

May 23, 1967

TO: Mr. Peter Sammond, Chairman, Hospital Planning Group

FROM: Mrs. Margaret McHugh

RE: Staff and Space Requirement Report

Since the Space Requirements for this department are so basic to and an integral part of the building structure my projections are on the total building.

(1) A large freight elevator on each end of the building to reduce the need for heavy traffic through patient areas.

(2) Consideration of the feasibility of space being are provided for the installation of an escalator to service the heaviest traffic areas.

(3) Building line construction to provide for soiled linen and waste disposal directly from each area outside the building interior and emptying into suitable receptacles located within the building at the ground level. This would necessitate space for an enclosure at the site of the interior opening so that the chutes could be charged behind closed doors within an air lock. These areas would require 100 square feet of floor space each.

(4) A hospital operated laundry of 35,000 square feet.

(5) A hospital operated paint shop with facilities for stripping and refinishing furnishing.

(6) An upholstery shop to service the medical complex.

(7) A shade shop.

(8) To provide space to house a hospital truck to service the transportation needs of all departments.

(9) Ice Melter Installation to all approaches and entrances of the building to provide safety and to compensate for lack of manpower.

(10) Recess waste receptacles in patient rooms, treatment and service rooms, locker rooms, lounges, and public areas.

(11) Recess paper towel dispensers throughout.

(12) Space in shower stalls in selected areas where needed for nursing care, of shampoo attachments and retractable seats with arms.

(13) Wall installation space for automatic dust extraction installation.

(14) Recess flush type radiation.

(15) Electrical outlets every 25 feet in all corridors.

(16) Electrical outlets on each stair landing.

(17) Adequately ventilated room for chargers for battery operated equipment.

(18) The Linen area projection includes the absorption of the Surgical Pack room now operated by C.S.S. This activity in reality is a linen function.

MBMcH:nkp

Margaret McHugh

March 8, 1968

Dean Robert Howard
College of Medical Science
University of Minnesota

Dear Dean Howard:

With respect to our conversation this week, I appreciate your support and approval of my attempt to establish an Instructional Resource Center for the Health Sciences. I have spoken to Deans Weaver and Schaffer, and Professors G. Anderson and E. Fritz concerning this problem. Each has given me approval to pursue the establishment of a committee to investigate, plan, and create such a center. The committee would have representation from the following areas: School of Medicine, Dentistry, Public Health, and Nursing. In addition representation is needed from the University Human Learning Center, Library, and Audio-visual Department.

I have met with Doctors Phillipson and Price from the Audio-visual Department, and they will appoint a representative. I have spoken to Assistant Dean Mulhausen. He is going to discuss the situation with the Central University Administration and ask their approval.

I hope to be chairman of this Committee and summon it into action as soon as possible. Dean ~~Weaver~~ *Schaffer* has already appointed a representative.

Sincerely yours,

Ramon M. Fusaro, M.D., Ph.D.
Associate Professor
Director of Dermatology Out-patient Clinic

RMF:lw

cc. Assistant Dean Mulhausen
Dr. Ebert
Dr. French

file

RECEIVED
UNIVERSITY HOSPITALS
FEB 29 1969
Director's Office

ANNOUNCEMENT

TO: Department and Division Heads
FROM: John H. Westerman, Director

During the last two years University Hospitals departments have been critically reviewing their role in the institution and developing programs according to the new definitions. One of the departments which has broadened its scope of responsibilities in its recent history is the Housekeeping Department. The typical cleaning activities which gave the department its name many years ago have broadened to encompass a range of environmental services from sanitation and waste disposal to control of linen and environmental hazards. In order to reflect the changing nature of the department its name will be changed, effective March 1, 1969 to the Department of Environmental Services.

On the same date Mr. Leland Schultz will become an instructor in the School of Public Health and associate director of the department. Mr. Schultz, presently serving as a sanitarian in the Hospitals under the division of Environmental Health and Safety, is completing requirements for a master degree in public health. He will not only bring to the department new skills but will also involve it further in the teaching mission of the institution. It is anticipated that clinical experiences in environmental health will be developed by Mr. Schultz in conjunction with Professor Richard Bond and Professor George Michaelson in the School of Public Health.

We are very pleased with this new emphasis and the potential for a new educational affiliation. Mrs. Margaret McHugh, director of the department, deserves commendation for this progressive step and for continuing to keep her department in the forefront of this field.

Planning Office

UNIVERSITY OF *Minnesota*

4.4

DIVISION OF DERMATOLOGY
MAYO MEMORIAL BUILDING • MINNEAPOLIS, MINNESOTA 55455

February 19, 1969

Mr. David Preston
Associate Director
University of Minnesota Hospitals

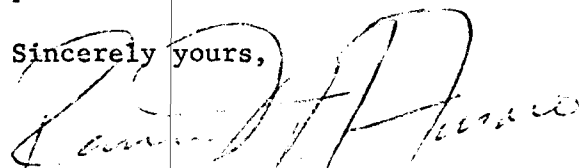
Dear Mr. Preston:

This is a letter to confirm our conversation of several days ago concerning the needs of an In-Patient Dermatology facility in the new construction. I certainly agree that we would like to have a ward next to a medical ward. However, I would like to again emphasize the letter that I sent to Doctor Resch. I believe that the problems are outlined quite specifically in that letter.

I agree that there is no need for a shower facility in the Dermatologic area. What is needed is really bathing facilities and scalp facilities. I think a bathtub in every room would be ideal; however, it is not absolutely necessary, but we will need a greater ratio of bathtubs to patients than is found in the average medical wards.

Thank you for calling this to my attention and reviewing the new construction plans.

Sincerely yours,



Ramon M. Fusaro, M.D., Ph.D.
Associate Professor

RMF:lw

*P.S. you mentioned only
10 bed ward. Dr. Lynch
tells me he was told
we had a 14 bed ward.*

HEALTH SCIENCES CENTER
MEDICAL SCHOOL

ADM
Janet
3/26/69

March 24, 1969

Mr. Laurence R. Lunden
Vice President
Business Administration
Room 301, Morrill Hall

Dear Mr. Lunden:

Some question has been raised as to who is to be responsible for the payment of the rental of the building that the Minnesota Medical Foundation recently purchased from the Archer Daniels Midland Company and rented to the University of Minnesota. I would like to indicate again that my office has assumed the responsibility for the payment of the rental of \$22,500 per year on the part of the Medical School. In addition we are assuming the maintenance cost of the building as well. We will attempt to assess the users of the space for the rental involved. Certain individuals such as Dr. Maurice B. Visscher do not have provision in their grants for this rental. This office will, therefore, provide funds for this purpose. The same will be true for the Bittner House Colony which might locate in that space also.

I sincerely hope and expect that this office will be able to meet all of these obligations on a year to year basis. In future years it is possible that we might find it necessary for me to direct a request to you for assistance in payment of these rentals, but we do not anticipate at this time that this will be necessary.

I hope that this letter will clarify any misunderstandings concerning the responsibility for the payment of the rent and maintenance on these buildings.

With best personal regards, I am

Sincerely yours,

RBH/pka
cc: Mr. Roy Lund
Mr. Chester Grygar

Robert B. Howard, M.D.
Dean

DIVISION OF DERMATOLOGY
MAYO MEMORIAL BUILDING • MINNEAPOLIS, MINNESOTA 55455

March 25, 1969

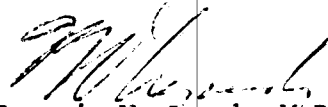
Mr. Ken Taylor
TAC

Dear Ken:

Subsequent to our conference last week I have given considerable thought to your suggestion of the possibility that the administrative offices of the Department of Dermatology might be situated adjacent to the research area of the department. I also discussed the question with Dr. Ebert because of the very close relationship between the clinical and the teaching functions of our two departments. Although there are some advantages to the move which you suggested, Dr. Ebert and I are in agreement that it would be wiser to retain the current plan in which the administrative offices of the two departments will be in adjoining areas.

Earlier, you and I had agreed that effort and expense might be reduced if the Diehl and VFW research areas of dermatology were to be left undisturbed. With respect to your suggestion now that these laboratories be moved to a single area in the VFW-Masonic complex I have no strong objections if it is understood that the Department of Dermatology will receive laboratory space, fixtures, etc. which are qualitatively equivalent to what we now have and for which we will not have any financial responsibilities. We are in no position to undertake such a move if we are to be responsible for the costs.

Sincerely yours,


Francis W. Lynch, M.D.
Director

FWL/mf

HEALTH SCIENCES CENTER
MEDICAL SCHOOL

cc: Dr. Ebert
Dr. Cavert
Dr. Fusaro
Mr. Sammond
Dr. Winchell
Dr. Mulhausen

March 26, 1969

Mr. Ken Taylor
TAC

Dear Ken:

As a result of last week's display of the present state of planning for the outpatient clinics, I have been asked to provide a list of comments as to my reactions. Obviously one will comment only as to the unfavorable points.

The absence of day light exposure concerns me greatly. No clinical specialty has a greater interest in the use of day light for examination than does dermatology.

Teaching facilities seem to me to be somewhat lacking for the type of program which we have now and probably will continue to provide. We deal with undergraduate students in groups up to ten or twelve and need a room of adequate size to provide for presentation of a patient on a litter, and for the presence of a nurse, a teacher and perhaps another several persons on occasion. In teaching the residents the situation is similar, but the number of residents by that time will be up to eighteen, we expect. Several times weekly there are sessions when we deal with both of the above groups together in one teaching area. Our weekly conference of Staff - residents - students includes frequently the presentation of several patients simultaneously and twenty, eighteen and twelve members of the respective groups can be expected to be present. I am sure your response will be that the large lecture rooms could accommodate us for this last purpose but I am equally sure that when the time comes the rooms will be pre-empted by large classes for lectures, etc.

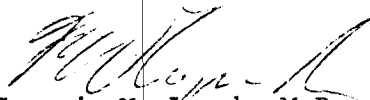
Ken Taylor (continued)

March 26, 1969

Office space in the clinic area is a matter of concern as I have stated repeatedly. No clinical specialty is more oriented to the use of outpatient facilities than is dermatology. The Director of clinical activities should have his office in the area or immediately adjoining it. There just have to be suitable rooms for the Visiting Staff who will be contributing regularly to the undergraduate teaching in the clinic. Residents from Affiliated Hospitals are assigned regularly to our Outpatient Clinic in addition to our own University Hospital residents. They must have some area for coats, toilet facilities, desks for temporary use, and some space to congregate and discuss the problems of the day.

I think I have never had a clear understanding of what is meant in the architects context as to the term Modular Space. We have specified earlier that we do require rooms for special services in the Outpatient Clinic and I want to be sure that they will be suitable for our purposes even if they may not have been completely useful to other specialty clinic use. You may recall that we have listed several treatment rooms: Xray, minor surgery, ultraviolet. There needs to be a room for Clinical Photography including an area for files for regular use in teaching in the clinic. There is need for a Histopathology Study Room for use by students, residents, and by Visiting Staff as the patients are seen. There must be an area for Mycology, but this would not require a full room, only special facilities. There must be an "Allergy Room" for photo-allergic testing and for contact-allergic testing. All of the activities which I have listed above are carried out regularly in office practice by dermatologists and are, therefore, obviously required for teaching of dermatology as it is carried out in practice.

Sincerely yours,


Francis W. Lynch, M.D.
Professor and Head

cc: Dr. Ebert
Dr. Cavert
Dr. Fusaro
Mr. Sammond
Dr. Winchell
Dr. Mulhausen

11 July 1969

TO: Dr. Lynch, Dr. Fusaro, Mr. Sammond

FROM: Mrs. Levin, Health Sciences Planning Office

SUBJECT: Comments on Outpatient Facility for Dermatology

The following comments summarize our conversation 26 May 1969 concerning outpatient clinic facilities for Dermatology. Please review the list to make sure that the comments accurately express your point of view. We are pulling together information for the architects now in anticipation of renewed involvement in outpatient clinic planning after the NIH site visit next week. Dr. Fusaro's letter summarizing patient care unit modifications has been forwarded to TAC.

Daylight

Dr. Lynch would like evidence of instances where artificial light spectrophotographically identical to daylight is being used for dermatological purposes. Dermatology's lighting requirements are not confined to the spectrum and relate as well to diffusion and intensity. However, a combination of skylights and artificial lighting wall pannels could suffice.

Superficial X-ray Treatment

Superficial x-ray treatment can be performed in a module examining room if adequate shielding is provided. Since the Department of Radiology is responsible for all radiologic procedures within the Hospitals, cooperation between the Departments of Radiology and Dermatology is necessary and discussions should begin as soon as possible.

Mycology

Since every dermatologist has mycology facilities in his office, such facilities must be provided in the clinics. Space is required for handling scrapings taken from patients for microscopic examination, transferring scrapings to culture tubes, storage of cultures for two weeks and bench area for microscopic examination.

Photopatch Test Room

A light-tight examination room can be converted for photopatch testing.

Darkfield Room

The light-tight examination room converted for photopatch testing can also be utilized as the darkfield room. Further definition of necessary modifications is required.

Photography Room

In order to record teaching material, one examining room should be designated for photography. Utilization of this room would not be impaired for other services.

Ultraviolet Treatment Room(s)

Two ultraviolet light sources similar to shower stalls can be located either one to an examination room, or both in one room separated by dressing cubicles for privacy. The former would preserve the examination function of the rooms and the latter would eliminate utilization of one examination room for other than ultraviolet purposes.

16 July 1969

TO: Mrs. Levin, Health Sciences Planning Office

FROM: Dr. Lynch and Dr. Fusaro

SUBJECT: Comments on Outpatient Facility for Dermatology

The following comments summarize our conversation 26 May 1969 concerning outpatient clinic facilities for Dermatology. Please review the list to make sure that the comments accurately express your point of view. We are pulling together information for the architects now in anticipation of renewed involvement in outpatient clinic planning after the NIH site visit next week. Dr. Fusaro's letter summarizing patient care unit modifications has been forwarded to TAC.

Daylight

Daylight is strongly preferred. Dr. Lynch would like evidence of instances where artificial light spectrophotographically ~~is~~ identical to daylight is being used for dermatological purposes. Dermatology's lighting requirements are not confined to the spectrum and relate as well to diffusion and intensity. However, a combination of skylights and artificial lighting wall panels might be better than artificial lighting alone.

Superficial X-ray Treatment

Superficial x-ray treatment can be performed in a module examining room if adequate shielding is provided. Since the Department of Radiology is responsible for certain respects of radiologic procedures within the Hospitals, cooperation between the Departments of Radiology and Dermatology is necessary and discussions should begin as soon as possible.

Mycology

Since every dermatologist has mycology facilities in his office, such facilities must be provided in the clinics. Space is required for handling scrapings taken from patients for microscopic examination, transferring scrapings to culture tubes, storage of cultures for two weeks and bench area for microscopic examination.

Photopatch Test Room

A light-tight examination room can be converted for photopatch testing.

Darkfield Room

The light-tight examination room converted for photopatch testing can also be utilized as the darkfield room. Further definition of necessary modifications is required.

Photography Room

In order to record teaching material, one examining room should be designated for photography. Such utilization of this room would not exclude use for other services.

Ultraviolet Treatment Room

Two ultraviolet treatment areas similar to shower stalls can be located to an examination room, or (less desirably) both in one room, separated by dressing cubicles for privacy. The former would preserve the examination function of the rooms and the latter would eliminate utilization of one examination room for other than ultraviolet purposes.

cc: Mr. Peter Sammond

12/1/67

EMPLOYEE HEALTH SERVICE

comments from Virginia Panzer

- 1) Internal distribution of space is adequate
- 2) Employee Health Service must be located adjacent to the Emergency Suite

ENVIRONMENTAL SERVICES

comments from Leland Shultz

- 1) Present locations of four service Departments (environmental services, maintenance and operations, central sterile supply and Pharmacy) are felt to be poor. Recommended that all these departments be assigned to a first floor level. Consolidation of the individual departments may provide an opportunity for planning the desired work flow pattern. The departments with larger volume and more frequent incoming and outgoing supplies and equipment receiving preference in assignment nearest to Building "E".
- 2) Four service departments ask that the architects review space assignments directly with the departments concerned at one given time.
- 3) Other assigned areas which could be reviewed for improved location: (see Mr. Leipus' remarks, CSS)
- 4) Retain Linen Room near to Building "E" because of the large volume and frequent delivery of linen. This would also mean that Linen Sewing Room be maintained near-by.
- 5) It is felt that Mrs. McHugh's list of May, 1967 still applies with the exception of number 4. This list of suggestions is therefore enclosed and attached at back.

MATERIALS MANAGEMENT

comments from Robert Foster

- 1) Proposed location of materials management in Building E is satisfactory, however more detailed look at other ancillary services departments might indicate a need to group these into a more functional area since all will be concerned with the transportation system. Comments from the consultants will be valuable in this.
- 2) There are no detailed specifications other than general area and location for Building E and Materials Management group. Preliminary discussion on space and requirements have not been transposed into drawings.

MEDICAL ART AND PHOTOGRAPHY

comments from Martin Finch

- 1) Orientation of art studio is adequate
- 2) Expansion at present location is desirable and conference and movie studio space will be adjacent to existing facility.

December 1, 1969

TO: Mr. Peter Sammond
FROM: Leland Schultz, Environmental Services Department
SUBJECT: Comments on Schematic Diagrams in 2112 Powell Hall
for Hospital planning assignments.

Four Service Departments which include Environmental Services, Maintenance and Operations, Central Sterile Supply and Pharmacy reviewed the remodeled planning space assignments. The present locations assigned were generally felt to be a poor arrangement for the above Service Departments. It is recommended that all of these departments be assigned to a first floor level for them to be completely functional and to provide the best service to the Medical Sciences Complex. Consolidation of the individual departments may provide an opportunity for planning the desired work flow pattern. The departments with larger volume and more frequent incoming and outgoing supplies and equipment receiving preference in assignment nearest to Building "E".

The four Service Departments ask that the Architects Collaborative review the space assignments directly with the departments concerned at one given time. In this way it is hoped that a more feasible and agreeable assignment can be realized. Other assigned areas which we ask that a second review be considered for improving department locations are:

1. Employee locker facilities: these facilities could be relocated with a minimum of expense.
2. First floor Canteen and Station 12 Canteen: these facilities are presently inadequate.

December 1, 1969

- 2 -

3. Electric Data Processing: the relocation of this department would provide for better consolidation of Maintenance and Operations or other Service Departments.
4. Materials Management:
5. Scientific Apparatus:
6. Medical School Adytum:

The above assigned areas are not listed in order of consideration but areas that should be included in revamping the space location.

Within the Environmental Services Department we would like to retain the Linen Room near to Building "E" because of the large volume and frequent delivery of linen. This would also mean that the Linen ^{Sewing} ~~Receiving~~ Room be maintained in the near proximity.

I am also including with these comments a copy of a report, dated May 23, 1967 to you from Mrs. Mc Hugh. Most all of the items are still applicable with the exception of item number 4.

UNIVERSITY OF *Minnesota*

ANAT 2.1
MORT. 4.00

MEDICAL SCHOOL
DEPARTMENT OF ANATOMY • MINNEAPOLIS, MINNESOTA 55455

February 3, 1970

Mr. Tom Smith
Box 605 Mayo
University Hospitals
Minneapolis Campus

Dear Mr. Smith:

In the recent TAC proposal for reallocation of space the Department of Anatomy was assigned that area of Jackson Hall (basement level) currently occupied by the Department of Pathology. It now seems there is some question as to what part of that particular area can be used for expansion of Mortuary Science facilities.

We recognize the fact that the present Mortuary Science preparation facilities must be enlarged. To this end the Anatomy Department is prepared to give what is now room 84A. This would, in effect, double the preparation area and give the Mortuary unit over 1100 square feet of preparation and holding area (exclusive of sub-basement storage).

Until such time as a satisfactory alternative area which is amenable to the long-range requirements and plans of the Department of Anatomy is made available, we cannot consider giving up any area other than that proposed in paragraph 2. Should such an alternative present itself we would, at that time, reconsider the situation.

Sincerely,



Donald W. Robertson
Assistant Professor

af

cc: Mr. Robert Turner
Mrs. Karen Levin
Mr. Robert C. Slater
Dean Robert Mulhausen
Dr. Arnold Lazarow

Will
PAPFile Copy
Sent 6/12/70

Office of the Dean

June 11, 1970

Mr. Donald McGinnis
Executive Assistant to
the Vice President
Planning and Operations
316 Morrill Hall

Dear Mr. McGinnis:

In keeping with our conversation of May 20, 1970, regarding use of overhead funds collected from research grants to help defray costs of rental, maintenance and utilities in rental facilities, I would like to call your attention to another facility which is rented by the University.

The Stone Laboratories for research (the former ADM buildings) are rented by the University from the Minnesota Medical Foundation which owns the buildings.

At present the Medical School provides funds for rental, maintenance and utilities. Dr. Maurice Visscher now occupies a portion of the area and as of July 1, 1970, investigators from the Department of Laboratory Medicine, including Dr. Ellis Benson and Dr. Andreas Rosenberg will occupy another portion. All of these investigators hold NIH research grants which provide the operating funds for the research carried out in the Stone Laboratories. I have no knowledge of their overhead costs as assigned to the University.

In keeping with our policy related to the rental, maintenance and utilities funding of 1633 Eustis, Lauderdale, I wonder if it might not be appropriate for the University to fund as much as possible of the rental, upkeep and utilities costs related to areas occupied by investigators at the Stone Laboratories. This might be appropriate since these overhead funds are designated to provide this type of cost for areas used in research funded by NIH.

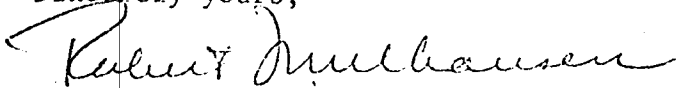
Mr. Donald McGinnis

Page 2

June 11, 1970

I would appreciate your consideration of this issue. Perhaps you might wish to consult with Mr. Grygar and others regarding the possibilities of such a move. If I can be of any further assistance in clarification of the issue, please do not hesitate to consult with me.

Sincerely yours,

A handwritten signature in cursive script that reads "Robert O. Mulhausen". The signature is written in dark ink and is positioned below the typed name.

Robert O. Mulhausen, M.D.

Assistant Dean

ROM/dkn

Med. Sch.
4.4

July 23, 1970

TO: Mr. Ken Taylor

FROM: C. Thomas Smith, Jr. *slt*

SUBJECT: Comments on Schematics

Attached is a letter from Dr. Lynch regarding the schematic presentation which you made at the University of Minnesota last week. Although the letter is addressed to me I would appreciate it if you would respond directly to Dr. Lynch and send me a copy of your response.

/slt

DEPARTMENT OF DERMATOLOGY
MAYO MEMORIAL BUILDING • MINNEAPOLIS, MINNESOTA 55455

July 20, 1970

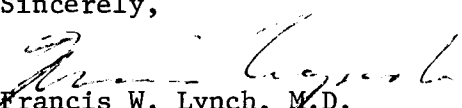
Mr. Thomas Smith
Associate Director
University Hospital
Box #605 Mayo

Dear Mr. Smith:

I assume that the space allocation indicated on the floor plans forwarded to me on July 14 indicate the Laboratory and Administrative areas assigned to this Department. The Electron Microscopy area on your page 5 is completely satisfactory. On your page 16, it would seem that we have space allocated adjacent to that of the General Surgery Department rather than with the Department of Internal Medicine, which was one of two alternatives which we requested and which has been discussed upon a number of occasions in the past. It would still be my preference that our space be so arranged or that it be in direct conjunction with our Out-patient Clinic facilities.

As regards further conferences, unless the matters are urgent, I would suggest that they be deferred until the selection of my successor as the Head of this Department. It is my hope that such an appointment will be made in the very near future. If not, some arrangements can be made to discuss the situation again with Mr. Ken Taylor or others.

Sincerely,


Francis W. Lynch, M.D.
Professor and Head

FWL:dd



*Min U. Mpls.
Med. Sch.
Chet (1/5/71)*

RECEIVED

OFFICE OF THE VICE PRESIDENT, BUSINESS ADMINISTRATION
301 MORRILL HALL • MINNEAPOLIS, MINNESOTA 55455

FEB 7 1972

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

File

August 5, 1970

Dr. Robert Mulhausen
Assistant Dean
College of Medical Sciences
1360 Mayo

Dear Dr. Mulhausen:

This is my somewhat overdue response to your letter to me of June 11, 1970, respecting 1633 Eustis Avenue, Lauderdale.

I believe we did discuss at the May 20 meeting all the topics mentioned in your June 11 letter, but I don't think it's fair to say that we reached agreement along the lines you suggest. Rather, we agreed to consider the kinds of arguments and arrangements you propose. We have now done so, after conversations involving Hale Champion, Chet Grygar, and Vern Ausen, and I report the following results (the following paragraphs being numbered to correspond with the paragraph numbers in your letter):

- 1) Central Administration will provide funds for the rental, maintenance, utilities, and insurance premiums respecting the 8,300 square feet assigned to Dr. Lillehei. This arrangement is unrelated to the question of receipt of funds from overhead costs applicable to research grants, but instead is merely carrying forward an existing arrangement respecting Dr. Lillehei's space at 305 Union.
- 2) We have agreed that, for a reasonable time, we will give first priority in the assignment of the remaining 8,070 square feet for medical school purposes in return for the School's provision of funds for the rental, maintenance and utilities respecting that area. If, however, by the commencement of the fall term, no Medical School unit has occupied the premises or has been identified for occupancy of the premises within a reasonable time, we would propose to make the space available to one or more other units. We do not consider that this 8,070 square feet of space has been assigned.
- 3) Although space rental is considered an overhead item for purposes of contract and grant administration, the University administration cannot assume "Carte Blanche" all obligations to pay for such costs. Areas which are presently funded from special funds should be expected to continue such arrangements. Only

Dr. Robert Mulhausen
Page 2/ August 5, 1970

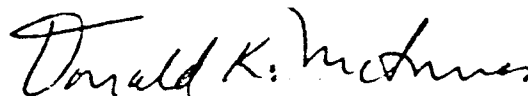
when Central Administration is a party to the original negotiations can we be expected to pay the bill for space rentals. We cannot allow, for example, a college or department to negotiate a lease for space using its own special funds, and later expect the rental charges to be picked up centrally when research activity is transferred to the area on a unilateral basis.

There is also a mistaken notion that overhead covers full rental costs. In all cases where rental property is used to house research, the rental costs exceed all the overhead funds collected.

- 4) It was the understanding of Central Administration when the PAP application was submitted that PAP funds would definitely be available for rental, maintenance and utilities costs of PAP-related areas, and, consequently, we cannot agree that these funds are to be used only "whenever possible." If the on-campus PAP areas are reduced to less than what was contemplated in the grant (thereby saving very substantial amounts of remodeling money), it seems only fair that the PAP funds be used to pay for additional rental space, including the cost of amortizing necessary remodeling costs.

Paragraph number three above, as well as Mr. Champion's remarks at last Thursday's planning meeting which you attended, can serve as an answer to your other letter to me of June 11, respecting the Stone Laboratories.

Sincerely,



Donald K. McInnes
Assistant Vice President
for Physical Planning &
Development

DKM/id

Copy to: H. Champion
C. Grygar
V. Ausen

4.6 PEDI'S
4.4 DERM

FLOOR IV REVIEW

Minutes of Meeting August 18, 1970

Present: Dr. Anderson, Dr. Satran, Dr. Fusaro, Mr. Taylor,
Mr. Block, Mr. Gebhart, Mr. Finzen

Dr. Anderson believes Pediatrics should be in closer proximity to Orthopedics and that the proposed Pediatric Clinic requires a sedation area separate from any play area due to the requirement for sedated EEG's. Dr. Anderson while expressing some misgivings is generally pleased with the proposed plans.

Dr. Fusaro after some adjustment of spaces within the Dermatology Clinic is generally pleased with the proposed plans.

MICROBIOLOGY

Minutes of Meeting 24 August 1970

Present: Dr. Watson, Dr. Brand, Mr. Prince, Mr. Taylor, Mr. Finzen

Dr. Watson expressed desire of keeping some space near existing facility in Diehl Hall. Dr. Prince and Brand expressed doubt as to whether or not electron microscope would function if required to move to 14 or 15 floor of Mayo.

Dr. Watson listed the following requirements for Microbiology spaces:

- A. A self contained microbiology unit with separate temperature and humidity controls, 100% air exhaust, for animal and contagious disease isolation.
- B. Microbiology support rooms as follows:
 - 1. storage of gases
 - 2. storage of food and bedding
 - 3. gage washing
- C. As far as required space is concerned approximately some square footage as existing will be adequate.

September 30, 1970

Mr. Kenneth Taylor
The Architects Collaborative, Inc.
46 Brattle Street
Cambridge, Massachusetts

Dear Ken: .

I am forwarding to you a space program for the Electro-cardiograph satellite in Unit B/C. The total net space required is approximately 324 sq. ft. As we have previously discussed, this space allocation can come from the OPD administrative space and should be located in the Treatment Center.

Sincerely,



Peter H. Sammond
Associate Director
University Hospitals

PHS/lm1
cc/Jane Felder
Dr. Tuna



DEPARTMENT OF MEDICINE
MAYO MEMORIAL BUILDING • MINNEAPOLIS, MINNESOTA 55455

September 29, 1970

Mr. Peter Sammond
Hospital Assoc. Director
Box 606
University of Minnesota

Dear Mr. Sammond:

Enclosed is the space request for the new OPD ECG area. The request is based on the assumption that the OPD clinic activity will double.

If you have any questions, please let me know.

Sincerely yours,

Naip Tuna

Naip Tuna, M.D.
Associate Professor
Department of Medicine

NT/lln



EKG SPACE REQUIREMENT IN NEW OPD AREA

EKG needs three rooms approximately 9' x 12'

1. Two rooms for recording.
 - a. need bed
 - b. sink (small)
 - c. cabinet space
 - d. convenient wall plugs
 - e. one room must be so that bed can be on left hand wall when entering room.
 - f. good lighting
 - g. room to manipulate wheel chair
 - h. adequate ventilation - heat from machines make rooms very warm and EKGs difficult to do.

2. One room for storage and clerical work.
 - a. storage cabinet about 3' x 6' or if built in, to ceiling
 - b. table or desk area and chair
 - c. telephone
 - d. facility if possible for intercom
 - e. floor space for machine storage, etc.

Unit Planning

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION

U. OF MINN.

DATE: 21 JAN 71

MEETING NOTES

DATE: 19 January 1971
 PLACE: Powell 4107
 PRESENT: Dr. Alt, Ken Taylor
 TAC JOB: Unit B-C # 70046
 SUBJECT: Review of Dermatology Clinic and Departmental Space Unit B-C Floor 4
 BY: Ken Taylor

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Dr. Alt's comments were as follows:

1. He agrees with Dr. Sauls in Pediatrics that one typist shared with Pediatrics would be sufficient for transcription of letters and notes in the clinics.
2. Dr. Lynch, former head of the department is very concerned about the reduction in clinic size which was generated out of the last Outpatient Committee meeting.
3. The question of clinic versus departmental seminar rooms was discussed. Dr. Alt feels that seminar rooms probably should be provided in both areas. The clinic seminar room should accommodate 20 people at a time. The departmental seminar room can be a combined library and conference room as originally programmed.
5. The Histo-chemistry and Histo-pathology lab can be one space.
6. The examination rooms should be located for the maximum number of rooms with outside natural light.
7. Dr. Alt projects that 75 to 100 patients per day will be seen in the clinic in 8 hours. This was later modified to 200 patients per day in a conversation between Dr. Alt and Dr. Goltz who is the new department head for Dermatology.

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KT/kb
21 January 1971

THE ARCHITECTS COLLABORATIVE, INC.

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION

MEETING NOTES

DATE: 2 February 1971
 PLACE: Powell Hall 4107
 TAC JOB: Unit B-C, #70046
 PRESENT: Mr. Schultz, Mrs. McHugh, Jim Block, Ken Taylor
 SUBJECT: Environmental Services
 BY: Jim Block

A tabulated form of the distribution of Environmental space in Unit B-C was presented. This distribution provided for about 2,400 S.F. of net area for trash rooms and Janitors' workrooms. Mr. Schultz preferred to wait until he had a complete set of plans showing the distribution of Janitors' workrooms, trash chutes, and their relationships to net areas on the floors. Before making any major comments, he would also prefer a list of floor finishes that would relate to this set of plans to help him evaluate the adequacy of the space provided.

Mrs. McHugh made a strong case for central vacuum and felt it should be included in B-C. This has not been listed on either equipment lists or in the budget. It will probably be considered as an ADD alternate, during the bid process. The kind of windows proposed for Unit B-C was also discussed and Mr. Schultz decided that Environmental Services would be responsible for window washing, since the process was quite easy.

JB/bb
8 February 1971

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THE ARCHITECTS COLLABORATIVE, INC.

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION

MEETING NOTES

DATE: 4 February 1971
 PLACE: Powell Hall 4112
 TAC JOB: Unit B-C, #70046
 PRESENT: Greg Kujawa, Mr. Schneider, Jim Block
 SUBJECT: Admitting
 BY: Jim Block

A plan of level 2, Unit B-C was presented. The overall organization and location of Admitting had been previously agreed upon, and was still acceptable. The major objection to the development of the plan as shown was the location of the interview offices. More of them should be grouped around the waiting area. (The wall separating the interview offices from the waiting area should be removed). It was agreed that if two more were to open immediately off the waiting, the plan would be acceptable.

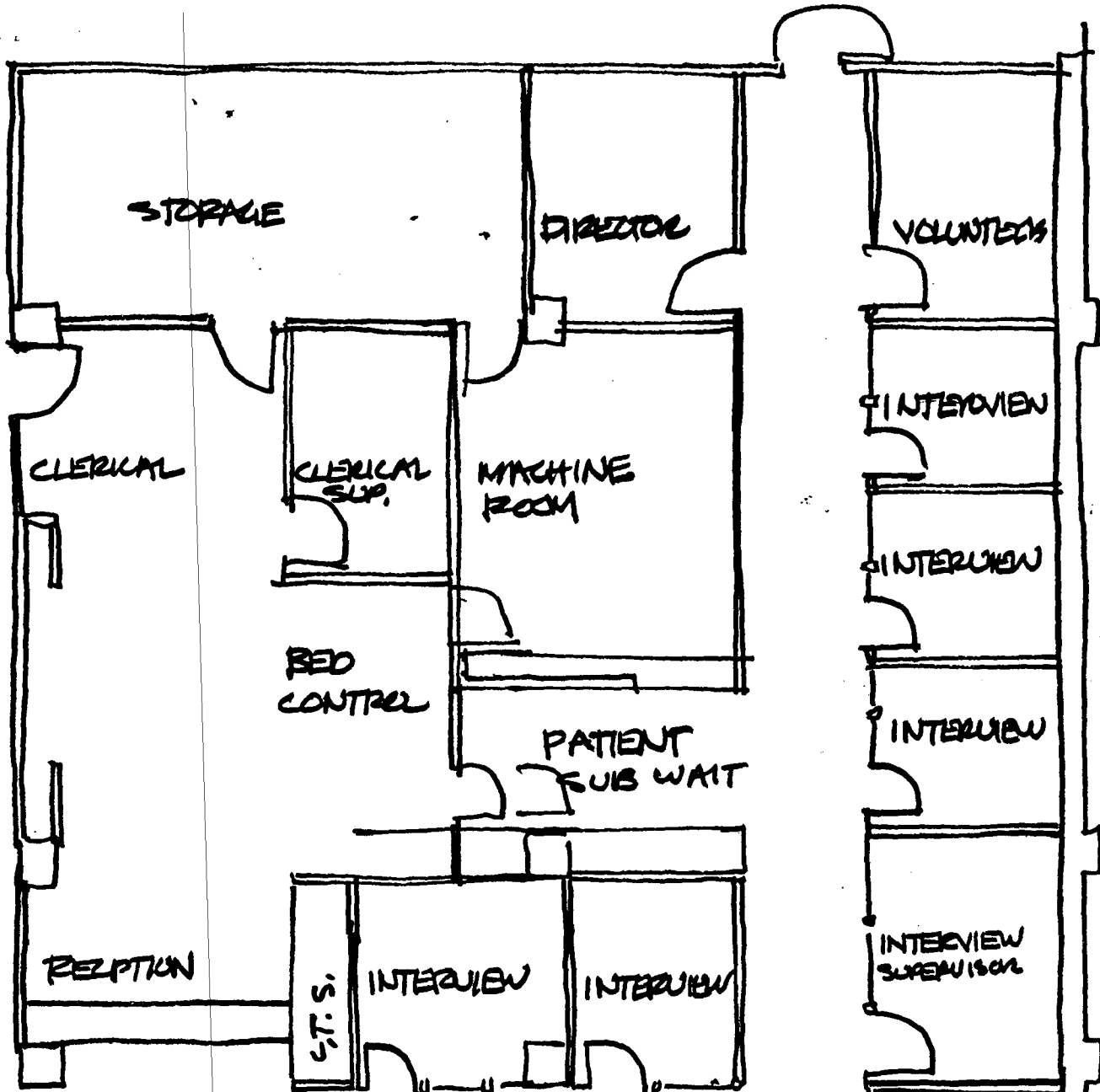
The degree of privacy which these interview rooms should provide is still in question. (During the meeting with the Business Office a glass wall with a large door which could be held open was proposed. This could give the range of privacy required).

The bed control area does not have to be immediately adjacent to the Reception counter as shown, but could be further back within the department.

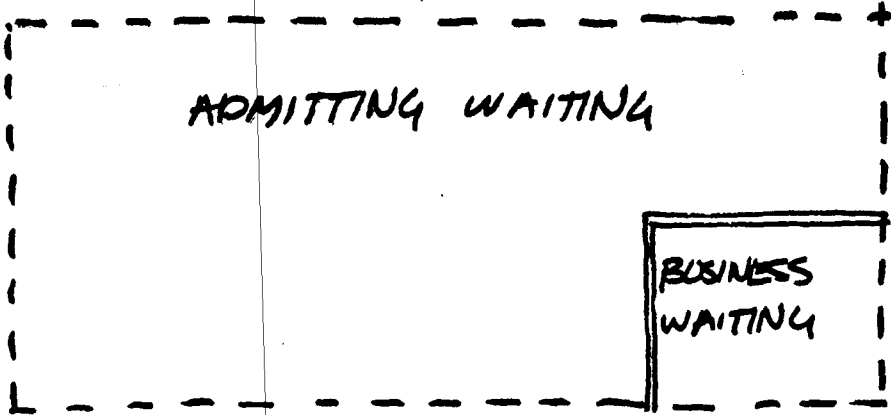
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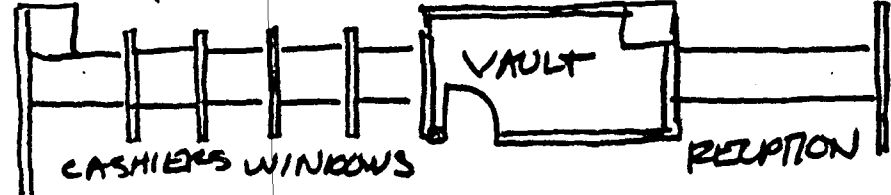
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ADMITTING



BUSINESS



ADMITTING
SKETCH PLAN
4 FEB 1971
MEETING

UNIVERSITY OF MINNESOTA

HEALTH SCIENCES

REPORT TO
THE BUILDING AND HIGHWAYS DIVISION
OF THE
HOUSE APPROPRIATIONS COMMITTEE

STATE
OF
MINNESOTA

MARCH 1971

UNIVERSITY OF MINNESOTA
REPORT FROM THE HEALTH SCIENCES

Introduction

The 1969 Legislature endorsed the University's plan to increase health manpower education in Minnesota. This report provides a brief description of each new major building or structure or major remodeling request.

NIH's National Advisory Council on Education for Health Professions acted on the University of Minnesota Health Sciences Development Program in December, 1969. The Council approved Unit A for funding at a higher match than the University had anticipated. School of Public Health space was approved for 75% match but funding was withheld, School of Dentistry for 62% match, and Medical School for 66-2/3% match. The Council also identified Unit B/C as eligible for Health Manpower monies on the basis of student increments associated with Unit A.

Changes in federal funding policy have caused modifications in program content and consequent changes in space assignments. Major elements affected were additional hospital beds which were deleted and learning resource space which was substantially reduced. The overall program in assignable square feet is somewhat less than presented to the 1968 Legislative Building Commission due to these deletions. However, the amount of gross square feet is larger based on a more refined design than was available at that time. Original assumptions about gross-to-net requirements have been modified due to the highly dense environment and large requirements for connections with existing buildings.

PHASE I PROGRAM

	<u>Assignable Square Feet</u>	<u>Gross Square Feet</u>	<u>Remodeling (ASF)</u>
1968	686,098	1,205,000	270,000
1970	651,758	1,330,000	240,000

The cost of the program is currently estimated at \$116 million, of which \$21,633,000 is requested from the state at this time. A general University request for boiler expansion costing \$705,000 is also included, since it directly resulted from this project.

A cost control consultant is participating in the project to assure the most economical type of construction and to provide realistic cost estimates.

For new facilities, construction costs comprise 75% of total costs, with non-building cost representing the balance.

9

Priority #1

Unit A, presently under construction, is a 20-floor structure containing three Health Sciences units. The School of Dentistry will move to Unit A in total and will occupy about two-thirds of the building. The Medical School will have some clinical departmental offices, labs, and teaching spaces on four floors plus the teaching laboratories of the Basic Sciences departments on two floors. The latter are used by all Health Sciences students. In addition, the school of Public Health will have space on one floor for two of its departments.

General use space, other than Basic Science teaching labs, are auditoria-classrooms, seminar rooms, and student-staff dining areas. The latter was originally planned for Unit E. However, a food service consultant advised that dining areas be spread throughout the facility for user convenience rather than concentrating them in one large area. Unit E has been reduced accordingly.

<u>Programmed area</u>	<u>1971 Legislative Request</u>
Gross Square Feet	660,000
Assignable Square Feet	345,000
<u>Estimated Cost (at \$50.00/GSF construction cost)</u>	
Land acquisition	\$ 0
Construction including utilities and fixed equipment	35,028,695
Architect and consultant fees	3,316,932
Landscaping, sodding, grading, seeding, walks and driveways	195,950
Movable equipment	4,722,118
Other (survey, tests and borings, supervision of construction, contingency, etc.)	<u>2,114,305</u>
Estimated Facility Grand Total	\$ 45,378,000

A federal grant of \$22.4 million has been received, \$2 million less than previously approved due to elimination of Public Health eligibility. This unexpected change in federal policy has increased the 1971 legislative request to \$9,264,000. In addition \$1,318,000 is required to complete planning of Health Science facilities. The 1969 Legislature's \$14 million appropriation for Unit A authorized this planning and directed that it be funded out of this appropriation. In order to proceed with Unit A construction the \$14 million must be restored to the full amount.

Total Request: \$10,582,000

Priority #2

Unit B/C is a 15 floor structure and the second step in Minnesota Health Sciences development program. This facility will include: faculty offices and teaching laboratories for many Medical School clinical departments; classrooms, seminar rooms, and learning resource or independent study spaces, student and staff dining and lounge facilities; hospital out-patient clinics including the hospital dentistry clinic and support departments; and animal hospital and handling area. This facility will connect with Unit A as well as existing structure (Diehl Hall and Mayo Building) within Health Sciences Center.

Schematic design of B/C is now being completed following a major program change due to the bed deletion. Design development is slated for completion in the spring.

A federal grant application was submitted in October, 1970 and a site visit occurred in December 1970. Action on this application will be known in March, 1971. Since federal dollars will probably not be available until late 1972 at the earliest, our 1971 legislative request will be \$1,100,000 which is only for planning through completion of contract documents.

Programmed Area

Gross Square Feet (new)	490,000
Assignable Square Feet (new)	250,000
Assignable Square Feet (remodeled)	34,000

Total Request: \$1,100,000

Priority #3

Land - 1971 State Request. In order to continue Health Science development, additional land must be secured. Two general areas are requested. This request is for the site for construction of a major parking garage in the general area east of the Health Science Center. Cost is estimated at \$1,300,000. The other parcel is described under Priority #5.

Total Request: \$1,300,000

Priority #4

Unit E - This is a service facility (not eligible for federal funds) in which all goods and supplies brought into the Health Sciences Center will be received, stored, and distributed. In the earlier program it was also slated to house the Hospital Nutrition Department, including kitchen and cafeteria spaces. The kitchen function will remain in its existing location but will require remodeling. Cafeteria facilities will be scattered through the complex as indicated earlier. Cost of this facility has been reduced to its present figure due to the above deletions and to a scaled down area for material handling based on advice from a materials handling consultant. The high gross/net ratio derives from inclusion in this figure of a large service corridor connecting Unit E with the rest of the Center. Construction is programmed to begin in March 1972 with completion occurring in July 1973.

Programmed Size

Gross Square Feet	30,000
Assignable Square Feet	10,000

Estimated Cost (at \$47.50/GSF construction costs)

1971 Legislative Request	\$ 1,795,000
Federal Portion	<u>0</u>
Total Estimated Cost	\$ 1,795,000

Total Request: \$1,795,000

Priority #5

Unit F - Although the major portion of this structure will house the entire College of Pharmacy, some space will be available for general purpose classrooms for all Health Sciences students. The schedule calls for submission of a federal grant in June 1971. Beginning of construction, and consequently costs, will depend upon availability of federal and state funds. It is unlikely that funds will be available before 1973. Consequently the 1971 Legislative request is only for support of working drawing costs.

Programmed Area (Unit F - College of Pharmacy)

Gross Square Feet	150,000
Assignable Square Feet	85,000
Planned student capacity (Est. 1974)	480
Planned faculty capacity (Est. 1974)	30

Estimated Cost

Land acquisition	\$ 1,070,000
Working drawing expenses	<u>330,000</u>
	\$1,400,000

Total Request: \$1,400,000

Priority #6

Clinical Facility - Long Range Planning - 1971. State Request \$250,000.

In light of the deletion of additional needed beds in Unit B/C due to a change in federal funding policy, it is necessary that planning begin now to determine the best means of meeting the needs of Health Science Units for adequate clinical facilities. The major portion of University Hospitals is functionally obsolete, and serious consideration must be given to ways in which modern facilities can be provided to citizens of the state who use University Hospitals.

Total Request: \$250,000

Priority #7

Remodeling Emergency Facilities - 1971 - State Request \$684,000.

An acute need exists for greatly improved emergency facilities in order to meet obligations to patients brought to the Center. The Joint Commission on Accreditation of Hospitals surveyed University Hospitals in October 1970 and cited it for grossly inadequate emergency facilities. Certain minimal facilities must be provided in order to meet standards for a full-range emergency service. Patient load demands generated by expanded services such as pediatric surgery, have placed severe strains on this area.

Total Request: \$684,000

Priority #8

Food Service - Remodeling 1971 Legislative Request - \$1,135,000.

As described earlier, the food preparation and cafeteria functions were previously slated for Unit E. A professional food consultant, however, developed a plan to conserve space by remodeling existing production facilities and scattering dining space throughout the Center. Work needs to proceed immediately to bring patient service to an adequate level and to begin the expansion of capacity for student-Staff dining in Phase I Units.

Total Request: \$1,135,000

Priority #9

1971 Legislative Request \$1,487,000.

A. Primary Electrical System Rehabilitation

Approximately fifty percent of the primary electrical systems for the Mayo portion of the Health Sciences have been rehabilitated. The systems are already overloaded and this project will provide relief. If it cannot be completed, essential hospital patient equipment will not be able to function

Estimated Cost \$230,000

B. Bio-Medical Library Air Conditioning

The student study sections of the library are not air-conditioned and this is causing increasing problems in the utilization of this area. Curricular changes which involve more students during the summer provide self-learning experiences in which the student is encouraged to use the library. Air conditioning the student section will facilitate this.

Estimated Cost \$344,000

C. Heating Plant Expansion (Non-Health Science)

In the process of expanding the boiler capacity to meet the needs of the additional Health Sciences facilities, consulting engineers have recommended that the lowest cost program will be to replace an existing 40,000 pound boiler with one capable of providing for both existing University needs (40,000 pounds) as well as new Health Sciences needs (135,000 pounds). Therefore one 200,000 pound capacity boiler will be installed to meet these needs and provide small excess capacity for future needs. Approximately two-thirds of the cost is included in the above figures, but \$705,000 is additional unrelated to Health Sciences and ineligible for federal participation.

Estimated Cost of this Request \$705,000.

D. Mayo Building Elevator

Elevator service in this building has been inadequate for years. Various studies conducted by elevator consultants have indicated that the only means of improving service is to add an additional cab.

Estimated Cost \$208,000

Total Request: \$1,487,000

Priority #10

1971 State Request \$1,900,000.

This item is for construction of a tunnel link between a parking garage and the Health Sciences Center. An all-weather, mechanical conveyance is needed for use by patients and staff coming to the clinics and Hospital from this distance.

Total Request: \$1,900,000

THE ARCHITECTS COLLABORATIVE, INC.

EQUIPMENT LIST SUPPLEMENT

EQUIPMENT ROOM.

Plotter	Cal-Comp 565	\$5,000.
Computer	Supernova, by Date General Corp.	10,000.
Magnetic Tape Unit	Ampex, Model No. TMC	10,000. w/interface included

RECORDING ROOMS

2 Keyboard Units	CRT's by Minisystems, Inc.	2 @ 1,300. = 2,600.
2 EKG Macines	1 Channel by Hewllett- Packard	2 @ 1,000. = 2,000.

It was agreed that with these minor revisions and this equipment included, the EKG unit would be ready for approval.

JB/bb
5 March 1971

THE ARCHITECTS COLLABORATIVE, Inc.

MEETING NOTES

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PLACE: Powell 4112

PRESENT: Mr. Prince, Paul Maupin, Ken Taylor

JOB: Unit B-C #70046

SUBJECT: Design of Microbiology Animal Research Facilities, Floor B1

BY: Ken Taylor

The minimum width for animal holding rooms was established as 10'-3" clear with 8" walls between rooms to provide a cavity wall for exhausting the room at floor level. Cages for rabbits in these rooms are 30" deep and 48" wide. For mice and rats cage sizes are 30" by 60" or 30" by 72". Because of space limitations, the department will accept five combination lab-animal rooms instead of the six planned for. Each animal holding room should have a large floor drain and hose bib for cleaning a mop. A mop rack should be provided. Cleaning supplies will be stored in a locker or in the combination lab-animal rooms in the wall cabinets in the lab. Windows should be provided in all doors to animal holding rooms. Some of the animal labs will have laminar flow units, but it is not determined yet whether these will be floor-mounted or bench-top.

The support spaces should be provided as follows: food and bedding storage can be in one room about ten feet square. The waste disposal should be through a room with a pass-through autoclave. Cages with bedding will be auto-claved and all waste will feed into a Garvel Garbage Grinder and be flushed down the drain after it is claved. The cages will then go through the cage washer and be stored until next usage. Animals are transferred to clean cages on racks and soiled cages go on their racks through the autoclave and cage washing process. A 10'-0" by 10'-0" cold room should be provided. A records room is required. Locker-shower rooms for approximately ten men and ten women should be provided.

Disposal of contaminated animals presents a problem. These animals should be rendered biologically clean before leaving the lab area. This can be done by chemical process, incineration, or autoclaving. The latter is the only acceptable method at the Health Sciences but autoclaving presents a major problem because of the stink. This problem should be investigated in detail. At a minimum a rapid exhaust autoclave with high velocity exhaust at the doors should be provided.

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PRINCE	X
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MEETING NOTES
15 March 1971
#70046 Unit B-C
Page 2

Air handling in the animal research areas is critical. Holding rooms and labs should have 15 air changes per hour. Air should be introduced in the room from above with strip diffusers to avoid turbulence. Air exhaust should be near the floor level to rid the room of ammonia build-up. The ceiling heights should be a minimum of 9'0" clear.

KT:cf

THE ARCHITECTS COLLABORATIVE, INC.

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION

MEETING NOTES

DATE: 7 April 1971
PLACE: Powell Hall 4107
TAC JOB: Unit B-C, #70046
PRESENT: Dr. Gentry, Jim Block
SUBJECT: Dermatology Clinic and Departmental Space
BY: Jim Block

U. OF MINN.	
DATE:	4/12/71
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Dr. Gentry delivered a revised equipment list for the laboratory in the Dermatology Clinic. This list will be used to further develop the 1/4" scale drawing.

Dr. Gentry also established that an x-ray therapy room would be included in the Dermatology Clinic even though this is at present contrary to university policy. The x-ray room is to be designed so that it may be changed to an exam room if this policy is not changed by the time that the building is to be built. The adjacent support observation room should be able to be converted into a storage room in this event.

Dr. Gentry reviewed the revised layouts of the departmental space. He felt the former plan was considerably better in many aspects. He preferred the more rectangular clerical area. He also preferred the former arrangement of the duplicating and storage room. Together we agreed that a new attempt should be made to improve this area.

PART II

DATE: April 1971

A new sketch plan of the departmental space for dermatology was presented. This plan eliminated one of the corridors going through the space and as a result it added two rooms to the department. Many of the objections which Dr. Gentry had had for the previous plan had been remedied in this plan. It was agreed that this plan would be the basis for the development of the final plan for approval.

Quarter scale drawings of the laboratory and the x-ray therapy room will also be developed for approval for the next meeting.

JB/bb
12 March 1971

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THE ARCHITECTS COLLABORATIVE Inc.

MEETING NOTES

DATE: 14 April 1971
 PLACE: Powell Hall 4107
 TAC JOB: Unit B/C #70046
 PRESENT: Dr. Gentry, Jim Block, Rosie Acton
 SUBJECT: Dermatology Clinic and Departmental Space
 BY: Jim Block

An 1/8" plan of floor 4 dated 11 April 1971 was presented with a 1/4" scale development of the special areas dated 14 April 1971.

These two drawings were carefully reviewed by Dr. Gentry and the overall arrangement of the rooms and detailed layouts within the rooms were found to be acceptable. The only change suggested was making both of the counters in the laboratory 36" high. This change was marked on the 1/4" scale drawing and a copy of both drawings was given to Dr. Gentry for further and review with the new department head Dr. Golz.

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JB:cf
 19 April 1971

June 10, 1971

To: Lyle French, M.D.

From: Carl Heggstad

This memo is in regard to a combined motel/hotel-restaurant facility with a continuing education center. Over the years, many of us have been concerned with the lack of facilities for patients and visiting health personnel, in regard to room and eating facilities. I am also aware of the density problems which now exist in our present health sciences complex. Coupling this with an anticipated increased alliance with the St. Mary's-Fairview complex, I would propose that some task force be assigned to consider the following proposal:

1. That a motel/hotel-restaurant complex and continuing education center be built on either bank of the Mississippi River with a connecting tunnel under the river bed. This would be financed by bonds and offered to health sciences faculty, civil service staff, alumni, and any other appropriate group. This facility could also house such units as the Minnesota Medical Foundation, the Minnesota Alumni Association, and similar organizations from other units of the health sciences.
2. That a major parking facility be built for outpatients from other than the immediate Twin City area, members of families from out-state who are visiting inpatient relatives, and for all health sciences persons who would be attending continuing education courses, etc. Also included are those families and outpatients visiting St. Mary's and Fairview Hospitals.
3. That a high-rise be created to house interns, residents, and young faculty, associated with the health sciences complex, as well as the St. Mary's-Fairview complex.

I should add that the motel/hotel-restaurant facility would be of great value in housing visiting "firemen" who visit our health sciences complex.

I've recently become aware of the plan of the Alumni Association to create a 200 room facility in the area of Oak Street and Washington. Perhaps it would be an appropriate time to discuss this plan with them, or perhaps their objectives differ significantly from our own and such discussion would be inappropriate.

The question arises to whether the Minneapolis Park Board would be willing to lease the land for such a facility, but I believe that an imaginative artist, concerned with the ecology of the area, could come up with such an attractive center that it would enhance the beauty of the river area and, in turn, would generate, for the Park Board, ground-leasing fees that would permit them to develop adjacent areas with money that does not now exist for such development.

In summary, I believe that the above-mentioned proposals, with suitable additions or modifications, would go a long way to improve our relationships with patients, families of patients, persons attending continuing education courses, and all other persons whose visits are connected with the health sciences. In addition, it would maximize the potential of the University and St. Mary's-Fairview for developing appropriate alliances. Finally, I think it would help us to relieve some of our anticipated high-density problems.

These are some of my "thoughts while shaving"; it is only a dream, but I prefer to dream big dreams and get a little than to dream no dreams at all. I would be very grateful for your consideration of this proposal and would be glad to discuss it further, at your convenience. I have already discussed some of the items with various members of our basic and clinical science faculty, including Dr. Schless, and everyone to date has seemed receptive to the idea.

CH/km

Addendum: After discussing these ideas with Dr. Bob Mulhausen, he suggested that we speak with Cedar-Riverside Associates who have on their advisory committee: Peter Sammond, Bill Fifer, Bob Mulhausen, and the Family Practice director at Fairview - St. Mary's.

I am also aware of the real need in pediatrics for a child-parent live-in situation.



UNIVERSITY OF MINNESOTA
TWIN CITIES

Physical Planning
340 Merrill Hall
Minneapolis, Minnesota 55455

October 18, 1972

RECEIVED

OCT 19 1972

TO: Hugh G. S. Peacock

FROM: Vernon L. Ausen

SUBJECT: Commissioner's Awards - Health Sciences

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

Jim Tschida has just made available a copy of the Commissioner's Awards on parcels being purchased through eminent domain in Blocks 9 and 10, Baker's Addition to St. Anthony.

The awards total \$956,000 as compared to our offers amounting to \$869,650, an increase of \$86,350, or about ten percent.

	<u>Our Offer</u>	<u>Commissioners Award</u>	<u>Increase</u>
304-12-18 Harvard (Kensington Apts.)	\$ 675,000	\$ 740,000	9.6%
407-11 Ontario (O'Neil)	42,500	44,000	3.5%
416 Erie (Mesna)	27,575	30,000	8.8%
408 Ontario (Holdahl)	21,000	24,500	16.7%
410-414 Ontario (Brantner)	42,000	48,000	14.3%
413 Oak (Dittberner)	30,475	37,500	23.1%
817 Essex (Renquist)	<u>31,100</u>	<u>32,000</u>	2.9%
	\$ 869,650	\$ 956,000	9.9%

The University is awarded possession of all the above properties as of December 3, 1972. The previous owners cannot allow any tenants to occupy the premises after December 3 without prior University approval. Inasmuch as questions may arise any time in connection with leases, particularly in the case of the Kensington Apartments on Harvard Street, I am sending a copy of this memorandum to the Manager for Rental Properties so he will be prepared to answer those questions. All leases after date of possession will be on a month-to-month basis.

VLA/mb

cc: James Brinkerhoff
C. Luverne Carlson
David Licht
Paul Maupin
Gilbert Smith

Office of the Dean

October 27, 1971

Dr. Lyle French
Vice President, Health Sciences
Box 96 Mayo

Dear Dr. French:

At present all facilities rented and maintained on behalf of the Medical School are funded entirely from Medical School resources. The only exception is that when Dr. R. Lillehei's unit was moved to 1633 Eustis, special arrangements were made to continue the payment of rental and maintenance costs from University overhead funds. Most of the funds come from two sources, Medical School non-0100 funds and the Physician Augmentation Program Grant.

Although these facilities are necessary for continuation of the Medical School activities, their cost places a severe drain upon resources of the School. For example, rental and maintenance costs come directly from renovation funds under the PAP grant and severely restrict the amount of renovation necessary to use the areas effectively and to provide augmented space for the various departments and units of the Medical School. In addition, these funds may be severely curtailed within the next year because of the possible changes in funding of PAP as a result of new provisions in the Health Manpower Act of 1971. We had anticipated an eventual termination of rental and maintenance funds from PAP by 1974. This was communicated to Mr. Champion and his staff and acknowledged by them at the time the Central Administration agreed to a six year lease of the Gould Building.

In anticipation of a possible curtailment of rental funds, after a discussion with Mr. Maupin, I requested, on behalf of the Medical School, legislative funds for the continued rental and maintenance of these facilities. As an alternative, I propose that we explore the possibility of using appropriate University overhead funds to defray all or part of the costs inherent in the rental of the buildings.

The accompanying chart portrays an analysis of the estimated area currently being used, or being planned for use, as research areas; the estimated costs of rental and maintenance; and an estimate of research

grant and contract funds which will be used in the operation of the areas, both current and planned. These estimates do not include grant funds which are not subject to overhead.

The following units are rented and maintained with Medical School funds:

1. Stone Laboratories: owned by Minnesota Medical Foundation: rental includes amortization over ten years of renovation costs of \$115,000. Rental and maintenance costs are currently paid from non-0100 Medical School funds.
2. Centennial Hall: rented by agreement with University: mostly occupied by academic and administrative units of the Medical School: rental, maintenance and renovation funds are paid directly from PAP. Regional Medical Program is the only unit producing overhead funds.
3. Gould Building: rented from Gould Corporation: 12,000 square feet planned for occupancy by summer, 1972. Funds for rental, maintenance and renovation are provided by PAP with some renovation costs shared to some extent by most departments.
4. 1633 Eustis: now rented as reserve space with PAP funds.

It appears reasonable that these units should come within the overhead structure and that appropriate rental and maintenance costs be funded from overhead for the following reasons:

1. There is a good possibility that by not including these units in the overall University overhead structure, the University may be losing money. Apparently when overhead rates are negotiated with the Federal Government, the rate of overhead return charged against Federal funds by the University is related to the total area of facilities occupied by personnel and activities supported by the sponsored research project. By not including these rental areas, the rate may be affected adversely from the standpoint of justifiable, legitimate University income from overhead. At present, only a small portion of the Stone Building is included in the overhead rate structure.
2. To my knowledge all of the grants relevant to these areas pay full overhead even though the activities take place, or will take place, in rented buildings. It is my understanding that overhead funds do include maintenance (and rental in some cases) provisions.
3. In the case of PAP-supported facilities, the Federal Government will be paying double for maintenance costs, one portion from overhead of appropriate NIH grants, another from the PAP grant. Perhaps this is consistent with government policy, yet I am concerned that an audit of these accounts might uncover such a possible discrepancy. The PAP grant, of itself, is not subject to overhead, however.

not properly re-imbursed roughly 50%

Dr. Lyle French
October 27, 1971
Page 3

I believe it is timely and appropriate to raise the question of overhead support of these facilities at this time. If funds could be obtained from overhead allocations yet this year, we would be able to release effectively renovation funds for further use in both the rented areas and on the Health Sciences campus. This would mean less reliance upon Central Administration funds for renovation and a small beginning step towards funding of final renovation of Health Sciences campus areas which will need legislative funding in the future.

I would be pleased to discuss this proposal with you and any others of your staff at your earliest convenience.

Thank you.

Sincerely yours,



Robert O. Mulhausen, M.D.
Assistant Dean

Enclosure
ROM/jpi

cc: Mr. David Preston
Mr. Paul Maupin
Dr. E. Wayne Brenmei
Dr. H. Mead Cavert

<u>Building</u>	<u>Annual Rental and Maintenance</u>	<u>Square Feet Utilized by Research*</u>	<u>Grant Funds Applicable (current)**</u>	<u>Grant Funds Applicable (planned)**</u>
Stone	\$ 22,500 Rent ⁴ <u>11,540 Maintenance(current)^{1,5}</u> \$ 34,040	7650 ¹	\$102,000	\$160,000
Centennial	\$ 15,663(Rent & Maintenance) ⁶	406 ²	\$155,000 ²	\$200,000 ²
Gould	\$ 89,808 Rent ⁶ <u>51,300 Maintenance^{1,3,6}</u> \$141,108	11000 ¹		\$355,000 ¹
1633 Eustis	\$ 9,325 Rent ⁶	3000 ⁷		Undetermined

*Does not include teaching areas or School administrative offices

**Includes all research grants and contracts, including personnel costs, subject to overhead.

1. Will increase if use is expanded.
2. Regional Medical Program.
3. Estimate based upon utilization of 12,000 square feet by January 1, 1972.
4. Paid from Naegele funds.
5. Paid from General Heart and General Cancer funds.
6. Paid from PAP funds.
7. Exclusive of Dr. Lillehei's area.

UNIVERSITY OF *Minnesota*

MEDICAL SCHOOL

1360 MAYO MEMORIAL BUILDING · MINNEAPOLIS, MINNESOTA 55455

Office of the Dean

October 28, 1971

MEMORANDUM

TO: Mr. Paul Maupin

FROM: Dr. Robert O. Mulhausen

ROM/Joanne DeKka

The following is a breakdown by building of rent and maintenance costs at full occupancy for the 1971-72 year.

Gould Building
2630 University Avenue

\$ 89,808 Rent
124,638 Maintenance
\$214,446 Total (includes taxes and insurance which will vary
from year to year.)

Departments currently and proposed to occupy the building:
Otolaryngology, Obstetrics-Gynecology, Surgery, Psychiatry,
Neurology, Laboratory, and Pathology (future).

Stone Laboratories
421 - 29th Avenue S.E.

\$ 34,500 Rent
23,080 Maintenance
\$ 57,580 Total (includes taxes and insurance which will vary
from year to year).

Departments currently and proposed to occupy the building:
Physiology, Laboratory Medicine, and Anatomy (future).

Centennial Hall
425 Harvard Street

\$ 15,663 Rent and Maintenance. This figure includes everything and has
been calculated at \$5.50 a square foot.

 HEALTH SCIENCES CENTER

Mr. Paul Maupin
October 28, 1971
Page 2

Centennial Hall continued

Departments currently and proposed to occupy the building:
Pediatrics, Northlands Regional Medical Program, Biochemistry, and
Medical Administration-Curriculum Evaluation, Post-Graduate
Medical Education.

1633 Eustis

\$ 9,325 Rent
4,500 Maintenance
\$ 13,825 Total (includes taxes and insurance which will vary
from year to year).

Departments to occupy this space is still undetermined.

The total amount for rent and maintenance for the four buildings
is \$301,514.

ROM/JPI

jpi

Office of the Purchasing Agent

February 11, 1972

Mr. Paul J. Maupin
Health Services Planning Coordinator
University Hospital
4104 Powell Hall
Minneapolis Campus

Dear Paul:


I have spend a good deal of time reviewing the Main report and looking over the plans for Building E Receiving. I must confess that I find it virtually impossible to find any figures which will indicate the amount of materials which will flow across the receiving dock in Building E.

I had a meeting with George Taylor, Stan Dew and Bob Russell in which we tried to estimate the amount of help which would be necessary in the Building E receiving set-up. George had also gone through the Main report, and of course, Stan has a great deal of receiving experience within the Hospital. We decided that there would probably be about three times the amount of material going across the Building E dock in the first stage than there is presently going through the Hospital receiving dock. Stan Dew is able to handle the Hospital Receiving presently with himself, a girl, and about 90 hours of man-power a week. We estimated that the initial staffing for Building E receiving should be a receiving manager, a girl, and 6 men. I believe that there should also be a fairly substantial figure allowed for miscellaneous payroll, so that students can be used when necessary.

As to equipment, I would recommend that the facilities start out with at lease 25 large 4 wheel carts in which to transport merchandise through the complex. I believe that there should also be a hydraulic lift truck, so that large shipments can be unloaded from trucks as quickly as possible.

Should you wish to discuss this, I am available whenever you wish.

Sincerely,


Tracy S. Page, Jr.,
Purchasing Agent


tsp/j

Mr. George Taylor - General Storehouse
cc: Mr. Stan Dew - University Hospital Receiving

UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455
February 14, 1972

MEMORANDUM

TO: Ed Ciriacy, M.D. Chairman - Sub-Committee on Finances
David Brown, M.D., Al Fraley, M.D., Gene Gedgudas, M.D.,
Mr. Don Van Hulzen, Dodd Wilson, M.D.

FROM: Paul  Martin, Health Sciences Planning Coordinator

SUBJECT: The following information regarding the Medical Building Financial Evaluation of the proposed Comprehensive Ambulatory Health Care Model Clinic (HMO) at 2600 University Avenue has been gathered from Marshall - Erdman and Company.

cc: Michael M. Paparella, M.D., Chairman, Comprehensive Ambulatory Health Care Model Clinic Committee (HMO)



MEDICAL BUILDING FINANCIAL EVALUATION

Given:

20,000 SF Facility
Raw Land Cost \$175,000.00

Assumptions:

Area Loss to Public Services 20%.
Gross Area Building Construction Cost \$26.00/SF.
Real Estate Taxes approximately \$1.00/SF of developed area.
Maintenance costs approximately \$.50/SF of developed area.
Heat and power costs approximately \$.40/SF of developed area.
Insurance costs approximately \$3.00/\$1,000 - of mortgage value.
Site development costs approximately 15% of building cost.

Cost Development:

Assume land value to be 115% of land cost or \$201,250.00 say \$203,000
Building cost to be 20,000 SF x \$26.00 = \$520,000.00
Site development cost to be 520,000 x 0.15 = \$78,000.00

Therefore:

Building Cost	\$520,000
Site Development	<u>78,000</u>
Improvement Cost	598,000
Land Value	<u>203,000</u>
Total Project Value	\$801,000

CASE No. I: Base Upon 75% Financing

Project Value (Page 1) \$801,000.00
 Mortgage Value \$600,750.00
 Project Cost (Use Raw Land Cost) \$773,000.00
 Required Equity Equals \$773,000 - \$600,750 = \$172,250.00

Consider Payout Periods

	15 Years	20 Years	25 Years
Required Bare Lease Income	71,009	62,574	58,105
Assumed Maint. & Mgmt. Contingency	3,550	3,129	2,905
Assumed Insurance	1,803	1,803	1,803
Assumed Taxes	16,000	16,000	16,000
Assumed Maintenance	8,000	8,000	8,000
Assumed Power & Heat	6,400	6,400	6,400
Total Annual Cost	106,762	97,906	93,213
Unit Lease Cost	\$6.67/SF	\$6.12/SF	\$5.83/SF

Based upon $8\frac{1}{2}\%$ interest. Variance in interest will affect lease costs as follows:

$8\frac{1}{4}$	\$6.60	\$6.04	\$5.75
$8\frac{1}{2}$	6.69	6.12	5.83
$8\frac{3}{4}$	6.74	6.20	5.91

CASE II: Base Upon 85% Financial

Project Value (Page 1) \$801,000.00
 Mortgage Value \$680,850.00
 Project Cost (Use Raw Land Cost) \$773,000.00
 Required Equity Equals 773,000 - 680,850 = \$92,150.00

Consider Payout Periods

	15 Years	20 Years	25 Years
Required Bare Lease Income	80,476	70,917	65,852
Assumed Maint. & Mgmt. Contingency	6,036	5,319	4,939
Assumed Insurance	1,803	1,803	1,803
Assumed Taxes	16,000	16,000	16,000
Assumed Maintenance	8,000	8,000	8,000
Assumed Power & Heat	6,400	6,400	6,400
Total Annual Cost	118,715	108,439	102,994
Unit Lease Cost	\$7.42/SF	\$6.78/SF	\$6.44/SF

Based upon 8½% interest. Variance in interest will affect lease costs as follows:

8¼	\$7.34	\$6.69	\$6.35
8½	7.42	6.78	6.44
8¾	7.50	6.87	6.53

CASE III: Base Upon 100% Financial

Project Value (Page 1) \$801,000.00
 Project Cost (Page 1) \$773,000.00
 Mortgage Value \$773,000.00
 Required Equity - Zero

Consider Payout Periods

	15 Years	20 Years	25 Years
Required Bare Lease Income	91,369	80,516	74,765
Assumed Maint. & Mgmt. Contingency	9,137	8,052	7,477
Assumed Insurance	1,803	1,803	1,803
Assumed Taxes	16,000	16,000	16,000
Assumed Maintenance	8,000	8,000	8,000
Assumed Power & Heat	6,400	6,400	6,400
Total Annual Cost	132,714	120,771	114,445
Unit Lease Cost	\$8.29/SF	\$7.55/SF	\$7.15/SF

Based upon 8½% interest. Variance in interest will affect lease cost as following:

8¼%	\$8.19	\$7.45	\$7.04
8½%	8.29	7.55	7.15
8¾%	8.39	7.66	7.26

OFFICE FOR SPACE ALLOCATION AND SCHEDULING
JOHNSTON HALL • MINNEAPOLIS, MINNESOTA 55455
February 14, 1972

Dr. Michael Paparella
Department of Otolaryngology
A605 Mayo
University of Minnesota

Dear Dr. Paparella:

In response to your inquiry on the property contiguous to and immediately West of the Gould Building, the following information is submitted:

1. Lot Size - 131 foot frontage (University Avenue) x 430 feet deep.
2. Area - 56,330 square feet. (Average price of land in this area is about \$ ~~5.00~~ per square foot.)
3. Price - \$175,000. (This amounts to about \$3.10 per square foot.)
4. Terms - Owner would like 29% down and will carry the balance on Contract for Deed (which of course would have to be paid in full when obtaining mortgage money to build).
5. Salient Features (of the location)
 - a. Next to Gould Building. If new structure were built abutting Gould there could be some shared facilities, (we have options covering 46 years on Gould) such as conference rooms, plenary rooms or large classrooms.
 - b. Location is reasonably close (within 3 blocks) of the future medical parking ramp on Oak Street.
 - c. Existing building on the property is worthless to any new buyer.
 - d. On University inter-campus bus line.

In my opinion there would be two ways to build on the property:

1. factory-built modules.
2. "from ground up" conventional building.

The factory-built approach offers a completed building at great speed. Construction costs would be approximately \$35.00 per square foot and up, depending on the degree of sophistication of the mechanical and electrical systems. Average time for a completed structure under this method would be six months from the time the commission to build was signed. Today's present concept of factory-built modules also offers the advantage of permitting a future second story to this type of structure. (The price quoted here was obtained from a Wisconsin-based firm that builds medical clinics and laboratories and distributes them nation-wide.)

The second method of construction might be appreciably higher (20 to 40%) but would offer greater flexibility of original interior planning. This approach also offers continuing flexibility if interior partitions are designed to be the "movable" type. Construction time would probably run from nine months to a year. Financing would be appreciably easier because mortgage houses prefer the permanent structure.

Financing:

1. Conventional Method - the developer-owner would have to provide 10 to 25% "front" money or cash and obtain a mortgage for the balance for a period of 20 years (25 years may be possible).

(Example = 15 researchers at 1,500 square feet each totals 18,000 square feet building. At \$35.00 per square foot = \$630,000 (building cost)

	<u>\$170,000</u>	(land)
	\$800,000	Total Investment

Total Investment = \$800,000

20% cash down = \$160,000

1st mortgage = \$640,000

2. Sell and Lease-Back Method - The interested persons option the land. Such option may require only one or two thousand dollars to hold the land for one year. They sell or convey their purchase rights to a developer. He would pull together 8 limited partners offering \$20,000 cash apiece. Developer would obtain mortgage funds for the balance. Upon completing a building he would lease same back to Health Science organization for x dollars per year to cover mortgage payments, taxes and profit to limited partners and developer. The original Optioner retains the right of control of design and planning of the structure subject only to the restrictions by building codes and the limited controls of the mortgagor.

A 10 year lease is usually required by the mortgage company although this can sometimes be 5 year lease with a 5 year option.

It may be possible to ask the original owner of the land to subrogate his fee owner's interest in favor of the first mortgage. By this, the land-owner receives a token cash to pay his expenses of sale. After the building has been constructed he accepts a second mortgage in place of the balance of cash that is due him. This makes financing easier.

There are many facets to construction and several approaches to the purchase and financing of this project. If I can be of further help, please contact me.

Cordially,



Leighton Lindlan
Health Sciences Space Management

LL: jlb

February 25, 1972

Dr. Michael M. Paparella
Chairman - HMO Committee
Box 396 Mayo
Campus Mail

Re: Appraised land values for
the blocks east and west of
Oak Street (HMO use)

Dear Dr. Paparella:

During our phone conversation on February 23, 1972 you requested information pertaining to land cost in the Oak Street area.

Vernon L Ausen has submitted to us estimates of land values for the blocks east and west of Oak Street as follows:

East of Oak Street - Appraisals on twelve parcels indicate that the University will have to pay about \$6.25 per square foot of land on the average to acquire the land, and possibly more. This would indicate an acquisition cost of \$600,000 to \$650,000 per block. If the block has several apartment houses on it, the cost could go higher.

West of Oak Street - This area has been appraised at \$8.00 to \$10.00 per square foot.

HMO Land Requirements:

25,000	square feet - building site
10,000	square feet - clear land
<u>29,700</u>	square feet - parking for 90 cars @ 330 square feet per car
64,700	Total land required

Based upon a need for 64,700 square feet, land cost would run approximately \$405,000 or more East of Oak Street and \$518,000 to \$650,000 West of Oak Street.

Please advise me if I can be of assistance in providing you with additional information.

Sincerely,

Paul

Paul J. Maupin
Health Sciences Planning Coordinator

HEALTH SCIENCES

PJM:jlb

Bob. Letter to Dr. Michael
W. Paparella M.D.

330 ^{v 90} sq. ft per car. Clinic
Should have space for
~~90~~ 90 cars plus

Bldg Site ~~15,000~~

~~Min tot 2 stores~~

Should be 25,000 ~~+~~ site

+ 10,000 ^{clear} B.P. site

+ 29,700 Parking

200

64,700

64,700

6.25

6.25

323500

327500

388200

388200

388200

388200

330
90
90
90
90

002'60



THE ARCHITECTS COLLABORATIVE INC.

JEAN B. FLETCHER
1945 1965
WALTER GROPIUS
1945 1969
NORMAN FLETCHER
JOHN C. HARKNESS
SARAH F. HARKNESS
LOUIS A. McMILLEN

RICHARD BROOKER
ALEX CVIJANOVIC
HERBERT GALLAGHER
WILLIAM J. GEDDIS
ROLAND KLUVER
PETER W. MORTON
H. MORSE PAYNE
ERNEST L. BIRDSALL
TREASURER

ROBERT F. CRANE
HOWARD ELKUS
JOHN HAYES
JOSEPH HOSKINS

O A Z I A H M E D
KENDALL F. BATES
JAMES BURLAGE
SERGE CVIJANOVIC
ROYSTON DALEY
GREGORY DOWNES
ALLISON GOODWIN
THOMAS LARSON
RALPH MONTGOMERY
PERRY NEUBAUER
LEONARD NOTKIN
MICHAEL PRODANOU
WALTER ROSENFELD
RICHARD SABIN
DAVID SHEFFIELD
EDMUND SUMMERSBY
MALCOLM TICKNOR
ROBERT TURNER
ERNEST WRIGHT
LAURENCE ZUELKE

April 14, 1972

Mr. Wally Petrykowski
Director, Hospital Engineering
C107 Mayo Building
University of Minnesota
Minneapolis, Minnesota

Dear Wally:

At the direction of Mr. Tom Jones we are forwarding plans of the various remodeling projects on which we are currently working. Included with this cover letter are lists of questions and suggestions related to these various projects. In some cases we have made alternative plan proposals.

We are fully aware of schedule pressures on these jobs. We feel, however, that professionally we are bound to make suggested improvements where necessary, and record them formally.

John Scott and I will be in Minneapolis on April 18 through 20 to meet with you and Tom Jones. Hopefully you can respond to our proposals and questions at that time.

Thank you.

Sincerely yours,

THE ARCHITECTS COLLABORATIVE Inc.

K. Rogness
Kurt Rogness

KR:ahf

ccs: Tom Jones
✓ Paul Maupin
HSAE

Enclosures

UNIVERSITY OF MINNESOTA - HEALTH SCIENCES EXPANSION
TAC JOB #68013

POWELL HALL - OB/GYN

1. What is Engineering's assumption in relocating the toilet stack in Room 3300? Can these pipes be reasonably offset to a new chase near the northwest corner of the room above the new acoustical tiled ceiling?
2. Can the mailboxes which are being relocated be subdivided readily into smaller units? What dimensions? We suggest locating a single block of 125 boxes in the south wall of Room 3108, thus eliminating all work in 3106 and disturbing the water cooler.
3. We suggest that the telephone be located in the former dryer shaft. Is there anything about the shaft to prevent this?
4. Are we to attempt to match suspended ceilings located in a majority of the exam rooms? Also, the type of lighting?
5. On the University drawings there is a general alarm circuit noted. What is this?
6. Would it be possible for the University to find another used cabinet (24" unit) to complete the casework in the utility room? Previously University drawings identified an 18" unit to be provided by the Contractor.
7. We assume, although it hasn't been spelled out, that the reception, waiting, utility and other contiguous spaces are to be painted as part of the contract. Ron Robertson indicated that paint for the rear of the clinic, corridor, rooms & offices was deleted from the scope of work. Is this true?
8. Is the second furred down beam east of the lobby in the corridor structural or phony? Are there any other structural members which would inhibit us from locating a hung ceiling at a level even with the bottom of the first furred down beam and moulding in the lobby?

KR:ahf

UNIVERSITY OF MINNESOTA - HEALTH SCIENCES EXPANSION
TAC JOB #68013

STATION 49 ICU

1. Where is the corridor wall located? Does the chase interfere with bed location?
2. We need manufacturers' data on the equipment purchased. The extent of equipment is unclear. Are there integral wardrobe and electronic bedside console units?
3. The Plant Services drawing indicated the removal of partitions around existing functions at the east end of the room. One area appears to be a chase. Can it be removed? Why remove these walls only to expose the hopper to the room? In the emergency room remodeling, we were required by Gus Scheffler to locate such a unit behind a door. It seems to be good practice.
4. We recommend the development of two discrete areas, one soiled utility and one clean preparatory area. The dirty area would include a linen receptor, sink and clinical sink (hopper). The clean preparatory area would include a work counter, small sink and storage cabinets and/or shelves. No sink other than the one located next to the hopper has been identified in Plant Services drawings.
5. Can you give us an idea of the extent of equipment to be parked on the station? If we know what is involved, we can perhaps devise a way to organize the clutter.
6. We feel that within the given space there is perhaps a more ideal ICU layout than the one proposed. The layout we suggest centralizes the nursing station and a clean preparatory area. An equipment parking space can be located adjacent to the station. (see proposal)

KR:ahf

UNIVERSITY OF MINNESOTA - HEALTH SCIENCES EXPANSION
TAC JOB #68013

FAMILY PRACTICE RADIOLOGY

We proposed an alternate layout for this space due to the following problems:

1. Space is too tight at ends of X-Ray table.
2. Control panel ideally should be located under the leaded glass view panel for surveillance of the patient.
3. X-Omat penetrates the dark room shielding creating a leak. Turning this opening away from the emitter is advisable.
4. Cast prep space should be expanded to provide supplies, splints, etc., and provide a work surface.
5. Casework should be purchased to hold loaded cassettes above the loading bench in the dark room.

KR:ahf

UNIVERSITY OF MINNESOTA - HEALTH SCIENCES EXPANSION
TAC JOB #68013

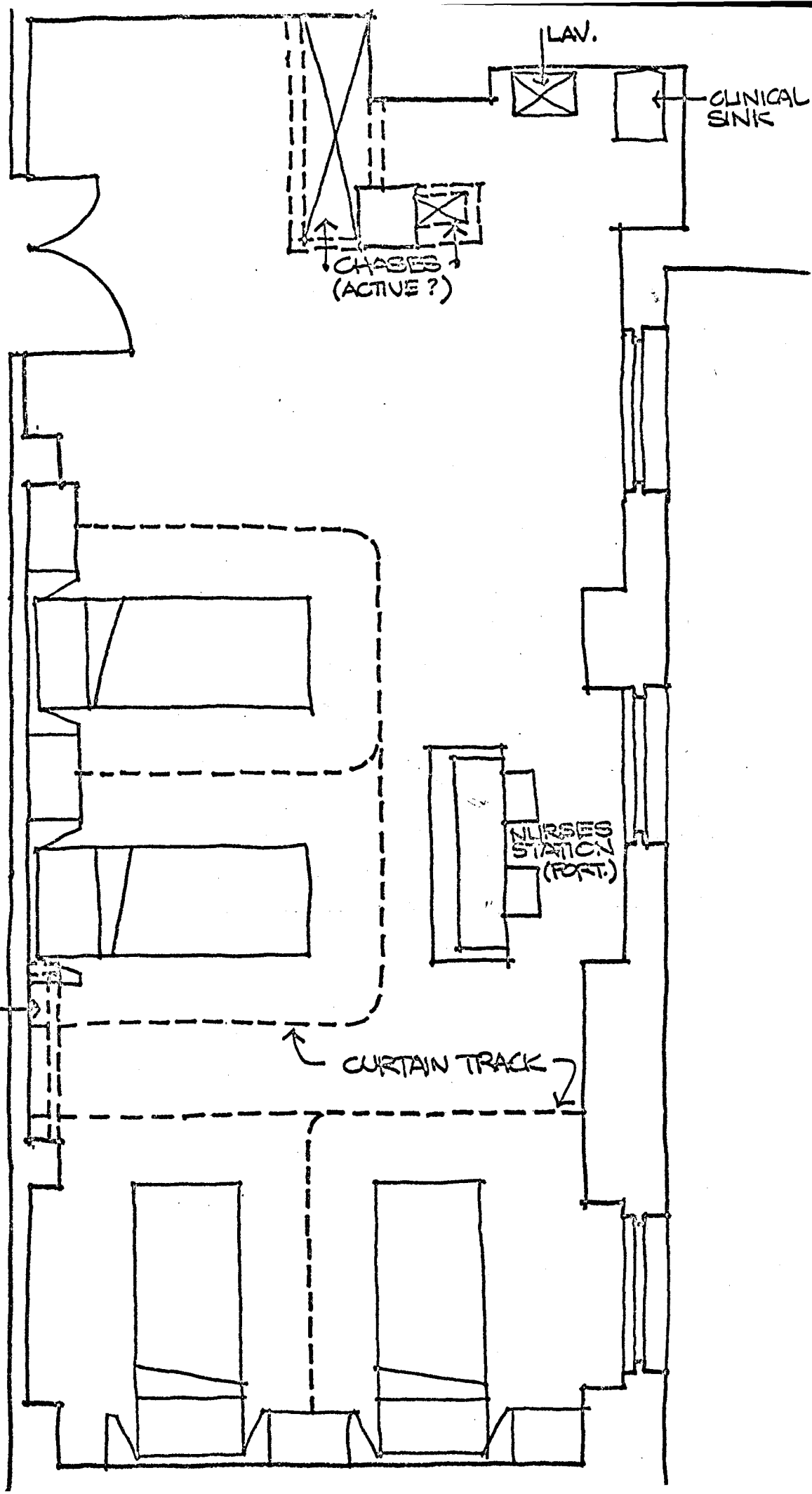
OPERATING ROOM K-X

We are short of information on equipment, services and function. From the preliminary plan, however, there are a number of suggestions and questions we might offer before planning is crystallized.

1. We would suggest simplifying the sub-sterile room to provide more space in front of the washer, sterilizer and work counter.
2. Location of the clinical sink adjacent to a clean work counter and sterilizer appears questionable. Should not liquid wastes be disposed of at a central clean-up station?
3. Where will plaster casts be prepared? In the sub-sterile room? Should a plaster trap be provided? Where will plaster cast, splints, etc. be stored?
4. Is there currently a conductive floor in the space planned for Operating Room K?
5. Will OR storage consoles be in the contract? Should the ceiling be furred down over them?
6. What will be the extent of services to the OR?
7. Considering the over-loading of all mechanical and electrical services in this area, is it advisable to attempt to use a Laminar Flow Unit? Federal reports are currently questioning their effectiveness.

KR:ahf

STATION #49
UNIVERSITY PLAN



CHASE (ACTIVE)

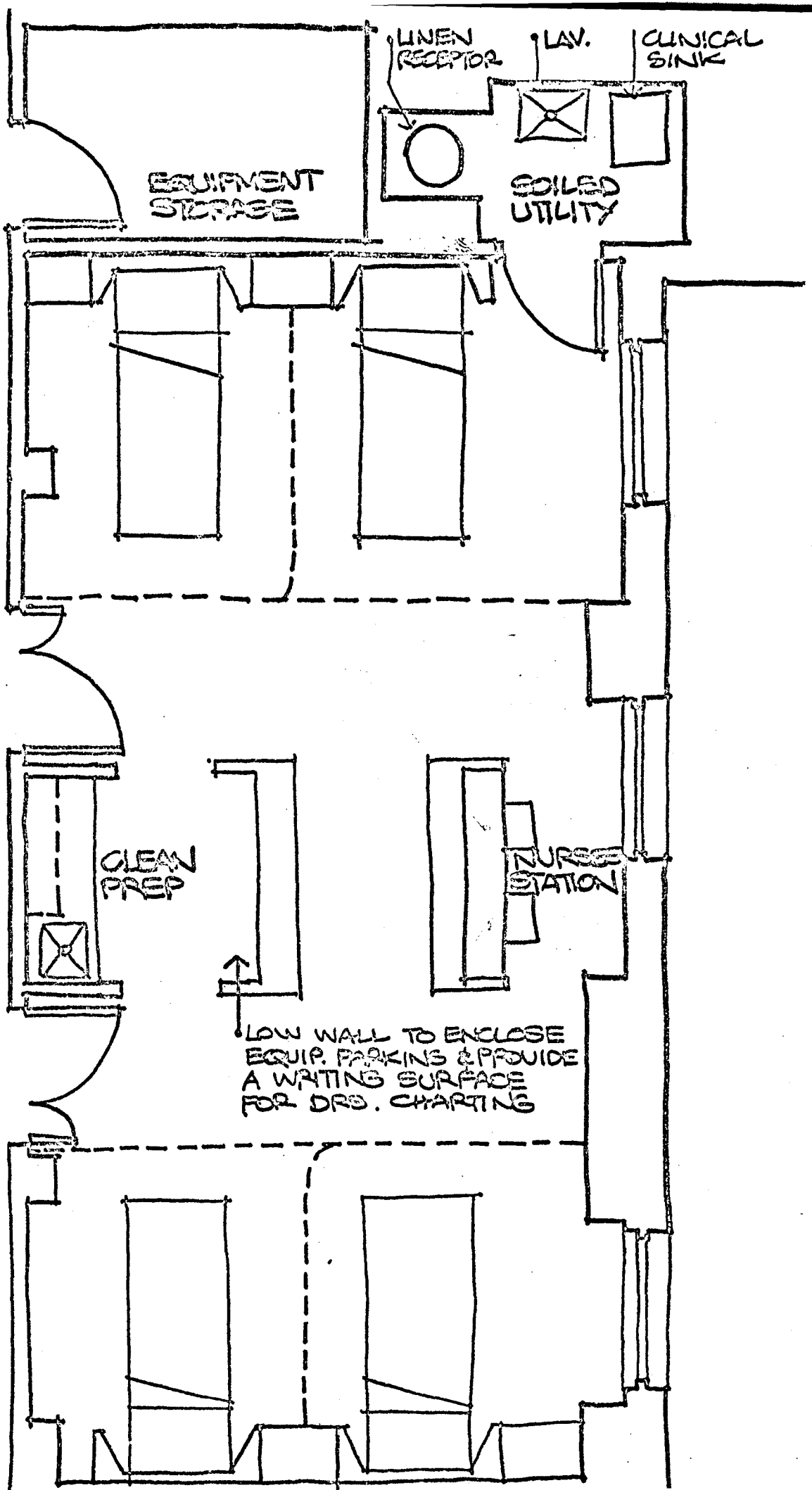
CHASES (ACTIVE?)

LAV.

CLINICAL SINK

RESTROOM (PORT.)

CURTAIN TRACK



STATION #49
TAC PROPOSAL

April 24, 1972

Dr. Michael Paparella
Box 396 Mayo
University Hospitals

RE: Locating of the proposed Comprehensive
Ambulatory Health Care Model Clinic (HMO)

Dear Dr. Paparella:

At this point in time, after doing a quick analysis of suggested sites, it appears that any location closer to the Health Sciences area of the University than the Gould Site would not be feasible:

- A) Land costs closer to the Health Sciences area than the Gould Site would be prohibitive.
- B) If the HMO Clinic were to locate closer to the Health Sciences area than the Gould Site, they would encounter significant parking problems and traffic congestion.

The Traffic Study which was done by Bather, Ringrose, Wolsfeld, Inc. in April 1972 anticipates that there will be from 1,826 to 2,749 parking space deficiencies in the Health Sciences area by 1975. By 1985 they anticipate that there will be as many as 7,375 parking space deficiencies in this area. The locating of the HMO Clinic closer to Health Sciences than the Gould Site would magnify this parking problem.

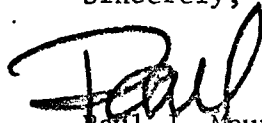
Property costs we have received indicate:

Gould Site land cost - approximately \$175,000.
East of Oak Street - \$405,000 or more.
West of Oak Street - \$518,000 to \$650,000.

Strictly from a planner's standpoint and based upon site cost, present and proposed parking problems and the contents of the recently completed Traffic Study I would recommend that a site closer to the Health Sciences than the Gould Site not be selected.

A more thorough analysis of this problem could be done by a competent study company in this field.

Sincerely,



Paul J. Maupin
Health Sciences Planning Coordinator




Mr. Paul Maupin
May 11, 1972
Page 2

If this method of proceeding is satisfactory to you, please initial one copy of this letter and return it to us with the appropriate purchase orders for billing purposes.

Very truly yours,

THE ARCHITECTS COLLABORATIVE Inc.


John J. Scott

JJS:pp

Enclosures

cc: Hugh Peacock
Tom Jones
HSAE
HJSA

March 20, 1972

Mr. Roland Kluver
The Architects Collaborative
46 Brattle Street
Cambridge, Massachusetts 02138

Dear Mr. Kluver:

This is written following our meeting of March 15, 1972 at which time we discussed the possibility of TAC and/or H.S.A.E. providing architectural services to the University of Minnesota Hospitals for the following projects:

1. "Family Practice Radiology Facility": It involves remodeling room A-261 Mayo Building, into an x-ray facility to service the Family Practice Clinic. We have drawings and a \$23,000 estimate developed by the Plant Services Department of the University of Minnesota. The estimate includes provision for a main power supply feeder. Equipment will be purchased through University purchasing channels. We request that this project be ready for bid within 60 days. Mr. Wally Petrykowski of our Hospitals engineering staff will be the official point of contact for the user. Funds for the project will be provided by the Department of Family Practice of the University of Minnesota Medical School.
2. "Powell Hall Obstetrics-Gynecology Clinic": It includes a variety of remodeling work on the third floor of Powell Hall. We have detailed specifications and drawings and have an estimate from the Plant Services Department. Funds will be provided by the University of Minnesota Hospitals. Mr. Wally Petrykowski is the official point of contact for the user. This project should be bid within 90 days.
3. "Station 49 Respiratory Intensive Care Unit": It involves remodeling rooms A-420, A-422, and A-424 in the Mayo Building into a 4 bed respiratory care center. The scope of this project has been detailed in both estimates and drawings from the Plant Services Department, University of Minnesota. The cost estimate is \$48,000 and does not include moveable equipment which will be purchased by the Hospitals. Bids for this unit should be out within 60 days. University Hospitals will provide funds, Mr. Petrykowski will be the official point of contact for the user.

HEALTH SCIENCES

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Mr. Roland Kluver

4. "Operating Room K-X": This is to be a feasibility study taking the project through schematics and initial cost estimate. It involves conversion of rooms B-480 and B-478 in the Mayo Building operating suite into a single major operating room. The rooms will be assigned for use by several surgical services and will include a laminar flow unit for use by the orthopedic service. Funds for this project will be provided by the University of Minnesota Hospitals and Mr. Petrykowski will be the official point of contact. The cost estimate should be completed within 30 days.

If you have any questions concerning this request please contact me or Mr. Petrykowski. We hope that assignment of the projects can be made shortly and that work can be completed within the time frame suggested.

Sincerely,



Thomas F. Jones
Associate Director
University of Minnesota Hospitals

TFJ:db

cc: Mr. Paul Maupin
Mr. Wally Petrykowski
Mr. W.B. Berget

August 15, 1972

OFFICE OF THE UNIVERSITY ATTORNEY
330 MORRILL HALL • MINNEAPOLIS, MINNESOTA 55455
PHONE 373-3446 • AREA CODE 612

Enviro-Med Inc.
P. O. Box 2324
La Jolie, California 92037

Attention: C. D. Pruett

Re: Contractual Agreement between
Enviro-Med Inc. and the Regents
of the University of Minnesota

Dear Mr. Pruett:

I enclose a fully executed copy of a contractual agreement
to PROVIDE A PROGRAM OF PLANNING AND TECHNICAL ASSISTANCE RE-
LATED TO THE ESTABLISHMENT OF A CENTER RESEARCH AND TREATMENT
CENTER AT THE UNIVERSITY OF MINNESOTA for your files.

Yours very truly,

R. Joel Tierney
University Attorney

RJT:ks
Enclosure

bcc: Central Files
✓Lee LcMay

RECEIVED

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE



enviro-med

incorporated
p. o. box 2324 la jolla
california 92037
(714) 459-3488

divisions:

planning
health sciences
technical systems
environmental technology

August 10, 1972

University of Minnesota
Planning Office
Morrill Hall, Room 339
Minneapolis, Minnesota 54455

Attn: Mr. L. A. Lemay

Dear Mr. Lemay:

This letter is intended to confirm our telephone conversation today regarding clarification of certain items in ENVIRO-MED Contract No. 172 (Rev. 1) recently forwarded to your institution for execution.

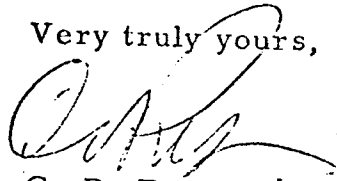
- Reference page 4-1, paragraph C. "Reprocurement costs" are defined for purposes of this contract as those costs required to accomplish the task under contract should the University of Minnesota determine that ENVIRO-MED defaults on its performance of the task in question. The paragraph as written is intended to limit financial liability (in the case of default) to an amount which has not been expended in bringing the work to a terminating point.
- With reference to a determination of the option to contract for Tasks II and III, your attention is directed to the fact that the option to select Task II and Task III is at the discretion of the University of Minnesota since the contract is exercisable on a task by task basis. Similarly, there is no written provision to "cancel" the contract since, in essence, there is no contract until the University elects to proceed on the task (by issuing a formal "Notice to Proceed" on the task selected.)

- All contract costs for travel, housing, reproduction, etc. for ENVIRO-MED staff are included in the contract/task price quotation.
- Reference second paragraph on page 4-4. This section should be revised to read as follows:

"For purposes of interpreting the foregoing provisions, the term 'invention' is defined as including any art, machine, manufacture, design, or composition of matter, or any new and useful improvement thereof, which is or may be patentable under the Patent Laws of the United States."

I hope that the information provided above is sufficient to clarify your concerns. However, if additional information is required beyond that presented, please give me a call.

Very truly yours,



C. D. Pruett
Executive Vice President

CDP/bm

APPROVED:

Hugh G. S. Percock AUG 14 1972

HUGH G. S. PERCOCK
ASSISTANT VICE PRESIDENT
PHYSICAL PLANNING



enviro-med

incorporated
p. o. box 2324 la jolla
california 92037
(714) 459-3488

divisions:

planning
health sciences
technical systems
environmental technology

Contractual Agreement No. 172
(REV. 1)

A CONTRACTUAL AGREEMENT TO PROVIDE
A PROGRAM OF PLANNING AND TECHNICAL ASSISTANCE
RELATED TO
THE ESTABLISHMENT OF
A CANCER RESEARCH AND TREATMENT CENTER
AT THE
UNIVERSITY OF MINNESOTA

(In Accordance with Attached Pages 1-1 to 4-7)

Accepted on Behalf of
ENVIRO-MED, Incorporated

By: C.D. Pruett
C.D. Pruett, P.E.
Executive Vice President

Date: JUN 28 1972

Accepted on Behalf of
University of Minnesota

By: James F. Brinkerhoff
(Signature)

Name: James F. Brinkerhoff

Title: Vice President
Finance, Planning & Operations

Date: _____

AUG 3 1972
Date

RECOMMENDED:

Hyun G. S. Park
Asst. Vice President, Physical
Planning

[Signature]
University Attorney

AUG 14 1972
Date

I. INTRODUCTION

This contract outlines a planning and technical assistance program whose efforts are directed at:

TASK I

- A determination of the various alternatives for establishment of a Regional Multidisciplinary Cancer Research and Treatment Center/Network for the University of Minnesota. Included as a major consideration within each of the alternatives will be the estimated space, organizational structure, major equipment items, staffing needs, compensation levels and operational funding support required to initiate and conduct multidisciplinary research and training programs in cancer.

TASK II (Optional)

- Accomplishment of a comprehensive operational and financial analysis for the startup and continuing operation of a Regional Multidisciplinary Cancer Research and Treatment Center/Network. This report will include appropriate funding elements for indirect charges, staffing, and appropriate compensation levels, facilities, equipment, travel, patient costs (for clinical research), research program costs, etc.

TASK III (Optional)

- Development of a conceptual facility design (i. e., functional facility layouts) and special design criteria for any new facilities required for implementation of the long-range Cancer Research and Treatment Center/Network. The report will provide guidance for the architect-engineer chosen for the development of final working drawings and project bid documents for the new facility(s) to serve the 1980-1990 time period.

II. DESCRIPTION OF PROPOSED WORK

2.1 TASK I - PROGRAM AND FACILITY DEVELOPMENT ALTERNATIVES STUDY (6 months)

This task of the planning effort is directed toward determining the alternatives for development of a Regional Multidisciplinary Cancer Research and Treatment Center/Network. A report will be prepared which will consider and analyze the following elements:

- A determination of the various alternatives available for establishment of Multidisciplinary Cancer Research and Training Programs within the region and institution(s) to include basic research, pre-clinical sciences and clinical sciences.
- Determination of interdepartmental relationships and organization structure alternatives for the Cancer Research and Treatment Center/Network.
- Impact of the Cancer Research and Treatment Network on the educational programs and educational funding support.
- Identification of those factors expected to influence interaction between the Program and affiliated/cooperating Physicians and institutions both in and out of state.
- Identification and definition of the role of ambulatory care in clinical research, clinical services and education as related to the clinical services and clinical research in cancer.
- Analysis of professional and paramedical/technical staff requirements for program initiation and buildup.
- Determination of the role and increased utilization for management personnel in the day-to-day operation of a Cancer Research and Treatment Center/Network.

- Impact of predicted cancer patient loads (for various cancer network models) on inpatient beds, progressive care beds (motel units), related clinical services (such as radiology, nuclear medicine, surgery, pathology, clinical labs, etc.) and of the influence of changing patterns of the clinical research on the requirements for the various types of accommodations for patients.
- Determination of those singular and multidisciplinary basic and clinical research, training, and clinical service programs which are expected to have a major influence on the size of facilities, staff, equipment, and operational funding requirements.
- Assist in identifying the establishing valid program oriented cooperative relationships between the 1) major institutions involved in the program; 2) other existing organizational entities in the region such as CHP, RMP, professional societies, etc.; and 3) the various affiliated providers and private physicians.
- Estimation of cancer patient loads, identification of expected changes in referral patterns, and determination of various therapeutic "tracks" to include radiation therapy short course, radiation therapy long course, immunological evaluation, immunotherapy long and short course, gynecologic procedures, surgical procedures (both oncologic and reconstructive), outpatient visits for new and followup patients, diagnostic procedures including radiographic, nuclear medicine, and clinical labs, etc.
- Determination of both interim and long-term requirements for facilities, staff and staff compensation levels, equipment and operational funding support.
- Development of realistic operational program time schedules phased in a manner that is commensurate with the time required for staff acquisition, equipment procurement and operational funding.

The work in Task I consists of data collection, analysis of the data and preparation of the Task I report.

2.1.1 Data Collection

This portion of Task I will involve preparation of detailed Facility, Staff, Equipment, and Program Planning Questionnaires for completion by members of the staff of the major departments and elements of the participating institutions. These questionnaires will be distributed to all clinical and basic science groups which are or may be involved in cancer research and treatment programs as well as selected officials within the administration and in associated institutions and other health agencies identified for participation in the planning effort. (Examples of such agencies which might be considered for completion of questionnaires include the State Health Department, the local branch of the American Cancer Society, professional medical societies, etc.). Of course, the agencies will be selected by and at the discretion of the contract monitor.

These questionnaires will also elicit information concerning basic research programs, patient loads, joint treatment protocols, special support needs (such as housing, transportation, equipment, etc.), equipment requirements and support staff needs, etc.

One major aspect of the data collection phase will involve visits and guided personal interviews (by ENVIRO-MED project personnel) with referring clinicians at those institutions that have previously expressed interest in participating in the clinical cancer research programs. These visits and personal interviews will be conducted using previously established interview guidelines in order to obtain data concerning; boundary conditions affecting professional staff attitudes concerning projected patient referrals, potential patient pool size, numbers and types of patients; major research interests (clinical and basic); expected professional time commitments to the Cancer Program; other elements considered important by each person interviewed relative to successful development of a multidisciplinary cancer program; and estimated required funding support for patients entering clinical research protocols (i. e. , transportation, housing, treatment fees, etc.).

2.1.2 Data Analysis and Report Preparation

This succeeding portion of Task I will commence as soon as all pertinent data has been collected. During the analysis, two or more Cancer Research and Treatment Center/Network models will be developed and analyzed. The results of the analysis will be presented in the Task I report. The analysis will consider patient loads, research programs and training requirements for a Multidisciplinary Cancer Research and Treatment Program expected to serve as an important demonstration "Center of Excellence". One of the prime elements of this task will be the definition of the various organizational structures which will allow the initiation and successful operation of a program composed of many varying, competing, and sometimes conflicting elements within the institution and among the participating outside groups/institutions. Development of a satisfactory organizational structure for a multidisciplinary cancer program will involve a delicate and sensitive blend of the basic and clinical sciences into effective joint programs of research, training and clinical service. Organizational components to be considered in this phase of the planning effort include clinical science departments, clinical service functions, basic science departments, administration, and the organization of the program within the institution and associated elements of a Cancer Research and Treatment Program, such as tumor registry and records, epidemiology, bio-statistics, evaluation, computers, etc.

After analysis of the data, a preliminary draft (25 copies) of the Task I report will be prepared and submitted. This report will contain estimated space requirements for each of the various models studied (including detailed room lists); a list of major equipment needs; professional staffing estimates; and estimated costs for facilities, equipment, staff and operational support for basic and clinical research programs for each model. The cost estimates in this draft document will be for programming purposes only.

Detailed estimates for the various elements will be developed in Tasks II, III and IV, (i. e., facilities renovation, new construction and equipment costs in Task II and IV, and operational costs in Task III). Included in this report will be a detailed analysis of the patient "tracks" created by the cancer patient loads in order to better assess the impact of the cancer program on the existing and proposed facilities, staff and equipment. This analysis will be accomplished by providing the information generated by the data collection phase as input to a sophisticated and unique computer program developed by ENVIRO-MED. This computer program provides an analysis and development of various patient "tracks" for cancer patients. Examples of data generated by this unique computer software include (1) predictions of various work loads caused by a viable clinical cancer research and clinical program, (2) annual number of inpatient days for cancer patient, (3) number of cancer outpatient visits, (4) number of followup visits, (5) number of radiation therapy units required, (6) number of diagnostic radiology procedures performed, (7) number of clinical laboratory tests, (8) number of nuclear medicine procedures, (9) number of surgical procedures performed, (10) number of operating suites required for oncologic surgery, as well as many other important quantities. From this information, an accurate assessment of the impact of the cancer program on the existing operations can be made.

After the staff has had an opportunity to review the report, the ENVIRO-MED project team will meet with the institutional staff in order to receive the review comments and discuss any areas requiring clarification. Based on the comments made at this meeting, the Final Task I report will be prepared, and submitted (25 copies).

2.2

TASK II (OPTIONAL) - OPERATIONAL AND FINANCIAL
ANALYSIS STUDY (6 Months - To Be Accomplished Concurrently
with Task III)

This task will involve the preparation of an Operational and Financial Analysis Study for the Operating Cancer Research and Treatment Center Program and will contain analyses of current and projected operating expenses and income of the Center including: (1) sources from which expenditures and revenue are or can be expected to be derived; (2) financing requirements for construction and equipment; and (3) recommendations as to procedures and financing techniques which can be used to ensure the fiscal viability of the Program in accordance with overall budgetary guidelines of the institution(s).

This report can be used as a basis for development of the overall Operational Cancer Research Center Grant application, if federal grants are requested.

Task II can logically be initiated concurrently with Task III since the financial analysis will in part make use of information as it is generated during this task.

Initially, Task II will involve a visit by the ENVIRO-MED, Inc. staff of fiscal management specialists to meet with key members of the institutional and hospital administration staffs. Boundary conditions and overall policy guidance will be obtained at this time regarding the operation of the new Cancer Program within the framework of the overall Budget and Fiscal Program(s). Information to be gathered during this visit will include immediate and projected staffing needs, salary and wage rates in the area, as well as current cost indices for services, power, equipment, supplies, etc.; current hospital administration practice for the allocation of non-direct expenses, current practice and procedures concerning billings and payments; the status of third party payees in the state; and the current University funding from other sources. Thereafter, a preliminary report will be prepared for

review by the appropriate staff members to ensure the validity of all factual information gathered during this initial step.

In addition to the fiscal aspects of the program, the draft Task II report will also contain specific recommendations and guidance for development of Operational Procedures and Policies for satisfactory administration and management of federal grants, if federal grants are requested. This will include guidance on: (1) budget administration, (2) financial accounting, (3) procurement, (4) property management, including equipment and space, (5) personnel systems, (6) facilities management, (7) planning and budgetary, (8) management information systems, and (9) inventions and patents. This information and guidance is directed toward assisting the institution in complying with the grants administration policies of the federal government.

Upon review and comment by fiscal officials on the preliminary report, the ENVIRO-MED Project Team will prepare a detailed operational and financial analysis report giving the projected operating expenses and income for the Cancer Research and Treatment Program. The report will include the development of recommended operational procedures to be used to ensure fiscal viability of the program and will include details as to existing and projected salary costs for both professional and technical personnel, building service costs to include heating and air conditioning, power, water, maintenance, etc.; radiotherapy equipment procurement and maintenance costs; office costs; costs of laboratory and medical supplies; costs directly identifiable to the operation of the Cancer Program; other costs allocable to the Center from other sources along with the basis for all allocations and operational costs to conduct the programs of clinical research. The cost of the clinical research program will identify the costs expected for support of patient travel, inpatient care, outpatient/visitor housing, professional staff salaries, equipment lease or rental, facility/equipment leases, etc.

This analysis will give all costs of the program by disciplinary function and in total. The draft report (submitted in 25 copies) will also include specific recommendations for financing the operation of the Center through income derived from patients in other sources and an estimate of the magnitude and duration of any surplus (or deficit) which may be expected. The report will likewise contain analyses and recommendations, including alternatives, concerning the most practicable methods of developing the startup and operational budget for the Center. These analyses will consider lease/purchase arrangements for equipment acquisition, sell/lease/purchase arrangements for building construction, and will include pro forma statements of income and cash flow for each alternative.

The draft of the Operational and Financial Analysis Report will be submitted to the institution for review. After an appropriate review period, the ENVIRO-MED Project Team will again visit to meet with appropriate officials for an intensive critique of the draft report. Using the comments and guidance obtained as a result of these discussions, ENVIRO-MED will prepare and submit 25 copies of the final Operational and Financial Analysis Study Report for presentation and use as budgetary guidance for the startup and operation of the new Cancer Research and Treatment Center/Network.

The performance period for this task is six months, and it will be conducted concurrently with Task III.

2.3 TASK III (OPTIONAL) - CONCEPTUAL FACILITY DESIGN
STUDY - LONG RANGE PROGRAM REQUIREMENTS (6 Months)

This work effort will involve the preparation of a Conceptual Facility(s) Design Study for the Cancer Research and Treatment Program. This phase will be initiated immediately upon receipt of review comments

and selection of the appropriate facility development alternative by the institutional staff. The Conceptual Facility Design Study will contain conceptual facility layouts (i. e., single line drawings, patient and staff flow patterns, special facility design criteria, e. g. heating, ventilation, air conditioning, radiation shielding, electrical power requirements, lighting levels, laminar air flow rooms, special room finishes, etc.), and itemized cost estimates for the facility design and construction and major items of installed equipment.

Initially, preliminary sketch floor plans and an outline of the report will be furnished to the client's staff for review and comment. Members of the ENVIRO-MED Project Team will visit the institution(s) in order to review the sketch floor plans, functional relationships, personnel traffic flow and support activities. During this review conference, the design concepts will be presented, explored and modified, if necessary, in order to develop a conceptual facility design meeting the long-range goals of the Program.

After receiving the review comments on the preliminary sketch layouts, the ENVIRO-MED Project Team will prepare and submit a draft of the final Conceptual Facility Design Study (25 copies). This report will contain conceptual facility design drawings, comprehensive cost estimates for the facility design and construction and major items of installed equipment and a final draft of the Task III report narrative. After an appropriate review period, the ENVIRO-MED Project Team will again visit the institution for a comprehensive review of the entire report. Using the comments obtained during this review conference, 25 copies of the report will be prepared and submitted in fulfillment of the Task III effort. The completed Conceptual Facility Design Study will be prepared in a format which will enable the institution's architect/engineer to prepare the facility schematics, design development (preliminaries) working drawings and project bid documents in minimum time.

The Task III report can also be used as a basis for development of a Construction Grant Application to the National Cancer Institute if such a grant is desired.

The performance period for this task will be six months.

III. SCOPE OF WORK

"Within the limits of scientific, engineering, and technical support outlined in each task, contractor shall conduct a program of planning and technical assistance as follows:

Task I A Data Collection

Prepare and submit Comprehensive Program, Facility Equipment and Staff Planning Questionnaires to the staff members associated with the planning of the new Cancer Research and Treatment Program. Develop an appropriate interview guideline and visit cooperating research clinicians at selected institutions to determine extent of cooperative clinical research programs in cancer in the region.

Task I B Data Analysis and Task I Report

Using information generated by the questionnaires and guided interviews, analyze the data and prepare a report outlining the alternatives for establishment of a Cancer Research and Treatment Program. The report will contain an outline of space and equipment requirements for each alternative, staff needs, functional relationships, and budgetary cost estimates for facilities and equipment for each alternative. Twenty-five copies of the report will be submitted in fulfillment of this phase of the work. Additional copies can be obtained in groups of 25 copies at a cost of \$15.00 per copy.

Task II (Optional)

Prepare and submit a detailed Operational and Financial Analysis Report for the Cancer Research and Treatment Program. The report will contain projected operating costs for the program including estimated expenses for staff salaries, future staff compensation levels, equipment and building maintenance, building services, and administration and management costs. The report will also contain estimation of income derived from patient sources, appropriate government grants for research, training, and Cancer Program operation as well as subsidies required from other agencies. Twenty-five copies of the report will be submitted in fulfillment of this phase of the work. Additional copies can be obtained in groups of 25 copies at a cost of \$15.00 per copy.

Task III
(Optional)

Using the review comments of the staff and institutional officials on the Task I report as guidance and boundary conditions, prepare and submit a Conceptual Facility Design Study. The report will contain, as a minimum, conceptual facility layout drawings for the entire facility, special facility design criteria (i. e. , heating/ventilation, air conditioning loads for the special equipment, shielding thicknesses for the radiation sources, lighting levels, special room finishes, etc.), shielding analyses for all of the radiation therapy sources, and cost estimates for the facility construction and major items of installed equipment. Twenty-five copies of the report will be submitted in fulfillment of this phase of the work. Additional copies can be obtained in groups of 25 at a cost of \$15.00 per copy."

IV. CONTRACTUAL PROVISIONS

The Contractor agrees to perform the work in this contract on a fixed price basis for each task or subtask selected. The work will consist of the following:

- A. A description of the work for each task and subtask as given in Section III, Scope of Work.
- B. The performance period and fixed price amounts for the contract will be the respective performance periods and fixed prices for each task and subtask as shown below.

<u>Task No.</u>	<u>Performance Period</u>	<u>Fixed Price Amount</u>
I-(A)	Three months	\$18,518
I-(B)	Three months	\$26,728
II (Optional)	Six Months	\$31,372
III (Optional)	Six months (to be conducted concurrently with Task II)	\$33,164

- C. In the event of termination for default of the contract, the Contractor's liability for procurement costs will be limited to those costs allocated to the unexpended portion of the level of effort as set forth in this schedule.
- D. Payment invoices will be submitted as set forth in the schedule on the following pages. Payments will be made within twenty-one (21) days after invoice submission.

INVOICE SCHEDULE

<u>Invoice No.</u>	<u>Submission</u>	<u>Amount</u>	
Task I - A	1	Immediately upon award of contract	\$10,000
	2	Two months after Invoice 1	<u>8,518</u>
		Total Task I-A	\$18,518
Task I - B	1	Immediately upon notice to proceed with Task I-B	\$10,000
	2	Two months after Invoice 1	10,000
	3	Upon completion and submission of Task I Report	<u>6,728</u>
		Total Task I-B	\$26,728
	Total Task I	\$45,246	
Task II	1	Immediately upon notice to proceed with Task II	\$10,000
	2	Two months after Invoice 1	8,000
	3	Two months after Invoice 2	8,000
	4	Upon completion and submission of facility expansion report	<u>5,372</u>
		Total Task II	\$31,372
Task III	1	Immediately upon notice to proceed with Task III	\$10,000
	2	Two months after Invoice 1	10,000
	3	Two months after Invoice 2	8,000
	4	Upon completion and submission of Task III Report	<u>5,164</u>
	Total Task III	\$33,164	

E. Patent and Copyright Clauses

Title to all materials furnished to the Contracting Agency (hereinafter referred to as Monitor) by the Contractor in connection with the work provided for hereunder shall rest in the Monitor, subject to and rights of the United States Public Health Service.

The Contractor hereby agrees to report fully to the Monitor any invention conceived or first actually reduced to practice in performance of this contract (hereinafter referred to as "such invention(s)") and shall assign all right, title, and interest in and to such invention to the Monitor and to the Government or their designee provided, however, that it is further agreed that non-exclusive royalty-free licenses to make and to use such inventions in the United States shall be granted to the Contractor. In addition, the Contractor agrees to furnish the following materials, disclosures and reports:

- a) Information in writing, as soon as practicable, concerning the date and identity of any public use, sale or publication of such invention known to the Contractor or of any contemplated publication by the Contractor.
- b) Upon request, such duly executed instrument (prepared by the Monitor and the Government or its designee) and such other papers as are deemed necessary to vest in the Monitor or its designee the rights granted under this clause and enable the Monitor and the Government or its designee to apply for and prosecute any patent application, in any country, covering such invention.
- c) Interim reports on the first anniversary of the contract where extended or renewed and every year thereafter listing all such inventions made during the period whether or not previously reported or certifying that no inventions were conceived or first actually reduced to practice during the applicable period.

- d) Prior to final settlement of this contract, a final report listing all such inventions including all those previously listed in interim reports, or certifying that there were no such reported inventions.

For purposes of interpreting the foregoing provisions, the term "invention" is defined, or composition of matter, or any new and useful improvement thereof, which is or may be patentable under the Patent Laws of the United States.

The term "Subject Data" as used herein includes writings, sound recordings, pictorial reproduction, drawings, or other graphical representatives, and works of any similar nature (whether or not copyrighted) which are specified to be delivered under this contract. The term does not include financial reports, cost analyses and similar information incidental to contract administration. Subject to the following proviso the Monitor and the Government or its designee as required, may duplicate, use and disclose in any manner and for any purpose whatsoever, and have others to do so, all Subject Data delivered under this contract. The Contractor agrees to and does hereby grant to the Monitor, the Government or its designee as required a royalty-free, non-exclusive and irrevocable license throughout the world, to publish, translate, reproduce, deliver, perform, dispose of, and to authorize others so to do, all Subject Data now or hereafter covered by copyright.

F. Administrative and Scientific Control

It is understood by the parties hereto that final scientific supervision and control of the work specified to be performed pursuant to this agreement shall be vested in the Monitor, and payments for work performed shall not be made until the payment milestones as indicated in the payment invoice schedule are approved by the Monitor.

G. Equal Employment Opportunity (Section 202, Executive Order 11246, September 24, 1965, 30 FR 11269)

During the performance of this contract, the contractor agrees as follows:

- 1) The contractor will not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, creed, color, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this non-discrimination clause.
- 2) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, creed, color, or national origin.
- 3) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under Section 202 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- 4) The contractor will comply with all provisions of Executive Order No. 11246 of September 24, 1965, and of the rules, regulations, and relevant orders as of the Secretary of Labor.

- 5) The contractor will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the Secretary of Labor or purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- 6) In the event of the contractor's noncompliance with the non-discrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be cancelled, terminated or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1956, and such other sanctions may be imposed and remedies involved as provided in Executive Order No. 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- 7) The contractor will include the provisions of Paragraphs (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the contracting agency may direct as a means of enforcing such provisions including sanctions for noncompliance: Provided, however, that in the event the contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the contracting agency, the contractor may request the United States to enter into such litigation to protect the interests of the United States.

H. The Project Manager for this project will be Mr. Robert Potenza, and assisted by Mr. P.R. Johnson, Mr. V. W. Ostrander, Mr. Gregory Lewis, Dr. William Kabisch, Mr. Frank A. Mallalieu, A.I.A., Dr. Jack Dobson, Mr. C. D. Pruett, Dr. D.F. Herring, Dr. R.J. Hasterlik, and Mr. Mark Adelman.

I. ENVIRO-MED does not contemplate entering into any sub-contracts for work performed under this proposal and further agrees that no subcontract will be executed for any portion of work without the express and prior written approval of the Contract Monitor. However, any subcontract which might be executed as a part of this work (with prior approval by the Contract Monitor) will include all applicable provisions of the proposal.

UNIVERSITY OF *Minnesota*

UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455

October 18, 1972


Mr. Dave Kerkow
96 Folwell Hall
Mpls. Campus

Re: Operating Room K locale division of
responsibilities.

Dear Dave:

If you have any comments regarding the attached correspondence, we would
appreciate hearing them!

Sincerely,



Paul J. Maupin
Health Sciences Planning Coordinator

PJM:jlb

Enclosures



HEALTH SCIENCES

*Best - I assume
you know what to
do on here*

KILPATRICK ASSOCIATES, INC.

BIDMEDICAL ENGINEERING
333 BRYN MAWR AVENUE
CHICAGO, PA. 19004

DATE	OCT 10 1972
HR	132
	P. Mayson
FILE	

RECEIVED

OCT 13 1972

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

September 27, 1972

Mr. Kenneth Schneider
Assistant Director
University Hospitals
The University of Minnesota
Minneapolis, Minnesota 55455

Subject: Operating Room K Locale
Division of Responsibilities

Dear Ken:

The telephone conversation of 19 September, between you and Dave Kilpatrick, modifies the memo of 15 September (from John Scott and Gerry Olson to Thomas F. Jones) to an extent which makes advisable a definitive restatement of the division of both effort and responsibility (between KAI and T.A.C./H.S.A.E.), on the K operating room B-480 and the two adjacent utility areas B-478 and B-479. We believe the following to be a practical division:

KAI Effort and Responsibility

For B-480 (OR K) KAI will generate the drawings and specifications for the grounding system and for the electrical distribution system being powered through an isolation transformer. The receptacles and equipment being powered through the isolation transformer are the 120 V and 208 V receptacles and lighting which is extendable to within 8 feet of the floor. These documents will be delivered to the University of Minnesota.

T.A.C./H.S.A.E. Effort and Responsibility

- a. Rooms B-478 and B-479: All the electrical work.
- b. Room B-480: All the electrical work which by code is not required to be powered through an isolation transformer. As we understand the plans for this OR, the electrical items not required to be on an isolated power system comprise all ceiling mounted lights, both emergency and fluorescent and the laminar flow unit (explosion-proof motors and controls?). In connection with the ceiling lighting, KAI suggests consideration be given to adding emergency lighting which is switched automatically to battery upon loss of primary power, (as in the other operating rooms), and use of lead/lag ballasts on pairs of fluorescent lamps to minimize stroboscopic effects.

Page 2

Please give us your concurrence or comments on the above. We are proceeding on the basis defined above.

Sincerely yours,

GEORGE J. LAURENT, P.E.

GJL:ml

cc to: T. E. Jones
D. G. Kilpatrick
J. Lowerenz
G. Olson
H. Peacock
K. Rogness
J. Scott

KILPATRICK ASSOCIATES, INC.
BIOMEDICAL ENGINEERING
333 BRYN MAWR AVENUE
DYNWYD, PA. 19004

DATE OCT 16 1972	
HP	
FILE	

October 4, 1972

To: Jack Lewerenz

Subject: O.R. Electrical Upgrading Program

Our comments on your memorandum of September 25th are given below.

1.0 We agree with your comment.

2.1 We will change the specification to provide a 7.5 KVA isolation transformer for Room J.

2.1 Re physical location of outlets: The following is for advance information on our planning. For low grounding impedance and economy we prefer to cluster receptacles and their corresponding (one for one) grounding receptacles in a single panel and recessed box. We are planning on using a basic panel containing six power receptacles and six grounding receptacles. One group of six will be combined in a panel with the LIM and intercom facilities. Preliminary drawings will be submitted to owner for comments.

2.2 Re 208 V receptacles: There are alternate ways of limiting the number of "power ON" 208 V lines to three. A method is to use control wiring from each 208 V receptacle to detect the presence of an inserted plug and logic circuitry to activate only the first three receptacles into which plugs have been inserted. Such an approach involves use of equipment which is not available off-the-shelf as an assembly. This factor, together with the running of additional wiring for control, adds to the cost. For reasons of cost effectiveness we recommend the manual switch approach and would provide clear marking. Please again comment to us if you evaluate the trade-offs differently.

2.3 Re lights extendable to within 8 feet of floor level: Previously, there was no automatic switchover to emergency AC. The upgraded area is expected to have this feature. Thus, these lights should remain on the isolation transformer output to meet code requirements during an emergency.

- Table I a. We can reduce number of receptacles in induction rooms and cyst rooms to agree with your table. For the cyst rooms, some panel cluster sizes will become non-standard from the other rooms. In comparing the size of A 406 and A 410, A 406 appears to have a disproportionately high number of 120 V receptacles. Do you still consider that 10 receptacles for A 406 and 30 receptacles for A 410 to be correct?
- b. A 406 had appeared to us to be a portion of PAR A 410 with no closable door between A 406 and A 410, analogous to an alcove on a bigger room. If a door can be closed to make A 406 a separate operating room, code requirements dictate that A 406 be served by its own isolation transformer. Please advise in which category A 406 falls.

Additional comment:

Since issue of our Electrical Systems Definition dated 7 September 1972 it has been determined that Room A 401 (Storage) holds oxygen bottles. Under code requirements A 401 must be served by a separate isolation transformer. We will equip it the same as an induction room.

George J. Laurent, P.E.

cc to: Dr. J. Buckley
T. E. Jones *
D. Kerkow
D. G. Kilpatrick
Ms. Lande
G. Olson *
H. Peacock *
K. Rogness *
J. Scott *
K. Schneider

* With copy of J. Lewerenz's memo of September 25th

UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455

September 25, 1972

TO: Dave Kilpatrick

FROM: Jack Lewerenz

SUBJECT: O.R. Electrical Upgrading Program, listed below are comments from concerned parties for the above stated project.

1.0 Paragraph three (we have assumed that the contractor performing the work in OR-IC will do the work in all O.R.'S)

Comments: This possibility will have to be worked out with Hospital Administration and Architects and Engineers presently contracted to remodel OR-K.

2.1 Paragraph two (The isolation transformers are to be 5 KVA for each room, except for room M which shall have a 7.5 KVA isolation transformer).

Comments: Room J should have a 7.5 KVA transformer also, as activities in this room are the same as room M.

2.1 Paragraph three (the physical layout of 120V receptacles is half on each side of each room.)

Comments: Preliminary drawings should be submitted to owner, and medical staff will indicate on drawings exact location of outlets.

2.2 Paragraph two (each 208V receptacle is to be wired separately to a control panel adjacent to the supervisor, nurse station, with a relay on each line and a control panel of a type which permits three 208V circuits to be actively powered at one time.)

Comments: If this can't be done any other way, control panels should be clearly marked and labeled so staff can easily understand how to use the system. 208V outlets in rooms should also be labeled to correspond with panel.

2.3 Paragraph two (lights which are extendable to within 8 feet above floor level or lower are to be powered through isolation transformers under the same conditions as specified for the 120V receptacles in the room in which the lights are located.)

Comments: These lights are presently on a transfer switch to emergency power which is 120V D.C. battery system, would this be compatible to isolation transformer?

UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455

September 25, 1972

TO: Dave Kilpatrick

FROM: Jack Lewerenz

SUBJECT: O.R. Electrical Upgrading Program, listed below are comments from concerned parties for the above stated project.

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PROPOSAL TO
UNIVERSITY OF MINNESOTA
HEALTH SCIENCES PLANNING OFFICE
FOR
MATERIALS MANAGEMENT CENTRALIZATION STUDY

Date: October 25, 1972
Submitted to: Mr. Paul Maupin,
Health Sciences Planning
Coordinator
Submitted by: Minneapolis Office
Community Systems Foundation



COMMUNITY SYSTEMS FOUNDATION

ANN ARBOR • AUGUSTA • BALTIMORE • CONCORD • MINNEAPOLIS • NEW HAVEN

REGIONAL OFFICE
MINNEAPOLIS - ST. PAUL
63 South First Street
Minneapolis, Minnesota 55401
612/338-7677

October 24, 1972

Mr. Paul Maupin
Health Sciences Planning Coordinator
University of Minnesota
Powell Hall
Minneapolis, Minnesota 55415

Dear Paul:

Community Systems Foundation is pleased to provide the Health Sciences Center of the University of Minnesota with a proposal to assist in the implementation of a centralized material management function. Our work would take as a basis the study performed by Chas. T. Main, Inc.

I enjoyed meeting with Bob Foster and yourself and look forward to providing services to the Health Sciences Center. Should you accept our proposal, the study will be the overall responsibility of Mr. Andrew Rinde of our Minneapolis Office. I will provide technical inputs to the engineer(s) assigned by Mr. Rinde on a regular basis.

We have chosen to propose two phases to this project. Phase I deals with the development of the procedures. Phase II involves assisting the Centralized Material Management Staff on a regular basis in the orderly implementation of these procedures.

We hope this proposal meets with your acceptance.

Respectfully,

Mathew W. Steiner
Director of Technical Services

MWS/ag

BOARD OF TRUSTEES

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Mathew W. Steiner
Gabriel Velazquez, M.D.
Dean H. Wilson



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INTRODUCTION

The Health Sciences Planning Office of the University of Minnesota has requested Community Systems Foundation to develop a proposal directed at assisting the Health Sciences in developing and implementing a centralized materials management function.

ORGANIZATIONAL EXPERIENCE

Community Systems Foundation is a not-for-profit corporation dedicated to assisting community organizations to better achieve their goals. During the past nine years, CSF has applied its scientific and engineering talents to a number of significant problems facing our communities. The foremost contribution has been the application of management engineering services to health care institutions.

For slightly over two years, CSF has provided management engineering services to the University of Minnesota Hospitals. Through this experience, CSF has gained knowledge and insights which should be invaluable in conducting the effort described in this proposal.

CSF has conducted numerous studies in health care institutions encompassing the functions to be dealt with in the proposed study. Through our CSS study at the University of Minnesota Hospitals, we have acquired some knowledge of the hospital's existing Materials Management Department. This should prove quite useful in the proposed study.

STUDY OBJECTIVES, SCOPE, ASSUMPTIONS AND APPROACH

A. Objectives and Scope

To assist in the development and implementation of a centralized materials management function for the University of Minnesota Health Sciences Center, consisting of the divisions below:

- | | |
|-------------------------|-----------------------------|
| 1. School of Dentistry | 5. The Public Health School |
| 2. Medical School | 6. Pharmacy College |
| 3. University Hospitals | 7. Basic Sciences |
| 4. School of Nursing | |

COMMUNITY SYSTEMS FOUNDATION



STUDY OBJECTIVES, SCOPE, ASSUMPTIONS AND APPROACH (continued)

B. Study Assumptions

The proposal is predicated on the following assumptions:

1. That the responsible individual for the centralized materials management function is identified before or within two weeks after the initiation date of the study. We firmly believe that one of the first steps in developing a centralized material management function is the identification of the person responsible for the function. It would be possible to perform the proposed study without the involvement and cooperation of the responsible manager, however, this is sub-optimal. More often than not, this results in extensive modifications to the systems designed and substantially delays implementation.
2. That the study will be conducted in the following phases:
 - Phase I - The development of the Centralized Materials Management function.
 - Phase II - The implementation of the Centralized Materials Management function.

C. Study Approach

Attachment I, page 5, contains a detailed outline of the approach to the study.

This approach is heavily based on the identification of the responsible manager. It should be noted that the study will require CSF to interface with representatives from all divisions of the Health Sciences.

Community Systems Foundation prides itself on its policy of assisting its clients in implementing our studies. We firmly believe that this policy is a major reason for the extremely high implementation rate for CSF studies in health care institutions. This is the rationale behind the inclusion of the second phase of the study.



STUDY COSTS AND PROJECT STAFFING

This study will be under the overall direction of Mr. Andrew Rinde of CSF's Minneapolis Office. Mr. Rinde is responsible for the CSF program at the University of Minnesota Hospitals. Mr. Mathew Steiner will have technical responsibility for the study. Mr. Steiner's experience in materials management areas of health care institutions is extensive and comprehensive. Mr. Steiner has made contributions to the literature in this area. Additional technical input will be provided from other senior CSF staff members.

The total costs of performing this study will be \$28,400. Upon acceptance of this proposal, \$3,000 will be due. Six (6) payments of approximately \$3,233.33 will be billed monthly during the six month study phase. Six (6) payments of \$1,000 will be billed monthly during the six month implementation phase.

STUDY SCHEDULE AND TERMS

CSF is prepared to initiate the first phase as early as November 13, 1972. The study report representing the completion of the first phase will be presented six months after the initiation date. The implementation assistance in the second phase is projected for another six month interval following the presentation of the study report.



ACCEPTING CONDITIONS OF THIS PROPOSAL
FOR
THE CENTRALIZED MATERIALS MANAGEMENT STUDY
AT
THE UNIVERSITY OF MINNESOTA HEALTH SCIENCES

For:

University of Minnesota
Health Sciences Planning Office

Community Systems Foundation

Paul Maupin, Planning Coordinator

Forbes W. Polliard, Dir. for Development

Date _____

Date October 25, 1972

COMMUNITY SYSTEMS FOUNDATION

ATTACHMENT ICENTRALIZED MATERIAL MANAGEMENT STUDY OUTLINEPhase I (Six Month Interval)

- A. Document the existing purchasing, inventory, storage and distribution systems within the separate divisions (Dentistry, Medical School, Hospital, Nursing, Public Health, Pharmacy, Basic Sciences) of the Health Sciences Center.
 1. Flow chart existing purchasing procedures.
 - a. Standard inventoriable items
 - b. Exception items (non-inventoriable)
 2. Document all existing storage areas.
 - a. Location and type of supplies stored
 - b. Number of square or cubic feet available
 - c. Storage equipment utilized
 3. Establish what items are currently inventoried and generate lists of inventoriable goods.
 4. Flow chart existing distribution systems.
 - a. Document existing schedules
 - b. Document routes and equipment employed
 5. Estimate existing resources utilized (e.g., staffing, space, etc.). Some divisions will already have the above information in varying states of documentation.
- B. Establish all functions which will be included under the direction of a Centralized Material Management.
 1. Review direction as established by planning report prepared by Chas. T. Main.
 2. Interview prospective users (divisions) with respect to the functions originally outlined and any new insights they may possess.



ATTACHMENT I (continued)

3. Outline the detailed organization chart necessary to accomplish above functions.
 4. Develop plan to phase implementation of the organization.
- C. Develop the organizational procedures for evaluating the fulfillment of the Centralized Materials Management function. Consideration would be given to a standing committee made-up of division representatives. Other forms of interaction to assure a satisfactory service level to the divisions will also be considered.
- D. Assist in the development of basic operating procedures within the department including:
1. Procedure for security of goods.
 - a. In transit
 - b. Storage
 2. Operating schedules for the delivery and routing of goods.
 3. The interfacing of existing computer systems. This mainly is an identification process as data processing would provide the major input from a detail standpoint.
 4. Procedures for requisitioning and purchasing.
- E. Project a budget to operate the Centralized Material Management function.
1. Projection of staffing requirements, broken down by level.
 2. Estimate of capital investment required, if any. (e.g., addition of transport carts, additional storage space, etc.)
 3. Projection of non-labor expenses involved, such as data processing. (With respect to data processing, principally this involves receiving from Data Processing certain estimates relative to their involvement.)



ATTACHMENT I (continued)

- F. Define an equitable basis to redistribute the cost of maintaining and operating the Centralized Material Management Department among the operating divisions. This will involve various discussions with users to determine their ideas as to what constitutes a fair distribution and then molding these ideas into some methodology for the purpose of distribution.
- G. Write Study Report
- H. Make Study Presentation(s)

Phase II (Six Month Interval)

Provide regular input to assist the Centralized Materials Management staff in implementation.

November 7, 1972

Mr. Hugh Peacock
312 Morrill Hall
Mpls. Campus

Re: Community Systems Foundation Proposal
for Materials Management Centralization
Study - Unit E

Dear Hugh:

We are attaching a copy of CSF's proposal for your consideration, comments and directives on how to proceed.

At this time, we haven't submitted copies to the Committee for Shipping and Receiving for their comments.

Attached also find a sample job description for the materials management planner for your review.

Sincerely,

Paul J. Maupin
Health Sciences Planning Coordinator

PJM:jlb

Enclosures



September 21, 1972

JOB DESCRIPTION: Materials Management Planner
Health Sciences Planning Office

TYPICAL TASKS: (These examples do not include all possible tasks in this work and do not limit the assignment of related tasks in any position of this class).

1. Establish an inventory of Health Sciences Units materials, handling, receiving and distribution programs through discussion with respective administrative staff and materials handling representatives.

2. Review and evaluate previous materials handling consultant's reports and recommend to the Health Sciences Coordinating Council modifications to meet current programmatic need.

3. Develop and recommend to the Health Sciences Coordinating Council an integrated program for the operation of Unit E.

WORK DIFFICULTY AND QUALIFICATIONS ANALYSIS:

Knowledge and Mental Activity. This work requires a broad knowledge of Business Administration, especially in the area of Health Delivery, Teaching, and Research, effective methods of organization and management of materials handling services, fiscal control and management, and modern administrative methods and techniques. Graduation from a college with a degree in Business Administration, plus at least three years experience in a supervisory or planning position in materials management would provide the background necessary for this work.

Supervision. This position functions under the direct supervision of the Director of the Health Sciences Planning Office. Work is reviewed through periodic conferences and consultations on administrative and operating problems and through a variety of reports dealing with the materials handling and planning process.

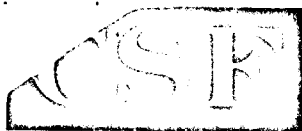
Staff Relations. In this work there are continuous contacts with both professional and Civil Service staff of the Medical School, Dental School, School of Public Health, School of Nursing, School of Pharmacy, and University Hospitals. The utmost in tact, patience, and diplomacy is needed in these contacts.

Consequences of Error: Improper consultation in planning for the development of a unified materials handling program in Unit E will result in significant inefficiency and ill-will toward the vice-president's planning office.

0517

PROPOSAL TO
UNIVERSITY OF MINNESOTA
HEALTH SCIENCES PLANNING OFFICE
FOR
MATERIALS MANAGEMENT CENTRALIZATION STUDY

Date: October 25, 1972
Submitted to: Mr. Paul Maupin,
Health Sciences Planning
Coordinator
Submitted by: Minneapolis Office
Community Systems Foundation



COMMUNITY SYSTEMS FOUNDATION

ANN ARBOR • AUGUSTA • BALTIMORE • CONCORD • MINNEAPOLIS • NEW HAVEN

REGIONAL OFFICE
MINNEAPOLIS - ST. PAUL
63 South First Street
Minneapolis, Minnesota 55401
612/338-7677

October 24, 1972

Mr. Paul Maupin
Health Sciences Planning Coordinator
University of Minnesota
Powell Hall
Minneapolis, Minnesota 55415

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We hope this proposal meets with your acceptance.

Respectfully,

Mathew W. Steiner
Director of Technical Services

MWS/ag

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COMMUNITY SYSTEMS FOUNDATION

STUDY OBJECTIVES, SCOPE, ASSUMPTIONS AND APPROACH (continued)

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ACCEPTING CONDITIONS OF THIS PROPOSAL
 FOR
 THE CENTRALIZED MATERIALS MANAGEMENT STUDY
 AT
 THE UNIVERSITY OF MINNESOTA HEALTH SCIENCES

For:

University of Minnesota
 Health Sciences Planning Office

Community Systems Foundation

 Paul Maupin, Planning Coordinator



 Forbes W. Polliard, Dir. for Development

Date _____

Date October 25, 1972

COMMUNITY SYSTEMS FOUNDATION

ATTACHMENT I

CENTRALIZED MATERIAL MANAGEMENT STUDY OUTLINE

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ATTACHMENT I (continued)

3. Outline the detailed organization chart necessary to accomplish above functions.
 4. Develop plan to phase implementation of the organization.
- C. Develop the organizational procedures for evaluating the fulfillment of the Centralized Materials Management function. Consideration would be given to a standing committee made up of division representatives. Other forms of interaction to assure a satisfactory service level to the divisions will also be considered.
- D. Assist in the development of basic operating procedures within the department including:
1. Procedure for security of goods.
 - a. In transit
 - b. Storage
 2. Operating schedules for the delivery and routing of goods.
 3. The interfacing of existing computer systems. This mainly is an identification process as data processing would provide the major input from a detail standpoint.
 4. Procedures for requisitioning and purchasing.
- E. Project a budget to operate the Centralized Material Management function.
1. Projection of staffing requirements, broken down by level.
 2. Estimate of capital investment required, if any. (e.g., addition of transport carts, additional storage space, etc.)
 3. Projection of non-labor expenses involved, such as data processing. (With respect to data processing, principally this involves receiving from Data Processing certain estimates relative to their involvement.)



ATTACHMENT I (continued)

- F. Define an equitable basis to redistribute the cost of maintaining and operating the Centralized Material Management Department among the operating divisions. This will involve various discussions with users to determine their ideas as to what constitutes a fair distribution and then molding these ideas into some methodology for the purpose of distribution.
- G. Write Study Report
- H. Make Study Presentation(s)

Phase II (Six Month Interval)

Provide regular input to assist the Centralized Materials Management staff in implementation.

UNIVERSITY OF *Minnesota*

UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455

December 4, 1972

Mr. Mathew W. Steiner
Director of Technical Services
Community Systems Foundation
63 South first Street
Minneapolis, Minnesota 55401

Re: CSF proposal to U. of M
Health Sciences Planning Office
for Materials Management Centralization
Study.

Dear Mr. Steiner:

The Health Sciences Operational Planning Committee for Unit E met on December 1, 1972. It was the opinion of this committee that we not accept your proposal for Materials Management Centralization Study at this time.

We certainly appreciate your time and effort in preparing this project for our consideration.

It is conceivable that at some time in the future we may entertain the reviving of this proposal.

Sincerely,



Paul J. Maupin
Health Sciences Planning Coordinator

PJM:jlb

cc: D. Allison, M. Holland, R. Mulhausen, R. Singer, E.J. Staba
T. Page, B. Foster, M. McGrath,



HEALTH SCIENCES

December 5, 1972

Mr. Hugh Peacock
312 Morrill Hall
Mpls. Campus

Re: Health Sciences Operational Planning
Committee for Unit E - Dec. 1, 1972

Dear Hugh:

The Health Sciences Operational Planning Committee for Unit E met on December 1, 1972 with the following persons present: Mr. P. Maupin - Chairman, Mr. Don Allison, Dean Holland, Dean Mulhausen, Mr. R. Singer, Mr. E.J. Staba, Mr. T. Page, Mr. B. Foster.

The following decisions were made: (1) That we at this time reject Community Systems Foundations's proposal for Materials Management Centralization Study, (2) That we appoint A Unit E - Materials Manager and that between now and the completion of Unit E, he shall be the spearhead of necessary operational aspects. The committee feels that Mr. Bob Foster is the likely candidate for this position and that during this interim phase he should be assigned to the Health Sciences Planning Office, (3) The committee recommends that permission be given to divert the \$54,000 construction fund surplus to fund this planning position and necessary affiliated expenses, and (4) The committee strongly recommends an in-depth study of the materials management position and its location within the Health Sciences Organizational structure.

Basically, the committee is suggesting that we follow the concept proposed by C.T. Main, Inc. in their proposed Materials Handling Plan of 1970. As you will recall, this proposal suggested that the Materials Manager report to an Administrator of Supporting Services, under the direction of the Vice President for Health Services.

Attached also find a sample job description for the Materials Management Planner position for your review.

We shall await your direction and guidance on how to proceed.

Sincerely,



Paul J. Maupin
Health Sciences Planning Coordinator



HEALTH SCIENCES

cc: D. Preston & Operational Planning Committee Members

PJM:jlb

September 21, 1972

JOB DESCRIPTION: Materials Management Planner
Health Sciences Planning Office

TYPICAL TASKS: (These examples do not include all possible tasks in this work and do not limit the assignment of related tasks in any position of this class).

1. Establish an inventory of Health Sciences Units materials, handling, receiving and distribution programs through discussion with respective administrative staff and materials handling representatives.

2. Review and evaluate previous materials handling consultant's reports and recommend to the Health Sciences Coordinating Council modifications to meet current programmatic need.

3. Develop and recommend to the Health Sciences Coordinating Council an integrated program for the operation of Unit E.

WORK DIFFICULTY AND QUALIFICATIONS ANALYSIS:

Knowledge and Mental Activity. This work requires a broad knowledge of Business Administration, especially in the area of Health Delivery, Teaching, and Research, effective methods of organization and management of materials handling services, fiscal control and management, and modern administrative methods and techniques. Graduation from a college with a degree in Business Administration, plus at least three years experience in a supervisory or planning position in materials management would provide the background necessary for this work.

Supervision. This position functions under the direct supervision of the Director of the Health Sciences Planning Office. Work is reviewed through periodic conferences and consultations on administrative and operating problems and through a variety of reports dealing with the materials handling and planning process.

Staff Relations. In this work there are continuous contacts with both professional and Civil Service staff of the Medical School, Dental School, School of Public Health, School of Nursing, School of Pharmacy, and University Hospitals. The utmost in tact, patience, and diplomacy is needed in these contacts.

Consequences of Error: Improper consultation in planning for the development of a unified materials handling program in Unit E will result in significant inefficiency and ill-will toward the vice-president's planning office.