



Long Term Facility Planning

Discovery Phase Report

May, 2005



ELLERBE BECKETT



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**



Drivers of Long Term Facility Plan

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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 current 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.**

Growth Programs:

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

- **Cardiovascular**
- **Neurosurgery**
- **Orthopedics**
- **Other selected surgical specialties**

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**

Top Priorities:

Departments / Service Areas

PRIORITY 1—BASED ON ARCHITECTURAL/ENGINEERING CONSIDERATIONS

DEPARTMENT	EVALUATION SCALE:						
	Size	Layout	Location	Aesthetic Qualities	Mech/Elec Qualities	Ease of Change	Requires New Constr
Loading Dock							Yes
Surgery: ORs, Staff Facilities, Support							Yes
Mental Health							
Surgery: PACU							
Emergency Department							
Radiology							Yes
ICUs							?

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**

Top Priorities:

Building-Wide Components

PRIORITY 1—BASED ON ARCHITECTURAL/ENGINEERING CONSIDERATIONS

BUILDING-WIDE COMPONENT						
	Quantity/Size	Quality	Distribution/Locations	Ease of Change	Requires New Constr	
Elevators	Marginal	Poor	Poor	Poor	Yes	
Structural System	Marginal	Fair to Good	Poor	Poor	Yes	
On Site Parking	Poor	Marginal	Marginal	Poor	Yes	
Wayfinding	Fair to Good	Poor	Fair to Good	Marginal		
On Site Medical Office Building	Does not exist				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	EVALUATION SCALE:						
	Capacity	Quality	Main Distribution System	Branch Distribution System	Redundancy	Ease of Change	Requires New Constr
Sanitary	Marginal	Marginal	Poor	Fair to Good	Fair to Good	Poor	
Chilled Water	Fair to Good	Fair to Good	Marginal	Poor	Fair to Good	Marginal	
Air Handling	Fair to Good	Marginal	Fair to Good	Marginal	Fair to Good	Poor	Yes
Primary Power	Fair to Good	Fair to Good	Poor	Fair to Good	Fair to Good	Marginal	

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.



Existing Conditions of Site

