

State of Maryland

2007 Bond Bill Fact Sheet

| 1. Senate | | House | | 2. Name of Project |
|---|--------|---------------|---------------------|--------------------------------|
| LR # | Bill # | LR # | Bill # | |
| 1786 | SB370 | 2315 | HB993 | Fort Washington Medical Center |
| 3. Senate Bill Sponsors | | | House Bill Sponsors | |
| Muse | | | Walker | |
| 4. Jurisdiction (County or Baltimore City) | | | 5. Requested Amount | |
| Prince George's | | | \$560,000 | |
| 6. Purpose of Bill | | | | |
| Authorizing the creation of a State Debt to serve as a grant to the Board of Directors of Fort Washington Medical Center, Inc. for the planning, design, renovation, expansion, repair, construction, and capital equipping of the emergency department at Fort Washington Medical Center, located in Fort Washington. | | | | |
| 7. Matching Fund Requirements | | | | |
| The grantee shall provide and expend a matching fund. No Part of the matching fund may consist of real property or in kind contributions. The fund may consist of funds expended prior to the effective date of the Act. | | | | |
| 8. Special Provisions | | | | |
| None. | | | | |
| 9. Contact Name and Title | | Contact Phone | | Email Address |
| Michelle Lesane | | | | mlesane@nexushealth.org |
| | | | | |
| | | | | |
| 10. Description and Purpose of Grantee Organization (3000 characters maximum) | | | | |
| Fort Washington Medical Center is a full-service 37-bed acute care general hospital serving residents of southern Prince George's County, primarily Fort Washington, Oxon Hill and Temple Hills, Maryland. The population of this area is projected to increase to over 150,000 residents in 2010. The Hospital's Emergency Department has seen a rapid increase in patient visits: from 21,388 visits in 1999 to 37,649 visits in 2005, with no corresponding increase in the number of treatment beds or departmental gross square footage ("DGSF"). As part of a major project to expand, update and modernize the Hospital for the future, the first such major capital project at the Hospital since its opening in 1991, the Emergency Department will be significantly expanded to provide additional treatment beds, ancillary service space and more modern equipment and amenities. | | | | |

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

Fort Washington Medical Center (“FWMC”) is proposing to expand and renovate its current emergency department as part of a comprehensive expansion and renovation Project. The emergency department at the Hospital treats over 36,000 patients annually. The demand for emergency services has grown as the population served by the Hospital has increased, but no additional treatment space in the department has been provided since FWMC’s opening as a full-service hospital in 1991. The current bed capacity of the department is 14 treatment beds, the fewest of any hospital in the State with comparable volumes. According to a publication of the American College of Emergency Physicians, a community hospital should have a range of between 20 to 33 emergency treatment beds to accommodate 30,000 - 40,000 emergency room visits annually. The 14 beds at FWMC are currently located in treatment bays, which do not provide the desired level of privacy and dignity for patients and caregivers. The Project will expand the Department from 2,800 departmental gross square footage (DGSF) to 22,457 DGSF, and provide 30 treatment beds and expanded clinical ancillary and support areas in redesigned space, including 8 “fast-track” beds.

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

12. Estimated Capital Costs

| | |
|---------------------|---------------------|
| Acquisition | \$0 |
| Design | 694,000 |
| Construction | 8,810,000 |
| Equipment | 2,500,000 |
| Total | \$12,004,000 |

13. Proposed Funding Sources – (List all funding sources and amounts.)

| Source | Amount |
|-------------------|---------------------|
| Operations | \$500,000 |
| Community Support | \$2,000,000 |
| State Grants | \$560,000 |
| Insured Bonds | \$8,944,000 |
| | |
| | |
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| | |
| Total | \$12,004,000 |

14. Project Schedule

| Begin Design | Complete Design | Begin Construction | Complete Construction |
|--------------|-----------------|--------------------|-----------------------|
| May, 2007 | September, 2007 | January, 2008 | June, 2009 |

| 15. Total Private Funds and Pledges Raised as of January 2007 | 16. Current Number of People Served Annually at Project Site | 17. Number of People to be Served Annually After the Project is Complete |
|---|--|--|
| \$0 | 40,000 | 47,000 |

18. Other State Capital Grants to Recipients in Past 15 Years

| Legislative Session | Amount | Purpose |
|---------------------|--------|---------|
| | | |

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|--|-------------------------------------|--|---------------------------------------|
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| 19. Legal Name and Address of Grantee | | Project Address (If Different) | |
| Fort Washington Medical Center, Inc 6196 Oxon Hill Road Oxon Hill, Maryland 20745 | | 11711 Livingston Road Fort Washington, Maryland 20744 | |
| 20. Legislative District in Which Project is Located | | 26 | |
| 21. Legal Status of Grantee (Please Check one) | | | |
| Local Govt. | For Profit | Non Profit | Federal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22. Grantee Legal Representative | | 23. If Match Includes Real Property: | |
| Name: | Edwin Allen, Esq | Has An Appraisal Been Done? | Yes/No |
| Phone: | (202) 833-0007 | | |
| Address: | | If Yes, List Appraisal Dates and Value | |
| | | | |
| | | | |
| | | | |
| | | | |
| 24. Impact of Project on Staffing and Operating Cost at Project Site | | | |
| Current # of Employees | Projected # of Employees | Current Operating Budget | Projected Operating Budget |
| 47 | 62 | 7,008,000 | 11,680,000 |
| 25. Ownership of Property (Info Requested by Treasurer's Office for bond issuance purposes) | | | |
| A. Will the grantee own or lease (pick one) the property to be improved? | | | Own |
| B. If owned, does the grantee plan to sell within 15 years? | | | No |
| C. Does the grantee intend to lease any portion of the property to others? | | | No |
| D. If property is owned by grantee and any space is to be leased, provide the following: | | | |
| Lessee | Terms of Lease | Cost Covered by Lease | Square Footage Leased |
| N/A | | | |
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| | | | |
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| | | | |
| E. If property is leased by grantee - Provide the following: | | | |
| Name of Leaser | Length of Lease | Options to Renew | |
| N/A | | | |
| | | | |
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|--|--|--------|
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| 26. Building Square Footage: | | |
| Current Space GSF | | 2,800 |
| Space to Be Renovated GSF | | 19,657 |
| New GSF | | 22,457 |
| 27. Year of Construction of Any Structures Proposed for Renovation, Restoration or Conversion | | 2008 |
| 28. Comments: (3000 characters maximum) | | |
| | | |