

Minutes
Facilities Committee
of the
BOARD OF GOVERNORS
UNIVERSITY OF MINNESOTA HOSPITALS

MEETING: Wednesday, June 18, 1975
 Dining Room III Mayo Memorial Bldg.
 Called to Order at 5:10 p.m.
 Adjourned at 6:00 p.m.

ATTENDING: Ms. Timothy Vann
 Ms. Mary Lebedoff
 Dr. John Tiede (Chairman)
 Dr. Paul Winchell
 Mr. John Westerman
 Mr. Tom Jones
 Mr. Robert Dickler
 Mr. Lee Larson
 Ms. Sally Pillsbury
 Ms. Cheri Perlmutter

COMMITTEE STAFF: Ms. Johnelle Foley

GUESTS: Mr. Robert Emmett
 Mr. Dana Ramich

MOTION: Minutes of the previous meeting are approved as written.

PRESENTATION AND DISCUSSION OF PRELIMINARY THREE YEAR CAPITAL BUDGET
- Mr. John Westerman, Mr. Tom Jones, and Mr. Lee Larson

Mr. Westerman gave background to the Three Year Master Plan Sequence by stating that the Legislature has been kind in appropriating funds to University Hospitals in the past but that that era was over and it was doubtful that we would receive much more money regardless of the fact that the hospital plant was in the poorest condition of all university owned hospitals.

He indicated further that the committee should focus its attention on the quality of the graduate medical school and its residency programs

which he ranked among the top 15. In order that this tradition be maintained, importance must be placed on the upgrading of specialty departments of the medical center.

Mr. Jones gave an overview of the Health Sciences proposed planning by taking the committee through a map of the Mayo Memorial Building and the surrounding area which comprises the Medical Center complex. He clarified the following 1975-78 Master Plan Sequence projects and steps on the map.

Mr. Larson commented that planning was based on programs and thus, must be flexible and he indicated that expansion for needed space did not mean expansion of programs. Mr. Larson also explained the Three Year Preliminary Budget. Mr. Dicklet commented that additional funds would be needed for the B-C Unit.

Jackson Hall was cited as providing appropriate space for Surgical Pathology when it is vacated. The movement of Medical Records and the Business Office to Unit B-C was deemed necessary as they needed more space and should be near the movement of patients as will occur in the B-C clinics.

It was felt by the planning staff that before Unit K-E could be developed it must be looked at by an architect to ascertain the feasibility of the various projects programmed for the unit. Mrs. Vann moved for support of this idea, her motion was seconded and passed.

Mrs. Lebedoff moved that the Facilities Committee accept and support the Three Year Master Plan Sequence and its Preliminary Budget. Her

MINUTES

FACILITIES COMMITTEE

OF THE

BOARD OF GOVERNORS

UNIVERSITY OF MINNESOTA HOSPITALS

MEETING: WEDNESDAY, APRIL 16, 1975
ROOM 402 - UNIVERSITY CAMPUS CLUB
CALLED TO ORDER AT 5:00 P.M.
ADJOURNED AT 7:15 P.M.

ATTENDING:

COMMITTEE MEMBERS: DR. JOHN TIEDE, CHAIRMAN
MR. ROBERT DICKLER
MR. ORVILLE EVENSON
DR. ROBERT GOLTZ
MR. CLINT HEWITT
MR. TOM JONES
MS. MARY LEBEDOFF
MS. CHERI PERLMUTTER
MS. TIMOTHY VANN

COMMITTEE STAFF: MR. LEE LARSON

AGENDA

CHAIRMAN JOHN TIEDE MODIFIED THE AGENDA IN ORDER TO MOVE PORTIONS OF ITEM II AHEAD OF ITEM I BECAUSE SOME OF THE LEGISLATION AFFECTING PHYSICAL FACILITY PROGRAM PLANNING PLACES REQUIREMENTS UPON THE ROLES AND OBJECTIVES OF THE FACILITIES COMMITTEE AND TO MOVE THE BALANCE OF ITEM II BEHIND ITEM III. THE MODIFIED AGENDA WAS ADOPTED WITHOUT EXCEPTION.

REVIEW OF LEGISLATION AFFECTING PHYSICAL FACILITY PROGRAM PLANNING - MR. JONES

A REPRINT FROM THE FEDERAL REGISTER CONTAINING HOSPITAL PLANNING REQUIREMENTS AMENDED IN 1974 TO THE FEDERAL CERTIFICATE OF NEED LAW (P.L. 92-603) ORIGINALLY ADOPTED IN 1972 WAS DISSEMINATED. THAT LEGISLATION REQUIRES:

1. PREPARATION OF A CAPITAL EXPENDITURE PLAN AND BUDGET FOR AT LEAST A THREE (3) YEAR PERIOD.
2. INCLUSION OF EVERY CAPITAL EXPENDITURE COSTING IN EXCESS OF \$100,000 INTO THIS PLAN.

3. THIS PLAN TO BE PREPARED UNDER THE DIRECTION OF THE HOSPITAL GOVERNING BODY BY A COMMITTEE CONSISTING OF REPRESENTATION FROM THE GOVERNING BODY, THE ADMINISTRATIVE STAFF, AND THE MEDICAL STAFF.
4. CONDUCT AN ANNUAL REVIEW OF AND UPDATE TO THE CAPITAL EXPENDITURE PLAN.

MR. JONES RECOMMENDED THAT THE COMMITTEE ADOPT A SET OF GOALS WHICH WOULD CONFORM TO EXISTING LEGISLATION AND FURTHER RECOMMENDED THAT THE COMMITTEE PERFORM A PROJECT REVIEW FUNCTION FOR OUR SIGNIFICANT FACILITIES DEVELOPMENT PLANS AND ESTABLISH PRIORITIES, IF NECESSARY, AMONG PROJECTS COMPETING FOR THE LIMITED DOLLARS AVAILABLE.

DISCUSSION OF COMMITTEE GOALS - DR. JOHN TIEDE

MOTION: THE FACILITIES COMMITTEE ADOPTS AS A MINIMUM OPERATING GOAL THE PREPARATION AND ANNUAL REVIEW OF A CAPITAL EXPENDITURE PLAN GOVERNING A PERIOD OF AT LEAST THREE (3) YEARS AND IDENTIFYING ALL PROJECTS AND ITEMS WITH A TOTAL COST EQUALING OR EXCEEDING \$100,000.

MAKER: MS. TIMOTHY VANN 2ND: MR. ORVILLE EVENSON MOTION CARRIED

SIGNIFICANT POINTS DISCUSSED:

- THREE YEARS IS WORKABLE TIME FRAME FOR WHICH DEFINITE AND SPECIFIC PLANS CAN BE MADE.
- THE HOSPITAL HAS JUST COMPLETED A REVIEW OF ITS LONG RANGE MASTER PLAN AND IS PREPARED TO PRESENT AND RECOMMEND A THREE YEAR DEVELOPMENT PLAN SHORTLY.
- THE FACILITIES COMMITTEE WOULD REVIEW THE CAPITAL EXPENDITURES PLAN IN DETAIL AND MAKE A RECOMMENDATION TO THE FULL BOARD OF GOVERNORS FOR THEIR APPROVAL.
- AS TIME GOES ON IT WILL BE NECESSARY TO INTER-RELATE THE FACILITIES COMMITTEE ACTIVITIES TO THE FINANCE COMMITTEE ESPECIALLY WITH REGARD TO CAPITAL EXPENDITURE PLAN FINANCING.
- THE MOTION CONFORMS TO FEDERAL LEGISLATIVE REQUIREMENTS (THE PENALTY FOR NON-CONFORMANCE COULD INVOLVE WITHHOLDING OF TITLE 18 AND 19 FUNDS.
- AS TIME GOES ON THE FACILITIES COMMITTEE CAN ADOPT ADDITIONAL OR BROADER GOALS.

ORIENTATION TO PHYSICAL FACILITIES - UNIT B-C
MR. ROBERT DICKLER

MR. ROBERT DICKLER OUTLINED THE HISTORY AND DEVELOPMENT OF BUILDING B-C ALONG WITH A DESCRIPTION OF PLANS FOR EACH FLOOR IN THE NEW BUILDING.

HIGHLIGHTS

ALL OR PARTS OF THE FIRST NINE (9) FLOORS WILL BE DEDICATED TO HOSPITAL SPACE. FLOORS TEN (10) THROUGH FIFTEEN (15) WILL BE OCCUPIED BY OTHER HEALTH SCIENCE UNITS.

THE HOSPITAL WILL REPLACE 104 OUT OF 136 EXISTING OUTPATIENT EXAMINING ROOMS.

- A. THESE ROOMS ARE CURRENTLY AT SEVENTEEN (17) LOCATIONS IN FOUR (4) BUILDINGS ALL CONSTRUCTED IN THE 1920'S.
- B. THE CURRENT OUTPATIENT FACILITIES WERE DESIGNED TO ACCOMMODATE 50,000 OUTPATIENT VISITS PER YEAR AND TO TRAIN 50 HEALTH SCIENCE STUDENTS. WE CURRENTLY HAVE 170,000 OUTPATIENT VISITS PER YEAR AND TRAIN 1,000 HEALTH SCIENCE STUDENTS.

IN THE LATE 1960'S THE OUTPATIENT FACILITIES WERE IDENTIFIED AS A NEED WITH THE HIGHEST PRIORITY FOR DEVELOPMENT AND EXPANSION IN THE HEALTH SCIENCES MASTER PLAN. BUILDING B-C IS THE REALIZATION OF THAT PLAN.

BUILDING B-C IS NOW UNDER CONSTRUCTION AND IS TO BE COMPLETED IN THE SPRING OF 1977 WITH 156 EXAMINING ROOMS AND EXPANDED OUTPATIENT ACTIVITY, SUPPORT, AND TREATMENT SPACE. AREAS OF THE BUILDING WILL BE LEFT SHELLS TO INCORPORATE THE FUTURE EXPANSION OF OUTPATIENT FACILITIES PROJECTED TO MEET THE INCREASING DEMAND FOR THE NEXT 15 TO 20 YEARS.

THE BUILDING IS BEING FINANCED LARGELY BY STATE AND FEDERAL APPROPRIATION AND SOME HOSPITAL DEPRECIATION RESERVE MONIES.

REVIEW OF LEGISLATION AFFECTING PHYSICAL FACILITY
PROGRAM PLANNING - MR. TOM JONES

THE STATE CERTIFICATE OF NEED LEGISLATION WAS REVIEWED. THIS LAW REQUIRES CONFORMANCE TO THE STATE CERTIFICATE OF NEED PROCESS WHEN THE FOLLOWING CRITERIA ARE MET:

- 1) A TOTAL CAPITAL EXPENDITURE IN EXCESS OF \$50,000 AND
- 2) EXPANSION OR EXTENSION OF THE SCOPE OR TYPE OF SERVICE RENDERED OR
- 3) AN INCREASE IN THE BED COMPLEMENT OF A FACILITY

THE PROCESS FOR STATE CERTIFICATE OF NEED WAS EXPLAINED.

1. APPLICATION IS MADE TO THE METROPOLITAN HEALTH BOARD
2. METROPOLITAN HEALTH BOARD WILL A) CONDUCT A REVIEW
2) HOLD PUBLIC HEARINGS 3) MAKE A RECOMMENDATION TO THE METROPOLITAN COUNCIL.
3. METROPOLITAN COUNCIL FORWARDS THEIR RECOMMENDATION TO THE STATE BOARD OF HEALTH.
4. STATE HEALTH BOARD REVIEW THE RECORD AND ISSUES OR DENIES A CERTIFICATE OF NEED.

THE FEDERAL CERTIFICATE OF NEED LEGISLATION (P.L. 92-603) REQUIRES REVIEW OF ANY PROJECTS WITH A TOTAL COST IN EXCESS OF \$100,000.

THE PROCESS IS NEARLY IDENTICAL TO THE STATE PROCESS INVOLVING THE FOLLOWING AGENCIES OR INDIVIDUALS:

1. METROPOLITAN HEALTH BOARD
2. STATE PLANNING AGENCY
3. SECRETARY OF HEALTH, EDUCATION AND WELFARE

THIS PROCESS MAY BE SUBJECT TO SOME REVISIONS AS A RESULT OF NEW LEGISLATION (P.L. 93-641) WHICH BECAME EFFECTIVE JANUARY 1, 1975.

A COPY OF THE METROPOLITAN DEVELOPMENT GUIDE CHAPTERS ON HEALTH POLICY PLANNING WAS DISSEMINATED. THIS GUIDE CONTAINS THE OPERATIVE GUIDELINES WHICH ARE USED BY THE METROPOLITAN HEALTH BOARD IN EVALUATION OF CERTIFICATE OF NEED APPLICATIONS.

FUTURE MEETINGS - DR. JOHN TIEDE

THE NEXT MEETING OF THE FACILITIES COMMITTEE HAS BEEN SET FOR WEDNESDAY, MAY 21, 1975 TO FOLLOW THE BOARD OF GOVERNORS MEETING.

DR. TIEDE EXPRESSED THE INTEREST OF THE COMMITTEE IN BEGINNING TO TOUR THE HOSPITAL FACILITIES AFTER THE NEXT MEETING.

THE MEETING WAS ADJOURNED.

RESPECTFULLY SUBMITTED

MR. LEE LARSON
SECRETARY

MINUTES

FACILITIES COMMITTEE

OF THE

BOARD OF GOVENORS

UNIVERSITY OF MINNESOTA HOSPITALS

MEETING: WEDNESDAY, AUGUST 20, 1975
DINING ROOM III - UNIVERSITY HOSPITALS
CALLED TO ORDER AT 5:00 P.M.
ADJOURNED AT 6:00 P.M.
(FOLLOWED BY A TOUR OF LABORATORY MEDICINE
FACILITIES AS CONDUCTED BY DR. DAVID BROWN)

ATTENDING: MR. ROBERT DICKLER
MR. THOMAS JONES
MS. MARY LEBEDOFF
MS. CHERI PERLMUTTER
DR. JOHN TIEDE (CHAIRMAN)
MR. JOHN WESTERMAN
MS. TIMOTHY VANN

COMMITTEE STAFF: MR. LEE LARSON
MS. JOHNELLE FOLEY

GUESTS: DR. DAVID BROWN
MR. ROBERT EMMETT
MR. GREGORY HART
MR. DANA RAMISH
MR. DON VAN HULZEN

MOTION:

MINUTES OF THE PREVIOUS MEETING ARE APPROVED AS WRITTEN.

BOARD MEETING ROOM OPTIONS - Ms. FOLEY

Ms. FOLEY REVIEWED WITH THE COMMITTEE THE VARIOUS OPTIONS WHICH
HAVE BEEN CONSIDERED AS BOARD MEETING ROOMS. SHE DESCRIBED APPROXIMATELY
SIX SITES, GIVING THE ADVANTAGES AND DISADVANTAGES OF EACH LOCATION.
Ms. FOLEY THEN RECOMMENDED ROOM 555 OF DIEHL HALL AS THE MOST ADVANTAGEOUS
LOCATION FOR BOARD MEETINGS, STATING ALSO, THAT THE ROOM WAS AVAILABLE

FOR THE REMAINDER OF THIS YEAR AND NEXT YEAR. Ms. FOLEY WENT ON TO MENTION THAT FUTURE CONSIDERATION COULD BE GIVEN TO LOCATING A LARGE CONFERENCE ROOM IN AN AREA WHICH MIGHT BE MADE AVAILABLE ONCE MOVES ARE MADE INTO THE K-E BUILDING. A MOTION WAS MADE AND PASSED TO ACCEPT THE RECOMMENDATION OF ROOM 555 DIEHL HALL AS THE PERMANENT BOARD MEETING ROOM UNTIL FUTURE PLANS ARE DEVELOPED.

UNIT K-E FEASIBILITY STUDY PROGRESS REPORT - MR. TOM JONES

MR. JONES REPORTED THAT UNIVERSITY APPROVAL HAD BEEN GRANTED TO SECURE AN ARCHITECT TO STUDY THE PROPOSED UNIT K-E DEVELOPMENT AND THAT PLANNING HAD BEGUN IN EARNEST. HE STATED THAT THE FIRM WHICH THE UNIVERSITY HAD RETAINED WAS THE ARCHITECTS COLLABORATIVE - HEALTH SCIENCES ARCHITECTS AND ENGINEERS CONSORTIUM. THIS GROUP HAS DESIGNED ALL THE HEALTH SCIENCES EXPANSION PROJECTS TO DATE. HE EXPLAINED THAT DESIGN FLEXIBILITY MORE THAN FEASIBILITY WAS THE KEY CONCERN IN THE ANALYSIS OF UNIT K-E.

MR. LARSON COMMENTED ON THE MEANING OF STRAIGHT BED NUMBERS REPLACEMENT AND POINTED OUT THAT THIS MEANT ONLY THE SAME NUMBER OF BEDS AS IN THE CASE OF PEDIATRICS. THE DEPARTMENTS AS A WHOLE WILL REQUIRE MORE TOTAL SQUARE FEET.

LONG RANGE FACILITY PLANNING - LABORATORY MEDICINE - DR. DAVID BROWN

DR. BROWN DESCRIBED THE FUNCTION OF UNIVERSITY HOSPITALS' LABS, STATING THAT THEY WERE RESPONSIBLE FOR ALL OR ANY DEPARTMENTS REQUIRING THEIR SERVICES. ALONG WITH THIS BROAD AND YET, IN-DEPTH COVERAGE, THE

LABORATORIES SERVED AS TEACHING AND RESEARCH CENTERS AS WELL. DR. BROWN EXPLAINED THAT AS THE WORK UNITS FOR THE LABORATORIES ARE INCREASING EACH YEAR DUE TO NEED FOR MORE TECHNICAL STUDIES, PERSONNEL ARE FEELING THE AFFECTS OF LESS SPACE. PRESENTLY THE LABORATORIES ARE OPERATING GREATLY BELOW THE RECOMMENDED STANDARD OF SQUARE FEET PER TECHNOLOGIST AND SEVERAL OF THE LABS ARE DISPERSED THROUGHOUT THE HEALTH SCIENCES COMPLEX CAUSING EVEN GREATER FUNCTIONAL INEFFICIENCIES. DR. BROWN COMMENTED THAT ALTHOUGH THE COMPLETION OF UNIT B-C AND MOVES BY OTHER AREAS INTO THAT BUILDING WILL PROVIDE SOME ADDITIONAL SPACE FOR LABS, THIS NEW SPACE WILL NOT MEET ALL THE LABORATORY'S FUTURE REQUIREMENTS.

DR. BROWN RESPONDED TO A QUESTION CONCERNING THE MORGUE BY STATING THAT IT WAS INAPPROPRIATELY LOCATED, ANTIQUATED, AND INSUFFICIENT AS A PLACE TO DO TEACHING. DR. BROWN SUMMARIZED BY EXPLAINING THAT THE COMPLEXITIES INVOLVED WITH UNIVERSITY HOSPITALS' UNUSUAL PATIENT MIX WERE BROADENING THE NEED FOR A VARIETY OF LABORATORY PROCEDURES. ALTHOUGH THERE WAS CONSIDERATION OF VARIOUS LONG RANGE POTENTIAL SOLUTIONS FOR THE DEPARTMENT, A PRIMARY CONCERN WAS TO MEET THE SHORT TERM NEEDS OF LABORATORY MEDICINE AND PATHOLOGY BY PROCEEDING WITH THE VACATED BUSINESS OFFICE SPACE PROPOSAL. HE STATED THAT THE LABORATORIES SHOULD REMAIN IN THEIR CURRENT LOCATION ON THE SECOND FLOOR OF THE MAYO BUILDING BUT LONG RANGE PLANNING MUST IDENTIFY ADDITIONAL CONTIGUOUS SPACE TO MEET PROJECTED GROWTH DEMANDS.

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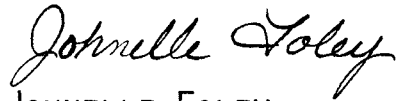
FACILITIES COMMITTEE
20 AUGUST 1975

THE MEETING WAS ADJOURNED AND A TOUR OF THE LABORATORY FACILITIES WAS
CONDUCTED BY DR. BROWN.

NEXT MEETING:

WEDNESDAY, SEPT. 17, 1975
4:30 P.M. DINING ROOM III
UNIVERSITY HOSPITALS

RESPECTFULLY SUBMITTED,



JOHNELLE FOLEY
SECRETARY

MINUTES
FACILITIES COMMITTEE
OF THE
BOARD OF GOVERNORS
UNIVERSITY OF MINNESOTA HOSPITALS

MEETING: WEDNESDAY, SEPTEMBER 17, 1975
ROOM 555 DIEHL HALL
CALLED TO ORDER AT 5:00 P.M.
ADJOURNED AT 6:15 P.M. (FOLLOWED BY A TOUR OF
ADULT MEDICAL-SURGICAL NURSING STATIONS)

ATTENDING: MR. ROBERT DICKLER
MR. ORVILLE EVENSON
MR. CLINTON HEWITT
MR. THOMAS JONES
MS. MARY LEBEDOFF
MS. CHERI PERLMUTTER
MR. JOHN WESTERMAN
MS. TIMOTHY VANN, ACTING CHAIRPERSON

COMM. STAFF: MR. LEE LARSON
MS. JOHNELLE FOLEY

GUESTS: MR. GREGORY HART
MS. KATHY HOKANSON

MOTION:

MR. EVENSON REQUESTED THAT THE MINUTES OF THE PREVIOUS MEETING REFLECT THAT HE WAS EXCUSED RATHER THAN SIMPLY ABSENT. THE MINUTES OF THE PREVIOUS MEETING WERE APPROVED AS CORRECTED.

RESIDENTIAL PSYCHIATRIC CENTER FOR CHILDREN - MR. DICKLER

AS AN INFORMATION ITEM TO THE FACILITIES COMMITTEE, MR. DICKLER ANNOUNCED THAT UNIVERSITY HOSPITALS AND ABBOTT HOSPITAL ARE IN THE PROCESS OF DEVELOPING A RESIDENTIAL PSYCHIATRIC CENTER FOR CHILDREN. HE INFORMED THE COMMITTEE THAT A FACILITY HAS BEEN SECURED FOR THE CENTER ON THE ABBOTT CAMPUS. BECAUSE THE BUILDING WAS FORMERLY A NURSES' DORM AND WILL REQUIRE SOME REMODELING, A CERTIFICATE OF NEED WILL BE APPLIED FOR. UNIVERSITY

HOSPITALS IS CITED AS A CO-SPONSOR ON THE APPLICATION. HOWEVER, NO UNIVERSITY CAPITAL DOLLARS ARE REQUIRED FOR THE REMODELING.

LONG RANGE FACILITY PLANNING - ADULT MEDICAL - SURGICAL NURSING UNITS
MS. HOKANSON AND MR. LARSON

BY MEANS OF INTRODUCTION, MR. JONES EXPLAINED THAT MS. HOKANSON AND MR. LARSON WOULD BE DESCRIBING NURSING UNITS IN THE MAYO COMPLEX WITH MR. LARSON ADDRESSING THE PHYSICAL ASPECTS OF THE BUILDING AND MS. HOKANSON RELATING THESE ASPECTS TO THE ABILITY TO DELIVER PATIENT CARE.

MR. LARSON CITED THE FOLLOWING POINTS WHICH CONSTITUTE PROBLEMS INHERENT WITH THE STRUCTURE OF THE BUILDING:

- A) LONG SNAKE-LIKE CORRIDORS
- B) INTERSECTING CORRIDORS
- C) CORRIDORS OF INSUFFICIENT WIDTH
- D) LACK OF STORAGE SPACE
- E) LACK OF CENTRAL ENVIRONMENTAL SYSTEM TO CONTROL CONDITIONING AND MOVEMENT OF AIR
- F) STAIRWAYS OF STRANGE CONFIGURATIONS
- G) STAIRWAYS WITHOUT ACCESS TO THE OUTSIDE
- H) STATIONS WITHOUT THE REQUIRED TWO MEANS OF EGRESS
- I) INADEQUATE NUMBER OF ELEVATORS
- J) INABILITY TO USE MECHANICAL MEANS OF TRANSPORT
- K) PATIENT ROOMS OF INSUFFICIENT SIZE AND DIMENSION
- L) INADEQUATE SPACE FOR DIRECT AND INDIRECT PATIENT CARE SUPPORT ACTIVITIES

MR. LARSON EXPLAINED THAT THERE WAS NO WAY TO REMODEL THESE DIFFICULTIES OUT OF THE BUILDING. HE SUGGESTED THAT THE ABOVE REPRESENTED DIFFICULTIES WHICH MADE THE STRUCTURE INAPPROPRIATE FOR THE HOUSING OF NURSING UNITS.

MR. LARSON DID STRESS, HOWEVER, THAT THIS DID NOT MEAN THAT THE BUILDING WAS NOT SUITABLE FOR OTHER FUNCTIONS AND ACTIVITIES SUCH AS OFFICES OR CLASSROOMS OR HOSPITAL ANCILLARY SERVICES. THESE, HE SUGGESTED, WOULD BE THE PROBABLE HEALTH SCIENCES' PROPOSAL TO UTILIZE EXISTING SPACE SHOULD THE NURSING UNITS VACATE THE MAYO COMPLEX FOR A REPLACEMENT FACILITY ON THE POWELL HALL SITE.

MS. HOKANSON EXPLAINED THAT THE PROBLEMS WHICH MR. LARSON MENTIONED MADE IT EXTREMELY DIFFICULT FOR THE MEDICAL AND NURSING STAFF TO MEET THE CARE NEEDS OF THEIR PATIENTS. SHE CITED THE FOLLOWING CONCERNS OF THE HOSPITAL STAFF:

- A) EXCESSIVE TRAFFIC IN CORRIDORS
- B) EXCESSIVE CONGESTION IN CORRIDORS DUE TO LACK OF STORAGE FOR EQUIPMENT
- C) SAFETY HAZARDS DUE TO CORRIDOR SITUATION
- D) LACK OF LOUNGES FOR PATIENTS AND FAMILIES
- E) INAPPROPRIATE GROUPINGS OF PATIENTS ESPECIALLY THOSE IN ISOLATION
- F) LACK OF BATHROOM FACILITIES FOR PATIENTS, STAFF, AND VISITORS
- G) CROWDED ROOMS PROVOKING PATIENT ANXIETY
- H) LACK OF SPACE TO SEPARATE CLEAN AND DIRTY ARTICLES
- I) UNITS FORCED TO SHARE FACILITIES
- J) DIFFICULTIES IN PROTECTING EQUIPMENT STORED IN CORRIDORS
- K) DIFFICULTIES IN MAINTAINING SECURITY IN NURSING AREAS
- L) LACK OF SPACE FOR STORAGE OF PATIENTS' PERSONAL BELONGINGS
- M) INABILITY TO PROVIDE PATIENTS WITH INDIVIDUAL PRIVACY

MR. EVENSON INQUIRED AS TO WHY THE NUMBER OF HOSPITAL BEDS COULD NOT BE CUT BACK TO OVERCOME SOME OF THE SPACE PROBLEMS. MR. WESTERMAN AND MR. JONES EXPLAINED THAT TO AN EXTENT THIS HAD ALREADY BEEN DONE AND THAT ANY MORE REDUCTIONS COULD NOT OCCUR BECAUSE OF CURRENT OCCUPANCY DEMANDS.

MRS. VANN QUESTIONED WHETHER BUILDING K-E WAS BEING PROPERLY PLANNED TO AVOID THE DIFFICULTIES WHICH WERE BEING DISCUSSED. SHE WAS ASSURED THAT IT WAS.

DISCUSSION FOLLOWED CONCERNING THE FUNDING FOR A REPLACEMENT FACILITY AT THE POWELL HALL SITE. IT WAS MENTIONED THAT THE LEGISLATURE MAY BE INTERESTED IN FUNDING SOME PART OF A NEW INPATIENT FACILITY BUT OTHER FUNDING SOURCES MUST BE EXPLORED. IT WAS FURTHER EXPLAINED THAT THE REPLACEMENT FACILITY WOULD NOT INVOLVE AN INCREASE IN NUMBERS OF BEDS AND THAT INSTEAD, IT WOULD BE AN INCREASE IN SPACE AND A CONTEMPORARY REDESIGN OF STRUCTURE.

THE MEETING WAS ADJOURNED AND A TOUR OF ADULT MEDICAL/SURGICAL NURSING UNITS WAS CONDUCTED BY MS. HOKANSON.

NEXT MEETING: WEDNESDAY, OCTOBER 22, 1975
4:30 PM. ROOM 555 DIEHL HALL

RESPECTFULLY SUBMITTED

Johnelle Foley (DB)
JOHNELLE FOLEY
SECRETARY

MINUTES

FACILITIES COMMITTEE OF THE BOARD OF GOVERNORS UNIVERSITY OF MINNESOTA HOSPITALS

MEETING: WEDNESDAY, JANUARY 21, 1976
11:30 A.M. DINING ROOM III
UNIVERSITY HOSPITALS
FOLLOWING LUNCH - MEETING CALLED
TO ORDER AT 12:10 P.M.

ATTENDING: ROBERT DICKLER
ORVILLE EVENSON
TOM JONES
MARY LEBEDOFF
CHERI PERLMUTTER
JOHN TIEDE (CHAIRMAN)
TIMOTHY VANN
JOHN WESTERMAN

GUESTS: DR. GENE GEDGAUDAS
MR. HOWARD BEAM

COMM. STAFF: LEE LARSON

THE MINUTES OF THE PREVIOUS MEETING WERE APPROVED AS SUBMITTED.

STAFF REPORT - MR. TOM JONES

A. ORIENTATION

THIS MEETING IS THE LAST PLANNED ORIENTATION OF THE COMMITTEE MEMBERS TO THE MAJOR AREAS, DEPARTMENTS AND FACILITIES OF THE HOSPITAL. THE NEXT STEP IN THE PROCESS WOULD NOW BE THE PREPARATION OF A WRITTEN REPORT AND THREE YEAR PLAN FROM THE COMMITTEE TO THE FULL BOARD OF GOVERNORS. DURING THE NEXT SEVERAL MONTHS THE COMMITTEE AND THE STAFF WILL PREPARE THAT REPORT.

B. FINANCIAL POLICY STATEMENT

MR. JONES CALLED THE COMMITTEE'S ATTENTION TO THE CAPITAL EXPENDITURES SECTION OF THE FINANCIAL POLICY STATEMENT PREPARED BY THE FINANCE COMMITTEE FOR ADOPTION BY THE FULL BOARD OF GOVERNORS AT TODAY'S

MEETING. HE STATED THAT THIS SECTION IS CONSISTENT BOTH WITH ADMINISTRATIVE AND FACILITIES COMMITTEES' CURRENT POLICIES AND PRACTICES.

D. JOINT COMMISSION ON ACCREDITATION OF HOSPITALS REPORT

THIS REPORT HAD JUST BEEN RECEIVED BY THE HOSPITAL AND WAS SOMEWHAT SEVERE IN CITING BUILDING NON-CONFORMANCE TO CURRENT FIRE AND LIFE SAFETY CODES. ALTHOUGH THE HOSPITAL WAS AWARE OF THE EXISTING CODE VIOLATIONS AND HAD BEEN PROCEEDING ON A PROGRAM TO ADDRESS THOSE DEFICIENCIES, THE PRIORITY PLACED ON THESE ITEMS BY THE J.C.A.H. INVESTIGATION TEAM DURING THIS SURVEY NECESSITATES ACCELERATING THAT PROGRAM SO AS TO ACHIEVE EARLIER COMPLIANCE.

ORIENTATION TO DIAGNOSTIC RADIOLOGY - DR. GENE GEDGAUDAS

THE DEPARTMENT OF DIAGNOSTIC RADIOLOGY WAS PLANNED, DESIGNED AND REMODELED IN ITS PRESENT LOCATION DURING THE EARLY 1950'S. DURING THAT TIME THE DEPARTMENT WAS CONDUCTING ABOUT 36,000 EXAMINATIONS PER YEAR AND THE AREA WAS DESIGNED TO ACCOMMODATE APPROXIMATELY 70,000 PATIENT EXAMINATIONS PER YEAR PROVIDING THAT THE SAME KINDS OF MODALITIES AND EQUIPMENT AS WAS AVAILABLE OR FORESEEN IN THE EARLY 1950'S CONTINUED TO BE USED. THIS YEAR THE DEPARTMENT WILL PERFORM 110,000 PATIENT EXAMINATIONS UTILIZING MODALITIES AND EQUIPMENT WHICH ARE MUCH MORE SOPHISTICATED THAN COULD POSSIBLY HAVE BEEN ENVISIONED AT THAT TIME. AS A RESULT, THE DEPARTMENT, TODAY, HAS NEED FOR ABOUT TWICE AS MUCH SPACE AS IT HAS AVAILABLE. THIS SITUATION HAS BEEN CREATED PRIMARILY THROUGH TWO FACTORS:

1. THE RAPID TECHNOLOGICAL ADVANCEMENT OF RADIOLOGICAL EQUIPMENT AND TECHNIQUES
2. THE INCREASING DEMAND FOR X-RAY EXAMINATIONS

THE MOST RAPID ADVANCEMENT IN X-RAY TECHNOLOGY SINCE ITS DISCOVERY BY ROENTIGEN IN THE 1890'S HAS OCCURRED SINCE 1950. PRIOR TO 1950 IT WAS ONLY POSSIBLE TO EXAMINE HARD DENSE STRUCTURES WITHIN THE HUMAN BODY. TODAY IT IS POSSIBLE TO EXAMINE NEARLY ALL THE ORGANS AND MATERIAL WITHIN

THE HUMAN BODY BY ONE OR MORE MEANS OF RADIOLOGY. AS A RESULT DIAGNOSTIC RADIOLOGY HAS EXPANDED TO INCLUDE AREAS OF MEDICAL IMAGERY OTHER THAN XRAY, SUCH AS: NUCLEAR MEDICINE, ULTRASOUND, TOMOGRAPHY, AND COMPUTERIZED TOMOGRAPHY. AS THE RADIOLOGICAL CAPABILITIES HAVE INCREASED SO HAS THE DEMAND FOR THIS SERVICE.

TODAY NEARLY ONE HALF OF ALL MEDICAL DECISIONS ARE BASED UPON RADIOLOGICAL FINDINGS. AS THE DEPARTMENT ACQUIRED THE CAPABILITY TO EXAMINE MORE AND MORE SOFT TISSUES IN THE BODY, THESE TISSUES CAN BE EXAMINED RELIABLY AT FAR LESS RISK TO THE PATIENT AND WITH GREATER PRECISION THAN WAS POSSIBLE WITH THE OLDER EXPLORATORY SURGERY AND OTHER INDIRECT TECHNIQUES. HIGH QUALITY MEDICINE REQUIRED A CORRESPONDING HIGH QUALITY RADIOLOGY DEPARTMENT. THE FACT THAT MANY OF THE MEDICAL SPECIALTIES AND SPECIALTISTS AT THE UNIVERSITY HOSPITALS ARE WORLD LEADERS IN THEIR FIELDS PLACES VERY HEAVY DEMANDS UPON THE DIAGNOSTIC RADIOLOGY DEPARTMENT IN ORDER TO KEEP PACE WITH THEIR NEEDS.

IN ORDER TO MEET THOSE INCREASING DEMANDS IT HAS BEEN NECESSARY TO REDUCE AND DISPLACE DEPARTMENT FUNCTIONS WHICH OF NECESSITY HAD LOWER PRIORITY THAN EXAMINATION AND PROCESSING SPACE. OFFICE SPACE FOR FULL PROFESSOR AND TECHNICAL STAFF HAS BEEN EITHER ELIMINATED, CONFINED TO FORMER CLOSET SPACE, OR RESTRICTED TO ROOMS SHARED BY EXAMINATION OR PROCESSING FUNCTIONS. PATIENT WAITING SPACE HAS BEEN REDUCED FROM 400 SQUARE FEET TO 150 SQUARE FEET OF WAITING ROOMS BY USE OF DEPARTMENT CORRIDORS. IN SOME INSTANCES EQUIPMENT HAS BEEN DOUBLED IN A SINGLE EXAM ROOM SO THAT ONLY ONE PIECE OF EQUIPMENT CAN BE USED AT A TIME. MANY NEWLY ACQUIRED PIECES OF EQUIPMENT CANNOT BE USED TO THEIR FULLEST CAPACITIES BECAUSE OF RESTRICTIONS IN EXISTING ROOM DIMENSIONS. DEDICATED STORAGE AREAS HAVE BEEN PRESSED INTO OTHER SERVICE SO THAT MANY SUPPLIES AND MATERIALS ARE CRAMMED INTO EVERY AVAILABLE SPACE SHARED WITH OTHER FUNCTIONS. ALTHOUGH NECESSARY UNDER THE EXISTING CIRCUMSTANCES, ALL OF THESE COMPROMISES HAVE NOT BEEN MADE WITHOUT COSTS IN TERMS OF OPERATIONAL INEFFICIENCIES, REDUCTIONS IN PATIENT PRIVACY AND AMENITIES, INCONVENIENCE, AND GENERALLY UNACCEPTABLE ASTHETIC SURROUNDINGS. THE ONLY SOLUTION TO THIS SITUATION WILL BE TO ACQUIRE AN ADEQUATE AMOUNT OF SPACE IN NEW FACILITIES WHICH ARE YET TO BE CONSTRUCTED.

TOWARDS THAT END THE DEPARTMENT OF DIAGNOSTIC RADIOLOGY IS NOW IN THE PROCESS OF DEVELOPING A SPACE PROGRAM FOR INCLUSION IN THE PLANS FOR BUILDING J. DR. GEDGAUDAS STATED THAT THE CURRENT STANDARDS BEING USED FOR SPACE INDICATE THAT A RADIOLOGY DEPARTMENT NEEDS ABOUT 1,500 SQ. FT. OF NET USABLE SPACE FOR EACH EXAM ROOM - THIS IS APPROXIMATELY DOUBLE THE EXISTING SPACE. HE ALSO STATED THAT THE BEST FUTURE LOCATION FOR THIS DEPARTMENT WOULD BE ON A GROUND FLOOR ADJACENT TO THE EMERGENCY ROOM. IN ADDITION TO THE CENTRALIZED SPACE THE DEPARTMENT ALSO CONDUCTS SATELLITE OPERATIONS IN VARIETY CLUB HEART HOSPITAL, THE OPERATING ROOMS, THE EMERGENCY ROOM, AS WELL AS THE NEUROLOGY AND FAMILY PRACTICE CLINICS.

DR. GEDGAUDAS CONCLUDED HIS PRESENTATION BY RECOUNTING SOME OF THE DEPARTMENTS ACHIEVEMENTS AND OTHER ACTIVITIES.

DR. RIGLER, A FORMER HEAD OF THE DEPARTMENT, HAD A WORLD RENOWNED REPUTATION AS A RADIOLOGIST WHICH WAS PROBABLY EQUAL TO THAT OF ROENTGEN WHO DISCOVERED THE X-RAY.

THE RESIDENCY PROGRAM IN DIAGNOSTIC RADIOLOGY AT UNIVERSITY HOSPITALS IS THE LARGEST IN THE WORLD AND HAS TRAINED MORE CHIEFS OF RADIOLOGY AT OTHER INSTITUTIONS THAN ANY OTHER PROGRAM.

IN ADDITION THE DEPARTMENT OPERATES TWO SCHOOLS OF XRAY TECHNOLOGY - A DEGREE PROGRAM GRADUATING ABOUT 15 STUDENTS PER YEAR AND A NON-DEGREE PROGRAM SERVING 150 STUDENT PER YEAR.

THE FIRST INSTRUMENT IN THE WORLD DESIGNED TO DO WHOLE BODY COMPUTERIZED TOMOGRAPHY WAS RECENTLY INSTALLED IN THE DEPARTMENT.

THE MEETING WAS ADJOURNED AT 1:20 P.M. FOR A TOUR OF THE DIAGNOSTIC RADIOLOGY DEPARTMENT.

RESPECTFULLY SUBMITTED


MR. LEE LARSON
COMMITTEE STAFF MEMBER

MINUTES

FACILITIES COMMITTEE

OF THE

BOARD OF GOVERNORS

UNIVERSITY OF MINNESOTA HOSPITALS

MEETING: WEDNESDAY, JUNE 18, 1975
DINING ROOM III MAYO MEMORIAL BUILDING
CALLED TO ORDER AT 5:10 P.M.
ADJOURNED AT 6:00 P.M.

ATTENDING: MS. TIMOTHY VANN
MS. MARY LEBEDOFF
DR. JOHN TIEDE (CHAIRMAN)
DR. PAUL WINCHELL
MR. JOHN WESTERMAN
MR. TOM JONES
MR. ROBERT DICKLER
MR. LEE LARSON
MS. SALLY PILLSBURY
MS. CHERI PERLMUTTER

COMMITTEE STAFF: MS. JOHNELLE FOLEY

GUESTS: MR. ROBERT EMMETT AND MR. DANA RAMISH

MOTION: MINUTES OF THE PREVIOUS MEETING ARE APPROVED AS WRITTEN.

PRESENTATION AND DISCUSSION OF PRELIMINARY THREE YEAR
CAPITAL BUDGET - MR. JOHN WESTERMAN, MR. TOM JONES, AND MR. LEE LARSON

MR. WESTERMAN GAVE BACKGROUND TO THE MASTER PLAN SEQUENCE BY STATING THAT THE LEGISLATURE HAS STRONGLY SUPPORTED THE HEALTH SCIENCE UNITS IN THE PAST ON THE BASIS OF STATE NEED FOR INCREASED MANPOWER. THE INCREASED MANPOWER RATIONALE WILL HAVE TO BE EXPANDED IF THE UNIVERSITY IS TO CAPTURE LEGISLATIVE INTEREST FOR FUNDING REPLACEMENT OF MAIN HOSPITAL INPATIENT FACILITIES. A GOOD CASE CAN BE MADE, BUT IT WILL TAKE THE COOPERATION OF MANY INTERNAL AND EXTERNAL FORCES.

MINUTES
FACILITIES COMMITTEE
18 JUNE 1975

MR. JONES GAVE AN OVERVIEW OF THE HEALTH SCIENCES AND HOSPITALS MASTER PLAN. HE REVIEWED THE ATTACHED PLANNING SEQUENCE. (SEE APPENDIX)

MR. LARSON COMMENTED THAT PLANNING WAS BASED ON PROGRAMS AND THUS MUST BE FLEXIBLE. HE INDICATED THAT EXPANSION FOR NEEDED SPACE DID NOT MEAN EXPANSION OF PROGRAMS. MR. LARSON REVIEWED THE THREE YEAR PRELIMINARY BUDGET. (SEE APPENDIX) MR. JONES STATED THAT FINANCIAL PLANNING FOR THE THREE YEAR CYCLE HAD BEEN COMPLETED AND THAT DEPRECIATION RESERVE AND ENDOWMENTS SHOULD ADEQUATELY FUND THESE SHORT TERM REQUIREMENTS. MR. DICKLER COMMENTED THAT FUNDS TO COMPLETE UNIT B-C HAVE ALSO BEEN DEDICATED.

THE PATHOLOGY LABORATORY AND PSYCHIATRY-REHABILITATION AIR-CONDITIONING PROJECTS HAVE BEEN PREVIOUSLY COMMITTED AND FUNDED BUT BECAUSE OF THE AVAILABILITY OF JACKSON HALL SPACE AND CHILLED WATER FOR AIR-CONDITIONING HAVE BEEN DELAYED, BUT WILL BE COMPLETED IN THE 1975-76 FISCAL YEAR.

THE MOVEMENT OF MEDICAL RECORDS AND THE BUSINESS OFFICE TO UNIT B-C WAS DEEMED NECESSARY TO MEET SPACE AND FUNCTIONAL REQUIREMENTS. SPACE VACATED BY THIS MOVE IS CRITICALLY NEEDED FOR THE RAPIDLY EXPANDING WORKLOADS OF THE RADIOLOGY AND CLINICAL LABORATORY DEPARTMENTS.

THE PLANNING STAFF STATED THAT BEFORE UNIT K-E DEVELOPMENT COULD BE POSITIVELY RECOMMENDED IT MUST BE FURTHER ANALYZED BY AN ARCHITECT TO ADDITIONALLY ASCERTAIN THE FEASIBILITY OF THE VARIOUS PROJECTS PROGRAMMED FOR THE UNIT. THIS FEASIBILITY STUDY INCLUDED AN ANALYSIS OF BUILDING FIRE-CODE DEFICIENCIES, ACCEPTABLE FUNCTIONAL LAYOUTS, AND ACCESS TO

MINUTES
FACILITIES COMMITTEE
18 JUNE 1975

THE MAYO BUILDING AND FUTURE POWELL SITE DEVELOPMENT. MRS. VANN MOVED FOR SUPPORT OF THE ARCHITECTURAL STUDY, HER MOTION WAS SECONDED AND PASSED.

MRS. LEBEDOFF MOVED THAT THE FACILITIES COMMITTEE ACCEPT AND SUPPORT THE THREE YEAR MASTER PLAN SEQUENCE AND ITS PRELIMINARY BUDGET. HER MOTION WAS SECONDED AND PASSED.

THE MEETING WAS ADJOURNED BY DR. TIEDE AT 6:00 P.M.

RESPECTFULLY SUBMITTED,
Johnelle Foley
JOHNELLE FOLEY
SECRETARY

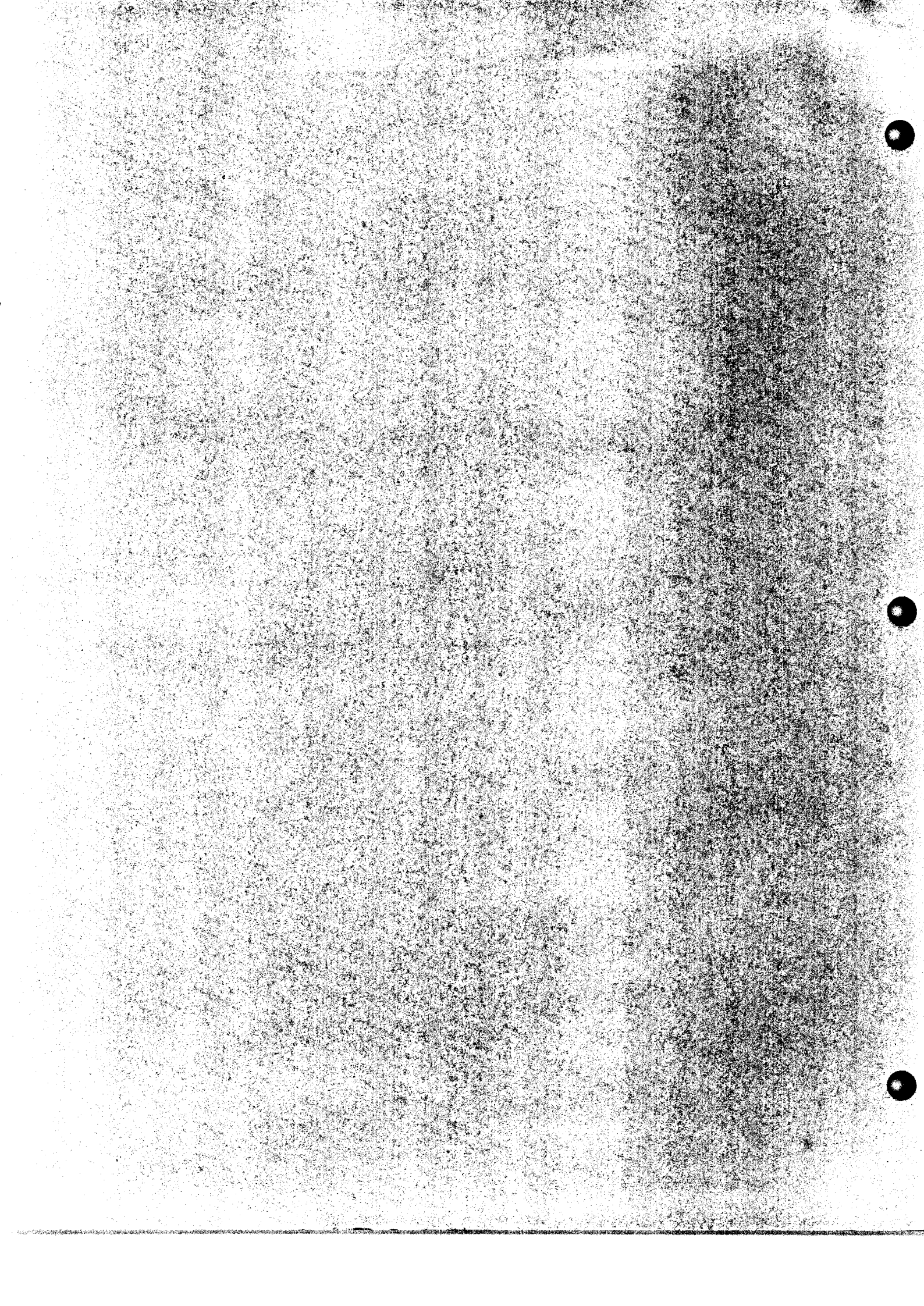
STANDING COMMITTEES

FACILITIES COMMITTEE

Section 1. Composition. The Hospital Facilities Committee shall consist of a chairman, at least two other members of the Board of Governors, two members of the Medical Staff, two members of hospital management as designated by the General Director, the University Vice President for Finance, Planning and Operations or his designee, and the University Vice President for Health Sciences or his designee.

Section 2. Duties. The Committee shall have general supervision of the physical status of the hospital and shall have the responsibility of planning and recommending additions, alterations, repair and maintenance.

Section 3. Meetings. The committee shall meet at the call of the chairman as often as necessary to accomplish its functions.



MINUTES

FACILITIES COMMITTEE OF THE BOARD OF GOVERNORS

UNIVERSITY OF MINNESOTA HOSPITALS

MEETING:

WEDNESDAY, AUGUST 20, 1975
DINING ROOM III - UNIVERSITY HOSPITALS
CALLED TO ORDER AT 5:00 P.M.
ADJOURNED AT 6:00 P.M.
(FOLLOWED BY A TOUR OF LABORATORY MEDICINE
FACILITIES AS CONDUCTED BY DR. DAVID BROWN)

ATTENDING:

MR. ROBERT DICKLER
MR. THOMAS JONES
MS. MARY LEBEDOFF
MS. CHERI PERLMUTTER
DR. JOHN TIEDE (CHAIRMAN)
MR. JOHN WESTERMAN
MS. TIMOTHY VANN

COMMITTEE STAFF:

MR. LEE LARSON
MS. JOHNELLE FOLEY

GUESTS:

DR. DAVID BROWN
MR. ROBERT EMMETT
MR. GREGORY HART
MR. DANA RAMISH
MR. DON VAN HULZEN

MOTION:

MINUTES OF THE PREVIOUS MEETING ARE APPROVED AS WRITTEN.

BOARD MEETING ROOM OPTIONS - Ms. FOLEY

MS. FOLEY REVIEWED WITH THE COMMITTEE THE VARIOUS OPTIONS WHICH HAVE BEEN CONSIDERED AS BOARD MEETING ROOMS. SHE DESCRIBED APPROXIMATELY SIX SITES, GIVING THE ADVANTAGES AND DISADVANTAGES OF EACH LOCATION. MS. FOLEY THEN RECOMMENDED ROOM 555 OF DIEHL HALL AS THE MOST ADVANTAGEOUS LOCATION FOR BOARD MEETINGS, STATING ALSO, THAT THE ROOM WAS AVAILABLE

FOR THE REMAINDER OF THIS YEAR AND NEXT YEAR. MS. FOLEY WENT ON TO MENTION THAT FUTURE CONSIDERATION COULD BE GIVEN TO LOCATING A LARGE CONFERENCE ROOM IN AN AREA WHICH MIGHT BE MADE AVAILABLE ONCE MOVES ARE MADE INTO THE K-E BUILDING. A MOTION WAS MADE AND PASSED TO ACCEPT THE RECOMMENDATION OF ROOM 555 DIEHL HALL AS THE PERMANENT BOARD MEETING ROOM UNTIL FUTURE PLANS ARE DEVELOPED.

UNIT K-E FEASIBILITY STUDY PROGRESS REPORT - MR. TOM JONES

MR. JONES REPORTED THAT UNIVERSITY APPROVAL HAD BEEN GRANTED TO SECURE AN ARCHITECT TO STUDY THE PROPOSED UNIT K-E DEVELOPMENT AND THAT PLANNING HAD BEGUN IN EARNEST. HE STATED THAT THE FIRM WHICH THE UNIVERSITY HAD RETAINED WAS THE ARCHITECTS COLLABORATIVE - HEALTH SCIENCES ARCHITECTS AND ENGINEERS CONSORTIUM. THIS GROUP HAS DESIGNED ALL THE HEALTH SCIENCES EXPANSION PROJECTS TO DATE. HE EXPLAINED THAT DESIGN FLEXIBILITY MORE THAN FEASIBILITY WAS THE KEY CONCERN IN THE ANALYSIS OF UNIT K-E.

MR. LARSON COMMENTED ON THE MEANING OF STRAIGHT BED NUMBERS REPLACEMENT AND POINTED OUT THAT THIS MEANT ONLY THE SAME NUMBER OF BEDS AS IN THE CASE OF PEDIATRICS. THE DEPARTMENTS AS A WHOLE WILL REQUIRE MORE TOTAL SQUARE FEET.

LONG RANGE FACILITY PLANNING - LABORATORY MEDICINE - DR. DAVID BROWN

DR. BROWN DESCRIBED THE FUNCTION OF UNIVERSITY HOSPITALS' LABS. STATING THAT THEY WERE RESPONSIBLE FOR ALL OR ANY DEPARTMENTS REQUIRING THEIR SERVICES. ALONG WITH THIS BROAD AND YET, IN-DEPTH COVERAGE, THE

LABORATORIES SERVED AS TEACHING AND RESEARCH CENTERS AS WELL. DR. BROWN EXPLAINED THAT AS THE WORK UNITS FOR THE LABORATORIES ARE INCREASING EACH YEAR DUE TO NEED FOR MORE TECHNICAL STUDIES, PERSONNEL ARE FEELING THE EFFECTS OF LESS SPACE. PRESENTLY THE LABORATORIES ARE OPERATING GREATLY BELOW THE RECOMMENDED STANDARD OF SQUARE FEET PER TECHNOLOGIST AND SEVERAL OF THE LABS ARE DISPERSED THROUGHOUT THE HEALTH SCIENCES COMPLEX CAUSING EVEN GREATER FUNCTIONAL INEFFICIENCIES. DR. BROWN COMMENTED THAT ALTHOUGH THE COMPLETION OF UNIT B-C AND MOVES BY OTHER AREAS INTO THAT BUILDING WILL PROVIDE SOME ADDITIONAL SPACE FOR LABS, THIS NEW SPACE WILL NOT MEET ALL THE LABORATORY'S FUTURE REQUIREMENTS.

DR. BROWN RESPONDED TO A QUESTION CONCERNING THE MORGUE BY STATING THAT IT WAS INAPPROPRIATELY LOCATED, ANTIQUATED, AND INSUFFICIENT AS A PLACE TO DO TEACHING. DR. BROWN SUMMARIZED BY EXPLAINING THAT THE COMPLEXITIES INVOLVED WITH UNIVERSITY HOSPITALS' UNUSUAL PATIENT MIX WERE BROADENING THE NEED FOR A VARIETY OF LABORATORY PROCEDURES. ALTHOUGH THERE WAS CONSIDERATION OF VARIOUS LONG RANGE POTENTIAL SOLUTIONS FOR THE DEPARTMENT, A PRIMARY CONCERN WAS TO MEET THE SHORT TERM NEEDS OF LABORATORY MEDICINE AND PATHOLOGY BY PROCEEDING WITH THE VACATED BUSINESS OFFICE SPACE PROPOSAL. HE STATED THAT THE LABORATORIES SHOULD REMAIN IN THEIR CURRENT LOCATION ON THE SECOND FLOOR OF THE MAYO BUILDING BUT LONG RANGE PLANNING MUST IDENTIFY ADDITIONAL CONTIGUOUS SPACE TO MEET PROJECTED GROWTH DEMANDS.

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FACILITIES COMMITTEE
20 AUGUST 1975

THE MEETING WAS ADJOURNED AND A TOUR OF THE LABORATORY FACILITIES WAS
CONDUCTED BY DR. BROWN.

NEXT MEETING:

WEDNESDAY, SEPT. 17, 1975
4:30 P.M. DINING ROOM III
UNIVERSITY HOSPITALS

RESPECTFULLY SUBMITTED,

Johnelle Foley

JOHNELLE FOLEY
SECRETARY

MINUTES
FACILITIES COMMITTEE
OF THE
BOARD OF GOVERNORS
UNIVERSITY OF MINNESOTA HOSPITALS

MEETING: WEDNESDAY, SEPTEMBER 17, 1975
ROOM 555 DIENL HALL
CALLED TO ORDER AT 5:00 P.M.
ADJOURNED AT 6:15 P.M. (FOLLOWED BY A TOUR OF
ADULT MEDICAL-SURGICAL NURSING STATIONS)

ATTENDING: MR. ROBERT DICKLER
MR. ORVILLE EVENSON
MR. CLINTON HEWITT
MR. THOMAS JONES
MS. MARY LEBEDOFF
MS. CHERI PERLMUTTER
MR. JOHN WESTERMAN
MS. TIMOTHY VANN, ACTING CHAIRPERSON

COMM. STAFF: MR. LEE LARSON
MS. JOHNELLE FOLEY

GUESTS: MR. GREGORY HART
MS. KATHY HOKANSON

NOTION:

MR. EVENSON REQUESTED THAT THE MINUTES OF THE PREVIOUS MEETING REFLECT THAT HE WAS EXCUSED RATHER THAN SIMPLY ABSENT. THE MINUTES OF THE PREVIOUS MEETING WERE APPROVED AS CORRECTED.

RESIDENTIAL PSYCHIATRIC CENTER FOR CHILDREN - MR. DICKLER

AS AN INFORMATION ITEM TO THE FACILITIES COMMITTEE, MR. DICKLER ANNOUNCED THAT UNIVERSITY HOSPITALS AND ABBOTT HOSPITAL ARE IN THE PROCESS OF DEVELOPING A RESIDENTIAL PSYCHIATRIC CENTER FOR CHILDREN. HE INFORMED THE COMMITTEE THAT A FACILITY HAS BEEN SECURED FOR THE CENTER ON THE ABBOTT CAMPUS. BECAUSE THE BUILDING WAS FORMERLY A NURSES' DORM AND WILL REQUIRE SOME REMODELING, A CERTIFICATE OF NEED WILL BE APPLIED FOR. UNIVERSITY

HOSPITALS IS CITED AS A CO-SPONSOR ON THE APPLICATION. HOWEVER, NO UNIVERSITY CAPITAL DOLLARS ARE REQUIRED FOR THE REMODELING.

LONG RANGE FACILITY PLANNING - ADULT MEDICAL - SURGICAL NURSING UNITS
MS. HOKANSON AND MR. LARSON

BY MEANS OF INTRODUCTION, MR. JONES EXPLAINED THAT MS. HOKANSON AND MR. LARSON WOULD BE DESCRIBING NURSING UNITS IN THE MAYO COMPLEX WITH MR. LARSON ADDRESSING THE PHYSICAL ASPECTS OF THE BUILDING AND MS. HOKANSON RELATING THESE ASPECTS TO THE ABILITY TO DELIVER PATIENT CARE.

MR. LARSON CITED THE FOLLOWING POINTS WHICH CONSTITUTE PROBLEMS INHERENT WITH THE STRUCTURE OF THE BUILDING:

- A) LONG SNAKE-LIKE CORRIDORS
- B) INTERSECTING CORRIDORS
- C) CORRIDORS OF INSUFFICIENT WIDTH
- D) LACK OF STORAGE SPACE
- E) LACK OF CENTRAL ENVIRONMENTAL SYSTEM TO CONTROL CONDITIONING AND MOVEMENT OF AIR
- F) STAIRWAYS OF STRANGE CONFIGURATIONS
- G) STAIRWAYS WITHOUT ACCESS TO THE OUTSIDE
- H) STATIONS WITHOUT THE REQUIRED TWO MEANS OF EGRESS
- I) INADEQUATE NUMBER OF ELEVATORS
- J) INABILITY TO USE MECHANICAL MEANS OF TRANSPORT
- K) PATIENT ROOMS OF INSUFFICIENT SIZE AND DIMENSION
- L) INADEQUATE SPACE FOR DIRECT AND INDIRECT PATIENT CARE SUPPORT ACTIVITIES

MR. LARSON EXPLAINED THAT THERE WAS NO WAY TO REMODEL THESE DIFFICULTIES OUT OF THE BUILDING. HE SUGGESTED THAT THE ABOVE REPRESENTED DIFFICULTIES WHICH MADE THE STRUCTURE INAPPROPRIATE FOR THE HOUSING OF NURSING UNITS.

MR. LARSON DID STRESS, HOWEVER, THAT THIS DID NOT MEAN THAT THE BUILDING WAS NOT SUITABLE FOR OTHER FUNCTIONS AND ACTIVITIES SUCH AS OFFICES OR CLASSROOMS OR HOSPITAL ANCILLARY SERVICES. THESE, HE SUGGESTED, WOULD BE THE PROBABLE HEALTH SCIENCES' PROPOSAL TO UTILIZE EXISTING SPACE SHOULD THE NURSING UNITS VACATE THE MAYO COMPLEX FOR A REPLACEMENT FACILITY ON THE POWELL HALL SITE.

MS. HOKANSON EXPLAINED THAT THE PROBLEMS WHICH MR. LARSON MENTIONED MADE IT EXTREMELY DIFFICULT FOR THE MEDICAL AND NURSING STAFF TO MEET THE CARE NEEDS OF THEIR PATIENTS. SHE CITED THE FOLLOWING CONCERNS OF THE HOSPITAL STAFF:

- A) EXCESSIVE TRAFFIC IN CORRIDORS
- B) EXCESSIVE CONGESTION IN CORRIDORS DUE TO LACK OF STORAGE FOR EQUIPMENT
- C) SAFETY HAZARDS DUE TO CORRIDOR SITUATION
- D) LACK OF LOUNGES FOR PATIENTS AND FAMILIES
- E) INAPPROPRIATE GROUPINGS OF PATIENTS ESPECIALLY THOSE IN ISOLATION
- F) LACK OF BATHROOM FACILITIES FOR PATIENTS, STAFF, AND VISITORS
- G) CROWDED ROOMS PROVOKING PATIENT ANXIETY
- H) LACK OF SPACE TO SEPARATE CLEAN AND DIRTY ARTICLES
- I) UNITS FORCED TO SHARE FACILITIES
- J) DIFFICULTIES IN PROTECTING EQUIPMENT STORED IN CORRIDORS
- K) DIFFICULTIES IN MAINTAINING SECURITY IN NURSING AREAS
- L) LACK OF SPACE FOR STORAGE OF PATIENTS' PERSONAL BELONGINGS
- M) INABILITY TO PROVIDE PATIENTS WITH INDIVIDUAL PRIVACY

MR. EVENSON INQUIRED AS TO WHY THE NUMBER OF HOSPITAL BEDS COULD NOT BE CUT BACK TO OVERCOME SOME OF THE SPACE PROBLEMS. MR. WESTERMAN AND MR. JONES EXPLAINED THAT TO AN EXTENT THIS HAD ALREADY BEEN DONE AND THAT ANY MORE REDUCTIONS COULD NOT OCCUR BECAUSE OF CURRENT OCCUPANCY DEMANDS.

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FAC. COMMITTEE MINUTES
17 SEPTEMBER 1975

MRS. VANN QUESTIONED WHETHER BUILDING K-E WAS BEING PROPERLY PLANNED TO AVOID THE DIFFICULTIES WHICH WERE BEING DISCUSSED, SHE WAS ASSURED THAT IT WAS.

DISCUSSION FOLLOWED CONCERNING THE FUNDING FOR A REPLACEMENT FACILITY AT THE POWELL HALL SITE. IT WAS MENTIONED THAT THE LEGISLATURE MAY BE INTERESTED IN FUNDING SOME PART OF A NEW INPATIENT FACILITY BUT OTHER FUNDING SOURCES MUST BE EXPLORED. IT WAS FURTHER EXPLAINED THAT THE REPLACEMENT FACILITY WOULD NOT INVOLVE AN INCREASE IN NUMBERS OF BEDS AND THAT INSTEAD, IT WOULD BE AN INCREASE IN SPACE AND A CONTEMPORARY REDESIGN OF STRUCTURE.

THE MEETING WAS ADJOURNED AND A TOUR OF ADULT MEDICAL/SURGICAL NURSING UNITS WAS CONDUCTED BY Ms. HOKANSON.

NEXT MEETING: WEDNESDAY, OCTOBER 22, 1975
4:30 PM. ROOM 555 DIEHL HALL

RESPECTFULLY SUBMITTED

Johnelle Foley (CP)
JOHNELLE FOLEY
SECRETARY

MINUTES

FACILITIES COMMITTEE
OF THE
BOARD OF GOVERNORS
UNIVERSITY OF MINNESOTA HOSPITALS

MEETING: WEDNESDAY, OCTOBER 22, 1975
ROOM 555 DIEHL HALL
CALLED TO ORDER AT 4:30 P.M.
ADJOURNED AT 5:30 P.M. (FOLLOWED BY A TOUR
OF RADIATION THERAPY FACILITIES)

ATTENDING: MR. ROBERT DICKLER
MR. ORVILLE EVENSON
MR. CLINTON HEWITT
MS. MARY LEBEDOFF, ACTING CHAIRPERSON
MR. JOHN WESTERMAN

COMM. STAFF MR. LEE LARSON
MS. JOHNELLE FOLEY

GUESTS: DR. CY LEVITT
MR. GREG HART
DR. BERNARD ROGERS

MOTION:

MS. LEBEDOFF MOVED THAT THE MINUTES OF THE LAST MEETING BE ACCEPTED.
THE MOTION WAS SECONDED AND PASSED.

THE STATE OF EXISTING PHYSICAL FACILITIES, THE MASTER PLAN FOR FUTURE
FACILITIES DEVELOPMENT - MR. LEE LARSON

MR. LARSON PRESENTED THE FACILITIES COMMITTEE WITH A BRIEF REPORT,
AS A SUMMARY OF PREVIOUS COMMITTEE DISCUSSIONS, OF THE HOSPITALS'
PRESENT CONDITIONS AND FUTURE PLANS. IN PARTICULAR, MR. LARSON REVIEWED
WITH THE COMMITTEE THE PAGES OF THE REPORT WHICH ANALYZED, BY DEPARTMENT,
SPACE DEFICIENCIES. IN SUMMARY, THE TABLE INDICATED THAT ACCORDING TO

PRIVATE AND FEDERALLY ESTABLISHED STANDARDS, WHICH REPRESENT UNIVERSITY APPLIED MINIMUMS FOR TEACHING HOSPITALS, THE HOSPITALS REQUIRED HALF AGAIN AS MUCH SPACE AS IT PRESENTLY HAS.

MR. LARSON DELINEATED FOR THE COMMITTEE CERTAIN AREAS WHICH THE JOINT COMMISSION FOR THE ACCREDITATION OF HOSPITALS CITED RELATING TO THE HOSPITALS' PHYSICAL FACILITIES, THEY WERE AS FOLLOWS:

- A) IMPROPER CORRIDOR LENGTHS AND WIDTHS
- B) NEED TO EXTEND FIRE ALARM SYSTEMS ON CERTAIN NURSING STATIONS
- C) LACK OF REQUIRED TWO MEANS OF EGRESS FOR EACH STATION
- D) LACK OF HEAT-RESISTANT FIRE DOORS
- E) LACK OF WIRE MESH IN GLASS IN DOORS

IT WAS POINTED OUT THAT THE HOSPITAL HAS CONTINUED TO ADDRESS AND ELIMINATE CODE VIOLATIONS WHERE IT WAS PHYSICALLY POSSIBLE AND THAT IT WOULD BE UNLIKELY THAT THE HOSPITALS WOULD LOSE ACCREDITATION BECAUSE OF THESE DEFICIENCIES. MS. LEBEDOFF STRESSED THAT IT WAS IMPORTANT THAT THE HOSPITALS CONTINUE TO DEMONSTRATE GOOD FAITH IN ATTEMPTING TO CORRECT CODE AND STANDARD VIOLATIONS.

RADIATION THERAPY - DR. CY LEVITT

MR. JONES EXPLAINED TO THE FACILITIES COMMITTEE THAT AT ONE TIME PLANNING HAD CONSIDERED THE RELOCATION OF THE RADIATION THERAPY DEPARTMENT TO WHAT WAS TO BE CALLED UNIT D, AN UNDERGROUND FACILITY NEAR MASONIC HOSPITAL AND UNDER ESSEX STREET. DUE TO LACK OF FUNDING, THE PROJECT WAS

HELD IN ABEYANCE UNTIL RECENTLY WHEN IT WAS LEARNED THAT FEDERAL FUNDS MAY BE AVAILABLE WHICH, IF MATCHED BY A GROUP SUCH AS THE MASONS, COULD ALLOW FOR THE PROJECT TO COME TO FRUITION.

MR. WESTERMAN INTRODUCED DR. LEVITT, THE CHIEF OF THE RADIATION THERAPY DEPARTMENT, AND DESCRIBED DR. LEVITT'S BACKGROUND. HE MENTIONED THAT DR. LEVITT HAD COME TO MINNESOTA FROM RICHMOND, VIRGINIA, WHERE HE HEADED ANOTHER EXCELLENT DEPARTMENT IN RADIATION THERAPY.

DR. LEVITT EXPLAINED THE FIELD OF RADIATION THERAPY, DESCRIBING IT AS A FIELD WHICH HAS LITERALLY EXPLODED IN THE LAST FEW YEARS DUE TO ITS ABILITY TO TREAT CANCER. HE MENTIONED THAT BY 1977, RADIOLOGISTS WOULD BE REQUIRED TO SPECIALIZE IN EITHER THERAPY OR DIAGNOSIS. DR. LEVITT CITED THE FACT THAT HIS OWN DEPARTMENT HERE AT UNIVERSITY HOSPITALS WAS EXPERIENCING ITS OWN GROWTH PROPORTIONATE TO THAT OF THE FIELD. HE MENTIONED THAT RADIATION THERAPY WAS SEEING AN AVERAGE OF 40 PATIENTS PER DAY IN 1970, WHILE TODAY THAT NUMBER HAD GROWN TO 80. HE STATED THAT HIS STAFF HAD TRIPLED AND HE NOW HAD 8 RESIDENTS WHERE BEFORE HE HAD NONE. DR. LEVITT ALSO MENTIONED THAT THE DEPARTMENT HAD RECENTLY BEEN AWARDED A GRANT OF \$1.2 MILLION FROM THE NATIONAL CANCER INSTITUTE.

THE COMMITTEE'S DISCUSSION TURNED TO THE NEED FOR TEMPORARY HOUSING FACILITIES FOR PATIENTS AND THEIR FAMILIES WHO CAME FROM OUT OF TOWN FOR RADIATION TREATMENT. DR. LEVITT EXPLAINED THAT A PATIENT'S TREATMENT PERIOD COULD LAST FROM DAYS TO WEEKS AND THAT IT WAS DIFFICULT FOR THEM TO FIND LODGING WHICH WAS NOT TOO EXPENSIVE. IT WAS MENTIONED THAT POWELL HALL HAS 108 BEDS TO BE USED FOR THIS PURPOSE BUT THAT THESE BEDS

WERE ALMOST ALWAYS TOTALLY OCCUPIED.

MR. EVENSON SUGGESTED THAT FURTHER INVESTIGATION BE CONDUCTED TO INVESTIGATE THE POSSIBILITY OF OBTAINING FUNDING TO PROVIDE SUCH LODGING. MR. JONES AGREED TO PURSUE THE MATTER FURTHER.

DR. LEVITT THEN SHOWED THE FACILITIES COMMITTEE A NUMBER OF SLIDES DEPICTING THE NUMBERS OF PATIENTS HIS DEPARTMENT SAW, THEIR ORIGIN IN THE STATE, AND THE PERCENTAGE OF CANCER PATIENTS THEY TREATED. MANY OF THE SLIDES DEPICTED CRAMPED SERVICE FACILITIES AND WAITING AREAS POINTING OUT THE FUNCTIONAL AND SPATIAL DEFICIENCIES OF HIS DEPARTMENT.

THE MEETING WAS ADJOURNED AND A TOUR OF THE RADIATION THERAPY DEPARTMENT WAS CONDUCTED BY DR. LEVITT.

NEXT MEETING:

WEDNESDAY, NOVEMBER 19, 1975
4:30 P.M. DIEHL HALL

Johnelle Foley

RESPECTFULLY SUBMITTED

JOHNELLE FOLEY
SECRETARY

MINUTES

Facilities Committee
of the
Board of Governors
University of Minnesota Hospitals

Meeting: Monday, December 6, 1976
Room 606 Campus Club
Called to Order: 2:05 P.M.
Adjourned at: 3:45 P.M.

Present: Robert Dickler John Quistgaard
 Orville Evenson John Tiede
 Clint Hewitt Timothy Vann
 Tom Jones
 Mary Lebedoff

Absent: Robert Goltz
 Cheri Perlmutter
 Richard Varco

Guests: Dan Rode
 Dick Pierson
 Johnelle Foley

Staff: Diane Banta
 Lee Larson

Minutes of the October 20 Meeting

Mr. Evenson recommended correction of a typographical misinterpretation under the agenda item: "Building B-C Construction and Modifications". The first sentence should read: "Mr. Evenson circulated a copy of a letter from the union business agent of Lathers Local 190 to Regent Robert Latz regarding construction modifications to the B-C building."

The minutes were approved as amended.

Master Plan Review

Mr. Jones reviewed the elements of the ten year master plan. (see attached) Discussion centered on the increasing costs of the Fire Alarm-Means of Egress Project resulting from application of the 1973 NFPA codes; the potential sites, review with University officials, and possible computer additions to the Warehouse project; and the positive feasibility results of the surgical suite/pediatrics K-E project. Mr. Jones also reviewed a listing additional capital requirements (see attached).

B-C Phase II: (Medical Records - Business Office Move to Unit B-C)

Mr. Jones pointed out that the Committee should be prepared to recommend to the Board of Governors the funding of this project at the December 15th meeting for subsequent recommendation to the Board of Regents. Mrs. Lebedoff moved approval of the project and the motion was passed unanimously. A discussion regarding the physical move of these two departments to Unit B-C and the related operational considerations followed with Mr. Rode, Mr. Pierson and Mr. Dickler answering Committee inquiries.

University of Minnesota Hospitals

<u>Project Grouping</u>	<u>Estimated Cost of Construction</u>	<u>Estimated Start of Construction</u>	<u>Estimated Occupancy</u>
I. <u>Completion Phase I: Health Sciences Development Program: University Hospitals Support Services</u>			
Step 1: Medical Records/Fiscal Services Office to Unit B-C	\$1,400,000	April 1977	January 1978
Step 2: Remodel Vacated Mayo Space (Laboratories, Radiology C.S.P., Pharmacy et.al.)	\$3,000,000	February 1978	January 1979
II. <u>Life-Safety Program</u>			
Step 1: Fire Alarm-Means of Egress	\$3,500,000	June 1978	June 1979
Step 2: Warehouse	\$1,500,000	June 1978	January 1979
III. <u>Bed and Selected Support Replacement Program</u>			
Step 1: Surgical Suite/Pediatrics (Unit K-E)	\$25,000,000	January 1979	September 1981
Step 2: Mayo Bed Replacement plus Selected Support Services (possible Powell site)	*\$75,000,000	*1980's	

*Cost estimate is dependent upon an early 1980's start of construction. However, this date is dependent upon many factors such as the completion of earlier elements of the University Health Sciences Master Plan and the availability of sufficient funds to undertake the project. Delay in the start of this project would necessarily increase the cost.

Completion Phase I
Health Sciences Development Program
University Hospital Support Services

Step 1: Relocate Medical Records and Fiscal Services Departments
to Unit B-C

- Complete construction of shell space planned for these two hospital units in the original 1967 Health Sciences Master Plan.

- Rationale

 - Relocate closer to most frequent point of service location - outpatient

 - Provide needed space in Mayo

Step 2: Remodel the Vacated Mayo Space

- Vacated Medical Record space is adjacent to both the Pharmacy and Central Sterile Products Departments which have serious spatial deficiencies

- Vacated Fiscal Service space is adjacent to the Hospital's central laboratories and Diagnostic Radiology which have serious spatial deficiencies

Life Safety Program Elements

Fire Alarm and Means of Egress - Meet 1973 NFPA code requirements

- Egress

 - eliminate dead end corridors
 - upgrade materials to 2 hour fire rating

- Fire Separation and Smoke Zones

 - upgrade doors
 - install fire/smoke dampers in ventilation
 - create additional smoke zones

- Doors

 - modify patient room doors and others in violation of code
 - modify chute system and doors

- Hardware

 - modify hardware catches, latches and closing mechanisms

- Interior Finishes, Construction, etc.

 - upgrade corridor wood finishes
 - modify partitions

- Fire Extinguishers

 - install additional units

- Fire Hose Cabinets

 - upgrade to conform to code

- Exit Marking

 - revise signs to conform to approved egress plan

- Standpipes

- extend existing system
 - provide additional outlets

- Sprinklers

- add to hazardous areas
 - add to corridors

- Fire Alarm System

- upggrade existing system
 - extend system to uncovered areas
 - add audible alarms
 - add smoke detectors to corridors and patient rooms
 - install central monitoring system

Warehouse - reduce storage congestion and competition for space

- Construct or acquire/remodel a storage facility
- Revise materials handling system to utilize warehouse and support minimum on-site stocking and storage
- Provide space for expanded computer service

Bed and Selected Support Replacement Program

Step 1: Surgical Suite/Pediatrics

- Relocate Pediatric Beds onto Unit K-E

- Replacement of most seriously deficient bed units
 - Centralize the pediatric program
 - Improve separation of pediatric and adult patient bed units
 - Provide expansion space in Mayo for support services

- Relocate Surgical Intensive Care Unit and Post Anesthesia Recovery Area to Unit K-E

- Replacement of most seriously deficient patient care units
 - Improve relationship to the operating suite
 - Place two related highly intensive care units adjacent to each other

- Expand and Remodel the Existing Operating Room Suite

- Replace four obsolete operating rooms
 - Provide four additional operating rooms
 - Provide additional storage and support space
 - Provide adequate sterile, clean, dirty separation
 - Improve control and coordination over activities

Step 2: Mayo Bed Replacement Plus Selected Support Services (Possible Powell Site)

- Replace obsolete Mayo patient bed units
 - Relocate closely related support services

- Diagnostic Radiology
 - EEG, ECG, etc., laboratories which must make measurements directly from the patient

- This element completes the program which addresses current and foreseen major facility problems into the next century.

Capital Requirements

1. 10 year - Major Project Plan
2. Annual Equipment Budget: \$2,500,000/year
3. Annual Renovation Budget (Small Project Budget) \$500,000/year
4. Major Equipment Purchases (Extraordinary Items)

Examples:

- | | |
|----------------------|-------------|
| a) Radio-Page System | \$ 850,000 |
| b) Computer Hardware | \$1,500,000 |

UNIVERSITY OF MINNESOTA HOSPITALS

A BRIEF SUMMARY FOR THE FACILITIES COMMITTEE

THE STATE OF EXISTING PHYSICAL FACILITIES;
THE MASTER PLAN FOR FUTURE FACILITIES DEVELOPMENT.

ALSO PRESENTED TO A JOINT MEETING OF THE FACILITIES AND
FINANCE COMMITTEE ON DECEMBER 6, 1976

By: THE PLANNING STAFF
UNIVERSITY OF MINNESOTA HOSPITALS

TOM JONES, ASSOCIATE DIRECTOR
LEE LARSON, PLANNING ASSOCIATE
KATHY HOKANSON, NURSE PLANNER

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- VI. SUMMARY OF NURSING CARE PROGRAMMATIC DEFICIENCIES
- VII. ANALYSIS OF SPACE DEFICIENCIES
- VIII. TEN YEAR MASTER PLAN

INTRODUCTION

THIS REPORT IS A SUMMARY OF THE SALIENT CHARACTERISTICS OF OUR PHYSICAL FACILITY NEEDS AND MASTER PLANNING EFFORTS WHICH WE HAVE BEEN DISCUSSING OVER THE PAST SEVEN MONTHS. IT IS INTENDED ONLY AS A BRIEF OUTLINE OF THE HIGHLIGHTS OF THOSE DISCUSSIONS AND AS A GUIDE FOR FUTURE DISCUSSIONS.

NO ATTEMPT HAS BEEN MADE TO INCLUDE AN EXHAUSTIVE LIST OF DEFICIENCIES IN THIS SUMMARY. WE HAVE ONLY CITED ONLY THOSE DEFICIENCIES WHICH ARE MOST CRITICAL WITH RESPECT TO THE OBSOLESCENCE OF OUR CURRENT FACILITIES.

PROBLEM STATEMENT

AS WE AT UNIVERSITY HOSPITALS CONTINUE TO REVIEW THE SERVICE ROLES WHICH OUR INSTITUTION PERFORMS FOR THE LOCAL COMMUNITY, THE STATE, AND THE NATION WE SEE THAT THERE WILL BE A LONGTERM CONTINUED SERVICE ROLE DEMANDED OF US.

FROM THE STANDPOINT OF PATIENT CARE WE ARE CONTINUING TO TREAT PATIENTS FOR WHOM COMPARABLE MEDICAL CARE IS NOT AVAILABLE AT OTHER INSTITUTIONS ON THE SCOPE AND SCALE REQUIRED BY AND ACCESSIBLE TO THE PATIENTS NEEDING THAT CARE. IN GENERAL, THE GEOGRAPHIC AREAS FROM WHICH OUR PATIENTS ARE REFERRED TO THIS INSTITUTION FOR THEIR CARE AND TREATMENT ARE AREAS WHICH ARE PREDICTED TO UNDERGO GRADUAL CONTINUED GROWTH OR REMAIN STABLE IN NUMBERS OF POPULATION. THEREFORE THERE IS EVERY REASON TO BELIEVE THAT WE WILL CONTINUE TO BE CALLED UPON TO MEET THE HEALTH CARE NEEDS, WHICH CANNOT BE MET LOCALLY, OF THOSE POPULATIONS.

FROM THE STANDPOINT OF EDUCATION, THE UNIVERSITIES PROFESSIONAL HEALTH CARE SCHOOLS HAVE RESPONDED TO INCREASED DEMAND FOR TRAINED HEALTH CARE PROFESSIONALS BY EXPANDING AND INTENSIFYING THEIR PROGRAMS. ALTHOUGH OTHER HEALTH CARE INSTITUTIONS CAN AND DO ACT AS A RESOURCE FOR THOSE PROFESSIONAL TRAINING PROGRAMS, THERE IS A CONTINUED AND INTENSIFIED NEED FOR UNIVERSITY HOSPITALS TO MAKE ITS UNIQUE RESOURCES AVAILABLE TO THOSE PROGRAMS. OUR LOCATION AND LEVEL

OF PATIENT CARE ARE ABSOLUTELY NECESSARY FOR THESE PROGRAMS TO CONTINUE: FIRST IN ORDER FOR THEM TO ATTRACT THE BEST AND MOST SKILLED PRACTITIONERS FOR TEACHING; AND SECONDLY TO OFFER A COMPLEX, EASILY ACCESSIBLE SOURCE OF PATIENTS FOR CARE, TREATMENT, AND STUDY WHICH IS NOT AVAILABLE IN A COMMUNITY HOSPITAL SETTING IN SUFFICIENT NUMBERS FOR INSTRUCTIONAL PURPOSES.

FROM THE STANDPOINT OF RESEARCH, WE CONTINUE TO BE A FOCAL POINT FOR THE DEVELOPMENT OF NEW TREATMENT METHODOLOGIES AND TECHNIQUES WHICH ARE PASSED ON AND BECOME A PART OF THE GENERAL LEVEL OF EXPERTISE AVAILABLE TO PATIENTS IN THEIR OWN COMMUNITIES. ANY DIMINUTION IN THIS ROLE OF UNIVERSITY HOSPITALS WOULD ADVERSELY AFFECT THE RATE AT WHICH THESE NEW DEVELOPMENTS CAN OCCUR AND BE MADE MORE GENERALLY AVAILABLE.

THEREFORE WE SEE BOTH A REAL NEED AND A CONTINUED DEMAND FOR THE UNIVERSITY HOSPITALS TO CONTINUE PERFORMING ITS SERVICE ROLES IN PATIENT CARE, EDUCATION, AND RESEARCH WELL INTO ANY FORESEEABLE FUTURE. HOWEVER OUR ABILITY TO ADEQUATELY PERFORM THOSE ROLES IS BECOMING INCREASINGLY AND SERIOUSLY THREATENED BY THE LIMITATIONS OF OUR CURRENT PHYSICAL FACILITIES.

ALTHOUGH WE HAVE AND WILL CONTINUE TO COPE WITH THE PROBLEM OF FUNCTIONAL OBSOLESCENCE THROUGH BOTH MINOR AND EXTENSIVE REDESIGN AND REMODELING OF OUR EXISTING FACILITIES, WE ARE RAPIDLY APPROACHING THE TIME WHEN WE CAN NO LONGER MAKE DO IN OUR PRESENT BUILDINGS.

SERIOUS SPACE SHORTAGES AND MAJOR PHYSICAL LIMITATIONS IN THOSE BUILDINGS CAN NO LONGER BE OVERCOME IN ORDER TO ACHIEVE EVEN MINIMALLY ACCEPTABLE LEVELS OF OPERATION.

PATIENT CARE TECHNOLOGY AND THE ACCUITY LEVEL OF OUR CURRENT PATIENTS WHICH COULD NOT HAVE BEEN FORSEEN 25-60 YEARS AGO WHEN MOST OF OUR FACILITIES WERE DESIGNED, HAVE PLACED PHYSICAL DEMANDS UPON THE FACILITIES WHICH OUTSTRIP THE FACILITIES' DESIGN CAPABILITIES.

AS A RESULT THE UNIVERSITY HOSPITALS HAVE DEVELOPED A MASTER PLAN OF BUILDING DEVELOPMENT WHICH INCORPORATES THE ADDITION OF NEW BUILDINGS AS WELL AS THE RENOVATION OF EXISTING SPACE. THIS PLAN IS BASED UPON DETAILED ANALYSIS OF OUR NEEDS ALONG WITH REALISTIC OPPORTUNITIES FOR SPATIAL EXPANSION. A REVIEW OF OUR FUNCTIONAL PROGRAMMATIC, AND SPATIAL DEFICIENCIES IDENTIFIES THE NEED TO EXPAND SPACE IN ORDER TO CONTINUE OPERATION AT OUR PRESENT LEVELS OF PATIENT LOAD. - NO EXPANSION IN THE NUMBERS OF HOSPITAL BEDS NEEDED FOR PATIENT CARE IS REQUIRED NOR JUSTIFIED.

THE BUILDINGS AND AGES

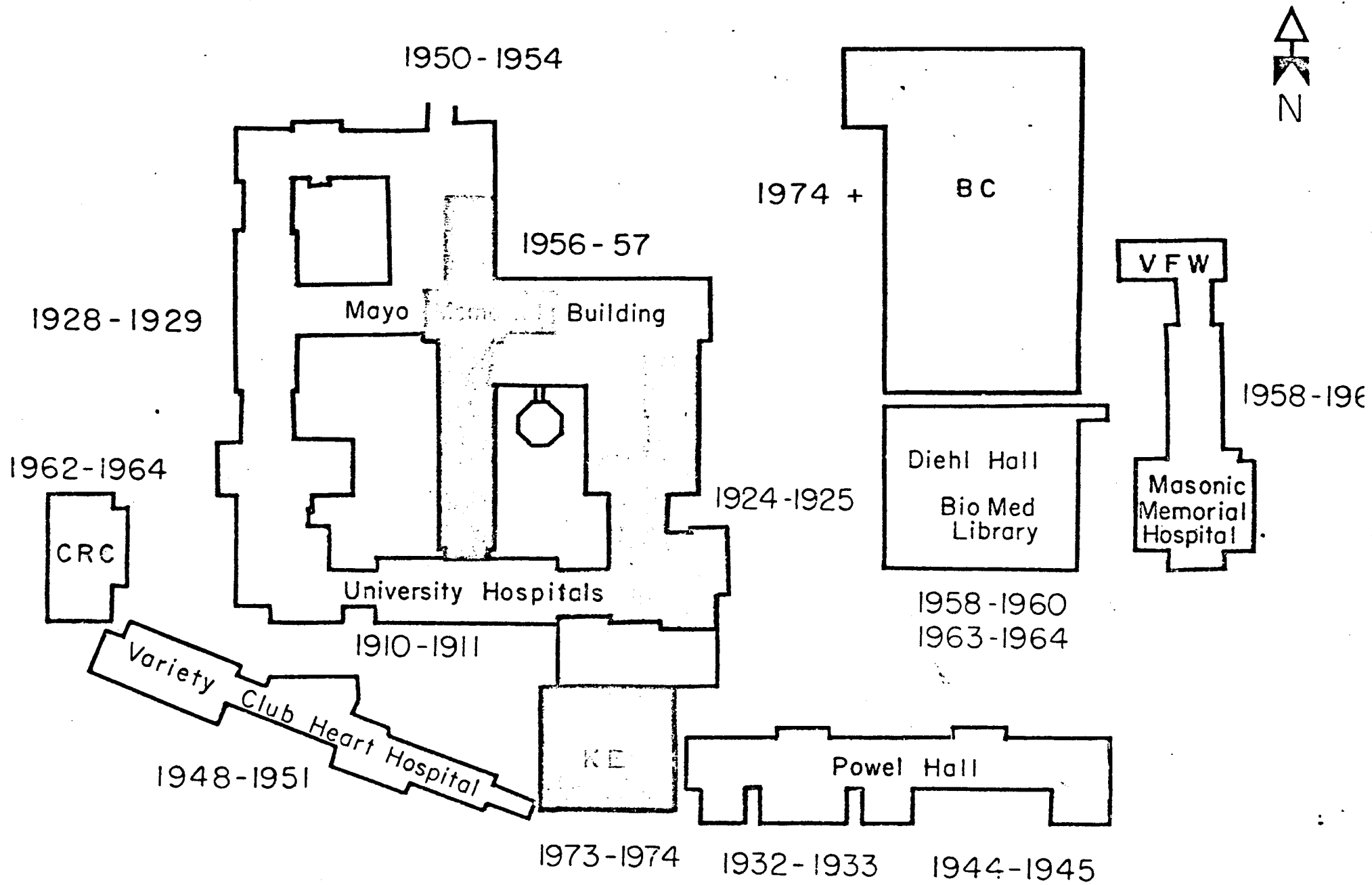
THE UNIVERSITY OF MINNESOTA HOSPITALS IS COMPRISED OF THE FOLLOWING HOSPITAL BUILDINGS:

- MAYO HOSPITAL
- VARIETY CLUB HEART HOSPITAL
- CHILDREN'S REHABILITATION CENTER
- MASONIC MEMORIAL HOSPITAL
- POWELL HALL (PORTION HOUSES COMPUTER, FEW DEPT. OFFICES, CAFETERIA, AND MOTEL FACILITY)
- K.E. BUILDING (PORTION HOUSES RECEIVING AND NUTRITION STORAGE)
- B.C. BUILDING (UNDER CONSTRUCTION, PORTION TO HOUSE O.P. CLINICS AND FEW DEPTS.)

THE GROWTH AND DEVELOPMENT OF THE COMPLEX, AGE OF THE FACILITIES, AND SERVICES BY LOCATION ARE AS FOLLOWS:

	<u>COMMENCE</u>	<u>COMPLETION</u>
ELLIOT	1910	1911
TODD	1924	1925
EUSTIS	1928	1929
POWELL HALL	1932	1933
POWELL HALL ADDITION	1944	1945
VARIETY HEART HOSPITAL	1948	1951
MAYO HOSPITAL	1950	1954
MAYO (7TH FL. ADDITION)	1956	1957
MASONIC MEMORIAL HOSPITAL	1958	1960
CHILDREN'S REHAB CENTER	1962	1964
K.E. BUILDING	1972	1975

TRADITIONALLY 40 YEARS WAS CONSIDERED TO BE THE MAXIMUM USEFUL LIFE OF HOSPITAL FACILITIES. CURRENT THINKING PLACES THAT FIGURE AT CLOSER TO 30 YEARS.



University Hospitals Building Development

SUMMARY OF FUNCTIONAL DESIGN DEFICIENCIES

I. PHYSICAL FACILITIES

A. BUILDING CONFIGURATION

1. SINGLE LOADED CORRIDOR ("SINGLE RACE-TRACK CORRIDOR")

- A. TRAFFIC PATTERNS ARE INEFFICIENT
- B. CONGESTION
- C. TRAFFIC FLOWS THROUGH UNITS UNNECESSARILY
- D. INCREASED LEVELS OF NOISE AND DISRUPTION - LACK OF PATIENT PRIVACY
- E. INADEQUATE WIDTHS
- F. FREE CIRCULATION OF AIR - INABILITY TO CONTROL AIRBORN CONTAMINATION

2. STAIRWAYS AND EXITS

- A. INSUFFICIENT IN NUMBER AND LOCATION FOR REQUIRED 2 MEANS OF EGRESS FROM NURSING UNITS.
- B. DO NOT LEAD TO OUTSIDE
- C. UNACCEPTABLE WIDTHS AND CONFIGURATION

B. TRANSPORTATION AND CIRCULATION

1. ELEVATORS

- A. TOO FEW AND POORLY LOCATED
- B. CANNOT BE EFFECTVELY USED IN A MANNER SO AS TO RETAIN A CLEAN AND DIRTY SEPARATION OR MATERIALS AND PEOPLE.

2. SOILED LINEN CHUTES

- A. DO NOT COMPLY WITH REQUIREMENTS DESIGNED TO REDUCE CONTAMINATION

C. STORAGE AND SPACE CONFIGURATION (REFER ALSO TO THE TABLE OF SPACE DEFICIENCIES BY DEPARTMENT)

1. CONSEQUENCES OF INADEQUATE SPACE

- A. MISUSE OF CORRIDORS FOR STORAGE IN VIOLATION OF CODES, ORDINANCES, AND GOOD PRACTICE
- B. ADDS TO OVERALL WORKLOAD
- C. INCREASES DIFFICULTY IN ATTAINING APPROPRIATE ASEPTIC TECHNIQUE AND PRACTICE.
- D. CREATES INEFFICIENT METHODS OF STORAGE AND RESUPPLY.

D. HEATING, VENTILATION, AND AIR CONDITIONING

1. MANY FRAGMENTED SYSTEMS IN USE

- A. LITTLE POSSIBILITY FOR CENTRALIZED AND COORDINATED CONTROL
- B. INABILITY TO CONFORM TO CURRENT REQUIREMENTS AND REGULATIONS
- C. ONLY MINIMUM LEVELS OF PATIENT COMFORT ARE ACHIEVABLE.

2. FREE CIRCULATION OF AIR

- A. INABILITY TO CONTROL THE FLOW OF AIR IN ORDER TO REDUCE AIRBORN CONTAMINATION OR EFFECTIVELY ISOLATE CLEAN AND DIRTY AREAS OF MATERIALS.

E. PATIENT ROOMS AND FACILITIES

1. SIZE

- A. MANY ARE OF AWKWARD SIZE AND INEFFICIENT DIMENSIONS
- B. NON-CONFORMANCE TO MINIMUM REQUIREMENTS
 - 1. 24% BELOW SPACE MINIMUMS
 - 2. 75% BELOW ONE OR MORE DIMENSIONAL STANDARDS
 - 3. 12% HAVE NO ADJOINING TOILET
 - 4. MAJORITY DO NOT CONTAIN SPACE FOR ADEQUATE STORAGE OF SUPPLIES AND PATIENT BELONGINGS

2. LACK OF FACILITIES FOR:

- A. PATIENT DAY ACTIVITIES
- B. WAITING/VISITING AREAS
- C. PRIVATE CONSULTATIONS
- D. INSTRUCTION AND PROFESSIONAL DEVELOPMENT

3. ISOLATION

- A. CURRENTLY NO ROOMS CONFORM TO STANDARDS FOR MAXIMUM ISOLATION - 19 ARE REQUIRED

SUMMARY OF NURSING CARE PROGRAMMATIC DEFICIENCIES

I. DIRECT PATIENT CARE CONSIDERATIONS

A. SAFETY HAZARDS

- 1. INADEQUATE PATIENT/FAMILY LOUNGE AREAS. PATIENTS AND VISITORS WALK/CONGREGATE IN CONGESTED CORRIDORS USED FOR ALL TRANSPORT.

PARENTS APPREHENSIVE TO LEAVE CHILDREN. INADEQUATE PLAY AREAS - CHILDREN PLAY IN CORRIDORS. NO SPACE FOR SUPERVISED PLAY PROGRAMS.

NO PARENT WAITING AREAS - PARENTS WAIT AND SLEEP IN HALLWAYS. PEDIATRIC ADMISSIONS INTERVIEWS IN HALLWAYS. DETREMENTAL TO DELIVERY OF CARE-PRIMARY NURSING.

NO RELATIVE/VISITORS LOUNGES. NO PRIVACY FOR TIMES OF EMOTIONAL STRESS. SMALL AREA ON ANOTHER STATION.

2. GROUPING OF PATIENTS.

- A. INFECTIOUS DISEASE CONTROL - ISOLATION BEDS
- B. "OFF-SERVICE" PATIENTS ON ALL STATIONS. NURSING CANNOT HAVE EXPERTISE ON ALL "OFF-SERVICE" PATIENTS.
- C. LACK OF ISOLATION ROOMS.
- D. INAPPROPRIATE GROUPING OF PATIENTS - NEUROLOGICAL BEHAVIORAL PROBLEMS WITH CRITICALLY ILL.

3. POOR AIR VENTILATION

- A. FROM CONTAMINATED TO CLEAN AREAS
- B. LACK OF CONSTANT TEMPERATURE AND HUMIDITY
- C. POOR ISOLATION FACILITIES

B. LACK OF PRIVACY

1. LACK OF PRIVACY - LARGE 4 BED AREA IN ICU
2. LACK OF PRIVACY - OLDER CHILDREN
3. WARD SITUATIONS
4. I.C.U. PATIENTS
5. INADEQUATE FAMILY/VISITOR LOUNGE, WAITING AREAS AND TOILET FACILITIES
6. INADEQUATE PRIVATE CONFERENCE AREAS FOR COMMUNICATION BETWEEN FAMILY AND PHYSICIANS

C. INADEQUATE TOILET AND BATHING FACILITIES FOR PATIENTS

D. INADEQUATE SPACE IN ALL UNITS

1. DIFFICULT TO MEET PATIENT CARE REQUIREMENTS IN LIMITED SPACE PER PATIENT AT EACH BEDSIDE. CANNOT ACCOMMODATE NECESSARY EQUIPMENT.
2. DIFFICULT TO RESPOND IN EMERGENCY SITUATIONS (ICU)
3. COMPLICATES PATIENT CARE TECHNIQUES
4. PAR - SUPPLIES STORED IN WINDOWSILLS
5. DIFFICULT TO RESPOND IN EMERGENCY SITUATIONS - PROVOKING FOR PATIENTS. (PAR)
6. LACK OF PEDIATRIC FEEDING AREAS. PRESENTLY FED IN CONGESTED HALLWAYS. MAKES IT DIFFICULT TO MEET NUTRITIONAL NEEDS OF ILL PEDIATRIC PATIENTS.
7. LACK OF SPACE FOR NEW EQUIPMENT TO MEET PATIENT CARE NEEDS

II. PHYSICAL FACILITIES

- A. TOO MUCH UNNECESSARY TRAFFIC THROUGH PATIENT CARE AREAS. SECURITY IS DIFFICULT TO MAINTAIN.
- B. SHARED FACILITIES WITH OTHER STATIONS (I.E. UTILITY, TREATMENT, EXAM ROOMS)

- C. INADEQUATE NUMBER OF TREATMENT AND EXAM ROOMS - OFTEN DONE AT BEDSIDE.
- D. INADEQUATE STORAGE AREA FOR EQUIPMENT, SUPPLIES, LITTERS, WHEELCHAIRS, LINEN, ETC. HALLWAYS ARE USED, FIRE HAZARD (ICU, PAR, AND PEDIATRICS)
- E. LACK OF STORAGE AREAS FOR PATIENT'S PERSONAL BELONGINGS THEFT'S OCCUR.
- F. OVERCROWDED AND COMBINED MEDICATION-SUPPLY AREAS. (PAR, ICU)
- G. COMBINED CLEAN/DIRTY UTILITY AREAS.
- H. INADEQUATE SUPPLY SYSTEM - NO SPACE
- I. INADEQUATE ELECTRICAL WIRING
 - A. FOR EQUIPMENT
 - B. USE OF EXTENSION CORDS
- J. HALLWAY AND DOOR WIDTH ARE TOO SMALL TO EASILY ACCOMMODATE PATIENT TRANSFERS ON LITTERS OR BEDS.
- K. POOR COMMUNICATION SYSTEMS WITHIN EACH STATION AND BETWEEN RELATED AREAS (I.E. NO INTERCOM) (PAR- NO INTERCOM BETWEEN PAR'S AND O.R.'S CENTRAL DESK)

III. STAFF DEVELOPMENT

- A. INADEQUATE CHARTING/READING AREAS FOR NURSING AND MEDICAL STAFF.
- B. LACK OF INSERVICE/CONFERENCE AREAS, NURSES LOCKER/LOUNGE TOILET FACILITIES.
- C. LACK OF PHYSICIAN OFFICE, ON-CALL, AND SLEEPING AREA.

-- FOR A 700 BED TEACHING HOSPITAL --

DEPARTMENT	EXIST. DEPART. GROSS SQ. FEET (#DGSF#)	GROSS SQ. FOOTAGE STANDARD	RECOMMENDED DEPART. GROSS SQ. FEET	DIFFERENCE SQUARE FEET	* ONE	* TWO	* THREE
EMER. ROOM	5,550	17 SQ. FT./BED	12,750	-7,200	44%	-57%	-130%
CYSTOSCOPY SUITE (4 ROOMS)	4,330	1,400 SQ. FT./BED	5,600	-1,270	77%	-23%	-29%
INPAT. SURG. SUITE (14 O.R.'s)	19,130	45 SQ. FT./BED (OR) 1,900 SQ. FT./ROOM	33,750 (OR) 26,600	-14,620/ -7,470	57%/ 72%	-43%/ -28%	-76%/ -39%
DIAG. RADIOLOGY (17 ROOMS)	16,065	1,450 SQ. FT./ROOM	24,650	-8,585	65%	-35%	-53%
NUCLEAR MEDICINE	3,740	10 SQ. FT./BED	7,500	-3,760	50%	-50%	-101%
RADIATION THERAPY	5,240	13 SQ. FT./BED	9,750	-4,510	54%	-46%	-86%
RESPIR. THERAPY	1,200	5 SQ. FT./BED	3,750	-2,550	32%	-68%	-213%
GEN. LAB AREAS	24,300	32 SQ. FT./BED	24,000	+ 300	101%	+01%	+01%
BLOOD BANK	3,000	STAND. UNKNOWN	3,000 +				
E.K.G.	3,240	5 SQ. FT./BED	3,750	- 510	86%	-14%	-16%
E.E.G.	1,120	3 SQ. FT./BED	2,250	-1,130	50%	-50%	-101%
PULMONARY FUNCTION	1,950	5 SQ. FT./BED	3,750	-1,800	52%	-48%	-92%
HEART CATHETERIZATION	7,480	STAND. UNKNOWN	7,480				
PATHOLOGY	3,130	13 SQ. FT./BED	9,750	-6,620	32%	-68%	-212%
INPATIENT PHARMACY	4,880	11 SQ. FT./BED	8,250	-3,370	59%	-41%	-69%
SOCIAL SERVICE	1,730	3 SQ. FT./BED	2,250	- 520	77%	-23%	-30%
CENTRAL STERILE & SUPPLY	10,400	13 SQ. FT./BED	9,750	+ 650	107%	+07%	+06%

DEPARTMENT	EXIST. DEPART. GROSS SQ. FEET ("DGSF")	GROSS SQ. FOOTAGE STANDARD	RECOMMENDED DEPT. GROSS SQ. FEET	DIFFERENCE SQ. FEET	* ONE	* TWO	* THREE
NUTRITION & DIET.	13,360	50 SQ. FT./BED	37,500	-24,140	36%	-64%	-181%
COFFEE SHOP	1,300	STAND. UNKNOWN	1,300 +				
CANTEEN	2,500	" "	2,500				
ENG. & MAINTENANCE	4,080	13 SQ. FT./BED	9,750	- 5,670	42%	-58%	-139%
ENVIR. SERVICES	2,620	7 SQ. FT./BED	5,250	- 2,630	50%	-50%	-100%
PERSONNEL	1,600	3 SQ. FT./BED	2,250	- 650	71%	-29%	- 41%
ADMINISTRATION	2,410	7 SQ. FT./BED	5,250	- 2,840	46%	-54%	-118%
BUSINESS OFFICE	5,190	16 SQ. FT./BED	12,000	- 6,810	43%	-57%	-131%
MEDICAL RECORDS	5,840	13 SQ. FT./BED	9,750	- 3,910	60%	-40%	- 67%
ADMITTING	2,390	6 SQ. FT./BED	4,500	- 2,110	53%	-47%	- 88%
COMM. CENTER-MAIL ROOM	1,220	3 SQ. FT./BED	2,250	- 1,030	54%	-46%	- 84%
SUPPORT DEPT. TOTALS	158,995		264,280 + OR 257,130 +	105,285 OR 98,135	60%/ 62%	-40%/ -38%	- 66%/ - 62%
MAYO COMPLEX NSG. STA. (510 BEDS ONLY)	170,500	450 SQ. FT./BED	229,500	-59,000	74%	-26%	- 35%
TOTAL FOR DEF. AREAS	329,425		493,780 + OR 486,630 +	-164,285 OR -157,135	67%	-33%/ -32%	- 50%/ - 48%

* COLUMN "ONE" = EXIST. AS A PERCENT OF RECOMMENDED "DGSF"
 "TWO" = DIFFERENCE AS A PERCENT OF RECOMMENDED "DGSF"
 "THREE" = DIFFERENCE AS A PERCENT OF EXISTING "DGSF"

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10 YEAR - MASTER PLAN

University of Minnesota Hospitals

<u>Project Grouping</u>	<u>Estimated Cost of Construction</u>	<u>Estimated Start of Construction</u>	<u>Estimated Occupancy</u>
I. <u>Completion Phase I: Health Sciences Development Program: University Hospitals Support Services</u>			
Step 1: Medical Records/Fiscal Services Office to Unit B-C	\$1,400,000	April 1977	January 1978
Step 2: Remodel Vacated Mayo Space (Laboratories, Radiology C.S.P., Pharmacy et.al.)	\$3,000,000	February 1978	January 1979
II. <u>Life-Safety Program</u>			
Step 1: Fire Alarm-Means of Egress	\$3,500,000	June 1977	June 1978
Step 2: Warehouse	\$1,500,000	June 1977	January 1978
III. <u>Bed and Selected Support Replacement Program</u>			
Step 1: Surgical Suite/Pediatrics (Unit K-E)	\$25,000,000	January 1978	September 1981
Step 2: Mayo Bed Replacement plus Selected Support Services (possible Powell site)	*\$75,000,000	*1980's	

*Cost estimate is dependent upon an early 1980's start of construction. However, this date is dependent upon many factors such as the completion of earlier elements of the University Health Sciences Master Plan and the availability of sufficient funds to undertake the project. Delay in the start of this project would necessarily increase the cost.

Completion Phase I
Health Sciences Development Program
University Hospital Support Services

Step 1: Relocate Medical Records and Fiscal Services Departments to Unit B-C

- Complete construction of shell space planned for these two hospital units in the original 1967 Health Sciences Master Plan.

- Rationale

 - Relocate closer to most frequent point of service location - outpatient

 - Provide needed space in Mayo

Step 2: Remodel the Vacated Mayo Space

- Vacated Medical Record space is adjacent to both the Pharmacy and Central Sterile Products Departments which have serious spatial deficiencies

- Vacated Fiscal Service space is adjacent to the Hospital's central laboratories and Diagnostic Radiology which have serious spatial deficiencies

Life Safety Program Elements

Fire Alarm and Means of Egress - Meet 1973 NFPA code requirements

•Egress

eliminate dead end corridors
upgrade materials to 2 hour fire rating

•Fire Separation and Smoke Zones

upgrade doors
install fire/smoke dampers in ventilation
create additional smoke zones

•Doors

modify patient room doors and others in violation of code
modify chute system and doors

•Hardware

modify hardware catches, latches and closing mechanisms

•Interior Finishes, Construction, etc.

upgrade corridor wood finishes
modify partitions

•Fire Extinguishers

install additional units

•Fire Hose Cabinets

upgrade to conform to code

•Exit Marking

revise signs to conform to approved egress plan

- Standpipes

 - extend existing system
 - provide additional outlets

- Sprinklers

 - add to hazardous areas
 - add to corridors

- Fire Alarm System

 - upggrade existing system
 - extend system to uncovered areas
 - add audible alarms
 - add smoke detectors to corridors and patient rooms
 - install central monitoring system

Warehouse - reduce storage congestion and competition for space

- Construct or acquire/remodel a storage facility
- Revise materials handling system to utilize warehouse and support minimum on-site stocking and storage
- Provide space for expanded computer service

Bed and Selected Support Replacement Program

Step 1: Surgical Suite/Pediatrics

- Relocate Pediatric Beds onto Unit K-E

- Replacement of most seriously deficient bed units
 - Centralize the pediatric program
 - Improve separation of pediatric and adult patient bed units
 - Provide expansion space in Mayo for support services

- Relocate Surgical Intensive Care Unit and Post Anesthesia Recovery Area to Unit K-E

- Replacement of most seriously deficient patient care units
 - Improve relationship to the operating suite
 - Place two related highly intensive care units adjacent to each other

- Expand and Remodel the Existing Operating Room Suite

- Replace four obsolete operating rooms
 - Provide four additional operating rooms
 - Provide additional storage and support space
 - Provide adequate sterile, clean, dirty separation
 - Improve control and coordination over activities

Step 2: Mayo Bed Replacement Plus Selected Support Services (Possible Powell Site)

- Replace obsolete Mayo patient bed units
 - Relocate closely related support services

- Diagnostic Radiology
 - EEG, ECG, etc., laboratories which must make measurements directly from the patient

- This element completes the program which addresses current and foreseen major facility problems into the next century.

UNIVERSITY OF MINNESOTA HOSPITALS
STATUS OF APPROVED OR RECURRING CAPITAL PROJECTS
JULY 1, 1976 THROUGH JUNE 30, 1980

	Estimated Project Cost <u>7/1/76</u>	Amount Funded <u>7/1/76</u>	Estimated Remaining Obligation <u>7/1/76</u>
Near Term Projects			
Recurring Capital Needs			
Anticipated Equip Purchases	\$10,100,000		\$10,100,000 (1)
Annual Renovations	2,599,000		2,599,000 (2)
Life Safety Requirements	3,500,000	100,000	3,400,000
Short Term Support Projects			
Building BC Phase I	6,600,000	3,815,696	2,784,304
Building BC Phase II	1,400,000	106,090	1,293,910
Building BC Equipment	3,500,000	500,000	3,000,000
Building BC Operating Reserve	300,000		300,000
Warehousing	1,500,000		1,500,000
Computer Hardware	1,500,000		1,500,000
Radiopaging System	850,000		850,000
Mayo Remodeling/Labs, Radiology, CSP	3,000,000		3,000,000
Projects Under Construction	<u>3,983,000</u>	<u>666,558</u>	<u>3,316,442</u>
Total Near Term Projects	\$38,832,000	\$ 5,188,344	\$33,643,000
Estimated Available Funds			
Reserve Balances	\$14,852,637	\$ 4,500,000 (3)	\$10,352,637
Gift Funds	560,000		560,000
Est. Cash Flows	<u>16,000,000</u>		<u>16,000,000 (1)</u>
Total Estimated Available Funds	\$31,412,637	\$ 4,500,000	\$26,912,637
Additional Near Term Funds Required			\$ 6,731,019

Surgical/Pediatric Modernization & Replacement (K-H)	\$25,000,000		\$25,000,000
Estimated Available Funds (K-H)			
Endowments	\$ 7,493,109	\$(1,900,000 (4))	\$ 5,593,109
Additional K-H Funds Required			\$19,406,891
Total Estimated Funds Required			\$26,137,910 (5)

(1) For period 7/1/76 through 6/30/80.

(2) For period 7/1/76 through 6/30/80 plus carry forward obligation from prior years of \$619,000.

(3) \$4,000,000 was required to be deposited as guaranteed premiums to obtain malpractice insurance and an estimated \$500,000 is due third parties for prior year reimbursement adjustments.

(4) Helen Jane Atkinson Fund cannot be committed without a guarantee for funding of existing Health Sciences commitments.

(5) Does not include borrowing covenants requirements or future undefined needs.