South Peninsula Hospital
Facilities Master plan

South Peninsula Hospital

Kenai Peninsula Borough

ARCHITECTS ALASKA

nbbj

RESPEC

FACILITIES MASTER PLAN REPORT

South Peninsula Hospital

April 12, 2023

Prepared for:

Prepared & Managed by:

In Collaboration with:

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Introduction and Background

South Peninsula Hospital (SPH) and the Kenai Peninsula Borough (KPB) contracted with Architects Alaska (AAI) to provide a Facilities Master Plan (FMP). The FMP outlines a flexible solution for SPH to expand the Hospital through future projects to increase patient satisfaction and limit wasteful expansions or renovations.

SPH is a non-profit hospital founded in 1956 and has grown significantly in the past 60+ years. The Hospital has served the people of Homer and is a service area reaching from Ninilchik to the southern end of Kachemak Bay. The service area for SPH includes the following communities: Anchor Point, Diamond Ridge, Fox River, Fritz Creek, Halibut Cove, Happy Valley, City of Homer, Kachemak City, Nikolaevsk, and Ninilchik. The extended service area includes Nanwalek, Port Graham, and the Seldovia Area. SPH is a 22-bed acute care critical access hospital with an attached 28-bed skilled nursing facility, also called the SPH Long-Term Care facility. It provides various healthcare services, including Acute Care, Cancer Care, Home Health, Family Birthing, Imaging, Sleep Center, Rehabilitation, Surgery, Emergency Care, and other Specialties.

The Hospital is a unique partnership between the Kenai Peninsula Borough (KPB) service area, which provides tax support for the Hospital and owns the facilities, the City of Homer, and the non-profit SPH, Inc., which provides medical services and manages and maintain the facilities. KPB has an operating agreement with SPH to define roles and responsibilities between KPB as the building owners and SPH as the building operators. This FMP project is funded through SPH operations and managed by KPB.

The Board of Directors governs the Hospital, and the Hospital Service Area Board provides public recommendations on capital spending and the scope of services. In addition, SPH employs over 490 people and is the area's largest employer.

The Hospital needs to expand or renovate to remedy several issues: department/service capacity limitations, limited employee and patient parking, site access, and aging facilities. The FMP report presents the best and most flexible way to expand or renovate over a 10-year horizon to meet needs better and set up the Hospital to succeed in the future with expected trends in healthcare services. The overriding goal of the Master Plan is to provide a comprehensive guide for an orderly and coordinated short-range and long-range development and evolution of the South Peninsula Hospital. The master plans developed are the real test of the growth of the South Peninsula Hospital programs on Campus.

Abbreviations

Alaska Department of Environmental Conservation	ADEC
Americans with Disabilities Act	ADA
Architect or Engineer (refers to the A/E project team)	A/E
Architects Alaska Inc.	AAI
Authorities Having Jurisdiction	AHJ
Building Information Modeling	BIM
Combined Heat and Power Generation	CO-GEN
Computer-aided drafting	CAD
Emergency Department	ED
Environmental Assessment	EA
Environmental Impact Statement	EIS
Environmental Protection Agency	EPA
Facility Master Plan	FMP
Facilities Condition Assessment Program	FCAP
Federal Aviation Administration	FAA
Finding of No Significant Impact	FONSI
Fire department connection	FDC
Geographic Information Systems	GIS
Kenai Peninsula Borough	KPB
Key Planning Unit	KPU
Leadership in Energy and Environmental Design	LEED
Long-Term Care	LTC
Mechanical and electrical	M&E
Medical Office Building	MOB
Medical Services Plan	MSP
Municipal Light and Power	ML&P
Municipal Separate Storm Sewer System	MS4
National Fire Protection Association	NFPA
Per square inch gauge	PSIG
Project Justification Document	PJD
Program of Requirements	POR
Right of Way	ROW
Rough Order of Magnitude	ROM
South Peninsula Hospital	SPH
Scope of Work	SOW
Traffic Impact Analysis	TIA
United States Geological Survey	USGS

Project Design Team

The project design team is a multi-disciplined collaboration between experienced professional A/E firms specifically selected by SPH & KPB to design this FMP. All of the design firms on the team provided input for this report (See Appendix J for a detailed contact list).

Architects Alaska

Architects Alaska provides team leadership and management, has a principal role in the overall Master Plan, and provides architectural design, interior medical design, and medical planning.

- Mark Kneedler, Principal Architect
- Kathleen Benoit, Associate Principal, Project Manager
- Karen Stephens, Associate Principal, Senior Medical Planner

NBBJ

NBBJ provides cost modeling, financial analytics, operational modeling, forecasting, and healthcare trends. NBBJ also provided project cost Estimating

- Teri Oelrich, Principal
- Andrea Rufe, HC Analytics Lead
- Melissa Alexander, Strategic Data Visualization
- Will Hammock, Revenue Cost Cycle Analyst
- Kimball Bergerud, Project Cost Estimator

RESPEC

RESPEC provides design for geotechnical, civil, structural, mechanical, plumbing, medical gas, electrical, low voltage, and security systems.

- Robert Posma, Engineering Team Lead
- Randy Williams, Mechanical Engineer
- Brian Hayden, Electrical Engineer
- Amy Mestas, Structural Engineer
- Cody Kreitel, Geotechnical Engineer
- Anne Nelson, Civil Engineer

Executive Summary

This report results from the Facility Master Planning (FMP) effort for the Kenai Peninsula Borough (KPB) and the South Peninsula Hospital (SPH). The FMP report focuses on the study, verification, proposed program, and site for the region's growth over the next ten years. Program verification consisted of a review of existing documentation, weeklong onsite visioning sessions with leadership and team members, and a series of work sessions to review the program and proposed blocking and stacking plans. A rough order of magnitude (ROM) estimate has been developed based on the approved concept site and Medical Office Building and Hospital programs. The site plan allows maximum flexibility with vehicle circulation, patient and visitor drop-off, and a more straightforward wayfinding system at the front door to patient care. The strategic plan outlines the future state, capital improvements, and profitability of suggested expansion and market needs.

1 Summary of Key Findings + Strategic Recommendations

The following summarizes the key findings and recommendations as part of this analysis. Detail is provided herein. SPH and the Design Team established a priority list of items, and the FMP is organized around this list; however, it is not a list of projects in itself. Careful consideration was given to the current facility and community needs and concerns for Cost and compliance.

	Priority Level
Utilize existing Core and Shell space	1
Consolidate multiple services currently located around and off Campus	2
Deferred Maintenance & Aging Facilities Considerations	3
Power Plant Replacement (Generator Compliance)	4
Expand Surgery Department & Provide more efficient PACU capacity and throughput	5
Provide more parking readily accessible to services	6
Pharmacy Upgrades & Compliance	7
Expand Long-Term Care Facility (LTC)	8
Provide better campus wayfinding and entry points	9

2 Existing Conditions Overview

The design team conducted a week-long visioning workshop (design charrette) to stimulate thought and dialogue among team members and client representatives. The team determined that many of the programs at SPH are spread out into outbuildings and could benefit from adjacencies and the efficiency of many collocating programs. The following outlines data on existing buildings and programs used to formulate the program needs.

South Peninsula Hospital

Programs: The hospital spaces are identified in the Current State Drawings, which represent today's adjacencies and programs that are located at the Hospital. (See Appendix A for Current State Drawings / Floor Plans).

Deficiencies: Adequate parking, no adjacent space near any department for growth, and site wayfinding.

Details:

Address: 4300 Bartlett St, Homer, AK 99603

106225 sqft

Exterior Photo

SPH Existing Façade@ Main Entrance

Homer Medical Center

Programs: The Homer Medical Center is home to Family Medicine

Deficiencies: No room for growth, not enough parking, privacy at check-in/wait, Different medical billing systems

Details:

Address: 4136 Bartlett St, Homer, AK 99603

10,520 sqft

Exterior Photo

Homer Medical Center Existing Façade & Main Entry

4-Plex

Programs: The IT department, including IT Storage, is currently occupying the first floor of the 4-Plex. The administrative staff for medical billing is on the second floor.

Deficiencies: Space is not ADA compliant, staff and storage are scattered throughout different rooms.

Details:

Address: 348 Cityview Street, Homer, AK 99603

3,100 sqft

Exterior Photo

SPH Existing 4Plex – IT Department

Orthopedics / Specialty Clinic

Programs: The Kachemak Bay Professional Building has Orthopedic, Specialty Clinics, and Family Care

Deficiencies: Space is not ADA compliant, staff and storage are scattered throughout different rooms, and there is no room for growth.

Details:

Address: 4201 Bartlett St, Homer, AK 99603

6,597 sqft

Exterior Photo

Kachemak Bay Professional Building Existing Façade @ Entrance

Behavioral Health

The Behavior Health Program is not consolidated into the MOB programs

Deficiencies: Space is not ADA compliant, lack of sound privacy is an issue, no room for growth. There is no second exit for staff to leave quickly in an elevated behavioral situation.

Details:

Address: Hohe St, Homer, AK 99603

Exterior Photo

Behavioral Health Building Existing Entrance

West Wing

The West Wing Building has the OB Midwifery & OB program for pediatrics 0 to 3

Deficiencies: No space for child birthing classes, limited exam space, no adjacent hospital OBGYN department, and no Emergency Back Up Power, so vaccines are vulnerable, and not ADA compliant.

Details:

Address: 4177 Bartlett St, Homer, AK 99603

1,638 sqft

Exterior Photo

West Wing Building Existing Façade @ Main Entrance

Cedar House

The Cedar House has Administration Medical Billing Functions; Patient Financial Services is on the third floor, Education, Health and wellness on Floor 2 and A Sexual Assault Nurse Examiner (SANE) / The Sexual Assault Response Team (SART) and makeshift storage are on the lower level.

Deficiencies: Space is not ADA compliant, staff and storage are scattered throughout different rooms, and there is no room for growth. Do not have privacy for calls or meetings.

Details:

Address: 347 Cityview St, Homer, AK 99603

2,600 sqft

Exterior Photo

The Cedar House Building Existing Façade @ Lower Level Employee Entrance

Conference Room #3

Conference Room #3 is a Conference Room outbuilding

Deficiencies: No adjacency to any user groups

Details:

Address: 348 City View St, Homer, AK 99603

960 sqft

Exterior Photo

Conference Room #3 Existing Façade

Infusion Center

The Infusion Center is a stand-alone outbuilding

Deficiencies: No adjacency to the Pharmacy, leased property

Details:

Address: 4251 Bartlett St, Homer, AK 99603

11,025 sqft

Exterior Photo

Infusion Center Existing Façade @ Main Entrance

Garage Sheds

SPH Facilities Department uses the Garages and Sheds

Deficiencies: Never enough storage space

Details:

Address: 34 ½ Cityview St, Homer, AK 99603

612 sqft

Exterior Photo

Existing Garage / Sheds

Home Health

The Home Health Building has a home health field staff, billing office, as well as one clinic

Deficiencies: Parking is on the opposite side of the building to the front door, its proximity is far from campus

Details:

Address: 203 West Pioneer Ave, Homer, AK 99603

4,059 sqft

Exterior Photo

The Home Health Building @ Main Entrance

General Surgery Clinic

The General Surgery Clinic occupies the lower level only (rented space)

Deficiencies: Leased space, not adjacent to other programs / services

Details:

Address: 4252 Hohe Street, Homer, AK 99603

1,054sqft

Exterior Photo

The General Surgery Clinic @ Lower Level

*** This space was leased after the Design Team was on site to review existing conditions*

OB / GYN

The OB / GYN Clinic occupies the lower level only, apartments are located above.

Deficiencies: Leased space, not adjacent to other programs / services

Details:

Address: 263 West Fairview Avenue, Homer, AK 99603

768sft

Exterior Photo

The OB / GYN Clinic @ Lower Level

*** This space was leased after the Design Team was on site to review existing conditions*

3 Onsite Visioning

The Design Team spent four days with South Peninsula staff conducting a charette discussing the needs and projected growth data with each campus user group. Information gathered was used to produce a future state program and space plan. (See Appendix B for detailed Visioning documents).

Strategic Analysis & Forecasting of Capacity Needs were identified

Current State Volumes and Capacity

SPH FACILITIES MASTER PLAN

Current State

Clinical Platform	Number of Units	Baseline Volume	Baseline Year	DRAFT Operating Assumptions
Inpatient Beds	**22**	**2,681**		**Target Occupancy**
Flexible Acute/Stepdown/ICU/Obs	*18*	*2,232*	*FY21 Actual*	*70%*
Physician Sleep Room	*1*			
OB (LDRP)	*3*	*258*	*FY21 Actual*	*50%*
***Nursery Rooms*	*3 - 4*	*191*	*FY21 Actual*	*50%*
LTC	*28*	*8,740*	*FY19 Actual*	*90%*
OR's	**2**	**1,617**		**Target Productivity**
Inpatient Surgery		*261*	*FY19 Actual*	*500*
Outpatient Surgery		*1,356*	*FY21 Actual*	*750*
Endoscopy Procedures		*366*	*FY21 Actual*	*1,200*
ED Bays	**9**	**4,629**	**FY19 Actual**	**Target Productivity**
Standard	*5*		*FY19 Actual*	*750*
Trauma	*2*		*FY19 Actual*	*500*
Negative Pressure Isolation	*1*		*FY19 Actual*	*750*
BH bay	*1*		*FY19 Actual*	*125*

SPH FACILITIES MASTER PLAN

Current State

Clinical Platform	Number of Units	Baseline Volume	Baseline Year	DRAFT Operating Assumptions
Diagnostic Imaging	**14**			**Target Productivity**
Diag Radiology	*6*	*6,919*	*FY21 Actual*	*4,000*
MRI	*1*	*1,429*	*FY21 Actual*	*1,800*
CT	*4*	*3,798*	*FY21 Actual*	*4,000*
U/S	*2*	*2,609*	*FY21 Actual*	*2,000*
Mammo	*1*	*2,437*	*FY21 Actual*	*2,500*
Nuc Med	*-*	*-*	*-*	*800*
Clinic Locations	**40**	**32,568**		**Available Timeslots**
HMC (4136 Bartlett)	*17*	*17,598*	*FY21 Actual*	*725*
Specialty Clinic (4201 Bartlett)	*6*	*5,904*	*FY21 Actual*	*775*
Family Care Clinic (4201 Bartlett)	*8*	*3,720*	*FY21 Actual*	*775*
Westwing Clinic (4117 Bartlett)	*3*	*2,252*	*FY21 Actual*	*850*
West Pioneer (203 W Pioneer)	*3*	*1,211*	*FY21 Actual*	*1,250*
Neurology Clinic (4300 Bartlett)	*3*	*481*	*FY21 Actual*	*175*
Oncology Infusion Clinic (4251 Bartlett)	*3*	*1,608*		*1,000*

**90% of timeslots*

Figure 3.1

Clinical Forecasting Approach and Projections

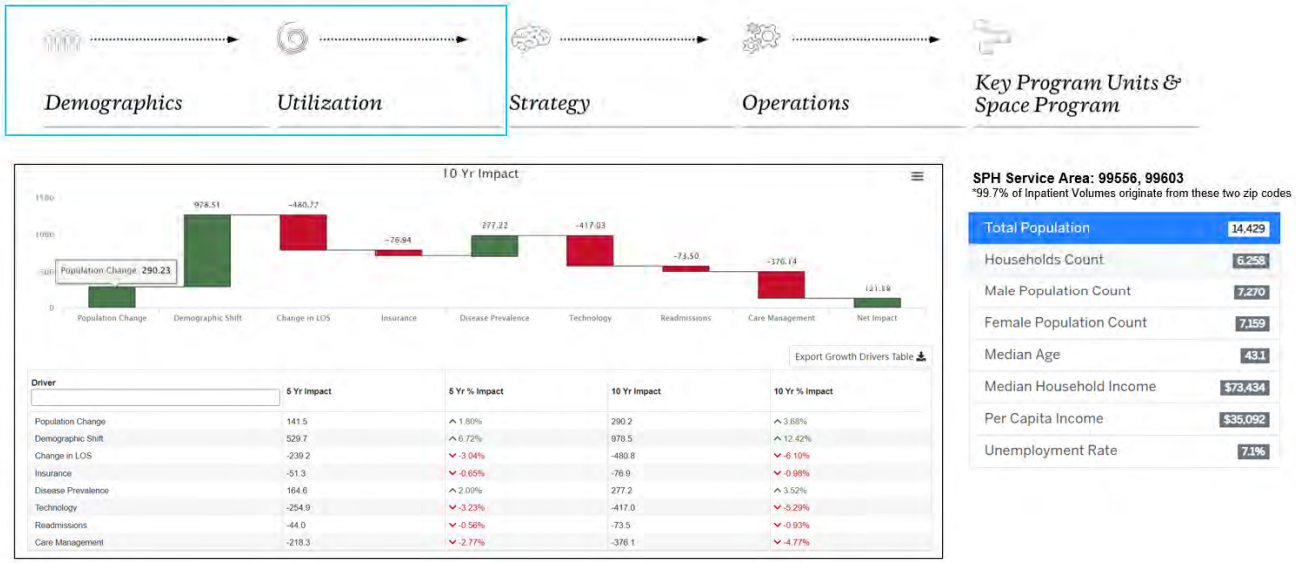

Figure 3.2

Figure 3.3

Future Capacity Needs and Planning Implications

*Note; KPU = Key Planning Unit i.e.; 1 exam room or X-ray

SPH FACILITIES MASTER PLAN

SPH 10-Year KPU Needs
Executive Summary

Current State		10-Year Forecast			Master Plan KPU
Clinical Platform	*KPU*	*Market Growth*	*Vol Projections*	*KPU Needs*	**Recommendation**
Inpatient + Observation	22	6%	3,452	14.2	**22**
LTC	28	46%	12,760	38.8	**40**
ED	9	20%	5,543	8.0	**9**
Radiology	14	9%	19,572	7.7	**9**
Clinics (Consolidated)	40	27%	40,136	42.4	**42**
Surgery					
IP + OP Surgery	2	7%	1,456	1.8	**3**
Endoscopy	1	25%	458	0.4	**1**
Total	3	21%	1,914	2.2	**4**

Figure 3.4

4 Program

The team compiled a detailed program for each clinical platform based on the KPU 10-Year needs. These program summaries informed the proposed building expansion and hospital backfill (see Appendix C for detailed program documents).

Medical Office Building Program Summary

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
PROGRAM SUMMARY

SUM	Department Name
OP	Service

SPACE	DNSF	DGSF	Total KPU	DGSF/ KPU	COMMENTS
PROGRAM SUMMARY					
CLINICS			**52**		
PRIMARY CARE CLINIC	7,264	10,787	28	385	
SPECIALTY CARE CLINIC	6,292	9,344	24	389	
Long Term Care		21704	40		
ANCILLARY SUPPORT					
IMAGING	2,632	3,935	3	1312	
LAB	368	486	2	243	
OUTPATIENT PHARMACY	1,592	2,101			
Physical Therapy		1500			
CLINIC SUPPORT AREA					
CONFERENCE AREA	3,028	3,664	8	458	
BUILDING SUPPORT					
ENVIRONMENTAL SERVICES	240	312			
MATERIALS MANAGEMENT + LOADING DOCK	2,820	3,553			
FOOD AND NUTRITION: CAFÉ	1,229	1,484			
TOTAL DGSF		**58,869**			
Comunications/LAN Closets	*7%*	*4,121*			
Building Circulation	*8%*	*4,710*			
MEP	*9%*	*6,093*			
Exterior / Stacking	*3%*	*2,214*			
Total BGSF		**76,006**			
		1.29			

Figure 4.1

Hospital Program Summary

SOUTH PENINSULA HOSPITAL
HOSPITAL SPACE PROGRAM
PROGRAM SUMMARY

S Department Name
IN Service

SPACE	DGSF	Existing DGSF	Delta DGSF	Total KPU	DGSF/ KPU	Construction Phasing: Existing to Remian	Phase 1	Phase 2	Phase 3	Phase 4	COMMENTS
PROGRAM SUMMARY											
INPATIENT				62							
LABOR & DELIVERY (LDRP)	5,954	2,990	2,964	4	1488					5954	
LONG TERM CARE	21,704	14,475	7,229	40	543						See MOB program sumary for sqft as part of MOB build
ACUTE CARE	13,010	13,010	0	18	723	13,010					
OUTPATIENT				6							
INFUSION CLINIC	3,588	1,025	2,563	6	598		3588				TI
EMERGENCY DEPARTMENT	5,313	5,313	0	9	590	5,313					
NEUROLOGY	3,079	3,079	0	5	616	3,079					
ANCILLARY SUPPORT											
PHARMACY	2,201	1,191	1,010	1	2201		2201				TI
LAB	3,471	2,515	955	1	3471	3,471					
SURGERY DEPARTMENT	6,617	3,878	2,739	4	1654					6617	Additional OR, sized to code
PREOP AND RECOVERY	8,800	1,918	6,882	14	629					8800	
DIAGNOSTIC IMAGING	8,030	6,903	1,127	9	892	6,903				1127	
STERILE PROCESSING DEPARTMENT	2,847	2,847	0	4	712					2847	
PHYSICAL THERAPY	6,007	5,195	*								* Part of PT will be demolished for new connector link, See MOB program sumary for sqft as part of MOB build
SLEEP	522	522				522					
CLINIC SUPPORT AREA											
CENTRALIZED REGISTRATION	6,418	2,201	4,217	1	6418		4217				Includes Entry & Waiting
COFFEE BAR	200	0	200	1	200		200				
BUILDING SUPPORT											
ENVIRONMENTAL SERVICES	2,821	2,821	0			2,821					
MATERIALS MANAGEMENT/LOADING DO	7,509	5,980	1,529	1	7509					1529	
NUTRITION	4,731	3,431	1,300			4,731	3000				1350 SF addition + 1700 SF remodel medium remodel
IT	1,350	0	1,350	1	1350		1350				Relocate IT to the First Level of the hospital
PLANT OPERATIONS	1,500	1,607	-107	1	1500		1350				
ADMIN	3,744	4,036	-292	160	23		870				TI - plus new exterior windows!
TOTAL DGSF				**119,416**							
Comunications/LAN Closets	*7%*			*8,359*							
Building Circulation	*8%*			*9,553*							
MEP	*9%*			*12,360*							
Exterior / Stacking	*3%*			*4,491*							
Total BGSF				**154,179**		**39,850**	**16,776**	**0**	**0**	**26,874**	
				1.29							

Figure 4.2

5 Capital Prioritization Matrix

The following prioritization matrix takes the master planning recommendations and prioritizes the investment areas across the following areas:

- Code Compliance
- Strategic Priority
- Development Costs
- Return on Investment
- Patient Staff Satisfaction

The scoring groups into four descending categories: Code Compliance - Priority updates to be completed as soon as possible; high Strategic Priorities – recommendations that are both strategic aims and require near-term solutions due to capacity and satisfaction elements; moderate Strategic Priorities – recommendations that are strategic aims but have mid/long-term planning requirements, Deferred maintenance – infrastructure and facility needs that should be balanced against strategic developments.

	Weighted Scoring	5	3	2	1	
Master Plan Recommendations	Code Compliance	Strategic Priority	Development Cost	Return on Investment	Patient / Staff Satisfaction	Capital Prioritization Scoring
5.1.1 Utilize existing core and shell space		High	$	$	Low	9
5.1.2 Consolidate programs scattered around outbuildings		High	$$$	$	High	7
5.1.3 Deferred maintenance - Aging facilities - Failing infrastructure (i.e., roof failures) - HVAC entire system - Major maintenance and renovation - Condition of facility - Others		High	-	-	High	7 - 9
5.1.4 Power Plant Replacement / Generator compliance	Priority					10
5.1.5 Expand the surgery department by 1 OR		Moderate	$$	$$$	Moderate	7
5.1.6 Provide more parking		High	$$	$	High	8
5.1.7 Pharmacy compliance	Priority					10
5.1.8 Expand the SPH long-term care facility		Moderate	$$	$	Low	6
5.1.9 Provide better campus wayfinding and entry points		Moderate	$	$	High	8

Priority: Immediate solution required for code compliance

Figure 5.1

5.1.1 Utilize existing core and shell space

There is approximately 7140 sqft of open-shelled space on the first floor at SPH that has been unoccupied since the addition in 2010. This space strategically has a high priority so that the facility can grow its current programs or provide new service lines, like Nuclear Medicine, and only displace the storage and soft space that occupies the lower level. The FMP proposes to remove the metal infill panels and add glazing, aligning the first-floor fenestrations with the second-floor aesthetic and allowing for the lower level to gain access to views of Kachemak Bay and daylight. This accommodates short-term incremental growth in initial phases while addressing long-term growth.

SPH Existing Façade

5.1.2 Consolidate services, located around and off Campus

The primary recommendation in the FMP is consolidating services within the Campus. The community will benefit from synergies of locating programs nearer or within hospital care services. Discussions were focused on the availability of adjacent properties, consolidation of programs and support services, and the proximity of the services provided to each other. Which helps facilitate patient flow and wayfinding, patient confidentiality, department adjacencies and efficiencies, and security were prioritized in the organization of departments. Data indicates clinic visits to increase by 27% in the ten-year outlook – see figure 3.3.

5.1.3 Deferred Maintenance Considerations

Each component of the FMP that proceeds as a project will need to consider the deferred maintenance and infrastructure analysis of the existing facility as part of their project scope. Several are listed below, but the scope is not limited to the following;

- Age of the facilities
- Failing infrastructure problems
    a. I.e., Lifespan & performance of the roof
- Age and performance of HVAC systems
- Major maintenance items
- Condition of facility or space
- Other items as identified by the owner at the time of project development

While deferred maintenance items are not captured in the FMP detailed cost estimate, it is anticipated that as projects get available funding and priority that maintenance items will become part of active project scopes.

5.1.4 Power Plant Replacement (Generator Compliance)

Per recent inspections, SPH has been notified that the existing generators are not in compliance with current codes. The generators and the essential electrical system components do not have the required monitoring points. Additionally, the generators and switchgear are older, and becoming more difficult to find service and repair parts and components. SPH needs to address these generator and compliance items by Aug 2024. A location has been identified to provide a new power plant allowing the old plant to remain operational until the new system comes online. See Figure 5.2. This allows the system to be upgraded and the generator to be brought into compliance. The Cost for a new power plant is identified in the detailed construction cost estimate (See appendix I for the Detailed Construction Cost Estimate).

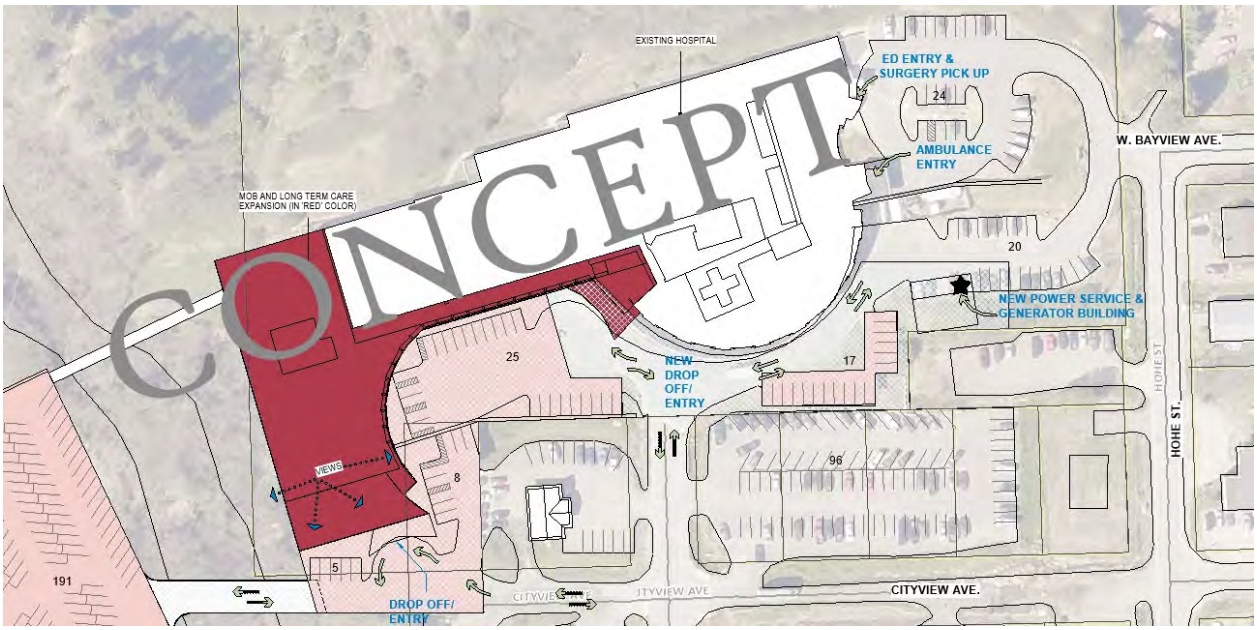

Figure 5.2

5.1.5 Expand Surgery Department

The FMP identified the need for an additional Operating Room as well as to reconfigure and relocate and expand the department for a more functional Pre/Post and PACU. The patients and staff will have a better workflow, and the turnover will increase, increasing revenue. Figure 5.3 below indicates increasing to 1 additional Operating Room over the next ten years.

SPH FACILITIES MASTER PLAN

SPH 10-Year KPU Needs
Executive Summary

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Radiology	14	9%	19,572	7.7	**9**
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Surgery					
IP + OP Surgery	2	7%	1,456	1.8	**3**
Endoscopy	1	25%	458	0.4	**1**
Total	3	21%	1,914	2.2	**4**

Figure 5.3

5.1.6 Provide More Parking

Parking upgrades and expansion. The site currently does not have adequate parking quantities. The FMP looks at strategic locations to build out and disperse parking and minimize patient travel distances to patient care programs. The design team considered a high-density parking structure to double parking and utilize the current site levels to access upper and lower levels and minimize the site disturbance. A second consideration was working with the City of Homer to use the property west across the creek. The FMP proposes to utilize the area west of the stream for a dedicated paved parking lot. In turn, it will provide road access, infrastructure, and drainage upgrades to Karen Hornaday Park. The Parking lot will be accessed by a roadway, including with bicycle path and a pedestrian walkway leading directly to the back-of-house MOB connection point (See Appendix D).

5.1.7 Pharmacy compliance

The current Pharmacy is not compliant with current USP 797 and 800 standards. USP 797 provides standards for compounding sterile preparations, while USP 800 provides standards for safely handling hazardous drugs to minimize exposure risks. USP 797 promotes the protection of the sterility of the drug, while USP 800 is focused on the safety of personnel who come in contact with the HDs. Relocating the Pharmacy allows the current Pharmacy to remain operational while building in a new location provides upgrades to meet compliance requirements. Relocating the Pharmacy is also always for other program growth. The new site, adjacent to the Infusion Center, gives direct access to all the programs relying on the Pharmacy.

5.1.8 Expand Long-Term Care Facility (LTC)

THE FMP relocated the LTC so that the program has its access point separate from the main Hospital while maintaining a solid connection for shared services. Expand the program by six beds and allow the renovate the reallocated space to serve residents better. The proposed plan maintains the double-room care model, incorporates a large outdoor area for comfort and well-being, and expands the program by six (6) beds to meet demand.

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ED	9	20%	5,543	8.0	**9**
Radiology	14	9%	19,572	7.7	**9**
Clinics (Consolidated)	40	27%	40,136	42.4	**42**
Surgery					
IP + OP Surgery	2	7%	1,456	1.8	**3**
Endoscopy	1	25%	458	0.4	**1**
Total	3	21%	1,914	2.2	**4**

5.1.9 Provide better campus wayfinding and entry points

Develop a campus identity/image to create a sense of arrival (front door). Thoughtful Campus organization helps minimize conflict between pedestrian and vehicular traffic, makes wayfinding easy for visitors, and addresses the functional relationships between programs and buildings – See figure 5.3. Wayfinding allows visitors to get where they need to be without requiring assistance. This frees up staff for more urgent tasks. Having proper wayfinding also keeps patients calm, making it easier and less stressful for hospital staff to do their jobs effectively. This will become more important as the Campus becomes more consolidated into the expanded area.

Figure 5.3

SPH Existing Site / Wayfinding

6 Parking Study

Parking for staff, patients, and visitors has been inadequate and challenging due to site constraints and adjacent land. An increase to patient parking adjacent to the facility will be necessary as the faciality increases in size and capacity. Employee and non-patient parking, immediately adjacent to the hospital, will need to be limited. The FMP development process discussed a series of upgrades to Karen Hornaday Park Road and infrastructure in exchange for a shared parking agreement. Use of the Karen Hornaday Park shared parking would not only be beneficial for employee and non-patient parking but would also improve availability of patient parking adjacent to the hospital facility. A new route across the creek will allow for easy access, and a pedestrian path will allow staff quick access through the staff corridors. An agreement with the City of Homer for use of park land has not been initiated; improvements adjacent to the hospital are currently the highest priority.

Using the site parameters and assumptions as a guideline, the team built a spreadsheet to assist in calculating potential campus development. One significant criterion of the spreadsheet is to address the appropriate parking requirements for the program development. This required a balance of parking count to the program area. This chart addresses current parking numbers per City Code

Existing Parking; Building Gross Square Foot (BGSF) City of Homer Code

Building or Space	Use Per City Code (21.55.060) Off-site parking	Factor	Employees or other count (Chairs or Beds	BGSF	Required Parking Spots	Round up #	Current # of Parking Spaces	Delta per Building	Notes
Behavorial Health	Medical	300		3100	10.33333333	11	6	5	
Cedar House	Medical	300		2604	8.68	9	6	3	
Conference Room 3	Assembly	100		960	8.68	9	16	-7	One per five seats and one per 100 square feet of floor area used for assembly and not containing fixed seats
3a	# of seats		24		4.8	5	6	-1	
Fourplex	Business	300		3100	10.33333333	11	11	0	
Homer Medical Center	Medical	300		10520	35.06666667	36	69	-33	
Infusion Center	Medical	300		1025	3.416666667	4	8	-4	
ManCave	Service / Repair / Wood Shop			612	0	0	0	0	
7a			7		7	7	8	-1	One per employee
Speciality Clinic	Medical	300		6597	21.99	22	26	-4	
Hospital	Medical	300		131217	437.39	438	212	226	
West Pioneer Building	Medical	300		4059	13.53	14	6	8	
West Wing Clinic	Medical	300		1638	5.46	6	6	0	
				165432	Total Required	572			
						Existing	380		
						Delta	-192	Campus Shortage	

Figure 6.1

The FMP Team recommends a traffic engineering and parking study be completed to determine the percentage ratio of parked vehicles and accumulation at peak use times compared to the prescribed code requirements. The study will review the volume, accumulation, turnover, and length of stay a vehicle is parked at a parking bay. This data can be compared to the current parking inventory and the City of Homer Code required quantities (See Appendix D).

This chart addresses parking identified in the FMP per City Code.

FMP Campus Parking; Use Type & Building Gross Square Foot (BGSF) City of Homer Code

Building or Space	Use Type Per Homer City Code (21.55.060) Off-site parking	Factor	Employees or other count (Chairs or Beds)	BGSF	Required Parking Spots	Round up #		Notes
Hospital								
1a	Admin	300		5178	17.26	18		
1b	Medical	300		80385	267.95	268		
1c	Storage (medical supply/ morgue / EVS closets)	3000		6928	23.09333333	24		One per 3,000 square feet of gross floor area
1d	New Medical (old LTC)	300	0	14475	48.25	49		One per three beds plus two per dwelling unit of an on-site caregiver
1e	Cafeteria	100		4286	14.28666667	15		One per three indoor seats. If there is no fixed seating, one per 100 square feet. One per 10 seats of seasonal outdoor
1f	New Medical (old shell Sspace)	300		6180	20.6	21		
1g	Mechanical / Electircal	3000		13785	45.95	46		
			Subtotal	**131217**				
Medical Office Building	Medical	300	N/A	45000	150	150		One per 300 square feet of gross floor area
Long Term Care		1	20	218665	21	21		One per three beds plus two per dwelling unit of an on-site caregiver
			Subtotal	**263665**				
			Total	**394882**				
				Subtotal Hospital		612		
					Total Required	**612**		
					75%	459		If more than one use is present on a lot, the number of required off-street parking spaces shall be equal to 75 percent of the sum of the number of required off-street parking spaces for each use computed separately, unless
					Total Require	459		
						At Bldg	195	
						At Park	191	
						Total	386	
						Delta	73	

Figure 6.2

7 Site Selection and Evaluation

The existing site, previous expansions, and topography limit options for growth. A steep hillside lies to the north, a creek to the West, and private/residential land to the South and east. During the charette process, the team discussed a few Macro-level Master Plan Approaches including: Consolidate Existing satellite departments into a Medical Office Building on Campus, Consolidate Existing satellite departments into a Medical Office Building off Campus, and Providing an all-new hospital and MOB off-site. The team also reviewed several Environmental Considerations. The project site is in a previously developed urban area; however current maps indicate wetlands. Careful consideration of environmental aspects of the site and adjacent creek/tributary have been taken into consideration with any renovation and upgrade to the site and adjoining land. As projects move forward, additional studies and work with the city-owned land will be required.

(See Appendix Fi for detailed Site Selection Studies)

The Design team considered seven (7) different site locations for a consolidated Medical Office Building. Each scheme was ranked with the following six (6) criteria.

- Patient-Centered Care; provide patient-centered Care close to home in a safe, secure, and positive healing environment.
- Operational efficiency; maximize fixed assets to decrease operating and capital costs.
- Highest And Best Use Of Space; zone the Campus for inpatient, outpatient, and administrative functions to ensure the best position of revenue-generating spaces.
- Highly Satisfied Staff; Create a work environment that attracts and supports high-performing teams in a multi-functional workspace, with natural daylight that reduces stress and increases productivity and happiness.
- Improve Access To Services; provide services with a high level of local unmet needs. Be The Provider Of Choice For Homer; use space to deliver Care from the system, improving community relations.
- Stand The Test Of Time; provide agile care delivery models that utilize lean planning principles in flexible and enduring facilities, positioning SPH as a leader in care delivery now and in the future.

The process of elimination and the highest-ranking scheme was to expand the building to the West with direct connection to the existing facility and grow shared parking across the creek – see figure 7.1.

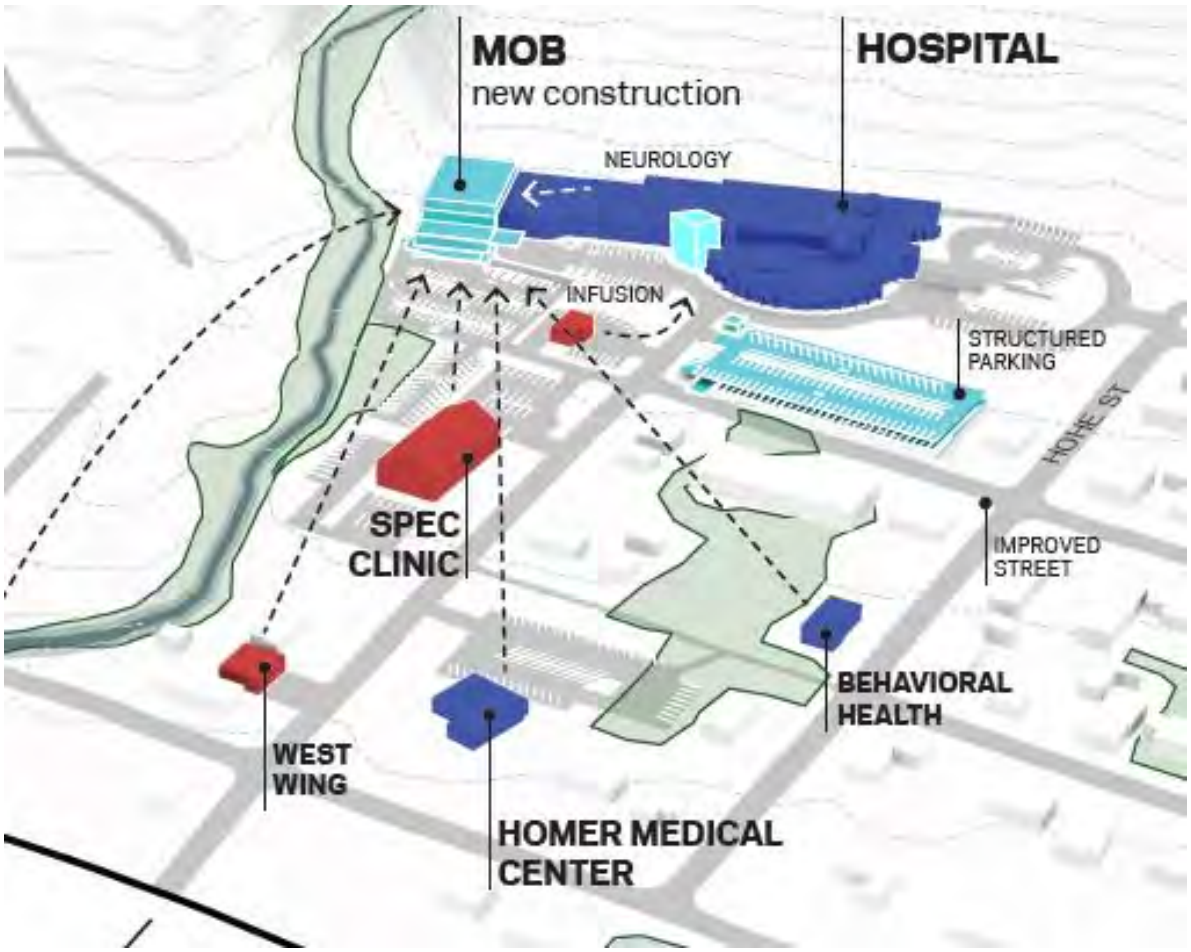

Figure 7.1

Blocking and Massing Diagrams

The primary objective of the chosen concept is to address the immediate needs of the Hospital for compliance and growth strategies. This concept also addresses the MOB spaces to consolidate and share services with the existing Hospital. The new LTC space has a direct connection to the rooftop garden and direct access to the Emergency Department and the physical therapy programs. The concept has a moderate impact on the existing building site, requiring minor modifications to existing vehicular traffic and providing a central entry core area. The intent is for this option to accommodate 10-year growth (See Appendix F for massing studies).

Figure 7.2

8 Architectural

The facility integrates site, landscape, and building design and has a clear facility/building plan organization; its collective scale and stepped-back top floor allow more daylight into waiting spaces; corridors have daylight and landscape orientation; multiple gathering spaces resonate with users on Campus for a variety of reasons. See figure 7.2. Organized Public connections to the MOB and LTC additions on the first and second floors tie the buildings together with a cohesive language and provide an upgraded façade (See Appendix G for proposed Expansion and Backfill Diagrams).

9 Medical Planning

Medical Office Building Addition

The programming data and input from users, as well as leadership and the site selection rankings, indicated the most efficient use of space and resources was to expand the Hospital to the West with direct connections back to the main Hospital. The offices were placed strategically to avoid conflict with flight paths to the existing roof-mounted helipad/stop. The planned Medical Office Building expands the footprint to the West while maintaining critical department adjacencies and workflows. The FMP proposed design also creates a grand entrance and

connector link allowing for the existing façade to be upgraded and providing public spaces of respite or waiting and enclosed temperature-controlled connections between the entire facility.

Hospital Renovation

Hospital renovation has a significant impact on existing spaces. Disruption planning with Project Managers, Facilities and Maintenance Staff, the Contractor, and the design team will be critical to the success of future projects. Effects on infrastructure will be considered, as patient and staff flow, life safety, exiting, and the joining of similar and dissimilar materials.

10 Geotechnical

Project-specific subsurface explorations should be planned and budgeted for any new construction of buildings, retaining walls, pavement sections, and cut/fill slopes that are 2H:1V or steeper. These subsurface explorations will generally consist of drilling geotechnical boreholes using hollow-stem auger drilling methods and modified split spoon sampling. For buildings/retaining walls foundations, boreholes should be advanced to a minimum of 30 feet below the ground surface (bgs). For parking areas, 15 feet bgs is sufficient. Any cut or fill slopes that are 2H:1V or steeper should include borings at the top and toe of the proposed slope to support a detailed numerical slope stability analysis. All subsurface studies will also include laboratory testing of the soil samples and preparation of a detailed geotechnical report, which will provide specific recommendations for the design and construction of foundations, retaining walls, pavement sections, underground utility trenches, cut and fill slopes, seismic design parameters, etc.

11 Civil

Site Grading

The existing hospital site is situated on a hill with an average existing grade of 6.5% percent. The new parking lot expansion to the West is located on a previously partially developed site on the Karen Hornaday Park parcel with an approximate average slope of 4%. New parking lots should be graded to meet a minimum grade of 1% and a maximum grade of 5%. Sidewalks and accessible parking shall be graded to meet the requirements stipulated in the 2010 ADA Standards for Accessible Design.

Drainage

A Hydrologic and Hydraulic (H&H) Study should be conducted to inform the culvert and channel reconstruction design. Work within the Woodard drainage should be coordinated with the City of Homer Woodard Creek Watershed Plan.

The new access road across Woodard Canyon would require a large-diameter culvert. A new 55’ x 75” pipe arch culvert was installed in 2021 on Fairview Ave just south of the proposed crossing. A similar-sized culvert with headwalls or a bridge structure will be necessary at the new access.

Woodard Canyon will be re-channeled to accommodate the MOB expansion. The existing channel is approximately 14 feet deep through the project area, with side slopes varying from 2.4:1 to 3:1.

Landscaping

The Homer City Ordinances stipulate that parking lots larger than 24 spaces shall provide a minimum of 10 percent landscaped areas in dividers, islands, and buffers adjacent or within the parking lot.

12 Structural

Building Overview

The Medical Office Building (MOB) and Electrical Utility Building (EUB) will be structurally separated building from the existing Hospital. The hospital entry and circulation additions will be isolated structurally from the main Hospital. All three levels of the MOB; lower level, first floor, and second floor, will be built into the hillside. The second story will be flush with the back of the existing building and the other two stories will be further to the South. Portions of the new building will likely undermine the existing foundation during construction. Temporary sheet pile walls are likely to be required for stability during construction of the new addition. The approximate 1500 SF EUB with exterior fuel pad may be one or two levels with the lower level built into hillside and access on the upper level.

Gravity System

The roof of the building is anticipated to be 3", 18-gauge metal deck with built up roofing above. The deck will be supported by steel joists supported by wide flange beams. The first and second floors will be constructed of composite concrete over 1-1/2", 18ga metal deck floors supported by steel joist. The joists will span above wide flange girders. At the lower level, the floor will be constructed of one-way concrete slabs over concrete grade beams. The beams and joists on the roof and floor shall be supported by wide flange columns.

Lateral System

The building shall have a lateral system composed of horizontal diaphragms and braced frame vertical elements. The roof diaphragm will be a flexible metal diaphragm. The floors will be a rigid concrete over metal deck diaphragm. The lower-level floor will be a rigid concrete slab diaphragm. From the roof to the foundation, wind, seismic, and lateral earth pressures will be resisted by steel braced frames.

Foundation System

The foundation system is anticipated to be steel piles with concrete pile caps. The building columns, grade beams, and braces will be supported by the pile caps. The north side of the building will be earth retaining and require thick concrete earth retaining walls with large footings for soil resistance. An earth retaining wall will be necessary between the two levels of parking for the medical office building and long-term care areas. Geotechnical recommendations are critical to the design of the new foundation systems.

13 Mechanical

Program Mapping

The table below lists all programs/departments/functions in the Hospital and the expected scope of work for mechanical systems in each area.

- NEW means the system is needed but does not currently exist at that location.
- REPLACE means the current system at the location does not meet the needs of the program and must be entirely replaced.
- REVISE means the system exists and is suitable for the program but must be modified to fit the program's needs.
- EXISTING means the current system is adequate and does not need modification.
- No Work means the system does not currently exist at the location and is not needed for the program.
- DEMO means the current system is not needed for the New Program and will be removed.

The general order of listing is by Phase and then by Level.

PHASE 1 MECHANICAL WORK BY PROGRAMMED AREA										
Department / Function	**Size**	**Location**	**Utilities**	**Fire Suppression**	**Plumbing**	**Med Gas**	**Heating**	**Cooling**	**Ventilation**	**Controls**
LEVEL 1 EXISTING BUILDING										
EVS, Offices, Plant Ops to Mat'l Mg't & Admin	658 266 1,341	REVISE: 2009 East Exp Ph2 L1	No work	REVISE: • Adjust coverage	REVISE: • Add fixtures • Pipe	No work	REVISE: • Add terminal units • Pipe	EXISTING: DX-3 on roof	EXISTING: AHU-3 on roof	EXISTING: Automated Logic
Pharmacy	2,609	NEW 2009 East Exp Ph2 L1 Incl. mech shafts to roof	No work	REVISE: • Adjust coverage	REVISE: • Add fixtures • Pipe	NEW If needed	REVISE: • Add terminal units • Pipe	EXISTING: DX-3 on roof	REVISE: AHU-3 on roof • Distribution / terminal units in space • Add EF	REVISE: Automated Logic
Infusion	3,104	NEW 2009 East Exp Ph2 L1	No work	REVISE: • Adjust coverage	REVISE: • Add fixtures • Pipe	NEW If needed	REVISE: • Add terminal units • Pipe	EXISTING: DX-3 on roof	REVISE: AHU-3 • Distribution / terminal units	REVISE: Automated Logic
NEW Main Entry, Mat'l Mg't, Food Prep	2,922 2,044 1,171	NEW L1 & L2 NEW Mtl Mgt	REVISE: relocate water, sewer, storm	NEW risers connect to 121 Riser	No Work	No work	NEW connect to 112 Boiler	NEW RTU	NEW RTU	NEW

PHASE 2 MECHANICAL WORK BY PROGRAMMED AREA										
Department / Function	**Size**	**Location**	**Utilities**	**Fire Suppression**	**Plumbing**	**Med Gas**	**Heating**	**Cooling**	**Ventilation**	**Controls**
Site & Parking										
No Mechanical Work	-	-	-	-	-	-	-	-	-	-

PHASE 3 MECHANICAL WORK BY PROGRAMMED AREA										
Department / Function	**Size**	**Location**	**Utilities**	**Fire Suppression**	**Plumbing**	**Med Gas**	**Heating**	**Cooling**	**Ventilation**	**Controls**
MOB EXPANSION										
Medical Offices incl. Imaging	43,030	NEW MOB L0 & L1	NEW • Gas • Water	NEW • Risers • Light hazard	NEW • Water heater	No work	NEW • Penthouse Mech Room • Air-source VRF	NEW • Penthouse Mech Room • Air-source VRF	NEW • Penthouse • DOAS AHUs	NEW Automated Logic
Long Term Care	21,076	NEW MOB L2	NEW Shared w/ MOB	NEW Shared w/ MOB	NEW Shared w/ MOB	No work	NEW Shared w/ MOB	NEW Shared w/ MOB	NEW Shared w/ MOB	NEW Shared w/ MOB
LEVEL 1 EXISTING BUILDING										
NEW Commons to MOB	2,648 X2	NEW L1 & L2 walkway	No work	NEW Extend from MOB or from Main	No Work	No work	NEW connect to 112 Boiler	NEW RTU	NEW RTU Address Exhaust Air from West Mech 120	NEW

PHASE 4 MECHANICAL WORK BY PROGRAMMED AREA										
Department / Function	**Size**	**Location**	**Utilities**	**Fire Suppression**	**Plumbing**	**Med Gas**	**Heating**	**Cooling**	**Ventilation**	**Controls**
LEVEL 1 EXISTING BUILDING										
Physical Therapy, Sleep, Therapy	1,077 2,644 522 638	Stay in 1999 West L1	No work	EXISTING: Riser Room 121	EXISTING: Central Mech 139	No work	EXISTING: Boiler Room 112	REVISE: AHU-1 roof • Add DX cooling	REVISE: AHU-1 roof • remove 2nd floor distribution	REPLACE: Pneumatic w/ Automated Logic
Admin & Neurology; ADD EVS	266 3,079 1,634 866 484	Stay in 1983 West L1	No work	EXISTING: Riser Room 121	EXISTING: Central Mech 139	No work	EXISTING: Boiler Room 112	REVISE: SF-2/EF West Mech 120 • Add DX Cooling	REVISE: SF-2/EF West Mech 120 • REPLACE AHU • REVISE terminal units	REPLACE: Pneumatic w/ Automated Logic
Server/Comm 203 & Closet	310 67	Stay in 1983 West L1	No work	EXISTING	REVISE: A/C condensate	No work	EXISTING	REPLACE: Dedicated split A/C units w/ CRAC + drycooler	EXISTING	REPLACE: Onboard A/C controls, BAS monitoring
Nutrition incl. Pantry	3,261 934	Stay in 1973 L1 & 1983 East L1	No work	EXISTING: Riser Room 121	EXISTING: Central Mech 139	No work	EXISTING: Boiler Room 112	REPLACE: AC-1/EF Central Mech 139 • Tie into chilled water for AC-2	REPLACE: AC-1/EF Central Mech 139 • REPLACE AC-1 entirely	REPLACE: Pneumatic w/ Automated Logic
Laundry	492	Stay in 1973 L1	No work	EXISTING: Riser Room 121	EXISTING: Central Mech 139	No work	EXISTING: Boiler Room 112	REVISE: SF-4 & HV Central Mech 139 • HV-1 Tie into chilled water for AC-2	REPLACE: HV-1 Central Mech 139 • REPLACE HV-1 entirely	REPLACE: Pneumatic w/ Automated Logic

PHASE 4 MECHANICAL WORK BY PROGRAMMED AREA										
Department / Function	**Size**	**Location**	**Utilities**	**Fire Suppression**	**Plumbing**	**Med Gas**	**Heating**	**Cooling**	**Ventilation**	**Controls**
Morgue	276	Stay in 1973 L1	No work	EXISTING: Riser Room 121	EXISTING: Central Mech 139	No work	EXISTING: Boiler Room 112	REPLACE: AC-1/EF Central Mech 139 • Tie into chilled water for AC-2	REPLACE: AC-1/EF Central Mech 139 • REPLACE AC-1 entirely	REPLACE: Pneumatic w/ Automated Logic
Materials Management (expand to West)	4,014 1,870	Stay in 2006 East Exp Ph1 L1 REVISE 1983 Exp	No work	REVISE: Adjust coverage	EXISTING: Boiler Room 112	No work	EXISTING: Boiler Room 112	EXISTING: DX-2 on roof REVISE: add DX to SF-4 system	EXISTING: AHU-2 on roof REVISE: SF-4/EF East Mech REPLACE fans and coils	EXISTING: Automated Logic
LEVEL 2 EXISTING BUILDING										
Surgery (was LTC)	1,989 7,796	Renovate 1999 & 1983 West L2	No work	REVISE: • Adjust coverage	REVISE: • Add fixtures • Pipe	DEMO As needed	REVISE: • Add terminal units • Pipe	NEW Air-cooled chiller on roof, dedicated to surgery AHUs	NEW AHUs in West Mech 120, to replace SF-2/EF	REPLACE: Pneumatic w/ Automated Logic
Surgery Off., Break, Lockers (was LTC, Endoscopy)	4,398	Renovate 1983 West L2	No work	REVISE: • Adjust coverage	REVISE: • Add fixtures • Pipe	DEMO As needed	REVISE: • Add terminal units • Pipe	NEW Air-cooled chiller on roof, dedicated to surgery AHUs	NEW AHUs in West Mech 120, to replace SF-2/EF	REPLACE: Pneumatic w/ Automated Logic
Prep & Recovery	5,395	Renovate 1983 West L2	No work	REVISE: • Adjust coverage	REVISE: • Add fixtures • Pipe	REVISE As needed	REVISE: • Add terminal units • Pipe	NEW Air-cooled chiller on roof, dedicated to surgery AHUs	NEW AHUs in West Mech 120, to replace SF-2/EF	REPLACE: Pneumatic w/ Automated Logic

PHASE 4 MECHANICAL WORK BY PROGRAMMED AREA										
Department / Function	**Size**	**Location**	**Utilities**	**Fire Suppression**	**Plumbing**	**Med Gas**	**Heating**	**Cooling**	**Ventilation**	**Controls**
Labor Delivery Recovery Post-partum	6,211	Renovate 2017 OR in 1975 L2	No work	REVISE: • Adjust coverage	REVISE: • Add fixtures • Pipe	REVISE:	REVISE: • Add terminal units • Pipe	EXISTING: Air-cooled chiller to AC-2	REVISE: Distribution & terminal units for AC-2	REVISE: Automated Logic
Diagnostic Imaging (assume SPEC CT project is done prior)	7,078	EXISTING 1983 East L2 & 2006 East L2	No work	EXISTING: Riser Room 121	EXISTING	EXISTING	EXISTING	REVISE: SF-4 Add DX cooling EXISTING: AHU-2	REVISE: SF-4/EF East Mech REPLACE fans and coils EXISTING: AHU-2	REPLACE: Pneumatic w/ Automated Logic
Sub Wait (was Pharmacy)	804	Renovate 1975 L2 2006 Ph1 East Exp	No work	REVISE: Adjust coverage	DEMO Pharmacy fixtures	No Work	REVISE AHU-2 zones	REVISE AHU-2 zones	REVISE AHU-2 zones DEMO EF/hood	REVISE: Automated Logic
Laboratory	2,515	EXISTING 1983 East L2	No work	EXISTING: Riser Room 121	EXISTING	EXISTING	EXISTING	EXISTING	EXISTING	EXISTING: Automated Logic
Laboratory Expansion	956	NEW 1973 L2	No work	REVISE: • Adjust coverage	REVISE: • Add fixtures • Pipe	NEW	REVISE: • Add terminal units • Pipe	VERIFY can serve nutrition and labs on same unit? REPLACE: AC-1/EF Central Mech 139 • Tie into chilled water for AC-2	VERIFY can serve nutrition and labs on same unit? REPLACE: AC-1/EF Central Mech 139 • REPLACE AC-1 entirely • Add EF for hood(s)	REPLACE: Pneumatic w/ Automated Logic

Figure 13.1

Existing Capacities

Generally, the existing facility relies on mechanical systems sized for their specific service areas. Excess reserve capacity was not designed into the systems as a whole, and the facility does not have central plant equipment besides heating. Below are discussions of the major mechanical systems and the proposed course of action for each.

Fire Suppression

The facility's main sprinkler riser Room 121 is located in a closet adjacent to the backup generators. The closet is in the 1983 East Expansion and is accessed from Dietary Storage Room 116. It is not practical to feed the MOB expansion from this location. A new riser is needed in the MOB.

Plumbing

Domestic water feeds from Room 121 to serve the entire existing building. Hot water is generated in Boiler 112 and distributed to the east Hospital. A dedicated hot water intertie feeds a satellite distribution system located in Central Mech 139. These systems are sized for the current load with some allowance for additional loads within the building footprint. There is not enough piping infrastructure at the west end of the building to add on the new MOB plumbing load, and the MOB expansion is too far away from the boiler room to run new hot and cold domestic water. A new water service and water heater are needed at the MOB.

Medical Gas

Gas bottle storage is currently in Rooms 100 and 101 just off the Loading Dock. This is anticipated to be adequate as-is.

HVAC

Heating

Building heating needs are served by three dual-fuel steam boilers installed in the 2006 East Expansion boiler room. The boiler capacity is adequate for the existing building, with sufficient redundancy to operate if one boiler goes down.

Additional loads within reasonable distance of the boiler room can be accommodated. This will include heating the new Main Entry and its ventilation system.

Using steam for heating the MOB expansion is not recommended. It would require a long run of steam and condensate piping through the existing facility or underground, which is expensive and inefficient and requires considerable maintenance. The MOB expansion will be designed to take advantage of more efficient heating systems such as condensing gas boilers and variable refrigerant flow terminal units.

Cooling

Overall building cooling needs are not adequately met by the existing HVAC systems. Much of the older parts of the facility rely on economizer (outside air) for cooling, which falls short in warm weather. Newer systems with mechanical cooling are performing adequately, including the East Expansion areas and the Surgery department.

Because there is no central cooling available, the MOB expansion and new Main Entry will need their own mechanical cooling system. Existing AHU systems that only have economizers will require addition of mechanical cooling equipment either during renovations or as in-place upgrades. Dedicated cooling systems will be provided where needed, such as server rooms and imaging equipment.

Ventilation

Existing ventilation systems do not have extra capacity for use at the MOB expansion. New Dedicated Outside Air Systems (DOAS) will provide required outside air quantities to the MOB zones most efficiently. Specialty ventilation systems will be provided where needed, such as Endoscopy, Pharmacy, and Sterile Radiopharmaceuticals.

Below are drawings of the AHU coverage areas, followed by a table of existing AHU system information.

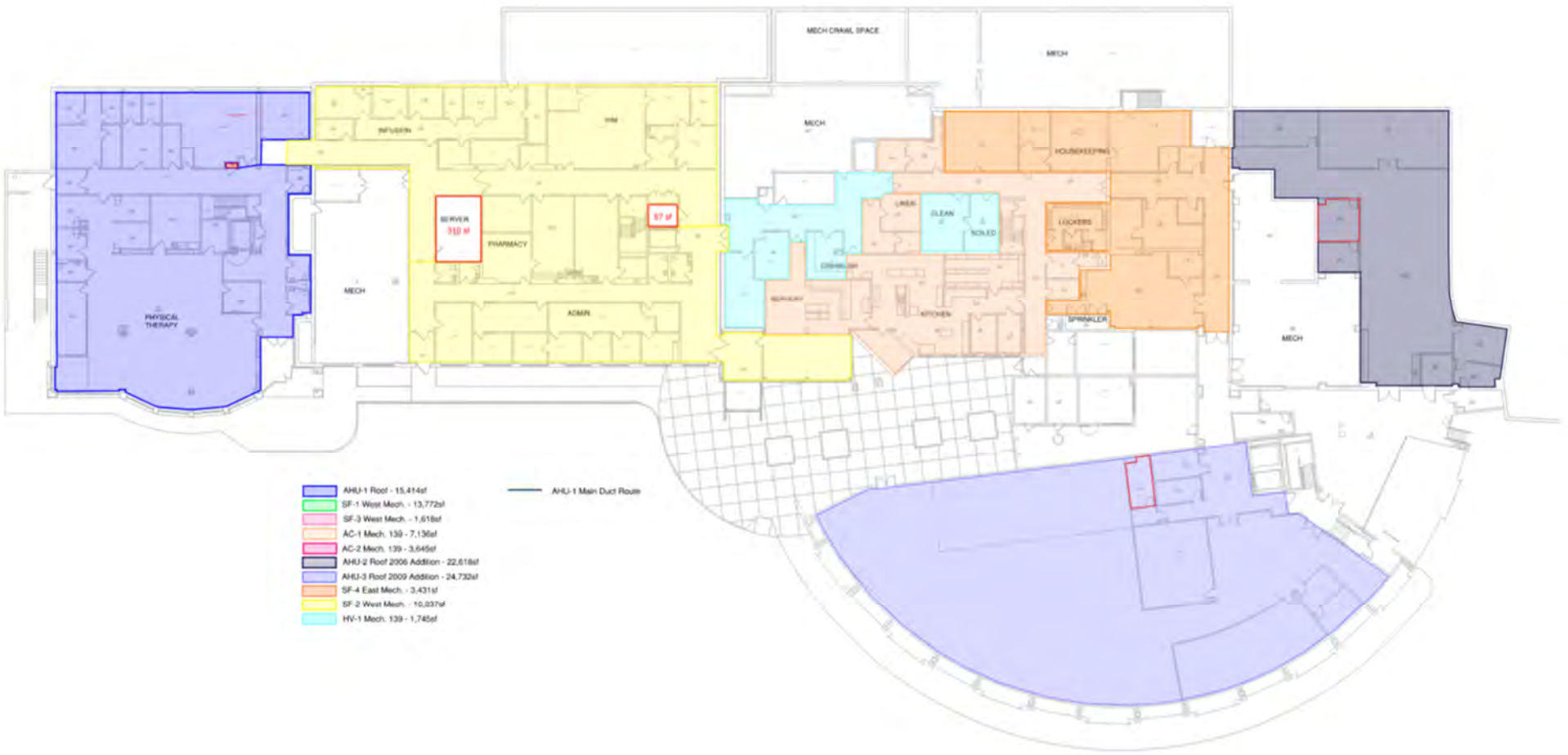

Figure 13. 2: HVAC Coverage Areas, Level 1

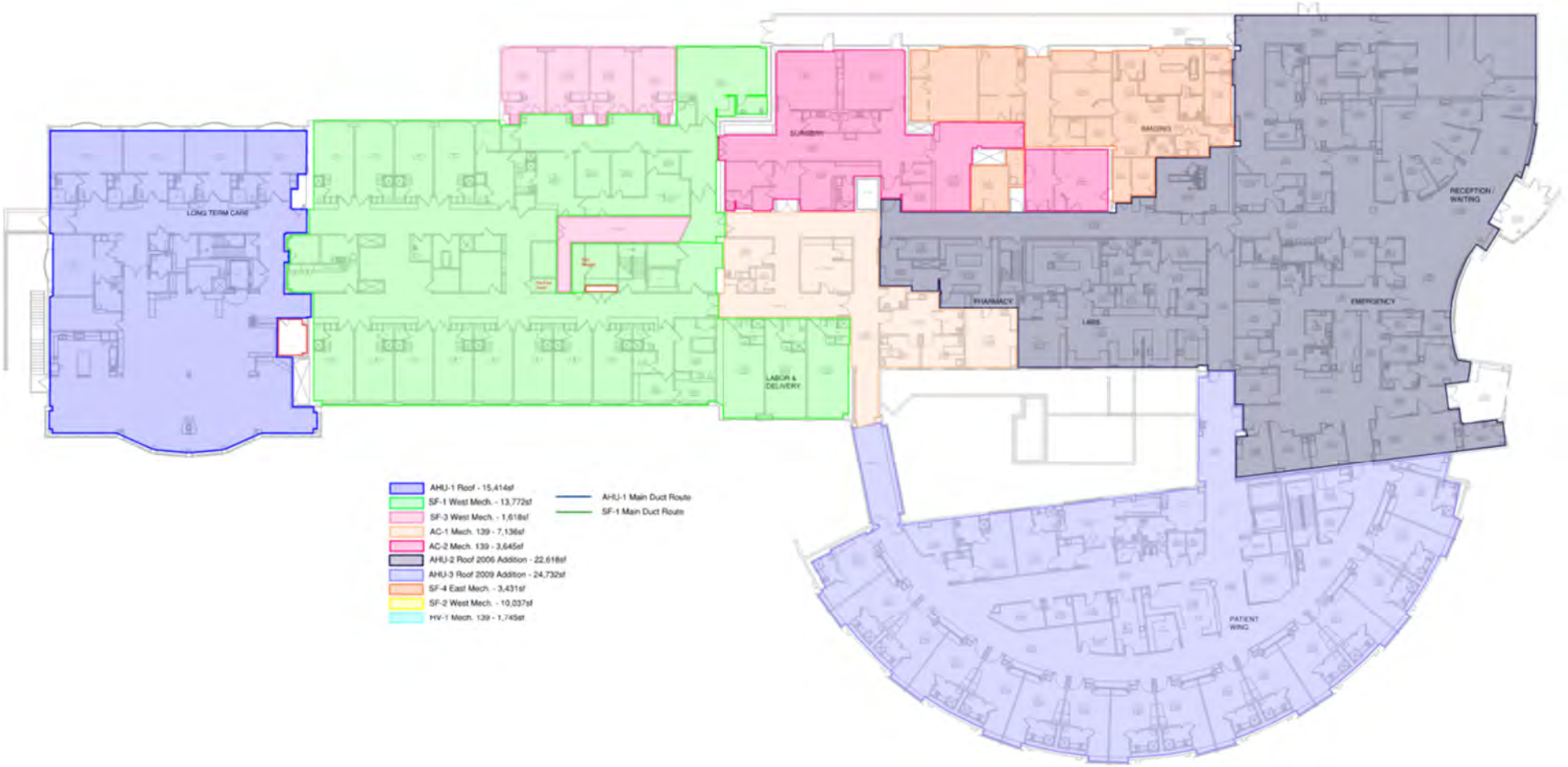

Figure 13. 3: HVAC Coverage Areas, Level 2

EXISTING MAIN AIR HANDLING SYSTEM SERVICE AREAS AND CAPACITIES								
Tag	**Year**	**Service Area**	**HVAC Strategy**	**Location**	**SF type**	**SF CFM**	**SF TSP**	**SF HP**
AC-2	2017	Operatory - Surgery	CV, Chilled water	139 Central	plug array (2)	6,000	4.5	10
AHU-3 SF/RF	2009	East Exp Patient Wing	VAV, DX	Roof	Plug	28,000	5	40
AHU-2 SF/RF	2006	East Exp ER & Mammography	VAV, DX	Roof	Plug	18,000	5	25
AHU-1 SF/RF	2002	LTC & Phys Rehab	VAV, Economizer	Roof	Plug	14,100	?	20
SF-1/ EF-4	1983	2nd Flr W (24hr)	CV w Zone RHC, Economizer	120 West	FC housed centr	13,200	4.25	20
SF-2/ EF-5	1983	1st Flr W (10hr)	CV w Zone RHC, Economizer	120 West	FC housed centr	13,300	4.25	20
SF-3/ EF-6, EF-8	1983	2nd Flr LDR & Nursery	CV w Zone RHC; Air/Air HR on EA/OA (50%OA, 24 hr) , Economizer	120 West	FC housed centr	2,700	5	5
SF-4/ EF-7	1983	1st & 2nd East (HK, Imaging)	CV w Zone RHC; Air/Air HR on EA/OA (50%OA, 10hr) , Economizer	East Mech	FC housed centr	9,200	5	20
AC-1/ RF-1	1973	1st Servery, Linen, Records, storage 2nd RT, pharm, triage, recept	CV dual deck MultiZone; DX	139 Central	FC housed centr	8,920	?	?

Figure 3.4

Mechanical Spaces Work Summary

Boiler Room & Water Service Entry

No work is anticipated on the Heating Primary Loop. The Secondary Loop will need to add a pumped loop to include the New Main Entry & Commons loads. Domestic Hot Water will continue to be generated by gas-fired on-demand water heaters (installed in a current project).

East Mechanical (crawl space)

In Phase 4, HVAC system SF-4/EF-7 serving Imaging and EVS will be upgraded with new fans and heating coil, and a cooling system will be added.

Central Mechanical 139

In Phase 1, AC-1 will be replaced with an AHU capable of ventilating the Lab Expansion and Sub Waiting in addition to the Kitchen and Nutrition Departments. Cooling will connect to a stub out provided off the chilled water for AC-2.

In Phase 1, HV-1 dedicated to Laundry will be replaced and a cooling coil included, connected to the existing chilled water for AC-2.

AC-2 will continue to provide ventilation and cooling for the 2nd floor, which will be repurposed in Phase 4 from Surgery to Labor Delivery Recovery & Post-partem (LDRP).

West Mechanical 120

In Phase 4, HVAC systems SF-1/EF-4, SF-2/EF-5, and SF-3/EF-6 will be demolished and replaced. SF-1 will become a low-temperature AHU for the Surgery Suite with humidification and a dedicated chilled water system. SF-2 will serve first-floor admin areas with a standard VAV-reheat system using a DX cooling. SF-3 becomes a clinical care AHU for 2nd floor with heat recovery, humidification, and DX cooling. SF-3 may alternately be relocated to the roof.

Roof

In Phase 1, Sever Room split A/C cooling will be replaced and the outdoor equipment will be located on the roof.

In Phase 4, AHU-1 on the west roof will be refurbished to add DX cooling and its distribution ducting will be modified to serve its revised coverage area on Level 1.

AHU-2 on the east roof will continue to serve the ER, Imaging, and adjoining Departments in its current configuration.

AHU-3 serving the East Expansion Ph2 will remain as currently configured; in Phase 1 its distribution system on Level 1 will be modified to serve Infusion and Pharmacy. Also, in Phase 1 a dedicated exhaust system will be added to support Pharmacy.

Various split A/C units, MRI chillers, and other roof-mounted mechanical equipment will be kept in service in their current locations except where the department needs are changing.

14 Electrical

Existing Facility

Power Distribution

The existing switchgear is getting rather old and replacement service parts and added parts for additional loads are becoming much harder to find. The existing facility though does have sufficient ampacity available in the existing electrical normal service switchgear. Many of the main distribution panels are in the main electrical rooms on the lower level and those rooms are very full physically and do not meet full code clearance requirements. The 2 generators have capacity to support the existing facility, but one is very old and the other was installed around 2005 and is also starting to age. The generator room does not have code required clearances and the older generator does not have required monitoring points. Some of the transfer switches are older and manual type on the essential distribution system while others are in a section of switchgear and not in separate enclosures. The MRI ATS is aging as well and should be replaced in a major power distribution upgrade. The generator system and annunciator panel have a temporary waiver and need to comply with monitoring and reporting regulations by 2024. The park area's HEA service is from plan northeast.

Telecommunications Distribution

Much of the existing telecommunications infrastructure is in older closets of insufficient working or expansion capabilities in the facility. Much of the cabling and pathways are older filled to near capacity in many locations and in need of upgrades. There are 2 newer telecommunication rooms that should remain for continued use and service to surrounding areas if the spaces are not required with new space planning. The space could have to be relocated in such a case and all horizontal cables replaced. They are both on the lower level but serve multiple floors. One is on the plan east end near materials management and the other is on the plan west end near the west mechanical room. There are 2 additional comm rooms on the lower level that should remain for reuse as well. Both are more center; one is near ER elevator and one is near the central mechanical room 139.

Lighting

Much of the facility has older lighting with inefficient sources and should be replaced an upgraded when possible. Some of the recent projects have utilized LED source and reduced O&M costs for those areas. The extent of LED lighting and updated controls in this facility is fairly limited to the most recent remodel project areas.

Fire Alarm

There are some fire alarm panels in the plan west side of the SPH facility on the lower level. These are at least 10 years old and in fair condition. Many fire alarm annunciator panels have been added in plan east facility expansions. The devices and system appear to be addressable. System condition and expansion capability should be reviewed and confirmed for continued use but need to plan for replacement within 5 years. For long term life of the system, a new system should be used and capable of voice evacuation instructions for evacuation to adjacent spaces through fire separations. Voice evacuation is not supported with the current fire alarm system's panels and annunciation devices.

Nurse Call

There is a nurse call master station on the upper floor near the plan east end of the Hospital. This was installed in a 2007 addition and is in fair to good condition. The plan west side of the facility has older components and is due for an upgrade/replacement of devices and wiring as areas are remodeled and repurposed. Nurse call systems are typically planned for approximately 20-25 years of use.

Paging

We understand the paging system is in fair condition and capable for continued use in the near term. We understand there is capacity to support additional areas and devices. This system may have another 10 years of usable service before parts start becoming difficult to find.

Security

There are many card readers and cameras throughout this facility. No glass break or motion sensors were noticed but that is not uncommon in a 24/7 facility such as a hospital. We understand the card reader and camera systems have ability to support additional devices and equipment and are in good condition. Camera technologies continue with higher resolutions and larger storage requirements. Future changes will need to evaluate system capacity and will require upgrades.

Master Plan

Power Distribution

Create a new power service and generator building to accomplish major benefits noted below. Consider providing TWO utility services for backup/redundancy. HEA has confirmed that the closest available 3 phase power source is on the plan east side of the Campus at the existing service equipment. There is 3 phase power available at the intersection of Fairview and Bartlett as the source for a second HEA feed to the SPH campus or possible source for MOB.

This plan will free up some of the generator room space in the existing lower Hospital so it can be repurposed. The main electrical rooms main switchgear will also be replaced and upgraded as many of these enclosures and equipment are quite old. Those rooms would remain used as electrical rooms but with updated equipment and improved clearances to meet code requirements.

Provide additional generator capacity and some redundancy. With this approach, if one generator is being worked on, the essential branches of the Hospital will still have power with remaining generators. The remaining generators would be able to fully support the campus essential electrical system loads.

Recommend replacing the aging MRI ATS as part of this proposed major power system upgrade work so that the MRI ATS is not the weak link in the system on this critical service.

Provide feeders to existing and new distribution panels to simply and more clearly separate portions of the essential distribution system. There are some panels on branches that have not been renamed and some panels that appear to be on the incorrect branch of the essential distribution system. This would refeed and or rename

panels so that items are on the correct branch of the essential power distribution system and so their names match. Provide spare ducts from both the essential and normal utility power systems from the new facilities to the electrical distribution point in the Hospital.

A new medical office building (MOB) is planned for the plan west side of the Campus and we are planning that this would get its own normal HEA utility power service. With a separate power service, we are planning that this MOB would also have its own emergency inverter to pick up the MOB egress and exit lighting and emergency loads. We propose that the MOB have standby generator(s) provided for non-emergency loads and desired mechanical systems. Alternatively, supply standby power distribution from the new SPH generators with separate transfer switches for optional standby power loads. Additional capacity within the SPH generator system would be considered and included. Routing from the plan east side of the Campus to the plan west expansion through the existing facility would be rather difficult with the limited ceiling space and would also be disruptive to users in those areas, so routing from the new power/generator building exterior to the SPH with the general site work development would be effective. Any mechanical loads in the MOB that need back up power could be fed from the SPH equipment branch with dedicated smaller feeders.

The park area would get a new HEA utility power service as part of this master plan. We currently anticipate a 600 amp, single phase service. This would likely be provided from existing poles on the plan northeast side of the park via overhead service laterals.

The design might evaluate and consider feasibility and cost effectiveness of adding PV panels or wind turbines to the power distribution system. These could be either located on top of buildings or ground mounted separate from the buildings if space can be reserved and allocated for this purpose.

The normal and essential power distribution branches shall include capacity for future expansions and loads (at least 25% future growth capacity). We are estimating that the following would be needed for the planned areas and uses:

SPH normal service	3000A, 480Y/277V, 3-phase
SPH essential supply	1600A, 480Y/277V, 3-phase; ## (including 2@250A life safety ATS, 2@800A critical ATS and 4@1200A equipment branch ATS; each ATS is planned as a 4 pole with bypass isolation)
MOB normal service	1600A, 480Y/277V, 3-phase
MOB essential supply	600A, 480Y/277V, 3-phase (including 1@250A critical and 2@400A equipment ATS)
Park normal HEA power service	600A, 120v/240V single Phase

this is planned as 3 each 400-500 kW or 4 each 350 generators allowing for full SPH and MOB load with a single generator being unavailable for maintenance. A diesel fuel source for the generators and fuel tank sized to support 96 hours of full load use would be required. An independent 200-250 kW generator for the MOB could be provided. The MOB generator would need 96 hours of on site fuel storage also. This would be independent tank storage if the MOB has a separate generator.

Telecommunications Distribution

The SPH will include existing or additional Telecom Rooms (on one or two floors) supporting approximately maximum of 10,000 sq ft served from each telecom room with equipment for horizontal cabling, networking, patient monitoring systems, security and future growth. Plan to add a telecom room in the MOB to support the MOB cables and systems. Initial intent would be to tie those raceway and cable systems back to the SPH main telecom rooms on the lower level. There would need to be at least 4 @ 4" raceways between these telecom rooms to support the MOB and provide some ability for future additions and changes.

This master plan includes a telecom service upgrade to the park. We are currently planning on 1 @ 2" raceway with fiber optic cabling service to a demarcation point or fiber patch panel.

Lighting

Lighting in the MOB would be planned to be from LED sources and automatic control except where excluded by code such as utility rooms. Lighting in the SPH campus should be upgraded to LED sources and automatic control except where excluded by code such as utility rooms and in surgery and similar rooms. Additional site lighting would be added for the additional parking and roadways. We are currently planning on 30' pole mounted LED luminaires fed from multiple circuits through a multiple lighting contactors and photocell controls supplied from SPH.

Master plan includes adding lighting along the roadway to the park. This would also be 30' pole mounted LED luminaires fed from a lighting circuit from the park (via photocell control input).

Fire Alarm

The master plan includes replacement of the fire alarm panels and devices. The revised fire alarm system would have ability for voice evacuation instructions for occupants. The new system would be able to support both the SPH facility and the MOB through a single system. Provide new graphics and annunciator devices with each change on the system and at each main entry point.

Nurse Call

We understand this system is in fair to good condition and could be expanded to support the additional areas and revised functions but in the next 10-15 years this system will be near its typical life expectancy. We propose that the master plan include replacement of the nurse call system in the next 10-15 years for the SPH facility.

The MOB includes long term care and so a nurse call system is anticipated being required in that area.

Paging

We propose the master plan include a new paging system for the SPH and MOB facilities. Depending upon project phasing the headend equipment could be located in either building and would serve the other facility. Providing devices and wiring for each project area as it is remodeled and tied into the system headend equipment.

Security

SPH would get additional card readers and cameras as areas are remodeled and reconfigured to support the spaces and uses.

The MOB would get additional devices that tie into the existing headend equipment. Additional cards, wiring and programming of the intrusion/access system and camera storage capacity growth will be required.

Assume some raceway for a security system to be installed. Cameras monitoring a few access points and facilities on site.

An infant security system for the maternity areas is recommended which would lock perimeter doors if an infant is brought near a perimeter door without an overriding badge by nursing staff.

Phasing Drawing

For additional details and areas see Architectural phasing plan master planning drawing.

Phase 1

Phase 1 includes construction of the generator/electrical service building. It includes new power service switchgear, ATS units and power distribution feeders back to existing main SPH electrical room in the SPH lower level plan east electrical rooms. Provides build out of new main entry area (2-story) and build out of infusion (3100sf), Pharmacy (2600sf), and other offices and support spaces in existing lower level area (3500sf) at the plan east side of SPH. The power, telecom, lighting, fire alarm, nurse call, paging, and security would be updated in these remodeled areas under phase 1. Parking lot and exterior building mounted lighting would be upgraded to LED in phase 1 for the areas being renovated. This Phase would provide a new fire alarm panel and addressable system. Phase 1 would include providing a new paging system head end.

Additional Electrical Costing Information:

1. *Service and Generation Distribution equipment room would be for a facility the entire Hospital SF roughly equivalent to 35-50% of a new facility of this size. This includes the additional distribution to connect the new building to the existing distribution panels.*
2. *For the build out in the south addition lower level consider it all new work.*
3. *There will be HEA (electric utility) costs to adjust/move the existing electrical service transformer and/or underground distribution. Would estimate $50k for utility charges for the project.*

Phase 2

Phase 2 builds out some parking along with a roadway across the creek. Electrical in this Phase is limited. Included items is demolition in this area, new lighting for the parking lot and roadway, and new power and telecom services for the park. Assume routing occurs along reconstructed access road.

Phase 3

Phase 3 includes construction of the Medical Office Building (MOB) and the close, central parking area. There will be a new Homer Electric Association (HEA) utility service to the MOB in this Phase. There would be a generator installed with ATS units in the MOB in this Phase. There is planned to be a new fiber optic service to the MOB telecom room from the telecommunication utility in this Phase. Parking lot, roadway, and exterior building mounted lighting will be added in this Phase. Provide power, telecom, lighting, fire alarm, nurse call

(long term and specialty care only), paging, and security for new and remodeled areas in this Phase. Phase 3 constructs the new walkway and corridor link for utilities between the phase 1 entry and the new MPB in the front of the existing SPH. Power, telecom, lighting, fire alarm, nurse call, paging, and security can connect through this link in this Phase. The following departments are currently planned in the MOB: long term care, specialty care, Pharmacy, conference, primary Care, Imaging, and administration (52,000 sf)

Phase 4

Phase 4 remodels areas of the existing SPH that were cleared out in space additions and moves related to the construction of the MOB. The upper floor of the existing long term care area is planned to be converted into both Surgery and labor and delivery spaces. This area will have new power feeders from the phase 1 lower electrical rooms to support these high power uses and areas. Most will be on the critical branch but there will also be portions of areas and certain equipment on the equipment branch. Egress lighting and emergency lighting will be on the life safety branch of the SPH power distribution system. Exterior building mounted lighting will be replaced with LED luminaires during this Phase in areas remodeled. Provide power, telecom, lighting, fire alarm, nurse call, paging, and security for new and remodeled areas in this Phase. Additional areas in the existing SPH will be remodeled and upgraded during phase 4. Some planned departments and areas include: sleep, physical therapy, neurology, therapy, lab expansion, and diagnostic imaging expansion.

Additional Cost Estimating notes:

1. *Lower Level has approximately 25,000 sf of light to medium electrical renovations*
2. *Upper Level has approximately 29,000 sf of heavy electrical renovations. Would consider Surgery related (15,000 sf) all new + Cost of demolition*

15 Codes and Regulations

The City Of Homer

Title 21 Zoning and Planning; identifies that the SPH is within the M Medical District and must comply with Chapter 21.17.

Applicable Codes

2021 NFPA 101 Life Safety Code

2021 NFPA 99 Health Care Facilities Code

2010 ADA Standards for Accessible Design

2022 FGI Guidelines for Design and Construction of Hospitals

2018 International Building Code

2018 International Fire Code

2017 ICC A117.1 Accessible and Usable Buildings and Facilities

Conditional Use Permit

The city requires a conditional use permit, for Hospital Construction projects in accordance with Chapter 21.71 HCC. Building height, parking, building setbacks, and parking lot perimeter landscaping will require modification and review.

State Of Alaska

Certificate of Need (CON)

South Peninsula will need to submit an application to the State of Alaska. The CON laws, like Alaska Statute § 18-07-31 are state regulatory mechanisms for approving major capital expenditures and projects for certain health care facilities. In Alaska, one of 35 states, there is a CON program and Alaska Department of Health and Social Services / Division of Health Care Services must review and approve projects that are either a new health care facility or expanding a facility's health service capacity in a specified area.

16 Construction Cost Analysis

As a resource for Hospital construction costs our team has costs for 23 hospitals around the country that is adjusted for time and location using the Marshall Valuation Index which currently gives an average cost of about $835/gsf for a hospital in Anchorage today. This is the starting point for current department costs and as you can see in the estimate, an added 12% for additional burdens of doing the work in Homer. This includes markups on labor for room and board, and freight markups for materials (See Appendix I for Detailed Cost Estimate).

		Construction Cost Today	Construction Cost Escalated	Project Cost Today	Project Cost Escalated
2022 Master Plan					
Phase 1		$19,998,887	$23,323,102	$31,331,714	$36,539,671
7,160 GSF New	*Construction Start*		*Sep-24*		*Sep-24*
12,359 GSF Remodel / TI					
Phase 2 - Concurrent with Phase 1		$3,861,715	$4,503,609	$4,827,144	$5,629,512
83,500 SF Sitework	*Construction Start*		*Sep-24*		*Sep-24*
Phase 3		$64,606,964	$80,875,532	$102,750,621	$128,624,078
78,006 GSF New	*Construction Start*		*Jun-26*		*Jun-26*
Phase 4		$34,700,059	$46,931,830	$55,545,693	$75,125,549
26,874 GSF Remodel	*Construction Start*		*Sep-28*		*Sep-28*
Total Phase 1 + 2 + 3 + 4		$123,167,625	$155,634,073	$194,455,172	$245,918,810
Phase 2 - Additive Alternate		$11,905,190	$13,884,071	$14,881,488	$17,355,088
72,000 GSF New	*Construction Start*		*Sep-24*		*Sep-24*
Total Phase 1 + 2 + 3 + 4 + Add Alt		$135,072,815	$169,518,144	$209,336,660	$263,273,898

Figure 16.1

Appendices

A. Current State Plans

B. Visioning

C. Program Documents

   i. Hospital Program
   ii. MOB Program

D. Parking Study

E. Site Plan

   i. Sits Study Diagrams

F. Stacking and Massing

   i. 3D Concepts

G. Block Plans

H. Phasing Diagram

I. Construction Cost Estimate

J. Team Contact List

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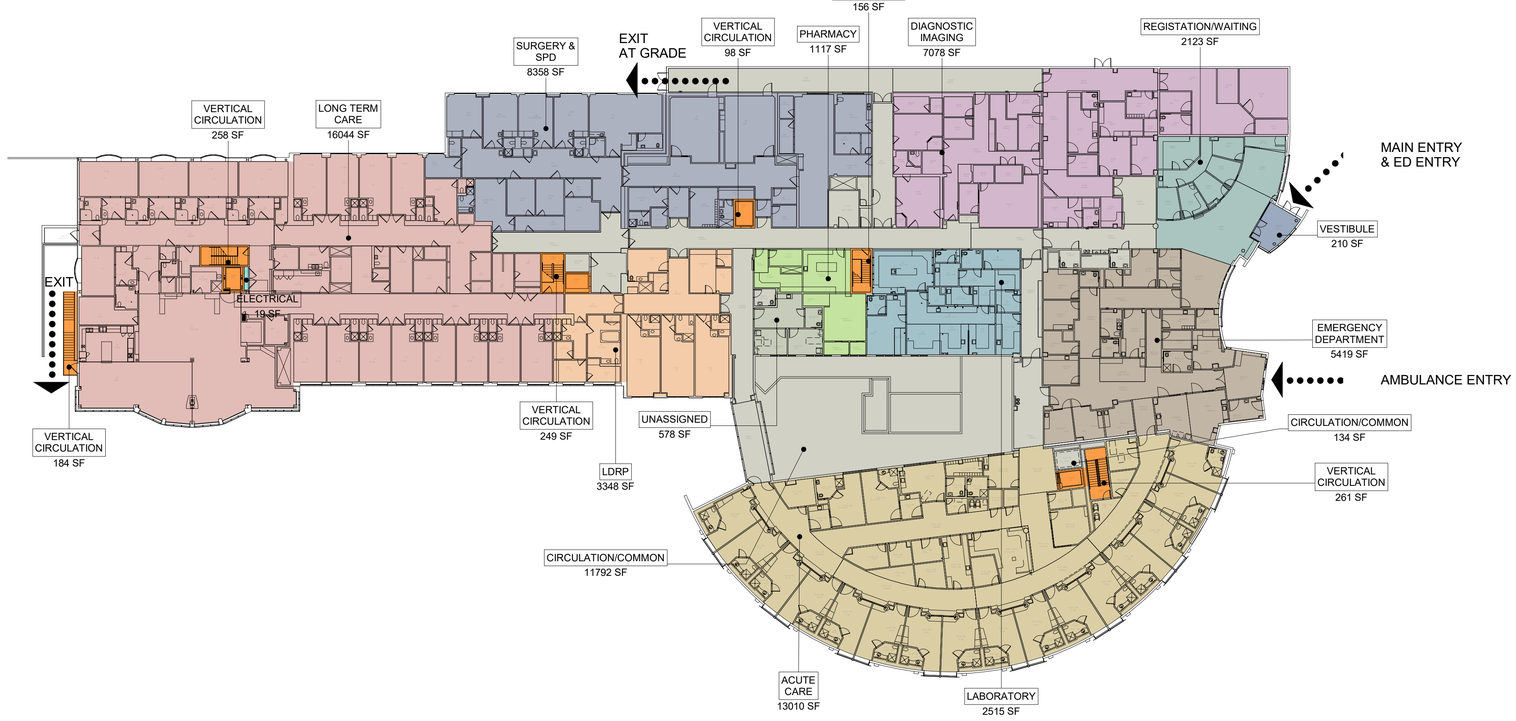
CURRENT STATE

- ADMINISTRATION
- CIRCULATION/COMMON
- DIAGNOSTIC IMAGING
- ELECTRICAL
- ENTRY
- EVS
- FACILITIES
- HEALTH INFORMATION MANAGEMENT
- LOADING DOCK
- LONG TERM CARE
- MATERIALS MANAGEMENT
- MECHANICAL
- MORGUE
- NEUROLOGY
- NUTRITION
- PATIO
- PHYSICAL THERAPY
- QUALITY MANAGEMENT
- SLEEP
- SURGERY & SPD
- UNASSIGNED
- VERTICAL CIRCULATION

1 CURRENT STATE LEVEL 1
1" = 30'-0"

NORTH

0 5' 15' 30' 60'



2 CURRENT STATE LEVEL 2
1" = 30'-0"

NORTH

0 5' 15' 30' 60'

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South Peninsula Hospital

MASTER PLAN DIAGRAMS

4300 Bartlett St, Homer, AK 99603

MASTER PLANNING DIAGRAMS

12/23/2022

OPTION

CS

nbbj

South Peninsula Hospital – Master Plan

Visioning and Strategy Kickoff

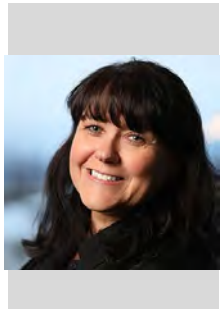
April 11th, 2022

Agenda

1. Introduction & Process Overview 5 mins
2. Campus Visioning 15 mins
3. Industry Trends 15 mins
4. Strategic Analysis 25 mins

Meet The team

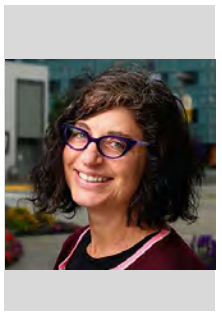
Mark Kneedler



Kathleen Benoit

Teri Oelrich

Andrea Rufe



Karen Stephens

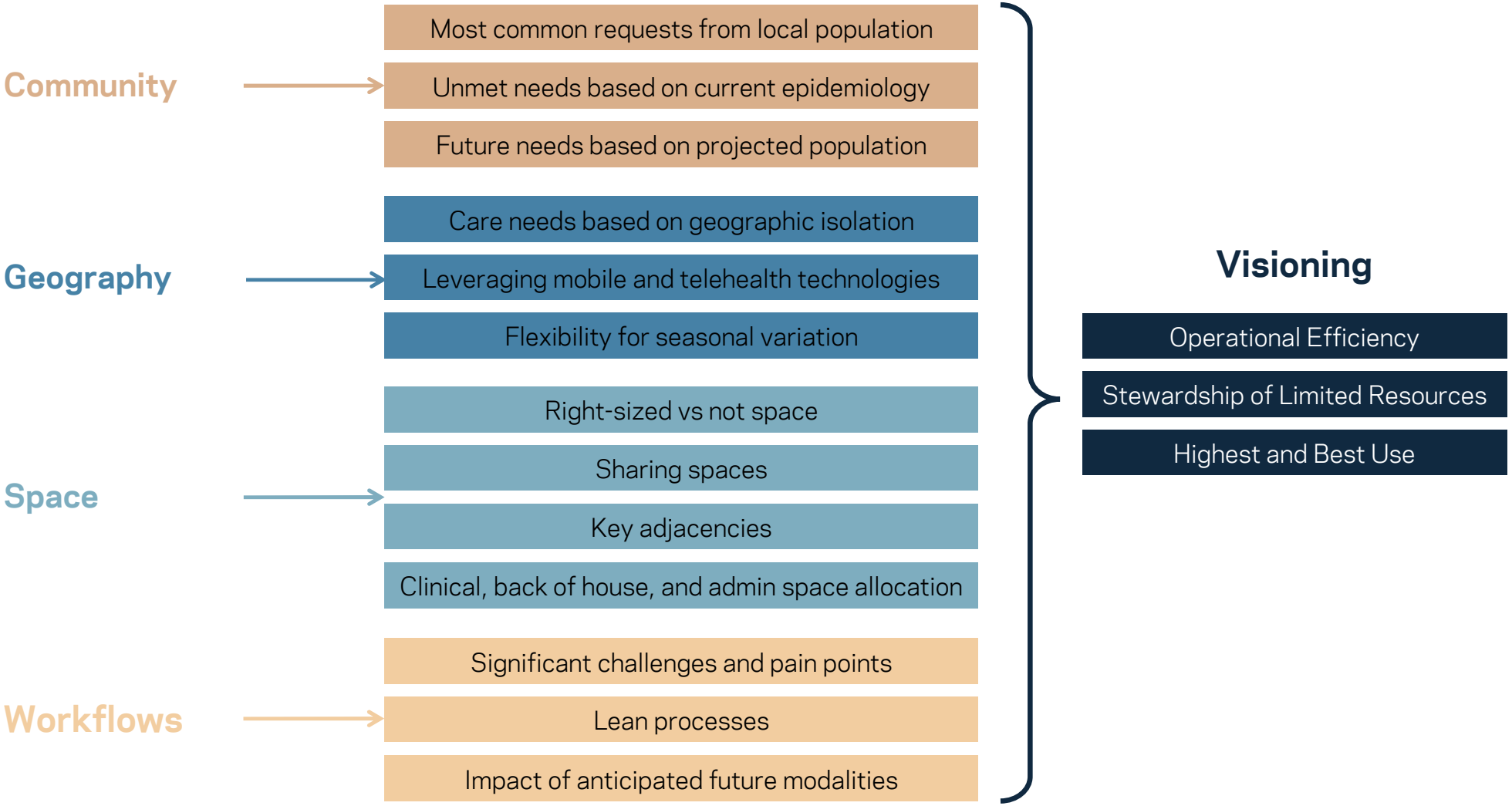
Sonja Peshkoff

Melissa Alexander

Heena Santry

Will Hammock

2
Campus Visioning


Most common requests from local population
Community
Unmet needs based on current epidemiology
Future needs based on projected population
Care needs based on geographic isolation
Geography
Leveraging mobile and telehealth technologies
Flexibility for seasonal variation
Right-sized vs not space
Sharing spaces
Space
Key adjacencies
Clinical, back of house, and admin space allocation
Significant challenges and pain points
Workflows
Lean processes
Impact of anticipated future modalities
Visioning
Operational Efficiency
Stewardship of Limited Resources
Highest and Best Use

1
Project Overview

SPH Specific Master Planning Needs and Goals

Needs

- Department service capacity limitations
- Parking limitations
- Site access
- Provide opportunities to vocalize suggestions and concerns

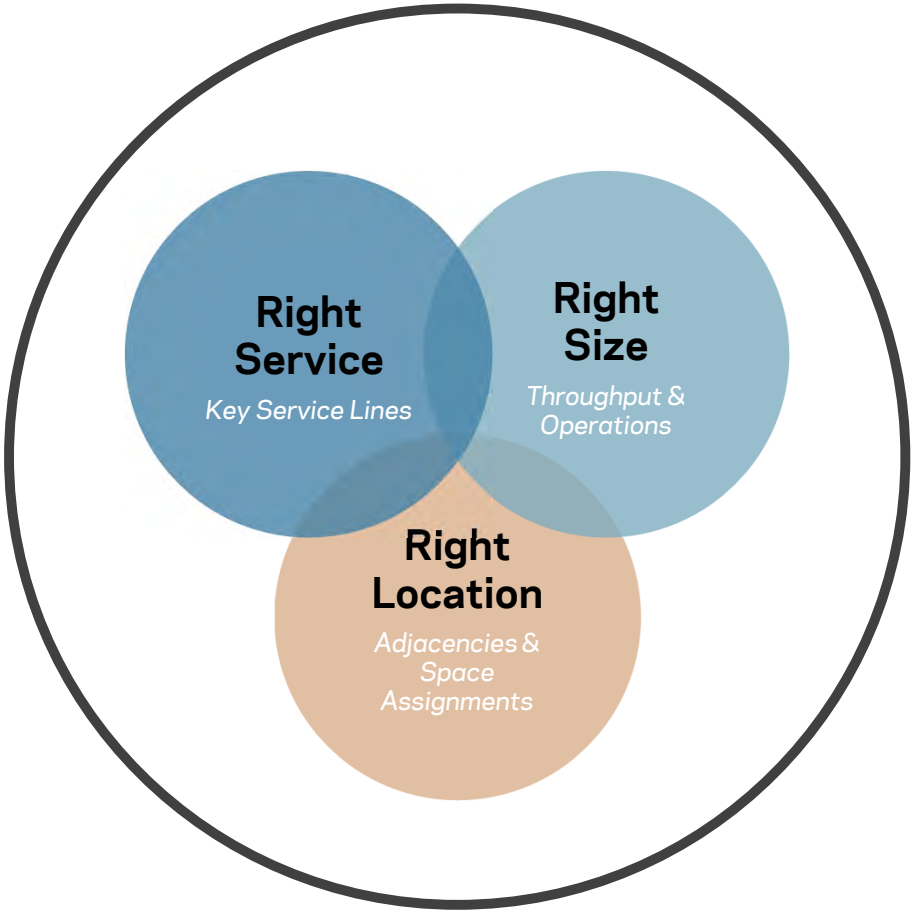
Goals

- Current needs assessment
- 10-year horizon
- Highest and best use of existing facilities
- Expand vs renovate
- Overcome site limitations

Key Master Planning Questions – Clinical Programming

1. What is the business case for developing a centralized MOB?
2. Are two operating rooms enough?
3. Should there be additional/dedicated observation beds?
4. What role does SPH serve in delivering behavioral health services?
5. Which new clinical programs should SPH invest in?
6. Should SPH increase the LTC capacity for the aging community?

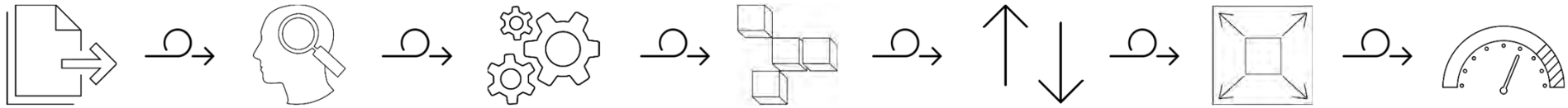
Master Planning Process



Objective, evidence-based plan to support decision-making

- Simplify complexity
  - How much space do you need?
  - How does it get organized?
  - Where does it go?
- Ensure resiliency and future-readiness
  - New healthcare technologies
  - Market shifts / future expansion
  - Pandemic / public health challenges
  - Natural or man-made disasters

Program Planning Methodology



Gather & Analyze

Gather and Analyze Workload Data and Existing Conditions

Forecast

Forecast Future Workload to Align with Strategy

Operations

Identify Operational Throughputs and Goal Benchmarks

Space Drivers

Convert Workload into Functional Units

Comparison

Compare Existing Functional Units with Forecast to Identify Needs

Size Project

Convert Functional Units into SF to Identify Total Project SF & Department Size

Fit to Budget

Adjust Forecast or Operational Throughputs by Service Line to 'Fit' Available Project Parameters

Dream big!

Finalize project scope, schedule, participation structure and engagement plan

Visioning report & draft Guiding Principles

Develop the project guardrails

Prove there is a need and build a strategy!

Document current and future needs (high-level)

Develop a KPU Driven Service Line Forecast

Gap Analysis to determine space need

Prioritize future opportunities based on functional unit need

Develop Facilities Database including campus building assessment (workflow, highest and best use)

Recommend future opportunity for service / Industry trends for patient & staff satisfaction / maximize efficiency

What it could look like!

Campus Concepts & Diagrams

ROM Cost Estimates by Scenario

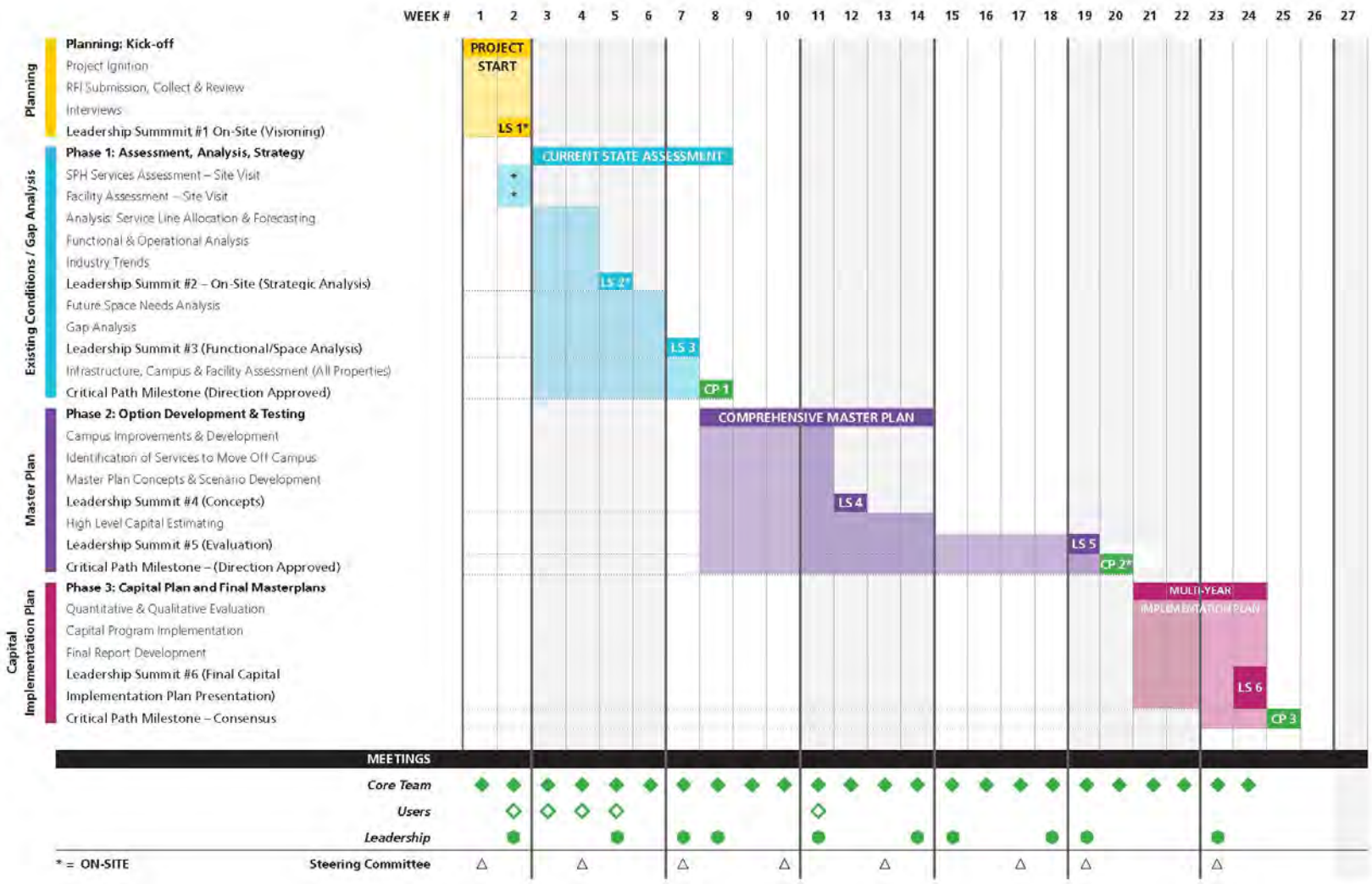
Building concepts, stacking & planning zoning new vs. renovation vs retention assumptions, phasing scenarios

Make it real!

Evaluation criteria; scenario and concept comparison; determination of preferred direction

Growth plans; Master Plan Phasing and Implementation Plans; Proposed capital budget outlays for near and long term

Project Schedule



3
Industry Trends

Leadership Rounding Promotes Patient, Family and Team Member Satisfaction

Process

- Inquire re: HCAHPS queries (noise level, food, communication)
- Ask re: team member recognition
- Affirm good work, recognize and reward team members
- Provide opportunities to vocalize suggestions and concerns

Outcomes

- Address concerns in real time
- Establish relationships with staff, providers and supervisors
- Patient / family satisfaction
- Workforce satisfaction

Clear and Organized Communication Strategy Supports Safe, Patient-Centered Care

Process

- Color coded scrubs
- Communication tools
  - White boards
  - Pen and notepad at bedside
  - Patient portal tablet
- Clarity / consistency
  - Scripted bedside shift report
  - Hourly rounding
  - Multidisciplinary bedside rounds
  - Daily huddles

Outcomes

- Increased responsiveness to patient needs
- Fewer medical errors
- Higher patient satisfaction

Psycho-social Support Improves Post-Acute Experience and Outcomes

Process

- Transition management teams
  - Quantitative high-risk screen
  - TC huddle
  - Post-discharge care coordination call
  - Billable chronic care home visits
  - Home visits (RN, EMS, CHW)
- Swing bed program
- ED case managers for recidivism

Outcomes

- Medication reconciliation
- Fill education gaps
- Symptom management
- Better preparedness for home
- Support caregivers
- Reduced 30-day re-admission
- Increased philanthropy
- Primary care visit within 1 week

Community Health Integration Benefits Population Health

Process

- Accountable care organization
- Accountable health community
- Care coordination for medically complex patients
- Education on preventative care for physicians and staff
- ED case managers
- Longitudinal palliative care
  - Physician champions
  - Community education

Outcomes

- Reduced hospitalizations
- Reduced readmissions
- Earlier diagnosis
- Improved patient satisfaction
- Improved QoL

4
Strategic Analysis

Current State

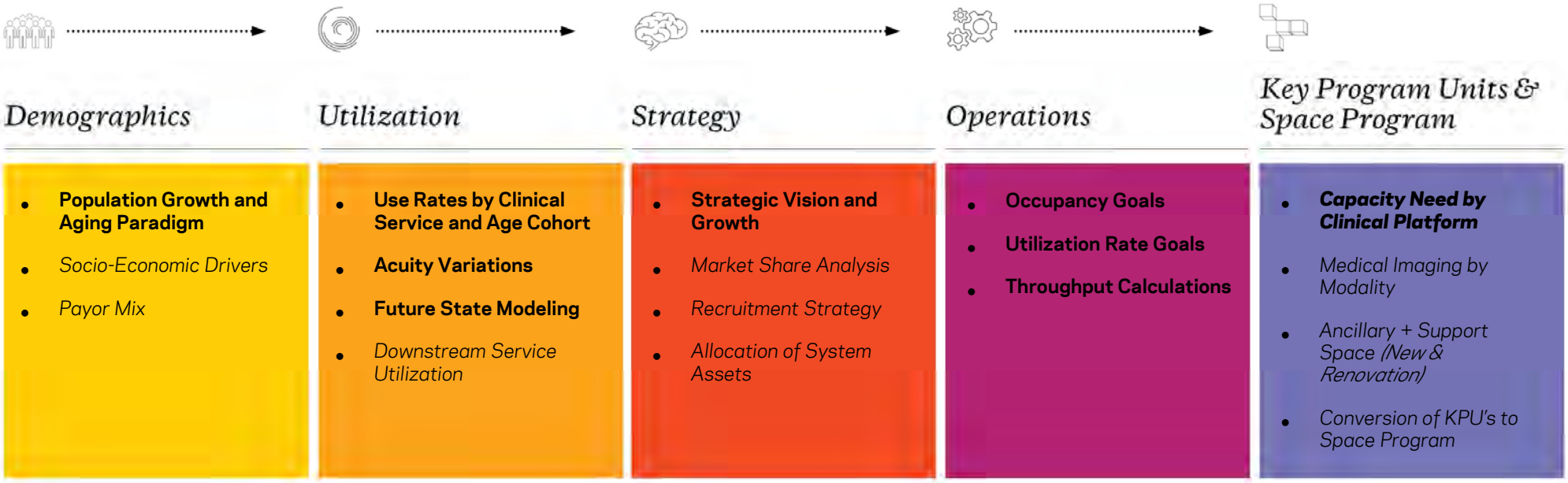
Clinical Platform	Number of Units	Baseline Volume	Baseline Year	DRAFT Operating Assumptions
Inpatient Beds	**22**	**2,681**		**Target Occupancy**
Flexible Acute/Stepdown/ICU/Obs	*18*	*2,232*	*FY21 Actual*	*70%*
Physician Sleep Room	*1*			
OB (LDRP)	*3*	*258*	*FY21 Actual*	*50%*
***Nursery Rooms*	*3 - 4*	*191*	*FY21 Actual*	*50%*
LTC	*28*	*8,740*	*FY19 Actual*	*90%*
OR's	**2**	**1,617**		**Target Productivity**
Inpatient Surgery		*261*	*FY19 Actual*	*500*
Outpatient Surgery		*1,356*	*FY21 Actual*	*750*
Endoscopy Procedures		*366*	*FY21 Actual*	*1,200*
ED Bays	**9**	**4,629**	**FY19 Actual**	**Target Productivity**
Standard	*5*		*FY19 Actual*	*750*
Trauma	*2*		*FY19 Actual*	*500*
Negative Pressure Isolation	*1*		*FY19 Actual*	*750*
BH bay	*1*		*FY19 Actual*	*125*

Current State

Clinical Platform	Number of Units	Baseline Volume	Baseline Year	DRAFT Operating Assumptions
Diagnostic Imaging	**14**			**Target Productivity**
Diag Radiology	*6*	*6,919*	*FY21 Actual*	*4,000*
MRI	*1*	*1,429*	*FY21 Actual*	*1,800*
CT	*4*	*3,798*	*FY21 Actual*	*4,000*
U/S	*2*	*2,609*	*FY21 Actual*	*2,000*
Mammo	*1*	*2,437*	*FY21 Actual*	*2,500*
Nuc Med	*-*	*-*	*-*	*800*
Clinic Locations	**40**	**32,568**		**Available Timeslots**
HMC (4136 Bartlett)	*17*	*17,598*	*FY21 Actual*	*725*
Specialty Clinic (4201 Bartlett)	*6*	*5,904*	*FY21 Actual*	*775*
Family Care Clinic (4201 Bartlett)	*8*	*3,720*	*FY21 Actual*	*775*
Westwing Clinic (4117 Bartlett)	*3*	*2,252*	*FY21 Actual*	*850*
West Pioneer (203 W Pioneer)	*3*	*1,211*	*FY21 Actual*	*1,250*
Neurology Clinic (4300 Bartlett)	*3*	*481*	*FY21 Actual*	*175*
Oncology Infusion Clinic (4251 Bartlett)	*3*	*1,608*		*1,000*

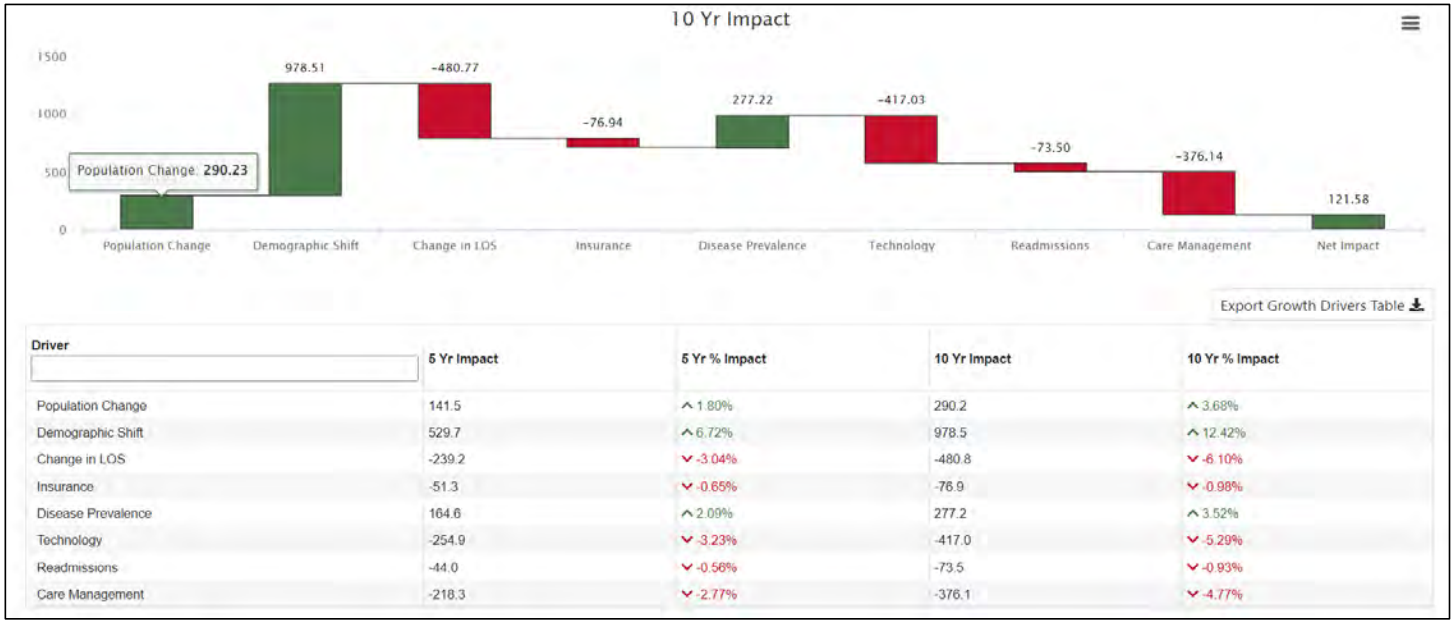
**90% of timeslots*

Validating Your Future



Validating Your Future

Demographics → *Utilization* → *Strategy* → *Operations* → *Key Program Units & Space Program*



Export Growth Drivers Table

Driver	5 Yr Impact	5 Yr % Impact	10 Yr Impact	10 Yr % Impact
Population Change	141.5	^ 1.80%	290.2	^ 3.68%
Demographic Shift	529.7	^ 6.72%	978.5	^ 12.42%
Change in LOS	-239.2	v -3.04%	-480.8	v -6.10%
Insurance	-51.3	v -0.65%	-76.9	v -0.98%
Disease Prevalence	164.6	^ 2.09%	277.2	^ 3.52%
Technology	-254.9	v -3.23%	-417.0	v -5.29%
Readmissions	-44.0	v -0.56%	-73.5	v -0.93%
Care Management	-218.3	v -2.77%	-376.1	v -4.77%

SPH Service Area: 99556, 99603
*99.7% of Inpatient Volumes originate from these two zip codes

Total Population	14,429
Households Count	6,258
Male Population Count	7,270
Female Population Count	7,159
Median Age	43.1
Median Household Income	$73,434
Per Capita Income	$35,092
Unemployment Rate	7.1%

SPH Primary Service Area Forecast

Inpatient Days

Market: South Peninsula Hospital PSA | Demographics | Growth Drivers | Service Line: Advisory Board Company | Grouping Type

Summary

2020 Days	2025 Days	2030 Days	5 Yr Growth	10 Yr Growth
7,320	7,394	7,728	^ 1.0%	^ 5.6%

Outpatient Site of Care Activity

Site of Care	2020 Volume	2025 Volume	2030 Volume	5 Yr Growth	10 Yr Growth
Hospital Outpatient Department	12,496	14,042	15,393	^ 12.4%	^ 23.2%
Emergency Department	5,363	6,032	6,606	^ 12.5%	^ 23.2%
Ambulatory Surgery	12,053	13,919	15,323	^ 15.5%	^ 27.1%
Endoscopy	1,808	2,062	2,261	^ 14.1%	^ 25.1%
Oncology Center	5,377	6,068	6,598	^ 12.9%	^ 22.7%
Sleep Studies	921	1,060	1,164	^ 15.1%	^ 26.4%
Independent Diagnostic Testing Facility	4,751	5,403	5,875	^ 13.7%	^ 23.7%
Physical Therapy	6,378	7,903	9,018	^ 23.9%	^ 41.4%
Office/Clinic	50,683	59,569	65,956	^ 17.5%	^ 30.1%
Lab	11,619	13,680	15,380	^ 17.7%	^ 32.4%
Other	3,270	4,810	6,409	^ 47.1%	^ 96.0%

SPH Primary Service Area

No Change in Market Share

Clinical Platform	Actual Volumes *(FY21 or FY19)*	10-Year Market Growth	2031 Volume Estimates
Inpatient + Observation Days	3,332	6%	**3,452**
LTC Days	8,740	46%	**12,760**
Inpatient Surgery	261	7%	**279**
Outpatient Surgery	961	23%	**1,177**
Endoscopy	366	25%	**458**
ED Visits	4,629	20%	**5,543**
Radiology	17,192	9%	**19,572**
Clinic Visits	31,687	27%	**40,136**

KEY DISCUSSION

- How much of the market growth will SPH be able to capture?

Inpatient & Observation Capacity Projections

SPH IP CAPACITY NEED

Unit Type	Current State		Inpatient Forecast			Projected Growth	Operating Assumptions	Total Bed Need		
	Capacity	Patient Days	Year 3	Year 5	Year 10	10 Year	Productivity Target	Year 3	Year 5	Year 10
ACUTE / STEPDOWN	15	2,169	2,206	2,231	2,293	6%	70%	9	9	9
ICU	3	63	65	66	70	11%	70%	0.3	0.3	0.3
OB/GYN	3	258	257	257	255	-1%	50%	1	1	1
OBSERVATION	*15**	790	804	813	835	6%	65%	3	3	4
LTC	28	8,740	9,946	10,750	12,760	46%	90%	30	33	39
IP Total	21	3,280	3,332	3,367	3,453			14	14	14
IP + LTC Total	49	12,020	13,278	14,117	16,213			44	47	53

[1] Operating assumptions based on Best Practice standards

Acute / Stepdown = AC Telem, Acute, Stepdown

KEY TAKEAWAYS

- Adequate Acute/Stepdown/ICU beds to accommodate the long-term growth
- Strategic role and position of Observation to be considered
- Long Term Care demand requires facility and staff expansions

Operating Room Capacity Projections

SPH OR CAPACITY NEED

Surgery Type	Current State		Surgery Forecast			Market Growth	Operating Assumptions	Total OR Need			Total P/R Need		
	Capacity	Baseline Vol	Year 3	Year 5	Year 10	10 Year	Productivity Target	Year 3	Year 5	Year 10	Year 3	Year 5	Year 10
											3.0	3.0	3.0
INPATIENT	2	261	266	270	279	7%	750	0.4	0.4	0.4	1.1	1.1	1.1
OUTPATIENT		961	1,026	1,069	1,177	23%	850	1.2	1.3	1.4	3.6	3.8	4.2
Total		1,222	1,292	1,339	1,456			1.6	1.6	1.8	4.7	4.9	5.3

[1] Operating assumptions based on Best Practice standards

KEY TAKEAWAYS

- The projections have Endoscopy projections removed (following slide)
- Long term capacity concerns with 2 OR's
- The additional Orthopedic surgeon should increase annual OR cases by 100-200
- Pre/Post ratio of 3.0 is low, 3.5 - 4.0 are current benchmarks for Surgery Centers with 2-3 OR's

Endoscopy Capacity Projections

SPH PROCEDURAL CAPACITY NEED

Endo Procedures	Current State		Endo Forecast			Market Growth	Operating Assumptions	Total Endo Need			Total P/R Need		
	Capacity	Baseline Vol	Year 3	Year 5	Year 10	10 Year	Productivity Target	Year 3	Year 5	Year 10	Year 3	Year 5	Year 10
											3.0	3.0	3.0
ENDO SUITE	0	366	394	412	458	25%	1,200	0.3	0.3	0.4	1.0	1.0	1.1
Total	0	366	394	412	458			0.3	0.3	0.4	1.0	1.0	1.1

[1] Operating assumptions based on Best Practice standards

KEY TAKEAWAYS

- Additional OR or Endo Suite should be considered
- Hospital or MOB location?

Emergency Department Capacity Projections

SPH ED CAPACITY NEED

ED Visit Levels	Current State		ED Visit Forecast			Projected Growth	Operating Assumptions	Total ED Bay Need		
	Capacity	Baseline Visits	Year 3	Year 5	Year 10	10 Year	Productivity Target	Year 3	Year 5	Year 10
ESI 1 (Lowest)		2	2	2	2	13%	750	0.0	0.0	0.0
ESI 2		183	190	194	206	13%	750	0.3	0.3	0.3
ESI 3	9	1,308	1,357	1,390	1,472	13%	750	1.8	1.9	2.0
ESI 4		2388	2,554	2,665	2,942	23%	750	3.4	3.6	3.9
ESI 5 (Highest)		748	800	835	922	23%	500	1.6	1.7	1.8
Total	9	4,629	4,903	5,086	5,543			7.1	7.3	8.0

[1] Operating assumptions based on Best Practice standards

KEY TAKEAWAYS

- Adequate ED bays for long-term planning
- Dedicated Observation beds should be considered to help throughput / transfer peak times

Diagnostic Imaging Capacity Projections

SPH IMAGING CAPACITY NEED

Modalities	Current State		Imaging Volume Foecast			Projected Growth	Operating Assumptions	Total Modality Need		
	Capacity	Baseline Vol	Year 3	Year 5	Year 10	10 Year	Productivity Target	Year 3	Year 5	Year 10
XR	6	6,919	7,297	7,549	8,178	18%	3,000	2.4	2.5	2.7
MRI	1	1,429	1,438	1,445	1,460	2%	1,800	0.8	0.8	0.8
CT	4	3,798	3,964	4,075	4,353	15%	3,000	1.3	1.4	1.5
US	2	2,609	2,780	2,895	3,180	22%	1,800	1.5	1.6	1.8
Mammo	1	2,437	2,426	2,419	2,400	-2%	2,500	1.0	1.0	1.0
NM	0	0	0	0	0	9%	800	0.0	0.0	0.0
Total	14	17,192	17,906	18,382	19,572			7.1	7.3	7.7

KEY TAKEAWAYS

- Due to a distributed clinic model, multiple modalities have open capacity
- Centralizing the clinic locations around an Outpatient imaging suite could increase the productivity closer to industry benchmarks

Ambulatory Clinic Capacity Projections

Current Locations & Available Timeslots

SPH CLINIC CAPACITY NEED

Clinic Visit Locations	Current State		Clinic Visit Forecast			Projected Growth	Operating Assumptions	Total Clinic Room Need		
	Capacity	Baseline	Year 3	Year 5	Year 10	10 Year	Productivity Target	Year 3	Year 5	Year 10
URGENT CARE		521	541	554	586	13%	1,000	1	1	1
HMC	17	17,598	19,018	19,965	22,332	27%	725	26	28	31
SPECIALTY CLINIC	6	5,904	6,380	6,698	7,492	27%	775	8	9	10
FAMILY CARE CLINIC	8	3,720	4,020	4,220	4,721	27%	775	5	5	6
WESTWING CLINIC	3	2,252	2,434	2,555	2,858	27%	850	3	3	3
WEST PIONEER	3	1,211	1,309	1,374	1,537	27%	1,250	1	1	1
NEUROLOGY CLINIC	3	481	520	546	610	27%	175	3	3	3
ONCOLOGY INFUSION CLINIC	3	1,608	1,738	1,824	2,041	27%	1,000	2	2	2
Total	43	33,295	35,959	37,736	42,176			49	51	57

[1] Operating assumptions based on 90% of available timeslots

***Using 90% of the available timeslots as the productivity target*

KEY TAKEAWAYS

- Due to a distributed clinic model, most locations have capacity for volume increases
- In a distributed model, additional capacity would be needed for long-term demand

Ambulatory Clinic Capacity Projections

Consolidated Clinic Capacity Needs

SPH CLINIC CAPACITY NEED

Clinic Visit Locations	Current State		Clinic Visit Forecast			Projected Growth	Operating Assumptions	Total Clinic Room Need		
	Capacity	Baseline	Year 3	Year 5	Year 10	10 Year	Productivity Target	Year 3	Year 5	Year 10
URGENT CARE		521	541	554	586	13%	750	1	1	1
HMC	17	17,598	19,018	19,965	22,332	27%	1,000	19	20	22
SPECIALTY CLINIC	6	5,904	6,380	6,698	7,492	27%	1,000	6	7	7
FAMILY CARE CLINIC	8	3,720	4,020	4,220	4,721	27%	1,000	4	4	5
WESTWING CLINIC	3	2,252	2,434	2,555	2,858	27%	1,000	2	3	3
WEST PIONEER	3	1,211	1,309	1,374	1,537	27%	1,000	1	1	2
NEUROLOGY CLINIC	3	481	520	546	610	27%	1,000	1	1	1
ONCOLOGY INFUSION CLINIC	5	1,608	1,738	1,824	2,041	27%	500	3	4	4
Total	45	33,295	35,959	37,736	42,176			38	40	44

[1] Operating assumptions based on Best Practice standards

KEY TAKEAWAYS

- Centralizing the clinic locations could increase the productivity through flexible / shared use across specialties

Ambulatory Clinic Capacity Projections

Consolidated Clinic Capacity Needs

SPH CLINIC CAPACITY NEED

Clinic Visit Locations	Current State		Clinic Visit Forecast			Projected Growth	Operating Assumptions	Total Clinic Room Need		
	Capacity	Baseline	Year 3	Year 5	Year 10	10 Year	Productivity Target	Year 3	Year 5	Year 10
PRIMARY CARE	**25**	**17,205**	**17,850**	**18,280**	**19,356**	13%	750	**24**	**24**	**26**
FAMILY MEDICINE		16,684	18,030	18,928	21,172	27%	1,000	18	19	21
URGENT CARE		521	563	591	661	27%	1,000	1	1	1
SPECIALTY CARE	**18**	**16,090**	**17,388**	**18,254**	**20,418**	27%	1,000	**17**	**18**	**20**
ORTHOPEDICS		3,424	3,700	3,885	4,345	27%	1,000	4	4	4
GEN SURG		1,151	1,244	1,306	1,461	27%	1,000	1	1	1
OB		2,032	2,196	2,305	2,579	27%	1,000	2	2	3
CNM		2,252	2,434	2,555	2,858	27%	1,000	2	3	3
NEUROLOGY		481	520	546	610	27%	1,000	1	1	1
ENT		285	308	323	362	27%	1,000	0	0	0
UROLOGY		567	613	643	720	27%	1,000	1	1	1
BEHAVIORAL HEALTH		1,679	1,814	1,905	2,131	27%	1,000	2	2	2
FUNCTIONAL MEDICINE		841	909	954	1,067	27%	1,000	1	1	1
INFUSION CLINIC		1,608	1,738	1,824	2,041	27%	500	3	4	4
OTHER SPECIALTY		1,770	1,913	2,009	2,248	27%	1,000	2	2	2
Total	**43**	**33,295**	**35,239**	**36,534**	**39,774**			**38**	**40**	**44**

[1] Operating assumptions based on Best Practice standards

Behavioral Health Capacity Projections

Market Volumes and Capacity Needs

SPH BEHAVIORAL HEALTH CAPACITY NEEDS

Service Type	Market Volumes	BH Volume Forecast			Projected Growth	Operating Assumptions	Total Market Need		
	Market Baseline	Year 3	Year 5	Year 10	10 Year	Productivity Target	Year 3	Year 5	Year 10
BH Inpatient Days	684	699	709	735	7%	75%	2.6	2.6	2.7
BH Outpatient Services	4,711	5,104	5,366	6,021	28%	1,000	5.1	5.4	6.0
Total	5,395	5,803	6,075	6,755			7.7	8.0	8.7

KEY TAKEAWAYS

- South Peninsula community need of ~3-4 Inpatient Behavioral Health beds
- There is significant growth in OP Behavioral Health services that span across sites of care (ED, Office/Clinic, Virtual, etc.)

SPH 10-Year KPU Needs
Executive Summary

Current State		10-Year Forecast			Master Plan KPU
Clinical Platform	*KPU*	*Market Growth*	*Vol Projections*	*KPU Needs*	**Recommendation**
Inpatient + Observation	22	6%	3,452	14.2	**22**
LTC	28	46%	12,760	38.8	**TBD***
ED	9	20%	5,543	8.0	**9**
Radiology	14	9%	19,572	7.7	**TBD***
Clinics (Consolidated)	40	27%	40,136	42.4	**42**
Surgery					
IP + OP Surgery	2	7%	1,456	1.8	**3**
Endoscopy	1	25%	458	0.4	**1**
Total	3	21%	1,914	2.2	**4**

Note: Tbd will be updated as key strategy and consolidation decisions are made during the Master Planning process.

Key Master Planning Questions – Clinic Programming

1. **What is the ROI for developing a centralized MOB?**
    - How big?
    - Financial Impact?
    - Economies of scale?
2. **Are two operating rooms enough for growing demand?**
    - 3 OR's or 2 OR's with an Endo Suite are expansion opportunities
3. **Should there be additional/dedicated observation beds?**
    - When SPH gets to 70-75% occupancy, the ED becomes a holding area due to throughput constraints
    - Local weather impacts on transfers / travel
4. **What role does SPH serve in delivering behavioral health services?**
    - Inpatient or 23-hour beds?
    - OP services?
5. **Should SPH invest in new clinical programs?**
    - Nuc Med?
    - BH?
6. **Should SPH increase the LTC capacity for the aging community?**
    - Market need for 12 additional beds
    - Staffing limitations
    - Industry trend towards more home-based LTC for a subset of patients

Peer-Reviewed Evidence

The Value Surgical Services Bring to Critical Access Hospitals

Nathanael N. Hoskins [1], Marco A. Cunicelli [1], Wade Hopper [2], Robert Zeller [2], Ning Cheng [3], Tom Lindsey [2]

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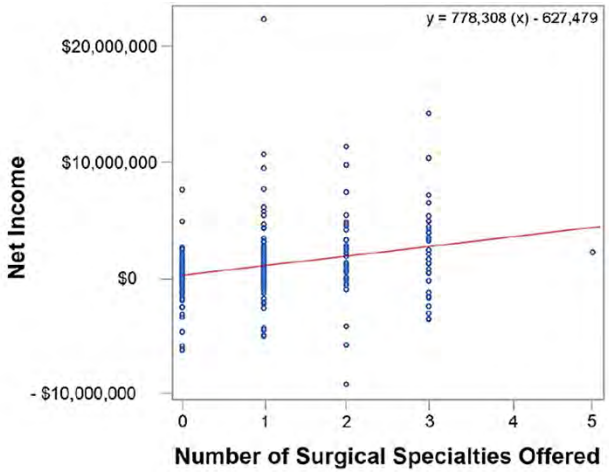
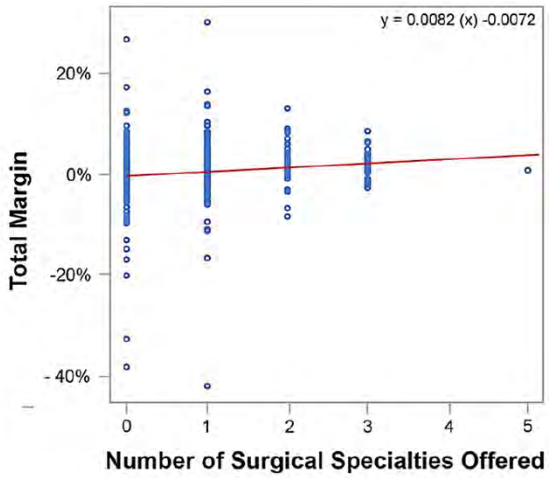
- Year 2020
- N = 300 CAH
- Specialties observed:
  - Orthopedics
  - General Surgery
  - Cardiothoracic
  - Vascular
  - Urology
  - Neurosurgery



Each additional procedure:

Increased annual profit by $630K



Increased total margin by ~1%

SOUTH PENINSULA HOSPITAL
HOSPITAL SPACE PROGRAM
PROGRAM SUMMARY

S Department Name
IN Service

SPACE	DGSF	Existing DGSF	Delta DGSF	Total KPU	DGSF/ KPU	Construction Phasing: Existing to Remian	Phase 1	Phase 2	Phase 3	Phase 4	COMMENTS
PROGRAM SUMMARY											
INPATIENT				**62**							
LABOR & DELIVERY (LDRP)	5,954	2,990	2,964	4	1488					5954	
LONG TERM CARE	21,704	14,475	7,229	40	543						See MOB program sumary for sqft as part of MOB build
ACUTE CARE	13,010	13,010	0	18	723	13,010					
OUTPATIENT				**6**							
INFUSION CLINIC	3,588	1,025	2,563	6	598		3588				TI
EMERGENCY DEPARTMENT	5,313	5,313	0	9	590	5,313					
NEUROLOGY	3,079	3,079	0	5	616	3,079					
ANCILLARY SUPPORT											
PHARMACY	2,201	1,191	1,010	1	2201		2201				TI
LAB	3,471	2,515	955	1	3471	3,471					
SURGERY DEPARTMENT	6,617	3,878	2,739	4	1654					6617	Additional OR, sized to code
PREOP AND RECOVERY	8,800	1,918	6,882	14	629					8800	
DIAGNOSTIC IMAGING	8,030	6,903	1,127	9	892	6,903				1127	
STERILE PROCESSING DEPARTMENT	2,847	2,847	0	4	712					2847	
PHYSICAL THERAPY	6,007	5,195	*								* Part of PT will be demolished for new connector link, See MOB program sumary for sqft as part of MOB build
SLEEP	522	522				522					
CLINIC SUPPORT AREA											
CENTRALIZED REGISTRATION	6,418	2,201	4,217	1	6418		4217				Includes Entry & Waiting
COFFEE BAR	200	0	200	1	200		200				
BUILDING SUPPORT											
ENVIRONMENTAL SERVICES	2,821	2,821	0			2,821					
MATERIALS MANAGEMENT/LOADING DOCK	7,509	5,980	1,529	1	7509					1529	
NUTRITION	4,731	3,431	1,300			4,731	3000				1350 SF addition + 1700 SF remodel medium remodel
IT	1,350	0	1,350	1	1350		1350				Relocate IT to the First Level of the hospital
PLANT OPERATIONS	1,500	1,607	-107	1	1500		1350				
ADMIN	3,744	4,036	-292	160	23		870				TI - plus new exterior windows!
TOTAL DGSF				**119,416**							
Comunications/LAN Closets	*7%*			*8,359*							
Building Circulation	*8%*			*9,553*							
MEP	*9%*			*12,360*							
Exterior / Stacking	*3%*			*4,491*							
Total BGSF				**154,179**		**39,850**	**16,776**	**0**	**0**	**26,874**	
				1.29							

	SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
IT					
	Staff			**1,030**	**subtotal**
	Office	6	**110**	660	
	Toilet, staff, ADA	1	**60**	60	
	Staff Break/Lounge	1	**110**	110	
	Storage	1	200	200	

TOTAL NSF	**1,030**
Department NSF	**1,030**
Department Circulation	185
Walls and Structure	122
Total DGSF	**1,337**

SOUTH PENINSULA HOSPITAL
HOSPITAL SPACE PROGRAM
LABOR & DELIVERY (LDRP)

		Program:	
LDR/P	Department Name	3	Total Beds
Inpt	Service	1	Exam/Treatment
40%	Dept. Circulation	5,954	DGSF (Program)
15%	Walls & Structures	1,488	Program DGSF/Driver
			DGSF (Actual)
		2,554	Delta from existing

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
SPECIALTY CARE				
Patient Rooms			**2,230**	**subtotal**
Triage	1	**140**	140	
LDRP, ADA/Special Needs	2	**385**	770	
Toilet, Patient, ADA	2	**75**	150	
w/Tub		**100**	0	
LDRP, ADA, AII	1	**385**	385	
Toilet, Patient, ADA	1	**75**	75	
Anteroom	1	**75**	75	
w/Tub		**100**	0	
Shared Tub Room	1	**235**	235	
Exam/Treatment Room	1	**140**	140	Circumcision
Patient Nourishment Station	1	**80**	80	Fridge, Snacks, Water, Ice
Nursery				
Bassinettes	3	**60**	180	
Clinical Support			**755**	**subtotal**
Nurse Station	1	**247**	247	
Work Station, team	2	**24**	48	
Work/Copy Station	1	**10**	10	
Alcove, equip, linen	1	**10**	10	
Medication Room	1	**80**	80	
EVS Closet	1	**80**	80	
Equipment storage	1	**120**	120	
Utility, Clean	1	**80**	80	
Utility, Soiled	1	**80**	80	
Staff			**500**	**subtotal**
Office	1	**120**	120	
OB Sleep	1	**110**	110	
Toilet, staff, ADA	2	**60**	120	
Staff Break/Lounge	1	**150**	150	
Public Areas			**213**	**subtotal**
Waiting Area	6	**18**	108	
Waiting Area,Wheelchair	2	**25**	50	
Waiting Area, Child Play	1	**15**	15	
Patient Training/Education	1	**15**	15	
Vending Area	1	**25**	25	
TOTAL NSF			**3,698**	
Department NSF			**3,698**	
Department Circulation			1,479	
Walls and Structure			777	
Total DGSF			**5,954**	
			1.61	

SOUTH PENINSULA HOSPITAL
HOSPITAL SPACE PROGRAM
LONG TERM CARE

		Program:	
LTC	Department Name	**40**	Total Beds
Inpt	Service		Exam/Treatment
40%	Dept. Circulation	**21,704**	DGSF (Program)
15%	Walls & Structures	**543**	Program DGSF/Driver
			DGSF (Actual)
			Delta from existing

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
LONG TERM CARE PATIENT AREA				
Patient Rooms			**9,190**	**subtotal**
Patient Room (doubles)	20	**345**	6900	Patient Room size has grown by 95 SF per double room
Toilet, Patient, ADA	20	**75**	1500	
Shower, ADA	20	**16**	320	
Shared Tub Room	2	**235**	470	reduce the number of tub rooms to 2
Patient Support Area			**2,160**	**subtotal**
Shared Living Area/Multi-purpose Room	1	**400**	400	
Warming Kitchen				
Hot Food Service Area	1	**100**	100	
Cold Food Service Area	1	**100**	100	
Beverage Area	1	**20**	20	
Food Cart Staging Area	1	**20**	20	
Clean Tray Area	1	**10**	10	
Soiled Tray Area	1	**10**	10	
Dining Area	40	**17**	680	
Toilet, ADA, M/F	2	**60**	120	Number reduced from 4 to 2.
Reading Room	1	**20**	20	
Grooming Area	1	**120**	120	Accommodate 2 chairs + wheelchair accessible sink.
Chapel	1	**120**	120	
EVS Closet	1	**80**	80	
Equipment storage	1	**120**	120	
Utility, Clean	2	**60**	120	
Utility, Soiled	2	**60**	120	
Staff Support Area			**1,851**	**subtotal**
Office	6	**100**	600	Confirmed with Staff
Care Team Area	1	**180**	180	
Charting Stations	4	**24**	96	Request for small charting stations throughout the unit.
Toilet, staff, ADA	3	**60**	180	
Toilet, staff, ADA with shower	1	**75**	75	
Lockers	50	**6**	300	Request for 50 staff lockers
Staff Break/Lounge	1	**180**	180	
Education & Training Room	1	120	120	
Shared Office, Patient Activity Coordinators	1	120	120	
Public Areas			**280**	**subtotal**
Waiting Area	10	**18**	180	
Waiting Area,Wheelchair	4	**25**	100	
TOTAL NSF			**13,481**	
Department NSF			**13,481**	
Department Circulation			5,392	
Walls and Structure			2,831	
Total DGSF			**21,704**	
			1.61	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
INFUSION CLINIC

		Program:	
Infusi	Department Name	**5**	Total Exam Rooms
OP	Service		Total Exam/Procedure Rooms
35%	Dept. Circulation	**3,588**	DGSF (Program)
10%	Walls & Structures	**326**	Program DGSF/Driver
			DGSF (Actual)
		2,563	delta from existing

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
Infusion				
Patient Rooms			**794**	**subtotal**
Alcove, Scale / WC Scale	1	**24**	24	
Consult/Exam Rooms	1	**120**	120	
Infusion Bay-private	4	**100**	400	
Infusion Bays-semi private	1	**110**	110	
Toilet, Patient, ADA	2	**60**	120	
Nourishment Alcove	1	**20**	20	
Clinical Support			**838**	**subtotal**
Team Work Area				
Nurse Station, team	2	**24**	48	
Work Station, team-private	1	**50**	50	
Work/Copy Station	1	**10**	10	
Alcove-blanket warmer, IV fluids (5-6' x 36" w)	2	**10**	20	
Medication Room-Pyxis	1	**80**	80	
EVS Closet	1	**40**	40	
Equipment storage	1	**120**	120	
Utility, Clean-tubing,	1	**120**	120	
Noirishment Storage	1	**80**	80	
Blood Draw/Phlebotomy chair + Labs	1	**150**	150	
Utility, Soiled (trash, blankets, Yellow Bins, Red bi	1	**120**	120	
Staff			**300**	**subtotal**
Office	1	**120**	120	
Office - Shared		**120**	0	
Toilet, staff, ADA	1	**60**	60	
Staff Break/Lounge	1	**120**	120	
Public Areas			**484**	**subtotal**
Reception	1	**56**	56	
Copy/work area	1	**60**	60	
Alcove, Check-in Kiosk	1	**15**	15	
Queuing zone	2	**10**	20	
Patient Check-out	1	**60**	60	
Waiting Area	6	**18**	108	
Waiting Area,Wheelchair	2	**25**	50	
Waiting Area, Child Play	1	**15**	15	
Fitting Room	1	**100**	100	
TOTAL NSF			**2,416**	

Department NSF	**2,416**
Department Circulation	846
Walls and Structure	326
Total DGSF	**3,588**

1.485

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
EMERGENCY DEPARTMENT

		Program:	
ED	Department Name	9	Total KPU
ANC	Service		
30%	Dept. Circulation	5,313	DGSF (Program)
15%	Walls & Structures	590	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
Emergency Department				
Treatment Rooms			**1,972**	**subtotal**
Existing Exam Rooms				
Typical Exam	6	**150**	900	
Exam - Negative	1	**199**	199	
Trauma	2	**230**	460	
Triage	1	**63**	63	
Waiting Area, Subwait	2	**15**	30	
Toilet, Patient	1	**56**	56	
Entry/Waiting				
Waiting	1	**160**	160	
Security	1	**56**	56	
Work Station, Technologist	1	**48**	48	
Clinical Support			**629**	**subtotal**
MD Reading Area				
Office, Radiologist	1	**100**	100	
Reading Room, MD	2	**65**	130	
Work Area, Copy, Printer, Fax	1	**15**	15	
Clinical Support Area				
Alcove, Lift Equipment	1	**24**	24	
Work/Copy Station	1	**10**	10	
Alcove, equip, linen	1	**10**	10	
Alcove, Stretcher or Wheelchair	1	**10**	10	
Alcove, Crash Cart	1	**10**	10	
EVS Closet	1	**40**	40	
Equipment storage	1	**160**	160	
Utility, Clean	0.5	**120**	60	
Utility, Soiled	0.5	**120**	60	
Staff			**450**	**subtotal**
Office	1	**120**	120	
Office - Shared	1	**120**	120	
Toilet, staff, ADA	1	**60**	60	
Staff Break/Lounge	1	**150**	150	
Public Areas			**503**	**subtotal**
Reception	2	**56**	112	
Copy/work area	1	**60**	60	
Alcove, Check-in Kiosk	1	**15**	15	
Queuing zone	2	**10**	20	
Patient Check-out		**60**	0	
Waiting Area	12	**18**	216	
Waiting Area,Wheelchair	2	**25**	50	
Waiting Area, Child Play	1	**15**	15	
Patient Training/Education	1	**15**	15	
TOTAL NSF			**3,554**	
Department NSF			**3,554**	
Department Circulation			1,066	
Walls and Structure			693	
Total DGSF			**5,313**	
			1.495	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
SURGERY DEPARTMENT

		Program:	
SURG	Department Name	**4**	Total KPU (OR + Procedure Rooms)
ANC	Service		
40%	Dept. Circulation	**6,617**	DGSF (Program)
15%	Walls & Structures	**1,654**	Program DGSF/Driver
			DGSF (Actual)

5796

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
Operating Rooms				
			3,540	**subtotal**
Operating Rooms	3	**550**	1650	
Scrub Rooms	3	**40**	120	
Stretcher	3	**30**	90	
Procedure Room	1	**400**	400	
Clean Receiving	1	**110**	110	
Soiled Holding	1	**110**	110	
Clean Staging	1	**200**	200	
Clean Core	1	**200**	200	100 for first OR, 50 for each additional (minimum)
Equipment Storage	1	**300**	300	
Housekeeping Closet	1	**80**	80	
Control Station	1	**120**	120	
Scheduling	1	**160**	160	3 people for this office
Clinical Support			**570**	**subtotal**
Tissue Storage	1	**80**	80	
Physician Workstations	1	**200**	200	
Anesthesia Supply Work Room	1	**180**	180	
OR Nurse Manager Office	1	**110**	110	
Staff			**0**	**subtotal**
Locker Vestibule		**110**	0	See Prep & Recovery
Female Lockers		**5**	0	See Prep & Recovery
Toilet/Showers		**60**	0	See Prep & Recovery
Male Lockers		**5**	0	See Prep & Recovery
Toilet/Showers		**60**	0	See Prep & Recovery
Staff Lounge		**300**	0	See Prep & Recovery
Gowning Alcove		**30**	0	See Prep & Recovery
Staff Toilets		**60**	0	See Prep & Recovery
TOTAL NSF			**4,110**	
Department NSF			**4,110**	
Department Circulation			1,644	
Walls and Structure			863	
Total DGSF			**6,617**	

1.61

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
PREOP AND RECOVERY

		Program:	
PRE/P	Department Name	14	Total KPU (Prep & Recovery Bays)
ANC	Service		
40%	Dept. Circulation	8,800	DGSF (Program)
15%	Walls & Structures	629	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
Pre-op			1,120	subtotal
Periop Bay, Prep	3	120	360	with sink
Periop Bay, Prep - Aii, Airborne Isolation	1	120	120	
Toilet, Patient Isolation	1	70	70	with shower per FGI
Ante Room	1	50	50	
Toilet, Patient	2	60	120	
Patient Lockers	12	4	48	Verify where patient belongings are stored
Alcove, Workstation	1	12	12	
Alcove, Sink	2	12	24	
Workstation, Care Team	4	36	144	
Alcove, handwashing sink	1	12	12	
Workroom, MD/Anesthesia	1	100	100	
Medication room		120	0	See shared support
Alcove, Supply carts		20	0	See shared support
Alcove, blanket warmers		20	0	See shared support
Toilet, Staff	1	60	60	
Recovery			1,648	subtotal
Post Op Bay, Prep	10	120	1200	w/sink
Post Bay, Prep - Aii, Airborne Isolation	0	120	0	See Periop
Anteroom	0	40	0	See Periop
Toilet, Patient Isolation	0	60	0	See Periop
Toilet, Patient	2	60	120	
Alcove, Workstation	1	12	12	
Workstation, Care Team	4	36	144	
Alcove, handwashing sink	1	12	12	In RN Station
Alcove, Crash Cart	2	20	40	1 adult, 1 peds
Medication room		120	0	See shared support
Toilet, Staff	2	60	120	
Shared Support			772	subtotal
Equipment Room	1	120	120	
Alcove, Stretcher	1	20	20	
Medication Room	1	120	120	
Housekeeping Closet	1	60	60	
Clean Utility Room	1	160	160	
Soiled Utiliity Room	1	120	120	
Nourishment	1	80	80	
O2Tank Storage	1	12	12	
Alcove, Supply carts	2	20	40	
Alcove, blanket warmers	2	20	40	
Staff Support			1,030	subtotal
Locker Vestibule	1	110	110	
Female Lockers	20	5	100	
Toilet/Showers	2	60	120	
Male Lockers	20	5	100	
Toilet/Showers	2	60	120	
Staff Lounge	1	300	300	
Gowning Alcove	2	30	60	
Staff Toilets	2	60	120	
Public Area			896	subtotal
Reception Arrival	2	48	96	Shared
Copy/print	1	60	60	
Interview, reg		120		Delete with centralized registration
Consult Room	1	110	110	
Waiting, Family	16	20	320	
Alcove, Kiosk / education	1	20	20	
Alcove, Nourishment family	1	30	30	
Alcove, Vending	1	20	20	
Toilet, Public	2	60	120	
Office, Lead/supervisor	1	100	100	
Alcove, WC	1	20	20	
TOTAL NSF			5,466	
Department NSF			5,466	
Department Circulation			2,186	
Walls and Structure			1,148	
Total DGSF			8,800	
			1.61	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
STERILE PROCESSING DEPARTMENT

		Program:	
SPD	Department Name	4	Total KPU (OR + Procedure Rooms)
ANC	Service		
32%	Dept. Circulation	2,474	DGSF (Program)
5%	Walls & Structures	619	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
DECONTAMINATION			**845**	**subtotal**
Soiled Work Area; Decontamination				
Soiled Vestibule	1	**40**	40	
Vendor Drop-off Room	1	**60**	60	
Work Station, Computer	2	**10**	20	
Clean-up Sink - 3 basin	1	**80**	80	
Clean-up Sink - 2 basin	1	**40**	40	
Ultrasonic cleaner, Floor mounted	1	**20**	20	
Instrument Washer/Disinfector (single-chamber)	1	**40**	40	
Loading Conveyor, Instrument	1	**20**	20	
Return Conveyor, Instrument Racks	1	**20**	20	
Window Pass-thru	1	**10**	10	
Drying Cabinet, Pass-thru	1	**20**	20	
Cart and Utensil Washer	1	**160**	160	
Scope Processing; Clean-Up	1	**100**	100	
Scope Processing;Automatic Endoscopic	1	**50**	50	
Scope Processing Suite; Scope Drying and	1	**15**	15	
Sink, Hand-wash	1	**5**	5	
Sink, Emergency Eye Wash	1	**5**	5	
Storage Room, Chemical Dosing, Supplies and Water Treatment	1	**100**	100	
EVS Closet, Soiled Work	1	**40**	40	
CLEANING/STERILIZATION			**415**	**subtotal**
Clean Work Area; Prep & Assembly				
Work Area, Instrument Assembly and Wrap	2	**65**	130	
Storage, Supplies	1	**40**	40	
Unloading Conveyor, Instrument	1	**10**	10	
Return Conveyor, Instrument Racks	1	**10**	10	
Window Pass-thru	1	**10**	10	
Carts, Transfer	1	**5**	5	
Room, Clean Steam Generator and	1	**60**	60	
Equipment, Sterilizer, Cart Loading	1	**10**	10	
Equipment, Sterilizer, Steam, Small	1	**50**	50	
Equipment, Sterilizer, Cart Un-Loading	1	**15**	15	
Room, Sterilizer Cart Return Vestibule	1	**20**	20	
Equipment, Sterilizer, Low Temp, Gas	1	**30**	30	
Work Station, QA/QC Testing	1	**20**	20	
Sink, Hand-wash	1	**5**	5	
STERILIZATION			**215**	**subtotal**
Storage, Case Cart Assembly and Dispatch Area				
Receiving Area	1	**80**	0	
Storage, Sterile Supply	2	**30**	30	
Storage, Sterile Instruments	2	**30**	60	
Work Station, Inventory Control	1	**15**	30	
Staging, Empty Case Carts	2	**10**	10	
Staging, Full Case Carts	2	**10**	20	
Work Station, OR Info System	1	**15**	30	
Work Station, Instrument Tracking	1	**15**	15	
Sink, Hand-wash	1	**5**	5	
Vestibule, Dispatch/Issue Area. Cart	1	**15**	15	
PROCESSING			**310**	**subtotal**
Office, Administration & Staff Facilities				
Office, SPD Manager	1	**80**	80	
Work Station, Shared	1	**60**	60	
Work Area, Copy, Printer, Fax	1	**20**	20	
Vestibule, Staff	1	**30**	30	
Lockers, Staff, Women		***90***	0	Share w/Surgery Staff Support
Lockers, Staff, Men		***90***	0	Share w/Surgery Staff Support
Lounge, Staff		***100***	0	Share w/Surgery Staff Support
Toilet/Shower/Change, Men	1	**60**	60	
Toilet/Shower/Change, Women	1	**60**	60	

TOTAL NSF	**1,785**	
Department NSF	**1,785**	
Department Circulation	571	
Walls and Structure	118	
Total DGSF	**2,474**	
	1.386	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
DIAGNOSTIC IMAGING

		Program:	
DI	Department Name	**9**	Total KPU
ANC	Service		
35%	Dept. Circulation	**8,030**	DGSF (Program)
15%	Walls & Structures	**892**	Program DGSF/Drive
			DGSF (Actual)

	SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
Patient Care					
				3,870	**subtotal**
Radiography w/ Control		1	**360**	360	
Fluoro w Control		1	**360**	360	
MRI-Scan Zone 3		1	**400**	400	
MRI Control Zone 2		1	**120**	120	
MRI Prep Zone 1		2	**120**	240	
Ultrasound		2	**200**	400	
US-Dedicated Toilet		2	**60**	120	
Mammography		2	**200**	400	
Gowning		6	**60**	360	
Bone Density-DEXA			**250**	0	
Equipment Alcove			**24**	0	
CT Scan Room		1	**500**	500	
CT Control		1	**120**	120	
CT Prep		1	**120**	120	
Nuclear Med		1	**250**	250	
Control		1	**60**	60	
Hot Lab		1	**60**	60	
Clinical Support				**622**	**subtotal**
Soiled Utility		1	**80**	80	
Clean Utility		1	**100**	100	
Crash cart Alcove		1	**12**	12	
Staff Work		1	**200**	200	
Supervisor Office		1	**120**	120	
OR Systems Manager		1	**110**	110	
Housekeeping Closet		1	**80**	80	
Staff				**680**	**subtotal**
Locker Vestibule		1	**110**	110	
Female Lockers		20	**5**	100	
Male Lockers		20	**5**	100	
Staff Lounge		1	**250**	250	
Staff Toilets		2	**60**	120	
TOTAL NSF				**5,172**	

Department NSF	**5,172**
Department Circulation	1,810
Walls and Structure	1,047
Total DGSF	**8,030**
	1.5525

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
LAB

		Program:	
Lab	Department Name	**2**	Total KPU
ANC	Service		
20%	Dept. Circulation	**3,361**	DGSF (Program)
10%	Walls & Structures	**1,680**	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
Lab				
Lab			**2,546**	**subtotal**
Specimen Collection				
Blood Draw Station, Accessible	1	**80**	80	
Blood Draw Station	1	**56**	56	
Toilet, Patient Specimen	2	**56**	112	w/passthru
Blood Bank	1	**160**	160	
Coag	1	**130**	130	
Chemistry	1	**130**	130	
Microbiology	1	**400**	400	
UA	1	**130**	130	
Sendouts/Receiving	1	**100**	100	
Staff Area			**868**	**subtotal**
Office	2	110	220	
Break Rm	1	**160**	160	
Public Areas			**244**	**subtotal**
Reception	1	**100**	100	
Waiting	8	**18**	144	
TOTAL NSF			**2,546**	
Department NSF			**2,546**	
Department Circulation			509	
Walls and Structure			306	
Total DGSF			**3,361**	
			1.32	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
PHARMACY

		Program:	
Phar	Department Name		Total KPU
Anc	Service		
25%	Dept. Circulation	**2,201**	DGSF (Program)
10%	Walls & Structures		Program DGSF/Driver
			DGSF (Actual)
		1,191	Delta from Existing Pharmacy

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
General Pharmacy				
			881	**subtotal**
Break Down Area	1	100	100	
Med Pickup Window	1	12	12	
Med Staging Area	1	40	40	
High-Density Storage	1	120	120	
C2 Safe Area	1	80	80	
Picking Station	3	45	135	
Oral Compounding	1	45	45	
Order Entry Station	1	45	45	
Medication Checking Station	1	45	45	
Pharmacist Work	2	35	70	
Pyxis Refill	1	45	45	
Refigerator	3	36	108	
Freezer	1	36	36	
Sterile Compounding				
			480	**subtotal**
Sterile Compounding	1	80	80	Positive Pressure(++)
Hazardous Drug Compounding	1	80	80	Negative Pressure(-)
Ante Room	1	100	100	Positive to General Pharmacy(+)
HD Storage	1	100	100	Negative to General Pharmacy (-)
Storage	1	120	120	
Support Area				
			240	**subtotal**
Office	1	120	120	
Break	1	120	120	
TOTAL NSF			**1,601**	
Department NSF			**1,601**	
Department Circulation			400	
Walls and Structure			200	
Total DGSF			**2,201**	
			1.375	

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
REGISTRATION				
			0	**subtotal**
	1	60	60	
	1	60	60	
	1	60	60	
	1	60	60	
	1	60	60	
	1	60	60	
	1	60	60	
	1	60	60	
	1	60	60	
	1	60	60	
	1	60	60	
	1	60	60	
PUBLIC AREA				
			0	**subtotal**
		60	0	
		60	0	
		5	0	
		120	0	
		120	0	
		120	0	
TOTAL NSF			**0**	
Department NSF			-	
Department Circulation			0	
Walls and Structure			0	
Total DGSF			**720**	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
FOOD AND NUTRITION: CAFÉ

		Program:	
Café	Department Name	**52**	Total KPU
PUB	Service		
15%	Dept. Circulation	**2,422**	DGSF (Program)
5%	Walls & Structures	**47**	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
CAFÉ				
			2,006	**subtotal**
Café Seating				
Seating, dining	25	**16**	400	
Patio, Dining		**-**	0	
Bench seating	6	**12**	72	
EVS closet	1	**50**	50	
Food Pick up area	10	**1**	10	
Alcove, Trash	1	**50**	50	
Coffee Kiosk Area			0	
Cart, Coffee Venue	-	**250**	0	
Storage	-	**75**	0	
Seating, Coffee Kiosk	-	**20**	0	
Cafeteria Prep Area			0	
Storage, Refrigerator	2	**20**	40	
Storage, Freezer	3	**20**	60	
Storage, Dry Food	1	**80**	80	
Storage, Dry Goods	1	**60**	60	
Cook & Prep	1	**180**	180	
Dishwashing Area			0	
Soiled, Tray Drop	1	**36**	36	
Soiled, Trash Holding	1	**30**	30	
Storage, Cart, Pots/Pans Racks	1	**10**	10	
Dishwashing Area	1	**100**	100	
Storage, Clean Dish rack	2	**10**	20	
EVS closet/detergent stg	1	**40**	40	
Cafe Serving Area			0	
Serving Area, Grill Station	1	**100**	100	
Serving Area, Entrée Station	1	**150**	150	
Serving Area, Soup Station	1	**20**	20	
Serving Area, Salad/Sandwich Bar	1	**100**	100	
Serving Area, Grab and Go Case	1	**25**	25	
Serving Area, Dessert Station	-	**25**	0	
Serving Area, Beverage Counter	1	**40**	40	
Serving Area, Beverage Refrigerator Case	1	**15**	15	
Work Area, Cashier	2	**24**	48	
Support Staff Work Areas			0	
Office, Manager	1	**80**	80	
Work Area, General Cash Counting	1	**40**	40	
Lockers, Staff	10	**4**	40	
Toilet, Staff	2	**55**	110	
TOTAL NSF			**2,006**	

Department NSF	**2,006**
Department Circulation	301
Walls and Structure	115
Total DGSF	**2,422**

1.2075

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
ENVIRONMENTAL SERVICES

		Program:	
EVS	Department Name	**4**	Total KPU
BLDG	Service		
18%	Dept. Circulation	**785**	DGSF (Program)
10%	Walls & Structures	**196**	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
ENVIRONMENTAL SERVICES				
			605	**subtotal**
Work Station, EVS Supervisor	1	60	60	
Lockers, EVS Staff	1	**5**	5	
Lounge, Staff	1	**120**	120	
Storage - Supply	2	**120**	240	
Storage - Equipment	2	**120**	240	
TOTAL NSF			**605**	
Department NSF			**605**	
Department Circulation			109	
Walls and Structure			71	
Total DGSF			**785**	
			1.298	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
PROGRAM SUMMARY

SUM	Department Name
OP	Service

SPACE	DNSF	DGSF	Total KPU	DGSF/ KPU	COMMENTS
PROGRAM SUMMARY					
CLINICS			**52**		
PRIMARY CARE CLINIC	7,264	10,787	28	385	
SPECIALTY CARE CLINIC	6,292	9,344	24	389	
LONG TERM CARE		21704	40		
ANCILLARY SUPPORT					
IMAGING	2,632	3,935	3	1312	
LAB	368	486	2	243	
OUTPATIENT PHARMACY	1,592	2,101			
PHYSICAL THERAPY		1500			
CLINIC SUPPORT AREA					
CONFERENCE AREA	3,028	3,664	8	458	
BUILDING SUPPORT					
ENVIRONMENTAL SERVICES	240	312			
MATERIALS MANAGEMENT + LOADING DOCK	2,820	3,553			
FOOD AND NUTRITION: CAFÉ	1,229	1,484			
TOTAL DGSF		**58,869**			
Comunications/LAN Closets	*7%*	*4,121*			
Building Circulation	*8%*	*4,710*			
MEP	*9%*	*6,093*			
Exterior / Stacking	*3%*	*2,214*			
Total BGSF		**76,006**			

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
PRIMARY CARE CLINIC

		Program:	
Prima	Department Name	24	Total Exam Rooms
OP	Service	4	Total Exam/Procedure Rooms
35%	Dept. Circulation	10,787	DGSF (Program)
10%	Walls & Structures	385	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
PRIMARY CARE				
Patient Rooms			**3,784**	**subtotal**
Alcove, Scale / WC Scale	1	24	24	
Consult/Exam Rooms	3	120	360	
Exam Room	20	120	2400	
Exam Room - Urgent Care	1	120	120	
Procedure Room, Large ADA Exam	2	140	280	
Procedure Room, Large ADA Exam	2	180	360	
Toilet, Patient, ADA	4	60	240	
Clinical Support			**1,100**	**subtotal**
Team Work Area				
Work Station, team - Physician	5	**24**	120	
Work Station, team	10	**24**	240	
Work/Copy Station	2	**10**	20	
Alcove, equip, linen	4	**10**	40	
Medication Room	1	**80**	80	
EVS Closet	1	**40**	40	
Equipment storage	2	**160**	320	
Utility, Clean	1	**120**	120	
Utility, Soiled	1	**120**	120	
Staff			**1,470**	**subtotal**
Office	5	**120**	600	
Office - Shared	5	**120**	600	
Toilet, staff, ADA	2	**60**	120	
Staff Break/Lounge	1	**150**	150	
Public Areas			**910**	**subtotal**
Reception	3	**56**	168	
Copy/work area	1	**60**	60	
Alcove, Check-in Kiosk	2	**15**	30	
Queuing zone	2	**10**	20	
Patient Check-out	2	**60**	120	
Waiting Area	24	**18**	432	
Waiting Area,Wheelchair	2	**25**	50	
Waiting Area, Child Play	1	**15**	15	
Patient Training/Education	1	**15**	15	
TOTAL NSF			**7,264**	
Department NSF			**7,264**	
Department Circulation			2,542	
Walls and Structure			981	
Total DGSF			**10,787**	
			1.485	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
SPECIALTY CARE CLINIC

		Program:	
Specia	Department Name	18	Total Exam Rooms
OP	Service	6	Total Exam/Procedure Rooms
35%	Dept. Circulation	9,344	DGSF (Program)
10%	Walls & Structures	389	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
SPECIALTY CARE				
Patient Rooms			**3,224**	**subtotal**
Alcove, Scale / WC Scale	1	24	24	
Exam Room(s)	18	120	2160	
Orthopedics	4	120	480	
General Surgery	1	120	120	
OBGYN	3	120	360	
CNM	3	120	360	
Neurology	1	120	120	
ENT		120	0	
Urology	1	120	120	2 days/week
Behavioral Health	2	120	240	
Functional Medicine	1	120	120	
Infusion		120	0	In Separate Location
Other (Consult)	2	120	240	
Procedure Room, Large ADA Exam	4	140	560	1 dedicated
Procedure Room, Large ADA Exam / OBGYN	2	180	360	
Toilet, Patient, ADA	2	60	120	
Clinical Support			**1,100**	**subtotal**
Team Work Area				
Work Station, team - Physician	5	**24**	120	
Work Station, team	10	**24**	240	
Work/Copy Station	2	**10**	20	
Alcove, equip, linen	4	**10**	40	
Medication Room	1	**80**	80	
EVS Closet	1	**40**	40	
Equipment storage	2	**160**	320	
Utility, Clean	1	**120**	120	
Utility, Soiled	1	**120**	120	
Staff			**1,250**	**subtotal**
Office	3	**120**	360	1 Director, 2 Ortho Surgeons
Office - Shared	3	**120**	360	Shared by specialists
Toilet, staff, ADA	2	**60**	120	
Conference Room, Med	1	**260**	260	Seats 6-8
Staff Break/Lounge	1	**150**	150	
Public Areas			**718**	**subtotal**
Reception	3	**56**	168	
Copy/work area	1	**60**	60	
Alcove, Check-in Kiosk	2	**15**	30	
Queuing zone	2	**10**	20	
Patient Check-out		**60**	0	
Waiting Area	20	**18**	360	
Waiting Area,Wheelchair	2	**25**	50	
Waiting Area, Child Play	1	**15**	15	
Patient Training/Education	1	**15**	15	
TOTAL NSF			**6,292**	
Department NSF			**6,292**	
Department Circulation			2,202	
Walls and Structure			849	
Total DGSF			**9,344**	
			1.485	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
IMAGING

		Program:	
Imagi	Department Name	3	Total KPU
ANC	Service		
30%	Dept. Circulation	3,935	DGSF (Program)
15%	Walls & Structures	1,312	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
OP IMAGING				
Radiology			**1,050**	**subtotal**
General Radiology				
Imaging, General Rad Room	2	**275**	550	
Control Room, Radiographic	2	**45**	90	
Dressing Booth	1	**15**	15	
Dressing Booth, Accessible	1	**45**	45	
Waiting Area, Subwait	2	**15**	30	
Toilet, Patient	1	**56**	56	
Ultrasound Suite				
Imaging, Ultrasound	1	**160**	160	
Toilet, Patient	1	**56**	56	
Work Station, Technologist	1	**48**	48	
Clinical Support			**629**	**subtotal**
MD Reading Area				
Office, Radiologist	1	**100**	100	
Reading Room, MD	2	**65**	130	
Work Area, Copy, Printer, Fax	1	**15**	15	
Clinical Support Area				
Alcove, Lift Equipment	1	**24**	24	
Work/Copy Station	1	**10**	10	
Alcove, equip, linen	1	**10**	10	
Alcove, Stretcher or Wheelchair	1	**10**	10	
Alcove, Crash Cart	1	**10**	10	
EVS Closet	1	**40**	40	
Equipment storage	1	**160**	160	
Utility, Clean	0.5	**120**	60	
Utility, Soiled	0.5	**120**	60	
Staff			**450**	**subtotal**
Office	1	**120**	120	
Office - Shared	1	**120**	120	
Toilet, staff, ADA	1	**60**	60	
Staff Break/Lounge	1	**150**	150	
Public Areas			**503**	**subtotal**
Reception	2	**56**	112	
Copy/work area	1	**60**	60	
Alcove, Check-in Kiosk	1	**15**	15	
Queuing zone	2	**10**	20	
Patient Check-out		**60**	0	
Waiting Area	12	**18**	216	
Waiting Area,Wheelchair	2	**25**	50	
Waiting Area, Child Play	1	**15**	15	
Patient Training/Education	1	**15**	15	
TOTAL NSF			**2,632**	
Department NSF			**2,632**	
Department Circulation			790	
Walls and Structure			513	
Total DGSF			**3,935**	
			1.495	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
LAB

		Program:	
Lab	Department Name	**2**	Total KPU
ANC	Service		
20%	Dept. Circulation	**486**	DGSF (Program)
10%	Walls & Structures	**243**	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
OP Lab				
Lab			**368**	**subtotal**
Specimen Collection				
Blood Draw Station, Accessible	1	**80**	80	
Blood Draw Station	1	**56**	56	
Blood Draw Room	1	**110**	110	
Work Area, Sink, Hand-wash	1	**10**	10	
Toilet, Patient Specimen	2	**56**	112	w/passthru
Staff Area			**0**	**subtotal**
Office - shared				Share w/Clinic
Break Rm				Share w/Clinic
Public Areas			**0**	**subtotal**
Reception				Share w/Clinic
TOTAL NSF			**368**	
Department NSF			**368**	
Department Circulation			74	
Walls and Structure			44	
Total DGSF			**486**	
			1.32	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
OUTPATIENT PHARMACY

		Program:	
Phar	Department Name	**52**	Total KPU
ANC	Service		
20%	Dept. Circulation	**2,101**	DGSF (Program)
10%	Walls & Structures	**40**	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
OP Pharmacy				
			468	**subtotal**
Prescription Intake Station	2	65	130	
Issue Station	1	**65**	65	
Order Entry Area	2	**41**	82	
Pharmacist Workstation	2	**50**	100	
Patient Counseling Booth	1	**68**	68	
Printer	1	**9**	9	
Prescription File	1	**14**	14	
Support Area			**602**	**subtotal**
Workcounter w/Sink	1	**36**	36	
File, Lateral	1	**14**	14	
Printer/Scanner/Fax	1	**12**	12	
Receiving Area	1	**60**	60	
Active Stock Storage	1	**200**	200	
Pharmacy Supply Storage	1	**80**	80	
Narcotic Vault	1	**60**	60	
Bulk Holding Storage	1	**100**	100	
Trash Compactor		**21**	0	
EVS	1	**40**	40	
Staff Area			**302**	**subtotal**
Lounge	1	**120**	120	
Coat Closet	1	**12**	12	
Lockers	10	**5**	50	
Toilet, ADA	2	**60**	120	1 Male/1 Female
Public Areas			**220**	**subtotal**
Waiting Area	6	**20**	120	
Retail Sales	1	**100**	100	
TOTAL NSF			**1,592**	
Department NSF			**1,592**	
Department Circulation			318	
Walls and Structure			191	
Total DGSF			**2,101**	
			1.32	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
CONFERENCE AREA

		Program:	
Conf	Department Name	**8**	Total KPU
Sup	Service		
10%	Dept. Circulation	**3,664**	DGSF (Program)
10%	Walls & Structures	**458**	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
CONFERENCE SPACE				
			3,028	**subtotal**
Conference Room - Small	4	140	560	Seats 4-6
Conference Room - Med	2	**260**	520	Seats 10-12
Conference Room - Large	2	**450**	900	Seats 20-24
Conference Room - XLG	1	**1000**	1000	Seats 50-60
Pantry	4	**12**	48	
TOTAL NSF			**3,028**	
Department NSF			**3,028**	
Department Circulation			303	
Walls and Structure			333	
Total DGSF			**3,664**	
			1.21	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
FOOD AND NUTRITION: CAFÉ

		Program:	
Café	Department Name	**52**	Total KPU
PUB	Service		
15%	Dept. Circulation	**1,484**	DGSF (Program)
5%	Walls & Structures	**29**	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
CAFÉ				
			1,229	**subtotal**
Café Seating				
Seating, dining	15	**16**	240	
Patio, Dining		**-**	0	
EVS closet	1	**50**	50	
Food Pick up area	10	**1**	10	
Alcove, Trash	1	**50**	50	
Coffee Kiosk Area			0	
Cart, Coffee Venue	-	**250**	0	
Storage	-	**75**	0	
Seating, Coffee Kiosk	-	**20**	0	
Cafeteria Prep Area			0	
Storage, Refrigerator	2	**20**	40	
Storage, Freezer	3	**20**	60	
Storage, Dry Food	1	**80**	80	
Storage, Dry Goods	1	**60**	60	
Dishwashing Area			0	
Soiled, Tray Drop	1	**36**	36	
Soiled, Trash Holding	1	**30**	30	
Storage, Cart, Pots/Pans Racks	1	**10**	10	
Dishwashing Area	1	**100**	100	
Storage, Clean Dish rack	2	**10**	20	
EVS closet/detergent stg	1	**40**	40	
Cafe Serving Area			0	
Serving Area, Soup Station	1	**20**	20	
Serving Area, Grab and Go Case	2	**25**	50	
Serving Area, Dessert Station	-	**25**	0	
Serving Area, Beverage Counter	1	**40**	40	
Serving Area, Beverage Refrigerator Case	2	**15**	30	
Work Area, Cashier	2	**24**	48	
Support Staff Work Areas			0	
Office, Manager	1	**80**	80	
Work Area, General Cash Counting	1	**40**	40	
Lockers, Staff	10	**4**	40	
Toilet, Staff	1	**55**	55	
TOTAL NSF			**1,229**	

Department NSF	**1,229**
Department Circulation	184
Walls and Structure	71
Total DGSF	**1,484**
	1.2075

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
ENVIRONMENTAL SERVICES

		Program:	
EVS	Department Name	**1**	Total KPU
BLDG	Service		
18%	Dept. Circulation	**312**	DGSF (Program)
10%	Walls & Structures	**312**	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
ENVIRONMENTAL SERVICES				
			240	**subtotal**
Storage - Supply	1	**120**	120	
Storage - Equipment	1	**120**	120	
TOTAL NSF			**240**	
Department NSF			**240**	
Department Circulation			43	
Walls and Structure			28	
Total DGSF			**312**	
			1.298	

SOUTH PENINSULA HOSPITAL
SPACE PROGRAM
MATERIALS MANAGEMENT + LOADING DOCK

		Program:	
MML	Department Name	**1**	Total KPU
BLDG	Service		
20%	Dept. Circulation	**3,553**	DGSF (Program)
5%	Walls & Structures	3,553	Program DGSF/Driver
			DGSF (Actual)

SPACE	QUANTITY	NSF / SPACE	TOTAL NSF	COMMENTS
Materials Management				
Materials Management			**300**	**subtotal**
Office, Admin & Staff Facilities				
Office, Materials Manager		**80**	0	
Office, Security		**80**	0	
Work Station, Distribution Supervisor	1	**60**	60	
Work Station, General	1	**20**	20	
Work Area, Copy, Printer, Fax	1	**20**	20	
Shared Staff Support				
Lockers	5	**12**	60	
Lounge	140	**1**	140	Shared Staff Lounge for Building Support (EVS, Fac, MatMgt/supply chain, Linen, etc.)
Staging/Receiving Area			2520	**subtotal**
Office, Shared - Dock Manager/Security		**120**	0	
Storage, Long-term	1	**2000**	2000	
Storage, Clean	1	**100**	100	
Storage, Linen, Soiled	1	**100**	100	
Storage, Waste, Biohazardous	1	**100**	100	
Storage, Radioactive Waste, Short-Term		**40**	0	
Holding Room, Soiled	1	**120**	120	Includes Recycling
Storage Room, Hazardous Waste	1	**100**	100	
TOTAL NSF			**2,820**	
Department NSF			**2,820**	
Department Circulation			564	
Walls and Structure			169	
Total DGSF			**3,553**	
			1.26	

Existing Parking; Building Gross Square Foot (BGSF) City of Homer Code

Building or Space	Use Per City Code (21.55.060) Off-site parking	Factor	Employees or other count (Chairs or Beds	BGSF	Required Parking Spots	Round up #	Current # of Parking Spaces	Delta per Building	Notes
Behavorial Health	Medical	300		3100	10.33333333	11	6	5	
Cedar House	Medical	300		2604	8.68	9	6	3	
Conference Room 3	Assembly	100		960	8.68	9	16	-7	One per five seats and one per 100 square feet of floor area used for assembly and not containing fixed seats
3a	# of seats		24		4.8	5	6	-1	
Fourplex	Business	300		3100	10.33333333	11	11	0	
Homer Medical Center (I	Medical	300		10520	35.06666667	36	69	-33	
Infusion Center	Medical	300		1025	3.416666667	4	8	-4	
ManCave	Service / Repair / Wood Shop			612	0	0	0	0	
7a			7		7	7	8	-1	One per employee
Speciality Clinic	Medical	300		6597	21.99	22	26	-4	
Hospital	Medical	300		131217	437.39	438	212	226	
West Pioneer Building	Medical	300		4059	13.53	14	6	8	
West Wing Clinic	Medical	300		1638	5.46	6	6	0	
				165432	Total Required	572			
						Existing	380		
						Delta	-192	Campus Shortage	

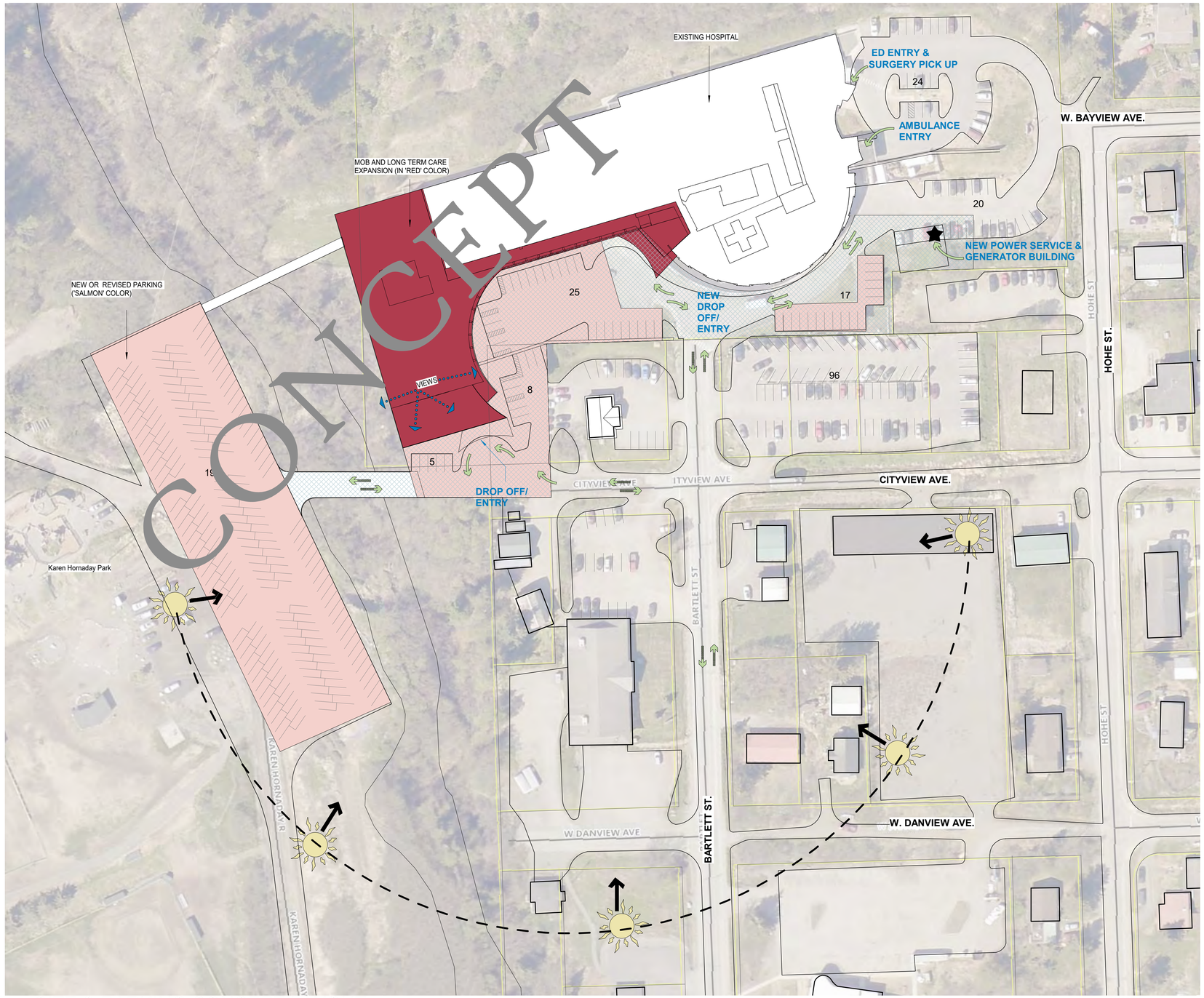
nbbj

South Peninsula Hospital

Architects Alaska

FMP Campus Parking; Use Type & Building Gross Square Foot (BGSF) City of Homer Code

	Building or Space	Use Type Per Homer City Code (21.55.060) Off-site parking	Factor	Employees or other count (Chairs or Beds)	BGSF	Required Parking Spots	Round up #		Notes
1	Hospital								
	1a	Admin	300		5178	17.26	18		
	1b	Medical	300		80385	267.95	268		
	1c	Storage (medical supply/ morgue / EVS closets)	3000		6928	23.09333333	24		One per 3,000 square feet of gross floor area
	1d	New Medical (old LTC)	300	0	14475	48.25	49		One per three beds plus two per dwelling unit of an on-site caregiver
	1e	Cafeteria	100		4286	14.28666667	15		One per three indoor seats. If there is no fixed seating, one per 100 square feet. One per 10 seats of seasonal outdoor seating
	1f	New Medical (old shell Sspace)	300		6180	20.6	21		
	1g	Mechanical / Electircal	3000		13785	45.95	46		
				Subtotal	**131217**				
2	Medical Office Building	Medical	300	N/A	45000	150	150		One per 300 square feet of gross floor area
3	Long Term Care		1	20	218665	21	21		One per three beds plus two per dwelling unit of an on-site caregiver
				Subtotal	**263665**				
				Total	**394882**				
					Subtotal Hospital		612		
						Total Required	**612**		
						75%	459		on a lot, the number of required off-street parking spaces shall be equal to 75 percent of the sum of the number of required off-street parking spaces for each use computed separately, unless the Commission approves a lesser number
						Total Required	459		
							At Bldg	195	
							At Park	191	
							Total	386	
							Delta	73	



1 SITE & PARKING CONCEPT LAYOUT
1" = 60'-0"

NORTH

0 10' 30' 60' 100'

PROPOSED SITE PLAN PARKING COUNT

386 TOTAL PARKING SPOTS

South Peninsula Hospital

South Peninsula Hospital
MASTER PLAN DIAGRAMS

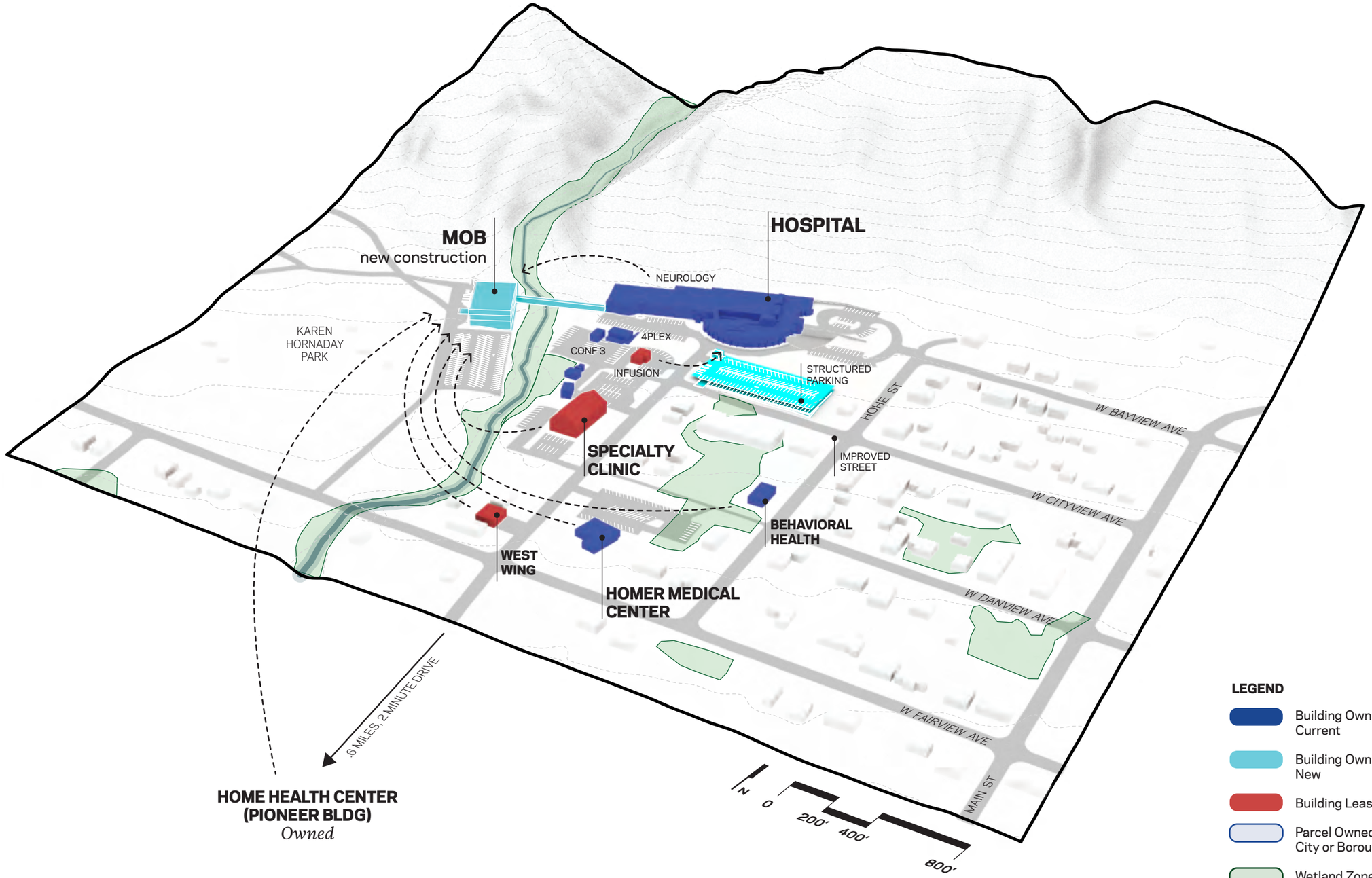
4300 Bartlett St, Homer, AK 99603

MASTER PLANNING DIAGRAMS

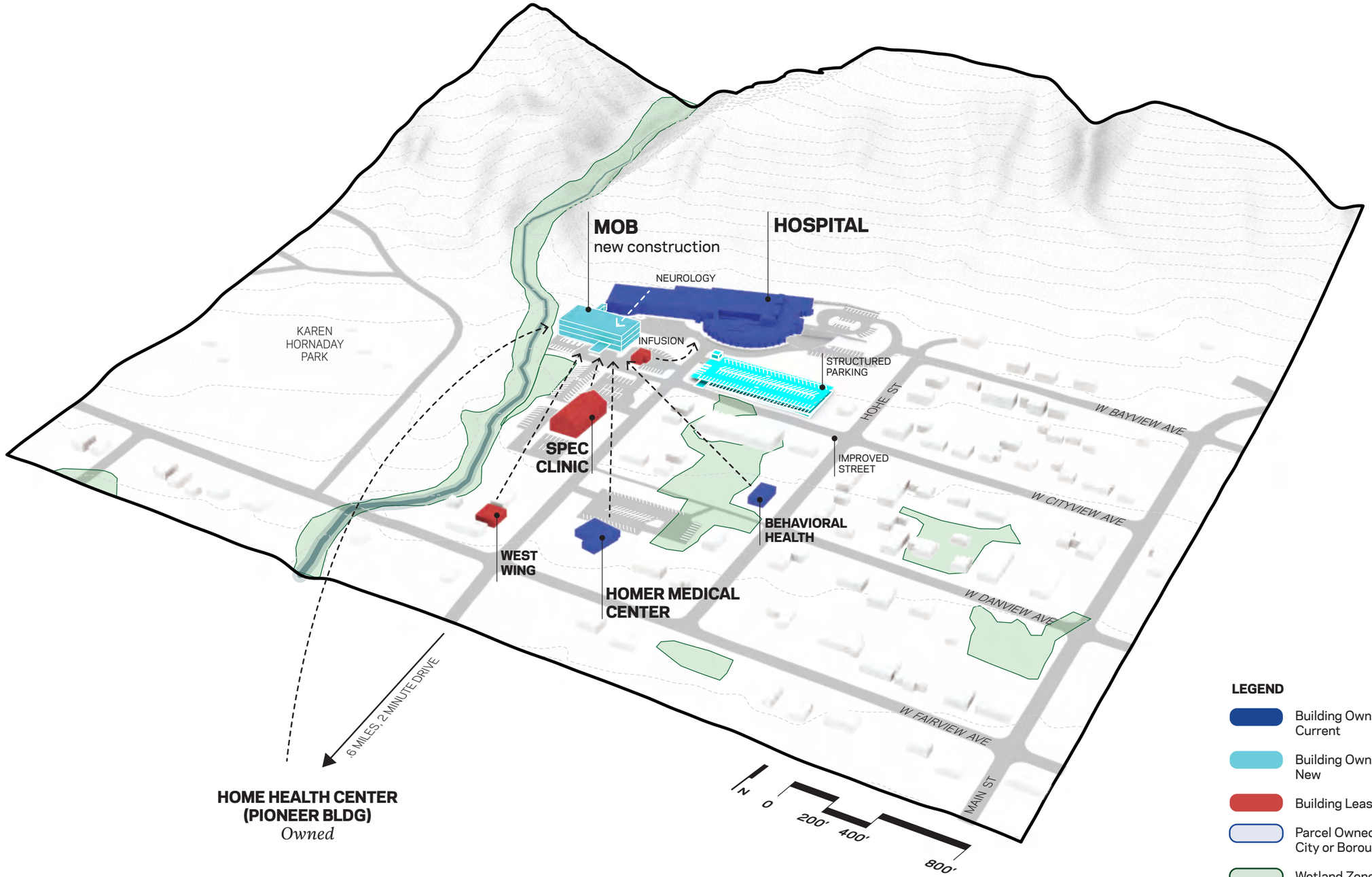
4/12/2023

OPTION

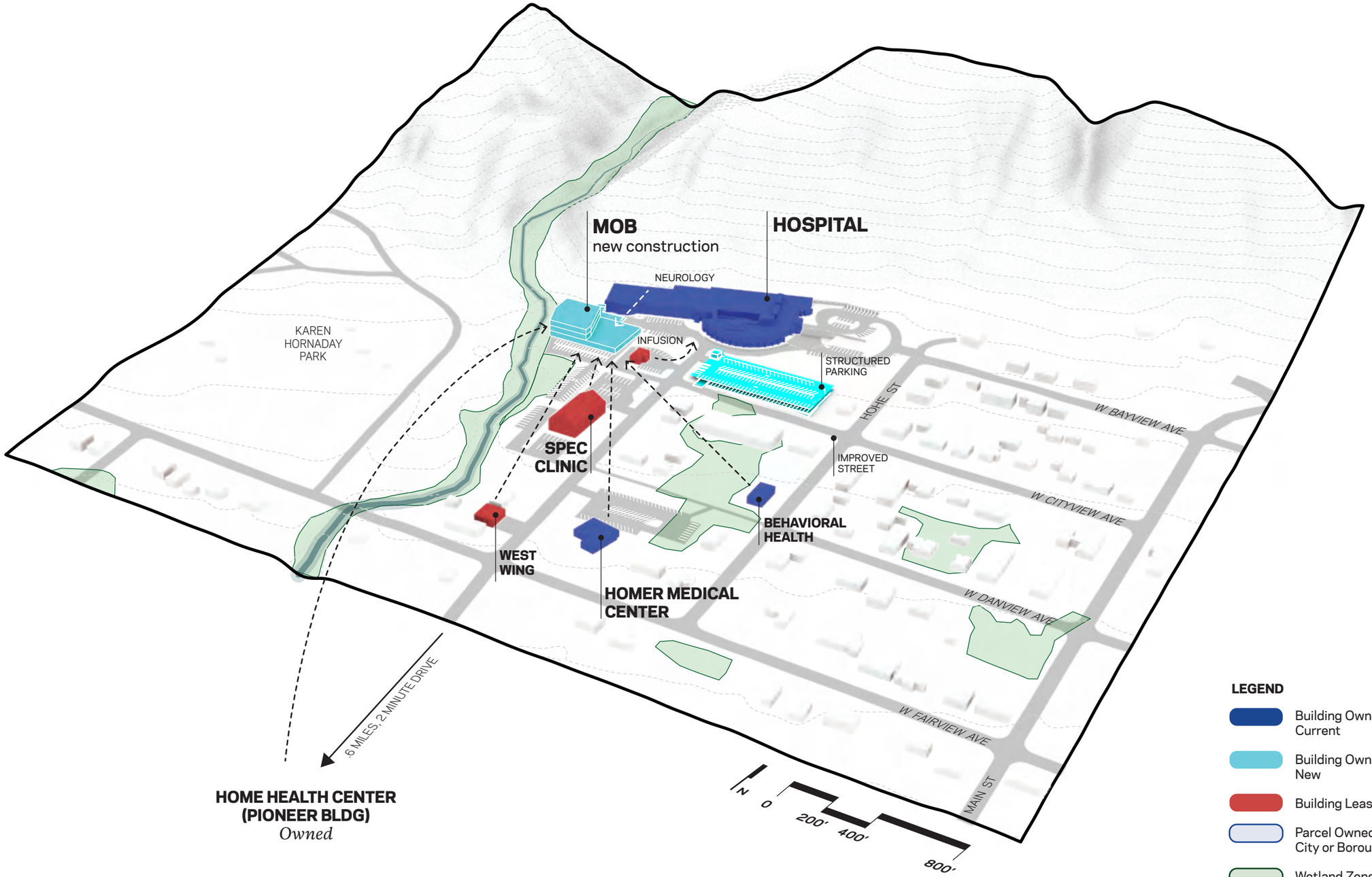
A



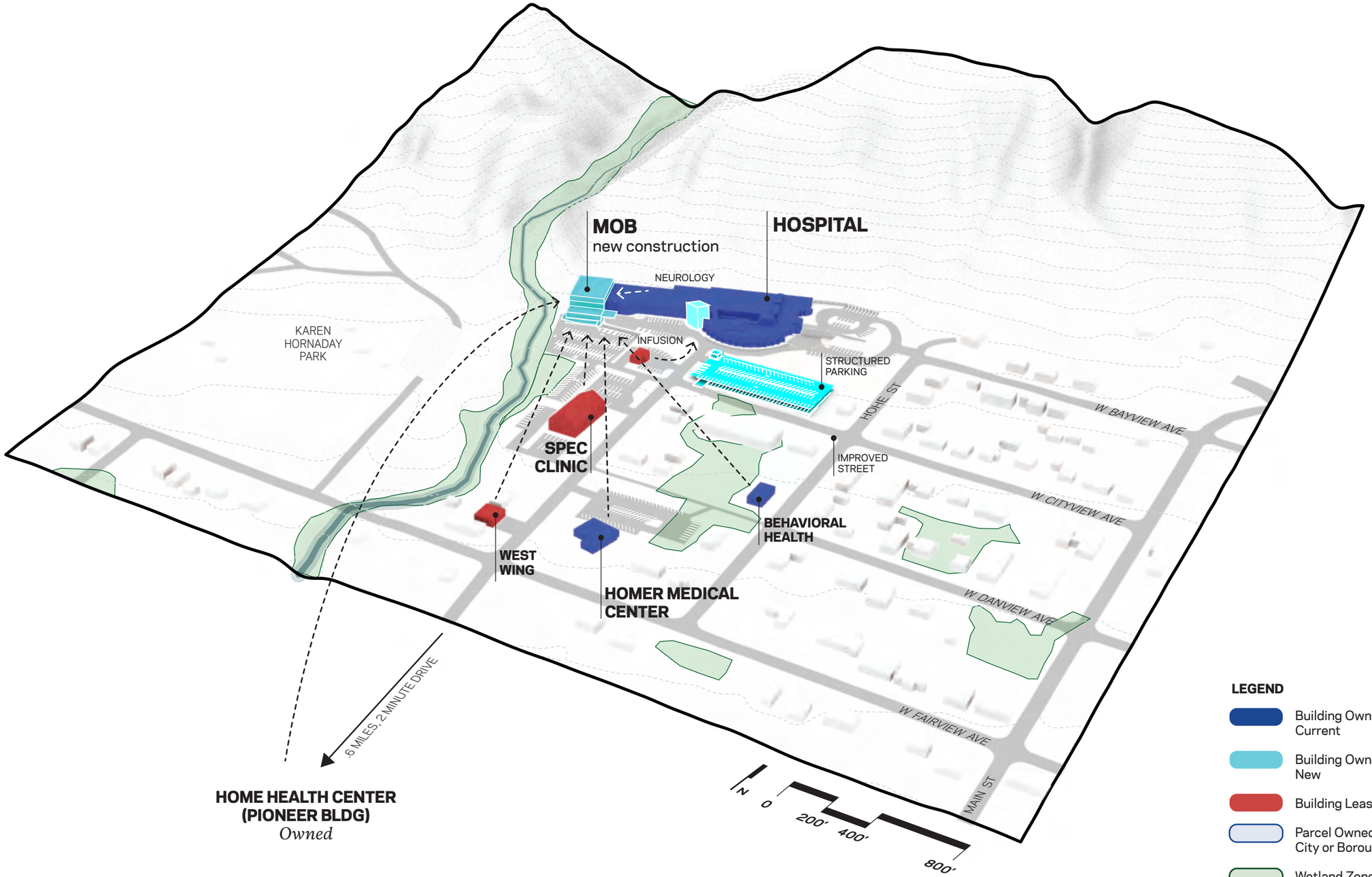
Note
20' Contours



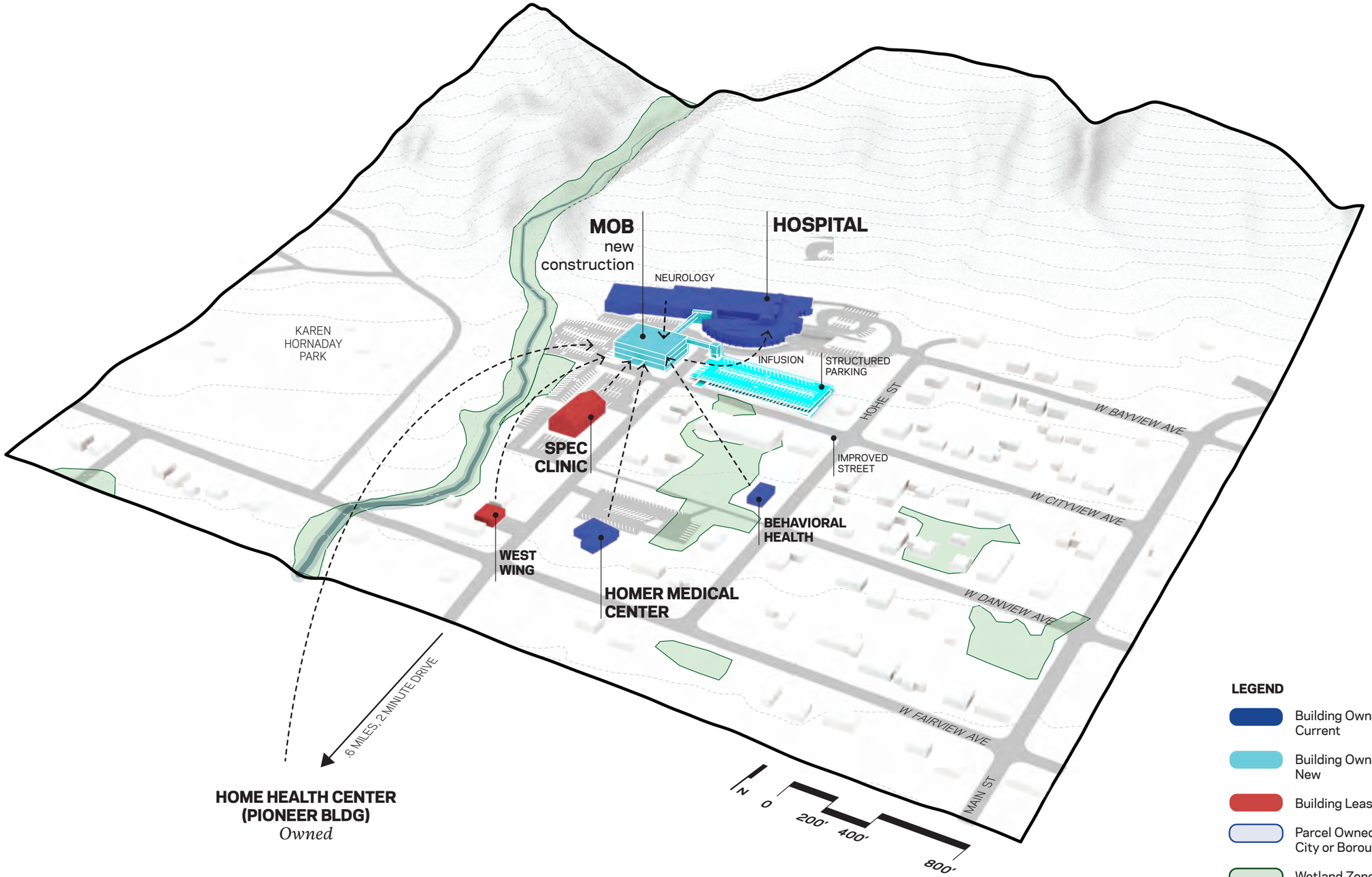
Note
20' Contours



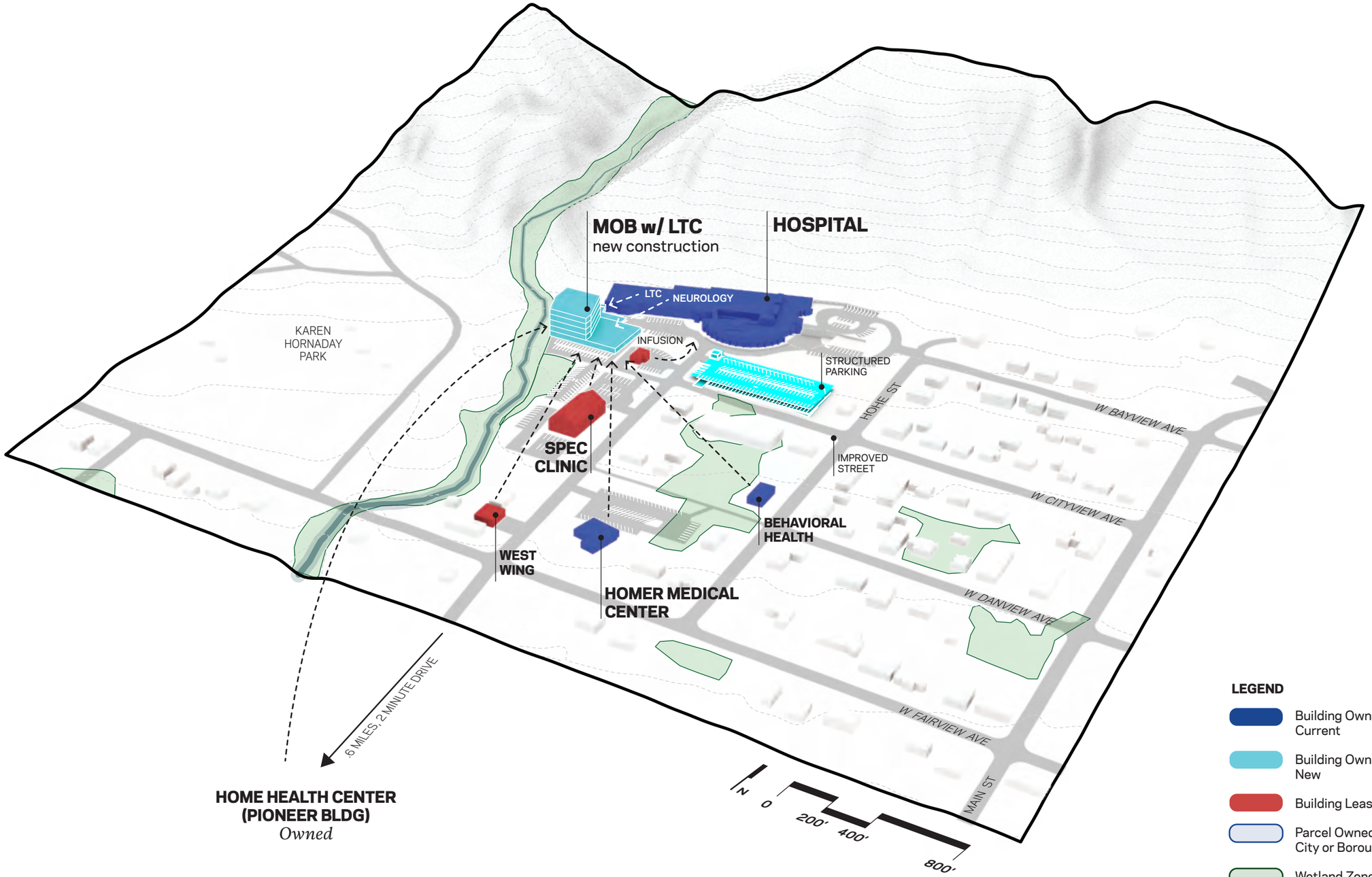
Note
20' Contours



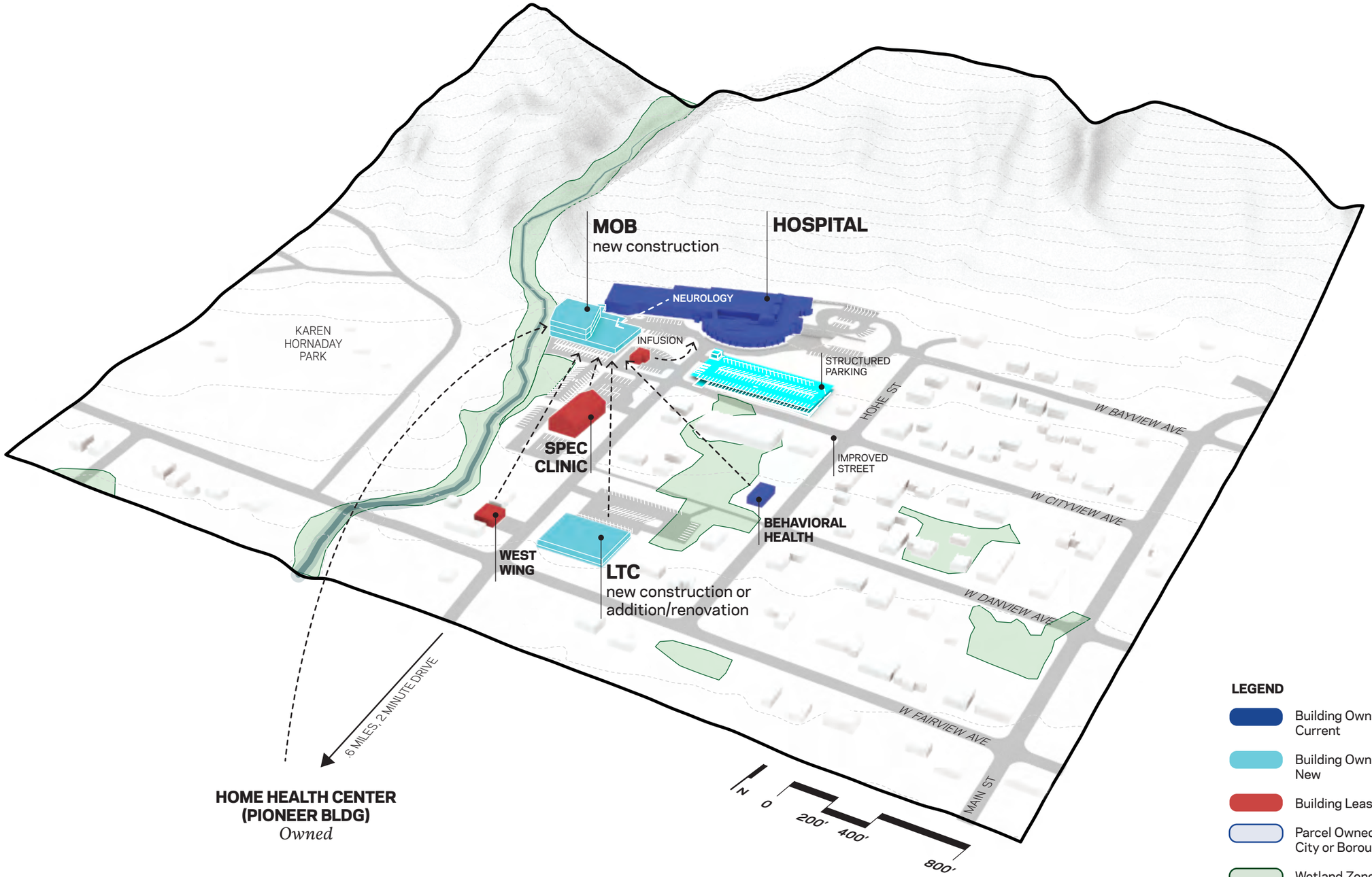
Note
20' Contours



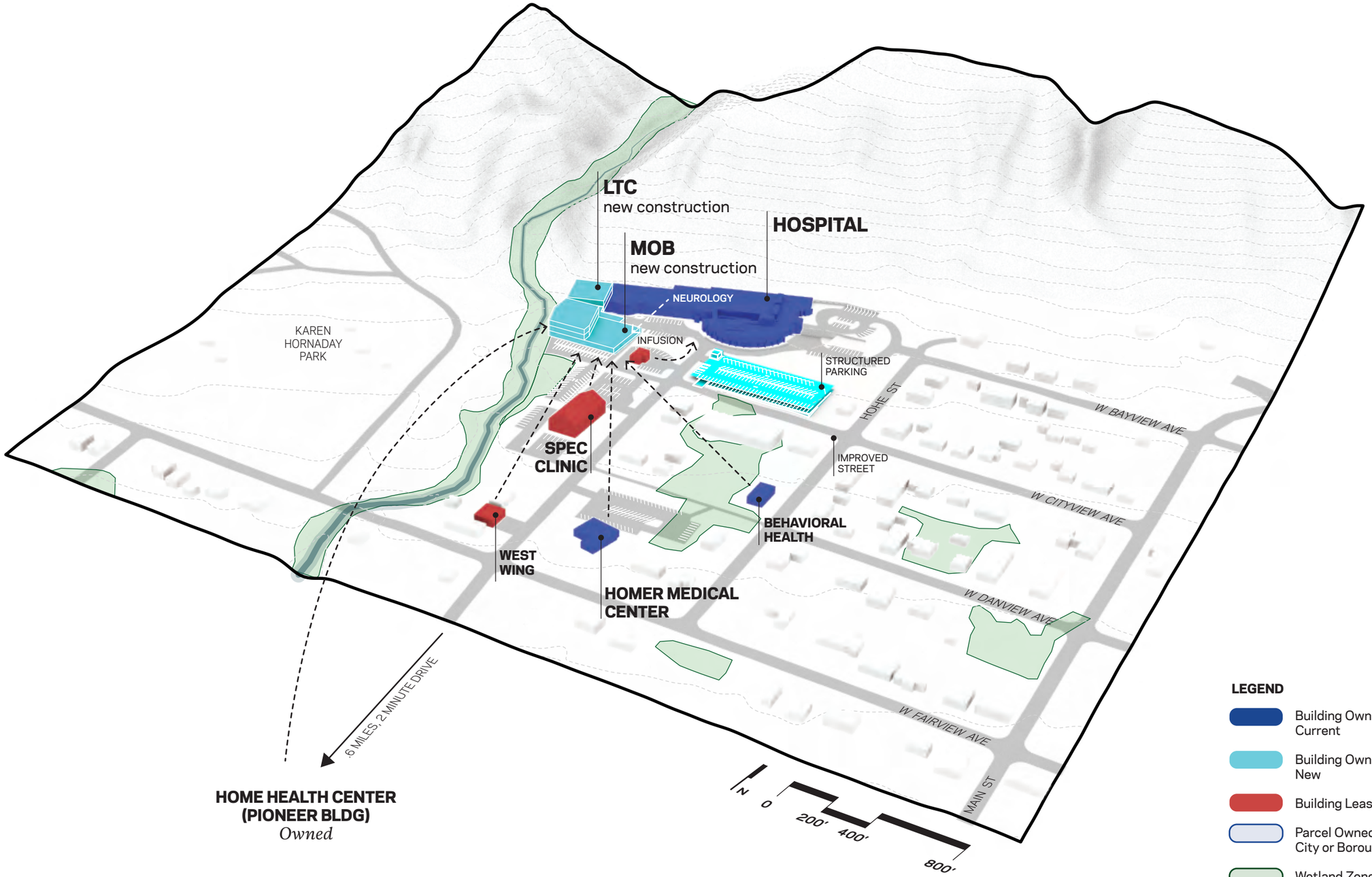
Note
20' Contours



Note
20' Contours



Note
20' Contours



Note
20' Contours

2 SPH MASTERPLAN CONCEPT - VIEW 2
NTS

1 SPH MASTERPLAN CONCEPT - VIEW 1
NTS

South Peninsula Hospital

South Peninsula Hospital
MASTER PLAN DIAGRAMS

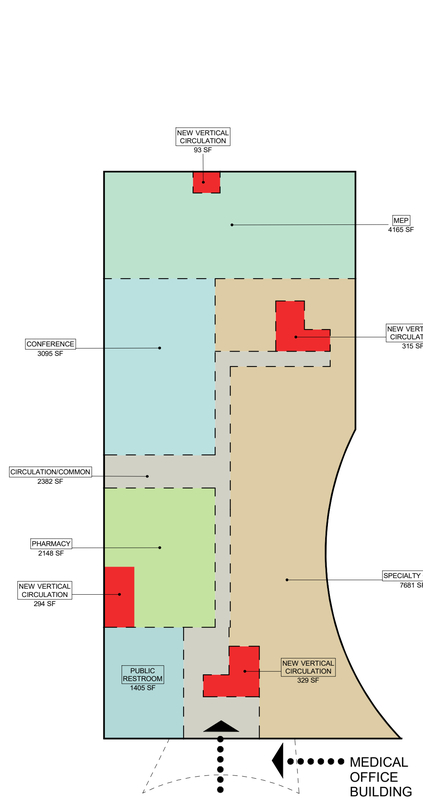
4300 Bartlett St, Homer, AK 99603

MASTER PLANNING DIAGRAMS

4/12/2023

OPTION

A



3 LOWER LEVEL
1" = 30'-0"

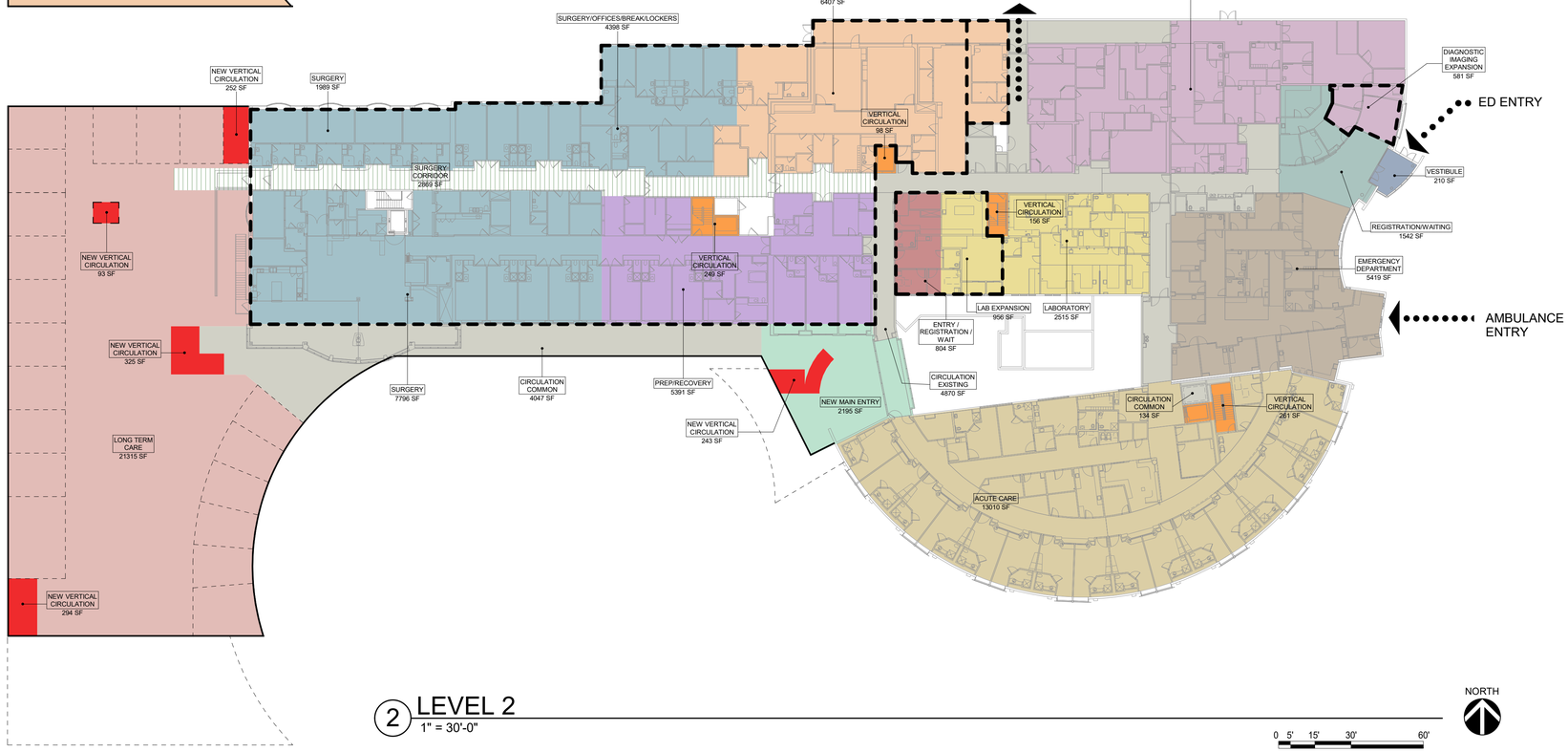
NORTH

0 5' 15' 30' 60'

1 LEVEL 1
1" = 30'-0"

NORTH

0 5' 15' 30' 60'



2 LEVEL 2
1" = 30'-0"

NORTH

0 5' 15' 30' 60'

South Peninsula Hospital

MASTER PLAN DIAGRAMS

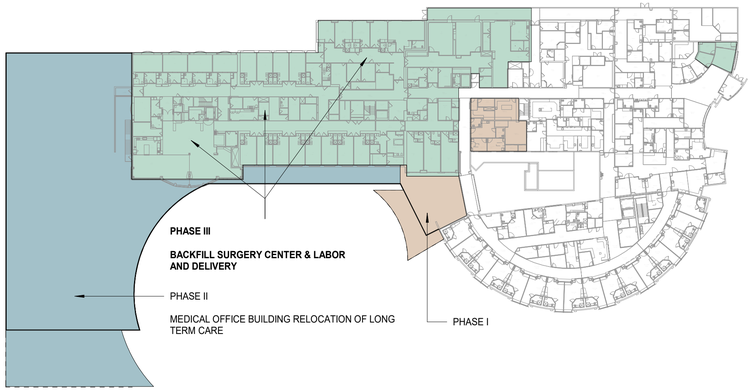
4300 Bartlett St, Homer, AK 99603

MASTER PLANNING DIAGRAMS

12/23/2022

OPTION

A



ADVANTAGES

- Additional Parking
- Maintain Ambulance Entry Separation
- Creates ED Entry Separation
- MOB Tower Entry Separation
- Infusion Suite Entry Separation
- Natural Light For LTC
- Garden Space For LTC
- Direct Access To Care From Central Entry Point
- Clear Phasing Approach To Construction
- Clear Sigange/Wayfinding With approach To Building
- MOB Is Not Separate From Hospital (Perception)

DISADVANTAGES

- Site Modifications Required
- Land Acquisition Required
- Building Not In Location Previously Discussed/Approved
- Parking Across Creek (Distance For Employees To Travel)
- Mechanical Louvers At Lower Level Block New Built Common Space

PHASING LEGEND

PROJECT START 2024

PHASE I; 2 YEARS START WITH 18 MONTH DURATION

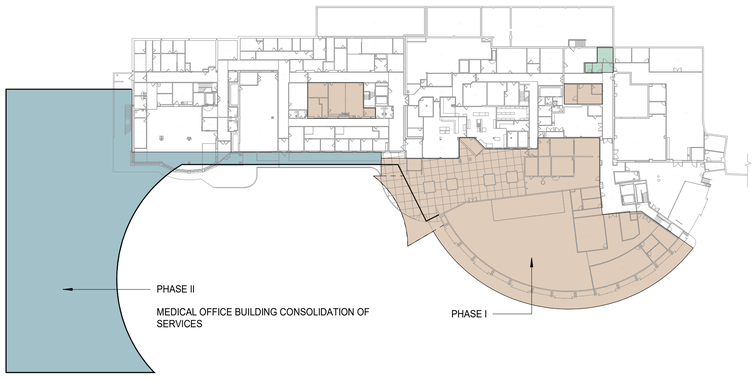
PHASE II; 2 YEARS START WITH 18 MONTH DURATION

PHASE III; SPRING 2026 CONSTRUCTION START WITH 2 YEAR DURATION

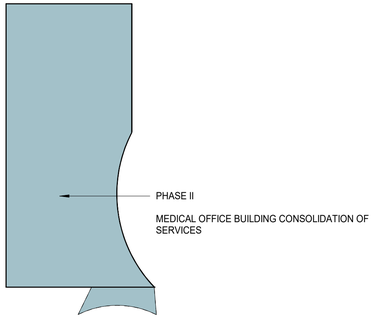
PHASE IV; FALL 2028 CONSTRUCTION START WITH 18 MONTHS

PROJECT COMPLETION SPRING 2030 (7.5 TO 8 YEARS)

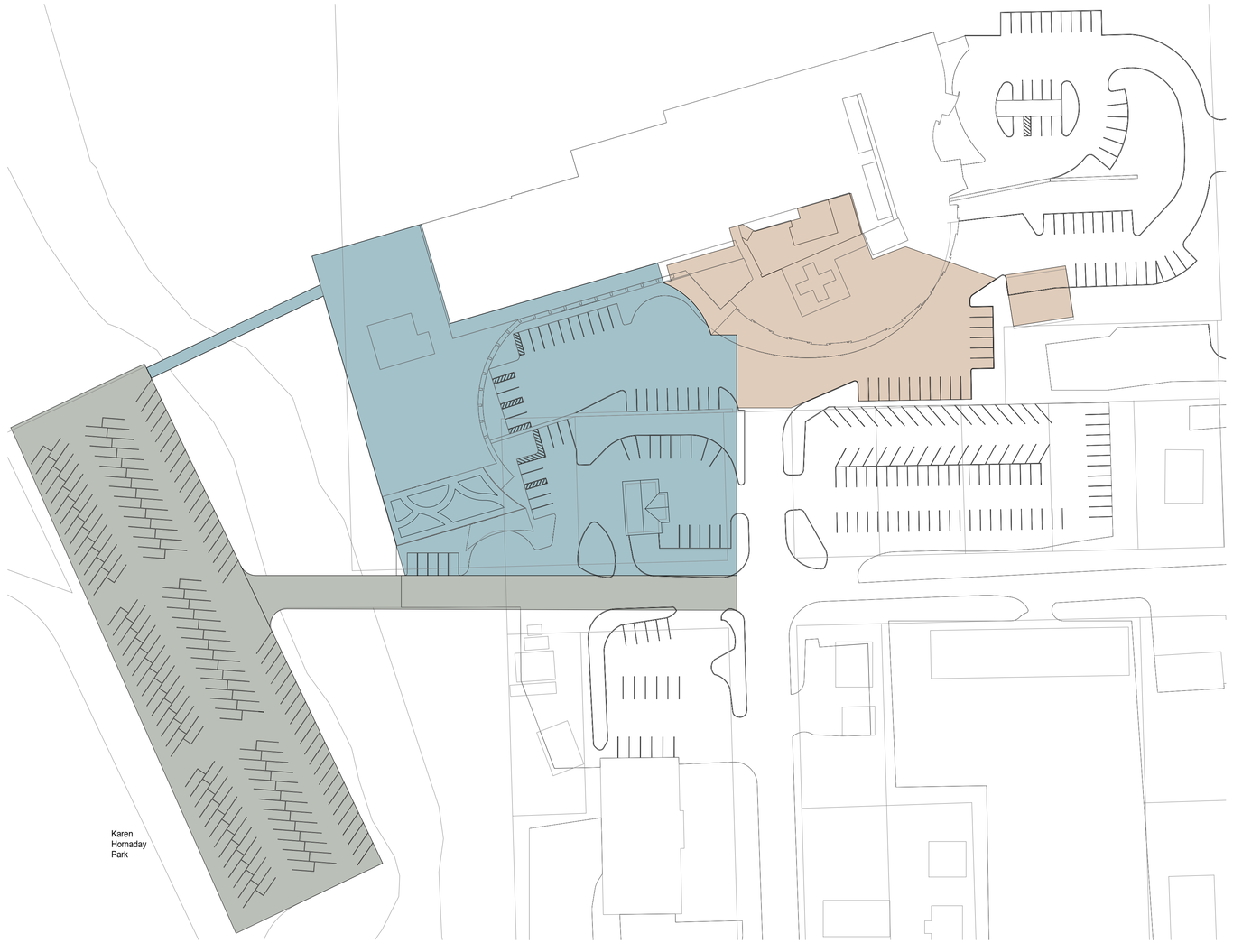
4 LEVEL 2 - CONCEPT PHASING
1" = 60'-0"



3 LEVEL 1 - CONCEPT PHASING
1" = 60'-0"



2 LOWER LEVEL - CONCEPT PHASING
1" = 60'-0"



1 PHASING - SITE
1" = 60'-0"

South Peninsula Hospital

South Peninsula Hospital MASTER PLAN DIAGRAMS

4300 Bartlett St, Homer, AK 99603

MASTER PLANNING DIAGRAMS

12/23/2022

OPTION

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223 Yale Avenue North
Seattle, Washington 98109
(206) 223-5555

Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital**
2022 Master Plan

☑ Master Plan ☐ Schematic Design Prepared By: NBBJ

☐ Design Development ☐ Construction Documents Current Date: 6-Sep-22

		Construction Cost Today	Construction Cost Escalated	Project Cost Today	Project Cost Escalated
2022 Master Plan					
Phase 1		$19,998,887	$23,323,102	$31,331,714	$36,539,671
7,160 GSF New *12,359 GSF Remodel / TI*	*Construction Start*		*Sep-24*		*Sep-24*
Phase 2 - Concurrent with Phase 1		$3,861,715	$4,503,609	$4,827,144	$5,629,512
83,500 SF Sitework	*Construction Start*		*Sep-24*		*Sep-24*
Phase 3		$64,606,964	$80,875,532	$102,750,621	$128,624,078
78,006 GSF New	*Construction Start*		*Jun-26*		*Jun-26*
Phase 4		$34,700,059	$46,931,830	$55,545,693	$75,125,549
26,874 GSF Remodel	*Construction Start*		*Sep-28*		*Sep-28*
Total Phase 1 + 2 + 3 + 4		$123,167,625	$155,634,073	$194,455,172	$245,918,810
Phase 2 - Additive Alternate		$11,905,190	$13,884,071	$14,881,488	$17,355,088
72,000 GSF New	*Construction Start*		*Sep-24*		*Sep-24*
Total Phase 1 + 2 + 3 + 4 + Add Alt		$135,072,815	$169,518,144	$209,336,660	$263,273,898

223 Yale Avenue North
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(206) 223-5200

Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital** **Phase 1**
2022 Master Plan

☑ Master Plan ☐ Schematic Design Prepared By: NBBJ

☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total GSF 7,160 New Construction Start: 01-Sep-24
12,359 Remodel/TI

				New Constr.	Renovation	Sitework	Total	Escalated	Escalated
			Unit Cost	Cost	Cost	Cost	Cost	Construction	Project
Infrastructure Upgrades								**2,618,367**	**4,194,624**
New Fire Alarm Panel / Addressable System	30,418	GSF	12.00		365,016			515,084	825,164
New Paging System Head End	1	LS	50,000		50,000			70,556	113,031
Replace AC-1 AHU	9,800	GSF	110.00		1,078,000			1,521,194	2,436,953
Repace HV-1	1,750	GSF	150.00		262,500			370,421	593,414
Replace Server Room A/C	1	LS	100,000		100,000			141,113	226,062
Free Standing Central Energy Plant	**1,200**	**GSF**						**2,353,759**	**3,817,796**
CEP Building - Full Buildout	1,200	BGSF	1,300	1,560,000				2,201,357	3,570,601
Duct bank to Hospital electrical room	180	LF	600.00	108,000				152,402	247,195
Existing Hospital	**30,418**							**15,326,086**	**24,715,889**
Tenant Improvement in Existing Shell Space	9,659	DGSF							
Infusion Clinic - TI	3,588	DGSF	490.00		1,758,120			2,480,929	3,974,449
Pharmacy - TI	2,201	DGSF	370.00		814,370			1,149,179	1,840,985
Nutrition - TI	3,000	DGSF	375.00		1,125,000			1,587,517	2,543,202
Administration TI	870	DGSF	310.00		269,700			380,581	609,690
Renovation	2,700	DGSF							
IT - Medium Remodel	1,350	DGSF	310.00		418,500			590,556	946,071
Plant Operations - Medium Remodel	1,350	DGSF	310.00		418,500			590,556	946,071
Add for new windows in existing S & C	1,550	SF	170.00		263,500			371,832	595,674
Addition (S&C + TI) to Existing	5,700	BGSF							
Centralized Registration	5,440	BGSF	855.00	4,651,200				6,563,430	10,645,884
Add for Exterior Canopy	2,800	SF	225.00	630,000				889,010	1,441,973
Add for Monumental Interior Stair - Allowance	1	LS	200,000	200,000				282,225	457,769
Coffee Bar	260	BGSF	1,200	312,000				440,271	714,120

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223 Yale Avenue North
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Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital**
2022 Master Plan

Phase 1

☑ Master Plan ☐ Schematic Design Prepared By: NBBJ

☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total GSF 7,160 New Construction Start: 01-Sep-24
12,359 Remodel/TI

				New Constr.		Renovation		Sitework		Total	Escalated	Escalated
			Unit Cost		Cost		Cost		Cost	Cost	Construction	Project
Sitework											**3,024,890**	**3,811,362**
Site Preparation	34,000	SF	5.00						170,000		239,891	302,263
Site Improvements	30,080	SF	45.00						1,353,600		1,910,100	2,406,727
Site Utilities - Allowance	1	LS	200,000						200,000		282,225	355,604
Retaining wall - 250 lf	3,500	SF	120.00						420,000		592,673	746,768
Total Departmental Cost	**19,519**	**GSF**			**$7,461,200**		**$6,923,206**		**$2,143,600**	**$16,528,006**		
Add for Remote Location	12%				$746,120		$692,321		$214,360			
Design Contingency	10%				$820,732		$761,553		$235,796			
Total Construction Cost	**19,519**	**GSF**			**$9,028,052**		**$8,377,079**		**$2,593,756**	**$19,998,887**		
Hospital Market Factor - Included Above												
Escalation to Construction Start Date	16.6%				$1,500,643		$1,392,438		$431,134			
Total Const Cost with Escalation	**19,519**	**GSF**			**$10,528,695**		**$9,769,517**		**$3,024,890**	**$23,323,102**		
Construction Contingency				8.0%	$842,296	10%	$976,952	10%	$302,489			
Sales, Use & Other Taxes - Included above												
Total Probable Final Construction Cost					**$11,370,990**		**$10,746,469**		**$3,327,379**	**$25,444,839**		

223 Yale Avenue North
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(206) 223-5200

Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital**
2022 Master Plan

Phase 1

☑ Master Plan ☐ Schematic Design Prepared By: NBBJ

☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total GSF 7,160 New Construction Start: 01-Sep-24
12,359 Remodel/TI

			Unit Cost	New Constr.	Cost	Renovation	Cost	Sitework	Cost	Total Cost	Escalated Construction	Escalated Project
Furniture and Equipment												
Major Movable Equipment - Allowance				18%	$1,895,165	10%	$976,952	0.0%	$0			
Technology				2.0%	$210,574	5.0%	$488,476	0.0%	$0			
Furniture, Furnishings - Allowance				6.0%	$631,722	4.0%	$390,781	0.0%	$0			
Office and Computer Equipment - Not Included												
Design and Management												
A/E Fees				12.0%	$1,263,443	15.0%	$1,465,428	6.0%	$181,493			
Special Consultants				4.0%	$421,148	4.0%	$390,781	0.0%	$0			
Project Management				3.0%	$315,861	3.0%	$293,086	0.0%	$0			
Testing Inspection and Balancing				1.0%	$105,287	1.0%	$97,695	1.0%	$30,249			
Market Studies				0.0%	$0	0.0%	$0	0.0%	$0			
Owner's Administration				0.0%	$0	0.0%	$0	0.0%	$0			
Surveys and/or As-Built Verification				0.1%	$10,529	0.2%	$19,539	2.0%	$60,498			
Soils				0.1%	$10,529	0.0%	$0	0.0%	$0			
Contingencies												
General Owner's Contingency				5.0%	$526,435	5.0%	$488,476	5.0%	$151,245			
Miscellaneous Project Costs												
Insurance				1.0%	$105,287	1.0%	$97,695	1.0%	$30,249			
Permits / OSHPD				2.0%	$210,574	2.0%	$195,390	1.0%	$30,249			
Other												
Hazardous Material Abatement - Not Included		NIC										
Total Probable Final Project Cost					**$17,077,543**		**$15,650,767**		**$3,811,362**	**$36,539,671**		

223 Yale Avenue North
Seattle, Washington 98109
(206) 223-5200

Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital**
2022 Master Plan

Phase 2 - Concurrent with Phase 1

☑ Master Plan ☐ Schematic Design Prepared By: NBBJ

☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total SF 83,500 Sitework Construction Start: 01-Sep-24

				New Constr.		Renovation		Sitework		Total	Escalated	Escalated
			Unit Cost		Cost		Cost		Cost	Cost	Construction	Project
Infrastructure Upgrades		**NIC**									**0**	**0**
Hospital - Not Included		NIC										
New Surface Parking Lot											**3,548,982**	**4,436,228**
Site Preparation	70,000	SF	2.50						175,000		246,947	308,684
Site Improvements - Grading, paving, landscaping	70,000	SF	28.00						1,960,000		2,765,807	3,457,259
Site Utilities - Allowance	70,000	SF	4.00						280,000		395,115	493,894
Allowance for Pwr & Comm to K. Hornaday Park	1	LS	100,000						100,000		141,113	176,391
Roadway/Bridge Connection											**954,627**	**1,193,284**
Site Preparation	13,500	SF	5.00						67,500		95,251	119,064
Road/sidewalk Improvements - Grading, paving	13,500	SF	30.00						405,000		571,506	714,383
Site Utilities - Allowance	13,500	SF	4.00						54,000		76,201	95,251
Large diameter culvert/bridge - Allowance	1	LS	150,000						150,000		211,669	264,586
Total Departmental Cost	**83,500**	**GSF**			**$0**		**$0**		**$3,191,500**	**$3,191,500**		
Add for Remote Location	12%				$0		$0		$319,150			
Design Contingency	10%				$0		$0		$351,065			
Total Construction Cost	**83,500**	**GSF**			**$0**		**$0**		**$3,861,715**	**$3,861,715**		
Hospital Market Factor - Included Above												
Escalation to Construction Start Date	16.6%				$0		$0		$641,894			
Total Const Cost with Escalation	**83,500**	**GSF**			**$0**		**$0**		**$4,503,609**	**$4,503,609**		
Construction Contingency				8.0%	$0	10%	$0	10%	$450,361			
Sales, Use & Other Taxes - Included above												
Total Probable Final Construction Cost					**$0**		**$0**		**$4,953,970**	**$4,953,970**		

223 Yale Avenue North
Seattle, Washington 98109
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Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital**
2022 Master Plan

Phase 2 - Concurrent with Phase 1

☑ Master Plan ☐ Schematic Design Prepared By: NBBJ

☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total SF 83,500 Sitework Construction Start: 01-Sep-24

				New Constr.		Renovation		Sitework		Total	Escalated	Escalated
			Unit Cost		Cost		Cost		Cost	Cost	Construction	Project
Furniture and Equipment												
Major Movable Equipment - Allowance				18%	$0	10%	$0	0.0%	$0			
Technology				2.0%	$0	5.0%	$0	0.0%	$0			
Furniture, Furnishings - Allowance				6.0%	$0	4.0%	$0	0.0%	$0			
Office and Computer Equipment - Not Included												
Design and Management												
A/E Fees				12.0%	$0	15.0%	$0	6.0%	$270,217			
Special Consultants				4.0%	$0	4.0%	$0	0.0%	$0			
Project Management				3.0%	$0	3.0%	$0	0.0%	$0			
Testing Inspection and Balancing				1.0%	$0	1.0%	$0	1.0%	$45,036			
Market Studies				0.0%	$0	0.0%	$0	0.0%	$0			
Owner's Administration				0.0%	$0	0.0%	$0	0.0%	$0			
Surveys and/or As-Built Verification				0.1%	$0	0.2%	$0	1.0%	$45,036			
Soils				0.1%	$0	0.0%	$0	0.0%	$0			
Contingencies												
General Owner's Contingency				5.0%	$0	5.0%	$0	5.0%	$225,180			
Miscellaneous Project Costs												
Insurance				1.0%	$0	1.0%	$0	1.0%	$45,036			
Permits / OSHPD				2.0%	$0	2.0%	$0	1.0%	$45,036			
Other												
Hazardous Material Abatement - Not Included		NIC										
Total Probable Final Project Cost					**$0**		**$0**		**$5,629,512**	**$5,629,512**		

223 Yale Avenue North
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Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital** **Phase 3**
2022 Master Plan

☑ Master Plan ☐ Schematic Design Prepared By: NBBJ

☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total GSF 78,006 New Construction Start: 01-Jun-26

			Unit Cost	New Constr. Cost	Renovation Cost	Sitework Cost	Total Cost	Escalated Construction	Escalated Project
Infrastructure Upgrades		**NIC**						**0**	**0**
Hospital - Not Included		NIC							
MOB Expansion - Shell and Core	**78,006**	**BGSF**						**43,726,210**	**70,923,913**
Shell and Core - 3 Story + Penthouse	78,006	BGSF	355.00	27,692,130				41,944,937	68,034,688
Add for complexity at S Façade Existing Hospital	5,880	GSF	200.00	1,176,000				1,781,273	2,889,225
MOB Expansion - Tenant Improvement	**58,870**	**DGSF**						**30,088,452**	**48,803,469**
Primary Care Clinic	10,787	DGSF	350.00	3,775,450				5,718,629	9,275,616
Specialty Care Clinic	9,344	DGSF	405.00	3,784,320				5,732,064	9,297,408
Long Term Care	21,704	DGSF	315.00	6,836,760				10,355,558	16,796,716
Imaging	3,935	DGSF	440.00	1,731,400				2,622,531	4,253,745
Lab	486	DGSF	540.00	262,440				397,515	644,769
Outpatient Pharmacy	2,101	DGSF	285.00	598,785				906,972	1,471,109
Physical Therapy	1,500	DGSF	450.00	675,000				1,022,414	1,658,356
Conference Area	3,664	DGSF	300.00	1,099,200				1,664,945	2,700,541
Environmental Services	312	DGSF	175.00	54,600				82,702	134,143
Materials Management + Loading Dock	3,553	DGSF	140.00	497,420				753,436	1,222,073
Food and Nutrition - Café	1,484	DGSF	370.00	549,080				831,685	1,348,993

223 Yale Avenue North
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Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital** **Phase 3**
2022 Master Plan

☑ Master Plan ☐ Schematic Design Prepared By: NBBJ

☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total GSF 78,006 New Construction Start: 01-Jun-26

				New Constr.		Renovation		Sitework		Total	Escalated	Escalated
			Unit Cost		Cost		Cost		Cost	Cost	Construction	Project
Sitework	**69,500**	**SF**									**7,060,870**	**8,896,696**
Site Preparation	92,000	SF	5.00						460,000		696,756	877,913
Site Improvements	69,500	SF	35.00						2,432,500		3,684,479	4,642,443
Pedestrian Bridge - 150lf	1,500	SF	500.00						750,000		1,136,016	1,431,380
Site Utilities - Allowance	1	LS	200,000						200,000		302,938	381,701
Water Service	200	LF	260						52,000		78,764	99,242
Electrical Service - Transformer/ductbank	560	LF	400						224,000		339,290	427,506
Gas Service	400	LF	220						88,000		133,293	167,949
Sewer Service	130	LF	210						27,300		41,351	52,102
Fiber Optic Telecom Service - Allowance	1	LS							75,000		113,602	143,138
Retaining wall - 210 lf	2,940	SF	120.00						352,800		534,382	673,321
Total Departmental Cost	**78,006**	**GSF**			**$48,732,585**		**$0**		**$4,661,600**	**$53,394,185**		
Add for Remote Location	12%				$4,873,259		$0		$466,160			
Design Contingency	10%				$5,360,584		$0		$512,776			
Total Construction Cost	**78,006**	**GSF**			**$58,966,428**		**$0**		**$5,640,536**	**$64,606,964**		
Hospital Market Factor - Included Above												
Escalation to Construction Start Date	25.2%				$14,848,234		$0		$1,420,334			
Total Const Cost with Escalation	**78,006**	**GSF**			**$73,814,662**		**$0**		**$7,060,870**	**$80,875,532**		
Construction Contingency				8.0%	$5,905,173	10%	$0	10%	$706,087			
Sales, Use & Other Taxes - Included above												
Total Probable Final Construction Cost					**$79,719,835**		**$0**		**$7,766,957**	**$87,486,792**		

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Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital** **Phase 3**
2022 Master Plan

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☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total GSF 78,006 New Construction Start: 01-Jun-26

				New Constr.		Renovation		Sitework		Total	Escalated	Escalated
			Unit Cost		Cost		Cost		Cost	Cost	Construction	Project
Furniture and Equipment												
Major Movable Equipment - Allowance				18%	$13,286,639	10%	$0	0.0%	$0			
Technology				2.0%	$1,476,293	5.0%	$0	0.0%	$0			
Furniture, Furnishings - Allowance				6.0%	$4,428,880	4.0%	$0	0.0%	$0			
Office and Computer Equipment - Not Included												
Design and Management												
A/E Fees				12.0%	$8,857,759	15.0%	$0	6.0%	$423,652			
Special Consultants				4.0%	$2,952,586	4.0%	$0	0.0%	$0			
Project Management				3.0%	$2,214,440	3.0%	$0	0.0%	$0			
Testing Inspection and Balancing				1.0%	$738,147	1.0%	$0	1.0%	$70,609			
Market Studies				0.0%	$0	0.0%	$0	0.0%	$0			
Owner's Administration				0.0%	$0	0.0%	$0	0.0%	$0			
Surveys and/or As-Built Verification				0.1%	$73,815	0.2%	$0	1.0%	$70,609			
Soils				0.1%	$73,815	0.0%	$0	1.0%	$70,609			
Contingencies												
General Owner's Contingency				5.0%	$3,690,733	5.0%	$0	5.0%	$353,043			
Miscellaneous Project Costs												
Insurance				1.0%	$738,147	1.0%	$0	1.0%	$70,609			
Permits / OSHPD				2.0%	$1,476,293	2.0%	$0	1.0%	$70,609			
Other												
Hazardous Material Abatement - Not Included		NIC										
Total Probable Final Project Cost					**$119,727,382**		**$0**		**$8,896,696**	**$128,624,078**		

223 Yale Avenue North
Seattle, Washington 98109
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Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital** **Phase 4**
2022 Master Plan

☑ Master Plan ☐ Schematic Design Prepared By: NBBJ

☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total GSF 26,874 Remodel Construction Start: 01-Sep-28

				New Constr.		Renovation		Sitework		Total	Escalated	Escalated
			Unit Cost		Cost		Cost		Cost	Cost	Construction	Project
Infrastructure Upgrades											**8,477,854**	**13,581,522**
Upgrade HVAC SF-4/EF-7 System	3,430	GSF	150.00				514,500				841,992	1,348,871
Replace SF-1/EF-4 System	13,770	GSF	150.00				2,065,500				3,380,242	5,415,148
Replace SF-2/EF-5 System	10,040	GSF	150.00				1,506,000				2,464,607	3,948,300
Replace SF-3/EF-6 System	1,620	GSF	150.00				243,000				397,676	637,076
Refurbish AHU-1	9,460	GSF	90.00				851,400				1,393,337	2,232,126
Existing Hospital Renovation	**26,874**	**DGSF**									**38,290,323**	**61,341,098**
Surgery to LDRP - Heavy Remodel	5,954	DGSF	720.00				4,286,880				7,015,586	11,238,969
Long Term Care to Surgery - Heavy Remodel	6,617	DGSF	1,260.00				8,337,420				13,644,396	21,858,323
LDRP to PreOp and Recovery - Heavy Remodel	8,800	DGSF	765.00				6,732,000				11,017,086	17,649,372
Surgery to Diagnostic Imaging - Heavy Remodel	1,127	DGSF	790.00				890,330				1,457,047	2,334,190
Sterile Processing - Heavy Remodel	2,847	DGSF	865.00				2,462,655				4,030,196	6,456,375
Elec to Materials Management - Heavy Remodel	1,529	DGSF	450.00				688,050				1,126,011	1,803,870
Sitework											**163,652**	**202,929**
Site Remediaton - Contractor Staging - Allowance	1	LS	100,000						100,000		163,652	202,929
Total Departmental Cost	**26,874**	**GSF**			**$0**		**$28,577,735**		**$100,000**	**$28,677,735**		
Add for Remote Location	12%				$0		$2,857,774		$10,000			
Design Contingency	10%				$0		$3,143,551		$11,000			
Total Construction Cost	**26,874**	**GSF**			**$0**		**$34,579,059**		**$121,000**	**$34,700,059**		
Hospital Market Factor - Included Above												
Escalation to Construction Start Date	35.2%				$0		$12,189,118		$42,652			
Total Const Cost with Escalation	**26,874**	**GSF**			**$0**		**$46,768,177**		**$163,652**	**$46,931,830**		
Construction Contingency				8.0%	$0	10%	$4,676,818	10%	$16,365			
Sales, Use & Other Taxes - Included above												
Total Probable Final Construction Cost					**$0**		**$51,444,995**		**$180,018**	**$51,625,013**		

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Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital** **Phase 4**
2022 Master Plan

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☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total GSF 26,874 Remodel Construction Start: 01-Sep-28

				New Constr.		Renovation		Sitework		Total	Escalated	Escalated
			Unit Cost		Cost		Cost		Cost	Cost	Construction	Project
Furniture and Equipment												
Major Movable Equipment - Allowance				18%	$0	10%	$4,676,818	0.0%	$0			
Technology				2.0%	$0	5.0%	$2,338,409	0.0%	$0			
Furniture, Furnishings - Allowance				6.0%	$0	4.0%	$1,870,727	0.0%	$0			
Office and Computer Equipment - Not Included												
Design and Management												
A/E Fees				12.0%	$0	15.0%	$7,015,227	6.0%	$9,819			
Special Consultants				4.0%	$0	4.0%	$1,870,727	0.0%	$0			
Project Management				3.0%	$0	3.0%	$1,403,045	0.0%	$0			
Testing Inspection and Balancing				1.0%	$0	1.0%	$467,682	1.0%	$1,637			
Market Studies				0.0%	$0	0.0%	$0	0.0%	$0			
Owner's Administration				0.0%	$0	0.0%	$0	0.0%	$0			
Surveys and/or As-Built Verification				0.1%	$0	0.2%	$93,536	0.0%	$0			
Soils				0.1%	$0	0.0%	$0	0.0%	$0			
Contingencies												
General Owner's Contingency				5.0%	$0	5.0%	$2,338,409	5.0%	$8,183			
Miscellaneous Project Costs												
Insurance				1.0%	$0	1.0%	$467,682	1.0%	$1,637			
Permits / OSHPD				2.0%	$0	2.0%	$935,364	1.0%	$1,637			
Other												
Hazardous Material Abatement - Not Included		NIC										
Total Probable Final Project Cost					**$0**		**$74,922,620**		**$202,929**	**$75,125,549**		

223 Yale Avenue North
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Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital**
2022 Master Plan

Phase 2 - Additive Alternate

☑ Master Plan ☐ Schematic Design Prepared By: NBBJ

☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total GSF 72,000 Construction Start: 01-Sep-24

				New Constr.		Renovation		Sitework		Total	Escalated	Escalated
			Unit Cost		Cost		Cost		Cost	Cost	Construction	Project
Infrastructure Upgrades		**NIC**									**0**	**0**
Hospital - Not Included		NIC										
New Parking Garage	**72,000**	**GSF**									**13,884,071**	**17,355,088**
Level 1 - Partially below grade	36,000	GSF	150.00						5,400,000		7,620,081	9,525,102
Level 2 - Above grade	36,000	GSF	110.00						3,960,000		5,588,060	6,985,075
Site Preparation	46,000	SF	2.50						115,000		162,280	202,849
Site Improvements - Grading, paving, landscaping	10,000	SF	18.00						180,000		254,003	317,503
Site Utilities - Allowance	46,000	SF	4.00						184,000		259,647	324,559
Total Departmental Cost	**72,000**	**GSF**			**$0**		**$0**		**$9,839,000**	**$9,839,000**		
Add for Remote Location	12%				$0		$0		$983,900			
Design Contingency	10%				$0		$0		$1,082,290			
Total Construction Cost	**72,000**	**GSF**			**$0**		**$0**		**$11,905,190**	**$11,905,190**		
Hospital Market Factor - Included Above												
Escalation to Construction Start Date	16.6%				$0		$0		$1,978,881			
Total Const Cost with Escalation	**72,000**	**GSF**			**$0**		**$0**		**$13,884,071**	**$13,884,071**		
Construction Contingency				8.0%	$0	10%	$0	10%	$1,388,407			
Sales, Use & Other Taxes - Included above												
Total Probable Final Construction Cost					**$0**		**$0**		**$15,272,478**	**$15,272,478**		

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Construction Cost Estimate Summary

Job Name: **South Peninsula Hospital**
2022 Master Plan

Phase 2 - Additive Alternate

☑ Master Plan ☐ Schematic Design Prepared By: NBBJ

☐ Design Development ☐ Constr. Documents Current Date: 06-Sep-22

Total GSF 72,000 Construction Start: 01-Sep-24

				New Constr.		Renovation		Sitework		Total	Escalated	Escalated
			Unit Cost		Cost		Cost		Cost	Cost	Construction	Project
Furniture and Equipment												
Major Movable Equipment - Allowance				18%	$0	10%	$0	0.0%	$0			
Technology				2.0%	$0	5.0%	$0	0.0%	$0			
Furniture, Furnishings - Allowance				6.0%	$0	4.0%	$0	0.0%	$0			
Office and Computer Equipment - Not Included												
Design and Management												
A/E Fees				12.0%	$0	15.0%	$0	6.0%	$833,044			
Special Consultants				4.0%	$0	4.0%	$0	0.0%	$0			
Project Management				3.0%	$0	3.0%	$0	0.0%	$0			
Testing Inspection and Balancing				1.0%	$0	1.0%	$0	1.0%	$138,841			
Market Studies				0.0%	$0	0.0%	$0	0.0%	$0			
Owner's Administration				0.0%	$0	0.0%	$0	0.0%	$0			
Surveys and/or As-Built Verification				0.1%	$0	0.2%	$0	0.5%	$69,420			
Soils				0.1%	$0	0.0%	$0	0.5%	$69,420			
Contingencies												
General Owner's Contingency				5.0%	$0	5.0%	$0	5.0%	$694,204			
Miscellaneous Project Costs												
Insurance				1.0%	$0	1.0%	$0	1.0%	$138,841			
Permits / OSHPD				2.0%	$0	2.0%	$0	1.0%	$138,841			
Other												
Hazardous Material Abatement - Not Included		NIC										
Total Probable Final Project Cost					**$0**		**$0**		**$17,355,088**	**$17,355,088**		

South Peninsula Hospital Facilities Master Plan
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