Integrating An Academic Medical Center with a Private Hospital While Improving Outcomes and the Patient Experience
Speakers

Jeff Monzu, AIA, NCARB
Vice President and Senior Project Manager, LEO A DALY

Kristi Nohavec, PE, AIA, LEED AP
Associate and Market Sector Leader, LEO A DALY

Devin Fox, MD, MBA, FACP
Vice President — Medical Operations, Chief Medical Officer and Assistant Dean — Patient Safety and Quality, CHI Health Creighton University Medical Center-Bergan Mercy Campus and Creighton University School of Medicine
Learning Outcomes

1. Develop design strategies to improve educational training for students, residents, and staff at your campus medical center that will, in turn, improve patient outcomes. How to make it happen.

2. Describe how to integrate two organizations to design optimal education environments that benefit students and patients alike. The challenge of merging cultures.

3. Create environments conducive to training medical leaders in an immersive, real-life setting.

4. Gain tools to accurately measure how building design improves medical education and patient outcomes after the hospital and medical school merger is complete. What was learned.
Purpose (what):

Consolidate an academic teaching hospital on a private medical center campus to rethink established processes and to achieve greater efficiency.

Relevance/ Significance (why)

In an increasingly complex healthcare market, we must continue to focus on innovation in healthcare education that improves patient care and prepares physicians for the challenges that lie ahead. These hospitals were also part of a large system within the Omaha market and there was an increased need to improve and consolidate duplicate operations.

Strategy and Implementation (how)

We brought the right people to the table. Consolidating a teaching hospital and a private, faith-based healthcare institution involved reconciling two ways of operating. Having the right strategic decision makers at the table during master planning allowed the two to come together, update their processes and address improvements to the overall patient experience.
1. A merger of CHI Health Creighton University Medical Center Hospital and CHI Health Bergan Mercy Medical Center to the Bergan Campus.

2. Why –
   1. Operations/ Patient Service
   2. Education
   3. Clear traffic patterns for outpatient and inpatient processes on campus

3. School of Medicine Outreach

4. Free- Standing ED/Clinic to serve the area of CUMC – Separate Project
CHI Health Hospital Locations
Introduction

Creation of Alegent Creighton Health

- **2009**: Discussions of strategic affiliation
- **April 24, 2012**: Signed a Letter of Intent with Tenet Healthcare and a Memorandum of Understanding with Creighton University
- **April – July 2012**: Due Diligence: Limited or no access to facilities or substantive data requested from Tenet
- **July 24**: Signed a long-term (49 year) strategic affiliation agreement with Creighton University and the purchase agreement with Tenet, the majority owner and operator of CUMC, for the acquisition of the hospital
- **September 1**: Closed on all agreements and assumed full ownership and operation of CUMC and CMA
Introduction

• The integration of CUMC and CMA with Alegent Health and Alegent Health Clinic has created a unique opportunity to re-evaluate our current models of clinical care delivery and medical education in light of the future health care environment.

• Since our integration as Alegent Creighton Health, our world has further changed / evolved:
  – Change in sponsorship – CHI
  – Vertical and Horizontal Integration
  – Continued cost and reimbursement challenges

• We needed to frame the discussion around the needs of the entire enterprise, not one entity, campus or person
  – Ideal future state for all of Alegent Creighton Health
  – Implications on any / all specific sites, services or providers
  – Implications / opportunities given integration with CHI / CHI-Nebraska
Options for AMC

1. CUMC as the AMC
   - Upgrade / renovate facilities to bring up to Academic Medical Center standards
   - Keep all acute services; add additional CV surgery
   - Build new MOB for dislocated MD’s

2. Move AMC to Bergan
   - Make Bergan the primary site for tertiary / academics
   - Create new, ambulatory replacement facility at or near CUMC site
   - Build new clinical / academic building at Bergan site

3. Build a new AMC
   - Create new, ambulatory replacement facility at or near CUMC site
   - Build a new hospital designed for future needs
   - Sized appropriately for reduced acute care need
   - Designed for higher acuity (relocated from all other sites) and optimum academic experience
AMC Options Presented

Options:

1. **CUMC as the AMC**
   - Upgrade / renovate facilities to bring up to Academic Medical Center standards
   - Keep all acute services; add additional CV surgery
   - Build new MOB for dislocated MD’s
   **Cost:** $270M
   **EBIDA***: $15.3M
   **Timeline:** 7-8 Years

2. **Move AMC to Bergan**
   - Make Bergan the primary site for tertiary / academics
   - Create new, ambulatory replacement facility at CUMC site
   - Build new clinical / academic building at Bergan site
   **Cost:** $114 - $135M
   **EBIDA***: $50.9M
   **Timeline:** 2-3 Years

3. **Build a new AMC**
   - Keep services, as is, at CUMC for a period of time
   - Build a new hospital designed for future needs
   - Sized appropriately for reduced acute care need
   - Designed for higher acuity (relocated from all other sites) and optimum academic experience
   **Cost:** $299 – $490M
   **EBIDA***: TBD
   **Timeline:** 4-6 Years

* Through FY16
AMC Options Presented

Options:

1. CUMC as the AMC
   - Upgrade / renovate facilities to bring up to Academic Medical Center standards
   - Keep all acute services; add additional CV surgery
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   - EBIDA*: $15.3M
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* Through FY16

Confidential & Proprietary – January 9, 2014
Option 2: Bergan as AMC

a. Build/renovate space for a largely ambulatory facility on or near the current CUMC site
   - Approx. 54-74,000 s.f.
   - Ability to house 27 FTE MD's
     - Primary Care & Specialty Care
   - Free-standing emergency department
   - Diagnostics / Imaging Center
   - Pharmacy

   $10.8 - 20.1M **

b. Renovate/expand Bergan Mercy
   - Level I Trauma
   - Expand ED / ICU
   - Consolidated CV / OB

   $45-50M

Financial Assumptions

<table>
<thead>
<tr>
<th>Category</th>
<th>Assumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>77% of volume retained</td>
</tr>
<tr>
<td>Capital</td>
<td>$114 - $135M</td>
</tr>
<tr>
<td>EBIDA (thru FY16)</td>
<td>$50.9M</td>
</tr>
</tbody>
</table>

Implications

- 2-3 years to get Bergan ready
- Without ED as part of replacement facility - vulnerable to volume shifts to other area providers
- Major culture change

c. Build/renovate a building for academic/clinical needs
   - Approximately 242,000 sq. ft. (a new 120,000 sq. ft. facility)
   - Ability to house approx 100 physicians
   - Academic space to support faculty, residents and students

   $54-50M

d. Selectively deploy some programs to other ACH sites, as necessary and appropriate

   $4-5M Incremental

** Assumes use of existing CUMC site / land

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Financial Assumptions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>77% of volume retained</td>
</tr>
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</tr>
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</tbody>
</table>

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- 2-3 years to get Bergan ready
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- Major culture change

Confidential & Proprietary – January 9, 2014
Physician and Employee Input Option 2

Supports:

- Better Site for CIN
- More Cost Effective
- Less Disruptive
- Integration of Departments
- Addresses Public Health Needs
- Centrally Located in Metro
- Best Option
- Maintains Support for Omaha
- Positive Suburban Perception
- Currently Busiest Hospital in System
- Develops Outpatient Women’s at 30th and Cumings
- Better Stewards of Resources
- Trauma More Centrally Located
- More Rapid Path to Vision
- Cost Effective
- New Culture Broader Base for Learning
- Good for Patient Service and Experience
- Addresses Bed Issue
- Enhanced Educational Experience
- Build The Teams at Staff Level
- Increases Patient Volume for ED
- OB/Perinatal COE Promotes Education
- Patient Focused

Advantages:

- Less Disruption
- Best Timeline
- Centrally Located
- Best EBIDA
- Cost Effective
- Space Availability

Disadvantages:

- Distance to CU
- Residential Disruption
- Changes to Bergen Culture
- Access
- Cultural Changes
- Way Finding
- Integration of Different Cultures
- Politics Community Reaction
- Community Reaction
CHI Health CUMC Bergan Mercy Campus

Roughly 36 Acres
## Emergency & Trauma Department

<table>
<thead>
<tr>
<th>Space</th>
<th># Rooms</th>
<th>Net SF</th>
<th>Description/Comments</th>
<th>FGI (2018) Minimum Requirements</th>
<th>CANNON Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garage</td>
<td>2,400</td>
<td>4</td>
<td>Ambulance bays</td>
<td>4</td>
<td>500</td>
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<tr>
<td>AMBULANCE ENTRANCE</td>
<td></td>
<td></td>
<td>Subtotal</td>
<td>2,400 NSF - not included in DBF calc's below</td>
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<tr>
<td>Storage</td>
<td>1</td>
<td>100</td>
<td>for clean supplies &amp; touchdown space</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RMS</td>
<td>1</td>
<td>100</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garage vestibule</td>
<td>1</td>
<td>250</td>
<td>250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 min clear width - entire pathway to into trauma treatment room</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Subtotal</td>
<td>450 NSF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting/Reception/Triage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entry vestibule</td>
<td>1</td>
<td>150</td>
<td>150</td>
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<tr>
<td>Wheelchair storage</td>
<td>1</td>
<td>80</td>
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<tr>
<td>Security station</td>
<td>1</td>
<td>80</td>
<td>80</td>
<td>Include emergency equip. located in ED lobby</td>
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</tr>
<tr>
<td>Waiting</td>
<td>68</td>
<td>20</td>
<td>1,980</td>
<td>2 seats per room (includes WC's &amp; circulation)</td>
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</tr>
<tr>
<td>Public Toilets</td>
<td>2</td>
<td>250</td>
<td>500</td>
<td>2 stalls/toilets &amp; sinks + vestibule</td>
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</tr>
<tr>
<td>Family Toilet</td>
<td>1</td>
<td>100</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vending Area</td>
<td>1</td>
<td>65</td>
<td>65</td>
<td>2 vending machines</td>
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</tr>
<tr>
<td>Registration</td>
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<td>60</td>
<td>120</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cons/Family room</td>
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<td>150</td>
<td>300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supply / Work room</td>
<td>1</td>
<td>65</td>
<td>65</td>
<td>for reception/registration supplies/copier</td>
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<tr>
<td>Triage room</td>
<td>2</td>
<td>120</td>
<td>240</td>
<td>+ 1 per 8 rooms / overflow exam</td>
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</tr>
<tr>
<td>120 min clear for area</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td>3,260 NSF</td>
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<td></td>
</tr>
<tr>
<td>Trauma/Major Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma/Resus room</td>
<td>2</td>
<td>450</td>
<td>900</td>
<td>Two rooms sized for 2 patient treatment spaces in each room. Evaluate possible fixed X-Ray</td>
<td></td>
</tr>
<tr>
<td>Scrub alcove</td>
<td>1</td>
<td>40</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation</td>
<td>1</td>
<td>50</td>
<td>50</td>
<td>CPD observation</td>
<td></td>
</tr>
<tr>
<td>Equipment storage</td>
<td>1</td>
<td>150</td>
<td>150</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large Treatment Room</td>
<td>1</td>
<td>225</td>
<td>225</td>
<td>Adjacent to trauma and colocated w/ ED large treatment rooms. Ortho procedures, provide plater trips at sirk.</td>
<td></td>
</tr>
<tr>
<td>120 min clear for area; bariatric storr: m: 200 lb max clear area; 12&quot; min clear dimension, 0 min clear all sides of stretcher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient toilet</td>
<td>1</td>
<td>65</td>
<td>65</td>
<td>oversized for assistance</td>
<td></td>
</tr>
<tr>
<td>Staff work area</td>
<td>6</td>
<td>50</td>
<td>300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quiet work/Team area</td>
<td>4</td>
<td>60</td>
<td>240</td>
<td>PACS viewing station</td>
<td></td>
</tr>
<tr>
<td>Medication Room</td>
<td>1</td>
<td>100</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean Linen alcove</td>
<td>1</td>
<td>30</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean Supply</td>
<td>1</td>
<td>120</td>
<td>120</td>
<td>35sf per treatment room</td>
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</tr>
<tr>
<td>Scaled Utility</td>
<td>1</td>
<td>65</td>
<td>65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stretcher alcove</td>
<td>1</td>
<td>40</td>
<td>40</td>
<td>2 stretchers</td>
<td></td>
</tr>
<tr>
<td>Crash Cart</td>
<td>1</td>
<td>15</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff toilet</td>
<td>1</td>
<td>55</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping</td>
<td>1</td>
<td>65</td>
<td>65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td>2,420 NSF</td>
<td></td>
<td></td>
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</tbody>
</table>
# Emergency & Trauma Department

<table>
<thead>
<tr>
<th>Space</th>
<th>B Run</th>
<th>Rm SF</th>
<th>Net SF</th>
<th>Description/Comments</th>
<th>FGI (2016) Minimum Requirements</th>
<th>CHI Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychiatric Area</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-vesting</td>
<td>1</td>
<td>80</td>
<td>80</td>
<td>4 seats</td>
<td>60sf min clear fr area, wall length: min 6', max 11'</td>
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</tr>
<tr>
<td>Psychiatric safe hold room</td>
<td>2</td>
<td>140</td>
<td>280</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handwash sink above</td>
<td>2</td>
<td>15</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulatory Emergency/Urgent Care Area</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large Treatment Room - High Acuity, Radiation, Radiology</td>
<td>2</td>
<td>225</td>
<td>450</td>
<td>260sf clear plus space for cabinetry</td>
<td>200sf min clear fr area, 12' min clear dimension, min 5' clear all sides of stretcher</td>
<td></td>
</tr>
<tr>
<td>ER Exam Rooms</td>
<td>17</td>
<td>140</td>
<td>2,380</td>
<td>Provide a Computer Station between Exams and in the Exam room</td>
<td>120sf min clear fr area</td>
<td></td>
</tr>
<tr>
<td>Isolation or room</td>
<td>1</td>
<td>50</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isolation patient toilet</td>
<td>1</td>
<td>55</td>
<td>55</td>
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<tr>
<td>EENT Exam room</td>
<td>1</td>
<td>140</td>
<td>140</td>
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<tr>
<td>Gynecological exam room (Gyne)</td>
<td>1</td>
<td>140</td>
<td>140</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GYN toilet/shower</td>
<td>1</td>
<td>60</td>
<td>60</td>
<td>access from GYN exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient toilets</td>
<td>6</td>
<td>55</td>
<td>330</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Staff work area</td>
<td>18</td>
<td>50</td>
<td>900</td>
<td></td>
<td>min 1 per 3 treatment rooms</td>
<td></td>
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<tr>
<td>Quiet work (Team area)</td>
<td>6</td>
<td>50</td>
<td>300</td>
<td>PACS viewing station</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dispathl</td>
<td>1</td>
<td>60</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Room</td>
<td>2</td>
<td>100</td>
<td>200</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Clean Linen above</td>
<td>2</td>
<td>20</td>
<td>40</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Clean Supply</td>
<td>2</td>
<td>180</td>
<td>360</td>
<td>24sf per treatment room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soiled Utility</td>
<td>1</td>
<td>140</td>
<td>140</td>
<td>includes waste/soiled linen holding</td>
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<td></td>
</tr>
<tr>
<td>POC Testing</td>
<td>1</td>
<td>50</td>
<td>50</td>
<td>Verify with Lab</td>
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<tr>
<td>Nourishment</td>
<td>2</td>
<td>60</td>
<td>120</td>
<td>may be an alcove</td>
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<tr>
<td>Equipment storage</td>
<td>2</td>
<td>180</td>
<td>360</td>
<td>multipurpose</td>
<td>10sf per bed, 25sf per bathetic bed</td>
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</tr>
<tr>
<td>Staff toilet</td>
<td>1</td>
<td>55</td>
<td>55</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Crash Cart</td>
<td>2</td>
<td>15</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stretcher/wheelchair above</td>
<td>2</td>
<td>40</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping</td>
<td>1</td>
<td>55</td>
<td>55</td>
<td></td>
<td></td>
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<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
<td>6,405</td>
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<tr>
<td><strong>Vertical Patients / Results Waiting</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Treatment Stations</td>
<td>5</td>
<td>80</td>
<td>400</td>
<td></td>
<td>80sf min clear fr area</td>
<td></td>
</tr>
<tr>
<td>Patient toilets</td>
<td>1</td>
<td>55</td>
<td>55</td>
<td></td>
<td>min 1 per 3 treatment rooms</td>
<td></td>
</tr>
<tr>
<td>Staff touchdown/Work area</td>
<td>2</td>
<td>50</td>
<td>100</td>
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</tr>
<tr>
<td>Wheelchair Equipment above</td>
<td>2</td>
<td>40</td>
<td>80</td>
<td></td>
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</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
<td>715</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Decontamination</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decontamination room</td>
<td>1</td>
<td>120</td>
<td>120</td>
<td>entry from decontamin vestibule &amp; anteroom</td>
<td>80sf min clear fr area/120sf min clear fr area</td>
<td></td>
</tr>
<tr>
<td>Decontamination vestibule</td>
<td>1</td>
<td>80</td>
<td>80</td>
<td>entry from outside; gowning area</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtotal</strong></td>
<td></td>
<td></td>
<td>200</td>
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</table>
Bergan Mercy Campus Total Program of:
- 142,000 GSF of new clinic building
- 6,000 GSF of new ED (mostly garage)
- Roughly 200,000 SF of renovations
Option 2C – New MOB East of Campus
Master Plan
Site Plan
1. **Primary Hospital Departments affected**

1. Emergency
2. Trauma- helicopter access
3. Intensive Care Department
4. Lab
5. Surgical and Radiology Support
6. Central Sterile Processing
7. Resident support on Med-Surg Units

More Project Background...
Hospital Spaces

- 4 TRAUMA BAYS
- 22 ED TREATMENT ROOMS
- 6 VERTICAL TREATMENT ROOMS
- 11 CT/ICU ROOMS

- 52 ICU PATIENT ROOMS WITHIN 3 WINGS
- 5 ISOLATION ROOMS
- TEAM WORKROOMS
Hospital Spaces

- 16,000 SF Rapid Response Lab with Pathology Program Team Areas
- 28 Exam Rooms
- 9 Procedure Rooms
- 2 EP Labs
- 2 Cath Labs

Laboratory

Cardiovascular Services

Central Sterile

Surgery

- Added PACU Bays
- Added Recovery Beds
- Added Lockers and Lounge Area for Staff

CHI Health

The Society for College and University Planning