

**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:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Ann Ludwig

Submission Date:

10/30/2013 12:00:02 PM

Report Year:

2013

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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	01/31/2016
BLD-01318	Chiller Building	1411 East 31st Street	Rebuild	SPC5	01/01/2020	01/31/2016
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="36146"/>	<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="7340"/>	<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="2882"/>	<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
						<input checked="" type="checkbox"/>	Support Services	<input type="checkbox"/>	Central Plant
						<input checked="" type="checkbox"/>	Obstetrical Cesarean/Deliv		
		Total Beds this Building	<input type="text" value="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-01316

Building Name: Acute Care Tower

**Medical / Surgical (Include GYN)**

Inpatient Bed 194 Inpatient Days 3614  
6

**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 2882

**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 1139

**Intermediate Card**

Inpatient Bed 0 Inpatient Days 0

**Intensive Care**

Inpatient Bed 20 Inpatient Days 6201

**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 Care**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 Care**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"/>



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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 acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Nursing	Relocated to new building		

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Building Number:	BLD-01316	Building Name:	Acute Care Tower
Will general acute care services and beds will be relocated to a new, Existing or retrofitted 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	Proj. Start Date	Proj. Completed Date	
11288	IS101717-0- GEO	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-08-03	2011-02-10	06/01/2011	01/31/2016 APPR

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Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

Obstetrical Ante Postprtum

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	01/31/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

ClinicalLab

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	01/31/2016	ACTI

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Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

Radiological/Imaging

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	01/31/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

Dietetic

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	01/31/2016	ACTI

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Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

Administration

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 Date	Proj. Start Date	Proj. Completed Date	
—							
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2011	01/31/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

Support Services

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 Date	Proj. Start Date	Proj. Completed Date	
—							
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2011	01/31/2016	ACTI

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Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

Obstetrical  
Cesarean/Deliv

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	01/31/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

Obstetrical Recovery

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	01/31/2016	ACTI

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Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

Newborn/Well Baby

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 Date	Proj. Start Date	Proj. Completed Date	
—							
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2011	01/31/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

Nuclear Medicine

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 Date	Proj. Start Date	Proj. Completed Date	
—							
11288	IS101717-0	0	PPR - ACUTE CARE TOWER REPLACEMENT	2010-09-09	06/01/2011	01/31/2016	ACTI

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Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

Rehabilitation Therapy

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	01/31/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted 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	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	01/31/2016	ACTI

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Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted 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	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	01/31/2016	ACTI

Building Number:

BLD-01316

Building Name:

Acute Care Tower

Will general acute care services and beds will be relocated to a new, Existing or retrofitted 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	01/31/2016	ACTI

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Building Number:

BLD-01316

Building Name:

Acute Care Tower

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

Intensive Care  
Newborn Nursery

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	01/31/2016	ACTI

Building Number:

BLD-01318

Building Name:

Chiller Building

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

CentralPlant

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	01/31/2016	ACTI

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Building  
Number:

BLD-01319

Building Name:

Boiler Plant

Will general acute care services and beds will be relocated to a new, Existing or retrofitted 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**

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

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

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

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 Care**

Inpatient Bed

Inpatient Days

**Intensive Care**

Inpatient Bed

Inpatient Days

**Rehabilitation Center**

Inpatient Bed

Inpatient Days

**Int. Care / Developmentally 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**

Report Year:

2013

11288

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Oakland

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Report Status: **Data Last Update:** 10/23/2013

**Submission Date:** 10/30/2013

**Print Date:** 10/31/2013 1:50 PM