# Schedule 1 All CON Applications

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### Schedule 1

Acknowledgement ar	nd Attestation
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I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant:

I further certify that the information contained in this application and its accompanying schedules and attachments are accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with the provisions of articles 28, 36 and 40 of the public health law and implementing regulations, as applicable.

SIGNATURE:	DATE
Shella anderson	5-1-2025
PRINT OR TYPE NAME	TITLE .
	Executive Vice President,
Shelly Anderson	Hospital President

#### **General Information**

Title of Attachment:

		THE OTT RECOUNTED THE
Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project.	YES ⊠ NO □	Attachment A: Board Resolution
Is the applicant part of an "established PHL Article 28* network" as defined in section 401.1(j) of 10 NYCRR? If yes, attach a statement that identifies the network and describes the applicant's affiliation. Attach an organizational chart.	YES □ NO 🏻	

#### Contacts

The Primary and Alternate contacts are the only two contacts who will receive email notifications of correspondence in NYSE-CON. *At least one of these two contacts should be a member of the applicant.* The other may be the applicant's representative (e.g., consultant, attorney, etc.). What is entered here for the Primary and Alternate contacts should be the same as what is entered onto the General Tab in NYSE-CON.

	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S	COMPANY
tact		Memorial Sloan I	Kettering Cancer Center
ပြိ	BUSINESS STREET ADDRESS		
	1275 York Avenue		
a	CITY	STATE	ZIP
rimar	New York	NY	10065
•	TELEPHONE	E-MAIL ADDRESS	

	NAME AND TITLE OF CONTACT PERSON	CONTACT PERSON'S COM	PANY
ntact		Memorial Sloan Kett	ering Cancer Center
0	BUSINESS STREET ADDRESS		
ate C	1275 York Avenue		·
nat	CITY	STATE	ZIP
ltern	New York	NY	10065
₹	TELEPHONE	E-MAIL ADDRESS	

The applicant must identify the operator's chief executive officer, or equivalent official.

	NAME AND TITLE					
Щ	Shelly Anderson					
≩	Executive Vice President, Hospital President					
<u>i</u>	BUSINESS STREET ADDRESS					
EXEC	1275 York Avenue					
	CITY	STATE	ZIP			
╽╚	New York	NY	10065			
ᅵᇴ	TELEPHONE	E-MAIL ADDRESS				

The applicant's lead attorney should be identified:

	NAME FIRM		BUSINESS STREET ADDRESS
RNEY		Memorial Sloan Kettering Cancer Center	1275 York Avenue
_ =	CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS
AT	New York, NY, 10065		

If a consultant prepared the application, the consultant should be identified:

-	NAME	FIRM		BUSINESS STREET ADDRESS
A	N/A			
ISU	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
CO				

The applicant's lead accountant should be identified:

<u> </u>	NAME	FIRM	BUSINESS STREET ADDRESS
NTAN		Memorial Sloan Kettering Cancer Center	1275 York Avenue
	CITY, STATE, ZIP	TELEPHONE	E-MAIL ADDRESS
ACC	New York, NY, 10065		

Please list all Architects and Engineer contacts:

_	NAME	FIRM		BUSINESS STREET ADDRESS
LEC.				
RCHI'	CITY, STATE, ZIP	TELE	PHONE	E-MAIL ADDRESS
AR(	Z			

_	NAME	FIRM		BUSINESS STREET ADDRESS
LEC.	EER			
RCHI'	CITY, STATE, ZIP		TELEPHONE	E-MAIL ADDRESS
AR(				

### Schedule 1

## Other Facilities Owned or Controlled by the Applicant

Establishment (with or without Construction) Applications only N/A

#### **NYS Affiliated Facilities/Agencies**

Does the applicant legal entity or any related entity (parent, member or subsidiary corporation) operate or control any of the following in New York State?

FACILITY TYPE - NEW YORK STATE	FACILITY TYPE	
Hospital	HOSP	Yes 🗌 No 🗌
Nursing Home	NH	Yes ☐ No ☐
Diagnostic and Treatment Center	DTC	Yes ☐ No ☐
Midwifery Birth Center	MBC	Yes ☐ No ☐
Licensed Home Care Services Agency	LHCSA	Yes ☐ No ☐
Certified Home Health Agency	CHHA	Yes ☐ No ☐
Hospice	HSP	Yes ☐ No ☐
Adult Home	ADH	Yes ☐ No ☐
Assisted Living Program	ALP	Yes 🗌 No 🗌
Long Term Home Health Care Program	LTHHCP	Yes 🗌 No 🗌
Enriched Housing Program	EHP	Yes 🗌 No 🗌
Health Maintenance Organization	НМО	Yes 🗌 No 🗌
Other Health Care Entity	OTH	Yes 🗌 No 🗌

Upload as an attachment to Schedule 1, the list of facilities/agencies referenced above, in the format depicted below:

Facility Type	Facility Name	Operating Certificate	Facility ID (PFI)
		or License Number	

### Out-of-State Affiliated Facilities/Agencies

In addition to in-state facilities, please upload, as an attachment to Schedule 1, a list of all health care, adult care, behavioral, or mental health facilities, programs or agencies located outside New York State that are affiliated with the applicant legal entity, as well as with parent, member and subsidiary corporations, in the format depicted below.

Facility Type	Name	Address	State/Country	Services Provided

In conjunction with this list, you will need to provide documentation from the regulatory agency in the state(s) where affiliations are noted, reflecting that the facilities/programs/agencies have operated in substantial compliance with applicable codes, rules and regulations for the past ten (10) years (or for the period of the affiliation, whichever is shorter). More information regarding this requirement can be found in Schedule 2D.



#### SECRETARY'S CERTIFICATION

I, Deputy General Counsel and Corporate Secretary of MEMORIAL SLOAN KETTERING CANCER CENTER, MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES, AND SLOAN KETTERING INSTITUTE FOR CANCER RESEARCH, not-for-profit corporations organized under the laws of the State of New York, DO HEREBY CERTIFY, that the following is a true and complete copy of a resolution adopted by the Joint Finance and Funding Committee of the Board of Trustees of said Corporations effective as of the Seventh Day of December, Two Thousand and Twenty-One and by the Executive Committee of the Board of Trustees on the Eighth Day of December, Two Thousand and Twenty-One:

WHEREAS Management recommends that the Joint Finance and Funding Committee approve the construction of a new hospital tower at 1233 York Avenue, New York, NY, 10065; and

WHEREAS, Management has demonstrated the financial viability of this project and the clinical need for this facility to connect and complement existing healthcare functions at Memorial Hospital for Cancer and Allied Diseases; and

**RESOLVED**, that the construction and equipment budget for this facility be presented for approval to the Joint Finance and Funding Committee after a final set of cost estimates have been prepared and approved by management; and

**RESOLVED**, that the Executive Committee in connection with the approval of the 2022 Budget approves the filing of a Certificate of Need application with the New York State Department of Health and other governmental approvals as may be necessary to move forward with the project,

I further certify that the above has not been repealed or amended and remains in full force and effect and does not conflict with the Bylaws of said Corporations.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of this Corporation this Eighth Day of February, Two Thousand and Twenty-Four.



Deputy General Counsel and Corporate Secretary

CONSTRUCTION OF THE KENNETH C. GRIFFIN PAVILION AT MEMORIAL SLOAN
KETTERING CANCER CENTER: AN EXTENSION OF
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES

**EXECUTIVE NARRATIVE** 

(high-level summary)

Memorial Hospital for Cancer and Allied Diseases (PFI # 1453, also referenced as "MSK" and "Memorial Hospital"), an existing 514-bed not-for-profit Article 28 hospital located at 1275 York Avenue (with 16 adult medical/surgical inpatient beds located at 530 E. 74<sup>th</sup> Street, PFI # 10355), proposes to build a new building (Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center (a.k.a. Griffin Pavilion at MSK, Griffin Pavilion)) at 1233 York Avenue, located on the west side of York Avenue between 66<sup>th</sup> and 67<sup>th</sup> streets.

Memorial Hospital is currently located at 1275 York Avenue and opened in 1973 - over 50 years ago. The existing building's aging infrastructure and capacity limitations are not able to keep up with increasing clinical demand, the pace of advancing technology, and the overall future of cancer care.

The Griffin Pavilion will be a state-of-the-art facility expansion that is intended to accommodate additional inpatient beds (net increase of 196 certified beds) and expand surgical and procedural services. All new inpatient beds will be single rooms. The new Pavilion will be connected to the current Memorial Hospital building through an existing tunnel and a new two-story bridge that will serve as the primary artery for passage of patients and staff accessing medical services between the two buildings. Core services currently offered will be integrated with the new Pavilion, unifying operations system-wide. Additionally, the opening of beds at the Griffin Pavilion will allow for the future modernization of patient floors within Memorial Hospital.

The expansion will ensure greater access to state-of-the-art cancer care for all New Yorkers.

**PROJECT NARRATIVE** 

**About MSK:** 

Memorial Sloan Kettering Cancer Center (MSK) was founded in 1884 and is now comprised of a clinical care division (Memorial Hospital for Cancer and Allied Diseases), research division (Sloan

Kettering Institute), educational division (Gerstner Sloan Kettering Graduate School) and corporate functions. For over 30 years, MSK has been recognized as one of the top two cancer hospitals in the country by *U.S. News & World Report* and is one of the world's most respected comprehensive centers devoted exclusively to cancer. MSK is one of 10 members of the Alliance of Dedicated Cancer Centers (ADCC) and a member of the National Comprehensive Cancer Network (NCCN).

### MSK is best suited to care for cancer patients

As a freestanding cancer center, MSK focuses almost all of its resources on cancer, resulting in superior patient outcomes.

- Patients treated at specialty cancer hospitals have a 10% lower chance of dying in the first year than those at community hospitals after adjusting for case mix.<sup>1</sup>
- MSK's results are even better at 17% lower than the national average.<sup>2</sup>
- Patients who receive their initial chemotherapy treatment at an ADCC hospital had a 17%-33% lower risk of death after three years.
- Patients who undergo operations performed by high-volume surgeons in high-volume hospitals usually have significantly lower risk-adjusted mortality rates than patients who had low-volume surgeons or who were in low-volume hospitals, or both.<sup>4</sup>

Our specialized care teams provide personalized, compassionate, expert care to patients of all ages. Staff across MSK collaborate to conduct innovative translational and clinical research that is driving a revolution in our understanding of cancer as a disease and improving the ability to prevent, diagnose, and treat it. Patients at MSK have access to twice as many cancer clinical trials compared to the average number of clinical trials at the top four academic medical centers in New York City.<sup>5</sup>

Memorial Hospital is requesting a net increase of 196 beds. This allows us:

<sup>&</sup>lt;sup>1</sup> Pfister D. et al *JAMA Oncol.* 2015;1(9):1303-1310. doi:10.1001/jamaoncol.2015.3151

<sup>&</sup>lt;sup>2</sup> Lipitz-Snyderman A. et al. Cancer hospital advertising and outcomes: trust the messenger? The Lancet Oncology. 2019 June;20(6):p760-762. Supplementary appendix.

<sup>3.</sup> https://www.prnewswire.com/news-releases/new-analysis-finds-patients-receiving-chemotherapy-for-cancer-at-adcc-institutions-have-highest-survival-rates-300595226.html

<sup>&</sup>lt;sup>4</sup> Hannan EL, Radzyner M, Rubin D, Dougherty J, Brennan MF. The influence of hospital and surgeon volume on in-hospital mortality for colectomy, gastrectomy, and lung lobectomy in patients with cancer. Surgery. 2002 Jan;131(1):6-15. doi: 10.1067/msy.2002.120238. PMID: 11812957.

 $<sup>^{5}\,\</sup>text{NCI-Supported Clinical Trials} - \underline{\text{https://www.cancer.gov/research/participate/clinical-trials-search/advanced}}$ 

 to care for an aging population entering a time frame where cancer is more likely to occur;



- enables phased closure of Memorial Hospital units for modernization which is not practical to manage at current capacity for an immunocompromised patient population without additional rooms to shift patients;
- enables Memorial Hospital to better meet patient preferences for single, private rooms (industry standard) within Memorial Hospital while maintaining capacity for double occupancy during high census periods such as surge events requiring patient isolation (e.g., infectious disease pandemic/epidemic).

#### **Current Facility (Memorial Hospital):**

Memorial Hospital is a 20-story building whose main campus is also comprised of additional contiguous buildings including Haupt, Radiation Oncology, Schwartz, Bobst, and Howard.

Memorial Hospital is currently licensed for 514 inpatient beds which includes 456 medical/surgical beds, 20 intensive care beds, 33 pediatric beds and 5 pediatric ICU beds. The hospital provides both inpatient and outpatient services. The hospital has 42 operating rooms - 30 located at Memorial Hospital and 12 located at MSK's Josie Robertson Surgery Center (PFI 9882), a hospital extension clinic located at 1133 York Ave. By 2027, 4 additional ORs will be added at the Memorial Hospital location (CON#: 241097) to accommodate growing surgical case volume prior to completion of the Griffin Pavilion. In its current state, Memorial Hospital is unable to accommodate our current needs and growing patient population.

#### **Need for the Pavilion:**

## 1. The Griffin Pavilion will help MSK meet incremental capacity needs

While MSK continues to minimize inpatient days an	d move services outpatient where possible,
there remains a growing need for inpatient capacity.	

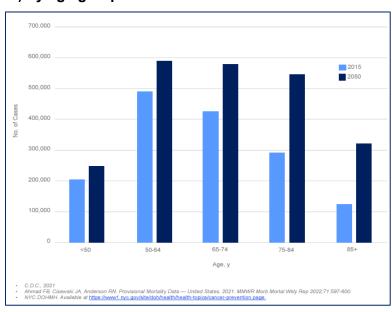
While

MSK will continue to pursue affiliations with partner hospitals to support non-oncologic acute care admissions, the Griffin Pavilion will help ensure continuity of care and provide capacity for more complex cancer care and year-over-year organic growth as inpatient care needs evolve over the course of the next decade.

### 2. The Griffin Pavilion will enhance cancer care access for NY patients

Cancer is largely a disease of aging cells and therefore a disease that most commonly affects older adults. As our population is progressively aging, the proportion of older patients who will develop cancer is increasing. According to a June 2021 paper by the CDC, "because of the growth and aging of the US population, we predict that the annual number of cancer cases [nationally] will increase 49%, from 1,534,500 in 2015 to 2,286,300 in 2050 (see Figure 1), with the largest percentage increase among adults aged ≥75 years." <sup>6</sup>

Figure 1: Distribution of estimated 2015 and projected 2050 average annual cancer cases (all sites combined) by age group



The US Census Bureau reports New York State's (NYS) older population percentage as 18.6% (age 65 years and older). According to New York State's tracking of cancer cases, New York City

<sup>&</sup>lt;sup>6</sup> Weir HK, Thompson TD, Stewart SL, White MC. Cancer Incidence Projections in the United States Between 2015 and 2050. Prev Chronic Dis 2021:18:210006. DOI: http://dx.doi.org/10.5888/pcd18.210006

<sup>&</sup>lt;sup>7</sup> US Census Bureau. https://data.census.gov/profile/New York?g=040XX00US36#populations-and-people

has an incidence rate of 418.6 per 100,000 people,<sup>8</sup> and a population of 8,734,296.<sup>9</sup> That means a current average annual cancer case number for New York City of ~36,500. With the CDC's estimated 50% rate increase, ~55,000 new cancer cases can be expected in New York City by 2050.

Cancer is an increasingly chronic illness, and patients are living longer with cancer while continuing to undergo active treatment. Consequently, there has been an increase in the duration of a typical patient's course of treatment. As life expectancy improves over the next century, the number of people who develop cancer will grow, and patients who develop cancer will likely have more acute needs requiring more complex care. Cancer treatment can also be more challenging and complex in the older population due to co-existing chronic health conditions. Additionally with prolonged survival, cancer patients are at risk for developing a secondary new cancer. Nearly one in five cancers diagnosed today occurs in individuals who already have primary cancer. It is critical to provide increasingly intricate treatments necessary to address complex malignancies. Additionally, the incidence of several cancers, including colon, gastric, and breast, has been steadily rising in younger populations.

New York needs to build capacity now to be ready for increasing cancer incidence and the care that will be required. This further supports Memorial Hospital's need for increased capacity.

## 3. The Griffin Pavilion will enhance cancer care access to medically underserved populations

Accessing health care, especially specialized cancer care can be challenging for people marginalized due to their race, immigration status, language abilities, or income. Part of MSK's long-term strategy is to increase care to underserved communities within the New York metro area. When NYS moved to Medicaid managed care resulting in restricted access at MSK, MSK advocated for increased access. In 2021, MSK worked directly with key legislators and the Governor's office to draft legislative language to improve access to NY NCI-designated cancer centers for NYS Medicaid patients. The bill became law in April 2022 and became effective on January 1, 2023. As a result, New Yorkers who receive a cancer diagnosis, especially those in

<sup>8</sup> NYS Cancer Registry and Cancer Statistics, Cancer Incidence and Mortality Rates by County. https://www.health.ny.gov/statistics/cancer/registry/.

<sup>9</sup> NYS Cancer Registry and Cancer Statistics, Population Counts by County/PUMA. https://www.health.ny.gov/statistics/cancer/registry/population.htm.

<sup>&</sup>lt;sup>10</sup> National Institutes of Health, National Cancer Institute Division of Cancer Epidemiology & Genetics. Second Primary Cancers. https://dceg.cancer.gov/research/what-we-study/second-cancers

underserved communities who are disproportionately enrolled in coverage through Medicaid and the NYS Health Exchange, will now have improved access to cancer screening, diagnostic services, and the most specialized treatment and leading-edge clinical trials at MSK.

After the bill became law, Medicaid volume at MSK has increased as reflected by:

- 104% increase in the number of new Medicaid patients from 2021 to 2024;
- 47% increase in Medicaid Managed Care Inpatient Days from 2021-2024;
- Steady increase in Medicaid inpatient days percentage from 9% in 2021 to 14% as of December 2024.

Based on the 2023 Statewide Planning and Research Cooperative System (SPARCS) data, MSK is the leading institution in NY for Medicaid patients seen for cancer care, Medicaid cancer patient days and Medicaid cancer discharges. In addition, the Medicaid network expansion has reduced lengthy out-of-network authorization processes and other research-supported barriers to receiving care at NCI-designated cancer centers.

In 2024 at MSK, on average Medicaid patients' length of stay (LOS) is 21% higher than commercial-pay patients and 6% higher than Medicare patients. We expect our Medicaid population to increase as MSK enhances cancer care access to the Medicaid population through its health equity efforts which will further support the need for more inpatient beds.

It is important to note that Medicaid covers primarily a younger population (under 65), and the range of patients who develop or die of cancer is between the ages of 65-84.<sup>11</sup> Therefore, even with open access to Medicaid patients, Medicaid will remain a smaller percentage of our business than hospitals with a general patient population.

#### 4. Charity Care

MSK offers charity care to eligible uninsured or underinsured patients with incomes up to \$156,000 for a family of four (500% of 2024 federal poverty level). This exceeds the 400% requirement mandated by NYS. We have chosen to offer this higher coverage because of the ongoing burden of lengthy cancer treatments and the liability associated with outpatient co-pays. For these patients, MSK does not charge patients beyond what is covered by their insurance. Other patients with a balance after insurance payment are eligible to participate in an interest-

<sup>&</sup>lt;sup>11</sup> American Cancer Society. Cancer Statistics Center. Explore Cancer Statistics: Probability of Developing or Dying of Cancer <a href="https://cancerstatisticscenter.cancer.org">https://cancerstatisticscenter.cancer.org</a>

free time payment plan. The hospital has been experiencing a growth in the amount of charity care being provided to its patients. In 2023, charity care totaled \$19.3 million. In 2024, the amount of charity care provided grew by 68% to \$32.5 million.

### 5. Innovative cancer therapies and technology require inpatient capacity and space

MSK is home to some of the most innovative cancer treatments and comprehensive clinical trials in the world. Many of these cancer treatments are associated with a longer LOS as compared to other types of admissions. For example, MSK saw a 16% increase in bone marrow transplant admissions between 2021 and 2024 and these admissions are associated with longer LOS (i.e., ~28 days for allogenic transplants and ~18 days for autologous transplants). MSK scientists led the way in using chimeric antigen receptor (CAR) T cell therapy to treat leukemia and certain solid tumors. MSK has seen an increase in CAR-T admissions which is associated with a LOS of ~13 days. MSK is a major provider of these therapies in New York and our numbers continue to grow each year.

The Griffin Pavilion will house advanced and evolving technology to help us better care for our patients on an inpatient basis with cutting-edge robotics, improved digital infrastructure, and enhanced operating/procedure suites that MSK's current facility cannot accommodate. The Griffin Pavilion also includes reserved clinical space that allows MSK to meet evolving bed needs as well as advanced technology developments through 2040.

#### **Proposed Facility and Clinical Program (Griffin Pavilion at MSK):**

The planned construction site for the Griffin Pavilion is currently the location of two MSK non-clinical buildings located at 1233 York Avenue (located on the west side of York Avenue between 66<sup>th</sup> and 67<sup>th</sup> streets), which are being demolished for this project. These buildings served as staff housing and all staff were relocated to other MSK housing. As these buildings are not Article 28 facilities, the demolition is not included in the CON.

The Griffin Pavilion will be 27-stories and the proposed net increase of beds to our licensed bed count is 196 bringing the total number of certified beds associated with Memorial Hospital's operating certificate to 710 (see Table 1). The building also includes reserved clinical space that will be built out between 2033-2040. Based on current inpatient growth volume projections, MSK

will require additional beds by 2040. The Griffin Pavilion will alleviate current deficit and enable upgrades of the existing, aged Memorial Hospital building.

Table 1: Summary of Current and Proposed Total Bed Count Associated with Memorial Hospital for Cancer and Allied Diseases

Certified Beds	Memorial Hospital (2024)	KOCH (2024)	Memorial Hospital (2030)	KOCH (2030)	Griffin Pavilion (2030)	TOTAL CERTIFIED BEDS (2030)
Intensive Care	20	0	20	0	40	60
Medical/Surgical	440	16	428*	16	168	612
Pediatric	33	0	33	0	0	33
Pediatric ICU	5	0	5	0	0	5
Sub Total	498	16	486*	16**	208	710
TOTAL CERTIFIED BEDS under operating certificate	514	4		710		710
				Net increa	ase of 196 c	ertified beds

<sup>\* 12</sup> beds at Memorial Hospital will be lost due to the conversion required for the two-story bridge that will connect the two care facilities.

#### The Griffin Pavilion will feature:

- 208 single-occupancy patient rooms (168 medical surgical beds/40 intensive care beds)
  to enable more patients to be cared for in a private, safe, and comfortable environment.
  This is particularly important for MSK's large immunocompromised patient base.
- extensive surgical and interventional platforms housing 12 operating rooms supported by 54 pre-/post-operative recovery rooms.
- 2 interventional radiology suites (with 2 angiogram CTs), and a perioperative team support floor including a dedicated kitchen and cafeteria for on-shift dining and perioperative staff lockers, toilets, showers and on-call rooms.
- diagnostic imaging program including 2 MRIs, 2 CTs, 1 Fluoroscopy, and 1 Ultrasound and 9 pre-/post-patient care rooms.
- specialized sterile compounding pharmacy and a central sterile processing department.
- clinical laboratory services including a stat lab and pathology frozen section services.

<sup>\*\*</sup> No change in total certified beds at David H. Koch Center for Cancer Care (PFI:10355)

- a robust vertical transportation core, including eight (8) public elevators, eight (8) staff/service elevators, and four (4) dedicated patient transport elevators,
- a new loading dock, adding to the materials management strategy across the buildings of the main campus,
- a new bulk oxygen facility built into the base of the new building that will serve the clinical needs of the building,
- a covered drive aisle underneath the building allowing for convenient patient drop-off with the assistance of guest services,
- a dedicated, protected patient transfer bay that will accommodate patient arrivals and departures via ambulance or ambulette,
- existing and new patient and visitor parking connected to Memorial Hospital via underground tunnel,
- direct internal connections of the Griffin Pavilion to Memorial Hospital across 67th Street via underground tunnel and a two-story bridge facilitating connectivity for integrated hospital support services. To accommodate the new bridge connection, 5,700 GSF in Memorial Hospital floors 7 & 8 will be renovated to provide direct access to the Memorial Hospital elevators and separate the new horizontal connections from the existing bed units.
- In addition, the Griffin Pavilion includes reserved Article 28 clinical space to accommodate future clinical growth/needs.

#### SUSTAINABILITY AT MSK

At MSK, we understand the importance of limiting our environmental impact, while delivering exceptional care, research, and education. We are dedicated to sustainability practices across MSK through the following areas of sustainability: Climate action and resiliency, energy management, water reduction, waste management/reduction, sustainable procurement, green building and healthy interiors, and food and nutrition. MSK has been recognized for our industry leadership, innovations, and commitment to implement sustainable best practices in healthcare.

MSK has earned more than 70 environmental excellence and sustainability-related awards over the past decade.

 Most recently, MSK was the recipient of the 2024 Top 25 Environmental Excellence Award from Practice Greenhealth. This award identifies MSK as one of the country's top 25 hospitals in terms of sustainability practices. MSK has been awarded this recognition since 2015.

- MSK has achieved the U.S. Green Building Council (USGBC) Leadership in Energy and Environmental Design (LEED) certification for eight individual MSK locations. All new constructed buildings since 2010 have been LEED certified. Since 2010, MSK constructed eight individual LEED-certified green buildings (4 LEED Silver and 4 LEED Gold). Design features are in place to conserve natural resources; minimize greenhouse gas emissions; and promote the wellness of the patients, occupants, and communities that we serve.

For its new Pavilion, MSK continues to expand its commitment to sustainable and healthy facility design, construction, and operations to minimize environmental impacts and foster resilient, restorative, and sustainable healing environments. The Griffin Pavilion is targeting, at a minimum, attainment of LEED Gold Certification, with sustainable features such as:

- Locating the project in a transit-rich location to increase accessibility and minimize vehicle emissions;
- Use of prefabs to minimize onsite construction;
- An all-electric facility design to eliminate the onsite combustion of natural gas while utilizing the green utility grid that is projected by NYS;
- Placement of parking underground to reduce the heat island effect;
- Use of low-emitting materials to improve indoor environmental quality;
- Bicycle amenities, such as exterior and interior bike storage as well as employee showers, to facilitate physical activity and reduce pollution;
- Valet parking to prevent road congestion and minimize the community's exposure to vehicle emissions and noise.

#### **STAFFING**

Staffing of the Griffin Pavilion will require approximately 1,700 additional FTEs. MSK intends to use and expand its current recruitment strategies to meet this demand. MSK offers a variety of medical and allied health training opportunities that serve as effective pipelines for recruitment:

- MSK offers approximately 100 graduate medical training programs encompassing nearly all clinical departments. Programs range from residency-level programs to advanced fellowship programs.

- MSK's accredited Nurse Residency Program provides new graduate nurses with skills to transition from student nurses to registered professional oncology nurses. We also organize the Clinical Assistance Program (CAP), which provides approximately 50 nursing students with full-time summer employment to gain clinical experience. Many of these students are hired as clinical nurses upon graduation.
- MSK operates allied health educational programs in radiation oncology technology, laboratory medicine and cytotechnology.
- MSK has established affiliation agreements with several professional training programs
  in disciplines that include physician assistants, pharmacists, social workers, physical
  therapists, occupational therapists, surgical technicians, and clinical laboratorians
  where trainees spend a portion of their clinical education at MSK.
- Educating future generations of healthcare professionals is a vital part of MSK's mission. MSK partners with CareerWise New York to offer the Apprenticeship Program. The program gives high school students the unique opportunity to jump start their future careers in healthcare, while being paid for their training. Through this program, MSK has welcomed apprentices in Supply Chain, Finance, and Radiology. Many of these students move on to full-time jobs with MSK.

For the eighth year, MSK was named one of the top employers in the country, earning a spot on Forbes 2025 list of America's Best Large Employers. MSK was ranked 11<sup>th</sup> out of 700 organizations and 2<sup>nd</sup> in the healthcare and social services industry. The exposure to MSK and its culture through the collaborations listed above are a draw for staff recruitment to MSK, despite current health care workforce shortages. Memorial Hospital's median YTD vacancy rate is 7.2% which is lower than industry benchmarks. The staff at MSK are united by a singular mission: ending cancer for life. Our specialized care teams provide personalized, compassionate, expert care to patients of all ages.

#### FINANCIAL/CONSTRUCTION COST INFORMATION

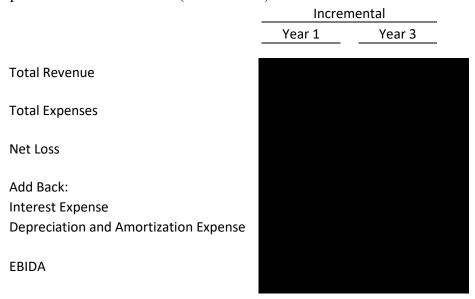
The current basic cost of construction estimate for the Griffin Pavilion is \$2,085,627,931 without fees and escalation. The total estimated project cost with financing costs, interim interest expense, CON fees and escalation is \$2,298,809,527. The collective MSK entities are committed to support the building of the Griffin Pavilion and its funding including the utilization of cash/investments on hand and additional funds to be generated through operations, the issuance

of bonds, and fundraising during the building period.

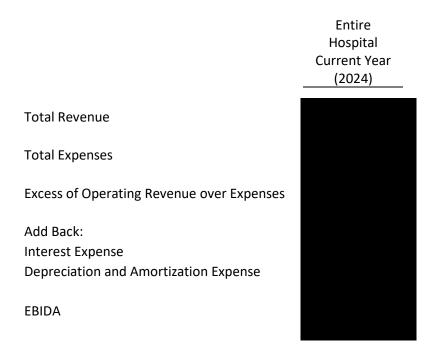
## Schedule 5 – Working Capital Financial Plan Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center Notes

## 1. Working Capital Financing Plan

Based on the projections outlined on Schedule 13, the Griffin Pavilion is projected to produce positive Earnings before Interest, Depreciation and Amortization (EBIDA) by the third year of operations as shown below (in thousands):



The net loss incurred by the Griffin Pavilion in Years 1 and 3 can be supported from existing operating results of the Hospital as shown below (in thousands):



In addition, the strong financial stability of the Hospital as part of Memorial Sloan Kettering Cancer Center and Affiliated Corporations will allow the Hospital to fund any additional losses, if incurred, that may arise from the addition of the Griffin Pavilion.

#### 2. Pro Forma Balance Sheet

Per the instructions for Schedule 5, this section should be completed for all new establishment and change in ownership applications. As noted in the narrative, the Griffin Pavilion will be a state-of-the-art facility expansion attached to the current Memorial Hospital building through an existing tunnel and a new two-story bridge that will serve as the primary artery for passage of patients and staff accessing medical services between the two buildings. The Griffin Pavilion is intended to accommodate additional inpatient beds (net increase of 196 certified beds) and expand surgical and procedural services. Core services currently offered at the existing Memorial Hospital Building will be integrated with the Griffin Pavilion, unifying operations system-wide. Therefore, since the Griffin Pavilion is an extension of the existing Memorial Hospital building and not a new establishment or a change in ownership, a proforma balance sheet is not required.

Based on the above information, completion of Schedule 5 is not required. This conclusion that a completed Schedule 5 is not required follows the logic discussed with Sal Cerqua at the Department of Health on August 6, 2020, regarding when a Schedule 5 should be prepared.

JAMES V. McDONALD, M.D., M.P.H.

Acting Commissioner

#### MEGAN E. BALDWIN

Acting Executive Deputy Commissioner

## CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS ARCHITECTS & ENGINEERS

(For projects not meeting the prerequisites for Self-Certification submission,)

Date: April 25, 2025

Governor

CON Number: To be determined

Facility Name: Memorial Hospital for Cancer and Allied Diseases

Facility ID Number: 1453

Facility Address: 1275 York Avenue, New York, NY 10065

NYS Department of Health/Office of Health Systems Management Center for Health Care Facility Planning, Licensure, and Finance Bureau of Architectural and Engineering Review ESP, Corning Tower, 18<sup>th</sup> Floor Albany, New York 12237

To The New York State Department of Health:

#### I hereby certify that:

- I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the
  design and preparation of construction documents, including drawings and specifications for the aforementioned project.
  During the course of construction, periodic site observation visits will be performed, and the necessary standard of care,
  noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals
  associated with the aforementioned project.
- 2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
- 3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):

a.	X712 (Standards of Construction for General Hospital Facilities)
b.	713 (Standards of Construction for Nursing Home Facilities)
c.	714 (Standards of Construction for Adult Day Health Care Program Facilities)
d.	715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
e.	716 (Standards of Construction for Rehabilitation Facilities)
f.	717 (Standards of Construction for New Hospice Facilities and Units)
	PLEASE NOTE ANY EXCEPTIONS HERE:
	Filed under the 2018 FGI Guidelines.

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86. This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY. Project Name: New Inpatient Pavilion at Memorial Hospital Location: 1233 York Avenue, New York, NY 10065 Construction of a new 27-story inpatient clinical building as an expansion to the existing Memorial Hospital campus, including Description: acute care beds, critical care beds, diagnostic testing and treatment, interventional procedures, surgical services, clinical support services, kitchen and cafe, and underground parking, with a bridge connection back to the existing Memorial Hospital. Architectural or Engineering Professional Robert C. Masters II, AIA, ACHA, EDAC, LEED AP Name of Architect or Engineer (Print) 030051 Professional New York State License Number CannonDesign, 300 E. 42nd St., 2nd Fl., New York, NY 10017 **Business Address** The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to construction or alterations have be Notary signing required for the applicant

STATE OF NEW YORK ) SS: County of Suffolk On the  $\frac{25}{2}$  day of  $\frac{45}{2}$  before me personally appeared to me known, who being by me duly sworn, did depose and say that he/she is the of the MOKEC , the facility described herein which executed the foregoing instrument; and that he/ she signed his/her name thereto by order of the governing authority of said facility. TRACEY ANN RIANO

ann Rias (Notary)

NOTARY PUBLIC, STATE OF NEW YORK

Registration No. 01R16398444 Qualified in Suffolk County Commission Expires September 30, 2027

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

# Schedule 6 Architectural/Engineering Submission

## **Contents:**

o Schedule 6 – Architectural/Engineering Submission

## Schedule 6

## Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

#### Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
  - Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over \$15 Million, or Projects Requiring a Waiver (PDF)
  - Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY. (PDF) (Not to Be Submitted with Self-Certification Projects)
  - o Architect's Letter of Certification for Completed Projects (PDF)
  - o Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
  - o FEMA Elevation Certificate and Instructions.pdf
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
  - o Physicist's Letter of Certification (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
  - o NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews
  - DSG-1.0 Schematic Design & Design Development Submission Requirements
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
  - o Attachments must be labeled accordingly when uploading in NYSE-CON.
  - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
  - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

### **Architecture/Engineering Narrative**

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. Incomplete responses will not be accepted.

Project Description				
Schedule 6 submission date: 4/25/2025  Revised Schedule 6 submission date: Click to enter a date.				
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? Click here to enter text.				
Intent/Purpose:  Memorial Hospital for Cancer and Allied Diseases (PFI # 1453, also referenced as "MSK" and "Memorial"				
Hospital"), an existing 514-bed not-for-profit Article 28 hospital located at 1275 York Avenue, proposes to build an extension of the hospital called The Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center (a.k.a., Griffin Pavilion at MSK, Griffin Pavilion) at 1233 York Avenue, located on the west side of York Avenue				

between 66<sup>th</sup> and 67<sup>th</sup> streets. The current Memorial Hospital inpatient tower located at 1275 York Avenue opened in 1973- over 50 years ago. The existing building's aging infrastructure is not able to keep up with increasing clinical demand, the pace of advancing technology, and the overall future of cancer care.

The Griffin Pavilion at MSK will be a state-of-the-art facility expansion that is intended to accommodate additional inpatient beds (net increase of 196 certified beds) and expand surgical and procedural services. All new inpatient beds will be single rooms. The Griffin Pavilion will be connected to the current Memorial Hospital building through an existing tunnel and a new two-story bridge that will serve as the primary artery for passage of patients and staff accessing medical services between the two buildings. Core services currently offered will be integrated with the new Griffin Pavilion, unifying operations system-wide. Additionally, the opening of beds at the Griffin Pavilion will allow for the future modernization of patient floors in Memorial Hospital. Capacity is also provided within the Griffin Pavilion for future fit out to meet the long-term planning and future state clinical needs as well as evolving technology essential for high-quality cancer care.

Table 1: Summary of Current and Proposed Total Bed Count Associated with Memorial Hospital for Cancer and Allied Diseases

Certified Beds	Memorial Hospital (2024)	KOCH (2024)	Memorial Hospital (2030)	KOCH (2030)	Griffin Pavilion (2030)	TOTAL CERTIFIED BEDS (2030)
Intensive Care	20	0	20	0	40	60
Medical/Surgical	440	16	428*	16	168	612
Pediatric	33	0	33	0	0	33
Pediatric ICU	5	0	5	0	0	5
Sub Total	498	16	486*	16**	208	710
TOTAL CERTIFIED BEDS under operating certificate	514	1		710		710

Net increase of 196 certified beds

#### Site Location:

The planned construction site for the Griffin Pavilion is currently the location of two MSK non-clinical buildings located at 1233 York Avenue (located on the west side of York Avenue between 66<sup>th</sup> and 67<sup>th</sup> streets), which are being demolished for this project. These buildings served as staff housing and all staff were relocated to other MSK housing. As these buildings are not Article 28 facilities, the demolition is not included in the CON

The Griffin Pavilion will be connected to Memorial Hospital through a new two-story bridge across 67th Street that will serve as the primary artery for passage of patients and staff accessing medical services between the two buildings. Additionally, an existing underground tunnel between Memorial Hospital and Rockefeller Research Laboratories (RRL; non-Article 28 building) will be expanded to facilitate the sharing of other functions and facilities across the campus. Core services currently offered will be integrated with the new Griffin Pavilion, unifying operations system-wide.

Brief description of current facility, including facility type:

<sup>\* 12</sup> beds at Memorial Hospital will be lost due to the conversion required for the two-story bridge that will connect the two care facilities.

<sup>\*\*</sup> No change in total certified beds at David H. Koch Center for Cancer Care (PFI:10355)

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Memorial Hospital is currently licensed for 514 inpatient beds which includes 456 medical/surgical beds, 20 intensive care beds, 33 pediatric beds and 5 pediatric ICU beds. The hospital provides both inpatient and outpatient services. Memorial Hospital's scope of care and the nature of its patient population are such that a patient may be treated in a variety of Memorial Hospital environments over a patient's course of treatment and continuum of care. The hospital has 42 operating rooms- 30 located at Memorial Hospital and 12 located at the Josie Robertson Surgery Center (PFI 9882). By 2027, 4 additional ORs will be added at the Memorial Hospital location (see current CON application: #241097) to accommodate growing inpatient surgical case volume prior to completion of the Griffin Pavilion. The other buildings that comprise MSK's main campus include the Haupt, Radiation Oncology, Schwartz, Bobst, Howard, Kimmel, Rockefeller Research Laboratories (RRL), and Zuckerman Research buildings. All but the last two contain Article 28 functions. Memorial Hospital's aging infrastructure is not able to keep up with increasing clinical demand, the pace of advancing technology, and the overall future of cancer care.

#### Brief description of proposed facility:

The Griffin Pavilion building will be 27-stories with typical floor plates of 26,300 GSF, yielding an overall building area of 779,438 GSF (703,438 GSF above grade and 76,000 GSF below grade on 3 levels).

#### The new Griffin Pavilion building will feature:

- direct internal connections between the Griffin Pavilion and Memorial Hospital across 67th Street via underground tunnel and a two-story bridge facilitating connectivity for integrated hospital support services. To accommodate the new bridge connection, 5,700 GSF in Memorial Hospital floors 7 & 8 will be renovated to provide direct access to the Memorial Hospital elevators and separate the new horizontal connections from the existing bed units.
- a robust vertical transportation core, including eight (8) public elevators, eight (8) staff/service elevators, and four (4) dedicated patient transport elevators.
- a new loading dock, adding to the materials management strategy across the buildings on the main campus.
- a new bulk oxygen facility built into the base of the new building that will serve the clinical needs of the facility.
- a dedicated, protected patient transfer bay to accommodate patient arrivals and departures via ambulance or ambulette.
- a covered drive aisle underneath the building, allowing for convenient patient drop-off with the assistance of valet and guest services.
- existing and new parking facilities connected to Memorial Hospital via underground tunnel.

#### The Griffin Pavilion clinical program features include:

- 208 single-occupancy patient rooms (168 medical surgical beds/ 40 intensive care beds) to enable more patients to be cared for in a private, safe, and comfortable environment. This is particularly important for MSK's large immunocompromised patient base.
- extensive surgical and interventional platforms housing 12 operating rooms supported by 54 Preand post-operative patient recovery rooms designed to meet PACU Phase I requirements, 2 interventional radiology suites, and a perioperative team support floor including a dedicated kitchen and cafeteria for on-shift dining and Perioperative staff lockers, toilets, showers and on call rooms.
  - Interventional radiology will include 2 Angio CT rooms with space allocated on the floor for future article 28 construction.
- diagnostic imaging program including 2 MRI's, 2 CT's, 1 General Rad/ Fluoroscopy, and 1 Ultrasound and 9 pre/post patient care rooms.
- specialized sterile compounding pharmacy and a central sterile processing department.
- clinical laboratory services including a STAT Lab and Frozen Section dedicated to support Griffin Pavilion needs.
- In addition, Article 28 space has been allocated for future build-out and use.

This state-of-the-art facility expansion will accommodate additional inpatient beds and expand surgical and procedural services. The expansion will ensure greater access to cancer care for all patients who come for care regionally, nationally, and internationally.

### Within existing Memorial Campus buildings:

RRL, Subcellar:	Elevator connections to Griffin Pavilion, Hazardous & Regulated Medical Waste staging for the Griffin Pavilion , Body Holding
RRL, Cellar:	Elevator and lobby connections to Griffin Pavilion, Storage, Valet Services, Regulated Medical Waste staging for the existing campus
RRL, Level 1 Mezzanine:	Elevator and lobby connections to Griffin Pavilion
Memorial Hospital, Level 7:	IT Technology Services, relocation of Conference Room and Soiled Utility for existing M7 inpatient bed unit
Memorial Hospital, Level 8:	On-Call rooms, relocation of Visitor Lounge and Soiled Utility for existing M8 inpatient bed unit

#### Within the new Griffin Pavilion:

Griffin Pavilion	Below-grade parking and incoming mechanical, electrical, plumbing (MEP)
Cellar, Sub-Cellar	services
1 & 2:	
Levels 1 & 2:	Lobby and Amenities Floors
Level 3:	Mechanical Floor
Level 4:	Materials Management, Environmental Services (EVS), Plant Operations, Staff
	Support

**Surgical, Interventional and Diagnostic imaging Services** 

Level 5:	Pre and Postoperative care unit (18), family lounge, staff lockers, lounge and
	toilets, Pharmacy, Staff Support, Bridge Connection to Memorial Hospital
Level 6:	Radiology (2 MRI, 2 CT,1 General Rad/ Fluoroscopy, 1 Ultrasound), Patient
	Transport staging, Bridge connection to Memorial Hospital
Level 7:	Pre and Postoperative care unit (36), family lounge, staff lockers, lounge and
	toilets.
Level 8:	Surgical services staff support. Locker rooms, On call rooms, dedicated cafeteria
	with Kitchen for perioperative staff while on shift.
	Inpatient Finishing Kitchen for the Griffin Pavilion.
	An office suite for nursing administration.
Level 9:	Sterile Processing Department
	STAT Lab
Level 10:	Interventional Radiology (2 IR)
	Article 28 space for future clinical use
	Frozen section lab to support the Griffin Pavilion Surgical & interventional platform
Level 11:	Operating Rooms (6) one of which has an Anteroom, Clean Core, staff support
	spaces.
	Dedicated team workspace space for the Perioperative IT team.
Level 12:	Operating Rooms (6) one of which has an Anteroom, Clean Core, staff support
	spaces.
	Space for maintenance and repair of surgical Robots.
Level 13:	Mechanical Floor

### **Inpatient Care Units**

Level 14:	Critical Care Beds (20). 2 On call rooms with shared toilet/shower	
Level 15:	Critical Care Beds (20). ICU pharmacy	
Level 16 - 19:	Medical/Surgical Beds (96)	

Level 20:	Mechanical Floor	
Level 21 & 22:	Article 28 space for future clinical use	
Level 23-25:	Medical/Surgical Beds (72)	
Level 26:	Café with Kitchen and Dining, Article 28 space for future clinical use	
Level 27: Mechanical Floor		

Note: See attachment Schedule 6 Attachment 1: Architectural / Engineering Narrative for program descriptions.

Location of proposed project space(s) within the building. Note occupancy type for each occupied space.

Health Care (inpatient treatment departments): Operating Rooms and Pre- and Post Op Rooms, Radiology and Interventional Radiology, Clinical support and administrative spaces

Health Care (sleeping departments): Critical Care Beds, Medical Surgical Beds

Business: Lab, Pharmacy, Materials Management, Sterile Processing, Staff Support areas

Assembly (less concentrated use, without fixed seating): Lobby, Café and Dining, Education Center, Surgical Services Staff Cafeteria

Industrial: Griffin Pavilion Finishing Kitchen, Surgical Services Staff Cafeteria Kitchen, Mechanical Floors

Storage: Parking, Mechanical and Service spaces, Storage Rooms

Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies:

The Griffin Pavilion is a multiple occupancy building of Assembly, Business, Storage and Healthcare. Each occupancy is a full floor separated by 2-hour fire rated floor construction.

Mixed occupancies occur on the following floors and are separated by fire rated partitions with automatic sprinkler system throughout:

- Level 5 contains:
  - Pre- and Post Op Rooms (Health Care)
  - Compounding Pharmacy (Business)
- Level 8 contains:
  - Surgical Services Staff Cafeteria (Assembly)
  - Surgical Services Staff Cafeteria Kitchen and Griffin Pavilion Finishing Kitchen (Industrial)
  - Clinical and Staff Support (Business)

Small storage and assembly (waiting and conference room) spaces also occur on various floors but these rooms are incidental to the primary occupancy.

If this is an existing facility, is it currently a licensed Article 28 facility?		No
Is the project space being converted from a non-Article 28 space to		Not Applicable
	an Article 28 space?	

Relationship of spaces conforming with Article 28 space and non-Article 28 space:

All spaces in the new Griffin Pavilion and Memorial 7 & 8 renovation areas will conform with Article 28.

List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3.

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Project will be filed under FGI 2018 Guidelines.	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care, other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below.	No

Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc.

In addition to below, please refer to separate attachment Schedule 6 Attachment 1: Architectural / Engineering Narrative for system descriptions.

#### **Plumbing**

The existing cellar and sub-cellar of the RRL building contain four (4) following points of exit and entry on 67<sup>th</sup> street, and four (4) points of exit and entry on 66<sup>th</sup> street for domestic water, fire protection, sanitary, and storm systems

The 67<sup>th</sup> street POEs and backflow prevention devices will remain untouched, and the house traps will be relocated to accommodate the new architectural layout. The 66<sup>th</sup> street POEs and backflow prevention devices will remain untouched, and the 8" sanitary & 10" storm house traps will be relocated upstream of the foundation wall penetrations.

Plumbing work includes modifications to the existing storm and sanitary systems to accommodate updated roof drain locations and demolition of plumbing fixtures. There are no horizontal changes in building footprint size to impact the existing system.

Existing plumbing systems within the Memorial 7<sup>th</sup> and 8<sup>th</sup> floors shall be utilized to provide plumbing services to renovated spaces as required to accommodate the bridge connection to the Griffin Pavilion building.

#### **HVAC**

The existing HVAC system within the west-adjacent RRL building shall be modified to facilitate new building connections between the existing RRL and the new Griffin Pavilion Building. Existing HVAC airside and wet side fit out system within the Memorial 7<sup>th</sup> and 8<sup>th</sup> floors just north of the Griffin Pavilion shall be modified to facilitate a new bridge connection to the Griffin Pavilion building.

#### **Electrical**

The existing Electrical system within RRL building will be utilized to provide power to new public elevators and renovated spaces on sub-cellar, cellar, and 1st floor including all convenience outlets, equipment, and lighting.

The existing Electrical system within Memorial 7<sup>th</sup> and 8<sup>th</sup> floors will be utilized to provide power to renovated spaces convenience outlets, equipment, and lighting to accommodate the bridge connection to the Griffin Pavilion building.

#### **Fire Protection**

The RRL building is protected by an automatic fire pump located at the subcellar level, which will remain untouched for the duration of work. The cellar and subcellar levels are protected by dry pipe sprinkler systems, as these levels are largely unconditioned. The fire protection scope of work includes modifications

## Schedule 6

to the existing dry sprinkler layouts on the subcellar and cellar levels, and modifications to the wet sprinkler layout on the 1st floor.

The existing combined sprinkler-standpipe system including but not limited to sprinkler floor control assemblies, within the Memorial 7<sup>th</sup> and 8<sup>th</sup> floors shall be utilized to provide fire protection services to renovated spaces as required to accommodate the bridge connection to the Griffin Pavilion building.

#### **Fire Alarm**

The existing fire alarm system within the RRL building will remain and be utilized to provide coverage to all areas within RRL. The existing fire alarm system within Memorial building will be utilized to provide coverage to renovated areas within the Memorial 7<sup>th</sup> and 8<sup>th</sup> floor to facilitate the new bridge connection to the Griffin Pavilion building. The new Griffin Pavilion building will provide a fire alarm site monitoring connection via fiber through the RRL cellar tunnel to the main campus tie in point within Memorial hospital. The campus connection will provide the ability for both RRL and the new Griffin Pavilion to be notified of any adjacent alarms.

Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc.

All proposed mechanical, electrical, plumbing, fire protection, etc., systems serving the new Griffin Pavilion shall be new and are dedicated to the building. There are no existing system upgrades or replacements included with this scope of work.

Please refer to separate attachment Schedule 6 Attachment 1: Architectural / Engineering Narrative for system descriptions.

Describe existing and or new work for fire detection, alarm, and communication systems:

There will be a dedicated Fire Command Center on Ground Level. Class A wiring loop and 2-hour rated wiring will be utilized. Fire Alarm Data Gathering Panels will be located every three (3) floors. VESDA system will be utilized on mechanical room levels.

If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from <a href="www.fema.gov">www.fema.gov</a>, and describe the work to mitigate damage and maintain operations during a flood event.

#### N/A

Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted.

Yes. Two (2) 256-Slice CT, one (1) 3T MRI, one (1) 1.5T MRI, one (1) General Rad/ Fluoroscopy, two (2) CT Angiogram, and one (1) Ultrasound rooms will be provided. The physicist's letter and report shall be included in the Design Development Submission.

Does the project comply with ADA? If no. list all areas of non	oncompliance
--	--------------

Yes

Other pertinent information:

N/A

Project Work Area	Response
Type of Work	Addition

	T
	Memorial 7 floor:
Square footages of existing areas, existing floor and or existing	18,800 GSF
building.	
	Memorial 8 floor:
	18,800 GSF
	Griffin Pavilion (new addition):
	779,438 GSF
Square footages of the proposed work area or areas.	RRL (renovation):
Provide the aggregate sum of the work areas.	13,536 GSF
Provide the aggregate sum of the work areas.	
	Memorial (renovation):
	7,692 GSF
Does the work area exceed more than 50% of the smoke	RRL & Memorial:
compartment, floor or building?	Less than 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type 1 (332)
Building Height	476'-8"
Building Number of Stories	27
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground	Not Applicable
building?	Not Applicable
	Not Applicable
Is the proposed work area within a windowless space or building?	Not Applicable
Is the building a high-rise?	Yes
If a high-rise, does the building have a generator?	Yes
What is the Occupancy Classification per NFPA 101 Life Safety	Chapter 18 New Health Care
Code?	Occupancy
Are there other occupancy classifications that are adjacent to or	Yes
within this facility? If yes, what are the occupancies and identify	
these on the plans.	
The primary occupancy of the building will be Healthcare. Within the	
building there will also be Assembly, Business, Industrial and	
Storage occupancies.	
Will the project construction be phased? If yes, how many phases	No
and what is the duration for each phase?	
Does the project contain shell space? If yes, describe proposed	Yes
shell space and identify Article 28 and non-Article 28 shell space on	
the plans.	
The building contains Article 28 future space on the following levels	
with a total area of 50,440 GSF:	
•	
Level 10: Article 28 space for future clinical use (partial floor)	
Level 21-22: Article 28 space for future clinical use (entire floor)	
Level 26: Article 28 space for future clinical use	
25.5. 25.7 stable 25 opace for fatally difficult door	
See Functional Space Program for exact square footages of	
Unassigned Clinical Space per level.	
ondolighed offinion opdoo por lovol.	
Will spaces be temporarily relocated during the construction of this	
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be?	No

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## **New York State Department of Health Certificate of Need Application**

Does the temporary space meet the current DOH referenced	Not Applicable
standards? If no, describe in detail how the space does not comply.	• •
Click here to enter text.	
Is there a companion CON associated with the project or temporary	No
space?	
If so, provide the associated CON number. Click here to enter text.	
Will spaces be permanently relocated to allow the construction of this	No
project?  If yes, where will this space be? Click here to enter text.	NO
Changes in bed capacity? If yes, enumerate the existing and	Increase
proposed bed capacities.	morease
proposed sed dapadries.	
The Griffin Pavilion at MSK will be a state-of-the-art facility expansion	
and include 208 inpatient beds (168 adult medical surgical and 40	
ICU) with a net increase of 196 certified beds to Memorial Hospital's	
operating certificate. (see Table 1 on page 3 of this document)	
Changes in the number of occupants?	
If yes, what is the new number of occupants?	
	Yes
6,403 persons	
Does the facility have an Essential Electrical System (EES)?	
If yes, which EES Type?	
	Yes
Type 1	
If an existing EES Type 1, does it meet NEPA 99 -2012 standards?	Not Applicable
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable
Does the existing EES system have the capacity for the additional	Not Applicable  Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.  Does the project involve Operating Room alterations, renovations, or	
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.  Does the project involve Operating Room alterations, renovations, or	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.  Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description.	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.  Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description.	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.  Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description.  (12) new Operating Rooms will be constructed	Not Applicable No
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.  Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description.  (12) new Operating Rooms will be constructed  Does the project involve Bulk Oxygen Systems? If yes, provide brief	Not Applicable No
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.  Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description.  (12) new Operating Rooms will be constructed  Does the project involve Bulk Oxygen Systems? If yes, provide brief description.  A new bulk oxygen plant shall be provided to serve the new Griffin	Not Applicable No
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REQUIRED ATTACHMENT TABLE				
SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION	Title of Attachment	File Name in PDF format	
•		Architectural/Engineering Narrative	A/E Narrative.PDF	
•		Functional Space Program	FSP.PDF	
•		Architect/Engineer Certification Form	A/E Cert Form. PDF	
•		FEMA BFE Certificate	FEMA BFE Cert.PDF	
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF	
•	•	Site Plans	SP100.PDF	
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF	
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF	
•	•	Exterior Elevations and Building Sections	A200.PDF	
•	•	Vertical Circulation	A300.PDF	
•	•	Reflected Ceiling Plans	A400.PDF	
optional	•	Wall Sections and Partition Types	A500.PDF	
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF	
	•	Fire Protection	FP100.PDF	
	•	Mechanical Systems	M100.PDF	
	•	Electrical Systems	E100.PDF	
	•	Plumbing Systems	P100.PDF	
	•	Physicist's Letter of Certification and Report	X100.PDF	

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Memorial Hospital for Cancer and Allied Diseases (PFI: 1453) Schedule 6 – Attachment: Architectural / Engineering Narrative

A. The Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center Stacking Diagram



## B. Description of Griffin Pavilion program elements by floor

The main program elements of the Griffin Pavilion project are:

## Within existing Memorial Campus buildings:

RRL, Subcellar:	Elevator connections to Pavilion, Hazardous & Regulated Medical Waste staging for the Pavilion, Body Holding
RRL, Cellar:	Elevator and lobby connections to Pavilion, Storage, Valet Services, Regulated Medical Waste staging for the existing campus
RRL, Level 1 Mezzanine:	Elevator and lobby connections to Pavilion
Memorial Hospital, Level 7:	IT Technology Services, relocation of Conference Room and Soiled Utility for existing M7 inpatient bed unit
Memorial Hospital, Level 8:	On-Call rooms, relocation of Visitor Lounge and Soiled Utility for existing M8 inpatient bed unit

## Within the new Griffin Pavilion:

Griffin Pavilion Cellar, Sub-Cellar 1 & 2:	Below-grade parking and incoming mechanical, electrical, plumbing (MEP) services
Levels 1 & 2:	Lobby and Amenities Floors
	Level 1 will be the main entry lobby for public pedestrian and vehicular traffic to the new Griffin Pavilion. Level 1 will be connected via dedicated lobby elevators to the Level 2 lobby which will contain visitor and staff amenities including a gift shop, grab and go food service, general seating space, a meditation room, a transition lounge for patients awaiting pick up and departure from the hospital, respite spaces, a lactation room, and public restrooms. Level 2 will also house a Security Suite with a Security Command Center, Property Room, and a Cashier Office, along with other support spaces.
	The loading dock will be located on Level 1 with three loading berths and access to service elevators that serve all floors of the Griffin Pavilion. Level 1 also features a dedicated staff entry, a protected, enclosed patient transfer bay, and a bulk oxygen system serving the new building.
Level 3:	Mechanical Floor
Level 4:	Materials Management, Environmental Services (EVS), Plant Operations, IT workroom, Staff Support

Memorial Hospital for Cancer and Allied Diseases (PFI: 1453) Schedule 6 – Attachment: Architectural / Engineering Narrative

Level 4 will serve as the central hub for Materials Management including receiving and distribution, Low Unit of Measure (LUM) cart staging, central and STAT supplies, Durable Medical Equipment and a clean linen operations center. There will also be a Pharmacy Receiving space for secured receipt of pharmaceuticals. Dedicated service elevators connect the main loading dock on Level 1 to Level 4, providing direct access for incoming deliveries. The Environmental Services department will have space for staff, and storage for supplies and equipment. A room for Soiled Linen cart holding is provided on the floor for temporary holding.

The Plant Operations group space on the floor includes a central control center two offices and a shop space for small scale preventative maintenance and repairs. The IT workroom will include workstations for IT staff, workbenches for IT equipment repairs and storage of computers, monitors and other IT equipment.

Shared staff support rooms including a staff lounge, staff locker rooms and toilet rooms, meeting rooms and staff respite rooms are provided to support the staff of all departments working on the floor.

### **Surgical, Interventional and Diagnostic Imaging Services**

Levels 5 through 12 comprise the surgical, interventional and diagnostic imaging platform for the Griffin Pavilion.

The surgical, interventional and diagnostic imaging platform is optimally located within the Griffin Pavilion stack on Levels 5 through 12. This location provides close proximity for all OR's, IR's and imaging modalities to each other and their requisite support and ancillary services. They are also close to patient floors for efficient patient, visitor, staff and materials flow. The 5<sup>th</sup> and 7<sup>th</sup> floor will contain Pre and Postoperative suites that will provide a total of 54 patient care stations designed to meet Phase I PACU requirements to allow for maximum flexibility and operational efficiency. Each floor will feature public/ family amenities and staff support space for the Pre-and Postoperative team.

The 6<sup>th</sup> floor, with its bridge connection to Memorial hospital, will contain diagnostic imaging modalities to allow for efficient use of the modalities by both the Griffin Pavilion and Memorial hospital.

The 8<sup>th</sup> floor will contain support spaces for Surgical and interventional services staff.

The 9<sup>th</sup> floor will contain the sterile processing department and a dedicated stat lab for the Griffin Pavilion.

Surgical and interventional services for the Griffin Pavilion will be located on the 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> floor and will include 12 new operating rooms and 2 new interventional rooms that will provide state-of-the-art surgical and

	Interventional Radiology environments necessary for current and future case volumes. The new rooms will provide the clinical environmental characteristics and the flexibility to accommodate the range of complex case types in a highly efficient setting designed to foster high utilization and support clinical best practice.
Level 5:	Pre and Postoperative Care Unit, Griffin Pavilion Pharmacy
	18 positions designed to meet Phase I PACU requirements. 2 of the 18 patient care rooms will be A.I.I. patient care rooms with dedicated toilet rooms.
	A family lounge, consult rooms and public toilets will be located close to the public elevators and directly adjacent to the Pre and Postoperative Care Unit.
	The Pharmacy on Level 5 will support the sterile compounding needs for the Pavilion as well as the narcotics needs for the entire campus, with a new narcotics vault sized for current and future needs.
	Staff support rooms including staff lounges, staff locker rooms, toilet rooms, lactation and staff respite rooms are provided to support the staff of all departments working on the floor.
	The bridge connection to Memorial Hospital will be used predominantly for supply, materials, and staff flow. Patient transport will be less frequent on this bridge level.
Level 6:	Radiology (2 MRI, 2 CT, 1 Gen Rad/Fluoro,1 Ultrasound), Patient Transport Staging, Bridge connection to Memorial Hospital
	The Radiology floor will provide state-of-the-art imaging environments necessary for current and future state inpatient volumes for the entire campus. Staff workspaces, including staff work rooms, modality control rooms, reading rooms, and appropriate equipment and supply storage to support operations and workflows, will be provided on the floor along with a staff lounge with lockers and a staff respite room.
	The floor will contain 2 MRI's, 2 CT's, 1 Fluoroscopy capable X-Ray and 1 Ultrasound room. The floor contains its own dedicated suite of 9 patient holding rooms including 2 Airborne Infection Isolation rooms each with a dedicated patient toilet room. The rooms will be used for patient prep as needed for the modalities.
	One MRI, one CT and the Ultrasound rooms will be designed to meet Class 2 requirements to allow for procedural flexibility. One MRI and one CT will be designed to meet Class 1 requirements. The Class 1 rooms will be designed to meet Mechanical requirements for Airborne Infection Isolation rooms including low return and direct exhaust. The floor is designed to meet MRI Safety Zone I through IV requirements.

	The bridge connection will be used for staff and patient transport between the Griffin Pavilion and Memorial Hospital as operations require.
	Patient transport staging will provide space for staging, distribution and coordination of beds, stretchers, wheelchairs and other large durable medical equipment to be used in the Griffin Pavilion.
Level 7:	Pre and Postoperative care unit
	36 positions designed to meet Phase I PACU requirements. 4 of the 36 patient care rooms will be A.I.I. patient care rooms with dedicated toilet rooms.
	A family lounge, consult rooms and public toilets will be located close to the public elevators. Directly adjacent to the Pre- and Postoperative Care Unit will be staff lockers, lounge and toilets.
Level 8:	Surgical Services staff support floor, Finishing Kitchen
	Locker rooms with toilets and showers.
	On call rooms with shared toilet/ shower rooms, Respite rooms, Lactation rooms.
	A dedicated cafeteria with Kitchen for perioperative staff while on shift.
	Inpatient finishing kitchen for the Griffin Pavilion. Meals will be prepared in the kitchen and distributed using the service elevators to patient floors. The finishing kitchen will be supported by the main kitchen located within Memorial Hospital.
Level 9:	Sterile Processing Department, STAT Lab
	Sterile processing for the Griffin Pavilion will be centralized on Level 9. It will support the Surgical and Interventional platform for the Griffin Pavilion. It will also support sterile processing needs for the patient floors and radiology. High-level disinfection (HLD) facilities have also been provided to serve Griffin Pavilion and augment the campus capacity for HLD processing.
	The Stat Lab will support stat processing needs for the Griffin Pavilion.
Level 10:	Interventional Radiology
	2 Angio CT rooms with control rooms and required support
	Frozen Section Lab
	Article 28 space for future clinical use

Level 11:	Operating Rooms (6), OR IT
	6 operating rooms (one of which will include an Anteroom), Clean Core, and staff support spaces.
	Dedicated team workspace space for the Perioperative IT team.
Level 12:	Operating Rooms (6), Surgical robot maintenance space
	6 operating rooms (one of which will include an Anteroom), Clean Core, and staff support spaces.
	Space for maintenance and repair of surgical Robots.
Level 13:	Mechanical Floor

## **Inpatient Care Units**

144045		
Level 14 &15:	Critical Care Beds (40)	
	The critical care units will contain 20 new private critical care patient rooms on each floor with dedicated toilet rooms including showers, out of which 4 rooms per floor will be A.I.I. rooms. These rooms will provide a state-of-the-art clinical care environment within the critical care unit, with each unit providing enhanced clinical support services, multidisciplinary collaborative spaces, staff respite areas, de-centralized nursing stations for direct-patient observation, and appropriate equipment and supply storage to support these critical clinical programs.  On floor 14 two on call rooms with a shared toilet / shower room will be provided.  On floor 15 a dedicated ICU pharmacy space is provided to support the critical care unit.	
Level 16-19:	Medical/Surgical Beds (96)	
	Each of these levels will contain 24 new private acute care patient rooms with dedicated toilet rooms including showers, out of which 4 rooms per floor will be Airborne Infection Isolation (A.I.I.) rooms. Two of the A.I.I. rooms per floor will be provided with anterooms. The patient rooms will provide state-of-the-art clinical care, supported by enhanced clinical support services, multidisciplinary collaborative spaces, staff respite areas, de-centralized nursing stations for effective nursing care operations, and appropriate equipment and storage supply to support each unit.	
Level 20:	Mechanical Floor	
Level 21 & 22:	Article 28 space for future clinical use	
Level 23-25:	Medical/Surgical Beds (72)	

	Each of these levels will contain 24 new private acute care patient rooms with dedicated toilet rooms including showers, out of which 4 rooms per floor will be Airborne Infection Isolation (A.I.I.) rooms. Two of the A.I.I. rooms per floor will be provided with anterooms. The patient rooms will provide state-of-the-art clinical care, supported by enhanced clinical support services, multidisciplinary collaborative spaces, staff respite areas, de-centralized nursing stations for effective nursing care operations, and appropriate equipment and storage supply to support each unit.
Level 26:	Café with Kitchen and Dining, Future Article 28 clinical use  A cafeteria for staff and visitors with a dedicated kitchen on the floor.
1 1 0.7	Article 28 space for future clinical use
Level 27:	Mechanical Floor

## C. Safety Risk Assessment (SRA) for the Griffin Pavilion:

Throughout the Programming and Schematic Design process, MSK and the project team have been developing the aspects of the SRA for the new Pavilion:

## 1. Infection Control Risk Assessment (ICRA)

In coordination with MSK's Infection Prevention team, airborne infection isolation (A.I.I.) rooms, anterooms, and negative pressure rooms have been distributed throughout patient care spaces as indicated in the floor-by-floor summary above.

Discussions concerning locations of handwashing stations and clinical workflows throughout the patient care spaces have been reviewed by the interdisciplinary team.

## 2. Patient Handling and Movement Assessment (PHAMA)

Based on the developing PHAMA for the Griffin Pavilion, the design will be incorporating appropriate patient handling and movement equipment that supports the needs of patients and staff in the facility. The purpose of this equipment is to increase and support patient mobility as well as to provide a safe environment for staff and patients during performance of high-risk patient handling tasks.

#### **Patient profile**

As a hospital focused on patients with cancer, MSK has very few patients over the 300-pound threshold for patients of size identified in FGI 2018 1.2-6.4.1.2. Based on historical information on MSK's patient population in the hospital system, admissions of patients between 300 and 425 pounds are less than ten (10) patients per year in all inpatient facilities. MSK anticipates a similar census for the Griffin Pavilion due to its focus on cancer and recognizes that patients with cancer are predominantly of weights that can be accommodated by the PHAMA provisions established for the project. As a result, MSK does not anticipate a need for specific Patient of Size provisions, but accommodations for larger patients will be accommodated by the patient movement and handling provisions established by the PHAMA:

#### PHAMA provisions for the Griffin Pavilion are as follows:

- Patient beds will have a capacity of 500 pounds. (Hill-Rom Centrela Smart+ Bed)
- All toilets will have a 500-pound capacity.
- Grab bars in patient toilet rooms and showers will be designed for a 500-pound capacity.
- Patient toilet room sinks will be designed for a 300-pound capacity.
- All ceiling lifts will have a 770-pound capacity.

### **Ceiling Lifts in Patient Rooms:**

- Fifty percent (50%) of Medical/Surgical patient rooms will be provided with ceiling lifts. Ceiling lifts will be distributed evenly between the Medical/Surgical floors.
- All A.I.I. Rooms on Med/Surg floors will be equipped with ceiling lifts.
- 100% of Critical Care patient rooms will be provided with ceiling lifts.

#### **Ceiling Lifts in Surgical and interventional floors:**

 Four (4) Patient bays on each of the Pre and Post Operative Care floors (L05 & 07) will be provided with ceiling lifts.

### **Ceiling Lifts in Diagnostic Imaging:**

- Ceiling lifts will be provided in both of the CT rooms.
- 2 patient holding bays will be equipped with ceiling lifts for transferring patients to MRI safe stretchers.
- A patient lift will be provided within the General Rad/ Fluoroscopy room

#### Mobile patient lifts:

In the event of a lift malfunction or in areas where ceiling lifts are not provided, mobile patient lifts will be included as part of the medical equipment complement for the hospital and distributed appropriately in coordination with MSK's Patient Handling team.

#### 3. Fall Prevention Assessment

Fall prevention is a critical point of focus for patient care at MSK. Fall prevention considerations have informed the patient lift strategy described above and will continue to inform technology considerations for patient movement awareness and patient/care team communication in the patient rooms and the patient toilet rooms. Direct path of travel from patient bed to patient toilet and toilet fixture orientation have also been informed by fall prevention considerations.

## 4. Medication Safety Assessment

The team continues to work directly with the Pharmacy team as well as nursing and perioperative teams to ensure that medication rooms, medication dispensing units, and medication preparation and administration provisions are informed by clinical best practice requirements of the medication safety assessment.

### 5. Behavioral & Mental Health Risk Assessment

During the design development phase of the project, the team will coordinate with the clinical team on appropriate provisions for the potential for care of patients with behavioral health comorbidities. These considerations for the design development of the patient care environment will address the needs of patients, loved ones, and staff to develop patient rooms and treatment spaces that are safe and thoughtfully designed.

## 6. Patient Immobility Assessment

Considerations focused on patient mobility have informed the patient lift strategy, driven design discussions around physical & occupational therapy at the patient bedside and established the design accommodations for patient movement in the corridors on the patient bed floors, from integrated graphics and technology to an overhead track system to support patient ambulation.

### 7. Security Risk Assessment

Ongoing design coordination with the MSK clinical teams and the MSK Security team have driven design considerations around facility entry, screening technologies, weapons storage, and clinical floor access, as well as programming considerations for spaces address the increasing incidence of patient and visitor incivility.

### D. Operational Circulation Patterns

#### **Elevators:**

The Griffin Pavilion is designed to support the smooth and appropriately separated flow of patients, visitors, staff, and materials throughout the facility and the Memorial campus. Three dedicated elevator banks with state-of-the-art access controls and associated lobbies are provided.

- One bank of eight (8) elevators will support public/visitor flow to all floors accessible to that population.
- A second bank of four (4) elevators will support inpatient flow to all patient care floors including bed floors, diagnostic and treatment floors, both bridge connection floors, and Level 1 at grade, which includes direct access to a dedicated bay for ambulance, ambulette, and patient transport traffic.
- A third bank of eight (8) elevators will support the flow of staff, materials, and equipment throughout the facility. Two of these elevators will connect the Sterile Processing Department with the surgical and interventional floors. One elevator will be dedicated to the transport of dirty/soiled materials and another elevator will be dedicated to the transport of clean materials.
- One (1) dedicated clean elevator and one (1) dedicated soiled elevator will serve the Sterile processing department, Operating room floors and Interventional floors. The elevators will serve floors 9 through 12.

#### **Circulation on Griffin Pavilion floors:**

Circulation on the Griffin Pavilion floors is designed to meet the needs of each program type.

- Inpatient bed floors are designed to optimize flow on the floors; support spaces on the floors are located close to the staff/service elevator banks to allow for flow of materials, staff, and equipment to those spaces without crossing the visitor elevator bank, visitor lounge, and unit entry for visitors. The visitor lounge on each floor is directly adjacent to the visitor elevator bank to allow clear wayfinding for visitors. Access to the main patient room corridor is provided from the inpatient elevator bank such that patient transport can occur without crossing the visitor lobby.
- Circulation on diagnostic and treatment floors is designed to meet regulatory requirements for separation of public traffic from staff and patient flow.
- Direct access from the procedural environments to the patient transport elevators and from the patient transport elevators to the post-anesthesia care units is accommodated to manage patient movement in a controlled environment that is effectively separated from public circulation. Those same patient transport elevators can provide direct patient access from the procedural environments to the intensive care units to accommodate direct-to-bed patient transfers.
- Access to visitor lounges on each floor is provided directly from the public elevators without crossing patient and staff flow.
- Floors containing ancillary and support services such as Materials Management, Frozen Section, STAT Lab, Pharmacy and Sterile Processing are designed for staff, equipment, and materials flow with a main corridor that serves all departments.
- Level 5 and 6 includes a bridge connection to the existing Memorial Hospital.

- Level 5 bridge will be predominantly used for staff, materials, and equipment flow
- Level 6 bridge will be predominantly used for inpatient and staff flow.
- An existing tunnel connection at the cellar level that connects the Rockefeller Research
  Lab building (non-article 28 building) is directly adjacent to and connected to the new
  Griffin Pavilion cellar level and connects to the Memorial Hospital basement level. This
  tunnel will also be used for equipment and materials flow.

## E. Departmental Operational Relationships and Required Adjacencies

The Griffin Pavilion is designed to optimize departmental and operations adjacencies and relationships.

- The three levels below grade are dedicated to parking. All levels connect to the ground floor via elevator and stairwell. A dedicated pathway will be created that links the parking operations Valet guest waiting area in the adjacent Rockefeller Research Lab to the Griffin Pavilion Lobby at Level 2.
- The ground floor contains vehicular access for patient transport, a loading dock, public/visitor drop-off with a valet function and an entry lobby.
- The entry lobby is connected to Level 2 via three (3) dedicated lobby elevators. Level 2 features the main lobby/amenity floor, containing a lobby, café, gift shop, meditation room, and discharge lounge. The new Griffin Pavilion public elevators are accessed from Level 2.
- Level 4 will serve as the central hub for Materials Management and serve all floors of the Griffin Pavilion.
- Levels 5 through 12 contain the surgical, interventional and diagnostic imaging services along with their ancillary and support services including Pre and Postoperative Patient Care units, a dedicated Frozen Section lab, Sterile Processing, Stat lab, OR and IR staff locker rooms, on call rooms, a cafeteria with dedicated kitchen for on shift surgical staff. This will allow efficient use of all surgical, interventional and imaging rooms and create an integrated staff and patient experience throughout.
- Levels 5, 6 and 7 will contain Pre and Post Operative care suites (levels 5 & 7),
   Diagnostic Imaging with dedicated patient prep and recovery positions (level 6),
   support/ancillary services for the Griffin Pavilion including a sterile compounding and narcotics pharmacy on level 5 and patient transport staging on level 6.
- Level 8 will be a non-public support floor containing an office suite for nursing administration, OR and IR staff locker rooms, on call rooms, a cafeteria with dedicated kitchen for on shift surgical and interventional staff, and the main finishing kitchen for the Griffin Pavilion.

- Level 9 contains the Sterile Processing Department that will serve all sterile processing needs for the Griffin Pavilion. As mentioned above, two dedicated elevators (one dedicated to transport of clean materials and one dedicated to transport of dirty/soiled items) will connect the Sterile Processing Department with the surgical and interventional floors. This floor will also contain the dedicated STAT lab for the Griffin Pavilion.
- Level 10 will contain the Interventional suite with two (2) Angio CT's, the Frozen Section lab and Article 28 space for future clinical use. The interventional suite will be directly connected to the Pre-and Postoperative care suites via the patient transport elevators.
- Levels 11 and 12 will contain a total of 12 operating rooms and support spaces. Both surgical floors will be directly connected to the Pre-and Postoperative care suites via the patient transport elevators.
- Level 14 &15 will contain one 20 bed Critical Care unit per floor.
- Levels 16 through 19 will contain one 24 bed Acute Care unit per floor.
- Levels 21&22 will contain Article 28 space for future clinical use.
- Levels 23 through 25 will contain one 24 bed Acute Care unit per floor.
- The top floor, Level 26, will contain a main cafeteria with dedicated kitchen to serve staff and visitors and Article 28 space for future clinical use.

## F. Support Areas for Families and Visitors

The Griffin Pavilion is designed to support a patient/family-centered care environment in patient rooms and throughout the facility.

- Building-wide visitor amenities include the café, lobby lounge, gift shop, and meditation room on Level 2 and the rooftop cafeteria on Level 24. On patient care and treatment floors, MSK will continue its current process of communication with families/visitors to give them the flexibility of using building-wide amenities while not in the patient room or in on-floor visitor spaces.
- On diagnostic imaging floors visitor waiting rooms are provided for arriving family members/visitors. Additionally, visitor provisions exist at each pre-and post-operative patient position
- Interventional Radiology and Surgical floors will be dedicated to maximizing modality rooms, operating rooms and requisite support spaces. Visitor access will not be provided on these floors. Patients will be brought to these floors via dedicated patient transport elevators from the Pre-and Post-operative care unit
- Family members/visitor waiting rooms are provided for arriving family members/visitors adjacent to each Pre-and Post-operative care unit on levels 5 and 7. When patients are taken to their procedure, family members/visitors are directed to the family/visitor lounges where patient liaisons keep family and visitors informed of patient progress.

- Inpatient floors support a patient/family-centered care environment with a combination of a welcoming visitor lounge accessible from the visitor elevator bank, spaces for visitors adjacent to patient rooms, and patient rooms designed for patient/family-centered care and family zone support features. Each patient room is designed with a family/visitor area that accommodates furniture for daytime use and overnight accommodation where appropriate. In addition, electrical outlets, accessories, and lighting are provided in the area for working with and charging personal electronics. A guest Wi-Fi system is also provided in patient rooms and throughout the building.
- On Medical/Surgical inpatient floors, a dedicated family/visitor lounge accessible from the public elevator lobby welcomes visitors to the floor. The lounge is sized in excess of the requirements set forth in 2018 FGI 2.1-2.10.1.1(1).
- Like the Acute Care floors, a welcoming family lounge greets visitors upon arrival to the Intensive Care Unit floors. Currently, MSK's visitation policy limits to one visitor per patient. Patient room design provides for the accommodation of seating for two visitors without interfering with providers' access to patient and equipment, per 2018 FGI 2.2-2.6.2.2(5). Additionally, seating is provided intermittently on patient corridors to accommodate family members when it is appropriate/necessary for them to leave the patient room. The family waiting room on the floor is therefore sized accordingly with these visitor accommodations in mind.

## G. Engineering Narrative

#### 1. HVAC:

The new Griffin Pavilion chiller plant will consist of 2,500 TR of chilled water capacity in an N+1 configuration, with design intent to operate the plant at 3,700 TR at N configuration in emergency conditions. The plant will consist of electric centrifugal chillers and large water-source heat pump machines. Chillers shall be piped in parallel floor arrangement for redundancy.

Two (2) 300 TR-equivalent 480V with VFD electric screw water source heat pumps will be provided. The primary heat rejection source will be via the domestic hot water. These WSHPs will be piped as heating load on the HVAC hot water heating system. They will be piped to a dedicated high temperature hot water loop to serve the DHW HXs.

The chilled water system will serve all AC units in IT closets, equipment modality rooms, and EMRs. One (1) medical chilled water system will be provided to serve the one (1) radiology floors and one (1) IR floor. Distributed heating and cooling fan coil units will be provided for the chiller plant, along with refrigerant monitoring and purge exhaust fan.

The building heating system will consist of:

- Ten (10) 2,100 MBH air source heat pumps (emergency power)
- Three (3) glycol hot water pumps (N+1)
- Three (3) heat injection plate and frame heat exchangers (N+1)
- Three (3) hot water pumps for primary hot water system

• Two (2) hot water pumps and plate and frame heat exchangers for secondary hot water systems for the lobby radiant heating.

Each air-handling unit (AHU) level will be provided with two (2) plate and frame heat exchangers and two (2) pumps to circulate water between heat recovery coils and hot water preheat coils.

The clinical program spaces will utilize minimal outside air. Coils and piping to unit shall be capable of operating at 100% outside air for both air side economizer and purge mode. Adiabatic humidification system utilizing central clean steam generator in "N" configuration with domestic water as make-up via RO system will be provided on each fan room floor (Levels 3, 13, 19). AHUs will be medium-pressure VAV systems. OR AHUs will include a "10+2" reheat-style chilled water coil configuration to maintain minimum humidity levels at reduced OR space temperatures in the summer. The Central sterile department, pharmacy, and distributed lab departments will be provided with 100% outside air AHUs, with run-around heat recovery coils. Any unassigned future Article 28 spaces shall be provided with VAVs with hot water reheat coils for space cooling and heating.

Each Operating Room will include dedicated supply and return boxes located in the Mechanical Equipment Room above the O.Rs. Service to the boxes will be limited entirely to the MER to prevent service maintenance within the O.R. program. Each O.R. will maintain a minimum positive pressurization of 0.01" via the tracking pairs. Each O.R. will have a pre-fab HEPA filter ceiling diffuser array above the primary operating field, with four (4) low air returns with dander filters and perforated stainless steel grilles in each of the four (4) corners of the O.R.

Each Patient Room (including A.I.I. and PE rooms) will include supply and return boxes, one (1) set of reheat hot water risers between patient rooms, and one (1) dedicated thermostat per room. A.I.I. will be provided with a dedicated exhaust fan and HEPA filtration prior to discharge. High-plume / high dilution fans shall be provided on the roof to support fume hoods and biosafety cabinets on the lab/pharmacy floor.

Non-clinical program spaces will utilize minimal outside air. Coils and piping to unit shall be capable of operating at 100% outside air for both air side economizer and purge mode. Air handling units will include the length for a day-two stage 2 filter add on, and the fans will be selected for additional static pressure to accommodate. Air handling units will be medium-pressure VAV systems. Kitchen cooking hoods are provided with grease scrubbers on the exhaust connection, and a dedicated heating/cooling makeup air air handling unit.

Stair pressurization systems air quantity will be sized for two (2) doors open. Fans will be direct-drive type with variable frequency drives. Relief will be via the shaft way and backdraft dampers on non-clinical floors.

The fuel oil distribution system will consist of two (2) 24,000-gallon reserve fuel oil tanks. The two (2) tanks will be located in the Griffin Pavilion SC 2 level. All pumps will be in a duplex arrangement. The fuel oil system will also include a polishing skid.

#### 2. Electrical:

The Griffin Pavilion building normal power will be served from spot network as follows:

- 1. Consolidated (Con) Edison spot network will consist of five (5) 2,500 kVA step-down transformers with five (5) network protectors.
  - The transformers will be located at building property line under sidewalk in vaults.
  - The network protectors will be located inside the building on Cellar Level 1.
  - Six (6) 460/265V, 3 phase, 4-wire, 4000A service switches will be located in a room adjacent to network protector rooms.
  - Two (2) 460/265V, 3 phase, 4-wire, 4000A switchboards will be in the Main Service Electrical Room on 3rd Floor MER and Four (4) 460/265 3 phase, 4-wire, 4000A switchboards will be in the Main Service Electrical Room on 25<sup>th</sup> Floor MER.

Each service disconnect will be metered via a Con Edison direct meter on the service stab. Submeters will be provided to meet Energy Code requirements. Two-(2) hour rated cable assemblies provided for the fire pump, emergency life safety, smoke control system and the elevator machine rooms.

The Griffin Pavilion emergency power will be served from three (3) 2,500 kW, 460/265V, 3-phase, 4-wire diesel emergency generators within an outdoor enclosure on roof level. Associated 10,000A, 460/265V, 3-phase, 4-wire emergency paralleling distribution switchgear with load shed capacities will be provided, sized to accommodate the emergency, and legally required standby loads as required by code and other standby loads. All automatic transfer switches associated with emergency and legally required loads will be provided with bypass isolation.

Two (2) stacked electrical closets will be provided on typical floors and no feeder offsets will occur on mechanical floors. Bus duct risers will be utilized to distribute normal power, emergency patient critical power, emergency life-safety power, and emergency equipment power to each floor throughout the hospital. Each electrical closet on Floor 4 and up will contain a critical power bus duct and normal power bus duct. One (1) electrical closet will contain life safety power bus duct and one (1) electrical closet will contain emergency equipment bus duct.

The normal power bus duct distribution will not have provisions to be connected to the generator backed emergency power distribution and to secondary service switchboard via manual transfer switch.

Each Operating Room will be fed from two (2) 7.5 kVA line isolation panels (480V primary to 120V secondary). Isolation panels will be located within the Operating Rooms. Each Operating Room will be fed from two (2) diversely located electrical closets on each floor. All equipment and plug loads within the Operating Rooms will be fed from the critical branch of the power distribution system. In addition, there will be two (2) 10 kVA line isolation panels (480V primary to 208V secondary) per Operating Floor. Isolation panels will be centrally located to all Operating Rooms to feed laser receptacles within Operating Rooms.

A central uninterrupted power supply (UPS) on 3rd Floor utilizing two (2) 750 kW UPS modules to serve all IT equipment located in stacked TDR closets and the TEC rooms with space and infrastructure to double the capacity. The electrical distribution will be designed with redundant "A" and "B" UPS infrastructure to accommodate dual-corded IT equipment. A control power monitoring system (CPMS) will be provided to allow for interface between the UPS modules input/output switchgear associated with each system. This system will export information to the

BMS and EPMS via the converged network. Each TDR closet will contain an "A" and "B" 42-pole electrical panel connected to the building's central IT UPS system.

Where future Article 28 spaces are provided, temporary illumination, convenience receptacles, power to temporary heaters, and fire alarm devices will be provided as needed.

## 3. Plumbing:

The new Griffin Pavilion domestic water system will be served by two (2) 6-inch domestic water services, supplying at 10,000 gallon break tank and associated domestic house pump skid. Two (2) 30,000-gallon combination domestic water and fire reserve tank will be provided at the top of the building. Master pressure reducing stations will be provided at mechanical floors, where applicable, to provide sufficient pressure for their respective domestic water zones. The domestic water system will be divided into (4) zones. Each zone will be equipped with the following, upstream of domestic water heating equipment:

- Media filtration
- UV disinfection
- Copper silver ionization
- A master PRV station for zones 2 thru 4
- A pneumatic booster pump for zone 1

Each domestic water zone will have a dedicated hot water generation system. Each domestic hot water generation system will include duplex brazed plate heat exchangers (N+1) fed by a minimum of 165 degree HVAC source water, duplex recirculation pumps (N+1), and a copper silver ionization system injected into the domestic cold water and hot water recirculation line to prevent legionella infection. All hot water systems will be provided with domestic water supply, domestic water return piping, and associated balancing valve rigs and be delivered at 140 degrees via digital master mixing valves.

RO skids shall be located within MER's to supply mechanical equipment for adiabatic humidification.

A dedicated sanitary POE will be located on 66th street. A combined storm and sanitary POE will be located on York Avenue. Two (2) duplex sump, two (2) duplex ejector, and (2) silt interceptors will be provided to serve levels 2 and below. Elevator sump pumps will be provided in elevator pits where required by NYC BC and owner preference. There will be no drains located above the Electric Switchgear Rooms, electric substations and ATS/EPS Gear Rooms. If routing drainage above Operating Rooms/MRI Rooms is unavoidable, piping will be installed either in a dual-containment pipe installation or with a drip pan and leak detection in accordance with FGI requirements.

A trench drain shall be provided at each Fire Service Access Elevator (FSAE) and Occupant Evacuation Elevator (OEE) to reduce water entering critical elevator hoists in the event of a fire. There shall be a dedicated sanitary and vent stack serving each FSAE and OEE lobby. A 30,000-gallon stormwater holding tank and associated DEP pumps will be located on the lowest level of the parking garage.

The Griffin Pavilion medical gas systems shall be supplied to serve clinical and lab program spaces.

The following medical gas systems will be located in ground floor control areas:

- 1. Oxygen: 13,000-gallon primary and 6,000-gallon reserve bulk oxygen plant, located on 66th Street
- 2. Carbon dioxide: 6-ton primary and 3-ton reserve bulk carbon dioxide plant, located on 66th street on a mezzanine above the bulk Oxygen primary electric vaporizers.

The following medical gas systems will be located in cellar control areas:

- 1. Nitrogen: A 12-cylinder primary and reserve manifold
- 2. Nitrous oxide: A 4-cylinder primary and reserve manifold

The following medical gas systems will be located within MER floors.

- 1. Instrument air: Dedicated skids will serve clinical, central sterile, and lab program spaces (total of two (2) triplex skids and one (1) duplex skid)
- 2. Medical air: Dedicated triplex skid
- 3. Medical Vacuum and WAGD: Dedicated triplex liquid ring type skid

Zone valve boxes will be installed and monitored as per NFPA 99 and latest FGI requirements. Each ZVB will be provided with a dedicated area alarm panel. A minimum of (2) ZVB will be provided per suite. Dedicated ZVBs will be provided to anesthetizing locations in accordance with NFPA 99.

#### 4. Fire Protection:

Two (2) 8-inch fire water service(s) will be brought into the building to serve the combined sprinkler/standpipe system. One (1) 10" sprinkler service will be brought into the building to serve the garage sprinkler system. A 1,000 gpm fire pump and associated jockey pump will be provided in SC1 BOH space. Fire pump room will be located adjacent to egress stair and will be 2-hour rated. A dedicated 2-hour rated path will be provided from the fire pump room to the egress stair which exits to the street.

Two (2) 30,000-gallon combination domestic water and fire reserve tank will be provided at the top of the building as noted in the plumbing section. Two (2) 22,500 gallon fire reserve tanks will be provided at the top of the building.

One (1) 1,000 gallon per minute (gpm) automatic fire pump and associated jockey pump will be provided on the level beneath the tanks. A dedicated 2-hour rated fire pump room will be provided for the SSFP.

Each staircase will contain the following:

- One (1) 6" sprinkler/standpipe riser
- One (1) 3" drain riser
- One (1) Sprinkler Floor Control Assembly (SPFCA) with PRV will be provided to serve each floor. SPFCA location will alternate staircases on each floor.

One (1) 6" gravity line will be provided downstream of fire reserve tanks.

The fuel oil tank room in SC2 will be protected via a wet sprinkler system in lieu of a fluorine-free foam system as the aggregate volume of the fuel oil tank storage is less than 50,000 gallons.

Dry pipe sprinkler systems will be provided to serve areas susceptible to freezing, including the garage levels, and the loading dock(s) and drive aisle on Level 1. Pre-action systems will be provided to serve areas containing sensitive equipment, including but not limited to imaging rooms, switchgear rooms, UPS rooms, etc.

Where future Article 28 spaces are provided, sprinkler coverage will be provided as needed in accordance with NYC BC 2022, NFPA 13, and NYC Buildings Bulletin 2020-012.



#### **FUNCTIONAL PROGRAM TOTALS**

GRIFFIN PAVILION AT MSK (NEW BUILDING)		FLOOR GSF	
SUBCELLAR 02	PARKING	25,103 SF	
SUBCELLAR 01	PARKING	25,462 SF	
CELLAR	PARKING	25,460 SF	
FLOOR 01	LOBBY	15,217 SF	
FLOOR 01 MEZZ	LOBBY	4,613 SF	
FLOOR 02	UPPER LOBBY	22,067 SF	
FLOOR 03	MER	26,311 SF	
FLOOR 04	IT, MATERIALS MANAGEMENT, PLANT OPERATIONS, EVS	26,311 SF	
FLOOR 05	PRE & POST OPERATIVE PATIENT CARE, PHARMACY	27,220 SF	
FLOOR 06	DIAGNOSTIC IMAGING	27,220 SF	
FLOOR 07	PRE & POST OPERATIVE PATIENT CARE	26,311 SF	
FLOOR 08	KITCHEN, CAFÉ & STAFF SUPPORT	26,311 SF	
FLOOR 09	STERILE PROCESSING, STAT LAB	26,311 SF	
FLOOR 10	INTERVENTIONAL RADIOLOGY, FROZEN SECTION LAB, ARTICLE 28 SPACE FOR FUTURE CLINICAL USE	26,311 SF	
FLOOR 11	SURGICAL SERVICES	26,311 SF	
FLOOR 12	SURGICAL SERVICES	26,311 SF	
FLOOR 13	MER	26,311 SF	
FLOOR 14	CRITICAL CARE, ON CALL	26,311 SF	



TOTAL BGSF (P	AVILION)	779,438 SF	
ROOF		1,923 SF	
FLOOR 27	MER	26,311 SF	
	CLINICAL USE		
FLOOR 26	KITCHEN & CAFÉ, ARTICLE 28 SPACE FOR FUTURE	26,311 SF	
FLOOR 25	MEDICAL SURGICAL	26,311 SF	
FLOOR 24	MEDICAL SURGICAL	26,311 SF	
FLOOR 23	MEDICAL SURGICAL	26,311 SF	
FLOOR 22	ARTICLE 28 SPACE FOR FUTURE CLINICAL USE	26,311 SF	
FLOOR 21	ARTICLE 28 SPACE FOR FUTURE CLINICAL USE	26,311 SF	
FLOOR 20	MER	26,311 SF	
FLOOR 19	MEDICAL SURGICAL	26,311 SF	
FLOOR 18	MEDICAL SURGICAL	26,311 SF	1
FLOOR 17	MEDICAL SURGICAL	26,311 SF	
FLOOR 16	MEDICAL SURGICAL	26,311 SF	
FLOOR 15	CRITICAL CARE, SATELLITE PHARMACY	26,311 SF	
F			1

ROCKEFELLER RESEARCH LAB (RENOVATION)		FLOOR GSF	
SUBCELLAR	MATERIALS MANAGEMENT	3,908 SF	
CELLAR	PARKING OPERATIONS	8,286 SF	

Memorial Hospital for Cancer Allied Diseases, Hospital Pavilion

Certificate of Need Application

Functional Program

4/25/25

FLOOR 01 MEZZ	LOBBY	1,342 SF	
TOTAL BGSF (ROC	KEFELLER RESEARCH LAB)	13,536 SF	
MEMORIAL HOSP	ITAL (RENOVATION)	FLOOR GSF	
FLOOR 07	TECH BAR & EXISTING BONE MARROW TRANSPLANT UNIT	3,569 SF	
FLOOR 08	ON CALL & EXISTING BONE MARROW TRANSPLANT UNIT	4,123 SF	
TOTAL BGSF (MEN	MORIAL HOSPITAL)	7,692 SF	
SUMMARY OF TO			=
TOTAL BGSF (PAVILION)		779,438 SF	
-	KEFELLER RESEARCH LAB) MORIAL HOSPITAL)	13,536 SF 7,692 SF	
GRAND TOTAL		800,666 SF	



#### **GRIFFIN PAVILION AT MSK SUBCELLAR 02 - PARKING**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

<b>BUILDING II</b>	NFRASTRUCTURE & SUPPORT		
P-SC2010MR PIT		105	
P-SC2008MR PUMP ROOM		518	
P-SC2012	STORAGE	371	
P-SC2014	STORAGE	250	
P-SC2008B	STORM WATER HOLDING TANK	40	
P-SC2008C	STORM WATER HOLDING TANK	99	
PARKING			

15416

16,799 NSF

**25,103** BGSF

1.3-3.4

**Departmental Grossing** 

N/A (16,799) SF

Total program - DGSF

Building Grossing for new

construction

**PARKING** 

N/A

P-SC2000



#### **GRIFFIN PAVILION AT MSK SUBCELLAR 01 - PARKING**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

<b>BUILDING IN</b>	BUILDING INFRASTRUCTURE & SUPPORT			
P-SC1008MF	R FIRE PUMP ROOM	477		
PARKING				
P-SC1000	PARKING	16241	1.3-3.4	
<b>PARKING OF</b>	PARKING OPERATIONS			
P-SC1018	BIKE STORAGE	1091		
P-SC1010	BIKE STORAGE	966		
P-SC1014T	<b>TOILET SHOWER</b>	86		
P-SC1016T	TOILET SHOWER	86		

18,947 NSF

**Departmental Grossing** 

N/A (18,947) SF

Total program - DGSF

Building Grossing for new **25,462** BGSF

construction

N/A



## **GRIFFIN PAVILION AT MSK CELLAR - PARKING**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

BUILDING	INFRASTRUCTURE & SUPPORT		
P-C112A	CON-ED VAULTS AND NETWORK	114	
	PROTECTORS		
P-C112B	CON-ED VAULTS AND NETWORK	111	
	PROTECTORS		
P-C112C	CON-ED VAULTS AND NETWORK	141	
	PROTECTORS		
P-C112D	CON-ED VAULTS AND NETWORK	141	
	PROTECTORS		
P-C112E	CON-ED VAULTS AND NETWORK	111	
	PROTECTORS		
P-C112F	CON-ED VAULTS AND NETWORK	126	
	PROTECTORS		
P-C114	DOMESTIC WATER POE	991	
P-C108	GAS METER & POE	381	
P-C110	IT POE	587	2.1-8.5.2
P-C118	IT POE	122	2.1-8.5.2
P-C120	SANITARY POE	250	
P-C112	SWITCHBOARD ROOM	1236	
PARKING			

PARKING		
P-C100	PARKING	11546

PARKING OPERATIONS				
P-C124	BIKE MAINTAINENCE ROOM	238		
P-C122	BIKE STORAGE	747		
P-C136	EVS	33		
P-C128	SCOOTER STORAGE	443		
P-C132T	STAFF TOILET SHOWER	52	Shared staff amenity for the floor	

17,370 NSF

**Departmental Grossing** 

N/A (17,370) SF

Total program - DGSF

Building Grossing for new 25,460 BGSF

construction

N/A



### **GRIFFIN PAVILION AT MSK FLOOR 01 - LOBBY**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

<b>BUILDING I</b>	NFRASTRUCTURE & SUPPORT		
P-01208	FIRE COMMAND CENTER	110	
P-01224	OXYGEN FARM	862	2.1-8.4.4.1
LOBBY LEVI	EL 1		
P-01100	ENTRANCE VESTIBULE	447	
P-01104A	EVS	54	2.1-2.8.14 For Service/ mop sink, and cleaning
			cart
P-01102	LOBBY	770	
P-01212A	PATIENT LIFT STORAGE	111	
P-01218	STORAGE	53	
P-01104	STORAGE	148	
P-01222	STORAGE	171	
P-01220	STORAGE	173	
P-01106	TOILET	74	2.1-6.2.3
P-01216	TRANSPORT BAY	735	
MATERIAL	MANAGEMENT		
P-01202	DOCK ATTENDANT	96	2.1-5.3.2
P-01200	LOADING DOCK	2058	2.1-5.3.2.1
P-01202A	STORAGE	52	2.1-5.3.3

5,971 NSF

2.1-5.3.2

57

**Departmental Grossing** 

1.35 <u>2,106</u> SF

Total program 8,077 DGSF

Building Grossing for new construction 15,217 BGSF

1.88

**TOILET** 

P-01204



#### **GRIFFIN PAVILION AT MSK FLOOR 01 MEZZANINE - LOBBY**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

BUILDING INFRASTRUCTURE & SUPPORT					
P-01M106	OXYGEN FARM	367	2.1-8.4.4.1		
LOBBY LEVE	LOBBY LEVEL 1 MEZZANINE				
P-01M100	MRL	75			
P-01M102	STORAGE	493			
P-011VI102	STURAGE	493			

935 NSF

**Departmental Grossing** 

2.36 1,267 SF

Total program 2,202 DGSF

Building Grossing for new construction 4,613 BGSF

2.09

NOTE:

Rockfeller Research Lab Floor 01 Mezzanine and Pavilion Floor 01 Mezzanine connect at the same level but are in separate sections of the Functional Program. Refer to Rockefeller Research Lab Floor 01 Mezzanine Program for areas. Refer to departmental floor plan drawing G-501M which shows the building connection and separation on this level.



#### **GRIFFIN PAVILION AT MSK FLOOR 02 - UPPER LOBBY**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

BUILDING I	NFRASTRUCTURE & SUPPORT		
P-02110	TECHNOLOGY DISTRIBUTION ROOM	124	2.1-8.5.2.3
P-02210	TECHNOLOGY DISTRIBUTION ROOM	112	2.1-8.5.2.3
LOBBY LEV	EL 2		
P-02132	EVS DRY STORAGE	50	2.1-2.8.14 For Service/ mop sink, cleaning car
			and storage of supplies
P-02100D	GRAB & GO	735	2.1-4.3.1
P-02100E	GRAB & GO SEATING	1006	2.1-4.3.5
P-02116	LACTATION ROOM	50	MSK standard provision
P-02100A	LOBBY	2018	2.1-6.2.2
P-02100C	LOUNGE	1011	2.1-6.4 shared staff amenity for the floor
P-02106	MEDITATION	842	2.2-2.2.10.4
P-02100F	NORTH LOUNGE	409	
P-02120	OFFICE	140	2.1-6.3.4.2 for staff use with patients, family, visitors
P-02122	PUBLIC RESPITE	48	Provided for brief respite for public
P-02124	PUBLIC RESPITE	48	Provided for brief respite for public
P-02126	PUBLIC RESPITE	65	Provided for brief respite for public
P-02134T	PUBLIC TOILET, FEMALE	303	2.1-6.2.2.1(3)
P-02136T	PUBLIC TOILET, MALE	271	2.1-6.2.2.1(3)
P-02130	RETAIL STORAGE	244	
P-02114T	STAFF TOILET HC	39	2.1-6.4
P-02112T	STAFF TOILET HC	48	2.1-6.4
P-02128	STORAGE	133	
P-02108	STORAGE	18	
P-02104	STORAGE	17	
P-02120A	STORAGE	28	
P-02118A	STORAGE	31	
P-02100B	TRANSITION LOUNGE	938	Staffed lounge for patients awaiting pickup
P-02118	VOLUNTEERS	97	
P-02102	WHEELCHAIR STORAGE	166	2.1-6.2.7.1
MATERIAL	MANAGEMENT		
P-02212	CASHIER ROOM	116	2.1-8.3.2.2
P-02200	DGP	50	
P-02206	EVS	56	
P-02204	GUEST LUGGAGE DELIVERIES	188	Small scale package deliveries held for staff, patients, visitors

74

MANAGER OFFICE

P-02202



P-02202A	PROPERTY ROOM	72	
P-02214	SECURITY COMMAND CENTER	270	2.1-8.6.2 Pavilion security monitoring
		9,817	NSF
	Departmental Grossing 1.38	3,720	_SF
	Total program	13,537	DGSF
	Building Grossing for new construction	22,067	BGSF
	1.63		



## **GRIFFIN PAVILION AT MSK FLOOR 03 - MER**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

BUILDING INFRASTRUCTURE & SUPPORT				
P-03106	EQUIPMENT ROOM	660	2.1-8	
P-03104	EQUIPMENT ROOM	492	2.1-8	
P-03100MR	MECHANICAL ROOM	15084	2.1-8.2	
P-03108	SWITCHGEAR ROOM	1738	2.1-8.3.2.1	
P-03112	TECHNOLOGY DISTRIBUTION ROOM	68	2.1-8.5.2.3	
P-03102	TECHNOLOGY DISTRIBUTION ROOM	45	2.1-8.5.2.3	
P-03110	UPS/ ATS ROOM	1210	2.1-8.3.2.1	

19,297 NSF

**Departmental Grossing** 

N/A (19,297) SF

Total program - DGSF

Building Grossing for new **26,311** BGSF

construction

N/A



# GRIFFIN PAVILION AT MSK FLOOR 04 - IT, MATERIALS MANAGEMENT, PLANT OPERATIONS, EVS ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

POILDING II	NFRASTRUCTURE & SUPPORT		
P-04158	PREACTION CLOSET	47	
P-04156	TECHNOLOGY DISTRIBUTION ROOM	232	2.1-8.5.2.3
P-04102	TECHNOLOGY EQUIPMENT CENTER	448	2.1-8.5.2.3
IT			
P-04154	IT WORKROOM/ STORAGE	998	For Pavilion IT staff
MATERIAL I	MANAGEMENT		
P-04130	CLEAN LINEN OPERATIONS	1497	2.1-5.2.2
P-04116	DME EQUIPMENT	156	2.1-5.3.3
P-04114	DME SOILED	174	2.1-5.3.3
P-04134	EVS BUILDING SUPPORT	1435	2.1-5.5 Main department for Pavilion
P-04124	LUM CART STAGING	693	2.1-5.3.3
P-04128	MEDICAL GASES	144	2.1-5.3.3 cylinder storage
P-04120	OFFICE, SUPPLY CHAIN MANAGER	233	2.1-5.3
P-04126	PHARMACY STAGING	346	2.1-4.2.2.1(1)
P-04118	RECEIVING/ DISTRIBUTION	753	2.1-5.3.2.2
P-04136	SOILED LINEN HOLDING	697	2.1-5.2.8.1(1)
P-04122	STAT SUPPLY ROOM	1801	2.1-5.3.3
P-04132	TRASH/ RECYCLE HOLDING	767	2.1-5.4.1.1
<b>PLANT OPEI</b>	RATIONS		
P-04104	DISPATCH/ BUILDING CONTROL	463	For Plant Ops staff
	CENTER		
P-04108	OFFICE, PLANT OPS	98	2.1-5.6.6 for Plant Ops staff
P-04106	OFFICE, PLANT OPS	107	
		107	2.1-5.6.6 for Plant Ops staff
PLANT OPEI	RATIONS - SHOPS	107	2.1-5.6.6 for Plant Ops staff
P-04112	RATIONS - SHOPS  MAINTENANCE SHOP		2.1-5.6.6 for Plant Ops staff  1 2.1-5.6.4
		1221	·
P-04112 P-04112A	MAINTENANCE SHOP	1221	L 2.1-5.6.4
P-04112 P-04112A	MAINTENANCE SHOP STORAGE	1221	L 2.1-5.6.4
P-04112 P-04112A <b>STAFF SUPP</b>	MAINTENANCE SHOP STORAGE ORT LEVEL 4	1221 230	1 2.1-5.6.4 0 2.1-5.6.4
P-04112 P-04112A <b>STAFF SUPP</b>	MAINTENANCE SHOP STORAGE ORT LEVEL 4	1221 230	2.1-5.6.4 2.1-5.6.4 2.1-6.4 All Gender - shared staff amenity for
P-04112 P-04112A STAFF SUPP P-04148	MAINTENANCE SHOP STORAGE ORT LEVEL 4 CHANGING ROOM	1221 230 53	2.1-5.6.4 2.1-5.6.4 2.1-6.4 All Gender - shared staff amenity for the floor
P-04112 P-04112A STAFF SUPP P-04148 P-04142	MAINTENANCE SHOP STORAGE  ORT LEVEL 4 CHANGING ROOM CONFERENCE ROOM	1221 230 53 133	2.1-5.6.4  2.1-6.4 All Gender - shared staff amenity for the floor 2.1-6.3.4 shared staff amenity for the floor
P-04112 P-04112A STAFF SUPP P-04148 P-04142 P-04152 P-04110 P-04144A	MAINTENANCE SHOP STORAGE  ORT LEVEL 4 CHANGING ROOM  CONFERENCE ROOM CONFERENCE ROOM	1221 230 53 133 228 198 64	2.1-5.6.4  2.1-6.4 All Gender - shared staff amenity for the floor 2.1-6.3.4 shared staff amenity for the floor 2.1-6.3.4 shared staff amenity for the floor 2.1-6.3.4 shared staff amenity for the floor 2.1-6.3.6 shared staff amenity for the floor
P-04112 P-04112A STAFF SUPP P-04148 P-04142 P-04152 P-04110 P-04144A P-04150	MAINTENANCE SHOP STORAGE  ORT LEVEL 4 CHANGING ROOM  CONFERENCE ROOM CONFERENCE ROOM CONFERENCE ROOM	1221 230 53 133 228 198	2.1-5.6.4  2.1-6.4 All Gender - shared staff amenity for the floor 2.1-6.3.4 shared staff amenity for the floor Provided for brief staff respite. No sleeping 2.1-6.4 shared staff amenity for the floor
P-04112 P-04112A STAFF SUPP P-04148 P-04142 P-04152 P-04110 P-04144A	MAINTENANCE SHOP STORAGE  ORT LEVEL 4 CHANGING ROOM  CONFERENCE ROOM CONFERENCE ROOM CONFERENCE ROOM RESPITE	1221 230 53 133 228 198 64	2.1-5.6.4  2.1-6.4 All Gender - shared staff amenity for the floor 2.1-6.3.4 shared staff amenity for the floor 2.1-6.3.4 shared staff amenity for the floor 2.1-6.3.4 shared staff amenity for the floor 2.1-6.3.6 shared staff amenity for the floor 2.1-6.3.7 shared staff amenity for the floor



P-04140T	STAFF TOILET HC	49	2.1-6.4 shared staff amenity for the floor
P-04150T	STAFF TOILET SHOWER	69	2.1-6.4 shared staff amenity for the floor
P-04138T	STAFF TOILET SHOWER	60	2.1-6.4 shared staff amenity for the floor
P-04146T	STAFF TOILET SHOWER	69	2.1-6.4 shared staff amenity for the floor

14,518 NSF

**Departmental Grossing** 

1.25 <u>3,656</u> SF

Total program 18,174 DGSF

Building Grossing for new construction **26,311** BGSF

1.45



## GRIFFIN PAVILION AT MSK FLOOR 05 - PRE & POST-OPERATIVE PATIENT CARE, PHARMACY ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

BUILDING INFRASTRUCTURE & SUPPORT				
P-05104	TECHNOLOGY DISTRIBUTION ROOM	231	2.1-8.5.2.3	
P-05318	TECHNOLOGY DISTRIBUTION ROOM	231	2.1-8.5.2.3	

PRE & POST-C	PPERATIVE PATIENT CARE LEVEL 05		
P-05000CL1	ALCOVE, BED	41	2.2-3.3.8.13(3)
P-05000CE1	ALCOVE, EQUIP	40	2.2-3.3.8.13 Equipment & supply alcove
P-05000CK1	ALCOVE, IMAGING	54	2.2-3.3.8.13(6)
P-05000CN1	ALCOVE, MOBILE EQUIP	37	2.2-3.3.8.13(6)
P-05000CL2	ALCOVE, MOBILE EQUIP	48	2.2-3.3.8.13(6)
P-05308A	CHANGING ROOM	48	MSK standard provision. For Peri-Op staff
P-05308B	CHANGING ROOM	46	MSK standard provision. For Peri-Op staff
P-05232	CLEAN SUPPLY/ LINEN STORAGE	135	2.2-3.3.5.8(13)
P-05206	CONSULT ROOM	100	for families/ visitors to meet with care team
P-05208	CONSULT ROOM	100	for families/ visitors to meet with care team
P-05216	DUAL OFFICE, NURSE LEADER	146	Operationally required per MSK
P-05230	EQUIPMENT STORAGE	180	2.2-3.3.5.8(13)
P-05234	EVS	68	2.1-2.8.14 For Service/ mop sink and cleaning
			cart
P-05300	EVS STORAGE	37	2.1-2.8.14 Provisions for storage of supplies
			and housekeeping equipment
P-05310	LACTATION ROOM	67	MSK standard provision for staff
P-05224	MEDICATION ROOM	114	2.2-3.3.5.8(8)
P-05226	NOURISHMENT	98	2.2-3.3.5.8(9)
P-05000CK2	NURSE ALCOVE	22	2.1-2.8.3.1
P-05000CM1	NURSE ALCOVE	22	2.1-2.8.3.1
P-05000CG2	NURSE ALCOVE	22	2.1-2.8.3.1
P-05000CG1	NURSE ALCOVE	22	2.1-2.8.3.1
P-05000CJ3	NURSE ALCOVE	22	2.1-2.8.3.1
P-05000CJ2	NURSE ALCOVE	22	2.1-2.8.3.1
P-05000CJ1	NURSE ALCOVE	22	2.1-2.8.3.1
P-05000CH2	NURSE ALCOVE	22	2.1-2.8.3.1
P-05000CH1	NURSE ALCOVE	22	2.1-2.8.3.1
P-05218	NURSES STATION	240	2.2-3.3.5.8(2)
P-05210T	PATIENT TOILET HC	51	2.2-3.3.5.10
P-05005T	PATIENT TOILET HC	47	2.2-3.3.5.10(a)(iii)
P-05004T	PATIENT TOILET HC	47	2.2-3.3.5.10(a)(iii)
P-05228T	PATIENT TOILET HC	49	2.2-3.3.5.10
P-05010	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)



P-05011	PRE-PROCEDURE/ PACU	121	2.1-3.4.2.2(c)
P-05017	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-05018	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-05016	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-05012	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-05001	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-05015	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-05002	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-05003	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-05006	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-05009	PRE-PROCEDURE/ PACU	121	2.1-3.4.2.2(c)
P-05008	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-05007	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-05014	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-05013	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-05004	PRE-PROCEDURE/ PACU ISO	125	2.1-3.4.2.2(c) A.I.I. patient care station
P-05005	PRE-PROCEDURE/ PACU ISO	134	2.1-3.4.2.2(c) A.I.I. patient care station
P-05202T	PUBLIC TOILET HC	48	2.1-6.2.3
P-05204T	PUBLIC TOILET HC	46	2.1-6.2.3
P-05316A	RESPITE	99	Provided for brief staff respite. No sleeping
			accommodations
P-05212	SOILED WORKROOM	137	2.1-2.8.12.2
P-05308	STAFF LOCKER ROOM	290	2.1-2.9.3 For Peri-Op staff
P-05316	STAFF LOUNGE	335	2.2-3.3.9
P-05222T	STAFF TOILET HC	53	2.1-6.4 Shared staff amenity for the floor
P-05314T	STAFF TOILET HC	55	2.1-2.9.2
P-05306T	STAFF TOILET HC	54	2.1-2.9.2
P-05214	TEAM WORKROOM	413	2.2-3.3.5.8(2)
P-05200	WAITING	668	2.2-3.3.10.4
P-05220	WORKROOM	274	2.2-3.3.5.8(2)
P-05000CK3	WOW/ TOUCHDOWN	79	2.1-2.8.3.1
D114 D144 61/			

PHARMACY			
P-05126	ANTE ROOM	167	<ul><li>2.1-4.2.3 shared between USP 797 and USP</li><li>800 compounding rooms</li></ul>
P-05120	EVS	45	2.1-2.8.14 For Service/ mop sink, cleaning cart and storage of supplies
P-05118	HAZARDOUS DRUG STORAGE	170	2.1-4.2.2.3 pass thru to USP 800 room
P-05124	INVESTIGATIONAL DRUG SERVICE	219	USP 795 Non-Hazardous compounding and work area
P-05116	NARCOTICS VAULT	541	2.1-4.2.2.3(5) Vault contains automated narcotics dispensing units



P-05114	RECEIVING/ STORAGE	621	2.1-4.2.2.1(1) additional receiving space on
			Level 4
P-05112	TRASH HOLDING	85	temporary trash holding. Supported by EVS
			staff
P-05128	USP 797 NON-HAZARDOUS COMPOUNI	314	2.1-4.2.3.2
P-05130	USP 800 HAZARDOUS COMPOUNDING	226	2.1-4.2.3.3
P-05122	WORKROOM	938	2.1-4.2 for tech and pharmacist order entry/
			verification

STAFF SUPP	STAFF SUPPORT LEVEL 05				
P-05106A	RESPITE	61	Provided for brief staff respite. No sleeping accommodations		
P-05106	STAFF LOUNGE & LOCKERS	533	2.2-3.3.9		
P-05110T	STAFF TOILET HC	49	2.1-2.9.2		
P-05108T	STAFF TOILET HC	53	2.1-2.9.2		
P-05102	STORAGE	64	Provided for brief staff respite. No sleeping accommodations		

11,314 NSF

**Departmental Grossing** 

Total program 18,390 DGSF

Building Grossing for new construction 27,220 BGSF

1.48



#### **GRIFFIN PAVILION AT MSK FLOOR 06 - DIAGNOSTIC IMAGING**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

BUILDING INFRASTRUCTURE & SUPPORT				
P-06192	PREACTION CLOSET	32	1.1-8 NFPA 13 (2016)	
P-06200	TECHNOLOGY DISTRIBUTION ROOM	220	2.1-8.5.2.3	
P-06110	TECHNOLOGY DISTRIBUTION ROOM	229	2.1-8.5.2.3	

1-00110	TECHNOLOGY DISTRIBUTION ROOM	223	2.1-0.3.2.3
DIAGNOSTIC I	MAGING SERVICES		
P-06000CE1	ALCOVE, BED	48	2.1-2.8.13.3
P-06000CN2	ALCOVE, BED	44	2.1-2.8.13.3
P-06000CC1	ALCOVE, BED	41	2.1-2.8.13.3
P-06000CG2	ALCOVE, BLANKET	9	2.1-2.8.13.2 Blanket warmer
P-06000CG1	ALCOVE, CLEAN LINEN	3	2.2-3.4.8.13(1)
P-06000CH2	ALCOVE, CLEAN LINEN	15	2.2-3.4.8.13(1) Blanket warmer
P-06000CH1	ALCOVE, CRASH CART	7	2.1-2.8.13.4
P-06000CF1	ALCOVE, CRASH CART	9	2.1-2.8.13.4
P-06000CN1	ALCOVE, WHEELCHAIR	43	2.1-2.8.13.3
P-06000CN3	ALCOVE, WHEELCHAIR	47	2.1-2.8.13.3
P-06138B	VESTIBULE	88	2.2-3.4.3.1
P-06196A	CHANGING ROOM	57	2.2-3.4.9.4
P-06196B	CHANGING ROOM	52	2.2-3.4.9.4
P-06176	CLEAN SUPPLY	115	2.2-3.4.8.11
P-06188	CONSULT ROOM	148	2.2-3.4.8.4
P-06144	CT CONTROL ROOM	238	2.2-3.4.3.2, 2.2-3.4.1.3(1) A control room or
			alcove
P-06138	CT SCANNER ROOM (CLASS 1	566	2.2-3.4.3.1
	IMAGING)		
P-06150	CT SCANNER ROOM (CLASS 2 IMAGING)	616	2.2-3.4.3.1
P-06124	CT STORAGE	57	2.2-3.4.8.13
P-06190	DUAL OFFICE, IMAGING SUPERVIS	115	2.1-2.8.3.1 Operationally required per MSK
P-06128	DUAL OFFICE, MED PHYSICS WORK	139	2.1-2.8.3.1 Operationally required per MSK
P-06182	DUAL OFFICE, NURSE LEADER	121	2.1-2.8.4 Operationally required per MSK
P-06184	EQUIPMENT STORAGE	104	2.1-2.8.13.2
P-06106	EVS	70	2.1-2.8.14 For Service/ mop sink and
			cleaning cart
P-06108	EVS STORAGE	55	2.1-2.8.14 Provisions for storage of supplies
			and housekeeping equipment
P-06154	GEN RAD CONTROL	97	2.2-3.4.1.3(1)
P-06180	MEDS SAFETY ZONE	101	2.1-2.8.8
P-06156	MRI CONTROL ROOM	536	2.2-3.4.5.4
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P-06164	MRI RESUSCITATION AREA	173	2.2-3.4.5.6
P-06158	MRI SCANNER (CLASS 2 IMAGING)	552	2.2-3.4.5.2
P-06162	MRI SCANNER (CLASS 1 IMAGING)	539	2.2-3.4.5.2
P-06000CK1	NURSE ALCOVE	23	2.2-3.4.8.3
P-06000CK2	NURSE ALCOVE	23	2.2-3.4.8.3
P-06000CK3	NURSE ALCOVE	23	2.2-3.4.8.3
P-06000CH4	NURSES STATION	183	2.2-3.4.8.3
P-06174T	PATIENT TOILET HC	47	2.2-3.4.10.2
P-06172T	PATIENT TOILET HC	47	2.2-3.4.10.2
P-06148T	PATIENT TOILET HC	65	2.2-3.4.10.2 to support Rad/Fluoro room
P-06146T	PATIENT TOILET HC	59	2.2-3.4.10.2
P-06170T	PATIENT TOILET HC	47	2.2-3.4.10.2
P-06168T	PATIENT TOILET HC	42	2.2-3.4.10.2
P-06166A	PATIENT TOILET HC	47	2.2-3.4.10.2 to support Ultrasound Room
P-06002T	PATIENT TOILET HC	42	2.2-3.4.10.2
P-06003T	PATIENT TOILET HC	42	2.2-3.4.10.2
P-06007	PRE/POST PATIENT CARE	118	2.1-3.4.2.2(c)
P-06006	PRE/POST PATIENT CARE	118	2.1-3.4.2.2(c)
P-06005	PRE/POST PATIENT CARE	121	2.1-3.4.2.2(c)
P-06009	PRE/POST PATIENT CARE	118	2.1-3.4.2.2(c)
P-06008	PRE/POST PATIENT CARE	121	2.1-3.4.2.2(c)
P-06003	PRE/POST PATIENT CARE ISO	140	2.1-3.4.2.2(c) A.I.I. patient care station
P-06002	PRE/POST PATIENT CARE ISO	132	2.1-3.4.2.2(c) A.I.I. patient care station
P-06001	PRE/POST PATIENT CARE	136	2.1-3.4.2.2(c)
P-06004	PRE/POST PATIENT CARE	122	2.1-3.4.2.2(c)
P-06184T	PUBLIC TOILET HC	60	2.1-6.2.3
P-06152	RAD/FLUORO	391	2.2-3.4.4.2 & 2.2-3.4.4.3 Designed for
	·		Radiography and fluoroscopy
P-06140	READING ROOM	83	2.2-3.4.8.18
P-06118	READING ROOM	84	2.2-3.4.8.18
P-06142	READING ROOM	83	2.2-3.4.8.18
P-06102	LACTATION ROOM	104	Required by MSK Operations
P-06136	READING ROOM	81	2.2-3.4.8.18
P-06122	READING ROOM, SHARED	331	2.2-3.4.8.18
P-06000CM1	RECEPTION	59	2.1-6.2.2
P-06122	RESPITE	96	Provided for brief staff respite.
			No sleeping accommodations
P-06178	SOILED WORKROOM	116	2.1-2.8.12.2
P-06196	STAFF LOCKER ROOM	229	2.2-3.4.9.4
P-06132	STAFF LOUNGE	351	2.2-3.4.9.1
P-06130T	STAFF TOILET HC	47	2.2-3.4.9.2
P-06126T	STAFF TOILET HC	47	2.2-3.4.9.2

Memorial Hospital for Cancer Allied Diseases, Hospital Pavilion

Certificate of Need Application

Functional Program

4/25/25

P-06188	SUPPORT	52	2.2-3.4.5.8 UPS to support MRI's on the floor
P-06138A	SYSTEM COMPONENT ROOM	59	2.2-3.4.2.5
P-06150A	SYSTEM COMPONENT ROOM	64	2.2-3.4.2.5
P-06158A	SYSTEM COMPONENT ROOM	16	2.2-3.4.2.5
P-06162A	SYSTEM COMPONENT ROOM	16	2.2-3.4.2.5
P-06160	SYSTEM COMPONENT ROOM	243	2.2-3.4.2.5
P-06166	ULTRASOUND (CLASS 2 IMAGING)	223	2.2-3.4.6.1
P-06000CM2	WAITING	225	2.1-6.2.3
P-06134	WORKROOM	257	2.1-2.8.3 Collaborative staff workspace

PATIENT TRANSPORT				
P-06112	PATIENT TRANSPORT STAGING	879	For staging transport equipment	
P-06116	PATIENT TRANSPORT STORAGE	250	Transport equipment storage	

11,548 NSF

**27,220** BGSF

**Departmental Grossing** 

1.60 <u>6,969</u> SF

Total program 18,517 DGSF

Building Grossing for new

construction

1.47



### **GRIFFIN PAVILION AT MSK FLOOR 07 - PRE & POST-OPERATIVE PATIENT CARE**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

<b>BUILDING INF</b>	RASTRUCTURE & SUPPORT		
P-07116	TECHNOLOGY DISTRIBUTION ROOM	233	2.1-8.5.2.3
P-07218	TECHNOLOGY DISTRIBUTION ROOM	233	2.1-8.5.2.3
PRE & POST-C	OPERATIVE PATIENT CARE LEVEL 07		
P-07000CH3	ALCOVE, BED	34	2.2-3.3.8.13(3)
P-07000CJ1	ALCOVE, BED	44	2.2-3.3.8.13(3)
P-07136A	ALCOVE, CRASH CART	12	2.2-3.3.5.8(13)
P-07000CH1	ALCOVE, IMAGING	55	2.2-3.3.8.13(6)
P-07208A	CHANGING ROOM	48	MSK standard provision. For Peri-Op staff
P-07208B	CHANGING ROOM	46	MSK standard provision. For Peri-Op staff
P-07138	CLEAN SUPPLY/ LINEN STORAGE	138	2.2-3.3.5.8(13)
P-07106	CONSULT ROOM	108	for families/ visitors to meet with care team
P-07102	CONSULT ROOM	103	for families/ visitors to meet with care team
P-07104	CONSULT ROOM	102	for families/ visitors to meet with care team
P-07142	EQUIPMENT STORAGE	187	2.2-3.3.5.8(13)
P-07146	EVS	69	2.1-2.8.14 For Service/ mop sink and cleaning
			cart
P-07200	EVS STORAGE	37	2.1-2.8.14 Provisions for storage of supplies
			and housekeeping equipment
P-07210	LACTATION ROOM	67	MSK standard provision for staff
P-07130	MEDICATION ROOM	182	2.2-3.3.5.8(8)
P-07000CD4	NOURISHMENT	82	2.2-3.3.5.8(9)
P-07000CC3	NURSE ALCOVE	22	2.1-2.8.3.1
P-07000CL1	NURSE ALCOVE	22	2.1-2.8.3.1
P-07000CL2	NURSE ALCOVE	22	2.1-2.8.3.1
P-07000CL3	NURSE ALCOVE	22	2.1-2.8.3.1
P-07000CD2	NURSE ALCOVE	22	2.1-2.8.3.1
P-07000CD1	NURSE ALCOVE	22	2.1-2.8.3.1
P-07000CH2	NURSE ALCOVE	22	2.1-2.8.3.1
P-07000CK1	NURSE ALCOVE	22	2.1-2.8.3.1
P-07000CC2	NURSE ALCOVE	22	2.1-2.8.3.1
P-07000CC1	NURSE ALCOVE	22	2.1-2.8.3.1
P-07000CD3	NURSE ALCOVE	22	2.1-2.8.3.1

22

22

22

22

22

2.1-2.8.3.1

2.1-2.8.3.1

2.1-2.8.3.1

2.1-2.8.3.1

2.1-2.8.3.1

**NURSE ALCOVE** 

**NURSE ALCOVE** 

**NURSE ALCOVE** 

**NURSE ALCOVE** 

**NURSE ALCOVE** 

P-07000CE1

P-07000CF1

P-07000CF2

P-07000CL4

P-07000CG1



P-07000CG2	NURSE ALCOVE	22	2.1-2.8.3.1
P-07000CG3	NURSE ALCOVE	22	2.1-2.8.3.1
P-07136	NURSES STATION	223	2.2-3.3.5.8(2)
P-07120	NURSES STATION	255	2.2-3.3.5.8(2)
P-07132	NURSES STATION	202	2.2-3.3.5.8(2)
P-07144	OFFICE, NURSE LEADER	141	Operationally required per MSK
P-07114	PATIENT BELONGINGS	66	22-3.3.10.3(1)(a)
P-07100	PATIENT ENTRY	143	0.0.2000(2)(0)
P-07146T	PATIENT TOILET HC	53	2.2-3.3.5.10
P-07128T	PATIENT TOILET HC	52	2.2-3.3.5.10
P-07140T	PATIENT TOILET HC	55	2.2-3.3.5.10
P-07012T	PATIENT TOILET HC	47	2.2-3.3.5.10(a)(iii)
P-07013T	PATIENT TOILET HC	47	2.2-3.3.5.10(a)(iii)
P-07122T	PATIENT TOILET HC	55	2.2-3.3.5.10
P-07015T	PATIENT TOILET HC	47	2.2-3.3.5.10(a)(iii)
P-07014T	PATIENT TOILET HC	47	2.2-3.3.5.10(a)(iii)
P-07023	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07022	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07011	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07016	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07008	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07018	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07017	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07009	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07010	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07020	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07019	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07024	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07021	PRE-PROCEDURE/ PACU	121	2.1-3.4.2.2(c)
P-07025	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07027	PRE-PROCEDURE/ PACU	123	2.1-3.4.2.2(c)
P-07028	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07029	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07030	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07033	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07031	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07034	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07032	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07035	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07036	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07026	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07001	PRE-PROCEDURE/ PACU	121	2.1-3.4.2.2(c)



P-07002	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07003	PRE-PROCEDURE/ PACU	121	2.1-3.4.2.2(c)
P-07004	PRE-PROCEDURE/ PACU	121	2.1-3.4.2.2(c)
P-07005	PRE-PROCEDURE/ PACU	125	2.1-3.4.2.2(c)
P-07006	PRE-PROCEDURE/ PACU	121	2.1-3.4.2.2(c)
P-07007	PRE-PROCEDURE/ PACU	122	2.1-3.4.2.2(c)
P-07013	PRE-PROCEDURE/ PACU ISO	134	2.1-3.4.2.2(c) A.I.I. patient care station
P-07012	PRE-PROCEDURE/ PACU ISO	125	2.1-3.4.2.2(c) A.I.I. patient care station
P-07014	PRE-PROCEDURE/ PACU ISO	125	2.1-3.4.2.2(c) A.I.I. patient care station
P-07015	PRE-PROCEDURE/ PACU ISO	134	2.1-3.4.2.2(c) A.I.I. patient care station
P-07112T	PUBLIC TOILET HC	70	2.1-6.2.3
P-07110T	PUBLIC TOILET HC	70	2.1-6.2.3
P-07118A	RECEPTION	38	2.1-6.2.2
P-07216A	RESPITE	98	Provided for brief staff respite. No sleeping
			accommodations
P-07126	SOILED WORKROOM	190	2.1-2.8.12.2, 2.2-3.3.5.8(7)
P-07208	STAFF LOCKER ROOM	291	2.1-2.9.3 For Peri-Op staff
P-07216	STAFF LOUNGE	336	2.2-3.3.9
P-07124T	STAFF TOILET HC	62	2.2-3.3.5.9 Shared staff amenity for the floor
P-07206T	STAFF TOILET HC	54	2.1-2.9.2
P-07132D	STAFF TOILET HC	54	2.1-2.9.2
P-07106A	STORAGE	19	
P-07118	WAITING	916	2.2-3.3.10.4
P-07134	WORKROOM	278	2.2-3.3.5.8(2)
-			

10,539 NSF

**Departmental Grossing** 

1.76 <u>8,054</u> SF

Total program 18,593 DGSF

Building Grossing for new construction **26,311** BGSF



# GRIFFIN PAVILION AT MSK FLOOR 08 - KITCHEN, CAFÉ & STAFF SUPPORT ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

BIIII DING I	NEDACTRICTURE & CURRORT		
	NFRASTRUCTURE & SUPPORT	202	OR INTEGRATION CLOSET OR INTEGRATION
P-08138	OR INTEGRATION	383	OR INTEGRATION CLOSET OR INTEGRATION
D 00104	PREACTION CLOSET	35	CLOSET
P-08104 P-08158	TECHNOLOGY DISTRIBUTION ROOM		1.1-8 NFPA 13 (2016)
		225	2.1-8.5.2.3
P-08102	TECHNOLOGY EQUIPMENT CENTER	675	2.1-8.5.2.3
KITCHEN &			
P-08106A	DIET OFFICE	183	2.1-4.3.2
P-08106	FINISHING KITCHEN	2389	2.1-4.3.2
P-08110	FINISHING KITCHEN	875	2.1-4.3.2
P-08152	OR KITCHEN	1083	2.1-4.3.2
P-08150	OR KITCHEN	954	2.1-4.3.2
P-08148	SEATING	1713	2.14.3.5
P-08150A	SELF BUSSING	126	2.1-4.3.2
P-08150B	STAFF PANTRY	221	
STAFF SUPI	PORT LEVEL 08		
P-08142	LACTATION ROOM	110	MSK standard provision for staff
P-08135C	OFFICE	82	
P-08135B	OFFICE	108	
P-08135A	OFFICE	108	
P-08134	ON-CALL	79	2.1-6.3.4
P-08136	ON-CALL	79	2.1-6.3.4
P-08132	ON-CALL	79	2.1-6.3.4
P-08130	ON-CALL	79	2.1-6.3.4
P-08118	RESPITE	71	Provided for brief staff respite. No sleeping accommodations
P-08116	RESPITE	71	Provided for brief staff respite. No sleeping accommodations
P-08114	RESPITE	72	Provided for brief staff respite. No sleeping accommodations
P-08126	SCRUB MACHINE ALCOVE	174	
P-08122	STAFF LOCKER ROOM, FEMALE	647	2.1-6.4 shared staff amenity for the floor
P-08120	STAFF LOCKER ROOM, MALE	615	2.1-6.4 shared staff amenity for the floor
P-08122C	STAFF SHOWER	23	2.1-2.9.2
P-08122D	STAFF SHOWER	21	2.1-2.9.2
P-08122E	STAFF SHOWER	23	2.1-2.9.2
P-08120E	STAFF SHOWER	23	2.1-2.9.2
D 00130D	CTAFF CHOVAFP	22	24202

22

2.1-2.9.2

STAFF SHOWER

P-08120D



P-08120C	STAFF SHOWER	23	2.1-2.9.2	
P-08120B	STAFF TOILET	265	2.1-2.9.2	
P-08122B	STAFF TOILET	314	2.1-2.9.2	
P-08156T	STAFF TOILET HC	51	2.1-2.9.2	
P-08154T	STAFF TOILET HC	51	2.1-2.9.2	
P-08144T	STAFF TOILET/SHOWER	77	2.1-2.9.2	
P-08124T	STAFF TOILET/SHOWER	77	2.1-2.9.2	
P-08146	UNASSIGNED	1170	2.1-6.3.4	
P-08120A	VESTIBULE	41		
P-08122A	VESTIBULE	45		

13,462 NSF

**Departmental Grossing** 

1.36 4,870 SF

Total program 18,332 DGSF

Building Grossing for new construction **26,311** BGSF



### **GRIFFIN PAVILION AT MSK FLOOR 09 - STERILE PROCESSING, STAT LAB**

<b>BUILDING IN</b>	NFRASTRUCTURE & SUPPORT		
P-09104	TECHNOLOGY DISTRIBUTION ROOM	229	2.1-8.5.2.3
P-09146	TECHNOLOGY DISTRIBUTION ROOM	226	2.1-8.5.2.3
STAFF SUPP	PORT LEVEL 09		
P-09144A	CHANGING ROOM	55	2.1-5.1.2.5
P-09144B	CHANGING ROOM	51	2.1-5.1.2.5
P-09138	CONFERENCE ROOM	234	2.1-6.3.4
P-09112	EVS	79	2.1-5.5.1 For Service/ mop sink and cleaning cart
P-09114	EVS STORAGE	48	2.1-5.5.1 Provisions for storage of supplies and housekeeping equipment
P-09106A	RESPITE	63	Provided for brief staff respite. No sleeping accommodations
P-09144	STAFF LOCKER ROOM	467	2.1-5.1.2.5(2) Shared staff amenity for the floor
P-09106	STAFF LOUNGE	491	2.1-2.9.1 Shared staff amenity for the floor
P-09142T	STAFF TOILET HC	59	2.1-5.1.2.5(2) Shared staff amenity for the floor
P-09108T	STAFF TOILET HC	58	2.1-5.1.2.5(2) Shared staff amenity for the floor
P-09110T	STAFF TOILET HC	58	2.1-5.1.2.5(2) Shared staff amenity for the floor
P-09140T	STAFF TOILET/SHOWER	70	2.1-5.1.2.5(2) Shared staff amenity for the floor
P-09102	STORAGE	68	General non-clinical storage
P-09156	STORAGE	50	
STAT LAB			
P-09118	STAT LAB	1477	2.1-4.1
STERILE PRO	OCESSING - SEMI-RESTRICTED		
P-09122A	ANTE ROOM	138	2.1-5.1.2.2 For access to Sterile Processing department
P-09132A	ANTE ROOM	111	2.1-5.1.2.2 For access to Sterile Processing department
P-09126	CLEAN WORKROOM	2213	2.1-5.1.2.2(3)
P-09132	DECONTAMINATION ROOM	2831	2.1-5.1.2.2(2)
P-09136	DETERGENT	169	Supports Decontam room equipment
P-09134	EVS	92	2.1-2.8.14 Supports SPD decontam room
P-09124	EVS	93	2.1-2.8.14 Supports SPD clean workroom



P-09130	HIGH LEVEL DISINFECTION	116	2.1-5.1.2.2(2)
P-09128	HLD CLEAN	341	2.1-5.1.2.2(3)
P-09122	STERILE STORAGE	4824	2.1-5.1.2.2(4)

STERILE PROCESSING - UNRESTRICTED					
P-09152	CPD RECEIVING & VENDOR DROP OFF	534	2.1-5.1.2.4(2)		
P-09120	OFFICE, MANAGER	106	CPD Manager		
P-09116	SUPERVISOR WORKROOM, CPD	205	For Sterile Processing Department staff work		
P-09154	TOUCHDOWN, CPD	31	For Sterile Processing Department staff work		

15,587 NSF

**Departmental Grossing** 

1.17 <u>2,632</u> SF

Total program 18,219 DGSF

Building Grossing for new construction **26,311** BGSF



### GRIFFIN PAVILION AT MSK FLOOR 10 - INTERVENTIONAL RADIOLOGY, FROZEN SECTION LAB, & ARTICLE 28 SPACE FOR FUTURE CLINICAL USE

<b>BUILDING INFI</b>	RASTRUCTURE & SUPPORT		
P-10104	TECHNOLOGY DISTRIBUTION ROOM	224	2.1-8.5.2.3
P-10160	TECHNOLOGY DISTRIBUTION ROOM	225	2.1-8.5.2.3
FROZEN SECTI	ON		
P-10116	FROZEN SECTION	1605	2.2-3.3.8.17
P-10116A	OFFICE	128	
P-10116B	OFFICE, PATHOLOGY	197	
P-10116C	STORAGE	340	2.2-3.3.8.17
INTERVENTIO	NAL RADIOLOGY - RESTRICTED		
P-10154	INTERVENTIONAL RADIOLOGY	877	2.2-3.4.1.1 Location and Layout
P-10144	INTERVENTIONAL RADIOLOGY	771	2.2-3.4.1.1 Location and Layout
INTERVENTIO	NAL RADIOLOGY - SEMI-RESTRICTED		
P-10000CF1	ALCOVE, BED	131	
P-10000CG2	ALCOVE, CRASH CART	12	
P-10140	ANESTHESIA WORKROOM	145	2.1-2.8.3.1 Operationally required per MSK.
P-10000CG4	APRON RACKS	36	2.2-3.3.8.13(5)
P-10124	CLEAN CORE	1039	2.2-3.4.7.13 Clean Equipmment and clean
			sterile supply storage / Clean Core
P-10146	CLEAN LINEN CLOSET	167	2.2-3.4.8.13
P-10148	CONTROL ROOM	302	2.2-3.4.4.3(4)
P-10152	CONTROL STATION(4)	299	2.2-3.3.6.2
P-10134	CYTOLOGY	229	2.1-4.1.2
P-10142	EQUIPMENT STORAGE	149	2.2-3.3.8.13
P-10126	EVS	65	2.1-2.8.14 Provisions for storage of supplies
			and housekeeping equipment
P-10000CG5	HAND SCRUB STATION	11	2.2-3.3.6.6
P-10000CG1	HAND SCRUB STATION	11	2.2-3.3.6.6
P-1000CG3	HEMO BANK	15	2.2-3.8.16 Space for automated blood product specimen storage
P-10132	POCT	119	Requested by users
P-10128	READING ROOM	151	2.2-3.4.8.18
P-10130	READING ROOM	154	2.2-3.4.8.18
P-10130	READING ROOM	151	2.2-3.4.8.18
P-10150	SOILED WORKROOM	216	2.2-3.3.7.12
P-10120T	STAFF TOILET HC	60	2.2-3.3.9.4
P-10166	SYSTEM COMPONENT ROOM	529	2.2-3.4.2.5
P-10136	UNASSIGNED CLINICAL SPACE	1082	Shell space for future clinical use



P-10138	UNASSIGNED CLINICAL SPACE	939	Shell space for future clinical use
P-10144A	VESTIBULE	101	2.1-2.4.3.3 Negative pressure vestibule to
			access IR room
P-10142A	WORKSTATION	27	

INTERVENTIO	NAL RADIOLOGY - UNRESTRICTED		
P-10156	DUAL OFFICE, CLINICAL LEADER	215	Operationally required per MSK
P-10158	EQUIPMENT STORAGE	370	2.2-3.3.8.13
P-10114	EVS	82	2.1-2.8.14 For Service/ mop sink and cleaning cart
P-10102	EVS STORAGE	66	2.1-2.8.14
P-10000LB	RESPITE	122	Provided for brief staff respite. No sleeping accommodations. Not covered in FGI
P-10000LD	STAFF LOUNGE	422	2.2-3.3.9
P-10106	STAFF TOILET HC	54	2.2-3.3.9.4
P-10108T	STAFF TOILET HC	52	2.2-3.3.9.4 Provided for convenience use by surgical services staff in the semi-restricted area
P-10110T	STAFF TRANSITION RM	205	2.2-3.3.9.4(e) For staff donning and doffing in and out of the semi-restricted area and to maintain ASHRE 170 requirements
P-10118	VENDOR	34	Alcove for vendor equipment
P-10000CK1	WORKROOM(9)	287	2.2-3.4.8.3 Collaborative staff workspace
P-10112	WORKSTATION , IR	98	2.1-2.8.3.1
P-10000CJ1	WORKSTATION, SUPERVISOR	68	2.1-2.8.3.1

12,582 NSF

**Departmental Grossing** 

1.44 <u>5,536</u> SF

Total program 18,118 DGSF

Building Grossing for new construction **26,311** BGSF



#### **GRIFFIN PAVILION AT MSK FLOOR 11 - SURGICAL SERVICES**

<b>BUILDING IN</b>	FRASTRUCTURE & SUPPORT		
P-11164	TECHNOLOGY DISTRIBUTION ROOM	244	2.1-8.5.2.3
P-11104	TECHNOLOGY DISTRIBUTION ROOM	272	2.1-8.5.2.3
SURGICAL SE	RVICES LEVEL 11 - RESTRICTED		
P-11120	OPERATING ROOM	754	2.2-3.3.3
P-11142	OPERATING ROOM	748	2.2-3.3.3
P-11140	OPERATING ROOM	742	2.2-3.3.3
P-11144	OPERATING ROOM	689	2.2-3.3.3
P-11158	OPERATING ROOM	776	2.2-3.3.3
P-11138	OPERATING ROOM	703	2.2-3.3.3
SURGICAL SE	RVICES LEVEL 11 - SEMI-RESTRICTED		
P-11000CF4	ALCOVE	16	2.2-3.3.8.13(3)
P-11000CE2	ALCOVE, BED	40	2.2-3.3.8.13(3)
P-11000CH1	ALCOVE, BED	47	2.2-3.3.8.13(3)
P-11000CG1	ALCOVE, BED	37	2.2-3.3.8.13(3)
P-11000CG4	ALCOVE, BED	78	2.2-3.3.8.13(3)
P-11000CF1	ALCOVE, BED	51	2.2-3.3.8.13(3)
P-11000CF5	ALCOVE, MOBILE EQUIP	52	2.2-3.3.8.13(6)
P-11000CG3	ALCOVE, MOBILE EQUIP	53	2.2-3.3.8.13(6)
P-11148	ANESTHESIA EQUIPMENT	162	2.2-3.3.8.13(6)
P-11150	ANESTHESIA WORKROOM	169	2.1-2.8.3.1 Operationally required per MSK.
			For Anesthesia staff. Provided in semi- restricted zone.
P-11136	BUSINESS AREA	184	2.1-2.8.3.1 Documentation and work /for
			visiting provider use
P-11122	CLEAN CORE	1767	2.2-3.3.7.13 Clean Equipmment and clean
			sterile supply storage / Clean Core, Sterile Core
P-11124	CLEAN SUPPLY/ LINEN STORAGE	172	2.2-3.3.8.13(1)
P-11160	CONTROL STATION	300	2.2-3.3.6.2
P-11134	EQUIPMENT STORAGE	262	2.2-3.3.8.13
P-11116	EVS	127	2.2-3.3.6.14 For Service/ mop sink and
			cleaning cart
P-11118	EVS STORAGE	40	2.2-3.3.6.14 Provisions for storage of supplies
			and housekeeping equipment
P-11000CE1	HAND SCRUB STATION	39	2.2-3.3.6.6
P-11000CF3	HAND SCRUB STATION	30	2.2-3.3.6.6
P-11000CH2	HAND SCRUB STATION	38	2.2-3.3.6.6



P-11000CG2	HAND SCRUB STATION	30	2.2-3.3.6.6
P-11000CG5	HAND SCRUB STATION	30	2.2-3.3.6.6
P-11000CF2	HAND SCRUB STATION	30	2.2-3.3.6.6
P-11126A	IMPLANT STORAGE	95	2.2-3.4.7.13
P-11128	MEDICAL GAS STORAGE	81	2.2-3.3.8.13(5)
P-11154	MEDICAL GAS STORAGE	36	2.2-3.3.8.13(5) Equipment & supply alcove
P-11146	OR COLLAB WORK	172	2.1-2.8.3.1 Collaborative staff workspace
P-11126	REF STORAGE	164	2.2-3.3.7.13 for surgical services refrigerated
			supplies
P-11156	SOILED WORKROOM	219	2.2-3.3.7.12
P-11130T	STAFF TOILET HC	52	2.2-3.3.9.4
P-11132T	STAFF TOILET HC	51	2.2-3.3.9.4
P-11152T	STAFF TOILET HC	67	2.2-3.3.9.4
P-11144A	VESTIBULE	106	2.1-2.4.2.3 Negative pressure vestibule to
			access OR

SURGICAL SE	RVICES LEVEL 11 - UNRESTRICTED		
P-11112	DUAL OFFICE, CLINICAL LEADER	328	2.1-2.8.4 Operationally required per MSK
P-11162	EQUIPMENT REPAIR/STORAGE	860	2.2-3.3.8.13, A2.2-3.4.8.13(6) Storage for Robotic equipment
P-11106A	RESPITE	117	Provided for brief staff respite. No sleeping accommodations. Not covered in FGI
P-11106	STAFF LOUNGE	414	2.2-3.4.9.1
P-11110T	STAFF TOILET HC	52	2.2-3.3.9.4
P-11108T	STAFF TOILET HC	51	2.2-3.3.9.4
P-11114	STAFF TRANSITION RM	288	2.2-3.3.9.4(e) For staff donning and doffing in and out of the semi-restricted area and to maintain ASHRE 170 requirements
P-11102	STORAGE	38	2.1-2.8.14 Provisions for storage of supplies and housekeeping equipment
P-11000CK1	VENDOR	16	Alcove for vendor equipment

11,889 NSF

**Departmental Grossing** 

1.51 <u>6,009</u> SF

Total program 17,898 DGSF

Building Grossing for new construction **26,311** BGSF



#### **GRIFFIN PAVILION AT MSK FLOOR 12 - SURGICAL SERVICES**

<b>BUILDING IN</b>	FRASTRUCTURE & SUPPORT			
P-12164	TECHNOLOGY DISTRIBUTION ROOM	244	2.1-8.5.2.3	
P-12104	TECHNOLOGY DISTRIBUTION ROOM	272	2.1-8.5.2.3	
SURGICAL SE	RVICES LEVEL 12 - RESTRICTED			
P-12120	OPERATING ROOM	754	2.2-3.3.3	
P-12142	OPERATING ROOM	748	2.2-3.3.3	
P-12140	OPERATING ROOM	742	2.2-3.3.3	
P-12144	OPERATING ROOM	689	2.2-3.3.3	
P-12158	OPERATING ROOM	776	2.2-3.3.3	
P-12138	OPERATING ROOM	703	2.2-3.3.3	
SURGICAL SE	RVICES LEVEL 12 - SEMI-RESTRICTED			
P-12000CF4	ALCOVE	16	2.2-3.3.8.13(3)	
P-12000CE2	ALCOVE, BED	40	2.2-3.3.8.13(3)	
P-12000CH1	ALCOVE, BED	47	2.2-3.3.8.13(3)	
P-12000CG1	ALCOVE, BED	37	2.2-3.3.8.13(3)	
P-12000CG4	ALCOVE, BED	78	2.2-3.3.8.13(3)	
P-12000CF1	ALCOVE, BED	51	2.2-3.3.8.13(3)	
P-12000CF5	ALCOVE, MOBILE EQUIP	52	2.2-3.3.8.13(6)	
P-12000CG3	ALCOVE, MOBILE EQUIP	53	2.2-3.3.8.13(6)	
P-12148	ANESTHESIA EQUIPMENT	162	2.2-3.3.8.13(6)	
P-12150	ANESTHESIA WORKROOM	169	2.1-2.8.3.1 Operationally required per MSK. For Anesthesia staff. Provided in semi-	
			restricted zone.	
P-12136	BUSINESS AREA	184	2.1-2.8.3.1 Documentation and work /for	
			visiting provider use	
P-12122	CLEAN CORE	1767	2.2-3.3.7.13 Clean Equipmment and clean	
			sterile supply storage / Clean Core, Sterile Core	
P-12124	CLEAN SUPPLY/ LINEN STORAGE	172	2.2-3.3.8.13(1)	
P-12160	CONTROL STATION	300	2.2-3.3.6.2	
P-12134	EQUIPMENT STORAGE	262	2.2-3.3.8.13	
P-12116	EVS	127	2.2-3.3.6.14 For Service/ mop sink and	
			cleaning cart	
P-12118	EVS STORAGE	40	2.2-3.3.6.14 Provisions for storage of supplies	
			and housekeeping equipment	
P-12000CE1	HAND SCRUB STATION	39	2.2-3.3.6.6	
P-12000CF3	HAND SCRUB STATION	30	2.2-3.3.6.6	
P-12000CH2	HAND SCRUB STATION	38	2.2-3.3.6.6	



HAND SCRUB STATION	30	2.2-3.3.6.6
HAND SCRUB STATION	30	2.2-3.3.6.6
HAND SCRUB STATION	30	2.2-3.3.6.6
MEDICAL GAS STORAGE	81	2.2-3.3.8.13(5)
MEDICAL GAS STORAGE	36	2.2-3.3.8.13(5) Equipment & supply alcove
OR COLLAB WORK	172	2.1-2.8.3.1 Collaborative staff workspace
REF STORAGE	164	2.2-3.3.7.13 for surgical services refrigerated
		supplies
SOILED WORKROOM	219	2.2-3.3.7.12
STAFF TOILET HC	52	2.2-3.3.9.4
STAFF TOILET HC	51	2.2-3.3.9.4
STAFF TOILET HC	67	2.2-3.3.9.4
VESTIBULE	106	2.1-2.4.2.3 Negative pressure vestibule to
		access OR
	HAND SCRUB STATION HAND SCRUB STATION MEDICAL GAS STORAGE MEDICAL GAS STORAGE OR COLLAB WORK REF STORAGE  SOILED WORKROOM STAFF TOILET HC STAFF TOILET HC	HAND SCRUB STATION 30 HAND SCRUB STATION 30 MEDICAL GAS STORAGE 81 MEDICAL GAS STORAGE 36 OR COLLAB WORK 172 REF STORAGE 164 SOILED WORKROOM 219 STAFF TOILET HC 52 STAFF TOILET HC 51 STAFF TOILET HC 67

SURGICAL SE	RVICES LEVEL 12 - UNRESTRICTED		
P-12112	DUAL OFFICE, CLINICAL LEADER	328	2.1-2.8.4 Operationally required per MSK
P-12162	OR IT	860	2.2-3.3.8.13, A2.2-3.4.8.13(6)
P-12106A	RESPITE	117	Provided for brief staff respite. No sleeping
			accommodations. Not covered in FGI
P-12106	STAFF LOUNGE	414	2.2-3.4.9.1
P-12110T	STAFF TOILET HC	52	2.2-3.3.9.4
P-12108T	STAFF TOILET HC	51	2.2-3.3.9.4
P-12114	STAFF TRANSITION RM	288	2.2-3.3.9.4(e) For staff donning and doffing in
			and out of the semi-restricted area and to
			maintain ASHRE 170 requirements
P-12102	STORAGE	38	2.1-2.8.14 Provisions for storage of supplies
			and housekeeping equipment
P-12000CK1	VENDOR	16	Alcove for vendor equipment

11,794 NSF

**Departmental Grossing** 

1.51 <u>5,995</u> SF

Total program 17,789 DGSF

Building Grossing for new construction **26,311** BGSF



#### **GRIFFIN PAVILION AT MSK FLOOR 13 - MER**

#### ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

<b>BUILDING IN</b>	IFRASTRUCTURE & SUPPORT		
P-13110	ATS ROOM	519	2.1-8.3.2.1
P-13106	EQUIPMENT ROOM	680	2.1-8
P-13104	EQUIPMENT ROOM	499	2.1-8
P-13108	IT PDU ROOM	762	2.1-8.5.2
P-13100MR	MECHANICAL ROOM	16713	2.1-8.2
P-13102	TECHNOLOGY DISTRIBUTION ROOM	103	2.1-8.5.2.3
P-13112	TECHNOLOGY DISTRIBUTION ROOM	79	2.1-8.5.2.3

19,355 NSF

**Departmental Grossing** 

N/A (19,355) SF

Total program - DGSF

Building Grossing for new **26,311** BGSF

construction

N/A



#### **GRIFFIN PAVILION AT MSK FLOOR 14 - CRITICAL CARE, ON CALL**

BLIII DING INE	RASTRUCTURE & SUPPORT			
P-14160	TECHNOLOGY DISTRIBUTION ROOM	187	2.1-8.5.2.3	
P-14112	TECHNOLOGY DISTRIBUTION ROOM	237	2.1-8.5.2.3	
		237	2.1-0.3.2.3	
CRITICAL CARI				
P-14000CA2	ALCOVE, BED	36	2.2-2.6.8.13	
P-14130A	ALCOVE, CRASH CART	15	2.1-2.8.13.4	
P-14000CG3	ALCOVE, CRASH CART	23	2.1-2.8.13.4	
P-14000CE1	ALCOVE, CT	53	2.2-2.6.8.13	
P-14000CJ2	ALCOVE, EQUIPMENT	31	2.2-2.6.8.13	
P-14000CC1	ALCOVE, EQUIPMENT	14	2.2-2.6.8.13	
P-14000CH1	ALCOVE, VISITOR	86	2.2-2.6.10	
P-14000CE5	ALCOVE, VISITOR	86	2.2-2.6.10	
P-14000CA1	ALCOVE, WHEELCHAIR	12	2.2-2.6.8.13	
P-14136	CONSULT ROOM	104	2.2-2.6.8.4	
P-14128	DOCUMENTATION	57	2.2-2.6.8.2	
P-14142	EQUIPMENT STORAGE	99	2.2-2.6.8.13	
P-14114	EQUIPMENT STORAGE	346	2.2-2.6.8.13	
P-14126	EVS	65	2.2-2.6.8.14 For Service/ mop sink and	
			cleaning cart	
P-14120	EVS STORAGE	49	2.2-2.6.8.14 Provisions for storage of supplies	
			and housekeeping equipment	
P-14020	ISOLATION ROOM	244	2.2-2.6.4.2	
P-14019	ISOLATION ROOM	244	2.2-2.6.4.2	
P-14001	ISOLATION ROOM	244		
P-14002	ISOLATION ROOM	244	2.2-2.6.4.2	
P-14132	MED ROOM	109	2.2-2.6.8.13	
P-14144	MED ROOM	98	2.2-2.6.8.13	
P-14154	MULTIPURPOSE ROOM	243	2.2-2.6.8.5	
P-14134	NOURISHMENT	120	2.2-2.6.8.9	
P-14000CH2	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-14000CH3	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-14000CJ1	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-14000CE2	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-14000CE3	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-14000CF1	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-14000CG1	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-14000CG2	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-14000CG4	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	



P-14000CE4	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-14130	NURSES STATION	347	2.2-2.6.8.2	
P-14102	NURSES STATION	369	2.2-2.6.8.2	
P-14138	NURSES STATION	360	2.2-2.6.8.2	
P-14148	OFFICE, INTENSIVIST	132	2.2-2.6.8.4	
P-14150	OFFICE, INTENSIVIST	90	2.2-2.6.8.4	
P-14152	OFFICE, NURSE LEADER	174	2.2-2.6.8.4	
P-14104	OFFICE, SOCIAL WORK	97	2.2-2.6.8.4	
	OFFICE, CASE MANAGER	82		
P-14011	PATIENT BR	244	2.2-2.6.2	
P-14016	PATIENT BR	244	2.2-2.6.2	
P-14014	PATIENT BR	244	2.2-2.6.2	
P-14013	PATIENT BR	244	2.2-2.6.2	
P-14012	PATIENT BR	244	2.2-2.6.2	
P-14018	PATIENT BR	244	2.2-2.6.2	
P-14017	PATIENT BR	244	2.2-2.6.2	
P-14006	PATIENT BR	244	2.2-2.6.2	
P-14010	PATIENT BR	244	2.2-2.6.2	
P-14009	PATIENT BR	244	2.2-2.6.2	
P-14008	PATIENT BR	244	2.2-2.6.2	
P-14007	PATIENT BR	244	2.2-2.6.2	
P-14005	PATIENT BR	244	2.2-2.6.2	
P-14003	PATIENT BR	244	2.2-2.6.2	
P-14004	PATIENT BR	244	2.2-2.6.2	
P-14015	PATIENT BR	244	2.2-2.6.2	
P-14001T	PATIENT TOILET HC	51	2.2-2.6.2.6	
P-14002T	PATIENT TOILET HC	50	2.2-2.6.2.6	
P-14003T	PATIENT TOILET HC	51	2.2-2.6.2.6	
P-14004T	PATIENT TOILET HC	50	2.2-2.6.2.6	
P-14005T	PATIENT TOILET HC	51	2.2-2.6.2.6	
P-14006T	PATIENT TOILET HC	50	2.2-2.6.2.6	
P-14007T	PATIENT TOILET HC	50	2.2-2.6.2.6	
P-14008T	PATIENT TOILET HC	50	2.2-2.6.2.6	
P-14009T	PATIENT TOILET HC	51	2.2-2.6.2.6	
P-14010T	PATIENT TOILET HC	50	2.2-2.6.2.6	
P-14011T	PATIENT TOILET HC	51	2.2-2.6.2.6	
P-14012T	PATIENT TOILET HC	50	2.2-2.6.2.6	
P-14013T	PATIENT TOILET HC	50	2.2-2.6.2.6	
P-14014T	PATIENT TOILET HC	50	2.2-2.6.2.6	
P-14015T	PATIENT TOILET HC	42	2.2-2.6.2.6	
P-14016T	PATIENT TOILET HC	50	2.2-2.6.2.6	
P-14017T	PATIENT TOILET HC	51	2.2-2.6.2.6	



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P-14018T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-14019T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-14020T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-14140	POINT OF CARE TESTING	53	2.1-4.1.2.1 Point of Care Testing Room
P-14110T	PUBLIC TOILET HC	50	2.1-6.2.3
P-14108T	PUBLIC TOILET HC	49	2.1-6.2.3
P-14100	RECEPTION	100	2.2-2.6.10
P-14122A	RESPITE	50	Provided for brief staff respite. No sleeping
			accommodations
P-14116	SOILED WORKROOM	114	2.2-2.6.8.12
P-14122	STAFF LOCKER ROOM/ LOUNGE	611	2.2-2.6.9.1
P-14146T	STAFF TOILET HC	48	2.2-2.6.9.2
P-14124T	STAFF TOILET HC	50	2.2-2.6.9.2
P-14122T	STAFF TOILET SHOWER	59	2.2-2.6.9.2
P-14106	VISITORS LOUNGE	428	2.2-2.6.10
ON CALL SUI	TE (In same footprint as satellite phara	mcy on leve	el 15)
	ON CALL	73	2 2-2 6 9 4

ON CALL SUITE (In same footprint as satellite pharamcy on level 15)				
ON CALL	73	2.2-2.6.9.4		
STAFF TOILET SHOWER HC	71	2.2-2.6.9.4		
ON CALL	83	2.2-2.6.9.4		

12,078 NSF

**Departmental Grossing** 

1.56 \_\_\_\_\_6,714\_ SF

Total program 18,792 DGSF

Building Grossing for new construction **26,311** BGSF



### **GRIFFIN PAVILION AT MSK FLOOR 15 - CRITICAL CARE, SATELLITE PHARMACY**

<b>BUILDING INFI</b>	RASTRUCTURE & SUPPORT			
P-15160	TECHNOLOGY DISTRIBUTION ROOM	187	2.1-8.5.2.3	
P-15112	TECHNOLOGY DISTRIBUTION ROOM	237	2.1-8.5.2.3	
CRITICAL CARE				
P-15000CA2	ALCOVE, BED	36	2.2-2.6.8.13	
P-15130A	ALCOVE, CRASH CART	15	2.1-2.8.13.4	
P-15000CG3	ALCOVE, CRASH CART	23	2.1-2.8.13.4	
P-15000CE1	ALCOVE, CT	53	2.2-2.6.8.13	
P-15000CJ2	ALCOVE, EQUIPMENT	31	2.2-2.6.8.13	
P-15000CC1	ALCOVE, EQUIPMENT	14	2.2-2.6.8.13	
P-15000CH1	ALCOVE, VISITOR	86	2.2-2.6.10	
P-15000CE5	ALCOVE, VISITOR	86	2.2-2.6.10	
P-15000CA1	ALCOVE, WHEELCHAIR	12	2.2-2.6.8.13	
P-15136	CONSULT ROOM	104	2.2-2.6.8.4	
P-15128	DOCUMENTATION	57	2.2-2.6.8.2	
P-15142	EQUIPMENT STORAGE	99	2.2-2.6.8.13	
P-15114	EQUIPMENT STORAGE	346	2.2-2.6.8.13	
P-15126	EVS	65	2.2-2.6.8.14 For Service/ mop sink and	
			cleaning cart	
P-15120	EVS STORAGE	49	2.2-2.6.8.14 Provisions for storage of supplies	
			and housekeeping equipment	
P-15020	ISOLATION ROOM	244	2.2-2.6.4.2	
P-15019	ISOLATION ROOM	244	2.2-2.6.4.2	
P-15001	ISOLATION ROOM	244	2.2-2.6.4.2	
P-15002	ISOLATION ROOM	244	2.2-2.6.4.2	
P-15132	MED ROOM	109	2.2-2.6.8.13	
P-15144	MED ROOM	98	2.2-2.6.8.13	
P-15154	MULTIPURPOSE ROOM	243	2.2-2.6.8.5	
P-15134	NOURISHMENT	120	2.2-2.6.8.9	
P-15000CH2	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-15000CH3	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-15000CJ1	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-15000CE2	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-15000CE3	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-15000CF1	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-15000CG1	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	
P-15000CG2	NURSE ALCOVE	64	4 2.2-2.6.8.2 sub-charting station	
P-15000CG4	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station	



P-15000CE4	NURSE ALCOVE	64	2.2-2.6.8.2 sub-charting station
P-15130	NURSES STATION	347	2.2-2.6.8.2
P-15102	NURSES STATION	369	2.2-2.6.8.2
P-15138	NURSES STATION	360	2.2-2.6.8.2
P-15148	OFFICE, INTENSIVIST	132	2.2-2.6.8.4
P-15150	OFFICE, INTENSIVIST	90	2.2-2.6.8.4
P-15152	OFFICE, NURSE LEADER	174	2.2-2.6.8.4
P-15104	OFFICE, SOCIAL WORK	97	2.2-2.6.8.4
P-15011	PATIENT BR	244	2.2-2.6.2
P-15016	PATIENT BR	244	2.2-2.6.2
P-15014	PATIENT BR	244	2.2-2.6.2
P-15013	PATIENT BR	244	2.2-2.6.2
P-15012	PATIENT BR	244	2.2-2.6.2
P-15018	PATIENT BR	244	2.2-2.6.2
P-15017	PATIENT BR	244	2.2-2.6.2
P-15006	PATIENT BR	244	2.2-2.6.2
P-15010	PATIENT BR	244	2.2-2.6.2
P-15009	PATIENT BR	244	2.2-2.6.2
P-15008	PATIENT BR	244	2.2-2.6.2
P-15007	PATIENT BR	244	2.2-2.6.2
P-15005	PATIENT BR	244	2.2-2.6.2
P-15003	PATIENT BR	244	2.2-2.6.2
P-15004	PATIENT BR	244	2.2-2.6.2
P-15015	PATIENT BR	244	2.2-2.6.2
P-15001T	PATIENT TOILET HC	51	2.2-2.6.2.6
P-15002T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15003T	PATIENT TOILET HC	51	2.2-2.6.2.6
P-15004T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15005T	PATIENT TOILET HC	51	2.2-2.6.2.6
P-15006T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15007T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15008T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15009T	PATIENT TOILET HC	51	2.2-2.6.2.6
P-15010T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15011T	PATIENT TOILET HC	51	2.2-2.6.2.6
P-15012T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15013T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15014T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15015T	PATIENT TOILET HC	42	2.2-2.6.2.6
P-15016T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15017T	PATIENT TOILET HC	51	2.2-2.6.2.6
P-15018T	PATIENT TOILET HC	50	2.2-2.6.2.6



P-15019T         PATIENT TOILET HC         50         2.2-2.6.2.6           P-15020T         PATIENT TOILET HC         50         2.2-2.6.2.6           P-15140         POINT OF CARE TESTING         53         2.1-4.1.2.1 Point of Care Testing Room           P-15110T         PUBLIC TOILET HC         50         2.1-6.2.3           P-15108T         PUBLIC TOILET HC         49         2.1-6.2.3           P-15100         RECEPTION         100         2.2-2.6.10           P-15122A         RESPITE         50         Provided for brief staff respite. No sleeping accommodations           P-15116         SOILED WORKROOM         114         2.2-2.6.8.12           P-15122         STAFF LOCKER ROOM/ LOUNGE         611         2.2-2.6.9.1           P-15146T         STAFF TOILET HC         48         2.2-2.6.9.2           P-15124T         STAFF TOILET HC         50         2.2-2.6.9.2           P-15122T         STAFF TOILET SHOWER         59         2.2-2.6.9.2           P-15122T         STAFF TOILET SHOWER         59         2.2-2.6.9.2				
P-15140         POINT OF CARE TESTING         53         2.1-4.1.2.1 Point of Care Testing Room           P-15110T         PUBLIC TOILET HC         50         2.1-6.2.3           P-15108T         PUBLIC TOILET HC         49         2.1-6.2.3           P-15100         RECEPTION         100         2.2-2.6.10           P-15122A         RESPITE         50         Provided for brief staff respite. No sleeping accommodations           P-15116         SOILED WORKROOM         114         2.2-2.6.8.12           P-15122         STAFF LOCKER ROOM/ LOUNGE         611         2.2-2.6.9.1           P-15146T         STAFF TOILET HC         48         2.2-2.6.9.2           P-15124T         STAFF TOILET HC         50         2.2-2.6.9.2           P-15122T         STAFF TOILET SHOWER         59         2.2-2.6.9.2	P-15019T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15110T PUBLIC TOILET HC 50 2.1-6.2.3 P-15108T PUBLIC TOILET HC 49 2.1-6.2.3 P-15100 RECEPTION 100 2.2-2.6.10 P-15122A RESPITE 50 Provided for brief staff respite. No sleeping accommodations P-15116 SOILED WORKROOM 114 2.2-2.6.8.12 P-15122 STAFF LOCKER ROOM/ LOUNGE 611 2.2-2.6.9.1 P-15146T STAFF TOILET HC 48 2.2-2.6.9.2 P-15124T STAFF TOILET HC 50 2.2-2.6.9.2 P-15122T STAFF TOILET SHOWER 59 2.2-2.6.9.2	P-15020T	PATIENT TOILET HC	50	2.2-2.6.2.6
P-15108T         PUBLIC TOILET HC         49         2.1-6.2.3           P-15100         RECEPTION         100         2.2-2.6.10           P-15122A         RESPITE         50         Provided for brief staff respite. No sleeping accommodations           P-15116         SOILED WORKROOM         114         2.2-2.6.8.12           P-15122         STAFF LOCKER ROOM/ LOUNGE         611         2.2-2.6.9.1           P-15146T         STAFF TOILET HC         48         2.2-2.6.9.2           P-15124T         STAFF TOILET HC         50         2.2-2.6.9.2           P-15122T         STAFF TOILET SHOWER         59         2.2-2.6.9.2	P-15140	POINT OF CARE TESTING	53	2.1-4.1.2.1 Point of Care Testing Room
P-15100       RECEPTION       100       2.2-2.6.10         P-15122A       RESPITE       50       Provided for brief staff respite. No sleeping accommodations         P-15116       SOILED WORKROOM       114       2.2-2.6.8.12         P-15122       STAFF LOCKER ROOM/ LOUNGE       611       2.2-2.6.9.1         P-15146T       STAFF TOILET HC       48       2.2-2.6.9.2         P-15124T       STAFF TOILET HC       50       2.2-2.6.9.2         P-15122T       STAFF TOILET SHOWER       59       2.2-2.6.9.2	P-15110T	PUBLIC TOILET HC	50	2.1-6.2.3
P-15122A RESPITE  50 Provided for brief staff respite. No sleeping accommodations  P-15116 SOILED WORKROOM  114 2.2-2.6.8.12  P-15122 STAFF LOCKER ROOM/ LOUNGE  P-15146T STAFF TOILET HC  48 2.2-2.6.9.2  P-15124T STAFF TOILET HC  50 2.2-2.6.9.2  P-15122T STAFF TOILET SHOWER  59 2.2-2.6.9.2	P-15108T	PUBLIC TOILET HC	49	2.1-6.2.3
accommodations P-15116 SOILED WORKROOM 114 2.2-2.6.8.12 P-15122 STAFF LOCKER ROOM/ LOUNGE 611 2.2-2.6.9.1 P-15146T STAFF TOILET HC 48 2.2-2.6.9.2 P-15124T STAFF TOILET HC 50 2.2-2.6.9.2 P-15122T STAFF TOILET SHOWER 59 2.2-2.6.9.2	P-15100	RECEPTION	100	2.2-2.6.10
P-15116 SOILED WORKROOM 114 2.2-2.6.8.12 P-15122 STAFF LOCKER ROOM/ LOUNGE 611 2.2-2.6.9.1 P-15146T STAFF TOILET HC 48 2.2-2.6.9.2 P-15124T STAFF TOILET HC 50 2.2-2.6.9.2 P-15122T STAFF TOILET SHOWER 59 2.2-2.6.9.2	P-15122A	RESPITE	50	Provided for brief staff respite. No sleeping
P-15122       STAFF LOCKER ROOM/ LOUNGE       611       2.2-2.6.9.1         P-15146T       STAFF TOILET HC       48       2.2-2.6.9.2         P-15124T       STAFF TOILET HC       50       2.2-2.6.9.2         P-15122T       STAFF TOILET SHOWER       59       2.2-2.6.9.2				accommodations
P-15146T STAFF TOILET HC 48 2.2-2.6.9.2 P-15124T STAFF TOILET HC 50 2.2-2.6.9.2 P-15122T STAFF TOILET SHOWER 59 2.2-2.6.9.2	P-15116	SOILED WORKROOM	114	2.2-2.6.8.12
P-15124T STAFF TOILET HC 50 2.2-2.6.9.2 P-15122T STAFF TOILET SHOWER 59 2.2-2.6.9.2	P-15122	STAFF LOCKER ROOM/ LOUNGE	611	2.2-2.6.9.1
P-15122T STAFF TOILET SHOWER 59 2.2-2.6.9.2	P-15146T	STAFF TOILET HC	48	2.2-2.6.9.2
	P-15124T	STAFF TOILET HC	50	2.2-2.6.9.2
D 16106 VISITORS LOUNCE 429 2.2.2.6.10	P-15122T	STAFF TOILET SHOWER	59	2.2-2.6.9.2
P-13100 VISITORS LOUNGE 428 2.2-2.0.10	P-15106	VISITORS LOUNGE	428	2.2-2.6.10

PHARMACY -	SATELLITE			
P-15162	PHARMACY	387	2.1-4.2	

12,156 NSF

**Departmental Grossing** 

1.55 6,636 SF

Total program 18,792 DGSF

Building Grossing for new construction **26,311** BGSF



# GRIFFIN PAVILION AT MSK FLOOR 16-19, 23, 24 (TYPICAL) - MEDICAL SURGICAL ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

BUILDING INFRASTRUCTURE & SUPPORT				
P-16148	TECHNOLOGY DISTRIBUTION ROOM	196	2.1-8.5.2.3	
P-16108	TECHNOLOGY DISTRIBUTION ROOM	244	2.1-8.5.2.3	

MEDICAL SURGICAL           P-16000CC1 ALCOVE, BED         39 2.2-2.2.8.13           P-16132A ALCOVE, CRASH CART         8 2.1-2.8.13.4           P-16000CH1 ALCOVE, DOCUMENTATION         37 2.2-2.2.8.2           P-16000CE1 ALCOVE, DOCUMENTATION         49 2.2-2.2.8.2           P-16000CF3 ALCOVE, EQUIPMENT         15 2.2-2.2.8.13           P-16000CJ2 ALCOVE, EQUIPMENT         33 2.2-2.2.8.13           P-16000CG2 ALCOVE, PHONE         14 2.2-2.2.8.13           P-16000CD1 ALCOVE, SOILED TRAY         13 2.2-2.2.8.13           P-16000CG6 ALCOVE, VISITOR         86 2.1-2.10 distributed space for family/ visitor in unit           P-16000CF1 ALCOVE, WISITOR         86 2.1-2.10 distributed space for family/ visitor in unit           P-16000CA1 ALCOVE, WHEELCHAIR         12 2.2-2.2.8.13
P-16132A       ALCOVE, CRASH CART       8       2.1-2.8.13.4         P-16000CH1       ALCOVE, DOCUMENTATION       37       2.2-2.2.8.2         P-16000CE1       ALCOVE, DOCUMENTATION       49       2.2-2.2.8.2         P-16000CF3       ALCOVE, EQUIPMENT       15       2.2-2.2.8.13         P-16000CJ2       ALCOVE, EQUIPMENT       33       2.2-2.2.8.13         P-16000CG2       ALCOVE, PHONE       14       2.2-2.2.8.13         P-16000CD1       ALCOVE, SOILED TRAY       13       2.2-2.2.8.13         P-16000CG6       ALCOVE, VISITOR       86       2.1-2.10 distributed space for family/ visitor in unit         P-16000CF1       ALCOVE, VISITOR       86       2.1-2.10 distributed space for family/ visitor in unit
P-16000CH1 ALCOVE, DOCUMENTATION P-16000CE1 ALCOVE, DOCUMENTATION P-16000CF3 ALCOVE, EQUIPMENT P-16000CJ2 ALCOVE, EQUIPMENT P-16000CG2 ALCOVE, PHONE P-16000CD1 ALCOVE, SOILED TRAY P-16000CG6 ALCOVE, VISITOR P-16000CF1 ALCOVE, VISITOR  86 2.1-2.10 distributed space for family/ visitor in unit P-16000CF1 ALCOVE, VISITOR  86 2.1-2.10 distributed space for family/ visitor in unit
P-16000CE1       ALCOVE, DOCUMENTATION       49       2.2-2.2.8.2         P-16000CF3       ALCOVE, EQUIPMENT       15       2.2-2.2.8.13         P-16000CJ2       ALCOVE, EQUIPMENT       33       2.2-2.2.8.13         P-16000CG2       ALCOVE, PHONE       14       2.2-2.2.8.13         P-16000CD1       ALCOVE, SOILED TRAY       13       2.2-2.2.8.13         P-16000CG6       ALCOVE, VISITOR       86       2.1-2.10 distributed space for family/ visitor in unit         P-16000CF1       ALCOVE, VISITOR       86       2.1-2.10 distributed space for family/ visitor in unit
P-16000CF3 ALCOVE, EQUIPMENT 15 2.2-2.2.8.13 P-16000CJ2 ALCOVE, EQUIPMENT 33 2.2-2.2.8.13 P-16000CG2 ALCOVE, PHONE 14 2.2-2.2.8.13 P-16000CD1 ALCOVE, SOILED TRAY 13 2.2-2.2.8.13 P-16000CG6 ALCOVE, VISITOR 86 2.1-2.10 distributed space for family/ visitor in unit P-16000CF1 ALCOVE, VISITOR 86 2.1-2.10 distributed space for family/ visitor in unit
P-16000CJ2 ALCOVE, EQUIPMENT 33 2.2-2.2.8.13 P-16000CG2 ALCOVE, PHONE 14 2.2-2.2.8.13 P-16000CD1 ALCOVE, SOILED TRAY 13 2.2-2.2.8.13 P-16000CG6 ALCOVE, VISITOR 86 2.1-2.10 distributed space for family/ visitor in unit P-16000CF1 ALCOVE, VISITOR 86 2.1-2.10 distributed space for family/ visitor in unit
P-16000CG2 ALCOVE, PHONE 14 2.2-2.2.8.13 P-16000CD1 ALCOVE, SOILED TRAY 13 2.2-2.2.8.13 P-16000CG6 ALCOVE, VISITOR 86 2.1-2.10 distributed space for family/ visitor in unit P-16000CF1 ALCOVE, VISITOR 86 2.1-2.10 distributed space for family/ visitor in unit
P-16000CD1 ALCOVE, SOILED TRAY  P-16000CG6 ALCOVE, VISITOR  86 2.1-2.10 distributed space for family/ visitor in unit  P-16000CF1 ALCOVE, VISITOR  86 2.1-2.10 distributed space for family/ visitor in unit  in unit
P-16000CG6 ALCOVE, VISITOR  86 2.1-2.10 distributed space for family/ visitor in unit  P-16000CF1 ALCOVE, VISITOR  86 2.1-2.10 distributed space for family/ visitor in unit
in unit P-16000CF1 ALCOVE, VISITOR 86 2.1-2.10 distributed space for family/ visitor in unit
P-16000CF1 ALCOVE, VISITOR 86 2.1-2.10 distributed space for family/ visitor in unit
in unit
P-16000CA1 ALCOVE, WHEELCHAIR 12 2.2-2.2.8.13
P-16001A ANTE ROOM 218 2.2-2.2.4.2
P-16024A ANTE ROOM 163 2.2-2.2.4.2
P-16130 DOCUMENTATION 179 2.2-2.2.8.2
P-16120 EQUIPMENT STORAGE/ CLEAN SUPPLY 145 2.2-2.6.8.13
P-16140 EQUIPMENT STORAGE/ CLEAN SUPPLY 217 2.2-2.6.8.13
P-16122 EVS 71 2.2-2.2.8.14 For Service/ mop sink and
cleaning cart
P-16118 EVS STORAGE 63 2.2-2.2.8.14 Provisions for storage of suppli
and housekeeping equipment
P-16001 ISOLATION ROOM 253 2.2-2.2.4.2
P-16002 ISOLATION ROOM 253 2.2-2.2.4.2
P-16024 ISOLATION ROOM 253 2.2-2.2.4.2
P-16023 ISOLATION ROOM 253 2.2-2.2.4.2
P-16126 MED ROOM 272 2.2-2.2.8.8
P-16150 MULTIPURPOSE ROOM 232 2.2-2.2.8.5
P-16110 NOURISHMENT 158 2.2-2.2.8.9
P-16000CE3 NURSE ALCOVE 60 2.1-2.8.3.1 sub-charting station
P-16000CE2 NURSE ALCOVE 22 2.1-2.8.3.1 sub-charting station
P-16000CE4 NURSE ALCOVE 60 2.1-2.8.3.1 sub-charting station
P-16000CF2 NURSE ALCOVE 60 2.1-2.8.3.1 sub-charting station
P-16000CF4 NURSE ALCOVE 60 2.1-2.8.3.1 sub-charting station



P-16000CG1	NURSE ALCOVE	59	2.1-2.8.3.1 sub-charting station
P-16000CG3	NURSE ALCOVE	60	2.1-2.8.3.1 sub-charting station
P-16000CG4	NURSE ALCOVE	60	2.1-2.8.3.1 sub-charting station
P-16000CG5	NURSE ALCOVE	60	2.1-2.8.3.1 sub-charting station
P-16000CH2	NURSE ALCOVE	60	2.1-2.8.3.1 sub-charting station
P-16000CJ1	NURSE ALCOVE	60	2.1-2.8.3.1 sub-charting station
P-16000CJ3	NURSE ALCOVE	22	2.1-2.8.3.1 sub-charting station
P-16132	NURSES STATION	446	2.2-2.2.8.2
P-16138	OFFICE, CASE MANAGER	106	2.2-2.2.8.4
P-16134	OFFICE, NURSE LEADER	97	2.2-2.2.8.4
P-16128	OFFICE, SOCIAL WORK	84	2.2-2.2.8.4
P-16003	PATIENT BR	250	2.2-2.2.2
P-16004	PATIENT BR	250	2.2-2.2.2
P-16022	PATIENT BR	250	2.2-2.2.2
P-16021	PATIENT BR	250	2.2-2.2.2
P-16018	PATIENT BR	250	2.2-2.2.2
P-16017	PATIENT BR	250	2.2-2.2.2
P-16016	PATIENT BR	249	2.2-2.2.2
P-16015	PATIENT BR	250	2.2-2.2.2
P-16014	PATIENT BR	250	2.2-2.2.2
P-16010	PATIENT BR	249	2.2-2.2.2
P-16009	PATIENT BR	250	2.2-2.2.2
P-16008	PATIENT BR	250	2.2-2.2.2
P-16007	PATIENT BR	250	2.2-2.2.2
P-16005	PATIENT BR	250	2.2-2.2.2
P-16006	PATIENT BR	250	2.2-2.2.2
P-16020	PATIENT BR	250	2.2-2.2.2
P-16019	PATIENT BR	250	2.2-2.2.2
P-16013	PATIENT BR	250	2.2-2.2.2
P-16012	PATIENT BR	250	2.2-2.2.2
P-16011	PATIENT BR	249	2.2-2.2.2
P-16001T	PATIENT TOILET HC	47	2.2-2.2.2.6
P-16002T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16003T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16004T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16005T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16006T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16007T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16008T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16009T	PATIENT TOILET HC	48	2.2-2.2.6
P-16010T	PATIENT TOILET HC	49	2.2-2.2.6
P-16011T	PATIENT TOILET HC	49	2.2-2.2.2.6



P-16012T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16013T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16014T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16015T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16016T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16017T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16018T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16019T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16020T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16021T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16022T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16023T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-16024T	PATIENT TOILET HC	47	2.2-2.2.2.6
P-16104T	PUBLIC TOILET HC	50	2.1-6.2.3
P-16106T	PUBLIC TOILET HC	50	2.1-6.2.3
P-16100	RECEPTION	101	2.2-2.2.8.2
P-16136	RESPITE	50	Provided for brief staff respite. No sleeping
			accommodations
P-16114	SOILED WORKROOM	123	2.2-2.2.8.12
P-16112	STAFF LOCKER ROOM/ LOUNGE	312	2.1-2.9.1
P-16146T	STAFF TOILET HC	50	2.1-2.9.2
P-16124T	STAFF TOILET HC	52	2.1-2.9.2
P-16102	VISITORS LOUNGE	247	2.2-2.2.10.1

12,122 NSF

**Departmental Grossing** 

1.55 6,670 SF

Total program 18,792 DGSF

Building Grossing for new construction **26,311** BGSF



### GRIFFIN PAVILION AT MSK FLOOR 20 - MER

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

BUILDING INFRASTRUCTURE & SUPPORT				
P-20112	ATS ROOM	320	2.1-8.3.2.1	
P-20106	EQUIPMENT ROOM	660	2.1-8	
P-20104	EQUIPMENT ROOM	480	2.1-8	
P-20108	FIRE PUMP ROOM	175		
P-20100MR	MECHANICAL ROOM	17781	2.1-8.2	
P-20110	MECHANICAL ROOM	798	2.1-8.2	
P-20114	TECHNOLOGY DISTRIBUTION	79	2.1-8.5.2.3	
	ROOM			
P-20102	TECHNOLOGY DISTRIBUTION	95	2.1-8.5.2.3	
	ROOM			

20,388 NSF

**26,311** BGSF

**Departmental Grossing** 

N/A (20,388) SF

Total program - DGSF

Building Grossing for new

construction

N/A



## GRIFFIN PAVILION AT MSK FLOOR 21 & 22 (TYPICAL) - ARTICLE 28 SPACE FOR FUTURE CLINICAL USE ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

BUILDING INFRASTRUCTURE & SUPPORT				
P-21104	TECHNOLOGY DISTRIBUTION ROOM	187	2.1-8.5.2.3	
P-21102	TECHNOLOGY DISTRIBUTION ROOM	237	2.1-8.5.2.3	
UNASSIGNED CLINICAL SPACE				
UNASSIGNE	O CLINICAL SPACE			
	UNASSIGNED CLINICAL SPACE	8775		

18,697 NSF

**Departmental Grossing** 

1.01 <u>95</u> SF

Total program 18,792 DGSF

Building Grossing for new construction **26,311** BGSF



#### **GRIFFIN PAVILION AT MSK FLOOR 25 - MEDICAL SURGICAL**

BUILDING INFRASTRUCTURE & SUPPORT				
P-25148	TECHNOLOGY DISTRIBUTION ROOM	196	2.1-8.5.2.3	
P-25108	TECHNOLOGY DISTRIBUTION ROOM	237	2.1-8.5.2.3	

MEDICAL SUR	GICAL - RESTRICTED		
P-25000CC1	ALCOVE, BED	28	2.2-2.2.8.13
P-25132A	ALCOVE, CRASH CART	8	2.1-2.8.13.4
P-25000CH1	ALCOVE, DOCUMENTATION	37	2.2-2.2.8.2
P-25000CE1	ALCOVE, DOCUMENTATION	47	2.2-2.2.8.2
P-25000CF3	ALCOVE, EQUIPMENT	15	2.2-2.2.8.13
P-25000CJ2	ALCOVE, EQUIPMENT	31	2.2-2.2.8.13
P-25000CG2	ALCOVE, PHONE	14	2.2-2.2.8.13
P-25000CD1	ALCOVE, SOILED TRAY	11	2.2-2.2.8.13
P-25000CG6	ALCOVE, VISITOR	85	2.1-2.10 distributed space for family/ visitors in unit
P-25000CF1	ALCOVE, VISITOR	87	2.1-2.10 distributed space for family/ visitors in unit
P-25000CJ4	ALCOVE, VISITOR	61	2.1-2.10 distributed space for family/ visitors in unit
P-25000CA1	ALCOVE, WHEELCHAIR	11	2.2-2.2.8.13
P-25001A	ANTE ROOM	217	2.2-2.2.4.2
P-25128	BUSINESS AREA	84	2.2-2.2.10 for visitor use
P-25130	DOCUMENTATION	180	2.2-2.2.8.2
P-25120	EQUIPMENT STORAGE/ CLEAN SUPPLY	133	2.2-2.6.8.13
P-25140	EQUIPMENT STORAGE/ CLEAN SUPPLY	217	2.2-2.6.8.13
P-25122	EVS	65	2.2-2.2.8.14 For Service/ mop sink and cleaning cart
P-25118	EVS STORAGE	54	2.2-2.2.8.14 Provisions for storage of supplies
			and housekeeping equipment
P-25025	PATIENT BR	250	2.2-2.2.2
P-25022	PATIENT BR	250	2.2-2.2.2
P-25025T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25022T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25001	ISOLATION ROOM	253	2.2-2.2.4.2
P-25002	ISOLATION ROOM	253	2.2-2.2.4.2
P-25126	MED ROOM	272	2.2-2.2.8.8
P-25150	MULTIPURPOSE ROOM	232	2.2-2.2.8.5
P-25110	NOURISHMENT	152	2.2-2.2.8.9
P-25000CE2	NURSE ALCOVE	22	2.1-2.8.3.1 sub-charting station



P-25000CE3	NURSE ALCOVE	59	2.1-2.8.3.1 sub-charting station
P-25000CE4	NURSE ALCOVE	59	2.1-2.8.3.1 sub-charting station
P-25000CF2	NURSE ALCOVE	59	2.1-2.8.3.1 sub-charting station
P-25000CF4	NURSE ALCOVE	59	2.1-2.8.3.1 sub-charting station
P-25000CG1	NURSE ALCOVE	58	2.1-2.8.3.1 sub-charting station
P-25000CG3	NURSE ALCOVE	59	2.1-2.8.3.1 sub-charting station
P-25000CG4	NURSE ALCOVE	59	2.1-2.8.3.1 sub-charting station
P-25000CG5	NURSE ALCOVE	59	2.1-2.8.3.1 sub-charting station
P-25000CH2	NURSE ALCOVE	59	2.1-2.8.3.1 sub-charting station
P-25000CJ1	NURSE ALCOVE	60	2.1-2.8.3.1 sub-charting station
P-25000CJ3	NURSE ALCOVE	60	2.1-2.8.3.1 sub-charting station
P-25132	NURSES STATION	447	2.2-2.2.8.2
P-25138	OFFICE, CASE MANAGER/ SOCIAL WORK	106	2.2-2.2.8.4
P-25134	OFFICE, NURSE LEADER	97	2.2-2.2.8.4
P-25003	PATIENT BR	250	2.2-2.2.2
P-25004	PATIENT BR	250	2.2-2.2.2
P-25024	PATIENT BR	250	2.2-2.2.2
P-25021	PATIENT BR	250	2.2-2.2.2
P-25018	PATIENT BR	250	2.2-2.2.2
P-25017	PATIENT BR	250	2.2-2.2.2
P-25016	PATIENT BR	250	2.2-2.2.2
P-25015	PATIENT BR	250	2.2-2.2.2
P-25014	PATIENT BR	250	2.2-2.2.2
P-25010	PATIENT BR	249	2.2-2.2.2
P-25009	PATIENT BR	250	2.2-2.2.2
P-25008	PATIENT BR	250	2.2-2.2.2
P-25007	PATIENT BR	250	2.2-2.2.2
P-25006	PATIENT BR	250	2.2-2.2.2
P-25020	PATIENT BR	250	2.2-2.2.2
P-25019	PATIENT BR	250	2.2-2.2.2
P-25013	PATIENT BR	250	2.2-2.2.2
P-25012	PATIENT BR	250	2.2-2.2.2
P-25011	PATIENT BR	249	2.2-2.2.2
P-25001T	PATIENT TOILET HC	47	2.2-2.2.2.6
P-25002T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25003T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25004T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25005T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25006T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25007T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25008T	PATIENT TOILET HC	48	2.2-2.2.2.6



P-25009T	PATIENT TOILET HC	48	2.2-2.2.6
P-25010T	PATIENT TOILET HC	49	2.2-2.2.2.6
P-25011T	PATIENT TOILET HC	49	2.2-2.2.2.6
P-25012T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25013T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25014T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25015T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25016T	PATIENT TOILET HC	48	2.2-2.2.6
P-25017T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25018T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25019T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25020T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25021T	PATIENT TOILET HC	48	2.2-2.2.2.6
P-25024T	PATIENT TOILET HC	48	2.2-2.2.6
P-25104T	PUBLIC TOILET HC	47	2.1-6.2.3
P-25106T	PUBLIC TOILET HC	50	2.1-6.2.3
P-25100	RECEPTION	99	2.2-2.2.8.2
P-25136	RESPITE	50	Provided for brief staff respite. No sleeping
			accommodations
P-25114	SOILED WORKROOM	128	2.2-2.2.8.12
P-25112	STAFF LOCKER ROOM/ LOUNGE	312	2.1-2.9.1
P-25124T	STAFF TOILET HC	50	2.1-2.9.2
P-25146T	STAFF TOILET HC	50	2.1-2.9.2
P-25102	VISITORS LOUNGE	243	2.2-2.2.10.1
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11,732 NSF

**Departmental Grossing** 

1.60 7,060 SF

Total program 18,792 DGSF

Building Grossing for new construction **26,311** BGSF



# GRIFFIN PAVILION AT MSK FLOOR 26 - KITCHEN & CAFÉ & ARTICLE 28 SPACE FOR FUTURE CLINICAL USE ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

UNASSIGNED CLINICAL SPACE			
P-26208	UNASSIGNED	736	
P-26202	UNASSIGNED	214	
P-26204	UNASSIGNED	3762	

KITCHEN &	CAFÉ		
P-26126T	ALL GENDER RESTROOM	47	2.1-6.2.3
P-26118T	ALL GENDER RESTROOM	54	2.1-6.2.3
P-26110C	COFEE BAR /GRAB & GO/ SELF ORDER K	246	2.1-4.3.2
P-26102	EVS	95	2.1-4.3.8.14 For Service/ mop sink, cleaning
			cart and storage of supplies
P-26104	FURNITURE STORAGE	1271	2.1-4.3.2
P-26116	KOSHER PROVISION	111	2.1-4.3
P-26106	LOCKRM/LOUNGE	473	2.1-4.3
P-26122	MENS RESTROOMS	278	2.1-6.2.3
P-26108A	OFFICE	56	
P-26106A	RESPITE	73	
P-26110	SEATING	5848	2.14.3.5
P-26110A	SERVERY	1214	2.1-4.3.2 for dining area
P-26106T	STAFF TOILET	52	2.1-4.3.9.2
P-26107T	STAFF TOILET	52	2.1-4.3.9.2
P-26114	STAFF WARMING	61	2.1-4.3.2 for dining area
P-26109	TRASH STAGING	150	
P-26110B	TRAY / TRASH DROP OFF	153	2.1-4.3
P-26108	TRAY/DISH DROP & WARE WASHING	461	2.1-4.3.4
P-26120	WOMENS RESTROOMS	325	2.1-6.2.3

15,732 NSF

**Departmental Grossing** 

1.26 <u>4,079</u> SF

Total program 19,811 DGSF

Building Grossing for new construction **26,311** BGSF



### **GRIFFIN PAVILION AT MSK FLOOR 27 - MER**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

BUILDING INFRASTRUCTURE & SUPPORT					
P-27118	ATS ROOM	632	2.1-8.3.2.1		
P-27116	ATS ROOM	97	2.1-8.3.2.1		
P-27114	ATS ROOM	167	2.1-8.3.2.1		
P-27106	EQUIPMENT ROOM	470	2.1-8		
P-27108	EQUIPMENT ROOM	558	2.1-8		
P-27104	EQUIPMENT ROOM	499	2.1-8		
P-27100MR	MECHANICAL ROOM	18271	2.1-8.2		
P-27120	TECHNOLOGY DISTRIBUTION ROOM	81	2.1-8.5.2.3		
P-27110	TECHNOLOGY DISTRIBUTION ROOM	202	2.1-8.5.2.3		
P-27102	TECHNOLOGY DISTRIBUTION ROOM	70	2.1-8.5.2.3		

21,047 NSF

**Departmental Grossing** 

N/A (21,047) SF

Total program - DGSF

Building Grossing for new **26,311** BGSF

construction

N/A

Memorial Hospital for Cancer Allied Diseases, Hospital Pavilion

Certificate of Need Application

Functional Program

4/25/25

# GRIFFIN PAVILION AT MSK ROOF ROOM # ROOM NAME

#### AREA FGI REFERENCE & REMARKS

N/A	N/A		
	0	NSF	
Departmental Grossing N/A	-	_SF	
Total program	-	DGSF	
Building Grossing for new construction	1,923	BGSF	
N/A			
E: Entire BGSF is circulation, elevators, lobby and partitions.			

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#### ROCKEFELLER RESEARCH LAB SUBCELLAR - MATERIALS MANAGEMENT

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

MATERIAL MANAGEMENT						
R-C208	BODY HOLDING	172	2.1-5.7.4			
R-C204	HAZARDOUS MATERIAL	332	2.1-5.4.1.1(3)(e)			
R-C206	REGULATED MEDICAL WASTE	1053	2.1-5.4.1.1(3)(b)			
MEDICAL PHYSICS & BIOMED						
R-C202	SHIELDED ROOM	123				

1,680 NSF

**Departmental Grossing** 

2.06 <u>1,781</u> SF

Total program **3,461** DGSF

Building Grossing for new construction **3,908** BGSF



#### **ROCKEFELLER RESEARCH LAB CELLAR - PARKING OPERATIONS**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

MATERIAL MANAGEMENT				
RL-C112C	ELEVATOR VESTIBULE	283		
RL-C112D	REGULATED MEDICAL WASTE	699		

<b>PARKING O</b>	PERATIONS		
RL-C106	ASSISTIVE EQUIPMENT	70	
RL-C302B	CHANGING ROOM	32	
RL-C216	EVS	59	2.1-2.8.14 For Service/ mop sink, cleaning cart and storage of supplies
RL-C208	OFFICE	133	
RL-C100CB	PARKING LOBBY	2592	
P-C202T	PUBLIC TOILET	60	
P-C204T	PUBLIC TOILET	58	
RL-C104	SECURITY	42	
RL-C302	STAFF LOCKER ROOM	136	2.1-6.4 Shared staff amenity for the floor
RL-C300	STAFF LOUNGE	201	2.1-6.4 Shared staff amenity for the floor
RL-C302A	STAFF TOILET SHOWER	55	2.1-6.4 Shared staff amenity for the floor
RL-C304	STORAGE	162	
RL-C104A	STORAGE	36	
RL-C118	SUPPORT	127	
RL-C312	STORAGE	305	
RL-C214	VALET OFFICE	158	
RL-C116	VALET WAITING	138	
RL-C206	WORK ROOM	146	

5,492 NSF

**Departmental Grossing** 

1.39 2,119 SF

Total program **7,611** DGSF

Building Grossing for new construction **8,286** BGSF



#### **ROCKEFELLER RESEARCH LAB FLOOR 01 MEZZANINE - LOBBY**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

LOBBY LEVEL 1M			
N/A		N/A	
		0	NSF
Departmental Gr N/A	ossing	1,168	<u>3_</u> SF
Total program		1,168	B DGSF
Building Grossing	g for new construction	1,342	P. BGSF
N/A			

NOTE:

Rockfeller Research Lab Floor 01 Mezzanine and Pavilion Floor 01 Mezzanine connect at the same level but are in separate sections of the Functional Program. Refer to Pavilion Floor 01 Mezzanine Program for areas. Refer to departmental floor plan drawing G-501M which shows the building connection and separation on this level.

Entire BGSF is circulation, elevators, lobby and partitions.



#### **MEMORIAL HOSPITAL FLOOR 07 - TECH BAR & EXISTING BMT UNIT**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

<b>RENOVATE</b>	D BONE MARROW TRANSPLANT	UNIT SUPPORT	
M-731	BMT SUPPORT	63	
M-735	CONFERENCE ROOM	221	2.2-2.3.4.2(2)
M-734JC	SOILED WORKROOM	107	2.2-2.2.8.12
STAFF SUP	PORT - MEMORIAL L07		
N/L-722	TECH DAD	228	

M-732 TECH BAR 238
M-732A TECH STORAGE 80
M-733 UNASSIGNED CLINICAL SPACE 140

849 NSF

**Departmental Grossing** 

3.96 <u>2,509</u> SF

Total program 3,358 DGSF

Building Grossing for new construction **3,569** BGSF



#### **MEMORIAL HOSPITAL FLOOR 08 - ON CALL & EXISTING BMT UNIT**

ROOM # ROOM NAME AREA FGI REFERENCE & REMARKS

RENOVATED BONE MARROW TRANSPLANT UNIT SUPPORT						
M-835JC	SOILED WORKROOM	106	2.2-2.2.8.12			
M-836	VISITOR LOUNGE	170	2.1-2.10.1			
STAFF SUP	STAFF SUPPORT - MEMORIAL L08					
M-835	ON CALL RM	86	2.2-2.6.9.4			
M-833	ON CALL RM	84	2.2-2.6.9.4			
M-832	ON CALL RM	84	2.2-2.6.9.4			
M-831	ON CALL RM	84	2.2-2.6.9.4			
M-833T	STAFF TOILET SHOWER	92				
M-831T	STAFF TOILET SHOWER	92				

798 NSF

**Departmental Grossing** 

4.69 2,943 SF

Total program **3,741** DGSF

Building Grossing for new construction 4,123 BGSF

### Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues

**Contents:** 

Schedule LRA 4/Schedule 7 - Environmental Assessment

Enviror	nmental Assessment		
Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	Yes	No
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?		$\boxtimes$
1.2	Does this plan involve construction and change land use or density?		
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?		
1.4	Does this plan involve construction and require work related to the disposition of asbestos?		
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	Yes	No
2.1	Does the project involve physical alteration of ten acres or more?		
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?		
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?		
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?		$\boxtimes$
2.5	Will the project involve parking for 1,000 vehicles or more?		$\boxtimes$
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?		$\boxtimes$
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?		
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?  N/A		
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?		
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?		
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?		
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?		
2.13	Will the project significantly affect drainage flow on adjacent sites?		$\boxtimes$

2.14	Will the project affect any threatened or endangered plants or animal species?		
2.15	Will the project result in a major adverse effect on air quality?		
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?		
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?		$\boxtimes$
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?		
2.19	Will the project have any adverse impact on health or safety?		$\boxtimes$
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?		
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?		
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?		
	Recreation, and historic Preservation?		
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.		
2.23  Part III.	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If	Yes	No
	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If		
	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so,	Yes	
	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.	Yes	
	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.  Agency Name:	Yes	
	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.  Agency Name:  Contact Name:	Yes	
Part III.	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.  Agency Name:  Contact Name:  Address:	Yes	
	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.  Agency Name:  Contact Name:  Address:  State and Zip Code:	Yes	
Part III.	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.  Agency Name:  Contact Name:  Address:  State and Zip Code:  E-Mail Address:	Yes	
Part III.	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.  Agency Name:  Contact Name:  Address:  State and Zip Code:  E-Mail Address:  Phone Number:	Yes	
Part III.	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.  Agency Name:  Contact Name:  Address:  State and Zip Code:  E-Mail Address:  Phone Number:  Agency Name:	Yes	
Part III.	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.  Agency Name:  Contact Name:  Address:  State and Zip Code:  E-Mail Address:  Phone Number:  Agency Name:  Contact Name:	Yes	
Part III.	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.  Agency Name:  Contact Name:  Address:  Phone Number:  Agency Name:  Contact Name:  Address:	Yes	
Part III.	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.  Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.  Agency Name:  Contact Name:  Address: State and Zip Code:  E-Mail Address: Phone Number:  Agency Name: Contact Name: Address: State and Zip Code:  E-Mail Address: State and Zip Code:	Yes	

	Contact Name:				
	Address:				
	State and Zip Code:				
	E-Mail Address:				
	Phone Number:				
	Agency Name:				
	Contact Name:				
	Address:				
	State and Zip Code:				
	E-Mail Address:				
	Phone Number:				
	Has any other agency	made an enviro	onmental review of this project? If so, give		
	name, and submit the provided below.	SEQRA Summ _	ary of Findings with the application in the space	$\boxtimes$	
	Agency Name:				
3.2	Contact Name:				
	Address:				
	State and Zip Code:				
	E-Mail Address:				
	Phone Number:				
				Yes	No
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.				
0.0	yoo, briony docoribe a	io controversy ii	Tallo opado bolow.		
D . D/	C. 151 154				
Part IV.	Storm and Flood Mi				
	Definitions of FEMA F		gnations at the FEMA has defined according to varying		
			depicted on a community's Flood Insurance		
			undary Map. Each zone reflects the severity or		
	type of flooding in the	area.			
			tions scale below as a guide to answering all	Yes	No
	Part IV questions rega	raiess of projec	t location, flood and or evacuation zone.		
	Is the proposed site lo provide the Elevation (		plain? If Yes, indicate classification below and IA Flood Insurance).		$\boxtimes$
4.4	Moderate to Low Risk Area			Yes	No
4.1	Zone	Description			
	In communities that pa	articipate in the	NFIP, flood insurance is available to all	_ <del>_</del>	
	property owners and r	enters in these	zones:		

B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.		
C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.		
High Risk Areas		Yes	No
Zone	Description		$\boxtimes$
	articipate in the NFIP, mandatory flood insurance purchase		
requirements apply to  A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.		
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.		
A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).		
АН	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.		
АО	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.		
AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam).  Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.		
A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.		
High Risk Coastal Ar		Yes	No
Zone	Description articipate in the NFIP, mandatory flood insurance purchase		
requirements apply to			
Zone V	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.		
VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.		

	Undetermined Risk Area			No
	Zone Description			
	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
	Are you in a designate	ed evacuation zone?		
4.2	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflemitigation standards?	ct the post Hurricane Lee, and or Irene, and Superstorm Sandy		$\boxtimes$
	If Yes, which	100 Year		
	floodplain?	500 Year		

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

FEMA **Elevation Certificate** and Instructions

# New York State Department of Health Certificate of Need Application Schedule 8A Summarized Project Cost and Construction Dates

This schedule is required for all Establishment Applications and Full or Administrative Review Construction Applications.

#### 1.) Project Cost Summary Data:

Project Cost Summary Data.	Total	Source
Project Cost	\$2,286,233,244	Schedule 8B, column C, line 8
Total Basic Cost of Construction	\$2,199,483,244	Schedule 8B, column C, line 6
Total Cost of Moveable Equipment		Schedule 8B, column C, line 5.1
Cost/Per Square Foot for New Construction		Schedule 10
Cost/Per Square Foot for Renovation Construction		Schedule10
Total Incremental Operating Cost		Schedule 13C, column B
Amount Financed (as \$)		Schedule 9
Percentage Financed as % of Total Cost		Schedule 9
Depreciation Life (in years)		

#### 2) Construction Dates

Anticipated Start Date	8/1/2025	Schedule 8B
Anticipated Completion Date	6/1/2030	Scriedule ob

### New York State Department of Health Certificate of Need Application

### Schedule 8B - Total Project Cost - For Projects without Subprojects.

For Article 28, 36, and 40 Establishment & Construction Requiring Full, Administrative or Limited Review For Limited Review, escalation amounts may be entered as "0".

Constants:	Value	Comments:
Design Contingency - New Construction	10.00%	Normally 10%
Construction Contingency - New Construction	5.00%	Normally 5%
Design Contingency - Renovation Work	0.00%	Normally 10%
Construction Contingency - Renovation Work	0.00%	Normally 10%
Construction Start Date:	8/1/2025	as mm/dd/yyyy
Midpoint of Construction Date		as mm/dd/yyyy
Completion of Construction Date	6/30/2030	as mm/dd/yyyy
Year used to compute Current Dollars:	2024	

Subject of attachment:	Attachment Number	Filename of attachment - PDF
For new construction and addition, at the schematic stage the design contingency will be normally be 10% and the construction contingency will be 5%. If your percentages are otherwise, please explain in an attachment		
For renovation, the design contingency will normally be 10% and the construction contingency will be 10%. If your percentages are otherwise, please explain in an attachment		

### New York State Department of Health Certificate of Need Application

Schedule 8B - Total Project Cost - For Projects without Subprojects.

	٨	5	2
	A	B Escalation amount to	С
	Duningt Contin	Escalation amount to	Fatimated Duciest
М	Project Cost in	Mid-point of	Estimated Project
Item	Current Dollars	Construction	Costs
Source:	Schedule 10 Col .7	Computed by applicant	(A + B)
1.1 Land Acquisition			
1.2 Building Acquisition			
2.1 New Construction			
2.2 Renovation & Demolition			
2.3 Site Development			
2.4 Temporary Utilities			
2.5 Asbestos Abatement or Removal			
3.1 Design Contingency			
3.2 Construction Contingency			
4.1 Fixed Equipment (NIC)			
4.2 Planning Consultant Fees			
4.3 Architect/Engineering Fees			
4.4 Construction Manager Fees			
4.5 Other Fees (Consultant, etc.)			
Subtotal (Total 1.1 thru 4.5)			
5.1 Movable Equipment (from Sched 11)  5.2 Telecommunications 6. Total Basic Cost of Construction(total 1.1 thru 5)  7.1 Financing Costs (Points etc)  7.2 Interim Interest Expense::  \$  8. Total Project Cost: w/o CON fees  Total 6 thru 7.2			
Application fees: 9.1 Application Fee \$2,000. Article 28 only			
9.2 Additional Fee for projects with Construction. (.0055 x line 8 Article 28 Only			
10 Total Project Cost with fees			

### COMBINED FINANCIAL STATEMENTS

Memorial Sloan Kettering Cancer Center and Affiliated Corporations Years Ended December 31, 2024 and 2023 With Report of Independent Auditors



### **Combined Financial Statements**

Years Ended December 31, 2024 and 2023

### **Contents**

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Combined Financial Statements	
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Combined Statements of Activities Without Donor Restrictions	5
Combined Statements of Changes in Net Assets	
Combined Statements of Cash Flows	
Notes to Combined Financial Statements	8



Ernst & Young LLP One Manhattan West New York, NY 10001-8604 Tel: +1 212 773 3000

### Report of Independent Auditors

The Board of Trustees and Governing Trustees Memorial Sloan Kettering Cancer Center and Affiliated Corporations

#### **Opinion**

We have audited the combined financial statements of Memorial Sloan Kettering Cancer Center and Affiliated Corporations (the Institution), which comprise the combined balance sheets as of December 31, 2024 and 2023, and the related combined statements of activities without donor restrictions, changes in net assets, and cash flows for the years then ended, and the related notes (collectively referred to as the "financial statements").

In our opinion, based on our audits and the report of the other auditors, the accompanying financial statements present fairly, in all material respects, the combined financial position of the Institution at December 31, 2024 and 2023, and the combined results of its activities without donor restrictions, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of MSK Insurance US, Inc., a wholly owned subsidiary, whose statements reflect total assets constituting 3.3% and 2.8% and total liabilities constituting 6.2% and 5.9% of the related combined totals as of December 31, 2024 and 2023, respectively, and total revenues constituting 0.1% and 0.1%, respectively, of combined total revenues for the years then ended. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for MSK Insurance US, Inc., is based solely on the report of the other auditors.

#### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Institution and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Institution's ability to continue as a going concern for one year after the date that the financial statements are issued.

#### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit
  procedures that are appropriate in the circumstances, but not for the purpose of expressing
  an opinion on the effectiveness of the Institution's internal control. Accordingly, no such
  opinion is expressed.



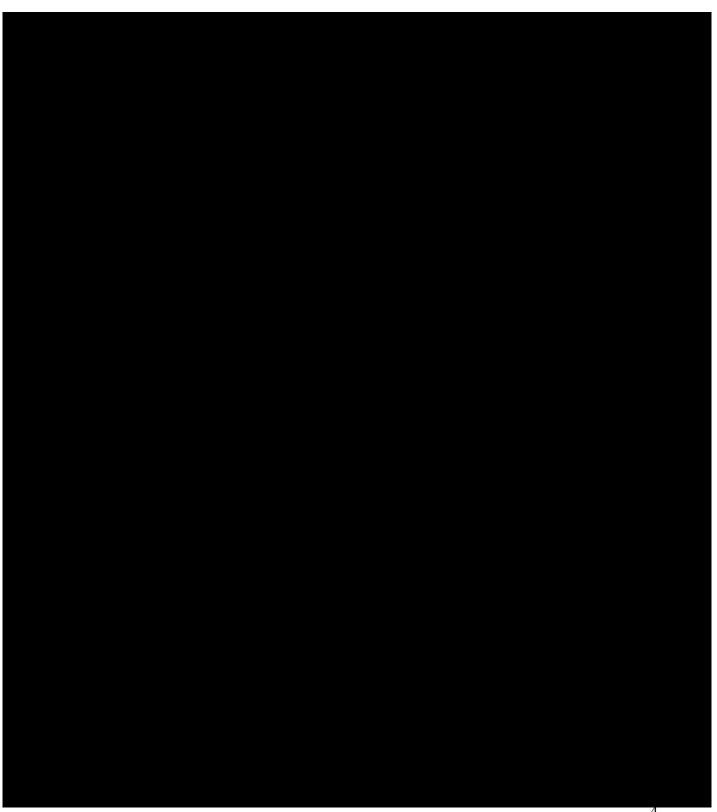
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Institution's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

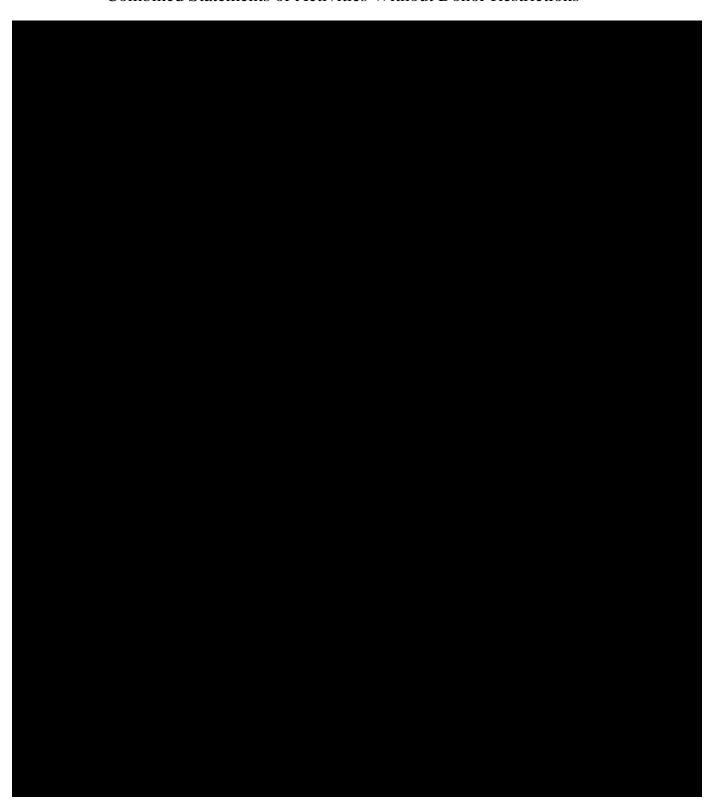
Ernst & Young LLP

April 4, 2025

### **Combined Balance Sheets**



### Combined Statements of Activities Without Donor Restrictions

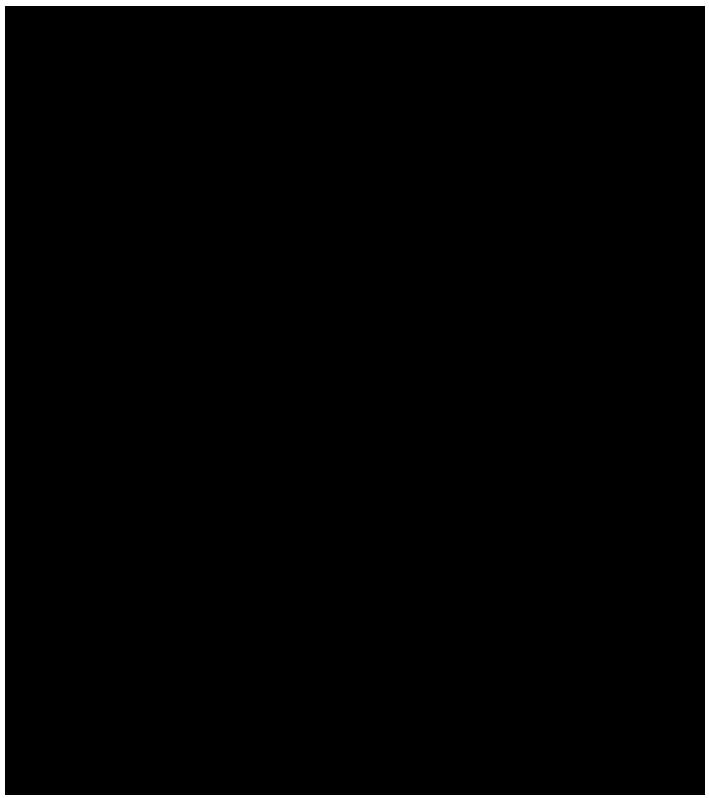


### Combined Statements of Changes in Net Assets

Years Ended December 31, 2024 and 2023



### Combined Statements of Cash Flows



### Notes to Combined Financial Statements

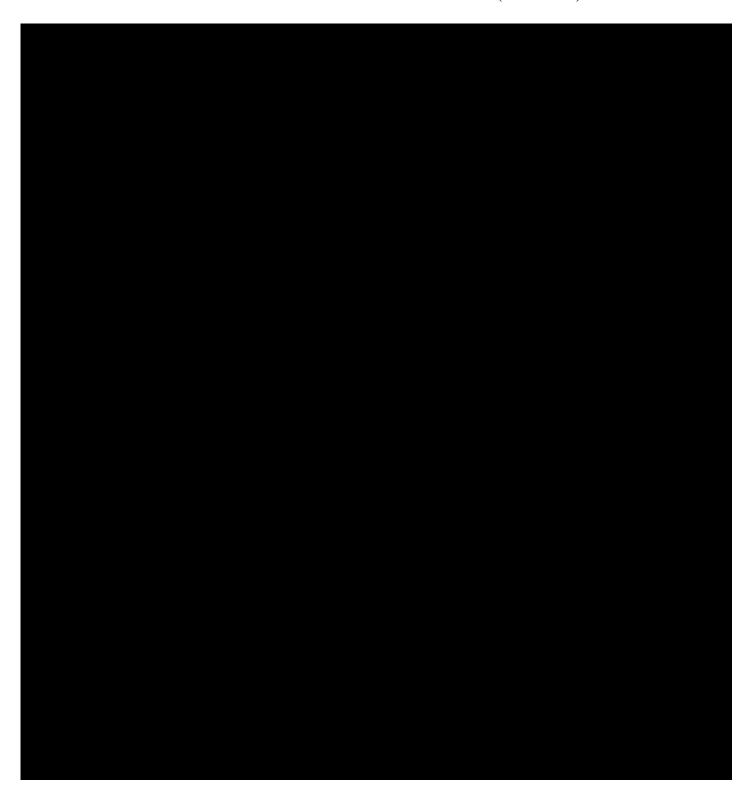
December 31, 2024



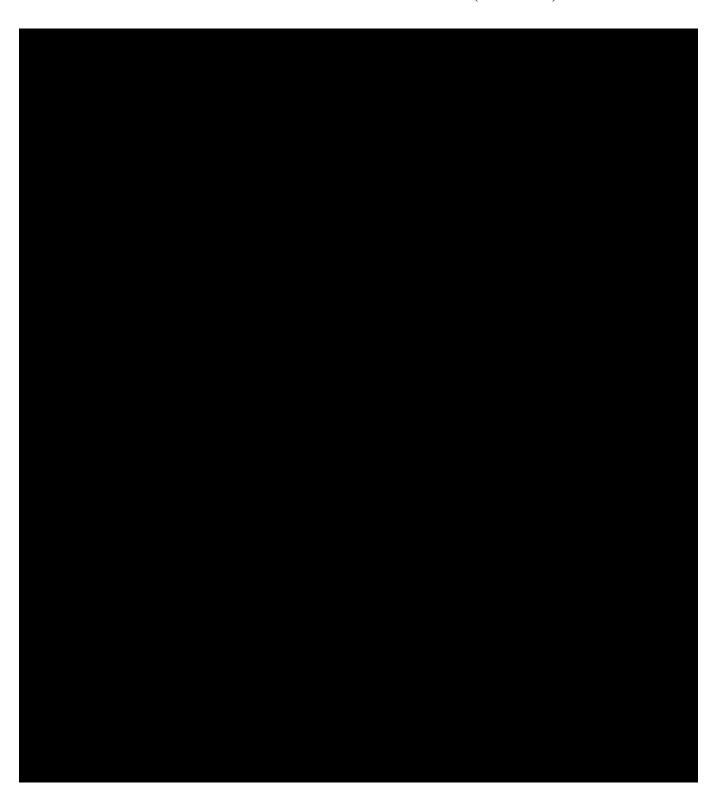


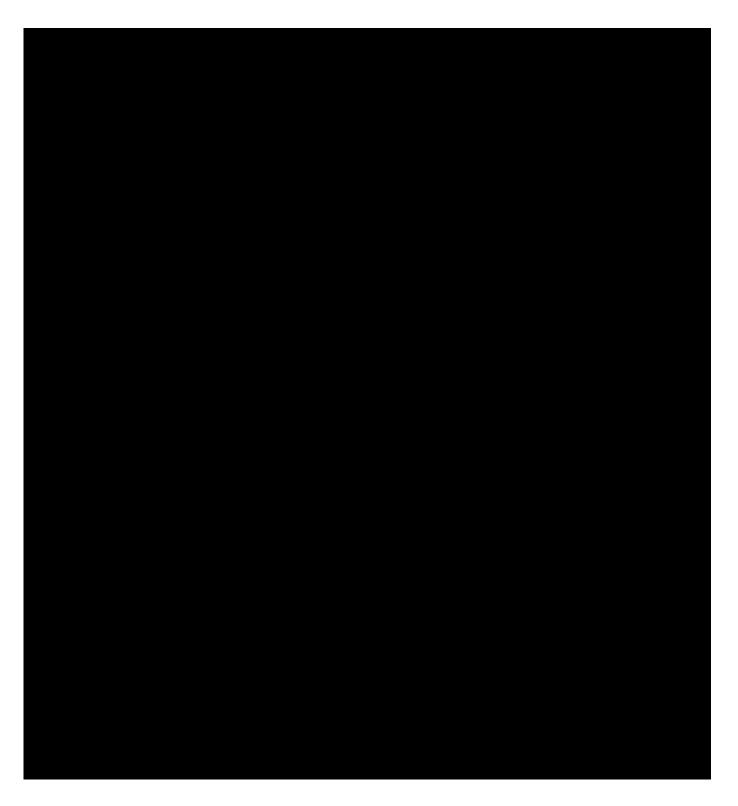




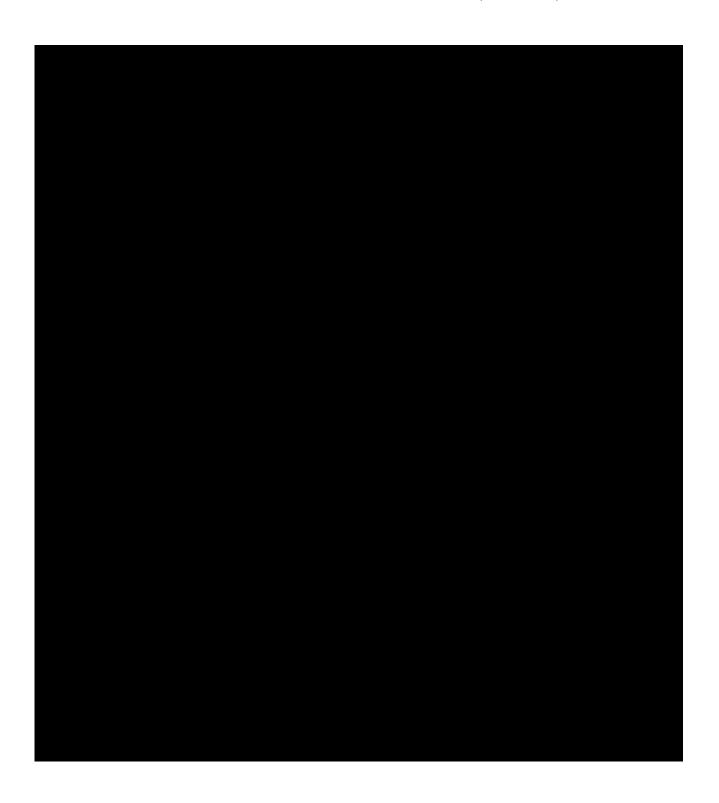




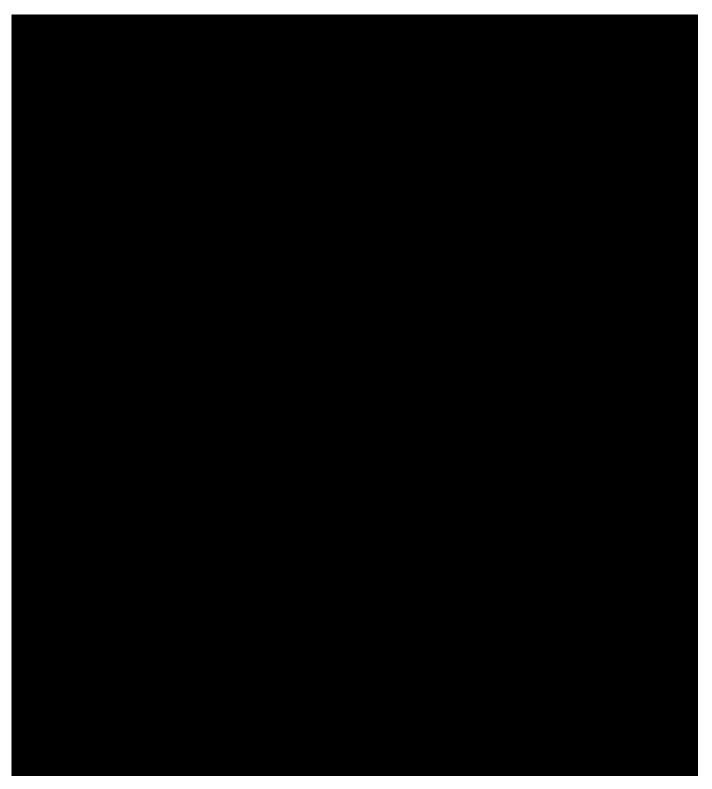


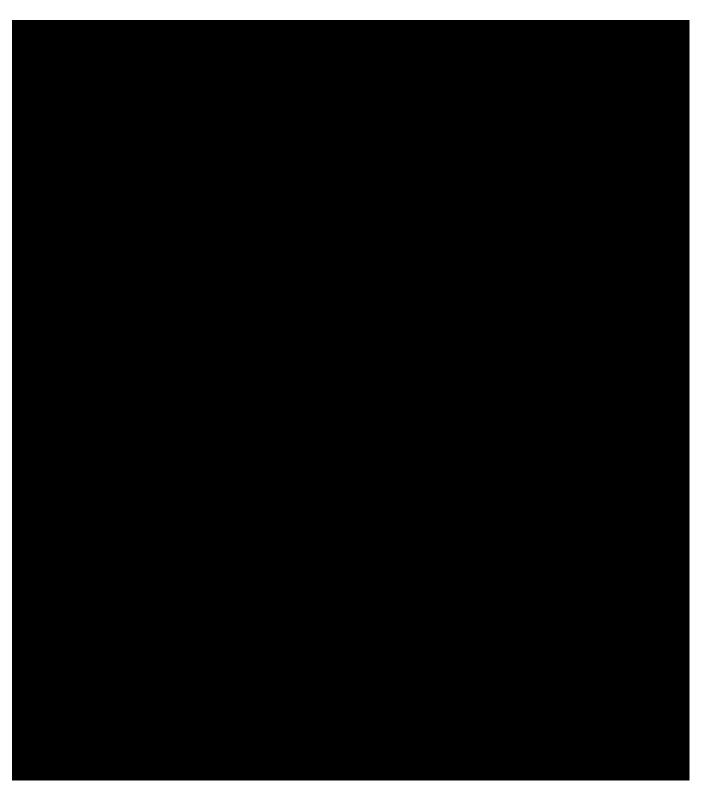


















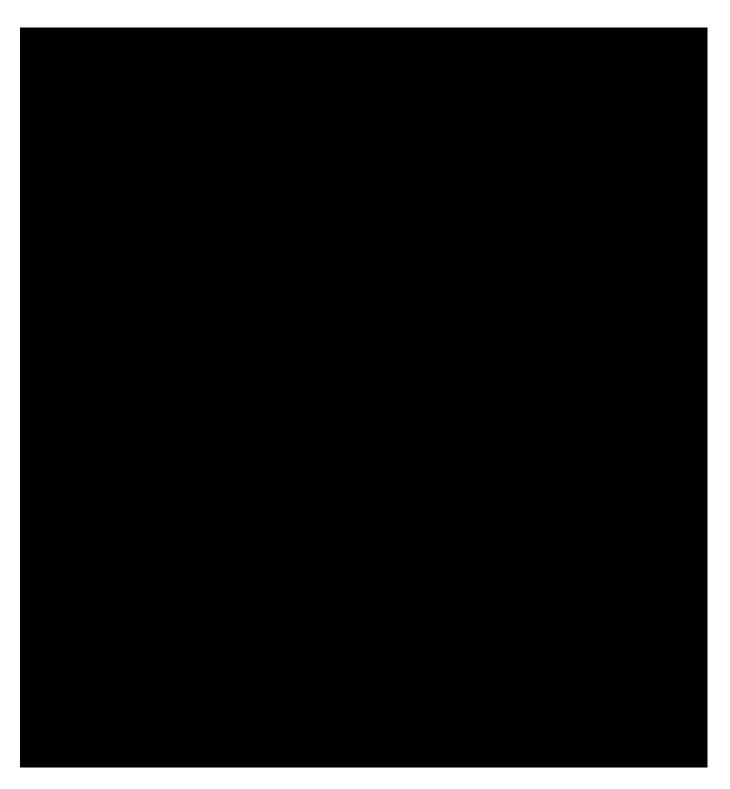




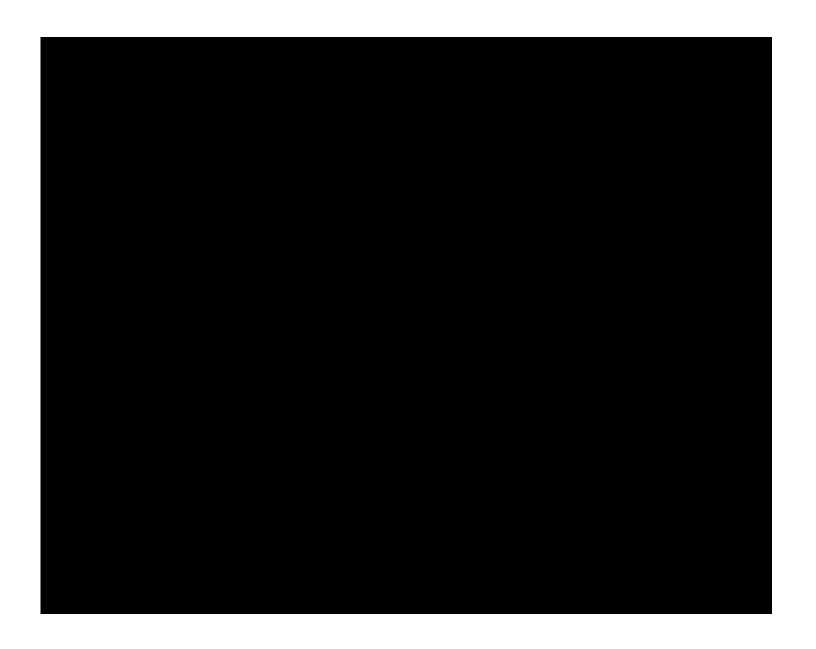


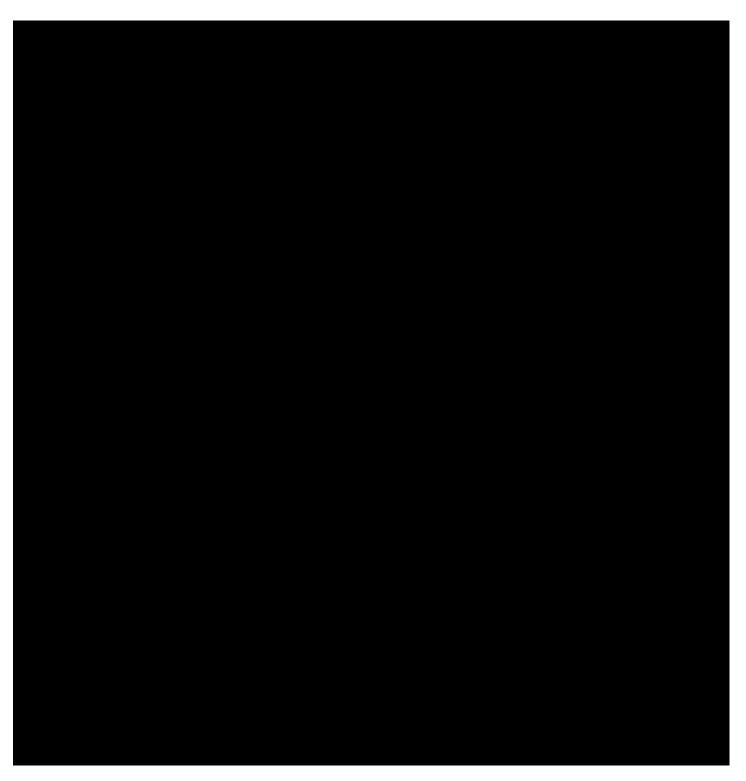














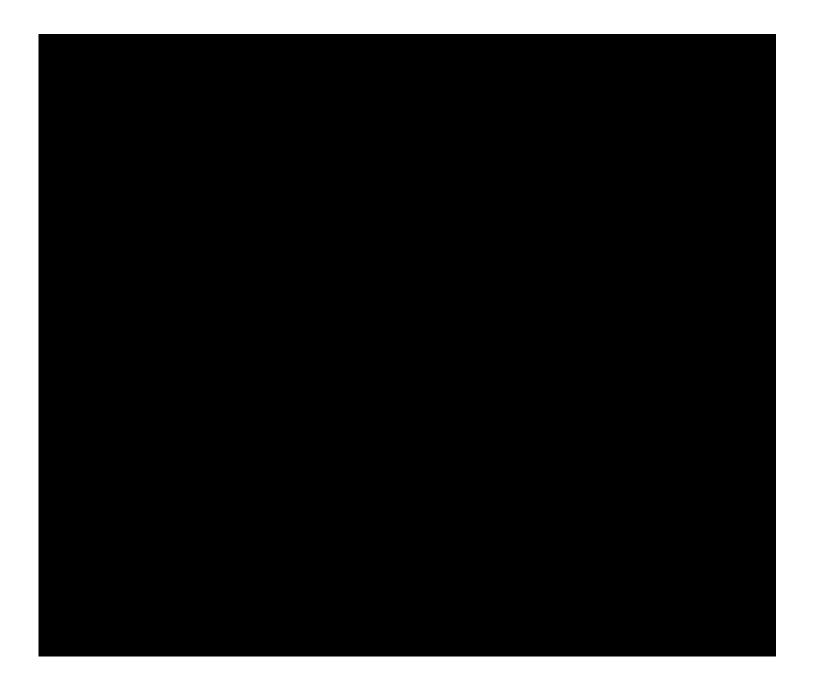








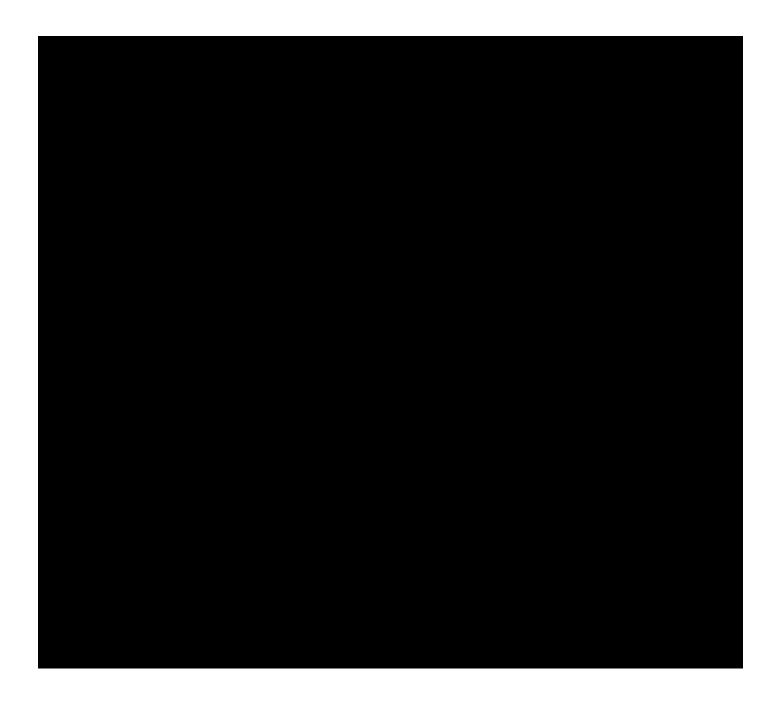






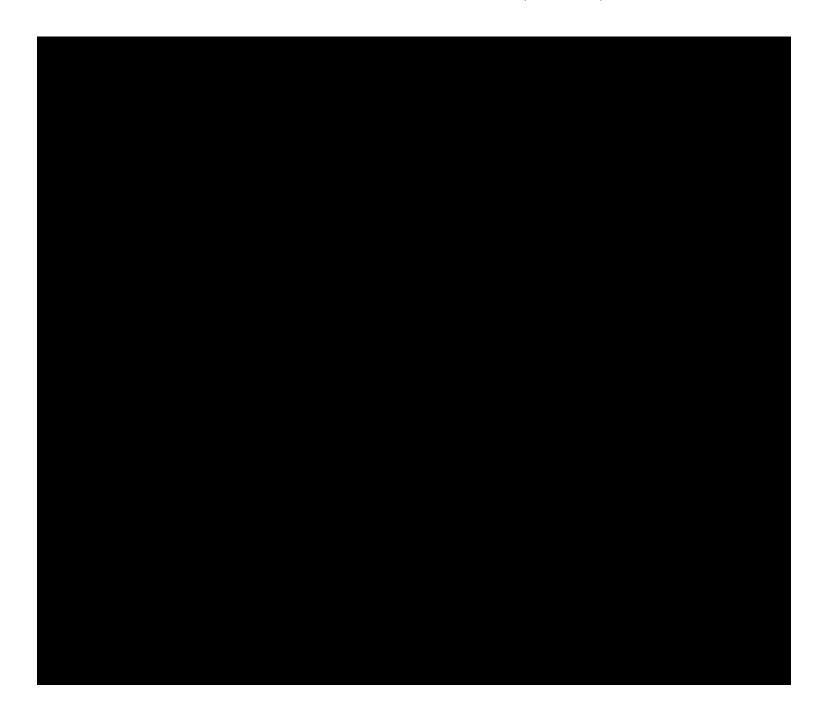






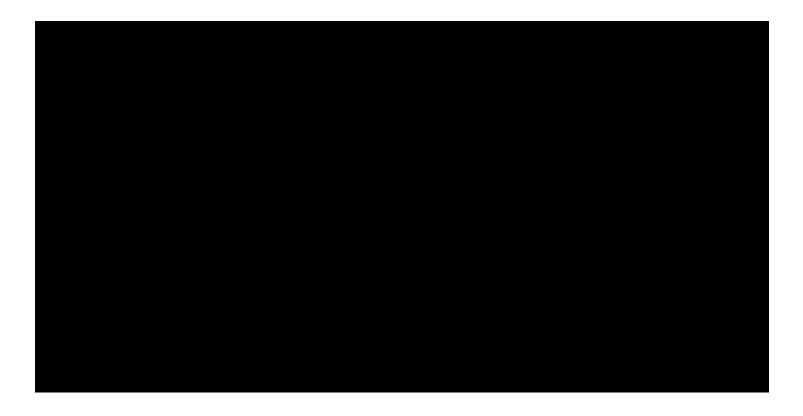












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# Schedule 9 Project Financing

### **Contents:**

o Schedule 9 - Proposed Plan for Project Financing

### **New York State Department of Health Certificate of Need Application**

### **Schedule 9 Proposed Plan for Project Financing:**

I. Summary of Proposed Financial plan
Check all that apply and fill in corresponding amounts.

	Type	Amount
	A. Lease	
$\boxtimes$	B. Cash	
$\boxtimes$	C. Mortgage, Notes, or Bonds	
$\boxtimes$	D. Land	
	E. Other	
$\boxtimes$	F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b)	

If refinancing is used, please complete area below.

Refinancing	\$
Total Mortgage/Notes/Bonds (Sum E + Refinancing)	\$

#### II. Details

#### A. Leases

	N/A	Title of Attachment
List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable.	$\boxtimes$	
2. Attach a copy of the proposed lease(s).	$\boxtimes$	
3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant.	$\boxtimes$	
4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment.	$\boxtimes$	
5. If applicable, identify separately the total square footage to be occupied by the Article 28 facility and the total square footage of the building.	$\boxtimes$	
6. Attach two letters from independent realtors verifying square footage rate.	$\boxtimes$	
7. For all capital leases as defined by FASB Statement No. 13, "Accounting for Leases", provide the net present value of the monthly, quarterly or annual lease payments.	$\boxtimes$	

# New York State Department of Health Certificate of Need Application

### B. Cash

Туре	Amount
Accumulated Funds	
Sale of Existing Assets	
Gifts (fundraising program)	
Government Grants	
Other	
TOTAL CASH	

	N/A	Title of Attachment
1. Provide a breakdown of the sources of cash. See sample table above.		See table above
2. Attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date. If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented to improve operations. In establishment applications for Residential Health Care Facilities, attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date for the subject facility and all affiliated Residential Health Care Facilities. If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented (or to be implemented in the case of the subject facility) to improve operations.		2024 MSKCC Audited Financial Statements.pdf & Notes to Schedule 9 - Griffin Pavilion.docx
3. If amounts are listed in "Accumulated Funds" provide cross- reference to certified financial statement or Schedule 2b, if applicable.		Notes to Schedule 9 - Griffin Pavilion.docx
4. Attach a full and complete description of the assets to be sold, if applicable.	$\boxtimes$	
<ul> <li>5. If amounts are listed in "Gifts (fundraising program)":</li> <li>Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges.</li> <li>If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan.</li> <li>Provide a history of recent fund drives, including amount pledged and amount collected</li> </ul>		Notes to Schedule 9 - Griffin Pavilion.docx

	N/A	Title of Attachment
<ul> <li>6. If amounts are listed in "Government Grants":</li> <li>List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted.</li> <li>Provide documentation of eligibility for the funds.</li> <li>Attach the name and telephone number of the contact person at the awarding Agency(ies).</li> </ul>		
7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability.	$\boxtimes$	
8. Current Department policy expects a minimum equity contribution of 10% of total project cost (Schedule 8b line 10)) for all Article 28 facilities with the exception of Residential Health Care Facilities that require 25% of total project cost (Schedule 8b, line 10). Public facilities require 0% equity.		10% Equity Contribution has been met.
9. Provide an equity analysis for member equity to be provided. Indicate if a member is providing a disproportionate share of equity. If disproportioned equity shares are provided by any member, check this box □	$\boxtimes$	

### C. Mortgage, Notes, or Bonds

	N/A	Title of Attachment
Attach a copy of a letter of interest from the intended source of permanent financing that indicates principal, interest, term, and payout period.		Notes to Schedule 9 - Griffin Pavilion.docx
If New York State Dormitory Authority (DASNY) financing, then attach a copy of a letter from a mortgage banker.	$\boxtimes$	
Provide details of any DASNY bridge financing to HUD loan.	$\boxtimes$	
4. If the financing of this project becomes part of a larger overall financing, then a new business plan inclusive of a feasibility package for the overall financing will be required for DOH review prior to proceeding with the combined financing.	$\boxtimes$	

#### D. Land

Provide details for the land including but not limited to; appraised value, historical cost, and purchase price. See sample table below.

	Total Project	
Appraised Value	\$	
Historical Cost	\$	
Purchase Price	\$	
Other	\$0	

	N/A	Title of Attachment
I. If amounts are listed in "Other", attach documentation and a description as applicable.		See Notes to Schedule 9 - Griffin Pavilion.docx regarding land being used for project.
2. Attach a copy of the Appraisal. Supply the appraised date and the name of the appraiser.	$\boxtimes$	
Submit a copy of the proposed purchase/option agreement.	$\boxtimes$	
Provide an affidavit indicating any and all relationships between seller and the proposed operator/owner.	$\boxtimes$	

#### E. Other

Provide listing and breakdown of other financing mechanisms.

	Total Project
Notes	
Stock	
Other	

	N/A	Title of Attachment
Attach documentation and a description of the method of financing	$\boxtimes$	

### F. Refinancing

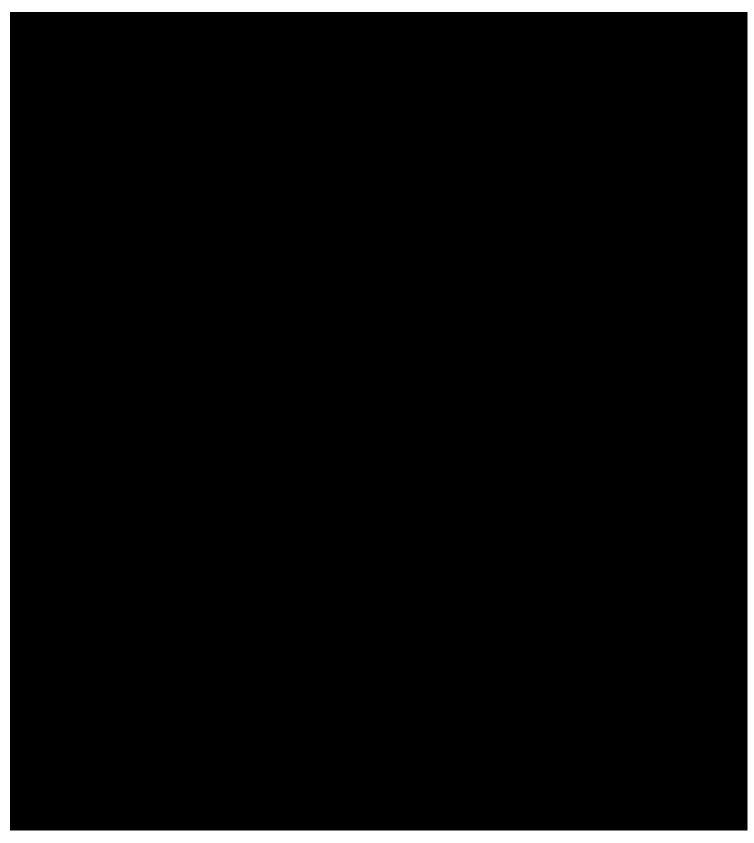
	N/A	Title of Attachment
1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining.	$\boxtimes$	

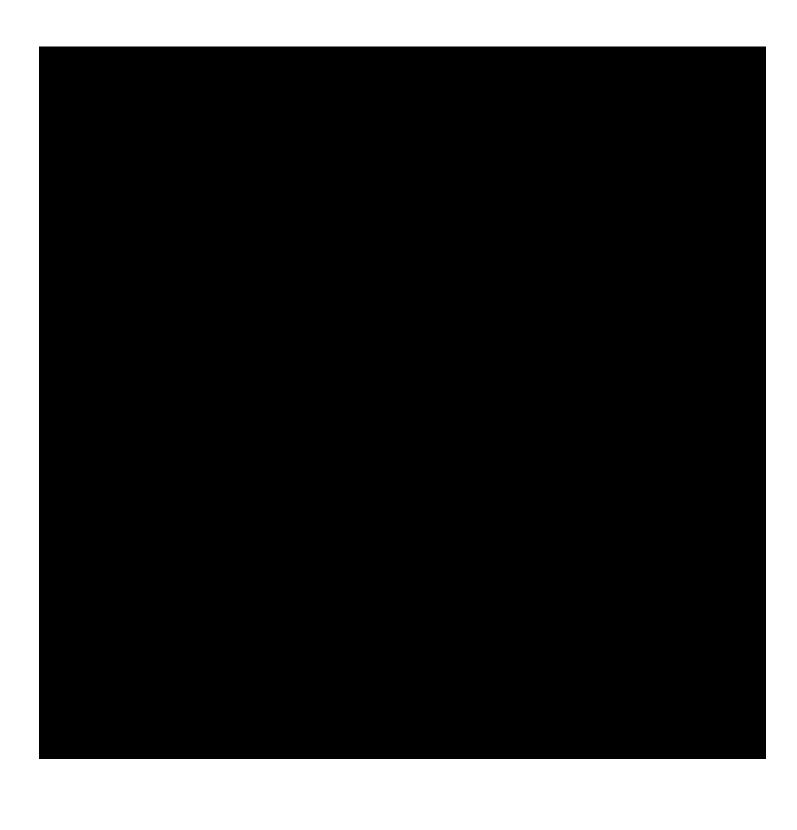
### New York State Department of Health Certificate of Need Application

Schedule 9

2. Attach a description of the mortgage to be refinanced. Provide full details of the existing debt and refinancing plan inclusive of original and current amount, term, assumption date, and refinancing fees. The term of the debt to be refunded may not exceed the remaining average useful life of originally financed assets. If existing mortgage debt will not be refinanced, provide documentation of consent from existing lien holders of the proposed financing plan.

Schedule 9 – Proposed Plan for Project Financing Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center Notes





### New York State Department of Health Certificate of Need Application Schedule 10 - Space & Construction Cost Distribution

For all Full or Administrative review applications, except Establishment-Only applications. New Construction and Renovation must be entered on separate sheets (see instructions in line 43).

Codes for completing this table are found in the Functional Codes Lookups sheet (see tab below).

	Indic	ate if this project i		New Construction:	X OR		ovation:	
	4	B D E		F	G	Н		
Sub project	Building	Location Floor	Functional Code	Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. Current (un-escalated)	(F x G) Construction Cost TOTAL Current sch.8B col.A (un-escalated)	Alterations, Scope of work
	Р	SUBCELLAR 2	962	On-site Parking, Excluding Garage Structure (parking lot)				
	Р	SUBCELLAR 1	962	On-site Parking, Excluding Garage Structure (parking lot)				
	Р	CELLAR	962	On-site Parking, Excluding Garage Structure (parking lot)				
	Р	1	102	Ambulance				
	Р	1	923	Lobby/Waiting/Public Entrance				
	Р	1 MEZZ	923	Lobby/Waiting/Public Entrance				
	Р	2	922	Chapel/Meditation	Chapel/Meditation			
	Р	2	923	Lobby/Waiting/Public Entrance				
	Р	2	924	Coffee/Gift Shop/Flower/Canteen/Snack Bar				
	Р	4	942	Laundry/Linen				
	Р	4	943	Maintenance/Housekeeping				
	Р	4	944	Medical Supplies/Central Services/Storage				

### New York State Department of Health Certificate of Need Application

**Schedule 10 - Space & Construction Cost Distribution** 

Sche	Schedule 10 - Space & Construction Cost Distribution							
	Р	4	946	Staff Lockers				
	Р	5	742	Baseline Pharmaceutical Service				
	Р	5	744	Baseline Recovery Room				
	Р	5	946	Staff Lockers				
	Р	5	947	Tunnels, Bridges and Other Enclosed Circulation Spaces				
	Р	6	210	Diagnostic Radiology				
	Р	6	946	Staff Lockers				
	Р	6	947	Tunnels, Bridges and Other Enclosed Circulation Spaces				
	Р	7	744	Baseline Recovery Room				
	Р	7	946	Staff Lockers				
	Р	8	902	General Administration				
	Р	8	921	Cafeteria				
	Р	8	946	Staff Lockers				
	Р	9	941	Central Sterile and Supply				

### New York State Department of Health Certificate of Need Application Schedule 10 - Space & Construction Cost Distribution

For all Full or Administrative review applications, except Establishment-Only applications. New Construction and Renovation must be entered on separate sheets (see instructions in line 43). Codes for completing this table are found in the Functional Codes Lookups sheet (see tab below).

Indi	cate if	this pr	oject is	New Construction:	X OR	Ren	novation:	
A	4	В	D	E	F	G H		
Sub project	Loca Building	ation Floor	Functional Code	Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. Current (un-escalated)	(F x G) Construction Cost TOTAL Current sch.8B col.A (un-escalated)	Alterations, Scope of work
	Р	10	741	Baseline Operating Room				
	Р	11	741	Baseline Operating Room				
	Р	12	741	Baseline Operating Room				
	Р	14	107	Intensive Care				
	Р	15	107	Intensive Care				
	Р	16	736	Baseline Medical/Surgical				
	Р	17	736	Baseline Medical/Surgical				

### New York State Department of Health Certificate of Need Application

**Schedule 10 - Space & Construction Cost Distribution** 

SCITE	Schedule 10 - Space & Construction Cost Distribution							
	Р	18	736	Baseline Medical/Surgical				
	Р	19	736	Baseline Medical/Surgical				
	Р	23	736	Baseline Medical/Surgical				
	Р	24	736	Baseline Medical/Surgical				
	Р	25	736	Baseline Medical/Surgical				
	Р	26	921	Cafeteria				
				Core & Shell Construction				
			960	Building System				
			968	Vertical & Horizontal Mechanized Movement (elevators, cart system)				
			980	Other Functions				
		To	otals fo	or Whole Project:				

### New York State Department of Health Certificate of Need Application Schedule 10 - Space & Construction Cost Distribution

1. If New Construction is Invol	ved, is it "freestandin	g? X NO	
	Dense Urban	Other metropolitan or suburban	Rural
<ol><li>Check the box that best describes the location of the facilities affected by this project:</li></ol>	X		

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator.engineer,

	Description of the second	DATE			
She	elly a	nderson	5-1-2025		
		NAME	TITLE		
Shelly Anders	son		Executive Vice President, Hospital President		
		NAMI	E OF FIRM		
Memorial Hos	spital for Cano	er and Allied Diseases	(PFI #1453)		
		STREE	「 & NUMBER		
1275 York Av	enue				
CITY	STATE	ZIP	PHONE NUMBER		
New York	NY	10065			

# New York State Department of Health Certificate of Need Application Schedule 10 - Space & Construction Cost Distribution

Indicate if this project is: New Construction:					OR		ovation: X	
	4	В	D	E	F	G	Н	
Sub project	Building	Location Floor	Functional Code	Description of Functional Code (enter Functional code in Column D, description appears here automatically)	nctional oss SF	Construction Cost PER S.F. Current (un-escalated)	(F x G) Construction Cost TOTAL Current sch.8B col.A (un-escalated)	Alterations, Scope of work
	RRL	SUBCELLAR	923	Lobby/Waiting/Public Entrance				
	RRL	SUBCELLAR	943	Maintenance/Housekeeping				
	RRL	SUBCELLAR	948	Equipment Maintenance (includes Biomedical Engineering Service)				
	RRL	SUBCELLAR	968	Vertical & Horizontal Mechanized Movement (elevators, cart system)				
	RRL	SUBCELLAR	962	On-site Parking, Excluding Garage Structure (parking lot)				
	RRL	CELLAR	923	Lobby/Waiting/Public Entrance				
	RRL	CELLAR	943	Maintenance/Housekeeping				
	RRL	CELLAR	968	Vertical & Horizontal Mechanized Movement (elevators, cart system)				
	RRL	CELLAR	980	Other Functions				
	RRL	CELLAR	962	On-site Parking, Excluding Garage Structure (parking lot)				
	RRL	1 MEZZ	947	Tunnels, Bridges and Other Enclosed Circulation Spaces				
	RRL	1 MEZZ	968	Vertical & Horizontal Mechanized Movement (elevators, cart system)				
		Totals	for W	hole Project:				

# New York State Department of Health Certificate of Need Application Schedule 10 - Space & Construction Cost Distribution

For all Full or Administrative review applications, except Establishment-Only applications. New Construction and Renovation must be entered on separate sheets (see instructions in line 43).

Codes for completing this table are found in the Functional Codes Lookups sheet (see tab below).

Indicate if this project is: New Construction:					OR	Ren	ovation: X	
A	4	В	D	E	F	G	Н	I
	Loca	ation					(F x G)	
Sub project	Building	Floor	Functional Code	Description of Functional Code (enter Functional code in Column D, description appears here automatically)	Functional Gross SF	Construction Cost PER S.F. Current (un-escalated)	Construction Cost TOTAL Current sch.8B col.A	Alterations, Scope of work
	М	7	736	Baseline Medical/Surgical				
	М	7	980	Other Functions				
	М	8	736	Baseline Medical/Surgical				
	М	8	980	Other Functions				
	М	8	982	Housing on Call (Interns, residents, physicians)				

New York State Department of Health
Certificate of Need Application
Schedule 10 - Space & Construction Cost Distribution

Totals for Whole Project:			
New Construction Renovation			
Total Project			
	Dense Urban	Other metropolitan or suburban	Rural
Check the box that best describes the cation of the facilities affected by this oject:	X		

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator engineer,

<u> </u>		SIGNATURE	DATE
Sh	elly	anderson	5-1-2025
		NAME	TITLE
Shelly Anders	on		Executive Vice President, Hospital President
		NA	ME OF FIRM
Memorial Hos	pital for Cand	er and Allied Diseases (P	FI #1453)
		STRE	ET & NUMBER
1275 York Av	enue		
CITY	STATE	ZIP	PHONE NUMBER
New York	NY	10065	

# New York State Department of Health Certificate of Need Application Schedule 11 - Moveable Equipment

For Article 28, 36, and 40 Construction Projects Requiring Full or Administrative Review \*

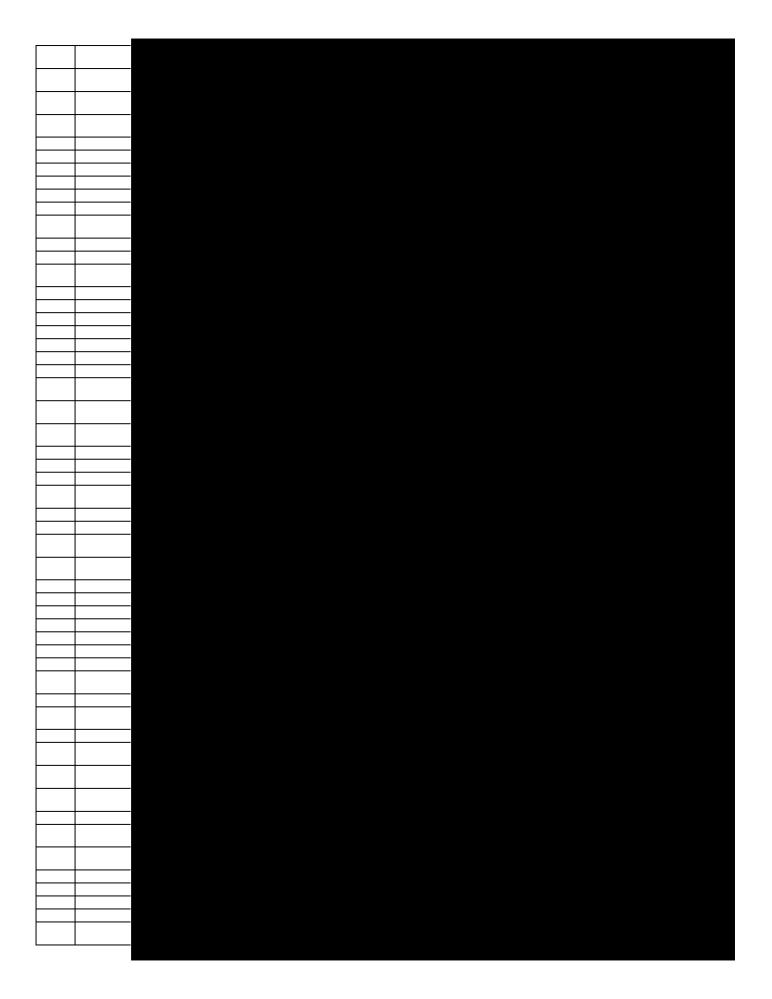
**Table I: New Equipment Description** 

, ,	Functional Code		Number of units	purchase	Date of the end of the lease period	Lease Amount or Purchase Price		
1		Movable Medical Equipment: See Sch_11 Attachment 1 for details						
1		Furniture						
1		Signage						
1		Artwork						
Total lease and purchase costs: Whole Project:								

# Table 2 - Equipment being replaced:

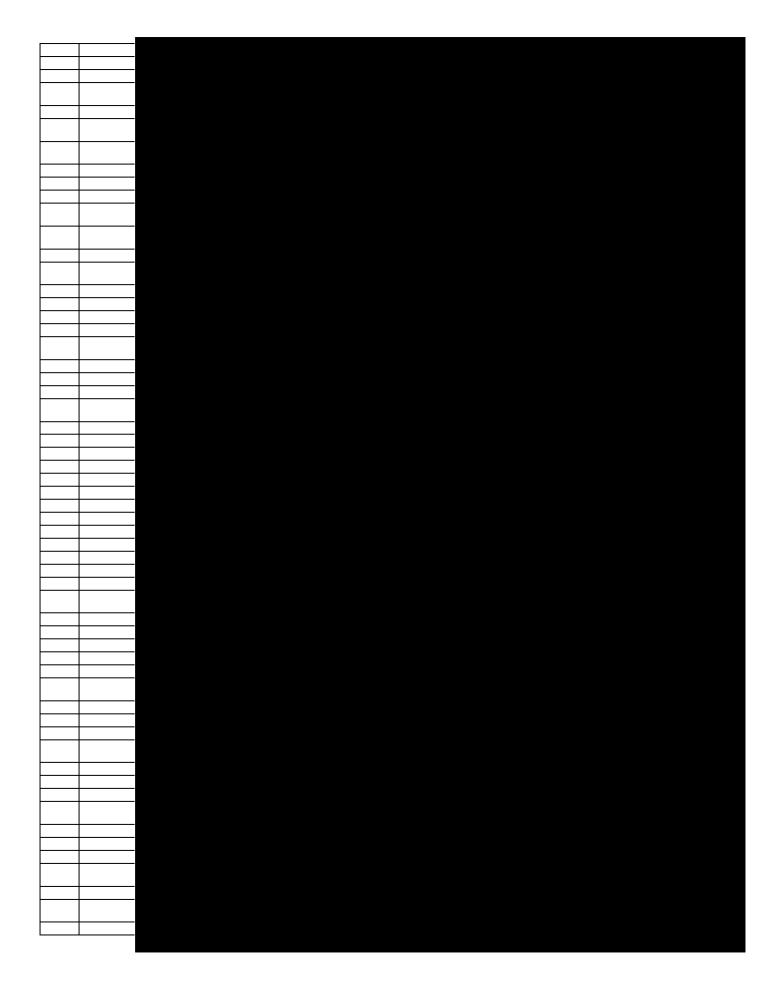
, ,		Description, including model, manufacturer year of manufactor where applicable.	Number of units		Estimated Current Value	
		N/A				
Total estimated value of equipment being replaced: Whole Project:						

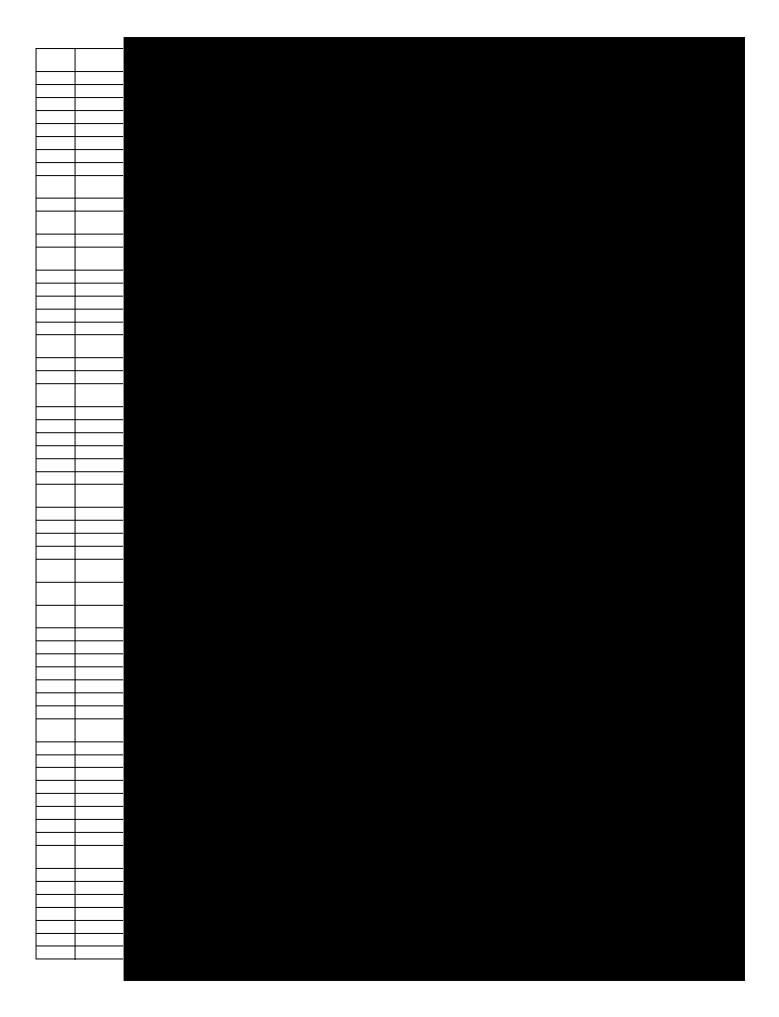
Sub project Number	Functional Code	Description of equipment, including model, manufacturer, and year of manufactor where applicable.	Number of units	Lease (L) or Purchase (P)	Date of the end of the lease period	Lease Amount or Purchase Price

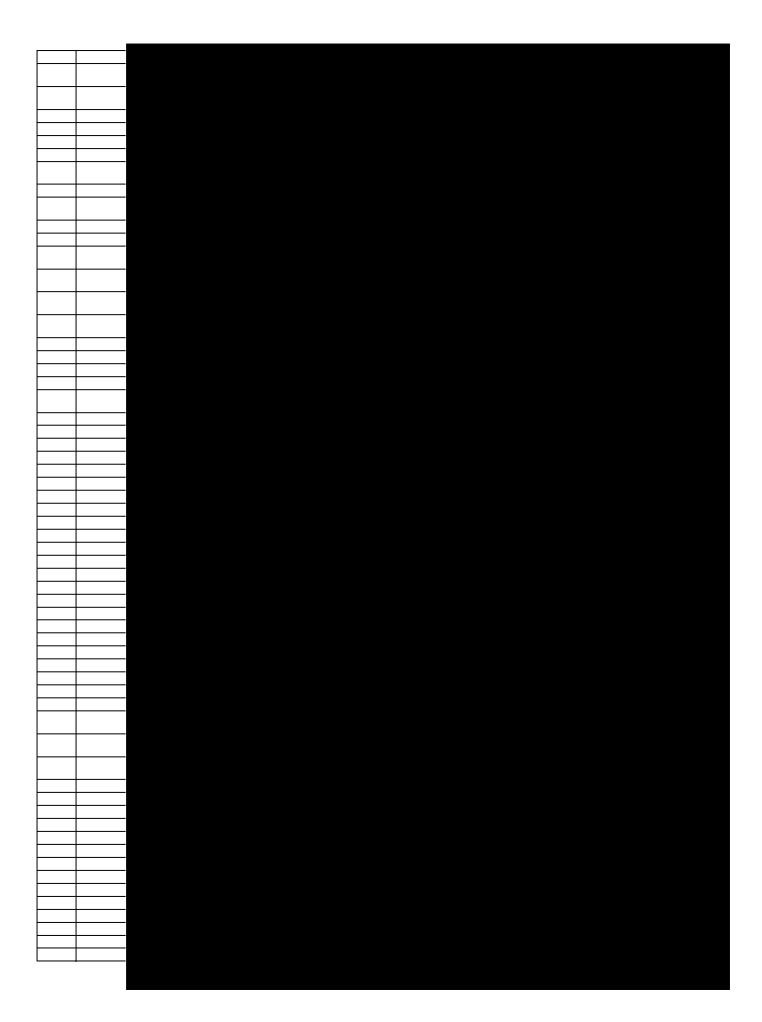


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		Total lease and purchase costs: Subproject 1	
		Total lease and purchase costs: Subproject 2	
		Total lease and purchase costs: Subproject 3	
		Total lease and purchase costs: Subproject 4	
		Total lease and purchase costs: Subproject 5	
		Total lease and purchase costs: Subproject 6	
		Total lease and purchase costs: Subproject 7	
		Total lease and purchase costs: Subproject 8	
		Total lease and purchase costs: Whole Project:	

# Schedule 13 All Article 28 Facilities

# **Contents:**

- Schedule 13 A Assurances
- o Schedule 13 B Staffing
- o Schedule 13 C Annual Operating Costs
- o Schedule 13 D Annual Operating Revenue

# Schedule 13A

# Schedule 13 A. Assurances from Article 28 Applicants

Article 28 applicants seeking combined establishment and construction or construction-only approval must complete this schedule.

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York.
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to ensure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

Date	5-1-2025	Shell anderse
		Signature: //
		Shelly Anderson Name (Please Type)
		Hospital President Title (Please type)

## Schedule 13 B-1. Staffing

or

M Total Project

See "Schedules Required for Each Type of CON" to determine when this form is required. Use the "Other" categories for providers, such as dentists, that are not mentioned in the staff categories. If a project involves multiple sites, please create a staffing table for each site.

Subproject number

		_		_		_
	A	B C			D	
				s to the Nea		
	Staffing Categories	Current Year*		First Year otal Budget		nird Year tal Budget
1. Manageme	nt & Supervision					
2. Technician	& Specialist					
3. Registered	Nurses					
4. Licensed P	ractical Nurses					
5. Aides, Orde	erlies & Attendants					
6. Physicians						
7. PGY Physic	cians					
8. Physicians'	Assistants					
9. Nurse Prac	titioners					
10. Nurse Mid	wife					
	kers and Psychologist**					
12. Physical T	herapists and PT Assistants					
13. Occupation	nal Therapists and OT Assistants					
14. Speech Th	erapists and Speech Assistants					
15. Other Ther	apists and Assistants					
16. Infection ( Service	Control, Environment and Food					
17. Clerical & 0	Other Administrative					
18. Other	All Other Management Support					
19. Other	Other Reimbursable Personnel					
20. Other	Non-Reimbursable Personnel					
21. Total Num	ber of Employees					

#### Describe how the number and mix of staff were determined:

Current Year Staffing: Total 2024 FTEs were spread to the various staffing categories using Exhibit 35 of the 2023 NYSICR for Memorial Hospital for Cancer and Allied Diseases since the 2024 NYSICR is currently being prepared. This column can be updated when the 2024 NYSICR is completed if signficant differences are noted.

First & Third Year Staffing: Non direct patient care staff were determined by each department as categorized (i.e.-Security, Environmental Services). Staffing was determined by the days of the week

<sup>\*</sup>Last complete year prior to submitting application

<sup>\*\*</sup>Only for RHCF and D&TC proposals

Schedule 13B

to be covered, hours of the day (shifts) job function, span of area covered (for example, square footage of housekeeping coverage).	
The direct care providers were determined by patient volume and standards of practice, relief factor for vacation/holiday/sick as per customary in the current environment.	

# Schedule 13 B-2. Medical/Center Director and Transfer Agreements

All diagnostic and treatment centers and midwifery birth centers should complete this section when requesting a new location. DTCs are required to have a Medical Director who is a physician. MBCs may have a Center Director who is a physician or a licensed midwife.

Medical/	Center Direct	or	
nter			
	Not Applicable	Title of Attachment	Filename of attachment
er			
•			
ansfer & A	ffiliation Agre	ement	
agreement			
oposed e.			
time from ospital			
of intent or	N/A ☐ Attachment N	ame:	
e proposed			
oposed I.			
	ansfer & A agreement oposed time from ospital of intent or e proposed oposed	Not Applicable  ansfer & Affiliation Agree agreement oposed time from ospital of intent or Attachment N e proposed oposed	Not Applicable Attachment  ansfer & Affiliation Agreement  agreement  oposed  time from ospital  of intent or Attachment Name:  e proposed  oposed

Schedule 13B

0	Distance in minutes of travel time from
	the proposed facility to the nearest
	hospital.

# Schedule 13 B-3. AMBULATORY SURGERY CENTERS ONLY - Physician Commitments

Upload a spreadsheet or chart as an attachment to this Schedule of all practitioners, including surgeons, dentists, and podiatrists who have expressed an interest in practicing at the Center. The chart must include the information shown in the template below.

**Additionally,** upload copies of letters from each practitioner showing the number and types of procedures he/she expects to perform at the Center per year.

Practitioner's Name	License Number	Specialty/(s)	Board Certified or Eligible?	Expected Number of Procedures	Hospitals where Physician has Admitting Privileges	Title and File Name of attachment
---------------------	-------------------	---------------	------------------------------------	-------------------------------------	--	-----------------------------------

# **Schedule 13 C. Annual Operating Costs**

See "Schedules Required for Each Type of CON" to determine when this form is required. One schedule must be completed for the total project and one for each of the subprojects. Indicate which one is being reported by checking the appropriate box at the top of the schedule.

Use the below tables or upload a spreadsheet as an attachment to this Schedule that matches the structure of the tables (Attachment Title: ) to summarize the first and third full year's total cost for the categories, which are affected by this project. The first full year is defined as the first 12 months of full operation after project completion. Year 1 and 3 should represent projected total budgeted costs expressed in current year dollars. Additionally, you must upload the required attachments indicated below.

**Required Attachments** 

_		Title of Attachment	Filename of Attachment
1.	In an attachment, provide the basis for determining budgeted expenses, including details for how depreciation and rent / lease expenses were calculated.	Schedule 13C – Annual Operating Costs Notes (Incl. Reference to Depr. Schedule)	Schedule 13C Notes _Griffin Pavilion.docx
2.	In a sperate attachment, provide the basis for interest cost. Separately identify, with supporting calculations, interest attributed to mortgages and working capital	Calculation of Interest Expense	Griffin Pavilion Interest Calc Attach to Sch 13C.xlsx

☑ Total Project or ☐ Subproject Number	
--	--

#### **Table 13C - 1**

	а	b	С
Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)			
Salaries and Wages			
1a. FTEs			
Employee Benefits			
3. Professional Fees			
Medical & Surgical Supplies			
5. Non-med., non-surg. Supplies			
6. Utilities			
7. Purchased Services			
Other Direct Expenses			
9. Subtotal (total 1-8)			
10. Interest (details required below)			
11. Depreciation (details required below)			
12. Rent / Lease (details required below)			
13. Total Operating Costs			

**Table 13C - 2** 

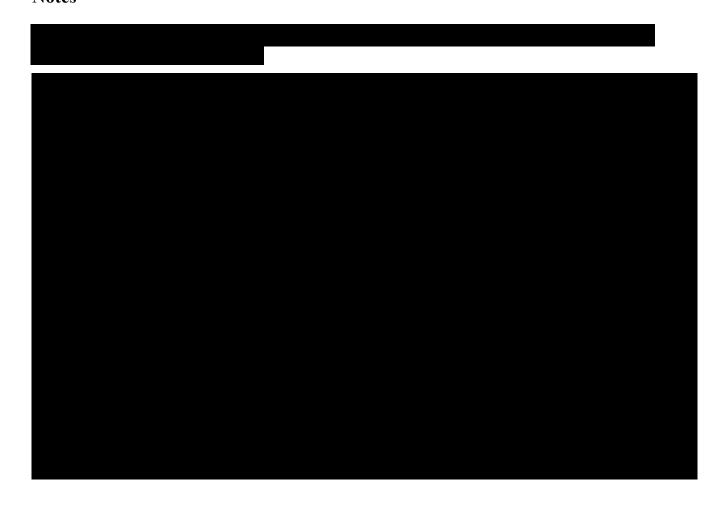
	а	b	С
Inpatient Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)			
Salaries and Wages			
1a. FTEs			
2. Employee Benefits			
3. Professional Fees			
4. Medical & Surgical Supplies			
5. Non-med., non-surg. Supplies			
6. Utilities			
7. Purchased Services			
8. Other Direct Expenses			
9. Subtotal (total 1-8)			
10. Interest (details required below)			
11. Depreciation (details required below)			
12. Rent / Lease (details required below)			
13. Total Operating Costs			

**Table 13C - 3** 

	а	b	С
Outpatient Categories	Current Year	Year 1 Total Budget	Year 3 Total Budget
Start date of year in question:(m/d/yyyy)	_		
1. Salaries and Wages			
1a. FTEs			
2. Employee Benefits			
3. Professional Fees			
4. Medical & Surgical Supplies			
5. Non-med., non-surg. Supplies			
6. Utilities			
7. Purchased Services			
8. Other Direct Expenses			
9. Subtotal (total 1-8)			
10. Interest (details required below)			
11. Depreciation (details required below)			
12. Rent / Lease (details required below)			
13. Total Outpatient Operating Costs			

Any approval of this application is not to be construed as an approval of any of the above indicated current or projected operating costs. Reimbursement of any such costs shall be in accordance with and subject to the provisions of Part 86 of 10 NYCRR. Approval of this application does not assure reimbursement of any of the costs indicated therein by payers under Title XIX of the Federal Social Security Act (Medicaid) or Article 43 of The State Insurance Law or by any other payers.

Schedule 13C – Annual Operating Costs Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center Notes



# KENNETH C. GRIFFIN PAVILION AT MEMORIAL SLOAN KETTERING CANCER CENTER CALCULATION OF INTEREST EXPENSE CURRENT YEAR DOLLARS

	Year	Amount Borrow	Interest Rate	Term
Loan				
Interest				
Principal				
Interest				
Principal				
Interest				
Principal				
Balance				
Total Interest				
Total Principal				
Capitalized Interest				
Total Capitalized Interest				
i otai Capitanzeu interest				
Interest Expense				
			·	

# Memorial Hospital for Cancer and Allied Diseases (Op. Cert. #7002020H)

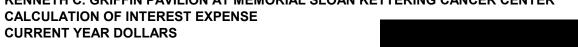
KENNETH C. GRIFFIN PAVILION AT MEMORIAL SLOAN KETTERING CANCER CENTER





# Memorial Hospital for Cancer and Allied Diseases (Op. Cert. #7002020H)

KENNETH C. GRIFFIN PAVILION AT MEMORIAL SLOAN KETTERING CANCER CENTER

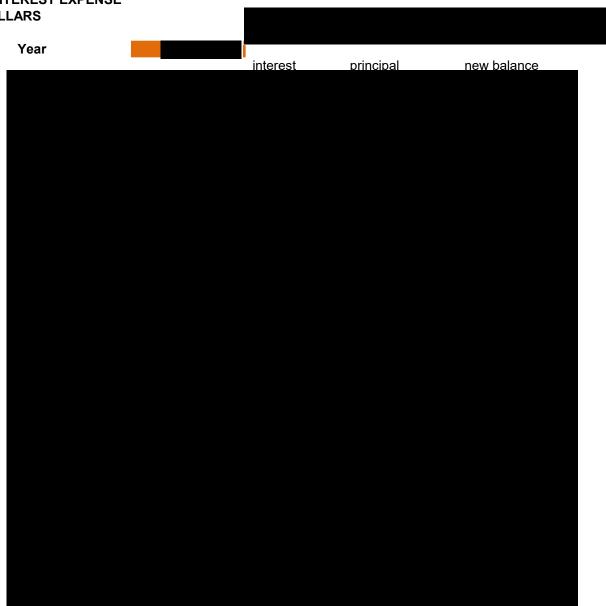




# Memorial Hospital for Cancer and Allied Diseases (Op. Cert. #7002020H)

KENNETH C. GRIFFIN PAVILION AT MEMORIAL SLOAN KETTERING CANCER CENTER

CALCULATION OF INTEREST EXPENSE CURRENT YEAR DOLLARS



## Schedule 13D

## Schedule 13 D: Annual Operating Revenues

See "Schedules Required for Each Type of CON" to determine when this form is required. If required, one schedule must be completed for the total project and one for each of the subprojects. Indicate which one is being reported by checking the appropriate box at the top of the schedule.

Use the below tables or upload a spreadsheet as an attachment to this Schedule (Attachment Title:

) to summarize the current year's operating revenue, and the first and third year's budgeted operating revenue (after project completion) for the categories that are affected by this project.

Table 1. Enter the current year data in column 1. This should represent the total revenue for the last complete year before submitting the application, using audited data. Project the first and third year's total budgeted revenue in current year dollars

Tables 2a and 2b. Enter current year data in the appropriate block. This should represent revenue by payer for the last complete year before submitting the application, using audited data.

Indicate in the appropriate blocks total budgeted revenues (i.e., operating revenues by payer to be received during the first and third years of operation after project completion). As an attachment, provide documentation for the rates assumed for each payer. Where the project will result in a rate change, provide supporting calculations. For managed care, include rates and information from which the rates are derived, including payer, enrollees, and utilization assumptions.

The Total of Inpatient and Outpatient Services at the bottom of Tables 13D-2A and 13D-2B should equal the totals given on line 10 of Table 13D-1.

**Required Attachments** 

	N/A	Title of Attachment	Filename of Attachment
1. Provide a cash flow analysis for the first year of operations after the changes proposed by the application, which identifies the amount of working capital, if any, needed to implement the project.			
Provide the basis and supporting calculations for all utilization and revenues by payor.		Schedule 13D – Annual Operating Revenue Notes	Schedule 13D Notes _Griffin Pavilion.docx
3. Provide the basis for charity care revenue assumptions used in Year 1 and 3 Budgets ((Table 13D-2B). If less than 2%, provide a reason why a higher level of charity care cannot be achieved and remedies that will be implemented to increase charity care.		Schedule 13D – Annual Operating Revenue Notes	Schedule 13D Notes _Griffin Pavilion.docx

# **Table 13D - 1**

	а	b	С
Categories	Current Year	Year 1 Total Revenue Budget	Year 3 Total Revenue Budget
Start date of year in question:(m/d/yyyy)			
Inpatient Services			
Outpatient Services			
Ancillary Services			
4. Total Gross Patient Care Services Rendered			
5. Deductions from Revenue			
Net Patient Care Services Revenue			
7. Other Operating Revenue (Identify sources)			
Retail Pharmacy Revenue and Other			
Hospital Services			
Medical Practice Revenue			
Billing to Affiliates			
Other Revenue			
8. Total Operating Revenue (Total 1-7)			
9. Non-Operating Revenue			
10. Total Project Revenue			
•			

# **Table 13D – 2A**

Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days ⊠ or Patient Discharges □

Inpatient Services		Total Current Year			First Year Total Budget			Third Year Total Budget		
Source of Revenue			Net Revenue			Net Revenue			Net Revenue	
		(A) Patient Days or dis- charges	( <b>B)</b> Dollars (\$)	\$ per Patient Day or dis- charge (B)/(A)	(C) Patient Days or dis- charges	( <b>D)</b> Dollars (\$)	\$ per Patient Day or dis- charge (D)/(C)	<b>(E)</b> Patient Days or dis- charges	<b>(F)</b> Dollars (\$)	\$ per Patient Days or dis- charges (F)/(E)
Commercial	Fee for Service Managed Care									
Medicare	Fee for Service Managed Care									
Medicaid	Fee for Service Managed Care									
Private Pay										
OASAS	-									
OMH										
Charity Care										
Bad Debt										
All Other										
Total										

## **Table 13D – 2B**

Various outpatient services may be reimbursed as visits or procedures. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Visits (V) ⊠ or Procedures (P) □

Outpatient Services		Total Current Year			First Year Total Budget			Third Year Total Budget		
Source of Revenue			Net Revenue			Net Revenue			Net Revenue	
		<b>(A)</b> V/P	<b>(B)</b> Dollars (\$)	\$ per V/P (B)/(A)	<b>(C)</b> V/P	<b>(D)</b> Dollars (\$)	\$ per V/P ( <b>D</b> )/( <b>C</b> )	<b>(E)</b> V/P	<b>(F)</b> Dollars (\$)	\$ per V/P (F)/(E)
Commercial	Fee for Service Managed Care									
Medicare	Fee for Service Managed Care									
Medicaid	Fee for Service Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt All Other										
Total										
Total of Inpatient and Outpatient Services										

# Schedule 13D – Annual Operating Revenue Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center Notes



# Schedule 16 CON Forms Specific to Hospitals Article 28

# **Contents:**

- Schedule 16 A Hospital Program Information
- Schedule 16 B Hospital Community Need
- Schedule 16 C Impact of CON Application on Hospital Operating Certificate
- Schedule 16 D Hospital Outpatient Departments
- Schedule 16 E Hospital Utilization
- Schedule 16 F Hospital Facility Access

# Schedule 16 A. Hospital Program Information

See "Schedules Required for Each Type of CON" to determine when this form is required.

**Instructions:** Briefly indicate how the facility intends to comply with state and federal regulations specific to the services requested, such as cardiac surgery, bone marrow transplants. For clinic services, please include the hours of service for each day of operation, name of the hospital providing back-up services (indicating the travel time and distance from the clinic) and how the facility intends to provide quality oversight including credentialing, utilization and quality assurance monitoring.

Memorial Hospital for Cancer and Allied Diseases (MHCAD) proposes to build an extension of the hospital called The Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center (a.k.a., Griffin Pavilion at MSK, Griffin Pavilion) at 1233 York Avenue, that will be designed in compliance with all applicable Federal and State requirements.

Consistent with the operations of MHCAD, an Article 28 Hospital, the facility will comply with requirements pursuant to Title 10 NYCRR and CMS Conditions of Participation. Additionally, the facility complies with accreditation requirements of The Joint Commission (TJC), The American College of Surgeons (ACS) Commission on Cancer, and The American College of Radiology (ACR).

Operations are conducted in accordance with all applicable federal and state codes, rules, and regulations

The facility will provide quality oversight including credentialing, utilization, quality assurance monitoring, and infection prevention activities in accordance with MHCAD institutional policy.

For Hospital-Based -Ambulatory Surgery Projects: N/A Please provide a list of ambulatory surgery categories you intend to provide.

List of Proposed Ambulatory Surgery Category Not Applicable To This Project	
N. A. J. II. T. TI. D	
Not Applicable 10 Inis Project	
*	

For Hospital-Based -Ambulatory Surgery Projects: N/A Please provide the following information:

Number and Type of Operating Rooms:

# Schedule 16A

# **New York State Department of Health Certificate of Need Application**

- Current:
- To be added:
- Total ORs upon Completion of the Project:

Number and Type of Procedure Rooms:

- Current:
- To be added:
- Total Procedure Rooms upon Completion of the Project:

# Schedule 16B

# Schedule 16 B. Community Need

See "Schedules Required for Each Type of CON" to determine when this form is required.

## **Public Need Summary:**

Briefly summarize on this schedule why the project is needed. Use additional paper, as necessary. If the following items have been addressed in the project narrative, please cite the relevant section and pages.

1. Identify the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.)

## See Attachment 16B

2. Provide a quantitative and qualitative description of the population to be served. Data may include median income, ethnicity, payor mix, etc.

#### See Attachment 16B

Document the current and projected demand for the proposed service in the population you
plan to serve. If the proposed service is covered by a DOH need methodology,
demonstrate how the proposed service is consistent with it.

#### See Attachment 16B

4. (a) Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

### See Attachment 16B

(b) Will the proposed project serve all patients needing care regardless of their ability to pay or the source of payment? If so, please provide such a statement.

#### See Attachment 16B

Describe where and how the population to be served currently receives the proposed services.

# See Attachment 16B

6. Describe how the proposed services will be address specific health problems prevalent in the service area, including any special experience, programs or methods that will be implemented to address these health issues.

# See Attachment 16B

Schedule 16B

# ONLY for Hospital Applicants submitting Full Review CONs

# Non-Public Hospitals

7. (a) Explain how the proposed project advances local Prevention Agenda priorities identified by the community in the most recently completed Community Health Improvement Plan (CHIP)/Community Service Plan (CSP). *Do not submit the CSP*. Please be specific in which priority(ies) is/are being addressed.

#### See Attachment 16B

(b) If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.

#### See Attachment 16B

8. Briefly describe what interventions you are implementing to support local Prevention Agenda goals.

## See Attachment 16B

9. Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?

#### See Attachment 16B

10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?

## See Attachment 16B

11. In your most recent Schedule H form submitted to the IRS, did you report any Community Benefit spending in the Community Health Improvement Services category that supports local Prevention Agenda goals? (Y/N question)

# See Attachment 16B

## Schedule 16B

## ONLY for Hospital Applicants submitting Full Review CONs

Public Hospitals N/A
12. Briefly summarize how you are advancing local public health priorities identified by your
local health department and other community partners.
13. Briefly describe what interventions you are implementing to support local public health
priorities.
14. Have you engaged local community partners, including the local health department, in your
efforts to address local public health priorities?
15 What data are you using to track progress in addressing lead public health priorities?
15. What data are you using to track progress in addressing local public health priorities?

#### 1. Identify the relevant service area:

Memorial Hospital is a tertiary cancer center serving local, state, national, and international patients. Memorial Hospital draws patients from the surrounding New York City area (approximately 91% of Memorial Hospital patients are from downstate New York, New Jersey, and Connecticut). The hospital also draws patients from around the country and internationally. The expansion will ensure greater access to state-of-the-art cancer care for all New Yorkers.

# 2. <u>Provide quantitative and qualitative description of the population to be served. Data may include median income, ethnicity, payor mix, etc.</u>

MSK's primary patient catchment area encompasses 23 counties and nearly 22 million people (Table 1). The target population includes children and adults in need of cancer screening, diagnosis, treatment, or survivorship resources.

**Table 1:** Community Served by MSK

State	County	Population
New York	Bronx, Kings, Nassau, New	13,568,746
	York, Orange, Putnam,	
	Queens, Richmond,	
	Rockland, Suffolk, and	
	Westchester	
New Jersey	Bergen, Essex, Hudson,	7,416,867
	Hunterdon, Mercer,	
	Middlesex, Monmouth,	
	Morris, Ocean, Passaic,	
	Somerset, Sussex, Union, and	
	Warren	
Connecticut	Fairfield	957,511
TOTAL		21,943,124

https://data.census.gov/table/ACSDT5Y2023.B01001?q=B01001&g=040XX00US09\$8600000,34\$8600000,36\$8600 000. Accessed on December 12, 2024.

<sup>&</sup>lt;sup>1</sup> U.S. Census Bureau, U.S. Department of Commerce. "Sex by Age." *American Community Survey, ACS 5-Year Estimates Detailed Tables, Table B01001*, 2023,

In addition, the most recent statistics from 2024 show that the total number of patients seen at MSK facilities was 241,890 with 90.2% of those patients residing in New York, New Jersey, or Connecticut (Table 2). Within New York State, Suffolk and New York counties represent the counties with the highest number of MSK patients at 16.1% and 15.7% respectively (Table 3). Also provided is a breakdown of patients served by reported race/ethnicity. (Table 4)

**Table 2:** Patients serviced by MSK

Residence: State	Count	Proportion
NY	150,342	62.2%
NJ	58,359	24.1%
Other US	22,419	9.3%
СТ	9,458	3.9%
International	1,312	0.5%
Total	241,890	100.0%

Table 3: NYS Patients Served by MSK by NYS Counties

State	County	Count	Proportion
NY	Suffolk	24,183	16.1%
NY	New York	23,557	15.7%
NY	Kings	19,848	13.2%
NY	Nassau	18,568	12.4%
NY	Queens	16,375	10.9%
NY	Westchester	13,534	9.0%
NY	Other NY counties	12,970	8.6%
NY	Richmond	6,959	4.6%
NY	Bronx	6,098	4.1%
NY	Rockland	4,470	3.0%
NY	Orange	3,780	2.5%
Total	-	150,342	100.0%

Table 4: Total Treated Patients Served by MSK by Race/Ethnicity

Race Ethnicity	Count	Proportion
White/Not Hispanic	51,363	69.3%
Asian/Not Hispanic	6,844	9.2%
Hispanic	6,196	8.4%
Black/Not Hispanic	5,696	7.7%
Unknown	3,076	4.2%
Other	923	1.2%
Total	74,098	100.0%

The number of patients by age group (Table 4) is consistent with the fact that cancer is a disease of aging cells and therefore a disease that impacts an older population although recent data suggests that certain cancers are increasing in younger people (under 50 years of age)<sup>2,3</sup>

Table 5: Patients Served by MSK by Age Group

Age Group	Count	Proportion
0-17	849	1.1%
18-25	745	1.0%
26-39	4,045	5.5%
40-49	8,317	11.2%
50-59	14,352	19.4%
60-64	9,814	13.2%
65+	35,924	48.5%
Unknown	52	0.1%
Total	74,098	100.0%

#### **Area Demographics**

As stated earlier, Memorial Hospital draws patients from the surrounding New York City area. Per capita income in the New York City area (\$47,364) is roughly 25% higher than for the rest of the United States. The poverty rate is 12.9%, which is on par with the US average. However, there is tremendous racial and ethnic diversity in the region, and with that, disparities: less than half of residents (44%) identify as white, and 29.4% of people in the area are foreign-born. Accessing health care, especially specialized cancer care can be challenging for people marginalized due to their race, immigration status, language abilities, or income. MSK has targeted programs to help support our goal of ending cancer disparities.

<sup>&</sup>lt;sup>2</sup> Abbott B. *Cancer is striking more young people, and doctors are alarmed and baffled. January 11, 2024*. The Wall Street Journal. https://www.wsj.com/health/healthcare/cancer-young-people-doctors-baffled-49c766ed

<sup>&</sup>lt;sup>3</sup> Koh B, Tan DJH, Ng CH, Fu CE, Lim WH, Zeng RW, Yong JN, Koh JH, Syn N, Meng Wm Wijarnpreecha K, Liu K, Chong CS, Muthiah M, Luu HN, Vogel A, Singh S, Yeoh KG, Loomba R, Huang DQ. *Patterns in Cancer Incidence Among People Younger than 50 Years in the US, 2010 to 2019.* JAMA Netw Open. 2023;6(8):e2328171. DOI: 10.1001/jamanetworkopen.2023.28171

<sup>&</sup>lt;sup>4</sup> U.S. Census Bureau (2021). *American Community Survey 1-year estimates*. Retrieved from *Census Reporter Profile page for New York-Newark-Jersey City, NY-NJ-PA Metro Area* https://censusreporter.org/profiles/31000US35620-new-york-newark-jersey-city-ny-nj-pametro-area/

<sup>&</sup>lt;sup>5</sup> U.S. Census Bureau (2021). American Community Survey 1-year estimates. Retrieved from Census Reporter Profile page for New York-Newark-Jersey City, NY-NJ-PA Metro Area http://censusreporter.org/profiles/31000US35620-new-york-newark-jersey-city-ny-nj-pametro-area/

3. Document the current and projected demand for the proposed services in the population you plan to serve. If the proposed service is covered by DOH need methodology, demonstrate how the proposed service is consistent with it.

Progress against cancer has accelerated in the past decade because of advances in early detection, surgical techniques, and targeted therapies. This is important because 1 in 3 people are projected to have cancer in their lifetime. The Centers for Disease Control (CDC) estimates that by 2050, the annual number of cancer cases in the United States will increase by nearly 50%, attributed mostly to a growing and aging population (Figure 1). At the same time, the incidence of several cancers, including colon, gastric, and breast, has been steadily rising in younger populations.

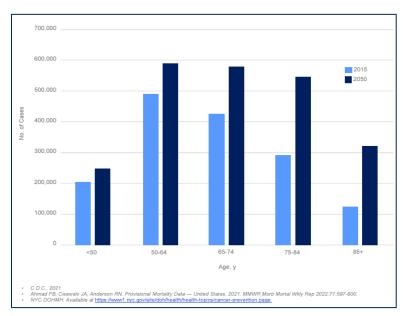


Figure 1: Cancer Rates by Age

From 2014 to 2018, the overall cancer incidence rates in New York City exceeded the overall United States incidence rates. The CDC projects a ~50% increase in the total number of cancer cases in the US. According to New York State's tracking of cancer cases, New York City has an incidence rate of 418.6 100,000 people, and a population of 8,734,296. That means a current average annual cancer case number for New York City of ~36,500. With the CDC's estimated 50% rate increase, ~55,000 new cancer cases can be expected in New York City by 2050. This

<sup>&</sup>lt;sup>6</sup> Siegel, RL, Miller, KD, Fuchs, HE, Jemal, A. Cancer statistics, 2022. CA Cancer J Clin. 2022. https://doi.org/10.3322/caac.21708

Weir HK, Thompson TD, Stewart SL, White MC. *Cancer Incidence Projections in the United States Between 2015 and 2050*. Prev Chronic Dis 2021;18:210006. DOI: http://dx.doi.org/10.5888/pcd18.210006

<sup>&</sup>lt;sup>8</sup> American Cancer Society. Cancer Statistics Center – New York at a Glance. https://cancerstatisticscenter.cancer.org. Accessed May 2024.

<sup>&</sup>lt;sup>9</sup> Cancer Incidence and Mortality for New York City. <a href="https://www.health.ny.gov/statistics/cancer/registry/vol1/v1rnyc.htm">https://www.health.ny.gov/statistics/cancer/registry/vol1/v1rnyc.htm</a> Accessed May 2024.

<sup>&</sup>lt;sup>10</sup> NYS Cancer Registry and Cancer Statistics, Cancer Incidence and Mortality Rates by County.

https://www.health.ny.gov/statistics/cancer/registry/ratebyCounty.htm/.

<sup>&</sup>lt;sup>11</sup> NYS Cancer Registry and Cancer Statistics, Population Counts by County/PUMA. https://www.health.ny.gov/statistics/cancer/registry/population.htm.

rise in demand, coupled with advances in technology and an ever-increasing understanding of cancer biology make this field one of the most rapidly evolving areas of medicine.

While many cancers were once fatal, the disease is increasingly now a chronic illness: patients are living longer with cancer while continuing to undergo active treatment. Consequently, there has been an increase in the duration of a typical patient's course of treatment. As life expectancy improves over the next century, the number of people who develop cancer will grow, and patients who develop cancer will likely require more complex care.

As the number of active patients at MSK increases, so do inpatient bed days. In our current state, we are unable to accommodate our growing patient population. Based on current inpatient growth volume projections, MSK will require additional beds by 2040.

#### 4.

#### A:

Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

The primary purpose of this project is to serve cancer patients in the catchment area. The new Pavilion will house advanced and evolving technology to help us care for more cancer patients with cutting-edge robotics, improved digital infrastructure, and enhanced operating/procedure suites that MSK's current facilities cannot accommodate. This expansion will also support MSK's continued efforts to address disparities in access to cancer care for medically underserved communities and will be designed to address the evolving cancer care needs through 2040.

To complement our cancer care, Memorial Hospital has a wide array of longstanding community programs, including:

Immigrant Health & Cancer Disparities (IHCD) Service: For 14 years, MSK's IHCD has worked to identify and eliminate disparities in health care and cancer treatment among immigrants and underserved populations. Our community-based programs provide a gateway to health education and services for immigrants and other medically underserved populations in New York City and beyond. Some IHCD initiatives include the Arab Health Initiative, the South Asian Health Initiative, The Taxi Network, and Ventanillas de Salud at the Mexican Consulate.

<u>Food to Overcome Outcomes Disparities (FOOD) Program</u>: A pantry program addressing food insecurity among immigrant and underserved people in active cancer treatment by providing free, nutritious food, as well as nutrition education and educational materials. The program maintains food pantries and food distribution at 15 cancer treatment sites, including MSK Nassau. Since its inception, the FOOD program has served 11,578 people battling cancer and distributed 91,573 bags of healthy foods, equivalent to 846,266 meals.

<u>Tobacco Treatment Program</u>: The Tobacco Treatment Program (TTP) aims to reduce tobacco use among MSK patients. Our team of tobacco treatment experts helps those diagnosed with cancer,

people who have never had cancer, and cancer survivors. Our program is open to everyone. We frequently work with physicians in the community to set up customized tobacco cessation plans for patients concerned about the effect of tobacco on their health.

In addition, MSK conducts an intensive 4-day Tobacco Treatment Training for Specialists (TTTS) program. This is the only accredited program in New York City dedicated to training multidisciplinary clinicians and community health workers to provide effective, evidence-based interventions for tobacco dependence across a range of treatment intensities, in varying contexts, treatment modalities, and with different tobacco using populations.

For additional information regarding how Memorial Hospital serves the residents in the community, refer to the publicly available 2022-2024 Memorial Sloan Kettering Cancer Center Community Health Needs Assessment and Comprehensive Community Service Plan (CHNA-CSP).

#### B:

## Will the proposed project serve all patients needing care regardless of their ability to pay or the source of payment? If so, please provide such a statement.

MSK's Financial Assistance Program offers financial aid to our patients who have the greatest medical and financial need. MSK helps uninsured and underinsured patients who cannot get publicly available health insurance or cannot afford to pay for their medical care. MSK proactively screens patients for financial toxicity. A survey developed by MSK's Affordability Working Group identifies patients at risk of experiencing financial hardship due to their cancer treatment and automatically refers them to an advisor in the MSK Financial Assistance Program (FAP). The FAP helps eligible uninsured and underinsured patients with incomes up to \$156,000 for a family of four (500% of 2024 federal poverty level). This exceeds the 400% requirement mandated by NYS. Each application for aid is handled confidentially, in cooperation with the applicant, and is determined based on household income and family size. Hospital and physician fees are reduced or forgiven for qualifying patients.

Accessing health care, especially specialized cancer care can be challenging for people marginalized due to their race, immigration status, language abilities, or income. Part of MSK's long-term strategy is to increase care to underserved communities within the New York metro area. When NYS moved to Medicaid managed care resulting in restricted access at MSK, MSK advocated for increased access. In 2021, MSK worked directly with key NYS Senate and Assembly members to draft a bill requiring mandatory access to NY NCI-designated cancer centers for NYS Medicaid patients. The bill became law on January 1, 2023. As a result, New Yorkers who receive a cancer diagnosis, especially those in underserved communities who are disproportionately enrolled in coverage through Medicaid and the NYS Health Exchange, will now have improved access to cancer screening, diagnostic services, and the most specialized treatment and leading-edge clinical trials at MSK.

After the bill became law, Medicaid volume at MSK has increased as reflected by:

- 104% increase in the number of new Medicaid patients from 2021 to 2024;
- 47% increase in Medicaid Managed Care Inpatient Days from 2021-2024;

 Steady increase in Medicaid inpatient days percentage from 9% in 2021 to 14% as of December 2024.

Based on the 2023 Statewide Planning and Research Cooperative System (SPARCS) data, MSK is the leading institution in NY for Medicaid patients seen for cancer care, Medicaid cancer patient days and Medicaid cancer discharges. In addition, the Medicaid network expansion has reduced lengthy out-of-network authorization processes and other research-supported barriers to receiving care at NCI-designated cancer centers.

In 2024 at MSK, on average Medicaid patients' length of stay (LOS) is 21% higher than commercial-pay patients and 6% higher than Medicare patients. We expect our Medicaid population to increase as MSK enhances cancer care access to the Medicaid population through its health equity efforts which will further support the need for more inpatient beds.

It is important to note that Medicaid covers primarily a younger population (under 65), and the average age of a cancer patient is about 67 years. <sup>12</sup> Therefore, even with open access to Medicaid patients, Medicaid will remain a smaller percentage of our business than hospitals with a general patient population.

## 5. Describe where and how the population to be served currently receives the proposed services.

The population to be served include MSK patients who currently receive inpatient and procedural (i.e., surgery, interventional radiology, radiology) services at Memorial Hospital as well as new patients seeking cancer care at our facility. The new Pavilion will house advanced and evolving technology to help us better care for our patients with cutting-edge robotics, improved digital infrastructure, and enhanced operating/procedure suites that MSK's current facility cannot accommodate.

6. Describe how the proposed services will address specific health problems prevalent in the service area, including any special experience, programs, or methods that will be implemented to address these health issues.

MSK is a freestanding cancer center and for over 30 years recognized as one of the top two cancer hospitals in the country by US News and World Report. As a freestanding cancer center, MSK focuses almost all of its resources on cancer, resulting in superior patient outcomes. Based on the current average annual cancer case number for New York City (~41,000) and the CDC's estimated rate increase, ~60,000 new cancer cases can be expected in New York City by 2050. New York needs to build capacity now to be ready for increasing cancer incidence and the care that will be required. The Pavilion will expand inpatient & procedural care capacity at MSK and enhance cancer care access for New Yorkers.

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<sup>&</sup>lt;sup>12</sup> American Cancer Society. Cancer Statistics Center – New York at a Glance. <a href="https://cancerstatisticscenter.cancer.org">https://cancerstatisticscenter.cancer.org</a>

Our program of community benefits includes an array of cancer-focused community programming that includes research, education, patient financial assistance, and patient screening and care.

MSK remains committed to achieving cancer equity for underserved patients and continues to explore innovative ways to achieve this goal. In January 2023, MSK and MediSys Health Network (Jamaica Hospital Medical Center and Flushing Hospital Medical Center) announced a new collaboration that expands access to MSK cancer care for the people of Queens and eastern Brooklyn. Through this partnership, MSK physician leadership is working closely with clinical leadership from MediSys to enable the development of a robust oncology program onsite at Jamaica Hospital. Together, the team is also creating a more streamlined process to transfer patients needing more specialized care to MSK locations including participation in clinical trials, based on clinical criteria and treatment requirements.

As part of the Healthcare Safety Net Transformation Program, a program established in the NYS fiscal year enacted budget that incentivizes partnerships between safety net hospitals and health care organizations, Governor Kathy Hochul announced a 188-million-dollar investment from New York State to establish a comprehensive cancer care center for Queens to be built at Jamaica Hospital, a joint effort between MediSys Health Network/Jamaica Hospital and MSK. The Safety Net Transformation Program aims to support safety net hospitals by improving access, equity, quality, and outcomes while increasing their financial sustainability. This successful award application and related investment is a real milestone for the affiliation between the MediSys Health Network/Jamaica Hospital and MSK and will have a major impact on cancer care for the Queens community.

The Upper Manhattan neighborhoods, which include Washington Heights, Inwood, and Harlem, have populations that are markedly economically disadvantaged and medically underserved. Specifically in Harlem, Black residents have nearly double the cancer mortality rates compared to Upper East Side residents. To reduce this disparity, MSK operates the Ralph Lauren Center (MSK RLC) in Harlem, which offers cancer prevention, diagnosis, treatment, and support services. MSK RLC's supportive services include patient navigation, financial counseling, and a medically tailored food pantry supplemented with nutritional counseling. MSK RLC participates in community health events and provides screenings for cancers of the breast, cervix, colon, and prostate with no out-of-pocket cost for eligible New Yorkers.

#### 7.

A:

Explain how the proposed project advances local Prevention Agenda priorities identified by the community in the most recently completed Community Health Improvement Plan (CHIP)/Community Service Plan (CSP). Do not submit the CSP. Please be specific in which priority(ies) is/are being addressed.

Not Applicable, see 7B.

B:

If the Project does not advance the local Prevention Agenda priorities, briefly summarize how you are advancing local Prevention Agenda priorities.

Priorities identified through the 2022 Community Health Needs Assessment (CHNA) process informed MSK's 2022–2024 Community Service Plan (CSP), which advances areas within the "Preventing Chronic Disease" section of the *New York State Prevention Agenda* (Table 6).

Table 6: NYS-recommended strategies supported through the MSK 2022-2024 CSP

Prevention Agenda Goal	Strategies MSK will Undertake <sup>19</sup>
Goal 3.1 Prevent initiation of tobacco use	3.1.1 Increase Tobacco Control Program Funding to the CDC-Recommended level, to ensure a comprehensive tobacco control program.
	3.1.2 Use media and health communications to highlight the dangers of tobacco, promote effective tobacco control policies and reshape social norms.
Goal 3.2: Promote tobacco use cessation	3.2.1 Assist medical and behavioral health care organizations and provider groups in establishing policies, procedures, and workflows to facilitate the delivery of tobacco dependence treatment, consistent with the Public Health Service Clinical Practice Guidelines, with a focus on Federally Qualified Health Centers, Community Health Centers, and behavioral health providers.  3.2.3 Use health communications targeting health care providers to encourage their involvement in their patients' quit attempts encouraging use of evidence-based quitting, increasing awareness of available cessation benefits (especially Medicaid), and removing barriers to treatment.
Goal 4.1 Increase cancer screening rates for breast, cervical, and colorectal cancers	4.1.3 Use small media such as videos, printed materials (letters, brochures, newsletters) and health communications to build public awareness and demand.
	4.1.5 Remove structural barriers to cancer screening such as providing flexible clinic hours, offering cancer screening in non-clinical settings (mobile mammography vans, flu clinics), offering on-site translation, transportation, patient navigation and other administrative services and working with employers to provide employees with paid leave or the option to use flex time for cancer screenings.

We advance Goal 3.1: *Prevent initiation of tobacco use*, through advocacy and educational efforts; Goal 3.2: *Promote tobacco use cessation*, through training and education for healthcare professionals; and Goal 4.1: *Increase cancer screening rates for breast, cervical, and colorectal cancers*, through screening and outreach programs.

MSK's Tobacco Treatment Program (TTP), dedicated to reducing tobacco-related cancer burden through clinical care, is available to both the community and MSK patients. The program provides smokers with behavioral counseling and support in the use of tobacco cessation medications. Since the mid-1960s, MSK's TTP has helped thousands of individuals stop using tobacco products. We frequently work with physicians in the community to set up customized tobacco cessation plans for patients concerned about the effect of tobacco on their health. In

addition, MSK researchers contribute to national, evidence-based guidelines on tobacco cessation treatment.

MSK also has community outreach programs that assist with improving access to cancer screening. These include MSK's Mobile Health Unit, which visits community organizations throughout the New York City area each week and offers health and nutrition education, blood pressure and cholesterol level checks, glucose measurement, and referrals for cancer screening at MSK Ralph Lauren Center in Harlem. To remove structural barriers to cancer screening and make screening more accessible, we offer mammograms without a prescription as well as screenings for colorectal, cervical, prostate, and lung cancers at MSK Ralph Lauren Center.

In addition to supporting the NYS Prevention Agenda goals, MSK will continue to maintain its robust array of research, medical education, patient care, and outreach programs that serve the community, as well as its Financial Assistance Program.

## 8. <u>Briefly describe what interventions you are implementing to support local Prevention Agenda goals.</u>

MSK is aligned with New York State in supporting full funding for the NYS Tobacco Control Program to alleviate social and economic inequities caused by tobacco use. MSK is working with trade associations and advocacy organizations to partake in advocacy days and sign letters of support. MSK uses media and health communications to highlight the dangers of tobacco and promote effective tobacco control policies. Through our social media channels with hundreds of thousands of followers, we share easy-to-understand information about cancer and how to prevent it. In addition to the above-mentioned Tobacco Treatment Program (TTP), MSK conducts an intensive 4-day Tobacco Treatment Training for Specialists (TTTS) program, the only accredited program in New York City dedicated to training multidisciplinary clinicians and community health workers.

MSK also has a team of health education specialists who collaborate with MSK clinicians to equip people who have cancer, their caregivers, and the public with accurate, reliable information about cancer and how to prevent and treat it. Materials about cancer prevention and screening are written for a middle school reading level in English, Spanish, and other languages. The MSK Ralph Lauren Center cancer screening program provides uninsured patients with breast, cervical, colorectal, and prostate cancer screenings at no out-of-pocket cost.

Our partnerships with community-based organizations, religious institutions, and academic centers also help us reach our objectives. Access navigators are used to provide culturally and linguistically appropriate assistance including helping individuals enroll in health insurance plans, provide referrals to primary healthcare providers, and navigate patients into case management as needed.

# 9. <u>Has your organization engaged local community partners in its Prevention Agenda efforts, including the local health department and any local Prevention Agenda coalition?</u>

MSK's 2022 Community Health Needs Assessment (CHNA) focused on how community members in our catchment are affected by cancer and what can be done to mitigate cancer disparities. MSK invited community stakeholders to participate in a CHNA Leadership Forum and to help disseminate a community survey developed by the Greater New York Hospital Association (GNYHA). The information generated from these activities was analyzed in tandem with a review of publicly available data and public health agency priorities.

Participants included representatives from community-based organization and local health agencies, local government officials, healthcare providers, businesses, healthcare advocates, and labor unions. Invitations were also made to the community-at-large through our website.

Our partners in community service also include the more than 350 area organizations convened through MSK's Integrated Cancer Care Access Network (ICCAN). Data collected from ICCAN patients help us to increase the number of patients who complete their cancer treatment, improve the quality of life for low-income and immigrant patients, and champion efforts and programs that address inequalities in cancer care.

In 2023, to provide additional input on our CSP implementation, MSK convened Harlem-based partners in a Harlem CSP Feedback Forum. The forum was held in August 2023 at the Dwyer Cultural Center in Harlem. The event was an invitation for MSK's Harlem-based community partners to provide feedback on interventions described in the MSK 2022-2024 CSP that aim to prevent tobacco use and promote smoking cessation, and to increase cancer screenings. Participants included local public health advocates and faith and civic leaders. Select recommendations from discussions with the participants included finding ways to counter the current push of flavored hookah and menthol cigarette; helping people understand which cancer screenings their insurance covers or they may be able to access at no out-of-pocket cost; sharing screening access information at local restaurants, barbershops, and other community spots; be present where people frequently shop, worship, or visit; advertise on bus shelters since they are seen every day; sponsor local organizations that do community building work; and create community activities residents can participate in.

MSK has its 2025 Community health needs assessment currently underway to inform its 2025-2027 Community Service Plan. The assessment is including a review of publicly available data, internal data, and extensive consultation with the community partners, including through focus groups, interviews, and a survey."

# 10. What data from the Prevention Agenda dashboard and/or other metrics are you using to track progress to advance local Prevention Agenda goals?

Workplans have been created for each Prevention Agenda goal identified in the 2022-2024 Community Service Plan (CSP). MSK's CHNA and CSP were scored highly by the NYS Department of Health and were recognized by New York State reviewers as a strong example among New York hospitals.

For additional information regarding how Memorial Hospital tracks the progress of our goals, refer to Appendix G in the publicly available 2022-2024 Memorial Sloan Kettering Cancer Center Community Health Needs Assessment and Comprehensive Community Service Plan (CHNA-CSP).

11. In your most recent Schedule H form submitted to the IRS, did you report any Community Benefit spending in the Community Health Improvement Services category that supports local Prevention Agenda goals? (Y/N question)

Yes.

# New York State Department of Health Certificate of Need Application

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

### C. Impact of CON Application on Hospital Operating Certificate

**Note:** If the application involves an extension clinic, indicate which services should be added or removed from the certificate of the extension clinic alone, rather than for the hospital system as a whole. If multiple sites are involved, complete a separate 16C for each site.

#### **TABLE 16C-1 AUTHORIZED BEDS**

(Enter street addres	l: 1275/1233 York Avei	nue, new 10	JIK, IN I	10005			
Enter street dudres	3 of rudnity)						
Category			Code	Current Capacity	Add	Remove	Proposed Capacity
AIDS			30				
BONE MARF	ROW TRANSPLANT		21				
BURNS CAF	RE		09				
CHEMICAL I	DEPENDENCE-DETOX *		12				
CHEMICAL I	DEPENDENCE-REHAB *		13				
COMA REC	OVERY		26				
CORONARY	′ CARE		03				
INTENSIVE	CARE		02	20	×40		60
MATERNITY	,		05				
MEDICAL/SU	JRGICAL		01	456	☑ 156		612
NEONATAL	CONTINUING CARE		27				
NEONATAL	INTENSIVE CARE		28				
NEONATAL	INTERMEDIATE CARE		29				
PEDIATRIC			04	33			33
PEDIATRIC	ICU		10	5			5
PHYSICAL N	MEDICINE & REHABILITAT	ΓΙΟΝ	07				
PRISONER							
PSYCHIATR	IC**		08				
RESPIRATO	PRY						
SPECIAL US	SE						
SWING BED	PROGRAM						
TRANSITION	NAL CARE		33				
TRAUMATIC	BRAIN INJURY		11				
			TOTAL		X 196		710
PSYCHIATRIC:	PENDENCE: Requires additional app Requires additional approval by the cant have previously submitted	Office of Mental Hea	alth (OMH)				completed
nvolving additi	on or decertification of beds?	J Collineate of N		, application	is that hav	c not been	Completed
X No	Yes (Enter CON number(s) to the right)						

DOH 155-D (11/2019) The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

#### TABLE 16C-2 LICENSED SERVICES FOR HOSPITAL CAMPUSES N/A

LOCATION:				
(Enter street address of facility)				
	Current	<u>Add</u>	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE <sup>6</sup>				
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES				
AMBULATORY SURGERY				
MULTI-SPECIALTY				
SINGLE SPECIALTY – GASTROENTEROLOGY				
SINGLE SPECIALTY – OPHTHALMOLOGY				
SINGLE SPECIALTY – ORTHOPEDICS				
SINGLE SPECIALTY – PAIN MANAGEMENT				
SINGLE SPECIALTY - OTHER (SPECIFY)				
CARDIAC CATHETERIZATION				
ADULT DIAGNOSTIC				
ELECTROPHYSIOLOGY (EP)				
PEDIATRIC DIAGNOSTIC				
PEDIATRIC INTERVENTION ELECTIVE				
PERCUTANEOUS CORONARY INTERVENTION (PCI)				
CARDIAC SURGERY ADULT				
CARDIAC SURGERY PEDIATRIC				
CERTIFIED MENTAL HEALTH O/P <sup>1</sup>				
CHEMICAL DEPENDENCE - REHAB <sup>2</sup>				
CHEMICAL DEPENDENCE - WITHDRAWAL O/P <sup>2</sup>				
CLINIC PART-TIME SERVICES				
COMPREHENSIVE PSYCH EMERGENCY PROGRAM				
DENTAL				
EMERGENCY DEPARTMENT				
EPILEPSY COMPREHENSIVE SERVICES				
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT⁴				
HOME HEMODIALYSIS TRAINING & SUPPORT⁴				
INTEGRATED SERVICES – MENTAL HEALTH				
INTEGRATED SERVICES – SUBSTANCE USE DISORDER				
LITHOTRIPSY				
METHADONE MAINTENANCE O/P <sup>2</sup>				
NURSING HOME HEMODIALYSIS <sup>7</sup>				

<sup>&</sup>lt;sup>1</sup>A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

<sup>&</sup>lt;sup>2</sup> A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

<sup>&</sup>lt;sup>4</sup> DIALYSIS SERVICES require additional approval by Medicare

<sup>&</sup>lt;sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators

<sup>&</sup>lt;sup>6</sup> PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

<sup>&</sup>lt;sup>7</sup> Must be certified for Home Hemodialysis Training & Support

# New York State Department of Health Certificate of Need Application

Schedule 16C

The Sites Tab in NYSE-CON has replaced the Authorized Beds and Licensed Services Tables of Schedule 16C. The Authorized Beds and Licensed Services Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

TABLE 16C-2 LICENSED SERVICES (cont.)	Current	<u>Add</u>	Remove	Proposed
RADIOLOGY-THERAPEUTIC 5				
RENAL DIALYSIS, ACUTE				
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b)				
TRANSPLANT				
HEART - ADULT				
HEART - PEDIATRIC				
KIDNEY				
LIVER				
TRAUMATIC BRAIN INJURY				

<sup>&</sup>lt;sup>5</sup>RADIOLOGY – THERAPEUTIC includes Linear Accelerators

N/A

The Sites Tab in NYSE-CON has replaced the beds and services Tables of Schedule 16C. The Tables in Schedule 16C are only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

## TABLE 16C-3 LICENSED SERVICES FOR HOSPITAL EXTENSION CLINICS and OFF-CAMPUS EMERGENCY DEPARTMENTS

LOCATION:			ck if this is	_
(Enter street address of facility)	Current	Add	Remove	Proposed
MEDICAL SERVICES – PRIMARY CARE <sup>6</sup>				
MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES	<del>                                     </del>			
AMBULATORY SURGERY				
SINGLE SPECIALTY GASTROENTEROLOGY			П	
SINGLE SPECIALTY – OPHTHALMOLOGY				
SINGLE SPECIALTY – ORTHOPEDICS				
SINGLE SPECIALTY – PAIN MANAGEMENT				
SINGLE SPECIALTY – OTHER (SPECIFY)				
MULTI-SPECIALTY				
CERTIFIED MENTAL HEALTH O/P <sup>1</sup>				
CHEMICAL DEPENDENCE - REHAB <sup>2</sup>				
CHEMICAL DEPENDENCE - WITHDRAWAL O/P 2				
DENTAL				
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT4				
HOME HEMODIALYSIS TRAINING & SUPPORT⁴				
INTEGRATED SERVICES – MENTAL HEALTH				
INTEGRATED SERVICES – SUBSTANCE USE DISORDER				
LITHOTRIPSY				
METHADONE MAINTENANCE O/P <sup>2</sup>				
NURSING HOME HEMODIALYSIS <sup>7</sup>				
RADIOLOGY-THERAPEUTIC <sup>5</sup>				
RENAL DIALYSIS, CHRONIC [Complete the ESRD section 16C-3(a)&(b) below] <sup>4</sup>				
TRAUMATIC BRAIN INJURY				
FOR OFF-CAMPUS EMERGENCY DEPARTMENTS ONLY8				
EMERGENCY DEPARTMENT				

<sup>&</sup>lt;sup>1</sup> A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

<sup>&</sup>lt;sup>2</sup> A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

<sup>&</sup>lt;sup>4</sup> DIALYSIS SERVICES require additional approval by Medicare

<sup>&</sup>lt;sup>5</sup> RADIOLOGY – THERAPEUTIC includes Linear Accelerators

<sup>&</sup>lt;sup>6</sup> PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

<sup>&</sup>lt;sup>7</sup> Must be certified for Home Hemodialysis Training & Support

<sup>8</sup> OFF-CAMPUS EMERGENCY DEPARTMENTS must meet all relevant Federal Conditions of Participation for a hospital per CMS S&C-08-08

# New York State Department of Health Certificate of Need Application

#### Schedule 16C

END STAGE RENAL DISEASE (ESRD) N/A

TABLE 16C-3(a) CAPACITY	Existing	Add	Remove	Proposed
CHRONIC DIALYSIS				

If application involves dialysis service with existing capacity, complete the following table:

TABLE 16C-3(b) TREATMENTS	Last 12 mos	2 years prior	3 years prior
CHRONIC DIALYSIS			

## All Chronic Dialysis applicants must provide the following information in compliance with 10 NYCRR 670.6.

- 1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.
- 2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons, and residents of remote rural areas.
- 3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.
- 4. Provide evidence that the facility is willing to and capable of safely serving patients.
- 5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

## **New York State Department of Health Certificate of Need Application**

### Schedule 16 D. Hospital Outpatient Department - Utilization projections

а	b	d	f
	Current Year	First Year	Third Year
	Visits*	Visits*	Visits*
CERTIFIABLE SERVICES			
MEDICAL SERVICES – PRIMARY CARE			
MEDICAL SERICES – OTHER MEDICAL SPECIALTIES			
AMBULATORY SURGERY	-		
SINGLE SPECIALTY GASTROENTEROLOGY	-		
SINGLE SPECIALTY – OPHTHALMOLOGY	-		
SINGLE SPECIALTY – ORTHOPEDICS	-		
SINGLE SPECIALTY – PAIN MANAGEMENT	-		
SINGLE SPECIALTY OTHER	-		
MULTI-SPECIALTY	-		
CARDIAC CATHETERIZATION	-		
ADULT DIAGNOSTIC	-		
ELECTROPHYSIOLOGY			
PEDIATRIC DIAGNOSTIC			
PEDIATRIC INTERVENTION ELECTIVE			
PERCUTANEOUS CORONARY INTERVENTION (PCI)			
CERTIFIED MENTAL HEALTH O/P	_		
CHEMICAL DEPENDENCE - REHAB	_		
CHEMICAL DEPENDENCE - WITHDRAWAL O/P	_		
CLINIC PART-TIME SERVICES	_		
CLINIC SCHOOL-BASED SERVICES	_		
CLINIC SCHOOL-BASED DENTAL PROGRAM			
COMPREHENSIVE EPILEPSY CENTER			
COMPREHENSIVE PSYCH EMERGENCY PROGRAM			
DENTAL			
EMERGENCY DEPARTMENT			
HOME PERITONEAL DIALYSIS TRAINING & SUPPORT			
HOME HEMODIALYSIS TRAINING & SUPPORT	-		
INTEGRATED SERVICES – MENTAL HEALTH	-		
INTEGRATED SERVICES – SUBSTANCE USE DISORDER	-		
LITHOTRIPSY	-		
METHADONE MAINTENANCE O/P	-		
NURSING HOME HEMODIALYSIS	-		
RADIOLOGY-THERAPEUTIC	-		
RENAL DIALYSIS, CHRONIC	-		
	-		
OTHER SERVICES			
OTHER SERVICES			
Magnetic Resonance Imagining			
Nuclear Medicine and Interventional Radiology			
Pharmaceutical Services			
All Other Pedialogy Diagnostics Procedures			
All Other Radiology Diagnostics Procedures			
Total			
Total			

Note: In the case of an extension clinic, the service estimates in this table should apply to the site in question, not to the hospital or network as a whole.
\*The 'Total' reported MUST be the SAME as those on Table 13D4.

#### Schedule 16E

#### Schedule 16 E. Utilization/discharge and patient days

See "Schedules Required for Each Type of CON" to determine when this form is required

This schedule is for hospital inpatient projects only. This schedule is required if hospital discharges or patient days will be affected by  $\pm$  5% or more, or if this utilization is created for the first time by your proposal.

Include only those areas affected by your project. Current year data, as shown in columns 1 and 2, should represent the last complete year before submitting the application. Enter the starting and ending month and year in the column heading.

Forecast the first and third years after project completion. The first year is the first twelve months of operation after project completion. Enter the starting and ending month and year being reported in the column headings.

For hospital establishment applications and major modernizations, submit a summary business plan to address operations of the facility upon project completion. All appropriate assumptions regarding market share, demand, utilization, payment source, revenue and expense levels, and related matters should be included. Also, include your strategic plan response to the escalating managed care environment. Provide a complete answer and indicate the hospital's current managed care situation, including identification of contracts and services.

NOTE: Prior versions of this table referred to "incremental" changes in discharges and days. The table now requires the full count of discharges and days.

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### Schedule 16 E. Utilization/Discharge and Patient Days

	Current Year Start date:		1st Year Start date:		3rd Year Start date:	
Service (Beds) Classification	Discharges	Patient Days	Discharges	Patient Days	Discharges	Patient Days
AIDS						
BONE MARROW TRANSPLANT						
BURNS CARE						
CHEMICAL DEPENDENCE - DETOX						
CHEMICAL DEPENDENCE - REHAB						
COMA RECOVERY						
CORONARY CARE						
INTENSIVE CARE						
MATERNITY						
MED/SURG						
NEONATAL CONTINUING CARE						
NEONATAL INTENSIVE CARE						
NEONATAL INTERMEDIATE CARE						
PEDIATRIC						
PEDIATRIC ICU						
PHYSICAL MEDICINE & REHABILITATIO						
PRISONER						
PSYCHIATRIC						
RESPIRATORY						
SPECIAL USE						
SWING BED PROGRAM						
TRANSITIONAL CARE						
TRAUMATIC BRAIN-INJURY						
OTHER (describe)						
TOTAL						

NOTE: Prior versions of this table referred to "incremental" changes in discharges and days. The table now requires the full count of discharges and days.

Schedule 16 – CON Forms Specific to Hospitals, Article 28 Kenneth C. Griffin Pavilion at Memorial Sloan Kettering Cancer Center Notes to Schedule 16D, 16E & 16F

