

INFORMATION NOTE FROM THE DEPARTMENT OF PEDIATRICS

Re: Mental Retardation Planning

A bill for the funding of University affiliated mental retardation centers passed the House at the end of September and calls for \$10 million in 1968, \$20 million in 1969, and \$20^{million} in 1970. This passed the House with a unanimous vote.

The Senate bill is essentially the same except for some slight modifications in staffing requirements. There will be a one day hearing concerning this bill within the next week or ten days.

This agency has been transferred over to Mary Switzer, Director of the Bureau of Social and Medical Rehabilitation. Also, community service programs of a mental retardation nature will be in this agency. The Children's Bureau Mental Retardation programming may also be transferred along with Crippled Children's programming.

The approved programs, as of 1967, will require use of all of the \$10 million during the year 1968, and approximately \$7.5 million of the 1969 funds. At present there would appear to be \$12.5 million available in 1969.

Matching on University affiliated programs stands at 75% federal, 25% local funds.

copy to ...
...
PEDS

MEDICAL SCHOOL
DEPARTMENT OF PEDIATRICS • MINNEAPOLIS, MINNESOTA 55455

October 2, 1967

Mr. C. Thomas Smith,
Associate Director
University Hospitals
Box 95 Mayo

Dear Mr. Smith:

Attached is the discussion which took place in a meeting by the executive staff of the Department of Pediatrics on September 6, relative to remodeling in the Pediatric Ward areas. I'll be pleased to discuss this further with you when you wish.

Sincerely,

John A. Anderson, M.D., Ph.D.
Professor and Head
Department of Pediatrics

JAA/ps

cc: Dr. Najarian
Dr. Leonard
Dr. Sauls
Dr. Ulstrom
Dr. Hong
Dr. Warwick

October 2, 1967

Report of Executive Staff Meeting

Professors and Associate Professors
Department of Pediatrics
September 6, 1967

SUBJECT: Consideration of development of clinical research center, remodeling of pediatric wards, and the development of an intensive care ward for pediatric surgical problems and other infants and children requiring intensive care.

Dr. Anderson pointed out that the present building is approximately 40 years old and that floor plans for remodeling have been considered many times in the past, but modernization has not been made which incorporates facilities for newer developments in patient care techniques and technological advances in monitoring the physiologic and biochemical parameters. It was noted that the Department had been informed that funds had been made available in the past to effect some of these changes, however, no progress had been made except for the Infant Station 56. The needs that have been repeatedly defined relative to remodeling over the past 13 years, have been as follows:

- (1) The improvement of service facilities on all the pediatric wards.
- (2) The improvement of the treatment room facilities.
- (3) The provision of separate rooms on each ward for immediate isolation of suspect infections, or for critically ill or dying patients.
- (4) The improvement of the nurses' stations so that more efficient operation of nursing, medical staff, and student functioning could take place.

It was noted that the composition of in-patient population of pediatrics in this hospital has been increasingly composed of patients with complex problems which require facilities designed for more intensive care and for clinical research. The present status of the request for the development of the Clinical Research Center on Station 45 and in the Social Service area was discussed. This request for the total of \$2,327,756 for a period of seven years provides \$267,265 for remodeling of this area and \$621,394 for the first 1½ years of operation. The request has been approved by NIH but funding has been deferred, awaiting Federal legislative actions which may be forthcoming in the next few weeks. It was noted that the abolishment of Station 35, the present pediatric isolation unit, in favor of the development of the clinical research center, would further aggravate the problem concerning suspect isolation, or isolation of infected and communicable problems. It was also noted that the adjacent laboratory facilities for the clinical research center to be constructed in the Social Service Department area, would provide specialized laboratory procedures necessary for study of patients housed on a clinical research center and would be available to special study programs relating to intensive care on Station 46 when such would be developed.

In order to provide for isolation facilities, it was estimated that approximately two beds on each pediatric ward would be necessary to care for patients who need short-term isolation, and that an additional two beds would be needed to care for patients who need long-term isolation. This arrangement may obviate the necessity for transferring infected patients to a specific isolation unit

as is presently practiced on Station 35. The staff endorsed the need to proceed with the development of the clinical research center, utilizing local funds, if funding will not be provided during the '67 - '68 year. It is apparent that remodeling in the third and fourth floors should proceed simultaneously, and that minor adjustments on the fifth floor, for the provision of isolation rooms, would be necessary.

An intensive care unit for infants and children has been under consideration by Pediatric Staff members for a number of years. These needs, supported by the Department of Anesthesiology, with particular reference to the severe cardiopulmonary dysfunctions in infants, children and adults, has been discussed on several occasions and monies were appropriated at one time to move in this direction. It appears appropriate at this time to move in this direction because of the interest of the Department of Surgery, particularly Dr. Arnold Leonard, in developing a program for training in pediatric surgery. The Executive Staff were most interested in supporting this plan in providing most modern facilities for the care of the extremely ill infant. It was also recognized that a more convenient arrangement for the attendance of Surgery Staff to their pediatric surgical patients is desirable for their own efficiency in the patients' care. Patients with surgical problems occupy approximately one-third of the 120 pediatric beds. It appears that the limited space does not allow the development of a unit which would house all surgical patients in the pediatric age group in one ward; however, the majority could be cared for if the space now occupied by Stations 45 and 46 was remodeled. An intensive care unit for infants and children who need this type of nursing care is proposed for the space now occupied by the Metabolic Ward nine beds. This unit could be made as flexible as possible. For example, facilities are needed for strict isolation of the infected patient if such patient was admitted who needed intensive care. The most modern cardiopulmonary monitoring facilities would be available on this unit. A small laboratory for performing blood gas analysis and other physiologic and biochemical studies appropriate to the care of the acutely ill, or immediately post-operative patients, should be incorporated into this unit. A small laboratory is at present available on Station 46 and is now being used to obtain certain of these parameters. The laboratory for clinical research, located directly below, could be used by physicians and surgeons studying such patients. On Station 45, approximately 15 to 20 beds could be made available to house older surgical and medical patients needing intensive care. The limited space probably will necessitate that this unit be enlarged primarily for infants and smaller children.

When older children (those older than ten years of age) need intensive care, they could be cared for as they are now on Station 44, or on Station 301 for pre-operative and post-operative care.

It was emphasized that the care of patients should continue to be the joint responsibility of the Pediatrics Staff and related department staff members. It was further emphasized that all patients be used for teaching of students, interns, and residents by respective staff involved in the patients' care.

The above recommendations will necessitate modification of the remaining Pediatric Wards. Stations 55 and 56 house children from birth on to six years, and would continue to do so except that the majority of surgical patients in this age group could be housed on the new intensive care ward. Station 35 would be converted from the isolation unit to the clinical research center, making necessary the relocation of all isolation patients. In addition to the provision of additional

isolation rooms on Station 55 and 56, a strict isolation unit of approximately four rooms on Station 55 and 56, a strict isolation unit of approximately four rooms should be provided on Station 301. If Station 301 were to house children above six years of age exclusively, any overflow of surgical patients could be housed on regular pediatric wards when beds were not available on the fourth floor area.

In summary, the Pediatric Department Staff recommend that the development of the Clinical Research Center and the intensive care unit be developed concomitantly. Provisions for separate isolation rooms on Station 55 and on Station 301 will be necessary.

SUMMARY:

(1) Clinical Research Center: This development occupies priority position in planning. If funding occurs in 1967 - 1968, we should proceed according to plans approved by Hospital and Medical School administrations. If funding is delayed until 1968 - 1969, we should use local sources of funds for remodeling in order to avoid unusual delay in modification of other wards for purposes stated above. The Clinical Research Center Grant provides support for senior professional personnel, nurses and other staff which cannot be supported from local sources.

(2) The Pediatric Intensive Care Facilities should be developed concomitantly with the development of the Clinical Research Center as remodeling will temporarily destroy use of Stations 35, 45, and 46.

(3) The improvement of Stations 55 and 301, particularly in reference to isolation rooms, is an essential need if 35 no longer is available for isolated cases.

(4) During the period of remodeling it will be necessary to have other space available for admission of children. It has been suggested that space can be made available in Masonic Hospital for children during this time.

JAA:ps

PEDS RESEARCH PLANNING GROUP

Minutes for the Meeting of March 10, 1970

Present: Dr. Sauls, Dr. Clawson, Mr. Solverson, Mr. Taylor

ELIMINATION OF BEDS

The effect of elimination of beds in Unit C on Phase I planning was discussed. It was felt that removal of beds from Unit C may call into question location of new research facilities, necessitate a reevaluation of Phase I, and perhaps place Unit A in jeopardy. A change in planning of Unit C reduces the desirability of locating Pediatrics research in Unit A. It was agreed, however, that the planning will proceed on the assumption that A and B would remain as planned but beds would be eliminated from Unit C.

PROPOSALS

Preliminary proposals for Pediatrics research facilities presented by the architects were discussed with regard to the following:

1. Inclusion of filing cabinets to the left and storage cabinets on the right of the main corridor.
2. Location of the office of the executive secretary: Office of the executive secretary would be located near the chairman's office. The 144 sq. ft. allocated by the architects was felt to be more than ample and a cut back would be in order.
3. Possibility of switching conference/office space with the chairman's office: Location of these offices adjacent to each other is desirable but not necessary if the chairman's office can be made large enough. Increase in the depth of the chairman's office appears to be possible.
4. Possibility of sacrificing secretarial office space to office space contiguous to the labs was discussed.
5. A total of 22 offices are anticipated on the 11th floor with 6 on the laboratory floor. The possibility of expanding this to 30 offices in all was discussed on the basis of 1974 faculty projections. The uncertainty of future faculty funding, however, makes it desirable to leave extra office space in laboratory space for easy conversion if faculty increases are not feasible. 120 sq. ft. should be allowed for faculty office of this kind.
6. The requirement to locate the office of the secretary of the chairman with access to both the chairman's office and other office employees was discussed.

7. Location of the office of the chief resident should be flexible. If beds are eliminated from Unit C it is likely that the office of the chief resident will not be located in the new building. In this case both the receptionist and the chairman's secretary could be located across the hall from the chairman's office.

8. It is hoped that although beds have been eliminated from Unit C, outpatient clinical facilities can be built to relate closely to the research floors.

cc: Dr. Mulhausen

DEPARTMENT OF PEDIATRICS

Summary of Discussion 20 April 1970

Present: Dr. Sauls, Mr. Salverson, Mr. Taylor

Dr. Sauls requested that the Department of Pediatrics occupy the entire 11th floor if possible. If the floor must be shared, facilities for Orthopedic Surgery should be sequestered in a discreet location. Clerical offices for the Department of Pediatrics should be concentrated in Unit C, preferably organized in a linear fashion to correspond with office areas. The Department considers it important to achieve centralized files, clerks and communications.

Child Development Study is essentially an outpatient function and there is real question whether it will work in a departmental space. If it is necessary to include it on the 11th floor, it must be adjacent to the patient elevator and remote from pathways for circulation of small animals.

Unit A

The laboratory module design does not include sufficient space for moveable equipment around the laboratory bench. Dr. Sauls indicated that bench space would not be required adjacent to fume hoods due to the generous width of the hood itself. Dr. Sauls will present laboratory plans for both Pediatrics and Medicine to the Department of Pediatrics for comment. TAC will provide Dr. Sauls with a breakdown of square footage and function for areas included in laboratory plans.

4.8 PEDS
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.

UNIVERSITY OF *Minnesota*

PHYSICAL PLANNING AND DEVELOPMENT
316 MORRILL HALL • MINNEAPOLIS, MINNESOTA 55455
PHONE 373-2250 • AREA CODE 612

Office of the Assistant Vice President

April 12, 1971

Mr. Paul Maupin
Box 1 Mayo
Minneapolis Campus

Dear Mr. Maupin:

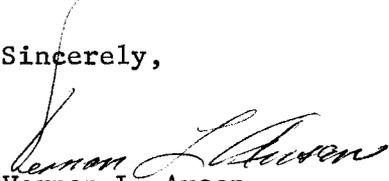
I am enclosing a letter from Peter Sammond of March 9 (enclosing an earlier letter of January 25) requesting approval to work with an outside architect in developing bid documents for the remodelling of nursing station 55.

When Hugh Peacock returned from his vacation, Donald McInnes and I discussed your request with him since this is in the area of Mr. Peacock's work. There seems to be no objection to going to an outside architect when the work is to be done outside, and I believe it was understood that this would be done for larger jobs so that Caron Carlberg's office can keep up with its assignments. Mr. Peacock indicated that he would like you to make these decisions for him when facilities in the health sciences are involved.

I would appreciate it, therefore, if you will respond to Mr. Sammond's request.

Whenever units in the health sciences indicate in ^{the} this request for approval of cost estimates or bids that they would like an outside architect to work on drawings and specifications, I will forward the documents to you rather than to Mr. Peacock. Incidentally, the form for requesting approval for cost estimates which I reviewed with you a couple of weeks ago is now at the Printing Office. Mr. McInnes will be sending out a letter to all department heads within a few days advising them of the form and its use.

Sincerely,


Vernon L. Ausen
Executive Assistant
Physical Planning
and Development

VLA:jf

Enclosure

cc: Donald McInnes
Hugh Peacock

Peter Sammond
Leighton Lindlan

April 13, 1971

Mr. Paul Maupin
Health Sciences Planning Office
Box 1

Dear Paul:

In confirmation of our conversation of April 8th I should like to request architectural assistance with the development of remodeling plans for several of the Pediatric stations, i.e., Station 35, Station 46, Stations 55 and 56. The remodeling will include some construction, new lighting, new interior surfaces, new inter-communications systems, and, if feasible, in light of our overall air-conditioning and electrical studies, provision for central air-conditioning. It has taken a long time for the various staffs involved to reach conclusions on the future function of these particular units. Now that such consensus has been reached, we are anxious to move forward in updating these most antiquated facilities in the hospital.

I would appreciate being able to meet with an architect on this assignment soon after my return. The hospital will, of course, be providing the funding for the architectural work as well as the construction.

Thanks for your assistance.

Sincerely,

Peter H. Hammond

Peter H. Hammond
Associate Director
University Hospitals

PHS/lml
Dictated but not read

CC/Dr. Russell Lucas
Mr. Tom Smith



UNIVERSITY OF *Minnesota*

UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455

April 20, 1971

Mr. Bill Berget
Health Science Architects and Engineers
102 Hubbard Building
2675 University Avenue St. Paul, Minnesota 55414

Dear Mr. Berget:

In confirmation of our conversation on April 15, 1971 we would like to request architectural assistance with the development of remodeling plans for several of the pediatric stations; station 35, station 46, station 55 and station 56. The remodeling will include some construction, new inner-communications, new lighting, new interior surfaces and, if feasible, provisions for central air conditioning. We propose that this work be done on your remodeling percentage fee schedule in a manner and at the time determined by Mr. Peter Sammond for the various elements of the subject job. All work will be either done or coordinated by your local designated architect and support personnel. Mr. Peter Sammond and I would appreciate being able to meet with the designated architect sometime Monday, April 26 and also, a preliminary meeting with those people concerned on April 27 at 3:00 p.m. in Mayo B-308.

The hospital will be providing the funding for the architectural work as well as the construction. Thank you for your assistance.

Sincerely,

Paul J. Maupin
Health Science Planning Coordinator

PJM:jlb

cc: H. Peacock
P. Sammond
D. McInnes
R. Lindlan
V. Ausen



HEALTH SCIENCES CENTER

health science

is & engineers

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THE CERNY ASSOCIATES INC.
HAMMEL GREEN & ABRAHAMSON INC.
SETTER LEACH & LINDSTROM INC.
BROOKS CAVIN, PROJECT DIRECTOR
102 HUBBARD BUILDING, 2675 UNIVERSITY AVENUE
SAINT PAUL, MINNESOTA 55114
612/646-8875

Paul Maupin -
We will have
no objection if
the upset is
reasonable.
Pater

28 April 1971

Mr. Paul Maupin
Health Sciences Planning Coordinator
4106 Powell Hall
University of Minnesota
Minneapolis, Minnesota

Regarding: Remodeling Pediatrics Stations 35, 45 & 46, 55 & 56
University Hospital

Dear Paul,

Following our first meeting with those concerned with the proposed Pediatrics Stations remodeling it is apparent that programmatic requirements indicated to us at this time are of a very general nature only and that much time will be required to precise the program, develop design alternatives, estimate construction costs and complete the schematic design phase. Because this first phase will in all probability be very time consuming and hence costly to the architects/engineers, we would like to submit the following alternate fee proposal for your consideration: HSAE will provide all services through approval of Schematic Design Documents (15% of basic services) for a fee calculated at the rate of 2.5 times direct personnel expense. Following approval of Schematic Design Documents, HSAE will provide Design Development and Construction Documents and services through the Construction Phase (85% of basic services) for a fee calculated as a percentage of the total construction cost of the project. The percentage fee will be in accordance with our fee proposal to the University for remodeling projects submitted jointly with TAC on 19 January 1971.

We think that the above proposal is fair and will in our opinion provide the University the best professional services possible.

In addition, an agreement providing programming and schematic design on an hourly rate basis may act as a needed discipline to insure that program requirements from the Hospital Staff and decisions necessary by the University can be obtained in the most efficient manner.

We ask your support for consideration of this above alternate proposal.

Sincerely,

HEALTH SCIENCES ARCHITECTS & ENGINEERS


William B. Berget, President

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UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455

May 6, 1971

Mr. Bill Berget
Health Sciences Architects & Engineers
102 Hubbard Building
2875 University Avenue
St. Paul, Minnesota 55114

Re: Remodeling Pediatric Stations 35, 45,
46, 55, 56.

Dear Mr. Berget:

In reference to your letter dated April 28, 1971 regarding fees for professional services, we consider your proposal reasonable providing you submit to the University a gross design upset figure. We fully realize, at this time, estimating of cost is extremely difficult. It is based solely on professional judgement and past experience.

Yours truly,



Paul J. Maupin
Health Science Planning Coordinator

PJM: jlb

cc: P. Sammond
J. Scott

THE CERNY ASSOCIATES INC.
HAMMEL GREEN & ABRAHAMSON INC.
SETTER LEACH & LINDSTROM INC.
BROOKS CAVIN, PROJECT DIRECTOR
102 HUBBARD BUILDING, 2675 UNIVERSITY AVENUE
SAINT PAUL, MINNESOTA 55114

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612/646-8875

28 April 1971

Mr. Paul Maupin
Health Sciences Planning Coordinator
4106 Powell Hall
University of Minnesota
Minneapolis, Minnesota

Regarding: Remodeling Pediatrics Stations 35, 45 & 46, 55 & 56
University Hospital

Dear Paul,

Following our first meeting with those concerned with the proposed Pediatrics Stations remodeling it is apparent that programmatic requirements indicated to us at this time are of a very general nature only and that much time will be required to precise the program, develop design alternatives, estimate construction costs and complete the schematic design phase. Because this first phase will in all probability be very time consuming and hence costly to the architects/engineers, we would like to submit the following alternate fee proposal for your consideration: HSAE will provide all services through approval of Schematic Design Documents (15% of basic services) for a fee calculated at the rate of 2.5 times direct personnel expense. Following approval of Schematic Design Documents, HSAE will provide Design Development and Construction Documents and services through the Construction Phase (85% of basic services) for a fee calculated as a percentage of the total construction cost of the project. The percentage fee will be in accordance with our fee proposal to the University for remodeling projects submitted jointly with TAC on 19 January 1971.

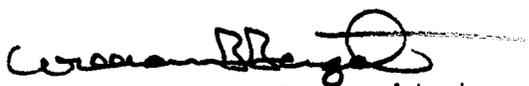
We think that the above proposal is fair and will in our opinion provide the University the best professional services possible.

In addition, an agreement providing programming and schematic design on an hourly rate basis may act as a needed discipline to insure that program requirements from the Hospital Staff and decisions necessary by the University can be obtained in the most efficient manner.

We ask your support for consideration of this above alternate proposal.

Sincerely,

HEALTH SCIENCES ARCHITECTS & ENGINEERS


William B. Berget, President

UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455

June 7, 1971

Mr. Bill Berget
Health Sciences Architect & Engineers
102 Hubbard Building
2675 University Avenue
St. Paul, Minnesota 55114

Re: Remodeling Pediatric Stations 35, 45
46, 55, 56, University of Minnesota
Hospital

Dear Bill:

In response to your letter of May 19, 1971 relating to the theoretical construction costs, we shall proceed with a not to exceed figure of \$250,000. By copy of this letter we are requesting Mr. Lee LeMay of Hugh Peacock's office to prepare the necessary paperwork so that we may proceed with this project as soon as possible.

Yours truly,



Paul F. Maupin
Health Sciences Planning Coordinator

PJM:jlb

cc: Mr. Sammond
Mr. LeMay

THE CERNY ASSOCIATES INC.
HAMMEL GREEN & ABRAHAMSON INC.
SETTER LEACH & LINDSTROM INC.
BROOKS CAVIN, PROJECT DIRECTOR
102 HUBBARD BUILDING, 2675 UNIVERSITY AVENUE
SAINT PAUL, MINNESOTA 55114

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612/646-8875

19 May 1971

Mr. Paul Maupin
Health Sciences Planning Coordinator
4106 Powell Hall
University of Minnesota
Minneapolis, Minnesota

Regarding: Remodeling Pediatrics Stations 35, 45, 46, 55, 56
University of Minnesota Hospital

Dear Paul,

In response to your letter of 6 May 1971, relating to our fee proposal for professional services for Pediatrics Remodeling, I should like to restate our fee proposal of 28 April 1971 as follows:

Health Sciences Architects & Engineers, Inc. will provide all architectural and engineering services through approval of Schematic Design for a fee calculated at the rate of 2.5 times direct personnel expense which fee will not exceed \$11,000.00. Following approval of Schematic Design Documents, HSAE will provide all services for the Design Development Construction Documents and Construction Period phases for a fee calculated as 85% of a percentage of the construction cost of the project. The percentage will be in accordance with the sliding scale fee proposal submitted on 19 January 1971.

To illustrate the proposal more clearly we submit the following table based upon two theoretical construction costs:

Total Construction Cost	=	\$125,000	Fee=	15%	
SD	=	2.5 x DPE	=	\$11,000	Maximum
DD	=	.20 x .15 x \$125,000	=	\$ 3,750	
CD	=	.45 x .15 x \$125,000	=	\$ 8,438	
Const.	=	.20 x .15 x \$125,000	=	\$ 3,750	
			Max. Total Fee	=	\$26,938

Page 2
Paul Maupin
19 May 1971

Total Construction Cost	=	\$250,000	Fee=	15%
SD	=	2.5	DPE	= \$11,000 Maximum
DD	=	.20	x .15	x \$250,000 = \$ 7,500
CD	=	.45	x .15	x \$250,000 = \$16,875
Const.	=	.20	x .15	x \$250,000 = \$ 7,500
				<hr/>
		Max. Total Fee		\$42,875

Note that we would expect that the fee for Schematic Design will be less than the maximum dollar amount indicated; that portion of the normal fee has been adjusted upward to account for the many uncertainties which confront us at the present time.

We hope that the above proposal meets your approval and that an agreement can be executed so that we may begin work on this project.

Sincerely,

HEALTH SCIENCES ARCHITECTS & ENGINEERS



UNIVERSITY OF *Minnesota*

DEPARTMENT OF PEDIATRICS
1460 MAYO MEMORIAL BUILDING • MINNEAPOLIS, MINNESOTA 55455

June 25, 1971

Mr. Peter Sammond
Associate Director
University Hospitals

Dear Peter:

I understand that you inherited the job of overseeing the planning of Pediatric ward remodeling. Tom Smith was the administrator who sat in on our first meeting with the architects in April. At that time, general plans were formulated for remodeling of Stations 55, 56, 45, 46 and 35 as well as a general look at the building and problems it presents. I made a tour with the architects following this meeting. We were told that they would be able to start planning sessions about the middle of May.

Toward the end of May I called to ask when we could set up a date and was told that Building A commitments precluded planning at that time and that it would be about the middle of June before we could start. On June 15th I talked to Mr. Paul Lang who again stated that Building A commitments had their staff tied up and that it would be the middle of July before we could start planning.

I am writing to complain (again) about this delay in starting Pediatric remodeling. When the University architects tell us it will be three months before they can begin a job, we think they are terribly inefficient. It was stated by Mr. Burgett (I believe) that this firm has its primary commitment to the Health Sciences expansion project and that the pediatric remodeling was to be fitted in during "lulls" in their work load. He also stated that he thought they would be able to get to it in May. Of course, I am anxious to get started and would like a definite commitment from Mr. Bill Burgett of Setter, Leach and Lindstrom that design and development will commence immediately.

Sincerely yours,

Henry S. Sauls
Henry S. Sauls, M.D.
Assistant Professor
Department of Pediatrics

HSS/sp

HEALTH SCIENCES
MEDICAL SCHOOL

cc: Dr. Russell Lucas
Dr. John Anderson



UNIVERSITY OF *Minnesota*

UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455

July 8, 1971

Paul Maupin
Box 1

Dear Paul:

I am enclosing a copy of a letter written by Dr. Henry Sauls on June 25th. I could not agree more with the case he makes against the inattention the pediatric project has received and for the necessity of proceeding immediately. I can recall emphasizing in our meeting in April with the Architects that we were anxious to get on with the planning as soon as possible. To date, as far as I know, there has not been a single planning session. I find this inexcusable and I hope something can be done to speed up the procedure on this and other projects.

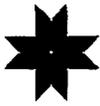
Thank you for your attention and interest.

Sincerely,

Peter H. Sammond
Associate Director

PHS:mkf

cc: Dr. Henry Sauls, Dr. Russell Lucas, Dr. John Anderson, William Berget



HEALTH SCIENCES

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4.8 PEDS
200.1 HSAE

Architectural Services, Remodeling
Pediatric Stations

Provide architectural and engineering services required for the remodeling of Pediatric Stations 35, 45, 46, 55 and 56 at the University of Minnesota Hospital. Total project cost not to exceed \$250,000.

REFER TO: Health Sciences Architects & Engineers
113 Hubbard Building
2675 University Avenue
St. Paul, Minnesota 55114

(in lieu of Req. # 657742 to TAC)

No delivery required.

Health Sciences Architects & Engineers

THE CERNY ASSOCIATES INC.
HAMMEL GREEN & ABRAHAMSON INC.
SETTER LEACH & LINDSTROM INC.

JUL 27 1971

113 HUBBARD BUILDING, 2675 UNIVERSITY AVENUE
SAINT PAUL, MINNESOTA 55114

612/646-8875

July 26, 1971

Mr. Lee Lemay
321 Morrill Hall
University of Minnesota
Minneapolis, Minnesota

Regarding: Remodeling Pediatrics Stations 35, 45, 46, 55 and 56
University of Minnesota Hospital

Dear Mr. Lemay:

We have received from The Architects Collaborative Purchase Order #S-05464 made out in error to The Architects Collaborative. This purchase order should be addressed to Health Sciences Architects & Engineers, 2675 University Avenue - Room 113, Minneapolis, Minnesota.

Will you please see that this purchase order is corrected or a new one issued to us.

Thank you.

Sincerely,

HEALTH SCIENCES ARCHITECTS & ENGINEERS


William B. Berget

University
Minnesota
memo

date August 9 19 71

to Paul Maupin
from Lee LeMay

The attached Purchase Order #S 05464 is returned per our conversation. Please have requisition #657742 canceled. We will process another purchase order for HSA & E as soon as we have completed the processing of an agreement with them.

LAL/kb

DUPLICATE

LEAVE THIS SPACE BLANK

Type 07

Dr. _____ Cr. _____

DESCRIPTION OF USE

Architectural Services, Remodeling
Pediatric Stations

Card Punched

ITEM NO.	QUANTITY	ITEMS (Give COMPLETE specifications and catalog number.) Single space items if more than one line; double space between each item. List serial numbers and University Inventory numbers of items being traded in. NOTE: Please use Black Mylar Carbon ribbon or Black Fabric ribbon with intense image, when typing requisition. PLEASE TYPE IN CAPITAL LETTERS ONLY.	UNIT PRICE	EXTENSION
		<p>Provide architectural and engineering services required for the remodeling of Pediatric Stations 35, 45, 46, 55 and 56 at the University of Minnesota Hospital. Total project cost not to exceed \$250,000. Compensation to be in accordance with agreement dated January 15, 1968. Total fee for services shall not exceed \$32,000.</p> <p>REFER TO: The Architects Collaborative 45 Brattle Street Cambridge, Massachusetts 02138</p>		32,000 00
Total				32,000.00

505464

For Purchasing Agent's Use		Department	CARD PUNCHED	
rec. by purch. agent	Date	Deliver to (Bldg. and Room or Address)		
rec. by equity clerk		Prepared by <i>No delivery required</i>	Phone Extension	Date
equity failed		Requested—Head of Department		Date
rec. by order clerk		Recommended—Dean or Admin. Officer		Date
order failed		Approved—Business Office		Date

H S A E	
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ELEC	
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FILE	PDS

HSA&E

MEMO TO - Peas Remodeling File
 MEMO BY - Paul A. Lang
 SUBJECT - Second Meeting Regarding Project
 DATE - 4 August 1971

PRESENT - Dr. Henry Sauls, Paul Lang

CC - DM
 - KS
 CC - PAUL MAUPIN ✓

As general background, Dr. Sauls indicated some unhappiness regarding the delay which has occurred since our first meeting. He expressed hope that the project will now proceed quickly.

Regarding our line of responsibility for meetings and work direction, Dr. Sauls will represent the Department of Pediatrics. He will carry decisions and recommendations to the departmental committee, chaired by Dr. Russel V. Lucas. The value of consultation with other representatives prior to formulation of recommendations and/or alternate solutions was said to be questionable.

Final approval of program and budget will be by Mr. Kenneth Schneider, Mr. Peter Sammond and other Hospital Administration Personnel in consultation with Mr. Paul Maupin. Once again we were advised that cost should be considered secondary to functional value. Dr. Sauls indicated privately that his guess for work involved in most of the stations involved (excluding perhaps Station #46) would be in excess of \$200,000 each.

Doubt was expressed whether adequate space would be found in some areas to accommodate the various functions felt to be necessary. A possibility of expansion to the west from the crossing at Stations 35, 45 and 55 was briefly mentioned.

In our discussion of possible ways to resolve space shortages, I suggested consideration of centralizing various service and supply units. This would result in economies of space and perhaps personnel. The service elevator or new dumb waiters might be used for material distribution.

This solution was felt to be worthy of further study. Among possible services which could conveniently be centralized, we tentatively listed the following:

Linen supply, disposable supplies, I.V. fluids, dietary, staff locker rooms, sleeping rooms, dieticians' office, etc. Dr. Sauls indicated that it may be possible to acquire use of some first floor space directly below the stations involved to house the central services. The need to review this with Hospital Administration was recognized, and we were requested to investigate the space involved and study its practicality.

Specifically, we shared the following thoughts regarding the individual stations:

#35 Original listing of 18 infant occupancy may increase to 20. I was given a copy of an early space study prepared by TAC when Pediatric beds were programmed for Unit "C".

A breakdown of probable space requirements for 18 beds was quickly listed as follows:

18 bassinets at 40 sq. ft. / bed	= 720 sq. ft.
Nurse work areas	= 360 sq. ft.
Nurse station and Dr. charting	= 120 sq. ft.
Ward clerk	= 100 sq. ft.
Offices - 3 at 80 sq. ft.	= 240 sq. ft.
Medicine room	= 40 sq. ft.
Conference room	= <u>175 sq. ft.</u>
	1775 sq. ft.

Unit Support:

Parents' waiting room	= 120 sq. ft.
Consultation	= 80 sq. ft.
Food preparation	= <u>70 sq. ft.</u>
	270 sq. ft.

Utility:

Soiled utility	= 75 sq. ft.
Clean utility	= 75 sq. ft.
Equipment storage	= 100 sq. ft.
Linen sotrage	= 75 sq. ft.
Soiled Linen	= 50 sq. ft.
Trash and J.C.	= <u>50 sq. ft.</u>
	<u>425 sq. ft.</u>
	2450 sq. ft.

If it is practical to centralize supply spaces, it would be desirable to reduce (or eliminate) use of the trash chute on each floor. The idea of using service personnel to stock bedside stands and deliver all general supplies was acceptable. This may, however, need an extensive staff education program for fullest utilization. Complete operational satisfaction of a central supply and "sub-pharmacy" will also require administrative attention to correct current inefficiencies in the presently established hospital supply systems.

I will study plans of all areas involved in the near future, and will also make a personal visit to determine practicality of using First Floor and installing dumb waiters.

Dr. Sauls' final comment was a reminder that air-conditioning of all areas is a "must".

-copy to Dr. SAULS:

H S A E	
REC'D	JAD
ARCH	—
MECH	PM
ELEC	K9
STR'L	—
TAC	—
FILE	PEDS

cc PAUL MAUPIN

HSA&E

MEMO TO - Ped's Remodeling File
 MEMO BY - Paul A. Lang
 SUBJECT - Progress: Check by Mr. Ken Schneider
 DATE - August 17, 1971

Paul Maupin's Office called and suggested I call Mr. Schneider, Assistant Director of University Hospitals.

Essentially he wanted to know progress on the Pediatrics Remodeling Project. I cited the meeting held with Dr. Sauls on August 5, 1971 and the items we discussed. He was aware of that meeting and of our discussion.

I told him that I would be devoting full time to the project with-in a week or ten days, and that we would be assigning adequate personnel to accomplish the project when it was advisable.

I promised him copies of our memos on this project.

cc: Ken Schneider / enclosed are copies of the other memos (4 August 1971) ✓