

# Norton Sound Health Corporation

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## New Hospital Program of Requirements Summary



# Overview



## Mission

The mission of Norton Sound Health Corporation is to “provide quality health services and promote healthy choices within our community.”

## Vision

Norton Sound Health Corporation (NSHC) is not just about treating existing health problems. We heavily promote healthy choices, including active lifestyles, maintenance of a traditional Native diet, and a reduction in addictive behavior. Our vision includes improving the health of our people while building a strong, effective, indigenous organization.

*Our vision is to:*

- Become Alaska’s preferred rural health system.
- Develop state-of-the-art health care facilities throughout our region.
- Develop our people to deliver and manage our services.
- Provide a clean environment and safe water and waste disposal.
- Be financially strong through effective and efficient financial management.
- Reduce addictive behavior and raise life expectancy among our people.

## *Planning for the future:*

In order to help maintain the mission statement and attain the vision, Norton Sound Health Corporation needs to plan for the future. The future must include modifications and expansions to our health care services and support facilities. Norton Sound Health Corporation is currently in the planning stage of addressing the current and future health care and facility needs.

The following report has been prepared by Norton Sound Health Corporation to give the Indian Health Service (IHS) background information supporting NSHC’s request for funds to build and operate a replacement hospital in Nome.

The need for this facility has been thoroughly analyzed and documented, first in 1996 with a master plan based on the IHS Health Facilities Planning Method (HFPM), and more recently in a “Justification Document” submitted to and approved by IHS in 2000. At the time of the latter report, Norton Sound had 7,904 s.m. of supportable Maintenance and Improvement (M & I) space, resulting in a space deficit of 2,500 s.m. Over the years, due to severe crowding, attempts to renovate and improve the existing facilities have been a constant frustration to all hospital departments. This condition continues to worsen.



Nome, Alaska, home of Norton Sound Health Corporation's regional hospital, sits on the southern shore of the Seward Peninsula.

The Native population of the region has increased at a growth rate of approximately 1.6% per year since 1990. At this growth rate the current 7,883 IHS user population of the region will increase to 9,377 by 2015. Using the IHS Health System Planning (HSP) process more conservative growth rate of 1.1% the user population will increase to 8,800. The space deficit during the same period will increase to over 7,000 gsm.

The health care delivery system for the region served by Norton Sound Health Corporation is not fully addressed by the Indian Health Services's Health System Planning process for new facilities. This report responds to the following questions:

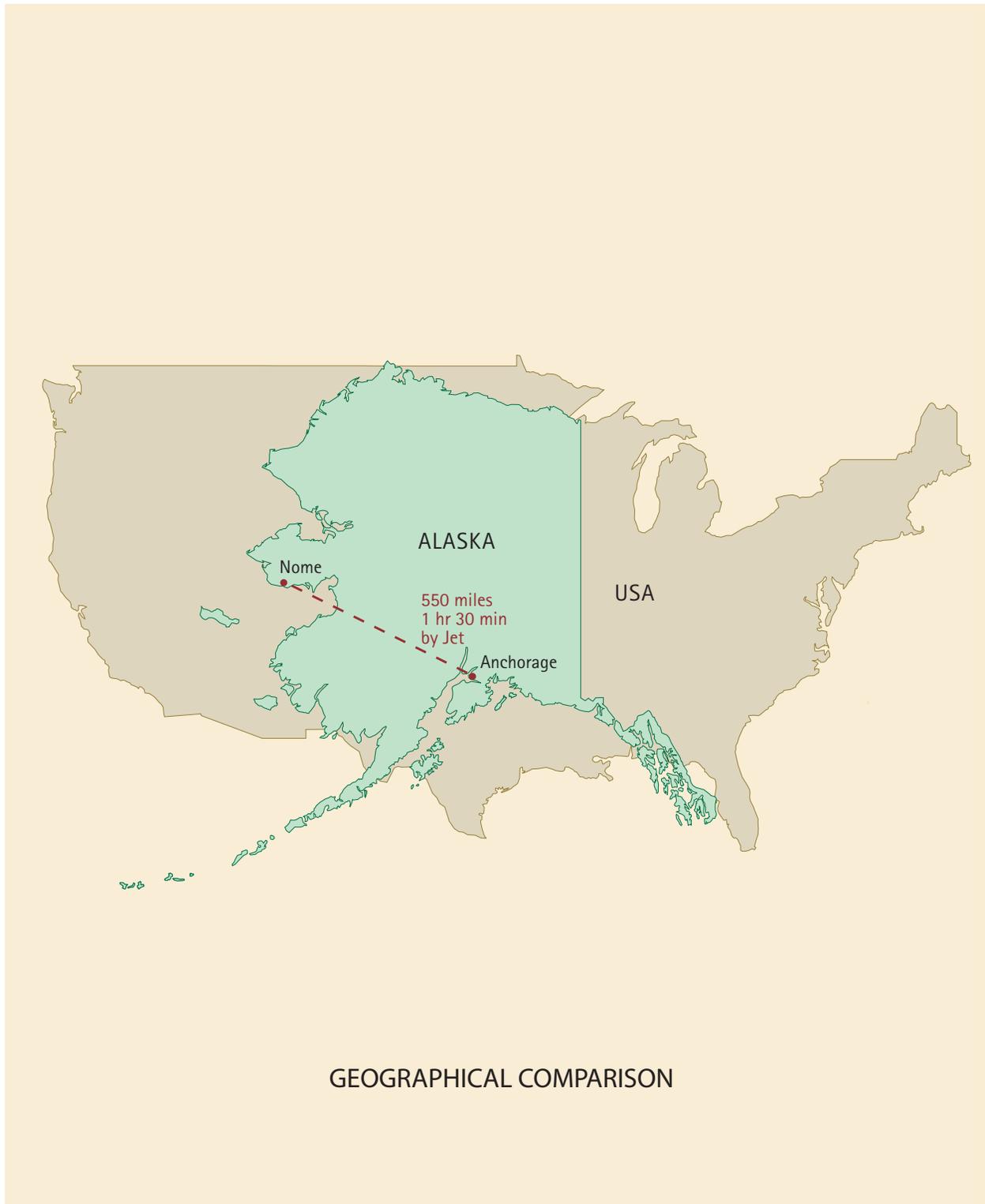
1. Why are we unique?
2. How do we deliver?
3. What are our space needs?
4. What are our staff needs?
5. What are the details?

# Why Are We Unique?



The Bering Strait Region is a 44,000 square mile area that extends to the Russian border in the Bering Sea. The region has a total population of just fewer than 10,000; nearly 8,000 of this population are Native Alaskans. Some 3,500 of the region's residents live in Nome, while the remaining residents live in 15 villages scattered along the coastline of the Bering Sea and on two islands. Norton Sound Regional Hospital is the only comprehensive health care facility serving this vast area. The differences between delivering health care in Alaska's isolated communities and similar efforts in the contiguous United States are quite significant. The following commentary outlines some of these differences and explains their effect on overall delivery of medical services to the communities of the Bering Strait Region, including:

- Weather extremes
- Isolation
- Communication systems
- Geographical distances between communities
- Lack of roads to link communities
- Rudimentary infrastructure
- Language



The map of Alaska is superimposed over a map of the United States and shows the flight path from Nome to Anchorage, the nearest full service medical center. The differences between delivering health care in Alaska's isolated communities and similar efforts in the contiguous United States are well recognized.

It is not unusual to have weather delays of two to three days in the Bering Strait Region's coastal villages.



## UNIQUENESS

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### **Geographical Isolation**

Nome is located at the westernmost extreme of Alaska. The village of Wales sits at the westernmost tip of the continental United States. The village of Diomedes on Little Diomedes Island sits in the Bering Strait, just opposite Big Diomedes, an island owned by Russia. The villages of Gambell and Savoonga sit on St. Lawrence Island in the Bering Sea, over an hour by air from the mainland. Nome is approximately 550 air miles from Anchorage, the location of the nearest full service hospital. All residents of the region face high transportation costs for medical care. This isolation is highlighted by the adjacent graphic which shows that the distance from Nome to Anchorage is nearly equal to the distance from Denver, Colorado, to Dallas, Texas.

Only the western states of Montana, Wyoming, and New Mexico come close to approximating the isolation experienced in western Alaska. Even in these states, however, there is a road system in any one of four directions, which will lead to a medical center. Access to health care is a different concept in Alaska and involves four-wheelers, boats, snow machines, helicopter, small aircraft and commuter type planes.

### **Lack of Roads to Link Communities**

Alaska has no roads leading to western Alaska. Each community has developed a rudimentary road system linking the central townsite with the surrounding housing clusters, the landfill, the airstrip, and local gravel deposits. Individual communities in close proximity to each other may be linked by a gravel road while more distant villages are not. Nome itself has a summer road system linking it with Teller and the small village of Council, and there is a road along the coast about 70 miles in each direction. These roads are only accessible in the summer months. More and more vehicles are showing up in Native communities and it is expected that the development and use of roads will increase through time. Yet costs associated with major new road construction linking the villages and Nome are unrealistically high.



Weather delays and limited flight schedules greatly increase the time commitment required to travel out of the villages for service. In addition with the time and cost of traveling from Nome to Anchorage makes it apparent that a full service hospital in Nome is a preferred option.

Roads will never become a solution to village isolation. This is especially true for the island villages of Gambell, Savoonga, and Diomed, and the most remote of the mainland villages, including Wales and Shishmaref.

### **Weather Extremes in the Bering Strait Region**

Nome and the villages served by Norton Sound Health Corporation are predominantly coastal communities. Most sit along a coastal plain with little vegetation to block strong winter winds. Storm winds can effectively close a community to air transportation for up to a week or more due to drifting and whiteout conditions. Most residents of the region expect weather delays when planning travel to seek medical attention not available in the villages. Winter conditions can include weeks of subzero weather. The weather conditions create an environment where it is difficult to effectively deliver health care.

- Itinerant health care workers must plan village visits around the weather.
- Emergency search and rescue operations are hampered by weather.
- Medical evacuation is often delayed by weather.
- Patient transportation for non-emergent care is often delayed.
- Building design does not always account for the effects of cold and wind.

### **Patient Transportation in the Bering Strait Region**

The costs, travel time, weather delays, and scheduling restrictions that are expected components of health care delivery in the region significantly increase the cost of operations. Approximately 10% of Norton Sound Health Corporation's annual budget is devoted to patient transportation. Emergency evacuation of patients greatly increases transportation costs. These costs are minimized by providing care closer to patient's homes.

The cost of travel from villages to Nome is considerably less than the cost of transporting to Anchorage, a flight that takes 90 minutes on a jet. The cost of actual vehicular transportation is only a small part of the cost of patient relocation for medical care. Personal costs must be considered:

- No roadways link the 15 villages with Nome.
- All transport to the Nome hospital is by air.
- Seldom more than 2 scheduled flights per day to Nome.
- NSHC annual transportation budget is nearly \$4.5m.
- Round trip flights between the villages and Nome cost \$100 to \$400.
- Patients must stay a minimum of one night in Nome.
- Routine patient referral to Anchorage costs up to \$2,000 for travel and lodging.
- Weather delays can greatly affect the cost of providing services.

### **Emergency Patient Transport**

The EMS department manages all emergency transportation for the hospital and region. All flight traffic between Nome, the villages, and Alaska Native Medical Center (ANMC) in Anchorage is contracted out or supported by the National Guard. Local contract air carriers provide on-call patient emergency transportation to Nome. Physicians managing medical evacuations must consider many factors in their decision where to route patients:

- Is patient likely to require subsequent travel to Anchorage due to acuity?
- Does the Norton Sound Regional Hospital have staff available on-call to assist in the specific case?
- Are the facilities in Nome adequate for treating the injury?
- What are the weather conditions in Nome?
- Should a patient be flown to Nome and transferred to a flight to ANMC?
- Can the patient sustain a long flight?

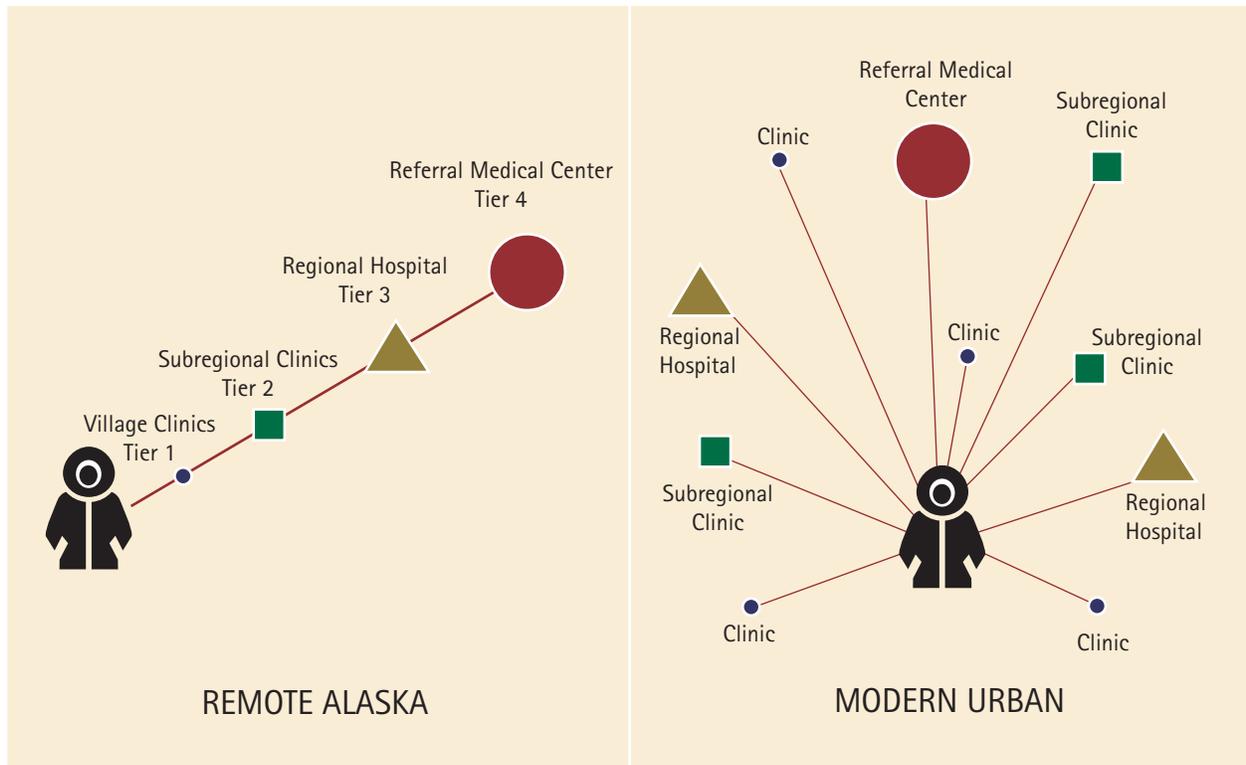


# How Do We Deliver?



In concert with the IHS, and more recently, the Alaska Native Tribal Health Consortium (ANTHC), the communities of the Bering Strait Region of Alaska have evolved a four-tier system of integrated health care service delivery. The system provides increasingly sophisticated services at Village Clinics (Tier One), Sub-Regional Clinics (Tier Two), and Norton Sound Regional Hospital (Tier Three), and is supported by the Alaska Native Medical Center in Anchorage (Tier Four).

It is important to note that Norton Sound Regional Hospital provides the only hospital health care service within the region. The Alaska Native Medical Center in Anchorage, Alaska, is approximately 550 air miles and 90 minutes away by commercial airline.



"Remote Alaska" represents the Bering Strait Region. The patient will check in at the most convenient site, the village clinic, and seek progressively higher care, depending on his diagnosis, at the tier two clinic, or at the Nome hospital. "Modern Urban" represents the array of options that most individuals in the "lower 48" states, or in Anchorage for that matter, have within a drive of 50 to 100 miles.

To cope with their health care needs, the communities in western Alaska, in concert with the IHS and, more recently, the Alaska Native Tribal Health Consortium (ANTHC), have evolved a Four Tier system of integrated service delivery. The system provides increasingly sophisticated services from village clinics to sub-regional clinics, and from regional hospitals to the area referral center, ANMC in Anchorage. This system is the environment in which Nome's new hospital will operate. It is important to explain how this system works and how it differs from systems serving areas of similar population in the "lower 48."

In the Bering Strait Region a medical services user has limited options for care. The village clinic is the only source of medical assistance available without chartering an airplane or flying scheduled service to Nome or a nearby enhanced services clinic.

This is different from the situation in the contiguous states and, for that matter, in Anchorage, where a patient has a wide range of options for treatment. It is this lack of choice that makes the remote Alaska situation so different from the model used as a basis for the HSP planning model. The HSP anticipates an increased need for services in remote regions, usually over 100 miles from alternative care. It also anticipates that a patient will have options for different services provided in different regions, which may be accessible by car within a three to four hour drive. In the contiguous United States this is the norm, with an integrated road system leading from any community.

To compensate for this, the new hospital in Nome must be able to accommodate a wide range of services not anticipated in the HSP model facility.



# Tier One

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Village clinics, staffed by community health aides, are essential first care facilities offering trauma response, medical screening and a space for itinerant speciality clinics and dentistry.

## The Village Clinics – A Health Aide Based Model

The Village Clinic is a facility that offers a base level of care to the villages and provides a place for itinerant health care workers to provide expanded services. The clinics are operated by village-based health care workers called Community Health Aides (CHAs) and Clinic Travel Clerks (CTCs) who provide most of the services rendered. The CHAs are usually residents of the region who live in, and frequently are from, the villages in which they serve. Each clinic employs two to three CHAs and a CTC full time, with usually one rotating position to fill in for vacation, holiday, and sick leave. The CHAs are assisted by itinerant physician assistants (PAs) who live in adjacent communities (see "Tier Two"). The clinics also sponsor visits from itinerant health care workers from the Nome hospital who provide specialty clinics in respiratory ailments, ENT, physical therapy, dental care, chronic care, eye care, and behavioral health issues.

To improve the level of care in the villages NSHC has funded development of a prototype village health clinic design for use in constructing replacement clinics for the current worn and dated clinics. This effort is well under way. Two villages have new clinics constructed using this prototype that opened in 2003. Three additional villages will have new prototype clinics constructed by the end of 2004. Two other communities are in the preliminary planning stages for replacement clinics. It is the goal of NSHC to have new replacement clinics in most of the villages within the next three to five years. NSHC believes that early detection and treatment is critical to the overall long-term health of its beneficiaries, and as care becomes more available clinicians can begin to put prevention into practice.

# Tier Two



## Tier Two Clinics – Mid-levels and Teleradiology Based Model

Tier Two clinics have evolved in NSHC's health care delivery plan to respond to the corporation's mission to provide quality health services throughout the region. As services have become more available throughout the region and the level of health care service is increased in a village, the need for facilities in Nome has also risen. Only the acuity of the visits goes down. This is due to both prevention and early diagnosis. Expensive diagnostic equipment and high level medical practitioners cannot be provided in all villages so, as a practical matter, certain of the larger, centralized communities have been selected to receive more medical support and equipment. NSHC's Tier Two communities are Unalakleet, Elim, Teller, Shishmaref, Gambell, and Savoonga.

The model for a Tier Two clinic is not based on facility size, but on health care delivery. The clinics can vary from a 3,000 s.f. village clinic to the 17,000 s.f. primary care facility in Unalakleet. Tier Two clinics are staffed by a mid-level practitioner in addition to the health aide staff. In Unalakleet, which serves four surrounding communities, the newly expanded health care services can accommodate up to two mid-levels and a physician. Additionally, the Tier Two clinics are being equipped with telemedicine equipment with digital radiology. The sub-regional clinic in Unalakleet already has most of the equipment and technology to interface with the Nome hospital and it will be the test site for the setup and operation of this new digital interface.

The Tier Two clinic now being planned in Gambell will be approximately 5,500 s.f. This clinic will provide some enhanced services to Savoonga until that village can get funding for a similar clinic to serve its people.

Six villages now have mid-level practitioners and are equipped to provide digital x-ray and telemedicine.



Dedication of the new SRC in Unalakleet, 2004.



# Tier Three

The Regional Hospital manages the hiring, training, and service delivery to all 15 villages from its base in Nome.



Norton Sound Regional Hospital

## The Regional Hospital

Norton Sound Regional Hospital in Nome is the Tier Three facility for the Bering Strait Region. The regional hospital fills the void between the Tier Two clinics and ANMC, the referral hospital in Anchorage. The regional hospital provides a full-service outpatient clinic and inpatient acute care. The medical staff in Nome directs the work of the village and sub-regional clinics. In situations where patients need care beyond the professional capabilities of practitioners in village clinics or for which the facilities are inadequate, village staff consults daily with the hospital staff, who determine the appropriate facility for the transport of patients.

The Nome hospital is the nearest source of advanced care, emergency services, minor procedures, inpatient services, on-staff physicians, and labor and delivery. Faced with a serious medical condition, the NSHC hospital in Nome is where patients in Norton Sound villages choose to be treated. Patients are often referred out of the region if the hospital does not have capacity or the level of physician care needed for the individual case.

New development in digital technology has provided the means for NSHC to place teleradiology equipment in six villages to supplement the existing telemedicine stations in each village. NSHC provides the remote technical and professional assistance to village medical staff. NSHC physicians will soon be able to exchange digital medical imagery with ANMC.

# Tier Four



## The Area Medical Center – A Referral Facility

The Alaska Native Tribal Health Consortium (ANTHC) operates the Alaska Native Medical Center (ANMC) under a compacting agreement with the IHS. This is a full service hospital capable of providing treatment for most health needs, including internal medicine, oncology, dental surgery, and other major medical conditions. The ANMC Hospital is a recently constructed modern facility that all Alaska Natives are proud of. The level of attention to cultural values in the planning and design of this facility provides a goal for the people of the Bering Strait Region in planning their new hospital.

### ANMC Provides:

- State-of-the-art diagnostic equipment
- Options for extended care
- A range of choices for health care response
- Referral source for NSHC physicians
- Teams of itinerant providers for speciality clinics of the regional hospital



Alaska Native Medical Center (ANMC)



Distribution of communities in the Bering Strait Region categorized by the type of health facilities and services provided.



# What Are Our Space Needs?



Norton Sound Health Corporation is using the HSP process to evaluate its facility needs for the year 2015. In concert with this effort it is conducting a programming study to evaluate how these needs compare with the standardized template departments provided in the HSP process. Interviews have been conducted with the appropriate hospital department managers and with corporate and administrative staff who are responsible for health care delivery to the region. These interviews illustrate the practical needs of each department in carrying out its charge.

Justification for additional and modified services is founded in the unique characteristics of the Bering Strait Region, its climate, culture, and special health care needs.

Current projected space needs at NSHC's Nome hospital are more than double the area of the current facility.

# Space Needs

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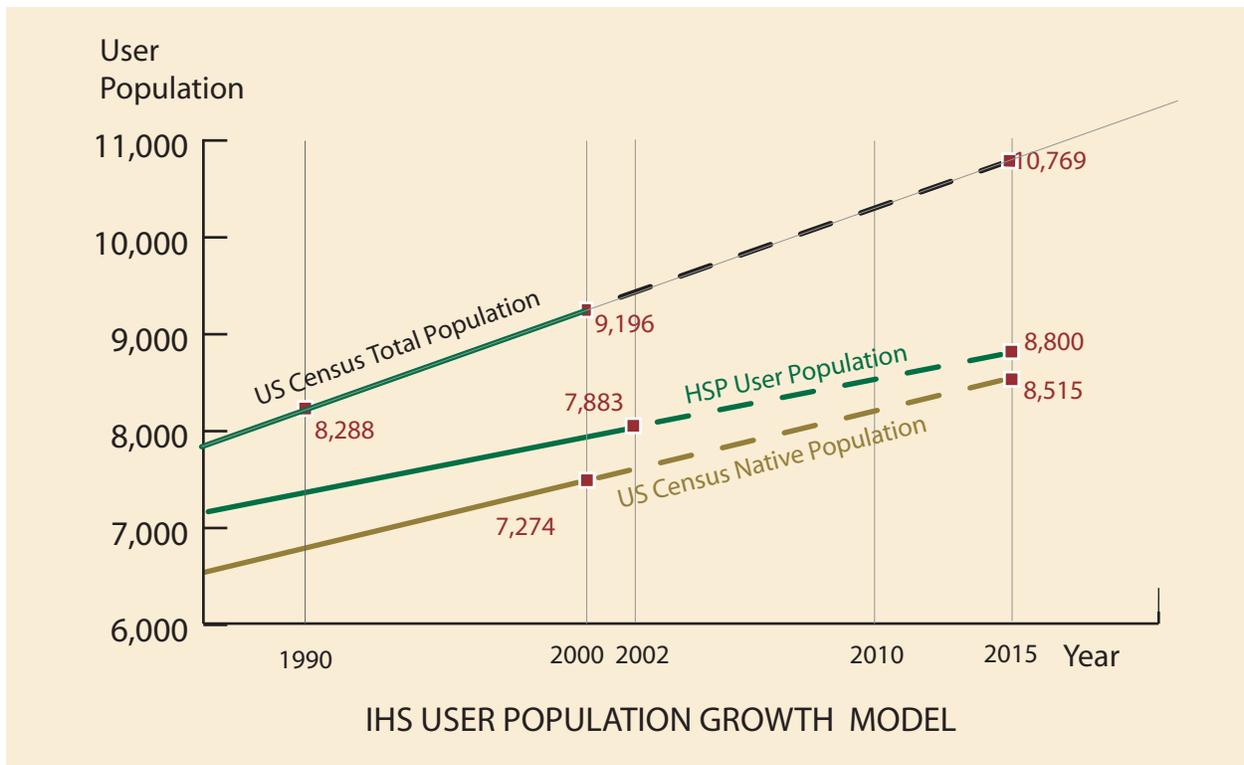
## The Health System Planning (HSP) Process

This section outlines NSHC's progress to date in completing the HSP Program of Requirements (POR). The POR is still being completed, however, the interim results of this effort are presented here.

The case for a new hospital in Nome to serve the region was presented in a 1995 IHS Justification Document, which was updated in 2000 and submitted to IHS for approval. The 2000 Justification Document has been approved and the Norton Sound Regional Hospital is now on IHS's priority list for new hospital funding. The POR is being developed to supplement the information provided in that document, and to update the space and staffing requirements for the new hospital.



Opening ceremonies at Unalakleet SRC



IHS statisticians have projected the 2015 user population in the region to be 8,773, a growth rate of approximately 1.1% per year from the 7,883 base level. NSHC has accepted these growth levels for use in determining its facility needs.

### Population Base/User Population

Prior to initiating a POR update and modification it was necessary to evaluate the User Population figures upon which all the HSP's space projections are based. The Alaska Native Tribal Health Consortium is conducting a review of the calculations being used to determine M & I supportable space in an effort to increase funding. Working with statewide data on population, beneficiaries, migration statistics of users between state regions, and other factors, ANTHC planners have determined that the Norton Sound region "seriously undercounted the actual number of users". This undercount may result from the fact that NSHC does not use the RPMS system to report patient visits. The IHS has since indicated that a user population for FY2002 can be adjusted to 7,883, a number which includes all beneficiaries of the region. This report is based on the 7,883 base year user population.

### HSP Database Adjustments

The HSP Database has not yet been adjusted for this revised user population figure. Consequently, without manipulation, the database will grossly underestimate the facility needs for the region. Working with IHS staff responsible for the HSP system a revised database was provided to NSHC for POR development that projects a base year IHS user population of 7,883. This process has been successfully employed to allow calculations which accurately represent the accepted user population's needs.

### HSP Baseline

This document identifies and explains NSHC's effort to adapt the HSP process to meet actual needs in the region, to insure that the future facility is constructed to meet the specific needs of the region. It is important that the planning effort clearly describes the existing plan for health care delivery at the hospital, and the trends occurring with inpatient care for the region. The Program of Requirements (POR) that is a result of our ongoing programming effort differs significantly from the baseline POR.

The baseline POR was run using the HSP database and current, adjusted numbers for the existing user population. The baseline HSP program yielded a total building area of 8,047 gross square meters calculated as follows:

#### HSP Baseline POR Summary

Sum of Departmental Areas	5,985 gsm
Building Circulation and Envelope (x 0.20)	1,199 gsm
Floor Gross Square Meters	7,184 gsm
Major Mechanical Space (x 0.12)	863 gsm
Building Gross Square Meters	8,047 gsm

This number is a projection of the size of all hospital areas that are considered essential for a user population equal to that for the Bering Strait Region. The completed POR will present the case, discipline-by-discipline, for each increased level of service requested. The HSP planning model makes a number of assumptions about how beneficiaries can obtain the health care services they need. This model does not account for the degree of isolation from adjacent and related service areas that exists in the region. The program at Norton Sound Health Corporation will, by necessity, differ significantly from the HSP model.

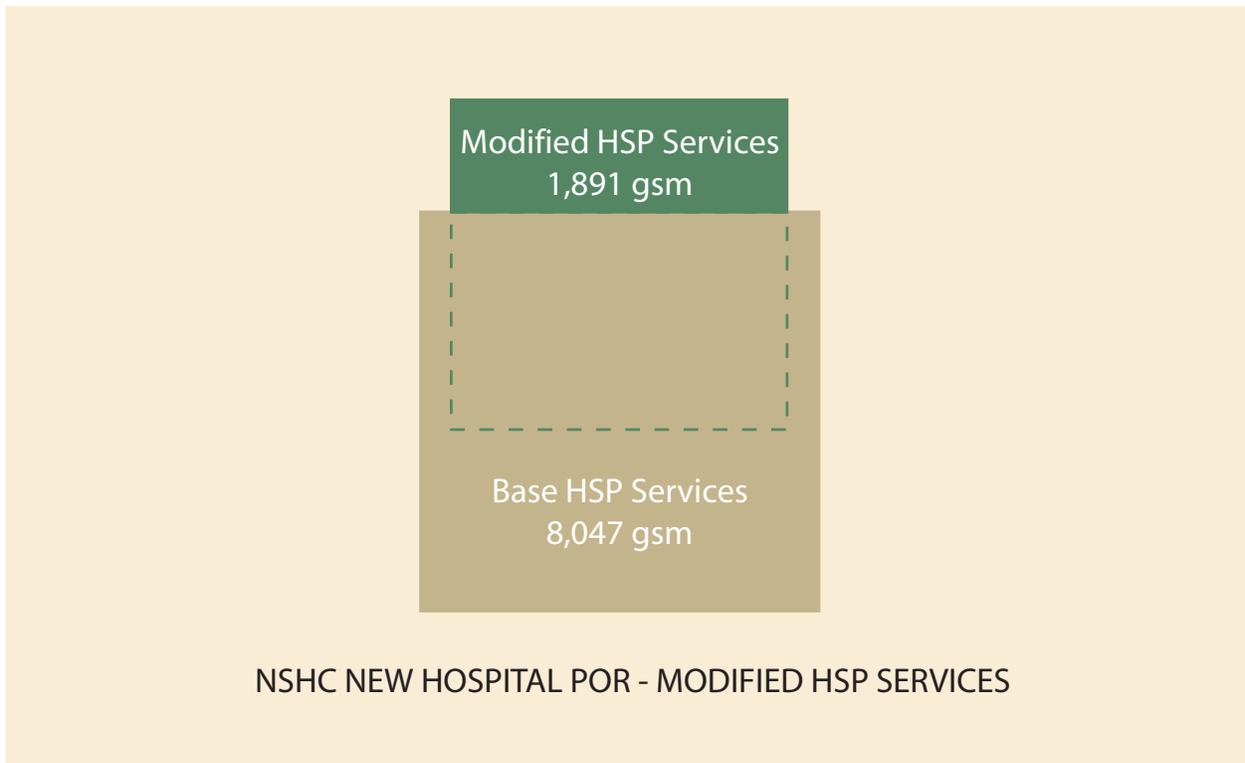
The HSP Baseline area does not include an acute care unit, a dietary unit, a medical supply unit, or a surgery. These are all essential services that, with the exception of surgery, are currently provided by NSHC that are being proposed as additional services. The other baseline services have been adjusted to account for required increases in staffing and building area.

Three methods used to incorporate the special requirements of NSHC into the HSP formula are:

1. **Modify:** Change the default workload assumed for each department to reflect more accurately the projected workload of the region.
2. **Replace:** Delete the entire department from the HSP and create a new department to reflect the characteristics of NSHC's system.
3. **Add:** Add an altogether new department that is not incorporated into or anticipated by the HSP formula.

The results of the changes to the HSP Baseline are represented in the following analyses which address "Additional Services" and "HSP Modified Services".





The increase in gross building area resulting from modifications to baseline HSP services.

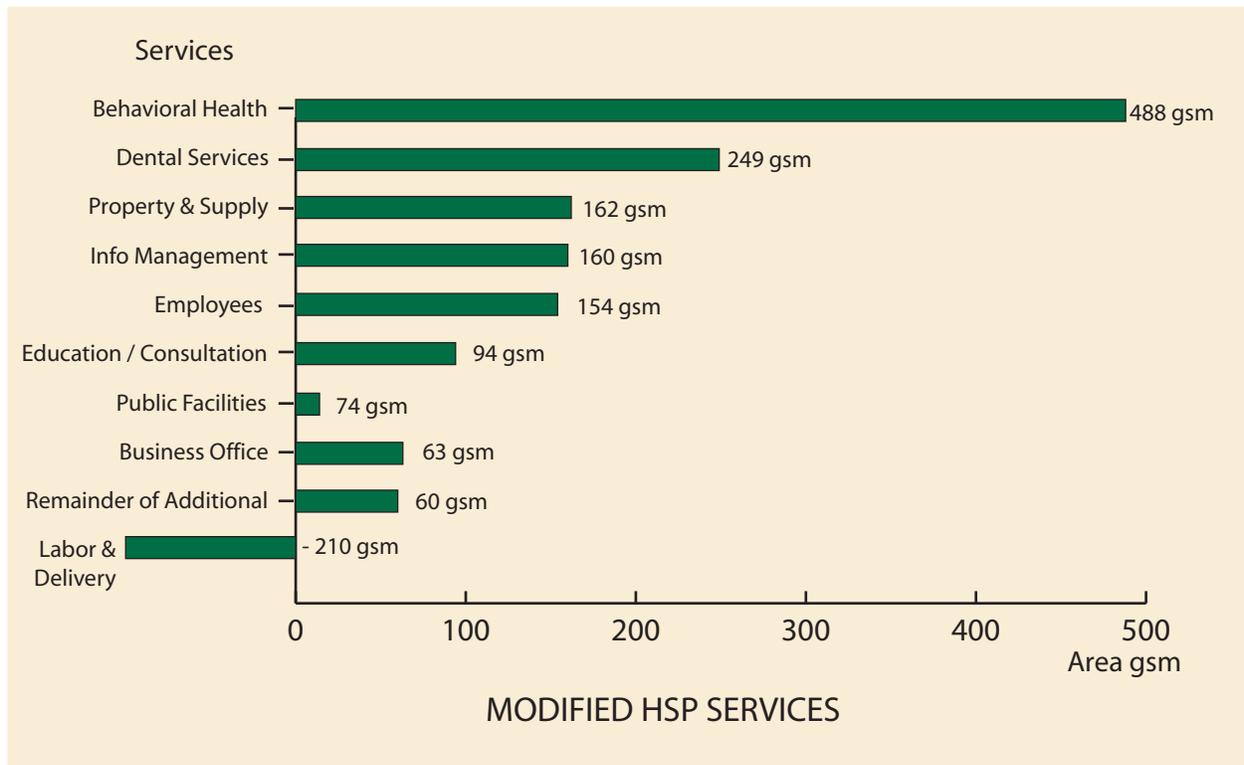
### Modified HSP Services

Disciplines which are included in the Baseline HSP do not all meet the requirements of NSHC for a variety of reasons.

The Dental Suite's area has been adjusted up to the next template by adjusting the workload approximately 5%, which moved it from a DT3 to a DT4, an increase of 497 gsm. Behavioral Health was increased by 498 gsm to account for a significantly different department than anticipated by HSP. In contrast, the Labor and Delivery suite has been reduced by 210 gsm to keep the department operation and management more in line with the existing model where the acute care nursing staff manage both departments. These modifications account for a combined area increase of 785 gsm.

The remaining disciplines being modified are not dependent upon program, but on staffing or facility size. They have been increased by the HSP program automatically to account for increases in such things as administrative workload, education and training space, employee facilities, and public facilities. The HSP calculated increases account for a combined area increase of 1,106 gsm.

The total area of Modified HSP Services is 1,891 gsm.



HSP Program services that differ from the baseline authorized levels. They have either been modified to increase or decrease the default values for staffing or space, or they are dependent spaces that have increased in area as a result of changes elsewhere in the database.

### Additional Services

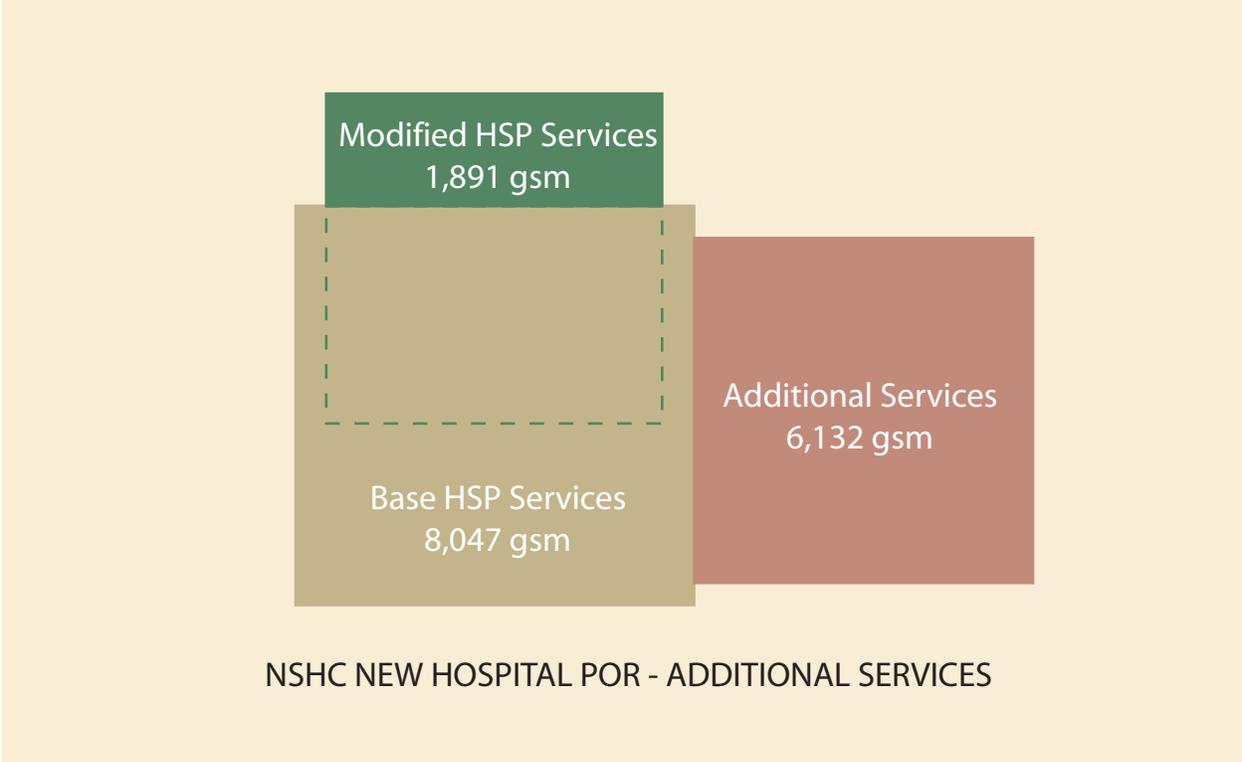
Additional Services are those services not included in the Baseline HSP Services Area Summary. Additional Services include the special programs of health care operated by NSHC, and standard HSP template spaces which were not included in the original HSP. The rationale for the addition of these services is provided in the Program of Requirements Detail section of the report.

The addition of HSP template space accounts for over 40% of the total Additional Service category. These additions are all related to the addition of the Acute Care department:

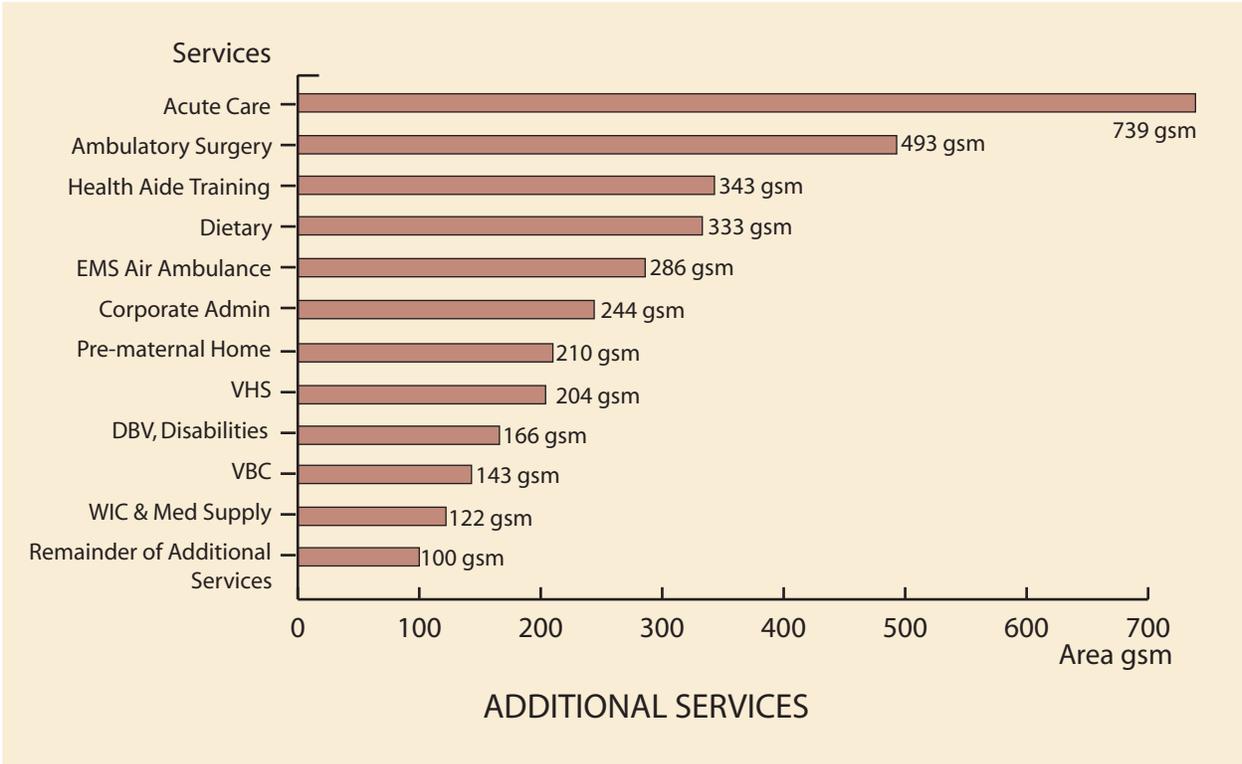
- Acute Care Nursing (AC1) Database Override 739 gsm
- Dietary Unit (DT1) Resulted from Acute Care 333 gsm
- Medical Supply (MS2) Resulted from Acute Care 122 gsm
- Ambulatory Surgery Resulted from Acute Care 493 gsm

The codes (e.g. AC1), refer to the HSP standard template applied to this department. (Ambulatory surgery does not have a code because it is a modification to the standard surgery template.)

The remaining 60% includes a variety of programs operated within NSHC to provide outpatient services in prevention, diagnosis, and treatment and some administrative departments. Some of the programs are familiar, such as WIC (Women, Infants and Children), EMS (Emergency Medical Services), HAT (Health Aide Training), PCA (Personal Care Attendant), and FAS (Fetal Alcohol Syndrome). Others are more specific to NSHC including GOCADAN (research in Genetics of Coronary Artery Disease in Alaska Natives), Healthy Paths, etc. The final section of this report, Program of Requirements Detail, will address the operational, staffing and space requirements for these disciplines. The total area of Additional Services is 6,132 gsm.



The total gross area projected for the new hospital, including all new and modified spaces. The area of the central square represents the baseline level of services computed by the HSP, an area of 8,043 gsm. Combining the baseline area with the additional and modified spaces yields a total area of over 16,000 gsm.



Additional services not included in HSP Program of Requirements. These programs represent over 40% of the additional services.

The current bed days count at the Nome hospital nearly equals the 2,600 bed days threshold and is expected to exceed that number in 2015.



### The Acute Care Department

The acute care department accounts for a significant portion of the Additional Services incorporated into NSHC's POR. The acute care department is an essential component of the medical services currently provided by Norton Sound Health Corporation in its Nome hospital. A review of the use and occupancy rates of this department highlight the requirement for inclusion into the basic services to be provided at the new Norton Sound Regional Hospital.

NSHC has had an inpatient unit since its inception in 1970. The unit has maintained a bed count averaging 6.4 patients per day over the past two years. There are nearly 100 days per year with a bed count of between 8 and 9, with fewer days at full occupancy. The data indicates that, counting bed days for labor and delivery and observation bed days, the two year average annual bed day count is 2,350 patients. This is near the threshold of 2,600 annual bed days used by HSP methodology to allocate an acute care unit. Given the projections for population growth to the region of over 1.1% to the year 2015 it seems reasonable to project that the bed day count will exceed the 2,600 threshold by that date. In actuality a new hospital will probably increase use of the facility, and with an increase in the quantity and types of procedures and care provided an increase in the overall demand for beds will result.



Koyuk Village Clinic



### Summary

NSHC's POR is the result of a concerted planning effort that has spanned the past 10 years. Since the original request for consideration of a new hospital was first presented to the Indian Health Service in 1992 and the completion of the current programming and design effort, NSHC has prepared two Justification Documents (the latest in 2000), a master plan based on the old HFPM model, a transition plan, and numerous reports and analyses. The effort that has gone into this current program analysis has included the efforts of department managers, the capital projects office, hospital administration, and architectural consultants, engineers and planners. The 1996 master plan and the 2002 transition plan have provided excellent mileposts from which to project NSHC's health care needs into the future.



Learning to provide care at the new healthaide training center .

**PROGRAM OF REQUIREMENTS SPACE SUMMARY:** adapted from HSP executive summary

<b>BASE AND MODIFIED HSP</b>	<b>BASE</b>	<b>MOD</b>	<b>ADD</b>	<b>2015 Projected Area Requirements</b>
<b>ADMINISTRATION</b>				
Administration (Et HR)		●		207.20
Business Office		●		165.20
Health Info Mgt		●		233.75
Info Mgt.		●		289.20
<b>AMBULATORY</b>				
Audiology	●			81.00
Dental Care		●		739.00
Emergency	●			354.26
Eye Care	●			163.00
Primary Care	●			493.00
Primary Care	●			487.00
<b>ANCILLARY</b>				
Diagnostic Imaging	●			427.00
Laboratory	●			151.00
Pharmacy	●			252.00
Physical Therapy	●			319.00
<b>BEHAVIORAL HEALTH</b>				
Mental Health		●		-
Social Work		●		-
<b>FACILITY SUPPORT</b>				
Clinical Engineering	●			42.00
Facilty Mgt.	●			100.00
<b>INPATIENT</b>				
Labor and Delivery		●		351.00
<b>MENTAL HEALTH</b>				
Behavioral Health Services		●		710.10
<b>PREVENTIVE</b>				
Environmental Health		●		126.00
Health Education		●		93.80
Public Health Nursing		●		407.00
Public Health Nutrition	●			25.20
<b>SUPPORT SERVICES</b>				
Education/Group Consultation		●		192.80
Employee Facilities		●		369.12
Housekeeping/Linen	●			73.60
Property and Supply		●		621.00
Public Facilities/Meditation		●		176.10
<b>BASE AND MODIFIED SUB TOTAL</b>				<b>7,649.33</b>

**PROGRAM OF REQUIREMENTS SPACE SUMMARY:** adapted from HSP executive summary

<b>ADDITIONAL SERVICES</b>	<b>BASE</b>	<b>MOD</b>	<b>ADD</b>	<b>2015 Projected Area Requirements</b>
Acute Care			●	800.29
Ambulatory Surgery			●	492.75
Respiratory Therapy			●	87.75
Capital Projects			●	124.20
Corporate Administration			●	244.35
Developmental Disabilities/Rainbow Services			●	166.05
EMS/Air Ambulance			●	285.53
Fetal Alcohol Services			●	82.35
Genetics of Coronary Artery Disease in Alaska Natives Program (GOCADAN)			●	97.20
Health Aide Training			●	365.85
Healthy Paths			●	44.55
Personal Care Attendant (PCA)			●	86.40
Infant Learning			●	130.95
Maternal Child Health			●	87.75
Pre-Maternal Home			●	210.60
Sexual Assault Response Team (SART)			●	14.85
Specialty Clinics			●	155.25
Substance Abuse Treatment			●	170.10
Tribal Medicine			●	32.40
Village Based Counseling			●	143.10
Village Health Services			●	203.85
Women Infants and Children Program			●	122.85
<b>SUPPORT SERVICES</b>				
Dietary			●	333.00
Medical Supply			●	122.00
SERVICES ADDED TO HSP SUB-TOTAL				4,603.92
<b>TOTAL ADDITIONAL SERVICES</b>				<b>4,603.92</b>
<b>BASE AND MODIFIED SUB TOTAL</b>				<b>7,649.33</b>
<b>BUILDING SUB TOTAL</b>				<b>12,253.25</b>
Plus Circulation/Envelope (20%)				2,450.65
SUB TOTAL				14,703.90
Plus Major Mechanical (12%)				1,764.45
<b>TOTAL</b>				<b>16,468.35</b>



What are Our Staff



# Needs?

Norton Sound Health Corporation is the largest employer in the Bering Strait Region with 450 full- and part-time employees in Nome and the surrounding villages. Thirty-three percent are village-based. NSHC's Native hire rate is 72 percent overall and 95 percent in villages. The projected growth of health care services and facilities within the region will require an increase in total staffing between 20% and 25% within Norton Sound Health Corporation.

NSHC is the largest employer in the Bering Strait Region with 450 employees region wide. NSHC's Native hire rate was 72 percent overall and 95 percent in the villages.

# Staffing

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The projection of staffing needs for an Indian Health Service hospital are calculated with the assistance of the HSP program and the IHS's Resource Requirements Methodology, or RRM. Using an iterative process, information is entered into the HSP to determine the facility size. This information is entered into the RRM database to calculate staffing needs. The staffing needs determined by the RRM are then entered back into the HSP. Some department's areas are calculated based on the staffing levels needed, so the overall facility area may increase as a result. The new facility size is entered back into the RRM and so forth. At some point an equilibrium is reached which sets facility size and staffing.

This process is greatly dependent on the accuracy of information provided by the RRM. In NSHC's case the final RRM staffing level is currently at 429 Nome-based and Nome-based itinerant FTE. The current HSP report projects a staff of 414 FTE. This computation includes staffing for all additional services programs and the increased level of services in modified HSP program areas. It does not include village employees.

Required staffing levels are based on a blend of needs identified from the HSP and RRM process and total 456 FTE.



**PROGRAM OF REQUIREMENTS SPACE SUMMARY: adapted from HSP executive summary**

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<b>BASE AND MODIFIED HSP STAFF</b>	<b>2015 Projected Staff</b>
<b>ADMINISTRATION</b>	
Administration (& HR)	11
Business Office	22
Health Info Mgt	16
Info Mgt.	17
<b>AMBULATORY</b>	
Audiology	3
Dental Care	41
Emergency	5
Eye Care	3
Primary Care	25
<b>ANCILLARY</b>	
Diagnostic Imaging	11
Laboratory	8
Pharmacy	5
Physical Therapy	4
<b>FACILITY SUPPORT</b>	
Clinical Engineering	3
Facility Mgt.	14
<b>BEHAVIORAL HEALTH</b>	
Behavioral Health Services	38
<b>PREVENTIVE</b>	
Environmental Health	7
Health Education	6
Public Health Nursing	15
Public Health Nutrition	2
<b>SUPPORT SERVICES</b>	
Education/Group Consultation	1
Housekeeping/Linen	7
Property and Supply	5
<b>STAFF SUB-TOTAL</b>	<b>269</b>

**PROGRAM OF REQUIREMENTS SPACE SUMMARY:** adapted from HSP executive summary

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<b>STAFF ADDED TO HSP</b>	<b>2015 Projected Staff</b>
<b>ADDITIONAL SERVICES</b>	
Acute Care	26
Ambulatory Surgery	2
Respiratory Therapy	5
Capital Projects	7
Corporate Administration	11
Developmental Disabilities/Rainbow Services	14
EMS/Air Ambulance	10
Fetal Alcohol Services	1
Genetics of Coronary Artery Disease in Alaska Natives Program (GOCADAN)	3
Health Aide Training	10
Healthy Paths	4
Home Health/Personal Care Attendant (PCA)	13
Infant Learning	4
Maternal Health	3
Pre-Maternal Home	5
Sexual Assault Response Team (SART)	2
Specialty Clinics	5
Substance Abuse Treatment	29
Tribal Medicine	2
Village Based Counseling	11
Village Health Services	10
Women Infants and Children Program	5
<b>SUPPORT SERVICES</b>	
Dietary	10
Medical Supply	3
<b>STAFF SUB-TOTAL</b>	<b>199</b>
BASE AND MODIFIED HSP- STAFF SUB-TOTAL	269
SERVICES ADDED TO HSP- STAFF SUB-TOTAL	200
<b>STAFF TOTAL</b>	<b>469</b>



# What Are The Details?



The following pages provide a synopsis of the information generated in the HSP Program of Requirements (POR) report. The POR was first generated without modifications, to provide a baseline for comparison. The POR was then modified to include additional information collected through a program interview process. This section provides a description of each new or modified department including:

- Concept of Operations
- Room List
- Staffing Requirements
- Total Department Area



The HSP planning process incorporates the advanced program and functional analysis developed by Indian Health Services with the unique health care delivery needs of NSHC.

# Details

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## Program of Requirements Summary

The POR Area Summary (located at the end of the section on space needs) indicates all departments and disciplines included in the HSP database being developed for this project. The area summary shows the total gross building area and indicates whether a discipline is base HSP area, modified HSP area, or additional services area.

A detailed, space-by-space analysis of the additional and modified service is presented as a supplement to this POR Summary.

The Program Detail sheets contain a description of each Additional Services Department and each of the Modified HSP Departments. The "In Template" departments will not be evaluated further in this report. That information is available in the HSP Process manuals and database. The detail sheets address "Mission", "Program of Operations", "Program Area Table", and "Staffing Table". The room lists that have been prepared for modified and additional departments represent the best thought of department managers currently operating the programs at the hospital and comprehensive planning completed to date.





The mission of Norton Sound Health Corporation is to  
"provide quality health services and promote healthy  
choices within our community."