

October 04, 2004

File: 02-1780



Abbotsford Hospital and Cancer Centre Project
#1810 – 999 West Hastings
Vancouver, BC
V6C 2W2

Attention: Cindy Brooke

Via Fax: 604-738-3246

And email: cindy.brooke@shaw.ca

Dear Madam:

**Re: September 15, 2004 Civil Drawings
Review Comments**

We reviewed the proponent's September 15, 2004 civil drawings for the on-site and off-site works. We have made some comments in relation to specific design sheets as well as some general comments which may apply to several or all sheets. Our review was a high level review rather than a detailed design review, i.e., we looked at the concept and the buildability, not at technical design details.

We understand that the drawings are not complete and that detail design will follow financial close (FC). Some of our comments have been repeated from earlier correspondence in spite of the proponent's response to the earlier comment in order to make this letter a "stand alone" document.

General

- The drawings are still preliminary. A lot of detail is missing, which we understand will be provided following FC.
- The legal boundaries don't match. For example, the new line, which seems to be from the architect's site plan, is up to 2m into the south end of the park. We understand that a legal survey still needs to be completed, however, the lines seem to indicate a difference between the legal boundaries from the legal surveyor's topographic plan to the architect's interpretation of the property boundaries. I would expect that the legal boundaries from the topo plan are correct (or very close to correct). This could result in the need for adjustments to the site layout at a later date.

Sheet: C-001R – Site Plan

- Proponent is still proposing keyed extruded curb in the parking lots. This is contrary to the output specifications (OS) Section 5.2.1.2.1.4.
- All curb is only in “general” conformance with the MMCD specifications. Conflicts at trees, etc., are normally addressed by deflecting curbs, not by changing curb styles.
- If this is the grading plan, it lacks information to determine if it works.

Sheet: C-002R – Sanitary Sewer and Watermain

- We would expect an RPBA to isolate the municipal system from the potential hospital contaminants at property line, since contaminants can be introduced in the building as well as between the building and the road. Note: The AWWA’s Cross Connection Control Manual requires an RPBA as the minimum level of protection.
- Abbotsford allows flow velocities of up to 4.5m/sec (which we consider to be excessive). Fire flow will exceed this velocity in a 200mm pipe. Proponent should check his velocities and pipe sizes.
- The minimum flow required by BL 1125-2002 for an institutional use is 167 l/s, subject to increased requirements by the Fire Department. One hydrant cannot provide such flow.
- There should be more fire protection for the helipad and the fuel storage. They are about 300m from the nearest hydrant.
- There is a fire truck access road southeast of the building, but there are no hydrants in this area.
- The number of CB’s on Marshall Road does not seem adequate.

Sheet: C-003R – Storm Water – Collection

- No details on fuel/water and oil/water separators.
- Swales seem to end without discharge points such as lawn basins (LB) or catch basins (CB). “In” swale is over 300m long.
- Swales are running into and out of the pond. The swale from the west should be intercepted before it spills over the top of the pond.
- No CB elevations, not sufficient grading information to determine if the number of CB’s is adequate.
- No grades on pipes, no inverts and rims on manholes, no sizing/flow calculations.
- No size, grade or inverts on building leads.
- Multiple CB’s discharging into a 200mm pipe. Capacity?
- Code requires 200mm pipe and larger to terminate in manholes.
- No pond information, grades, etc.

Sheet: C-004R – Storm Sewer – Discharge

- Pond – no details on grading, minimum and maximum water levels, overflow channel to parking area, through parking area, to Marshall Road.
- No details for control manhole. Manhole will likely protrude from the surrounding ground and should be mounded in the landscaping rather than in the pedestrian/bicycle pathway.
- No grades or inverts on discharge main.
- No control manhole design sheets.
- Infiltration bed required for roof drainage, if Abbotsford does not accept discharge to pond. Alternatively, letter of acceptance for discharge to the pond is required from Abbotsford.

Sheet: R-001R – Roadworks

- No grading details
- No information to support proposed pavement section.
- No road drainage (CB's). Note: CB's shown on other drawings seem to be insufficient based on BL 1125-2002.
- The storage magazine for the Menno site is only one car length. The draft Bunt report calls for a minimum 15m magazine.
- Early discussions with Abbotsford included raised medians and trees. Has it been confirmed that this is waived?
- Sidewalk and boulevard treatment missing from cross-section.
- The cross-sections show a 1.5m concrete sidewalk. The DA calls for a pedestrian/bicycle pathway, which we expect to be wider than 1.5m.

Sheet: SAN-001R – Sanitary Sewer

- Drawing is incomplete: title, flow arrows, notes, property lines, other utilities, curb lines, etc.
- Any crossing conflicts?
- Flow calculation sheet.

Sheet: SAN-002R – Sanitary Sewer

- See SAN-001R comments.
- Off-sets missing.

Sheet: SAN-003R – Sanitary Sewer

- See SAN-001R comments.
- Dimension stub for the site to property lines, stub inverts missing.
- Stub should be extended across the pedestrian/bicycle pathway.

Sheet: SAN-004R – Sanitary Sewer

- See SAN-001R comments.
- Off-set missing.
- Dimension stub for the site to property lines, stub inverts missing.
- Stub should be extended across the pedestrian/bicycle pathway.

As noted, this is a general overview. A lot of information is still missing, including complete drawings for such items as streetlights and traffic signals. Please call if you have any questions.

Yours truly,

CitiWest Consulting Ltd.

W.B. Kruger, P. Eng., MBA

WBK/dv



CONSTRUCTION LEADERS



October 29, 2004

VIA EMAIL

Mr. Jim Cox
ABN AMRO Bank
Suite 2373 Three Bentall Centre
595 Burrard Street
Vancouver, BC V7X 1L7

**Re: Response to Citi West Consulting letter dated October 4, 2004.
Abbotsford Hospital and Cancer Centre
Our File # 1150017-E6.7**

Dear Jim;

We have reviewed Citi West's comments of October 4th 2004 and comment as follows:

General	
<ul style="list-style-type: none"> The drawings are still preliminary. A lot of detail is missing, which we understand will be provided following FC. 	Noted. The design is still preliminary. This submission is for DPA purposes and is not intended to advance design. Design will be advanced following FC as agreed at the June Meeting.
<ul style="list-style-type: none"> The legal boundaries don't match. For example, the new line, which seems to be from the architect's site plan, is up to 2m into the south end of the park. We understand that a legal survey still needs to be completed, however, the lines seem to indicate a difference between the legal boundaries from the legal surveyor's topographic plan to the architect's interpretation of the property boundaries. I would expect that the legal boundaries from the topo plan are correct (or very close to correct). This could result in the need for adjustments to the site layout at a later date. 	Noted. PCL found inconsistencies in the legal boundary information provided to PCL from Health Co and have requested clarification on October 19 2004.
Sheet: C-001R – Site Plan	
<ul style="list-style-type: none"> Proponent is still proposing keyed extruded curb in the parking lots. This is contrary to the output specifications (OS) Section 5.2.1.2.1.4. 	MMCD is an offsite quality specification and standard and C-6 Style curb is a long standing offsite standard.
<ul style="list-style-type: none"> All curb is only in "general" conformance with the MMCD specifications. Conflicts at trees, etc., are normally addressed by deflecting curbs, not by changing curb styles. 	True, however with space constraints this may not be possible.
<ul style="list-style-type: none"> If this is the grading plan, it lacks information to determine if it works. 	To be resolved during design development.

Sheet: C-002R – Sanitary Sewer and Watermain	
<ul style="list-style-type: none"> We would expect an RPBA to isolate the municipal system from the potential hospital contaminants at property line, since contaminants can be introduced in the building as well as between the building and the road. Note: The AWWA's Cross Connection Control Manual requires an RPBA as the minimum level of protection. 	Cross connection control will be to AHJ requirements.
<ul style="list-style-type: none"> Abbotsford allows flow velocities of up to 4.5m/sec (which we consider to be excessive). Fire flow will exceed this velocity in a 200mm pipe. Proponent should check his velocities and pipe sizes. 	To be resolved during design development.
<ul style="list-style-type: none"> The <u>minimum</u> flow required by BL 1125-2002 for an institutional use is 167 l/s, subject to increased requirements by the Fire Department. One hydrant cannot provide such flow. 	To be resolved during design development. PCL will meet the requirements of the AHJ.
<ul style="list-style-type: none"> There should be more fire protection for the helipad and the fuel storage. They are about 300m from the nearest hydrant. 	To be resolved during design development. PCL will meet the requirements of the AHJ
<ul style="list-style-type: none"> There is a fire truck access road southeast of the building, but there are no hydrants in this area. 	To be resolved during final design development.
<ul style="list-style-type: none"> The number of CB's on Marshall Road does not seem adequate. 	CB's are relocations of existing. If more are required they will be addressed during design development.
Sheet: C-003R – Storm Water – Collection	
<ul style="list-style-type: none"> No details on fuel/water and oil/water separators. 	To be resolved during design development
<ul style="list-style-type: none"> Swales seem to end without discharge points such as lawn basins (LB) or catch basins (CB). "In" swale is over 300m long. 	To be resolved during design development
<ul style="list-style-type: none"> Swales are running into and out of the pond. The swale from the west should be intercepted before it spills over the top of the pond. 	To be resolved during design development
<ul style="list-style-type: none"> No CB elevations, not sufficient grading information to determine if the number of CB's is adequate. 	To be resolved during design development
<ul style="list-style-type: none"> No grades on pipes, no inverts and rims on manholes, no sizing/flow calculations. 	To be resolved during design development
<ul style="list-style-type: none"> No size, grade or inverts on building leads. 	To be resolved during design development
<ul style="list-style-type: none"> Multiple CB's discharging into a 200mm pipe. Capacity? 	To be resolved during design development
<ul style="list-style-type: none"> Code requires 200mm pipe and larger to terminate in manholes. 	Design will meet code.
<ul style="list-style-type: none"> No pond information, grades, etc. 	To be resolved during design development
Sheet: C-004R – Storm Sewer – Discharge	
<ul style="list-style-type: none"> Pond – no details on grading, minimum and maximum water levels, overflow channel to parking area, through parking area, to Marshall Road. 	Correct. To be resolved during design development

<ul style="list-style-type: none"> No details for control manhole. Manhole will likely protrude from the surrounding ground and should be mounded in the landscaping rather than in the pedestrian/bicycle pathway. 	To be resolved during design development
<ul style="list-style-type: none"> No grades or inverts on discharge main. 	To be resolved during design development
<ul style="list-style-type: none"> No control manhole design sheets. 	To be resolved during design development
<ul style="list-style-type: none"> Infiltration bed required for roof drainage, if Abbotsford does not accept discharge to pond. Alternatively, letter of acceptance for discharge to the pond is required from Abbotsford. 	Refer to the SDP application and approval. Roof water will be diverted to the pond.
Sheet: R-001R – Roadworks	
<ul style="list-style-type: none"> No grading details 	To be resolved during design development
<ul style="list-style-type: none"> No information to support proposed pavement section. 	Pavement design will be based on Geotechnical Engineer's recommendations.
<ul style="list-style-type: none"> No road drainage (CB's). Note: CB's shown on other drawings seem to be insufficient based on BL 1125-2002. 	To be resolved during design development. Design will meet code.
<ul style="list-style-type: none"> The storage magazine for the Menno site is only one car length. The draft Bunt report calls for a minimum 15m magazine. 	SDP application provides storage to the COA requirements. CitiWest makes reference to a minimum requirement of 15m specified by Bunt. That reference was intended for the westbound left-turn lane. An eastbound LT lane was not recommended by Bunt, but required by the City during their review. In general, a minimum of 15m is desirable, but the requirement for the westbound LT lane at the Emergency access takes precedence in this case. The volume of traffic turning into the Menno site is nominal, so that storage for a single vehicle should suffice. In any event, these markings are painted only and can be changed later if necessary
<ul style="list-style-type: none"> Early discussions with Abbotsford included raised medians and trees. Has it been confirmed that this is waived? 	Per SDP application approval
<ul style="list-style-type: none"> Sidewalk and boulevard treatment missing from cross-section. 	Per SDP application approval
<ul style="list-style-type: none"> The cross-sections show a 1.5m concrete sidewalk. The DA calls for a pedestrian/bicycle pathway, which we expect to be wider than 1.5m. 	Per SDP application approval

Sheet: SAN-001R – Sanitary Sewer	
<ul style="list-style-type: none"> Drawing is incomplete: title, flow arrows, notes, property lines, other utilities, curb lines, etc. 	To be resolved during design development
<ul style="list-style-type: none"> Any crossing conflicts? 	To be resolved during design development
<ul style="list-style-type: none"> Flow calculation sheet. 	To be resolved during design development
Sheet: SAN-002R – Sanitary Sewer	
<ul style="list-style-type: none"> See SAN-001R comments. 	To be resolved during design development
<ul style="list-style-type: none"> Off-sets missing. 	To be resolved during design development
Sheet: SAN-003R – Sanitary Sewer	
<ul style="list-style-type: none"> See SAN-001R comments. 	To be resolved during design development
<ul style="list-style-type: none"> Dimension stub for the site to property lines, stub inverts missing. 	To be resolved during design development
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Sheet: SAN-004R – Sanitary Sewer	
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<ul style="list-style-type: none"> Stub should be extended across the pedestrian/bicycle pathway. 	To be resolved during design development

Regards,

PCL Constructors Westcoast Inc.

Jeff Acland P.Eng
Project Manager

JA/akg



November 19, 2004

File No. 02-1780

Abbotsford Hospital and Cancer Centre
1810 – 999 West Hastings Street
Vancouver, B.C.
V6C 2W2

Attention: Cindy Brooke

Via fax: 604-738-3246

And email: cindy.brooke@shaw.ca

Dear Madam,

**Re: October 29, 2004 Response of PCL
to CitiWest Letter of October 4, 2004**

Most responses were as expected, i.e. to be resolved later. There is an item which needs to be addressed:

Curbs – The output specifications are quite clear on the curb type. They are to be MMCD C-4 barrier curbs.

Please call if you have any questions.

Yours truly,

CitiWest Consulting Ltd.

W.B. Kruger, P.Eng., MBA

WBK/ch

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CitiWest Consulting Ltd. – Civil Engineers

#101 – 9030 King George Hwy., Surrey, BC V3V 7Y3 • Tel: (604) 591-2213 Fax: (604) 591-5518 e-mail:
office@citiwest.com



CONSTRUCTION LEADERS



November 30, 2004

VIA EMAIL

Mr. Jim Cox
ABN AMRO Bank
Suite 2373 Three Bentall Centre
595 Burrard Street
Vancouver, BC V7X 1L7

**Re: PCL response to CitiWest Letter of Nov. 19, 2004
Abbotsford Hospital and Cancer Centre
Our File # 1150017-E6.11**

Dear Jim;

In response to CitiWest's letter of November 19, 2004 we clarify as follows:

Curbs on-site and off-site will conform to MMCD standards, Gold Edition. C4, C5, and C6 are all MMCD standards, and will be provided as noted on the current civil drawings in the SDP application. Some curbs on-site will be C4 type, and some will be C6 type (tight radius curbs around island, etc.) all to MMCD standards.

Regards,

PCL Constructors Westcoast Inc.

Lorne Ebenal, P.Eng
Construction Manager

WRITER'S DIRECT LINE (604-241-5203)

LE/akg

cc: John Haring, PCL Bruce Ernst, PCL
Vince Tersigni, PCL Jeff Acland, PCL
Jim Hebler, PCL

PCL CONSTRUCTORS WESTCOAST INC.

Suite 310 – 13911 Wireless Way, Richmond, BC V6V 3B9
Telephone: (604) 241-5200 ♦ Fax: (604) 241-5301 ♦ Website: www.pcl.com

November 29, 2004

Access Health Abbotsford
2373 – 595 Burrard Street
Vancouver, B.C.
V7X 1J1

Attention: Paul Dunstan

Dear Paul:

Re: Schedule 16 – Project Co Proposal Extracts; STC Drawings

At the October 8th meeting between PCL, AHA's acoustic consultant and AHCC, the principles underlying the approach to the acoustic design were agreed upon. Clarifications arising from this meeting were documented by Brown Strachan in subsequent letters, and also through revisions to Section 1 of the Output Specifications. At the conclusion of the above meeting it was also agreed, that AHA would revisit the STC drawings to bring them into conformance with the principles set out in Section 1.

We confirm receipt on November 21st of revision 4 to the AHA STC drawings (dated November 18, 2004). It is our understanding that these November 18th drawings represent AHA's response to bring the drawings into conformance with the principles set out in Section 1.

Because the design of the facility is evolving through the Schematic Design meetings currently under way, AHCC believes that there is little value in a detailed room by room review of the drawings at this point. We have therefore considered these drawings only for general conformance with the principles agreed upon.

In the interest of greater clarity, we provide the following comments on the November 18, 2004 STC revision 4 drawings submitted:

1. The rating between washrooms and public spaces is to be STC 45, with the exception that the rating may be reduced to STC 40 at corridors for inpatient areas. We note that this principle is not consistently applied in the drawings.

2. The rating for all patient room walls is to be STC 45. The exception is that this is relaxed at the inpatient access corridor (and for single patient rooms, at the ensuite walls).
3. The STC drawings indicate a rating of STC 45 for walls between offices. This request was previously generated by AHCC in relation to patient confidentiality (in offices used for consultation purposes) and this remains a requirement.
4. In the drawings, the acoustic treatment between offices and public space varies between STC 40 and STC 35. AHCC considers STC 40 as the minimum throughout. During design development AHCC will confirm those offices that require a level of protection similar to the exam/consultation/interview/treatment rooms.
5. The term "exam/consultation room" refers to areas which require a higher level of voice privacy (patient confidentiality)—50 STC for the hospital and 45 STC for the ambulatory care area (40 to public space, excluding wait areas).
6. On call rooms are sleeping rooms and will consistently require STC 45, including to the public spaces.
7. The second legend that has been added to the revision 4 drawings includes a pattern (gold hatched) that appears to be inappropriately applied in the inpatient areas between patient rooms.

We understand that the legend has been split into two sections to highlight the refinements added under revisions 4, but for clarity sake, we request that for any future submission the legend be simplified and presented accorded to industry standard convention.

Sincerely



Walter Hiller
Project Leader
Abbotsford Hospital and Cancer Centre

Cc Lorne Ebenal, PCL
Jim Cox, AHA

partnerships
British Columbia

Abbotsford Hospital and Cancer Centre
West Annex, 2179 McCallum Road
MSA Hospital, Abbotsford, V2S 3P1

ABBOTSFORD HOSPITAL AND CANCER CENTRE

Design Development Issues – Extract Document

The following are the high-level design issues that are high priority matters which must be resolved during Design Development/User Group meetings.

The principals of User Group Meetings and the Design Process are as follows:

- a) The documentation of Financial Close will include the Bid drawings, the Project Agreement, and the Output Specifications all as set out in Schedule 16 & 18.
- b) The “Given” within these documents in relation to fixed components of the design are:
 - i. Building footprint and its location on the site;
 - ii. Clinical and Non-Clinical areas and general layout and adjacencies, including external relationships;
 - iii. Vertical mechanical/electrical/plumbing risers;
 - iv. Vertical circulation cores including lifts and stairs
 - v. Structural layout, including structural grid and structural walls.

Note: Clinical areas that require adjustment for improved workflow or efficiency outcomes may be replanned during Design Development on the following basis:

- No addition to floor area, without a reduction elsewhere;
- Changes to room configuration do not entail additional wall lengths; and
- Clinical adjacencies and relationships are maintained.

c) The process then to be undertaken is the final layout within each of the Clinical areas, a process known as “User Group Review Meetings”. This process will be undertaken as follows:

- i. Undertake Generic Information Review with Health Co (i.e., agree on “Generic Room Fit Out”, room data information, etc.). There may be as many as 150 rooms or more in this review.
- ii. Project Co to do first cut of fit-out based on the “Generic Room Review” information and agreed “kit of parts”.
- iii. Then “user group” meetings can start. Each user group (and there may be 30) will meet over 3 meetings, some clinical areas may need four meetings or more.
- iv. During all of the above Health Co “Core Team” will need to advise on cross campus issues such as: infection control, floor finishes, wall protection, nurse call systems, etc. These matters must be programmed and resolved during the Design Development period.

v. Project Co executives [AHA/PCL] and Health Co. executives will monitor all meetings, and meet on a regular basis to ensure that the Design Development through the user group meetings meets all the conditions of the Project Agreement and ensures that “sign-off approval” is received in respect of all the Clinical and Non-Clinical Areas.
 d) In parallel with the above, Project Co will start developing and issuing Design Development packages for approval which will be submitted in accordance with Clause 18 and Schedule 11 of Project Agreement.

Item #	Issue	AHA Clarification
1	<p>Corridor width where it is necessary to move a patient in a bed. The following specific areas to be reviewed: Level 01 – Mental Health/Psychiatry a) The North/South corridor leading into the MH/P ward passes the first 3 patient rooms. b) The East/West corridor in the Southwest corner of MH which provides access to eight patient rooms. Level 02 – Emergency a) The North/South corridor leading into the Trauma/Resus. Area which provides access to two Paeds Exam rooms and the corridor itself leading to the 2 Paeds Isolation rooms. b) All corridors in Zone 3 – CDU c) All corridors in CDU – Psych. Level 02 – Medical Imaging A portion of the most northern corridor running north east-west which provides access to 3 US rooms. Level 02 – Cancer a) All corridors in Clinical Pods and which are accessing Exam Rooms. b) All corridors in Shared Support which are accessing Exam Rooms. Level 04 - PACU a) All corridors in the 20-bed PACU and the corridor in the</p>	<p>B.C. Building Code 3.3.3.3.2 requires that corridors in which you move a patient bed shall not be less than 2.4 m wide. Also included under 1.2.4.2 of Output Specification.</p>

	Northern 7-bed cluster of Day Care Recovery.	
2	<p>Level 00 – Radiation Therapy As a result of the redesign and relocation of the vaults from the North/East wall to South/East wall, redesign of Level 00 is required.</p>	<p>Ensure that optimal function and daylight is observed in this area. Ensure access for major equipment replacement is available to the exterior of building. Ensure expansion space accommodates two additional bunkers and central points. Ensure corridor widths are suitable as required to allow patient bed movements. Ensure that vault design meets BCCA Radiation Officer/Clinical Physicists requirements for safety.</p>
3	<p>Cancer Centre a) The exam room in the Cancer Centre 1:50 drawing is based on an 11.6 square metre rectangular room. The program asked for 11.0 sq. metres – some are as small as 10 (9.9 is the smallest). Will the design be able to be adjusted sufficiently to provide 11 sq. metre rooms with a long wall of approx. 3.8 metres to allow a gynaecologist to work from the end of the couch? b) The staff facilities on the second floor of the ambulatory wing are under designed by about 25%. Is it going to be possible to resolve the clinic room sizes and the staff facility requirements all on that one floor?</p>	<p>Program required 21 Exam Rooms at 11.0m2 each. (Total: 231m2). The computer accurately measured the Cad dwg areas to indicate variations to the 21 rooms from 11.8 to 9.9m2 to show a total area for these rooms at 228m2. Adjustment will be made during Design Development (DD) to exactly meet the correct area and critical dimensions. The floor plate will not require increase.</p>
	<p>c) The Volunteer Coordinator office needs to be down at the front by the Foundation. This was identified and agreed at</p>	<p>Female staff lockers and Change A11.03 and washrooms A11.04 require a combined area of 57m2 and Male Staff lockers and washrooms A11.05 and .06 require a combined area of 24m2 to a total 81m2. The drawing shows 54.4m2. On this level there are some facilities that are in excess of the programmed area. EG Waiting A1E.06 2a and 2c – 66m2 programmed, 120m2 provided; Exercise Room A1B.31 at 84m2 programmed – and 96m2 provided. Replanning will occur during Design Development.</p>
		<p>The Volunteer Coordinator's Office has been relocated from Level 4 and co-located with the Foundation office at Level 1.</p>

	the last bilateral but does not appear in the plans submitted with the proposal. Please confirm.	Level 4 has also been redesigned and reduced by nom 9m2.
	d) The shielding proposed for the Brach Therapy Suite will not be sufficient for high dose Brach Therapy, (600mm concrete walls and a maze or shielded door will be required). Will this be provided?	Walls around Brach Therapy Suite will be re-planned during Design Development and designed and constructed to meet the Clinical Output Specifications and Code Requirements
	e) Chemotherapy pairing of treatment chairs requires perimeter wall to be adjusted to make this possible. This was discussed at the last Bilateral, but it does not show on the submission. Please confirm.	The total previous area for these rooms was 94.6m2 – the revised layout is now 94.7m2. The Floor Plate has not increased in size.
	f) Linear accelerators need to be installed and removed after the building is complete. Can you explain how the design allows for this?	The linear accelerator can be broken down into smaller components, the largest of which will fit through the maze. Removal and replacement of the linear accelerators in this installation is via a similarly sized corridor route that takes the machine in a South Easterly direction to the Patient/Family Waiting Room (A1H.50-a) where it will pass through external doors or a removable panel of a window. It will then be craned to the surrounding level for removal by transport.
4	<p>Emergency</p> <p>Redesign to improve Triage area: to improve patient flow, staff efficiency (both Triage and patient registration) e.g.:</p> <ul style="list-style-type: none"> • vestibule for entrance(s) • adjacency between ambulance and walk in entrance • location of after-hours entry so can be operated without impact on ER • efficient staff movement from one pod to the next and to Medical Imaging 	<ul style="list-style-type: none"> • A vestibule is now included in the design. • We have attempted a new design for the Ambulance/Ambulant Entry to bring them closer together. • After hours entry – does not impact on ER. After 9 pm all visitors will come to the Ambulant Entry, report to security and only then enter the foyer and elevator to Level 1 and the appropriate area. All visitors after 9 pm require strict security monitoring. After hour inpatient admission is usually of an emergency nature. Those patients i.e. maternity not requiring attention in Emergency can be

	<ul style="list-style-type: none"> • efficient staff movement to ER from other areas of the facility e.g. lab and portering personnel. • visibility and access in Paediatrics area • provision and location of wash stations in emergency bays. 	<p>transferred down the centre corridor.</p> <ul style="list-style-type: none"> • Staff movement – STH believe that we responded positively to the placement of the major elements with ER Zone 2 – Fast Track being immediately adjacent to General X-Ray; Zone 1 having a direct route to CT. This was all dialogued in the bilateral meetings. Adjustments during DD. • Staff movement for Laboratory and Portering should not be a problem and will be addressed in DD. • Visibility and access to Paediatric area will be resolved at DD. • Wash Stations – Zone 1: 7 wash stations provided for 16 cubicles. Zone 2: 3 wash stations provided for 8 cubicles. Zone 3: 3 wash stations provided for 8 cubicles. All areas are provided with washbasins at a rate greater than 1 basin per 3 open cubicles as specified and each Procedure and Exam Room has its own basin as specified. <p>General Workflow requirements and replanning will be addressed during Design Development.</p>
5	<p>General Day Care Unit Indicate location of sinks in patient treatment bays.</p>	<p>The revised design now shows location of Wash Stations and these are provided at the rate of 6 sinks for 17 cubicles. General accommodation requirements with respect to Isolation will be addressed during Design Development.</p>
6	<p>Renal Services Clarify the water and plumbing plan for this area, i.e. sinks and washrooms in the IPD, PD treatment, and PD training rooms.</p>	<p>The revised plan now indicates the tentative location for Wash Stations. 6 Wash Stations are provided for 16 cubicles. RO Water will be provided as per the brief.</p>
7	<p>General Medical/Surgical Inpatient Units Provide sufficient space for the Pyxis System and staff</p>	<p>Planning will be adjusted to provide the briefed 9.0m2.</p>

	<p>work area.</p> <p>Ensure visibility through doors of Ante Room.</p>	
8	<p>Tertiary Palliative Care Unit</p> <p>Redesign to locate patient support areas as specified.</p> <p>Provide ability to protect space from noise, traffic, etc., and improve privacy.</p> <p>Consider advantages of adjacency with oncology beds – how can design be improved?</p>	<p>Rearrangements in planning, within the shown overall size will be undertaken as the first stage of Design Development.</p>
9	<p>ICU/Step-down Unit</p> <p>Describe how RO will be provided – are there drains and/or needed supports?</p> <p>Ensure there are sliding doors as specified into ICU rooms.</p>	<p>RO machine is located on roof in separate weatherproof housing directly above the renal Services area. All appropriate services requirements can be provided to the system. In respect of the ICU rooms the resolution of the door design will be resolved during the Design Development.</p>
10	<p>Maternal/Child Program</p> <p>Provide access control between elevators and care areas for patient safety.</p> <p>Redesign Triage pod – a room with walls – only 4 stretchers needed; close adjacency to washroom; needs to be secure area –close off from elevators, casual traffic.</p> <p>Internal rearrangement of SCN is needed – move procedure room so direct access from OR rather than PACU; improve visibility to care station.</p> <p>Redesign to move care by parent to back – privacy; move office closer to front; better placement for breastfeeding room – can be used as multipurpose? Use care by parent for breastfeeding?</p>	<p>Rearrangements in planning, within the shown overall size will be undertaken as the first stage of Design Development.</p>
11	<p>Laboratory Medicine</p> <p>Redesign needed to match internal relationships based on O/S – put high volume near front entrance.</p>	<p>Rearrangements in planning, within the shown overall size will be undertaken as the first stage of Design Development.</p>

12	<p>Medical Imaging Redesign, incorporating changes discussed at bilaterals -- meet O/S describing internal functionality re: CT Scan and MRI, special procedures and angio. Ensure efficiency in staff and patient movement between Emergency and Medical Imaging.</p>	<ul style="list-style-type: none"> • Viewing, recording, reporting areas in the general/fluoroscopy zone require separation – DD. • A clearing definition by Health Co of staff efficiency requirements is needed. Rearrangements in planning within the show n overall size will be undertaken as the first stage of Design Development.
13	<p>Pharmacy Services Redesign area to meet O/S describing internal relationships –sterile prep area; packaging; entrances; workflow awkward.</p>	<p>Rearrangements in planning, within the shown overall size will be undertaken as the first stage of Design Development.</p>
14	<p>Surgical Services Provide plan for hand wash stations in PACU and SDC. Relocate C7.68 Staff Breakroom – location too far from locker/change rooms.</p>	<ul style="list-style-type: none"> • The revised drawing shows locations of washbasins in Recovery areas. Washbasins in individual rooms of the Dept. will be as required by the O/S i.e., PACU has 7 washbasins and Day Care has 10. • The Staff Break Room can be co-located with the change rooms and relocate conference and On-Call rooms also. This will result in a loss of windows for the staff. Rearrangements in planning, within the shown overall size will be undertaken as the first stage of Design Development.
15	<p>Sterile Processing Services Redesign to meet O/S; inefficient workflow as proposed.</p>	<p>Rearrangements in planning, within the shown overall size will be undertaken as the first stage of Design Development.</p>
16	<p>Information Management Provide sufficient space for Computer Server Room -- under program 48.7 cf 65 sq. m. Large enough to provide transcription services?</p>	<p>This area has been redesigned to achieve correct size of computer server room and inclusion of transcription services.</p>
17	<p>Main Public Facilities</p>	<ul style="list-style-type: none"> • The Front Entrance Vestibule has been redesigned to avoid

	<p>Provide alternate design for vestibule – front entrance vestibule with both doors in line with the atrium will create an unacceptable wind tunnel. Ensure that any retail activity adjacent to main entrance doors is appropriate to the main entrance of a regional hospital.</p>	<p>a wind tunnel effect. • Appropriate retail adjacent to the front entry is noted.</p>
18	<p>Volunteer Auxiliary Some redesign required – move the office for the Volunteer Coordinator from the main facilities to this area; provide and office for the President within this area.</p>	<p>• The Volunteer/Auxiliary is designed to Programme. If the Volunteer Coordinator (D3.14) is to be moved (9.0m2) it will require re-planning of adjacent areas to accommodate (DD).</p>
19	<p>Transcription Services Where will these services be located?</p>	<p>• This area will be located on the Ground Floor, Information Management and will be developed during Design Development.</p>
20	<p>General Three types of washrooms were included in the output specifications. A standard size was established for each type based on its intended use. The schedule of accommodation provided by Access Health shows multiple variances from the standard and in some cases, apparent omission of some of the washrooms. Please indication the reasons for the variance.</p>	

23 November, 2004