

## Project Name: Operational Planning for the Correll Pavilion at Grady

RFP: 2017032\_OP

## Date: 08.27.2020

## ADDENDUM # 2

## Questions Received Thursday 08.20.2020 (see responses in red)

 On page 4, Section 4: Specification/Description, 4-A, #6-"Identify key training plans and performance check models to ensure sustainability of the patient experience program. Training plans will interface with existing programs in certain areas, for example EPIC and scheduling."

Can you confirm that the expectation for this deliverable is a list of training programs with anticipated participants? This would not include the detailed content and curriculum for the front line staff who require training (assume that the detailed information will not be available this early in the project)

Yes, the detailed content and curriculum shall be developed during the activation phase.

It is essential to identify who needs to be trained and which educational programs need to be provided during the operational planning phase as Grady is relying on your expertise to orchestrate all the different elements to a successful project.

2. On page 4, Section 4: Specification/Description, 4-A, #7- "Support vendor management for selection and implementation of systems or services that support the goals and objectives of the building."

Can you provide clarity regarding the output of this requirement? Is it a to develop a list of vendors needed to support the new facility?

Yes, we need to understand which vendors are required to support the building. For instance, we are in the early process of selecting a workflow management system for patient tracking. We may need your expertise to help identify which vendor/system could potentially improve the current workflows.

3. Can you share what other firms received the RFP?

I have received interests from the following firms:

- Yellow Brick
- NBBJ Consulting
- JLL
- ECG
- Hammes
- Catalyst
- HKS Advisory
- Blue Cottage

## Questions Received Friday 08.21.2020 (see responses in red)

4. The scope and fee are highly dependent on the comprehensiveness of the previous documentation completed in programming and design process. Are you able to share the work to date that shows the level of detail of programmed operating assumptions, principles, and guidelines?

See two Attachments – Guiding Principles and CASS Complete Functional Narratives

5. Please confirm tasks 1-3 are primarily "review/update/refine/expand" versus develop from scratch?

### Review, not develop from scratch.

6. To what extent do you want the team to review/update the volume forecasts? Or do we assume the volume forecasts are fixed?

Fixed. Volume forecasts will be provided, including any impacts from COVID.

7. Assuming that the program was developed around a pre-COVID world, is there an expectation that the consultant will need to do more than "review" previous assumptions?

#### NO.

In other words, how much raw data and data analysis will there be?

Volume forecasts will be provided, including any impacts from COVID.

8. Are the staff unionized, and if so, will this affect the flexibility of operating and staffing models?

#### No, Staff are not unionized.

9. Please clarify the role of transition & activation planning: expected deliverables include "transition documents" and "transition plan for IT, MEP, furniture and facility management" but page 2 says "activation planning will be a separate subsequent work effort"

Only an overview for Grady to understand what to expect when we move to the activation phase. We would also like to know if you have the expertise to provide transition/activation planning and how you envision to transfer the knowledge from operations to implementation.

10. We would assume some hospital standards and systems need to be integrated into the Correll Pavilion and that there are others that need to be unique to support the "outpatient" efficiencies and mindsets desired. How integrated will the operations of the Correll Pavilion be with the hospital and who will make the decision about which hospital standards and systems need to be integrated?

The Correll Pavilion is being established to create a separate outpatient experience. Operations will tie back to hospital safety and infection prevention but day-to-day will be a separate operation.

We need to clearly define the operations during this process.

11. Please further define item number 7 "support vendor management."

See question #2.

12. To what degree does Grady desire meetings to occur in person?

We anticipate many meetings will occur virtually while COVID is still at community spread. We can work through the meetings that need to take place on site and feasibility. Staff can meet in our big training room via WebEx or in front of their computers. After COVID, we can meet in person.

13. Review current workflows and programmed operating assumptions -

Have current workflows been developed for all areas that will be occupying the Correll Pavilion? What about those areas that will not physically reside in the building but will be supporting services within?

No, we need your expertise to confirm and refine all workflows during the process.

14. Confirm and/or refine operating principles and guidelines –

Is there already a structure/hierarchy for reviewing and approving operating principles and guidelines so that they are in line with other Grady Health System services?

### We anticipate a core steering committee comprised of senior leadership.

15. Identify key training plans and performance check models -Is this expected to be used only during the activation or after Correll Pavilion is open as well?

## We anticipate to be used during the activation to the opening date. The training plans can translate into ongoing educational programs and will be an internal effort.

16. Identify your timeline and Grady resource requirements for the project. Include in your assumptions the number of participants, types of meetings, the number of meetings and whether meetings would be on site or via video conference, etc. - What is Grady's policy for traveling consultants during/after Covid-19? We find meetings to be more impactful when onsite, but can manage most activities remotely and want to comply with Grady's policies.

See question and answer #12.

17. Define the role of each staff member and, where necessary, develop job descriptions to ensure sustainability of the staffing plan -Will the organizational structure be completely new for CASS? What percent of staff will transition to the new space from or within existing departments, and what percent are expected to be net new hires? Has an operating budget been established for the CASS, including FTE estimates?

We would like to establish the org structure through this process. New hires will be about 20% - 50% of total CASS staff, depending on the department. No operating budgets have been established, we do have an estimate of expected incremental employees.

### 18. Can you provide a copy of the space program?

See Attachment – 2018.04.18 CASS Space Program CAFÉ is not in the current program anymore.

19. Can you provide a copy of the current construction schedule?

#### See Attachment –2020.08.25 CASS Master Schedule

20. Can you provide a list of key occupancy milestones agreed by (by department or wing)?

### We need to define through the planning phase.

- 21. Can you identify entities responsible for developing:
- 22. (i) IT, MEP, furniture, and facility equipment lists, TLC for IT and MEP, HOK/Moody Nolan for furniture, Red Iron for Medical Equipment
- 23. (ii) procuring these items, Grady procurement
- 24. (iii) logistically tracking these items, and Grady procurement and project management team will manage all tracking. Each consultant responsible for planning may assist in this effort as well, we need to confirm thru the process.
- 25. (iv) item receipt/warehousing and installation? To be determined

- 26. RFP is silent on medical equipment. Has medical equipment planning been completed? Yes.
- 27. Is medical equipment transition planning services being accomplished by another entity and if yes, can you provide the name of the firm? To be determined.
- 28. Can you provide the patient engagement and care delivery philosophy/principles for this project?

### Refer back to the guiding principles.

- 29. Can you provide the clinic work flow operating principles/plans programmed into the construction documents (by clinic and service line)?
  See attachment Functional Narratives
- 30. Can you provide the IT strategies for patient engagement and care delivery for scheduling, registration, HER, billing, etc. that have been planned for this project?

Grady IT clinical integration team will be highly engaged during the process. We use EPIC for EHR and may need to identify areas where EPIC can further optimize the workflows and how.

- 31. Can you provide the number of physicians by specialty, per clinic (including the Cancer Center)? Will provide during the process.
- 32. For Surgical Services, can you provide a scope of service description for the existing program?

See attachment – ASU PAT scope of services.

33. Can you provide an organization chart for perioperative services?

See attachment for the current org chart inside the hospital – Organizational Chart Perioperative Services.

34. What surgical specialties are planned?

ENT, ORTHO, GEN, GYN, GU, SURG ONC (including breast) OP ACS, Minor Neuro, ie carpal tunnel, Ophthalmology.

35. What were the operating room assumptions for the number of ORs (by time of day and day of week)?

Monday through Friday: 7:00 am start time of surgery to 5:00 pm Block time: 10 hours

36. Does Sterile Processing report to the OR or to Supply Chain?

### OR.

37. How will the Correll Pavilion be a part of the existing Grady Medical Center program? Will it be an independent entity or will it report within existing Grady Medical Center structure?

Yes, the Pavilion will function as an independent entity, but needs more clarifications through this process.

38. Will the new ORs be incremental or will some existing rooms be decommissioned?

6 ORs will be opened. It is to be determined whether it is incremental or at the same time. Decommissioning existing ORs inside the hospital will occur during the backfill effort, but it is not part of this project.

39. Will staff be credentialed to be separate or work between existing facilities and the Correll Pavilion?

We will not have a separate credentialing process for this entity. Surgeons will be credentialed to perform surgery between Grady Main hospital and Correll Pavilion Ambulatory nursing and allied health staff will be hired for Correll Pavilion. Select Grady Main Perioperative Staff will be oriented to Correll Pavilion to provide 2nd level support as needed. 40. For Supply Chain, will MMIS be used or a separate system?

All systems used in the hospital will be used at CASS. We will be using PARX in stockrooms and Cardinal Wavemark for OR. Our ERP is PeopleSoft.

41. Will the Correll Pavilion use the same Supply Chain sourcing and selection process as Grady Health System?

### Yes.

42. Will you be looking for selected firm to provide staffing recommendations to support the Correll Pavilion (to include leadership positions)?

### Yes.

43. At GradyHealth.org, it is estimated that the Correll Pavilion will increase Grady's surgery capacity by 25% and clinical capacity by 45% over current volumes. What sources were used to estimate the anticipated volume increase and types of cases expected? With the Ortho Clinic in the Pavilion, are any of the volume increases driven by your existing Ortho clinics and if so, what is the percentage?

We used current volumes, market growth through utilization changes, and market share increases to project the volumes by type. Yes, the existing ortho clinic is anticipated to have a 26% increase.

44. Will the Correll Pavilion require development of separate policies and procedures or will they utilize and modify those which are part of the main hospital?

For the majority of the departments, we will utilize and modify the main hospital policies. We need to confirm and develop if needed.

45. Will the project require development of an internal and external communication plan?

Yes, Grady marketing and project management team will develop a communication plan during the project.

46. In Section 2: It states that the services planned for the facility all reside within the main hospital, co-mingled with inpatient services which are limiting efficiencies, growth and patient access. Will services for the more acute / complex outpatient continue to be provided in the hospital with the remaining less acute outpatients in the new facility or will all outpatient services be provided in the new pavilion?

Yes, more acute and complex procedures will remain in the hospital. The pavilion does not provide all outpatient services. There are other outpatient services continuing to exist in the hospital, such as primary care, dermatology, allergy, OB/GYN clinic, etc.

47. Will the Correll Pavilion operate a de-centralized scheduling model, or will it be part of the Grady Health System?

We will have a decentralized registration process. Scheduling appointments will go thru centralized GPAC system (Grady Patient Access Center)

48. Under Scope of Services, #4 states to develop job descriptions for sustainability of the staffing plan. Will the team be using the already existing staffing standards within Grady Health to further develop the job descriptions? Will the staffing plan need to follow Grady HR policies or will the Correll Pavilion have their own independent staffing policies?

Yes, we have staffing standards and need to follow HR policies – but need to confirm/refine for certain departments for staffing policies.

49. Will the Correll Pavilion have their own Anesthesia Service or will services be provided by Grady Health?

### To be determined.

50. Will schedules, policies, training, etc. need to be developed for Anesthesia services.

### Yes.

51. Section 2 identifies Pre-Admission Testing and Lab as a service. Will that include an actual PAT clinic? If so, is it anticipated that the operational infrastructure would need to be developed around that process?

Yes, PAT will be included on the ground floor. The existing PAT inside the hospital will be relocated to the new pavilion and the workflow and patient flow need to be re-evaluated.

52. Under Scope of Services, #2 states this outpatient facility will stand alone. Does that include: Supply Chain sourcing, internal and external distribution, receiving, delivery logistics, storage?

Yes, the building has its own loading dock and bulk storage. However Supply chain sourcing remains centralized.

53. Will all sterile processing for the surgery, endoscopy, and clinics be provided at the Pavilion or will the main hospital process the major trays and smaller specialized trays processed in the clinic?

The pavilion has a central sterile department, which will process all trays and instruments for the entire building.

54. Will sterile processing and case fulfillment utilize a case cart system? If so, will this be managed by Grady Health or function independently? Will sterile processing policies, procedures, and training need to be developed?

Yes, we will be using case carts and Grady will manage the operations. We need assistance on reviewing and refining the current policies and procedures and developing a training plan.

55. Under Scope of Services- Review current workflows and programmed operating assumptions, etc. Have internal paths of travel been developed for the Pavilion?

Yes, we have developed internal paths of travel for patients, staff, and logistics.

56. What state-of-the-art benchmarks are required? Are those the same as national standards?

Grady is relying on your expertise to provide benchmarks and standards to ensure a successful project.

57. #5 Identify and define key adjustments to support services to achieve facility goals. What is the current IT system used or selected?

There are many IT systems. Our EHR is EPIC. Grady IT team will be actively engaged in this effort.

58. Will security, biomedical and/or EVS be internal or outsourced?

Security is internal. Biomed and EVS are outsourced.

59. Will facilities management be part of Grady Health or independent? Will policies, procedures, and training be required for these services?

Facilities management is part of Grady. Yes, we need to develop for these services.

60. #7 Support Vendor Management – are vendor "rules of engagement" in place or will they need to be developed?

#### No, you do not need to develop.

61. Will we need to include a move management company, or will Grady Health provide?

### Grady may need to issue an RFP, part of the discussion.

62. Appendix B: Cost Proposal form states that cost must be submitted under separate cover as instructed, but within the requirements section it indicates including within Recommended Approach. Should we include in one or both areas? Please advise.

### Please provide cost per Appendix B.

63. Who was the MEP on Correll Pavilion?

### **TLC engineers.**

64. What kind of vendors are needed to support the transition and the operations of the building (Starbucks, Laundry/Linen, Parking Management, Moving Company, etc.)?

We have existing services such as Laundry, Linen, and parking, but need your help to identify the unknowns.

65. Should we be planning for on-site meetings or is there preference for majority virtual with some onsite? Both interview and project.

### The interview will be virtual.

66. The plans do not show a bridge connector to the hospital. Is there going to be one or is that in the future?

The plans are schematic design. There is a bridge connecting the pavilion to the hospital for the staff only.

67. Is there identified leadership for this project within Grady? Clinical or Non-Clinical Leader?

Yes, we will have a steering committee and identified clinical/non-clinical leaders for different departments for this project.

68. Is there anticipated need for consideration of any focus on backfill areas for operational planning with building transition?

Yes, we will need to focus on the backfill areas inside the hospital, but not part of this effort. It will be a separate RFP at a later date.

69. Do you have a preferred list of MWBE firms?

### NO.

70. Is there an established organizational chart for the new pavilion that can be shared?

### No, we need to establish an org chart for the new pavilion.

71. What are the assumed operating hours for the new pavilion?

7:30 to 4:00 for clinics. OR will start earlier to prepare for the first cases. We need to validate during the operational planning phase.

72. Will supplies be managed within the pavilion or delivered to support just in time delivery?

Just in time delivery with some bulk storage. The pavilion is designed to be self-sufficient. It will receive daily direct deliveries from a distributor in low unit of measure.

73. Are any of the support services contracted or are they all system employees?

EVS, Linen, and Biomed are contracted.

## END OF DOCUMENT

# **Center for Advanced Surgical Services**

SPACE PROGRAM SUMMARY

## **UPDATED 4/12/18**

**STACKING C** 

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Lan Louge/ JopUnit         2,310         Distributed by Pin           afe         2,125         Seats ~45           afe         2,125         Seats ~45           egistration         1,678         Distributed by Fir           onference         1,678         Distributed on 2 Firs           optical Shop         868         Distributed on 2 Firs           obb//Public Areas         3,545         Distributed on 2 Firs           etail Pharmacy         1,386         Distributed on 2 Firs           MAGNOTSTICS / TREATMENT	toff Loungo /Support	12	3,000	Distributed by Els	
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afe       2,125       Seats 45         onference       1,678       Distributed by Fir         pital Shop       868       Distributed on 2 Firs         pital Shop       868       Distributed on 2 Firs         tably/Public Areas       3,545       Distributed on 2 Firs         tably/Public Areas       2,525       Sealer Areas         anging Shelled space       2       3,522         table Areas       1,634       Pro/CrMIX (Steace         table Areas       1,6354       Pro/Post Proc         mb Surgery Suite       8       18,912       6 ORS + 2 Shell         table Parmacy       1,125       Supports ASC, Clinics & Endo       55         table Parmacy       1,125       Supports ASC, Clinics & Endo       55 <td>UBLIC SPACES</td> <td></td> <td>2.425</td> <td></td> <td></td>	UBLIC SPACES		2.425		
Egistration         1,678         Distributed by Hr           onference         1,878	are		2,125	Seats "45	
onterence       1,878         pitcal Shop       868         obby/Public Areas       3,545         Distributed on 2 Firs       1,386         MAGNOTSTICS / TREATMENT       1         P Lab       5       1,864         naging       6       5,865       2 Gen,18/F, 2US, HDR         ET/CT       1       2,374       Supports Cancer Center         anging Shelled space       2       3,522       shelled space (1MRI & 1CT)         ehab       8,861       PT/OT/Hand/Speech       Pto Rms + 16 Pre/Post Proc         mod Suite       4       10,534       4 Proc Rms + 16 Pre/Post Proc         mod Suite       4       10,534       4 Proc Rms + 16 Pre/Post Proc         mod Suite       4       10,534       4 Proc Rms + 16 Pre/Post Proc         mod Suite       4       10,534       Proc Post Proc         PD PORT SerVICES       0       0       0         upploxit Services       0       0       0         upploxitative       2,461       0       0         atellite Pharmacy       1,125       Supports ASC, Clinics & Endo       0         vs       1,454       0       0       0         continucitations / LAN	egistration		1,678	Distributed by Fir	
ptical Shop       868         abbly/Public Areas       3,545         bobby/Public Areas       5         plate       5         plate       5         plate       5         anging - Shelled space       2         anging - Shelled space       2         ando Suite       4         4       10,534         4       10,534         4       10,532         bolte       8         16 OSUite       8         16 OSUite       8         17 OF/Hand/Speech       6         propost SerVices       9         upports SerVices       9         upports SerVices       9         1,454       10         actilites       765         actilites       765         actilites       765         ecurity       595         Communications /LAN       175,520	onterence		1,878		
3,545         Distributed on 2 Firs           etail Pharmacy         1,386           VAGNOTSICS / TREATMENT         1           P Lab         5         1,864           maging         6         5,865         2 Gen,1R/F, 2US, HDR           ET/CT         1         2,374         Supports Cancer Center           maging - Shelled space         2         3,522         shelled space (1MRI & 1CT)           ehab         8.861         PT/OT/Hand/Speech         Procedure Testing           ndo Suite         4         10,534         4 Proc Rms + 16 Pre/Post Proc           mb Surgery Suite         8         18,912         6 OR's + 2 Shell           re/Post/PACUU         28         12,082         Pre/Post Rooms           UPPORT SERVICES         Dedicated to CASS         diministrative           atellite Pharmacy         1,125         Supports ASC, Clinics & Endo           vS         1,454         Dedicated to CASS           atellite Pharmacy         1,125         Supports ASC, Clinics & Endo           vS         1,454         Dedicated to CASS           atellite Pharmacy         1,125         Supports ASC, Clinics & Endo           vS         1,454         Dedicated to CASS           Building	ptical Shop		868		
etail Pharmacy       1,386         MAGNOTSTICS / TREATMENT       Imaging         AGNOTSTICS / TREATMENT       Imaging         P1 lab       5       1,864         maging       6       5,865       2 Gen,1R/F, 2US, HDR         ET/CT       1       2,374       Supports Cancer Center         maging - Shelled space       2       3,525       shelled space(10R18 & 1CT)         ehab       8,861       PT/OT/Hand/Speech       enab         ndo Suite       4       10,534       4 Proc Rms + 16 Pre/Post Proc         mb Surgery Suite       8       18,912       6 OK + 2 Shell       ere/Post/PACU         UPPORT SERVICES       Imaging	obby/Public Areas		3,545	Distributed on 2 Flrs	
IAGNOTSTICS / TREATMENT       Imaging         P Lab       5         Anging       6         Shelled Space       2         String Shelled space       2         Add Suite       4         Pocodure Testing       4         Pocodure Testing       4         Policited to CASS       1.404         Proport SERVICES	etail Pharmacy		1,386		
P Lab       5       1,864         naging       6       5,865       2 Gen,1R/F, 2US         naging - Shelled space       2       3,522       shelled space (1MRI & 1CT)         ehab       8,861       PT/OT/Hand/Speech       re         re Procedure Testing       4       2,628       Exam Rms         ndo Suite       4       10,534       4 Proc Rms + 16 Pre/Post Proc         mb Surgery Suite       8       18,912       6 OR's + 2 Shell         pre/Post FERVICES       0       4,183       Dedicated to CASS         dministrative       2,461       90       4,183         patellite Pharmacy       1,125       Supports ASC, Clinics & Endo         vS       1,454       10,507         tail Room       91       91         upply Storage       2,060       175,522         Communications / LAN       27,112       Exterior/Stacking       3%         Closets/Distributed MEP       23,176       148,900       TARGET FLOORPLAT         Master Plan       198,000       TARGET FLOORPLAT       TARGET FLOORPLAT         Dolta       25,176       1.27       1.27	IAGNOTSTICS / TREATMENT				
maging         6         5.865         2 Gen,1R/F, 2US, HDR           ET/CT         1         2,374         Supports Cancer Center           maging - Shelled space         2         3,522         shelled space (1MRI & 1CT)           ehab         8,861         PT/OT/Hand/Speech         re Procedure Testing         4         2,628         Exam Rms           indo Suite         4         10,534         4 Proc Rms + 16 Pre/Post Proc         4           indo Suite         8         18,912         6 OK * 2 Shell         4           re/Post/PACU         28         12,082         Pre/Post Rooms         4           upPORT SERVICES	)P Lab	5	1,864		
ET/CT         1         2,374         Supports Cancer Center           maging - Shelled space         2         3,522         shelled space (1MRI & 1CT)           ehab         8,861         PT/OT/Hand/Speech         re           ree Procedure Testing         4         2,628         Exam Rms           indo Suite         4         10,534         4 Proc Rms + 16 Pre/Post Proc           imb Surgery Suite         8         18,912         6 OR's + 2 Shell           re/Post/PACU         28         12,082         Pre/Post Rooms           UPPORT SERVICES	maging	6	5,865	2 Gen,1R/F, 2US, HDR	
maging - Shelled space       2       3,522       shelled space (1MRI & 1CT)         ehab       8,861       PT/OT/Hand/Speech         re Procedure Testing       4       2,628       Exam Rms         ndo Suite       4       10,534       4 Proc Rms + 16 Pre/Post Proc         mb Surgery Suite       8       18,912       6 OR's + 2 Shell         mb Surgery Suite       8       18,912       6 OR's + 2 Shell         processory PACU       28       12,082       Pre/Post Rooms         UPPORT SERVICES	ET/CT	1	2,374	Supports Cancer Center	
ehab         8,861         PT/OT/Hand/Speech           re Procedure Testing         4         2,628         Exam Rms           ndo Suite         4         10,534         4 Proc Rms + 16 Pre/Post Proc           mb Surgery Suite         8         18,912         6 OR's + 2 Shell           re/Post/PACU         28         12,082         Pre/Post Rooms           UPPORT SERVICES	naging - Shelled space	2	3,522	shelled space (1MRI & 1CT)	
re Procedure Testing       4       2,628       Exam Rms         ndo Suite       4       10,534       4 Proc Rms + 16 Pre/Post Proc         mb Surgery Suite       8       18,912       6 OR's + 2 Shell         re/Post/PACU       28       12,982       Pre/Post Rooms         UPPORT SERVICES	ehab		8,861	PT/OT/Hand/Speech	
ndo Suite       4       10,534       4 Proc Rms + 16 Pre/Post Proc         mb Surgery Suite       8       18,912       6 OR's + 2 Shell         re/Post/PACU       28       12,082       Pre/Post Rooms         UPPORT SERVICES	re Procedure Testing	4	2,628	Exam Rms	· · · · · · · · · · · · · · · · · · ·
B         18,912         6 OR's + 2 Shell           re/Post/PACU         28         12,082         Pre/Post Rooms           UPPORT SERVICES         4,183         Dedicated to CASS           dministrative         2,461         supports ASC, Clinics & Endo           vS         1,454         bading Dock/Materials         1,507           tail Room         91         aclities         2,060           aclities         765         accurity         595           GSF         175,522         accurity         595           Communications /LAN         27,112         Exterior/ Stacking         3%           MEP*         14%         27,112         Exterior/ Stacking         3%           6,500         23,176         TARGET FLOORPLAT           Delta         25,176         TARGET FLOORPLAT           LOOR GROSS AREA         223,176         SSF MULTIPLER         1.27	ndo Suite	4	10.534	4 Proc Rms + 16 Pre/Post Proc	
Image of the process of the proces of the proces of the process of the process of the pr	mb Surgery Suite	8	18,912	6 OR's + 2 Shell	
Correction     20     10/10/10/10/10/10/10/10/10/10/10/10/10/1	re/Post/PACI	28	12 082	Pre/Post Rooms	
PD     4,183     Dedicated to CASS       dministrative     2,461       atellite Pharmacy     1,125       Supports ASC, Clinics & Endo       VS     1,454       bading Dock/Materials     1,507       Atail Room     91       upply Storage     2,060       acclitties     765       ecurity     595       GSF     175,522       Communications / LAN       Closets/Distributed MEP       Building Circulation     8%       14,042       MEP*     14%       27,112       Exterior/ Stacking     3%       6,500       OTAL BUILDING GROSS SF (BGSF)       223,176       LOOR GROSS AREA       GSF WITH PENTHOUSE       GSF MULTIPLIER		20			
1.2       1,25       Declarated to CA33         dministrative       2,461       1         atellite Pharmacy       1,125       Supports ASC, Clinics & Endo         vs       1,454       1         bading Dock/Materials       1,507       1         fail Room       91       1         upply Storage       2,060       1         acilities       765       1         ecurity       595       5         GSF       175,522       1         Communications / LAN       27,112       1         Closets/Distributed MEP       8       14,042         Building Circulation       8%       14,042         MEP*       14%       27,112         Exterior/Stacking       3%       6,500         OTAL BUILDING GROSS SF (BGSF)       223,176         LOOR GROSS AREA       25,176         GSF WITH PENTHOUSE       223,176         GSF MULTIPLIER       1.27			4 183	Dedicated to CASS	
Attellite Pharmacy     1,125       atellite Pharmacy     1,125       Supports ASC, Clinics & Endo       VS     1,454       oading Dock/Materials     1,507       Aail Room     91       upply Storage     2,060       acilities     765       ecurity     595       GSF     175,522       Communications / LAN       Closets/Distributed MEP       Building Circulation     8%       MEP*     14,042       MEP*     14%       27,112     Exterior/ Stacking       Master Plan     198,000       Delta     25,176	dministrative		2 /61		
Aleiner Printingy     1,123     Supports ASC, Clinics & Elido       VS     1,454       Oading Dock/Materials     1,507       Aail Room     91       upply Storage     2,060       acilities     765       ecurity     595       GSF     175,522       Communications / LAN     27,112       Closets/Distributed MEP     8%       Building Circulation     8%       MEP*     14%       27,112     Exterior/ Stacking       MEP*     14%       27,112     Exterior/ Stacking       Master Plan     198,000       Delta     25,176	atollito Pharmacy		1 125	Supports ASC Clinics & Endo	
V3     1,434       Dading Dock/Materials     1,507       Aail Room     91       upply Storage     2,060       acilities     765       ecurity     595       GSF     175,522       Communications / LAN       Closets/Distributed MEP       Building Circulation     8%       MEP*     14%       Z7,112     Exterior/ Stacking       Master Plan     198,000       TARGET FLOORPLAT       Delta     25,176       LOOR GROSS AREA     223,176       GSF WITH PENTHOUSE     223,176       GSF MULTIPLIER     1.27			1,125	Supports ASC, Clinics & Endo	
Jacking Dock Materials     1,507       fail Room     91       upply Storage     2,060       acilities     765       ecurity     595       GSF     175,522       Communications / LAN Closets/Distributed MEP     14,042       Building Circulation     8%     14,042       MEP*     14%     27,112       Exterior/ Stacking     3%     6,500       OTAL BUILDING GROSS SF (BGSF)     223,176       LOOR GROSS AREA     25,176       GSF WITH PENTHOUSE     223,176       GSF WITH PENTHOUSE     223,176       GSF MULTIPLIER     1.27	and Dock (Matariala		1,454		
International control of the second secon			1,507		
upping storage     2,000       acilities     765       ecurity     595       rGSF     175,522       Communications / LAN     175,522       Closets/Distributed MEP     8%       Building Circulation     8%       MEP*     14%       27,112     Exterior/ Stacking       Exterior/ Stacking     3%       6,500     0TAL BUILDING GROSS SF (BGSF)       223,176     198,000       Delta     25,176       LOOR GROSS AREA     223,176			91		
actinities //65 ecurity 595 OGSF 175,522 Communications / LAN Closets/Distributed MEP Building Circulation 8% 14,042 MEP* 14% 27,112 Exterior/Stacking 3% 6,500 OTAL BUILDING GROSS SF (BGSF) 223,176 Master Plan 198,000 TARGET FLOORPLAT Delta 25,176 CLOOR GROSS AREA SGSF WITH PENTHOUSE 223,176 1.27	upply storage		2,060		
ecurity     595       DGSF     175,522       Communications / LAN Closets/Distributed MEP	acilities		765		
Communications / LAN Closets/Distributed MEPBuilding Circulation8%14,042MEP*14%27,112Exterior/ Stacking3%6,500OTAL BUILDING GROSS SF (BGSF)223,176Master Plan198,000TARGET FLOORPLAT DeltaDelta25,176LOOR GROSS AREA223,176GSF WITH PENTHOUSE223,176GSF MULTIPLIER1.27	ecurity		595		ļ
Closets/Distributed MEP Building Circulation 8% 14,042 MEP* 14% 27,112 Exterior/ Stacking 3% 6,500 COTAL BUILDING GROSS SF (BGSF) 223,176 Master Plan 198,000 TARGET FLOORPLAT Delta 25,176 CLOOR GROSS AREA SGSF WITH PENTHOUSE 223,176 SGSF MULTIPLIER 1.27	Communications (1AN		175,522		l
Building Circulation 8% 14,042 MEP* 14% 27,112 Exterior/ Stacking 3% 6,500 TOTAL BUILDING GROSS SF (BGSF) 223,176 Master Plan 198,000 TARGET FLOORPLAT Delta 25,176 FLOOR GROSS AREA SGSF WITH PENTHOUSE 223,176 GGSF MULTIPLIER 1.27	Continuations / LAN				
Building Circulation       8%       14,042         MEP*       14%       27,112         Exterior/Stacking       3%       6,500         OTAL BUILDING GROSS SF (BGSF)       223,176         Master Plan       198,000       TARGET FLOORPLAT         Delta       25,176         CLOOR GROSS AREA       223,176         SGSF WITH PENTHOUSE       223,176         GGSF MULTIPLIER       1.27		00/	11010	F	]
MEP*14%2/,112Exterior/Stacking3%6,500OTAL BUILDING GROSS SF (BGSF)223,176Master Plan198,000TARGET FLOORPLATDelta25,176LOOR GROSS AREA223,176GSF WITH PENTHOUSE223,176GSF MULTIPLIER1.27	Building Circulation	8%	14,042	L	
Exterior/ stacking       3%       6,500         OTAL BUILDING GROSS SF (BGSF)       223,176         Master Plan       198,000         Delta       25,176         LOOR GROSS AREA       223,176         GSF WITH PENTHOUSE       223,176         GSF MULTIPLIER       1.27	MEP*	14%	27,112		
Master Plan     198,000     TARGET FLOORPLAT       Delta     25,176       LOOR GROSS AREA     25,176       GSF WITH PENTHOUSE     223,176       GSF MULTIPLIER     1.27	Exterior/ Stacking	3%	6,500		T
Master Plan     198,000     TARGET FLOORPLAT       Delta     25,176       LOOR GROSS AREA       GSF WITH PENTHOUSE     223,176       GSF MULTIPLIER     1.27	UTAL BUILDING GROSS SF (BGS	or)	223,176		
Delta     25,176       ILOOR GROSS AREA     223,176       IGSF WITH PENTHOUSE     223,176       IGSF MULTIPLIER     1.27	Master Plan		198,000		TARGET FLOORPLATE
BGSF WITH PENTHOUSE     223,176       BGSF MULTIPLIER     1.27	Delta		25,176		
BGSF WITH PENTHOUSE223,176BGSF MULTIPLIER1.27	LOOR GROSS AREA				
GSF WITH PENTHOUSE223,176IGSF MULTIPLIER1.27					
BGSF WITH PENTHOUSE     223,176       BGSF MULTIPLIER     1.27					ļ
3GSF MULTIPLIER 1.27	GSF WITH PENTHOUSE		223,176		
	GSF MULTIPLIER		1.27		
					_

## **Center for Advance**

SPACE PROGRAM SUMMARY

## )PTION - 1

DEPARTMENT NAME	#KPUs	DGSF					_		_	
CANCED CENTED			1	2	3	4	5	6	7	8
Breast Imaging	8	5 442								5 442
Cancer Clinic	24	12 258								12 258
Cancer Center Admin	24	3 993								12,230
Chemotherapy/Infusion	30	9 426								
Infusion Pharmacy	50	2 786								
CLINICS		2,700								
GLClinic	12	5 689				5 689				
Onhthalmology	24	13,060				5,005			13.060	
Orthonedics	24	13 156					13 156		13,000	
ENT/OMES	12	9 173					13,130		9 173	
General Surgery Clinic	12	5,666		5 666					5,175	
Staff Lounge/Support	12	2 510		5,000		502	502			1004
		2,510				502	502			1004
Café		2 125								
Registration		1 678		280		280	280		280	280
Conference		1 878	1 878	200		200	200		200	200
Ontical Shop		868	1,070							
Lobby/Public Areas		3 545	2 374							
Retail Pharmacy		1 386	2,374							
DIAGNOTSTICS / TREATMENT		1,500								
OP Lab	5	1 864	1 864							
	6	5 865	5 865							
	1	2 374	5,805							2 374
Imaging - Shelled space	2	3 5 2 2	1 522				2 000			2,374
Rehah	2	8 861	1,522			1 861	1 000			
Pre Procedure Testing	Δ	2 628		2 628		4,001	4,000			
Endo Suite	4	10 534		2,020		10 534				
Amb Surgery Suite	8	18 912		1 800	17 112	10,004				
Pre/Post/PACI	28	12 082		12 082	17,112					
SUPPORT SERVICES	20	12,002		12,002						
SPD		4 183			4 183					
Administrative		2 461			4,105		2 461			
Satellite Pharmacy		1 125			1 1 2 5		2,401			
FVS		1 454			1,123					1
Loading Dock/Materials		1 507								
Mail Boom		91								
Supply Storage		2 060								
Facilities		765								
Security		595								
DGSF		175.522	13.503	22.456	22.420	21.866	22.399		22.513	21.358
Communications / LAN				,	,	,	,			
Closets/Distributed MEP			718	718	718	718	718		718	718
Building Circulation	8%	14,042	1,560	1,560	1,560	1,560	1,560		1,560	1,560
MEP*	14%	27,112								
Exterior/ Stacking	3%	6,500								
TOTAL BUILDING GROSS SF (BGS	ŝF)	223,176	15,781	24,734	24,698	24,144	24,677		24,791	23,636
Master Plan		198,000	16,130	24,850	24,850	24,850	24,850		24,850	24,850
Delta		25,176	349	116	152	706	173		59	1,214
FLOOR GROSS AREA			1.17	1.10	1.10	1.10	1.10		1.10	1.11
		Г	GSF							
BGSF WITH PENTHOUSE		<b>223,176</b> B	GSF per Floor		-					

BGSF MULTIPLIER

#REF!

1.27 Total BGSF

CHECK ON PROGRAM TOTAL

# Center for Advanced

SPACE PROGRAM SUMMARY

DEPARTMENT NAME	#KPUs	DGSF	9	10	11	Total
CANCER CENTER						
Breast Imaging	8	5,442				
Cancer Clinic	24	12,258				
Cancer Center Admin		3,993	3,993			
Chemotherapy/Infusion	30	9,426	9,426			
Infusion Pharmacy		2,786	2,786			
CLINICS						
GI Clinic	12	5,689				
Ophthalmology	24	13,060				
Orthopedics	24	13,156				
ENT/ OMFS	12	9,173				
General Surgery Clinic	12	5,666				
Staff Lounge/Support		2,510	502			
PUBLIC SPACES						
Café		2,125				
Registration		1,678	280			
Conference		1,878				
Optical Shop		868				
Lobby/Public Areas		3.545				
Retail Pharmacy		1.386				
DIAGNOTSTICS / TREATMENT						
OP Lab	5	1.864				
Imaging	6	5.865				
PFT/CT	1	2.374				
Imaging - Shelled space	2	3.522				
Rehah		8 861				
Pre Procedure Testing	4	2 628				
Endo Suite	4	10 534				
Amb Surgery Suite	8	18 912				
Pre/Post/PACI	28	12,912				
SUPPORT SERVICES	20	12,002				
		4 192				
Administrativo		4,183				
Satellite Pharmacy		2,401				
		1,125				
EVS		1,454				
		1,507				
		91				
Supply Storage		2,060				
Facilities		765				
Security		175 595	16.097			
Communications / LAN		1/5,522	10,987	-	-	
Closets/Distributed MFP			718			6 462
Building Circulation	<b>2</b> %	11 017	1 560			1 <u>4</u> 0 <u>4</u> 0 <u>7</u>
NAED*	570 1 <i>1</i> %	17,072 27 112	1,500			17, <b>07</b> 2
IVIEP - Exterior/Stacking	14 <i>1</i> 0 2%	27,112 6 500				
TOTAL BUILDING GROSS SE (BGS	F)	223.176	19.265			
Master Plan	,	198,000	24,850			
Delta		25,176	5.585			
FLOOR GROSS AREA		23,170	1 13			
			1.13			
BGSF WITH PENTHOUSE		223.176				
BGSF MULTIPLIER		1.27				

#REF!

CHECK ON PROGRAM TOTAL

stacking

# Center for Advanced

SPACE PROGRAM SUMMARY

### **STACKING OPTION - 3 INTEGRATED VERTICALLY**

DEPARTMENT NAME	#KPUs	DGSF
CANCER CENTER		
Breast Imaging	8	5,442
Cancer Clinic	24	12,258
Cancer Center Admin		3,993
Chemotherapy/Infusion	30	9,426
Infusion Pharmacy		2,786
CLINICS		
GI Clinic	12	5,689
Ophthalmology	24	13,060
Orthopedics	24	13,156
ENT/ OMFS	12	9,173
General Surgery Clinic	12	5,666
Staff Lounge/Support		2,510
PUBLIC SPACES		
Café		2,125
Registration		1,678
Conference		1,878
Optical Shop		868
Lobby/Public Areas		3,545
Retail Pharmacy		1,386
DIAGNOTSTICS / TREATMENT		
OP Lab	5	1,864
Imaging	6	5,865
PET/CT	1	2,374
Imaging - Shelled space	2	3,522
Rehab		8,861
Pre Procedure Testing	4	2,628
Endo Suite	4	10,534
Amb Surgery Suite	8	18,912
Pre/Post/PACU	28	12,082
SUPPORT SERVICES		
SPD		4,183
Administrative		2,461
Satellite Pharmacy		1,125
EVS		1,454
Loading Dock/Materials		1,507
Mail Room		91
Supply Storage		2,060
Facilities		765
Security		595
DGSF		175,522
Communications / LAN		
Closets/Distributed MEP		
Building Circulation	8%	14,042
MEP*	14%	27,112
Exterior/ Stacking	3%	6,500
TOTAL BUILDING GROSS SF (BGS	SF)	223,176
Master Plan		198,000
FLOOR GROSS AREA		25,176
BGSF WITH PENTHOUSE		223,176
BGSF MULTIPLIER		1.27
CHECK ON PROGRAM TOTAL		#REF!

G	1	2	3	4	5	6	7
						5.689	
						13,060	
						9,173	
						5,666	
						837	
2,125							
						559	
						1,878	
1 5 / 5						2 000	
1,545						1 386	
						1,580	
						1.864	
						_,	
						2,628	
							10,534
							18,912
							12,082
							4,183
							1 1 2 5
1 //5/							1,125
1,434							
91							
2,060							
765							
595							
10,142	-	-	-	-	-	45,608	46,836
0.96						0.96	096
980 2 808						980 2 808	980 2 808
2,000						2,000	2,000
13,936	-	-	-	-	-	49,402	50,630
14,300	-	-	-	-	-	51,500	51,500
364	-	-	-	-	-	2,098	870
1.37						1.08	1.08

175,522 DGSF 194,494 BGSF 223,176

# Center for Advanced

SPACE PROGRAM SUMMARY

DEPARTMENT NAME	#KPUs	DGSF	8	9	10	Total
CANCER CENTER						
Breast Imaging	8	5,442		5,442		
Cancer Clinic	24	12,258		12,258		
Cancer Center Admin		3,993		3,993		
Chemotherapy/Infusion	30	9,426		9,426		
Infusion Pharmacy		2,786		2,786		
CLINICS						
GI Clinic	12	5,689				
Ophthalmology	24	13,060				
Orthopedics	24	13.156	13.156			
ENT/ OMFS	12	9.173	-,			
General Surgery Clinic	12	5,666				
Staff Lounge/Support		2,510	837	837		
		2,510	007	007		
Café		2 125				
Registration		1 679	550	550		
Conference		1 070	222	222		
Ontical Shan		1,070				
		808				
Lobby/Public Areas		3,545				
		1,386				
DIAGNOTSTICS / TREATMENT	_					
OP Lab	5	1,864				
Imaging	6	5,865	5,865			
PET/CT	1	2,374		2,374		
Imaging - Shelled space	2	3,522	3,522			
Rehab		8,861	8,861			
Pre Procedure Testing	4	2,628				
Endo Suite	4	10,534				
Amb Surgery Suite	8	18,912				
Pre/Post/PACU	28	12,082				
SUPPORT SERVICES						
SPD		4,183				
Administrative		2,461	2,461			
Satellite Pharmacy		1,125				
EVS		1,454				
Loading Dock/Materials		1,507				
Mail Room		91				
Supply Storage		2,060				
Facilities		765				
Security		595				
DGSF		175,522	35,261	37,675		
Communications / LAN						
Closets/Distributed MEP			986	986		4,930
Building Circulation	8%	14,042	2,808	2,808		14,042
MEP*	14%	27,112				
Exterior/ Stacking	3%	6,500				
TOTAL BUILDING GROSS SF (BGS	F)	223,176	39,055	41,469		
Master Dian		198,000	51,500	51,500		
iviaster Plan						
Delta		25,176	12,445	10,031		

BGSF WITH PENTHOUSE
BGSF MULTIPLIER

223,176
1.27

CHECK ON PROGRAM TOTAL

# Center for Advanced Surgical Services

DEPARTMENT NAME         # KPU         DGSF         MP DGSF         COMMENTS         New NP DGS         Service Type           CANCER CENTER         33,00         21,000         12,005           Breast Innging         8         5,442         5,442         Manuacy adds(1)         -	SPACE PROGRAM SUM	MARY				UPDATED 4/12/18	Per Serv	/ice Type	Chg by
CANCER CENTER         Cancer Claims         33,905         21,900         12,005           Breast Imaging         8         5,442         SAMMINUS sadely         5,442         XMMINUS sadely         XMMINUS sadely         5,442         XMMINUS sadely         49,254         49,000         2,588         XMMINUS sadely         49,254         49,000         354         10,000         12,005         49,000         12,015         49,000         2,586         XMMINUS sadely         49,254         48,900         354         11,000         12,015	DEPARTMENT NAME	# KPU	DGSF	MP DGSF	COMMENTS		New DGSF	MP DGSF	Service Type
Breast Imaging         B         5,442         Imaging         Entitic Program Add (2) Smooth from Imaging           Gancer Admin         12,258         9,600         2,658	CANCER CENTER						33,905	21,900	12,005
Cancer Clinic         24         12,258         9,600         2,654         Ventionality           Cancer Admin         3,993         3,993         70gram Add         1	Breast Imaging	8	5 112		5 1/12	Partial Program Add (2 US moved from Imaging			
Cancer Admin         L         Losso         Jobs         Frequent Add           Influsion Center         30         9,426         9,300         126         Influsion Pharmary         30         2,786         3,000         (214)         49,254         48,000         354           CLINIC         12         5,686         4,800         8,889         Influsion Pharmary         30         2,786         3,000         (214)         49,254         48,000         354           Orthopedits         12         5,666         4,800         8,660         Influsion Pharmary         30         2,786         3,565           ENT/OMFS Clinic         12         9,173         10,600         (1,427)         Influston Pharmary         13,941         14,300         (389)           Administrative Suite         15         2,451         4,2,25         Influston Pharmary         13,941         14,300         (389)           Optical Shop         888         888         Fregram Add         Influston Pharmary         1,365         Influston Pharmary         1,364         14,300         (389)           Optical Shop         888         5,000         6,554         9,500         (5,955)         Influston Pharena Add           Optical Sho	Cancer Clinic	24	12 258	9 600	2 658				
Intusion Center         30         9,426         9,300         128           Infusion Center         30         2,786         3,000         124            Infusion Pharmacy         30         2,786         3,000         124            Gl Clinic         12         5,689         4,800         839             Ophthalmology Clinic         24         13,056         9,600         3,456         Program Add for D. Trusing             Onthogedics         24         13,156         9,600         3,556                        3,411         14,300         (3,59)                3,411         14,300         (3,59)             3,411         14,300         (3,59)             3,411         14,320         (3,59)             3,411         14,320         (3,59)             3,411	Cancer Admin	21	3 993	5,000	3 993	Program Add			
Initiation Pharmacy         30         2,78         3,000         (21)           CLINICS         -	Infusion Center	30	9 426	9 300	126				
CHINICS         22         2.000         0.000         (2027)         49,254         48,900         354           Gi Clinic         12         5,689         4,800         889         Optamalinology Clinic         24         13,156         9,600         3,460         Program Add for Dx Testing           Orthopedics         24         13,156         9,600         3,556	Infusion Pharmacy	30	2,786	3.000	(214)				
Gi Clinic       12       5,689       4,800       889         Ophthalmology Clinic       24       13,060       9,600       3,660       Program Add for 0x Testing         Orthopedics       24       13,156       9,600       3,660       Program Add for 0x Testing         Orthopedics       12       9,173       10,600       (1,427)         General Surgery Clinic       12       5,666       4,800       866         Staff Support       12,510       9,500       (6,990)       13,941       14,300       (359)         Administrative Suite       15       2,461       4,800       (2,339)       1678       Included in Lobby, Retail & Food         Optical Shop       858       858       Road       Road       Included in Lobby, Retail & Food         Optical Shop       858       858       Program Add       Included in Lobby, Retail & Food         Optical Shop       858       858       Program Add       Include in Lobby, Retail & Food         Optical Shop       858       858       Program Add       Include in Lobby, Retail & Food         Optical Shop       858       Staff Support       Intell Paramaty       Intell Paramaty         OlAGNOTSTICS / TREATMENT       Intell Paramaty       Intell Parama	CLINICS			0,000	(== ·)		49,254	48,900	354
Ophthalmology Clinic         24         13,060         9,600         3,460         Program Add for Da Testing           Orthopedics         24         13,156         9,600         3,556	GI Clinic	12	5.689	4.800	889				
Orthopedics         24         13,156         9,600         3,556         0         0           CMT/OMPS Clinic         12         9,173         10,000         (1,427)         0         0           Staff Support         12         5,566         4,800         866         0	Ophthalmology Clinic	24	13.060	9.600	3.460	Program Add for Dx Testing			
NT/OMFS Clinic         12         9,173         10,600         (1,427)           General Surgery Clinic         12         5,666         4,800         866           Staff Support         12         5,566         4,800         66,690)           PUBLIC SPACES         13,941         14,300         (359)           Administrative Suite         15         2,461         4,800         (2,339)           Café         45         2,125         1,275         Included in Lobby, Retail & Food           Obtivative Registration         1,678         1,578         Included in Lobby, Retail & Food           Optical Shop         868         868         Program Add           Obtory Staff         9,500         (5,955)         66,642         55,200         11,442           Endoscopy Suite         4         10,534         8,000         2,534         66,642         55,200         11,442           Imaging - EFT/CT         1         2,374         Program Add         66,642         55,200         11,442           Orbab         5         1,864         6,200         (4,336)         InoP tab         5         1,864         2,000         (339)           PreOP/ Phase 2 Rec/ PACU         28         12,08	Orthopedics	24	13.156	9.600	3.556				
General Surgery Clinic         12         5,666         4,800         866           Staff Support         2,510         9,500         (6,999)           UBUC SPACES         13,941         14,300         (359)           Administrative Suite         15         2,461         4,800         (2,339)           Café         45         2,125         2,125         16,048d in Lobby, Retail & Food           Obstributed Registration         1,678         1,678         fncluded in Lobby, Retail & Food           Optical Shop         868         868         Program Add           Cobby, Retail, Food, Education         3,545         9,500         (5,955)           Inaging         6         5,865         5,000         868         Rogram Add           PIAGNOTSTICS / TREATMENT         66,642         55,200         11,442           Imaging - PET/CT         1         2,374         Program Add           Outpatient Surgery         8         18,912         2,2,200         (4,335)           Outpatient Surgery         8         18,912         2,2,200         (3,288)         include All Grady OP Rehab Therapy           SUPPCAR Stavices         12,828         12,082         10,282         in Asc         11,780         1	ENT/OMFS Clinic	12	9.173	10.600	(1.427)				
staff Support       1       2,510       9,500       (6,990)         PUBLCSPACES	General Surgery Clinic	12	5,666	4,800	866				
PUBLIC SPACES         13,941         14,300         (359)           Administrative Suite         15         2,461         4,800         (2,339)         (2,339)           Café         45         2,125         2,125         included in Lobby, Retail & Food         (2,339)           Distributed Registration         1,678         included in Lobby, Retail & Food         (2,534)         (2,595)           Optical Shop         868         868         Program Add         (6,642         55,200         11,442           Inby Retail Action         3,545         9,500         (2,595)         (2,595)         (2,595)         (2,595)           Retail Pharmacy         1,386         1,386         Program Add         (6,642         55,200         11,442           Imaging         6         5,865         5,000         865         HoR, 2US         (2,043)         (2,043)         (2,044)         (2,042)         (2,041)         (2,042) </td <td>Staff Support</td> <td></td> <td>2.510</td> <td>9.500</td> <td>(6.990)</td> <td></td> <td></td> <td></td> <td></td>	Staff Support		2.510	9.500	(6.990)				
Administrative Suite       15       2,461       4,800       (2,339)         Café       45       2,125       (2,125)       Included in Lobby, Retail & Food         Distributed Registration       1,678       (1,678)       Included in Lobby, Retail & Food         Optical Shop       3       1,878       (1,978)       Included in Lobby, Retail & Food         Optical Shop       868       868       Program Add         Lobby, Retail, Food, Education       3,545       9,500       (5,955)         Retail Pharmacy       1,386       1,386       Program Add         DIAGNOTSICS / TREATMENT       66,642       55,200       11,442         Endoscopy Suite       4       10,534       8,000       2,534         Imaging - Shelled spaced       2       3,522       4,500       (978)         Inaging - Shelled spaced       2       3,522       4,500       (978)         OP Lab       5       1,864       6,200       (4,336)       0         Outpatient Surgery       8       18,912       2,2200       (3,28)       Includes All Grady OP Rehab Therapy         SUPPORT SERVICES       1,454       4,400       (2,946)       Called Logistics & Staff in MP         Facility Services       1,455	PUBLIC SPACES		_,		(0,000)		13,941	14,300	(359)
Café         45         2,125         2,125         Included in Lobby, Retail & Food           Distributed Registration         1,678         1,678         Included in Lobby, Retail & Food           Conference / Education         3         1,878         Included in Lobby, Retail & Food           Optical Shop         868         Regram Add         Retail & Food           Lobby, Retail, Food, Education         3,545         9,500         (5,955)           Retail Pharmacy         1,386         1,386         Program Add           DIAGNOTSTICS / TREATMENT         66,642         55,200         11,442           Imaging - PET/CT         1         2,374         Program Add           Op Lab         5         1,864         6,200         (4,336)           Outpatient Surgery         8         18,912         22,200         (3,288)           Orlptaient Surgery         8         18,912         22,000         (3,288)           Orlptaient Surgery         8         18,912         22,000         (3,288)         Includes All Grady OP Rehab Therapy           SuPPORT SERVICES         765         Q         1,000         1,780         10,000         1,780           Raiding Dock         1,507         1,507         Caliel dogistics &	Administrative Suite	15	2.461	4.800	(2.339)				
Distributed Registration         1 <td>Café</td> <td>45</td> <td>2.125</td> <td>,</td> <td>2.125</td> <td>Included in Lobby. Retail &amp; Food</td> <td></td> <td>-</td> <td></td>	Café	45	2.125	,	2.125	Included in Lobby. Retail & Food		-	
Conference / Education         3         1,878         1,878         Included in Lobby, Retail & Food           Optical Shop         8668         868         Program Add           Lobby, Retail, Food, Education         3,545         9,500         (5,955)           Retail Pharmacy         1,386         9,500         (5,955)           Retail Pharmacy         1,386         9,500         (5,955)           DAGNOTSTICS / TREATMENT         66,642         55,200         11,442           Endoscopy Suite         4         10,534         8,000         2,534           Imaging         6         5,865         5,000         865         HDR, 205           Imaging PET/CT         1         2,374         Program Add         100           OP Lab         5         1,864         6,200         (4,336)         100           Outpatient Surgery         8         18,912         22,200         (3,288)         includes 2 shelled OR spaces           Pre-OP/ Phase 2 Rec/ PACU         28         12,082         10.602         10.780           SUPPORT SERVICES         1,454         4,400         (2,946)         Called Logistics & Staff in MP           Saditing Dock         1,455         765         Called Logistics & Staff	Distributed Registration		1.678		1.678	Included in Lobby. Retail & Food			
Optical Shop         2         5/11         9/12	Conference / Education	3	1.878		1.878	Included in Lobby. Retail & Food			
Loby, Retail, Food, Education         3,545         9,500         (5,955)           Retail Pharmacy         1,386         1,386         Program Add           DIAS/OTSTICS / TREATMENT         66,642         55,200         11,442           Endoscopy Suite         4         10,534         8,000         2,534         66,642         55,200         11,442           Imaging         6         5,865         5,000         865         HDR, 2 US         10,334         10,334         10,334         10,334         10,334         10,334         10,334         10,334         11,442           Imaging         6         5,865         5,000         865         HDR, 2 US         11,442         11,442         11,442           Imaging - Shelled spaced         2         3,522         4,500         (978)         shelled area for future 1MR, 1CT         0P Lab         5         1,864         6,200         (4,336)         10,004 spaces         11,780         10,000         1,780           Pre-Admission Testing         4         2,628         10,282         In ASC         11,780         10,000         1,780           ProPOP / Shase 2 Rec/ PACU         28         14,44         4,400         (2,946)         Called Logistics & staff in MP	Optical Shop		868		868	Program Add			
Retail Pharmacy         1,386         Program Add           DIAGNOTSTICS / TREATMENT         66,642         55,200         11,442           Endoscopy Suite         4         10,534         8,000         2,534           Imaging         6         5,865         5,000         865         HOR, 2 US           Imaging - PET/CT         1         2,374         Program Add         1000           Imaging - Shelled spaced         2         3,522         4,500         (978)         shelled area for future 1MR, 1CT           OP Lab         5         1,864         6,200         (4,336)             Outpatient Surgery         8         18,912         22,200         (3,288)         includes 2 shelled OR spaces           Pre-OP Phase 2 Rec/ PACU         28         12,082         in ASC             PT/OT/Speech Rehab         15         8,861         9,300         (439)         includes All Grady OP Rehab Therapy            SupPort SERVICES         11,780         10,000         1,780         10,000         1,780           Maid gook         1,507         1,507         Called Logistics & Staff in MP             Gading Dock         1,507         Sp	Lobby, Retail, Food, Education		3.545	9.500	(5.955)				
DIAGNOTSTICS / TREATMENT         66,642         55,200         11,442           Endoscopy Suite         4         10,534         8,000         2,534         66,642         55,200         11,442           Endoscopy Suite         4         10,534         8,000         2,534         66,642         55,200         11,442           Imaging         6         5,865         5,000         865         HOR, 2 US         11         11,442 <td>Retail Pharmacy</td> <td></td> <td>1.386</td> <td></td> <td>1.386</td> <td>Program Add</td> <td></td> <td></td> <td></td>	Retail Pharmacy		1.386		1.386	Program Add			
Endoscopy Suite         4         10,534         8,000         2,534           Imaging         6         5,865         5,000         865         HDR, 2 US           Imaging - PET/CT         1         2,374         2,374         Program Add           Imaging - shelled spaced         2         3,522         4,500         (978) shelled area for future 1MR, 1CT           OP Lab         5         1,864         6,200         (4,336)            Outpatient Surgery         8         18,912         22,200         (3,288) includes 2 shelled OR spaces           Pre-PerOP / Phase 2 Rec/ PACU         28         12,082         in OP Lab            SUPPORT SERVICES         1         1,454         4,400         (2,946) Called Logistics & Staff in MP           SupPORT SERVICES         1,454         4,400         (2,946) Called Logistics & Staff in MP           Adaing Dock         1,507         1,507         Called Logistics & Staff in MP           Mail Room         91         91         called Logistics & Staff in MP           Safety and Security         595         Called Logistics & Staff in MP           Safetlie Pharmacy         1,125         1,125         include in CA           Shell Level 5         2,300 <td< td=""><td>DIAGNOTSTICS / TREATMENT</td><td></td><td>_,</td><td>Į</td><td>_,</td><td></td><td>66,642</td><td>55,200</td><td>11,442</td></td<>	DIAGNOTSTICS / TREATMENT		_,	Į	_,		66,642	55,200	11,442
Imaging         6         5,865         5,000         865         HDR, 2 US           Imaging - PET/CT         1         2,374         2,374         Program Add           Imaging - shelled spaced         2         3,522         4,500         (978)         shelled area for future 1MR, 1CT           OP Lab         5         1,864         6,200         (4,336)             Outpatient Surgery         8         18,912         22,200         (3,288)         includes 2 shelled OR spaces           Pre-Admission Testing         4         2,628         2,628         in OP Lab            PTOT/Speech Rehab         15         8,861         9,300         (439)         includes All Grady OP Rehab Therapy           SUPPORT SERVICES         11,780         10,000         1,780           Environmental Services         1,454         4,400         (2,946)         Called Logistics & Staff in MP           Loading Dock         1,507         1,507         Called Logistics & Staff in MP           Safety and Security         595         595         Called Logistics & Staff in MP           Satellite Pharmacy         1,125         1,125         Included in CA           Shell Level 5         2,300         (2,300)	Endoscopy Suite	4	10.534	8.000	2.534				
Description         1         2,374         2,374         Program Add           Imaging - PET/CT         1         2,374         Program Add           Imaging - Shelled spaced         2         3,522         4,500         (978) shelled area for future 1MR, 1CT           OP Lab         5         1,864         6,200         (4,336)             Outpatient Surgery         8         18,912         22,200         (3,288) includes 2 shelled OR spaces            Pre-OP/ Phase 2 Rec/ PACU         28         12,082         12,082         in OP Lab            PT/OT/Speech Rehab         15         8,861         9,300         (439)         includes All Grady OP Rehab Therapy            SUPPORT SERVICES           765         Called Logistics & Staff in MP            Loading Dock         1,507         1,507         Called Logistics & Staff in MP             Safety and Security         595         595         Called Logistics & Staff in MP             Sterille Pharmacy         1,125         1,125         Included in CA              Sterille Processing Department         8         4,183         3,300 <td>Imaging</td> <td>6</td> <td>5,865</td> <td>5,000</td> <td>865</td> <td>HDR, 2 US</td> <td></td> <td></td> <td></td>	Imaging	6	5,865	5,000	865	HDR, 2 US			
Imaging - shelled spaced         2         3,522         4,500         (978)         shelled area for future 1MR, 1CT           OP Lab         5         1,864         6,200         (4,336)             Outpatient Surgery         8         18,912         22,200         (3,288)         includes 2 shelled OR spaces           Pre-Admission Testing         4         2,628         2,628         In OP Lab            PreOP/ Phase 2 Rec/ PACU         28         12,082         In ASC             PT/OT/Speech Rehab         15         8,861         9,300         (439)         Includes All Grady OP Rehab Therapy            SUPPORT SERVICES          11,780         10,000         1,780           Environmental Services         1,454         4,400         (2,946)         Called Logistics & Staff in MP           Loading Dock         1,507         1,507         Called Logistics & Staff in MP           Mail Room         91         91         Called Logistics & Staff in MP           Safety and Security         595         Called Logistics & Staff in MP           Satellite Pharmacy         1,125         Included in CA           Shell Level 5         2,300         (2,300)      <	Imaging - PET/CT	1	2,374	,	2,374	Program Add			
OP Lab         5         1.864         6,200         (4,336)           Outpatient Surgery         8         18,912         22,200         (3,288)         includes 2 shelled OR spaces           Pre-Admission Testing         4         2,628         in OP Lab         in P Lab           PreOP/ Phase 2 Rec/ PACU         28         12,082         in ASC           PT/OT/Speech Rehab         15         8,861         9,300         (439)         includes All Grady OP Rehab Therapy           SUPPORT SERVICES          11,780         10,000         1,780           Environmental Services         1,454         4,400         (2,946)         Called Logistics & Staff in MP           Loading Dock         1,507         1,507         Called Logistics & Staff in MP         Materials Management         2,060         Called Logistics & Staff in MP           Materials Management         2,060         2,060         Called Logistics & Staff in MP         Staff in MP           Safety and Security         595         595         Called Logistics & Staff in MP         Staff in MP           Sterille Pharmacy         1,125         1,125         Include in CA         Staff in MP           Sterile Processing Department         8         4,183         3,300         2883	Imaging - shelled spaced	2	3,522	4,500	(978)	shelled area for future 1MR, 1CT			
Outpatient Surgery         8         18,912         22,200         (3,288)         includes 2 shelled OR spaces           Pre-Admission Testing         4         2,628         12,082         In OP Lab           PreOP/ Phase 2 Rec/ PACU         28         12,082         In ASC           PT/OT/Speech Rehab         15         8,861         9,300         (439)         Includes All Grady OP Rehab Therapy           SUPPORT SERVICES         Environmental Services         1,454         4,400         (2,946)         Called Logistics & Staff in MP           Loading Dock         1,507         765         Alled Logistics & Staff in MP         Information MP           Mail Room         91         91         called Logistics & Staff in MP         Stafety and Security         595         Sp55         Called Logistics & Staff in MP           Satellite Pharmacy         1,125         1,125         Included in CA         Staff in MP         Staff in MP<	OP Lab	5	1,864	6,200	(4,336)				
Pre-Admission Testing       4       2,628       1.0 P Lab         Pre-Admission Testing       4       2,628       In OP Lab         PreOP/ Phase 2 Rec/ PACU       28       12,082       In ASC         PT/OT/Speech Rehab       15       8,861       9,300       (439)         SUPPORT SERVICES       Environmental Services       1,454       4,400       (2,946)       Called Logistics & Staff in MP         Loading Dock       1,507       765       Called Logistics & Staff in MP       11,780       10,000       1,780         Mail Room       91       91       Called Logistics & Staff in MP       141	Outpatient Surgery	8	18,912	22,200	(3,288)	includes 2 shelled OR spaces			
PreOP/ Phase 2 Rec/ PACU       28       12,082       12,082       in Asc         PT/OT/Speech Rehab       15       8,861       9,300       (439)       includes All Grady OP Rehab Therapy         SUPPORT SERVICES         Environmental Services       1,454       4,400       (2,946)       Called Logistics & Staff in MP         Facility Services       765       765       Called Logistics & Staff in MP         Loading Dock       1,507       1,507       Called Logistics & Staff in MP         Mail Room       91       91       Called Logistics & Staff in MP         Materials Management       2,060       Called Logistics & Staff in MP         Safety and Security       595       595       Called Logistics & Staff in MP         Satellite Pharmacy       1,125       1,125       Include in CA         Shell Level 5       2,300       (2,300)       Expressing Department       8         DGSF       175,522       150,300       25,222       Expressing Department       8         Girculation/MEP/Exterior/Stacking       42,654       47,700       47,700       Expressing Department	Pre-Admission Testing	4	2.628	,	2.628	In OP Lab			
PT/OT/Speech Rehab158,8619,300(439)Includes All Grady OP Rehab TherapySUPPORT SERVICESEnvironmental Services1,4544,400(2,946)Called Logistics & Staff in MPFacility Services765765Called Logistics & Staff in MPLoading Dock1,5071,507Called Logistics & Staff in MPMail Room9191Called Logistics & Staff in MPMaterials Management2,0602,060Called Logistics & Staff in MPSafety and Security595595Called Logistics & Staff in MPSatellite Pharmacy1,1251,125Included in CAShell Level 52,300(2,300)883DGSF175,522150,300Circulation/MEP/Exterior/Stacking47,65447,700	PreOP/ Phase 2 Rec/ PACU	28	12,082		12,082	In ASC			
SUPPORT SERVICES         Environmental Services       1,454       4,400       (2,946)       Called Logistics & Staff in MP         Facility Services       765       765       Called Logistics & Staff in MP         Loading Dock       1,507       1,507       Called Logistics & Staff in MP         Mail Room       91       91       Called Logistics & Staff in MP         Materials Management       2,060       Called Logistics & Staff in MP         Safety and Security       595       595       Called Logistics & Staff in MP         Satellite Pharmacy       1,125       1,125       Included in CA         Shell Level 5       2,300       (2,300)       Enclude in CA         Circulation/MEP/Exterior/Stacking       47,654       47,700	PT/OT/Speech Rehab	15	8,861	9,300	(439)	Includes All Grady OP Rehab Therapy			
Environmental Services1,4544,400(2,946)Called Logistics & Staff in MPFacility Services765765Called Logistics & Staff in MPLoading Dock1,5071,507Called Logistics & Staff in MPMail Room9191Called Logistics & Staff in MPMaterials Management2,0602,060Called Logistics & Staff in MPSafety and Security595595Called Logistics & Staff in MPSatellite Pharmacy1,1251,125Included in CAShell Level 522,300(2,300)Sterile Processing Department84,1833,300883DGSF175,522150,30025,222Circulation/MEP/Exterior/Stacking47,65447,700	SUPPORT SERVICES			,	, , ,		11,780	10,000	1,780
Facility Services765765Called Logistics & Staff in MPLoading Dock1,5071,507Called Logistics & Staff in MPMail Room9191Called Logistics & Staff in MPMaterials Management2,0602,060Called Logistics & Staff in MPSafety and Security595595Called Logistics & Staff in MPSatellite Pharmacy1,1251,125Included in CAShell Level 52,300(2,300)883DGSF175,522150,30025,222	Environmental Services		1.454	4.400	(2.946)	Called Logistics & Staff in MP			
Loading Dock1,5071,507Called Logistics & Staff in MPMail Room9191Called Logistics & Staff in MPMaterials Management2,0602,060Called Logistics & Staff in MPSafety and Security595595Called Logistics & Staff in MPSatellite Pharmacy1,1251,125Included in CAShell Level 52,300(2,300)883Circulation/MEP/Exterior/Stacking47,65447,700	Facility Services		765	,	765	Called Logistics & Staff in MP			
Mail Room9191Called Logistics & Staff in MPMaterials Management2,0602,060Called Logistics & Staff in MPSafety and Security595595Called Logistics & Staff in MPSatellite Pharmacy1,1251,125Included in CAShell Level 52,300(2,300)Sterile Processing Department84,1833,300883DGSF175,522150,30025,222	Loading Dock		1,507		1,507	Called Logistics & Staff in MP			
Materials Management2,0602,060Called Logistics & Staff in MPSafety and Security595595Called Logistics & Staff in MPSatellite Pharmacy1,1251,125Included in CAShell Level 52,300(2,300)Sterile Processing Department84,1833,300883Sterile Processing Department8175,522150,30025,222Circulation/MEP/Exterior/Stacking47,65447,700	Mail Room		91		91	Called Logistics & Staff in MP			
Safety and Security     595     595     Called Logistics & Staff in MP       Satellite Pharmacy     1,125     1,125     Included in CA       Shell Level 5     2,300     (2,300)       Sterile Processing Department     8     4,183     3,300       DGSF     175,522     150,300     25,222	Materials Management		2.060		2.060	Called Logistics & Staff in MP			
Satellite Pharmacy       1,125       1,125       Included in CA         Shell Level 5       2,300       (2,300)         Sterile Processing Department       8       4,183       3,300       883         DGSF       175,522       150,300       25,222	Safety and Security		595		595	Called Logistics & Staff in MP			
Shell Level 5     2,300     (2,300)       Sterile Processing Department     8     4,183     3,300     883       DGSF     175,522     150,300     25,222	Satellite Pharmacy		1.125		1.125	Included in CA			
Sterile Processing Department         8         4,183         3,300         883           DGSF         175,522         150,300         25,222           Circulation/MEP/Exterior/Stacking         47,654         47,700	Shell Level 5			2,300	(2,300)				
DGSF         175,522         150,300         25,222           Circulation/MEP/Exterior/Stacking         47,654         47,700	Sterile Processing Department	8	4.183	3,300	883				
Circulation/MEP/Exterior/Stacking 47.654 47.700	DGSF		175,522	150,300	25,222				
	Circulation/MEP/Exterior/Sto	acking	47,654	47,700					
TOTAL BUILDING GROSS SF (BGSF)         223,176         198,000         25,176         223,176         198,000         25,176	TOTAL BUILDING GROSS SF (BG	SF)	223,176	198,000	25,176		223,176	198,000	25,176
Allotted BGSF (per Masterplan) 198,000	Allotted BGSF (per Masterplan)		198,000						
Delta 25,176	Delta		25,176						
BGSF Grossing Factor 1.27 1.32	BGSF Grossing Factor		1.27	1.32					

## **Programmatic Elements for Discussion / Future Decisions**

Department	Space Type	DGSF	Estimated BGSF	User comments	NBBJ Comment
ADDED SERVICES TO PROGRAM					
Cancer Clinic	CA Admin Suite	3,993	5,071	Need Admin in CASS	Added to Program
Cancer Clinic	PET CT	2,374	3,015	Need for CA Ctr Pts	Added to Program
Cancer Clinic	Breast Imaging	3,887	4,665	Co-Located on Cancer Ctr Flr	Partial Program Add
ASC	add shell for 2 OR	7,400	9,398	For Future Expansion	Added to Program
Imaging	HDR	654	831	Need for CA Center Pts	Added to Program
Optical Shop	Optical Shop	868	1,102	Support for Opthamology	Added to Program
Pharmacy	Retail & DME	1,386	1,760	For CASS Patients	Added to Program
TOTAL ADDITIONS		20,562	25,842		Added to Program
POTENTIAL PROGRAM ADDITIONS					
		,,	1	move 2 Rad to Ortho, add1 to	Depends on final stacking

ADDITIONS					
Ortho Clinic	In Suite Rad Rooms	360	457	move 2 Rad to Ortho, add1 to imaging	Depends on final stacking program; if Ortho is adjacent to Imaging no additonal sq ft needed
Cancer Center	Radiation Oncology	11,235	14,268	Need in CASS to treat CA patients	Potential Location identified on Ground FIr
Cancer Center	Breast Imaging	1,265	1,607	Would like to increase room size and add offices	User Requests to be vetted in Schematic Design
ASC	Anesthesia offices	120	152	Want individual offices	Currently shared workarea
Cancer Clinic	Add 3rd module	5,200	6,604	Add module of 12 Exam rms	Currently 24 exam rooms in program
TOTAL POTENTIAL ADDITI	ONS	18,180	23,089		

## **Site Program Elements**

See Plans

SITE	Department Name				
GEN	Service				
0%	Dept. Circulation				
0%	Walls & Structures				

Program:	
650	Canopies (at 1/2 SF)
	Parking 1A
	Parking 1B
	Parking 2A
	Parking 2B

FUNCTION NAME	#	Descr	Total GSF COMMENTS
SITE PROGRAM ELEMENTS			
Main Canopy	1	20'x50'	1,000 *cost at 1/2 SF
Main Drop-Off Drive			
Canopy - Service or Other	1	20'x15'	300 *cost at 1/2 SF
Service Yard	1	tbd	tbd area for trucks / loading dock

## OPTIONS TO COST SEPARATELY

Bridge Connector

1 14' x 100' 1,400

PARKING OPTIONS	# cars	# floors	GSF
Parking Adjacent - Option 1A	600	7	210000
Parking Adjacent - Option 1B	600	7	210000
Parking Below - Option 2A	600	7	210000
Parking Below - Option 2B	600	7	210000
	000	,	210000

## **SHARED STAFF SUPPORT**

Staff	Department Name		
OP	Service		
20%	Dept. Circulation		
10%	Walls & Structures		

Program:	
	Total Lockers
	Total Staff
2,510	DGSF (Program)
	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS

TYPICAL STAFF LOUNGE (24K-27K FLOORPLATE) DOUBLED FOR LARGER FLR PLATE						
Staff Lockers	4	20	80 1/2 height; shared; f	or 40		
Staff Lounge (300sf)	60	1	60 kitchenette			
seating, table	15	12	180			
seating, counter style	10	6	60			
Staff Restroom	56		- within dept program	IS		
			-			
	t NSF	380				
Department Circulation			76			
Walls and Structure			46			
De	Department Gross SF (DGSF)					
			1.32			

OPTION 1	
# Floors	5 NOT including 2 ASC floors, & support floor
Total DGSF Staff Lounge	2,510

## **Infusion Center**

Inf	Department Name			
ОР	Service			
37%	Dept. Circulation			
10%	Walls & Structures			

Progra
9,

Program:	
30	<b>Total Treatment Stations</b>
9,426	DGSF (Program)
314	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Patient	t Care Zone				
	Consultation Room	100	1	100	
	Alcove, scale	15	1	15	
	Alcove, scale / WC	25	1	25	
	Infusion patient lab draw stations	60	2	120	should be centrally locted for both infusion &
					clinic, also need POCT
	Treatment, Fast Track stations	80	6	480	semi-private areas; pods of 6
	Work Area, Sink, Hand-wash	10	2	15	for every 4 bays
	Treatment, Infusion, Multi-Station	100	20	2,000	semi-private areas; pods of 4
	Work Area, Sink	12	8	96	for every 4 bays; handwash & eyewash; each
					pod plus fast track
	Alcove, PPE station	2	30	60	built into each patient station
	Treatment, Infusion, Private, Bed	120	4	480	Enclosed room, private
	Treatment, Infusion, Private, Chair	100	0	-	
	Toilet, Patient	56	5	280	per every 6 patients
	Caregiver station	56	8	448	1 per 4 patients; visualize all patients
	Alcove, Printer	10	2	20	shared
	Work station, touchdown	36	2	72	
Clinica	l Support Areas			-	
	Alcove, Stretcher / WC	10	3	30	shared
	Alcove, Crash Cart	10	2	20	shared
	Alcove, Equipment / Linen carts	20	8	160	1 per 4 patients
	Nourishment/ ice	60	2	120	distribute; ice/water, coffee
	Alcove, Patient Drinking Water	10	2	20	
	Patient Nourishment Cart	40	1	40	mobile tea carts
	Medication Room	140	1	140	central access; 2 Pyxis, small med refrig, blood
					refrig
	Storage, Equipment	120	1	120	central access
	POC Testing	40	1	40	accucheck storage and reading
	Utility, Clean	150	1	150	central access; include linen alcove, Would like
					central area for linen in additional to
					distribution
	Utility, Soiled	100	2	200	distribute
	EVS Closet	60	1	60	
Clinica	l Specialty Area			-	
	Workstation, clinical trials	56	1	56	
	Copy/ Work	20	1	20	
	Storage, Files, Records	20	1	20	

## **Infusion Center**

Inf	Department Name				
ОР	Service				
37%	Dept. Circulation				
10%	Walls & Structures				

Program:	
30	<b>Total Treatment Stations</b>
9,426	DGSF (Program)
314	Program DGSF/Driver
	DGSF (Actual)

AME	NSF	QTY	TOTAL NSF	COMMENTS
Areas			-	
ger	80	1	80	
flex	48	2	96	hospitalist, scheduler
	56	2	112	
	5	15	75	9 RNs, 1 Supervisor, 3 CMAs, 2 Scheduler
ounge	180	0	-	see staff support tab (shared)
			-	
, General	15	24	360	dedicate area primarily for infusion
, General, Wheelchair	25	2	50	
, Subwait	15	4	60	for patient observation prior to discharge
, Child Play	15	0	-	not permitted in infusion
ing/Education	15	1	15	
	Departm	nent NSF	6,255	
	Department Cir	culation	2,314	
	Walls and S	tructure	857	
Dep	partment Gross S	F (DGSF)	9,426	
	AME Areas ger flex ounge , General , General, Wheelchair , Subwait , Child Play ing/Education	AME NSF Areas ger 80 flex 48 56 5 ounge 180 , General 15 , General, Wheelchair 25 , Subwait 15 , Child Play 15 ing/Education 15 Departm Departm Department Cir Walls and S	AME NSF QTY Areas ger 80 1 flex 48 2 56 2 5 15 ounge 180 0 , General 15 24 , General, Wheelchair 25 2 , Subwait 15 4 , Child Play 15 0 ing/Education 15 1 Department NSF Department SF Department Circulation Walls and Structure	AME         NSF         QTY         TOTAL NSF           Areas         -         -           ger         80         1         80           flex         48         2         96           flex         48         2         96           56         2         112           ounge         5         15         75           ounge         180         0         -           , General         15         24         360           , General, Wheelchair         25         2         50           , Subwait         15         4         60           , Child Play         15         0         -           ing/Education         15         1         15           Department NSF         6,255         Department Structure         857           Department Gross SF (DGSF)         9,426         9,426

1.51

COMMENTS Fast Track - 6 station pod Infusion Tx Pods - 3 at 8 stations (2 RN) support for every 4 stations (2 per pod)

FGI GUIDELINES - 2.2-3.12.1

Infusion room minimum 100 clear floor area Infusion cubicles minimum 80 sf clear floor area Infusion bay minimum 70 clear floor area

## **Infusion Pharmacy**

Inf RX	D
OP	S
30%	D
8%	V

Department Name Service Dept. Circulation Walls & Structures

Program:				
30	Total Tx Stations			
2,786	DGSF (Program)			
93	Program DGSF/Driver			
	DGSF (Actual)			

RM #	<b>ΕΠΝΟΤΙΟΝ ΝΑΜΕ</b>	NSE	ΟΤΥ	TOTAL
		NOI	QII	NSF
Office,	Administration & Staff Facilities			
	Office, Clinical Pharmacist	80	1	80 SUPERVISOR
	Workstation, flex	24	1	24 out of workflow; downtime pc
	Storage, Files	10	1	10
	Storage, Files, Record Retention	10	5	50
	Coffee/nourishment bar	60	1	60 if only 2 RPh must stay during open hours;
				microwave/coffee
	Toilet/Change Room, Staff	60	1	60
	Lockers, Staff	5	10	50 Verify peak staff count. Keep in this area
Non-St	erile Work Area			
	Work Station, Pharmacist	30	4	120
	Work Station, Pharmacy Technician	30	4	120
	Clinical Trials, storage	40	1	40 non HD products
	Clinical Trials, workspace	30	0	0 use existing staff workstations
	Extemporaneous Compounding	20	1	20 sink, casework, storage; tbd
	Holding, Utility Carts	5	4	20
	Dispatch/Staging Area, RN Meds Pick-up	30	1	30 Provide step-in alcove off corridor; PC; direc
	Window			Rx to Infusion
Receiv	ing, Storage/Inventory Control Area			
	Receiving Area	60	1	60 Confirm: No pallet deliveries beyond MM
				receiving dock. (PC)
	Work Station, Inventory Control/Ordering	30	1	30 ordering supplies/meds; restocking;
	Storage, Medication	5	10	50 Non HD medications, with daily JIT deliveries
				from pharmaceutical wholesaler(s)
	Storage, IV Fluids	10	10	100 JIT deliveries 2 to 3 times weekly; by
				MatMgt/supply chain or distributor
	Storage, Refrigeration	10	2	20 non HD products
	Storage, Hazardous Drugs (HD)	180	1	180 Un-rated (ISO) room. USP800 requirement; 1
				ACH, neg pressure, includes 3 double
				refrigerators, plus ambient storage

# **Infusion Pharmacy**

		Program:	
Inf RX	Department Name	30	Total Tx Stations
ОР	Service		
30%	Dept. Circulation	2,786	DGSF (Program)
8%	Walls & Structures	93	Program DGSF/Driver
			DGSF (Actual)

DN/ #		NICE	ΟΤΥ	TOTAL	COMMENTS	
		INSF	QIT	NSF	CONNIVIENTS	
Sterile	Compounding Area, Anteroom					
	Vestibule, Gowning Area	60	1	60	handwashing, gowning, bench; transistion	
					from uncontrolled/unrated space to rated	
					(ISO) space	
	Anteroom	180	1	180	) If serving both HD and non-HD sterile	
					compounding rooms, must be ISO 7. Include 2	
					or more low wall returns, HEPA supply at	
					ceiling, unidirectional airflow. More positive	
					than non-sterile work area. Less positive than	
					non-HD buffer room.	
	Refrigerator, Clinical Grade, Single Door	10	1	10	working stock from storage to anteroom	
	Work Area, Checking and Dispensing	30	2	60	Locate in non-sterile area, adjacent to buffer	
					room(s) if using forward workflow design.	
					Otherwise locate within Anteroom (2-way	
					workflow).	
	0	<i>((</i>				
Sterlie	Compounding Area - Negative Pressure HD Bu		1	100		
	(includes 1 BSC based)	100	T	100	USP 800 ISO 7: 30 ACH, 2 of more low wall	
	(includes 1 BSC 1000)				airflow One (1) pass thru from Antoreom one	
					(1) pass-thru to dispensing/checking	
	Add to HD Workarea for each additional BSC	<b>80</b>	3	240	considering HD compounding robotics	
	UD compounding webst	100	0		(1 ap ) DCC hand	
	HD compounding robot	100	0	20	) if ADDED, replaces one (1 ea.) BSC nood	
Storilo	Compounding Area - Positive Pressure, Non-L	D Buffer Poor	4 n	20	carts moving from zone to zone	
Sterne	Workroom General Non-HD Sterile	100	1	100	) 1   AEH	
	Compounding	100	Ŧ	100		
	Add to non-HD Workarea for each additiona	80	1	20	) thd	
	Laminar Air Flow Hood (LAFH)		÷	50		
	Working stock. meds/carts	5	2	10	)	
		– Depart	ment NSF	1.984		
	Department (inculation			595		
	Walls and Structure			206	6	
	Depa	rtment Gross	SF (DGSF)	2.786		
			1	-,- 30		

1.40

## **Cancer Clinic**

		Program:	
СА	Department Name	24	Total Exam Rooms
ОР	Service	4	Total Procedure/ Consult Rooms
30%	Dept. Circulation	12,258	DGSF (Program)
10%	Walls & Structures	438	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	NSF COMMENTS
Patient	: Care Area			
	Alcove, Scale / WC Scale	48	2	96
	Exam Room	120	22	2,640
	Exam Room, Special Needs	140	2	280 larger exam room for stretchers
	Procedure Room	168	2	336
	Toilet, Patient	56	2	112 each hall
Clinica	Specialty Areas			-
	Consult/ Talking Rooms	110	2	220 clinical trials, navigators, extended visit
	Office, shared	120	2	240 Navigator, SW, other (delete if adding CA CTR
Clinica	Summert Arress			admin)
Clinica				-
	<u>Team work Area</u>	40	1	-
	Work Station, touchdown	48	4	192
	Work Station, team	48	20	960
	Work/Copy Station	20	4	80 central, printers, shredders
	Alcove, equip, linen	10	8	80 per pod, carts, equip
	POC/ work alcove	40	2	80 per pod ; Microscope for GYN
	Medication	80	2	160
	Equipment storage	120	1	120 shared 2 modules
	Utility, Clean	140	1	140 shared 2 modules
	Utility, Soiled	120	1	120 in each pod
	EVS Closet	60	1	60 shared
Clinica	Support Staff Areas			-
	Office, Lead/Manager	100	1	100 out of flow; shared 2 modules
	Office, Shared	110	1	110 delete if adding ca ctr admin
	Work Station, Hoteling	56	2	112 delete if adding ca ctr admin
	Toilet, staff	56	2	112 out of flow
	Staff Break/Lounge	300	0	<ul> <li>see staff support tab (shared)</li> </ul>
Public	Areas			-
	Reception	56	2	112 combine w other module
	Copy/work area	40	1	40 shared 2 modules
	Alcove, Check-in Kiosk	15	4	60 shared 2 modules
	Queuing zone	10	8	80 shared 2 modules
	Patient Check-out	60	4	240 dedicated
	Waiting Area	18	45	810 shared 2 modules
	Waiting Area, Wheelchair	25	4	100 shared 2 modules
	Waiting Area, Child Play	15	2	30 determine if children are permitted
	Patient Training/Education	15	2	30 shared 2 modules

## **Cancer Clinic**

		Program:	
СА	Department Name	24	Total Exam Rooms
ОР	Service	4	Total Procedure/ Consult Rooms
30%	Dept. Circulation	12,258	DGSF (Program)
10%	Walls & Structures	438	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Cancer	Patient Support			-	
	Patient Resource Center	300	1	300	
	Women's Boutique /Wig Fitting	150	1	150	
	Storage, support	150	1	150	
	Workstation, Patient Resource	60	2	120	
				0	
		Departi	ment NSF	8,572	
		Department Circulation		2,572	
		Walls and	Structure	1,114	
		Department Gross S	SF (DGSF)	12,258	

FGI GUIDELINES

1.43

\*\* ADD office for OP clinical pharmacists (2 workspaces)

\*\* workstation, PAP pharmacy analyst (near financial counselors)

### **PROGRAM ADDITION REQUEST BY USERS**

## **CANCER CENTER ADMIN**

ADMIN	Department Name		
ОР	Service		
28%	Dept. Circulation		
10%	Walls & Structures		

i i ogrann.	
7 Total Offic	es
26 Total work	< stations
<b>3,993</b> DGSF (Pro	gram)
121 Program D	GSF/Driver
DGSF (Act	ual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
EXECU				-	
	Office, Executive Director	150	1	150	
	Office, Practice Administrator	120	1	120	
	Office, Business Manager	80	1	80	
	Workstation, Proj Coordinator	64	1	64	
	Admin Asst	64	1	64	
	Copy/Work	60	1	60	
	Reception seating	15	4	60	
				-	
CLINICA		40		-	for out of flow/ off stage work
	Workstation, RN Navigators	48	5	240	pt interview in clinic
	Workstation, Onc Dietician	48	1	48	
	Workstation, Exercise coach	48	1	48	
	Office, Schedulers	144	1	144	3 schedulers (near clinic)
	Workstation, Flex	24	3	72	lay navigator touchdown space
	Workstation, Social Work	48	5	240	
	Office, Genetic Counselor	100	2	200	place near patient access
	Office, Oncology Counselor	100	1	100	use consult rooms for patient interview
	Workstation, outreach coordinator	48	1	48	
	Workstation, survivorship coordinator	48	1	48	
	Copy/Work	60	2	120	
	Conference Room	240	1	240	seats 10 to 12
				-	
SPECIA	CA Pagistry	64	1	-	
	CA Registry files ( support	04	4	250	
		00		00	
	BCCP Program	40	1	-	
	Workstation, BCCP coord	48	1	48	
	Workstation, BCCP admin	48	1	48	
	Workstation, BCCP client Navigator	48	1	48	
	BCCP program files/support	60	1	60	
	Storage, Ca donations	150	1	150	
	Department NSF		2,836		
	Department Circulation		794		
Walls and Structure			363		
	Department Gross SF (DGSF)			3,993	

Ca Center Admin

1.41

### **PROGRAM ADDITION REQUEST BY USERS**

# **CA CTR 3RD MODULE**

СА	Department Name		
ОР	Service		
30%	Dept. Circulation		
10%	Walls & Structures		

- ice t. Circulation
- s & Structures

Program:	
12	Total Exam Rooms
1	<b>Total Procedure Rooms</b>
5,212	DGSF (Program)
434	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Patient	Care Area				
	Alcove, Scale / WC Scale	48	1	48	
	Consult Room	110	1	110	
	Exam Room	120	11	1,320	
	Exam Room, Special Needs	140	1	140	larger exam room for stretchers
	Procedure Room	168	1	168	
	Toilet, Patient	56	1	56	each hall
Clinical	Support Areas			-	
	Team Work Area			-	
	Work Station, touchdown	48	2	96	
	Work Station, team	48	10	480	
	Work/Copy Station	30	2	60	central, printers, shredders
	Alcove, equip, linen	10	4	40	per pod, carts, equip
	POC/ work alcove	40	1	40	per pod
	Medication	80	1	80	
	Equipment storage	120	0.5	60	shared 2 modules
	Utility, Clean	140	0.5	70	shared 2 modules
	Utility, Soiled	100	0.5	50	in each pod
Clinical	Support Staff Areas			-	
	Office, Lead/Manager	80	0	-	in other program
	Office, Shared	110	0	-	in other program
	Work Station, Hoteling	56	2	112	out of flow workspace
	Toilet, staff	56	1	56	out of flow
	Staff Break/Lounge	150	0.5	75	in other program
Public /	Areas			-	
	Reception	56	1	56	in other program
	Copy/work area	60	0	-	shared 2 modules
	Alcove, Check-in Kiosk	15	2	30	shared 2 modules
	Queuing zone	10	4	40	shared 2 modules
	Patient Check-out	60	2	120	dedicated
	Waiting Area	18	16	288	shared 2 modules
	Waiting Area, Wheelchair	25	2	50	shared 2 modules
	Waiting Area, Child Play	15		-	shared 2 modules
	Patient Training/Education	15	0	-	shared 2 modules
		Department NSF		3,645	
		Department Circulation		1,094	
		Walls and Structure		474	
	Department Gross SF (DGSF)			5,212	

FGI GUIDELINES

1.43

# **ENT/OMFS** Clinic

		Program:	
ENT	Department Name	12	Total Exam Rooms
ОР	Service	3	Total Procedure/ Audiology Rooms
30%	Dept. Circulation	9,173	DGSF (Program)
10%	Walls & Structures	612	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Patient	t Care Area				
	Alcove, Scale / WC Scale	48	2	96	5 consider intake room for VS, BG to enable flow
	Consult Room	110	1	110	)
	Exam Room, ENT	120	5	600	)
	Exam Room, OMFS procedure	120	5	600	)
	Exam Room, Special Needs (ENT & OMFS)	140	2	280	) larger exam room for stretchers
	Procedure Room	168	1	168	3
	Toilet, Patient	56	2	112	2 each hall
Clinica	l Specialty Areas				-
	Procedure Room, Special	168	1	168	3 for sedation * (recover in Periop,TBD)
	Prep/Recovery room	288	2	576	5 2 recovery, 1 prep patient areas & RN work
	Dental Lab (oral fittings)	200	1	200	) benches, plaster - ~4 equip stations
	Panorex / Cone Beam CT Alcove	120	1	120	) located in same alcove w/ partition; wheelchair
					capable, workstation (2 monitors,
					printer);front end of clinic
	Audiology, Booth	240	1	240	) two room
	Audiology, Work	120	1	120	)
	Balance Testing	120	1	120	)
	Hearing Aid Consult	120	2	240	) fitting
	Workstation, Audiologist	60	1	60	) repair / work
Clinica	Support Areas				-
	Team Work Area				-
	Work Station, touchdown	48	2	96	5
	Work Station, team	48	14	672	2
	Work/Copy Station	30	2	60	) central, printers, shredders
	Alcove, equip, linen	10	6	60	) per pod, carts, equip
	POC/ work alcove	40	1	40	) biopsies
	Medication	80	1	80	)
	Scope cabinet	10	1	10	) in clean utility room
	Equipment storage	120	1	120	) instrument cassettes , peel packs
	Utility, Clean	120	1	120	)
	Utility, Soiled	100	1	100	) in each pod

## **ENT/OMFS** Clinic

		Program:	
ENT	Department Name	12	Total Exam Rooms
ОР	Service	3	Total Procedure/ Audiology Rooms
30%	Dept. Circulation	9,173	DGSF (Program)
10%	Walls & Structures	612	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Clinica	Support Staff Areas			-	
	Office, Lead/Manager	80	1	80	manager
	Office, Shared	110	1	110	ENT nurse, LPN,
	Work Station, Attending hoteling/flex space	e <b>56</b>	2	112	out of flow workspace; for attending or other
					MD, needs to be securable
	Toilet, staff	56	1	56	out of flow; add 2nd staff toilet if possible
	Lockers, staff				purse lockers
	Staff Break/Lounge	180	0	-	see shared staff support tab
Public	Areas			-	
	Reception	56	2	112	
	Copy/work area	60	1	60	
	Alcove, Check-in Kiosk	15	2	30	
	Queuing zone	10	4	40	
	Patient Check-out	60	2	120	for extended checkout not done in room
	Waiting Area	18	24	432	
	Waiting Area, Wheelchair	25	2	50	
	Waiting Area, Child Play	15	1	15	
	Patient Training/Education	15	2	30	
		Depart	ment NSF	6,415	
		Department C	irculation	1,925	
		Walls and	Structure	834	
	Dep	artment Gross	SF (DGSF)	9,173	
	FGI GUIDELINES				

3.8-3.1.2.1 - Procedure room minimum clear floor area of 150sf with minimum clea 1.43

3.8-3.1.2.2 Minimum clearance of 4 ft on each side, head & foot of gurney

### COMMENTS:

Need to have OMFS resident on-call resident room in main hospital

Need to have ENT resident on-call resident room in main hospital

primarly specialty consults / surgery clearance

Now - Chief & Co-Chief offices are in the clinic (ENT) - thus need to have 2 offices in FOB Consider 2 staff toilets

\* plastics (gen surgery) strong relationship to OMFS

\*EYE strong relationship w/ both

\* speech therapy - relationship w/ ENT

\*Cancer

## **General Surgery Clinic**

Surg	Department Name		
ОР	Service		
30%	Dept. Circulation		
10%	Walls & Structures		

Program:	
12	Total Exam Rooms
1	Total Procedure Rooms
5,666	DGSF (Program)
472	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF
Patient	t Care Area			
	Alcove, Scale / WC Scale	48	1	48
	Consult Room	110	1	110
	Exam Room	120	10	1,200
	Exam Room, Special Needs	140	2	280 for stretcher pts; higher volume
	Procedure Room	168	1	168 12'x14'; Fbremoval; drgs change, bx
	Toilet, Patient	56	1	56 each hall
Clinica	Specialty Areas			-
	Procedure Room, Special	168	0	<ul> <li>would like to request 1 added (TBD)</li> </ul>
				-
				-
Clinica	Support Areas			-
	Team Work Area			-
	Work Station, touchdown	48	2	96
	Work Station, team	48	10	480
	Work/Copy Station	30	2	60 central, printers, shredders
	Alcove, equip, linen	10	4	40 per pod, carts, equip
	POC/ work alcove	40	1	40 ideally p-tube connection to main
	Medication	80	1	80
	EVS Closet	60	1	60 share w/ other modules
	Equipment storage	120	0.5	60 shared 2 modules
	Utility, Clean	140	0.5	70 shared 2 modules
	Utility, Soiled	100	0.5	50 in each pod
Clinica	Support Staff Areas			-
	Office, Lead/Manager	80	0.5	40 out of flow; shared 2 modules
	Office, Shared	110	1	110 scheduler, coordinator (TBD)
	Work Station, Hoteling	56	2	112 out of flow workspace
	Toilet, staff	56	1	56 out of flow
	Staff Break/Lounge	150	0	- see staff support tab

## **General Surgery Clinic**

Surg	Department	
OP	Service	
30%	Dept. Circula	
10%	Walls & Strue	

ment Name	
irculation	
Structures	

Program:	
12	Total Exam Rooms
1	Total Procedure Rooms
5,666	DGSF (Program)
472	Program DGSF/Driver
	DGSF (Actual)

DN/ #		NCE	OTV	TOTAL	COMMENTS
		INSF	QIT	NSF	
Public A	Areas			-	
	Reception	56	1	56	combine w other module
	Copy/work area	60	1	60	shared 2 modules
	Alcove, Check-in Kiosk	15	2	30	shared 2 modules
	Queuing zone	10	4	40	shared 2 modules
	Patient Check-out	60	2	120	dedicated
	Waiting Area	18	20	360	shared 2 modules
	Waiting Area, Wheelchair	25	2	50	shared 2 modules
	Waiting Area, Child Play	15		-	shared 2 modules
	Patient Training/Education	15	2	30	shared 2 modules
		Depart	ment NSF	3,962	
		Department C	irculation	1,189	
		Walls and	Structure	515	
		Department Gross	SF (DGSF)	5,666	

1.43

FGI GUIDELINES

3.8-3.1.2.1 - Procedure room minimum clear floor area of 150sf with minimum clear dimension of 12ft

3.8-3.1.2.2 Minimum clearance of 4 ft on each side, head & foot of gurney

#### USER REQUESTS

Additional procedure room (total of 2) Practice Administrator office Surgical Coordinator office Scheduler

TBD - clinic phlebotomy stations (embedded or central?)

# **GI Clinic**

		Program:	
GI	Department Name	12	Total Exam Rooms
ОР	Service	1	Total Procedure Rooms
30%	Dept. Circulation	5,689	DGSF (Program)
10%	Walls & Structures	474	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF
Patient	: Care Area			
	Alcove, Scale / WC Scale	48	1	48
	Consult Room	110	1	110
	Exam Room	120	11	1,320
	Exam Room, Special Needs	140	1	140 larger exam room for stretchers
	Procedure Room	168	1	168
	Toilet, Patient	56	2	112 each module
Clinical	Specialty Areas			-
	Other Specialty Room	0	0	- n/a
				-
Clinical	Support Areas			-
	Team Work Area			-
	Work Station, touchdown	48	2	96
	Work Station, team	48	10	480
	Work/Copy Station	30	2	60 central, printers, shredders
	Alcove, equip, linen	10	4	40 per pod, carts, equip
	POC/ work alcove	40	1	40 per pod ; glucometer / occult blood
	Medication	80	1	80
	Equipment storage	120	0.5	60 shared 2 modules
	Utility, Clean	140	0.5	70 shared 2 modules
	Utility, Soiled	100	0.5	50 in each pod
Clinical	Support Staff Areas			-
	Office, Lead/Manager	80	1	80 out of flow/ adjacent
	Office, Shared	110	1	110 scheduler/ other TBD
	Work Station, Hoteling	56	2	112 out of flow workspace
	Toilet, staff	56	1	56 out of flow
	Staff Break/Lounge	150	0	- see staff support tab

# **GI Clinic**

		Program:	
GI	Department Name	12	Total Exam Rooms
ОР	Service	1	Total Procedure Rooms
30%	Dept. Circulation	5,689	DGSF (Program)
10%	Walls & Structures	474	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	ΟΤΥ	TOTAL	MMENTS
			~~~	NSF	
Public	Areas			-	
	Reception	56	1	56 assu	umes central registration
	Copy/work area	60	1	60 sha	red 2 modules
	Alcove, Check-in Kiosk	15	2	30 sha	red 2 modules
	Queuing zone	10	4	40 sha	red 2 modules
	Patient Check-out	60	2	120 prir	nary checkout in room; extended check out
				her	e
	Waiting Area	18	20	360 sha	red 2 modules
	Waiting Area, Wheelchair	25	2	50 sha	red 2 modules
	Waiting Area, Child Play	15		- sha	red 2 modules
	Patient Training/Education	15	2	30 sha	red 2 modules
		Depart	ment NSF	3,978	
		Department C	irculation	1,193	
		Walls and	Structure	517	
		Department Gross	SF (DGSF)	5,689	

1.43

FGI GUIDELINES

3.8-3.1.2.1 - Procedure room minimum clear floor area of 150sf with minimum clear dimension of 12ft

3.8-3.1.2.2 Minimum clearance of 4 ft on each side, head & foot of gurney

# **Ophthalmology Clinic**

EYE	Department	
OP	Service	
30%	Dept. Circula	
10%	Walls & Stru	

- Name ation
- ctures

## as reviewed in 2/6/18 meeting

#### Program: 24 Total Exam Rooms 16 **Total Procedure Rooms** 13,060 DGSF (Program)

544 Program DGSF/Driver DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	NSF
Provide	er Office/Exam Areas			
	Consult Room	80	1	80 consult education room
	Exam Room, Short Lane	120	22	2640 in groups of 6 rooms
	Exam Room, Long Lane	180	2	360 Clinical Trials / Peds; keep together, clustered together
	Workroom, Contact Lens, Dispensing	120	1	120
	Workstation, Tech	48	12	576 2-3 per pod of 6 rooms
	Workstation, Team	48	12	576 1 attending/2-3 res per pod of 6
	Waiting Area, Subwait	15	8	120 combine w/ Diagnostic area
Diagno	stic Area			
	Procedure Room	120	1	120
	Procedure Room, Laser, ND-YAG/SLT	120	1	120
	Procedure Room, General	180	1	180 could be used for future refractive program
	Ultrasound Room	120	1	120
	Testing Room, General, OCT (Retinal)	120	2	240 private/ 1 machine per room (consider; OCT ir exam lanes)
	Testing, Autorefracting Alcoves	50	4	200 1 per 6 rooms
	Testing Room, Corneal Topography /IOL	120	1	120
	Testing Room, Photography	120	1	120
	Testing Room, Visual Fields	120	4	480 ideally have 4 visual fields
	Work Station, General, Tech	30	5	150
	Waiting Area, Subwait	15	12	180 validate # based on Casey/ other
Clinica	l Support Areas			
	Alcove, Printer	10	4	40
	Alcove, supply/ linen	10	2	20
	Medication Prep Room	80	2	160 gloves
	Equipment storage	120	1	120 misc office supplies/ tbd
	Clean Supply "Alcoves"	80	2	160 ideally within work area; cabinet/shelves
	Utility, Soiled	100	1	100
	Toilet, Patient	56	4	224
Clinica	l Support Staff Areas			
	Office, Manager	100	1	100
	Workstation, Surgery scheduler	56	1	56
	Workstation, RN	56	1	56
	Workstation, Ophthalmic Coordinator	64	1	64
	Work Station, Flex/ hoteling	56	2	112 flex space
# **Ophthalmology Clinic**

EYE	Department		
OP	Service		
30%	Dept. Circulat		
10%	Walls & Struc		

Name tion

ctures

#### as reviewed in 2/6/18 meeting

Program:	
24	Total Exam Rooms
16	Total Procedure Rooms
13,060	DGSF (Program)
544	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL	COMMENTS
			-	NSF	
	Toilet, Staff	56	2	112	
	Staff Locker space	0	18	0	1/2 size lockers (15 tech, 8 res, 4 attending - now; plan for 36 (see staff support)
	Staff Lounge/Break	180	1	180	see staff support tab; (must watch food
					allergies for this staff)
Public	Areas				
	Reception	56	2	112	2 cubicle reception
	Alcove, Check-in Kiosk	15	4	60	
	Queuing	10	4	40	
	Work Area, Check-out	60	2	120	primary checkout is by tech in exam lane
	Waiting Area, General	15	42	630	
	Waiting Area, General, Wheelchair	25	3	75	
	Waiting Area, Child Play	60	1	60	separate slightly from rest of waiting
	Patient Training/Education	15	2	30	
		Depar	rtment NSF	9,133	
		Department	Circulation	2,740	
		Walls and	d Structure	1,187	
		Department Gross	s SF (DGSF)	13,060	
				1.43	
	FGI GUIDELINES				
	UTHER PROGRAM CONSIDERATIONS				
	Refractive Surg Procedure Room	180	1		if room is added, then could reduce minor

110

1

procedure room to 168

NOTE: this represents major room and function discussions. Some room sizes and support spaces may be adjusted as the entire building SF is reviewed

Consult Room

# Orthopedics

		Program:	
Ortho	Department Name	24	Total Exam Rooms
ОР	Service	4	Total Procedure Rooms
30%	Dept. Circulation	13,156	DGSF (Program)
10%	Walls & Structures	470	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	NSF	COMMENTS
Patient	: Care Area				
	Alcove, Scale / WC Scale	48	2	96	
	Consult Room	110	2	220	
	Exam Room	120	22	2,640	
	Exam Room, Special Needs	140	2	280	larger exam room for stretchers; direct
					transport to this room; accessible to both modules
	Procedure Room	168	2	336	
	Toilet, Patient	56	3	168	each hall
Clinical	Specialty Areas				
	Splint/Cast/DME patient bay	100	2	200	private room function, sink
	Splint/Cast/DME patient bay	80	2	160	some privacy but open to area
	Work Station, General, Tech, Cast	30	2	60	
	Handwashing Sink	8	1	8	
	Supply cart/alcoves	12	1	12	
	DME Provider Supply (Ortho Satellite)	150	1	150	close to cast team; OR close to retail pharmacy (Grady PAP also)
	Ortho Radiology Room	320	0	0	in-suite xray >50% patients need xray, See stacking plan, identified adjacent space
	Storage, Equipment, General, Orthopedic	75	2	150	
	Alcove, C-arm	15	2	30	mini C-arm, US
	Alcove, equip/ carts	10	4	40	
	Workroom, Orthotics	60	0	0	use DME area
	Alcove, Equipment Storage	20	1	20	
Clinical	Support Areas			-	
	Team Work Area			-	
	Work Station, touchdown	48	4	192	
	Work Station, team	48	20	960	prefer all standing workstations
	Work/Copy Station	30	4	120	central, printers, shredders
	Alcove, equip, linen	10	6	60	per pod, carts, equip
	POC/ work alcove	40	2	80	per pod
	Medication	80	2	160	consider one if shared
	EVS Closet	60	1	60	
	Equipment storage	120	1	120	shared 2 modules
	Utility, Clean	120	1	120	shared 2 modules
	Utility, Soiled	100	1	100	shared 2 modules
Clinical	Support Staff Areas			-	
	Office, Lead/Manager	80	1	80	out of flow; shared 2 modules
	Office, Shared	110	1	110	out of flow; shared 2 modules
	Surgical Coordinator	100	4	400	support patient flow (TBD)
	Other Ortho dedicated staff	48	2	96	TBD determine alternate location
	APP workstation	36		-	in main hospital
	Work Station, Hoteling	56	4	224	out of flow workspace
	Toilet, staff Orthopedics	56	2 Page 26 of 67	112	Out of flow NBBJ / Grady CASS Space Progr 4/16/20

### Orthopedics

		Program:	
Ortho	Department Name	24	Total Exam Rooms
ОР	Service	4	Total Procedure Rooms
30%	Dept. Circulation	13,156	DGSF (Program)
10%	Walls & Structures	470	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	NSF QTY		COMMENTS	
	Staff Break/Lounge	180	0	-	see staff support tab	
Public A	Areas			-		
	Reception	56	2	112	combine w other module	
	Copy/work area	60	1	60	shared 2 modules	
	Alcove, Check-in Kiosk	15	4	60	shared 2 modules	
	Queuing zone	10	8	80	shared 2 modules	
	Patient Check-out	60	4	240	dedicated	
	Alcove, wheelchair	40	1	40	for patients requiring WC	
	Waiting Area	18	48	864	want some privacy, some separation	
	Waiting Area, Wheelchair	25	6	150	need high seat chairs for most	
	Waiting Area, Child Play	15		-		
	Patient Training/Education	15	2	30		
		Departn	nent NSF	9,200		
		Department Ci	rculation	2,760		
		Walls and S	Structure	1,196		
		Department Gross S	F (DGSF)	13,156		

1.43

FGI GUIDELINES

MAIN HOSP to support department		
Resident work area	7	at one time
APP workspace/office	5	
Attending On Call	3	spine, hand, ortho/traum
Resident On Call	2	

need a variety of seating chairs; higher (total hip)

<b>REQUEST/REQUIREMENT</b>	
----------------------------	--

Radiology Room

320

2 640

now is the bottleneck for all Ortho estimate min 50% need xray

# **Administrative Suite**

		Program:	
Admin	Department Name	15	Total Department Staff
PUB	Service	3	Total Offices (incl above)
28%	Dept. Circulation	2,461	DGSF (Program)
10%	Walls & Structures	164	Program DGSF/Driver
			DGSF (Actual)

DN/ #		NCE	ΟΤΥ	TOTAL	COMMENTS
		INSP	QIT	NSF	
CASS A	dministrative Areas				
	Office, Executive Director	120	1	120	
	Office, Manager/ Business Ops	100	1	100	
	Office, Shared (2)	120	1	120	2 worksations
	Work station, Care Coordination	56	8	448	
	Work station, Admin	56	2	112	
	Work station, hoteling	56	2	112	
	Flex Room, Quiet work	120	2	240	small group, 2 to 4
Suppor	rt Areas				
	Copy/ Work area	60	2	120	
	Storage	40	2	80	
	Conference Room	240	1	240	seating for 10 to 12
	Toilet, Staff	56	1	56	
		Departi	ment NSF	1,748	
		Department C	irculation	489	
		Walls and	Structure	224	
		Department Gross	SF (DGSF)	2,461	

1.41

#### **Public Space**

		Program:	
Public	Department Name	1	Total Beds/Exams
PUB	Service		
10%	Dept. Circulation	3,545	DGSF (Program)
10%	Walls & Structures		Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Buildin	g Lobby Area				
	Vestibule	1	240	240	)
	Alcove, WC, Staxi	40	1	40	) within vestibule
	Lobby	1500	1	1500	) open area; near public elevators & entry
	Information Desk, Greeter	56	2	112	combine w/ security station
	Workstation, Security	56	1	56	5
	Pause seating	25	10	250	) distributed for visitors
	ATM machine	80	1	80	)
	O2 tank storage	20	1	20	) for patients w/o O2 or empty
	Alcove, lift equip / stretcher	40	1	40	)
	Alcove, Telephone	10	2	20	)
Buildin	g Services Area				
	Public Restrooms	200	2	400	)
	Toilet, Unisex	56	1	56	5
	Alcove, Drinking Fountain	8	2	16	5
	EVS Closet	100	1	100	) public areas; larger equip
		Department NSF		2,930	Identifies space included as part of bldg.
		Department Ci	Department Circulation		circulation factor
		Walls and	Structure	322	<u></u>
		Department Gross S	SF (DGSF)	3,545	

1.21

COMMENTS

Valet station (TBD)

OPTION 3 Ground Lobby Lease Space?

info

# **Optical Shop**

		Program:	
Optical	Department Name	2	Peak Shift Opticians
PUB	Service		Total Optometry Providers
30%	Dept. Circulation	868	DGSF (Program)
10%	Walls & Structures	434	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Sales A	reas				
	Display	25	2	50	
	Display, Specialty Kiosk, OTC	25	1	25	
	Display, Specialty Kiosk	10	2	20	
	Display Counter	25	1	25	
	Fitting Booths, Ordering	48	2	96	
	Fitting Booths, Dispensing and Repair	48	2	96	
Work A	Areas				
	Workroom, Optical	130	0	0	will send out
	Laboratory, Mini, Finishing	40	0	0	will send out
	Storage, General	60	1	60	
	Storage, General, Frames	10	0	0	
Optometry					OPTION FOR EXPANDED SHOP
	Exam Room, Short Lane, Contact Lens	120	0	0	optometrist
	Workroom, Contact Lens, Dispensing	120	0	0	move to EYE clinic
	Workroom, Contact Lens	120	0	0	Specialty
	Storage, General, Contact Lens	60	0	0	
Clinica	Support Areas				
	Copy/ Work/ secure storage	40	1	40	printer, secure storage
	Office, supervisor	100	0	0	within eye clinic
	Toilet, Staff	56	0	0	use public areas or adj staff area
	Storage, Lab Coats	10	1	10	
Public	Areas				
	Reception, Optical Services	60	1	60	
	Queuing	10	4	40	
	Waiting Area, General	15	4	60	
	Waiting Area, General, Wheelchair	25	1	25	
		Departn	nent NSF	607	
		Department Ci	rculation	182	
		Walls and Structure		79	
		Department Gross SF (DGSF)		868	

## **Centralized Registration**

		Program:	
Reg	Department Name	1	Total Peak Staff
PUB	Service	138	Total Exam Rooms Supported
25%	Dept. Circulation	1,678	DGSF (Program)
10%	Walls & Structures	1,678	Program DGSF/Driver
			DGSF (Actual)

				TOTAL	COMMENTS	
KIVI #	FONCTION NAME	INOF	QIT	NSF	COMINIENTS	
Public .	Areas					
	Reception	60	1	60	welcome/greet; mobile ipad	
	Registration Interview cubicle	60	8	480	scanner printer; PC, locked drawer (cash),	
					personal storage; ergonomic	
	Alcove, Check-in Kiosk	15	6	90	within view of greeter	
	Queuing	10	4	40		
	Consult, Financial Counselor/ other	120	3	360	financial auth, other	
				-		
Areas o	out of Public View			-		
	Workstation, supervisor	80	1	80	another supervisor in one clinic	
	Copy/Work area	30	1	30		
	Storage	30	1	30		
	Workroom, Drop Safe	50	1	50		
		Departm	nent NSF	1,220		
		Department Circulation		305		
		Walls and S	tructure	153		
		Department Gross SI	F (DGSF)	1,678		

1.38

#### OTHER COMMENTS

Greeter may function as info as well (TBD)

\*\* 40 - 45 pts per day per registar

\* greets patient, welcome & instruct on where to go, "arrive" patient - then direct to kiosk or to central reg pause seating

#### 2/8/18 notes

clinic	clinic # PAR		
GI	1	У	
Surg Clinic	3	Y	
Ophth	3	У	
ENT	1	У	
Rehab	2	sched	
Ortho	3	У	
MRI	1		
СТ	1		
Infuion & Cancer	5	sched	
mammo	1		

# **Distributed Registration Model**

		Program:	
Reg	Department Name	1	Total Peak Staff
PUB	Service	138	Total Exam Rooms Supported
25%	Dept. Circulation	1,678	DGSF (Program)
10%	Walls & Structures	1,678	Program DGSF/Driver
			DGSF (Actual)

DN4 #			OTV	TOTAL	COMMENTS
KIVI #	FUNCTION NAME	NSF	QIY	NSF	COMMENTS
Public /	Areas				
	Reception	60	1	60	welcome/greet; mobile ipad
	Registration Interview cubicle	60	8	480	scanner printer; PC, locked drawer (cash),
					personal storage; ergonomic
	Alcove, Check-in Kiosk	15	6	90	within view of greeter
	Queuing	10	4	40	
	Consult, Financial Counselor/ other	120	3	360	financial auth, other
				-	
Areas o	out of Public View			-	
	Workstation, supervisor	80	1	80	another supervisor in one clinic
	Copy/Work area	30	1	30	
	Storage	30	1	30	
	Workroom, Drop Safe	50	1	50	
		Departn	nent NSF	1,220	
		Department Circulation		305	
		Walls and S	Structure	153	
		Department Gross S	F (DGSF)	1,678	

1.38

#### OTHER COMMENTS

Greeter may function as info as well (TBD)

\*\* 40 - 45 pts per day per registar

\* greets patient, welcome & instruct on where to go, "arrive" patient - then direct to kiosk or to central reg pause seating

#### 2/8/18 notes

clinic	clinic # PAR		
GI	1	У	
Surg Clinic	3	Y	
Ophth	3	У	
ENT	1	У	
Rehab	2	sched	
Ortho	3	У	
MRI	1		
СТ	1		
Infuion & Cancer	5	sched	
mammo	1		

### **Conference / Education**

		Program:	
Conf	Department Name	3	Total Conference Rooms
PUB	Service		Total Provider Offices
10%	Dept. Circulation	1,878	DGSF (Program)
10%	Walls & Structures	626	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF COMI	MENTS
Confer	ence Rooms				
	Conference Room, Medium	600	1	600 seatin	ng for 20 - 30
	Conference Room, Small	200	2	400 seatin	ng for 10 - 12
	Patient Interview space	100	1	100 for pr	ivate interview w/ group visits
Confer	ence Center Support Spaces				
	Storage, General	150	1	150 tables	s, chairs
	Pantry, Catering	120	1	120	
Public	Areas				
	Lobby, Pre-Function Area	60	1	60	
	Alcove, Telephone	10	1	10	
	Toilet, Public	56	2	112	
		Depart	ment NSF	1,552	

Department Gross SF (DGSF)	1,878
Walls and Structure	171
Department Circulation	155
Department NSF	1,552

1.21

### **Retail Pharmacy**

		Program:	
Retail	Department Name	1	Total Rx per Day
PUB	Service		Total Provider Offices
15%	Dept. Circulation	1,386	DGSF (Program)
5%	Walls & Structures	1,386	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Pharma	acy Work areas				
	Pharmacy, Work Area				
	Receiving Area	60	1	60	
	Hood, HEPA filtered, recirculating	20	1	20	counting/manipulating HD meds received from
					Infusion Pharmacy
	Storage, General	100	1	100	ambient mediation storage
	Storage, Oncology meds	100	1	100	includes cabinets for pill boxes; multiple
					patient meds
	Storage, Controlled Substance, ADU	8	1	8	No vault room. Use automated safes, secured
					to structure. Regular pyxis
	Work Station, Pharmacist	30	2	60	prep and review orders
	Work Station, Pharmacy Technician	30	3	90	prep orders for pharmacist review
	Sink, Work	10	1	10	small (18" x 18" or less), w/ counterspace
	Sink, Emergency Eye Wash	5	1	5	Use GHS standard eye wash fixture in all locations
	Service Window, Prescription drop off	40	1	40	w/ PC for Pharmacist/Tech, counter-top for
					patient. May have security glass/partician.
	Service Window, Prescription pick area	40	3	120	locate one pick-up window, adjacent to
					conseling room. Privacy required, (possibly
					assigned for CA vs other)
	Counseling Room	80	1	80	for patient education
	Sales, OTC drawers	10	1	10	
	DME Provider Supply (PRIMARY)	150	1	150	close to cast team; OR close to retail pharmacy
	Office, General	80	1	80	Could be used for counseling/Flu Shots/Office
Public /	Areas				
	Queuing	10	4	40	+1 @ each Service Window
	Waiting Area, General	15	10	150	Waiting in Lobby
	Waiting Area, General, Wheelchair	25	1	25	

Department NS	1,148
Department Circulation	172
Walls and Structure	66
Department Gross SF (DGSF	1,386

#### 1.21

If NO Retail Pharmacy; adjust infusion pharmacy to include Prescriptions "To GO" pickup, counseling room, 10 sf compounding Process: how to ensure that it is for CASS patients and not necessarily others

what happens if a non CASS patient comes here

Validate # of scripts from other clinics

Need this Rx supply Boost or other OTC nutritional supplements

#### Café

Grab & Go, Quick Grill style		Program:	
Café	Department Name	45	Dining seats
PUB	Service		
15%	Dept. Circulation	2,125	DGSF (Program)
5%	Walls & Structures	47	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Café Se	eating				893
	Seating, dining	16	25	400 v	visitors & some staff
	Patio, Dining	-		- C	outdoors
	Bench seating	12	20	240	
	EVS closet	40	1	40 c	an be adjacent to seating area
	Vending Area	10	2	20 2	2 machines: 1 - drinks, 1 - snacks
	Alcove, Condiments, etc.	40	1	40 I	ncludes trash receptacles
Coffee	Kiosk Area			-	
	Cart, Coffee Venue	250	-	- r	no separate kiosk needed
	Storage	75	-	- r	no separate kiosk needed
	Seating, Counter-top	20	-	- r	no separate kiosk needed
Café Pi	rep and Storage Area				217
	Storage, Refrigerator	20	2	40 s	odas, milk
	Storage, Refrigerator	20	1	20 t	emp holding for catering food pans from
				ŀ	lospital kitchen
	Storage, Dry Food	20	4	80	
	Storage, Dry Goods	20	2	40 F	Paper products, cups, plates, etc.
	Cook & Prep	180	-	- r	n/a
Dishw	ashing Area				302
	Soiled, Tray Drop	40	1	40	
	Storage, Trash Holding	40	1	40	
	Staging, Cart	10	1	10 T	emp holding for catering food cart, return to
				ŀ	lospital kitchen
	Dishwashing Area	100	1	100 3	B-basin scullery sink, w/soaps and cart
				C	irculation space
	Storage, Clean Dishes, Pans, utensils, etc.	10	2	20	
	EVS closet	40	1	40 I	ncls detergents and chemical storage
Café Se	erving Area				477
	Serving Area, Grill Station	100	-	-	
	Serving Area, Entrée Station	200	1	200 0	Catering/warming pans, turbo-fan convection
				t	oaster, back counter space, etc.
	Serving Area, Soup Station	20	1	20	
	Serving Area, Salad/Sandwich Bar	100	-	- F	Pre-made in Grab and Go case
	Serving Area, Grab and Go Case	40	2	80 i	ncludes Salads, Sandwiches, Dairy and
				Γ	Desserts
	Serving Area, Dessert Station	25	-	-	
	Serving Area, Beverage Counter	40	1	40 0	Coffee and condiments
	Serving Area, Beverage Refrigerator Case	15	1	15	
	Work Area, Cashier	40	1	40	

Center for Advanced Surgical Services Space Program

#### Café

Grab & Go, Quick Grill style			_
Café	Department Name	45	Dining seats
PUB	Service		
15%	Dept. Circulation	2,125	DGSF (Program)
5%	Walls & Structures	47	Program DGSF/Driver
	-		DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS	
Support	Staff Work Areas					235
	Office, Manager	80	1	80		
	Work Area, General Cash Counting	40	1	40		
	Lockers, Staff	5	15	75	combine w/ central if nearby	
	Toilet, Staff	56	-	-	not required. Use public facilities	
		Departn	nent NSF	1,760		
		Department Ci	rculation	264		
_		Walls and S	Structure	101		
		Department Gross S	F (DGSF)	2,125		

1.21

### **OP Lab**

		Program:	
OP Lab	Department Name	5	Total Draw Stations
ANC	Service		Total Offices
20%	Dept. Circulation	1,864	DGSF (Program)
10%	Walls & Structures	373	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Specim	en Collection				
	Blood Draw Station, Accessible	80	1	80	larger station
	Blood Draw Station	56	3	168	
	Blood Draw Room	110	1	110	enclosed room; recliner
	Work Area, Sink, Hand-wash	10	2	20	between every 2
	Toilet, Patient Specimen	56	2	112	pass thru to work area
Public /	Areas				combine with other Diagnostic Center fx
	Reception	56	2	112	
	Queuing	10	6	60	zone in front of reception
	Copy/work area	20	1	20	
	Waiting Area	18	15	270	
	Waiting Area, WC accessible	25	3	75	
Clinical	Specialty Areas				
	Work Area, POC testing	40	1	40	UA, connect to specimen toilet passthrus
	Work Area, Lab Prep Area	100	1	100	sink, counter, PC, results, phone
	P-tube station	12	1	12	recommended for stat / Ca labs
	Soiled Holding	80	1	80	may combine w/ adj function
	Storage, Cart, Lab Supplies	15	1	15	in addition to work areas
	Storage, Cart Specimen Totes	15	2	30	for specimen transport to/from clinics
Staff Su	upport Work Area				
	Workstation, Hoteling	48	1	48	for supervisor or others in
	Lockers, Staff	5	8	40	combine w/ 1st floor staff
	Alcove, Linen, Clean, Lab Coats	10	1	10	
	Alcove, Linen, Soiled, Lab Coats	10	1	10	
		Departr	ment NSF	1,412	
		Department Ci	rculation	282	
		Walls and	Structure	169	
		Department Gross S	SF (DGSF)	1,864	

1.32

Hours 6:30a - 6:30pm

# **Pre-Admission Testing**

PAT	Department Name					
OP	Service					
25%	Dept. Circulation					
10%	Walls & Structures					

Program:	
4	Total Exam Rooms
3	Total Consult/ office
2,628	DGSF (Program)
375	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Patient	Care Area				
	Exam Room	110	4	440	
	Consult/ Interview/Financial Counselin	g <b>110</b>	1	110	
	Workstation, MA	56	1	56	
	Workstation, Team	56	3	168	
	Alcove, Scale	48	1	48	
Clinical	Support Areas			-	
	Copy/ Work	20	1	20	
	Alcove, equipment/ Linen	15	2	30	
	Equipment storage	60	1	60	
	POC Testing	60	1	60	
	Medication	60	1	60	
	Utility, Clean	80	1	80	
	Utility, Soiled	80	1	80	
	Toilet/ Patient	56	1	56	
Clinical	Support Staff Areas			-	
	Office, Shared	120	1	120	2 staff, shared
	Office, Flex	80	1	80	
	Work Station, Flex	56	2	112	
	Toilet, Staff	56	1	56	
	Staff Break/Lounge	180	0	-	combine w/ other staff area in adj space
Public /	Areas			-	
	Reception	56	1	56	combine w/ diagnostic center (OP Lab)
	Alcove, Check-in Kiosk	15	1	15	
	Queuing	10	2	20	
	Waiting Area, General	18	8	144	
	Waiting Area, General, Wheelchair	25	1	25	
	Patient Training/Education	15	1	15	
		Departr	ment NSF	1,911	
		Department Ci	irculation	478	
		Walls and	Structure	239	
		Department Gross SF (DGSF)		2,628	

1.38

# **Breast Imaging**

	Space	Program:	
Breast	Department Abbreviation	8	Total Imaging Rooms
D&T	Functional Group		Total Exam Rooms
30%	Department Circulation Factor	5,442	DGSF (Program)
15%	Walls and Structure	680	Program DGSF/Driver
			DGSF (Actual)

RM #	ΕΠΝΟΤΙΟΝ ΝΑΜΕ	NSE	ΟΤΥ	TOTAL	COMMENTS
ι (IVI π		1451	QT	NSF	
Mamm	nography Suite- Screening, Diagnostic and Biopsy	1			
	Imaging, Mammography	150	2	300	
	Imaging, Mammography, Diagnostic	195	2	390	
	Imaging, Mammography - Stereotactic	250	1	250	
	Imaging, Bone Densitometry	140	1	140	
	Breast Ultrasound	120	2	240	Updated 2-28-18 +2 US moved from Imaging
	Drossing Dooth	20	0	160	two nor imaging room
	Dressing Booth	20	8	160	two per imaging room
		45	2	90	
	Waiting Area, Subwait	25	8	200	
	Patient Education material	20	1	20	
	Toilet, Patient	56	1	56	
	Consult Room	120	1	120	
Mamm	nography - Staff Work/ Reading				
	Workstation, Tech	56	4	224	
	Workarea, general	60	1	60	
	Reading Work Stations	48	7	336	includes mammo & breast MRI reading
Clinica	l Support Areas				
	Alcove, Equipment/ Linen	15	1	15	
	Copy / Work	15	1	15	
	Equipment storage	120	1	120	
	Med Station	40	1	40	counter
	Utility, Clean	100	1	100	
	Utility, Soiled	80	1	80	
	Alcove, Stretcher or Wheelchair	15	1	15	
	Alcove, Crash Cart	10	1	10	
Public /	Areas				
	Reception	56	2	112	dedicated "Women's Imaging"
	Alcove, Check-in Kiosk	15	2	30	
	Queuing	10	4	40	
	Copy / Work	56	1	56	
	Waiting, Women's Imaging	15	12	180	may be separately designated
	Waiting Area, General, Wheelchair	25	1	25	
	Waiting Area, Child Play	15	0	0	

## **Breast Imaging**

	Space	Program:	
Breast	Department Abbreviation	8	Total Imaging Rooms
D&T	Functional Group		Total Exam Rooms
30%	Department Circulation Factor	5,442	DGSF (Program)
15%	Walls and Structure	680	Program DGSF/Driver
			DGSF (Actual)

DN4 #		NCE	OTV	TOTAL	CONADACNITC
KIVI #	FUNCTION NAME	INSF	QIY	NSF	COMINIENTS
Clinical	Staff Work Areas				
	Office, Manager	80	1	80	
	Office Tracking Coordinator	80	1	80	
	Work Station, Flex	56	0	0	
	Staff Break/Lounge	180	0	0	use Cancer Center
	Toilet, Staff	56	1	56	
		Departn	nent NSF	3,640	
		Department Cir	rculation	1,092	
		Walls and S	Structure	710	
		Department Gross S	F (DGSF)	5,442	

1.50

COMMENTS

Prefer ULTRASOUND to be co-located with Breast Imaging \*need to validate volume

Program Add from MP: 3887

### **Breast Imaging**

#### USER REQUESTED INCREASES TO PROGRAM; TO BE VETTED DURING SCHEMATIC DESIGN

	Space	Program:	
Breast	Department Abbreviation	8	Total Imaging Rooms
D&T	Functional Group		Total Exam Rooms
30%	Department Circulation Factor	6,707	DGSF (Program)
15%	Walls and Structure	838	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	NSF	COMMENTS
Mamm	ography Suite- Screening, Diagnostic and	Biopsy			
	Imaging, Mammography	195	2	390	New equip requires larger rooms ,All 4 mamm rooms should be 195sf each
	Imaging, Mammography, Diagnostic	195	2	390	
	Imaging, Mammography - Stereotactic	250	1	250	
	Imaging, Bone Densitometry	140	1	140	
	Breast Ultrasound	200	2	400	Updated 2-28-18, need to verify with Imaging Both ultrasound rooms need to be
					200 sf each
	Dressing Booth	30	8	240	two per imaging room Dressing booths should be 30 sf each
	Dressing Booth, Accessible	45	2	90	
	Waiting Area, Subwait	25	8	200	
	Patient Education material	20	1	20	
	Toilet, Patient	56	1	56	
	Consult Room	120	1	120	
Mamm	ography - Staff Work/ Reading				
	Workstation, Tech	56	5	280	224 sf 5 workstations
	Workarea, general	60	1	60	
	Reading Work Stations	48	7	336	includes mammo & breast MRI reading Current space 430sf, with Camp creek expansion will require at least 500sf
Clinical	Support Areas				
	Alcove, Equipment/ Linen	15	1	15	
	Copy / Work	15	1	15	
	Equipment storage	120	2	240	Need 2 storage spaces, one for fda records and paper products, 1 for medical
					supplies 120sf each 240sf total
	Med Station	40	1	40	counter
	Utility, Clean	100	1	100	
	Utility, Soiled	80	1	80	
	Alcove, Stretcher or Wheelchair	15	1	15	
	Alcove, Crash Cart	10	1	10	
Public A	Areas		-		
	Reception	56	2	112	dedicated "Women's Imaging"
	Alcove, Check-in Klosk	15	2	30	
	Queuing	10	4	40	
	Copy / Work	56	1	56	
	Walting, Women's Imaging	15	12	180	may be separately designated
	Waiting Area, General, Wheelchair	25	1	25	
Clinical	Staff Work Areas	15	0	0	
Cinical	Office Manager	<b>8</b> 0	2	2/0	Need 3 office spaces for the manager, breast tracker, and the purse pavigator
		00	3	240	need 2 offices at 100sf and 1 office at 120sf
	Office Tracking Coordinator	80	1	20	
	Work Station. Flex	56	0	0	
	Staff Break/Lounge	180	1	180	use Cancer Center We need separate locker space in our section for staff
			-	100	belongings. The break room needs to be large enough for at least 2 normal
					sized refrigerators and able to seat more than 6 people at a time if shared with
					the breast clinic. If the area is not shared 180 sf is fine
	Toilet, Staff	56	1	56	
		Departr	nent NSF	4,486	
		Department Ci	rculation	1,346	
		Walls and S	Structure	875	
	C	Pepartment Gross S	F (DGSF)	6,707	

COMMENTS

1,265

# Imaging

Standard	ls: Space	Program:	
Imaging	Department Abbreviation	8	Total Imaging Rooms (2 Shelled)
D&T	Functional Group		Total Exam Rooms
30%	Department Circulation Factor	9,387	DGSF (Program)
15%	Walls and Structure	1,173	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL	COMMENTS
Comorro	De die energieus Cuite			NSF	
General	Radiography Suite	275	2		in mediate edite Orthe Treume medule
	Imaging, General Rad Room	275	2	550	Immediate adj to Ortho Trauma module
		45	2	90	
	Dressing Booth	15	1	15	
	Dressing Booth, Accessible	45	1	45	
	Waiting Area, Subwait	15	2	30	
	Toilet, Patient	56	1	56	
Radiogr	aphic Fluoroscopy (R/F) Suite				
	Imaging, Fluoroscopy	400	1	400	
	Control Room, Fluoroscopy	100	1	100	
	Toilet, Patient	55	1	55	
	Dressing Booth	15	0	-	
	Dressing Booth, Accessible	45	1	45	
	Waiting Area, Subwait	15	1	15	
	Alcove, Speech Therapy Equipment	30	1	30	
	Workstations, Techs	24	6	144	central work zone
Ultraso	und Suite				
	Imaging, Ultrasound	160	2	320	reduced (only CASS volume); added 2 US in
					Breast Imaging
	Toilet, Patient	56	2	112	
	Waiting Area, Subwait	15	2	30	
	Work Station, Technologist	48	2	96	
PET CT					
	See Separate spreadsheet	0	0	-	
HDR					
	High Dose Radiation	260	1	260	Needs proper shielding
	Control Room	120			
	Toilet, Patient	56			
Comput	erized Axial Tomography (CT Scan) Suite				shelled
	Imaging, CT Scan	440	1	440	
	Control Room, CT Scan	140	1	140	
	Equipment room, CT	100	1	100	
	Alcove, Stretcher / WC	25	1	25	
	CT Patient Prep Room	80	1	80	
	Patient lockers	15	1	15	
	Dressing Booth, Accessible	45	2	90	
	Waiting Area, Subwait	15	2	30	· · · · · · · · · · · · · · · · · · ·

# Imaging

Standard	ls: Space	e Program:	
Imaging	Department Abbreviation	8	Total Imaging Rooms (2 Shelled)
D&T	Functional Group		Total Exam Rooms
30%	Department Circulation Factor	9,387	DGSF (Program)
15%	Walls and Structure	1,173	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Magne	tic Resonance Imaging (MRI) Suite				shelled
	Magnetic Resonance Imaging (MRI) Suite- Safet	<u>y Zone 4</u>			
	Imaging, MRI	550	1	550	)
	Magnetic Resonance Imaging (MRI) Suite- Safet	<u>y Zone 3</u>			
	Control Room, MRI shared	240	1	240	)
	Equipment Room, Computer, MRI	140	1	140	) combined
	Vestibule, MRI Safety	80	1	80	)
	Resuscitation, MRI	80	1	80	)
	Sink, Hand-wash	10	1	10	)
	Alcove, Crash Cart, Non-ferrous	10	1	10	)
	Magnetic Resonance Imaging (MRI) Suite- Safet	<u>ty Zone 2</u>			
	Patient Preparation	80	2	160	)
	Dressing Booth	15	0	-	- use patient prep
	Dressing Booth, Accessible	45	0		- use patient prep
	Waiting Area, Subwait	15	2	30	
	Lockers, Patient	5	4	20	)
	Toilet, Patient	56	1	56	
	Alcove, Equipment	10	1	10	)
	Alcove, Linen, Clean	10	1	10	
	Alcove, Linen, Soiled	10	1	10	
	Alcove, Equipment Storage	30	1	30	
MD Re	ading Area (diagnostic review station)				
	Office, Radiologist	100	1	100	
	Reading Room, MD	65	2	130	
	Work Area, Copy, Printer, Fax	15	1	15	
Clinica	Support Areas				
	Alcove, Lift Equipment	15	1	15	
	Work Area, Copy, Printer, Fax	15	1	15	5 w/in central tech zone
	Alcove, Linen/ Supplies	15	2	30	
	Alcove, Stretcher or Wheelchair	10	2	20	
	Alcove, Crash Cart	10	1	10	
	Equipment storage	80	1	80	
	Medication alcove	60	1	60	Pyxis cabinet in MR & CT rooms
	Utility, Clean	100	1	100	)
	Utility, Soiled	100	1	100	
	Workroom, Service Engineer, Small	120	0		- deleted; do not need dedicated space

# Imaging

Standard	ls: Space	Program:	
Imaging	Department Abbreviation	8	Total Imaging Rooms (2 Shelled)
D&T	Functional Group		Total Exam Rooms
30%	Department Circulation Factor	9,387	DGSF (Program)
15%	Walls and Structure	1,173	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF
Public /	Areas			
	Reception	56	2	112
	Alcove, Check-in Kiosk	15	2	30
	Queuing	10	4	40
	Waiting Area, General	18	15	270
	Waiting Area, General, Wheelchair	25	1	25
	Waiting Area, Child Play	15	0	<ul> <li>do not include w/ imaging</li> </ul>
Clinical	Staff Work Areas			
	Office, Manager	100	1	100
	Office, Shared	110	1	110
	Workstation, Hoteling	56	2	112
Staff Su	ipport Areas			
	Staff Lounge / Break	220	0	<ul> <li>see staff support tab (shared)</li> </ul>
	Staff Lockers	0	20	<ul> <li>see staff support tab (shared)</li> </ul>
	Toilet, Staff	56	1	56

TOTAL PLANNED &	TOTAL PLANNED & SHELLED	
Department NSF	6,279	
Department Circulation	1,884	
Walls and Structure	1,224	
Department Gross SF (DGSF)	9,387	
SHELLED SPA	CE	
Department NSF	2,356	
Department Circulation	707	
Walls and Structure	459	
Department GSF	3,522	
PLANNING SP	ACE	
Department NSF	3,923	
Department Circulation	1,177	
Walls and Structure	765	
Department GSF	5,865	
	1.49	

COMMENTS

If Imaging & Ortho are not on the same floor, then reduce Rad room to 1 (assuming 1 or 2 on Ortho)

# Radiation Oncology

Standar
RadOnc
ANC
30%
15%

Space Program:

2	Total LINACS
9	Total Offices
11,235	DGSF (Program)
5,618	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Linear	Accelerator Suite				
	Imaging, Linear Accelerator	750	2	1500	
	Control Room, Linear Accelerator	160	2	320	
	Equipment Room, Modulator, LINAC	80	1	80	
Treatm	nent Planning Suite				
	Imaging, CT Scan, Simulator	450	1	450	
	Control Room, CT Scan, Simulator	160	1	160	
	Storage, General	25	1	25	
	Storage, Equipment, General, Physicist Equipment	50	1	50	
	Work Area, Computer, Treatment Planning Equipment	45	2	90	
	Work Area, Computer, Treatment Planning/Consultation	25	1	25	
	General, Dosimetrist Office	110	1	110	Shared Space (2 people)
	Alcove, Printer, IRT	20	1	20	
Radiat	ion Therapy, Treatment Planning, and HDR Suite Support Sp	paces			
	Workroom, Preparation, Block Cutting	110	1	110	
	Storage, General, Block supplies	25	2	50	
	General, Technologist Office	100	1	100	
	Future Treatment Room (gold seed, hydrogel, Endosocpy,	180	1	180	
Patien	t Changing and Waiting for treatment- Segregate into two a	ireas, one ma	e and o	ne female	
	Dressing Booth	15	3	45	Separate Male & Female needed
	Dressing Booth, Accessible	45	2	90	
	Waiting Area, Subwait	15	5	75	Separate Male & Female needed
	Alcove, Linen, Clean	10	2	20	
	Alcove, Linen, Soiled	10	2	20	
	Toilet/Lav., Patient	56	2	112	
Patien	t Preparation and Holding				
	Pre & Post-procedure Holding, Procedural Sedation	80	4	320	
	Uptake Room, Patient, Fluorodeoxyglucose (FDG)	100	0	0	Per Pooja, this is not necessary
	Nurse Station, Work Area	30	1	30	
	Work Area, Sink, Hand-wash	10	2	20	
	Medication Prep Room, Small	50	1	50	
	Utility, Clean	10	4	40	
	Alcove, Crash Cart	10	1	10	
	Alcove, Stretcher or Wheelchair	25	1	25	
Provid	er Office/Exam Areas				
	Office, Provider	100	7	700	(4 MD's, 1 NP, 1 Clinical Trials Coord, 1 Dosimetrist)
	Office, Provider, Shared	110	2	220	2 Residents & 2 Physicists
	Consultation Room	150	1	150	
	Exam Room	110	3	330	
	Exam Room, Special Needs	140	1	140	
	Work Station, General, Medical Assistant	30	4	120	
	Work Station, General, RN Radonc	<b>30</b> Page 45 of 67	1	30	NBBJ / Grady CASS Space Program 4/16/2018

# Radiation Oncology

Standar
RadOnc
ANC
30%
15%

Space Program:

<u> </u>	
2	Total LINACS
9	Total Offices
11,235	DGSF (Program)
5,618	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
	Alcove, Patient Weigh-In, Scale	15	1	15	
	Alcove, Patient Weigh-In, Scale, Special Needs	35	1	35	
Clinica	Support Areas				
	Work Area, Copy, Printer, Fax	15	1	15	
	Alcove, Printer	10	1	10	
	Alcove, Equipment Storage, Mobile Patient Lift	15	1	15	
	Medication Prep Room, Small	50	1	50	
	Utility, Clean	10	1	10	
	Utility, Soiled, Trophon	75	1	75	
	Toilet/Lav., Patient	56	1	56	
Clinica	Support Staff Work Areas				
	Storage, Files, Information Library	10	2	20	
	Office, General, Manager	100	2	200 (	1 Supervisor, 1 Emory Admin)
	Office General, Shared	110	2	220 S	ocial Worker & Other Support
	Work Station, General	30	2	60	
Film ar	nd Record Support Areas				
	Storage, Files, Records Shelving	10	1	10	
Staff Su	upport Areas				
	Lounge, Staff	250	1	250	
	Lockers, Staff	5	20	100	
	Toilet/Shower, Staff	60	1	60	
	Toilet/Lav., Staff	56	2	112	
Public	Areas				
	Reception	35	2	70	
	Alcove, Check-in Kiosk	15	1	15	
	Queuing	10	4	40	
	Work Area, General Cash Counting	30	1	30	
	Waiting Area, General	15	10	150	
	Waiting Area, General, Wheelchair	25	2	50	
	Waiting Area, Child Play	15	1	15	
	Patient Training/Education	15	1	15	
		Department NSF		7,515	
		Department C	irculation	2,255	
		Walls and	Structure	1,465	
	Department GSF		11,235		

# Imaging: PET/CT

PET	Department Abbreviation
D&T	Functional Group
30%	Department Circulation Factor
15%	Walls and Structure

Space	Program:	

1	Total Imaging Rooms
	Total Exam Rooms
2,374	DGSF (Program)
2,374	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS	
Patient	Procedure Area			-		
	PET/CT Procedure Room	480	1	480		
	Control Room, PETCT	120	1	120		
	Injection Room/ Dose Hold	120	2	240		
	Patient Prep Bay	80	4	320	VS, oral constrast, IV prep, consents	
	Handwashing sink	10	1	10		
	Workstation, tech	56	1	56		
	Toilet, Patient, "hot"	56	1	56		
	Waiting Area, Subwait	25	2	50		
Clinical	Support Areas					
	Hot Lab	100	1	100		
	Work Area, Compounding	40	1	40	In hot lab; (1) hood	
	Ante Room, Compounding	20	1	20	in hot lab	
	Workstation, tech	56	1	56	Open work stations	
	Storage, Medical Equipment	40	1	40		
	Housekeeping	50	0	-	shared	
	Clean Utility/Linen	125	0		shared	
	Manager office	80	0		imaging manager	
	Toilet, Staff, ACC	56	0		shared	
	Use public and staff support with imaging program -					

Department NSF 1,588
Department Circulation 476
Walls and Structure <b>310</b>
Department Gross SF (DGSF) 2,374

1.5

# **Endoscopy Suite**

		Program:	
Endo	Department Name	4	Total Procedure Rooms
D&T	Service		
35%	Dept. Circulation	10,534	DGSF (Program)
15%	Walls & Structures	2,634	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Proced	ure Rooms				
	Procedure Room , Endo	288	4	1152	2 sink/workstation in procedure room
	Alcove, Equipment, C-arm	40	1	40	) likely no EUS procedures here; place C-arm
					alcove for potential future
	Alcove, Equipment, Storage	15	2	30	)
	Scrub Area	20	0	0	) within room
	Alcove, Stretcher or Wheelchair	25	4	100	all anesthesia driven - all patients arrive/ leave on stretcher
Proced	ure Support Areas				
	Storage, Supplies	10	8	80	)
	Storage, equipment	100	1	100	)
	Clean Scope Storage	10	4	40	) for each endo room
	Medication Alcove, Pyxis	24	1	24	1 for anesthesia TBD
	Work area, Physician	30	6	180	) require immediate dictation; dictation area
	Work area, Staff	30	2	60	)
	Utility, Soiled	100	1	100	) dirty scope holding prior to SPD pickup
	Copy/Print	12	1	12	2
	Crash cart alcove	30	0	C	) use pre/post & anesthesia
atien	Preparation and Recovery Area				
	Prep/Recovery rooms	120	15	1800	) universal, pt space; 100sf min clear area
	Prep/Recovery rooms - large/ iso	140	1	140	) universal, pt space
	Toilet, patient	56	4	224	1 one per 4 patients
	Work area, Care Givers	56	4	224	1 central team area
	Work Area, Sink, Hand-wash	10	4	40	)
	Alcove, Crash Cart	10	1	10	)
	Alcove, Equipment Storage/WOW	10	4	40	) include WOWs; nurse & anesthesia both
					charting on the patient
	Nourishment alcove	40	1	40	)
	Copy/Print	15	1	15	5
	Alcove, equipment/ Linen	15	2	30	)
	Medication	80	1	80	)
	Equipment storage	100	1	100	)
	Utility, Clean	120	1	120	) full O2
	Utility, Soiled	100	1	100	) may combine w/ on in procedure support; empty O2
	EVS Closet	60	1	60	)
linica	Support Staff Work Areas				
	Office, Manager	100	1	100	)
	Work Station, hoteling	56	2	112	2 Back-of-house functions
	Toilet, Staff	56	1	56	5
ublic	Areas				
	Reception	56	2	112	2 Assumes central registration
	Alcove, Check-in Kiosk	15	6	90	)
	Queuing Endo	10	4 Page 48 of 67	40	) NBBJ / Grady CASS Space Prog 4/16/2

### **Endoscopy Suite**

		Program:	
Endo	Department Name	4	Total Procedure Rooms
D&T	Service		
35%	Dept. Circulation	10,534	DGSF (Program)
15%	Walls & Structures	2,634	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
	Work Area, Check-out	56	1	56	for Endo Scheduler; rescheduling next appt;
					separate flow out
	Consultation Room	100	1	100	
	Waiting Area, General	18	30	540	8 proc/hr; may need more (up to 20)
	Waiting Area, General, Wheelchair	25	2	50	
	Waiting Area, Child Play	15	1	15	
	Patient Training/Education	15	1	15	
Staff A	reas				
	Staff Lounge	180	1	180	add to OR lounge if adjacent
	Vending Area, Scrub	20	1	20	
	Locker Room, Men				
	Vestibule, Locker Room	35	1	35	
	Lockers, Staff, Men	4	12	48	
	Toilet, Staff, Men	56	1	56	
	Storage, Coats	10	1	10	
	Locker Room, Women				
	Vestibule, Locker Room	35	1	35	1 male / 1 female
	Lockers, Staff, women	5	12	60	
	Toilet Staff, Women	56	1	56	
	Storage, Coats	10	1	10	1 male / 1 female
		Department NSF		6,785	
		Department Circulation		2,375	
		Walls and Structure		1,374	
		Departr	nent GSF	10,534	

#### FGI GUIDELINES:

1.55

3.9-3.2.2.2 - Each procedure room with minimum 200 sf clear floor area and 3'-6" minimum clearance on each side of the stretcher

3.9-3.2.2.6 A patient toilet room should be directly accessible from procedure & pre/post area

3.9-3.3.2.2 a minimum clear floor area of 100 sf for each pre/post room

comments"

Prisoners in main hosiptial; if prisoners, then have back of house access esophogeal manometry in clinic - now; pill cam (anywhere)

# **PreOP/ Phase 2 Rec/ PACU**

PHR	Departmen		
D&T	Service		
45%	Dept. Circu		
10%	Walls & Str		

epartment Name			
ervice			
ept. Circulation			
/alls & Structures			

Program:	
28	Total Bays
	Total Rooms Supported
12,082	DGSF (Program)

432 Program DGSF/Driver

DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL	COMMENTS
Post A	nosthatic Caro Unit, Stago 1 Pacovary			INSF	
FUSLA	PACIL Primary Stage 1 Outpatient	120	12	1 // 0	15 per OR
	Team Work Area	56	7	202	1.5 per OK
	Handwashing Sink	10	/	//0	
	Medication Prenaration	80	1	40 80	
	Alcove Crash Cart	10	1	10	
	Alcove Peds-Broslow Crash Cart	10	1	10	
	Alcove Malignant Hyperthermia Cart	10	1	10	
	Alcove Blanket Warmer	10	1	10	
	Alcove Linen Clean	10	1	10	
	Alcove Printer	10	2	20	
	Toilet Patient	56	1	56	
Pre-Or	and Post-Op		-	-	
	Periop Room (Prep/Phase 2)	132	15	1.980	2 per OR (see Isolation below)
	Toilet. Patient	56	4	224	
	Isolation, Large Periop	150	1	150	
	Toilet, Patient - Isolation	56	1	56	
	Alcove, Crash Cart	10	1	10	
	Alcove, Blanket Warmer	10	1	10	
	Alcove, Linen, Clean	10	2	20	
	Team Work Area	56	6	336	
	Work Area, Copy, Printer, Fax	15	1	15	
	Handwashing Sink	10	2	20	
	Nourishment Station	80	1	80	
Clinica	l Support Areas				
	Alcove, Stretcher/Wheelchair	25	4	100	
	EVS Closet	60	1	60	
	Medication Preparation	120	1	120	distribute
	Storage, Equipment	140	1	140	
	Toilet, Staff	56	2	112	
	Utility, Clean	150	1	150	
	Utility, Soiled	100	1	100	
	Workstation, Touchdown	30	2	60	
	Office, Manager	100	1	100	Pre/Post manager
	Work Area, Unit Clerk	56	1	56	
	Staff Lounge	180	1	180	add to OR lounge if adjacency allows
	Locker/ Lounge	0	15	-	with surgery program

# **PreOP/ Phase 2 Rec/ PACU**

PHR	Department			
D&T	Service			
45%	Dept. Circula			
10%	Walls & Stru			

Total Bays
Total Rooms Supported
DGSF (Program)
Program DGSF/Driver
DGSF (Actual)

RM #	FUNCTION NAME	NSF	ΟΤΥ	TOTAL	COMMENTS
				NSF	
Public A	\reas				
	Reception	56	3	168	
	Alcove, Check-in Kiosk	15	2	30	
	Queuing	10	8	80	
	Work Area, Copy, Printer, Fax	15	1	15	
	Work Area, Check-out	56	0	-	discharged from phase 2
	Alcove, Stretcher or Wheelchair	10	2	20	
	Consultation Room	120	2	240	dual access
	Office, Reg manager	100	1	100	
	Office, OR Scheduler	100	1	100	or nurse navigator
	Waiting Area, General	18	30	540	ideally shared with endo, create groupings of
					seating;
	Waiting Area, General, Wheelchair	25	2	50	
	Waiting Area, Child Play	15	1	15	
	Patient Training/Education	15	2	30	
	Interpreteur Services	15	2	30	
		Departi	ment NSF	7,575	
		Department Circulation		3,409	
		Walls and Structure		1,098	
Department Gross SF 1					

1.59

# **Outpatient Surgery**

ASC	Department Name			
D&T	Service			
50%	Dept. Circulation			
10%	Walls & Structures			

Program:	
6	Total Operating Rooms
2	Total Future OR
18,912	DGSF (Program)
2,364	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS		
Operat	Operating Rooms						
	ASC OR	600	6	3,600	universal, standard		
	Scrub Area	20	6	120	3 sink per OR		
	Alcove, Stretcher/ WC	40	6	240			
	SHELLED, Future OR +scrub, alcove clean core	960	2	1,920	In Program per 2-1-18 Steering Mtg		
	MD Dictation	24	8	192	near OR for rapid turnover/ easy access		
Sterile	Core Support Areas			-			
	Central Work/Sterile Storage	150	6	900	pending (OR model)		
	Storage, Case Cart Staging	50	2	100			
	Storage, Linen, Clean	60	2	120			
	Decontamination Room	110	0	-	assume SPD adjacent/ near		
	Workroom, Quick turn / flash	75	0	-	assume SPD adjacent/ near		
Operat	ing Room Clinical Support Areas			-			
	Alcove, Equipment Storage	20	2	40			
	Alcove, Imaging/C-arm	40	2	80			
	Alcove, Equipment, Imaging, Portable	20	2	40	mini c-arm, xray		
	Alcove, Blood Refrig	20	1	20			
	Alcove, Tissue Freezer	40	1	40			
	Storage, Equipment, Medical	100	6	600	min 50sf/OR		
	Storage, Secure	60	1	60			
	Storage, Equipment, Anesthesia	120	1	120			
	Workroom, Anesthesia	320	1	320	workstations, minimum 4		
OR Clir	nical Support			-			
	OR Control	100	1	100			
	Work area, staff	30	2	60			
	Workstation, Rad techs	30	2	60			
	Copy/Print	15	2	30			
	Toilet, Staff	56	1	56			
	EVS Closet	80	1	80			
	EVS Floor Care Equip	60	1	60	could be combined w/ EVS closet; assume at		
					least 4 pieces of equip		
	Environmental Services Holding Room	100	1	100			
	Biomedical Equipment Repair	120	1	120	should be combined with or Adj to OR Equip		
					storage area		
ASC W	ork Areas			-			
	Office, Manager	100	1	100	surgery		
	Office, Shared	110	1	110			
	Work Station, hoteling	56	4	224			
	Office, Mat Mgt/ Supply	100	1	100			
	Workstations, Scheduling	60	4	240	TBD		
	Work Area, Copy, Printer, Fax	15	1	15			
	Conference Room	200	0	-	use CASS conference rooms		

# **Outpatient Surgery**

ASC	Department Name			
D&T	Service			
50%	Dept. Circulation			
10%	Walls & Structures			

Program:	
6	Total Operating Rooms
2	Total Future OR
18,912	DGSF (Program)
2,364	Program DGSF/Driver
	DGSF (Actual)

RM # FUNCTION NAME	NSF	ΟΤΥ	TOTAL	COMMENTS
			NSF	
Staff Support Areas			-	
Lounge, Staff	350	1	350	
Vending Area	20	2	40	
Vending Area, Scrub	40	2	80	shared
Alcove, Linen, Clean	20	1	20	
Alcove, Linen, Soiled	20	1	20	
Locker Room, Men				
Vestibule, Locker Room	35	1	35	
Staff Lockers - Male	5	51	255	includes SPD & Pre/post staff
Staff Toilets/Shower - Male	60	2	120	
Storage, Coats	10	1	10	
Locker Room, Women				
Vestibule, Locker Room	35	1	35	
Lockers, Staff, women	5	68	340	includes SPD & Pre/post staff
Toilet Staff, Women	56	2	112	
Storage, Coats	10	1	10	
Alcove, Linen, Clean, Caps, Masks, Covers	10	2	20	1 male / 1 female
	Depart	ment NSF	11,462	
	Department C	irculation	5,731	
	Walls and	Structure	1,719	
	Department	t Gross SF	18,912	

		1.65
		10.000
	Pre/Post DGSF	12,082
	ASC OR DGSF	18,912
	Total ASC DGSF	30,994
	DGSF/OR	3,874
ESTIMATED DGSF PER ZONE		
OR & all OR Support		15,143
ASC Work Areas		1,302
Staff Support Areas		2,467

ADD CLEAN & DIRTY ELEVATOR IF SPD IS NOT ON SAME FLOOR

# **OP Rehab** (PT/OT/Speech/Hand)

#### Standards

Rehab	Department Name			
D&T	Service			
20%	Dept. Circulation			
8%	Walls & Structures			

Program	_
15	Total Exam Rooms
	Total Office / Workstation
8,861	DGSF (Program)
591	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Patien	t Care Area				** VALIDATE private vs open space needs
	Private therapy, Upper extremity/ hand	100	4	400	near Ortho clinic (hand) pod
	Private therapy, general	100	6	600	surrounding open gym zone
	Private therapy, neuro / burn	120	2	240	add if all neuro/burn
	Lymphedema Therapy	120	1	120	room around table
	Large PT Gym area			0	storage/ within the gym;
	Cardio Area	80	6	480	
	Weight Training	40	12	480	
	Stair Trainers	100	2	200	
	Parallel bars	60	1	60	
	Open Gym area	800	1	800	
	Alcoves, sinks	12	4	48	
	Alcove, Patient Intake	48	2	96	
	Work Station, Therapist	36	8	288	with view to gym area
	Hand Therapy			0	storage/ within the gym;
	Open training area	20	6	120	patient exercise stations
	Splinting area	80	1	80	shared with OT, Hand
	BTE station	60	1	60	shared with OT, Hand
	Work Station, Patient interaction	48	4	192	hand, OT,
	Hydrotherapy	200	1	200	two stations (hand); tbd additional areas
	Occupational Therapy		0	0	includes workstation
	Table, activities	100	1	100	
	ADL training area	200	1	200	**tbd, if neuro & burn, etc
	OT Therapy Tx room	100	2	200	added for focus on burn, stroke
	Speech Therapy Interview/Consult	120	2	240	validate volume
	Speech workstation	36	2	72	
Clinica	I Summark Areas				
Clinica	Work Area, Conv. Printer, Eax	16	2	20	
	Alcovo, Equipment Storage, Mobile Datient Lift	15	2	50	
	Alcove, Equipment Storage, Mobile Patient Lift	12	4	00	
		120	1	120	
	Equipment Storage	120	1	120	
		100	1	100	
	Toilet Patient	56	2	160	
	Patient lockers /coats	80	1	201	for personal items: within gym zone (nurse
	Fatient lockers/coats	80	T	80	locker size)
Staff S	upport				
	Office, Manager	100	1	100	
	Work Station, staff	56	3	168	scheduler; insurance verification, future
	Toilet, Staff	56	2	112	
	Staff Break/Lounge	180	0	0	see staff support tab

## **OP Rehab** (PT/OT/Speech/Hand)

Standards		Program		
Rehab	Department Name	15	Total Exam Rooms	
D&T	Service		Total Office / Workstation	
20%	Dept. Circulation	8,861	DGSF (Program)	
8%	Walls & Structures	591	Program DGSF/Driver	
			DGSF (Actual)	

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Public /	Areas				
	Reception	56	2	112	check-in; follow-up appointments
	Alcove, Check-in Kiosk	15	1	15	5
	Queuing	10	6	60	)
	Work Area, Check-out	56	1	56	5 followup appointments
	Waiting Area, General	15	12	180	)
	Waiting Area, General, Wheelchair	25	2	50	)
	Waiting Area, Child Play	15	1	15	5
	Patient Training/Education	15	1	15	5

Dep	artment NSF 6,837
Departmer	nt Circulation 1,367
Walls a	nd Structure 656
Department Gro	oss SF (DGSF) 8,861

1.30

# Therapists	12
DGSF/Therapist	750
Expected DGSF	9,000

IF ALL PATIENT TYPES, THEN ADD:

Verify hydrotherapy Speech - primarily IP, some OP - swallow studies, modified

private therapy - skinny mat table, US machine, 2 chairs (pt/family), linen cabinet

need to consider added scheduler, insurance verification staff

### **Satellite Pharmacy**

		Program:	
Sat RX	Department Name	8	Total Operating Rooms (future)
ANC	Service		
20%	Dept. Circulation	1,125	DGSF (Program)
10%	Walls & Structures	141	Program DGSF/Driver
Role: Floor stock to clinics and surgery areas (pyxis based)			DGSF (Actual)

RM #	FUNCTION NAME	NSF	ΟΤΥ	TOTAL	COMMENTS
		1151	QTT	NSF	COMMENTS
Office,	Administration & Staff Facilities				
	Office, Clinical Pharmacist	80	1	80	
	Storage, Files	10	1	10	
	Lockers, Staff	5	2	10	
Centra	l Work Area				
	Work Station, Pharmacist	48	2	96	may only need 3 total stations if tech stocking;
	Work Station, Pharmacy Technician	48	2	96	
	Work Area, Pyxis Anetheisa Cart Assembly/Refill	80	1	80	
	Dispatch Area, Cart Staging, Tray/Kit Prep, Pic up Window	:k- <b>60</b>	1	60	assumes no P-tube
	Storage, Controlled Substance, ADU	8	4	32	No vault room. Use automated safes, secured to structure.
	Work Station, Pharmacist	30	0	0	no retail here
	Work Station, Pharmacy Technician	30	0	0	no retail here
	Work Area, Prescription pick area	80	0	0	no retail here
	Storage, Controlled Substance, ADU	8	1	8	No vault room. Use automated safe (1 ea.), secured to structure.
	Sink, Work	10	1	10	small (18" x 18" or less), w/ counterspace
	Sink, Emergency Eye Wash	5	1	5	Use GHS standard eye wash fixture in all locations
Receiv	ing, Storage/Inventory Control Area				supports all clinics & ASC/Endo
	Receiving Area	60	1	60	
	Storage, Medications and IVs	100	1	100	Daily, JIT deliveries from pharmaceutical wholesaler(s)
	Storage, Refrigeration	20	2	40	2 double door refrig
	Holding, Expired Drugs and Wastage	15	1	15	
Sterile	Compounding Area				Immedicate use/preparations, with 12 hour or less BUD
	Work Area, Clean Preparation	40	1	40	
	Sterile Coupounding Area	80	1	80	Non-HD sterile preparations. Meets USP 797 reqmt's for items administered w/in 12 hours of less. Glovebox (CAI) or alcove work area
	Work Area. Checking and Dispensing	30	1	30	
L		Depart	ment NSF	852	
	1	Department Circulation		170	
	Walls and Structure			102	
	Department Gross SF				

## **Sterile Processing Department**



Department Name Service Dept. Circulation

Walls & Structures

Program:	

8	Total Operating Rooms
4,183	DGSF (Program)
523	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Soiled 1	Work Area; Decontamination				
	Soiled Vestibule	40	1	40	Accommodate up to 4 soiled carts
	Work Station, Computer	10	1	10	
	Clean-up Sink - 3 basin	80	1	80	for handwashed w/ pass thru
	Clean-up Sink - 2 basin	40	2	80	for instrument washers
	Ultrasonic cleaner, Floor mounted	20	1	20	DaVinci capable
	Instrument Washer/Disinfector (single- chamber)	40	2	80	TBD - 3rd if need increase capacity
	Loading Conveyor, Instrument Washer/Disinfector	20	2	40	
	Return Conveyor, Instrument Racks	20	1	20	
	Window Pass-thru	10	1	10	
	Drying Cabinet, Pass-thru	20	1	20	Alternative, non-pass-thru, locate in Prep & Assembly
	Cart, Utensil, OR furniture Washer	160	1	160	Includes 1 cart staging area on soiled side and 1 cart staging area on clean side
	Scope Processing; Clean-Up	100	1	100	sinks - 2 sets; Trophon
	Scope Processing;Automatic Endoscopic Reprocessors (AERs)	50	2	100	double basin/2 scopes per
	Scope Processing Suite; Scope Drying and Storage	15	3	45	Clean Work - the placed in storage
	Sink, Hand-wash	5	1	5	
	Sink, Emergency Eye Wash	5	1	5	Use GHS standard eye wash fixture in all locations
	Storage Room, Chemical Dosing, Supplies and Water Treatment	100	1	100	must be closed door room
	EVS Closet, Soiled Work	40	1	40	ANSI/AMMI ST-79 Reqm't in Soiled Work Area.
Clean V	Nork Area; Prep & Assembly				
	Work Area, Instrument Assembly and Wrap	65	4	260	1 workstation per 3 ORs or clinic
	Storage, Supplies	40	1	40	May be cabinets, mobile carts, casework or combination
	Unloading Conveyor, Instrument Washer/Disinfector	10	2	20	
	Return Conveyor, Instrument Racks	10	1	10	
	Window Pass-thru	10	1	10	
	Carts, Transfer	5	3	15	
	Room, Clean Steam Generator and Access	60	1	60	Coordinate with vendor(s). <b>Preferred/best</b> <b>practice, if possible.</b> Verify w/ MEP
	Equipment, Sterilizer, Cart Loading	10	3	30	
	Equipment, Sterilizer, Steam, Small Chamber, Vertical Drop Door	50	3	150	free standing cabinet models;

### **Sterile Processing Department**

		Program:	
SPD	Department Name	8	Total Operating Rooms
ANC	Service		
32%	Dept. Circulation	4,183	DGSF (Program)
5%	Walls & Structures	523	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
	Equipment, Sterilizer, Cart Un-Loading	15	3	45	5 Delete if single-door sterilizers are used in lieu of pass-thru sterilizers
	Room, Sterilizer Cart Return Vestibule	20	1	20	) Delete if single-door sterilizers are used in lieu of pass-thru sterilizers
	Equipment, Sterilizer, Low Temp, Gas Plasma	30	2	60	
	Work Station, QA/QC Testing	20	1	20	automatic feed from sterilizers to computer system
	Sink, Hand-wash	5	1	5	;
Storage	, Case Cart Assembly and Dispatch Area				
	Receiving Area	80	1	80	) Vestibule/ buffer zone
	Vendor Drop-off/Pickup Room	80	1	80	May also be used for vendor returns/pick-ups. If drop-off only, reduce to 60 NSF; move to clean/ receiving side; photo of items dropped off
	Storage, Sterile Supply	50	8	400	Assume 8 future ORs. Confirm if supplies will flow directly to OP Surgery and OP Procedures.
	Storage, Sterile Instruments	30	8	240	Assume 8 future ORs. Confirm if instruments will be returned to and stored in OP Surgery or OP Procedures.
	Work Station, Inventory Control	15	1	15	should be automated
	Staging, Empty Case Carts	10	10	100	) 1.2 each x 8 ORs = 10
	Staging, Full Case Carts	10	10	100	) 1.2 each x 8 ORs = 10 each
	Work Station, OR Info System	15	1	15	Delete if Inventory Control and OR Info System can be accessed at one (1) work station
	Work Station, Instrument Tracking	15	1	15	
	Sink, Hand-wash	5	1	5	j
	Vestibule, Dispatch/Issue Area. Cart Staging, Pick-up Window	60	1	60	

### **Sterile Processing Department**

		Program:	
SPD	Department Name	8	Total Operating Rooms
ANC	Service		
32%	Dept. Circulation	4,183	DGSF (Program)
5%	Walls & Structures	523	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL	COMMENTS
				NSF	
Office,	Administration & Staff Facilities				
	Office, SPD Manager	80	1	80	
	Work Station, Flex	48	1	48	used for education
	Work Area, Copy, Printer, Fax	20	1	20	
	Vestibule, Staff	30	2	60	Includes hand wash sink and PPE storage (to
					decontam and to prep); combine if layout
					allows
	Lockers, Staff, Women		11	0	Share with Surgery; assumes 2 shifts; total 18
					staff members
	Lockers, Staff, Men		8	0	Share with Surgery; assumes 2 shifts;
	Lounge, Staff	100		0	Share with Surgery
	Toilet/Shower/Change, Men	60		0	need to be close to area
	Toilet/Shower/Change, Women	60		0	need to be close to area
		Departr	ment NSF	3,018	
		Department Ci	irculation	966	
		Walls and S	Structure	199	
		Department	Gross SF	4,183	

1.39

NOTE: ADD clean & soiled elevators if not on same level as surgery

# **Environmental Services**

	_		
EVS	Department Name		
GEN	Service		
18%	Dept. Circulation		
10%	Walls & Structures		

Program:	
138	Total DGSF
	Total Offices
1,454	DGSF (Program)
11	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
EVS Sto	orage Area				
	Storage, Floor Care Equipment	200	1	200	) type & qty TBD; includes floor drain, multiple
					equip;
	Sink, Hand-wash	5	1	5	
	Sink, Emergency Eye Wash	5	1	5	Use GHS standard eye wash fixture in all
					locations; at chemical mixing stations
	Storage, Housekeeping Supplies	200	1	200	JIT vendor deliveries 2 to 3 times/week
	Work Station, Computer	20	1	20	) within supply storage
EVS, W	aste Management Area				
	Holding Room, Recycling	150	1	150	Located near Soiled Loading Dock(s). Assumes
					no cardboard compactor in Service Yard
	Holding Room, Regulated Medical Waste	80	1	80	)
	(RMW) and Sharps Containers; Empty				
	Holding Room, Regulated Medical Waste	140	1	140	Located near Soiled Loading Dock(s)
	(RMW) and Sharps Containers; Full				-
	Storage Closet, Hazardous Waste	20	1	20	Located near Soiled Loading Dock(s)
	Storage Room, Trash Collection Carts	100	1	100	Assume 5 each carts. Include hose bib for
					cleaning
	Storage Room, Soiled Linens	100	1	100	5 to 7 carts for collection
Office,	Administration & Staff Facilities				
	Office, EVS Manager/Supervisor	100	1	100	shared; 2 workstations
	Work Station, EVS Supervisor	60	0	0	) in office
	Lockers, EVS Staff	5	0	0	) in shared central space (see Mat Mgt)
	Lounge, Staff	120	0	0	) in shared central space (see Mat Mgt)
	Toilet/Shower/Change, Men	60	0	0	) in shared central space (see Mat Mgt)
	Toilet/Shower/Change, Women	60	0	0	) in shared central space (see Mat Mgt)
		Department NSF Department Circulation		1,120	
				202	1
		Walls and Structure		132	
		Department GSF			

1.30
# **Loading Dock**

		Program:	
Docks	Department Name	138	Total Beds/Exams
GEN	Service		
20%	Dept. Circulation	1,507	DGSF (Program)
5%	Walls & Structures	11	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Clean T	Fruck Bays				
	Loading Dock, Supply Deliveries	150	1	150	) Provide monitoring and communication system for drivers to notify Security or Materials Mgt, upon arrival.
	Loading Dock, Delivery Vans/Couriers	40	1	40	) Allowance for Building Access.
Clean [	Dock Support Rooms				
	Room, Receiving Office	100	1	100	) Provide window to observe dock and Service Yard, if possible.
	Work Area, Set-Down and Staging	150	1	150	)
	JIT Cart Staging	10	10	100	) Return to Cardinal
	Toilet - Unisex	56	1	56	5 Provide adjacent to Loading Docks
	Storage, Medical Gas Cylinders - Full	80	1	80	) Does not include H-cylinder manifold back-up for Building O2, etc. May be located external to Building, on Loading Dock platform, if present.
	Storage, Medical Gas Cylinders - Empty	80	1	80	) May be located external to Building, on Loading Dock platform, if present.
Soiled	Truck Bays				
	Trash Compactor	50	1	50	) Internal Building space required for staff/cart access. Assume 20-24 yd <sup>3</sup> compactor
	Loading Dock, Soiled Materials pick-up	150	1	150	) Consider scissors lift, external to Building, in lieu of dock leveler. Reduce internal space to 50 NSF
	Loading Dock, Open-top Construction Dumpster	0		(	) Alternate location(s) may be required
Soiled	Dock Support Areas				
	Equipment, Baler	140	1	140	) Bailer and space for 4 bails.
	Work Area, Cart Wash	0		(	) See EVS Storage Room, Trash Collection Carts
	Storage, Linen, Soiled	10	10	100	) Provide 10 ACH, and floor drain
	Storage, Waste, Biohazardous	100	0	(	) See EVS
	Storage, Radioactive Waste, Short-Term	40	0	(	) held at point of use (PET/CT); vendor removal
	Holding Room, Recycling	150	0	(	) See EVS
	Storage Room, Hazardous Waste	40	0	(	) See EVS
		Depart	ment NSF	1,196	
		Department C	irculation	239	)
		Walls and	Structure	72	2
		Depart	ment GSF	1,507	7

1.26

# **Mail Room**

		Program:	
Mail	Department Name	1	Total Beds/Provider Offices
GEN	Service		
10%	Dept. Circulation	91	DGSF (Program)
10%	Walls & Structures	91	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Mailro	om Area				
	Receiving Area	60	1	60	Keep if Mail is transferred to/from Hospital Mail Room
	Mail Processing/ Sorting Station	100	0	0	assume presorted at hospital
	Postage Meter	25	0	0	assume outgoing transferred to hospital for
					metering
	Service Area	20	0	0	
	Service Area, Express Courier Drop Boxes	5	3	15	
		Depart	ment NSF	75	
		Department C	irculation	8	
		Walls and	Structure	8	
		Depart	ment GSF	91	

1.21

# **Materials Management**

Mat	Depar	
GEN	Service	
20%	Dept. 0	
5%	Walls &	

epartment Name ervice ept. Circulation 'alls & Structures

Program:

138Total Exam Rooms6Total Number of ORs2,060DGSF (Program)15Program DGSF/DriverDGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Materia	Materials Storage Areas				
	Receiving Area	100	0	0	See Loading Docks
	Supply Cart Make-Up and Staging	10	6	60	
	Work Station, Supply Chain/Stores	20	1	20	PC, keyboard, scanners, etc.
	Storage, General - Medical Surgical Supplies	5 <b>300</b>	1	300	Building will be serviced by multiple JIT
					days/week. (20@15sf)
	Code Cart Cleaning & Replenishment	80	1	80	3 code carts w/ sink and supplies
	Storage, General - Non-Medical, Paper,	150	1	150	Building will be serviced by multiple JIT
	Cleaning, Office, and related supplies				delivery systems, with direct deliveries 3 to 5 days/week. (10@15sf)
	Holding, Secure	100	1	100	
	Storage, Clean Linen	120	1	120	assume 10 carts
	Storage, Clean Linen; Lab Coats, Scrubs,	80	1	80	Automated Dispensing Units; Autovalet,
	Uniforms, etc.				ScrubEx, or similar system will be in user
					departments
	Storage, Linen, Soiled	15	0	0	See EVS
	Work Station, Linen Services	20	1	20	
Office,	Administration & Staff Facilities				
	Office, Materials Manager	80	1	80	
	Work Station, Distribution Supervisor	60	1	60	Oversees Stores, Mail, and Linen Services
	Work Station, General	20	2	40	Flex
	Work Area, Copy, Printer, Fax	20	1	20	
Shared	Central Staff Support				
	Lockers, Support Staff	5	25	125	Building Support staff estimates: EVS (18), Fac
					(2-3), MatMgt/Supply/Rec/Linen staff (5)
	Lounge, Support Staff	200	1	200	Shared Staff Lounge for Building Support (EVS,
					Fac, MatMgt/supply chain, Linen, etc)
	Toilet/Shower/Change, Men	60	1	60	
	Toilet/Shower/Change, Women	60	2	120	
		Departr	nent NSF	1,635	
		Department Ci	rculation	327	
		Walls and S	Structure	98	
		Departr	nent GSF	2,060	

1.26

# **Facility Services**

		Program:	
Fac	Department Name	1	Total Exam Rooms
GEN	Service		Total Provider Offices
15%	Dept. Circulation	765	DGSF (Program)
10%	Walls & Structures	765	Program DGSF/Driver
			DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Facility	y Services				
	Storage, Building Maintenance	200	1	200	) general supplies, materials; rapid response
Office,	Administration & Staff Facilities				
	Office, Facility Manager	80	1	80	)
	Work Station, BIM	60	1	60	) Monitoring for HVAC, Elevator, and Fire
					systems, etc.
	Work Station, Flex space	40	1	40	) for Clin Eng/ other staff
Decent	tralized Areas				
	Storage, Medical Gas Manifold Room	225	1	225	5
	Storage, Equipment, General, Landscape and	150	0	C	) Provided by hospital or located in parking deck
	Maintenance Items				
		Depart	ment NSF	605	6
	De	partment C	Circulation	91	L
		Walls and	Structure	70	)
		Depart	ment GSF	765	

# **Safety and Security**

Sec	Department Name				
GEN	Service				
20%	Dept. Circulation				
10%	Walls & Structures				

Program:	
138	Total Exam Rooms
	<b>Total Provider Offices</b>
595	DGSF (Program)
4	Program DGSF/Driver
	DGSF (Actual)

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
Securit	y Work Area				
	Workroom, Report, Multipurpose	60	1	60	Include service window with camera for visitor
					badging
	Storage, Lost & Found	15	1	15	
	Storage, Vault	15	1	15	· · · · · · · · · · · · · · · · · · ·
	Office, Security Monitoring	140	1	140	Shared office, 2 people, plus surveillance monitoring screens; includes building systems monitoring
Prisone	er Work Areas				
	Holding space/Detainment	40	1	40	) Special construction, floor drain, hardened observation window, video camera, etc.
	Washroom, Secure	35	1	35	Special vandal-proof SS fixtures.
Office,	Administration & Staff Facilities				
	Lockers, Staff	10	9	90	Increase NSF factor for protective equipment
	Toilet - Unisex	56	1	56	
		Departr	ment NSF	451	
		Department Ci	rculation	90	)
		Walls and S	Structure	54	
		Department	Gross SF	595	

# **Mechanical/ Electrical SF Estimates**

MEP	Department Name
GEN	Service
0%	Dept. Circulation
10%	Walls & Structures

Program	n:
#REF!	Total Bldg DGSF
27,11	L2 DGSF (Program)
#REF!	Program DGSF/Driver
	DGSF (Actual)

## **INTERIOR MEP SPACES**

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
ELECTR	ICAL ROOMS				
	Main Electrical Room	510	1	510	2nd floor; adj utility transformers, emerg elec
					rm, no rooms req drainage above
	Emergency Electrical Room	578	1	578	B near generator
	Generator Room	1872	1	1,872	adj emerg elec rm; 2nd flr
	Distributed Electrical rooms	100	9	900	) one on each floor Stand Alone, 2 per flr
					integrated
	Main Communications Room	500	1	500	) lowest level; pabx, LAN, stack w/ other
	Typical Communications Room	168	9	1,512	One per 20,000 sq ft, varies by option
	Typical Fire Alarm Room	12			- Located inside a telecom or electrical room,
					dedicated room not required
		Departn	nent NSF	5,872	2
		Department Cir	rculation	C	)
		Walls and S	Walls and Structure		,
		Departn	nent GSF	6,459	

RM #	FUNCTION NAME	NSF	QTY	TOTAL NSF	COMMENTS
MECHA	ANICAL ROOMS				
	Main Mech Room	7500	1	7,500	) lowest level or 1 above grade; 80' exterior wall
					(one chiller 8'wx15'lx10't), located on the roof
	Domestic Water Entrance Room	300	1	300	) exterior wall @15'; on grade first floor
	Fire Pump Room	225	1	225	5 on grade; 15' ext wall; adj Dom Water rm
	Fire Command Center	200	1	200	) min dimension 10'
	Typical AHU Room	120			- Not Distributed
	Centralized Air Handling Unit Room	6500	1	6,500	) Interstitual required in Stand Alone. Can be
					roof top on Integrated Option
	Vertical MEP Shafts	150	27	4,050	) minimum 3 per floor
		Departr	nent NSF	18,775	5
		Department Ci	rculation	(	)
		Walls and S	Walls and Structure		3
		Departr	nent GSF	20,653	3

#### EXTERIOR ON-GRADE MEP SPACES

FUNCTION NAME	GSF	QTY	TOTAL GSF
Utility Transformer Valut	2500	1	2,500 adj to main elec room
Gas Meter - Exteior	24	1	24 6'X4' with vehicular access
Fuel Tank - Exterior	240	1	240 10K gal above ground; 8'x30'x9'tall; 5' min
MEP		Page 66 of 67	from bldg, 10' min from openings 4/16/201

# **Mechanical/ Electrical SF Estimates**

				Program:	
MEP	Department Name			#REF!	Total Bldg DGSF
GEN	Service				
0%	Dept. Circulation			27,112	DGSF (Program)
10%	Walls & Structures			#REF!	Program DGSF/Driver
					DGSF (Actual)
_					
	Cooling Towers - Exterior	192	1	192	adj main mech room on roof
	Cooling Towers - Exterior	192	1	192	adj main mech room on roof
	Cooling Towers - Exterior	192	1	192	adj main mech room on roof
	Cooling Towers - Exterior	192	1	192 - -	adj main mech room on roof
	Cooling Towers - Exterior	192	1	192 - - -	adj main mech room on roof

Classics         Description         Description <thdescription< th=""> <thdescription< th=""> <t< th=""><th>ᆚ</th><th>Grady</th><th>Grad</th><th>y Health Sy</th><th>stems</th><th></th><th></th><th></th><th></th></t<></thdescription<></thdescription<>	ᆚ	Grady	Grad	y Health Sy	stems				
Instrume         Party	ч	P Grady	The Center for	Advanced Su	urgical Service 2020 Undate	es			JLL
Contraction         Data de la margenera         Descritories de la margenera         Descritories de la margenera         Descritories de la margenera           Contraction de la margenera         Distraction de la margenera <td< th=""><th>ID</th><th>Task Name</th><th>Duration</th><th>Start</th><th>Finish</th><th>18 2019</th><th>2020</th><th>2021 2022</th><th>2023 2024 2025 2026 202</th></td<>	ID	Task Name	Duration	Start	Finish	18 2019	2020	2021 2022	2023 2024 2025 2026 202
Image: Second	1	CERTIFICATE OF NEED (CON)	128 days	Tue 9/18/18	Thu 3/14/19			40102030401020304 F NEED (CON)	
Note of the second se	4		E1E days	Tuo 0/19/19	Mon 9/7/20			DESIGN, ESTIMATING	& OWNER APPROVALS
Decision	5	Schamptic Design (CD-)	515 days	Tue 0/10/10		Schen	natic Desi	ian (SDs)	
Note         Note of the second of the s	12	Schematic Design (SDS)	154 days	Tue 9/10/10	Thu 11/7/19		Design D	evelopment (DDs)	
Que Control         Decign         De	22		167 days	wed 3/20/19	1 nu 11/7/19		<b></b> -	Construction Docume	nte (CDe)
Decign         Decign <thdecign< th=""> <thdecign< th=""> <thdecign< td="" th<=""><td>22</td><td>Construction Documents (CDs)</td><td>231 days</td><td>Mon 10/21/19</td><td>Mon 9/7/20</td><td></td><td>- Dorig</td><td>n</td><td></td></thdecign<></thdecign<></thdecign<>	22	Construction Documents (CDs)	231 days	Mon 10/21/19	Mon 9/7/20		- Dorig	n	
	23	Design	89 days	Mon 10/21/19	Thu 2/20/20		Design	" 	teles and the <b>P</b> L and an
Image: A second seco	24	Early Release Civil Package (Utilities outside Shoring)	13 days	Mon 10/21/19	Wed 11/6/19			Pase Civil Package (Oti	rties outside Shoring)
N         Frankfarm         11 M/2         Frankfarm         Frankfarm           0         Support Lenser and Lense A Sulf         Support Lenser and Lense A Sulf         Support Lenser and Lense A Sulf           0         100 Core Difference Initiation         Support Lenser and Lense A Sulf         Test Support Lenser and Lenser A Sulf           0         Description Rescal Table A         Support Lenser A         Test Support Lenser A         Support Lenser A           0         Description Rescal Table A         Support Lenser A         Support Lenser A         Support Lenser A           0         Description Rescal Table A         Support Lenser A         Support Lenser A         Support Lenser A           0         Description Rescal Table A         Support Lenser A         Support Lenser A         Support Lenser A           0         Description Rescal Table A         Support Lenser A         Support Lenser A         Support Lenser A           0         Support Lenser A           0         Support Lenser A           0         Support Lenser A         Support Lenser A         Support Lenser A         Support Lenser A         Support	25	Full Civil Package	28 days	Mon 10/21/19	Wed 11/27/19	· ·		Раскаде	
7         Supersynstrater and care & Salett         13 day         in 11/1/29         The 22/10         In 10/100         In 11/1/29         The 22/100         In 10/100         In 10/10	26	Foundations	31 days	Fri 11/8/19	Fri 12/20/19		Foundat	tions	
3         To Cod         The	27	Superstructure and Core & Shell	13 wks	Fri 11/8/19	Thu 2/6/20		Supers	tructure and Core & S	hell
2         00x C 0 MP Reconsition (5 M M m g / 12 M m g	28	Fit Out	15 wks	Fri 11/8/19	Thu 2/20/20		Fit Out	t	
™         The Graph Society (SAM)         15 days         No 2772         No 2772           W         No 2000 (Note and Agurose         7 days         Note 2772         Note 2772           W         Social Association (SAM)         Note 2772         Note 2772 <td>29</td> <td>100% CD GMP Reconciliation</td> <td>142 days</td> <td>Fri 2/21/20</td> <td>Mon 9/7/20</td> <td></td> <td></td> <td>100% CD GMP Recond</td> <td>iliation</td>	29	100% CD GMP Reconciliation	142 days	Fri 2/21/20	Mon 9/7/20			100% CD GMP Recond	iliation
20         Owner heres and Approve         7 dym         No 25/7.00         No 25/	30	Pricing Reconciliation (SKAR)	135 days	Fri 2/21/20	Thu 8/27/20		P	Pricing Reconciliation (	SKAR)
20         Second Additional Second Sec	31	Owner Review and Approve	7 days	Fri 8/28/20	Mon 9/7/20		1	Owner Review and App	prove
•         •         •         •         •         •         •         •         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·         ·	32	DESIGN ASSIST	228 days	Mon 3/25/19	Wed 2/5/20	I I I I I I I I I I I I I I I I I I I	DESIG	N ASSIST	
n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n         n	40	ENTITLEMENTS	68 days	Wed 3/20/19	Fri 6/21/19		ITLEMEN	ITS	
4       Cartar Junice Progress (piC)       13 day       VerJA2010       Frid/J219         0       Cartar Junice Progress (piC)       312 day       Mon 3/12/12       VerJA2210       VerJA2210         0       Cartar Junice Progress (piC)       14 day       Mon 3/12/12       Non 3/	41	Special Administrative Permit (SAP)	67 days	Thu 3/21/19	Fri 6/21/19	Spee	cial Admi	inistrative Permit (SAF	)
• B         • Dentities Percent         • Size Arry         • Ann Party / Size Arry         • First CTTOK           • Dentities Percent         · Size Arry         · Main Party /	45	Central Atlanta Progress (DRC)	13 days	Wed 3/20/19	Fri 4/5/19	l Centra	l Atlarita	Progress (DRC)	
<ul> <li></li></ul>	49	PERMITTING	312 days	Mon 4/15/19	Tue 6/23/20		PE	RMITTING	
2       Environmental Protection Division - NG1       14 days       Web 92/2/19       Mon 91/2/19       Mon 91/2/19         3       Land Development Fermit       60 days       Toke 72/2/19       Mon 91/2/19       Find 2/2/2/2         4       Georgia Department of Community Health       186 days       Toke 72/2/2       Mon 91/2/2/2       Mon 91/2/2       Mon 91/2       Mon 91/2 <t< td=""><td>50</td><td>Demolition Permit</td><td>50 days</td><td>Mon 4/15/19</td><td>Fri 6/21/19</td><td>Dem</td><td>olition Pe</td><td>ermit</td><td></td></t<>	50	Demolition Permit	50 days	Mon 4/15/19	Fri 6/21/19	Dem	olition Pe	ermit	
P       Inder Development Permit       60 Gays       Non 3/2/10       Non 3/2/20         Bidge Encroschment Agreement       8 mon       Non 3/2/20       Non 3/2/20         Bidge Encroschment Agreement       30 days       Wed 1/5/20       Non 3/2/20         Coundations       30 days       Wed 1/5/20       Non 3/2/20         Coundations       Support Value       30 days       Wed 1/5/20       Non 3/2/20         Coundations       Support Value       30 days       Wed 1/5/20       Non 3/2/20         Coundations       Support Value       30 days       Wed 1/5/20       Non 3/2/20         Coundations       Support Value       30 days       Wed 1/2/20       Non 3/2/20         Coundations       Support Value       30 days       Wed 1/2/20       Non 3/2/20         Coundations	51	Environmental Protection Division - NOI	14 davs	Wed 8/28/19	Mon 9/16/19	En	vironme	ntal Protection Divisio	n - NOI
0         Image: margine interment intermen	52	Land Development Permit	60 days	Tue 6/25/19	Mon 9/16/19	🔳 La	nd Devel	lopment Permit	
Biolog	53	Bridge Encroachment Agreement	8 mons	Mon 8/19/19	Fri 3/27/20		Bridg	e Encroachment Agree	ement
Output optimization         Output optimization         Output optimization         Output optimization           0         Fundations         39 days         Ved 1/5/20         Non 3/7/20           0         Foundations         39 days         Ved 1/5/20         Non 3/7/20           0         Sperstructure and Core & Shell         60 days         Tue 2/18/20         Non 3/7/20           0         Fit Out         84 days         Tue 2/18/20         Non 3/7/20           0         Sperstructure and Core & Shell         84 days         Tue 2/18/20         Non 3/7/20           0         Sperstructure and Core & Shell         84 days         Tue 2/18/20         Non 3/7/20           0         Pomotions & Genetacinal         81 days         Fit 2/18/20         Non 3/2/20           0         Notice to Proceed         NTP         1 day         Ved 1/2/20         Non 4/3/20           0         Spering & Lagging         33 day         Ved 1/2/20         Non 4/3/20         Non 4/3/20           0         Spering & Lagging         31 days         Non 4/3/20         Non 4/3/20         Non 4/3/20           0         Spering & Lagging         Spering & Lagging         Non 4/3/20         Non 4/3/20         Non 4/3/20         Non 4/3/20	54	Georgia Department of Community Health	188 days	Thu 7/4/19	Mon 3/23/20		- Geor	gia Department of Co	nmunity Health
other         othe         other         other <th< td=""><td>60</td><td>Ruilding Dormit</td><td>105 days</td><td>Wod 1/15/20</td><td>Tuo 6/22/20</td><td></td><td>— Ви</td><td>uilding Permit</td><td></td></th<>	60	Ruilding Dormit	105 days	Wod 1/15/20	Tuo 6/22/20		— Ви	uilding Permit	
Production         Spring is         Web (J / S / J / S / S / S / S / S / S / S /	61	Foundations	20 days	Wed 1/15/20	Mon 2/0/20		Found	lations	
Image: Structure and out of a Surial         0 00 any         10 and 10 y 11/20         10 and 10 y 11/20           Image: Structure and out of a Surial         23 days         Wed 2/26/2         Fi 3/27/2	62		S9 days	Weu 1/15/20	Mon 5/9/20		Sup	erstructure and Core 8	Shell
in function         int of control         int of co	62	Superstructure and core & shell	60 days	Tue 2/18/20	Won 5/11/20			Out	
Bits fire Marshall         Bits f	03	Fit Out	84 days	Thu 2/2//20	Tue 6/23/20			Gut	
OUCSTRUCTION         Non 202 days         Fri 2/8/19         Mon 12/12/22           Image: Source of the CEDNAR DAYS         181 days         Fri 2/8/19         Won 12/12/22           Image: Source of the CEDNAR DAYS         761 day         Tee 12/10/19         Won 12/12/22           Image: Source of the Proceed (NTP)         1 day         Wei 2/18/19         Wei 12/18/19         Wei 12/18/19           Image: Source of the Proceed (NTP)         1 day         Wei 2/18/19         Wei 12/18/19         Wei 12/18/19           Image: Source of the Proceed (NTP)         1 day         Wei 2/18/19         Wei 12/18/19         Wei 12/18/19           Image: Source of the Proceed (NTP)         1 day         Wei 2/18/19         Wei 12/18/19         Wei 12/18/19           Image: Source of the Proceed (NTP)         1 day         Wei 2/18/19         Wei 12/18/19         Wei 12/18/19           Image: Source of the Proceed (NTP)         1 day         Wei 2/18/19         Wei 12/18/19         Wei 12/18/19         Wei 12/18/19           Image: Source of the Proceed (NTP)         1 day         Mon 8/12/10         Frie 8/28/10         Wei 12/18/19         Wei 12/18/19           Image: Source of the Proceed (NTP)         1 day         Mon 8/12/10         Frie 8/28/10         Wei 12/18/19         Wei 12/18/19           Image: Source of the Pro	64	State Fire Marshall	23 days	Wed 2/26/20	Fri 3/27/20		n State	e Fire Marshall	CONSTRUCTION
Promotion & Generational         151 day         Fri 2/8/19         Fri Mon 12/12/21           0         CASS Construction - CALENDAR DAYS         785 day         Tue 12/10/19         Iue 12/10	66	CONSTRUCTION	1002 days	Fri 2/8/19	Mon 12/12/22				CONSTRUCTION
B         CASS Construction - CALENDAR DAYS         785 days         Tot = 12/10/19         Mont = 12/10/19         Tot =	67	Demolition & Geotechnical	181 days	Fri 2/8/19	Fri 10/18/19	, m	Demolitic	on & Geotechnical	
i       Notice to Proceed (NTP)       1 day       Tue 12/10/19       Tue 12/10/19       Tue 12/10/19       Tue 12/10/19       Notice to Proceed (NTP)         i       Execution of NTP       1 day       Wed 12/18/19       Wed 12/18/19       Notice to Proceed (NTP)         i       Storing & Lagging       31 days       Wed 12/18/19       Number to Proceed (NTP)       Storing & Lagging         i       Storing & Lagging       31 days       Wed 12/18/19       Num 5/18/20       Ful 6/25/20         i       Deep Foundations       66 days       Tue 4/21/20       Tue 6/25/20       Storing & Lagging         i       Pile Caps / Grade Beams       103 days       Mon 5/18/20       Ful 8/25/20       Storing / Deep Foundations         i       Bridge Build Out       47 days       Non 5/18/20       Ful 8/27/20       Storing / Deep Foundations         i       Bridge Build Out       47 days       Tue 5/11/21       Non 7/18/22       Storing / Deep Foundations         i       Bridge Duild Out Sh Floor       47 days       Tue 11/10/11       File / Deep / Grade Beams         i       Bridge Duild Out Sh Floor       80 days       Mon 7/12/21       Ful 8/3/221         i       Bridge Duild Out Sh Floor       80 days       Mon 7/12/21       Ful 8/3/221	83	CASS Construction - CALENDAR DAYS	785 days	Tue 12/10/19	Mon 12/12/22	-		i	CASS Construction - CALENDAR DAYS
8       Execution of NTP       1 day       Wed 12/18/9       Wed 12/18/9       Wed 12/18/9         8       Shoring & Lagging       83 days       Wed 12/18/9       Mon 4/13/20         9       Stework & Utilities       15 days       Wed 12/18/9       Thu 10/29/20         8       Deep foundations       15 days       Nor 5/18/20       Thu 6/25/20         9       Neichards Lagging       103 days       Nor 5/18/20       The 2/12/20       Thu 6/25/20         9       Siger structure       54 days       Nor 5/18/20       Thu 6/25/20       Thu 5/25/20         9       Siger structure       54 days       Nor 5/18/20       Thu 6/25/20       Thu 5/25/20         9       Siger structure       54 days       Nor 5/18/20       Thu 5/25/20       Thu 5/25/20         9       Siger structure       54 days       Nor 8/31/20       Fit 1016/20       Mor 9/18/20         9       Sin / Roof         9       Sin / Roof         9       Sin / Roof         9       Sin / Roof       Sin /	84	Notice to Proceed (NTP)	1 day	Tue 12/10/19	Tue 12/10/19	1	Notice to	o Proceed (NTP)	
8       Shoring & Lagging       83 days       Wed 1/2/20       Mon 4/13/20         9       Sitework & Utilities       317 days       Wed 1/21/20       Thu 1/29/20         9       Deep Foundations       66 days       Tue 4/21/20       Thu 1/29/20         9       Pile Caps / Grade Beams       103 days       Mon 5/18/20       File K28/20       Deep Foundations         9       Supers/turtur       122 days       Mon 2/12/20       Tue 8/9/220       Tue 9/9/21         9       Bridge Build Out Sh Floor       122 days       Mon 2/12/20       Tue 8/9/220       Tue 8/9/220         9       Shriny Roof       Assimption of Carde Beams       100 days       Mon 2/11/22       Tue 8/9/220         9       Shriny Roof       Shriny Roof       Shriny Roof       Mon 2/11/20       File Sign 2/10/20         9       Shriny Roof       Shriny Roof       Shriny Roof       Mon 2/11/20       Tue 8/9/220       Mon 7/18/20         9       Shriny Roof       Shriny Roof       Shriny Roof       Mon 2/11/20       File Sign 2/20/20       Mon 7/18/20         9       Shriny Roof       Shriny Roof       Mon 8/1/20       Mon 7/18/20       File Sign 2/20/20       Mon 7/18/20         9       Shriny Roof       Shriny Roof       Shr	85	Execution of NTP	1 day	Wed 12/18/19	Wed 12/18/19	1	Executio	on of NTP	
8       Sitework & Utilities       317 days       Wed 12/18/19       Thu 10/29/20         8       Deep Foundations       66 days       Tue 4/21/20       Thu 6/25/20         9       Superstructure       66 days       Tue 4/21/20       Thu 6/25/20         9       Superstructure       62 days       Tue 4/21/20       Tue 9/21/21         9       Superstructure       52 days       Mon 07/102       Tue 9/21/21         9       Skin / Rof       Superstructure       52 days       Mon 07/102       Tri 10/16/20         9       Skin / Rof       Stan / Rof       Stan / Rof       Stan / Rof         9       Build Out 5th Floor       15 days       Mon 10/25/21       Tre 51/32/21       Tri 12/32/21         9       Skin / Rof       Stan / Rof       Stan / Rof       Stan / Rof         9       Skin / Rof       Stan / Rof       Stan / Rof       Stan / Rof         9       Skin / Rof       Stan / Rof       Stan / Rof       Stan / Rof         9       Skin / Rof       Stan / Rof       Stan / Rof       Stan / Rof         9       Skin / Rof       Stan / Rof       Stan / Rof       Stan / Rof         9       Skin / Rof       Stan / Rof       Stan / Rof       Stan /	86	Shoring & Lagging	83 days	Wed 1/22/20	Mon 4/13/20		Shori	ing & Lagging	
9       Deep Foundations       66 days       Tue 4/21/20       Thu 6/25/20       Fit 8/28/20         9       Pile Caps / Grade Beams       103 days       Mon 5/18/20       Fit 8/28/20         90       Superstructure       45 days       Thu 6/25/20       Tue 8/2/20       Fit 8/28/20         90       Bridge Build Out       12 days       Mon 2/1/20       Tue 8/9/20       Fit 8/28/20         90       MEP Underground Utilities / Slab on Grade       47 days       Mon 8/31/20       Fit 10/16/20         90       Skin / Roof       427 days       Tue 5/38/21       Mon 8/31/20       Fit 8/19/20         90       Critical MEQ Procurement (RFP, Coordination & Order Placement)       90 days       Mon 8/3/20       Fit 8/19/20         91       Gritical MEQ Procurement (RFP, Coordination & Order Placement)       90 days       Mon 8/3/20       Fit 8/3/20         92       Gritical MEQ Procurement (RFP, Coordination & Order Placement)       90 days       Mon 7/3/21       Tue 7/3/21       Fit 8/3/20         93       Build Out Sth Floor       30 days       Mon 7/3/21       Tue 7/3/22       Fit 8/3/20       Fit 8/3/20         94       Build Out Sth Floor       30 days       Kit 9/3/20       Fit 8/3/20       Fit 8/3/20       Fit 8/3/20       Fit 8/3/20      <	87	Sitework & Utilities	317 days	Wed 12/18/19	Thu 10/29/20			Sitework & Utilities	
#       Pile Caps / Grade Beams       103 days       Mon 5/18/20       Fri 8/28/20         9       Superstructure       454 days       Thu 6/25/20       Tue 9/21/21         9       Bridge Build Out       122 days       Mon 7/18/22       Tue 8/9/22         9       MEP Underground Utilities / Slab on Grade       427 days       Non 8/31/20       Fri 10/16/20         9       Skin / Roof       427 days       Tue 7/21/21       Fri 8/19/22       MeP Underground Utilities / Slab on Grade         9       Skin / Roof       427 days       Tue 7/1/21       Fri 8/19/22       Stin / Roof         9       Skin / Roof       90 days       Mon 8/1/20       Fri 10/16/27       Tue 8/20/21         9       Skin / Roor       90 days       Mon 10/25/21       Fri 8/19/22       Fri 8/19/22         9       Skin / Roor       303 days       Mon 10/25/21       Tue 8/30/22       Fri 8/19/22         9       Build Out 5th Floor       303 days       Mon 10/25/21       Tue 8/30/22       Fri 8/15/22         9       Build Out 7th Floor       358 days       Fri 8/13/21       Fri 8/5/22       Fri 8/13/21       Fri 8/15/22         10       Owner Furnished Equipment Install       60 days       Mon 8/1/22       Mon 8/1/22       Fri 8/13/2	88	Deep Foundations	66 days	Tue 4/21/20	Thu 6/25/20		De De	ep Foundations	
90       Superstructure       454 days       Thu 6/25/20       Tue 9/21/21       Tue 8/9/22       Tue 8/3/22       Tue 8/3/22       Tue 8/9/22       Tue 8/3/22	89	Pile Caps / Grade Beams	103 days	Mon 5/18/20	Fri 8/28/20		<b>–</b> P	Pile Caps / Grade Beam	s
91       Bridge Build Out       122 days       Mon 2/21/22       Tue 8/9/22         92       MEP Underground Utilities / Slab on Grade       47 days       Yoo No 3/31/20       Fri 10/16/20         93       Skin / Roof       427 days       Tue 5/8/21       Mon 7/18/22         94       Build Out 5th Floor       415 days       Thu 7/1/21       Fri 8/19/22         95       Critical MEQ Procurement (RFP, Coordination & Order Placement)       90 days       Mon 3/2/21       Tue 5/31/22         96       Skin / Roof       303 days       Mon 7/18/21       Tue 8/3/22       Tue 6/31/22         97       OR Build Out 5th Floor       303 days       Mon 7/19/21       Tue 7/3/21       Tue 5/31/22         98       Build Out 6th Floor       375 days       Kon 7/19/21       Tue 7/3/22       Build Out 7th Floor       Build Out 7th Floor         99       Build Out 8th Floor       358 days       Fri 8/13/11       Fri 8/5/22       Build Out 7th Floor       Build Out 8th Floor         108       Owner Occupancy       1 day       Mon 3/122       Mon 8/1/22       Mon 8/1/22       Fri 12/9/22         109       Substantial Completion (SFM & DCH Inspection SFinal)       O days       Mon 3/122       Mon 8/1/22       Mon 8/1/22         109       Substanti	90	Superstructure	454 days	Thu 6/25/20	Tue 9/21/21		-	Superstruct	ure
92       MEP Underground Utilities / Slab on Grade       47 days       Mon 8/31/20       Fri 10/16/20         93       Skin / Roof       427 days       Tue 5/18/21       Mon 7/18/22         94       Build Out 5th Floor       415 days       Thu 7/1/21       Fri 8/19/22         95       Critical MEQ Procurement (RFP, Coordination & Order Placement)       90 days       Mon 8/2/21       Fri 12/3/21         96       FF&E Procurement (RFP, Coordination & Order Placement)       90 days       Mon 7/19/21       Tue 5/31/22         97       OR Build Out 6th Floor       303 days       Mon 7/19/21       Tue 8/32/22       Fri 8/15/22         98       Build Out 7th Floor       358 days       Fri 8/13/21       Fri 8/5/22       Fri 8/5/22         99       Build Out 7th Floor       303 days       Wed 9/2/21       Tue 8/30/22       Build Out 8th Floor         91       Build Out 7th Floor       303 days       Wed 9/2/21       Tue 8/30/22       Fri 8/5/22         101       Penthouse Mechanical Floor Build Out       300 days       Wed 9/2/22       Tue 8/30/22       Fut 7/2/22         102       Critical Owner Furnished Equipment Install       60 days       Mon 8/1/22       Mon 8/1/22       Mon 8/1/22         103       Owner Occupary       1 day       Mo	91	Bridge Build Out	122 days	Mon 2/21/22	Tue 8/9/22			Bri	dge Build Out
93       Skin / Roof       427 days       Tue 5/18/21       Mon 7/18/22         94       Build Out Sh Floor       415 days       Thu 7/1/21       Fri 8/19/22         95       Critical MEQ Procurement (RFP, Coordination & Order Placement)       90 days       Mon 8/2/21       Fri 12/3/21         96       FF& Procurement (RFP, Coordination & Order Placement)       90 days       Mon 8/2/21       Tue 5/31/22         97       OR Build Out 6th Floor       303 days       Mon 7/19/21       Thu 7/12/22       Fri 8/5/22         98       Build Out 7th Floor       358 days       Fri 8/13/21       Fri 8/5/22       Tue 8/30/22       Build Out 7th Floor         109       Build Out 8th Floor       303 days       Wed 9/22/21       Tue 8/30/22       Tue 7/21/22         101       Penthouse Mechanical Floor Build Out       303 days       Wed 9/22/21       Tue 8/30/22       Fri 8/5/22         102       Critical Owner Furnished Equipment Install       Godays       Mon 8/1/22       Mon 8/1/22       Mon 8/1/22         103       Owner Occupany       1 days       Wed 9/14/22       Wed 9/14/22       Wed 9/14/22       Substantial Completion (SFM & DCH Inspection SFInal)       O days       Mon 8/1/22       Mon 8/1/22       Fri 12/9/22       Substantial Completion (SFM & DCH Inspection SFM & DCH Inspection SFM &	92	MEP Underground Utilities / Slab on Grade	47 days	Mon 8/31/20	Fri 10/16/20		-	MEP Underground Ut	ilities / Slab on Grade
94       Build Out Sth Floor       415 days       Thu 7/1/21       Fri 8/19/22         95       Critical MEQ Procurement (RFP, Coordination & Order Placement)       90 days       Mon 8/2/21       Tue 5/31/22         96       Fr & Frourement (RFP, Coordination & Order Placement)       80 days       Wed 9/22/21       Tue 5/31/22         97       O R Build Out Sth Floor       303 days       Mon 10/25/21       Tue 8/23/22         98       Build Out Sth Floor       375 days       Mon 7/19/21       Thu 7/28/22         99       Build Out Sth Floor       388 days       Fri 8/13/21       Fri 8/5/22         99       Build Out Sth Floor       383 days       Wed 9/22/21       Tue 8/30/22         100       Build Out Sth Floor       330 days       Wed 10/13/21       Wed 9/72/21         101       Penthouse Mechanical Floor Build Out       300 days       Mon 8/1/22       Mon 8/1/22       Mon 8/1/22         102       Critical Owner Furnished Equipment Install       60 days       Mon 8/1/22       Mon 8/1/22       Mon 8/1/22       Mon 8/1/22         103       Owner Occupancy       1 day       Mon 8/1/22       Wed 9/14/22       Wed 9/14/22       Wed 9/14/22       Mon 12/12/22       Substantial Completion (SFM & DCH Inspection SFM & DCH Inspection SFM & DCH Inspection SFM & DCH Inspection SFM &	93	Skin / Roof	427 days	Tue 5/18/21	Mon 7/18/22			Ski	n / Roof
95       Critical MEQ Procurement (RFP, Coordination & Order Placement)       90 days       Mon 8/2/21       Fri 12/3/21         96       FF&E Procurement (RFP, Coordination & Order Placement)       180 days       Wed 9/22/21       Tue 5/31/22         97       OR Build Out       303 days       Mon 10/25/21       Tue 8/23/22         98       Build Out 6th Floor       375 days       Mon 7/19/21       Thu 7/28/22         99       Build Out 7th Floor       358 days       Fri 8/3/21       Fri 8/5/22         100       Build Out 8th Floor       330 days       Wed 9/22/21       Tue 8/30/22         101       Penthouse Mechanical Floor Build Out       330 days       Wed 10/13/21       Wed 9/7/22         102       Critical Owner Furnished Equipment Install       60 days       Mon 8/1/22       Mon 8/1/22         103       Owner Occupancy       1 day       Mon 8/1/22       Mon 8/1/22       Mon 8/1/22         104       Substantial Completion (SFM & DCH Inspections Final)       0 days       Mon 12/2/22       Fri 12/9/22         105       Commissioning & Punch       229 days       Mon 12/2/22       Mon 12/12/22       Mon 12/12/22         106       Final Completion       0 days       Mon 12/12/22       Mon 12/12/22       Mon 12/12/22 <t< td=""><td>94</td><td>Build Out 5th Floor</td><td>415 days</td><td>Thu 7/1/21</td><td>Fri 8/19/22</td><td></td><td></td><td> Ва</td><td>ild Out 5th Floor</td></t<>	94	Build Out 5th Floor	415 days	Thu 7/1/21	Fri 8/19/22			Ва	ild Out 5th Floor
96       FF&E Procurement       180 days       Wed 9/22/21       Tue 5/31/22         97       OR Build Out       303 days       Mon 10/25/21       Tue 8/23/22         98       Build Out 6th Floor       375 days       Mon 7/19/21       Thu 7/28/22         99       Build Out 7th Floor       358 days       Fri 8/13/21       Fri 8/5/22         100       Build Out 8th Floor       343 days       Wed 9/22/21       Tue 8/30/22         101       Penthouse Mechanical Floor Build Out       300 days       Wed 10/13/21       Wed 9/7/22         101       Penthouse Mechanical Floor Build Out       60 days       Mon 5/23/22       Thu 7/21/22         102       Critical Owner Furnished Equipment Install       60 days       Mon 8/1/22       Mon 8/1/22         103       Owner Occupancy       1 day       Mon 8/1/22       Wed 9/14/22       Wed 9/14/22         105       Commissioning & Punch       229 days       Mon 12/12/2       Mon 12/12/22       Mon 12/12/22         106       Final Completion (SFM & DCH Inspections Final)       0 days       Mon 12/12/22       Mon 12/12/22       Mon 12/12/22         105       Commissioning & Punch       0 days       Mon 12/12/22       Mon 12/12/22       Mon 12/12/22       Mon 12/12/22       Final Completion <td>95</td> <td>Critical MEQ Procurement (RFP, Coordination &amp; Order Placement)</td> <td>90 days</td> <td>Mon 8/2/21</td> <td>Fri 12/3/21</td> <td></td> <td></td> <td>Critical M</td> <td>EQ Procurement (RFP, Coordination &amp; Order I</td>	95	Critical MEQ Procurement (RFP, Coordination & Order Placement)	90 days	Mon 8/2/21	Fri 12/3/21			Critical M	EQ Procurement (RFP, Coordination & Order I
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DEPARTMENTAL: ASU and PAT Clinic	Page 1 of 6
ASU and PAT SCOPE OF NURSING SERVICES PROVISION OF PATIENT CARE AND SERVICES	Origination Date: 2015
	Revision Date: 1/7/2019

## POLICY KEY ELEMENTS

#### I. POLICY STATEMENT:

## This policy is to define the Scope of Nursing Services and patient care provided in the 6J ASU/PAT clinic at Grady Health System.

#### II. PURPOSE:

The purpose of this policy is to identify the care and services provided in the preoperative and post-operative departments of 6J. These specific Grady Perianesthesia areas, inclusive of out-patient surgery and the PAT clinic are structured to provide a framework for the care of a diverse patient population in all perianesthesia settings based on ASPAN (2017-2018) practice recommendations and standards.

#### **III. PROCEDURES:**

A. Description/Location of Department/Units

The 6J out-patient area consists of a U-shape designed space with 12 interchangable curtained cubicles that support the preoperative and postoperative phases of care for the out-patient population. Six reclining chairs are designated as a Phase II recovery/discharge area as well. This area is located adjacent to the Operating Room suites on the 6<sup>th</sup> floor.

- B. The Pre-admission Testing Clinic (PAT clinic) consists of four clinic type exam rooms and one phlebotomy room. Anesthesia midlevel providers oocupy an additional work room, with nursing and administrative staff occupying an additional work room.
- C. Both areas share a combined waiting area that is staffed and supervised by a registration PAR. Additional waiting space is provided in the outer hallway.
- D. Scope of care/care provided The scope of perianesthesia nursing practice involves the cultural, developmental and age-specific assessment, diagnosis, intervention and evaluation of individuals within the perianesthesia continuum. Perianesthesia practice is systematic, integrative and holistic, and involves critical thinking, clinical decision making and inquiry. The perianesthesia nurse works with a multidisciplinary healthcare team in an effort to deliver quality care to a diverse population. This specialty of perianesthesia nursing encompasses the care of the patient and family/significant other along the perianesthesia/periprocedural continuum of



care-Preanesthesia, Postanesthesia Pase I, Phase II, education and support. Characteristics unique to perianesthesia practice are:

- 1. Preanesthesia Phase
- a. Preadmission-the nursing roles in this phase focus on physical, psychological, sociocultural and spiritual preparation for the experience. Interview and assessment techniques are used to identify potential or actual problems. Education and interventions are initiated to optimize positive outcomes.
- b. Day of surgery/procedure-the nursing roles in this phase focus on validating existing information, eliciting additional or new information, reinforcing preoperative teaching, reviewing discharge instructions and providing nursing care to complete preparation for the experience.
  - 2. Postanesthesia Phase I-the nursing roles in this phase focus on providing postanesthesia nursing in the immediate postanesthesia period, transitioning to a Phase II level of care, to discharge. Basic life-sustaining needs are of the highest priority and constant vigilance is required during this phase
  - 3. Postanesthesia Phase II-the nursing roles in this phase focus on preparation for care in the home.
  - 4. The PAT clinic promotes an environment in which each patient is assessed by a midlevel anesthesia provider for anesthesia clearance and is provided with preoperative instruction by a PAT Clinic nurse.
- E. Professional behaviors inherent in perianesthesia practice are the acquisition and application of a specialized body of knowledge and skills, accountability and responsibility, communication, autonomy, and collaborative relationships with others.
- F. Sope of Services (practice driven)
  - A. Pre-op Holding

All patients presenting to the ASU department for surgical procedures are assessed and prepared for their procedure by a pre-op nurse, where a checklist is completed in conjuction with anesthesia and the attending surgeon.

B. PACU

Any staff anesthesiologist may admit a patient to PACU if the patient is recovering from the administration of an anesthetic agent. A patient who is scheduled to receive an anesthetic within the hour may also be admitted at the discretion of the faculty anesthesia provider or anesthesia resident.

- G. Admission categories
  - 1. Outpatient

Patients who have undergone a surgical or diagnostic procedure as an outpatient and who subsequently require in-house care must be admitted to the hospital. These patients are transferred to the in-patient PACU area as soon as possible. The admitting physician must write the admission orders and the PACU staff will complete the bed request in EPIC. When the patient meets the discharge criteria, the patient may be officially released by the anesthesiologist and the patient will then be cared for by the surgical service while awaiting a bed assignment. The PACU nursing staff will initiate any



pertinent medical orders; continue to monitor the patient's condition and document vital signs and assessments in time intervals warranted by the patient's condition and physician's orders.

The PACU staff will initiate the appropriate flow sheet for documentation purposes. Once the PACU staff is notified of a bed assignment, the staff will coordinate a transfer time with the receiving unit, call report to licensed staff accepting the patient and then transfer the patient in a prompt manner to the receiving floor. The PACU staff will make reasonable efforts to locate the patient's family in the waiting areas, arrange for the admitting physician to meet with them and explain the situation which required admission, provide bedside visitation in the PACU when appropriate, and assist with any admitting process needs.

#### I. <u>Census/Patient Encounters & Average Length of Stay</u>

A.) Length of Stay

Based on retrospective analysis of Utilization Review information, the average length of stay for the PACU is approximately 2 hours. While it is understood that LOS is dependent upon patient acuity and discharge variables, as well physician order, the nurse manager and staff will attempt to keep LOS as short as possible. Controlling LOS is an interdisciplinary effort requiring medical staff, nursing staff and related support staff collaboration.

1. Physician responsibilities

The anesthesia resident assigned to care for the needs of the PACU population, the anesthesia faculty assigned to a specific patient and the Officer of the Day may all be involved in documenting patient events on the intra-operative recorded, the anesthesia consult sheet and the patient progress record. Events requiring a patient to be discharged with exception should be documented on either the anesthesia consult or the progress record. Events requiring a patient to be discharged with exception should be documented on either the anesthesia consult or the progress record. Events requiring a patient to be discharged with exception should be documented on either the anesthesia consult or the progress record. The PACU staff assigned to a patient, the medical staff in attendance, the charge nurse and the clinical manager may collaborate informally to address patient problems with LOS. A member of the anesthesia medical staff is responsible for the final evaluation of the patient meeting discharge criteria and for documenting these findings on the consult sheet and also for verbally providing the PACU staff with any specific care instructions and writing them on the physician order sheet.

2. Nursing responsibilities

The professional RN function as a care/case manager of his/her DRG patient population by being aware of the anticipated length of stay desired outcomes from the related standards of care, and patient status in relation to desired physiologic, psychologic, and cognitive outcomes.



The RN attempts to facilitate recovery, prevent complications, and minimize acuity via consistent compliance to standards of cares and related protocols. The RN is also responsible for communication with attending physicians and support personnel in order to coordinate care of the patient and prevent duplication/omission of services. These combined fiscal/utilization review awareness, standards compliance, patient outcome status awareness, standards compliance, patient outcome status awareness and interdisciplinary communication attempt to minimize length of stay

#### II. J. What core processes/indicators are being monitored in your area?

A) Nurse manager responsibility

As part of managerial responsibilities for performance improvement, the clinical manager will create and implement tools for monitoring the effectiveness of unit function, staff performance, and patient care. Information for quality improvement monitoring generally falls into three categories:

1. Unit utilization

Data is collected related to unit admission details (date, time, & origin), Diagnoses, length of stay, discharge (date, time), and disposition.

2. Rate-based Indicators

Data is collected related to rate-based indicators that occur on the unit of both a generic department of nursing and unit specific nature. Ratebased indicators are negative events which are tracked and trended for occurrence and investigated when the incidence exceeds the Threshold for Evaluation (TEE). These include occurrences of codes, drug reactions, and equipment/power failure, and falls.

3. Financial analysis

Data is collected related to financial analysis in the unit consisting of average daily census, hours of care delivered, and length of stay and acuity summations.

#### III. K. Hours of Operation

ASU operates from 0530-1930 Monday -Friday excluding holidays and weekends. The PAT clinic operates Monday-Friday from 0800-430, excluding holidays and weekends.

#### IV. L. <u>Staffing (routine hours and contingency plan for unanticipated events)</u>



Departmental leaders, including directors, managers, or shift supervisors are responsible and empowered to adjust staffing based on current direct patient care needs as applicable. This may include flexing of staff, use of PRN/Pool, or overtime, as appropriate. Staffing adjustments will be reviewed with senior leadership as deemed appropriate.

- A) Quality
  - 1. To assure continuity of patient care while accomplishing adequate, the following policies will be enforced by the Department.
    - a) Any employee who is ill or absent from duty for any reason must call out per policy.
    - b) All vacation must be pre-approved in advance by the employee's supervisor.
    - c) All staff working in the phase I-phase II recovery must have ACLS and PALS in addition to BLS.
  - 2. Sufficient Staffing

Staffing will be sufficient at all times in terms of numbers, skill mix, and competency to meet the needs of patients on the unit. Staffing patterns will also be designed to allow staff to participate in DON and unit staff meetings, QM/standards in the DON including determining overall quantity, levels, and delivery of care methods are found in DON Generic Structure Standards Element VIII. Staffing for information to direct/support unit specific staffing policy as defined below.

- 3. Staffing Practices
  - a) Determination

The staffing practices for the ASU are determined according to the DON Generic Structure Standards and consist of UNIT STAFFING PATTERNS and UNIT SCHEDULING PRACTICES.

- b) Unit Staffing Patterns
  - i. Determining Staffing Pattern

The ASU and PAT Clinic are staffed with sufficient professional staff to provide care for the projected patient volume for each area as based on the volume and acuity of need of patient's scheduled for surgical procedures in the operating room. Hours of operation for the area are factors for consideration in determining needed staff. If circumstances warrant, staff nurses may be asked to work beyond their regularly scheduled shifts.

Reporting times are varied to maintain adequate nurse



patient ratios are flexible to adjust to the varying OR schedule. Staffing is flexible to support the OR variances.

Emergency staffing needs required to cover unexpected staffing vacancies should be addressed through the appropriate channels; the charge nurse and the clinical manager.

ii. Average daily census/volume/LOS

Retrospective tracking of volume statistics and length of stay for each area are utilized in developing trending patterns. These statistics are utilized to determine staff deployment and budgeting needs.

iii. Patient Classification System (PCS)

The Patient classification system is used to assess the appropriate nurse: patient ratio to provide patient care based on ASPAN Standards. Patient classification levels are determined by the primary phase I PACU nurse and information is collated and completed by the area clerk or audit committee and forwarded to the clinical manager in the form of monthly statistics. The levels are trended and used to adjust staffing FTEs or shift assignments.

4. Responsibilities

PACU Staffing Patterns are the ultimate responsibility of the Director of Perioperative Nursing. The Unit Staffing Pattern is determined on a daily basis by the clinical manager (as assisted by the charge nurse, Perioperative Nursing Director and Director of Perioperative Services).

5. Purpose

The ASU staffing patterns define what constitute staffing on the unit and identify the fiscal variables on which the current patterns are based. If circumstances warrant, staff nurses may be asked to work beyond their regularly scheduled shifts.

6. A Mass Casualty staffing plan exists and is reviewed yearly and in accordance with the drills.

#### **IV. REFERENCES, CROSS REFRENCES OR REGULATORY INDEXING:**

Policy has been developed using references from the following publication, ASPAN Standards, Practice Recommendations and Interpretive Statements 2017-2018.



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# FUNCTIONAL PROGRAM NARRATIVES

# CENTER FOR ADVANCED SURGICAL SERVICES CLINIC ORGANIZATION LAYOUT

#### **Overall Approach**

Operational design has been an integral part of the Grady Health CASS programming and planning process. Lean tools and techniques have been utilized to deliver a project that is not only efficient, but supports the Grady Health System patient population and clinical operations for a variety of provided specialties.

In addition to the Lean approach, Ambulatory Surgery & Clinic Research, Key Benchmarks, and Best Practice has guided decision making to support operational effectiveness, strategic and cultural alignment, and most importantly an improved patient and family experience. Driven to ensure quality and safety were at the helm and paramount in decision making, collaborative teams comprised of leadership and end users brought forward a level of creativity and innovation to support this overarching organizational mission.

#### **Public & Patient/Family**

The Main Lobby in the Stand-Alone or Integrated model serves as the hub for all arrivals to the CASS Ambulatory Building. At this entry point, Grady staff and security will greet patients, families, and visitors demonstrating exceptional customer service and provide assistance to support a variety of needs. Attention to ease of access, way-finding, and front of house/back of house activity flows were key drivers in the overall plan to enhance experience while supporting key adjacencies. As a portal to surgery, clinics, and other clinical areas, each floor has a central registration hub to support ease of check-in and discharge flow. The lobby supports a variety of needs for patients and families which include the following areas:

- Central Registration
- Retail Pharmacy & OP Lab services
- Café &
- Conference & Education

## **Typical Clinic Model Organization**

The clinics are organized in a modular configuration to support a variety of clinical programs. The design of the clinic module provides a standardization of rooms/spaces that become a flexible framework as program needs change or volumes fluctuate providing the ability to be shared or easily adapted. The modules provide an enhanced experience for patients and families, along with the convenience and delivery of comprehensive care by supporting the following:

- Collaborative multidisciplinary team space
- Shared Resources
- Improved access to equipment & supplies
- Clear front of house/back of house
- Decreased travel distance for staff
- Decreased ravel for patients

All clinic module floors are supported by a central check-in location along with waiting spaces contiguous to the individual



#### **Process Change Overview**

- New process flow for patient arrival, check-in, patient to treatment space, and discharge
- Shared supplies to decrease duplication and provide ease of replenishment
- Integration of support services to provide one-stop shop visit philosophy
- Elimination of treatment silos improving coordination of care and decreasing fragmentation of services
- Scheduling process focus to maximize OR and Clinic exam space utilization
- Improve the patient arrival and registration process
- Use technology to speed the patient visit
- Streamline the patient rooming system (see adjacent picture)
- Encourage staff provider communication through shared workspaces
- Remove the physician office to encourage collaboration
- Build the appropriate number of exam rooms per provider

#### **Exam Room Model**

Through a series of mockup walk-throughs, the clinic user team confirmed the 12'x10' room size works for all specialties, although the typical eye lane may be slightly different in dimension. General room organization is a described below. Further analysis will be conducted during design.





# CENTER FOR ADVANCED SURGICAL SERVICES **CANCER CLINIC FUNCTIONAL NARRATIVE**

#### **Services/Department Description**

The Grady Outpatient Cancer Center located in the CASS building offers cancer prevention and screening, treatment, research and education. Treatment options include surgery, hormone therapy, standard radiation therapy, chemotherapy, or combined therapy. The center provides services in a patient-focused manner that emphasizes access, customer service, cultural competence and the highest level of ethics and fiscal responsibility.

The Cancer Clinic also offers coordinated support services to cancer patients to help enhance their quality of life. Support services include:

- Palliative care to help manage pain and other distressing symptoms
- Nutrition services
- Radiation therapy support group
- Breast cancer preoperative support group
- Atlanta Legal Aid Cancer Initiative program
- American Cancer Society's I Can Cope<sup>®</sup> and Look Good Feel Better<sup>®</sup> programs
- Therapy-centered art program
- Financial services
- Pastoral care program

#### **Operating Assumptions**

Hours of t		#	Throughput/		
Open Days of the Week	Monday -Friday	Saturday-Sunday	Department	Exam Room	Unit
Operating Hours	8 AM- 5 PM	TBD	Cancer Clinic	22	1,012

#### **Volume and Throughput**

				Year	Anticipated
Department	2017	2018	2020	Target	Growth
Cancer Clinic	17,603	18,131	20,243	22,267	26%

#### **Planning Guidelines**



- One-Stop shopping approach to services needed by Oncology patients with decreased travel distances and ease of access to parking
- Private consult space contiguous to the clinics dedicated for education, clinical trials, and patient collaboration conversations
- Space dedicated to providing resources specific to oncology patients, group space for dietary/exercise and classes
- Provide ability for point of care testing to be provided in clinic area
- Team location within the clinic pod is an area that should provide space for collaboration of subspecialties and ability to connect between pods to bring services to patient

#### **Operational Guidelines**

#### Patients, Family and Staff

- One point of arrival with visible access to elevators and ease of check-in access
- Valet parking and concierge services to support
- Placement of Navigators close to clinics to support patients
- Space to support group sessions and activities for patients & families with psychologist/psychiatrist
- Ability to provide services after hours to improve care and reduce ED visits

#### **Operations and Flow**

- Streamlined financial clearance to allow for earlier access to care
- Registration process through technology rather than upon arrival
- Reduction in new patient wait times from triage to being seen for treatment
- Flexible utilization of exam room spaces in each pod to support improved access for new and return visits
- Shared equipment and supplies via back of house area to decrease supply costs, reduce missing items and decrease staff searching

#### Facilities

- Ability to obtain imaging needs at point of clinic visit
- Exam and consult rooms large enough to include family
- Maximum utilization of daylight to support a healing and calming experience
- Dedicated back of house elevators to support back of house functions and emergency needs of patients ٠
- Shared support spaces to provide maximum number of clinical treatment spaces
- Conference space to support clinical multidisciplinary teams in education, research and clinical outcomes

#### **Key Adjacencies & Flows**

Related Dept or Function	Adjacency	Connection or Relationship Type	Comments
Infusion	Direct Adjacency	Direct – Clinical	Nursing, Pharmacy, Physicians
Women's Imaging	Direct Adjacency	Direct – Clinical	Nursing, Radiologists, Techs
OP Lab	Strong Connection	Direct - Clinical	Phlebotomist
Retail Pharmacy	Relationship	Direct - Public	Pharmacist
Scheduling	Strong Connection	Direct - Public	Registration/Navigators

- Breast clinic adjacent to breast imaging with a back of house connection for privacy and flow to minimize cancer ٠ only imaging for other patient populations
- Infusion therapy should be contiguous to the clinic space to support those coming for multiple appointments, reduce patient movement, and support collaboration of providers and patients
- Lab drawing area and Retail Pharmacy should be in close proximity to arrival and exit points to support pretreatment needs and medication access
- PET/CT adjacent to cancer center program

#### **Performance Goals**

- Cycle Time reduction (check-in/check-out)
- Current 111 min (2017) Improve exam room utilization – New patient – 1 hour, Follow-up – 30 min
- Growth of Clinic volume buy 3%
- Reduce No returns/No show
  - Current 30%
  - Goal 10% or less
- Utilize 2 Grants with quality and patient centered focus to improve overall patient satisfaction and provide patient and family centered care
- - Growth projection of 14% for Hem/Onc & Gyn/Onc patient population Provide same day infusion to patients continuing therapy and attending follow-up clinic appointment

## **Kev Functional Units**

#### **Stacking Location**

10 Integrated g Stand Alone 8

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# CENTER FOR ADVANCED SURGICAL SERVICES INFUSION CENTER FUNCTIONAL NARRATIVE

#### **Services/Department Description**

The Center for Advanced Surgical Services (CASS) will have an Infusion Center that will be supporting the Cancer Center patient population requiring treatment as an outpatient. The Infusion Center will be staffed by specially trained and certified oncology nurses. Cancer chemotherapy in the form of injections or infusions will be administered to patients in a comfortable environment under the supervision of clinical staff, pharmacists and hospitalists. In addition to chemotherapy, the Infusion Center offers services to patients with many different diagnoses. Injectable or intravenous therapies such as antibiotics, blood products, and hydrating fluids may be administered in this center if needed and appropriate for the patient's specific treatment plan.

## **Operating Assumptions**

Hours of Operation			
Open Days of the Week	Monday -Friday	Saturday-Sunday	
Operating Hours	7 AM- 7 PM	TBD	

#### **Volume and Throughput**

Department	2015	2016	2020	2025	Anticipated Growth
Infusion	7,122	7,299	7,925	8,557	20%

#### **Key Functional Units**

	#	Throughput/
Department	Exam Room	Unit
Infusion		
Bays/Room	30	285

#### **Operational Guidelines**

#### Patients, Family and Staff

- Centralized check-in, waiting, and scheduling to reduce duplicat

   Implement bio ID for patients with weekly/monthly infusion a
- Comfortable seating, spa like atmosphere to make experience c
   Nourishment area for patients and families within infusion to pr environment
- Technology to support ease of access for repeat patients, sched between appointments with providers

#### **Operations and Flow**

- Improve timely delivery of chemo meds to patients and coordin
- Infusion pharmacy to have direct connection and access for com medications timely and accurately
- Extend hours of Infusion pharmacy to accommodate additional
- Improve assessment and triage of patients to ensure no delays
- Provide coordination of transport between Rad Onc and Infusion

#### Facilities

- Parking spots within garage that are dedicated to infusion cance
- Space for private conversations within Infusion with ability to he
- Work spaces for Navigator, Pharmacist and Hospitalist within In
- Supply storage that supports each infusion pod reducing time to
- Patient controlled environment with comfortable seating, ease socialize or relax privately

## **Planning Guidelines**



- Create pods of infusion bays to support general patient population in addition to one that is dedicated and focused on fast track patients
- Caregiver stations should be centralized within the pod with visibility of patients and also have ability to connect with other care providers in adjacent pods
- Staff lounge should be contiguous to infusion to support ease of access and has lockers large enough to hold staff personal items
- Private infusion bays are to be arranged in a way that provides access to daylight and views to the outside
- Infusion bays should be private with ¾ walls and space to accommodate one family member

## **Key Adjacencies & Flows**

Related Dept or Function	Adjacency	Connection or Relationship Type	Comments
Infusion Pharmacy	Direct Adjacency	Direct Clinical	Pharmacist/Tech/Nurse
Cancer Clinics	Strong Connection	Direct Clinical	Nurse/Physician/Pharmacist
Radiation Oncology	Strong Connection	Direct Clinical	Pharmacist/Physician
OP Lab	Strong Connection	Direct Clinical	Pharmacist/Lab Tech
Retail Pharmacy	Relationship	Direct Public	Pharmacist to Pharmacist

#### **Performance Goals**

- See patients within 15 days of referral
- Provide same day infusion
- Reduce wait time from patient arrival for infusion until roomed
- Implement appointment templating for scheduling of treatments throughout the day with different care cycles

	<b>Stacking Location</b>
ion of activities for patients and minimize moveme ppointments omfortable and not feel like a cancer center rovide self service capabilities and support a clean	nt <u>10</u>
uling of appointments, and communicating in	Integrated & Stand Alone
ation of home meds nmunication with clinical team and ability to provid	e
patients coming to Infusion later in the day in care n for same day treatments	8
er patients with complimentary valet old 4 people ifusion to provide collaborative care	7
o locate needed equipment and supplies of access to providers, and ability to choose to	
	6
	5

med tments throughout the day with different care

(п

The ENT/OMFS Clinic serves two related but independent programs.

The ENT service provides treatment for conditions and diseases of the ear, nose and throat, evaluating, diagnosing and treating otolaryngological conditions and diseases. Subspecialty care includes oncology, trauma, otology/neurology/audiology (ear/ear-brain/hearing), rhinology (sinus, nasal and breathing), and laryngology (voice and swallowing).

Audiologists can provide comprehensive hearing evaluations using the latest diagnostic tools to assess various types of hearing loss. The OMFS Clinic provides treatment for oral maxofacial trauma, oral pathology (cysts/tumors), dental infections, TMJ surgery, and other reconstructive surgeries. OMF Faculty surgeons are trained and licensed to perform moderate sedation procedures, often single and multiple tooth extractions.

#### **Operating Assumptions**

Hours of Operation				
Open Days of the Week Monday -Friday Saturday				
Operating Hours	8 AM- 4:30 PM	Rarely		

#### **Volume and Throughput**

				Year	Anticipated
Department	2017	2018	2020	Target	Growth
ENT	4,256	4,551	5,729	6,302	48%
OMFS	6 <i>,</i> 645	6,645	6,645	7,310	10%
Total	10,901	11,196	12,374	13,612	25%

\*\* Assumes 250 days/yr, 8 hr/day, 30-35 min avg visit, 10 min turn time, 40% room utilization

#### **Planning Guidelines**



## **Key Functional Units**

other.

needs.

OMFS.

the visit.

auieter zone.

	#	Throughput/
Department	Exam Room	Unit
ENT	6	
OMFS	6	
Total	12	1,134

Create a combined clinic module arranged to

that exam room and procedure rooms can be

flexed for either service when not in use by the

Exam rooms will have standardized exam chair,

lights and monitor technology consistent with

program needs. Endoscopy and a video tower

in each exam room. At least two and up to four

OMFS and should be equipped for both service

Panorex/cone beam CT – is a shared resource,

used typically early in the patient flow. Locate centrally, 95% of patients receive a Panorex at

rooms serve as 'flex' rooms between ENT &

Two (2) shared procedure rooms will be adjacent to a small recovery area, run by

#### **Operational Guidelines**

#### Patients, Family and Staff

- Patients have one-point of arrival, registration and visible access to elevators and amenities. Registration and clinic check-in occurs per floor for all functions.
- Technology enhanced patient registration, check-in and tracking allows all team members and the patient to easily maneuver the clinic setting.
- Patient/family waiting is contiguous to each clinic with front of house access to all treatment spaces.
- Special attention is paid to special needs, ergonomics and privacy. Clustered seating should support patient dignity needs for those with visual deformity or injuries.
- Consultation rooms are towards the front of clinic modules and are used for private conversations, extended education and/or specialty services.
- ENT nursing staff conduct smoking cessation classes. These will occur in the CASS conference center.
- Only outpatients are treated in the clinics. Incarcerated patients are treated in the Main Hospital prisoner treatment area or the remaining ENT/OMFS exam room at the main hospital.
- The team space in the center of all exam rooms will support 16 workstations for peak use.
- Staff lockers, break room and lounges are in close proximity to work zones, but are a shared resource per floor

#### **Operations and Flow**

- **On-stage & off-stage flow** in and out of exam rooms with patients/families arriving via one corridor and the care team entering from the central team workspace
- Typical OMFS patient flow: arrive/check-in -> have Panorex, triage and/or CT -> Exam room procedure > discharge in room by dental assistant
- Typical OMFS sedation patient flow: Arrive/check-in -> triage, prep room -> sedation procedure -> recovery -> discharge with instructions
- **Check-out:** scheduling of next appointments and all visit check-out education is completed within the exam room. Extended appointment scheduling or other patient needs may be finished in a check-out station or consult room to facilitate
- Stretcher patients arrive via back of house access and are stationed directly in the exam room.
- Instruments: standardized trays are stored in the shared clean room. After use, staff place the dirty tray in the soiled room, which SPD picks up on an established schedule such that turnover of instruments is optimized.

#### Facilities

- Standard exam rooms, procedure rooms, and consult rooms allow for improved flexibility of use.
- Maximize use of daylight to promote health and wellness.
- Quiet work zones for staff are near but off stage to support teaching, private conversations or phone calls
- Shared med room, POC, soiled room and clean rooms should be directly adjacent to or within the clinic module.

## **Key Adjacencies & Flows**

Adjacency	Conr Relatio
Strong Connection	Direct – C
Relationship	Indirect –
Strong Connection	Direct – cl
Direct Adjacency	Adj to EN
Relationship	Materials
	Adjacency Strong Connection Relationship Strong Connection Direct Adjacency Relationship

Speech Therapy should be located close to ENT rather than with the remaining therapies.

#### Performance Goals

- Improve cycle time and clinic throughput
- Reduce time from referral to first available appointment
- Optimize FTE resources
- Streamline front end processes
- The OMFS Dental Lab is a support space for 3D molds, oral device preparation.

Audiology should be adjacent to ENT but in a

# **Stacking Location** 10 8 Stand Alone Integrated 6 ection or Comments onship Type Speech ideally next to ENT linical Staff Share trauma patient needs inical Share pano & 3D printer for pts Patient & staff connection **Require instrument sets**

The General Surgery clinic provides care for patients with a variety of conditions, focusing on the abdomen and associated organs. Additionally, specialty care providers include plastics and general trauma.

#### Patient types include:

- General GI patients
- Positive FIT test patients
- Irritable bowel syndrome patients
- Screening visits
- Procedures include Pill Cam and Manometry

#### **Operating Assumptions**

Hours of Operation				
Open Days of the Week	Monday -Friday	Saturday-Sunday		
Operating Hours	7:30 AM- 4:30 PM			
Extended Hours	TBD	TBD		

#### **Volume and Throughput**

Department	2017	2018	2020	Year Target	Anticipated Growth
General Surgery	11,555	11,708	12,321	13,553	17%

Assumes 250 days per year, 8 hour day, 30 min avg visit, 5 min turn time, 40% minimum room utilization. The General Surgery clinic is comprised of many subspecialties.

#### **Planning Guidelines**



#### **Key Functional Units**

	#	Throughput/
Department	Exam Room	Unit
General Surgery		
Clinic	12	1,129

General Surgery clinic occupies a typical clinic module with twelve standard exam rooms

A single procedure room will support the functions of the clinic and will primarily be used for minor surgical procedures, including dressing changes,

Front of house and back of house relationships are

surround a team workspace.

wound care and biopsies.

maintained.

#### **Operational Guidelines**

#### Patients, Family and Staff

- Patients are offered convenient appointment times
- Patients have one-point of arrival, registration and visible access check-in occurs per floor for all functions.
- Technology enhanced patient registration, check-in and tracking maneuver the clinic setting.
- Patient/family waiting is contiguous to each clinic with front of I waiting" is encouraged. Special attention is paid to special need
- Consultation rooms are towards the front of clinic modules and education and/or specialty services.
- Clinic staff function solely in the clinic; but schedulers and physi endoscopy suite.

#### **Operations and Flow**

- On-stage & off-stage flow in and out of exam rooms with patien team entering from the central team workspace
- Scheduling of next appointments and all visit check-out education appointment scheduling or other patient needs may be finished
- Patient weigh-in is near the entrance of the clinic
- Stretcher patients arrive via back of house access and are station

#### Facilities

- Procedures performed in the general surgery clinic include for biopsies, wound vac and other minor procedures not perform
- Patient restroom with a pass-thru to POC testing area within
- Standard exam rooms, procedure rooms, and consult rooms
- Maximize use of daylight to promote health and wellness.
- Quiet work zones for staff are near but off state to support te

## **Key Adjacencies & Flows**

Related Dept or Function	Adjacency	Connection Relationship
ASC	Relationship	Indirect - Staff
OP Lab	Relationship	Indirect
PAT	Relationship	Indirect
SPD	Relationship	Materials

#### **Performance Goals**

- Focus on robust screening program for Grady patients
- Improve cycle time and clinic throughput
- Reduce time from referral to first available appointment
- Optimize FTE resources
- Streamline front end processes

#### **Stacking Location**

s to elev	ators and amenities. Registration and clinic	
g allows	all team members and the patient to easily	10
house ad Is, ergon I are use icians sh	ccess to all treatment spaces. "Active omics and privacy. d for private conversations, extended ould have quick and easy access to the	9
nts/famil on is cor d in a che	lies arriving via one corridor and the care npleted within the exam room. Extended eck-out station or consult room to facilitate	8
oned dire	ectly in the exam room.	7
preign bo ned in th the clini allow foi	ody removal, skin abscess, dressing changes, ne operating room. c r improved flexibility of use.	Integrated
eaching,	private conversations or phone calls	
		5
n or Type	Comments	<u>5</u> 4
n or Type	Comments Physician access	<u>5</u> 4
n or Type	Comments           Physician access           Specimens sent to lab from clinic           Deticate access staff accordinate	<u>5</u> 4
n or Type	CommentsPhysician accessSpecimens sent to lab from clinicPatient preop; staff coordinateInstruments for procedures	<u>5</u> 4
n or Type	Comments         Physician access         Specimens sent to lab from clinic         Patient preop; staff coordinate         Instruments for procedures	5 4 3 Stand Alone 2
n or Type	CommentsPhysician accessSpecimens sent to lab from clinicPatient preop; staff coordinateInstruments for procedures	5 4 3 Stand Alone 2

The GI clinic provides care for patients with a variety of gastrointestinal symptoms. The service treats disorders of the gastrointestinal track, liver, pancreas and gall bladder and offers screening, diagnosis and treatment within the clinic.

When not in the clinic, Gastroenterologists are scheduled in the Endoscopy Center. Nursing staff remain focused on clinic patients.

- Patient types include:General GI patients
- Positive FIT test patients
- Irritable bowel syndrome patients
- Screening visits
- Procedures include Pill Cam and Manometry

## **Operating Assumptions**

Hours of Operation		
Open Days of the Week	Monday -Friday	Saturday
Operating Hours	8 AM- 4:30 PM	
Future Extended Hrs	until 6:30PM (1-2 days/wk)	8 AM - 12 PM

#### **Volume and Throughput**

				Year	Anticipated
Department	2017	2018	2020	Target	Growth
GI Clinic	3,479	3,582	3,994	9,856	183%

\*\* Assumes 250 days per year, 8 hour day, 30 min avg visit, 5 min turn time, 40% minimum room utilization. GI Clinic has a lengthy backlog; working to increase capacity and move to five day a week clinic

## **Planning Guidelines**



- GI clinic occupies a typical clinic module with twelve standard exam rooms surround a team workspace.
- A single procedure room will support the functions of the clinic and will primarily be used for manometry and pill cam as well as in-office diagnostics.
- Front of house and back of house relationships are maintained.

#### **Operational Guidelines**

#### Patients, Family and Staff

- GI patients are offered convenient appointment times
- Patients have one-point of arrival, registration and visible access check-in occurs per floor for all functions.
- Technology enhanced patient registration, check-in and tracking maneuver the clinic setting.
- Patient/family waiting is contiguous to each clinic with front of
- Special attention is paid to special needs, ergonomics and private
- Consultation rooms are towards the front of clinic modules and education and/or specialty services.
- Clinic staff function solely in the clinic; but schedulers and physi endoscopy suite.

#### **Operations and Flow**

- On-stage & off-stage flow in and out of exam rooms with patien team entering from the central team workspace
- Scheduling of next appointments and all visit check-out education appointment scheduling or other patient needs may be finished
- · Stretcher patients arrive via back of house access and are statio

#### Facilities

- Use procedure room for manometry and Pill Cam
- Two patient restrooms are needed with a pass-thru to POC test
- Standard exam rooms, procedure rooms, and consult rooms all
- Maximize use of daylight to promote health and wellness.
- Quiet work zones for staff are near but off state to support teac

## **Key Adjacencies & Flows**

Related Dept or Function	Adjacency	Connectio Relationshi
Endo Suite	Relationship	Indirect - Staf
OP Lab	Relationship	Indirect

The GI clinic does **not** need to be adjacent to Endoscopy as physicic clinic is not near endoscopy, then patient education material, incluscreening exams.

#### **Performance Goals**

- Grow GI providers and increase to 5 day per week clinic.
- Focus on robust screening program for Grady patients
- Improve cycle time and clinic throughput
- Reduce time from referral to first available appointment
- Optimize FTE resources
- Streamline front end processes

## Key Functional Units

	#	Throughput/
Department	Exam Room	Unit
GI Clinic	12	821

#### **Stacking Location**

s to elevat	ors and amenities. Registration and clinic	
g allows all	team members and the patient to easily	10
house acce	ss to all treatment spaces.	
are used f	or private conversations, extended	0
icians shou	ld have quick and easy access to the	5
		0
nts/families	arriving via one corridor and the care	8
on is comp d in a check oned direct	leted within the exam room. Extended -out station or consult room to facilitate y in the exam room.	_
		/
ing area w	thin the clinic	Integrated
ow for imp	roved flexibility of use.	
ching, priva	te conversations or phone calls	6
		-
		5
		Stand Alone
on or	Comments	4
i <b>p iype</b> f	Related patients, schedulers, MD	
	Specimens sent to lab from clinic	
ians are sch Juding video	neduled in one or the other location. If the	3
	,	
		2
		1
		<u> </u>

The Ophthalmology clinic (Eye Clinic) provides comprehensive eye care, including over eight sub-specialties from board certified ophthalmologists, residents, and other health care professionals. The program offers leading-edge treatments, diagnostics and patient support for complex conditions as well as routine screening and examination.

Our comprehensive eye services include:

- Routine comprehensive medical eye examinations.
- Diagnosis, management and treatment of the full spectrum of ophthalmologic disorders and diseases.
- Consultations for patients referred by other physicians or optometrists.
- Screening and treatment for eye diseases, including cataract, glaucoma, diabetic retinopathy, and macular degeneration.
- Cataract, glaucoma, and retinal laser surgery.

The Ophthalmology practice is growing and all subspecialties are expected to increase. To ensure correct patient treatment and appointments, all patients are referred by the Grady Optometry team.

#### **Operating Assumptions**

H		
Open Days of the Week	Monday -Friday	Saturday-Sunday
Operating Hours	7 AM- 4 PM	Early AM TBD
**Fridays are currently ½ days for		

\*\*Early Saturday appointments for Friday post-op surgical visits.

#### **Volume and Throughput**

				Year	Anticipated
Department	2017	2018	2020	Target	Growth
Ophthalmology	18,910	20,290	25,808	28,389	50%

SUBSPECIALTY	CURRENT	FUTURE
Comprehensive	3-5/wk	5/wk
Cornea	1/wk	5/wk
Glaucoma	2/wk	5/wk
Neuro	2/mo	Tbd
Oculoplastics	2/mo	2.5/wk
Optometry	5/wk	5/wk
Peds/Strab	1/wk	3/wk
PostOp	5/wk	5/wk
<b>Refractive Clinic</b>	n/a	3-5/wk
Retina	2/wk	5/wk

#### **Key Functional Units**

	#	Throughput/
Department	Exam Room	Unit
Ophthalmology	36	789
Exam Lanes	24	
Procedure and		
Laser Rooms	4	
Diagnostic Testing		
Rooms	8	

## **Planning Guidelines**



The eye clinic includes two full modules with exam lanes functioning in groups of six. All exam lanes will be equipped the same with a few rare exceptions. Two larger 20' exam lanes for pediatrics and research should be in one module. Diagnostic Testing rooms are consolidated and shared by all subspecialties. This area is run by Ophthalmic technicians. Sub waiting areas support the diagnostics area as well as the exam areas.

- The procedure rooms can be centrally located to support all pods.
- Optometry for general eye exams will be positioned closer to the front of the clinic.
- Support areas are distributed for easy access by each zone.
- Staff and off-stage functions may be further from the exam zones.

-					
0	perational Guidelin	es			<b>Stacking Location</b>
P	atients, Family and Staff				
· ·	Patients, runny und stan Patients have one-point of a check-in occurs per floor for Technology enhanced patien maneuver the clinic setting. Patient/family waiting is cor Special attention is paid to s elements to support low-vis <b>Operations and Flow</b> On-stage & off-stage flow in team entering from the cen Scheduling of next appointm appointment scheduling or	arrival, registration and v all functions. nt registration, check-in ntiguous to each clinic w pecial needs, ergonomi ion patients is critical). and out of exam rooms tral team workspace nents and all visit check other patient needs ma	visible access to elevators and and tracking allows all team r with front of house access to al ics and privacy. For this clinic, i s with patients/families arrivin -out education is completed w y be finished in a check-out st	amenities. Registration and clinic nembers and the patient to easily I treatment spaces. In particular, contrast and design g via one corridor and the care within the exam room. Extended	- <u>10</u> <u>9</u>
•	if Stand Alone 7				
F • •	acilities Standard exam lanes, proce Considering OCT in each exa Maximize use of daylight to Quiet work zones for staff a	dure rooms, and diagno am lane, as in other inst promote health and we re near but off state to s	ostic rooms allow for improved itutes, to improve patient thro ellness. support teaching, private conv	l flexibility of use. bughput versations or phone calls	Integrated
					5
	Key Adjacencies & F	ows			
	Related Dept or Function	Adjacency	Connection or Relationship Type	Comments	4
	Lobby/Reception	Relationship	Indirect – patient	High volume, easy access	
	ENT/OMFS	Relationship	Indirect	Could leverage some equipmen	it
	ASC	Relationship	Indirect – staff	Surgeons and patients	
	Optical Shop	Strong Connection	Direct – Service, public	Key referral location	3
	Pharmacy	Relationship	Materials	Meds, eye drops	

#### **Performance Goals**

- Improved patient satisfaction
- Optimized clinic throughput
- Availability of next available appointment .
- Reduced or eliminated wait times

Date: 4/13/18

# CENTER FOR ADVANCED SURGICAL SERVICES **ORTHOPEDICS FUNCTIONAL NARRATIVE**

#### **Services/Department Description**

The Orthopedic Service Line is comprised of two related and complementary components: Orthopedic Trauma and Orthopedic Surgery. Subspecialties include foot and ankle, general orthopedics, hand and upper extremity, joint reconstruction, musculoskeletal oncology, orthopedic trauma, spine surgery and sports medicine.

As a Level 1 Trauma Center, Grady Health System is well known for the treatment of trauma-related fractures and injuries. The Orthopedic Trauma team specializes in acute orthopedic injuries from simple fractures to complex, multiple, musculoskeletal injuries. Patients generally are referred to the Ortho Trauma clinic from Grady's emergency department.

The Orthopedic Surgery/Elective team treats surgical and non-surgical musculoskeletal issues, including injuries, sports injuries, degenerative diseases, infections and others. This team is growing the elective practice and offers highly specialized care, specifically in hand and upper extremity care.

#### Services Offered:

- Casting / Splinting
- DME provider
- Ortho Imaging (in-suite)
- Ortho Trauma Clinic
- Ortho Surgery Clinic, with subspecialties
- Physical Medicine and Rehabilitation

#### **Operating Assumptions**

Hours of Operation		
Open Days of the Week	Monday -Friday	Saturday
Operating Hours	7 AM- 4:30 PM	Rarely

#### **Volume and Throughput**

				Year	Anticipated
Department	2017	2018	2020	Target	Growth
Orthopedic	16,473	17,109	19,653	21,618	31%

#### **Planning Guidelines**



#### **Key Functional Units**

	#	Throughput/
Department	Exam Room	Unit
Ortho Clinic	24	901

#### Create two standard clinic modules - one for Ortho Trauma and one for Ortho Surgery.

- Casting and splinting bays are functionally located between these modules for easy access. Both modules equally utilize casting/splinting and DME. Both use X-ray; however, trauma clinic may initiate higher volumes.
- Rehab therapies are more closely tied to Ortho Surgery Clinic modules if located on the same floor.
- Create accessibility between both modules for staff and team integration.

#### **Operational Guidelines**

#### Patients, Family and Staff

- Patients have one-point of arrival, registration and visible access to elevators and amenities. Registration and clinic check-in occurs per floor for all functions.
- Technology enhanced patient registration, check-in and tracking allows all team members and the patient to easily maneuver the clinic setting.
- Patient/family waiting is contiguous to each clinic with front of house access to all treatment spaces.
- Special attention is paid to special needs, ergonomics and privacy. At least 25% 50% of waiting seats include highseat options. Seating clusters also allow for wheelchairs to join in furniture arrangements
- Consultation rooms are towards the front of clinic modules and are used for private conversations, extended education and/or specialty services.
- Only outpatients are treated in the clinics. Incarcerated patients are primarily treated in the Main Hospital prisoner treatment area unless specialized care is not able to be provided in that location. In that case, back-of-house access is used to

#### **Operations and Flow**

- On-stage & off-stage flow in and out of exam rooms with patients/families arriving via one corridor and the care team entering from the central team workspace
- Staff lockers, break room and lounges are in close proximity to work zones, but are a shared resource per floor
- Scheduling of next appointments and all visit check-out education is completed within the exam room. Extended appointment scheduling or other patient needs may be finished in a check-out station or consult room to facilitate
- Stretcher patients arrive via back of house access and are stationed directly in the exam room.

#### Facilities

- Standard exam rooms, procedure rooms, and consult rooms allow for improved flexibility of use.
- Maximize use of daylight to promote health and wellness.
- Quiet work zones for staff are near but off state to support teaching, private conversations or phone calls

#### **Key Adjacencies & Flows**

Related Dept or Function	Adjacency	Connection or Relationship Type	Comments
Rehab	Strong Connection	Direct – Clinical	Patients and physicians
Imaging	Direct Adjacency	Direct – Clinical	X-ray used in clinic diagnosis
ASC	Relationship	Indirect – Staff	Physicians
Retail Pharmacy	Relationship	Indirect	DME, pt. meds
PAT/OP Lab	Relationship	Indirect	Patient same day PAT needs

**Rehab** – due to the collaborative, team approach model, therapists and physicians work together to meet patient recovery needs. An easy connection is important for back and forth communication, however, patient access to rehab should be prioritized. Hand /Upper Extremity Ortho care is more closely tied to hand therapy and ideally has a direct adjacency.

Imaging – In-suite x-ray is a priority for the Ortho Trauma and Ortho Surgery teams. The significantly high volume of image studies would keep rad techs and the x-ray rooms fully utilized. Additionally, physicians communicate with rad tech staff to ensure optimal scans are obtained. The need for these studies may or may not be known prior to a clinic visit. The remainder of Imaging should be easily accessible in the event additional imaging studies are required, especially MRI.

#### **Performance Goals**

- Grow elective practice, in particular sports medicine, hand & upper extremity.
- Improve time to appointment and appointment availability (metric = days to  $3^{rd}$  next available appointment)

## **Stacking Location**

10
Integrated
9
8
7
6
Stand
5
<u> </u>
4
4
<u>4</u> 3
<u>4</u> <u>3</u>
4 3 2
4 3 2
4 3 2
4 3 2 <u>1</u>

The Center for Advanced Surgical Services (CASS) will have 2 Imaging service locations – an Outpatient Imaging Department and a Breast Imaging/Woman's Health Center. Each will support CASS outpatient services exclusively and function independently from the main hospital. Imaging services will provide a full spectrum of diagnostic and therapeutic radiology throughout the CASS enterprise including CT, US, MRI, Plain films, PET/CT, Mammography (Diagnostic & Stereotactic) Bone Density, and Breast Ultrasound. All services utilize the most advanced technology available to provide cutting edge radiologic service to patients and referring physicians.

#### **Operating Assumptions**

Hours of Operation				
Open Days of the Week	Monday -Friday	Saturday-Sunday		
Imaging Operating Hours	7 AM- 4:30 PM	TBD		
Women's Health Operating Hours	7 AM- 4:30 PM	TBD		

#### **Volume and Throughput**

Volumes to be determined

## **Planning Guidelines**



OFF-STAGE PATIENT/ STAFF ACCESS



## **Key Functional Units**

	#
Department	Exam Room
Imagir	ıg
General Rad	2
Imaging - Fluoroscopy	1
Ultrasound	2
HDR	1
CT (Shelled)	1
MRI (Shelled)	1
Breast Imaging/We	omen's Health
Mammography	2
Mammography	
Diagnostic	2
Mammography	
Stereotactic	1
Bone Densitometry	1
Breast Ultrasound	2
PET/CT	1

#### Imaging Department

- Create tech workstation area to support multiple modalities and support staffing model
- Provide easy access to general rad rooms from orthopedic clinic to support high volume of images needed from this patient population
- Place department contiguous to Pre-Admission testing to support one stop shop philosophy for patients coming in for testing prior to outpatient surgery
- Provide alcoves/storage for portable equipment within imaging and other high use areas to ensure best access

#### **Breast Imaging/Women's Health**

- Provide visual privacy and changing rooms that are immediately accessible to the testing area
- Plan rooms large enough for minor procedure or exam
- Provide entry and waiting area that allows for those patients coming for annual screenings to feel comfortable

#### **Operational Guidelines**

#### Patients, Family and Staff

Patients, runny und start Patients will have one point of entry Access close to entry point of buildin Area designed to support back of ho Patients coming to women's health	to check-in for all imang/parking and ease of buse flow for patients t for breast imaging screet	ging procedures wayfinding with from o protect privacy dur eening will not experi	t of house presence ing testing ence the cancer side of imaging	10	
Provide patients with education and anxiety Bromote best practice and convenie	information about the	eir exam to improve t	heir overall experience and decrease		
Promote best practice and convenie	ince of schedule to incl	rease selection of CA:	ss for imaging procedures	0	
perations and Flow				9	
<ul> <li>Patients will be able to come from clinic exam room in cancer clinic to breast imaging via connected corridor, back of house to general patient population, making experience private and connected</li> </ul>					
Patients in Ortho clinic will have dire	ect connection to Imag	ing for plain films nee	eding completed during visit	•	
Create flexibility and expansion of h	ours of operation to be	e available for patient	s requiring tests	8	
Develop registration/check-in plan f	or walk in patients that	t provides ease of acc	cess and decreased wait time		
Develop close collaboration plan wit	th the hospital and out	side facilities to estab	olish clear and easy process to		
communicate results timely and include	rease referrals	roflacts an ambulate	n facility	7	
improve overall reporting and result				/	
cilities Centralized waiting area to promote Radiology reading rooms located to Tech room design to support multip	e ease of access and co support image review le staff member use	mmunication and dictation	starting	6	
Accommodate large, heavy, and noi requirements to insure area not disr <b>Cey Adjacencies &amp; Flows</b>	sy technical medical ec ruptive to other depart	quipment with extens tments	ive infrastructure and shielding	5	
Related Dept or Function	Adjacency	Connection or Relationship Type	Comments		
Imaging				4	
Ortho Clinic	Strong Connection	Direct - Clinical	Highest user of services		
OP Lab/PAT	Direct Adjacency	Direct - Clinical	Part of pt. overall visit		
Main Entry	Relationship	Direct – Public	Ease of access for OP Imaging		
Cancer Clinic	Direct Adjacency	Direct – Clinical	Provides integrated services	3	
Patient Entry/Front of house check-	Strong Connection	Direct – Public	Provides access for services for non-	<u> </u>	
In			cancer related patients		
PET/CT	Direct Adjacency	Direct – Clinical	Shared staff/support		
orformanco Goals				2	
<ul> <li>Radiologists will read films and patients and provide real time r</li> <li>Reduce no show rate to 10% from</li> </ul>	report results in the re next step treatment pla om current 22%	eading rooms provide ans to providers and	d in CASS to expedite results to patients	Stand Alone	
<ul> <li>Achieve paperless system for ra</li> <li>Biopsy results to patients within appointment</li> </ul>	idiologists to sign and o n 1 week and if negativ	date history and phys e can be communica	ical forms ted over the phone without an		

- appointment

## **Stacking Location**

# CENTER FOR ADVANCED SURGICAL SERVICES ENDO SUITE FUNCTIONAL NARRATIVE

#### **Services/Department Description**

The Endoscopy suite performs all non-surgical, scope-based procedures to examine, diagnose, and treat gastroenterological conditions. Typical procedures are upper endoscopies and colonoscopies, as well as sigmoidoscopies (if not performed in clinic). ERCP and advanced endoscopic procedures are only performed in the main hospital GI lab.

Anesthesia staff perform all patient sedation, most only requiring conscious sedation. Dedicated endoscopy nurses and technicians assist the procedures as well as pre and post recovery.

#### Key Program Components:

- Endoscopy procedure rooms (4)
- Pre/post recovery rooms (3-walled) (16)
- Patient, staff and material support

#### **Operating Assumptions**

Hours of Operation		
Open Days of the Week	Monday -Friday	Saturday-Sunday
Operating Hours	6 AM- 4 PM	TBD

\*\*Actual time to be verified

#### **Volume and Throughput**

Department	2017	2018	2020	Year Target	Anticipate Growth
Endo Procedures	4,710	N/A	N/A	4,875	4

\*\*Assumes 250 days/yr, 9 hr/day, 40 min avg visit, 15 min turn time, 75% room utilization

## **Planning Guidelines**



- The Endoscopy Suite is a dedicated unit focused on performing endoscopic procedures with moderate sedation, fast paced turnaround and minimally invasive nature of procedures. The Endoscopy pre/post area will function independently from the
- ambulatory surgery pre/post.
  The similar processes, resources and support staff needs with ambulatory surgery suggest that these programs can be adjacent and share support and staff resources where possible.
- Front of house and back of house flows are separated.
- Endoscopy rooms are positioned with quick and easy access to pre/post areas. Storage, anesthesia, support and team space are integrated with the procedure room zone.

#### **Operational Guidelines**

#### Patients, Family and Staff

- Patients have one-point of arrival, registration and visible access check-in occurs per floor for all functions.
- Technology enhanced patient registration, check-in and tracking through the facility and the suite.
- Patient/family waiting is contiguous to the endoscopy suite with
- Pre-post area provides private space for patients and ease of ac
- Discharge exit is different from the main entrance to enhance p

#### **Operations and Flow**

- Front of house/Back of house separation promotes privacy
- Pre-post spaces are standardized to create a flexible environme walled and can flex between prep and recovery as needed.
- Flow of patients to and from procedure area in separate corrido
- Ease of access for providers between Endoscopy rooms and pre Decentralized support for both Pre-post area and Endoscopy sui
- equipment and reduces procedure case times with improved pa
  SPD processes all dirty scopes and returns them to dedicated scoplace dirty scopes in the soiled holding room.

#### Facilities

- Staff have supportive space for equipment and supplies
- All Endoscopy rooms are standardized in size. The placement of and supports a broad range of procedures. Fluoroscopy or EUS arm alcove will be provided for potential future use.
- Team workspace accommodates seating for eight shared by enc

#### **Key Adjacencies & Flows**

Related Dept or Function	Adjacency	Con Relati
SPD	Strong Connection	Direct – Se
GI Clinic	Relationship	Indirect – S
ASC	Strong Connection	Direct – Cli

#### **Performance Goals**

- Patient satisfaction
- Operational Throughput Metrics
  - First case start times
  - o Room turnover times
  - Room utilization
- Outcomes Metrics
  - Patient wait times
  - Physician productivity
- Time to next available appointment

#### **Key Functional Units**

	#	Throughput/
Department	Exam Room	Unit
Endo Procedures	4	1,129

\*\* There is substantial remaining capacity based on the above volumes.

	Date: 4	/13/18
		<b>Stacking Location</b>
s to elevators and	amenities. Registration and cli	nic
g allows all team m	nembers and the patient move	10
n front of house ac ccess for family pos rivacy	cess to pre/post recovery areas t procedure	5.
		9
ent to support all p	rocedural needs. Each is three	
or to provide privad	¢γ	8
ite decreases walk	ing to hunt for supplies and	Untergrated
ope storage areas.	Following procedures, endo s	taff
		7
fixtures and equip procedures are no	oment, including lights is flexible of anticipated here, however a (	e C- 6
doscopists, residen	its, anesthesia and others.	0
		5
		Stand
nection or		Alone
ionship Type	Comments	4
ervice	Scopes processed in SPD	
Staff	Refers patients: not day to da	IV
inical	Could share other functions	<u>,                                     </u>
		3
		<u> </u>

# CENTER FOR ADVANCED SURGICAL SERVICES **OP LAB/PAT FUNCTIONAL NARRATIVE**

#### **Services/Department Description**

The Preadmission Testing area of the CASS building will provide a range of pre-procedure services for all patients scheduled for outpatient surgery. Services include history and physical exam, pre procedure counseling, EKG, phlebotomy, patient education, and discharge planning. The department staffing may include Anesthesia, nurse practitioners, physician assistants, nurses and techs.

Outpatient Lab services will be co-located/adjacent to PAT and support this patient population as well as support any patient requiring OP lab services. The close proximity of the OP lab to PAT will assist in reducing patient movement and ensure patients complete all components prior to day of surgery. The overall goal is to bring the care to the patient, therefore in addition to an OP lab location, phlebotomists will be provided in specific areas (i.e., cancer clinic) to facilitate timely blood draws and reduce patient travel.

#### **Operating Assumptions**

Hours of Operation			
Open Days of the Week	Monday -Friday	Saturday-Sunday	
OP Lab Operating Hours	6:30 AM- 6:30 PM	TBD	
PAT Operating Hours	6:30 AM- 5 PM	TBD	

#### **Key Functional Units**

	#
Department	Exam Room
OP Lab	5 draw
	4 exam, 1
PAT	consult

#### **Planning Guidelines**

- OP Lab area should have processing capabilities and a pneumatic tube station within the work area to send specimens directly to the main lab in the hospital
- Ease of access for external courier to OP lab area to drop off blood products or retrieve samples to be processed in other locations.
- Ensure waiting area will support overall patient experience with one time visit and provide close proximity to private consult areas to support education and financial assistance.
- PAT space should be contiguous to OP lab to support phlebotomist workflow as services will be brought to patient, not the patient going to another location for testing or labs.
- Cancer center should have a dedicated draw station and appropriate POC space to support Oncology patient population and provide ease of access to phlebotomist

#### **Operational Guidelines**

#### Patients, Family and Staff

- Patients will check in at a centralized reception/registration area Imaging with the ability to use kiosks or other technology to sign
- Increased assistance with the utilization of My Chart will allow e keeping patients and families informed
- Hours of operation for OP Lab and PAT to support patients that to ensure testing can be completed all in one visit and within the
- Patient to receive lab results before leaving the clinic

#### **Operations and Flow**

- Coordination of PAT visits will be completed prior to patient visi day to reduce multiple visits and provide consistent completion
- Improve labeling and matching order requests based on order in safety of specimen result reporting
- Establish consistent lab label capabilities in all areas of CASS to e
- Phlebotomists to be distributed to key areas to support patients
- Create standard process for irretrievable specimens for all couri communication, as well as an accountable person

#### Facilities

- PAT exam rooms and OP lab drawing stations are sized appropriate mobility devices
- Active waiting areas to provide health education via video, comp
- Identify zones for patients waiting with immunocompromised si
- Prefer to have quick access from parking garage for patients to noticed

#### **Key Adjacencies & Flows**

Related Dept or Function	Adjacency	Connection or Relationship Type	Comments
Imaging	Direct Adjacency	Direct – Clinical	
Perioperative Services	Strong Connection	Direct - Clinical	
Scheduling	Relationship	Direct - Service	
Financial Counseling	Relationship	Direct - Service	

#### **Performance Goals**

- Defined clear steps for processing of lab specimens in the CASS building
- Achieve lab result turnaround within 1 hour
- Initiate utilization of Point of Care testing in specific areas to support patient experience and obtain results quickly for further testing
- Establish new PAT workflows and processes
- All PAT testing completed prior to the day of surgery/procedure

Date: 5/	/03/18
	Stacking Location
a for the floor that will service OP Lab, PAT and nal arrival for appointment case of obtaining appointments and test results come to CASS prior to an appointment or post visi eir availability as patients	it <b>10</b>
it to ensure all services can be provided on the san	me 9
n the system to improve turnaround, quality and ensure standard operating procedures s with mobility challenges iers to follow to ensure consistent and clear	8
iately to support a variety of patient sizes and puter or other literature ituations come directly to OP LAB or PAT or to be visually	7 Integrated
	5

3		
2		
	Stand	
	Alone	
1		

Δ

The CASS will provide a wide range of procedures and surgical services in a sterile environment on an outpatient or ambulatory basis. The Outpatient Surgery department includes an operating suite and related support space. This department manages the related preop and post anesthesia care unit, but a separate functional program covers these requirements. Outpatient Surgery may accommodate a full range of ambulatory and short-stay 23-hour surgical procedures, invasive diagnostics, anesthesia pain intervention, and other procedures requiring general or regional anesthesia services and extended recovery in a regulated environment. The OR suites provide the most advances operating modalities and are designed to support multiple levels of specialty and technology to improve patient outcomes.

Services Provided:

- General Surgery
- Plastics/Hand
- Orthopedics
- Trauma
- OB/GYN
- Urology

#### **Operating Assumptions**

Hours of Operation			
Open Days of the Week	Monday -Friday	Saturday-Sunday	
Scheduled Surgical Services	7 AM- 6 PM	TBD	
Hours of Operating Rooms	7:30 AM to 4:30 pm	TBD	

#### **Volume and Throughput**

	OP % moved	Moved to	
Department	to ASC	ASC	Future ASC
Total ASC Cases	85%	3,826	4,963

## **Planning Guidelines**



## Key Functional Units

Department	# Exam Room	Throughput/ Unit	
Surgery	6 (2 shelled)	827	

#### Contiguous platform for Surgery, GI, SPD and PHR. The OR will consist of 6 ORs with an additional 2 ORs shelled for future growth. All ORs are supported by a clean core and there should be clear back of house access from key supports of SPD and materials management.

- The clean "core" provides storage for sterile supplies and instruments in a secure area, directly accessible from each OR, for efficient, controlled distribution and immediate access for emergencies. The core also includes staging areas for case carts outside the ORs
- A case cart system transports medical instruments and sterile supplies between sterile processing located adjacent to the ORs on the same floor and the operating rooms or procedure suites. Closed case carts are planned for this process
- Separate access for discharge, covered from elements with pick-up and drop off
- Security manned entrance and discharge area to assist and provide level of secure environment for patients

#### **Operational Guidelines**

#### Patients, Family and Staff

- Patients have one point of arrival that is visible and centrally located
- Waiting space supported by enhanced communication of patient status and access to private spaces
- Concierge services at welcoming desk to support real time communication and assist with family needs
- Private consultation rooms to support patient and family education
- Staff and physician supported with spaces easy to access, wayfinding, and attention to ergonomics
- Amenities to support technology and provide variety of methods to enhance wait experience

#### **Operations and Flow**

- On Stage/Off Stage flow in and out of OR to support patient privacy
- All components of PAT completed prior to day of surgery
- Staggered arrival pattern of cases, level schedule to decrease batching and implement "Tea" lock approach
- Add on process communication streamlined
- 23 hour extended stay process to support patients requiring longer recovery
- Standard room turnover process to support on time cases

#### Facilities

- Communication boards in multiple locations to provide updated patient status
- Space for storage of equipment and supplies close to point of use
- ORs right sized to provide flexibility of use, standardization
- Clustering of specialty ORs to provide consistency of flow between cases and equipment support
- Planning for dedicated space for patient beds/carts to support ease and timeliness of patient movement
- Back of house access to move patients that come via ambulance to the building for surgery to maintain patient privacy

## **Key Adjacencies & Flows**

Relate Dept 1or Function	Adjacency	Cor
	rujucency	Relat
Central Sterile Processing	Direct Adjacency	Direct Cl
Pre/Post/PACU	Direct Adjacency	Direct Cl
Satellite Pharmacy	Strong Connection	Direct Cl
Imaging	Relationship	Indirect
PAT/OP	Relationship	Indirect

• Recovery Service, Perioperative Services (PACU) provides prep and recovery services for perioperative procedures, including registration, waiting, admitting and discharge and is located contiguous to the OR suites.

- A case cart system transports medical instruments and sterile supplies between sterile processing located adjacent to the ORs on the same floor and the operating rooms or procedure suites. Closed case carts are planned for this process
- A Satellite pharmacy will be located near the department to support all perioperative services and maintain all medications within the OR suite.
- Patients may have a pre-surgical exam in the Pre-Admission Testing Center (PAT) located on a separate floor but contiguous to the Imaging and Lab departments to create a one-stop experience for patients. This may include lab specimens, EKGs or X-rays, information about the procedure, instructions for the day of surgery, as well as anesthesia consultation and patient education.

#### **Performance Goals**

- Operate as a Center of Excellence for Ambulatory
   Surgery
- Streamlining of Peri-Op Process
- Reduction of redundant information collection
   utilizing EPIC to its capacity
- Pre-Authorization and registrations completed in advance
- Level loading of schedule and case placement to improve overall utilization

## **Stacking Location** 10 q 8 Integrated nnection or 6 Comments ionship Type inical Physicians/Surgeons nical Nursing & Physician/Surgeons inical Anesthesia X-ray use prior to surgery cases Patients for prior evaluation 4 Stand Alone 3 Establish block time standards – improve number of cases that can be performed per day Reduce no show rate to less than 10% Develop Case cart processing and flow that supports efficient functioning OR Room turnover and cleaning process for ORs – reduce turnover time to 15 min Equipment, instrument and supply management

Optimize imaging process to prioritize OR patient population

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# CENTER FOR ADVANCED SURGICAL SERVICES **PRE/POST/PACU FUNCTIONAL NARRATIVE**

#### **Services/Department Description**

The Post Anesthesia and Perioperative Holding Care Unit at CASS provides pre and post-operative care for those patients requiring general, regional or local anesthesia services and extended recovery post procedure. This area is contiguous to the operating suite and is designed to provide patient care in a private environment, space to support families, dietary services, and immediate access to patient toilets. Patients will arrive directly to this area prior to surgery to be prepped for their outpatient surgery.

This area will encompass the following phases:

#### Perioperative

Patient is prepared for surgery, receives any needed pre-op medications and receives education from nursing and anesthesia on the procedure to answer any additional questions

#### Intraoperative

This phase begins when the patient is transferred to the OR. During this time the patient is monitored by the OR nurse, anesthetized, prepped and draped and then the procedure is performed.

#### Postoperative

Patient is brought back to the pre/post/PACU area and recovers in this area. Nursing supports all patient physiological systems. During later stages of recovery, more focus is place on reinforcing essential recovery info to the patient and family/caregiver in preparation for discharge. Post procedure goal is for surgical patients to leave via back of house to the parking garage pickup located on the same floor. In addition, the patients family will be given prescriptions for medication that the patient will need post op that can be filled in the building retail pharmacy.

#### **Operating Assumptions**

Hours of Operation			
Open Days of the Week	Monday -Friday	Saturday-Sunday	
Scheduled Surgical Services	6 AM- 7 PM	6 AM - 2:30 PM	
Exteneded Stay	7 PM to 11 PM		

#### **Volume and Throughput**

	OP % moved	Moved to	
Department	to ASC	ASC	Future ASC
Total ASC Cases	85%	3,826	4,963

## **Planning Guidelines**



#### **Key Functional Units**

Department	# Exam Room	Throughput/ Unit
Pre/Post/PACU	28	177
PACU	12	
Pre/Phase 2	16	

#### All Pre/Post/PACU spaces are 3 walled with doors and standardized to provide privacy and flexibility

- Pre-op/recovery area needs to accommodate extended stay patients up to 24 hours, therefore rooms require privacy and acoustical provisions to support rest, space for families, and amenities similar to inpatient over-night stays needs to be provided
- Location of nursing work area/station is positioned to provide direct observation of the patient to ensure continuity of care and patient safety
- Materials management should have off-stage access to clean supply and equipment rooms supporting the pre/post/PACU area
- Staff lounge and lockers to be shared with surgery staff and should be easily accessible via off stage access and contiguous to both areas
- Locate Pre/Post/PACU area contiguous to OR suite while providing for future expansion of the surgical platform

#### **Operational Guidelines**

#### Patients, Family and Staff

- Patients and families will have clear wayfinding to arrive at the services
- Plan, itinerary and what to expect is communicated to patient and family prior to arrival to know what to expect Calming, private environment in pre/post area and space for families to be at beside Family has ability to track patient status and communication is frequent

#### **Operations and Flow**

- Clear communication of patient arrival to all staff involved in patient care Anesthesia to patient early to ensure medications ordered and can be administered prior to surgery
- On-stage/Off-stage flow for patients and visitors to protect privacy of others
- Provide education and prescriptions for family to obtain from retail pharmacy in building to be ready on discharge of patient from recovery

#### Facilities

- Universal room concept to have patients in any patient room of Pre/Post/PACU area
- Create core area to support decentralization of medications, equipment and supplies
- Consult rooms available in different sizes to accommodate families for post-surgical discussions

#### **Key Adjacencies & Flows**

Related Dept or Function	Adjacency	Connection or Relationship Type	Comments
Operating Rooms	Direct Adjacency	Direct - Clinical	Surgeons
Anesthesia	Direct Adjacency	Direct - Clinical	Anesthesiologists
Registration/Waiting	Strong Connection	Direct - Public	Patients & Families
Pharmacy	Strong Connection	Direct - Clinical	Pharmacist & Pharmacy tech
Lab/Blood Bank	Relationship	Direct - Service	Phlebotomist/blood bank

#### **Direct Adjacencies**

- Primary adjacency of perioperative services is to the operating suite to reduce transport time, maintain efficient operations by controlling pre op patient flow and provide immediate post op care
- Pre-op check-in and waiting area is to be adjacent to recovery to promote ease of access for patients and families, to support clear wayfinding and have access to consultation activities
- Anesthesia workroom and offices to be located adjacent to recovery for monitoring and follow-up on cases post procedure
- Satellite Pharmacy close to recovery to provide quick access for medication not stored within pre/post-op space and for emergency needs

#### **Performance Goals**

- Refine process for Pre-Op testing (PAT) to ensure all patients have completed prior to day of surgery
- Improve scheduling process to decrease variation and reduce cancellations or no-shows
- Physician notification of arrival process
- Patient belonging process to reduce lost personal items

#### **Stacking Location**

correct location to	check in for	procedure or	surgical

10
9
8
Integrated
6
5
4
3
Stand Alone
1

Outpatient rehabilitation therapy in CASS treats patients with functional impairments following injury, surgery, or other medical conditions. Rehab services include occupational and physical therapy as well as speech and language therapy. Therapists and therapy assistants are trained to improve patient ability to function and care for themselves in the most effective way possible.

All Grady patients requiring outpatient rehab therapy may receive treatment in the CASS OP Rehab program, including those referred from primary care, neurosciences, and burn. This department specializes in partnering with the surgical specialties in CASS and the Cancer Center to support holistic care for patients. This includes a focus on upper extremity and hand rehabilitation, lymphedema management and treatment, dysphagia/swallowing disorders as well as many others.

#### Services Offered include

- Balance and coordination skills
- Communication and cognitive training
- Manual therapies
- Mobilization including gait training

#### **Operating Assumptions**

Hours of Operation				
Open Days of the Week Monday -Friday Saturday				
Operating Hours	8 AM- 4:30 PM	TBD		
Evening Hours	TBD	N/A		

#### **Volume and Throughput**

				Year	Anticipated
Department	2017	2018	2020	Target	Growth
Total Therapy	N/A	N/A	N/A	24,000	N/A

\*\* Total therapy includes Physical, Hand, Occupational and Speech Therapy

\*\* Detailed volume breakdown is not available at this time

## **Planning Guidelines**



- Modalities for healing/pain management
- Splinting
- Strengthening/Endurance training
- Training in use of adaptive and mobility equipment

#### **Key Functional Units**

	#	
Department	Exam Room	Comments
Private Therapy, Hand	4	
Private therapy, general	6	
Private Therapy, Neuro/burn	2	
Lymphedema	1	
PT Gym	1	Cardio, weights, open
Hand Therapy gym	1	Stations
Hydrotherapy	1	<b>Multiple stations</b>
OT Therapy / ADL	1	
Speech	2	Rooms

\* Combination of open space area, encouraging engagement with ability to create privacy

- Outpatient rehab is comprised of several specialties, accessible to the open rehab gym space.
- The Large PT Gym area includes cardio, weight training, stair trainers, as well as open area for therapy. Alcoves for sinks, equipment, patient intake and PT workstations viewing the open area are distributed appropriately through the space.
- Surrounding the open area are a series of private therapy rooms or bays. These should be standardized for flexibility of use by hand/upper extremity, general pt, neuro/burn. A dedicated lymphedema therapy room supports cancer patients.
- Hand therapy includes open training with multiple exercise stations. The Splinting area and BTE station are shared between OT and Hand
- Hydrotherapy stations support hand therapy, burn and other specialty needs.
- Occupational therapy includes a dedicated space for activities, ADL training and an enclosed therapy room for focus on burn and stroke.
- Private therapy rooms include, a skinny mat table, US machine, 2 chairs (pt/family), linen

#### **Operational Guidelines**

#### Patients, Family and Staff

- Patients have one-point of arrival, registration and visible access to elevators and amenities. Registration and clinic check-in occurs per floor for all functions.
- Technology enhanced patient registration, check-in and tracking allows all team members and the patient to easily maneuver throughout the building.
- Patient/family waiting is adjacent to the rehab suite with special attention is paid to mobility challenges, ergonomics and privacy. At least 25% - 50% of waiting seats include high-seat options. Seating clusters also allow for wheelchairs to join in furniture arrangements.
- Priority is given to mobility challenged patients, thus the rehab suite should be easily access from parking, drop-off or lobby functions.
- **Patient Education:** Group visits for "Back Class" and "Knee Class" are conducted in conjunction with other clinical staff. These will use the conference center and required private consult rooms in adjacent space.
- Therapy staff support and collaborate with other surgical clinics, particularly orthopedics. Thus, easy staff access to and from the clinics is important.

#### **Operations and Flow**

- Following check-in, patients should be easily directed to the appropriate care zone general PT, hand therapy, OT or Hydrotherapy. Speech therapy may be in a separate location.
- Staff lockers, break room and lounges are in close proximity to work zones, but are a shared resource per floor
- Typically following an initial assessment appointment all future therapy visits are scheduled by dedicated rehab schedulers at the patient's initial visit.

#### Facilities

- The open gym space should have a higher ceiling height to optimize sports and throwing motions.
- Clear sight lines and contiguous open space is important for flexibility of use.

#### **Key Adjacencies & Flows**

Related Dept or Function	Adjacency	Connection or Relationship Type
Lobby/Entry	Strong connection	Direct - Public
Ortho UE/Hand Clinic	Direct Adjacency	Adjacent
ENT Clinic (Speech)	Strong connection	Direct – Clinical

**Ortho Surgery Clinic**, hand therapy is ideally adjacent to the Ortho Surgery clinic module. This is only preferred if both are on the same level.

**ENT and Speech,** both services work in close collaboration and of the patients in CASS, only ENT patients routinely use speech therapy. Speech therapy could be separate from Rehab space and placed near/with ENT/OMFS clinic assuming shared use of check-in functions.

#### **Performance Goals**

- Time to 3<sup>rd</sup> available appointment
- Appointment utilization
- Therapist to patient ratio
- Patient Satisfaction (no formal measurement currently)

# **Stacking Location** 10 9 Integrated 8 Comments Ease of patient access for mobility challenged Stand Ortho hand MD and hand therapy work in Alone conjunction with each other Speech works almost exclusively with ENT

# CENTER FOR ADVANCED SURGICAL SERVICES BUILDING SUPPORT SERVICES FUNCTIONAL NARRATIVE

#### **Services/Department Description**

Collectively, the Building Support Services, represented by Supply Chain Management, Environmental Services, Security, and Facility Management, will support the clinical staff in rendering comprehensive outpatient care within CASS. This will include, but is not necessarily limited to:

- Ambulatory Surgery Center (ASC)
- Outpatient Clinics
- Cancer Center
- Diagnostics Center, including imaging, OP Lab, PAT
- Outpatient Rehab
- Other public amenities

**Supply Chain Management** leads the receiving, storage, supply distribution, linen distribution, loading dock, and mail services for the building.

**Environmental Services** is an outsourced service providing housekeeping and waste management functions to the CASS building.

**Facility Maintenance** provides routine services, repairs and maintenance for the building. Some basic supplies maybe be stocked on site, but most functions and all shops will be assigned from the main Grady facilities department.

**Security** is responsible for the safety and wellbeing of patients, visitors, staff and the assets of CASS. Using a variety of active and passive control and monitoring strategies, they will function in a welcoming manner.

#### **Operating Assumptions**

Hours of Operation			
Open Days of the Week	Monday -Friday	Saturday-Sunday	
Supply Chain Operating Hours	7 AM- 7 PM	7 AM- 2:30 PM	
EVS Operating Hours	7 AM- 7 PM	7 AM- 2:30 PM	
Facility Maintenance Operating Hours	7 AM- 7 PM	7 AM- 2:30 PM	
Security Operating Hours	All Building Hrs	All Building Hrs	

#### **Planning Guidelines**



- Open work and storage areas. High, open ceilings. Separation of clean and soiled rooms and related activities.
- Work areas adjacent to clean or soiled dock, as appropriate. Masonry or CMU wall, with corner protection. Minimum 4'-0" wide single leaf doors.
   6'-0" doors to/from loading dock.
- Sealed concrete floors.

#### **Operational Guidelines**

#### Patients, Family and Staff

- Separate off-stage space and circulation
- Flow of waste and materials at back of house, out of patient, far
- Decreased staff distances to travel when obtaining supplies or re
- Physical area of the dock supports staff working in receiving to p
- Security present at main entrance, parking garage floors and rou multi-faceted approach to ensure safety and appropriate contro welcoming environment.

#### **Operations and Flow**

- Scheduling delivery, collection, cleaning and repairs, during off-
- Multiple JIT delivery/pick-up process are assumed and planned. from the main hospital.
- General med/surg disposable supplies are delivered on 3'x6' car delivered directly to the point of use for SPD in particular.
- A visitor management system will be used along with robust vid staff in support of security officials

#### Facilities

- Comfortable work areas, with adequate heat, A/C and ventilation
- Back of house supply/materials elevator supports distribution preserved as well.
- EVS closets will be positioned to support clinical areas and public

#### **Key Adjacencies & Flows**

Related Dept or Function	Adjacency	Connection or Relationship Type	Comments
ASC and SPD	Strong Connection	Direct – Service	
Clinics	Relationship	Materials	
Pharmacies	Strong Connection	Direct – Service	
Loading Dock	Direct Adjacency	Direct – Service	
Service Elevator	Strong Connection	Materials	
Lobby	Strong connection	Direct – service	Security presence
Parking Garage	Strong connections	Direct – service	Security presence

	Date: 4/1	3/18
		Stacking Location
mily and visitor v emoving waste promote optima utinely through ol while at the sa	views to improve the experience I workflow and functions the building. Security will use a ame time creating an inviting and	<u>10</u>
peak times whe The CASS build	n possible. ing will be served independently	9
ts from Cardina	I Health. Assume that supplies are	8
on	of access. This needs to handle	7
c spaces. See sp	pace program for specific details.	Integrated
		5
nection or onship Type	Comments	
ervice		н <u>Л</u>



The Center for Advanced Surgical Services (CASS) will have three pharmacy locations - an Infusion Pharmacy, a Satellite Pharmacy and a Retail Pharmacy. Each will support CASS outpatients exclusively and independently – without direct support or staffing from main Grady. The new pharmacy locations will use a forward workflow concept for sterile compounding. The sites will use advanced pharmacy automation and technology, such as digital verification and Equashield robot.

**Infusion Pharmacy** 

- Sterile compounding of both hazardous drugs (HDs) and non-hazardous drugs for Grady's outpatient Oncology patients, complying with <USP800> practices.
- Provision of certain medications administered to outpatients within the CASS clinics.
- Storage and provision of certain HDs to the CASS Retail Pharmacy, for dispensing/retail sale to Oncology outpatients.

#### Satellite Pharmacy

- Preparation and dispensing of oral and fluid-based medications for surgical outpatients, to include pre, post and intraoperative medications.
- Restocking of automated dispensing units, used to dispense oral medications and certain other drugs, in various CASS locations.
- Restocking of automated anesthesia medication carts, and management of controlled substances through the Anesthesia cart technology platform.
- Provision of routine medications required by the CASS clinics.
- Automated anesthesia cart implementation, thus eliminating manual assembly of "tackle boxes" or "trays" and long wait times at pharmacy service window.

#### **Operating Assumptions**

Hours of Operation			
Open Days of the Week	Monday -Friday	Saturday-Sunday	
Operating Hours for			
Satellite and Infusion	7 AM- 7 PM	7 AM- 2:30 PM	
Operating Hours for Retail	8 AM to 5 pm		

#### **Volume and Throughput**

				Year	Anticipated
Department	2017	2018	2020	Target	Growth
OP Oncology Clinics	17,603	18,131	20,243	22,267	26%
Oncology Chemotherapy*	7,279	N/A	7,925	8,537	17%
OP Surgical and Endo Pts	8,065	N/A	N/A	9,838	22%
Clinic Visits (non-oncology)	61,318	63,884	74,150	81,565	33%

\* Volume may grow if ratio of infusions per clinic visits remain constant

#### **Planning Guidelines**



The Infusion Pharmacy will be <USP800> compliant and will be the only location in CASS handling hazardous components. A single combined ISO7 Anteroom was the preferred approach rather than separate HD and non-HD anterooms.

The Satellite Pharmacy will be <USP 797> compliant and will perform only non-HD compounding. Sterile IVs will be administered immediately to surgical patients, thus a laminar flow hood is adequate to accomplish necessary tasks. The satellite pharmacy consists only an open work space and working stock inventory (see space program). No office space is required. The Retail Pharmacy will serve CASS patients only (process needs definition). It will consist of waiting space, a drop-off window and several pic-up windows. A counseling room should be adjacent or incorporated into a pick-up window. HDs may be transferred from the infusion pharmacy to the retail pharmacy for dispending (otherwise a vented HD storage cabinet or room will be required. **Overall planning guidelines include:** 

- Forward workflow concept for sterile compounding
- Open work environment with clear lines of sight
- Secure medication storage including investigational drugs in outpatient/clinic environment
- Use of modular pre-fab clean room construction

## **Operational Guidelines**

#### INFUSION PHARMACY

#### **Office, Administration & Staff Facilities**

•	Adequate space and separation from work areas to
	avoid distractions.

<ul> <li>Adequate space and separation from work areas to avoid distractions.</li> <li>Private office for Clinical Pharmacist/Supervisor</li> <li>Staff amenities: nourishment area, lockers and toilet – adjacent to ensure access during lower staffed hours</li> <li>Non-Sterile Work Area</li> <li>Dedicated workstations for pharmacists (4) and pharmacy technicians (4)</li> <li>Secure area for clinical trials drug storage and records</li> <li>Work sink and counter space for extemporaneous compounding</li> <li>Service window for oncology nurses to retrieve medications</li> <li>Receiving, Storage/Inventory Control Area</li> <li>Secure receiving vestibule</li> <li>Adequate ambient and refrigerated storage</li> <li>Separate negative pressure HD storage room, 12 ACH</li> <li>Sterile Compounding Area, Anteroom 1</li> <li>Positive pressure ISO 7 preparation area for both HDs and non-HDs.</li> <li>Door or pass-through from storage/inventory control</li> <li>Pass-through to both Non-HD and HD sterile compounding rooms</li> <li>SS worktables, PCs, label printers</li> <li>Change/PPE vestibule from pharmacy non-sterile work area</li> <li>Line of sight from non-sterile work area, and line of sight to both sterile compounding rooms</li> <li>Sterile Compounding Area - Negative Pressure HD Room <sup>1</sup></li> <li>Negative pressure ISO 7 buffer area for HDs, 30 ACH</li> <li>HEPA filtered, low air returns, direct facility exhaust</li> </ul>		Sterile Compoundin Room <sup>1</sup> Positive pressure HEPA filtered, re Pass-through fro Door and pass-th Pass-thru to chea HEPA filtered, re hood Note: <sup>1</sup> Prefabricated Advanced pharmacy Full deployment in all CASS patier Automated digit: Robotic compount technology SATELLITE PHARMAC Office, Administrati S Private office for Staff lockers Pharmacy will us including shared Work Area Dedicated work si pharmacy techni Secure storage for automated safess Work area for Py n <sup>1</sup> Small work sink Secure receiving Ambient and refi	<ul> <li>Room <sup>1</sup></li> <li>Positive pressure ISO 7 buffer area for non-HDs</li> <li>HEPA filtered, recirculating low air returns</li> <li>Pass-through from non-HD storage</li> <li>Door and pass-through from anteroom</li> <li>Pass-thru to check/dispensing area</li> <li>HEPA filtered, recirculating horizontal flow laminar flow hood</li> <li>Note: <sup>1</sup> Prefabricated, modular construction preferred</li> <li>Advanced pharmacy automation and technology</li> <li>Full deployment of Automated Dispensing Units (ADUs) in all CASS patient care venues</li> <li>Automated digital verification for sterile compounding</li> <li>Robotic compounding, i.e. Equashield robot, or similar technology</li> <li>SATELLITE PHARMACY</li> <li>Office, Administration &amp; Staff Facilities</li> <li>Private office for Clinical Pharmacist/Supervisor</li> <li>Staff lockers</li> <li>Pharmacy will use adjacent surgical staff amenities including shared breakroom and toilets</li> <li>Work Area</li> <li>Dedicated work stations for pharmacists (2) and pharmacy technicians (2)</li> <li>Secure storage for controlled substances, using automated safes, Pyxis C2 safe, or similar</li> <li>Work area for Pyxis anesthesia cart /restocking</li> <li>Small work sink</li> <li>Service window for staff to retrieve medications</li> <li>Receiving, Storage/Inventory Control Area</li> </ul>		
<ul> <li>Door and pass-through from anteroom</li> <li>Pass-thru to check/dispensing area</li> </ul>		Ambient and refined     of operation	<ul> <li>Ambient and refrigerated storage adequate for 2 days of operation</li> </ul>		
<ul> <li>Direct exhaust, Class II, Type cabinets</li> </ul>	<ul> <li>Direct exhaust, Class II, Type B2 biological safety</li> <li>PC workstation</li> </ul>			4	
Key Adjacencies &	Flows				
Related Dept or Functions	Adjacency	Connection or Relationship Type	Comments	2	
SATELLITE PHARMACY				3	
ASC and Endoscopy	Strong Connection	Direct – Service Assumes on same level			
Clinics	Relationship	Indirect - Material	All stocking		
Retail Pharmacy	Relationship	Indirect - Material Shared resources			
Dock/Materials	Relationship	Indirect - Material		2	
INFUSION PHARMACY					
Infusion Center	Direct Adjacency	Direct patient, staff	Integrated within Infusion		
Satellite Pharmacy	Relationship	Materials			
Dock/Materials	ock/Materials Relationship Indirect - Material			1	
				Stand Alone	

#### **Stacking Location**

# CENTER FOR ADVANCED SURGICAL SERVICES **SPD FUNCTIONAL NARRATIVE**

#### Services/Department Description

The Sterile Processing Department (SPD)) will employ the latest equipment technology and lean processes, including a 3-zone, forward-flow design, employing automated instrument washer-decontaminators, and pass-thru steam sterilizers.

SPD will adhere to the highest standards of care through practice, uniform training and staff certification and the use of advanced technology for reprocessing an sterilization

SPD should be the single point of responsibility for decontamination, high-level disinfection, sterilization and infection control for CASS. The department design, reprocessing equipment and work flows will be consistent with contemporary infection control protocols and will support the department's role as the focal point of the surgical supply chain within CASS.

Along with Grady's Supply Chain Management department, the CASS SPD will coordinate the supply and instrument requirements for the ambulatory surgical suite, and procedure rooms, using a Kan Ban restocking methodology and a modified case cart/cart transfer system. SPD's range of services will include:

- Decontamination and sterilization of critical medical devices, including surgical instruments, and procedural trays.
- Decontamination and high-level disinfection of all flexible scopes used throughout CASS. This reflects a best practice scenario, consistent with Gray Health's Hospital practices, and provisions in the upcoming 2018 FGI for health facility construction and renovations.
- Storage and distribution of surgical supplies that are maintained within SPD to support the ambulatory surgical suite and procedure rooms.
- Assembly of multi-procedure room carts, case carts, and procedure carts/set-ups.
- Monitoring and quality assurance testing of all sterilization equipment used throughout CASS.

#### **Operating Assumptions**

Hours of Operation			
Open Days of the Week	Monday -Friday	Saturday	
Operating Hours	6 AM- 7 PM	6 AM - 2:30 PM	

#### **Volume and Throughput**

Department	2017	2018	2020	Year Target	Anticipated Growth
OP Surgical and Endo Pts	8,065	N/A	N/A	9 <i>,</i> 838	22%
Clinic Visits (non-oncology)	61,318	63,884	74,150	81,565	33%

## **Planning Guidelines**



Soiled Return

#### Scope processing services will be provided by the SPD department for Endoscopy and should have an area (scope processing suite) dedicated to this process

- Plan for growth of OR platform to 8 future surgery suites and a potential increase in volume of instrumentation as well as extended
- Design should support flow from clinics performing procedures to SPD via back of house for drop-off and pick-up of instruments
- · Sterile stores needs to be designed to support all instrumentation and surgical/procedural soft goods for the building
- Allow for adequate storage and access for vendor materials and exchange process

#### **Operational Guidelines**

#### Patients, Family and Staff

- Movement of instruments travel through controlled areas, not
- Staff areas directly access both clean and soiled sides of departr offices
- Staff provided locker space, break room, scrub changing area and

#### **Operations and Flow**

- · Reduced movement --travel times due to proximity to areas SPD
- Reduced missing items all supplies located in SPD
- Direct tie between SPD and surgery area
- Cohesive and proper SPD process flow. Steps physically accomm Continuous flow of materials through the spaces in one direction
- Design supports supervisor role in monitoring of operations & w
- Both clean & soiled sides of SPD arranged entry from or to the a non-surgery departments
- Dirty scopes will be transported to SPD via totes via service eleva
- SPD staff process all reprocessed materials including single instr
- Case cart process to support delivery and case start times
- General clinic trays will be held for pick-up by the specific clinic

#### Facilities

- ٠ Consolidated SPD functions to one location – no sub-sterile with
- SPD will reprocess all scopes for CASS including those coming from
- SPD will have the capability to store most (80%+) of the surgical used in the Ambulatory Surgical Suite. Select instruments and s individual operating and/or procedure rooms.
- Proper housekeeping support for both clean and soiled sides of
- Vendor access to process instruments, consignment items & im
- · Access to materials management to receive supplies to distribut

## **Key Adjacencies & Flows**

Related Dept or Function	Adjacency	
ASC	Strong Connection	Dire
Endo Lab	Strong Connection	Dire
Clinics	Relationship	Indi
OR Staff Lockers/Lounge	Strong Connection	Indi
Dock/Materials	Relationship	Indi
Inventory/ Materials	Relationship	Info

#### **Performance Goals**

- Opportunity to test process of case cart assembly in existing • location
- Identify opportunities to improve workstation setup and er
- Understand anticipated volumes and develop staffing patte .
- Standardize current work practices for future area
- Understand and improve staffing schedule based on new pl ٠
- Obtain 100% accurately labeled trays ٠

hours of operation

	S	tacking Location		
mixed with public space ment to have ease of ac	e cess to lockers, toilets, and			
nd education space		10		
) supports				
nodated by sequentially n vhile maintaining husing	arranged facilities/equipment.	9		
areas to accommodate f	flows from/to both surgery and	0		
ator directly adjacent to ument quick sterilizatio	<b>O</b> Integrated			
once processed		-		
nin OR platform om Endoscopy I instruments, instrumen supplies will be stored ir SPD plants te & augment instrume	nt sets and the routine supplies In the clean core and within the ntation	<u>6</u> 5		
Connection or	Comments			
Relationship Type	commento			
ect – Service	Assumes on same level	4		
ect – Service	Assumes on same level	Stand		
rect - Material		Alone		
rect - Staff		Alone		
rect - Material 3				
rmation				
		2		
g space to create stand	ard work practice for future			
gonomics ern to support the new	gonomics ern to support the new volume 1			
rocesses and efficient C	<u>+</u>			



# STAND ALONE OPTION

## CENTER FOR ADVANCED SURGICAL SERVICES **STAND ALONE OPTION**



Decreas to single

The Stand-Alone stacking option creates a side-by-side positioning of the CASS building and the parking garage. This creates a smaller footprint for the CASS building, requiring 10 floors of occupied program space.

To maintain ideal adjacencies, this version creates pairs of two floors to align required functions vertically. Key features and assumptions include: • Floors G and 1: The Ground and 1<sup>st</sup> Floors function as primary lobby and amenity space, including diagnostics, public functions and support services feature prominently

• Floors 2 and 3: The 2<sup>nd</sup> and 3<sup>rd</sup> floors support the Ambulatory Surgery Center. To maintain proper flow and adjacencies, this scenario assumes that the ASC is split into suites each with four ORs and associated Pre/Recovery spaces. One is envisioned to be Orthopedic focused and the other quick/turn Eye/ENT/Other. This option could explore either a single reception/waiting zone to ensure simple wayfinding. From that point a patient /family would be escorted to PreOp on either the 2<sup>nd</sup> or 3<sup>rd</sup> floor. Alternately, staff support – offices and locker rooms, could be on one floor with internal connecting stairs.

• Floors 4 and 5: These floors support functions related to GI/Endoscopy and to Orthopedics/Rehab. Because the Ortho clinic has in-suite imaging, it is less important for

• Floors 6 and 7: These levels are for an interstitial mechanical / air handler floor supplying the building both up and down from this point. The 7<sup>th</sup> floor combines ENT/OMFS and Ophthalmology to create an Eye and Ear center of excellence.

• Floors 8 and 9: The cancer center is split between these levels, colocating the clinic with women's imaging and infusion with infusion pharmacy and other space.

Stand-Alone Pros	Stand-Alone Cons
	Small Floorplates creates
Meets CASS Program	inefficiencies
Potential access from each	Duplicates and divides
garage level	services
May enhance security by	
having separate building	Complicates wayfinding
Potential to outsources the	
development of the garage	Prevents key adjacencies
	Could complicate EHR
Decreases cost of garage due	integration with many
to single building use	touchpoints

• Floor 10: This level includes a mechanical penthouse and the possibility of developing a rooftop café/outdoor space.

# CENTER FOR ADVANCED SURGICAL SERVICES

Ground floor


CENTER FOR ADVANCED SURGICAL SERVICES
STAND ALONE OPTION





STAFF / SERVICE / PATIENT TRANSPORT ELEVATORS







CENTER FOR ADVANCED SURGICAL SERVICES **STAND ALONE OPTION** 



7 SURGICAL PNT DISCHARGE 8 REHAB PNT ACCESS / DISCHARGE MEP SUPPORT

SUPPORT SERVICES SHELL SPACE

 $\boxtimes$ PUBLIC ELEVATORS STAFF / SERVICE / PATIENT TRANSPORT ELEVATORS

CENTER FOR ADVANCED SURGICAL SERVICES
STAND ALONE OPTION







# INTEGRATED OPTION

CENTER FOR ADVANCED SURGICAL SERVICES **INTEGRATED OPTION** 



The integrated stacking option positions the main functional floors of CASS on top of the parking garage. This allows for a large footprint and promotes optimal adjacencies, improves wayfinding and consolidates services more appropriately.

Features of this stacking arrangement include:

- Floor G: This level creates a small, public lobby space to receive those arriving via bus or walking from other locations. Support services, including the dock remain in place. A separate garage elevator brings all visitors to the main 6<sup>th</sup> Floor Sky Lobby.
- Floor 6 (Sky Lobby): This level is the primary CASS public space and includes most CASS clinics. Ideally, the clinics are as contiguous as possible. The standard clinics (GI clinic and Gen Surgery Clinic) are positioned next to specialty clinics, giving those an opportunity to expand in the future if needed.
- Floor 7: This level supports all Ambulatory Surgery Functions, including SPD and the satellite pharmacy. It is positioned between clinic floors to allow quick access by staff and physicians.
- Floor 8: This level is the Orthopedic and Rehab center of Excellence. Both imaging and Rehab functions support many patients but are highly orthopedic specific.
- Floor 9: This level creates a single, unified cancer center suite. It supports infusion, clinic, diagnostics and infusion pharmacy functions. • Level 10: This level is primarily mechanical space, but also could support
- a rooftop café if desired

Meets C

Minimiz Improve Decreas and dup Decreas Allows

Integrated Pros	Integrated Cons
	Large Floorplates increases
Meets CASS Program	horizontal distances
	Registration could become
Created Centers of Excellence	crowded
	Increases cost of garage due to
Minimizes patient wayfinding	structural requirements
Improves patient experience	
Decreases supply distribution	
and duplication	
Decreases staff duplication	
Allows for future expansion	
"down"	

Ground floor



PUBLIC ELEVATORS

STAFF / SERVICE / PATIENT TRANSPORT ELEVATORS













6 PUBLIC ACCESS

7 SURGICAL PNT DISCHARGE

8 REHAB PNT ACCESS / DISCHARGE

SUPPORT SERVICES

SHELL SPACE

MEP SUPPORT

 $\boxtimes$ 

PUBLIC ELEVATORS

STAFF / SERVICE / PATIENT

TRANSPORT ELEVATORS



CENTER FOR ADVANCED SURGICAL SERVICES GUIDING PRINCIPLES

#### **Patient Experience**

- Create a consistent service deliver that exceeds expectations
- Offer a **one-stop shop experience**, bringing services to the patient
- Simplify touchpoints along the patient and family journey
- Deliver a high-tech and high-touch communication anticipating individual needs



#### **One Grady**

- Present ourselves as a "One Grady" team
- Welcome patients and providers to innovative care
- Create **a gateway** and new specialty ambulatory "front door"
- Collaborate on, align and develop best ambulatory practices

### **Center of Excellence**

- Create Center of Excellence models in strategic outpatient service lines
- Foster **collaboration** to work as a multi-disciplinary team
- Become nationally recognized for quality as an attending led outpatient care provider
- Establish reliable processes and protocols for care



#### **Access to Ambulatory Care**

- Enhance **care coordination** to deliver value for patients
- Retain and **increase patient and payer** categories
- Develop easy to understand and simple wayfinding
- Co-locate services to minimize travel distances



### Sustainability and Flexibility

- Ensure **flexibily and adaptability** for daily use
- Standardize spaces and processes to ensure flexibility
- Design infrastructure that supports future growth
- Establish an environment that promotes wellness mind, body, soul

Grady *nbb* 



#### **Organizational Chart: Perioperative Services**

