

RESOLUTION NO. R-251083

(R. 80-1345)

JAN 29 1980

WHEREAS, the rapid patient growth experienced at the Green Hospital of Scripps Clinic has produced major unanticipated demands on the Clinic's resources; and

WHEREAS, in response thereto, Scripps Clinic proposes to construct and renovate facilities, as set forth in the summary attached hereto as Exhibit A; and

WHEREAS, 75% of the proposed project addresses severe present and future space needs for the maintenance, storage, and cafeteria services that support the existing health care activities; and

WHEREAS, 25% of the proposed project represents reconfiguration of the existing facility to permit more effective and more efficient operation of the current outpatient services; and

WHEREAS, the proposed project is consistent with public concern about cost containment and current emphasis on increased outpatient services; and

WHEREAS, 60% of the Scripps Clinic's patients come from the San Diego area; and

WHEREAS, Scripps is desirous of increasing its ability to provide service to San Diegans from every sector; NOW, THEREFORE,

BE IT RESOLVED, by the Council of The City of San Diego, that this Council is in full accord with and supports the construction and renovation project proposed by Scripps Clinic in Exhibit A attached hereto.

BE IT FURTHER RESOLVED, that the City Council urges the California Office of Statewide Health Planning and Development to approve the project as expeditiously as possible in order to facilitate timely completion of the proposed improvements.

APPROVED: JOHN W. WITT, City Attorney

By Jack Katz  
Jack Katz  
Chief Deputy City Attorney

JK:lco:502.1  
1/29/80  
Or.Dept.:Councilman Williams

R-251083

CECIL H. AND IDA M. GREEN HOSPITAL  
OF SCRIPPS CLINIC

SUMMARY OF CONSTRUCTION AND RENOVATION PROJECT

The proposal is a combination of new construction, and remodeling of existing kitchen and dining facilities, designed to provide more adequate space for existing services - services severely strained by Applicant's unprecedented growth. The majority of the Project (75 percent) represents a response to space needs of support services including dietary and dining, maintenance and storage. The remainder of the Project will provide space required for Outpatient Treatment and Respiratory Therapy areas, both existing activities whose present spaces are inadequate to sustain current levels of service.

Outpatient Treatment Area

The outpatient treatment area will accommodate treatment services for unscheduled (also called walk-in) outpatients requiring medical attention for minor injuries or illnesses and for former outpatients needing follow up attention after discharge from the hospital. The area now employed in the provision of this type of service is a treatment room located on the second floor in the central portion of the hospital's existing building, an area that is remote from all entrances and difficult for walk-in patients to readily locate. Although the proximity of this treatment room to the hospital's main outpatient service area would seemingly offer many advantages, the hospital's experience indicates the presence of service to unscheduled patients in this location tends to interfere with the orderly and efficient provision of services to scheduled patients.

The proposed outpatient treatment area is not designed to handle major trauma cases, however, in a mass casualty-disaster situation, it could function as a triage area and could do so far better than any existing portion of the hospital's building.

A section of the proposed outpatient treatment area is designed for receipt and assessment of cardiac emergencies. Such cases would be received in this section prior to their transfer into the hospital's existing Intensive Care Unit, located immediately adjacent to the proposed outpatient treatment area.

Another section of the outpatient treatment area is designed to accommodate certain ambulatory surgical procedures such as biopsies, incision and drainage and lumbar punctures.

The outpatient treatment area also will be used as a preparation and postoperative recovery observation area for those patients who may require more extensive surgical procedures that nevertheless can be performed on an outpatient basis. These procedures will be performed in the hospital's existing surgery suites, located adjacent to the proposed outpatient treatment area. After surgery, patients will be transferred back to the outpatient treatment area for postoperative observation, recovery and discharge.

#### Respiratory Therapy Area

The respiratory therapy area is designed to provide space for respiratory procedures now being performed for outpatients in physicians' examination rooms located on the second floor of the hospital's existing building. Because of the current absence of facilities such as those proposed, provision of respiratory therapy services for inpatients often requires that their hospitalization be extended. The proposed area also will provide storage and decontamination facilities not available in the hospital's existing respiratory therapy area (located on the first floor of the hospital's existing building). The proposed respiratory therapy area will include two offices, an examination room, a clean room and specific areas for postural drainage, decontamination, and equipment storage. Space also will be provided for secretarial and reception function, a therapist work area, rest rooms, a blood gas area and an exercise room.

#### Expanded Dining Room and Remodeled Kitchen/Dietary Area

Involving both new construction and remodeling of existing facilities, this portion of the project is designed to address serious and immediate inadequacies in the hospital's food preparation, service and dining capabilities. The impact of existing space shortages on the hospital's dietary and dining facilities has been compounded by the steady growth of its inpatient services (roughly 12 percent in the past year alone) and by increased staff utilization. Cafeteria meal service (excluding inpatient meal preparation), has increased almost 43 percent during 1978/79.

Beyond the sheer insufficiency of the hospital's existing space, the dining facility's present configuration (single entry/exit, small "supermarket" style food service area) creates severe congestion and inefficiencies in both meal preparation and service, as well as in clean-up areas.

The expanded dining room included in the Project as part of the Expanded Area will provide the hospital with seating for 310 people, 126 more seats than are now available. The 310 seats included

are anticipated as adequate to meet the institution's 1985 needs, based on projected volume and calculated on the basis of 85 percent of employees and five percent of outpatient and visitors using the dining room over the 11:00 a.m. - 1:30 p.m. noon meal period. The projection of space assumes five seatings over the two and one-half hour period.

Renovation of the hospital's existing structure included in the Project's Remodeled Area segment will remedy major sources of congestion by separating exit and entrance points and by providing more suitably designed food service space. The Remodeled Area will include a larger area for the beverage counter, the dessert line and short order, salad and hot beverage services. It also will permit relocation of the existing tray make-up assembly area and provide a larger space for food cart storage. Also planned in the Remodeled Area is renovation of dietitians' offices, the addition of a new walk-in freezer and the addition of offices for administrative support for the dietary department.

#### Storage Areas

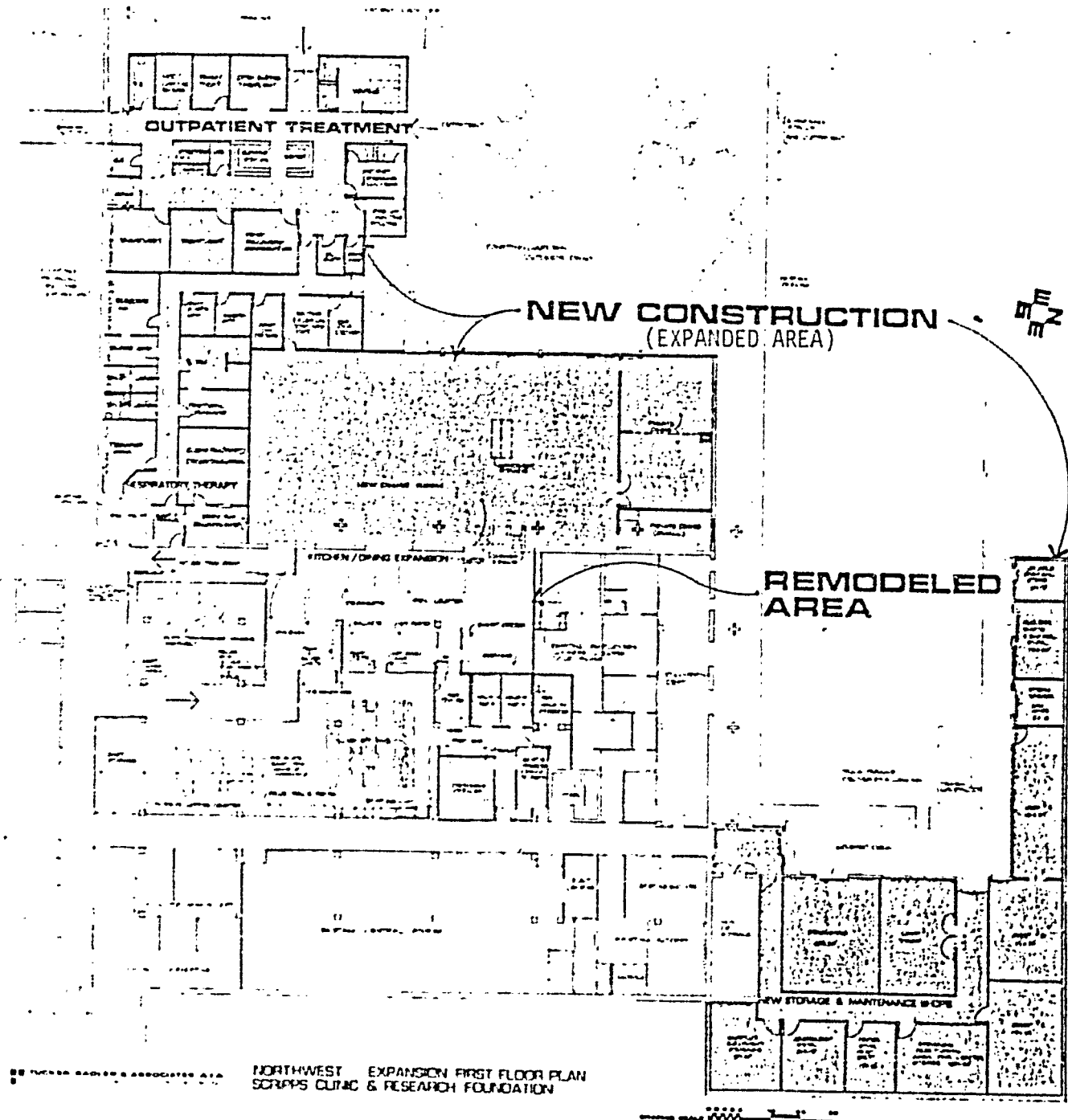
Availability of suitable storage is a major problem for the institution. Because of the shortage of such space in its existing facility, the hospital is constrained from realizing the full potential savings attainable through bulk purchasing, and at the same time, is forced to lease off-site storage space to meet present demands.

#### Maintenance Shops

Area has been set aside in the Expanded Area for four maintenance shops, a volatile chemical storage area, a nuclear waste storage area and a steam wash room. The four maintenance shops will allow the hospital to realize greater efficiency in its maintenance operations by consolidating major components of those operations in basically a single area.

Expanded Area  
Outpatient Treatment Area  
(4,173 gross sq. ft.)  
Respiratory Therapy Area  
(2,660 gross sq. ft.)  
Expanded Dining Area  
(5,968 gross sq. ft.)  
Expanded Storage & Maintenance Areas  
(6,284 gross sq. ft.)

Remodeled Area  
Kitchen & Serving Area  
(8,230 gross sq. ft.)



CECIL H. AND IDA M. GREEN HOSPITAL  
CHRONOLOGY OF CERTIFICATE OF NEED PROCESS  
THROUGH DECEMBER 31, 1979

May 14, 1979	Original Certificate of Need Application submitted to California Office of Statewide Health Planning and Development.
May 30, 1979	Letter received from California Office of Statewide Health Planning and Development requesting additional information.
July 27, 1979	Supplement to the Certificate of Need Application submitted to the State.
August 15, 1979	Second letter received from the State requesting additional information.
September 14, 1979	Second supplement to the Certificate of Need Application submitted to the State.
October 3, 1979	Third letter, received from the State requesting additional information.
November 15, 1979	Site Visit conducted by representatives of the Review Panel, local HSA Staff, and the California Office of Statewide Health Planning and Development.
November 16, 1979	Third letter received from the State indicating that the Application was declared complete.
December 10-11, 1979	Presentation to the Public Meeting Panel.
December 14, 1979	Presentation to the Governing Body of the San Diego and Imperial County Health Systems Agency.
December 26, 1979	Submission of the Governing Body's report to the California Office of Statewide Health Planning and Development.

JAN 29 1990

Passed and adopted by the Council of The City of San Diego on \_\_\_\_\_  
by the following vote:

Councilmen	Yeas	Nays	Not Present	Ineligible
Bill Mitchell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bill Cleator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bill Lowery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leon L. Williams	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fred Schnaubelt	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mike Gotch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Larry Stirling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lucy Killea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mayor Pete Wilson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUTHENTICATED BY:

PETE WILSON

Mayor of The City of San Diego, California.

CHARLES G. ABDELNOUR

City Clerk of The City of San Diego, California.

(Seal)

By Ellen Board, Deputy.

Office of the City Clerk, San Diego, California

Resolution Number R-251083 Adopted JAN 29 1990