

# Pre-proposal Site Meeting – Expand Emergency Department Draft Scope of Work

**PROJECT TITLE:** EXPAND EMERGENCY DEPARTMENT FACILITIES  
**PROJECT LOCATION:** Veterans Affairs Palo Alto Health Care System (VAPAHCS)  
3801 Miranda Avenue, Palo Alto, CA  
**DATE:** May 1, 2013

## PROJECT BACKGROUND:

This minor construction project will renovate and expand the existing Palo Alto Division Emergency Department (ED) including the adjacent Emergency Department Observation Unit (EDOU); correct several particularly serious Facility Condition Assessment (FCA) deficiencies including known HVAC supply and exhaust deficiencies, delaminated flooring; improve the ED environment of care, expand capacity and streamline patient flow; This project will be designed to coordinate with the functional requirements of the planned relocation of the existing campus helipad to the acute care hospital rooftop for direct access to ED and other acute care services and consolidate existing emergency preparedness assets adjacent to the ED to assist with triage, decontamination and treatment in direct support of a mass causality event.

- 1) **Justification:** This minor construction business case is the highest priority for the VA Palo Alto Health Care System because this project will correct known Emergency Department (ED) deficiencies including ED capacity, patient flow and known life/safety deficiencies.

i) **Expands ED capacity, Environment of Care & Patient Flow:** The existing Palo Alto ED has seen a huge influx in ED workload over the past three years equating to 20 percent increase in workload from 15,601 patients in FY08 to 18,345 patients in FY10, which has led to significant Divert Rates and patients who Left Without Being Seen (LWBS). In FY2010, the VA Palo Alto ED was on divert, closed to ED traffic, approximately 80 hours a month, in fact the highest number of closure hours of any hospital in Santa Clara County. This equates to over 3 days per month. In the 4th Quarter of 2010, that ED divert/closure number rose to 103 hours per month and rising. This project would add additional ED treatment capacity to the existing 12 room ED.

ii) **Corrects Serious FCA Deficiencies:** The existing ED has serious facility condition deficiencies. Office of Construction and Facilities Management (OCFM) completed a review of the existing HVAC system throughout Building 100's acute care bed tower in April 2011 including the ED terminal units and recommended they be replaced at the earliest opportunity. According to the April 2011 OCFM report, two specific mechanical deficiencies were reported with the ED:

- 1) "Air duct terminal units have internal fiberglass insulation that is flaking off and blowing into occupant space. Recommendation replaces all VAV terminal units and associated valves [within the ED]."

- 2) The ED isolation room does not have air negative exhaust at this time, a Joint Commission life/safety code violation. "Replace deficient isolation exhaust fans with fans of adequate capacity for maintaining required air changes and pressurization in isolation rooms."

iii) **Correction of related deficiencies:**

- 1) Relocate the soon to be displaced helipad from the rear of the campus to the roof of the acute care bed tower for direct access to the ED, OR and ICUs. The current helipad must be displaced due to an existing major construction project. OCFM and their consultants commissioned a study and recommended that the medical center relocate the helipad to the roof of the acute care bed tower at the earliest opportunity to minimize the loss of this resource particularly for inbound heart transplant patients. (Palo Alto is 1 of 5 VA transplant centers)

- 2) Consolidate Emergency Preparedness assets, particularly mass causality resources (cache, stores, decontamination) and site them adjacent to the ED. Currently, these resources



are located in connex boxes throughout the campus and pose a potentially serious problem in terms of access to these resources in the event of a natural or manmade disaster.

- 2) **Project Purpose and Description:** Under this Project, a qualified AE firm will be selected and hired to provide comprehensive services, including complete design, construction documents, and construction support services as described herein:

a. **Emergency Department Expansion Project Description:** This Project design and analysis will include the following components:

- i. **Programming and design:** Confirm the program for the Emergency Department Expansion and Renovation requirements for the renovation of 5K GSF existing Emergency Department space and 3K GSF attached new addition space which will be subject to confirmation during the programming and schematic stages. The AE shall confirm the details of the program against the Project construction budget, design the Project to meet the Project construction budget, and make recommendations to improve the program and/or Project. The AE will deliver the design submittals at the following stages: schematic design, design development, and construction documents as outlined below.
- ii. **Site and building design analysis:** Identify, confirm, and establish Project boundaries, site access and circulation, utilities, ambulance access plan, main hospital lobby drop off and access, fencing, security, landscaping, grading requirements, other site improvements, new building entry, exiting requirements, contractor storage/staging site, ADA/accessibility, and any other site/building issues. Determine optimum placement of the Project on the site, as well as ideal site adjacencies to existing and proposed facilities, and efficient site circulation (for both pedestrians and vehicles). AE will also evaluate optimum building configuration and height. The design will be architecturally compatible with surrounding buildings.
- iii. **Program:** AE will provide a state-of-the-art design for the Emergency Department facility. Program will include:
  1. **Office environment:** Enclosed offices for staff with flexibility to accommodate additional personnel when needed.
  2. **Office support space:** Building lobby/waiting area, patient reception/triage area, mail/copy room, conference rooms, break room, unisex staff lockers.
  3. **Nurse Stations:** Provide (2) new nursing stations with consideration for visibility to exam rooms yet acoustical separation between station and exam rooms. Sound isolation between staff and patients is a high priority.
  4. **Exam Rooms:** Renovate exam rooms and provide additional rooms as determined in space and program verification. Replace existing glass doors with new.
  5. **Phased Construction Required:** Project will be completed in (3) three phases. First phase will be the relocation of Emergency Department Observation Unit (EDOU) to the second floor and the addition of 3K GSF new Emergency Department facility to include ambulance access for patient delivery. A smaller addition at the waiting room area would also start during phase 1. Phase 2 will renovate the vacated EDOU area to incorporate a new nursing station and additional exam rooms and relocate existing support personnel to the new addition and renovate Fast Track personnel area. Phase 3 will then renovate the existing main Emergency Department area that would also include the physical tie into the waiting room, lobby, reception and triage areas to the small addition started in phase 1.
  6. **Support and other spaces:** The project program shall also comprise of all the necessary support spaces, including, but not limited to additional patient toilet rooms, approximately 500 s. f. equipment storage, housekeeping (janitorial) closets, disaster storage room, physician sleeping rooms, IT phone/data closet, and electrical rooms.