

**Orcas Island Health Care District  
Strategic Facility Master Plan**

**November 13, 2025**

Orcas Island  
**Health Care**  
D i s t r i c t

# Steering Committee Meeting One – Discussion Guide

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**Objective:** To create a strategic facility plan for the Orcas Island Clinic responsive to the district’s strategic plan and supporting the projected healthcare needs of the community over the next decade.

## Discussion Topics:

- Reconfirm Program – key rooms and clinical capacities
- Facility Redevelopment Options
- Preliminary, Rough Order of Magnitude, Based on Some Data but Take with a Salt Lick, Approximate, Potential Capital Cost without island adjustments
- Next Steps in Planning

## Next Steps:

- Incorporate feedback from tonight’s discussion
- Prepare for Board Meeting
- Compile and Submit Final Report

# Projected Clinical Capacity Requirements – 2035

The existing exam room complement of ten rooms should be adequate most days but will not accommodate planned growth.

Most Likely service expansions include:

- **One** recruit joining the clinic soon
- **One** additional full-time primary care provider (MD, DO, PA, NP)
- Proposed orthopedics visiting provider
- An exam room to accommodate scheduled nurse only visits (immunizations, allergy shots, Medicare wellness visits)

Other potential expansions, based on availability, interest, and/or ability to recruit:

- Potential dental clinic
- Summer *locums* to fill in for vacations and accommodate additional walk-in visits
- Diabetic educator/psychiatric mental health nurse practitioner, tele-provider(s)

Providers in Clinic	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM								
<b>Family Practice</b>										
Karen Caley	1	1	1	1	1	1				
Jennifer Simpson-Manske	1	1	1	1			1	1	1	1
Jennifer Utter			1	1	1	1	1	1		
Robert Wilson	1	1			1	1	1	1	1	1
New Recruit			1	1	1	1	1	1		
<i>Incremental Provider</i>	1	1	1	1			1	1	1	1
<i>Summer Locums/Future Flexibility</i>			1	1	1	1	1	1	1	1
<b>Pediatrics</b>										
Evan Buxbaum	1	1	1						1	1
<b>Women's Health</b>										
Susan Sandblom	1	1			1	1				
<b>Visiting Specialists</b>										
Robert Billow - Pain									1	1
<i>New provider - Orthopedics</i>					1	1				
<i>New Provider - Other (PMHNP?)</i>							1	1		
<i>Potential Future Dental</i>	1	1								
<b>Scheduled Providers</b>										
Required Exam Rooms @ 2.5/provider	7	7	7	6	7	7	7	7	6	6
<b>Nurse Visits</b>										
Nurse Visits	1	1	1	1	1	1	1	1	1	1
<b>Total Required Exam Rooms</b>	<b>18.5</b>	<b>18.5</b>	<b>18.5</b>	<b>16.0</b>	<b>18.5</b>	<b>18.5</b>	<b>18.5</b>	<b>18.5</b>	<b>16.0</b>	<b>16.0</b>



## Identified Gaps – Equipment or Other Issues

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Triage & Procedure Area stretchers have limited vertical adjustment – shorter staff cannot effectively provide CPR when needed

Storage Room, while well organized, is undersized for island needs, consider high density shelving until room can be expanded and purchase of the shipping container as a short-term solution

Provider office/work room is appropriately sized, but modern modular furniture will improve aesthetics, ergonomics, and efficiency by creating better auditory privacy (critical when documenting – most providers now use AI assisted transcription services that need a quiet environment)

The lab door should be replaced (it was relocated to the entry to the clinic zone to prevent patients from just walking into the clinic). The lab could benefit from being a negative pressure room; this is impossible without a door.

## Identified Gaps – Short-Term Housing

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Provision of short-term housing can assist with

- Visiting specialty providers – providers with a Monday or Friday session may be allowed to extend their stay over a weekend, encouraging more visiting providers
- New employees – a temporary housing arrangement may help with recruiting
- Summer *locums* provider

Ideally a partnership with other island-based institutions would be developed to provide workforce housing

Short-term rooms could be provided as part of a new development for *locums* providers and visiting specialty providers.

# Existing Clinic Space Table

The space table lists every space, its net square feet, and how many of that room or space the clinic contains

Net Square Feet is the interior space of a room or the usable space of a work area. It is less than the total space of the building.

Net Square Feet *excludes* circulation spaces within an area – for example the space to walk between MA stations and the medication storage area in the MA’s work room

Net Square Feet also excludes corridors, the thickness of walls, columns, and any shafts stairwells or elevators.

Note the current total NSF of 4,072 square feet

Room	Qty	NSF	Total NSF	Comments
<b>Patient Arrival Area</b>				
Waiting Room	1	360	360	Staff report more than adequate
Check-in	2	35	70	Modern are 2x this size for privacy
Toilet - patient/visitor	1	50	50	Accessible
Vestibule	1	50	50	
Front Office	1	275	275	Was billing, med records, underutilized
<b>Subtotal</b>			<b>805</b>	
<b>Triage/Procedure Area</b>				
Triage Treatment Area	2	80	160	
Triage Storage	1	50	50	
Nurse Workstation	1	50	50	Should be sound screened
Treatment Room	1	160	160	Testing and Minor Procedures
Toilet	1	50	50	
Radiology	1	187	187	
Lab/Phlebotomy	1	190	190	Ideal would separate phlebotomy
<b>Subtotal</b>			<b>847</b>	
<b>Main Clinic Treatment</b>				
Exam Room	10	100	1,000	
Consult/Telehealth	1	100	100	Should have a sink for telehealth
Patient Toilet	2	25	50	Not handicap accessible, one for lab
Storage/Janitor Closet	1	45	45	Storage only, no sink
Office - Lead MA	1	90	90	
Office - Manager	1	100	100	
MA Workstation	5	25	125	Ideally 40 NSF each
Drug Storage	1	50	50	Ideally 80 NSF
Shower	1	25	25	Used as storage
<b>Subtotal</b>			<b>1,585</b>	
<b>Staff Support Areas</b>				
Supply Storage	1	225	225	
IT Closet	1	50	50	
Staff Break Room	1	110	110	
Provider Workroom	6	45	270	Total room is about 500 NSF
Provider Conf Table	1	180	180	
<b>Subtotal</b>			<b>835</b>	
<b>Total NSF</b>			<b>4,072</b>	

# Draft Proposed Clinic Space Table

Proposed future clinic grows to almost 7,000 NSF. Most of the new space is for direct patient care, but a new conference room, larger provider work room, and a staff toilet are material incremental staff areas.

Room	Qty	NSF	Total NSF	Comments
<b>Patient Arrival Area</b>				
Waiting Room	1	360	360	Staff report more than adequate
Check-in	3	50	150	Modern are 2x this size for privacy
Toilet - patient/visitor	1	50	50	Accessible
Vestibule	1	50	50	
Front Office	1	0	-	Was billing, med records, underutilized
<b>Subtotal</b>			<b>610</b>	
<b>Triage/Procedure Area</b>				
Triage Treatment Room	2	140	280	Sized to Accommodate higher acuity
Triage Storage	1	80	80	
Nurse Workstation	2	50	100	Should be sound screened
Treatment Room	1	160	160	Testing and Minor Procedures
Toilet	1	50	50	
Radiography	1	187	187	
Lab	1	180	180	
Phlebotomy Area	1	60	60	Adjacent/connected to lab
<b>Subtotal</b>			<b>1,097</b>	
<b>Main Clinic Treatment</b>				
Exam Room	10	100	1,000	
Consult/Telehealth	1	100	100	Should have a sink for telehealth
Exam - New	10	120	1,200	
Dental Equip Stor	1	80	80	Near Dental Treatment Rooms
Patient Toilet (Exist)	0	25	-	Repurpose
Patient Toilet (New)	3	50	150	
Storage/Janitor Closet	1	45	45	Storage only, no sink
Office - Lead MA	0	90	-	
Office - Manager	0	100	-	
Vitals Station	2	75	150	Privacy Screened, wheelchair scale
MA Workstation	5	25	125	Ideally 40 NSF each
MA Workstation (new)	4	40	160	
Drug Storage	1	80	80	Ideally 80 NSF
Janitor Closet	1	25	25	Repurpose Shower Room (plumbed)
<b>Subtotal</b>			<b>3,115</b>	

Room	Qty	NSF	Total NSF	Comments
<b>Staff Support Areas</b>				
Office, Manager	1	100	100	
Office, Lead MA	1	100	100	
Conference/Group	1	400	400	
Conference Storage	1	50	50	
Supply Storage	1	450	450	
IT Closet	1	50	50	
Staff Break Room	1	150	150	
Staff Toilet/Shower	1	70	70	
Provider Workroom	9	50	450	Total room is about 500 NSF
Provider Conf Table	1	180	180	
<b>Subtotal</b>			<b>2,000</b>	
<b>Total NSF</b>			<b>6,822</b>	

## Expand/Renovate vs. Replace

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### When should you Expand and Renovate?

- ✓ Existing spaces are generally reasonably functional – we need more of what we have
  - ✓ Existing spaces can largely be reused “as-is” or repurposed with minimal renovation
  - ✗ Required expansions will be less (ideally significantly less) than half the resulting building
  - ✓ Few, simple phases minimize disruption during expansion/renovation
  - ✓ Land is expensive, a replacement site likely hard to identify
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- ✓ applies to our situation/criterion is met
  - ✗ does not apply to our situation/criterion not met

### When should you Replace?

- ✗ Existing spaces are largely deficient
- ✗ Reuse of existing space will require significant renovation or relocation of infrastructure
- ✗ The required expansion will be as large (or larger) than the reused building
- ✗ Many complex phases required, resulting in disruption to operations
- ✗ Land is inexpensive, accessible new site is available

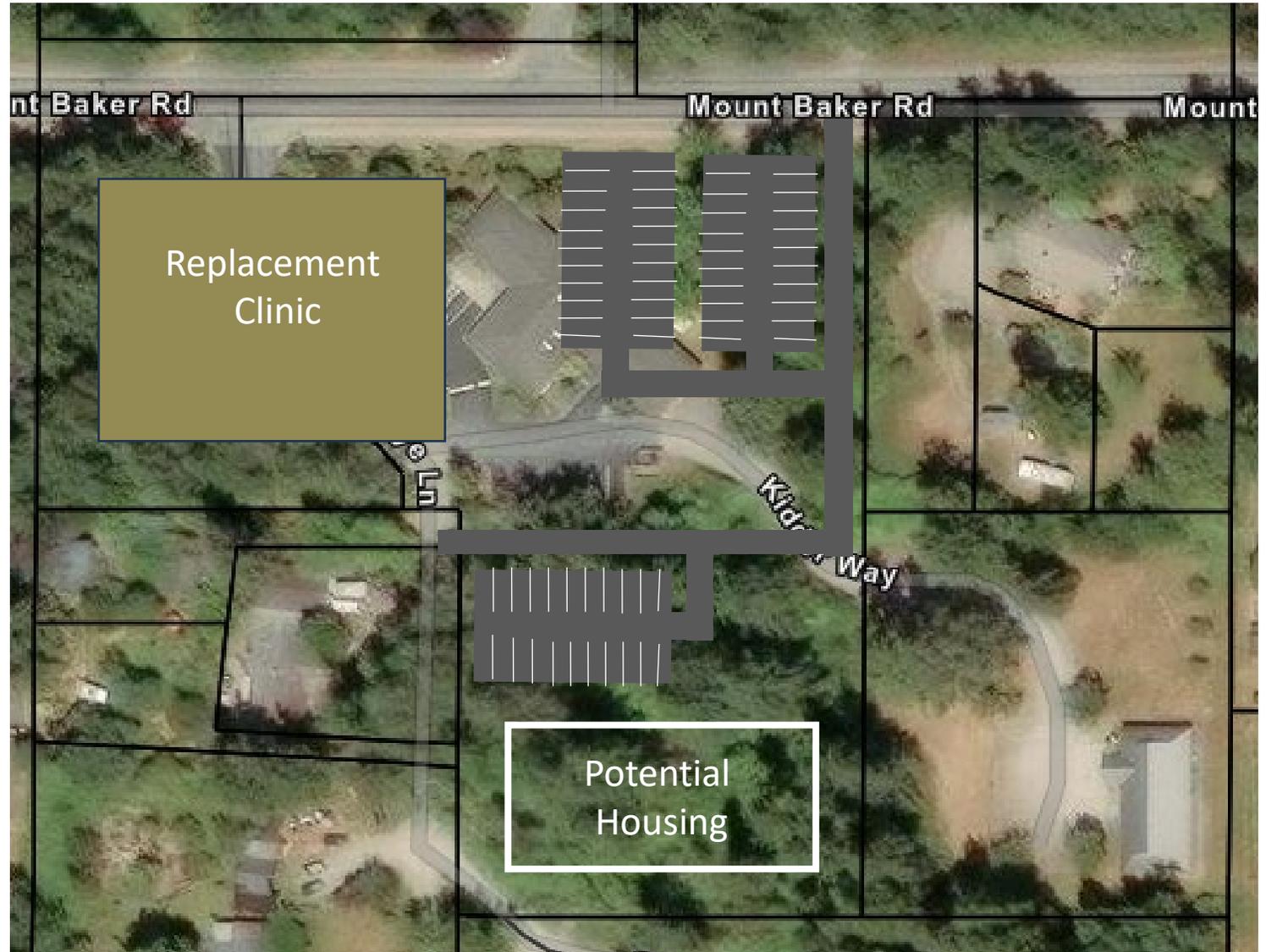
# Option 1: Replace the Clinic

Phase 1: New Parking and Driveways are built

Phase 2: New Clinic Building is Constructed – 11,000 square feet

Phase 3: Existing Clinic is demolished and parking expanded closer to the new building

Phase 4 (optional): New housing is constructed south of the parking area



## Option 2: Upgrade and Expand the Clinic

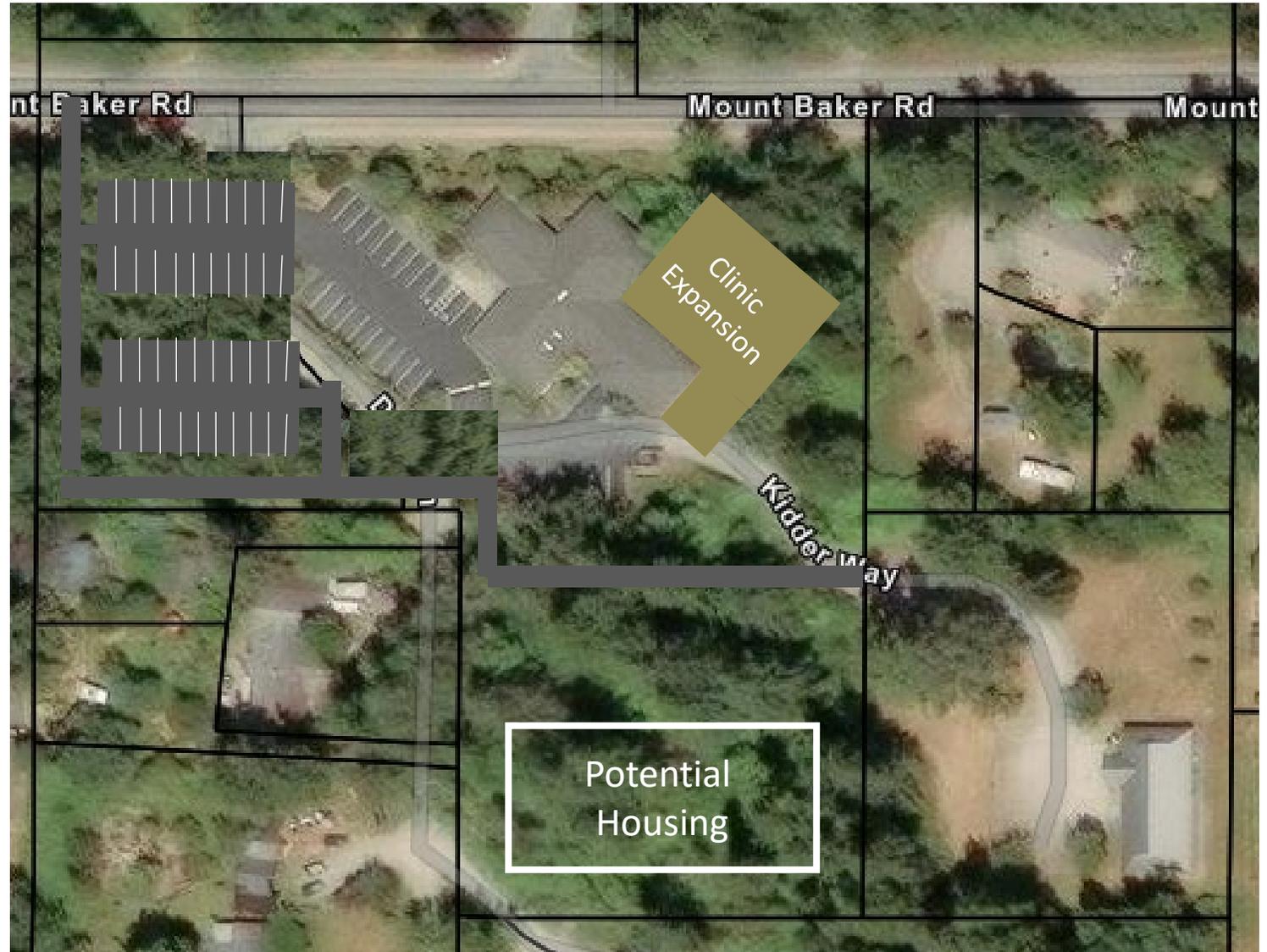
Phase 1: Driveways rerouted and additional parking developed

Phase 2: Clinic expansion of approximately 5,000 square feet added

Phase 3: Renovation to triage & procedure area, procedure room, storage room, office spaces, and check-in/check out – approximately 3,000 square feet impacted

Phase 4: Cosmetic upgrades to exam rooms, waiting area, all other areas of clinic not previously renovated – approximately 4,000 square feet impacted

Phase 5 (optional): New housing is constructed south of the parking area



# Option 2: Upgrade and Expand the Clinic

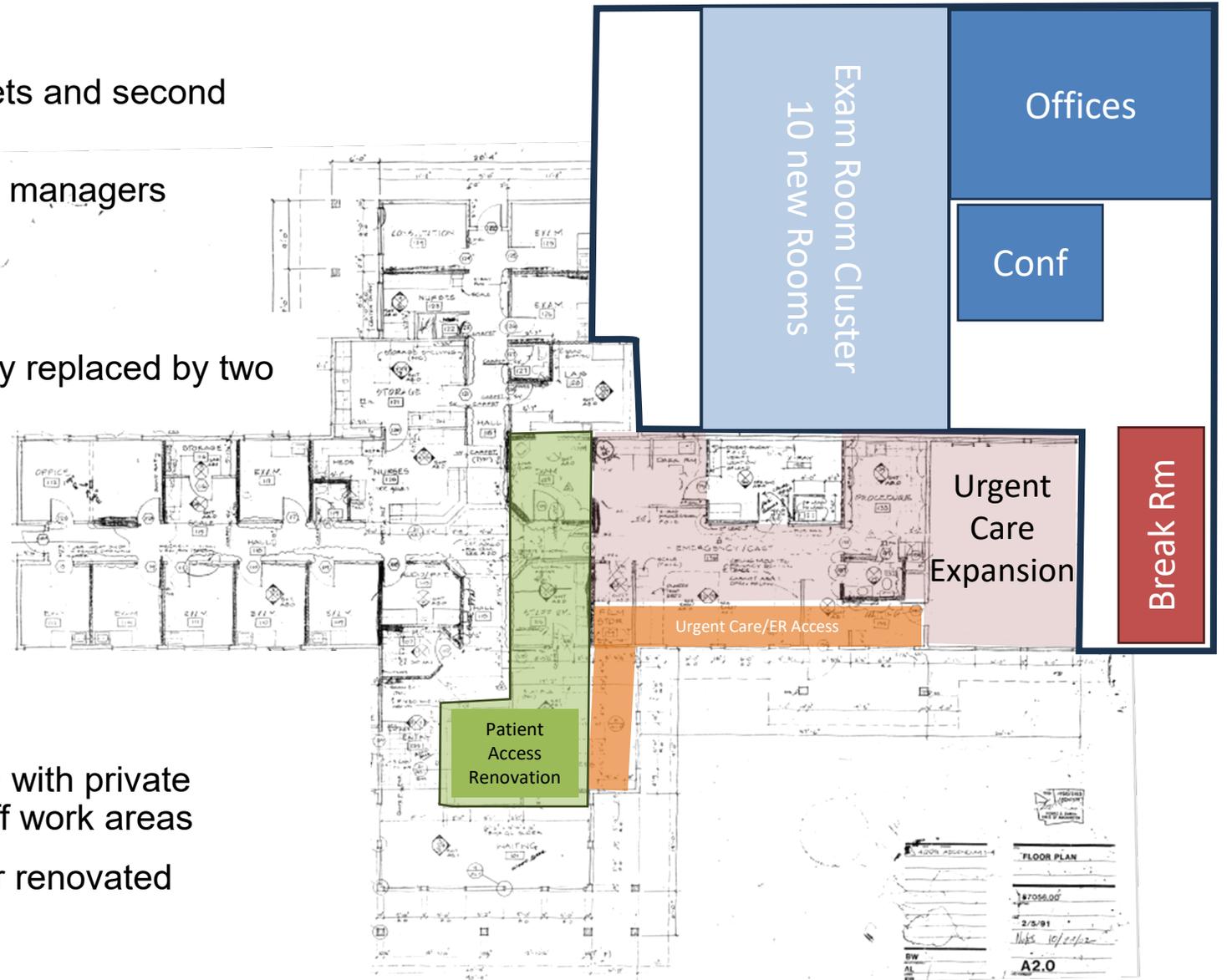
Expansion area includes

- 10 new exam rooms with ADA toilets and second caregiver workstation
- New office areas for providers and managers
- A replacement Break Room
- Larger storage areas
- Conference room that can be partly replaced by two additional exam rooms

Renovations (shaded areas) include

- A back pathway to the triage & procedure area
- Improved check-in/out privacy
- New private patient vitals station with wheelchair scale
- Expanded triage & procedure area with private treatment areas and improved staff work areas

Cosmetic upgrades to all areas not new or renovated



## Option 2: Upgrade and Expand the Clinic

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### Rationale for this approach

- Keep the expansion as simple as possible. One project, simple shape, limited impact on access, flow, and operations of the existing clinic during the expansion
- The expansion, when finished, creates new space that replaces all the areas that will be renovated in Phase 2
- Existing parking lot remains in use with additions, no replacement
- Driveways rerouted to move traffic to the perimeter of the site, no traffic through parking lots or between parking lots and the building

# Capital Cost Comparisons – With All Caveats and Minimal Confidence

New Construction – 23,400 square feet (slightly more than 2x our total need; Dec. 2024)

**Pricing Example 1 – Urban Pennsylvania**

The only thing I can say with absolute confidence is construction on Orcas Island will cost more than these estimates.

- Primary care, radiology room, lab, primary care, urgent care, dermatology
- \$14.89 million or \$636 / square foot – bid 2 years ago, location premium
- Includes land acquisition, all fees and permits, site work, and all new equipment

Tenant Fit Out of Existing Building – 21,000 square feet (approximately 2x our total need; Sept. 2024)

**Comparison Example 2 – Rural Pennsylvania**

- Primary Care, radiology room, lab
- \$7.35 million, or \$350 / square foot – likely a reasonable approximation for the urgent care wing where heavier renovation is recommended – bid over 2 years ago, larger location premium

Tenant Fit Out of Existing Building – 20,700 square feet (approximately 2x our total need; June 2023)

**Comparison Example 3 – Rural Maryland**

- Primary Care, radiology room and mammography, lab, urgent care
- \$5.65 million, or \$273 / square foot – likely a reasonable approximation for the urgent care wing – bid almost 3 years ago, and larger location premium

Potential project costs for Orcas Island Option 2

$$\begin{array}{l}
 5,000 \times \$700 = \$ 3,500,000 \quad (\text{new construction}) \\
 3,000 \times \$375 = \$ 1,125,000 \quad (\text{heavy renovation}) \\
 4,000 \times \$125 = \underline{\$ 500,000} \quad (\text{cosmetic upgrade}) \\
 \qquad \qquad \qquad \underline{\$ 5,125,000}
 \end{array}$$

Orcas Island Option 1 (Replacement)

$$\begin{array}{l}
 11,000 \times \$700 = \$ 7,700,000 \quad (\text{new construction}) \\
 \text{Demolition} = \$ 250,000 \quad (\text{demolition}) \\
 \qquad \qquad \qquad \underline{\$ 7,950,000}
 \end{array}$$

## Next Steps in Planning

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### Operational and Space Programming – two or three User Group meetings

- Agreement on the spaces to be provided in the new clinic (space table) – a draft has been developed as part of this process that should provide a good start and should be 90+ percent accurate.
- Agreement on key operating parameters of the new clinic. This is the perfect time to decide on operating models different from “the way we’ve always done things.”

### Conceptual Design and Initial Budget – one or two meetings

- Develops zones of the new building, with slightly more detail than the Option 2 drawing in this report. Shows location of exam room zone, circulation, office zone, and size and location of new building, entrances, parking, etc. Some key rooms may be illustrated, and an initial phasing plan will be developed. An initial budget can be developed after this step

### Schematic Design and Refined Budget – two or three meetings

- Illustrates the location of all rooms, corridors, door swings, and should include a typical exam room layout (furniture, fixtures) and layouts of other key rooms (modular furniture in providers’ office, waiting room chairs, etc.). Budget should be refined after this step

### Design Development – two or three meetings with multiple groups depending on the room(s) under discussion

- Illustrates the location of every element in every room. Light fixtures, ceiling tile layouts, casework, flooring, light switches, outlets, IT plugs, literally every single surface and every object will be located and accounted for. Budget will be refined and should be highly accurate after this step.

# Next Steps in Planning

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## Other Tasks to Complete

- Site Survey – a digital site survey will need to be provided to your architect.
- “As-built” plans should be provided to your architect. An effort to track down a full set of drawings and ideally a digital set of drawings should be undertaken.
- Architect selection
  - Health Care only or health care heavy design firm
  - Need not be a large, national firm but should be health care specific or have a dedicated health care team
  - Design fees will likely be around \$250,000; expect 6.5 to 7 percent of construction cost

## Next Steps

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- Incorporate feedback from tonight's discussion
- Prepare for Board of Directors meeting
- Consolidate prior discussion guides and outcomes into a final report and submit final report