

**Rural Health Science Institute  
Building Committee Meeting  
September 25, 2008 1:00 p.m. – 2:00 p.m.  
DLC 4**

**Present:** Weed Campus: Tim Bollmann, Parsons; Mike Midkiff, Mark Healy, Catey Olivolo, Gerri Fedora, Bethany McWilliams, Barry Russell, Steve Crow, COS. Phone-In: Sean Raymond, Laerdal; Ronny Kagstrom, KMM Services; Gene Massarini, GME; Dan Prideaux, Parsons.

**VI. Topics of Discussion:**

1. **Building Construction Update**—Currently installing wood base to walls. Wood is in the process of coming this week and next. Changes are happening rapidly. The remainder of the slab and foundation will be poured tomorrow. A walk-through will be scheduled for the committee soon.
  
2. **AV and Sim Lab Equipment Update**—Ronny sent out a drawing to some members of the committee. He will update his email list and send information to the entire committee in the future. He had a couple of meetings over the week with Sean and they have reached an understanding of the needs of the system and what changes need to be made. There will be a large impact on the wiring needs; we can now move forward with this.

Rooms 128 and 131 are now going to be considered advanced or high-fidelity simulations rooms. Ronny's drawing shows in general terms the added infrastructure of new boxes and placements. Per Sean's guidance, a patient monitor will be mounted on the wall to one side of the bed that will present the medical instrumentation output on that screen. Two more cameras for a total of three in these two rooms will be added with a possibility of a fourth, based on price and budget considerations. A pan-tilt-zoom will be at the foot of each bed, a ceiling camera will be above the bed, and a third on the wall above the head. A provision for a fourth camera positioned in a corner to get a wide overview shot of the room is included. Steve attempted to gain clarification of the budget implications of these changes. The infrastructure will be put in place to fit the system and will be modified based on budget. The raised floor, entailing more expense, isn't necessary. Missing infrastructure for functional simulations is being identified. The computers by the bedsides have been moved to the control room based on Sean's recommendation and his knowledge of the end users and other facilities. This change doesn't alter the need for personnel. The person in the control room can observe the entire simulation via the cameras without disrupting the scenario.

Larry asked if the equipment we buy will be limited by the location of the conduits. There are physical restraints on METI products due to cord lengths and infrastructure needed to support the simulators. Laerdal equipment doesn't have these restraints, and some of their products are now wireless.

Gerri asked Sean for advice on the most desirable placement of the link box; it takes up too much space for a bedside table. It can be placed under/behind the bed, or in a bedside cabinet. On the drawing now, it is placed in the bedside table between the bed and the wall.

The redesign of the AV system for the sim lab is extensive and carries a cost impact. Gene doesn't know yet what this cost will be. It will take about two weeks to work out new specs

and determine the overall impact. Our original purpose was to be thorough; scale-backs will need to be made based on budget.

The cameras above each of the four beds in room 146 are pan-tilt-zoom cameras. AV capability from the systems in the hospital ward can be shared with the sim lab, including recording and video streaming. The audio and video from any room and any source in the building can be used for distance learning.

The AV rack in the hospital ward has been moved into the corner of room 132, the storage room. A touch panel control will be mounted on the wall in the hallway, right above the rack location. The access is still from within the ward. The control panel can be password protected for security or not based on instructor preference.

3. **Sim Lab Decision for TV vs. Projector**—Sean recommended a projector based on his experience. A 50 or 60 inch flat screen works if it is viewed from five feet away; the tables in the room are about 12 feet away and it would be too difficult to view a flat screen from that distance. The projector screen gives students a much better visual and the costs are equivalent or possibly in our favor. The projector screen will be fully mechanical. Gene and Ronny will make sure details such as this will not be overlooked by the contractor. A projector for the sim lab and flat screen in the hospital ward was the group consensus.
4. **Vacuum System**—Port locations for the vacuum need to be determined. Standard headwall configurations will be used. There is a wide range of costs associated with a headwall. The level of realism affects the infrastructure of the headwall. The group can view draft designs as they come out and finalize these layouts.

Controls need to be included for adjustable lighting to create appropriate environments and to make sure the instructor isn't visible through the mirror in the control room. Temperature balance in the control room is also a factor. The control room needs to have different controls than everything else due to all of the equipment involved. Different zones need to be included for each area based on use. During a normal simulation, the maximum number of people is four or five. Room 146 can accommodate many more. Larry will talk to Nancy about temperature controls needed for the podiums. The building does not have radiant floors.

5. **Furniture Review with RN and LVN Students**—Room layouts and furniture options have been shown to the RN class and will be shown to the VN class on Friday to get feedback about colors and to accurately project student needs. Students are considering the options and will get feedback by October 2. The bid is being combined with the ESTC project in order to get a discount. The architect should have color panels ready by next meeting.
6. **Phone System**—Locations in each room and the number of phones needed must be determined. This discussion will be held with Mike Midkiff. A phone outlet is currently planned to be 42 inches from each door. Rooms 131 and 128 need wall-mounted phones by the doors for the end users in each simulation room to communicate with the control room during simulations for scenarios just as a nurse in a hospital might talk to a doctor or call in a respiratory team.
7. **Next Meeting**—October 3, 1:00-2:00 DLC 4. Sean may not be able to attend.