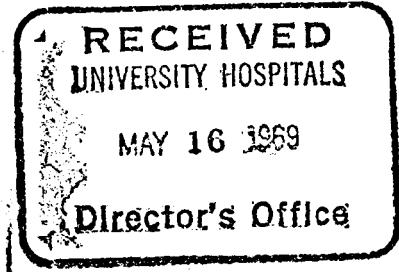


APPENDIX D



University of Minnesota Hospitals

University Hospitals Study Committee Report

concerning

Hospital Development within the
Health Sciences Development Program

METROPOLITAN ST. PAUL AND MINNEAPOLIS HOSPITAL PLANNING COUNCILS

Prepared by the Joint Staff

April 1969

Foreword

A joint committee representing health professionals from St. Paul and Minneapolis was formed under the chairmanship of Dr. Bruce Lewis. This committee was charged to review the proposed expansion of University Hospitals and to prepare this report as the basis for further review by the Advisory Committees of the St. Paul and Minneapolis Hospital Planning Councils. The committee consisted of the following persons:

Dr. Bruce Lewis, Chairman, Minneapolis
Dr. David Craig, St. Paul
Mr. Kenneth Holmquist, St. Paul
Dr. Clarence Rowe, St. Paul
Mr. William Wallace, St. Paul
Dr. John LaBree, Minneapolis
Mr. Stanley Nelson, Minneapolis
Mr. Carl Platou, Minneapolis

The committee met with representatives of University Hospitals on July 16, 1968 at which time an oral presentation was made to highlight rather voluminous documentation of the Health Sciences Development Program, a part of which involves expansion of hospital facilities. Others invited to hear the presentation were as follows:

Dr. Robert Barr, Minnesota Department of Health ✓
Mr. Walter Dorle, President - MSPHPC
Mr. Donald Dunn, Twin City Hospital Association
Mr. Hugh Faville, Metropolitan Council
Dr. Ellen Fifer, State Planning Agency
Dr. Helen Knudsen, Minnesota Department of Health ✓
Mr. Harry L. Sutton, Jr., President - PAHMM
Mr. Roland Westerlund, Metropolitan Council

A second Study Committee meeting with representatives of the University Hospitals was held on April 3, 1969. This meeting provided additional information and clarification concerning programmatic aspects of the Health Sciences Center, particularly as they involved pediatric care, education and research.

The findings and recommendations contained in this report are based upon Health Sciences planning reports, questions and answers following the oral presentations and additional information supplied at the request of the Study Committee.

Summary of Proposal:

As part of a total Health Sciences building program estimated to cost in excess of \$67 million when completed about 1975, the University Hospitals propose to 1) add approximately 160 acute beds, 2) add new facilities to enlarge ambulatory care space from the present 25,000 square feet to 90,000 square feet, 3) add an ambulatory care (motel type) facility of about 9,000 square feet, 4) provide new diagnostic radiology and radiation therapy facilities, 5) construct a "service center" building to house storage and supply areas, new kitchens and new cafeteria and dining facilities, 6) expand the surgery suite, 7) reorient and enlarge other hospital departments through remodeling, and 8) provide a modern automated central distribution system for supplies, an improved parking and vehicular access system and a convenient internal pedestrian circulation pattern. The scheduled completion date is 1973. Funding is dependent upon the State Legislature and Federal grant programs.

Plans subsequent to 1973 suggest continued use of Variety Club Heart Hospital, Children's Rehabilitation Center and Masonic Memorial Hospital with all beds and related services in Mayo moved to new facilities at a site now occupied by Powell Hall.

UNIVERSITY HOSPITALS DEVELOPMENT PROGRAM - FINDINGS AND RECOMMENDATIONS OF THE STUDY COMMITTEE

Introduction

The University of Minnesota began a health sciences development program in 1964. The study resulted in a presentation to the legislature in 1967. The legislature granted \$650,000 for land purchase and \$500,000 for further architectural studies. The land has been purchased, the architectural studies have gone on, and the University was scheduled for presentation to the Legislative Building Commission on July 15, 1968. The University Hospitals' portion of the Health Sciences Capital Development Program will not be presented to the legislature until 1971. However, even though no money will be requested this session, the State requires the total plan be presented as a package.

The main force behind the bed expansion has been the need for new programs in family practice, oral surgery and pediatric surgery and the development of small surgical specialties in ENT, Eye, Neurosurgery and Orthopedics plus a need for a large and improved intensive care unit.

Money for these buildings in the amount of approximately \$24 million would be requested from the 1971 legislature. The University anticipates a 50% federal funding, so the actual State money requested at today's price rates would be \$12 million.

The proposals presented to the review committee are part of a longer-range plan which would call for the abandonment of the Mayo complex of 584 beds and the construction of a new high-rise University Hospitals on the existing Powell Hall site. The move of the clinics is in anticipation of this long-range development, the next phase of which would take place sometime after 1975.

Findings:

1. The roles, objectives and programs of the University Hospitals have been well defined. The following roles have been delineated:

Patient Service - The service role of University of Minnesota Hospitals is to provide ambulatory and in-patient health care to referred patients. This role is characterized by the coordination of the activities of many health professionals into a comprehensive approach to health care. The University Hospitals will provide care to:

- a. All patients referred by their attending physician, dentist or other health professionals and social agencies.
- b. Patients who are members of groups participating in special programs.

Educational Environment - In concert with the primary role of the Health Sciences Center, the University of Minnesota Hospitals is charged with providing an environment for clinical education in the health sciences. Most departments assume a teaching role for full-time students, as well as programs of inservice training and continuing education.

Health Research - University Hospitals has a responsibility to investigate the organization and distribution of health care services, to conduct research related to the provision of hospital services and to provide an environment for the conduct of clinical research.

Model - University Hospitals has a composite fourth role to serve as a regional model for exemplary patient service, education and research.

2. Major themes contained in the planning reports prepared by the University Hospitals are as follows:

- a. Programs of the hospital will serve all of the health sciences.
- b. Every effort will be made to automate procedures.
- c. Cost effectiveness principles will be used.
- d. Electronic data processing will be used to replace current record systems.
- e. Emphasis will be placed on comprehensive ambulatory care programs.
- f. Hospital departments will be grouped in a functional manner.

3. Student enrollment projections for the health sciences suggest that total enrollment will increase from 3474 students in 1967 to 5290 students in 1973 and 6894 students in 1986. By category these projections are as follows:

	<u>1967</u>	<u>1973</u>	<u>1986</u>
<u>Medical</u>			
Medical Students	658	800	1000
Interns	42	45	55
Graduate Students			
at Medical Center	441	550	650
at Affiliated Hospitals	<u>246</u>	<u>350</u>	<u>400</u>
Total Medical	1387	1745	2105
<u>Dental</u>			
Dental Students	414	560	740
Graduate Students	54	179	274
Dental Hygiene	91	285	360
Dental Assisting	38	140	175
Others	<u>6</u>	<u>20</u>	<u>35</u>
Total Dental	603	1184	1584
<u>Nursing</u>			
Undergraduate	324	398	450
Graduate	71	138	225
Others	<u>4</u>	<u>14</u>	<u>35</u>
Total Nursing	399	550	710

	<u>1967</u>	<u>1973</u>	<u>1986</u>
<u>Public Health</u>			
Total Public Health	261	412	565
<u>Other Associated Health Professions</u>			
Medical Technology	121	250	290
Radiological Technology	215	385	730
Occupational Therapy	52	84	110
Physical Therapy	81	95	110
Rehabilitation Counselors	<u>15</u>	<u>25</u>	<u>30</u>
Total Other	484	839	1270
<u>Pharmacy</u>			
Undergraduate	300	480	560
Graduate	<u>40</u>	<u>80</u>	<u>100</u>
Total Pharmacy	340	560	660
GRAND TOTAL	3474	5290	6894

4. Principles used by the Medical Center to determine the types and size of "allied health" training programs are as follows:
 - a. Teaching programs should lead to baccalaureate or graduate degrees.
 - b. Generally, sub-collegiate programs should not be carried out except when special facilities or personnel preclude such programs elsewhere.
 - c. Sub-collegiate programs may be initiated as pilot or research projects to develop the requirements for such a course or to meet community and Medical Center needs.
 - d. Enrollment should reflect demonstrable needs.

5. Determination of needs for physicians and dentists was based on a study sponsored by the Hill Family Foundation entitled Health Manpower for the Upper Midwest.

6. Planning for physical facilities was based on six criteria -

- conservation and enhancement of the desirable characteristics of the present Health Sciences Center
- adequate in scale to serve all contemplated programs of the Health Sciences Center
- encouragement of interaction among persons in all Health Sciences programs
- maximum flexibility for adaptation
- compatibility with other aspects of the University development
- opportunity for development beyond any programs now contemplated

7. The University Hospitals expansion proposal is based on the following assumptions:

- a. Specialty hospitals will remain; i.e., Variety Club Heart Hospital, Children's Rehabilitation Center and Masonic Memorial.
- b. Number of hospital beds including specialty hospitals is expected to grow to approximately 1000. Further requirements for teaching beds will be provided through affiliation with other hospitals.
- c. Washington Avenue will be tunnelled within the next ten years.
- d. River Road can be used for access by service vehicles to the Health Sciences area.
- e. Access from the new parking facilities (near Oak and Washington) to the Health Sciences area will be via a mechanical conveyance system and an all-weather enclosed passage.
- f. The new parking facilities and underground access system to the Center will be funded outside the present Health Sciences capital budget.

8. The net increase in bed capacity which will result from new construction, remodeling and other internal adjustments are as follows:

Anesthesiology	6
Dentistry	9
Medicine	10
Dermatology	2
Ophthalmology	6
Otolaryngology	20
Radiotherapy	5
Surgery	12
Urology	7
Orthopedics	6
Neurology	1
Neurosurgery	6
Pediatrics	1
Pediatric Surgery	20
Family Practice	20
Intensive Care, etc.	<u>28</u>
 TOTAL	 159

9. Inpatient beds in the new facility will number 210-215. The service assignment of these beds is for pediatrics (perhaps the least adequate inpatient facility at present), family practice and specialty services such as intensive care. Some beds will be lost through remodeling in the older hospital areas.
10. In addition to new inpatient facilities, the new hospital building will house new and expanded ambulatory care programs. The following findings are germane to these programs.
- a. The program of instruction in comprehensive personal medical care which began over seven years ago has been inadequately supported in terms of financing, space, facilities and personnel. To meet desired levels of excellence in present undergraduate education, a near doubling of current staff and near quadrupling of space is thought to be required.
- b. The new ambulatory care center will house in an integrated manner the following services:

general inpatient & outpatient clinics
emergency receiving
diagnostic clinics
eye clinic
audiology clinic
radiology services
family practice offices
classrooms

- c. Based on the principle that the University will remain primarily a referral and consultative center for physicians of the region, patient visits are expected to increase from 113,000 per year to 180,000 per year. These projections are predicated on new facilities which will permit better scheduling for patient convenience, more personalized care, greater emphasis on undergraduate experience in ambulatory comprehensive care, development of the family practice specialty with as many as 30% of medical students "tracking" into this specialty in the second or third year of training and appropriate emphasis on community service programs.
11. Expansion of radiation therapy facilities which will incorporate new high energy sources such as a linear accelerator will be provided in a separate structure designed to maintain close integration with existing radiation facilities.
12. A patient origin study of University Hospitals inpatients during February and March 1968 show that 59% come from the seven county metropolitan area with Hennepin (37%) and Ramsey (12%) being most significant. Ambulatory patients from this same area are thought to represent an even larger percent of the total ambulatory patients being served by the University.
13. Patient day statistics for all services except long-term and rehabilitation are as follows:
- | | <u>Total</u> | <u>Med-Surg</u> | <u>Peds</u> | <u>OB</u> | <u>Psych</u> |
|------|--------------|-----------------|-------------|-----------|--------------|
| 1966 | 187,718 | 119,039 | 34,753 | 4,301 | 29,625 |
| 1967 | 188,556 | 125,115 | 32,348 | 4,227 | 26,866 |
| 1968 | 185,767 | 122,574 | 34,075 | 4,358 | 24,760 |
14. Occupancy figures for these acute services were 78% in 1966, 78% in 1968 and 77% in 1969.
15. Although all patients at the University have traditionally received like services in like manner, the charity patient as a financial classification is gradually being phased out. The reimbursed public patient classification has dropped from 35% of the census in 1960 to about 13% in 1968. Private patients (those who pay for both hospital services and physician fees) have increased from 31% in 1960 to 70% in 1968. The other major classification is a "per diem" (those who pay for hospital services only) which has gone from 34% in 1960 to 17% in 1968.

16. In January 1969 Mr. Harry Sutton addressed a letter to Mr. Malcolm Moos, President, University of Minnesota raising questions concerning the relative roles and relationships between the Pediatric Department of the Medical School and other community pediatric programs, especially the proposed programs of the Children's Health Center of Minneapolis. This matter became especially timely because the University Hospital's expansion program involved new pediatric facilities and suggested new emphasis by the University in areas of community pediatric services. The specific question raised was "would the University consider deferring their pediatric building program to merge with Children's Health Center at a site other than the University or, conversely, would the University consider the merger of the proposed Children's Health Center program with the University Childrens Hospital program?". The response came in two parts - 1) a statement entitled "University Position in Response to PAHMM Request" and 2) a letter from the Department of Pediatrics to Dr. Arnold Anderson. The following excerpts are from these responses:

- a. There is a nationwide unhappy history of poor success of pediatric programs where a children's hospital and university pediatric program have operated without full interdependence. The reasons for the difficulties of maintaining a separate community children's hospital are outlined in the enclosed a letter from Professor and Head of Pediatrics, John Anderson, to Dr. Arnold Anderson.
- b. Both of these institutions are committed to provide excellent intramural hospital care and excellent comprehensive and continuing ambulatory care for infants and children. Both are committed to provide educational programs to increase the medical and medically related manpower. Both must be concerned with research on problems which relate to the needs of children in the community and the state as a whole. Both must become engaged in the development of experimental models on the delivery of health care to infants and children. These are broad objectives common to both institutions, the Children's Hospital and Pediatrics Department of the Medical School. The essentiality for an interdependence becomes even more clear when we consider the magnitude of our future obligations in the face of rising economic factors, overwhelming demand for medical services, overwhelming demand for medical manpower, and the need to deliver in a more efficient way more health care to more children who are an increasing proportion of our total population. I do believe that the broader aspects of professional service and education can be provided in a common facility rather than by separate geographically distant facilities.
- c. It should also be less expensive to provide a larger facility with broader function if a joint facility could be constructed. This will obviously avoid duplication of the many required services such as the clinical laboratories, the expensive radiology and roentgenology services, the expensive complex and multipersonnel surgical services and so on. These expanded areas are now planned for in the proposed Health Sciences facility and can be made available also to the needs of the Children's Hospital.

- d. It is doubtful that the Children's Hospital as a free standing hospital or even as a part of a consortium of community hospitals such as with the General Hospital or with the Chicago Avenue Complex can command as effectively these research and educational dollars as can the Medical School and the University Hospital. A joint service and educational endeavor designed for the metropolitan community and the State of Minnesota, and in fact, the northcentral region of the United States, will provide a magnitude which will further encourage the development of a large number of programs of an education and research nature supported by Federal and Foundation funds.
- e. There is in my mind no real problem of great concern regarding the responsibilities of staff when composed of both practitioners of Pediatrics and the University Hospital staff.
- f. The problem of care for crippled children in the state program of the Crippled Children's Service deserves some comment. It does seem logical that a state supported program such as the Crippled Children's Service be an intimate part of the State University Hospital.
- g. The present freeway system now presents a situation in which accessibility to the University and its Health Sciences facilities is equally good if not better than locations near the Hennepin County General Hospital or the Chicago Avenue complex.
- h. It is my sincere hope that we all may take a larger look at our responsibilities. Our responsibilities are common. The medical profession, the pediatric component of the medical profession, and the Medical School and its Pediatric Department are all striving for the same goals. I do believe that the needs of infants and children in this community, state and in this region can be best served if the Children's Hospital and the Pediatric Department of the University Hospital join hands in developing a facility which unquestionably can be without parallel in the United States.
- i. The University must keep a strong pediatric department as part of a comprehensive educational center. Pediatrics, beside the study of internal medicine of children, is a specialty comprised of and dependent on many other medical and surgical specialties. Facilities, essential personnel, and supporting disciplines for educational programs in pediatrics at the University of Minnesota, come from resources beyond the Department of Pediatrics and transfer of these extra-departmental resources to a community pediatrics hospital would be extremely difficult, if not impossible. Major strengths have been developed at Minnesota, for example, in pediatric neurology, surgery, rehabilitation, renology, organ transplantation, and many other disciplines as cooperative programs in training and research between the Department of Pediatrics and departments of Neurology, Neurosurgery, Surgery, Urology, Physical Medicine, and others. A complex intertwining of medical faculty, allied health professionals, budgeting, and facility-sharing underpins these existing programs. The training of general pediatricians, general surgeons, physiatrists, as well as individuals more highly specialized in

medical and surgical disciplines has been established in this format. Trainees and trainors involved who are not in the Department of Pediatrics are also involved in programs of their parent disciplines which are also located in University Hospitals, and are dependent on adult patients. Geographic separation of a part of each of these programs could be accomplished only with great difficulty, and the newly assembled components would each have lost the strength of unity they now display. Relocation away from the basic sciences and other campus programs would also change the nature of the programs and the personnel that could be attracted to them. Thus, a relocation to a site remote from the campus would have profound effects on the Department of Pediatrics. In addition, the widespread change that this move would demand of many other programs would constitute a major revision of the College of Medical Sciences. Although certain gains might be foreseen, the attractiveness of the early stages of planning by the Children's Health Center is less than demanding of serious consideration that this facility become the center of the Pediatric Department programs.

- j. Because of the referral nature of the patient population at University Hospitals, it does not provide a teaching base for pediatrics that is complete. It serves as a referral center for patient care for a wide geographic area and complex medical problems constitute a high fraction of its teaching patient population. The development of a faculty and facilities competent to meet this challenge has allowed development of teaching and research programs of high quality. To be complete pediatric programs, however, training for medical students and general pediatricians extend to three community hospitals and two community health care facilities. These affiliated resources provide training opportunities in newborn care, well child care, emergencies, general outpatient care, and uncomplicated common illnesses, few of which are present at University Hospital. These affiliated facilities are essential supplements, but none could provide the core of the program now established at the University.
- k. The University would be willing to merge its program with that of the proposed Children's Hospital. There would be areas to explore in terms of patient privileges, staff appointments et cetera with the Children's representative, but at this time we see no great barrier.
- l. A Children's Health Center, as proposed, located away from the University and in a consortium of private hospitals will be unlikely to duplicate facilities of University Hospital. Rather, it will probably become a consolidation of pediatric care facilities to replace existing facilities of a few hospitals. While there would be advantage to this from a community point of view, we do not see major strengths in research and education developing from this approach. We would like very much to work with the people at Children's Hospital and would be willing to go into greater detail about the feasibility of accepting the program on a University site.

17. Although copies of Mr. Sutton's letter to Mr. Moos were sent to representatives of Children's Health Center, no written response was made and none was expected. However, a meeting between representatives of the University and Children's Health Center was held to explore issues. To the extent that any consensus was reached, it was that both parties should continue to meet and explore areas of common interest and concern. However, in order to review the University proposal in context with community pediatric plans, it seems necessary to state some of the intentions of the Children's Health Center. The position of the Children's Health Center can perhaps be set forth best by noting excerpts from their open letter in response to the "Plan for Development of Hennepin County General Hospital" which suggested collocation of General Hospital and Children's Health Center.
- a. We are pleased that the consultants feel that the scope of the program offered by Children's is sufficiently comprehensive that Children's should be included among the voluntary institutions invited to co-locate with Hennepin County General Hospital (pp. 56, 89, 90) to provide (functionally) close interrelationships between Children's and HCGH, which relationships the Report indicates are desirable. (Parentheses are ours.)
 - b. We agree with the desirability of a functionally close relationship between Children's and HCGH and with all of the people and institutions, including the U of M, who cooperate with HCGH. We note that functional closeness might be facilitated by physical proximity.
 - c. Children's however, is already committed to be a part of Minneapolis Medical Center, Inc., both functionally, and re physical location. On December 19, 1968, Children's completed the purchase of the entire city block between Chicago and Elliot Avenues, and 25th and 26th Streets (per policy and land usage agreement of MMCI) for the purpose and with the objective of starting there, in summer, 1969, the construction of the long-awaited Children's Health Center and hospital, to be in operation by late 1970.
 - d. We are particularly gratified to see that the Report (Appendix F,9) finds that of the existing urban hospital complexes, "Minneapolis Medical Center, Inc. ... provides the best mix of clinical services, facilities, professional personnel, planning and program development among the complexes to support the resources of Hennepin County General Hospital". We infer therefrom that Children's has made a wise choice to affiliate with MMCI, perhaps the wisest choice that could be made at this time.
 - e. We note the strong emphasis throughout the Report that "the new HCGH should be developed as an integral component of an effective and coordinated health care system for the entire community" (p. 56) ... and, better, in the context of a 7-county system (p. 129 et seq.) and even better in the broader context of regional and state-wide plans (Exhibit XXXV (4). Because Children's

has already planned to serve more than just Minneapolis or Hennepin County, but to serve a much larger area, we obviously heartily concur. Children's therefore, also commits itself to be "an integral component of an effective and coordinated health care system for the entire community".

- f. We believe that if such functional commitments are mutually made by all members of the health services community, then such details as geographic location of the components may become mutually irrelevant, and Children's, therefore, pledges itself to cooperate and work very closely with HCGH in all aspects of HCGH's programs. For example:

If the Pilot City project can be operated effectively as a satellite to HCGH (pp. 28, 29, 77) and if ".... the HCGH medical staff might support the resources personnel and/or facilities of Minneapolis Medical Center, Inc. ... in Model Neighborhood" (pp. 28, 77, 88), then it appears to us that a modus operandi is implied whereby considerable pediatrics activities of HCGH could be carried on at Children's even if Children's is located a mile from HCGH at MMCI, and that a satellite out-patient activity of Children's might be operated in conjunction HCGH in the Pilot City clinic (Children's plans satellites just as HCGH does), even though none of these facilities are within walking distance of each other.

- g. As the Report points out, no single location is perfect for all purposes because health services must be delivered at many points in the community. Therefore, the interinstitutional and inter-personal functional relationships and commitments must become the important objectives, and the physical convenience of the deliverers is not paramount to the convenience of the total community which will require delivery at many points (neighborhood centers or satellites) as practical to the community's needs.
18. The University emphasized the expanding role of the Department of Pediatrics as a regional child care center and made the following points:
- a. A pediatric cardiology program using monitors interfaced with a computer is being developed.
 - b. An intensive care unit for children has been provided.
 - c. A regional emergency service using a plane and helicopter is operating at no cost to the patient to make University resources available to infants in distress within a matter of a few hours.
 - d. The general pediatric surgery program has grown to a point where 40-50 cases are operated each month, often with the services of practicing pediatric surgeons from the community.

19. The Committee recognizes that the Hospitals and Clinics are part of an overall plan. Viewed in context with the total plan, we would make the following observations:
 - a. This proposed facility services the largest and broadest base clinical education center in the State, currently serving 2,200 to 3,500 health science students. The proposed development program will increase the number to 5,600 health science students.
 - b. The University is to be commended for being among the first in the country to launch a family practice program. The Hospitals' close partnership with family practice in developing a prepayment program will be of interest for the community, is consistent with University Hospitals' role of experiment, and be innovative.
 - c. Historically, the University has been among leaders in the production of physicians in general practice.
 - d. The production and use of associated health manpower has historically been imaginative and responsive.
 - e. The production and use of associated health manpower has been exemplary. The University has provide leadership in the areas of physical therapy, occupational therapy, audiology, clinical psychology et cetera. More needs to be done. It is noted that new programs are proposed in the areas of: 1) bioengineering, 2) biomedical data processing information retrieval, 3) electroencephalography technicians, 4) inhalation therapy, 5) medical art, 6) medical record librarians, 7) medical social work.
20. It is noted that this is not a proposal for the hospitals or medical school only but involves the total spectrum of health sciences professionals. It is an unusual program in this regard and of some urgency because of the apparent limitations now imposed with units at capacity levels. Ideally, the building proposal should have been presented two or four years ago to allow for continuous growth and development.

Study Committee Conclusions:

1. The University Hospitals Development Program is an integral part of the total Health Sciences Development Program which has been imaginatively designed to meet current needs for replacement, remodeling and addition of facilities; which incorporates the concept of team medicine in its architectural design; and which provides flexible adaptation to meet future needs.
2. The overall land use and various transportation schemes are designed to alleviate one of the University's most pressing problems - that of access to the Health Sciences Center. These schemes appear fundamental to the full and appropriate use of the facilities and programs proposed in this expansion project.
3. The size and scope of the development appears compatible with the University's expressed intent to place greater reliance on community clinical resources located away from the main campus for training of health manpower. Both inpatient and ambulatory facilities expansion are in keeping with the growth of specialty services best provided at the University and in keeping with appropriate emphasis on community service. The expansion is considerable less than would be commensurate with the increase in student enrollment.
4. That criteria used to review community hospital proposals are not particularly germane to the University Hospitals because of University Hospitals' regional characteristics and unique education and research responsibilities. This development program is not incompatible with any community hospital programs that have been presented to PAHMM for review and evaluation. However, the Study Committee does not wish to imply that University programs are unique in the sense that community evaluation of such programs through the planning process is unnecessary.

* * * *

General Recommendations:

1. That expansion of the School of Nursing enrollment from 399 in 1967, to 550 in 1973 and 710 in 1986 be reevaluated in the context of finding 4 (d) which states that enrollment should reflect demonstrated needs. The Study Committee feels that community needs suggest large future enrollment.

The Committee also feels that the School of Nursing should become more community oriented and provide leadership and perhaps affiliations which would strengthen the various collegiate, diploma and associate degree programs in nursing throughout the state. Other paramedical programs should also be reviewed in light of this recommendation.

2. That the University continue to expand pediatric programs on the Minneapolis campus to meet regional needs for children's health services and that these efforts be appropriately related to community based pediatric programs with the fullest possible coordination between University faculty and practicing pediatricians. The Committee feels that it is in the best interests of the community, the University, the Children's Health Center, St. Paul Children's Hospital, St. Paul-Ramsey Hospital, Hennepin County General Hospital and others to develop coordinated education programs and community service programs in pediatrics which complement each other rather than encourage competition. To this end it appears necessary for the various parties to meet and discuss common interests and program development so that appropriate coordination and integration of pediatric programs will occur.
3. That the University continue to emphasize affiliation agreements with community health agencies, especially hospitals, as the most appropriate way to expand enrollment in health sciences and to support high quality service programs.
4. That the State Legislature be made aware of these findings and recommendations to the end that State support of the University Health Sciences will be commensurate with the demonstrated needs.

Specific Recommendation:

That the University Hospitals' development within the University Health Sciences development program be approved as submitted.

SECTION AA NORTH-SOUTH THRU UNITS ABC

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