

FACILITY NARRATIVE OUTLINE
Medical Specialty Procedure (MSP) / Endoscopy Suite

1. Applicant information including name and type of facility, facility license number (if already licensed), ownership information, and contact information (authorized representative's mailing address, telephone and email).

Response:

Name: University Hospital
License #: 10702
Contact Name: Wayne Sullivan
Address: 150 Bergen St Newark, NJ 07101
Phone #: 973-972-7982
Email Address: sullivw1@uhnj.org

Facility architect's contact information, including name, phone number and email.

Response:

Company's Name: D. Schunkewitz Planning Consultant
Contact Name: Daniel Schunkewitz
Address: 1015 Bendermere Ave, Ocean, NJ 07712
Phone #: 917-848-2350
Email Address: ds@dsahealthcare.com

2. Description of the project that is proposed - specify if this is an expansion/ renovation, and if it is a satellite or the main facility. If this is a satellite facility, identify the main facility.

Also include the full address (suite or floor, if applicable), and state whether this is a multi-floor or multi-tenant building, and if so, specify the other tenants in the building (i.e., type of service provided by other tenants).

If there are other tenants, please confirm that the proposed facility space would not be traversed by other tenants' staff or patients/clients, and does not require the entry/exit of other building space (other than a common or main corridor), to access the proposed facility. This would enable the facility to operate independently and separately from the surrounding / adjacent areas of the building (to maintain patient safety and privacy).

Response:

The existing endoscopy suite consists of 5,140 sf located on level E of the main hospital. The suite contains six existing procedure rooms, endoscope processing room, separate pre-and post- procedure patient care areas. Functional support areas include staff lounge, locker rooms, toilets, and showers. Additionally, there is an existing solid room with clinical sink and bedpan hopper, clean supply storage, linen closet, and endoscope

processing room with adjacent scope storage. Three of the existing patient toilet rooms are not handicapped compliance. Administrative components include nurse manager, fellows' office and fellows' workstation area.

The program currently utilizes four of the six procedure rooms, two largest rooms are approximately 350 square feet each which will stay. The plan is to continue using two of the larger four remaining procedure rooms #11 and #12. The other two rooms will accommodate storage and motility.

The current post-procedure area accommodates four patient cubicles, separated by curtain. The existing size and clearances do not comply with 2018 FGI guidelines space requirements. Pre-procedural area is located within an adjacent medical surgical unit in private patient rooms allocated for the special procedure's suite.

Pre-procedural patients are currently transported by stretcher to special procedures suite, which accommodates two very small holding bays. There are currently three non-handicapped patient toilet rooms within the vicinity of the procedure rooms, none are conveniently located to the post-procedural area.

There is no environmental services closet within the suite. The patient nourishment area, adjacent the holding bays are not readily accessible to the post-procedural area. This includes a sink, ice machine and under-counter refrigerator.

The existing endoscope processing room accommodates a decontamination area, and clean work area. Clean scopes are stored in a dedicated alcove area, in cabinets, adjacent the two larger procedure rooms. The existing equipment and supply storage room is approximately 152 square feet. Two existing procedure rooms are currently used for additional equipment storage.

One of the three staff stations is in the post-procedure patient area and the other is adjacent the special procedure rooms. The third is within the existing area noted as patient holding.

Medications are currently distributed via dispensing med carts within the procedure rooms. The soiled work room includes the hopper sink for disposable liquid dispensing, it does not however meet the FGI guidelines for counter space and handwashing sink. There are two staff lounge rooms one for male and the second for female. Each with non-compliant handicapped toilet rooms and showers. Patient changing is performed in the pre-procedure rooms.

The intent of the renovation project is to re-organize the existing suite to improve patient flow efficiencies for pre-and post-procedure areas, maximize staffing

productivities and provide support services in compliance with handicapped accessibility and FGI guidelines.

The first objective is to consolidate the pre- and post- procedure area to accommodate six patient bays with clearances of five feet between gurneys and three feet from sides of gurneys to adjacent walls. These will be separated by cubicle curtains. The patient will have 8' of isle clearance outside the patient bay areas as represented in the proposed plan. A larger and more functional staff station, adequate to accommodate three positions, will part of the renovations to monitor patients and control the flow from pre- and post- procedural areas to the procedure rooms.

A new handicapped patient toilet will readily be accessible to patients, as will the nourishment area with handwashing sink, ice machine and under-counter refrigerator. There will be one handwashing station at a ratio of one per four patient cubicle areas. Portable sources will be provided for oxygen and vacuum per FGI guidelines.

The largest two of the four existing special procedure rooms # 1 and #2 will be retrofitted with updated lighting, flooring and equipment booms to accommodate monitoring, ceiling mounted exam lights and boom mounted monitoring equipment.

The other two larger existing procedure rooms #11 and #12 will remain with cosmetic updates. These rooms are currently 160 square feet each.

One of the smaller existing procedure rooms #5 will accommodate equipment storage at 135 square feet, meeting the twenty five square feet requirement per procedure room. The other will be converted for motility functions, room #4.

A new dedicated soiled utility room will accommodate a service sink with bedpan-rinsing devise for liquid disposables, with work counter and handwashing sink. The new clean linen closet will adjacent the soiled workroom. A housekeeping closet will be added to the program space in the location of an existing patient toilet room. Patient holding will remain in the current location with a new sub-staff station.

Support areas for staff shall be reconfigured due to the pre- and post- recovery area re-design. The newly configured staff lounge will accommodate table seating, staff lockers, and kitchenette area. Accessible to the staff lounge will be male and female changing rooms, handicapped accessible unisex toilet and separate shower.

A new patient handicap accessible toilet will be adjacent and convenient to the procedure rooms along with nurse manager's office and additional storage closet. Endoscopy processing and scope storage will remain unchanged

Fellows' offices and cubicles will be relocated to the existing holding area which is currently non-functioning for holding. The final design will be in compliance with 2018 FGI guidelines.

3. Specify the services the Applicant is currently licensed to provide (or proposes to provide for a new facility); whether the proposed project is an addition or change to currently licensed services; or would result in any other programmatic change.

The narrative should also address (as applicable):

- a. Specific services to be provided. For example: obstetrics (basic and high risk), dental and dental molding, podiatry, and other services such as ultrasound, laboratory, phlebotomy.

Response:

There will be no change to the current University Hospital's license. Specific services include Endoscopy services currently being provided. University Hospital is currently licensed to provide endoscopy services that will be provided in the renovated Endoscopy Suite.

- b. Each modality/ procedure which would be performed, such as, but not limited to: Loop Electrosurgical Excision Procedure (LEEP), colposcopy, cryotherapy/ablation, biopsy, incision/drainage, insertion or removal of contraceptive device or foreign body, and any other invasive and non-invasive procedures.

Response:

Procedures currently being provided in the Endoscopy Suite include Gastroscopy Esophagogastroduodenoscopy (EGD), Endoscopic Retrograde Cholangiopancreatography (ERCP), Colonoscopy, Endoscopic Ultrasound, and Bronchoscopy.

- c. If ultrasound or any procedures are to be provided, the location in the facility where they will be provided.

Response:

Endoscopic ultrasound will be performed in the procedure rooms in the Endoscopy Suite.

- d. Clarify if any instruments will be used and if so, whether they will be re-processed and re-used, or if all are disposable.

Response:

Instruments used in the Endoscopy suite will be reprocessed and reused in the existing endoscope reprocessing room.

- e. Clarify whether any equipment and instrument processing (cleaning, decontamination, disinfection or sterilization) will be done on-site or outsourced to a contracted service.

If specific instruments will be re-used, describe the cleaning, disinfecting, and sterilization processing of these instruments, along with the location(s) where each step would take place. If the disinfecting/sterilization processing would occur off-site, specify the route within the facility by which the soiled instruments would be transported for off-site cleaning and sterilization, and identify where soiled instruments will be stored while waiting for transport.

Response:

Equipment and instrument processing will be performed in the existing endoscope processing room.

- f. Clarify whether any anesthesia will be provided and the type/mode of anesthesia to be administered (topical, local, para-cervical or regional blocks, oral or IV conscious or general sedation). Also specify staff responsible for anesthesia and their credentials.

Response:

Conscious sedation, Monitored Anesthesia Care (MAC), and General anesthesia will be performed in the Endoscopy Suite consistent with current practice.

- g. If pain management is to be provided, specific services to be provided, including acupuncture.

Response:

Pain management will not be practice in the Endoscopy Suite.

- h. If applicable, briefly explain areas within the physical plant associated with the proposed procedures. The Applicant may refer to areas on the architectural plans to highlight physical space that addresses a program need, e.g., location of areas for patients pre- and post-testing to clarify patient flow. Also, the Applicant may provide a general description of the physical plant, e.g., in terms of Operating Rooms, procedure rooms, pre-operative and Post Anesthesia Care Unit (PACU) areas.

Response:

The Endoscopy Suite is located on the E Level of the main hospital. The suite consist of procedure rooms, endoscope processing room, and separate pre-and post- procedure patient care areas.

4. Specify days and hours of operation and target patient population (e.g., adult and/or pediatric patients).

Response:

The Endoscopy Suite will operate 6:30am – 7:30pm. The target patient population are adults and pediatric patients, both inpatient and outpatient. This is current hours of operation and patient population.

5. State when the proposed construction is expected to start (planned start date) and how long the project may take to complete (projected time frame). (It is understood that for construction/ renovation projects, construction would commence only after review of plans by DOH and the NJ Department of Community Affairs (DCA) approval.)

Response:

Renovation is expected to start in the spring 2023 and will take about 12 months to be completed.

6. Specify who is impacted by this renovation, i.e., will current patients/ residents and daily activities of the facility be impacted at all? How will this affect the function of the area if this is a renovation in or near the current service area?

Response:

The renovations of the Endoscopy Suite will be phased to maintain ongoing operations. The referenced phasing drawings describe the scope of work and each separate phase of construction as follows.

- Phase 1
 - Relocate existing fellows' offices to existing holding space
 - Construct new handicapped accessible toilet with adjacencies to procedure rooms
 - New managers office and housekeeping room
 - Cosmetic upgrades to existing procedure rooms #11 and #12
 - Equipment storage shall be located to room # 5 (existing procedure room)
- Phase 2
 - Construct a new 5-bay patient pre-op and recovery area with temporary staff station and new handwashing sink.
 - Existing staff locker and lounge will be temporarily relocated to the surgical suite lounge and locker rooms.
 - Construct new staff lounge, changing rooms, staff handicapped toilet and shower.
 - New handicapped patient toilet room adjacent the pre- and post- patient area and new soiled utility room with bed pan hopper clinical sink, counter and handwashing sink will be constructed.
 - ICRA barrier will be constructed to isolate the renovation areas while maintaining the three existing pre- and post-op areas.
- Phase 3

- After completion of phase 2 the new patient pre-op and post op areas will be utilized with a construction barrier to build out the last patient bay area, staff station and nourishment area.
 - Phase 4
 - The final phase will be renovations to the existing patient holding with sub staff station.
 - Convert existing procedure room to a motility room.
 - Cosmetic upgrades to existing corridors and procedure rooms with updated monolithic flooring, updated lighting and ceilings, wall paint and protection.
7. *If the facility will remain in operation during the construction, please explain the following:*
How are the patients or residents/ families notified about this construction/ renovation project (if the renovation is in the same general area as the current facility services)?

What safety measures would be put in place during the construction? Explain the precautions which will be taken when construction is underway (e.g., physical barriers or other measures preventing access to construction area, staff supervision, posted notice to patients/ residents and families) to prevent entry to the construction area(s).

Response:

The existing open shell space creates a physical barrier from all adjoining spaces and will not require construction barriers except for ICRA required vestibule entrances to and from the construction site. The hospital will dedicate existing service elevators for building materials and contractor access to the site.

Wayne Sullivan

February 24, 2023

