PROGRAM OF REQUIREMENTS

INDIAN HEALTH SERVICE
Portland Area Regional Specialty Referral Center Network
Northwest Region Demonstration Project
Fife, WA

Project No. PO4PO750C0

April 2024

PORTLAND AREA INDIAN HEALTH SERVICE
INDIAN HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

PROGRAM OF REQUIREMENTS
Northwest Regional Specialty Referral Center
Fife, WA

RECOMMEND APPROVAL:

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Northwest Regional Specialty Referral Center
Fife, WA

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LIST OF ABBREVIATIONS

ac	Acres
ADA	Americans with Disabilities Act
ADC	Average Daily Census
ADPL	Average Daily Patient Load
ADR	Automated Dispensing Robot
A/E	Architectural and/or Engineering
AED	Automated External Defibrillator
AGPR	Advanced General Practice Residency
AGR	Annual Growth Rate
AHJ	Authority Having Jurisdiction
AIA	American Institute of Architects
AI/AN	American Indian & Alaskan Native
A/P	Accounts Payable
APP	Advanced Practice Provider
ASA	Alcohol Substance Abuse
BGSF	Building Gross Square Feet
BH	Behavioral Health
BMD	Bone Mineral Density scan
CAC	Clinical Application Coordinator
CMA	Certified Medical Assistant
CMS	Centers for Medicare/Medicaid Services
CPOE	Computerized Physician Order Entry
CT	Computed Tomography
DGSF	Department Gross Square Feet
DI	Diagnostic Imaging
DNA	Deoxyribonucleic Acid
DO	Doctor of Osteopathic Medicine
EEG	Electroencephalogram
EHR	Electronic Health Record
EKG	Electrocardiogram
EMG	Electromyogram
ENT	Ear, Nose & Throat
EPA	Environmental Protection Agency
ESA	Extended Service Area
ESCRSA	Extended Specialty Care Service Area
EtO	Ethylene Oxide
FAS/FAE	Fetal Alcohol Syndrome/Fetal Alcohol Effect
FCC	Federal Communication Commission
FEDS	Facilities Engineering Deficiencies System
FGI	Facility Guidelines Institute
FLOURO	Fluoroscopy
ft^2	Square Feet
FTE	Full Time Equivalent
FY	Fiscal Year
gsf	Gross Square Feet
GEN	General
GSA	General Service Administration
GYN	Gynecology
HD	Hazardous Drugs
HIM	Health Information Management
HIPAA	Health Information Portability and Accountability Act
HSPD	Homeland Security Presidential Directives
HSP	Health Systems Planning
HQ	Headquarters
HVAC	Heating, Ventilation, and Air Conditioning
IHS	Indian Health Service
IPC1	Improving Patient Care
IT	Information Technology
LEED	Leadership in Energy and Environmental Design
LPN	Licensed Practical Nurse
m	Meter
MD	Medical Doctor
MFT	Market Forces Tool
mi.	Miles
MRI	Magnetic Resonance Imaging
MSA	Medical Support Assistant
NFPA	National Fire Protection Association

NP	Nurse Practitioner
NWRSRC	Northwest Regional Specialty Referral Center
OEHE	Office of Environmental Health & Engineering
OIG	Office of the Inspector General
OPV	Outpatient Visits
OR	Operating Room
ORTHO	Orthopedics
OSHA	Occupational Safety and Health Association
OT	Occupational Therapy
PACU	Post-Anesthesia Care Unit
PAFAC	Portland Area Facility Advisory Council
PBX	Private Branch Exchange
PCC	Patient Care Component
PD	Pre-Design
PHAMA	Patient Handling and Movement Assessment
PIV	Personal ID Cards
PJD	Program Justification Document
PM	Pain Management
POE	Point of Care Entry
PoE	Power Over Ethernet
POR	Program of Requirements
PSA	Primary Service Area
PSCRSA	Primary Specialty Care Regional Service Area
PT	Physical Therapy
PTO	Paid Time Off
QC	Quality Control
P/R	Payroll
RCIS	Referred Care Information System
RFI	Request for Information
RN	Registered Nurse
RPMS	Resource Patient Management System
RRM	Resource Requirements Methodology
SA	Service Area
SC	Specialty Care
SSER	Site Selection and Evaluation Report
sq ft	Square Feet
sq mi	Square Miles
UR	Utilization Review

PROGRAM OF REQUIREMENTS
Northwest Regional Specialty Referral Center
Fife, WA

I. INTRODUCTION

This Program of Requirements (POR) supports the Program Justification Document (PJD) for a new Regional Specialty Referral Center, a new model of healthcare delivery making specialty care more accessible to AI/ANs across the Portland IHS Area, to be located in Fife, Washington. It is the first in a planned network of three RSRC's expanding access to specialty care in the Portland Area and will demonstrate the feasibility and cost effectiveness of providing direct specialty care services.

The proposed NW RSRC will serve approximately 75,593 projected regional users to provide specialty care for the AI/ANs living in the northwest portion of Washington, including the Olympic Peninsula and Puget Sound. It will also provide specialty care to the most vulnerable populations from the other two defined regional service areas (future RSRCs near Portland, Oregon and Spokane, Washington). The proposed NW RSRC will be located on a 5.6-acre site and the new facility will be constructed on tribal land leased from the Puyallup Tribe of Tacoma, Washington, and has been recommended in cooperation with the Portland Area Facility Advisory Committee (PAFAC). This regional specialty referral center is supported by eighteen years of planning, starting with the 2005 Portland Area Health Services Master Plan, continuing with the *Study to Develop Options for Access, Specialty Diagnostic Treatment and Ambulatory Surgery Services for Geographically Dispersed Populations* (2009), the update of that same report in 2016, and the current update this year (2023).

This POR provides the Design Notes for all departments including concepts of operation, space summaries, related supplemental design criteria, performance requirements as well as disposition of existing buildings. The web-based version of the IHS Health Systems Planning (HSP) software was used in determining space planning requirements for the year 2037.

The proposed NW RSRC will consist of 186,659 BGSF and be a modern, technologically advanced facility with enough space and staff to provide an expanded level of specialty health care services specifically designed to meet the secondary health care needs of the American Indian & Alaskan Native in the NW RSRC Regional Service Area. This will improve access to medical care as well as the collaboration and partnership between the Portland Area Tribes and the Indian Health Service.

Because this is a new facility there are no existing services to identify. **Table 1** identifies proposed services planned in the new facility.

Table 1: New Services Planned

SERVICES PROPOSED IN NEW FACILITY
Specialty Care*
Specialty Dental Care
Audiology
Laboratory
Diagnostic Imaging
Specialty Referral Support Pharmacy
Rehab (PT, OT, Speech)
Pain Clinic
Surgery
Patient Registration and Care Coordination
Administration
Information Management
Business Office and Health Information Management
Security
Clinical Engineering
Facility Management
Central Sterile/Medical Supply
Housekeeping and Linen

* Proposed Services: Cardiology, Dermatology, Neurology, Nephrology, Gastroenterology, Pediatrics (General), Pediatrics (Genetic Dev), Rheumatology, Endocrinology, Allergy, Immunology, Pulmonary, Unspecified, Geriatrics, Infectious Disease, Addiction Medicine, Orthopedics, General Surgery, Ophthalmology, Otolaryngology, Urologist, Gynecology, Psychiatry, Psychiatry (Child Advocate).

II. PROJECT INFORMATION

A. Site:

This site is located at 3700 Pacific Highway East, in Fife, Washington on a 5.6-acre parcel occupied by the Puyallup Tribal Integrative Medicine building located, with 2.5 acres available for future development. The site is accessed from a traffic signal-controlled entrance from Pacific Highway East on the north side of the site. The land to the east is designated as a city park. It will be named Cappa Park and is presently in the planning stages. See pg. 29 and 43 of city plan: https://www.cityoffife.org/DocumentCenter/View/4745/Fife_PROS2022_vFinal-012622.

Interstate 5 is located along the southern boundary of the site; and the Tacoma Travelodge and Fife RV/Auto Center are located west of the site. The proposed RSRC and parking garage would occupy the northern portion of the site nearest Pacific Highway East. This area is flat and is currently used as a surface parking area. The parcel is zoned for Municipal use. This site would require construction of a multi-level building. There is not room for single story future expansion.

B. Project Schedule:

Table 2: Proposed Project Schedule

Design	12/27/2024 – 5/17/2026
Bidding	5/17/2026 – 11/17/2026
Construction	11/17/2026 – 11/17/2028
Activation	

C. Cost:

The following cost estimate for the proposed facility and proposed quarters are based on the above schedule and the IHS Cost Estimating System.

Table 3: Project Cost Estimate

Portion of Project	Design	Construction	Equipment	Total
NWRSRC	$19,546,300	$214,243,600	$61,503,700	$295,293,600
Project Total	$19,546,300	$214,243,600	$61,503,700	$295,293,600

D. Funding:

The Department of Health and Human Services will invest Nonrecurring Expense Fund (NEF) funds as part of the allocation to invest in facilities in the IHS. The estimated cost to plan, design, construct, and equip the new facility is $296M assuming the mid-point of construction occurs in 2027. In FY 2021, HHS allocated $164.7M from the Nonrecurring Expense Fund (NEF). There is a pending request for an additional $143.3M of NEF funds from the FY 2025 allocation. If

additional funds are not available, a scope reduction outlined in **TAB J** will be implemented. The scope reduction defines a feasible project that can completed within the $164.7M presently available. This would be accomplished by eliminating and/or reducing a portion of the identified services.

E. Evaluation of Existing Buildings:

Not Applicable – No existing buildings on the site will be utilized for this project.

III. DESIGN STAFFING & WORKLOAD SUMMARY

The staff requirements are based on project requirements, stakeholder input, recent similar experiences, and the application of the Resource Requirement Methodology (RRM Version 2007_04222011) where possible. The approved design staffing level is 465 FTE, consisting of 465 IHS FTE and 0.0 tribal FTE.

The table below indicates the envisioned 2037 design staff for which the building is sized. This reflects 100% of the RRM requirement. The actual number of new employees funded will usually reflect 85% of the Additional Required column, depending on the year of opening.

It will be important to consider the pay rates local VA hospitals provide to tother staff to be competitive and retain providers and staff.

Table 4: Summary of Authorized Staffing

DEPARTMENT	NUMBER OF DESIGN STAFF		
	CURRENT AUTHORIZED	ADDITIONAL REQUIRED	TOTAL RRM REQUIREMENT
STAFF (FTEs)			
Specialty Care	N/A	123.0	123.0
Surgery	N/A	40.9	40.9
Audiology	N/A	8.3	8.3
Rehabilitation (PT, OT, Speech)	N/A	8.0	8.0
Behavioral Health	N/A	3.6	3.6
Dental Specialty	N/A	40.4	40.4
Pain Management	N/A	12.0	12.0
Laboratory	N/A	15.2	15.2

A. Design Staffing

Table 5: Design Staffing

DEPARTMENT	NUMBER OF DESIGN STAFF		
	CURRENT AUTHORIZED	ADDITIONAL REQUIRED	TOTAL RRM REQUIREMENT
Pharmacy	N/A	8.0	8.0
Diagnostic Imaging	N/A	24.2	24.2
Telemedicine	N/A	3.0	3.0
Central Sterile/Medical Supply	N/A	5.0	5.0
Registration and Care Coordination	N/A	27.2	27.2
Administration	N/A	14.0	14.0
Financial Management	N/A	4.0	4.0
Quality Management	N/A	7.0	7.0
Business Office	N/A	20.9	20.9
Staff Health	N/A	1.0	1.0
Health Information Management	N/A	32.0	32.0
Information Technology	N/A	16.0	16.0
Housekeeping	N/A	18.6	18.6
Facility Maintenance	N/A	15.6	15.6
Clinical Engineering	N/A	3.9	3.9
Property & Supply	N/A	7.9	7.9

DEPARTMENT	NUMBER OF DESIGN STAFF		
	CURRENT AUTHORIZED	ADDITIONAL REQUIRED	TOTAL RRM REQUIREMENT
Security	N/A	5.0	5.0
TOTAL STAFF		464.7	464.7
OTHER TRIBAL STAFF			
Community Health Representatives			
Alcohol/Substance Abuse			
TOTAL OTHER TRIBAL STAFF		0.0	0.0
GRAND TOTAL DESIGN STAFFING		464.7	464.7

B. Workload Summary

The table below highlights key service lines and their current and projected workloads. The HSP was used to identify the total user population, and the populations shown are reduced by the MFT to reflect the estimate of how many Users will receive specialty care.

Table 6: Key Departmental Workloads

STATISTICAL CATEGORY	Actual FY 2019	Projected HSP FY 2037
Medical Specialty Care	N/A	51,565
Surgical Specialty Care	N/A	46,451
Outpatient Surgical Cases	N/A	4,591
Endoscopy Episodes	N/A	1,408

The projected data is determined using the regional market demand modeling, industry standard operational metrics, RRM calculations, and the HSP process.

IV. SPACE AND PARKING SUMMARY

The gross area for the proposed facility is summarized below.

Table 7: Building Summary

Service	Space GSF
Administration	**20,817.9**
Ambulatory	**48,760.6**
Ancillary	**46,724.7**
Additional	**0.0**
Facility Support	**22,580.3**
Preventative	**0.0**
Support Services	**0.0**
Department Gross Square Feet	**138,884**
Building Circulation & Envelope (.20)	**27,777**
Floor Gross Square Feet	**166,660**
Major Mechanical Space (.12)	**19,999**
Building Gross Square Feet	**186,659**

Based on the facility size and the factors identified below, the new facility will require a total of 737 parking spaces.

Table 8: Parking Summary

Staff Parking		Spaces
Total Daytime Staff	465	
20% reduction for carpooling (SSER criteria)	372	
25% reduction for PTO, Training, holidays, etc. (IHS criteria)	279	
Total Daytime Staff Parking		279
Visitor Parking		Spaces
Outpatient Visits	196,032	392
Dental Chairs	19	57
Government Vehicles		
Community Health Professional and Technical Staff		0
General Use Vehicles		8
Total Parking Spaces		**737**

V. SUPPLEMENTAL DESIGN CRITERIA & PERFORMANCE REQUIREMENTS

A. Design Criteria

The design criteria reflect the work of an advisory group established at a National level within the IHS Facilities Management program. Work group members reviewed previously written design criteria documents with the single purpose of developing and/or adopting existing health facility design criteria necessary to accommodate current health care procedures and to provide a desirable environment for patient care at a reasonable facility cost at all newly designed IHS health care facilities. Further, the intent is to utilize the most up-to-date accepted codes and standards of the health care facilities industry. The building will be built to be certified by U.S. Green Building Council and will follow Executive Order 14057. The LEED requirement will be Gold standard. Design innovations are encouraged.

The completed health care facility shall comply with health, safety and accreditation standards with no deficiencies as defined by the Centers for Medicare and Medicaid Services (CMS).

1. Introduction

The “latest edition” of the Indian Health Service (IHS), Architect/Engineer (A/E) Design Guide defines the minimum requirements for each submission in the production of Pre-Design (PD), Concepts, Schematic Design (SD), Design Development (DD), and Construction Documents (CD). This guide also provides information on the responsibilities of the design team, general design requirements, codes and standards, preparation of the construction documents, cost estimating requirements, submission requirements, bidding, and construction administration. The intent is to utilize the most up-to-date accepted codes and standards of the health care facilities industry. Design Innovation is encouraged.

2. Template Drawings

Pre-designed templates require verification of codes and regulations in effect and applicable to the project and may require modification to the template to achieve conformance with newer/more restrictive requirements. The templates were based on conformance with the following codes and standards, which were in effect at the time of template development:

- 1995 publications of the National Fire Protection Association (NFPA), particularly the 1993 NFPA 99 and 1994 NFPA 101
- 1992-93 edition of “Guidelines for Construction and Equipment of Hospital and Medical Facilities,” by the American Institute of Architects (AIA) Committee on Architecture for Health with assistance from the U.S. Department of Health and Human Services
- August 1994 Americans with Disabilities Act (ADA), “Accessibility Guidelines for Buildings and Facilities”.

3. Code Standards and Guidelines

The project shall conform to the latest published editions of the codes, standards, and guidelines as listed in the latest edition of IHS OEHE Division of Engineering Services Architect/Engineer Design Guide (AE Guide). An electronic version of the AE Guide may be downloaded from the DES website.

4. Supplementing Criteria:

The following standards or issuances will be used as guides in making decisions which deviate from or are not covered.

OSHA (radiology)
Health Facilities Advisory Committee Decisions
NOAA Climatological Data
GSAs Metric Design Guide
State and local codes and standards

5. HIPAA Compliance:

The Regional Specialty Referral Clinic shall be designed to provide all necessary physical security and patient privacy to comply with the Health Insurance Portability and Accountability Act.

B. PERFORMANCE REQUIREMENTS

1. Evidence Based Design (EBD):

The mission of IHS is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. To ensure that IHS facilities are designed and constructed to create healing environments, the design shall incorporate strategies and procedures demonstrated to achieve the best possible outcomes for patients. The designers shall investigate current credible research and literature on which to base design considerations intended to improve patient outcomes and staff effectiveness. The designers shall make recommendations to IHS staff based upon this investigation to collectively make informed decisions about the design.

2. Biophilic Design:

Biophilic design takes advantage of the inherent human affinity to connect with nature and natural systems. Research has demonstrated that providing opportunities for occupants to connect with nature within the built environment can reduce stress, improve cognitive function and creativity, improve well-being, and improve health outcomes for patients. Generally, biophilic design is divided into three categories: 1) Nature in the Space (providing visual, auditory, and tactile connections to nature, light, water, and air); 2) Natural Analogues (symbolic references to patterns, textures, and materials found in nature); and 3) Nature of the Space (designing spatial configurations to represent natural experiences such as unimpeded distance views and spaces offering refuge and privacy). The designers shall

investigate opportunities to implement biophilic design strategies taking into consideration local cultural and environmental influences, health care design standards, and project budget.

3. Safety Risk Assessment:

The FGI Guidelines requires an SRA to be developed with the purpose of supporting the goal to design and construct health care facilities to facilitate the safe delivery of health care. The SRA is to be initiated during the planning phase and will evolve with greater detail throughout the design, construction, and commissioning phases of the project. The SRA Team is interdisciplinary, with each member engaged to develop details according to their area of expertise. The SRA Team may be comprised of any combination of the following areas of expertise:

- Departmental Clinicians
- Facility Management Staff
- Performance and/or Quality Improvement Experts
- Safety Specialists
- Security Specialists
- Infection Preventionists
- Architects, Interior Designers, and/or Engineers
- Human Factors Specialists
- Other Appropriate Individuals

The SRA addresses the following components (a detailed explanation is found in the FGI Guidelines):

a. **Infection Control Risk (ICRA):** The ICRA addresses specific design elements (e.g., airborne infection isolation and protective environment rooms and special HVAC needs), and construction elements (e.g., disruption of essential services and location of hazards). Mitigation strategies of these risks are also included.
b. **Patient Handling and Movement (PHAMA):** The PHAMA addresses risks to patients and staff associated with the handling and movement of all patients, including patients of size, taking into consideration patient populations, types of high-risk patient handling, specific technologies to enable movement, and architectural factors that may impede mobility. Design considerations include structural, electrical, and mechanical systems, adequate space for handling, door opening, floor surfaces, and patient handling equipment.
c. **Fall Preventions:** This assessment addresses fall prevention design features such as grab bars and handrails.
d. **Medication Safety:** This assessment identifies Medication Safety Zones for the preparation and distribution of medicines.
e. **Behavioral and Mental Health Risk:** This assessment addresses locations where patients at risk of mental health injury are served, and take into consideration the privacy, dignity, and health of patients.

f. **Security Risk:** This assessment addresses risks from the environment, project space function, and the construction process.

4. Health Departments Relationships:

Space relationships are either described in the HSP narrative or diagramed for each of the departments. The facility will have a comprehensive health care delivery program including primary care nursing and ambulatory services, as well as community health services. The narratives or attached functional diagrams are intended to describe functional activities only and, therefore, do not necessarily indicate individual spaces nor do they attempt to show accurate scale. They may include departments, services, or activities that are not included in this facility.

5. Pharmacy System:

The Outpatient Pharmacy Unit will support all services in the facility. Drug dispensing will be provided on a pharmacy consultation basis with each patient meeting the pharmacist privately for instruction concerning the administration of medications.

The pharmacist will fill prescriptions from the patient's health record. Pre-packaged drug items for field health clinic operations will be prepared by the outpatient pharmacy. Orders from dental and pathology are small quantities which will not generate cart traffic. Bulk drugs will be delivered directly to the pharmacy. Robotic equipment will be utilized, and the designer will plan accordingly in the layout and support utilities to enhance the efficiency of the pharmacy department. Edit if in patient pharmacy is required.

6. Electronic Health Records:

The Indian Health Service is implementing an electronic health records system. The new facility shall be designed with Point of Care Entry/Computerized Physician Order Entry (POE/CPOE) equipment. This equipment shall be certified as UL2601/IEC60601 compliant and meet the electrical safety requirements for portable electric devices located within the patient care area and patient care vicinity in accordance with NPFA 99. Coordinate with the Service Unit during the design phase to update medical records to include an E.H.R. system.

7. Patient Call System:

A patient call system shall be included for calling patients from waiting areas to treatment areas and services. The outpatient department exam rooms and nurse’s workstation, pharmacy, laboratory, X-ray, and medical records need to call patients. This system can be part of the total facility paging system but must be capable of operating separately. An emergency call system for the Dental Care exam rooms is required.

A nurse call system shall be provided as required by applicable codes and requirements in all patient and treatment areas and restrooms. The designer shall obtain staff input to determine the notification stations.

8. Equipment:

The designer shall provide a generic equipment list, including any special requirements, for all equipment to be incorporated into this new facility.

The designer will work together with the Area Clinical Engineering department to determine the "best" equipment to meet the needs and provide a list of recommended equipment items for approval. The "best" is defined as the most economical, that will provide the longest use at minimal maintenance, and is supportable by the Area Clinical Engineering staff. The designer is to provide detailed procurement specifications for approved equipment items, and a recommendation how the items are to be procured and installed, either (1) contractor furnished and installed, (2) Government furnished and contractor installed, or (3) Government furnished and installed.

All equipment will be incorporated into the IHS approved CMMS system for the new facility. CMMS shall be a web-based application accessible from any computer that is connected to the internet. The designer shall consult with the Area IHS Facilities Engineering Program prior to provision of the CMMS system to ensure the CMMS system is tailored specifically to the needs of the area facilities program.

a) Elevator(s):

If the site conditions cause a need for a multistory structure for the health care facility, a minimum of two elevators are to be provided. These elevators are to be sized and equipped to transport passengers, medical patients on gurneys, and cargo between the building levels.

b) Communication Equipment:

Two-way radio communications will be installed at this facility in accordance with the current Federal Communications Commission (FCC) regulations.

c) Biomedical Equipment:

All contractor installed medical equipment shall be provided with three copies of service, maintenance, parts, and operation manuals; plus installed ("as built") drawings and schematics. In the layout design, adequate space shall be allowed for the installation of fixed equipment. The design shall include in the construction specifications a training schedule for biomedical personnel.

The A/E design contract shall include the responsibility to prepare and furnish three copies of a complete operating and maintenance manual for all mechanical and electrical equipment. The manuals shall contain a description of the systems and how they interact together, general operating instructions, maintenance instructions followed by tabulated manufacturers descriptive literature, shop drawings performance

curves, rating data, spare parts list, and maintenance manuals. These items shall be delivered 60 days prior to completion of the construction.

The Portland Area and PAFAC may consider including equipment procurement, delivery, and installation be completed by the contractor relative to the associated funding.

d) Maintenance Program:

The construction contractor shall develop a training program for operation and preventive maintenance of building systems and equipment as part of the construction contract, provide training for maintenance personnel, and to furnish the facility with guidance for a comprehensive preventive maintenance program in accordance with equipment manufacturers recommendations to the owner and/or Service Unit. The construction contract shall include the responsibility to prepare and furnish three hard copies and one electronic copy (PDF format) of a complete operating and maintenance manual for all mechanical and electrical equipment. The manuals shall contain a description of the systems and how they interact, general operating instructions, maintenance instructions followed by tabulated manufacturers descriptive literature, shop drawings, performance curves, rating data, spare parts list, and maintenance manuals. These items shall be delivered 60 days prior to substantial completion of construction.

All training shall be recorded and supplied to the facility for use in future training of staff.

The Portland Area and PAFAC may consider a 3rd party commissioning agent for the project. The commissioning contractor will be required to provide guidelines for the construction contractor to perform start-up, testing and commissioning process of the facility to include startup and calibration of all building systems.

e) Building Maintenance Accessibility:

The design of the hospital is to consider the maintainability of the facility in the provision of accesses for the servicing and repair of the utility systems and built-in fixed equipment (such as providing rooftop equipment with no service elevator or hoist near rooftop location.) No accesses are to be placed in the way of any operation or preclude the use of any room, space, or corridor.

9. Systems Monitoring and Control:

A computerized system shall be used for equipment monitoring and control, lighting control, peak load shedding, fire alarm, fire suppression, security, exhaust systems, HVAC systems, emergency generation of power, air alarms, water softening, and autoclave monitoring. For the portable medical gases, independent alarms will be provided by the vendor in accordance with applicable regulations. In addition to ensuring continuation of utilities, energy conservation shall be considered and maximized during the setup of the

building controls system. Metering criteria shall conform to IHS Technical Handbook Chapter 72-3 IHS Metering Plan.

10. Supply System:

Supplies will be delivered via carts from general supply to appropriate units/departments.

11. Linen:

Clean linen will be delivered via carts from Central Housekeeping to the appropriate units/departments.

12. Sustainability:

Energy Efficiency, Water Conservation, and Commissioning fall under the general heading of sustainability. This project will be designed and constructed in accordance with current HHS or IHS compliance plans for EO 14057: Catalyzing Clean Energy Industries and Jobs Through Federal Sustainability and will comply with IHS Technical Handbook Chapter 21-17 Sustainability Guidelines and the IHS A/E design guide.

a) Guiding Principles:

The design and construction of this building shall incorporate the following Guiding Principles found in the Federal Leadership on High Performance and Sustainable Buildings Memorandum of Understanding as described in the Architect Engineer Design Guide:

- Employ Integrated Design Principles
- Optimize Energy Performance
- Protect and Conserve Water
- Enhance Indoor Environmental Quality
- Reduce Environmental Impact of Materials

b) Sustainability Certification:

The building will be built to be certified by U.S. Green Building Council and will comply with Executive Order 14057. The LEED requirement will be Gold standard.

c) Environmentally Beneficial Landscaping:

The design is to incorporate the requirements contained in the April 26, 2003, Presidential Memorandum on Environmentally and Economically Beneficial Practices on Federal Landscaped Grounds. Where cost-effective and to the extent practicable, regionally native plants are to be used; the construction practices used are to minimize adverse effects on the natural habit; pollution from the use of fertilizer, pesticides and pest management techniques are to be prevented and or reduced to comply with the reduction goals established in Executive Order No. 12856 - "Federal Compliance with Right-To-Know Laws and Pollution Prevention Requirements;" and water-efficient

practices and landscaping practices are to be followed to meet the requirements of Executive Order No. 12902 - "Energy Efficiency and Water Conservation at Federal Facilities."

d) Solar Hot Water Heating:

The design shall incorporate a solar hot water heating system capable of delivering at least 30% of the hot water demand if life cycle cost effective in accordance with the Energy Independence and Security Act (EISA) of 2007.

e) On-Site Renewable Energy:

The design shall incorporate an on-site renewable energy system capable of providing at least 7.5% of the annual electrical load.

13. Solid Waste Disposal System:

Solid waste including Hazardous Medical and non-Medical Waste, Recycling, and Garbage will be collected in appropriately labeled and/or color coded bags, sealed and picked up by housekeeping staff at regular intervals (usually daily) as specified in the Housekeeping Unit Concept of Operations, which contains the procedures for handling, collection and temporary storage of all solid waste, until it is disposed of in accordance with applicable Environmental Protection Agency (EPA), applicable state, and local regulations, by hauling away from the facility.

14. Water System:

There is a public water system available to the site. The public water system is owned and operated by City of Fife. The public water system consistently meets water quality standards. The system has capacity to serve the project site. The City of Fife currently provides water service to the property. A development of this size will require improvements to the City's water system to ensure continued service without interruptions to the rest of the system. At a minimum this may require looping through the property and may require connecting to adjacent properties. There is a public sewer system available to the site. The connection to the collection system will operate by gravity. The City of Fife provides service near the site. It is not anticipated that offsite improvements will be required.

15. Emergency Electrical System:

The need for alternate electrical power is to be evaluated by the designer in accordance with the IHS Technical Handbook for Health Facilities, Chapter 21-5, Section 21-5.2, Alternate Power for Health Care Facilities. The content of this guidance states that all applicable regulatory codes will be adhered to and provides guidance for a risk calculation to evaluate the need for full standby power. The designer shall pay careful attention to NFPA 99 as it relates to Emergency Preparedness and its application to the proposed facility. If

authorized by the Director of OEHE, standby power shall be provided for the new health center.

16. Security:

Depending on the personnel loading and area of the health care facility, appropriate security is to be provided in compliance with the most current edition of President of the United States Memorandum for Executive Departments and Agencies, Subject: Upgrading Security at Federal Facilities. Physical security control monitoring system is to be installed to monitor controlled areas and all entrances to the health care facility. In accordance with the Homeland Security Presidential Directive 12 (HSPD-12), the federal standard for secure and reliable forms of identification is mandated. PIV cards are compliant with the HSPD-12 and the Federal Information Processing Standards meeting the requirements of a reliable form of government identification. Federal employees and contractors may use PIV cards to access facilities and systems.

System shall be in full compliance with those of the Portland Area and PAFAC. The designer shall incorporate the following items into the NWRSRC:

Entrances shall be equipped with dome or wall mount security camera(s) with a view of persons entering the door, two or more may be required. These entrances include:

i. The main entrance,

ii. The employee entrance,

iii. Entrance(s) to Pharmacy,

iv. Emergency Department/Room Entrance.

a) Security Office should be located with direct viewing access to the Emergency Department.

b) Electronic locking mechanisms on departmental doors and entrances to the building. Storage closets that must be secure will also require electronic locking mechanisms.

c) Parking Area patrons and employee parking area(s) will be lit at sufficient levels to provide for safety and video monitoring.

d) Loading Dock shall be equipped with dome or wall mount security camera(s) with a view that can see the entire space, two or more may be required.

e) Waiting Rooms shall be equipped with dome or wall mount security camera(s) with a view that can see the entire space, two or more may be required.

f) Reception Points: All reception points will be equipped with a panic switch to the master alarm.

g) Security camera systems will be monitored by a digital processor(s) capable of viewing all cameras simultaneously and/or separately, system will have watch dog capability,

and digital storage device of no less than 3 days for all cameras, monitor will be a minimum of 24 and Energy Star rated.

h) Pharmacy Dispensing Area shall be with dome or wall mount security camera(s) with a view that can see the entire space, two or more may be required.

i) Pharmacy Dispensing Area shall be with dome or wall mount security camera(s) above Pyxis machine as well as any location where controlled substances are stored.

j) Pharmacy Dispensing Area shall have a monitored alarm system that utilizes contacts on doors AND motion detection within the space.

k) Pharmacy Dispensing Area construction standards will include floor to deck wall construction and no windows within the drug dispensing or storage area, doors will be equipped with peep holes or similar.

l) Behavioral Health Counseling - all patient rooms will be equipped with a panic switch to the master alarm, a local alarm at the nurses or clinical station.

m) The design team should review the list above and add cameras throughout the facility where necessary. This list is not all-inclusive.

17. Fire Suppression System:

To conform to IHS Technical Handbook Chapter 24-11 Installation of Fire Sprinkler Protection in Indian Health Service Owned Installations and applicable local codes, a fire suppression system shall be provided for the entire health care facility.

18. Utilities Distribution on Project Site:

On the project site, all utilities are to be distributed underground, at the proper depth for the regional weather conditions, in accordance with applicable codes and regulations. Utility lines are to be placed in the road rights-of-way where practical.

19. Information Technology:

The designer shall include in the specifications and drawings the requirement for the construction contractor to install conduit, cable trays, and IT cabling. The IT cable shall be Cat 7 or the category and quality of cable that is currently available at the time of design. The design installation shall also include fire cones for wall penetrations and cable hooks for suspending cable runs. Drops shall be installed liberally after obtaining input from IT staff with needed connections. The designer shall plan for server rooms and closets with air cooling as necessary to maximize the useful life of the equipment.

20. Emergency Preparedness:

The Portland Area and PAFAC will review the current emergency preparedness plan relative to the Indian Health Service Continuity of Operations Plan in accordance with NFPA 99, Chapter 12 and the Indian Health Service Hospital Emergency Incident Command System to

ensure the new facility is designed to be in compliance with these emergency preparedness programs.

21. Environmental Requirements:

a. 500-Year Floodplain - Locating any structures, site access roads, or parking within the 500-year floodplain must be avoided. The site design shall include any features necessary for mitigating the impact of the 500-year floodplain to any structures, site access roads, or parking.

VI. SPACE SCHEDULE/DESIGN NOTES

The following Design Notes provide information specific to the design and layout of each planned Department.

Administration

Administration
Business Office & Health Information Management
Patient Registration and Care Coordination
Information Management
Security

Ambulatory Care

Audiology
Specialty Care
Specialty Dental Care

Ancillary Services

Laboratory
Diagnostic Imaging
Specialty Referral Support Pharmacy
Rehab (PT/OT/ST)
Surgery
Pain Clinic

Facility Support

Clinical Engineering
Facility Management
Central Sterile/Medical Supply
Property and Supply
Housekeeping and Linen Support Services
Education and Group Consultation
Employee Facilities
Public Facilities

ADMINISTRATION

Design Notes: Administration

MISSION

This department should be organized in accordance with the enclosed functional diagram. The functional diagram indicates relationships to the building circulation and exterior, control issues and room-by-room requirements. The Administration department is the link between the patient, personnel, and interdepartmental operations.

As part of the mission, this department provides four distinct functions for the NWRSRC:

a. Executive Administration

b. Human Resources

c. Finance

d. Quality Management

HOURS OF OPERATION

Normal Clinic Hours - 8 am – 5 pm, Monday to Friday

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Administration			
Executive Director	1.0	1.0	
Admin Staff Support	2.0	2.0	
Deputy Director	1.0	1.0	
Director of Nursing	1.0	1.0	
Clinical Director	1.0	1.0	
Human Resources			
Director Support Services	1.0	1.0	
Personnel Clerk	2.5	2.5	
Personnel Director	1.0	1.0	
Medical Staff Coordinator	1.0	1.0	
Credentialing	1.5	1.5	
Financial Management			
Finance Manager	1.0	1.0	
Accountants	1.0	1.0	
Accounting Clerks (P/R, A/P) extra swing clerk	1.0	1.0	
Budget Analyst	1.0	1.0	
Quality Management			
Infection Control	1.0	1.0	

Utilization Review / QA Manager (RN)	2.0	2.0	
Admin Assistant to UR/QA	1.0	1.0	
Certification/ Performance Improvement Coordinator	2.0	2.0	
Risk Manager / Compliance Officer	1.0	1.0	
Safety Officer	1.0	1.0	
Employee Health Nurse	1.0	1.0	
Total	**26.0**	**26.0**	**22.1**

CONCEPT OF OPERATION

The Administration Unit personnel are responsible for managing the fiscal, human, and physical resources planned for to the proposed facility.

The administrative department provides four distinct functions: Administration, Human Resources, Finance, and Quality Management. All functions provide oversight and support the NWRSRC. Quality Management also includes employee health and safety, as well as increasing patient satisfaction.

Administration:

Executive Director: Responsibilities include overall administrative management and operation of the facility.

Deputy Director: Responsibilities include ensuring staff goals are met and that resources are available for the facility.

Director of Nursing: Responsibilities include hiring decisions of nursing personnel, implementation of policies and procedures.

Clinical Director: Responsibilities include overseeing clinical operations in conjunction with the direct treatment of the patient within all departments.

Human Resources: Responsible for the recruitment and retention of all personnel.

Financial Management: Responsible for the oversight of the organization’s financial records.

Quality Management: Responsible for measuring patient data, tracking of adverse events, patient outcomes, and the overall patient experience.

ADJACENCY PARAMETERS

- Required:
- Desirable: Business Office, Information Management
- Beneficial: Easy access from Main Entrance

ROOM/SUITE SPECIFIC ISSUES

The Administration Unit should be designed so that reception will be the first point of contact for all visitors.

Open office space throughout the facility shall be planned and equipped with systems furniture to efficiently utilize space and to provide privacy.

The mail room and the duplicating equipment and supply space may be designed together as one room.

A staff member should not have to enter the administrative suite to access the mail and/or the reproduction room.

Exterior windows will be provided to the majority of the enclosed offices.

The Conference Room entrance should be designed to minimize interruption of the office suite.

Should design require such, this department could be broken up and scattered throughout the facility where sensible by sub function. For example:

- Human Resources – Front of Building
- Infection Control – Back of Building
- Director (C/Suite) – Front of Building
- Performance Improvement – Back of Building

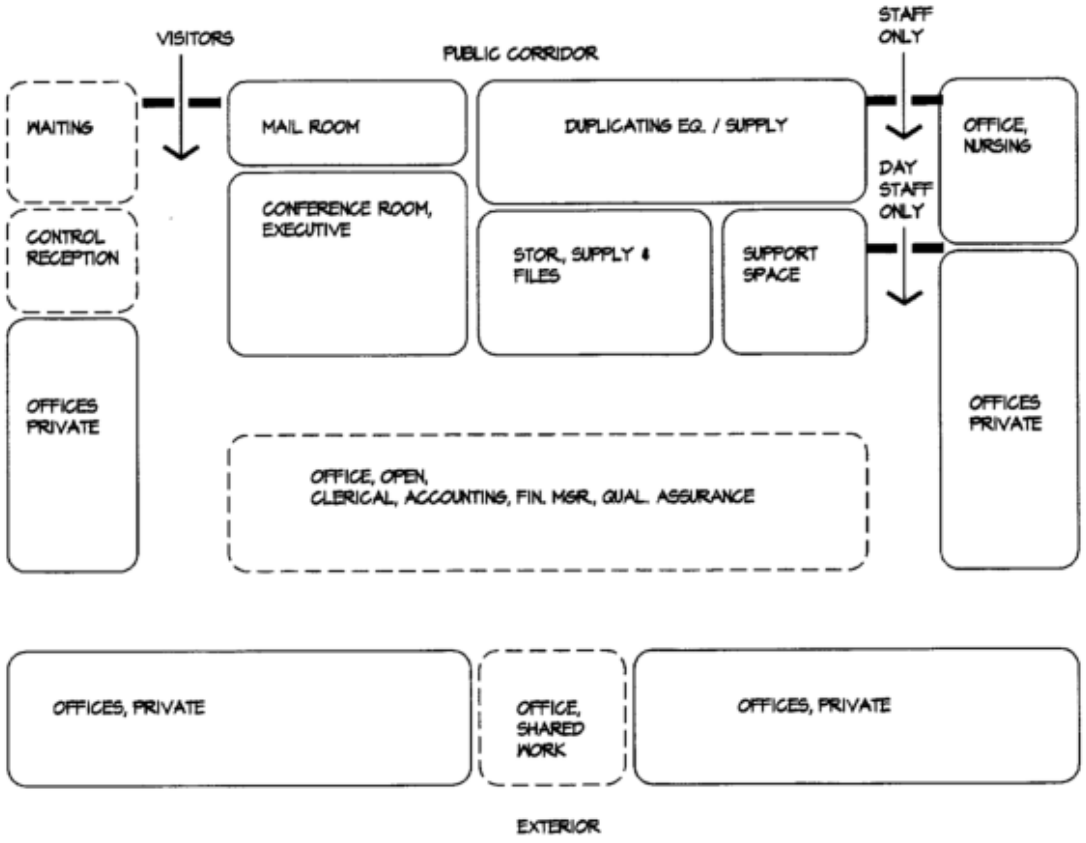
Administration

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
CONFERENCE ROOM	CFEX1	1	301	301	
MAILROOM	MLRM1	1	108	108	
WAITING AREA	WTGN1	1	100	100	
RECEPTIONIST	CNRC1	1	65	65	1.0 Admin. Support Staff
Staff Support					
ALCOVE STAFF LOUNGE	ALLG1	1	89	89	
OFFICE, SAFETY OFFICER	OFTY1	1	97	97	1.0 Occupation Safety and Health Specialist
TOILET, STAFF	TLPS1	3	54	162	
Admin					
ACCOUNTING CLERK	OFOC1	1	65	65	1.0 Accounting Clerk
ADMINISTRATIVE ASSISTANT	OFOC1	1	65	65	1.0 Admin. Support Staff
BOOKKEEPER	OFOC1	1	65	65	1.0 Bookkeeper/Accountant
BUDGET ANALYST	OFOC1	1	65	65	1.0 Budget Analyst
ALCOVE, SUPPLY - NAME BADGE STORAGE	ALSS1	1	32	32	
PERSONNEL CLERK	OFOC1	3	65	195	2.5 Personnel Clerk
EMPLOYEE HEALTH CLERK	OFOC1	1	65	65	1.0 Employee Health Nurse
DEPUTY DIRECTOR	OFSP1	1	118	118	1.0 Deputy Director
DIRECTOR OF PERSONNEL	OFSP1	1	118	118	1.0 Personnel Director
MEDICAL STAFF COORDINATOR	OFTY1	1	97	97	1.0 Medical Staff Coordinator
CLINICAL DIRECTOR	OFSP1	1	118	118	1.0 Clinical Director
DIRECTOR OF NURSING	OFSP1	1	118	118	1.0 Director of Nursing
EXECUTIVE DIRECTOR	OFEX1	1	183	183	1.0 Executive Director
DIRECTOR SUPPORT SERVICES	OFTY1	1	97	97	1.0 Director of Support Services
FINANCIAL MANAGER	OFTY1	1	97	97	1.0 Financial Manager
OFFICE, INFECTION CONTROL	OFOC1	1	65	65	1.0 Infection Control
FILING CLERK	OFOC1	1	65	65	1.0 Clerical Support
CREDENTIALING	OFOC1	2	65	130	1.5 Credentialing
OFFICE, RISK MANAGER/COMPLIANCE OFFICER	OFTY1	1	97	97	1.0 Risk Manager/Compliance Officer
OFFICE, PERFORMANCE IMPROVEMENT	OFSW1	2	65	130	2.0 Performance Improvement Staff
CLERK, QUALITY ASSURANCE	OFOC1	1	65	65	
UTILIZATION REVIEW / QA MANAGER	OFTY1	2	97	194	2.0 Utilization Review/Quality Assurance Manager
DUPLICATING EQUIPMENT & SUPPY	WRCP1	1	298	298	
Work Support					
UNIT SUPPLY & FILING	STSF1	5	43	215	

Discipline Net Sq FT:	3679
Net to Gross Conversion:	1.4
Discipline Gross Sq FT:	5151

Functional Sketch: Administration



Design Notes: Business Office and HIM

MISSION

With the advent of the Electronic Health Record, two traditionally separate departments are being drawn by function into one combined department. This blended department consists of: Business Office and Health Information Management.

Business Office is responsible for coding, processing claims (billing and collection) and accounts receivable.

Health Information Management manages the overall function, recording, storage, and distribution of patient medical records at the health center. Medical Records/Health Information Services provide an accurate patient record, with emphasis on record processing, record abstracting, analysis and coding, transcription of dictation for the medical record, correspondence, record retrieval, filing and storage. Medical Records/Health Information Services are provided to all areas of the facility, as appropriate to need and security levels.

HOURS OF OPERATION

Normal Clinic Hours, 8 am – 5 pm, Monday through Friday.

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Billing / 3rd Party Clerks	17.86	17.86	
Billing / 3rd Party Manager	1.0	1.0	
Director of Business Office / HIM / Care Coordination	1.0	1.0	
Provider Enrollment Coordinator	1.0	1.0	
Coders (Increase due to ICD-10)	20.0	20.0	
Coding Supervisor	2.0	2.0	
HIM Manager	1.0	1.0	
Medical Records Techs	4.0	4.0	
Preauthorization Clerks	4.0	4.0	
Request for Information Clerk	1.0	1.0	
Total	**52.86**	**52.86**	**44.9**

CONCEPT OF OPERATION

Business Office

Upon the patient's discharge from the outpatient clinic, information on services and medication provided during the visit is coded. Since this facility will use an electronic health record, the coder will enter the coded patient information directly into the RPMS EHR. This information is used to bill private insurers and/or Medicare/Medicaid for reimbursement. Records of reimbursement claims are maintained in the Claims Processing area.

Health Information Management

Health Information Management is responsible for assembling, collecting, completing, analyzing, ensuring availability, and safekeeping of patient records in order to facilitate, evaluate, and improve patient care. Because the health care delivery components at the facility require medical charts whenever a patient presents for service at the facility, the Health Information Management Unit will operate on the same schedule as the health care delivery system at the facility.

This facility will utilize the EHR to manage all patient records. The patient record consists of personal patient data and documentation of each service provided for the patient, including lab and x ray reports, outpatient visits, dental visits, public health nursing visits, etc.

Information is added to the record each time a patient accesses IHS/Tribal health care system, whether care is provided directly or through contract. In most cases, each access of the health care system generates another piece of data/narrative to be included in the patient health record. Therefore, the patient's health record will continually expand.

Patient records provide reimbursement and legal information. They are used to plan for the patient's future needs and for medical education and research. Health Information Management Unit responsibilities include the following:

- Maintain, control, and process patient records.
- Store, update, and dispose of patient records appropriately.
- Retrieve and file patient records and file specific documents to the record.
- Analyze and compile data to provide required census and other reports.
- Transcribe data into the Patient Care Component (PCC) System.
- Monitor data quality to ensure accuracy, completeness, and consistency.
- Respond to requests for information in compliance with the Privacy Act and the Freedom of Information Act.
- Classify patient records in accordance with the International Classification of Diseases.

Any and all non-electronic record storage areas will be designed for easy access by authorized personnel. The area will also be designed to exclude unauthorized personnel, patients, and visitors. The

Health Information Management Unit must be always locked when medical records staff are not on duty.

ADJACENCY PARAMETERS

- Required: Patient Registration
- Desirable: Ambulatory Care, Pharmacy
- Beneficial: Dental Specialty

ROOM/SUITE SPECIFIC ISSUES

The Patient Accounts and Billing area should be accessible for patients but need not have immediate access to waiting areas. The Patient Registration and Admitting and Patient Accounts and Billing areas will be designed to ensure confidentiality of the information being provided during interviews.

The Unit Supply and Filing area should exclude patient, visitor, and other unauthorized access to records but should be easily accessible by the Patients Accounts and Billing and other Business Office Unit personnel.

Duplicating Equipment and Supply space should be accessible for all interviewing and processing areas.

Patient record shelving space authorized is justified based on stationary open shelving. The structural system should allow for the future use of high-density mobile shelving.

The Medical-Legal Interview room is for interviewing the patients and others who are requesting for release of medical information or completing vital statistics information.

The Records Storage area is used to store all non-electronic records. The patient's medical record is retrieved from the records storage area for each encounter when not available electronically. An active record is one that has been accessed for patient care within the last five years. An inactive record is one that has not been accessed for patient care within the last five years.

The Physician Record Study area is for clinical providers to complete or review records for research or other studies. The dictated information is transcribed, and the reports become part of the patient's permanent record.

The Physician Record Study area should be an enclosed room with individual cubicles for dictating and for reviewing medical records. It should be in a quiet area away from the main traffic and work areas in the Medical Records Unit.

The Transcription area is for medical records technicians to transcribe voice recordings of medical information. This area should be an enclosed room.

Business Office

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
WAITING	WTGN1	1	86	86	
Staff Support					
ALCOVE, STAFF LOUNGE	ALLG1	1	88	88	
TOILET, STAFF	TLPS1	2	54	108	
Admin					
PATIENT ACCOUNTS AND BILLING (BILLING CLERK)	OFOC1	18	65	1170	17.9 Billing/Accounts Receivable
BILLING ACCOUNTS MANAGER	OFTY1	1	97	97	1.0 Billing Accounts Manager
DIRECTOR	OFSP1	1	118	118	1.0 Director of Business Office/HIM/Care Coordination
PROVIDER ENROLLMENT COORDINATOR	OFTY1	1	97	97	1.0 Provider Enrollment Coordinator
SHARED WORK	OFSW1	6	65	390	
Work Support					
DUPLICATING EQUIPMENT AND SUPPLY	ALCP1	2	43	86	
UNIT SUPPLY AND FILING	STSF1	4	43	172	

Discipline Net Sq FT:	2412
Net to Gross Conversion:	1.4
Discipline Gross Sq FT:	3377

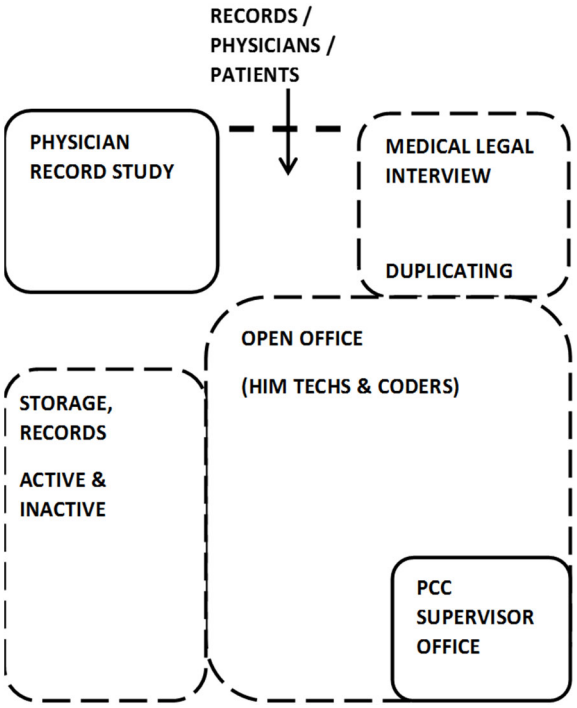
HIM

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
MEDICAL LEGAL INTERVIEW	WRMI1	1	161	161	
PHYSICIAN RECORD STUDY	WRRR1	1	171	171	
Staff Support					
ALCOVE, STAFF LOUNGE	ALNR1	1	88	88	
TOILET, STAFF	TLPS1	2	54	108	
Work Area					
TRANSCRIPTION	OFOC1	20	65	1300	20.0 Coder
MEDICAL RECORDS CLERK	OFOC1	5	65	325	4.0 Medical Records Technicians 1.0 RFI Clerk
DICTATION EQUIPMENT	ALDE1	2	32	64	
CODING SUPERVISOR	OFTY1	2	97	194	2.0 Coding Supervisor
CHIEF MEDICAL RECORDS ADMINISTRATOR	OFSP1	1	118	118	1.0 HIM Administrator
INACTIVE RECORDS	STRC1	5	22	110	
OFFICE, SHARED WORK	OFSW1	1	65	65	
Work Support					
ALCOVE, COPYING	ALCP1	1	32	32	
STORAGE, SUPPLIES/FILES 1	STSF1	6	43	258	
Administration					
PRE-AUTHORIZATION CLERKS	OFOC1	4	65	260	4.0 Pre-Authorization Clerks

Discipline Net Sq FT:	3254
Net to Gross Conversion:	1.25
Discipline Gross Sq FT:	4068

Functional Sketch: Health Information Management



Design Notes: Registration and Care Coordination

MISSION

The mission of this department is to support patient connection to the needed level of secondary/specialty care by:

- Registering and admitting patients, and helping patients determine their eligibility for Medicare, Medicaid and private insurance benefits, other alternate resources.
- Assisting with the navigation/decision matrix within the health care system to help the patient receive the right care from the right provider.
- Assisting with the physical registration process to connect the patient with this new specialty care referral center.
- Assisting the patient in securing resources to access referral care, both financially and physically.

The NWRSRC is a new model of healthcare delivery for IHS. As such, more attention must be devoted to removing obstacles that referred patients will face, not the least of which is finding transportation to access care. Each patient coming to this facility for care will be supported by this department to ensure the first steps to specialty care are successful.

The department also cooperates with case management functions housed elsewhere in the facility to support the patient with follow up after the specialty consult/surgical procedure and support the transition to case management upon returning home.

This department is sized to serve all patients accessing care at this NWRSRC, both from the primary regional projected user population of 75,593 as well as the extended regional projected user population of 117,292.

HOURS OF OPERATION

Normal Clinic Hours, 8 am – 5 pm, Monday to Friday.

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Care Coordination Supervisor	1.0	1.0	
Patient Advocate - RN	1.0	1.0	
Patient Navigator - RN	2.0	2.0	
Patient Navigator Assist - LPN	2.0	2.0	
Patient Registration Tech	3.0	3.0	
Health Benefit Coordinator	4.0	4.0	

Social Worker	4.0	4.0	
Travel Coordinator	2.0	2.0	
Clerical	1.0	1.0	
Scheduling (Centralized)	6.0	6.0	
PBX Operator (See Public Facilities)			
Total	**26.0**	**26.0**	**22.1**

- Patient Navigator Services: Members of the health team address immediate needs and future support. Communication with patients occur in person, virtually, or over the phone, and assist in the reduction of barriers to receiving healthcare.
- Patient Advocacy Services: Assists patients and their families in decision-making and obtaining of support services.
- Social Services Guidance/Support: Helps patient and families adjust to changes and challenges in life due illness or additional hardship that may affect their health in general. There is close coordination with Health Benefits with regards to social support services.
- Patient Benefits Assistance: The Health Benefits Coordinator helps patients determine the extent of their eligibility for Medicare, Medicaid, and other benefits.
- Patient Travel Assistance – this assistance is not transportation itself, but rather assistance in helping the patient find transportation if they should have none.

CONCEPT OF OPERATION

Registration information is typically updated every time a patient presents for service. However, because this facility is by referral only, the patient registration process is expected to be well underway or even completed by the time the patient presents for care. Should the patient not be registered, personnel will interview each patient arriving at the facility and, using computer terminals, update the patient registration data in the Resource Patient Management System (RPMS).

The patient registration system in this RSRC will be decentralized, where Patient Registration techs are located at the point of care, specifically, in Specialty Care, Surgery, Specialty Dental Care, and Diagnostic Imaging, with the balance in Care Coordination. This decentralized approach allows patients who make appointments with a specific department or clinic, to report directly to it when they arrive at the facility.

Patients arriving at the facility should have the option of visiting this department first. The patient will either go to the help desks in the lobby, sit in the primary waiting room for the facility, go straight to the department where they'll be receiving care, or check-in with Registration and Care Coordination. If they choose the latter, the patient will enter the departmental waiting area and go to the reception area. Patients who do not have a patient record on file are seen first at the Patient Care and Coordination Patient Registration. At this location, Patient Registration Technicians obtain demographic and alternative resources information to update or initiate the registration by entering data directly into the RPMS. If patients have private insurance or are eligible for Medicare or Medicaid, they are referred, to the Health

Benefits Coordinator, who obtains detailed information required to bill Medicare, Medicaid, and/or private insurance. After patients are seen by the Main Entry Patient Registration, they are directed to the appropriate clinic or health care provider and Health Information Management is asked, via computer message, to complete a new patient chart or retrieve the patient chart and deliver it to the appropriate outpatient clinic. Centralized schedulers will operate within this department to assist in scheduling in person, via telephone, or via web portal.

The Architect needs to discuss and confirm the level of registration centralization prior to the completion of Concept Design.

ADJACENCY PARAMETERS

- Required: Lobby Waiting Room
- Desirable: Specialty Care, Dental Specialty Care, Surgery, Pain Clinic
- Beneficial:

ROOM/SUITE SPECIFIC ISSUES

The Patient Registration and Admitting area should be accessible to patient waiting area (Registration and Care Coordination).

This department should be located at the front of the building as a natural physical opportunity for the patient and or family to receive help in completing the registration process, finding necessary resources to assist with the consult, and check-out upon leaving the clinic to find support for transitioning the care to home.

The waiting area should be warm and inviting, suggesting to the patient the tone for support throughout the facility in helping receive needed care.

Natural light is desirable wherever possible.

Because of the many open access spaces or offices, design should consider materials to dampen sound and support a sense of privacy and peace.

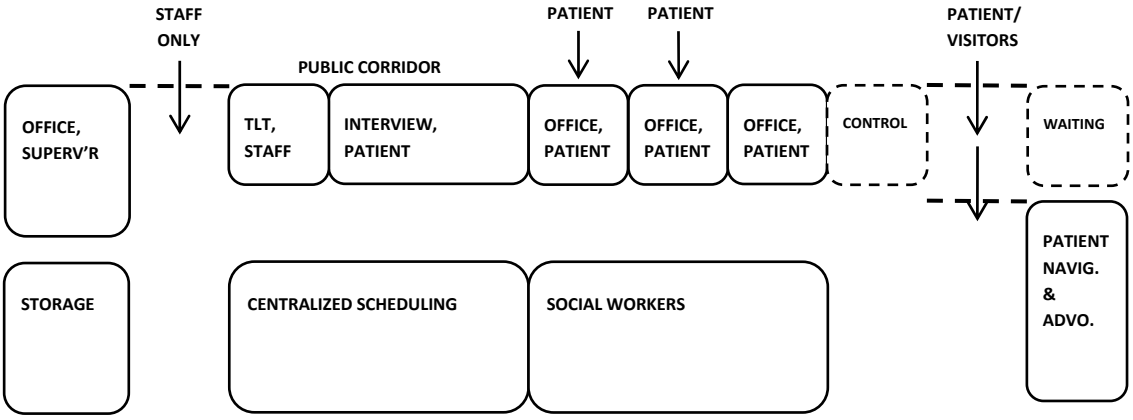
Registration

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
CONTROL, RECEPTION 1	CNRC1	1	97	97	1.0 Clerical Each CNRC1 seats two.
WAITING	WTGN1	2	86	172	
Patient Care Support					
OFFICE, PATIENT NAVIGATOR RN	OFPA1	2	140	280	2.0 Patient Navigator RN
OFFICE, PATIENT ADVOCATE RN	OFIN1	1	75	75	1.0 Patient Advocate RN
OFFICE, PATIENT NAVIGATORS AST LPN	OFOC1	2	65	130	2.0 Patient Navigator Assist - LPN
OFFICE, SOCIAL WORKERS	OFOR1	4	65	260	4.0 Social Worker
Staff Support					
ALCOVE, COPYING	ALCP1	1	43	43	
ALCOVE, STAFF NOURISHMENT	ALLG1	1	32	32	
OFFICE, CARE COORD SUPERVISOR	OFSP1	1	118	118	1.0 Care Coordination Supervisor
OFFICE, HEALTH BEN COORD	OFTY1	4	97	388	4.0 Health Benefits Coordinator
OFFICE, TRAVEL COORDINATORS	OFSW1	2	65	130	2.0 Travel Coordinator
TEAM ROOM WORKSTATION, REGISTRATION	OFOC2	8	43	344	6.0 Scheduling (Centralized) 1.2 PBX Operator
STORAGE, SUPPLIES/FILES 1	STSF1	11	43	473	
TOILET, STAFF	TLPS1	2	54	108	
UNIT SUPPLY AND FILING	STSF1	5	43	215	1 per 5 planned staff
DUPLICATING EQUIPMENT AND SUPPLY	ALCP1	2	118	236	
Admin					
OFFICE, PAT REGISTRATION	OFIN1	3	75	225	3.0 Patient Registration Tech

Discipline Net Sq FT:	3326
Net to Gross Conversion:	1.45
Discipline Gross Sq FT:	4823

Functional Sketch: Patient Registration and Care Coordination



Design Notes: Information Technology

MISSION

The mission of the Information Technology (IT) department is to maintain the hardware, network, software and electronic storage requirements for the NWRSRC clinical data systems, business office functions, the electronic health record system, and the patient registration system. The department also coordinates the implementation, training, and ongoing support of multi-service clinical software such as the electronic health record.

Information Management manages the day-to-day operation, training, maintenance and development of the computerization hardware, software and networking resources allocated to the facility.

HOURS OF OPERATION

Normal Clinic Hours: 8 am – 5 pm, Monday to Friday

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Site Manager	1.0	1.0	
Assistant Site Manager	1.0	1.0	
Clinical Application Specialists (1 is trainer)	5.0	5.0	
RPMS Application Technician	1.0	1.0	
Clinical Applications Coordinator	2.0	2.0	
Network Application Technician	1.0	1.0	
PC and Software Coordinators	3.0	3.0	
Hardware / Tel-Com Manger	1.0	1.0	
IT Security	1.0	1.0	
Total	**16.0**	**16.0**	**13.6**

CONCEPT OF OPERATION

The Information Management staff are responsible for managing the day-to-day operation, training, maintenance and development of the computerization hardware, software and networking resources allocated to the facility.

Typically, IT staff are collocated in an office suite near its Computer Room and the main incoming telecommunication switch. CAC office should be located per facility direction whether it be within IT or within another department.

The duties of the department divide the staff into outreach (help desk) support, new project teams and network maintenance. Some staff will travel to and from the office throughout the day and may require rolling carts for the implementation of new or replacement equipment. Other staff will remain in the office for system maintenance and backup protocols.

The IT staff will support the employee computer training room that is located within Education and Group Consultation. Some training space has been added to their offices to facilitate one-on-one interaction when necessary.

New hardware will be delivered to PC Configuration Area for inspection and assembly prior to distribution.

While the department does receive staff visitors to identify and work through problems, the department does not typically receive patients.

Department anticipates fully functional web-site capable of handling medical records, payment, appointments, etc.

ADJACENCY PARAMETERS

- Required: Telecommunication Room
- Desirable: HIM, Central to facility
- Beneficial:

ROOM/SUITE SPECIFIC ISSUES

The Open office space within the facility shall be planned and equipped with systems furniture to efficiently utilize space and to provide privacy.

Imaging, Pharmacy, and Laboratory may or may not have independent computer systems within their department whose requirements may be supplemental to the facility-wide system. The design team should review the Federal Information Security Regulations applicable to the system to be installed.

The architect should coordinate the needs of the computer room via the local Information Management personnel with the Office of Information Resources Management, Division of Systems Management.

Staff workstations will not reside in the computer room.

Visual accessibility from the computer room to the staff work area is desirable.

The Shared Work area is intended for group projects within the office suite, plus one dedicated to individual training.

The design team should coordinate the distribution of required data and/or telephone closets with the local IT and facility management staff. Space for these closets is to be allocated from the mechanical distribution for the building.

This department should be organized in accordance with the enclosed functional diagram.

During concept design the design team should discuss if the Computer Classroom should be near Education & Group Consultation or with Information Technology.

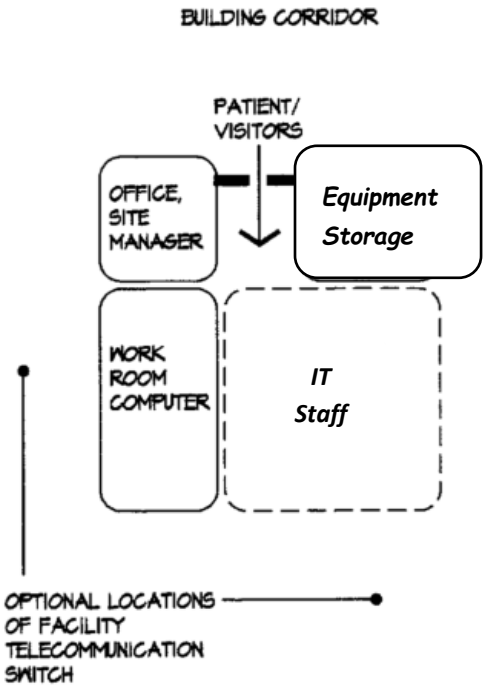
Information Management

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Staff Support					
ALCOVE, STAFF LOUNGE	ALLG1	1	32	32	
OFFICE, IT SECURITY	OFOC1	1	65	65	1.0 IT Security Person
PC CONFIGURATION AREA	WRPC1	1	151	151	
TOILET, STAFF	TLPS1	1	54	54	
Work Area					
CLINICAL APPLICATION COORDINATOR (CAC OFFICE)	OFTY1	2	97	194	2.0 Clinical Applications Coordinator
PC & SOFTWARE COORDINATOR	OFOC1	3	65	195	3.0 PC & Software Coordinators
RPMS TECHNICIAN	OFOC1	1	65	65	1.0 RPMS Application Technician
CLINICAL APPLICATIONS SPECIALIST	OFOC1	5	65	325	5.0 Clinical Applications Specialist
OFFICE, HARDWARE/TEL-COM MANAGER	OFTY1	1	97	97	1.0 Hardware/Tel-Com Manager
OFFICE, SHARED WORK	OFSW1	3	65	195	1 used for individualized training
NETWORK APPLICATION TECHNICIAN	OFOC1	1	65	65	1.0 Network Application Technician
SITE MANAGER (SUPR)	OFSP1	1	118	118	1.0 Site Manager
ASSISTANT SITE MANAGER	OFTY1	1	97	97	1.0 Assistant Site Manager
SERVER ROOM	WRCM1	1	250	250	
Work Support					
STORAGE, EQUIPMENT	STEQ1	4	65	260	1 per 4 staff
UNIT SUPPLY & FILING	STUS1	4	43	172	1 per 4 staff

Discipline Net Sq FT:	2335
Net to Gross Conversion:	1.25
Discipline Gross Sq FT:	2919

Functional Sketch: Information Management



Design Notes: Security

MISSION

The Security program is responsible for the safety and well-being of clinic patients, visitors, and personnel. It includes physical security of parking lots, surrounding clinic grounds and interiors of the health care complex facilities. Other functions can often include assistance with general information, prisoner escort, patient escort, incident reports, as necessary.

HOURS OF OPERATION

Extended Hours: 7 am – 10 pm, Monday to Friday

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Security Supervisor	1.0	1.0	
Security Guards	4.0	4.0	
Total	**5.0**	**5.0**	**5.0**

CONCEPT OF OPERATION

The Security Officers will ensure physical security of patients and staff with the use of electronic communication devices, locks, and closed-circuit surveillance systems. They will patrol the grounds and buildings to detect and prevent accidents, property damage, and fire. Security Officers will control the flow of visitors, conduct escorts, and investigations. Security Officers will observe for a variety of safety hazards, which could cause bodily injury to patients, staff, and visitors. Security Officers will assist with patient restraint and patient watch. Patients who pose a danger to themselves and others are provided a security guard to ensure patient and staff protection. Security Officers will assist with the holding and restraint of visitors and individuals who pose a threat to others, until the local police arrive.

Prevention Education and Intervention with workplace violence is a priority. Security Officers will determine and intervene with specific individuals who commit acts of violence in the clinic and on behalf of those who may be impacted by violence (patients, staff, clinicians, etc.)

Security staff will ensure the safe arrival and departure of every ground patient transport to and from the facility.

Security staff will ensure accessibility to fire protection equipment, conduct fire drills, inspect fire extinguishers, observe for unattended flammable liquids, and accumulation of trash, frayed or damaged equipment.

ADJACENCY PARAMETERS

- Required:
- Desirable: Main Entrance
- Beneficial: Easy vehicle access away from main exterior entrance; to avoid vehicle congestion during day-time hours (Monday to Friday, 8am-5pm).

ROOM/SUITE SPECIFIC ISSUES

Controlled access to security suite. Provide one-way mirror glass windows facing the main entrance corridor and main waiting area for view of daily patient/visitor flow and activity.

Control Room: space for security monitors, command radios, alarm receivers, etc. Space for report writing is also provided. Room is protected by a secure lockable door containing adequate communication equipment (phone, panic alarm, etc.) to notify others in the facility and outside that there is an emergency and assistance is needed.

Quiet Room provides accessible but out of sight from the waiting area for holding patients or visitors who pose danger to themselves or others. It provides a quiet place for an individual to be put away from patient care.

Equipment storage and Lost/Found storage shall have controlled access. Emergency Response equipment will be stored here if necessary.

The Entry Security space when applicable should be used for a remote entrance away from the remainder of the security presence. This could be the main entry or a secondary outpatient entry.

A Private office for the Supervisor, will provide space for counseling and management. This office should be located adjacent to the Control Room when programmed.

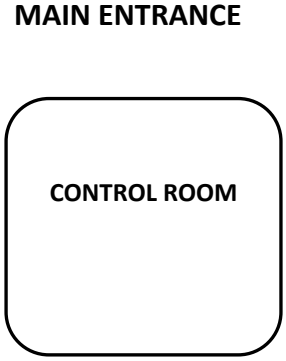
Security

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Admin					
CONTROL ROOM	WRSC2	1	140	140	
OFFICE, SECURITY SUPERVISOR	OFSP1	1	118	118	1.0 Security Supervisor
STORAGE FOR EQUIPMENT IN SECURITY DEPT.	STEQ1	1	43	43	
STORAGE, LOST AND FOUND IN SECURITY DEPT. (CABINET)	STKF1	1	43	43	

Discipline Net Sq FT:	344
Net to Gross Conversion:	1.4
Discipline Gross Sq FT:	482

Functional Sketch: Security



AMBULATORY CARE

Design Notes: Audiology

MISSION

Audiology services will provide comprehensive and culturally sensitive services across the continuum of age to the primary regional specialty user population projected to be 75,593 in 2037; 9,147 visits are anticipated. A survey of even the closest primary service area clinics in the Puget Sound area revealed that Audiology is typically not provided at the primary care clinic.

Audiology services include but are not restrictive to the evaluation and diagnosis of the auditory (hearing) and balance systems. Audiologists prescribe amplification systems such as hearing aids and related devices. They also may help prevent hearing loss through the fitting of personal protective equipment, consultation on the effects of noise on hearing, and education (Hearing Conservation).

See anticipated workloads below. This department does not anticipate a telemed application.

Audiology	Annual Visits
Visits	9,147

HOURS OF OPERATION

Normal Operating Hours - Monday through Friday, 8am – 5pm.

STAFFING

Position	**Direct Care Planned**	**Total Planned**	**Daytime Planned**
Audiologist	4.2	4.2	
Audiology Techs	2.1	2.1	
Patient Registration (shared with Rehab)	0.5	1.0	
Clerical Support (shared with Rehab)	0.5	0.5	
Total	**7.3**	**7.8**	**6.3**

CONCEPT OF OPERATION

This space provides for a broad range of Audiology services delivered by a team of full-time Audiologists with technician support.

Patient flow follows a traditional clinic model, with clerical/reception controlling the waiting room and with technician support controlling the exam/procedure areas. The clerk can be trained to support registration, as necessary.

This department should be located away from noisy areas within the building.

ADJACENCY PARAMETERS

- Required: Public Toilets
- Desirable: Specialty Care, ENT, Rehab Services
- Beneficial: Front Entrance

ROOM/SUITE SPECIFIC ISSUES

This department does not anticipate growth.

The sound booth should be planned and designed to allow direct wheelchair access. Sound suites/booths shall be recessed into floors to provide unencumbered access.

Audiology Clinics must be carefully located regarding proximity of intrusive noise and electromagnetic radiation sources. Carpeting should be considered for the patient care area. Other acoustic controls will be considered to minimize ambient noise in the clinic area.

Waiting areas should be physically separated from clinic areas.

Patient Corridors should be 6’ or 1.8m clear.

This space relies on other spaces and/or adjacent areas for several functions and support spaces identified in the “Guidelines for Construction and Equipment of Hospital and Medical Facilities.” These functions and spaces located outside of this space include Public Toilets, Public Telephones, Employee Facilities, Drinking Fountain, General Administrative/Business spaces and functions, and Soiled Holding.

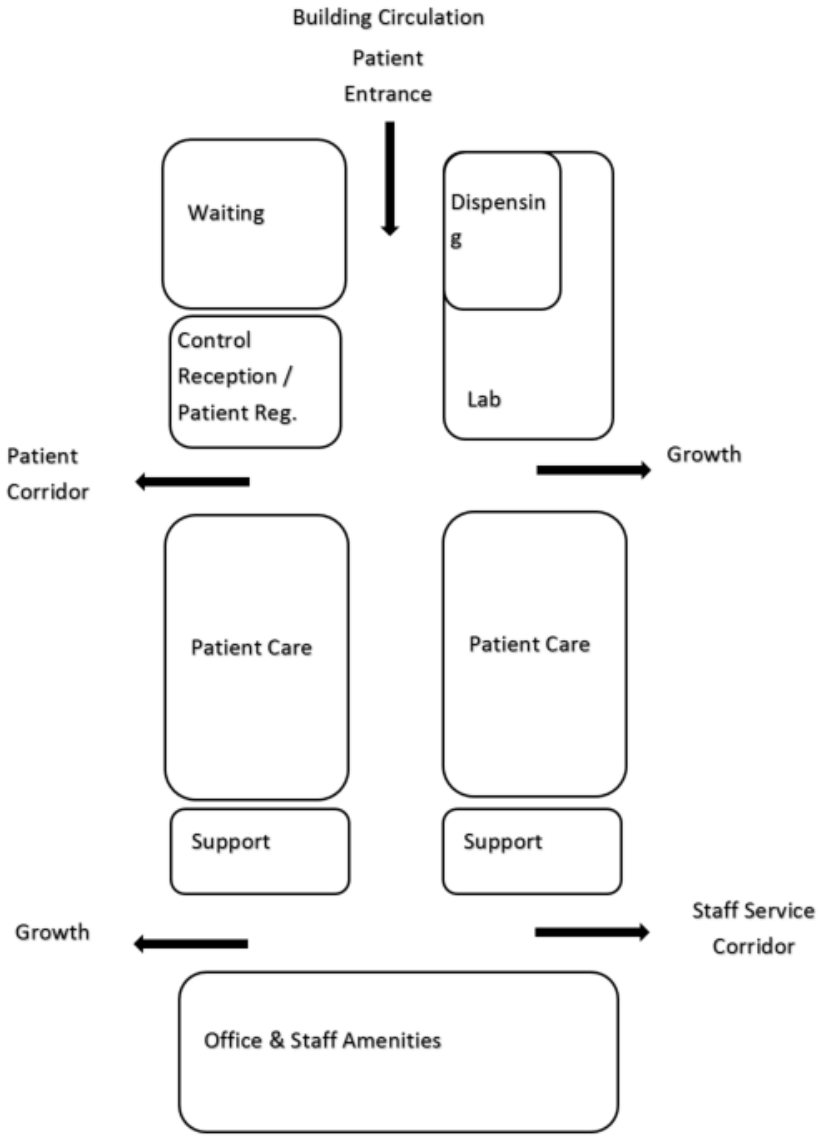
Audiology

2037 NWRSRC PLANNED

SPACE NAME	RFN CODE	ROOM QT	AREA	TOTAL	REMARKS
Public					
RECEPTION	CNRC1	1	97	97	1.0 Patient Registration (shared with Physical Medicine) 1.0 Clerical Support/Scheduling (shared with Physical Medicine)
WAITING	WTGN1	2	86	172	
Patient Care					
DISPENSING, HEARING AID	DPHA1	1	129	129	
EXAM, AUDIOLOGY, TESTING BOOTH	EXAD1	3	86	258	IHS Criteria is 3 @ 86 sqft each when ≥ 7,224 TAVs and < 8,772 TAVs.
EXAM, AUDIOLOGY, CONTROL	EXAD2	3	124	372	
EXAM/PROCEDURE, AUDIOLOGY	PRAD1	4	151	604	
TOILET, PATIENT	TLPP1	1	54	54	
Patient Care Support					
LAB, AUDIOLOGY	LBAD1	1	75	75	
OFFICE, TYPICAL	OFTY1	4	97	388	4.2 Audiologists
TEAM ROOM WORKSTATION, AUDIOLOGY	OFOC2	1	43	43	2.1 Audiometric Technician Programmed workstations at 50% of tech FTE assuming majority patient care duties.
STORAGE, EQUIPMENT	STUS1	2	10	20	

Discipline Net Sq FT:	2212
Net to Gross Conversion:	1.45
Discipline Gross Sq FT:	3207

FUNCTION SKETCH: Audiology



Design Notes: Specialty Care

MISSION

This department's mission is to deliver exceptional, culturally appropriate, specialty care through direct on-site care and telemedicine consulting. The department will service the needs of AI/ANs located in the northwest Washington primary regional referral service area as well as the most vulnerable populations from the balance of the Portland Area. The remaining populations outside of the northwest Washington primary regional referral services area will ultimately be served by the second and third of three regional Portland Area Regional Specialty Referral Centers. The Portland Area, like most IHS Areas, faces a crippling lack of access to secondary/specialty care; this department is designed in response to that need.

The primary service area's regional specialty user population is projected to be 75,593 in 2037. Most medical and surgical services in this department are sized to service that primary regional specialty user population. These department services include Surgical and Medical Specialty Care professionals including orthopedics, general surgery, otolaryngology, cardiology, neurology, otolaryngology, urology, dermatology, and ophthalmology as approved by the IHS Office of Clinical and Preventive Services.

The extended service area's regional specialty user population is projected to be 117,292 in 2037. Services sized for this larger population include other surgical sub-specialties (gynecology), other medical sub-specialties (gastroenterology, pediatrics, genetic developmental pediatrics, nephrology, endocrinology, rheumatology, allergy, immunology, pulmonary, infectious disease, geriatrics, addiction medicine), psychiatry, and pediatric child advocate psychiatry.

Anticipated Surgical and Medical Specialist workloads are shown below.

Surgical Specialties	On-site Visits	Annual Telemedicine Consults
General Surgery	4,992	1,248
Ophthalmology	11,120	4,118
Orthopedic Surgery	11,800	0
Otolaryngology	3,753	2,021
Urology	4,736	0
Other Surgical Specialists	2,131	533

Medical Specialties	Annual Visits Direct Care	Additional Annual Telemedicine Consults # Planned
Cardiology	3,840	3,200
Dermatology	4,744	3,560
Neurology	1,047	2,356
Other Medical Specialties	17,109	12,956

HOURS OF OPERATION

Normal Clinic Hours: 8am – 5pm., Monday through Friday,

STAFFING

Position	Direct Care Planned	Telemedicine Planned	Total Planned	Daytime Planned
Surgical Specialists				
General Surgery	3.0	0.8	3.8	
Ophthalmology	3.0	1.0	4.1	
Orthopedic Surgery	4.2	0.0	4.2	
Otolaryngology	1.4	0.7	2.1	
Urology	1.7	0.0	1.7	
Other Surgical Specialists				
Gynecological	*1.0*	*0.3*	*1.3*	
Subtotal Surgical Specialists	***14.3***	***2.8***	***17.2***	***14.6***
Medical Specialists				
Cardiology *(Non-Invasive)*	1.5	1.2	2.7	
Dermatology	1.3	1.0	2.3	
Neurology	0.8	1.8	2.6	
Other Medical Specialties				
Unspecified	*1.0*	*0.0*	*1.0*	
Gastroenterology	*0.7*	*0.1*	*0.8*	
Pediatrics: General	*0.6*	*0.1*	*0.7*	
Pediatrics: Genetics Dev.	*0.2*	*0.1*	*0.3*	
Nephrology	*0.6*	*0.1*	*0.7*	
Endocrinology	*0.9*	*0.4*	*1.3*	
Rheumatology	*0.6*	*0.1*	*0.7*	
Allergy	*0.6*	*0.1*	*0.7*	
Immunology	*0.6*	*0.1*	*0.7*	
Pulmonary	*0.6*	*0.1*	*0.7*	
Infectious Disease	*0.4*	*1.0*	*1.4*	
Geriatrics	*0.5*	*1.0*	*1.5*	
Addiction Medicine	*0.1*	*0.4*	*0.5*	
Subtotal Medical Specialists	***11.0***	***7.6***	***18.6***	***15.8***
Subtotal Surgical/Medical Specialists	***25.3***	***10.4***	***35.6***	***30.4***

Psychiatry*	0.4	0.9	1.3	
Pediatric Psychiatrist Child Advocacy*	0.5	0.8	1.3	
Subtotal Other Specialists	***0.9***	***1.7***	***2.6***	***2.2***
Support				
Medical Specialty Lead Administrator	1.0	0.0	1.0	
Surgical Specialty Lead Administrator	1.0	0.0	1.0	
Lead RN (Medical)	1.0	0.0	1.0	
Lead RN (Surgical)	1.0	0.0	1.0	
Medical Specialty Chief Physician	1.0	0.0	1.0	
Surgical Specialty Chief Physician	1.0	0.0	1.0	
Assistant Chief, Physician (Medical)	0.5	0.0	0.5	
Assistant Chief, Physician (Surgical)	0.5	0.0	0.5	
Clinical Pharmacist – Support Medical	3.1	0.0	3.1	
Clinical Pharmacist – Support Surgical	1.8	0.0	1.8	
RN - Medical	6.2	0.0	6.2	
Nutritionist - Medical	2.1	0.0	2.1	
Nutritionist - Surgical	0.9	0.0	0.9	
RN - Surgical	5.5	0.0	5.5	
Certified Medical Assistant - Medical	18.5	0.0	18.5	
Certified Medical Assistant - Surgical	16.5	0.0	16.5	
Medical Support Assistant - Medical	6.2	0.0	6.2	
Medical Support Assistant - Surgical	5.5	0.0	5.5	
RN Case Manager - Medical	3.1	0.0	3.1	
RN Case Manager - Surgical	2.8	0.0	2.8	
Referral Care Coordinator - Medical	1.0	0.0	1.0	
Referral Care Coordinator - Surgical	1.0	0.0	1.0	
Patient Registration (*BO Distributed*)	4.0	0.0	4.0	
Psychiatry Clerical Support	1.0	0.0	1.0	
Telemedicine Coordinator**	3.0	0.0	3.0	
Phlebotomist	2.0	0.0	2.0	
Subtotal Support	***91.2***	***0.0***	***91.2***	***77.5***
Total	***117.4***	***12.1***	***129.4***	***110.1***

**Under Behavioral Health in RRM*

***Under Administration in RRM*

e. Specialty Lead Administrators oversees the day-to-day supervision of all department operations and should have a close proximity to waiting area and administrative front office personnel.

f. Lead Registered Nurses serve as team leader over nursing and clinical support personnel, monitoring schedules and maintaining department guidelines.

g. Medical Specialty Chiefs serve as mentors to medical staff and are liaisons to administrative staff. It is their responsibility to ensure that patients receive the highest level of medical or surgical care.

CONCEPT OF OPERATION

This department provides for a full range of surgical and medical specialty services. These services are delivered by specialists with nursing, technician, and clerical support. This department will include dedicated reception and business office registration. Since all patients will be by referral only, most of the registration process is anticipated to be completed prior to arrival.

Patient will arrive at the specialty care clinic, update/registration will be conducted, patient chart will be pulled from medical records, and/or the chart will be available electronically. Patient will enter specialty clinic, vital signs will be administered by a nurse, the patient will be assessed for other health needs (lab, x-ray) and may also identify additional needed care such as patient education. Patient will wait for specialty care provider in an available exam room. If an extensive procedure or more sterile procedure is required/necessary, the procedure may be scheduled at a later time in the procedure room or an Operating Room.

Patient education and counseling will be provided in the exam room prior to the patient's departure. Nutritionists embedded in the department will provide education on healthy eating habits and avoidance of foods contributing to illness or disease. Case Managers embedded in the department will coordinate treatment based on the physician care plan, while the Referral Coordinators will manage the referral process to internal and external clinics (Tribal and non-Tribal).

Initial scripts (1-7 days' worth) required to support only the referral visit will be provided through the on-site referral support Pharmacy and in consultation with Clinical Pharmacists embedded in the department. Patients will be given a follow-up appointment if necessary.

Team rooms will include providers and support staff to encourage care communication and coordination. Larger specialties such as Cardiology or Dermatology may have dedicated team rooms. It is the ultimate role of the design team to clearly understand the desired grouping of specialists and ensure appropriate distribution of workstations and touchdown stations.

An operational design with separate zones focusing on public, clinical, and staff is an effective means of creating optimized workflow, positive patient experience, and a highly collaborative clinical environment.

- The intradepartmental corridor system should provide easy patient wayfinding, operational flexibility, and shared/overflow exam space use.
- Department design should utilize "On Stage/Off Stage" patient/staff flow as practiced in other Portland facilities and influenced by Virginia Mason Medical Center and Institute. This design concept keeps waiting rooms small, focuses on direct treatment space, encourages self-rooming (so patient is not spending time in a waiting room), exam room time consists of education, etc. This is a Disney facility design concept where the patient is separated from some of the busier congested areas of the department and staff and patient interact only for care.
- Clinical Pharmacists will be supporting the delivery of specialty care and embedded in both clinics. They will consult with specialists and patients to support full medications review for patients seeking care at this facility.

- Telemedicine coordinators support patients, clinical, and non-clinical staff, managing the scheduling of telemedicine visits. They are responsible for equipment set up, appointment coordination, and maintenance of EHR relevant to the patient visit. They require adjacency to telemedicine exam rooms.
- To support decentralized patient registration, two FTE will be in each of the front reception areas (medical and surgical).
- Lounge space will be provided away from public and clinical area, with lockers available to personnel without offices.

For this department, a “no lift” policy is maintained for patient safety. Consider portable patient lift units in the facility, allowing flexibility and movement to where the patient is. Anticipate unit storage requirements and hallway implications.

ADJACENCY PARAMETERS

- Required: Imaging
- Desirable: Surgery, Pain Clinic, Pharmacy, Lab
- Beneficial: Public Toilets and Waiting, Front entrance

ROOM/SUITE SPECIFIC ISSUES

Consistent room sizes are used as much as possible to facilitate future flexibility and re-assignment of room use. This department may experience growth with population increases and/or health care delivery trends. Control points and patient and/or service corridors should be positioned to align with adjacent outpatient departments to permit future growth/shifts into neighboring areas. To the greatest extent possible, adjacent department should be selected for their convertibility into specialty care areas. The equipment for Other Specialty exam rooms will be at the facility’s discretion in accordance with the specialties envisioned.

Two functionally independent, co-located clinics are suggested in support of this mission - a Surgical Specialty Clinic and a Medical Specialty Clinic. Design should resist segregation into sub-departments as much as possible. Team rooms will have a considerable number of providers and service staff working together in close quarters. The origination of the team room capacities suggests how the department might be divided into pods or clusters.

- Telemed functionality should be distributed throughout the department with telemed visits most often conducted at the physician workstation. Consideration should be given to identifying the latest in telemed functionality prior to construction. Most of the telemed functionality is to support consults from the Area (follow ups, etc. from the Portland Area primary service areas).
- Additionally, there are three dedicated telemed examination rooms planned when a patient is onsite connecting with a specialist who is not.
- A negative pressure room is needed close to the entrance of the department to handle any infectious disease or other potential isolation issues before the patients goes deep within the department.

- Due to dependency on x-ray, the orthopedic rooms and provider should be positioned closer to radiology.
- Design should incorporate as much natural light in waiting areas and support clinic wayfinding.

Surgical Specialty Care

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	Remarks
Public					
CONTROL RECEPTION	CNRC1	2	97	194	
OFFICE, PAT REG & INTERVIEW	OFIN1	2	75	150	2.0 Patient Registration
PATIENT EDUCATION CONFERENCE ROOM	CFET1	2	258	516	
WAITING	WTGN1	50	17	850	
PUBLIC TOILET	TLPP1	2	54	108	
Patient Care					
Surgical - General Surgery					
GENERAL SURGERY CLEAN	PRMN1	1	151	151	
GENERAL SURGERY DIRTY TREATMENT ROOM	PRDT1	1	151	151	
GENERAL SURGERY EXAM	EXGM1	4	125	500	IHS Criteria of 2 exam rooms per provider in clinic assuming 60% clinical time (3.6 general surgeon x 2 exam rooms per provider x 0.6 = 4 exam rooms).
GENERAL SURGERY LASER TREATMENT ROOM	PRLS1	1	151	151	
GENERAL SURGERY PATIENT TOILET	TLPP1	1	54	54	
TEAM ROOM WORKSTATION - GENERAL SURGEON	OFOC2	4	43	172	
Surgical - Orthopedic					
ORTHOPEDIC CAST ROOM	PRMN2	1	151	151	
ORTHOPEDIC EXAM ROOM	EXGM1	5	125	625	IHS Criteria of 2 exam rooms per provider in clinic assuming 60% clinical time (4 orthopedic surgeon x 2 exam rooms per provider x 0.6 = 5 exam rooms).
ORTHOPEDIC IMAGING REVIEW	OFFR1	1	86	86	
ORTHOPEDIC PLASTER STORAGE	STCT1	1	65	65	
TEAM ROOM WORKSTATION - ORTHOPEDIC	OFOC2	4	43	172	
Surgical - Ophthalmology					
OPHTHALMOLOGY EXAM	EXRF1	7	172	1204	Formula for ophthalmology exam rooms is (roundup ((workload/3715) * 0.8)) * 2).
OPHTHALMOLOGY LASER TREATMENT ROOM	PRLO1	1	172	172	
OPHTHALMOLOGY ULTRASOUND	PRUO1	1	118	118	
TEAM ROOM WORKSTATION - OPHTHALMOLOGIST	OFOC2	4	43	172	
Surgical - ENT					
ENT EXAM ROOM	EXDC1	2	129	258	IHS Criteria of 2 exam rooms per provider in clinic assuming 60% clinical time (2 ENT x 2 exam rooms per provider x 0.6 = 2 exam rooms).
ENT TREATMENT ROOM	PRME1	1	151	151	
TEAM ROOM WORKSTATION - ENT	OFOC2	2	43	86	
Surgical - Urology					
CYSTOSCOPY PROCEDURE	PRCY1	1	248	248	
NEPHROLOGY RENAL STUDY	EXRS1	1	118	118	

Surgical Specialty Care

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	Remarks
URODYNAMIC TOILET	TLPP1	1	54	54	
URODYNAMICS EXAM ROOM	EXUR1	1	151	151	
UROLOGY CLEAN SCOPE STORAGE	UTCL1	1	86	86	
UROLOGY EXAM ROOM	EXGM1	2	125	250	IHS Criteria of 2 exam rooms per provider in clinic assuming 60% clinical time (1.7 urologist x 2 exam rooms per provider x 0.6 = 2 exam rooms).
UROLOGY PREP/RECOVERY	RECV1	1	86	86	
UROLOGY SATELLITE LAB	LBUR1	1	97	97	
UROLOGY SCOPE CLEANING	UTEN1	1	86	86	
TEAM ROOM WORKSTATION - UROLOGY	OFOC2	2	43	86	
Surgical - Gynecology					
GYNECOLOGY EXAM ROOM	EXGM1	2	125	250	IHS Criteria of 2 exam rooms per provider in clinic assuming 60% clinical time (1.3 gyn x 2 exam rooms per provider x 0.6 = 2 exam rooms).
TEAM ROOM WORKSTATION - GYNECOLOGY	OFOC2	2	43	86	
General Patient Care					
SPECIALTY PROCEDURE ROOM	PRMN1	2	151	302	IHS Criteria is 1 @ 151 sqft per clinic, when # of EXGM1 is ≥ 6, +1 for each fraction of 12 above 12. There are 22 total EXGM1's
EXAM, TELEMEDICINE	EXTM1	1	151	151	
TELEMEDICINE COORDINATORS	OFOC2	1	43	43	1 per coordinator
OFFICE, SURGICAL CHIEF	OFSP1	2	118	236	1.0 Surgical Specialty Chief Physician 0.5 Assistant Chief Physician
OFFICE, SURGICAL SPECIALTY LEAD ADMINISTRATOR	OFTY1	1	97	97	1.0 Surgical Specialty Lead Administrator
OFFICE, LEAD RN	OFTY1	1	97	97	1.0 Lead RN
TEAM ROOM WORKSTATION - CARE SUPPORT STAFF	OFOC2	13	43	559	2.8 RN Case Manager 5.5 MSA 1.0 Referral Care Coordinator 1.8 Clinical Pharmacist 0.9 Nutritionist
TOUCHDOWN STATION	OFOC2	5	35	175	16.5 CMA Programmed workstations at 30% of CMA FTE assuming majority patient care duties.
PATIENT TOILET	TLPP1	2	54	108	
NURSE CONTROL	CNNC1	2	129	258	
SUBWAITING	WTSB1	1	86	86	
VITAL SIGNS ROOM	PRVT1	2	108	216	
Patient Care Support					
CLEAN UTILITY ROOM	UTCL1	2	108	216	
CRASH CART ALCOVE	ALCC1	1	11	11	
EQUIPMENT STORAGE	STEQ1	2	108	216	
GURNEY ALCOVE	ALSW1	2	32	64	
HOUSEKEEPING CLOSET	HSKP1	2	43	86	
IMAGING REVIEW ROOM	OFFR1	2	86	172	

Surgical Specialty Care

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	Remarks
QUIET NURSE WORK AREA	OFNC1	2	65	130	
MEDICATION PREP WORKROOM	WRMD1	2	65	130	
SOILED UTILITY ROOM	UTSL1	2	75	150	
WHEELCHAIR ALCOVE	ALSW1	2	32	64	
Staff Support					
STAFF LOUNGE	LGST1	1	170	170	
STAFF NOURISHMENT ALCOVE	ALLG1	1	32	32	
STAFF LOCKERS	LKST1	3	33	99	59 Staff - 4 private offices/20 = 3.
STAFF TOILET	TLPS1	2	54	108	
Medicine Subspecialties		0			

Discipline Net Sq FT:	11831
Net to Gross Conversion:	1.45
Discipline Gross Sq FT:	17155

Medical Specialty Care

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	REMARKS
Public					
CONTROL RECEPTION	CNRC1	2	97	194	
OFFICE, PAT REG & INTERVIEW	OFIN1	2	75	150	2.0 Patient Registration
PATIENT EDUCATION CONFERENCE ROOM	CFET1	2	258	516	
WAITING	WTGN1	80	17	1360	
PUBLIC TOILET	TLPP1	2	54	108	
Patient Care					
Medicine - Cardiology					
CARDIOLOGY EXAM ROOM	EXGM1	4	125	500	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (2.6 cardiologists x 2 exam rooms per provider x 0.8 = 4 exam rooms).
ECHOCARDIOGRAPH	EXEC1	1	140	140	
ECHOCARDIOGRAPH READING ROOM	RREC1	1	118	118	
EKG WORK AREA & RECORDS	WREK1	1	118	118	
PACEMAKER/HOLTER MONITOR EQUIPMENT STORAGE	STEQ3	1	118	118	
STRESS ECHOCARDIOGRAPH	PRCST1	1	205	205	
TEAM ROOM WORKSTATION - CARDIOLOGIST	OFOC2	3	43	129	
Medicine - Dermatology					
DERMATOLOGY EXAM ROOM	EXGM1	4	125	500	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (2.3 dermatologists x 2 exam rooms per provider x 0.8 = 4 exam rooms).
DERMATOLOGY LAB	LBDM1	1	65	65	
DERMATOLOGY LASER	PRLD1	1	151	151	
DERMATOLOGY TREATMENT	PRMN1	1	151	151	
DERMATOLOGY ULTRAVIOLET	EXUB1	1	108	108	
DERMATOLOGY/CRYOTHERAPY	EXCR1	1	118	118	
TEAM ROOM WORKSTATION - DERMATOLOGY	OFOC2	3	43	129	
Medicine - Neurology					
NEUROLOGY EEG ROOM	EXEG1	1	129	129	
NEUROLOGY EEG WORK ROOM	WREG1	1	129	129	
NEUROLOGY EMG ROOM	EXEM1	1	129	129	
NEUROLOGY EXAM ROOM	EXGM1	2	125	250	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (0.8 direct care neurologists x 2 exam rooms per provider x 0.8 = 2 exam rooms).
TEAM ROOM WORKSTATION - NEUROLOGY	OFOC2	3	43	129	

Medical Specialty Care

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	REMARKS
Medicine - Nephrology					
NEPHROLOGY EXAM ROOM	EXGM1	1	125	125	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (0.7 nephrologists x 2 exam rooms per provider x 0.8 = 1 exam room).
TEAM ROOM WORKSTATION - NEPHROLOGY	OFOC2	1	43	43	
Medicine - Gastroenterology					
GASTROENTEROLOGY EXAM ROOM	EXGM1	1	125	125	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (0.8 gastroenterologists x 2 exam rooms per provider x 0.8 = 1 exam room).
TEAM ROOM WORKSTATION - GASTROENTEROLOGY	OFOC2	1	43	43	
Medicine - Pediatrics					
PEDIATRICS EXAM ROOM	EXGM1	2	125	250	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (1.0 pediatrician (0.3 + 0.7) x 2 exam rooms per provider x 0.8 = 2 exam rooms).
TEAM ROOM WORKSTATION - PEDIATRICS	OFOC2	1	43	43	
Medicine - Rheumatology					
RHEUMATOLOGY EXAM ROOM	EXGM1	1	125	125	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (0.7 rheumatologists x 2 exam rooms per provider x 0.8 = 1 exam room).
TEAM ROOM WORKSTATION - RHEUMATOLOGY	OFOC2	1	43	43	
Medicine - Allergy/Immunology					
ALLERGY/IMMUNOLOGY EXAM ROOM	EXGM1	2	125	250	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (1.0 allergy/ immunology x 2 exam rooms per provider x 0.8 = 2 exam rooms).
TEAM ROOM WORKSTATION - ALLERGY/ IMMUNOLOGY	OFOC2	2	43	86	
Medicine - Pulmonary					
PULMONOLOGY EXAM ROOM	EXGM1	1	125	125	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (0.7 pulmonologists x 2 exam rooms per provider x 0.8 = 1 exam room).
TEAM ROOM WORKSTATION - PULMONARY	OFOC2	1	43	43	
Medicine - Geriatrics					
GERIATRICS EXAM ROOM	EXGM1	1	125	125	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (0.5 direct care geriatrician x 2 exam rooms per provider x 0.8 = 1 exam room).
TEAM ROOM WORKSTATION - GERIATRICS	OFOC2	2	43	86	1 workstation - Direct Care 1 workstation - Telemedicine

Medical Specialty Care

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	REMARKS
Medicine - Infectious Disease					
INFECTIOUS DISEASE EXAM ROOM	EXGM1	1	125	125	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (0.4 direct care infectious disease x 2 exam rooms per provider x 0.8 = 1 exam room).
TEAM ROOM WORKSTATION - INFECTIOUS DISEASE	OFOC2	2	43	86	1 workstation - Direct Care 1 workstation - Telemedicine
Medicine - Addiction Medicine					
EXAM, PSYCHIATRIST	EXMH2	1	151	151	
Medicine - Behavioral Health					
EXAM, PSYCHIATRIST	EXMH2	2	151	302	
EXAM, PSYCHIATRIST PEDIATRIC CHILD ADVOCACY	EXMH2	2	151	302	
TEAM ROOM WORKSTATION - BH	OFOC2	1	43	43	Clerical Support
Medicine - Endocrinology					
Endocrinology EXAM ROOM	EXGM1	1	125	125	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (0.4 endocrinology direct provider x 2 exam rooms per provider x 0.8 = 1 exam room).
TEAM ROOM WORKSTATION - ENDOCRINOLOGY	OFOC2	2	43	86	
Medicine - Unspecified					
EXAM, ISOLATION - NEGATIVE PRESSURE	EXIS1	1	125	125	
SPECIALTY EXAM ROOM	EXGM1	2	125	250	IHS Criteria of 2 exam rooms per provider in clinic assuming 80% clinical time (1.0 unspecified x 2 exam rooms per provider x 0.8 = 2 exam rooms).
EXAM, TELEMEDICINE	EXTM1	2	151	302	
TELEMEDICINE COORDINATORS	OFOC2	2	43	86	1 per coordinator
SPECIALTY PROCEDURE ROOM	PRMN1	3	151	453	
OBSERVATION / INFUSION		4	100	400	
NURSE CONTROL	CNNC1	3	129	387	
OFFICE, NUTRITIONISTS	OFOC1	2	65	130	
SPECIALTY VISITING PROVIDER OFFICE	OFOC1	1	65	65	
PATIENT TOILET	TLPP1	4	54	216	
SUBWAITING	WTSB1	2	86	172	
VITAL SIGNS ROOM	PRVT1	3	108	324	
Patient Care Support					
CLEAN UTILITY ROOM	UTCL1	3	108	324	
CRASH CART ALCOVE	ALCC1	1	11	11	
EQUIPMENT STORAGE	STEQ1	3	108	324	
GURNEY ALCOVE	ALSW1	3	32	96	
HOUSEKEEPING CLOSET	HSKP1	2	43	86	
IMAGING REVIEW ROOM	OFFR1	1	86	86	

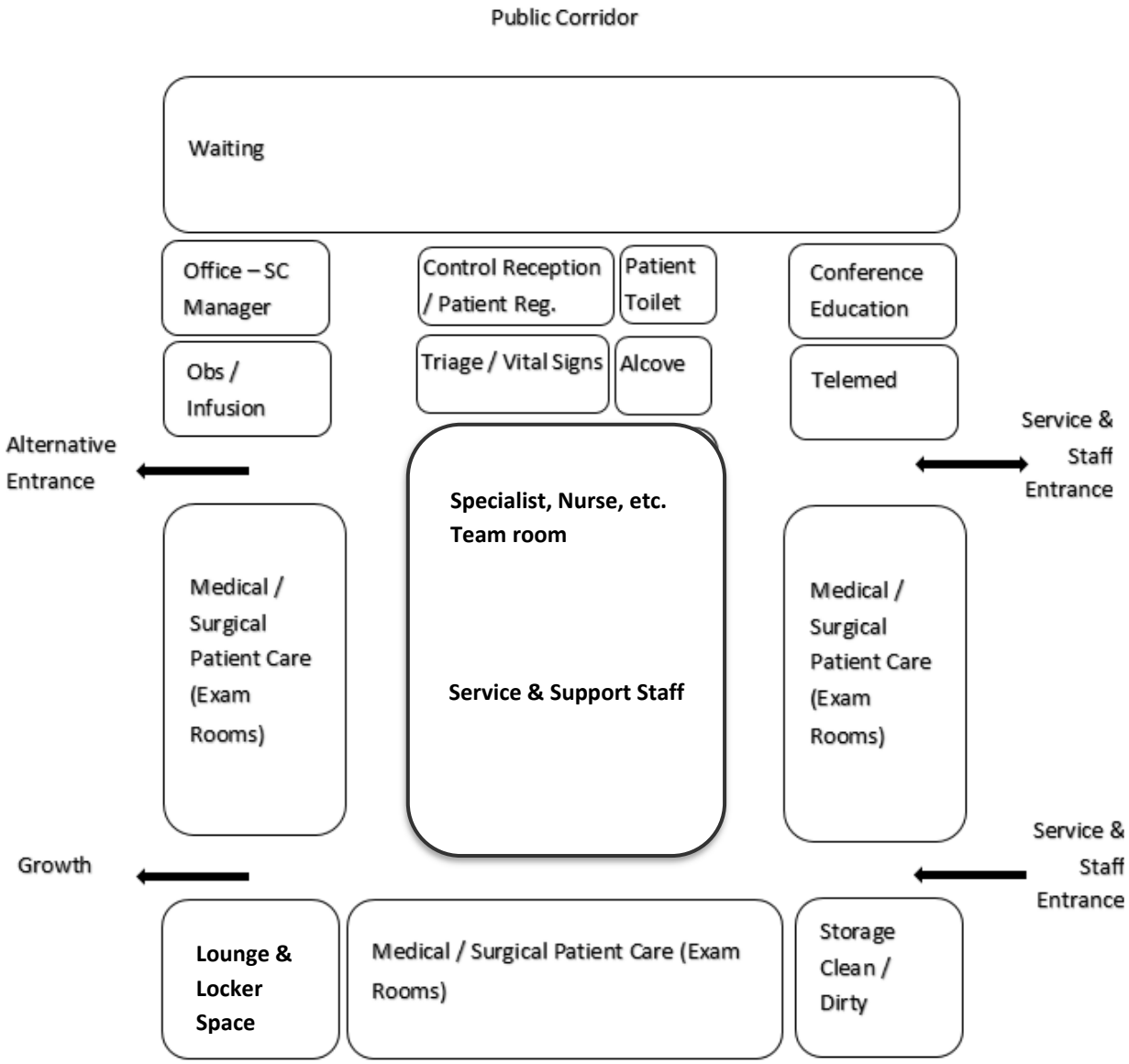
Medical Specialty Care

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	REMARKS
QUIET NURSE WORK AREA	OFNC1	3	65	195	
OBSERVATION / INFUSION MED PREP WORKROOM	WRMD1	1	65	65	
OBSERVATION / INFUSION NURSE STATION	OFOR1	1	65	65	
OBSERVATION / INFUSION PATIENT TOILET	TLPP1	1	54	54	
OBSERVATION / INFUSION STORAGE	STEQ1	1	65	65	
MEDICATION PREP WORKROOM	WRMD1	3	65	195	
OFFICE, SPECIALTY CARE MANAGER	OFSP1	2	118	236	1.0 Medical Specialty Chief Physician 0.5 Assistant Chief Physician
PROCEDURE, BLOOD DRAW 2	PRBD2	1	129	129	
SOILED UTILITY ROOM	UTSL1	3	75	225	
OFFICE, MEDICAL SPECIALTY LEAD ADMINISTRATOR	OFTY1	1	97	97	1.0 Medical Specialty Lead Administrator
OFFICE, LEAD RN	OFTY1	1	97	97	1.0 Lead RN
TEAM ROOM WORKSTATION - CARE SUPPORT STAFF	OFOC2	14	43	602	3.1 RN Case Manager 6.2 MSA 1.0 Referral Care Coordinator 3.1 Clinical Pharmacist
TOUCHDOWN STATION	OFOC2	6	35	210	18.5 CMA
WHEELCHAIR ALCOVE	ALSW1	3	32	96	
Staff Support					
STAFF LOUNGE	LGST1	1	170	170	
STAFF NOURISHMENT ALCOVE	ALLG1	2	32	64	
STAFF LOCKERS	LKST1	3	33	99	69 Staff - 4 private offices/20 = 3. 66 ttl lockers
STAFF TOILET	TLPS1	3	54	162	

Discipline Net Sq FT:	15039
Net to Gross Conversion:	1.45
Discipline Gross Sq FT:	21807

FUNCTION SKETCH: Medical/Surgical Specialty Care (SC5)



Design Notes: Dental Specialty

MISSION

This department's mission is to provide specialty dental care to the primary regional specialty user population, projected to be 75,593 in 2037. Services will include oral surgery, pediatric dentistry, endodontics, orthodontics, prosthodontics, and periodontics. These are services to which AI/ANs have historically had no access.

Orthodontics does not occupy as great a footprint in this department as it might have due to the area workgroup's perspective that most orthodontic services require a closer patient-provider travel time than is anticipated for most users seeking care at this facility.

Projected regional user populations are based on extensive market analysis and demand erosion assumptions found elsewhere in this report.

Dental Specialists are projected to serve the entire Portland Area with consults as required and feasible. The FTE assigned to such is identified below.

HOURS OF OPERATION

Normal Clinic Operation, Monday through Friday, 8am – 5pm.

STAFFING

Position	Direct Care Planned	Telemedicine Planned	Total Planned	Daytime Planned
Pediatric Dentists	2.4	0.5	2.9	
Oral Surgeons	1.9	0.5	2.4	
Endodontists	1.5	0.5	2.0	
Periodontists	1.2	0.3	1.5	
Prosthodontists	0.4	0.2	0.6	
Orthodontists	0.7	0.3	1.0	
Chief Dental Officer (AGPR) Can support, and champion Disease Control as well	1.0	0.0	1.0	
Deputy Dental Chief	0.5	0.0	0.5	
Support				
Dental Assistants (2.5/active Dentist) Sterile function staff in Central Sterile	20.9	0.0	20.9	
Dental Assistant Supervisor	3.5	0.0	3.5	
Clerical Assistants	3.0	0.0	3.0	
Patient Registration	1.0	0.0	1.0	
Total	**38.0**	**2.3**	**40.3**	**34.3**

CONCEPT OF OPERATION

This department provides for a full range of dental specialty services delivered by specialists with Dental Assistant and clerical support. This department will include dedicated reception and business office registration integrated into the public entry/reception area of the department.

Anticipated patient flow within the clinic is as follows: patient enters in public waiting space and checks in with the reception and patient registration to ensure records are accurate. Patient will then be escorted to the appropriate operatory for the necessary treatment. If a pan/ceph image is required, the patient may have that performed on the way to the operatory or after being seated for treatment. Following treatment, the patient may consult with a clinical pharmacist and then check out at reception. No dental hygiene is planned for this facility.

- Department design should consider “On Stage/Off Stage” patient and staff flow as practiced in other Portland facilities and influenced by Virginia Mason Medical Center and Institute. This design concept keeps waiting rooms small, focuses on direct treatment space, and encourages self-rooming so the patient is not spending time in a waiting room (allowing the exam room time to support education and other functionality). This concept also encourages patient separation from staff in the busier congested areas of the department. Consider how Specialty Care is integrating this concept and integrate the same concept in this department.
- Because of decentralized patient registration, one FTE will be in the front reception area of this department.
- The final location of the Dental Sterilization function within Dental or within Medical Supply should be determined at the commencement of design.
- Dental needs to have dedicated Operating Room time if at all possible. Surgery scheduling should consider this requirement weekly.

Patient flow and operation happens much as primary Dental services. The primary movement of patients to treatment areas will be through a widened central corridor leading from Waiting to the required exterior wall for the dental chairs.

Dental Care is provided by a Care team consisting of a dentist and two dental assistants. This team typically works two dental chairs. A hygienist is not anticipated in this clinic.

Patient Lift Concerns should be planned for so a “no lift” policy maintains patient safety standards. Consider portable units in the facility, allowing flexibility and movement to where the patient is. Anticipate unit storage requirements and hallway implications.

ADJACENCY PARAMETERS

- Required: Public Toilets
- Desirable: Surgery, Health Information Management
- Beneficial: Front Entrance, Pharmacy and Lab

ROOM/SUITE SPECIFIC ISSUES

- Pediatric Dentists and Oral Surgeons should have a closed operatory near to their open operatories. The balance of specialists will share access to two remaining closed operatories as scheduling permits.
- All radiography will be digital.
- Records Distribution: Chart Distribution alcoves are provided as holding points for completed charts awaiting data processing input.
- Lab size and layout must accommodate some atypical functions not found in most IHS/tribal dental clinics, including bridges, dentures, crowns, etc. Consideration of the newest technology should happen prior to the completion of design (for example, using a Cerec machine that prints crowns on-site while the patient waits).
- 3D imaging capabilities should also be considered.
- The Family Conference room should be pleasantly lit and warmly decorated to put patients and family members at ease while discussing treatment options.
- The Department Director should have AGPR certification (meaning immersion in all specialties, allowing him/her to support gaps as able and champion department issues effectively)
- Telemed consults should be able to handle many 1st consults, digital x-rays, history, etc.
- Clerk utilization anticipates two to check people in, one working in the back to run supplies, and one to address insurance pre-authorizations (this could also be handled by the distributed registration tech).

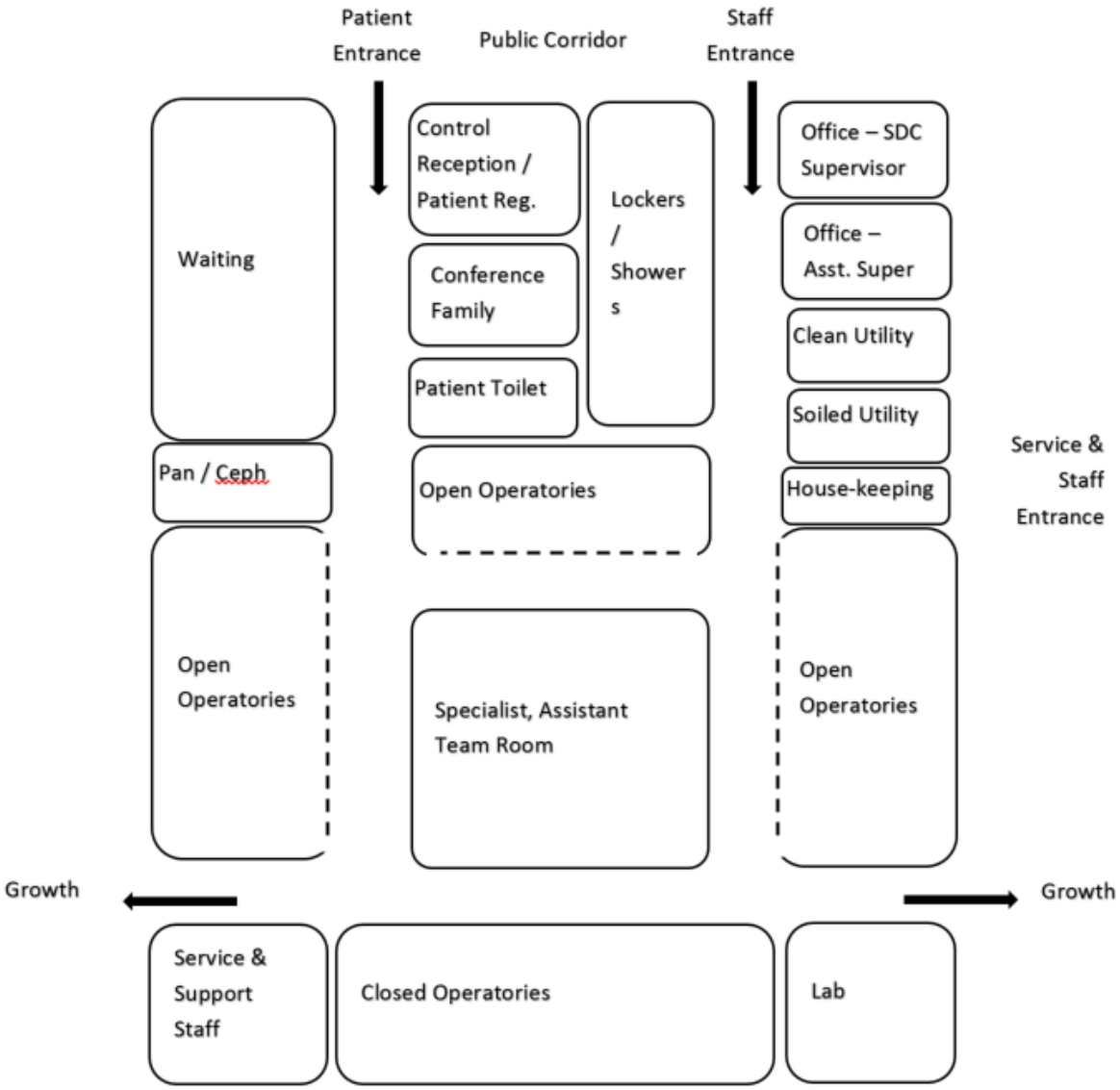
Dental

2037 RWRSRC PLANNED

SPACE NAME	RFN CODE	ROOM QT	AREA	TOTAL	REMARKS
Public					
CONFERENCE, FAMILY	CFFD1	1	97	97	
CONTROL, RECEPTION 1	CNRC1	1	323	323	
OFFICE, PAT REG & INTERVIEW	OFIN1	1	75	75	1.0 Patient Registration
WAITING	WTGN1	19	54	1026	One waiting area per operatory.
Patient Care					
ALCOVE, CHARTS	ALCH1	2	12	24	
ALCOVE, DENTAL, SCANNER/WORKSTATION	ALDW1	1	65	65	
PROCEDURE, DENTAL, CLOSED	PRDC1	6	130	780	
PROCEDURE, DENTAL, OPEN	PRDO1	13	118	1534	1.8 per specialty dentist. 10.5*1.8 = 19. Used 6 closed and 13 open.
PROCEDURE, PAN/CEPH	PRPC1	2	65	130	
Patient Care Support					
ALCOVE, SUPPLY STORAGE	ALSS1	2	22	44	
HOUSEKEEPING	HSKP1	1	43	43	
LAB, DENTAL 4	LBDN4	1	291	291	
OFFICE, ASST SUPERVISOR	OFTY1	1	97	97	0.5 Deputy Dental Chief
OFFICE, SUPERVISOR DENTAL	OFSP1	1	118	118	1.0 Chief Dental Officer
STORAGE, CLEAN LINEN	STCL1	1	86	86	
STORAGE, UNIT SUPPLY	STUS1	1	130	130	
TEAM ROOM WORKSTATION - DENTAL SPECIALISTS	OFOC2	18	43	774	10.5 dental specialists 3.49 Dental Assistant Supervisor 2.74 Dental Clerical Support
TOILET, PATIENT	TLPP1	2	54	108	
WORKROOM, MEDS 1	WRMD1	1	65	65	
WORKROOM, DECON	DCDN1	1	108	108	
WORKROOM, STERILE	WRSD2	1	280	280	
Staff Support					
LOCKERS STAFF	LKST1	2	151	302	121 NSF for male and 181 NSF for female
LOUNGE, STAFF	LGST1	1	150	150	
TOILET, STAFF	TLPS1	2	54	108	

Discipline Net Sq FT:	6758
Net to Gross Conversion:	1.45
Discipline Gross Sq FT:	9799

FUNCTION SKETCH: Dental Specialty Care



ANCILLARY SERVICES

Design Notes: Diagnostic Imaging

MISSION

To provide culturally appropriate, comprehensive diagnostic imaging services to meet patient and provider needs. The provision of these imaging modalities will improve the treatment and care of patients by providing a more affordable, comfortable, convenient, and high-quality alternative to hospital-based diagnostic imaging, utilizing the most advanced medical imaging technology, employing competent, compassionate, experienced staff, and providing the latest continuing medical education.

The population to be served by most modalities in this department is the primary service area's regional specialty user population, projected to be 75,593 in 2037. However, Bone Mineral Density, MRI and Radiologist services are sized to support the extended service area's regional specialty user population, projected to be 117,292 in 2037.

Each authorized modality's Projected Annual Facility Workload is as follows:

Modality	Annual Workload	Annual Telemedicine Workload
Bone Mineral Density Exams	2,179	0
General Radiography Exams	8,233	0
Fluoroscopy Exams	686	0
Ultrasound Exams	4,081	0
Mammography Exams	7,500	0
CT Exams	6,001	0
MRI Exams	5,161	0
Radiologist Reads	33,831	56,500*

** Workload generated by Area Wide Market Share Adjusted HSP projection.*

HOURS OF OPERATION

Diagnostic Imaging department is open from 6 am – 7 pm (to support fasting studies, and requests driven from primary care at the local level as opposed to referrals from the specialists. Schedulers should consider primary care referrals either first thing or end of day).

Normal Clinic Hours are Monday through Friday, 8am – 5pm.

STAFFING

Position	Direct Care Planned	Telemedicine Planned	Total Planned	Daytime Planned
Rad Tech	4.5	0.0	4.5	
Manager	1.0	0.0	1.0	
Ultrasound Tech	2.9	0.0	2.9	
Mammo Tech	2.9	0.0	2.9	
CT/MRI Tech	5.9	0.0	5.9	
Radiologist (*1 Mammo. Certified)*	3.0	1.0	4.0	
PACS Administrator	1.0	0.0	1.0	
Admin Assistant	1.0	0.0	1.0	

Patient Registration	1.0	0.0	1.0	
Total	**23.2**	**1.0**	**24.2**	**20.5**

CONCEPT OF OPERATION

Patients present at the reception control counter from the public corridor and check in with patient registration, available at the control counter.

Patients are escorted from the Waiting Room or Holding Area to the appropriate modality's prep area (Dressing, Toilet or Prep Space) by either the technician or clerk. When the modality space and patient are ready, the patient is escorted into the appropriate imaging room.

Images taken are processed and reviewed in the internal service core of the department then forwarded to the radiologists for review. Once the view and quality are assured, the patient may dress and leave the department, coordinating a time to learn results with their primary care or referring physician. The radiologist is also a regional asset for Area-wide reads.

The success of the imaging department is based on the ease of patient wayfinding and the efficiency of staff work paths.

No-show rate will still exist despite being a regional service and there must be flexibility to stream in people as possible. Current no-show rate in clinics is 20-30% for general visits.

Patient Lift Concerns should be planned for a "no lift" policy maintains patient and staff safety standards. Consider portable units in the facility, allowing flexibility and movement to where the patient is. Anticipate unit storage requirements and hallway implications.

This department will 100% digital.

ADJACENCY PARAMETERS

- Required: Specialty Care, Surgery
- Desirable: Front Entrance, Pain Clinic, Rehab, Lab
- Beneficial: Property & Supply

ROOM/SUITE SPECIFIC ISSUES

One Area Consultant is desired under Telemedicine.

This department may expand in the future. This requires provision of adjacent "soft space" or exterior growth space.

Cryogen for the MRI will be stored in the MRI Storage Supply Room.

A dedicated out-of-template electrical equipment closet is required with immediate adjacency to appropriately provide dedicated power for this service.

Access to specialty care and surgery is important. C-Arm technology in radiology and having access to that while in surgery is important. Patients will not be moving but the technology may be moving.

Digital reading technology should be integrated into the elementary design of the department. X-ray has some desire to be next to lab, particularly for renal die studies. A crash cart needs to be close to surgery, but design team may opt to place and automated external defibrillator in this department.

Consider mammography design that addresses feminine room preferences: softer environment, leather furnishings, “home-y,” quiet music, water… the spa experience.

ADA compliant dressing room should be included.

Position radiologist reading rooms central to the department, easy to access, as opposed to tucked back in the department.

Place department as close as possible to the front for after-hours patients to find their way out.

Consider design in such fashion so that only a 3rd of the building is open to support extended hours for the DI and Lab departments.

Access of DI to back of house (Property and Supply) is no longer necessary due to digital images.

No nuclear medicine planned at this facility.

This Template relies on other templates and/or adjacent “out-of-template” areas for several functions and support spaces identified in the “Guidelines for Construction and Equipment of Hospital and Medical Facilities.” These functions and spaces located outside of this template include Public Toilets, Public Telephones, Public drinking Fountain, Soiled holding, and general administrative/business spaces and functions. Application of this template must assure the appropriate spaces are accounted for in adequate proximity.

Diagnostic Imaging

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
CONTROL, RECEPT.	CNRC2	1	129	129	1.0 Patient Registration 1.0 Admin Assistant
OFFICE, PAT REG & INTERVIEW	OFIN1	1	75	75	
WAITING	WTGN1	11	43	473	
Patient Care					
WAITING, SUB	WTSB1	1	284	284	
ALCOVE, LINEN	ALLN1	11	6	66	
TOILET, PATIENT	TLPP1	2	54	108	
DRESS, HC	DRHC1	11	43	473	
Patient Care - MRI					
PATIENT PREP., MRI	HDPT2	2	129	258	
COMPUTER, MRI	CMMR1	2	280	560	
CONTROL, MRI	CNMR1	2	172	344	
PROCEDURE, MRI	PRMR1	2	409	818	
Patient Care - CT					
CONTROL, CT	CNCT1	2	194	388	
PATIENT PREP., CT	HDPT2	2	129	258	
PROCEDURE, CT	PRCT1	2	388	776	
Patient Care - Mammography					
PROCEDURE, MAMMO	PRMM1	2	172	344	
Patient Care - Rad/Flouro					
PROCEDURE, RAD	PRRD1	1	301	301	
PROCEDURE, RAD/FLOURO	PRRF1	1	323	323	
TOILET, FLUORO	TLPP1	1	54	54	
Patient Care - Ultrasound					
PROCEDURE, US	PRUS1	2	151	302	
TOILET, US	TLPP1	2	54	108	
Patient Care - BMD					
PROCEDURE, BMD	PRBN1	1	118	118	

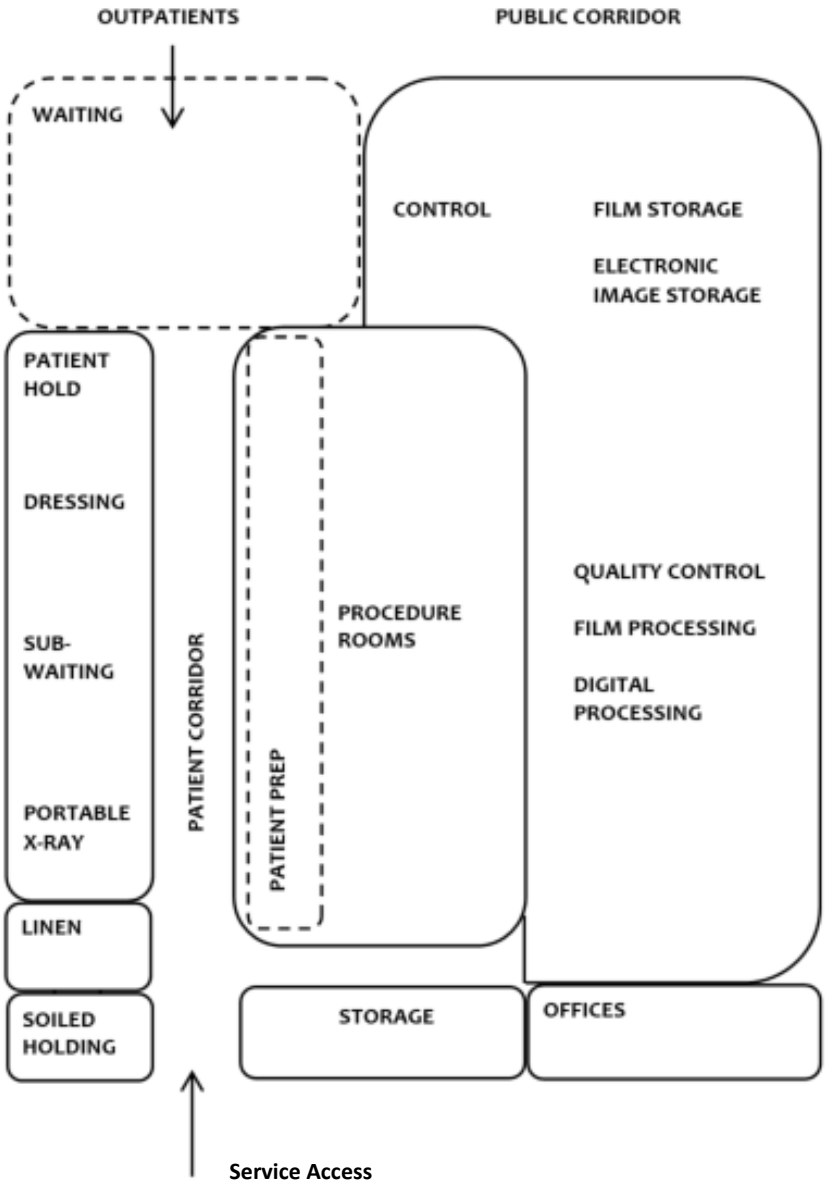
Diagnostic Imaging

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Patient Care Support					
ALCOVE, DIGITIZER	ALTR1	1	32	32	
ALCOVE, FILM QC	ALFQ1	3	43	129	
DIGITAL IMAGING PROCESSING	FPDI1	6	86	516	
HOLDING, SOILED	UTSL1	1	152	152	
HOUSEKEEPING	HSKP1	1	43	43	
OFFICE, CHIEF TECH.	OFRD2	1	118	118	1.0 Manager
OFFICE, PACS ADMINISTRATOR	OFTY1	1	118	118	1.0 PACS Administrator
OFFICE, RADIOLOGY	OFRD1	4	118	472	3.78 Radiologists
OFFICE, SHARED WORK	OFSW1	2	65	130	
STORAGE SUPPLIES, MRI	STMR1	1	192	192	
STORAGE, EQUIPMENT	STEQ1	6	43	258	
STORAGE, LINEN	STLN1	1	142	142	
STORAGE, PACs	STPC1	3	65	195	
STORAGE, UNIT SUPPLY	STUS1	6	43	258	
Staff Support					
LOUNGE, STAFF	LGST1	1	118	118	
TOILET STAFF	TLPS1	2	54	108	

Discipline Net Sq FT:	9541
Net to Gross Conversion:	1.4
Discipline Gross Sq FT:	13357

FUNCTION SKETCH: Diagnostic Imaging



Design Notes: Laboratory

MISSION

The Laboratory Department provides outpatient testing services and reports to all clinicians and departments associated with the NWRSRC for patients ranging in from newborn to geriatric. The Laboratory department interfaces with other accredited health care organizations for those tests not analyzed in house.

Laboratory services consist of hematology and coagulation; serology; microbiology; DNA probes; chemistry, special chemistry, and blood gases; urinalysis, screening for drugs of abuse; blood bank, venipuncture, clerical, and send-outs. Histology and Cytology tests will be referred out. No telemed application of lab function is anticipated.

See anticipated workloads below:

Unit	Annual On-Site Workload	Annual Telemedicine Workload
Chem/Hema/Immun/Urin Billable Tests	98,297	0
Microbiology Tests	19,345	0
Transfusion/BB Billable Tests	2,822	0
Histo/Cytology Billable Tests	4,764 (refer out)	0

HOURS OF OPERATION

Normal Clinic Hours - Monday through Friday, 8am – 5pm.

STAFFING

Position	**Direct Care Planned**	**Total Planned**	**Daytime Planned**
Lab Supervisor – Administrative	1.0	1.0	
Clinical Lab Scientist	5.0	5.0	
Medical Technologist (Certified and Licensed)	6.0	6.0	
Pathologist	0.2	0.2	
Phlebotomist	1.0	1.0	
Clerical Support	1.0	1.0	
Patient Registration	1.0	1.0	
Total	**15.2**	**15.2**	**12.9**

CONCEPT OF OPERATION

The Laboratory is designed around a large flexible multi-specialty combined clinical lab providing chemistry, urinalysis, hematology, and immunology services. Bacteriology is in a separate but adjacent lab. Specimen for testing is distributed from the Specimen Control area where specimen receipt and accessioning occur. Specimen Control also acts as patient reception and organizes patient collection activity. Specimen receipt will be from arriving patients or delivering staff. Specimen Control will also identify, pack and ship specimens for referral. Specimen collection is also provided in the Specialty Care clinic to reduce the number of patients needing to travel between departments. This clinic is not planned to receive specimen and provide testing for nearby Tribal or IHS clinics.

Separate staff/service access should be provided, privately away from the public access from a building corridor.

Testing Capabilities by Section are as follows:

- Chemistry: basic metabolic panel, comprehensive metabolic panel, alcohol, amylase, C-reactive protein, cardiac enzymes, cardiac markers, cholesterol, D. bilirubin, drugs of abuse (urine), HDL, hemoglobin A1C, iron, lipase, magnesium, microalbumin, phosphorus, prostate specific antigen, TIBC, therapeutic drugs, triglyceride, uric acid
- Urinalysis: Urine dipstick, urine microscopy, urine HCG, urine/nasal eosinophil count, cervical/vaginal wet mount exam, fecal occult blood, fern test, gastric occult blood, KOH prep, nitrazine pH
- Hematology: complete blood count with platelets, auto/manual wbc differential, activated PTT, erythrocyte sedimentation rate, prothrombin time/INR, reticulocyte count
- Immunology: antinuclear antibody factor, H. pylori antibody, infectious mononucleosis, rapid Group A/B strep, rapid influenza, rheumatoid factor, rotavirus, RSV, rubella antibody, serum HCG
- Bacteriology: routine culture-identification/susceptibility testing for bacteria (blood, ear, eye, fluids, nose, sputum, throat, urine) gram stain, pinworm exam
- Immunohematology: ABO, Rh

Lab Director can be a contracted position with a pathology group.

Lab should be located near main entry so patients who need labs in advance of specialty care visits can find it close to the main entrance. Central, easily accessible.

Since many labs will be sent out traffic flow should consider pathways where couriers can get in and out without adding congestion to patient pathways.

Water access is important. Keep exterior light out of lab so machines don’t malfunction. HVAC must keep temperature cool and have its own dedicated thermostat.

Phlebotomy patients should be separated from each other by a wall or curtain.

Other people besides the Phlebotomists can and should draw blood when necessary (train other staff to accomplish this.)

There is no need for forensic capabilities for urine analysis to support a legal paper trail.

ADJACENCY PARAMETERS

- Required:
- Desirable: Radiography, Front Entrance
- Beneficial: Property & Supply

ROOM/SUITE SPECIFIC ISSUES

Immunohematology tests will be done in the combined module.

The Specimen Toilet should have a pass through to Urinalysis.

The Staff Shower and Toilet will be unisex and located off of the staff locker area with separate entrances.

Depending on final equipment selection, floor drain and distilled water in chemistry may or may not be necessary. A/E to verify.

A/E to verify whether eyewashes or safety showers are necessary per OSHA requirements and local practices.

This Template relies on other templates and/or adjacent “out-of-template” areas for several functions and support spaces identified in the “Guidelines for Construction and Equipment of Hospital and Medical Facilities.” These functions and spaces located outside of this template include Public Toilets, Public Telephones, Public drinking Fountain, Soiled holding, and general administrative/business spaces and functions. Application of this template must assure the appropriate spaces are accounted for in adequate proximity.

Specific Concerns from the Planning Workgroup include in design considerations:

- Instruments
    - Footprint
    - Power Requirements
    - Water (purified or Deionizer)
    - Ventilation needs (Separate Thermostat)
    - Backup power for blood bank and other lab equipment.
    - Floor drains
- Patient areas
    - Patient confidentiality during specimen collection
- Reception area
- In Lab bench space: accommodates workspace, centrifuges, computer terminals, printers, specimen processing area.
- Microbiology lab: safety hoods, incubators as well as bench and analyzer space
- Storage
    - Refrigerator/Freezer space to store reagents, control material, media.
    - Non refrigerated reagents and consumables, lab coats, safety equipment
    - Chemical storage cabinet

- Ambient temperature/humidity of lab
- Safety: eye wash stations, safety showers, fire blankets, fire extinguishers, sinks
- Space for lab administration: policy and procedure manuals, QC data storage, personnel documents, accreditation documents.
- Result Record keeping space.

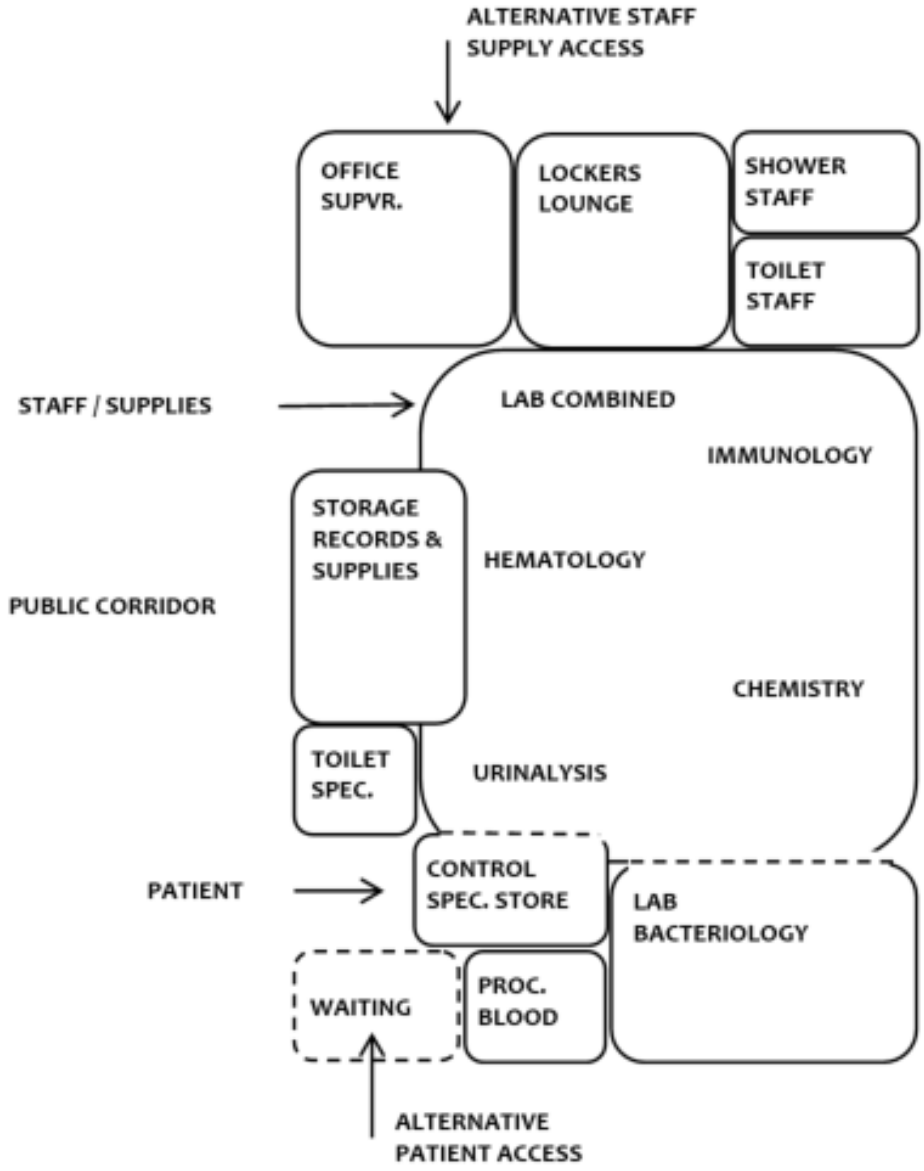
Laboratory

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
CONTROL SPEC STORE	CNRS2	1	135	135	1.0 Patient Registration 1.0 Clerical Support
PROCEDURE BLOOD DRAW	PRBD2	1	183	183	
PROCEDURE, BLOOD DRAW, TOILET SPEC	PRBD3	1	75	75	
WAITING	WTGN1	12	18	216	
Patient Care Support					
HOUSEKEEPING	HSKP1	1	43	43	
STORAGE RECORDS &	STSF2	1	172	172	
SOILED	UTSL6	1	75	75	
Staff Support					
STAFF ALCOVE	ALLG1	1	32	32	
LOCKERS	LKST1	13	6	78	15.2 total Lab Staff minus two staff with offices = 13 lockers + 60 sqft for bench area
SHOWER STAFF	SHPS1	1	37	37	
TOILET STAFF	TLPS1	1	54	54	
Work Area					
LAB COMBINED MODULE	LBCM5	1	1023	1023	
LAB BACTERIOLOGY	LBMB2	1	194	194	
OFFICE SUPERVISOR	OFSP1	1	118	118	1.0 Laboratory Supervisor
OFFICE SECT. SUPERVISOR	OFTY1	1	97	97	

Discipline Net Sq FT:	2532
Net to Gross Conversion:	1.3
Discipline Gross Sq FT:	3292

FUNCTION SKETCH: Lab



Design Notes: Referral Services Support Pharmacy

MISSION

The Referral Services Supports Pharmacy unit supports only the on-site procedure requirements and the initial new script requirements generated by any of the various referral departments such as surgery, specialty care, and dental. It will provide only what is needed to support a successful patient/physician encounter in the facility as well as provide medication to support the patient's transition back to their primary care clinic and local pharmacy. This support should be thought of as a 2–7-day supply.

The pharmacy is not designed for on-going patient med support resulting from either specialty care or primary care. The pharmacy is not in competition with the primary service area pharmacy. No on-going medications for patients taken prior to the referral will be supported by this pharmacy.

The department cooperates with and supports the Clinical Pharmacists located in the Specialty Care Clinic. It will dispense primarily to providers, clinical pharmacists, dentists, and other providers. The Clinical Pharmacists will be in the Specialty Care Team Room and see their patients in the same exam room as their specialty care visit or treatment.

The pharmacy will maintain a small public access entry or patient waiting area.

HOURS OF OPERATION

Normal Clinic Hours, 8:00 am to 5:00 pm, Monday to Friday

STAFFING:

Position	Direct Care Planned	Total Planned	Daytime Planned
Pharmacists	3.0	3.0	
Pharmacy Supervisor	1.0	1.0	
Pharmacist Technician	3.0	3.0	
Pharmacy Aide	1.0	1.0	
Total	**8.0**	**8.0**	**6.8**

CONCEPT OF OPERATION

The pharmacy will have a small public waiting space or public dispensing area. Scripts will normally be provided to the providers, nurses, or clinical pharmacists directly for dispensing to and discuss with the patient.

The spaces requiring privacy or enclosure for security form the perimeter of a large flexible space consisting of dispensing, pharmaceutical storage, receiving, bulk compounding, and pharmacist workstations. Because of the narcotics kept on site, a narcotics safe room must be planned with hardened secure walls, floor, and ceiling.

Supply space is provided to meet a maximum 30-day need. Holdings of medications are specialized to directly support the facility's mission.

Prescriptions will be requested either at the pharmacy control (refills), by record courier deliveries to the window at Staff/Service corridor, or by electronic order from a clinical pharmacist working in the Ambulatory Care unit.

Script orders will be entered directly behind the Pharmacist at Receiving and printed in the Dispensing Workroom.

ADJACENCY PARAMETERS

- Required:
- Desirable: Specialty Care, Surgery, Dental Specialty Care, Pain Clinic
- Beneficial: Property and Supply

No Pharmacy Drive-Thru Window is required.

ROOM/SUITE SPECIFIC ISSUES

While the Pharmacy would benefit from co-locating with the desirable departments above, primary concern should be given to how the location minimizes provider/nurse movement securing scripts for procedures and care plans. The pharmacy envisions a very small public front, so it can be located away from typical public pathways and corridors if necessary.

The plan's openness permits planning flexibility for functional/operational changes.

Future expansion is likely for this department. This requires provision of "soft space" at non-corridor perimeter walls.

The Office of Inspector General (OIG) provides additional design direction as provided below.

Security Requirements

The OIG has recommended the following as necessary for physical and systems pharmacy security:

- Pharmacy door access should be updated to have security-enhanced keys and a changeable cipher lock.
- Security cameras should be installed in each pharmacy to record the controlled substance inventories and any other locations where controlled substances are stored.
    - The areas of video observation should include Automated Dispensing Robots (ADRs), pharmacy filling area, primary area(s) of dispensing medications to the patients.
    - All entrances to and exits from the pharmacies should also be monitored by security cameras.
- Bars should be installed on the exterior windows of the pharmacies to prevent unlawful entry.
- Security systems should be upgraded for ADR systems to incorporate biometric authentication and to implement automatic log-off after a period of inactivity.

Comments/Clarification

- Window bars should be of 15-minute forced entry construction.

- Instead of bars, bullet proof or shatter resistant glass would meet the goal of securing window access points:
    - Partitions at the dispensing window and dispensing windows facing the public corridor shall be UL Level 3 ballistic construction and 15-minute forced entry construction, including partitions, doors, glazed openings, teller windows, and transaction tray.
- Security Enhanced Keys
    - Include electronic locking systems that could be accessed via government issued Personal Identity Verification (PIV) cards.
    - Could also include the use of biometrics such as a fingerprint scan to access the pharmacy.
- CCTV Security Cameras
    - IP-based solution is required.
    - Must support industry standard Power over Ethernet (PoE)
    - Each camera will be clearly defined by an IP address and Location Name
    - Recorded/Live footage will clearly note which camera (IP address, location)
    - Recorded/Live footage will clearly note Date/Time recorded.
    - Only record when motion is detected.
    - Camera should provide overlapping coverage to eliminate all blind spots.
    - 3 Megapixel or higher resolution camera (to allow for clear facial recognition) for recorded/live footage is required for cameras providing coverage of:
        - Pharmacy entries and exits; Counseling Room(s); Pharmacy Patient Reception; Bulk pharmaceutical storage.
    - 5 Megapixel or higher resolution camera (to assist with investigation of discrepancies, thefts, and/or diversions) for recorded/live footage is required for cameras providing coverage of:
        - ScriptPro (or other Automated Dispensing unit(s)); Controlled Substance safe(s); Prescriptions awaiting pickup (storage/shelving); Medication filling location(s)
    - Cameras must allow for recording in low light environments.
        - Auto sensor adjustment
        - Camera continuously adjusts the exposure to optimize the image.
        - Night mode
    - Cameras are required to provide 360-degree coverage and allow for celling or wall mount installation.
    - Cameras are protected against tampering/disabling.
    - Data/Video Storage Requirements
        - Storage hardware for recorded footage should be capable of saving up to thirty (30) days of security footage for each camera and should be easily upgradeable to accommodate expansion/increased storage capacity.

USP <800> Hazardous Drugs – Handling in the Healthcare Settings

- Space has been provided for hazardous drug storage and an IV workroom. The design A/E shall work with the Portland Area Pharmacy consultant or future Chief of Pharmacy to determine level of USP 800 protection necessary for the planned operation.
- Facility Design
    - Hazardous Drugs (HD) shall not be stored, unpacked, compounded, or otherwise manipulated in an area that is positive pressure relative to the surrounding areas.
    - HDs must be received, unpacked, and stored in a designated receiving area that has restricted access.

- Storage of antineoplastic HDs shall be separate from storage of non-HDs.
    - Requires a separate refrigerator in negative pressure room.
- Storage of non-antineoplastic HDs shall be separate from storage of non-HDs.
- All HD compounding shall be done in a segregated compounding area in a separate negative pressure room (at least 12 air changes per hour)
    - The type of compounding/preparation to be done (low, medium, or sterile) will determine if the segregated compounding area is a separate negative pressure room with at least 12 air changes/hour OR an ISO-7 Cleanroom with minimum 30 air changes/hour HEPA filtered.
    - The type of compounding/preparation to be done will also determine if a Class II Biological Safety Cabinet or a Compounding Aseptic Containment Isolator will be utilized.

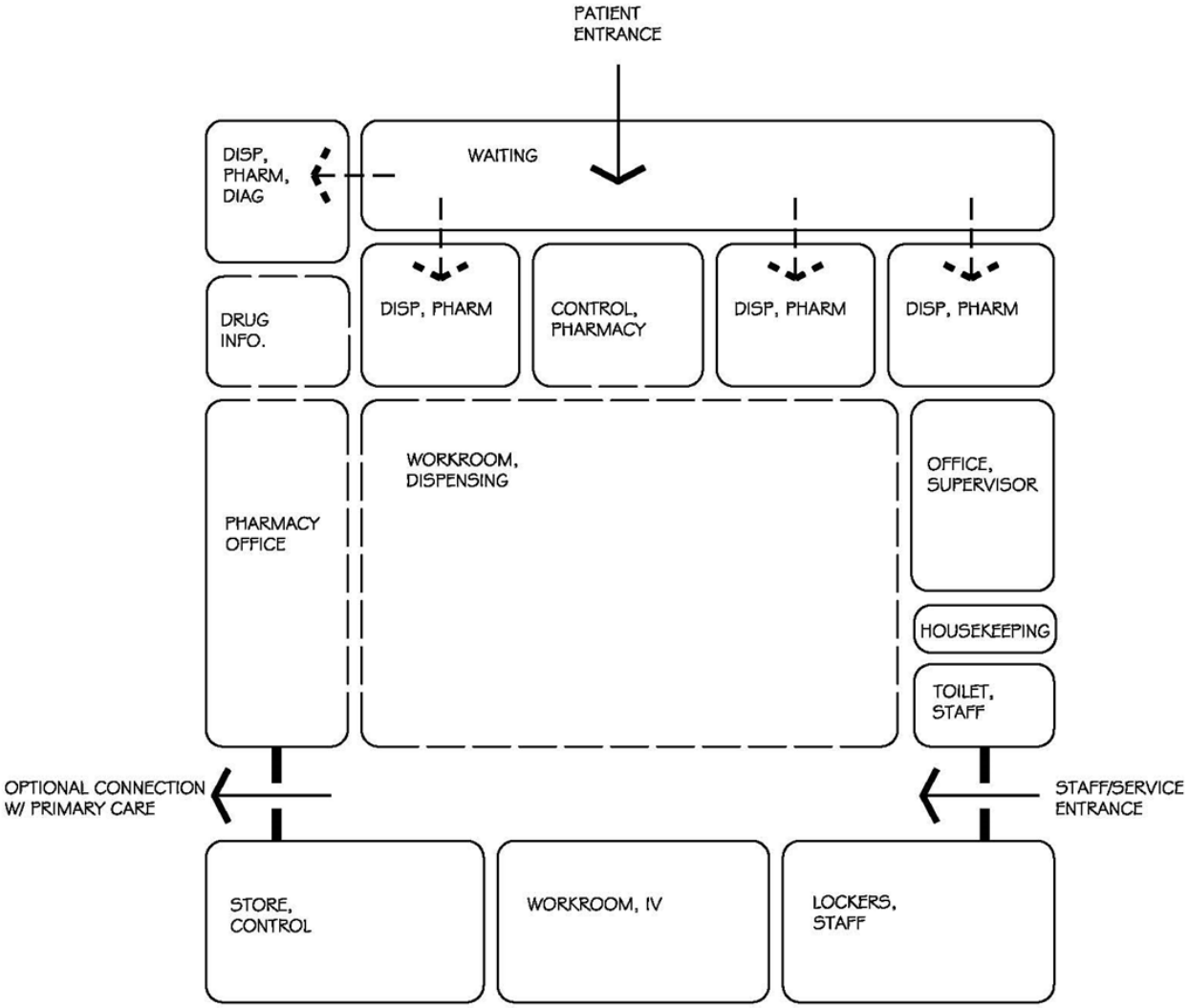
Referral Services Support Pharmacy

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
PHARM, DIAG DISPENSE	DPDP1	1	108	108	
PHARM, DISPENSE	DPPH1	1	65	65	
PHARMACY CONTROL	RCPR1	1	108	108	
WAITING	WTGN1	1	353	353	
Staff Support					
ALCOVE, DICTATION	ALDC1	3	22	66	
ALCOVE, NOURISHMENT	ALNR1	1	32	32	
IV WORKROOM		1	150	150	
HAZARDOUS DRUG STORAGE		1	150	150	Storage and Handling w/ negative pressure and air filtration.
STAFF LOCKERS	LKST1	1	6	6	Double lockers 1 per FTE
OFFICE, SUPERVISOR	OFSP1	1	118	118	
STAFF TOILET	TLPS1	1	54	54	
Work Area					
DISPENSING WORKROOM	WRPP1	1	560	560	
DRUG INFO	OFDI1	1	65	65	
HOUSEKEEPING	HSKP1	1	43	43	

Discipline Net Sq FT:	1878
Net to Gross Conversion:	1.2
Discipline Gross Sq FT:	2254

FUNCTION SKETCH – Pharmacy



Design Notes: Rehabilitation – Occupational Therapy, Speech Pathology, & Physical Therapy

MISSION

Physical rehabilitation services (PRS) are the diagnosis, treatment, and prevention of disease using physical rehabilitative interventions. This clinic will primarily focus on the occupational therapy (OT) and speech language pathology (SLP) functions, the former being sized for the primary service area's regional specialty user population projected to be 75,593 in 2037, the latter being sized for the extended service area's regional specialty user population to be 117,292 in 2037. A minimal physical therapy presence will support broader clinic functions such as telemed at-home therapy related assistance and support for the Pain Clinic in cooperation with the larger group of pain specialists in house.

Clients range in age from 2 months to 90+ years of age. A variety of musculoskeletal, neurological and orthopedics cases are seen. Occupational workload forecast is reduced to focus primarily on consultative role. Area workgroup sensed OT services would often be sought closer to home. Speech shifted to Area Consult and Coordination with local providers.

The anticipated annual healthcare demand for this service's service area population is as follows:

Service	Annual Workload
Physical Therapy	Support Role
Occupational Therapy	4,654
Speech Therapy	3,488

HOURS OF OPERATION

Normal Clinic Hours, 8am – 5pm., Monday through Friday

STAFFING

Position	Direct Care Planned	Telemedicine Planned	Total Planned	Daytime Planned
OT	2.0	0.0	2.0	
Speech Therapist	1.0	1.0	2.0	
OT Aides/Techs	1.0	0.0	1.0	
OT Supervisor	1.0	0.0	1.0	
SLP Supervisor	1.0	0.0	1.0	
Clerical Support (split with Audiology)	0.5	0.0	0.5	
Rehab Clerks	1.0	0.0	1.0	
PT (split with Pain Clinic support)	(FTE included in Pain Clinic)		(FTE included in Pain Clinic)	
Total	**7.5**	**1.0**	**8.5**	**7.2**

CONCEPT OF OPERATION

Occupational therapists and occupational therapy assistants help people participate in the things they want and need to do through the therapeutic use of everyday activities (occupations). Common occupational therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain skills, and providing supports for older adults experiencing physical and cognitive changes.

Speech-language pathology is practiced by a clinician known as a Speech-Language Pathologist (SLP), also called speech and language therapist, or speech therapist. This therapist specializes in the evaluation and treatment of communication disorders and swallowing disorders.

Physical Therapy is the diagnosis of, interventions for, and prevention of impairments and functional disabilities. A Physical Therapist will provide consultation to the Rehabilitation Department for evaluative purposes and will share their time with the Pain Medicine Department serving in the same capacity.

Patients will be referred from Primary or Specialty care providers. Upon referral an initial assessment visit is conducted and a care plan is developed.

A patient upon presentation at reception will be directed to either the PT, OT, or ST. Professional staff will coordinate therapy, as necessary.

Typically, treatment, support, and administrative spaces surround the primary therapy area. Public and service entrances are provided, with Patient Changing immediately accessible from the public entrance. The OT Exercise Area is similar but provides more privacy than found in a PT Exercise area.

Initial patient exams as well as more serious neurological patient treatments may require and should be provided greater privacy and confidentiality during their therapy. Some segregation within the department may be necessary.

Some patients will require changing due to their therapy. These patients will maintain their clothing with them during therapy.

Patient Lift Concerns should be planned for. A “no lift” policy maintains patient and staff safety standards. Consider portable units in the facility, allowing flexibility and movement to where the patient is. Anticipate unit storage requirements and hallway implications.

ADJACENCY PARAMETERS

- Required: Imaging
- Desirable: Front Entrance, Specialty Care Clinics, Exterior Entrance, Audiology, Otolaryngology (ENT)
- Beneficial: Public Toilets

ROOM/SUITE SPECIFIC ISSUES

The open department design area permits flexible arrangement and rearrangement in anticipation of changing equipment needs and development. A small Physical Therapy element has been added to

support Pain Clinic and many directives to lower drug dependencies, as well patients with disabled or potentially disability requiring home therapy. Physical Therapy support has been reduced due to the common local distribution of this service.

No special layout instructions aside from typical layout. Large open spaces for treatment with changing rooms. No adjacency issues because most patients are going directly to these services. However, a separate entrance for patients might be considered. Patients here will have limited mobility. The Bariatric patient needs to be considered throughout the facility.

Large automatic entrance doors should be provided at the patient entry. Intercom communication within the department should be provided. The Sensory Integration space should not be included in this intercom. The Sensory Integration Room will be used by OT, and to a less extent PT.

Natural light for the OT Exercise Area is desirable. The Patient Training Toilet and Shower will be completely operational, not just designed for training.

The Speech patient requires the greatest privacy of the therapy patients. There is an important relationship between fluoroscopy and speech. They need access to this imaging.

An Automated external defibrillator (AED) may be in this department as opposed to a crash cart.

Future service growth will depend upon the population growth in the Service Area. The flexibility of the open area allows for some growth without facility expansion.

This discipline relies on other disciplines for several functions and support spaces identified in the "Guidelines for Construction and Equipment of Hospital and Medical Facilities." These functions and spaces include Public Toilets, Public Telephones, Employee Facilities, Public Drinking Fountain, and general administrative/business spaces and functions.

In development of this template, the I.H.S. has taken the following exceptions to the standards contained in the "Guidelines for Construction and Equipment of Hospital and Medical Facilities":

1. Patient showers and lockers are not necessary in IHS Physical Therapy facilities.
2. All supply and equipment storage areas are combined into "Storage, Equipment."

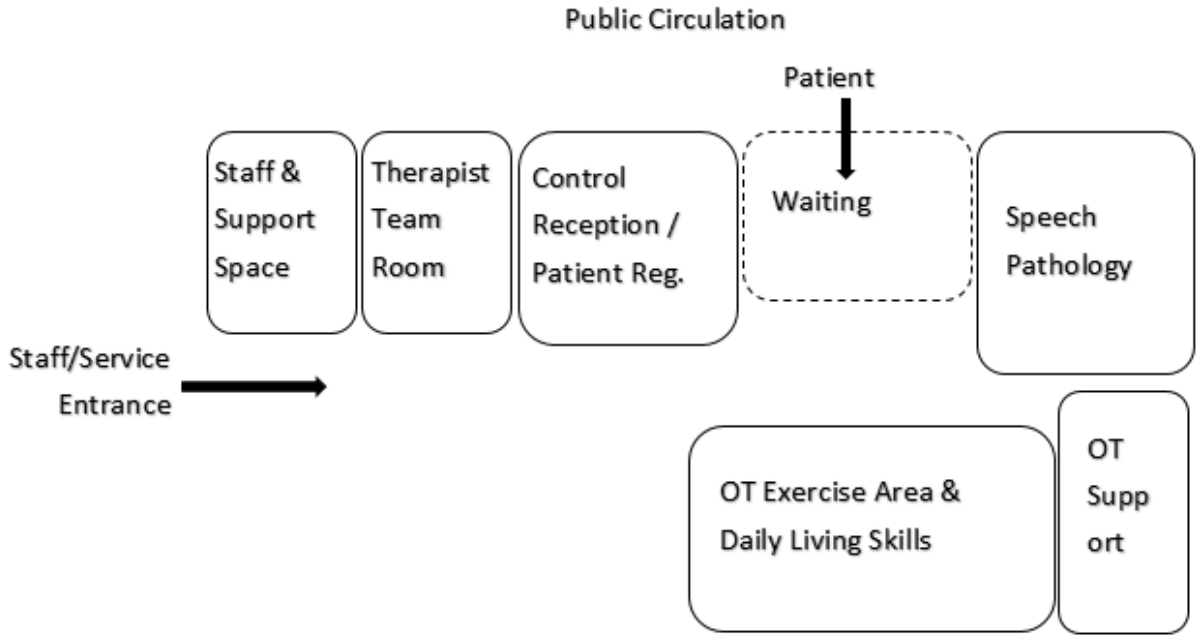
Rehabilitation

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
ALCOVE, COPYING	ALCP1	1	43	43	
ALCOVE, STRETCHER/WC	ALSW1	1	32	32	
CONTROL, RECEPTION 1	CNRC1	1	97	97	1.0 Rehab Clerk
WAITING	WTGN1	15	17	255	2.5 chairs per provider
Patient Care Support					
ALCOVE, CRASH CART	ALCC1	1	11	11	
ALCOVE, ICE MACHINE	ALIM1	1	22	22	
OT SUPERVISOR OFFICE	OFSP1	1	118	118	1.0 OT Supervisor
SLP SUPERVISOR OFFICE	OFSP1	1	118	118	1.0 SLP Supervisor
STORAGE, LINEN	STLN1	1	32	32	
TEAM ROOM WORKSTATION - OT OFFICE	OFOC2	2	43	86	2.0 Occupational Therapist
TEAM ROOM WORKSTATION - OT TECH	ALDC1	1	22	22	1.0 OT Tech (COTA)
TEAM ROOM WORKSTATION - SLP OFFICE	OFOC2	2	43	86	2.0 SLP Pathologist
UNIT SUPPLY	STSF1	2	86	172	1 per 5 total staff
TOILET, PATIENT WAITING	TLPP1	1	54	54	
Staff Support					
ALCOVE, STAFF NOURISHMENT	ALLG1	1	43	43	
TOILET, STAFF	TLPS1	1	54	54	
Occupational Therapy					
DAILY LIVING SKILLS	DLSK1	1	215	215	
OT EQUIPMENT STORAGE	STEQOT1	1	65	65	
OT EVALUATION & TREATMENT	EXOT1	6	129	774	
OT EXERCISE AREA	ECOT1	1	215	215	
SENSORY INTEGRATION TRAINING	SITR1	1	129	129	
TOILET, SHOWER, DAILY LIVING	TSDL1	1	97	97	
Speech					
CLEAN SCOPE STORAGE	UTCL1	1	65	65	
SCOPE CLEANING	UTEN1	1	86	86	
SLP ENDOSCOPY	PRSP1	1	161	161	
SLP EQUIPMENT STORAGE	STEQSP1	1	65	65	
SLP EXAM	EXSP1	3	125	375	
SLP PEDIATRIC EXAM	EXSP2	1	125	125	

Discipline Net Sq FT:	3617
Net to Gross Conversion:	1.3
Discipline Gross Sq FT:	4702

FUNCTION SKETCH: Rehab



Design Notes: Surgery

MISSION

The mission of NWRSRC is to provide state-of-the-art outpatient surgical care to the primary service area's regional specialty user population, projected at 75,593 in 2037. This care will be delivered with an emphasis on quality of service, compassion, and availability to patients and referring physicians.

The Portland Area, like most IHS Areas, faces a crippling lack of access to outpatient surgical care. This department is planned in response to that need.

This department will deliver outpatient surgical capabilities of the Class A, B and C level of care as defined by the American College of Surgery, to service the needs of AI/ANs located in the primary regional referral service area of northwest Washington as well as the most vulnerable populations expected to be served in the future by the second and third of three regional Portland Area referral specialty centers.

The Surgery Department provides outpatient endoscopy and invasive surgical capabilities of the Class A, B & C level of care as defined by the American College of Surgery to patients of all ages (under age 2 for short procedures). This level of surgical care is defined as follows:

- Class C capabilities provide for surgical procedures that require general or regional block anesthesia and support of vital bodily function.
- Class B capabilities provider for minor or major surgical procedures in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.
- Class A capabilities provide for minor surgical procedures performed under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation. Excluded are spinal, epidural, axillary, stellate ganglion block, regional blocs (such as interscalene), supraclavicular, infraclavicular, and intravenous regional anesthesia.

Surgical services include limited Anesthesiology, General Surgery, ENT, Oral Surgery, GYN, Orthopedic Cases, and limited Urology. The Endoscopy Lab provides outpatient care to all ages.

The anticipated annual healthcare demand for this service's service area population is as follows:

Service	Annual Workload
Outpatient Endoscopy Cases	1,408
Outpatient Surgeries	4,591

HOURS OF OPERATION

Extended Hours, 7:00 am to 6:00 pm, Monday to Friday

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Anesthesiologist Chief	0.5	0.5	
Anesthesiologist	2.0	2.0	
Circulator RN	9.0	9.0	
Certified Registered Nurse Anesthetists (CRNA)	6.0	6.0	
Anesthesia Tech	1.0	1.0	
Scrub Tech	6.0	6.0	
PACU RNs	4.0	4.0	
Pre-Op RN	6.0	6.0	
RN Supervisor	2.0	2.0	
Program Support Assistant	1.0	1.0	
MSA	1.2	1.2	
Health Tech	1.2	1.2	
Schedule/Registration	1.0	1.0	
Total	**40.9**	**40.9**	**35.0**

CONCEPT OF OPERATION

Sedations will be delivered by the CNRAs in the Operating Rooms and by the RNs for most of the Endoscopy procedures. The anesthesiologist will supply oversight and expertise where needed, while being available to support the Pain Clinic and Specialty Clinic by way of consult or procedure.

Outpatients will register at patient waiting, using the dressing room, and be escorted to Patient Prep/Hold. Once the patient is prepped and the procedure room and surgical team are ready, the patient is transported to the operating or endoscopy room. Upon completion of the procedure, the patient is transported to either the Post Anesthesia Recovery Unit or the Phase II Recovery Unit dependent upon their level of sedation. Following recovery, outpatients should be able to access transportation with minimal public interface.

A family consult room and access to a desk with a phone for patient families to use should be incorporated into design.

The waiting room should be designed to hold family members, with easy access to the primary waiting room for the facility and the children’s play area.

Make patient exit more private and create some exterior vehicular pickup. Patient pick up should be covered to address the regular rain in Washington.

Surgeons’ offices are provided in the Specialty Care and Dental Specialty departments.

The surgical suite should be designed with three designated areas, unrestricted, semi-restricted and restricted.

The Operating Rooms are in the restricted area. The Operating Rooms are intended to be designed the same, providing consistent familiarity to the Surgeons.

The Endoscopy Procedure Room shall be in the semi-restricted area.

Staff locker & lounge should transition staff from the unrestricted or semi-restricted area to the restricted area of the suite.

The Patient/Prep Hold, PACU and Phase II Recovery Spaces should be designed and supervised so that late afternoon functions are interchangeable.

The Quiet Recovery Space is intended for children and/or isolated recovery.

Patient Lift Concerns should be addressed. A “no lift” policy maintains patient and staff safety standards. Consider portable units in the facility, allowing flexibility and movement to where the patient is. Anticipate unit storage requirements and hallway implications.

Surgical procedures will include, but not be limited to:

- Conscious sedation for radiology procedures
- Pain Management
- Abscess Incision and Drainage
- Biopsies
- Colonoscopy Procedures
- Endoscopy Procedures
- Limited Cyst Excision and Drainage
- Pacemaker Insertions
- Sigmoidoscopy Procedures
- Wound Debridement
- Abscess Incision and Drainage
- Foreign Body Removal
- Laser Procedures
- Lesion Removal
- Myringotomy
- Nasopharyngoscopy

- Skin Grafts
- Implants
- Closed Mandible Procedures
- TMJ procedures without reconstruction
- Tooth Removals
- D & C
- Tubal Ligations
- Cystoscopy Procedures
- Laparoscopy Procedures
- TURPS

ADJACENCY PARAMETERS

- Required: Medical Supply Services (adjacent or lift connection), Vehicular drop & pick up for outpatient surgical patients
- Desirable: Pain Clinic, Dental Specialty Care, Specialty Clinics (physician office access)
- Beneficial: Public Toilets

ROOM/SUITE SPECIFIC ISSUES

Windows are desirable into perimeter Recovery areas and the Operating Rooms but are not required.

The Exam Room can be used for Pre-Admit Testing as well as Family Consult.

The Endoscopy Room, Utility Clean Up and Patient Toilet should be designed as a suite of rooms.

Surgery

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
RECEPTION, CLERK	CNRC2	1	193	193	1.0 Schedule/Registration 1.0 Program Support Assistant Each CNRC2 seats three.
WAITING	WTGN1	1	415	415	
Staff Support					
STAFF LOUNGE	LGST1	1	269	269	
LOCKER, STAFF	LKST2	2	215	430	
STAFF TOILET, LOCKER ROOM	TLPS1	2	65	130	
Pre & Post Procedure					
ALCOVE, SCALE	ALCS1	1	43	43	
ALCOVE DICT.	ALDC1	1	135	135	
PATIENT LOCKERS	ALLP1	12	6	72	
CONTROL NURSING	CNNA2	2	172	344	
EXAM, CONSULT	EXGM1	1	125	125	
PATIENT PREP & HOLD	HDPT1	6	86	516	
HOUSEKEEPING	HSKP1	1	43	43	
OFFICE, ANESTHESIOLOGY CHIEF	OFSP1	1	118	118	0.5 Anesthesiology Chief
OFFICE, RN SUPERVISORS	OFSP1	2	118	236	2.0 RN Supervisors
TEAM ROOM, ANESTHESIA	OFOC1	8	43	344	Nurse Anesthetist & Anesthesiologist
PROCEDURE, ENDOSCOPY	PREN1	2	237	474	
RECOVERY STAGE 1	RECV1	2	86	172	
RECOVERY STAGE 2	RECV2	11	86	946	
QUIET RECOVERY	REQU1	1	129	129	
STORAGE, EQUIP, RECOVERY	STEQREC	1	108	108	
ENDO. TOILET	TLPP1	2	54	108	
STAFF TOILET, RECOVERY	TLPS1	1	54	54	
DRESSING, TOILET, PATIENT	TSPA1	2	54	108	
UTILITY, CLEAN,RECOVERY/ED	UTCL3	1	161	161	
UTILITY, CLEAN-UP	UTEN1	1	117	117	
MEDICATION ALCOVE/WKROOM	WRMD3	1	80	80	

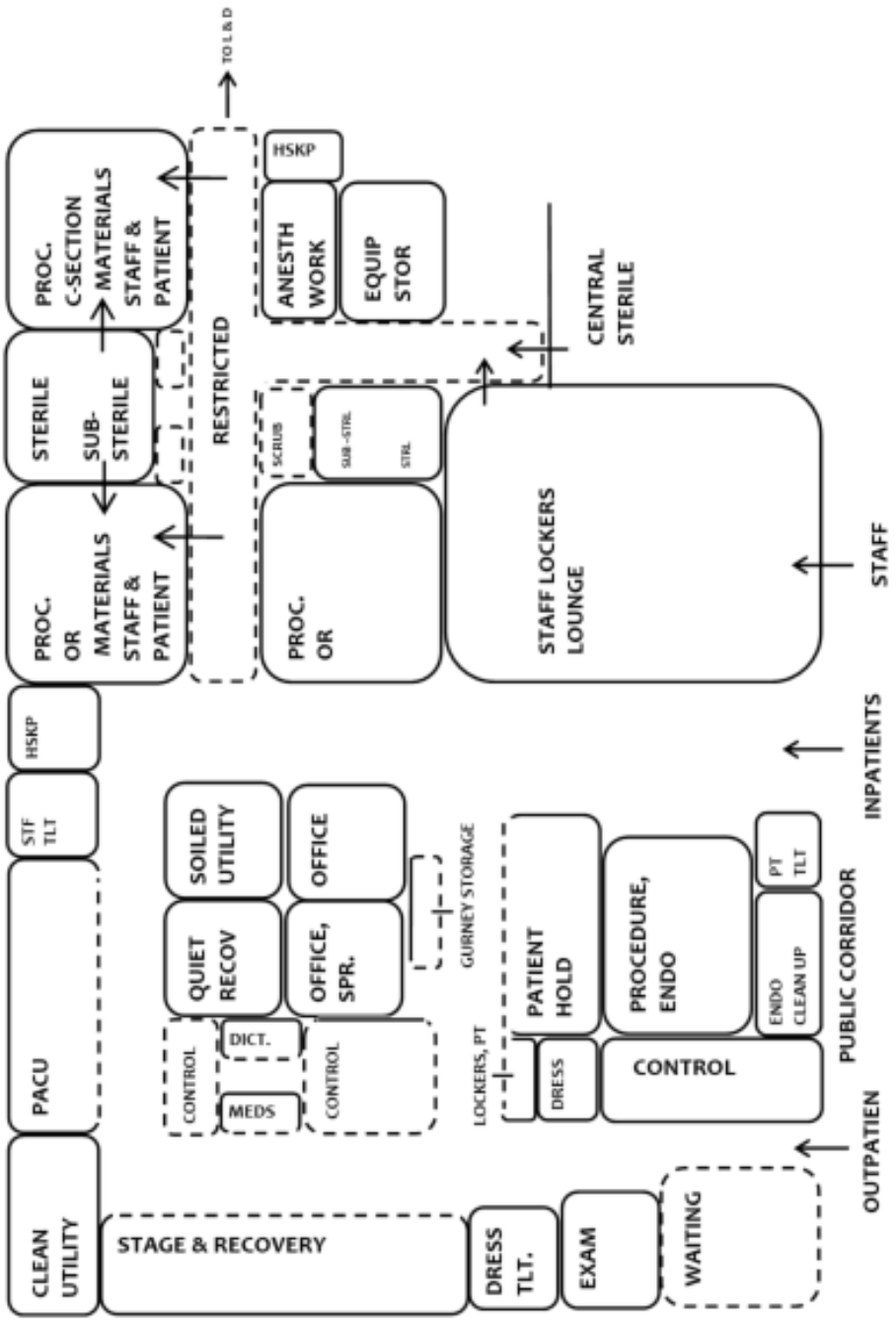
Surgery

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Surgical Core					
ALCOVE, SCRUB	ALSC1	4	11	44	
GURNEY STORAGE	ALSW1	6	86	516	
ALCOVE, XRAY	ALXP1	2	27	54	
HOUSEKEEPING	HSKP2	1	54	54	
PROCEDURE, OR, GEN	PRORI1	3	401	1203	
PROCEDURE, OR, ORTHO	PRORI2	1	614	614	
STORAGE, EQ, OR - GEN	STEQOR1	2	242	484	
STORAGE, EQ, OR - ENT	STEQOR2	2	54	108	
STORAGE, EQ, OR - ORTHO	STEQOR3	2	108	216	
STORAGE, STERILE SUPPLY	STSS1	3	135	405	
UTILITY, SOILED	UTSL2	1	111	111	
ANESTHESIA WORK	WRAN1	1	161	161	
WORK ROOM, SUB-STERILE	WRSS1	3	86	258	

Discipline Net Sq FT:	10098
Net to Gross Conversion:	1.65
Discipline Gross Sq FT:	16662

Functional Sketch: Surgery



Design Notes: Pain Management

MISSION

The mission of the Pain Clinic is to improve the lives of the patients by initiating and consulting on the reduction and treatment of pain using leading edge technology and treatments. A multi-disciplinary team of pain specialists will be capable of diagnosing and initiating treatment of patient pain. The department will be anchored by Physiatry, and those specialists will, in turn, consult with various in-house expertise including Anesthesiology, Physical Therapy, Psychiatry, and Behavioral Health.

This department does not manage pain care nor is it intended to engage in on-going treatment of patient pain problems. Rather, this department will consult, advise, and initiate treatment, which is then transferred to a near-home provider. The pain team will also consult to primary care providers Area Wide.

The anticipated annual healthcare demand for this service's service area population is as follows:

Service	Annual Workload
Pain Specialty Visits	5,422

HOURS OF OPERATION

Normal Clinic Hours: 8 am to 5 pm, Monday to Friday

STAFFING

Position	Direct Care Planned	Telemedicine Planned	Total Planned	Daytime Planned
Pain Management Specialist – (MD, DO, or APP)	1.0	1.0	2.0	
Licensed Clinical Social Worker	1.0	1.0	2.0	
Mental Health / Chemical Dependency Counselor	0.5	0.5	1.0	
Physician Based Pain Specialty Staff for consults	(FTE included in Spec Care)	(FTE included in Spec Care)	(FTE included in Spec Care)	
Physical Therapist	0.5	0.5	1.0	
RN	1.0		1.0	
Acupuncturist	1.0		1.0	
CMA	2.0		2.0	
Clerical Support	0.5	0.5	1.0	
Patient Registration	1.0		1.0	
Total	**8.5**	**3.5**	**12.0**	**10.2**

CONCEPT OF OPERATION

Patient will arrive from the primary facility waiting area to check in with the clerk. Following check in the patient will be taken to an exam room for the appropriate consultation, diagnosis, and treatment (if necessary, a procedure). This consultation may be with the physiatrist, behavioral health counselor, anesthesiologist, or physical therapist. Acupuncture will also be available for consult.

Patient Lift Concerns should be planned for. A “no lift” policy maintains patient and staff safety standards. Consider portable units in the facility, allowing flexibility and movement to where the patient is. Anticipate unit storage requirements and hallway implications.

ADJACENCY PARAMETERS

- Required: Pharmacy
- Desirable: Surgery, Specialty Care , Rehab
- Beneficial:

ROOM/SUITE SPECIFIC ISSUES

Calming, comfortable décor should permeate the pain clinic.

The patient may also have a consult with a clinical pharmacist depending on their existing medications. Upon completion, the patient will check out with the clerk and leave.

The department is provided with a minor procedure room to support necessary physical interventions such as injections, and taps.

All exam rooms will be general in nature and capable of being used interchangeably by any provider in the clinic or any specialist who comes to consult from Specialty Care.

Pain Clinic

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
RECEPTION	CNRC1	1	160	160	1.0 Clerical Support 1.0 Patient Registration
TOILET, PUBLIC	TLPP1	1	54	54	
WAITING	WTGN1	1	86	86	
Patient Care					
EXAM, GENERAL MEDICINE	EXGM1	4	108	432	2 per provider: 2.0 Pain Management Provider
EXAM, MH / CD	EXMH2	3	151	453	2.0 Licensed Clinical Social Worker 1.0 Mental Health/Chemical Dependency Counselor
PROCEDURE, MINOR	PRMN1	1	240	240	
PT EVALUATION AND TREATMENT	PRPT1	2	129	258	1 per provider: 1.0 PT, 1.0 Acupuncturist
Staff Support					
ALCOVE, STAFF NOURISHMENT	ALLG1	1	32	32	
STORAGE, CLEAN LINEN	STCL1	1	86	86	
STORAGE, EQUIPMENT, OP, GENERAL	STEQ1	1	65	65	
TEAM ROOM WORKSTATION, PAIN	OFOC2	7	43	301	2.0 Pain Management Provider 1.0 Physical Therapist 1.0 RN 2.0 CMA 1.0 Acupuncturist
UTILITY, SOILED, OUTPATIENT	UTSL1	1	75	75	

Discipline Net Sq FT:	2242
Net to Gross Conversion:	1.45
Discipline Gross Sq FT:	3251

FACILITY SUPPORT

Design Notes: Clinical Engineering

MISSION

Projected Annual Workload Capacity: 5,198 facility based C.E. man hours

Clinical (Biomedical) Engineering is responsible for the facility's medical equipment management program. This program assesses the clinical and physical risks of fixed and portable equipment used for the diagnosis, treatment, monitoring, and care of patients. Equipment that is, portable, non-electrically powered, mechanical, or electrically powered can be fixed/maintained by this department.

This department also supports and maintains the hospital overhead paging system, remote beeper, radio system, and in-house TV program. It manages the inventory of equipment, inspection record keeping and histories, equipment service records, service manuals, alert/recall notices and record keeping notices, parts inventory, consults on new equipment evaluations, and assists in the implementation of the Safe Medical Device Act 1990.

HOURS OF OPERATION

Normal Clinic Hours, 8 am – 5 pm, Monday to Friday (with off-hours by on-call personnel)

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Clinical Engineering Staff	0.5	0.5	
Clerical Support	0.0	0.0	
Clinical Engineer	0.6	0.6	
Clinical Engineer Technician	2.8	2.8	
Total	**3.9**	**3.9**	**3.3**

CONCEPT OF OPERATION

This department provides a flexible shop space with a separate receiving and library area for controlled customer interface. The shop itself is configured to allow two technicians to work privately or together on a larger piece of equipment. The Clinical Engineer is positioned to interface with a customer without intruding on the main shop.

ADJACENCY PARAMETERS

- Required:
- Desirable: Facility Management, Property & Supply
- Beneficial: Surgery, Medical Supply, Diagnostic Imaging, Laboratory

ROOM/SUITE SPECIFIC ISSUES

This department does not anticipate expansion. The open shop configuration permits numerous possible working configurations.

This department relies on Employee Facilities for staff overtime identified in the “Guidelines for Construction and Equipment of Hospital and Medical Facilities.”

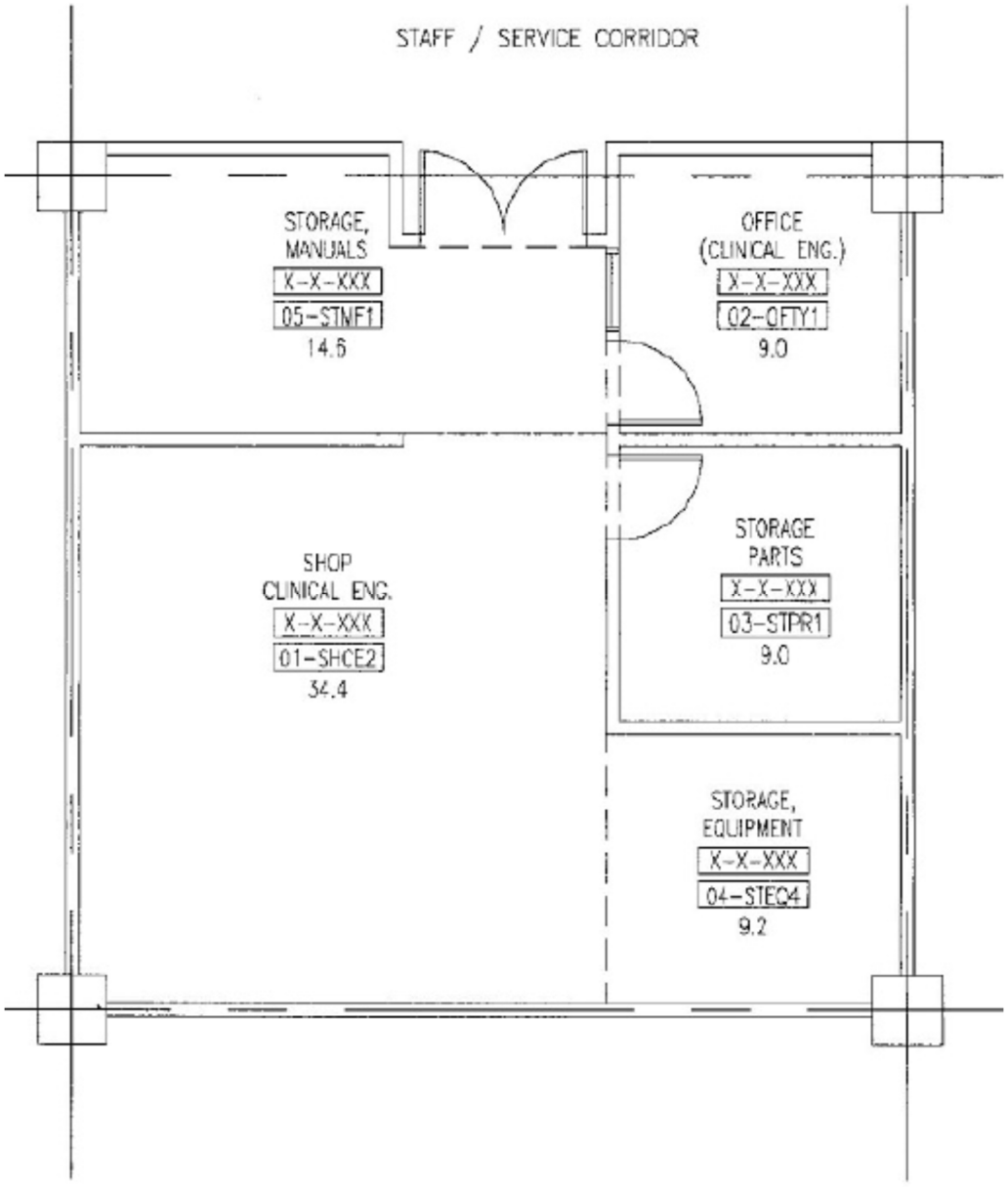
Clinical Engineering

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Patient Care Support					
OFFICE (CLINICAL ENG.)	OFCE1	1	157	157	
OFFICE (CLINICAL ENG.)	OFTY1	1	97	97	
SHOP (CLINICAL ENG.)	SHCE2	1	370	370	
STORAGE, EQUIPMENT	STEQ4	1	219	219	
STORAGE PARTS	STPR1	1	97	97	

Discipline Net Sq FT:	940
Net to Gross Conversion:	1.15
Discipline Gross Sq FT:	1081

Functional Sketch: Clinical Engineering



Design Notes: Facility Management

MISSION

This department is responsible for the maintenance and repair of the facilities, and grounds associated with the NWRSRC's health programs. This Service level has a calculated Service Index of 78.

The Facilities Management department's mission is to plan, organize, direct, coordinate, and control design management and construction of architectural, structural, mechanical, and electrical projects. It is also responsible for providing engineering expertise, technical consultation, and assistance to the Executive Team, department managers, and other corporate departments for the improvement of the facilities environment and maintenance of the hospital in a condition that is safe and functional. A healthy environment improves the ability of facility staff to deliver high quality health care.

Both preventative and corrective maintenance are required to accomplish the preceding tasks.

HOURS OF OPERATION

Normal Clinic Hours, 8 am – 5 pm, Monday to Friday (with off-hours by on-call personnel)

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Facility Manager	1.0	1.0	
Facility Mgmt. Supervisor	1.0	1.0	
Maintenance Staff	11.6	11.6	
Clerical Staff	2.0	2.0	
Total	**15.6**	**15.6**	**13.3**

CONCEPT OF OPERATION

An entrance is provided to the shop from both the exterior via a garage door and from the staff/service corridor. The main shop area is directly connected to Shop Storage. An optional internal stair and hoist access is provided to an optional storage mezzanine.

A Facility Manager has been added to this department to oversee related departments: Clinical Engineering, and Housekeeping and Linen.

ADJACENCY PARAMETERS

- Required: Central Plant, Exterior Maintenance/Service Yard
- Desirable: Clinical Engineering, Housekeeping & Linen, Property & Supply, Medical Gas Storage
- Beneficial: Employee Facilities

ROOM/SUITE SPECIFIC ISSUES

This department does not anticipate expansion. With appropriate structural & mechanical provisions, the optional storage mezzanine can be planned for future increases in storage need.

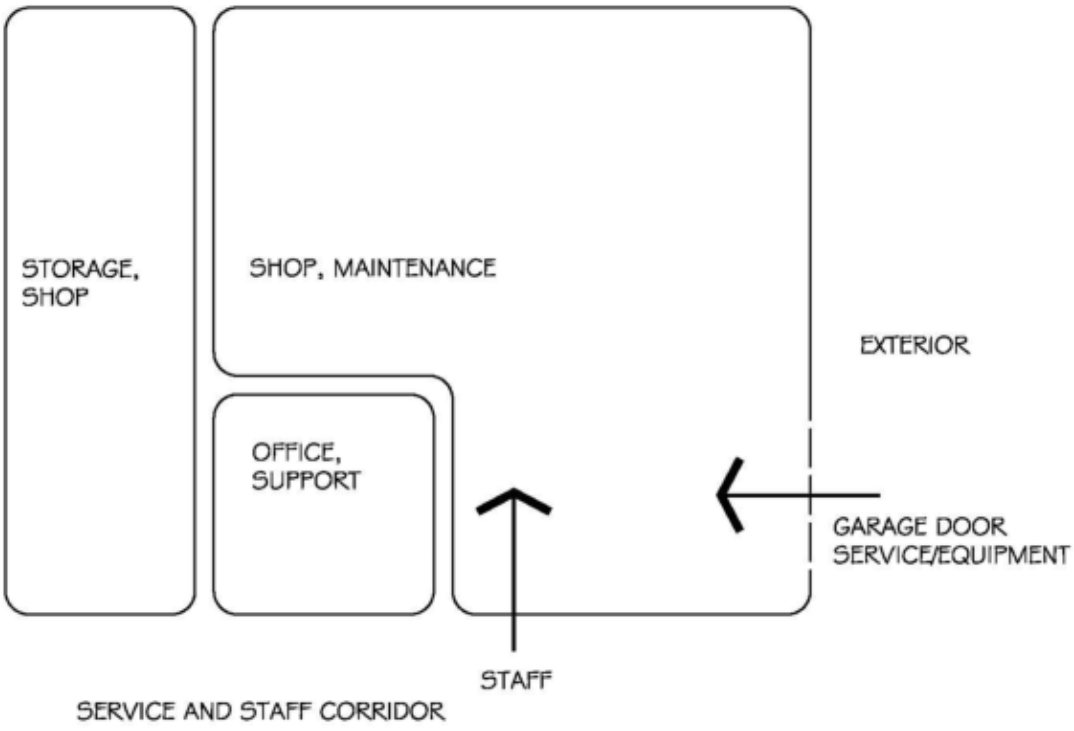
Facility Management

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Work Area					
SHOP MAINTENANCE	SHFM1	1	813	813	
STORAGE, FILES	STFL1	1	66	66	
SHOP STORAGE	STSH1	1	379	379	
Admin					
FACILITY MANAGER	OFSP1	1	118	118	1.0 Facility Manager
SUPERVISOR OFFICE	OFSP1	1	118	118	1.0 Facility Management Supervisor
SHARED WORK OFFICE	OFSW1	1	201	201	2.0 Clerical Staff plus 1 additional work station
Garage					
STORAGE, EQUIPMENT,	STEO1	1	409	409	

Discipline Net Sq FT:	2104
Net to Gross Conversion:	1.25
Discipline Gross Sq FT:	2630

Functional Sketch: Facility Management



Design Notes: Education and Group Consultation

MISSION

Projected Annual Workload Capacity: 465 staff.

This space supports training, education, audio visual and classroom function requirements for the planned staff. Access before and after normal operation hours is required.

HOURS OF OPERATION

6 AM - 10 PM – Before and after hour access required.

STAFFING

No dedicated Education and Group Consultation staff is planned.

CONCEPT OF OPERATION

The space is typically maintained, secured, and scheduled by the Administrative staff.

A Director of Training/Education typically is dual hatted and maintains an office in Administration.

The Audio-Visual Storage also supports the remainder of the facility's training and education spaces.

The Computer Classroom should be securable independent of the conference training space.

During concept design the design team should discuss if the Computer Classroom should be associated with Education & Group Consultation or with Information Technology (IT).

ADJACENCY PARAMETERS

- Required: Public Before/After Hour Entrance, Public Toilets
- Desirable:
- Beneficial:

ROOM/SUITE SPECIFIC ISSUES

Future expansion is not likely for this department.

Flexibility of arrangement and size is provided using folding/moveable wall partitions for the Conference Training Room.

This Space relies on other areas for several functions and support spaces identified in the "Guidelines for Construction and Equipment of Hospital and Medical Facilities." These functions and spaces located outside of this space include Public Toilets, Public Telephones, Public drinking Fountain, Soiled holding, and general administrative/business spaces and functions.

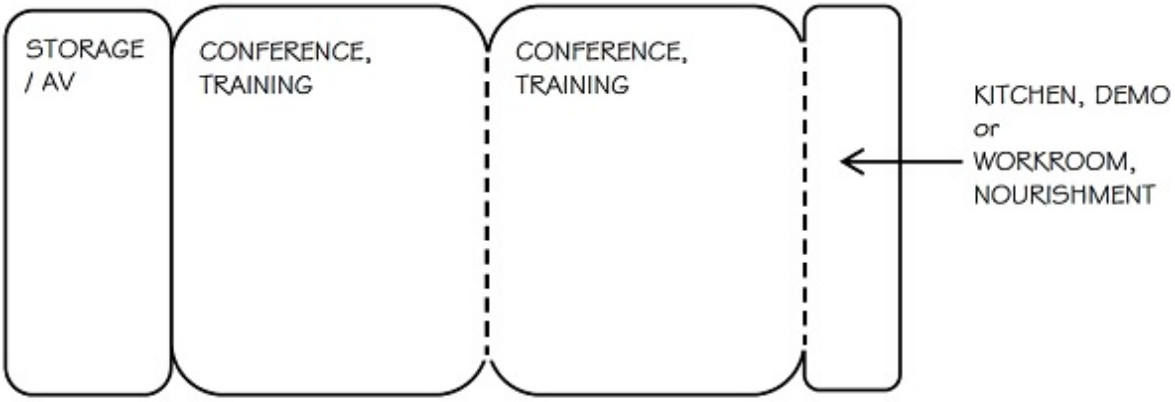
Education and Group Consult

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Patient Care					
COMPUTER TRAINING ROOM	CFCT1	1	388	388	
CONFERENCE, TRAINING	CFET1	5	388	1940	
KITCHEN, DEMO	KTDM1	1	118	118	
Patient Care Support					
STORAGE/ AV	STAV1	2	129	258	

Discipline Net Sq FT:	2704
Net to Gross Conversion:	1.25
Discipline Gross Sq FT:	3380

Function Sketch: Education and Group Consultation



Design Notes: Employee Facilities

MISSION

This space provides employee lounges, locker rooms, toilets, and showers. Space is typically sub divided during design as necessary to place Employee Facilities near employee work areas to facilitate efficient use of time and to serve staff needs and requirements.

HOURS OF OPERATION

Normal Clinic Hours, 8 am – 5 pm, Monday to Friday

STAFFING

No dedicated Employee Facilities staff is planned.

CONCEPT OF OPERATION

Employee lounges, locker rooms, toilets and showers programmed will be located to serve employees working in the outpatient area of the facility as well as in the Housekeeping & Linen, Facility Management, and Clinical Engineering Units. Space should be sub divided during design as necessary to place Employee Facilities near employee work areas to facilitate efficient use of time and to serve staff needs and requirements.

The location of the toilets may be centralized or dispersed as determined during design. Thus, while the criteria show only one room allocated for staff toilets, this represents the total space requirement and not necessarily the number of rooms for toilets. All employee toilet rooms will be designed to meet handicapped requirements. It is recommended that hot air hand dryers be installed rather than towel dispensers.

ADJACENCY PARAMETERS

- Required:
- Desirable: Staff Entrances
- Beneficial:

ROOM/SUITE SPECIFIC ISSUES

Male and female locker rooms, toilets, showers, and lounge areas will be accessible via a vestibule or sub corridor. Staff showers will be collocated with staff locker rooms and toilets.

The Exercise Center and Staff lockers/showers should be located near an employee entrance to accommodate controlled off-hours access from staff housing facilities (where provided).

Ideally, the Employee Exercise Center should be adjacent to the main employee lockers/showers. The exercise center must be properly ventilated. Locker room sizes are based on the use of half-height lockers for temporary stowing of personal clothing, etc. Showers and lockers must be contiguous.

Employee Facilities

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Staff Support					
EMPLOYEE LOCKER ROOM	LKST1	7	151	1057	184 staff without offices and without lockers in departments/22 @85% occupied = 7.
EMPLOYEE LOUNGE	LGST1	1	248	248	
Work Area					
EMPLOYEE TOILETS - MALE	TLMM3	1	194	194	
EMPLOYEE TOILETS - FEMALE	TLMF3	1	237	237	
Exercise Center					
EXERCISE CENTER	ECST1	1	356	356	
EXERCISE CENTER LOCKERS	LKEC1	1	253	253	
EXERCISE CENTER SHOWER	SHPS1	4	32	128	

Discipline Net Sq FT:	2473
Net to Gross Conversion:	1.15
Discipline Gross Sq FT:	2844

Design Notes: Housekeeping and Linen

MISSION

Projected Annual Workload Capacity: 273,243 lbs. linen.

The Housekeeping and Linen services provides routine facility cleaning, the collection of trash, recyclables, and medical waste throughout the facility while also providing for the receipt, delivery, and collection of clean and soiled linen.

The laundering of linen is contracted out.

HOURS OF OPERATION

Extended Hours: 7 am – 6 pm, Monday to Friday- Before and after hour access required.

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Housekeeping Supervisor	1.0	1.0	
Janitor / Housekeeper	16.6	16.6	
Housekeeping Clerk	1.0	1.0	
Total	**18.6**	**18.6**	**15.9**

CONCEPT OF OPERATION

Direct access from the building corridor system should be provided to the housekeeping administrative areas, equipment storage, and the clean linen workroom.

Linen accounting will be accomplished on the scale in the Soiled Linen Workroom, at the Loading Dock, and/or within the receiving area of the Property & Supply department.

ADJACENCY PARAMETERS

- Required: Property & Supply, Loading Dock, Soiled Linen
- Desirable: Facility Management
- Beneficial:

ROOM/SUITE SPECIFIC ISSUES

This department does not anticipate expansion.

The housekeeping closets allocated are intended for distribution throughout the facility. Distribution should consider covering public spaces/corridors and toilets independently of clinical spaces.

The clerk and shared workspace are intended to allow a congregation space for staff at the beginning and end of shifts.

This space allocated is predicated on off-site linen processing.

This space relies on other departments for several functions and support spaces identified in the "Guidelines for Construction and Equipment of Hospital and Medical Facilities." These functions and spaces located outside of this department include Employee Facilities, and Soiled Linen Holding.

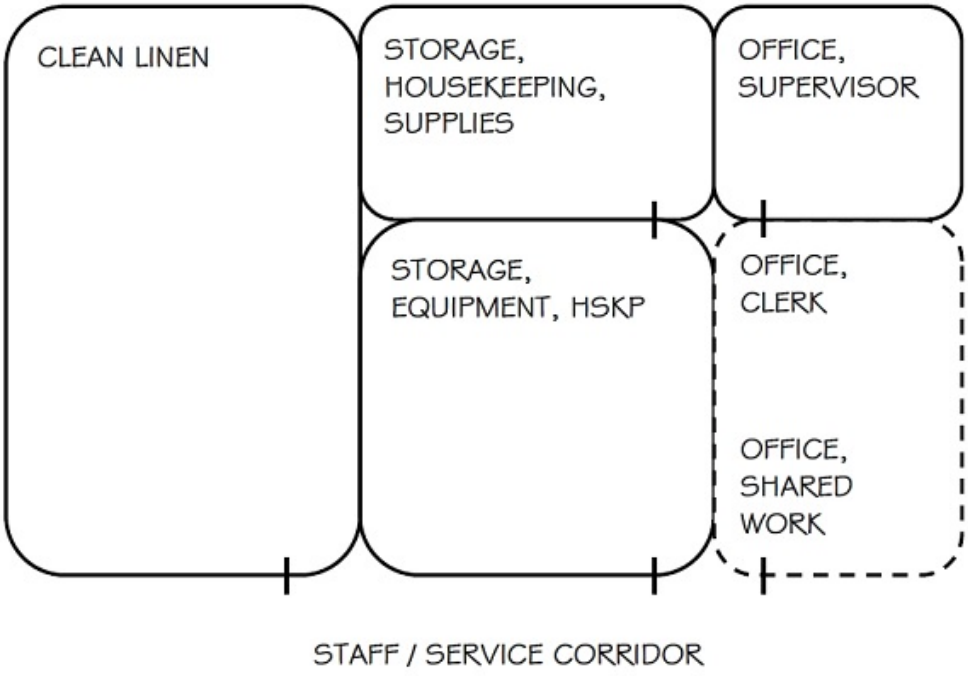
Housekeeping and Linen

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Work Area					
STORAGE, EQUIPT.	STEH1	1	323	323	
STORAGE, SUPPLIES	STHK1	1	301	301	
UTILITY, SOILED, HOLDING	UTSL5	1	97	97	
HOUSEKEEPING	HSKP1	24	43	1032	32 minus 8 located in departments
WORKROOM CLEAN LINEN	WRCL1	1	301	301	
Admin					
OFFICE SUPERVISOR	OFSP1	1	118	118	1.0 Housekeeper Supervisor
OFFICE, CLERK	OFOC1	1	65	65	1.0 Housekeeping Clerk
OFFICE SHARED WORK	OFSW1	2	129	258	Staff timecard, gathering and shared work station.

Discipline Net Sq FT:	2495
Net to Gross Conversion:	1.15
Discipline Gross Sq FT:	2869

FUNCTION SKETCH: HOUSEKEEPING AND LINEN



Design Notes: Central Sterile / Medical Supply Services

MISSION

Projected Annual Workload Capacity: Large free-standing clinic with more than 8 physicians.

The Central Sterilization / Medical Supply Services is responsible for the processing, sterilization and quality control of all sterile supplies and equipment used throughout the RSRC.

The CSD provides a high-quality reprocessing cycle in which used materials are treated in a manner to be used safely again. An important measure against spreading of diseases is the requirement that all medical supplies, such as instruments, supplies, drapes etc., which are used on open wounds or will be in touch with the inner fluids of the body, are free of any viable micro-organisms.

HOURS OF OPERATION

Normal Clinic Hours, 8 am – 5 pm, Monday to Friday.

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Sterile Techs OR	4.0	4.0	
Transporter (distribution and gathering instrumentation)	1.0	1.0	
Total	**5.0**	**5.0**	**4.3**

CONCEPT OF OPERATION

This department requires isolated dirty, isolated clean, and storage areas, capable of servicing the movement of large carts around tables. Anticipated equipment includes:

- Multiple instrument washers
- 3 tabletop sterilizers
- 3 dental cassette sterilizers
- Large carts
- Large tables
- And a large wall will separate with a pass through.

Dirty materials enter the department and are broken down for decontamination. Following this they are decontaminated and washed thoroughly. The materials then go into another room for sterilization and packaging and finally through another door to sterile storage.

Design should consider the relationship between hallways and instruments rolling down them on carts. The mixing of public circulation and clean or dirty instrument carts should be avoided.

This department will handle all Dental Sterilization requirements, and as such, mandates that this department is close to Dental, simply because of sheer volumes. Locating the department between Dental and Surgery might be an ideal location.

Ventilation control should be a priority design consideration adjacent to the sterilizers.

This template provides for a broad range of MSS activities; however, ETO sterilization is NOT provided.

ADJACENCY PARAMETERS

- Required: Dental, Surgery
- Desirable: Ambulatory Care and Specialty Clinics
- Beneficial:

ROOM/SUITE SPECIFIC ISSUES

Design of this Template does not anticipate expansion.

This department relies on other departments for several functions and support spaces identified in the "Guidelines for Construction and Equipment of Hospital and Medical Facilities." These functions and spaces located outside of this template include Employee Facilities, and Soiled Linen.

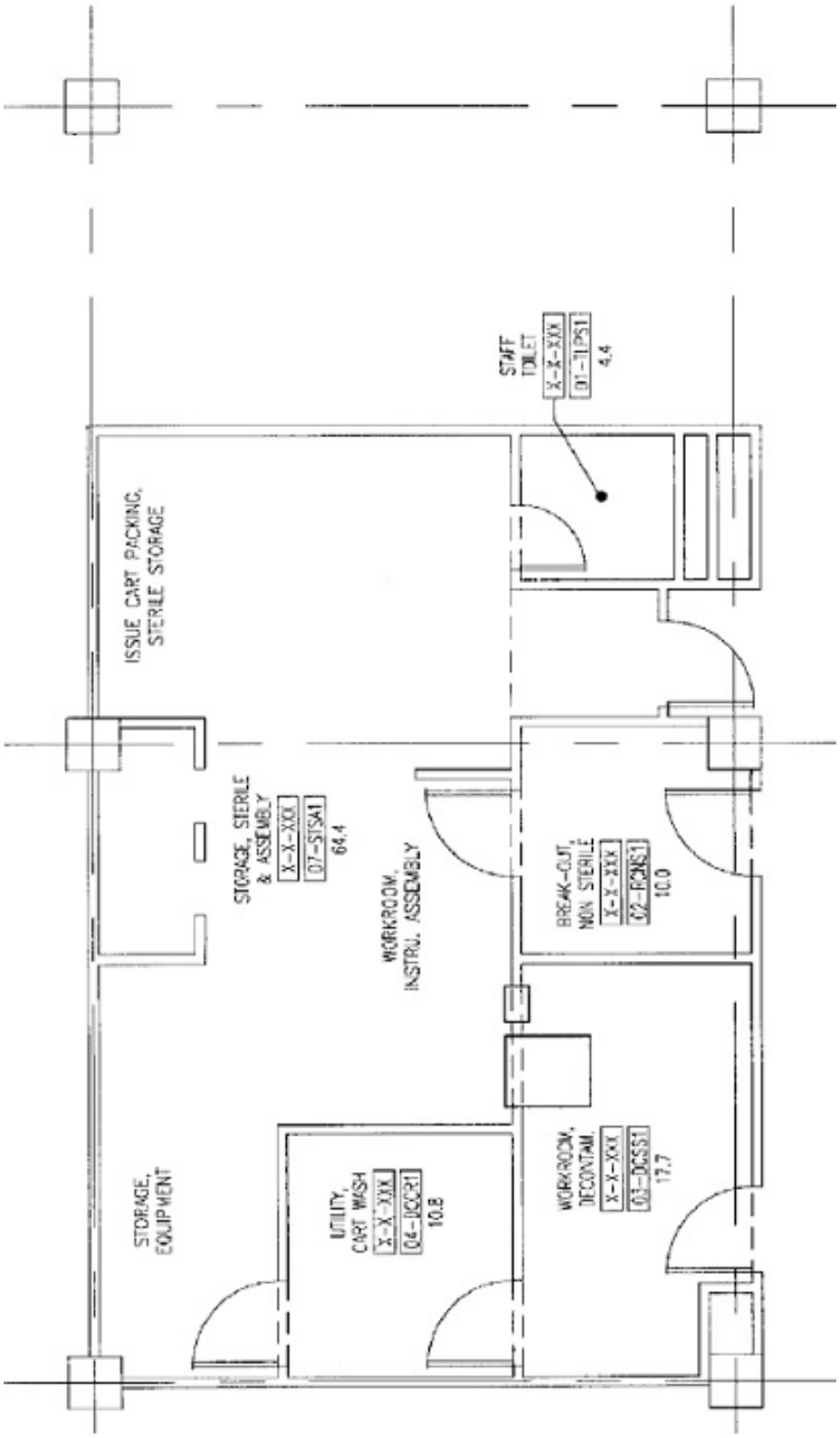
Medical Supply

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Patient Care Support					
UTILITY, CART WASH	DCCR1	1	116	116	
WORKROOM, DECONTAM.	DCSS1	1	300	300	
BREAK-OUT, NON STERILE	RCNS1	1	200	200	
STORAGE, STERILE & ASSEMBLY	STSA1	1	600	600	
Staff Support					
TEAM ROOM WORKSTATION	OFOC2	2	43	86	
STAFF TOILET	TLPS1	1	54	54	

Discipline Net Sq FT:	1356
Net to Gross Conversion:	1.25
Discipline Gross Sq FT:	1695

Function Sketch: Central Sterile / Medical Supply Services



Design Notes: Property & Supply

MISSION

This department provides material management support for the health programs forecasting a storage index of 24,994.

HOURS OF OPERATION

Normal Clinic Hours, 8 am – 5 pm, Monday to Friday

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Supervisor	1.0	1.0	
Warehouseman	6.9	6.9	
Total	**7.9**	**7.9**	**6.7**

CONCEPT OF OPERATION

This department anticipates facility wide access to the Receiving Area with controlled access to Bulk Storage. Materials will be dispensed/issued from an administrative workstation within the receiving area. Administrative supplies will be issued from a perimeter position thus avoiding extensive access into the department itself.

The receiving area acts as the hub of the department from which a variety of storage areas, the loading dock, and administrative areas can be accessed. Direct Access from the Loading Dock is required.

ADJACENCY PARAMETERS

- Required: Housekeeping & Linen,
- Desirable: Employee Facilities, Clinical Engineering
- Beneficial: Pharmacy, Laboratory

ROOM/SUITE SPECIFIC ISSUES

This department does not anticipate growth.

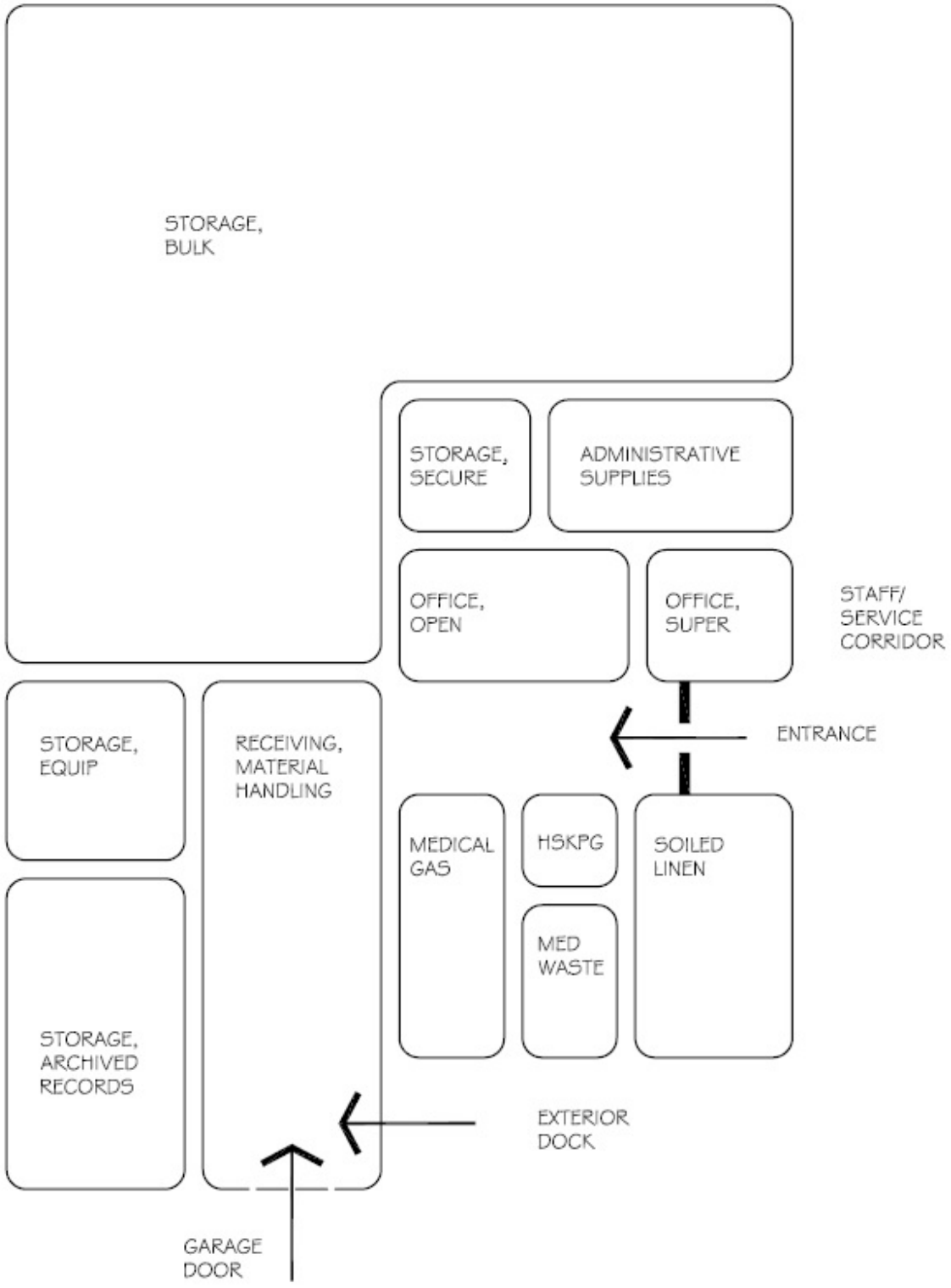
Property and Supply

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Work Area					
ADMINISTRATIVE SUPPLY	DPAS1	1	300	300	
HOUSEKEEPING	HSKP1	1	43	43	
MATERIAL HANDLING RCVG	RCMH1	1	465	465	
EQUIPMENT STORAGE	STEQ1	1	321	321	
HAZARD STORAGE	STHM1	1	105	105	
MEDICAL GAS	STMG1	1	149	149	
BULK & REFRID STORAGE	STMH1	1	1000	1000	
SECURE STORAGE	STPI1	1	117	117	
ARCHIVE RECORDS STORAGE	STRA1	1	180	180	
STORAGE, RECYCLE MTLS &	STUS1	2	43	86	
SOILED LINEN	UTSL4	1	237	237	
Admin					
OPEN OFFICE	OFOC1	1	334	334	
SUPERVISOR OFFICE	OFSP1	1	118	118	1.0 Supervisor

Discipline Net Sq FT:	3455
Net to Gross Conversion:	1.15
Discipline Gross Sq FT:	3973

FUNCTION SKETCH: PROPERTY & SUPPLY



Design Notes: Public Facilities

MISSION

Public Facilities are amenities to improve patients and visitors experience at the facility.

HOURS OF OPERATION

Normal Clinic Hours, 8 am – 5 pm, Monday to Friday

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
PBX Operator – Help Desk	1.2	1.2	
Total	**1.2**	**1.2**	**1.0**

CONCEPT OF OPERATION

The Common Waiting Area is intended to be the main facility lobby. Seating is intended for patients awaiting rides, public transportation, and patient transport vehicles. As most Lobbies' work, it will be a critical meeting point for patients and staff.

The children's play area should be placed next to the Common Waiting Area and on the opposite side relative to Registration and Care Coordination

Public Toilets should be distributed to reflect the distribution of waiting and/or the patient population.

Concessions space can be subdivided and used at the facility's discretion, coffee, flowers, snacks, and crafts.

A Lactation Room should be provided with a locking door. The room should be safe, clean, and free of hazardous materials. The room should have electrical outlets as well as table or counter surface for supplies/equipment.

The Family Circle Room and Meditation area should be discussed with the design team to capture common elements important to all tribal members who may use the room.

The shower is intended for the patient who requires care but has no access to a shower before or after care. This should be located appropriately so the patient can be directed toward it after checking in with registration.

The lobby will serve as the location for a help desk, staffed by the PBX operator and Patient Logistics. It should be an easily identifiable feature upon entering the building.

The dining area is intended to serve the needs of patients, family members and staff who need to eat on-site.

The design team should incorporate an outdoor pavilion to further support employees and patients in enhancing the facility experience, providing additional space to enjoy in the case of an extended wait and/or fair weather.

Consider for the bariatric patient/family member should be evident throughout the facility.

ADJACENCY PARAMETERS

Common functions adjacent to the lobby include transportation, patient advocate, health benefits counselors, patient registration (Registration and Care Coordination).

- Required: Main entrance, Registration and Care Coordination
- Desirable:
- Beneficial:

ROOM/SUITE SPECIFIC ISSUES

Common Waiting can be divided into two or more common waiting areas during design or during program verification.

Public Toilets should be accessible from all waiting areas.

All Public Toilets will have a diaper-changing area.

In multi-toilet public restrooms, one toilet will be designed to meet handicapped requirements. A one-toilet room will be designed to meet handicapped requirements.

Required Concession utilities should be discussed and determined prior to the conclusion of Design Development.

Design team should coordinate with local Arts committee in the development of the Tribal Cultural Display. The main entry is the best place for the Tribal Cultural Display.

Public Facilities

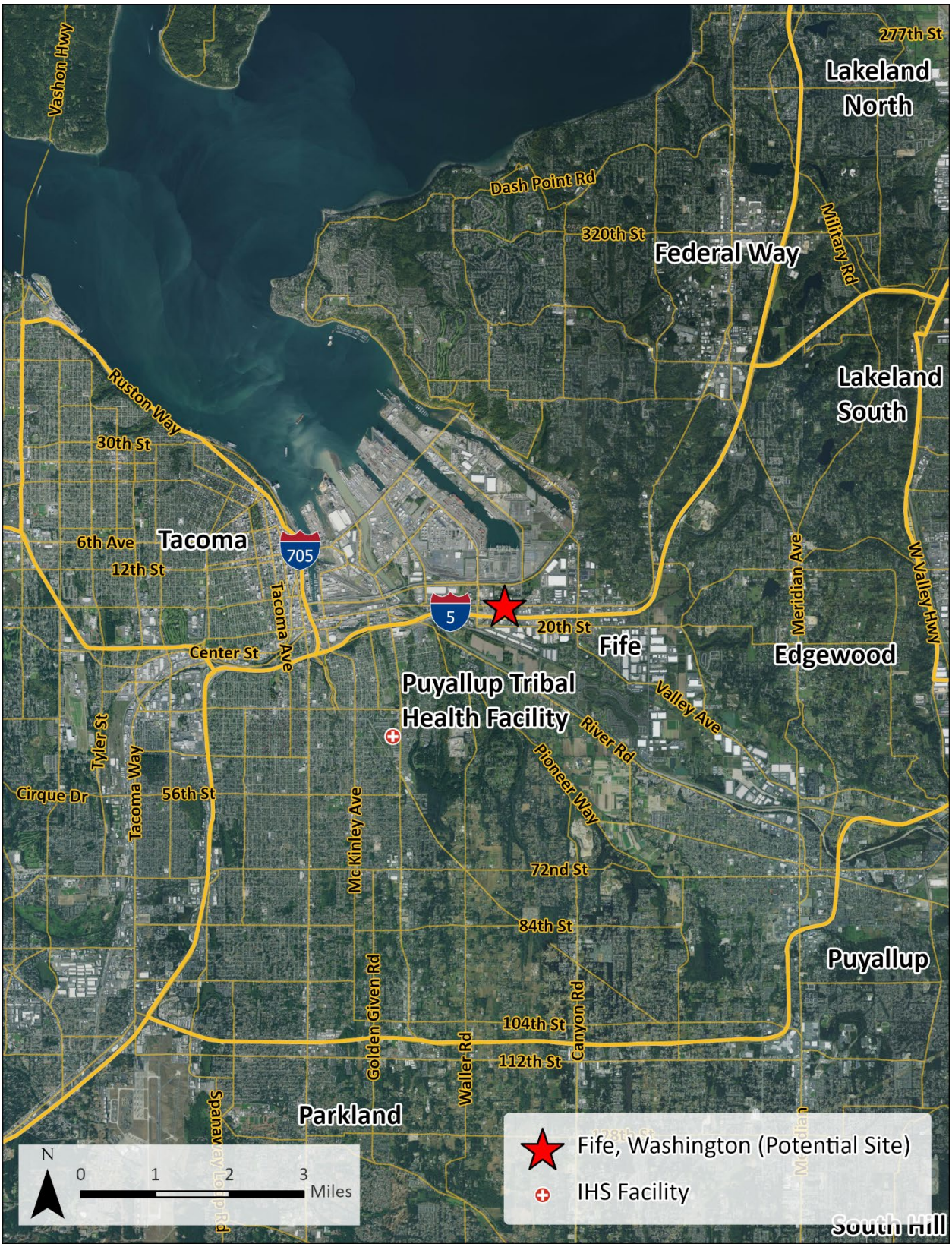
2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
ALCOVE, PUBLIC TELEPHONE	ALPT1	1	11	11	
COMMON WAITING	WTGN1	40	18	720	
CONCESSION	VEND1	1	150	150	
EATING AREA, GENERAL	DING1	2	291	582	Family Support
INFORMATION DESK & PATIENT LOGISTICS	CNID1	2	86	172	PBX Operator and Patient Navigation Help
LACTATION ROOM	PALC1	1	86	86	
MEDITATION - FAMILY CIRCLE	MEDT1	1	300	300	
PATIENT EDUCATION RESOURCE	PAED1	1	65	65	
SHOWER, PRIVATE	SHPS1	1	32	32	Urban or Homeless referral need
STORAGE, WHEELCHAIR	STWC1	3	32	96	
TOILET, FAMILY	TLFS1	1	75	75	
TOILET, PUBLIC, F	TLMF3	2	215	430	
TOILET, PUBLIC, M	TLMM3	2	215	430	
TRIBAL CULTURAL DISPLAY AREA	PATC1	1	65	65	
WAITING - CHILDREN'S PLAY AREA	WTGN1	1	250	250	
Staff Support					
TOILET, STAFF	TLPS1	2	54	108	

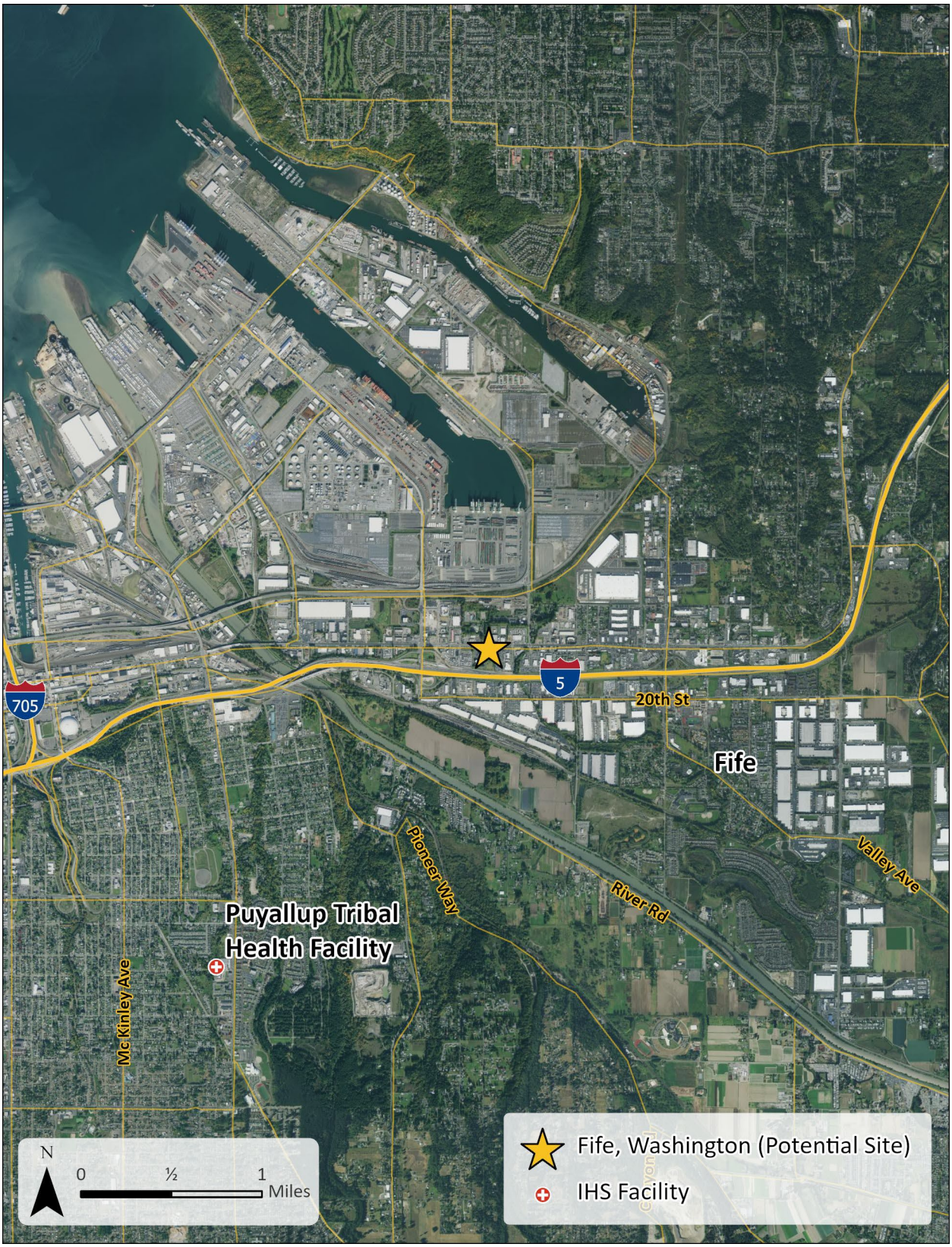
Discipline Net Sq FT:	3572
Net to Gross Conversion:	1.15
Discipline Gross Sq FT:	4108

PROGRAM OF REQUIREMENTS TABS

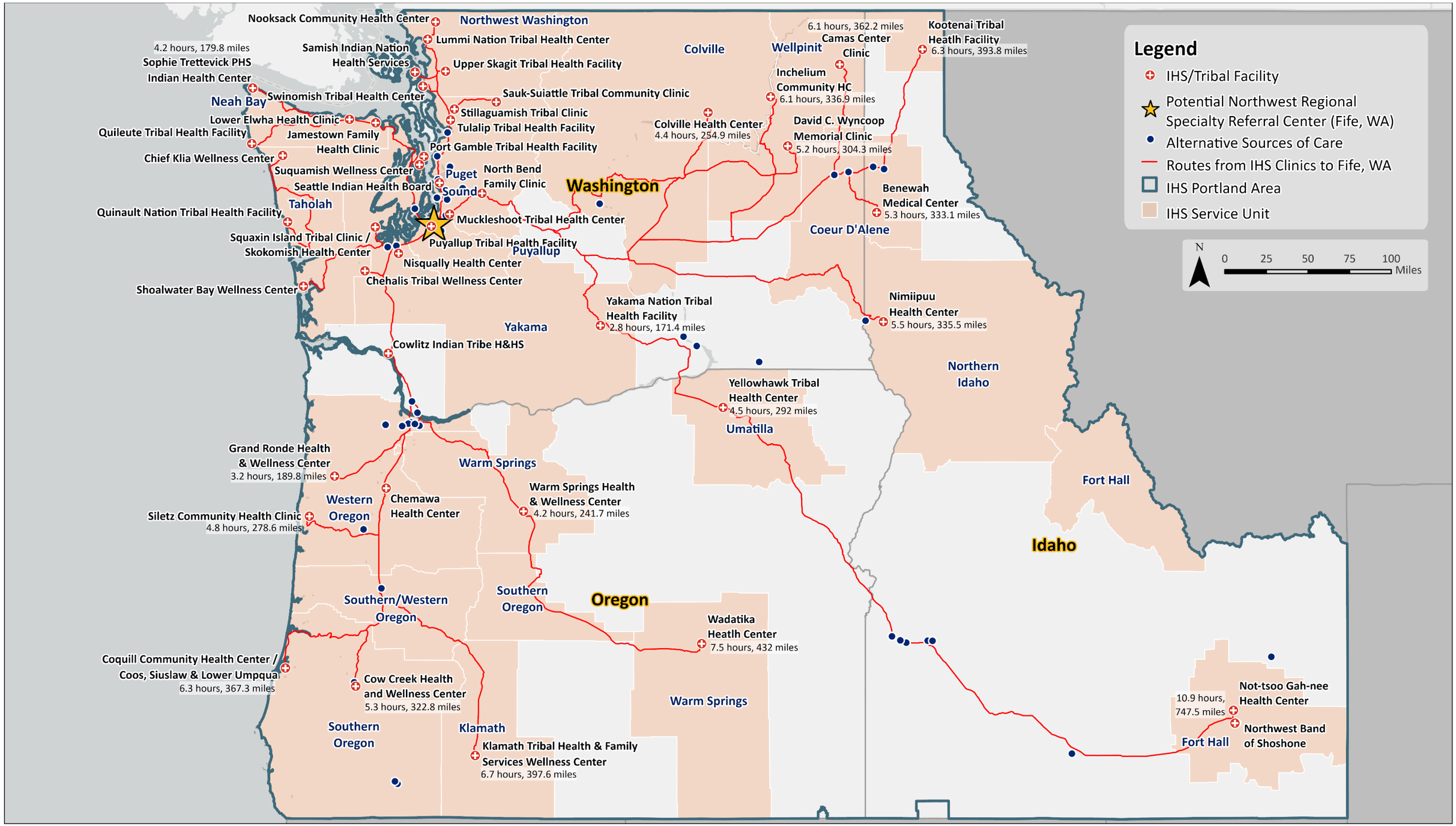
TAB A – MAPS



Aerial Overview Map



Aerial Zoom Map



Portland Area Overview Map

TAB B – HSP BUILDING SUMMARY REPORT

BUILDING AREA SUMMARY BY SERVICE

Functional Group Discipline	2037 NWRSRC PLANNED NET_SQ FEET	CONVERSION FACTOR	DEPARTMENT GROSS_SQ FEET
Ambulatory Care			
Medical Specialty Care	15,039.00	1.45	21,806.55
Surgical Specialty Care	11,831.00	1.45	17,154.95
Dental	6,758.00	1.45	9,799.10
Ancillary Services			
Audiology	2,212.00	1.45	3,207.40
Laboratory	2,532.00	1.30	3,291.60
Diagnostic Imaging	9,541.00	1.40	13,357.40
Pharmacy	1,878.00	1.20	2,253.60
Pain Clinic	2,242.00	1.45	3,250.90
Rehab	3,617.00	1.30	4,702.10
Surgery	10,098.00	1.65	16,661.70
Administrative			
Registration	3,326.00	1.45	4,822.70
Administration	3,679.00	1.40	5,150.60
Business Office	2,412.00	1.40	3,376.80
HIM	3,254.00	1.25	4,067.50
Information Technology	2,335.00	1.25	2,918.75
Security	344.00	1.40	481.60
Facility Support			
Clinical Engineering	940.00	1.15	1,081.00
Facility Management	2,104.00	1.25	2,630.00
Medical Supply	1,356.00	1.25	1,695.00
Property and Supply	3,455.00	1.15	3,973.25
Housekeeping and Linen	2,495.00	1.15	2,869.25
Education and Group Consultation	2,704.00	1.25	3,380.00
Employee Facilities	2,473.00	1.15	2,843.95
Public Facilities	3,572.00	1.15	4,107.80
		Department Gross Square Feet	138,884
		Building Circulation & Envelope (.20)	27,777
		Floor Gross Square Feet	166,660
		Major Mechanical Space (.12)	19,999
		Building Gross Square Feet	**186,659**

TAB C – HSP WORKLOAD SUMMARY REPORT

WORKLOAD SUMMARY REPORT

NW RSRC Fife - 2037 - Revised - Final Draft - Fife, Washington
Project Number

	Year	Local Workload	Crossover %	Total Workload	Contracted (Acuity)	Contracted (Threshold)	Facility Workload	Adjusted Workload	
Audiology									
Audiology Visits	**2019**	5,778		5,778			5,778		
	2037	9,147		9,147			9,147		
Clinical Engineering									
Clinical Engineering Manhours	**2019**	5,802		5,802			5,802		
	2037	8,584		8,584			8,584	**5,198**	**Override 1**
Diagnostic Imaging									
Fluoroscopy Exams	**2019**	1,360		1,360			1,360		
	2037	2,041		2,041			2,041	**686**	**Override 2**
General Radiography Exams	**2019**	16,323		16,323			16,323		
	2037	24,487		24,487			24,487	**8,233**	**Override 3**
Ultrasound Exams	**2019**	2,720		2,720			2,720		
	2037	4,081		4,081			4,081		
Bone Mineral Density Exams	**2019**	1,374		1,374			1,374		
	2037	2,179		2,179			2,179		
Computerized Tomography Exams	**2019**	3,207		3,207			3,207		
	2037	5,081		5,081			5,081	**6,001**	**Override 4**
Mammography Exams	**2019**	6,865		6,865			6,865		
	2037	10,890		10,890			10,890	**7,500**	**Override 5**
Magnetic Resonance Imaging Exams	**2019**	3,214		3,214			3,214		
	2037	5,161		5,161			5,161		
Facility Management									
Service index	**2019**	155		155			155		
	2037	233		233			233	**78**	**Override 6**
Housekeeping & Linen									
Lbs of Linen	**2019**	256,066		256,066			256,066		
	2037	375,439		375,439			375,439	**273,243**	**Override 7**
Laboratory									
Chem/Hema/Immun/Urin billable tests	**2019**	163,716		163,716	9,823		153,893		
	2037	245,539		245,539	14,732		230,807	**95,297**	
Histo/Cytology billable tests	**2019**	3,249		3,249	3,249				
	2037	4,764		4,764	4,764				**Override 8**
Microbiology billable tests	**2019**	40,933		40,933	16,373		24,560		
	2037	61,105		61,105	24,442		36,663	**19,345**	
Transfusion/BB billable tests	**2019**	3,745		3,745	3,745				
	2037	5,594		5,594	5,594			**2,822**	
Pharmacy									
Outpatient Pharmacy Workload Units	**2019**	2,381,788		2,381,788			2,381,788		
	2037	3,569,761		3,569,761			3,569,761	**220,180**	**Override 9**
Primary Care									
Primary Care Provider Visits	**2019**	194,319		194,319			194,319		
	2037	307,627		307,627			307,627	**0**	**PC Override**
Property & Supply									
Storage Index	**2019**	49,551		49,551			49,551		
	2037	74,336		74,336			74,336	**24,94**	**Override 10**
Physical Rehabilitation Services									
Occupational Therapy Visits	**2019**	6,991		6,991			6,991		
	2037	11,071		11,071			11,071	**4,654**	**Override 11**
Speech Therapy Visits	**2019**	2,189		2,189			2,189		
	2037	3,488		3,488			3,488		

	Year	Local Workload	Crossover %	Total Workload	Contracted (Acuity)	Contracted (Threshold)	Facility Workload	Adjusted Workload	
Respiratory Therapy									
Respiratory Therapy work minutes	**2019**	178,674		178,674			178,674		
	2037	266,449		266,449			266,449		
Specialty Care									
Cardiology Visits	**2019**	4,443		4,443			4,443		
	2037	7,040		7,040			7,040		
Dermatology Visits	**2019**	5,298		5,298			5,298		
	2037	8,394		8,394			8,394		
Otolaryngology Visits	**2019**	3,644		3,644			3,644		
	2037	5,774		5,774			5,774		
General Surgery Visits	**2019**	3,938		3,938			3,938		
	2037	6,240		6,240			6,240		
Neurology Visits	**2019**	2,148		2,148			2,148		
	2037	3,403		3,403			3,403		
Ophthalmology Visits	**2019**	9,616		9,616			9,616		
	2037	15,238		15,238			15,238		
Orthopedic Visits	**2019**	7,447		7,447			7,447		
	2037	11,800		11,800			11,800		
Other Medical Specialist Visits	**2019**	30,622		30,622		30,622	30,622		
	2037	49,189		49,189			49,189	**30,065**	**Override 12**
Other Surgical Specialist Visits	**2019**	7,755		7,755			7,755		
	2037	12,458		12,458			12,458	**2,663**	**Override 13**
Urology Visits	**2019**	4,908		4,908			4,908		
	2037	7,884		7,884			7,884	**4,736**	**Override 14**
Surgery									
Endoscopy Episodes	**2019**	939		939			939		
	2037	1,489		1,489			1,489		
Inpatient Episodes	**2019**	1,387		1,387	430	957			
	2037	2,198		2,198	681	1,517			
Outpatient Episodes	**2019**	3,331		3,331	167		3,164		
	2037	5,276		5,276	264		5,012	**4,591**	

TAB D – PARKING SUMMARY

Parking Usage		**Spaces**
Staff Parking		
Total Daytime Staff	465	
Daytime Staff on Campus	465	
20% reduction for carpooling *(SSER criteria)*	372	
25% reduction for PTO, training, holidays, etc. *(IHS criteria)*	279	
Total Daytime Staff Parking	279	279
Visitor Parking		
IP Bed Days	-	-
Outpatient Visits	196,032	392
Dental Chairs	19	57
Government Vehicles		
Community Health Professional & Technical Staff	0	0
General Use Vehicles	8	8
Patient Transport		
Buses	1	1
Grand Total		**737**

TAB E – PHASE II SITE SELECTION EVALUATION REPORT

See Separate Phase II – Site Selection and Evaluation Report

TAB F – BUDGET ESTIMATE

Combined Report for 2024 NW RSRC Seattle Scenario - Seattle, WASHINGTON

Summary of the Budget Estimate

2024 NW RSRC Seattle Scenario - Seattle, WASHINGTON

Author: Nick Lu Phone: 206-615-2459 Email: Nick.Lu@ihs.gov

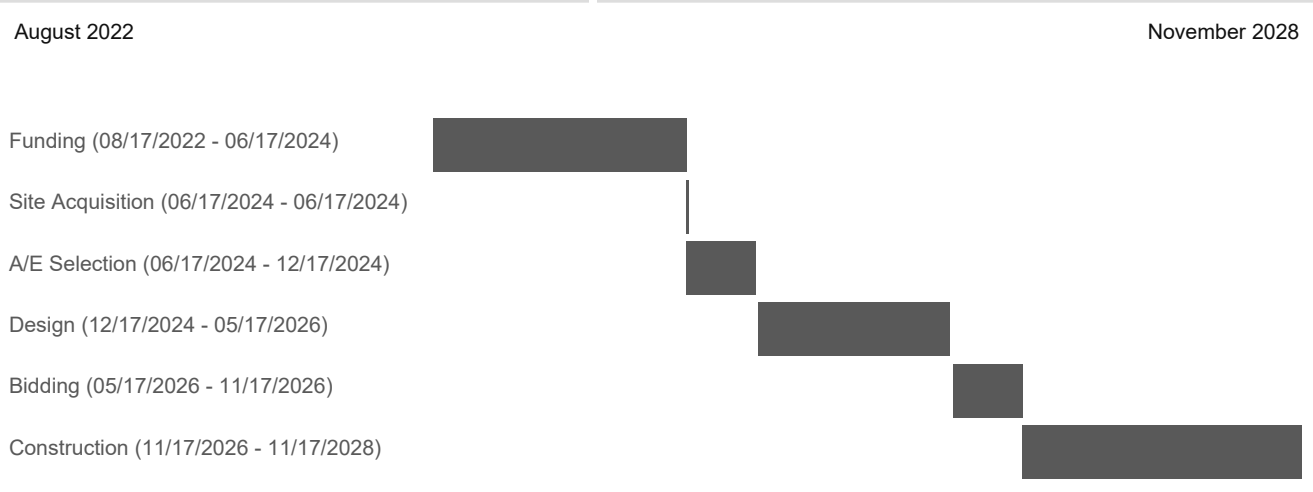
Print Date: 02/06/2024

Total Project Budget: $295,293,600

Design	
Site Survey and Appraisal	$0
Site Acquisition	$0
A/E Design Fees	$18,080,300
Design Contingency	$1,466,000
Subtotal	$19,546,300
Construction	
A/E Constr. Admin./Observ.	$3,909,300
Building Construction	$174,029,200
Other Costs	$6,023,100
Taxes	$10,735,800
Construction Contingency	$19,546,300
Subtotal	$214,243,600
Equipment	
Group II & III Equipment	$39,092,600
Special Equipment	$21,433,700
Cultural Arts	$977,300
Subtotal	$61,503,700
Project Budget	$295,293,600
Phased Funding	$0
Total with Phased Funding	$295,293,600

IHS Project No.:	NA
Project Location:	SEATTLE WA
IHS Area:	Portland
Original Estimate Date:	08/17/2022
Project Description	
Current Estimate Date:	February 2024
Mid-Point of Construction:	November 2027
Gross Building Area (ft^2):	186,659
Adjusted Unit Cost ($/$ft^2$):	$475.88
HSP Date:	/ /
Last Run Date:	/ /
POR Date:	09/26/2023
POR Approval:	/ /
PJD Date:	/ /
PJD Approval:	/ /
Phase I Site Selection Date:	/ /
Phase II Site Selection Date:	/ /

Project Schedule



Department of Health and Human Services
Indian Health Services
Office of Public Health
Office of Environmental Health and Engineering
Division of Engineering Services

10. Building Area

Ambulatory

	Department	Area (ft^2)	Unit Cost	Total
AU	Audiology	3,207	$609.13	$1,953,479.91
DC	Dental Care	9,799	$494.92	$4,849,721.08
SC	Specialty Care	38,151	$494.92	$18,881,692.92
		51,157		$25,684,893.91

Ancillary

	Department	Area (ft^2)	Unit Cost	Total
DI	Diagnostic Imaging	13,357	$609.13	$8,136,149.41
LB	Laboratory	3,292	$575.81	$1,895,566.52
PH	Pharmacy	2,254	$661.47	$1,490,953.38
RH	Rehabilitation Services	4,702	$542.50	$2,550,835.00
		23,605		$14,073,504.31

Inpatient

	Department	Area (ft^2)	Unit Cost	Total
LD	Labor and Delivery	16,662	$709.06	$11,814,357.72
		16,662		$11,814,357.72

Admin

	Department	Area (ft^2)	Unit Cost	Total
AD	Administration	5,191	$475.88	$2,470,293.08
BO	Business Office	3,419	$475.88	$1,627,033.72
HIM	Health Information Management	4,105	$490.16	$2,012,106.80
IM	Information Technology	2,919	$490.16	$1,430,777.04
SEC	Security	482	$499.67	$240,840.94
		16,116		$7,781,051.58

Facility Support

	Department	Area (ft^2)	Unit Cost	Total
CE	Clinical Engineering	943	$347.39	$327,588.77
FM	Facility Management	2,630	$352.15	$926,154.50
		3,573		$1,253,743.27

Add'l Svc 1

	Department	Area (ft^2)	Unit Cost	Total

AS2	Pain Specialty Clinic	3,251	$494.92	$1,608,984.92
AS4	Registration	4,823	$475.88	$2,295,169.24
		8,074		$3,904,154.16

Support Services

	Department	Area (ft^2)	Unit Cost	Total
EF	Employee Facilities	2,844	$399.74	$1,136,860.56
EGC	Education and Group Consultation	3,380	$494.92	$1,672,829.60
HL	Housekeeping and Linen	2,869	$651.96	$1,870,473.24
MS	Medical	1,695	$770.93	$1,306,726.35
PF	Public Facilities	4,936	$399.74	$1,973,116.64
PS	Property and Supply	3,973	$347.39	$1,380,180.47
		19,697		$9,340,186.86

Additional Areas

	Department	Area (ft^2)	Unit Cost	Total
AG	Ambulance Garage	0	$347.39	$0.00
CA	Conversion Area	27,776	$299.80	$8,327,244.80
MA	Mechanical Area	19,999	$347.39	$6,947,452.61
		47,775		$15,274,697.41
	TOTAL NEW CONSTRUCTION...	186,659		$89,126,589.22

11. Renovation

Renovation

Extent of Renovation	Area (ft^2)	Unit Cost	Total
Paint and Repair		$104.69	$0.00
Repair Finishes		$280.77	$0.00
Walls and Finishes		$699.54	$0.00
Gutted		$923.21	$0.00
			$0.00

12. Special Purpose Equipment/Special

Special Purpose

Description	Qty.	Default Cost	Lump Sum	Total
X-Ray - Fluoroscopic	1	$607,956.00	$0.00	$607,956.00
X-Ray - Tomographic	2	$1,418,564.00	$0.00	$2,837,128.00
CT Scan	2	$1,418,564.00	$0.00	$2,837,128.00
MRI	1	$2,837,128.00	$0.00	$2,837,128.00
Ultrasound	2	$535,001.28	$0.00	$1,070,002.56
Mammography	2	$398,211.18	$0.00	$796,422.36
Pneumatic Tube System		$9.48	$0.00	$0.00
Communications Systems		$16.59	$0.00	$3,096,672.81
Computer Aided Building Control		$2.75	$0.00	$513,312.25
Computer Aided Maintenance Systems		$54,072.17	$0.00	$54,072.17
T.V. Satellite Antenna		$14,883.53	$0.00	$0.00

Clinical Information System	$42,333.16	$0.00	$42,333.16
Helipad	$204,533.22	$0.00	$0.00
			$14,692,155.31

13. Other Miscellaneous Costs

Miscellaneous Cost

Description	Total
	$0.00

14. Demolition/Abatement

Demolition

Description	Area (ft^2)	Unit Cost	Total
Building Demolition		$10.34	$0.00
Paving Demolition		$1.30	$0.00
			$0.00

Abatement

Description	Area (ft^2)	Unit Cost	Total
Flooring		$30.14	$0.00
Lead Paint		$28.88	$0.00
Piping		$30.14	$0.00
Full Abatement		$81.06	$0.00
			$0.00

TOTAL DEMOLITION/ABATEMENT...	$0.00

15. Unit Site Cost

Unit Site Cost

Description	Unit Cost
Trees to 6"	$0.20
Less than 5%	$0.86
Common Earth	$0.00
	$1.06

16. Site Area

Site Area Cost

Description	Area (ft^2)	Unit Cost	Total
Default Site Area	1,076,391	$1.06	$0.00
User-Defined Site Area	108,900	$1.06	$115,325.10

Add for Helipad	$1.06	$0.00
		$115,325.10

17. Parking and Drives

Parking Area

Description	Area (ft^2)	Unit Cost	Total
Number of Parking Spaces (As Req. by POR)			
Parking Area		$5.63	$0.00
Buffer Area (15%)		$5.63	$0.00
			$0.00

Drive/Road Area

Description	Area (ft^2)	Unit Cost	Total
Default Road Area	226,042	$5.63	$1,272,616.46
User-Defined Road Area		$5.63	$0.00
Default Loop Service Road	21,807	$5.63	$122,773.41
User-Defined Service Road Area		$5.63	$0.00
Area for Special Req.		$5.63	$0.00
Parking Garage			$22,692,732.00
			$23,965,348.46

TOTAL PARKING AND DRIVES...	$23,965,348.46

18. Landscaping and Irrigation

Landscaped Area

Description	Area (ft^2)	Unit Cost	Total
Default Landscaped Area	139,931	$5.48	$0.00
User-Defined Landscaped Area		$5.48	$0.00
			$0.00

Irrigated Area

Description	Area (ft^2)	Unit Cost	Total
Default Irrigated Area		$1.37	$0.00
User-Defined Irrigated Area		$1.37	$0.00
			$0.00

Landscape & Irrigation Override

Description	Area (ft^2)	Unit Cost	Total
Override amount			$150,000.00
			$150,000.00

TOTAL LANDSCAPING AND IRRIGATION...	$150,000.00

19. Site Utilities

Site Costs

Description	Carrier Size (in.)	Units (ft.)	Unit Cost	Lump Sum	Total
Water	8.0	1,000	$186.44	$0.00	$186,440.00
Sanitary Sewer	16.0	1,000	$58.26	$0.00	$58,260.00
Natural Gas	4.0	1,000	$161.41	$0.00	$161,410.00
Underground Elec. and Comm.		1,000	$374.91	$0.00	$374,910.00
Above Ground Elec. and Comm.			$46.42	$0.00	$0.00
Storm Water Discharge				$0.00	$0.00
Propane System				$0.00	$0.00
Oil Heating System				$0.00	$0.00
					$781,020.00

20. Service Upgrades and Misc. Site

Service Upgrades and Misc. Site Costs

Description	Default Cost	User Override Cost	Total
Sewage Lagoon	$130,430.99	$0.00	$0.00
300 Meter Road	$701,133.50	$0.00	$0.00
Electric Service Upgrade	$193.37	$0.00	$0.00
			$0.00

21. Total Site Cost

Total Site Cost

Description	Total
Total Site Cost	$25,011,693.56
	$25,011,693.56

22. Total Construction Cost

Total Construction Cost

Description	Total
Total Construction Cost	$128,830,438.09
	$128,830,438.09

23. Adjustments

Location Factor Adjustment

Description	Factor
Location Factor Adjustment	1.19

Labor Supplement

Description	Total
Labor Supplement	$0.00
	$0.00

24. Construction Cost at Estimate Date

Construction Cost at Estimate Date

Description		Value	Total
Total Construction Cost		$128,830,438.09	
Location Factor	x	1.19	
Location Factor (Adjusted) Construction Cost	=	$153,308,221.33	
Labor Supplement	+	0.00	
Construction Cost Adjusted for Location and Special Equipment/Programs		=	$153,308,221.33
			$153,308,221.33

25. Schedule

Schedule

Description	Default Months	Actual Months
Funding	19	22
Site Acquisition	0	0
A/E Selection	6	6
Design	21	17
Bid	6	6
Construction	36	24

User Start Date

Description	Date
Original Estimate Date	08/17/2022

26. Escalation Allowance

Total Compounded Escalation

Description	Escalation
Compounded Escalation to mid-point of Construction	1.22593

Construction Cost at Estimate Date

Description	Cost

Construction Cost at Estimate Date	$187,945,147.78
	$187,945,147.78

27. Construction Cost at Mid-Point

Construction Cost at Mid-Point

Description	Percent	User Override	Sustainability	
Sustainability	4		$7,517,805.91	
Construction Cost at Mid-Point				$195,462,953.69
				$195,462,953.69

28. Other Construction Costs

Other Construction Costs

Description	Percent	User Override	Total
Construction Contingency	0.1000		$19,546,295.37
Construction Administration	0.0200		$3,909,259.07
Misc. Construction Admin./Observation Costs			$0.00
Construction Observation			$0.00
			$23,455,554.44

29. Design Costs

Design Costs

Description	Default	User-Defined	Total
A/E Fee - Design	0.0150		$2,931,944.31
A/E Fee - Construction Documents	0.0600		$11,727,777.22
Other Costs	0.0100		$1,954,629.54
Design Contingency	0.0075		$1,465,972.15
Communications Design	0.0075		$1,465,972.15
Miscellaneous Design Cost - Lump Sum			$0.00
			$19,546,295.37

30. Other Budgeted Costs

Other Budgeted Costs

Description	Default	Lump Sum	Total
Moveable Equipment	0.2000		$39,092,590.74
Cultural Arts	0.0050		$977,314.77
Land Acquisition			$0.00
Site Survey			$0.00
Land Appraisal			$0.00
Maintenance Personnel Training	0.0020		$390,925.91
Building Commissioning	0.004		$781,851.81
			$41,242,683.23

31. Tribal Fees

T.E.R.O Fees

Description	Default	Lump Sum	Total
T.E.R.O and Non-Tribal Work Permits	0.0150	$4,850,281.00	$4,850,281.00
			$4,850,281.00

32. Taxes

Taxes

Description	Tax Rate	Amount Taxed	Total
Tribal Tax on Construction Only	0.00000	$195,462,953.69	$0.00
Local Taxes	0.00000	$195,462,953.69	$0.00
State Taxes	0.00480	$195,462,953.69	$938,222.18
Other Taxes			$9,797,568.00
			$10,735,790.18

33. Total Project Budget

Total Project Budget

Description	Total
Total Project Budget	$295,293,557.91
	$295,293,557.91

34. Phased Funding

Phased Funding

Description	Auto Cost	User Cost	Auto Increase	User Percent	Total
Phase I - Pre-Design	$0.00	$0.00	0.00	0.00	$0.00
Phase II - Design	$0.00	$0.00	0.00	0.00	$0.00
Phase III - Construction	$0.00	$0.00	0.00	0.00	$0.00
Phase IV - Construction	$0.00	$0.00	0.00	0.00	$0.00
Phase V - Construction	$0.00	$0.00	0.00	0.00	$0.00
Phase VI - Equipment/Furnishings	$0.00	$0.00			$0.00
					$0.00

35. Total Project Budget with Phased

Total Project Budget

Description	Total

Total Project Budget with Phased Funding	$295,293,557.91
	$295,293,557.91

COMMENTS

General Comments

Justifications for Cost Overrides

25.a Funding Period

Adjusted Funding Period.

25.c A/E Selection Period

Adjusted A/E Selection Period.

31. TERO Fees

TERO rate ?.? % on the total construction contract. TERO rate does not apply to medical equipment in Section 12.

TAB G – SPECIAL ENGINEERING STUDIES

Not Applicable

TAB H – TRIBAL RESOLUTION

Not Applicable

TAB I – HEALTH CAMPUS MASTER PLAN

Not Applicable

TAB J – TECHNICAL MEMORANDUM

Technical Memorandum

Purpose

To define a phased construction strategy for the requirements of the Northwest Regional Specialty Center (NWRSC) where Phase I aligns with presently available construction funding.

Background

The Portland Area Regional Specialty Referral Center Demonstration Project is a response to the demand for access to specialty care services for the User Population in the Oregon, Washington, and Idaho regions of the Portland Area. The current task is to update and finalize the previously developed planning documents from 2016, to reflect increases in the projected population to be served. This effort includes updating the Program Justification Document (PJD) and Program of Requirements (POR), and development of the Phase II Site Selection Evaluation Report for the identified project location in Fife, WA.

Cost Cap

The present funding available through Nonrecurring Expense Funds (NEF) to support this project is $164.7M, while the most recent Facility Budget Estimate (FBE) report places the cost of the planned requirements, 186,659 BGSF, at approximately $296M. A request for additional funding has been issued, but a determination will not be made until FY2025. To move the project forward and demonstrate continued progress, there is a need to develop a phased construction approach. To stay within the available budget, the first phase of construction will be limited to approximately 97,000 SF.

Site Constraints

The selected location for this facility, Pacific Hwy E site, is significantly smaller than the projected land area needed for a project of this size. The site has been previously developed, including an existing commercial office building along the south which will stay and remain fully accessible during any construction activities. There is also a proposed 30-foot easement along the north boundary for construction of a future light rail extension. Preliminary site analysis indicates that approximately 2.5 acres will be available for development, suggesting a vertical building and parking solution will be required.

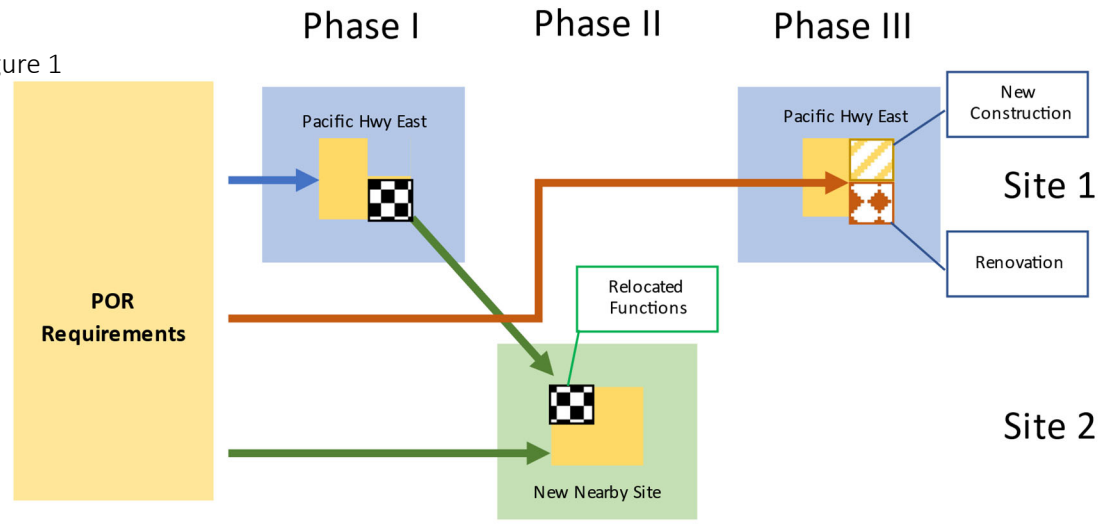
The reduced building size per the cost cap limitations can be achieved with a four-story clinic. When built in conjunction with a multi-story parking structure, vehicular access routes for service and emergency vehicles, service yard, and loading dock functions, the development will effectively fill the entire available site area. Construction of a second phase on this site to meet the full programmed space would require vertical expansion, which will be significantly hindered if not impossible once the initial site development is completed. Lack of materials staging and lay-down areas, no location for installation of a tower crane, and the inability to fence off a construction zone while maintaining site and building access, make any major secondary phased construction project on this site unrealistic from both a practical and financial standpoint.

Due to these site constraints, the present team has recognized that a phased solution to meet the full requirements of the NWRSC will require a second site or the purchase of adjacent land.

Phased Approach

Recognizing the Cost Cap and the Site Constraints, to proceed with the NWRSC as developed in the POR three phases of construction will be required (**Figure 1**). Phase I will include construction of a building on the Pacific Hwy E site, Phase II will consist of a building on a nearby site of opportunity, Phase III will include building an addition on the Pacific Hwy East site and remodeling of the building constructed initially on that site. The proposed future phases are time sensitive and funding dependent. Unless project funding for future phases is provided within approximately 3 years of project approval, the planning estimates will require updating.

Figure 1



Phase I

Construction of 97,259 BGSF at 3700 Pacific Highway E, in Fife, WA (Site 1). The building will include the departments listed in **Table 1**. Medical Specialty Care, Surgical Specialty Care, and Surgery are all scaled at 70% of the planned department total, leaving the remaining 30% for Phase III. Diagnostic Imaging is scaled at 50% of the planned department total (with the remaining 50% to be added in Phase III). Registration, Administration, Business Office, HIM, Housekeeping, Education and Group Consultation, Facility Management, Employee Facilities and Public Facilities are all scaled at 50% consistent with the smaller building size and the expected reduced staffing number. IT, Security, Clinical Engineering, Med Supply, and Property Supply will be constructed at full scale. The phasing of these departments is also depicted in the bubble diagrams in **Figure 2** (Phase I) and **Figure 3** (Phase 3). The site layout concept of this phased approach is depicted in **Figure 4**.

Figure 2- Phase 1 Bubble Diagrams

Figure 4 – Phasing Site Concept

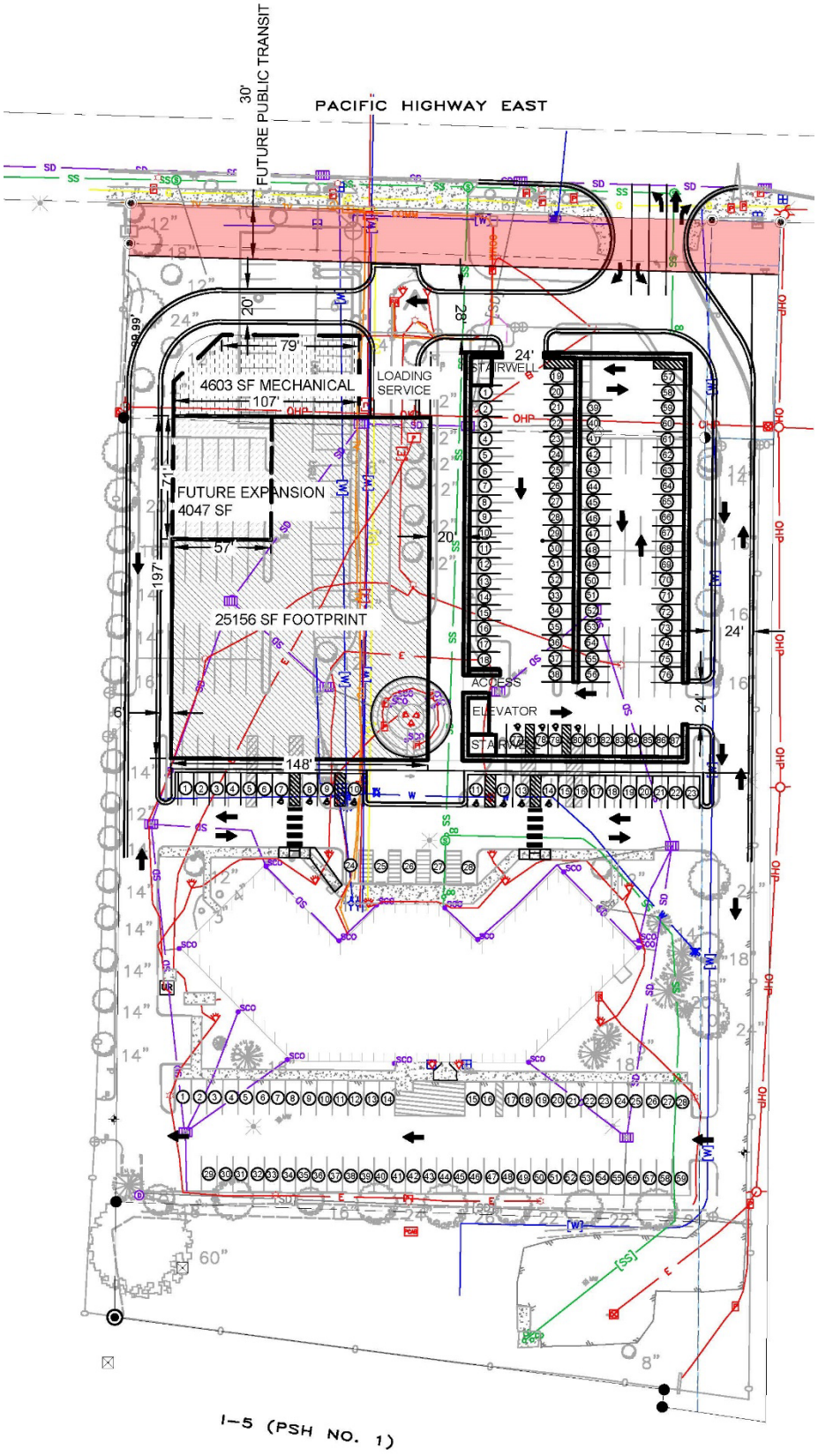


Table 1 Phase I Focus on Outpatient Specialty Care and Procedural Capability

Department	POR DGSF	% Retained Phase 1	Phase I DGSF	Remaining DGSF For Phase III	Removed DGSF For Phase III	Phase III DGSF
Medical Specialty Care*	21,715	70%	15,201	6,515		
Surgical Specialty Care*	17,126	70%	11,988	5,138		
Diagnostic Imaging	13,357	50%	6,679	6,679		
Surgery	16,662	70%	11,663	4,999		
Registration	4,823	50%	2,412			
Administration*	5,271	50%	2,636		-2,636	
Business Office	3,377	50%	1,689		-1,689	
HIM	4,067	50%	2,034		-2,034	
IT	2,919	100%	2,919			
Security	482	100%	482			
Clinical Engineering	1,081	100%	1,081		-1081	
Facility Management	2,630	50%	1,315		-1,315	
Med Supply	1,695	100%	1,695			
Property Supply	3,973	100%	3,973		-849	
Housekeeping and Linen	2,869	50%	1,435			
Education and Group Consultation	3,380	50%	1,690		-1,690	
Employee Facilities	2,844	50%	1,422			
Public Facilities	4,108	50%	2,054			
Total DGSF	**112,379**		**72,365**	**23,329**	**-11,294**	**84,401**
Building Circulation and Envelope (.20)			14,473			16,880
Floor Gross Square Feet			86,838			101,281
Major Mechanical Space (.12)			10,421			12,154
Total BGSF			**97,259**			**113,434**

*Note that the DGSF shown in **Table 1** for Medical Specialty Care, Surgical Specialty Care, and Administration have been updated in the final Building Area Summary of the POR. During the draft review process and Technical Memorandum development, slight changes were made to Medical Specialty Care, Surgical Specialty Care and Administration departments resulting in minor variances in the DGSF. The overall facility size of 186,659 BGSF (and 97,259 BGSF for Phase I) remain unchanged.

Variations are also found in Phase I space programs due to department re-design while adhering to the space criteria found in the Notes to the Planner. **Table 1** represents the overall percent reduction in department space without the benefit of a specific redesign of each department. These redesigned space programs may be found in the section **Phase I Space Redesign and Staff Adjustment**. Phase I space and staffing summary may be viewed in **Appendix A** – Building Area Summary Phase I and **Appendix B** – 2037 Planned Staff Table Phase I.

Phase II

Construction of 73,224 BGSF on a nearby site of opportunity (Site 2). Phase II will include the following:

- Planned department total of Dental, Audiology, Laboratory, Pharmacy, Pain Clinic, and Rehab.
- Remaining Administrative and Facility Support not included in Phase I.
- Administrative and Facility Support moved out of Site 1 and relocated onto Site 2.
- **Table 2** outlines the SF in each of these categories.

Table 2 Phase II Remaining and Relocated Administration and Facility Support at Site 2

Department	POR Total DGSF	% New Phase II	New DGSF Phase II	Relocated DGSF From Site 1, Phase I	Phase II DGSF
Dental	9,799	100%	9,799		9,799
Audiology	3,207	100%	3,207		3,207
Laboratory	3,291	100%	3,291		3,291
Pharmacy	2,254	100%	2,254		2,254
Pain Clinic	3,251	100%	3,251		3,251
Rehab	4,702	100%	4,702		4,702
Registration	4,823	50%	2,412		2,412
Administration	5,271	50%	2,636	2,636	5,272
Business Office	3,377	50%	1,689	1,689	3,378
HIM	4,067	50%	2,034	2,034	4,068
Clinical Engineering	1,081	0%		1,081	1,081
Facility Management	2,630	50%	1,315	1,315	2,630
Property and Supply	3,973	0%		849	849
Housekeeping and Linen	2,869	50%	1,435		1,435
Education & Group Consultation	3,380	50%	1,690	1,690	3,380
Employee Facilities	2,844	50%	1,422		1,422
Public Facilities	4,108	50%	2,054		2,054
Total DGSF	**64,927**		**43,189**	**11,294**	**54,483**
Building Circulation and Envelope (.20)					10,897
Floor Gross Square Feet					65,379
Major Mechanical Space (.12)					7,845
Total BGSF					**73,224**

Phase III

To provided 100% of the requirements of the NWRSC's POR a third phase will be necessary. This phase will require an addition of 16,176 BGSF (113,434 – 97,259) to the Phase I building, and renovation of approximately 11,294 DGSF within the existing facility as detailed in **Table 1**. Between the new and renovated space, the facility at 113,434 BGSF will be able to house the remainder of Medical Specialty Care, Surgical Specialty Care, Surgery, and Imaging as displayed by the bubble diagrams in **Figure 3.**

Figure 3- Phase 3 Bubble Diagrams

Process

The Process of developing the Phased recommendation involved two steps, 1) Phased Construction Strategy Workshop and 2) Phasing Scenarios Review.

Phased Construction Strategy Workshop

The Phased approach is the result of a collaborative process involving the planning team, Portland Area leadership and the PAFAC. A prioritization workshop was conducted with the PAFAC on August 17th, 2023, at IHS Portland Area Headquarters with a goal to develop a prioritized list of services to consider for inclusion in the initial phase of construction. To inform this process the following steps were taken:

1. Recap the full list of planned services and workload volumes.
2. Examine site layouts -building, parking, circulation and the impacts on massing, height, and potential phasing.
3. Review feedback from the Tribal Health Programs on their most needed services.
4. Consider other factors such as cost/complexity of different department construction types, and the revenue generating potential of those services.

The prioritization exercise is necessary when considering the opportunities and the impact of scaling down the size of various departments, eliminating a department from the initial phase (and delay to Phase II), or a combination of both options to align with the Phase I parameters of cost and size.

Services Priorities

Prior to the workshop, a Regional Specialty Center Priorities survey was sent out to key stakeholders by the Northwest Portland Area Indian Health Board. The survey was open from July 24 to August 8, 2023. Tribal response included: Idaho (20%), Oregon (100%), and Washington (52%). Participants ranked specialty care as their top priority. Among medical and/or surgical specialty care services, those surveyed responded as follows:

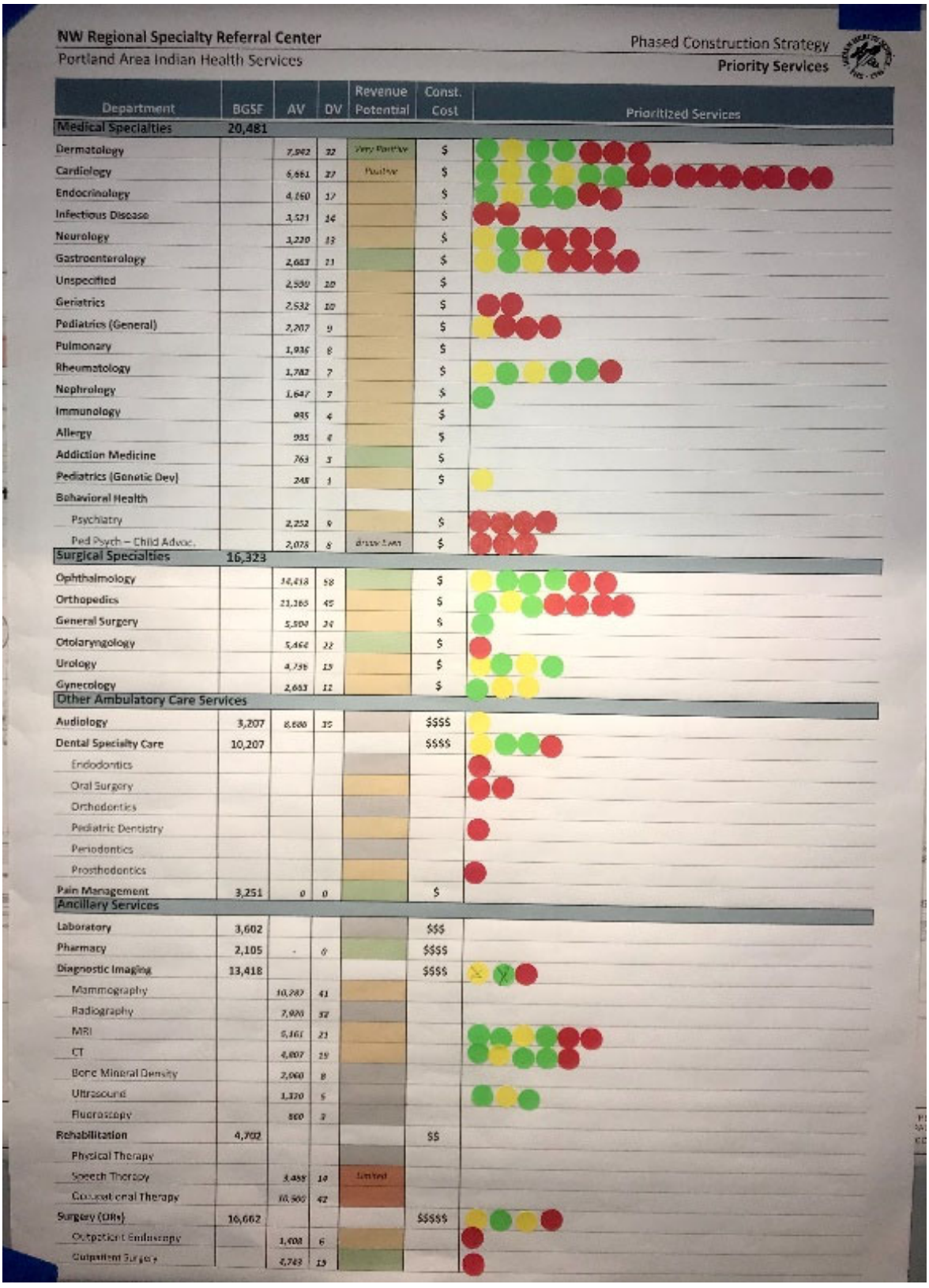
1) Cardiology – 78.79%
2) Endocrinology – 48.48%
3) Rheumatology – 42.42%
4) Neurology – 36.36%
5) Pain Clinic – 33.33%
6) Dermatology – 30.30%
7) Psychiatry – 30.30%
8) Orthopedics – 27.27%
9) Pediatrics (General) – 18.18%
10) Nephrology – 18.18%
11) Pulmonary – 18.18%
12) Pediatrics (Genetic Development) 15.15%

Members of the PAFAC were presented with data to assist in how they may prioritize each department. The data presented included projected demand, displaying both annual visits (AV) and daily visits (DV) for each clinical-based department or service.

Revenue generation and cost construction were additional considerations presented to the PAFAC. It is important to note that a business case was not done, the conceptual information provided was only meant to give additional context in the priority exercise. As an example, while Outpatient Surgery has a positive potential for revenue generation, the complexity and cost of construction for this department is also extremely high. Conversely the cost of staffing to support Rehab Therapies is also high, however there is often a lower revenue generation associated with this service, but also a lower cost of construction. Weighing these factors are important in determining prioritization of services/departments in a phased construction approach.

Once the framework was presented to the PAFAC, members were led through the exercise of prioritizing services. PAFAC members were given adhesive dots to place on the chart, and those attending virtually provided voted via proxy. The result of this exercise is shown in **Figure 4**. Medical Specialty, Surgical Specialty, Surgery, and Imaging were all voted as the highest priorities.

Figure 4


NW Regional Specialty Referral Center
Portland Area Indian Health Services
Phased Construction Strategy
Priority Services
Department
BGSF
AV
DV
Revenue Potential
Const. Cost
Prioritized Services
Medical Specialties 20,481
Dermatology 7,942 32 $
Cardiology 6,681 27 $
Endocrinology 4,160 17 $
Infectious Disease 3,521 14 $
Neurology 3,220 13 $
Gastroenterology 2,683 11 $
Unspecified 2,530 10 $
Geriatrics 2,532 10 $
Pediatrics (General) 2,207 9 $
Pulmonary 1,936 8 $
Rheumatology 1,782 7 $
Nephrology 1,647 7 $
Immunology 985 4 $
Allergy 935 4 $
Addiction Medicine 763 3 $
Pediatrics (Genetic Dev) 248 1 $
Behavioral Health
Psychiatry 2,252 9 $
Ped Psych – Child Advoc. 2,078 8 $
Surgical Specialties 16,323
Ophthalmology 14,418 58 $
Orthopedics 11,165 45 $
General Surgery 5,504 24 $
Otolaryngology 5,464 22 $
Urology 4,736 19 $
Gynecology 2,663 11 $
Other Ambulatory Care Services
Audiology 3,207 8,680 35 $$$$
Dental Specialty Care 10,207 $$$$
Endodontics
Oral Surgery
Orthodontics
Pediatric Dentistry
Periodontics
Prosthodontics
Pain Management 3,251 0 0 $
Ancillary Services
Laboratory 3,602 $$$
Pharmacy 2,105 - 0 $$$$
Diagnostic Imaging 13,418 $$$$
Mammography 10,280 41
Radiography 7,920 32
MRI 5,161 21
CT 4,807 19
Bone Mineral Density 2,060 8
Ultrasound 1,320 5
Fluoroscopy 800 3
Rehabilitation 4,702 $$
Physical Therapy
Speech Therapy 3,455 14
Occupational Therapy 10,360 42
Surgery (ORs) 16,662 $$$$$
Outpatient Endoscopy 1,402 6
Outpatient Surgery 3,743 15

Site Test-Fit

A review of the Phase I SSER recommendations and available property information was conducted as part of the initial site analysis for this Regional Specialty Referral Center, along with a visit by the consultant team to the project site on February 6, 2023. At only 5.64 acres, it was recognized that the preferred site was significantly smaller than the other parcels considered, and well below the recommended land area required for a project of this size. Additionally, there are several other site constraints to contend with, including an existing commercial structure and surface parking to remain, and plans currently in development to create a light rail extension route along the north edge of the parcel, requiring an estimated 30' setback from the Pacific Highway East right-of-way. The existing signaled intersection at the northeast corner of the parcel will be the sole vehicular access point, accommodating all staff, visitor, and service traffic for both the new clinic and the existing building. These site conditions translate into an area available for development of approximately 2.5 acres.

Three different site test-fit configurations for a multi-story building and parking structure were considered, including the space needed for emergency and service vehicle access lanes, loading dock and service areas, and ground mounted mechanical and electrical equipment. Different potential building area footprints were developed, ranging from 23,000 SF to about 32,000 SF, which translate to a full project build out size of approximately eight levels for both the clinic building and parking structure. This development would effectively fill the available site area, with no opportunity for any significant surface stormwater retention or open green space and requiring relief from the 50' IHS building clearance standard as referenced in the OEHE Technical Manual, Volume II, Chapter 13-4.

As noted earlier, the budget cost limitation for this project will allow for approximately half of the total program to be constructed in the first phase of work. The existing site constraints do not suggest any workable planning path to accommodate a second major construction project on this parcel to achieve the full programmed space. Planning for a second phase of vertical expansion for both parking and clinic spaces would not only require significantly oversized foundation design and structural support in the first phase (taking up a larger portion of the available funds and translating to a smaller initial building area), but there would also be no available site area for materials lay-down and staging or erection of a tower crane once the first phase is completed. There will also be prohibitive challenges associated with delineating and securing a construction zone sufficient for a multi-story addition on top of an existing, occupied building, while maintaining full accessibility for the existing site tenants.

Development of the site to support the entire programmed space and parking might be possible if approached as a single construction project, though there would be additional challenges beyond those listed here to be addressed. This site analysis recommends acquisition of an additional land parcel for construction of the second phase of this project, creating a two-structure solution for this Regional Specialty Referral Center.

Phasing Scenarios

Following the workshop in Portland, the planning team developed four scenarios for Phase 1 reflecting the results of the prioritization exercise. Each scenario considered which services were highly coveted realizing the impact of the limited budget of $164.7M and the overall 2037 space need of 186,659 BGSF. To meet this challenge, and stay within the available budget, a phased construction approach is needed.

The first phase of construction will require limiting the first phase of construction to less than half of the overall projected facility size, with the second phase to include the remainder of departments and/or services.

	Option 1 Straight Reduction	Option 2 Focus on High Priority Services	Option 3 Focus on High Priority Services II	Option 4 Focus on Outpatient Specialty Care & Procedural Capability
Phase I	Straight 50% Retention Across All Services + Medical Specialty + Surgical Specialty + Surgery + Dental Specialty + Audiology + Pain + Rehab + Lab + Pharmacy + Diagnostic Imaging + Adminstration/Facility Support	55% Retention + Medical Specialty Care + Surgical Specialty Care + Surgery + Dental Specialty + Lab 50% Retention + Diagnostic Imaging + Administration/Facility Support* * IT, Security, Clinical Engineering, Medical Supply, and Property & Supply at Full Scale.	60% Retention + Medical Specialty Care + Surgical Specialty Care + Surgery + Lab + Pharmacy 50% Retention + Diagnostic Imaging + Administration/Facility Support * * IT, Security, Clinical Engineering, Medical Supply, and Property & Supply at Full Scale.	70% Retention + Medical Specialty Care + Surgical Specialty Care + Surgery 50% Retention + Diagnostic Imaging + Administration/Facility Support* * IT, Security, Clinical Engineering, Medical Supply, and Property & Supply at Full Scale.
Phase II	Growth of All Services Uniformly.	Add + Audiology + Pain + Rehab + Remaining Space at Clinical & Support Services.	Add + Dental Specialty + Audiology + Pain + Rehab + Remaining Space at Clinical & Support Services.	Add + Dental Specialty + Audiology + Pain + Rehab + Lab + Pharmacy + Remaining Space at Clinical & Support Services.
Pros	Retains a percentage of all planned services.	Eliminates only the lowest ranked services from prioritzation exercise.	Preserves a higher percentage of Medical and Surgical Specialty than options 1 and 2.	Easiest to phase with a functional, complete solution. Most complete priority services in Phase I.
Cons	Difficult to phase and have a complete solution. Although all services are represented, they do not support the future workload.	Highest reduction of clinical services compared to options 3 and 4. Phase I reliance on private sector Audiology, Pain, and Rehab.	Phase I reliance on private sector Dental Specialty, Audiology, Pain,and Rehab.	Phase I reliance on local Tribal labs and pharmacy. Phase I reliance on private sector Dental Specialty, Audiology, Pain, and Rehab.

Option 1 Straight Reduction

Option 1 would scale back every department by 50% for all services to exist. The second phase (Phase II) of this option would see each of these departments growing uniformly with services being made whole at a new site, and vacating space at the Phase I site for those remaining services to also be made whole. The benefit of this approach is that every planned service in the POR would exist in Phase I, albeit at a smaller scale. However, although every service is represented, the services would not support the future workload as demonstrated in the PJD. Furthermore, this option produces many difficulties when relocating existing departments while neighboring departments are expanded and remodeled.

Option 2 Focus on High Priority Services

Option 2 would retain 55% of Medical Specialty, Surgical Specialty, Surgery, Dental Specialty, Lab, and Pharmacy. Diagnostic Imaging, Administration, and Facility Support would be scaled back by 50% except

for IT, Clinical Engineering, Security, Medical Supply, and Property and Supply which would all be planned at full capacity. In this approach, services with the lowest ranking prioritization (Audiology, Pain, and Rehab) are left to be developed in Phase II at full capacity providing an easier approach than Option 1 in the department relocation, expansion, and remodeling effort. In this scenario, Audiology, Pain, and Rehab will require a dependency on the private sector until fully developed in Phase II.

Option 3 Focus on High Priority Services II

Option 3 recognizes a higher retention (60%) of Medical Specialty, Surgical Specialty, Surgery, Lab, and Pharmacy. In this option, Dental Specialty would join Audiology, Pain, and Rehab, as services delayed for full implementation in Phase II. Pharmacy. Diagnostic Imaging, Administration, and Facility Support would be scaled back by 50% consistent with Option 3 with for IT, Clinical Engineering, Security, Medical Supply, and Property and Supply all be planned at full capacity This option increases the space allowance for services of the highest prioritization, however in this scenario, Dental Specialties joins Audiology, Pain, and Rehab as services dependent on the private sector until fully developed in Phase II.

Option 4 Focus Outpatient Specialty Care and Procedural Capability

Option 4 is what was recommended by the planning team and with concurrence from the PAFAC. It recognizes the highest retention (70%) of Medical Specialty, Surgical Specialty, and Surgery, however in this scenario there are more departments delayed for full implementation in Phase II. The list of these departments includes Lab, and Pharmacy along with Dental Specialty, Audiology, and Rehab Services. Administration and Facility Support are scaled back by 50% except for IT, Clinical Engineering, Security, Medical Supply, and Property and Supply all being planned at full capacity.

Conclusion

The advantages of Option 4 are significant and it is the easiest to phase with a functionally complete solution. Option 4 is also the most complete option for those services ranked as the highest priority. There will still be a dependency on the private sector for certain services and the exclusion of Lab and Pharmacy raised some concerns from the PAFAC. In response to the exclusion of Lab and Pharmacy, lab would function for specimen collection and CLIA waived tests within the facility. The Specimen Collection capability will include sections to be sent out to access private labs in the community, like Lab Corps, Lab Quest, etc. Specialty Care clinics will include a clinical pharmacist with space provided for medication preparation. The inclusion of a “typical” medication schedule would be adopted with a limited amount of same day support. The NWRSC’s pharmacy staff would work with the Region’s IHS and Tribal outpatient pharmacy staff as well as their supporting mailout pharmacies to ensure the NWRSC’s Specialty Physicians and their patients have access to appropriate medications at their pharmacies closer to home.

Phased Construction Workshop

1a) Priority Setting & Handouts

1b) Site Test Fit

Department	BGSF	AV	DV	Revenue Potential	Const. Cost	Prioritized Services
Medical Specialties	**20,481**					
Dermatology		*7,942*	*32*	*Very Positive*	$	
Cardiology		*6,661*	*27*	*Positive*	$	
Endocrinology		*4,160*	*17*		$	
Infectious Disease		*3,521*	*14*		$	
Neurology		*3,220*	*13*		$	
Gastroenterology		*2,663*	*11*		$	
Unspecified		*2,590*	*10*		$	
Geriatrics		*2,532*	*10*		$	
Pediatrics (General)		*2,207*	*9*		$	
Pulmonary		*1,936*	*8*		$	
Rheumatology		*1,782*	*7*		$	
Nephrology		*1,647*	*7*		$	
Immunology		*995*	*4*		$	
Allergy		*995*	*4*		$	
Addiction Medicine		*763*	*3*		$	
Pediatrics (Genetic Dev)		*248*	*1*		$	
Behavioral Health						
Psychiatry		*2,252*	*9*		$	
Ped Psych – Child Advoc.		*2,078*	*8*	*Break Even*	$	
Surgical Specialties	**16,323**					
Ophthalmology		*14,418*	*58*		$	
Orthopedics		*11,165*	*45*		$	
General Surgery		*5,904*	*24*		$	
Otolaryngology		*5,464*	*22*		$	
Urology		*4,736*	*19*		$	
Gynecology		*2,663*	*11*		$	
Other Ambulatory Care Services						
Audiology	**3,207**	*8,686*	*35*		$$$$	
Dental Specialty Care	**10,207**				$$$$	
Endodontics						
Oral Surgery						
Orthodontics						
Pediatric Dentistry						
Periodontics						
Prosthodontics						
Pain Management	**3,251**	*0*	*0*		$	
Ancillary Services						
Laboratory	**3,602**				$$$	
Pharmacy	**2,105**	-	*0*		$$$$	
Diagnostic Imaging	**13,418**				$$$$	
Mammography		*10,287*	*41*			
Radiography		*7,920*	*32*			
MRI		*5,161*	*21*			
CT		*4,807*	*19*			
Bone Mineral Density		*2,060*	*8*			
Ultrasound		*1,320*	*5*			
Fluoroscopy		*660*	*3*			
Rehabilitation	**4,702**				$$	
Physical Therapy						
Speech Therapy		*3,488*	*14*	*Limited*		
Occupational Therapy		*10,500*	*42*			
Surgery (ORs)	**16,662**				$$$$$	
Outpatient Endoscopy		*1,408*	*6*			
Outpatient Surgery		*4,743*	*19*			

BGSF = Building Gross Square Feet

AV = Annual Visits

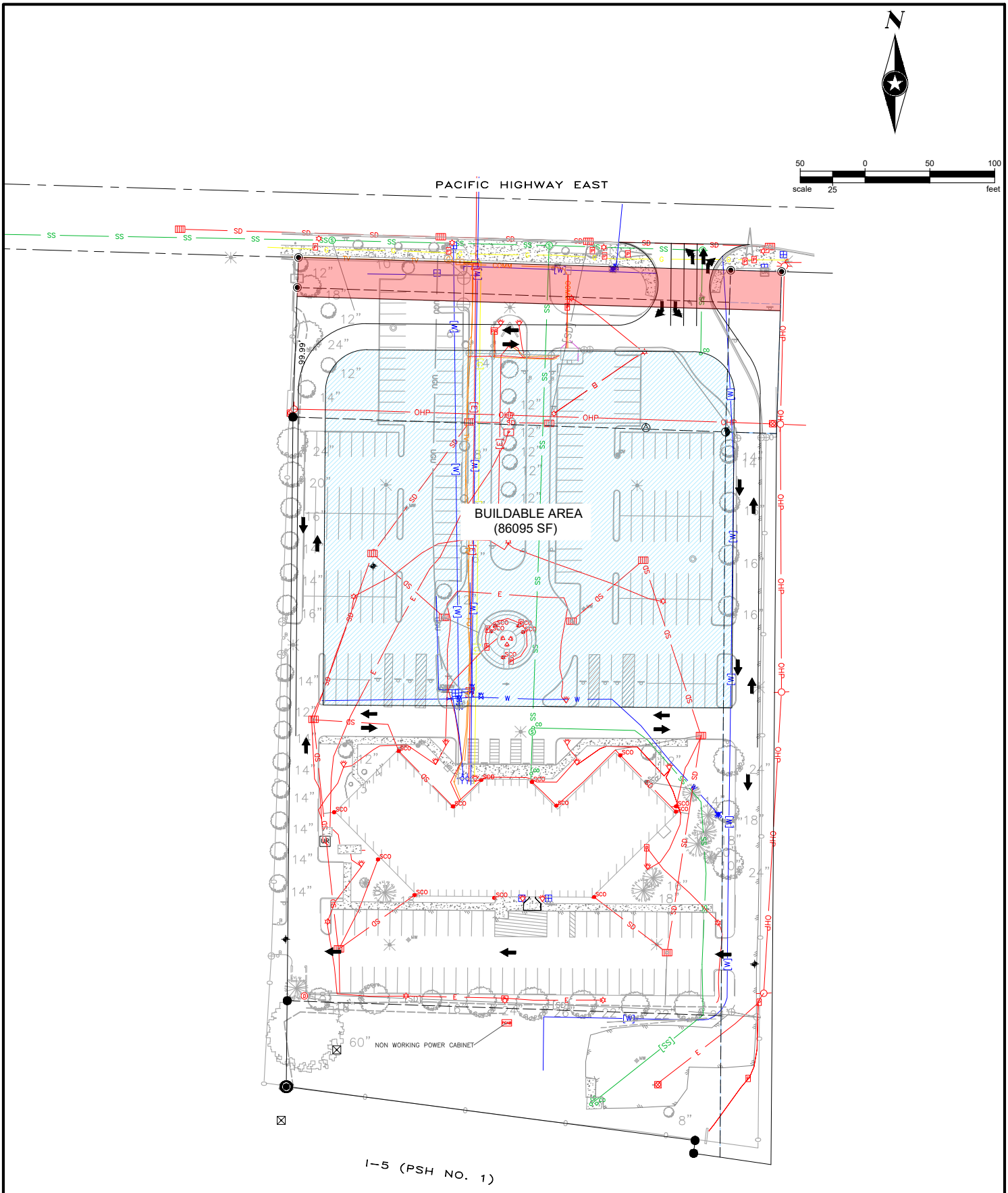
DV = Daily Visits

= Very Positive Revenue Potential

= Positive Revenue Potential

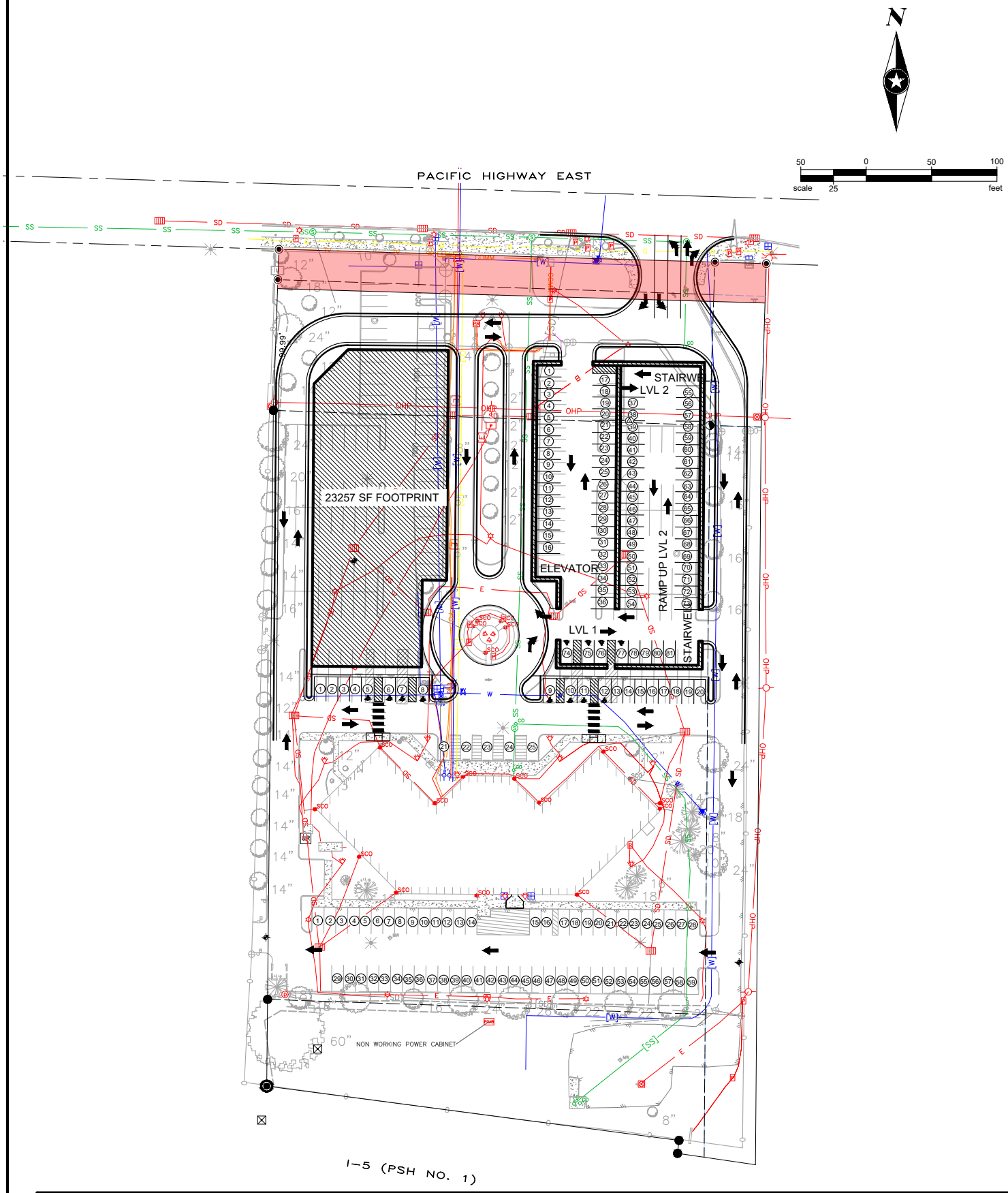
= Break Even

= Limited Revenue Potential



PROJECT NO.
170544
DATE:
8/11/2023

INDIAN HEALTH SERVICE REGIONAL
REFERRAL CENTER BUILDABLE AREA



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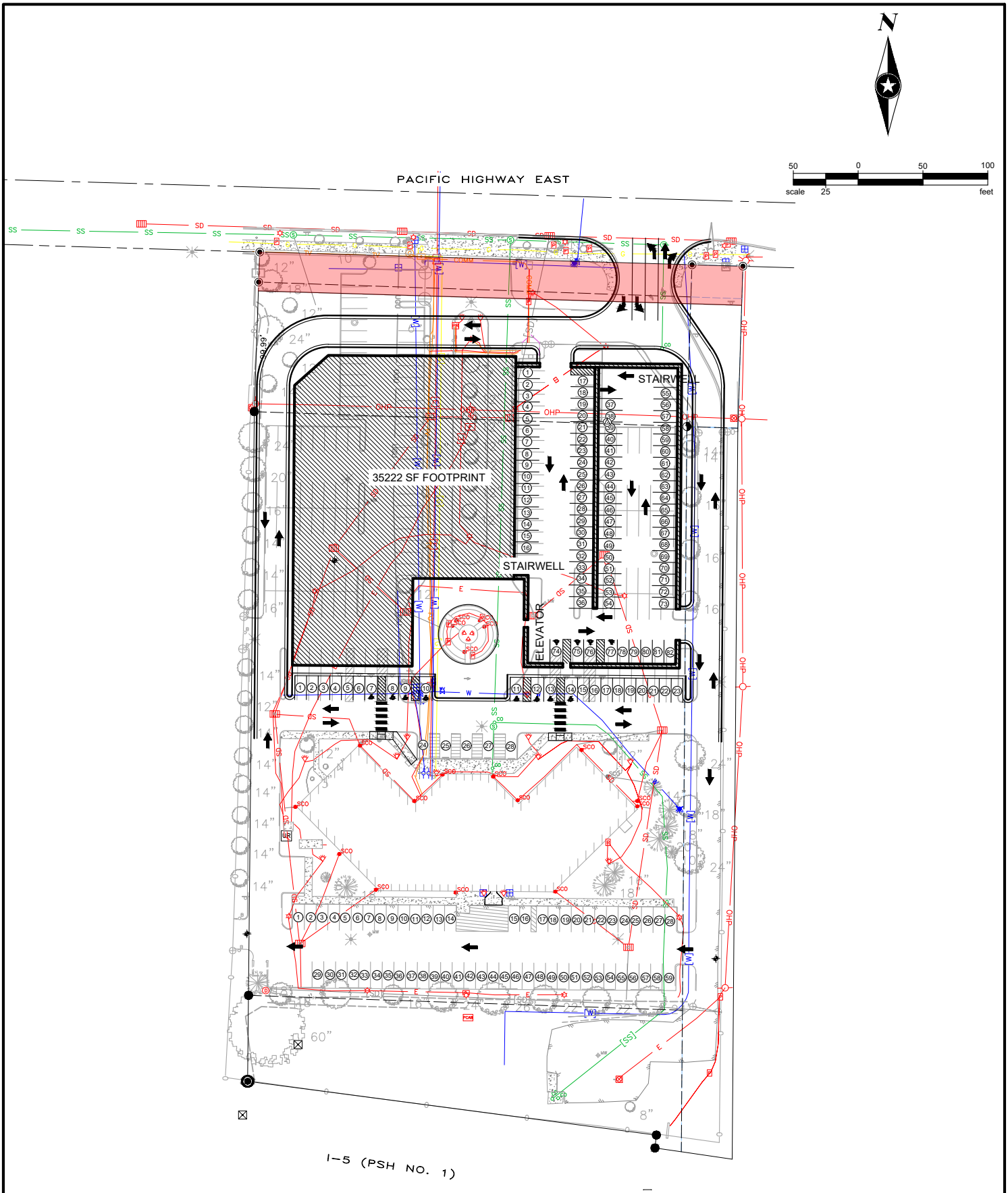
PROJECT NO. 170544

DATE: 8/11/2023

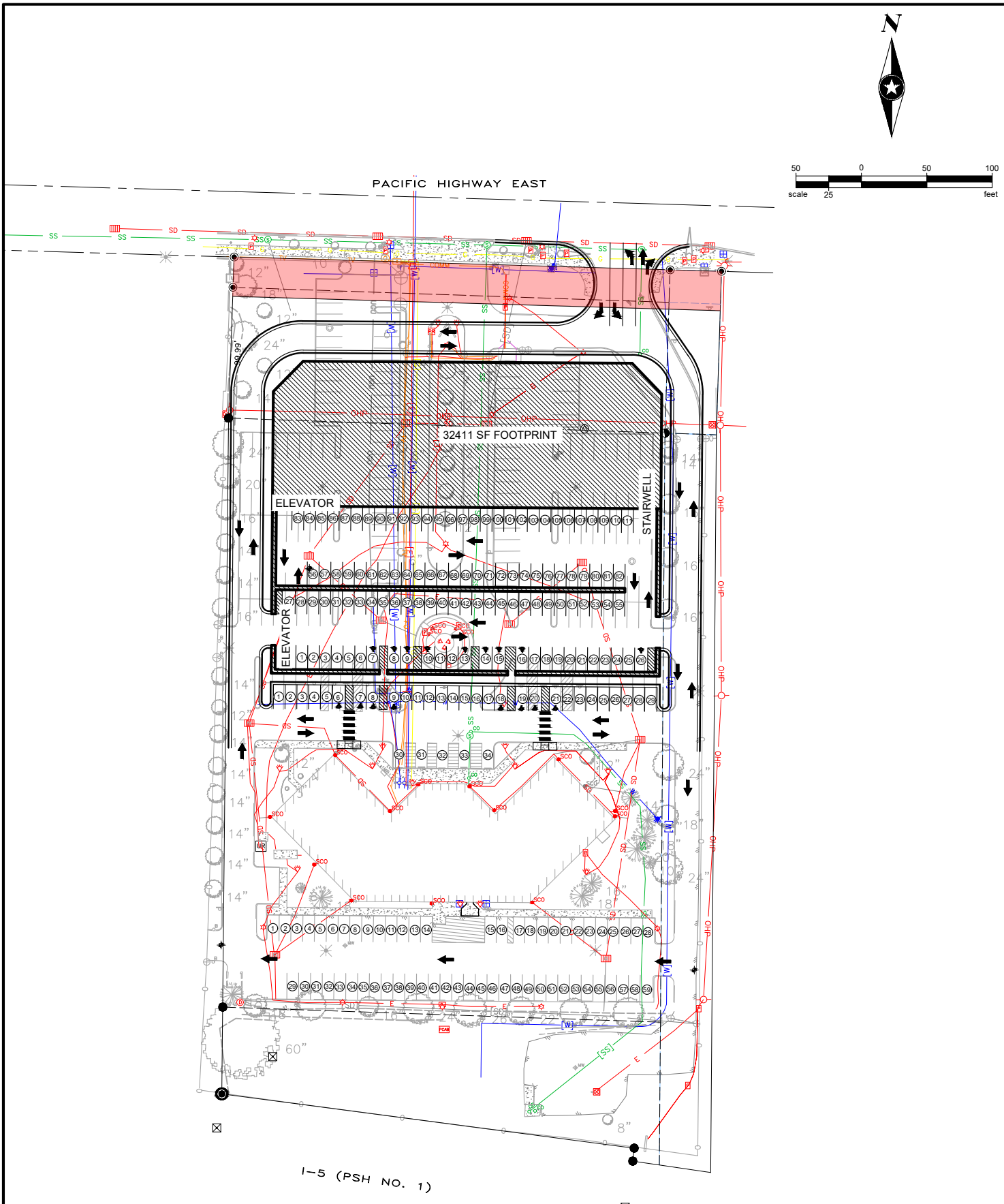
INDIAN HEALTH SERVICE REGIONAL REFERRAL CENTER BUILDABLE AREA

CONCEPT 1 - LEVEL 1

1



SEH	PROJECT NO. 170544 DATE: 8/11/2023	INDIAN HEALTH SERVICE REGIONAL REFERRAL CENTER BUILDABLE AREA CONCEPT 2 - LEVEL 1	2



PROJECT NO.
170544
DATE:
8/11/2023

INDIAN HEALTH SERVICE REGIONAL
REFERRAL CENTER BUILDABLE AREA
CONCEPT 3 - LEVEL 1

3

Phase I Space Redesign and Staffing Adjustment

Phase I of the NWRSRC includes select departments as presented in **Table 1** of the Technical Memorandum. Departments retained at 100% of the space program as developed in the POR include: IT, Security, Clinical Engineering, Med Supply, and Property Supply. These Design Notes, Staffing Rosters, and Space Programs may be found in the POR.

The remaining Phase I departments require a downsize of the DGSF as developed in the POR to meet the goal of 97,259 BGSF necessary for Phase I. The Design Notes, Staffing Rosters, and Space Programs which follows reflect the Planning Team's approach toward the Space Program re-design to meet each of these department's downsized DGSF. Included with each downsized DGSF is the staffing roster which has also been reduced in accordance with the smaller sized department. The Phase I building and staffing roster can be found under **Appendix A**: Building Area Summary Phase I and **Appendix B**: 2037 Planned Staff Table Phase I.

This work acknowledges that within each department, there exists some space which could be lessened such as a Conference Room or an Alcove. Conversely, Operating Rooms, Exam Rooms, and Procedural rooms must be maintained at a specified scale and size consistent with IHS Notes to the Planner. Therefore, a combination of room quantity reduction and room size reduction has been conducted for each department.

There are some variations between the following Space Programs, and the individual department DGSF of **Table 1** of the Technical Memorandum. The Scenario Phasing conducted for the Technical Memorandum required the omission or downsizing of departments (in this case by 50% or 70%) to fit within 97,259 BGSF. However, to develop a fully functional department which is consistent with IHS Notes to the Planner, a department re-design is required resulting in some variation from the percentage totals as shown in Table 1 of the Technical Memorandum. For example, in **Table 1**, Diagnostic Imaging is reduced to 50% with a DGSF of 6,679. However, after considering the staffing roster and corresponding rooms and spaces, the Phase I Space Program for Diagnostic Imaging totals 7,682 DGSF or 58% of the DGSF in the POR. Conversely, Surgery is reduced to 70% in **Table 1**, however with the reduction of surgical ORs from 6 to 3 and with the corresponding rooms changes associated with surgical ORs results in a space reduction of 60% or 10,124 DGSF vs. 11,663 DGSF as shown in **Table 1**.

Design Notes: Administration

Administration department is reduced from 5,271 DGSF to 3,394 DGSF for Phase 1. The staffing roster has changed to reflect Phase 1.

Staff Removed: Personnel Clerk (1.5 FTE), Medical Staff Coordinator (1.0 FTE), Bookkeeper (1.0 FTE), Risk Manager (1.0 FTE), Admin Support UR/QA (1.0 FTE).

Staff Reduced: Performance Improvement (2.0 FTE to 1.0 FTE), Utilization Review/QA Assurance Manager, (2.0 FTE to 1.0 FTE), Admin Support (2.0 FTE to 1.0 FTE),

- Offices have been removed in accordance with omitted personnel and staff reductions.
- Conference room and alcove space have been reduced.

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Administration			
Executive Director	1.0	1.0	
Admin Staff Support	1.0	1.0	
Deputy Director	1.0	1.0	
Director of Nursing	1.0	1.0	
Clinical Director	1.0	1.0	
Human Resources			
Director Support Services	1.0	1.0	
Personnel Director	1.0	1.0	
Personnel Clerk	1.0	1.0	
Credentialing	1.0	1.0	
Financial Management			
Finance Manager	1.0	1.0	
Budget Analyst	1.0	1.0	
Accounting Clerks (P/R, A/P) extra swing clerk	1.0	1.0	
Quality Management			
Infection Control/Safety Officer	1.0	1.0	
Utilization Review / QA Manager (RN)	1.0	1.0	
Certification/ Performance Improvement Coordinator	1.0	1.0	
Safety Officer	1.0	1.0	
Employee Health Nurse	1.0	1.0	
Total	**17.0**	**17.0**	**14.5**

Administration **Phase 1**

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
CONFERENCE ROOM	CFEX1	1	226	226	
MAILROOM	MLRM1	1	108	108	
WAITING AREA	WTGN1	1	86	86	
RECEPTIONIST/Admin Assistant	CNRC1	1	65	65	1.0 Admin. Support Staff
Staff Support					
ALCOVE STAFF LOUNGE	ALLG1	1	32	32	
TOILET, STAFF	TLPS1	2	54	108	
Admin					
ACCOUNTING CLERK	OFOC1	1	65	65	1.0 Accounting Clerk
BUDGET ANALYST	OFOC1	1	65	65	1.0 Budget Analyst
ALCOVE, SUPPLY - NAME BADGE STORAGE	ALSS1	1	32	32	
PERSONNEL CLERK	OFOC1	1	65	65	1.0 Personnel Clerk
EMPLOYEE HEALTH CLERK	OFOC1	1	65	65	1.0 Employee Health Nurse
DEPUTY DIRECTOR	OFSP1	1	118	118	1.0 Deputy Director
DIRECTOR OF PERSONNEL	OFSP1	1	118	118	1.0 Personnel Director
CLINICAL DIRECTOR	OFSP1	1	118	118	1.0 Clinical Director
DIRECTOR OF NURSING	OFSP1	1	118	118	1.0 Director of Nursing
EXECUTIVE DIRECTOR	OFEX1	1	183	183	1.0 Executive Director
DIRECTOR OF SUPPORT SERVICES	OFTY1	1	97	97	1.0 Director of Support Services
FINANCIAL MANAGER	OFTY1	1	97	97	1.0 Financial Manager
OFFICE, INFECTION CNTRL/SAFETY	OFOC1	1	65	65	1.0 Infection Control
FILING CLERK	OFOC1	1	65	65	1.0 Clerical Support
CREDENTIALING	OFOC1	1	65	65	1.0 Credentialing
OFFICE, RISK MANAGER/COMPLIANCE OFFICER	OFTY1	1	97	97	1.0 Risk Manager/Compliance Officer
OFFICE, PERFORMANCE IMPROVEMENT	OFSW1	1	65	65	1.0 Performance Improvement Staff
UTILIZATION REVIEW / QA MANAGER	OFTY1	1	97	97	1.0 Utilization Review/Quality Assurance Manager
DUPLICATING EQUIPMENT & SUPPY	WRCP1	1	118	118	
Work Support					
UNIT SUPPLY & FILING	STSF1	2	43	86	

Discipline Net Sq FT:	2424
Net to Gross Conversion:	1.4
Discipline Gross Sq FT:	3394

Design Notes: Business Office and HIM

Business Office is reduced from 3,377 DGSF to 1,506 DGSF for Phase I. HIM is reduced from 4,068 DGSF to 2,206 DGSF. The staffing roster has changed to reflect Phase I.

Staff Removed: Provider Enrollment Coordinator (1.0 FTE).

Staff Reduced: Billing/ 3rd Party Clerks, (17.9 FTE to 9.0 FTE), Medical Records Technicians (4.0 FTE to 2.0 FTE), Pre-Authorizations Clerks (4.0 FTE to 2.0 FTE), Coding Supervisor (2.0 FTE to 1.0 FTE), Coder (20.0 FTE to 15.0 FTE).

- Offices have been removed in accordance with omitted personnel and staff reductions.
- Staff lounge space and Medical Legal Interview and Physician Record Study rooms have been reduced.
- Room quantities have been reduced for staff toilets, shared office space, unit supply and filing, and inactive records, and supply/file storage.

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Billing / 3rd Party Clerks	9.0	9.0	
Billing / 3rd Party Manager	1.0	1.0	
Director of Business Office / HIM / Care Coordination	1.0	1.0	
Coders (Increase due to ICD-10)	15.0	15.0	
Coding Supervisor	1.0	1.0	
HIM Manager	1.0	1.0	
Medical Records Techs	2.0	2.0	
Preauthorization Clerks	2.0	2.0	
Request for Information Clerk	1.0	1.0	
Total	**33.0**	**33.0**	**28.1**

Business Office **Phase 1**

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
WAITING	WTGN1	1	86	86	
Staff Support					
ALCOVE, STAFF LOUNGE	ALLG1	1	32	32	
TOILET, STAFF	TLPS1	1	54	54	
Admin					
PATIENT ACCOUNTS AND BILLING (BILLING CLERK)	OFOC2	9	43	387	9 Billing/Accounts Receivable
BILLING ACCOUNTS MANAGER	OFTY1	1	97	97	1.0 Billing Accounts Manager
DIRECTOR	OFSP1	1	118	118	1.0 Director of Business Office/HIM/Care Coordination
SHARED WORK	OFSW1	2	65	130	
Work Support					
DUPLICATING EQUIPMENT AND SUPPLY	ALCP1	2	43	86	
UNIT SUPPLY AND FILING	STSF1	2	43	86	

Discipline Net Sq FT:	1076
Net to Gross Conversion:	1.4
Discipline Gross Sq FT:	1506

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
MEDICAL LEGAL INTERVIEW	WRMI1	1	118	118	
PHYSICIAN RECORD STUDY	WRRR1	1	118	118	
Staff Support					
ALCOVE, STAFF LOUNGE	ALNR1	1	32	32	
TOILET, STAFF	TLPS1	1	54	54	
Work Area					
TRANSCRIPTION	OFOC2	15	43	645	15.0 Coder
MEDICAL RECORDS CLERK	OFOC2	3	43	129	2.0 Medical Records Technicians 1.0 RFI Clerk
DICTATION EQUIPMENT	ALDE1	1	32	32	
CODING SUPERVISOR	OFTY1	1	97	97	1.0 Coding Supervisor
CHIEF MEDICAL RECORDS ADMINISTRATOR	OFSP1	1	118	118	1.0 HIM Administrator
INACTIVE RECORDS	STRC1	3	22	66	
OFFICE, SHARED WORK	OFSW1	1	65	65	
Work Support					
ALCOVE, COPYING	ALCP1	1	32	32	
STORAGE, SUPPLIES/FILES 1	STSF1	3	43	129	
Administration					
PRE-AUTHORIZATION CLERKS	OFOC1	2	65	130	2.0 Pre-Authorization Clerks

Discipline Net Sq FT:	1765
Net to Gross Conversion:	1.25
Discipline Gross Sq FT:	2206

Design Notes: Registration and Care Coordination

Registration and Care Coordination is reduced from 4,823 DGSF to 2,213 DGSF for Phase I. The staffing roster has changed to reflect Phase I.

Staff Reduced: Patient Navigator RN (2.0 FTE to 1.0 FTE), Patient Navigator Assistant – LPN (2.0 FTE to 1.0 FTE), Patient Registration Tech (3.0 FTE to 1.0 FTE), Health Benefits Coordinator (4.0 FTE to 2.0 FTE), Social Worker (4.0 FTE to 2.0 FTE), Travel Coordinator (2.0 FTE to 1.0 FTE), Scheduling (6.0 FTE to 3.0 FTE).

- Offices have been removed in accordance with omitted personnel and staff reductions including a change in both room quantity and RFN Code for Control Reception, Patient Navigators and Social Workers.
- Room quantities have been reduced for waiting rooms, storage and supply, staff toilets, unit supply and filing, duplicating equipment, and the offices for Travel Coordinators Health Benefit Coordinators, and Patient Registration.

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Care Coordination Supervisor	1.0	1.0	
Patient Advocate - RN	1.0	1.0	
Patient Navigator - RN	1.0	1.0	
Patient Navigator Assist - LPN	1.0	1.0	
Patient Registration Tech	1.0	1.0	
Health Benefit Coordinator	2.0	2.0	
Social Worker	2.0	2.0	
Travel Coordinator	1.0	1.0	
Clerical	1.0	1.0	
Scheduling (Centralized)	3.0	3.0	
PBX Operator (See Public Facilities)			
Total	**14.0**	**14.0**	**11.9**

Registration **Phase 1**

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
CONTROL, RECEPTION 1	OFOC1	1	64	64	1.0 Clerical
WAITING	WTGN1	1	86	86	
Patient Care Support					
OFFICE, PATIENT NAVIGATOR RN	OFPA1	1	140	140	1.0 Patient Navigator RN
OFFICE, PATIENT ADVOCATE RN	OFIN1	1	75	75	1.0 Patient Advocate RN
OFFICE, PATIENT NAVIGATORS AST LPN	OFOC2	1	43	43	1.0 Patient Navigator Assist - LPN
OFFICE, SOCIAL WORKERS	OFOC2	1	43	43	2.0 Social Worker
Staff Support					
ALCOVE, COPYING	ALCP1	1	32	32	
ALCOVE, STAFF NOURISHMENT	ALLG1	1	32	32	
OFFICE, CARE COORD SUPERVISOR	OFSP1	1	118	118	1.0 Care Coordination Supervisor
OFFICE, HEALTH BEN COORD	OFTY1	2	97	194	2.0 Health Benefits Coordinator
OFFICE, TRAVEL COORDINATORS	OFSW1	1	65	65	1.0 Travel Coordinator
TEAM ROOM WORKSTATION, REGISTRATION	OFOC2	4	43	172	3.0 Scheduling (Centralized) 1.2 PBX Operator
STORAGE, SUPPLIES/FILES 1	STSF1	5	43	215	
TOILET, STAFF	TLPS1	1	54	54	
UNIT SUPPLY AND FILING	STSF1	3	43	129	1 per 5 planned staff
Admin					
OFFICE, PAT REGISTRATION	OFIN1	1	75	75	1.0 Patient Registration Tech

Discipline Net Sq FT:	1526
Net to Gross Conversion:	1.45
Discipline Gross Sq FT:	2213

Design Notes: Specialty Care

Surgical Specialty Care has been reduced from 17,126 DGSF to 11,870 DGSF and Medical Specialty Care has been reduced from 21,715 DGSF to 15,099 DGSF for Phase I. The staffing rosters have changed to reflect Phase I.

Surgical Specialty Care

Staff Removed: Assistant Chief Physician (0.5 FTE).

Staff Reduced: Orthopedics (4.2 FTE to 2.9 FTE); General Surgery (3.8 FTE to 2.7 FTE); Ophthalmology (4.1 FTE to 2.9 FTE); Otolaryngology (2.1 FTE to 1.2 FTE); Urology (1.7 FTE to 1.2 FTE); Gynecology (1.3 FTE to 0.9 FTE); RN (5.5 FTE to 3.8 FTE); RN Case Manager (2.8 FTE to 2.0 FTE); Certified Medical Assistant (16.5 FTE to 11.3 FTE); Medical Support Assistant (5.5 FTE to 3.8 FTE); Clinical Pharmacist (1.8 FTE to 1.0 FTE); Nutritionist (0.9 FTE to 0.5 FTE); Patient Registration (2.0 FTE to 1.0 FTE).

- Offices have been removed or reduced in accordance with omitted personnel and staff reductions.
- Room quantity and size has been reduced for Control Reception.
- Room quantities have been reduced for Patient and Registration and Interview, Patient Education Conference Room, Waiting Room, Exam Rooms (General Surgery, Orthopedic, Ophthalmology, ENT, Urology, Gynecology), Team Workstations (General Surgery, Orthopedic, Ophthalmology, ENT, Urology, Gynecology, Care Support Staff), Specialty Procedure, Patient Toilet, Vital Signs Room, Clean Utility, Equipment Storage, Gurney Alcove, Housekeeping Closet, Imaging Review Room, Quiet Nurse Work Area, Medication Prep Workroom, CMA Touchdown Station, Soiled Utility Area, Wheelchair Alcove, Staff Lounge, Staff Nourishment Alcove, Staff Lockers.
- Specialty Exam Room, Sub waiting removed.

Medical Specialty Care

Staff Removed: Assistant Chief Physician (0.5 FTE).

Staff Reduced: Cardiology (2.7 FTE to 1.9 FTE); Dermatology (2.3 FTE to 1.6 FTE); Neurology (2.6 FTE to 1.8 FTE); Nephrology (0.7 FTE to 0.5 FTE); Gastroenterology (0.8 FTE to 0.6 FTE); Pediatrics General (0.7 FTE to 0.5 FTE); Pediatrics Genetic Development (0.3 FTE to 0.2 FTE); Rheumatology (0.7 FTE to 0.5 FTE); Endocrinology (1.3 FTE to 0.9 FTE); Allergy (0.7 FTE to 0.5 FTE); Immunology (0.7 FTE to 0.5 FTE); Pulmonary (0.7 FTE to 0.5 FTE); Unspecified (1.0 FTE to 0.7 FTE); Geriatrics (1.5 FTE to 1.0 FTE); Infectious Disease (1.4 FTE to 1.0 FTE); Addiction Medicine (0.5 FTE to 0.4 FTE); RN (6.2 FTE to 4.3 FTE); RN Case Manager (3.1 FTE to 2.2 FTE); Certified Medical Assistant (18.5 FTE to 13.0 FTE); Medical

Support Assistant (6.2 FTE to 4.3 FTE); Clinical Pharmacist (3.1 FTE to 2.2 FTE); Nutritionist (2.1 FTE to 1.0 FTE); Phlebotomist (2.0 FTE to 1.0 FTE); Patient Registration (2.0 FTE to 1.0 FTE); Psychiatry (1.3 FTE to 1.0 FTE); Psychiatry Child Advocate (1.3 FTE to 1.0 FTE); Telemedicine Coordinator (3.0 FTE to 2.0 FTE).

- Offices have been removed or reduced in accordance with omitted personnel and staff reductions.
- Room quantity and size has been reduced for Control Reception.
- Room quantities have been reduced for Patient and Registration and Interview, Patient Education Conference Room, Waiting Room, Exam Rooms (Cardiology, Dermatology, Neurology, Pediatrics, Allergy/Immunology, Psychiatrist, Psychiatrist Pediatric Child Advocacy, Telemedicine), Workstations (Cardiology, Dermatology, Neurology, Allergy/Immunology, Geriatrics, Infectious Disease, Endocrinology, Care Support Staff), Specialty Procedure, Observation/Infusion, Patient Toilet, Vital Signs Room, Clean Utility, Equipment Storage, Gurney Alcove, Quiet Nurse Work Area, Medication Prep Workroom, CMA Touchdown Station, Wheelchair Alcove, Staff Nourishment Alcove, Staff Lockers, Staff Toilet.

STAFFING

Position	**Direct Care Planned**	**Telemedicine Planned**	**Total Planned**	**Daytime Planned**
Surgical Specialists				
General Surgery	2.3	0.4	2.7	
Ophthalmology	2.1	0.8	2.9	
Orthopedic Surgery	2.9	0.0	2.9	
Otolaryngology	0.8	0.3	1.2	
Urology	1.2	0.0	1.2	
Other Surgical Specialists				
Gynecological	*0.7*	*0.2*	*.9*	
Subtotal Surgical Specialists	***10.0***	***1.7***	***11.8***	***10.0***
Medical Specialists				
Cardiology *(Non-Invasive)*	1.0	0.9	1.9	
Dermatology	1.0	0.6	1.6	
Neurology	0.5	1.3	1.8	
Other Medical Specialties				
Unspecified	*0.7*	*0.0*	*0.7*	
Gastroenterology	*0.5*	*0.1*	*0.6*	
Pediatrics: General	*0.4*	*0.1*	*0.5*	
Pediatrics: Genetics Dev.	*0.1*	*0.1*	*0.2*	
Nephrology	*0.4*	*0.1*	*0.5*	
Endocrinology	*0.6*	*0.3*	*0.9*	
Rheumatology	*0.4*	*0.1*	*0.5*	
Allergy	*0.4*	*0.1*	*0.5*	
Immunology	*0.4*	*0.1*	*0.5*	

Pulmonary	*0.4*	*0.1*	*0.5*	
Infectious Disease	*0.4*	*0.6*	*1.0*	
Geriatrics	*0.3*	*0.7*	*1.0*	
Addiction Medicine	*0.1*	*0.3*	*0.4*	
Subtotal Medical Specialists	***7.6***	***5.5***	***13.1***	***11.1***
Subtotal Surgical/Medical Specialists	***17.6***	***7.2***	***24.9***	***21.1***
Psychiatry	0.3	0.7	1.0	
Pediatric Psychiatrist Child Advocacy	0.3	0.7	1.0	
Subtotal Other Specialists	***0.6***	***1.4***	***2.0***	***1.7***
Support				
Medical Specialty Lead Administrator	1.0	0.0	1.0	
Surgical Specialty Lead Administrator	1.0	0.0	1.0	
Lead RN (Medical)	1.0	0.0	1.0	
Lead RN (Surgical)	1.0	0.0	1.0	
Medical Specialty Chief Physician	1.0	0.0	1.0	
Surgical Specialty Chief Physician	1.0	0.0	1.0	
Clinical Pharmacist – Support Medical	2.2	0.0	2.2	
Clinical Pharmacist – Support Surgical	1.0	0.0	1.0	
RN - Medical	4.3	0.0	4.3	
Nutritionist - Medical	1.0	0.0	1.0	
Nutritionist - Surgical	0.5	0.0	0.5	
RN - Surgical	3.8	0.0	3.8	
Certified Medical Assistant - Medical	13.0	0.0	13.0	
Certified Medical Assistant - Surgical	11.3	0.0	11.3	
Medical Support Assistant - Medical	4.3	0.0	4.3	
Medical Support Assistant - Surgical	3.8	0.0	3.8	
RN Case Manager - Medical	2.2	0.0	2.2	
RN Case Manager - Surgical	2.0	0.0	2.0	
Referral Care Coordinator - Medical	1.0	0.0	1.0	
Referral Care Coordinator - Surgical	1.0	0.0	1.0	
Patient Registration (*BO Distributed*)	2.0	0.0	2.0	
Psychiatry Clerical Support	1.0	0.0	1.0	
Telemedicine Coordinator	2.0	0.0	2.0	
Phlebotomist	1.0	0.0	1.0	
Subtotal Support	***63.4***	***0.0***	***63.4***	***53.9***
Total	***81.6***	***8.6***	***90.3***	***76.7***

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	Remarks
Public					
CONTROL RECEPTION	CNRC1	1	161	161	
OFFICE, PAT REG & INTERVIEW	OFIN1	1	75	75	1.0 Patient Registration
PATIENT EDUCATION CONFERENCE ROOM	CFET1	1	258	258	
WAITING	WTGN1	35	17	595	14 exam rooms *2.5 = 35
PUBLIC TOILET	TLPP1	1	54	54	
Patient Care					
Surgical - General Surgery					
GENERAL SURGERY CLEAN	PRMN1	1	151	151	
GENERAL SURGERY DIRTY TREATMENT ROOM	PRDT1	1	151	151	
GENERAL SURGERY EXAM	EXGM1	3	125	375	
GENERAL SURGERY LASER TREATMENT ROOM	PRLS1	1	151	151	
GENERAL SURGERY PATIENT TOILET	TLPP1	1	54	54	
TEAM ROOM WORKSTATION - GENERAL SURGEON	OFOC2	2	43	86	
Surgical - Orthopedic					
ORTHOPEDIC CAST ROOM	PRMN2	1	151	151	
ORTHOPEDIC EXAM ROOM	EXGM1	3	125	375	
ORTHOPEDIC IMAGING REVIEW	OFFR1	1	86	86	
ORTHOPEDIC PLASTER STORAGE	STCT1	1	65	65	
TEAM ROOM WORKSTATION - ORTHOPEDIC	OFOC2	2	43	86	
Surgical - Ophthalmology					
OPHTHALMOLOGY EXAM	EXRF1	4	172	688	
OPHTHALMOLOGY LASER TREATMENT ROOM	PRLO1	1	172	172	
OPHTHALMOLOGY ULTRASOUND	PRUO1	1	118	118	
TEAM ROOM WORKSTATION - OPHTHALMOLOGIST	OFOC2	2	43	86	
Surgical - ENT					
ENT EXAM ROOM	EXDC1	1	129	129	
ENT TREATMENT ROOM	PRME1	1	151	151	
TEAM ROOM WORKSTATION - ENT	OFOC2	1	43	43	
Surgical - Urology					
CYSTOSCOPY PROCEDURE	PRCY1	1	248	248	
NEPHROLOGY RENAL STUDY	EXRS1	1	118	118	
URODYNAMIC TOILET	TLPP1	1	54	54	
URODYNAMICS EXAM ROOM	EXUR1	1	151	151	
UROLOGY CLEAN SCOPE STORAGE	UTCL1	1	86	86	
UROLOGY EXAM ROOM	EXGM1	1	125	125	
UROLOGY PREP/RECOVERY	RECV1	1	86	86	
UROLOGY SATELLITE LAB	LBUR1	1	97	97	

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	Remarks
UROLOGY SCOPE CLEANING	UTEN1	1	86	86	
TEAM ROOM WORKSTATION - UROLOGY	OFOC2	1	43	43	
Surgical - Gynecology					
GYNECOLOGY EXAM ROOM	EXGM1	1	125	125	
TEAM ROOM WORKSTATION - GYNECOLOGY	OFOC2	1	43	43	
General Patient Care					
SPECIALTY PROCEDURE ROOM	PRMN1	1	151	151	
EXAM, TELEMEDICINE	EXTM1	1	151	151	
TELEMEDICINE COORDINATORS	OFOC2	1	43	43	1 per coordinator
OFFICE, SURGICAL CHIEF	OFSP1	1	118	118	1.0 Surgical Specialty Chief Physician 0.5 Assistant Chief Physician
OFFICE, SURGICAL SPECIALTY LEAD ADMINISTRATOR	OFTY1	1	97	97	1.0 Surgical Specialty Lead Administrator
OFFICE, LEAD RN	OFTY1	1	97	97	1.0 Lead RN
TEAM ROOM WORKSTATION - CARE SUPPORT STAFF	OFOC2	9	43	387	2.0 RN Case Manager 4.3 MSA 1.0 Referral Care Coordinator 1.0 Clinical Pharmacist 0.9 Nutritionist
TOUCHDOWN STATION	OFOC2	3	35	105	11.3 CMA Programmed workstations at 30% of CMA FTE assuming majority patient care duties.
PATIENT TOILET	TLPP1	1	54	54	
NURSE CONTROL	CNNC1	2	129	258	
SUBWAITING	WTSB1	1	86	86	
VITAL SIGNS ROOM	PRVT1	1	108	135	
Patient Care Support					
CLEAN UTILITY ROOM	UTCL1	1	108	108	
CRASH CART ALCOVE	ALCC1	1	11	11	
EQUIPMENT STORAGE	STEQ1	1	108	108	
GURNEY ALCOVE	ALSW1	1	32	32	
HOUSEKEEPING CLOSET	HSKP1	1	43	43	
IMAGING REVIEW ROOM	OFFR1	1	86	86	
QUIET NURSE WORK AREA	OFNC1	1	65	65	
MEDICATION PREP WORKROOM	WRMD1	1	65	65	
SOILED UTILITY ROOM	UTSL1	1	75	75	
WHEELCHAIR ALCOVE	ALSW1	1	32	32	
Staff Support					
STAFF LOUNGE	LGST1	1	128	128	
STAFF NOURISHMENT ALCOVE	ALLG1	1	32	32	
STAFF LOCKERS	LKST1	2	33	66	40 Staff - 3 private offices/20 = 2.
STAFF TOILET	TLPS1	2	54	108	

Discipline Net Sq FT:	8164
Net to Gross Conversion:	1.45
Discipline Gross Sq FT:	11838

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	REMARKS
Public					
CONTROL RECEPTION	CNRC1	1	161	226	
OFFICE, PAT REG & INTERVIEW	OFIN1	1	75	75	1.0 Patient Registration
PATIENT EDUCATION CONFERENCE ROOM	CFET1	1	258	258	
WAITING	WTGN1	55	17	935	22 exam rooms*2.5 =55
PUBLIC TOILET	TLPP1	2	54	108	
Patient Care					
Medicine - Cardiology					
CARDIOLOGY EXAM ROOM	EXGM1	3	125	375	
ECHOCARDIOGRAPH	EXEC1	1	140	140	
ECHOCARDIOGRAPH READING ROOM	RREC1	1	118	118	
EKG WORK AREA & RECORDS	WREK1	1	118	118	
PACEMAKER/HOLTER MONITOR EQUIPMENT STORAGE	STEQ3	1	118	118	
STRESS ECHOCARDIOGRAPH	PRCST1	1	205	205	
TEAM ROOM WORKSTATION - CARDIOLOGIST	OFOC2	2	43	86	
Medicine - Dermatology					
DERMATOLOGY EXAM ROOM	EXGM1	3	125	375	
DERMATOLOGY LAB	LBDM1	1	65	65	
DERMATOLOGY LASER	PRLD1	1	151	151	
DERMATOLOGY TREATMENT	PRMN1	1	151	151	
DERMATOLOGY ULTRAVIOLET	EXUB1	1	108	108	
DERMATOLOGY/CRYOTHERAPY	EXCR1	1	118	118	
TEAM ROOM WORKSTATION - DERMATOLOGY	OFOC2	2	43	86	
Medicine - Neurology					
NEUROLOGY EEG ROOM	EXEG1	1	129	129	
NEUROLOGY EEG WORK ROOM	WREG1	1	129	129	
NEUROLOGY EMG ROOM	EXEM1	1	129	129	
NEUROLOGY EXAM ROOM	EXGM1	1	125	125	
TEAM ROOM WORKSTATION - NEUROLOGY	OFOC2	1	43	43	

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	REMARKS
Medicine - Nephrology					
NEPHROLOGY EXAM ROOM	EXGM1	1	125	125	
TEAM ROOM WORKSTATION - NEPHROLOGY	OFOC2	1	43	43	
Medicine - Gastroenterology					
GASTROENTEROLOGY EXAM ROOM	EXGM1	1	125	125	
TEAM ROOM WORKSTATION - GASTROENTEROLOGY	OFOC2	1	43	43	
Medicine - Pediatrics					
PEDIATRICS EXAM ROOM	EXGM1	1	125	125	
TEAM ROOM WORKSTATION - PEDIATRICS	OFOC2	1	43	43	
Medicine - Rheumatology					
RHEUMATOLOGY EXAM ROOM	EXGM1	1	125	125	
TEAM ROOM WORKSTATION - RHEUMATOLOGY	OFOC2	1	43	43	
Medicine - Allergy/Immunology					
ALLERGY/IMMUNOLOGY EXAM ROOM	EXGM1	1	125	125	
TEAM ROOM WORKSTATION - ALLERGY/ IMMUNOLOGY	OFOC2	1	43	43	
Medicine - Pulmonary					
PULMONOLOGY EXAM ROOM	EXGM1	1	125	125	
TEAM ROOM WORKSTATION - PULMONARY	OFOC2	1	43	43	
Medicine - Geriatrics					
GERIATRICS EXAM ROOM	EXGM1	1	125	125	
TEAM ROOM WORKSTATION - GERIATRICS	OFOC2	1	43	43	
Medicine - Infectious Disease					
INFECTIOUS DISEASE EXAM ROOM	EXGM1	1	125	125	
TEAM ROOM WORKSTATION - INFECTIOUS DISEASE	OFOC2	1	43	43	
Medicine - Addiction Medicine					
EXAM, PSYCHIATRIST	EXMH2	1	135	135	
Medicine - Behavioral Health					
EXAM, PSYCHIATRIST	EXMH2	1	135	135	
EXAM, PSYCHIATRIST PEDIATRIC CHILD ADVOCACY	EXMH2	1	135	135	

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	REMARKS
TEAM ROOM WORKSTATION - PSYCHIATRY	OFOC2	1	43	43	
Medicine - Endocrinology					
Endocrinology EXAM ROOM	EXGM1	1	125	125	
TEAM ROOM WORKSTATION - ENDOCRINOLOGY	OFOC2	1	43	43	
Medicine - Unspecified					
EXAM, ISOLATION - NEGATIVE PRESSURE	EXIS1	1	125	125	
EXAM, TELEMEDICINE	EXTM1	1	125	125	
TELEMEDICINE COORDINATORS	OFOC2	1	43	43	1 per coordinator
SPECIALTY PROCEDURE ROOM	PRMN1	1	151	151	
OBSERVATION / INFUSION		2	100	200	
NURSE CONTROL	CNNC1	2	129	258	
OFFICE, NUTRITIONISTS	OFOC1	1	65	65	
SPECIALTY VISITING PROVIDER OFFICE	OFOC1	1	65	65	
PATIENT TOILET	TLPP1	2	54	108	
VITAL SIGNS ROOM	PRVT1	2	108	216	
Patient Care Support					
CLEAN UTILITY ROOM	UTCL1	2	108	216	
CRASH CART ALCOVE	ALCC1	1	11	11	
EQUIPMENT STORAGE	STEQ1	2	108	216	
GURNEY ALCOVE	ALSW1	2	32	64	
HOUSEKEEPING CLOSET	HSKP1	2	43	86	
IMAGING REVIEW ROOM	OFFR1	1	86	86	
QUIET NURSE WORK AREA	OFNC1	2	65	130	
OBSERVATION / INFUSION MED PREP WORKROOM	WRMD1	1	65	65	
OBSERVATION / INFUSION NURSE STATION	OFOR1	1	65	65	
OBSERVATION / INFUSION PATIENT TOILET	TLPP1	1	54	54	
OBSERVATION / INFUSION STORAGE	STEQ1	1	65	65	
MEDICATION PREP WORKROOM	WRMD1	2	65	130	
OFFICE, SPECIALTY CARE MANAGER	OFSP1	1	118	118	1.0 Medical Specialty Chief Physician
PROCEDURE, BLOOD DRAW 2	PRBD2	1	129	129	
SOILED UTILITY ROOM	UTSL1	2	75	150	
OFFICE, MEDICAL SPECIALTY LEAD ADMINISTRATOR	OFTY1	1	97	97	1.0 Medical Specialty Lead Administrator
OFFICE, LEAD RN	OFTY1	1	97	97	1.0 Lead RN

2037 NWRSRC PLANNED - (Split Med/Surg Specialty Departments)

SPACE NAME	RFN CODE	Room Qty	Area	Total	REMARKS
TEAM ROOM WORKSTATION - CARE SUPPORT STAFF	OFOC2	10	43	430	2.2 RN Case Manager 4.3 MSA 1.0 Referral Care Coordinator 2.2 Clinical Pharmacist
TOUCHDOWN STATION	OFOC2	4	35	140	13 CMA Programmed workstations at 30% of CMA FTE assuming majority patient care duties.
WHEELCHAIR ALCOVE	ALSW1	2	32	64	
Staff Support					
STAFF LOUNGE	LGST1	1	129	129	
STAFF NOURISHMENT ALCOVE	ALLG1	1	32	32	
STAFF LOCKERS	LKST1	2	33	66	47 Staff - 3 private offices/20 = 2.2 ttl lockers
STAFF TOILET	TLPS1	2	54	108	

Discipline Net Sq FT:	10435
Net to Gross Conversion:	1.45
Discipline Gross Sq FT:	15131

Design Notes: Diagnostic Imaging

Diagnostic Imaging has been reduced from 13,357 DGSF to 7,682 DGSF for Phase I. The staffing roster has changed to reflect Phase I.

Staff Reduced: Rad Tech (4.41 FTE to 2.9 FTE), Ultrasound Technician (2.9 FTE to 1.5 FTE), Mammography Tech (2.9 FTE to 1.5 FTE), CT/MRI Tech (5.9 FTE to 2.9 FTE), Radiologist (4.0 FTE to 2.0 FTE).

- Offices have been removed in accordance with omitted personnel and staff reductions including Radiology, and Shared Work.
- Room quantities and space have been reduced for Waiting Room, Sub Waiting Room, Alcove Linen, Dressing Rooms, MRI (Patient Prep, Computer, Control, and Procedure) CT (Control, Patient Prep, and Procedure, Mammography, Ultrasound (Procedure Room, and Toilet), Film QC Alcove, Digital Imaging Processing, Equipment Storage, PACs Storage, Unit Supply Storage, Staff Toilets.
- BMD has been removed for Phase I.

STAFFING

Position	**Direct Care Planned**	**Telemedicine Planned**	**Total Planned**	**Daytime Planned**
Rad Tech	2.9	0.0	2.9	
Manager	1.0	0.0	1.0	
Ultrasound Tech	1.5	0.0	1.5	
Mammo Tech	1.5	0.0	1.5	
CT/MRI Tech	2.9	0.0	2.9	
Radiologist (*1 Mammo. Certified)*	1.5	0.5	2.0	
PACS Administrator	1.0	0.0	1.0	
Admin Assistant	1.0	0.0	1.0	
Patient Registration	1.0	0.0	1.0	
Total	**14.3**	**0.5**	**14.8**	**12.6**

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
CONTROL, RECEPT.	CNRC2	1	129	129	1.0 Patient Registration 1.0 Admin Assistant
OFFICE, PAT REG & INTERVIEW	OFIN1	1	75	75	
WAITING	WTGN1	6	43	258	
Patient Care					
WAITING, SUB	WTSB1	6	26	156	
ALCOVE, LINEN	ALLN1	6	6	36	
TOILET, PATIENT	TLPP1	1	54	54	
DRESS, HC	DRHC1	6	43	258	
Patient Care - MRI					
PATIENT PREP., MRI	HDPT2	1	129	129	
COMPUTER, MRI	CMMR1	1	280	280	
CONTROL, MRI	CNMR1	1	172	172	
PROCEDURE, MRI	PRMR1	1	409	409	
Patient Care - CT					
CONTROL, CT	CNCT1	1	194	194	
PATIENT PREP., CT	HDPT2	1	129	129	
PROCEDURE, CT	PRCT1	1	388	388	
Patient Care - Mammography					
PROCEDURE, MAMMO	PRMM1	1	172	172	
Patient Care - Rad/Flouro					
PROCEDURE, RAD	PRRD1	1	301	301	
PROCEDURE, RAD/FLOURO	PRRF1	1	323	323	
TOILET, FLUORO	TLPP1	1	54	54	
Patient Care - Ultrasound					
PROCEDURE, US	PRUS1	1	151	151	
TOILET, US	TLPP1	1	54	54	
Patient Care Support					
ALCOVE, DIGITIZER	ALTR1	1	32	32	
ALCOVE, FILM QC	ALFQ1	1	43	43	
DIGITAL IMAGING PROCESSING	FPDI1	2	86	172	
HOLDING, SOILED	UTSL1	1	80	124	
HOUSEKEEPING	HSKP1	1	43	43	
OFFICE, CHIEF TECH.	OFRD2	1	118	118	1.0 Manager
OFFICE, PACS ADMINISTRATOR	OFTY1	1	118	118	1.0 PACS Administrator
OFFICE, RADIOLOGY	OFRD1	2	118	236	1.89 Radiologists
OFFICE, SHARED WORK	OFSW1	1	65	65	
STORAGE SUPPLIES, MRI	STMR1	1	161	161	
STORAGE, EQUIPMENT	STEQ1	3	43	129	
STORAGE, LINEN	STLN1	1	108	108	
STORAGE, PACs	STPC1	2	65	124	
STORAGE, UNIT SUPPLY	STUS1	3	43	125	
Staff Support					

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
LOUNGE, STAFF	LGST1	1	118	118	
TOILET STAFF	TLPS1	1	54	54	

Discipline Net Sq FT:	5487
Net to Gross Conversion:	1.4
Discipline Gross Sq FT:	7682

Design Notes: Surgery

Surgery has been reduced from 16,662 DGSF to 10,124 DGSF for Phase I. The staffing roster has changed to reflect Phase I.

Staff Reduced: Anesthesiologist (2.0 FTE to 1.0 FTE), Certified Nurse Anesthesiologist (6.0 FTE to 3.0 FTE), Circular RN (9.0 FTE to 4.5 FTE), Scrub Tech (6.0 FTE to 3.0 FTE), PACU RNs (4.0 FTE to 2.0 FTE), Pre-OP RNs (6.0 FTE to 3.0 FTE),

- Space has been reduced for Waiting Room, Staff Lounge, Staff Lockers Dictation Alcove, Control Nursing, Exam Consult, Utility – Clean and Recovery, Medication Alcove,
- Room Quantity have been reduced for Patient Lockers, Patient Prep and Hold, Anesthesia Team Room, Scrub Alcove, Gurney Storage, General Surgery OR, General Surgery OR Storage, ENT OR Storage, Orthopedics OR Storage, Storage Sterile Supply, Sub Sterile Workroom.
- Endoscopy Procedure Room, Endoscopy Toilet, and Recover Stage 1, Utility Clean Up have been removed for Phase I.

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Anesthesiologist Chief	0.5	0.5	
Anesthesiologist	1.0	1.0	
Circulator RN	4.5	4.5	
Certified Registered Nurse Anesthetists (CRNA)	3.0	3.0	
Anesthesia Tech	1.0	1.0	
Scrub Tech	3.0	3.0	
PACU RNs	2.0	2.0	
Pre-Op RN	3.0	3.0	
RN Supervisor	2.0	2.0	
Program Support Assistant	1.0	1.0	
MSA	1.2	1.2	
Health Tech	1.2	1.2	
Schedule/Registration	1.0	1.0	
Total	**24.4**	**24.4**	**20.7**

Surgery **Phase 1**

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
RECEPTION, CLERK	CNRC2	1	193	193	1.0 Schedule/Registration 1.0 Program Support Assistant Each CNRC2 seats three.
WAITING	WTGN1	1	350	350	
Staff Support					
STAFF LOUNGE	LGST1	1	150	150	
LOCKER, STAFF	LKST2	2	129	258	
STAFF TOILET, LOCKER ROOM	TLPS1	2	65	130	
Pre & Post Procedure					
ALCOVE, SCALE	ALCS1	1	43	43	
ALCOVE DICT.	ALDC1	1	81	81	
PATIENT LOCKERS	ALLP1	6	6	36	
CONTROL NURSING	CNNA2	2	129	258	
EXAM, CONSULT	EXGM1	1	108	108	
PATIENT PREP & HOLD	HDPT1	3	86	258	
HOUSEKEEPING	HSKP1	1	43	43	
OFFICE, ANESTHESIOLOGY CHIEF	OFSP1	1	118	118	0.5 Anesthesiology Chief
OFFICE, RN SUPERVISORS	OFSP1	2	118	236	2.0 RN Supervisors
TEAM ROOM, ANESTHESIA	OFOC1	4	43	172	Nurse Anesthetist & Anesthesiologist
RECOVERY STAGE 2	RECV2	6	86	516	
QUIET RECOVERY	REQU1	1	129	129	
STORAGE, EQUIP, RECOVERY	STEQREC	1	108	108	
STAFF TOILET, RECOVERY	TLPS1	1	54	54	
DRESSING, TOILET, PATIENT	TSPA1	2	54	108	
UTILITY, CLEAN,RECOVERY/ED	UTCL3	1	120	120	
MEDICATION ALCOVE/WKROOM	WRMD3	1	30	30	
Surgical Core					
ALCOVE, SCRUB	ALSC1	3	11	33	
GURNEY STORAGE	ALSW1	3	22	66	
ALCOVE, XRAY	ALXP1	2	27	54	
HOUSEKEEPING	HSKP2	1	54	54	
PROCEDURE, OR, GEN	PRORI1	2	401	802	Will include endoscopy in Phase I
PROCEDURE, OR, ORTHO	PRORI2	1	614	614	
STORAGE, EQ, OR - GEN	STEQOR1	1	242	242	
STORAGE, EQ, OR - ENT	STEQOR2	1	54	54	
STORAGE, EQ, OR - ORTHO	STEQOR3	1	108	108	
STORAGE, STERILE SUPPLY	STSS1	2	108	216	
UTILITY, SOILED	UTSL2	1	80	80	
ANESTHESIA WORK	WRAN1	1	142	142	
WORK ROOM, SUB-STERILE	WRSS1	2	86	172	

Discipline Net Sq FT:	6136
Net to Gross Conversion:	1.65
Discipline Gross Sq FT:	10124

Design Notes: Facility Management

Facility Management is reduced from 2,630 DGSF to 1,331 DGSF for Phase I. The staffing roster has changed to reflect Phase I.

Staff Removed: Facility Manager Supervisor (1.0 FTE).

Staff Reduced: Maintenance Staff (11.6 FTE to 6.0 FTE), Clerical Staff (2.0 FTE to 1.0).

- Offices have been removed in accordance with omitted personnel and staff reductions.
- Shop Maintenance, Shop Storage, Equipment Storage, and Shared Work Office have been reduced.

STAFFING

Position	Direct Care Planned	Total Planned	Daytime Planned
Facility Manager	1.0	1.0	
Maintenance Staff	6.0	6.0	
Clerical Staff	1.0	1.0	
Total	**8.0**	**8.0**	**6.8**

Facility Management **Phase 1**

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Work Area					
SHOP MAINTENANCE	SHFM1	1	400	400	
STORAGE, FILES	STFL1	1	66	66	
SHOP STORAGE	STSH1	1	190	190	
Admin					
FACILITY MANAGER	OFSP1	1	118	118	1.0 Facility Manager
SHARED WORK OFFICE	OFSW1	1	86	86	1.0 Clerical Staff plus 1 additional work station
Garage					
STORAGE, EQUIPMENT,	STEO1	1	205	205	

Discipline Net Sq FT:	1065
Net to Gross Conversion:	1.25
Discipline Gross Sq FT:	1331

Design Notes: Employee Facilities

Employee Facilities is reduced from 2,844 DGSF to 1,351 DGSF for Phase I.

The following changes for Phase 1 area as follows:

- Exercise Center has been removed.
- The RFN Code has been changed for male and female employee toilets.
- The Employee Lounge has been reduced.

Employee Facilities **Phase 1**

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Staff Support					
EMPLOYEE LOCKER ROOM	LKST1	4	151	604	96 staff without offices and without lockers in departments/22 @85% occupied = 4
EMPLOYEE LOUNGE	LGST1	1	205	205	
Work Area					
EMPLOYEE TOILETS - MALE	TLMM2	1	161	161	
EMPLOYEE TOILETS - FEMALE	TLMF2	1	205	205	

Discipline Net Sq FT:	1175
Net to Gross Conversion:	1.15
Discipline Gross Sq FT:	1351

Design Notes: Housekeeping and Linen

Housekeeping and Linen is reduced from 2,869 DGSF to 1,452 DGSF for Phase I. The staffing roster has changed to reflect Phase I.

Staff Reduced: Janitor/Housekeeper (16.6 FTE to 7.5 FTE), Clerical Staff (2.0 FTE to 1.0 FTE).

- Workstations have been reduced in accordance with staff reductions.
- Equipment Storage and Supply Storage have been reduced.
- Room quantities have been reduced for Housekeeping Closets.

Position	Direct Care Planned	Total Planned	Daytime Planned
Housekeeping Supervisor	1.0	1.0	
Janitor / Housekeeper	7.5	7.5	
Housekeeping Clerk	1.0	1.0	
Total	**9.5**	**9.5**	**8.1**

Housekeeping and Linen **Phase 1**

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Work Area					
STORAGE, EQUIPT.	STEH1	1	160	160	
STORAGE, SUPPLIES	STHK1	1	150	150	
HOUSEKEEPING	HSKP1	11	43	473	16 minus 5 located in departments
WORKROOM CLEAN LINEN	WRCL1	1	211	211	
Admin					
OFFICE SUPERVISOR	OFSP1	1	118	118	1.0 Housekeeper Supervisor
OFFICE, CLERK	OFOC1	1	65	65	1.0 Housekeeping Clerk
OFFICE SHARED WORK	OFSW1	1	86	86	Staff timecard, gathering and shared work station.

Discipline Net Sq FT: 1263
Net to Gross Conversion: 1.15
Discipline Gross Sq FT: 1452

Design Notes: Education and Group Consult

Education and Group Consult is reduced from 3,380 DGSF to 1,616 DGSF for Phase I.

The following space changes for Phase I are as follows:

- Room quantity for Conference Training Room, and AV Storage has been reduced.
- Demo Kitchen has been removed.

Education and Group Consult **Phase 1**

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Patient Care					
COMPUTER TRAINING ROOM	CFCT1	1	388	388	
CONFERENCE, TRAINING	CFET1	2	388	776	
Patient Care Support					
STORAGE/ AV	STAV1	1	129	129	

Discipline Net Sq FT:	1293
Net to Gross Conversion:	1.25
Discipline Gross Sq FT:	1616

Design Notes: Public Facilities

Public Facilities is reduced from 4,108 DGSF to 2,370 DGSF for Phase I.

The following space changes for Phase I are as follows:

- Common Waiting, Concession, General Eating Area, Children's Play Area, and Medication Family Circle have been reduced in size.
- Public Telephone Alcove has been removed.
- Room quantity for Information Desk, Wheelchair Storage have been reduced.
- Toilet Family has been increased in quantity.
- Female and Male Public Toilet has been reduced and the RFN Code has been changed.

Position	Direct Care Planned	Total Planned	Daytime Planned
PBX Operator – Help Desk	1.2	1.2	
Total	**1.2**	**1.2**	**1.0**

2037 NWRSRC PLANNED

Space Name	RFN Code	Room Qty	Area	Total	Remarks
Public					
COMMON WAITING	WTGN1	20	18	360	
CONCESSION	VEND1	1	75	75	
EATING AREA, GENERAL	DING1	1	329	329	Family Support
INFORMATION DESK & PATIENT LOGISTICS	CNID1	1	86	86	PBX Operator and Patient Navigation Help
LACTATION ROOM	PALC1	1	86	86	
MEDITATION - FAMILY CIRCLE	MEDT1	1	205	205	
PATIENT EDUCATION RESOURCE	PAED1	1	65	65	
SHOWER, PRIVATE	SHPS1	1	32	32	Urban or Homeless referral need
STORAGE, WHEELCHAIR	STWC1	2	32	64	
TOILET, FAMILY	TLFS1	2	75	150	
TOILET, PUBLIC, F	TLMF2	1	183	183	
TOILET, PUBLIC, M	TLMM2	1	161	161	
TRIBAL CULTURAL DISPLAY AREA	PATC1	1	65	65	
WAITING - CHILDREN'S PLAY AREA	WTGN1	1	200	200	

Discipline Net Sq FT:	2061
Net to Gross Conversion:	1.15
Discipline Gross Sq FT:	2370

Functional Group Discipline	2037 NWRSRC PLANNED NET_SQ FEET	CONVERSION FACTOR	DEPARTMENT GROSS_SQ FEET
Ambulatory Care			
Medical Specialty Care	10,435.00	1.45	15,130.75
Surgical Specialty Care	8,164.00	1.45	11,837.80
Dental	-	1.45	-
Ancillary Services			
Audiology	-	1.45	-
Laboratory	-	1.30	-
Diagnostic Imaging	5,487.20	1.40	7,682.08
Pharmacy	-	1.20	-
Pain Clinic	-	1.45	-
Rehab	-	1.30	-
Surgery	6,136.00	1.65	10,124.40
Administrative			
Registration	1,526.22	1.45	2,213.02
Administration	2,424.00	1.40	3,393.60
Business Office	1,076.00	1.40	1,506.40
HIM	1,765.00	1.25	2,206.25
Information Technology	2,335.00	1.25	2,918.75
Security	344.00	1.40	481.60
Facility Support			
Clinical Engineering	940.00	1.15	1,081.00
Facility Management	1,065.00	1.25	1,331.25
Medical Supply	1,356.00	1.25	1,695.00
Property and Supply	3,455.00	1.15	3,973.25
Housekeeping and Linen	1,263.00	1.15	1,452.45
Education and Group Consultation	1,293.00	1.25	1,616.25
Employee Facilities	1,175.00	1.15	1,351.25
Public Facilities	2,061.00	1.15	2,370.15
		Department Gross Square Feet	72,365
		Building Circulation & Envelope (.20)	14,473
		Floor Gross Square Feet	86,838
		Major Mechanical Space (.12)	10,421
		Building Gross Square Feet	**97,259**

2037 NWRSRC PLANNED STAFF	
Position	**FTE**
SPECIALTY CARE	
MEDICAL SPECIALTIES	
Medical Specialty Lead Administrator	1.00
Lead RN	1.00
Medical Specialty Chief Physician	1.00
Cardiology	1.90
Dermatology	1.60
Neurology	1.80
Nephrology	0.50
Gastroenterology	0.60
Pediatrics General	0.50
Pediatrics (Genetic Dev)	0.20
Rheumatology	0.50
Endocrinology	0.90
Allergy	0.50
Immunology	0.50
Pulmonary	0.50
Unspecified	0.70
Geriatrics	1.00
Infectious Disease	1.00
Addiction Medicine	0.40
RN	4.34
RN Case Manager	2.20
Certified Medical Assistant	13.00
Medical Support Assistant	4.34
Referral Care Coordinator	1.00
Clinical Pharmacist - SC Support	2.20
Nutritionist	1.00
Phlebotomist	1.00
Patient Registration	1.00

2037 NWRSRC PLANNED STAFF	
Position	**FTE**
SURGICAL SPECIALTIES	
Surgical Specialty Lead Administrator	1.00
Lead RN	1.00
Surgical Specialty Chief Physician	1.00
Orthopedics	2.90
General Surgery	2.70
Ophthalmology	2.90
Otolaryngology	1.20
Urologist	1.20
Gynecology	0.90
RN	3.80
RN Case Manager	2.00
Certified Medical Assistant	11.30
Medical Support Assistant	3.80
Referral Care Coordinator	1.00
Clinical Pharmacist - SC Support	1.00
Nutritionist	0.50
Patient Registration	1.00
TELEMEDICINE	
Telemedicine Coordinator	2.00
NWRSC TELEMEDICINE TOTAL	**2.00**
NWRSC SPECIALTY CARE TOTAL	**85.38**
AMBULATORY SURGERY	24.40
Anesthesiology Chief	0.50
Anesthesiologist	1.00
Certified Nurse Anesthesiologist	3.00
Anesthesia Tech	1.00
Circular RN	4.50
Scrub Tech	3.00
PACU RNs	2.00
Pre-Op RN	3.00
RN Supervisors	2.00
Program Support Assistant	1.00
MSA	1.20
Health Tech	1.20
Schedule/Registration	1.00
NWRSC AMBULATORY SURGERY TOTAL	**24.40**
NWRSC AMBULATORY CARE TOTAL	**111.78**

2037 NWRSRC PLANNED STAFF	
Position	**FTE**
DIAGNOSTIC IMAGING	
Rad Tech	2.94
Manager	1.00
Ultrasound Technician	1.47
Mammo Tech	1.47
CT/MRI Tech	2.94
Radiologist	2.00
PACS Administrator	1.00
Patient Registration	1.00
Admin Assistant	1.00
NWRSC DIAGNOSTIC IMAGING TOTAL	**14.82**
HEALTH INFORMATION MANAGEMENT	
HIM Administrator	1.00
Medical Records Technicians	2.00
Pre-Authorization Clerks	2.00
Coding Supervisor	1.00
Coder	15.00
RFI Clerk	1.00
NWRSC HIM TOTAL	**22.00**
BEHAVIORAL HEALTH	
Psychiatry	1.00
Psychiatry - Child Advocate	1.00
NWRSC BH SERVICES SUBTOTAL	**2.00**
ADMINISTRATIVE SUPPORT	
Clerical Support	1.00
NWRSC BH ADMIN SUPPORT SUBTOTAL	**1.00**
NWRSC BEHAVIORAL HEALTH TOTAL	**3.00**

2037 NWRSRC PLANNED STAFF	
Position	**FTE**
ADMINISTRATION	
Executive Director	1.00
Deputy Director	1.00
Admin. Support Staff	2.00
Clinical Director	1.00
Director, Support Services	1.00
Director of Nursing	1.00
Personnel Director	1.00
Credentialing	1.00
Infection Control	1.00
NWRSC ADMINISTRATION TOTAL	**10.00**
FINANCIAL MANAGEMENT (PROCUREMENT INCLUDED)	
Financial Manager	1.00
Accounting Clerk	1.00
NWRSC FINANCIAL MANAGEMENT TOTAL	**2.00**
QUALITY MANAGEMENT	
Performance Improvement Staff	1.00
Utilization Review/Quality Assurance Manager	1.00
Clerical Support	1.00
OCCUPATION AND SAFETY	
Occupation Safety and Health Specialist	1.00
NWRSC OCCUPATION & SAFETY TOTAL	**1.00**
NWRSC QUALITY MANAGEMENT TOTAL	**4.00**

2037 NWRSRC PLANNED STAFF	
Position	**FTE**
BUSINESS OFFICE	
Director of Business Office/HIM/Care Coordination	1.00
Billing/Accounts Receivable	9.00
Billing Accounts Manager	1.00
NWRSC BUSINESS OFFICE TOTAL	**11.00**
PATIENT REGISTRATION AND CARE COORDINATION	
Care Coordination Supervisor	1.00
Patient Advocate RN	1.00
Patient Navigator RN	1.00
Patient Navigator Assist - LPN	1.00
Patient Registration Tech	1.00
Health Benefits Coordinator	2.00
Social Worker	2.00
Travel Coordinator	1.00
Clerical	1.00
Scheduling (Centralized)	3.00
PBX Operator	1.20
NWRSC PATIENT REGISTRATION AND CARE COORD. TOTAL	**15.20**
INFORMATION TECHNOLOGY	
Site Manager	1.00
PC & Software Coordinators	3.00
Clinical Applications Specialist	5.00
Assistant Site Manager	1.00
IT Security Person	1.00
Network Application Technician	1.00
RPMS Application Technician	1.00
Clinical Applications Coordinator	2.00
Hardware/Tel-Com Manager	1.00
NWRSC IT TOTAL	**16.00**
CENTRAL SUPPLY	
Sterile Tech OR	5.00
NWRSC CENTRAL SUPPLY TOTAL	**5.00**
NWRSC ADMINISTRTIVE SUPPORT TOTAL	**63.20**

2037 NWRSRC PLANNED STAFF	
Position	**FTE**
HOUSEKEEPING	
Janitor/Housekeeper	7.50
Housekeeping Clerk	1.00
Housekeeper Supervisor	1.00
NWRSC HOUSEKEEPING TOTAL	**9.50**
FACILITY MAINTENANCE	
Facility Manager	1.00
Maintenance Staff	6.00
Clerical Staff	1.00
NWRSC FACILITY MAINTENANCE TOTAL	**8.00**
CLINICAL ENGINEERING	
Clinical Engineering Staff	0.50
Clinical Engineer	0.57
Clinical Engineer Technician	2.84
NWRSC CLINICAL ENGINEERING TOTAL	**3.91**
PROPERTY AND SUPPLY	
Warehouseman	6.94
Supervisor	1.00
NWRSC PROPERTY & SUPPLY TOTAL	**7.94**
STAFF HEALTH	
Employee Health Nurse	1.00
SECURITY	
Security Staff	4.00
Security Supervisor	1.00
NWRSC SECURITY TOTAL	**5.00**
NWRSC FACILITY SUPPORT TOTAL	**35.35**
NWRSC PLANNED STAFF SUBTOTAL	**250.15**

Combined Report for 2024 NW RSRC Seattle Scenario - Fife, WASHINGTON (reduced)

Summary of the Budget Estimate

2024 NW RSRC Seattle Scenario - Fife, WASHINGTON (reduced)

Author: Nick Lu Phone: 206-615-2459 Email: Nick.Lu@ihs.gov

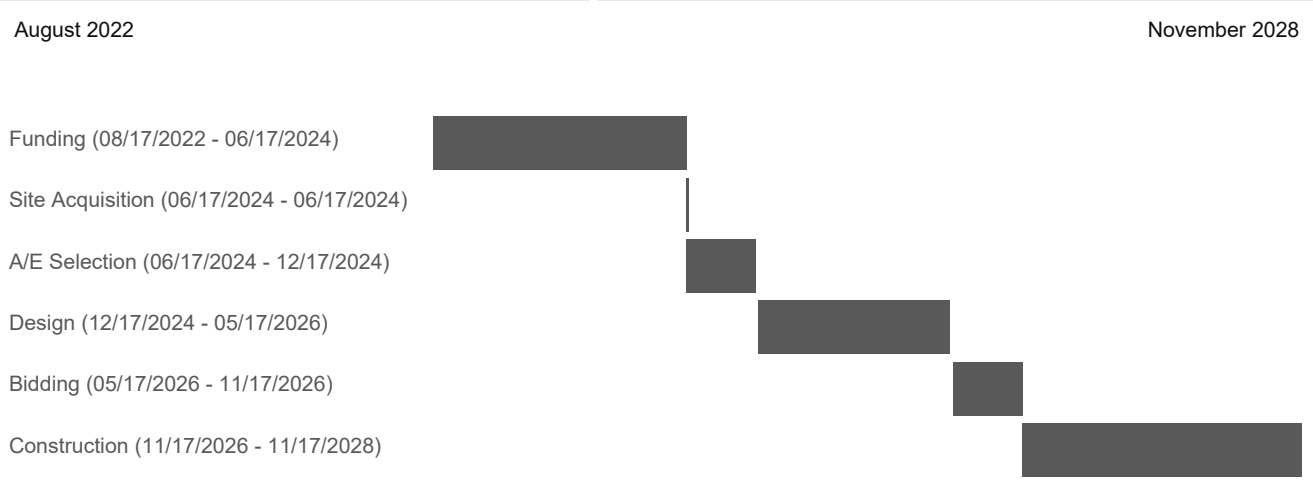
Print Date: 03/26/2024

Total Project Budget: $159,607,700

Design	
Site Survey and Appraisal	$0
Site Acquisition	$0
A/E Design Fees	$9,800,000
Design Contingency	$794,600
Subtotal	$10,594,600
Construction	
A/E Constr. Admin./Observ.	$2,118,900
Building Construction	$94,023,800
Other Costs	$3,284,300
Taxes	$5,350,300
Construction Contingency	$10,594,600
Subtotal	$115,372,000
Equipment	
Group II & III Equipment	$21,189,200
Special Equipment	$11,922,200
Cultural Arts	$529,700
Subtotal	$33,641,100
Project Budget	$159,607,700
Phased Funding	$0
Total with Phased Funding	$159,607,700

IHS Project No.:	NA
Project Location:	SEATTLE WA
IHS Area:	Portland
Original Estimate Date:	08/17/2022
Project Description	
Current Estimate Date:	March 2024
Mid-Point of Construction:	November 2027
Gross Building Area (ft^2):	97,259
Adjusted Unit Cost ($/$ft^2$):	$478.21
HSP Date:	/ /
Last Run Date:	/ /
POR Date:	09/26/2023
POR Approval:	/ /
PJD Date:	/ /
PJD Approval:	/ /
Phase I Site Selection Date:	/ /
Phase II Site Selection Date:	/ /

Project Schedule



Combined Report for 2024 NW RSRC Seattle Scenario - Fife, WASHINGTON (reduced)

Department of Health and Human Services
Indian Health Services
Office of Public Health
Office of Environmental Health and Engineering
Division of Engineering Services

10. Building Area

Ambulatory

	Department	Area (ft^2)	Unit Cost	Total
SC	Specialty Care	26,969	$497.34	$13,412,762.46
		26,969		$13,412,762.46

Ancillary

	Department	Area (ft^2)	Unit Cost	Total
DI	Diagnostic Imaging	7,682	$612.11	$4,702,229.02
		7,682		$4,702,229.02

Inpatient

	Department	Area (ft^2)	Unit Cost	Total
LD	Labor and Delivery	10,124	$712.53	$7,213,653.72
		10,124		$7,213,653.72

Admin

	Department	Area (ft^2)	Unit Cost	Total
AD	Administration	3,394	$478.21	$1,623,044.74
BO	Business Office	1,506	$478.21	$720,184.26
HIM	Health Information Management	2,206	$492.56	$1,086,587.36
IM	Information Technology	2,919	$492.56	$1,437,782.64
SEC	Security	482	$502.12	$242,021.84
		10,507		$5,109,620.84

Facility Support

	Department	Area (ft^2)	Unit Cost	Total
CE	Clinical Engineering	1,081	$349.09	$377,366.29
FM	Facility Management	1,331	$353.88	$471,014.28
		2,412		$848,380.57

Add'l Svc 1

	Department	Area (ft^2)	Unit Cost	Total
AS4	Registration	2,213	$478.21	$1,058,278.73
		2,213		$1,058,278.73

Support Services

Combined Report for 2024 NW RSRC Seattle Scenario - Fife, WASHINGTON (reduced)

	Department	Area (ft^2)	Unit Cost	Total
EF	Employee Facilities	1,351	$401.70	$542,696.70
EGC	Education and Group Consultation	1,616	$497.34	$803,701.44
HL	Housekeeping and Linen	1,452	$655.15	$951,277.80
MS	Medical	1,695	$774.70	$1,313,116.50
PF	Public Facilities	2,370	$401.70	$952,029.00
PS	Property and Supply	3,973	$349.09	$1,386,934.57
		12,457		$5,949,756.01

Additional Areas

	Department	Area (ft^2)	Unit Cost	Total
AG	Ambulance Garage	0	$349.09	$0.00
CA	Conversion Area	14,474	$301.27	$4,360,581.98
MA	Mechanical Area	10,421	$349.09	$3,637,866.89
		24,895		$7,998,448.87
	TOTAL NEW CONSTRUCTION...	97,259		$46,293,130.22

11. Renovation

Renovation

Extent of Renovation	Area (ft^2)	Unit Cost	Total
Paint and Repair		$105.21	$0.00
Repair Finishes		$282.14	$0.00
Walls and Finishes		$702.97	$0.00
Gutted		$927.73	$0.00
			$0.00

12. Special Purpose Equipment/Special

Special Purpose

Description	Qty.	Default Cost	Lump Sum	Total
X-Ray - Fluoroscopic	1	$610,938.00	$0.00	$610,938.00
X-Ray - Tomographic	0	$1,425,522.00	$0.00	$0.00
CT Scan	1	$1,425,522.00	$0.00	$1,425,522.00
MRI	1	$2,851,044.00	$0.00	$2,851,044.00
Ultrasound	1	$537,625.44	$0.00	$537,625.44
Mammography	2	$400,164.39	$0.00	$800,328.78
Pneumatic Tube System		$9.53	$0.00	$0.00
Communications Systems		$16.67	$0.00	$1,621,307.53
Computer Aided Building Control		$2.76	$0.00	$268,434.84
Computer Aided Maintenance Systems		$54,337.40	$0.00	$54,337.40
T.V. Satellite Antenna		$14,956.54	$0.00	$0.00
Clinical Information System		$42,540.80	$0.00	$42,540.80
Helipad		$205,536.45	$0.00	$0.00
				$8,212,078.79

Combined Report for 2024 NW RSRC Seattle Scenario - Fife, WASHINGTON (reduced)

13. Other Miscellaneous Costs

Miscellaneous Cost

Description	Total
	$0.00

14. Demolition/Abatement

Demolition

Description	Area (ft^2)	Unit Cost	Total
Building Demolition		$10.39	$0.00
Paving Demolition		$1.30	$0.00
			$0.00

Abatement

Description	Area (ft^2)	Unit Cost	Total
Flooring		$30.29	$0.00
Lead Paint		$29.02	$0.00
Piping		$30.29	$0.00
Full Abatement		$81.46	$0.00
			$0.00
TOTAL DEMOLITION/ABATEMENT...			$0.00

15. Unit Site Cost

Unit Site Cost

Description	Unit Cost
Trees to 6"	$0.20
Less than 5%	$0.86
Common Earth	$0.00
	$1.06

16. Site Area

Site Area Cost

Description	Area (ft^2)	Unit Cost	Total
Default Site Area	645,835	$1.06	$687,168.44
User-Defined Site Area	108,900	$1.06	$115,869.60
Add for Helipad		$1.06	$0.00
			$803,038.04

Combined Report for 2024 NW RSRC Seattle Scenario - Fife, WASHINGTON (reduced)

17. Parking and Drives

Parking Area

Description	Area (ft^2)	Unit Cost	Total
Number of Parking Spaces (As Req. by POR)			
Parking Area		$5.66	$0.00
Buffer Area (15%)		$5.66	$0.00
			$0.00

Drive/Road Area

Description	Area (ft^2)	Unit Cost	Total
Default Road Area	135,625	$5.66	$767,637.50
User-Defined Road Area		$5.66	$0.00
Default Loop Service Road	55,994	$5.66	$316,926.04
User-Defined Service Road Area		$5.66	$0.00
Area for Special Req.		$5.66	$0.00
Parking Garage			$12,481,002.00
			$13,248,639.50
TOTAL PARKING AND DRIVES...			$13,248,639.50

18. Landscaping and Irrigation

Landscaped Area

Description	Area (ft^2)	Unit Cost	Total
Default Landscaped Area	83,959	$5.51	$0.00
User-Defined Landscaped Area		$5.51	$0.00
			$0.00

Irrigated Area

Description	Area (ft^2)	Unit Cost	Total
Default Irrigated Area		$1.37	$0.00
User-Defined Irrigated Area		$1.37	$0.00
			$0.00

Landscape & Irrigation Override

Description	Area (ft^2)	Unit Cost	Total
Override amount			$150,000.00
			$150,000.00
TOTAL LANDSCAPING AND IRRIGATION...			$150,000.00

19. Site Utilities

Combined Report for 2024 NW RSRC Seattle Scenario - Fife, WASHINGTON (reduced)

Site Costs

Description	Carrier Size (in.)	Units (ft.)	Unit Cost	Lump Sum	Total
Water	5.0	1,000	$169.03	$0.00	$169,030.00
Sanitary Sewer	12.0	1,000	$53.46	$0.00	$53,460.00
Natural Gas	4.0	1,000	$162.20	$0.00	$162,200.00
Underground Elec. and Comm.		1,000	$376.75	$0.00	$376,750.00
Above Ground Elec. and Comm.			$46.65	$0.00	$0.00
Storm Water Discharge				$0.00	$0.00
Propane System				$0.00	$0.00
Oil Heating System				$0.00	$0.00
					$761,440.00

20. Service Upgrades and Misc. Site

Service Upgrades and Misc. Site Costs

Description	Default Cost	User Override Cost	Total
Sewage Lagoon	$130,430.99	$0.00	$0.00
300 Meter Road	$701,133.50	$0.00	$701,133.50
Electric Service Upgrade	$193.37	$0.00	$0.00
			$701,133.50

21. Total Site Cost

Total Site Cost

Description	Total
Total Site Cost	$15,664,251.04
	$15,664,251.04

22. Total Construction Cost

Total Construction Cost

Description	Total
Total Construction Cost	$70,169,460.05
	$70,169,460.05

23. Adjustments

Location Factor Adjustment

Description	Factor
Location Factor Adjustment	1.19

Combined Report for 2024 NW RSRC Seattle Scenario - Fife, WASHINGTON (reduced)

Labor Supplement

Description	Total
Labor Supplement	$0.00
	$0.00

24. Construction Cost at Estimate Date

Construction Cost at Estimate Date

Description		Value	Total
Total Construction Cost		$70,169,460.05	
Location Factor	x	1.19	
Location Factor (Adjusted) Construction Cost	=	$83,501,657.46	
Labor Supplement	+	0.00	
Construction Cost Adjusted for Location and Special Equipment/Programs		=	$83,501,657.46
			$83,501,657.46

25. Schedule

Schedule

Description	Default Months	Actual Months
Funding	19	22
Site Acquisition	0	0
A/E Selection	6	6
Design	21	17
Bid	6	6
Construction	36	24

User Start Date

Description	Date
Original Estimate Date	08/17/2022

26. Escalation Allowance

Total Compounded Escalation

Description	Escalation
Compounded Escalation to mid-point of Construction	1.21999

Construction Cost at Estimate Date

Description	Cost
Construction Cost at Estimate Date	$101,871,187.08
	$101,871,187.08

Combined Report for 2024 NW RSRC Seattle Scenario - Fife, WASHINGTON (reduced)

27. Construction Cost at Mid-Point

Construction Cost at Mid-Point

Description	Percent	User Override	Sustainability	
Sustainability	4		$4,074,847.48	
Construction Cost at Mid-Point				$105,946,034.56
				$105,946,034.56

28. Other Construction Costs

Other Construction Costs

Description	Percent	User Override	Total
Construction Contingency	0.1000		$10,594,603.46
Construction Administration	0.0200		$2,118,920.69
Misc. Construction Admin./Observation Costs			$0.00
Construction Observation			$0.00
			$12,713,524.15

29. Design Costs

Design Costs

Description	Default	User-Defined	Total
A/E Fee - Design	0.0150		$1,589,190.52
A/E Fee - Construction Documents	0.0600		$6,356,762.07
Other Costs	0.0100		$1,059,460.35
Design Contingency	0.0075		$794,595.26
Communications Design	0.0075		$794,595.26
Miscellaneous Design Cost - Lump Sum			$0.00
			$10,594,603.46

30. Other Budgeted Costs

Other Budgeted Costs

Description	Default	Lump Sum	Total
Moveable Equipment	0.2000		$21,189,206.91
Cultural Arts	0.0050		$529,730.17
Land Acquisition			$0.00
Site Survey			$0.00
Land Appraisal			$0.00
Maintenance Personnel Training	0.0020		$211,892.07
Building Commissioning	0.004		$423,784.14
			$22,354,613.29

Combined Report for 2024 NW RSRC Seattle Scenario - Fife, WASHINGTON (reduced)

31. Tribal Fees

T.E.R.O Fees

Description	Default	Lump Sum	Total
T.E.R.O and Non-Tribal Work Permits	0.0150	$2,648,651.00	$2,648,651.00
			$2,648,651.00

32. Taxes

Taxes

Description	Tax Rate	Amount Taxed	Total
Tribal Tax on Construction Only	0.00000	$105,946,034.56	$0.00
Local Taxes	0.00000	$105,946,034.56	$0.00
State Taxes	0.00000	$105,946,034.56	$0.00
Other Taxes			$5,350,274.74
			$5,350,274.74

33. Total Project Budget

Total Project Budget

Description	Total
Total Project Budget	$159,607,701.20
	$159,607,701.20

34. Phased Funding

Phased Funding

Description	Auto Cost	User Cost	Auto Increase	User Percent	Total
Phase I - Pre-Design	$794,595.26	$0.00	0.00	0.00	$794,595.26
Phase II - Design	$9,800,008.20	$0.00	0.00	0.00	$9,800,008.20
Phase III - Construction	$126,658,484.45	$0.00	0.00	0.00	$126,658,484.45
Phase IV - Construction	$0.00	$0.00	0.00	0.00	$0.00
Phase V - Construction	$0.00	$0.00	0.00	0.00	$0.00
Phase VI - Equipment/Furnishings	$22,354,613.29	$0.00			$22,354,613.29
					$0.00

35. Total Project Budget with Phased

Total Project Budget

Description	Total

Combined Report for 2024 NW RSRC Seattle Scenario - Fife, WASHINGTON (reduced)

Total Project Budget with Phased Funding	$159,607,701.20
	$159,607,701.20

COMMENTS

General Comments

Justifications for Cost Overrides

31. TERO Fees
    TERO rate ?.? % applied to the total construction contract.