

**ZA00E**  
**Miscellaneous Grant Programs**

***Johns Hopkins Medicine – Cardiovascular and Critical Care Tower (Baltimore City)***

---

**General Obligation Bonds**      \$2,500,000      **Recommendation:** Approve  
**Nonbudgeted**                      \$94,220,000

**Bill Text:** Provide a grant to the Board of Trustees of the Johns Hopkins Health System to prepare detailed plans, construct, and equip the Cardiovascular and Critical Care Tower on the Johns Hopkins East Baltimore Campus, subject to the requirement that the grantee provide an equal and matching fund for this purpose. Notwithstanding the provisions of Section 1(5) of this Act, the matching fund may consist of funds expended prior to the effective date of this Act.

**Program Description:** This project will construct a 962,709 gross square foot Cardiovascular and Critical Care Tower for adult patients on the Johns Hopkins East Baltimore campus. The total project cost is estimated at \$604.6 million. The State support for the project is programmed at \$50.0 million (8.3% of the total). The 2010 *Capital Improvement Program* provides another \$5.5 million of general obligation bond funding for the project in fiscal 2012 which would complete the State’s commitment to the project. Funding from Johns Hopkins Medicine includes a mix of cash from operations, debt, and fundraising which is reflected as nonbudgeted funds in the authorization summary. The project is part of a 10-year, \$1.2 billion master plan effort by Johns Hopkins for the East Baltimore campus.

***Prior Authorization and Capital Improvement Program***

---

**Authorization Uses**  
(\$ in Millions)

<i>Fund Uses</i>	<i>Prior Authorization</i>	<i>2011 Allowance</i>	<i>2012 Estimate</i>	<i>2013 Estimate</i>	<i>2014 Estimate</i>	<i>2015 Estimate</i>
Planning	\$49.041	\$3.720	\$0.930	\$0.000	\$0.000	\$0.000
Construction	377.058	74.400	24.800	0.000	0.000	0.000
Equipment	49.865	18.600	6.200	0.000	0.000	0.000
<b>Total</b>	<b>\$475.964</b>	<b>\$96.720</b>	<b>\$31.930</b>	<b>\$0.000</b>	<b>\$0.000</b>	<b>\$0.000</b>

For further information contact: Erin M. Dorrien

Phone: (410) 946-5530

**Authorization Sources  
(\$ in Millions)**

<i>Fund Sources</i>	<i>Prior Authorization</i>	<i>2011 Allowance</i>	<i>2012 Estimate</i>	<i>2013 Estimate</i>	<i>2014 Estimate</i>	<i>2015 Estimate</i>
GO Bond	\$42.000	\$2.500	\$5.500	\$0.000	\$0.000	\$0.000
Nonbudgeted	433.964	94.220	26.430	0.000	0.000	0.000
<b>Total</b>	<b>\$475.964</b>	<b>\$96.720</b>	<b>\$31.930</b>	<b>\$0.000</b>	<b>\$0.000</b>	<b>\$0.000</b>

***Project Analysis***

---

The new facility is planned to have 355 beds. Although this does not represent an increase over the existing number of beds, the new facility will provide a private room for each bed, and it will replace existing bed spaces that are not useable due to configuration problems. The facility also will have 20 operating rooms as well as a variety of procedure suites to support various hospital programs. These programs include the Adult Emergency Department, Acute Care Program, Critical Care Program, Obstetrics, Interventional and Surgical Services Program, Non-invasive Diagnostic and Treatment Program, and Non-invasive Imaging Program.

***Improvements Would Replace Outdated Facilities:*** Johns Hopkins reports that the existing cardiovascular and critical care functions are located in aging and obsolete buildings. The configuration of many spaces makes it difficult to maintain a sterile environment, and operating rooms are too small to accommodate needs for modern medical equipment and staff. Two operating rooms were closed for three years due to inadequate space; one of these rooms has reopened but only for minor procedures.

Furthermore, Johns Hopkins reports that electrical and plumbing systems are outdated; elevators often are out of service; and the heating, ventilation, and air conditioning system is inadequate. Waiting areas for patients and family members are insufficient, as are private interview spaces for medical staff to meet with patients and families.

The new facility will address these problems with a modern operating suite, decentralized nursing work stations, and spaces that provide better privacy for patients and families. Clinical, research, and education functions will be co-located to improve efficiency. Information technology upgrades will improve clinicians' access to patient records and patient-nurse communications.

***Recommended Actions***

---

Approve.