

FACILITY NARRATIVE OUTLINE
Emergency Department Expansion

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

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).

Response:

The project consists of expansion of the existing emergency department by approximately 12,500 s.f. It consists of renovations to an adjacent clinical space currently unoccupied but was formerly used as the orthopedic clinic, which has been relocated. The project is located on the ground level of the existing main hospital building.

The proposed emergency department expansion will accommodate 29 additional treatment spaces consisting of 21 private rooms and 8 flex treatment cubicles. This will also include two isolation rooms and provisions for bariatric patients. The design consists of two treatment pods with central staffing stations, medication, and nourishment areas. Support services including soiled utility, clean utility, equipment storage and housekeeping to be conveniently dispersed with the new department. Handicapped patient toilets are provided on a ratio of one toilet per six treatment spaces.

The new space is strategically located to have convenient access to radiology, ambulance entrance, and dedicated corridor connecting the existing emergency department areas. Proposed infrastructure includes new dedicated HVAC air handling units. Medical gases and other infrastructure will be expanded to serve the area as well.

The project will allow for a single phased construction sequence with no interruptions to existing operations. Adjacent the new treatment area will be accommodations for sub family waiting and consultation.

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 new expansion is integrated with the existing emergency department with internal dedicated corridors to serve ED patients and staff. It functions independently and separately from surrounding departments.

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 acute care treatment for emergency department patients. University Hospital is currently licensed to provide all services that will be provided in the expanded emergency department.

- 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:

All procedures required for the treatment of emergency department patients will be performed in this space. This includes any procedures already performed in the current acute care space. This would include, but is not limited to laceration repair, I&D, removal of cutaneous and other foreign bodies, central and arterial line placement, paracentesis, arthrocentesis, intraosseous placement, NGT placement, endotracheal intubation, placement of tube thoracostomy and pigtail drains, emergency delivery, transcutaneous and transvenous pacing, and electrical defibrillation and cardioversion.

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

Response:

Emergency diagnostic ultrasound as well as ultrasound guided procedures will be performed bedside in this treatment area consistent with current emergency department ultrasound practice.

- 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:

Procedures are intended to be performed using disposable instrument trays consistent with current emergency department acute care practice.

- 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:

There will be no sterile processing done in this area.

- 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:

Procedural sedation and analgesia will be performed in this area consistent with current practice and procedures in the emergency department.

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

Response:

Pain management will be provided in this area in concordance with current emergency department procedures and practices and includes but may not be limited to: PO & IV analgesia including the administration of controlled substances, local and regional blocks, and procedural sedation and analgesia.

- 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 expansion of the emergency department will be on the C Level of the hospital where the existing emergency department is located. There will be no Operating Rooms, Procedure Rooms, Pre-operative and Post Anesthesia Care Unit (PACU) areas in the emergency department.

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

Response:

The expanded emergency department will operate 24/7 and will treat both adult and pediatric patients. This is the 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:

Proposed construction is anticipated to begin in early 2023 and is expected to last 12 months.

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 project is located such that there will be no impact on existing functional areas.

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). Note: It is particularly important for long term care facilities and medical adult day health programs to clarify how residents/clients with cognitive impairments would be prevented from entering the construction area.

Response:

The proposed construction area is isolated from other adjacent departments and will not have any effects with regards to operations of existing facilities, Contractors will have designated access to and from the construction site. The project will be constructed in a single phase of construction. ICRA infection control mitigation will be implemented with physical separation barriers from adjacent departments. All existing doors and walls will be properly sealed to create negative pressure within the workspace. An ante room will be incorporated immediately outside the work zone providing adequate space for transitioning workers and equipment in and out of the work zone. Mechanical duct work will be specific and constrained within the emergency department renovation area.

The contractor performing the work will be responsible for ICRA authorization review and approval process.

Wayne Sullivan

December 8, 2021