Igiugig Health Clinic

Alaska Rural Primary Care Facility

Assessment and Inventory Report

Final

September 26, 2002

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1. EXECUTIVE SUMMARY

A. OVERVIEW

The Igiugig Health Clinic is approximately 807 gross square feet (SF). The clinic was built and occupied in the late 1970's. The clinic is owned by the Village Council and operated by the Bristol Bay Area Health Corporation. The building footprint is approximately 25' x 40'. The facility has two entries, a front ramp entry with a dock high platform for gurney unloading and a rear entry also with ramp access. The front door leads from the arctic entry directly into the waiting room. Four single chairs are provided for waiting patients. There is no designated area for the receptionist station. Configuration of the waiting room does not permit patient privacy. The clinic consists of a combined exam/trauma room, Community Health Aid (CHA) office, a non-compliant ADA bathroom, storage room with a single bed for itinerant Health Care Practitioners, a kitchen with a food storage and separate medications refrigerator, and a storage room. There are arctic entries at both ends of the building.

The clinic is in reasonably good condition but in need of maintenance. Most importantly, it lacks spaces required to provide adequate health service programs to the community of 53 residents.

B. RENOVATION/UPGRADE AND ADDITION

The existing clinic requires an additional 728 square feet to meet with Alaska Rural Primary Care Facility (ARPCF) space guidelines and accommodate current needs. Additional space to be added to the clinic includes a separate janitor's room, receptionist area, pharmacy, storage rooms, offices, sleeping room(s), and ADA bathrooms near exam rooms. The addition of these spaces to the clinic would require some reconfiguration of the existing floor plan. A new covered entry with ADA compliant stairs should also be part of the remodel and addition.

C. NEW CLINIC

Based on the Denali Commission's Standard of Evaluation the estimated cost to remodel/add-onto the existing clinic is more than the cost of new construction. The community has proposed that a new 1500 SF Denali Commission Small Clinic be built on a new site. A prototypical floor plan has been enclosed in this report. (See Section 3 H.)

The community fully supports this effort and is currently assessing appropriate site locations.

2. GENERAL INFORMATION

A. PURPOSE OF REPORT AND ASSESSMENT PROCESS

ANTHC has entered into a cooperative agreement with the Denali Commission to provide for the management of the small clinic program under Alaska Rural Primary Care Facility (ARPCF) guidelines, assessment, planning, design and construction. Over 200 clinics will be inspected through the course of the program. The purpose of the Code and Condition survey report is to validate the data provided by the community in the Alaska Rural Primary Care Facility Needs Assessment providing each community with a uniform standard of evaluation for comparison with other communities to determine the relative need between funding assistance for the construction of new or remodeled clinic facilities. The information provided in this report is a component of the scoring for the small clinic RFP the Denali Commission will send to communities in priority groups three and four. The information gathered will be tabulated and analyzed according to a set of fixed criteria that should yield a priority list for funding. Additionally, the relative cost of new construction vs. remodel/addition will be evaluated to determine the most efficient means to bring rural clinics to a uniform standard of program and construction quality.

A team of professional Architects and Engineers traveled to the site and completed a detailed Field Report that was reviewed by all parties. Subsequently, the team completed a draft, and then final report of the facility condition.

B. ASSESSMENT TEAM

The survey was conducted on September 26, 2002, by Danny Graham, PE of Larsen Consulting Group, Inc., Eric Cowling, PE of EIC Engineers and Kelly Leseman, PE of ANTHC. Preparation of the information gathered was a cumulative effort between the members of the field team, Holly Kelty, LCG's Project Coordinator and Estimations, Inc.

C. REPORT FORMAT

The modified "Deep Look" format adopted is a facilities investigation and condition report used by both ANTHC and the Public Health Service in maintaining an ongoing database of facilities throughout the country. Facilities are evaluated with respect to the requirements of the governing building codes and design guidelines. Building code compliance, general facility condition and program needs are evaluated. The written report includes a floor plan of the clinic, site plan as available and new plans for renovation/upgrade or new clinics. Additional information was gathered during the field visit including a detailed Field Report and building condition checklist, sketches of building construction details, investigations of potential sites for new or replacement clinics and proposed plans for city utility upgrades. This information is available for viewing at ANTHC's Anchorage office and will be held for reference.

D. SITE INVESTIGATION

On September 26, 2002, the team flew to the site, made observations, took photos and discussed the facility needs with on-site personnel. Approximately four hours were spent on site. This was sufficient time to investigate foundations, structure, condition, mechanical/electrical systems, and interview staff to assess current and projected health care needs.

3. CLINIC INSPECTION SUMMARY

A. COMMUNITY INFORMATION

Population:

- 53 (2000 U.S. Census)
- Unincorporated, Lake & Peninsula Borough, Lake & Peninsula Schools, Bristol Bay Native Corporation

Location: Igiugig is located on the south shore of the Kvichak River, which flows from Iliamna Lake, on the Alaska Peninsula. It is 50 air miles northeast of King Salmon and 48 miles southwest of Iliamna. It lies at approximately 59.32778° N Latitude and -155.89472° W Longitude. (Sec. 08, T010S, R039W, Seward Meridian.) Igiugig is located in the Iliamna Recording District. The area encompasses 19.8 sq. miles of land and 1.3 sq. miles of water.

History: Kiatagmuit Eskimos originally lived on the north bank of the Kvichak River in the village of Kaskanak, and used Igiugig as a summer fish camp. At the turn of the century, these people moved upriver to the present site of Igiugig. People from Branch also moved to Igiugig as it began to develop. Today, about one-third of residents can trace their roots back to the Branch River village. A post office was established in 1934, but was discontinued in 1954. Commercial, subsistence, and sport fishing sustain the community.

Culture: Historically an Eskimo village, the population is now primarily Aleut, who depend upon commercial fishing and a subsistence lifestyle. Sport fishing attracts visitors during summer months.

Economy: As is typical for other villages in the region, salmon fishing is the mainstay of Igiugig's economy. Five residents hold commercial fishing permits. Many travel to Naknek each summer to fish or work in the canneries. Subsistence is an important part of the residents' lifestyle. Salmon, trout, whitefish, moose, caribou and rabbit are utilized. Some trapping occurs. Lake Iliamna is the second largest lake in the U.S. Trophy rainbow trout attract sport fishermen. There are seven commercial lodges that serve sports fishermen and hunters seasonally in Igiugig.

Facilities: Water is derived from a well. In the summer of 1995, 15 homes were connected to a piped water and sewer system; 2 additional are connected to sewer only. The school operates its own system. A washeteria is available. A new landfill and access road are under development.

Transportation: Igiugig is accessible primarily by water and air. Scheduled flights are available from Iliamna and King Salmon. The State owns and maintains a 3,000' gravel runway. A small public dock is available. Barges deliver goods from Naknek or Dillingham in the fall and spring.

Climate: Igiugig lies within the transitional climatic zone. Average summer temperatures range from 42 to 62°F; winter temperatures average 6 to 30°F. The record high is 91, and the record low is -47°F. Precipitation averages 26 inches annually, including 64 inches of snow.

B. General Clinic Information

1) Physical Plant Information

The Igiugig Health Clinic is approximately 807 gross square feet (SF). The clinic was built and occupied in the late 1970's. The clinic is owned by the Village Council and operated by the Bristol Bay Area Health Corporation. The building footprint is approximately 25' x 40'. The facility has two entries, a front ramp entry with a dock high platform for gurney unloading and a rear entry also with ramp access. The front door leads from the arctic entry directly into the waiting room. Four single chairs are provided for waiting patients. There is no designated area for the receptionist station. Configuration of the waiting room does not permit patient privacy. The clinic consists of a combined exam/trauma room, Community Health Aid (CHA) office, a non-compliant ADA bathroom, storage room with a single bed for itinerant Health Care Practitioners, a kitchen with a food storage and separate medications refrigerator, and a storage room. There are arctic entries at both ends of the building.

2) Clinic Program Usage Information

Program usage information and itinerant care schedule was requested from Bristol Bay Health Corporation. Information was not available for inclusion in this report.

3) Community Program Sheet

Attached at the end of this section is the Community Program Sheet completed by the Igiugig Village Council.

PROGRAM

Community Igiugig **Unique ID #** 112

Organization Igiugig Village Council

P1.0 Services

The services listed in questions P1.1 – P1.41 and P4.1 – P4.7 may be considered components of comprehensive primary care. These services may be provided by a variety of health care providers, including Community Health Aides / Practitioners, Nurse Practitioners, Physician Assistants, Physicians, etc. Please indicate whether your program provides these services and functions. A "YES" answer implies that these services are provided on a regular basis by full or part time local staff. If you answered "NO" or "Itinerant Basis Only" please indicate why by checking one or more boxes to the right, and then indicate if any of the services should be provided on a regular basis to meet local program and/or community goals.

Key
Avail. = Available
Comm. = Community
Inadeq. = Inadequate
Itin. = Itinerant / Contract

		Currently Provided?			*If Not, Why? (check all that apply)*							*Should Be Provided?*	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Basic Primary Care Services Related To:													
P1.1	Family Health		x							x		x	
P1.2	Emergency Medical Treatment	x											
P1.3	Substance Abuse Diagnosis		x				x					x	
P1.4	Substance Abuse Treatment			x	x								
P1.5	Mental Health Diagnosis		x				x					x	
P1.6	Mental Health Treatment			x	x								

Comments: Family Health & EMS only as far aa the Health Aide is able to provide otherwise it's on an itinerant basis or by transporting patient to Regional or Anchorage facility.

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Preventive Health Services

		Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
P1.7	Prenatal and Perinatal Services	x											
P1.8	Breast and Cervical Cancer Screening		x						x	x		x	
P1.9	Well-Child Services	x											
P1.10	Immunizations	x											
P1.11	Supplemental Nutrition Program (WIC)	x											
P1.12	Family Planning Services		x										
P1.13	Preventive Dental Services	x											
P1.14	Dental Treatment Services		x				x			x			
P1.15	Patient Education	x											
P1.16	Other (list)												

Comments: Good dental health is critical in maintaining a person general health and should be provided at a local level at least twice annually ~~including X-rays and hygienest~~.

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CLIA = Clinical Laboratory Improvement Act

Laboratory, Radiological and Pharmacy Services

		Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
P1.17	CLIA Waived Tests	x											
P1.18	Specimen Collection for Shipment to Referral Lab	x	(limited)										
P1.19	Provider Performed Microscopy		x							x			
P1.20	Moderate Complexity Lab			x				x	x	x			x
P1.21	Ultrasound	?											
P1.22	X-Ray			x					x	x			
P1.23	Mammography			x				x	x	x		x	
P1.24	Pharmacy Services	x	(limited										

Comments: Mammography should be provided either by portable machine or travel funds to site where availble. Specimen transport systems are not adequate. Items frequently arrive to "old" to be used.

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Itin. = Itinerant / Contract

	Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
	Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Patient Case Management Services												
P1.25 Referral of Patients to Providers	x											
P1.26 Counseling and Follow-Up Services to Assist Patients to Become Eligible for Health Care Coverage			x						x		x	

Comments:

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Avail. = Available
Comm. = Community
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Itin. = Itinerant / Contract

	Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
	Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Services That Bring Individuals to Use Clinic												
P1.27 Outreach			x						x			
P1.28 Home to Clinic Transportation			x					x			x	
P1.29 Language Interpretation	x											
P1.30 Sliding Fee Scale / Reduced Rates	x											
P1.31 Alternate / Extended Hours			x			x						

Comments:

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		Currently Provided?			*If Not, Why? (check all that apply)*							*Should Be Provided?*	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Community Health Services													
P1.32	Education on Availability and Appropriate Use of Services			x						x		x	
P1.33	Off Site Services (e.g., school, senior center)	x											
P1.34	Home Health Visits	x											
P1.35	Personal Care Services			x						x		x	
P1.36	Community Health Education & Health Promotion		x				x			x		x	

Comments: Prevention is the critical element in cost effective health care services at the local level in small communities.

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		Currently Provided?			*If Not, Why? (check all that apply)*							*Should Be Provided?*	
		Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No
Emergency Medical Services													
P1.37	First Responder Services	x											
P1.38	Ambulance Services			x									
P1.39	Ability to Provide Advanced Cardiac Life Support in Clinic			x					x			x	
P1.40	Dedicated Area for Dealing with Emergency Patients			x				x					
P1.41	Radio Communications Between Clinic & Emergency Medical Personnel	x											

Comments:

C. Program Deficiency Narrative

1) Space Requirements and Deficiencies

Space Comparison Matrix
Current Igiugig Actual SF to Denali Commission Small Clinic

Alaska Rural Primary Care Facility				Current Clinic			Small Clinic					
Purpose / Activity	Designated Itinerant			Actual Net SF			ARPCF SF			Difference		
	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)
Arctic Entries				47	1	47	50	1	50			-3
Waiting/Reception/Closet	150	1	150	150	1	150	100	1	100			+50
Trauma/Tele-med/Exam	200	1	200	117	1	117	200	1	200			+83
Office/Exam				0	1	0	150	1	150			-150
Admin./Records				85	1	85	110		0			+85
Pharmacy/Lab				0	1	0	80	1	80			-80
Portable X-ray												
Specialty Clinic/Health Ed/Conf				0	1	0	150	1	150			-150
Patient Holding/ Sleeping Room				97	1	97	80	1	80			+17
Storage	150	1	150	27	1	27	80	1	80			-53
HC Toilet				35	1	35	60	1	60			-25
Janitor's Closet				0	1	0	30	1	30			-30
Subtotal Net Area			500			558			980			-422
Circulation & Net/Gross Conv. @ 45%						249			441			-192
Subtotal (GSF)						807			1421			-614
Mechanical Space @ 8%					1	0			114			-114
Total Heated Space			**500**			807			1535			-728
Morgue (unheated enclosed space)			0				30	1	30			30
Ext. Ramps, Stairs, Loading	HC Accessible			As Required			As Required			As Required		

a. Overall Space Deficiencies: The facility size is approximately 728 SF short of ARPCF space requirements.

b. Specific Room Deficiencies: The clinic lacks sleeping rooms, ADA bathroom with shower, a separate pharmacy and lab, and sufficient storage space. The clinic does not have a specific Health Education Conference Room or a waiting room that gives patients and families privacy.

c. Other Size Issues: The existing spaces are, as described by the staff, comfortable but small.

2) Building Issues

a. Arctic Entries: The rear arctic entry is only 47 square feet and is inadequate for emergency situations.

b. Waiting / Reception: There is a large waiting/reception area as you enter the clinic. The waiting area is a major complaint of the staff and patient. The area allows for little or no privacy for

patients exiting exam rooms. Patients must carry specimens through the waiting area upon return to exam rooms from the bathroom.

c. Exam / Trauma: The space is functional but lacks the required 12' clear space between cabinets. According to staff, the room functions adequately, despite being undersized; however, the room is insufficient during emergency situations.

d. Exam Room: The facility lacks a separate and defined exam room.

e. Office / Administration / Records: The computer room serves as an office, administration, and records keeping area. The space is insufficient for the multiple functions it supports.

f. Pharmacy / Lab: The pharmacy/lab is located in the kitchen area. The space is insufficient for the multiple functions it supports.

g. Specialty Clinic / Health Education / Conference: These gatherings are held in Dillingham. There is no space in the Clinic large enough to accommodate these services. If special health education were to be held at the clinic, it would disrupt daily health care activities.

h. Patient Holding / Sleeping Room: There is a small single size bed in the storage room/patient holding room in the clinic. This arrangement leaves no privacy for visiting CHA's.

i. Storage: Storage is very minimal.

j. HC Toilet Facilities: The only bathroom does not meet UBC and ADA requirements.

k. Janitor's Room: No janitor's room provided.

l. Mechanical/Boiler Room: Mechanical service is provided by the central Boiler Room that is housed in the Washeteria adjacent to the Clinic.

m. Ancillary Rooms: There are no ancillary rooms in the clinic.

3) Functional Design Issues

a. This facility is not functionally adequate for its current program and intended use. The entrance into the facility is not adequate for emergency equipment and unloading. Sanitation and patient care is less than adequate. The waiting area is a major functional design issue for staff and patients due to lack of privacy. Designed storage areas are almost non-existent. According to the ARPCF minimum program requirements, this facility is substantially under-sized.

4) Health Program Issues

a. Patient comfort and privacy: The designated waiting area is the major complaint of the staff and patients. The area allows for little or no privacy for patients exiting exam rooms. Patients must carry specimens through the waiting area upon return to exam rooms from the bathroom.

b. Medical/Infectious Waste: Red Bag Waste disposed of by the use of a small incinerator located in the Village.

c. Infection Control: The clinic is well kept and clean. However, integral sheet vinyl cove base is non existent and needs to be installed to provide for infection control.

d. Insect and Rodent Control: None noted.

e. Housekeeping: There is nothing preventing adequate cleaning and housekeeping of this facility other than that noted above.

5) Utilities

a. Water Supply: The water system plumbing is typical ½" and ¾" diameter copper distribution piping to the clinic exam sink, kitchen and toilet fixtures. The water is piped from the adjacent water treatment plant.

b. Sewage Disposal: The sewage from the clinic is piped to a sewage lift station located offsite. This lift station handles the sewage needs of a number of buildings.

c. Electricity: The electrical service is provided by a single 100 Amp underground service connection to the building. The service has an exterior mounted main disconnect located on the exterior of the building near the front entry. The meter/main disconnect is Nema 3R rated.

d. Telephone: The telephone system has exposed cabling routed throughout the facility. The cable support is not adequate and the routing is not performed in a safe or logical manner. The facility has one telephone in the office. A total of two phone lines appeared to be installed to the clinic one of which is for a fax machine.

e. Fuel Oil: There is no fuel oil storage tank or fuel burning equipment located at the clinic.

D. ARCHITECTURAL / STRUCTURAL CONDITION

1) Building Construction

a. Floor Construction: The floor is sheet vinyl (assumed 1/2" plywood underlayment) over ¾" plywood sub-flooring over 2X12 floor joist @ 16" o.c.

b. Exterior Wall Construction: The exterior walls are constructed 1/2" sheathing with a vapor barrier over 2' x 6' wood studs @ 16" o.c. over ½" plywood sheathing over an air retarder. The finish is T-11 plywood siding. The insulation is assumed to be R-19.

c. Roof Construction: The roof is a full-span truss at 24" o.c. with plywood deck and metal roof with R-38 batt insulation. There is no attic ventilation provided.

d. Exterior Doors: The exterior doors are insulated hollow metal and are in fairly good condition.

e. Exterior Windows: Windows are thermo pane and stained wood casement.

f. Exterior Decks, Stairs, and Ramps: The uncovered portions of both ramps are worn and are deteriorating from weather exposure. The ramp and handrails are at 36" above the deck and stair nosing and do not have proper extensions at the top and bottom. They do not meet with ADA requirements.

2) Interior Construction

a. Flooring: Flooring is sheet vinyl with non-integrated rubber base. There is no rubber base throughout.

b. Walls: The walls are constructed with wood studs with wood paneling.

c. Ceilings: The ceilings are glue-on acoustical tile over wood substrate through out.

d. Interior doors: Interior doors are hollow core wood and provide no sound insulation. Some doors are ADA compliant while others do not have hardware meeting ADA requirements.

e. Casework: The casework used in the clinic was built by local manpower when the clinic was originally constructed. These cabinets have inappropriate hardware. The tops of lower casework are plastic laminate.

f. Furnishings: Furnishings are old. Most of the older furnishings are metal. The exam tables, stools and desk chairs in exam rooms are newer and well maintained.

g. Insulation:

- Floor Insulation 0
- Wall Insulation R-19 (assumed)
- Attic/Roof Insulation R-38 (assumed)
- Attic Ventilation None provided

h. Tightness of Construction: Aside from add-on entry enclosures, the facility is generally of sound construction and quality.

i. Arctic Design: General arctic design considerations are adequate. The ramp area should be covered to allow for protection from falling snow.

3) Structural

a. Foundations: The foundation system consists of a wood post and pad system made of treated lumber. There is an interior support line at mid-span of the clinic's width.

b. Walls and Roof: Walls and roof are in good condition.

c. Stairs. Landings and Ramps: The main entry stair handrails are not code compliant. The entry enclosure and handrails were an addition built to solve issues of a covered entry. It was not designed or crafted professionally.

E. MECHANICAL CONDITION

1) Heating System

a. Fuel Storage and Distribution: There is no fuel oil storage tank or fuel burning equipment located at the clinic.

b. Heat Distribution System: The heating source for the clinic is from waste heat produced in the power plant. The waste heat piping has been routed underground from the power plant to the clinic. The baseboard elements and enclosures in the clinic are installed in all perimeter rooms and are in fair condition. A heating circulator pump in the clinic circulates the heating water medium between the clinic and the power plant.

2) Ventilation System

a. Supply Air System: There is no mechanical ventilation system. Ventilation is by operable windows. The windows do not open easily and as such do not provide effective ventilation. The office does not have an operable window and as such has no ventilation.

b. Outside Air: Some of the rooms with operable windows have broken or missing operators so the windows cannot be opened.

c. Exhaust Air: A ceiling mounted exhaust fan services the toilet room. This fan is ducted outside. The kitchen range is not provided with a code required range hood and exhaust fan.

3) Plumbing System

a. Water System: The water system plumbing is typical ½" and ¾" copper distribution piping to the clinic exam sink, kitchen and toilet fixtures. The water is piped from the adjacent water treatment plant.

b. Sewer System: The sewage from the clinic is piped to a sewage lift station located offsite. This lift station handles the sewage needs of a number of buildings.

c. Fixtures: The toilet room plumbing fixtures are not ADA approved or UPC code compliant for barrier free access.

d. Water Heater: The electric water heater is installed in the storage room. The water heater has not been provided with code required dielectric unions.

4) Mechanical Life Safety Issues

a. There is no exhaust air for the kitchen range as the hood provided is a recirculation hood and not as required by code (UMC section 504.1).

F. ELECTRICAL CONDITION

1) Electrical Service

a. The electrical service is provided by a single 100 Amp underground service connection to the building. The service has an exterior mounted main disconnect located on the exterior of the building near the front entry. The meter/main disconnect is Nema 3R rated.

b. The service for the clinic is rated at 100 Amp, 120/240V, 1 Ph, 3 wire.

c. The service loading appears to be minimal.

2) Power Distribution

a. The clinic has a 100 Amp branch circuit load center with 12 poles total of which 1 is spare.

b. Type XHHW #2 Copper power cables are routed from the meter main to the load center. The cable is routed directly to the load center and not installed in raceway as required by NEC.

c. The majority of the branch circuit wiring is installed using type NM cable (Romex) in violation of NEC 517.

d. The circuit directory is not up to date with current loads served.

e. All the grounds and neutrals for the branch circuits are terminated on the same grounding bus, in violation of NEC.

f. The load center does not have adequate working clearance in front of the panel due to a desk and a shelf installed directly in front of the panel.

g. One added branch circuit is routed down the wall and into the front of the panel by bending the cover plate to allow entry. This is in violation of NEC requirements.

h. Exposed NM cable is routed around the facility subjecting it to physical damage. This is in violation of NEC requirements.

3) Grounding System

a. The building has a grounding electrode conductor routed from the meter main to a ground rod located near the service panel.

b. The service entrance raceways are not bonded.

c. The metallic piping did not appear to be bonded.

d. A neutral to ground bond is installed in the main disconnect enclosure.

e. The patient care areas are not provided with a metallic raceway system or the insulated grounding conductor routed to each receptacle in accordance with the requirements of NEC 517.13 A and B.

f. The building mounted antenna is not bonded as required by NEC.

4) Exterior Elements

a. The exterior lighting is provided at the front entry by an incandescent quartz flood light controlled by a manual switch near the entry. The rear exit is not illuminated.

b. No exterior power receptacles were installed.

c. A cord was routed through the floor to provide a heat trace connection.

d. Telephone service enters at a weatherproof protection test block on the exterior of the building.

5) Electrical Devices and Lighting

a. Receptacles are grounding type.

b. The lighting is predominately 4 ft fluorescent T12 (2) lamp surface mounted wraps fastened directly to the ceiling. The lighting fixture ballasts appear to contain PCB's.

c. Interior device plates are non-metallic ivory decorative plates.

d. Some devices were noted to be cracked and damaged.

6) Emergency System

a. No emergency egress illumination was installed.

b. No emergency egress signage was installed.

7) Fire Alarm System

a. A single battery powered smoke detector is installed to provide partial coverage of the Lobby.

b. No smoke detection, audible or visual alarms are provided in the sleeping areas.

8) Telecommunication

a. Telephone: The telephone system has exposed cabling routed throughout the facility. The cable support is not adequate and the routing is not performed in a safe or logical manner. The facility has one telephone in the office. A total of two phone lines appeared to be installed to the clinic one of which is for a fax machine.

b. A floor standing data rack is installed in the lobby. The system appears to have been installed using wireless nodes to the office computers.

c. The radios and associated equipment are setting on a shelf directly in front of the load center.

9) Electrical Life Safety Issues

a. Exposed unprotected NM cable is routed throughout the facility in violation of NEC.

b. NM Cable is installed from the branch circuit panel to patient care areas in violation of NEC 517. This should be replaced with raceway or cabling rated for patient care areas as soon as possible.

c. There is no fire alarm system. If personnel intend to sleep at the facility a system must be installed.

d. No exit signs or emergency egress illumination is provided.

G. CIVIL / UTILITY CONDITION

1) Location of Building

a. Patient Access: The clinic is near the center of the city and is easily accessible to the community. The clinic's close proximity to the airport is an advantage during emergency or medi-vac situations.

b. Service Access: Road access is provided to the front entry off the main road. Stair and ramp access is adequate.

c. Other Considerations: The facility is located on the upper side of a sloped site and is in a good location.

2) Site Issues

a. Drainage: Drainage from the site is adequate.

b. Snow: Aside from heavy snowfall at times, there does not appear to be a snow-drifting problem.

3) Proximity of Adjacent Buildings

a. There are several public buildings and single-family houses to the north and northeast with the airstrip to the east of the clinic.

4) Utilities

a. Water Supply: The water system plumbing is typical ½" and ¾" copper distribution piping to the clinic exam sink, kitchen and toilet fixtures. The water is piped from the adjacent water treatment plant.

b. Sewage Disposal: The sewage from the clinic is piped to a sewage lift station located offsite. This lift station handles the sewage needs of a number of buildings.

c. Electricity: The electrical service is provided by a single 100 Amp a underground service connection to the building. The service has an exterior mounted main disconnect located on the exterior of the building near the front entry. The meter/main disconnect is Nema 3R rated.

d. Telephone: The telephone system has exposed cabling routed throughout the facility. The cable support is not adequate and the routing is not performed in a safe or logical manner. The facility has one telephone in the office. A total of two phone lines appeared to be installed to the clinic one of which is for a fax machine.

e. Fire Alarm System: A single battery powered smoke detector is installed to provide partial coverage of the Lobby. No smoke detection, audible or visual alarms are provided in the sleeping areas.

f. Fuel Storage System: There is no fuel oil storage tank or fuel burning equipment located at the clinic.

H. EXISTING FACILITY FLOOR PLAN (SITE PLAN IF AVAILABLE):

Following this section we have attached drawings we have been able to identify, find, or create as part of this report.

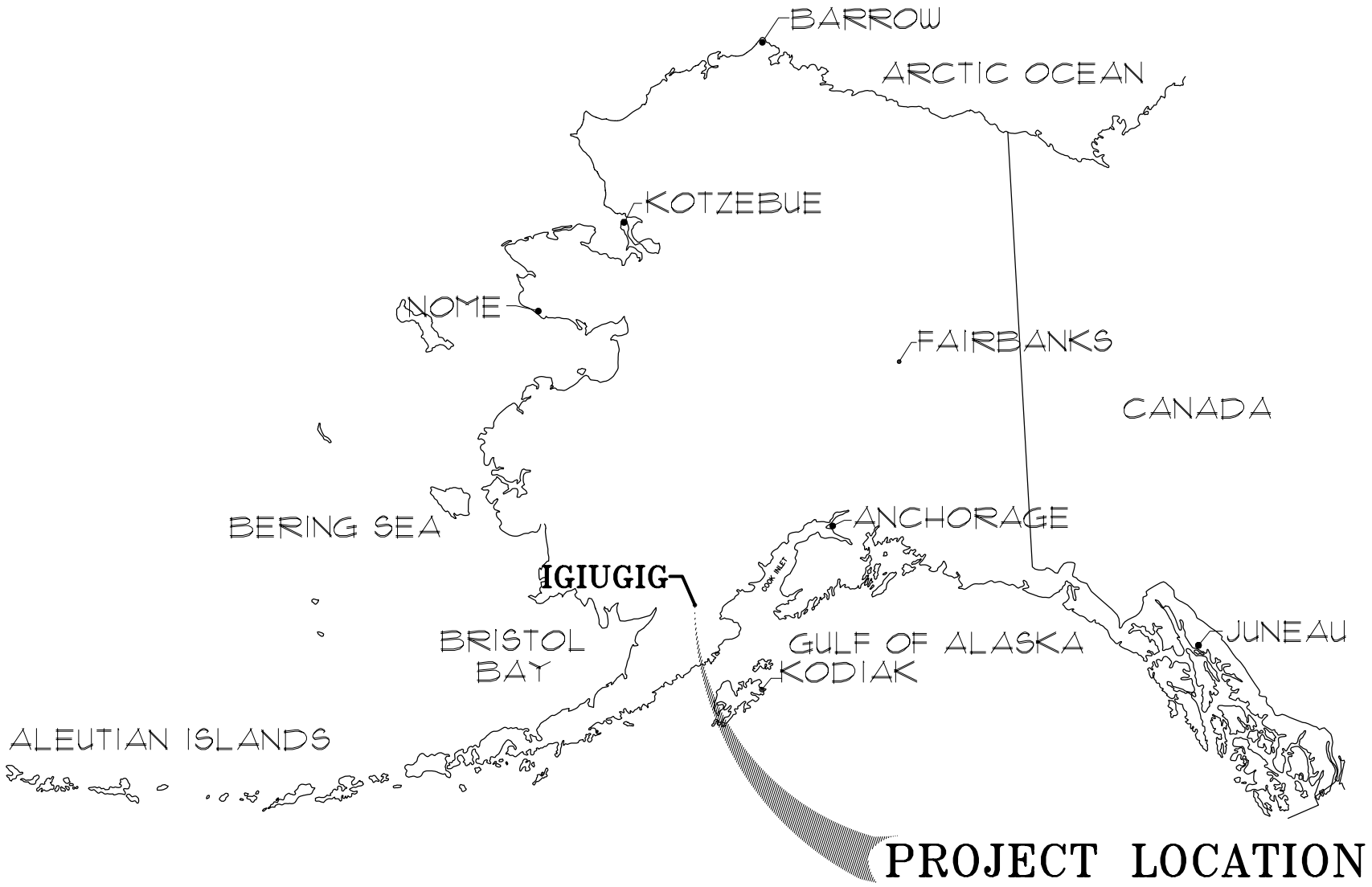
Map of Region

A1 Site Plan

A2 Existing Floor Plan

A3 Existing Wall Section

A4 Prototypical Small Clinic



PROJECT LOCATION

SCALE: NTS

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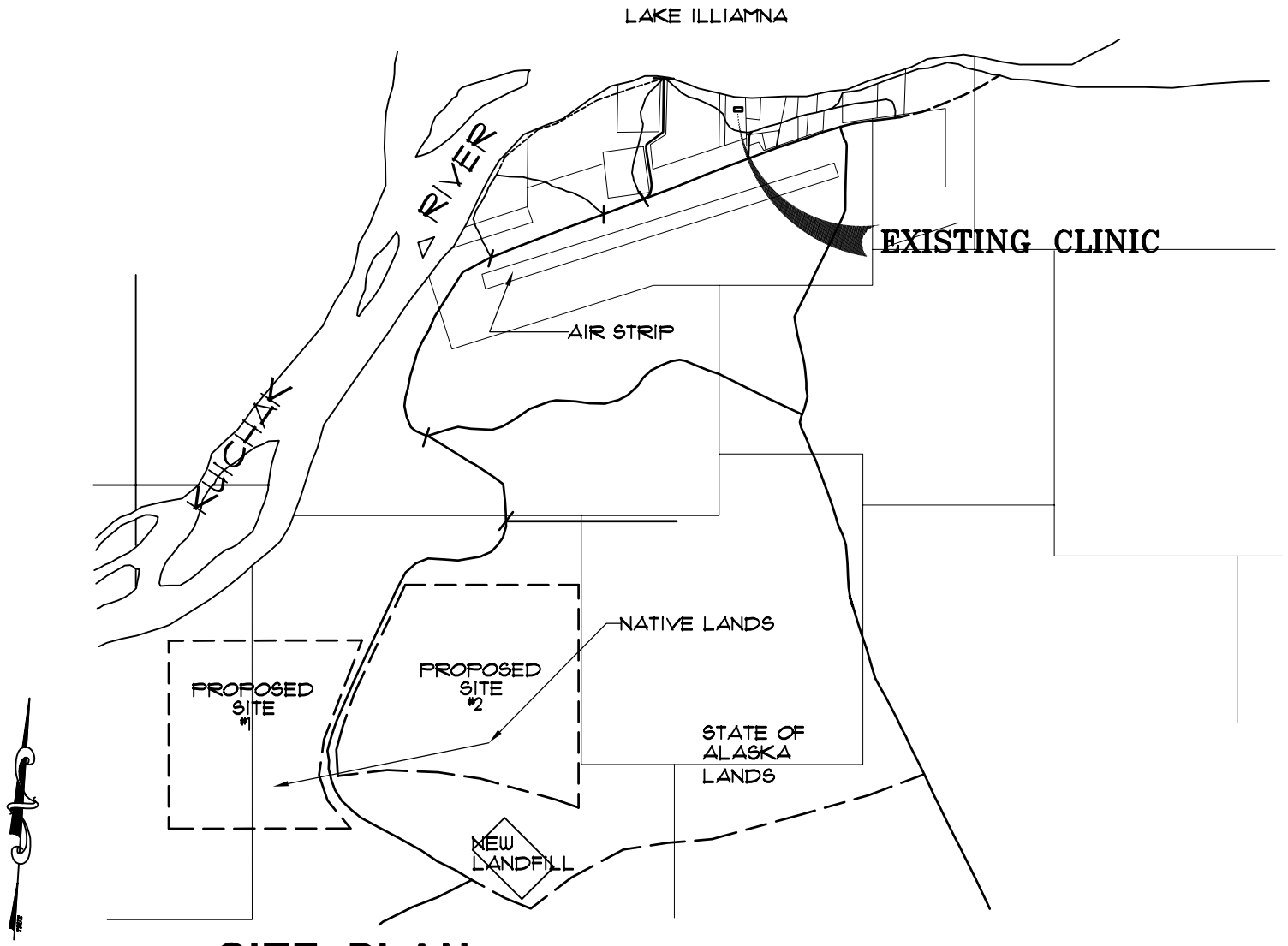
INVENTORY SURVEYS
FOR IGIUGIG

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

DESIGNED BY:	
DATE:	11/07/02
SCALE:	NTS
JOB NO:	223.16



SITE PLAN

SCALE: NTS

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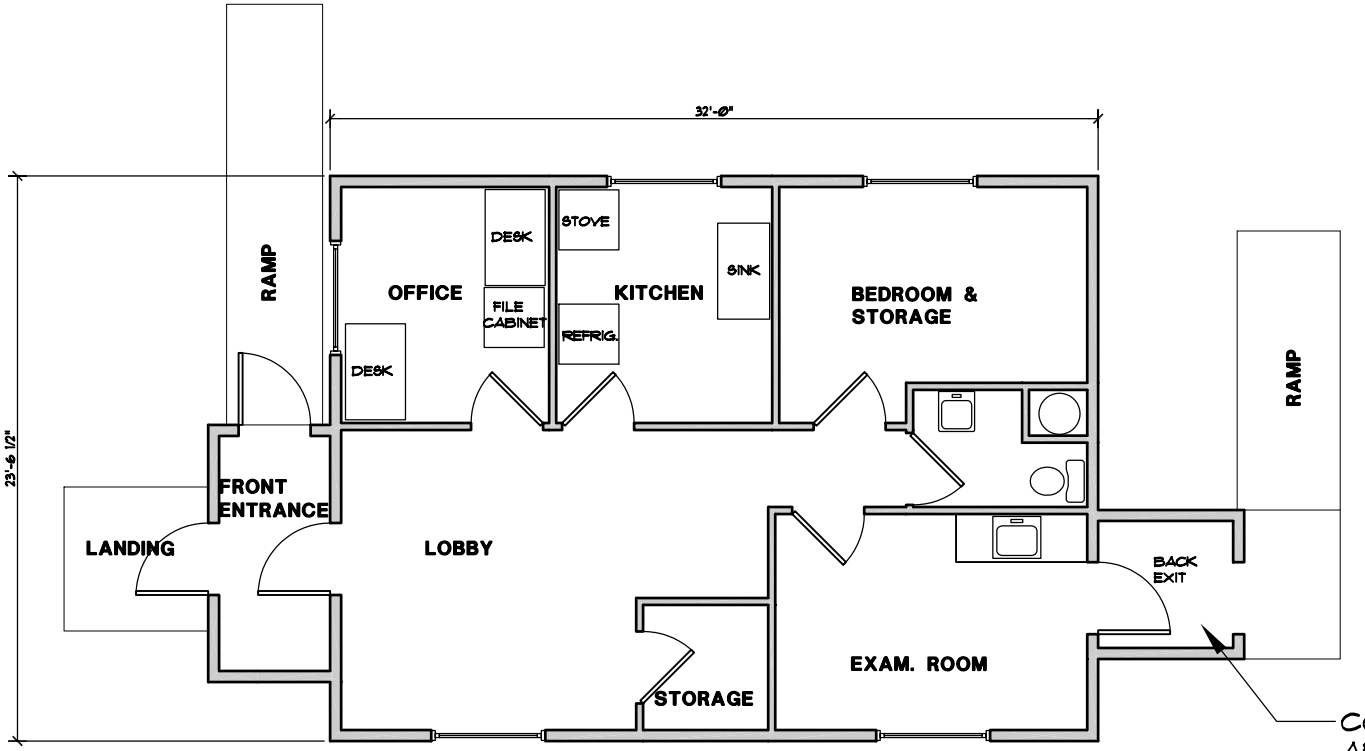
DESIGNED BY:	
DATE:	11/07/02
SCALE:	NTS
JOB NO:	223.16

SHEET A1



EXISTING FLOOR PLAN

SCALE: 1/8" = 1'-0"

0' 5' 10' 20'

GRAPHIC SCALE

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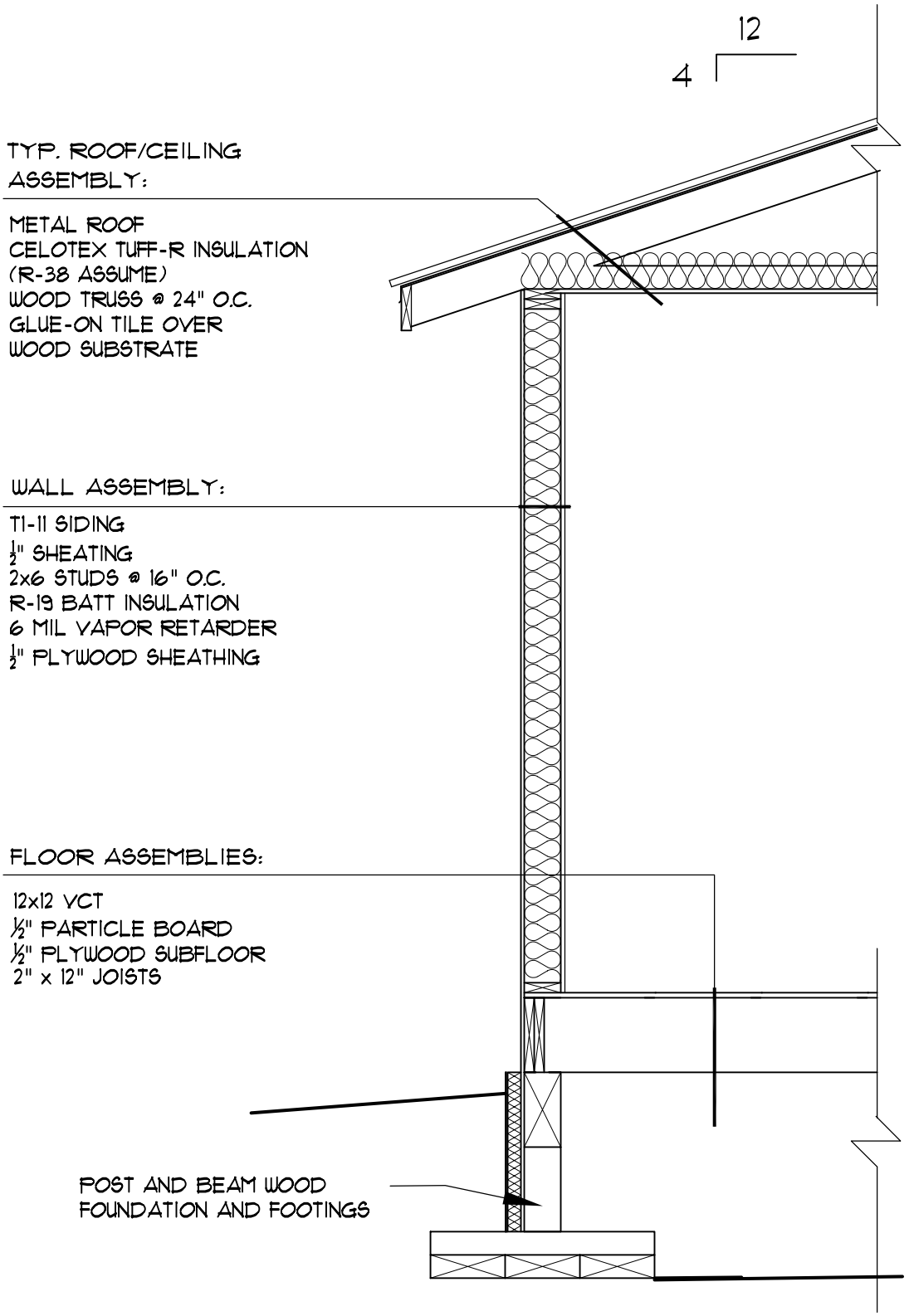
DESIGNED BY:	
DATE:	11/07/02
SCALE:	1/8"=1'
JOB NO:	223.16

SHEET A 2



EXISTING WALL SECTION

SCALE: 1/2" = 1'-0"

SHEET A3

DESIGNED BY:
DATE: 11/07/02
SCALE: 1/2"=1'
JOB NO: 223.16

FACILITY ASSESSMENT AND INVENTORY SURVEYS FOR IGIUGIG

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

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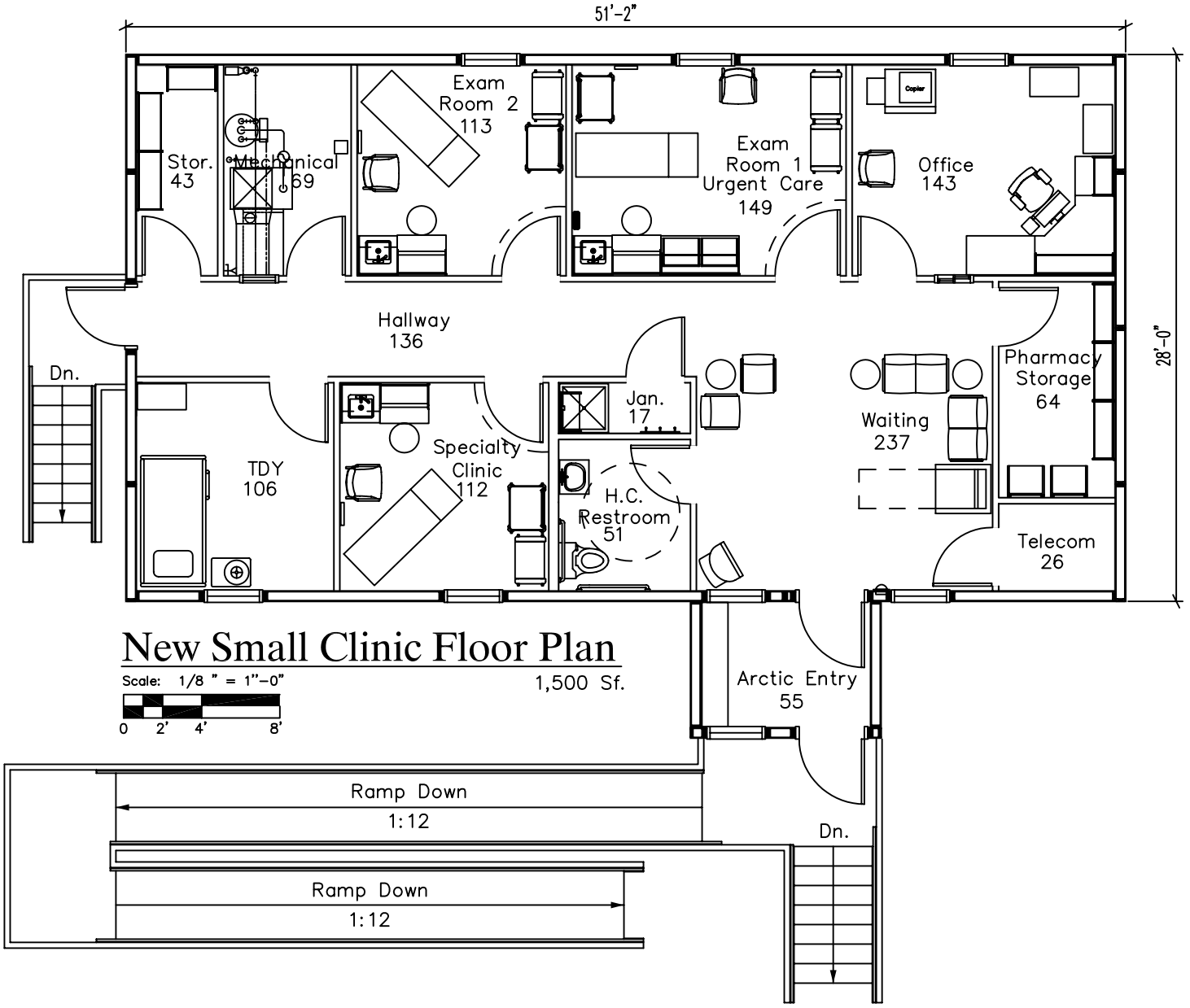

New Small Clinic Floor Plan

Scale: 1/8 " = 1"-0"

0 2' 4' 8'

1,500 Sf.

DENALI COMMISSION ALASKA

ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS

For The Denali Commission

Sheet Contents

NEW SMALL CLINIC FLOOR PLAN

Drawn	Date
DT Company	11/28/2001
Checked	Job No.
G.L.W.	010602

Sheet #: A4

4. DEFICIENCY EVALUATION

A. DEFICIENCY CODES

The deficiencies are categorized according to the following deficiency codes to allow the work to be prioritized for funding. The codes are as follows:

01 Patient Care: Based on assessment of the facilities ability to support the stated services that are required to be provided at the site. Items required for the patients social environment such as storage, privacy, sensitivity to age or developmental levels, clinical needs, public telephones and furnishings for patient privacy and comfort.

02 Fire and Life Safety: These deficiencies identify areas where the facility is not constructed or maintained in compliance with provisions of the state mandated life safety aspects of building codes including the Uniform Building Code, International Building Code, The Uniform Fire Code, NFPA 101, The Uniform Mechanical and Plumbing Codes and The National Electrical Code. Deficiencies could include inadequacies in fire barriers, smoke barriers, capacity and means of egress, door ratings, safe harbor, and fire protection equipment not covered in other deficiency codes.

03 General Safety: These deficiencies identify miscellaneous safety issues. These are items that are not necessarily code items but are conditions that are considered un-safe by common design and building practices. Corrective actions required from lack of established health care industry safety practices, and local governing body code safety requirements. I.e. Occupational Safety Health Administration (OSHA) codes & standards.

04 Environmental Quality: Deficiencies based on Federal, State and Local environmental laws and regulations and industry acceptable practices. For example this addresses DEC regulations, hazardous materials and general sanitation.

05 Program Deficiencies: These are deficiencies that show up as variations from space guidelines evaluated through industry practices and observation at the facility site and documented in the facility floor plans. These are items that are required for the delivery of medical services model currently accepted for rural Alaska. This may include space modification requirements, workflow pattern improvements, functional needs, modification or re-alignment of existing space or

other items to meet the delivery of quality medical services. (Account for new space additions in DC 06 below)

06 Unmet Supportable Space Needs: _____ These are items that are required to meet the program delivery of the clinic and may not be shown or delineated in the Alaska Primary Care Facility Space Guideline. Program modifications requiring additional supportable space directly related to an expanded program, personnel or equipment shall be identified in this section; for example additional dental space, specialty clinic, storage, or program support space that requires additional space beyond the established program.

07 Disability Access Deficiencies: _____ The items with this category listing are not in compliance with the Americans with Disabilities Act. This could include non-compliance with accessibility in parking, entrances, toilets, drinking fountains, elevators, telephones, fire alarm, egress and exit access ways, etc.

08 Energy Management: _____ These deficiencies address the efficiency of lighting, heating systems/fuel types and the thermal enclosures of buildings, processes, and are required for energy conservation and good energy management.

09 Plant Management: _____ This category is for items that are required for easy and cost efficient operational and facilities management and maintenance tasks of the physical plant.

10 Architectural M & R: _____ Items affecting the architectural integrity of the facility, materials used, insulation, vapor retarder, attic and crawlspace ventilation, general condition of interiors, and prevention of deterioration of structure and systems.

11 Structural Deficiencies: _____ These are deficiencies with the fabric of the building. It may include the foundations, the roof or wall structure, the materials used, the insulation and vapor retarders, the attic or crawl space ventilation and the general condition of interior finishes. Foundation systems are included in this category.

12 Mechanical Deficiencies: _____ These are deficiencies in the plumbing, heating, ventilating, air conditioning, or medical air systems, interior mechanical utilities, requiring maintenance due to normal wear and tear that would result in system failure.

13 Electrical Deficiencies: _____ These are deficiencies with normal or emergency power, electrical generating and distribution systems, interior electrical and communications utilities, fire alarm systems, power systems and communications systems within a

building that should be repaired or replaced on a recurring basis due to normal wear and tear that would otherwise result in system failure.

14 Utilities M & R: This category is used for site utilities for incoming services to facilities that are required for the building to be fully operational. Deficiencies may include sewer and water lines, water wells, water tanks, natural gas and propane storage, electric power and telecommunications distribution, etc.

15 Grounds M & R: Real property grounds components that should be replaced on a recurring basis due to normal wear and tear. Deficiencies with respect to trees, sod, soil erosion, lawn sprinklers, parking, bridges, pedestrian crossings, fences, sidewalks & roadways, and site illumination etc. are considerations.

16 Painting M & R: Any painting project that is large enough to require outside contractors or coordination with other programs.

17 Roof M & R: Deficiencies in roofing, and related systems including openings and drainage.

18 Seismic Mitigation: Deficiencies in seismic structural items or other related issues to seismic design, including material improperly anchored to withstand current seismic requirements effect. The elements under consideration should include the cost incidental to the structural work like architectural and finishes demolition and repairs.

B. PHOTOGRAPHS

We have attached photographs depicting the various deficiencies described in the narrative, itemized in the summary below. Photos do not cover all deficiencies and are intended to provide a visual reference to persons viewing the report not familiar with the facility.

We have included additional photos as Appendix B for general reference. These are intended to add additional information to the specific deficiencies listed and provide general background information.

C. COST ESTIMATE GENERAL PROVISIONS

1) New Clinic Construction

a. Base Cost: The Base Cost provided in Section VI of this report is the direct cost of construction, inclusive of general requirements (described below) and contingency for design unknowns (an estimating contingency). The base cost is exclusive of overhead and profit, mark-ups, area cost factors and contingencies. Material costs for the project are all calculated FOB Anchorage and labor rates are based on Davis Bacon wages, regionally adjusted to Anchorage. Transportation costs, freight, Per Diem and similar costs are included in the base costs. The Project Factors and Area Cost Factor are multipliers of the base costs.

- General Requirements are based on Anchorage costs without area adjustment. It is included in the Base Cost for New Clinics. These costs are indirect construction costs not specifically identifiable to individual line items. It consists of supervision, materials control, submittals and coordination, etc.
- The Design Unknowns Contingency is an estimator's contingency based on the schematic nature of the information provided, the lack of any real design, and the assumption that any project will encompass related work not specifically mentioned.

b. Project Cost Factors

- Equipment Costs for new medical equipment has been added at 17% of the cost of new floor space.
- Design Services is included at 10% to cover professional services including engineering and design.
- Construction Contingency is included at 10% of the Base Costs to cover changes encountered during construction.
- Construction Administration has been included at 8% of the Base Costs. This is for monitoring and administration of the construction contract.

c. Area Cost Factor: The Area Cost Factor used in the cost estimates for this facility is shown in Section VI of this report. The area cost factors are taken from a recent study completed for the Denali Commission for statewide healthcare facilities. The numbers are the result of a matrix of cost variables including such items as air travel, local hire, room and board, freight, fire protection equipment, foundation requirements, and heating equipment as well as contractor costs such as mobilization, demobilization, overhead, profit, bonds and insurance. These parameters were reconsidered for each city, following the site visit, and were modified, if necessary.

d. Estimated Total Project Cost of New Building: This is the total estimated cost of the project, including design services. The construction contract will be work subject to Davis Bacon wages, and assumes construction before year-end 2003. No inflation factor has been applied to this data.

2) Remodel, Renovations and Additions

a. Base Cost: The Base Cost provided in the specific deficiency sheets is the direct cost of construction, exclusive of overhead and profit, mark-ups, area cost factors and contingencies. Material costs for the project are all calculated FOB Anchorage and labor rates are based on Davis Bacon wages, regionally adjusted to Anchorage. Most of the deficiency items do not constitute projects of sufficient size to obtain efficiency of scale. The estimate assumes that the projects are completed either individually, or combined with other similar projects of like scope. The numbers include moderate allowances for difficulties encountered in working in occupied spaces and are based on remodeling rather than on new construction costs. Transportation costs, freight, Per Diem and similar costs are included in the base costs. The General Requirements, Design Contingency and Area Cost Factors are multipliers of the base costs.

- The cost of Additions to clinics is estimated at a unit cost higher than new clinics due to the complexities of tying into the existing structures.
- Medical equipment is calculated at a flat rate of $32/SF for additions of new space only and is included as a line item in the estimate of base costs.

b. General Requirements Factor: General Requirements Factor is based on Anchorage costs without area adjustment. The factor is 1.20. It is multiplied by the Base Cost to get the project cost, exclusive of planning, architecture, engineering and administrative costs. This factor assumes projects include multiple deficiencies, which are then consolidated into single projects for economies of scale.

c. Area Cost Factor: The Area Cost Factor used in the cost estimates for this facility is shown in Section VI of this report. The area cost factors are taken from a recent study completed for the Denali Commission for statewide healthcare facilities. The numbers are the result of a matrix of cost variables including such items as air travel, local hire, room and board, freight, fire protection equipment, foundation requirements, and heating equipment as well as contractor costs such as mobilization, demobilization, overhead, profit, bonds and insurance. These parameters were reconsidered for each city, following the site visit, and were modified, if necessary.

d. Contingency for Design Unknowns (Estimating Contingency): The Design Unknowns Contingency is an estimator's contingency based on the schematic nature of the information provided, the lack of any real design, and the assumption that any project will encompass related work not specifically mentioned. The factor used is 1.15.

e. Estimated Total Cost: This is the total estimated bid cost for work completed under Davis Bacon wage contracts, assuming construction before year-end 2003. This is the number that is entered in the front of the deficiency form. No inflation factor has been applied to this data.

f. Project Cost Factors: Similar to new clinics, the following project factors have been included in Section VI of this report.

- Design Services are included at 10% to cover professional services including engineering and design.
- Construction Contingency is included at 10% of the Adjusted Costs to cover changes encountered during construction.
- Construction Administration has been included at 8% of the Adjusted Costs. This is for monitoring and administration of the construction contract.

g. Estimated Total Project Cost of Remodel/Addition: This is the total estimated cost of the project including design services, the construction contract cost for work completed under Davis Bacon wages and assuming construction before year-end 2003. No inflation factor has been applied to this data.

5. SUMMARY OF EXISTING CLINIC DEFICIENCIES

The attached sheets document deficiencies and provide recommendations for repairs or accommodation of current needs. A cost estimate for accomplishing the proposed modifications is also attached. The summary addresses individual deficiencies. If all deficiencies were to be addressed in a single construction project, there would be cost efficiencies not reflected in this tabulation.

These sheets are reports from the Access Data Base of individual Deficiencies that are compiled on individual forms and attached for reference.

Refer to Section VI. New Clinic Analysis for a comparison of remodel/addition to new construction.

Alaska Rural Primary Care Facility — ANTHC

Code and Condition Survey Report — **Bristol Bay Area Health Corporation**

(Summary Listing of Deficiencies by Code)

Clinic: **02** **Igiugig**

Deficiency Code		Reference	Work Description	Cost
01	Patient Care	Aig02	Renovate 807 SF of existing clinic space.	$84,197.00
02	Fire/Life Safety	Aig10	Remove stored building materials in crawl space.	$10,770.00
02	Fire/Life Safety	Aig15	Remove storage shelves and provide other areas for storage.	$1,401.00
02	Fire/Life Safety	Aig16	Enlarge sleeping room window to provide secondary exit.	$2,464.00
02	Fire/Life Safety	Eig05	Emergency egress illumination and exit sign deficiencies.	$3,137.00
02	Fire/Life Safety	Eig16	Provide smoke detection in sleeping areas.	$1,489.00
02	Fire/Life Safety	Mig03	Provide exhaust air for the kitchen range.	$2,931.00
04	Environmental Quality	Aig12	Repair interior ceiling finishes.	$6,561.00
04	Environmental Quality	Aig13	Replace sheet vinyl flooring.	$12,222.00
06	Unmet Supportable Spa	Aig01	Add 728 SF to meet minimum program space requirements.	$334,160.00
07	Disablilty Access	Aig05	Construct new code compliant landing, stairs and ambulance dock.	$7,100.00
07	Disablilty Access	Aig06	Remove existing ramp and landing and replace with new ramp and stairs.	$22,701.00
07	Disablilty Access	Aig07	Replace all exterior and interior door hardware.	$5,934.00
07	Disablilty Access	Aig14	Upgrade the restroom and its fixtures to meet ADA requirements.	$7,632.00
08	Energy Management	Aig04	Repair building leaks.	$17,599.00
08	Energy Management	Aig08	Repair exterior to cover insulation and seal foundation crawl space.	$6,480.00
08	Energy Management	Aig09	Install new doors in Arctic Entry	$8,899.00
08	Energy Management	Aig17	Repair door casing woodwork.	$618.00

10	Architectural M & R	Aig11	Provide venting for attic.	$2,756.00
11	Structural Deficiencies	Aig03	Replace foundation system.	$106,740.00
12	Mechanical Deficiencies	Mig01	Add ventilation to the clinic.	$2,008.00
12	Mechanical Deficiencies	Mig02	Install dielectric unions on water heater.	$124.00
12	Mechanical Deficiencies	Mig04	Repair roof leak at plumbing vent pipe.	$214.00
13	Electrical Deficiencies	Eig01	Service entrance raceway not bonded to the ground system.	$49.00
13	Electrical Deficiencies	Eig02	Grounding electrode system bond to cold water not provided.	$276.00
13	Electrical Deficiencies	Eig03	Antenna not grounded.	$246.00
13	Electrical Deficiencies	Eig04	Provide new feeder from service entrance.	$1,597.00
13	Electrical Deficiencies	Eig06	Install adequate exterior lighting.	$561.00
13	Electrical Deficiencies	Eig07	Provide health care rated wiring system.	$3,534.00
13	Electrical Deficiencies	Eig08	Add GCFI protection for receptacle in bathroom.	$519.00
13	Electrical Deficiencies	Eig09	Install hot water heater receptacle correctly.	$519.00
13	Electrical Deficiencies	Eig10	Misc open junction boxes and missing KO seals.	$314.00
13	Electrical Deficiencies	Eig11	Fix heat trace deficiencies.	$657.00
13	Electrical Deficiencies	Eig12	Panelboard neutral to ground bond and insufficient working space.	$4,881.00
13	Electrical Deficiencies	Eig13	Provide cable support and re-routing.	$748.00
13	Electrical Deficiencies	Eig14	Provide additional outlets with approved wiring methods.	$1,393.00
13	Electrical Deficiencies	Eig15	Branch circuit cable protection.	$18,112.00

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Bristol Bay Area Health Corporation

(Summary Listing of Deficiencies by Code)

Code / Conditions Subtotal:	**$263,186.00**
Remodel Subtotal:	**$84,197.00**
Addition Subtotal:	**$334,160.00**
Clinic Total:	**$681,543.00**

6. NEW CLINIC ANALYSIS

The analysis of whether a new clinic is required is based on the Denali Commission standard of evaluation that "New Construction is viable if the cost of Repair/Renovation and Addition exceeds 75% of the cost of New Construction".

We have determined the cost of a New Clinic Construction to meet the Alaska Rural Primary Care Facility (ARPCF) Space Guidelines for this size of city. We have also determined the cost of Repair/Renovation & Addition to the existing clinic to meet the same ARPCF Space Guidelines.

A. PROJECTED COST OF A NEW CLINIC

The cost of a New Denali Commission 1500 SF Small Clinic in Igiugig is projected to be:

• Base Anchorage Construction Cost per sf.			$183
• Project Cost Factor:		@ 45%	$ 82
Medical Equipment	17%		
Construction Contingency	10%		
Design Fees	10%		
Construction Administration	8%		
• Multiplier for Village		@ 1.29	$ 77
Adjusted Cost per SF			$342

Projected Cost of a New Clinic: 1500 sf. X $342 = $513,000

B. PROJECTED COST OF THE REPAIR/RENOVATION & ADDITIONS FOR EXISTING CLINIC

- Code & Condition Repairs/Renovations $263,186
  (Cost from Deficiency Summary)
- Remodel/Upgrade Work (Def. Code 01 / Def. Aig02)..... $84,197
  100% of clinic 807 SF = 807 @ $104/SF
- Additional Space Required by ARPCF – 728 SF (Def Code 06 / Def. Aig01)
  - Base Anchorage Cost $231
    Medical Equipment 32
  - Additional Costs 93
    General Requirements 20%
    Estimation Contingency 15%
  - Multiplier for City at 1.29 AAF..... $103

  Adjusted Cost per SF $459

Total Addition Cost of 728 SF at $459 = ... $334,160
Project Cost Factor @ 28% = ... $190,832

Construction Contingency	10%
Construction Administration	8%
Design Fees	10%

Total Cost of Remodel/Addition $872,375

C. Comparison of Existing Clinic Renovation/Addition versus New Clinic

Ratio of Renovation/Addition versus New Clinic is: $872,375 / $573,000 = 1.7 x cost of New Clinic

Based on Denali Commission standard of evaluation; the remodel/addition costs are more than 75% of the cost of new construction. A new clinic is recommended for this community.

- Note: City factors may have been adjusted for recent 2002 cost adjustments and may have changed from previously published data distributed to the cities.

D. Overall Project Cost Analysis

The overall project cost analysis below incorporates land, multi-use, utility costs, and road access costs, and project management fees if any are associated with the project.

Item	Quantity	Units	Unit Cost	Area Adjustment Factor	Total Cost	Allowable under "Small" Clinic Process (yes/no)
Primary Care Clinic (Allowable)	1500	SF	$265.64	1.29	$514,013	yes
Clinic (Non-allowable portion)	0	SF	$265.64	1.29	$0	no
Land	15,000	SF	$2.00	1	$30,000	yes
Multi-Use Facility Design Cost	0	LS	$0.00	1	$0	yes
Multi-Use Facility Construction Cost	0	LS	$0.00	1	$0	no
Utility Extension/Improvements	1	LS	$15,000	1	$15,000	yes
Road access & parking lot improvements	1	LS	$5,000	1	$5,000	yes
Subtotal Project Cost					$564,013	
Project Management Fees					Unknown	
Total Project Cost					**Unknown**	

7. CONCLUSIONS AND RECOMMENDATIONS

After careful review it is the recommendation of the consultant team that a new Denali Commission Small 1500 SF Clinic be considered for Igiugig. The addition of approximately 728 SF of clinic space required by the current ARPCF program space guidelines and the upgrading of the existing clinic space will cost 1.7 times the cost of a new clinic. This results in the recommendation of a new clinic for this community.

The existing structure is still in good shape and could be adapted for many less clinical/medically stringent uses.

This Report was Prepared By:

Bristol Bay Area Health Corporation

with assistance from:

LARSEN CONSULTING GROUP

eic engineers

ESTIMATIONS

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