

Health Sci. Expan. file
8.24

TASK FORCE REPORT

Central Receiving for the Health Sciences

The organization and development of a central receiving facility for the Health Sciences will be a planning operation of great complexity. Supplies and equipment now received by the Health Sciences units vary from animals to food, waste products to mail, and blood to building supplies. Needs for receipt and movement of materials range from those of a routine nature to those of an emergency type required by a large active University Hospital. Further complexity is added because of the variety of systems now used by the several receiving areas of the Health Sciences which will need to be melded together into a coordinated system of receiving and distribution.

The Task Force members agree that the proposed receiving facility to be most effective should be the responsibility of one organization, that it must be a service oriented unit, and that it must be responsive both to the needs of the Health Science units which it will serve and the Central University service organizations which deliver to these units. The Task Force members further agree that there is a need for a total systems approach to the development of this facility including not only systems of paperwork (i.e. purchasing and receiving forms and invoice certification procedures) which will be compatible and acceptable to all, but, concurrently, the development of delivery systems to and through the Health Science units. Thus automatic data processing and automated delivery systems would be an important part of the operation.

Two proposals were made to the Task Force for consideration for responsibility for the organizational development and administration of the Health Science Receiving facility.

Proposal #1: The organization and administration of Central Receiving for the Health Sciences should be the responsibility of the University Purchasing office and of an organization developed by Mr. Tracy Page, University Purchasing Agent.

Proposal #2: That the University Hospitals Receiving Organization be expanded to include receiving for all the Health Sciences units.

After consideration of both proposals, the Task Force recommends that the proposed Central Receiving Facility for the Health Sciences be administered by an organization to be developed by the University Purchasing Office. The University Purchasing Office now has experience for such a facility by

OFFICE OF THE PLANNING COORDINATOR
2675 UNIVERSITY AVENUE · ST. PAUL, MINNESOTA 55114

24 October 1968

Received By
Assoc. Director's Office

OCT 29 1968

UNIVERSITY HOSPITALS

To: Elmer W. Learn
From: Hugh G. S. Peacock *HGP*
Subject: Central Receiving for the Health Sciences

On Tuesday, October 22, 1968 I met with representatives of units concerned with receiving and dispatching in the Health Sciences. The following were present: Messrs: Carlson, Jones, Kingston, Nessel, Page, Soderberg, Smith, Staba, Veara, and Zerby. Also present were Ken Taylor and Miss O. Petters from The Architects Collaborative.

We discussed the existing arrangements in general terms and it was explained that the new plan included a central receiving point. The Health Sciences Planning Report was shown to illustrate the proposal.

The present operation of the Central Receiving on the West Bank was referred to and it was pointed out that there are problems of expansion with this facility. Similiar concern was expressed about a receiving center for the Health Sciences, particularly with regard to adequate separation of incoming and outgoing materials such as food, animals, laundry and other items where control is important. Those present were asked to prepare a general outline of goods with which they are concerned and identify specific problems related to them. It was requested that this information reach me no later than Wednesday, October, 1968 at Room 115 Hubbard Building, 2675 University Avenue, St. Paul 55114. As a result of our discussions it was realized that it will be necessary to discuss the whole problem of administering receiving and it was recognized that much of this would require new policy decisions. Upon receiving the requested information, I will be responsible for initiating this next step.

October 25, 1968

Mr. Hugh S. Peacock
University Planning Architect
2675 Hubbard Building
Room 115
St. Paul, Minnesota 55114

Dear Hugh:

Attached is the list which you requested from the hospital of those items which are either brought into the hospital or taken from it. With only a few exceptions all of these items could be funneled through a central receiving area located in the proposed new services building.

We will be happy to supply you with any additional information.

Yours truly,

C. Thomas Smith, Jr.
Associate Director

Attach.

cc: Thomas Jones
Mrs. Fellnor
Wally Petrylo/skl
Mr. Leipus ✓
Miss Perreault

Stanley Dew
Robert Foster
Mrs. McHugh
Donald Veera



SPECIAL REQUIREMENTS

Deliveries To and Pickups From University of Minnesota Hospitals

I. DELIVERIES

A. Clean Linen

Must be segregated from any contaminated area

B. New Furniture and Equipment

Must have sufficient holding space

Must have space for checking out and assembling equipment and placing inventory numbers

Adequate unloading space is needed to accommodate the largest trucks

Truck height dock and opening must be provided

Hydraulic truck levelers would be appropriate

C. Supplies

1. General

Need adequate holding space

Need truck height dock and opening

2. Chemicals

Volatiles require a separate holding area which is explosion and fire-proof

Refrigeration space should be provided in holding area for pharmaceuticals

We will need 24-hour coverage for emergency shipments

3. Gases

Requires a vented room with blow-out panel which is fire-proof and located on the building exterior

4. Food

Must be segregated from other delivery areas

Should be reasonably adjacent to walk-in coolers and freezers

5. Building Supplies

Requires large space for holding bulky items

6. Radioactive Materials

Will require a special facility for handling and examining

Must be separate from other areas

D. Mail

The Hospitals is seeking to become a sub-station so that it can handle mail from inside the building for the Post Office. If this can be done, mail deliveries can be restricted to one area and then dispensed within the Hospitals from that point.

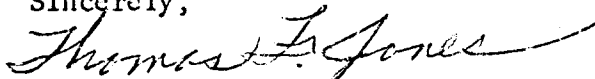
January 10, 1969

Dr. Elmer W. Learn, Chairman
Design Coordinating Committee for the
Health Sciences
202 Morrill Hall
University of Minnesota

Dear Dr. Learn:

In response to your memo of November 26, 1968, I am enclosing the Task Force Report concerning recommendations on a policy with regard to administering central receiving. This report has been considered and endorsed by the Central Receiving Committee for the Health Sciences.

Sincerely,



Thomas F. Jones, Chairman
Central Receiving Planning Committee for the
Health Sciences
Assistant Director, University Hospitals

TFJ:db

cc: Dr. Mellor Holland
Dr. Robert Mulhausen
Mr. Turner
Dr. Laurence C. Weaver
Mr. John Westerman
Mr. Hugh Peacock

TASK FORCE REPORT

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After consideration of both proposals, the Task Force recommends that the proposed Central Receiving Facility for the Health Sciences be administered by an organization to be developed by the University Purchasing Office. The University Purchasing Office now has experience for such a facility by

operating centralized units on the West Bank and at the Chemical and General Storehouses, and perceives the development of central receiving for the University in concert with master University traffic planning as a natural extension of its role. It is the further recommendation of the Task Force that to insure the most efficient and effective operation and also best expenditure of capital funds that in the development of the facility a systems approach be used including the employment and utilization of the necessary consultative expertise.

UNIVERSITY OF *Minnesota*

UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455

January 13, 1969

Dr. Elmer W. Learn, Chairman
 Design Coordinating Committee for the
 Health Sciences
 202 Morrill Hall
 University of Minnesota

Dear Dr. Learn:

This is written as a point of further procedural clarification concerning my January 10, 1969 letter to you on the Task Force Report - Central Receiving for the Health Sciences.

The Task Force Report was initially developed by a subcommittee of the Central Receiving Planning Committee for the Health Sciences. The Central Receiving Committee membership includes:

Mr. Thomas Jones	Chairman - University Hospitals
Mr. David Berg	School of Public Health
Dr. James Jensen	Dentistry
Mr. Gordon Kingston	University Services
Mr. Howard Nessel	Chemical Storehouse
Mr. Tracy Page	University Purchasing
Dr. John Staba	College of Pharmacy
Mr. George Taylor	General Storehouse
Mr. Don Veara	Plant Services

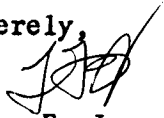
The Task Force membership included: Messrs. Jones, Jensen, Kingston, Page, Veara, and Staba. The Task Force Report was received and endorsed by the entire Central Receiving Committee at a meeting on January 3, 1969.



HEALTH SCIENCES CENTER

The Committee has requested a close working relationship with the architects as planning progresses, and we are in contact with Mr. Hugh Peacock on this matter.

Sincerely,



Thomas F. Jones, Chairman
Central Receiving Planning Committee for the
Health Sciences
Assistant Director, University Hospitals

TFJ:db

cc: Dr. Mellor Holland
Dr. Robert Mulhausen
Mr. Turner
Dr. Laurence C. Weaver
Mr. John Westerman
Mr. Hugh Peacock

*H.S. Expansion
Receiving Comm. - JTB*

UNIVERSITY HOSPITALS • MINNEAPOLIS, MINNESOTA 55455

August 28, 1969

TO: Central Receiving Committee for the Health Sciences

Mr. David Berg - School of Public Health
Dr. James Jensen - Dentistry
Mr. Gordon Kingston - University Stores
Mr. Howard Nessel - Chemical Storehouse
Mr. Tracy Page - University Purchasing
Dr. John Staba - College of Pharmacy
Mr. George Taylor - General Storehouse
Mr. Don Veara - Plant Services - Medical School
Administrative Assistant - School of Nursing
Mr. Robert Foster - University Hospitals

FROM: Thomas F. Jones, Chairman *TFJ*

RE: Programmatic Development

All of you have received the memo from Vice-President Smith announcing that our committee has been "reactivated" to plan for further programmatic development of the Health Sciences Receiving facility. As a start toward meeting this objective, I am returning copies of the reports you sent to this committee earlier in the year on goods received by your units and special considerations which must be planned for in the receiving unit in order to properly receive, hold, and deliver. Would you please review the report, add or delete as indicated, and return to me (Box 607 Mayo) by September 12.

Upon receipt of all the reports, I would like to appoint a subcommittee chaired by Mr. Tracy Page and including Robert Foster, Don Veara, and Gordon Kingston to review the reports and to develop an initial program statement for consideration by the entire committee. Hopefully this statement can be completed by September 30.

If you have any further questions please call (373-8961).

TFJ/sds



*H.S. EX-11
H.S. Receiving file*

August 29, 1969

Received By
Assoc. Director's Office
SEP 2 1969
UNIVERSITY HOSPITALS

TO: Mr. Thomas Smith, Associate Director, University Hospitals
FROM: Thomas F. Jones, Assistant Director, University Hospitals *T.F.J.*
SUBJECT: Central Receiving for the Health Sciences

We have a few questions, the answers to which would be helpful to us in our planning effort.

1. How much space has been programmed for the Central Receiving facility?
2. Our concept of the operation at this point in time is one of acceptance of goods from the trucks and immediate delivery to Health Science units with a minimum amount of holding, using only a "raw" receiving report at the dock area. The final acceptance of goods and certification of invoices for payment would be done by the ordering health science units. Is ^{this} concept compatible with the planning to date?
3. Movement of animals to the dog labs through this facility will cause considerable "clean-dirty" problems. Are there alternate plans for delivery of animals?
4. It is our impression that mail should arrive through the central receiving facility and be delivered to a mail acceptance area in the immediate vicinity, but that this function would not be a part of the health sciences receiving organization. If this concept is acceptable, a group from the health sciences plus the University Services mail group might be planning concurrently to meet this important need?

*Need survey of all pick-up & delivery points
as well as times.
Weigh advantage & disadv. of central mail facility
Estimate volume
Talk to Post Office re: their needs & require-
ments*



October 23, 1969

5.24

HEALTH SCIENCES RECEIVING TASK FORCE

Minutes of Meeting

October 13, 1969

Present: Messrs: Thomas Jones, Chairman, David Berg, Robert Foster
Richard Hendricks, Gordon Kingston, Tracy Page, Don Veera
Howard Nessel, Drs. Mellor Holland and John Staba

Architects: Donald Nawa, Olga Petters, John Scott

Guest: James Kerrigan, Associate Director, Folkner Hospital

EXISTING ORGANIZATION

Each member of the Task Force identified himself by his area of responsibility. In response to the balance of non-health sciences representatives on the Task Force, Mr. Kerrigan requested an outline of how materials management is currently handled for the Health Sciences Center. Mr. Page explained that the Center is one user of centralized University organizations: Purchasing Plant Services, University Services and three storehouses--Chemical, General and Food.

TUFTS NEW ENGLAND MEDICAL CENTER APPROACH TO MATERIALS MANAGEMENT

Three years before completion of planning for Tufts New England Medical Center, Mr. Kerrigan was charged with coordinating planning for communications and materials management. Initially individual systems were investigated to meet individual needs. As data accumulated, however, substantial duplication became apparent and the requirement for centralization emerged as the common factor. Three objectives for a materials management system were determined:

1. Economy of operation, or handling each item as little as possible.
2. Development of a total system to handle all items to be transported except patients.
3. Establishment of optimal systems that operate manually with gradual introduction of automation.

Analysis of materials management needs identified three components of the problem:

1. Organization at the point of use. In a medical center, the hospital is responsible for the largest number of materials handling transactions and the point of use is predominantly the patient's bedside.

2. The system that gets the product to the point of use. Analysis of materials handling patterns showed that 20% of the inventory accounted for 80% of the volume. Products were categorized by the size, weight and frequency of use.
3. The logistics center or "super-market". This is the centralized area where products are gathered and introduced into the system. The range of material handled includes crash, laundry, dietary, general stores, perishables, gases (which are piped), mail. This facility allows one manpower team to spread its special materials handling skills over the spectrum of goods received at the center.

Progression from the categorization of goods by function which requires that they be dispensed and delivered by teams dictated by the function of the item, to the categorization of goods by its handling properties, size, weight, frequency of use, is a conceptual challenge. For people who work with the separate categories as now defined to get together to reorganize the system requires firm commitment to the advantages of centralization.

Mr. Veara observed that although the function of the Task Force is to mold a system for materials management, the problems at the University of Minnesota are overwhelming. The Hospitals and the School of Dentistry each have centralized procurement systems while the departments within the Medical School each handle their own procurement. This high degree of decentralization allows every individual with his own budget to determine his own standards. Therefore, the plurality of the existing system increases the difficulty in defining the proper organization for the Center and in stimulating organizational change. Mr. Jones added that the physical decentralization of the Center itself compounds the organizational problems. Mr. Mawha responded that the concept of coordinated management is more significant than physical concentration.

At Tufts New England prior to planning there had been extensive decentralized inventories with each department ordering to its own inventory. Two "benevolent dictators" were appointed-- one spokesman for education and one for patient care with final say on materials management issues. These two individuals co-chaired the materials management task force that mobilized an extensive analysis of existing patterns of materials handling, and established basic principles of common agreement, i.e., it is preferable to reduce staffing duplication. Nursing was introduced into the planning as it became apparent that there would have to be a unit manager system for more efficient organization at the point of use. Mr. Kerrigan emphasized that the only way to seriously begin re-organization is to bring together the people who have the problem.

Facilities that illustrate the principles of the automatic hospital include:

1. Scarborough Hospital in Toronto where the number of support people per bed has been dramatically reduced.
2. University of Connecticut dental facilities
3. Temple University health sciences complex in Philadelphia.

cc: Dr. Robert Mulhausen
Mr. C. Thomas Smith

August 15, 1969

TO: *Mr. Bob Foster*
 Mr. Thomas Jones Chairman - University Hospitals
 Mr. David Berg School of Public Health
 Dr. James Jensen Dentistry
 Mr. Gordon Kingston University Services
 Mr. Howard Nessel Chemical Storehouse
 Mr. Tracy Page University Purchasing
 Dr. John Staba College of Pharmacy
 Mr. George Taylor General Storehouse
 Mr. Don Veara Plant Services - Medical School
 Administrative Assistant School of Nursing
 (to be appointed)
 Mr. Robert Foster University Hospitals

FROM: Donald K. Smith, Vice-President for Administration and
 Chairman, Design Coordinating Committee

SUBJECT: Central Receiving Committee for the Health Sciences

In the Health Sciences development program Building "E" has been designated as potential space for a central receiving facility for all Health Sciences units. Earlier in the planning process this committee prepared a preliminary program document for this function. It is now time to develop a detailed program statement specifying desired special arrangements so that the architects can design appropriate facilities. In addition to the space programed by the Hospitals, space has been added for support of this function for other Health Science units. This committee's assistance in defining the requirements for this space will be appreciated.

Please submit your report to Mr. C. Thomas Smith, Health Sciences Planning Coordinator.

DS/mc

cc: Mr. Thomas Smith
 Mr. Hugh Peacock
 Mr. Roland Kluver

Donald K. Smith

TASK FORCE COMMITTEE

Minutes for the meeting of April 8, 1970
8:30 a.m.

Present: Mr. S. Fried, Mr. Robert Foster, Mr. C. Hendricks, Mr. Jensen,
Mr. Thomas Jones, Mr. G. Kingston, Mrs. Karen Levin, Mr. H. Nessel,
Mr. Tracy Page, Mr. C.T. Smith, Mr. R.O. Smith, Mr. G. Taylor,
Mr. Don Veara, Mr. Mark Wallace

PRELIMINARY REPORT

An outline of the highlights of the preliminary Main Associates Report on Materials Management was presented to the Committee.

1. The committee discussed factors indicating the necessity for establishing a Materials Handling Unit serving the entire Health Sciences Complex.
 - A. Redundancy - It was felt that utilization of the materials handling manager responsible for receiving, inventory control, distribution, storage, etc., for the entire Health Sciences Complex will allow for coordination of these functions and eliminate much of the duplication of work in the present system. Such a manager would take specifications from the departments heads who would retain primary control for the inventory of their departments, but who would be free to call on the manager for help in inventory and in their relations with the Purchasing Department,
 - B. Economic pressure - A crucial aspect of the materials manager job would involve his relationship with the Purchasing Department. The materials manager would be in a position to encourage bulk buying and its obvious economic benefits.
2. Como Avenue- Heavier reliance on utilization of the Como Avenue storehouse facilities constitutes a second major recommendation of the Main report. Such reliance on remote storage facilities necessitates good inventory control on campus. The Como Avenue facility is itself at present well organized with good inventory control and lots of space. Furthermore it is felt that immediate conflicts between Como Avenue and the Health Science Complex can be remedied by certain jurisdictional rearrangements; for example, separation of the delivering and distributing functions so that distribution of materials can be consolidated into a minimal number of vertical trips. The amount of consolidation of these distribution routes will be limited however, by the special needs of such departments as pharmacy (delivery and inventory of drugs) and dietary. Increased utilization of a remote storage facility will only occur as Department Heads become more confident of their own ability to assess their future needs. Time pressures involved in delivery of materials to the Health Sciences Complex from a remote area can only be relieved by good inventory control in each department to begin with.

CONCERNS

Concerns of the Committee members with regard to the materials management unit and Utilization of the Como Storehouse involved:

1. Desire for further documentation of the present system's not functioning efficiently or economically, and of the clear cut benefits to be reaped from what will be a costly reorganization of these departments.
2. Some assurances that the imposition of another department will not simply add another obstacle to the already obstructed communications between the department heads and the warehouse. It is felt, however, that such assurance can only come if the materials manager is given enough power to obviate any necessity of each department's ordering its own needs.
3. The need to provide an off-campus staging area assigned to contractors for deliveries was discussed. In view of the cooperation and communication gap between outside contractors and receiving, it was felt to be easier to assign deliveries to the Como Storehouse from which goods would be directed to their proper destination.

MATERIALS MANAGER

The function of the materials manager was described in more detail by the committee especially with regard to his consulting role. The materials manager would consult with the department heads for ordering, and scheduled replenishment, while requests for machinery would be checked out with such a manager for advice on installation and operation. The success of the materials management unit system will depend on the loyalty of the departments and their ability to convey to materials manager such information as is necessary for providing the storehouses with clear cut directions for what to pick and pack, and where and when to deliver.

TRAFFIC

Material to be removed:

1. Outgoing trash
2. Soiled Laundry
3. Animal wastes
4. Radioactive material
5. Flammable material
6. Contaminated material (items 4-6 requiring discreet pathways)

Volume areas:

1. Laundry
2. Meals
3. Dishes
4. Morning Specimens
5. Refuse

Methods:

1. Chutes - Specially designed chutes consistent with fire control requirements are recommended for transport of refuse and laundry.
2. Cyberail - Utilization of the cyberail-type of conveyor should be investigated with regard to distributing meals. The feasibility of installation of cyberail systems in particular is seriously questioned on the basis of the enormous expense involved. Main Associates estimate Phase I cyberail servicing Mayo, Owre, Jackson, A, C, Masonic and the Variety Club would cost about \$4 million. It is felt that with regard to Phase II no doors are being shut on the cyberail system. Its implementation, however, will depend upon future architectural and economic circumstances.
3. Telelift and/or Tubes - Telelift and pneumatic tubes must be investigated for delivery and pick up of specimens. Such specimens as cannot be transported by automated systems will be hand carried, as with the venipuncture team. In non-hospital areas the variety of things distributed and the dispersed nature of their destinations, make utilization of automated systems not feasible.
4. Exchange carts - Exchange carts supply arrangements would be made for the following:
 - a. Linen
 - b. Nursing Supplies
 - c. Meals

It appears unfortunate to rely on the large number of hand trips for distribution of materials. However, it is felt that a proper function of the materials manager will be to oversee and coordinate these deliveries so as to involve the least number of hand trips.

MATERIALS HANDLING COORDINATION

A number of areas which will not be readily coordinated into a total materials management distribution system were isolated during the discussion.

1. Pharmacy - drugs and special equipment will probably be transported by people from the pharmacy department.
2. Specimens - Routes involving large numbers of specimens should probably be conducted by the same staff delivering as made the pick ups.
3. Blood must be hand carried.

WASTE

Mr. Veara asked that Charles T. Main spell out a program for waste handling and collection, stipulating the route to Heart Hospital, Masonic, VFW, and the basic sciences complex, and explaining how elimination will occur in each building. If dock facilities are developed for elimination of waste at each building, will it be possible to prevent utilization of these facilities for receiving as well? Mr. Page observed that the Charles T. Main recommendation for Health Sciences materials management system negates the need for the central receiving facility originally recommended by the Health Sciences Receiving Task Force. Mr. Jensen pointed out that if the Health Sciences materials manager concept does not work out, alternative administrative structures can be substituted.