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DEPARTMENT OF HEALTH & HUMAN SERVICES

OCT 4 2006

Public Health Service

Indian Health Service
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TO: Associate Director
Office of Environmental Health and Engineering
Alaska Area Indian Health Service

OEH & E

OCT 2 2006

FROM: Director
Division of Facilities Planning and Construction
Office of Environmental Health and Engineering

RECEIVED

SUBJECT: Approval of the Program Of Requirements for the Proposed Replacement Indian Health Service Health Hospital at Nome, Alaska, Project No.: 144

On September 26 the Director, Office of Environmental Health and Engineering, Indian Health Service (IHS), approved the Program of Requirements (POR), dated July 2006, for the proposed Nome Hospital replacement at Nome, Alaska. Attached is a copy of the approved document and two original signature sheets for your use and distribution to the Norton Sound Health Corporation.

Congratulations to the staff and the Norton Sound Health Corporation who worked as a team on this accomplishment. If you have any questions or require further information, please contact Mr. Arthur A. Di Padova at (301)443-7285.

José F. Cuzme, P.E.

Attachment

PROGRAM OF REQUIREMENTS

INDIAN HEALTH SERVICE

Norton Sound Regional Hospital

NOME, ALASKA

(Project No. 144)

JULY 2006

NORTON SOUND HEALTH CORPORATION
ALASKA AREA NATIVE HEALTH SERVICE
INDIAN HEALTH SERVICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

PROGRAM OF REQUIREMENTS
INDIAN HEALTH SERVICE
NORTON SOUND REGIONAL HOSPITAL
NOME, ALASKA

RECOMMEND APPROVAL:

Thomas H Coolidge

21 July 2006
Date

Christopher Mandregan, Jr., MPH
Director, Alaska Area Native Health Service
Indian Health Service

RECOMMEND APPROVAL:

Michael K. Weaver

7-25-06
Date

for
Kenneth R. Harper, P.E.
Director, Division of Engineering Services -
Office of Environmental Health and Engineering
Indian Health Service

RECOMMEND APPROVAL:

José F. Cuzme

9/1/06
Date

José F. Cuzme, P.E.
Director, Division of Facilities Planning and Engineering
Office of Environmental Health and Engineering
Indian Health Service

APPROVAL:

Gary J. Hartz

9/26/06
Date

Gary J. Hartz, P.E.
Assistant Surgeon General
Director, Office of Environmental Health and Engineering
Indian Health Service

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PROGRAM OF REQUIREMENTS
 INDIAN HEALTH SERVICE
 NORTON SOUND REGIONAL HOSPITAL
 NOME, ALASKA

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PROGRAM OF REQUIREMENTS
INDIAN HEALTH SERVICE
NORTON SOUND REGIONAL HOSPITAL
NOME, ALASKA

| | |
|--|-----|
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PROGRAM OF REQUIREMENTS
 INDIAN HEALTH SERVICE
 NORTON SOUND REGIONAL HOSPITAL
 NOME, ALASKA

LIST OF ABBREVIATIONS

| | | | |
|--------------|---|-----------------------|--|
| ADA | Americans with Disabilities Act | KM² | Square Kilometers |
| ADPL | Average Daily Patient Load | KPH | Kilometers Per Hour |
| AI/AN | American Indian & Alaskan Native | M | Meters |
| AIDS | Acquired Immunodeficiency Syndrome | M² | Square Meters |
| ALOS | Average Length of Stay | MM | Millimeters |
| BGA | Building Gross Area | MS | Mechanical Space |
| BIA | Bureau of Indian Affairs | NSHC | Norton Sound Health Corporation |
| CEO | Chief Executive Officer | OB | Obstetrics |
| CHR | Community Health Representative | OMB | Office of Management and Budget |
| CHS | Contract Health Services | OPV | Outpatient Visits |
| CPS | Construction Priority System | PCP | Primary Care Providers |
| DGA | Department Gross Area | PCPV | Primary Care Provider Visits |
| DNA | Department Net Area | PJD | Program Justification Document |
| EMT | Emergency Medical Technician | PJDQ | Program Justification Document for Quarters |
| ES | Engineering Services (Dallas or Seattle) | POR | Program of Requirements |
| FEDS | Facilities Engineering Deficiencies System | PORQ | Program of Requirements for Quarters |
| FY | Fiscal Year | RRM | Resource Requirements Methodology |
| GYN | Gynecology | RRMNA | Resource Requirements Methodology Needs Assessment |
| HA | Hectares | SSER | Site Selection and Evaluation Report |
| HFCPS | Health Facilities Construction Priority System | SSN | Short Stay Nursing |
| HFPM | Health Facilities Planning Manual | SSNU | Short Stay Nursing Unit |
| HSP | Health Systems Planning Process | SU | Service Unit |
| HVSR | Housing Verification Survey Report | SUD | Service Unit Director |
| IHS | Indian Health Service | TDGA | Total Department Gross Area |
| IPB | Inpatient Beds | TFGA | Total Floor Gross Area |
| IPD | Inpatient Days | UFAS | Uniform Federal Accessibility Standards |
| JCAHO | Joint Commission on the Accreditation of Healthcare Organizations | VHS | Village Health Services |
| KM | Kilometers | | |

I. INTRODUCTION

The proposed replacement Norton Sound Regional Hospital space program totals 13 420 gross square meters (gsm). This space will support the healthcare programs for the Norton Sound Region beneficiary population and to accommodate the estimated projected staffing of 334 positions.

In 1991, Phases I and II of the Indian Health Service (IHS) Construction Priority System (CPS) were applied to health care delivery programs nationwide. A proposal to construct a replacement facility to provide health care services space at Nome, Alaska, was among those selected during Phases I and II for further evaluation. During Phase III, the Indian Health Service (IHS) has assessed the health care needs of the Native population at this location and evaluated the ability of the existing health care delivery system to meet those needs. The major issues evaluated during the health facility CPS process were the potential utilization of existing systems; the size and condition of existing space; the ability of the existing space to support an accessible, modern health care delivery system; and the proximity of other health care facilities. The finding of this evaluation was that the existing facility at Nome is inadequate to meet the healthcare needs of the Native residents of this region.

A Program Justification Document (PJD) was prepared to delineate the program necessary to meet the needs of the IHS eligible population, to describe the methods for providing that program, and to present the reasoning to justify replacement or expansion of the existing facility. The PJD was approved September 25, 2000.

An amended Program Justification Document was prepared in 2005 to update the previously approved PJD to reflect the current approved Indian Health Service user population and service delivery plan for Alaska Natives residing in the Bering Strait region through the fall of 2004. This document was approved on July 10, 2006. Health services are provided within the region by the Norton Sound Health Corporation (NSHC) which is a Tribal healthcare non-profit organization, formed by resolution of the 20 federally recognized Tribes in the Bering Strait Region of Alaska.

Location

Norton Sound Health Corporation provides health and medical services to all people of Alaska's Bering Strait Region. The area encompasses about 114 000 square kilometers and includes the mostly Native villages of Brevig Mission, Diomedea, Elim, Gambell, Golovin, Koyuk, St. Michael, Savoonga, Shaktoolik, Shishmaref, Stebbins, Teller, Unalakleet, Wales and White Mountain as well as the region's hub city of Nome. The region extends from the northern tip of the Seward Peninsula to the southern shores of Norton Sound.

Current and Proposed Health Service Programs

The Norton Sound Health Corporation is the primary source of continuous health and medical care for all residents of the Bering Strait region. Organizationally there are four primary operating divisions: Hospital Services, Community Health Services, Finance, and Administration.

| Existing Services Summary | |
|--|---|
| <p>Hospital Services</p> <p><i>Medical Staff</i></p> <p><i>Outpatient Clinic</i></p> <p><i>Inpatient Nursing</i></p> <p><i>Radiology</i></p> <p><i>Dental</i></p> <p><i>Eye Care</i></p> <p><i>Audiology</i></p> <p><i>Pharmacy</i></p> <p><i>Physical Therapy</i></p> <p><i>Clinical Laboratory</i></p> <p><i>Social Services</i></p> <p><i>Emergency Medical Services</i></p> <p><i>Respiratory Therapy</i></p> <p><i>Nutrition Services</i></p> <p><i>Infection Control</i></p> <p><i>Employee Health</i></p> <p><i>Facilities Management and Maintenance</i></p> <p><i>Environmental Services</i></p> | <p>Administration</p> <p><i>Office of General Counsel</i></p> <p><i>Compliance and Performance Improvement</i></p> <p><i>Planning</i></p> <p><i>Public Communications</i></p> <p>Finance</p> <p><i>Accounting</i></p> <p><i>Information Systems</i></p> <p><i>Materials Management</i></p> <p><i>Health Information Management</i></p> <p><i>Patient Financial Services</i></p> <p>Community Health Services</p> <p><i>Village Health Services</i></p> <p><i>Iisagviq Health Aide Training Center</i></p> <p><i>Maternal and Child Health</i></p> <p><i>Prematernal Home</i></p> <p><i>Infant Learning Program</i></p> <p><i>Women, Children and Infant Nutrition Program</i></p> <p><i>Office of Environmental Health</i></p> <p><i>Public Health Nursing</i></p> <p><i>Behavioral Health Services</i></p> <p><i>Village Based Counseling Program</i></p> |

| New Services Summary |
|-----------------------------|
| Ambulatory Surgery |

II. PROJECT INFORMATION

A. SITE DESCRIPTION

The proposed site for the new hospital is located on a 15.74 hectare (38.9 acre) parcel in the northeast portion of the Nome Town site. In 2001, McClintock Land Associates, Inc. completed a boundary survey of the proposed site. The property surveyed is a preliminary plat entitled NSHC Nome Hospital Parcel, a subdivision of Mineral Survey No. 1211 (a combination claim), Mineral Survey No. 1800 (Big Chief), and Mineral Survey No. 1893 (combination fraction) situated within Sections 25 and 36, Township 11 South, Range 34 West, Kateel River Meridian, Alaska. NSHC also owns 36 lots immediately south of the main "Hospital Parcel" referenced above. These lots include those in Blocks 115, 116 and 117.

The main hospital site has a total area of 15.74 hectares (38.9 acres) including the natural drainage area running through the site, and an existing "pioneer" road that extends north from Seventh Avenue. The referenced road will either be incorporated into the campus circulation pattern or abandoned, an issue to be studied during design. A large portion of the site will be taken up with the drainage swale leaving approximately 13.35 hectares (33 acres) available for development, which exceeds the criteria in the IHS Handbook. Including the 36 lots south of the main site, NSHC has over 17 hectares (43 acres) of contiguous property for the proposed hospital. In 2003 NSHC completed a preliminary development analysis of the site and concluded that it is of sufficient size for a project of this magnitude.

B. PROJECT SCHEDULE

The estimated time schedule for the proposed project is:

| SCHEDULED ITEMS | NUMBER OF MONTHS HEALTH CARE FACILITY |
|-----------------|--|
| Design | 32 |
| Bid | 3 |
| Construction | 46 |

C. COST ESTIMATE

The project cost estimate is based on the HSP estimated space requirements and the above time schedule, as generated by the IHS Facilities Budget Estimating (FBE) System. Below is a summary of the current cost estimates for each component of this project, as prepared by the DES-Seattle on 2/10/2006 for the health care facility.

| PROJECT | DESIGN | CONSTRUCTION | EQUIPMENT | TOTAL* |
|----------------------|--------------|---------------|--------------|---------------|
| Health Care Facility | \$10,315,042 | \$107,748,543 | \$28,028,292 | \$146,091,878 |

*Does not include phased funding cost totaling \$8,530,375.

III. STAFFING & WORKLOAD SUMMARY

A. STAFF SUMMARY

The staffing requirements, for space purposes only, are based on an application of the Resource Requirement Methodology (RRM) and analysis of the results as they apply to the Norton Sound Regional Hospital.

STAFFING SUMMARY FOR PROJECTED WORKLOAD

| DEPARTMENT | NUMBER OF POSITIONS | | |
|-------------------------------|---------------------------------|---------------------|-----------------------|
| | CURRENT AUTHORIZED ¹ | ADDITIONAL REQUIRED | TOTAL RRM REQUIREMENT |
| Inpatient Care | 19 | 1 | 20 |
| Ambulatory Care ² | 43 | 55 | 90 |
| EMS / Air Ambulance | 0 | 10 | 10 |
| Ancillary Care | 23 | 19 | 42 |
| Community Health ³ | 26 | 18 | 40 |
| Administrative Support | 39 | 27 | 66 |
| Facility Support | 31 | 35 | 66 |
| | | | |
| TOTAL: | 181 | 153 | 334 |

¹This facility is owned and operated by the Norton Sound Health Corporation, a recognized Tribal entity, and has never been owned or operated by the Federal Government. Funding support for healthcare programs and services is provided through a PL 93 638 annual funding agreement which does not delineate specific positions; there is no historical position by position authority. The final *funding* RRM will establish a basis to determine additional support, if any, to be considered in the annual funding agreement.

² Ambulatory Care does not include the Diabetes / Chronic Care, CAMP, (3 FTE) and the Health Aide Training, HAT, (5 FTE), programs which are part of the *space* RRM approved without new space support anticipating the utilization of existing or other NSHC spaces.

³ Community Health does not include the Pre-maternal home program, (4 FTE), which is part of the RRM approved without new space support anticipating the utilization of existing or other NSHC spaces.

B. WORKLOAD SUMMARY

| STATISTICAL CATEGORY | HSP FY 2001 | HSP FY 2015 |
|--------------------------------|------------------------|------------------------|
| User Population - Service Area | 9,111 | 10,440 |
| Acute Care | | |
| Medical Bed days | 1,400 | 1,608 |
| Pediatric Bed days | 265 | 303 |
| Surgical Bed days | 884 | 1,006 |
| Audiology | | |
| Audiology Visits | 1,063 | 1,223 |
| Clinical Engineering | | |
| Clinical Engineering Man-hours | 1,118 | 1,167 |
| Dental Care | | |
| Dental Service Minutes | 865,545 | 991,800 |
| Diagnostic Imaging | | |
| CT/MRI Exams | 98 | 103 |
| Fluoroscopy Exams | 256 | 215 |
| General Radiography Exams | 3,628 | 3,098 |
| Mammography Exams | 928 | 1,066 |
| Ultrasound Exams | 519 | 448 |
| Dietary | | |
| Rations | 87,144 | 88,885 |
| Education & Group Consultation | | |
| # of staff | | 335 |
| Emergency | | |
| Emergency Room Visits | 3,917 | 4,491 |
| Eye Care | | |
| Optometrist Visits | 2,869 | 3,294 |
| Facility Management | | |
| Service index | 33 | 34 |
| Housekeeping & Linen | | |
| Lbs of Linen | 29,110 | 54,058 |
| Intensive Care | | |
| Intensive Care bed days | 366 | 423 |
| Labor & Delivery/Nursery | | |
| Antepartum/Postpartum Bed Day | 358 | 410 |
| Births | 131 | 150 |
| Laboratory | | |
| Chem/Hema/Immun/Urin billable | 35,327 | 39,443 |
| Histo/Cytology billable tests | 193 | 282 |
| Microbiology billable tests | 7,574 | 7,466 |
| Transfusion/BB billable tests | 742 | 880 |
| Mental Health | | |
| Mental Health Visits | 1,474 | 1,687 |
| Pharmacy | | |
| Inpatient Pharmacy Workload | 6,159 | 18,691 |
| Outpatient Pharmacy Workload | 477,884 | 396,871 |
| Physical Therapy | | |
| Inpatient Physical Therapy | 136 | 345 |

| STATISTICAL CATEGORY | HSP FY 2001 | HSP FY 2015 |
|----------------------------------|------------------------|------------------------|
| Outpatient Physical Therapy | 3,904 | 4,482 |
| Primary Care | | |
| Primary Care Provider Visits | 34,853 | 39,923 |
| Property & Supply | | |
| Storage Index | 16,569 | 14,323 |
| Psychiatric Nursing | | |
| Psych Bed days | 116 | 140 |
| Public Health Nursing | | |
| Public Health Nursing Visits | 2,771 | 3184 |
| Respiratory Therapy | | |
| Respiratory Therapy work minutes | 80,527 | 140,354 |
| Specialty Care | | |
| Specialist Visits | 1,533 | 1,747 |
| Surgery | | |
| Inpatient Episodes | 218 | 258 |
| Outpatient Episodes | 260 | 305 |

Workload and population were determined using the HSP process.

IV. SPACE SUMMARY (*HSP Building Summary*)

The net and gross areas for the proposed facility are summarized below.

| | Template or Discipline | Net Square Meters | Conversion Factor ⁴ | Department Gross Square Meters |
|--|------------------------|-------------------|--------------------------------|--------------------------------|
| Additional Services | | | | |
| Ambulatory Surgery | X06 | 308.00 | 1.35 | 415.80 |
| Dietary - HFPM Based | X08 | 488.50 | 1.35 | 659.48 |
| EMS / Air Ambulance | X09 | 163.00 | 1.35 | 220.05 |
| Maternal Health | X12 | 53.00 | 1.35 | 71.55 |
| Village Health Services – <i>None Based</i> | X15 | 83.00 | 1.35 | 112.05 |
| Nutrition For Women, Children, And Infants | X16 | 88.00 | 1.35 | 118.80 |
| Village Based Counseling – <i>None Based</i> | X17 | 57.00 | 1.35 | 76.95 |
| Body Holding | X18 | 32.00 | 1.35 | 43.20 |
| Administration | | | | |
| Administration | AD | 383.00 | 1.40 | 536.20 |
| Business Office | BO | 166.00 | 1.40 | 232.40 |
| Health Information Management | HIM | 197.00 | 1.25 | 246.25 |
| Information Management | IM | 148.00 | 1.20 | 177.60 |
| Ambulatory | | | | |
| Audiology | AU2 | 64.30 | N/A | 81.00 |
| Dental Care | DCC15 | 477.10 | N/A | 716.00 |
| Emergency | ER2 | 86.20 | N/A | 219.00 |
| Eye Care | EC2 | 182.00 | N/A | 236.00 |
| Primary Care | PCP8 | 693.00 | N/A | 1005.00 |
| Physical Therapy (<i>Ancillary in HSP - Ambulatory in RRM</i>) | PT1 | 136.20 | N/A | 174.00 |
| Ancillary | | | | |
| Diagnostic Imaging | DI2 | 214.20 | N/A | 240.00 |
| Laboratory | LB4 | 204.50 | N/A | 227.00 |
| Pharmacy | PH6 | 286.20 | N/A | 343.00 |
| Respiratory Therapy | RT2 | 80.90 | N/A | 81.00 |
| Behavioral | | | | |
| Mental Health | MH | 68.00 | 1.40 | 95.20 |
| Social Work | SW | 28.00 | 1.40 | 39.20 |
| Facility Support | | | | |
| Clinical Engineering | CE1 | 39.10 | N/A | 42.00 |
| Facility Management | FM4 | 205.20 | N/A | 246.00 |
| Inpatient | | | | |
| Acute Care | ACB14 | 566.20 | N/A | 849.00 |
| Labor & Delivery/Nursery | LD1 | 227.60 | N/A | 326.00 |

⁴ The HSP generates conversion factors for computed templates; N/A is used where templates are derived from actual departmental layout drawings.

| | Template or Discipline | Net Square Meters | Conversion Factor ⁴ | Department Gross Square Meters |
|-------------------------------------|------------------------|-------------------|--------------------------------|--------------------------------|
| Preventive | | | | |
| Environmental Health | EH | 90.00 | 1.40 | 126.00 |
| Health Education | HE | 41.00 | 1.40 | 57.40 |
| Public Health Nursing | PHN | 185.00 | 1.40 | 259.00 |
| Public Health Nutrition | PNT | 27.00 | 1.40 | 37.80 |
| Support Services⁵ | | | | |
| Education & Group Consultation | EGC2 | 126.20 | N/A | 151.00 |
| Education & Group Consultation | EGC | 34.00 | 1.10 | 37.40 |
| Employee Facilities | EF | 396.60 | 1.20 | 475.92 |
| Housekeeping & Linen | HL2 | 46.90 | N/A | 56.00 |
| Housekeeping & Linen | HL | 60.00 | 1.10 | 66.00 |
| Medical Supply | MS2 | 98.60 | N/A | 122.00 |
| Property & Supply | PS5 | 551.60 | N/A | 607.00 |
| Public Facilities | PF | 133.50 | 1.20 | 160.20 |

| | |
|--|---------------|
| Department Gross Square Meters | 9 985 |
| Building Circulation & Envelope (.20) | 1 997 |
| Floor Gross Square Meters | 11 982 |
| Major Mechanical SPACE(.12) | 1 438 |
| Building Gross Square Meters | 13 420 |

⁵ Laundry, Staff Health, and Security programs are included in the approved RRM; HSP modules do not specifically address program space needs.

V. SUPPLEMENTAL DESIGN CRITERIA & PERFORMANCE REQUIREMENTS

A. CRITERIA

1. **Introduction:** 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.
2. **IHS/HSP Template Rule Book:** The A/E Design Guide, Appendix 'D' (HSP Template Rule Book), provides the information necessary to understand the benefits, organization, design parameters, flexibility, and data provided for this project. By working within the defined parameters, project teams will greatly expedite development of the project. HSP Template Rule Book provides information on criteria, an overview of the data, information on parameters/flexibility, and information on data application.
3. **Template Drawings:** Disciplines that use pre-designed templates require verification of codes and regulations in effect and applicable to the particular project, and may require modification to the template to achieve conformance with newer/more restrictive requirements. The included templates are a guideline for space relationships and layout and 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, 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 AIA Committee on Architecture for Health with assistance from the U.S. Department of Health and Human Services
 - August 1994 Americans with Disabilities Act, "Accessibility Guidelines for Buildings and Facilities"

B. PERFORMANCE REQUIREMENTS

1. **Department Relationships:** Space relationships for each department are described in the department's Design Notes. Each department may also have a Functional Sketch or a Template Drawing that gives additionally information on space relationships. They may include relationships between departments, services, or activities, which are not included in this facility. The facility will have a comprehensive health care delivery program including inpatient, ambulatory services, and community health services. The Design Notes and Functional Sketch are intended to describe functional activities only and, therefore, do not necessarily indicate individual spaces nor do they attempt to show accurate scale. When a department has a Template Drawing the individual spaces are shown to an accurate scale and individual spaces are indicated. Refer to the HSP Template Rule Book for additional information.

2. **Medical Supply Services System.** Required sterile items for the hospital will be processed in the Sterile Processing Room, which is to be located in the Ambulatory Care Services, Primary Care Department. This Sterile Processing Room supports the operation of the Inpatient Unit, the Emergency and Urgent Care, and Primary Care departments.
3. **Food System.** The dietary services will consist of providing patient meals. For this function, a Nourishment Station is to be provided for the final handling of pre-prepared meals for delivery to the patients' rooms by the nursing personnel. The Nourishment Station is programmed in the Short Stay Nursing Unit.
4. **General Stores Supply System.** Supplies will be delivered via carts to appropriate units.
5. **Linen.** Clean linen will be delivered via carts to the appropriate units from Central Housekeeping Stores.
6. **Solid Waste Disposal System.** Solid waste will be collected in appropriately labeled and/or color coded bags, sealed and picked-up by housekeeping staff, at least once daily, all 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, or local regulations, depending on whomever has jurisdiction, either through incineration or by hauling away from the facility, whichever is applicable.
7. **Hazardous Medical Waste Disposal System.** Hazardous medical waste will be collected in appropriately labeled and/or color coded plastic bags, sealed and picked-up by housekeeping staff, at least once daily, all as specified in the Concept of Operations for the Housekeeping Unit, which contains the procedures for handling, collection, and temporary storage of hazardous medical waste until is hauled away from the facility, in compliance with the EPA, or applicable state or local requirements, depending whomever has jurisdiction.
8. **Inpatient Pharmacy System.** The Outpatient Pharmacy Unit will perform all inpatient pharmacy requirements.
9. **Outpatient Pharmacy System.** Appropriate prescriptions will be prepared for and provided to the inpatient unit for administration by the respective nursing personnel. For outpatients, 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. Prepackaged 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.
10. **Patient Call System.** A patient call system should be included for calling patients from waiting areas to treatment areas and services. In addition to the inpatient unit the outpatient department exam rooms and nurses work station, 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 Short Stay Nursing Unit, the Dental Care exam rooms, and the Emergency and Urgent Care is required.

11. **Medical Records System.** The primary concern is the delivery of medical records to and from various departments. Consideration should be given to the flow of records within the facility. A central dictating system shall be provided to facilitate recording of medical information onto patient medical records. The system should provide for physicians to dictate to the central location from exam rooms and offices.
12. **Water System.** The water supply shall include an alternate source to meet the emergency supply requirement per applicable standards and codes. A reverse osmosis unit for distilled water should be provided within the facility with a tap in the pharmacy.
13. **Emergency Electrical System.** Alternate electrical power is to be provided in accordance with the IHS Technical Handbook for Health Facilities, Volume III, Part 7, Chapter 1, "Alternate Power for Health Facilities." The content of this guidance states that alternate electrical power is to be provided in accordance with NFPA 99, Chapter 13. IHS HQ approval is required for any device and load in addition to that specified in these documents. Once the authorized load is determined, the proper sized generator is to be provided.
14. **Physical Plant Security.** Depending on the personnel loading and area of the health care facility, appropriate security is to be provided in compliance with the June 28, 1995, President of the United States Memorandum for Executive Departments and Agencies, Subject: Upgrading Security at Federal Facilities. At a minimum, physical plant security-monitoring system is to be installed to monitor controlled areas and all entrances to the health care facility. In addition, areas such as central supply and pharmacy shall have alarm systems to provide additional protection of these areas.
15. **Communication Equipment.** Two-way radio communications are used by some ambulatory care departments and by the tribal EMS function. All two-way radio communications functions will be installed at this facility in accordance with the current Federal Communications Commission (FCC) regulations. The Service Unit Director will provide local requirements to the designer.
16. **Preventive Maintenance Program.** The Indian Health Service "Facilities Management Program" will develop a preventive maintenance program for this facility.
17. **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.
18. **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 A/E shall include in the construction specifications a training schedule for the maintenance personnel. The Government reviewer shall assure that the training specifications are reviewed before final acceptance of the facility.
19. **Fire Suppression System.** A fire suppression system shall be provided for the entire facility.

20. **Building Maintenance Accessibility.** The design 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. No accesses are to be placed in the way of any operation or preclude the use of any room, space or corridor.
21. **Utilities Distribution on Project Site.** On this 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. Where feasible, utility lines are to be placed in the road right-a-ways.
22. **Elevator(s).** If the site conditions cause a need for a multistory structure for the health care facility, 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.
23. **Energy Efficiency and Water Conservation.** The design is to meet the requirements of Executive Order 12902 - "Energy Efficiency and Water Conservation at Federal Facilities." The design is to minimize the life cycle cost by utilizing energy efficiency, water conservation, or other renewable energy technologies. The design is to meet or exceed the applicable energy performance standards as set forth in 10 CFR 435 or by local building standards.
24. **Environmentally Beneficial Landscaping.** The design is to incorporate the requirements contained in the April 26, 1994, 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."
25. **Equipment.** A generic equipment list will be provided, including any special requirements, for all equipment to be incorporated into this new facility. The designer is 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 maintainable. 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.

VI. SPACE SCHEDULE

The following pages reflect the Concept of Operation, Design Notes, Space Allocation and Templates/Flow Diagrams for the departments in the facility.

Design Notes
Additional Services, Ambulatory Surgery (X06)

MISSION

This program is a not an addition to the HSP standard services, but a replacement for the Surgery Department offered by HSP. The new program format was adopted to allow a reduction in the size of the surgery department in accordance with the needs of NSHC.

HOURS OF OPERATION

Coordinated with visiting clinics.

STAFFING

| Position | Planned | Daytime |
|---|----------------|----------------|
| <i>Ambulatory Surgery General Surgeon (0.50) is carried within Primary Care</i> | | |
| RRM DEVIATIONS | | |
| Specialty Clinic / Ambulatory Surgery staff | 2.00 | |
| | | |
| TOTAL | 2 | |

CONCEPT OF OPERATION

A full time, full service surgery, as envisioned by HSP is not currently supported at the NSHC Hospital, even though the current space is designed to comply with the requirements for a sterile operating environment. A study was conducted to determine the number of patients and types of surgical procedures that could be supported by a surgery located at the hospital. The hospital has adopted a plan that promotes the increasing use of outpatient procedures and ambulatory surgery techniques, which can be performed by the hospital staff as a component of the primary care and specialty clinic programs at the hospital. The hospital anticipates, with the improved surgical environment that an increase in the number of surgical specialty clinics will occur using medical staff from the Alaska Native Medical Center. Outpatient procedures are performed anticipating that patients will not be held overnight; should an extended stay be required the patient will be accommodated in the inpatient department.

ROOM/SUITE SPECIFIC ISSUES

The department contains space to perform a limited number of surgical procedures which incorporates provisions for general anesthetics and sterile environments. The spaces will be fully utilized for procedures and minor surgeries as part of the extensive specialty clinics provided at the hospital. These clinics include orthoscopic surgery, laproscopic surgery, ENT, appendectomies, tonsillectomies, gall bladder surgery, tubal ligations, vasectomies, and similar outpatient procedures.

Space Program
Additional Services, Ambulatory Surgery (X06)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|----------------------|-------|-----|-------|-------|---------|
| Clean Utility | UTCL1 | 1 | 11.00 | 11.00 | |
| Control, Nursing | CNNE1 | 1 | 11.00 | 11.00 | |
| Dictation | ALDC1 | 1 | 5.00 | 5.00 | |
| Endoscopy Toilet | TLPP1 | 1 | 5.00 | 5.00 | |
| Endoscopy clean up | UTEN1 | 1 | 12.00 | 12.00 | |
| Equipment Storage | STEQ1 | 2 | 6.00 | 12.00 | |
| Exam consultation | EXGM1 | 1 | 10.00 | 10.00 | |
| Minor Procedure | PRMN1 | 1 | 14.00 | 14.00 | |
| Patient dressing | DRHC1 | 2 | 4.00 | 8.00 | |
| Patient holding | HDPT1 | 2 | 8.00 | 16.00 | |
| Patient lockers | ALLP1 | 2 | 3.00 | 6.00 | |
| Procedure, Endoscopy | PREN1 | 1 | 22.00 | 22.00 | |
| Procedure, Operating | PROR1 | 1 | 38.00 | 38.00 | |
| Reception Control | CNRC1 | 1 | 9.00 | 9.00 | |
| Recovery, Stage 2 | RECV2 | 3 | 8.00 | 24.00 | |
| Scrub Alcove | ALSC1 | 2 | 3.00 | 6.00 | |
| Soiled Utility | UTSL2 | 1 | 9.00 | 9.00 | |
| Staff locker room | LKST1 | 2 | 14.00 | 28.00 | |
| Sub Waiting | WTSB1 | 1 | 8.00 | 8.00 | |
| Sub-Sterile Workroom | WRSS1 | 1 | 24.00 | 24.00 | |
| Supervisor | OFSP1 | 1 | 11.00 | 11.00 | |
| Toilet | TLPP1 | 1 | 5.00 | 5.00 | |
| Visiting physicians | OFSW2 | 1 | 14.00 | 14.00 | |

| | |
|--------------------------------|--------|
| Discipline Net Sq. Mts. | 308.00 |
| Net to Gross Conversion Factor | 1.35 |
| Discipline Gross Sq. Mts. | 415.80 |

Design Notes
Additional Services, HFPM Based Dietary (X08)

MISSION

Provide dietary services for patients, staff, and visitors.

HOURS OF OPERATION

Varies in support of both day and 24 hour clinical and hospital use.

STAFFING

The RRM allocates this module within Facility Support.

| Position | Planned | Daytime |
|--|----------------|----------------|
| RRM DEVIATIONS | | |
| Food Service Adjustment to reflect existing staffing | 11.00 | |
| TOTAL | 11 | |

CONCEPT OF OPERATION

HSP templates have not been generated for service level 2 or higher. The Health Facilities Planning Manual, HFPM, has been used to generate appropriate spaces based on the reported current service utilization.

ROOM/SUITE SPECIFIC ISSUES

Storage factor is based on 60 days.

Space Program
Additional Services, HFPM Based Dietary (X08)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|-----------------------------|-------|-----|--------|--------|---|
| *Dry food storage | STDF1 | 1 | 52.00 | 52.00 | reduced to 60 days of storage |
| *Non food storage | STNF1 | 1 | 30.00 | 30.00 | reduced to 60 days of storage |
| *Ref and frozen storage | STRF1 | 1 | 83.00 | 83.00 | reduced to 60 days of storage |
| Adjustment | | 10 | -5.74 | -57.40 | Conversion factor correction – HFPM net to gross calls for 1.20 |
| Cafeteria food service | SERV2 | 1 | 58.00 | 58.00 | |
| Clerk | OFOC1 | 1 | 9.30 | 9.30 | |
| Dietitian | OFTY1 | 1 | 9.30 | 9.30 | |
| Dining room | DING1 | 1 | 135.00 | 135.00 | |
| Dish and cart wash | WSDS1 | 1 | 19.00 | 19.00 | |
| Dish collection and storage | | 1 | 9.30 | 9.30 | |
| Food processing | KTFP1 | 1 | 70.00 | 70.00 | |
| Janitor | HSKP1 | 1 | 5.60 | 5.60 | |
| Patient tray service | SERV1 | 1 | 23.00 | 23.00 | |
| Pot washing | WSPT1 | 1 | 11.00 | 11.00 | |
| Receiving Area | RCMH1 | 1 | 13.00 | 13.00 | |
| Supervisor | OFSP1 | 1 | 11.00 | 11.00 | |
| Trey card prep | | 1 | 7.40 | 7.40 | |
| | | | | 488.50 | Discipline Net Sq. Mts. |
| | | | | 1.35 | Net to Gross Conversion Factor |
| | | | | 659.48 | Discipline Gross Sq. Mts. |

Design Notes
Additional Services, EMS / Air Ambulance (X09)

MISSION

The primary mission of the EMS department is to provide personnel to accompany leased ambulances, helicopters, and airplanes on emergency rescue missions, both in Nome and to the villages for air evacuation and also to remote accident sites. A secondary mission is to provide for the training of EMS personnel for the villages and for the Nome operation. A tertiary mission is to provide training to local groups like the school district, the police department, and city employees in first aid and CPR.

HOURS OF OPERATION

Both normal business day and on call 24 hour.

STAFFING

The RRM allocates this activity to a dedicated EMS module.

| Position | Planned | Daytime |
|-----------------------|----------------|----------------|
| EMT-B | 4.50 | |
| EMT-I/P | 4.50 | |
| Clerks | 1.00 | |
| Supervisor | 1.00 | |
| RRM DEVIATIONS | | |
| Adjustment | -1.00 | |
| TOTAL | 10 | |

CONCEPT OF OPERATION

The EMS department does not pilot aircraft or drive emergency vehicles. It provides the staff to plan for and execute emergency rescue operations, to handle air medical evacuation in emergencies and to teach life saving classes. 298 air ambulance transports were done in FY 02.

The ambulances used for Nome transport are owned by the City of Nome. One is maintained in the community fire hall; the second resides in the city fire hall across the street from the hospital. NSHC's EMT crews have office space in an adjacent building and plan and manage the service from there. Air ambulance service is contracted through private carriers at the airport using both commuter planes and a helicopter.

ROOM/SUITE SPECIFIC ISSUES

It provides space for an ambulance bay at the hospital, and personnel to operate the service.

Paramedics teach first aid and other classes in between flight calls.

Transport emergency patients from Nome International Airport to the hospital and vice versa.

Space Program
Additional Services, EMS / Air Ambulance (X09)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--------------------------------|-------|-----|-------|--------|-----------------------------|
| Communications room | | 1 | 6.00 | 6.00 | Communications room |
| Decontamination toilet/ shower | | 1 | 10.00 | 10.00 | Decon toilet |
| Emergency garage | | 1 | 41.00 | 41.00 | Drive-through ambulance bay |
| Office | OFTY1 | 3 | 9.00 | 27.00 | Office |
| Secretary | OFOR1 | 1 | 6.00 | 6.00 | Secretary |
| Storage | STEQ1 | 3 | 6.00 | 18.00 | EMS Storage |
| Supervisor office | OFSP1 | 1 | 11.00 | 11.00 | EMS Supervisor Office |
| Training room | | 2 | 22.00 | 44.00 | |
| Discipline Net Sq. Mts. | | | | 163.00 | |
| Net to Gross Conversion Factor | | | | 1.35 | |
| Discipline Gross Sq. Mts. | | | | 220.05 | |

Design Notes
Additional Services, Maternal Health (X12)

MISSION

Maternal and Child Health Services provides prenatal tracking, chart review, case management and education of all women pregnant in the region. Half of the children of the region are born to mothers under 20 with about 10 percent born to mothers under age 17.

HOURS OF OPERATION

Regular clinic hours.

STAFFING

The RRM allocates this module within Community Health.

| Position | Planned | Daytime |
|--|----------------|----------------|
| RRM DEVIATIONS | | |
| Maternal / Child Health existing staff | 2.00 | |
| TOTAL | 2 | |

CONCEPT OF OPERATION

Provide education and childbirth, women's health issues, such as STD, teen pregnancy, parenting, breast cancer, pap smears, birth control, healthy pregnancy and newborns.

Liaison work for Tubal pregnancies and all referred high-risk births and medicines.

ROOM/SUITE SPECIFIC ISSUES

A TV/Screening area is needed for video presentation.

Work in the MCH program is affected by other health issues.

Space Program
Additional Services, Maternal Health (X12)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--------------------------------|--------|-----|-------|-------|---------|
| Mid-Level Traveler | OFPR1 | 1 | 10.00 | 10.00 | |
| Nurse / Coordinator | OFTY1 | 1 | 9.00 | 9.00 | |
| Secretary | OFOC1 | 1 | 6.00 | 6.00 | |
| Storage / Files | STSF1 | 1 | 4.00 | 4.00 | |
| Sub Waiting | WTSTB1 | 1 | 8.00 | 8.00 | |
| Supervisor | OFSP1 | 1 | 11.00 | 11.00 | |
| Toilet | TLPP1 | 1 | 5.00 | 5.00 | |
| Discipline Net Sq. Mts. | | | | 53.00 | |
| Net to Gross Conversion Factor | | | | 1.35 | |
| Discipline Gross Sq. Mts. | | | | 71.55 | |

Design Notes
Additional Services, Nome Based Village Health Services (X15)

MISSION

Encourage self-sufficiency in the villages in the areas of counseling and prevention.

HOURS OF OPERATION

Regular business hours.

STAFFING

The RRM allocates this module within Ambulatory Clinics.

| Position | Planned | Daytime |
|--|----------------|----------------|
| RRM DEVIATIONS | | |
| Village Health Services- Nome Based existing staff | 7.00 | |
| TOTAL | 7 | |

CONCEPT OF OPERATION

Provide a counselor itinerant or resident in the village to assist individuals with coping skills in dealing with family issues, addiction problems, mental health and similar situations of stress.

Village-based counselors (VBCs) work as team with clinicians who visit the villages, provide village residents with information on mental health and substance abuse services, and make appropriate referrals. They provide prevention and wellness activities, case management, supportive counseling, and after-care services. VBC Supervisors, who are counselors themselves, participate in VBC operational and budget management.

Space Program
Additional Services, Nome Based Village Health Services (X15)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--------------------------------|-------|-----|-------|--------|------------------------------|
| Office, Open, Clerk | OFOC1 | 1 | 6.00 | 6.00 | Admin Assistant |
| Office, Shared Work | OFSW1 | 1 | 6.00 | 6.00 | Secretary |
| Office, Shared Work 2 | OFSW2 | 1 | 14.00 | 14.00 | Mid-Level / VSI |
| Office, Shared Work 2 | OFSW2 | 2 | 14.00 | 28.00 | Mid-Level / VSI Itinerate |
| Office, Supervisor | OFSP1 | 1 | 11.00 | 11.00 | VHS Director |
| Storage, Records2 | STRC1 | 2 | 9.00 | 18.00 | Records Storage |
| Discipline Net Sq. Mts. | | | | 83.00 | |
| Net to Gross Conversion Factor | | | | 1.35 | |
| Discipline Gross Sq. Mts. | | | | 112.05 | |

Additional Services, Nutrition for Women, Children, and Infants (X16)

MISSION

The IHS Woman/Infants/Children program provides nutrition, education, referral and food packages or vouchers for pregnant and post-partum mothers, infants and children, birth to 5 years of age. Manage and operate 15 village clinics and clinic staff throughout Bering Strait Region providing essential services to the communities NSHC serves.

HOURS OF OPERATION

Regular clinic hours.

STAFFING

No IHS staffing is allocated - **SPACE ONLY.**

| Position | Planned | Daytime |
|-----------------|----------------|----------------|
| | | |
| | | |
| | | |

CONCEPT OF OPERATION

This is a program that is an addition to the HSP standard program of services projected for the hospital.

The NUTRITION FOR WOMEN, CHILDREN, AND INFANTS Program provides a training facility for up to 10 children and mothers, using a kitchen area and child play area. Children are weighed, measured, have their hemoglobin levels checked. Literature and displays are provided. The staff publishes a quarterly newsletter on nutrition, participate in breastfeeding training and education, and increase communication between clients and related health departments. Staff travels to villages to enroll clients.

Space Program
Additional Services, Nutrition for Women, Children, and Infants (X16)

| Space Name | RFN | Qty | Area | Total | Remarks |
|--------------------------------|-------|-----|-------|--------|---------|
| | TLPP1 | 1 | 5.00 | 5.00 | |
| Breast Feeding | LGQU1 | 1 | 12.00 | 12.00 | |
| Exam | EXGM1 | 1 | 10.00 | 10.00 | |
| Manager | OFSP1 | 1 | 11.00 | 11.00 | |
| Play Area | CFFM1 | 1 | 11.00 | 11.00 | |
| Secretary / Reception | OFOR1 | 1 | 6.00 | 6.00 | |
| Shared Office | OFSW1 | 3 | 6.00 | 18.00 | |
| Storage and Files | STSF2 | 1 | 15.00 | 15.00 | |
| Discipline Net Sq. Mts. | | | | 88.00 | |
| Net to Gross Conversion Factor | | | | 1.35 | |
| Discipline Gross Sq. Mts. | | | | 118.80 | |

*Additional Services, Nome Based Component of Village Based Counseling (X17)***MISSION**

Manage and operate 15 village clinics and clinic staff throughout Bering Strait Region providing essential services to the communities NSHC serves.

HOURS OF OPERATION

Regular clinic hours.

STAFFING

The RRM allocates this module within Community Health.

| Position | Planned | Daytime |
|--|----------------|----------------|
| RRM DEVIATIONS | | |
| Village Based Counseling - Nome Based existing staff | 5.00 | |
| TOTAL | 5 | |

CONCEPT OF OPERATION

Their goals are retention of staff, quality control, recruitment, remote administration, and program oversight. This program operates dually as a Community Health Clinic and as Health Resources Services Administration (HRSA) for the villages.

Seven staff in Nome manages the entire NSHC clinic program. Medical staff at the hospital is responsible for oversight the village health care program. Staff travel 25% of their working time. They check clinics for pharmacy, supplies, and regulatory compliance. They check skill levels of the health aides. They do 'tape testing' to determine comprehension level for health aides applying for additional training through the Health Aide Training program in Nome. They do ETT (Emergency Technician Training) and they provide supplemental care to patients while they are in the villages.

Total staff in the Village Health Services (VHS) system was 101 in 2003, including 56 Health Aides and practitioners, 16 clinic travel clerks and 7 midlevel practitioners who work in the villages.

Space Program

Additional Services, Nome Based Component of Village Based Counseling (X17)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--------------------------------|------------|------------|-------------|--------------|----------------|
| Office | OFTY1 | 4 | 9.00 | 36.00 | |
| Secretary | OFOR1 | 1 | 6.00 | 6.00 | |
| Storage / Files | STSF1 | 1 | 4.00 | 4.00 | |
| Supervisor | OFSP1 | 1 | 11.00 | 11.00 | |
| Discipline Net Sq. Mts. | | | | 57.00 | |
| Net to Gross Conversion Factor | | | | 1.35 | |
| Discipline Gross Sq. Mts. | | | | 76.95 | |

MISSION

Provide basic morgue support and temporary body holding space.

HOURS OF OPERATION

Used as needed, not regularly staffed.

STAFFING

No staffing is allocated to this module.

| Position | Planned | Daytime |
|-----------------|----------------|----------------|
| | | |
| | | |
| TOTAL | 0 | |

CONCEPT OF OPERATION

There are no mortuary service providers in Nome; limited service support is provided by the hospital. This space provides support for the state coroner based in Anchorage along with temporary storage space and coordination support for family members for disposition of the deceased.

ROOM/SUITE SPECIFIC ISSUES

Allow for family participation in preparation and handling of the deceased.

Space Program
Additional Services, Body Holding (X18)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|----------------------|------------|------------|-------------|--------------------------------|----------------------------|
| Refrigerated Storage | | 1 | 14.00 | 14.00 | Body, Refrigerated Holding |
| Viewing Area | | 1 | 18.00 | 18.00 | |
| | | | | Discipline Net Sq. Mts. | 32.00 |
| | | | | Net to Gross Conversion Factor | 1.35 |
| | | | | Discipline Gross Sq. Mts. | 43.20 |

MISSION

This is an out-of-template department and will be sized to support its specific facility.

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.

HOURS OF OPERATION

Routine Outpatient Schedule w/possible after hour nursing staff access for inpatient facilities.

STAFFING

| Position | Planned | Daytime |
|---------------------------------------|----------------|----------------|
| ADMINISTRATION | | |
| Executive Staff | 4.15 | |
| Administrative Support Staff | 1.00 | |
| Clinical Director | 0.50 | |
| FININICAL MANAGEMENT | | |
| Finance Staff | 1.00 | |
| OFFICE SERVICES | | |
| Office Staff | 7.88 | |
| QUALITY MANAGEMENT | | |
| Performance Improvement Staff | 1.49 | |
| Clerical Support | 0.33 | |
| INTERPRETERS | | |
| Interpreter | 0.20 | |
| DRIVERS | | |
| Driver | 2.84 | |
| RRM DEVIATIONS | | |
| Clinical Director Staffing Adjustment | 0.50 | |
| Personnel Office | 6.30 | |
| Finance Staffing Adjustment | 6.30 | |
| Administration Staffing Adjustment | 3.19 | |
| Adjustment to Drivers | -1.34 | |
| TOTAL | 35 | |

CONCEPT OF OPERATION

The Administration Unit personnel are responsible for managing the fiscal, human, and physical resources allocated to the proposed facility by the Indian Health Service. Functions include hospital and nursing administration, fiscal management, personnel, training, mail, quality assurance and safety.

ADJACENCY PARAMETERS

- 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.

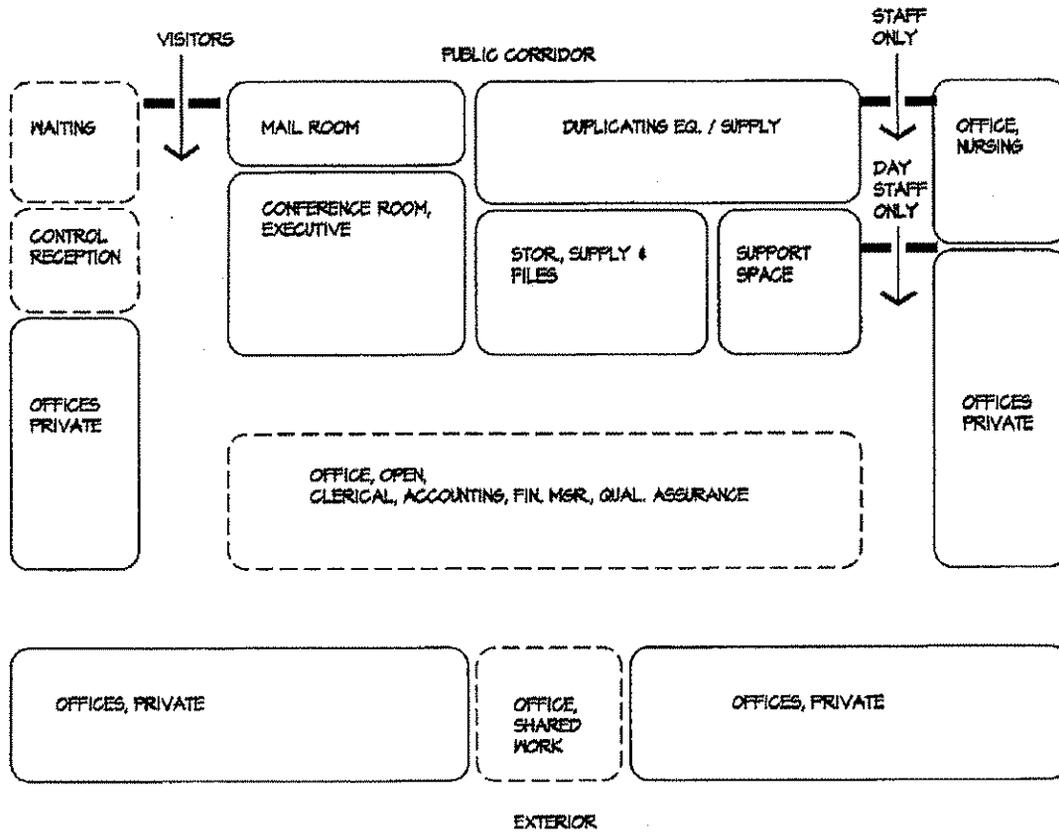
Exterior windows will be provided to the majority of the enclosed offices.

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

At facilities authorized an Administrative Conference Room, its entrance should be designed to minimize interruption of the office suite.

At Acute Care Nursing facilities, a secondary night/staff entrance for the floor nurse is beneficial.

Function Sketch Administration (AD)



Space Program
Administration (AD)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--------------------------------|-------|-----|-------|--------|--------------------------------|
| ACCOUNTANT | OFOC1 | 3 | 6.00 | 18.00 | |
| ADMINISTRATIVE ASSISTANT | OFOC1 | 3 | 6.00 | 18.00 | |
| ADMINISTRATIVE OFFICER | OFTY1 | 1 | 9.00 | 9.00 | |
| ALCOVE STAFF LOUNGE | ALLG1 | 1 | 3.00 | 3.00 | |
| ASST. DIRECTOR OF NURSING | OFTY1 | 1 | 9.00 | 9.00 | |
| AUDIT CLERK | OFOC1 | 1 | 6.00 | 6.00 | |
| BOOKKEEPER | OFOC1 | 1 | 6.00 | 6.00 | |
| BUDGET ANALYST | OFOC1 | 1 | 6.00 | 6.00 | |
| CLERK, QUALITY ASSURANCE | OFOC1 | 2 | 6.00 | 12.00 | |
| CLINICAL DIRECTOR | OFSP1 | 1 | 11.00 | 11.00 | |
| CONFERENCE ROOM | CFEX1 | 1 | 28.00 | 28.00 | |
| DIRECTOR OF NURSING | OFSP1 | 1 | 11.00 | 11.00 | |
| DIRECTOR OF PERSONNEL | OFTY1 | 1 | 9.00 | 9.00 | |
| DUPLICATING EQUIPMENT & SUPPLY | WRCP1 | 1 | 11.00 | 11.00 | |
| EMPLOYEE HEALTH CLERK | OFOC1 | 1 | 6.00 | 6.00 | |
| EMPLOYEE HEALTH SUPERVISOR | OFTY1 | 2 | 9.00 | 18.00 | |
| FILING CLERK | OFOC1 | 1 | 6.00 | 6.00 | |
| FINANCIAL MANAGER | OFTY1 | 1 | 9.00 | 9.00 | |
| MAILROOM | MLRM1 | 1 | 10.00 | 10.00 | |
| NURSE EDUCATOR | OFOC1 | 1 | 6.00 | 6.00 | |
| NURSING QUALITY ASSURANCE | OFTY1 | 6 | 9.00 | 54.00 | |
| OFFICE, SHARED WORK | OFSW1 | 1 | 6.00 | 6.00 | |
| PERSONNEL CLERK | OFOC1 | 1 | 6.00 | 6.00 | |
| RECEPTIONIST | CNRC1 | 4 | 9.00 | 36.00 | |
| SECRETARY/CLERK | OFOC1 | 1 | 6.00 | 6.00 | |
| SERVICE UNIT DIRECTOR | OFEX1 | 1 | 17.00 | 17.00 | |
| TOILET, STAFF | TLPS1 | 2 | 5.00 | 10.00 | |
| UNIT SUPPLY & FILING | STSF1 | 7 | 4.00 | 28.00 | |
| WAITING AREA | WTGN1 | 1 | 8.00 | 8.00 | |
| | | | | 383.00 | Discipline Net Sq. Mts. |
| | | | | 1.40 | Net to Gross Conversion Factor |
| | | | | 536.20 | Discipline Gross Sq. Mts. |

Design Notes
Administration, Business Office (BO)

MISSION

This is an out-of-template department and will be sized to support its specific facility.

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.

HOURS OF OPERATION

Routine outpatient schedule

STAFFING

| Position | Planned | Daytime |
|--|----------------|----------------|
| Business Manager | 1.00 | |
| Patient Registration Technician | 2.46 | |
| Benefit Coordinator | 2.31 | |
| Billing Clerk | 2.47 | |
| RRM DEVIATIONS | | |
| Business Office Staffing Adjustment to reflect existing levels | 11.40 | |
| | | |
| TOTAL | 19 | |

CONCEPT OF OPERATION

The Business Office Unit is responsible for registering and admitting patients, for helping patients determine their eligibility for Medicare, Medicaid and private insurance benefits, and for processing claims (billing and collection). Registration information is updated every time a patient presents for service. Business Office Unit personnel interview each patient arriving at the facility and, using computer terminals, update the patient registration data in the Resource Patient Management System (RPMS). In some situations, a representative of the patient may provide the updated information on behalf of the patient. The hours of operation for the Business Office Unit are the same as for patient care delivery at the facility (i.e., if a patients are provided care 24 hours a day, the Business Office Unit will be open 24 hours a day).

The Indian Health Service Business Office Unit uses a decentralized patient registration system in which patients who make appointments with a specific department or clinic, report directly to it when they arrive at the facility. Clinic staff or Business Office Unit personnel at this point of contact will update the patient medical record in the RPMS.

Patients who do not have a patient record on file are seen first at the Business Office, where 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. The Health Benefits Coordinator helps patients determine the extent of their eligibility for Medicare, Medicaid, and other benefits. After patients are seen in the Business Office Unit, they are directed to the appropriate clinic or health care provider. The Health Information Management Unit is asked, via computer message, to retrieve the patient chart and deliver it to the appropriate outpatient unit.

Patients who are scheduled to be admitted to the hospital are pre-registered. Upon arriving at the facility for admittance, all pre-registered patients are directed to the appropriate inpatient unit from the Admitting Section of the Business Office Unit.

Non-emergency patients, who require hospitalization and who have not been pre-registered, are registered at the Business Office Unit prior to admission. In some situations, registration information is obtained through interviews with family members. During the registration process, admitting personnel obtain information to update demographic and alternative resource information; determine the patient's eligibility for private insurance benefits and Medicare/Medicaid assistance; and, if appropriate, refer the patient to a Health Benefits Coordinator. The information obtained is entered by the Admitting Section into the RPMS. Notice of the patient's admission to the hospital is provided by the Business Office Unit staff to the private insurer and/or the agency that reviews Medicare and Medicaid eligibility. The Health Benefits Coordinator obtains information required to bill private insurance and/or Medicare and Medicaid.

Upon the patient's discharge from the outpatient or inpatient unit, information on services and medication provided during the visit is coded by the Health Information Management Unit on the Patient Care Component (PCC) form, which is sent to claims processing in Patient Accounts and Billing. 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.

ADJACENCY PARAMETERS

Required: Ambulatory Care Entrance (Outpatient Facility), Enroute to Inpatient departments (Inpatient Facilities).
Desirable: Ambulatory Care, Pharmacy, Emergency Room
Beneficial: Health Information Management, Administration

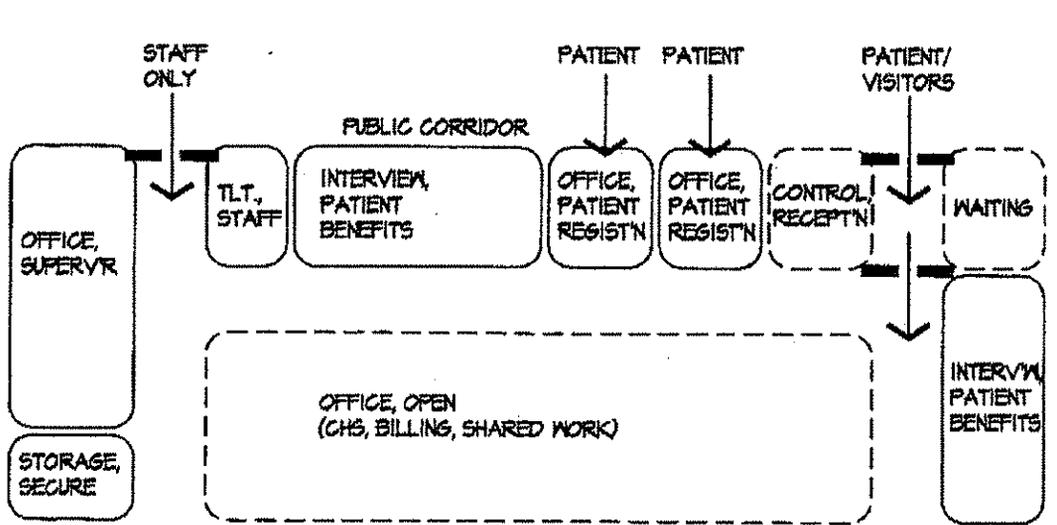
ROOM/SUITE SPECIFIC ISSUES

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

Function Sketch
Administration, Business Office (BO)



Space Program
Administration, Business Office (BO)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|---------------------------------------|-------|-----|-------|-------|---------|
| ALCOVE, STAFF LOUNGE | ALLG1 | 1 | 3.00 | 3.00 | |
| BUSINESS MANAGER | OFSP1 | 1 | 11.00 | 11.00 | |
| CLERK/TYPIST - SECRETARY | OFOC1 | 2 | 6.00 | 12.00 | |
| CONTRACT HEALTH CLERK | OFOC1 | 4 | 6.00 | 24.00 | |
| DUPLICATING EQUIPMENT AND SUPPLY | ALCP1 | 1 | 4.00 | 4.00 | |
| OFFICE, SHARED WORK | OFSW1 | 1 | 6.00 | 6.00 | |
| PATIENT ACCOUNTS AND BILLING | OFOC1 | 8 | 6.00 | 48.00 | |
| PATIENT ADMITTING | OFIN1 | 1 | 7.00 | 7.00 | |
| PATIENT REGISTRATION AND INTERVIEW | OFIN1 | 1 | 7.00 | 7.00 | |
| SUPERVISOR, CONTRACT HEALTH | OFSP1 | 1 | 11.00 | 11.00 | |
| TOILET, STAFF | TLPS1 | 1 | 5.00 | 5.00 | |
| UNIT SUPPLY AND FILING | STSF1 | 5 | 4.00 | 20.00 | |
| WAITING | WTGN1 | 1 | 8.00 | 8.00 | |

| | |
|--------------------------------|--------|
| Discipline Net Sq. Mts. | 166.00 |
| Net to Gross Conversion Factor | 1.40 |
| Discipline Gross Sq. Mts. | 232.40 |

Design Notes
Administration, Health Information Management (HIM)

MISSION

This is an out-of-template department and will be sized to support its specific facility.

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.

HOURS OF OPERATION

24 hours if a 24 hour facility.

STAFFING

The RRM allocates this module within Ancillary Services.

| Position | Planned | Daytime |
|------------------------------------|----------------|----------------|
| Asst Medical Records Administrator | 1.00 | |
| Medical Records Technician | 5.42 | |
| Medical Records Technician (CHA/P) | 0.92 | |
| PCC Supervisor | 0.98 | |
| PCC Data Entry Personnel | 3.92 | |
| PCC Data Entry Personnel (CHA/P) | 2.31 | |
| Coder | 3.46 | |
| Medical Runner | 0.44 | |
| | | |
| TOTAL | 18 | |

CONCEPT OF OPERATION

The Health Information Management Unit is responsible for assembling, collecting, completing, analyzing, ensuring availability, and safekeeping of patient records (also called charts) 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.

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 the IHS 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 paper 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; and,
- Classify patient records in accordance with the International Classification of Diseases.

It is desirable and feasible at small health centers for Health Information Management and the Outpatient Pharmacy to share a wall to facilitate transfer of patient records between these units.

Inactive records are stored in the same location as active records. All 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 locked at all times when medical records staff are not on duty.

ADJACENCY PARAMETERS

Desirable: Primary Care, Pharmacy
Beneficial: Dental, Emergency Room

ROOM/SUITE SPECIFIC ISSUES

The 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 records. The patient's medical record is retrieved from the records storage area for each encounter. 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.

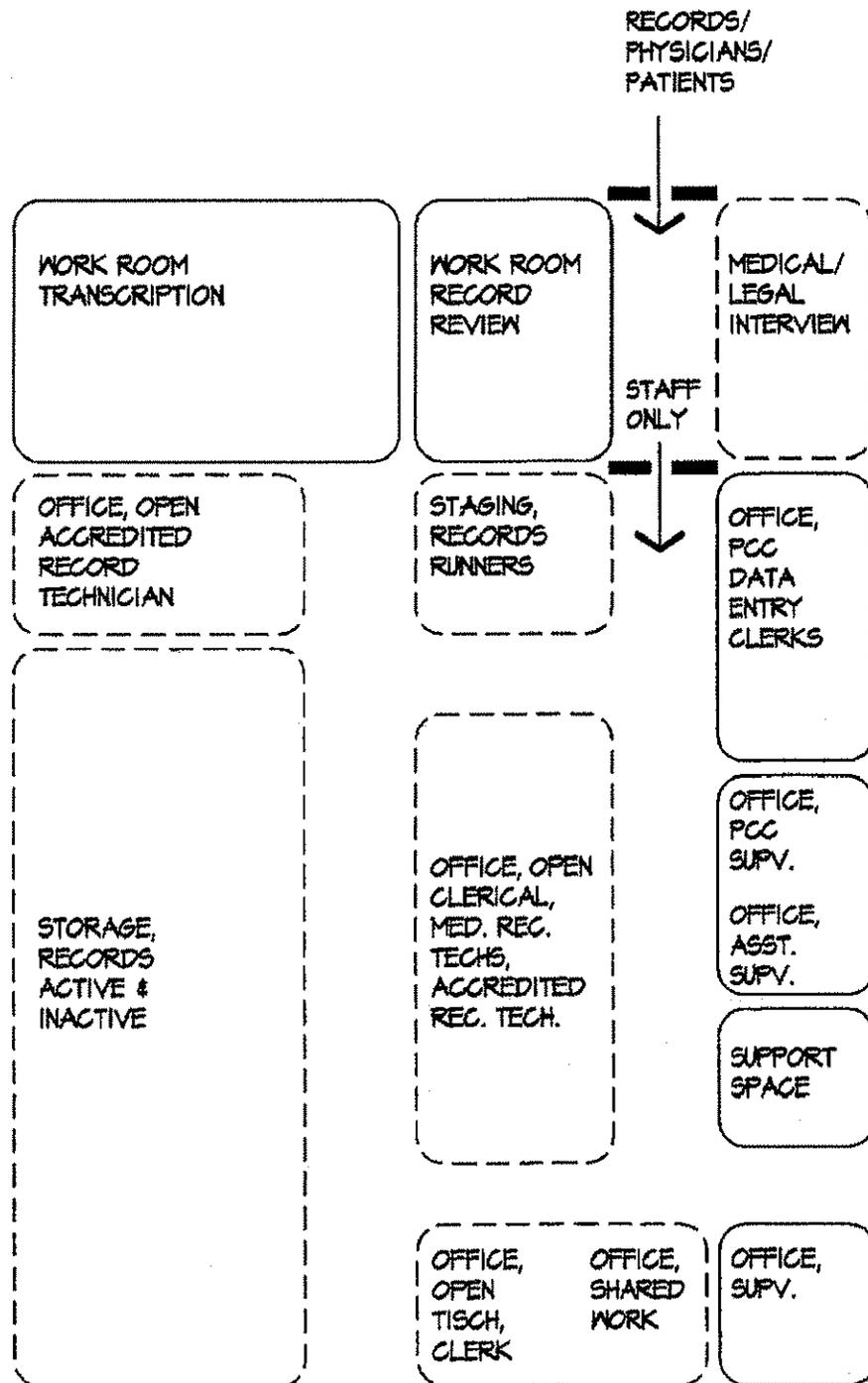
The Physician Record Study area is for clinical providers to complete or review records for research or other studies. The dictated information is transcribed, and the reports become part of the patient's permanent record.

The Physician Record Study area should be an enclosed room with individual cubicles for dictating and for reviewing medical records. It should be located 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.

The Work Space area is for medical records unit staff to analyze and assemble records. Specific tasks occurring in the Work Space include preparing and processing patient records for clinics, analyzing records for accreditation, discharge analysis, diagnosis coding, preparation of birth and death certificates, chart re-filing and sorting, and Patient Care Component data entry.

Function Sketch
Administration, Health Information Management (HIM)



Space Program
Administration, Health Information Management (HIM)

| Space Name | RFN | Qty | Area | Total | Remarks |
|-------------------------------------|-------|-----|-------|-------|---------|
| ALCOVE, STAFF LOUNGE | ALLG1 | 1 | 3.00 | 3.00 | |
| ASST MEDICAL RECORDS ADMINISTRATOR | OFTY1 | 1 | 9.00 | 9.00 | |
| CHIEF MEDICAL RECORDS ADMINISTRATOR | OFSP1 | 1 | 11.00 | 11.00 | |
| DICTATION EQUIPMENT | ALDE1 | 1 | 3.00 | 3.00 | |
| DUPLICATING EQUIPMENT & SUPPLY | ALCP1 | 1 | 4.00 | 4.00 | |
| INACTIVE RECORDS | STRC1 | 4 | 2.00 | 8.00 | |
| MEDICAL LEGAL INTERVIEW | WRMI1 | 1 | 11.00 | 11.00 | |
| MEDICAL RECORDS CLERK | OFOC1 | 6 | 6.00 | 36.00 | |
| OFFICE, SHARED WORK | OFSW1 | 1 | 6.00 | 6.00 | |
| PHYSICIAN RECORD STUDY | WRRR1 | 1 | 11.00 | 11.00 | |
| RECORD CONTROL AREA | OFCR1 | 2 | 3.00 | 6.00 | |
| RECORD STORAGE | STRC1 | 4 | 9.00 | 36.00 | |
| TOILET, STAFF | TLPS1 | 1 | 5.00 | 5.00 | |
| TRANSCRIPTION | OFOC1 | 6 | 6.00 | 36.00 | |
| UNIT SUPPLY & FILING | STSF1 | 3 | 4.00 | 12.00 | |

| | |
|--------------------------------|--------|
| Discipline Net Sq. Mts. | 197.00 |
| Net to Gross Conversion Factor | 1.25 |
| Discipline Gross Sq. Mts. | 246.25 |

Design Notes
Administration, Information Management (IM)

MISSION

This is an out-of-template department and will be sized to support its specific facility.

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.

HOURS OF OPERATION

Routine outpatient schedule with on-call personnel for 24-hour facilities.

STAFFING

| Position | Planned | Daytime |
|--|----------------|----------------|
| Computer Programmer / Analyst (RPMS/MIS) | 2.48 | |
| RRM DEVIATIONS | | |
| Information Systems staff | 7.90 | |
| | | |
| TOTAL | 10 | |

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 by the Indian Health Service.

ADJACENCY PARAMETERS

Required: Telecommunication Room
Desirable: Central to facility
Beneficial: Business Office, Administration

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.

The entire facility will be designed to allow hookup of remote computer workstations to the central processor in the computer room. The Laboratory, Health Information Management, Pharmacy, Ambulatory Care Clinics, and all Inpatient Nursing Units will be ready for hookup when the facility is complete. The architect 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.

If authorized the Switchboard Workroom should be accessed via the building corridor and not the office suite.

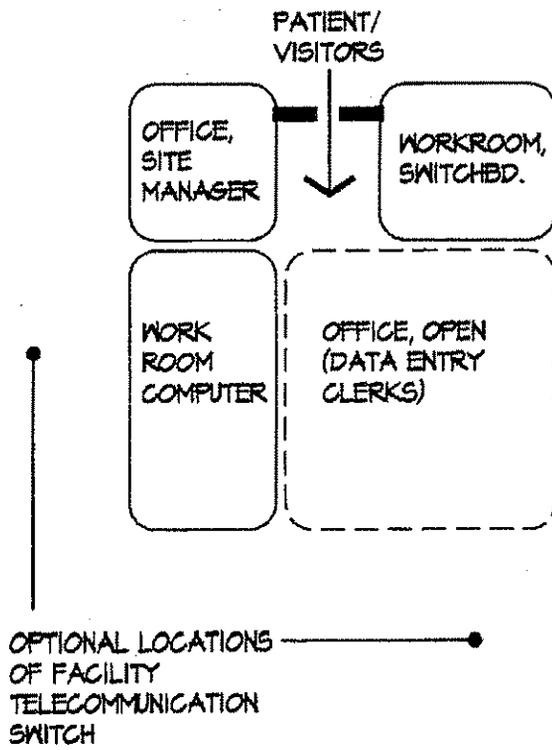
Staff work stations will not reside in the computer room.

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

Function Sketch

Administration, Information Management (IM)

BUILDING CORRIDOR



Space Program
Administration, Information Management (IM)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--------------------------|-------|-----|-------|-------|---------|
| ALCOVE, STAFF LOUNGE | ALLG1 | 1 | 3.00 | 3.00 | |
| ASST MANAGER | OFOC1 | 1 | 6.00 | 6.00 | |
| LAN TECHNICIAN | OFOC1 | 2 | 6.00 | 12.00 | |
| OFFICE, SHARED WORK | OFSW1 | 1 | 6.00 | 6.00 | |
| RPMS TECHNICIAN | OFOC1 | 4 | 6.00 | 24.00 | |
| SITE MANAGER | OFTY1 | 1 | 9.00 | 9.00 | |
| SOFTWARE TECHNICIAN | OFOC1 | 4 | 6.00 | 24.00 | |
| STORAGE, EQUIPMENT | STEQ1 | 3 | 6.00 | 18.00 | |
| TOILET, STAFF | TLPS1 | 1 | 5.00 | 5.00 | |
| UNIT SUPPLY & FILING | STUS1 | 3 | 4.00 | 12.00 | |
| WORKROOM, COMPUTER | WRCM1 | 1 | 18.00 | 18.00 | |
| WORKROOM, SWITCHBOARD | WRSR1 | 1 | 11.00 | 11.00 | |

| | |
|--------------------------------|--------|
| Discipline Net Sq. Mts. | 148.00 |
| Net to Gross Conversion Factor | 1.20 |
| Discipline Gross Sq. Mts. | 177.60 |

MISSION

Projected Annual Workload Capacity: (610-3095) Audiology Visits

HOURS OF OPERATION

Routine outpatient schedule.

STAFFING

| Position | Planned | Daytime |
|---|----------|----------|
| Audiologist | 1.27 | 1.27 |
| Audiometric Technician | 0.27 | 0.27 |
| Clerical Support (<i>shared clerical pool - PT, Audiology & Eye Care</i>) | | |
| RRM DEVIATIONS | | |
| Audiologist Adjustment based on existing staffing levels | 1.00 | 1.00 |
| | | |
| TOTAL | 3 | 3 |

CONCEPT OF OPERATION

This template provides for a broad range of Audiology services delivered by an Audiologist with-or-without technician support. Patient flow follows a small clinic model, with the technician work area controlling the waiting room and the exam/procedure area.

ADJACENCY PARAMETERS

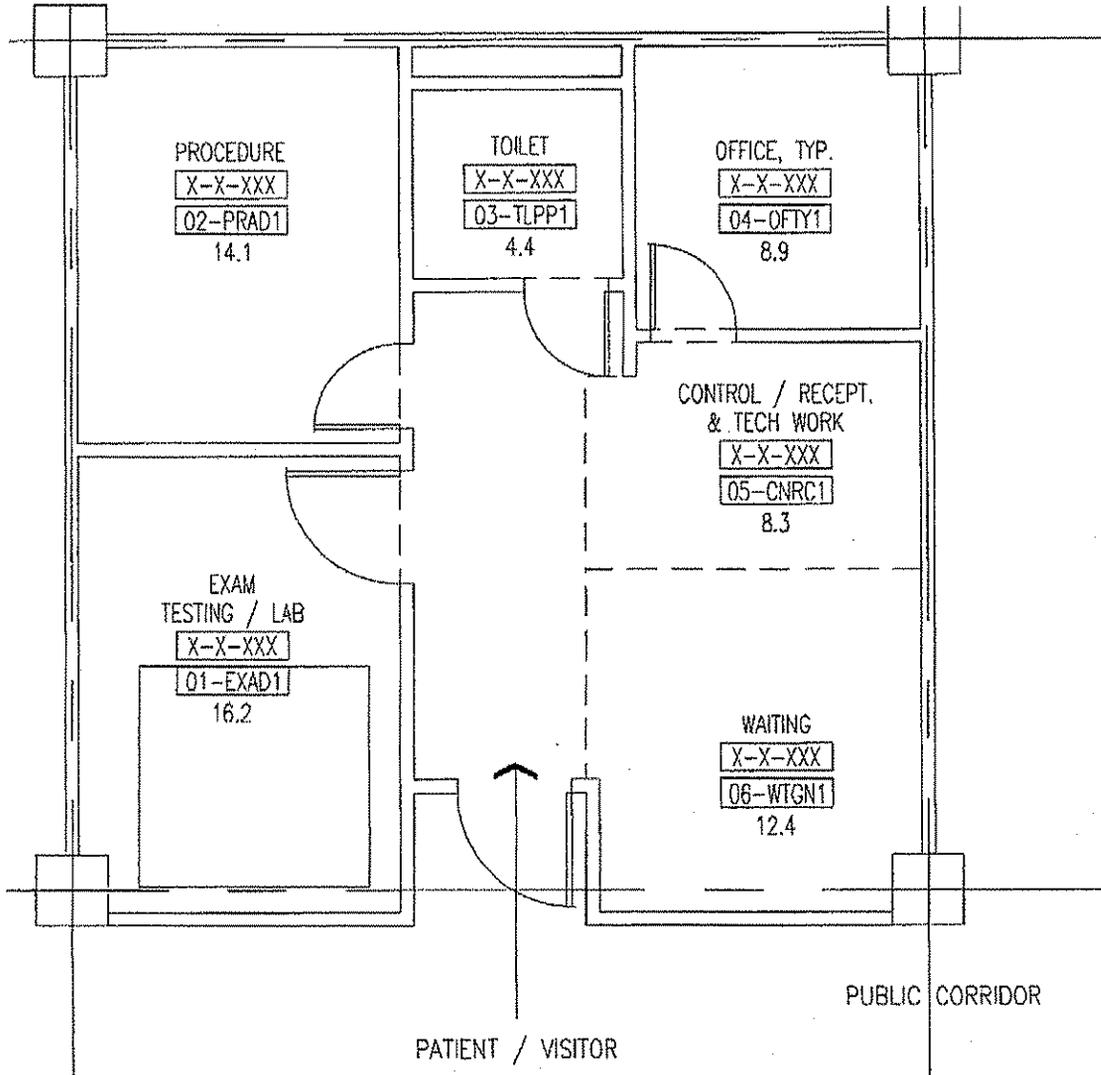
- Required: Public Toilets
- Desirable: Health Information Management
- Beneficial: Ambulatory Care Clinics

ROOM/SUITE SPECIFIC ISSUES

This department does not anticipate growth.

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, Employee Facilities, Drinking Fountain, general administrative/business spaces and functions, and Soiled Holding. Application of this template must assure the appropriate spaces are accounted for in adequate proximity.

Function Sketch
Ambulatory, Audiology, SL2 (AU2)



Space Program
Ambulatory, Audiology, SL2 (AU2)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|----------------------------------|----------------|--------|---------------|---------------|---------|
| CONTROL / RECEPT. & TECH WORK | CNRC1 | 1 | 8.30 | 8.30 | |
| OFFICE EXAM TESTING / LAB | EXAD1 | 1 | 16.20 | 16.20 | |
| OFFICE, TYP. PROCEDURE | OFTY1 PRAD1 | 1 1 | 8.90 14.10 | 8.90 14.10 | |
| TOILET | TLPP1 | 1 | 4.40 | 4.40 | |
| WAITING | WTGN1 | 1 | 12.40 | 12.40 | |
| Discipline Net Sq. Mts. | | | | 64.30 | |
| Discipline Gross Sq. Mts. | | | | 81.00 | |

Design Notes
Ambulatory, Dental Care, 15 Chair (DCC15)

MISSION

To provide primary, and preventive dental care in a community based clinic setting with the capacity to provide between (576001-600000) dental service minutes.

HOURS OF OPERATION

Routine outpatient schedule.

STAFFING

| Position | Planned | Daytime |
|---|----------------|----------------|
| Dentist | 12.57 | |
| Dental Assistant | 25.13 | |
| Dental Hygienist | 3.14 | |
| Clerical Support | 3.77 | |
| <i>RRM Adjustment to reflect village based workload</i> | | |
| Dentist | -4.28 | |
| Dental Assistant | -8.55 | |
| Dental Hygienist | -1.07 | |
| Clerical Support | -1.28 | |
| TOTAL | 30 | |

CONCEPT OF OPERATION

Patient Flow: The primary movement of patients to treatment areas will be through a widened central corridor leading from Waiting to the required exterior wall.

Dental Care is provided by a Care team consisting of a dentist and two technicians. This team typically works two dental chairs. A hygienist typical supports 2 or 3 Care Teams.

The Darkroom will be used to accommodate digital radiography equipment.

Material Processing: Soiled materials are sorted and held at Soiled Utility rooms. Final cleaning and sterilization occur at Sterile Workrooms. Small capacity ultrasonic cleaners and autoclaves are provided in the Soiled Utility/Cleanup rooms for stat processing of individual instruments.

Records Distribution: Chart Distribution alcoves are provided as holding points for completed charts awaiting data processing input.

ADJACENCY PARAMETERS

- Required: Public Toilets
- Desirable: Education & Training, Health Information Management
- Beneficial: Pharmacy, Laboratory

ROOM/SUITE SPECIFIC ISSUES

All operatories as planned can function as rear delivery (either attached at head of chair or from 12 o'clock column, over the patient, or side delivery—a local development option.

The number or ratio of enclosed to open operatories should be discussed early in the schematic design phase to properly consider the local specialty care situation.

Orthodontic and panoramic x-ray functions are consolidated in one centralized location featuring equipment with dual panographic/cephlometric capabilities. The darkroom is provided adjacent to the pano/ceph room.

The Sterilization Suite requires room separation of clean and dirty functions. No door should exist between the rooms.

The provision of daylight to dental operatories is a high priority. Where exterior exposure is not practical the layout of the template will be predicated on encouraging "borrowed light" through the exterior wall operatories into the corridor and open operatories beyond. If the indicated Open Operatories are converted to Enclosed, glazed partitions should be used as much as possible to preserve the "borrowed light" concept.

If this template is mirrored/reversed, the Operatories (Open and Enclosed) must be re-aligned to maintain the original right-hand layout.

Space Program
Ambulatory, Dental Care, 15 Chair (DCC15)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|------------------------------|-------|-----|-------|--------|---------|
| ALCOVE CHARTS | ALCH1 | 2 | 1.00 | 2.00 | |
| ALCOVE, SUPPLY STORAGE | ALSS1 | 2 | 1.80 | 3.60 | |
| CONFERENCE FAMILY | CFFD1 | 1 | 9.00 | 9.00 | |
| CONTROL, RECEPTION | CNRC1 | 1 | 19.50 | 19.50 | |
| EMPLOYEE LOUNGE | LGST1 | 1 | 11.00 | 11.00 | |
| FILM PROCESSING | FPDN1 | 1 | 6.00 | 6.00 | |
| HOUSEKEEPING | HSKP1 | 1 | 3.80 | 3.80 | |
| LAB, DENTAL | LBDN1 | | | | |
| LAB, DENTAL | LBDN2 | | | | |
| LAB, DENTAL | LBDN3 | 1 | 20.00 | 20.00 | |
| LAB, DENTAL | LBDN4 | | | | |
| LOCKERS | LKST1 | 2 | 19.00 | 38.00 | |
| OFFICE, OPEN | OFOC1 | 6 | 6.00 | 36.00 | |
| OFFICE, SUPERVISOR | OFSP1 | 1 | 11.00 | 11.00 | |
| OFFICE, TYPICAL | OFTY1 | 2 | 9.00 | 18.00 | |
| PAN / CEPH | PRPC1 | 2 | 6.00 | 12.00 | |
| PROCEDURE, DENTAL, CLOSED | PRDC1 | 5 | 12.00 | 60.00 | |
| PROCEDURE, DENTAL, OPEN | PRDO1 | 10 | 11.00 | 110.00 | |
| TOILET, PATIENT | TLPP1 | 2 | 5.00 | 10.00 | |
| TOILET, STAFF | TLPS1 | 2 | 5.00 | 10.00 | |
| UNIT SUPPLY | STUS1 | 3 | 3.00 | 9.00 | |
| UTILITY, SOILED | DCDN1 | 1 | 11.00 | 11.00 | |
| WAITING, GENERAL | WTGN1 | 1 | 51.20 | 51.20 | |
| WORKROOM, STERILE | WRSD1 | | | | |
| WORKROOM, STERILE | WRSD2 | 1 | 26.00 | 26.00 | |

| | |
|---------------------------|--------|
| Discipline Net Sq. Mts. | 477.10 |
| Discipline Gross Sq. Mts. | 716.00 |

MISSION

Projected Annual Workload Capacity: (3000-5440) Emergency Room Visits

HOURS OF OPERATION

24 hours

STAFFING

| Position | Planned | Daytime |
|------------------------|----------|---------|
| ER / After Hours Staff | 2.89 | |
| ER RN Supervisor | 1.00 | |
| ER Medical Clerks | 1.45 | |
| RNs, ER | 3.47 | |
| TOTAL | 9 | |

CONCEPT OF OPERATION

The Level 3 ER revolves the efficient work and control of the area by the single nurse staffing the area. The Nurse Control room must oversee the entry, waiting, and the patient care area, while serving as the reception, triage, nurse station, and ambulance radio functions.

A door bell should be provided at Nurse Control to notify the staff a new patient has entered the ER.

Private access to the building corridor system allows transport of admitted patients without interaction with the ER Waiting Room.

Direct connection to the Primary Care department allows sharing of support space, overflow space and immediate access for physicians during the clinics normal operation.

ADJACENCY PARAMETERS

- Required: Primary Care
- Desirable: Laboratory, Diagnostic Imaging
- Beneficial: Labor / Delivery / Nursery

ROOM/SUITE SPECIFIC ISSUES

During the lifetime of this facility, this department’s growth is likely. Soft space should be planned adjacent to the Emergency Department to permit future growth.

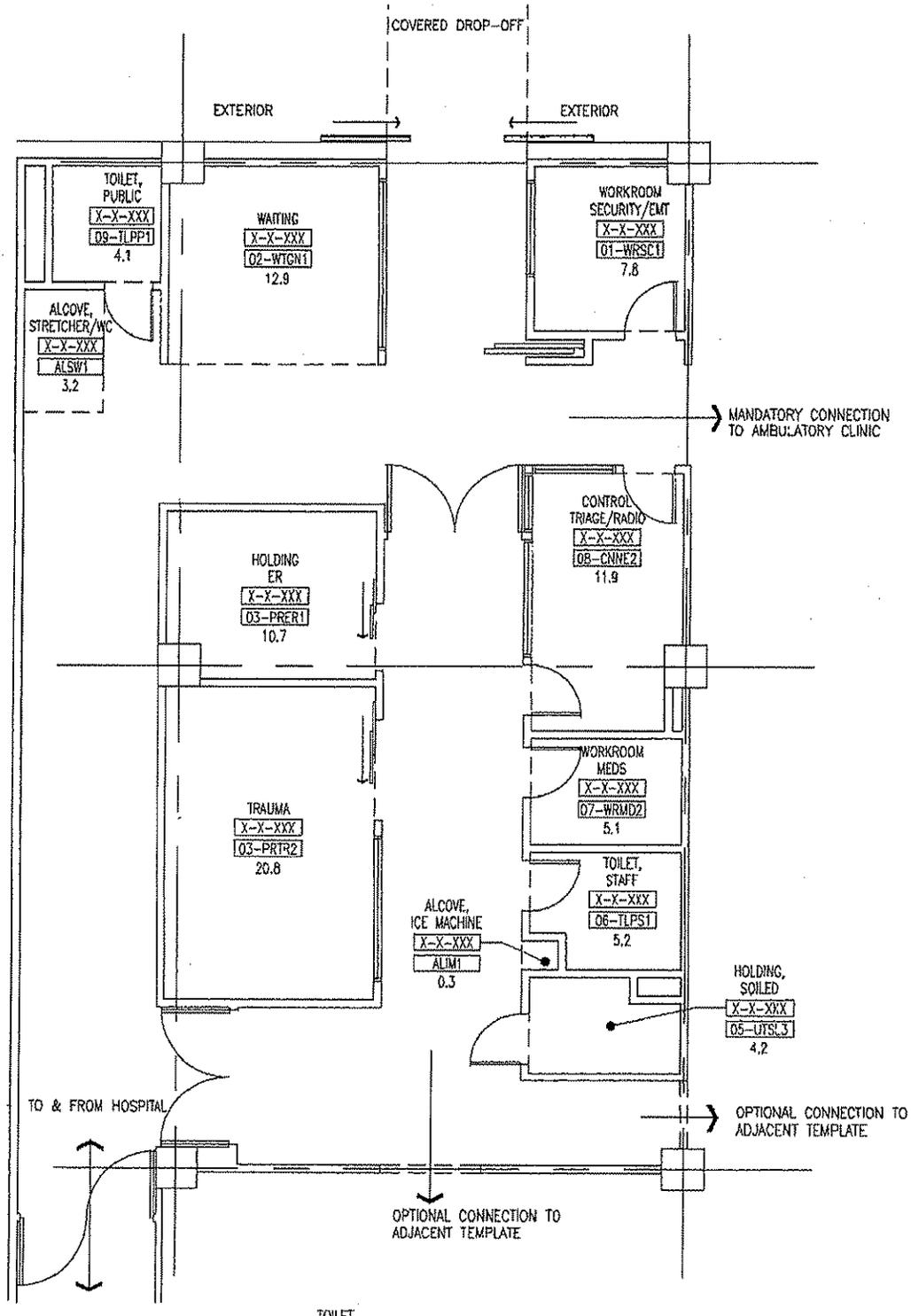
The Security Room is the central location for facility security. If project appropriate, central monitoring will be provided.

Schematic Design should evaluate the exterior entry provisions for site specific sufficiency and develop responses “out-of-template” for special/severe climate conditions.

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.

Functional Sketch Ambulatory, Emergency (ER2)



Space Program
Ambulatory, Emergency (ER2)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|-----------------------|-------|-----|-------|-------|---------|
| ALCOVE, ICE MACHINE | ALIM1 | 1 | 0.30 | 0.30 | |
| ALCOVE, STRETCHER/WC | ALSW1 | 1 | 3.20 | 3.20 | |
| CONTROL TRIAGE/RADIO | CNNE2 | 1 | 11.90 | 11.90 | |
| HOLDING ER | PRER1 | 1 | 10.70 | 10.70 | |
| HOLDING, SOILED | UTSL3 | 1 | 4.20 | 4.20 | |
| PROCEDURE, ER | PRER1 | 2 | 10.40 | 20.80 | |
| TOILET, PUBLIC | TLPP1 | 1 | 4.10 | 4.10 | |
| TOILET, STAFF | TLPS1 | 1 | 5.20 | 5.20 | |
| WAITING | WTGN1 | 1 | 12.90 | 12.90 | |
| WORKROOM MEDS | WRMD2 | 1 | 5.10 | 5.10 | |
| WORKROOM SECURITY/EMT | WRSC1 | 1 | 7.80 | 7.80 | |

| | |
|---------------------------|--------|
| Discipline Net Sq. Mts. | 86.20 |
| Discipline Gross Sq. Mts. | 219.00 |

Design Notes
Ambulatory, Eye Care (EC2)

MISSION

Projected Annual Workload Capacity: (3013-5020) Primary Eye Care Visits

HOURS OF OPERATION

Routine outpatient schedule, with controlled off-schedule access to optical dispensing.

STAFFING

| Position | Planned | Daytime |
|---|----------|---------|
| Optometrist | 2.03 | |
| Optometric Assistant | 1.75 | |
| Optometric Technician | 1.75 | |
| Clerical Support (<i>shared clerical pool - PT, Audiology & Eye Care</i>) | 0.74 | |
| TOTAL | 7 | |

CONCEPT OF OPERATION

Optical Dispensing: This area is designed to accommodate frame selection and fitting/adjustment/repair only. Lens grinding, edging, and mounting will occur off-site.

Optometry Clinic: The design of this department emphasizes flexibility for examination room use. Most patient diagnostic and treatment rooms and practitioner offices are of a size, proportion, and adjacency to be used as/adapted to refraction lanes.

ADJACENCY PARAMETERS

Required: Controlled off-hours entrance

Desirable: Health Information Management, Pharmacy, Public Toilets, Primary Care

Beneficial: Diagnostic Imaging (film processing), Laboratory

ROOM/SUITE SPECIFIC ISSUES

The Supervisor's Office and Exam Visual Fields/Exam Fundus are designed to allow future conversion to Exam Room use. Development of those rooms should include utility rough-in provisions which facilitate future equipment and furnishing layout identical to Exam Refraction rooms.

Waiting - supports both clinic function and optical dispensing. Design development should include provision of locks on all Waiting room doors and a security gate at the reception window to allow controlled use of waiting for off-hour dispensing services.

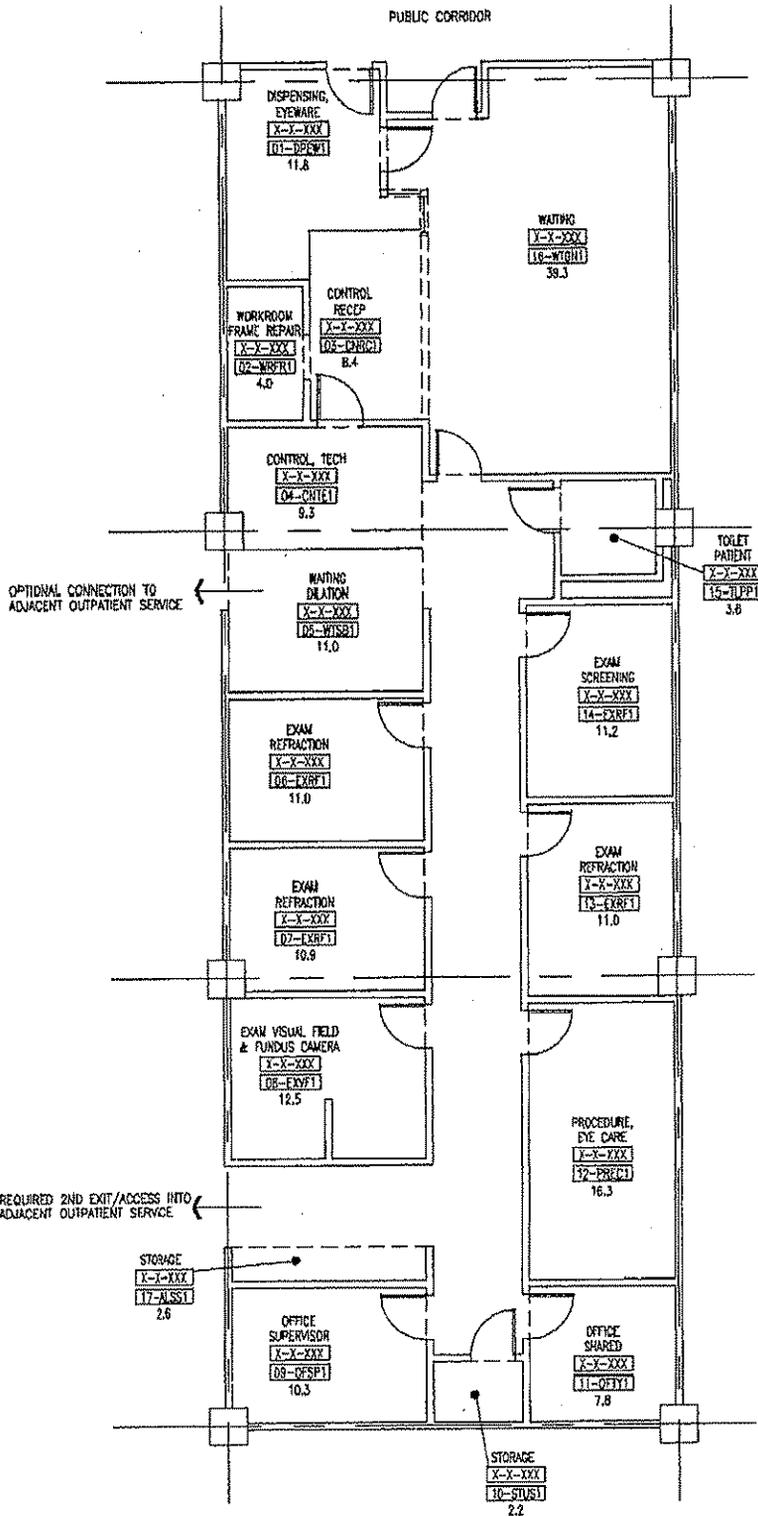
Procedure Room - serves multiple functions including eye exam, refraction, contact lens training, and visiting Ophthalmologist space. Design development should include utility rough-in provisions for future ophthalmic laser treatment equipment.

Exam, Visual Field/Exam, Fundus Camera - The equipment list for this room includes a countertop film processor. Individual facilities may prefer to consider use of film processing equipment in the Radiology department if proximity and work load permit. If film processing will be accommodated in this room, Design Development should include provisions(light seals, exhaust, floor finishes, etc.) for incidental use as a darkroom.

Subwaiting, Dilation - Patient comfort in this area requires lower lighting levels than typical in other public/semi-public areas. Patients undergoing dilation may find reading difficult; anticipate provision of television and/or video player.

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, Employee Facilities, Drinking Fountain, general administrative/business spaces and functions, and Soiled Holding. Application of this template must assure the appropriate spaces are accounted for in adequate proximity.

Functional Sketch Ambulatory, Eye Care (EC2)



Space Program
Ambulatory, Eye Care (EC2)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--------------------------------------|-------|-----|-------|-------|---------|
| CONTROL RECEP | CNRC1 | 1 | 8.40 | 8.40 | |
| CONTROL, TECH | CNTE1 | 1 | 9.30 | 9.30 | |
| DISPENSING, EYEWARE | DPEW1 | 1 | 11.80 | 11.80 | |
| EXAM REFRACTION | EXRF1 | 4 | 10.90 | 43.60 | |
| EXAM VISUAL FIELD & FUNDUS CAMERA | EXVF1 | 1 | 12.50 | 12.50 | |
| OFFICE SHARED | OFTY1 | 1 | 7.80 | 7.80 | |
| OFFICE SUPERVISOR | OFSP1 | 1 | 10.30 | 10.30 | |
| PROCEDURE, EYE CARE | PREC1 | 1 | 16.30 | 16.30 | |
| FUTURE LASER | | | | | |
| STORAGE | STUS1 | 1 | 2.20 | 2.20 | |
| STORAGE | ALSS1 | 1 | 1.90 | 1.90 | |
| TOILET PATIENT | TLPP1 | 1 | 3.60 | 3.60 | |
| WAITING | WTGN1 | 1 | 39.30 | 39.30 | |
| WAITING DILATION | WTSB1 | 1 | 11.00 | 11.00 | |
| WORKROOM FRAME REPAIR | WRFR1 | 1 | 4.00 | 4.00 | |

| | |
|---------------------------|--------|
| Discipline Net Sq. Mts. | 182.00 |
| Discipline Gross Sq. Mts. | 236.00 |

Design Notes
Ambulatory, Primary Care (PCP8)

MISSION

To provide primary care to include family, obstetrics, pediatrics and general medicine to all age groups for a community requiring (27951-32250) primary care provider visits per year.

HOURS OF OPERATION:

Routine outpatient schedule.

STAFFING:

| Position | Planned | Daytime |
|-----------------------------------|-----------|---------|
| AMBULATORY PHYSICIAN | | |
| Primary Care Provider | 6.72 | |
| Specialty Care Provider | 0.39 | |
| Primary Care Provider (CHA/P) | 1.85 | |
| EMS Medical Director | 0.20 | |
| AMBULATORY SURGERY | | |
| General Surgeon | 0.50 | |
| NURSING AMBULATORY | | |
| Nurse Manager | 1.89 | |
| Registered Nurse, Core Activities | 7.77 | |
| LPN | 2.57 | |
| Clerical Support | 2.42 | |
| RNs, Patient Escort | 0.97 | |
| RRM DEVIATIONS | | |
| Patient Travel | 2.00 | |
| TOTAL | 30 | |

CONCEPT OF OPERATION

Anticipated patient flow is from reception to waiting, to triage, vital signs, subwaiting, exam/treatment, exit triage, and patient education if appropriate. Immunizations or injections will be given in either Exam or Treatment rooms. The intradepartmental corridor system provides easy patient way-finding, operational flexibility, and shared/overflow exam space use.

Integration of Business Office registration and Health Benefits staff, as well as Health Information Management coding staff to the Public Entry and Reception Area of the clinic should be discussed during the program validation through the schematic design phase for appropriate local development of the design.

Discussion of a permanent presence of a clinical pharmacist(s) within the primary care clinic should be determined in the early phase of design.

ADJACENCY PARAMETERS

- Required: Laboratory, Diagnostic Imaging, Pharmacy, Public Toilets, separate access (from exterior preferred) to "Exam, Isolation".
- Desirable: Emergency Room (if applicable), Health Information Management, Specialty Clinics
- Beneficial: Dental Clinic, Eye Clinic, Mental Health/Social Work, Community Health

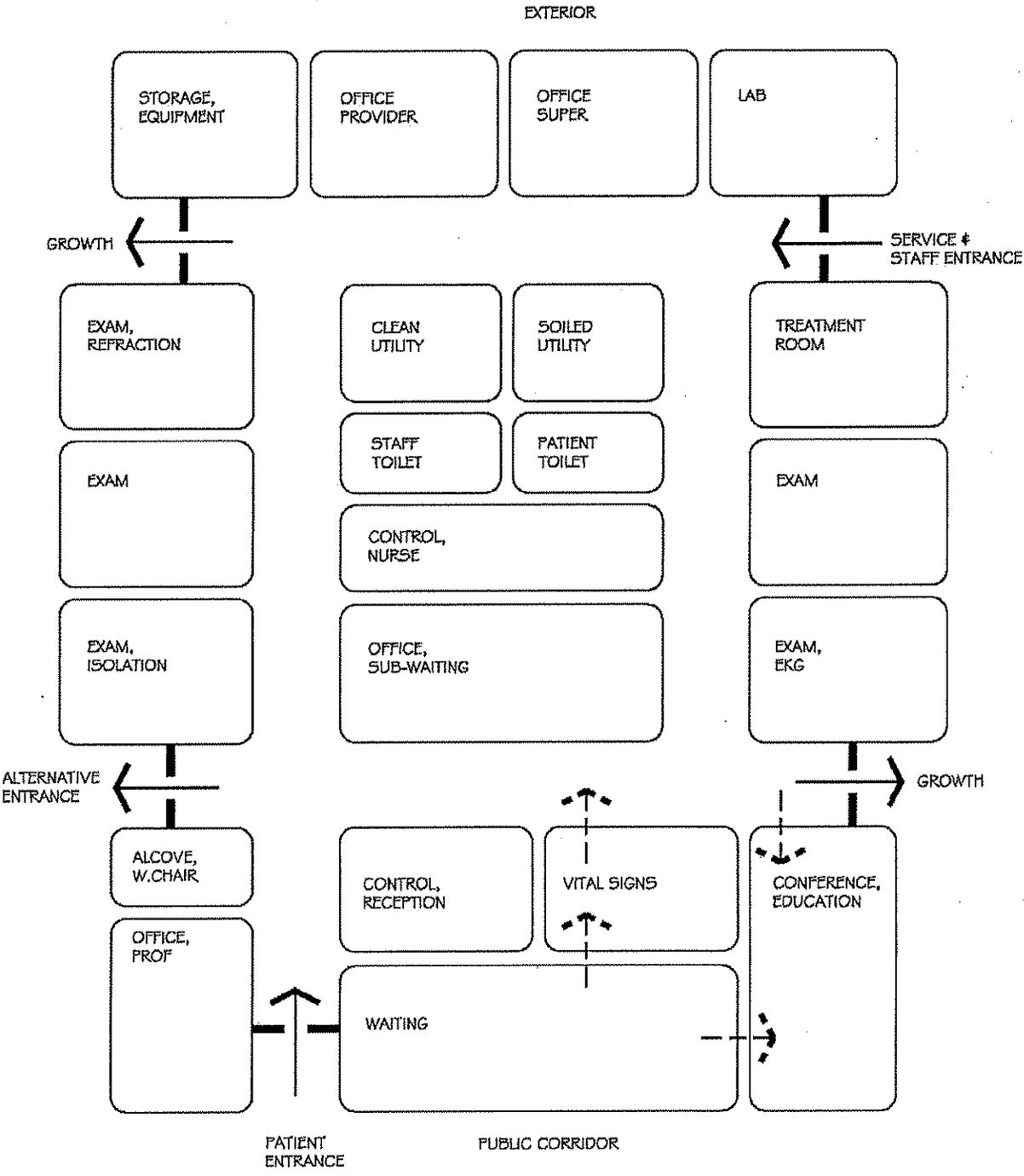
ROOM/SUITE SPECIFIC ISSUES

Consistent room sizes are used as much as possible to facilitate future flexibility and re-assignment of room use. All private offices are sized to permit future conversion to exam rooms, and must include “rough-ins” for a fully functional primary care exam room.

“Office, Professional” rooms are provided for flexible/multi-use by professionals not dedicated to full-time work within the template area, including Ambulatory Care Nutritionists, Pharmacists, visiting Physicians, etc.

This department is very likely to grow with population increases and/or health care delivery trends. Control points and patient and/or service corridors are positioned to align with adjacent outpatient departments to permit future growth/shifts into neighboring areas. To the greatest extent possible, adjacent templates and/or spaces should be selected for their convertibility into Primary Care areas.

Function Sketch
Ambulatory, Primary Care (PCP8)



Space Program
Ambulatory, Primary Care (PCP8)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|----------------------------------|-------|-----|-------|----------|---------|
| ALCOVE, NOURISHMENT | ALNR1 | | 3.00 | | |
| ALCOVE, STRETCHER, WHBELCHAIR | ALSW1 | 1 | 3.00 | 3.00 | |
| ALCOVE, SUPPLY STORAGE | ALSS1 | 2 | 3.00 | 6.00 | |
| CONFERENCE, EDUCATION | CFET2 | 2 | 22.00 | 44.00 | |
| CONTROL, NURSE | CNNC1 | 2 | 12.00 | 24.00 | |
| CONTROL, RECEPTION | CNRC1 | 2 | 9.00 | 18.00 | |
| EMPLOYEE LOUNGE | LGST1 | 1 | 11.00 | 11.00 | |
| EXAM | EXGM1 | 17 | 10.00 | 170.00 | |
| EXAM, ISOLATION | EXIS1 | 2 | 10.00 | 20.00 | |
| EXAM/EKG | EXEK1 | | 11.00 | | |
| EXAM/EKG | EXEK1 | 2 | 12.00 | 24.00 | |
| HOUSEKEEPING | HSKP1 | 2 | 4.00 | 8.00 | |
| NURSE WORK | OFNC1 | 4 | 7.00 | 28.00 | |
| OFFICE, PROVIDER | OFPR1 | 8 | 10.00 | 80.00 | |
| OFFICE, PROVIDER | OFPR1 | | 10.00 | | |
| OFFICE, TYPICAL | OFTY1 | 2 | 10.00 | 20.00 | |
| PROCEDURE, MINOR | PRMN2 | 2 | 14.00 | 28.00 | |
| PROCEDURE, MINOR | PRMN2 | | 14.00 | | |
| STORAGE, CASTING SUPPLY | SRCT1 | | 4.00 | | |
| STORAGE, EQUIPMENT | STEQ1 | 2 | 10.00 | 20.00 | |
| SUB-WAITING | WTSB1 | 2 | 8.00 | 16.00 | |
| TOILET, PATIENT | TLPP1 | 2 | 5.00 | 10.00 | |
| TOILET, STAFF | TLPS1 | | 5.00 | | |
| TRIAGE, CLINIC | TRCL1 | 3 | 10.00 | 30.00 | |
| UTILITY, CLEAN | UTCL1 | 2 | 11.00 | 22.00 | |
| UTILITY, SOILED | UTSL1 | 2 | 7.00 | 14.00 | |
| VITAL SIGNS | PRVT1 | 2 | 10.00 | 20.00 | |
| WAITING | WTGN1 | 7 | 11.00 | 77.00 | |
| Discipline Net Sq. Mts. | | | | 693.00 | |
| Discipline Gross Sq. Mts. | | | | 1 005.00 | |

MISSION

Projected Annual Workload Capacity: (1110-3329) Physical Therapy Visits

HOURS OF OPERATION

Routine outpatient schedule

STAFFING

The RRM allocates this module within Ambulatory Care - *HSP uses Ancillary Services.*

| Position | Planned | Daytime |
|---|----------|---------|
| Physical Therapist | 2 | |
| Clerical Support (<i>shared clerical pool - PT, Audiology & Eye Care</i>) | | |
| TOTAL | 2 | |

CONCEPT OF OPERATION

Treatment, support, and administrative spaces surround the physical therapy Exercise Area. Public and service entrances are provided, with Patient Changing and/or Hydrotherapy immediately accessible from the public entrance.

ADJACENCY PARAMETERS

Desirable: Ambulatory Care Clinics, Acute Care Nursing

ROOM/SUITE SPECIFIC ISSUES

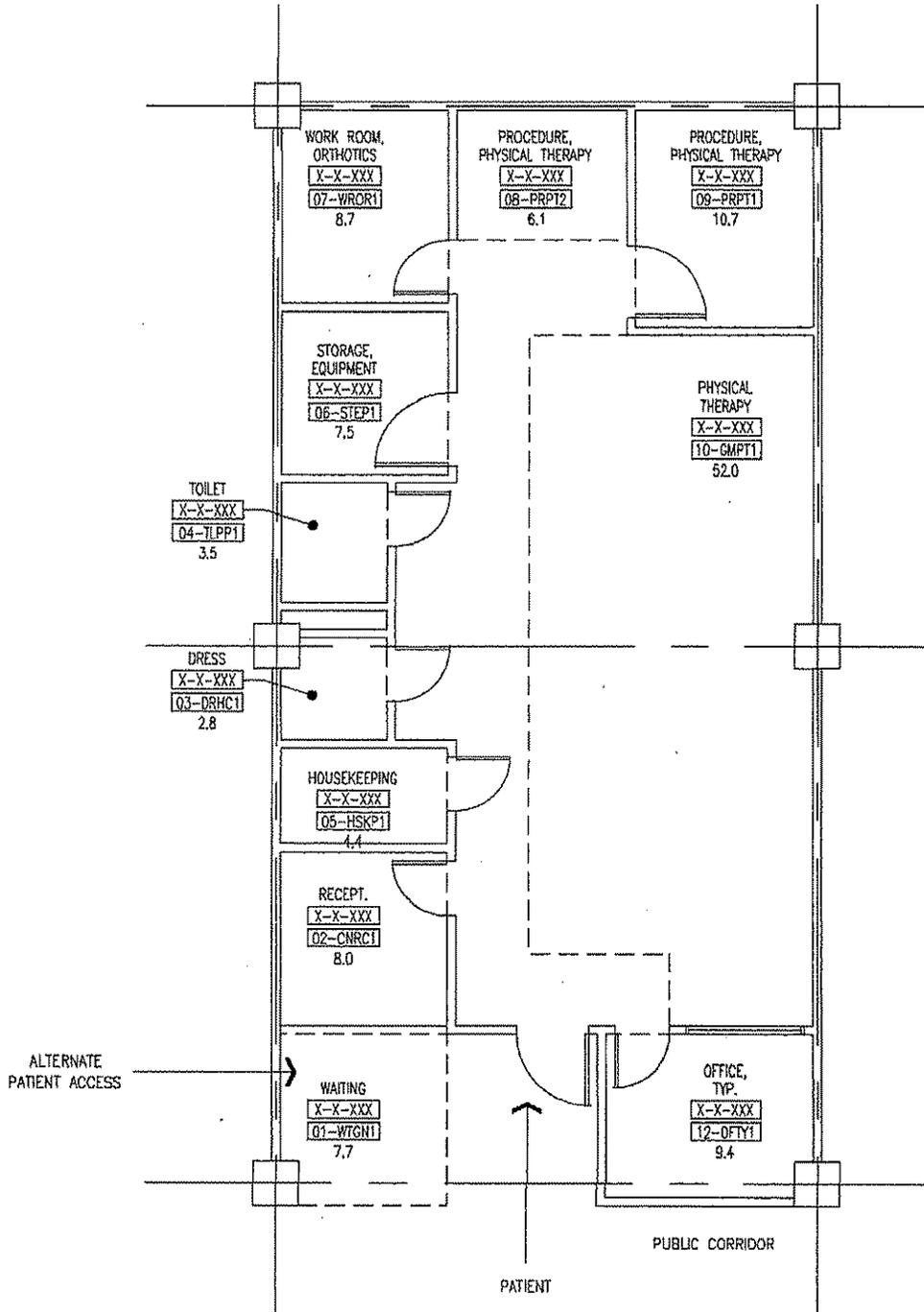
The open exercise area permits flexible arrangement and rearrangement in anticipation of changing equipment needs and development. Growth of the overall department is not anticipated.

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, Employee Facilities, Public Drinking Fountain, Soiled Linen holding, and general administrative/business spaces and functions. Application of this template must assure the appropriate spaces are accounted for in adequate proximity.

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”.

Function Sketch
Ancillary, Physical Therapy (PTI)



Space Program
Ancillary, Physical Therapy (PT1)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--------------------------------|-------|-----|-------|-------|--------------------------------------|
| DRESS | DRHC1 | 1 | 2.80 | 2.80 | |
| EQUIPMENT | STEP1 | 1 | 7.50 | 7.50 | |
| HOUSEKEEPING | HSKP1 | 1 | 4.40 | 4.40 | |
| OFFICE, TYP. | OFTY1 | 1 | 9.40 | 9.40 | |
| PHYSICAL THERAPY | GMPT1 | 1 | 72.00 | 72.00 | total space increase of 20 meters |
| PROCEDURE, PHYSICAL THERAPY | PRPT1 | 2 | 6.10 | 12.20 | |
| RECEPT. | CNRC1 | 1 | 8.00 | 8.00 | |
| TOILET | TLPP1 | 1 | 3.50 | 3.50 | |
| WAITING | WTGN1 | 1 | 7.70 | 7.70 | |
| WORK ROOM, ORTHO | WROR1 | 1 | 8.70 | 8.70 | |

| | |
|---------------------------|--------|
| Discipline Net Sq. Mts. | 136.20 |
| Discipline Gross Sq. Mts. | 174.00 |

Design Notes
Ancillary, Diagnostic Imaging (DI2)

MISSION

Projected Annual Workload Capacity: 1680 - 4399 General Radiographic Exams + Birthing Center or 1065 - 3200 US exams

HOURS OF OPERATION

Routine outpatient schedule, with controlled off-schedule access by on-call personnel. Evening ER coverage by local decision.

STAFFING

| Position | Planned | Daytime |
|---|----------|---------|
| Imaging Technologist | 1.25 | |
| Imaging Technologist (CHA/P) | 0.37 | |
| Clerical Support (<i>shared clerical pool - Lab, Pharmacy, Imaging</i>) | | |
| RRM DEVIATIONS | | |
| Imaging Staffing Adjustment to reflect existing staffing | 2.00 | |
| CT Imaging Technologist | 1.00 | |
| Radiologist (existing staff) | 0.63 | |
| | | |
| TOTAL | 6 | |

CONCEPT OF OPERATION

The internal service core of the Radiology department consists of film processing and quality control. Easy access from this area to procedure spaces is the chief determinant of the departments organization/plan.

ADJACENCY PARAMETERS

- Required: Ambulatory Care Clinics, Emergency Room
- Desirable: Eye Care
- Beneficial: Property & Supply

ROOM/SUITE SPECIFIC ISSUES

This department is likely to expand in the future. This requires provision of adjacent “soft space” or exterior growth space.

A dedicated out-of-template electrical equipment closet is required with immediate adjacency.

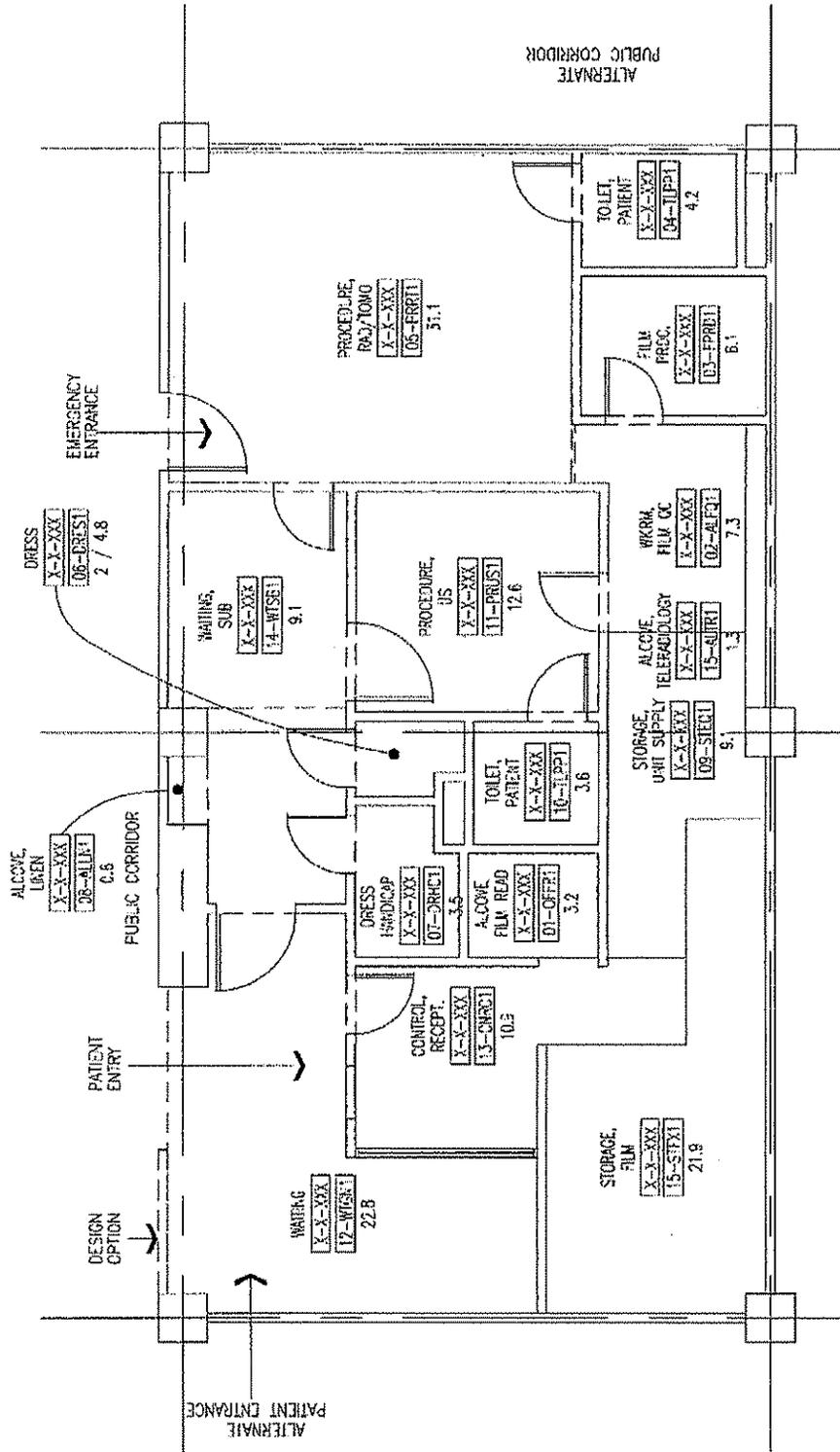
This template provides a revolving door into the darkroom thus not meeting UFAS. When accessibility is required the revolving door can be replaced with a standard door.

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.

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. Ultrasound Toilet was determined not to require access to both the room and corridor.

Functional Sketch
 Ancillary, Diagnostic Imaging (DI2)



Space Program
Ancillary, Diagnostic Imaging (DI2)

| Space Name | RFN | Qty | Area | Total | Remarks |
|-----------------------|-------|-----|-------|-------|--------------------------------------|
| ALCOVE, FILM READ | OFFR1 | 1 | 3.20 | 3.20 | |
| ALCOVE, LINEN | ALLN1 | 1 | 0.60 | 0.60 | |
| ALCOVE, TELERADIOLOGY | ALTR1 | 1 | 1.30 | 1.30 | |
| BONE DENSITY SCAN | PRUS1 | 1 | 14.00 | 14.00 | Bone density scan |
| CAT SCAN | PRRF1 | 1 | 30.00 | 30.00 | CT Scan |
| CONTROL, RECEPT. | CNRC1 | 1 | 10.90 | 10.90 | |
| DRESS | DRES1 | 1 | 4.00 | 4.00 | ⁶ increased from 2 to 4 |
| DRESS HANDICAP | DRHC1 | 1 | 7.00 | 7.00 | ⁷ increased from 3.5 to 7 |
| FILM PROC. | FPRD1 | 1 | 6.10 | 6.10 | |
| MAMMOGRAPHY | PRMM1 | 1 | 16.00 | 16.00 | Mammography |
| PROCEDURE, RAD/TOMO | PRRT1 | 1 | 31.10 | 31.10 | |
| PROCEDURE, US | PRUS1 | 1 | 12.60 | 12.60 | |
| STORAGE, FILM | STFX1 | 1 | 21.90 | 21.90 | |
| STORAGE, UNIT SUPPLY | STEQ1 | 1 | 9.10 | 9.10 | |
| TOILET, PATIENT | TLPP1 | 2 | 3.60 | 7.20 | |
| WAITING | WTGN1 | 1 | 22.80 | 22.80 | |
| WAITING, SUB | WTSB1 | 1 | 9.10 | 9.10 | |
| WKRM, FILM QC | ALFQ1 | 1 | 7.30 | 7.30 | |

| | |
|---------------------------|--------|
| Discipline Net Sq. Mts. | 214.20 |
| Discipline Gross Sq. Mts. | 240.00 |

⁶ To accommodate sufficient space for additional clothing typical in the extreme cold climate of the arctic.
⁷ To accommodate sufficient space for additional clothing typical in the extreme cold climate of the arctic.

MISSION

Projected Annual Workload Capacity: (44682-69059) Onsite billable tests w/ ER

HOURS OF OPERATION

Routine outpatient schedule, with controlled off-schedule access by on-call personnel. Evening ER coverage by local decision.

STAFFING

| Position | Planned | Daytime |
|---|----------------|----------------|
| Medical Technologist | 1.57 | |
| Medical Technician (CHA/P) | 1.23 | |
| Medical Technician | 1.57 | |
| Clerical Support (<i>shared clerical pool - Lab, Pharmacy, Imaging</i>) | | |
| RRM DEVIATIONS | | |
| Laboratory Staffing Adjustment to reflect existing staffing | 2.00 | |
| | | |
| TOTAL | 6 | |

CONCEPT OF OPERATION

The Laboratory is based on an open lab concept with adjacent private spaces provided for transfusion functions, microbiology, and specimen collection. Separate Staff/Service access is provided off the public corridor. Histo/Cytology specialties are not provided by this lab.

ADJACENCY PARAMETERS

Desirable: Acute Care Nursing, Primary Care, Emergency
 Beneficial: Property & Supply

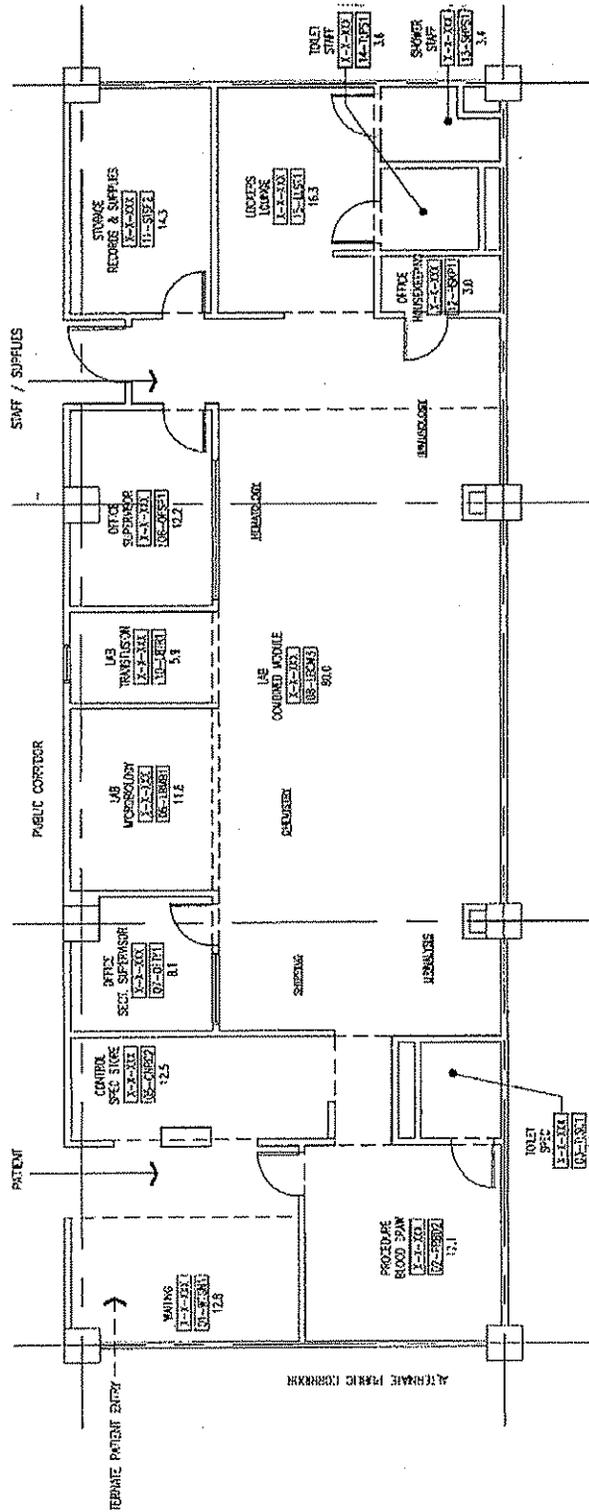
ROOM/SUITE SPECIFIC ISSUES

This department is not likely to expand in the future. This requires provision of adjacent “soft space”.

Special considerations or functional notes

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.

Function Sketch
 Ancillary, Laboratory (LB4)



Space Program
Ancillary, Laboratory (LB4)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|-------------------------------|-------|-----|-------|-------|---------|
| CONTROL SPEC STORE | CNRC2 | 1 | 12.50 | 12.50 | |
| LAB COMBINED MODULE | LBCM3 | 1 | 80.00 | 80.00 | |
| LAB MICROBIOLOGY | LBMB1 | 1 | 11.80 | 11.80 | |
| LAB TRANSFUSION | LBTR1 | 1 | 5.90 | 5.90 | |
| LOCKERS LOUNGE | LLST1 | 1 | 16.30 | 16.30 | |
| OFFICE HOUSEKEEPING | HSKP1 | 1 | 3.00 | 3.00 | |
| OFFICE SECT. SUPERVISOR | OFTY1 | 1 | 8.10 | 8.10 | |
| OFFICE SUPERVISOR | OFSP1 | 1 | 12.20 | 12.20 | |
| PROCEDURE BLOOD DRAW | PRBD2 | 1 | 17.10 | 17.10 | |
| SHOWER STAFF | SHPS1 | 1 | 3.40 | 3.40 | |
| STORAGE RECORDS & SUPPLIES | STSF2 | 1 | 14.30 | 14.30 | |
| TOILET SPEC | TLSC1 | 1 | 3.50 | 3.50 | |
| TOILET STAFF | TLPS1 | 1 | 3.60 | 3.60 | |
| WAITING | WTGN1 | 1 | 12.80 | 12.80 | |

| | |
|---------------------------|--------|
| Discipline Net Sq. Mts. | 204.50 |
| Discipline Gross Sq. Mts. | 227.00 |

Design Notes
Ancillary, Pharmacy (PH6)

MISSION

This pharmacy unit is intended for inpatient and outpatient related pharmaceutical services and their administration for workloads between (464400-670799) workload units.

HOURS OF OPERATION

Routine outpatient schedule with controlled off-schedule access by on-call personnel.

STAFFING

| Position | Planned | Daytime |
|---|-----------|---------|
| Pharmacist | 5.06 | |
| Pharmacy Technician CHA/P | 1.85 | |
| Pharmacy Technician | 1.97 | |
| Clerical Support (<i>shared clerical pool - Lab, Pharmacy, Imaging</i>) | | |
| TOTAL | 10 | |

CONCEPT OF OPERATION

The spaces requiring privacy or enclosed for security form the perimeter of a large flexible space consisting of dispensing, pharmaceutical storage, receiving, bulk compounding, and pharmacist work stations.

Supply space is provided to meet a 30-day need.

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.

Called In Refill orders will be pre-prepared and stored adjacent to the Control window and will be dispensed in the adjacent Dispensing Room.

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

The use of Clinical Pharmacist (Pharmacist working within the outpatient clinics) should be identified during the Architect/Engineers program verification process.

ADJACENCY PARAMETERS

- Required: Main facility entrance, Ambulatory Care Unit, Health Information Management
- Desirable: Property & Supply
- Beneficial: Use of a Pharmacy Drive Thru Window requirements must be determined during the concept or block planning design phase.

ROOM/SUITE SPECIFIC ISSUES

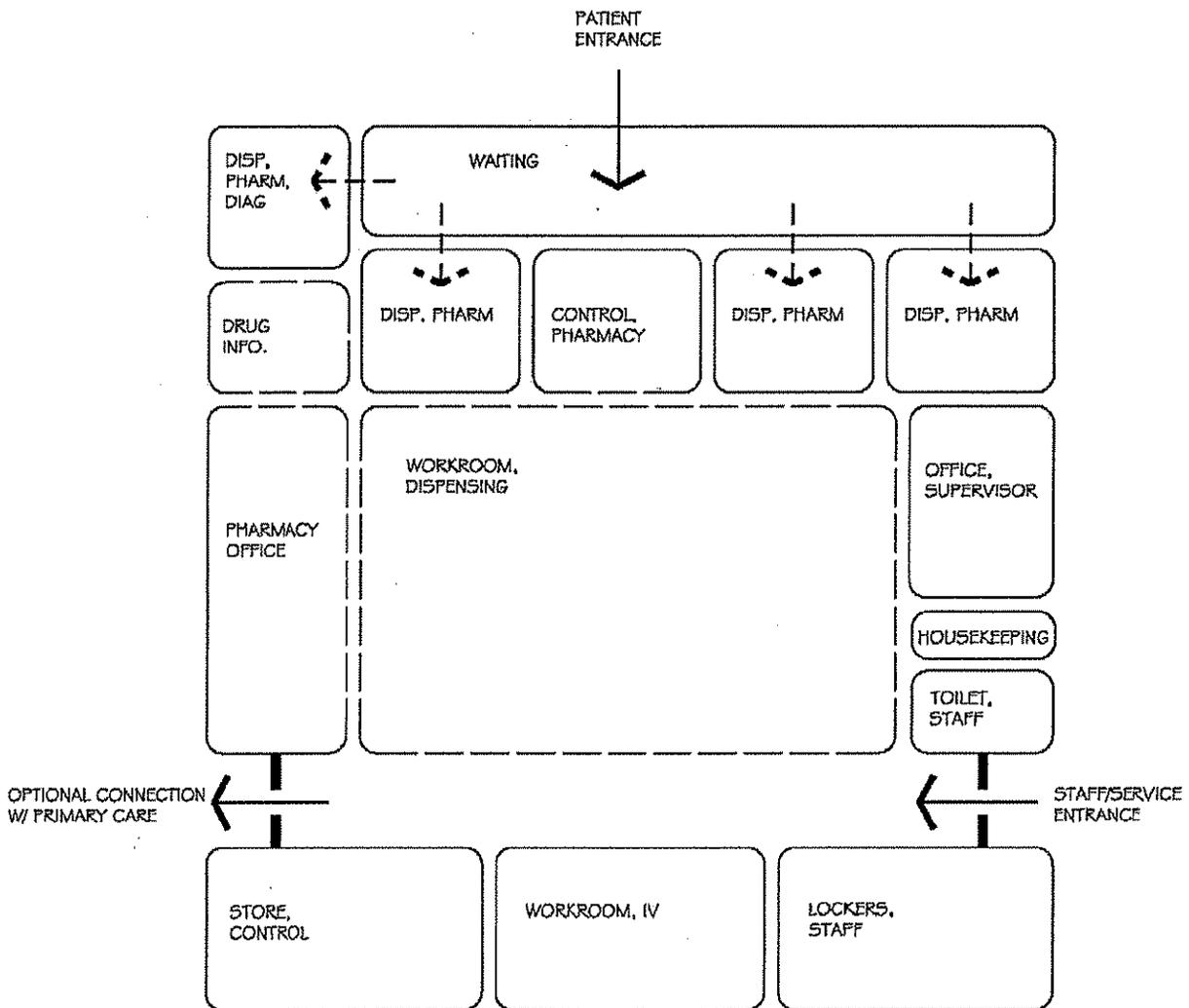
The plan's openness permits planning flexibility for functional/operational changes.

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

The IV Therapy space must accommodate inpatient and outpatient admixtures, chemotherapy and the use of cytotoxic drugs.

A narcotic safe should be accommodated within the Prescription Prep Workroom.

Function Sketch
Ancillary, Pharmacy (PH6)



Space Program
Ancillary, Pharmacy (PH6)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|----------------------|-------|-----|--------|--------|---------|
| DISPENSING WORKROOM | WRPP1 | | | | |
| DISPENSING WORKROOM | WRPP2 | | | | |
| DISPENSING WORKROOM | WRPP3 | | 107.00 | | |
| DISPENSING WORKROOM | WRPP4 | | 136.00 | | |
| DISPENSING WORKROOM | WRPP5 | | | | |
| DISPENSING WORKROOM | WRPP6 | | | | |
| DISPENSING WORKROOM | WRPP7 | 1 | 136.00 | 136.00 | |
| DISPENSING WORKROOM | WRPP8 | | | | |
| DRUG INFO | OFDI1 | 1 | 6.00 | 6.00 | |
| HOUSEKEEPING | HSKP1 | 1 | 4.00 | 4.00 | |
| IV WORKROOM | WKIV1 | 1 | 14.00 | 14.00 | |
| PHARM, DIAG DISPENSE | DPDP1 | 1 | 10.00 | 10.00 | |
| PHARM, DISPENSE | DPPH1 | 3 | 6.00 | 18.00 | |
| PHARMACY CONTROL | RCPR1 | | 10.00 | | |
| PHARMACY CONTROL | RCPR2 | 1 | 18.00 | 18.00 | |
| PHARMACY OFFICE | ALDC1 | | 2.00 | | |
| STAFF LOCKERS | LKST1 | 1 | 4.00 | 4.00 | |
| STAFF NOURISHMENT | ALNR1 | 1 | 3.00 | 3.00 | |
| STAFF TOILET | TLPS1 | 1 | 5.00 | 5.00 | |
| SUPERVISOR OFFICE | OFSP1 | 1 | 11.00 | 11.00 | |
| WAITING AREA | WTGN1 | 1 | 57.20 | 57.20 | |

| | |
|---------------------------|--------|
| Discipline Net Sq. Mts. | 286.20 |
| Discipline Gross Sq. Mts. | 343.00 |

Design Notes
Ancillary, Respiratory Therapy (RT2)

MISSION

Projected Annual Workload Capacity: (193501-451500) RT work units and Acute Care Nursing

HOURS OF OPERATION

Routine outpatient schedule, with controlled off-schedule access by on-call personnel.

STAFFING

| Position | Planned | Daytime |
|--|----------|---------|
| RRM DEVIATIONS | | |
| Respiratory Therapy adjustment to reflect existing staff | 2.06 | |
| TOTAL | 2 | |

CONCEPT OF OPERATION

This departments provides office and equipment maintenance and storage space. Direct access is provided for movement of soiled equipment into the Clean-up Room, minimizing intrusion on the remainder of the department. Pulmonary Function testing is conducted in the Ambulatory Care Clinics. Blood gas equipment is located in the Laboratory

In the Clean-up Room, equipment will be broken down and items requiring sterilization will be sent to Medical Supply Services and then returned for re-assembly.

ADJACENCY PARAMETERS

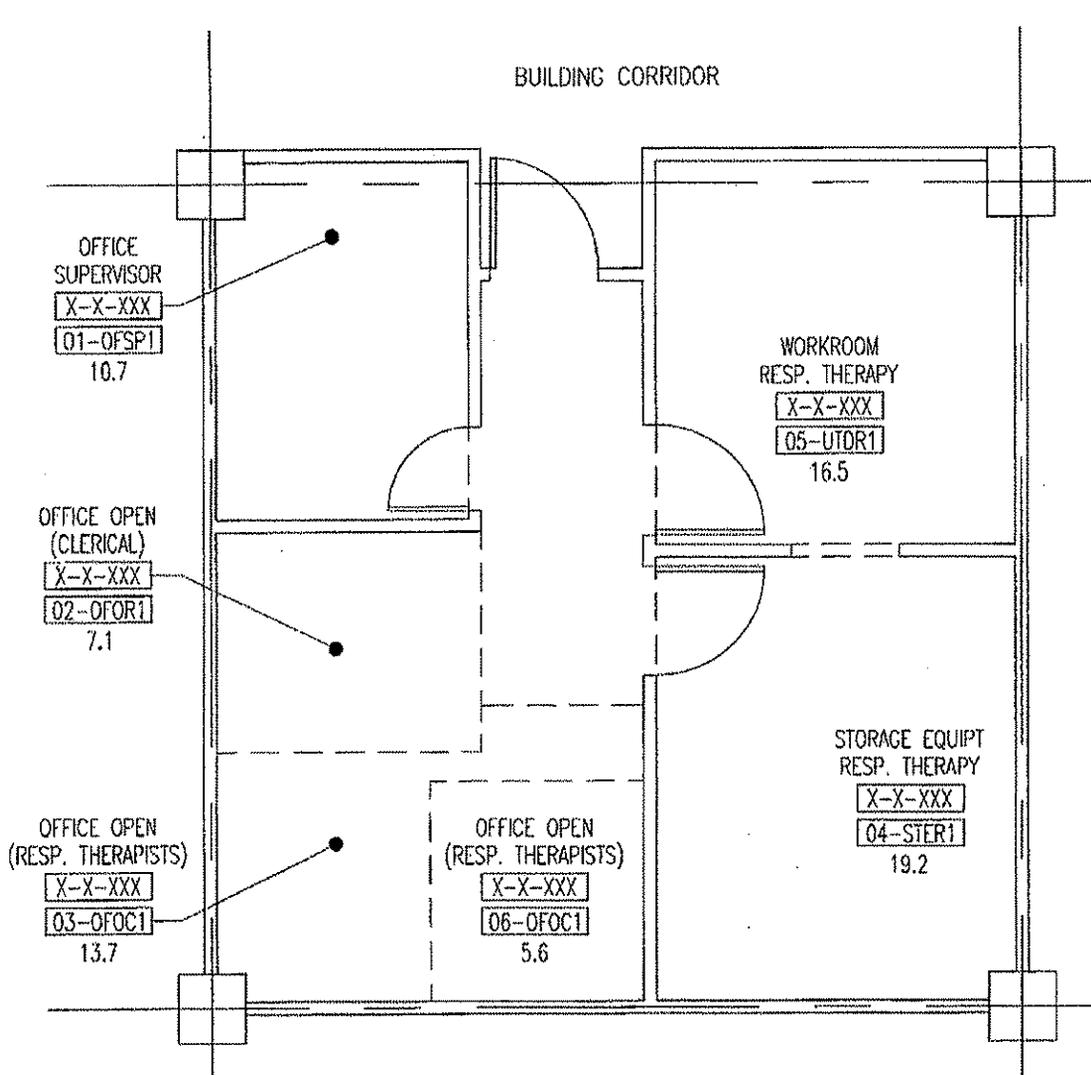
Required: Intensive Care Nursing (if applicable), Acute Care Nursing
Desirable: Emergency Room, Laboratory, Surgery
Beneficial: Specialty Clinics

ROOM/SUITE SPECIFIC ISSUES

Open Offices are planned with system furniture for flexibility of use. Overall department growth is not anticipated.

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.

Function Sketch
Ancillary, Respiratory Therapy (RT2)



Space Program
Ancillary, Respiratory Therapy (RT2)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|-----------------------------------|------------|------------|-------------|--------------|---------------------------|
| OFFICE OPEN (CLERICAL) | OFOR1 | 1 | 7.10 | 7.10 | |
| OFFICE OPEN (RESP. THERAPISTS) | OFOC1 | 2 | 13.70 | 27.40 | |
| OFFICE SUPERVISOR | OFSP1 | 1 | 10.70 | 10.70 | |
| STORAGE EQUIPT RESP. THERAPY | STER1 | 1 | 19.20 | 19.20 | |
| WORKROOM RESP. THERAPY | UTDR1 | 1 | 16.50 | 16.50 | |
| | | | | 80.90 | Discipline Net Sq. Mts. |
| | | | | 81.00 | Discipline Gross Sq. Mts. |

Design Notes
Behavioral, Mental Health (MH)

MISSION

This is an out-of-template department and will be sized to support its specific facility.

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.

HOURS OF OPERATION

Routine outpatient schedule with possible after hour nursing staff access for inpatient facilities.

STAFFING

The RRM allocates this module within Community Health Services

| Position | Planned | Daytime |
|---|----------------|----------------|
| Mental health Staff | 2.19 | |
| Clerical Support (<i>shared clerical pool - Mental Health, Social Work</i>) | 0.74 | |
| | | |
| TOTAL | 3 | |

CONCEPT OF OPERATION

If the proposed facility will house Tribal Behavioral Health Programs, space must be programmed for that. However, justification approved by the Director, IHS, is required before the space may be programmed. The justification will include a description of the Tribal Behavioral Health Program to be placed in the facility and will list the positions which will require space at the proposed facility. Each service provides a unique program designed to assist, educate, or improve the mental and social health of American Indians and Alaskan Natives. Professional activities conducted in the facility include evaluating, advising, and/or treating IHS clients/patients. Facility space for the Mental Health / Social Services Unit provides an area for administrative, supervisory, and clerical work. Consultation rooms are used for meeting with small groups, families, or individuals.

Mental Health programs are designed to serve individuals who are suffering from emotional problems. Social Service programs identify and treat psychosocial needs of the Indian clients and other families, and protect vulnerable children and adults from abuse, neglect, and exploitation. Patient dignity and confidentiality/privacy are predominant concerns and design generators.

ADJACENCY PARAMETERS

- Required: Tribal Behavioral Health program space
- Desirable: Ambulatory Care, Education & Training
- Beneficial: Administration, Property & Supply, Medical Supply Services, Health Information Management

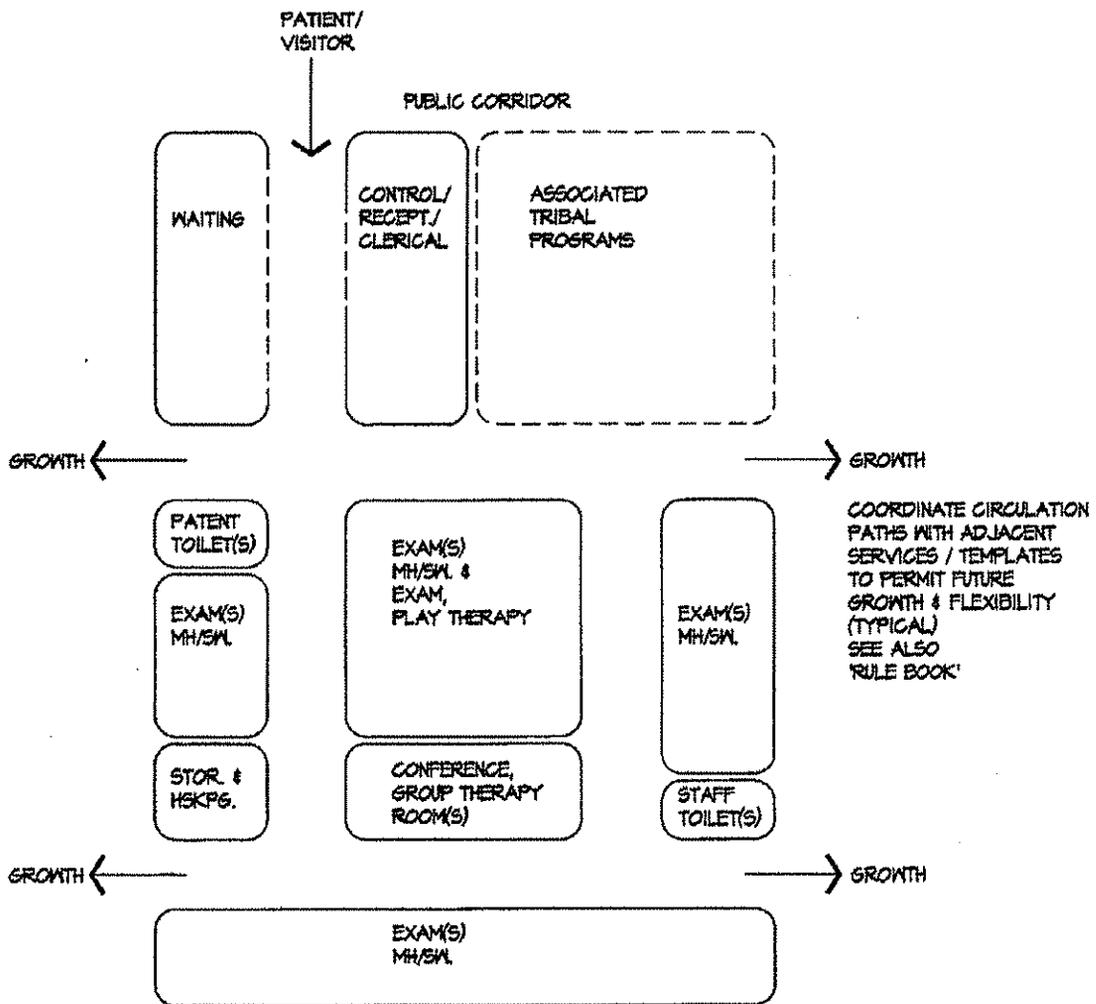
ROOM/SUITE SPECIFIC ISSUES

Generally, fully enclosed, private offices are provided for non-clerical mental health/social services staff. All other staff will be allocated open-office space. Detailed staffing requirements for the facility are necessary before space programming may begin.

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

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

Function Sketch
Behavioral, Mental Health (MH)



Space Program
Behavioral, Mental Health (MH)

| Space Name | RFN | Qty | Area | Total | Remarks |
|------------------------------------|-------|-----|-------|-------|---------|
| CONFERENCE GROUP THERAPY | CFGT1 | 1 | 24.00 | 24.00 | |
| EXAM, MENTAL HEALTH | EXMH2 | 2 | 14.00 | 28.00 | |
| TOILET, PATIENT | TLPP1 | 1 | 5.00 | 5.00 | |
| UNIT SUPPLY & EQUIPMENT STORAGE | STUS1 | 1 | 4.00 | 4.00 | |
| WAITING, PATIENT | WTGN1 | 1 | 7.00 | 7.00 | |
| Discipline Net Sq. Mts. | | | | 68.00 | |
| Net to Gross Conversion Factor | | | | 1.40 | |
| Discipline Gross Sq. Mts. | | | | 95.20 | |

MISSION

This is an out-of-template department and will be sized to support its specific facility.

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.

HOURS OF OPERATION

Routine outpatient schedule with possible after hour nursing staff access for inpatient facilities.

STAFFING

The RRM allocates this module within Community Health Services

| Position | Planned | Daytime |
|---|----------|---------|
| Social Service Staff | 1.29 | |
| Clerical Support (<i>shared clerical pool - Mental Health, Social Work</i>) | | |
| TOTAL | 1 | |

CONCEPT OF OPERATION

If the proposed facility will house Tribal Behavioral Health Programs, space must be programmed for that. However, justification approved by the Director, IHS, is required before the space may be programmed. The justification will include a description of the Tribal Behavioral Health Program to be placed in the facility and will list the positions which will require space at the proposed facility. Each service provides a unique program designed to assist, educate, or improve the mental and social health of American Indians and Alaskan Natives. Professional activities conducted in the facility include evaluating, advising, and/or treating IHS clients/patients. Facility space for the Mental Health / Social Services Unit provides an area for administrative, supervisory, and clerical work. Consultation rooms are used for meeting with small groups, families, or individuals.

Mental Health programs are designed to serve individuals who are suffering from emotional problems. Social Service programs identify and treat psychosocial needs of the Indian clients and other families, and protect vulnerable children and adults from abuse, neglect, and exploitation. Patient dignity and confidentiality/privacy are predominant concerns and design generators.

ADJACENCY PARAMETERS

- Required: Tribal Behavioral Health program space
- Desirable: Ambulatory Care, Education & Training
- Beneficial: Administration, Property & Supply, Medical Supply Services, Health Information Management

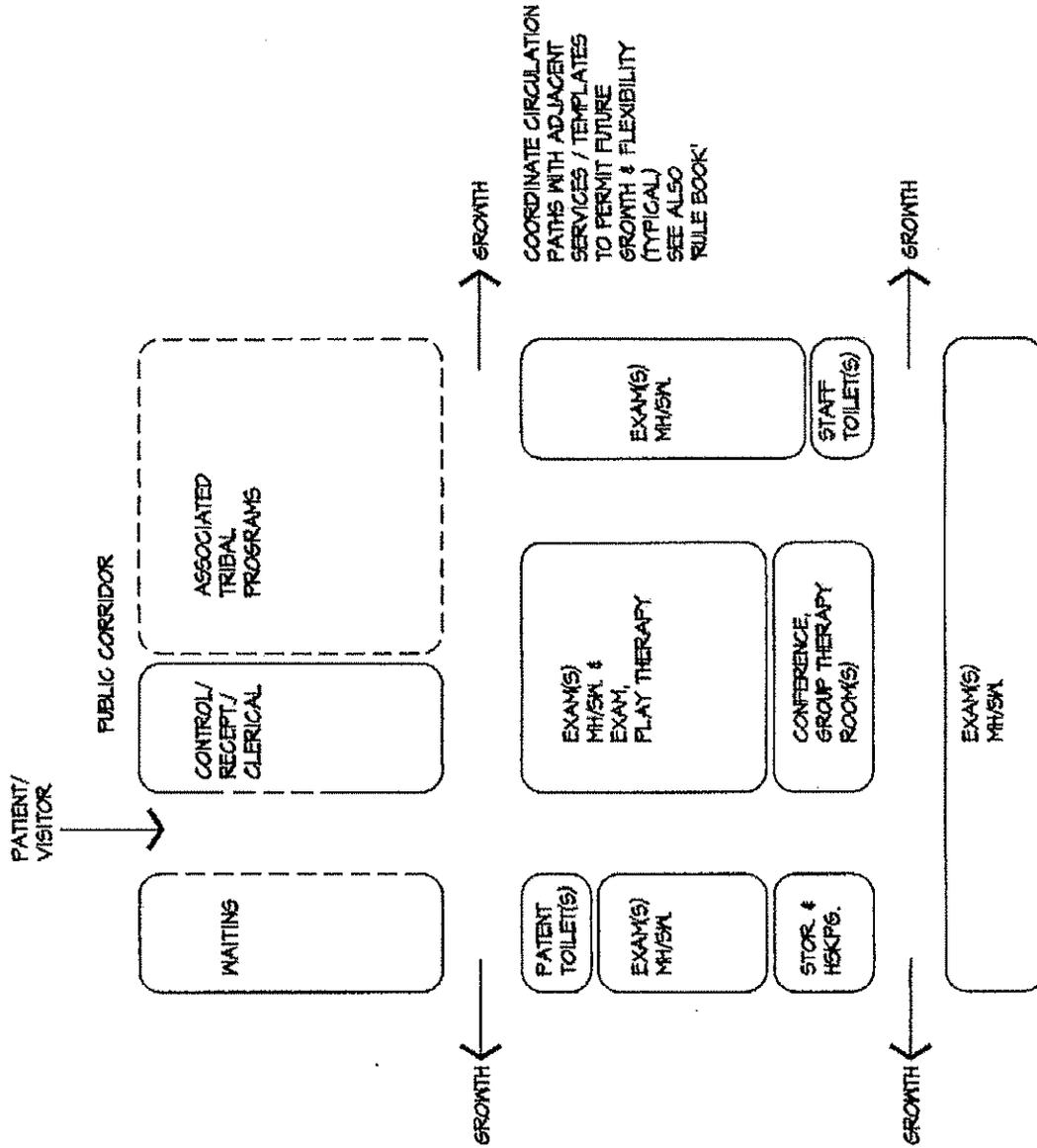
ROOM/SUITE SPECIFIC ISSUES

Generally, fully enclosed, private offices are provided for non-clerical mental health/social services staff. All other staff will be allocated open-office space. Detailed staffing requirements for the facility are necessary before space programming may begin.

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

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

Function Sketch
Behavioral, Social Work (SW)



Space Program
Behavioral, Social Work (SW)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|---------------------|------------|------------|-------------|--------------------------------|----------------|
| EXAM, MENTAL HEALTH | EXMH2 | 2 | 14.00 | 28.00 | |
| | | | | Discipline Net Sq. Mts. | 28.00 |
| | | | | Net to Gross Conversion Factor | 1.40 |
| | | | | Discipline Gross Sq. Mts. | 39.20 |

Design Notes
Facility Support, Clinical Engineering, SL1 (CE1)

MISSION

Projected Annual Workload Capacity: 880 clinic based C.E. man hours - 2,600 hospital based C.E. man hours

HOURS OF OPERATION

Routine outpatient schedule, with controlled off-schedule access by on-call personnel.

STAFFING

| Position | Planned | Daytime |
|--|----------------|----------------|
| Clinical Engineering Staff | 1.38 | |
| RRM DEVIATIONS | | |
| Clinical Engineering Staffing Adjustment | 1.00 | |
| | | |
| TOTAL | 2 | |

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 for a single clinical engineer. The Clinical Engineer is positioned to interface with a customer without intruding on the main shop.

ADJACENCY PARAMETERS

Desirable: Facility Management, Property & Supply

Beneficial: Surgery, Medical Supply, Diagnostic Imaging, Dental, Laboratory, Inpatient Care

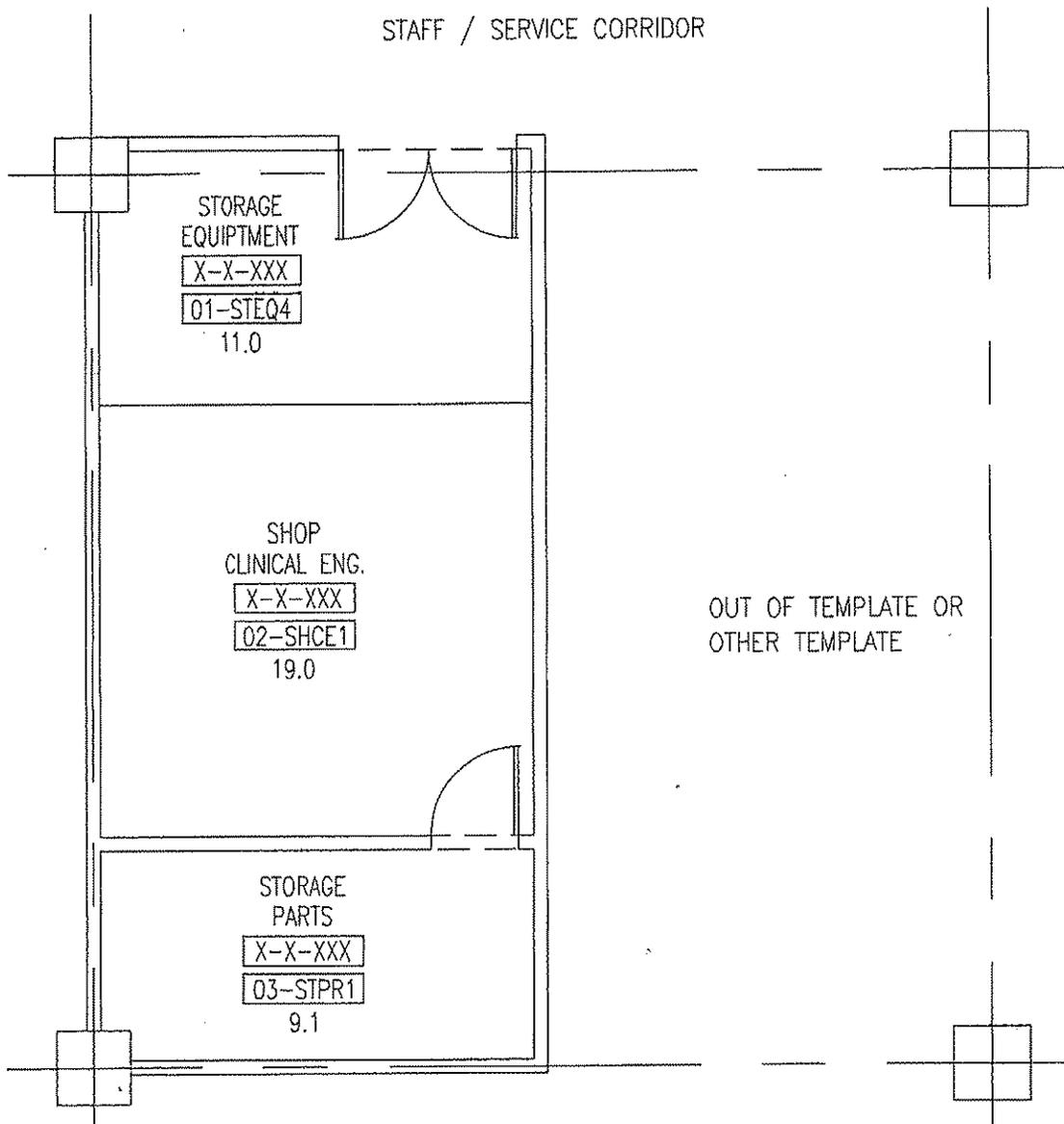
ROOM/SUITE SPECIFIC ISSUES

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

This template relies on other templates and/or adjacent “out-of-template” areas for Employee Facilities identified in the “Guidelines for Construction and Equipment of Hospital and Medical Facilities”.

Application of this template must assure the appropriate spaces are accounted for in adequate proximity.

Function Sketch
Facility Support, Clinical Engineering, SL1 (CE1)



Space Program
Facility Support, Clinical Engineering, SL1 (CE1)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|---------------------------|-------|-----|-------|-------|---------|
| SHOP CLINICAL ENG. | SHCE1 | 1 | 19.00 | 19.00 | |
| STORAGE EQUIPMENT | STEQ4 | 1 | 11.00 | 11.00 | |
| STORAGE PARTS | STPR1 | 1 | 9.10 | 9.10 | |
| Discipline Net Sq. Mts. | | | | 39.10 | |
| Discipline Gross Sq. Mts. | | | | 42.00 | |

Design Notes
Facility Support, Facility Management (FM4)

MISSION

This department is responsible for the maintenance and repair of the facilities, grounds and staff quarters associated with the Service Area's health programs. This Service level has a calculated Service Index between (101-150).

HOURS OF OPERATION

Routine outpatient schedule with controlled off-hours access by on-call personnel.

STAFFING

| Position | Planned | Daytime |
|---|----------------|----------------|
| Maintenance Staff | 12.3 | |
| Clerical Support (<i>shared clerical pool - Facility Support</i>) | 0.74 | |
| | | |
| TOTAL | 13 | |

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.

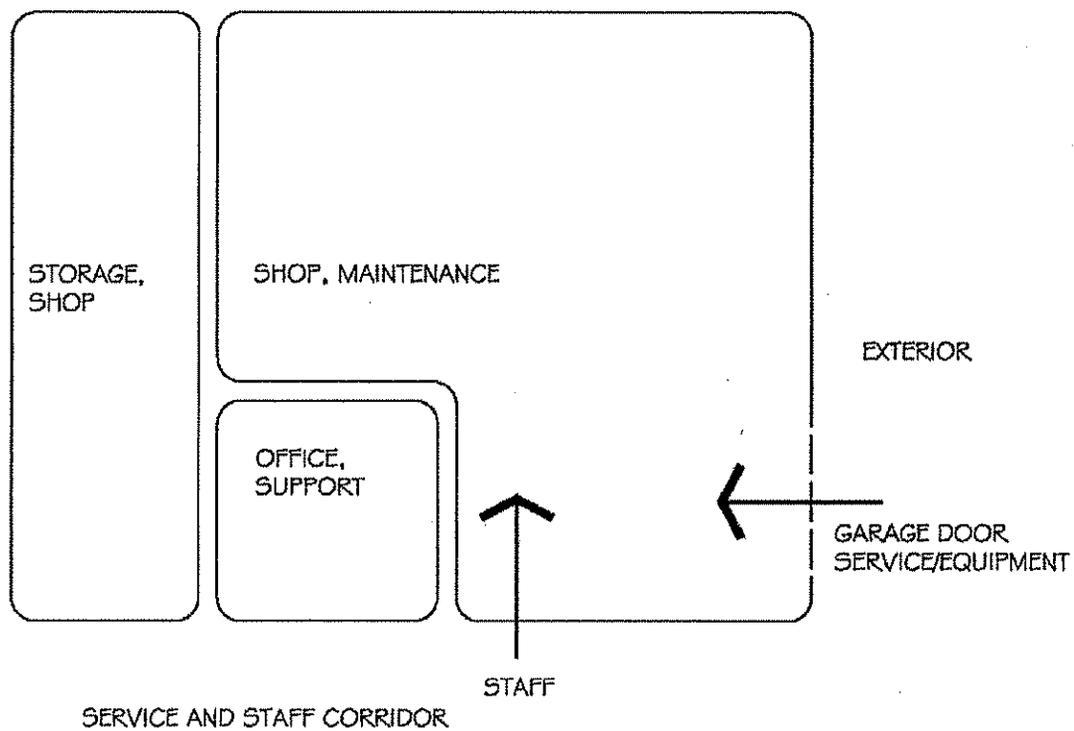
ADJACENCY PARAMETERS

Required: Central Plant, Mechanical Spaces, Exterior Maintenance/Service Yard
Desirable: Outside Equipment Storage, Clinical Engineering, Housekeeping & Linen,
Environmental Health/Sanitation Facilities, Property & Supply, Employee Facilities,
Medical Gas Storage

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.

Functional Sketch
Facility Support, Facility Management (FM4)



Space Program
Facility Support, Facility Management (FM4)

| Space Name | RFN | Qty | Area | Total | Remarks |
|---------------------------|-------|-----|--------|--------|---------|
| ALC, EMS, MON. | OFOC1 | 1 | 6.00 | 6.00 | |
| CLERICAL OFFICE | OFOC1 | 1 | 6.00 | 6.00 | |
| MAINT. FOREMAN OFFICE | OFTY1 | 1 | 9.00 | 9.00 | |
| SHARED WORK OFFICE | OFSW1 | 1 | 8.50 | 8.50 | |
| SHOP MAINTENANCE | SHFM1 | 1 | 124.00 | 124.00 | |
| SHOP STORAGE | STSH1 | 1 | 34.70 | 34.70 | |
| STORAGE, FILES | STFL1 | 1 | 6.00 | 6.00 | |
| SUPERVISOR OFFICE | OFSP1 | 1 | 11.00 | 11.00 | |
| Discipline Net Sq. Mts. | | | | 205.20 | |
| Discipline Gross Sq. Mts. | | | | 246.00 | |

Design Notes
Inpatient, Acute Care, 14 Bed (ACB14)

MISSION:

This Acute Care Nursing unit is intended to meet the Short Stay Medical Nursing demand of (2875-3444) Bed Days from the inpatient service area.

The purpose of this unit is to provide low acuity, short term inpatient care for observation, diagnosis, and treatment of medical patients. If it is determined that a patient requires a higher level of care than available at the facility, he/she will be transferred to a primary care acute care hospital. Conversely, this unit is not intended to provide long term nursing or custodial care; such patients must be admitted to a nursing home.

The average length of stay for these patients is less than three days.

HOURS OF OPERATION:

24 hour

STAFFING:

RRM staffing calculated manually using the alternative rural hospital module.

| Position | Planned | Daytime |
|------------------------------|----------------|----------------|
| RN (5 + .3*ADPL) | 7.10 | |
| LPN (1 + .16*ADPL) | 2.10 | |
| Health Technician (.16*ADPL) | 1.10 | |
| Clerical (0-1) | 1.00 | |
| Supervisor (0-1) | 1.00 | |
| Patient Escort adjustment | 1.00 | |
| | | |
| TOTAL | 13 | |

CONCEPT OF OPERATION:

The short stay unit will require 24-hour registered nursing coverage. To assure patient safety and quality of care, patients admitted to the short stay unit will be restricted to an acuity level of II or less, as defined in the IHS Circular No. 87-1. Acuity level II is partial nursing care requiring periodic treatment, observation and/or instruction for patients with sub acute symptoms, occasional deviation from normal behavior, and/or limited restriction of activities. These beds would therefore not be utilized for patients requiring 1:1 care such as obstetrical patients in active labor or those with acute psychiatric conditions or behavior abnormalities.

This Acute Care Nursing unit is designed to maximize visitor control, patient supervision and minimize staffing patterns. OB nursing functions are NOT anticipated in this unit, and consequently no nursery services are provided.

This unit is designed to maximize patient supervision and staffing efficiency through close proximity of nursing control/charting areas to patient rooms.

On occasion, it will be necessary for patients to be taken to a treatment room in the emergency room for special treatment or examination.

If local preferences dictate and staffing will be available for adequate supervision, visiting children's play space may be provided adjacent to the template perimeter or within the patient/visitor lounge.

Pharmacy support will come from the combined inpatient/outpatient pharmacy. Medications will be prepared by the pharmacy in unit doses and delivered daily to the medication alcove in a unit dose cart. Nursing personnel administer medications to the patient(s) as prescribed. Automated pharmaceutical control and dispensing is not presently anticipated but can be accommodated if deemed appropriate for the facility.

The Registered Dietitian, Discharge Planner or Rounding Physician will use the Office, Professional as private space for necessary private inpatient consultations.

Clean Utility and Supply Rooms are planned for par level stockage from Property and Supply. Exchange Carts are not anticipated, nor is automated supply control and dispensing. Either of these systems can be accommodated with minimum impact to space allocation or functional diagram.

Electronic Medical Records can be accommodated within the Nursing Unit if desired. The medical equipment list presently does not assume a specific electronic medical record methodology.

Dictation capability can be provided from each phone location within the unit. The physician can determine his location for dictation.

Dietary will deliver patient trays to the units and pick-up dirty trays three times daily and keep the nourishment alcove stocked with snacks and juices.

A dietitian must be available at least on a consultation basis to ensure that diets meet the nutritional needs of the patients and to provide liaison with the medical staff for recommendations on dietetic policies affecting patient treatment.

ADJACENCY PARAMETERS:

Required: Public Toilets
Desirable: Visitor Entry, Diagnostic Imaging, Physical Therapy, Emergency Room
Beneficial: Laboratory, Pharmacy, Respiratory Therapy

ROOM/SUITE SPECIFIC ISSUES:

Planning anticipates 8 single patient rooms, 2 double patient rooms, 2 single patient rooms sized to accommodate potential double occupancy overflow along with isolation and seclusion rooms.

Single patient only rooms may be planned within the space program of the document as written by utilizing space efficiencies to be saved from other departments during design.

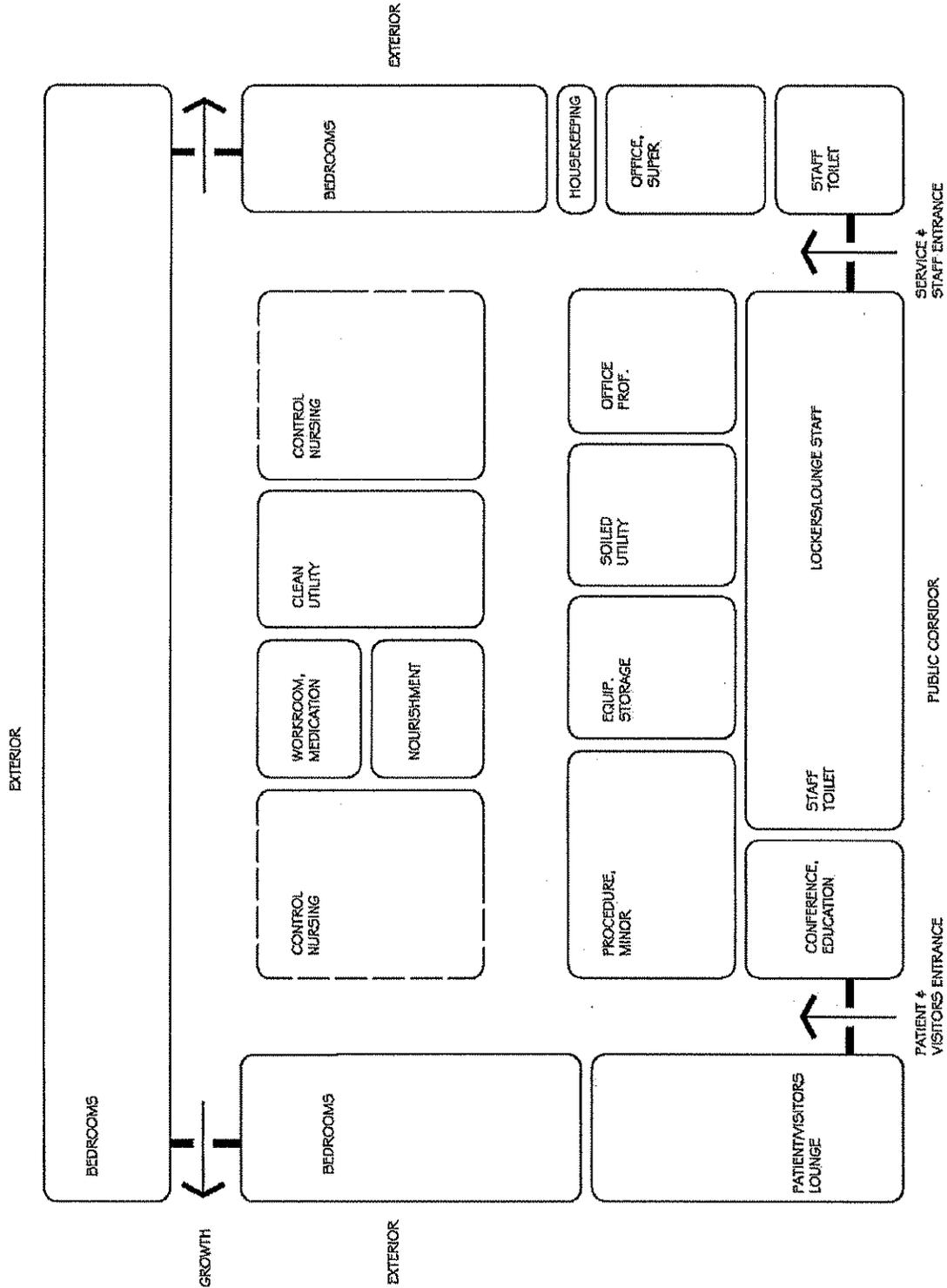
Exam & Treatment - If template is mirrored/reversed, assure that practitioner work space (at sink and counter side of room) is located at right side of patient on exam table.

The nursing unit will be organized around a central control and charting station and accompanying support areas. The control and charting area will allow adequate control of entry and exit points to the nursing unit. A medication alcove will be located within the control and charting area. Location of the other support areas should encourage efficient operation of the unit.

The patient rooms will be standard one bed inpatient rooms, complete with piped in oxygen, wall suction, etc. One of the patient rooms will be an isolation room, requiring a hand washing and gowning anteroom and negative pressure for respiratory isolation.

The Staff Lounge, Equipment Storage, Visitor Lounge and Conference Room should be designed to be easily reconfigured for four additional rooms if growth is necessary.

Function Sketch
 Inpatient, Acute Care, 14 Bed (ACB14)



Space Program
Inpatient, Acute Care, 14 Bed (ACB14)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|------------------------------|-------|-----|-------|--------|------------------------------|
| ANTE ROOM FOR ISOLATION | ATIS1 | | 6.00 | | |
| ANTE ROOM FOR ISOLATION ROOM | ATIS1 | 1 | 5.10 | 5.10 | Ante room for isolation room |
| ANTE ROOM FOR SECLUSION ROOM | ATIS1 | 1 | 5.10 | 5.10 | Ante room for seclusion room |
| ANTE ROOM FOR SECULSION | ATIS1 | | 6.00 | | |
| BED/CRIB STORAGE | STBC1 | | | | |
| CLEAN LINEN STORAGE | STLN1 | 1 | 6.00 | 6.00 | |
| CLEAN UTILITY | UTCL1 | 1 | 11.00 | 11.00 | |
| CRASH CART ALCOVE | ALCC1 | 1 | 2.00 | 2.00 | |
| EDUCATION CONFERENCE | CFET1 | 1 | 24.00 | 24.00 | |
| EQUIPMENT STORAGE | STEQ1 | 1 | 15.00 | 15.00 | |
| HOUSEKEEPING | HSKP1 | 1 | 4.00 | 4.00 | |
| ICE MACHINE ALCOVE | ALIM1 | 1 | 2.00 | 2.00 | |
| ISOLATION ANTEROOM | ATIS1 | | | | |
| ISOLATION BEDROOM | BRIS1 | 1 | 20.00 | 20.00 | |
| ISOLATION BEDROOM | BRIS2 | | | | |
| MEDS WORKROOM | WRMD1 | 1 | 6.00 | 6.00 | |
| MINOR PROCEDURE | PRMN2 | 1 | 14.00 | 14.00 | |
| NOURISHMENT ALCOVE | ALNR1 | 1 | 3.00 | 3.00 | |
| NOURISHMENT WORKROOM | WRNR1 | | 15.00 | | |
| NURSING CONTROL | CNNA1 | 1 | 26.00 | 26.00 | |
| PATIENT TOILET | TSPA1 | 11 | 6.00 | 66.00 | |
| PATIENT-VISITOR LOUNGE | LGPV1 | 1 | 20.00 | 20.00 | |
| PRIVATE PATIENTROOM | BRPA1 | 5 | 20.00 | 100.00 | |
| PROFESSIONAL OFFICE | OFTY1 | 1 | 9.00 | 9.00 | |
| SECLUSION PATIENTROOM | BRSC1 | 1 | 20.00 | 20.00 | |
| SECLUSION TOILET | TSPP1 | 1 | 6.00 | 6.00 | |
| SEMIPRIVATE PATIENTROOM | BRSA1 | 4 | 28.00 | 112.00 | |
| SHARED OFFICE | OFSH1 | | | | |
| SOILED UTILITY | UTSL2 | 1 | 9.00 | 9.00 | |
| SPECIAL CARE PATIENT ROOM | BRSP1 | 1 | 20.00 | 20.00 | |
| STAFF LOCKER/LOUNGE | LLST1 | 1 | 23.00 | 23.00 | |
| STAFF LOCKERS | LKST1 | | 8.00 | | |
| STAFF LOUNGE | LGST1 | | 11.00 | | |
| STAFF TOILET | TLPS1 | 1 | 5.00 | 5.00 | |
| STRETCHER/WC ALCOVE | ALSW1 | 1 | 3.00 | 3.00 | |
| SUPERVISOR OFFICE | OFSP1 | 1 | 11.00 | 11.00 | |
| TUB ROOM | TBAC1 | 1 | 11.00 | 11.00 | |
| WC SHOWER | SHWC1 | 1 | 8.00 | 8.00 | |

| | |
|---------------------------|--------|
| Discipline Net Sq. Mts. | 566.20 |
| Discipline Gross Sq. Mts. | 849.00 |

Design Notes
Inpatient, Labor & Delivery/Nursery (LD1)

MISSION

Projected Annual Workload Capacity: 125 low risk direct births - 299 total direct births with a level II or III ER and further than 100 kilometers to the nearest OB Service.

HOURS OF OPERATION

24 hour

STAFFING

RRM staffing calculated manually as part of the inpatient alternative rural hospital module.

| Position | Planned | Daytime |
|-----------------|----------------|----------------|
| Birthing Unit | 7 | |
| TOTAL | 7 | |

CONCEPT OF OPERATION

Admissions for Antepartum care if necessary and appropriate for the Sub-Acute Care will be handled in Sub Acute Care.

The anticipated Average Length of Stay is 2 days.

OB patients in labor are admitted at the Emergency Room. High risk births are referred elsewhere. Non-stress tests and other antepartum visits are admitted through Ambulatory Care.

ADJACENCY PARAMETERS

Desirable: Sub-Acute Care Nursing, Acute Care Nursing, Emergency Room / Urgent Care / Security
Beneficial: Dietary, Property and Supply, Pharmacy

ROOM/SUITE SPECIFIC ISSUES

This unit is not appropriate for application in multiples within a single facility, due to the inefficiency of multiple nursing & nursery locations.

Nourishment Alcove — this area is located for convenient patient access under visual control of the nurse Control & Charting area.

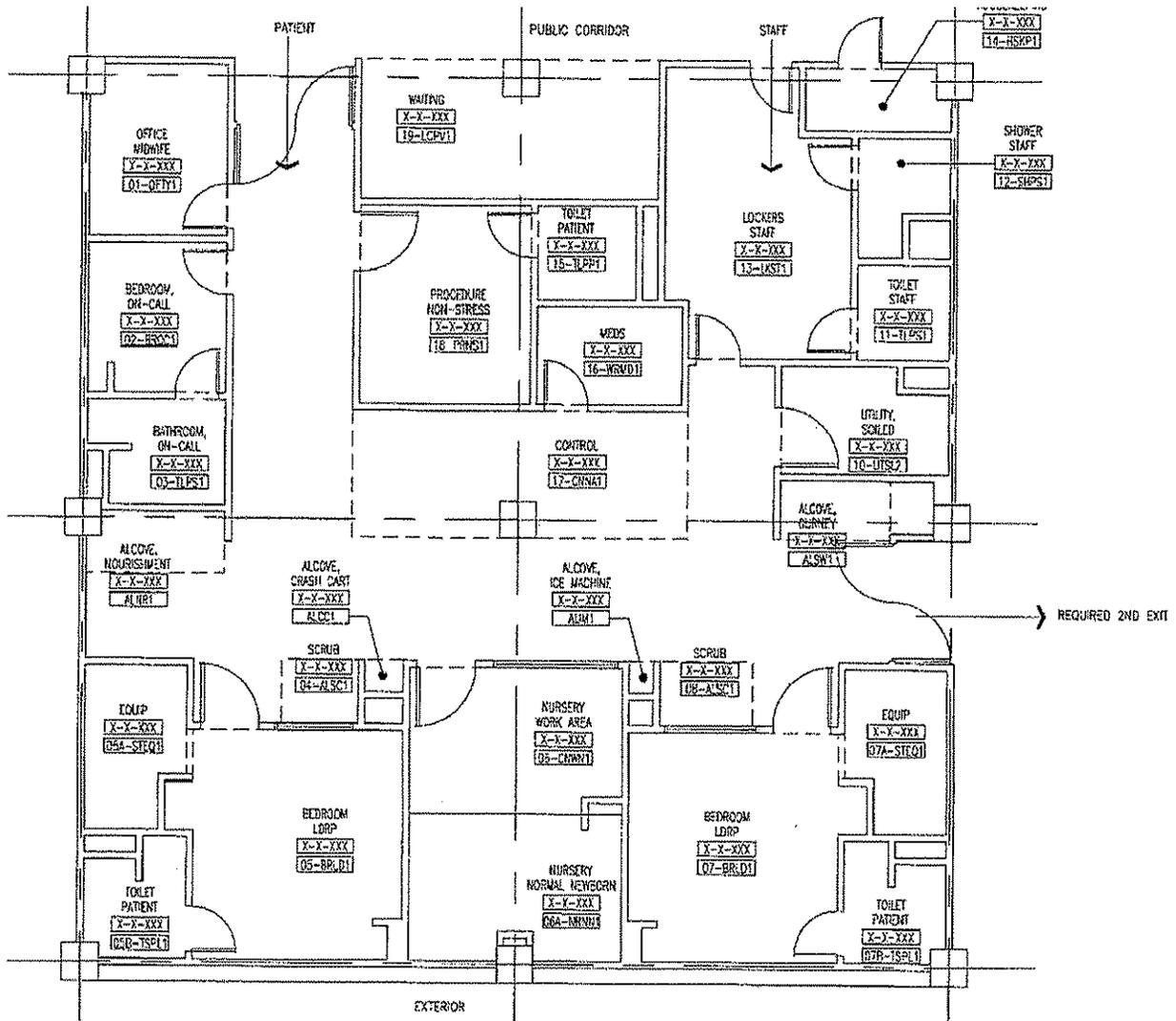
This Template relies on other templates and/or adjacent “out-of-template” areas for several functions and support spaces identified in the “Guidelines for Construction and Equipment of Hospital and Medical Facilities”. These functions and spaces located outside of this template include Public Toilets, 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.

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. Dictation capability is provided from each phone location on the template. The physician can determine his location for dictation.

2. On-call Room within the ER will provide physician support.
3. A dedicated Nursery housekeeping closet was determined not necessary.
4. Infant care classes will be provided privately via video tape or in an adjacent department's conference room.

Function Sketch Inpatient, Labor & Delivery/Nursery (LD1)



Space Program
Inpatient, Labor & Delivery/Nursery (LD1)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|----------------------|-------|-----|-------|-------|---------|
| ALCOVE, CRASH CART | ALCC1 | 1 | 0.50 | 0.50 | |
| ALCOVE, GURNEY | ALSW1 | 1 | 2.80 | 2.80 | |
| ALCOVE, ICE MACHINE | ALIM1 | 1 | 0.30 | 0.30 | |
| ALCOVE, NOURISHMENT | ALNR1 | 1 | 3.40 | 3.40 | |
| BEDROOM LDRP | BRLD1 | 2 | 25.00 | 50.00 | |
| BEDROOM, ON-CALL | BROC1 | 1 | 8.60 | 8.60 | |
| CONTROL | CNNA1 | 1 | 17.50 | 17.50 | |
| EQUIP | STEQ1 | 2 | 6.30 | 12.60 | |
| HOUSEKEEPING | HSKP1 | 1 | 3.60 | 3.60 | |
| LOCKERS STAFF | LKST1 | 1 | 20.80 | 20.80 | |
| MEDS | WRMD1 | 1 | 6.00 | 6.00 | |
| NURSERY NORMAL | NRNN1 | 1 | 12.60 | 12.60 | |
| NEWBORN | | | | | |
| NURSERY WORK AREA | CNWN1 | 1 | 12.80 | 12.80 | |
| OFFICE MIDWIFE | OFTY1 | 1 | 9.70 | 9.70 | |
| PROCEDURE NON-STRESS | PRNS1 | 1 | 14.30 | 14.30 | |
| SCRUB | ALSC1 | 2 | 2.10 | 4.20 | |
| SHOWER STAFF | SHPS1 | 1 | 3.70 | 3.70 | |
| TOILET PATIENT | TLPP1 | 1 | 3.90 | 3.90 | |
| TOILET PATIENT | TSPL1 | 2 | 4.50 | 9.00 | |
| TOILET STAFF | TLPS1 | 2 | 3.70 | 7.40 | |
| UTILITY, SOILED | UTSL2 | 1 | 7.00 | 7.00 | |
| WAITING | LGPV1 | 1 | 16.90 | 16.90 | |

| | |
|---------------------------|--------|
| Discipline Net Sq. Mts. | 227.60 |
| Discipline Gross Sq. Mts. | 326.00 |

Design Notes
Preventive, Environmental Health (EH)

MISSION

These are out-of-template departments and will be sized to support their specific facility.

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.

HOURS OF OPERATION

Routine outpatient schedule with possible after hour nursing staff access for inpatient facilities.

STAFFING

The RRM allocates this module within Community Health Services

| Position | Planned | Daytime |
|--------------------------------|----------------|----------------|
| EH Clerk/Typist | 1 | 1 |
| EH Specialist | 2 | 2 |
| EH Supervisor | 1 | 1 |
| Engineer | 1 | 1 |
| Engineering Technician | 1 | 1 |
| Sanitation Engineer Supervisor | 1 | 1 |
| TOTAL | 7 | 7 |

CONCEPT OF OPERATION

The Environmental Health and Sanitation Facility programs perform a variety of technical and consultative services in the areas of community water supply, waste disposal, refuse disposal, food sanitation, plague control, rabies control, vector control, air pollution, community injury control, occupational health, industrial hygiene, radiological health, institutional sanitation, and safety survey programs.

The Environmental Health and Sanitation Facilities programs operate independently of each other, and require distinctly different functional adjacencies. The Environmental Health program operates in conjunction with Community Health Services, with separate but functionally adjacent spatial provisions. The Sanitation Facilities program operates in conjunction with Facility Management, with separate but functionally adjacent spatial provisions.

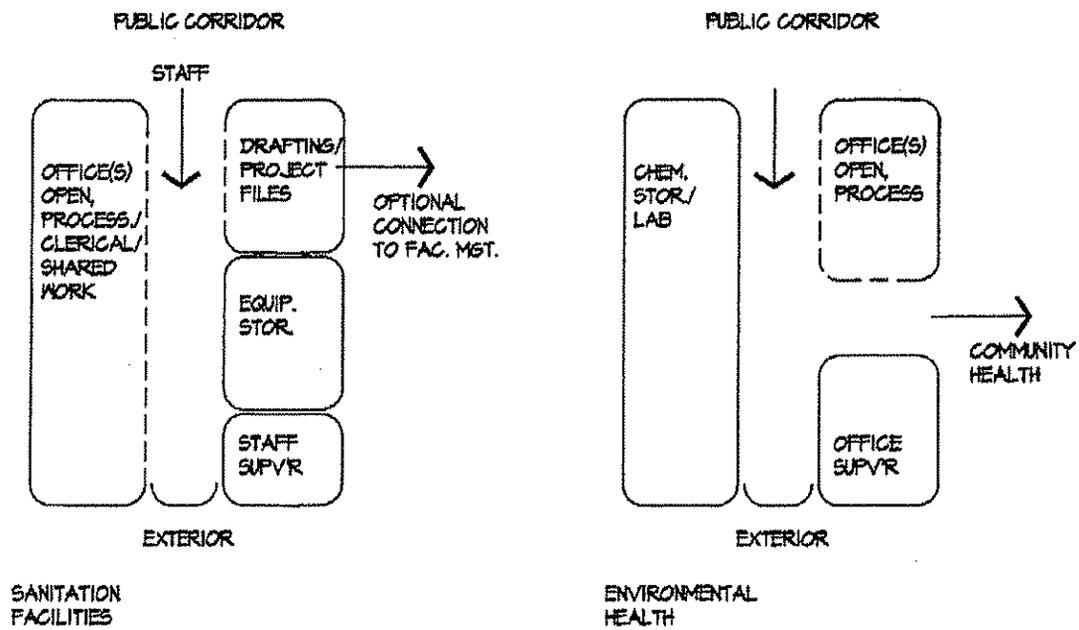
ADJACENCY PARAMETERS

- Required: The Environmental Health program and the Sanitation Facilities program both require direct exterior access to staff and service vehicle parking, for exclusive use of program staff.
- Desirable: Facility Management (for Sanitation Facilities); Community Health (for Environmental Health).

ROOM/SUITE SPECIFIC ISSUES

Enclosed, private offices are provided only for supervisors. All other staff will be allocated open-office space. Detailed staffing requirements for the facility are necessary before space programming may begin.

Functional Sketch
Preventive, Environmental Health (EH)



Space Program
Preventive, Environmental Health (EH)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|------------------------|-------|-----|-------|-------|---------|
| CHEMICAL STORAGE | STCH1 | 1 | 3.00 | 3.00 | |
| DRAFTING AREA | OFOD1 | 1 | 2.00 | 2.00 | |
| EH CLERK/TYPIST | OFOC1 | 1 | 6.00 | 6.00 | |
| EH LABORATORY | LBEH1 | 1 | 9.00 | 9.00 | |
| EH SPECIALIST | OFOC1 | 2 | 6.00 | 12.00 | |
| EH SUPERVISOR | OFSP1 | 1 | 11.00 | 11.00 | |
| EH UNIT SUPPLY | STUS1 | 1 | 7.00 | 7.00 | |
| ENGINEER | OFOC1 | 1 | 6.00 | 6.00 | |
| ENGINEERING TECHNICIAN | OFOC1 | 1 | 6.00 | 6.00 | |
| EQUIPMENT ROOM | STEQ1 | 1 | 6.00 | 6.00 | |
| PROJECT FILES | STSE1 | 1 | 4.00 | 4.00 | |
| SANITATION SUPERVISOR | OFSP1 | 1 | 11.00 | 11.00 | |
| SANITATION UNIT SUPPLY | STUS1 | 1 | 7.00 | 7.00 | |

| | |
|--------------------------------|--------|
| Discipline Net Sq. Mts. | 90.00 |
| Net to Gross Conversion Factor | 1.40 |
| Discipline Gross Sq. Mts. | 126.00 |

MISSION

This is an out-of-template department and will be sized to support its specific facility.

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.

HOURS OF OPERATION

Routine outpatient schedule with possible after hour nursing staff access for inpatient facilities.

STAFFING

The RRM allocates this module within Community Health Services

| Position | Planned | Daytime |
|---------------------------|----------|---------|
| Community Health Educator | 2.61 | |
| TOTAL | 3 | |

CONCEPT OF OPERATION

The Community Health Unit includes three basic programs: public health nursing, public health nutrition, and health education. Community Health Representatives are incorporated into Public Health Nursing and Nutrition programs. Each service provides a unique program designed to assist, educate, or improve the health of American Indians and Alaskan Natives. Most community health professionals work outside the facility. Professional activities conducted in the facility include screening, training, or advising IHS clients and patients, case management, planning for educational programs, and preparing/producing educational materials. Facility space for the Community Health Unit provides an area for administrative, supervisory, and clerical work, and for keeping files and storing equipment. Consultation rooms are used for meeting with small groups, families, or individuals.

Not all community health services need to be collocated in large facilities. Consultation rooms should be designed so that those programs using them have easy access. Within this constraint, these rooms may be placed at a central location or distributed throughout the Community Health Services area. Direct access to employee parking must be provided from supply & equipment storage and work/office areas.

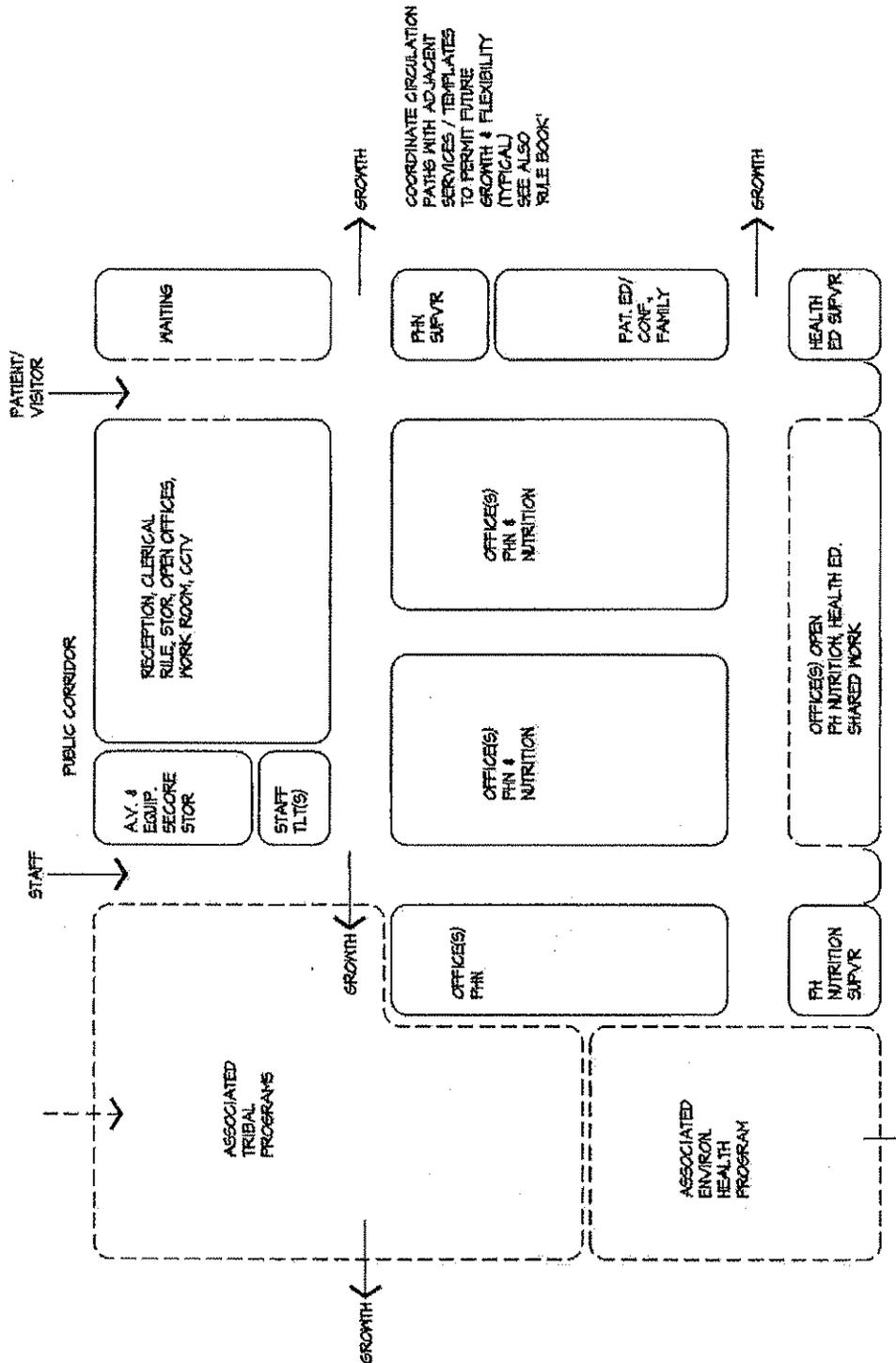
ADJACENCY PARAMETERS

- Required: Co-locate with Tribal health programs.
- Desirable: Ambulatory Care, Education & Training
- Beneficial: Administration, Property & Supply, Medical Supply Services, Health Information Management.

ROOM/SUITE SPECIFIC ISSUES

Generally, enclosed, private offices are provided only for public health nurses, public health nutrition professionals, and supervisors. All other staff will be allocated open-office space. Detailed staffing requirements for the facility are necessary before space programming may begin.

Function Sketch
Preventive, Health Education (HE)



Space Program
Preventive, Health Education (HE)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--------------------------------|-------|-----|------|-------|---------|
| COMMUNITY HEALTH EDUCATOR | OFTY1 | 3 | 9.00 | 27.00 | |
| HE WORK/DISPLAY | WRHE1 | 1 | 7.00 | 7.00 | |
| WORKROOM, CCTV | WRCC1 | 1 | 7.00 | 7.00 | |
| Discipline Net Sq. Mts. | | | | 41.00 | |
| Net to Gross Conversion Factor | | | | 1.40 | |
| Discipline Gross Sq. Mts. | | | | 57.40 | |

Design Notes
Preventive, Public Health Nursing (PHN)

MISSION

This is an out-of-template department and will be sized to support its specific facility.

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.

HOURS OF OPERATION

Routine outpatient schedule with possible after hour nursing staff access for inpatient facilities.

STAFFING

The RRM allocates this module within Community Health Services

| Position | Planned | Daytime |
|------------------------------|----------------|----------------|
| Public Health Nurse Manager | 1.00 | |
| Public Health Nurse | 13.19 | |
| Public Health Nurse - School | 0.58 | |
| Clerical Support | 1.67 | |
| | | |
| TOTAL | 16 | |

CONCEPT OF OPERATION

The Community Health Unit includes three basic programs: public health nursing, public health nutrition, and health education. Community Health Representatives are incorporated into Public Health Nursing and Nutrition programs. Each service provides a unique program designed to assist, educate, or improve the health of American Indians and Alaskan Natives. Most community health professionals work outside the facility. Professional activities conducted in the facility include screening, training, or advising IHS clients and patients, case management, planning for educational programs, and preparing/producing educational materials. Facility space for the Community Health Unit provides an area for administrative, supervisory, and clerical work, and for keeping files and storing equipment. Consultation rooms are used for meeting with small groups, families, or individuals.

Not all community health services need to be collocated in large facilities. Consultation rooms should be designed so that those programs using them have easy access. Within this constraint, these rooms may be placed at a central location or distributed throughout the Community Health Services area. Direct access to employee parking must be provided from supply & equipment storage and work/office areas.

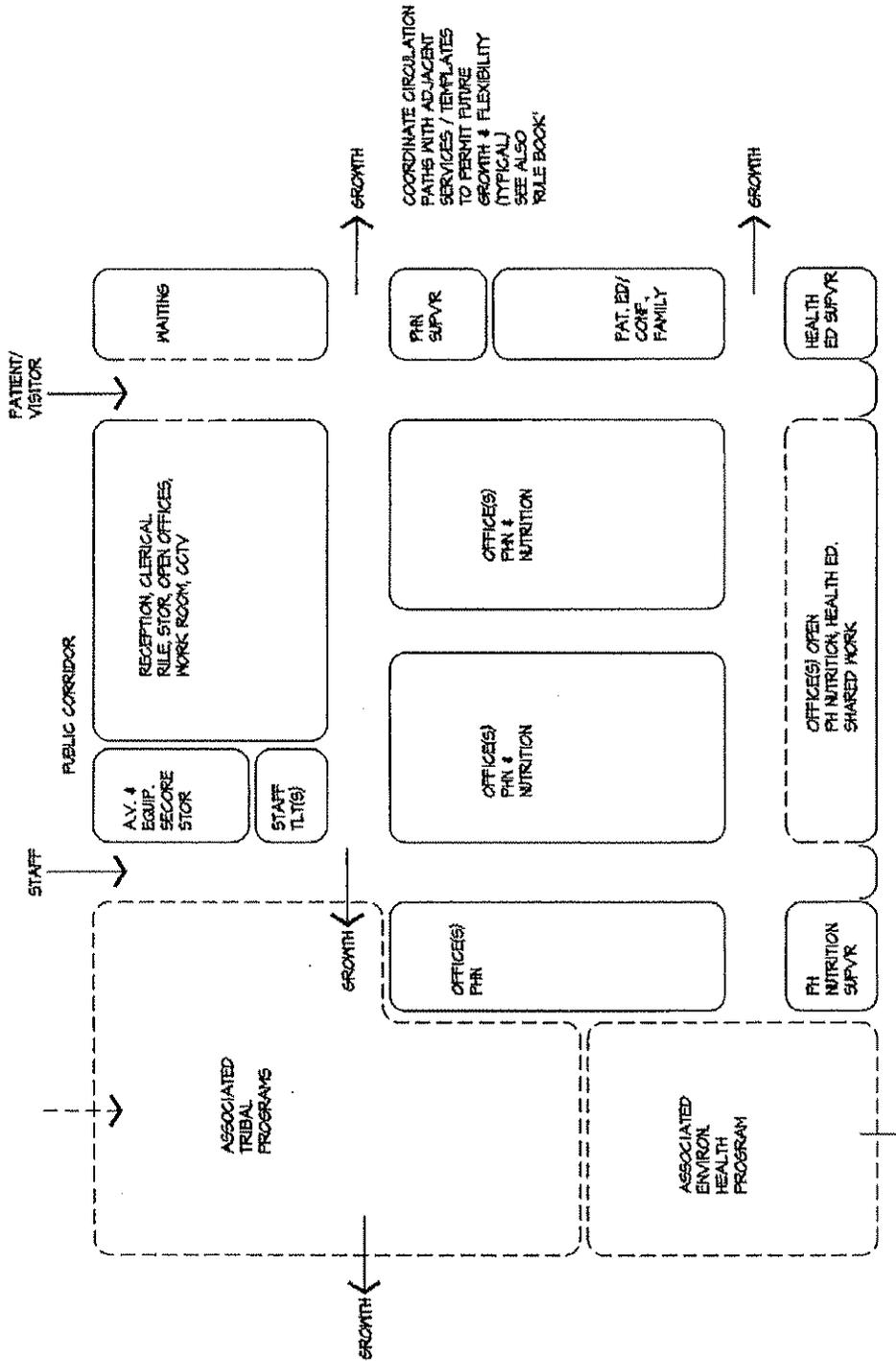
ADJACENCY PARAMETERS

- Required: Co-locate with Tribal health programs.
- Desirable: Ambulatory Care, Education & Training.
- Beneficial: Administration, Property & Supply, Medical Supply Services, Health Information Management.

ROOM/SUITE SPECIFIC ISSUES

Generally, enclosed, private offices are provided only for public health nurses, public health nutrition professionals, and supervisors. All other staff will be allocated open-office space. Detailed staffing requirements for the facility are necessary before space programming may begin.

Function Sketch Preventive, Public Health Nursing (PHN)



Space Program
Preventive, Public Health Nursing (PHN)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--------------------------------|-------|-----|-------|--------|---------|
| AV/EQUIPMENT STORAGE | STAV1 | 1 | 2.00 | 2.00 | |
| OFFICE, SHARED WORK | OFSW1 | 1 | 6.00 | 6.00 | |
| PHN CLERK | OFOC1 | 2 | 6.00 | 12.00 | |
| PHN SUPERVISOR | OFSP1 | 1 | 11.00 | 11.00 | |
| PUBLIC HEALTH NURSE | OFTY1 | 13 | 9.00 | 117.00 | |
| UNIT SUPPLY | STSF1 | 4 | 4.00 | 16.00 | |
| UTILITY, SOILED | UTSL1 | 1 | 7.00 | 7.00 | |
| WAITING, PATIENT | WTGN1 | 1 | 14.00 | 14.00 | |
| Discipline Net Sq. Mts. | | | | 185.00 | |
| Net to Gross Conversion Factor | | | | 1.40 | |
| Discipline Gross Sq. Mts. | | | | 259.00 | |

Design Notes
Preventive, Public Health Nutrition (PNT)

MISSION

This is an out-of-template department and will be sized to support its specific facility.

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.

HOURS OF OPERATION

Routine outpatient schedule with possible after hour nursing staff access for inpatient facilities.

STAFFING

The RRM allocates this module within Community Health Services

| Position | Planned | Daytime |
|----------------------------|----------------|----------------|
| Public Health Nutritionist | 3.43 | |
| TOTAL | 3 | |

CONCEPT OF OPERATION

The Community Health Unit includes three basic programs: public health nursing, public health nutrition, and health education. Community Health Representatives are incorporated into Public Health Nursing and Nutrition programs. Each service provides a unique program designed to assist, educate, or improve the health of American Indians and Alaskan Natives. Most community health professionals work outside the facility. Professional activities conducted in the facility include screening, training, or advising IHS clients and patients, case management, planning for educational programs, and preparing/producing educational materials. Facility space for the Community Health Unit provides an area for administrative, supervisory, and clerical work, and for keeping files and storing equipment. Consultation rooms are used for meeting with small groups, families, or individuals.

Not all community health services need to be collocated in large facilities. Consultation rooms should be designed so that those programs using them have easy access. Within this constraint, these rooms may be placed at a central location or distributed throughout the Community Health Services area. Direct access to employee parking must be provided from supply & equipment storage and work/office areas.

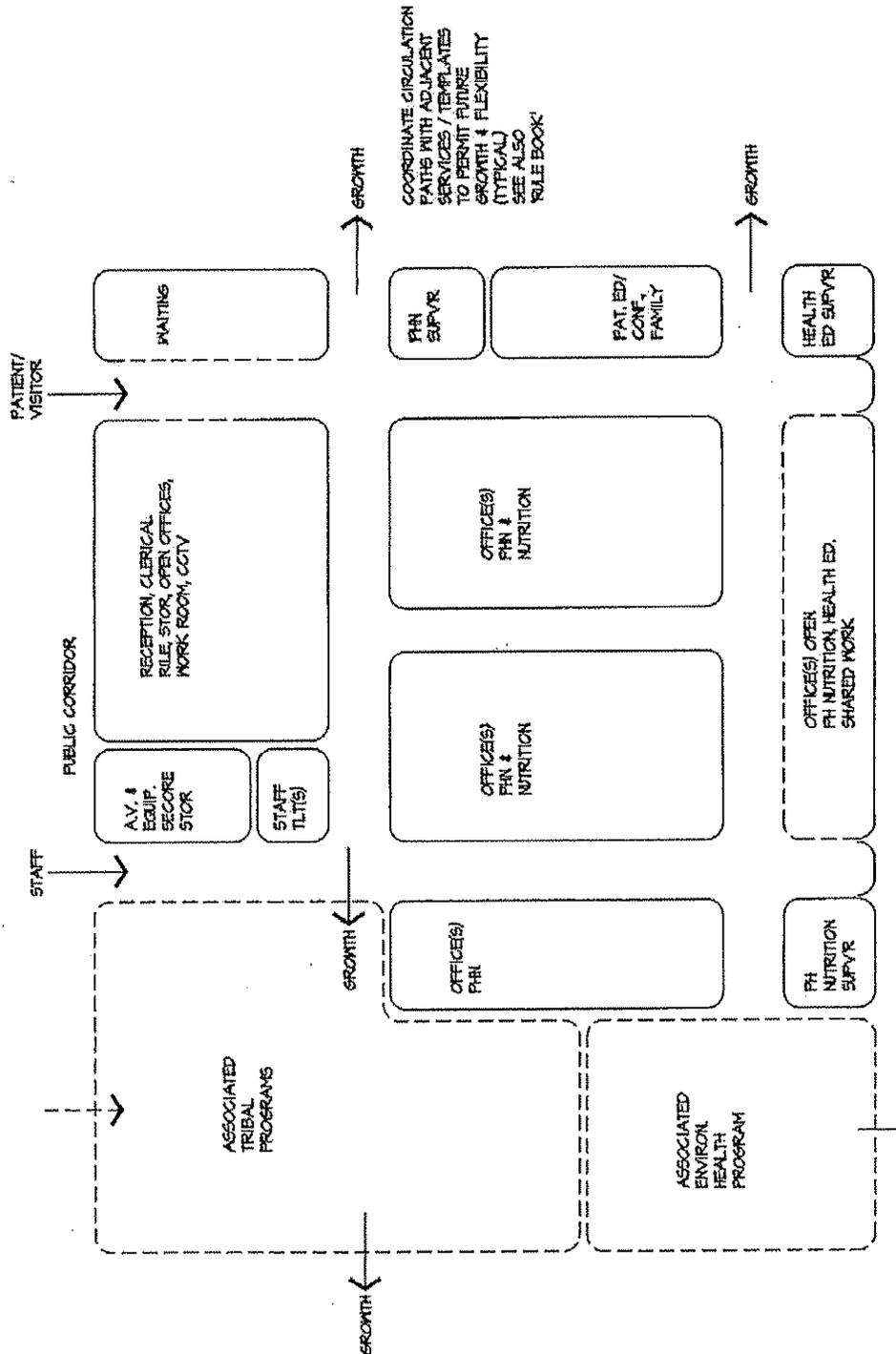
ADJACENCY PARAMETERS

- Required: Co-locate with Tribal health programs.
- Desirable: Ambulatory Care, Education & Training.
- Beneficial: Administration, Property & Supply, Medical Supply Services, Health Information Management.

ROOM/SUITE SPECIFIC ISSUES

Generally, enclosed, private offices are provided only for public health nurses, public health nutrition professionals, and supervisors. All other staff will be allocated open-office space. Detailed staffing requirements for the facility are necessary before space programming may begin.

Function Sketch Preventive, Public Health Nutrition (PNT)



Space Program
Preventive, Public Health Nutrition (PNT)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|-------------------------|------------|------------|-------------|--------------------------------|----------------|
| PUBLIC HEALTH NUTRITION | OFTY1 | 3 | 9.00 | 27.00 | |
| | | | | Discipline Net Sq. Mts. | 27.00 |
| | | | | Net to Gross Conversion Factor | 1.40 |
| | | | | Discipline Gross Sq. Mts. | 37.80 |

Design Notes
Support Services, Education & Group (EGC2 & EGC)

MISSION

Projected Annual Workload Capacity: 251 - 800 staff

HOURS OF OPERATION

6 AM - 10 PM

STAFFING

Staffing is not directly allocated to this module.

| Position | Planned | Daytime |
|-----------------|----------------|----------------|
| | | |
| | | |
| | | |
| | | |

CONCEPT OF OPERATION

The space is typically maintained, secured and scheduled by the administrative staff or Community Health Education staff.

The 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.

ADJACENCY PARAMETERS

Required: Public Before/After hour Entrance

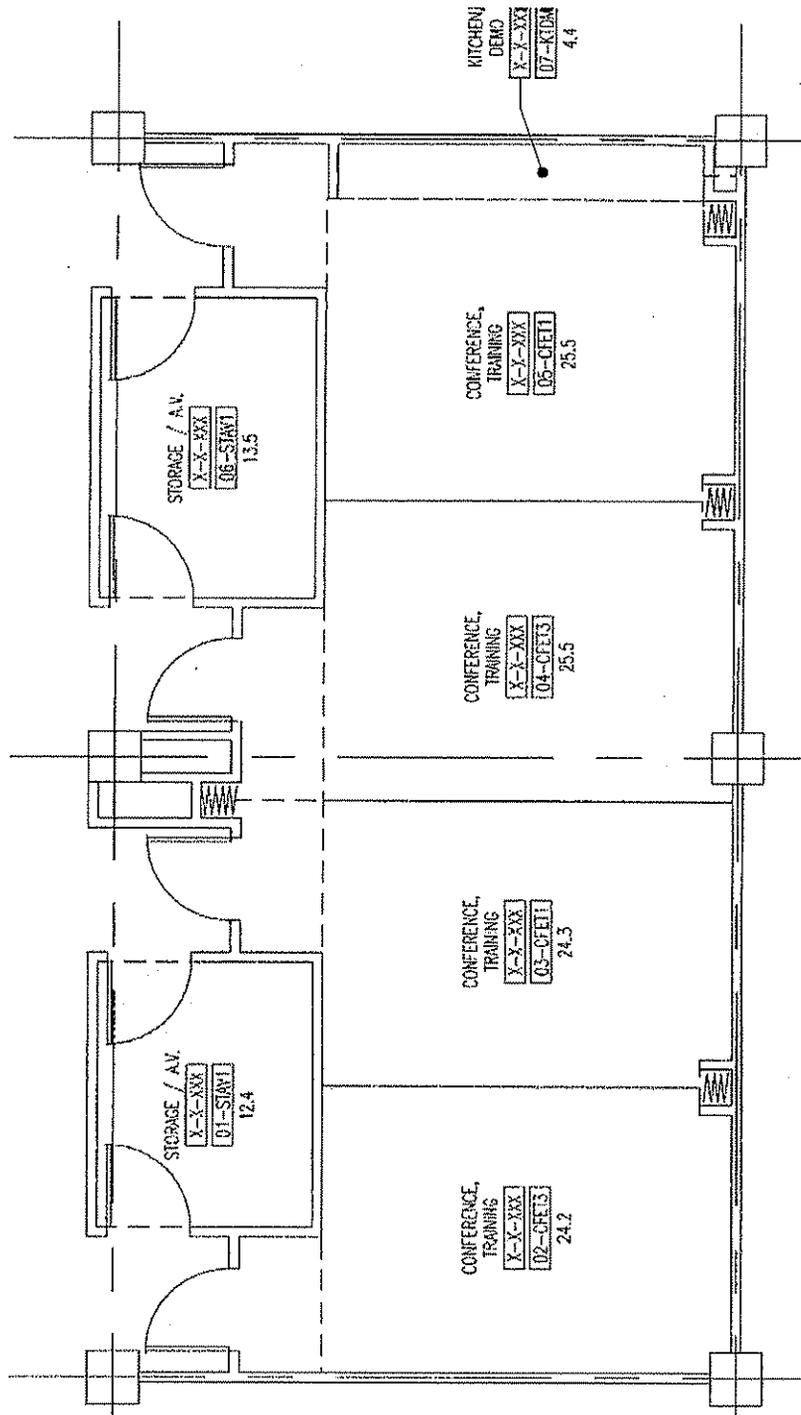
ROOM/SUITE SPECIFIC ISSUES

Future expansion is not likely for this department.

Flexibility of arrangement and size is provided through the use of folding wall partitions.

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.

Functional Sketch
Support Services, Education & Group (EGC2)



Space Program
Support Services, Education & Group (EGC2)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|----------------------|------------|------------|-------------|--------------|----------------|
| CONFERENCE, TRAINING | CFET3 | 2 | 24.20 | 48.40 | |
| CONFERENCE, TRAINING | CFET1 | 2 | 24.30 | 48.60 | |
| KITCHEN, DEMO | KTDM1 | 1 | 4.40 | 4.40 | |
| STORAGE / A.V. | STAV1 | 2 | 12.40 | 24.80 | |

| | |
|---------------------------|--------|
| Discipline Net Sq. Mts. | 126.20 |
| Discipline Gross Sq. Mts. | 151.00 |

Space Program
Support Services, Education & Group (EGC)

| Space Name | RFN | Qty | Area | Total | Remarks |
|------------|-------|-----|-------|--------------------------------|---------|
| LIBRARY | LBMD1 | 1 | 34.00 | 34.00 | |
| | | | | Discipline Net Sq. Mts. | 34.00 |
| | | | | Net to Gross Conversion Factor | 1.10 |
| | | | | Discipline Gross Sq. Mts. | 37.40 |

MISSION

This is an out-of-template department and will be sized to support its specific facility.

HOURS OF OPERATION

STAFFING

Staffing is not directly allocated to this module.

| Position | Planned | Daytime |
|----------|---------|---------|
| | | |
| | | |
| | | |

CONCEPT OF OPERATION

Employee lounges, locker rooms, toilets and showers programmed in this chapter will be located to serve employees working in the outpatient area of the facility as well as in the Dietary, Housekeeping & Linen, Facility Management, and Clinical Engineering Units. Space should be sub-divided during design as necessary to place Employee Facilities in close proximity to 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 in a facility with a large staff dispersed as determined during design. Thus, while the criteria shows 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

Desirable: Staff Entrances

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.

Space Program
Support Services, Employee Facilities (EF)

| Space Name | RFN | Qty | Area | Total | Remarks |
|------------------------------------|-------|-----|-------|--------|--|
| EMPLOYEE LOCKER | LKST1 | 304 | 0.60 | 182.40 | |
| EMPLOYEE LOUNGE | LGST1 | 1 | 23.00 | 23.00 | |
| EMPLOYEE SHOWERS - FEMALE | SHPS1 | 5 | 3.00 | 15.00 | |
| EMPLOYEE SHOWERS - MALE | SHPS1 | 4 | 3.00 | 12.00 | |
| EMPLOYEE TOILETS - FEMALE TLMF1 | TLMF1 | 1 | 14.00 | 14.00 | |
| EXERCISE CENTER | ECST1 | 1 | 33.00 | 33.00 | |
| EXERCISE CENTER LOCKERS | LKEC1 | 2 | 14.00 | 28.00 | |
| EXERCISE CENTER SHOWER | SHPS1 | 4 | 3.00 | 12.00 | |
| TOILET, STAFF, F | TLMF3 | 2 | 22.00 | 44.00 | |
| TOILET, STAFF, M | TLMM3 | 1 | 18.00 | 18.00 | |
| TOILET, STAFF,M | TLPS1 | 1 | 5.00 | 5.00 | |
| HSP CORRECTION | | 1 | 10.20 | 10.20 | ⁸ Program calculation correction |
| Discipline Net Sq. Mts. | | | | 396.60 | |
| Net to Gross Conversion Factor | | | | 1.20 | |
| Discipline Gross Sq. Mts. | | | | 475.92 | |

⁸ HSP internal inconsistency between the summary calculation and detail sheets is resolved by a line item correction of the detail to match the summary.

Design Notes
Support Services, Housekeeping & Linen (HL2 & HL)

MISSION

Projected Annual Workload Capacity: 10,000 - 75,000 lbs. linen

HOURS OF OPERATION

24 hour

STAFFING

The RRM allocates this module within Facility Support.

| Position | Planned | Daytime |
|---|----------------|----------------|
| Janitor/Housekeeper | 18.09 | |
| RRM DEVIATIONS | | |
| Laundry adjustment to reflect existing staffing | 6.00 | |
| | | |
| TOTAL | 24 | |

CONCEPT OF OPERATION

Direct access is provided to 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 Receiving area of the Property & Supply department.

ADJACENCY PARAMETERS

Required: Property & Supply
Desirable: Facility Management
Beneficial: Overall center of facility.

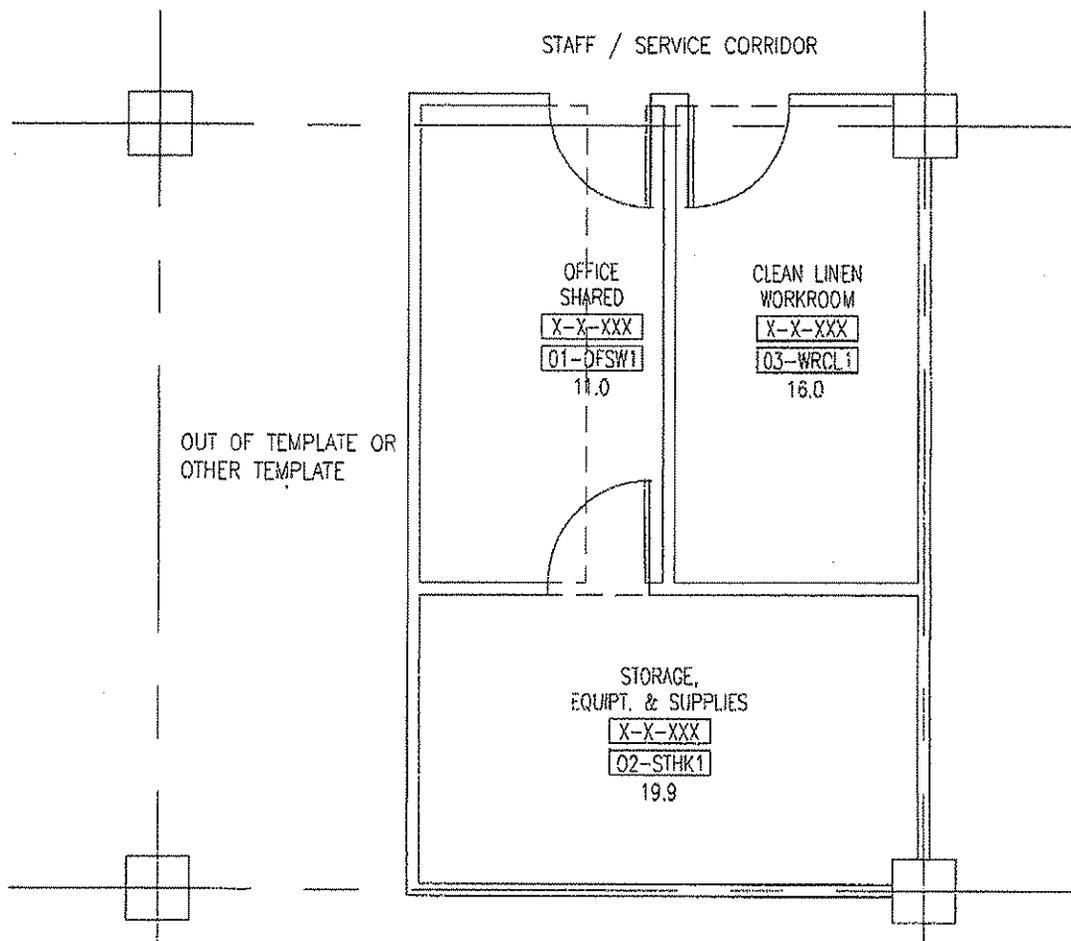
ROOM/SUITE SPECIFIC ISSUES

This department does not anticipate expansion.

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 Employee Facilities, and Soiled Linen Holding. Application of this template must assure the appropriate spaces are accounted for in adequate proximity.

This template design is predicated on off-site linen processing.

Function Sketch
Support Services, Housekeeping & Linen (HL2)



Space Program
Support Services, Housekeeping & Linen (HL)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--------------------------------|-------|-----|------|-------|---|
| HOUSEKEEPING | HSKP1 | 14 | 4.00 | 56.00 | |
| HSP CORRECTION | | 1 | 4.00 | 4.00 | ⁹ Program calculation correction |
| Discipline Net Sq. Mts. | | | | 60.00 | |
| Net to Gross Conversion Factor | | | | 1.10 | |
| Discipline Gross Sq. Mts. | | | | 66.00 | |

⁹ HSP internal inconsistency between the summary calculation and detail sheets is resolved by a line item correction of the detail to match the summary.

MISSION

Projected Annual Workload Capacity: Small Hospital &/or Large free-standing clinic with more than 8 physicians.

HOURS OF OPERATION

Routine outpatient schedule, with controlled off-schedule inpatient related access.

STAFFING

The RRM allocates this module within Administration.

| Position | Planned | Daytime |
|-----------------------|----------------|----------------|
| Central Supply Staff | 0.67 | |
| RRM DEVIATIONS | | |
| Sterile Processing | 1.00 | |
| | | |
| TOTAL | 2 | |

CONCEPT OF OPERATION

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

ADJACENCY PARAMETERS

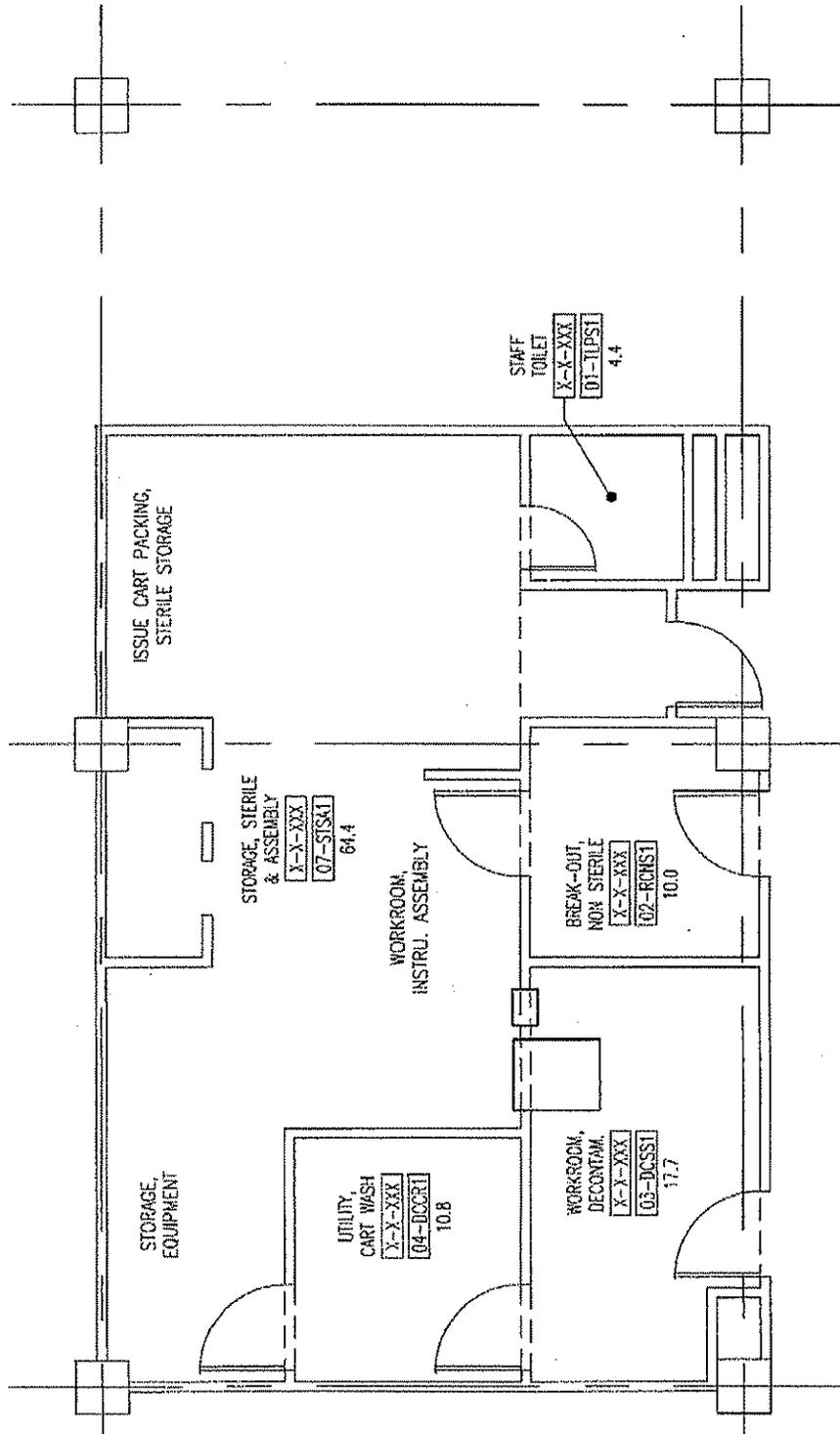
- Required: Surgery, Labor / Delivery / Nursery, Intensive Care Nursing
- Desirable: Emergency Room, Acute Care Nursing
- Beneficial: Ambulatory Care and Specialty Clinics

ROOM/SUITE SPECIFIC ISSUES

Design of this Template does not anticipate expansion.

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 Employee Facilities, and Soiled Linen. Application of this template must assure the appropriate spaces are accounted for in adequate proximity.

Function Sketch
Support Services, Medical Supply (MS2)



Design Notes
Support Services, Property & Supply (PS5)

MISSION

This department provides material management support for the health programs forecasting a storage index of between (15000-20000).

HOURS OF OPERATION

Routine outpatient schedule with controlled off-schedule access by on-call personnel.

STAFFING

The RRM allocates this module within Facility Support.

| Position | Planned | Daytime |
|--|----------------|----------------|
| Warehouseman | 4.20 | |
| RRM DEVIATIONS | | |
| Materials Management Adjustment to reflect existing staffing | 2.00 | |
| | | |
| TOTAL | 6 | |

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 work station 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, Dietary

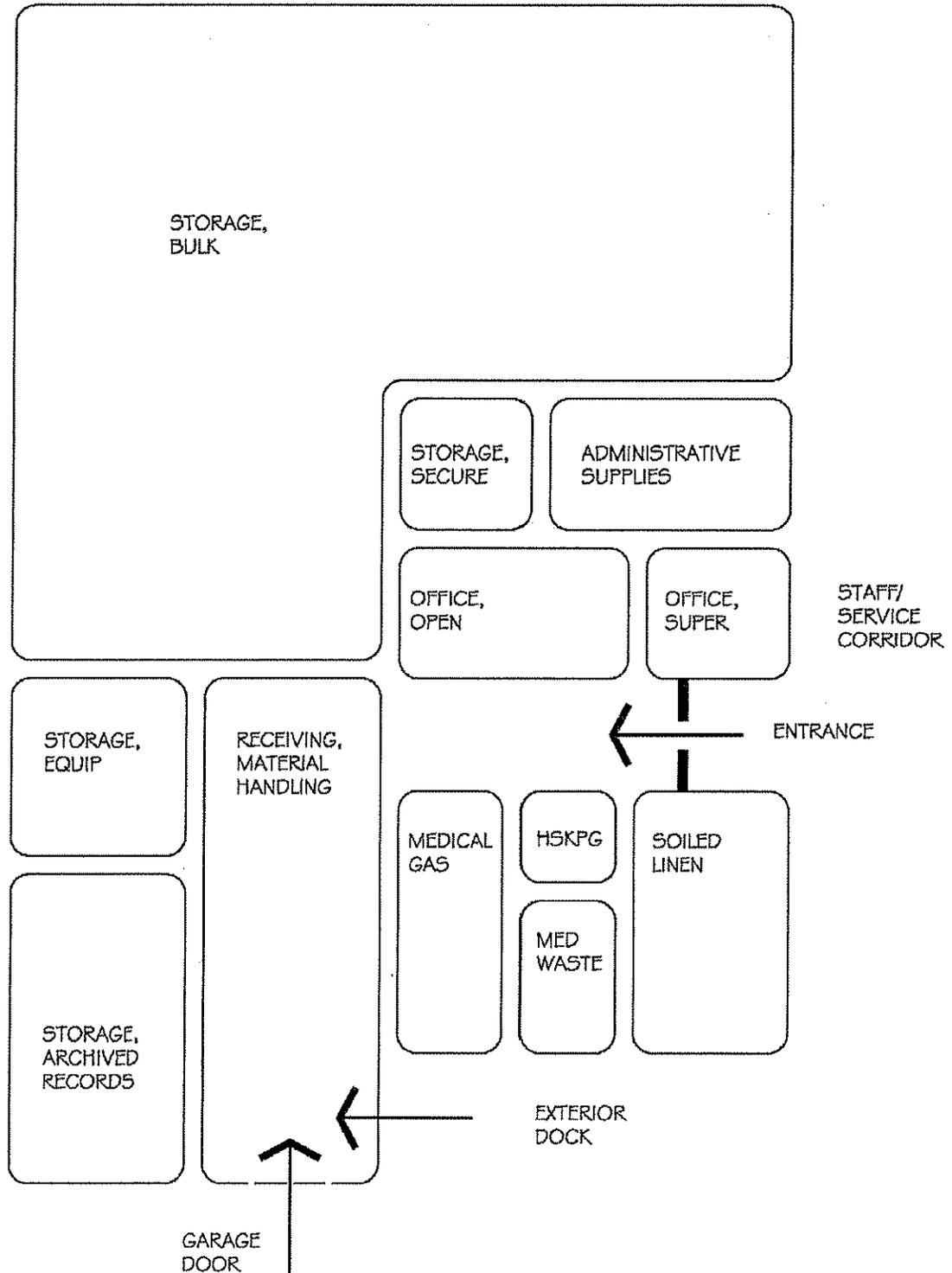
Desirable: Facilities Management, Employee Facilities, Clinical Engineering, Environmental Health/
Sanitation Facilities

Beneficial: Pharmacy, Laboratory

ROOM/SUITE SPECIFIC ISSUES

This department does not anticipate growth.

Function Sketch
Support Services, Property & Supply (PS5)



Space Program
Support Services, Property & Supply (PS5)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|----------------------------|-------|-----|--------|--------|---------|
| ADMINISTRATIVE SUPPLY | DPAS1 | 1 | 40.10 | 40.10 | |
| ARCHIVE RECORDS STORAGE | STRA1 | 1 | 16.70 | 16.70 | |
| BULK & REFRID STORAGE | STMH1 | 1 | 319.00 | 319.00 | |
| EQUIPMENT STORAGE | STEQ1 | 1 | 29.80 | 29.80 | |
| HAZARD STORAGE | STHM1 | 1 | 9.80 | 9.80 | |
| HOUSEKEEPING | HSKP1 | 1 | 3.90 | 3.90 | |
| MATERIAL HANDLING RCVG | RCMH1 | 1 | 43.20 | 43.20 | |
| MEDICAL GAS | STMG1 | 1 | 13.80 | 13.80 | |
| OPEN OFFICE | OFOC1 | 1 | 31.00 | 31.00 | |
| SECURE STORAGE | STPI1 | 1 | 10.90 | 10.90 | |
| SOILED LINEN | UTSL4 | 1 | 22.00 | 22.00 | |
| SUPERVISOR OFFICE | OFSP1 | 1 | 11.40 | 11.40 | |

| | |
|---------------------------|--------|
| Discipline Net Sq. Mts. | 551.60 |
| Discipline Gross Sq. Mts. | 607.00 |

MISSION

This is an out-of-template department and will be sized to support its specific facility.

HOURS OF OPERATION

STAFFING

Staffing is not directly allocated to this module.

| Position | Planned | Daytime |
|-----------------|----------------|----------------|
| | | |
| | | |
| | | |

CONCEPT OF OPERATION

The non-denominational meditation/traditional healing room serves for contemplation, religious ceremony, and quiet consultation.

ADJACENCY PARAMETERS

Desirable: Meditation - Intensive Care Nursing, Emergency, Acute Care Nursing

ROOM/SUITE SPECIFIC ISSUES

The common area waiting space is used as the information center and outpatient and visitor overflow waiting area of the facility. The lobby/waiting area is the primary entrance.

Waiting space not included in template layouts can be divided into two or more common waiting areas during design or during programming.

Public Toilets should be accessible from all waiting areas.

Each toilet room accessible from the lobby area will have a diaper-changing area. The space allocation criteria allow 1 NSM for this function.

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

Hot air hand dryers should be installed rather than towel dispensers.

Space Program
Support Services, Public Facilities (PF)

| SPACE NAME | RFN | QTY | AREA | TOTAL | REMARKS |
|--|-------|-----|-------|--------|---------|
| COMMON WAITING | WTGN1 | 45 | 1.70 | 76.50 | |
| CONCESSION | VEND1 | 1 | 6.00 | 6.00 | |
| MEDITATION/TRADITIONAL HEALING ROOM | MEDT1 | 1 | 19.00 | 19.00 | |
| TOILET, PUBLIC, F | TLMF2 | 1 | 17.00 | 17.00 | |
| TOILET, PUBLIC, M | TLMM2 | 1 | 15.00 | 15.00 | |
| Discipline Net Sq. Mts. | | | | 133.50 | |
| Net to Gross Conversion Factor | | | | 1.20 | |
| Discipline Gross Sq. Mts. | | | | 160.20 | |

