

CLARK'S POINT

Health Clinic



Alaska Rural Primary Care Facility

Code and Condition Survey Report

July 23, 2001



I. EXECUTIVE SUMMARY

Overview

The Clark's Point Clinic is located in the main floor of a wood frame building reportedly constructed in 1963. The building is well built and appears to be in fair structural condition. Generally, the clinic is short of space, lacking an adequate trauma area and an arctic entry. The lack of adequate space for privacy and the absence of a trauma room prevent the staff from providing the level of care needed on a daily and emergency basis.

Renovation and Addition

The existing clinic is approximately 786 s.f. and would require an addition of 714 s.f. to meet the 1500 s.f. minimum area recommended for a small clinic by the Alaska Rural Primary Care Facility study. The floor plan layout would require the remodel of approximately 13% of the interior space. The cost of required renovations and code upgrades, combined with the cost of a new addition equal 117% of the cost of a new clinic.

New Clinic

Because the cost of renovation and addition is more than 75% of the cost of new construction, a new clinic of at least 1500 s.f. should be built to replace the existing clinic. A final decision regarding a new site location had not been reached at the time of the survey, however, it appears that a number of suitable sites are available with access to village utilities.

II. GENERAL INFORMATION

A. The Purpose of the Report

ANTHC has entered into a cooperative agreement with the Denali Commission to provide management of the small clinic program under the Alaska Rural Primary Care Facility (ARPCF) assessment, planning, design, and construction. The purpose of the Code and Condition Survey Report is to validate the data provided by the community in the Alaska Rural Primary Care Facility Needs Assessment and to provide each community with a uniform standard of evaluation for comparison with other communities to determine the relative need among the communities of Alaska for funding assistance for the construction of new or remodeled clinic facilities. The information gathered will be tabulated and analyzed according to a set of fixed criteria that will yield a priority list for funding. Additionally, the relative costs of new construction vs. remodel/addition will be evaluated to determine the most practical and cost effective means to bring the clinics up to a uniform standard of program and construction quality. The information provided in this report is one component of the scoring for the small clinic RFP that the Denali Commission sent to communities in priority Groups 1 and 2.

B. The Assessment Team

The survey was conducted on June 4, 2001 by John Biggs, AIA, Architects Alaska and Bill Henriksen, PE, RSA Engineering. Randy Muth of ANTHC was the team escort. Randy made introductions and conducted the village briefings. Team members who assisted in the preparation of the report included Stephen Schwicht and Ian VanBlankenstein of NANA/DOWL, project managers for the survey team, and Jay Lavoie of Estimations, Inc.

C. The Site Investigation

The format adopted is similar to the "Deep Look", a facility investigation and condition report used by both ANTHC and the Public Health Service, in maintaining an ongoing database of facilities throughout the country. Facilities are evaluated with respect to the requirements of the governing building codes and design guidelines. Building code compliance, general facility condition, and program needs have been evaluated. This written report includes a floor plan of the clinic and a site plan indicating the existing clinic site. Additional information gathered during the site investigation that is referred to in the report, which includes sketches of building construction details, a building condition checklist, and proposed plans for village utility upgrades, are not included with this report. This information is available for viewing at ANTHC's Anchorage offices and will be held for reference.

III. CLINIC INSPECTION SUMMARY

A. Community Information

The community of Clark's Point has a current population of 75 as published in the 2000 U.S. Census. It is located 15 miles from Dillingham in the Bristol Bay Recording District. It is a part of the Bristol Bay Regional Corporation. Refer to the attached Alaska Community Database prepared by the Alaska Department of Community and Economic Development in Appendix C for additional community information.

B. General Clinic Information

The building which houses Clark's Point Clinic was reportedly constructed in 1963. The clinic occupies a portion of this building which is approximately 32' x 50', with a basement. The building is constructed of conventional frame walls, floor, and roof, with partial height concrete basement walls and a good quality metal roof. The clinic has one main entry which opens directly onto the main waiting/office area. The main waiting area serves also as a circulation area and access for all of the other spaces. In general, the existing clinic is clean and well organized, however the lack of arctic entry makes the clinic very drafty in the winter and poses life safety hazards for elderly patients attempting to open the door during windy periods. Both an arctic entry and a new accessible ramp are required here. In addition, the lack of a trauma room makes this clinic unprepared to handle serious emergencies. Trauma patients must be operated on in the waiting area.

C. Program Deficiency Narrative

The main programmatic deficiencies pertain to ADA accessibility, absence of a trauma room, and a lack of overall privacy and confidentiality. The clinic is neatly arranged and clean, however, exam room conversations are commonly overheard in the waiting area. Due to inadequate space, there is little confidentiality with respect to phone conversations or medical files. Other shortcomings include no bathing facilities, no work spaces for travelling health aides, no sleeping areas, and inadequate cabinets and shelving. Staff noted that strong winter winds make the main entry door impossible to control by one person. In addition, clinic staff noted that the lack of arctic entry creates strong cold drafts into the waiting area whenever the front door is opened in the winter.

The following table illustrates a comparison between the current actual square footage (SF) and the 1500 s.f. minimum area recommended by the Alaska Rural Primary Care Facility study for a Small Clinic:

Table 1 – ARPCF Clinic Area Comparison

Purpose/Activity	#	Existing Net SF	#	ARPCF Small	Difference
Arctic Entry	1	-	2	50	50
Wait/Recep/Closet	1	311	1	100	-211
Trauma/Telemed/Exam	-	-	1	200	200
Office/Exam	1	92	1	150	58
Admin./Records	-	-	1	-	-
Pharmacy/Lab	1	92	1	80	-12
Portable X-ray	-	-	-	-	-
Spec. Clinic/Health Ed./Conf.	-	-	1	150	150
Patient Holding/Sleep Room	-	-	1	80	80
Storage	1	148	1	80	-68
HC toilet	1	25	2	60	35
Janitorial Closet	1	19	1	30	11
Total Net Area	-	-	-	980	-
Mechanical Room	-	-	-	114	114
Morgue	-	-	-	30	30

The Clark’s Point Clinic has a current gross area of 786 s.f. This would require a gross building area expansion of approximately 714 s.f. in order to meet the 1500 s.f. minimum requirements for a Small clinic.

An analysis of the existing building’s program functions follows. Please also refer to the floor plan in Section H:

- **Arctic Entries:** None provided.
- **Waiting:** The waiting area is larger than the minimum guidelines but includes area for storage, office, and reception.
- **Trauma/Telemed/Exam:** None provided.
- **Office/Exam:** This clinic has one exam room which is small but functional.
- **Administration/Records:** None provided. This area is incorporated into the waiting area.

- **Pharmacy/Lab:** None provided.
- **Specialty Clinics:** Specialty clinics require the use of the exam room. This is a part of the daily clinic activities.
- **Patient Holding/Sleep:** None provided in the clinic.
- **Storage:** The storage room is well organized.
- **HC Toilet Room:** The toilet room lacks appropriate clear space and ADA accessible fixtures.
- **Janitor Closet:** The janitor closet is smaller than minimum guidelines.
- **Ancillary Spaces:** There are no ancillary spaces in this clinic.

D. Architectural/Structural Condition

The building which houses the clinic is approximately 32' x 50', two story, wood frame, on concrete foundation with 3'-6" high concrete foundation walls. The clinic floor is located approximately 8' above grade. The foundation and building structure appears to be solidly built and in fair condition. The first floor is decked with 2x6 decking laid diagonally, and the roof appears to be decked with 12" planks. The siding material is cedar siding, and the roof is a metal roof in good condition.

The building appears to have previously served as the village school building. Now it houses a community room in the basement and an apartment in the first floor, in addition to the clinic. Structurally, the building is well built and maintained.

E. Site Considerations

The existing site could accommodate the 714 s.f. addition. Based on the problems noted with the existing clinic, the biggest siting problem involves wind and any new clinic should account for both severe wind conditions. Multiple sites appeared available with access to village water, sewer, power, and telephone service, although final site selection has not been made by the community. Based on existing buildings in the village, it appears that either a full concrete basement or a crawl space may be employed. A gravel pad will probably be required.

F. Mechanical Condition

Heating and Fuel Oil: The primary source of heating for the clinic was from a Weil McLain P66 HEA WT Series “A” boiler, located in the basement. The boiler serves the hydronic heating system for the entire building, which includes a single zone of baseboard heat in the clinic area. The location of the thermostat is in the exam room, an interior room; it should be in the waiting area, which has a large amount of outside wall. The waiting area and other rooms on the outside perimeter of the building get quite cold before the thermostat exam room gets cool enough to call for heating. During our visit we found the boiler to be out of service (shut off at the main breaker). There were a number of maintenance problems and code deficiencies associated with the boiler and the boiler room that need to be corrected. They are listed with the Deficiency Evaluation and Cost Assessment forms. We also recommend the replacement of the boiler. Monitor heaters are used throughout the building (including in the clinic) when the boiler is not functioning. Each of the monitor heaters has its own 55-gallon fuel tank located on the same level as the heater. The Monitor heater in the clinic was in good. Fuel oil for the boiler is provided from a 550-gallon tank mounted on a timber framed stand located within five feet of the building. The tank is not labeled, not properly vented and the piping is improperly installed. Three other 55-gallon drums serve the Monitor heaters located in the building (including the Monitor heater in the clinic). None of the drums are U.L. listed, have the required clearance to the building, are properly vented, and their piping and accessories are not properly supported. They need to be replaced.

Ventilation: There is no mechanical ventilation for the clinic. Nether the restroom or janitor closet is exhausted. The source of ventilation for the occupied spaces is though operable windows. The clinic needs to be provided with a mechanical ventilation system and should not rely on operable windows alone.

Plumbing: Domestic water is provided from the village water system but extends to the building from a private water line. Hot water is provided from an electric water heater located in the basement. A number of deficiencies were noted with the water heater and the domestic water piping. Specific comments can be found in the Deficiency Evaluation and Cost Assessment forms. Waste from the clinic gravity flows into a septic system near the building. The system is old and very little information could be found regarding its location and construction. We did not find any VTRs (vent-through-roof) from the building. We suspect that the venting terminates in the attic of the building. Plumbing fixtures in the clinic include a toilet and lavatory in the restroom, a laundry sink in the janitor closet, and a double compartment sink in the laboratory/kitchen area. The plumbing fixtures in the restroom do not meet ADA requirements and the laundry sink in the janitor closet is not equipped with a vacuum breaker.

G. Electrical Condition

Power: The service for the building is a 120/240 volt single phase service provided from overhead to a meter located at the old school house generator building. The meter at the old school house generator building has a 100-amp breaker and the service is grounded with a

grounding rod below the meter. From that building it extends underground in rigid conduit to the East side of the clinic building where it comes up into the building. There is no separate disconnect at the clinic building, one needs to be added. This service also needs to be grounded at the clinic building. In addition to the previously described service, there is also an overhead service extended to the East side of the building, but it has been abandoned at the meter box. That overhead service should be removed. There is only one active panel in the building. It is located in the basement of the building, and access is available to all building tenants. It is a 150 Amp. 20-breaker panel with a single spare two-pole breaker. Service to the panel is provided from copper wire with aluminum neutral. All wire from the panel has been run in EMT. There is another panel located in the boiler room that has been abandoned except where a single circuit back feeds to a wall receptacle. That panel should be removed and the wiring cleaned up. Receptacles are provided throughout the clinic building, but the staff indicated they needed more. There were only two receptacles in the waiting area, which also serves as the office area. We noted the use of plug strips in that area. Receptacles in the restroom and within 10 feet of the kitchen/laboratory sink were not GFCI protected. There were no receptacles on the outside of the building. There are a number of other wiring problems noted in the Deficiency Evaluation and Cost Assessment forms that need to be dealt with as part of a renovation or maintenance activity.

Lighting and Emergency Fixtures: The interior lighting in the clinic is provided by surface mounted florescent fixtures. All but one fixture uses double 4-ft. 35-watt 40F bulbs. The other is a four bulb surface mounted fixture. Lighting levels in the clinic were not measured, but appear adequate except in the supply room. The fixtures are fairly low quality but are in good condition; all but one fixture had been replaced within the last two years. Exterior lighting was provided with incandescent fixtures at the entrances only. The fixtures were in poor condition with no covers for the bulbs. The fixtures should be replaced. There are no emergency light fixtures, exit signs, or fire alarm/smoke detectors in the clinic.

Telecommunication: Three phone lines serve the building, one for the local incoming line, a fax line and a dedicated line for modem. No Telemed system had been installed at this facility. Installation was planned.

H. Existing Facility Floor Plan

See following sheet for the floor plan of the existing clinic.

J. Community Plan

Refer to the attached community plan for location of the existing clinic and the proposed location for the new clinic. If the existing clinic site is the preferred location or if a new site has not yet been selected, only the existing clinic location will be shown.

IV. DEFICIENCY EVALUATION AND COST ASSESSMENT

The attached deficiency reporting forms are based on Public Health Service form AK H SA-43. The forms are numbered sequentially for each discipline starting with **A01** for Architectural and structural deficiencies, **M01** for Mechanical deficiencies and **E01** for Electrical deficiencies.

A. Deficiency Codes

Deficiencies are further categorized according to the following PHS Deficiency codes to allow the work to be prioritized for federal funding, should that apply. Deficiency codes used in this survey include:

- 02 Fire and Life Safety:** These deficiencies identify areas where the facility is not constructed or maintained in compliance with provisions of the state mandated building codes including the International Building Code, The Uniform Fire Code, NFPA 101, The Uniform Mechanical and Plumbing Codes and The National Electrical Code.
- 03 Safety:** These deficiencies identify miscellaneous safety issues.
- 04 Environmental Quality:** This addresses DEC regulations, hazardous materials and general sanitation.
- 05 Program Deficiencies:** These are deficiencies which show up as variations from space guidelines established in the Alaska Primary Care Facility Facility Needs Assessment Project and as further evaluated through observation at the facility site and documented in the facility floor plans.
- 07 Disability Access Deficiencies:** The items with this category listing are not in compliance with the Americans with Disabilities Act.
- 08 Energy Management:** These deficiencies address the efficiency of heating systems/fuel types and the thermal enclosures of buildings.
- 11 Structural Deficiencies:** These are deficiencies with the fabric of the building. It may include the foundations, the roof or wall structure, the materials used, the insulation and vapor retarders, the attic or crawl space ventilation and the general condition of interior finishes. Foundation systems are included in this category.
- 12 Mechanical Deficiencies:** These are deficiencies in the plumbing, heating, ventilating, air conditioning, or medical air systems.
- 13 Electrical Deficiencies:** These are deficiencies with electrical generating and distribution systems, fire alarm systems and communications systems.
- 14 Utilities:** This category is used for site utilities, as opposed to those within the building and may include sewer lines and water and power distribution.

B. Photographs

Each sheet has space for a photograph. Some deficiencies do not have photos. Photographs do not cover all areas where the deficiencies occur but are intended to provide a visual reference to persons viewing the report who are not familiar with the facility. Additional photographs of the clinic and the surrounding area are included in Appendix B.

C. Cost Estimate General Provisions

New Clinic Construction

- **Base Cost**

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

General Requirements are based on Anchorage costs without area adjustment. It is included in the Base Cost for New Clinics. These costs are indirect construction cost not specifically identifiable to individual line items. It consists of supervision, materials control, submittals and coordination, etc. The general requirements factor has not been adjusted for Indian Preference.

The Design Unknowns Contingency is an estimator's contingency based on the schematic nature of the information provided, the lack of any real design, and the assumption that any project will encompass related work not specifically mentioned.

- **Project Cost Factors**

Equipment Costs for new medical equipment has been added at 17% of the cost of new floor space.

Design Services is included at 10% to cover professional services including engineering and design.

Construction Contingency is included at 10% of the Base Costs to cover changes encountered during construction.

Construction Administration has been included at 8% of the Base Costs. This is for monitoring and administration of the construction contract.

- **Area Cost Factor**

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

- **Estimated Total Project Cost of New Building**

This is the total estimated cost of the project, including design services. The construction contract will be work subject to Davis Bacon wages, and assumes construction before year-end 2001. No inflation factor has been applied to this data.

Remodel, Renovations, and Additions

- **Base Cost**

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

The cost of Additions to clinics is estimated at a unit cost higher than New clinics due to the complexities of tying into the existing structures.

Medical equipment is calculated at 17% of Base Cost for additions of new space only and is included as a line item in the estimate of base costs.

- **General Requirements Factor**

General Requirements Factor is based on Anchorage costs without area adjustment. The factor is 1.20. It is multiplied by the Base Cost to get the project cost, exclusive of planning, architecture, engineering and administrative costs. This factor assumes projects include multiple deficiencies, which are then consolidated into single projects for economies of scale. The general requirements factor has not been adjusted for Indian Preference.

- **Area Cost Factor**

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

- **Contingency for Design Unknowns (Estimating Contingency)**

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

- **Estimated Total Cost**

This is the total estimated bid cost for work completed under Davis Bacon wage contracts, assuming construction before year-end 2001. This is the number that is entered in the front of the deficiency form. No inflation factor has been applied to this data.

- **Project Cost Factors**

Similar to new clinics, the following project factors have been included in Section VI of this report.

Design Services is included at 10% to cover professional services including engineering and design.

Construction Contingency is included at 10% of the Base Costs to cover changes encountered during construction.

Construction Administration has been included at 8% of the Base Costs. This is for monitoring and administration of the construction contract.

- **Estimated Total Project Cost of Remodel/Addition**

This is the total estimated cost of the project including design services, the construction contract cost for work completed under Davis Bacon wages and assuming construction before year-end 2001. No inflation factor has been applied to this data.

V. SUMMARY OF EXISTING CLINIC DEFICIENCIES

The attached table summarizes the deficiencies at the clinic and provides a cost estimate to accomplish the proposed modifications. If all deficiencies were to be addressed in a single construction project there would be cost savings that are not reflected in this tabulation. The total cost of remodel/addition shown in Section VI is intended to show an overall remodel cost that reflects this economy. Refer to Section VI for a comparison of remodel/addition costs to the cost of new construction. The specific deficiency sheets are included in Appendix A.

VI. NEW CLINIC ANALYSIS

The decision on whether to fund new clinic construction or a remodel/addition of the existing clinic is to be determined by comparing the cost of a new facility designed to meet the program requirements of the Alaska Rural Primary Care Facilities minimum area requirements with the projected combined cost of renovating, remodeling and adding onto the existing building to provide an equivalent facility. If the cost of the remodel/addition project is greater than 75% of the cost of constructing an altogether new facility then a new facility is recommended. That ratio is computed as follows:

- **The cost of a new clinic in Clark's Point is projected to be:**

Base Anchorage Cost per s.f.	\$183/ s.f.
Medical Equipment Costs @ 17%	\$31
Design Services 10%	\$18
Construction Contingency 10%	\$18
Construction Administration. 8%	\$15
Sub-total	\$265/ s.f.
Area Cost Factor for Clark's Point 1.30*	
Adjusted Cost per s.f.	\$343/ s.f.

Total Project Cost of NEW BUILDING 1,500 x \$343 = \$514,500

- **The cost of a Remodel/Renovation/Addition is projected to be:**

Projected cost of code/condition renovations (From the deficiency summary)	
90% of cost of code/condition improvement**	\$184,068 Renovation
Projected cost of remodeling work (See A08)	
786 s.f. clinic @ 13% remodel = 100 s.f.	\$10,472 Remodel
Projected cost of building addition (See A02)	
1,500 s.f. – 786 s.f. = 714 s.f.	\$277,182 Addition
<u>Design 10%, Const. Contingency 10%, Const. Admin. 8%</u>	<u>\$132,082</u>

Total Project Cost of REMODEL ADDITION \$603,804

- **Ratio of remodel:new is \$603,804 : \$514,500 = 1.17X**

The cost of a remodel/addition for this clinic would cost 117% the cost of a new clinic, therefore, a new clinic is recommended for this community.

* The Area Cost Factor was refined by Estimations, Inc. in July 2001 based on information obtained during the site visit.

** The 90% factor represents economy of scale by completing all renovation work in the same project.

Appendix A: SPECIFIC DEFICIENCIES LISTING

Refer to the attached sheets for the listing of the individual deficiencies and the corrective action recommended.

Appendix B: GENERAL SITE PHOTOGRAPHS

The following sheets provide additional photographic documentation of the existing building and surroundings.

Appendix C: ADCED Community Profile

Refer to the attached document prepared by Alaska Department of Community and Economic Development profiling the community of Clark's Point.

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