

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS
PRESENTATION ON CAPITAL FACILITIES DEVELOPMENT
TO THE
UNIVERSITY OF MINNESOTA BOARD OF REGENTS
JUNE 8, 1979

SUPPLEMENTAL MATERIAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS
PRESENTATION ON CAPITAL FACILITIES DEVELOPMENT
TO THE
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The following material is intended to supplement University Hospitals and Clinics Capital Facilities presentation to the Board of Regents.

The presentation elements are as follows:

I. Health Sciences Master Plan	Page 3
II. University Hospitals and Clinics Mission	Page 11
III. University Hospitals and Clinics Capital Program - Background, Problems, and Solutions	Page 16
IV. University Hospital Renewal Project Overview	Page 22

Section I

Health Sciences Master Plan

The first long-range Health Sciences Planning Committee was appointed in 1964 by President Wilson to consider objectives and programs that would respond to a growing need for health manpower. This was in response to the 1966 Hill Family Foundation report, Health Manpower for the Upper Midwest and to faculty recognition of needs for curricular changes within each health science school and the obvious need for coordinated educational programs among the health science schools.

In 1966, a report entitled "Future Planning for the Health Sciences; Roles, Objectives, and Programs" was submitted to the Regents. The recommendations represented the collective efforts of the twenty-member parent committee and over two hundred faculty who served on the thirteen sub-committees.

The report set out the following specific goals for the Health Sciences capital development. These goals were in response to academic programs.

- expansion of facilities to serve increased enrollments in Medicine, Dentistry, and other health professions education programs.
- improvement and conservation of existing facilities.
- physical arrangements that support and encourage interaction among Health Science units and among all units of the University.
- flexibility to adapt to future program changes.

The Master Plan which evolved included the planning and documentation of all program needs, space allocation and the required timing of moves and space reassignment necessary to achieve the objectives. The listing on page 10 indicates the documents that provide detailed planning on each component of the Master Plan.

The plan provided detailed study for the immediate expansion space, or Phase I, of the Master Plan and indicated the projected needs, in more general terms, for a Phase II.

Phase I of Health Science Planning included the following:

- School of Dentistry (Unit A)
- Medical School (Basic Sciences in Jackson-Owre-Millard-Lyons and Unit A. Clinical Sciences in Unit B/C.)
- University Hospitals and Clinics Outpatient Departments (Unit B/C)
- Health Sciences Receiving and Distribution Center (Unit E)
- College of Pharmacy (Unit F - modified in 1975 to include the School of Nursing)

Phase II planning incorporated:

- School of Public Health (Unit G - modified in 1975 to vacated clinic space)
- University Hospitals (Units H and J)

HEALTH SCIENCES PRIOR TO 1970

School of Nursing - Powell Hall - 1933
(converted dormitory)

College of Pharmacy - Appleby Hall - 1915
(converted School of Mines)

School of Dentistry - Owre Hall - 1930

Medical School - Jackson - 1912
Millard - 1912
Lyon - 1952
Jackson-Owre Addition - 1958

School of Public Health - Mayo - 1954

Diehl Hall - 1958

University Hospitals and Clinics

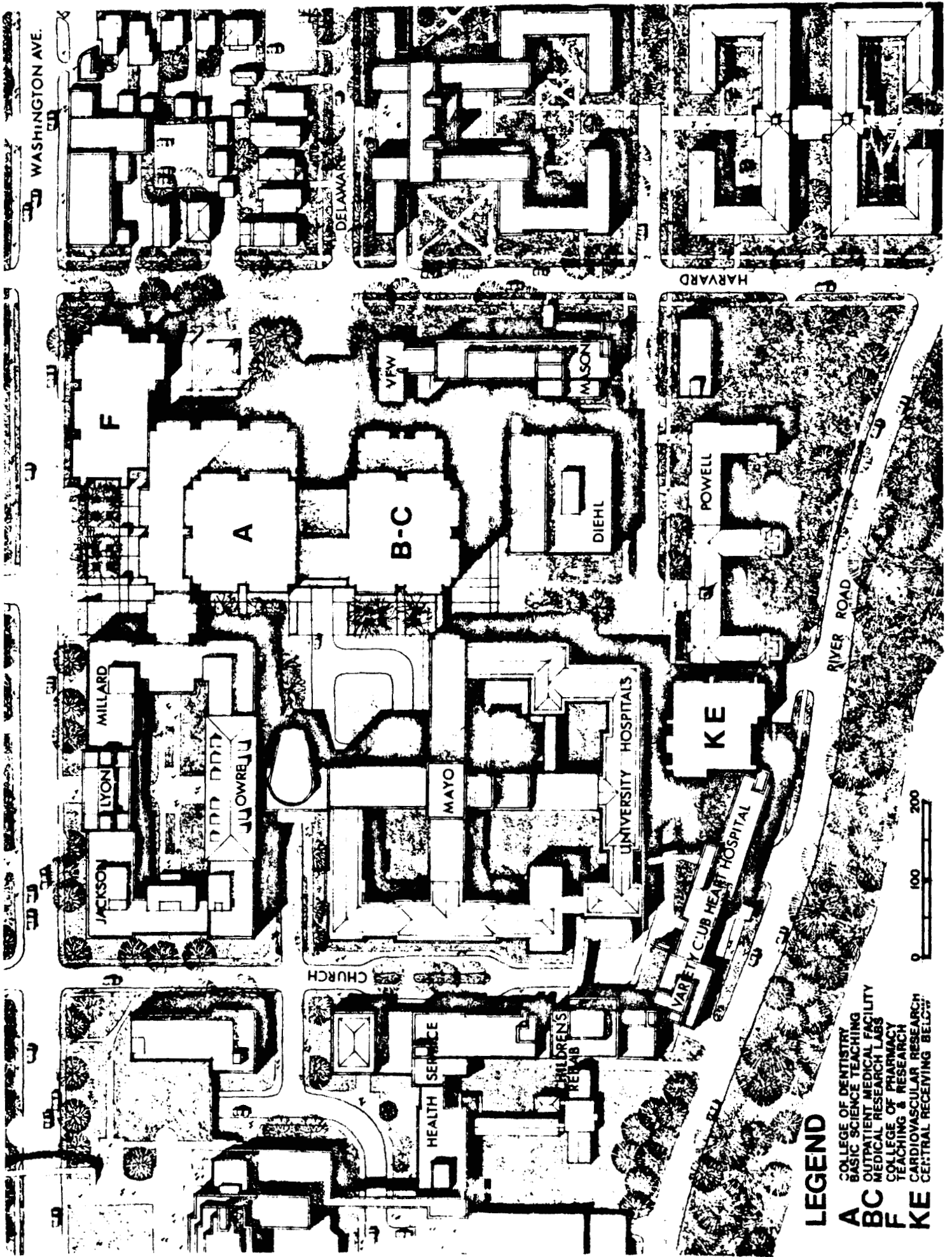
Main Hospital Complex - (See page 6)

Elliot Hospital	1911
Service Wing	1913
Christian Addition	1925
Todd Wing	1925
Eustis Wing	1929
Health Service Wing	1929
Mayo Memorial	1954
Mayo 6th Fl. Addition	1957

Variety Club Heart Hospital 1951

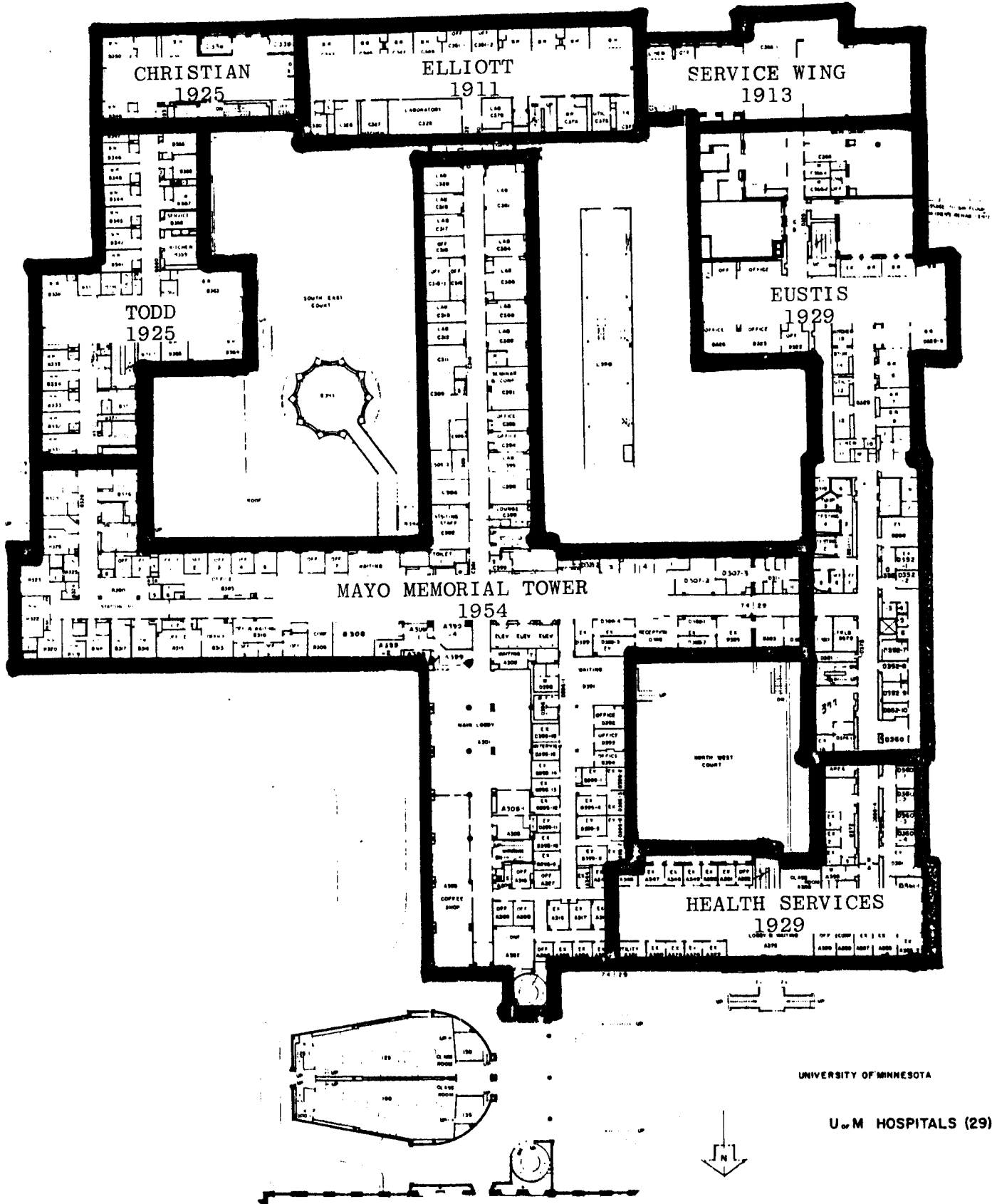
Masonic Memorial Hospital 1960

Children's Rehabilitation
Center 1964



LEGEND

- A** COLLEGE OF DENTISTRY
- BC** BASIC SCIENCE TEACHING
- BC** OUTPATIENT MEDICAL FACILITY
- F** MEDICAL RESEARCH LABS
- F** COLLEGE OF PHARMACY
- KE** TEACHING & RESEARCH
- KE** CARDIOVASCULAR RESEARCH
- KE** CENTRAL RECEIVING BLDG.



HEALTH SCIENCES DEVELOPMENT SINCE 1970

Unit A 1973 - new construction
School of Dentistry
Undergraduate Basic Science Laboratories
Two Public Health Programs
Shared classrooms/Student support services

Unit K/E 1974 - new construction
"E" Portion - Health Sciences Center for Receiving and
Distribution
"K" Portion - Paul F. Dwan Cardio Vascular Research Center

Unit B/C 1979 - new construction
(Phillips-Wangensteen Building)
University Hospital Clinics
Medical School Research, Education and Department space
Shared classrooms/Student support services
Learning Resource Center

J.O.M.L. 1979 - renovation project
(Jackson-Owre-Millard-Lyons)
Medical School Basic Science Departments
Shared classrooms
Medical School Administration
Mortuary Science

Unit F 1980 - new construction
College of Pharmacy
School of Nursing
Shared classrooms/Student support space

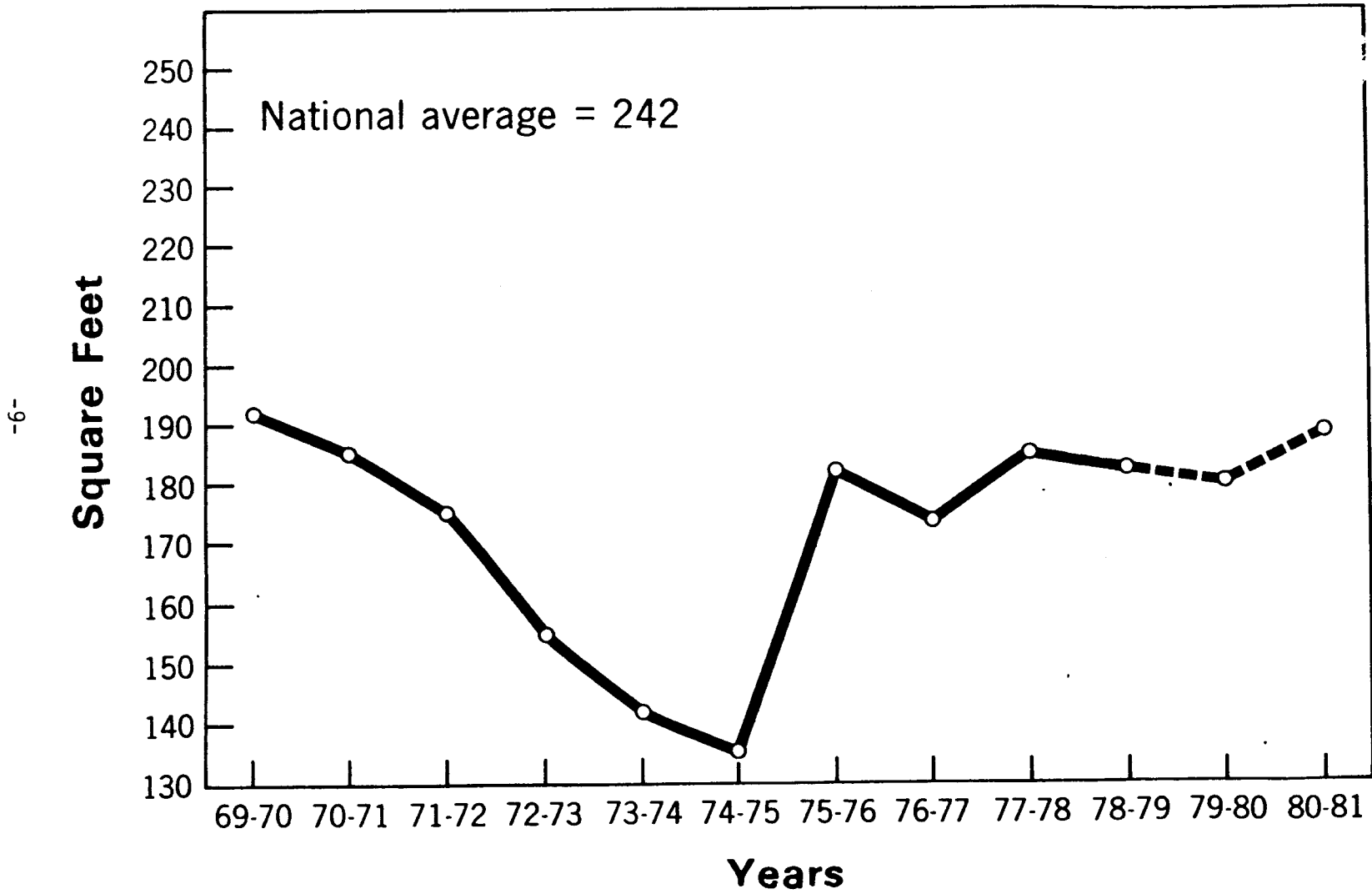
Vacated Clinic Space - renovation project (in process)
School of Public Health
Laboratory Medicine
University Hospital Admissions

The completion of Units A, B/C, the J.O.M.L. remodelling project, the initiation of Unit F and planning for the School of Public Health in vacated space rather than new construction, has provided the essential core academic space and out-patient facilities to free the Powell Hall site for the necessary replacement of some Hospital inpatient and support space.

HEALTH SCIENCES ENROLLMENT 78-79

Nursing	628
Pharmacy	463
Public Health	492
Dentistry	998
Medical School	2,643
Mortuary Science	<u>65</u>
TOTAL	5,289
FYE	6,597

SQUARE FEET PER STUDENT



UNIVERSITY OF MINNESOTA HEALTH SCIENCES
CHRONOLOGICAL LISTING OF PLANNING DOCUMENTS

1. FUTURE PLANNING FOR THE HEALTH SCIENCES - PART I. "Preliminary Report on Roles, Objectives, and Program." January, 1966.
2. A SPACE UTILIZATION REPORT. MEDICAL AND DENTAL FACILITIES. James A. Hamilton Associates. September, 1966.
3. FUTURE PLANNING FOR THE HEALTH SCIENCES. PART II. "Program, Personnel, and Space Projections." October, 1966.
4. FUTURE PLANNING FOR THE HEALTH SCIENCES. PART III. "Subcommittee Program and Space Reports." February, 1967.
5. FUTURE PLANNING FOR THE HEALTH SCIENCES. PART III. "University Hospitals Supplement." February, 1968.
6. LONG RANGE MASTER PLANNING - SITE DENSITY STUDY. The Architects Collaborative, Cambridge, Massachusetts. May, 1970.
7. PROPOSED MATERIALS HANDLING PLAN FOR UNIVERSITY OF MINNESOTA HEALTH SCIENCES CENTER EXPANSION. The Architects Collaborative Inc.; Chas. T. Main Inc. July, 1970.
8. REPORT ON BASIC ELECTRICAL SERVICE SYSTEMS FOR HEALTH SCIENCES BUILDINGS. University of Minnesota Office of Physical Planning. June, 1971.
9. REPORT OF THE PLANNING COMMITTEE FOR THE UNIVERSITY CHILDREN'S CENTER. August, 1971.
10. REPORT ON AIR CONDITIONING SYSTEMS FOR HEALTH SCIENCES BUILDINGS. University of Minnesota. Office of Physical Planning. September, 1971.
11. TRAFFIC ACCESS AND PARKING PLAN FOR HEALTH SCIENCES AREA. Bather, Ringrose, Wolsfeld, Inc. May, 1972.
12. AN ENVIRONMENTAL HEALTH AND SAFETY EVALUATION OF THE USE OF THE UNIVERSITY HOSPITALS BUILDING 29 and 74 AS A CLINICAL CARE FACILITY. Department of Environmental Health and Safety. University of Minnesota. July, 1973.
13. UNPUBLISHED DEPARTMENTAL CLINICAL FACILITY REPORTS. Clinical Departments Medical School. Dental School. School of Nursing. School of Public Health. College of Pharmacy. August, 1973.
14. FUNCTIONAL FACILITIES EVALUATION OF UNIVERSITY OF MINNESOTA HOSPITALS. Technical Paper No. I. Herman Smith Associates. November, 1974.

15. ATTEMPTS TO REPROGRAM THE MAYO HOSPITAL - DEFICIENCIES AND COST OPTIONS FOR UNIVERSITY OF MINNESOTA HOSPITALS. Technical Paper No. 2. Herman Smith Associates. November 1974.
16. A REPLACEMENT HOSPITAL FOR THE MAYO COMPLEX OF THE UNIVERSITY OF MINNESOTA HOSPITALS. Technical Paper No. 3. Herman Smith Associates. November, 1974.
17. RECOMMENDATIONS OF THE PLANNING COMMITTEE FOR CLINICAL FACILITIES. Dr. Richard Varco, Chairman. February, 1975.
18. PLANNING REPORT, DESIGN CONCEPT, JACKSON, OWRE, MILLARD, LYON. Fall, 1975.
19. INTERIM REPORT - UNIT K FEASIBILITY STUDY: POST ANESTHESIA RECOVERY, SURGICAL INTENSIVE CARE, PEDIATRICS. University of Minnesota. November, 1976.
20. FACILITIES REPORT FOR SCHOOL OF NURSING AND COLLEGE OF PHARMACY. January, 1977.
21. REPORT OF HOSPITAL MAYO VACATED SPACE TASK FORCE - CLINICAL LABORATORIES, DIAGNOSTIC RADIOLOGY. Dr. Robert Goltz, Chairman. September, 1977.
22. UNIVERSITY OF MINNESOTA HOSPITALS LONG-TERM DEBT CAPACITY EVALUATION. Ernst and Ernst. August, 1978.
23. SCHOOL OF PUBLIC HEALTH FACILITIES. Hoskins, Scott, Taylor. March, 1979.
24. UNIT H SCHEMATIC DESIGN AND CONSTRUCTION COST ESTIMATES. Ellerbe. March, 1979.
25. UNIT H REASSESSMENT. Internal Document. March, 1979.

SECTION II

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

STATEMENT OF MISSION AND GOALS

The following is the Statement of Mission and Goals for University Hospitals and Clinics as recommended by the Hospitals' Board of Governors and adopted by the Board of Regents. Page 15 illustrates the admission trends and patient origins for the Hospitals.

PREAMBLE

The University of Minnesota Hospitals and Clinics has many different responsibilities and goals. The primary mission of the institution is rooted in the early recognition by the University of Minnesota Medical School of a need for a clinical teaching environment. In the early 1900's, the Minnesota Legislature determined that this need be met by the University of Minnesota Hospitals and Clinics. (As provided in Laws of Minnesota, 1907, Chapter 80, and as perpetuated in Minnesota Statute, Chapter 158, first enacted in 1921.)

The Legislative mandate underlies the Hospitals' role in providing health care services, programs of education and research, and referral relationships with other health care providers and institutions in the State of Minnesota. In this role, University of Minnesota Hospitals and Clinics serves various constituent groups by making health care services available to all residents of Minnesota, to those of the upper Midwest region, and in the case of some more specialized service programs, by serving as a national resource. Its programs of education, research, continuing education, and patient and community health education, developed in conjunction with the units of the University of Minnesota Health Sciences (the Medical School, School of Nursing, College of Pharmacy, School of Dentistry, and School of Public Health), serve students, faculty, its own medical and professional staff, many other practicing health care deliverers, and the general public. Further, the research conducted in association with University Hospitals benefits both providers and recipients of health care services nationally and internationally.

The University of Minnesota Hospitals and Clinics is obligated to the people of Minnesota to fulfill its special role as a health care resource for the state. Thus, the Board of Governors of the University of Minnesota Hospitals and Clinics, on behalf of the Board of Regents, representing the people of Minnesota, set forth this statement of mission and corresponding goals which has been developed to meet the unique responsibilities of this institution.

MISSION

The responsibilities of the University of Minnesota Hospitals and Clinics require that its mission be uniquely broad, allowing it to serve as a principal medical and health care resource for the State of Minnesota. Elements of its mission must also permit the institution to provide a wide range of specialized health care delivery programs designed to advance quality health care.

In this pursuit:

- University Hospitals and Clinics provides patient care services which respond to local, State, and in some instances, national needs.
- University Hospitals and Clinics is an integral part of the Health Sciences Center of the University of Minnesota. Through its multiple health care programs, University Hospitals and Clinics will provide an environment for the clinical education of Health Sciences students; continuing education for its medical staff and other health practitioners; and, in the course of patient care, health education in the areas of preventive care, and in personal management of patients' own health.
- University Hospitals and Clinics provides a distinctive environment for the advancement of bio-medical research and technological development, as well as innovations in the delivery of medical care and health services.
- University Hospitals and Clinics also fulfills a role in education for health services management. In this role, it will serve as a Statewide and national resource for the management of the health delivery system.

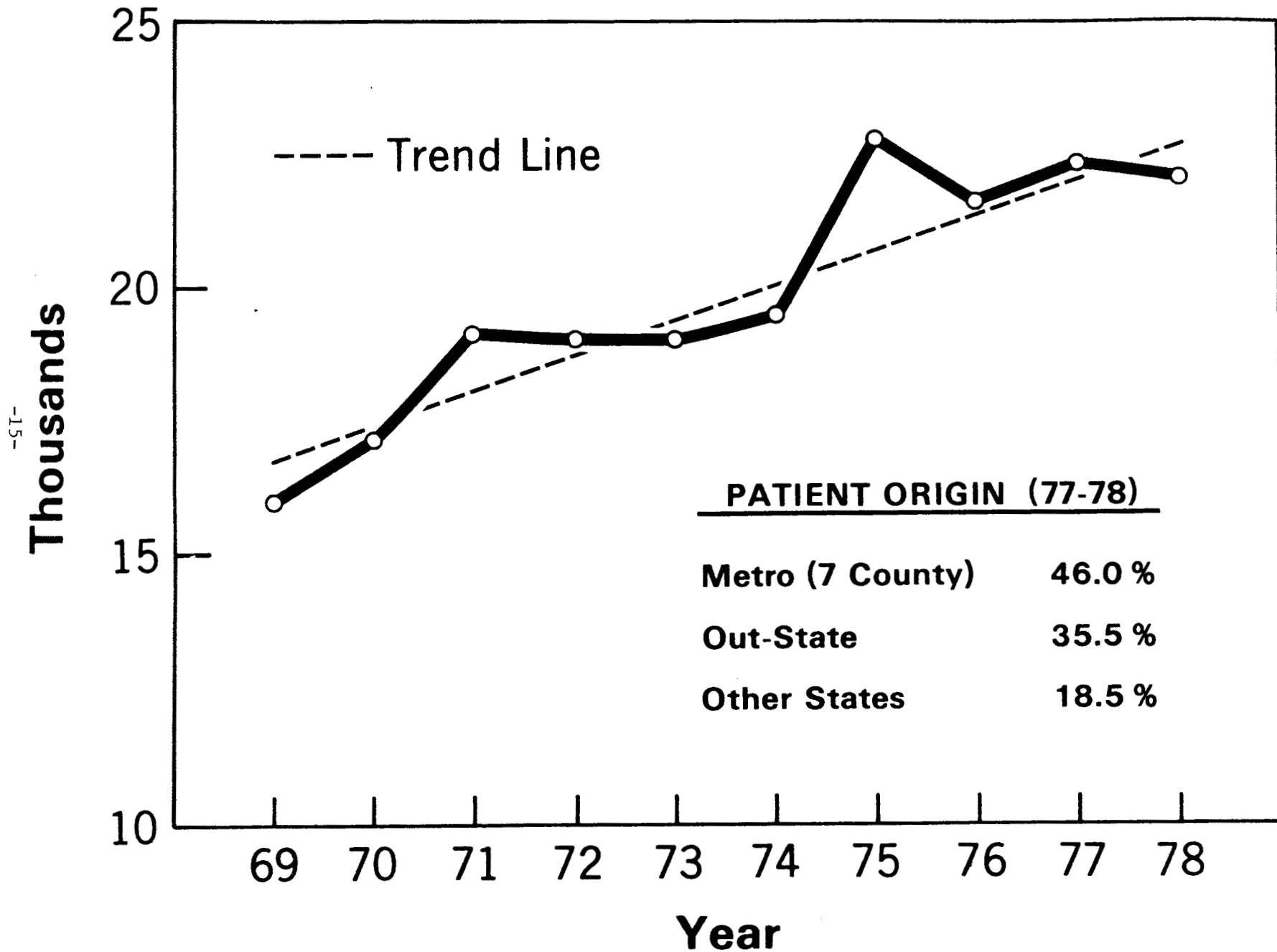
GOALS

- I. PATIENT CARE: Services for the sick and convalescing to give comfort, assist in recovery, and maintain health.
 - A. To offer sensitive, quality patient care programs at the lowest possible cost.
 - B. To provide innovative primary and preventive care programs and models, both within the University setting and at other sites and to provide well functioning, specialized and advanced or tertiary care for patients of referring physicians.

- C. To provide well organized modern medical care services for ambulatory patients not requiring hospitalization, thus promoting the appropriate use of health care resources, and to provide emergency medical services consistent with the developing regional referral emergency medical services consistent with the developing regional referral emergency care network and the educational needs of the institution.
 - D. To provide programs of home health care and other outreach services as alternative and less costly methods for providing medical care.
 - E. To assure quality health care delivery 24 hours a day, 7 days a week through a highly specialized medical and professional staff.
- II. EDUCATION: programs for students, faculty, staff, practitioners and others interested in learning, teaching, practicing, maintaining and using health skills.
- A. To participate in and develop health care programs in support of the educational objectives of the Health Sciences Units.
 - B. To provide patient education programs as a means of helping patients become involved in the process of improving their health status.
 - C. To support continuing education programs for health care professionals both within the Hospital and throughout the State of Minnesota.
 - D. To participate in the dissemination of community health education information to health professionals throughout the State.
 - E. To expose students to a wide variety of management experiences both in internal Hospital operations and external health policy.
- III. RESEARCH: projects and programs which support the commitment of the University Health Sciences as a major research resource for the State and nation in bio-medical and clinical research.
- A. To encourage and support the medical staff and other health professionals in research inquiries and investigations.
 - B. To recognize the relationship between a variety of investigative programs so that research findings can be used for patient care.

In pursuit of all these goals, University of Minnesota Hospitals and Clinics strives to provide leadership through the development of model programs. These model programs serve as examples for individuals and institutions in the health care field and stimulate the planning for and improvement of the health care system. Excellence, therefore, is sought in these patient care, education and research models so that they may be shared with confidence. Thus, University of Minnesota Hospitals and Clinics attempts to provide a health care services environment for Health Sciences students, practitioners, and clinical investigators which will be of benefit to all other health care programs in Minnesota. In respect to this, University of Minnesota Hospitals and Clinics will serve as a resource to public groups studying health issues and policy and will participate fully in local, State, and national health systems planning. University of Minnesota Hospitals and Clinics will continue to provide a governance model which reflects the public accountability of a Statewide health care resource.

HOSPITAL INPATIENT ADMISSIONS 1969-1978



SECTION III

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

CAPITAL PROGRAM - BACKGROUND, PROBLEMS, AND SOLUTIONS

The capital facilities planning process for University Hospitals and Clinics was initiated in the 1960's as an integral part of the Health Sciences Master Plan. The goal of Hospital facilities planning has been to provide facilities which adequately support the Service, Research, and Education missions of the Hospitals and Clinics and the University.

The planning process has extensively utilized internal and external resources which are listed on page 10. On the basis of these studies it was determined that University Hospitals and Clinics should retain and remodel present space where possible and that new construction should be utilized where no cost-effective or acceptable alternatives exist.

These studies have also identified, in some detail, the physical facility deficits being encountered in the existing facilities available for Inpatient and Support Services. These deficiencies are summarized starting with page 17. An analysis of alternative solutions for resolution of these deficiencies is provided on page 20.

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

EXISTING FACILITIES AND DEFICIENCIES

The University of Minnesota Hospitals and Clinics utilizes all, or a portion of, the following buildings:

- Mayo Complex Buildings (Main Hospital Complex)
- Variety Club Heart Hospital
- Children's Rehabilitation Center
- Masonic Memorial Hospital
- Boynton Health Service (fifth floor inpatient unit)
- Powell Hall (portion houses computer, few department offices, cafeteria and motel facility)
- Paul Dwan Variety Club Cardiovascular Research Center (Unit K/E)
(portion houses receiving and nutrition storage)
- Phillip-Wangensteen Building (Unit B/C)
(portion houses outpatient clinics, Medical Records, and Business Office)

The following are some of the operational, functional, and space deficiencies encountered in the present facilities - primarily the Mayo Complex

General Building Deficiencies

I. Transportation and Circulation

- A. Single loaded corridor ("race track") design
 - 1. inefficient traffic patterns
 - 2. congestion, noise and unnecessary traffic
 - 3. inadequate widths
 - 4. circulation of air
- B. Elevators
 - 1. too few in number
 - 2. cannot be used in a manner so as to effectively retain a clean and dirty separation of materials from people

II. Storage and Space Deficiencies

A. Consequences

1. misuse of corridors for storage in violation of codes, ordinances, and good practice
2. increases difficulty in attaining appropriate aseptic technique and practice
3. creates inefficient methods of storage and resupply
4. adds to overall workload due to inefficient operations

Patient Care Station Deficiencies

I. Patient Rooms and Facilities

A. Room size

1. Size deficiencies
 - a) 24% below current space minimum standards
 - b) 75% below one or more dimensional standard
 - c) 12% have no adjoining toilet
2. Size problems
 1. cannot adequately accommodate necessary equipment
 2. complicates patient care techniques
 3. difficult to respond in emergency situations
 4. lack of storage for patient's personal belongings

B. Nursing station support facilities

1. Facilities lacking or deficient
 - a) patient day rooms
 - b) waiting/visiting areas
 - c) private consultation rooms
 - d) inadequate inservice, conference, locker, lounge, toilet facilities
 - e) inadequate charting/study areas
 - f) physician office, on-call or sleeping facilities
 - g) inadequate supply, medication, equipment storage areas
 - h) inadequate treatment/exam rooms
 - i) inadequate number of isolation rooms conforming to standards for maximum isolations
2. Station facility problems
 - a) lack of privacy for patients and staff
 - b) congestion and inefficient operation

Therapeutic and Diagnostic System Deficiencies

- I. Diagnostic Radiology/Nuclear Medicine
 - A. Size deficiencies
 - 1. room floor to ceiling and linear dimensions too small to accommodate modern equipment
 - B. Inadequate space for proper function
 - 1. patient space: waiting, dressing, and toilet facilities
 - 2. staff space: film reading, interpretation, consultation, teaching, library, conference, storage, on-call, locker, lounge
- II. Clinical Laboratories
 - A. Inadequate space for proper function
 - 1. existing laboratory working space is 40 to 100 square feet per staff person and should be 150 to 200 square feet
 - 2. separation of vital facilities and an inability to centralize some equipment causes inefficiency of operation and inefficient use of staff time
 - 3. rapid expansion in the use of laboratory testing and laboratory monitoring of patients has caused a dramatic expansion in the overall laboratory activity during recent years
 - 4. corridor widths and improper storage space make some areas not up to codes and good practice
- III. Radiation Therapy
 - A. Inadequate space for proper function
 - 1. patient space: waiting, dressing, toilet facilities
 - 2. staff space: exam rooms, reception, control storage, consultation, conference, classroom, office
- IV. Pharmacy
 - A. Inadequate space for proper function
 - 1. i.v. additive program cannot be adequately developed.
 - 2. drug information center developments cannot be accommodated
 - 3. staff space: dispensing compounding; work storage, conference, teaching, office
- V. Central Sterile Processing
 - A. Inadequate space for efficient storage, preparation and processing
- VI. Other
 - A. Inadequate space for proper function
 - B. Inappropriate location and functional interfaces

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS
ANALYSIS OF ALTERNATIVE SOLUTIONS
FOR INPATIENT AND SUPPORT SERVICE FACILITIES

Alternative solutions to correct the deficiencies being encountered in inpatient and support service facilities fall into four generic categories:

I. Remodeling

This potential solution would limit capital improvement activity to the remodeling of existing facilities - primarily the Mayo Complex. Unfortunately, remodeling alone cannot resolve the functional obsolescence and space deficiency problems which exist.

University Hospitals currently has approximately 750 gross square feet available for each operating bed. This amount of space is substantially below (40-45%) current hospital industry standards for University and teaching hospitals. In addition, remodeling would not result in contemporary design configurations for inpatient bed units (even if space were adequate) because of the short-span construction, lack of mechanical space, insufficient floor to ceiling heights, and other physical constraints of the present facilities - especially the Mayo Complex.

II. Complete Replacement

Complete replacement of the present Hospital facilities would represent the best design solution to the deficiencies being encountered. Total replacement would permit the development of adequate space, functional interrelationships, and design configurations for all Hospital departments and services.

Total replacement, however, would require the abandonment of the present facilities which can remain functional, for various activities with remodeling. It would also be the most costly solution - approximately two to three times the cost of alternatives III or IV.

III. Phased New Construction and Remodeling Projects

This alternative solution would utilize two construction and remodeling projects to resolve the facility deficiencies. The first phase, referred to as Unit H, includes the replacement of pediatric beds, the expansion and remodeling of operating room facilities, the replacement of surgical intensive care through remodeling of current facilities and new construction adjacent to the Mayo Complex and on top of the Dwan Variety Club Cardiovascular Research Center. The second phase, referred to as Unit J or the Medical/Surgical Replacement Project, would consist of new construction on the Powell Hall site and Mayo remodeling to resolve the remaining facility deficiencies for Inpatient and Support Service activities.

Following the development of schematic plans for Unit H, an assessment of the project indicated that this alternative solution would hinder the satisfactory functional integration of all facility components and adversely effect the ongoing operations and finances of the Hospital both during and subsequent to construction. In addition, it was concluded that the phased approach would complicate and prolong the external review process. These disadvantages are felt to outweigh any construction schedule or cost advantages which might be realized through phased construction and remodeling.

IV. Unified New Construction and Remodeling Project

This solution would resolve the facility deficiencies through a single construction and remodeling project. It would incorporate the elements of both Unit H & J and would limit new construction to the Powell Hall site (and possibly the adjacent Cardiovascular Research Center). Remodeling of vacated Mayo facilities would occur subsequent to the completion of new construction. This solution would maximize the functional integration of all departments and services, minimize operational impact during construction, and simplify the external review process. While this approach might delay the completion of some Unit H components it is felt that it would not delay, and might improve, the completion schedule for all project components

SECTION IV

UNIVERSITY HOSPITALS RENEWAL PROJECT OVERVIEW

The University Hospitals Renewal Project is envisioned as a single construction and remodeling project to resolve the functional and space problems now being encountered by Inpatient and Support Service Activities. While some preliminary analysis and planning has been completed, the exact magnitude of new construction, remodeling and cost can only be detailed through the acquisition of architectural and program consultant services for feasibility studies and schematic development. The project overview on page 23 should therefore, be considered a very preliminary estimation of the projects scope.

The detailed studies which will be conducted will utilize the following planning criteria to guide the overall development of plans:

1. Present facilities in Masonic Memorial Hospital, Boynton Health Services (5th floor), Variety Club Health Hospital, Children's Rehabilitation Center, Paul Dwan Cardiovascular Center (Receiving Center), and Phillips-Wangensteen Building (clinics), will continue to be utilized.
2. Hospital portions of the Mayo Complex are unacceptable for the development of contemporary Nursing Station and certain other patient care facilities. Therefore, new construction will be utilized for these services and vacated facilities will be remodeled for low-technology and other support functions.
3. All facilities will be developed to assure maximum flexibility in the future.
4. Construction and remodeling will be limited to financing limits of revenue bonding.

A summary of the results of the Debt Capacity evaluation conducted by Ernst and Ernst is provided on page 24 and a preliminary project schedule on page 26 . A copy of the resolution under consideration by the Regents is provided at the end of this section. Adoption of this resolution will permit the acquisition of Architectural and Program Consultant Services to assess the feasibility and exact components of the project by Summer, 1980.

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS
RENEWAL PROJECT PRELIMINARY FACT SHEET

Site - New construction would occur on the present Powell Hall site which is bounded by Essex Street (North), Harvard Street (East), River Road (South), and the Paul Dwan Variety Club Cardiovascular Research Center - Unit K/E (West). Consideration will also be given to utilizing the capacity of Unit K/E for additional floors, starting with the fourth floor, to increase the available square footage/floor. Remodeling would be primarily restricted to the Mayo Complex.

Scope

Tentative New Construction Components

- Adult and Pediatric beds in Mayo Complex (approximately 500)
- Operating Room and Post Anesthesia Recovery
- Central Sterile Processing
- Labor/Delivery
- Cystoscopy
- Diagnostic Radiology
- Physical Medicine and Rehabilitation Treatment
- other support, public, circulation, and mechanical space

Tentative Mayo Complex Remodeling Components

- Laboratory Medicine and Pathology
- Social Service
- Nutrition
- Pharmacy
- Kidney Dialysis
- Biomedical Engineering
- General Support Departments
- Majority of administrative and departmental offices
- On-call rooms
- Payroll/Personnel
- Management Engineering
- other

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

LONG-TERM DEBT CAPACITY EVALUATION

In 1977, an analysis of the long-term debt capacity of University Hospitals was initiated to analyze the Hospital's capacity to support alternative forms of long-term debt in conjunction with the proposed capital program.

With the assistance of the auditing firm of Ernst & Ernst, the debt capacity of the Hospital was evaluated for each of three alternative methods of financing (State Obligation Bonds, University Bonds, and Hospital Revenue Bonds) with two alternative completion dates for new construction (1986 and 1989). The elements of the study included:

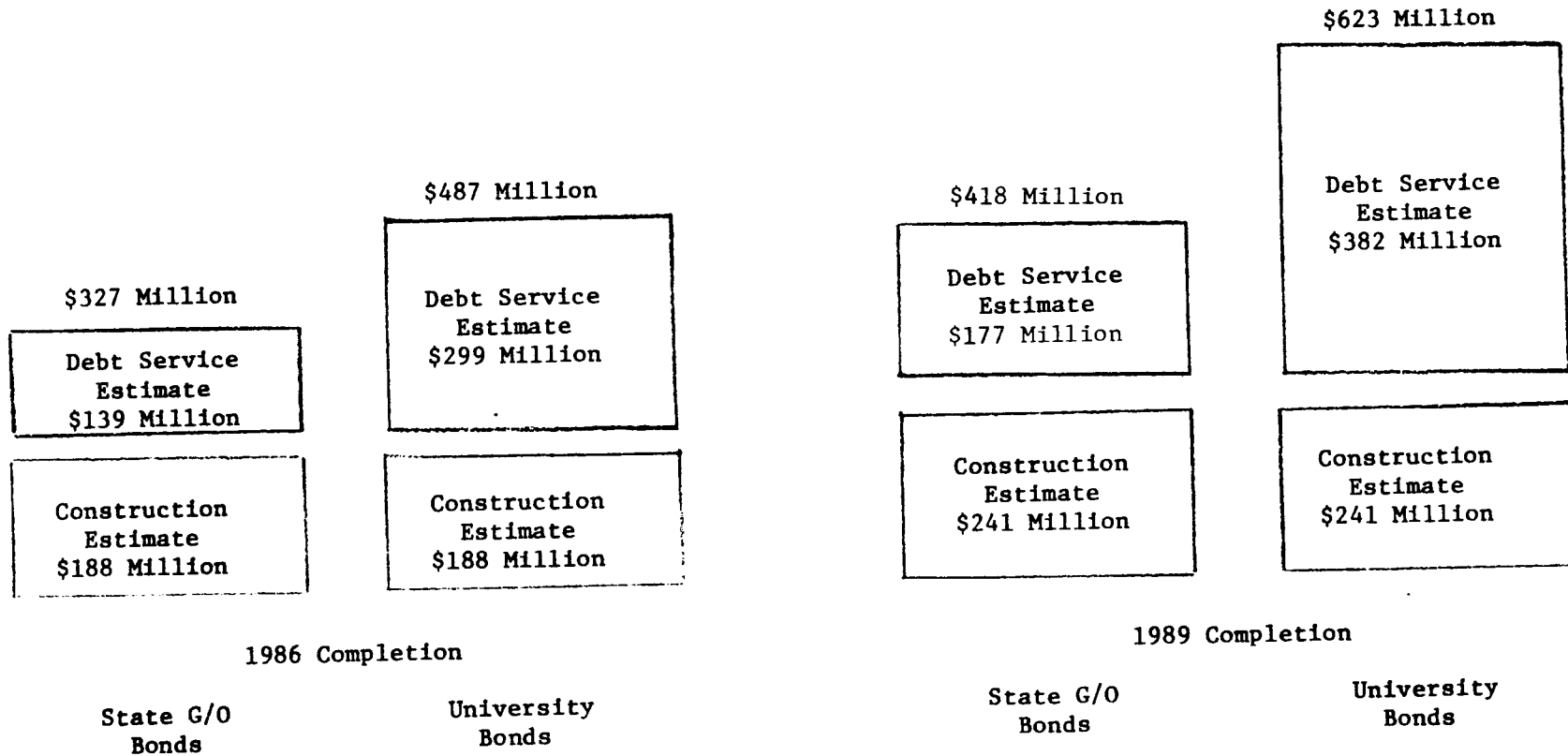
- 1) The preparation of income and expense projections on a Hospital-wide and departmental basis for each year, 1977-78 through 1993-94.
- 2) A projection of average rate increases necessary for each year to offset inflation, capital project costs (depreciation), and interest expense (on each financing alternative).
- 3) A projection and comparison of cash available for interest expense and bond retirement with cash needs under each financing alternative.
- 4) A comparison of debt size and other financial ratios to current industry standards.

The study concluded that adequate debt capacity exists for the project utilizing either State General Obligation or University Bonds. It was also determined that adequate debt capacity does not exist if Hospital Revenue Bonds are utilized.

The attached table summarizes the projected total construction and debt service costs for State General Obligation Bonds and University Bonds in 1986 and 1989. It should be noted that the University Bonds require a far greater level of debt service than the State General Obligatory Bonds. In addition, actual construction costs, using present estimates, would increase by over 50 million dollars if the completion of new construction is delayed until 1989.

PROJECTED TOTAL PROJECT COSTS

-25-



UNIVERSITY HOSPITALS RENEWAL PROJECT
PRELIMINARY PROJECT SCHEDULE

Regents Review and Authorization for Schematic Development	Spring/1979
Architect and Program Consultant Selection	Summer/1979
Completion of Schematic Development	Summer/1980
Regents Review and Approval	Summer/1980
External Review	Fall/1980
New Construction Start	1982
New Construction Completion	1985/86
Remodeling Completion	1988/89

UNIVERSITY OF MINNESOTA
BOARD OF REGENTS

AGENDA ITEM FOR Physical Plant and Investments COMMITTEE

I. Title Medical-Surgical Replacement Project

() Information (X) Resolution or Motion Required

II. Administration Recommended Resolution or Proposed Action:

Whereas, the Board of Regents have continually reviewed and confirmed the Health Sciences Master Plan for Capital Improvement; and

Whereas, the Board of Regents have long recognized the need to upgrade and expand the facilities available to University Hospitals and Clinics for the fulfillment of its educational, research, and service missions; and

Whereas, the Board of Regents have reviewed the recent recommendations from University Hospitals and Clinics' Board of Governors that the Unit H and Medical/Surgical Replacement projects be consolidated into one capital project;

Therefore, be it resolved, that the Board of Regents endorses and adopts the University of Minnesota Hospitals and Clinics' Board of Governors recommendation for the development of a single capital replacement project and authorizes the administration to proceed with the implementation of the recommendation including the acquisition of necessary and appropriate resources for planning and design.

III. Purpose or Intent of the Item:

To familiarize the Board of Regents with the proposed project and to obtain Regental approval to proceed with the project.

IV. Previous Board Action and/or Pertinent Information:

1. March 1978 - Document titled "University Hospitals Planning Summary - March 1978" was presented.
2. November 1978 - Document titled "University of Minnesota Hospitals and Clinics Capital Facilities Planning Summary" was presented.
3. January 1979 - Unit H - Pediatric Nursing Unit/Operating Suite Project - Information.
4. February 1979 - Advised the Board of the proposed Medical-Surgical Replacement Unit.
5. March 1979 - Received Regental approval to select a functional programming consultant for the Medical-Surgical Replacement Project.
6. See attached.

V. Presented by Donald P. Brown

VI. Date: May 10, 1979



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

June 12, 1979

TO: Facilities Committee
FROM: Planning and Operations Staff
SUBJ: Five Year Projections-Certificate of
Need Projects

Attached is the updated five year projection for construction and equipment projects which will require a Certificate of Need (exceed \$150,000).

Many of the items are familiar to you since the list is prepared and updated annually as an extension of the annual renovation and equipment budgeting process.

A brief summary:

- (1) Capital requirements for the next five years are large, approaching \$200,000,000.
- (2) The items are primarily of a replacement nature. Only one project (an Emmission C.A.T. Scanner planned for fiscal year 1981 purchase) represents a planned introduction of new technology. The Bone Marrow program represents an expansion in program activity.
- (3) Many of the equipment items on the list are those of diagnostic radiology. This represents no particular new emphasis in this department. Equipment costs are high and regularly exceed the Certificate of Need threshold.

University Hospitals
Five Year Projection
Certificate of Need Capital Items

<u>Fiscal Year</u>	<u>Item</u>	<u>Estimated Cost</u>	<u>Description</u>
1979-80	EKG Computer	\$ 350,000	Cost-beneficial substitution of machine for manual activities.
	C.T. Scanner-Diagnostic Radiology	\$ 855,000	Replacement of prototype to meet "state-of-the-art" diagnostic standards.
	Laboratory Renovation/Expansion	\$7,800,000	Provide space to adequately meet an expanding workload and address Joint Commission and College of American Pathology space deficiency citations.
	Masonic Clinic Replacement	\$ 820,000	Replacement of Oncology Clinic into Unit B-C (from Masonic Hospital).
	Pediatrics Intensive Care/Bone Marrow Program Remodeling and Renovation	\$ 300,000	Remodeling of existing nursing units to consolidate pediatrics intensive care and to permit expansion of the bone marrow transplantation program.
1980-81	Radiation Simulator-Radiation Therapy	\$ 280,000	Replacement for 10 year old equipment used in treatment planning.
	6 MeV Linear Accelerator-Radiation Therapy	\$ 230,000	Replacement for 15 year old Cobalt machine.
	Computer Enhancement	\$1,000,000	Acquisition of second Burroughs 6800 computer or several mini-computers to provide cost-beneficial processing capacity for ancillary and care center programs.
	Computer Center Relocation	\$3,100,000	Relocate main computer center (now located in Powell Hall) as a preliminary step to Powell Hall demolition.

<u>Fiscal Year</u>	<u>Item</u>	<u>Estimated Cost</u>	<u>Description</u>
	Xonics Versagraph-Diagnostic Radiology	\$ 150,000	Replacement of a 9 year old tomographic unit.
	Peripheral Cardiovascular Special Procedures Equipment-Diagnostic Radiology	\$ 250,000	Replacement of 15 year old angiographic equipment located in the Heart Hospital.
1981-82	Emission C.A.T. Scanner-Nuclear Medicine	\$ 560,000	Clinical introduction of new brain metabolism testing equipment.
	University Hospital Renewal Project	In excess of \$150,000,000	Bed units, operating rooms and patient related support department replacement and spatial expansion.
1982-83	Clinical Laboratories Computer	\$ 200,000	Addition of second small computer to process laboratory result reporting.
	Pediatric Suite Radiographic Equipment-Diagnostic Radiology	\$ 300,000	Replacement of 10 year old radiographic-fluoroscopic equipment used for pediatric diagnostic work.
	Radiographic-Fluoroscopic System-Remote Control	\$ 300,000	Replacement of 10 year old radiographic equipment.
1983-84	Dynamic Imaging Equipment-Nuclear Medicine	\$ 165,000	Replacement of 10 year old nuclear medicine scanning equipment used for measuring blood flow.
	High Precision-Tomographic Unit-Diagnostic Radiology	\$ 253,000	Replacement of 10 year old tomographic equipment used for inner ear diagnostic radiology procedures.

<u>Fiscal Year</u>	<u>Item</u>	<u>Estimated Cost</u>	<u>Description</u>
1984-85	Computerized Total Body Scanner-Nuclear Medicine	\$ 150,000	Replacement of 10 year old general nuclear medicine scanner.
	C.T. Scanner-Diagnostic Radiology	\$ 785,000	Acquisition of second total body scanner to handle anticipated workload.
	Radiographic-fluoroscopic equipment-Diagnostic Radiology	\$ 250,000	Replacement of 10 year old general radiographic equipment.

Facilities Committee
of the
Board of Governors
University of Minnesota Hospitals

Meeting: Wednesday, May 16, 1979
11:30 A.M., Dining Room III
Called to Order: 12:10 P.M.
Adjourned: 1:20 P.M.

Present: Harry Atwood
John Tiede
Cheri Perlmutter
John Westerman
Paul Quie
Tom Jones

Absent: Timothy Vann
Clint Hewitt
Jeanne Givens
Joseph Resch
Michael Eisenberg

Guests: Al Hanser

Staff: Johnelle Foley
Bob Dickler
Ron Klemz

Minutes of the April 18, 1979 meeting were approved as mailed.

University Hospitals Renewal Project - Progress Report

Mr. Atwood commented on the discussion and recommendation of the Facilities Committee at the April 18 meeting to combine projects H and J into a single construction project. This recommendation was accepted by the Board of Governors and forwarded through Vice-President French to the Board of Regents.

Mr. Dickler and Mr. Westerman reported the action of the Board of Regents on May 10 and 11 regarding this recommendation. The item was extensively discussed at the Physical Plant and Investments Committee on May 10. A recommendation was made by this

committee to the full Board of Regents on May 11 to proceed with the combined project. The proceed recommendation was deferred for one month by the full Board to permit time for the Regents to refamiliarize themselves with the project. Chairman Moore will arrange the mechanism to permit this briefing.

Mr. Atwood stated that the Facilities Committee and staff would be prepared to provide the necessary background and briefing information so that the project could proceed as expeditiously as possible.

1979-80 Annual Equipment and Remodeling Budget

Mr. Jones, Mr. Van Hulzen and Mr. Klemz presented the 1979-80 budget recommendations using a briefing information memorandum. Discussion included:

- a) The proposed budget falls within preplanning target figures.
- b) The equipment budget represents 2.8% of the proposed operating budget.
- c) The usual extensive review process was used including review by the Program Committee of the Clinical Chiefs.
- d) The equipment budget, adjusted for extraordinary items such as the linear accelerator in 1978-79 and the C.A.T. scanner in 1979-80, has remained consistently at the 2.1 million level for the past three years. The annual renovation budget has remained at historic spending levels as well.
- e) Three Certificate of Need Items, those exceeding \$100,000 in cost, are part of this budget.
- f) The budget was reduced by \$400,000 compared with total requests and does not include yet to be defined requirements for the proposed bone marrow transplantation and pediatrics intensive care programs.

After discussion, a motion was made by Dr. Tiede and seconded by Dr. Quie to recommend this budget for approval to the Board of Governors. The motion passed unanimously.

Planning Staff Report

Tom Jones commented that architectural development on the clinical laboratory project was moving ahead. This includes renovation of vacated business office and admissions space on the second floor of the Mayo building and completion of shelled space in Unit BC. Schematic development drawings and cost estimates will be brought to the Committee for review and recommendation in the fall.

TJ:jmm

UNIVERSITY OF MINNESOTA
HOSPITALS AND CLINICS

Proposed Annual Equipment
and Remodeling Budget

Fiscal Year 1979-80



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

May 8, 1979

TO: Facilities Committee, Board of Governors
FROM: Hospitals Planning and Operations Staff
SUBJ: Proposed Annual Equipment and Renovation
Budget, Fiscal Year 1979-80

The long range financial plan of the Hospitals and Clinics has established the following as pre-planning objectives for the 1979-80 annual equipment and renovation budget:

Annual Equipment Budget:	\$3,000,000
Annual Renovation Budget:	\$ 500,000

These target figures are based upon:

- (a) Analysis of historic capital requirements
- (b) Adjustment of historical trends to reflect "extraordinary" equipment needs as identified in the five year equipment plan
- (c) Consistency with industry standards of annual equipment expenditures equaling 2.5 - 4.0% of the annual operating budget.

The proposed 1979-80 capital budget falls within the pre-planning guidelines.

	<u>Pre-Planning Guidelines</u>	<u>Proposed Budget</u>
Annual Equipment Budget:	\$3,000,000	\$2,932,835
Annual Renovation Budget	\$ 500,000	\$ 421,625

The equipment budget figure represents 2.8 percent of the operating budget.

Budgeting Process
Annual Capital Equipment
and Remodeling Budget

Step:

1. Hospital/clinical departments identify needs and recommend budget items. Pre-planning target figures reviewed by General Director's Group.
2. Administrative staff review.
3. Certificate of Need items reviewed by Program Committee, Clinical Chiefs
4. General Director's Group Review
5. Facilities Committee Review
6. Board of Governors Review

SUMMARYAnnual Equipment Budget 1979-80

Equipment budgets are "zero based" and it is therefore difficult to draw conclusions from a year to year comparison. However, comparisons do help illustrate capital requirement trends.

<u>1976-77</u>	<u>1977-78</u>	<u>1978-79</u>	<u>Proposed 1979-80</u>
\$1,612,405	\$2,138,924	\$3,383,800*	\$2,932,835

*Includes \$1,050,000 Linear Accelerator project-Radiation Therapy

SUMMARYAnnual Renovation Budget 1979-80

Although renovation budgets are "zero based", historical comparison does illustrate the constant requirements of this type of expenditure.

<u>1976-77</u>	<u>1977-78</u>	<u>1978-79</u>	<u>Proposed 1979-80</u>
\$476,373	\$343,290	\$497,100	\$421,625

The annual renovation budget is developed and based upon the following principles:

- a) Highest priority is given to expenditures which will have a positive effect on direct patient care and/or are regulatory agency required.
- b) Renovation in areas which will be moved to new clinical facilities must be acutely essential and/or minor in scope.

Proposed 1979-80
Capital Budget-Equipment

Description of Budget Composition

The equipment budget is composed of 842 individual items, plus 3 items which will require Certificate of Need approval. Twenty-nine (29) of the 842 items cost \$10,000 or more individually. These items total \$805,088 at an average cost of \$27,762. The remaining 813 items (842 minus 29) have an average cost of \$1,141 per item and these items total \$927,747.

Items \$10,000 or more (29)	\$ 805,088
Items less than \$10,000 (813)	927,747
Sub-total.....	<u>\$1,732,835</u>
Certificate of Need Items	\$1,100,000
Contingency	100,000
Proposed 1979-80 Equipment Budget...	<u><u>\$2,932,835</u></u>

Following is a breakdown of the equipment budget by department/functional groupings (excluding Certificate of Need items):

<u>Department</u>	<u>#Equipment Items</u>	<u>Average Cost/Item</u>	<u>Budget Amount</u>
Nursing Services	67	\$1,036	\$ 69,405
Operating Room/Anesthesiology	111	1,200	133,193
Laboratories	99	5,167	511,524
Outpatient Clinics	53	1,018	53,944
Rehabilitation Center	11	1,289	14,180
Respiratory Therapy	41	3,037	124,500
Therapeutic Radiology	9	2,232	20,092
Medical Records	24	2,090	50,159
Pharmacy	21	2,117	44,450
Material Services	60	1,912	114,700
Psychiatry/Clinical Psychology	34	392	13,330
Diagnostic/Nuclear Medicine	35	8,682	303,870
Environmental Services - Laundry/Linen	131	849	111,250
Nutrition	78	177	13,775
Business Office/Accounting	6	1,090	6,540
Patient Monitoring	23	4,567	105,050
Bio-Medical Engineering	3	3,667	11,000
Infection Control	12	903	10,837
Administrative Services	24	877	21,036
	<hr/>	<hr/>	<hr/>
All departments.....	842	\$2,058	\$1,732,835
			<hr/> <hr/>

Description of Equipment \$10,000 or More

1. Operating Rooms/Major Operating Room Table (\$10,000)- Replacement.
2. Medical Word Processing Center/Central Dictation System (\$41,475) - Replacement
The current system components (8 dictation units) are five years old and have operated 24 hours a day, 7 days a week. Each unit records 100-250 reports a day during the week, and 50 per day on weekends. System has worn out.
3. Labs/Fetal Lung Maturity Analyzer (\$14,000) - New Equipment.
This instrument measures the degree of fetal lung maturity. False positive results for fetal lung maturity can lead to the premature delivery of infants with the consequent development of respiratory distress syndrome, which has a high mortality rate. This new instrument will result in fewer false positive results and is less time consuming (1/2 hour versus 3 hours for the current method) and therefore, could lead to reduced cost and improvement of care provided to patients.
4. Labs/Dupont ACA II (\$76,160) - New Equipment.
This instrument will increase the automation in the handling of specimens. Purchase of this machine will eliminate the need to hire an additional medical technologist, resulting in a projected net cost benefit (savings) of \$1384 per year.
5. Labs/Blood Gas System (\$30,800) - Replacement. Current system has extensive down-time and repair expenses. The computer interface of the replacement system will provide more rapid emergency test results to nursing stations.
6. Labs/Gamma Counter (\$23,000) - Replacement.
Because of current equipment which has worn out, counting capacity has decreased by 25%. During the past year the gamma counting workload has increased 20% and an efficient replacement machine is required.
7. Labs/ABA - 100 Analyzer (\$19,000) - Replacement. This machine will replace an analyzer purchased in 1966. Because of reduced personnel time, purchase of this machine is projected to result in a \$400 per year net cost benefit.
8. Labs/ABA-100 Analyzer (\$19,200) - New Equipment.
An additional instrument is needed to provide sufficient service on chemistry test procedures.

9. Labs/AutoMicrobic System (\$49,500) - New Equipment.

This machine is the first major technological step in microbiologic automation, and can automate urine cultures (2000-3000 tests/month) and biochemical identification of gram negative bacteria (100 tests/month). Currently these two tests require approximately 400 technologist-hours/month, plus test results are available the same day, not the 1 to 2 days currently required. Because of reduced personnel time required with this instrument it is projected that there will be a net cost benefit of \$8,945 per year.

10. Lab/High Pressure Liquid Chromatography Apparatus (\$12,405)-
New Equipment.

This instrument is needed to implement more accurate, faster methods for measuring antibiotic levels. Current workload in this laboratory requires 125 tests per month temporarily performed by the services of an outside laboratory. This is deemed inadequate with regard to quality control. Because of projected increased revenue, purchase of this instrument is expected to result in a net cost benefit of \$7,260 per year.

11. Labs/Scintillation Counters (\$27,000) - Replacement

Current 2 instruments fail 10 times per week. These problems have caused an increase of about 15% in technical time required to process cultures, as well as delays in getting donor selection test results to physicians.

12. Labs/Liquid Nitrogen Refrigerator (\$13,200) - New Equipment

Tests for the assessment of donors and recipients for kidney and bone marrow transplantation requires an extensive library of cells properly frozen so as not to deteriorate. The equipment will eliminate an extreme shortage of space for frozen cells.

13. Labs/Ultramicrotome (\$10,500) - Replacement.

This instrument will replace equipment purchased in 1962, and is used to cut the sections to be viewed with an electron microscope.

14. Labs/Zeiss Microscope (\$11,193) - Replacement

This purchase will replace a ten-year old microscope.

15. Pharmacy/Modular Shelving Systems (\$20,000) - New Equipment

This purchase provides for storage of medications and processing of orders for the satellite pharmacy program.

16. Respiratory Therapy/Ear Oxymeter (\$11,000) - New Equipment
The hospitals are treating an increasing number of patients with acute respiratory failure. A means of rapidly measuring oxygen saturation is required to maintain homeostasis and avoid oxygen toxicity.
17. Materials Services/Steam Sterilizer (\$44,455) - Replacement
Existing unit has approached the end of its useful life. Unit is used to sterilize medical/surgical instruments.
18. Environmental Services/Solid Waste Compactor (\$43,000) - New Equipment.
Because of changes of policy in the metro area with regard to solid waste, and because of increasing volume in solid waste at University Hospitals, a solid waste compactor is needed.
19. Kidney Dialysis/Millipore System (\$11,000) - Replacement.
This machine removes impurities from water used in the process of dialysis.
20. Kidney Dialysis/Foam Detector (\$10,500)-Replacement
The instrument detects minute air bubbles and prevents them from entering the patient's bloodstream during dialysis.
21. Diagnostic Radiology/2 Overhead Suspended Xray Tubes (\$52,000) - New Equipment
The primary function of ceiling mounted tubes is to obtain radiographs with the patient on his side. Existing tubes are coupled to the tables and cannot serve in this capacity. The patient side view is the single most important view for some cancer detection procedures.
22. Diagnostic Radiology/Portable Xray Unit (\$27,000) - New Equipment.
A portable unit is needed to adequately serve patients in conjunction with ambulatory surgery.
23. Diagnostic Radiology/Mobile Xray Film Storage System (\$60,000) - New Equipment.
This system provides enhanced personnel efficiency in storing and retrieving of films. In addition the system requires less floor space than a fixed-shelf system.
24. Diagnostic Radiology/Abdominal Scanner (\$15,000) - Enhancement of existing equipment system. The addition of this component to the existing system will result in more versatile procedures, permitting visualization of otherwise "blind areas", plus permitting more rapid scanning.

25. Diagnostic Radiology/Small Vessel Scanner (\$90,000) - Enhancement of existing equipment system.
This component provides the ideal survey method to detect anatomic and physiological defects on a non-invasive basis. It enables early detection of arterial lesions without resorting to an invasive arteriogram.
26. Diagnostic Radiology/Heart Catheterization Injector (\$10,500) - Replacement.
This machine automates the rapid injection of dye into heart and blood vessels to be seen on x-ray movies.
27. Nuclear Medicine/Automatic Scintillation Counting System (\$22,000) - Replacement.
This device will replace an obsolete unit purchased over 10 years ago, and permits the sequential counting of gamma rays emitted from radioactivity.
28. Nuclear Medicine/Multiformat Image (\$10,000) - Replacement
Replacement parts for existing equipment can no longer be obtained. The device permits multiple images to be acquired on film.
29. Patient Monitoring/Intra Aortic Balloon Pump (\$20,000) - Equipment Addition
Another machine is needed to handle the demand for this machine. The balloon pump is used with patients after heart surgery and assists the heart in pumping blood until the patient is more fully recovered.

Fiscal Year 1979-80

Certificate of Need Equipment

1. Diagnostic Radiology/CAT Scanner (855,000: Equipment \$785,000 + Remodeling \$70,000) - Replacement.

The Department of Radiology currently has two computerized tomographic scanners. The first is an original translate-rotate type of machine with a scanning time of 4-1/2 minutes for the head and 6 minutes for the body. This length of time allows artifact from patient motion in a large number of cases, severely degrading the quality of the image. In addition, the spatial and contrast resolution are inferior to resolution found in equipment made currently.

The second unit is primarily a research unit on loan from Pfizer, Incorporated. This machine has a shorter scanning time but patient motion remains a problem.

New equipment can scan in approximately five seconds with marked increase in spatial and contrast resolution. Very small lesions can easily be seen. In sum, the new high resolution scanners represent a significant advance in diagnostic precision.

2. Nuclear Medicine/Scintillation Camera (\$110,000)-Replacement.

The replacement of the current equipment with a new unit will provide the state-of-the-art device for imaging the distribution of radioactivity. This camera permits the study of distributions of radioactivity that are relatively fixed (i.e., liver or lung scan) or those distributions which are rapid (i.e., cardiac function, or renal blood flow).

3. Diagnostic Radiology/Urological X-ray Table (\$135,000: Equipment \$130,000 + Remodeling \$5,000) - Replacement.

Existing equipment can no longer be maintained in a satisfactory operating status. This table will be used primarily for urodynamic studies and has features which are directed toward reducing the radiation dosage to the patient and are considered essential.

Proposed 1979-80
Capital Budget-Remodeling

Description of Budget Composition

The proposed budget for 1979-80 is \$421,625 and is comprised of 82 projects. Eleven (11) of the projects have costs of \$10,000 or more. These projects average \$24,710 each and comprise \$271,805 of the proposed total budget. The remaining 71 projects (82 minus 11) total \$149,820 and average \$2,110 per project.

Projects \$10,000 or more (11)	\$271,805
Projects less than \$10,000 (71)	149,820
Total Proposed Remodeling Budget...	<u>\$421,625</u>

Following is a breakdown of the budget by department/functional groupings:

Nursing	\$ 57,900
Operating Rooms/Anesthesiology	690
Laboratories	34,900
Outpatient Clinics	10,050
Rehabilitation Center	5,450
Medical Records	150
Pharmacy	25,000
Materials Services	32,000
Psychiatry/Clinical Psychology	3,000
Computer/Management Services	11,000
Diagnostic/Nuclear Medicine	17,050
Environmental Services/Laundry Linen	13,330
Nutrition	52,605
Patient Monitoring	9,000
Administrative Services	1,000
Physical/Building Systems	138,500
Pre-Planning Studies	10,000
Total Proposed Remodeling Project...	<u>\$421,625</u>

Description of Projects \$10,000 or More

1. Masonic Galley (\$44,805) - Renovation of former dishwashing area to create modern galley consistent with other galley facilities in the hospital.
2. Autopsy Entrance (\$10,000) - The current entrance area to the autopsy lab is in close proximity to the Radiation Therapy waiting room. Remodeling would eliminate program incompatibilities.
3. Birthing Room (\$45,000) - Increasing demand of obstetrical services, especially delivery rooms with a "home-like" environment, creates the need for this project.
4. Low Temperature Freezer Alarm System (\$10,000) - Tissue samples stored for years in laboratory freezer would be destroyed if temperature rises to a certain level, which could happen due to freezer malfunction or a localized interruption of the power supply.
5. Remodel Public Restrooms (\$10,000) - This project will convert the public restrooms on main floor of Mayo Building to handicap accessible facilities.
6. Remodel Former Respiratory Therapy Area (\$20,000) - Minor remodeling for changing occupancy plus alterations to meet code requirements.
7. Mayo - Main Lobby/Coffee Shop (\$50,000) - This project will provide the appropriate level of fire protection.
8. Remodel Areas for Satellite Pharmacy Program (\$25,000) - Conversion of space to accommodate pharmacy areas throughout the hospitals.
9. Remodel Areas for Linen Exchange Program (\$10,000) - Conversion of existing linen storage areas to accommodate an exchange cart system.
10. Installation of Cool-Shadow Screens (\$27,000) - Installation of such screens results in energy conservation.
11. Remodel Areas for Medical Supply Exchange Systems (\$20,000) - Conversion of existing supply rooms to provide increased manpower efficiency in the provision of supplies to nursing stations.