

Report Year:

2012

11288

Alameda County Medical Center - Highland
Campus

Oakland

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

11288

Facility Name:

Alameda County Medical Center - Highland Campus

Address:

1411 East 31st Street

City:

Oakland

Hospital Owner/Licensee:

County of Alameda, General Services Agency

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Ann Ludwig

Submission Date:

1/10/2013 12:59:57 PM

For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5,for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-01316	Acute Care Tower	1411 East 31st Street	Rebuild	SPC5	01/01/2020	12/01/2016
BLD-01318	Chiller Building	1411 East 31st Street	Rebuild	SPC5	01/01/2020	12/01/2016
BLD-01319	Boiler Plant	1411 East 31st Street	Rebuild	SPC5	01/01/2020	01/01/2020

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:		BLD-01316		Acute Care Tower		Retrofit/Replacement Project:		Yes-Submitted	
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	9/9/2010 12:00:00 AM		01/01/2011	05/01/2017	ACTI	No

Building No:		BLD-01318		Chiller Building		Retrofit/Replacement Project:		Yes-Submitted	
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	9/9/2010 12:00:00 AM		01/01/2011	05/01/2017	ACTI	No

Building No:		BLD-01319		Boiler Plant		Retrofit/Replacement Project:		Yes-Planned	
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
11288	IS101717-0	0		9/9/2010 12:00:00 AM		06/01/2011	12/01/2016	ACTI	No

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-01316**

Building Name:

Acute Care Tower**Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="194"/>	Inpatient Days	<input type="text" value="35357"/>	<input type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="28"/>	Inpatient Days	<input type="text" value="7783"/>	<input type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Radiological/Imaging	<input checked="" type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="14"/>	Inpatient Days	<input type="text" value="2835"/>	<input type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="236"/>	<input checked="" type="checkbox"/> Support Services
						<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv
						<input type="checkbox"/> Central Plant

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **BLD-01318**

Building Name: **Chiller Building**

Type of Service Provided

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>

Total Beds this Building

<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Dietetic	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Administration	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Support Services	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Cesarean/Deliv	

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **BLD-01319**

Building Name: **Boiler Plant**

Type of Service Provided

Nursing Inpatient Beds Inpatient Days

IntensiveCare Inpatient Beds Inpatient Days

Pediatric/Adol escent Inpatient Beds Inpatient Days

Psychiatric Nursing Inpatient Beds Inpatient Days

Obstetrical Ante/Postprtum Inpatient Beds Inpatient Days

Intermediate Care Inpatient Beds Inpatient Days

Skilled Nursing Inpatient Beds Inpatient Days

Total Beds this Building

Surgical

Obstetrical Recovery

Anesthesia

Newborn/ WellBaby

Clinical Lab

Emergency

Radiological/ Imaging

Nuclear Medicine

Pharmaceutical

Dietetic

Rehabilitation Therapy

Administration

Renal Dialysis

Support Services

Outpatient Surgery

Obstetrical Cesarean/Deliv

Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01316

Building Name: Acute Care Tower

Medical / Surgical (Include GYN)Inpatient Bed 194 Inpatient Days 3535
7**Acute Respiratory Care**

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 14 Inpatient Days 2835

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

**intensive Care Newborn
Nursery**

Inpatient Bed 8 Inpatient Days 1718

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 20 Inpatient Days 6065

**Rehabilitation
Center**

Inpatient Bed 0 Inpatient Days 0

**Int. Care / development
Disabled**

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

**Chemical
Dependency**

Inpatient Bed 0 Inpatient Days 0

**Total Beds this
Building Per
Unit**

236

**Total Beds this
Building Per
Service**

236

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01318

Building Name: Chiller Building

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn
Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation
Center**Inpatient Bed Inpatient Days **Int. Care / development
Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical
Dependency**Inpatient Bed Inpatient Days **Total Beds this
Building Per
Unit****Total Beds this
Building Per
Service**

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01319

Building Name: Boiler Plant

Medical / Surgical (Include GYN)

Inpatient Bed Inpatient Days

Acute Respiratory Care

Inpatient Bed Inpatient Days

Acute Psychiatric

Inpatient Bed Inpatient Days

Perinatal (exclude Newborn / GYN)

Inpatient Bed Inpatient Days

Burn

Inpatient Bed Inpatient Days

Skilled Nursing

Inpatient Bed Inpatient Days

Pediatric

Inpatient Bed Inpatient Days

intensive Care Newborn Nursery

Inpatient Bed Inpatient Days

Intermediate Card

Inpatient Bed Inpatient Days

Intensive Care

Inpatient Bed Inpatient Days

Rehabilitation Center

Inpatient Bed Inpatient Days

Int. Care / development Disabled

Inpatient Bed Inpatient Days

Coronary Care

Inpatient Bed Inpatient Days

Chemical Dependency

Inpatient Bed Inpatient Days

Total Beds this Building Per Unit

Total Beds this Building Per Service



For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01315	Critical Care Building	Remain
BLD-01316	Acute Care Tower	Rebuild
BLD-01318	Chiller Building	Rebuild
BLD-01319	Boiler Plant	Rebuild

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List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	Acute Care Tower Replacement	<input type="checkbox"/>



Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c)(2)(E)

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Nursing

Relocated to new building

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Acute Care Tower Replacement

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
---	11288	IS101717-0	0 PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2011	12/01/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Obstetrical Ante Postprtum

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09				ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

ClinicalLab

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09				ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Radiological/Imaging

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09			ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Dietetic

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09			ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Administration

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09			ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Support Services

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2011	12/01/2016	ACTI

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Building Number:

BLD-01316

Building Name: Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Obstetrical Cesarean/Deliv

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2011	12/01/2016	ACTI

Building Number:

BLD-01316

Building Name: Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Obstetrical Recovery

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2011	12/01/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Newborn/Well Baby

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2012	12/01/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Nuclear Medicine

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2012	12/01/2016	ACTI

Building Number:

BLD-01316

Building Name: Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Rehabilitation Therapy

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2012	12/01/2016	ACTI

Building Number:

BLD-01316

Building Name: Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Medical/Surgical (Include GYN)

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2012	12/01/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Perinatal (exclude Newborn / GYN))

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2012	12/01/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2012	12/01/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

Intensive Care
Newborn Nursery

Relocated to new building

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2012	12/01/2016	ACTI

Building Number:

BLD-01318

Building Name:

Chiller Building

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

CentralPlant

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-Acute Care Tower Replacement

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2012	12/01/2016	ACTI

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Building
Number:

BLD-01319

Building Name:

Boiler Plant

Will general acutr care services and beds will be relocated to a new, Existing or retrofitrd building?

CentralPlant

Removed from hospital services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:

BLD-01318

Building Name:

Chiller Building

Type of Service Provided

- Nursing
- IntensiveCare
- Pediatric/Adolescent
- Psychiatric Nursing
- Obstetrical Ante/Postpartum
- Intermediate Care
- Skilled Nursing

- Surgical
- Anesthesia
- Clinical Lab
- Radiological/Imaging
- Pharmaceutical
- Dietetic
- Administration
- Obstetrical Cesarean/Deliv
- Obstetrical Recovery
- Newborn/WellBaby
- Emergency
- Nuclear Medicine
- Rehabilitation Therapy
- Renal Dialysis
- Outpatient Surgery
- Central Plant
- Support Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-01319

Building Name:

Boiler Plant

Type of Service Provided

 Nursing IntensiveCare Pediatric/Adol
escent Psychiatric
Nursing Obstetrical
Ante/Postprtum Intermediate
Care Skilled Nursing Surgical Anesthesia Clinical Lab Radiological/
Imaging Pharmaceutical Dietetic Administration Obstetrical
Cesarean/Deliv Obstetrical
Recovery Newborn/
WellBaby Emergency Nuclear
Medicine Rehabilitation
Therapy Renal Dialysis Outpatient
Surgery Central Plant Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01315

Building Name: Critical Care Building

Configuration: N/A

Type of Service Provided

<input type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01316

Building Name: Acute Care Tower

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01318

Building Name: Chiller Building

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number: BLD-01319

Building Name: Boiler Plant

Configuration: Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input type="checkbox"/> Administration		

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: **BLD-01315**

Building Name: **Critical Care Building**

Type of Service Provided

Nursing Inpatient Beds

IntensiveCare Inpatient Beds

Pediatric/Adolescent Inpatient Beds

Psychiatric Nursing Inpatient Beds

Obstetrical Ante/Postpartum Inpatient Beds

Intermediate Care Inpatient Beds

Skilled Nursing Inpatient Beds

Total Beds this Building

Surgical

Anesthesia

Clinical Lab

Radiological/Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical Cesarean/Deliv

Obstetrical Recovery

Newborn/WellBaby

Emergency

Nuclear Medicine

Rehabilitation Therapy

Renal Dialysis

Outpatient Surgery

Central Plant

Support Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01315

Building Name:

Critical Care Building

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **intensive Care Newborn
Nursery**Inpatient Bed Inpatient Days **Intermediate Card**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation
Center**Inpatient Bed Inpatient Days **Int. Care / development
Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical
Dependency**Inpatient Bed Inpatient Days **Total Beds this
Building Per
Unit****Total Beds this
Building Per
Service**

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