

HEALTH SCIENCES PLANNING OFFICE
MINUTES OF THE HEALTH SCIENCES PLANNING COMMITTEE

DATE: January 16, 1974

PLACE: Regents Room, Morrill Hall

MEMBERS PRESENT: Clint Hewitt - Chairman; Dean Weaver; Dean Holland;
Dean Harris; Dean Stauffer; Mr. Singer; Mr. Jones;
Mr. Kogl; Mr. Kopietz; Mr. Bowen; Mr. Trapold;
Mr. Maupin.

MEMBERS ABSENT: Vice Pres. Brinkerhoff; Vice Pres. French; Dean Schaffer;
Dean Gault; Mr. Westerman; Ms. Cushmore

VISITORS PRESENT: Mr. Henrique Ms. Lewis; Ms. Weaver

Health Sciences Parking Ramp Report - P. Kopietz

Mr. Hewitt opened this report by stating that investigation and examination of the structural defect is still underway and because this is such a sensitive matter every possible solution is being explored.

At the last meeting Mr. Kopietz reported that tests were being run to determine the extent of the structural deficiency. The outside support beams failed to test. This does not mean the ramp will have to be torn down, however, now we must wait for the consultants to provide us with a solution. In order to minimize time losses to everyone concerned, Phase II (the second part of the ramp due to be completed September 1974) will proceed on schedule. It is conceivable that Phase II will be complete before Phase I (the first half of the ramp plus the waiting lobby and the turn-around) which was to have opened February 15, 1974. The University has hired its own consultant firm (Johnston & Sahlman). The Architects Collaborative is working with Carl Walker Associates and 3 other firms. A meeting was held last week at which time some possible solutions were suggested; however, the University group was not satisfied completely. We need absolute assurance of a sound structure with no life safety hazard and an assurance that there will be no risk to the life of the structure. Dean Stauffer questioned how we can be sure of their assurances? Mr. Kopeitz explained that both TAC and Carl Walker Associates are nationally recognized firms with a reputation to protect. Their insurance will cover the additional costs with a very minimal cost to the University. Mr. Maupin asked Tom Jones if he could estimate the loss of revenue to the hospital due to the delay. Mr. Jones said it would be almost impossible to predict if this would cause patients much more difficulty in parking and what the cost loss to the hospital would be. Mr. Kopietz expects to receive the proposals on both phases of the ramp this week.

Unit A Progress Report - P. Kopietz

The schedule given at the last meeting by Mr. Kopietz has been changed due to casework delays. A delivery commitment has finally been received from Hamilton which is completely unacceptable to the University. The attorneys are working on the problem to see if there is anything we can do. Hamilton is using the steel shortage as an excuse for the delay, however, it is a contract they have had for two years.

The revised floor finish schedule is as follows:

Phase I (Floors 1-6)	Complete except for some areas on 2nd and 3rd which are still waiting for casework. Should be completed in 6 weeks.
Phase II (Floors 7-9)	6, 7, & 8 are complete. 9 complete week of January 21, 1974.
Phase III (Floors 11-14)	Delayed 8 - 10 weeks from December schedule due to casework.
Floor 11	March 15, 1974
Floor 12	March 22, 1974
Floor 13	April 5, 1974
Floor 14	April 14, 1974
Phase IV (Floors 15-19)	Delayed 4 - 6 weeks from December schedule due to casework.
Floor 15	No casework
Floor 16	April 17, 1974
Floor 17	May 27, 1974
Floor 18	June 1, 1974
Floor 19	June 1, 1974

The plumbers and mechanical contractors have completed many areas as far as they can and are not waiting for casework.

The link between Millard and Unit A will be opening Monday a.m., January 21, 1974.

Unit K/E and V.C.H.H. Remodeling Progress Report and Proposed Finish Schedule

P. Kopietz

K/E - This project is going extremely well. The E portion is 60% complete with April 1, 1974 anticipated as the completion date. It is 6 weeks behind the original schedule due to the delay of critical items such as steel.

K - The K portion of the building is also 6 weeks behind the original schedule, but the mechanical contractors are ahead of schedule, therefore, we may be able to improve on the schedule and cut off a couple of weeks. The anticipated completion date for K is August 19, 1974.

VCHH - Variety Club Heart Hospital Remodeling is divided into three phases. Within each phase are a number of projects.

- | | |
|---|---|
| 1A - New Construction
(10 beds) | 65% complete
Completion approx. March 1, 1974 |
| 1B - 2nd floor west
Bed area (12 beds) | 100% complete
now occupied |
| 2nd floor east
Nursing station etc. | 50% complete
Completion approx. March 15, 1974
(Note: Nurses station virtually complete and occupied. Change in west clinic const, (to meet pipe code) and cracking paint problem not yet resolved. |
| 1C - 2nd floor west
(8 beds) | 96% complete
Now occupied
(Note: Carpeting in conference room and shelving in storage rooms not completed pending delivery. |
| 1D - 3rd floor west
(7 beds) | 55% complete
Completion approximately Feb. 15, 1974 |

Phase II

- | | |
|----------------|--|
| 2nd floor east | 10% complete (now in demolition)
Completion approximately April 1, 1974 |
|----------------|--|

Phase III

- | | |
|-----------------------------|--|
| 3rd floor east
(22 beds) | 0% complete (not started)
Completion approximately July 15, 1974
(Note: Phases 2 and 3 approximately 2 months behind. Problems of delivery of steel studs, structural steel and general complexity of job. |
|-----------------------------|--|

Mr. Jones asked Mr. Kopietz why he thinks the K/E project is going so well as compared to the A project. The reasons are listed below.

1. Smaller project
2. General contractor Kraus Anderson and combination of sub-contractors are cooperative, well organized and have good control of project.

3. Schedule manager is quite effective.

Miscellaneous Planning Report

- P. Maupin

Unit A Movable Equipment & Furnishings

The combined efforts of the Interiors Department, the Unit A faculty and the Health Sciences Planning Office has resulted in a complete Unit A furnishings and movable equipment manual which was sent to the Dept. of Health Education & Welfare in Chicago last week.

Unit A - Union Difficulties

For several months now we have been battling the Minneapolis Building and Construction Trades Council. There is disagreement between vendors and unions as to who will unload and move equipment into the building to the installation location. The Trade Council believes trade labor should be utilized at union wages and we feel it is the vendors responsibility. The attorneys are working on this problem. This week the issue is calm because Ritter and Dent-al-eze hired Knutson workers to move equipment.

Unit A - Temporary Storage Fees

Large items of movable equipment which are accumulating storage fees will be accepted at the Unit A site for storage because the budget will not handle the extra costs incurred.

Unit B/C

The 3rd grant application will be ready to go to HEW by March 1, 1974.

Noble Apartments

The College of Pharmacy is facing a serious space problem due to the delay of Unit F. Space Management is working to have the one Noble apartment (located on the Unit F site) remodeled for Pharmacy office use. The preliminary cost estimate for the entire building is \$36,000.

Basic Sciences Remodeling

The hospital space request has been received. The next meeting will be held as soon as the space programs for the Basic Sciences are received from Dr. Lazarow. It will take approximately 30 - 60 days for the committee to make its recommendations. The architects will then begin design development.

Mr. Maupin stated again that because of the deferment of B/C and F the space assignments will be on an interim basis keeping long-range program in mind.

Milt Trapold asked for opinions on how the problem of space allocation in the Health Sciences areas should be handled. This is a completely different type of space problem than occurs on the rest of the campus due to the overlap of various disciplines and also the income that various departments generate. He asked if Space allocations should not be made a "recording secretary" rather than a decision making department.

Mr. Hewitt said the first step in attempting to solve this problem would be accurate, up-to-date data regarding Health Sciences space.

Mr. Maupin stated that a major concern in the space problem is to try and satisfy the areas with the largest dollar flow for the Health Sciences and the greatest student need. Mr. Hewitt and Dr. Trapold will discuss this further and report to the committee.

It was also brought up again about the funds for "E" and where they will come from. Mr. McGrath is working on that now and will report his findings at the next meeting.

NEXT MEETING: March 20, 1974, Wednesday
8:30 a.m.
Regents Room, Morrill Hall

THERE WILL BE NO MEETING IN FEBRUARY.

University
of
Minnesota
memo

date Feb. 7, 1974

to Mr. Paul Kopietz

from Jeri Benedict

Here are the minutes from the Planning Meeting. Please feel free to change anything you feel is mis-quoted. Sometimes my interpretation isn't quite what was actually said.

Thank you.

HEALTH SCIENCES PLANNING OFFICE
MINUTES OF THE HEALTH SCIENCES PLANNING COMMITTEE

DATE: March 20, 1974

PLACE: Regents Room, Morrill Hall

MEMBERS PRESENT: Chairman - Mr. Hewitt; Vice President Brinkerhoff;
Dean Schaffer; Dean Gault; Dean Harris; Dean Stauffer;
Mr. Westerman; Mr. Singer; Mr. Jones; Mr. Kogl;
Mr. Kopietz; Mr. Bowen; Mr. Maupin; Dr. Trapold;
Mr. Preston.

VISITORS PRESENT: Ms. Lewis; Mr. Henriquez.

MEMBERS ABSENT: Vice President French; Dean Holland; Ms. Cushmore;
Dean Weaver.

Health Sciences Space Allocations Office - M. Trapold

This item is being deferred until a later date waiting improved data.

Construction Progress Reports on Unit A, K/E and Health Sciences Parking Ramp.
- P. Kopietz

Unit A - We have lost about 2-2 1/2 weeks on the schedule that was given at the December meeting for Phase III due to Hamilton Casework delivery delays. We still intend to meet the schedule on Phase IV and be completed by June 1, 1974. The revised schedule is as follows:

Phase III	Floor 11	April 1, 1974
	Floor 12	April 8, 1974
	Floor 13	April 19, 1974
	Floor 14	April 29, 1974
	Floor 15	March 27, 1974
	Floor 16	May 1, 1974
	Floor 17	May 1, 1974
	Floor 18	May 1, 1974
	Floor 19	May 1, 1974

The Food Service and bookstore facilities in Unit A will be open April 15, 1974.

Unit K/E - Some time has been lost on Unit E putting the new completion date at April 26, 1974. Unit K has picked up time from the previous schedule: August 5, 1974 completion date.

Health Sciences Parking Ramp - Several important discussions have been held with TAC since the last meeting. One of the main problems was a discrepancy between TAC and Carl Walker Associates regarding regarding actual extent of the structural problem. That has been cleared up now and the University will receive the Phase II corrections on Friday, March 22, 1974. Phase I corrections

should be received April 5, 1974. If the University accepts these corrections they will then be given to the contractors and a new schedule will be devised. Ideally we would like Phase I and II to be completed at the same time.

It was brought up again that TAC and Carl Walker Associates are responsible for the structural deficiencies. Dean Gault asked if this could be relayed to outside sources who question where the responsibility lies. He made the statement that some feel the University has been "left holding the bag as usual". Mr. Brinkerhoff was quick to point out that the University has always had very tight contractual agreements and he is not aware they have ever been "left holding the bag".

Unit A Movable Equipment Status Report - P. Maupin

On floors 1 through 5 equipment and furniture has been received and checked out with some exceptions and invoices are in process of being paid.

On floors 6 - 9 equipment and furniture is in process of being received. The dental chairs are being installed now and should be completed by April 1st with a few exceptions. The lab equipment and furniture is presently arriving and most of it should have been received by the 10th of April. These areas will not be occupied until the summer session because of inherent logistics problems involved with checking out and making fully operational (1) the 400 dental chairs and associated dental equipment in the clinics, (2) the entire dental handpiece and instrument sterilization, storage, and dispensing system, and (3) a completely new dental patient record system.

As of now we have scheduled equipment delivery and installation for June 15 - 30 for the balance of the floors. September 1st is projected as a completion date for payment of all invoices and resolution of equipment problems which present themselves as equipment is moved in.

Other items requiring attention are bonds, warranties, manuals, going out for bids on items discontinued, items found to be faulty in the interim by faculty members, problems with a government agency, etc. since the issuance of the original purchase orders.

Jackson Owre Millard Building Advisory Committee Status Report - P. Maupin

This committee is not moving along as well as could be hoped. Space requests have been received from the Hospital, the Medical School and Mortuary Science. Basic Science space requests are being held up by two departments. Mr. Westerman made the proposal that this committee recommend a deadline on the requests be set - possibly March 30th. This was discussed and amended to April 30th. Dean Gault said he felt Dr. Lazarow's staff might be too involved in geographical location rather than space needs in relation to program and staff projections. Mr. Maupin agreed with this and it was decided that he would meet with Dr. Lazarow and his staff to try and help them with their problems on determining their space needs.

Mr. Westerman stated that there seems to be a conflict between the Hospital and the Medical School that needs to be rectified in regards to space allocation.

Health Sciences 1975 Legislative Building Request - P. Maupin

Items are listed in order of priority.

1	Basic Sciences Remodeling	\$ 3,500,000
2	Unit F	\$ 9,920,349
3	Health Sciences Master Planning (Up-date)	\$ 250,000
4	Diehl Hall Energy Conservation & Bio Medical Library Air Conditioning	\$ 265,000
5	Conversion of Primary Electrical Services in Health Sciences Building	\$ 230,000
6	Ventilation Rehabilitation, 4th Floor Variety Club Heart Hospital	\$ 150,000
7	Health Sciences Air Conditioning Planning	\$ 100,000
8	Health Sciences Complex Environmental Pedestrian Tunnel Design & Engineering	<u>\$ 420,000</u>
	Total	\$14,835,349

Dean Gault asked if Eustis, Powell Hall, etc. were to be included in the Master Planning Up-date? Mr. Maupin said all aspects of Health Sciences space would be reviewed to see if the priorities of 1968 are the same now as they were then.

The Diehl Hall air conditioning request seems to be a yearly item. This year an item has been included in this request, concerning energy conservation, which will save the University \$12,000 per year in fuel costs.

Tom Jones asked what percentage of the Health Sciences Master Planning will be devoted to the Clinical Facility Planning and Mr. Maupin replied "a reasonable share".

Dean Stauffer asked if Veterans Administration conversations are still being held. If the Outpatient Clinics are included as part of B/C in the future there is a good chance of the Veterans Administration locating here because the federal government makes it a policy to locate VA Hospitals and Outpatient Clinics adjacent to Medical Schools.

If this all comes about, alternate locations will be provided for Public Health and School of Nursing.

Unit E Operations Budget - Clint Hewitt

At the September meeting of the Health Sciences Planning Committee a report from John Westerman concerning Unit E operations was given. The key issue at that time concerned non-hospital operations and how they should be funded. Mr. Hewitt has discussed this with Mr. Brinkerhoff. After their discussion it was decided that a basic package will be put together for central administration to request funding for some central services. The remaining funds will be worked out after a more thorough investigation of all the problems.

NEXT MEETING: April 17, 1974, 8:30 a.m.
Regents Room
Morrill Hall

HEALTH SCIENCES PLANNING OFFICE
MINUTES OF THE HEALTH SCIENCES PLANNING COMMITTEE

DATE: July 17, 1974

PLACE: Room 300 - Morrill Hall

MEMBERS PRESENT: Vice President Lyle French; Mr. Dave Preston;
Dean Schaffer; Dr. Drehmel; Dean Holland;
Dean Stauffer; Mr. John Westerman; Mr. Rex
Singer; Mr. Tom Jones; Mr. Gene Kogl;
Mr. Paul Kopietz; Mr. Paul Maupin.

VISITORS PRESENT: Ms. Barbara Rittman; Mr. Luis Henriquez.

MEMBERS ABSENT: Vice President James Brinkerhoff; Asst.
Vice President Clinton Hewitt; Dean Weaver;
Dean Harris; Mr. Bill Bowen; Dr. Milton Trapold;
Ms. Virginia Lewis.

Progress Report on Health Sciences Parking Ramp - Paul Kopietz

Mr. Kopietz reported Phase I, Price Correction Proposal was to be received within one week. Phase II erection was estimated to begin September 30, 1974, with an April 1, 1975, estimated completion date. It was also pointed out that half of the ramp could be ready for use by January 1, 1975.

Status Report on Building A - Paul Kopietz

Building A was reported complete and occupied through 16th Floor. Mr. Kopietz discussed casework problems and related delays; however, he predicted 17th Floor would be finished by August 2, 1974, and 18th and 19th Floors would be completed by August 16, 1974.

Other items discussed were problems related to locks, Tenney Rooms, labor, materials, prime contractors, etc.

Building A is approximately six months behind schedule of total completion.

Building K/E Progress Report - Paul Kopietz

First Floor of Building K/E was to be occupied the week of July 15, 1974. Delays have been experienced in the E Portion related to casework delivery, and deliveries from Hamilton Lab Furniture Company.

The Committee requested a detailed report of space assignments of Building K/E to be prepared by the Health Sciences Planning Office before the next Committee meeting.

Building A Movable Equipment Report - Paul Maupin

Mr. Maupin reported 95% of the Movable Equipment for Building A has been received. We are approximately thirty days behind in processing payment of invoices. He indicated that Movable Equipment is within budget at this time, and only one min-tape recorder has not been accounted for in consideration of the vast amount of equipment that has been ordered, received and installed in Building A.

NEXT MEETING: August 21, 1974, 8:30 a.m.
Room 300
Morrill Hall

UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Nursing
3313 Powell Hall
Minneapolis, Minnesota 55455

RECEIVED

August 21, 1974

AUG 23 1974

**UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE**

TO: Paul J. Maupin, Health Sciences Planning Office
4103 Powell Hall

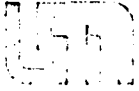
FROM: Isabel Harris, Dean *I Harris*

RE: Membership on the Health Sciences Planning Committee

Some time ago I submitted Barbara Redman's name in lieu of mine for the Health Sciences Planning Committee. Since her responsibilities in the School include the development and assignment of space, it seems more appropriate. Would you please change the listing so that she does appear as a member of the Committee and not as a guest.

IH:vl

*noted
8/26/74
mm*



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Family Practice and Community Health
Medical School
A-290 Mayo Memorial Building
Minneapolis, Minnesota 55455

August 23, 1974

Neal L. Gault, M.D.
Dean, Medical School
1360 Mayo, Box 293
University of Minnesota
Minneapolis, MN

Dear Neal:

We have enclosed for your review, additional information on the Primary Care Research Facility directed by Dr. Leif Solberg. The purpose of the project being that of a demonstration model for the professional community on primary health care. Service is emphasized in this project, and research studies will be accomplished over an extended time period on various aspects of primary health care.

We have planned this program in the Department since 1973, but frankly it was not anticipated that the only option available to the Department for this project would be the purchase of commercial facilities for both the establishment of the clinic, and parking for patients at the site selected.

We did plan for and do have departmental resources to cover the costs of alteration and renovation of some 2,000 square feet of clinical space, capitalization cost for equipment, supplies and consulting services, and the initial costs through the first year of the on-going operation. The departmental commitment for the start-up phase of the project is outlined on Table I. We are, however, requesting \$110,000 support from the University for the acquisition of the real property at 5408 and 5412-14 Chicago Avenue, South. We view this request as being an investment opportunity for the University and realize that such an unbudgeted expenditure of funds necessitates sound economic reasons for such a decision.

The Department of Family Practice is willing to guarantee the University rental payments on the capital outlay of money. We know that for such an investment to be attractive, the principal as well as interest would have to be returned on the University's investment.

I have asked my administrative staff to prepare some options on this subject. We know from our current experience that rental of space for facilities that are fully functional for use, as the Bethesda Model Clinic's rental arrangements for clinical facilities, costs somewhere

Neal L. Gault, M.D.
August 23, 1974
Page 2

between \$9.00 and \$10.00 per square foot. We anticipate that because the Department is committing its own resources to rennovate and equip the facilities, a rental figure for older facility space such as at Chicago Avenue could reasonably expect to be about one half of this or between \$4.50 and \$5.00 per square foot. Also, we realize that given the University does purchase the entire facility, the Department on behalf of the project, needs to guarantee the rent on the entire facility; even though initially we will only be using approximately half of it (the 2,000 square feet) for patient care. We have anticipated renting out the unused space to generate income. We propose that a repayment schedule of principal and 10% interest on the original University investment be set up over ten years. The monthly rental payments of the clinic to the University would be guaranteed by the Department for the first five years. After five years we would like to renegotiate the commitment.

We emphasize that while we anticipate that the project will be a success, we feel that we could negotiate a commercial financial package for this project of no greater than five years duration. Obviously, this point is open to negotiation.

We have enclosed for your review, in Table II, some possible payback options on the \$110,000 acquisition. The middle option, at 10% interest over ten years with monthly payments of \$1,454 is one that I personally feel is viable in terms of what the project can reasonably anticipate supporting for the first year to eighteen months of its existance. We have prepared pro forma income statements on this project assuming minimum success of the clinic in the first full year of operation; i.e., July, 1975 to June, 1976; these figures show that the clinic can satisfy its obligations through its guaranteed cash flow. We envision the clinic will support between two to three doctors by July, 1976. This anticipation is the result of our experiences in the Metropolitan area with our model clinics, and it does compare favorably with national information on practice experience for this area of the country.

There are other financing options which we can explore further. These include leasing the property from a leasing company. This option in the long run costs us more money and is undesirable in that we are not in complete control of the facilities. Figures on the range of costs for leasing are also noted on Table II. Another option for financing the project includes the existing partnership of Family Practice Associates or the establishment of an entirely new group for the sole purpose of financing this project. There are disadvantages

Neal L. Gault, M.D.

August 23, 1974

Page 3

with each of these approaches but they are still viable and under Departmental consideration.

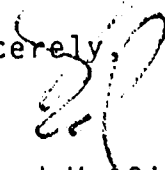
We would rather finance the \$110,000 through University resources. We see this as a University project and hope that interest can be found within the institution to support our proposal. We do need some positive indication in this regard soon, as details of financing the \$110,000 must be in hand no later than the September meeting of the Board of Regents.

We feel the University should support this endeavor because it offers:

1. A secure competitive investment; the Department, and/or the project guarantees the payments for the first five years of the project's life;
2. The property remains in the management of the University, not subjecting the project to demands placed on it by a landlord;
3. An established patient population, benefiting the Department, the Medical School, and University Hospitals as well as others in the health sciences;
4. A contribution to primary health care research; an area of health care that needs creditable studies;
5. A contribution to the community in south Minneapolis which has a paucity of primary care facilities and primary care physicians.

We would be happy to supply additional details upon request.

Sincerely,


Edward W. Ciriacy, M.D.
Professor and Head,
Department of Family Practice

EWC:mo

Enclosures

TABLE I

	<u>Department Family Practice Commitment 1974-75</u>	<u>U of M Commitment</u>
Equipment, Consultation, Supplies	\$ 32,000	\$ 65,000 5408 Chicago 40,000 5412-14 " 5,000 Parking lot <u>\$110,000</u> conversion
Alterations/Renovations	40,000	
Income from practice	36,500	
Departmental Support on ongoing operation	<u>26,707</u> ¹	
Total	\$135,207	
Expenses:		
Equipment, Consultation, Supplies	32,000	
A/R	40,000	
Clinical Expenses	<u>63,207</u>	
Total	\$135,207	

¹Excludes Dr. Solberg's salary and fringes.

Ratio of general University to Department commitment in the first year project approximately 81%.

8/22/74
bjs

TABLE II

Options for financing physical acquisitions

<u>U of M payback</u>	<u>at 8%</u>	<u>10%</u>	<u>12%</u>
<u>5 years:</u>			
Monthly payments	2,230	2,337	2,447
Annual payments	26,765	28,046	29,362
Total to be paid	133,824	140,230	146,813
<u>10 years:</u>			
Monthly payments	1,337	1,454	1,578
Annual payments	16,043	17,444	18,938
Total to be paid	160,431	174,439	189,381
<u>15 years:</u>			
Monthly payments	1,054	1,182	1,320
Annual payments	12,645	14,185	15,842
Total to be paid	189,676	212,771	237,633

OPTIONS FOR LEASING

	<u>\$5/sq.ft.</u>	<u>\$6/sq.ft.</u>	<u>\$7/sq.ft.</u>	<u>\$8/sq.ft.</u>	<u>\$9/sq.f</u>
Leasing: minimum of 5 years commitment for lessor, negotiated at 4,000 sq. feet plus parking at.					
Per month:	1,667	2,000	2,333	2,667	3,000
Per year:	20,000	24,000	28,000	32,000	36,000
For 5 years:	100,000	120,000	140,000	160,000	180,000

8/22/74

bjs



UNIVERSITY OF MINNESOTA
TWIN CITIES

Pediatric Cardiology
Box 94, Mayo Memorial Building
Minneapolis, Minnesota 55455
(612) 373-8938

TO: Parking Committee Members
FROM: Russell V. Lucas, Jr., M.D., Chairman
DATE: August 28, 1974

Stage I of the Oak Street Parking Ramp is scheduled for completion on about 1 November, 1974. As you know, a major thrust in the design of this Ramp was to provide a comprehensive parking facility and reception center for patients and visitors to the Health Sciences. The section scheduled for completion on 1 November, 1974 will have a 1,000 care capacity and will be for transient visitor parking.

Vice President French has asked our Committee to carefully evaluate the need of the Health Science Unit for patient and visitor parking and to provide a working plan for the utilization of the Oak Street Ramp and the Health Science Reception and Parking facility. He wishes us to provide him with a recommendation for his review.

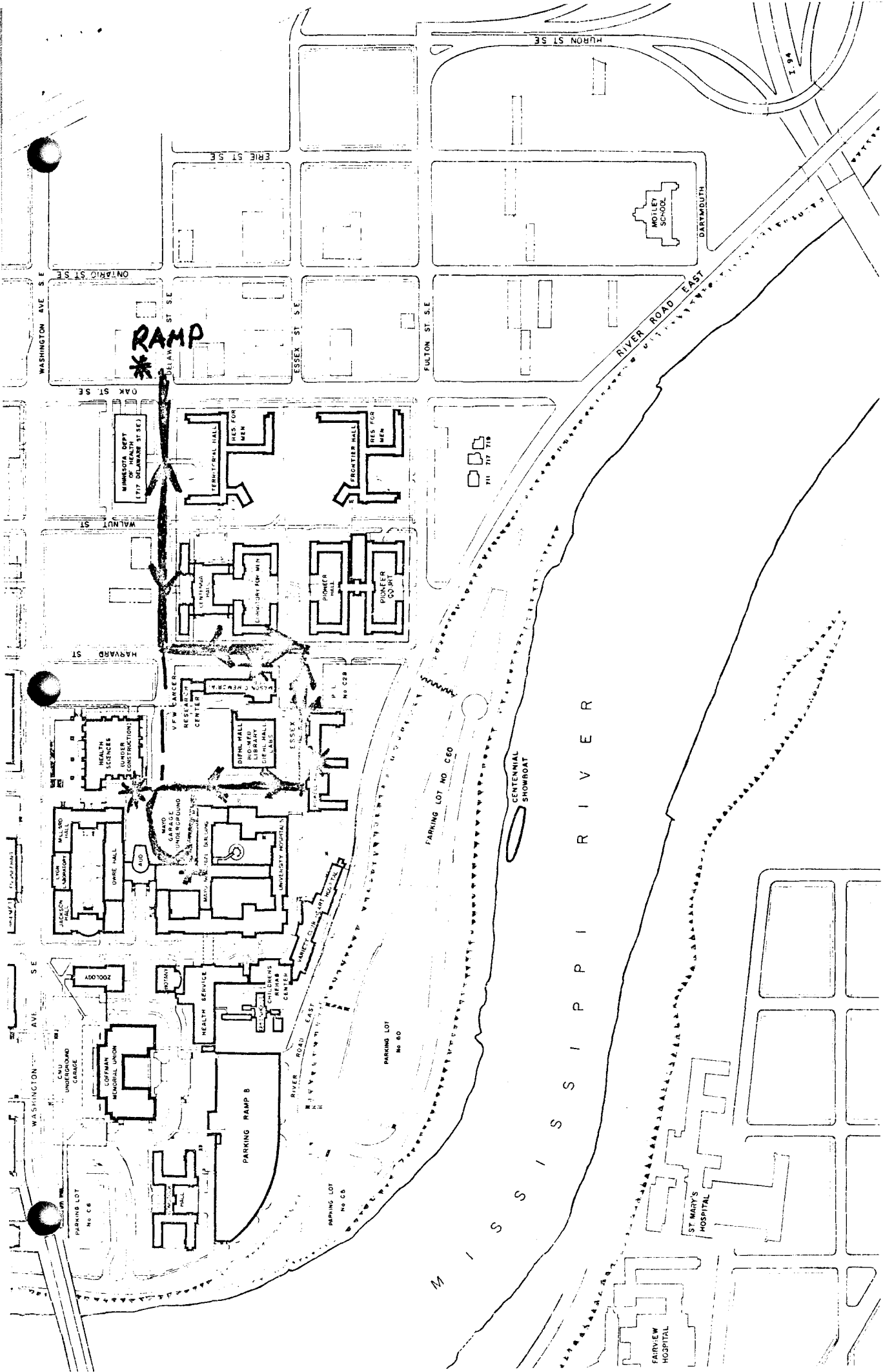
Among the areas we must consider in making our recommendations to Dr. French are: needs of the hospital clinics and other units, functioning of visitor reception center, patient transport flow between the parking ramp and the Health Sciences Units, the role of the Mayo Garage in patient parking, and consideration of costs and recovery of costs.

I would appreciate it if you would gain input from your specific constituencies in these areas so that we may proceed as expeditiously as possible. In addition, I would welcome letters or narratives for the Committee meeting, from anyone who wishes to provide input to the Committee.

Linda will be in touch with you in the near future regarding the time and place of the meeting.

RVL:lmb

cc: Vice President French
Mr. John Westerman
Paul Winchell, M.D.
Eugene Gedgaudas, M.D.
Mr. David Preston



FEB. 1972

* = BUS STOP

MINNEAPOLIS CAMPIS



*W. Hollands
H. Gault
J. French*
UNIVERSITY OF

Minnesota

RECEIVED

1974

MEDICAL SCHOOL

1360 MAYO MEMORIAL BUILDING • MINNEAPOLIS, MINNESOTA 55455

Office of the Dean

August 29, 1974

TO: Dr. Lyle A. French, Vice President
Health Sciences

FROM: Dr. N. L. Gault, Jr., Dean *NLG*
Medical School

During the past few months we have held discussions with Paul Maupin, David Preston, Milton Trapold, and Virginia Lewis concerning pressing needs of the Medical School for additional office space for the faculty and staff of several different departments. These needs have been documented to Mrs. Lewis in writing and through meetings with both Dean's Office and departmental staff.

The focus of our attention has primarily been on the Kensington Apartments, i.e., the Marlin Building, as the most feasible location of additional office space. The purpose of this letter is to specifically request that two floors of the Marlin apartment building be assigned to the Medical School when those floors have been renovated by the University for office space. One floor of the requested space is proposed for use by the Department of Family Practice. The other floor is proposed for use by several different departments of the Medical School, dependent upon our most critical needs.

Your approval of this request will be appreciated. Should you wish more detailed information on this matter we will be happy to provide it.

NLG/EWD/MH

cc: Wayne Drehmel
Virginia Lewis
Paul Maupin
David Preston
Milton Trapold


HEALTH SCIENCES CENTER



UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Nursing
3313 Powell Hall
Minneapolis, Minnesota 55455

August 29, 1974

David R. Preston
Assistant Vice President for
Health Sciences
A-306 Mayo
University of Minnesota
Minneapolis, MN 55455

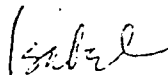
Dear Dave:

We are attempting at this time to finalize our faculty office assignments for fall quarter and I am encountering the expected difficulties in allocating our available space among total School of Nursing faculty. I believe adequate background was provided in my June 24, 1974, letter to you; but the problem, in a few words, centers around how to put a minimum of 75 people into 33 offices. These 33 offices, incidentally, include four rooms in Frontier Hall and three Powell Hall Conference rooms which are presently being converted.

My request in the June 24 letter was for an additional 10 offices, and our need for this space still exists. I am especially interested in housing our faculty entirely in Powell Hall, but am open to a discussion involving space in a facility such as Fenwick Apartments.

Will you contact me at your earliest convenience, so we may discuss the matter further. We are desperate for additional space.

Sincerely yours,


Isabel Harris
Dean

IH:vl

cc: B. Redman
D. Allison

UNIVERSITY OF MINNESOTA
TWIN CITIES

Division of Pediatric Neurology
Medical School
Box 486 Mayo Memorial Building
Minneapolis, Minnesota 55455
(612) 376-3692 or
(612) 373-5288 (after hours)

September 3, 1974

Dr. Neal L. Gault
Dean, Medical School
University of Minnesota
Box 293 Mayo

Dear Dr. Gault:

After a recent Department of Neurology Executive Committee meeting and after a subsequent meeting with Dr. Wayne Drehmel, Virginia Lewis and Dr. Joseph Resch it was concluded that I should investigate further the possibility of the Division of Pediatric Neurology utilizing space in the apartment building complex that has been acquired by the University immediately adjacent to building A. After viewing the vacated apartments in the Fenwick Building, I request that our Division be allocated two apartments (adjoining efficiency and one bedroom apartment) on the north side of the Marilan Building. The back two apartments on the north side would be best for our purposes.


This request is in keeping with my letter to you of June 11, 1974, in which I detailed our space needs. Although the overall square footage in the apartments exceeds that requested in the letter, the usable space in these apartments is considerably less than the total square footage. The space in two apartments would allow adequate conference room and assembly room space, office space for a Ph.D. psychologist and another Pediatric Neurology staffman and appropriate secretarial space and storage facilities.

.....2

- 2 - Dr. Neal L. Gault
September 3, 1974

I hope that you will give favorable consideration to this proposal. I will be available to discuss the matter at any time with you or members of your staff.

My best regards,


Kenneth F. Swaiman, M.D.
Professor and Director
Pediatric Neurology

KFS:mab
c.c. ✓ Virginia Lewis
-Dr. A.B. Baker
-Dr. J. Resch
-Dr. E. Wayne Drehmel

September 5, 1974

TO: Mary Jo Anderson
Wayne Drehmel
Mellor Holland, Chairman
Thomas Jones
Hugh Kabat
Arnold Lazarow
Barbara Redman
Rex Singer
Dale Sorensen

RECEIVED: SEP 18 1974

FROM: Lyle A. French, M.D. *LAF* *L. A. French*
SUBJECT: Health Sciences Space Planning Committee

Upon recommendation of the Council of Deans and Directors, I am requesting that you serve as a member of a newly formed Health Sciences Space Planning Committee. This committee will serve to provide advice and recommendations regarding Health Sciences space considerations.

The major task facing your committee at the present time is an update of space allocations as presented in the Health Sciences Master Plan of 1967 in relation to Health Sciences unit needs and current facility construction plans, i.e., B/C construction with subsequent reallocation of portions of Mayo complex facilities.

Also, of immediate concern is need for recommendations regarding allocation of space in the newly acquired Marlin Apartment. Use of this space has been requested by several Health Sciences units.

Staff assistance to your committee will be provided through the offices of Mr. Paul Maupin and Dr. Milton Trapold.

I appreciate your willingness to serve on this very important Health Sciences committee, a willingness I will assume unless you inform me otherwise.

cc: Mr. Clint Hewitt
Mr. Paul Maupin
Dr. Milton Trapold
Ms. Virginia Lewis
Health Sciences Deans and Directors

HEALTH SCIENCES SPACE PLANNING COMMITTEE

Mary Jo Anderson, CHIP Representative
Student Affairs Office
318 Harvard S.E.

Wayne Drehmel, Assistant Dean
Medical School Administration
1360 Mayo Memorial Building

Mellor Holland, Associate Dean (Chairman)
School of Dentistry
15-106 Health Sciences Unit A

Thomas Jones, Associate Director
University of Minnesota Hospitals
D251 Mayo Memorial Building

Hugh Kabat, Professor and Head
Department of Clinical Pharmacy
College of Pharmacy
101 Appleby Hall

Arnold Lazarow, Professor and Head
Department of Anatomy
262 Jackson-Owre Addition

Barbara Redman, Professor
School of Nursing
3313 Powell Hall

Rex Singer, Associate Professor and Assistant Dean
School of Public Health
1110 Mayo Memorial Building

Dale Sorensen, Professor and Chairman
Department of Veterinary Clinical Sciences
College of Veterinary Medicine
339c Veterinary Hospital



UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Public Health
1325 Mayo Memorial Building
Minneapolis, Minnesota 55455

September 5, 1974

Ms. Virginia Lewis
Building Space Management
4116 Powell Hall
Box 100 Mayo
University of Minnesota

Dear Ms. Lewis:

As I mentioned in my August 14th letter, the School would like to meet its current space needs through use of one floor of the Marlin Apartments. Our other option is to convert existing classroom space in the Mayo Building to faculty and staff offices, which we are reluctant to do.

At the moment we seem to lack the necessary information to either know which are real options, or to properly evaluate them. I would be most appreciative if you could tell me who will be deciding on the uses of the Marlin Apartments and when that decision will be made.

The University Department of Plant Services has provided us with design drawings for the possible conversion of Mayo classrooms to offices. We have not authorized Plant Services to proceed with this project since it is our least preferred solution. However, delays are costly in both dollars and in terms of faculty effectiveness. Anything you can do to help us expedite a decision regarding our request for additional space will be appreciated.

Sincerely,

Lee D. Stauffer, Dean

LDS:ss

cc: Dr. Lyle French



UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Public Health
1325 Mayo Memorial Building
Minneapolis, Minnesota 55455

September 5, 1974

Lyle French, M.D.
Vice President
Health Sciences
Box 501 Mayo
University of Minnesota

Dear Dr. French:

In view of the School's present and future space needs I am enclosing a copy of my most recent letter to Virginia Lewis regarding the Marlin Apartments. Also enclosed is a copy of an August 21st letter to Paul Maupin with our space needs projected through 1985.

Since we are presently overcrowded and anticipate filling recently funded grant positions for faculty in Public Health Nursing, our focus is more directed toward solution of immediate problems than long-range ones. The possible solutions to our short-range needs are briefly described below, in rank order:

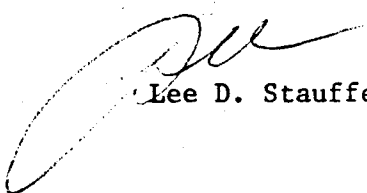
1. Total Occupancy, 13th Floor of Mayo: We understand there is a possibility that the Medical School administrative offices may be relocated in the vacated Owre - Millard area. Should this occur in the next year or so, occupancy of the total 13th floor area would be the least cost and best functional solution to our space needs. Not only could we consolidate School faculty and functions, but use of the total 13th floor would forestall need for either the space requested in 2 below, or the costly loss of classroom space described in paragraph 3. This has previously been mentioned to Paul Maupin (see page 2, enclosed letter) and we hope our request will receive careful consideration. The recent expansion of the space occupied by the Medical School in Buildings A and K-E, coupled with potential space in Owre - Millard, might, we hope, make the 13th floor available for contiguous occupancy by the School of Public Health.
2. Use of One Floor, Marlin Apartments: Our possible use of space in these apartments has been requested previously since we feel we must explore all alternatives to meet our present needs. Lacking definite knowledge regarding future use of the 13th floor of Mayo, this is the best and least costly of the remaining alternatives.
3. Conversion of Classrooms, 12th Floor Mayo: Should neither of the solutions to present space needs (as described above) be viable, we are prepared to convert classrooms 1205 and 1210 to faculty and staff offices. Such conversion is estimated to cost double that of the possible renovation of one floor in the Marlin Building. We would lose classroom seating for 44 students while providing

page two
Lyle French
9/5/74

space for 4 faculty and 1 secretary, and yet only meet existing needs. This renovation would not eliminate present overcrowding nor provide for faculty additions in the future.

I am aware that the details of space planning and management are matters with which you do not normally deal. In light of your past support of the School, however, I felt your knowledge of our space needs - as a corollary to dollar needs - might be helpful to you and to us.

Sincerely,



Lee D. Stauffer, Dean

LDS:ss

enclosures

cc: Mr. Maupin



UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Nursing
3313 Powell Hall
Minneapolis, Minnesota 55455

cc: Health Sciences
Space Committee

September 6, 1974

David R. Preston
Assistant Vice-President for Health Sciences
A-306 Mayo
University of Minnesota
Minneapolis, Minnesota 55455

Dear Mr. Preston:

The Faculty, Student, Staff Welfare and Resources Committee of the School of Nursing has reviewed the content of the meeting of Friday, August 30, at which you discussed space policies and procedures and School of Nursing needs with some of our faculty.

We wish now to indicate our understanding of the content of that meeting, raise some questions, and indicate our stage of decision-making and alert you to probable further requests.

1) Regarding the request for ten additional offices submitted by Dean Harris on June 24, 1974, there has been no formal response. You did cite the re-assignment of CHIP space to the School of Nursing. However, this space will not be available to us for the faculty who will be arriving on September 16.

You reported also that dean-to-dean negotiations for four Medical School offices are under way. You said you would prod Dean Gault, and we are now requesting from you a progress report on the state of negotiations for four offices by September 16.

2) The process of acquiring space as you described it appears to us to deny the space needs required for expanded programs. Further, we believe interpretation of jurisdiction of the new Health Sciences Space Committee -- which has not yet become operational -- for new space only may be in conflict with the original intent for that committee. Referring to the proposal submitted to Vice President French by Clinton Hewitt and dated April 26, 1974, the following is quoted:

"4.B. Creation of an All-Health Sciences Space Committee with equal representation from all units to resolve space issues that cannot be handled by the previously mentioned committee (4.A. College Committee) or where requests cross divisional borders...."

It seems then that this committee should have responsibility for handling vacated space as well as new space. It appears also that inter-school trading should be channelled through this committee. We have charged our representative on that committee to press for early organization and functioning of the

The first part of the report discusses the current state of the health care system in the United States. It notes that the system is facing a number of challenges, including a shortage of health care workers, rising costs, and a growing emphasis on preventive care. The report suggests that the government should take steps to address these issues, such as increasing funding for health care education and research.

The second part of the report focuses on the role of the federal government in the health care system. It argues that the government has a responsibility to ensure that all Americans have access to affordable, high-quality health care. This can be achieved through a variety of measures, including the implementation of a single-payer system and the strengthening of public health programs.

The third part of the report discusses the importance of community health centers in providing care to underserved populations. It notes that these centers play a vital role in addressing the health care needs of low-income and minority communities. The report recommends that the government continue to support and expand the network of community health centers across the country.

The fourth part of the report examines the impact of health care reform on the industry. It notes that while reform is necessary to address the challenges facing the system, it must be implemented in a way that does not undermine the financial stability of health care providers. The report suggests that a balanced approach is needed, one that addresses the needs of patients, providers, and payers alike.

Conclusion

In conclusion, the report emphasizes the need for a comprehensive and sustainable health care reform. It calls for a system that is equitable, efficient, and focused on the needs of the people. The report ends with a call to action for policymakers to take bold steps to create a better health care system for all Americans.

The second part of the report discusses the role of the federal government in the health care system. It argues that the government has a responsibility to ensure that all Americans have access to affordable, high-quality health care. This can be achieved through a variety of measures, including the implementation of a single-payer system and the strengthening of public health programs.

The third part of the report discusses the importance of community health centers in providing care to underserved populations. It notes that these centers play a vital role in addressing the health care needs of low-income and minority communities. The report recommends that the government continue to support and expand the network of community health centers across the country.

The fourth part of the report examines the impact of health care reform on the industry. It notes that while reform is necessary to address the challenges facing the system, it must be implemented in a way that does not undermine the financial stability of health care providers. The report suggests that a balanced approach is needed, one that addresses the needs of patients, providers, and payers alike.

The fifth part of the report discusses the role of the federal government in the health care system. It argues that the government has a responsibility to ensure that all Americans have access to affordable, high-quality health care. This can be achieved through a variety of measures, including the implementation of a single-payer system and the strengthening of public health programs.

committee.

When a school undertakes expansion of programs in response to the University and Health Sciences missions, and when money is brought in to support programs which require space (space and personnel needs being written into grant proposals), it is an obligation of the University and Health Sciences to provide space. The fact that the additional space must be paid for by the School of Nursing is highly discriminatory to the School of Nursing because of our lack of resources. We were not aware from our discussion with you, for example, that the cost of the CHIP space and the four Medical School offices will come from our meager budget. Though we did not specifically ask the question, our impression was that these were transactions not involving money.

3) The need for office space to accommodate all faculty who will be on board on September 16 is critical. We are dealing with essentially the same space we had in 1968 and more than twice the number of people. Some of our heavily used conference and classrooms and a faculty/graduate student reading room have already been designated for conversion to office space.

We continue to assess utilization of office space. With use as a primary criterion, it is essential that some office space be assigned for single occupancy. When the nature of the work involves confidentiality, high amount of individual and/or group counseling, and the majority of work being office-based, double occupancy jeopardizes the programs which this School is carrying. The ability to carry out the programs of the School is essential to the recruitment and retention of faculty, students, and a Dean. To the extent that space provides the arena for carrying out programs, our successes depend on providing space for our people to do the work for which they are hired.

With the immediate need for office space by September 16, we are attempting to use our inadequate space with above considerations in mind. The only viable option appears now to be the immediate conversion of our remaining conference and classrooms to temporary office space. This will necessitate the location of classroom space in Building A for those nursing classes scheduled in PoH 2309, 2317, and 4312. This will also make these rooms unavailable to other departments for meetings and conferences. We will ask your help with this if our final decision is to convert those spaces. We believe the alternate space for displaced classes and conferences should come out of Health Science space and that other areas of the University should not be responsible for providing space for us in light of the general negative feelings about Health Science resources. We expect to make our final decision on conversion by September 10 and will then let you know what specific classroom needs we have.

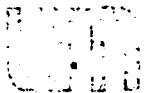
Sincerely,

Ellen Egan, Associate Professor
Chairman of Faculty, Student and Staff
Welfare and Resources Committee

EE:nc

cc: Barbara Redman
Health Sciences Space Committee
Don Allison

Frances Dunning
FSSWR Minutes Book



UNIVERSITY OF MINNESOTA

Office of the Vice President for Health Sciences Affairs
A-306 Mayo Memorial Building, Box 501
Minneapolis, Minnesota 55455

September 16, 1974 .

Ellen Egan, Chairman
Faculty, Student and Staff
Welfare and Resources Committee
School of Nursing
3313 Powell Hall
Minneapolis, Minnesota 55455

Dear Dr. Egan:

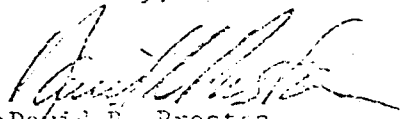
This letter is in response to your summarization of our recent meeting where I enjoyed the opportunity to meet with Nursing School faculty members. I will comment on some items of understanding and suggest means through which your requests will be considered.

I have responded to Dean Harris's memorandum through both a number of telephone calls and a more formal meeting. I indicated that I would talk with Dean Gault in terms of helping his understanding of the Nursing School need. However, as you have suggested, these are dean-to-dean negotiations and it might be most appropriate for you to obtain a progress report on the state of those negotiations through the Nursing School Dean's office.

I would like to point out the difficulties relating to your assertion that "when money is brought in to support programs which require space (space and personnel needs being written into grant proposals), it is an obligation of the University and Health Sciences to provide space." As you are aware, throughout the Health Sciences tremendous numbers of grants are received, and perhaps many more could be obtained were space available. It simply is not possible for the University or the Health Sciences to provide unlimited space on demand for whatever programs might be supported through outside funding.

I believe that the issues which you raise in your letter are important and warrant further discussion within the Health Sciences. I would suggest that your representative to the Space Committee, Dr. Redman, be appraised of your concerns and perhaps raise these issues for further discussion and possible recommendations by that Committee. In addition, your Dean may, of course, bring any of these items to the Council of Health Sciences Deans and Directors for action by that group.

Sincerely,


David R. Preston
Assistant Vice President

cc: M. Isabel Harris
Barbara Redman
Don Allison
Frances Dunning

DRP:kg

HEALTH SCIENCES

RECEIVED SEP 17 1974



UNIVERSITY OF MINNESOTA
TWIN CITIES

Division of Space Programming and Management
Office of Physical Planning
4116 Powell Hall
Minneapolis, Minnesota 55455
(612) 373-9673

September 12, 1974

TO: Occupants of Jackson-Owre-Millard Complex

FROM: Mr. Paul Maupin, Coordinator Health Science Planning
Mrs. Virginia Lewis, Space Programming and Management

SUBJECT: Jackson-Owre-Millard Complex

As you know, the Dental School and some Basic Science Departments have vacated space in the Jackson-Owre-Millard Complex as a result of their moves into Unit A. This space has been placed in the charge of a Jackson-Owre-Millard Committee by Vice President Brinkerhoff for reallocation in accordance with a 1967 proposal drafted by the Health Sciences Planning Office. This committee has submitted its proposal to Assistant Vice President, Clinton Hewitt, for his approval and still awaits his official acceptance.

Due to pressures of need for this space, this committee will be allowing unofficial occupancies on an interim basis pending a final decision and the initiation of planning. However, several stipulations must be honored before unofficial occupancies may be permitted. No major renovations will be approved and at a later date when renovations are authorized, your departments will be subject to inconvenience and possible relocation until work is completed. Moreover, you will only be able to move into that space which has been tentatively allocated to your departments.

Funds have been established for schematic planning but not for renovations. In planning these renovations, the utilities in the Jackson-Owre-Millard Complex will have to be upgraded in compliance with OSHA codes and regulations. During this phase, some of the space that has been allocated may be recalled so refurbishment of the building can be completed. It is possible that additional funds may be available to complete the planning and start renovations by July, 1975.

If there are any questions concerning this space, please feel free to contact us.

cc: Mr. Clinton Hewitt
Dr. Milton Trapold
All Members of the Jackson-Owre-Millard Committee
Dr. N. Gault



UNIVERSITY OF MINNESOTA
TWIN CITIES

Division of Space Programming and Management
Office of Physical Planning
4116 Powell Hall
Minneapolis, Minnesota 55455
(612) 373-9673

cc: continued

Mr. David Preston
Dr. Mellor Holland (Chairman, Health Science Space Committee)✓
Mr. Richard Hendricks
Mr. Joseph Leverone
Mr. Gus Scheffler
Mr. Eugene Wilson

VWL, PM:es



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

September 24, 1974

TO: University Clinics Committee

Chairman, Department of Medicine	Richard Ebert, M.D.
Chairman, Department of Surgery	John Najarian, M.D.
Chairman, Department of Pediatrics	John Anderson, M.D.
Chairman, Department of Family Practice	Edward Ciriacy, M.D.
Chairman, Clinical Services	Michael Paparella, M.D.
Chairman, Clinical Services	Eugene Gedgudas, M.D.
Chairman, Out-Patient Committee	David Eifrig, M.D.
Chief of Staff	Paul Winchell, M.D.
School of Nursing	Sharon Wilford
School of Public Health	Alma Sparrow
General Director, University Hospitals	John Westerman, Chairman
Staff	Robert Dickler, Greg Kujawa, Janet Shapiro, Bev Dorsey Tom Jones

FROM: Michael Paparella, M.D., Chairman, Council of Chiefs of Clinical Services, Paul Winchell, M.D., Chief of Staff, University Hospitals, John H. Westerman, General Director, University Hospitals

Now that Building B-C is funded, the various component parts must proceed with the final planning stages. The components of B-C include Animal Hospital, Department Office Space, Learning Resources Center, Department Research Space and University Clinics.

Our responsibility is for University Clinics. The task of the Committee will be to consider the:

1. Development of movable equipment list and allocation of limited capital resources to competing interest groups (i.e. laboratories, radiology, operating rooms, clinics).
2. Space utilization assignment of the reduced number of general clinic modules/exam rooms, and development of criteria for considering the inclusion of a multi-specialty clinic.
3. Question of how to handle requests for design change.
4. Planning for occupancy and for beginning operation in the new building.

5. Operational authority/responsibility and planning of the new ambulatory surgery suite.
6. Examination of alternate organizational arrangements.

In fulfilling this assignment the Committee will have the option of utilizing resources outside the University. The multispecialty clinic study would be referred to the Patient Care Committee, under the chairmanship of Dr. Ciriacy. It is anticipated that other study groups may be needed.

MP/PW/JW/sjg



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

September 24, 1974

TO: University Clinics Committee

Chairman, Department of Medicine
Chairman, Department of Surgery
Chairman, Department of Pediatrics
Chairman, Department of Family Practice
Chairman, Clinical Services
Chairman, Clinical Sciences
Chairman, Out-Patient Committee
Chief of Staff
Chairman, Health Services Administration

FROM: Michael Paparella, M.D., Chairman, Council of Chiefs of Clinical Services
Paul Winchell, M.D., Chief of Staff, University Hospitals
John H. Westerman, General Director, University Hospitals

Now that Building B-C is funded, the various component parts must proceed with the final planning stages. The components of B-C include Animal Hospital, Department Office Space, Learning Resources Center, Department Research Space and University Clinics.

Our responsibility is for University Clinics. The task of the Committee will be to consider the:

1. Development of movable equipment list and allocation of limited capital resources to competing interest groups (i.e. laboratories, radiology, operating rooms, clinics).
2. Space utilization assignment of the reduced number of general clinic modules/exam rooms, and development of criteria for considering the inclusion of a multispecialty clinic.
- * 3. Question of how to handle requests for design change.
4. Planning for occupancy and for beginning operation in the new building.

5. Operational authority/responsibility and planning of the new ambulatory surgery suite.
6. Examination of alternate organizational arrangements.

In fulfilling this assignment the Committee will have the option of utilizing resources outside the University. The multispecialty clinic study would be referred to the Patient Care Committee, under the chairmanship of Dr. Ciriacy. It is anticipated that other study groups may be needed.

MP/PW/JW/sds



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

September 24, 1974

TO: Health Sciences Planning Committee

FROM: Robert Dickler, Assistant Director, University Hospitals

SUBJECT: Health Sciences Parking Ramp Reception Center and Shuttle Bus

In anticipation of the opening of the Oak Street Health Sciences Parking Ramp in November, 1974 the School of Dentistry and University Hospitals have been discussing for the past several months alternative approaches to the operation and organization of the reception center and shuttle bus services. The following attachments are the result of those investigations and discussions and constitute the basic structure which both units feel are necessary in relation to those services.

These proposals have been reviewed briefly with Dr. Russell V. Lucas as chairman of the Health Sciences Parking Committee and will be presented to the full committee at its next meeting. This is in accord with the committee's charge to provide a working plan for the reception center and shuttle bus as noted in the August 28, 1974 memo from Dr. Lucas (see attached).

It should be noted that even if these proposals are adopted in their present format a number of questions still must be addressed, particularly in relation to the shuttle bus. Briefly, these include sources of funding (reception center and bus), the unit responsible for supervision of the bus, and the types and number of contracts which will be sold to Health Sciences students and staff. In addition some tangential issues to both the reception center and shuttle bus include the development of an appropriate mechanism for referring handicapped patients to Mayo garage, appropriate signing of the campus, and the development of information materials and handouts for users of the parking facility.

Oak Street Ramp Reception Center and Shuttle Bus

-An Operational Proposal-

The following document is intended to briefly outline the School of Dentistry and University Hospitals proposals for the operation, funding, and administration of the Oak Street Ramp Reception Center and Shuttle Bus.

A. Reception Center

1) Hours of Operation-

a) The Center should be open 24 hours, 7 days a week initially or whatever hours the ramp is in operation. Maps and information signs should be located in the reception center to help patrons reach their destination when the Center is not staffed.

It is recognized that the Reception Center being open 24 hours may present a security problem. However, it is hoped that University Police can provide adequate coverage of this location.

b) The Center should be staffed with one receptionist from 7:30 a.m. - 4:30 p.m.; Monday through Friday. These hours are selected as those during which the majority of patients, outpatients and visitors will enter the Health Sciences Complex. Since the center will service incoming rather than outgoing patrons, the majority of clientele should be serviced.

It is recognized, however, that Hospitals visitors and others enter the complex after 4:30 p.m. and on weekends. If at a later time it is determined that volume during other hours is sufficient to justify staffing, an attempt will be made to provide it.

2) Organizational Control -

The Reception Center should be operated as a part of University Hospitals Communication Center. Such an arrangement will permit backup staffing during regular operating hours, vacation and sick leave.

3) Staffing

It is proposed that initially the Reception Center be staffed by one person during normal operating hours.

4) Scope of Knowledge and Training

While the School of Dentistry and University Hospitals view the reception center as essential for adequately serving our patients and visitors, it is recognized that patrons utilizing Oak Street Ramp facilities will be seeking destinations throughout the Health Sciences and University Campus. It is therefore proposed that each Health Sciences Unit designate an individual or group of individuals who can orient this individual to their facilities and offices as well as provide maps and other useful information. Contact will also be made with University Support Services concerning general campus information.

5) Funding

a) Staffing - The University Hospitals and School of Dentistry will jointly fund the majority of personnel costs of the reception center (percentage allocation to be determined at a later date.)

b) Supplies - The Hospitals and School of Dentistry will jointly fund basic information handouts. All specific handouts relating to the various units will have to be provided by those units.

6) Function

The reception center should function solely as a reception and information center. It should not be charged, at least initially, with controlling access to the shuttle bus (a separate proposal) or making determination of which patient patrons should park in Mayo Garage due to handicaps. (Note: Handicap parking will apply primarily to the Hospital Patients and should be controlled by both an internal Hospitals mechanism and development of policies with University Parking).

7) Relationship with University Parking

It is proposed that while the reception center and parking attendants will be responsible to different organizations and fulfill different functions they should have a close working relationship. Such a relationship will be enhanced by adequate phone or intercom communications between the locations, jointly working on policy changes, etc.

B. Shuttle Bus

1) Hours of Operation -

a) The shuttle bus, initially, should be in operation from 7:30 a.m. to 5:30 p.m., Monday-Friday. This time period should cover adequately outpatient patrons as well as the majority of the transient and contract parkers - other than the hospital.

b) Consideration should be given to extending the hours of operation in relation to hospital staff and visitor parking. This decision is primarily dependent on the potential volume resulting from final allocation of contract parking space.

2) Route -

a) Initially, the shuttle bus should proceed on one of two routes depending on the construction phase of Unit B-C., (See attached map.)

1. From the ramp west on Delaware St. S.E.; south on Harvard St.; west on Essex St.; north on Union St; west on the the horseshoe drive to the main hospital entrance; and return via the same route in reverse. Stops would be the parking ramp, Masonic Memorial Hospital; Unit A; University Hospitals; and Powell Hall.
2. From the ramp west on Delaware through the horseshoe drive and return via Delaware with stops at Unit A; University Hospitals; and the corner of Harvard and Delaware for Masonic Hospital.

b) Other routes have been considered but do not seem feasible either because of traffic (Church St.) or physical obstructions (Heart Hospital canopy).

3) Number of circuits per hour

It is estimated that a bus can complete the more extensive route (2 a 1 above) in approximately 12 minutes including stops. The direct route down Delaware (2a2 above) would be somewhat shorter (9-10 minutes).

4) Size of bus

Initially, a full size bus with a passenger capacity of approximately 50 individuals should be utilized.

5) Number of buses

Past surveys, relating to hospital outpatient parking indicate a peak load demand from 8:30-10:30 and 12:30 - 2:30. In addition, the majority of Dentistry clinic appointments are made for 10:00 a.m. and 2:00 p.m. resulting in additional peak demand. It is therefore recommended that a second bus initially be contracted for from 8:30-10:30 and 12:30-2:30. If, after a period of initial operation, the demand is inadequate to justify two vehicles during these hours it is proposed that the second bus be eliminated and the contract with M.T.C. be written accordingly.

6) Operation of bus -

a) It is recommended that initially the University contract with M.T.C. for the shuttle buses needed.

b) An evaluation should be made within the first year of the feasibility and economics of purchasing buses and operating this service internally within the University. Such consideration should include vehicle capacity needs, coverage of ill or tardy drivers, replacing inoperative vehicles and financing.

7) Access to the bus -

a) It is proposed that University Hospitals and School of Dentistry patients and associated individuals have first priority access to the bus. Student, staff, faculty, and others may use the shuttle bus if space permits.

b) No formal control mechanism such as tokens, appointment slips, etc. should be used initially due to the complexity of such systems. Rather, it is hoped that a dual mechanism of signs within the ramp or on the bus indicating patient priority, as well as the driver asking patients to board first, will be adequate controls.

8) Organizational Control -

It is unclear at this time which unit or units of the University should assume responsibility for contracting with and supervising M.T.C.

9) Funding -

a) Based on June, 1974 MTC bus rates the shuttle bus will cost approximately \$11.25/hour to operate. At 14 hours/day (7:30 - 5:30 and four hours for second bus) the service will cost approximately \$800/five day week or \$41,000 for an entire year.

b) While the School of Dentistry and Hospital patrons will be the primary users of the bus it is recognized that the shuttle bus will service all health science units, and possibly others, as well. It is therefore proposed that funding be primarily the responsibility of Dentistry and the Hospitals but that all units participate to some extent. How such costs should be apportioned at this time is unclear and will depend largely on the final space utilization configuration of the ramp.

Note: Much of the information relating to the shuttle bus costs and routes can be obtained from Roger O. Huss - Transit Coordinator for the University.

HEALTH SCIENCES PLANNING OFFICE
MINUTES OF THE HEALTH SCIENCES PLANNING COMMITTEE

DATE: September 25, 1974

PLACE: Room 300 - Morrill Hall

MEMBERS PRESENT: Vice President Lyle French; Vice President James Brinkerhoff; Mr. Clinton Hewitt; Dean Mellor Holland; Dean Lawrence Weaver; Mr. Tom Jones; Mr. Rex Singer; Mr. Paul Kopietz; Mr. Eugene Kogl; Ms. Virginia Lewis; Mr. Paul Maupin; Mr. John Westerman; Ms. Barbara Redman

VISITORS PRESENT: Mr. Bob Dickler

MEMBERS ABSENT: Dean Erwin Schaffer; Dr. E. Wayne Drehmel; Dean Lee Stauffer; Mr. Bill Bowen; Dr. Milton Trapold; Mr. Dave Preston

Progress Report on Building A - Paul Kopietz

At present all floors are occupied or ready for occupancy except 50% of the 18th floor. Completion of the 18th floor has been delayed due to casework problems with Hamilton; however, it should be completed by October 1, 1974. Hamilton casework problems may result in legal action, and it was suggested that Hamilton should not be considered as a Building B/C bidder.

There is some clean-up work to be completed related to problems with environmental rooms.

Status Report on Health Sciences Parking Ramp - Paul Kopietz

Mr. Kopietz reported all concerned parties are moving cautiously on settlement of the law suit related to the structural problems of the Health Sciences Parking Ramp. The general prime contractor will do no further work until these problems are resolved. The Architects Collaborative's insurance carrier, CNA, is responsible to cover the costs of repairs, loss of income, and damages which will amount to several million dollars. It was also pointed out that costs are increasing rapidly with further delay, and every effort should be made for a meeting of all concerned parties to begin negotiations as soon as possible. Structural repairs could be completed by January 1, 1975, if a settlement is made soon with CNA and TAC. Phase II construction is contingent on settlement; completion of Phase II is estimated to be April 1, 1975, providing an agreement is reached in the near future.

Parking Ramp Shuttle Bus Service - Bob Dickler

Mr. Dickler presented a progress report on the proposed Oak Street Ramp Reception Center and Shuttle Bus in behalf of the Health Sciences Parking Committee. He provided Committee members with handouts of the proposal that is to be reviewed by the Parking Committee at their next meeting. The School of Dentistry and University Hospitals have indicated the pressing need to initiate a working plan for utilization of the Oak Street Ramp to accommodate patients and visitors to the Health Sciences. The proposal addressed itself to operational, funding, and administrative issues, and the proposed route of the shuttle bus service.

Building B/C Planning Report - Paul Maupin

The University is presently negotiating with The Architects Collaborative to amend architectural fee structures of the original 1968 contract for Building B/C. Mr. Maupin indicated these negotiations should reach an agreement very shortly.

Funding: \$7.9 million has been approved for Building B/C construction grant by H.E.W.; \$14.0 million state matching appropriations have been committed; and the remainder of the \$33.0 million project will be funded by private sources.

Mr. Maupin stated that all change orders or modifications to the design of Building B/C shall be funded by departmental funds.

CPMI, cost consultants, have been contracted to provide cost management services. Their analysis should be received within two weeks indicating updated costs and possible alternate deducts which would not hamper the operational adequacy of the facility.

Time Framework: The H.E.W. guidelines dictate that all design phases and construction contracts must be awarded within twelve months from the date of grant approval. Mr. Maupin cautioned that the project must move as expeditiously as possible in order to meet the H.E.W. deadlines.

Advertising for ECX bids is scheduled for September 26, 1974, and will be awarded October 24, 1974. ECX must begin prior to December 14, 1974, in compliance with the Certificate of Need.

Purchase of steel is scheduled for January, 1975.

Multiple prime contracts will be awarded in July of 1975.

Building B/C completion and occupancy - January, 1977.

University Clinics Committee - John Westerman

Mr. Westerman presented an informational handout explaining the charge of the newly formed University Clinics Committee. This committee will address itself to the final planning stages for University Clinics.

NEXT MEETING: NOVEMBER 20, 1974
 8:30 A.M.
 REGENTS ROOM
 MORRILL HALL



UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Dentistry
136 Owre Hall
Minneapolis, Minnesota 55455

HEALTH SCIENCES SPACE PLANNING COMMITTEE
October 8, 1974

Those present at the meeting of the Health Sciences Space Planning Committee on Tuesday, October 8, at 2:00 P.M. were:

Mary Jo Anderson
Wayne Drehmel
Mellor Holland
Thomas Jones
Arnold Lazarow
Virginia Lewis
Paul Maupin
Barbara Redman
Rex Singer

The charge of the committee as given in the memo to the committee from Dr. Lyle A. French on September 5, 1974 is as follows:

Upon recommendation of the Council of Deans and Directors, I am requesting that you serve as a member of a newly formed Health Sciences Space Planning Committee. This committee will serve to provide advice and recommendations regarding Health Sciences space considerations.

The major task facing your committee at the present time is an update of space allocations as presented in the Health Sciences Master Plan of 1967 in relation to Health Sciences unit needs and current facility construction plans, i.e., B/C construction with subsequent reallocation of portions of Mayo complex facilities.

Also, of immediate concern is need for recommendations regarding allocation of space in the newly acquired Marlin Apartment. Use of this space has been requested by several Health Sciences units.

The committee is to formulate space recommendations and send them on to the vice-president's office. The committee is not a final policy maker or decision making committee, but is to act as a representative of all units. The committee is to be evaluating all requests received. It is assumed that vacated space outside of the Jackson-Owre-Millard area is included in the charge to the committee. Allocation of space in Units B/C is not included in the committee's charge. Unidentified requests for space would still course through the Space Management Office. Virginia Lewis would bring this to the committee for action.

As Paul Maupin stated, what would come to the committee is what couldn't be handled within the individual schools. In other words, when a school couldn't solve their needs through available square footage, the need would be brought to Virginia Lewis and then to the committee. Virginia Lewis stated that a proposal would come from her office when a space problem crosses school lines. In making a proposal, she feels that the committee could do bargaining when space requests cross school lines.

Paul Maupin mentioned that a space utilization study is underway for the Twin Cities campuses. \$125,000 has been allotted for the Twin Cities campuses for this study. Paul Maupin suggested that it would be better to take the lead and request that a space audit be done for the Health Sciences. It is his opinion that over-all space in the Health Sciences is not being utilized as efficiently as possible.

The subject of the Marlan, Wilshire, and Fenwick Apartments was raised. These are all presently owned by the University. The School of Pharmacy and CHIP are already programmed for the Fenwick Apartments.

In the Marlan Apartment the third floor is already programmed for the Office of Opportunities in Health for Minorities. The basement is programmed for the Units B/C construction people. In the Marlan Apartment there are two floors of approximately 3,500 square feet each of useable area left to be allocated. This consists of four one bedroom apartments per floor and two efficiencies per floor. Square footage does not include bathrooms but does include closets. There is \$40,000 on hand to start refurbishment of the Marlan Apartment. Actual renovation of any space has to be done at school expense. It is anticipated that the \$40,000 will cover painting, keying, and cleaning. The Fenwick and Marlan Apartments are much alike in size and arrangement while the Wilshire Apartment is larger.

Paul Maupin felt that spring was about as soon as the Wilshire Apartment could be vacated. Permission probably won't be received from Vice-President Brinkerhoff to evict tenants until the need for this space is really determined.

Dr. Lazarow raised the question of whether or not people were really aware of the possibility of space becoming available. Dr. Lazarow further speculated on whether the needs in front of the committee were really the most pressing needs or whether there may be others of which the committee is not aware.

The present requests before the committee are as follows:

School of Nursing: Ten additional offices plus a nursing arts laboratory (this would include 20 to 30 people) and total approximately 2,000 square feet.

School of Public Health: One floor of the apartment buildings has been requested which represents approximately 3,500 square feet.

Medical School: Requests from their various departments total approximately 7,000 square feet.

The present requests for space totals approximately 12,500 square feet. As mentioned before, 7,000 square feet of space is what is available at the present time.

The Marlan Apartment will be ready for occupancy in approximately 30 days. Paul Maupin stated that the Marlan, Wilshire, and Fenwick Apartments would be available for three to five years.

Tom Jones stated that approximately 20,000 net square feet of space would likely be available for reassignment in the Mayo building in late 1976 or early 1977.

Paul Maupin made the suggestion of using ratios in allocating the 7,000 square feet of space which is available.

Barbara Redman brought up the point that some of the request for space may be padded. She suggested that an effort be made to try to determine whether or not this has been done.

It was suggested that the three units requesting space at this time be asked to submit further documentation, in tabulated form, of their proposed use of the space requested. Wayne Drehmel will contact the various departments of the Medical School requesting space to ask them to submit the further documentation and will act as a clearing house for the information they submit. Barbara Redman and Rex Singer will see that the information is prepared for their respective areas. The documentations will be submitted to Mel Holland's office in advance of the next meeting.

UNIVERSITY OF MINNESOTA
TWIN CITIES

APPENDIX 111
University Hospitals
Minneapolis, Minnesota 55455

OCTOBER 15, 1974

TO: UNIVERSITY CLINICS COMMITTEE
FROM: BOB DICKLER
SUBJECT: EDUCATIONAL JUSTIFICATION & RATIONALE FOR UNIT B-C

AT THE OCTOBER 10, 1974 MEETING I WAS REQUESTED TO DRAW TOGETHER THE MOST RECENT DISCUSSIONS OF EDUCATIONAL PROGRAMS AND HOW THEY WILL FUNCTION IN UNIT B-C. IN ACCORD WITH THAT REQUEST THE FOLLOWING DOCUMENTS ARE PROVIDED:

- 1) PROJECTED UTILIZATION FOR MEDICAL EDUCATION OF CLINIC EXAMINING ROOMS IN BUILDING B-C: MARCH 5, 1974
- 2) JUSTIFICATION OF B-C SPACE: DEPARTMENT OF FAMILY PRACTICE AND COMMUNITY HEALTH: FEBRUARY 25, 1974
- 3) AVAILABILITY OF RESOURCES FOR CLINICAL STUDIES: UNIT B-C GRANT APPLICATION: APRIL 1, 1974.
- 4) SPACE LOGIC - OUTPATIENT CLINICS: UNIT B-C GRANT APPLICATIONS: APRIL 1, 1974

IN ADDITIONAL EARLY PLANNING DOCUMENTS DATING FROM 1964 ARE AVAILABLE INCLUDING ALL PREVIOUS GRANT AND CERTIFICATE OF NEED APPLICATIONS.

UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL

Projected Utilization for Medical Education
of Clinic Examining Rooms in Building B/C

A projection is made to 1979-80 concerning the anticipated utilization at that time for medical educational activities in clinic examining rooms of Building B/C. University of Minnesota Hospitals has projected a need in 1979-80 for 187 examining rooms based on approximately 250,000 patient visits anticipated during that year, including an average of 5 patient visits per examining room per day of clinic operation.

Enrollment of Undergraduate Medical Students

The following table provides data on medical student enrollment at the University of Minnesota Health Sciences Center during the current year, 1973-74, and enrollment expected in 1979-80.

<u>Medical Student Year</u>	<u>Medical Student Class</u>	<u>Current Enrollment 1973-1974</u>	<u>Expected Enrollment 1979-1980</u>
First	Phase A	244	239
Second	Phase B	244	239
Third	Phase D ₃	224	539 < 257 (+35)
Fourth	Phase D ₄	220	
Total medical students in metropolitan area		932	1017
Rural Physician Associates, outstate		25	40
Total medical student enrollment		957	1057

Utilization of Clinic Examining Rooms by Medical Students

Phase A and Phase B medical students utilize examining rooms intermittently during the first and second years of medical school in their clinically-related courses entitled Introduction to Clinical Medicine and Student as Physician. For this analysis, we estimate that, on the average throughout the year 1979-80, approximately 10 student equivalents from Phase A and/or B will be involved in outpatient clinical activities in the examining rooms of B/C.

The great bulk of day-by-day medical student utilization of clinic rooms is by students in Phase D, who are assigned, essentially on a full-time basis, in block periods of time to clinical activities, a significant portion of which relates to outpatient experience. We assume that, on the average in 1979-80 as is now the case, at least 28 percent of Phase D students will be assigned to clinical activities at University of Minnesota Hospitals. We further assume that in 1979-80 approximately 60 percent of the clinical experiences of medical students so assigned will be in the outpatient units, utilizing clinic examining rooms in Building B/C. Thus, of 539 Phase D students, on the average 151 will have continuing daily educational experience at University Hospitals; of that number, 91 Phase D students will utilize 91 B/C clinic examining rooms, or about one-half of the 187 rooms projected to accommodate outpatient visits in 1979-80. These numbers of Phase D students in residence at the Health Sciences Center and utilizing clinic rooms represent a 23% increase over comparable figures for the current year.

Daily Work Load of Medical Students, Housestaff and Faculty in Clinic Examining Rooms

In 1979-80, on the average, one-half of the examining rooms will be utilized by Phase D medical students who, at their various levels of limited experience and educational background, are able to function significantly less efficiently and rapidly than more experienced housestaff and faculty. In a teaching environment, a Phase D student will usually need about 1.5 hours to perform adequately a complete "workup" on a University Hospital patient, plus an additional 1.0 hour for teaching review with or by one or more staff members, further consultation with the patient and appropriate disposition of the clinical problem. Thus, occupied 2.5 hours per average teaching outpatient, one student examining room accommodates about 3 such patient workups and related teaching exercises in 7.5 hours, leaving about one-half hour in an eight-hour day for room preparation and changes of occupants.

In the remaining one-half of the examining rooms, housestaff physicians (interns and residents) and medical faculty will be simultaneously learning, teaching and providing medical service as they care for an average of 7 patients per day per room. Generally these more experienced physicians work in the outpatient setting considerably more rapidly and efficiently than do medical students, although, due to intermingled teaching activities and frequently very complicated patient problems, less so than many experienced physicians in a non-teaching practice.

Although specific clinics at University Hospitals are scheduled at various times, with monthly and seasonal variations in schedules, on an annual basis we may anticipate distribution of 91 Phase D medical students among the several clinics in the following manner: 11 in Family Practice, 25 in Internal Medicine and Medical Specialties, 15 in Pediatrics and Pediatric Specialties, 15 in Obstetrics-Gynecology and related specialties, 10 in Psychiatry, Neurology and related specialties, and 15 in Surgery and Surgical Specialty fields.

In summary, in this educational setting, an average of 10 outpatients will be cared for in each 2 examining rooms of the 187 available rooms in 1979-80, providing service for a total of 250,000 patient visits during the year. Working in this manner in the clinic, on a daily average basis, will be 10 Phase A and B medical students, 91 Phase D medical students, approximately 70 housestaff physicians and 20 faculty physician-teachers, for a total of 191 medical personnel in 187 examining rooms.

For brevity, this analysis of educational use of clinic examining rooms has focused only on undergraduate medical students, and, to a lesser extent, on clinical graduate students and related faculty. The present analysis does not consider the extensive but variable use made of clinics in educational programs by numerous other health science students, including students of nursing, clinical pharmacy, occupational therapy, physical therapy, clinical psychology and other allied health fields, as well as their related faculty teachers.

JUSTIFICATION OF B.C. SPACE

UNDERGRADUATE EDUCATION

Phase A - 120 students → Introduction
to Clinical Medicine

Introduction to Clinical Medicine -
24 weeks - 12 weeks ambulatory
12 weeks in-patient

One patient/week x 12 weeks x 120 = 1440 patient visits

Phase B - 240 students
25% on campus = 60 students

6 patients/day x 12 days x 60 = 4320 patient visits

Phase D - 120 students - 6 week preceptorship
50% on campus = 60 students

60 students @ 8 patients per day

33 days in 6 week preceptorship = 15840 patient visits

TOTAL 21600 patient visits

EWC:glj
2/25/74

JUSTIFICATION OF B.C. SPACE

Graduate Education

18 Residents (6 for each of 3 years)

First year - 6 residents - 1/2 day/week - 4 patients/one-half day

$6 \times 4 \times 52 = 1248$ patient visits

Second and Third Year - 12 Residents @ 40% time for 18 of 24 months

$12 \times 0.4 \times 18/24 = 3.6$ full time equivalent residents
in the Clinic all the time

3.6×16 patients per day - 57.5 per day

$57.5 \times 22 = 1267$ patients per month

$1267 \times 12 = 15,204$ patient visits per year

TOTAL	1,248
	<u>15,204</u>
	16,452

BWC:glj
2/25/74

JUSTIFICATION OF B.C. SPACE

Patient Visits Required

Undergraduate	21,600
Graduate	<u>16,452</u>
	38,052

B.C. - 30 offices (exam)

5 patients/day/exam room

5 x 30 x 22 x 12 - 39,600 visits/year

ENC:glj
2/25/74

Availability of Resources for Clinical Studies

The numbers and types of patients required, under normal conditions for the teaching of the clinical sciences in the ambulatory setting provided for in Unit B/C are developed through analysis of medical students assigned to the clinical services in the Health Sciences Center.

Phase A and Phase B medical students, utilizing examining rooms intermittently during the first and second years of medical school in their clinically related courses entitled Introduction to Clinical Medicine and Student as a Physician, will, on the average, number 10 student equivalents in outpatient activities in the examining rooms of Unit B/C.

The great bulk of day-by-day medical student utilization of clinic rooms is by students in Phase D, who are assigned, essentially on a full-time basis, in block periods of time to clinical activities, a significant portion of which relates to outpatient experience. At least 28 percent of Phase D students will be assigned to clinical activities at University of Minnesota Hospitals at any one time. The remainder of the students in this Phase will be assigned to experiences in the affiliated hospitals. Approximately 60 percent of the clinical experiences of medical students so assigned at the Health Sciences Center will be in the outpatient units utilizing clinical examining rooms in Unit B/C. Thus, of 539 Phase D students, on the average 151 will have continuing daily educational experience at University Hospitals; of that number 91 Phase D students will be engaged in experience in the ambulatory clinics.

Ambulatory patient needs projected for medical students in Phase A and B are for two patients per week:

	Number of Students	Patient Visits Required/week	No. of weeks	No. of Patients
Phase A	239	478	30	14,340
Phase B	239	478	45	21,510

Total patient visits needed for these phases of the curriculum per year number 35,850.

Phase D students should attend one "new" patient each day in the ambulatory clinics and follow-up approximately five patients daily with the housestaff and faculty.

	Number of Students	Patient Visits Required/week	No. of days	No. of Patients
Phase D	91	546	255	139,230

In support of these students experiences, a need for 175,080 patient visits to the ambulatory clinics in Unit B/C annually is projected.

The Attached chart, Table I, provides outpatient statistics for the clinics which will be located in Unit B/C.

In considering the projected patient population which will be served in the B/C unit outpatient facilities it is not possible to project specifically and with total accuracy what the origin patterns will be. This is due to a variety of factors including the impact of socioeconomic factors, geography, transportation, financing, etc., upon referral and utilization; a changing emphasis from inpatient to outpatient care; changes in medical technology; and the large service area of the University. What can be provided at this time, however, is the best possible information on the basis of historical trends and considered judgment of the impact of changes in health care.

In considering patient origin, a distinction is made between primary care and specialty care resources. Family practice, as the major provider of primary care, can be expected to continue to draw the majority of its patients from the immediate environs of the University and thus serve as a local community health resource. On the basis of current projections family practice will, for the 1980-81 year have approximately 39,000 patient visits.

The remaining clinics will continue to provide services primarily to a patient population referred by other health providers.

As indicated earlier, the patient origin statistics (excluding family practice) reflect that approximately 58% of outpatients are from the seven county metro area, 29% from the remainder of Minnesota, and 13% from outside the state or country. On the basis of these figures, past trends and the increasing emphasis on outpatient care, it is anticipated that an increase of about 134,000 patient visits will take place by 1981, reflecting substantially the same patient origins with a slight increase from out-state areas. Patient origin figures remaining stable, an additional 6,000 patients will be from the metropolitan area.

Table II, attached, provides outpatient data for major metropolitan hospitals with which the University maintains affiliation agreements.

Table III, provides occupancy information for the major affiliated hospitals. Most hospitals have experienced a significant trend

toward decreasing length of patient stay, and increased use of outpatient facilities.

Table IV, provides a tabulation of teaching beds by hospital location and by service.

ACTUAL AND PROJECTED CLINIC VISIT--Clinics to be Moved
to Building B/C

SERVICE	Actual				Projected								
	69-70	70-71	71-72	72-73	73-74	74-75	75-76	76-77	77-78	78-79	79-80	80-81	81-82
AUDIOLOGY	3,824	4,030	4,119	4,363	4,581	4,810	5,050	5,302	5,832	6,415	7,056	7,761	8,537
CLIN. PSYCH.	674	774	1,613	1,365	1,370	1,411	1,453	1,554	1,709	1,879	2,067	2,273	2,500
DENTAL CLINIC	7,267	7,447	7,266	3,879	4,034	4,195	4,362	4,536	4,717	4,905	5,101	5,305	5,517
DERMATOLOGY	3,312	2,983	4,410	5,331	6,663	8,328	9,993	11,991	14,389	17,266	20,719	23,826	26,208
E.N.T.	6,564	7,273	8,836	10,232	11,255	12,380	13,618	14,979	17,525	20,504	22,144	23,915	25,828
EYE	16,885	17,351	19,401	20,665	21,078	21,449	21,928	22,366	25,049	28,054	30,298	32,721	34,684
FAMILY PRAC.		325	2,821	4,056	5,881	8,527	10,658	13,322	19,316	28,008	39,211	39,000	39,000
MEDICINE	10,408	11,157	12,397	12,071	12,433	12,806	13,189	13,584	16,300	19,560	21,156	23,667	26,033
NEUROLOGY	5,516	5,558	7,252	7,196	7,483	7,782	8,093	8,416	9,678	11,129	12,241	13,465	14,811
NEUROSURGERY	3,016	3,404	3,857	4,193	4,392	4,611	4,841	5,083	5,591	6,150	6,765	7,238	7,744
OB-GYN	12,647	15,732	15,077	15,639	16,420	17,241	18,103	19,008	20,338	21,761	22,849	23,983	25,192
ORTHOPEDICS	3,685	4,129	4,467	4,452	4,585	4,722	4,863	5,009	5,610	6,283	6,784	7,326	7,912
PEDIATRICS	10,593	11,961	14,460	14,126	14,549	14,985	15,434	15,897	19,076	22,891	26,325	30,272	34,812
PROCTOLOGY	893	975	1,183	1,254	1,379	1,516	1,668	1,835	2,201	2,641	3,169	3,644	4,190
PSYCHIATRY	5,120	5,490	5,288	4,544	4,550	4,686	4,826	5,163	5,679	6,246	6,870	7,557	8,312
SURGERY	5,046	5,291	6,290	7,307	7,964	8,680	9,461	10,312	12,168	14,358	16,224	18,333	20,716
UROLOGY	<u>3,854</u>	<u>2,900</u>	<u>3,133</u>	<u>3,461</u>	<u>3,634</u>	<u>3,815</u>	<u>4,005</u>	<u>4,205</u>	<u>4,541</u>	<u>4,904</u>	<u>5,198</u>	<u>5,509</u>	<u>5,839</u>
TOTAL	99,304	106,780	121,870	124,134	132,251	141,994	151,545	162,562	189,719	222,954	254,177	275,795	297,635
% Change from previous year		7.6%	14.1%	1.9%	6.5%	7.4%	6.7%	7.3%	16.7%	17.5%	14.0%	8.5%	8.0%

-137-

TABLE I

OUTPATIENT VISITS

<u>Service</u>	<u>University of</u> <u>Minnesota Hospitals</u>	<u>Hennepin County</u> <u>General Hospital</u>	<u>St. Paul-Ramsey</u> <u>Hospital</u>	<u>Veterans Administration</u> <u>Hospital</u>
	<u>1972-73</u>	<u>1972-73</u>	<u>1971</u>	<u>1972</u>
Audiology	4,363			
Clinical Psychology	1,365			
Dental Clinic	3,879	6,764	2,357	
Dermatology	5,331	4,060	4,266	4,550
Ear, Nose & Throat	10,232	7,385	5,242	5,910
Eye	20,665	9,087	8,481	8,135
Family Practice	4,056			
Medicine	13,769	20,519	16,241	27,965
Neurology	7,196	2,784	3,297	2,530
Neurosurgery	4,183	980		1,280
Obstetrics and Gynecology	15,639	10,841	13,848	
Orthopedics	4,452	4,986	10,489	7,210
Pediatrics	15,894	15,952	10,100	
Proctology	1,254	1,350	510	1,760
Psychiatry	4,544	30,169		2,395
Surgery	6,272	5,953	7,059	7,980
Urology	3,461	3,329	4,971	5,710
Cardiac			2,008	2,035
Emergency Receiving	19,621	66,068	73,434	
Physical Medicine & Rehabilitation	3,042	733		788
Vascular		3,962		884
Other	352	3,962(birth control)	2,025	48,248(ancillary lab and support service)
Radiation Therapy	1,152			
Tumor	1,035	936		
Oncology (Masonic)	5,477			
Trauma		4,347		
Prothrombin		1,139		
TOTAL	<u>157,234</u>	<u>105,107</u>	<u>90,894</u>	<u>77,280</u>

-138-

TABLE II

*Includes medical specialties
**Includes surgical specialties

1973 AVERAGE INPATIENT OCCUPANCY RATE

<u>Univ. of Minnesota Hospitals</u>	<u>Hennepin County General Hospital</u>	<u>St. Paul Ramsey Hospital</u>	<u>Veterans Admin. Hospital</u>	<u>Mount Sinai Hospital</u>	<u>North- western Hospital</u>
72.6%	82.5%	62.7%	75.7%	75.1%	81.3%

TABLE III

AVAILABILITY OF RESOURCES FOR CLINICAL STUDIES

EXISTING TEACHING BEDS

<u>Service</u>	<u>Univ. of Minn. Hospitals</u>	<u>Hennepin County General Hospital</u>	<u>St. Paul- Ramsey Hospital</u>	<u>Veterans Admin. Hospital</u>	<u>Mount Sinai Hospital</u>	<u>Northwestern Hospital</u>
Anesthesiology	4					
Clinical Research	11					
Dentistry	3					
Dermatology	8	5				
Family Practice	12					
Gynecology	43	12				
Medicine	130	138	128	269 ¹	50 ¹	150
Neurology	38	24		84		
Neurosurgery	31	4				
Obstetrics	20	31	18			
Ophthalmology	24	4				
Orthopedics	28	40				
Otolaryngology	16	6				
Pediatrics (general)	126	55 ³	44 ³			
Pediatrics (newborn)	31					
Physical Medicine (adult)	20		14*	38*		
Physical Medicine (peds)	20					
Psychiatry (adult)	49	20*	85	107*		
Psychiatry (peds)	18					
Radiation Therapy	5					
Surgery	129	59	170 ²	374 ²	45 ²	
Urology	23	10				
Nursery		24				
Other			8 (TB)			
TOTAL	789	432	467	872	95	150

1-Includes Medical Specialties

2-Includes Surgical Specialties

3-Includes Newborn

* Indicates combined total adult and child

TABLE IV

Thus, Unit B/C is critical to planning for the improvements required to sustain quality animal care services to underpin the educational activities of this major academic Health Sciences Center.

Space Logic

In making the decision to select the portions of Unit B/C to be finished the functions considered absolutely necessary for student learning were determined. This resulted in a facilities program which included outpatient clinic space, general teaching areas, a learning resources center, a Central Core Animal Care facility and support areas for teaching faculty.

1. Outpatient Clinics

By 1979, 539 third and fourth year medical students will be enrolled in Phase D, the highly clinically-oriented portion of the curriculum of the Medical School. Of these students, 490 will be active in regular full-time clinical teaching programs of the Medical School. Of that number, it is estimated that, at any one time, 90-100 medical students will be located for learning experiences in the outpatient clinic facility. Current outpatient facilities cannot accommodate this teaching load and numbers of students. The number of examining rooms is inadequate. The rooms are small, cramped, inefficient and in many cases, obsolete. Various departmental clinics are geographically separated, an unfortunate situation resulting in fragmentation of teaching. Communication modalities are poor. There is an almost total lack of seminar rooms and teaching space. Hallways, patient waiting rooms, and nurses' stations necessarily are now used for discussions of patients and problems and for teaching of students.

In 1969-70 there were 99,304 outpatient visits in those selected University of Minnesota Hospitals Clinics which are planned for the proposed Unit B/C. These figures do not include visits to those clinics (e.g., cardiovascular, cancer, and emergency receiving) which are not planned for Unit B/C and remain in other areas of the Health Sciences Center. By 1972-73 this corresponding number had risen to 124,134. Based upon a conservative rate of increase, it is estimated that by 1980 there will be 275,000 outpatient visits. Continued use of current inadequate, antiquated facilities will markedly inhibit this projected growth in patient population, which is vital to fully implement curricular development and to provide teaching opportunities for the greatly increased number of medical students.

Current facilities are functionally obsolete and do not lend themselves to renovation. The clinics lack air conditioning in most places. Waiting facilities are poor. Cramped quarters in some clinics require patients to wait in major, heavily-travelled hallways, a condition cited for remedy by the Joint Commission in Accreditation of Hospitals. Patient traffic patterns are poor and, because of archaic architectural design, cannot be effectively improved. One large clinic operates in an old dormitory building separated from other major clinic operations. Patient must move relatively large distances for use of support facilities. Record retrieval is difficult because of lack of an adequate materials transportation system. Ancillary support services are poorly arranged, resulting in inordinate travel and loss of time for patients, staff, and students.

Two hundred and twenty-eight examining rooms in total are planned for the new outpatient facilities. One hundred fifty-six examining rooms are planned as finished space in this request. This total includes general clinic modules, specialty modules, and the Family Practice Clinic. This compares with the present 102. The numbers of examining rooms for the new building is based on an analysis of past and projected growth rates of each clinic. "Optimal utilization" (or maximum) of five patients per examining room per clinic day for each clinic module was the standard used for analysis of examining room needs. This standard was based on present utilization statistics and was substantiated by time studies. Based on projected growth rates, optimal utilization will be realized two to three years post-occupancy. The two hundred and twenty-eight rooms are planned to meet the projected patient load for this unit expected in the 1980's. This is consistent with the design intention to accommodate approximately 90-100 medical students receiving instruction in the clinic at any one time, by the assignment of one medical student per two examining rooms. This ratio is generally accepted for a busy teaching outpatient clinic where students at all levels and faculty are actively engaged in teaching and patient care. It is consistent with experience of senior faculty intensively involved with the instruction of undergraduate medical students.

The size and configuration of the examining rooms was determined by studies conducted with mock-up models under simulated conditions of interactions among student, faculty, patient and supporting personnel.

The examining rooms and the clinic modules are designed to facilitate optimal student/patient staff interaction in this teaching setting.

In order to provide an optimal setting for student learning, seminar rooms are included in clinic modules. This allows increased interaction among faculty, student and patient and the availability of ancillary support close to the center of the learning experience. Specialty modules are planned for services in Audiology, Otolaryngology, and Ophthalmology. The major portion of the teaching programs in these specialties requires an outpatient setting. The clinic modules are designed to facilitate the specialized teaching programs.

An ambulatory treatment center, which includes minor surgery operating rooms with associated support facilities, is included for the instruction of students in minor surgical procedures. This provides experience for the student in the care of patients requiring surgery which might be done on an inpatient service but which could be more effectively and economically performed in a suitable outpatient facility.

Provision will be made for appropriate amenities conducive to efficient, modern, personal care of patients including good communication systems, adequate transportation, functionally-designed patient-flow patterns, adequate waiting room space, and central air-conditioning. Support facilities, which include an outpatient pharmacy, clinical laboratory, radiology section, and an outpatient business office and reception area, are provided and are so located to promote easy patient and student access.

An entire floor is to be occupied by the Family Practice Clinic and is designed to provide a model for the student participation in comprehensive health care. The clinic is designed as a complete entity in itself to simulate a physician's office practice in the community. It is designed to accomplish investigation of newer, more innovative methods of patient care delivery and student instruction in health care systems. In order to facilitate faculty-student interchange and promote learning in the important specialty of Family Practice, the faculty offices and departmental teaching space are located in Unit B/C.

A Composite Ambulatory Care Issues List

I. Role of Ambulatory Care

- A. Support of Education - Graduate and Undergraduate
- B. Support of Research
- C. Medical Staff Economic Support
- D. Support of Inpatient Service
- E. Comprehensive and Continuing Care
- F. Development of new delivery models

II. Operational Issues

A. Organization

- 1. 100+ specialty and sub-specialty clinics
- 2. Multiple lines of authority and responsibility
 - a. Medical Staff
 - b. Nursing
 - c. Hospital Administration
 - d. Academic Units
 - e. Support Services

B. Financing

- 1. Losses
- 2. Dual Charge hospital - Medical Staff charges
- 3. Billing arrangements
- 4. Capital Financing
- 5. Third party reimbursement
- 6. Legislative funds

C. Incentive systems

- 1. Patient incentives to seek care
- 2. Medical Staff
 - a. Financial

b. Promotion

c. Clinical Chiefs Attitudinal Support

D. Education

1. Graduate Medical
2. Undergraduate Medical
3. Nursing
4. Other

E. Research clinics

1. Staff
2. Cost
3. Volume

F. Scheduling

1. Walk-in clinics
2. Between clinics

G. Facilities

1. Allocation of space and time
2. Special space
3. Assessment of needs
4. Funding

H. Other

1. Access
 - a. Referral relations
 - b. Community relations
2. Parking
3. Ancillary Dept. relations

AMBULATORY CARE REORGANIZATION STUDY PROPOSALINTENT OF STUDY

THE INTENT OF THE STUDY IS TO PROVIDE THE NECESSARY INFORMATION THROUGH WHICH THE UNIVERSITY CLINICS COMMITTEE, AND OTHER INVOLVED PARTIES, CAN EVALUATE THE MERITS OF VARIOUS AMBULATORY CARE ORGANIZATIONAL FORMS. SUCH INFORMATION WILL THEN BE UTILIZED TO TRY AND RESOLVE THE PROBLEM STATEMENT:

"HOW CAN THE UNIVERSITY HOSPITALS, MEDICAL STAFF, HEALTH SCIENCES, AND OTHER RELATED PARTIES ORGANIZE MOST EFFECTIVELY TO FULLFIL THE GOALS, OBJECTIVES, AND ROLES OF THE AMBULATORY CARE PROGRAM?"

STUDY APPROACH

I. SCOPE - THIS STUDY WILL LIMIT ITSELF TO THOSE AMBULATORY CARE ACTIVITIES NOW OCCURRING WITHIN, OR IN DIRECT RELATION TO, UNIVERSITY HOSPITALS. INCLUDED IN THESE PARAMETERS ARE ALL PRESENT OUTPATIENT CLINICS, MOST RESEARCH CLINICS, LEGISLATIVE SPECIAL OR SEMI-AUTONOMOUS DEPARTMENTAL CLINICS, AND EMERGENCY SERVICES. THIS IS NOT TO SAY THAT ALL SUCH ACTIVITIES WILL BE INCLUDED IN ONE FINAL ORGANIZATION. RATHER, IT SIMPLY RECOGNIZES THAT THEY SHOULD BE ANALYZED AS MAJOR FACTORS IN THE DELIVERY OF AMBULATORY CARE.

IN ADDITION, SOME ANALYSIS SHOULD BE PURSUED ON THE RELATIONSHIP OR INCLUSION AT A FUTURE DATE OF OTHER AMBULATORY CARE ACTIVITIES IN THE PROPOSED ORGANIZATIONAL FORMS. THESE INCLUDE SCHOOL OF DENTISTRY CLINICS PRIMARY CARE OUTREACH CLINICS (BOTH UNIVERSITY OPERATED AND SUPPORTED), MULTI-SPECIALTY CLINICS, AND CLINICS OPERATED BY OTHER HEALTH SCIENCES ACADEMIC UNITS.

II. METHODOLOGY OUTLINE - THE STUDY WILL FOLLOW THE APPROACH OF AN ALTERNATIVES - CONSEQUENCES DECISION MAKING PROCESS. IN ESSENCE, THIS APPROACH REQUIRES THAT THE SPECTRUMS OF ALTERNATIVE ORGANIZATIONAL FORMS BE ANALYZED AS TO THEIR PROBABLE CONSEQUENCES IN A VARIETY OF PRE-DETERMINED AREAS OF CONCERN. THESE AREAS OF CONCERN INCLUDE BOTH FULFILLMENT OF BROAD GOAL AND OBJECTIVE STATEMENTS AS WELL AS SPECIFIC PROBLEM AND ISSUE AREAS. A TENTATIVE LIST OF AREAS OF CONCERN ARE AS FOLLOWS:

A. ROLE OF AMBULATORY CARE

- 1) EDUCATION - UNDERGRADUATE AND GRADUATE
- 2) RESEARCH
- 3) SERVICE - ACCESSIBILITY, COST, QUALITY, CONVENIENCE, EFFICIENT
COMPREHENSIVE, ETC.
- 4) NEW DELIVERY MODELS
- 5) DEPARTMENT SUPPORT
- 6) OTHER

B. PROBLEM AND ISSUE AREAS

- 1) FRAGMENTED LINES OF AUTHORITY AND RESPONSIBILITY AMONG AND WITHIN
CLINICAL ACTIVITIES
- 2) FINANCING - EXPENSE, REVENUE, BILLING SYSTEMS, CONTROL, LEGISLATIVE
FUNDS, ETC.
- 3) INCENTIVE SYSTEMS - TO PROVIDE AND SEEK CARE
- 4) SUPPORT AND ANCILLARY SERVICES
- 5) RESEARCH CLINICS
- 6) INFORMATION PROCESSING SYSTEMS
- 7) SCHEDULING

- 8) LEVELS OF CARE - EMERGENCY, PRIMARY REFERRAL
- 9) FACILITIES
- 10) MEDICAL AND PROFESSIONAL STAFF ORGANIZATION
- 11) HOSPITALS ROLE AND ORGANIZATION
- 12) OUTREACH EFFORTS AND COMMUNITY - REFERRAL RELATIONS
- 13) LEGAL - LIABILITY, AUTONOMY, ETC.

THIS APPROACH REQUIRES EXPLORATION OF THE FULL RANGE OF ALTERNATIVE ORGANIZATIONAL FORMS PRIOR TO CONSIDERATION OF THE CONSEQUENCES OF SUCH FORMS. THEN, EACH CAN BE EVALUATED IN LIGHT OF THE AREAS OF CONCERN LIST (WHICH MAY WELL EXPAND THROUGH THE COURSE OF THE STUDY). WHILE IT IS FEASIBLE TO BEGIN SUCH A STUDY PRIOR TO A FINALIZATION OF THE ROLE AND OBJECTIVE STATEMENT FOR AMBULATORY CARE, SUCH A STATEMENT MUST BE AVAILABLE WHEN CONSEQUENCES ARE BEING ANALYZED.

III. PHASING - THE STUDY DISCUSSED ABOVE MAY BE PURSUED IN EITHER A PHASED OR AN ALL INCLUSIVE PROCESS.

IN A PHASED SEQUENCE THOSE SERVICES AND ACTIVITIES CURRENTLY BEING PERFORMED BY THE HOSPITAL COULD BE INVESTIGATED IN TERMS OF ALTERNATIVE ORGANIZATIONAL FORMS WHICH MAY FUNCTION MORE EFFECTIVELY THEN CURRENT SYSTEMS. UPON COMPLETION OF THIS STUDY, THE PROFESSIONAL STAFF INTERFACE - PRIMARILY MEDICAL STAFF ORGANIZATION-COULD BE PURSUED AND POSSIBLE CHANGES SUGGESTED. BOTH PHASES ARE ESSENTIAL IF THE ENTIRE CONCEPT OF AMBULATORY CARE DELIVERY IS TO BE EXPLORED.

THE ALTERNATIVE PROCESS IS SIMPLY TO SIMULTANEOUSLY STUDY ALL ELEMENTS NOW INVOLVED IN AMBULATORY CARE DELIVERY - HOSPITALS, MEDICAL STAFF, PROFESSIONAL STAFF, ETC. WHILE THIS APPROACH PROVIDES FOR TIMELY CONSIDERATION OF ALL AREAS OF INTERFACE THROUGHOUT THE STUDY, IT DOES EXPAND THE NUMBERS OF VARIABLES WHICH THE STUDY TEAM MUST DEAL WITH AT ANY ONE TIME AND REQUIRE GREATER IMMEDIATE INVOLVEMENT OF MEDICAL STAFF, OTHER ACADEMIC UNITS, ETC.

IT IS NOT FELT THAT EITHER APPROACH WOULD DIFFER SUBSTANTIALLY IN TOTAL TIME REQUIRED TO COMPLETE THE STUDY.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

DRAFT

October 22, 1974

TO: Dr. Filiatrault
Dr. Lee
Dr. Satran
Dr. Grage
Nancy Omundson

Dr. Howe
Dr. Williams
Dr. Serposs
Beverly Dorsey, R.N.
Greg Kujawa

FROM: John H. Westerman - Chairman, University Clinics Committee

I would like to take this opportunity to ask you to be a member of a Special Task Force of the University Clinics Committee.

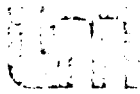
The charge of the Special Task Force is to recommend to the UCC moveable and fixed equipment requirements for general clinic rooms and public rooms in Building B/C. The specific areas for review include:

- *General Exam Rooms
- *General Treatment Rooms
- *General Consultation Rooms
- *Clinic Support Rooms - including utility and storage
- *Physician Dictation Rooms
- *Patient Clinic Reception Rooms
- *Patient Waiting Rooms
- *Other Public Rooms

Due to constrained time limits, it is proposed that this Special Task Force meet at least on a weekly basis for the next several weeks to finalize recommendations.

Unless I hear to the contrary, I will assume that you are willing to serve on this Special Task Force. Mr. Greg Kujawa, staff to the University Clinics Committee, will contact you within the next few days to arrange for the first meeting.

Thank you for your co-operation.



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

October 22, 1974

TO: University Clinics Committee

FROM: Greg Kujawa

SUBJECT: Special Task Force of University Clinics Committee

At the October 17, 1974 meeting of the UCC, I was directed to organize a Special Task Force. The charge of this Special Task Force is to recommend to the UCC moveable and fixed equipment requirements for general clinic rooms and public rooms in Building B/C.

The membership of the proposed Special Task Force should include a cross section of Clinical Services and the Outpatient Departmental staff.

I propose that the following Services/Departments and individuals be considered for membership on this Special Task Force:

Family Practice	Dr. Louis Filiatrault
Medicine	Dr. Robert Howe
Neurology	Dr. Myoung Lee
OB/GYN	Dr. Preston Williams
Pediatrics	Dr. Leon Satran
Psychiatry	Dr. Alan Serposs
Surgery	Dr. Theodore Grage
Outpatient Dept.	Beverly Dorsey, RN; Nancy Orundson
UCC Staff	Greg Kujawa

If the above list is acceptable the UCC should designate a chairman. Attached is a draft of an appointment letter for the task force.



UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Public Health
1325 Mayo Memorial Building
Minneapolis, Minnesota 55455

October 18, 1974

MEMORANDUM

TO: Dr. Mellor Holland, Chairman
Health Sciences Space Planning Committee

FROM: Lee D. Stauffer, Dean *LS*

SUBJECT: Request for Additional School of Public Health Space

To aid you and your committee in considering space allocations, Rex Singer has indicated that some amplification of School needs is desirable. Ways in which the School might use either the balance of the area on the 13th floor of Mayo and/or a floor within the Marlin Apartments are set out in general terms below. No specific room-by-room plans for either location have been developed pending the actual assignment of additional space to the School.

In addition to meeting existing and future needs as outlined below, I would strongly request that the solutions to those space needs be developed so as to reduce -- or at least not increase -- the functional problems resulting from present space assignment in many locations. Currently the School is fragmented in eleven locations on campus which produces rather self-evident problems of communication, lowered efficiency and perhaps most importantly, difficulty in providing faculty-student accessibility and interchange. With this in mind, we would certainly prefer the assignment of the contiguous space on the 13th floor of Mayo to some remote location.

Present Needs:

- Six faculty offices where present multiple occupancy or other factors render present space unsuitable
- One large combination office-work space for audio-visual specialist
- One audio-visual study carrel space
- Two small conference/classrooms
- Maternal and Child Health Program Space (Director, secretary, resource/reference space for materials owned and furnished by the director, student work spaces)
- Space to allow the upgrading of work spaces for clerical personnel in the Dean's office to improve effectiveness

- Machine room facilities to allow the segregation of noisy activities which now hamper efficient staff and faculty functioning
- Additional space is also required for functional storage space for current records which need to be maintained in controlled access areas

Short-Range Future Needs:

- Office space to provide for the functional separation of student service activities and traffic from faculty or other administrative areas. This would separate student registration, general advising, and other student personnel functions and allow for their centralization and further development which is not easily possible in view of present physical constraints.
- Three faculty offices for grant-funded positions not now filled because of recruiting lag

Our present estimate of the area required to house the present and short-range future needs is 4000 to 4500 net square feet. Although this is not a precise estimate we feel it is sufficiently so to use for your planning and allocation purposes.

Longer-Range Future Needs:

- The School has grant applications pending, which if approved, would require some additional offices for full or part-time faculty relating to programs now housed in the Mayo tower. The number of such offices is dependent on the full or partial funding of such grants.

We look forward to hearing from you.

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Planning Office
Box 75 Powell Hall
4103 Powell Hall
Minneapolis, Minnesota 55455
(612) 373-8981

November 12, 1974

TO: Dr. Mellor Holland, Chairman
Health Sciences Space Planning Committee

FROM: Paul J. Maupin, Chairman
Jackson-Owre-Millard Building Advisory Committee

SUBJECT: Health Sciences Space

This letter is to advise you that the Jackson-Owre-Millard Building Advisory Committee met on November 6, 1974, and made the following decision which will be of interest to the Health Sciences Space Planning Committee.

The Medical School Dean's Office request to occupy first floor space in Owre Hall was approved. Presently allocated spaces on the 13th floor of Mayo and Centennial Hall will be vacated by the Dean's Office; therefore, these areas are referred to the Health Sciences Space Planning Committee for reallocation.

As you are probably aware, the University Hospitals had requested the same location on first floor of Owre Hall to expand clinical spaces. It is the recommendation of the Jackson-Owre-Millard Building Advisory Committee that the University Hospitals request be given high priority consideration in the reassignment of spaces vacated by the Medical School Dean's Office on 13th floor of Mayo and Centennial Hall.

PJM:rm

cc: Mr. Clinton Hewitt
Mr. Tom Jones
Dr. Lyle French
Mr. Dave Preston

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

November 18, 1974

TO: Mr. John Westerman, Chairman
Ms. Beverly Dorsey
Dr. Roby Thompson
Dr. Robert Howe
Ms. Nancy Kay Omundson
Mr. Cliff Fearing
Mr. Robert Dickler

FROM: University Clinics Committee

SUBJECT: Ambulatory Care Hospital Organization Task Force

The University Clinics Committee has recently approved a study proposal for an in-depth analysis of alternative forms of ambulatory care organization. (study proposal is attached).

In approving this study the Committee recognized that ambulatory care is a highly complex, and fragmented, education-service-research program that requires medical staff and hospital interrelationship at all levels and categories of activity. To facilitate the study the Committee determined that both hospital and medical staff organization should be investigated simultaneously by two separate but interdependent efforts.

You are asked to serve on a task force; upon recommendation of the Chief of Staff, Chairman of the Council of Clinical Services, and the General Director of University Hospitals; to analyze and recommend alternative hospital organizational form (s). Some of the specific tasks which the task force will need to undertake to achieve this result will include:

- 1) A role definition of ambulatory care.
- 2) An indepth understanding of current hospital organization in ambulatory care and resultant problems and unresolved issues.
- 3) A delineation of actions, commitments, and changes necessary to deal with the role, problems, and issues so identified.

Simultaneously, a task force dealing with Medical Staff organization for ambulatory care will be focusing on many of these same items from that perspective. These task forces will have some joint membership, exchange minutes, and have access to study staff as desired and required.

It is important to note in undertaking this investigation, that the imminent opening of Unit B-C is only a motivating factor and not the primary reasons for initiating this study at the present time. Such an effort has been required for a number of years and indeed, various groups have investigated

aspects of ambulatory care reorganization for the past several years.

It is sincerely hoped that you will accept this appointment. If you are not able, please contact Mr. Robert Dickler. An initial meeting will be scheduled shortly.

Thank you.

RMD:jb



UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Planning Office
Box 75 Powell Hall
4103 Powell Hall
Minneapolis, Minnesota 55455
(612) 373-8981

November 19, 1974

TO: Clinton Hewitt
FROM: *Paul Maupin*
SUBJECT: Summary of Agenda Items

Health Sciences Planning Committee Meeting
November 20, 1974
8:30 a.m.
Regents Room - Morrill Hall

1. Parking Ramp & Parking Problems Related to the Dental School

Dean Schaffer has documented a loss of \$170,000 in patient revenue to the Dental School, and an untold amount of public relations problems stemming from the lack of adequate parking facilities. This is essentially the contents of Dean Schaffer's presentation to the Committee.

2. Hospital Motel Status Report

We understand you will be discussing the follow-up of your attached memo to Vice President Brinkerhoff.

3. Interim Animal Space Report

It is the intention of Dr. Manning to give a verbal summary of the attached report.

4. Building B/C Planning Report

I will discuss Building B/C funding. I shall compare the grant of \$33 million and construction costs of \$26 million to our current cost consultant's project cost of \$37 million and construction cost of \$29.4 million. This difference is largely attributed to the newly instituted codes required by U.B.C., U.S.D.A., and N.I.H. One significant code change requires that a complete sprinkler system be provided for life safety.

A 10% escalation factor is incorporated in the \$29.4 million construction cost. This factor could vary greatly between now and June, 1975, based upon unpredictable conditions of the economy. The variation of 5% up or down could change the cost approximately \$1.5 million.

We do have some loose ends in B/C planning. One, for example, is the interim animal quarters as outlined by Dr. Manning. The second, is the relocation of the Scientific Apparatus Shop as stated in the grant application. The relocation of that shop was never defined. If we leave the Scientific Apparatus Shop in its present location and reduce the Learning Resources Center in proportion, we can save the project \$500,000. It is the Health Sciences Planning Office's recommendation to this Committee that they approve this approach. Thirdly, we are holding to the accepted plans in the grant except in the areas of code changes, and where reductions in project costs are feasible as in the case of the Scientific Apparatus Shop. This is essentially about all I intend to report, but we should open it up for any discussion or comments.

5. Hospital Clinics Committee Report

John intends to discuss the progress of this committee. The committee meets every Thursday morning at 7:00 a.m., and they are concerned with the grant limitations on space use, and the restrictions imposed upon them by the Certificate of Need. They will want a commitment out of the Health Sciences Planning Committee to permit the Hospital Clinics Committee to make physical planning changes to the currently approved drawings. (I think!) If this is the case, this request should be handled very carefully, but in the end the Committee should not permit those changes. This would be opening the flood gates for an untold number of requests. We cannot sacrifice the planning time nor the funds to implement these changes.

In a very brief way, Clint, this provides you with an overall summary of tomorrow's agenda.

PJM:rm

Attachments

HEALTH SCIENCES PLANNING COMMITTEE
AGENDA

November 20, 1974

8:30 a.m.

Regents Room

Morrill Hall

1. Parking Ramp & Parking Problems
Related to the Dental School - Dean Erwin Schaffer
2. Hospital Motel Status Report - Mr. Clinton Hewitt
3. Interim Animal Space Report - Dr. Patrick Manning
4. Building B/C Planning Report - Mr. Paul Maupin
5. Hospital Clinics Committee Report - Mr. John Westerman

RECEIVED

OCT 23 1974

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

October 23, 1974

TO: Vice President Brinkerhoff

FROM: Clinton Hewitt

SUBJECT: Health Sciences Motel

Attached is a proposal from the development firm, Arrigoni, Hewell & Associates, to construct and manage a hotel/motel facility on University land. From the Health Sciences perspective, the need for an adequate "Health Sciences Motel" in close proximity to the University Hospital is very apparent. It certainly would permit the release of motel rooms in Powell Hall for reassignment to solve some of the critical space problems in several schools.

Also, attached is a letter from John Westerman indicating that the Medical Staff Council, Chiefs of Clinical Services and the Department of Health Services Administration Staff of the University Hospital have reviewed and endorsed the concept of such a development.

In my judgement, although this is not based upon a study of the specific needs and criteria for such a facility, it would be preferable to leave such an endeavor to private enterprise--built with private funds on non-university land. Obviously, this cannot be achieved in the Campus area if the overriding criteria is close proximity to the University Hospital.

Understandably, the attached drawings lack clarity and detail because they are essentially conceptual and relate primarily to locational relationship. There are a number of development issues (parking, circulation, relocation of current users, leasing University land in this central area of campus to private developers, etc.) that must be evaluated.

Please advise how we should proceed on this project. Exploring this proposal with the developer would seem appropriate.

CNH/sbw

OFF-CAMPUS ANIMAL FACILITY MEETING

Wednesday, October 30, 1974

1:30 p.m.

4112 Powell Hall

PRESENT: Dean Neal Gault, Dr. E. Wayne Drehmel, Dr. Patrick Manning, Mr. Jim Nelson, Mr. Hans Ballin, Dr. Milton Trapold, Ms. Virginia Lewis, Mr. Paul Maupin, Mr. Robert Swanson

Various concerns and thoughts have been expressed during recent months related to the critical space needs to accommodate present animal areas that will either be demolished or disrupted during Building B/C construction. Several meetings have been held previously to examine possible alternatives for interim space from the onset of Building B/C construction estimated to begin not later than September, 1975, through estimated occupancy of B/C in January, 1977.

The 2600 University Corporation submitted a proposal to Dr. Patrick Manning on September 17, 1974, offering to design and construct a suitable animal holding facility to be located at 2600 University Avenue, Southeast. This meeting was called to discuss and evaluate the options outlined in the proposal on a comparative basis with other alternatives examined in previous meetings.

Previous meetings have dealt with the feasibility of utilizing presently owned University properties, i.e. lower level of Mayo, Rosemount, St. Paul Campus, etc.

While the lower level of Mayo is undoubtedly the optimum location of all possible facilities considered, renovation costs are estimated to be \$1.0 to \$1.6 million and construction required could not be completed by the required date of September, 1975.

The Rosemount facilities may be considered in the future as a long-term animal holding facility; however, the most suitable spaces at Rosemount are presently leased on three year contracts to 3-M and Kor-Med. Mr. Bill Cook states that another area that might have been desirable has been leased to a vocational school. The remaining space at Rosemount according to Mr. Cook is unheated warehouse space that would require large investments to renovate the areas to meet N.I.H. and U.S.D.A. requirements. The distance between the Rosemount facilities and the investigators in the Health Sciences is also a disadvantage to be considered.

There are presently no facilities on the St. Paul Campus that could be utilized for housing research animals. It was suggested that Central Administration could consider providing a facility on the St. Paul Campus for the Medical School; however, it was pointed out that all future construction of buildings must have Legislative approval and it would be impossible to plan and construct such a facility prior to September, 1975.

The proposal submitted by the 2600 University Corporation could provide the necessary space to centralize the interim needs estimated to be 22,000 to 23,000 sq. ft. required to accommodate all research animals, staff, and support laboratories. Location of the proposed facility in relation to the Health Sciences is a prime factor to be considered. Mr. Lindlan indicated in the proposal that a completely equipped building, designed and constructed to the University's specifications, could be provided within eleven months upon receipt of a letter of intent from the University indicating willingness to utilize the space. It was also pointed out that such a facility could be used by the University to meet future space needs if the new quarters in Building B/C are not able to accommodate peak periods of animal research.

Concerns have been raised related to Mr. Lindlan's previous employment with the University, and the implication that he acquired privileged information while employed with Space Programming and Management. However, it was pointed out that several real estate companies have been summoned to investigate various possibilities to provide interim space, and to this date they have not been able to present any possibility that would be feasible. Dr. Trapold indicated that he would contact other real estate firms to investigate the present market. Mr. Lindlan's letter to Mr. Ausen dated October 22, 1974, relates the ownership and equity positions of the partners of the 2600 University Corporation (see attached). There appears to be no conflict of interest.

It was decided that a complete tabulation of all research grants would be necessary in order to determine what finances could be made available to finance leasing the facility at 2600 University Avenue, Southeast. Mr. Maupin requested the tabulation to include the dollar amounts available through existing grants to cover rental space costs and an indication of the duration of each grant. He also pointed out that it would be advisable to investigate the availability and guidelines in securing future grant monies to support such rental space. It was estimated the grant tabulation could be completed in approximately two weeks, and a meeting would be called at that time to review the findings of the tabulation.

Dean Gault stressed the importance of providing a facility within the time schedule in order to meet obligations and commitments of research grants. Failure to meet such obligations and commitments could result in loss of revenue. It was estimated that research grants could possibly support such a rental facility within three years, but it may be necessary to use partially general funds until that time.

The general view of the proposal submitted by the 2600 University Corporation was that it offered better opportunities than any other alternatives previously examined, and appears to be the most feasible alternative for interim space needs.

ANDROCK
CORPORATION

6250 WAYZATA BOULEVARD MINNEAPOLIS, MINN. 55416 612/546-2558

October 22, 1974

RECEIVED

OCT 28 1974

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

Mr. Vernon Ausen
348 Elliott Hall
Minneapolis Campus
University of Minnesota
Minneapolis, Minnesota 55455

Dear Mr. Ausen:

In answer to your question of last Friday, October 18, with regard to those persons, either directly or indirectly, involved in, either the ownership of or the investment in, the 2600 University Avenue project - let me list all the persons who have been or will have equity ownership in the building project.

A Hopkins, Minnesota physician, Dr. Richard Picha, did have a vested interest in the project in an earlier phase. On August 1, 1973, by mutual agreement, Dr. Picha did terminate his investment in the project and his equity holding was purchased by the remaining partners.

The three persons holding equity in the 2600 University project are:

1. Charles F. Magney, President of Magney Construction Company, with office at 2724 Fernbrook Lane, Minneapolis, Minnesota.
2. Bruce W. Anderson
3739 Park Valley Road
Hopkins, Minnesota 55343
Mr. Anderson holds a "to be earned" equity position in the project through primarily his position as over-all project manager.
3. Leighton Lindlan
2561 Lakewood Lane
Mound, Minnesota

There are two additional individuals who have a tentative position with the project which may result in equity in the project at a

October 22, 1974
Mr. Vernon Ausen
Page 2

future date. They are:

1. Paul K. Miller, Secy. - Treas. of Acton Construction Company of Hugo, Minnesota. Mr. Miller resides at 91 Arthur Ave. S. E., Minneapolis, Minnesota.
2. Wilson Robinson, Manager, Acton Construction Company. Mr. Robinson resides at 335 No. Quaker Lane, Minneapolis, Minnesota.

This answers the ownership and equity positions in the 2600 University project. If you have further questions please call me at 546-2558.

Sincerely,

2600 University Corporation

Leighton Lindlan

Leighton Lindlan

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Care Systems Research and Development
Health Sciences
432 Morrill Hall
Minneapolis, Minnesota 55455

November 19, 1974

TO: Health Sciences Planning Committee

FROM: John H. Westerman *JHW*
Chairman, University Clinics Committee

SUBJECT: First Interim Report on University Clinics

This report is intended to inform the Health Sciences Planning Committee of the progress of the University Clinics Committee. The charge of this committee and its membership is found in Appendix I. The tasks of the Committee are wide in range and it was decided at the first meeting that it would be necessary for special task forces to be formed in order to proceed in an effective, efficient manner. A review of the existing planning overview was an essential part of the committee's first meeting. This review was necessary because Committee members had substantially different perspectives about the present stage of the Clinics since the B/C modifications.

An immediate need was for a Special Task Force of University Clinics Committee with the responsibility of moveable and fixed equipment requirements for general choice and public rooms in Building B/C. While assignment of rooms is not complete, there is an early deadline for ordering the equipment. Greg Kujawa was made responsible as organizer and coordinator of this committee.

Appendix II states the committee membership and its charge. At the suggestion of U.C.C. committee members representatives from the Department of Orthopedics and Dermatology were added to the committee.

A discussion of the educational justification and rationale for Unit B/C brought forth Appendix III. This was complimented by an Ambulatory Care Issues List. This list, Appendix IV, specifies the issues of ambulatory care and defines for the committee the many areas that deserve serious exploration and study. It seemed essential to the committee that an in-depth analysis of alternative forms of ambulatory care organization was necessary. The intent of the study is "how can the University Hospitals, medical staff, Health Sciences and other related parties organize most effectively to fulfill the goals, objectives and roles of the ambulatory care program?" Appendix V is the accepted Ambulatory Care Reorganization Study Proposal. Mr. Robert Dickler will be the Project Study Director.

The committee felt that in order to be most effective and acceptable to all parties the studies of both Hospital Organization and Medical Staff organization must include committee members from both areas. Mr. Dickler and Dr. Winchell have worked together to develop these committees.

Appendix VI is the charge to the Ambulatory Care Medical Staff Organization Task Force and Task Force Membership. Appendix VII is the Ambulatory Care Organization Task Force and Task Force Membership.

There are issues still facing the University Clinics Committee that have been discussed at each meeting since the committees inception. The space utilization assignment of the reduced number of general clinic modules/exam rooms, the handling of requests for design change, the possible inclusion of a multi-specialty clinic are all items not easily resolved.

In summary, the committee is faced with a reduction of 228 to 156 exam rooms. Of the 156 rooms 89 are general purpose, 37 special purpose (Eye, ENT, Audiology) and 30 Family Practice. There are now 77 general exam rooms, 18 specialty, and 7 Family Practice. Neurology, Neuro Surgery, Dermatology and Psychiatry have no space assignments in University Clinics.

Meanwhile grant restrictions need clarification. The clinical chiefs of service are about to undertake a study to the feasibility of a multi-specialty clinic. The committee will seek further clarification in working toward a spring-summer completion date.



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

September 24, 1974

TO: University Clinics Committee

Chairman, Department of Medicine	Richard Ebert, M.D.
Chairman, Department of Surgery	John Najarian, M.D.
Chairman, Department of Pediatrics	John Anderson, M.D.
Chairman, Department of Family Practice	Edward Ciriacy, M.D.
Chairman, Clinical Services	Michael Paparella, M.D.
Chairman, Clinical Services	Eugene Gedgudas, M.D.
Chairman, Out-Patient Committee	David Eifrig, M.D.
Chief of Staff	Paul Winchell, M.D.
School of Nursing	Sharon Wilford
School of Public Health	Alma Sparrow
General Director, University Hospitals	John Westerman, Chairman
Staff	Robert Dickler, Greg Kujawa, Janet Shapiro, Bev Dorsey Tom Jones

FROM: Michael Paparella, M.D., Chairman, Council of Chiefs of Clinical Services, Paul Winchell, M.D., Chief of Staff, University Hospitals, John H. Westerman, General Director, University Hospitals

Now that Building B-C is funded, the various component parts must proceed with the final planning stages. The components of B-C include Animal Hospital, Department Office Space, Learning Resources Center, Department Research Space and University Clinics.

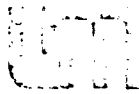
Our responsibility is for University Clinics. The task of the Committee will be to consider the:

1. Development of movable equipment list and allocation of limited capital resources to competing interest groups (i.e. laboratories, radiology, operating rooms, clinics).
2. Space utilization assignment of the reduced number of general clinic modules/exam rooms, and development of criteria for considering the inclusion of a multi-specialty clinic.
3. Question of how to handle requests for design change.
4. Planning for occupancy and for beginning operation in the new building.

5. Operational suthority/responsibility and planning of the new ambulatory surgery suite.
6. Examination of alternate organizational arrangements.

In fulfilling this assignment the Committee will have the option of utilizing resources outside the University. The multispecialty clinic study would be referred to the Patient Care Committee, under the chairmanship of Dr. Ciriacy. It is anticipated that other study groups may be needed.

MP/PW/JW/sjg



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

October 22, 1974

TO: University Clinics Committee

FROM: Greg Kujawa

SUBJECT: Special Task Force of University Clinics Committee

At the October 17, 1974 meeting of the UCC, I was directed to organize a Special Task Force. The charge of this Special Task Force is to recommend to the UCC moveable and fixed equipment requirements for general clinic rooms and public rooms in Building B/C.

The membership of the proposed Special Task Force should include a cross section of Clinical Services and the Outpatient Departmental staff.

I propose that the following Services/Departments and individuals be considered for membership on this Special Task Force:

Family Practice	Dr. Louis Filiatrault
Medicine	Dr. Robert Howe
Neurology	Dr. Myoung Lee
OB/GYN	Dr. Preston Williams
Pediatrics	Dr. Leon Satran
Psychiatry	Dr. Alan Serposs
Surgery	Dr. Theodore Grage
Outpatient Dept.	Beverly Dorsey, RN; Nancy Omundson
UCC Staff	Greg Kujawa

If the above list is acceptable the UCC should designate a chairman. Attached is a draft of an appointment letter for the task force.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

DRAFT

October 22, 1974

TO: Dr. Filiatrault
Dr. Lee
Dr. Satran
Dr. Grage
Nancy Omundson

Dr. Howe
Dr. Williams
Dr. Serposs
Beverly Dorsey, R.N.
Greg Kujawa

FROM: John H. Westerman - Chairman, University Clinics Committee

I would like to take this opportunity to ask you to be a member of a Special Task Force of the University Clinics Committee.

The charge of the Special Task Force is to recommend to the UCC moveable and fixed equipment requirements for general clinic rooms and public rooms in Building B/C. The specific areas for review include:

- *General Exam Rooms
- *General Treatment Rooms
- *General Consultation Rooms
- *Clinic Support Rooms - including utility and storage
- *Physician Dictation Rooms
- *Patient Clinic Reception Rooms
- *Patient Waiting Rooms
- *Other Public Rooms

Due to constrained time limits, it is proposed that this Special Task Force meet at least on a weekly basis for the next several weeks to finalize recommendations.

Unless I hear to the contrary, I will assume that you are willing to serve on this Special Task Force. Mr. Greg Kujawa, staff to the University Clinics Committee, will contact you within the next few days to arrange for the first meeting.

Thank you for your co-operation.

UNIVERSITY OF MINNESOTA University Hospitals
TWIN CITIES Minneapolis, Minnesota 55455

OCTOBER 15, 1974

TO: UNIVERSITY CLINICS COMMITTEE
FROM: BOB DICKLER
SUBJECT: EDUCATIONAL JUSTIFICATION & RATIONALE FOR UNIT B-C

AT THE OCTOBER 10, 1974 MEETING I WAS REQUESTED TO DRAW TOGETHER THE MOST RECENT DISCUSSIONS OF EDUCATIONAL PROGRAMS AND HOW THEY WILL FUNCTION IN UNIT B-C. IN ACCORD WITH THAT REQUEST THE FOLLOWING DOCUMENTS ARE PROVIDED:

- 1) PROJECTED UTILIZATION FOR MEDICAL EDUCATION OF CLINIC EXAMINING ROOMS IN BUILDING B-C; MARCH 5, 1974
- 2) JUSTIFICATION OF B-C SPACE; DEPARTMENT OF FAMILY PRACTICE AND COMMUNITY HEALTH; FEBRUARY 25, 1974
- 3) AVAILABILITY OF RESOURCES FOR CLINICAL STUDIES; UNIT B-C GRANT APPLICATION; APRIL 1, 1974.
- 4) SPACE LOGIC - OUTPATIENT CLINICS; UNIT B-C GRANT APPLICATIONS; APRIL 1, 1974

IN ADDITIONAL EARLY PLANNING DOCUMENTS DATING FROM 1954 ARE AVAILABLE INCLUDING ALL PREVIOUS GRANT AND CERTIFICATE OF NEED APPLICATIONS.

UNIVERSITY OF MINNESOTA
MEDICAL SCHOOL

Projected Utilization for Medical Education
of Clinic Examining Rooms in Building B/C

A projection is made to 1979-80 concerning the anticipated utilization at that time for medical educational activities in clinic examining rooms of Building B/C. University of Minnesota Hospitals has projected a need in 1979-80 for 187 examining rooms based on approximately 250,000 patient visits anticipated during that year, including an average of 5 patient visits per examining room per day of clinic operation.

Enrollment of Undergraduate Medical Students

The following table provides data on medical student enrollment at the University of Minnesota Health Sciences Center during the current year, 1973-74, and enrollment expected in 1979-80.

<u>Medical Student Year</u>	<u>Medical Student Class</u>	<u>Current Enrollment 1973-1974</u>	<u>Expected Enrollment 1979-1980</u>
First	Phase A	244	239
Second	Phase B	244	239
Third	Phase D ₃	224	539 < 257 (+35)
Fourth	Phase D ₄	220	
Total medical students in metropolitan area		932	1017
Rural Physician Associates, outstate		25	40
Total medical student enrollment		957	1057

Utilization of Clinic Examining Rooms by Medical Students

Phase A and Phase B medical students utilize examining rooms intermittently during the first and second years of medical school in their clinically-related courses entitled Introduction to Clinical Medicine and Student as Physician. For this analysis, we estimate that, on the average throughout the year 1979-80, approximately 10 student equivalents from Phase A and/or B will be involved in outpatient clinical activities in the examining rooms of B/C.

The great bulk of day-by-day medical student utilization of clinic rooms is by students in Phase D, who are assigned, essentially on a full-time basis, in block periods of time to clinical activities, a significant portion of which relates to outpatient experience. We assume that, on the average in 1979-80 as is now the case, at least 28 percent of Phase D students will be assigned to clinical activities at University of Minnesota Hospitals. We further assume that in 1979-80 approximately 60 percent of the clinical experiences of medical students so assigned will be in the outpatient units, utilizing clinic examining rooms in Building B/C. Thus, of 539 Phase D students, on the average 151 will have continuing daily educational experience at University Hospitals; of that number, 91 Phase D students will utilize 91 B/C clinic examining rooms, or about one-half of the 187 rooms projected to accommodate outpatient visits in 1979-80. These numbers of Phase D students in residence at the Health Sciences Center and utilizing clinic rooms represent a 23% increase over comparable figures for the current year.

Daily Work Load of Medical Students, Housestaff and Faculty in Clinic Examining Rooms

In 1979-80, on the average, one-half of the examining rooms will be utilized by Phase D medical students who, at their various levels of limited experience and educational background, are able to function significantly less efficiently and rapidly than more experienced housestaff and faculty. In a teaching environment, a Phase D student will usually need about 1.5 hours to perform adequately a complete "workup" on a University Hospital patient, plus an additional 1.0 hour for teaching review with or by one or more staff members, further consultation with the patient and appropriate disposition of the clinical problem. Thus, occupied 2.5 hours per average teaching outpatient, one student examining room accommodates about 3 such patient workups and related teaching exercises in 7.5 hours, leaving about one-half hour in an eight-hour day for room preparation and changes of occupants.

In the remaining one-half of the examining rooms, housestaff physicians (interns and residents) and medical faculty will be simultaneously learning, teaching and providing medical service as they care for an average of 7 patients per day per room. Generally these more experienced physicians work in the outpatient setting considerably more rapidly and efficiently than do medical students, although, due to intermingled teaching activities and frequently very complicated patient problems, less so than many experienced physicians in a non-teaching practice.

Although specific clinics at University Hospitals are scheduled at various times, with monthly and seasonal variations in schedules, on an annual basis we may anticipate distribution of 91 Phase D medical students among the several clinics in the following manner: 11 in Family Practice, 25 in Internal Medicine and Medical Specialties, 15 in Pediatrics and Pediatric Specialties, 15 in Obstetrics-Gynecology and related specialties, 10 in Psychiatry, Neurology and related specialties, and 15 in Surgery and Surgical Specialty fields.

In summary, in this educational setting, an average of 10 outpatients will be cared for in each 2 examining rooms of the 187 available rooms in 1979-80, providing service for a total of 250,000 patient visits during the year. Working in this manner in the clinic, on a daily average basis, will be 10 Phase A and B medical students, 91 Phase D medical students, approximately 70 housestaff physicians and 20 faculty physician-teachers, for a total of 191 medical personnel in 187 examining rooms.

For brevity, this analysis of educational use of clinic examining rooms has focused only on undergraduate medical students, and, to a lesser extent, on clinical graduate students and related faculty. The present analysis does not consider the extensive but variable use made of clinics in educational programs by numerous other health science students, including students of nursing, clinical pharmacy, occupational therapy, physical therapy, clinical psychology and other allied health fields, as well as their related faculty teachers.

JUSTIFICATION OF B.C. SPACE

UNDERGRADUATE EDUCATION

Phase A - 120 students → Introduction
to Clinical Medicine

Introduction to Clinical Medicine -
24 weeks - 12 weeks ambulatory
12 weeks in-patient

One patient/week x 12 weeks x 120 = 1440 patient visits

Phase B - 240 students
25% on campus = 60 students

6 patients/day x 12 days x 60 = 4320 patient visits

Phase D - 120 students - 6 week preceptorship
50% on campus = 60 students

60 students @ 8 patients per-day

33 days in 6 week preceptorship = 15840 patient visits

TOTAL 21600 patient visits

EWC:glj
2/25/74

JUSTIFICATION OF B.C. SPACE

Graduate Education

18 Residents (6 for each of 3 years)

First year - 6 residents - 1/2 day/week - 4 patients/one-half day

$6 \times 4 \times 52 = 1248$ patient visits

Second and Third Year - 12 Residents @ 40% time for 18 of 24 months

$12 \times 0.4 \times 18/24 = 3.6$ full time equivalent residents
in the Clinic all the time

3.6×16 patients per day - 57.5 per day

$57.5 \times 22 = 1267$ patients per month

$1267 \times 12 = 15,204$ patient visits per year

TOTAL	1,248
	<u>15,204</u>
	16,452

ENC:glj
2/25/74

JUSTIFICATION OF B.C. SPACE

Patient Visits Required

Undergraduate	21,600
Graduate	<u>16,452</u>
	38,052

B.C. - 30 offices (exam)

5 patients/day/exam room.

5 x 30 x 22 x 12 - 39,600 visits/year

EWC:glj
2/25/74

Availability of Resources for Clinical Studies

The numbers and types of patients required, under normal conditions for the teaching of the clinical sciences in the ambulatory setting provided for in Unit B/C are developed through analysis of medical students assigned to the clinical services in the Health Sciences Center.

Phase A and Phase B medical students, utilizing examining rooms intermittently during the first and second years of medical school in their clinically related courses entitled Introduction to Clinical Medicine and Student as a Physician, will, on the average, number 10 student equivalents in outpatient activities in the examining rooms of Unit B/C.

The great bulk of day-by-day medical student utilization of clinic rooms is by students in Phase D, who are assigned, essentially on a full-time basis, in block periods of time to clinical activities, a significant portion of which relates to outpatient experience. At least 28 percent of Phase D students will be assigned to clinical activities at University of Minnesota Hospitals at any one time. The remainder of the students in this Phase will be assigned to experiences in the affiliated hospitals. Approximately 60 percent of the clinical experiences of medical students so assigned at the Health Sciences Center will be in the outpatient units utilizing clinical examining rooms in Unit B/C. Thus, of 539 Phase D students, on the average 151 will have continuing daily educational experience at University Hospitals; of that number 91 Phase D students will be engaged in experience in the ambulatory clinics.

Ambulatory patient needs projected for medical students in Phase A and B are for two patients per week:

	Number of Students	Patient Visits Required/week	No. of weeks	No. of Patients
Phase A	239	478	30	14,340
Phase B	239	478	45	21,510

Total patient visits needed for these phases of the curriculum per year number 35,850.

Phase D students should attend one "new" patient each day in the ambulatory clinics and follow-up approximately five patients daily with the housestaff and faculty.

	Number of Students	Patient Visits Required/week	No. of days	No. of Patients
Phase D	91	546	255	139,230

In support of these students experiences, a need for 175,080 patient visits to the ambulatory clinics in Unit B/C annually is projected.

The Attached chart, Table I, provides outpatient statistics for the clinics which will be located in Unit B/C.

In considering the projected patient population which will be served in the B/C unit outpatient facilities it is not possible to project specifically and with total accuracy what the origin patterns will be. This is due to a variety of factors including the impact of socioeconomic factors, geography, transportation, financing, etc., upon referral and utilization; a changing emphasis from inpatient to outpatient care; changes in medical technology; and the large service area of the University. What can be provided at this time, however, is the best possible information on the basis of historical trends and considered judgment of the impact of changes in health care.

In considering patient origin, a distinction is made between primary care and specialty care resources. Family practice, as the major provider of primary care, can be expected to continue to draw the majority of its patients from the immediate environs of the University and thus serve as a local community health resource. On the basis of current projections family practice will, for the 1980-81 year have approximately 39,000 patient visits.

The remaining clinics will continue to provide services primarily to a patient population referred by other health providers.

As indicated earlier, the patient origin statistics (excluding family practice) reflect that approximately 58% of outpatients are from the seven county metro area, 29% from the remainder of Minnesota, and 13% from outside the state or country. On the basis of these figures, past trends and the increasing emphasis on outpatient care, it is anticipated that an increase of about 134,000 patient visits will take place by 1981, reflecting substantially the same patient origins with a slight increase from out-state areas. Patient origin figures remaining stable, an additional 6,000 patients will be from the metropolitan area.

Table II, attached, provides outpatient data for major metropolitan hospitals with which the University maintains affiliation agreements.

Table III, provides occupancy information for the major affiliated hospitals. Most hospitals have experienced a significant trend

toward decreasing length of patient stay, and increased use of outpatient facilities.

Table IV, provides a tabulation of teaching beds by hospital location and by service.

ACTUAL AND PROJECTED CLINIC VISIT--Clinics to be Moved
to Building B/C

SERVICE	Actual				Projected									
	69-70	70-71	71-72	72-73	73-74	74-75	75-76	76-77	77-78	78-79	79-80	80-81	81-82	
AUDIOLOGY	3,824	4,030	4,119	4,363	4,581	4,810	5,050	5,302	5,832	6,415	7,056	7,761	8,537	
CLIN. PSYCH.	674	774	1,613	1,365	1,370	1,411	1,453	1,554	1,709	1,879	2,067	2,273	2,500	
DENTAL CLINIC	7,267	7,447	7,266	3,879	4,034	4,195	4,362	4,536	4,717	4,905	5,101	5,305	5,517	
DERMATOLOGY	3,312	2,983	4,410	5,331	6,663	8,328	9,993	11,991	14,389	17,266	20,719	23,826	26,208	
E.N.T.	6,564	7,273	8,836	10,232	11,255	12,380	13,618	14,979	17,525	20,504	22,144	23,915	25,828	
EYE	16,885	17,351	19,401	20,665	21,078	21,449	21,928	22,366	25,049	28,054	30,298	32,721	34,684	
FAMILY PRAC.		325	2,821	4,056	5,881	8,527	10,658	13,322	19,316	28,008	39,211	39,000	39,000	
MEDICINE	10,408	11,157	12,397	12,071	12,433	12,806	13,189	13,584	16,300	19,560	21,156	23,667	26,033	
NEUROLOGY	5,516	5,558	7,252	7,196	7,483	7,782	8,093	8,416	9,678	11,129	12,241	13,465	14,811	
NEUROSURGERY	3,016	3,404	3,857	4,193	4,392	4,611	4,841	5,083	5,591	6,150	6,765	7,238	7,744	
OB-GYN	12,647	15,732	15,077	15,639	16,420	17,241	18,103	19,008	20,338	21,761	22,849	23,983	25,192	
ORTHOPEDICS	3,685	4,129	4,467	4,452	4,585	4,722	4,863	5,009	5,610	6,283	6,784	7,326	7,912	
PEDIATRICS	10,593	11,961	14,460	14,126	14,549	14,985	15,434	15,897	19,076	22,891	26,325	30,272	34,812	
PROCTOLOGY	893	975	1,183	1,254	1,379	1,516	1,668	1,835	2,201	2,641	3,169	3,644	4,190	
PSYCHIATRY	5,120	5,490	5,288	4,544	4,550	4,686	4,826	5,163	5,679	6,246	6,870	7,557	8,312	
SURGERY	5,046	5,291	6,290	7,307	7,964	8,680	9,461	10,312	12,168	14,358	16,224	18,333	20,716	
UROLOGY	3,854	2,900	3,133	3,461	3,634	3,815	4,005	4,205	4,541	4,904	5,198	5,509	5,833	
TOTAL	99,304	106,780	121,870	124,134	132,251	141,994	151,545	162,562	189,719	222,954	254,177	275,795	297,835	
% Change from previous year		7.6%	14.1%	1.9%	6.5%	7.4%	6.7%	7.3%	16.7%	17.5%	14.0%	8.5%	8.0%	

TABLE I

OUTPATIENT VISITS

<u>Service</u>	<u>University of</u> <u>Minnesota Hospitals</u>	<u>Hennepin County</u> <u>General Hospital</u>	<u>St. Paul-Ramsey</u> <u>Hospital</u>	<u>Veterans Administration</u> <u>Hospital</u>
	<u>1972-73</u>	<u>1972-73</u>	<u>1971</u>	<u>1972</u>
Audiology	4,363			
Clinical Psychology	1,365			
Dental Clinic	3,879	6,764	2,357	
Dermatology	5,331	4,060	4,266	4,550
Ear, Nose & Throat	10,232	7,385	5,242	5,910
Eye	20,665	9,087	8,481	8,135
Family Practice	4,056			
Medicine	13,769	20,519	16,241	27,965
Neurology	7,196	2,784	3,297	2,530
Neurosurgery	4,183	980		1,280
Obstetrics and Gynecology	15,639	10,841	13,848	
Orthopedics	4,452	4,986	10,489	7,210
Pediatrics	15,894	15,952	10,100	
Proctology	1,254	1,350	510	1,760
Psychiatry	4,544	30,169		2,395
Surgery	6,272	5,953	7,059	7,980
Urology	3,461	3,329	4,971	5,710
Cardiac			2,008	2,035
Emergency Receiving	19,621	66,068	73,434	
Physical Medicine & Rehabilitation	3,042	733		788
Vascular		3,962		884
Other	352	3,962(birth control)	2,025	48,248(ancillary lab and support service)
Radiation Therapy	1,152			
Tumor	1,035	936		
Oncology (Masonic)	5,477			
Trauma		4,347		
Prothrombin		1,139		
TOTAL	157,234	105,107	90,894	77,280

-138-

*Includes medical specialties
**Includes surgical specialties

TABLE II

1973 AVERAGE INPATIENT OCCUPANCY RATE

<u>Univ. of Minnesota Hospitals</u>	<u>Hennepin County General Hospital</u>	<u>St. Paul Ramsey Hospital</u>	<u>Veterans Admin. Hospital</u>	<u>Mount Sinai Hospital</u>	<u>North- western Hospital</u>
72.6%	82.5%	62.7%	75.7%	75.1%	81.3%

TABLE III

AVAILABILITY OF RESOURCES FOR CLINICAL STUDIES

EXISTING TEACHING BEDS

<u>Service</u>	<u>Univ. of Minn. Hospitals</u>	<u>Hennepin County General Hospital</u>	<u>St. Paul-Ramsey Hospital</u>	<u>Veterans Admin. Hospital</u>	<u>Mount Sinai Hospital</u>	<u>Northwestern Hospital</u>
Anesthesiology	4					
Clinical Research	11					
Dentistry	3					
Dermatology	8	5				
Family Practice	12					
Gynecology	43	12				
Medicine	130	138	128	269 ¹	50 ¹	150
Neurology	38	24		84		
Neurosurgery	31	4				
Obstetrics	20	31	18			
Ophthalmology	24	4				
Orthopedics	28	40				
Otolaryngology	16	6				
Pediatrics (general)	126	55 ³	44 ³			
Pediatrics (newborn)	31					
Physical Medicine (adult)	20		14*	38*		
Physical Medicine (peds)	20					
Psychiatry (adult)	49	20*	85	107*		
Psychiatry (peds)	18					
Radiation Therapy	5					
Surgery	129	59	170 ²	374 ²	45 ²	
Urology	23	10				
Nursery		24				
Other			8(TB)			
TOTAL	789	432	467	872	95	150

1-Includes Medical Specialties

2-Includes Surgical Specialties

3-Includes Newborn

* Indicates combined total adult and child

TABLE IV

Thus, Unit B/C is critical to planning for the improvements required to sustain quality animal care services to underpin the educational activities of this major academic Health Sciences Center.

Space Logic

In making the decision to select the portions of Unit B/C to be finished the functions considered absolutely necessary for student learning were determined. This resulted in a facilities program which included outpatient clinic space, general teaching areas, a learning resources center, a Central Core Animal Care facility and support areas for teaching faculty.

1. Outpatient Clinics

By 1979, 539 third and fourth year medical students will be enrolled in Phase D, the highly clinically-oriented portion of the curriculum of the Medical School. Of these students, 490 will be active in regular full-time clinical teaching programs of the Medical School. Of that number, it is estimated that, at any one time, 90-100 medical students will be located for learning experiences in the outpatient clinic facility. Current outpatient facilities cannot accommodate this teaching load and numbers of students. The number of examining rooms is inadequate. The rooms are small, cramped, inefficient and in many cases, obsolete. Various departmental clinics are geographically separated, an unfortunate situation resulting in fragmentation of teaching. Communication modalities are poor. There is an almost total lack of seminar rooms and teaching space. Hallways, patient waiting rooms, and nurses' stations necessarily are now used for discussions of patients and problems and for teaching of students.

In 1969-70 there were 99,304 outpatient visits in those selected University of Minnesota Hospitals Clinics which are planned for the proposed Unit B/C. These figures do not include visits to those clinics (e.g., cardiovascular, cancer, and emergency receiving) which are not planned for Unit B/C and remain in other areas of the Health Sciences Center. By 1972-73 this corresponding number had risen to 124,134. Based upon a conservative rate of increase, it is estimated that by 1980 there will be 275,000 outpatient visits. Continued use of current inadequate, antiquated facilities will markedly inhibit this projected growth in patient population, which is vital to fully implement curricular development and to provide teaching opportunities for the greatly increased number of medical students.

Current facilities are functionally obsolete and do not lend themselves to renovation. The clinics lack air conditioning in most places. Waiting facilities are poor. Cramped quarters in some clinics require patients to wait in major, heavily-travelled hallways, a condition cited for remedy by the Joint Commission in Accreditation of Hospitals. Patient traffic patterns are poor and, because of archaic architectural design, cannot be effectively improved. One large clinic operates in an old dormitory building separated from other major clinic operations. Patient must move relatively large distances for use of support facilities. Record retrieval is difficult because of lack of an adequate materials transportation system. Ancillary support services are poorly arranged, resulting in inordinate travel and loss of time for patients, staff, and students.

Two hundred and twenty-eight examining rooms in total are planned for the new outpatient facilities. One hundred fifty-six examining rooms are planned as finished space in this request. This total includes general clinic modules, specialty modules, and the Family Practice Clinic. This compares with the present 102. The numbers of examining rooms for the new building is based on an analysis of past and projected growth rates of each clinic. "Optimal utilization" (or maximum) of five patients per examining room per clinic day for each clinic module was the standard used for analysis of examining room needs. This standard was based on present utilization statistics and was substantiated by time studies. Based on projected growth rates, optimal utilization will be realized two to three years post-occupancy. The two hundred and twenty-eight rooms are planned to meet the projected patient load for this unit expected in the 1980's. This is consistent with the design intention to accommodate approximately 90-100 medical students receiving instruction in the clinic at any one time, by the assignment of one medical student per two examining rooms. This ratio is generally accepted for a busy teaching outpatient clinic where students at all levels and faculty are actively engaged in teaching and patient care. It is consistent with experience of senior faculty intensively involved with the instruction of undergraduate medical students.

The size and configuration of the examining rooms was determined by studies conducted with mock-up models under simulated conditions of interactions among student, faculty, patient and supporting personnel.

The examining rooms and the clinic modules are designed to facilitate optimal student/patient staff interaction in this teaching setting.

In order to provide an optimal setting for student learning, seminar rooms are included in clinic modules. This allows increased interaction among faculty, student and patient and the availability of ancillary support close to the center of the learning experience. Specialty modules are planned for services in Audiology, Otolaryngology, and Ophthalmology. The major portion of the teaching programs in these specialties requires an outpatient setting. The clinic modules are designed to facilitate the specialized teaching programs.

An ambulatory treatment center, which includes minor surgery operating rooms with associated support facilities, is included for the instruction of students in minor surgical procedures. This provides experience for the student in the care of patients requiring surgery which might be done on an inpatient service but which could be more effectively and economically performed in a suitable outpatient facility.

Provision will be made for appropriate amenities conducive to efficient, modern, personal care of patients including good communication systems, adequate transportation, functionally-designed patient-flow patterns, adequate waiting room space, and central air-conditioning. Support facilities, which include an outpatient pharmacy, clinical laboratory, radiology section, and an outpatient business office and reception area, are provided and are so located to promote easy patient and student access.

An entire floor is to be occupied by the Family Practice Clinic and is designed to provide a model for the student participation in comprehensive health care. The clinic is designed as a complete entity in itself to simulate a physician's office practice in the community. It is designed to accomplish investigation of newer, more innovative methods of patient care delivery and student instruction in health care systems. In order to facilitate faculty-student interchange and promote learning in the important specialty of Family Practice, the faculty offices and departmental teaching space are located in Unit B/C.

A Composite Ambulatory Care Issues List

I. Role of Ambulatory Care

- A. Support of Education - Graduate and Undergraduate
- B. Support of Research
- C. Medical Staff Economic Support
- D. Support of Inpatient Service
- E. Comprehensive and Continuing Care
- F. Development of new delivery models

II. Operational Issues

A. Organization

- 1. 100+ specialty and sub-specialty clinics
- 2. Multiple lines of authority and responsibility
 - a. Medical Staff
 - b. Nursing
 - c. Hospital Administration
 - d. Academic Units
 - e. Support Services

B. Financing

- 1. Losses
- 2. Dual Charge hospital - Medical Staff charges
- 3. Billing arrangements
- 4. Capital Financing
- 5. Third party reimbursement
- 6. Legislative funds

C. Incentive systems

- 1. Patient incentives to seek care
- 2. Medical Staff
 - a. Financial

b. Promotion

c. Clinical Chiefs Attitudinal Support

D. Education

1. Graduate Medical
2. Undergraduate Medical
3. Nursing
4. Other

E. Research clinics

1. Staff
2. Cost
3. Volume

F. Scheduling

1. Walk-in clinics
2. Between clinics

G. Facilities

1. Allocation of space and time
2. Special space
3. Assessment of needs
4. Funding

H. Other

1. Access
 - a. Referral relations
 - b. Community relations
2. Parking
3. Ancillary Dept. relations

AMBULATORY CARE REORGANIZATION STUDY PROPOSAL

INTENT OF STUDY

THE INTENT OF THE STUDY IS TO PROVIDE THE NECESSARY INFORMATION THROUGH WHICH THE UNIVERSITY CLINICS COMMITTEE, AND OTHER INVOLVED PARTIES, CAN EVALUATE THE MERITS OF VARIOUS AMBULATORY CARE ORGANIZATIONAL FORMS. SUCH INFORMATION WILL THEN BE UTILIZED TO TRY AND RESOLVE THE PROBLEM STATEMENT:

"HOW CAN THE UNIVERSITY HOSPITALS, MEDICAL STAFF, HEALTH SCIENCES, AND OTHER RELATED PARTIES ORGANIZE MOST EFFECTIVELY TO FULLFIL THE GOALS, OBJECTIVES, AND ROLES OF THE AMBULATORY CARE PROGRAM?"

STUDY APPROACH

I. SCOPE - THIS STUDY WILL LIMIT ITSELF TO THOSE AMBULATORY CARE ACTIVITIES NOW OCCURRING WITHIN, OR IN DIRECT RELATION TO, UNIVERSITY HOSPITALS. INCLUDED IN THESE PARAMETERS ARE ALL PRESENT OUTPATIENT CLINICS, MOST RESEARCH CLINICS, LEGISLATIVE SPECIAL OR SEMI-AUTONOMOUS DEPARTMENTAL CLINICS, AND EMERGENCY SERVICES. THIS IS NOT TO SAY THAT ALL SUCH ACTIVITIES WILL BE INCLUDED IN ONE FINAL ORGANIZATION. RATHER, IT SIMPLY RECOGNIZES THAT THEY SHOULD BE ANALYZED AS MAJOR FACTORS IN THE DELIVERY OF AMBULATORY CARE.

IN ADDITION, SOME ANALYSIS SHOULD BE PURSUED ON THE RELATIONSHIP OR INCLUSION AT A FUTURE DATE OF OTHER AMBULATORY CARE ACTIVITIES IN THE PROPOSED ORGANIZATIONAL FORMS. THESE INCLUDE SCHOOL OF DENTISTRY CLINICS PRIMARY CARE OUTREACH CLINICS (BOTH UNIVERSITY OPERATED AND SUPPORTED), MULTI-SPECIALTY CLINICS, AND CLINICS OPERATED BY OTHER HEALTH SCIENCES ACADEMIC UNITS.

II. METHODOLOGY OUTLINE - THE STUDY WILL FOLLOW THE APPROACH OF AN ALTERNATIVES - CONSEQUENCES DECISION MAKING PROCESS. IN ESSENCE, THIS APPROACH REQUIRES THAT THE SPECTRUMS OF ALTERNATIVE ORGANIZATIONAL FORMS BE ANALYZED AS TO THEIR PROBABLE CONSEQUENCES IN A VARIETY OF PRE-DETERMINED AREAS OF CONCERN. THESE AREAS OF CONCERN INCLUDE BOTH FULFILLMENT OF BROAD GOAL AND OBJECTIVE STATEMENTS AS WELL AS SPECIFIC PROBLEM AND ISSUE AREAS. A TENTATIVE LIST OF AREAS OF CONCERN ARE AS FOLLOWS:

A. ROLE OF AMBULATORY CARE

- 1) EDUCATION - UNDERGRADUATE AND GRADUATE
- 2) RESEARCH
- 3) SERVICE - ACCESSIBILITY, COST, QUALITY, CONVENIENCE, EFFICIENT
COMPREHENSIVE, ETC.
- 4) NEW DELIVERY MODELS
- 5) DEPARTMENT SUPPORT
- 6) OTHER

B. PROBLEM AND ISSUE AREAS

- 1) FRAGMENTED LINES OF AUTHORITY AND RESPONSIBILITY AMONG AND WITHIN
CLINICAL ACTIVITIES
- 2) FINANCING - EXPENSE, REVENUE, BILLING SYSTEMS, CONTROL, LEGISLATIVE
FUNDS, ETC.
- 3) INCENTIVE SYSTEMS - TO PROVIDE AND SEEK CARE
- 4) SUPPORT AND ANCILLARY SERVICES
- 5) RESEARCH CLINICS
- 6) INFORMATION PROCESSING SYSTEMS
- 7) SCHEDULING

TABLE 11.5
AMBULATORY CARE REORGANIZATION STUDY PROPOSAL

- 8) LEVELS OF CARE - EMERGENCY, PRIMARY REFERRAL
- 9) FACILITIES
- 10) MEDICAL AND PROFESSIONAL STAFF ORGANIZATION
- 11) HOSPITALS ROLE AND ORGANIZATION
- 12) OUTREACH EFFORTS AND COMMUNITY - REFERRAL RELATIONS
- 13) LEGAL - LIABILITY, AUTONOMY, ETC.

THIS APPROACH REQUIRES EXPLORATION OF THE FULL RANGE OF ALTERNATIVE ORGANIZATIONAL FORMS PRIOR TO CONSIDERATION OF THE CONSEQUENCES OF SUCH FORMS. THEN, EACH CAN BE EVALUATED IN LIGHT OF THE AREAS OF CONCERN LIST (WHICH MAY WELL EXPAND THROUGH THE COURSE OF THE STUDY). WHILE IT IS FEASIBLE TO BEGIN SUCH A STUDY PRIOR TO A FINALIZATION OF THE ROLE AND OBJECTIVE STATEMENT FOR AMBULATORY CARE, SUCH A STATEMENT MUST BE AVAILABLE WHEN CONSEQUENCES ARE BEING ANALYZED.

III. PHASING - THE STUDY DISCUSSED ABOVE MAY BE PURSUED IN EITHER A PHASED OR AN ALL INCLUSIVE PROCESS.

IN A PHASED SEQUENCE THOSE SERVICES AND ACTIVITIES CURRENTLY BEING PERFORMED BY THE HOSPITAL COULD BE INVESTIGATED IN TERMS OF ALTERNATIVE ORGANIZATIONAL FORMS WHICH MAY FUNCTION MORE EFFECTIVELY THEN CURRENT SYSTEMS. UPON COMPLETION OF THIS STUDY, THE PROFESSIONAL STAFF INTERFACE - PRIMARILY MEDICAL STAFF ORGANIZATION-COULD BE PURSUED AND POSSIBLE CHANGES SUGGESTED. BOTH PHASES ARE ESSENTIAL IF THE ENTIRE CONCEPT OF AMBULATORY CARE DELIVERY IS TO BE EXPLORED.

THE ALTERNATIVE PROCESS IS SIMPLY TO SIMULTANEOUSLY STUDY ALL ELEMENTS NOW INVOLVED IN AMBULATORY CARE DELIVERY - HOSPITALS, MEDICAL STAFF, PROFESSIONAL STAFF, ETC. WHILE THIS APPROACH PROVIDES FOR TIMELY CONSIDERATION OF ALL AREAS OF INTERFACE THROUGHOUT THE STUDY, IT DOES EXPAND THE NUMBERS OF VARIABLES WHICH THE STUDY TEAM MUST DEAL WITH AT ANY ONE TIME AND REQUIRE GREATER IMMEDIATE INVOLVEMENT OF MEDICAL STAFF, OTHER ACADEMIC UNITS, ETC.

IT IS NOT FELT THAT EITHER APPROACH WOULD DIFFER SUBSTANTIALLY IN TOTAL TIME REQUIRED TO COMPLETE THE STUDY.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

November 18, 1974

TO: Dr. Roby Thompson, Chairman
Dr. Robert Goltz
Dr. Ellis Benson
Dr. David Eifrig
Dr. Robert Howe
Dr. Paul Quie
Dr. Louis Filiatrault
Dr. Preston Williams
Mr. Robert Dickler

FROM: University Clinics Committee

SUBJECT: Ambulatory Care Medical Staff Organization Task Force

The University Clinics Committee has recently approved a study proposal for an in-depth analysis of alternative forms of ambulatory care organization (study proposal is attached).

In approving this study the Committee recognized that ambulatory care is a highly complex, and fragmented, education-service-research program that requires medical staff and hospital interrelationship at all levels and categories of activity. To facilitate the study the Committee determined that both hospital and medical staff organization should be investigated simultaneously by two separate but interdependent efforts.

You are asked to serve on a task force; upon recommendation of the Chief of Staff, Chairman of Council of Clinical Services, and the General Director of University Hospitals; to analyze and recommend alternative medical staff organizational form (s). Some of the specific tasks which the task force will need to undertake to achieve this result will include:

- 1) A role definition of ambulatory care.
- 2) An indepth understanding of current medical staff organization in ambulatory care and resultant problems and unresolved issues.
- 3) A delineation of actions, commitments, and changes necessary to deal with the role, problems, and issues so identified.

Simultaneously, a task force dealing with hospital organization for ambulatory care will be focusing on many of these same items from that perspective. These task forces will have some joint membership, exchange minutes, and have access to study staff as desired and required.

It is important to note in undertaking this investigation, that the imminent opening of Unit E-C is only a motivating factor and not the primary reason for initiating this study at the present time. Such an effort has been required

for a number of years and indeed, various groups have investigated aspects of ambulatory care reorganization for the past several years.

It is sincerely hoped that you will accept this appointment. If you are not able, please contact Mr. Robert Dickler. An initial meeting will be scheduled shortly.

Thank you.

RMD:jb



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

November 18, 1974

TO: Mr. John Westerman, Chairman
Ms. Beverly Dorsey
Dr. Roby Thompson
Dr. Robert Howe
Ms. Nancy Kay Orundson
Mr. Cliff Fearing
Mr. Robert Dickler

FROM: University Clinics Committee

SUBJECT: Ambulatory Care Hospital Organization Task Force

The University Clinics Committee has recently approved a study proposal for an in-depth analysis of alternative forms of ambulatory care organization. (study proposal is attached).

In approving this study the Committee recognized that ambulatory care is a highly complex, and fragmented, education-service-research program that requires medical staff and hospital interrelationship at all levels and categories of activity. To facilitate the study the Committee determined that both hospital and medical staff organization should be investigated simultaneously by two separate but interdependent efforts.

You are asked to serve on a task force; upon recommendation of the Chief of Staff, Chairman of the Council of Clinical Services, and the General Director of University Hospitals; to analyze and recommend alternative hospital organizational form (s). Some of the specific tasks which the task force will need to undertake to achieve this result will include:

- 1) A role definition of ambulatory care.
- 2) An indepth understanding of current hospital organization in ambulatory care and resultant problems and unresolved issues.
- 3) A delineation of actions, commitments, and changes necessary to deal with the role, problems, and issues so identified.

Simultaneously, a task force dealing with Medical Staff organization for ambulatory care will be focusing on many of these same items from that perspective. These task forces will have some joint membership, exchange minutes, and have access to study staff as desired and required.

It is important to note in undertaking this investigation, that the imminent opening of Unit B-C is only a motivating factor and not the primary reasons for initiating this study at the present time. Such an effort has been required for a number of years and indeed, various groups have investigated

aspects of ambulatory care reorganization for the past several years.

It is sincerely hoped that you will accept this appointment. If you are not able, please contact Mr. Robert Dickler. An initial meeting will be scheduled shortly.

Thank you.

RMD:jb

UNIVERSITY OF MINNESOTA
TWIN CITIES

Health Sciences Planning Office
Box 75 Powell Hall
4103 Powell Hall
Minneapolis, Minnesota 55455
(612) 373-8981

November 20, 1974

Ms. Virginia Lewis
Health Sciences Space Programming
and Management
4116 Powell Hall

SUBJECT: Health Sciences Planning Office
Request for Space

Dear Virginia:

Due to the increased activities and responsibilities related to Building B/C management delegated to this office, it is necessary that we request adequate space to accommodate our needs.

Our present space is adequate to accommodate our present personnel; however, we will be adding several clerical personnel to assist our present staff members in carrying out management responsibilities. In order to maintain continuity of policies and procedures to be implemented in the Building B/C program, it is imperative that we have space in close proximity to our present office areas. Therefore, we are requesting assignment of Room 4110 Powell Hall to be utilized as office space for new personnel. This space is presently occupied on a temporary basis by the Child Bearing - Child Rearing Center. It will be necessary for the Health Sciences Planning Office to occupy this space within sixty days.

Sincerely,



Paul J. Maupin
Health Sciences Planning Coordinator
Health Sciences Planning Office

PJM:rm

cc: Mr. Ken Schlenker
Mr. Don Allison
Mr. Tom Jones
Dr. E. Wayne Drehmel
Dr. Mellor Holland
Mr. Dave Preston
Mr. Clinton Hewitt
Dr. Milton Trapold

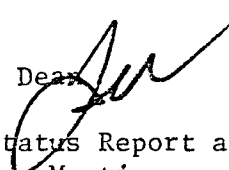
UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Public Health
1325 Mayo Memorial Building
Minneapolis, Minnesota 55455

November 20, 1974

Memorandum

To: Mr. Paul Maupin

From: Lee D. Stauffer, Dean 

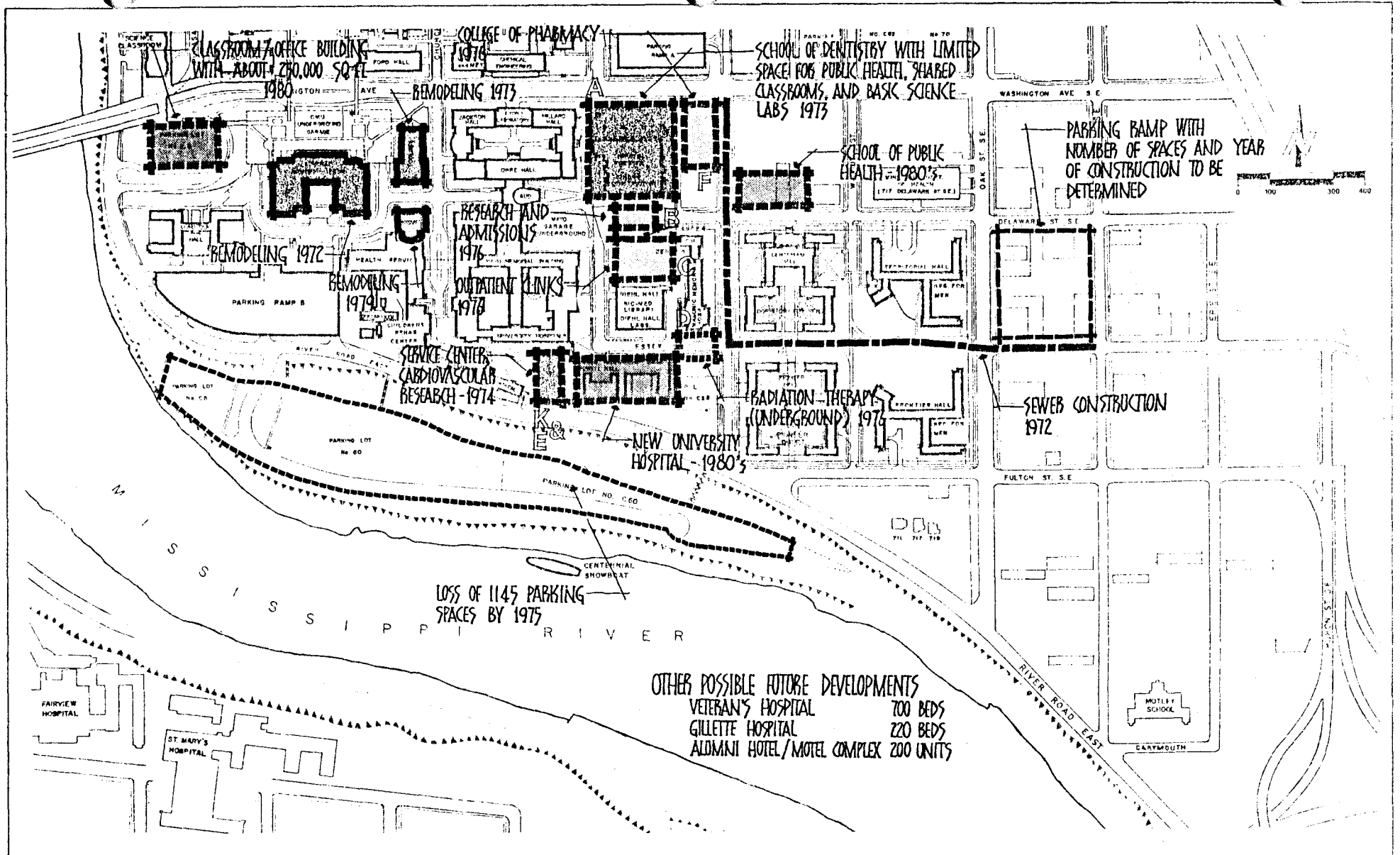
Subject: Hospital Motel Status Report at November 20, Health Sciences
Planning Committee Meeting

During the presentation of Hospital Motel Status Report at the November 20 meeting of the Health Sciences Planning Committee, it was implied that discussions were underway with Holiday Inn and others about the possible use of space in the block immediately east of Health Sciences Building A for parking space for a commercial motel operation.

To the best of my knowledge, the only existing plans for future consolidated space for the School of Public Health are programmed for that same spot on the block between Building A and the State Health Department. Thus, I would like to express some concern over a move to make long-term commercial commitments to a firm until there is some reassurance that alternative sites for a School of Public Health building are available. I trust I might count on you to make this representation of our interests at any future planning meetings and would appreciate being kept informed of any further discussions along this line.

LDS:me




cc: Dr. Lyle French
Mr. Dennis Countryman
Mr. Rex Singer





university of minnesota
 health sciences area
 traffic plan



figure 11
 PROPOSED DEVELOPMENTS

-  1973-74
-  1975-79
-  1980's

-  BUILDING REMODELING
-  NEW BUILDING

HEALTH SCIENCES PLANNING OFFICE
MINUTES OF THE HEALTH SCIENCES PLANNING COMMITTEE

DATE: November 20, 1974

PLACE: Regents Room - Morrill Hall

MEMBERS PRESENT: Vice President Lyle French; Vice President James Brinkerhoff; Mr. Clinton Hewitt; Dean Erwin Schaffer; Dean Mellor Holland; Dean Lee Stauffer; Dr. E. Wayne Drehmel; Ms. Barbara Redman; Mr. John Westerman; Mr. Rex Singer; Mr. Tom Jones; Mr. Eugene Kogl; Mr. Paul Kopietz; Dr. Milton Trapold; Ms. Virginia Lewis; Mr. Paul Maupin

GUESTS: Dr. Patrick Manning; Mr. Bob Dickler; Ms. Jan Shapiro; Dr. Hugh Kabat; Dr. Paul Winchell; Ms. Joan Montague; Mr. Jack Rice

MEMBERS ABSENT: Mr. David Preston; Dean Lawrence Weaver; Mr. Bill Bowen

Health Sciences Parking Ramp Discussion

Paul Kopietz reported that Phase I structural correction is moving along quite well. Phase II construction is moving along; however, previous delays in construction have made it necessary to provide heat to enable Phase II construction to continue throughout the winter months. The contractor is considering implementing a second erection crew if the weather holds out. Estimated completion of Phase I is March 1, 1975; Phase II is expected to be completed by May 15, 1975, provided construction can continue through the winter.

James Brinkerhoff stated the University has filed law suits against both architectural firms. The heating problem presented by construction delays in Phase II has been discussed with the University's attorneys. He indicated the University has proceeded with legal guidance to provide heat to enable construction to continue through the winter months.

Parking Ramp & Parking Problems
Related to the Dental School

- Dean Erwin Schaffer

Dean Schaffer reported the School of Dentistry has documented that their monetary loss by February 15, 1975, will exceed \$170,000 in patient revenue. He attributes this loss to lack of available patient parking. Dental services provided by Dentistry are equal or superior in quality to those provided in the community; conservative fees in conjunction with quality have long provided an overflow of patients to the University. However, Dean Schaffer reported that a recent survey has indicated a loss of 207 patients each month due to parking problems. Patients have complained

about parking facilities at the rate of 100 each week. He expressed his concerns of inconveniencing patients, stating that work cannot be completed when patients arrive late for their appointments as a result of parking problems. He also pointed out his concern for the loss of educational opportunities as a major loss to the School of Dentistry.

Dean Schaffer was asked to compile a report of Dentistry losses to be forwarded to Mr. Maupin and then submitted to the University's attorneys.

Hospital Motel Status Report

- Mr. Clinton Hewitt

Mr. Hewitt discussed the hotel/motel facility proposal submitted by the development firm, Arrigoni, Hewell & Associates. The facility would be constructed on University property adjacent to Parking Ramp B. He reported that several other developers have indicated an interest in providing a transient ambulatory care facility, i.e. Cedar-Riverside Associates, the Alumni Association, the Harris Brothers property on Washington, and a major downtown hotel. Considerations to locations, parking availability, etc. were discussed.

Mr. Brinkerhoff suggested that the University should continue to collect program information for a transient ambulatory care facility, and examine various possibilities in providing such a facility. Information and data related to this subject should be directed to Mr. Hewitt.

Interim Animal Space Report

- Dr. Patrick Manning

Dr. Manning summarized the critical need to provide interim animal space during construction of Building B/C and renovation of the Mayo facility and some areas of Diehl Hall. He estimated that as many as 6,000 animals are involved. Considerations have been given to various alternate sites such as Rosemount, St. Paul, Jackson-Owre-Millard, Unit K/E, Diehl Hall, and the Androck Corporation proposed facility. He pointed out that some present animal areas do not meet accrediting criteria for U.S.D.A. and N.I.H. inspections.

After examining various alternate sites, Dr. Manning stated the Androck Corporation proposed facility appears to be the most viable alternative. This facility would be constructed at 2600 University Avenue, and could provide adequate space of up to 30,000 square feet. Androck Corporation has indicated the facility could be ready for occupancy within the required time frame. A tabulation of research and training grants is presently being tallied to determine the availability of funds to finance leasing this facility. Dr. Manning stated that investigators are encouraged to incorporate these costs in grants and contracts. He emphasized the importance of providing a facility that would meet U.S.D.A. and N.I.H. accrediting criteria within the limited time frame to insure that present grants are not terminated.

Building B/C Planning Report

- Mr. Paul Maupin

There are presently two cost consultants providing cost analysis data for the Building B/C project. Interim reports have indicated a project cost of \$37 million, and a construction cost of \$29.4 million. A 10% escalation factor is incorporated in the \$29.4 million construction cost.

Newly instituted codes required by U.B.C., U.S.D.A., and N.I.H. have dictated that a complete sprinkler system must be provided for life safety. This significant code change is largely attributable to the increased construction cost.

Mr. Maupin reported that design cuts will be substantial to off-set the increased cost of incorporating code requirements in the design of Building B/C. The movable equipment budget will also be cut considerably to off-set these increased costs.

Relocation of the Scientific Apparatus Shop was never defined in the grant application. Mr. Maupin stated that approximately \$500,000 in project funds could be saved if the Scientific Apparatus Shop would remain in its present location, and the Learning Resources Center were reduced in proportion. It was suggested that measures to secure H.E.W. approval to delay Diehl Hall renovation until Building B/C space is available should be explored.

Work is presently in progress to finalize specifications and drawings for early purchase of steel after the first of the year.

Hospital Clinics Committee Report

- Mr. John Westerman

Mr. Westerman presented committee members with copies of the First Interim Report of the University Clinics Committee for their review prior to the next meeting. The intent of this report was to inform the Health Sciences Planning Committee of the progress of the University Clinics Committee, and request their response at the next meeting.

NEXT MEETING: WEDNESDAY, JANUARY 15, 1975
8:30 A.M.
REGENTS ROOM
MORRILL HALL

November 27, 1974

SUMMARY OF MEDICAL SCHOOL REQUESTS:

For space in MARLAN APARTMENT BUILDING

Second Floor Marlan

I. Pediatrics Neurology	400 Sq. Ft.
II. Neurosurgery	700 Sq. Ft.
III. Therapeutic Radiology	<u>770</u> Sq. Ft.
Sub-Total	1870 Sq. Ft.

First Floor Marlan

IV. Family Practice	<u>3000</u> Sq. Ft.
Medical School Total	4870 Sq. Ft.

Details outlined on the attached outline.

Additional needs for office space exist for the following departments:

1. Laboratory Medicine & Pathology
2. Psychiatry
3. Anesthesiology

2800 #
500 #
1500 #

Preliminary analysis of their space needs has not been completed as of this date.

MEDICAL SCHOOL SPACE NEEDS

I. Pediatric Neurology; Dr. Kenneth Swaiman - Space is needed for the following: (1)

A. New Staff

Dr. Bhuwan Gary - Pediatric Neurologist
To be appt. 7/1/75 100^{sq}

Dr. Elsa Greenberg - Psychologist
Presently on 50% appt. &
goes to 100% 7/1/75.
Currently shares a desk
with 2 others. 100^{sq}

Total needed for new staff to provide
offices for interviews, testing and
counseling. 200^{sq}

B. Secretarial/clerical

Present working space for clerical functions is
inadequate.
Space for 2 secretarial staff plus storage and
working area is needed. 200^{sq}

(1) See 11/18/74 letter from Dr. Swaiman. TOTAL REQUEST 400^{sq}

II. Neurosurgery ; Dr. James R. Bloedel (Dept. of Neurology)

(2)
Space is needed for the following:

A. Staff

Ron McRoberts - Computer Programmer 100^{sq}

office to house 2 Neurosurgical Fellows 150^{sq}

office(s) to house 2 M.D.-Ph.D. students,
(currently William Litchy and Timothy Ebner) 150^{sq}

office for new Post Doctoral Fellow 100^{sq}

TOTAL Needed for staff 500^{sq}

B. Work Rooms

office(s) to be used for Graphic Arts and for
thesis preparation 200^{sq}

TOTAL REQUEST 700^{sq}

(2) See 11/14/74 letter from Dr. Bloedel

III. Dept. of Therapeutic Radiology - Dr. S. Levitt, Head

Space is needed for the following: ⁽¹⁾

A. New Staff

<u>Oncology Center</u>	
Office for Radiotherapist	110 [#]
Office for Administrative officer	110 [#]
Office for Editorial Assistant	100 [#]
Office for 2 secretaries	<u>140[#]</u>
Sub Total	460 [#]

<u>Outreach Program</u>	
Office for Radiotherapist	110 [#]
Office for Administrative Officer	110 [#]
Office for secretary	<u>90[#]</u>
Sub Total	310 [#]

TOTAL REQUEST 770[#]

(1) See 11/19/74 letter from Dr. Levitt.

IV. Dept. of Family Practice - Dr. E. Ciriacy, Head

Total Request ⁽²⁾ 3,000[#]

(2) See 11/20/74 letter from Dr Ciriacy.



UNIVERSITY OF MINNESOTA
TWIN CITIES

Division of Pediatric Neurology
Medical School
Box 486 Mayo Memorial Building
Minneapolis, Minnesota 55455

(612) 376-3692 or
(612) 373-5288 (after hours)

November 18, 1974

I.
4/27/74

Dr. Neal L. Gault
Dean, Medical School
Box 293 Mayo

Dear Dr. Gault:

This letter is a sequel to my letters of June 11, 1974 and September 3, 1974 asking that additional space be sought and allocated by the Medical School to the Division of Pediatric Neurology.

In my initial letter I requested 200 square feet for an additional pediatric neurology staffman. It is our present intention to add an additional full-time pediatric neurologist to our staff, Dr. Bhuwan Garg, on July 1, 1975. He will require the 200 square feet of space asked for him in the initial request. Dr. Elsa Greenberg, a psychologist, has joined our staff on a half-time basis and will undoubtedly go to a full-time position as an Assistant Professor in our division by July 1, 1975. At the present time she shares a desk in a room with two other individuals, making it impossible to utilize the room for interviews, testing or counselling which are vital to her role.

The additional staff and personnel has continued to place undue stress on our secretarial and clerical help because of inadequate working space and inadequate storage space. The initial request for 200 additional square feet for two secretarial positions and filing space appears to be more modest than initially thought. Furthermore, we continue to have no reasonable space for meetings of our staff with one another, for interdisciplinary meetings between our staff and the members of other units of the school, including Social Service, Speech and Language, Psychology and various community agencies and organizations, including officials of schools and school districts who are frequent visitors

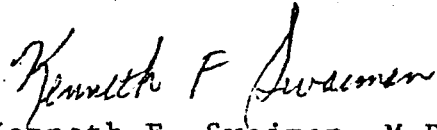
...2

and participants in our program. In addition, we have no space for assembling the large amount of manuscript and teaching material which literally flows through our office.

All in all, the needs which were described previously are more pressing and becoming more urgent. It is my hope that sufficient space will be available to us when building B/C is completed. Nevertheless, it is impossible for our division to function adequately in its teaching, service, and research roles during the next 3-4 years without further space allotment.

I hope that my request will be heard. The development of this division and the growth of our professional area has been rapid because of the large population of children that are in need of our services and the large amount of practical knowledge concerning child development that must be imparted to medical students and fellows of a number of disciplines. It is disturbing to think that the functioning of our division will decompensate because of our inability to gain proper and relatively minimum housing. I hope you will be in position to help us.

Sincerely yours,


Kenneth F. Swaiman, M.D.
Professor and Director
Pediatric Neurology

KFS:mec



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Neurosurgery
Medical School
B-590 Mayo Memorial Building
Minneapolis, Minnesota 55455

II.
11/27/74

November 14, 1974

Dr. E. Wayne Drehmel
Assistant to the Dean
Medical School
1360 Mayo
University of Minnesota
Minneapolis, Minnesota

Dear Dr. Drehmel:

I am writing in response to a telephone call from your office a few days ago requesting an itemization of our needs for space in the apartment buildings located behind Building A. It is my understanding that this space must be used for offices and laboratory work which does not require large amperage power sources or special wiring. The following is a list of our projected needs:

- 1 office to be used for Graphic Arts in the preparation of figures and manuscripts.
- 1 office to be used by the computer programmer and statistician (Ron McRoberts).
- 1 office for a Neurosurgical Fellow in Neuropathology (Resident changes every six months).
- 1 office for a Neurosurgical Fellow in the Research Laboratory of the Department of Neurosurgery (Resident changes every year).
- 1 office for thesis preparation, to be used by a Neurosurgical Resident.
- 2 offices to be used by M.D. - Ph.D. students training in the Research Laboratory of the Department of Neurosurgery (currently William Litchy and Timothy Ebner).

Thank you very much for your inquiry. Please notify me if you would like specification of our needs presented to you in a different format.

Sincerely,

James R. Bloedel
Associate Professor
Departments of Neurosurgery and Physiology

3-4351

JRB/cmj



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Therapeutic Radiology
Medical School
Box 187 Mayo Memorial Building
Minneapolis, Minnesota 55455
(612) 373-8680

III
11/27/74

November 19, 1974

Dr. W.E. Drehmel
Assistant to the Dean
Box 293 Mayo

Dear Dr. Drehmel:

Powell
23^(u)

This letter is in response to Mr. James Nelson's call for an update to our request for office space in the Marlan apartment building, which was presented in my letter to Dean Gault on September 18, 1974. As you know, this department is making full use of the space which we now occupy. This includes 1850 square feet of space in Powell Hall, exclusive of clinical examination rooms, treatment rooms and waiting rooms, which is occupied by four staff radio-therapists, two Ph.D. physicists, one Ph.D. radio-biologist, eight residents, one electronics specialist, and seven secretaries. There is no space available in our laboratories in Diehl Hall, which are occupied by three Ph.D. radiobiologists, four technicians, and a secretary.

Diehl
8^(u)

We have submitted two grant applications this year, one for a Radiation Oncology Center and one for an Outreach Program. These programs will significantly expand our efforts in research and teaching. The Radiation Oncology Center program will present a need for office space for an additional radiotherapist, an administrative officer, two additional secretaries, and an editorial assistant. This program was site visited on September 12 and 13, 1974, and is now scheduled for a second site visit on December 16, 1974. The Outreach Program will require space for an additional radiotherapist, one administrative officer, and a secretary. This program has been approved with a revised budget. Copies of these applications and the revised budget are in the Dean's office, and I will be very happy to furnish you with any additional information.

5^(u)

3^(u)

Sincerely yours,

Seymour H. Levitt, M.D.
Professor and Head

SHL:jch

(1) Faculty and Staff

HEALTH SCIENCES



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Family Practice and Community Health
Medical School
A-290 Mayo Memorial Building
Minneapolis, Minnesota 55455
(612) 373-8539

IV
11/27/74

November 20, 1974

Neal L. Gault, M.D.
Dean
Medical School
1360 Mayo Memorial Building
University of Minnesota
Minneapolis, MN 55455

Dear Neal:

The Department of Family Practice and Community Health requested 3,550 square feet of additional space of the Space Allocation Committee on January 22, 1974. This was to alleviate overcrowding then present and allow for expansion of the residency training program, the faculty, undergraduate teaching space and secretarial offices.

The Department has grown in the past year and our space limitations are now severe. Staff and faculty have been added who must share one-man offices with 3 people. Our behavioral scientist and M.D. faculty members are unable to do confidential advising since there are several people in every office. Secretarial space is extremely cramped and there is no storage area at all.

We have developed a gerontology program within our Department and are adding a faculty member, administrator, secretary, and research assistant to staff the program. A federal grant of \$160,015.00 funds this program but we do not have office space anywhere for the staff.

The Health Inventory and Care Evaluation System (HICES) Project is housed temporarily in Powell Hall until December 30, 1974. This project operates on a federal grant of \$87,421.00 but will soon lack an office.

In light of our critical need for space we are requesting the first floor of the Marlin Building for our use. This area is 3,000 square feet and would help meet our needs until the completion of B-C Building. Acquisition of the Marlin Building would provide room for the following areas within our Department: Research, Evaluation, Conference Room, Accounting, Medical Sociology, Clinical Psychology, Gerontology, Editing, Allied Health Research, Pediatrics, Resident Office and Call Room and Storage. We enclose our design for the use of this space and

Neal L. Gault, M.D.
November 20, 1974
Page 2

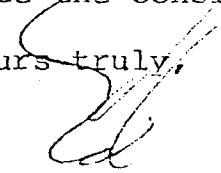
a breakdown of the square footage per area.

The Rural Physician Associate Program is currently housed in Frontier Hall. The length of that stay is unknown but as long as they may remain there they would not request any changes of the Space Allocation Committee. However, they will want space in the B-C Building.

We will continue to be over occupied in A-290 Mayo in the secretarial area. These support personnel must remain in the immediate Department. In addition, the secretaries in the Family Practice Clinic and the transcriptionists must work in very restricted spaces. The bounds of the Family Practice Clinic impede expansion. We do however, make one final and strong request. The Family Practice Clinic asks for the addition of D-254, 262 square feet, the inpatient admission lounge. This room is adjacent to the Clinic and would serve as a conference and consultation room. The confines of the Clinic make this an essential request for us.

The proposals for first floor Marlin Building and D-254 Mayo for a total of 3,262 square feet of space are made with urgent concern for our space needs and we will very much appreciate the consideration the committee extends to us.

Yours truly,



Edward W. Ciriacy, M.D.
Professor and Head

EWC:mo

Enclosures: Floor Plan
Square Feet

FAMILY PRACTICE AND COMMUNITY HEALTH SPACE NEEDS

Submitted to the
Owre-Jackson-Millard Space
Allocation Committee

Revised
November 20, 1974

DEPARTMENT OF FAMILY PRACTICE AND COMMUNITY HEALTH

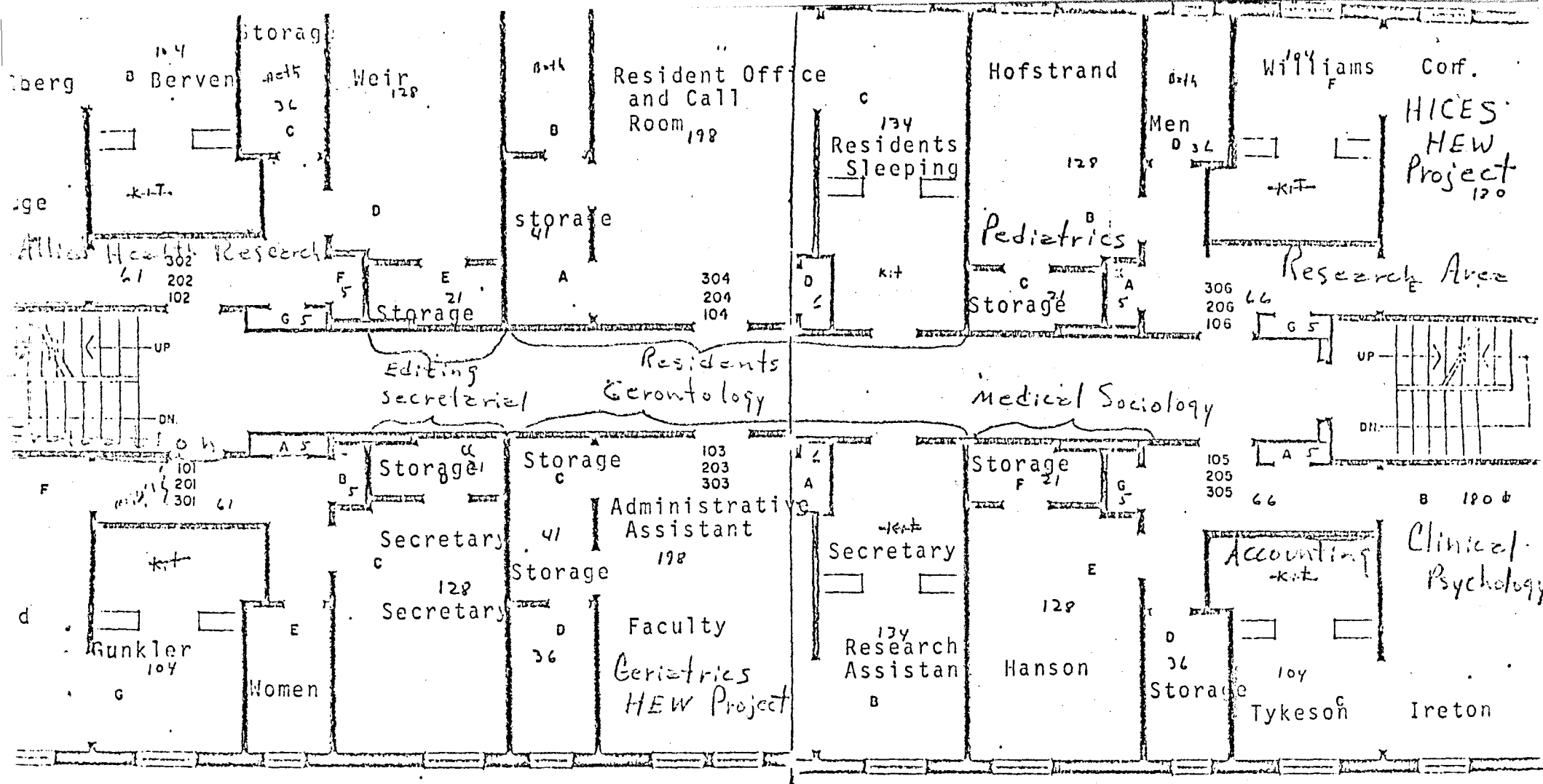
MARLIN BUILDING 1ST FLOOR

<u>AREAS</u>	<u>SQUARE FEET</u>
Evaluation	284
Secretarial	128
Gerontology	332
Medical Sociology	128
Accounting	104
Clinical Psychology	180
Allied Health Research	284
Editing	128
Residents Offices	234
Residents Call Room	134
Pediatrics	128
Research and Conference	284
Restrooms	72
Storage	274
Hallways	<u>306</u>
Subtotal	3,000 Square Feet

MAYO BUILDING

2ND FLOOR

Clinic Consultation and Conference (Room D-254)	<u>262</u>
TOTAL	3,262 Square Feet



UNIVERSITY OF MINNESOTA

Farlin Building - Harvard Street
Floor 1

Space Proposal for
FAMILY PRACTICE AND COMMUNITY HEALTH

November 20, 1974



UNIVERSITY OF MINNESOTA
TWIN CITIES

Office of the Dean

School of Dentistry
136 Owre Hall
Minneapolis, Minnesota 55455

December 6, 1974

Dr. John A. Anderson
Department of Pediatrics
1460 Mayo
University of Minnesota

Dear Doctor Anderson:

This is to acknowledge receipt of your letter of November 27 regarding the space needs for the Pediatric Outpatient Department and for the Pediatric Department. The space needs request you sent will be included in the deliberations of the Health Sciences Space Planning Committee. Thank you for the detailed information.

Sincerely,

A handwritten signature in cursive script that reads "Mel Holland".

M. R. Holland, Chairman
Health Sciences Space Planning Committee

MRH:ajm



UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Pediatrics
1460 Mayo Memorial Building
Minneapolis, Minnesota 55455
(612) 373-8114

November 27, 1974

Dr. Mellor Holland
Chairman
Health Science Space Planning Committee
136 Owre Building

Dear Dr. Holland,

The following presents space needs and suggested changes for the Pediatrics Outpatient Department and for the Pediatric Department relative to your note of November 12th to Mr. Paul Maupin, concerning space adjustment.

The need to expand the Pediatric Outpatient Department facilities has been longstanding. The growth in all areas of the Pediatric Outpatient Department, both in numbers of patients and numbers of visits is evident from review of the outpatient department's census reports of the last few years. Specifically, certain of our Pediatric Department clinics have had to be dislocated to other areas because of the limited space in the existing area. These include the location of the rheumatic fever and arthritis clinic, a large renal clinic now in the congested Heart Hospital clinic, which is used both for adult and pediatric cardiac clinics. We have had to locate the rapidly growing metabolic and endocrine clinic in the very congested North Clinic area. Finally, the pediatric allergy clinic is also located in Medicine Clinic and in Masonic Hospital. All of these disassociated clinics need to be brought back into the general Pediatric clinic area to permit better organization of the function and the administration of these clinics.

To provide for additional space in the present outpatient area on the second and first floor of the Eustis wing, it would be necessary to remove several programs and personnel now located in these areas. These include the remainder of the Child Development personnel (The Collaborative Study Program on Cerebral Palsy), the present outpatient department faculty personnel, Drs. Margaret Horrobin, Leon Satran, Robert Fisch, Carl Hunt, Rolf Engel, Pi-Nian Chang, a social worker and the related administrative office personnel. The ambulatory cardio-pulmonary function test laboratory, under the direction of Dr. Carl Hunt, will also have to be relocated. The space on the first floor and in part, some of the second floor of the outpatient department, was originally developed by the Pediatrics Department and funded by grant monies obtained from NIH to permit pursuit of the Collaborative Study Program.

There is approximately 626 square feet of space on the second floor outpatient department consisting of the following rooms: D-229, D-225, D-224-1-2-3, D-224, D-224-5; a total of 626 square feet now occupied by professional and outpatient administrative people.

Continued....

Dr. Mellor Holland
November 27, 1974

Page 2

The first floor space is approximately 2612 square feet. Much of this can be converted to outpatient functions and for professional staff related to outpatient activities. It will be necessary, however, for the department to retain approximately 483 square feet consisting of rooms D-133, D-133-1, D-124, D-124-2, D-124-3, and D-124-4. These rooms must be retained as they are specially constructed audiology testing rooms and special clinical research instrument containing rooms which are used for special tests for ambulatory patients both in the hospital as well as in the outpatient department clinic. Retention of these rooms is necessary to permit pursuit of NIH and other grant protocols for speech language and hearing (under the direction of Dr. Frank Lassmand and Dr. Robert Fisch) as well as the program of Dr. Rolf Engel on carboxyhemoglobin analysis which is done on both infants and adults. Both of these studies are related to specific outpatient subjects. The audiology rooms, however, have been used and can continue to be used for general use of both children and adults under the direction of Dr. Lassman's program in the Department of Otolaryngology. The rooms occupied by Dr. Engel were especially air-conditioned with a sensitivity of less than one degree of Fahrenheit temperature essential to the research protocol. Except for the above rooms, the department is willing to relinquish the remainder of the space on the first floor for conversion to a more effective, efficient and expanded outpatient department bringing together those dislocated clinics mentioned above into close geographic proximity to the general pediatric outpatient department. This would return 2149 square feet of the 2612 square feet on the first floor for outpatient department functioning permitting the retention of 463 square feet for the specific purposes mentioned above in audiology and by Dr. Engel.

To effect these above changes and permit expansion of the outpatient department it will be necessary that space for those functions now located on the first floor be available. It is suggested that consideration be given to the following:

(1) Return to the Pediatric Department the space now held by the Department of Psychiatry on the 14th floor. (This was a temporary change that was made many years ago with a commitment to return this space to the Department of Pediatrics at a later time when the Psychiatry Department could make other adjustments.) This space on the 14th floor now occupied by the Department of Psychiatry is a total of 1050 square feet and consists of the following rooms: 1403, 121 square feet; 1403-1, 88 square feet; 1405, 158 square feet; 1439, 154 square feet; 1441, 166 square feet; 1442, 154 square feet; 1443, 114 square feet; 1444, 95 square feet; a total of 1050 square feet.

(2) In addition, there will be need for an additional 1100 square feet of predominantly office space to accommodate the remainder of individuals and programs that will leave the first and second floor outpatient areas. It is highly desirable that these individuals also be in close proximity to the major department administrative offices on the 14th floor and this amount of space on the 13th floor below our existing area would be needed. Hence the

Continued.....

Dr. Mellor Holland
November 27, 1974

Page 3

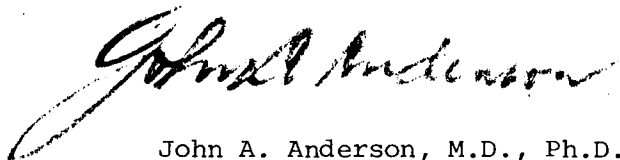
loss of 2149 square feet on the first floor requires a total of the 2150 square feet mentioned in the above paragraphs (1) and (2).

(3) The above indicates essentially just replacement space due to the need to expand the outpatient department activities in Pediatrics. Our problem is further complicated by the fact that we do not have office space defined for Dr. Bernard Mirkin, Professor, Dr. Tom Rolewicz, Assistant Professor, Dr. Sharanjeet Singh, Assistant Professor, and Dr. Alan Sinaiko, Assistant Professor. These individuals are now temporarily located in the Department of Pharmacology spaces over in the Owre building. Finally, we have Dr. Warren Warwick located over in Centennial Hall and it is advisable that all these people be brought back into the geographical relationships with the Department of Pediatrics.

It is absolutely essential that we do provide expanded ambulatory care program in the Department of Pediatrics. Serious restrictions in programs now growing that are designed to increase our ambulatory activity should not occur as we anticipate in the next three years the expanded programs in the B-C outpatient department area.

Serious consideration of these requests would be most appreciated.

Sincerely yours,



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

cc: Mr. Paul Maupin
Owre-Jackson Space Allocation Committee

Mr. Robert Dickler

N.L. Gault, Jr., Dean of the Medical School

JAA:kf



UNIVERSITY OF MINNESOTA
TWIN CITIES

School of Public Health
1325 Mayo Memorial Building
Minneapolis, Minnesota 55455

RECEIVED

DEC 16 1974

December 12, 1974

UNIV. OF MINN.
HEALTH SCIENCE
PLANNING OFFICE

MEMORANDUM

TO: Dr. Mellor Holland, Chairman
Health Sciences Space Planning Committee

FROM: Lee D. Stauffer, Dean *Lee*

SUBJECT: Additional School of Public Health Space

As you know, Mel, I have requested and sought additional space for immediate and short-range needs of the School. This process began on August 14, 1974 and has not yet been concluded.

I'm aware your committee was not even appointed until September and also know how long it takes to consider important matters such as space assignment. Therefore, I'm not at all surprised that final decisions have not yet been made.

In the interim it would be helpful, however, if you could give me some information which will help us evaluate how probable the acquisition of additional space may be. In particular I'd be interested in knowing:

- a. How many and which units have submitted requests for space in the Marlin Apartments?
- b. When were the requests submitted? (As you may be aware, the School's request was sent forward August 14, 1974.)
- c. How many and which units have submitted requests for the space on the 13th floor of the Mayo Building presently occupied by the Medical School?
- d. When were the requests for present Medical School space on the 13th floor of Mayo submitted? (Our request for this functionally most appropriate space for the School was sent to Dr. French on September 5, 1974.)

Memorandum to Dr. Mellor Holland

December 12, 1974

Page 2

- e. When does your committee plan on making assignment of space:
- 1) In the Marlin Apartments?
 - 2) For the present 13th floor Mayo Medical School areas?

I'll appreciate hearing from you at the earliest opportunity. We continue to add grant funded faculty without appropriate places to put them. As the Health Sciences unit with the second largest annual federal research and training grant expenditures, we may be producing more problems for ourselves than the past vigorous pursuit of such funds warrants. Grants and contracts have become our major means of survival and we now rank sixth among all University units in federal research and training funds. Our functional operation is being seriously constrained by not being able to find space for our projects to operate. However, if internal readjustment is not probable in the immediate future we must quickly begin looking at other alternatives such as space outside the health science complex.

I'll look forward to hearing from you.

LDS:nw

cc: Dr. French
Mr. Maupin
Professor Singer
Administrative Committee,
School of Public Health

Health Sciences Space Planning Committee
December 19, 1974

Summary of Space Requests and Potential Space

Space requests in alphabetical order.

<u>Unit</u>	<u>Dates Requested</u>	<u>Amount</u>	<u>Location Preference</u>
1. Medical School	Stated at October 8, 1974 meeting of H.S.S.P.C. and in written summary dated November 27, 1974.	9,670 n.s.f.	Marlan Apartment
2. School of Nursing	February 25, August 6, August 29, October 18	2,500 n.s.f.	Powell Hall
3. School of Public Health	August 14, September 5 (two separate letters), and October 18	4,500 n.s.f.	13th Floor Mayo
4. University Hospitals	First submitted to Jackson-Owre-Millard Committee prior to September 5, 1974.		
a. Outpatient Management		1,000 n.s.f.	<u>Priority</u> 1. Owre 2. Mayo 3. Powell 4. Centennial
b. Pediatric Department		1,000 n.s.f.	
5. University Hospitals Pediatric Department	November 27, 1974	2,150 n.s.f.	13th and 14th Floors of Mayo

Background Information to Space Requests

Medical School

At the October 8, 1974 meeting of the H.S.S.P.C. Wayne Drehmel indicated a need for at least 7,000 n.s.f. of space for pediatric neurology, neurosurgery, therapeutic radiology, family practice, laboratory medicine and pathology, psychiatry and anesthesiology. This request was updated to a need for 9,670 n.s.f. of space in a statement dated November 27. The Medical School has expressed an interest in the Marlan Apartment space at least as early as August 29 in a letter from Dean Gault to Vice-President French. The Medical School was allocated 7,563 n.s.f. of space in Owre Hall for the Medical School Administration. In receiving this space, the Medical School agreed to relinquish 3,750 n.s.f. on the 13th floor of Mayo and 1,500 n.s.f. of space in Centennial Hall.

School of Nursing

In information available to the H.S.S.P.C., the School of Nursing requested additional space as early as February 25, 1974 and in subsequent letters and summaries dated August 6, August 29, and October 18. The School of Nursing has requested ten additional offices and one or two nursing arts laboratories. This request totals about 2,500 n.s.f. Nursing has indicated a strong preference for Powell Hall to permit consolidation of their faculty and staff.

Background Information to Space Requests
(Continued)

School of Public Health

The School of Public Health is now housed in 11 different locations on campus. In letters dated August 14, September 5 (two separate letters), and October 18, the School has requested additional space. The latest update requested approximately 4,500 n.s.f. The School has stated a definite preference for the 13th floor of Mayo to permit consolidation of the newly required space with their existing space on the 13th floor of Mayo.

University Hospitals

Initially University Hospitals requested 8,000 n.s.f. in Owre Hall for the ophthalmology clinic and support areas. This request was submitted to the Jackson-Owre-Millard Committee. Because of the high cost and length of time of remodeling and perhaps because of the likely unavailability of space in Owre, the request was modified as follows: (1) Five faculty offices and a secretarial office totaling about 1,000 n.s.f. for the outpatient management program currently on floor 3 of University Hospitals. This move would permit expansion of the ophthalmology clinic which currently is in juxtaposition to the outpatient management offices. (2) Four faculty offices plus two secretarial offices totaling approximately 1,000 n.s.f. for the Pediatric Department. Currently, these rooms are on the second floor of University Hospitals. This change would permit expansion of the pediatric clinic on floor 2. A letter dated November 27, 1974 from Dr. John Anderson, Chairman of the Department of Pediatrics, to M. Holland, Chairman of the H.S.S.P.C., requested 2,150 n.s.f. for office space in the Department of Pediatrics. In the letter, Dr. Anderson requested that 1,050 n.s.f. of this space request be satisfied by returning space on the 14th floor of Mayo loaned to the Department of Psychiatry some years ago. In addition, 1,100 n.s.f. of space was requested on the 13th floor of Mayo. From Dr. Anderson's letter it appears that some of this 2,150 n.s.f. is the request for 1,000 n.s.f. submitted earlier to the Jackson-Owre-Millard Committee.

Potential Space for Allocation
to Help Satisfy Space Requests

<u>Area</u>	<u>Space Amount</u>
13th Floor Mayo	3,750 n.s.f.
Centennial Hall	1,502 n.s.f.
Marlan Apartment (Floors 1 and 2)	7,000 n.s.f.
In addition, it would seem that space would need to be obtained in Powell Hall to total about 1,800-2,000 n.s.f.	1,800-2,000 n.s.f. ?

Proposal for Consideration by
the Health Sciences Space Planning Committee

It is readily apparent that the space needs of the Medical School, School of Nursing, School of Public Health, and University Hospitals are critical and urgent. It is obvious from the above report that the space requests exceed the potential space available for allocation. Further, it seems evident that compromises will be necessary to arrive at a solution and that some trade-offs will be necessary. Also it appears to be essential that some spaces in Powell Hall will need to be relinquished to help put the pieces together. Could this space become available through the relinquishment of space by the School of Public Health, University Hospitals, and the Medical School?

All units seem to be very eager for a solution to this problem. It is highly questionable whether further delay is necessary for the Health Sciences Space Planning Committee to make a recommendation to Vice-President French.

In view of the above observations, the chairman proposes the following for consideration by the Health Sciences Space Planning Committee.

<u>Unit</u>	<u>Allocation</u>
Medical School	7,000 n.s.f. in Marlan Apartment (Requested 9,670 n.s.f.)
School of Nursing	1,800-2,000 n.s.f. in Powell Hall through the relinquishment of space by such units as the School of Public Health, Medical School, and University Hospitals (Requested 2,500 n.s.f.)
School of Public Health	3,750 n.s.f. on the 13th floor of Mayo (Requested 4,500 n.s.f.)
University Hospitals	
Outpatient Management Offices	750 n.s.f. in Centennial
Department of Pediatrics Offices	750 n.s.f. in Centennial (Requested 2,000 n.s.f. in first proposal and later 3,150 n.s.f. after Dr. Anderson's letter of November 27.)

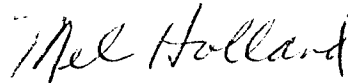
Disregarding the needed contributions in Powell Hall, the above proposal would give the following:

- (1) Medical School approximately 76⁺% of its request in a building acceptable.
- (2) School of Nursing would receive on a 1,800 n.s.f. allocation 72% of its request in a building acceptable to them.
- (3) School of Public Health would receive about 83% of its request. - Mayo
- (4) University Hospitals (excluding Dr. Anderson's latest request) accept- would receive 75% of its request. It is not known whether this able. space in Centennial would be acceptable to the Outpatient Manage- ment Office and the Department of Pediatrics, but it is air- conditioned, well-decorated and designed space -- at a somewhat greater distance than Owre but in many ways better space.

Proposal for Consideration by
the Health Sciences Space Planning Committee
(Continued)

One of the most central aspects of the above proposal is the necessity of space being relinquished in Powell to provide space for Nursing. In order to unlock the stalemate, it seems that this must be accomplished.

The above proposal is submitted by the chairman in an effort to be helpful and to provide a basis for settling a difficult problem.



M. R. Holland, Chairman
Health Sciences Space Planning Committee

MRH:ajm

HEALTH SCIENCES SPACE PLANNING COMMITTEE

December 19, 1974

Attending were: Wayne Drehmel
Mellor Holland
Rosemary Huerter (for Barbara Redman)
Thomas Jones
Hugh Kabat
Arnold Lazarow
Virginia Lewis
Paul Maupin
Rex Singer
Milton Trapold

The agenda items discussed were as follows:

1. Mel Holland reported on his meeting with Vice-President Lyle French and Mr. David Preston regarding the work of the H.S.S.P.C. They requested that the following information be given to the Committee:
 1. It is acceptable to expand the charge of the Committee to include negotiations on space outside the Marlan Apartment such as Mayo, Centennial, and Powell as currently being discussed by the Committee. There would, of course, need to be some limitations of responsibilities so the Committee wouldn't be burdened with all the space requests of the Health Sciences.
 2. As appropriate, the Vice-President's office will ask the Committee to consider division of specific spaces such as it did with the Marlan Apartment.
 3. The H.S.S.P.C. will likely be asked to approve space exchanges between schools.
 4. Decisions on allocating vacated space in Mayo and other buildings (e.g. VFW, Powell, Diehl) as per the 1967 projections when B/C is completed should follow the original intentions as closely as possible.

See attached memo from Mr. Preston regarding the above.

2. Background materials on the 1967 projections for vacating space when B/C is completed were prepared by Virginia Lewis and distributed to the Committee at the meeting. The Committee was asked to study this background material for future work of the Committee. Mr. Maupin commented that since there are two phases of Unit B/C completion, it would need to be understood that the full schedule of vacating space in Mayo and elsewhere wouldn't occur until B/C is completed, likely not until 1980-81. Mel Holland commented that apparently some departments in the Medical School are reassigning spaces which would be in the "to be vacated space". This is no doubt a normal course of space usage but could create some problems later if the new "tenants" aren't aware of the 1967 projections.

3. Discussion then centered on a document prepared by Mel Holland entitled "Summary of Space Requests and Potential Space". Also distributed was a letter of November 27 from Dr. John Anderson requesting additional space for the Department of Pediatrics. After the Committee read the two documents, the following discussion occurred.

Tom Jones informed the Committee that the Hospitals' request for space for the Department of Pediatrics (1,000 n.s.f.) and the Outpatient Management Offices (1,000 n.s.f.) was being withdrawn. In replacement, the Hospitals support the new request from Pediatrics for 2,150 n.s.f as submitted by Dr. John Anderson. In Dr. Anderson's request, he requested 1,050 n.s.f. of space on floor 14 Mayo now held by the Department of Psychiatry which Dr. Anderson related was a loan to Psychiatry from Pediatrics many years ago. Also, he asked for 1,100 n.s.f. of space on floor 13 Mayo. Arnold Lazarow commented that the long-term plan was for the space on the 14th floor of Mayo to go to Microbiology. Wayne Drehmel stated that the Medical School is looking for new space for Psychiatry over and above what they already are using. Paul Maupin suggested that space within a school's management should be negotiated within the school involved unless the school decides it needs assistance from the H.S.S.P.C. or another group or office.

As part of the "summary" document, a proposal was included for space allocation to help resolve the current issues. This proposal was offered to give the Committee a plan to work from and modify as it wished. Central to the proposal was the need to free-up space in Powell Hall, presumably for Nursing which clearly wishes to gain its needed space there. Paul Maupin raised the possibility of the 2400 corridor in Powell Hall to provide the needed space. Wayne Drehmel pointed out that when part of Pediatrics moved to Unit A, some of the 2400 corridor was vacated. Some of this space is now being used by the Animal Hospital under Dr. Patrick Manning and other space is planned for Anesthesiology. The available space for Anesthesiology is far less than needed.

The Medical School is now in the process of seeking additional space for Anesthesiology so they can take care of current needs and can expand. Anesthesiology needs space that is close to the operating rooms, but there doesn't seem to be anything available in Mayo. The 2400 corridor of Powell is apparently too remote to be convenient for Anesthesiology.

A suggestion was made that perhaps rooms 1112 and 1114 Powell could be vacated by the hospital for Anesthesiology. The rooms, with a combined total of 1,035 n.s.f., are being used by the hospital now to store materials.* Paul Maupin felt that this space was particularly unsuitable for storage of pathology specimens. It would seem preferred that these specimens be stored in Jackson Hall or in Unit E. If 1112 and 1114 Powell were available for Anesthesiology, their needs would be helped considerably. Anesthesiology currently holds some space close to 1112 and 1114 Powell. Rooms 1112 and 1114 are still some distance from the operating rooms but possibly could be acceptable.

*1112 Powell stores the pathology specimens and 1114 Powell stores some hospital supplies and equipment.

3. (Continued)

Rosemary Huerter said that Nursing now has 2112 Powell for its Nursing Arts Laboratory. To gain this, Nursing gave the Hospitals the priority in the use of 2309 Powell which is a classroom. Nursing can still use the classroom, however. Paul Maupin mentioned a lounge-locker room occupied by Nursing which he noticed had not been fully utilized. Rosemary Huerter said the use would increase considerably winter quarter with the addition of 150 students as of the beginning of winter quarter.

As part of freeing up space in the corridor in Powell, it would be necessary to find suitable alternative space for the Animal Hospital Office. Wayne Drehmel will check with Dr. Patrick Manning about his willingness to move to some other location such as Centennial Hall. If it is possible to move Anesthesiology and the Animal Hospital from the 2400 corridor in Powell, approximately 2,000 n.s.f. of space will be created for nursing which is close to what they need in the location they desire. (The 2400 corridor space in Powell was later determined to be 1,351 n.s.f.)

Tom Jones accepted the assignment to check on vacating 1112 and 1114 Powell by the hospital and asking Anesthesiology whether this space was acceptable to them.

It was agreed that all discussions relative to the above potential moves and those discussed in the "summary" statement would have to be completed prior to the Committee's next meeting on January 9.

The tentative combination of space allocations pending various agreements which is before the Committee currently is as follows:

1. Medical School - 7,000 n.s.f. in Marlan Apartment
2. School of Nursing - 2,000 n.s.f. in 2400 corridor of Powell
(Later determined to be 1,351 n.s.f.)
3. School of Public Health - 3,750 n.s.f. on the 13th floor of Mayo
4. Department of Pediatrics - 1,000 n.s.f. in Centennial Hall
5. Animal Hospital Office - 500 n.s.f. in Centennial Hall
6. University Hospitals - vacate rooms 1112 and 1114 Powell and move specimens and other materials to Unit E or some other location.
7. Anesthesiology - occupies 1112 and 1114 Powell.

The next meeting of the Health Sciences Space Planning Committee is scheduled to be Thursday, January 9, at 3:00 P.M. in 4112 Powell.



UNIVERSITY OF MINNESOTA

Office of the Vice President for Health Sciences Affairs
A-306 Mayo Memorial Building, Box 501
Minneapolis, Minnesota 55455

MEMO

December 18, 1974

TO: Mellor Holland

FROM: David Preston *DP*

SUBJ: Charge to Health Sciences Space Committee

This note is follow-up to the discussion this morning with Dr. French in which we attempted to clarify the charge to the Space Committee. As we agreed, the allocation of space is a very complex process and hopefully Dr. French can gain the advice of the Health Sciences-wide Committee, while not making the charge to the Committee so comprehensive that your group will become bogged down in attempting to negotiate all space transactions among the Health Sciences units.

As we discussed, the following are more specific charges to the Committee:

1. As indicated in the original charge, the primary job of the Committee is to review the 1967 assignment of space within the Mayo complex to be vacated at the time Building B-C is occupied and to update the recommendations for assignment of that space.
2. The Committee should make specific recommendations for the allocation of space as requested by the Vice President, e.g. new space made available to the Health Sciences, such as the Marlin Apartments. It is understood that in the assignment of this new space, other exchanges of space may be an integral part of the recommendation and these related exchanges would be a part of the Committee's recommendation.
3. Any exchange of space among Health Sciences units would be reviewed by the Space Committee with the recommendation to the Vice President for Health Sciences for final approval.

I would suggest that you discuss this charge with your Committee and, if you feel that it defines the job of the Committee adequately and that you can work within this framework, please let me know and we will communicate this information more formally to the Committee and to the Deans of the Health Sciences units.

D. P.

kg