

Special Board Meeting Minutes June 22, 2016 6:00pm

1. Call to Order: Brian called the meeting to order at 6pm

2. Attendees: Richard Bergling (CEO), Barbara Anderson (CFO), Mike Horton, Steve Brillhart, Brian Mitchell, Eric Witcher, Carla Blackmore, Scott Strom, 360 Energy Engineers, Aaron, by phone with 360 Energy Engineers, Ed Anderson, by webcam, Veronica Fuentes (minutes)

3. Approve the Agenda: Mike made the motion to approve the agenda. Steve seconded. Motion passed.

4. Scott Strom, 360 Energy Engineers: Scott handed out a notebook for the phase one design development. Scott had everyone turn to page 3 of the book and began going over the details of the scaled back phase one project as part of the overall HVAC system replacement master plan for the hospital.

The guiding principles include:

- a) Eliminate the risk of failing HVAC equipment and infrastructure.
- b) Resolve comfort problems that are prevalent throughout many areas of the facility.
- c) Improve the health and overall indoor environment quality for the hospital, employees, patients, and visitors.
- d) Solve significant operational issues with the antiquated systems that control temperature, humidity, and ventilation across the facility.
- e) Implement controls and other measures that significantly improve the ease of operation for maintenance staff on dynamic systems throughout the hospital.
- f) Reduce overall utility expenditures and improve efficiencies.
- g) Decrease maintenance and repair expenditures on aging and failing equipment and systems which continue to increase each year.
- h) Establish a "road map" of needs and priorities to become proactive in planning and systematically addressing facility needs, as to not be put in a reactive position in the future.

The primary goal of the meeting is to agree on the long term strategy for the HVAC system replacement master plan and to present more defined information to gain important feedback and direction from the hospital on the scope of work and budget the hospital would like to pursue for the project. The cooling towers are the largest concern. The chiller unit is 18 years old and failing.

By going with the fluid cooler, it would give us more flexibility to make other changes in the future. There is less maintenance with fluid cooler. Mike asked how often we would have to treat the water. Aaron stated that the water would have to be tested, but possibly once every 6 months or once every 12 months. It would depend on the PH, corrosion inhibitor, and other elements.

For the failing heat exchanger, the recommendation is a new high efficiency boiler plant that would align with the overall HVAC system replacement master plan. As an alternative, the failing steam heat exchanger could be replaced in order to eliminate the increasing risk of the failing heat exchanger to maintain heating functionality for the near future. The existing heat exchanger would be cut out and the nearby valves and steam traps would be replaced as well. The existing steam boilers are 35 years old and are beyond their expected useful life of 30 years. Some of the problems are:

- a) One boiler no longer holds water, and is essentially no longer functional, so there are only two operational boilers out of three.
- b) The boiler manufacturer is no longer in business, and there are no available replacement parts. Any repairs that are done require custom parts or short term work arounds that are not permanent solutions.

c) The heat exchanger that converts steam to hot water is leaking, which causes the chemicals in both the steam and water sides to be depleted. The lack of chemical treatment in these loops will cause the piping to deteriorate and spring leaks. Some of the piping is more than 60 years old in many locations.

d) Since one steam heat exchanger has already failed, it is possible that the second one could be close behind. The areas served by the failing heat exchanger are from the nurse's station, the isolation rooms, waiting room, CNO's office area, the classroom, part of medical records, and the north wing. In reality, the heat exchanger needs to be replaced by winter.

Mike asked if the system would be big enough for the future. Scott stated "yes".

Brian stated that if we were to go with an air cooled chiller, that we would not have any flexibility to VRF in the future. Scott stated that it would be more cost effective to do both heating and cooling at the same time. We would do heating first, then the cooling. Brian asked how often we use the isolation rooms. It was stated not very often but we have to have them. Ed stated that if we were to have a TB patient come in, they would have to be put in one of those rooms. There was much discussion about the isolation rooms and the north wing, and the emergency exits. Brian stated that we need to get a game plan to reduce storage and decide what areas we don't need. We have a good idea on the cooling tower, but we need more discussion for the heating. We will get more direction on re-purposing some of the hospital areas. Scott will look into other options and get back to Richard. Scott left at 7:15pm

5. Other: Veronica showed the board the progress of the new website for the hospital. We need to get the pictures put in along with some information and we should be complete.

6. Executive Session: The board went into executive session at 7:20pm for personnel discussion with Barbara Anderson present. They came out of executive session at 8:35pm. We will extend Dr. Durano's contract for 6 months. The next meeting scheduled for June 28th will be cancelled so the next meeting will be July 5th at 6:30pm.

7. Adjournment: The meeting adjourned at 8:40pm.



Steve Brillhart, Secretary

7-5-16

Date