

TO: Hospital Department Heads and Members of the Administrative Staff
FROM: Peter H. Sammond, Director of Hospital Planning
REGARDING: Hospital Planning Assignments

At the last meeting of the department heads I indicated that the University and the Architects Collaborative had agreed to an accelerated planning schedule which essentially calls for all design planning for unit C of the Health Sciences Development Program to be completed by September 1, 1970. This will call for considerable time and effort on the part of all of us, but particularly those who have functional activities proposed for the areas in new construction (units C and E).

The purpose of the meeting of November 18th is to set before you the specifics of the tasks ahead. I apologize for calling it on such short notice, but we feel work should commence as quickly as possible.

The schematic diagrams which Mr. Taylor will show at the meeting on the 18th and are posted in 2112 Powell Hall, are those that you first saw in 1969. Since that time the architects have attempted to solicit commentary on these schematics, and I am sure that the information that they received has been more complete for some departments than others. By the end of January 1970 they must accumulate enough additional programmatic information to develop completely revised schematics. To do this there will need to be considerable input from you, the department heads, the consultants and the architects. Between now and then we will be asking you to reply to a number of questions on a reasonably tight time schedule. The first questions we would like answered by December 1, 1969 are as follows:

1. What are your thoughts as to the proposed location of your department as indicated on the schematics with reference to your internal functioning and inter-departmental relationships?
2. While the space allocated to your department remains relatively fixed, is the internal distribution of space within your department as indicated on the schematics adequate?

Locations of all the departments will have to be determined in January of 1970. Then concentrated effort will be made on the detailed planning of departments going into space in new construction. The detailed planning of remodeled areas will follow, at a later time.

All the questions asked above can be answered by you and members of your department, we will be soliciting additional information later with which you may need the assistance of the architects and consultants. Shortly, we will be indicating to you the architect assigned to dealing directly with your department on design problems. Also available to assist in the planning effort will be certain consultants employed by The Architects Collaborative with our concurrence. They are as follows:

Helen Flynn Associates - food
Charles T. Main Inc. - materials handling
John Ryan Advisers - special consultant

Representatives of these firms may well be contacting you for information and assistance.

Mrs. Jane Felder will be working in the Planning Office, especially for hospital planning and will be happy to assist you. Please feel free to bring any questions to the attention of Mrs. Felder or myself. Thank you for your continued assistance.

MINUTES
Department Heads Planning Committee

November 18, 1969

Charge to
Members

Please see enclosed memo for two questions which are to be answered and returned to Mr. Sammond by December 1, 1969.

CONSULTANTS

Mr. Kluver commented that the planning has proceeded to the point where consultant advice is necessary. Mr. Kluver opened the meeting by introducing to the Department Heads those consultants who have been retained by the architects so far, and with whom the department heads will be working in the future planning.

Charles W. Lerch of Denver - consulting on elevators

Hodges-Jage - cost and construction management.

Charles T. Main - materials management

Helen Flynn - nutrition

John Ryan, of Rockville, Maryland, consulting on hospital design and problems

REVIEW

Mr. Taylor reviewed the planning activities of the past year. The intensive planning efforts of last fall resulted in the March schematic plans which include size and location of units in the new and in remodeled areas. Mr. Taylor commented on slides of these plans to the members.

Unit A (Dental, Basic Sciences and Clinical Sciences) will be the first to be constructed with a 14 million dollar state legislature appropriation and an NIH funding application now being reviewed. A comprehensive revision and updating of the March schematics will be completed by February 1970 and members of the committee are called on to project themselves into areas provided for them and with the help of the architects and consultants see how they will live in them. The total area allotted to each department must be treated as fixed, but location and internal space allocation are still open.

CRITICAL DATES

Mr. Thomas Smith outlined to the members some critical planning dates arrived at according to drawing up of the October 1 fund application.

January 1970	All program decisions
April 1970	Unit A Design Development
September 1970	Units B & C Design Development
Fall 1970	Demolition existing bldgs. & excavation Unit A
Fall 1971	General Contract A, begin Units B & C
1973	Begin Remodeling
Fall 1973	A,B,C, and E completed and ready for use.

CHARGE TO MEMBERS

Mr. Sammond referred members to his memo for their comments concerning location and space distribution of their facilities. It is requested that these comments be returned to him by December 1. It was asked whether previous correspondence concerning these matters be reemphasized. Mr. Sammond stated that duplicate files are being created in Cambridge and Minneapolis. Until this is accomplished, it would be wise to duplicate earlier correspondence on the schematics in referring to it.

In answer to questions it was stated that all available space has been spoken for. With regard to conference space and storage, no conference space has been dropped in the hospital; however, though central storage would be preferable, it appears unlikely that it will accommodate all storage needs., and a remote storage facility is expected.

Department Heads Receiving Planning Materials

November 25, 1969

Miss Marie Perreault ✓	Box 611	Pharmacy
Mr. David Preston	606	Admin
Mr. Thomas Smith	605	"
Mr. Dennis countryman	605	Admin
Mr. Stan Williams	605	"
Mr. John Westerman ✓	604	Admin <i>Administrative Services</i>
Mr. Walter Petrykowski ✓	58	Maintenance and Operations
Mr. Gary Peterson	605	Personnel, Class and Conf., Special Services
✓ Miss Florence Julian m ✓	603	Nursing Services
Mrs Marie Manthey	"	"
Mr. Merle McGrath ✓	602	Business Office
✓ Miss Bertha Pfenninger ✓	601	Medical Records
Miss Jeanny Kuczek	601	"
✓ Mrl Leonard Leipus ✓	61	Central Supply Sterile
Dr. Sev Olsen ✓	77	Hospital Dentistry
Dr. Leon Satran	340	Employee Health Service
✓ Miss Virginia Panzer ✓	380	"
Mrs. Zeglin ✓	606	Admitting
Mrs. Oien ✓	709	"
Mrs. Audrey Coulter ✓	84	Nutrition
Dr. John Sciarra	395	OB Delivery
Mr. Dingmann ✓	74	Emergency
Mr. Thomas Jones	607	Variety Club Heart Association
✓ Mr. Martin Finch	248	Med Art and Photog
✓ Mr. Robert Foster	607	Materials Management
Mr. Harry Brekhus ✓	507	Data Processing
✓ Miss Annie Baker	181	Social Services
Dr. Joseph Buckley	294	AMXXX Recovery Room
Not yet received materials		
✓ Mrs. McHugh ✓		
✓ Mr. Shultz		Housekeeping
Dr. Margaret Horrobin	487	Newborn Nurseries

Agenda

Problems in Health Sciences Planning
November 26, 1969

Regarding the Memo received from Olga Petters

1. Housekeeping is programmed over its allocation.
Space has been assigned in accord with the allocation.
2. Employee and Visitor Facilities needs further definition.
3. Eight areas are programmed less than the space allocated.
Though the discrepancy is stated to affect 12,667 square feet,
the figures given below do not add up to this sum.

	Allocation	Shortage	
Hospital Administration	6,409	652	
Hospital Dentistry	789	345	
Maintenance and Operation			
Shops and Office*	3,064	814	Mr. Taylor
	8,094	3,064	Planning Office
Nursing Services			
reduced conference space	3,878	996	
OB Delivery	3,554	79	
Hospital Pharmacy (inpt.)	10,200	970	Mr. Taylor
		770	Planning Office
Classroom and Conference	23,382	748	
has work been duplicated here	8,135		planning O.
Admitting	2,144	321	
Total Space Allocated	498,844		
Total Space actually assigned (including 12,504 for intra- departmental circulation)	486,177		

* In looking over the Planned Expansion Sheets and figures the Planning Office concluded that the total space allocated to Shops and Office is 8,094 square feet, and 3,064 represents the shortage and not the allocation. According to the sheets 5,030 square feet is the amount that has been programmed to Shops and Office.

4. The Planning Office feels that it is important that we discuss where we proceed from here and how.

COMMENTS ON SCHEMATICS
FROM UNIVERSITY HOSPITALS DEPARTMENT HEADS

ADMISSIONS

Comments from Mrs. Oien

1. No space indicated for patient waiting area
2. No baggage checkroom or storage area
3. No space for patient relations office
4. No space for volunteers or CTS escorts to wait

CLINICAL LABORATORIES

Comments from Dr. Strandjord

If a central laboratory is to provide satisfactory service, rapid transportation system for specimens from the emergency room, intensive care areas, and outpatient areas are critical. At a minimum outpatient specimen collection stations must be provided.

CENTRAL STERILE SUPPLY

Comments from Mr. Leipus

What information are you using in speaking of central decontamination? Where are central decontamination facilities located? Is central decontamination space included in the CSS space allocation? If the decontamination area is within the expanded layout for CSS, it is not properly located.

DATA PROCESSING

Comments from Mr. Little

1. Hospitals computer facilities must be located away from all radiology equipment.
2. Expansion possibilities are of primary importance in locating the computer facility.
3. Has the 50 to 100 sq. ft. for active storage remotely located from the computer been provided?

BUSINESS OFFICE

A rapid transmittal device will be required between the Business Office and the Admitting Department.

PARKING

Comments from Dr. B. J. Kennedy

The privilege of parking behind the VFW building so that advanced cancer patients can have easy and quick access to the VFW clinic must be maintained if easy access cannot be assured from the new ramp.

PHARMACY

Comments from Miss Perreault

The space assigned to the central pharmacy must be allocated more efficiently to facilitate operation of the department. More space is required for Outpatient Pharmacy. Since the central Pharmacy Department will remain in Mayo, duplication of facilities in the Outpatient Pharmacy is necessary. In addition the projected increase of outpatients in the clinics and pharmacy student instruction in the outpatient pharmacy increases the demand for personnel and space. At least 300 sq. ft. additional space is needed.

DIETARY

Comments from Mrs. Coulter and Mr. Smith

There has been a 43 per cent reduction in the space originally allocated for dietary. Space reduction of this magnitude must result in programmatic reductions. Since the prime role of the Nutrition Department is to provide nutrition services for patients, space for service must be maintained and services beyond this will have to bear the brunt of programmatic cutbacks. There is not adequate space for health sciences cafeteria. Consideration should be given to funding the space outside of the health sciences development program. Since food technology is in a period of rapid growth and development, it would be undesirable to make firm decisions about the type of food service at this time. The amount of space required for food service on the patient unit will depend on the type of feeding plan adopted. A highly qualified food consultant should be brought into the planning process at the appropriate time.

EMERGENCY ROOM

Comments from Dr. B. J. Kennedy

Designation of the alley between Unit C and the Masonic VFW building of the entrance to the new emergency suite will be detrimental influence on the patients in beds on the first floor of the Masonic Hospital that overlook the alley area. The comfort of these patients must be considered further.

HOUSEKEEPING

Comments from Mrs. McHugh

Provisions for wasted and soiled linen disposal on the patient care units and in the clinics are not clear.

MAINTENANCE

Comments from Mr. Petrykowski

The area designated for maintenance in schematics is too spread out for effective development of work management control with staff, work flow patterns, materials dispensing, inventory, etc.

A high ceiling area is required for hangup storage. Room C-168-1 accommodates present needs for materials and parts inventory. However, schematics indicate that this area has been reassigned to Housekeeping.

Future maintenance areas could best serve hospital needs from Unit E.

MATERIALS MANAGEMENT

Assuming that the 13,000 sq. ft. programmed for hospital stores and materials management is available entirely for hospitals and not health sciences use and that university chemical and general store-houses can continue to be responsive to the growing needs of the hospital, the area should be adequate for the next two years. Flexibility will be required to provide for the hospital expanding storage requirements beyond that time. 1,500 sq. ft. of the 13,000 sq. ft. allocated for University Hospitals stores will be designated for materials management program including health sciences receiving. Other health science units will need to provide space to develop the centralized stores area, if it is to be operated on a health sciences basis.

MEDICAL ART AND PHOTOGRAPHY

Comments from Mr. Finch

Medical Art and Photography expansion requests have been limited to a conference room and movie studio. Schematics seemed to have omitted the long narrow room required for the studio.

MEDICAL RECORDS

Comments from Miss Pfenninger and Mr. Preston

The space programmed was for traditional shelf manual storage. Automatic record retrieval systems of the Randtriever type are now being developed to the point where they may be practical by the time this building is built. These systems can be designed for the above type of space or can use high vertical spaces inaccessible by a manual system. Further thought should be given to centralizing other types of active record storage in an automatic system. These thoughts may be useful to the architects as design development of record storage areas proceeds.

NURSING SERVICES ADMINISTRATION

Comments from Mrs. Manthey

Nursing service administration offices must be located as close to the largest number of employees as possible, and consequently as near as possible to the largest concentration of patients. The location proposed does not meet this requirement.

COMMENTS FROM UNIVERSITY
HOSPITALS DEPARTMENT HEADS--DEC.1,
1969

CENTRAL STERILE SUPPLY

comments from Mr. Leonard Leipus

I Unhappy with location

- 1) Relocation of maintenance department will mean increased labor efforts of both departments in movement of equipment; much maintenance and repair work is done on CSS patient use equipment.
- 2) If pharmacy continues to prepare solutions requiring sterilization their distant location will generate added labor.
- 3) Areas unrelated to service core which could be better utilized
 - i. electronic data processing
 - ii. materials management
 - iii. canteens 1 and 2
 - iv. employee facilities
 - v. medical school adytum and scientific apparatus

II Size and Structure

- 1) Work areas must provide proper entrances and exits to avoid cross/contamination and/or confusion.
- 2) Allocation of 90 square feet above present 560 for receiving and decontamination seems unrealistic. 2100 sq. ft. is not impractical if centralization is a goal. Space contributed from D110, medical records storage, offers only square footages and contributes nothing to work flow process, whereas areas in C180 and C177 would provide a more functional flow.
- 3) Improved automation would reduce labor cost and expenses of disposable products.

CENTRAL TRANSPORTATION

comments from Mr. Leipus

- 1) Fail to find on schematics location and expansion for area, present space is inadequate for size of staff and there is a lack of parking area for present wheeled units.
- 2) No facilities where wheeled goods can be cleaned. Perhaps area could be shared with CSS. Area C171 has basic utilities for cart wash.
- 3) Future of division as a separate unit or part of central distribution and dispatch must be determined prior to department planning
- 4) In view of the high volume of CSS equipment and emergency supplies handled by transportation, the location should be near CSS.

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. Leibus' 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.

- 3) Part time use of classroom/conference space would only be desirable if it were located in close proximity to department and were available 50% if time.
- 4) The existing 355 square feet photo studio is totally inadequate, and the five square foot increment in the 361 square foot studio is also inadequate. At least 500 square feet will be necessary. At present an unstable arrangement exists with PM&R to use their gym for movie production. The 1968 soace allocation for the department was 3467 square feet however the latest proposal only allocated the department 3323. If the difference of 153 square feet were added to studio space the total of 514 square feet would be adequate for the studio.

MEDICAL RECORDS

comments by Bertha Pfenninger

- 1) Plan to place the file room two floors below the medical record department offices is absolutely unacceptable without any certainty that there will be automated filing equipment. File room should be immediately below or above the offices, assuming that there will be adequate transportation facilities-- dumb waiters, pneumatic tubes etc.
- 2) Windows in the Medical Record Department, including the file area.

SOCIAL SERVICE

comments by Annie Baker

- 1) Social Services feels that though it is receiving 2439 plus 600 shared square feet of the 3065 square feet total which it feels it needs, this space has been improperly distributed.
- 2) request for 400 square feet in multi-purpose and conference as opposed to 600 square feet in shared conference space.
- 3) Instead of one 300 square foot secretarial and file office they want three 100 square foot rooms for offices.
- 4) The 270 square feet for work room--students will be used for a group work office and treatment room
- 5) The 1000 square feet to be used as a work room for social workers and the 77 square feet in masonic and the two 100 square foot offices in satellite facilities are allocated instead of a desired 1500 square feet for 20 individual offices
- 6) It is requested that the space allotted to easily accessible to patients.