La Clinica del Pueblo de Rio Arriba

Facility Assessment Study
Phase One
November 9, 2007

Front of Building - East Elevation

Behavioral Health and Human Services Entry

Medical, Dental and Outreach

Women, Infants and Children Entry

NE Corner at W.I.C. Entry

North Elevation

W.I.C.

Dental

North Elevation

Dental - West Elevation

Dental - South Elevation

Courtyard - West Elevation

Courtyard - North Elevation

Administration - West Elevation

View of Land Looking Northwest

Loading Dock - South Elevation

Loading Dock - South Elevation

South Elevation

Greenhouse - South Elevation

South Elevation

Detail of Steps on South Elevation

View from La Clinica - Looking Toward Highway

Looking Northeast

Looking East

Looking Southeast

All Views Taken from La Clinica

Looking Southwest

Looking West

Looking Northwest

All Views Taken from La Clinica

Courtyard Portal

Courtyard Views - Looking Northwest

All Views Taken from La Clinica

Looking Northwest

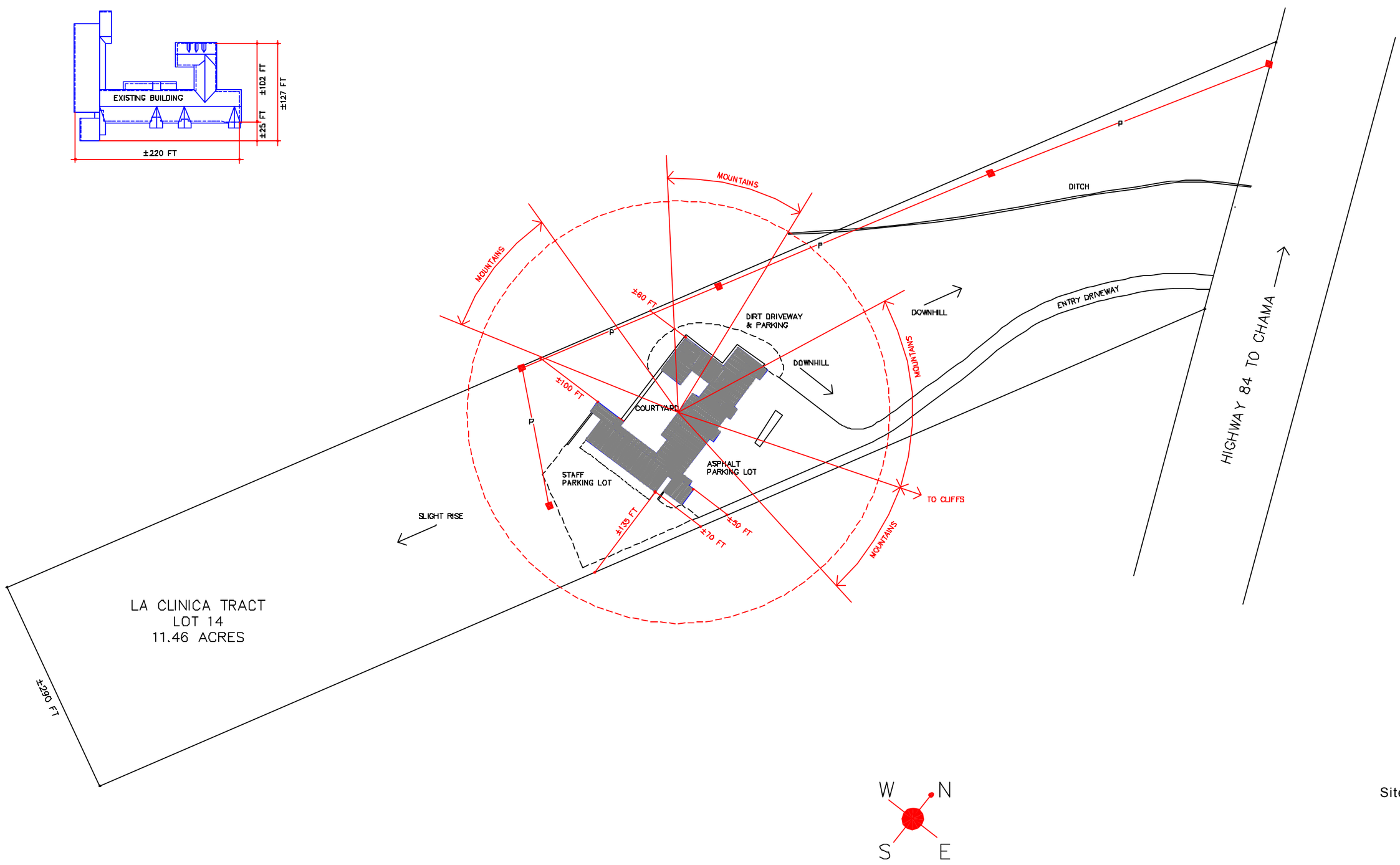
Looking North

All Views Taken from La Clinica

Looking North

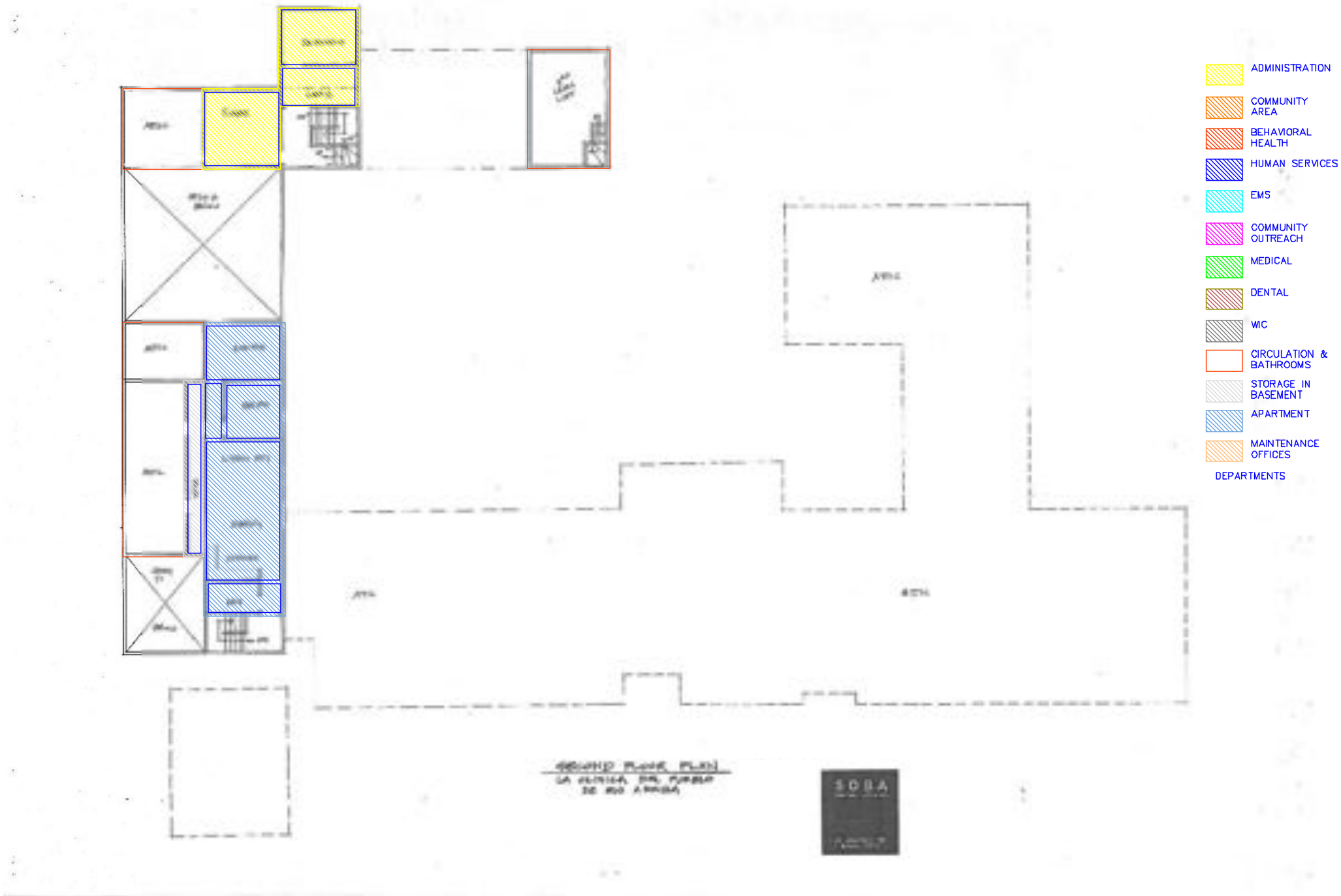
Looking Northeast Toward Highway

All Views Taken from La Clinica


EXISTING BUILDING
±102 FT
±127 FT
±25 FT
±220 FT
MOUNTAINS
MOUNTAINS
±60 FT
P
P
P
P
DITCH
ENTRY DRIVEWAY
DIRT DRIVEWAY
& PARKING
DOWNHILL
DOWNHILL
MOUNTAINS
±100 FT
COURTYARD
ASPHALT
PARKING LOT
STAFF
PARKING LOT
TO CLIFFS
±135 FT
±70 FT
±50 FT
MOUNTAINS
SLIGHT RISE
HIGHWAY 84 TO CHAMA
LA CLINICA TRACT
LOT 14
11.46 ACRES
±290 FT
W
N
S
E

Site Plan


ADMINISTRATION
COMMUNITY AREA
BEHAVIORAL HEALTH
HUMAN SERVICES
EMS
COMMUNITY OUTREACH
MEDICAL
DENTAL
WIC
CIRCULATION, BATHROOMS, MECH
STORAGE IN BASEMENT
APARTMENT
MAINTENANCE OFFICES
DEPARTMENTS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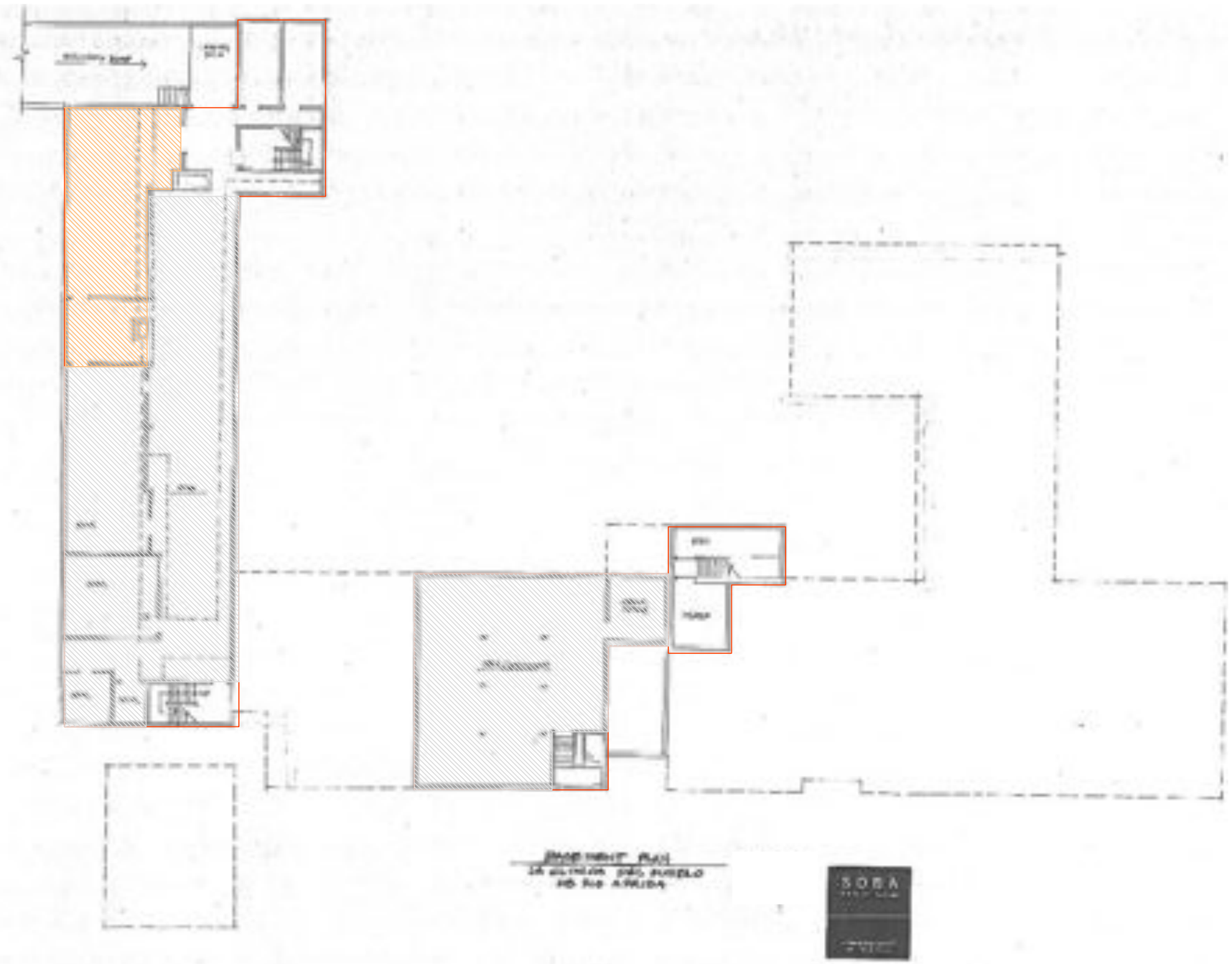


Department	Location & Room Numbers	Approximate Gross SF including corridors	Percentage of the Total area (23,527.00 SF)
Outreach	158, 159, 160, 164	816.00	3.47%
Behavioral Health and Human Services	166 thru 179	2,298.00	9.77%
Emergency (EMS)	141, 148	640.00	2.72%
Billing & Procedure- staff lounge	149, 151, 152, 153, 154, 155, 156, 157	1,320.00	5.61%
General Medical-Radiology-Lab	116 thru 140	2,925.00	12.43%
Pharmacy	142,	80.00	0.34%
Dental	101 thru 114	1,752.00	7.45%
WIC	A-01 thru A-12	1,164.00	4.95%
Kitchen/ Community room	180, 181, 182, 184	1,215.00	5.16%
Human Resources Office	185,	185.00	0.79%
PR- Payable- Copy	161, 162, 163, 165	470.00	2.00%
Laundry	146, 147	190.00	0.81%
Ambulance	194,	740.00	3.25%
Mechanical (both levels)	100, 115, 144, 145, 166, 183, A-03	765.00	3.25%
Stair to apartment- bathrooms- hall	186, 187, 188, 189, 190	518.00	2.20%
Stair to basement	150,	108.00	0.46%
South Basement	NA	1,620.00	6.89%
North Basement- loading-stairs	NA	4,320.00	18.36%
Apartment- Stairs	NA	1,166.00	4.96%
Dr. Pacheco- Lorrie- Finance- Stairs- Loft	NA	1,235.00	5.25%
Attic-storage	NA	1,068.00	
Total with Attic, Basement & Corridors		24,595.00	
Total Areas without Attic		**23,527.00**	
Ground Floor Footprint		**15,186.00**	
Corridors Only		3,015.00	12.82%
Basements Only		5,940.00	25.25%
Staircases Only	150, 168, 190, Loft/Office stairs	630.00	2.68%

From Existing Drawings: 1996 and 1998, Siegel Design (plans approved by CID)

1) Code Data:
   1991 Uniform Building Code
   1991 New Mexico Building Code
   1991 NFPA 101 Life Safety Code
   1991 ADA 28 CFR Part 36 (fully accessible to disabled persons)
   ANSI A117-1992

2) Occupancy Types:
   B-2 Clinic and Offices
   B-2 Classroom
   B-2 Dining< 50
   B-1 Ambulance Garage
   R-3 Dwelling

3) Construction Type:
   Existing: V-N throughout

4) Occupant Load: based upon net areas
   190 (1996 data) plus 9 (1998 data) = 199 total (as of today)

5) Total exit width required:
   190 x 0.2 = 32.2 inches (1996 data) – *incorrect calculation- should be 38 inches*
   9 x 0.2 = 1.8 inches (1998 data)

6) Area separation:
   Two hour (per 1996 & 1998 data)

7) Occupancy separation:
   B-2/ B-1 one hour per UBC table 5-B
   B-2/ R-3 one hour per UBC table 5-B

8) Plumbing fixtures provided: (combined data from 1996 & 1998)
   WC: 12 (3 male, 5 female, 4 unisex; required: 2 male, 5 female)
   Urinals: 2 (required; 1)
   Lavatories: 11 (3 male, 4 female, 4 unisex; required: 2 male, 2 female)
   Drinking Fountains: 7 (5 unisex, 2 hi-lo ADA)

   Note: see SOBA survey for deleted (or converted into different room) bathroom locations

9) No hazardous materials including asbestos and lead based paint were discovered at the time such survey was performed by Siegel Design.

Suby Bowden + Associates (SOBA) Observations:

1) Floor plan changes have been documented by SOBA in as built drawing sketches.

2) Current codes that may apply to the facility remodel or new building:
   2006 NM Commercial Building Code
   2006 NM Energy Conservation Code
   2006 NM Existing Building Code
   2006 NM Plumbing Code
   2006 NM Mechanical Code
   2006 International Building Code
   2003 International Energy Conservation Code
   1999 ADA & 2004 ADA/ABA Handbook
   2003 ANSI 117.1
   2004-2007 ASHRAE
   2006 NFPA 101 Life Safety Code
   NM Department of Health requirements

3) Occupancy Types:
   B-2 Clinic and Offices
   B-2 Classroom
   B-2 Dining< 50
   B-1 Ambulance Garage
   R-3 Dwelling

4) Construction Type:
   Existing: Verify V-N throughout
   Note: That medical facilities no longer allow V-N throughout.

5) Occupant Load: based upon net areas (no changes in area)
   199 total (as of today)

5) Total exit width required:
   199 x 0.2 = 39.8 inches (non-sprinkler general spaces)
   199 x 0.3 = 59.7 inches (non-sprinkler stairs)

6) Area separation:
   To be determined based on final remodel decisions.

7) Occupancy separation:
   B-2/ B-1 one hour per UBC table 5-B
   B-2/ R-3 one hour per UBC table 5-B

Continuation of SOBA Observations:

8) Plumbing fixtures provided: *Two bathrooms, as shown on Siegel Design Drawings, (Dental-RM112 & WIC-A-05) have been converted into other rooms reducing atleast 2 WCs and 2 Lavatories. Current count per SOBA survey is as follows:*

   WC: 10 (2 male, 4 female, 4 unisex; required: 2 male, 5 female)
   Urinals: 2 (required; 1)
   Lavatories: 9 (2 male, 3 female, 4 unisex; required: 2 male, 2 female)
   Drinking Fountains: 7 (5 unisex, 2 hi-lo ADA)

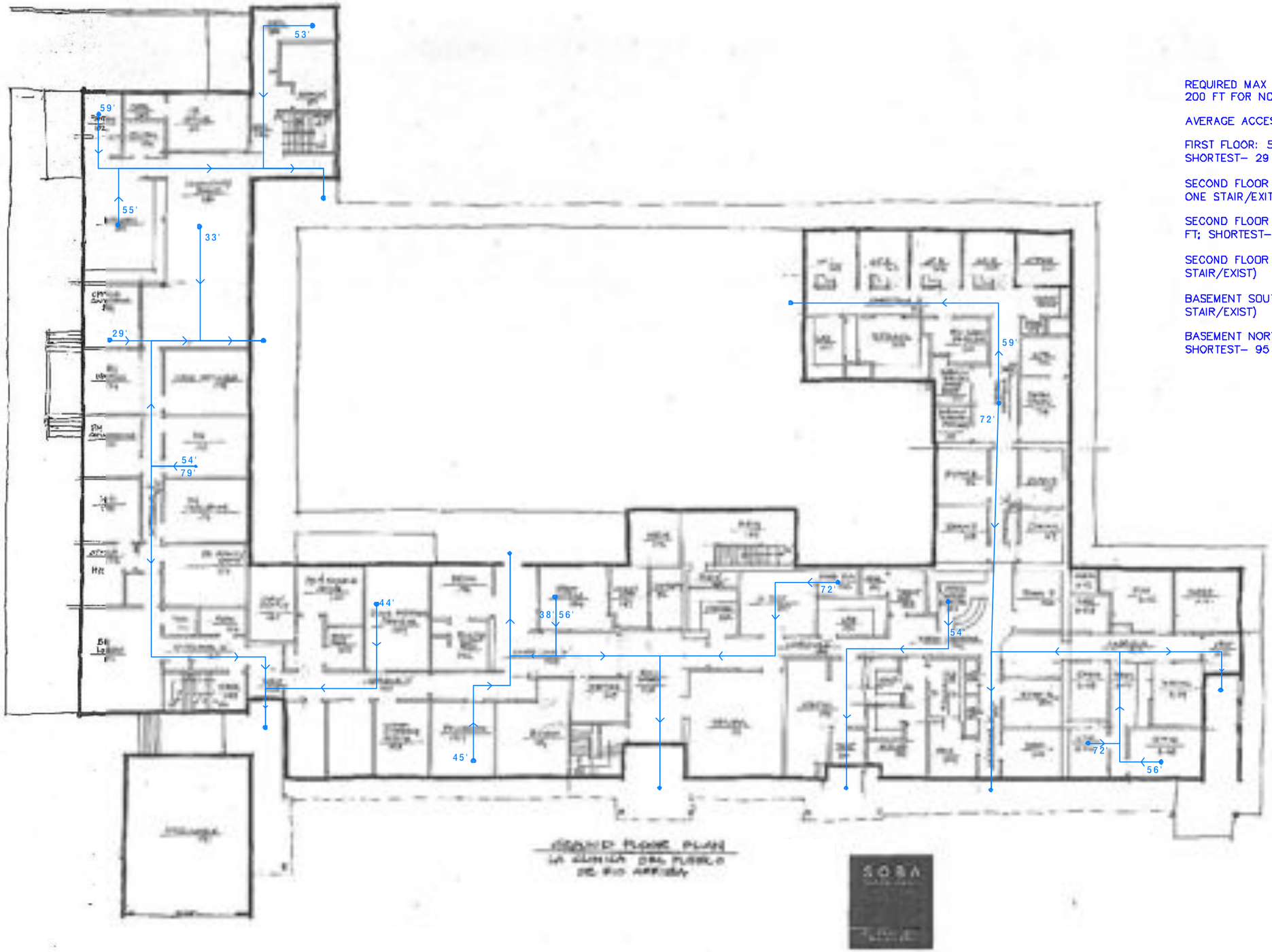
9) Thermal and sound insulation: Poor
10) No fire sprinklers; Manual Fire alarms- Yes *(how often are they tested?)*
11) Smoke detectors- Yes *(To be determined. How many required by Code.)*
12) Number of exits: 9 total (from first floor); two required by code; *Dr. Pacheco has asked that we reduce number of exits for security reasons*

13) Avg. access travel distance; (all meet req'd. max distance- 200 ft for non-sprinkled building)
   First floor: 54 ft; longest- 79 ft; shortest- 29 ft (nine exits)
   Second Floor Apartment: 120 ft (only one stair/exit)
   Second Floor Office: 70 ft; longest- 75 ft; shortest- 65 ft (only one stair/exit)
   Second Floor Loft: 75 ft (only one stair/exist)
   Basement South: 85 ft (only one stair/exist)
   Basement North: 105 ft; longest- 115 ft; shortest- 95 ft (two exits)
14) HIPAA- violation of HIPAA in most departments due to acoustical and visual privacy and lack of space. (Discuss any fines in the past?);
15) Mold- needs to be tested by CERL (Environmental Engineers) in Santa Fe, or equal.
16) HVAC- poor inconsistent HVAC system that does not properly heat or cool in any division of the clinic. No air supply found in Corridor 'B', Corridor 'C', A-01. Baseboard heat in most rooms. Need to perform thorough mechanical and plumbing inspection to find out equipment conditions;
17) Lighting- lack of sufficient natural light in most rooms; general lighting and nighttime lighting is poor or non-existent at the exterior.
18) Roof- Metal pitch roof
19) Exterior and interior finishes (Architects have documented)
20) Equipment and technology- most departments in need of equipment and technology update; entire new telephone system required (and in process);
21) Future Growth: Medical and Dental may double now. In the next 5-10 years; BH, HS, Outreach, EMS, General Medical, Radiology, Admin/ Foundation and Pharmacy do expect staff increase; PR (part of HR) may reduce staff; Need larger offices and patient meeting rooms (for families);
22) Future programs: Future after-work computers; Future youth mentor programs; Future exercise equipment and programs; Infant Mental Health program; children's program; daycare; BH ordered visitations; Car-seat program; food distribution site; computer network and website; group exercise; new updated electrical; sprinkler system; update septic system; paved parking area in the back near Dental; update ADA standards; onsite ambulance wash.

Continuation of SOBA Observations:

23) Additional Information for areas that do not work: General acoustics; Visual and acoustical privacy between departments and patients; lack of space in most departments; general FF&E update; Access through all departments; poor HVAC system; Poor lighting; lack of natural light; placement of administrative offices and long distances; lack of staff bathrooms; sharing apartments between doctors and EMS; sharing offices works for general staff but upper level staff needs separate offices; discuss department and internal traffic pattern; onsite ambulance wash; on site EMS (2) apartments, mold problems, staff parking lots need paving.
24) Summary of required maintenance:
   Exterior insulation insufficient
   HVAC update due to improperly sized units
   Mold removal
   Acoustical treatment to meet HIPAA
   Pave and light parking lots
   Fire suppression system
   New security system
   New phone system
   Electrical update
   Growth Requirements

25) List of Code Violations: following are some of SOBA preliminary observations; detail analysis by various consultants (i.e. Mechanical and Electrical engineer, Environmental consultant etc) may reveal more data that could be included in the second phase. Existing drawings follow 1991 codes whereas current codes are 2006; Major updates may be required in many areas when remodel exceeds 50% of building size.
a) HIPAA- lack of acoustical and visual privacy through out the facility
b) ADA/ANSI- although most of the areas seem to meet ADA standards, access doors with security codes do not meet ADA standards; Lack of elevator; SOBA did not notice any ADA touch pads to open main entry doors or major transition doors; further investigation needed for door and window hardware compliance and signage throughout the facility;
c) NM Energy Code- lack of up to date exterior insulation; inefficient HVAC system;
d) NM Plumbing and Mechanical Code- facility meets number of plumbing fixtures based upon current square footage and occupant load; however, it will change with facility's expansion; septic system and leach field may need treatment plant; lack of exterior insulation; inefficient baseboard systems; further investigation required by Mechanical and Plumbing Engineer;
e) NFPA Life Safety Code: lack of fire sprinklers throughout the facility; although number of exits and average access travel distance meets the requirement, some routes go through multiple hallways; staircase designs don't meet code; 2nd floors need 2nd exits.
f) NM Building Code/ IBC: uneven stair treads and risers and non-compliant handrails in the old part of the facility; non-vented crawl spaces in old part of building;
g) NM Department of Health: presence of mold in health care facility; old or lack of equipment;
26) Staff Morale: All departments expressed admiration for the organization and services provided to the community.



REQUIRED MAX ACCESS TRAVEL DISTANCE– 200 FT FOR NON–SPRINKLER BUILDING

AVERAGE ACCESS TRAVEL DISTANCE;

FIRST FLOOR: 54 FT; LONGEST– 79 FT; SHORTEST– 29 FT (NINE EXITS)

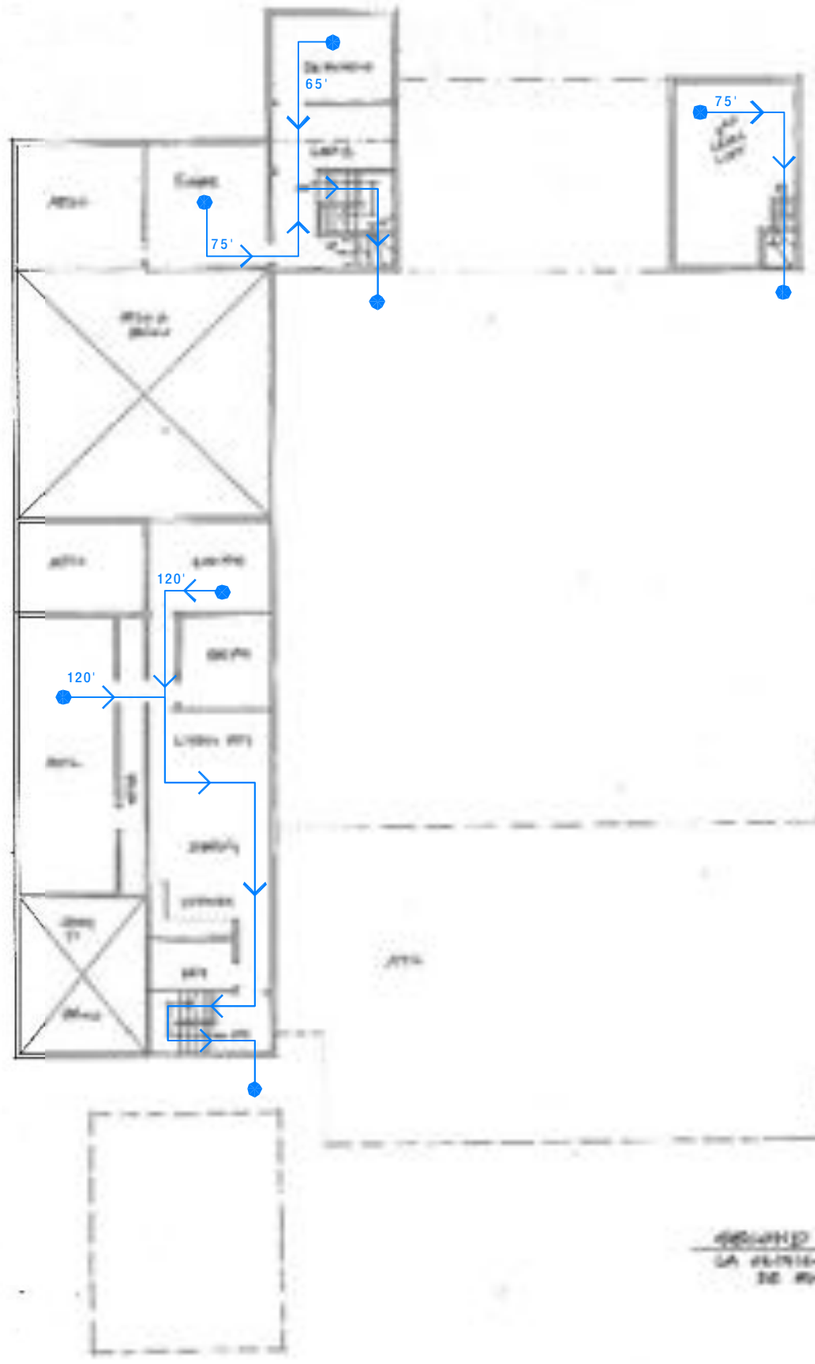
SECOND FLOOR APARTMENT: 120 FT (ONLY ONE STAIR/EXIT)

SECOND FLOOR OFFICE: 70 FT; LONGEST– 75 FT; SHORTEST– 65 FT (ONLY ONE STAIR/EXIT)

SECOND FLOOR LOFT: 75 FT (ONLY ONE STAIR/EXIST)

BASEMENT SOUTH: 85 FT (ONLY ONE STAIR/EXIST)

BASEMENT NORTH: 105 FT; LONGEST– 115 FT; SHORTEST– 95 FT (TWO EXITS)



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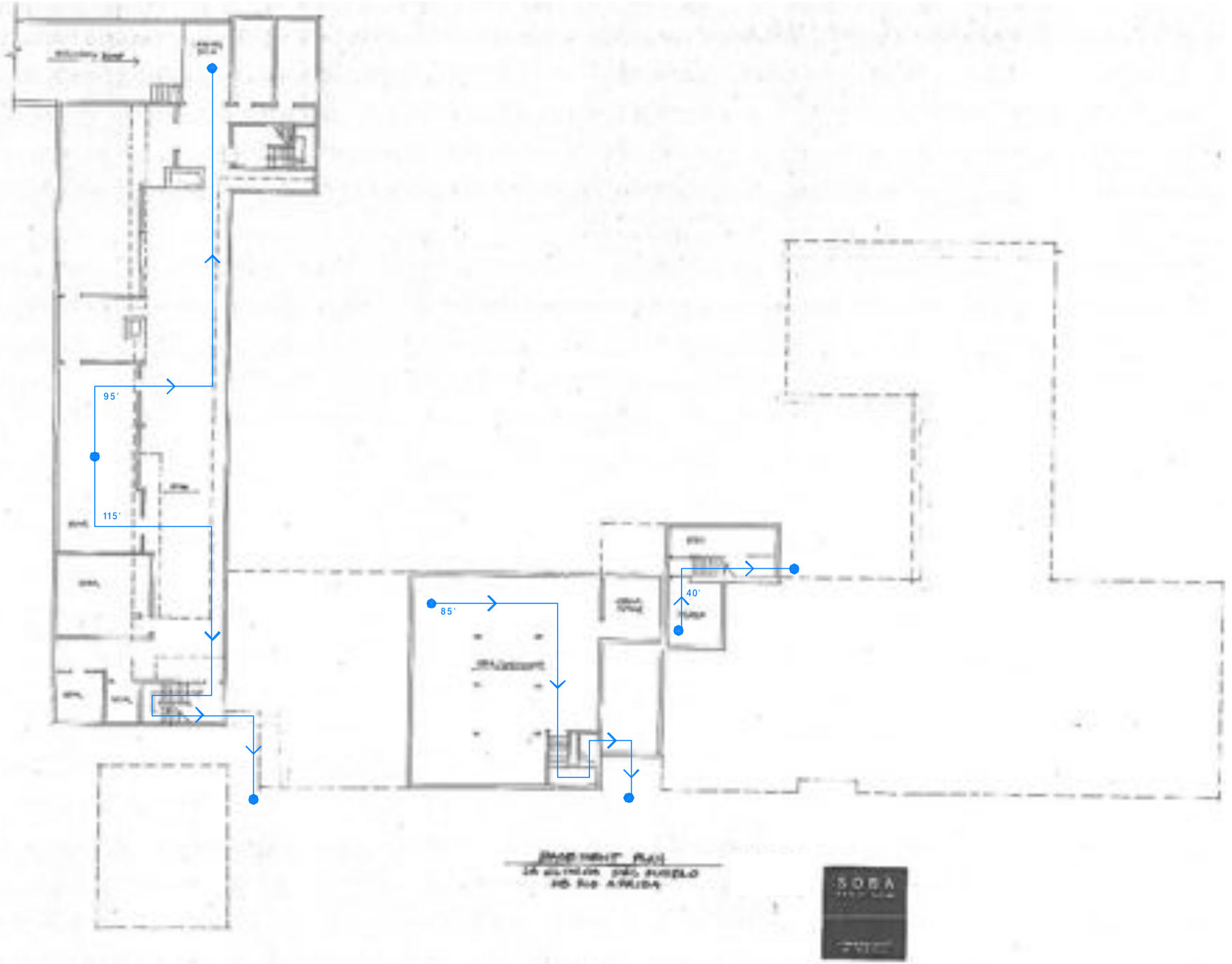

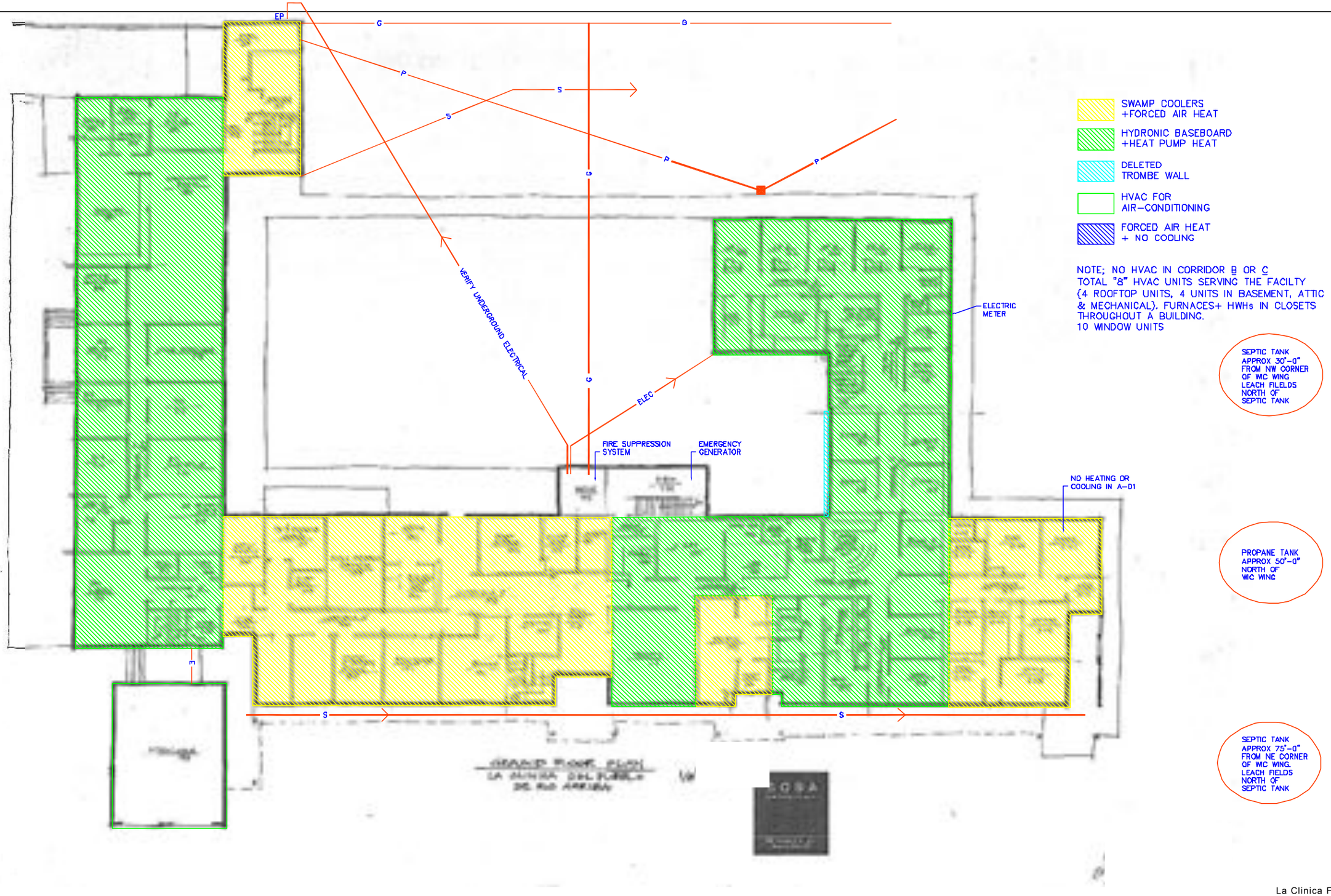
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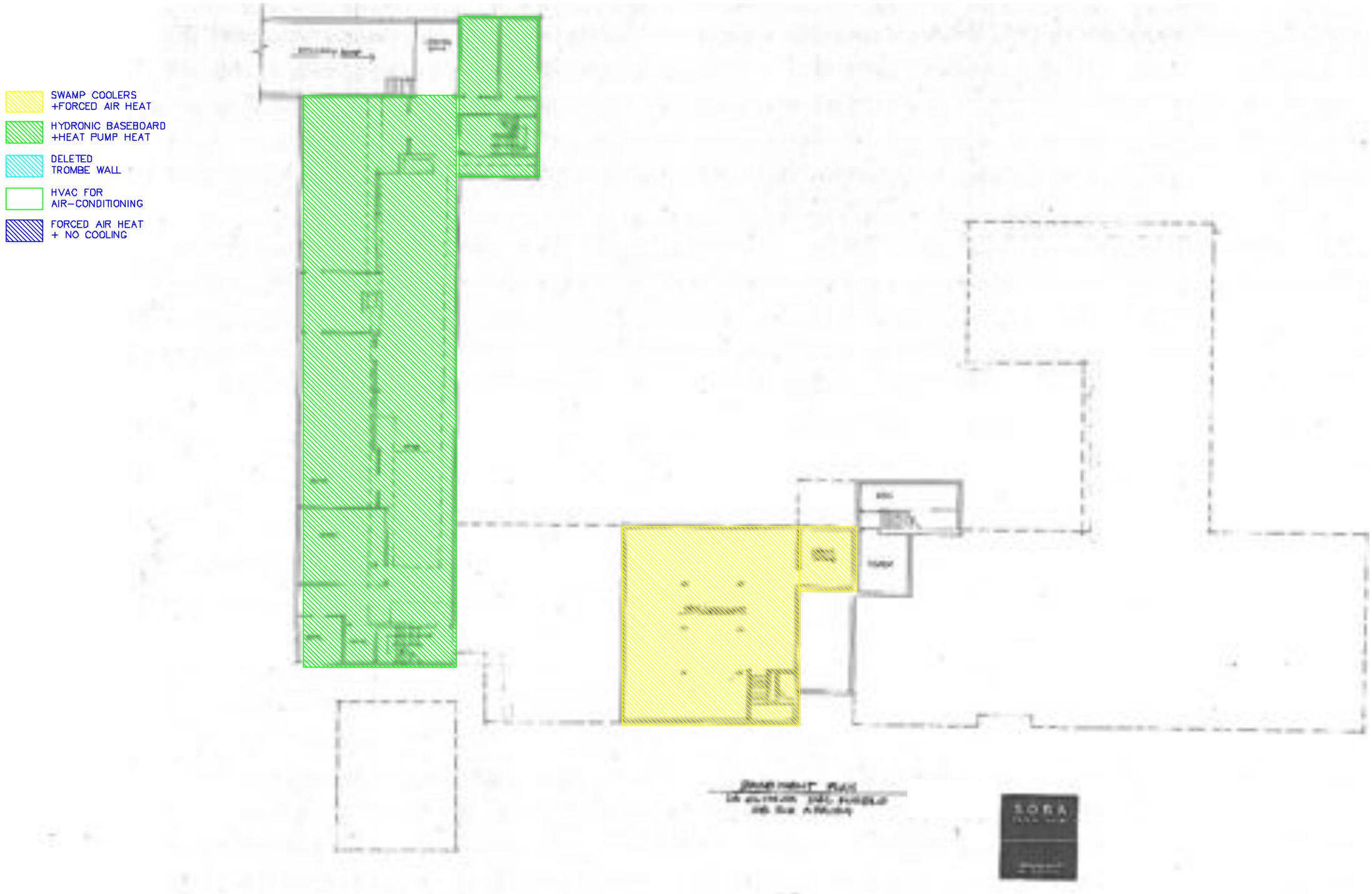
VERIFY UNDERGROUND ELECTRICAL
ELEC
ELECTRIC METER
FIRE SUPPRESSION SYSTEM
EMERGENCY GENERATOR
NO HEATING OR COOLING IN A-D1
S
S
E
SWAMP COOLERS +FORCED AIR HEAT
HYDRONIC BASEBOARD +HEAT PUMP HEAT
DELETED TROMBE WALL
HVAC FOR AIR-CONDITIONING
FORCED AIR HEAT + NO COOLING
NOTE; NO HVAC IN CORRIDOR B OR C
TOTAL "8" HVAC UNITS SERVING THE FACILTY (4 ROOFTOP UNITS, 4 UNITS IN BASEMENT, ATTIC & MECHANICAL). FURNACES+ HWHs IN CLOSETS THROUGHOUT A BUILDING.
10 WINDOW UNITS
SEPTIC TANK APPROX 30'-0" FROM NW CORNER OF WIC WING LEACH FILELDS NORTH OF SEPTIC TANK
PROPANE TANK APPROX 50'-0" NORTH OF WIC WING
SEPTIC TANK APPROX 75'-0" FROM NE CORNER OF WIC WING. LEACH FIELDS NORTH OF SEPTIC TANK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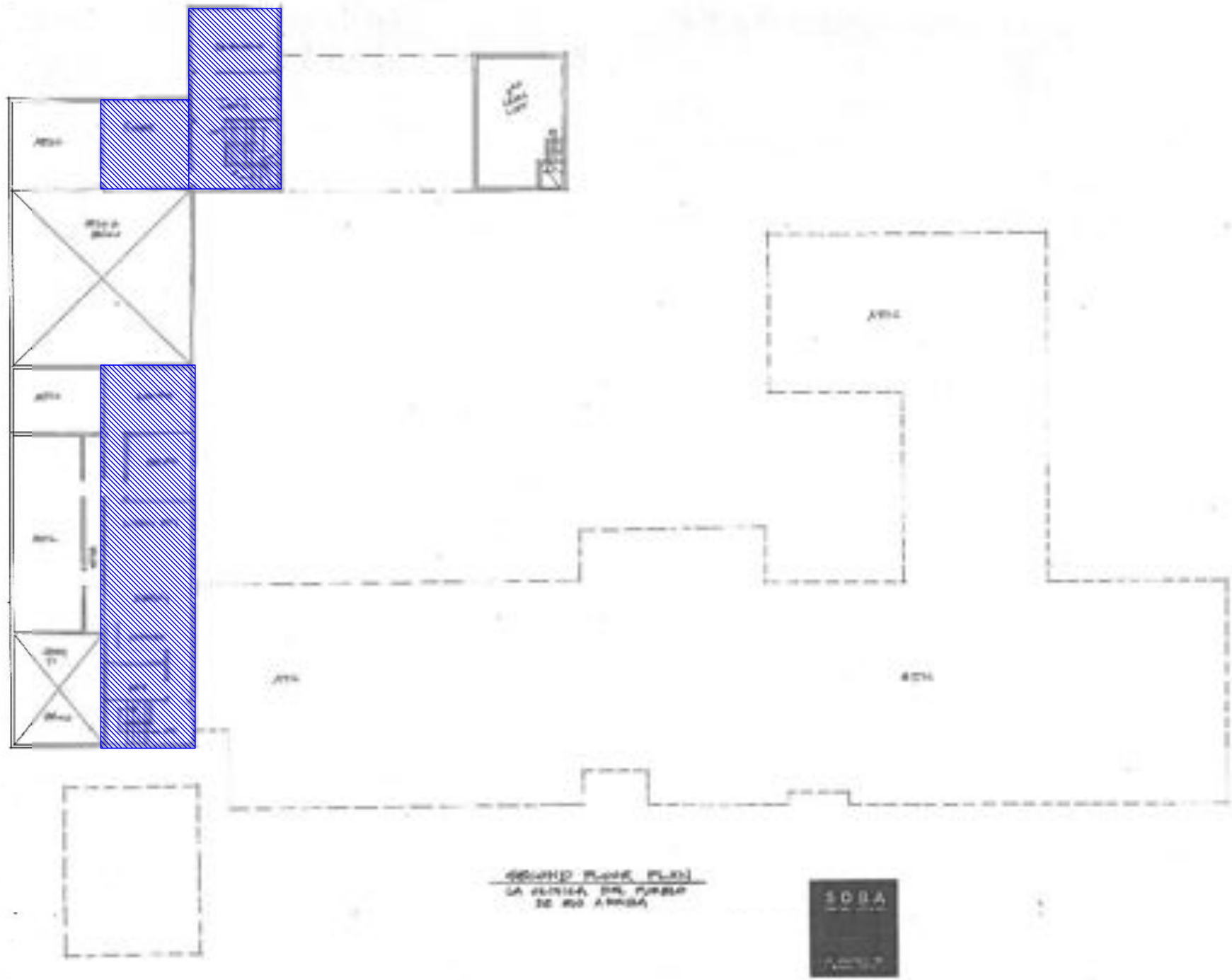
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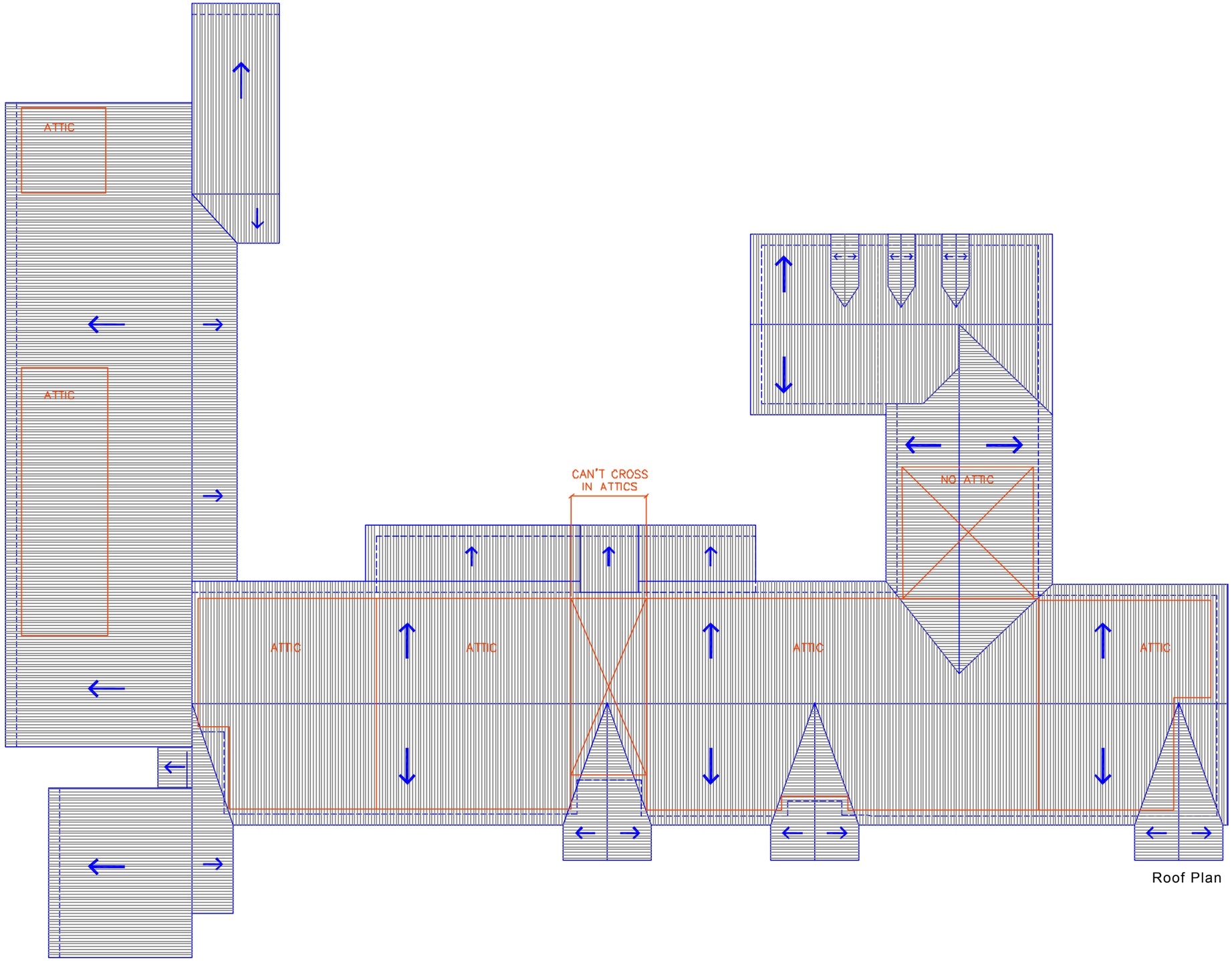
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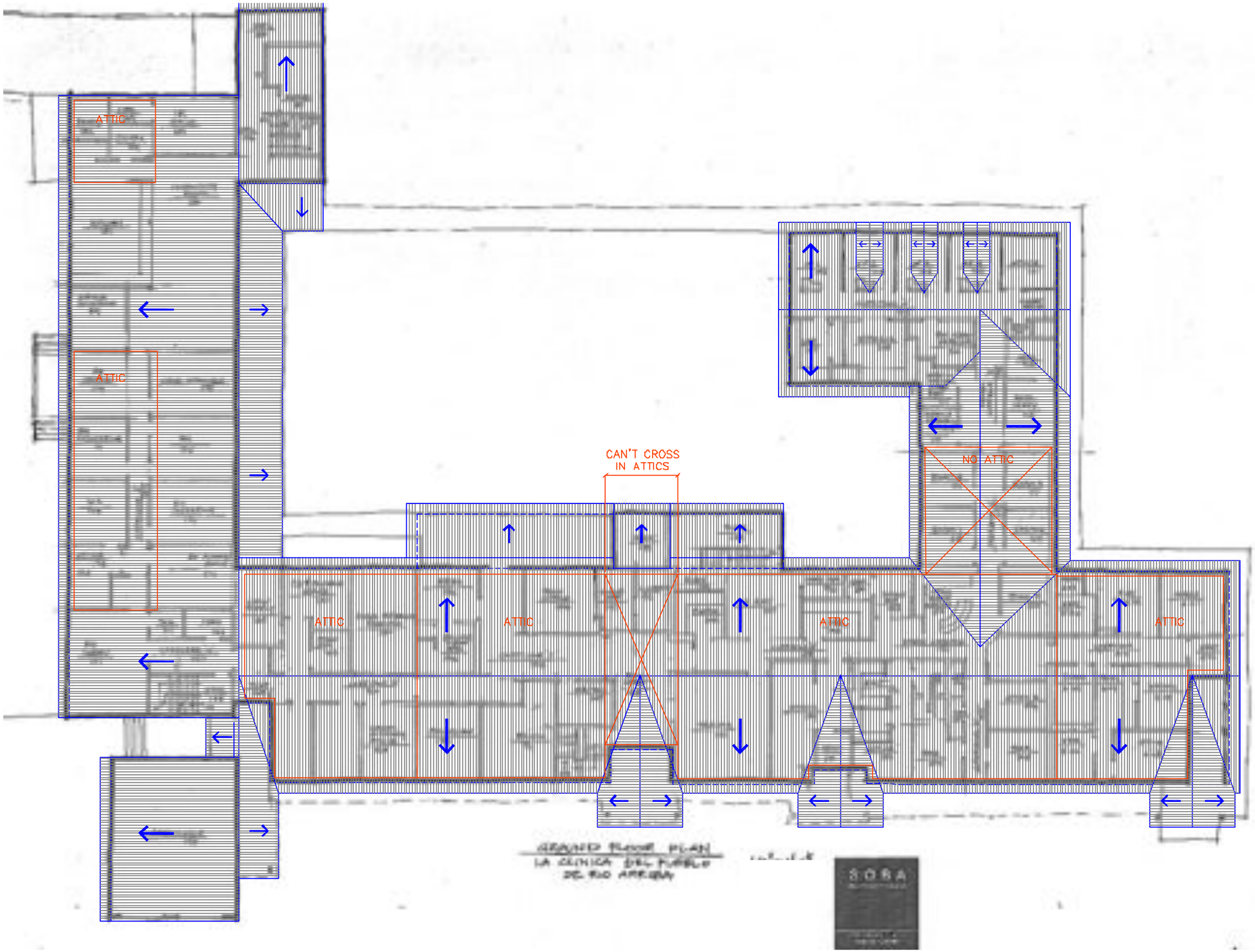
Roof Plan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September 12, 2007
LA CLINICA DEL PUEBLO DE RIO ARRIBA
“Cover Sheet”

Hello , we are providing each Department of La Clinica with the following questionnaire in preparation for a two Phase Assessment and Master Planning Study to evaluate the Current and Future Architectural and Planning Needs of La Clinica.

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The attached Questionnaire is provided as a preliminary step to evaluate the needs of each department (including the facilities, equipment and staff). We ask that each department consider the questions over the next week and provide any answers (or questions) in writing to Lorrie Leyba by the afternoon of the 17th. This will be in preparation for a meeting to be scheduled on September 18th with Suby Bowden + Associates, the Architecture and Planning Firm selected from Santa Fe, New Mexico.

In addition, the SOBA team is analyzing the physical conditions of the existing facility, as well as working with the Foundation and Board of Directors, as part of the Data Collection Phase of the Master Plan.

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You will see pages 1 through 5 attached are documentation of existing physical conditions, and are simply for you to be aware of. In addition we have been compiling code compliance and lack of code compliance issues that we will provide to La Clinica. Pages 6-10 are the Questionnaire.

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Phase I of our work will provide a Concept Facility Assessment Report with Freehand Drawings and full reports, construction cost estimates and proposed schedules.
This first phase will give the County and La Clinica 2 to 3 different architectural solutions for the remodeling and/or new construction phases. It will also provide two additional meetings to discuss those options and develop a chosen option with changes.

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Phase II of our work will provide a Final Facility Assessment Report with Computer Drawings
for the Development of a Contractor Based Bid for the Capital Improvement Plan and full reports, construction cost estimates and proposed schedules.
This second phase will take the chosen option (from the 2 to 3 options) and will then produce computer generated Schematic Design drawings and Specifications. These drawings and specifications will enable La Clinica in conjunction with the Architects to select a Negotiating Contractor who will then produce a Schematic Design Cost estimate.
This phase will also provide La Clinica with the option to continue to work with the Architects to develop a Pro-Forma to include equipment acquisitions, personnel increases, timetables, funding sources, phasing, and prioritization for the La Clinica Board resulting in a Preliminary Master Capital Improvement Plan.

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Should you have any additional questions about participating in this Questionnaire, please contact Lorrie Leyba or Dr. Pacheco for any assistance.

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Thank you so much,

Suby Bowden and Bob Gaylor
Suby Bowden + Associates
333 Montezuma Avenue, Suite 200
Santa Fe NM 87501
1-505-983-3755

September 12, 2007
LA CLINICA DEL PUEBLO DE RIO ARRIBA
“General Information to be provided to each Department.. page 1 of 10”

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Pedro Arechuleta has provided the following information for existing maintenance and operations conditions:

General Clinica:

1. Tomas Campos expressed concern that new construction is hampered by existing drainage issues on the site, causing mold and damage that need to be addressed
2. Behavioral Health and Social Services Group treatment needs private counseling space
3. 4’ doors for beds exist in some locations, but not all, need to clarify where required.
4. Ambulance garage could be relocated if necessary
5. “Prioritize functional needs as well as building maintenance needs”
6. Pedro Arechuleta – Maintenance and Operations Director for the Clinic for the last 4 years

Age of Original Building and Subsequent Additions:

1. Exterior – pressed block “adobe” walls with wood frame interior walls
2. 1962-63 – old private clinic constructed (45 years ago)
3. Other remodels and additions constructed between 1962 and now
4. Wings of the building from North to South are: WIC (Women, Infant and Children’s Program), Medical, Dental, Lobby, Emergency, Administration, Big Building first and second floor and Basements (3 different basements)

HVAC for entire Building is in-consistent and grew over time without consideration for Growth:

HVAC System for the Lobby Entry and Medical and Dental Wings:

1. Lobby: Swamp cooler separate, hydronic baseboard – couple of zone valves ducted in attic.
1. Medical-Dental: Hydronic baseboard and heat pump HVAC (dependent on room location)
2. Trombe wall on south side has failed (with plants growing in) and should be removed
3. Too hot, no circulation in one room, due to clerestories in hall and trombe wall
4. West windows are fixed with no shade provided on the west for afternoon sun
5. AC overworks in summer due to overheating of spaces
6. All new wing – WIC – 4 or 5 years ago – swamp cooler

HVAC Systems for the Big Building-Is Outreach and Human Service:

1. Heaters and individual AC and H20 closet
2. Basement – problem with mold, water table too high
3. Furnaces are 30 years old

HVAC System for the Administration Wing:

1. Own heater and own swamp coolers
2. 2 zones between entry and admin – 2 heaters, outside
3. Noticeable differences in temperature – in different wings
4. T-stats adjusted as need be
5. Might add photo cells at the back for electricity and take advantage of State Rebates

Roofing:

1. Pink tags to keep swallows away under the roof eaves
2. Roofing not yet inspected

Septic:

1. 2 leach fields to the north of the clinic and down hill (was cast iron – since then replaced)

Plumbing:

1. Copper through most of the buildings
2. Filtering for dental (used to have H20 softener, now use bottles)
3. Suction machine in dental and spit drain on dental chairs into septic

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Pedro Arechuleta has provided the following information for existing maintenance and operations conditions:

Electrical:
1. Pedro Arechuleta said the electrical meets current code
2. Main electrical supply is on the north side of the building
3. Sub panels in Dental, WIC

Floors:
1. Floors throughout the building are made of plywood and wood joists with 2 foot crawl space below (SOBA has found part of Archives Room is concrete floor, walls and ceiling)
2. Crawl space access at bathrooms, WIC, dental, and furnace as well as exterior access from the 3 basements

Moisture Problems:
1. At entry and WIC
2. Seeping in from the front walkways and driveways
3. At the building additions – clay soils still under the sidewalk, which absorbs the moisture
4. In the dental – mold problems on the north side of the building
5. Roof overhang is shorter than the sidewalk below – drips on sidewalk, drains into building
6. Dental – has mold in walls and crawl space

Big Basement-Building-Below Outreach and Human Service:
1. Problem with mold
2. Water table too high
3. Mold on the walls – 18” high
4. Car seats for WIC program
5. Recycling for the entire Clinic
6. Woodshop and storage
7. Worst problem is SE side of the building for drainage due to rain off the roof to the sidewalk

Boiler Basement:
1. Emergency entrance
2. Water table problems and mold

Lobby and Waiting Room:
1. Sitting in hallway, not allowed by code, will need to be addressed
2. Office – no plumbing for lavatories in some
3. Exam room was a restroom
4. Dropped ceiling

Medical:
1. Exam rooms too hot
2. Clerestory generating heat, have to open windows for ventilation
3. Trombe wall on outside, used to be an exam room, now an office, needs to go back to an exam room
4. Major ice, draining on north side
5. Clinic is discussing adding 2-3 feet to the roof overhang on entire building
6. Linoleum in 3 foot strips, should have been long roll
7. 1/8” looked like pegboard was used as floor sheathing, with no holes and linoleum popping, curling
8. 16 ft long: trombe wall vents into exam room, too hot, no circulation in one room
9. Plants are now growing in the trombe wall. It needs to be removed and windows added to medical, dental rooms

.

Pedro Arechuleta has provided the following information for existing maintenance and operations conditions:

Dental:
1. West windows – fixed – no shade on the west side from afternoon sun
2. AC overworks in the summer
3. Exterior room: heater and electrical H20 heater
4. Dr. Glenn Thomasson – in Dental

Basement in the Courtyard:
1. Accessed through an exterior door off the courtyard
2. Above the basement access there is ice damming on the roof
3. Generator still functioning for some areas
4. Plywood basement door needs to be replaced
5. Phone system for whole building and some sub panel
6. No insulation now in walls or roof
7. Old well house – no longer using
8. Boiler feeds wall panels
9. Water and H20 softener for feeding Medical and Nurses (not Dental)

At Grade Next to the Basement in the Courtyard:
1. Old furnaces – little kitchen, used to be maternity
2. Water – little kitchen
3. Heating insulation
4. No sprinkler system (due to no big tank)
5. Piped for sprinkler but then comes to here and stops
6. They were told they would have to build a tower for a pressure tank for the sprinkler system

Old Maternity:
1. No dropped ceiling, gyp board fixed ceiling
2. Storage room – maybe fine office
3. Strips of copper laid in floor, every other foot, for oxygen use and people had to put on slippers over their shoes to reduce sparks
4. Maternity not provided at the Clinic now, due to liability, maybe reconsider due to Federal Government covering liability in the future

Attic (not seen in the walkthrough):
1. “A mess” was the description given by Pedro Arechuleta
2. Dental has a separate attic
3. Health has a separate attic
4. Old clinic has a separate attic
5. Old maternity – has 3 separate attics

Ambulance:
1. Buzzer on the door

Administration Basement:
1. All used for storage
2. No heating or AC
3. No sump pumps
4. Ductwork all sheet rocked to access the spaces above

Fire Marshall:
1. Comes if invited, here last year – give a list of items to be addressed
2. Fire damage and burglar systems at ambulance entry

September 12, 2007
LA CLINICA DEL PUEBLO DE RIO ARRIBA
"General Information to be provided to each Department.. page 4 of 10"
.
Pedro Arechuleta has provided the following information for existing maintenance and operations conditions:

Laundry:
1. Community washer and dryer
2. Dropped ceiling

Pharmacy:
1. On back side of laundry

X-Ray:
1. Did not get remodeled
2. Heavy door – need metal frame – (lead lined door)
3. Backs up to the outdoor basement

Emergency:
1. Dropped ceiling
2. Pegboard linoleum floors
3. No metal frame on these doors either
4. Linoleum blood resistance may not have been addressed

Fire:
1. Occurred September 3, 1969 - $25,000 damage, with repairs all made at that time

Lab:
1. Used to be Dental office

Lobby Restroom:
1. Unisex – all handicap accessible
2. Door between maternity wing and emergency has settled

Administrative Wing:
1. Public relations office
2. Finance office
3. Dr. Pacheco and assistants offices
4. Offices get cold in winter
5. Swamp coolers (15° drop, doesn't go above 80 in Tierra Amarilla, heat wave-85), so generally OK

Mailroom:
1. No comments made for this room

Big Building-Is Outreach and Human Service:
1. Rent to the State
2. Separate from the Clinic
3. 2 offices
4. Too hot so added individual coolers
5. Temp set at 70°, but rooms at 80°
6. All through Outreach and Human Services overheating, added individual cooling units

Community Room:
1. Mr. Arechuleta said don't understand why so high a temperature
2. Electric thermal heating units would require upgrading electrical supply (one in men's, one in women's, and one in EMS office)

September 12, 2007
LA CLINICA DEL PUEBLO DE RIO ARRIBA
"General Information to be provided to each Department.. page 5 of 10"
.
Pedro Arechuleta has provided the following information for existing maintenance and operations conditions:

Upstairs-EMS and Administration Offices:
1. 220 sheetrock ceilings
2. No elevators existing
3. Promotora's Founder and Pedro's wife, 13 years
4. Pedro – Founder and Board Member with other Founders and Board Members

Crow's Nest:
1. Plywood floors damaged due to broken window, glass missing, no ventilation
2. Ceiling code is not being met, due to ceiling too low on west side

Big Building-Basement-Ramp:
1. Stairs damaged
2. Sump pump added
3. Every time pond fills, water up to the loading platform
4. Pond 50 feet from wall-seeps in
5. Need to backhoe retention wall and add waterproofing fabric to address the issue

Where the Greenhouse Used to Be:
1. Juan Boregos and Juan Romero out of Albq. or San Jose built it
2. Insulation needed
3. May add pantry to kitchen – have a quote

Upstairs Apartment:
1. Used only for emergencies, if doctors have to stay overnight
2. With its own furnace
3. 2 bedrooms
4. Living room and bath
5. They said the space works wells for them

Ambulance Garage:
1. No heater, only metal building
2. This building could be used for another purpose and ambulance garage could be moved to an alternate location

Site and Parking Needs
1. Not yet walked the site with Pedro.

Please add any additional notes of existing conditions maintenance issues you are aware of, to the 5 page list above (for your department or for any other part of the building or site):

September 12, 2007
LA CLINICA DEL PUEBLO DE RIO ARRIBA
“Department Questionnaire.... page 6 of 10”
.

How Many Staff Members (Full Time and Part Time) are currently working in your Department ? (and expected growth over what schedule ?)

Please list what you think is working well in your Department Facilities (and what you might like to keep the way it is):

Please list what you think is currently not working well in your Department Facilities, and provide any suggestions you may have for solutions:

September 12, 2007
LA CLINICA DEL PUEBLO DE RIO ARRIBA
“Department Questionnaire.... page 7 of 10 ”
.

Is there enough room for proper separation of Public and Private Space? (For your employees, for your clients, between departments)? if not, please describe the additional needs .

Is there enough acoustical separation in the building or in your department ?

Is your Lobby and Waiting Room large enough for your current client load ? if not, please describe the additional needs .

Are your offices adequate ? if not, please describe the additional needs .

Is your Lab and Work Space adequate ? if not, please describe the additional needs .

September 12, 2007
LA CLINICA DEL PUEBLO DE RIO ARRIBA
"Department Questionnaire.... page 8 of 10"
.

Do you have enough storage space ? if not, please describe the additional needs.

Does your department need more space now and if so, what kind ?

Think into the future 5 years, 10 years, 20 years, What kind of space, equipment, facilities, would your department and La Clinica need ?

September 12, 2007
LA CLINICA DEL PUEBLO DE RIO ARRIBA
"Department Questionnaire.... page 9 of 10"
.

Tell us about your department's heating and cooling system and whether it meets your needs ?

Tell us about your lighting needs and whether or not the existing conditions provide you with appropriate lighting ?

Does your department have the equipment that it needs ? if not, please describe the additional needs .

September 12, 2007
LA CLINICA DEL PUEBLO DE RIO ARRIBA
“Department Questionnaire.... page 10 of 10”
.

Please list any additional thoughts or needs that you may have for your department:

Please list any additional thoughts or needs that you may have for inter-departmental coordination, the entire facility and site as a whole:

Please see the contents of attached envelope for the department heads response to this questionnaire.


"Re-use Existing" Conceptual Approach #1
Existing Building
Total New Construct
Needed New
Existing Walkways and Connections
Existing driveway
public parking
outpatients
medical
dental
EMS
Two Versions of "Blue Infill" Conceptual Approach #2
entry parking
"Two Facilities" Conceptual Approach #3
Medical and Hospital
plaza


LA CLINICA

COST ESTIMATE COMPARISONS: NEW CONSTRUCTION - VS - REMODEL-ADDITION

.

EXISTING FACILITY:

23,527 SF TOTAL (Ground Floor Footprint: 15,186 SF)
including
1235 SF of Second Floor Administration and Loft
1166 SF of Second Floor Apartment
3015 SF of Corridors, 5940 SF of Basements and 630 SF of Staircases
Plus 1068 SF of Attic space, Plus Exterior Patios, Portals and Parking Lots

.

POTENTIAL FUNDING SOURCES:

June 2007- La Clinica Board of Directors and Foundation:

1. discussed a $6,000,000 to $7,500,000 Total Construction Cost Estimate for a (20,000 SF Remodel at $150/SF = $3,000,000) plus (10,000 to 15,000 SF New Constr. at $300/SF = $3,000,000 to $4,500,000)
2. discussed applying for a USDA –Rural Development – 75/25 Loan and Grant- totaling $3,000,000 Loan/Grant,
3. discussed an Electrical Coop Loan of $400,000 max for as little as 1% interest.
4. discussed a Loan currently in place with the NM-MFA
5. discussed State Legislative Applications to State Senators
6. discussed Federal Applications to Senators Domenici, Bingaman, Representative Udall

.

Potential Funding Systems not discussed at the Board Meeting:

7. Any funding applications will require a comprehensive Capital Campaign Strategy that has been carefully considered for staged applications. In addition it will be important:
8. to recognize certain funding sources specialize in the support of an expansion and update of a strong and successful rural health clinic, like La Clinica:
9. to recognize most major funding sources choose to support comprehensive planning and building, rather than piecemeal planning and building;
10. to recognize the improbability of being able to find a large group of major funding sources from within the Clinic's service community;
11. and therefore to recognize that the Capital Campaign Strategy will need to target public, private and non-profit funding sources that will not require significant matches from within the Clinic's service community.
12. Suby Bowden + Associates has begun investigations on Bricks and Mortar, and Health Equipment Funding Sources to assist in conversations with the Board and Foundation.

.

SIZE ASSUMPTIONS FOR ALL NEW CONSTRUCTION:

13. If assume full replacement of the existing 23, 527 SF Building
14. + New Additions of 14,056 to 15,000 SF + a New Addition of a 4000 SF EMS Garage
15. then Total New Construction = approx. 42,000 SF
16. (this SF does not include the Future Total 10,233 SF of Exercise Facility, Trauma Center, Additions of more than 8 Dental Operatories or Doubling the Admin's Storage Facilities)
17. (see description of State of the Art specifications to determine if the Clinic's needs)
18. Note that new construction could design the building more efficiently, thus it could require less square footage of approximately 5000 SF to 10,000 SF, dependent upon final design

.

ESTIMATED TOTAL CONSTRUCTION COSTS FOR ALL NEW CONSTRUCTION:

19. La Clinica New Construction Cost Estimate based on local General Contractor interview: $ 250 to $ 300/SF
20. 42,000 SF x $250 to $300/SF = $ 10,500,000 to $ 12,600,000
21. or…32,000 to 37,000 SF x $250 to $300/SF = $ 8,000,000 to $ 11,100,000
22. Plus Site Work Costs Allowance of $ 800,000
23. Total Range of New Construction Cost Estimate: = (Bldg:$ 8 mil to $12.6 mil) +(site: $800,000) = $8,800,000 to $13,400,000
24. no line items in the budget for Owner Provided "PROJECT COSTS": such as new furniture, medical equipment, addl. land purchase, A+E costs, personnel increases, Capital Campaign costs, phasing impacts such as daily Phasing Manager during construction…..all to be studied further if requested in Phase II.
25. Note that if all the Future Construction is added : 10,233 SF x $250 to $300/SF = $5,116,500 to $3,069,900 in Additional Cost..

COST ESTIMATE COMPARISONS:NEW CONSTRUCTION - VS - REMODEL-ADDITION

.

ALL NEW CONSTRUCTION COMPARABLES: (see attached):

26. La Clinica New Construction Cost Estimate based on local General Contractor interview: $ 250 to $ 300/SF

.

27. New County Courthouse:
28. Rio Arriba County States Costs to be (including equipment) :
29. ……..9500 SF-2 story- built in 2001 for $1,200,000 = $126.31/SF
30. ……..in 2007 for $1,800,000 = $189 SF
31. McGraw Hill 2007 CostBook Case Studies (see attached):
32. New Emergency Department: …….McGraw Hill 2007 CostBook = $366.44/SF
33. New Cancer Center: ……McGraw Hill 2007 CostBook = $316.18/SF
34. New Medical Center: ……..McGraw Hill 2007 CostBook = $304.87/SF
35. New Diagnostic Center (Remodel): McGraw Hill 2007 CostBook = $265.39/SF
36. New Surgery Center:…… McGraw Hill 2007 CostBook = $181.83/SF
37. New Dental Clinic: ……..McGraw Hill 2007 CostBook = $178.99/SF
38. New Family Health Center:…… McGraw Hill 2007 CostBook = $132.22/SF
39. New Health Care Facility:…….. McGraw Hill 2007 CostBook = $101.35/SF

.

ALL NEW MEDICAL FACILITY – STATE OF THE ART CONSTRUCTION SPECS AND COSTS:

40. SYSTEMS WITHIN THE $250 TO $300 / SF RANGE :
41. New Building Systems could be constructed of Structural concrete footings and stem walls (waterproofed with perimeter drain system), Steel Stud walls and Steel joist ceilings with stucco exterior and panelized interior systems at all floors, walls and ceilings (with some plaster in public areas), Insulation to meet code. Building Massing and roofing to match historic structures styles,
42. Multiple Floors would reduce Land Area and travel time of staff, and also would reduce the construction costs (however with a 6x6 elevator, we would not recommend a 2nd floor use that requires an elevator due to maintenance program so far from Albuquerque)
43. Ramp and Loading dock for access to move equipment and supplies as growth requires.
44. Passive Solar, Photovoltaic and New Controlled Heat Pump HVAC systems including paper storage room with 365 days a year of 50% Relative Humidity and 60 degree temperature, filters for particulate and pollutants, and monitoring equipment. Heat Pump HVAC systems for the remainder of the building, with acoustical dampers and

.

45. New Finishes could be stucco exterior, some plaster interior, for full access at times of growth the use of panelized walls, ceilings and panelized floors (with blood and chemical resistant finishes), medium duty aluminum windows and heavy duty doors, metal trim , commercial quality plumbing and electrical fixtures.

.

46. SYSTEMS AS ADDITIONAL COSTS BEYOND THE $250 TO $300 RANGE:
47. Specialty furnishings could be Montel mobile storage units (as was used at the County Courthouse) 2000 SF… Approx. $245,000…The Montel mobile storage may reduce the amount of storage SF by as much as 50%. So it may turn out that the overall SF might be lowered enough that it pays for the system. It means that up to 1100 SF could be taken out at $300/SF = $ 275,000 to $330,000.00 savings in the cost of construction. Final detailed programming for storage will allow the team to establish final costs. Allowance = Zero additional cost if reduce square footage accordingly.
48. Not included in budget : new furniture for waiting rooms, labs, offices, exam rooms, etc..

.

49. SITE WORK AS ADDITIONAL COSTS BEYOND THE $250 TO $300 RANGE:
50. Paving and lighting at parking, landscaping and sidewalks around the new building.
51. Utility Systems: Upgraded electrical utility systems from one phase to 3 phase, on site sewage treatment package system (which also would include drip irrigation, timers, valves and all the free water La Clinica can use) or new system tied to the adjacent septic system. CO2 Fire Suppression System (possibly used at computers and paper storage), with a wet water fire suppression system used elsewhere. Propane tanks as required. Plumbing and electrical to meet code.
52. Allowance: $800,000

.

53. SCHEDULE:
54. 12 mo. schedule with the assumption that scheduling would allow for the building to be closed in prior to Winter, and assuming no Remodel Work to be produced on the existing Building while the New Construction is under way.

COST ESTIMATE COMPARISONS:NEW CONSTRUCTION - VS - REMODEL-ADDITION

.

EXISTING FACILITY:

23,527 SF TOTAL (Ground Floor Footprint: 15,186 SF)
including
1235 SF of Second Floor Administration and Loft
1166 SF of Second Foor Apartment
3015 SF of Corridors, 5940 SDF of Basements and 630 SF of Staircases
Plus 1068 SF of Attic space, Plus Exterior Patios, Portals and Parking Lots

SIZE ASSUMPTIONS FOR ALL REMODEL, PLUS NEW CONSTRUCTION ADDITION:

55. When remodeling the existing 23, 527 SF Building, not all areas require full remodels
56. Full Remodel = approx. 14,527 SF
57. Partial Remodel = approx. 9000 SF
58. + New Construction Additions of 14,056 to 15,000 SF
59. + a New Addition of a 4000 SF EMS Garage
60. New Construction = approx. 19,000 SF
61. (this does not include the Future: Total 10,233 SF of Exercise Facility, Trauma Center, Additions of more than 8 Dental Operatories or Doubling the Admin's Storage Facilities)
62. (see description of State of the Art specifications to determine if the Clinic's needs)

.

ESTIMATED TOTAL CONSTRUCTION COSTS FOR ALL REMODEL ,PLUS NEW ADDITION,:

63. New Construction Addition :
64. La Clinica New Construction Cost Estimate
    based on local General Contractor interview: $ 250 to $ 300/SF
65. 19,000 SF x $250 to $300/SF = $4,750,000 to $5,700,000 in New Construction
66. Full Remodel Construction CE: based on local General Contractor interview: $300 to $350/SF
    14,527 SF x $300 to $350/SF = $4,358,100 to $5,084,450
67. Partial Remodel Construction CE: Based on Scope of Work Described Below: $200 to $250
68. 9,000 SF x $200 to $250/SF = $ 1,800,000 to $ 2,250,000
69. Plus Site Work Costs of Approx. $ 800,000
70. Total Range of New and remodel Construction Cost Estimate:
71. (New: $ 4.7 to $5.7 mil) + (Full Remodel: $4.3 to 5.0 mil) + (Partial remodel: $1.8 to $2.5 mil) + (Site: $800,000) = $8,108,100 to $13,834,450
72. However, significantly increased costs for remodeling and Phasing:
    Phasing Manager required to be on site on a daily basis, handling and organizing the moving and phasing of staff , equipment, protection systems,, etc $75,000 potential cost for project of this size,
    Plus 10% to 20 % contingency could be required for potential discoveries pending further research,
    Plus the cost of staff moving, and reduction in efficiency during phasing.
73. no line items in the budget for Owner Provided "PROJECT COSTS": such as
    new furniture, medical equipment, addl. land purchase, A+E costs, personnel increases, Capital Campaign costs, phasing impacts such as daily Phasing Manager during construction…..all to be studied further if requested in Phase II.

REMODEL ASSUMPTIONS:

74. Exterior Insulation: All new exterior insulation Board (including foundation) and re-wire and re-stucco, as well as add insulation to all Attic Spaces :

.

75. HVAC: All new HVAC heat pump system(s) designed to meet existing / remodeled conditions, fed through the attic spaces (including opening walls between attic spaces) and including full damper system for acoustical privacy, and installation of new registers : ($400,000 and 4 to 5 months)

.

76. Mold Removal: Analysis and Removal of Mold throughout Facilities Basements and Crawl Spaces including excavation and waterproofing, and installation of perimeter drain system and drain field,
    and installation of crawl space vents:

.

77. Acoustical Treatment:
78. Soundproof panels on all walls (approx. 4583 LF x 8 ft height= approx. 36,664 SF), and ceilings (approximately 16,000 SF-ground floor), demo of ex. (approx 82) door frames and installation of all new door frames and solid core doors and hardware:

.

79. Gut Interior of Some Sections of Some Departments: In Medical Storage, X-Ray Area, some of the BH, and at new Centralized Corridors and Hallways

COST ESTIMATE COMPARISONS:NEW CONSTRUCTION - VS - REMODEL-ADDITION

REMODEL ASSUMPTIONS-continued:

80. Pave and Light Parking Lot: Pave staff parking lot and provide motion detector lighting at both parking lots for entry and exit from the facility- ($50,000)

.

81. Sprinkler System: with 30,000 gallon pressure tank, or dry CO2 system for papers and computers ($100,000 at interior installation remodel and repair, plus system $200,000 to $400,000)

.

82. New Security System for all Doors and Windows:

.

83. New Waste Water Treatment Plant ??

.

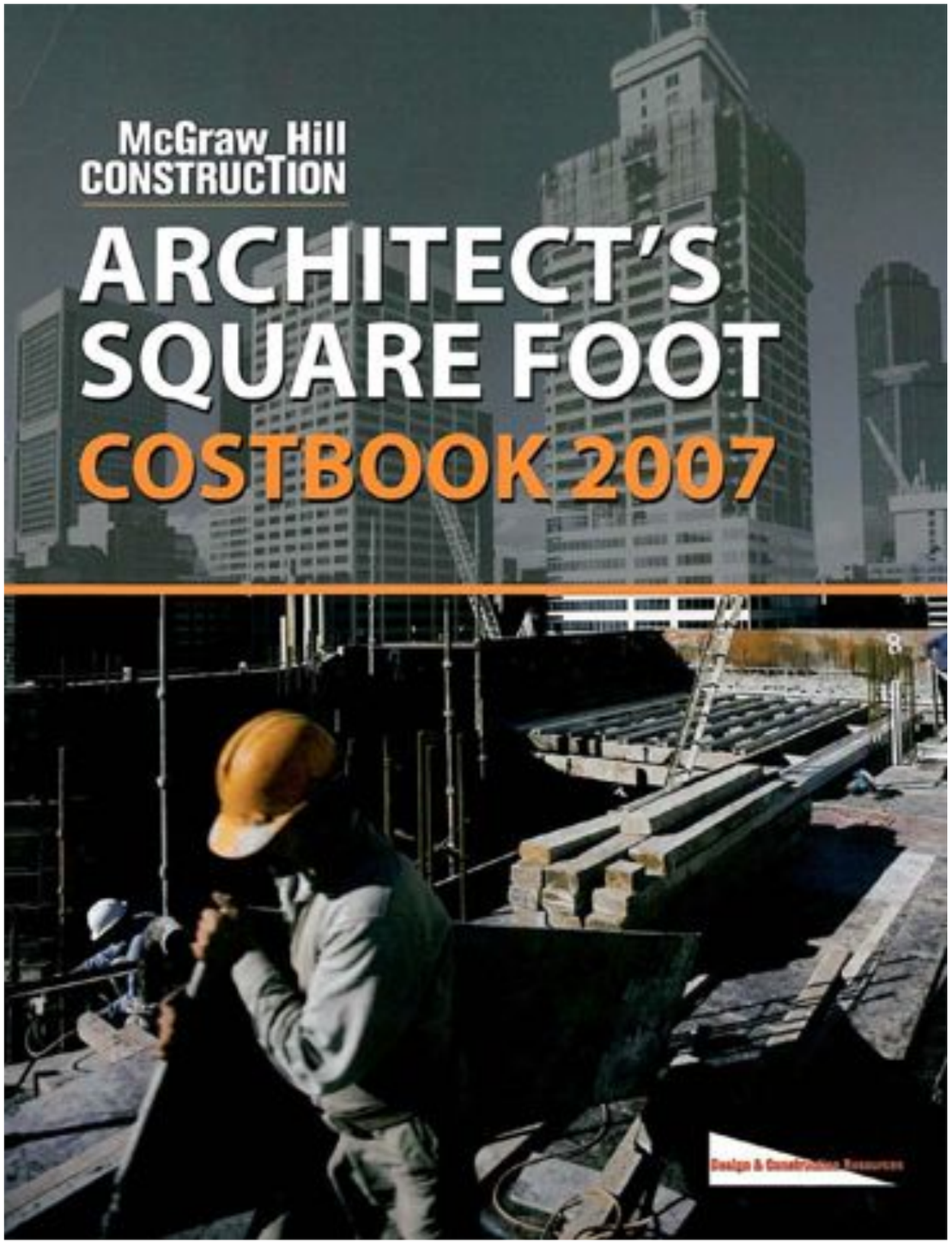
84. New Phone Systems with Voicemail:

.

.

85. NEW CONSTRUCTION REQUIREMENTS:
86. See New Construction Systems described previously in the "State of the Art" Section.
87. New Construction = approx. 19,000 SF
88. New Central Corridors, Bathrooms and Reception Areas
89. New Medical Expansion
90. New EMS Garage and Apartments
91. New Outreach Center
92. New Dental Expansion
93. New Storage Facilities
94. (this SF does not include the Future Total 10,233 SF of Exercise Facility, Trauma Center, Additions of more than 8 Dental Operatories or Doubling the Admin's Storage Facilities)

95. SITE WORK AS ADDITIONAL COSTS BEYOND THE $250 TO $300 RANGE:
96. Paving and lighting at parking, landscaping and sidewalks around the new building.
97. Utility Systems: Upgraded electrical utility systems from one phase to 3 phase, on site sewage treatment package system (which also would include drip irrigation, timers, valves and all the free water La Clinica can use) or new system tied to the adjacent septic system. CO2 Fire Suppression System (possibly used at computers and paper storage), with a wet water fire suppression system used elsewhere. Propane tanks as required. Plumbing and electrical to meet code.
98. .
99. SCHEDULE:
    12 mo. schedule with the assumption that the new construction for the building would be closed in prior to Winter, plus the remodel time impact of phasing and discoveries,(yet to be determined until further decisions are made by working with the Board).
    .
100. VOLATILITY OF THE CONSTRUCTION COST MARKET:
101. .Nationally and in Santa Fe we have experienced rapidly rising Construction Costs of 1% per month over a 3 to 4 year period since the start of the war, and 2% per month since the Katrina and Wilma Hurricanes hit last Fall. Reconstruction has not yet fully begun in the Gulf Coast States.
102. Therefore the following Construction Costs are reflective of pricing we have received in the last 12 months, with Expectations that construction costs may continue to rise due to major sales to China, Iraq and the Gulf Coast States. However simultaneously here is national and local discussion of a recession due to the sub-prime mortgage market.
103. .
104. Due to these very unusual times, construction cost estimating is volatile. Architects and Contractorscan provide broad stroke cost estimates during these times, but professional cost estimators and contractors are required for accurate cost estimating during each phase of the design process.
105. Therefore: A reasonable allowance for contingencies, in addition to the preliminary estimate of construction cost, should be included for market conditions at the time of producing the construction documents and bidding or negotiation, and for any changes in the Work during design or construction.



Part Three

Metro Area Multipliers

The costs presented in this Costbook attempt to represent national averages. Costs, however, vary among regions, states and even between adjacent localities.

In order to more closely approximate the probable costs for specific locations throughout the U.S., this table of Metro Area Multipliers is provided. These adjustment factors are used to modify costs obtained from this book to help account for regional variations of construction costs and to provide a more accurate estimate for specific areas. The factors are formulated by comparing costs in a specific area to the costs presented in this Costbook. An example of how to use these factors is shown below. Whenever local current costs are known, whether material prices or labor rates, they should be used when more accuracy is required.

Cost Obtained from Costbook Pages	X	Metro Area Multiplier / Divided by 100	=	**Adjusted Cost**

For example, a project estimated to cost $1,000,000 using the Costbook can be adjusted to more closely approximate the cost in Los Angeles where the Multiplier is 115:

$$1{,}000{,}000 \times \frac{115}{100} = \mathbf{1{,}150{,}000}$$

State	Metropolitan Area	Multiplier
MD	BALTIMORE	99
	CUMBERLAND	96
	HAGERSTOWN	91
ME	BANGOR	93
	LEWISTON-AUBURN	98
	PORTLAND	97
MI	ANN ARBOR	108
	DETROIT	111
	FLINT	105
	GRAND RAPIDS-MUSKEGON-HOLLAND	100
	JACKSON	104
	KALAMAZOO-BATTLE CREEK	96
	LANSING-EAST LANSING	104
	SAGINAW-BAY CITY-MIDLAND	102
MN	DULUTH	100
	MINNEAPOLIS-ST. PAUL	113
	ROCHESTER	108
	ST. CLOUD	100
MO	COLUMBIA	90
	JOPLIN	95
	KANSAS CITY	102
	SPRINGFIELD	97
	ST. JOSEPH	90
	ST. LOUIS	99
MS	BILOXI-GULFPORT-PASCAGOULA	97
	JACKSON	98
MT	BILLINGS	99
	GREAT FALLS	99
	MISSOULA	97
NC	ASHEVILLE	93
	CHARLOTTE	93
	FAYETTEVILLE	94
	GREENSBORO-WINSTON-SALEM-HIGH POINT	93
	GREENVILLE	93
	HICKORY-MORGANTON-LENOIR	79
	RALEIGH-DURHAM-CHAPEL HILL	93
	ROCKY MOUNT	76
	WILMINGTON	94
ND	BISMARCK	95
	FARGO	96
	GRAND FORKS	94
NE	LINCOLN	92
	OMAHA	98
NH	MANCHESTER	100
	NASHUA	99
	PORTSMOUTH	92
NJ	ATLANTIC-CAPE MAY	110
	BERGEN-PASSAIC	113
	JERSEY CITY	112
	MIDDLESEX-SOMERSET-HUNTERDON	108
	MONMOUTH-OCEAN	105
	NEWARK	114
	TRENTON	111
	VINELAND-MILLVILLE-BRIDGETON	100
NM	ALBUQUERQUE	96
	LAS CRUCES	92
	SANTA FE	98
NV	LAS VEGAS	105
	RENO	107

State	Metropolitan Area	Multiplier
NY	ALBANY-SCHENECTADY-TROY	102
	BINGHAMTON	100
	BUFFALO-NIAGARA FALLS	108
	ELMIRA	95
	GLENS FALLS	90
	JAMESTOWN	102
	NASSAU-SUFFOLK	115
	NEW YORK	132
	ROCHESTER	108
	SYRACUSE	103
	UTICA-ROME	103
OH	AKRON	103
	CANTON-MASSILLON	101
	CINCINNATI	96
	CLEVELAND-LORAIN-ELYRIA	108
	COLUMBUS	101
	DAYTON-SPRINGFIELD	98
	LIMA	101
	MANSFIELD	97
	STEUBENVILLE	104
	TOLEDO	103
	YOUNGSTOWN-WARREN	105
OK	ENID	89
	LAWTON	89
	OKLAHOMA CITY	91
	TULSA	90
OR	EUGENE-SPRINGFIELD	106
	MEDFORD-ASHLAND	104
	PORTLAND	108
	SALEM	107
PA	ALLENTOWN-BETHLEHEM-EASTON	105
	ALTOONA	103
	ERIE	103
	HARRISBURG-LEBANON-CARLISLE	101
	JOHNSTOWN	104
	LANCASTER	101
	PHILADELPHIA	114
	PITTSBURGH	104
	READING	103
	SCRANTON-WILKES-BARRE-HAZLETON	103
	STATE COLLEGE	98
	WILLIAMSPORT	100
	YORK	103
RI	PROVIDENCE	108
SC	AIKEN	91
	CHARLESTON-NORTH CHARLESTON	95
	COLUMBIA	95
	FLORENCE	92
	GREENVILLE-SPARTANBURG-ANDERSON	94
	MYRTLE BEACH	90
SD	RAPID CITY	93
	SIOUX FALLS	93
TN	CHATTANOOGA	96
	JACKSON	97
	JOHNSON CITY	94
	KNOXVILLE	96
	MEMPHIS	93
	NASHVILLE	97

State	Metropolitan Area	Multiplier
TX	ABILENE	89
	AMARILLO	97
	AUSTIN-SAN MARCOS	99
	BEAUMONT-PORT ARTHUR	96
	BROWNSVILLE-HARLINGEN-SAN BENITO	89
	BRYAN-COLLEGE STATION	97
	CORPUS CHRISTI	95
	DALLAS	91
	EL PASO	95
	FORT WORTH-ARLINGTON	91
	GALVESTON-TEXAS CITY	90
	HOUSTON	92
	LAREDO	78
	LONGVIEW-MARSHALL	93
	LUBBOCK	96
	MCALLEN-EDINBURG-MISSION	84
	ODESSA-MIDLAND	95
	SAN ANGELO	93
	SAN ANTONIO	99
	TEXARKANA	96
	TYLER	96
	VICTORIA	96
	WACO	96
	WICHITA FALLS	90
UT	PROVO-OREM	94
	SALT LAKE CITY-OGDEN	93
VA	CHARLOTTESVILLE	98
	LYNCHBURG	97
	NORFOLK-VA BEACH-NEWPORT NEWS	91
	RICHMOND-PETERSBURG	91
	ROANOKE	95

State	Metropolitan Area	Multiplier
VT	BURLINGTON	94
WA	BELLINGHAM	112
	BREMERTON	110
	OLYMPIA	108
	RICHLAND-KENNEWICK-PASCO	106
	SEATTLE-BELLEVUE-EVERETT	111
	SPOKANE	108
	TACOMA	111
	YAKIMA	106
WI	APPLETON-OSHKOSH-NEENAH	101
	EAU CLAIRE	100
	GREEN BAY	101
WI	JANESVILLE-BELOIT	101
	KENOSHA	103
	LA CROSSE	99
	MADISON	100
	MILWAUKEE-WAUKESHA	107
	RACINE	103
	WAUSAU	100
WV	CHARLESTON	99
	HUNTINGTON	100
	PARKERSBURG	98
	WHEELING	100
WY	CASPER	92
	CHEYENNE	95

FILE 39:

Somerset Medical Center's new Emergency Department has revolutionized the delivery of emergency care. At 40,000 square feet, the new facility is nearly four times the size of its former quarters, making it one of the largest, best-equipped emergency departments in the state. The new facility is designed to serve 46,000 patient visits/year. Supported by a new 633-space parking garage, the new ED provides 16 triage/fast track exam rooms, 25 private exam rooms, 2 major resuscitation rooms, 2 digital radiographic rooms, a CT room and a self-contained psychiatric evaluation center. Separate ambulance and walk-up patient entrances are provided, along with a large open public waiting area complete with amenities.

The Emergency Department provides direct support to the 70-bed medical/surgical floor above it. The building is designed to support three additional medical/ surgical floors.

The new Medical/Surgical Pavilion is divided into two 35-bed suites; one serves traditional medical/surgical patients while the second suite is dedicated to oncology patients. All rooms are primarily used as single-patient rooms, however; 20 of the rooms (10 in each suite) are designed to have the flexibility to accommodate two patients, when demand for beds is high. The two suites have distinct finish palettes so that each suite has its own identity. In honor of a significant donor, the oncology rooms have a special graphic of the phrase "Carpe Diem" applied to the footwall. This phase is said to embody the attitudes of this special donor.

In order to improve patient service, pairs of rooms are provided with a nurse substation located between the rooms for enhanced access to patient information and amenities. The entrance to each pair of rooms is highlighted through the use of applied materials and colors so as to enliven the rooms with a more "hotel-like" quality. The patient rooms are provided with other amenities, such as flat panel TVs, writing surfaces with Internet connections for the patient and family, in-room refrigerators, enlarged showers, wood and wood accents, vinyl wall covering and wood plank-like vinyl flooring. In order to reduce the potential institutionalism of the patient rooms, medical gases and services are provided within a wall-mounted wood-finished headwall unit, and behind wall-mounted artwork in the case of the semi-private rooms. All of these features are provided to ensure that the quality of the hospital stay is maximized, while the sense of institution is reduced.

This major expansion, as well as the new Cancer Center being constructed on campus, is part of the reason Somerset was recently recognized by Solucient as one of the top 100 performance improvement leaders in the country. Solucient is an independent health care information company that ranks the nation's best-performing hospitals.

Array Healthcare Facilities Solutions has provided planning, architectural and interior design services to Somerset Medical Center for over 20 years. In addition to the recently completed Emergency Department & Medical Surgical Pavilion, Array is currently designing the Cancer Center. Other recent projects include a new Arrivals Pavilion, Surgical Suite Expansion and Catheterization Lab Expansion.

Code	Division Name	%	SF Cost	Total Cost
00	Bidding Requirements	9.79	35.88	4,914,194
01	General Requirements	9.45	34.96	3,483,922
03	Concrete	4.36	15.97	1,787,960
04	Masonry	1.32	4.84	541,915
05	Metals	5.39	19.76	2,211,623
06	Wood & Plastics	4.21	15.43	1,726,691
07	Thermal & Moisture Protection	8.19	29.99	3,355,311
08	Doors & Windows	4.28	15.67	1,752,652
09	Finishes	12.52	45.88	5,133,162
10	Specialties	0.41	1.49	166,477
14	Conveying Systems	1.23	4.51	504,457
15	Mechanical	27.37	100.31	11,221,319
16	Electrical	12.48	45.73	5,116,919
	Total Building Costs	100.00	366.44	40,994,419

COST PER SQUARE FOOT = $366.44

FILE 37:

LEED(R)-CERTIFIED

Emory University has had a long history of providing cancer care, research and medical training since its clinics first opened in 1937. As the program grew, Emory realized that a new clinical and research facility was required to help meet its goal to become a designated Comprehensive Cancer Center. The Senior Leadership envisioned a facility that would not only meet the University's research mission, but also provide an exceptional environment for the care of patients and their families.

Situated on a dense site, with restrictions, the site posed enormous challenges, both technically and functionally. Seven stories high, with subterranean spaces and tunnel connections, this building was partially constructed on top of active linear accelerator vaults, and surrounded on nearly all sides by other structures. For success, the project required a collaborative approach between the architect and contractor to meet the client's schedule and budget.

Although healthcare and research facilities are historically large energy consumers, the architecture and engineering team was challenged with designing the facility to qualify for LEED(R) certification. In January of 2005, the Cancer Institute formally received certification in the US Green Building Council's LEED program ("Leadership in Energy and Environmental Design"); the first building of its type to achieve this recognition.

The Cancer Center Director wanted a design that could speak to both researchers and patients in tangible ways - sending a message of optimism to patients, and a reminder to researchers to "accelerate discovery."

Inspired by these ideas, the design team worked to embed a language of hope, caring and imagination into the details of the building - both literally and symbolically. The building's exterior design echoes the University's more traditional architectural style, but the main entry invites patients into a crisp, modern interior, reinforcing the medical sophistication and the sense of confidence a patient seeks for cancer treatment.

The artistic centerpiece of the building is clearly the illuminated entry tower, which houses the monumental stair linking all clinical and research floors. With inspirational phrases embedded into the landings, and compelling reminders to researchers to tap into their imagination, the stair prompts a daily dialogue. This design element keeps both patients and researchers in mind - at every turn, reminding one of the other.

Input from patients influenced the design of the Infusion Center, which, at 80 stations, was daunting in size. The design was developed in more intimate clusters of 4 patients each, with half-walls that personalize the space for family members, while maintaining visibility for good nursing care. The clusters allow patients the opportunity to converse with their newly found "support group", or pull a curtain for privacy.

In short, the building design seeks to engage in a conversation with its occupants about life, health, and the ultimate hope for a cure.

Code	Division Name	%	$/ Cost	Total Cost
01	General Requirements	14.92	47.16	12,362,091
03	Concrete	13.93	44.03	11,448,563
04	Masonry	1.38	4.35	1,132,349
05	Metals	3.68	9.79	2,544,157
06	Wood & Plastics	2.93	9.35	2,400,108
07	Thermal & Moisture Protection	2.87	9.40	2,444,711
08	Doors & Windows	3.93	12.44	3,233,346
09	Finishes	11.98	37.63	9,784,497
10	Specialties	0.88	2.79	724,909
11	Equipment	1.13	3.57	928,478
12	Furnishings	3.88	12.26	3,188,471
13	Special Construction	1.05	3.31	859,572
14	Conveying Systems	2.11	6.66	1,732,257
15	Mechanical	21.88	68.93	17,922,196
16	Electrical	14.11	44.60	11,595,541
	Total Building Costs	100.00	316.18	82,206,644

COST PER SQUARE FOOT = $316.18

FILE 43:

The Baylor Regional Medical Center at Plano was constructed on a 21-acre site and consisted of a hospital of 354,400 square feet; a medical office building of 195,000 square feet; a six-level, 1,080 vehicle parking garage; a central plant; and surface parking. Baylor Plano's goal was to first understand the hospital experience from the patient's point of view and second, based on this understanding, to create an environment that eases worries and focuses on health. Every detail of Baylor Plano is part of a healing environment designed to nurture and patient comfort abounds, from the private, well-appointed patient rooms, to the nearby visitors' lounge where family and friends can prepare a meal, socialize or just relax.

The hospital's first phase has inpatient units with 96 beds and a 40 bed day-patient unit. Patient diagnostic and treatment areas include urgent care, imaging, women's health, endoscopies, surgical procedures, catheterization lab, and physical medicine. Hospital support areas are business office, medical records, administration, dietary, laboratory, pharmacy, central processing, materials management, maintenance, security, housekeeping and biomedical engineering. Functionally, hospital diagnostic and treatment activities are located in the lower three stories, including the below grade garden level. Above this base structure is a five-story patient/nursing tower that together provides an impressive and highly visible seven-story facility.

At the lower level, a terraced garden and outdoor courtyard are located outside the cafe, where light filters into the area through the chapel's stained-glass windows, which is the perfect place to enjoy a meal and peaceful surroundings.

On the main floor, access is provided to outpatient care and centralized registration. Additionally, a Concierge Desk for arriving patients, visitors, or conference center attendees along with a cyber cafe and coffee shop bistro are available.

Thanks to a floor plan that puts each nursing station close to the patient rooms as well as a low patient-to-nurse ratio, nurses are never more than 25 steps away. The carpeted patient care floors utilize personal touches and soothing colors in the patient rooms to make recovery as pleasant as possible.

A seven-story medical office building is located across the medical boulevard from the hospital with an enclosed bridge connecting the two. For patient and staff convenience, a six-level, 1,080 vehicle parking structure is situated near the professional office building and main hospital entrance.

Code	Division Name	%	SF Cost	Total Cost
00	Bidding Requirements	0.00	0.00	0
01	General Requirements	9.30	28.35	9,722,448
03	Concrete	19.81	58.89	20,567,197
04	Masonry	2.18	6.64	2,277,263
05	Metals	3.61	11.01	3,774,721
06	Wood & Plastics	3.42	10.41	3,571,317
07	Thermal & Moisture Protection	3.58	10.91	3,742,448
08	Doors & Windows	5.98	18.22	6,250,053
09	Finishes	10.38	30.73	10,537,391
10	Specialties	1.76	5.19	1,781,088
11	Equipment	0.90	2.74	939,792
12	Furnishings	0.36	1.10	378,168
13	Special Construction	0.22	0.66	224,836
14	Conveying Systems	2.22	6.76	2,320,128
15	Mechanical	23.44	71.47	24,512,362
16	Electrical	13.40	40.88	14,013,327
	Total Building Costs	100.00	304.87	104,556,488

COST PER SQUARE FOOT = $304.87

FILE 40:

As the third largest employer in Sumter County, Georgia and the healthcare provider of choice in the Middle Flint region, Sumter Regional Hospital (SRH) offers the area's most effective health care systems in a comfortable, caring environment. Currently, Sumter Regional Hospital is a 143-bed acute care facility with more than 50 active medical staff members representing more than 25 specialties. SRH has served the Middle Flint region since 1953. In early 2004, an adjacent big-box retail property became available. The availability of the property created an opportunity to expand specialty out-patient services in a new, high touch - high tech environment. Stegenga + PARTNERS helped the leadership at SRH master plan the renovation and modification of the 65,000 square foot existing building into a community-based outpatient services called the "HealthPlex".

This is the achievement of a dream that SRH Foundation and SRH had... a dream to provide state-of-the-art preventive care services and facility to the citizens of Southwest Georgia. The first phase of the HealthPlex includes an Imaging & Diagnostic facility anchored by the latest state-of-the art MRI Scanner. It also features Women's Mammography and Health Services.

Customers who have traditionally gone to the hospital for diagnostic services such as routine X-rays, mammograms, laboratory services, blood tests, and bone density scanning now have access to these same services in a faster and more comfortable environment. The site, a former retail furniture store, has more than 5 acres of parking. Patients and customers can park near the front door and walk right in. The current master site plan, and future phases of the Project, includes softening the hardscape with plantings, tree canopies, and an out door walking track.

Using the skeleton of the previous furniture store presented several challenges. The demands of new technologies, from electrical/mechanical to patient accessibility, required that most of the existing system had to be removed. New electrical services, roof-top HVAC units, and a new fire suppression system had to be integrated into the skeleton.

Structurally, the building shell could accommodate the new use. A new TPO roof was installed over the entire facility. The concrete slab frequently had to be cut to accommodate the new utility requirements. The slab in the MRI area had to be removed and replace to accommodate the new utilities and floor leveling requirements.

While the magnitude of replacement was extensive, the location and availability of the big-box was financially viable. In a small rural community like Americus there are limited re-use options for these big-box retail locations. The purchase price and adjacency to the main hospital was favorable to the success and growth of the health care system.

Creative interior medical planning organized the programmed services to help segregate the male / female population to preserve patient confidentiality and limit the possibility of gender crossover traffic. These programmed functions were organized to comfort and respect the patient. Services that are shared by gender were designed in the center of the plan.

Warm and friendly colors and materials accent the space. Soaring gypsum board ceiling and indirect lighting articulate the sub-wait areas outside the mammography and ultrasound suites creating a soothing and private area for the patient. The warm colors are calming and spa-like. Private video education rooms are provided in each waiting area. The emphasis on education reinforces the patient hospital partnership.

Phase II of the building project is set to take place within the next few years as the SRH Foundation continues their philanthropic efforts to fund this project.

Code	Division Name	%	$F Cost	Total Cost
00	Bidding Requirements	12.48	32.91	234,639
01	General Requirements	6.95	18.45	131,514
03	Concrete	1.22	3.25	23,160
04	Masonry	0.19	0.51	3,610
05	Metals	11.24	29.83	212,676
06	Wood & Plastics	5.54	14.78	104,543
07	Thermal & Moisture Protection	4.38	11.63	82,949
08	Doors & Windows	2.48	6.60	47,029
09	Finishes	16.99	45.09	321,457
10	Specialties	0.94	2.50	17,830
13	Special Construction	3.13	8.32	59,304
15	Mechanical	22.44	59.55	424,596
16	Electrical	12.09	32.07	228,652
	Total Building Costs	100.00	265.39	1,892,258

COST PER SQUARE FOOT = $265.39

FILE 42:

Housed within approximately 7,700 square feet of the existing Chevy Chase Medical Plaza are the new Ambulatory Surgery Center (ASC) and Gastrointestinal Laboratory (GI Lab). This OSHPD certified center includes a new waiting area, with private consultation, pre-operatory beds, nurse station, endoscope procedure rooms and recovery area.

Crucial to the entire process was to design a comfortable yet aesthetically pleasing surgery facility in a cost effective manner.

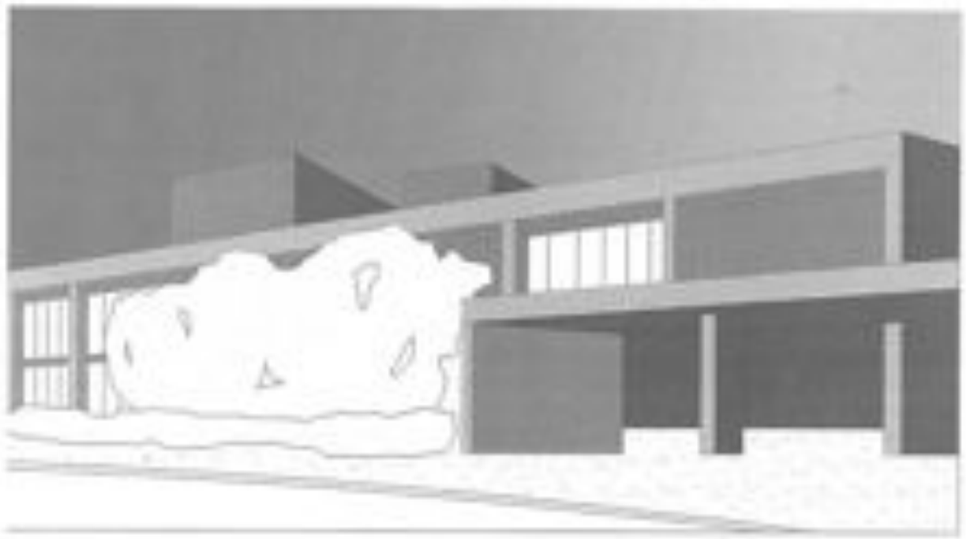
Patients enter through a luxurious waiting room. Walls are lined in iridescent brown wall-coverings, with modern golden furniture to relax in, and surrounded by an eclectic collection of photographs. Zodiac, a granite like solid surface is used on the countertops of the receptionists' area. These furnishing were chosen for their beauty, ability to resist wear, and for being economical. The designer's envisioned a space to calm patients' nerves before entering surgery.

The center offers several procedures, creating a need for specialized equipment and rooms to be designed. Collaborating with HELP International, a medical equipment consultant company, ensured proper equipment purchases, and maintained delivery coordination during construction. The facility is outfitted with the latest state-of-the-art equipment.

The GI Lab's Endoscope Procedure Rooms are located on the east side of the facility, with the surgery rooms are on the north side. With the practicing physicians input the ideal rooms were designed for the various procedures, creating spaces to perform quality care. All spaces were designed in anticipation for future procedures that will be offered at the Chevy Chase Ambulatory Surgery Center & GI Lab.

Joining these two areas is a large open plan space housing the pre-operatory beds, nurses station, and recovery area. Gold curtains allow for privacy between beds when required.

With the selection of calming finishes and considerate attention to facility requirements, a Ambulatory Surgery Center was designed that can be enjoyed by all.



Code	Division Name	%	SF Cost	Total Cost
01	General Requirements	11.99	21.79	167,255
03	Concrete	8.48	9.72	5,523
06	Wood, Plastics, and Composites	6.07	11.04	84,883
07	Thermal and Moisture Protection	0.43	0.79	6,087
08	Openings	5.27	9.59	73,683
09	Finishes	14.62	27.13	208,271
10	Specialties	1.18	2.15	16,526
21	Fire Suppression	0.51	0.93	7,118
22	Plumbing	14.28	25.97	199,466
23	HVAC	17.16	31.20	239,516
26	Electrical	25.51	46.39	356,148
27	Communications	2.28	4.15	31,890
	Total Building Costs	100.00	181.83	1,396,856

COST PER SQUARE FOOT = $181.83

FILE 44:

CDG Architects has been providing architectural and master planning services for El Rio Community Health Center more than 15 years and continues to support this organization's mission – providing underserved communities in Tucson, Arizona with high quality, patient-centered health care facilities. Many depend on this agency as their regular source of medical care and have come to rely on the distinctively "pro-patient" character of each facility and the sensitivity of the staff.

This most recent development, a free-standing dental clinic, places a state-of-the-art facility on an existing neighborhood Health Center campus, located in a rapidly growing community south of Tucson. The new clinic addresses the population growth and is expected to allow for approximately 20,000 new patients once fully operational. It was developed as a Design/Build project, a collaboration between the El Rio facilities managers, BFL Construction, a long-time Tucson general contracting firm, and CDG Architects.

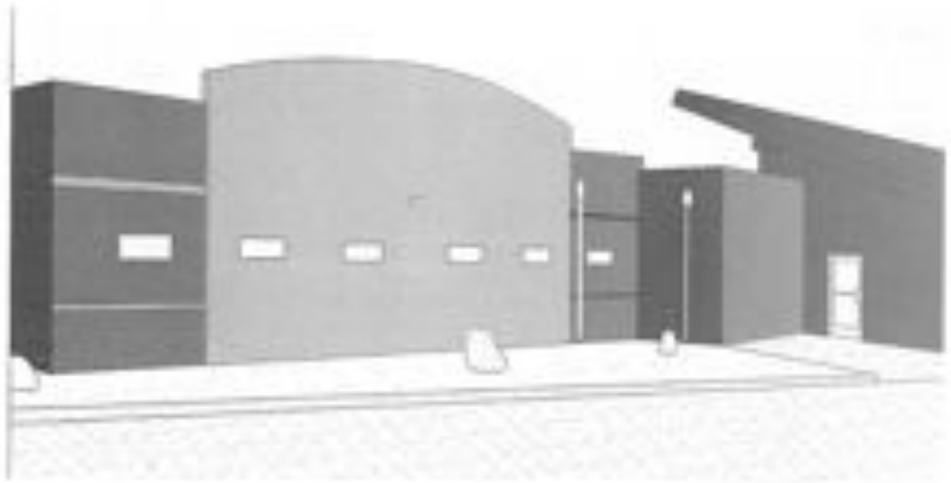
CDG facilitated an extensive program analysis with El Rio staff members to determine the specific needs of managers, staff, and patients. The desired sizes and uses of physical spaces, circulation and connection patterns, privacy levels, health and safety code concerns, and building security were determined through discussion and examination. The El Rio emphasis on patient advocacy suffused the design development process, resulting in a building program tailored to meet their specific needs. BFL Construction contributed cost-aware suggestions: low maintenance construction materials, simplified construction systems and energy-efficient facility equipment. The team-oriented Design/Build approach was effective for all concerned parties, resolving issues early in the development process, keeping Owner costs low, and maintaining efficient design and construction schedules.

Designed to complement the existing clinic, this new building provides visual continuity using the same masonry color, type, and pattern, similar massing and a comparably unique roof design. It is distinguished from the existing facility using a bold, arched, brightly-colored frontispiece which also serves as an attractive sign wall for the building. Windows are "punched in" to the facade, as characteristic in the southwest, to maximize natural light, where feasible, while minimizing heat gain.

The building is contemporary, with a very down-to-earth, functional appearance. The waiting room was designed to feel very open and spacious, using angular walls and high ceilings to create volume. Three large windows, placed at street level, are glazed with mirrored glass to minimize heat gain, provide visual continuity with the out-of-doors and again create a feeling of open space.

This clinic was designed to contribute to the comfort and convenience of visitors and staff alike. Circulation is clear and efficient, clients enter at the waiting area and exit past the reception desk where their paperwork is processed. Administrative functions are grouped together to encourage communication and close proximity for combined functions between departments. The laboratory, sterile area and x-ray lab are centrally located to be convenient for use by all of the professional staff.

CDG Architects and BFL Construction are proud to have partnered with El Rio Community Health Center to develop a cost-effective, substantial, and attractive clinic, in the spirit of its mission to provide much needed health care services in the Tucson area.



Code	Division Name	%	$/ Cost	Total Cost
01	General Requirements	22.76	40.74	383,120
03	Concrete	10.43	18.66	175,507
04	Masonry	7.48	13.40	125,995
05	Metals	1.91	3.41	32,068
06	Wood, Plastics, and Composites	15.83	28.34	266,497
07	Thermal and Moisture Protection	2.24	4.01	37,679
08	Openings	4.65	8.32	78,266
09	Finishes	9.52	17.00	160,328
10	Specialties	1.49	2.67	25,091
21	Fire Suppression	1.40	2.51	23,648
22	Plumbing	8.58	15.35	144,394
23	HVAC	4.75	8.51	79,998
26	Electrical	8.95	16.03	150,731
	Total Building Costs	100.00	178.99	1,683,351

COST PER SQUARE FOOT = $178.99

FILE 41:

The Holton Family Health Center is located in Holton, Kansas, a small but growing community 30 miles north of Topeka, the capital city of Kansas. This clinic is another community outreach of the Community Health Care Systems of Onaga, Kansas, a corporation dedicated to providing quality health care to rural communities in northeast Kansas.

Comprised of 10,300 square feet of space, the building houses two functions, each operating in approximately one half of the building area.

On one side, a medical clinic provides space for three physicians to attend to their patients in nine exam rooms. With laboratory and radiology services available on site, diagnostic services can be provided quickly and efficiently for the patients, and minor procedures performed as necessary.

The other side of the building serves a dual purpose as a fitness center for the townspeople of Holton, and as a rehabilitation center for the physician's patients in need of physical and occupational therapy. As the only fitness center in the community, it has exceeded expectations. With a separate entrance, the fitness center can maintain longer operating hours and operate independently from the clinic. Patrons can come and go without crossing paths with those seeking medical attention. Large windows on the north and south, and a large expanse of clerestory glazing provides rural vistas and ample daylighting in the approximately 2,000 square foot space.

The structure is wood framed with the exception of the locker room area which is constructed of reinforced concrete masonry and capped with a reinforced concrete slab, thereby serving as a storm shelter when needed. Five gas fired furnaces sit on the concrete cap slab within the attic space above. Along with remote condensors, heating and cooling is provided to five zones within the building.

The clinic has been a tremendous success in Holton, providing this small town with quality health care in a pleasing environment.

Code	Division Name	%	$/SF Cost	Total Cost
01	General Requirements	9.16	12.11	126,702
03	Concrete	13.48	13.76	141,700
04	Masonry	2.30	3.04	31,308
05	Metals	0.56	0.74	7,664
06	Wood, Plastics, and Composites	13.21	17.46	179,859
07	Thermal and Moisture Protection	6.32	8.36	86,096
08	Openings	8.47	11.19	115,284
09	Finishes	10.86	14.36	147,896
10	Specialties	0.84	1.11	11,448
11	Equipment	0.63	0.84	8,642
22	Plumbing	10.97	14.50	149,364
23	HVAC	13.58	17.95	184,911
26	Electrical	11.57	15.29	157,517
27	Communications	1.14	1.50	15,491
	Total Building Costs	100.00	132.22	1,361,880

COST PER SQUARE FOOT = $132.22

FILE 38:

Health care facilities are not only the cornerstone to healthy families but healthy communities as well. With this in mind the Rocking Horse Center was established in 1999 to meet the needs of the Springfield community. Since its founding, the center has become known for providing exceptional health care and aiding in the revitalization of the surrounding neighborhood.

The Rocking Horse Center institutes a neighborhood and city wide commitment to family-based, family-oriented care, upholding the philosophy that all children, regardless of family income or insurance status, deserve accessibility to quality pediatrics. The primary focus of the staff, in particular the family advocate who works to establish, nurture and strengthen family relationships, is to cooperate with families. The building strives to create a comfortable atmosphere for regular checkups, "well child" visits or episodic care.

The design intent has always been to blend visually with the 125-year-old Victorian homes that comprise the neighborhood. To visually integrate the building with the surrounding architecture, phase one includes a two-story tower open-space lobby area. For both phases brick veneer with banding in two colors was selected to coordinate with the masonry construction depicting the majority of buildings in the area. The brick colors and patterns also integrate Rocking Horse Center into a nearby downtown area including many civic buildings. White windows with divided lights and steeply sloped roofs complete the visual connection with adjacent buildings.

With patient use far exceeding initial estimates, McCall-Sharp Architecture was again engaged to double the size and renovate the existing 7,500-square-foot facility to accommodate a larger medical staff, projected needs and future growth. Included in the project is the addition of 10 examination rooms primarily in the 1,300-square-foot west addition. Renovations expanded social service areas, including early childhood development space to administer the "Healthy Steps" model; expanded nurse triage area s for over-the-phone patient diagnosis and parent education; and training areas for "health awareness" topics for parents and increased therapy care to children with emotional and behavioral issues. The new facility allows the center to care for approximately 20,000 more patients annually, including more than 7,500 uninsured children.

Renovation amounted to 40% of the total construction cost through the reorganizing the existing space. Included in the renovation was the enlargement of the following areas: receptionist, clerical, phone/triage space, officers, and nurse station, lab and chart storage. The increase in the number of examination and treatment rooms required counseling and therapy functions to be relocated to the north addition. The staff break room and kitchen, boardroom, finance, gifting and family therapy were also relocated.

A 2,100-square-foot basement was built under a portion of the 5,000-square foot north addition. It houses the information technology systems and bulk storage. Basement materials comprise a concrete slab floor, concrete masonry unit walls and bar joist, metal deck and concrete floor slab above. First floor materials comprise 2- x 6-inch wood stud walls with brick veneer and aluminum clad wood windows. The roof is comprised of heavy dimensional shingles on an OSB deck supported by wood trusses.

Keeping with their desire to be environmentally conscious, much of the demolition materials were recycled in the renovation. The geothermal heating and air conditioning system installed with the construction of the original building was enlarged for the new wings for maximum efficiency.

Code	Division Name	%	SF Cost	Total Cost
01	General Requirements	10.77	10.93	130,129
03	Concrete	9.10	9.22	109,884
04	Masonry	4.13	4.18	49,889
06	Wood, Plastics, and Composites	16.36	16.58	197,684
07	Thermal and Moisture Protection	5.29	5.36	63,891
08	Openings	1.93	1.96	23,322
09	Finishes	16.73	16.96	226,313
21	Fire Suppression	4.56	4.62	55,049
22	Plumbing	3.23	3.28	39,045
23	HVAC	11.28	11.43	136,289
26	Electrical	12.23	12.40	147,766
27	Communications	2.39	2.42	28,879
	Total Building Costs	100.00	101.35	1,208,141

COST PER SQUARE FOOT = $101.35

FILE 45:

The Wellness Center at Meadows Regional Hospital was borne of a shared vision to provide Toombs and Montgomery counties with more than rehabilitation and fitness services. Meadows Regional Medical Center and Toombs Therapy and Sports Medicine joined together to create a unique destination for wellness, prevention and health education.

Meadows Regional Medical Center (MRMC) established a set of objectives to guide the creation of the wellness facility. First, they wanted to do more than absorb a successful independent business into the hospital. Second, the location needed to be easily accessible for community members. Third, the rehabilitation business, although part of the hospital, should retain its own identity. And last, they wanted to separate therapy into two segments, with inpatient therapy occurring at the hospital and outpatient at the new site. Bringing the vision to life required a lot of square footage. Luckily a large warehouse was found that could be rehabbed for much less than the cost of building a brand new facility.

The Educational Mall was the organizing concept for the design of the Center. With large amounts of anticipated users, a single entry point for security, control and health education was needed. Each user must pass through the educational mall, complete with museum quality display cases, providing MRMC with the opportunity to offer continuous medical educational.

The Physical Therapy area was designed to be open to the fitness areas, yet accessible in the evening and maintain a separate identity. The floor in Physical Therapy is "fuzzy vinyl" product. This was selected to soften the acoustical energy of a fitness center and provide a warm, low maintenance yet fun, environment for the medically necessary therapies. An indoor walking track was included in the plan. The positioning of the 1/10th mile oval around the existing column grid was a major influence on the arrangement of the other spaces.

A 25-meter lap pool for lap swimming, water aerobics and therapeutic rehabilitation was dug from the existing slab. The partitions that separate the pools are the only partitions that reach to the roof structure. This was to contain the humidity and odor, while designing a designated, self-contained HVAC system.

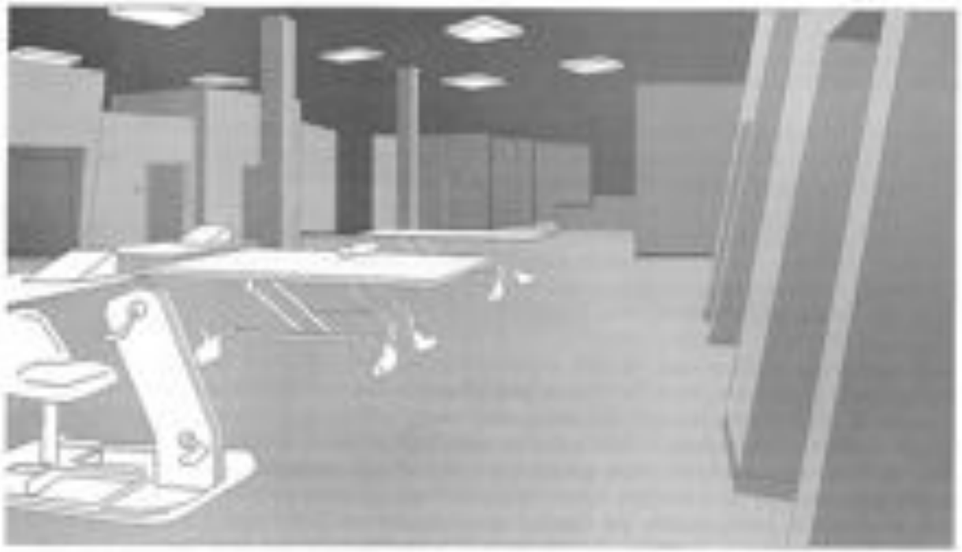
Low-maintenance, no-touch design features in the locker rooms and toilets included automatic flush valves, hand-washing faucets, and paper towel dispenser help reduce the spread of germs.

The Doc's Cafe serves as a place to hang out, get a drink and light meal.

Additional classrooms for training hospital employees were added - including a 100-seat meeting room - with all available to the public. Meeting rooms include state-of-the-art audio-visual equipment, motorized screens, overhead projection, and surround sound.

The ultimate vision for the Wellness Center was to create more than a combined rehabilitation and fitness center, and to create a center of wellness, prevention and health education for the health of the employees and the community. Building on this goal of also providing health services, an orthopedic surgeon's practice joined the facility and Phase II construction will add an imaging center and additional physician practices.

The Wellness Center is a giant step toward a new model of healthcare that nurtures the mind as well as the body. The architect and owner's hope is to bring healthy lifestyles to the residents of Toombs and Montgomery counties, and their lives will become richer in the process.



Code	Division Name	%	$/ Const	Total Cost
01	General Requirements	15.17	15.19	697,265
03	Concrete	0.98	0.98	45,156
04	Masonry	0.18	0.18	8,690
05	Metals	1.28	1.28	57,319
06	Wood, Plastics, and Composites	6.28	6.29	288,652
07	Thermal and Moisture Protection	20.08	20.11	923,171
08	Openings	17.60	17.62	809,106
09	Finishes	10.27	10.28	472,148
10	Specialties	0.69	0.69	31,771
11	Equipment	0.26	0.26	12,013
12	Furnishings	0.15	0.15	6,957
13	Special Construction	4.32	4.32	297,658
21	Fire Suppression	2.03	2.03	93,305
22	Plumbing	3.81	3.81	165,567
23	HVAC	6.67	6.68	306,593
26	Electrical	10.28	10.29	472,590
	Total Building Costs	100.00	100.13	4,597,788

COST PER SQUARE FOOT = $100.13

COMMERCIAL/INDUSTRIAL/ INSTITUTIONAL | M.330 | Hospital, 2-3 Story

Costs per square foot of floor area

Exterior Wall	S.F. Area	35000	40000	55000	70000	85000	100000	115000	130000	145000
	L.F. Perimeter	388	[illegible]	566	666	766	866	878	962	1045
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

Common additives

[illegible]

Important: See the Reference Section for Location Factors

Model costs calculated for a 3 story building with 12' story height and 55,000 square feet of floor area

Hospital, 2-3 Story

			Unit	Unit Cost	Cost Per S.F.	% Of Sub-Total
A. SUBSTRUCTURE						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
B. SHELL						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
C. INTERIORS						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
D. SERVICES						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
E. EQUIPMENT & FURNISHINGS						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
F. SPECIAL CONSTRUCTION						
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
G. BUILDING SITEWORK	N/A					
				Sub-Total	[illegible]	100%
CONTRACTOR FEES [illegible]				[illegible]	[illegible]	
ARCHITECT FEES				[illegible]	[illegible]	
				Total Building Cost	[illegible]	


Dedicated to the memory
of
Eric Richard Müller, M.D.
1949 – 1996
who lived his dream of bringing medical care
to the people of northern New Mexico