MINUTES

Facilities Committee

of the

Board of Governors

University of Minnesota Hospitals

Meeting: Wednesday, October 20, 1976
Dining Room III Mayo Complex
Called to Order: 12:10 P.M.
Adjourned:2:15 P.M.

Present:	Robert Dickler	Cheri Perlmutter
	Orville Evenson	John Quistgaard
	Clint Hewitt	Timothy Vann
	Tom Jones	John Westerman
	Mary Lebedoff	
Absent:	Robert Goltz	Dr. John Tiede
	Richard Varco	
Guests:	Harry Atwood	
	Johnelle Foley	
Staff:	Lee Larson	
	Diane Banta	

Joint Commission on Accreditation of Hospitals Survey Impressions

Mr. Larson noted that the members of the survey team were experienced in the teaching hospital environment. As a result, this particular survey has been instructional for us and the results should probably be relevent to our operational environment.

Forty-seven out of the one hundred and four standard categories had undergone substantial if not total revision since the last survey. These changes were necessitated by the JCAH adopting the 1967 version which was used previously.

Mr. Larson then reviewed the specific comments and citations relative to the physical facilities which were noted by the surveyors. Out of the total he noted that approximately three quarters of the items were due to the changed code standards. All of the items but one were already being addressed under one of the following existing projects:

- The Fire Alarm-Egress, Life Safety Project
- The Nutrition Remodeling Project
- The Patient Bathroom-Nursecall and Assist Bar Project
- The Mayo 6th and 7th Floor Air-Conditioning Project.

Therefore the survey results came as no surprise and were already being addressed. The one item not being addressed concerned an issue of Emergency Generator Autonomy which is the subject of controversy among knowledgeable professional engineers.

The Committee was advised that information about correctional programs underway was given to the survey team and that these plans would be personnally conveyed to the Joint Commission Office by the administrative surveyor. Despite the fact that the surveyor believed that we were taking a prudent and acceptable quick course of action leading to correction, the hospital might expect to receive a one year provisional accreditation based upon the fact that we had not yet reached the point at which construction or corrections was actually taking place.

Life Safety Project Progress Report

This project can be considered in terms of four phases:

- Phase I - identification of all pertinent instances not conforming to relevent codes; principally NFPA (national fire prevention association) OSHA (occupational safety and health act) UBC (uniform building code) SBC (state- of Minnesota- building code).
- Phase II - value engineering which includes prioritizing degrees of non-conformance, identifying alternatives for correction, and identifying the cost and operational impact of each alternative.
- Phase III - preparation of detailed working drawings and specifications for actual construction work.
- Phase IV - the selection of a contractor and the actual construction of corrections.

Phase I has been completed and we have received two reports; one on general conditions and one on doors and door related problems.

Phase II will be completed on November 5, 1976.

At this time the estimated completion dates for Phase III is May 1977 and Phase IV is June 1978.

The project is moving on schedule.

Building B-C Construction and Modifications

The union business agent, Mr. Evenson, circulated a copy of a letter from Lathers Local 190 to Regent Robert Latz regarding construction modifications to the B-C building.

Mr. Hewitt responded for University central administration regarding the approach and processes which the University uses in considering construction modifications. He requested that he be allowed to review the issues raised in the letter and respond to them at the next Committee meeting.

The matter was carried over to the next meeting agenda.

B-C Phase II Project Status

The Committee was advised that plans for the completion of space in Building B-C for Medical Records and the Fiscal Services Office were rapidly being completed. Project costs are being developed and will be available for Committee recommendation to the Board of Governors at the November meeting. The members were referred to the minutes of June 1975 and October 1975 for previous explanation discussion and adoption of this project as part of the long range plan. Detailed information regarding the project will be mailed to the Committee prior to the November meeting.

Respectfully submitted

Lee Larson
Acting Secretary

MINUTES

Facilities Committee
of the
Board of Governors

University of Minnesota Hospitals

Meeting: Wednesday, June 16, 1976
Dining Room III Mayo Complex
Called to Order: 12:05 P.M.
Adjourned: 1:50 P.M.

Present:
Robert Dickler
Orville Evenson
Clint Hewitt
Tom Jones
Mary Lebedoff
Cheri Perlmutter
John Quistgaard
John Tiede
Timothy Vann
John Westerman

Absent:
Robert Goltz
Richard Varco

Guests:
Harry Atwood
Johnelle Foley
Michael McKee
John Schleif

Staff: Lee Larson

The minutes of the previous meeting were unanimously approved as submitted on a motion made by Mrs. Vann and seconded by Mr. Evenson.

A brief progress report regarding Radiation Therapy planning (copy attached) was presented by Mr. Larson. In addition he announced that the consultants selected for the fire and safety were Bass and Associates.

Mr. Hewitt made the following replies in response to questions by Mrs. Lebedoff:

Animal Facility

The heating ventilating and air conditioning system failure at this St. Paul Campus facility was due to a breakdown of one of the physical components. Although the system was tested, such systems are not truly trustworthy until such time as the actual enviromental conditions place real stresses on them. Unfortunately, the high heat and humidity of the previous week caused the system to fail and resulted in the deaths of the experimental animals housed in the facility.

Building A

Regent Rauenhorst's criticism of the energy conservation status of this building is due to two factors.

1. The building is not very energy efficient by 1976 standards, however it was designed and built to the generally accepted standards prevalent during the late 1960's and early 1970's when it was designed.

2. Mr. Rauenhorst has a great deal of interest in and knowledge of energy conservation. The University is surveying all of its facilities to see what can be done to exhance their energy efficiency and has adopted standards for new construction which conform to the recently enacted State Energy Code.

Mr. Dickler presented a project report on Building B-C. The following is a synopsis of that presentation.

The building contains 15 floors. The first nine floors contain primarily hospital space and the remainder are Medical School space with the tenth floor being a mechanical floor.

Although the entire building is needed to relieve space deficiencies certain portions are being shelled (not completed internally) due to the fact that funds for completion of the entire building were not available. Approximately 30% of the hospital space is being so shelled. However, this space is programmed for specific hospital outpatient use and will need to be completed by the mid 1980's or sooner in order to accommodate the hospital's projected outpatient activity. Additionally, three clinics were not programmed for the building, but were programmed to remain adjacent to their corresponding inpatient programs. These are the Cardiac Clinic in the Variety Club Heart Hospital,the Medicine Oncology Clinic in the Masonic Hospital, and the Rehabilitation Clinic in the Childrens Rehabilitation Center. Dental Clinic will remain in the Mayo until alternative space is located. Each floor is programmed to contain the following functions:

Basement - no hospital space.

1st. Floor - Ambulatory Surgery, Post Anesthesia Recovery, Proctology, Outpatient Radiology, Surgery and Dermatology Clinic, Orthopedic-Neurosurgery Clinic, OB/GYN Clinic, Clinical Laboratory.

2nd Floor - Fiscal Service Offices, Outpatient Admissions, Medical Records, Outpatient Pharmacy (much of this space is shelled but will be completed in the current construction phase.

Floor - Family Practice Clinic and Neurology Clinic

4th Floor - Pediatric Clinic and shelled space for Dermalogy Clinic which will initially share the Surgery Clinic.

5th Floor - Shelled space for the Neurology and Neurosurgery Clinics

6th Floor - Shelled space for the Psychology and Psychiatry Clinics

7th Floor - Shelled space for the Hospital Dental Clinic

8th Floor - Originally for the Otolaryngology and Audiology Clinics but will additionally house the Psychology and Psychiatry Clinics.

9th Floor - Ophthalmology Clinics

10th Floor - Mechanical space

11th - 14th -Medical School Facilities - 50% of which will be shelled.

15th Floor - Shelled but originally programmed for a diagnostic are unit.

s of Building B-C:

The building is now under construction with substantial completion scheduled for October 1977 and occupancy scheduled for January 1978.

Moveable equipment lists are being brought up to date along with an inventory and evaluation of existing equipment. Needed items of equipment with long lead times will be ordered this summer.

Special attention is being placed on designing interior graphic systems which will enable patients to find their way around inside the building.

Preliminary plans for moving into the building are now being drawn and evaluated.

The operational structure of the Outpatient Department is being reviewed so as to take best advantage of the new facility.

An investigation of mechanical systems for the transport of small unscheduled items is now being completed.

Plans for completion of some shell space in this new building in the near future for Medical Records and the Fiscal Services Office have been discussed by this Committee in its three year plan review.

Mr. Dickler responded to questions.

How will the Radiology Department be split and to what extent will equipment be duplicated? (Ms. Lebedoff and Mr. Atwood)

The new facilities in Building B-C will enable outpatients and inpatient procedures to be separated from each other and to be located near to where the patients are located. This will provide some relief from congestion in the existing department area where all patients are now seen. However, some outpatients will still be seen back in the central Radiology Department because expensive existing equipment will not be duplicated or relocated. Decisions on which equipment to purchase and where to locate it are being done in conjunction with a master replacement and obsolescence plan for the departments' facilities. Chest xray facilities will be duplicated in each area due to the volume and frequency of use in both areas.

How flexible is the new building space and how can it rearranged to accommodate changing future needs? (Mr. Quistgaard and Mr. Evenson)

Each clinic area is standardized in so far as possible and designed along a modular concept. Most clinic floors contains a central registration and control area along with two clinic modules; each of which contains sixteen exam rooms along with associated support space. None of the interior walls are load bearing and so they can be relocated with a minimum of difficulty. However, with few exceptions, where specialized equipment of spatial dimensions are critical such as the Ophthalmology Clinic, any clinic can interchangeably occupy any clinic module.

Mr. Hewitt added that the heating, ventilating and air conditioning systems were looked at very carefully by the University Engineering staff in order to assure that they were as flexible as possible and adequate to meet future increasing demand. These systems were designed to meet the same criteria for comfort as are being used anywhere in public or private buildings.

How will the areas in Mayo vacated by the clinics be used? (Ms. Lebedoff)

This space has been programmed to house cramped hospital and health science functions. However, with the decision to shell B-C space and with the decision not to construct Building F for the Schools of Nursing and Pharmacy these plans will need to be reevaluated. These decisions have increased the demand for space which is in critically short supply.

What factors account for the projected growth in outpatient statistics? (Dr. Tiede)

The first few years of operation in the new space will probably realize a dramatic increase in activity due to two factors. First the clinic practioners have found it necessary to limit the number of return and follow-up visits because of the severe existing space limitations and the increasing demands of new patients.

Secondly most of the clinics have a long backlog of appointments. The increased space will allow us to absorb these two factors which will result in an increase in clinic activity. In addition the number of outpatient visits has been increasing at a rate of about 10% annually for the last few years.

What are the projected costs of moving into the new building? (Mr. Evenson)

Presently we have $80,000 set aside for moving. This figure does not include funds for installing moved equipment which are budgeted in another category. We are still evaluating the moving plan and when a final plan is adopted the cost estimate will be reviewed.

In response to a question from Dr. Tiede, Mr. Larson stated that work on the K-E feasibility study was now focused on the pediatric program needs and progressing. As of yet many difficulties in placing the pediatric program on top of K-E have not been resolved.

Mr. Quistgaard expressed the desire of the Finance Committee to meet jointly with the Facilities Committee in order to begin a mutual exploration of the Long Range Facilities Plan and its financial consequences. This meeting has been tentatively set for Wednesday October 20th, 1976 beginning at 9:00 or 9:30 a.m. and will be confirmed at a later date.

Mr. McKee presented a report (copy attached) on the Radio Paging system which was requested by the Committee. This new system will meet the Hospitals needs into future, contain costs, and conserve a scarce radio frequency resource through sharing with four other hospitals, and last is cost effective.

Mr. McKee stated that the warehouse project is under discussion with University officials and that our plans and needs are being merged with overall University plans and needs. In the short run construction and demolition projects have created an immediate need for 10,000 square feet of storage. This problem is being pursued and will probably be resolved by reallocating existing University warehouse space or short-term rental.

During the course of the meeting the Committee expressed an interest in the following topics for future meetings:

1. Tour of Building A
2. Tour of the new constructed Hennepin General Hospital
3. A "topping-off" ceremony for Building B-C with widespread publicity.

Meeting was adjourned.

Respectfully submitted

Leland L. Larson
Acting Secretary

MINUTES

Facilities Committee

of the

Board of Governors

University of Minnesota Hospitals

Meeting:	Wednesday, May 19, 1976 Dining Room III Mayo Called to Order 12:10 P.M. Adjourned at 2:00 P.M.
Present:	John Tiede, Mary Lebedoff, Cheri Perlmutter, Orville Evenson, Tom Jones, Robert Dickler, John Quistgaard, John Westerman, Robert Goltz
Absent:	Richard Varco, Clint Hewitt, Timothy Vann
Guests:	Michael McKee, Johnelle Foley, John Diehl, David Kerkow, Don Hastings
Staff:	Lee Larson

Motion

Minutes of the previous meeting were approved as submitted.

In response to questions by Mr. Evenson:

1. Mr. McKee briefly reviewed the costs of the radio paging system and agreed to make a fuller presentation at a future meeting.

2. Mr. Larson explained that remodeling work was executed by tradesmen employed by the University shops or outside contractors dependent upon the scope and scale of the work as well as the shops' ability to respond based upon their total work load. In those instances in which it is necessary to go outside the University, private contractors are invited to bid and the contract is awarded to the lowest bidder.

3. Mr. Larson reviewed the hospital budgeting process referring the members to the handout of the March 18, 1976 meeting.

This was followed by a general discussion of the role and function of the Facilities Committee in which all of the members took part. The following is a synopsis of the major points offered during this discussion.

-Attention was called to the role statement adoped by committee at its April 16, 1975 meeting.

"Motion: The Facilities Committee adopts as a minimum operating goal the preparation and annual review of a Capital Expenditure Plan governing a period of at least three (3) years and identifying all projects and items with a total cost equaling or exceeding $100,000."

-The Committee staff interpreted the $100,000 limit adopted by the Committee to encompass the review and approval of the annual capital equipment and minor remodeling budgets which in the aggregate exceeded $100,000.

-It was pointed out that actual acquisition of equipment, design and construction services was subject to state and University policies, practices, and procedures for competitive bidding in order to assure that these were acquired at the least cost.

-In addition to the Committee's role in approving major capital plans and decisions,others also play a role. Each significant project, acquisition or commitment must also be approved by appropriate University administrative and state legislative groups in accordance with their authority and responsibility for University and State expenditures.

-The transition to this new Board of Governors is sometimes difficult because projects and commitments have been made prior to the existence of the Board of Governors.

-Members suggested presentations at future meetings of the following University policies, practices and procedures.

1. Purchasing
2. Design Consultant Selection
3. Construction Contract Award

The Hospital three year plan,attached, was presented by Mr. Larson. It was emphasized that the cost estimates were very rough at this time and subject to change and refinement as the plans were developed in more detail. At that time each element in the plan would be brought to the Committee's attention for approval. It was noted that the plan's elements would also need review and approval by University Administration and legislative committees. In the meantime we would continue to brief the committee on the status of each element at future meetings as planning progresses.

Mr. David Kerkow, head of the University's Electrical Engineering Design section, briefed the committee on the background scope and scale of the fire and life safety code upgrading project. Based upon the citation by the Joint Commission of Hospital Accreditation it is necessary to survey, determine, and design corrections to the code deficiencies of the Mayo complex. Design consultants and architects have been interviewed and one has been recommended for selection by the University Architect Selection Committee. As soon as a consultant is approved, the project will be started.

Mr. McKee presented a status report on the Hospital warehouse acquisition project. His handout material is attached.

The status reports on the following two projects were moved to a future meeting by the Chairman in consideration of the late hour.

1. Building B/C status and progress report.
2. Radiation Therapy Planning

The meeting was adjourned.

Respectfully submitted
Leland L. Larson
Acting Secretary

Project Planning - 3 Year Plan

May 19, 1976

I. Year #1 (1976-1977)

A. Life Safety Code — $1,500,000.00

Correction of Joint Commission on Hospital Accreditation Citations

B. Warehouse — $ 500,000.00

Construction or renovation of off-site warehouse to meet storage deficiencies

II. Year #2 (1977-1978)

A. B.C. Shell — $2,000,000.00

Completion of shell space in Building B/C (under construction) to house medical records and the business office.

III. Preplanning Consideration - Timing Uncertain

A. Mayo I Remodeling — $3,000,000.00

Remodel vacated Medical Record and Business Office space to house expansion of Laboratory Medicine, Pharmacy, and Central Sterile products.

B. Unit K/E Addition — $9,000,000.00

Construction of additional floors on Building K/E to house Post Anesthesia Recovery Room Surgical Intensive Care Unit, and replacement of Pediatric beds.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

May 19, 1976

TO: Mr. Tom Jones
Associate Director for Planning
University of Minnesota Hospitals and Clinics

FROM: Mr. Michael McKee
Assistant Director
University of Minnesota Hospitals and Clinics

SUBJECT: University of Minnesota Hospitals and Clinics Warehouse Project

The purpose of this brief memo is to describe the basis of the Material Services Warehouse Project. The Material Services Warehouse Project can be best described by the organization of its components; some of these components will occur sequentially, while others will occur concurrently. Such a sequencing will have been presented in a P.E.R.T. format by our next Management Committee meeting on Material Services.

The first component of the Warehouse Project will be a data collection phase. The purpose of this data collection is to identify all internal and external storage space. These areas are simply categorized as follows:

1. User stations (i.e., the Nursing Stations) where goods reach there final consumption point before waste or recycling.

2. Processing departments, defined as all user departments which modify the material which comes to its doors for the purpose of some aspect of patient care.

3. Material Services, which has the basic (about 55%) responsibility for the purchase storage and distribution of materials within the Hospital and Health Sciences. With the collection of this data, the project team will determine all of the storage cube available internally, its users, and its constraints.

A second component of the Warehouse Project will be the collection of data distribution characteristics of the Hospitals inventory. Specifically, the definition and quantification of picking activity, and its corresponding cubic movement. This description and quantification will enable the project team to determine how much of the cube must be maintained within the Hospital, for the processing or user center needs and moreover, the appropriate

quantities for warehousing in and distribution from the warehouse.

A third and most important component of the Warehouse Project is the analysis of the data to determine its size, its hard and software systems, and layout of the master cube, the warehouse. This analysis will determine the dimensions and numbers of the following:

1. The specific pallet, or shipping storage locations by which we will keep the reserve stock.

2. The case positions for either shipping storage and/or for picking location.

3. Special storage requirements for volatile medical records, orother kinds of special materials could become incorporated in the warehouse.

Upon completion of the data anlysis phase, we will also have compiled data regarding distribution modes and requirements for the warehouse, to processing and user sites. In order to make this warehouse and new distribution system function properly, we should have implemented computer assisted systems that enable Material Services to purchase, store and distribute the appropriate quantities of supplies to the appropriate places. These systems will be defined, designed and installed prior to the occupation of the building.

A major component of this project will be the decision to build, buy or lease warehousing space, such a decision can only be arrived at upon completion of the data collection and analysis phases which determine what the warehouse should be. Providing this analysis will be the major responsibility of our commitment and project team for the purpose of providing a clear, comprehensive assessment of the cost effectiveness of these build, buy or lease options over some projected life cycle operational costs for the Board of Governors of the Hospital's is approved.

I appreciate this opportunity to be of assistance to yourself in communicating briefly the scope and objectives of this project. The results of this project are the following:

1. Greater inventory control through:

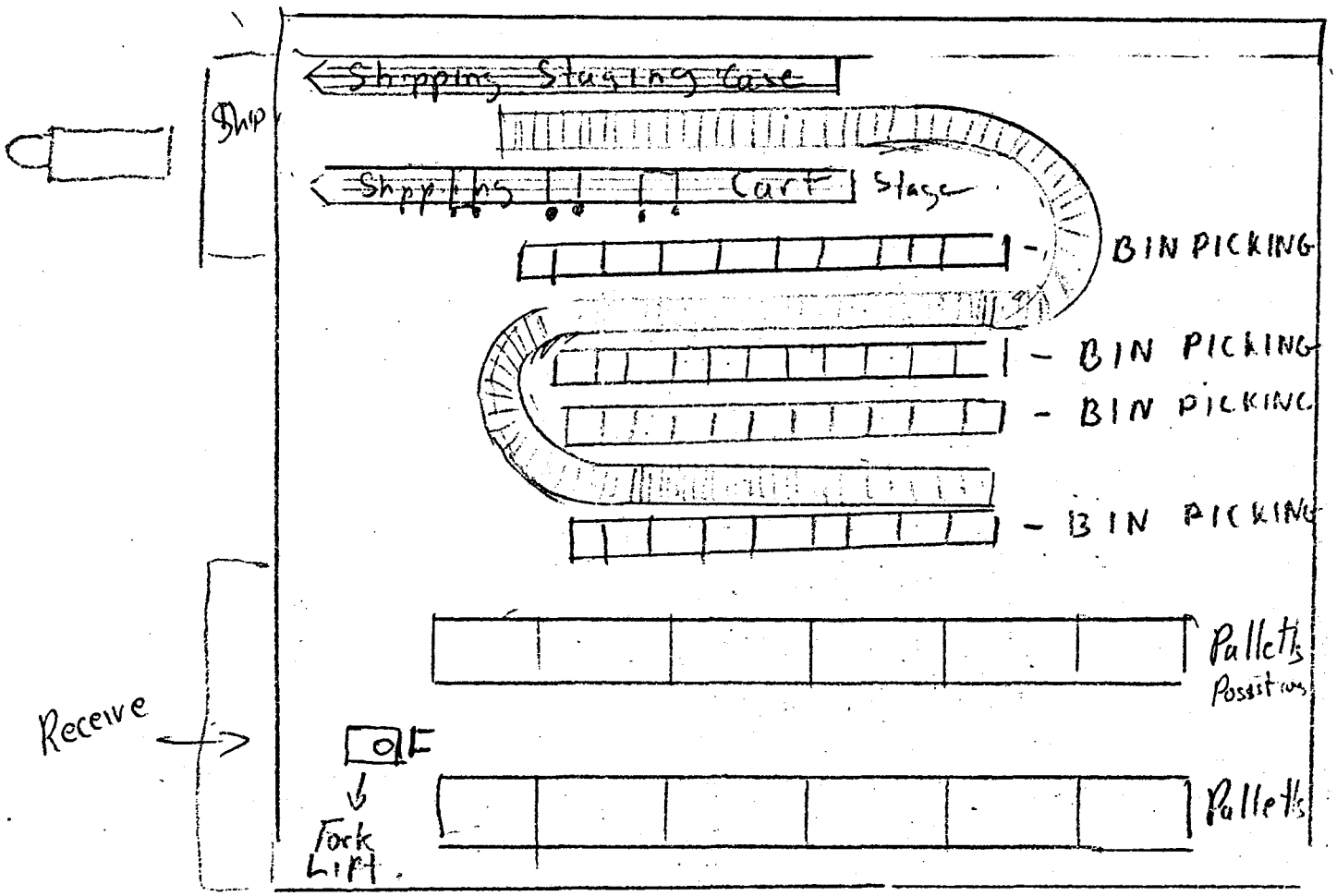
    a. cycle counting
    b. direct order shipments
    c. improved purchasing integrated with the warehouse operation

2. More cost effective utilization of internal storage space (including better safety) by freeing up unnecessary on-site inventory storage.

3. Better patient care by assuring that the correct supply gets to the right place at the right time in the correct quantity and correlation.

I have included three diagrams to illustrate the impact of the program upon distribution and one diagram to illustrate a warehouse system.

MM/sjg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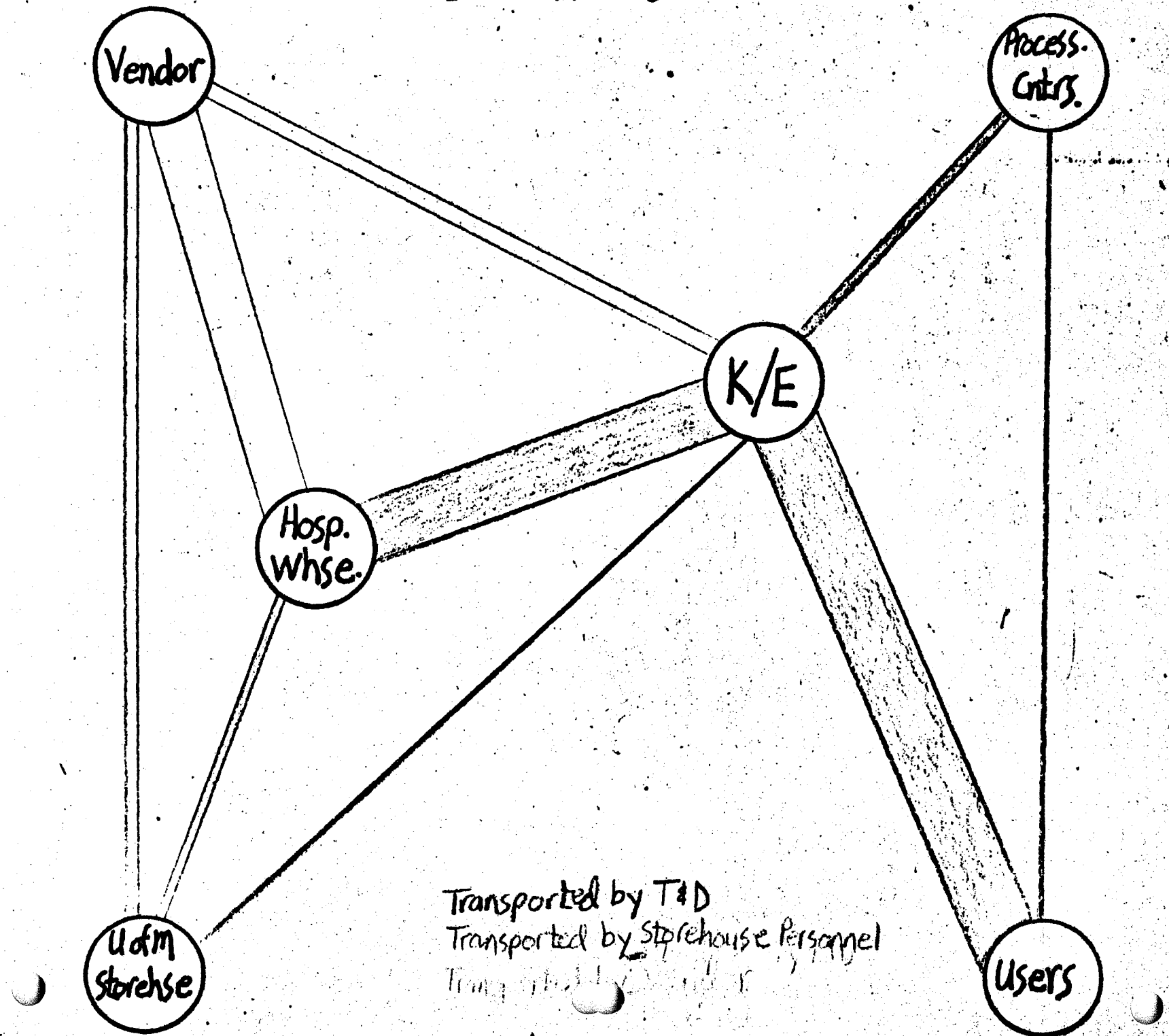
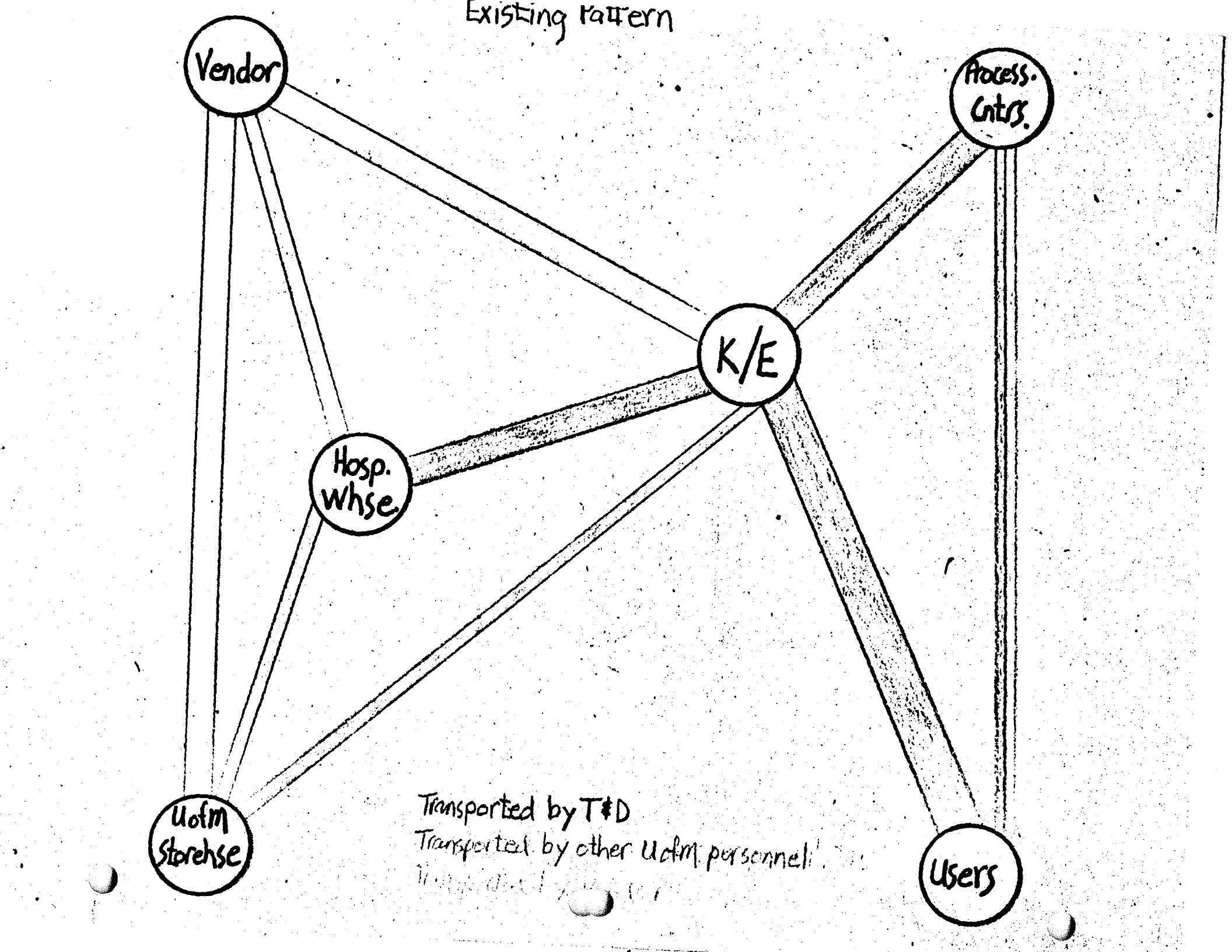
NEW WAREHOUSE

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MINUTES

FACILITIES COMMITTEE
of the
BOARD OF GOVERNORS

University of Minnesota Hospitals

Meeting: Wednesday, April 21, 1976
11:30 A.M. Dining Room III Hospitals
Called to Order at 12:30 P.M.
Adjourned at 1:55 P.M.

Attending: Dr. John Tiede, Chairman
Mary Lebedoff
Tom Jones
Timothy Vann
John Quistgaard
Clint Hewitt

Staff: Lee Larson
Johnelle Foley

Motion:
Minutes of the previous meeting were approved as submitted.

Mr. Larson reviewed the Minor Remodeling Budget for the fiscal year 1976-77 which begins July 1, 1976.

The total of $476,773.00 when added to the previously reviewed Equipment Budget total of $1,759,405.00 results in an annual capital budget of $2,236,178.00 for the coming fiscal year. These figures apply only to annual operations and do not include those items which are a part of the Long Range Capital Plan.

The Long Range Capital Plan (Major Project Budget) will be considered by the committee over the next several meetings.

Motion was made by Mrs. Lebedoff and seconded by Mrs. Vann that the Facilities Committee accept the annual capital budget of $2,236,178.00 and recommend that figure to the full Board of Governors for their consideration and adoption.

Motion carried unanimously.

Lee Larson

Respectfully submitted:

Lee Larson
Acting Secretary

Proposed Capital Equipment and Remodeling
Budget for the Fiscal Year 1976-1977.

	1976-77	1975-76	Difference
Equipment	$1,759,405.00	$1,460,000.00	+$299,405.00
Remodeling	476,773.00	514,000.00	- 27,227.00
Total Annual Capital Budget	$2,236,178.00	$1,974,000.00	+$272,178.00

The increase in the Equipment Budget for the coming year is accounted for by inflation and the acquisition of an extraordinary item to update the Hospital paging system costing $150,000.00.

The decrease in the Remodeling Budget represents an appropriate response to the minor remodeling needs for the coming year.

The process by which these figures have been determined and the supporting detail have been reviewed by the Facilities Committee and we recommend their adoption by the Board of Governors.

MINUTES

FACILITIES COMMITTEE
of the
BOARD OF GOVERNORS
University of Minnesota Hospitals

Meeting: Wednesday, March 17, 1976
12:00 Lunch - Dale Sheppard Room
Called to Order at 12:45 P.M.
Adjourned at 1:30 p.m.

Attending:
Robert Dickler
Clint Hewitt
Thomas Jones
Mary Lebedoff
Cheri Perlmutter
Timothy Vann
John Westerman
John Quistgaard

Guests:
Nels Larson
Stanley Holmquist
Jeanne Givens
Don Van Hulzen
Dr. D. Brown
Don Brown
John Diehl
Dr. F. Van Bergen
Lillian Burke

Staff:
Johnelle Foley
Lee Larson

Motion:
Minutes of the previous meeting were approved as submitted.

Mr. Larson explained the capital budgeting process and presented the Equipment Budget for the fiscal year 1976-77 which begins on July 1, 1976.

The Minor Remodeling Budget is currently being finalized and will be ready for presentation to the Committee at their next monthly meeting. At that time both the Equipment and Remodeling Budgets will be presented to the Committee for recommended adoption by the Board of Governors in the 1976-77 budget for the University Hospitals.

At this time it appears as though the total combined annual capital budget for next year will approach $2.3 million dollars with $1,759,405.00 for equipment and roughly $500,000.00 for remodeling. These figures apply only to annual operations and do not include those items which are a part of the Long Range Capital Plan.

The Long Range Capital Plan (Major Project Budget) will be considered by the Committee over the next several meetings beginning in May.

Respectfully submitted

Lee Larson.

Lee Larson
Acting Secretary

MINUTES

FACILITIES COMMITTEE
OF THE
BOARD OF GOVERNORS

UNIVERSITY OF MINNESOTA HOSPITALS

MEETING: WEDNESDAY, FEBRUARY 18, 1976
CALLED TO ORDER 12:40 P.M. DINING ROOM III
ADJOURNED AT 1:25 P.M.

ATTENDING: ROBERT DICKLER
ORVILLE EVENSON (ACTING CHAIRPERSON)
TOM JONES
MARY LEBEDOFF
CHERI PERLMUTTER
TIMOTHY VANN
JOHN WESTERMAN
JOHN QUISTGAARD

GUESTS: HARRY ATWOOD (CHAIRMAN - BOARD OF GOVERNORS)
JOHNELLE FOLEY
JOHN SCOTT (THE ARCHITECTS COLLABORATIVE)

STAFF: LEE LARSON

MOTION:

THE MINUTES OF THE PREVIOUS MEETING WERE APPROVED AS SUBMITTED.

MR. JONES SPOKE TO THE COMMITTEE ABOUT THE UNIVERSITY PROCESS OF PREPARING A FACILITIES PLAN. TO DATE THE COMMITTEE MEMBERS HAVE UNDERTAKEN AN ORIENTATION PROGRAM TO THE FACILITIES WHICH IDENTIFIED EXISTING STRENGTHS AND WEAKNESSES. THIS PORTION OF THE PROCESS HAS BEEN COMPLETED. THE MEMBERS OF THE COMMITTEE NOW HAVE A GENERAL UNDERSTANDING OF THE HOSPITALS' NEEDS AND THE FIT OF THE HOSPITALS' PLANS WITH THE HEALTH SCIENCES MASTER PLAN. FUTURE MEETINGS WILL

CONCENTRATE ON THE VARIOUS ELEMENTS OF THE MASTER PLAN: LEADING TO A COMPLETED WRITTEN REPORT AND RECOMMENDATIONS CONCERNING THE HOSPITALS' FACILITIES.

THE REPORT WOULD BE FORWARDED BY THE COMMITTEE TO THE FULL BOARD OF GOVERNORS FOR THEIR APPROVAL. FOLLOWING THAT, THE PLAN WOULD BE SUBMITTED, IN TURN, TO THE UNIVERSITY VICE PRESIDENTS AND THEN TO THE BOARD OF REGENTS.

IN THE MEANTIME, THE HOSPITAL'S ADMINISTRATIVE STAFF WOULD BEGIN PREPARING THE REPORT ALONG WITH THE ASSISTANCE OF ITS CONSULTANT MR. JOHN SCOTT OF THE ARCHITECTS COLLABORATIVE IN CAMBRIDGE, MASSACHUSETTS WHO WOULD BE TRANSLATING THE FACILITIES REQUIREMENTS INTO PLANS AND DRAWINGS THROUGH BLOCK SCHEMATICS AND COST ESTIMATES.

FOLLOWING MR. JONES PRESENTATION THE MEETING WAS OPENED FOR QUESTIONS AND DISCUSSION OF THE PROCESS AND OF ALL MATERIAL PRESENTED TO THE COMMITTEE UP TO THIS TIME.

RESPECTFULLY SUBMITTED

LEE LARSON
ACTING SECRETARY

MINUTES

FACILITIES COMMITTEE
OF THE
BOARD OF GOVERNORS
UNIVERSITY OF MINNESOTA HOSPITALS

MEETING: WEDNESDAY, JANUARY 21, 1976
11:30 A.M. DINING ROOM III
UNIVERSITY HOSPITALS
FOLLOWING LUNCH - MEETING CALLED TO ORDER AT 12:10 P.M.

ATTENDING: ROBERT DICKLER
ORVILLE EVENSON
TOM JONES
MARY LEBEDOFF
CHERI PERLMUTTER
JOHN TIEDE (CHAIRMAN)
TIMOTHY VANN
JOHN WESTERMAN

GUESTS: DR. GENE GEDGAUDAS
MR. HOWARD BEAM

COMM. STAFF: LEE LARSON

THE MINUTES OF THE PREVIOUS MEETING WERE APPROVED AS SUBMITTED.

STAFF REPORT - MR. TOM JONES

A. ORIENTATION

THIS MEETING IS THE LAST PLANNED ORIENTATION OF THE COMMITTEE MEMBERS TO THE MAJOR AREAS, DEPARTMENTS AND FACILITIES OF THE HOSPITAL. THE NEXT STEP IN THE PROCESS WOULD NOW BE THE PREPARATION OF A WRITTEN REPORT AND THREE YEAR PLAN FROM THE COMMITTEE TO THE FULL BOARD OF GOVERNORS. DURING THE NEXT SEVERAL MONTHS THE COMMITTEE AND THE STAFF WILL PREPARE THAT REPORT.

B. FINANCIAL POLICY STATEMENT

MR. JONES CALLED THE COMMITTEE'S ATTENTION TO THE CAPITAL EXPENDITURES SECTION OF THE FINANCIAL POLICY STATEMENT PREPARED BY THE FINANCE COMMITTEE FOR ADOPTION BY THE FULL BOARD OF GOVERNORS AT TODAY'S

MEETING. HE STATED THAT THIS SECTION IS CONSISTENT BOTH WITH ADMINISTRATIVE AND FACILITIES COMMITTEES' CURRENT POLICIES AND PRACTICES.

D. JOINT COMMISSION ON ACCREDIATION OF HOSPITALS REPORT

THIS REPORT HAD JUST BEEN RECEIVED BY THE HOSPITAL AND WAS SOMEWHAT SEVERE IN CITING BUILDING NON-CONFORMANCE TO CURRENT FIRE AND LIFE SAFETY CODES. ALTHOUGH THE HOSPITAL WAS AWARE OF THE EXISTING CODE VIOLATIONS AND HAD BEEN PROCEEDING ON A PROGRAM TO ADDRESS THOSE DEFICIENCIES, THE PRIORITY PLACED ON THESE ITEMS BY THE J.C.A.H. INVESTIGATION TEAM DURING THIS SURVEY NECESSITATES ACCELERATING THAT PROGRAM SO AS TO ACHIEVE EARLIER COMPLIANCE.

ORIENTATION TO DIAGNOSTIC RADIOLOGY - DR. GENE GEDGAUDAS

THE DEPARTMENT OF DIAGNOSTIC RADIOLOGY WAS PLANNED, DESIGNED AND REMODELED IN ITS PRESENT LOCATION DURING THE EARLY 1950'S. DURING THAT TIME THE DEPARTMENT WAS CONDUCTING ABOUT 36,000 EXAMINATIONS PER YEAR AND THE AREA WAS DESIGNED TO ACCOMMODATE APPROXIMATELY 70,000 PATIENT EXAMINATIONS PER YEAR PROVIDING THAT THE SAME KINDS OF MODALITIES AND EQUIPMENT AS WAS AVAILABLE OR FORESEEN IN THE EARLY 1950'S CONTINUED TO BE USED. THIS YEAR THE DEPARTMENT WILL PERFORM 110,000 PATIENT EXAMINATIONS UTILIZING MODALITIES AND EQUIPMENT WHICH ARE MUCH MORE SOPHISTICATED THAN COULD POSSIBLY HAVE BEEN ENVISIONED AT THAT TIME. AS A RESULT, THE DEPARTMENT, TODAY, HAS NEED FOR ABOUT TWICE AS MUCH SPACE AS IT HAS AVAILABLE. THIS SITUATION HAS BEEN CREATED PRIMARILY THROUGH TWO FACTORS:

1. THE RAPID TECHNOLOGICAL ADVANCEMENT OF RADIOLOGICAL EQUIPMENT AND TECHNIQUES

2. THE INCREASING DEMAND FOR X-RAY EXAMINATIONS

THE MOST RAPID ADVANCEMENT IN X-RAY TECHNOLOGY SINCE ITS DISCOVERY BY ROENTIGEN IN THE 1890'S HAS OCCURRED SINCE 1950. PRIOR TO 1950 IT WAS ONLY POSSIBLE TO EXAMINE HARD DENSE STRUCTURES WITHIN THE HUMAN BODY. TODAY IT IS POSSIBLE TO EXAMINE NEARLY ALL THE ORGANS AND MATERIAL WITHIN

THE HUMAN BODY BY ONE OR MORE MEANS OF RADIOLOGY. AS A RESULT DIAGNOSTIC RADIOLOGY HAS EXPANDED TO INCLUDE AREAS OF MEDICAL IMAGERY OTHER THAN XRAY, SUCH AS: NUCLEAR MEDICINE, ULTRASOUND, TOMOGRAPHY, AND COMPUTERIZED TOMOGRAPHY. AS THE RADIOLOGICAL CAPABILITIES HAVE INCREASED SO HAS THE DEMAND FOR THIS SERVICE.

TODAY NEARLY ONE HALF OF ALL MEDICAL DECISIONS ARE BASED UPON RADIOLOGICAL FINDINGS. AS THE DEPARTMENT ACQUIRED THE CAPABILITY TO EXAMINE MORE AND MORE SOFT TISSUES IN THE BODY, THESE TISSUES CAN BE EXAMINED RELIABLY AT FAR LESS RISK TO THE PATIENT AND WITH GREATER PRECISION THAN WAS POSSIBLE WITH THE OLDER EXPLORATORY SURGERY AND OTHER INDIRECT TECHNIQUES. HIGH QUALITY MEDICINE REQUIRED A CORRESPONDING HIGH QUALITY RADIOLOGY DEPARTMENT. THE FACT THAT MANY OF THE MEDICAL SPECIALTIES AND SPECIALTISTS AT THE UNIVERSITY HOSPITALS ARE WORLD LEADERS IN THEIR FIELDS PLACES VERY HEAVY DEMANDS UPON THE DIAGNOSITC RADIOLOGY DEPARTMENT IN ORDER TO KEEP PACE WITH THEIR NEEDS.

IN ORDER TO MEET THOSE INCREASING DEMANDS IT HAS BEEN NECESSARY TO REDUCE AND DISPLACE DEPARTMENT FUNCTIONS WHICH OF NECESSITY HAD LOWER PRIORITY THAN EXAMINATION AND PROCESSING SPACE. OFFICE SPACE FOR FULL PROFESSOR AND TECHNICAL STAFF HAS BEEN EITHER ELIMINATED, CONFINED TO FORMER CLOSET SPACE, OR RESTRICTED TO ROOMS SHARED BY EXAMINATION OR PROCESSING FUNCTIONS. PATIENT WAITING SPACE HAS BEEN REDUCED FROM 400 SQUARE FEET TO 150 SQUARE FEET OF WAITING ROOMS BY USE OF DEPARTMENT CORRIDORS. IN SOME INSTANCES EQUIPMENT HAS BEEN DOUBLED IN A SINGLE EXAM ROOM SO THAT ONLY ONE PIECE OF EQUIPMENT CAN BE USED AT A TIME. MANY NEWLY ACQUIRED PIECES OF EQUIPMENT CANNOT BE USED TO THEIR FULLEST CAPACITIES BECAUSE OF RESTRICTIONS IN EXISTING ROOM DIMENSIONS. DEDICATED STORAGE AREAS HAVE BEEN PRESSED INTO OTHER SERVICE SO THAT MANY SUPPLIES AND MATERIALS ARE CRAMMED INTO EVERY AVAILABLE SPACE SHARED WITH OTHER FUNCTIONS. ALTHOUGH NECESSARY UNDER THE EXISTING CIRCUMSTANCES, ALL OF THESE COMPROMISES HAVE NOT BEEN MADE WITHOUT COSTS IN TERMS OF OPERATIONAL INEFFICIENCIES, REDUCTIONS IN PATIENT PRIVACY AND AMENITIES, INCONVENIENCE, AND GENERALLY UNACCEPTABLE ASTHETIC SURROUNDINGS. THE ONLY SOLUCTION TO THIS SITUATION WILL BE TO ACQUIRE AN ADEQUATE AMOUNT OF SPACE IN NEW FACILITIES WHICH ARE YET TO BE CONSTRUCTED.

TOWARDS THAT END THE DEPARTMENT OF DIAGNOSTIC RADIOLOGY IS NOW IN THE PROCESS OF DEVELOPING A SPACE PROGRAM FOR INCLUSION IN THE PLANS FOR BUILDING J. DR. GEDGAUDAS STATED THAT THE CURRENT STANDARDS BEING USED FOR SPACE INDICATE THAT A RADIOLOGY DEPARTMENT NEEDS ABOUT 1,500 SQ. FT. OF NET USABLE SPACE FOR EACH EXAM ROOM - THIS IS APPROXIMATELY DOUBLE THE EXISTING SPACE. HE ALSO STATED THAT THE BEST FUTURE LOCATION FOR THIS DEPARTMENT WOULD BE ON A GROUND FLOOR ADJACENT TO THE EMERGENCY ROOM. IN ADDITION TO THE CENTRALIZED SPACE THE DEPARTMENT ALSO CONDUCTS SATELLITE OPERATIONS IN VARIETY CLUB HEART HOSPITAL, THE OPERATING ROOMS, THE EMERGENCY ROOM, AS WELL AS THE NEUROLOGY AND FAMILY PRACTICE CLINICS.

DR. GEDGAUDAS CONCLUDED HIS PRESENTATION BY RECOUNTING SOME OF THE DEPARTMENTS ACHIEVEMENTS AND OTHER ACTIVITIES.

DR. RIGLER, A FORMER HEAD OF THE DEPARTMENT, HAD A WORLD RENOWNED REPUTATION AS A RADIOLOGIST WHICH WAS PROBABLY EQUAL TO THAT OF ROENTGEN WHO DISCOVERED THE X-RAY.

THE RESIDENCY PROGRAM IN DIAGNOSTIC RADIOLOGY AT UNIVERSITY HOSPITALS IS THE LARGEST IN THE WORLD AND HAS TRAINED MORE CHIEFS OF RADIOLOGY AT OTHER INSTITUTIONS THAN ANY OTHER PROGRAM.

IN ADDITION THE DEPARTMENT OPERATES TWO SCHOOLS OF XRAY TECHNOLOGY - A DEGREE PROGRAM GRADUATING ABOUT 15 STUDENTS PER YEAR AND A NON-DEGREE PROGRAM SERVING 150 STUDENT PER YEAR.

THE FIRST INSTRUMENT IN THE WORLD DESIGNED TO DO WHOLE BODY COMPUTERIZED TOMOGRAPHY WAS RECENTLY INSTALLED IN THE DEPARTMENT.

THE MEETING WAS ADJOURNED AT 1:20 P.M. FOR A TOUR OF THE DIAGNOSTIC RADIOLOGY DEPARTMENT.

RESPECTFULLY SUBMITTED

MR) LEE LARSON
COMMITTEE STAFF MEMBER