

September 16, 1968

TO: Health Sciences Design Coordinating Committee

FROM: Dr. Elmer W. Learn, Chairman

SUBJECT: Meeting Date

The next meeting of the Design Coordinating Committee is scheduled for Wednesday, 16 October 1968, at 1:30 p.m. in the Regents Room. Should the architects find it necessary, a special meeting will be call at an earlier date.

Representatives from The Architects Collaborative are now at the Health Sciences Center refining the development program with the associate architects and key health sciences personnel. Should you have questions or comments regarding current planning activities, you can contact the architects at the University Planning Office, Centrix Extension 5765.

October 1, 1968

Dr. Elmer W. Learn  
Chairman  
Health Sciences Design Coordinating Committee

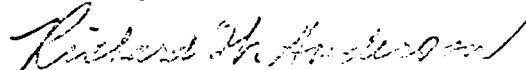
Dear Dr. Learn:

Herewith, I submit the final report of the committee you appointed last winter to develop the outpatient clinic program and allocate space within the clinics. This report should be read in conjunction with the previous report of our committee, entitled Report of the Special Outpatient Planning Committee, dated March 7, 1968.

Since this final report was prepared, it has come to my attention that there is again some misunderstanding with regard to the programmatic position of dental space in the outpatient clinic section. Certain members of our clinic faculty are interpreting remarks you made to the Administrative Board of the College of Medical Sciences on Wednesday, September 25th, to mean that the amount of space assigned to Dentistry in the outpatient clinics can be reviewed and reduced to the possible benefit of some of the medical clinic areas. If this is the case, it is contrary to the understanding of the committee I chaired during its deliberations, as we had been instructed that this dental space was not subject to our review except for the across the board ten per cent reduction occasioned by the total reduction in outpatient space from 103,240 square feet to 93,240 square feet.

If indeed the Design Coordinating Committee considers the dental space to be outside the purview of the Outpatient Committee, it should accept the attached report as our final suggestion for space allocation. However, it is only fair for me to convey to you and the Design Coordinating Committee the general feeling of the Outpatient Committee that this dental space should be subject to review, and, therefore, our report should be returned for further consideration. We would very much appreciate interpretation by the Design Coordinating Committee so that members of the Outpatient Committee can proceed to work with the architects on further program development.

Sincerely,



Richard W. Anderson  
Chairman  
Outpatient Space Planning Committee

RWA/kl

## REPORT OF THE OUTPATIENT PLANNING COMMITTEE

### PART II

In 1963, the Administrative Board of the College of Medical Sciences requested that the Clinic Directors formulate ideas and observations into a program for a new outpatient facility. Their findings and recommendations were published in January 1965 as the first Report of Medical Outpatient Space Needs, which was revised and submitted to the Health Sciences Long Range Planning Committee in February 1966 as the Clinic Directors Outpatient Planning Report. As preliminary plans for a new facility gained administrative and legislative support and began to move toward definition, the Health Sciences Design Coordinating Committee appointed an Outpatient Planning Committee charged with responsibility for preparing space requests in sufficient detail to permit the architects to proceed with the development of schematics. Individuals appointed were:

Richard Anderson, Chairman	Hugh Kabat
Psychiatry	Pharmacology
Charles Branthaver	Severn Olsen
Pediatrics	Dentistry
Shelley Chou	Paul Winchell
Neurosurgery	Medicine
Arndt Duvall	Peter Sammond
Otolaryngology	Hospital Administration
Benjamin Fuller	Jack Wilwerding
Family Practice	Setter, Leach & Lindstrom, Inc.

This planning group was immediately and informally enlarged so that every division or department offering outpatient services participated in the planning process.

In March 1968, the Committee published an extensive report, detailing:

- 1) Background of the outpatient planning effort,
- 2) Principles and objectives of outpatient care,
- 3) Principles governing outpatient planning,
- 4) Facilities required, including an outline of module elements,

Dr. Elmer Learn  
23 August 1968  
page 2

Approval in principle of the proposed allocation above was received with critical comment noted as follows:

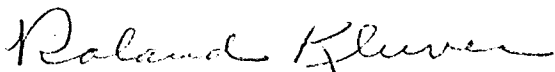
- a) Medical bed dependency on clinical laboratory services is vital. This could possibly be recognized by a satellite laboratory or improved ways of transporting specimens.
- b) There might be a medical intensive care unit and a small pediatric intensive care unit included within or added to the 196 beds allocated under Alternative II.

Additionally at this meeting, the French Committee was asked for guidance in (1) defining goals in Intensive Care for planning purposes, and (2) assistance in establishing final bed allocation by service and location in the hospital as a whole for 1973 expansion.

We ask that you inform the Design Coordinating Committee of the above noted approval in principle on bed allocation in New Unit C, and the new charge of task to the French Committee for definition on Intensive Care and assistance in ultimate approval on total bed allocation.

Very truly yours,

THE ARCHITECTS COLLABORATIVE Inc.



Roland Kluver  
RK/tjt

cc: Hugh G. S. Peacock

- 5) Functional relationships to other health science units,
- 6) Functional relationships within the clinics, and
- 7) Outpatient clinic space requests.

The space requests presented in the report, prepared by each service with optimum programs in mind, totalled 161,668 square feet, 58,428 square feet over the original 103,240 square foot allocation. Voluntary editing by the services themselves brought this figure to 136,608 square feet.

Editing of the total health science development program by the Health Sciences Design Coordinating Committee, June 15, 1968, reduced outpatient space to 93,240 square feet, stipulating that the outpatient Dentistry program participate proportionately in the 10% reduction. On May 4, 1968, the University Hospitals Medical Staff registered vigorous objection to the reduction. Since this did not bring a reinstatement of space, the Outpatient Committee has spent the ensuing months in a vigorous discussion of the final space allocation.

Due to the advantages of undifferentiated, modular space,\* each service was asked again to fit as many of its activities as possible into a modular plan. The group as a whole agreed that the number and size of clinics utilizing modular facilities requires a minimum of 10 modules or 43,100 square feet of centrally scheduled, general purpose clinic space. It was considered most important not to curtail requests for specialized space since these facilities accommodate services often not available elsewhere in the state and, consequently, allocations for specialty clinics are disproportionately large. Many divergent opinions have emerged, but there has been little compromise of our original principles: maximum modular space and generous accommodation of highly specialized services. The final assignment of outpatient space, arrived at after months of considered

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\* See discussion of module in Outpatient Planning Report published March 1968.

discussion, is as follows:

Anesthesiology	modular space
Audiology	4,547 sq. ft.
Dentistry	14,712 sq. ft.
Dermatology	modular space
ENT	5,243 sq. ft.
EYE Adult	6,301 sq. ft.
Child	2,002 sq. ft.
Family Practice	8,850 sq. ft.
Medicine	modular space
Neurology	modular space & 240 sq. ft.
Neurosurgery	modular space
Nutrition	360 sq. ft.
Ob-Gyn	modular space
Orthopedics	modular space & 540 sq. ft.
Pediatrics	modular space
PM&R	modular space
Psychiatry Adult	modular space
Child	modular space
Psychology	modular space
Surgery (Procto)	modular space & 1,145 sq. ft.
Urology	modular space & 360 sq. ft.
General Med & ER Intake	modular space
Pharmacy	890 sq. ft.
Social Service	1,082 sq. ft.
Minor OR	610 sq. ft.
Administration	3,050 sq. ft.

As in all building considerations, the final allocation of space represents a compromise. For the most part, those occupying specialized space are satisfied with the proposed assignments.

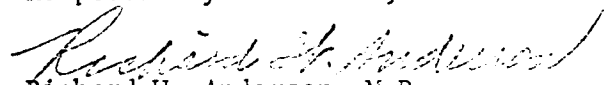
Family Practice deserves special mention at this point. Some members of the Committee felt that because it performs largely non-specialized functions, Family Practice should fit into modular space. The Family Practice program director, however, in his planning with the architectural consultant to the planning committee, managed to accommodate the program in fewer square feet with specially designed facilities than possible with modular space. It was also agreed that inclusion of Family Practice in specialized space category was necessary because of their desire for a separate entrance, waiting room, service facilities and patient care areas. Their initial space request was

carefully protected while other specialized requests were sharply curtailed, until the final space editing recommendation when a minor cut was proposed with the assurance that Family Practice, if overcrowded, could readily expand into modular space. The final editing recommendation passed overwhelmingly with one opposition vote by the director of the Family Practice program.

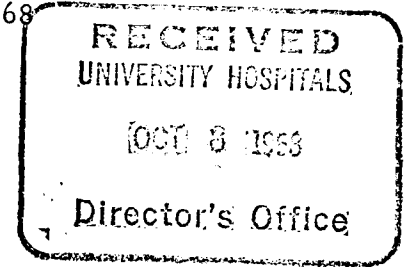
We have not included space for radiology in the outpatient program since it is the Committee's understanding that radiology facilities will be accessible to the clinics. Similarly, space for laboratory facilities has not been included. The Dentistry outpatient space allocation has remained at the level set by the Design Coordinating Committee. Despite Outpatient Committee concern over the disproportionate amount of outpatient space reserved for dental clinics, the coordination of dental and medical facilities is endorsed by all concerned.

This report notes the conclusions of the Outpatient Planning Committee and has received the formal approval of the Outpatient Committee acting as a committee of the whole. No department or division has gone unheard in the deliberations reported herein.

Respectfully submitted,

  
Richard W. Anderson, M.D.  
Chairman, Outpatient Planning Committee

3 October 1968



To: Elmer W. Learn  
From: Hugh G. S. Peacock  
Subject: Architect's Report to the Planning Office on Health Sciences Planning

I met with Dean Mulhausen and the Architects to discuss problems which have arisen during the past two weeks. These are listed below and the proposed course of action:

1. Nuclear Medicine: Dr. Mulhausen will discuss this with the Department of Radiology as to its relationship and its future development.
2. E.E.G. & E.M.G.: It was confirmed that both E.E.G. and E.M.G. are part of the Department of Neurology.
3. Department of Surgery: The 16,000 square feet allocated to the Department of Surgery will be appropriately distributed regardless of whether or not the divisions in Surgery have become departments. This particularly applies in the case of administrative space.
4. Health Sciences Administration: With the possible reorganization of the Health Sciences Administration, who will be responsible for defining this space? It was felt that the Deans and Directors would remain adjacent to their respective areas and that the additional area would only include the Provost, his secretarial space, a conference facility and his immediate assistants. Dr. Mulhausen will pursue this with the Architects.
5. Student Facilities: This has received considerable attention regarding both programming and funding. It was agreed that such space should be considered an essential part of the whole space program as it relates to the Health Sciences education. The Architects will identify all areas now included in the program and define other needs as a result of their current meetings. Dining facilities have also become a part of this problem. Hugh Peacock will discuss this aspect with Tom Smith.



6. Shared Class Program: Who will be responsible for a more precise definition of the shared classroom space program? Dr. Holland will be asked to form a Task Force from the Teaching Space Committee to work with the Architects. This should include Dean Cavert and representatives from Mr. Ausen's office, Public Health, Nursing and the Hospital.
7. Student Space in the Medical School Program: The 4,000 square feet of the Medical School program for students will be considered as a part of the student space problem although it will most likely be treated as an additum. Flexible development of this space should be considered.
8. Faculty Offices: The space standard for faculty offices of 120 square feet is less than the official University standard. It was explained that unlike some colleges, faculty in the Health Sciences have additional space related to their discipline. It was agreed, therefore, that in most cases, the 120 square feet would be adequate.
9. Maintenance Shop: Plant Services have requested 8,000 square feet for a maintenance shop. An area in excess of 31,000 square feet has been allocated for both this and equipment storage of which approximately 28,000 square feet will be needed for storage. The problem of maintenance shops will be discussed further with Mr. Soderberg and Tom Smith, Hugh Peacock will make the arrangements.
10. Apparatus Shops: Gordon Kingston of University Services has requested 15,000 square feet for a general scientific apparatus shop and 5,000 square feet for an electrical apparatus shop. The program provides 11,700 square feet. This amount, like all other space in the Health Sciences Program was finally allocated after editing. Hugh Peacock will discuss this with Gordon Kingston and Tom Smith.
11. 305 Union Street: During the construction phase, 305 Union Street will be demolished. What Provision will be made to accommodate the program at this location, which occupies 7,500 square Feet? Dr. Mulhausen pointed out that there will be many similiar problems during the interim period. It was decided that Drs. Learn and Mulhausen will meet with Vern Ausen and Hugh Peacock on this subject.
12. Clinical Teaching Space: Certain space allocations in the Clinical Teaching areas are creating problems. The original existing space allocation identified in the Hamilton Survey has, in some instances, changed. Dr. Mulhausen will discuss this with Dr. French. The Architects will also make an up-to-date check on the existing space now being used by these Departments.

Of specific concern are the Departments of Orthopedic Surgery:

Urology  
Dermatology  
Anesthesiology  
Audiology

13. Ancillary Programs: With whom do the Architects consult regarding Ancillary Programs and how many will be included in Phase I? Dr. Mulhausen will discuss this with Dean Howard and it was agreed that Dr. Kotke should coordinate this as he was chairman of the original committee.

HGSP:ct

cc: Dean Howard (2 copies)  
Dean Schaffer  
Dean Weaver  
Mr. Westerman  
Mr. Lund  
Mr. Close  
Mr. Ausen  
TAC: Mr. Turner

Health Sciences Design Coordinating Committee

14 October 1968

Planning issues that require consideration by the Design Coordinating Committee

Outpatient Clinics - Outpatient Committee requests formal statement.

1. Clarification of Dr. Learn's comments to the Administrative Board regarding space for Dentistry in the clinics.
2. Reduction of Family Practice space from 10,000 sq. ft. to 8,500 sq. ft.
3. Policy for additions to new facilities financed by private funds.

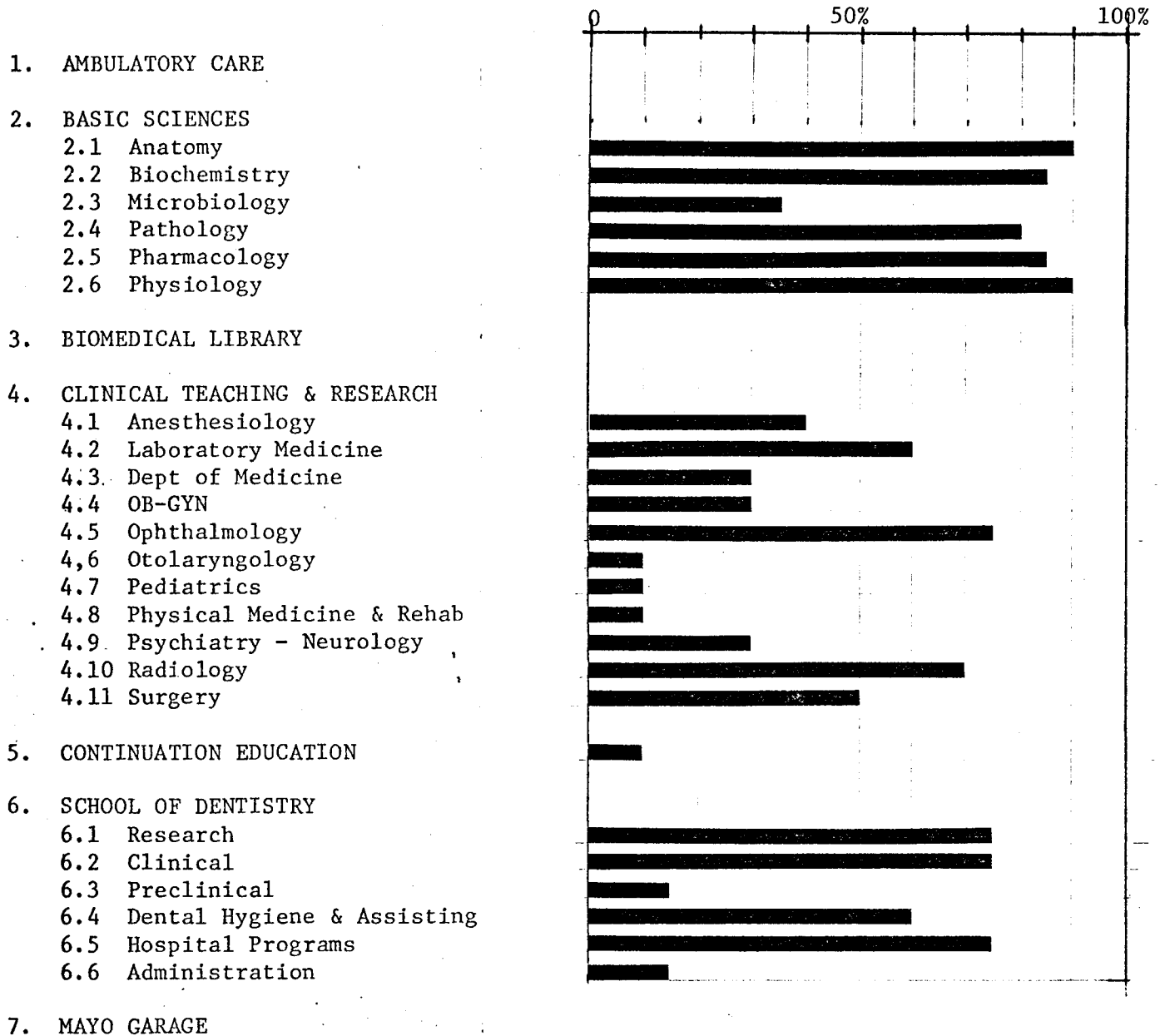
Operating Suite Committee

Comments on the planning process and request for statement.

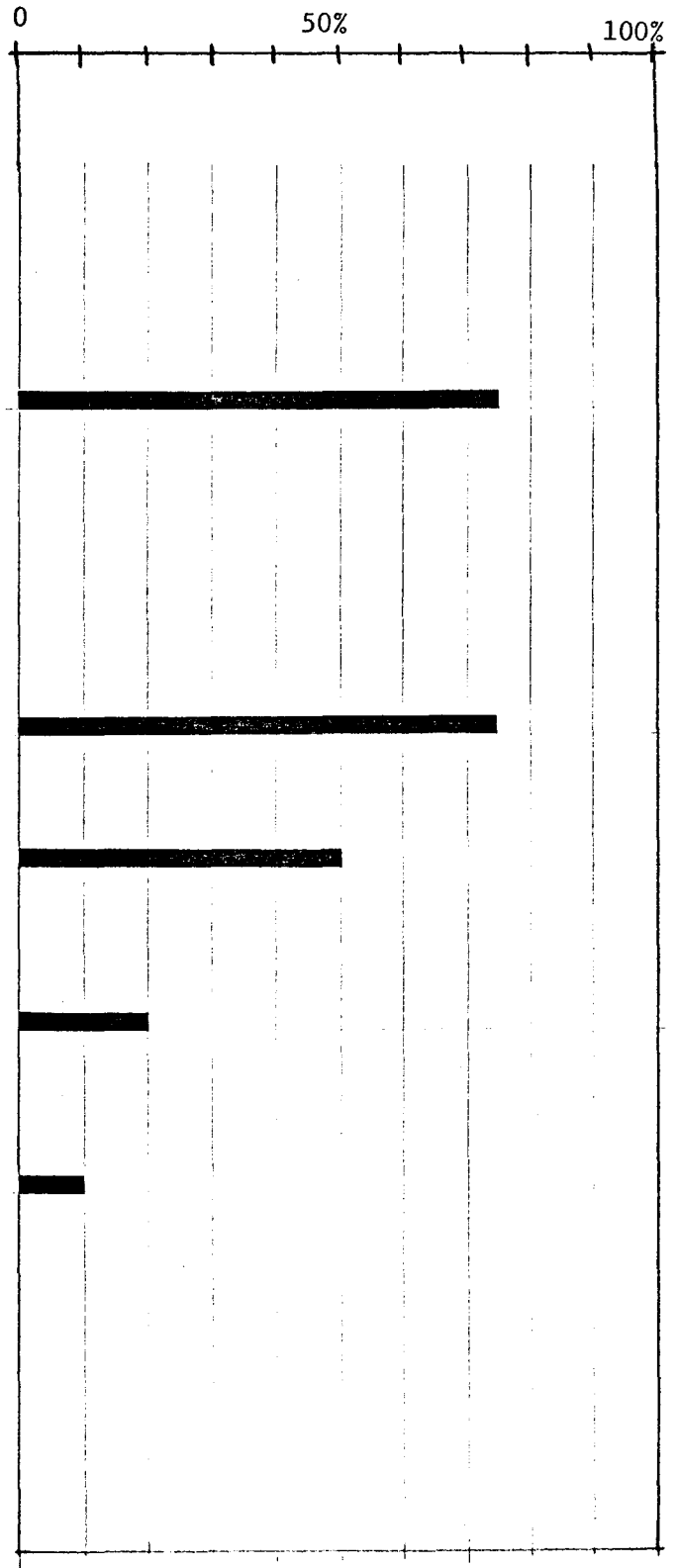
Deans and Directors Proposals

Central student facilities should be planned as an integral part of the total program but not financed as a legislative item, comparable to the handling of parking facilities.

SUMMARY OF PROGRAMMING PROGRESS



- 8. HOSPITAL (July 1968)
  - 8.1 Administration
  - 8.2 Admitting
  - 8.3 Business Office
  - 8.4 Building Services
  - 8.5 Central Supply
  - 8.6 Central Transportation
  - 8.7 Dentistry
  - 8.8 Electronic Data Processing
  - 8.9 Emergency Suite
  - 8.10 Employee & Visitors Facil.
  - 8.11 Hospitality and Vending
  - 8.12 Employee Health Service
  - 8.13 Housekeeping
  - 8.14 Maintenance & Operations
  - 8.15 Med Art & Photography
  - 8.16 Medical Records
  - 8.17 Newborn Nurseries
  - 8.18 Nursing Service Admin
  - 8.19 Nursing Units
  - 8.20 Nutrition
  - 8.21 OB Delivery Suite
  - 8.22 Personnel
  - 8.23 Pharmacy
  - 8.24 Purchasng,Receivng,Stores
  - 8.25 Recovery Suite
  - 8.26 Social Service
  - 8.27 Special Services
  - 8.28 Surgical Operating Suites
  - 8.29 Variety Club Heart Association
  - 8.30 Class & Conference Rooms
- 9. ADMINISTRATIVE AND OTHER SPACE
  - 9.1 Animal Hospital Committee
  - 9.2 Cancer Coordinatng Comm
  - 9.3 Computer Committee
  - 9.4 Minn Medical Foundation
  - 9.5 Office of the Dean
  - 9.6 Rosemont Storage
  - 9.7 Special Educational Service
    - Basic Sci Exam Board
  - 9.8 Student & Teaching Facil.
  - 9.9 Med Sch Bookstre & Police
  - 9.10 Building & Plant Services



- 10. NEW ANCILLARY DEPARTMENTS
  - 10.1 Biomedical, Bioengineering
  - 10.2 Electroencephalography
  - 10.3 Inhalation Therapy
  - 10.4 Med Art & Photography
  - 10.5 Mortuary Sciences

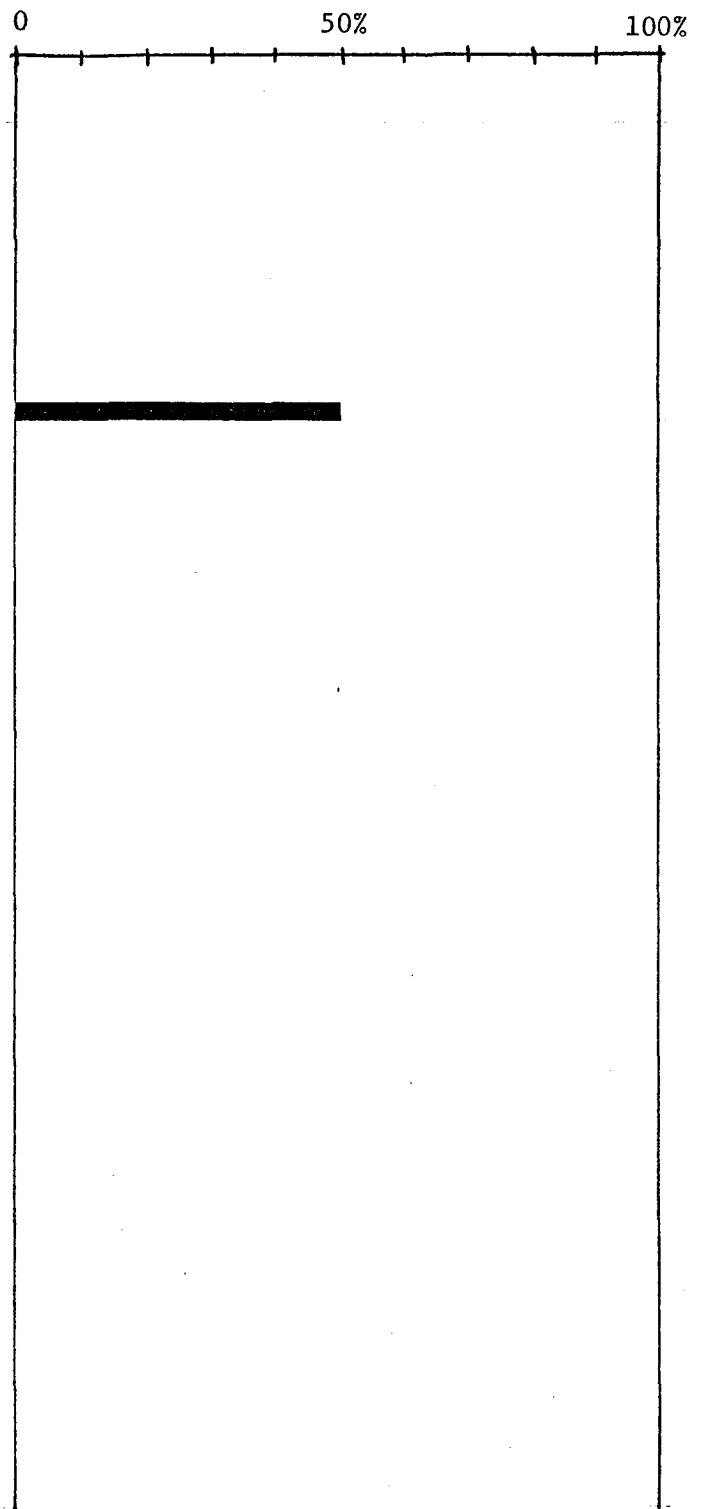
11. ON-CALL QUARTERS

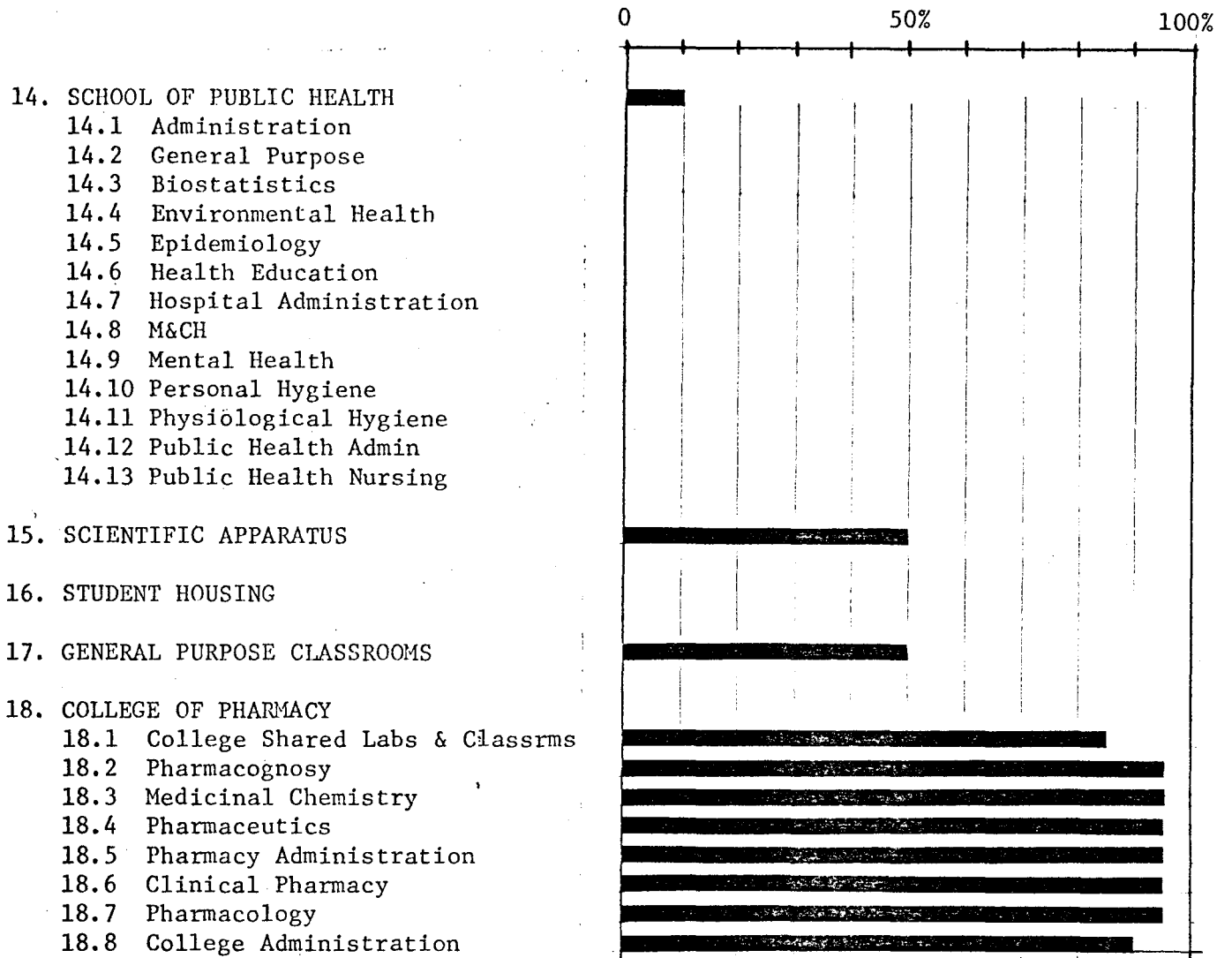
12. OUTPATIENT CLINICS

- 12.1 Administration
- 12.2 Anesthesiology
- 12.3 Audiology
- 12.4 Cancer Detection
- 12.5 Heart Hospital Clinic
- 12.6 Dentistry
- 12.7 Dermatology
- 12.8 ENT
- 12.9 Eye
- 12.10 Family Practice
- 12.11 Medical Screening
- 12.12 Medical Specialties
- 12.13 Minor ORs
- 12.14 Neurology
- 12.15 Neurosurgery
- 12.16 Nutrition
- 12.17 OB-GYN
- 12.18 Orthopedics
- 12.19 Pediatrics
- 12.20 Pharmacy
- 12.21 Physical Medicine & Rehab
- 12.22 Psychiatry
- 12.23 Psychology
- 12.24 Public Health
- 12.25 Social Service
- 12.26 Surgery
- 12.27 Urology

13. SCHOOL OF NURSING

- 13.1 Research
- 13.2 Teaching
- 13.3 Continuation Education
- 13.4 Administration





9 October 1968

TO:           Mr. Bruce Abrahamson                   Mr. Hugh Peacock  
              Mr. Vernon Ausen               Dean Erwin Schaffer  
              Mr. Bill Berget                Mr. Milo Thompson  
              Mr. Winston Close             Dean Lawrence Weaver  
              Mr. Martin Grady             Mr. John Westerman  
              Dean Robert Howard         Mr. Jack Wilwerding  
              Mr. Roy Lund

FROM:         Dr. Elmer W. Learn, Chairman

SUBJECT:      Health Sciences Design Coordinating Committee Meeting

              This is to remind you that the Design Coordinating  
Committee will meet Monday, 14 October 1968, at 1:30 p.m., in  
the Regents Room.



HEALTH SCIENCES DESIGN AND COORDINATING COMMITTEE

Minutes of meeting 20 November 1968

PRESENT: Elmer Learn, Chairman; Bruce Abrahamson, Vernon Ausen, William Berget, Winston Close, Martin Grady, Mellor Holland, Robert Howard, Stanley Kegler, Roland Kluver, Robert Mulhausen, Hugh Peacock, Peter Sammond, Kenneth Taylor, John Westerman  
*Lawrence Weaver* *a*

ABSENT: Roy Lund, Milo Thompson, (Jack Wilwerding)

NEXT MEETING: WEDNESDAY 18 DECEMBER 1968 at 1:30 P.M. REGENTS ROOM

REPORT ON NIH VISIT

Deans Howard, Schaffer and Weaver, Dr. Learn, Mr. Kegler and Mr. Westerman visited with officials of NIH on Tuesday, 19 November 1968 to discuss funding procedures. Dr. Learn felt that the University group had been well received and noted NIH interest in the degree to which health science programs have been jointly developed. NIH also seemed enthusiastic about the ways in which the University of Minnesota can help them work out the new funding system.

Discussions with NIH confirmed the timetable already proposed by The Architects Collaborative. With the grant application scheduled for submission to the June, 1969 Council session, schematics will have to be completed by February. Communication between Mr. Lund and Mr. Harkness indicate that planning is proceeding on schedule.

In addition to requesting more information on projections for operating funds, NIH would like greater detail on the programmatic aspects of health sciences development. Further discussion of health sciences programs will give NIH the framework to judge whether or not proposed physical development will satisfy program objectives. Perhaps direct conversation between NIH officials and program leaders other than health sciences deans would be fruitful. It was agreed that each health science unit should prepare a draft outlining its program objectives for the December 18th Design and Coordinating Committee meeting.

Space problems raised by NIH include the requirements to distinguish research from teaching space. This is primarily a dilemma for the clinical departments since the basic sciences are allowed the maximum allotment of research space per faculty member. Currently there is an attempt to redefine criteria for distinguishing between research space financed by teaching funds and special programs in hope that the traditional formula approach can be avoided. In addition to funds for undergraduate teaching facilities, Title II funding for graduate facilities may be available.

One area of concern noted by NIH is establishing priorities on the University level. Psychology and the College of Biological Sciences already have requests for two and one half million dollars before NIH. Mr. Kegler is the University official in charge of coordinating all grant applications.

#### LETTER FROM OPERATING SUITE COMMITTEE

A copy of a letter from Dr. Buckley to Dr. Learn was distributed to committee members. Dr. Learn interpreted the letter as indicating that although the Operating Suite Planning Committee is willing to accept the decision of the Design Coordinating Committee, it should be clearly stated in the record that these measures do not adequately meet long range requirements so operating suite expansion must have top priority for Phase II. The Operating Suite Planning Committee is apparently concerned that the Phase I investment may be substantial enough to jeopardize future replacement of the operating suite without making the existing suite fully acceptable.

Mr. Kluver explained that minimal remodeling would leave as many options as possible open for Phase II. The suite could be expanded down Union Street or replaced by an entirely new facility at the base of the proposed bed towers.

The committee noted that all criteria specified by the Operating Suite Committee may not be possible to meet with any one site. In responding Dr. Learn will have to assure the Operating Suite Committee of its high priority status for Phase II without committing the Design Coordinating Committee to meeting incompatible demands. Mr. Kluver pointed out that since proximity of the operating suite and the emergency suite is not possible, the emergency suite must be designed to handle trauma cases. If the Operating Suite Committee will cooperate with the architects, it may be possible to meet more of their specifications than anticipated.

#### TAC PROGRESS REPORT

The architects believe they are in a position to complete schematics in compliance with program specifications. Schematics, like the plans presented to the legislature, are intended to illicit constructive comment. TAC requests guidance from the Design Coordinating Committee on the form for submittal of schematics. The December 18th meeting will consider alternatives for presentation of schematics.

#### TEACHING SPACE TASK FORCE REPORT

The committee noted the comprehensiveness of the report and the extent to which it reflects communication between the health sciences. The 33,000 sq. ft. allotted for teaching space last spring is shown to be deficient by 13,000 sq. ft. Mr. Ausen indicated he would have taken a different analytical approach from Mrs. Batchelder, the Central Room Scheduling representative on the Task Force. It was recommended that Mr. Ausen review the report with Dr. Holland for a final verification.

Dr. Holland explained that the additional square footage requested in the report is primarily for support space which had not been considered in the original report. Instructional Resource Center space is not included, although the Task Force strongly urges that at least minimal audio-visual facilities be provided in Phase I. Minimal facilities would include the communications network required for a more sophisticated system to follow in the future basic production areas and enough self-instruction carrels to allow for experimentation with new teaching techniques. Mr. Kluver indicated that the architects are enthusiastic about providing the rudiments of an audio-visual system, but without the space it cannot be done. Perhaps the same guarantees offered for the operating suite for Phase II should be extended for an Educational Resources Center.

Dr. Learn agreed that space should be found for the additional square footage required for teaching facilities, but sensed no willingness on the part of the health science units to relinquish more space at this point for educational resources. Further, the University Educational Resources Committee has not presented its recommendations for University policy for the development of educational resources yet. Quite possibly the all-University Committee will recommend a series of subcenters throughout the University with one in the Health Sciences as part of Phase II.

Dr. Mulhausen observed that the Teaching Space Task Force urged Phase I development of a rudimentary audio-visual system. This is a high priority concern for the medical staff and an attempt should be made to provide the opportunity for clinical departments to contribute space for educational resources if the need is as urgent as the faculty suggests.

Mr. Westerman commented that the total building program is feeling the impact of the shortage of space. The Hospitals are now working out a 3,200 sq. ft. reduction. It is the intent that there will be no reduction in clinical space.

The Design Coordinating Committee could send a letter to the health science units soliciting contributions for the beginning of an educational resource center. However, it was suggested that a meeting within each unit to review the Instructional Resources Center Report and the need for space contributions might be more effective. Dr. Mulhausen will first discuss this matter with the Medical School faculty.

#### REPORT ON RECEIVING

A meeting of representatives from all the health science units concluded that administrative issues must be resolved before further planning of a centralized receiving area can be done. A task force with representatives from Plant Services, University Services and each of the health science units will be organized to make recommendations to the full committee on the operation and administration of a joint receiving facility.

Coordination of other health science facilities also requires consideration. Mr. Westerman was asked to bring the issue of administrative patterns for health science shared facilities before the Council of Health Sciences Deans and Directors at the 9 December 1968 meeting.

November 18, 1968

Elmer W. Learn  
Executive Assistant to the President  
202 Morrill Hall  
University of Minnesota

Dear Doctor Learn:

We have your letter of October 21 in which the Design Coordinating Committee reaffirms its decision to retain and expand the existing operating room suite. Two recent discussions by the Operating Room Planning Subcommittee centering upon the implications of this plan for remodeling form the basis for this further communication.

The Subcommittee considers that this plan substantially curtails the opportunity to provide the innovative, long-range improvements which are necessary to maintain our present position of leadership in surgical education, research and service. Several specific examples of requirements which cannot be met within the remodeling/expansion concept are: improved traffic and environmental control in and around the suite; close proximity to the new emergency facility; immediate proximity to a large intensive care unit; provision of sufficient separate space for care of septic surgical cases.

We recognize that selection of the remodeling/expansion approach is related to the determination to provide Phase I expansion mainly within the basic science areas. However, since we can identify no authoritative commitment to further expansion of the operating suite within the Phase II program, the Subcommittee wishes to express, for the record, its concern that limited expansion at this time might later be viewed as having fulfilled the long-range expansion needs of the surgical suite, and that any planning efforts that we now make might be cited as evidence that we shared that view.

Therefore, before proceeding further with this effort, we request appropriate recognition by the Design Coordinating Committee that the remodeling/expansion proposal does not meet the long-range requirements of the operating room suite and we seek assurance that these requirements will be fulfilled within Phase II of the Health Sciences Expansion Program.

Sincerely yours,



Joseph J. Buckley, M. D.  
Chairman, Operating Room  
Planning Subcommittee

*8+24*

OFFICE OF THE VICE PRESIDENT FOR EDUCATIONAL RELATIONSHIPS  
AND DEVELOPMENT • MINNEAPOLIS, MINNESOTA 55455  
PHONE 373-2054 • AREA CODE 612

**RECEIVED**  
**UNIVERSITY HOSPITALS**  
**DEC 2 1968**  
**Director's Office**

November 27, 1968

To: Malcolm Moos  
Bruce Abrahamson  
Vernon Ausen  
Winston Close  
Martin Grady  
John Harkness  
James Hogg  
Mellor Holland  
Robert Howard  
C. T. Johnson  
Roland Kløver  
Elmer W. Learn

Fred Lukermann  
Roy Lund  
L. R. Lunden  
Robert Mulhausen  
Hugh Peacock  
W. G. Shepherd  
Donald K. Smith  
Robert Turner  
Lawrence Weaver  
Stanley J. Wenberg  
~~John Westerman~~  
Jack Wilwerding

From: Stan Kegler

Subject: Attached is a brief summary of a conference held with NIH personnel in Bethesda on November 19, 1968.

SBK: pap

Attachment

Summary of Conference with NIH Personnel  
NIH Headquarters  
November 19, 1968

Attending from U of M:

Mellor Holland, Assistant Dean, School of Dentistry  
Robert Howard, Dean, College of Medical Sciences  
Stan Kegler, Assistant Vice President, Educational Relationships & Development  
Elmer Learn, Executive Assistant and Director of University Planning  
Laurence Weaver, Dean, School of Pharmacy  
John Westerman, Director, University Hospitals

Attending from National Institutes of Health:

Robert Marston, Director  
John Sherman, Deputy Director  
Ronald Lamont-Havers, Associate Director for Extra Mural Programs  
Thomas Bowrey, Division of Research Resources & Facilities  
Leonard Fenninger, Director, Bureau of Health Manpower  
Sherman Cox, Division of Dental Health  
John Greene, Division of Dental Health  
David Tilsen, Health Research Facilities  
William Parsons, Allied Health Professions  
Lawrence Gray, Architectural Services for Research Element  
Marjorie Wilson, Office of Program Planning

Prior to the formal opening of the meeting, Dr. Lamont-Havers indicated that our concept of a team approach to health care and the preparation of health science personnel was most timely in that NIH was increasingly concerning itself with changing patterns of preparation of health science personnel.

Dr. Marston opened the formal conference by indicating that the "comprehensiveness" of our proposed program was of real interest to NIH. He noted that, while other institutions had been moving in the same direction, the approach we were pursuing was of greater comprehensiveness and magnitude. Dr. Marston indicated that he would need to be absent for parts of the meeting, and he asked Dr. Sherman to chair the group.

Mr. Learn opened our presentation by citing some of the characteristics of the U. of M.. He made the following general remarks:

This fall the University enrolled approximately 47,800 students. 41,000 are on the Twin Cities campus and the remainder at Duluth (approximately 5,000), Morris 1,300, and Crookston Technical Institute 500. The University is the only institution in the state offering Ph. D. and post-baccalaureate professional programs. As the state and land-grant University, it encompasses on the Twin Cities campus virtually every major discipline found in American universities. Perhaps of equal significance, it is the only major comprehensive university serving the Upper Midwest.

The Twin Cities campus is in the center of a major and growing metropolitan area of 1.5 million people--expected to grow to 4 million by 2000. Signi-

ificantly, it is the only major metropolitan area in the Upper Midwest. Thus, there is an excellent opportunity to draw students from and test alternative health care systems in both urban and rural areas.

The University enjoys most of the advantages and suffers most of the disadvantages attributable to urban location. One of the advantages is a relatively compact campus, broken by a 3-mile separation between the Minneapolis and St. Paul segment, which affords reasonably good opportunities for interaction among disciplines. Of special importance is the close integration of the Health Science colleges and the hospital within the campus proper.

The University plans make provision for location of most parking on the periphery of the campus with a campus oriented transit system linking the campus centers and the parking facilities.

The University anticipates growth in the Twin Cities to approximately 60,000 students by 1980-85. These would be roughly 1/3 post-baccalaureate, 1/3 upper division and 1/3 lower division. This assumes continued concentration of most Ph. D. and post-baccalaureate professions on this campus.

Health Science enrollments are 3,500 exclusive of Veterinary Medicine. They will grow to 5,000 with completion of the first phase of our program and could grow to 7,000 during the following decade.

Mr. Learn also discussed the issue of a second medical school for the State of Minnesota by noting that:

There is consideration of a second medical school in the state. There is widespread, but not unanimous, agreement that the University's program should be a first priority. The University's Board of Regents have taken the position that any additional schools should be under Regent's control but they might be independent of the existing medical school. No one has suggested additional dental or pharmacy training institutions.

Mr. Learn then cited the history of the planning effort related to Health Sciences. He referred to Appendix I in the Health Sciences Supplement and stressed the regional character of the Hill Study of Health Manpower Resources. He pointed to the interaction among personnel in various health science fields as exemplified in the University planning committees for health science facilities and noted that a concentrated effort to study roles, objectives, and programs had led the faculties to a strong commitment for an integrated health science approach.

The discussion following Mr. Learn's presentation revolved around the concept of the integrated team approach in both treatment of patients and preparation of professional personnel. Some attention was focused on the "objectives reports" of the various programs. Mr. Learn stressed the channels by which expression of programmatic needs had been reflected in statements of additional faculty needs and the translation of programmatic and faculty needs into statements of space and resources needs.

Dean Howard addressed his remarks to administrative and programmatic elements of the present medical sciences operations and examined the potential for broadening the existing protocols so that a genuine health sciences team approach could become feasible.

In the discussion following Dean Howard's remarks, both Dr. Marston and Dr. Fenninger pursued the question of the relationship between operating costs and capital investment. Dr. Marston expressed the hope that we attempt to set up some kind of "early decision process" so that current planning might proceed forthwith with the broadest possible communication among University of Minnesota personnel and NIH personnel. He noted that dollar supports at present levels require attempts to set up such an early decision process so that the University of Minnesota can determine as early as possible how rapidly to proceed and which channels could be most productively followed.

Dr. Fenninger again pursued the question of operating costs in proportion to capital investment. He noted that, on the basis of his past experience, he would put the cost of annual operations at 35-40% of the capital investment. He noted further that it was essential that a commitment for adequate resources for operational costs would need to be made early in our discussions with NIH.

Mr. Learn noted in response that it was of equally great concern to us that some kind of formal expression of interest be forthcoming from NIH so that we can respond to legislators' inquiries with a greater measure of certainty regarding the attitude of NIH.

Deans Holland and Weaver and Mr. Westerman made brief presentations regarding the relationships of their units to the total health sciences concept. Considerable discussion revolved around the preparation of auxiliary personnel and emerging patterns of preparation of pharmacists. The NIH staff demonstrated considerable interest in the increased health manpower outputs which were cited by Deans Holland and Weaver. Considerable interest was shown in the multi-purpose teaching and research uses of University Hospitals described by Mr. Westerman.

Mr. Tilsen called attention to changing "boundaries" (patterns of eligibility) for various segments of the proposed facilities. He indicated that NIH would be concerned about allocations for multi-purpose teaching facilities as compared with facilities previously devoted to research.

Dr. Fenninger posed questions regarding the student/faculty ratios which would be obtained if the total proposed plan were implemented. Our institutional response to NIH's evaluation of our initial presentation should include projections of this nature.

In the general discussion following, Mr. Gray expressed the hope that schematics and designs would clearly reflect programmatic considerations. He noted the usefulness of having "program" personnel in NIH in close working contact with "program" personnel from the University of Minnesota.

Dr. Marston began the final portion of the conference by indicating that NIH will:



Summary of Conference with NIH Personnel

- a) study the materials and documents we presented and prepare a written response.
- b) advise as of protocols for submissions, etc.
- c) advise us of channels for dealing with other Federal agencies.
- d) supply types of questions which will indicate the range of answers NIH will be seeking.
- e) indicate types of information which will be useful in responding to questions from the Congress and from professional groups such as AAMC and AMA.
- f) include comments on the Federal role.

Dr. Marston indicated serious interest in gaining time to accomplish mutual goals. He again noted his personal feeling that it may be well to identify some areas for "early decision". He expressed the hope that we could continue on our present time table and that NIH and the University of Minnesota should continue to explore ways in which we can move ahead rapidly. He noted that there was some uncertainty at the Federal level but hoped that we could develop patterns of relationships and avoid raising false hopes or making promises incapable of being kept.

Mr. Kegler and Mr. Learn explained our current posture with the Legislative Building Commission and the legislature, indicating normal patterns of funding based on prior experience. It was noted that the dimension of the Health Science package and the other variables relating to medical education in Minnesota made legislative appropriation projections difficult.

Dr. Marston and Dr. Sherman both repeated their interest in having continuing discussions at the programmatic level. Dr. Finniger emphasized the need for continued consultation with NIH personnel.

Further discussion revolved around the extent to which health manpower increases in relation to the total cost of the program were an important factor in the attitude of the NIH staff when making recommendations for funding.

Dr. Marston and Dr. Sherman both remarked that cost/product factors were always important, especially in an era of restricted dollar support. At the same time, however, NIH is not interested in a "lowest bidder" concept but rather is interested in quality investments with likelihood of long-range results. Dr. Marston concluded this portion of the discussion by remarking that our best strategy would be to describe the facilities needs which, in our best judgment, represent the programmatic objectives. Review bodies, it was concluded, do examine proposed facilities to determine the extent to which they express programmatic considerations.

Mr. Tilsen suggested that our target for submission should be the June 1969 Council meeting. By that time better definitions and guidelines will be available.

Dr. Bowrey called the attention of the group to the fact that the proposed health science facility is "in competition" with other health-related facilities requests now before NIH from other units of the University of Minnesota. He noted that some coordination and establishment of priorities would need to be effected. Mr. Learn and Mr. Kegler indicated awareness of this situation and noted that appropriate central officers were in close touch with units having requests before NIH.

The meeting ended with the expressed resolve that various groups meet to work through "wrinkles" in facilities request. One such meeting should probably involve the program personnel from the University of Minnesota and their counterparts in NIH. This meeting would be for the purpose of making very clear the dimensions of the proposed program. A second meeting might involve TAC, University of Minnesota, and NIH architects, planners and plant service personnel as well as program personnel to discuss extent to which architectural schematics and designs express programmatic and faculty needs. Dr. Finninger, as well as Dr. Marston, expressed the hope that senior central officers continue to attend such meetings and continue to coordinate planning activities.

Stanley B. Kegler  
November 19, 1968

SBK:pap

## HEALTH SCIENCES DESIGN COORDINATING COMMITTEE

Minutes of the January 15th, 1969 Meeting

Present: Hugh Peacock, Acting Chairman in the absence of Dr. Learn; Bruce Abrahamson, Vernon Ausen, William Berget, Martin Grady, John Harkness, Mellor Holland, Robert Howard, Roland Kluser, Roy Lund, Robert Mulhausen, Erwin Schaffer, Ken Taylor, Robert Turner, Lawrence Weaver, Winston Close. JW

NEXT MEETING: WEDNESDAY, 12 FEBRUARY 1969  
1:30 P.M. REGENT'S ROOM

### UNIVERSITY REPORT

#### Central Receiving

The Task Force, organized to consider administrative patterns for a centralized receiving facility, recommended that the University assume responsibility for Health Sciences receiving under the office of Mr. Tracy Page.

#### Teaching Space

Mr. Ausen reported that his review of the Teaching Space Planning Committee space recommendations is not yet complete. Room Scheduling is preparing a simulated class schedule utilizing 1980 enrollments for all the Health Sciences. The report will be submitted to the next Design Coordinating Committee meeting.

#### Educational Resources

Educational resources are an essential part of health sciences development. It is assumed that Federal funding agencies will want to know how we intend to meet this need. While it is necessary to include the maximum amount of educational resources possible in Phase I within the existing program, it is important to show these are minimal facilities and consideration must be given to optimum location for a complete center in future development.

Dr. Mulhausen indicated that after a special meeting of educational resource facilities January 10, 1969, both the Medical and Dental Schools may come up with space to begin an Educational Resource Center. This initial investment must relate to future growth and development. There is some question as to whether space contributed by the Medical School departments will serve health science educational resource needs or go toward the Medical School request for twenty seminar rooms presented to the Design Coordinating Committee in the Teaching Space Planning Committee Report.

#### Other Shared Facilities

A list of services already provided by the Hospitals for other health science units has been distributed to the Council of Health Sciences Deans and Directors with the request that each unit consider what additional services can be combined and shared by all the health sciences. The Council will be responsible for bringing this information to the architects.

#### Contact with NIH

Dr. Leonard Fenninger from the Bureau of Health Professions Education and Manpower Training telephoned Dean Howard indicating eagerness to begin conversations soon with the Health Science deans, faculty and architects. The Architects Collaborative will rely on the University Planning Office to schedule NIH sessions.

#### Information

The new curriculum was passed by the medical faculty with a vote of 136 to 23. A session has been scheduled with the Educational Policy Committee for presentation of schematics January 16, 1969. In reviewing schematics with faculty groups it will be emphasized that architectural development is a continuing process and all comments cannot be both evaluated and incorporated in time for the presentation of schematics to the Legislature, adjustments will continue during the next stage of the development. There has been no restraint, as yet, in the number of new faculty positions needed for the Medical School curriculum changes. To what extent the design considerations may be affected by the Legislature not funding all of the new positions has not been determined as yet.

## THE ARCHITECTS COLLABORATIVE REPORT

The architects presented a level by level analysis of Phase I of the Health Sciences complex. The slide presentation indicated TAC's responsiveness to the issues raised in previous planning discussions. The complex of Units A, B and C has evolved into a more closely spaced system with a more informal organization of high and low structures allowing maximum flexibility. Specific modifications incorporated into revised schematics include:

### Greater Number of Beds per Floor

The largest bed floor houses 104 Pediatrics beds in a patient care unit extending from Unit C into Unit B. Other bed floors accommodate 50 and 58 adult medicine, dermatology and family practice beds.

### Access to Radiology

The two Radiology levels in Unit C have been raised to L7 and L8 so that the lower Radiology floor is contiguous with the Operating Suite and the second related to the circulation corridor linking Unit C with Mayo bed areas. This location maintains proximity to out-patient facilities while improving access to bed areas and permitting direct access to future hospital development on the Powell Hall site. The Emergency Suite will have direct elevator service to the Operating Rooms and Radiology.

### Access to Teaching Areas

In response to concerns about bringing student traffic above street level; shared classroom facilities and basic science teaching laboratories have been relocated one level below grade with direct vertical access to street level and an extensive lateral circulation system tying together the entire Health Sciences Complex.

### Potential for Expansion

The architects have developed a plan for the replacement of existing Operating Room facilities with a new suite contiguous to Phase I Operating Room expansion and relating to future Hospital development at the Powell Hall site. Lateral and vertical growth is possible for Units A and C. Unit A could expand both north and east as well as up and Unit C could expand east and possibly up.

Review Procedures

The architects will start review procedures January 21st and continue through to the first week in February. Meetings will be arranged with all units of the Health Sciences and prior to the final presentation to the Design Coordinating Committee on February 12th, a meeting will be held with the French Committee and the Educational Policy Committee.

Respectfully Submitted,

Karen Levin  
Research Assistant

where does all this  
resolution take place?

The one person Hugh has no  
patience with is Bob Turner +  
they get involved in very unfortunate

Peacock told me all sorts  
of things he tells himself  
when he gets ticked  
with VA. Like he  
has a brain-damaged  
child - hence he  
deserves infinite  
mercy.

AGENDA

HEALTH SCIENCE DESIGN COORDINATING COMMITTEE

Wednesday, December 18, 1968

Regent's Room 1:30 pm

1. Date of the next meeting.
2. a) Progress report on Central Receiving Subcommittee  
b) Progress report on Teaching Space Subcommittee
3. Progress report by The Architect's Collaborative
4. Procedure for reviewing schematics
5. Any other business



February 10, 1969

TO: Dr. Elmer W. Learn, Planning Director  
FROM: John H. Westerman, Executive Secretary  
SUBJECT: Agenda Items for February 12 Meeting

1. Ausen Report

We have 35,000 sq. ft. for shared classrooms from Holland's teaching space report. TAC has built the following rooms out of 35,000 sq. ft. but these will require additional 3,000 sq. ft. for support space:

Total Classrooms:	Of these, the following are in NEW space:
2 350's	2 350's
2 250's	1 250
2 200's	1 200
3 150's	2 100's
2 75's	1 75
2 50's	2 50
2 30's	<u>1</u> 30
<u>5</u> 100's	

20 = 35,000 sq. ft.

10 = 19,275 sq. ft.

The point here is that even before considering needs for educational resources, we have a major commitment to teaching space (the 35,000 sq. ft. was the result of a cut from 44,175 sq. ft.)

You asked Ausen in December to review the Holland Report (35,000 sq. ft. for classrooms + support space + minimal educational resource space + 26 seminar rooms for the Medical School).

You did this because we were searching for a way to accommodate needs as identified by the Holland Report other than just classroom space.

Mr. Ausen is going to recommend 10,000 sq. ft. for 5 new shared classrooms including required support space:

2	350's
2	250's
1	200

He is doing this apparently by identifying some individual unit space as shared space; e.g. are 1250 Mayo, 1220 Mayo and 208 Children's Rehab. as

50 space classrooms--also 2 100 space rooms in Owea 111 and 113.

With the difference between 19,000 and 35,000, the report provides:

7,800 for 26 medical school seminar rooms

Unspecified area for educational resources

Unspecified area for health sciences student lounge

The main difference between the Ausen report and the Holland report appears to be that room scheduling may not have taken either graduate or non-centrally scheduled clinical classes into consideration.

## 2. Pharmacy

The University Hospitals and the College of Pharmacy have jointly reviewed the architectural plans for University Hospitals pharmacy. The College of Pharmacy would like additional space for faculty offices in the outpatient pharmacy. The amount of space needed would be less than 1,000 ft. The architects cannot proceed with planning space until authorization is given by the Design and Coordinating Committee.

This is a request for the amount of space deemed appropriate by Dean Weaver and his group to be transferred from the College of Pharmacy program to the Hospital program to expand the outpatient pharmacy area to include space for College of Pharmacy faculty members.

## 3. Hospital Stores

Health Sciences Receiving and Storage to be redesignated Health Sciences Receiving and Hospital Storage. There has been a report from a committee regarding the Health Sciences receiving area. At present 13,000 sq. ft. have been designated for this function. The 13,000 ft. is entirely from the Hospital program. There have been no inputs from other Health Sciences units. The Hospital is willing to share its 1,500 sq. ft. for receiving with all Health Sciences units. The Hospital is not willing to have its 11,500 ft. for storage area designated as Health Sciences storage.

Therefore, this is a request to designate the 11,500 sq. ft. as Hospital Storage and the 1,500 sq. ft. as Health Sciences Receiving. At that, 1,500 sq. ft. is barely adequate for Hospital purposes and should be expanded if all receiving functions are to be handled here.

## 4. Nursing Experimental Inpatient Unit

The School of Nursing program contains a 12<sup>4</sup>-bed inpatient unit for experimental nursing patterns. Arrangements need to be worked out for Hospital support in professional services and medical staffing coverage if needed.

This is a request for a committee consisting of Dr. Frits, Miss Freeberg, Mr. Preston and Miss Julian and Dr. French and Dr. Mulhausen to work out a program concerning of this space.

5. Nutrition

In the course of cuts, the Nutrition Department was cut from 36,000 sq. ft. to 21,000 sq. ft. At our meeting Friday, February 7th, I suggested there was a problem in that the dining room area would be cut from 1,200 to 600 capacity and, therefore, we may have to give more thought to outside funding for increasing the cafeteria unit. You suggested that Mr. Peacock and myself and Mr. Sammond have a meeting to discuss this further.

As a point of information, this is a request that the cafeteria program has been hampered by the cut. In fact, Mr. Smith informs me that people he has consulted with in the dietary area maintain that 21,000 sq. ft. is a critical mass for the kind of food service needed in this unit. There is a revolution in the food service area, and it is likely there will be decentralized units with convenience foods and microwave ovens. The technology is a few years off, but it is not a question of making economies in a mass central kitchen area to reduce the 21,000 sq. ft., but to allocate that space all over the sprawling complex for decentralized areas. In any case, further work needs be done in the area.

6. Operating Room Numbers

There is a question of how many operating rooms we have now. Apparently there has been an agreement to 8 on behalf of the Operating Room Committee, but the architects could only work out 6 in the plan, also suggesting that 8 was more desirable if space was available. For the record we need to define how many rooms we are planning at this time.

I also believe it is necessary for you to follow up on some correspondence with Dr. Buckley concerning a draft letter you circulated to Dr. Mulhausen, Mr. Peacock, Dr. Howard and myself. I believe the draft letter is all right to send.

7. Announcement of February 25th Planning Trip (Letter to Mr. Robert Belsley, Chief, Project Review Section, Physician Manpower, 2/5/69)

The Minnesota group will be in the Tower I conference room at 9:30 a.m. It was suggested that a general meeting be held at 9:30 followed by individual meetings with the professional counterparts from their staff.

JHW:hg

cc: Mrs. Karen Levin ✓  
Mr. Hugh Peacock

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

10 March 1969

To: Elmer W. Learn  
From: Hugh G. S. Peacock  
Subject: Visit to N.I.H. Manpower Division on February 25, 1969

The following is a summary of my impressions of our visit to N. I. H. Also I have included minutes taken by others at both the morning and afternoon meetings.

I assume that the specific assignments related to the visit will be given at the Health Sciences Coordinating Committee Meeting on Wednesday, March 12, 1969.

24 February 1969

To: Drs. Anderson, Cavert, Ebert, French, Miss Fritz, Dr. Holland, Mr. Kegler, Drs. Mulhausen, Schaffer, Weaver and Mr. Westerman  
From: Hugh G. S. Peacock *HGSP*  
Subject: N. I. H Visit Tuesday, February 25, 1969

As John Westerman's letter of February 20, 1969 indicates, the meeting will take place at 800 North Quincy Street, Arlington, Virginia. The schedule for February 25, 1969 is as follows:

General Meeting

9:30 - 11:00 am Room 213, Tower I

This is a combined presentation to all units. Some N. I. H. representatives may have been present at the previous visit to N. I. H. held on November 19, 1968. I was not present at that meeting. The memorandum listing those N. I. H. persons present at the November 19, 1968 meeting is being circulated.

The suggested agenda for Tuesday morning's meeting is as follows:

- 9:30 - 10:00 General overview presentation. Introduction by Stanley Kegler, Hugh Peacock and John Westerman. Time will be set aside for questions.
- 10:00 - 10:30 Architectural presentation with slides by Roland Kluver and Hugh Peacock. Time will be set aside for questions.

10:30 - 11:00 General discussion on programs, problems and concerns with all participating. Hugh Peacock will lead the discussion. Possible items may include:

- a) Comprehensive health planning in the State.
- b) Problems in the proposed expansion. *FUNDING ETC.*
- c) Adequacy and relationship of proposed facilities.
- d) Proposed programs and interrelationship of proposed facilities.
- e) Importance of this as a regional center.

We need their help, advice and their reactions to our present stage of development. Copies of the blue Regent's Report to the Minnesota Legislative Building Commission, Health Science Supplement dated July 18, 1968 and the gray University of Minnesota Health Sciences Planning Report will be left with them.

Lunch No definite plans.

1:30 - 3:30 Drs. Cavert, Ebert, French and Mulhausen will be meeting with Dr. Frank McKee.

1:30 - 3:30 Hugh Peacock and John Westerman will be meeting with Mr. Belsley.

1:30 - 3:30 Drs. Schaffer and Holland, Roland Kluver and Donald Mawah will be meeting with Dr. Bruce.

Most people will be staying at the (Key Bridge) Marriott Hotel, Arlington, Virginia.

cc: Elmer W. Learn  
Dean Howard

List of University Representatives Attending

UNIVERSITY OF MINNESOTA HEALTH SCIENCES DEVELOPMENT PROGRAM

25 February 1969

Central Administration

Stanley B. Kegler, PhD.  
Assistant Vice President for Educational Relationships and Development

College of Medical Sciences

Medical School

H. Mead Cavert, M. D., PhD.  
Professor, Department of Physiology  
Associate Dean and Executive Officer, Medical School

Richard V. Ebert, M. D.  
Professor and Chairman, Department of Medicine

Lyle A. French, M. D., PhD.  
Professor and Head, Department of Neurosurgery

Robert O. Mulhausen, M. D.  
Assistant Dean, College of Medical Sciences

School of Nursing

Edna L. Fritz, PhD.  
Director and Professor, School of Nursing

School of Public Health

Gaylord W. Anderson, M. D.  
Director and Professor, School of Public Health

University Hospitals

John H. Westerman  
Director, University Hospitals  
Associate Professor, School of Public Health  
Executive Secretary, Health Sciences Planning

College of Pharmacy

Lawrence C. Weaver, PhD.  
Dean and Professor, College of Pharmacy

School of Dentistry

Erwin M. Schaffer, D.D.S., M.S.D.  
Dean and Professor, School of Dentistry

Mellor R. Holland, D.D.S., M.S.D.  
Assistant Dean and Professor, School of Dentistry

University Planning Office

Hugh G. S. Peacock, A.I.A.  
University Planner  
Associate Professor, School of Architecture





6 March 1969

To: Hugh G. S. Peacock  
From: Robert W. Brantingham  
Subject: Notes on the February 28, 1969 Debriefing Session after  
the N. I. H. Visit

Present: Hugh G. S. Peacock, Chairman; Dr. Anderson, Mr.  
Brantingham, Dr. Cavert, Miss Cushmore, Miss Fritz,  
Dr. Holland, Dr. Mulhausen, Dr. Schaffer, Dr. Weaver,  
Mr. Westerman, Mr. Wilwerding.

N. I. H. would like the following information:

1. Clarification of priorities and dates.
2. More information of affiliated hospitals. (Dr. Ulstrom)
3. Pert chart showing transfers of space.
4. We should develop charts on classrooms and corridors showing square footages and the degree to which sharing takes place. For example: it might be possible to fund the link between units A and E.
5. A listing of what space we now have and a listing of what is proposed. (This could be accomplished by updating the Hamilton analysis).

The following comments were made:

1. Circulate the T. A. C. pert chart to this group.
2. Identify Dentistry and Nursing dollars separately.
3. Miss Fritz has more specific information on Nursing.
4. Must be careful on labeling of research space.
5. Minutes should be sent to Hugh Peacock, who will in turn hand out appropriate work assignments.
6. We should consider a systems approach to record keeping.
7. Identify special cost items such as:
  - Records storage systems
  - Internal supply systems
  - Ausio-visual systems etc.

APPENDIX A

UNIVERSITY OF MINNESOTA HEALTH SCIENCES  
PRESENTATION FOR  
BUREAU OF HEALTH PROFESSIONS EDUCATION AND MANPOWER TRAINING

Minutes of the Meeting on the 25th of February, 1969 at 9:30 a. m.  
By Karen Levin

Attending for the University of Minnesota

Stanley B. Kegler, Assistant Vice President for Educational Relationships  
and Development  
Gaylord Anderson, Director and Professor, School of Public Health  
H. Mead Cavert, Associate Dean and Executive Officer, Medical School  
Lyle A. French, Professor and Head, Department of Neurosurgery  
Edna Fritz, Director and Professor, School of Nursing  
Mellor R. Holland, Assistant Dean and Professor, School of Dentistry  
Robert O. Mulhausen, Assistant Dean, College of Medical Sciences  
Hugh G. S. Peacock, University Planner

Attending for National Institute of Health: Bureau of Health Manpower

Robert Belsley, Chief, Project Review Section, Division of Physician  
Manpower  
Sherman Cox, Dental Advisor, Division of Dental Manpower  
Stanley Dube, Architect, Division of Dental Manpower  
Robert Ensign, Architect, Division of Nursing  
Theodore Lorenzen, Public Health Advisor, Division of Physician Manpower  
Anastasia Petras, Nursing Consultant, Division of Nursing  
Al Reese, Architect, Division of Physician Manpower  
Charles Wagner, Chief Architect, Division of Physician Manpower

Mr. Belsley welcomed the Minnesota group in response to Mr. Kegler.  
At the last meeting with NIH representatives in November, 1968, the  
need for continuing discussions and relationships was emphasized,  
particularly with regard to defining dollar support of the Health Sciences  
Program between State and Federal Governments and programmatic  
review with Federal officials.

for the University of Minnesota resembles similar planning at other universities in that a thorough understanding of the following is required: See attached outline.

Individualized application of the general planning process at Minnesota included: See attached outline.

The result of these efforts was that the faculty carried the planning effort as far as it could go until architectural development was required. On the basis of faculty planning, the State Legislature provided one-half million dollars for professional architectural assistance. Mr. Peacock then described the process of development of plans for physical facilities.

Since the growth of the Health Sciences must be coordinated with the development of the University as a whole, a Design Coordinating Committee was organized to bring together representatives from Central Administration and the Health Sciences. The scope of the project led the Design Coordinating Committee to the decision to retain local architectural offices and a well qualified national office to master plan and coordinate the total project. The Architects Collaborative, three Twin Cities architectural firms agreed to work together on the Health Sciences development program. The magnitude and the nature of the development necessitated phased construction. However, funding is currently being requested to complete all planning documents.

Mr. Peacock outlined the constraints the architects have had to work with in developing the architectural solution to the Health Sciences program requirements:

1. The limits of the site.
2. Existing facilities which must be retained because of the investment of public and private funds.
3. Relating development to existing facilities.
4. Budget.
5. Rigid timetables required to meet legislative and other funding agencies deadlines.
6. Coordination with total University plan.

The following criteria have provided the basis for planning proposals:

1. Flexibility of plan.

SUMMARY OF PRELIMINARY NON-BUILDING COSTS FOR HEALTH SCIENCES FACILITY

Heating Plant Expansion . . . . .	\$2,217,000
Heating Tunnel & Piping . . . . .	1,033,500
13.8 KV Primary Electric . . . . .	Motor Driven Refrigeration \$820,000 Steam Absorp Refrigeration 630,000
Central Air Conditioning . . . . .	Building Cost
Addition to Incinerator Plant . . . . .	300,000
Control Data Center . . . . .	210,000
Maintenance & Custodial Space . . . . .	If in Mayo Space. . \$262,360 If new construction 393,540
Laundry . . . . .	Possible increased utility needs
Water Service . . . . .	169,000
Sanitary Sewer . . . . .	51,000
Storm Sewer . . . . .	102,700
Pedestrian Tunnel . . . . .	1,322,208
Gas Service . . . . .	-0-
Telephone Service . . . . .	-0-
Furniture & Equipment (8% of Construction Costs) . . . . .	1,440,000
Architects & Engineers Fees (Based on \$18,000,000 Construction cost = \$1,260,000 - \$400,000) . . . . .	860,000
Supervision of Construction . . . . .	225,000
Concrete & Materials Testing . . . . .	20,000
Site Survey, Topography, Soil Borings & Soil Testing Services . . . . .	25,000
Street work, landscaping & sidewalks . . . . .	Building Cost
TOTAL PRELIMINARY ESTIMATE . . . . .	<u>\$9,188,948</u>

Since the November meeting, the Minnesota State Building Commission made recommendations for the biennium without comment or recommendations on the University of Minnesota Health Sciences proposal because the question of a second medical school was under discussion with a joint Senate-House Committee on Health Manpower needs in Minnesota. The second medical school is not viewed as exclusive of the Health Sciences development program nor vice versa. The Governor has recommended, conditioned on Federal support, that the State Legislature fund the building program. In the Legislature, Health Sciences development seems to have become an almost non-controversial item.

### Review of Planning Process and Program Development

Mr. Kegler turned the program over to Mr. Hugh Peacock, University architect and planner. Mr. Peacock briefly reviewed the presentation to the NIH last November for the new Bureau of Health Profession Education and Manpower training representatives present. In 1962 all Health Science units were in need of expansion and competing for space on an extremely limited site. There were State, regional and national pressures for greater output of health manpower. The lack of coordination between Health Science units was also becoming a problem since there was little interaction in the educational process while greater coordination was expected of health professionals in practice.

In 1963, the faculty of the Medical School completed a study demonstrating need for more faculty and facilities. Costing \$ 33,000,000, these preliminary findings prompted the Hill Family Foundation investigation of health manpower needs for the upper midwest.

In 1964, the School of Dentistry underwent a change in administration involving commitments for substantial increases in faculty and facilities. Similarly, the Schools of Nursing and Public Health have outgrown their physical facilities. The School of Public Health in 1963 had the second largest enrollment in the nation and the second smallest physical plant.

At the direction of President Wilson, a coordinated effort was made to jointly plan the growth and development of the Health Sciences. In 1964, a planning committee was appointed by President Wilson under the chairmanship of Dr. Elmer Learn with John Westerman as Executive Secretary. The College of Pharmacy subsequently underwent administrative changes and joined this committee in 1966.

Mr. Westerman described the planning process. Health Sciences planning

2. Long range master plan to provide future expansion.
3. Vehicular and pedestrian movement and appropriate separation.
4. Adequate serving of functions.
5. Physical arrangement to encourage interaction of Health Science unit.
6. An appropriate visual solution.

#### Slide Presentation

The slide presentation demonstrated that schematics are not fixed at this point, but rather, serve as a working hypothesis. Our purpose in presenting these ~~were~~<sup>is</sup> to enlist NIH counsel and guidance before design development begins. The University hopes to have further meetings with NIH for more detailed comments on on-going work.

#### Comments and Questions

Mr. Belsley requested a chronology for construction, funding and enrollment increases. In addition to the cost and construction schedules in the Regents Report to the Minnesota Legislative Building Commission Health Sciences Supplement dated July 18, 1968 and the University of Minnesota Health Sciences Planning Report distributed to those present, the University will provide a detailed breakdown of program, state and federal request, and construction phasing.

Mr. Belsley advised the University to work for a June submittal for the November Council review. Schools combining undergraduate with graduate and research space are being urged to delay application until the new legislation is effective.

Dr. Mulhausen outlined Medical School plans for program expansion and development. In September of 1969, both the Family Practice and the new curriculum will be implemented. Plans are underway to institute a three-year curriculum on an experimental basis and to expand post-graduate education. By September 1970, the number of third-year transfer students accepted from the Dakota medical schools will be increased. With completion of Phase I, Step I construction in 1973, the size of the first year medical school class will be increased. By 1979, the output of graduates will total 480 more than in 1969.

Dean Weaver explained how the evolution of the Health Sciences concept has influenced the College of Pharmacy. In 1967, the College withdrew its request for funds for expansion of existing facilities in order to participate in the Health Sciences development program. The role of the pharmacist is undergoing change and requires close interaction with other health professionals.

Nursing is an integral part of the Health Sciences education and collaborative relationships with other Health Sciences play an increasingly important role. However, Dr. Fritz indicated that plans for nursing facilities are inadequate to meet requirements for future growth and development.

Dr. Anderson explained that the School of Public Health has experienced a three-fold enrollment increase without expansion of physical facilities. The School now operates on a twelve month basis and is closely related to other Health Science and University graduate and undergraduate programs.

Expansion of the Basic Sciences is essential for increasing enrollments in all the Health Sciences. Although additional clinical facilities are needed, greater use can be made of affiliated hospitals in the Twin Cities area as a stop-gap measure. Mr. Lorenzen indicated that affiliated hospitals will now be eligible for federal funding under the new legislation. Although the affiliated hospital would apply directly to the Bureau of Health Profession Education and Manpower Training, the University grant application should indicate whether or not affiliated hospitals intend to apply for undergraduate medical education funds and the degree of Medical School dependence on the expansion of affiliated facilities.

In addition to enrollment projections for major health fields, allied health programs serve as regional manpower sources and will also expand. Total Health Sciences student enrollment will grow from 3,500 in 1967 to 5,200 in 1973 to 7,500 in 1985.

Dr. French discussed the regional responsibilities of the Health Sciences Center. Health Care is moving toward regionalization. The University has the unique opportunity of being in the only metropolitan area serving the upper midwest, and has great influence on the Health Care of the region. It has the responsibility to produce health manpower to meet the health needs of the upper midwest and it can do so in a more unified and concerted way than other Health Sciences Centers.



Education is the prime mission of the Health Sciences Center and Dr. Holland discussed development of plans for shared teaching space for Health Sciences students.

One person is required to coordinate communications between Bureau of Health Profession Education and Manpower Training and the University. This is the function of the Office of Educational Development and Mr. Kegler will serve in this capacity. The University Planning Office works closely with the Office of Educational Development and will also be kept informed on all Federal funding matters.

The Bureau also requested to be informed of all developments related to the second medical school proposal.

4. The University decided a "do it yourself" approach and rejected hiring program consultants. Consultants were only used for their professional expertise in measuring existing space.
5. At the outset of the project there was a political dollar limit value of the whole package in the neighborhood of \$54 million.
6. There was cross-representation on each of the seven committees.
7. The work of each of the committees was made known to all of the 100 plus faculty members in the planning process.
8. An attempt was made to build flexibility into the processes and new people were added to the faculty.
9. The University was aware of the national reports dealing with health manpower, health sciences education and health care delivery. The faculty studied the Coggeshall Report, the Willis Report, the Willard Report and later the Barr Report, Health is a Community Affair, Comprehensive Planning Guide, and the Jones Report. The program planning documents did not arrive at the same conclusions in all cases, but the faculty addressed itself to the issues in these reports, and to the extent that they were applicable to Minnesota. The faculty responded to these problems in varying degrees.

### THEME III.

The result of these efforts was that the faculty carried the planning process as far as it could go until an architect was needed. On the basis of faculty efforts the State Legislature provided one-half million dollars for professional architectural assistance.

A chronological look at what happened in the planning process:

October, 1964 - President Wilson appointed a committee.

January, 1965 - The committee met for the first time.

## GRANT APPLICATION TO DIVISION OF PHYSICIAN MANPOWER

Minutes of meeting 25 February 1969 1:30 P.M. By Karen Levin

Attending for University of Minnesota

Gaylord Anderson, Director and Professor, School of Public Health  
 Robert Mulhausen, Assistant Dean, College of Medical Sciences  
 Lawrence Weaver, Dean, College of Pharmacy  
 John Westerman, Director, University Hospitals

Attending for Division of Physician Manpower

Robert Belsley, Project Chief

## LETTER FROM ACCREDITING AGENCY

Bureau of Physician Manpower requires that accrediting agencies submit a letter indicating the proposed enrollment increases will not jeopardize accreditation. Each unit should provide the appropriate agencies with information on projected class size and plans for staff and physical facility expansion.

## APPLICATION PROCESS

Mr. Belsley urged that the Medical School, School of Public Health, and College of Pharmacy applications be submitted by July 2 to the Division of Physician Manpower for the November National Advisory Council session. By the end of May drafts of applications and schematics can be brought before the Division of Physician Manpower team for advice before preparation of the final document. Between July and September three or four consultants, two from review committees, will make a site visit. Format for the visit will have to be worked out due to the unprecedented magnitude of the project. Review committees formulate recommendations to the National Advisory Council for each health science unit and the Council integrates the separate recommendations into a total Federal funding submission.

## SCHOOL OF NURSING APPLICATION

Dr. Fritz, Miss Petras and Mr. Ensign joined the meeting at the conclusion of the School of Nursing discussions. Miss Petras explained that the nursing review team carefully examines projected number of students and faculty and plans for space utilization. Applications for space that is inadequate for the students and programs to be housed are disapproved. There must be substantial evidence of commitment to the expansion of student enrollment for ten years. The review team must have precise plans for renovation and an architect's recommendation on whether the structure can be remodeled to conform to safety codes. Dr. Fritz indicated that the 32,500 sq. ft. for the School of Nursing is not adequate. Dr. Mulhausen asked if there were standards for space required per students and faculty. There are no general standards but single faculty offices are recommended. Mr. Ensign suggested that 200 sq. ft. per entering student might be a rough estimate.

Federal funds for nursing do not contribute to patient care facilities. However, research facilities other than beds are eligible. Funding shared classroom space requires analysis of nursing utilization. The basic information required is a detailed

breakdown of Phase I construction indicating requirements for federal funding for nursing for each step and justifying investment in physical facilities in terms of program development and increased enrollment.

#### ALLIED HEALTH FACILITIES

Mr. Belsley explained that there are no Federal funds available to finance the development of allied health facilities. Such construction should be funded independently or through the Medical School. Accordingly, there are no Federal funds available to finance allied health utilization of shared teaching space.

#### AFFILIATED HOSPITALS

The grant application to the Division of Physician Manpower should summarize plans for development of facilities required for undergraduate medical education at affiliated hospitals. The affiliated hospital would then submit grant applications directly to the Bureau of Health Professions Education and Manpower Training. Federal funding for affiliated hospitals does not apply to V.A. facilities.

#### MATCHING FUNDS

To qualify for matching funds at 66 2/3 per cent there must be major increases in enrollment -- whichever is larger, 20 students or 20 per cent. Matching funds at 50 per cent are applicable to minor expansion, five students or five per cent whichever is larger. Federal funds may cover up to 75 per cent of School of Public Health facilities.

#### NEW LEGISLATION

In the past it has been necessary to distinguish between research and education facilities for funding purposes. With the new legislation federal funds are available for teaching, research and laboratory space that is related to teaching directly or indirectly. Rather than the earlier policy of an established formula for funding research facilities, the burden of proof lies with the applicant to prove needs. Also under the new legislation Federal funds can be used to support continuation education at the same ratio applying to construction of undergraduate facilities.

#### GRANT APPLICATION FORMAT

There should be a common space page for each grant application followed by a section spelling out the development program for each Health Science unit. In the past hospital facilities have been funded only through the Medical or Dental School. Dean Weaver and Mr. Westerman explained that clinical facilities housing College of Pharmacy programs require more space than would be needed for simply service functions. Mr. Belsley suggested that perhaps the American Pharmaceutical Society should argue for such support in the future, but at this point it is not realistic to assume that all areas will be funded by the Federal Government.

Mr. Belsley suggested that the Medical School go to Health Facilities Research for funding Unit B which is primarily oriented towards research. Dr. Mulhausen asked if research space could be funded as the increment accompanying faculty expansion.

Would opportunities for funding this increment be improved if offices were located there also? Mr. Belsley said placement of the offices is not essential as long as the Medical School presents the total picture in the grant applications. The site visiting team will make recommendations for partial Federal funding and the school will be expected to finance the rest itself.

Financing education for non-Health Sciences students is also a problem. Mr. Belsley recommended that Health Sciences facilities be used when vacated by Health Sciences students. No specific facilities should be designated since no Federal funds are available for this function.

## UNIVERSITY OF MINNESOTA MEDICAL SCHOOL -- NIH DIVISION OF PHYSICIAN MANPOWER

Minutes of Meeting 25 February 1969

1:30 P.M.

By H. Mead Cavert

Attending for University of Minnesota

H. Mead Cavert, Associate Dean and Executive Officer, Medical School  
 Richard V. Ebert, Professor and Chairman, Department of Medicine  
 Lyle A. French, Professor and Head, Department of Neurosurgery

Attending for Bureau of Health Professions Education and Manpower Training

Frank McKee, Head, Division of Physician Manpower

## PHYSICIAN MANPOWER IMPLICATIONS OF DEVELOPMENT PROGRAM

Dr. McKee was presented a correlation of student intake and physician output between 1969 and 1979. Additional graduates--including increased transfer students from the Dakotas beginning in 1970, increased size of freshman class beginning in 1973, and initiation of 3-year program beginning in 1970--total 480 by 1979.

A tentative timetable for program, State and Federal funding request and construction phasing for Phase I was also discussed. The schedule, developed by Dr. Mulhausen, covers the period between March 1969 and June 1974 and was presented in conjunction with the July 1968 legislative request document.

## NEW CURRICULUM

Dr. Ebert explained the substance of the New Curriculum, the reasons for its development, participation of faculty and students in its development, the timetable for its implementation and its relation to national trends in medical education and manpower. New Curriculum documents left with Dr. McKee were: (1) Statement of Principles (October, 1967), (2) Synopsis of Curriculum Elements (December, 1968) and (3) Proposal of the Educational Policy Committee for Revision of the Medical School Curriculum, prepared for the Executive Faculty Retreat (December, 1968).

## GENERAL DISCUSSION

Dr. French commented on the regional responsibilities of the University of Minnesota Medical School, progress of the development program in the State legislature, the clinical aspects of the program and the role of affiliated hospitals.

Dr. McKee indicated that his prime concerns are that:

1. The program is fully developed. Plans for physician manpower should be conceptually sound and show every indication of being developed and accepted by the faculty.
2. Plans for development of physical facilities must be justified in terms of implementing program objectives.

## APPENDIX D

Minutes of the Meeting on the 25th of February, 1969

By Dr. Mellor Holland

Dental Representatives: Dr. Sherman Cox and Mr. Stanley Dube, Architect

The NIH officials made the following suggestions regarding the Health Science application for funding:

1. There should be one person and office at the University to coordinate NIH application and serve as a contact for the NIH officials.
2. The first draft of application for funding should be in by ~~May 1~~ **APRIL 15**, 1969 and the final copy should be in by June 15, 1969 for the July 2, 1969 review.
3. The best type of applications are those which are specific and not too long. "Chamber of Commerce" material is to be avoided.
4. The information in the application must be precise.
5. The application should mention that we are not building for 1986.
6. If associated teaching hospitals are included in the program it must be stated as to whether or not they are going to apply for separate funding.
7. Since the application will be a joint application, covering many disciplines, it would be best to submit it for July 2, 1969 consideration when new legislation covering joint application goes into effect.

The NIH officials made the following suggestions regarding the total Health Science Submission:

1. Ann Petris, Nursing Consultant, said NIH would not be able to consider shared classroom space until they had a full future program for nursing.

2. Program plans should trace the students' schedules, paying special attention to student spaces, i. e., library, study, eating, educational resources, etc.
3. The patient's schedule should be considered in the application, i. e. transportation, arriving, waiting, directions, comfort, etc.
4. Instruction off campus e. g. in hospitals, must be considered in the application. i. e. how will students spend their time and how will this affect the amount of student space in school?
5. An explanation is needed as to whether or not the facilities planned will accommodate program and personnel projections. e. g. are the facilities flexible and is there room for expansion.
6. Will the teaching programs fit into the facilities which have been planned?
7. It is necessary to give a precise breakdown of the curriculum as to where the students will be and at what time.
8. Expected changes in curriculum, if any, should be estimated in the application.
9. Flexibility features, e. g. design of dental cubicle, must be shown, mobile vs. fixed equipment. (It would appear that NIH favors mobile equipment.)

The NIH officials made the following suggestions regarding their site visit:

1. A definite agenda for the site visit must be available. A tentative agenda should be sent to NIH before the visit. It is necessary to be punctual and to the point.
2. The site team will represent different disciplines who will look at over-all plans. There will be no time to look at specific details of the existing structure.
3. Twenty copies of schematics 11" by 17" must be prepared for the site visit and sent to the NIH before the site visit.
4. The slides used in the presentation at the site visit should be available for NIH to take back to Washington for presentation by the N. I. H. people.



The NIH officials made the following suggestions regarding the Dentistry portion of the Health Science submission:

1. The mimeographed outline and the yellow book should be used as a general guideline for the Dental application.
2. Special considerations:
  - a. The space for circulation in the clinics should be 4 - 4 1/2 feet or 4 1/2 - 5 feet maximum.
  - b. How are patients to be called from the waiting room?
  - c. What are the total clinic spaces, e. g. in multipurpose clinics and special clinics.
  - d. Definite detail is expected regarding clinic design.
  - e. Support areas must be sufficient: sterilizing, seminar, supplies and they must be in the correct locations.
  - f. The submission should include thorough descriptions on a systems basis, e. g. animal use: farm, how the animals are handled, their use in research areas, disposal methods, etc. Animal research must be precisely identified.
  - g. At the site visit, the route of the students should be presented.
  - h. NIH officials will want to look at the number of faculty and the spaces assigned to them.
  - i. The critical balance of support areas was stressed several times.
  - j. Different kinds of patients should have different types of waiting areas.
  - k. If there are no multidisciplinary labs, state why.
3. Specific points on dental application:
  - a. Do we have agreements with other states for % of students for admission
  - b. Intramural plans -- submit a document, if available, as an appendix.
  - c. Sterilization types, location and relationship to clinics should be specified.

- d. Equipment the student would buy and equipment the school would furnish should be included in the submission.
- e. What are the Dentist population rations? Include population growth rates in Minnesota and surrounding states.
- f. Include a drawing of typical cubicle.
- g. Include a list of hospital beds used for dentistry, agreement papers and how hospital dentistry is integrated in the school curriculum.
- h. What floors will be used for research and how will it relate to teaching. (Regular research funds are low. \$70 million behind on requests.)
- i. Allied health support monies are low. The floor marked for dental hygiene should be renamed to indicate a tie-in with the undergraduate teaching program, e. g. auxiliary support areas.
- j. Twenty copies of schematics 11" x 17" should be sent to NIH before the site visit.
- k. Slides used in the presentation at the site visit should be available for NIH to take back to Washington for presentation by the NIH people.
- l. Describe carefully the instruction outside of the dental school.
- m. Describe patient availability.
- n. Include the number of applicants as well as the pool of applicants.
- o. Include faculty projections as well as a breakdown of rank.
- p. Include the projected budget.
- q. Use the outline for programming plus applicants guide.
- r. Stress was again put on the control dentistry has on beds.
- s. A very essential point: have a request for research funds in the education construction fund.
- t. Formula for granting money: 50% on replacement of facilities for current number of students.  
66.67% on increase i. e. the 35 difference between 115 and 150 entering
- u. Mr. Donald Mawha and Dr. Holland should probably meet with NIH officials the last part of March.

2/24/69

APPENDIX E

TO: Mr. Hugh Peacock, University Planner and Associate Professor,  
School of Architecture

FROM: John H. Westerman, Director, University Hospitals

SUBJECT: Outline of Westerman Presentation to NIH Group

THEME I.

In many ways the Minnesota planning process was similar to that used by other universities in that you have a thorough understanding of:

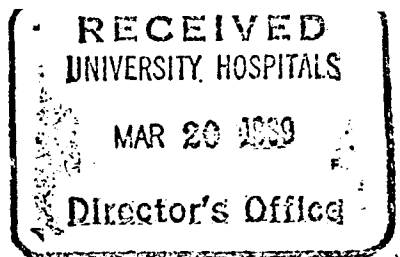
1. The President of the University determined the need for a coordinated planning effort.
2. A representative committee was selected.
3. Close ties were established with central administration.
4. Each unit described existing program to parent committee.
5. Subcommittees were established.
6. Timetables were outlined.
7. Space consultant was used.
8. The University studied over fifty approaches used by other health science units.

THEME II.

Minnesota did make some more individual applications of the general planning process:

1. Sufficient timing was allowed for the planning process with strategy developed around the 1967-1969-1971-1973 legislative sessions.
2. The first year of planning was devoted exclusively to programmatic considerations, and discussions of space and personnel were discouraged.
3. A 20-year plan was developed and against this background more specific considerations for a 7-year, short-range Phase I plan were then developed.

DESIGN COORDINATING COMMITTEE



Minutes of meeting 12 March 1969

Present: Elmer Learn, Chairman; Vernon Ausen, Bruce Abrahamson, William Borget, Winston Close, Martin Grady, Mellor Holland, Robert Holoard, Stanley Kegler, Lee Lemay, Roy Lund, Robert Mulhausen, Hugh Peacock, Erwin Schaffer, Key Taylor, Robert Turner, Lawrence Weaver, John Westerman, Jack Wilwerding, Marcia Cushmore, Eugene Kogl, Milo Thompson

NEXT MEETING WEDNESDAY, 9 APRIL 1969 AT 1:30 IN THE REGENTS ROOM

PROGRESS REPORT FROM THE ARCHITECTS COLLABORATIVE

Mr. Turner reported that TAC has completed schematics. There are now two sets of 55 drawings with every level in 1/16 inch scale. In addition there are exterior elevation and existing condition sheets. TAC is in the process of revising the pert schedule and will discuss it to committee members shortly.

TAC has received a detailed letter from Dr. Joseph Buckley, Chairman of the Operating Room Committee, and intends to hold extensive meetings with the Operating Room Committee and other groups while in Minneapolis March 18, 19, 26 and 27.

PRELIMINARY ANALYSIS OF NON-BUILDING COSTS

Plant Services has completed the first copy of preliminary estimates of non-building costs. TAC employed Helmick and Lutz Company to develop cost analysis of heating, piping and electrical distribution.

Although the \$9,188,948 is more than the standard 25 per cent of funds requested for phase I, step I, the facilities provided will serve phase I in its entirety. Both heating plant expansion and furniture and equipment must be included in non-building costs. However, there is some question whether the pedestrian tunnel constitutes a legitimate non-building expense. It is clear that the tunnel cannot be financed by borrowed money along with the parking ramp. It may be possible to phase development of the tunnel utilizing surface mini-bus system in the meantime which would constitute an operating cost. Funding the tunnel through NIH as special equipment should also be explored. The position of the University is that the Health Sciences Center cannot function without the parking ramp and the parking ramp cannot function without the pedestrian tunnel.

LEGISLATIVE HEARING

Hearings before the House Appropriations Committee were promising. The

Health Sciences Development Program goes before the Senate Finance Committee on Thursday afternoon, March 20, 1969. It is encouraging that full committees are considering the development program in both houses rather than referring it to subcommittees. The hearing before the Senate Finance Committee may prove to be more important than the House hearing since the Senate has relied heavily on the judgment of the late Senator Popp in the past and is less familiar with the development program.

#### DARMOUTH STREET INTERCHANGE

A directive has been sent to the City Engineer's Office, the City Planning Department, the Minnesota Highway Department, the Metropolitan Planning Commission and the University to get together to develop a master plan for University area traffic within 180 days. No one agency is responsible for coordinating the plans. Definitive planning on the University parking map design cannot proceed for the next few months although schematic studies will continue. The delay provides the opportunity to develop a sounder traffic master plan.

#### NURSING PROGRAM

Concern has been expressed about the adequacy of the School of Nursing program. Dean Howard commented on two reasons why NIH would have reservations about the School of Nursing plans. 1) Unlike NIH's past experience with the schools of nursing, this School is an integral part of the health sciences complex utilizing shared facilities. Since NIH is not accustomed to working with shared space the extent to which nursing utilizes such facilities must be clearly demonstrated. 2) The nursing program falls short of NIH recommendations for research space. However, it would be difficult to justify an increment in research facilities of the magnitude proposed by NIH with the extremely limited research program now in operation.

A committee under the chairmanship of Dr. Mulhausen will be appointed to review plans for the experimental nursing unit proposed in the School of Nursing program and should report back at the next meeting.

#### TEACHING SPACE

Doctors Holland and Mulhausen, Messrs. Ausen and Peacock met briefly to consider the significant discrepancies between the Teaching Space Planning Committee and Room Scheduling reports, problems related to student study space, and the effect on NIH applications of teaching space for students not covered by health manpower legislation. An approach will have to be developed for allied health facilities since these are not funded by the federal government. One approach to shared classroom space would be to assign percentage utilization to each participating unit with a greater percentage to those in a more advantageous funding position. Dean Howard observed that it is primarily a question of semantics. NIH is likely to object to areas labeled

graduate education space. However, the division of dental manpower indicated that graduate dental facilities are funded. This will have to be clarified before preparation of grant applications begins.

#### VISIT WITH BUREAU OF HEALTH PROFESSIONS EDUCATION AND MANPOWER TRAINING

Material was distributed to committee members including record of the meetings with the NIH Manpower Division February 25, 1969, an outline of specific problem areas and target dates, a summary of the debriefing session February 28, 1969 and the summary of information required for grant applications.

#### TARGET DATES

July 2, 1969 is the deadline for all submissions except nursing which must be in by June 15, 1969. Drafts of the grant application should be sent to Bureau of Health Professions Education and Manpower Training by May for preliminary review by division of health manpower teams. By April 1, 1969 drafts of program statements should be submitted to the Office of Educational Relationships and Development. Mr. Kegler and Mrs. Cushmore will organize the meeting of those responsible for pulling together the statements within the next few weeks to discuss a common format and the material to be covered. Please submit the names of individuals involved in preparation of the applications to Mrs. Cushmore at 373-4535.

Review of architectural schematics with Bureau of Health Professions Education and Manpower Training in Washington is scheduled for April 21, 1969. There may be a preview on April 2, 1969. The University Planning Office will confirm both dates. The site visit will take place between July and September. There will probably be one site visit of three days related to phase I, step I. Material available for site visitors should not require intensive analysis in order to communicate the overview of the building program. There should be two to three pages outlining the high points of the program and referring to detailed reference material attached. Dean Howard urged that diagrams be used to convey essential information on existing and proposed facilities.

#### PROGRAM STATEMENTS

NIH has requested more explicit information on phasing relating to student enrollment, program development, federal and state funding. A pert schedule for occupancy is also required. Program statements should describe the flow of students, staff and patients, the flow of goods and animals. Discussion of student facilities, particularly study space, is required. Plans for coordination of records within the Health Sciences Center should be outlined. Also needed is analysis of teaching lab utilization with justification for square footages involved. Special cost systems should be identified. More information on function and future planning for affiliated hospitals must be included. The inventory of existing space should be updated. The architects can work this out with Room Scheduling Office and Messrs. Veara and Petrykowski.

Mrs. Cushmore reviewed the information required in grant application narratives as outlined on pages 24 through 27 of Applicant's Guide for Construction Grants. Responsibility for preparation of drafts was delegated as follows:

- Section 1-3 Central Administration
- Sections 4 a & c Health Science Deans
- b Central Administration can develop a statement on University library facilities to be supplemented by statements by Glenn Brudvig for the Bio-Medical Library and the Health Science Deans on departmental and school libraries.
- Section 5 TAC
- Section 6 TAC in consultation with Room Scheduling and the University Planning Office. This will have to be reviewed by the Health Science Deans.
- Section 7 Animal Quarters Planning Committee chaired by Dr. William Kubicek
- Section 8 Dr. Holland
- Section 9 University Planning Office in consultation with individuals from each general service area.
- Section 10-13 Health Science Deans
- Section 14 TAC
- Section 15 TAC on master planning for University of Minnesota Health Sciences and the Health Science Deans on master planning for the state and the region.
- Section 16 Health Science Deans
- Section 17 TAC

This information should be in the office for Educational Relationships and Development by April 1, 1969.

Respectfully submitted,

Karen Levin  
Research Assistant

HEALTH SCIENCES DESIGN COORDINATING COMMITTEE

Minutes of meeting 9 April 1969

Present: Elmer Learn, Chairman; Bruce Abrahamson, Vernon Ausen, Bill Berget, Robert Brantingham, Winston Close, Marcia Cushmore, Martin Grady, John Harkness, Mellor Holland, Stanley Kegler, Roland Kluver, Roy Lund, Robert Mulhausen, Hugh Peacock, Peter Sammond, Erwin Schaffer, Kenneth Taylor, Robert Turner, Lawrence Weaver, John Westerman, Jack Wilwerding

NEXT MEETING: WEDNESDAY, MAY 14, 1969, at 1:30 p.m. IN THE REGENT'S ROOM

Dr. Learn corrected paragraph two, sentence four of the section on non-building costs in the minutes of the meeting 12 March 1969 to read: "There is some question whether or not the tunnel can be financed by borrowed money along with the parking ramp."

PROGRESS REPORT ON NIH APPLICATION

Mrs. Cushmore reported that about three fourths of the grant application material has been received by the Office of Education Relationships and Development, and the remaining information should be in within the next few weeks. Dr. Learn indicated that the Bureau of Health Professions Education and Manpower Training must have the final document July 1. The Design Coordinating Committee agreed that a rough draft of the narrative should be completed by 1 May 1969 and the final draft 1 June 1969. Whether the School of Nursing document need be submitted earlier is currently under consideration.

Mr. Kegler observed that the University strategy for preparing the application was to be guided by NIH advice in response to working drafts. Dr. Learn indicated that it would be appropriate for those preparing the applications to consult with the Bureau of Health Professions Education and Manpower Training as required prior to June 1. These conferences should be cleared through Dr. Kegler's office in advance.

REPORT ON ARCHITECTS MEETING WITH NIH APRIL 7, 1969

The following individuals attended the April 7 conference:

Representing NIH: Charles Wagner, Al Reese, Herb Hollweg,  
Jim Robins, Ted Lorenz

Representing U of M: Hugh Peacock, Gene Kogl

Representing TAC: Roland Kluver, Robert Turner, Kenneth  
Taylor, John Scott



Mr. Peacock outlined the issues raised by the Bureau of Health Professions Education and Manpower Training 7 April 1969:

NIH can only provide matching funds for planning for Step I. Limits of Step I must be shown on a site plan demonstrating that it can work as an autonomous unit. Support monies are available for installations within the power plant and switch gear equipment but not for utility links between them and Step I construction. The link between Unit A and Unit E should be identified as a separate item. Will the two large classrooms be filled to capacity at the conclusion of Step I? Has the University developed a percentage distribution of costs per health science unit for new space? Have movement and communications systems been explored? How are the allied health profession programs to be handled? Have detailed analyses of faculty and operating expenses been prepared? How is Unit E to be funded since dining and receiving functions relate to existing beds and future construction as well as to Step I health science student increments? Have statements on affiliated hospitals been developed? How does the building program relate to the region, the metropolitan area, the University and the immediate environs of the site? Step II and III will be handled from the Chicago office.

#### Affiliated Hospitals

NIH is concerned with ascertaining the extent of funds required to accommodate the student increment. Of the three major affiliated hospitals, only St. Paul Ramsey and Hennepin County General are eligible for federal education funds. It is important to clarify at this time whether educational funds are to be restricted to these primary affiliations. The long-range plans of other affiliated hospitals include provisions for students as well. Northwestern has just been approved for affiliation and Mr. Sinai is planning bed increments specifically to accommodate students. Dr. Ulstrom is charged with preparing a statement on the Medical School affiliation for the May 14 meeting.

#### Visiting Team

The document for the visiting team will have to contain the following elements:

- a. Overall description of the building program
- b. Description of location
- c. Master Plan
- d. Description of future phases
- e. Statement describing method of estimating costs and the assumed budget
- f. Description of personnel related to research facilities - curriculum vitae, salary schedules for department heads and administrators
- g. Description of program for each health science unit

- h. Abstract summarizing on one page essentials of the building program

The new guide and application forms should be available May 1.

Mr. Kliver noted the following points discussed with NIH:

Detail Required for July 1, 1969 Submission: The detail provided on the 16th scale drawing is considered satisfactory except that each room involved in Step I construction must be numbered with net areas tabulated. Color coating is the only acceptable means to identify funding for each discipline. It is not the intent of NIH to discourage appropriate development and design modification during design development.

Funding Research Space: It is anticipated that medicine and pediatrics research space in Unit A will be funded under Health Professions Education assistance. Programmatic narrative must explain that this is part of the research space increment required by increased student enrollment.

Funding Ratio: Matching funds relate to proposed increments over highest student enrollments over the last five years.

Movable Equipment: It is not adequate to estimate costs for movable equipment on the basis of a percentage of the total request. Movable equipment estimates must be documented by listing requests on a departmental basis.

Participation of the School of Nursing in Step I: Nursing is primarily involved in Step 3 funds for remodeling. There is some question whether nursing demands for shared classrooms justify application for Step 1. Dr. Learn urged that the University proceed on the assumption that nursing remains in Step 1 application.

Mr. Westerman conveyed Nursing Search Committee concern with the proposed location for the School of Nursing in remodeled Owre space. The Search Committee would like to emphasize that the School of Nursing has not been consulted on the adequacy of the Owre location and this may present an obstacle in recruiting a dean for the school. Would it be possible to have the School of Nursing in Unit A or at least to reconsider the location designated in Owre? Dr. Mulhausen added that the Basic Sciences have also questioned the wisdom of locating the School of Nursing in the Owre complex. If there are serious reservations about the proposed location for the School of Nursing, comments should be formally submitted to the Design Coordinating Committee for consideration. It was pointed out that priority for new construction should go to facilities sufficiently specialized or sophisticated that they cannot be readily housed in remodeled space. Although it may not be feasible to locate the School of Nursing in Step I new construction, additional consideration can be given to its location within remodeled facilities.

#### PROGRESS REPORT ON PLANNING ACTIVITIES

Review of Schematics: The architects are completing several weeks of intensive reviews of schematics with health science groups.

Patient Care Unit Mockup: The most effective means for further consideration of the patient care rooms would be to develop a mockup room to test the innovative concepts which have elicited controversy. Ideally it would be possible to modify a room used for patient care. This could be done as a meaningful part of Project 32 which is currently examining the organization of inpatient care. Although detail for Step 2 is not required for the July 1 grant application, design development will require continuous planning activity.

Dr. Learn suggested that the architects meet with representatives from the Hospitals to work out details of a mockup project and estimate costs.

Pert Chart: The architects presented a revised pert schedule and will attempt to duplicate it for distribution to each Design Coordinating Committee member.

Systems: Detailed analysis of transport and communication systems should be initiated at this point.

#### LEGISLATIVE PRESENTATION

The outlook of the legislature appears to be encouraging. There seems to be increasing acceptance of a health sciences program. The limitation of state resources and the rate of inflation are the principal concerns. By the end of May the University should have a definite statement on the Legislature's position. Where as the state legislature recognizes that the funding of Step I indicates commitment to funding the total Phase I program, NIH is reluctant to make such a commitment.

Respectfully submitted,

Karen Levin  
Research Assistant

OFFICE OF THE PRESIDENT  
202 MORRILL HALL • MINNEAPOLIS, MINNESOTA 55455

May 1, 1969



Mr. Tracy Page  
404 Morrill Hall  
East Bank

Dear Mr. Page:

You will recall the Task Force on Central Receiving for the Health Sciences on which you served under the chairmanship of Tom Jones. The report of the Task Force was discussed with the Vice Presidents last Monday, and they concurred in the recommendation that responsibility for administration of the Central Receiving should be assigned to your office.

It is important that you move as quickly as possible to define the activities of the Central Receiving Office so that the architects may use this as a basis for design of receiving facilities. I am sure that each of the Deans and Mr. Westerman will be happy to assign individuals who will work with you on this task. Mr. Peacock and I will be happy to be of whatever assistance we can. Please let me know if you have any questions.

Sincerely,

Elmer W. Learn  
Executive Assistant to the President

EWL:dd

cc: Dean Robert Howard  
Mr. Tom Jones  
Mr. Laurence Lunden  
Dean Erwin Schaffer  
Dean Lawrence Weaver  
Mr. John Westerman  
Mr. Hugh Peacock

HEALTH SCIENCES DESIGN COORDINATING COMMITTEE

Minutes of meeting 14 May 1969.

Present: Elmer Learn, Chairman; Bruce Abrahamson, Vernon Ausen, William Berget, Marcia Cushmore, John Harkness, Mellor Holland, Robert Howard, Stanley Kegler, Roland Kluver, Roy Lund, Robert Mulhausen, Hugh Peacock, Erwin Schaffer, Victor Scott, Kenneth Taylor, Milo Thompson, Lawrence Weaver, John Westerman, Jack Wilwerding.

NEXT MEETING: WEDNESDAY, 4 JUNE 1969, AT 1:30 P.M., REGENTS ROOM

PROGRESS REPORT ON NIH APPLICATION

Report from Office of Educational Relationships and Development

Mrs. Cushmore reported that the preliminary draft of the grant application is moving toward completion. More background information is required on biographies and research projects within the sections assigned to each unit. Since copies of the revised grant application arrived later than anticipated, the application will not be completed by the deadlines originally established.

In order to facilitate communications, the Design Coordinating Committee appointed a review group to meet twice a week to work out problems related to preparation of the application. The following individuals were named to the review committee and will receive copies of the revised application:

Mrs. Marcia Cushmore, Chairman, Office of Educational  
Relationships and Development  
Dr. Gaylord Anderson, School of Public Health  
Miss Isabel Harris, School of Nursing  
Dr. Mellor Holland, School of Dentistry  
Dr. Hugh Kabat, College of Pharmacy  
Dr. Robert Mulhausen, Medical School  
Mr. Peter Sammond, University Hospitals  
Mr. Victor Scott, Plant Services  
Mr. Hugh Peacock, University Planning Office

The committee will establish deadlines for completion of the grant application and will be held responsible for maintaining the schedule.

Site Visit

The site visit is scheduled for July 15, 16 and 17, 1969. According to Mr. Ted Lorenzen, Bureau of Health Professions Education and Manpower Training project director for the University of Minnesota health sciences program, the 15th and 16th will be scheduled for working sessions, with the 17th reserved for review. Dr. Kegler and Mrs. Cushmore will be in

contact with NIH to determine a more precise agenda for the visit. Dr. Kegler recommended that key people be urged to be available to the visiting team July 15-16. Although no information has been released about the membership of the review team, Mr. Westerman observed that Dr. Leonard Fenninger plans to be in Minneapolis July 15th and has agreed to speak for the Health of the Nation Series while he is here.

In addition to the grant application material, a brochure providing graphic orientation to the region, metropolitan area and University will be required for the site visit. The Office of Educational Relationships and Development will prepare the brochure in conjunction with the University Planning Office and submit it to the Design Coordinating Committee for review. Dean Howard suggested Dr. Kegler's Office take advantage of the assistance of Mrs. Diana Lilley from the Health Sciences Information Office in preparing the document.

#### Interim Meeting with NIH

Tuesday, 20 May 1969, the Schools of Public Health and Dentistry will meet with Messrs. Ted Lorenzen and Sherman Cox from the Bureau of Health Professions Education and Manpower Training. The following individuals will attend:

Dr. Gaylord Anderson, School of Public Health  
Mr. John Scott, The Architects Collaborative  
Dr. Mellor Holland, School of Dentistry  
Mr. Don Mawha, The Architects Collaborative  
Dr. Stanley Kegler, Office of Educational Relationships  
and Development  
Mrs. Marcia Cushmore, Office of Educational Relationships  
and Development  
Mr. Hugh Peacock, University Planning Office

#### REPORT FROM THE ARCHITECTS COLLABORATIVE

TAC is currently both detailing Unit A design for the grant application and continuing design development for Step II elements. TAC has been working with the Operating Suite Committee and has had recent meetings with the outpatient module, patient care unit and dietary groups. Until recently Unit E and the connecting link have been considered part of Step I, but this may not be feasible due to the limited federal support of Unit E.

Dean Howard asked if the University could build less than the whole picture presented to the State Legislature. The University may have no choice if the Legislature includes a rider requiring 55% matching funds or that Step I construction not exceed \$40 million. With such stipulations, it would be impossible to include both Units A and E in Step I.

If Unit E and the connecting link are funded in 1971, the delay should not present serious problems. Although a temporary solution may have to service Unit A, Mr. Harkness stated that there probably would not be a

significant lapse of time between completion of construction for Unit A and completion of the connecting link. TAC calculations on matching funds, however, indicate that only 53.7%, not the 55% discussed in the Legislature, is eligible for federal matching funds.

Dr. Learn believed that postponement of Unit E would not affect future actions by the Legislature. Although the Legislature could conceivably spread Phase I out over a longer period than projected, it is committed to eventually funding the entire program.

#### REPORT ON AFFILIATIONS

There are two aspects of the affiliations charge: (1) a statement for NIH from affiliates on their intentions to request federal monies for expansion and (2) a more precise definition of affiliation policy. Dr. Mulhausen reported that letters of intent for NIH from Hennepin County General and St. Paul Ramsey have been sent to Mrs. Cushmore. Dr. Ulstrom, in conjunction with the Medical School Educational Policy Committee, will develop a general statement of guidelines for affiliations. The School of Dentistry has a formal statement from Hennepin County signed and available for the grant application. Other, less formal affiliations are referred to in the grant application narrative. The College of Pharmacy has no formal statement of affiliations yet, but is discussing with Hennepin County General and St. Paul Ramsey whether or not federal monies will be requested for Pharmacy affiliation programs.

#### MOVEMENT SYSTEMS

Systems for the movement of goods are eligible for federal funding. TAC originally considered the movement of goods in segregating pedestrian and service traffic within the central circulation spine. In considering automated transport systems in the context of the special problems of linking old and new construction, TAC recommends that the elevator and corridor systems proposed are adequate and further dependence on mechanical devices need not be provided for architecturally. Innovative systems for the movement of hard copy should be studied at other health centers and can be implemented within the conduit system proposed.

#### PROGRESS ON THE PARKING RAMP

Deleuw Cather and The Architects Collaborative are unable to proceed with development of drawings for the parking structure until road alignments are established for the Dartmouth Street interchange. At a meeting of City Engineers, the Highway Department and the Planning Commission on Friday, 9 May 1969, action on the proposed alignment was deferred for 90 days for additional studies due to extensive neighborhood concern.

Dr. Learn noted that parking on the river flats may be discontinued within the next two or three years.

COMMITTEE SCHEDULE

The Design Coordinating Committee will meet again 4 June 1969 to discuss organizational structure for the development of bid documents and plans for the remaining elements of Phase I. In addition, the Review Committee will report on grant application progress.

OTHER BUSINESS

Mr. Lund observed that construction is scheduled to begin January 1971. Since it is University policy not to ask tenants to relocate in the middle of winter, it will probably be necessary to give notice 1 September 1970.

Preconstruction site planning and interim space planning will be initiated this summer.

Respectfully submitted,

Karen Levin  
Research Assistant



Office of Assistant Vice President and Director

May 21, 1969

RECEIVED  
UNIVERSITY HOSPITALS

MAY 23 1969

Director's Office

Dr. Elmer W. Learn  
Executive Assistant to the President  
202 Morrill Hall

Dear Elmer:

At the meeting of the Health Sciences Design Coordinating Committee on May 14th, some attention was devoted to the planning and construction schedule in the event that the legislature and the federal government provide funds so that step one of Phase I can move ahead. As you know, according to present indications, we would hope to be out for bids probably in December of 1970.

The University acquired the Phi Rho Sigma Fraternity House at 317 Union Street Southeast in December of 1966 and then leased back the property to the fraternity for a period of two years and nine months, with the lease to expire on September 15, 1969. Early in April, Mr. Gary Flakne, attorney for Phi Rho Sigma Fraternity, requested that the lease be renewed to run through 1971. He indicated that the fraternity has now purchased land for their new facility but they have not as yet completed plans, and there is some doubt as to when they would start construction.

At the time of the purchase of the fraternity house on Union Street, and the lease back, the fraternity wanted a longer period of occupancy, that is, up to the end of the school term in June 1970. The University, on the other hand, did not want to give a lease for three years or over. The University did, however, give the fraternity a letter dated December 15, 1966, advising that the University would give the fraternity the first opportunity to rent the property from and after September 15, 1969, "up to the end of the school term in June 1970".

In view of the possibility that the University might start construction of the first unit of the Health Sciences Facilities in December of 1970, we have tendered a lease on the fraternity building extending to June 15, 1970, to conform in general to the letter of intent mentioned above. We have indicated, however, to Mr. Flakne that any extension of the lease beyond June 15, 1970, would have to be on a month-to-month basis, and that possibly it would be at an increased rental figure.

I am bothered by the apparent fact that the fraternity is not moving forward with their plans and construction of their new facility. They are apparently banking on the fact that the University can let them stay in the present house beyond December of 1970. While we have no assurance at this time that we can actually get our construction under way in December 1970, I do believe that the fraternity should have their new facility ready to move into at that time.

Dr. Elmer W. Learn

-2-

May 21, 1969

One other matter we discussed at the meeting on May 14th was the need for making the tenants in the two large apartment buildings, acquired by the University with funds appropriated by the 1967 Legislature for the site of the new Health Sciences Facilities, aware of the fact that they will probably be requested to move in the Fall of 1970. The consensus seemed to be that a target date of September 15, 1970, should be used and that notification should be given to all of these tenants this summer or early fall so that they will have ample time to become relocated. Presumably this will be handled by Mr. C. Luverne Carlson's staff who are in charge of the rental of these two buildings.

You requested that I document the information herein contained. By copy of this letter to Mr. Carlson, he will be aware of the apartment vacation matter; and by copy also to Mr. John Westerman, he will be alerted since most of the tenants in these two apartment buildings are employees I believe of University Hospitals.

Yours sincerely,



Assistant Vice President and  
Director of Plant Services

R. V. Lund/lb

Copy to: Mr. L. R. Lunden  
Mr. C. L. Carlson  
Mr. J. H. Westerman ✓  
Mr. R. J. Tierney

## DESIGN COORDINATING COMMITTEE

Minutes of meeting 4 June 1969.

Present: Elmer Learn, Chairman; Bruce Abrahamson, Vernon Ausen, William Berget, Winston Close, Marcia Cushmore, Martin Grady, Mellor Holland, Robert Howard, Roland Kluver, Eugene Kogl, Roy Lund, Robert Mulhausen, Hugh Peacock, Peter Sammond, Erwin Schaffer, Lawrence Weaver, Jack Wilwerding.

NEXT MEETING: WEDNESDAY, 9 JULY 1969, 1:30 P.M., REGENTS ROOM.

### PROGRESS REPORT ON GRANT APPLICATION

Mrs. Cushmore reported that the Review Committee is meeting regularly. Affiliation statements have been submitted and University Hospitals general program statement has been completed. A meeting is scheduled for Monday, 9 June 1969, to review the narrative for Public Health with the Bureau of Health Professions Education and Manpower Training team in Washington. It is anticipated that the session will also resolve remaining questions concerning the application and delineate guidelines for presentation of material at the site visit July 15, 16 and 17th.

### SUMMARY OF LEGISLATIVE ACTION

The University received \$14 million from the State Legislature for the health sciences development program. The University is committed to completion of planning documents for Phase I; including documents for the College of Pharmacy; development of contract documents for Step 1; and construction of a portion of Unit A capable of functioning independently should further support not be forthcoming. However, there is every indication that the development program should proceed as though the initial designation of funds represents the Legislature's commitment to the project as a whole. It is important to move as rapidly as possible so that construction of Unit A will have begun by the 1971 meeting of the Legislature. This may necessitate a separate contract for footings.

### THE ARCHITECTS COLLABORATIVE REPORT

Mr. Kluver observed that while it seems almost impossible to have ground broken by 1971, it seemed impossible to have planning sufficiently along for presentations to the Legislature and NIH and this has been accomplished. While TAC worked hard to meet these deadlines, the task could not have been accomplished without the efforts of all the architects, the health sciences planning groups, Plant Services, the Design Coordinating Committee and the University Planning Office.

TAC is now concentrating on completion of the grant application. Between June 9 and July 1, the material will be pulled together in graphic form.

TAC has met with the local architects to determine the course of action for the next year. Design development can best be accomplished in TAC's Cambridge office and will require six to eight months of intensive work. By 1 January 1970, the joint venture corporation will be operative in Minneapolis to assume increasing responsibility for the development of planning and contract documents.

Future tasks also include submission of a grant application for the Phillips-Wangensteen Building by November, 1969, and the preparation of another edition of the TAC report for the Legislative Building Commission by May, 1970.

TAC has developed a preliminary analysis of Step 1 construction based on the legislative appropriation. After items not eligible for federal matching funds, architects and engineers fees, and remaining non-building items have been deducted, \$17,468,560 is available for actual construction, equalling about 388,190 sq. ft. gross. A detailed summary is attached. Unit A through level 13 is a logical construction cut off point. This would equal 448,139 sq. ft. gross, which is 60,000 sq. ft. in excess of available funds.

Possible options are (1) reducing program objectives for Unit A, (2) reducing the cost per square foot or (3) transferring some non-building costs to construction. Every dollar that non-matching, non-building costs can be reduced means an additional \$2.25 when matched by federal monies. It may be possible to postpone heating tunnel construction and the 13.8 KV primary service to the next biennium, providing an additional \$1.5 million for construction.

It may be possible to let bids on all of Unit A in January 1971 and obtain a six-month option to build levels 14 through 21. This would allow for second biennium funding by the State Legislature. However, this would require an agreement with the federal government that matching funds would be made available as required.

Dean Schaffer expressed concern that the 8% of construction costs designated for furniture and equipment would not cover the costly facilities required for dental education. Unlike research equipment, teaching equipment cannot be funded under grants. While a great deal of existing equipment is transferrable to new construction, additional equipment will be required, i.e., bench units will be increased from 200 to 400. Dentistry equipment lists will soon be completed and the extent of the problem can then be analyzed more fully.

#### JOINT VENTURE OFFICE

Mr. Abrahamson reported on recent activities of the three Twin Cities architectural firms. Since the design solution for the health sciences is quite complex, the only successful way to involve the three firms is through the organization of a joint venture office. The participating firms have met to determine an acceptable organizational structure for the joint office and it will be a separate corporation managed by a three-

member board of directors with a non-voting representative from TAC and a non-voting project director. The division of fee will be on the basis of participation and the office will be staffed on an equal basis from the three firms. Initially, architects and engineers from the local firms will be sent to Cambridge August 1st. Once operations are centered in Minneapolis, it is expected that the staff will include about 30 professional people: 10-12 architects, 8-9 mechanical engineers, 4 electrical engineers, and 4 structural engineers.

#### PHILLIPS-WANGENSTEEN GRANT APPLICATION

Submission of a grant application in November, 1969 for funds to supplement the \$1.5 million gift from Jay Phillips for the Phillips-Wangensteen Building has been proposed. The Design Coordinating Committee agreed this could be done, suggested initial inquiries be made at NIH and recommended the item be brought before the Vice Presidents.

If the November deadline is agreed upon, the architects will require an immediate analysis of Phillips-Wangensteen costs, details on the status of the gift--whether the money is invested or fixed, and definition of the relationship with the architect appointed by the donor. The Committee indicated that the Phillips-Wangensteen application should not be allowed to conflict with efforts to meet the July 1 application deadline.

#### PROPOSED CHILDREN'S HOSPITAL

A 400-bed children's hospital financed by private and public funds has been proposed as an addition to the University Health Sciences Center. It would constitute part of Phase II of the development program although funds may be available before the completion of Phase I. The proposal is under discussion within the College of Medical Sciences to determine if it is compatible with long range development objectives. It was agreed that the concept of a University children's hospital would have to be endorsed by the College of Medical Sciences before coming to the Design Coordinating Committee for consideration.

#### PAHMM ENDORSEMENT

The Metropolitan St. Paul and Minneapolis Hospital Planning Councils released their endorsement of the hospital development within the University health sciences development program during the legislative session. The report recommends:

1. Reconsideration of the School of Nursing's projected student increment and lack of community orientation. It is questionable whether PAHMM has authority to review School of Nursing plans for development.
2. University expansion of pediatric programs to meet regional health needs in concert with community based pediatric programs.
3. Continued emphasis of affiliation agreements with community health agencies.

4. Presentation of the PAHMM report to the State Legislature to the end that State support of the University health sciences be commensurate with demonstrated needs.

5. Approval of University Hospitals development as submitted to the review committee.

The report will be included with University Hospitals' grant application narrative for NIH.

#### ANIMAL FACILITIES

Resolution of problems regarding animal quarters is required at the earliest possible date. As a minimum, the grant application must indicate the procedures in operation to resolve unanswered questions. Problems include:

1. Development of a statement of need. The architects cannot proceed with locating animal quarters without data on the kinds of facilities required.
2. Resolution of who is responsible for stating needs for animal quarters--individual departments, colleges, or health sciences administration.

The Animal Quarters Task Force, chaired by Dr. Kubicek, is charged with coordinating the statement of need. As a coordinating committee, it will receive statements of need from departments and make recommendations for the health sciences to the Council of Health Sciences Deans and Directors. Consideration of geographic location of animal quarters, while related directly to the Subcommittee's recommendations, is not part of its charge.

The Design Coordinating Committee will send a letter to Dr. Kubicek stating the charge to the Animal Quarters Task Force and asking that recommendations be based upon discussions with departmental chairmen and cleared with the Council of Health Sciences Deans and Directors. The Subcommittee's report is required for the NIH grant application and must be submitted to the Design Coordinating Committee by 1 July 1969.

#### AFFILIATIONS STATEMENTS

Affiliation statements have been submitted to NIH by Hennepin County General and St. Paul Ramsey Hospitals. Minneapolis Children's Hospital is not a major affiliate hospital and was not invited to submit a proposal for expansion to NIH for federal funds.

#### PREPARATIONS FOR SITE VISIT

The brochure for the site visit will be developed in conjunction with the Review Committee. It was requested that Mrs. Diana Lilley from the Health

Preliminary Analysis of Step I Construction  
Based on 1969 Legislative Appropriations

Total State Appropriations

Items not eligible for Federal Match	14,000,000
Heating Tunnel & Piping	1,033,500
13.8 KV Primary Service	820,000
Water Service	169,000
Sanitary Service	51,000
Storm Service	102,000
	<u>(-) 2,176,200</u>
	11,823,800

Fee through Design Development  
on remainder of Phase I (Eligible  
later) (-) 1,096,300\*

Amount eligible for full  
Federal matching at 55.48% (est.) 10,727,500

55.48 Federal
44.52 State
<u>100.00 %</u>

Project cost including fees and  
eligible, non-building items 24,095,900

10,727,500  
.4452

Reduce by remaining non-building costs

Heating Plant Expansion	2,217,000
Addition to Incinerator	300,000
Control Data Center	210,000
Mainten. & Custodial Space	393,540
Furniture & Equip. (est.)	1,440,000
Supervision of Construction	225,000
Concrete & Mat. Testing	20,000
Site Survey	25,000
	<u>(-) 4,830,540</u>
	19,265,360

\*To be reduced by appropriate credit for schematics fees  
paid to date.

carried forward	19,265,360
less full fees on Unit A to level 13	<u>(-)1,411,700*</u>
	17,853,660
less fees for construction documents for Unit A, level 14 to 21	<u>(-)385,100*</u>
funds available for construction only	17,468,560

Using present figures for construction cost of \$45.00 per gross square feet

$$\frac{17,468,560}{45} = 388,190 \text{ gross square feet}$$

Note: Unit A through level 13 is 448,139 gross square feet (before adding 20 seminar rooms)

Options:

- 1) Reduce program objectives for Unit A (less area)
- 2) Reduce unit cost of \$45.00 per square feet gross
- 3) Reduce or defer non-building cost items, for example:
  - furnishings
  - owners supervision
  - utilities
  - other

\*To be reduced by appropriate credit for schematic fees paid to date.



## DESIGN COORDINATING COMMITTEE

Minutes of meeting 9 July 1969.

Present: Elmer Learn, Chairman; Bruce Abrahamson, Robert Brantingham, Winston Close, Marcia Cushmore, John Harkness, Robert Howard, Hugh Kabat, Eugene Kogl, Roy Lund, Robert Mulhausen, Hugh Peacock, Peter Sammond, Erwin Schaffer, Donald Smith, C. Thomas Smith, Kenneth Taylor, Robert Turner, Jack Wilwerding.

Absent: Vernon Ausen, Martin Grady, William Berget, Milo Thompson, John Westerman.

NEXT MEETING: WEDNESDAY, 13 AUGUST 1969, 1:30 P.M., REGENTS ROOM.

### STATUS OF GRANT APPLICATION

Mrs. Cushmore reported applications were submitted to NIH on schedule. Final agenda for the site visit has been developed and the list of site visitors distributed. Last minute problems included scaling down equipment projections by 50%. There also was concern about whether or not architectural fees could be considered over and above the \$40 million ceiling designated by the State Legislature.

Total costs for Step 1 are estimated at \$41.5 million. The NIH grant application requests \$19 million federal funds to match the \$14 million allocated by the State Legislature. The Board of Regents has provided University assurance for the remainder of the cost of Unit A, currently estimated at \$7.9 million. Copies of the grant application are available at 217 Morrill Hall.

### THE ARCHITECTS COLLABORATIVE REPORT

Mr. Harkness summarized recent developments in the organization of the joint venture office. At a recent working session, TAC and fifteen representatives from the three local firms further developed internal arrangements for the office, the Health Science Architects and Engineers. Beginning in August, the group will work out of TAC's Cambridge office for several months.

### JAY PHILLIPS GIFT

Vice President Lunden inquired into the terms of the Jay Phillips gift and determined that accrued interest is not available. However, it is possible to draw on the gift to finance contract documents. The donor's architect has contacted Mr. Lund repeatedly to ascertain a commitment for when he would become involved in development of plans for the Phillips-Wangensteen Building.

#### CHILDREN'S HOSPITAL

The Design Coordinating Committee will assume that a children's hospital is not part of the development program until such time as a formal proposal calling for revision of the current definition of the program is received from the College of Medical Sciences. Dr. Mulhausen reported that the Design Coordinating Committee's directive has been brought to the attention of the Clinical Chiefs who will consider whether the proposed children's hospital is consistent with long range development objectives.

#### CARDIOVASCULAR STUDY

The Architects Collaborative may be asked for additional information on how to improve the efficiency of the Variety Club Heart Hospital inpatient operations. TAC has some information as the result of its study for the Cardiovascular Research Building proposal last year.

#### KEY PERSONNEL CHANGES

##### Health Sciences Planning Coordinator

Now that the State Legislature has demonstrated its support for the health sciences development program, a Health Sciences Planning Coordinator has been appointed to take responsibility for communications between the health sciences, Central Administration and the architects. Mr. C. Thomas Smith has been unanimously recommended to take this post and has agreed to do so on the basis of reduced responsibilities as an associate director for University Hospitals for a six-month period. Mr. Smith will serve as Executive Secretary for the Design Coordinating Committee.

##### Design Coordinating Committee Chairman

Dr. Learn is resigning as chairman of the Design Coordinating Committee effective immediately. Dean Howard extended thanks to Dr. Learn on behalf of health sciences deans and directors for his able contribution to the development of the health sciences. Vice President Donald Smith will assume responsibilities of chairman of the Committee.

#### DEATH OF WALTER GROPIUS

The Design Coordinating Committee noted with sympathy the death of Dr. Walter Gropius, internationally renown figure in twentieth century architecture and senior partner of The Architects Collaborative.

Respectfully submitted,

Karen Levin  
Research Assistant

## DESIGN COORDINATING COMMITTEE

Minutes of meeting 13 August 1969

Present: Donald K. Smith, C. Thomas Smith, Hugh Peacock, Marcia Cushmore, Martin Grady, Kenneth Taylor, John Harkness, John Scott, Robert Turner, Roland Kluver, Erwin Schaffer, Mellor Holland, Robert Mulhausen, Eugene Kogl, Vic Scott, Lawrence Weaver, John Westerman, Robert Brantingham, Stanley B. Kegler, Brooks Cavin, Bruce Abrahamson, Jack Wilwerding, and Milo Thompson.

NEXT MEETING: WEDNESDAY, 17 SEPTEMBER 1969, 2:30 p.m., REGENTS ROOM.

### THE COORDINATING ARCHITECT

Mr. Harkness introduced Mr. Brooks Cavin who will be project director for the Health Sciences Architects and Engineers, Inc. Increased class size, Dr. Mulhausen reported that discussions are proceeding within the Medical School as to the question of increasing class size from an entering class of 203 to an entering class of 220. This action is in response to a request for this increase that arose during the site visit. Although increasing class size will probably make the University eligible for a more favorable federal match, the main impetus is to provide higher priority to the overall project.

### BASIC SCIENCE LABORATORIES

The Committee discussed NIH's concern about the varying sizes of basic science laboratories. It was agreed that a standard module of 150 student capacity should be adopted. The two departments with major divergencies from this size are Pathology and Bio-Chemistry. Mr. Smith, Dr. Mulhausen, and the architects will attempt to resolve this discrepancy prior to the next meeting.

### HOSPITAL DENTISTRY LOCATION

Comments were made by NIH staff indicating that dentistry was being treated unfavorably by placing hospital dentistry on the 9th Floor of Building C instead of on the 6th Floor where natural horizontal relationships could exist with Unit A. At the present time Family Practice Clinic is located on the 6th Floor. Since there was no strong reason for placing Family Practice on the 6th Floor, the Design Coordinating Committee asked that the Family Practice Clinic and Hospital Dentistry Clinic swap locations pending discussion of this fact with Dr. Fuller and Mr. Sammond by Mr. Smith.

### EXPANSION OF FLOORS 11 - 15

Site visitors raised questions concerning expanding these floors to conform with the building line for Floors 16 through 19. The architects advised that expansion of these floors would not necessarily be more economical or rational as expansion in other forms at a later date. In addition to expanding the floors it would mean a major increase in the scope of the program and consequent increase in total cost. The Design Coordinating Committee asked that the architects report at the next meeting concerning future expansion possibilities. In addition the Committee decided to stand firm on not expanding these floors at this time.

## FUTURE SPACE DISTRIBUTION FUNDING

The Committee discussed the participation by each unit in future phases of the expansion program. By August 31 Dentistry's participation in each unit must be defined. By September 30 other unit's future phased projects must be defined. For the Dentistry deadline, Dr. Hollad and Mr. Smith will meet with the architects to prepare a chart.

## SITE ACTIVITY

The need for showing motion in regard to the project either before or during the 1971 Legislative Session was discussed. NIH has pointed out that if it is necessary to pull out a portion of the contract in order to begin construction activity early, that portion of the contract would not be eligible for federal matching. In light of this the committee agreed on a tentative schedule which would provide for the bidding documents to be released January, 1971, with construction to begin in March or April of 1971.

## UNIT E PROGRAM

A need to reactivate planning for the Health Sciences receiving facility was discussed and it was agreed that the Committee which formerly dealt with this issue would be reactivated. This Committee will be asked to provide a refinement of the program, and a definition of organizational arrangements and a specification of spacial needs in the receiving facility.

## UNIT K and HEART HOSPITAL FACILITIES

The Committee discussed a request from Dr. Robert Vernier, Chairman of the Cardiovascular Planning Group, to incorporate within that group's planning discussion of needs to provide more up-to-date clinical facilities in the Heart Hospital. The Committee agreed to appoint a special subcommittee to define the needs for clinical facilities in the Heart Hospital and integrate those needs with planning for a new cardiovascular facility. It was also pointed out that the cardiovascular planning grant has funds in it for which to pay architects for services related to this project. This point was reaffirmed in order that architectural services could be properly billed against this source.

## UNIT L

There was discussion concerning the need to more adequately define the proposed learning resource center. The Committee agreed to reactivate the learning resources subcommittee and asked that it define the program, define organizational relationships and identify spacial needs for consideration by the architects.

## UTILITIES DESIGN

Mr. Harkness pointed out that the University has maintained responsibility for design of utilities for the Health Science expansion. In order to insure coordination of efforts and incorporation in utilities design of engineering requirements, Mr. Harkness asked for a clarification of organizational responsibilities on the University's part. Mr. Kogl replied that University Plant Services is prepared to work with TAC on this project and would be interested in sitting

down with the architects in the very near future to discuss engineering requirements, time schedule, architect-owner relationships, etc. A revised PERT schedule will be prepared for the next Design Coordinating Committee meeting and this will indicate, among other things, the time sequence in which utility design development will need to be completed.

#### TEMPORARY SPACE

Since the beginning of construction will precipitate the need for temporary relocation of certain functions, the Committee discussed the need to precisely define this need both in terms of scope as well as in timing. The Committee asked that Mr. Peacock, Mr. Ausen, and Mr. Smith meet with Dr. Smith on this subject and develop a means by which temporary space needs can be defined. This matter will be reported on at a subsequent Design Coordinating Committee meeting.

#### CONSULTANTS

The architects raised questions as to the method of paying consultants and which consultants are paid by architects and which by the University. The architects will confer with Mr. Lund as to contract provisions regarding this. At this time consultants have been retained for cost estimation and for elevator needs and a consultant will be retained in the near future to determine nutrition service requirements.

#### DESIGN REVIEW COMMITTEE

There was general discussion of the need to provide a working subcommittee of this group which will become intimately involved in the review of the expansion program and which will identify issues for resolution by the Design Coordinating Committee. A specific charge to such committee would be as follows:

- a. To facilitate two-way communication between various health science units, architects, and University administration regarding project programs.
- b. To review and discuss the expansion program and raise questions for consideration by proper health science units.
- c. To assist in integrating various elements of health sciences expansion planning and identify issues for resolution by the Design Coordinating Committee.

The Design Coordinating Committee approved the establishment of the Design Review Committee. Its members will be C. Thomas Smith, Jr., Chairman, Robert Mulhausen, Mellor Holland, Gaylord Anderson, Isabell Harris, Peter Sammond, Hugh Kabat, Lyle French, Eugene Grim, Richard Ebert, Al Kemper, Roland Kluver, Brooks Cavin, and Karen Levin.

In the absence of Mrs. Levin these minutes were taken by Mrs. Cushmore and Mrs. Sandy Fuenffinger.

John

DESIGN COORDINATING COMMITTEE

Minutes of meeting 17 September 1969.

Present: Donald Smith, Chairman, Bruce Abrahamson, Vernon Ausen, William Berget Bruce Cavin, Hale Champion, Marcia Cushmore, Martin Grady, John Harkness Mellor Holland, Hugh Kabat, Stanley Kegler, Eugene Kogl, Donald Mawha, Robert Mulhausen, Hugh Peacock, John Scott, C. Thomas Smith, Kenneth Taylor, Robert Turner, John Westerman.

NEXT MEETING: WEDNESDAY, 15 OCTOBER 1969, 1:30 P.M., REGENTS ROOM.

ANNOUNCEMENTS

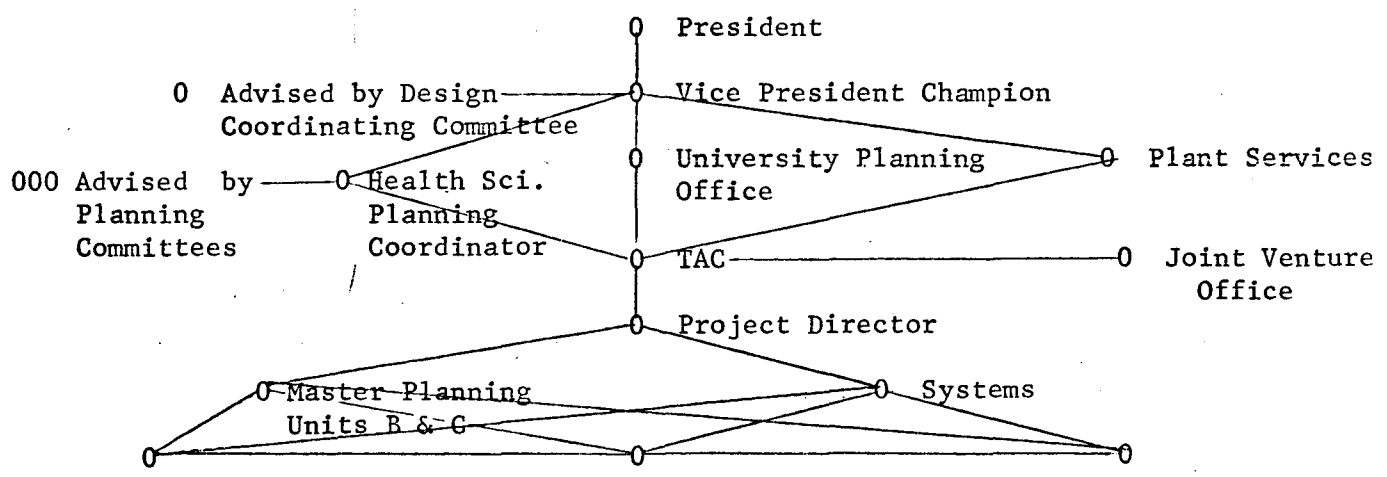
Vice President Smith introduced Vice President Champion who will serve as chairman of the Committee in the future.

Mr. Westerman announced that Congressman Donald Fraser will be a guest of University Hospitals September 19th as the tenth speaker for the Health of the Nation series. Congressman Fraser will also meet with the Council of Health Sciences Deans and Directors for a presentation by Mr. Smith on the status of the development program and comments by the health science deans on health education issues pertinent to upcoming legislation.

THE ARCHITECTS COLLABORATIVE REPORT

Organization

TAC developed the following diagram in response to the request by the Committee for an organizational chart indicating the line of responsibility for design activities. TAC has also attempted to depict the organization of the University planning machinery.



The diagram was amended to include Federal Funding Relations along with Health Sciences Planning Coordinator, University Planning Office and Plant Services, relating to both Vice President Champion and TAC. Mr. Kogl will prepare a revised

version of the diagram indicating Plant Services involvement in design activities.

### Scheduling

The technique of the PERT chart was developed by the defense industry to computerize completion dates. It is essentially event-centered planning or a nonauthoritarian method of determining the timetable for individual contributions required for completion of a project.

Mr. Kluver reviewed TAC's revised PERT chart outlining critical dates for completion of design development, construction and equipment installation for Unit A and for design development and construction of the heating plant. The chart indicates the responsibilities of Design Coordinating Committee, Federal Funding Relations, The Architects Collaborative, Health Sciences Architects and Engineers, Plant Services and Consultants in maintaining the timetable for occupancy of Unit A by September, 1973.

Mr. Kluver requested that substantial revisions be brought to TAC by October 1st. One significant adjustment TAC would like the Design Coordinating Committee to authorize is advance award of Unit A foundation and excavation contracts. With costs increasing at 1% per month, there is persuasive argument for letting excavation and foundation contracts as soon as possible; this could conceivably be six months earlier than contracts for the rest of Unit A. Savings would amount to \$1 million. While Mr. Lorenzen has been reluctant to endorse the move, it would be in the interest of the University and the Federal Government to approach NIH about it again. The request would be made as an amendment to the application and permission from the Council would be an amendment to the authorization. Both Wilson Library and the Biological Sciences Building provide precedent for this approach.

### UNIVERSITY PLANNING REPORT

#### Completion of Unit A Grant Application

Revised drawings for 150 student station Basic Science teaching laboratories and relocation of Hospital Dentistry on the sixth floor of Unit A have been submitted to NIH along with revised cost estimates and an analysis of expansion possibilities for Unit A.

The cost consultant retained by TAC has completed review of plans for Unit A. Apparently the original escalation factor was not adequate and an upward revision of the \$45 per square foot is necessary if cost projections are to be realistic. The Committee agreed to revise the cost to \$50 per square foot. This figure does not necessitate change in the function of the building planned, but it will dictate humbler materials and finishes. Since utility costs were also based on the inadequate 6% escalation factor, Helmick and Lutz will be asked to review their cost projections.

It was pointed out that with the increased Medical student increment, Mr. Lorenzen has recommended that costs be calculated at the 2:1 match. The increase in federal matching funds may offset the revised cost of Step 1. Should escalation continue to increase the cost of the project, however, it will be necessary to return to the Building Commission since the cost of Unit A will present a significant erosion into the next legislative request. Mr. Smith was charged with preparing a statement analyzing cost problems and justifying the revised figures.

TAC has prepared two alternatives for expansion of Unit A as requested at the August 13th Committee meeting. Both allow 20% expansion of facilities. The Committee urged that TAC continue its investigation of the two alternatives to determine which is architecturally, economically and aesthetically sounder.

#### Interim Space

Mr. Ausen has been asked to proceed with gathering data on interim space needs related to the displacement of space in the process of construction and to the normal growth and development of each health science unit. November 15th is the target date for completion of the interim space need study. Once space needs have been documented, a timeline can be developed indicating the schedule for space needs and alternatives for providing space can be explored.

#### Future Phase Funding

In developing future phase funding charts, there has been some question about whether or not to indicate all possible funding resources and the amount of support sought from each. In a recent telephone conversation with Mr. Lorenzen, Mrs. Cushmore was advised that a description of facilities including estimated costs with a general statement indicating where funds will be sought would be adequate. Although this does not correspond to earlier reports from NIH for more explicit information on grant applications to other agencies, the Committee agreed that the more general approach is the best that can be done given the current precarious financial status of both Hill-Burton and Health Research.

#### HEALTH SCIENCES MAIL SERVICE

The Health Sciences Receiving Committee has requested organization of a task force on mail receiving for the health sciences. The Council of Health Sciences Deans and Directors has given some preliminary thought to the matter and will share its deliberations with the task force.

#### CHILDREN'S HOSPITAL

In view of the fact that a private children's hospital has been recently approved that proposes to serve as a regional resource, the Design Coordinating Committee moved to appoint a committee to define the function of a university children's hospital. The committee will be charged with considering a definite programmatic plan for a university children's hospital in the context of the growth of the health sciences center as a whole and in relation to a private children's hospital that intends to serve as a regional center. The committee will require representation from all health science units involved in the educational or service implications of a university children's hospital.

Respectfully submitted,

Karen Levin  
Research Assistant



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DESIGN COORDINATING COMMITTEE

Minutes of meeting 15 October 1969

Present: Hale Champion, Chairman; Bruce Abrahamson, Vernon Ausen, William Berget, Brooks Cavin, Winston Close, Desmond Collins, Marcia Cushmore, John Harkness, Robert Howard, Al Kemper, Roland Kluver, Eugene Kogl, Roy Lund, Robert Mulhausen, Peter Sammond, Erwin Schaffer, John Scott Sol Smiley, C. Thomas Smith, Kenneth Taylor, Robert Turner, Lawrence Weaver, Jack Wilwerding.

NEXT MEETING: WEDNESDAY, 19 November 1969, 2:00 P.M., REGENTS ROOM.

Mr. Kluver introduced Mr. Sol Smiley, a Twin Cities architect, who will be affiliated with the Phillips-Wagensteen portion of the project.

ANNOUNCEMENTS

Grant Application Amendments

Grant application amendments for the School of Medicine have been hand delivered to NIH along with revised future phased costs for all Phase I units. Mrs. Cushmore reported that the attitude toward the President's request for construction reductions is that projects requiring federal monies should be rushed since restraints may be imposed as it becomes apparent that voluntary efforts are not effective.

Future Phased Costs

At the recommendation of the cost consultant, Phase I costs have been revised for each unit. New construction cost figures vary from \$50.00/SFG to \$64.50/SFG. The differences reflect period and type of construction.

Consultant Interviews

Materials handling consultants are currently being interviewed and one should be selected within the next few weeks. Dietary consultant interviews begin next week.

THE ARCHITECTS COLLABORATIVE REPORT

Mr. Harkness reviewed concerns expressed at the October 10th planning meeting in Cambridge. In order to meet scheduling demands during design development, a group from TAC will spend two days a week at the Health Sciences Center. Contact and collaboration is extremely important at this stage of the planning effort.

Mr. Kluver outlined crucial cost considerations. In order to maintain the \$50/square foot cost estimate for Building A the following measures are essential:

1. A steel structure.
2. Early award of portions of the contract for Unit A. The early bid package would include excavation and protection of the hole, and pouring column footings. Construction activity would begin on site October, 1970.
3. Early purchase of structural steel. The steel would be purchased by the University and transferred to the general contractor. This would allow several months savings on escalation and eliminate state sales tax.

The financial implications of steps 2 and 3 have to be reviewed with the proper authorities at the University, the State Legislature and NIH. Timing in terms of legislative appropriations is particularly critical. The Design Coordinating Committee endorsed this approach.

There would also be substantial savings if Units B and C could be bid early. This would necessitate that production drawings begin September 1970 and construction document funds are scheduled for the 1971 appropriation. Mr. Smith pointed out that while the revised schedule would allow substantial savings, the design development schedule for Units B and C would be extremely tight and demands on University staff would be substantially heavier than in the past.

With the revised schedule, critical dates are as follows:

- 1 January 1970 - Select final horizontal and vertical grid
- 1 January 1970 - Determine final program - Unit A
- 15 January 1970 - Determine final program - Units B & C
- 15 February 1970 - Complete materials handling and food service study
- 1 April 1970 - Complete design development - Unit A
- 1 June 1970 - Authorize health plant design
- 1 June 1970 - Determine final program - Units D, E, F
- 1 July 1970 - Submit application - Unit B, C
- 1 September 1970 - Complete design development, Units B, C
- 1 September 1970 - Begin heating tunnel design
- 1 October 1970 - Begin excavation and footings - Unit A
- 1 October 1970 - Complete design development - Unit L
- 1 December 1970 - Complete construction documents - Unit A
- 1 April 1971 - Complete design development - Unit E
- 1 July 1971 - Begin general construction - Unit A
- 1 July 1971 - Complete design development - Unit D
- 1 September 1971 - Begin construction - Units b, C, L
- 1 February 1972 - Begin remodeling
- 1 March 1972 - Begin construction - Units D, E
- 1 September 1972 - Begin construction, F
- 1 May 1973 - Complete construction, A
- 1 September 1973 - Complete construction E, L
- 1 October 1973 - Complete construction B, C
- 1 April 1974 - Complete construction, F
- 1 October 1975 - Complete remodeling

UNIVERSITY HOSPITALS PLANNING COMMITTEE

The Council of Health Sciences Deans and Directors recommends that a committee be appointed, chaired by Mr. Westerman, to study the future of University Hospitals. Dean Howard emphasized that while a great deal of attention is being given to all aspects of Phase I, it is important not to lose sight of long range growth and development. The need for this perspective has become more pronounced with the Cardiovascular Center and University Pediatrics facility proposals. The Design Coordinating Committee agreed to appoint a planning committee charged with considering future directions for University Hospitals.

Mr. Harkness pointed out that part of the charge to TAC is consideration of the long range possibilities and limitations of the site. Consequently, TAC would anticipate participating in the committee's deliberations.

ORGANIZATION

Mr. Kogl has attempted to graphically analyze the channels of communications for the development program to provide adequate voice for each participant. Separate charts were presented for design development, working drawings and construction. The charts will be refined further and submitted to the November 19th Design Coordinating Committee meeting for discussion.

Respectfully submitted,

Karen Levin  
Research Assistant

## DESIGN COORDINATING COMMITTEE

Minutes of meeting 19 November 1969

Present: Hale Champion, Chairman; Bruce Abrahamson, Dwight Anderson, Vernon Ausen, William Berget, Marcia Cushmore, Martin Grady, Robert Howard, Al Kemper, Roland Kluver, Roy Lund, Robert Mulhausen, Hugh Peacock, Peter Sammond, C. Thomas Smith, Kenneth Taylor, Robert Turner, Lawrence Weaver.

NEXT MEETING: 17 December 1969, 1:30 p.m. Regents Room

### ANNOUNCEMENTS

#### Consultants

The architects are now at the point in the development of drawings when it is essential to have expert advice on special areas beyond usual architectural considerations. Several consultants have been retained to respond to these areas of concern:

Helen Flynn	Dietary Consultant
Chas. T. Main	Materials Management Consultants
Ryan Advisors	<u>Ad hoc</u> consultant for special problems within the health sciences
Hodges-Jage	Cost Consultant
Chas.Lerch,Assoc.	Elevator Consultant

#### Site Visits

Visits are being arranged to relevant health science facilities for the architects, consultants, faculty representatives and planning staff. The first visit scheduled is to Toronto and Chicago for representatives from medical and nursing staffs, administration and architects concerned with planning Medicine and Pediatrics inpatient facilities. In December, representatives of the School of Dentistry, basic science, and research planning groups will tour new facilities on the West Coast. This will be followed by a visit to West Coast clinical facilities by the appropriate group in January.

#### Federal Match

Dean Howard reported on a recent telephone conversation with Mr. Lorenzen on new policies for the federal match. Mr. Lorenzen did not specify which portion of the program would be eligible for the revised match, but the conversation may well indicate that the development program has received favorable recommendation.

Mrs. Cushmore was contacted by NIH during the course of the meeting and confirmed that the project is eligible for the 2 to 1 match. However, final funding will probably be below the 2 to 1 level. Mr. Lorenzen will call the University after the Council meeting December 15th with the figures the University should submit on the revised face sheet. This probably means that the program has been approved and the match will be negotiated at the Council meeting.

#### THE ARCHITECTS COLLABORATIVE REPORT

TAC has completed a study of the site around Unit A for circulation and rerouting of traffic. The study has been reviewed with Mr. Gus Scheffler, Mr. Al Kemper and Fire

Marshall Welch. TAC has been maintaining the schedule of weekly visits to the Health Sciences Center in an effort to meet the rigorous timetable requirements.

#### INTERIM SPACE STUDY

Room Scheduling has visited with twenty-four health science department heads in gathering data on interim space needs. A preliminary summary shows that a minimum of 50,000 square feet is required to adequately accommodate existing needs. Increasing the size of the medical student class to 220 will necessitate 25,000 square feet beyond the 50,000 square feet. The basic science departments have indicated that it will be possible to get along with existing teaching laboratories for the most part. Two-thirds of the additional space requested is laboratories and support required in order to attract additional faculty and 20,000 square feet is for additional clinical teaching space. Special concern has been expressed about the impact of expanding the medical school class on animal facilities. Dean Howard suggested that Mr. Ausen include administrative space needs in his inquiry.

#### FUNDING SEQUENCE

Means are being explored to reduce the 1971 legislative fund request for the health sciences. One possibility would be to postpone the College of Pharmacy and Radiation Therapy units until the following legislative session. This would reduce the request for 1971 from \$42 million to \$32 million or, if the 2 to 1 match is approved, from \$28 million to \$19 million. University administration's position is that the University must present a proposal it can support without reservation. Priorities must be defined so that the University rather than the Legislature can control the direction of the development program.

Dean Howard emphasized that there are considerations other than fiscal that must be recognized in arriving at a decision. One is the University's public position on the health sciences concept. Possibly there is potential advantage in requesting an appropriation beyond the existing means of the Legislature. Given the state's commitment to health manpower, perhaps a substantial request could precipitate a search for a new approach to funding health manpower facilities. An alternative to the present revenue base is essential if the state is to meet its growing educational responsibilities.

Mr. Lund observed that funds beyond those already under consideration will be required to purchase the balance of the land on block under construction--three apartment buildings and a church.

Dean Weaver agreed that establishing University priorities is important, but urged that the College of Pharmacy be permitted to bring its case before the Legislature. Anything less than this opportunity would not be acceptable to the faculty or the state's practitioners. Vice President Champion will explore with Vice President Wenberg the possibilities of keeping the health sciences program together and avoid arbitrary Legislative action.

Mr. Sammond reported that the chairman of the Department of Radiology is amenable to postponing radiation therapy development if there is no alternative.

#### PRIVATE FUNDS

Clarification of the role of private funds in Phase I of the health sciences development program is required with specific reference to Dr. John Harris's commitment for

Lion's Club monies. It was agreed that with the exception of Lion's Club funds, private monies cannot be used to extend the scope of Phase I. Equipment purchase would be the one acceptable avenue for utilization of private funds in Phase I provided the federal match for research areas is forthcoming. If not, possibly private monies could serve to match state funds. Dr. Mulhausen will determine the Lion's Club's commitment to the Ophthalmology Department.

Guidelines for participation in future phases will be discussed at the December Design Coordinating Committee meeting.

#### ANIMAL HOSPITAL

Dr. Mulhausen reported that the Design Review Committee has considered the Animal Hospital Committee request for 5,000 square feet expansion to service departmental animal facilities. The Design Review Committee has as its primary responsibility securing the best possible design solution for the Health Sciences Center and, consequently, recommends that 5,000 square feet be added to the development program. If the Design Coordinating Committee rejects the Design Review Committee recommendation, the only acceptable alternative would be a tax, not to exceed 8% on all animal quarters space. An animal facilities on the St. Paul campus is recommended for Phase II of the health sciences development program but does not remove the need to provide additional space in Phase I development.

Vice President Wenberg has expressed concern about the response of the Legislature to health science program increases. However, the reluctance to further reduce programmed areas is also compelling. Before approving an additional space reduction, the Design Coordinating Committee requests further definition of the space originally designated for Ancillary programs and a breakdown of program plans for the lower level of Mayo garage.

#### PARKING

Mr. Sammond reported Design Review Committee action on the Parking Committee recommendation for utilization of Mayo garage. The Parking Committee's position reflects present pressing parking problems. Compounded by the prospects of losing the River Flats for parking and doubling outpatient load, the Parking Committee cannot recommend utilization of existing parking facilities for any purpose other than parking. Should the position of the Committee be overruled, parking in Mayo can be reduced to one level and still meet health science parking requirements only if a heated, covered conveyance is provided for transportation from the parking ramp to the Health Sciences Center and the following priorities for utilization of remaining Mayo parking are observed:

- Emergency access for patients and physicians
- Access for non-ambulatory patients
- Access for disabled staff
- Access for equipment maintenance
- Delivery of non-ambulatory patients
- Delivery of guests of the Center and the University
- Contract assignments based on administrative position
- Ambulatory patient parking

The Design Review Committee would like to emphasize that adequate parking is fundamental to the health sciences program and without assurance that health science parking needs will be accommodated, it cannot agree to relinquish any existing parking.

Vice President indicated that parking needs for the health sciences will be viewed within the context of planning for total University needs. Central administration cannot offer guarantees to one constituency and not to others. However, the University is mobilizing to tackle parking problems which will include administrative reorganization. There definitely will be<sup>a</sup> parking ramp at Oak Street and it will be run as part of the University parking system. The health sciences will have an important role in determining how the ramp will be utilized, but it will not have exclusive control. The ramp will include a connection to the campus, but whether this develops as a mechanized conveyance will depend on economic considerations. Vice President Champion will prepare a letter on the University position on the ramp. Mr. Lund pointed out that immediate consideration will have to be given to parking accommodations for construction workers.

Respectfully submitted,

Karen Levin  
Research Assistant

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DESIGN COORDINATING COMMITTEE

Minutes of meeting 17 December 1969

Present: Hale Champion, Chairman, Bruce Abrahamson, Vernon Ausen, William Berget, Frank Digangi, Martin Grady, Al Kemper, Eugene Kogl, Roland Kluver, Roy Lund, Robert Mulhausen, Hugh Peacock, Irwin Schaffer, Sol Smiley, C. Thomas Smith, John Westerman

NEXT MEETING: WEDNESDAY, 21 JANUARY 1970, AT 1:30 IN THE REGENT'S ROOM

UNIVERSITY PLANNING REPORT

Lyon's Club Funds

Dr. Harris has indicated that the Lyon's Club gift would be about \$125,000. There is some question about the conditions of the donor's grant that will have to be clarified before the impact of the donation on the development program can be determined. If the money was given with the understanding it would be matched by federal funds, it would purchase approximately 3750 square feet gross at cost. If it is not to be matched, it would mean an addition of 1875 square feet. The architects could integrate either alternative into the plans at this point. Dean Howard will define the terms of the gift for the January Design Coordinating Committee meeting.

Reports in Preparation

Mr. Taylor will prepare cost analysis for presentation at the January Design Coordinating Committee meeting.

The Variety Club has increased its goal to five million dollars for a cardiovascular research center. By January there may be some indication whether or not substantial funds currently being sought from a private donor will be available.

During January both the Pediatrics Facility Committee and the University Hospitals Long Range Planning Committee will present their recommendation.

The Animal Hospital Committee space problem is currently under consideration and may be resolved by the January Committee meeting.

Visits

Planning groups within the Health Sciences have begun to visit important facilities with relevance to the health sciences development program. The clinical groups have visited facilities at Toronto and Chicago and will make a trip to the west coast at the first of the year. The medical and dental school groups have just completed a tour of basic science, research, learning resources and dental operatory facilities in California. Dr. Mulhausen commented on the usefulness of visits to the University of California at San Francisco, Stanford, University of California at Los Angeles, University of California at San Diego and the Salk Institute. Tours of facilities concentrated on the educational functions within the facilities, particularly extensive learning resources development and raised questions about our plans for basic science teaching laboratories. Dr. Holland reported on School of Dentistry visits to two dental schools in San Francisco, two in Los Angeles and the two institutions in San Diego mentioned by Dr. Mulhausen. The trip was particularly helpful in confirming the faculty's position on the size and design of the operatory. Reports of the trips will be prepared and distributed to share the experiences of the planning groups with a broader spectrum of faculty.



## THE ARCHITECTS COLLABORATIVE REPORT

Critical issues currently under consideration include the size of the dental operatory, the size of the patient care room, sterilization procedures for dentistry and the number and placement of elevators for Unit A. Charles Learch Associates, elevator consultant, have completed an analysis of elevating requirements for Unit A and their findings are being reviewed by planning groups.

In the future, TAC will prepare a written summary of progress each month in order to keep all those related to the planning effort informed. Vice President Champion indicated that reports of this type should be brief since demands upon the architects' time and resources are extensive. Thomas Smith, as health sciences planning coordinator, is the point of contact between the University and the architects, and all inquiries regarding architectural progress should be addressed to him. Mr. Smith determines the internal circulation of material and the Health Sciences Planning Office, not TAC, has responsibility for communications.

TAC requires Design Coordinating Committee endorsement of proposals for expansion of Unit A. Resolution of the direction of expansion is necessary for the early award of foundations. Possibilities for expansion submitted to NIH with the grant application were limited to 20% lower floor expansion and 50% tower expansion. However, by shifting the placement of Unit F to the north rather than directly east of Unit A, Units A and F could expand, unencumbered, to the east. Maximum expansion as conceived in Future Planning for the Health Sciences, Part III (green book) can be accommodated by this approach. It corresponds to the directions proposed for the future of academic development and relates, as well, to the circulation pathway connecting the Health Sciences Center with the parking facility. Endorsement of this approach is required as soon as possible so that the placement of cooling towers can be finalized. If the approach is endorsed, the placement of utilities should take into account the need for access to the circulation tunnel from the north. The Design Coordinating Committee reserves confirmation of the expansion proposal until the Dean of the College of Pharmacy can be consulted. There will be a special review session on the health sciences development program the evening of December 29th to consider this issue.

## INTERIM SPACE REPORT

Mr. Ausen has met with 29 departments within the College of Medical Sciences in preparation of the Room Scheduling report on interim space needs. Mr. Ausen has investigated existing space needs, space required for new programs and space required to accommodate an increase in the size of the medical school class. Space required without the increase of class size totals 55,871 square feet. Findings show that the basic science space requirements are not extensive while clinical departments need a great deal of space. Mr. Ausen visited clinical department areas and is persuaded that additional space is essential. The animal quarters have a particularly urgent space problem. Most of the departments contacted would be willing to expand outside of the Health Sciences Center on a temporary basis. University Hospitals can get along without additional space as can the School of Public Health which is currently confronting decreasing support funds.

Vice President Champion observed that the Vice Presidents were not informed that expansion of the medical school class would require additional facilities. No planning has been done to provide facilities and no source of funds is available. Dr. Mulhausen indicated that the executive faculty was concerned about the space implications of the increase but agreed to go ahead with the proposal anyway. The grant includes a request for temporary space to house additional faculty.

Replacement of 305 Union Street is the most pressing interim space problem. There is at the outside six months to resolve the problem and make the move. Dr. Mulhausen urged that every effort be made to develop temporary housing on campus. Considerable time would be required to convince the faculty to agree to move to off campus facilities. The off campus facilities under consideration would be extremely costly to renovate for sophisticated laboratory facilities. Plant Services is currently working on a cost estimate. Temporary housing arrangements however may introduce zoning problems. Mr. Ausen, Mr. Kogl, Mr. Smith, Mr. Peacock and Dr. Mulhausen will get together to work out alternative approaches to interim space needs.

ORGANIZATIONAL CHART

Revised organization charts were distributed indicating policy and information channels.

Respectfully submitted,

Karen Levin  
Research Assistant

KL/js

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DESIGN COORDINATING COMMITTEE

Minutes of Meeting 21 January 1970

Present: C. Thomas Smith, Acting Chairman; Vernon Ausen, William Berget, Brooks Cavin, Marcia Cushmore, Frank Digangi, John Harkness, Mellor Holland, Robert Howard, Al Kemper, Eugene Kogl, Roy Lund, Al Michael, Robert Mulhausen, Hugh Peacock, Peter Sammond, John Scott, Kenneth Taylor, Robert Turner, Robert Ulstrom, John Westerman, Lois White

NEXT MEETING: WEDNESDAY, 18 FEBRUARY 1970, 2:00 P.M., REGENTS ROOM

ANNOUNCEMENTS

Special Meeting on Expansion Possibilities

There was a special review of TAC's latest recommendation for expansion of Unit A 29 December 1969. In addition to the scheme for eastward expansion of Unit A, location of production facilities for Unit L, open avenue to River Road through the Health Sciences Center and parking tunnel problems were discussed. There was agreement that Unit F would be placed on the northeastern edge of Unit A, permitting more flexible expansion alternatives for Units A and F.

PLANNING COORDINATOR'S REPORT

Lion's Club Money

Dean Howard has recommended that the \$125,000 gift from the Lion's Club not be matched by federal funds in order to preserve the dimension of the Phase I program as nearly as possible. The gift will allow an additional 938 net square feet for Ophthalmology.

Cost Analysis

TAC has provided a detailed analysis of Phase I cost adjustments. A synopsis will be distributed to Committee members prior to the February meeting.

Cardio-Vascular Grant Application

The Cardio-Vascular Research Center Coordinating Committee will work toward a June or July research grant submission rather than the February deadline originally under consideration.

Facility Visits

A group from the School of Dentistry has just completed site visits to dental facilities at Toronto and London, Canada and Baltimore, Maryland. Individual observers have travelled to Connecticut and Iowa. The visits have made significant contributions to materials handling, communications within the clinical facility and sterilization planning.

A hospital group composed of physician, nurse and administration representatives, architects and consultant visited inpatient and outpatient facilities in California and Denver. The tour included Kaiser Permanente and Palo Alto clinic at San Francisco, University of California and Kaiser Belleflower at Los Angeles and the University of Colorado at Denver.

#### DESIGN REVIEW COMMITTEE

The Design Review Committee is considering the following issues:

1. Programmatic review of Unit A;
2. Final recommendation from the elevator consultant for placement of elevators and escalators in Unit A;
3. Animal Hospital Committee space problem;
4. Site, staging and access study for accommodation of contractor materials and parking.

#### THE ARCHITECTS COLLABORATIVE REPORT

Mr. Harkness outlined architectural progress. Design development for Unit A is about 50% completed but significant changes are still being introduced to integrate consultants' recommendations for the movement of people and things. TAC is aiming for final form for Unit A by February 1 with updated schematics February 15th.

Mr. Scott reported on the review of mechanical and structural development January 20th with representatives from HSAE, Plant Services and TAC. Areas approaching resolution include the one-way steel open truss structure, primary and secondary power distribution. Fireproofing, interface with existing facilities, utility entry, lighting, and emergency power are still under consideration.

#### NIH GRANT APPROVAL

The University has received formal notification of NIH grant approval. Unit A was recommended for funding at the highest possible match: 75% for the School of Public Health, 66 2/3% for the Medical School and 62% for the School of Dentistry. However the letter of notification stipulated that only Units B and C would be recognized for future funding on the basis of the proposed student increment. This excludes Units D, E, F, L, remodeling and major affiliated hospitals. The University will contact Dr. Harry Bruce, Director of the NIH Division of Educational and Research Facilities, for clarification of future match possibilities and for permission for early award of excavation and footings. Vice President Wenberg will begin discussions with the State Legislature on possibilities for spending State monies on the basis of the federal recommendation for funds, prior to award of federal monies.

#### LONG RANGE HOSPITAL PLANNING COMMITTEE REPORT

Mr. Westerman reported that the Long Range Hospital Planning Committee was appointed by the Design Coordinating Committee to focus on the role of the Hospital in Phase II in light of the many changes in program and faculty since the planning effort was initiated. The Committee makes the following recommendations subject to modification as the report is reviewed by the faculty:

1. Phase II hospital development be rescheduled for completion in 1975;

2. The report be referred to the architects for reaction to the proposed timetable revision;
3. Open referral be accepted by the faculty and Central Administration. The existing policy should be relaxed before formal consideration of the change is sought;
4. Emergency services be expanded gradually with view to plans for completion of Unit C;
5. Medical staff members supported by University Hospitals through the Department of Continuing Education go into the State to inform physicians of the services available at University Hospitals;
6. The faculty consider better utilization of existing facilities;
7. The report be broadly circulated among the faculty for comment.

Dean Howard observed that adopting open referral as University policy is an extremely sensitive issue and suggested that the Regents be given the opportunity to define the mission of the Health Sciences Center in light of the recommendations of the External Committee on Governance.

Mr. Peacock urged that the separate proposals affecting the future of University Hospitals be referred to the Long Range Hospital Planning Committee for coordination. Representation should be broadened to include a member of the Children's Facility Committee, the Cardiovascular Research Center Coordinating Committee and the VA negotiations. The architects should be informed of the various proposals for Phase II development but their active participation at this point would be premature.

#### UNIVERSITY PEDIATRICS PLANNING COMMITTEE

Dr. Michael presented the Committee's recommendation which has been endorsed by the Council of Clinical Sciences, the Clinical Medicine Task Force, and the Educational Policy Committee. A University Children's Center, consolidating the existing 215 beds for children with a 50% increment for new programs identified by the committee and including obstetrics should be developed on a site other than Unit C. The Department of Pediatrics will withdraw participation in Units A, B and C in the University will make a definite commitment to completion of the University Children's Center during Phase I of the health sciences development program. This facility could possibly incorporate Gillette beds in addition to those proposed. If this approach cannot be endorsed, several alternatives are:

- a. Expansion of Unit C to include the 215 existing children's beds and the obstetrics service in addition to the bed services already planned for Unit C. This would provide a core children's facility to be developed as additional monies become available.
- b. Replacement of the non-pediatric bed services scheduled for Unit C with the remainder of the 215 children's beds and the obstetrics service. Again, this would provide a core for future children's center development.
- c. Development of a childrens center of a site other than Unit C as part of Phase II. In this case the Department of Pediatrics would move to Unit C as planned and relocate in the children's center in Phase II.

The Design Coordinating Committee was reluctant to endorse any proposal which might jeopardize funding by modifying Units A, B or C. Mr. Taylor suggested three options if the program for Units A, B and C is carried out as planned:

- a. The Department of Pediatrics can vacate facilities in Unit C with completion of a separate childrens center, allowing expansion for Department of Medicine beds;
- b. Unit C could be expanded to 400 beds in Phase II to become the Children's Center;
- c. Department of Medicine could move to the new clinical facility in Phase II allowing expansion of children's facilities in Unit C.

TAC was asked to evaluate the bed expansion capability of Unit C and proceed with development of Phase I as planned. An evaluation of the political feasibility of a University Children's Center is required before the Design Coordinating Committee can endorse the concept.

#### UNIVERSITY VA FACILITY

Dr. Ulstrom reported that the VA Hospital facility, which has been a major affiliate for the Medical School teaching program for several years, is scheduled for replacement. In line with nationwide trends, rebuilding the VA Hospital on campus has been proposed. The extent to which the facility would be integrated with University Hospitals has not been fully determined, but formal University recognition of the proposal is required for further VA deliberations.

A major site/traffic/parking study will have to be undertaken to determine the feasibility of integrating another major clinical facility into the Health Sciences Center. Vice President Champion will be asked to delegate responsibility for consideration of the feasibility of the proposal to an appropriate group and to prepare a letter for the VA indicating the proposal is under advisement.

#### INTERIM SPACE REPORT

The Interim Space Report will be distributed with the meeting minutes for discussion at the February Design Coordinating Committee meeting.

Respectfully submitted,

Karen Levin  
Research Assistant

KL/js

Enclosure

January 21, 1970

REPORT ON INTERIM BUILDING SPACE NEEDS  
IN THE HEALTH SCIENCES

Vice President Donald K. Smith reported to the Design Coordinating Committee on September 17, 1969 that he had asked Mr. V. L. Ausen to gather data on "interim space needs related to the displacement of space in the process of construction and to the normal growth and development of each health science unit." Dean Robert Mulhausen, after conversations with Mr. Ausen and his staff, mailed a memorandum to Medical Science units under the date of October 15 in which he outlined three questions to be discussed in meetings with the individual units. They are:

1. Immediate space needs especially related to new programs.
2. Necessary interim space needs pending completion of new facilities.
3. Interim space necessary to accommodate 220 students in the Medical School starting September 1970.

The third question was included because the Medical School has made application for funds available to medical schools which expand their class sizes under the Physicians Augmentation Program (PAP). An attempt was made to distinguish space needs generated by an additional 60 students from space needs required for existing class sizes.

Mr. V. L. Ausen and his staff conducted a series of 29 meetings with individual departments of the Medical School and other Health Science units including Dentistry, Nursing, Public Health, the Animal Hospital Committee, and University Hospital. One of the meetings was with Dean Robert McCollister and Miss Elizabeth Grundner, Assistant Director for Scheduling, to discuss classroom needs for the new medical

curriculum. The discussions touched on the effect of the new medical curriculum on space needs, programs that could be located temporarily outside the medical complex, the adequacy of animal facilities, classroom needs and other issues.

Some general observations resulting from the series of meetings can be made.

1. In general, with existing class sizes, the clinical departments need considerably more space just to get by but the basic science departments can get along with relatively modest increases.

2. If currently needed catch up space is provided, the clinical departments can in general absorb an additional 60 students in each class with moderate further increases in space whereas, the basic science departments will require appreciable expansion due to increases in faculty which in turn generate a need for more research space.

3. Departmental animal space is inadequate now and not enough area is programmed for the new building. The available facilities at Rosemount are not fully used due to the rather considerable distance from the campus.

4. The amount of interim space required will make it necessary to relocate some projects outside of the complex. This was generally accepted as a last resort by medical units and Dentistry although some of the clinical departments saw problems in this because of the patient-oriented activities of their staff.

5. It would appear that there is no room for expansion of the University Hospital in the complex except as it modifies the use of its space in Powell Hall or arranges to share patient case facilities with the Student's Health Service.

6. The 6,000 square feet of space at 305 Union is being displaced



by the new construction. Discussions are under way with Dr. Richard Lillehei relative to a new location.

7. Authorized catch up faculty positions for the Medical Sciences remain unfilled due to lack of space. Unless research space is made available, the departments are convinced they cannot attract people to fill the authorized positions. These may exceed 100 positions by 1973.

The suggestion was made that portable laboratories or temporary buildings might be constructed adjacent to existing buildings. Temporary buildings have been constructed at the University of Connecticut Medical School. Six basic science units of 5,000 square feet each were constructed at a cost of \$30 per square foot. Air-conditioning for \$30,000 brought the total cost per unit to \$180,000. Portable laboratories can also be leased.

Another alternative is rental space away from the complex. Some departments were willing to move some activities to Powell Hall to free up space for other units needing space in Mayo. Dr. Richard Lillehei indicated a willingness to relocate his lab off campus. Further discussion is necessary to identify exactly what activities can be located off campus.

Other departments gave reasons why locating away from the complex was unacceptable. Use of shared equipment, need for clinic space, expense of equipping laboratories, need for staff to be on call are some of the reasons given.

Certain departments expressed concern over adding 60 students because of an insufficient patient load in some areas to teach medical students adequately. The use of affiliated hospitals for 60 additional medical students offers a partial solution to space problems in clinical instruction. While several departments have programs already established

with affiliates, especially residency programs, additional staff would be necessary to expand affiliated programs to medical students in most cases.

Table I presents a summary of the kind and amount of space required prior to the completion of Step I, Phase I of the proposed Health Science facilities. Tables II and III present a breakdown for each department summarized under the category of Basic Science or Clinical Areas in Table I.

Table I indicates an overall need for 76,006 square feet of additional building area during the interim period, of which 16,220 square feet is needed by Dentistry and 59,786 square feet by Medical Sciences. If the Medical School class is increased to 220 students, an additional 33,128 square feet is required for the Medical Sciences, bringing the total to 109,134 square feet.

The department heads were informed that the term "space needs" was intended to mean how much they needed just to get by on rather than what their optimal needs are. The space needed to get by depends to a large extent on what additional staffing is authorized. Dentistry believes it must start building up its faculty before the new facilities are completed. The plan is to increase 12 positions a year for three years. This accounts in part for the large request for office and lab space. Pediatrics said it will add 14 more people if the medical class is increased, accounting for more than half of the purported additional space needs of the clinical areas related to the contemplated class size increase.

Tables II and III show that if the size of the medical class remains constant, less than 8,000 square feet of additional space is needed for the Basic Sciences. This compares with over 50,000 square feet reported by clinical departments as space needed even if the size of the medical class does not increase.

On the other hand, the addition of 60 medical students would necessitate nearly 15,000 square feet of increased space for the six basic science departments as contrasted with about 20,000 square feet which would be required for the clinical departments.

If the size of the medical school class remains at 160, space deficits are severe in many of the clinical departments. In general, the lack of research space is most common. The departments of Neurology, OB/GYN, Ophthalmology, Orthopedic Surgery, and Otolaryngology requested significant amounts of space for research. Surgery reported a need for 6,000 square feet, but that is the replacement space of 305 Union Street rather than a request for increased research space.

In conclusion, it appears that the Medical Sciences need 40,000-50,000 square feet of additional space in order to operate effectively with the existing size of the medical class. This includes some expansion in clinical areas. If the size of the medical class increases to 220 students, probably an additional 15,000-20,000 square feet of space would be needed.

Lois White, Research Fellow  
Space Allocation and Scheduling

TABLE I

## INTERIM SPACE NEEDS FOR HEALTH SCIENCES

	<u>Total</u>	<u>Office</u> (Assignable square feet)	<u>Lab</u> (square feet)	<u>All Other</u>
Dentistry	16,220	9,000	3,000	4,220
Medical Science				
Basic Science	7,590	570	3,020	4,000
Clinical Area	51,016	5,908	31,543	13,565
Nursing	400			400
Public Health	780	780		
University Hospitals	(1)			
Pharmacy	(2)			
Animal Hospital	(3)			
	<hr/>	<hr/>	<hr/>	<hr/>
	76,006	16,258	37,563	22,185

If the Medical School increases the size of its classes by 60, to 220 students, the following additional space will be required:

	<u>Total</u>	<u>Office</u>	<u>Lab</u>	<u>All Other</u>
Basic Science	13,540	1,550	9,990	2,000
Clinical Areas	19,588	1,580	3,920	14,088
	<hr/>	<hr/>	<hr/>	<hr/>
	33,128	3,130	13,910	16,088

(1) See Text

(2) Pharmacy has indicated a need for some additional space, off campus.

(3) Can get along during interim.

TABLE II

Kinds of Interim Space Needs  
As Reported by Basic Sciences

<u>Department</u>	<u>Number of Students</u>	<u>Office</u>	<u>Lab</u>	<u>Other</u>	<u>Total</u>
Anatomy	160			3 000	3 000
	220	<u>640</u>	<u>2 800</u>	<u>2 000</u>	<u>5 440</u>
	Total	640	2 800	5 000	8 440
Biochemistry	160	290	500	600	1 390
	220	<u>260</u>	<u>2 340</u>	_____	<u>2 600</u>
	Total	550	2 840	600	3 990
Microbiology	160		300		300
	220		_____		_____
	Total		300		300
Pathology	160			Seminar	
	220			Storage	
	Total				
Pharmacology	160	280	2 220	400	2 900
	220	<u>390</u>	<u>2 610</u>	_____	<u>3 000</u>
	Total	670	4 830	400	5 900
Physiology	160				
	220	<u>260</u>	<u>2 240</u>		<u>2 500</u>
	Total	260	2 240		2 500
Total Basic Sciences	160	570	3 020	4 000	7 590
	220	<u>1 550</u>	<u>9 990</u>	<u>2 000</u>	<u>13 540</u>
	Total	2 120	13 010	6 000	21 130

TABLE III

Kinds of Interim Space Needs as  
Reported by Clinical Areas

<u>Department</u>	<u>Number of Students</u>	<u>Office</u>	<u>Lab</u>	<u>Other</u>	<u>Total</u>
Anesthesiology	160 220	260 —		Storage	260 —
	Total	260			260
Dermatology	160 220		500 —	525 —	1 025 —
	Total		500	525	1 025
Family Practice	160 220	260 —			260 —
	Total	260			260
Lab Medicine	160 220		420 —		420 —
	Total		420		420
Medicine	160 220	520 <u>260</u>	2 000 <u>1 000</u>		2 520 <u>1 260</u>
	Total	780	3 000		3 780
Neurology	160 220	800 —	7 500 —		8 300 —
	Total	800	7 500		8 300
Neurosurgery	160 220		1 000 —	500 —	1 500 —
	Total		1 000	500	1 500
Obstetrics & Gynecology	160 220	268 <u>760</u>	5 468 <u>1 000</u>	1 000 <u>400</u>	6 736 <u>2 160</u>
	Total	1 028	6 468	1 400	8 896

Table III, Page 2

<u>Department</u>	<u>Number of Students</u>	<u>Office</u>	<u>Lab</u>	<u>Other</u>	<u>Total</u>
Ophthalmology	160 220	520 —	3 375 —	Lab Service	3 895 —
	Total	520	3 375		3 895
Orthopedic Surgery	160 220	390 —	1 200 —		1 590 —
	Total	390	1 200		1 590
Otolaryngology	160 220	<u>300</u>	2 000 —	800 <u>1 088</u>	2 800 <u>1 388</u>
	Total	300	2 000	1 888	4 188
Pediatrics	160 220			5 850* <u>12 600*</u>	5 850 <u>12 600</u>
	Total			18 450	18 450
Physical Medicine	160 220	1 360 —	2 500 —	1 840 —	5 700 —
	Total	1 360	2 500	1 840	5 700
Psychiatry	160 220	780 —		1 000 —	1 780 —
	Total	780		1 000	1 780
Radiology	160 220	650 —		1 850 —	2 500 —
	Total	650		1 850	2 500
Surgery	160 220	<u>260</u>	6 000 <u>1 500</u>		6 000 <u>1 760</u>
	Total	260	7 500		7 760

\* Not broken down to office, Lab, and Other

Meeting of the Design Coordinating Committee for Health Sciences  
December 29, 1969, 7:30 PM

Present: Hale Champion, Chairman, Bruce Abrahamson, William Berget, Brooks Cavin, Robert Cerny, Martin Grady, Mellor Holland, Robert Howard, Roland Kluver, Hugh Peacock, Peter Sammond, Erwin Schaffer, John Scott, Ken Taylor, Robert Turner, Lawrence Weaver.

A presentation was made by the architects with models to show alternatives for expanding Unit A and its relationship to the College of Pharmacy. It was decided that future expansion would be best provided in an easterly direction and that the Pharmacy Building "Unit F" would run east-west and be connected to the north side of Unit A for a distance of one structural bay. After some discussion, it was agreed that it was important to provide open space to the north of Unit A along Washington Avenue. This would serve as a major student concourse and entry to the Health Sciences Complex. Similar open spaces should be integrated with future development to the east, and the architects should give consideration to access from Washington Avenue to the Mississippi River. It was hoped that this could be done along both Harvard and Union Streets.

Provision for learning resources production space could be made in the basement areas of Unit F. Roland Kluver raised the question concerning the timetable for resuming work on the parking ramp and explained that concerns had been expressed about the tunnel connection. Mr. Champion agreed that both were an important part of the Health Sciences Complex and there was no question that adequate parking would be available and the tunnel was an essential part of this development. However, he was not in a position to make any definite promises as to when the tunnel would be constructed.

Subsequent to this meeting, the architects were asked to be prepared to discuss materials and finishes at the next Design Coordinating Committee Meeting which will be held on Wednesday, January 21, 1970, at 1:30 PM

HGSP.

Hugh G. S. Peacock

HGSP/lml



DESIGN COORDINATING COMMITTEE

Minutes of Meeting 18 February 1970

Present: Hale Champion, Chairman; Bruce Abrahamson, Vernon Ausen, William Berget, James Block, David Brown, Brooks Cavin, Winston Close, Marcia Cushmore, Lyle French, John Harkness, Mellor Holland, Robert Howard, Al Kemper, Roland Kluver, Eugene Kogl, Leighton, Lindlan, Al Michael, Robert Mulhausen, Hugh Peacock, Peter Sammond, Erwin Schaffer, John Scott, C. Thomas Smith, Kenneth Taylor, Robert Turner, Robert Ulstrom, F. H. Van Bergen, Lawrence Weaver, John Westerman

NEXT MEETING: WEDNESDAY, 11 MARCH 1970, 1:30 P.M., DINING ROOM III

DEVELOPMENT PROPOSALS

Vice President Champion raised the issue of whether or not the new magnitude of demand for facilities can be met through greater development of the Health Sciences Center site. Is there a point at which the benefits of interrelated facilities begin to diminish and it is time to initiate development of a new critical mass someplace else?

Children's Unit

Dr. Michael requested confirmation of the possibility for Unit C, which will have 104 children's beds in Phase I, to serve as the core for development of a children's center. Vice President Champion acknowledged that this is an option, but it must be considered in the context of total options for development of the Health Sciences Center. The needs for development and consolidation presented for a children's center are not unique. Many new department heads are raising the same kinds of questions about growth. While the specific requirements for a children's facility differ, the demand for the facility represents concerns common to many factions of the health sciences.

Gillette

Deliberations on reorganization are underway during condemnation proceedings, so the decision for relocation of Gillette is imminent. Dr. Brown requested that full consideration be given to rebuilding Gillette at the University Health Sciences Center since Gillette's educational potential has never been tapped and the requirements of the Gillette staff can be met in a University setting. Dr. Brown indicated a certain degree of financial, geographic and administrative autonomy would be required before the Gillette staff could fully support the move and requested that the University formally indicate interest in exploring the possibility further.

University Hospitals

Mr. Westerman observed that when the Health Sciences development program was initiated, full consideration was given to the possibility of abandoning the existing site and beginning anew. The alternative was rejected due to the investment in existing facilities, the cherished tie to the University, and the lack of other uses for the Health Sciences buildings. One variation of this approach would be to pull out University Hospitals. This was rejected because the Hospital is the pivotal unit of the Health Sciences Center. Mr. Westerman

commented that health professionals are not in a position to advise Central Administration on the question of density.

Vice President Champion explained he was not suggesting that the Health Sciences Center be abandoned nor that the development program not proceed as planned. Rather, the question is can the site and organizational structure be stretched to accommodate the magnitude of new demands. Dr. Van Bergen pointed to the need for an adequate patient mix at the Health Sciences Center. Dr. French observed that it is essential to recognize the need for growth. The University would not want a health sciences faculty that did not want to expand and grow. Central Administration recognizes that growth has to be accommodated. The question is whether the time has come to look for new patterns of accommodation.

#### VA Hospital

The VA has placed high priority on a national level to locate VA hospitals within university health science centers. Dr. Ulstrom explained that the local VA hospital is under consideration for replacement and has asked University Administration to consider the possibility of relocating the VA hospital on campus. Dr. Klippen has requested a written response from the University indicating a willingness to consider this proposal. Vice President Champion will prepare a letter that does not commit the University to a position, but invites the VA to participate in discussion of co-location of the VA hospital on campus.

#### Cardio-Vascular Research Center

Dr. Brown stated that plans for the Cardio-Vascular research Center are being developed and coordinated with federal funding agencies. The National Heart Institute is optimistic that there will be funds for program support, if not for building. Other sources of capital are being actively pursued. Programmatic planning for the center has the support of the College Administration, the Hospitals Administration and the Educational Policy Committee. Site E has been selected in preference to Site K for the Center due to the eastward direction of future clinical development.

#### Committee

The Design Coordinating/has approved Site K for the Cardio-Vascular Research Center as part of Phase II. If a grant request is scheduled for this spring involving a different site, new plans for timing and site should be brought before the Design Coordinating Committee for approval. Dr. Vernier will be invited to the next meeting for this purpose.

Dean Howard spoke to the importance of proposals for growth to those who advocate them. In spite of the limitations of site, there are impelling reasons to give serious consideration to consolidation of facilities at the Health Sciences Center. Vice President Champion asked if size does not become a problem in terms of organizational interface and interaction before the limits of physical size are reached.

Mr. Harkness summarized the physical limitations of site as access, circulation, space for buildings and human saturation. Access problems can probably be solved through thorough analysis, as can movement within the site. Intensive use of the site makes proper resolution of access and internal circulation essential. The architects have been allowed to look beyond the present boundaries of the

Health Sciences site for space to physically put buildings in the future and there are many appealing directions for growth. If properly designed, the present site is far from approaching undesirable saturation. Vice President Champion observed that an area available to initiate a second critical health science mass could be to the northeast by the railroad tracks.

A committee will be appointed to look at alternative ways financially, geographically and programmatically to meet the demands for greater development and to examine the implications of NIH response to the grant application. NIH approved Unit A for funding but authorized only Units B and C for future participation. This suggests that federal funding for Units D, E, L, remodeling and affiliated hospitals may not be readily forthcoming. The implications of this for the development program need to be examined in light of limited state resources. Please submit in writing recommendations for membership and charge to Mr. Smith. This committee will be provided as much data on the physical limits of site as becomes available during its deliberations. However, factual data will not determine the decisions that must be reached.

#### HEALTH SCIENCE COORDINATOR'S REPORT

##### Grant Application

Preparation of the second grant application will begin at once with completion scheduled for May. NIH offered a reasonably encouraging response to the request for early award of contracts for excavation and footings. The decision will be made at the Regional Office.

#### THE ARCHITECTS COLLABORATIVE REPORT

The elevator core in Unit A has been moved. Attention is being focused on Unit A to resolve internal circulation. Every effort will be made to complete Unit A by May 15th as scheduled. By the end of February construction documents will begin for the early award contract. Mr. Kluver submitted a list of outstanding program concerns. Vice President Champion urged that while all interests must be considered, it is not in the better interest of the development program to prolong decisions beyond the point of new information.

#### INTERIM SPACE STUDY

Mr. Ausen requested a reevaluation of locations for functions in remodeled space. This will be part of TAC's March 15th revision. Mr. Ausen reported that two locations, both acceptable to Dr. Lillehei, are under consideration for relocation of 305 Union Street. Mr. Ausen will discuss the problems and advantages of each with Vice President Champion and report back at the next Design Coordinating Committee meeting.

Respectfully submitted,

Karen Levin  
Research Assistant

KL/js

DESIGN COORDINATING COMMITTEE

Minutes of Meeting 10 March 1970

Present: Hale Champion, Chairman; Gaylord Anderson, Vernon Ausen, Brooks Cavin, Winston Close, Marcia Cushmore, Martin Grady, Isabel Harris, Mellor Holland, Robert Howard, Hugh Kabat, Al Kemper, Roland Kluver, Eugene Kogl, Don McInnis, Robert Mulhausen, Hugh Peacock, Peter Sammond, John Scott, C. Thomas Smith, Kenneth Taylor, Robert Vernier, Lawrence Weaver, Jack Wilwerding

NEXT MEETING: WEDNESDAY, 15 APRIL 1970, 7:30 P.M., REGENTS ROOM

ANNOUNCEMENTS

Status of 305 UNION Street Relocation

The owner of the preferred alternate site was reluctant to sign a five year lease and the University was reluctant to undertake substantial remodelling expenditures without a lease of appropriate duration. The owner of the second property, the Univac Building, has negotiated a portion of the building comparable to the first for five years with two five year options.

Meeting with Park Board

Mr. Smith and Mr. Peacock visited with the Park Board to discuss the possibility for using the slopes of the river bank for Health Science expansion. The Park Board opposed the proposal due to 1) the policy against denuding of park land and 2) current studies being done of the river. Mr. Peacock indicated that the Park Board's negative response includes utilization of air rights over River Road in the foreseeable future.

Status of Parking Structures

In light of the controversy over the Dartmouth Street interchange, the architects have been instructed to look at use of existing road configuration. The University is anticipating reports on the Health Sciences parking ramp from TAC and DeLew Cather.

Parking for Health Sciences construction workers is also under consideration. Two options are 1) temporary structures doubling or tripling the capacity of existing parking lots or 2) remote parking with busing. The temporary ramp consists of the precast units bolted to a steel structure. A temporary ramp could be erected in six to eight months and at an estimated cost of \$1700 to \$2000 per car.

In response to urgent parking needs the University is initiating planning for construction of a 2400 car ramp north of 4th Street immediately.

CARDIOVASCULAR RESEARCH CENTER PROPOSAL

Dr. Vernier reviewed Cardiovascular Research Center plans to bring the Design Coordinating Committee up to date on the progress of the proposal. In June 1967,

University of Minnesota received a planning grant for development of a Cardiovascular Research and Training Center. Planning has been underway for two and a half years. The Center will be interdisciplinary integrating efforts of biologists, physicians and engineers. The Center lends itself well to the teaching mission of the Medical School, particularly with the highly integrated new curriculum. Program plans for the Center were originally reviewed and endorsed by the Educational Policy Committee of the Medical School.

Plans for the Cardiovascular Research Center include facilities for sixty staff and their associates totalling 132,980 sq. ft. net or 251,000 sq. ft. gross. Although the Design Coordinating Committee originally recognized Site K for the Center, Site E has developed as the preferred site endorsed by the Variety Club. Site E offers the advantages of continuity with the Variety Club Heart Hospital, Mayo 4th and 5th floors, and future clinical development on Site J. The proposal includes replacement of the 40 adult and 40 peds Variety Club Heart Hospital beds in the center since the Variety Club Heart Hospital facility was designed for rehabilitation rather than acute care beds.

The project presently faces severe funding problems. Existing funds include \$5 million pledged by the Variety Club and an additional \$1 million from private sources. Federal resources for research construction have dwindled but the Cardiovascular Coordinating Committee is optimistic about getting substantial funds from private donors and possibly enlisting federal funds for beds. The extent to which all program objectives are met will depend upon the availability of funds. Current cost estimate is \$18-\$20 million.

The Design Coordinating Committee endorsed the proposal stipulating that deficiencies in National Heart Institute funds be met with private monies. Vice President Champion asked that Vice President Shepherd be consulted about Cardiovascular Research Center plans for faculty funding. Unless the outlook for federal monies for research construction alters, it is likely that the Cardiovascular Research Center grant application for federal funds will be modified to a grant for operating rather than construction funds. Dr. Vernier must be able to assure the site visiting team that there will be facilities in which to house the grant. While the program can be launched in existing facilities, the Design Coordinating Committee endorsement of Site E is essential. The Design Coordinating Committee is reluctant to commit Health Science sites prior to the findings of the Long Range Planning Committee to be released in June. Due to the urgency of Dr. Vernier's request, Site E was tentatively designated for the Cardiovascular Research Center.

#### HEALTH SCIENCES PLANNING COORDINATOR REPORT

##### Clarification of NIH Approval

Dean Howard spoke with Dr. Bruce, Director, Bureau of Health Professions Education and Manpower Training, in an effort to clarify NIH intentions for funding of remaining elements of Phase I. Dr. Bruce indicated it was the intent of the Council to approve the entire package required to support production of the health manpower increment. Each application, however, will be considered competitively. If remodelling is essential, NIH would be willing to fund it although NIH prefers to invest in new space. Beds, however, can no longer be funded with health education monies.

Without NIH support it may not be feasible to keep beds in the Unit C program. Although the University could apply for Hill-Burton support, Hill-Burton receives about \$5 million per year for the entire state. The future of Hill-Burton is also uncertain, since the present administration seems to advocate replacing grants with subsidized interest loans. If beds are eliminated from Unit C, it will be necessary to reevaluate the Phase I program. Specifically, can Unit A proceed as planned and what are the program implications of and alternatives for elimination of beds from Unit C?

There was consensus that Unit A should not be altered in the interest of maintaining the schedule. This raises questions about the rationale for locating Medicine and Pediatrics offices and research facilities in Units A and B. Since location was justified by contiguity with beds in Unit C, possibly a tie with clinics could substitute for the relationship to beds.

Vice President Champion reviewed some of the legislative sensitivities. Vice President Wenberg has emphasized the concern of the legislature over additions to the program. Cost increases due to inflation are justifiable while the gradual increase in program area is suspect. A change in program for Unit C provides the opportunity to return to the square footage projections brought before the legislature.

Dean Howard asked if the area intended for the bed increment would be sufficient to accommodate new program needs not yet included in the existing space allocation, to handle programs designated for the vacated inpatient facilities in Mayo which will not now be vacated, and to reduce the square footage overage. Vice President Champion asked that the Design Review Committee, with the assistance of Mr. Peacock, develop a compromise program by April 15th. Mr. Sammond observed that revision of the program by April 15th is ultimately related to the recommendations of the Long Range Planning Committee which will not be released until June. Review of the hospital portion of the Phase I program will have very different results if it is done in a context of compromising immediate needs for a totally new clinical facility to be completed by 1980. Vice President Champion recommended that the only reductions in over all program relate to the reduction in beds. Catch-up facilities should be provided in view of the dim funding outlook for new hospital facilities. Unfortunately circumstances do not allow revision of the Unit C program in the context of the Long Range Planning Report.

There was some question whether the July 1 NIH grant submission deadline is still relevant. Mr. Taylor suggested that the September 1 deadline for design development of Units B and C is the critical date for progress of the program. Postponement of the grant application from July to November should be considered since the July schedule required completion of the program definition for Units B and C by March 15th. If it is not essential to the progress of the program, the earlier date unnecessarily diverts the attention of the architects from the critical design development completion date in September. The Committee decided it would be premature to postpone the grant application deadline at this point.

Mr. Peacock recalled the questions raised by NIH about the adequacy of facilities for the School of Nursing. Perhaps this opportunity should be taken to relocate the School of Nursing in Unit C, acknowledging its importance within the Health Sciences Center.

Dr. Mulhausen observed that the status of support for renovation is extremely relevant for reevaluation of the Phase I program. Since space increments for basic science departments are essential for expansion of the Medical School class and since funds for remodelling are uncertain, perhaps one alternative for utilization of the area designated for beds in Unit C would be expansion of basic science departments. Vice President Champion affirmed that the medical school could not accommodate 220 students without remodelling funds. So long as demands for remodelling are legitimately required to support expansion of the medical school class, the University should go forward with the program as planned and not retreat.

As the University is faced with remodelling costs for clinical facilities, pressure will increase for a new hospital. However, it is necessary to move on present funding requests before the University approaches the Legislature with demands for a new hospital.

#### Unresolved Program Problems

In order for the architects to proceed with review of schematics it is necessary to have the Design Coordinating Committee endorse utilization of a portion of Mayo Garage for functions other than parking. Vice President Champion reported that Dr. Varco had recently visited with him about the importance of retaining parking in the Mayo Garage. Dr. Varco expressed concern about the interim period between loss of parking in Mayo and completion of an appropriate Health Sciences parking structure. Vice President Champion offered assurance that parking would not be terminated in Mayo Garage until a substitute is available. Dr. Holland indicated that if the faculty were to be polled, they would not support removal of the garage.

Dr. Mulhausen asked if it would be functionally possible to utilize the lower level of the garage for animal facilities given the inability to preserve the floor of the garage. Mr. Kogl advised that Plant Services is currently contracting for repair of the garage floor with a material expected to do the job. Mr. Taylor indicated that TAC has done an extensive cost analysis which includes the garage floor problem. Remodelling will be only 10% less expensive than new construction. TAC has developed several alternatives for partial utilization of the garage for animal facilities which acknowledge the importance of functional relationships. Mr. Peacock suggested that use of Mayo Garage for animals is functionally sound with respect to ultimate utilization of Mayo for clinical teaching and research. The Design Coordinating Committee supported the architects consideration of the lower level of Mayo Garage as a possible alternative for location of animal facilities for functional rather than cost reasons.

#### STATUS OF THE PHYSICIAN AUGMENTATION PROGRAM

Through unofficial contacts the Dean's office has been lead to believe that NIH wants to proceed with the University of Minnesota program and is ready to negotiate. It looks as though the Medical School will receive operating costs and has a reasonable chance for rennovation monies pending submission of schematics.

Schematics are required for the first year of the program with evidence for re-modelling proposed for years 2 - 5.

#### LONG RANGE HOSPITAL PLANNING COMMITTEE CHARGE

Vice President Champion outlined the charge to the Long Range Planning Committee. It is important to bring to the attention of the Planning Committee the need for consideration of compromise between the demands for program and physical development. Please see the attached letter to the Committee which lists membership and charge.

#### COST ANALYSIS

An amended version of the cost analysis report distributed to Design Coordinating Committee members will be submitted to the Legislative Building Committee this spring. Dean Weaver asked why the College of Pharmacy program is listed as an overage item, since the College of Pharmacy program has already been recognized by the legislature. It was pointed out that Pharmacy was added to Phase I after the original legislative submission. Dean Weaver also reported that colleges of pharmacy are being funded at the 66 2/3% federal match and therefore the analysis should be modified accordingly.

It was also pointed out that utility costs for the entire project have been added to Unit A. On the other hand, costs for other building units have not been correspondingly reduced. There is therefore an overstatement of those costs. Remodelling costs, however, are substantially underestimated. While a careful study of remodelling costs has not been undertaken, it is essential to develop a more realistic estimate. The architects were asked to provide a realistic cost analysis of remodelling for use with the Legislature.

#### THE ARCHITECTS COLLABORATIVE REPORT

A team of four architects are at the Health Sciences Center this week to work with the School of Dentistry faculty in a concentrated effort to resolve Unit A design problems on schedule. Attention has also been given to design development for Units B and C, a responsibility TAC has been obligated to pursue until instructed otherwise. Please see Architects Report, attached.

Mr. Kluver reviewed the extensive support the Health Sciences Development Program has received from both state and federal funding agencies. Program problems should be viewed in the context of the total development package that has won crucial state and federal support, and resolved accordingly.

Respectfully submitted,

Karen Levin  
Research Assistant



March 12, 1970

TO: John Westerman, Chairman  
Allyn Bridge  
Richard Ebert  
Mary Lou Freeberg  
Lyle French  
Edward Humphrey (V.A.)  
Hugh Kabat  
Alfred Michael (Children's)  
Robert Mulhausen  
Severn Olson  
Peter Sammond  
Richard Varco  
Robert Vernier (Cardio-Vascular Research)  
Robert Winter (Gillette)  
Hugh Peacock, ex officio  
C. Thomas Smith, Jr., ex officio

FROM: Hale Champion, Vice President for Planning and Operations

SUBJECT: Coordination of Development Proposals

Coincident with presentation of your proposal for an advancement in time of a new University Hospital, four other proposals for development were brought before the Design Coordinating Committee. The other proposals, with which you are familiar, are a Children's Center, V.A. Hospital, Gillette Hospital, and the Cardio-Vascular Research Center. Considering the magnitude and diversity of these proposals, I would like this committee to review all of them in light of the following questions so that we can plan long term development in the Health Sciences on a coordinated basis. Only by approaching this in a holistic manner will we be able to make judgements as to the relative merits of each proposition.

Some of the issues that the committee should address are:

1. Do the proposals coincide with the goals of the Health Science units? Particular attention should be given to any redirection of mission that emerges from the Regents reaction to the report of the Committee on Governance. Is this the most appropriate way for the University to proceed in meeting society's expectations for training health manpower and improving the health care delivery system?
2. How can we define the need for such facilities in terms that relate to the health needs of the State of Minnesota?
3. What is the priority of demand for centralization of programs in the present area as opposed to programs which could as well be served by location elsewhere? This issue requires development of a rationale for affiliations and consideration of the feasibility of locating segments of University clinical facilities elsewhere. Can you delineate guidelines for these as well

as future proposals for development of Health Sciences facilities?

4. How would the expansion of programs affect organizational effectiveness? What assessment would you make of the impact on effectiveness and responsiveness due to this magnitude of centralization?
5. What is the total magnitude of development considering all proposals in light of the above (mission, need, appropriateness and organization)? Does the present site afford such development taking into account such matters as density, access and circulation?
6. Are there possibilities, programmatic and/or physical that would permit a planning compromise, e.g., a second center so situated that it would permit adequate interaction without overloading the present site? In the direction or vicinity of the new Hennepin County General Hospital? In the direction or vicinity of the Ramsey County Hospital? In some area beyond the University's present boundaries in the East Bank area?
7. Are the questions posed by the various new proposals for the East Bank separable and/or competitive? Should there be, e.g. a new Veterans Hospital rather than a new University Hospital or a new Children's unit? What is the relative priority ranking of each proposal as compared to the others?

I realize that this is a large assignment but these questions need to be answered before commitments are made for allocation of resources. If you think it appropriate, I will be happy to attend one of your meetings to elaborate on any of the above issues. It will be desirable if your report can be completed by June 1, 1970.

cc: Design Coordinating Committee

ARCHITECTS REPORT  
February 1970

University of Minnesota  
Health Sciences Expansion

Since our last report there has been a great deal of attention devoted to the question of final programs to be included in Unit "C". The Architects have met frequently with members of the Health Sciences to determine the suitability of placing beds in Unit "C" and such alternatives as may be included in place of beds.

Work is proceeding intensively on Unit "A" to finally resolve all program and planning items that are outstanding, and it appears that good progress is being made. Four team members from TAC are presently working the entire week from March 9th through March 13th to concentrate on the necessary items outstanding. The School of Dentistry and other major users of Unit "A" are cooperating fully during this week by making themselves available for the necessary interviews.

An important report has been received from Charles T. Main outlining the recommended means of receiving and distributing materials in the Health Sciences. This report has been fully circulated to the interested parties and comments should be returned soon through the Architect to be incorporated into the final report which will become part of our Design Development package.

An important meeting was held to discuss alternative locations for Animal Quarters which will be reported separately in this meeting.

In order to proceed on schedule, the Architects need guidance on the following items:

1. Resolution of road alignment and property relationships for Health Sciences Parking Ramp (presently under way with Mr. McInnes and appears to be on schedule).
2. Action on Unit "B" and "C" Programs.

The Architects Collaborative Inc.  
9 March 1970

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MAR 5 1970

THE ARCHITECTS COLLABORATIVE, INC.

H.J.S.A. Job No. 69075-25

HEALTH SCIENCES EXPANSION PROJECT

ACTIVITIES FOR MONTH OF FEBRUARY, 1970

The following is a brief summary of Hodges Jage Sullivan Aller, Inc. activities during the month of February, 1970:

1. Partition study.
2. Fire damper study for mechanical ceiling penetrations.
3. Fume hood exhaust study.
4. Study to provide animal quarters in existing Mayo garage.
5. Review and revision of existing estimating format to better incorporate the design processes and the arrangement of the estimate.

Our involvement during the month of March will probably be centered around the comparison of alternate building systems and changing the existing estimates to reflect Item #5 above.

W. M. HALL  
G. R. RICH  
C. M. FLINT  
W. J. LESSARD  
T. M. BURTON  
C. A. DAUBER  
WM. BAUMRUCKER

MAIN  
CHAS. T. MAIN, INC.  
*Engineers*

441 STUART STREET, BOSTON, MASSACHUSETTS 02116 • AREA CODE 617-262-3200  
Southern Office: 1301 East Morehead Street, Charlotte, North Carolina 28204 • Area Code 704-375-1735

March 9, 1970

2565-3

SUBJECT: Progress Report Covering February 1970

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

Dear Roland:

During February 1970, Chas. T. Main, Inc. assigned most of the time of four industrial engineers to this project with the following results:

Recommendations about the design of building Unit A were presented in a letter dated February 17.

A preliminary report of the proposed materials handling plan for the Health Sciences Center was prepared and published.

A supplement of further data was submitted to amplify our January 30 report of recommendations for the system of handling dental clinical instruments.

The REACH system of hospital data communication was inspected in Dallas, Texas and reported.

Conferences were held at the offices of TAC, Inc. to discuss materials handling systems and the architectural demands made to accommodate them.

Our proposals were submitted and discussed at a series of nine conferences with various H.S.C. function groups held at Minneapolis over a two day period. Minutes of these meetings have been reported.

RECEIVED

MAR 10 1970

THE ARCHITECTS COLLABORATIVE INC.

Roland Kluver

-2-

March 9, 1970

Oral indications from Dr. Carl Bandt are that the dental instrument processing and handling methods we proposed January 30, are accepted.

The remaining work to be done by MAIN includes eliciting client comment about the proposals submitted in our report 2565-3-4 of March 2, 1970, developing and reporting final recommendations of a distribution center and an internal distribution network.

Very truly yours,

CHAS. T. MAIN, INC.

*Robert O Smith*

Robert O. Smith

ROS/bac

cc: TAC - (3)

Health Science Archts, Engin'

MAIN - (7)

TAC

University of Minnesota  
Health Sciences Expansion  
TAC Job No. 68013

2 March 1970

Summary of Decisions

---

Decided

open truss one way system  
fireproofing method  
\* floor to floor elevations  
\* floor depth  
shaft size 12'-4"  
grid size 12'-4"  
number elevators and location  
materials handling system Unit A  
sterilization Unit A  
stair and elevators which go to floor B  
property line  
D.D. and W.D. grid notation and nomenclature  
\* entry - escalators Unit A (NW bay)  
applicable codes  
foundation type  
compressed air  
oxygen  
fire protection  
domestic water  
radiation heating  
reheat water  
cooling tower location  
sanitary and storm sewer  
steam distribution  
refrigeration  
primary power distribution  
secondary power distribution  
control panels

Not Decided

high velocity or low velocity  
single exhaust duct vs. individual  
equipment room layout, floors B, 10, 19  
lateral forces  
expansion joint Unit B  
vacuum system  
electrical utility entry  
electrical communications systems  
lighting grids  
emergency power

p. 1.

DESIGN COORDINATING COMMITTEE

Minutes of Meeting 15 April 1970

Present: Hale Champion, Chairman; Bruce Abrahamson, Gaylord Anderson, Vernon Ausen, William Berget, Duane Blanchard, Brooks Cavin, Winston Close, Martin Grady, John Harkness, Isabel Harris, Mellor Holland, Robert Howard, Al Kemper, Roland Kluver, Roy Lund, Thomas Mattison, Donald McInnis, Robert Mulhausen, Hugh Peacock, Edward Rippie, Peter Sammond, Erwin Schaffer, John Scott, Ken Taylor, Robert Turner, John Westerman

NEXT MEETING: TUESDAY, 19 MAY 1970 AT 7:30 P.M., REGENTS ROOM

THE ARCHITECTS COLLABORATIVE

Mr. Kluver reported that architectural progress on Units B and C has come to a halt during the present effort to redefine program. A facade study for Unit A has been launched and preliminary findings support utilization of precast concrete. Precast concrete allows rapid wall construction and costs approximately 8-10% less than brick masonry. Alternatives for fenestration are also being studied. While the architects have several types of window design under consideration, operating costs suggest a minimum of operable sash. Egress is being reevaluated with respect to fire codes. An external stairway leading directly from the courtyard to the classroom level may be required to accommodate the population densities projected.

HEALTH SCIENCES PLANNING COORDINATOR REPORT

Early Contracts

A team from the University visited the NIH Regional Office in Kansas City to discuss early contracts. NIH regulations prohibit reimbursement for money spent by the sponsor before the award if finalized. However, NIH has picked up costs incurred after notice of award and before monies are made available when total costs have been determined by contracts. The time that notice of award occurs relates to the progress of the project. If submittal II for Unit A takes place on schedule, the University can expect notice of award by fall. Vice President Champion advised that the planning effort proceed on the basis that notice of award will be forthcoming as scheduled.

Clarification of NIH Commitment

University representatives visited with Dr. Bruce at NIH in Washington to clarify the eligibility of future elements of Phase I for NIH matching funds. Dr. Bruce indicated that only Units B and C are eligible for funding by NIH based on the Phase I student increments.

Since NIH Council Action on the University of Minnesota program, HEW policy has changed and no hospital facilities qualify for funding at present. NIH is making



every effort to limit the funding prohibition to inpatient care facilities, leaving ambulatory care facilities eligible for Health Manpower participation. Hearings are in progress now but a decision cannot be expected until July. In light of current uncertainties Dr. Bruce recommended that submission of the Unit C grant application be postponed until the November deadline.

In response to the elimination of beds from the program, the Design Review Committee recommends to the Design Coordinating Committee that the total Phase I development program be reduced to the extent of the bed increment and that the reduced program be rearranged for the best possible functional configuration. Once a viable program is established for Units B and C, there are two options for resolution of the remaining program. If there is some indication that a new clinical facility will be forthcoming in the 1970's, remodelling of clinical areas will be held to a minimum. If a new clinical facility proves not to be forthcoming, extensive remodelling up to the full space allocations will be undertaken. In terms of schedule demands, the decision to pursue one alternative or the other can be delayed until the 1973 session of the legislature.

In original schematics most Medical School departments were designated for expansion in Mayo. However, space available in Mayo has been curtailed with the decision to abandon beds in Unit C. In order to accommodate expansion of hospital departments in Mayo and in order to maintain the existing number of beds in Mayo, the architects are exploring-and the Design Review Committee has endorsed-relocation of Clinical Teaching and Research space for most clinical departments in Units A, B and C. New construction for Phase I would include a new dental school, new medical school and new outpatient clinics. Ideally Phase II would follow directly with the new hospital.

Mr. Harkness asked if the program adopted for Units B and C would be pursued regardless of funding pattern. Vice President Champion indicated that the Legislature is anticipating a federal match on all units. The time has come to define the 1971 Legislative requests:

Basic Sciences Remodelling: The NIH position suggests that the full cost of remodelling the Owre-Jackson-Millard complex - about \$4.5 million - must be sought from the state legislature. Since this area is critical in accommodating the increased class size, the reluctance of NIH to fund this aspect of the program is disappointing. Dr. Mulhausen suggested that a grant application for 50% federal match for remodelling Owre-Jackson-Millard on the basis of quality be submitted with the grant applications for Units B and C or shortly thereafter. While there is no alternative to seeking the full cost from the state legislature, it was agreed to go forward with efforts for the 50% federal match. If initially unsuccessful, the application could be resubmitted to NIH without prejudice. The architects were charged with developing an accurate estimate of remodelling costs for the basic sciences.

Unit L: Since Unit L was not formally included in the 1969 legislative request, there is some argument for not including it at this time. Dr. Mulhausen indicated

that the Learning Resources Center has a significant role to play in the curriculum of each Health Science school. The retrieval area about 13,000 sq. ft. has been designated for location in the second level of Diehl Hall, replacing functions which would work well in the consolidation of Clinical Teaching and Research facilities in Units A, B and C. Dean Schaffer observed that the School of Dentistry plans for a learning resources satellite have been reduced in scope due to plans for the health sciences wide facility. However, the satellite can function independently until the central facility is developed. The importance of the Health Sciences Learning Resources Center should not be underestimated. It has potential for statewide utilization and should have appeal for the Legislature.

Vice President Champion suggested that either remodelling funds for partial development of the program should be sought from the Legislature now or the entire program delayed until full funding can be realized. The Design Coordinating Committee agreed that the architects proceed with relocation of the functions currently on the second level of Diehl. Monies for remodelling Diehl for the retrieval component of the Center would not be sought until the 1973 Legislative session. By then there may be some perspective on the picture for private financing or alternative governmental funding programs. While it will be necessary to indicate to the Legislature the extent of requests for future participation in terms of dollars and square footage, it would be well to keep designation of function as general as possible.

Radiation Therapy: This will be dropped from the Phase I program. Radiation Therapy should be an integral part of centralized Radiology facilities in a new clinical facility.

Unit E: Reports from Dietary and Materials Management consultants are currently under review. Adequate dining area is essential. With the scatter cafeteria concept proposed by the dietary consultant, substantial dining areas could be worked into Units B and C. Vice President Champion observed that amortization of dining facilities does not work without a substantial investment base. While plans for dining areas will have to be included in the 1971 request, the dietary program must be considered in the context of long range plans. It would be premature to determine the implications for Unit E at this time.

A rough outline of the 1971 Legislative requests follows:

- 6.5 million from the 1969 request
- 16 million Units B and C
- 5 million basic sciences remodelling
- 5 million College of Pharmacy

Total \$32.5 million

This does not include monies for non-building costs, architectural fees, land acquisition and other health science projects such as elevators for Mayo or air conditioning for the Bio-Medical Library. Vice President Champion will meet with Dean Weaver, Vice President Wenberg, Mr. Peacock and Mr. Smith to discuss options for the College of Pharmacy request.

It was agreed that the Legislature should be introduced to plans for a new clinical facility. It is important to emphasize that decisions for realignment of the program have been made on the basis of a new clinical facility in the foreseeable future. Mr. Westerman indicated that the Long Range Planning Committee would urge approaching the Legislature for support by 1973 or 1975. If the Legislature is asked for support of one third of the facility, the request would be in the neighborhood of \$20 million. The 1954 dedication of the Mayo Building was based on a 1949 Legislative appropriation.

Should revised plans for Units B and C utilize fully the amount of space the Council identified as eligible for matching funds based on the student increments associated with Unit A? Dr. Bruce indicated that Council designation of Units B and C was not based on program analysis but on dollars. It would be entirely appropriate in light of HEW policy changes to redress the functional configuration. Dean Howard emphasized that funding for Units B and C is in no way guaranteed. Grant applications for Units B and C will be considered ostensibly on the same competitive basis as the application for Unit A. If the program is smaller than originally indicated, proportionately less money will be forthcoming. Mr. Smith was charged with delineating functions that could be included in Units B and C to realize the full quotient of federal money.

#### LONG RANGE PLANNING COMMITTEE PROGRESS REPORT

Mr. Westerman reported that in order to present for Central Administration in June the advantages and disadvantages of several alternatives for the future of University Health Sciences, the Long Range Planning Committee is grappling with questions fundamental to Health Sciences development:

1. What are the implications of one faculty for the Medical School?
2. What does an east bank location offer that is unique and essential to Health Sciences education?
3. What is the critical mass for University Health Sciences Center?
4. What is the role for the University in development of community programs?
5. What is the relation of non-university, non-east bank medical programs to the University?
6. What is an appropriate role for funding programs in determining teaching patterns?
7. What are workable alternatives for physical development for University clinical facilities?

Vice President Champion anticipated that in making recommendations for the future of Health Sciences education, the Planning Committee would consider future patterns for delivering health care.

#### CEDAR-RIVERSIDE PROJECT

Mr. Westerman reported that the Heller-Sigal Corporation has invited University Hospitals to participate in developing a health care delivery program for the

Cedar-Riverside community. While the project may never involve the University in an operational sense, it offers the opportunity for University Health Sciences to work together with Fairview and St. Mary's to develop an experiment in health care delivery. Dean Howard and Dean Schaffer urged that preliminary conversations proceed with later evaluation of the extent of University participation.

Respectfully submitted,

Karen Levin  
Research Assistant

## DESIGN COORDINATING COMMITTEE

Minutes of Meeting 17 May 1970

Present: Hale Champion, Chairman; Bruce Abrahamson, William Berget, Brooks Cavin, Martin Grady, Isabel Harris, Robert Howard, Al Kemper, Roland Kluver, Eugene Kogl, Tom Mattison, Don McInnis, Robert Mulhausen, Peter Sammond, Erwin Schaffer, John Scott, C. Thomas Smith, Kenneth Taylor, Robert Turner, Lawrence Weaver

NEXT MEETING: WEDNESDAY, 24 JUNE 1970, 2:00 P.M., REGENTS ROOM

### HEALTH SCIENCES COORDINATORS REPORT

#### November Grant Application

Mr. Smith reported that the program for Unit B/C was discussed with NIH staff in Washington May 1st. In order to impress upon NIH the interdependence of building elements, the separate designation of Unit B and Unit C has been replaced by Unit B/C. Unit B/C encompasses area identified formerly as Unit B, Unit C, the pedestrian walkway and contiguous area to be remodelled on the second level of Diehl and the first level of Mayo Garage. The size of Unit B/C is equivalent to the area originally defined by NIH as within their dollar resources.

Mr. Wagner, NIH chief architect, expressed some confusion about the University's case for the essentiality of basic sciences remodelling. University representatives reviewed Dr. Bruce's explanation of NIH's reluctance to participate in basic sciences remodelling, an interpretation supported by Robert Bessley, NIH Project Coordinator, present at both the NIH council meeting in December and previous meetings of the University with Dr. Bruce. Mr. Wagner suggested that the University submit a physical facilities improvement grant for the basic sciences with the grant application for Unit B/C, so the two can be reviewed with a single site visit. The hazard of simultaneous submission would be NIH funding basic sciences remodelling at the exclusion or postponement of funding for Unit B/C. The Design Review Committee recommends to the Design Coordinating Committee that the University proceed with both applications simultaneously. The Coordinating Committee concurred in this recommendation.

The recent meeting with NIH indicated the necessity for developing a sound rationale for the deletion of beds from the Phase I program. A policy statement is required either documenting increased reliance on affiliated hospitals or disclosing plans for a new University Hospitals clinical facility. The Design Coordinating Committee charged the Clinical Facilities Long Range Planning Committee with developing a justification for deletion of beds from Unit C. Vice President Champion observed that deliberations on integration of the VA Hospital into the University complex has not advanced as rapidly as anticipated due to the status of governance issues.

### Unit A Progress

Vice President Champion has submitted a formal letter to NIH requesting cooperation on early contracts for Unit A. Mr. Kemper reported on a recent visit to the regional office that NIH regional reorganization will take place July 1st transferring the University to the Chicago office designated as region VII. While the Washington office referred the University to the regional office for further discussion of the early contract proposal, the Kansas City office suggested pursuing the matter with Washington, perhaps with political influence. The University policy discouraging utilization of political pressure was relevant prior to approval of the grant application. However, with Council action completed, it is appropriate to mobilize the state's congressmen to press for high priority and prompt funding of the approved program.

### THE ARCHITECTS COLLABORATIVE REPORT

Mr. Kluver reported that design development for Unit A is complete. Plans will be distributed to representatives designated by the Design Review Committee to secure the signatures of individuals responsible for planning Unit A facilities. Each individual will be asked to sign the plans indicating the problems that remain to be solved and the degree of approval.

This represents an important bench mark in the planning process. There will be further opportunity to review and refine equipment and finishes. Even additional design modifications are feasible. However, this does mark the beginning of the development of contract documents. A review of Unit A plans with Plant Services will be scheduled within the next few weeks to work out a plan for construction management. Although the cost consultant is in the process of reviewing cost estimates it looks as though figures are in line with the estimates prepared for the revised grant application, December 1969.

TAC has been instructed by the Design Coordinating Committee to proceed as though funds will be released for early contracts for Unit A, October 1st. It is critical that site preparation proceed on schedule to assure that the site is clear when federal monies become available. The timetable for relocation of 305 Union is quite tight even though substantial progress has been made over the last few weeks. Remodelling plans have been approved by Dr. Lillehei and he has indicated that he would be willing to suspend his activities one month if new facilities cannot be complete on schedule.

TAC has also been working with the University to refine the 1971 legislative request.

### 1971 LEGISLATIVE REQUEST

A draft of the 1971 legislative request has been drawn up for review by the Board of Regents. A more specific document will have to be developed for presentation to the Legislative Building Commission the evening of June 22nd.

At the close of the 1969 legislative session there was general understanding that the cost of the Health Sciences Development Program, including the College of Pharmacy, would approach \$100 million. The size of the Phase 1 project has remained quite stable: gross square footage has increased modestly from 1,290,000 to 1,300,000 square feet. Net square footage has eroded due to the substantial gross area required for the high density of Unit A and the integration of new and existing facilities. The 67% net to gross ratio presented in the Hamilton Report originally was quite unrealistic. The Design Coordinating Committee reviewed the legislative request outline prepared for the Board of Regents. Please see outline attached.

Unit F: If the College of Pharmacy can meet enrollment projections, Unit F will qualify for 66 2/3% matching funds. This would reduce the states contribution proportionately. Although it is difficult to predict with confidence the availability of funding, projects approved have been funded. Dean Weaver will clarify whether or not pharmacy manpower monies are independent from medical/dental resources.

Parking: The request for a loan with amortization to finance the parking structure and tunnel has precedent although it has not been used formerly by the University. Parking requirements for the Health Sciences Center are under consideration by the Long Range Planning Committee. However, access problems may well limit the size of the parking structure to 3,000 cars.

Parking rates will necessarily be high. Rapid turnover parking, appropriate for the bulk of patients, has a high return and justifies the land use. The problem is housing cars all day. Those who desire that privilege will have to pay heavily. If parking is a necessary component in competition for staff, then it will have to be financed as a fringe benefit. With the loss of 2,000 to 3,000 surface parking spaces in the next few years, students will not be able to afford parking on campus and alternatives will have to be found. One possibility is utilization of land at Rt 280 and the fair grounds for free parking with bus shuttle service. Greater experimentation should be done with car pooling or an express bus system. It is necessary to confront the real cost of the automobile and begin to develop workable alternatives.

Planning for the parking ramp originally included discussion of a motel type facility to serve patients and visitors to the Health Sciences Center and the University. This kind of facility would be highly appropriate for University Hospitals which has significant regional responsibilities. It could also make substantial contribution toward reducing the cost of care by providing a viable alternative to hospitalization for diagnostic workups. The continuation education role of the health sciences would also be furthered by the availability of this type of facility. Vice President Champion suggested that proximity to the stadium helps to make this a provocative idea worthy of further investigation.

Fees: In addition to planning monies for Phase 1 remodelling, funds are going to be requested for investigation of options for new clinical facilities. This approach should provide flexibility in planning for the future that has been

lacking in the past. The request neither solicits nor implies legislative commitment for a new hospital. It would provide the means to explore alternatives for the future of clinical facilities for University Health Sciences.

University building requests for the 1971 session of the legislature total \$128 million for the twin cities. \$113 million, including \$37 million for the health sciences, have been identified as priority items. When the Legislature comes to the University for advice on priorities within the health sciences request, Central Administration will come to the Design Coordinating Committee for direction.

In order to maintain the schedule for Unit B/C, the architects require permission to proceed with working drawings October 1st. At present the 1969 legislative allocation covers only planning through design development for Unit B/C. Either the University will have to seek relaxation of the terms of the 1969 legislation from the appropriate legislative committee or utilization of Jay Phillips monies will have to be explored.

Respectfully submitted,

Karen Levin  
Secretary



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DESIGN COORDINATING COMMITTEE

Minutes of Meeting 24 June 1970

Present: Hale Champion, Chairman; Bruce Abrahamson, Brooks Cavin, Winston Close, Marsha Cushmore, Martin Grady, Mellor Holland, Robert Howard, Al Kemper, Eugene Kogl, Roland Kluver, Rock Lindlan, Don McInnes, Peter Sammond, Erwin Shaffer, C. Thomas Smith, Ken Taylor, Robert Turner, Lawrence Weaver, John Westerman

Guests: Margaret Durst, Mary Lou Freeberg, Lyle French, Sheldon Goldstein, Carl Heggsted, Edward Humphrey, Hugh Kabat, Arthur Klippen, Severn Olsen

NEXT MEETING: WEDNESDAY, 22 JULY 1970, 2:00 P.M., REGENTS ROOM

LEGISLATIVE BUILDING COMMISSION PRESENTATION

Vice President Champion suggested that the status of the Health Sciences Development Program with the Legislature is much the same as before the hearings, except perhaps that the Building Commission is more knowledgeable about the development program. The cost of the Phase I program did not elicit great concern. It is clear that legislative support is linked primarily to continued federal funding. Vice President Wenberg is going to Washington to explore the politics of the funding situation. It has been recently published that the health manpower fiscal year 1970 funds have been depleted with funding of the Cincinnati project. However, the University has already been advised by Dr. Bruce that Unit A will be funded from fiscal year 1971 appropriations.

The University presentation was frequently interrupted by general questions about meeting the health care needs of the state. Vice President Champion observed that this is a recurring theme in health science discussions and the Legislature does not anticipate dramatic modifications of health science education. Other questions related specifically to the mechanics of federal participation in the funding of Phase I. The Commission did not hesitate over the requested planning monies for study of the future of clinical facilities at the University Health Sciences Center.

CLINICAL FACILITIES LONG RANGE PLANNING REPORT

Mr. Westerman indicated that report of preliminary findings is just the beginning of the Long Range Planning Committee's work. An analysis of operating costs for clinical facilities at various size levels is in process and capital financing mechanisms are being explored and evaluated. Clinical facilities have traditionally been the one economically independent component of the Health Sciences Center.

Mr. Westerman outlined preliminary findings of the Long Range Planning Committee. The principal role of Hennepin County and Ramsey County General Hospitals is

delivering the most service per dollar. Students will be less likely to gravitate toward the general hospital in the future as rural and storefront delivery programs emerge. The general hospital cannot provide the interaction of health professionals that is central to health care delivery in the future. The Veterans Administration Hospital has a clearly defined, relatively stable role. Several factors have emerged since original long range planning for Phase I of the Health Sciences Development Program that significantly affect the role of University Hospitals. Changes identified by the Planning Committee include: new programs, new department heads, greater obsolescence of existing facilities, weakening financial base, and imperfect patient mix. In the past, substantial subsidization of health sciences education through research allowed total commitment to health sciences education. Now the needs of the state and economic demands must be recognized as significant determinants of health sciences education. The stable-to-declining patient census relates to reduced need for specialized care as the community hospital becomes increasingly sophisticated and to the decreasing welfare patient population. Another significant aspect of the weakening financial base has been the federal deemphasis of research.

In addition to documenting University Hospitals existing dilemma, the Long Range Planning Committee has begun to explore options for future development. Establishing the stronger patient mix and census require improved facilities and/or location, more staff for patient care, reduced costs of delivering care, and possibly a prepaid health care program. Possible patient populations include competition for the general public, University students and staff, a geographic urban area or a rural health care program. Dayton Corporation is beginning conversations with University Hospitals to launch a health care program for its employees patterned after the Kaiser Program, contracting with the University for administration and staff. Planning agency action on the Health Sciences Development Program in May, 1969, established legal precedent for a significant service role for University Hospitals. The pattern for geographic response to expanded service responsibilities for University Hospitals can be either centralization, with services either expanded at the existing site or consolidated elsewhere, or decentralization dictated by the pattern of health care delivery and the nature of affiliation agreements. The Planning Committee's recommendations (please see statement, attached) recognize that all options are not equally realistic. It is assumed that it is not possible to relocate the entire University Hospitals complex on a new site. With each alternative for development of clinical facilities representing different concepts of health sciences education and health care delivery, the Planning Committee urges expansion of clinical facilities in direct proximity to the existing structures, with the Veterans Administration Hospital located within six to eight blocks.

Dr. Olsen, Professor Kabat, Miss Freeberg and Dr. French offered support for the Planning Committee's recommendation in the context of the educational programs of the School of Dentistry, the College of Pharmacy, the School of Nursing and the Medical School respectively.

Dr. Klippen summarized requirements for the new Veterans Administration Hospital. There will be approximately 750 beds with 1100 to 1200 sq. ft. per bed. In addition there will be outpatient facilities to accommodate 200 patients per day.

Adequate parking area is essential. The Veterans Administration Hospital has 1500 parking spaces for patient, staff and visitors for the existing 1000 beds and outpatient services. Monies for modernization of Veterans Administration hospitals were appropriated for 15 years in 1960 at the rate of \$100 million per year. Appropriations have been reduced to \$50 million per year which may result in extension of the program beyond the 15 year limit. Dr. Klippen emphasized the importance of acting as rapidly as possible to seek Veterans Administration approval of relocation in conjunction with the University. If the real estate representatives from the Veterans Administration endorse the proposal, then the traffic and parking needs of the Veterans Administration Hospital will be taken into account by the appropriate University long range planning committees.

Dean Howard asked if the recent adverse publicity for Veterans Administration hospitals is likely to influence Veterans Administration priorities and reduce the prospects of funding a Minnesota project. Dr. Klippen suggested that the tendency of veterans to settle in the southeast and southwest is likely to exert the most influence over Veterans Administration undertakings.

Mr. Westerman indicated that the Cardio-Vascular Research Center and the Children's Center proposals have been integrated into the University Hospitals proposal. There is a great deal of uncertainty about the Gillette proposal since there is considerable sentiment that it should retain its present ties with St. Paul. Dean Howard suggested that it is important for the University to express interest in the Gillette proposal.

#### HEALTH SCIENCES PLANNING COORDINATOR REPORT

Submittal II has been presented to the NIH regional office at Kansas City. The review uncovered no major design problems or unexpected complications. The University has been asked to prepare detailed explanation of area modifications that have occurred since the original grant application. July 15th, the project will be transferred to the Chicago office and the submittal II presentation will have to be repeated. The University invited Chicago representatives to attend the Kansas City presentation but the invitation was refused.

Recent indications suggest that staff will be less influential in determining awards than in the past. It is important for the University to exert as much political pressure as possible. Vice President Wenberg will visit Washington to investigate opportunities for lobbying.

It is urgent that ownership of properties required for Unit A be clarified immediately. Until ownership is established the University is not eligible for federal funding. Dean Howard suggested that there may be sufficient demand to merit organization of a legal office exclusively for the health sciences.

Contracts have been let for 305 Union Street. Costs came in under estimates. This may indicate a welcome trend of inflation deceleration since the contract for renovation of Sanford also has been let below estimates.

#### THE ARCHITECTS COLLABORATIVE REPORT

TAC participated in the Kansas City review and will complete submittal II with another trip to Kansas City to provide additional material requested.

The contingent of local architects in residence in Cambridge has been transferred back to the Twin Cities to begin work on contract documents. Development of contract documents is already delayed five months and if the project is to be completed on schedule, further delays due to design modifications must be avoided. Mr. Cavin indicated that he is satisfied that construction documents can be completed as planned barring major delays. The Design Coordinating Committee agreed that changes will not be permitted once drawings have been approved except by action of the Design Coordinating Committee.

All plans for Unit A have been approved with the exception of floors 15 and 2. Floor 15 is dental administration and is well on the way toward resolution. Floor 2 is the classroom area and a great many diverse interests must be satisfied with its design. Approval depends on an important modification that requires Design Coordinating Committee action.

#### CONTROL CENTER

Deletion of the production component of the Learning Resources Center from the Phase I program severely limits operation of audio-visual facilities plans for the shared classroom area. A control or transmission area of about 2000 sq. ft. is essential for distribution of audio-visual materials. The architects proposed a means to accommodate space for the control center without additional cost for the total program. The additional \$100,000 required for construction costs is equivalent to the equipment allocation for television cameras and video projectors. By transferring monies from equipment to construction, the additional area can be achieved without increasing total project cost. Mr. Kluver pointed out that the area provided in this manner will not be operational because cost of equipment is not included in the program. In order to function, an estimated \$800,000 for equipment will be required for the control center plus the \$100,000 deleted for cameras and projectors. The Design Coordinating Committee agreed to approve utilization of equipment monies for construction to provide the 2,000 sq. ft. for the control center if the approach is acceptable to the Learning Resources and Teaching Space Planning Committees.

Dean Weaver urged that the University move to take advantage of the expertise of the Medical Audio-Visual Center at Atlanta. This group has offered to provide resource people for the cost of expenses for consultation of the Phase I audio-visual program. Dr. Holland acknowledged the contribution of the University in-house audio-visual consultants - Mr. Goldstein, Mr. Brogger and Mr. Grabow. Dean Schaffer commended the architects for their swift response to this critical program omission.

REVISED PHASE I PROGRAM

Mr. Smith distributed the B/C program recommended to the Design Coordinating Committee by the Design Review Committee. The minimal Phase I program, developed on the basis that there will be new clinical facilities in the 1970's, totals 651,758 sq. ft., 35,000 less than schematic program presented last year. Under the minimal program the Hospitals increment has been slashed from 136,316 sq. ft. to 38,691 sq. ft. If new clinical facilities are not directly forthcoming, the Hospitals and other clinically related programs will be forced to proceed with development of full Phase I increments. The increment for the maximum Phase I program totals 785,862 sq. ft.

In discussions with the Legislative Building Commission the University presented only the minimum Phase I program. Although the reduction in the Hospitals increment is apparent in the breakdown of the Phase I program presented to the Commission, it was not pointed out that the sacrifice of clinical facilities in Phase I depends upon development of new clinical facilities in the late 1970's. Vice President Champion will explain the basis for the University position at the next Design Coordinating Committee meeting. The Design Coordinating Committee endorsed the revised minimum program for Phase I on the basis that it is clearly evident that the minimal program is viable only with assurance that new clinical facilities will follow directly after completion of the Phase I program.

Respectfully submitted,

Karen Levin  
Research Assistant

## INTRODUCTION

The Committee has reviewed the work of the clinical medicine and hospital task forces from 1965-68. The committee also studied the February 9th report of the Hospital Long Range Planning Committee and the reports from the Children's Center, Cardiovascular, Gillette and V.A. groups.

In response to Mr. Champion's charges, the Clinical Facilities Committee has developed a number of alternative approaches. Subsequent meetings led the Committee to the enclosed summary of findings and conclusions, which represent a reconciliation between health science objectives and planning realities.

If the report appears to be similar to earlier findings, it is because of the narrowing of alternatives as the work proceeded. Consider the following items:

- An entire new site is neither available nor economically feasible.
- Any plan will have to build on existing facilities.
- A centralized critical mass is the essence of a quality patient care, teaching, research center.
- It would be advantageous to have V.A. located near the campus. It would be significantly more advantageous to locate V.A. adjacent to University Hospitals.
- In recent years, health science students and faculty have become increasingly convinced that future care will be provided by a health care team. It is only in a center such as the University that the student can

become fully acquainted with all aspects of health care, i.e. the treatment of the "whole" patient.

The committee was more concerned about the long range future than the next five years. Thus the preference for locating V.A. on existing dormitory land is based on the idea that a commitment now could be met by the time construction starts in 9-11 years.

One major option that emerged is that of ownership. It is possible that through a different corporate structure, University Hospitals would be in a position to secure major capital financing immediately. The ownership option should be explored further by those knowledgeable in this area.

## SUMMARY OF FINDINGS

### Findings Related to Definition of the Problem

#### 1. The Problem

In its charge, the Committee was asked to consider five separate proposals for physical facilities to be located on the University East Bank campus. It should be clarified at the outset that these proposals do not represent new programs but existing ones. In fact, three of them, the University Hospital's proposal, the Cardiovascular Center proposal, and the Childrens' Hospital proposal represent amalgamation and development of programs presently ongoing at the University Hospitals. Similarly, while the Veterans' Administration Hospital and Gillette Hospital are not now on site nor are they part of the University Hospital's corporate structure, they are already an important part of the Health Science educational program. The five proposals can then be summarized as two general proposals:

- A. That given the fact that the Veterans' Administration and the Department of Welfare plan to rebuild the Veteran's Hospital and Gillette Hospital respectively, regardless of University action, and that since these two institutions are already heavily involved in the educational programs of the University they be relocated in new facilities on the University campus.
- B. That the University Hospitals, which includes the Cardiovascular center, Childrens' Center, as well as a host of other clinical programs, be replaced with new clinical facilities for reasons stated in the University Hospital's Long Range Planning Committee Report of February 9, 1970, which mainly relate to obsolescence and



economy of operation.

### Findings Related to Mission

#### 2. The Governance Report

The report on Governance presently before the Regents supports the idea of an expanded service role for the University clinical facilities both locally and throughout the state, particularly in relation to health care delivery systems.

#### 3. The Relative Roles of Service, Teaching, and Research

The Committee found it necessary to speak in terms of these different and important roles for the University and its clinical facilities, particularly in relation to the missions of other institutions. However, it should be emphasized that the roles, particularly those of service and education, are inextricably interrelated in that it is impossible to speak of clinical education without giving service nor service when students are present without providing education. It is also the strong belief of the clinical faculty that a strong research base will continue to be fundamental to the service and education programs of the University Health Sciences.

#### 4. Service Roles of the Proposed Hospitals

In addition to the shared responsibility for education the proposed institutions each have unique service roles to perform. The service component of the Veterans' Hospital program is determined by national and local Veterans' policy, that of Gillette State Hospital by the Department of Public Welfare and the State Legislature. The University Hospitals has a number of constituencies which it has traditionally served, but more importantly, must expand its service horizons to meet 1970 roles and commitments and also to develop a firmer financial footing.

#### 5. Confluence and Conflict of University Role with Those of Major Affiliates Presently Ramsey County Hospital and Hennepin County General Hospital

-5-

share responsibilities for clinical training under the University Health Sciences education programs. It is expected that the responsibilities of these institutions for education will continue to develop. Likewise, as the University begins to redefine its role in terms of greater responsibility for patient care and service, it begins to share in greater measure the service roles of these hospitals. While each of these hospitals has its own governmental mission and form of control, there may be considerable benefit and economy to the State if the service and educational missions of these institutions were considered as a whole.

#### Findings Related To Education

##### 6. Clinical Facilities Serve All the Health <sup>Sciences</sup> Sciences

While the clinical facilities are important to the education of students in all the Health Sciences, the Medical School and its programs are the primary determinant of location and size of such facilities.

##### 7. Future Health Delivery Pattern Unclear

There is no unified opinion as to how medical and health care will be organized in the future. However, all speculation points to the need for more health professionals of all kinds. The committee has looked at request figures and health professional to population ratios and finds that the student increases projected by the various academic units to be justified.

##### 8. Relationship Between Need for Professional Manpower and Facilities

While it is impossible to draw a direct relationship between numbers of projected students and facilities required for their training, the Committee finds the numbers of beds proposed for the three hospital facilities to be appropriate for the projected numbers of students. Unknowns in this equation include the unpredictability of future scientific discovery, unpredictability of proportions of different health professionals required, unpredictability of curricular changes to keep educational method current, modifications in

clinical training which can be made under necessity.

#### Findings Related to Patients and Finance

##### 9. Research Funding on the Wane

The amount of support from the federal government for research, which, in turn, has heavily supported teaching faculty, is decreasing significantly.

##### 10. Need for State Referral Hospital Decreasing

With the increased number of specially trained health professionals practicing in the state and community and the wider roles assumed by community and county hospitals, the need for University Hospitals in its traditional role as a medical referral center is diminishing significantly.

##### 11. State Appropriations Not Increasing

There is little evidence that the State Legislature will be able to make up the funding deficiencies related to loss of research and referral support.

##### 12. Inappropriate Patient Mix

Another consequence of the referral decrease is that patients who are actually referred, have more complicated conditions creating greater unit costs at the University than at other institutions.

##### 13. Greater Dependence on Patient Fees

The faculty, required for expanding teaching programs, will have to rely evermore on patient fees for income.

#### Findings Related to Configuration and Site

##### 14. Centralization vs. Decentralization

The Committee has found a clear consensus on the part of the clinical faculties which places prime emphasis on the advantages of centralized clinical facilities at the site of the Health Sciences Center. The following benefits have been identified:

- a. Extensive interdisciplinary consultation and stimulation within the health sciences.
- b. The mutual support resulting from strong inter-relationship between the health sciences and the other academic units of the University.
- c. A comprehensive patient service.
- d. A comprehensive educational experience and environment for students from all the health sciences.
- e. Greater efficiency in the use of student and faculty time, elimination of commuting, reduction in scheduling problems.
- f. A faculty centrally located full-time can train more students per unit time than a larger faculty decentralized.
- g. Attraction of other first quality faculty members and residents to this type of setting.
- h. Centralization and economic utilization of expensive facilities such as biomedical library, specialized laboratories, classrooms, larger computers, and expensive diagnostic equipment.
- i. A clinical teaching environment at the least possible cost to the State.

#### 15. Density

The Committee considered at great length the problems of density which would be created by the centralization of the proposed facilities. A study by The Architects Collaborative, requested by the Committee, shows that facilities of the magnitude proposed can be accommodated on a site perimetered by Washington Avenue, the railroad tracks, River Road and Church Street at a density less than that proposed for Phase I of the Health Sciences development program. There is recognition that all this site may

not be available for some years, but the development could be phased gradually in accordance with availability and need.

#### 16. Preferred Site

Having placed a high priority on a centralized interdisciplinary base complex, members of the committee can only suggest that the University make every effort to make available for the clinical facilities land adjacent to existing and planned Phase I units. This would necessarily mean land parcels such as those occupied by Powell Hall and the undergraduate dormitories.

#### 17. Alternative Configurations

Alternatives to the centralized model have been considered. While each had advantages, none was considered nearly as appropriate as a centralized facility on the University campus. Locating all the clinical facilities on another site entirely such as at Fort Snelling would have the advantages of centralization but the disadvantages of being divorced from other University units negating the Health Sciences concept. Creating a second center near the University campus either to provide for all or a portion of the clinical facilities would have the disadvantages of decentralization without the advantages (facilities sharing, time conservation, etc.) of complete centralization. Nor would such a complex materially reduce density. Various configurations with differing amounts of dependence on community hospitals and satellite facilities have also been considered. The Committee believes these relationships should continue to be developed, but would emphasize that it does not see any of them taking the place of all or a portion of the proposed base complex.

## RECOMMENDATIONS

1. That the Veterans' Administration be invited to locate a new Minneapolis Veterans' Hospital on the East Bank of the University of Minnesota campus on a site contiguous to the future University clinical inpatient facility.
2. That Gillette State Hospital and the legislature be invited to locate a new Gillette facility in direct connection with future University clinical facilities at the University Health Sciences Center site.
3. That a new University Hospitals, including portions assigned to the cardiovascular program and consolidation of childrens' facilities, be constructed on the present Health Sciences Center site before the end of the decade.
4. That this facility be directly related to the new Unit BC outpatient facilities, the proposed Veterans' Hospital, the proposed Gillette facility, and any portions of the other existing facilities functionally useful.
5. That the architects be directed to develop a site plan encompassing the proposed facilities.
6. That should an alternative site for expansion of the Center be necessary, first consideration be given to Harris properties at Washington and University Avenues for a portion of the complex, and second priority be given to the possibility of relocating all the clinical facilities at another site, possibly Fort Snelling.
7. That consideration be given at the state level to corporate responsibility for the total educational and patient service missions of the several governmental hospitals.

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DESIGN COORDINATING COMMITTEE

Minutes of Meeting 22 July 1970

Present: Hale Champion, Chairman, Hugh Peacock, Erwin Schaffer, Robert Mulhausen, Winston Close, John Westerman, Brooks Cavin, Marsha Cushmore, William Berget, Eugene Kogl, Ken Taylor, Roland Kluver, Don McInnes, C. Thomas Smith, Robert Turner, Al Kemper, Tom Mattison, Mark Wallace

Absent: Isabel Harris, Lee Stauffer, Lawrence Weaver, Mellor Holland

NEXT MEETING: 17 August 1970, 1:30 p.m., Regent's Room

BUILDING A PROJECT REPORT

Roland Kluver stated that the bulk of the work was now being done by the associated architects and turned the presentation to William Berget of the Health Sciences Architects and Engineers to state what progress was being made. Mr. Berget reported that they were proceeding with foundation, excavation and steel contract documents and that early documents were 40% complete for Building A. The other documents remaining for Building A were 10% complete and at this time they are presently meeting all deadlines and can foresee no obstacles.

REPORT ON THE FUNDING STATUS

Unit A - Marsha Cushmore reported on Vice President Wenberg's trip to Washington and expressed pessimism regarding early funds. She stated that Vice President Wenberg estimated that it would probably be October before we received funding. Until Congress acts on our appropriation we are in the position of utilizing continuing funds and at the present rate of funding which is 25% or roughly \$6 million construction on Building A would not be able to be commenced. Vice President Champion reported that as a result of a second trip to Washington and later discussions with Vice President Wenberg that this situation is not as bleak as it appears and that there appears now to be a good chance that construction will begin on schedule. Demolition of existing facilities will take place as is presently scheduled.

Unit B/C - Mr. Smith reported on a visit with NIH staff the previous day on the next grant. The general reaction to our B/C submission was that no school could logically expect to receive between 20 and 25% of HEW funds for two consecutive years. It was suggested that we look for ways to break up the programs for Buildings B/C into two equal components but to do this with as little disruption as possible to the present program. Many problems must be considered in doing this and only one of them is potential cost escalation. This will involve two separate grant requests submitted simultaneously but funded in two subsequent fiscal years. The coordinating committee agreed that the realities of funding make this necessary. TAC was asked to explore ways of splitting up the project and to discuss these with the Design Review Committee.

## BASIC SCIENCES REMODELLING

The NIH visit also produced different advice on submission of a grant for Basic Sciences remodelling. It was suggested that we submit this application closer to the time when money is actually needed. To do so simultaneous with the B/C request could place one of these in jeopardy due to the present tight funding situation. Considerable emphasis was placed on small requests fundable at different times. The committee agreed to defer the Basic Science remodelling request perhaps to July 1971.

## PHASE I REVISIONS

A. Dr. Robert Good, the new Pathology Department chief has been promised that a strong effort will be made to secure an additional 2,400 net square feet. The clinical research center occupies 1600 SFN that is outside of the current Phase I program. In order to accommodate both programs in Phase I, University Services has agreed to release 4,000 SFN of the increment provided for the Scientific Apparatus Shop. Dr. Mulhausen pointed out that the medical faculty has reduced the priority it previously placed on this service unit. The recommendation to reallocate this 4,000 sq. ft. was approved unanimously.

B. Full versus minimal program approach with the legislature. Discussion centered about a letter which was received by Vice President Champion from Mr. Peter Sammond in which he raised an issue brought up at the last meeting after Mr. Champion had left. The issue concerned the approach used when making supplemental building requests before the state legislative building commission. Several had expressed concern at that time that there be full awareness of the sacrifice involved in the so-called minimal program for the hospital, i.e., if a new hospital is not forthcoming the space cut from the hospital program would need to be provided. Mr. Champion explained that the nature of building commission presentations requires simplification and does not permit dealing with contingencies. The request for planning funds for a new hospital indicates that there are needs. The legislature's response to this request will determine our next step.

## REVISED PHASE I SCHEMATICS

In light of the deletion of inpatient beds a complete radiology department and an operating room expansion in the direction of B/C, the emergency room will remain in its present location rather than move to Building C and will expand into the Mayo garage, 2nd floor. Possible sources of funding are being explored. The primary area looks to be Hill-Burton funds and/or hospital operating funds. The question of elimination of 20 to 25 parking spaces was brought up and the consensus was that this program occupied a higher priority and would not present many problems. The Committee concurred in this schematic change which was previously approved by the Design Review Committee.

The question of parking spaces for workers on Building A was mentioned and Mr. Kogl was asked to report at the next Design Coordinating Committee meeting. There was also some discussion concerning the parking ramp on Washington and Oak Street. Vice President Champion suggested that unless it were designed for at least 2,000 cars beyond the present surface capacity that its value is questionable.



ACTION STEPS ON THE LONG RANGE CLINICAL FACILITIES

TAC has been asked to do a preliminary land use study regarding potential sites on or adjacent to the University of Minnesota campus for the development of clinical facilities including the Veterans Administration Hospital. Mr. Westerman also wished to obtain a communication from the Design Coordinating Committee as to the potential move of Gillette Hospital to the University. Mr. Champion asked that this type of decision would be deferred until the Committee receives the appendices to the Long Range Clinical Facilities report. At that time a general discussion by this body would take place. The meeting was adjourned at 3:10 p.m.

Respectfully submitted,

Mark W. Wallace

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DESIGN COORDINATING COMMITTEE

Minutes for the Meeting of August 17, 1970

Present: Hale Champion, Hugh Peacock, Marcia Cushmore, John Westernman, Peter Sammond, C. Thomas Smith, Eugene Kogl, Robert Mulhausen, Kenneth Taylor, Roland Kliver, John Scott, Brooks Cavin, William Berget, Lee Stauffer, Isabel Harris

NEXT MEETING: SEPTEMBER 15, 1970, 7:30 P.M., REGENTS ROOM

1. Unit "A"

a. Architectural Status

Mr. Berget reported to the Committee on the status of contracts involved in Unit "A". At this time, early contracts for excavation are 95% complete. Normal progress is being made with the steel contracts which are now 10% complete. PAP remodeling contracts are 100% complete for summer work, and 95% for Phase I. Work regarding Phase II will begin next week.

b. Demolition

According to Mr. Al Kemper, demolition bids were in August 14; Pierson had the low bid at \$25,500. Time element for completion of the job stands at 30 days from the notice to proceed. It appears that in order to remain on schedule, the contract for demolition must be complete sometime the week of August 24th. With regard to the Unit A site, the apartment building appears to have been vacated; Mr. Kemper was asked to verify this. At present, Dr. Lillehei is scheduled to move out of 305 Union Street by the 15th of September if necessary.

c. Regional Office

Mr. Kemper reported on a regional offices visit regarding early contracts. Apparently early contracts are permissible; however no funds will be forthcoming until all contracts are signed. In this way, according to the regional office representative, all responsibility will lie with the University. Right now the date anticipated by the University for all signatures is June 1971. No future funding participation can be guaranteed until Washington funds the project. The guarantee is then dependent upon the entire project proceeding with the University covering any difference between cost estimates and actual bids. The regional office will write its funding policy to Mr. Smith.

2. Unit B/C

a. Planning Status

Mr. Kenneth Taylor reviewed for the committee proposed locations for elements in the B/C facility. Departments for which a satisfactory location has not yet been set include Family Practice, Dermatology, OB-Gyn, and Psychiatry. Mr. Taylor explained that optimal placement of these facilities may necessitate relocation of the B/C Dentistry floor with ramifications affecting Unit "A" also. While members of the Committee expressed some concern at the idea of changing Unit "A" configuration which was thought to be frozen, Mr. Taylor explained that any relocations necessitated in Unit "A" would in no way change the Unit "A" program which is set, but rather would involve trade-offs of identical floors in the building.

b. Proposed Split of Unit

Because the probabilities of U of M receiving such a large proportion of building funds from the federal government in consecutive years appear slim, it has been suggested by NIH that the University stage its B/C request over a couple of fiscal years. If these requests are submitted simultaneously, and granted, building would proceed without break. Nonetheless, it is felt that the architects must design a first package capable of standing alone in the event that funding part 2 is delayed. Mr. Taylor explained that the problems involved in splitting the B/C facility involve:

1. Construction cost (escalation resulting from delays)
2. Construction techniques

A proposal recently submitted by the architects and approved by the Design Review Committee indicated a 60-40% to 65-35% split of the facility. Mr. Taylor reviewed slides of this proposal with the committee. Questions raised regarding this proposal included:

1. Interim location of Dr. Wangenstein's facilities which are presently projected for the second stage of the B/C split. Unit B underground space has been proposed and appears to be acceptable to the Committee and to Dr. Wangenstein.
2. Renovation: The University must decide whether to take over the cost of renovation of old facilities if no federal funds are forthcoming. Another alternative appears to be to build more new space if funds for remodeling are not available.
3. Unit F: The status of Unit F has not changed. This facility is due for completion April, 1974 and these plans are in the legislative request.

It was decided that since the two package approach for funding was the suggestion of NIH it should be less difficult to explain apparent functional and funding discrepancies in the grant application.

Mr. Champion requested that the architects submit a revised Phase I schedule as soon as possible. TAC expects to return to the Design Review Committee with a more precise split proposal in September.

3. PAP Program Remodeling

Those involved with PAP program remodeling recommended that review of electrical and mechanical systems in existing facilities be undertaken by the architects to ascertain how PAP remodeling plans can be coordinated with long range renovation plans. Funds however will be necessary to finance such a review. Since the 1969 appropriation of \$14 million included planning funds for future steps, it was deemed appropriate to use these monies for this analysis.

It was decided, however, that as a general policy with regard to PAP construction, departments must not be encouraged to expect optimal conditions. A major objective will be to hold down costs.

4. Master Planning

With regard to the Master Planning Efforts, Mr. Harkness emphasized that physical constraints still apply, and feasible long range alternatives are contingent upon the degree to which such constraints are adhered to.

Circulation: With regard to circulation, one obvious constraint will be the location of the dorm group. The architects will need definite statements and figures on housing in order to determine to what degree these dormitories will be a factor in future Health Sciences planning.

Other areas influencing long range planning:

- a. Air rights along Washington Avenue
- b. Fraternity expansion east of Oak Street
- c. Park area will not be considered as an expansion site.

5. Report on Visit to National Audio-Visual Center

Dr. Mulhausen reported that the Atlanta visit had been most productive especially due to preparation provided by Dr. Holland and TAC. It appears that the classrooms that have been provided will be adequate. The greatest disadvantage involves inability to do TV work in the auditoriums. It was also mentioned that further advice on utilization of the 300 seat clinical auditorium would be beneficial. This auditorium was described as a small scale Guthrie with a thrust stage. Auditorium in Unit A however, are set.

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## DESIGN COORDINATING COMMITTEE

Minutes of Meeting September 15, 1970

Present: Hale Champion, Lyle French, Robert Mulhausen, Peter Sammond, Thomas Smith, Brooks Cavin, High Peacock, Mellor Holland, Robert Turner, Lee Stauffer, Eugene Kogl, Isabel Harris, Gerry Olson, Don Mawha, John Scott, Al Kemper, Bill Berget, Ted Jage, Don McInnes, Mark Wallace, Tom Mattison, Terry Finzen

### STATUS OF UNIT A FUNDING

Mr. Smith reported that the bill covering the Health Manpower appropriation is still in senate subcommittee and may remain there without being released until after the elections.

### SITE VISIT UNIT B/C

Mr. Smith indicated that the NIH staff visit is scheduled for December 3 and 4. As more specific plans are made appropriate individuals will be notified.

### FOOD SERVICE CONSULTANT

Helen Flynn's contract as food service consultant has been terminated and the process of selecting a successor has begun.

### CLASSROOM AND LEARNING RESOURCE COMMITTEE

The Design Review Committee recommended consolidation of Dr. Fusaro's Learning Resource Committee and Dr. Holland's Classroom Committee. To operate more effectively the committee will be broken down into sub-committees at a future meeting. The new committee will include Dr. Holland as chairman, Dr. Richard Chilgren, Dr. Frank Digangi, Dr. John Gier, Dr. Carl Heggsted, Mrs. Ruth Hovde, Mr. Gary Peterson, Dr. Barbara Redman, Mr. Robert Schwanke, Mr. Glen Brudvig, Mr. LeRoy Christensen, Mr. Martin Finch, Dr. Shelley Goldstein, Mrs. Elizabeth Grundner, Mr. Dennis Johnson. The appointment of this committee was approved.

### STATUS REPORT, UNIT A

Mr. Kogl reported that Dr. Lillehei, cardio-vascular lab will be vacated by September 22nd and will be the last facility to be demolished. Dr. Lillehei reportedly can shut down for the 2 week period before moving into new quarters without any serious problems. Completion of demolition should be around October 1st. Mr. Kluver indicated that preparation for excavation contracts is nearly complete. Assuming regional office approval, bids could be opened by late October. Mr. Kluver suggested that the waiting period from receipt of bids to granting of a contract be increased from the usual 30 to 90 days pending federal notification. However, Mr. Champion expressed concern about taking bids and then not being able to let job contracts, since this is not

fair to contractors. Furthermore, a long hold period for bids increased bid prices. Mr. Champion asked that no bids be released until federal notification of funding is received.

Mr. Kløver indicated that the Unit A project has fallen somewhat behind schedule during the summer months due to scope and magnitude of the project. Mr. Champion requested an immediate review of all problem areas. He indicated that as problem areas develop, meetings should be called with appropriate individuals so that immediate and timely action may be taken to settle the issues. Anything which cannot be resolved that will cause the project to be delayed is to be brought to Mr. Champion's attention.

#### UNIT B/C STATUS REPORT

Dr. French reported that the consensus of the Design Review Committee meeting of September 15th was to present Unit B/C to NIH as a whole and let the federal government take what action it felt was necessary regarding funding and recommendations for a split project. The Design Review Committee feels that if the University Medical School is to be enlarged and commitments met, Unit B/C must be constructed in such a manner so that faculty and teaching spaces are available at the outset. Any proposed staging of the facility provides the majority of their spaces in the 2nd stage. Mr. Smith reported that not only did the Design Review Committee meeting weigh the functional aspect of staging Unit B/C, it also weighed the additional cost and construction time involved in such a project. Mr. Ken Taylor presented material which illustrated the difference in both time and construction costs. After reviewing costs, project delay functional effectiveness of staging, the Design Review Committee came up with its decision to approach NIH for entire funding of the B/C project. Mr. Champion indicated that before such a decision was final it would be wise to discuss this with NIH on the Washington visit next week. After receiving the informal attitudes of NIH regarding such a proposal perhaps we can better make our decision as to how to present the project to NIH for funding.

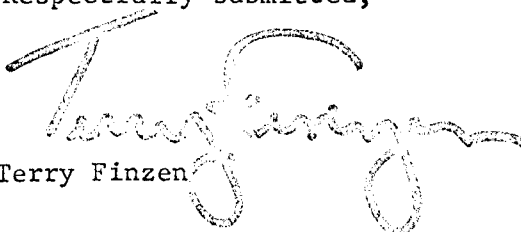
#### REVISED PHASE I SCHEDULE

Mr. Ken Taylor indicated the B/C working drawing preparation is very important now since a delay from January to July for beginning drawings will escalate costs approximately \$2½ million. Mr. Champion asked TAC to proceed with working drawings as if the job were financed and on schedule. In regard to Unit F, Mr. Champion asked that the present schedule be followed for grant submission July 1, 1971. If problems arise in the legislature, they will be dealt with at that time.

STATUS REPORT LONG RANGE PLANNING

Mr. Harkness of TAC presented a slide presentation of possibilities for future health sciences expansion on the University of Minnesota campus. Future expansion programs covered included a new university hospital complex including children's and Gillette and VA Hospital. Points discussed included parking, transportation and movement of patients, visitors and staff within the medical complex. There was a general discussion of this preliminary report, particularly regarding problems on density on the possible sites.

Respectfully submitted,



Terry Finzen

DESIGN COORDINATING COMMITTEE

Minutes of October 8, 1970

Present: Mr. Hale Champion, Dr. Erwin Schaffer, Dr. Lyle French, Mr. C.T. Smith, Mr. John Westerman, Dr. Robert Mulhausen, Mr. Peter Sammond, Dr. Larry Weaver, Terry Finzen, Mr. Hugh Peacock.

CONSIDER REQUEST FOR ADDITIONAL 2,400 SQ.FT. OF SPACE FOR THE DEPARTMENT OF FAMILY PRACTICE:

Mr. Smith reported on a meeting of the Design Review Committee held Friday October 2, 1970. It was the consensus of this meeting that an additional 2,400 feet of space to be granted to the Department of Family Practice to be used primarily as departmental space. The committee also felt that the additional space granted should be located in Unit B/C rather than at another location.

Dr. Mulhausen reported that the program in Family Practice was initiated in 1966-1967. At this time approximately 10,000 sq.ft. were set aside for the program. In 1967 the total area was cut from 10,000 sq.ft. to 9,000 sq.ft. of which 6,000 sq.ft. were for the clinic and 3,000 for departmental space.

As the clinic and program developed it was planned that approximately 15 residents would be present at a given time in the department of Family Practice. With two exam rooms per resident, 6,000 sq.ft. of clinic space was not adequate. The best plan that was available within the limited sq. footage allowed for 22 exam rooms. After this discovery it was decided that the entire 9,000 sq.ft. were needed for clinic space, and no space was set aside for departmental offices and support space. The department has requested an additional 2,400 sq.ft. for department and faculty space. The Design Review Committee feels that space should be included in B/C for at least two reasons:

1. It will be a long time until adequate remodeled space could be available.
2. Convenience and serviceability would be hampered if departmental offices were in another location.

Mr. Champion agreed that additional space is needed and questioned where to obtain the additional sq. footage. Dr. French felt that taking the space away from any other department at this time in the planning process was not the answer but rather the space required should be added to the planned B/C structure. Mr. Champion stated that given the time restraints the following should be the course of action:



1. Present the additional space requirement as an add-on and discover the initial NIH reaction.
2. Plan the increase in such a manner that it is possible to retrench if funding is not forthcoming, but leave it to the Federal government to put the ceiling on available funds for the B/C units.
3. At some time we must consider what a late refusal will do to the plans we are developing.

Mr. Champion stressed the difficulty in developing a suitable plan with so little time remaining before grant submission. Mr. Smith reported that the architects need additional gross square footage to meet building minimums. The proposed addition would provide the departmental space needed and at the same time would satisfy minimum footage requirements.

Mr. Westerman commented that the Department of Family Practice should be allowed to develop specific program plans showing utilization of the proposed expansion. Mr. Champion commented that if the Family Practice Department does not develop to the point that all the additional space is needed immediately, we will have developed flexibility for future expansion in Units B/C.

Respectfully submitted,



Terry Finzen

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DESIGN COORDINATING COMMITTEE  
AGENDA  
September 15, 1970, 7:30 p.m.

1. Announcements
  - a. Status of Funding, Unit "A"
  - b. Site Visit, Unit "B/C"
  - c. Food Service Consultant
  - d. Other
2. Classroom and Learning Resource Committee
3. Status Report, Unit "A"
  - a. Demolition
  - b. Movement of 305 Union Lab
  - c. Early Contracts
  - d. General Contract Documents
4. Status Report, Unit "B/C"
  - a. Question of Two Stages
  - b. Design Matters
5. Status Report, Long Range Planning
6. Revised Phase I Schedule



DESIGN COORDINATING COMMITTEE

Minutes of October 20, 1970, 7:30 PM

Present: Dr. Robert Mulhausen, Dr. Mel Holland, Mr. Brooks Cavin, Mr. Chip Harkness, Mr. C.T. Smith, Dr. Lyle French, Mr. Kogl, Mr. Roland Kluver, Mr. P.H. Sammond, Mr. Hugh Peacock, Mr. Lee Stauffer, Dr. Larry Weaver, Mrs. Marcia Cushmore, Mr. Al Kemper, Mr. John Scott, Mr. Jerry Olson, Mr. Bob Turner, Mr. Ken Taylor, Mr. Bruce Abrahamson, Mr. Bill Berget, Mr. Don McInnes, Mr. Ted Jage, Mr. Terry Finzen.

1. UNIT "A" STATUS

- A. FUNDING: Mr. Champion reported that if the House approves the Senate version of the Health Manpower Appropriation there will be more money available for schools in the P.A.P. program and these schools will have priority on available funding.
- B. CONSTRUCTION DOCUMENTS: Mr. Kluver stated that construction documents for Unit A excavation are complete. These have been reviewed in the N.I.H. regional office and require University approval and funding before proceeding. Mr. Kogl indicated that the documents are in order and could go for bids whenever desired.

According to Mr. Kluver, there are three factors affecting progress in construction:

1. Start of bidding for excavation.
2. Start of bidding for steel.
- 3 Start of bidding general contract for the construction of Unit A.

The most critical element at this time is the excavation.

Mr. Champion queried the critical cost increase of proceeding with winter excavation. Mr. Kogl stated that winter excavation could actually generate a saving due to availability of construction workers and desirability to continue work through the usually slow winter months.

2. UNIT B/C STATUS

- A. GRANT APPLICATION: Mr. Smith reported on a recent trip to N.I.H. In view of tight funding and scope of B/C project, no money is

likely for two years. N.I.H. was informed of the University's desire not to split Unit B/C construction. Pick-up funding expenditures for Unit A which are applicable to Unit B/C are not available unless the expenditure and construction occur at the same time. Future phase applications should proceed as scheduled. Pharmacy will submit for Unit F next year. N.I.H. indicated that 5-10% of their money available for such funding is for veterinary medicine therefore pharmacy could be competing with University veterinary expansion. Mr. Champion indicated that pharmacy should have priority if this becomes the case.

Mr. Smith explained the recent decision to grant an additional 2,400 square feet of space to the Department of Family Practice in Unit B/C. The additional space will be used for departmental office space and the previous 9,000 square feet allocation will be used for clinical space.

- B. COST ESTIMATE: By delaying B/C construction start and increasing total construction time, costs have escalated 20% over the last construction figure of \$31,725,000 with a proposed September 1971 availability. The four floors of inpatient beds originally scheduled will now be replaced by labs at a cost of \$3-4 more per square foot, plus an additional \$2.5 million for remodeling, plus an increase in construction time to 36 months which means the new total project cost will be approximately \$ 50 million.

### 3. HILL BURTON


According to Mr. Sammond, Health Manpower requires submission to Hill Burton in conjunction with submitting a grant to Health Manpower. There appears to be little hope for assistance, but there possibly could be money coming forward for emergency room grants.

P.A.P. bids should have gone out last week. Dr. Mulhausen expressed concern over an apparent delay. If there is a delay, anatomy labs which were to have been completed in January will not be ready.

Mr. Champion closed the meeting with a report on future and current parking expansion.

The next Design Coordinating Committee meeting is scheduled for November 17, 1970.

Respectfully submitted,

  
Terry Finzen

HEALTH SCIENCES PLANNING OFFICE  
HEALTH SCIENCES EXPANSION

MINUTES OF DESIGN COORDINATING COMMITTEE

DATE: DECEMBER 2, 1970

PRESENT: DR. FRENCH, MR. CHAMPION, MR. SMITH, MR. PEACOCK, MR. KLUVER,  
MR. CAVIN, MR. SAMMOND, MR. BERGET, MR. KOGL, DR. MULHAUSEN  
DR. SCHAFFER, DR. HOLLAND, MR. SCOTT, DR. OLSEN, MR. TAYLOR  
MR. KEMPER, MR. MCINNES, MR. STAUFFER, MR. ABRAHAMSON, MISS HARRIS,  
DR. CAVERT, MR. GRADY, MR. FINZEN.

Mr. Champion reported on a recent meeting with Mr. John Moore of Secretary Richardson's staff. According to Mr. Moore, N.I.H. has approved commitments exceeding funds available. Mr. Moore again raised the question of redesigning the building to better qualify for available funding. Mr. Champion stated that the University is tentatively scheduled to receive money, not from 1970-71 funds, but from 1971-72 level of continuing authority. Mr. Champion asked Mr. Smith and Mr. Peacock to examine the University cash flow and determine if Unit A could be funded by stretch funding rather than by receiving the entire amount at one time. H.E.W. is trying to better coordinate the funding and committing bodies to avoid future problems of over extended commitments. Mr. Champion reported we should have funding answers by mid December after the cash flow information is available.

II. STATUS REPORT ON UNIT A

Mr. Kluver reported that to date we have lost no time on the Unit A schedule and continue to maintain progress. Excavation bids have been let and 9 bidders are participating with bids due December 16th. This will be the first measure of how realistic the existing budget figures are. Steel documents are 80% complete, and should be ready in a few days for plant services review and will be ready for bids by the end of the year or shortly after. The steel bids will probably be out for 30 days. At present excavation is the determining factor on construction schedule. May 17, 1971 is the current scheduled completion date for general construction documents.

Mr. Smith questioned at what point construction costs will become escalated if construction does not begin immediately. Mr. Kluver stated the midpoint of the construction schedule is the deciding factor. If this date becomes jeopardized, escalation of 1% per month to the midpoint on construction goes into effect.

III STATUS REPORT ON UNIT B/C

Current estimates indicate a cost of \$52 million for Unit B/C with the state share increased from \$12.5 to 15 million.

Mr. Smith reported that \$106,000 was transferred by the Design Coordinating Committee from the shared classroom equipment budget to provide for construction of a TV control room facility in Unit B/C not originally in the building design. This transfer left no money available to equip the shared classrooms. The procedure for funding the shared space must now be considered.

Mr. Champion stated the policy should be to go to the state legislature with a request different than the construction request when the time comes for equipment, and that our current concern should be with construction. In light of current funding problems, Mr. Champion indicated that it is wise not to burden the legislature with requests for money we don't need right now.

#### IV. 1971 LEGISLATURE REQUEST

Mr. Peacock reported that the remodeling request for the 1971 legislature may need to be stretched through encouraging the matching of PAP funds. Remodeling that N.I.H. will not fund can perhaps be accomplished by the state matching funds made available through the PAP program.

Dr. Mulhausen expressed the concern that even if we get money from Health Manpower how long would it take to receive matched state funds?

Mr. Champion reported it is highly unlikely that the university will receive all the money from the state for unit B/C, and suggested if we won't need all the money for B/C before the legislature meets again we should look at stretch financing and request funds as needed after receiving a firm commitment by the legislature.

#### V. DESIGN DEVELOPMENT

Mr. Taylor reported since all design development could not be completed by 1 Nov. grant deadline, TAC is currently proceeding on continued design development. Presently Design Development is scheduled for completion in March or April. Currently no funds are available for working drawings and this can not proceed without waiting for federal funding or obtaining advanced university funding.

#### VI. FOOD FACILITY

Mr. Taylor reported that the firm of Crabtree, Michaels, and Dawson, are currently designing the food service areas in Unit A, B/C and Mayo remodeling.

DESIGN COORDINATING COMMITTEE  
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VII. PAP AND PHASE I

Dr. Mulhausen reported he signed the authorization for expenditure today.

Anatomy should be ready for winter quarter and understand they will not have casework at that time. The Gould Building lease will be signed and PAP will pay the lease.

VIII. PLANNING FOR E AND F

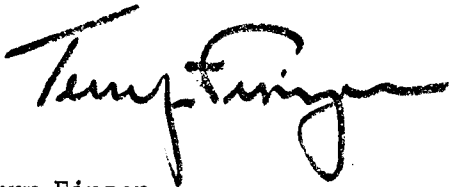
Mr. Smith reported the 1971 legislature request includes unit E. Unit E is not eligible for federal funding. The unit F NIH grant application will be submitted in July of 1971. There were funds established in the 1969 legislature request for design development of units E and F.

IX. HEALTH SCIENCE STUDENTS REQUEST

A letter was received by Mr. Smith from representatives of the various Health Science students requesting the use of united and open student centers and not isolated student areas for each Health Science unit. Dr. French stated he would answer the letter.

The next Design Coordinating Committee meeting is scheduled for 7:30 p.m. January 19, 1971, Regents Room.

Respectfully submitted,



Terry Finzen