

# **PROGRAM OF REQUIREMENTS Yakutat Community Health Center Yakutat, Alaska**

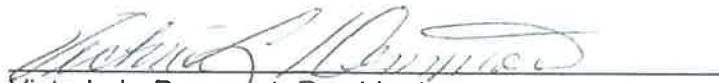
**May 2017  
Project Number 428**



**ALASKA AREA NATIVE HEALTH SERVICE  
INDIAN HEALTH SERVICE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**PROGRAM OF REQUIREMENTS**  
**Yakutat Community Health Center**  
**Yakutat, Alaska**  
**May 2017**

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5-13-2017  
Date

  
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**PROGRAM OF REQUIREMENTS  
Yakutat Community Health Center  
Yakutat, Alaska  
May 2017**

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**List of Abbreviations**

AAH	Academy of Architecture for Healthcare	FBES	Facilities Budget Estimating System
AIA	American Institute of Architects	FEDS	Facilities Engineering Deficiency System
AI/AN	American Indian & Alaska Native	FM	Facility Management
AK	Alaska	ft.	Feet
AKDOL	Alaska Department of Labor	ft <sup>2</sup>	Square Feet
AS	Additional Services	FTE	Full Time Equivalent
ASC	Accounting Standards Codification	FY	fiscal year
BGSF	Building Gross Square Feet	GASB	Government Accounting Standards Board
BIA	Bureau of Indian Affairs	HSP	Health Systems Planning
CE	Clinical Engineering	HVSR	Housing Verification Survey Report
CEO	Chief Executive Officer	LCCA	Life Cycle Costs Analysis
CHA	Community Health Aide	HS	Indian Health Services
CHA/P	Community Health Aide/Practitioner	in	Inches
CHR	Community Health Representative	JC	Joint Commission
CHS	Contract Health Services	JVCP	Joint Venture Construction Program
CI	Condition Index	LEED	Leadership in Environmental and Energy Design
		LLP	Limited Liability Partnership



DES	Division of Engineering Services	M&I	Maintenance and
DGSF	Department Gross Square Feet		Improvement
EHR	Electronic Health Record	mi	Miles
EMS	Emergency Medical Services	mi <sup>2</sup>	Square Miles
EPA	Environmental Protection Agency	NEPA	National Environmental Policy Act
ES	Engineering Services	NOIA	Notice of Incomplete Application
°F	Degrees Fahrenheit	NTP	Notice to Proceed
FASB	Federal Accounting Standards Board	OMB	Office of Management and Budget
FAQ	Frequently Asked Question	OPV	Outpatient Visits
PD	Project Director	PCPV	Primary Care Provider Visit
PCFA	Programs, Services, Functions and Activities	SF	Square Feet
PCP	Primary Care Provider	SSER	Site Selection and Evaluation Report
PCPV	Primary Care Provider Visits	SU	Service Unit
PJD	Program Justification Document	US	United States
POC	Point of Contact	USDA	US Department of Agriculture
POR	Program of Requirements		
PSA	Primary Service Area		
RPI	Real Property Inventory		
RRM	Resource Requirements Methodology		
RRMNA	Resource Requirements Methodology Needs Assessment		
SA	Service Area		
SACF	Small Ambulatory Care Facility		
SEFA	Schedule of Expenditures of Federal Awards		



**PROGRAM OF REQUIREMENTS**  
**Yakutat Community Health Center**  
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**I. INTRODUCTION**

The Alaska Area Indian Health Service, in partnership with the Yakutat Tlingit Tribe of Yakutat Alaska, conducted a comprehensive strategic plan to define a regional and integrated health care system network. The area-wide Master Plan addressed the short and long-term health care requirements and related primary care and specialty service needs throughout the Yakutat Service Area. The master planning process began in 2004 and was formally "accepted" by Tribal Leaders on March 2006. The plan was developed from a population-based planning approach that clearly delineates the services and resources necessary to meet the health needs of the tribe(s).

This Program of Requirements (POR) supports the Program Justification Document (PJD) for a new health care facility at Yakutat, Alaska dated May 17<sup>th</sup> 2017. This POR provides the design notes, concepts of operation, discipline space summaries for all the departments in the proposed facility, along with the related supplemental design criteria and performance requirements. The 2014b version of the IHS Health Systems Planning (HSP) software was used in determining space planning requirements for the year. In cooperation with IHS and tribally approved Small Ambulatory Care Facility criteria, authorizing a Large Health Station and supportable derivatives.

The proposed new Yakutat Community Health Center will consist of approximately 10,900 square foot building. It will be a modern, technologically advanced facility with enough space and staff to provide an expanded level of health care services specifically designed to meet the health care needs of the American Indians & Alaskan Natives in the Yakutat Service Unit. This will improve access to medical care as well as improve the collaboration and partnership between the Yakutat Tlingit Tribe and the Indian Health Service. The new facility will provide an expanded outpatient department as reflected in the Concept of Operation of a Small Ambulatory Health Clinic under the Large Health Station Criteria.

The new health center will serve a projected 510 IHS beneficiaries living in Yakutat city and the surrounding borough. Yakutat is the only city in the borough and no other communities will be served. It will be located on 2.6-acre site in Yakutat as shown on **Map 1 TAB A**.

The Concept of Operation for the Yakutat Community Health Center Facility is based upon an integrated health care delivery network.

The total estimated project cost is \$9,600,000



**Table 1: Existing and New Services**

***Existing Service	New Service	Service Area
Primary Care		PSA
Visiting Professionals		PSA
Dental		PSA
Optometry		PSA
Behavioral Health		PSA
	Social Services	PSA
	Alcohol & Substance Abuse	PSA
	Tele Medicine	PSA
	Pharmacy	PSA
Tribal Health Administration		PSA
	Information Management	PSA
Health Information Management		PSA
PRC		PSA
	Clinical Engineering	PSA
	Facility Management	PSA
	Housekeeping	PSA
	Property & Supply	PSA
Community Health Aides		PSA
	Public Health Nutrition/Wellness	PSA
	Driver	PSA
	TDY Staff Quarters	PSA
	Patient Holding	PSA
	Morgue	PSA
	Public Health Nursing	
	Emergency Medical Services	PSA



**II.**

**PROJECT INFORMATION**

**A. Site:**

The new facility will be located on approximately 2.6-acre parcel in U.S.S. 5 6 3 0 near the main intersection of the Yakutat Airport Road and Forest Highway No. 10. It is approximately one block away from the existing clinic and the Senior Center.

The site has access to public utilities and an option to utilize future waste heat from the Yakutat Power by the city and borough of Yakutat.

**B. Project Schedule:**

The YCHC intends to use the Construction Manager-Contractor at Risk methodology to build the JVCP facility. The Contractor will be procured through a Request for Proposal process and will be evaluated for best value and maximum guaranteed price. Therefore, no bid duration is included in the proposed schedule as it will occur during the design phase.

Design	6 months
Bidding	NA
<u>Construction</u>	<u>18 months</u>
Total	24 months

**C. Cost:** The following is the estimated cost for the proposed facility is based on the above schedule and the IHS FBE Software.

Design	\$761,119
Construction	\$6,974,507
<u>Equipment</u>	<u>\$1,864,375</u>
<b>TOTAL</b>	<b>\$9,600,000</b>

**III. DESIGN STAFFING & WORKLOAD SUMMARY**

The staff requirements are based on the application of the Small Ambulatory Care Facility (SACF) Criteria and the associated derivatives due to the remoteness and the tribal status for a total of 17 authorized. An additional 3.5 FTEs are authorized and approved deviations by the Office of





Environmental Health and Engineering on February 1<sup>st</sup>, 2017. **Table 2** below shows design staff which is 100% of the SACF requirement to size the facility adequately for future growth. The actual number of employees funded will be different-usually 85% of the Additional required column. **Table 3** shows the current Workload Summary (FY 2016) and the projected workload for year 2025.

**Table 2: Summary of Approved Staffing**

Small Ambulatory Care - Large Health Station: Facility Line Item	Staff Position	IHS Funded		
		SACF-LHS + HSP Approved Derivatives	SACF* IHS	
			Approved Deviations	Total Approved
Ambulatory Physician	Primary Care Provider (Midlevel)	1		1
Ambulatory Physician	Registered Nurse, Core Activities	1		1
Ambulatory Physician	Clerical Support	1		1
Dental	Dentist	1		1
Dental	Dental Assistant	2		2
Dental	Dental Clerical	0.3		0.3
				0
Optometry	Optometrist (note 1)		0.2	0.2
Pharmacy	Pharmacy Technician (note 2)		0.2	0.2
Medical Records	Medical Records Technician	1		1
Medical Records	PCC Data Entry Personnel			0
	Public Health Nurse Clerical			0
Public Health Nursing	Support	1.3		1.3
Public Health Nursing	Public Health Nurse	1		1
Public Health Nursing	PHN - School			0
Public Health Nursing	PHN - Home			0
Public Health Nursing	Community Health Aids	2		2
Public Health Nursing	Public Health Nutrition (note 3)	0		0
	Alcohol & Substance Abuse (note			0
Behavioral Health *	4)	2		2
Behavioral Health	Social Services			0
Business Office	Business Manager			0
Business Office	Patients Registration (note 5)			0
Business Office	Benefits Coordinator (note 5)			0



Business Office	Billing Clerk			0
Information Technology	Computer/ Program Analyst	1		1
Telemedicine *	Telemedicine			0
Driver	Driver	1		1
Housekeeping	Janitor/ Housekeeping (note 6)	1		1
Facility Management	Maintenance Staff (note 6)		0.5	0.5
Facility Management	Warehouseman (note 6)	0.4	0.5	0.9
Clinical engineering	Clinical Engineering Staff		0.1	0.1
Administration	Administrative Assistant (note 7)		1	1
Emergency Medical Services	EMS Staff (note 8)		1	1
Wellness Center	WC Staff ( note 9)			0
	<b>Total</b>	<b>17</b>	<b>3.5</b>	<b>20.5</b>
<b>IHS Supported Total</b>				
			<b>20.5</b>	

**Table 3: Workload Summary**

**Workload Summary**

Workload Unit	Year	Workload	Contacted Due To...		Unmet Needs	Cross Over...	Facility Workload	Projected / Estimated
			Acuity	Threshold				
Primary Care Provider Visits	Cur) 2013	2,015			2,015		2,015	
Primary Care Provider Visits	Prj) 2025	2,410			2,410		2,465	
<b>Justification</b>	*** No comment/justification specified ***							

**IV. SPACE SUMMARY**

The total building Gross Area for the proposed facility is summarized below.

Service	Space (GSF)
<b>SACF-LARGE HEALTH STATION</b>	<b>8621</b>
<b>Net to Gross Conversion Factor (1.15)</b>	<b>1293</b>



Major Mechanical (1.1)	992
TOTAL	10,906

## V. SUPPLEMENTAL DESIGN CRITERIA & PERFORMANCE REQUIREMENTS

### A. DESIGN CRITERIA

The design criteria reflect the work of an advisory group established at a National level within the IHS Facilities Planning and Design program. Work group members reviewed previously written design criteria documents with the single purpose of developing and/or adopting existing health facility design criteria necessary to accommodate current health care procedures and to provide a desirable environment for patient care at a reasonable facility cost at all newly designed IHS health care facilities. Further, the intent is to utilize the most up-to-date accepted codes and standards of the health care facilities industry. Design innovations are encouraged. The IHS criteria is published in their 2016 Architectural & Engineering Design Guide which includes

1. **Code Standards and Guidelines.** The project shall conform to the latest published editions of the codes standards and guidelines as listed in the latest edition of Architect/Engineer design guide.
2. **Primary Criteria.** The current edition of the American Institute of Architects (AIA) Guidelines for Construction and Equipment of Hospital and Medical Facilities is adopted as the primary standard for health care facility design criteria, further clarified within the IHS Architect/Engineer Design Guide and HSP criteria. Standards adopted herein will supplement but not supplant criteria contained within this publication unless stated specifically.
3. **Supplanting Criteria.** Any Health Facilities Advisory Committee Decisions shall be used in lieu of those cited above.
4. **Supplementing Criteria.** The following standards or issuances will be used as guides in making decisions which deviate from or are not covered in the above referenced Primary Criteria.
  - OSHA (radiology)
  - Health Facilities Advisory Committee Decisions
  - NOAA Climatological Data
  - GSA's Metric Design Guide
  - State and Local Codes and standards



5. **Criteria Updating or Issuances of New Criteria.** Current editions of basic criteria referenced above shall be used for design of new facilities. Criteria changes occurring during design off a project will be applied to the extent it is practical.
6. **HIPAA Compliance.** The health center shall be designed to provide all necessary Physical security and patient privacy to comply with the Health Insurance Portability and Accountability Act.

## B. PERFORMANCE REQUIREMENTS

1. **Health Departments Relationships.** Space relationships are either described in the HSP narrative or diagramed for each of the departments. The facility will have a comprehensive health care delivery program including primary care nursing and ambulatory services, as well as community health services. The narratives or attached functional diagrams are intended to describe functional activities only and, therefore, do not necessarily indicate individual spaces nor do they attempt to show accurate scale. They may include departments, services, or activities that are not included in this facility
2. **Safe Patient Handling.** The 2010 edition of the facility Guidelines Institute for Design and Construction of Health Care Facilities introduces a requirement for project planners to conduct a patient handling and movement assessment (PHARMA) as part of the sequence of predesigned functional space programming processes for new construction and renovation projects. The FGI also published the Patient Handling and Movement Assessments: A white Paper which provides a rationale and explanation of the PHAMA components. The objective of Safe Patient Handling is to eliminate manual patient lifting in Indian Health Service facilities and introduce patient technologies which will support this aim.
3. **Health Electronic Records.** The tribe is implementing an electronic health records system. The new facility shall be designed with Point of Care Entry/Computerized Physician Order Entry (POE/CPOE) equipment. This equipment shall be certified as USL2601/IEC60601 compliant and meet the electrical safety requirements for portable electric devices located within the patient care area and patient care Vicinity in accordance with NPFA 99. Coordinate with the Service Unit during the design phase to update medical records to include an E.H.R. system.
4. **Patient Call System.** An emergency call system for the Medical Procedure Room, Patient Toilet, and Dental Care exam rooms is required.
5. **Equipment.** The tribe shall provide a generic equipment list, including any special requirements, for all equipment to be incorporated into this new facility. The designer will work together with the Area Clinical Engineering department to determine the "best" equipment to meet the needs and provide a list of recommended equipment



item for approval. The “best” is defined as the most economical, that will provide the longest use at minimal maintenance, and is supportable by the Area Clinical Engineering staff. The designer is to provide detailed procurement specifications for approved equipment items, and a recommendation how the items are to be procured and installed, either (1) contractor furnished and installed, (2) Government furnished and contractor installed, or (3) Government furnished and installed.

All equipment will be incorporated into the IHS approved CMMS system for the new facility. CMMS shall be a web based application accessible from any computer that is connect to the internet. The designer shall consult with the Area IHS Facilities Engineering Program prior to provision of the CMMS system to ensure the CMMS system is tailored specially to the needs of the area facilities program.

a. **Communication Equipment.** Two-way radio communications will be installed at this facility in accordance with the current Federal Communications Commission (FCC) regulations.

b. **Biomedical Equipment.** All contractor installed medical equipment shall be provided with three copies of service, maintenance, parts, and operation manuals; plus installed (“as-built”) drawings and schematics. In the layout design, adequate space shall be allowed for the installation of fixed equipment. The design shall include in the construction specifications a training schedule for biomedical personnel.

c. **Maintenance Program.** The construction contractor shall develop a training program for operation and preventive maintenance of building systems and equipment as part of the construction contract, provide training for maintenance personnel, and to furnish the Service Unit with guidance for a comprehensive preventive maintenance program in accordance with equipment manufacturer’s recommendations. The construction contract shall include the responsibility to prepare and furnish three hard copies and one electronic copy (PDF format) of a complete operating and maintenance manual for all mechanical and electrical equipment. The manuals shall contain a description of the system and how they interact, general operating instructions, maintenance instructions followed by tabulated manufacturers descriptive literature, shop drawings, performance curves, rating data, spare parts list, and maintenance manuals. These items shall be delivered 60 days prior to substantial completion of construction. All training shall be recorded and supplied to the facility for use in future training of staff. The designer will be required to provide guidelines for the construction contractor to perform start-up, testing and commissioning process of the facility to include startup and calibration of all building systems.

d. **Building Maintenance Accessibility.** The design of the health center is to consider the maintainability of the facility in the provision of access for the servicing and repair of the utility systems and built-in fixed equipment.



6. **Systems Monitoring and Control.** A computer system shall be used for Equipment monitoring and control, lighting control, peak load shedding, fire alarm, fire suppression, security, exhaust systems, HVAC systems, emergency generation of power, air alarms, water softening, and autoclave monitoring. For the portable medical gases, independent alarms will be provided by the vendor in accordance with applicable regulations. In addition to ensuring continuation of utilities, energy conservation shall be considered and maximized during the setup of the building controls system.
7. **Supply System.** Supplies will be delivered via carts from general supply to appropriate units/departments.
8. **Linen.** Clean linen will be delivered via carts from Central Housekeeping to the appropriate units/departments.
9. **Sustainability.** Energy Efficiency, Water Conservation, and Commissioning fall under the general heading of sustainability. This project will be designed and construction to comply with all applicable IHS Technical Handbook Chapter 21-17 Sustainability Guidelines.
10. **Solid Waste Disposal System.** Solid waste including Hazardous Medical and non-Medical Waste, Recycling, and Garbage will be collected in appropriately labeled and/or color coded bags, sealed and picked up by housekeeping staff at regular intervals (usually daily) as specified in the Housekeeping Concept of Operations, which contains the procedures for handling, collection and temporary storage of all solid waste, until it is disposed of in accordance with applicable Environmental protection Agency (EPA), Applicable state, and local regulations, by hauling away from the facility.
11. **Water System.** The water supply for the new facility will be connected to the city water system with new water mains, hydrants, and water meters in accordance with applicable standards and codes.
12. **Emergency Electrical System.** The need for alternate electrical power is to be evaluated by the designer in accordance with the IHS Technical Handbook for Health Facilities, Chapter 21-5, Section 21-5.2, Alternate Power for Health Care Facilities. The content of this guidance states that all applicable regulatory orders will be adhered to, and provides guidance for a risk calculation to evaluate the need for full standby power. The designer shall pay careful attention to NFPA 99 as it relates to Emergency Preparedness and its applications to the proposed facility. If authorized by the Director of OEHE, standby power shall be provided for the new health center.
13. **Security.** The proposed Facility Security Level for the new Yakutat Community Health Center is Level II. This determination is based on the Interagency Security



Committee (ISC) Standard Risk Assessment for Federal Facilities, dated August 2013. This level is determined by the preliminary assessment based on the facility and program, site environment and community location.

14. **Fire suppression System.** To conform to IHS Technical Handbook Chapter 24-11 installation of Fire Sprinkler Protection in Indian Health Service Owned Installations and applicable local codes, a fire suppression system shall be provided for the entire health care facility.
15. **Utilities Distribution on Project Site.** On the project site, all utilities are to be distributed underground, at the proper depth for the regional weather conditions, in accordance with applicable codes and regulations. Utility lines are to be placed in the road right-of-way where practical.
16. **Information Technology.** The designer shall include in the specifications and drawings the requirement for the construction contractor to install conduit, cable trays, and IT cabling. The IT cable shall be Cat 7 or the category and quality of cable that is currently available at the time of design. The design installation shall also include fire cones for wall penetrations and cable hooks for suspending cable runs. Drops shall be installed liberally after obtaining input from IT staff with needed connections. The designer shall plan for server rooms and closets with air cooling as necessary to maximize the useful life of the equipment.
17. **Emergency Preparedness.** The Indian Health Service has a plan for continuity of Operations Plan in accordance with NFPA 99, Chapter 12. The Indian Health Service is also implementing a Hospital Emergency Incident Command System at every facility. This new facility shall be designed to follow these emergency preparedness programs.



## **VI. SPACE SCHEDULE**

- **SMALL AMBULATORY CARE LARGE HEALTH STATION**
- **ADDITIONAL SERVICES- WELLNESS CENTER**





## Design Notes...SACLHS (SAC - Large Health Station)

### MISSION:

To provide part time primary medical and dental services to a remote location with between 1,988–3,000 primary care provider visits per year.

### HOURS OF OPERATION

Medical operation: 2.5 – 3.5 day per week. Dental care: 40 hours per week. Public Health Nurse: 40 hours per week.

• Position	Planned	Daytime
Behavioral Health Staff	2.00	2
Clerical Support (Ambulatory Physician)	1.00	1
Clerical Support (Dental)	0.30	1
Clerical Support (PHN)	1.30	1
Clerical Health Aide	2.00	2
Computer Programmer/Analyst	1.00	1
Dental Assistant	2.00	2
Dentist	1.00	1
Driver	1.00	1
Information Technology/Telemedicine	1.00	1
Janitor/Housekeeper	1.00	1
Medical Records Technician	1.00	
Primary Care Provider	1.00	1
Public Health Nurse	1.00	
Registered Nurse, Core Activities	1.00	1
Optometry	0.20	
Pharmacy	0.20	
Facility Management	1.00	1
EMS	1.00	1
<b>TOTAL</b>	<b>20.50</b>	<b>18</b>

### CONCEPT OF OPERATION:

This clinic operates 40 hours a week to support the dental care, public health and contract care requirements of the community. A visiting provider spends from 2.5 days to 3.5 days per week



at the clinic. The provider, when present, is also responsible for the dispensing of medication at the facility. It will have three dental operatories, two open and one closed, operated by a single dentist and his team.

Space for visiting Behavioral Health Staff is provided. A group therapy/patient and staff education space is provided.

The dental and medical clinics will be designed to be supported by a single reception and waiting area. Physicians will review medical records within their offices.

Optometry will use the Minor Procedure Room for exams when visiting.

Public Health Nursing is a full-time component of the facility.

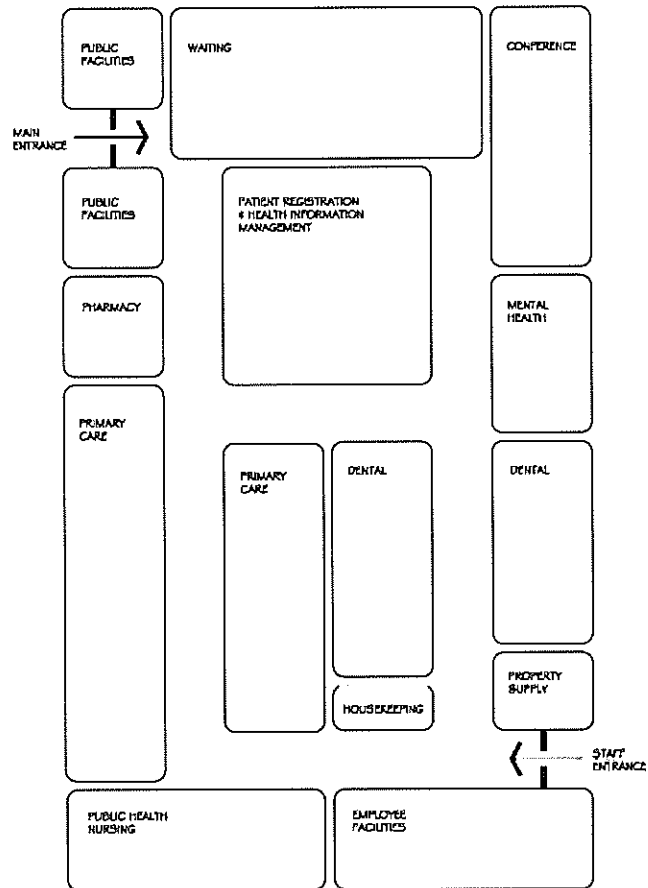
Medical Records, Contract Health and the Business Office should be a single administrative department with shared responsibilities. Quality Management missions will be completed by the Administrative staff. Staff Health and Interpreting missions will be met by other authorized staff positions.

Material Management and Central Sterile will be managed by other positions. Information Management, Facility Management and Clinical Engineering needs will be contracted locally or supported from a nearby service unit. No space for either function is anticipated. Housekeeping can be either direct hires staff or contracted locally.



### FUNCTION SKETCH

This is a standalone facility.





**Building Area Summary Report**  
**Yakutat JVCP Health Clinic-Yakutat, Alaska**  
**Project Number 428**

Space Program... Small Ambulatory Care - SACLHS

Space Name	RFN Code	Room Qty	Area	Total	Remarks
<b>Public</b>					
CONTROL, RECEPTION	CNRC1	1	89	89	
OFFICE RECEPTION	OFOR1	1	43	43	
AV/EQUIPMENT STORAGE	STAV1	1	22	22	
STORE, PHARMACY		1	75	75	
PUBLIC TOILET - FEMALE TLMF1	TLMF1	1	54	54	
PUBLIC TOILET - MALE TLMM1	TLMM1	1	54	54	
COMMON WAITING	WTGN1	6	18	108	
WAITING	WTGN1	1	86	86	
<b>Patient Care</b>					
MINOR PROCEDURE ROOM	DER_ESMP	1	248	248	Derivative - Emergency Medical Services
PATIENT TOILET	DER_PHTO	1	75	75	Derivative - Patient Holding Space
EXAM	EXGM1	2	104	208	Deviation - Additional Exam Room
EXAM, ISOLATION	EXIS1	1	102	102	
PROCEDURE, MINOR/LAB	PRMN1	1	144	144	
VITAL SIGNS	PRVT1	1	83	83	
TOILET, PATIENT	TLPP1	1	53	53	
<b>Patient Care Support</b>					
ALCOVE, STRETCHER,	ALSW1	1	28	28	
CONTROL, NURSE	CNNC1	1	86	86	
HOUSEKEEPING	HSKP1	1	65	65	
OFFICE, PROFESSIONAL	OFPR1	1	103	103	
OFFICE, PROVIDER	OFPR1	1	102	102	
OFFICE SUPERVISOR	OFSP1	1	104	104	
SOILED LINEN		1	65	65	
UTILITY, CLEAN/MEDS	UTCL1	1	97	97	
PHARMACY SPACE		1	100	100	Deviation - Space for Pharmacy Support & Storage
<b>Staff Support</b>					
BUNK ROOM	DER_ISBR	1	301	301	Derivative - Itinerant Staff Quarters
LIVING/KITCHEN	DER_ISLK	1	237	237	Derivative - Itinerant Staff Quarters
TOILET/SHOWER	DER_ISTS	1	75	75	Derivative - Itinerant Staff Quarters
EMPLOYEE LOUNGE	LGST1	1	129	129	
EMPLOYEE LOCKER	LKST1	10	6	60	
EMPLOYEE TOILETS - FEMALE	TLMF1	1	97	97	
TOILET, STAFF,M	TLPS1	1	54	54	
<b>Dental</b>					
ALCOVE CHARTS	ALCH1	1	12	12	
CONFERENCE FAMILY	CFFM1	1	96	96	
FILM PROCESSING	FPDN1	1	60	60	
LAB DENTAL	LBDN1	1	97	97	
PROCEDURE DENTAL,	PRDC1	1	113	113	
PROCEDURE, DENTAL, OPEN	PRDO1	2	115	230	
PANOREX	PRPC1	1	65	65	
UNIT SUPPLY	STUS1	1	54	54	
WORKROOM STERILE	WRSD1	1	97	97	
OFFICE WAITING	WTGN1	1	108	108	



**Building Area Summary Report  
Yakutat JVCP Health Clinic-Yakutat, Alaska  
Project Number 428**

Space Program... <i>Small Ambulatory Care - SACLHS</i>					
Space Name	RFN Code	Room Qty	Area	Total	Remarks
<b>Administration</b>					
DUPLICATING EQUIPMENT &	ALCP1	1	43	43	
BUSINESS MANAGER	DER_THBA	1	118	118	Derivative - Tribal Health Administration
BUSINESS MANAGER	DER_THBA	1	118	118	Derivative - Tribal Health Administration
CONTRACT HEALTH CLERK	DER_THCH	1	65	65	Derivative - Tribal Health Administration
COPIER	DER_THCO	1	43	43	Derivative - Tribal Health Administration
HEALTH DIRECTOR	DER_THHD	1	183	183	Derivative - Tribal Health Administration
MAILROOM	DER_THMR	1	43	43	Derivative - Tribal Health Administration
PATIENT ACCOUNTS	DER_THPA	1	97	97	Derivative - Tribal Health Administration
RECEPTIONIST	DER_THRE	1	97	97	Derivative - Tribal Health Administration
SUPPLY	DER_THSU	1	86	86	Derivative - Tribal Health Administration
WAITING	DER_THWA	1	43	43	Derivative - Tribal Health Administration
ACCREDITED RECORDS	OFOC1	6	11	66	
CHIEF, MED RECORDS	OFTY1	1	97	97	
RECORD STORAGE	STRC1	1	97	97	
<b>Back of House</b>					
EMS GARAGE	DER_ESGA	1	624	624	Derivative - Emergency Medical Services
EMS WORKROOM	DER_ESWR	1	118	118	Derivative - Emergency Medical Services
BODY HOLDING	DER_MGBH	1	32	32	Derivative - Morgue
PATIENT HOLDING SPACE	DER_PHSP	1	118	118	Derivative - Patient Holding Space
PROPERTY & SUPPLY	DER_SR	1	291	291	Derivative - Storage Requirements
RECEIVING, MATERIAL,	RCMH1	1	129	129	
MEDICAL GAS	STMG1	1	43	43	
<b>Community Health</b>					
WORKSTATION - COMMUNITY	DER_WS	2	65	130	Derivative - Workstation
PUBLIC HEALTH NURSE	OFTY1	2	97	194	
<b>Mental Health</b>					
CONFERENCE GROUP	CFGT1	1	258	258	
EXAM, MENTAL HEALTH	EXMH1	1	151	151	
<b>Wellness Center</b>					
Wellness Center		1	1258	1258	Deviation - Approved Wellness Center
<b>TOTALS</b>					
	Discipline Net Sq. Ft.			<b>8621</b>	
	Net to Net Conversion Factor			<b>1.15</b>	
	Major Mechanical			<b>1.1</b>	
	Discipline Gross Sq. Ft.			<b>10,906</b>	



## Design Notes...WELLNESS CENTER

### MISSION

The Wellness Center is planned to support Employee Facility and Patient Wellness needs of the AI/AN population of Yakutat.

There are no other patient or staff exercise options available in Yakutat city or the current Health Clinic. Combined with the Public Health Nutrition program, this will provide to referred patients, clinic based health education, fitness and nutrition instruction in addition to behavioral modifications services to promote health, prevent disease and manage chronic disease.

Specific goals of the Wellness Center include improving nutritional status, preventing or slowing the onset of diabetes and hypertension, managing stress, increasing physical activity, preventing physical injuries, and improving physical, spiritual, and emotional well-being.

### HOURS OF OPERATION

9:00 AM to 5:00 PM Monday to Friday

### STAFFING

No staff are planned to support this department.

### CONCEPT OF OPERATION

The Yakutat Community Health clinic staff will coordinate the sustained participation of existing community health programs with clinicians and clients, and maintain the environment to encourage lifestyle changes that improve the health status and life expectancy of the served population. The Wellness Center is defined around four key elements: Behavior modification; nutrition education; health education; and physical activity. The approach will be to influence individuals and develop community support through health education, nutrition counseling, and providing physical activity opportunities that will foster individual behavior change

### ADJACENCY PARAMETERS

Required: Health Education Programs; Public Access

Desirable: Access from the exterior for afterhours access

### ROOM/SUITE SPECIFIC ISSUES

Provide flexibility in use to allow multi functionality.



**SPACE PROGRAM**

WELLNESS CENTER	CODE	QTY	AREA SF	TOTAL SF	NOTES
				0	
SHOWERS	SHPS1	2	32	64	Male and Female
TOILETS	TLPS1	2	54	108	Male and Female
EXERCISE CENTER LOCKERS	LKEC1	2	87	174	Male and Female
CLASSROOM/ACTIVITY	CRWC1	1	500.0	500.0	
DEMO KITCHEN	KTDM1	1	118.0	118.0	
FITNESS SCREENING ROOM	EXM1	1.0	104.0	104.0	
EXERCISE EQUIPMENT STORAGE	ECWC1	1.0	50.0	50.0	
<b>TOTAL DEPARTMENTAL NET SQUARE FOOTAGE</b>					<b>1118.0</b>
Net to Gross Conversion Factor					<b>0.15</b>
					<b>1285.7</b>







### TAB B - BUILDING SUMMARY REPORT

The Building Summary Report is provided on pages 20 and 21.

### TAB C - WORKLOAD SUMMARY REPORT

#### Workload By Community

*Primary Care Provider Visits*

Community	Workload		Community	Workload		Community	Workload	
	Cur) 2013	Prj) 2025		Cur) 2013	Prj) 2025		Cur) 2013	Prj) 2025
<b>MT EDGE CUMBE</b>			KETCHIKAN	857	1,023	YAKUTAT	1,134	1,361
<b>Total for MT EDGE CUMBE</b>							<b>1,991</b>	<b>2,384</b>

#### Workload Summary

Workload Unit	Year	Workload	Contacted Due To...		Unmet Needs	Cross Over...	Facility Workload	Projected / Estimated
			Acuity	Threshold				
Primary Care Provider Visits	Cur) 2013	1,991			1,991	2	2,039	2,039
Primary Care Provider Visits	Prj) 2025	2,384			2,384	2	2,465	2,465
<b>Justification</b>	*** No comment/justification specified ***							



## TAB D - PARKING SUMMARY REPORT

### Parking Summary...

DayTime Staff ( x .75 )	17
Visitor Parking	
Inpatient ( bed days / 275 )	
Outpatient ( OPV x .002 )	10
Dental Patients ( Dental minutes x .00004 )	
Government Vehicles	
Community Health Professional & Technical Staff	
General-Use Vehicles	4
Patient Transport	
Buses	1
<hr/>	
TOTAL	32