



St. Lawrence Island  
Sub-Regional Services Clinic

Volume One:  
SCHEMATIC DESIGN ANALYSIS

Villages of Gambell and Savoonga  
Norton Sound Health Corporation

November 16, 2004

*Architects Alaska*

# SCHEMATIC DESIGN ANALYSIS

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Sub-Regional Services Clinic  
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**St. Lawrence Island SRC**  
**Savoonga and Gambell Health Clinics**

Village Design Review Session Notes  
Gambell and Savoonga  
July, 2003

Prepared by: *Architects Alaska*

This series of meetings was scheduled to provide the opportunity for renewed comment on the status of the design of the two-village clinic plan.

The building design that is presented today has been reviewed and modified three times, based on input from the village leaders, health aides and physician's assistants, and from health care workers from Norton Sound Regional Hospital who are engaged in the delivery of medical services to the island. The current plan addresses most of the comments made at previous meetings.

One area requiring further discussion is the way that enclosed or semi-enclosed space is provided. The drifting patterns are affected by extending the roof line and providing the deep overhang.

Other areas to be discussed are the layout of the clinic area, the emergency access, and issues related to foundation planning and site contours.

Area Calculations:

Area of clinic at last visit:	5651 s.f.
Area of plan presented today:	5915 s.f. (264 s.f. added to main complex since earlier plan)
Area of garage area added:	417 s.f. (addiitonal space not included in last presentation)
Area of second level storage/mech:	1363 s.f.

Gamble clinic gross area excluding upper level storage: 5915 gross square feet

Savoonga clinic, without behavioral health addition: 5544 gross square feet

Total gross area of dedicated clinical space: 11,876 gross square feet

Note: Individual room areas are shown on the plans.

### **Gambell Community Meeting Comments from July 9, 2003**

- L Our experience is that there are no organics at the Gambell site down to 13 feet deep.
- L Gambell site is good for concrete foundations, they have worked well here on school, etc.
- L Patient file storage needs to be secure from public.
- L CTC/Reception needs to be near to the Trauma space.
- L X-Ray and Radiology will have mobile units which will need a home.
- L Predominant winter drifting is caused by winds 15 degrees east of true north.
- L Current plan orientation and roof plan will work well with drifting problems.
- L Wind fins can be used to direct wind and increase velocity to keep areas of walkways clear.
- L HA staff should have windows as these spaces are occupied most of the time.
- L We want the staff to have a pleasant working environment.
- L Large spaces can be shared for a variety of health care functions.
- L Four current health aides and are seeking one more full time and one itinerant.
- L Three PA's will serve the island with one floating between villages.
- L The waiting areas could be combined and a community training/meeting space added.
- L Need enclosure for emergency rescue vehicle, travel equipment, and a morgue.
- L Behavioral health area requires a second exit for a defensive exit for staff.
- L Pretty sure the Lab needs to be "separated" from the Medications Room.
- L Emergency Generator needs a home.
- L Fuel tank needs to be sized for 4-6 month supply of fuel oil.
- L Level 2 plan needed to show space utilization for storage, med supplies and mechanical room.
- L Facility should be called the St. Lawrence Island SRC
- L The public waiting area should display art.
- L It should show the cultural significance of art in the community.

### **Savoonga Community Meeting Comments from July 9, 2003**

- L The clinic needs access to lodging for up to six persons.
- L 13 people came in to see the cardiologist
- L Speciality clinics can be filled for Otheopedics, Cardiograms, Orthopedics and for ENT.
- L Need to separate chronic meds and pharmacy area from general lab procedures.
- L The layout of lab/pharmacy should be reviewed with hospital staff.
- L Would like to see options for space arrangement.
- L With six HA spaces, two could be separated from the other four.
- L Size of PT is great, do not reduce it. It can be used frequently by elders and others recovering.
- L Could use PT room for treadmill, treatment tables, cardiac rehab,
- L Need adequate area for storage of back-up supplies.

## **Summary of Comments from Previous Meetings**

- Good plan arrangement.
- Need to provide living space, possibly in old clinic.
- Require space for morgue – up to four bodies.
- Need hypothermia response equipment.
- Tele-health needs to be incorporated.
- A garage for the van/special transport needed.
- Orientation to wind to be reviewed. Storm wind from NE (Gambell).
- Vehicle considered could be a tracked suburban or a similar winter vehicle.
- Attached vehicle garage is not supported by Denali funding.
- Vehicle garage could be detached.
- Fuel tanks should provide one-year supply.
- Maintenance and Janitorial is hired by the City.
- Would need full, or part-time maint/janitor.
- Maint/Jan would need to be trained in HazMat.
- PA's are time share between communities.
- Need to identify the regional specialty care functions by community.
- Cruise ships come to Gambell in the summer.

Second Meeting: Refer to sign-up sheet for names.

- Need Narrative of Business Plan
- Need Timetable for completion of the Application
- Need resolution by the board.
- Local IRA needs letter of support.
- Force-Account construction is planned.
- Garage is a definite need.
- On-site water storage/retention of some sort is needed for emergency.
- Road improvements are needed for road from clinic.
- A new Head-Start building is planned which will use local utilities demand.
- Need to plan/propose energy, fuel, water, sewer output and provide to utilities in advance.
- A snow drift plan is needed.
- Storm winds blow from NE to SW with most drifts on the SW of structures.
- Want family-based waiting room with a strong inviting character/design
- Keep heights of storage as low as possible, lower than in prototypes.
- Some itinerants and often trauma patients are stranded up to 5 days at clinic.
- Need climate controlled storage (not conex).
- Need maintenance workroom.
- Would like security with ID swipe card system.
- Would like power assist to doors to Trauma Room.
- Often have 1-2 families plus 2 health aides in Trauma Room.
- Larger Trauma room would be better.
- Need space to transfer patients for stretchers to trauma beds.

## **Earlier Community meeting issues discussed, related to plan:**

### First Village Meeting

- Similar comments to Gambell
- Need good quality housing for PA's.
- Need relief HA workers to prevent burn-out.
- Existing clinic is understaffed and too small, even though new.
- Social concerns are an important aspect of health care.
- Experience multiple traumas.

### Second Village Meeting: Refer to sign-up sheet for names.

- Plan for future addition capability?
- Are certified for 5 health aides so space needs to be adequate.
- Dental is important. Are looking for a HA dental hygienist position!!
- Space for a psychologist/counselor needed.
- What will be the maintenance plan?
- Housing planned for existing clinic, prefer housing not in clinic.
- Burn-out of health aides is a real problem.
- A MP space for specialty clinics is needed.
- EMS Storage Space is needed.
- Vehicle or HumVee storage building needed.
- A VHS repeater is needed.
- A morgue is essential.
- The site has a lot of run-off water in the spring and is very soggy.
- Often itinerants and trauma patients are weathered in.
- Need provision for emergency stay-over at clinic.
- A training/break room is essential.
- Clinic should be designed so health care workers and patients feel safe.
- A full-time security guard/maintenance worker is very important.
- What are the design implications for a "long term care" addition.
- Plan for good access for elders. Need elder care facility, room.
- Physical Therapy space would be fully used (an activity space??).

# **St. Lawrence Island Sub-Regional Clinic**

Space Program and Site Development Plan

Site Visit – January 2003

*Architects Alaska*

February 2003

**Gambell** Community meeting issues discussed, related to plan:

First Meeting:

- Good plan arrangement.
- Need to provide living space, possibly in old clinic.
- Require space for morgue – up to four bodies.
- Need hypothermia response equipment.
- Telehealth needs to be incorporated.
- A garage for the van/special transport needed.
- Orientation to wind to be reviewed. Storm wind from NE.
- Vehicle considered could be a tracked suburban or a similar winter vehicle.
- Attached vehicle garage is not supported by Denali funding.
- Vehicle garage could be detached.
- Fuel tanks should provide one-year supply.
- Maintenance and Janitorial is hired by the City.
- Would need full, or part-time maint/janitor.
- Maint/Jan would need to be trained in HazMat.
- PA's are time share between communities.
- Need to identify the regional specialty care functions by community.
- Cruise ships come to Gambell in the summer.

Second Meeting: Refer to sign-up sheet for names.

- Need Narrative of Business Plan
- Need Timetable for completion of the Application
- Need resolution by the board.
- Local IRA needs letter of support.
- Force-Account construction is planned.
- Garage is a definite need.
- On-site water storage/retention of some sort is needed for emergency.
- Road improvements are needed for road from clinic.
- A new Head-Start building is planned which will use local utilities demand.
- Need to plan/propose energy, fuel, water, sewer output and provide to utilities in advance.
- A snow drift plan is needed.
- Storm winds blow from NE to SW with most drifts on the SW of structures.
- Want family-based waiting room with a strong inviting character/design

- Keep heights of storage as low as possible, lower than in prototypes.
- Some itinerants and often trauma patients are stranded up to 5 days at clinic.
- Need climate controlled storage (not conex).
- Need maintenance workroom.
- Would like security with ID swipe card system.
- Would like power assist to doors to Trauma Room.
- Often have 1-2 families plus 2 health aides in Trauma Room.
- Larger Trauma room would be better.
- Need space to transfer patients for stretchers to trauma beds.

## **Savoonga: Community meeting issues discussed, related to plan:**

### First Village Meeting

- Similar comments to Gambell
- Need good quality housing for PA's.
- Need relief HA workers to prevent burn-out.
- Existing clinic is understaffed and too small, even though new.
- Social concerns are an important aspect of health care.
- Experience multiple traumas.

### Second Village Meeting: Refer to sign-up sheet for names.

- Plan for future addition capability?
- Are certified for 5 health aides so space needs to be adequate.
- Dental is important. Are looking for a HA dental hygienist position!!
- Space for a psychologist/counselor needed.
- What will be the maintenance plan?
- Housing planned for existing clinic, prefer housing not in clinic.
- Burn-out of health aides is a real problem.
- A MP space for specialty clinics is needed.
- EMS Storage Space is needed.
- Vehicle or HumVee storage building needed.
- A VHS repeater is needed.
- A morgue is essential.
- The site has a lot of run-off water in the spring and is very soggy.
- Often itinerants and trauma patients are weathered in.
- Need provision for emergency stay-over at clinic.
- A training/break room is essential.
- Clinic should be designed so health care workers and patients feel safe.
- A full-time security guard/maintenance worker is very important.
- What are the design implications for a "long term care" addition.
- Plan for good access for elders. Need elder care facility, room.
- Physical Therapy space would be fully used (an activity space??).

# **St. Lawrence Island Sub-Regional Clinic**

## Space Program and Site Development Plan

### Recap from First Site Visit

#### *Architects Alaska*

February 2003

## **I. General Summary**

Architects Alaska was requested to provide a preliminary project scope document to outline the general parameters of a small sub-regional clinic to serve the communities of Gambell and Savoonga on St. Lawrence Island to form the basis for a funding request for planning and design funds.

A regional health center has been a component of the health care delivery plan of Norton Sound Health Corporation since the mid-60's. A permanent physician in this region is a component of that plan. The facilities on the island have been limited to small/medium village clinics. These clinics do not have well developed facilities for dental, emergency, and specialty clinics. This report looks at the program components of a facility, with dental, community and mental health resources, designed to meet the next level of care beyond the village clinic. The remoteness of the islands has always been a major component of the urgent care needs of the communities of Gambell and Savoonga. Distance, weather, and the cost of construction and maintenance of facilities in this region compound the problems faced in most other villages in the region.

The villages each have about 600 persons for a total population served of approximately 1200 persons. This population complies with the criteria for a "Large Clinic" as described in the RFP Instructions for funding requests. This proposal differs from a standard "large" clinic funding request in that the health care delivery response program is being provided in both communities and a level up from the small clinic plan in each community.

This project has completed the preliminary planning required and is prepared to go ahead with project design.

Norton Sound Health Corporation has initiated a successful construction and construction management program through its Capitol Projects Office. The Capitol Projects office works closely with term design contract firm Architects Alaska, a recognized leader in health care facility planning and design. Should the process for design and construction adopted for the Unalakleet Subregional Clinic be used, the staff and experience of this construction effort can be transported and shared with the workforce resident in the communities of St. Lawrence Island to insure that a maximum of the expended construction funds are spent within the affected communities.

## **II. Site Selection**

Both communities have gone through the site evaluation and selection process for a large rural clinic project. The sites selected and approved by each community are strategically placed within the communities, and are located for direct access to the airports. Both sites have water, sewer, and power available in the direct vicinity of the sites. Both communities have selected sites of approximately 200 ft. x 200 ft. which is adequate for the placement of the proposed building. This area allows for both site and building expansion.

The site plan and building concept plan attached shows the building program superimposed on an imaginary site. The drawing shows the a site area of approximately 200 ft. x 220 ft. is required for initial clinic construction, and to allow room for parking, emergency room access, and future expansion.

In addition to existing travel routes and dedicated roadways, storm weather and drifting patterns are the most important factors in building siting. These issues will be more fully explored in the schematic design phase which follows.

### III. Preliminary Space Program

Preliminary space requirements are summarized in the following square foot analysis. This analysis provides a total area by department, a building net area total, and a projected gross area, which includes area for circulation and general building construction. It shows a projected square foot range. Each space will be reviewed with the health care management team selected to oversee development of this project. Two previous meetings in the villages of Gambell and Savoongs have provided insight into the specific space needs within the communities. The graphic plan which accompanies this analysis has been reviewed in each village and the comments from those site visits has been documented.

Each community will address the functional program differently. For instance, Savoonga may decide to use it existing clinic for the Village Based Counseling program, and for a small itinerant apartment. Gambell may decide to keep VBS within the new clinic, using its existing clinic for apartments for a physician’s assistant, and for itinerant health aide quarters. This document is preliminary in nature and requires further refinement in the programming and schematic design phases.

Space Grouping	Projected Space	Optimum	Graphic Plan
Public Spaces		1,440 s.f.	1,115 s.f.
Outpatient Clinic		1,160 s.f.	988 s.f.
Diagnostic Support Spaces		260 s.f.	50 s.f.
Emergency Services		470 s.f.	543 s.f.
Dental Suite		485 s.f.	362 s.f.
Community Health		770 s.f.	382 s.f.
<u>Building Support Spaces &amp; Attic Storage</u>		<u>800 s.f.</u>	<u>282 s.f.</u>
Total Net Usable Area		5,385 s.f.	3,618 s.f.
<u>Net to Gross ratio: add 0.45 x net area</u>		<u>2,423 s.f.</u>	<u>1,628 s.f.</u>
Subtotal		7,808 s.f.	5,246 s.f.
<u>Mechanical and Electrical: add 0.08 x subtotal</u>		<u>625 s.f.</u>	<u>420 s.f.</u>
<b>Total Projected Gross Area</b>		<b>8,433 s.f.</b>	<b>5,666 s.f.</b>

NET AREA REQUIREMENTS  
BY FUNCTIONAL GROUPINGS

<u>Public Spaces</u>	<u>Optimal Area</u>	<u>Graphic Plan</u>
Waiting Room	180	388
Reception/Work & Screening Area	180	90
Confidential Screening Area	60	50
Records area for 1500 charts @ 1" thick each	65	65
Chart Sorting/preparation area	30	30
Break room (possibly near ER)	150	0
Health Aide offices (2 ea. for 2 persons ea)	140	293
Manager's Office (Use PA Office)	0	0
P.A. Office	90	115
Itinerant Office	90	0
Public Toilet Rooms	275	85
Concession Area (coffee/drinks)	0	0
Education Conference Room	180	0
<b>Sub-Total</b>	<b>1,440 s.f.</b>	<b>1,115 s.f.</b>
<b>Outpatient Clinic</b>		
3 standard exam rooms @ 90 s.f. ea.	270	318
1 larger exam room to double as dental hygienist rm.	120	145
1 exam to be used as a procedures room	130	165
Nurse/Physician workstation (near exam rooms)	110	0
Med room (secure location)	110	100
Lab w/ pass-thru from toilet	110	103
Sterile Processing (use dental unit)	-0-	0
Clinic Storage & Medical Supplies	135	50
Small Toilets for patient use (2)	100	107
Poly-communications/telemed work area	75	0
<b>Sub-Total</b>	<b>1,160 s.f.</b>	<b>988 s.f.</b>
<b>Diagnostic/Treatment/Support Spaces</b>		
X-ray room (assume permanent installation)	150	0
Physical therapy/aerobics space (not included)	0	0
Optometry equipment storage room	40	25
Audiology equipment storage room	40	25
Tele-Radiology (networked system)	30	0
<b>Sub-Total</b>	<b>260 s.f.</b>	<b>50 s.f.</b>

**St. Lawrence Island  
Sub-Regional Clinic**

Architects Alaska  
February 2002

**Emergency Services**

Trauma Room (2 beds)	300	318
Scrub Sink	25	25
Supplies	25	50
Storage	50	50
Trauma Waiting (in vestibule)	0	100
Toilet w/shower	70	0
<b>Sub-Total</b>	<b>470 s.f.</b>	<b>543 s.f.</b>

**Dental Suite**

2 open operatories	220	235
1 closed operatory (propose using exam room)	120	0
Dentist office niche	30	0
Records/Filing (most combined w/ OP Clinic)	20	0
Storage Area	50	102
X-Ray Processor/Darkroom (assume digital imaging)	-0-	0
Work Counter w/ sterilizer (shared w/ OP Clinic)	25	25
Remote Compressor & Vacuum Pump	20	0
<b>Sub-Total</b>	<b>485 s.f.</b>	<b>362 s.f.</b>

**Community Health Programs**

VBC Offices (2 ea. w/ storage space)	220	173
VBC Storage Room/Health Ed. Supplies	50	144
Health Education Classroom	-0-	65
Substance Abuse Counselors Offices (2 ea.)	220	0
Family Service Worker (Full Time/Wisewoman)	120	0
Paraprofessional (Half Time)	-0-	0
Storage	50	0
Prevention Programs (including CWA)	-0-	0
CFSW	110	0
Group Counseling (Use HE Classroom)	-0-	0
<b>Sub-Total</b>	<b>770 s.f.</b>	<b>382 s.f.</b>

**Building Support Spaces**

Custodian Work Room (attic)	70	70
Building Maintenance Supplies	110	70
Storage	65	100
Staff Lockers/Change Rooms	210	0
Laundry/Clean Supplies	240	0
Janitor Closets (2)	60	42
Soiled Linen	50	0
<b>Sub-Total</b>	<b>800 s.f.</b>	<b>282 s.f.</b>

# **St. Lawrence Island Sub-Regional Services Clinic**

## Health Care Facility Needs Assessment and Program Summary

July 2004

### **I. Introduction**

In July of 2004, NSHC's Capital Projects Office sent a team to the villages of Gambell and Savoonga to carefully review the programming needs for clinics in the villages and to document any needs that would exceed base funding formula for "Small-Large" clinics. The team consisted of Stephen Christopher, PE, Director of the Capital Projects Office, Eddie Hebert of the Capital Projects Office, John Crittenden, AIA and Dave Moore, AIA of Architects Alaska, Carol Piscoya, NSHC Grants Administrator, and Brad Taylor, Director of Radiology at the Norton Sound Regional Hospital.

The Denali Commission has agreed to provide funding for two new "Sub-Regional Services (SRS) clinics with a level of services beyond that provided for in the "Small-Large" clinic model. Because both Savoonga and Gambell have populations of nearly 700 persons, at the upper end of the population range for the small clinic model, and both communities are located in a geographic region very remote from the Regional Hospital in Nome, the commission is aware that the needs of these communities go beyond that anticipated in the standard clinic program. The "Small-Large" clinic program is the foundation program against which the new SRS's will be compared. The "Small-Large" clinic is currently approved at 3140 s.f. including the additional area allocated for dental services and behavioral health services. Since each community supports a full-time Physician Assistant the Denali Commission agreed to increase the area allocated to these clinics by adding 1000 gross square feet to the basic 3140 s.f. clinic for a total of 4140 s.f.. It was further determined that the needs in these communities may justify additional increases, however, the Commission has asked for a documentation of needs in order for them to fully evaluate a request for more space. This report documents the NSHC team's assessment of the program needs for health clinics in these two remote, island communities.

The planning team spent four days on the island with the time divided equally between the two villages. While there they and conducted meetings with city and tribal leadership, with the general public, and with the health care workers. The results of these meetings confirmed the program needs contained in this report. Meeting notes are included in Section V. NSHC's Capital Project Office has been involved in planning for clinic expansion in these communities since 2001, so this trip was the fourth visit related to the new clinics, not counting meetings held in Nome and earlier trips to conduct condition inventories, and a Code and Condition Survey of the recently rehabilitated Savoonga Clinic. The planning team has developed a good understanding of the challenges facing health care on the island. The following pages provide a recommended clinic space program and an analysis of the requirements for each space that exceeds the Denali Commission space guidelines.

## **IV. Site Selection**

Both communities have gone through the site evaluation and selection process. The sites selected and approved by each community are strategically placed within the communities, and are located for direct access to the airports. Both sites have water, sewer, and power available in the direct vicinity of the sites. Both communities have selected sites of approximately 220 ft. x 220 ft. that is adequate for the placement of the proposed building. This area allows for both site and building expansion.

The site plan and building concept plan attached shows the building program superimposed on an imaginary site. The drawing shows the a site area of approximately 200 ft. x 220 ft. is required for initial clinic construction, and to allow room for parking, emergency room access, and future expansion.

During this recent visit the snow drifting patterns at each site were reviewed in detail, accounting for the differing weather patterns in each community and the variations in drifting resulting from prevailing winds and storm winds. It was also determined that the areas dedicated to emergency access should be placed on the lee side of the buildings based on storm wind conditions.

Additional community discussion related to the emergency vehicle and equipment storage needs and the siting requirements for a structure to accommodate these needs.

## V. Meeting Notes

The most recent trip to St. Lawrence Island was planned to engage the community as fully as possible in the evaluation of the program requirements for the new clinic. The following notes document input from four community meetings held the week of July 12. In addition to the planning team, members of the steering committee participated in the first day of meetings:

### Planning Team:

Stephen Christopher, PE, Dir. Capital Projects, NSHC  
Eddie Hebert, Project Manager, Capital Projects Office  
John Crittenden, Architects Alaska  
Dave Moore, Architects Alaska

### Steering Committee Members on Trip

Carol Piscoya, VP Village Services  
Shirley Thornton, Acting Director of Village Health  
Karen Fagerstrom, Director HAT  
Edith Tunguyan, Grant Writer for Kawerak and City of Gambell  
Brad Taylor, Director of Radiology

### Day 1 AM – Savoonga Meeting #1 Notes

1. Savoonga needs to obtain a CDBG grant.
2. How should we address the use of the old “new” clinic?
3. Dental needs dedicated rooms. One of the first new dental technicians trained at the New Zealand program is from Savoonga and will be returning home to work soon.
4. What about BHS/VBC and Alcohol Services: We mentioned that Denali had funded a base level BHS program for the Small-Large clinic.
5. Need storage for a “mini-ambulance”.
6. Storage space needed for EMS and Search and Rescue supplies. These need to be maintained and have inventory control at the clinic. This is a volunteer program.
7. On-call volunteers carry stretchers to the airport. Pagers, a VHS system, or phone forwarding system for volunteers and clinic would help a lot with communication.
8. Savoonga has a fire truck, which operates only in the summer. It is operated by “first responders” who were trained under an old program.
9. Mike Owens, EMS manager at the Regional Hospital, comes yearly to certify EMS training.
10. Community really has some problems. It might help to have a community coordinator to oversee problems in the community. Perhaps this position could work through the clinic.

### Specific Needs Identified in Savoonga on Day 1:

- Need to have good schedules for the refilling of chronic meds and some way to anticipate when individuals are coming close to time for renewal of prescriptions. This could be accomplished by the Nome pharmacy. The time window for ordering and delivery could be adjusted to account for problems with remoteness.
- Eyecare clinics only occur once a year, but when they come they disrupt the clinic. The specialty exam room might alleviate this.

- Need a Repeater/VHF to better advise on flight arrivals/departures.
- Mental Health needs require VBC's. Two persons are needed. NSHC could save money by supporting VBC and could work through ANMC like currently done for ENT and Women's clinics.
- Need to schedule regular exams for TB and regular X-rays. We had an outbreak of TB a few years ago.

#### Day 1 – Gambell – Meeting #1 Notes

After an initial meeting with the Gambell community leaders the design team sat down with design tools, a spreadsheet, and some sketch paper to provide a schematic design response to the evolving program for the SRS clinic. The two days spent in Gambell included visits by numerous curious onlookers and some with real insight and good questions. The trip ended with an evening briefing to the tribal leaders at their monthly planning session.

1. Visitors from Siberia are not health screened. The community suggested a program to provide health screening to these visitors.
2. Are curious about the Arctic Health aspect. What kind of storage will be needed for a research lab? It was suggested that a file cabinet would be the only long-term storage needed, but that the researchers would require some interim workspace for a few years.
3. Village to do the cleaning of toxic wastes, an activity that poses health risks to both workers and the community. Recommendation was made for a decontamination shower. Clinic needs training in HazCom response.
4. There is still a language barrier in communicating illness in English. Care needs to be taken to diagnose and communicate illnesses in native language so that patients understand.
5. Want to use and develop local staff for the clinic construction.
6. Still do want the detached storage element.
7. Many Traditional Healers from Gambell have passed Away. Need to find a way to recover this lore and knowledge before it disappears.

The second day was spent working on the program and preparing a conceptual plan.

#### Day 3 – Gambell – Meeting #2 Notes

At the end of the two days the design team presented the tribal leaders with a copy of the freehand drawings of the building floor plan and projected a three dimensional model of the proposed layout showing building height, volume, and massing. The rendering even included the entry deck, ramp, doors and windows. When asked directly about the detached support services building those present favored a detached building from one incorporated into the final building construction. This would be a building with a more basic construction type, possibly using a slab-on-grade and conventional frame wall construction.

#### Day 3 - Savoonga – Meeting #2 Notes

1. Want to carefully consider the functional aspects of the patient emergency access.
2. Would prefer the boiler to be on the main floor if it is a really larger boiler. Actually, a fairly small boiler is planned which would not be difficult to replace when needed.

3. Prefer to consolidate conference space and reduce the size of the employee break room to make a larger shared use conference room.
4. The sketch of the dental area appears to be a bit narrow for the two chairs.
5. One of the exam rooms should have negative pressure option for TB holding.
6. Want to understand how the behavioral health area functions. It needs consultation privacy, which would be difficult with two practitioners working at the same time from a single office.
7. Health Aide offices appear to be a bit small for 5 or 6 health aides.
8. Would like to have an office area for a dental tech.
9. Savoonga likes the concept of a detached support services building as opposed to something built into the facility.
10. Savoonga wants to have the behavioral health services in the clinic where the VBS, etc., can receive help from other medical staff, and participate in the training and healing of the clinic environment.
11. Lot area of 225 ft. x 225 ft. appears to be adequate for the facility.

#### Day 4 –Steering Committee Wrap-Up at Norton Sound Regional Hospital in Nome:

1. To accommodate the HA's want to increase area of HA offices to 300 s.f. and make it into two offices for 3 persons each.
2. Would like the med room to accommodate a rolling cart for chronic meds.
3. The area of the Sleep Room included in the Denali space guideline can be applied to the space required for the Trauma Room shower room.
4. Recommend reducing the area of the Break Room to 150 s.f. and increasing the area of the general conference room by an equal amount. Prefer to have a single larger meeting/conference room rather than smaller gathering areas.
5. Allocate workspace in the Administration area for a benefits coordinator.
6. Prefer to place the EMS storage in close proximity to the Trauma Room rather than in the support building.
7. The Vital Signs station planned for the hall needs to be more than a counter. It should be more of a niche that contains a somewhat semi-private counter for weighing babies and taking their temperature.
8. The Behavioral Health area should not be planned as a single shared office but rather two offices. The counselors use their offices for counseling one-on-one which requires the second practitioner to leave the room.
9. HIPA requires a separate consultation space, a small space with a writing counter and two chairs, for interviewing and consulting with patients about medicine, travel, etc.
10. Think locating the PA office nearer to the Specialty Exam room would make good sense. This would allow better access to the telemed machine that will be resident in the Spec. Exam Rm.
11. The lab needs to be wheelchair accessible and it needs a phlebotomy chair. This is operational and safety issue. All blood draws are done in a single controlled environment.
12. Should provide a wheelchair for patient use within the facility.
13. The lab sink should be located to divide the clean side from the dirty side.

End

# SCHEMATIC DESIGN ANALYSIS

## Appendix B Cost Estimates

1. Cost Estimate for Gambell SRS Clinic
- 2.
3. Cost Estimate for Savoonga SRS Clinic

St. Lawrence Island  
Sub-Regional Services Clinic  
Villages of Gambell and Savoonga  
Norton Sound Health Corporation

*Architects Alaska*