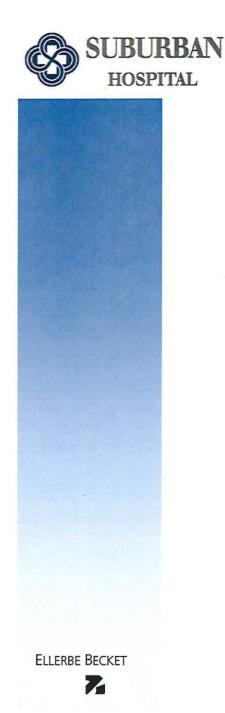




Long Term Facility Planning

Discovery Phase Report

May, 2005



Long Term Facilities Plan Overview

Discovery Phase:

- Discovery
- Data Collection



Plans Development/Create Options Phase:

- Data Analysis
- Plan Development
- Plan Evaluation and Selection

Action Plan Phase:

Implementation Analysis



Discovery Workshops

- Planning and Marketing Committee (Board)
- Hospital Administration/Steering
 Committee
- Department Managers and Staff
- Physicians Groups
- Engineering Consultants
- Volunteers and Donors
- Over 100 survey forms from staff
 &physicians plus meetings to clarify
 responses



Users' input - What should be maintained:

- Physician Access and Services
- Manageable Size of Facility
- Location (NIH/Bethesda)
- ICU Patient Room Design
- Radiology / E.D. Adjacency
- Conference Center / Auditorium
- Lobby / Image
- New Food Service Area



Users' Input - What should be changed:

- Diagnostic Space (Size and Quality)
- Number of Inpatient Beds / Private Rooms
- O.R.'s (Size and Quality)
- Parking
- E.D. (Trauma / Acute / Obs / Psych)
- Medical Office Building
- Physician / Hospital-based NIH Office
 Space
- Update Aging Infrastructure
- Ability to Accommodate Flexibility

Discovery Phase Task 1: Discovery Workshops





Drivers of Long Term Facility Plan

May, 2005 Page 6

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Space Planning Benchmarks:

- Department sizes at Suburban Hospital were compared to recently completed projects at comparable hospitals.
- These benchmarks accommodate current codes and industry standards.
- Benchmarks will be applied to the projected workloads to create space projections for the Long Term Facility Plan.



Current Space Deficiency Summary

Suburban Hospital's entire building should be expanded by one third (about 130,000 BGSF) to handle <u>current</u> workload per benchmarks. Sample Space Deficiencies:

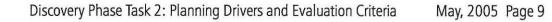
- Emergency Department: 110% (even after the current expansion project)
- Surgery Department: 60%
- Inpatient Units: 50%
- Interventional Radiology: 75% (primarily support and recovery space)



Workload Volumes (Demand Study):

- Current and Projected workload volumes have been received from the Katz Consulting Group
- Demand study provides the basis for the space projections.

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Growth Programs:

The following growth programs were discussed at the 2004 Board Retreat:

- Cardiovascular
- Neurosurgery
- Orthopedics
- Other selected surgical specialties

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Process to prioritize issues:

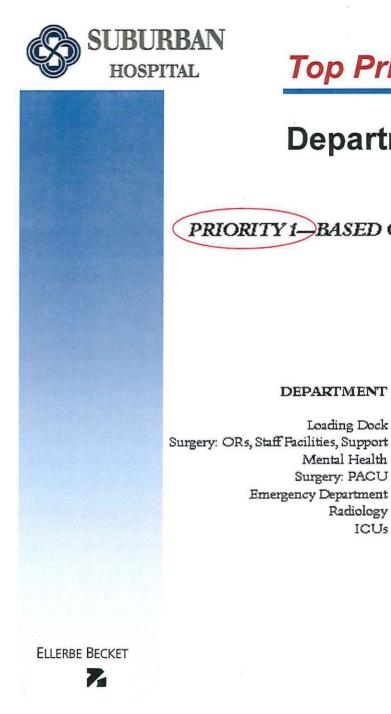
All the input mentioned earlier, along with the strategic priorities, were joined with Ellerbe Becket's professional judgment. This professional judgment was the basis for the ratings presented on the following pages. "Priority 1" elements are the highest priority.

Priorities are established in 3 categories:

- Departments / Service Areas
- Building wide
- Engineering Systems

Discovery Phase Task 4: Surveys and User Group Meetings May,





Top Priorities:

Loading Dock

Mental Health

Surgery: PACU

Radiology

ICUs

Emergency Department

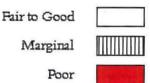
Departments / Service Areas

PRIORITY 1-BASED ON ARCHITECTURAL/ENGINEERING CONSIDERATIONS



Yes Yes Yes ?

EVALUATION SCALE:



Discovery Phase Task 5: Identify Top Priorities

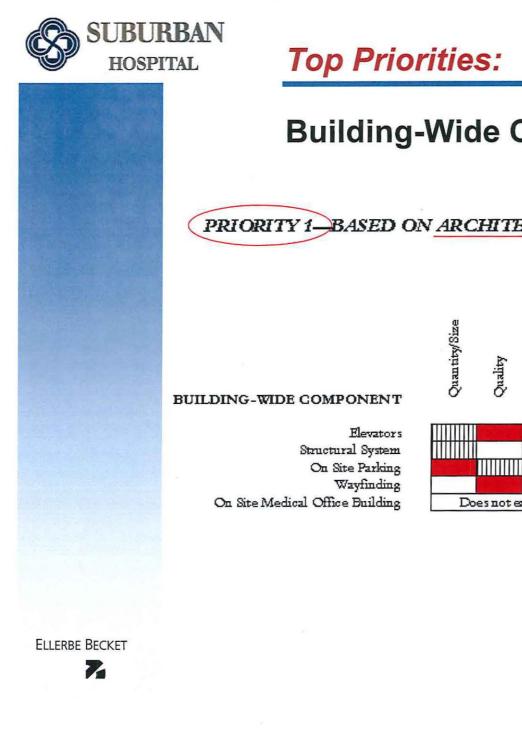


Implications of Top Priorities:

Departments / Service Areas

- Surgery and Radiology should be in new construction for an appropriate structural grid
- ICUs should be in new construction to improve functionality of units
- Emergency Department will require additional space
- Loading Dock will require significant site
 work and some new construction



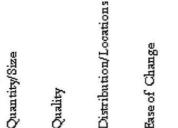


Building-Wide Components

PRIORITY 1-BASED ON ARCHITE CTURAL/ENGINEERING CONSIDERATIONS

Requires New Constr

Discovery Phase Task 5: Identify Top Priorities



	Yes
	Yes
	Yes
Doesnotesist	Yes

EVALUATION SCALE:

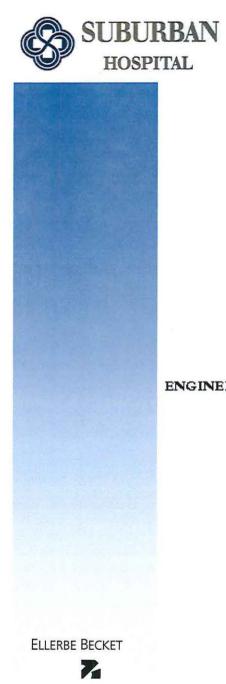
Fair to Good Marginal Poor



Implications of Top Priorities:

Building-Wide Components

- 200 additional parking spaces are required for current volumes.
- A new medical office building could increase the parking requirement an additional 500 spaces (dependent on size of MOB.)
- Wayfinding, elevators and general image will require significant construction without ability to generate revenue.



Top Priorities:

Engineering Systems

PRIORITY 1-DETERMINED BY ENGINEERING STAFF



ENGINEERING COMPONENT

Sanitary Chilled Water Air Handling Primary Power

	Yes

EVALUATION SCALE:

Fair to Good

Marginal

Poor

Discovery Phase Task 5: Identify Top Priorities

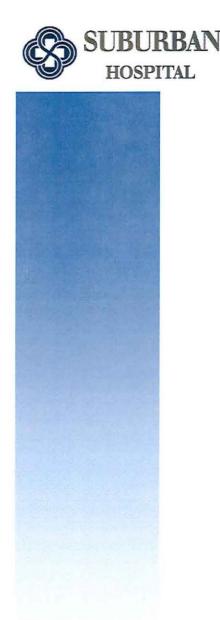


Implications of Top Priorities:

Engineering Systems:

- The new plant meets the capacity needs, however, the distribution systems are lacking.
- Many problems are typical of buildings this age. Correcting infrastructure issues will significantly disrupt operations.
- Codes continue to change and become more demanding. This requires flexibility.
- Expect rate of increase of maintenance costs to grow as building continues to age.





New Construction versus Renovation

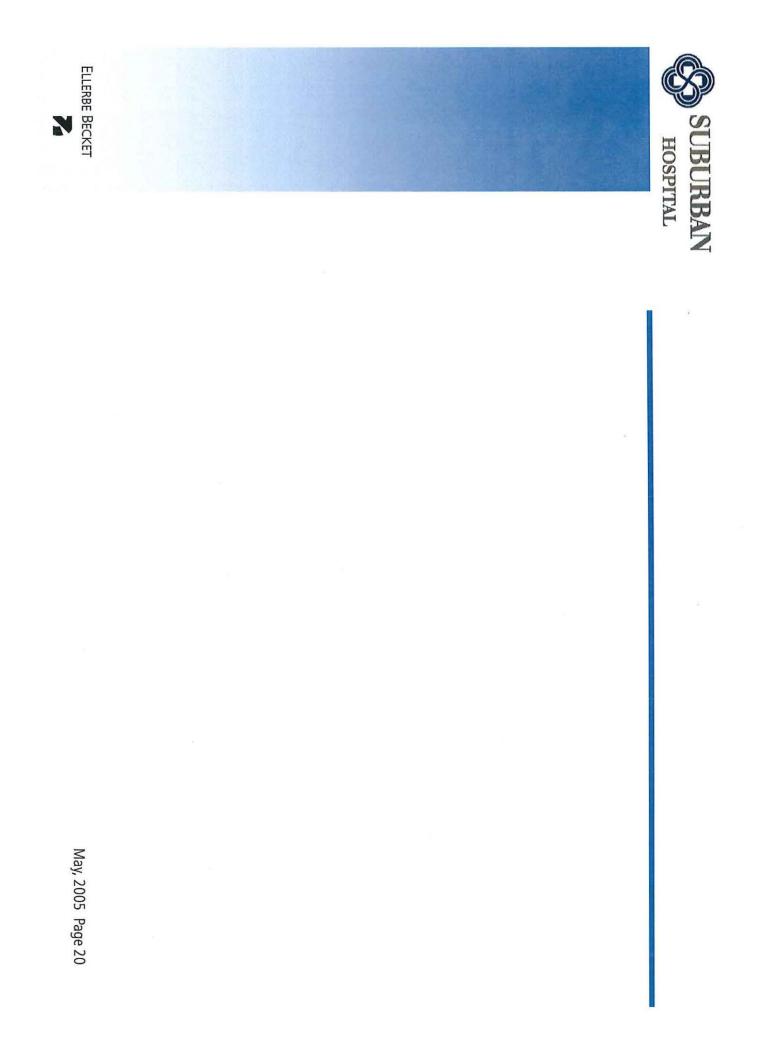
New construction is required for the following reasons:

- The existing structural grid will not support technology-intensive spaces.
- Diagnostic and Treatment spaces require large, square footprints that are not available in the existing building's geometry.
- Modern, efficient inpatient units need larger footprints than are available



NEXT STEPS:

- Project department sizes based on workload projections from the Katz Consulting Group.
- Create planning options for expansion
- Identify cost and phasing implications





Zoning and Neighborhood Considerations:

Meetings have been held with Rogers Consulting and with County officials to clarify the opportunities that are available to Suburban Hospital. Work is ongoing.

Suburban Hospital has submitted a letter to Montgomery County formally requesting a change in the review process.

acilities May, 2005 Page 22

Discovery Phase Task 3: Collect Data and Tour Existing Facilities

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Existing Conditions of Site

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