

EXHIBIT 5

SUMMARY OF FACILITY DEFICIENCIES OF EXISTING PGHC FACILITY, BY DEPARTMENT

Emergency Department (ED)

- Overall, the ED needs more space – the area is designated as a suite and portions of the corridors are used to house ED exam beds. The use of hall beds does not lend itself to providing the patient needed privacy and ability to speak with the medical team confidentially regarding his/her condition.
- Although part of the Behavioral Health Department, the ED includes an emergency behavioral area that holds and evaluates those patients, sometimes for overnight observation. The area has 5 beds, plus consultation rooms, a waiting area, and a nursing station etc. The unit needs to be able to provide direct visual and audio observation, when appropriate, of the patients receiving care in this unit. The unit needs to be structurally homicide and suicide safe. This area needs more support space and rooms / beds consistent with the ED's daily behavioral health patient volumes.
- The ED needs more trauma and regular resuscitation rooms / resuscitation rooms need to have only one or two beds / required to overflow into this area often due to trauma volume. The resuscitation room is an open bay of four beds.
- The ED needs more room to triage ambulance patients in a more private setting than the hallway, as previously noted, which is the most adequate space available due to the current design.
- The ED needs a room for advance triage / treat at triage and quick look. Triage needs to be closer to the ED than where it is currently located.
- The ED needs an appropriate area for decontaminate Haz-Mat patients.
- The helicopter Pad and OR need to be closer and more accessible.
- The CT, Sonogram and MRI should be closer or in the ED.
- There needs to be a lab in the ED – ED currently utilizes a tube system -- if it is down, the staff must go down to 1st floor which is extremely inconvenient.
- There is no ED space for nursing documentation, physician documentation or work areas. This area needs additional space.
- The ED needs more supply storage space. There is only one ED supply closet.
- There is limited space in the ED area for equipment. EKGs, COWS, sonogram machines -- all have to stay in the hallways of the ED cluttering the area. While the ED does not have many extra beds and stretchers, there is no storage space for storing the extras which means that the beds frequently go missing to other departments.
- The ED needs additional waiting areas; it currently uses a separate area for Fast Track.
- There is a need for a separate Pediatric ED area in conjunction with Pediatric inpatient.

- The ED needs a Greeting / Quick Look area and stations. The ED needs a better, more secure greeting space.
- There is no practical storage space for dietary carts. Special delivery trays are often left on top of the nurse station counters. There is no collection area for dirty trays; a pick-up / drop off location is needed.
- The ED needs a Dietary preparation / kitchen area.
- The Haz Mat area is not large enough.
- The ED needs a larger ambulance off-loading area to accommodate more EMS vehicles and address patient needs.
- There is not an easily accessible way to get to the ED from and to the main hospital. Also, there is only one entrance after 8:00 PM.

Medical/Surgical Units

- Units were originally designed for a census of over 40 with one central nursing station, one clean utility room, one dirty utility room and one medication room.
- Majority of patient rooms contain a bathroom but not a shower. There are showers and tub rooms located centrally in the unit.
- Most units have only six private rooms that contain a shower. Many times these private rooms are occupied with patients who require isolation.
- Majority of patient rooms are semi private which is not ideal for designated support person can stay with the patient in the room 24 hours a day. A semi private room is not large enough to accommodate additional furniture to ensure the designated support persons can be reasonably comfortable.
- Location of visitor and patient elevators is not in the line of sight from the nursing station.
- There is not enough storage space for COWs, infusion pumps, medication carts causing the hallways to be cluttered.
- A patient room is utilized as a staff break room .
- Current space provides an insufficient space for staff lockers and they are too small.
- Need a conference room with audio/visual equipment to facilitate staff meetings, family meetings and/or to facilitate patient/family education.

CCU/ICU

- The means of entrance and exit are not optimal. Staff must go down several flights of stairs, an elevator, travel along a long corridor to exit out of the ED, or further to exit out of the main lobby are currently the only options.

- The ICU location is too far from the ED and most test areas. Staff must travel up an inclined slope to reach the ICU. This is very difficult when pushing heavy beds and equipment.
- Staff and patients must travel out of doors to transport to the MRI. This causes exposure to varying extreme temperatures in both the winter and summer months.
- ICU bed storage space is insufficient. Extra beds are left out in the hallway or transported to the old Gladys Spellman building for storage.
- Segmented PODs make staffing difficult and fragmented.
- The staff break room is too small.
- Staff lockers are too small and there is not an adequate amount of space.
- The soiled utility room is not large enough.
- The conference room space is shared with copier and learning materials for staff and is not conducive to meeting or learning.
- There is no storage or collection area for dietary trays.
- The storage areas for supplies are not adequate.
- There is not adequate space in the patients' room to accommodate visitors. Patient rooms and waiting room cannot accommodate overnight visitors
- The family conference room is small and outdated.
- There are no devices to assist with patient lifting. Placement of Hoyer lifts in every patient room is not optimal.
- Placement of sinks is not optimal. Sinks should be closer to room exit. More sinks should be outside of patient rooms.
- Patient rooms do not provide a private area for ambulatory patients to go to the bathroom.
- Charting area outside of patient rooms is very small and is shared between rooms.
- Optimal patient placement in the room would allow for patients to view out of the window. They currently face in towards the unit.

Behavioral Health Services (BHS)

- The present shower space is too small to assist and monitor patients – need to increase shower space.
- There are no private rooms for patients with special needs.
- The nursing station area is not adequate.

- The medication room area is not adequate.
- Overall, the BHS unit lacks storage space.
- BHS needs a centralized ability to monitor temperature of the environment.
- Need key code access to all doors.
- Fire exits are not accessible from all areas of the unit.

ED Psychiatric Assessment and Stabilization Center (ASC)

- The ASC rooms are small and dark.
- The ASC unit lacks storage space.
- The nursing station is small and lacks privacy for shift / physician reporting.
- Needs cabinets for mobile computers to dispense medications.
- There is no medication room – location of medication dispenser on top of cabinet results in a lack of privacy.
- Thermostat covers easily opened/unsecured – Need centralized ability to monitor temperature of the environment.
- Need key pad access to treatment areas/utility areas.
- There is no elevator near ASC for patients transfer to inpatient unit – have to walk significant distance to elevator.
- There is no storage space for equipment.
- There is no soiled utility room. Staff has to use soiled utility in adjacent ED.
- There is no storage area for clean linen and food.

Mother/Baby Unit

- Unit has one central nursing station, one clean utility room, one dirty utility room and one medication room.
- Majority of patient rooms contain a bathroom but not a shower. There are showers and tub rooms located centrally in the unit.
- Has an insufficient number of private rooms. Many times private rooms are occupied with patients who require isolation.
- There is not enough storage space for COWs, infusion pumps, medication carts.

NICU

- Due to the limited space in the current NICU, staff currently cannot foster the family centered care environment we would like to provide for the parents of our neonates.

Examples of areas where the existing physical space provides a hindrance to the NICU staff are as follows:

- Inadequate spacing between infant bedspots is not ideal for infection control and safety issues.
- Limited physical space is a barrier to provide parental privacy for parent-infant bonding.
- Lack of physical space is a barrier to providing in depth parent education.
- Lack of appropriate space for equipment storage causes cluttering of unit, and possible safety issues.
- Due to the location of supply rooms, hoarding of supplies at the bedside is a common practice, thus causing a potential wasting of supplies, and/or contamination of supplies.
- The soiled utility room is inadequately sized for the amount of equipment that generally needs to be cleaned in an intensive care environment.

Pediatrics

- There is a lack of appropriate space for equipment storage that causes patient rooms to sometimes be closed and used for this purpose.
- A lack of appropriate physical space limits the capability for parents to room in comfortably with their sick child.
- The lack of physical space is a hindrance to patient confidentiality and parental privacy when discussing medical condition of their child.
- Pediatrics lacks a pneumatic tube system, so there is a delay in getting lab results, as specimens have to be physically delivered to laboratory.

Dialysis

- Dialysis unit: the hand washing sinks are inadequate.
- Need more space between the beds for patient privacy and to allow staff to care for the patient
- Dialysis machine storage area does not have space for the cleaning and disinfection of the machines.
- Need storage space for supplies and equipment
- Need dedicated medication room area
- Need bathroom for patients

Laboratory

- The hospital building does not permit the installation of a modern pneumatic tube system throughout the hospital, leading to delays in laboratory testing and high expense for

nursing delivery of all lab specimens. The current tube system is point-to-point only connecting the ED and Laboratory -- the tube system is very old and down frequently.

- The old building has numerous support walls and discrete rooms prohibiting an open, efficient layout for the laboratory space; it does not allow for expansion of our Roche total automation line.
- The Laboratory would require major renovation to remove all very old fume hoods and linear countertops that are over 40 years old. Also refrigeration space is inadequate and separated from main laboratory. A modular open laboratory space would improve efficiency.
- Laboratory/Blood Bank needs to be located closer to Main Operating Room and Emergency Department.

Infection Control

- NICU: at present, the NICU has only 70 square feet per patient.
- CCU: there is no negative pressure room.
- Emergency Department: a larger ED is needed to address infectious patients. Ideally, the ED would have at least 6 negative pressure rooms with ante-rooms. At present there are only two negative pressure rooms with no ante-room.
- Maternal and Child Health: facility needs at least two negative pressure rooms with ante-room in this area.
- Dialysis unit: the hand washing sinks are inadequate. Need more space between the beds. Dialysis machine storage area does not have sufficient space.
- Central Sterile Processing: Department needs additional space between clean and dirty area
- Unit Storage areas: Department needs additional space for equipment and supplies storage.
- Sink location: sinks are not conveniently located at the entrance of the room. At present sinks are located inside patient's bath room.
- Store room: the supplies are put on the floor because of space issue.

Materials Management

- There is limited space for storage of supplies and linen on clinical units resulting in remote stocking, hoarding, expiration of supplies, duplicate orders / trips by supply clerks and nurses for supplies and linens.
- There are space constraints on the nursing units for equipment and EMR devices causing hallway blockage, inaccessibility to equipment for patient care and safety hazards.
- There is limited space for vendor access kiosks at security check points.

- There is inconsistent wireless access and no hard docking access for supply ordering in clinical areas.
- Department needs additional storage space for supplies.
- There is no ability to further deploy point of use technology for supply charge capture and reordering – the spaces allocated will not allow for closed cabinetry on the units.
- The OR storage is inadequate for implants, consignment trays and high dollar items and lack systematic controls resulting in potential loss to the organization.
- The receiving dock area is inadequate for the number and frequencies of deliveries requiring trucks to wait excessive times to dock and unload. Require plates for many trucks and/ or lift gates. Staff does not have space for a fork lift or double stacking of pallets due to the height of the ceilings and limited space.
- Deliveries in the hospital are not optimal, comingling with the public spaces and taking time from patient care elevators.
- Emergency supplies are housed in old operating rooms that lack temp and humidity control.
- Unable to store back up linen in the warehouse for injection into the linen system timely and rely upon the vendors to ship directly to the laundry causing delays in patient care.
- The warehouse flooring is cracked and requires exceptional maintenance to support safety.
- The gas cylinder rooms are small and require multiple trips / orders to support the organization to maintain safety. Require at least two more rooms off the receiving dock.
- The ED supply area is grossly inadequate and cannot hold enough supply for the area in 24 hours requiring multiple trips / supply orders and linen runs to accommodate the patient volumes.
- The Pharmacy storage space is inadequate and requires cardboard and other materials to be transported routinely from the hallway site to the receiving dock.

Main Operating Room

- The location of the service elevators are not large enough and often require passage to public spaces requiring multiple turns, corners, and small passageways often bumping the stretcher to the wall or the archway. Easy access between the OR and the nursing floors is needed so it can be utilized without the patient being seen by the visitors in public areas on the way to the surgery suite.
- There is a problem with storing large equipment. Surgical tables, OSI tables, and accessories, positioning devices, C-arms, microscopes, CUSA, and Video tower carts are stored on the hallway. This equipment is stored wherever a space is available.
- The current door design of the surgery suite is not big enough to accommodate large ICU beds without bumping to the walls/doors causing damage.

- Each OR room does not have a built in cabinet to store most commonly used items. Storage often is by way of a movable cart that takes additional space which is also time consuming to clean.
- The OR does not have a pre-anesthesia holding area where patients are taken prior to their procedures. This is a problem since there is no additional space to redesign the current suite, the patient stays either in PACU or Short Stay area which is not the best workflow. The OR needs a six bay pre-anesthesia holding area.
- The main OR requires an area where lead aprons are readily available to staff for all rooms. It is optimal to have this area close to each of the OR rooms so staff can readily protect themselves from radiation when required but yet should be easy to replace and store the apron where it should be rather than dragging the heavy apron to the next available rack.
- Being a trauma hospital, the surgery suite does not have enough on-call rooms where on-call staff can stay off hours. Anesthesia, RN, Techs, and SAs should have a dedicated call-room. There are times during disaster situations when staff needs to stay on board. This is not available in the current design.
- The male and female locker room has been outgrown and requires additional lockers. The staff lounge should be in the vicinity of the locker rooms but yet away from the Main OR rooms. The current design of the OR lounge is too close to the OR rooms and when food is involved, it attracts pests. The lounge should not share the same hallway to eliminate this problem.
- There is no central area from steam sterilization and chemical sterilization within the surgical suite. In the current design, steam sterilization is in the OR Core, while the Steris chemical sterilization is away from the OR often passing to hallways before reaching the OR. These areas need to be combined.
- The Central Core needs to be bigger. In the current design, there are not enough storage shelves for sterile items including sets. There should be a central area for sterile sets and built in shelves for all other sterile supplies.
- There is a need for a hybrid room that can be used for Cath or Surgery. This should be adjacent to the Heart Room. Current design does not have this room and proximity.
- In the current design, there is not enough office space for admin support.
- There is no receiving area for OR supplies and an area where the administrative work of ordering/receiving supplies. There is no Clinical Specialist/Educator office with classroom, the Surginet Information System Coordinator Office, and Specialty Coordinator offices for Ortho, Cardiac, General, GYN, Vascular, and Misc. There is no office for a Quality STS data reporting coordinator which is required of the program.
- In the current design, there is not enough room to hold meetings for the anesthesia and OR department. There is a need to have a conference room with capability to expand or make it small depending on the amount of participants involved.

- In the current design, the waiting room is too far for personalized interaction with patient's relatives/loved ones. The surgeons and nurses should be able to walk to the waiting room to update family members.
- The central main OR desk is not located in close proximity to the entrances and should be glass enclosed to minimize noise as well as to maintain privacy.
- There is no surgeon's lounge where the surgeons can wait for their next case.
- The scheduling is not in close proximity to the main OR desk and cannot be easily accessed by physicians.

OR Anesthesia

- The anesthesia workroom is not close to the OR suite. The current design puts the anesthesia workroom close by but requires more storage space for supplies. Additional storage space is needed for supplies, carts, and omnicell.
- The Anesthesia department should have a utility room where dirty instruments/equipment can be processed. Current design does not allow this and sometimes cleaning is done further away.
- Steris Machine room is required for anesthesia intubation equipment. This is currently not available.
- The department needs to have a larger storage space for the supplies needed for surgery. Currently, the room is cramped.
- Anesthesia does not have an office space for medical staff.

OR Perfusion Area

- The Perfusion area requires additional storage space for supplies.

Catheterization Lab

- The Cath Lab, and the two small Cath Labs, lack storage space. The carts fill the available wall areas for stents and other supplies. The two Cath Labs should have one central sterile core capable of storing needed supplies centrally and additional overflow storage for other items with an Omnicell that can be accessed by all Labs. Currently, the additional storage is located off site due to lack of storage.
- The scrub sink in the current design is located outside the Cath Lab area in a common hallway. Need to have the scrub sink located in the Cath Lab away from the common public hallway. The two cath labs must also be enlarged to accommodate additional equipment.
- The current design does not include one EP room and one hybrid room. Current design only is for the two Cath Labs and when EPs are performed, it makes one Cath Lab unavailable for Cath procedures.
- There is a need for a hybrid room that is capable of performing catheterization as well as be able to perform surgical procedures when warranted without delay.

- The current design does not include a communication system. Cath needs to have a communication system capable of reaching both cath labs, the front desk, and other areas frequented by staff.
- The current space does not have a documentation room and viewing room.
- There needs to be a central location for lead apron and other protective equipment. Currently, the lead apron rack is on the hallway and blocks access to omnicell and is a safety issue.
- The medical director office is not in the vicinity of the Cath Lab. The nursing director, ADMs, and nurse practitioner administrative offices should also be centrally located within the Cath Lab. Currently, the Director is located on the fourth floor, while the ADMs and NPs are situated outside the area.
- The staff female and male locker rooms with bath rooms are not available. The staff uses the same bath room as the patients. Locker Rooms are shared by both male and female staff members. This will also be used by physicians to change into approved scrub suits.
- The visitor area is not located within the Cath Lab/Transcare. Currently, the visitors are located in the pavilion which is too far when a physician needs to communicate or update patient's relatives.
- The Cath lab is not close to the CCU or have a direct elevator serving the CCU area. The CCU is on the 4th floor and elevator is away thorough a public hallway.

Transcare

- Transcare has 8 open bays. Transcare is not glass enclosed for privacy and needs at least 12 bays capable of taking isolation patients.
- The Nurse's station is not in the middle of the room so that allows a 360 degree view and. The current design is an open bay with not enough space and an open bay with nurses unable to see all the patients from the nurse's station.
- Transcare should have a radial lounge capable of accommodating 4-6 patients at a time. Currently, only 2 patients can be accommodated.
- There is a small supply area for Transcare. Transcare should have a larger room able to store additional supplies and equipment.
- The dirty utility room should be situated away from the patient care area. Currently, due to space shortages, the dirty utility room is facing some patient's beds. The area should be separated where a clean and dirty utility room is utilized.

Cardiology

- Currently, the department has 4 small bays inter mixed with the corner where TEEs are cleaned, sterilized and hang to dry. Cardiology needs at least 5 large bays and one additional bay for stress testing enclosed in glass for privacy.

- Cardiology needs to have a clean and dirty area where TEEs are reprocessed for cleaning and an area where the TEEs are stored safely. There should be appropriate access to ensure that the traffic pattern is observed and we do not mix dirty and clean equipment/instruments.
- The Cardiology Department is not in close proximity with the Cath Lab or together with the Cardiac Services, and in close proximity with the Emergency Department, Transcare, Cardiac Cath Lab and Surgical Services. In the current design, the department is on the 4th floor away from other Cardiac service areas.
- Currently, the department design includes no locker/bathroom.
- There is a small workspace for the administrative staff.
- There is a small physician reading area that is located with the staff workspace. Cardiology needs a separate reading room for physicians that contains 4 computers to read ECHOs and EKGs
- There is no space for staff to perform the billing privately. This is intermixed with all other areas. The department should have a private billing area where records can be kept.
- There is no supply/equipment room for this department. The supplies and equipment are parked in available space, making the area cramped.

Short Stay Center (SSC)

- Currently in the SSC, although the patients have private rooms, it is not big enough to maneuver a bed/stretcher. The patient rooms must be adequate to maneuver a bed/stretcher and at the same time have space for equipment as needed.
- This department requires a bigger storage space for supplies and clean equipment.
- The SSC should have clean and dirty utility areas. Currently, it has a dirty utility area. Blankets and bed sheets are housed in a movable cart that is parked out at an empty wall space.
- The department does not have a male/female locker room with bathroom. The staff uses the patient bathroom when needed. In the future, the department needs to have a male/female locker room that can be shared with PACU and a larger lounge to accommodate both departments.
- Currently the SSC does not have a private room where physicians can talk to a patient's relative privately.
- Laboratory and Radiology are not located close by, but should be accessed directly since most patients require going to those areas back and forth.
- There is no additional area where stretchers may be parked when not in used. Currently, the stretcher gets park where space is available which is not ideal since it may block access to emergency routes.

- There is no office space for an NP / PA where they can work on the patient. There is also no space for administrative offices in the department. The SSC needs to have an NP / PA office and administrative space for ADMs.

PACU

- Currently in the PACU, there is an open bay of 14. The PACU needs glass enclosed bays for patient privacy.
- Currently, there is only a dirty utility area. It is not large enough to accommodate the generated volume of soiled items.
- There is a need for a bigger storage area for supplies and a separate area for portable equipment such as transport monitor, wheelchairs, and other ortho assistive devices.
- There is no locker room for male/female staff member. There is also no private bathroom for staff. They are shared with the patients.
- The administrative office is not centrally located in proximity of the department so staff can be supervised.
- PACU does not have a dictation room for physicians where they can complete their orders and dictate their procedures quietly.
- The PACU does not have a med room. Presently, the omnicell is located close to the nurse's desk that is seen by visitors. The med room should be locked and away from visitors.
- The nurses station is not located in the middle of the area to allow 360 degree viewing of all patients.
- There is no meeting room/conference room that can be utilized by the department for inservices and special events. In the currently, there is no meeting room for this area so meetings are held on the hallway.

Special Procedures

- Special Procedures is an outpatient area that is located away from the OR. Need to have Special Procedures in close proximity with the OR and PACU, so the recovery of patients is centrally managed in PACU.
- There is no large clean/dirty utility room capable of accommodating the generated materials.
- There is no changing room and lockers for outpatients having procedures done.
- There is no consultation room available for incoming outpatients.
- There is a need for storage space for supplies. Currently, supplies are stored where space is available. Storage space should be in the core easily accessible to all the Endo rooms.
- There is no physician dictation/work room for physicians to complete their records.

Respiratory Services

- The department is not located proximal to the Critical Care Unit (it is in the basement).
- There is not adequate storage in the critical care units – ICU, CCU, NICU and ED for respiratory equipment and supplies to eliminate non-value added process steps.
- There is not adequate storage on the remaining inpatient floors for respiratory supplies to eliminate non-value process steps.
- There is no pneumatic tube system between the pharmacy and the patient care floors to facilitate the delivery of patient medication to avoid delays in patient care when doses are missing from the OmniCell.
- There is no clear delineation between dirty utility and clean storage.
- The clean utility area in respiratory department needs adequate shelving for supplies.
- Therapist work area needs additional electrical outlets for use by mobile computers used for EMR.
- Therapist work area needs adequate counter space for computers and printers.
- Ventilator storage area needs adequate electrical outlets to maintain battery charge.
- There is no room available that can be used for shift report, meetings and continuing education.
- The area needs office space for supervisors.

Central Sterile Processing

- The current design of the area does not have the capability to issue small items without someone coming in the CSP area. There should be a window or a quick access that staff can use to issue items.
- CSP does not enough storage shelves for equipment that is routinely issued out such as IV pumps, SCD machines, etc. There is not enough area to store HEPA filters, Isolation carts, Code Carts, and other items such as portable commode.
- CSP needs an expanded dirty receiving area to process dirty instruments and equipment. There should be at least 2 large ultrasonic machines to pre clean all the sets and enough space to park dirty case carts awaiting processing.
- There is only one cart washer that can handle one cart at a time. When the cart washer breaks down, the staff has to manually wash the carts before they can be used.
- There is not enough storage space for case carts. Often times, the case carts are stored in the middle of the hallway. Although current design is located in the same floor as the OR, future design needs to have direct access to dirty case carts coming from the OR.

- The CSP requires a quality work area where additional testing equipment is needed to check and verify instruments and lumened equipment such as flexible scope, suction and the like.
- Testing logs and biological incubators for all equipment needs to be located centrally. The current design because of space does not allow this.
- Administrative support offices are missing in the current design. There is no receiving area for CSP and oftentimes, supplies are lined up the hallway until they can be put away. The CSP supervisors need an administrative office. The CSP manager must be close to the working area of the CSP for supervision.
- CSP needs three (3) large volume sterilizers.

Imaging Services (IS)

- The Cat scan area is far too small, and unable to move patients around and area delivers little if no privacy for patients.
- The thresholds in the department are too small for some beds to easily pass through.
- The electrical supply in the department seems insufficient for advanced technology and emergencies.
- The bathrooms are more than fifty years old and the toilets often clog.
- There is insufficient space area and dictation issues for radiologists.
- IS needs additional storage supply closets.
- IS needs an expanded dressing area for patients – to ensure a more private area.
- Nuclear Medicine is located on a different floor away from the rest of the department and support staff.
- Ultrasound rooms are small and have temperature issues.
- There is no current space for MRI services inside the building.

Pharmacy

- The Pharmacy is currently in a space that was not originally designed to be a Pharmacy. The fixtures and shelving have been retrofitted into a space that is inadequate for the amount of medications, supplies, equipment and workspaces that are necessary to optimally function in the space.
- The layout and design do not support efficient workflow.
- The space challenges have led to medication storage problems. Several locations outside of the Pharmacy are necessary to store Pharmacy equipment.
- The transporting of medications is hampered by the lack of a pneumatic tube system.

- Efficiencies in the medication packaging and distribution are hampered since there is no space to install a medication carousel in the current location.
- Planning is underway for an outpatient Pharmacy. There is no optimal space on the main level the hospital to accommodate a Pharmacy that would be accessible to patients.
- The Pharmacy's clean room where IV medication is prepared is small and does not support the increased volumes due to increasing demands as a result of drug shortages.
- The current Pharmacy department does not have the room to expand to train Pharmacy students and post-graduate pharmacy residents because there is no designated work space for these practitioners.
- There is no space within the Pharmacy for a conference area for meetings, training and staff development activities.
- The medication rooms on the patient care units do not have adequate space to accommodate an efficient workflow for the "state of the art" medication transport carts.
- Deliveries from vendors / suppliers to the Pharmacy cannot be stored on the floor in the containers that they arrived in. They must be immediately unpacked since space will not allow storage in the Pharmacy.
- Sinks are not deep enough. Design and depth of sinks needs to be considered.
- Refrigerator space in the Pharmacy is inadequate because there is no space to accommodate an additional refrigerator.
- There is no space inside of the Pharmacy to accommodate the pharmacy leadership team and clinical staff. Office spaces are outside of the Pharmacy which is not optimal for teamwork and support of front line staff.

Plant Operations (Engineering/Maintenance) and Facility

- The fire alarm panel is in need of upgrade.
- The Ambulatory Care Facility (ACF) heat pumps need to be replaced. The ACF building requires 200 tons of output for cooling, and requires redundancy for piping risers.
- The ACF air handling units (AHU) require replacement.
- Two obsolete chillers in boiler plant require replacement.
- Need to replace 40 year old boiler deareator.
- HVAC distribution is via an inadequate 3-pipe system. Updating to a 4-pipe system would represent significant cost and disruption to the hospital.
- Lighting improvements are needed based on current lighting practices.
- Many building windows need replacing and roofs are nearing end of useful life.

- The buildings are only partially sprinklered.

Clinical Engineering (CE)

- The clinical engineering shop is located in the garage basement, too far from customers.
- CE needs a cleaning area for equipment with sink and negative pressure, currently have a sink for everything, including food prep.
- CE needs a service area for X-Ray equipment, lift system, hoist.
- The basement has very poor cell phone coverage.
- CE does not have enough storage space for old equipment.
- CE needs independent HVAC.

Environmental Services (EVS)

- There are no bed/furniture holding areas.
- Trash closets are too small to hold the trashes generated from the floor until the trash tech pick up. Since there is no trash chute, the trash will be piled up prior to pick up time. This requires pick up of the trash from the closets every two hours. A solid waste trash chute is required – it is essential and safe for the environment. Trash chutes eliminate transporting trash from unit to unit through the hallway and also eliminates transporting trashes through the elevator and patients/visitors does not have to see or pass near trash cart.
- The patient care equipment is currently in the unit hallways and there is no room for storage. This causes the cleaning effort to be difficult and hinders movement forward or backward.
- The Environmental Service closets are small and do not accommodate the cleaning carts/equipment. In order to maintain standards, employees should have larger closets, where all necessary supplies, carts, and equipment would be kept right on the unit and easily available and accessible to staff.

Security

- The overall space that is occupied by the Security Department in general is not adequate for its operational needs. The one area that has limited space and has a large amount of activity is the front foyer -- as you enter the front door of the department. This area is used for various customer services such as patient valuables pick up, vendors signing in and mostly hospital identification processing, badging, etc. This area needs to be larger to accommodate those staff, vendors and visitors who come to the security office.
- The badging office that the administration officer occupies needs to be larger to accommodate the files necessary to keep up with employee hires and the accompanying files.

- Our 24/7/365 control center is too accessible by staff and needs to be more secure. Schedules and other information can be located outside this office. Our safes for valuables are located in this room.
- The roll call room and lockers for the security officers as well as equipment needs to be enlarged and better organized.
- Need a security closet or locker in or near the ED for security equipment.

Kitchen/Cafeteria

- One of the biggest issues in the Kitchen is the flooring – it has been patched and painted for years, but cannot be removed and replaced due to cost and timing for replacement.
- The freezer is in the dry storage area.
- Need Storage area for delivery Carts and other Equipment.
- Service Elevators to patient Floors need to be better located near Dietary Department.

Parking

- The current Garage was built in 1976 -- it needs substantial repairs. The parking structure, 220,000 square feet, is in dire need of repairs. Post tension repairs and sealing of all six levels.
- Currently there is an attendant operated parking booth -- fee parking -- coin operated time cards, according to space, would be optimal versus an attendant operated parking booth.
- Do not have sufficient parking for ED patients and families that will allow them to easily enter the ER.

Helipads

Upper Pad

- Code 10 (helicopter arrival with patient) response requires one security officer to respond. Their primary function is to have the elevator waiting to transport the trauma team to the roof pad on the designated elevators, and return to the Trauma / ER. There are two designated elevators for Code 10 roof responses. These elevators have been known to malfunction a couple of times a year.

Lower Pad

- The lower pad poses a safety concern for vehicle and pedestrian traffic.
- Security has to be mobilized to control vehicle traffic each way on Mercy Drive and the intersection connecting Mercy Drive and the hospital's front entrance road and the public bus service road when the lower helipad is in use.
- Pedestrian traffic exiting and entering the ER main entrance must also be controlled by security. This requires 4-5 security officers to perform this task safely.

- With a limited number of security officers on each shift a ground landing decreases the security manpower inside the hospital and limited the security service to the hospital staff and patients.

Corporate Education

- The facility lacks adequate training rooms for all classes and seminars. It needs four spacious rooms that can accommodate a minimum of 25 participants with chairs and tables.
- All classrooms are in need of facilities for washing, i.e, sink and disposal unit. AHA training occurs in these classrooms.
- The facility lacks storage for training materials. Several storage facilities in the office and near the classroom spaces are needed.
- Education currently has no lab space for computer training – the facility needs five computer labs (25 participants per room).
- Dimensions currently does not have place for Simulation Technology. 1-2 jointed rooms are need for Simulation training.
- Bathrooms are not available for staff in Education area.
- Education staff is spread out at two different locations – the facility needs at least 15 individual office spaces for staff and contractual faculty.
- There is no room for reception area and office. A generous size reception area is needed for registration process.

Management Information Systems

- There is a lack of space for IT technicians, especially for network and desktop areas.
- There is poor air circulation in communication closets thereby reducing equipment life.
- The facility needs wide door entry areas for equipment to be moved in-and-out of.
- There is a lack of training rooms and staging areas.
- There is a lack of meeting rooms for the IT teams.
- There are Inconsistent room temperatures, power resources, etc.
- There is a lack of office space for IT managers.
- There is a lack storage space for record retention purposes.
- IT has space and infrastructure needs in several areas including computer operations including data center and related space.
- There is a need for “closet” (small room) locations throughout the hospital to house communications equipments.

IT Current Environment Issues

- Insufficient management offices.
- Cramped work space for analysts.
- No meeting rooms.

IT Technical Support

- Staff space and lack of contiguous space is an issue.
- Lack of equipment receiving, storage and staging (set-up) is very limited.

IT Infrastructure

- Communications closets are not all located properly and have cooling issues.

The existing facility is comprised of seven components from different eras. The majority of the building, including most of the inpatient units, was constructed in the period from 1951 to 1968. An ambulatory care facility and an intensive services pavillion were built in 1976 and 1995, respectively. A diagram showing the existing building and the years when the different components were constructed follows:

