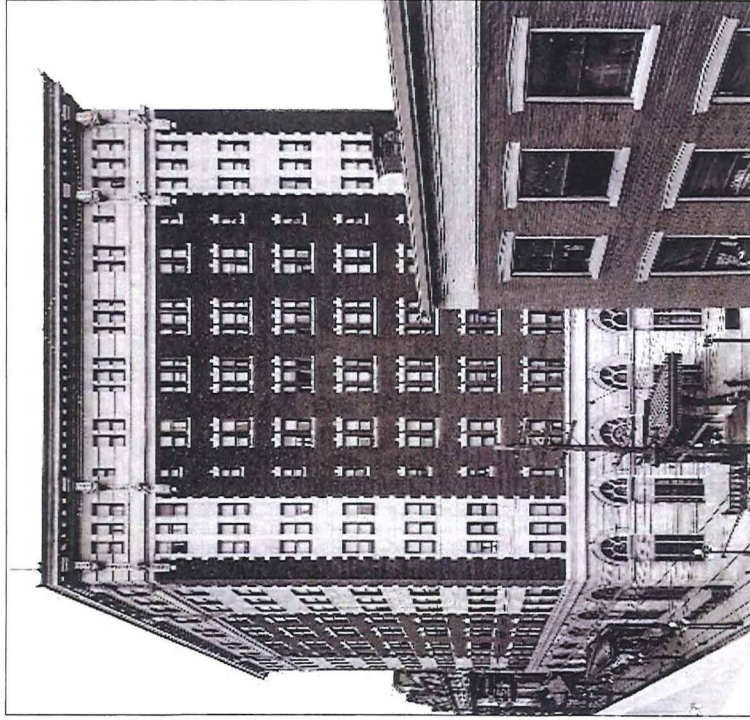
CONTEXT STUDIES & ANALYSIS



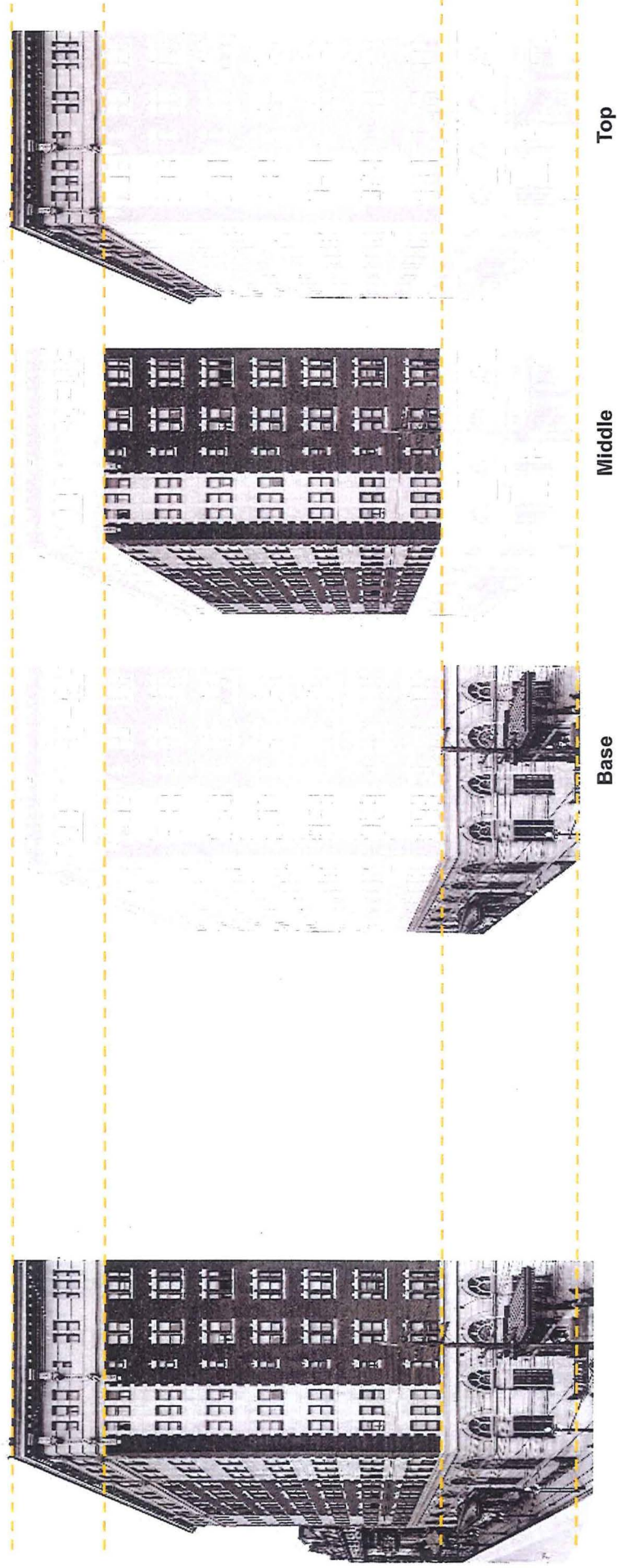
CONTEXT STUDIES & ANALYSIS



CONTEXT STUDIES & ANALYSIS: HOTEL UTICA



CONTEXT STUDIES & ANALYSIS: HOTEL UTICA



CONTEXT STUDIES & ANALYSIS: HOTEL UTICA

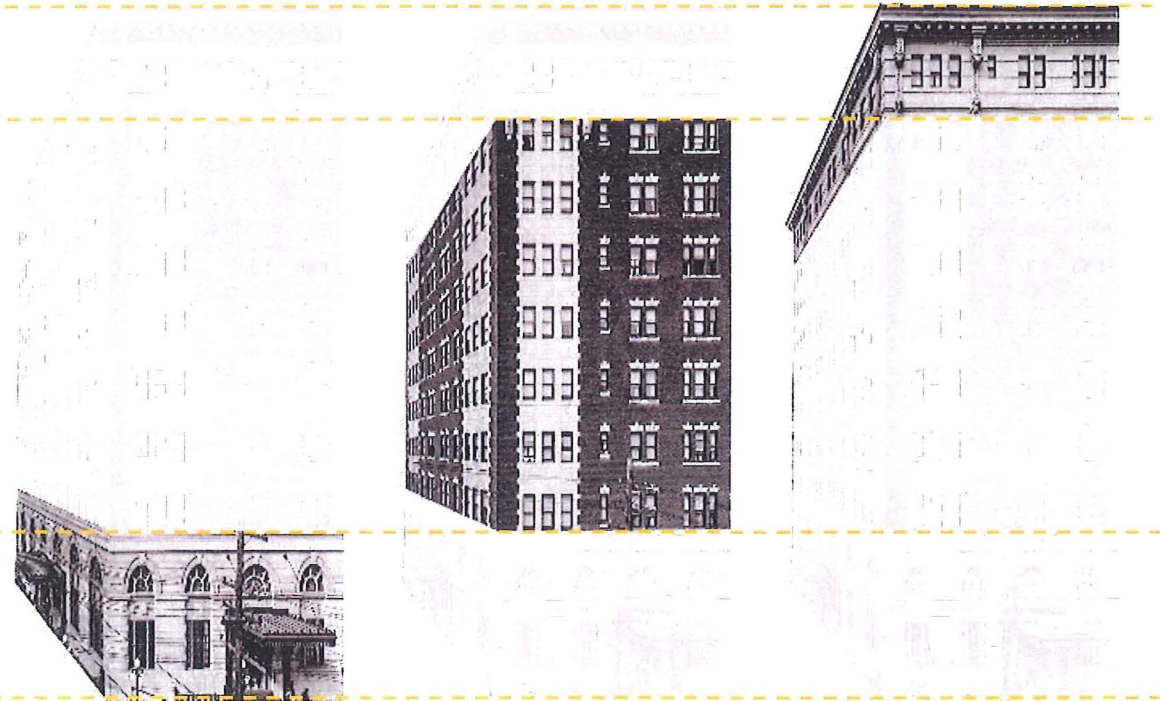
ATTRIBUTES

Guestroom Zone

Private Programs
Smaller Openings
Domestic Scale
Engages the Skyline

Commercial Zone

Public Programs
Large Vertical Windows
Civic Scale
Engages the Streetscape

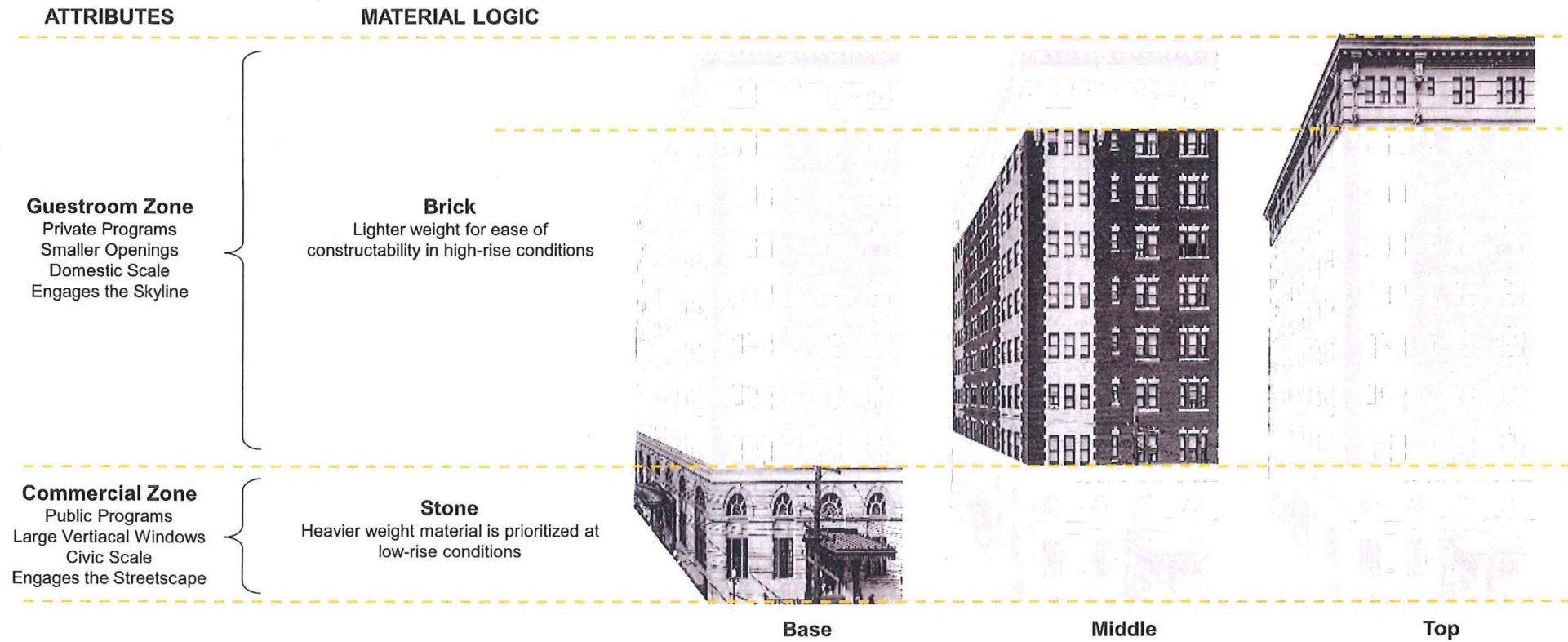


Base

Middle

Top

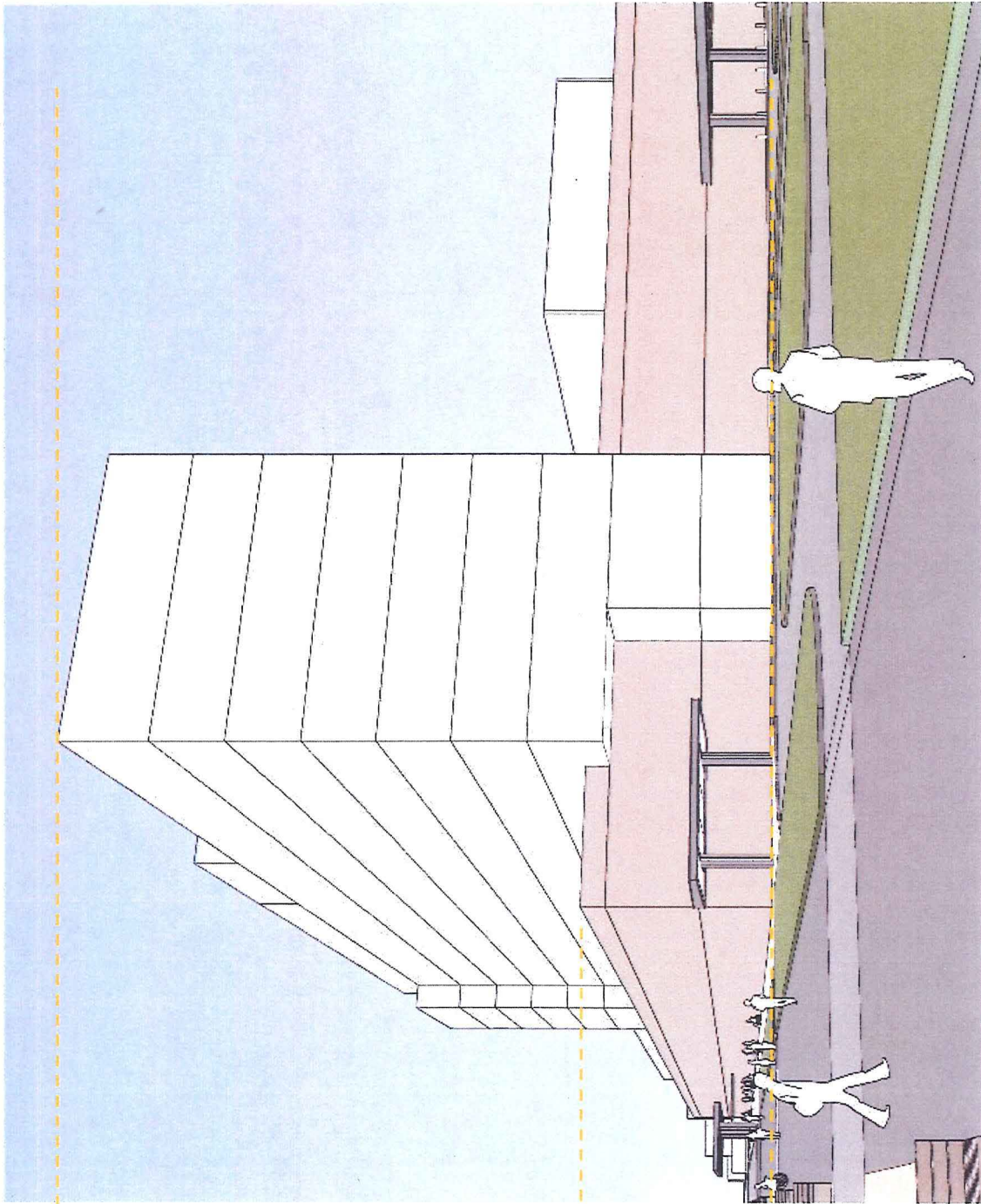
CONTEXT STUDIES & ANALYSIS: HOTEL UTICA



ATTRIBUTES

Inpatient Tower
Private Programs
Personal Scale
Engages the Skyline

Podium
Public Programs
Large Vertical Windows
Civic Scale
Engages the Streetscape



ATTRIBUTES

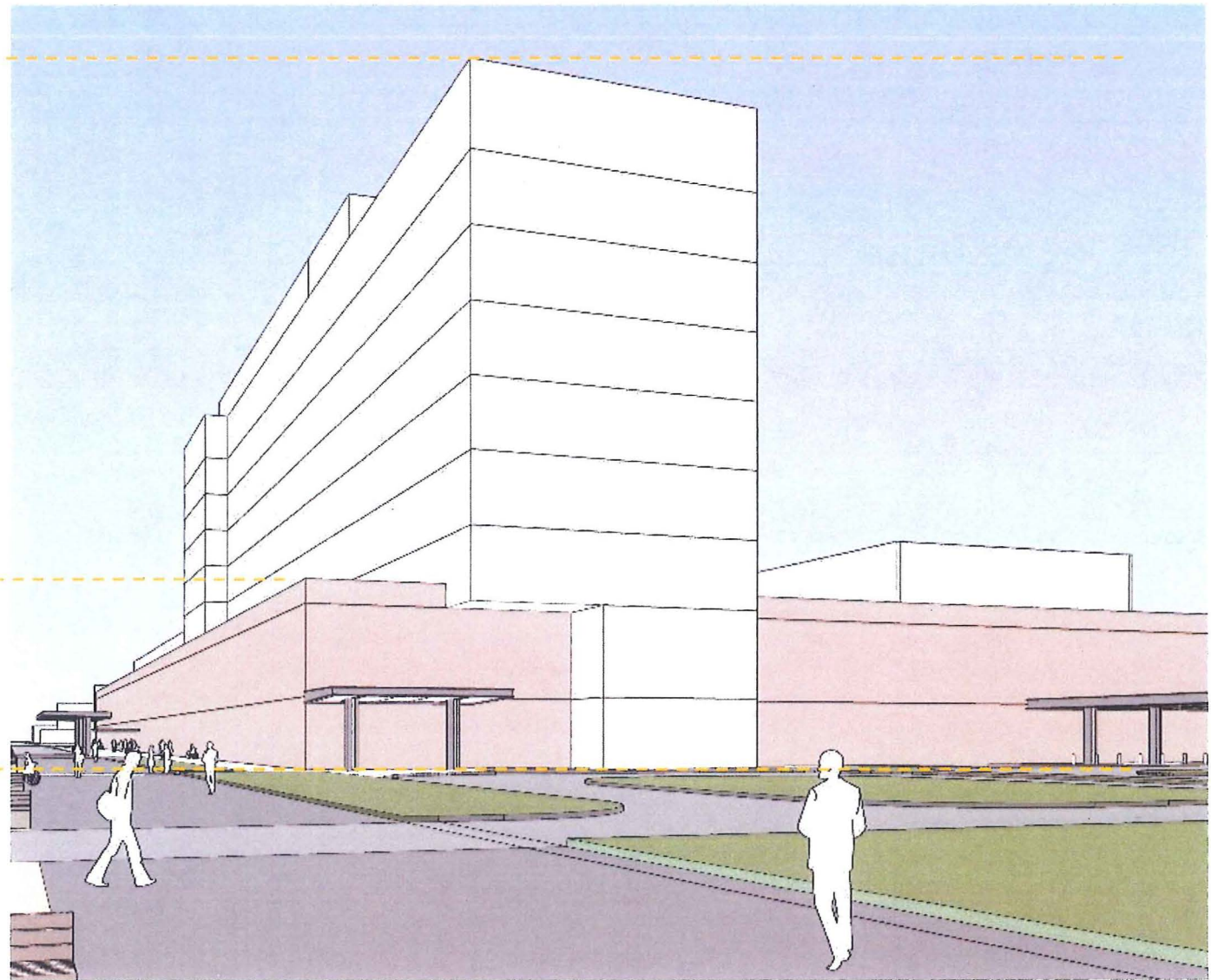
MATERIAL LOGIC

Inpatient Tower
Private Programs
Personal Scale
Engages the Skyline

Composite Metal Panel
Lighter weight for ease of constructability in high-rise conditions

Podium
Public Programs
Large Vertical Windows
Civic Scale
Engages the Streetscape

Brick
Heavier weight material is prioritized at low-rise conditions

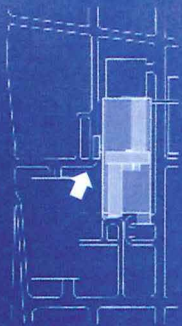




VIEW ALONG LAFAYETTE



VIEW ALONG LAFAYETTE



VIEW ALONG BROADWAY



VIEW OF MAIN ENTRY LOOKING WEST



MOHAWK VALLEY HEALTH SYSTEM
Utica, New York

HAMMES COMPANY

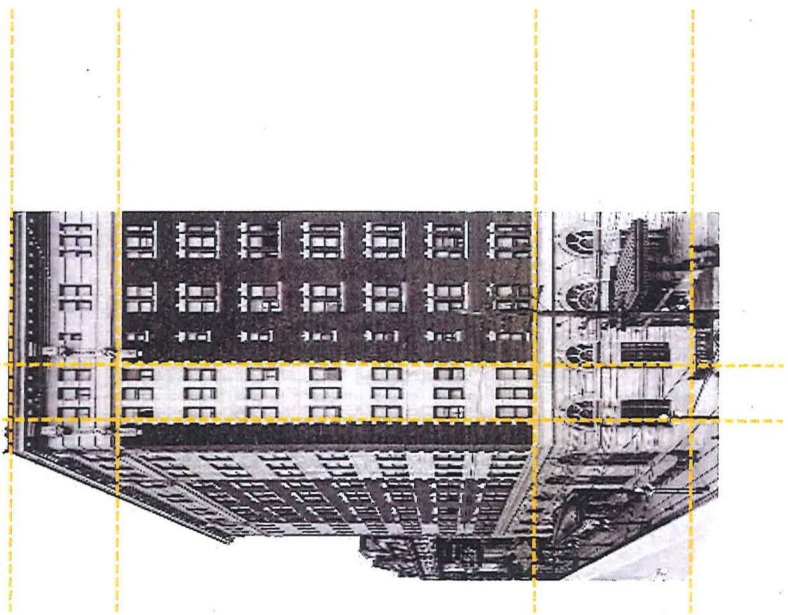
NBBJ

DWYER ARCHITECTURAL

SSR



VIEW ALONG COLUMBIA



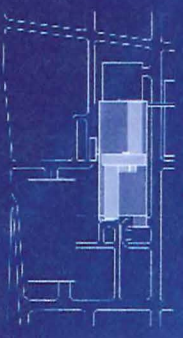


THE AUD

PROJECT SITE

KENNEDY PLAZA

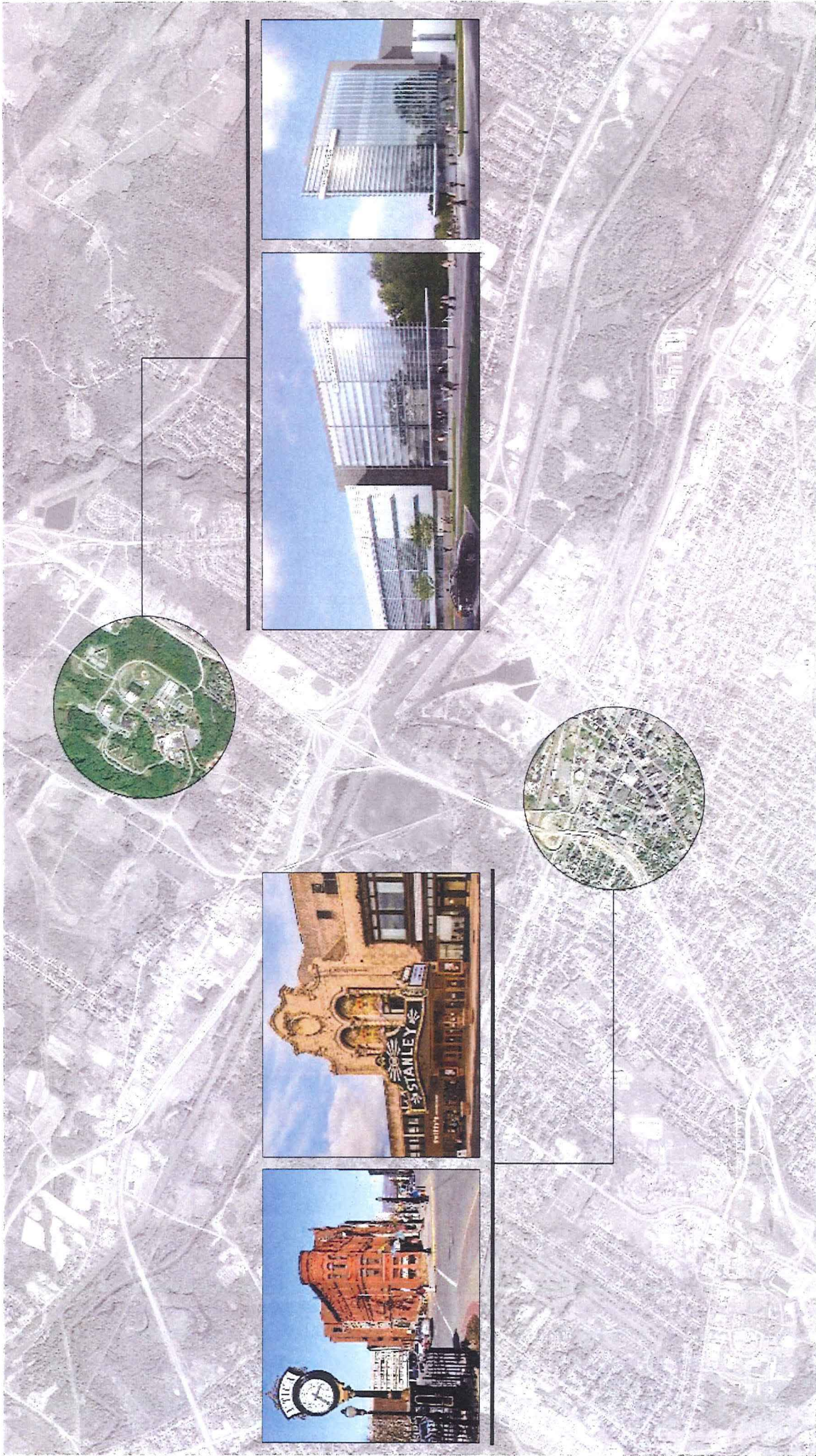
VIEW FROM INTERSTATE 790 RAMP



THE AUD

KENNEDY PLAZA







MOHAWK RIVER VALLEY

DESIGNING FOR INTEGRATION OF NATURE AND PARK-LIKE OPPORTUNITIES



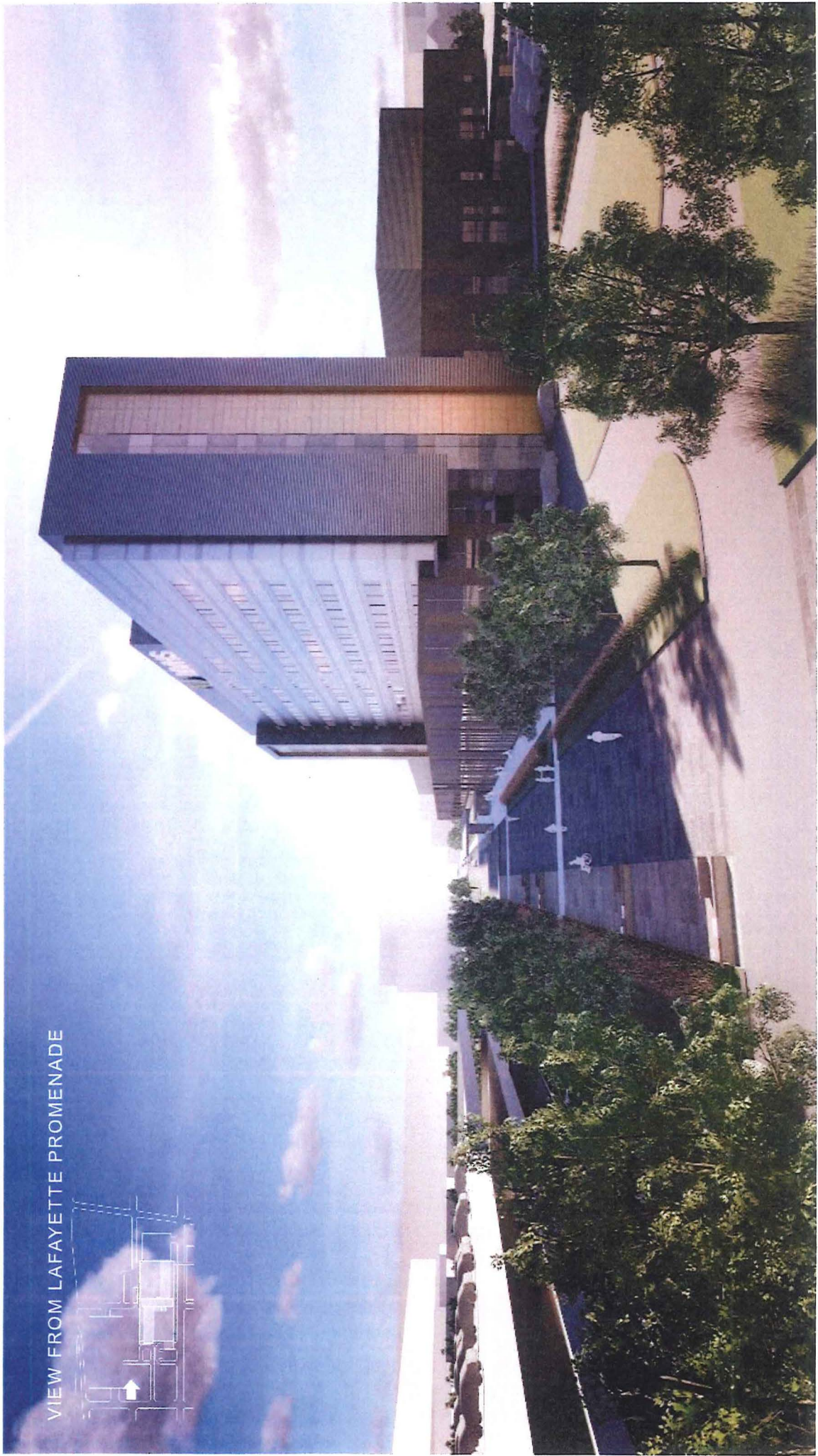
Careful consideration of street/campus lighting, security, parking, pedestrian walkways, etc.

Campus designed for walkability. Transit access on Broadway and adjacent to regional Rayhill Memorial Trail .

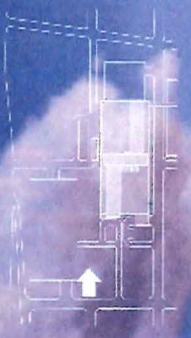


Shape of tower enables scenic patient views of the hills to the north and the skyline to the south.

Incorporating Park-like areas, tree lined walks, green infrastructure, etc.



VIEW FROM LAFAYETTE PROMENADE



Share the excitement!



#mvhsdowntown

Share the excitement!

