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INTERIOR DESIGN

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22 August 2016

Beach Surgical Center
4121 East Valley Auto Drive
Suite #109
Mesa, AZ 85206

Re: **Project Narrative**

Project Type: Multi-Specialty Ambulatory Surgical Center (ASC)
Occupancy Type: Business / Medical (Renovation)

Owner/Management: Stephen Cobos
Owner Representative: Rey Mascias
Owner Address: 4121 East Valley Auto Drive
Suite # 109
Mesa, AZ 85206
Owner Telephone: (480) 220-6370

Beach Surgical Center will provide **outpatient surgical services** via board-certified surgeons. Anesthesiologists/CRNAs will provide different levels of anesthesia depending on the procedure type.

This project will be in conformance with the intent of the City Code, the General Plan, and all other specified plans or Council policies, and will be compatible, and not detrimental, to surrounding properties by intensifying employment opportunities within the community and supplying a health resource for community members.

Beach Surgical Center comprises of a 6050 sq. ft. renovation of an existing clinical property. Spinal and orthopedic procedures are planned to be provided at this location; adhering to credentialing policies and patient selection criteria.

Staff will have the ability to enter the ASC through a separate door into a one-way flow of lounge/locker/dressing room (with toilet and shower provided), to the procedure rooms.

Delivery and pick-up services will be provided through a separate door from the public entrance.

Patients can park to the South of the buildings and enter through the patient entrance. All patients will have a recent history and physical examination prior to any procedure. All necessary pre-op test results will be obtained and available pre-procedure, along with patient's medical history. Patients will check in at the ASC waiting receptionist. The patient walks or is taken by wheelchair to a Pre-op space to change clothes and receive an IV if receiving procedural sedation. Patients receiving procedural sedation will be placed on a pulse oximeter, automatic non-invasive blood pressure monitor, and EKG monitor (if necessary). The patient will complete necessary forms with the attending nurse, be interviewed by anaesthesia staff, and meet briefly with the surgeon; preparing them for the procedure.

The attending physician will obtain an informed consent. Oxygen is administered as needed, under direction of the physician. During procedure, vital signs are to be monitored and documented. Dosage and names of all drugs administered, techniques used and any unusual events and patient status will be documented. Post-procedure, patients will be transferred from the procedure room to the recovery suite by wheelchair or patient gurney as deemed appropriate.

Depending on the level of anaesthesia, the patient will go to Stage One (Gurney) or Stage Two (Lounge Chair) recovery station. Patients requiring Stage One recovery

may transfer to Stage Two to redress, meet with the physician and receive post-procedure written instructions and medications. All patients will be monitored for vital signs within normal range and be observed to be awake and alert and at controlled pain levels before discharge. Patient discharge will be provided through a separate entrance marked by a noted area with an overhead canopy. A designated driver will collect the patient for transport following a completed discharge process. The outdoor drop-off (discharge) location is on the North side of the building with an overhead canopy and properly marked pavement (leading from the door to the awaiting vehicle). The pavement marking is meant to divert traffic around that patient discharge space.

Soiled linens and disposable covers will be properly discarded via waste containers within the room following the procedure and taken to a soiled workroom to be stored until removal is arranged. Instrumentation will go from the procedure room following surgery to the decontamination/soiled workroom to be cleaned properly. Gross bodily fluids will be disposed of through the use of a hopper sink. Cleaning of instruments will be done with the use of sinks with soak / clean / rinse areas prior to being placed into an instrument washer for further decontamination. Once instruments are cleaned thoroughly, these loose instruments are strung together, if necessary, to be placed in their appropriate storage container with sterilization indicators. These instruments are then placed into an autoclave for an appropriate amount of time and temperature to meet sterilization standards. Once sterilized instrument containers have completed their cycle, they are withdrawn from the autoclave and allowed to cool appropriately prior to being placed in their assigned location for future use.

A generator is proposed for 24-hour emergency power, if necessary, to maintain operations in the event of a power outage. This generator is located to the Northeast corner of the existing building. The generator and power switch will have a 2-hr rated wall surrounding the generator with appropriate spacing around it to provide for access and maintenance.

Respectfully,



Todd Lehmenkuler
HEALTHCARE PLANNER

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