

T Balman

Rural Health Sciences Institute Meeting Notes
January 24, 2008 – 3:00PM
McCloud Hall 1

Present: Gerri Fedora, Jeff Cummings, Barry Russell, Dan Prideaux, Jim Hatton, Larry Glenn, Mike Midkiff, Nancy Shepard, Renata Funke, Lori Cleveland, Bethany McWilliams, Tricia Bravo,

The RHSI building will open in May 2009. At this point in the process Parsons needs specific needs and ideas from instructors/staff for the building (electrical, technology, etc.).

Dan discussed the drawing room by room and provided input on changes from the previous drawing. The RN and general purpose classrooms will be smart classrooms. The RN classroom will also have the ability to receive AV input from the sims room. There will be a moveable wall between the RN and the LVN classroom.

A technology consultant will be on campus on Friday, Feb 1, to discuss tech needs for the RHSI building. The meeting will take place in the Board Room. The first meeting will be a discussion of the building as a whole, but there will probably be individual meetings for each room of the building.

Furniture for the building needs to be ordered many weeks prior to the opening of the building. Also a moving schedule needs to be set up for moving existing equipment to the new building.

This committee will meet again on 2/5 at 3pm. If you are not able to attend the next meeting and have a question or concern, e-mail them to Dan Prideaux or ask someone else to ask the question for you. We will try to get Karen Copsy, the architect, here for the next meeting.

RURAL HEALTH SCIENCE INSTITUTE (RHSI)

BID OPENING 2:00PM FEBRUARY 26, 2008

Bid Results Ranking

2

1

7

REQUIRED DOCUMENTS (SEC 00 43 93):

	AULABAUGH CONST.	BEEBE CORP	CONVERSE CONST.	HUTCHENS PAVING	RANDY HILL CONST.	STIMPEL WIEBELHAUS
BID PROPOSAL FORM	X	X	X	X	X	X
BID FORM SIGNED	X	X	X	X	X	X
BIDDERS QUESTIONNAIRE	X	X	X	X	X	X
NON-COLLUSION AFFIDAVIT	X	X	X	X	X	X
CERTIFICATE OF WORKERS COMPENSATION	X	X	X	X	X	X
PERFORMANCE BOND	X	X	X	X	X	X
BID BOND	X	X	X	X	X	X
PAYMENT BOND	X	X	X	X	X	X
SITE VISIT CERTIFICATION FORM	X	X	X	X	X	X
ADDENDUM'S: #1 - February 11, 2008	X	X	X	X	X	X
#2 - February 12, 2008	X	X	X	X	X	X
#3 - February 19, 2008	X	X	X	X	X	X
#4 - February 25, 2008	X	X	X	X	X	X
BASE BID \$	\$1,017,249	\$1,801,818	\$1,162,913	\$1,270,000	\$828,000	\$1,274,274
TOTAL SUM BASE BID	\$1,017,249	\$1,801,818	\$1,162,913	\$1,270,000	\$828,000	\$1,274,274

Bid Results Ranking

3

4

REQUIRED DOCUMENTS (SEC 00 43 93):

	SUNRISE EXCAV.	TIMBERWORKS
BID PROPOSAL FORM	X	X
BID FORM SIGNED	X	X
BIDDERS QUESTIONNAIRE	X	X
NON-COLLUSION AFFIDAVIT	X	X
CERTIFICATE OF WORKERS COMPENSATION	X	X
PERFORMANCE BOND	X	X
BID BOND	X	X
PAYMENT BOND	X	X
SITE VISIT CERTIFICATION FORM	X	X
ADDENDUM'S: #1 - February 11, 2008	X	X
#2 - February 12, 2008	X	X
#3 - February 19, 2008	X	X
#4 - February 25, 2008	X	X
BASE BID \$	\$1,040,000	\$1,043,636
TOTAL SUM BASE BID	\$1,040,000	\$1,043,636
	\$0	\$0
	\$0	\$0

COLLEGE OF THE SISKIYOU
RURAL HEALTH SCIENCES INSTITUTE

AUDIO VISUAL PROJECT REVIEW
DLC 4

February 13, 2008

- I. Meeting: February 13, 2008 at 4:00pm – 5:00p.m.
- II. Meeting Place: College of the Siskiyous
DLC 4
- III. Meeting Purpose: Audio & Visual Components of New RHSI Building
- IV. Introductions: Meeting Attendees
- V. Topics of Discussion:
- Functionality of Rooms
 - Video Conferencing Capability:
 - Send
 - Receive
 - Record
 - Simulation Lab Capabilities (RM 131)
 - Classroom Capabilities (Standard, Smart, Video):
 - RN Classroom (Rm 127)
 - LVN/CNA Classroom (Rm 126)
 - Classroom (Rm 122)
 - Video Conferencing Capabilities:
 - Small Video Conferencing (Rm 134)
 - Large DL Conferencing (Rm 121)
 - Hospital Ward Capabilities
 - Group Study
- VI. Unidentified Technology Needs:
- VII. Next Meeting Time/Location:
- VIII. Questions:
- VIII. Meeting Adjourned

Rural Health Science Institute
Audio Visual Project Review Notes
February 13, 2008 – 4:00 PM
DLC 4

Present: Gerri Fedora, Nancy Shepard, Tricia Bravo, Bethany McWilliams, Mark Healy, Mike Midkiff, and Steve Crow, COS; Ronny Kagstrom, KMM Services; Gene Masserini, GME; Tim Bollmann and Dan Prideaux, Parsons 3DI; Karen Copsey, NMR Design.

The purpose of the meeting was to discuss the audio and visual components of the new RHSI building and the hospital and audio visual experience of the consultants.

Introductions: Tim introduced the consultants and the other meeting attendees. Ronny and Gene gave a brief overview of their backgrounds.

Gene works in AV systems design. His experience includes work with the UC Davis med center and the redesign of their conference rooms, and the design of a fire training simulation system for the city of Roseville. In that system simulated manikins tie into computers which record data from simulations. He also worked with Annie's for EMTs.

Ronny specializes in conduit infrastructure and data for schools, universities, and public institutions.

Discussion:

- Functionality of Rooms—this needs to be the priority of the process. Needs should be identified early.
- Video Conferencing Capabilities—we need to identify degrees of sending and receiving capability needed. A MCU bridge can be used to capture and record streams. The ability to record is needed so students participating in simulation training can review their session afterward. This won't be difficult to set up. Recording videoconferencing will be more difficult. Any signal passing through the MCU can be recorded as a stream. Control of this process will be in the hands of one person. Videoconferences will be held one at a time for special purposes.

A user interface will be set up to present pages that allow the instructor to record. A presenter initiated record process will be included. This will be a programming issue, not a hardware issue. Classrooms will be designed as standard classrooms with the ability to record, even though this won't be the initial application for each room.

- ADA issues need to be addressed
- Adjustable lighting is needed to control glare. Glare can't be controlled unless there is an established light control system.

- Simulation Lab Capabilities—will rooms added for nursing need additional infrastructure?
 - The nursing staff listed the following needs: Camera and audio over each bed, a drop down projector screen, wireless connections, and a white board. This will allow simulations to be presented to the RN classroom on the projector screen.
 - Gene recommended using a flat panel in place of the projector screen. While a projector screen might initially be less expensive, a flat panel is a better solution for space and ease of maintenance. Eight people need to view the screen at once in the sim room.
 - Two simulations will be run at the same time in one room (mother and child), with another simulation immediately following.
 - Computers will be in the control room. There could be a simulation running in each room at a time, requiring two cameras, two computers, and two audio set ups. Both systems will need to be brought up for feeds.
 - A multi-window application will handle these feeds, showing up to four pictures at a time for two separate scenarios. Two will show the child's data and camera view and two will show the mother's data and camera view.
 - Sim room one will have a one-simulation capability. Sim room two will support two simulations for the mother and child.
 - The system will be sized with the ability to handle four concurrent simulations in the design, and as many as the budget will allow will be implemented.
 - Communication between control and bedside—the instructor provides audio to the patient from the control room. The manikins have audio capability, but they aren't currently set up for operation. The cost of adding components to "mic up" the manikins needs to be researched. Mike Midkiff is attending a Laerdal training on simulation, and will scope out the required equipment at the training.
 - Communication between the sim lab and the RN or other classrooms—the sim lab will need to send audio and visual to the RN classroom so the students can review scenarios.
- Classroom Capabilities—Are two pan tilt cameras with zoom capability enough? Cameras entail a considerable expense. The infrastructure will be put in to support more cameras, and the equipment can be added as needed.

- Design needs to be for functionality.
- Switches are needed to support infrastructure. Switches are expensive and come in units with 4, 8, 12, and 16 outputs. In choosing switches we need to look at the totality of the labs and classrooms. If six cameras are installed in the sim lab and two in the hospital ward, a 12 input switch could be installed to support the possibility of six cameras in the ward. If this takes place, there will be no more expansion capability. The price difference between two or twelve cameras in the ward ranges between 10-15 thousand dollars. The cameras cost about \$2,000 apiece.
- Position of cameras to beds is based on what the instructor needs to see. The instructor needs a good, close look at the head, a full head-to-toe assessment of the body, and side-to-side to look at the ventilator and sink.
- Control room for sim lab—will provide connectivity in the walls while retaining flexibility. No infrastructure is needed in the floor for the labs other than possibly data.
- The table in the middle of the hospital ward requires power and data.
- Every room will include a wireless access point, including the hallways connecting out to the offices.
- Podium—rack space on the return wing of the podium can be used for equipment. Nancy wants to reconsider the shape of the podium. Any change in shape will need to be submitted to the consultants as soon as possible.
- Floor boxes at the podiums need to be as large as possible. The consultants recommend running at a minimum 1 ½ inch and 2 inch conduit into each floor box.
- Route of conduit through slab—the wall between rooms 126 and 127 will have no conduit.
- Unidentified Technology Needs—this will be considered as a group, while keeping budget considerations in mind. Adequate power, wireless capability, and conduit will be budget priorities. Support will be put in now to handle future additions.

Jenni Fedora
0/19/08

5816

Tucua Bravo
PR

