



*Sutter Medical Center  
of Santa Rosa*

A Sutter Health Affiliate

**FREQUENTLY ASKED QUESTIONS**

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**1. Why is SMCSR planning to build a new hospital at the Wells Fargo site?**

Under the Health Care Access Agreement ("HCAA") between the County of Sonoma ("County") and Sutter Medical Center of Santa Rosa ("SMCSR"), SMCSR is required to ensure meeting seismic compliance to state seismic safety standards. Retrofitting the Chanate buildings to meet state standards is not feasible. In 2004 the County approved a business plan that included a 118 bed hospital at the Wells Fargo site, subject to any required land use approval or consideration of the environmental impact of the proposed project. Since that time, SMCSR has experienced a 49% decrease in patient volume from 2002 to 2008. SMCSR is currently planning a new 70 bed hospital that is sized appropriately to match SMCSR patient usage levels. The new SMCSR hospital will be a modern general acute care hospital that replaces the old Chanate hospital for state seismic compliance. The new hospital will meet all the requirements of the HCAA and incorporate a number of features that increase efficiency and flexibility of hospital operations. SMCSR is simply moving current services under the HCAA from the old Chanate buildings to a new, modern hospital on the Wells Fargo site.

**2. What is the vision and timing for the Wells Fargo site?**

SMCSR's vision for the Wells Fargo site creates a larger medical campus providing integrated medical services including physicians' offices, specialty physicians, lab, imaging and hospital services. The new SMCSR will anchor the medical campus which will include a privately financed and owned medical office building and the Physicians Medical Center that will provide acute care services as well as cardiology, surgical and other services. The Physicians Medical Center is planned to be a partnership among qualified local physicians, SMFNB and Sutter Health. The Physicians Medical Center anticipates providing an invasive cardiology program and a high level of surgical and imaging specialty services which requires significant investment of capital. It is anticipated that the new SMCSR, Physicians Medical Center and Medical Office Building will all be completed near the same time in 2013.

**3. Is it definite that the Physicians Medical Center will be built?**

No. Development of the Physicians Medical Center will occur if enough physicians in Sonoma County want to invest. The Physicians Medical Center is not part of the HCAA and is provided for informational purposes only to show what is envisioned as a vibrant, coordinated medical campus.

**4. What will be the license type for the new hospital's Emergency Department and when will it be open?**

The new hospital will continue to be licensed as a Basic Emergency Department as it is today and will have physicians on-site 24 hours per day.

**5. Will SMCSR continue to participate in government programs such as Medi-Cal and Medicare?**

Yes. SMCSR will continue to participate in government programs.

**6. What environmentally friendly or “green” building designs have been incorporated into the new hospital design?**

The design of the new SMCSR employs significant “Green” and sustainable design and construction practices. The following “Green” building practices are anticipated to be implemented on the new SMCSR at Wells Fargo:

**A. Reducing Auto Emissions**

The new SMCSR provides for reducing auto emissions through a complete Transportation Management Plan including bike storage, lockers and showers for staff who bike or walk to work, preferred parking for car pools, electric vehicles, and free-of-cost electric charging stations.

**B. Green Space**

The new SMCSR maximizes green space and landscaped areas, shades parking and minimizes hard surface areas to reduce heat island effect. We intend to plant native, drought resistant, water conservative plants, and utilize smart irrigation controllers and low flow emitting irrigation devices. Special “green” landscaped elements called Bioswales will remove the oil and gas drippings from parking lot water runoff by carrying it through a maze of grasses and plants. The Bioswales trap the pollution and prevent hydrocarbon contamination of our local storm water stream (which eventually ends up in our rivers and oceans). The use of treated waste water to irrigate landscaping will be investigated with the County.

**C. Energy Efficient Hospital Design**

The new SMCSR is designed to be highly energy efficient and includes site placement to reference sun tracking patterns and seasons, low heat island roofing, energy efficient plant equipment (boilers, chillers, generators), fully controlled lighting and thermal comfort systems, thermally efficient building skin and glazing materials, interior day lighting to reduce energy demand, fluorescent and LED lighting, and site lighting designed to avoid light pollution.

**D. Construction Process and Selection of Materials**

SMCSR will implement a complete construction waste management and recycling plan for all construction components of the new hospital. SMCSR will utilize materials with high feasible recycled content and low or no emitting materials such as adhesives, sealants, paints, coatings, carpet and flooring systems. SMCSR intends to purchase materials from sustainable processes. In addition, SMCSR plans to use the most water efficient toilets, urinals and fully automated faucets throughout the new hospital.

**7. Will the new SMCSR hospital be built on the community separator (aka the “green belt”)?**

No. SMCSR is not building in the community separator. The vineyard property to the south of the Wells Fargo property is in the community separator and will not be built on/developed and will be used for agriculture permanently. All development on the SMCSR and Wells Fargo lots are consistent with the General Plan and zoning designations.

**8. Will the new SMCSR hospital have a heli-stop?**

Yes. A new heli-stop is planned for on the Wells Fargo site.

The FAA’s advisor circular on Heliport Design (AC 150/5390-2B) provides definitions of heliport and helistop as follows:

- Heliport: The area of land, water or a structure used or intended to be used for the landing and takeoff of helicopters, together with appurtenant buildings and facilities.
- Helistop: A minimally developed helicopter facility for boarding and discharging passengers or cargo. The heliport/helistop relationship is comparable to a bus terminal-bus stop relationship with respect to the extent of services provided or expected.

“Helistop” is as much a functional term as one describing a physical facility. As the definition above indicates, a helistop does not have buildings, fueling capabilities, and other components. Rather, it is where helicopters land, remain briefly, then depart. Most hospital heliports can be considered to be helistops.

**9. Will the hospital have private rooms?**

Yes. All adult patient rooms will be private.

**10. When will the new SMCSR be completed?**

We anticipate completion of the hospital in 2013.

**11. Will the new SMCSR be accessible by public transportation?**

SMCSR will work with County Transit and the City of Santa Rosa to evaluate additional bus service needed to increase access to the Wells Fargo site.

**12. Why are too many hospital beds in a community a bad idea?**

Empty hospital beds and low patient volumes are two big factors crippling the financial sustainability of Sonoma County's hospitals. Hospitals need to operate at a high level of occupancy close to 65 to 80%, depending on the service, in order to pay for necessary fixed costs such as staffing and medical supplies. These fixed costs are required to be in place well before a patient arrives at a hospital and must be carried so that a hospital stands ready for patients. If occupancy rates are low, these costs are still incurred.

If a community has many hospitals with low occupancy rates and empty beds—as is the case here in Sonoma County—then the community has many hospitals in an unhealthy and unsustainable financial position which is not affordable for any community. Currently, five of the seven hospitals in Sonoma County have occupancy levels below 56% which is well below state and national averages and several with occupancy levels below 45%.

**13. Since the new hospital is smaller than the current hospital, will SMCSR be discontinuing services?**

SMCSR is simply moving the services currently provided under the HCAA and moving these services to the new hospital. Other SMCSR services provided at the Chanate Campus not required by the HCAA will continue to be provided if sufficient physician coverage is available. SMCSR does not anticipate eliminating services except for Invasive Cardiac services however it is anticipated that Invasive Cardiac services will be provided at the Physicians Medical Center.

**14. How will a smaller SMCSR hospital impact other hospitals in Sonoma County?**

What is occurring in healthcare in Sonoma County is a trend of a rising population of uninsured, indigent and Medi-Cal patients—patients that do not cover the full cost of providing care—and a decreasing population of commercially insured patients—who do cover the full cost of providing care. The other six hospitals in Sonoma County coexist with SMCSR today at the same patient usage level that is being planned at the new hospital (less the cardiac surgical program). SMCSR's Chanate hospital is a 135 bed facility that is operating at a 51% occupancy rate. Thus, the impacts on other hospitals in the marketplace are expected to be similar to the new SMCSR.

**15. Can hospitals choose to provide care for only insured patients and exclude uninsured and indigent patients?**

Hospitals admit patients based on acuity level as seen in the Emergency Department or by the admitting physician regardless of the patient's ability to pay. Patients choose the hospital Emergency Department they want to use and physicians choose the hospital to which they admit patients.

**16. Does the County pay SMCSR for providing services to the uninsured, indigent or Medi-Cal patients under the HCAA?**

No, this is not true. SMCSR receives no funding from the County for these services. The Press Democrat erroneously reported previously that SMCSR receives \$15 million per year from the County of Sonoma as part of the HCAA.

**17. How will SMCSR handle a bad flu year if the new hospital is full and new patients need care?**

The same procedure followed today will be followed at the new hospital. Elective procedures will be canceled and SMCSR's attention will be focused on the emergency at hand. SMCSR will work with other area hospitals to care for patients in the County. Availability of beds, physicians, staffing, and equipment are all resources that community hospitals shift as needed to care for patients today. As of 2006, five of the seven hospitals operated below 56% capacity and several below 45% capacity. Additionally, Kaiser and Memorial recently completed expansions adding close to 120 additional beds in Sonoma County. There is a surplus of empty hospital beds in Sonoma County.

The most effective way SMCSR and other hospitals plan for avoiding high numbers of flu patients is a preventative approach through supporting and promoting flu vaccinations. SMCSR and Sutter Medical Foundation North Bay work collaboratively with the Sonoma County Flu Task Force to provide Influenza vaccines to the high risk populations. Their outreach and various locations for clinics ensure flu vaccine access to people with no medical insurance or who have difficulty with access to healthcare. SMCSR nurses volunteered their time to provide vaccines to over 1,400 people in 2008

**18. Will nursing staffing levels decrease in the new SMCSR hospital?**

Staffing levels will continue to be matched to patient usage and state required staffing ratios.

**19. Will the new SMCSR and Physicians Medical Center provide services to the entire community?**

Yes, both hospitals will provide services to the entire community. Both hospitals would accept uninsured patients, Medicare, Medi-Cal as well as privately insured patients. Both hospitals will be licensed as general acute care hospitals and have the core services required for a general acute care hospital with 24 hour inpatient care including medical, nursing, surgical, anesthesia, laboratory, radiology and pharmacy. Patients will receive quality care at both SMCSR and the Physicians Medical Center. These hospitals are designed to compliment services and better utilize resources to promote the best quality of care for all patients. The focus of the Physicians Medical Center will be on cardiac surgery and specialty surgical procedures.

**20. Do hospitals control admissions?**

As is the case today, physicians and patients decide which hospital to use and we expect those decisions to continue to be made based upon the needs of the patients.

**21. Where can I find more information about SMCSR's new hospital?**

More information can be found on SMCSR's website; [www.suttersantarosa.org/newhospital](http://www.suttersantarosa.org/newhospital).