

**Rural Health Science Institute  
Building Committee Meeting  
September 18, 2008 1:00 p.m. – 2:00 p.m.  
DLC 4**

**Present:** Weed Campus: Tim Bollman, Mike Midkiff, Renata Funke, Catey Olivolo, Tricia Bravo, Bethany McWilliams, Nancy Shepard, Barry Russell. Phone-In: Sean Raymond, Laerdal; Karen Copsey, Wesley King, NMR Design; Ronny Kagstrom, KMM Services, Dan Prideaux, Parsons.

A weekly meeting will be held at the same time in the same place. Sean and Ronny have not had time to discuss the AV set up. Ronnie had hoped to meet with Sean in person on Monday but the meeting didn't come together. They will coordinate to have input by next Thursday's meeting. The RHSI AV bid has been separated from the ESTC bid in order to allow time for review and clarification of needs. Sean will try to keep his Thursdays at 1:00 p.m. available in order to contribute to discussions.

**VI. Topics of Discussion:**

- 1. AV and Sim Lab Equipment/Design**—Gerri shared feedback from the trip to UC Davis. She made a list of discussion points she will email to Betsy Bencken, clinical instructor and Director of Operations at the UC Davis Center for Virtual Care. Betsy will return the list with her comments and rationale. Davis currently has two cameras in their sim lab and intend to go to four in the new lab. They use portable cameras on tripods when necessary. Dan recommended starting with two cameras in order to meet budget concerns with accommodations to move up to four in the future. The AVS system can accommodate up to four camera angles. Sean recommended, if we are going with only two cameras, to put one at the foot of the bed and one directly overhead on the five or six foot level on the wall, depending on the height of the headwall. A coaxial cable can be used for the portable camera. A coaxial junction point can be installed in the ceiling above the bed which can be used for the tripod or future fixed cameras.

Davis currently uses one-way AV and video. This isn't working out well, so they are planning on going to two-way in the new lab. They also have the option of recording on VHS or DVD and are planning on doing telemedicine in the new facility. Davis put the vital statistic graphic over the camera view of what is going on in the room. Sean has seen other options in different labs and will send us this information.

The group discussed the benefits of a flat panel screen versus a projection screen. Flat screens are better in small rooms, and projectors are better in large rooms.

The group will decide whether to put a flat panel or projection screen in the sim lab by next week. Gerri will check with Betsy and see what she recommends.

UC Davis uses air, vacuum, and oxygen in the walls. Davis has a raised floor in their sim room. The raised floor allows cables to be run through the floor. Some simulators, such as METI, have 25 foot cord lengths and don't work in rooms without raised floors. A port can be put in the headwall and run to the control room to eliminate the need for a raised floor in our sim lab.

Betsy gave Gerri a website with helpful information about simulation labs: [www.SSIH.org](http://www.SSIH.org). Sean will share more links with the group.

Air pressure is piped up into the headwall. Dan and Tim have come up with a solution for the vacuum problem. A vacuum source can be piped through the ceiling and down to the headwall. This vacuum will not actually be medical grade and any fluids will need to be intercepted before entering the system. We have canisters to pick up fluid before it goes into the wall. Sean will send a picture with suggestions for infrastructure to Tim.

Sean will also send a list of cameras he's seen in different labs to the group. Hi-definition cameras aren't necessary. The cost of the cameras will determine the number we can buy. Sean and Ronny will identify our options. Nancy showed the group a camera option costing \$2,000. Pan-tilt-zoom cameras are often more expensive. Gerri's list and Sean's information will be sent to Ronny a day or two after the meeting.

There are limitations on line-of-site Bluetooth from the dedicated laptops to the manikins—Mike Midkiff clarified Bluetooth isn't used for the simulators.

## 2. **Next Meeting**—Thursday, September 25, 1:00 p.m. DLC 4

- Support: a lab tech person is needed to run simulations and maintain simulation equipment. This person should have some medical terminology familiarity and computer knowledge. This position should start in early August of 2009 in order to get an in-depth look at the AV systems and prepare for the start of the semester.
- Plan big: in spite of budget limitations, it is important to plan big in the development of the RHSI in order to ensure it is still a state-of-the-art facility at the time of completion, and to make sure it will keep up with changing technology in the future. While planning big, it is also important to consider budget limitations and make sure if anything needs to be eliminated, it isn't something important to the functionality of the building.
- AV Communication: We don't need technical details, but we do need to know room layouts, screen sizes, and decisions that affect functionality.
- Barry emphasized the importance of making sure technical knowledge is present to support technology in the building.