FUNCTIONAL & OPERATIONAL GOALS

The discussion of "functional" or operational aspects for the future building focused on meeting patient care needs at a very high level, while streamlining staffing and operational costs in order to economically meet as many of the healthcare needs of the community as possible. The space programming process itself can inadvertently create unnecessary silos when sizing individual departments; in order to alleviate this, the following services were thought of as "clinical clusters" rather than individual departments:

Urgent Services =
ED + ICU.
Nursing Services =
SNF + M/S + Post-Partum + Nursery.
Surgery Services =
O.R. + Delivery + Recovery + Central Sterile.
Imaging Services =
Diagnostic + Treatment + Cardiac Testing.
Outpatient Services =
Lab Collection + Occupational Health + Employee Health + Wound & Diabetic Care.
Therapy Services =
Cardio-Pulmonary + Therapies.
Registration Services =
Out-Patient Registration + Administration.
Education Services =
Conference Rooms + Integrative Medicine.
Facility Services =
IS + Building Maintenance + Housekeeping.
Warehouse Services =
Clinical Lab + In-Patient Pharmacy + Materials, Emergency Dietary, & Records Storage.
Laundry Services =
to be contracted out.
Dietary Services =
may be contracted out.

Thinking of these services as clinical clusters will help prevent staffing duplications that often arise out of managing departments as individual, separate entities.

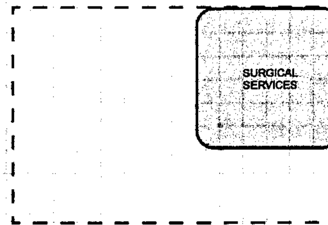
Next steps for Sonoma Valley Hospital as an independently operated facility should include two in-depth studies: One for reducing administrative staffing duplications, and a second study for streamlining material procurement, both of which larger organizations take advantage of more easily.

ADJACENCY DIAGRAMS

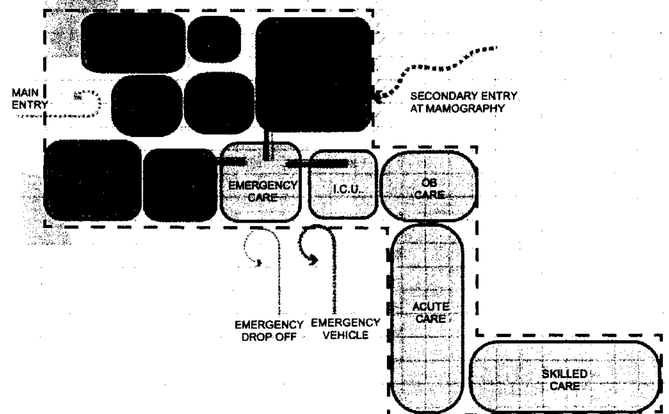
The following adjacency diagrams are proportionally scaled to each other based on their programmed area; each diagram is placed on a 28'-0" structural grid but they are not meant to represent any particular architectural feature.

The Preliminary Adjacency Diagram shown on this page was developed prior to discussion with the executive team. The driver for this scheme was two-fold: Meeting all nursing service adjacencies while locating all I Occupancy building components together. This resulted in a scheme with Surgery on the Second Floor.

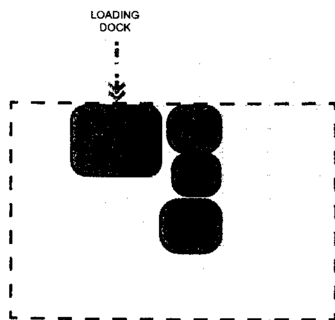
THIRD FLOOR



SECOND FLOOR



FIRST FLOOR



BASEMENT

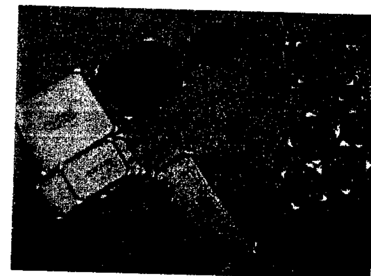
ADJACENCY DIAGRAMS

In review with the SVH executive team, two overriding priorities for the departmental adjacencies were determined to be:

— Minimize construction costs.
— Maximize operational efficiencies.

1. Minimizing construction costs is partially achieved by maximizing the number of stories thus minimizing the building footprint. The number of stories in this vicinity may be limited to two stories since typical hospital floor-to-floor heights are 16'-0".
2. Maximizing operational efficiencies while maintaining cost savings will be assisted with B Occupancy construction for many departments.
3. First floor services should be reserved for patient destinations whereas staff services can be on upper floors.
4. Surgery desired on the first floor for patient convenience considering most patients are elderly and most surgeries will be on an outpatient basis.
5. Surgery does not necessarily need to be adjacent to ED.
6. ICU should be adjacent to Surgery as ICU occasionally functions as after-hours recovery, which alleviates adding recovery staff. Note that having a registered nurse 24 hours a day costs $526,000 over a year.
7. ICU should not only be adjacent to ED, but should merge with ED as much as possible to foster cross-utilization of staff.
8. Outpatient Services should be adjacent to ED for overflow opportunities into the OS exam rooms.
9. OB should be adjacent to Surgery for emergency C-Sections.
10. OB should be directly adjacent to Acute for swinging of Post-Partum beds.
11. Acute should be directly adjacent to Skilled for swinging of Acute beds.
12. The above criteria may create a "super unit" of all inpatient beds, likely to be located on a single floor. Swinging between units will need to be tested for licensing and code regulations in order to ensure these adjacencies will achieve the desired staff efficiencies.
13. Therapy Services could be on the second floor.
14. All outpatient areas from blood draw to imaging should

PATIENT FOCUS OPTION


IN PROGRESS PHOTOS

be immediately accessible upon entering the facility with Registration nearby.

15. Registration should be directly adjacent to Administration as many of these staff are crossed-trained for both areas.
16. Zone 24-hour departments such that remaining portions of the building can be shut down when not in use. This includes "warehousing" of similar "storage" or "day factory" departments such as Lab, Pharmacy, Materials Management, Building Maintenance, etc.
17. Single entry to facility preferred, but the MOB may need a separate drop-off.
18. A separate entry for the Women's Health Center component of Imaging is not necessary. ,
19. MOB services may generate traffic to the Hospital Lab & Radiology.
20. Ground floor of the MOB will be the SVH Community Health Center.
21. MOB services may merge with B Occupancy portion of Hospital depending on leasing criteria for physician spaces.
22. MOB and Patient Beds should be positioned to expand.

The Patient Care Focus option shown on this page was developed with the SVH senior staff in the spring of 2005. Although operational efficiency issues and future flexibility were a key part of the discussion, this final version agreed upon reflects a desire to have Surgery on the First Floor, but unfortunately results in the stacking of the Acute and SNF beds. This scheme was considered final with the understanding that it was a work in progress and additional adjacency studies will need to be undertaken once a site is determined.