

September 1966
Revised July 1967

HOSPITAL DENTISTRY

~~SPACE AND STAFF REQUIREMENTS FOR THE DEPARTMENT OF DENTISTRY UNIVERSITY OF MINNESOTA HOSPITALS, 1973-1986~~

~~By Dr. E. Severn Olsen, Chairman, Hospital Dentistry.~~

1. The following space requirement projections are predicated upon the presumption that 270 hospital beds will be located in the new Health Science Center by 1973, and that the Mayo-Heart-Rehabilitation Hospital complex will continue to serve as a facility for patient care until 1986.
2. The professional staff and supporting personnel estimates are based upon an average population of 150 undergraduate dental students in each of two classes, 150 student dental hygienists, 150 student dental assistants, and 75-80 graduate students in the various clinical specialties of dentistry.
3. The University Hospitals Dental Service will include a comprehensive (in and out-patient) dental care clinic in the new Health Science Center, and an in-patient dental clinic in the Mayo complex. Clinical services in all disciplines of dentistry including maxillofacial and cleft palate prosthetics will be offered.
4. Projected floor space requirements* are:

	<u>1973</u>	<u>1986</u>
a. Departmental Administration	720	920
b. Comprehensive Care Clinic	16,598	18,958
c. Mayo Complex Clinic	3,966	0**
5. Staff and personnel requirements for implementation of the anticipated educational, research, and service programs are:

* Square foot dimensions exclusive of corridors and mechanical service facilities - detailed schedule attached.

** Inactivation of the Mayo Complex Clinic will be coordinated with the transfer of the last remaining patients to the new Health Science Center. Emergency dental treatment will continue to be provided rehab or heart patients in a multi-purpose room within the Rehab Center or at bedside as indicated. Routine dental therapy after 1986 will be provided in the new comprehensive care clinic or in the OR suite.

a. <u>Professional Staff</u>	<u>1966</u>	<u>1973</u>	<u>1986***</u>
Chairman, Department of Dentistry, School of Dentistry	1	1*	1
Vice-Chairman, Department of Dentistry, School of Dentistry, and Director, Univ. of Minnesota Hospitals Dental Clinics	0	0	1
Chief, Section on Oral Surgery	1/3	1*	1
Attending Staff Oral Surgeon	0		1
Chief, Section on Periodontics	0	1*	1
Attending Staff Periodontist	0	0	1
Chief, Section on Prosthodontics, and Director, Maxillo-Facial, Cleft Palate Program	0	1*	1
Attending Staff Prosthodontist	0		1
Chief, Section on Pedodontics	0	1*	1
Attending Staff Pedodontist	1/10		1
Chief, Section on Restorative Dentistry (operative and endodontics)	0	1*	1
Attending Staff Operative Dentist	0	0	1
Chief, Section on Oral Diagnosis and Oral Medicine	1/6	1*	1
Attending Staff Clinical Oral Pathologist or otherwise qualified oral diagnostician	0		1****
	<u>1.6</u>	<u>7(5)* Univ. support</u>	<u>14(10) Univ. support</u>

Consultants on Orthodontics, Oral Pathology, Microbiology, Anatomy, Physiology, Pharmacology, Radiology, Anesthesiology, and other medical and/or basic science areas will be requested periodically, but no provision is included in this report.

*** Additional University of Minnesota Hospitals professional staff requirements are not anticipated in 1986 in that the staff serving the Mayo Complex Clinic may be reassigned to the Comprehensive Care Clinic at that time.

**** If the "Multiphasic Clinic" is adopted by or prior to 1973 and dental screening is included as a function of that clinic, one more oral diagnostician will be needed.

The staff of the Department of Dentistry, University of Minnesota Hospitals, should be either Board Certified or otherwise recognized as authorities in their particular dental specialties. The academic rank of this staff should be commensurate with the qualifications and experience of the individual appointees, and in accordance with existing School of Dentistry personnel policies. The following recommendations are offered for consideration:

- (1) The Department Chairman and Vice Chairman as full professors. 1(1973), 2(1986)
- (2) The Section Chiefs as either associate or full professors. (6)
- (3) The Attending Staff as either assistant or associate professors. (6) 1986

b. <u>Civil Service Staff (Clinical and Administrative)</u>	<u>1966</u>	<u>1973</u>	<u>1986</u>
Dental Health Coordinator (dental hygienist)	0	2	2
Registered Nurse (OR Assistant)	0	2	3
Clinical Dental Hygienist	1	3	3
Dental Assistant (Clinical)	0	10	12
Dental x-ray technician	0	3	3
Dental laboratory technician	0	2	2
Secretary, departmental administration	1	1*	1
Secretary, Clinic administration	0	1*	1
Receptionist, Clerk typist	0	1*	1
Receptionist, Clerk filing	0	2*	2
Clerk Typist, dictaphone transcriber	0	2*	4
Data (key-punch) Operator	0	0	1
	<u>2</u>	<u>29</u>	<u>35</u>

Additional civil service personnel requirements are not anticipated prior to 1986. However, if the hospital adopts the "Multiphasic Clinic" concept, and if dental screening is included as a routine diagnostic adjunct, two additional full time dental x-ray technicians and one additional receptionist-clerk typist will be needed. Position grades and salaries should be in conformity with positions of comparable responsibility in other areas of the School of Dentistry and the University Hospitals.

6. The foregoing space and staff projections are exclusive of affiliated hospital facilities and staff since no budget requirements are anticipated.

ADDENDUM

Space Requirements for the Department of Dentistry

University of Minnesota Hospitals

(Revised July, 1967)

	<u>1966</u>	<u>1973</u>	<u>1986</u>
1. <u>Departmental Administration</u>	86	720	920
2. <u>Comprehensive Hospital Dental Clinic (In-Outpatient)</u>			
Faculty, Staff Offices	---	3,250	4,000
Clerical Offices	---	850	1,150
Research Laboratories	---	1,000	1,360
Clinical Laboratories (technical service and diagnostic)	---	700	900
Observation Classrooms (conference, seminar and reference)	---	1,500	1,500
Diagnosis Rooms (including panoramic, cephalometric, and regular dental x-ray facilities)	---	1,040	1,040
Treatment Rooms	---	4,320	4,320
Storage and Service Rooms	---	560	760
Toilets and Showers	---	572	572
Reception and Waiting	---	1,500	1,500
Men's Locker and Lounge	---	600	600
Women's Locker and Lounge	---	336	336
	<hr/>	<hr/>	<hr/>
Total (exclusive of corridors and mechanical service facilities) CHDC	86	16,598 Sq. Ft.	18,958 Sq. Ft.
Hospital Bed Space (New Center)		10	20
Hospital OR Space (New Center)		2 OR	3 OR

3. <u>Mayo Complex Clinic (In-Patient)</u>	<u>Listed</u>	<u>1973</u>	<u>1986</u>
Faculty, Staff Offices	0	660	0
Clerical Offices	0	360	0
Research Laboratory	0	360	0
Clinical Laboratories	0	120	0
Observation Classrooms	0	224	0
Diagnosis Rooms (x-ray)	49	220	0
Treatment Rooms	224	744	0
Storage and Service Rooms	0	292	0
Toilets and Showers	0	200	0
Reception and Waiting	128	250	0
Men's Locker and Lounge	0	336	0
Women's Locker and Lounge	0	200	0
Total MCC	401	3,966	0
TOTAL - DEPARTMENT OF DENTISTRY - Floor Space Requirements	487	20,564	18,958

* The request for Hospital Departmental ^{administrative} space has been considered in this report. Clinical personnel and space will be considered as a part of Outpatient space future planning for the Outpatient Clinics. Requests for beds and operating room space will be considered by select committees in those areas.

HOSPITAL DENTAL SERVICE

PROGRAM OF REQUIRED SPACE

Revised October 1968

1. Multi-disciplinary Module

a. M-D Section			
Treatment Room	(10' x 12')	(7)	840 sq. ft.
Tray Preparation-Supply	(8' x 12')		96 sq. ft.
Clinical Laboratory	(10' x 12')		<u>120 sq. ft.</u>
			1,056 sq. ft.

Sectionalized space M-D Module (4 sections) = 4,224 sq. ft.

b. M-D Module			
Consultation Room	(10' x 12')	(2)	240 sq. ft.
Teaching and Charting Carrel	(4' x 6')	(8)	192 sq. ft.
Conference Room	(12' x 20')		240 sq. ft.
Waiting Room	(15' x 20')		300 sq. ft.

Shared supportive space in M-D Module = 972 sq. ft.
4,224 sq. ft.

Intramodular circulation (10%)
520 sq. ft.

c. Total adjusted M-D Module Space 5,716 sq. ft.
 30 treatment/consultation rooms

2. Oral Surgery - Perio Surgery Module

Treatment Rooms	(10' x 12')	(6)	720 sq. ft.
Scrub Room Facility	(8' x 10')		80 sq. ft.
Tray Preparation-Supply Area	(8' x 10')		80 sq. ft.
Clinical Laboratory Area	(6' x 8')		48 sq. ft.
Recovery Room Area	(8' x 12')		96 sq. ft.
Teaching and Charting Carrel	(4' x 6')	(3)	72 sq. ft.
Conference Room	(12' x 14')		168 sq. ft.
Waiting Area	(10' x 12')		<u>120 sq. ft.</u>

Intramodular circulation (10%)
138 sq. ft.

Adjusted Oral Surgery - Perio Surgery Modular Space 1,522 sq. ft.
 6 treatment rooms

3. Pediatric Dentistry Module

Examination Rooms	(10' x 12')	(1)	120 sq. ft.
(accommodate litter and wheel chair patients)			
Panographic X-ray Room	(6' x 6')		36 sq. ft.

Cephalometric and Periapical X-ray Facilities	(10' x 15')		150 sq. ft.
Dark Room	(4' x 6')		24 sq. ft.
X-ray Reading and Treatment Planning Area	(8' x 10')		80 sq. ft.
Treatment Rooms - Including Oral Hygiene Facilities	(10' x 12')	(6)	720 sq. ft.
Clinical Laboratory Area	(10' x 12')		120 sq. ft.
Tray Preparation-Supply Area	(8' x 10')		80 sq. ft.
Teaching and Charting Carrel	(4' x 6')	(3)	72 sq. ft.
Conference Room	(12' x 14')		168 sq. ft.
Waiting Area	(15' x 20')		300 sq. ft.
			<u>1,870 sq. ft.</u>
Intramodular circulation (10%)			<u>187 sq. ft.</u>
Adjusted Pedo Modular Space - 6 treatment rooms + 1 examination room			2,057 sq. ft.

4. Dental Admissions and X-ray Module

Examination Rooms (accommodate litter and wheel chair patients)	(10' x 12')	(2)	240 sq. ft.
Panographic X-ray Room	(6' x 6')		36 sq. ft.
Periapical X-ray Facility	(6' x 20')		120 sq. ft.
X-ray Control Center	(6' x 6')		36 sq. ft.
X-ray Reading and Consultation	(8' x 12')		96 sq. ft.
Clinical Laboratory Area	(6' x 8')		48 sq. ft.
Dark Room	(10' x 12')		120 sq. ft.
Waiting Area	(12' x 15')		180 sq. ft.
			<u>876 sq. ft.</u>
Intramodular circulation (10%)			<u>88 sq. ft.</u>
Adjusted Admissions - X-ray Modular Space - 2 examination rooms			964 sq. ft.

5. Technical Laboratory

(20' x 22') 440 sq. ft.

To fabricate oro-facial and dental prostheses in support of educational, service, and research programs

Intralaboratory circulation (10%)			<u>44 sq. ft.</u>
			484 sq. ft.

6. Faculty Staff Offices (adjacent to clinic - consolidate with Hospital Dental Departmental Administrative offices)

Section Chief Offices (associate and full professors)	(10' x 12')	(6)	720 sq. ft.
Dental Health Coordinator (Senior Dental Hygienist)	(8' x 10')	(1)	80 sq. ft.
Staff Secretarial Office	(10' x 16')	(2)	160 sq. ft.

Attending Faculty and House			
Staff Offices - 4 Part-time		(4)	200 sq. ft.
Faculty (Shared)	(5' x 10')		400 sq. ft.
Full-time Residents	(4' x 10')	(10)	<u>400 sq. ft.</u>
			1,560 sq. ft.
Intra-departmental circulation (10%)			<u>156 sq. ft.</u>
Adjusted Faculty-Staff Office Space			1,716 sq. ft.

7. Clerical Offices and Clinic Reception Centers

Clerical Pool Office	(14' x 16')	(1)	204 sq. ft.
Reception Areas	(8' x 14')	(4)	448 sq. ft.
			<u>652 sq. ft.</u>
Intra-office circulation (10%)			<u>65 sq. ft.</u>
Adjusted Clerical Office and Reception Center Space			717 sq. ft.

8. <u>Reading (Conference) Room</u>	(15' x 30')		450 sq. ft.
Circulation (10%)			<u>45 sq. ft.</u>
Adjusted Reading Room Space			495 sq. ft.

9. Ladies' and Men's Locker and Lounge Facilities

Men's Locker	(28' x 16')		448 sq. ft.
Men's Lounge	(12' x 14')		168 sq. ft.
			<u>616 sq. ft.</u>
Ladies' Locker	(9' x 18')		162 sq. ft.
Ladies' Lounge	(12' x 14')		168 sq. ft.
			<u>330 sq. ft.</u>
Circulation (10%)			<u>99 sq. ft.</u>
Adjusted Total Locker-Lounge Space			1,041 sq. ft.

Total Hospital Dental Service In-Out Patient Clinic
Required Space 14,712 sq. ft.

LOCKER AND TOILETS?

MEETING NOTES

DATE: 22 January 1969
PLACE: UNIV. OF MINN. SCHOOL OF DENTISTRY
PRESENT: Dr. Olsen, D. Mawha
SUBJECT: Hospital Dentistry

Comments on Presentation of 15 January Schematics:

1. The Pediatric module should be located closer to the hospital elevators.
2. There should be separate labs and tray prep rooms for each of the four multi-purpose modules. An ideal relationship would be to group a number of operatories around a lab with direct access from each. This may not be possible within the area programmed for the labs. These are not technician's labs but would be used by students and staff.
3. The Surgery module should have recovery cubicles for two patients.
4. A tube connection to medical radiology would be useful for processing large X-rays.
5. A possible alternative plan would place the public circulation and waiting areas at the center of the building with staff circulation at the perimeter

DBM:ea
27 January 1969

12.6 HOSPITAL DENTISTRY PROGRAMOUTPATIENT CLINICS

V SUMMARY OF REQUIRED SPACES:

SPACE	AREA	NUMBER	TOTAL
1. MULTIDISCIPLINE MODULE:			
Treatment Rooms (7 @ 10x12)	840		
Tray Prep & Supply (8x12)	96		
Clinical Laboratory (10x12)	<u>120</u>		
	1,056	4	4,224
Consultation Room (10x12)	120	2	240
Teaching and Charting Carrels(4x6)	24	8	192
Conference Room (12x20)			240
Waiting (15x20)			<u>300</u>
			5,196
2. ORAL SURGERY - PERIO MODULE:			
Treatment Rooms(10x12)	120	6	720
Scrub Room (8x10)			80
Tray Prep and Supply (8x10)			80
Clinical Laboratory (6x8)			48
Recovery (8x12)			96
Teaching and Charting Carrels (4x6)	24	3	72
Conference Room (12x14)			168
Waiting (10x12)			<u>120</u>
			1,384
3. PEDIATRIC DENTISTRY MODULE:			
Examination Rooms (10x12) (to accommodate litter or wheel chair)			120
Panographic X-Ray (6x6)			36
Cephalometric & Periapical X-Ray(10x15)			150
Dark Room (4x6)			24
X-Ray Reading-Treatment Planning (8x10)			80
Treatment Rooms (10x12) (including oral hygiene)	120	6	720
Clinical Laboratory (10x12)			120
Tray Prep and Supply (8x10)			80
Teaching and Charting Carrels(4x6)	24	3	72
Conference Room(12x14)			168
Waiting (15x20)			<u>300</u>
			1,870

12.6 HOSPITAL DENTISTRY PROGRAM (Cont.)

V SUMMARY OF REQUIRED SPACES:

SPACE	AREA	NUMBER	TOTAL
4. DENTAL ADMISSIONS AND X-RAY MODULE:			
Examination Rooms (10x12)	120	2	240
Panographic X-ray Room (6x6)			36
Periapical X-ray Room (6x20)			120
X-ray Control Center (6x6)			36
X-ray Reading and Consultation (8x12)			96
Clinical Laboratory (6x8)			48
Dark Room (10x12)			120
Waiting (12x15)			<u>180</u>
			(876)
5. TECHNICAL LABORATORY (20x22)			440
6. FACULTY STAFF OFFICES:			
Section Chief Offices (10x12)	120	6	720
Dental Health Coordinator (8x10)			80
Staff Secretarial Offices (10x16)	160	2	160
PartTime Faculty Offices (5x10)	50	4	200
FullTime Residents (4x10)	40	10	<u>400</u>
			1,560
7. CLERICAL OFFICES AND CLINIC RECEPTION CENTERS:			
Clerical Pool Office (14x16)			204
Reception Areas (8x14)	112	4	<u>448</u>
			652
8. READING ROOM:			450
9. LOCKER AND LOUNGE FACILITIES:			
Men's Lockers (28x16)			448
Men's Lounge (12x14)			168
Women's Lockers (9x18)			162
Women's Lounge (12x14)			<u>168</u>
			946

12.6 HOSPITAL DENTISTRY PROGRAM (Cont.)

SUMMARY:

1. Multidiscipline Module	5,196
2. Oral Surgery Perio Module	1,384
3. Pediatric Dentistry Module	1,870
4. Dental Admissions	876
5. Technical Library	440
6. Faculty Staff Offices	1,560
7. Clerical Offices and Clinic Reception Centers	652
8. Reading Room	450
9. Locker and Lounge Facilities	<u>946</u>

TOTAL 13,374

HOSPITAL DENTISTRY DEPARTMENTAL OFFICES

Chairman's office and conference area	192
Clerical and reception	204
Staff Conference room	<u>192</u>
TOTAL	588

TAC # 68013
11/15/68

65 HOSP. PROGRAM

8 OP. MODULE

OPERATORIES - MOBILE EQUIP. UTIL IN WALLS

MOBILE TURBS

INT. DRUG & HUNG JERIE BY

CENTRAL ORAL SUCTION

LIGHT ON CHAIR

LAS NOT FOR FABRICATION. FABRICATION DONE @ DENTAL
CENTRAL UNLESS SPACE AVAIL IN HOSP. AREA

CONSULT. RMS MIGHT HAVE TO VISIT AS DIAGNOSTIC
OR TREATMENT. RMS NEEDS PLUMBING. WATER, AIR,
PROBABLY EVEN SUCTION.

TEACHING ALONE - CHARTING, VIEW BOXES, TV FOR
AUTO TUTORIAL SYSTEM,

O.S. MODULE

NO CENTRAL VENTILATION. INSTRUCTIONS

RECOVERY LINE W/ OXY

TRAY PROP + LAR ACCESS FROM INTERNAL OPERATOR.

NOT FULL HEIGHT STERILE

CASE & T.P. RMS OFF OF COMMON CIRC.

SEPARATE STAIR + PATIENT ACCESS TO O.S.



IN THE CLINIC - WOULD HAVE ASSESSMENTS, DENTAL
UNIT SUBJECT WITH SOME CASES TO COLLECTIVE
MED QD'S. WAITING AREA NOT INCLUDED

POSSIBLY XRAY FACILITIES CONSIDER

GENERIC MOBILE.

MOBILE RICH IN SUPPLY FOR TRAY/WORK

DIAGNOSTIC - USE FOR ALL PATIENTS, SEE SINGUS
SCREENING TOOL.

PATIENTS WILL BE SPECIAL CASES WITH SYSTEMIC PROBLEMS

OR SIMILAR SEPARATE

SEMI-PRIVATE RWS - FOLDING PARTITION.

SURGICAL MOBILE RELATED TO ORAL SURGERY + PERIO.

GENERAL ADMIN OFFICES FOR NICE PROGRAM - NOT IN

CLINIC AREA SEE PREVIOUS SPACE REQUIREMENT

* (CUT TO 600 SF IN NICE PROGRAM) 720 SF *

SECTION CHIEFS - PERIO, O.S., PEROS, PERIO, O.D. IN

CLINIC AREA.

WAITING AREA NOT PROVIDED FOR.



CENTRAL RECORDS SYSTEMA LIBRES - NOT LIST PROGRAM
ABOUT TIME OF RECORD FROM 1987, 2-3, 1000000
IT MUST BE AVAILABLE TO ALL HEALTH SCIENCE UNIT
RECORDING CITATION

1986 - SPLIT OFF - INPATIENT SERVICES

NO 1987 2000 5 1000 2000
ONE MORE MODULE IN SERVICES



HOSPITAL DENTAL SERVICE
PROGRAM OF REQUIRED SPACE

Revised October 1968

1. Multi-disciplinary Module

a. M-D Section			
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			1,056 sq. ft.

Sectionalized space M-D Module (4 sections) = 4,224 sq. ft.

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5,196 sq. ft.

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c. Total adjusted M-D Module Space 5,716 sq. ft.
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Conference Room	(12' x 14')		168 sq. ft.
Waiting Area	(15' x 20')		<u>300 sq. ft.</u>
			1,870 sq. ft.
Intramodular circulation (10%)			<u>187 sq. ft.</u>
Adjusted Pedo Modular Space - 6 treatment rooms + 1 examination room			2,057 sq. ft.

4. Dental Admissions and X-ray Module

Examination Rooms (accommodate litter and wheel chair patients)	(10' x 12')	(2)	240 sq. ft.
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Dental Health Coordinator (Senior Dental Hygienist)	(8' x 10')	(1)	80 sq. ft.
Staff Secretarial Office	(10' x 16')	(2)	160 sq. ft.

Attending Faculty and House Staff Offices - 4 Part-time Faculty (Shared)	(5' x 10')	(4)	200 sq. ft.
Full-time Residents	(4' x 10')	(10)	<u>400 sq. ft.</u>
			1,560 sq. ft.
Intra-departmental circulation (10%)			<u>156 sq. ft.</u>
Adjusted Faculty-Staff Office Space			1,716 sq. ft.

7. Clerical Offices and Clinic Reception Centers

Clerical Pool Office	(14' x 16')	(1)	204 sq. ft.
Reception Areas	(8' x 14')	(4)	<u>448 sq. ft.</u>
			652 sq. ft.
Intra-office circulation (10%)			<u>65 sq. ft.</u>
Adjusted Clerical Office and Reception Center Space			717 sq. ft.

8. <u>Reading (Conference) Room</u>	(15' x 30')		450 sq. ft.
Circulation (10%)			<u>45 sq. ft.</u>
Adjusted Reading Room Space			495 sq. ft.

9. Ladies' and Men's Locker and Lounge Facilities

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Men's Lounge	(12' x 14')		<u>168 sq. ft.</u>
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Ladies' Lounge	(12' x 14')		<u>168 sq. ft.</u>
			330 sq. ft.
Circulation (10%)			<u>95 sq. ft.</u>
Adjusted Total Locker-Lounge Space			1,041 sq. ft.

Total Hospital Dental Service In-Out Patient Clinic
Required Space 14,712 sq. ft.

LOCKER AND TOILETS?

UNIVERSITY OF MINNESOTA HOSPITALS/SCHOOL OF DENTISTRY

DENTAL DEPARTMENTAL ADMINISTRATIVE OFFICES

Space allocated in hospitals projection (650 sq. ft.) - consolidate with faculty-staff offices in hospital comprehensive dental care clinic

a. Private office (chairman) to provide a small conference area (4-6 people) plus a desk, credenza file, etc.	(12' x 16')	192 sq. ft.
b. Secretary's office and visitor reception area	(12' x 17')	204 sq. ft.
c. Staff conference room	(12' x 16')	<u>192 sq. ft.</u>
Intra-office circulation (10%)		<u>588 sq. ft.</u> <u>59 sq. ft.</u>
Adjusted Departmental Administrative Office Space		647 sq. ft.

I FUNCTION:

The Dental Clinic in the health sciences facility will serve both in and out-patients of the university hospitals. It will include clinical research facilities and will provide an environment for the education of undergraduate and graduate dental students, dental hygienists and dental assistants.

The Dental Clinic is located in the Out-Patient Department to complete the comprehensive health care program as well as to acquaint physicians with the oral manifestations of systemic diseases. This clinic also offers graduate and undergraduate students the opportunity to work with their colleagues from other health sciences.

II ACTIVITIES:

The work of dentists and students in this out-patient covers all areas from oral hygiene to small operations. Operative and restorative dentistry are the major sections. The other sections are diagnosis, radiology, besides oral surgery and prosthodontics.

Additional information concerning relationships, space index, special considerations can be found within the dentistry program analysis under "Dentistry Hospital Out-Patient-Inpatient".

III RELATIONSHIP TO OTHER UNITS:

The hospital dental reception is related to the admissions section of the School of Dentistry.

Hospital Dental Reception Center is related to out-patient admissions of university hospitals.

The dental service works consistently with the Department of Pediatrics, Anesthesiology, and physical medicine and rehabilitation. It is most directly related to the School of Dentistry for teaching and research, and to the university hospitals for patient care.

There is frequent contact with the divisions of white surgery, Otolaryngology, internal medicine and Radiology within the College of Medical Sciences.

In addition, there is periodic contact with Microbiology, Anatomy, Physiology, Biochemistry, and Pharmacology among the medical basic sciences.

This unit serves the public directly as patients are referred from the School of Dentistry or from private physicians and dentists. These patients will be treated as out-patients in the new clinic or as in-patients in the new clinic or hospital operating rooms.

There is an indirect but conjoint teaching and research relationship with the College of Pharmacy. Other relationships exist between the section on Periodontics and the Division of Obstetrics and Gynecology and the chronic disease services; the section on oral surgery is related to the Department of Otolaryngology and the Division of General Surgery; the sections on Pedodontics and Orthodontics to the Department of Pediatrics and rehabilitation services. The section on restorative dentistry relates to all of the above named areas of medical services but principally to maxillo-facial surgery, radiation therapy and chronic disease services.

NOT CHARGED TO HOSP.

IV PERSONNEL:

	Full Time		Part Time
Faculty	7	11 (14)	10-12 FTE
Technicians (LAE)	5	23 (26)	
Clerical	7	6 (9)	
Undergraduate Students DDS	<hr/>		300
Graduate Students			163
Auxilliary Personnel STUDENT (DN-LA)			300
Others GP RESIDENT DENTAL FELLOWS + INTERNS (5) HYGIENISTS / 2 RN / 10 DA = 17			8+8 FTE

V SUMMARY OF REQUIRED SPACES:

SPACE	AREA	NUMBER	TOTAL
Administrative Offices			
Chairman	216	1	216
Conference	192	1	192
Secretary	264	1	264
Storage	48	1	48
Diagnosis			
Cephalometric X-ray	120	1	120
Darkroom	144	1	144
Exam Rooms	120	2	240
Oral Lab	54	1	54
Oral Med. Lab	188	1	188
Panographic X-ray	36	1	36
Periapical X-ray	128	1	128
X-ray Control	36	1	36
X-ray Read/Consult.	96	1	96

SPACE	AREA	NUMBER	TOTAL
Faculty Staff Offices			
Conference	240	1	240
Dental Health Coordinator	80	2	160
Secretary	80	1	80
Section Chiefs	120	6	720
Staff Offices (50x10) (40x12)		22	980
Lockers (men)			
Lockers	448	1	448
Lounge	168	1	168
Lockers (women)			
Lockers	162	1	162
Lounge	168	1	168
Reception, Records and Offices			
Offices	80	2	160
Reception and Records	640	1	640
Reception/ Waiting			
Adults	1,000	1	1,000
Children	500	1	500
Research			
Equip. supply	100	1	100
Labs	450	2	900
Seminar/Reading			
Seminar/conference	450	1	450
Seminar/reading/reference	600	1	600
Storage/Service			
Recovery rooms	48	4	192
Scrub Room	120	1	120
Supply (oral surg./periodontics)	80	1	80
Supply (other)	80	1	80
Tech. and Diagnostic Labs			
Fixed prosthodontics	120	1	120
Maxillofacial	120	1	120
Orthodontics/Pedodontics	120	1	120
Removable Prosthodontics	400	1	400
Treatment			
Cleft palate/macillofacial	120	2	240
Complete dental prosthetics	120	4	480
Dental hygiene	120	4	480
Fixed Prosthodontics	120	3	360
Operative dentistry	120	4	480
Oral surgery (gen. anesthesia)	625	1	625
Oral Surgery (local)	120	4	480
Orthodontics	120	2	240
Pedodontics	120	6	720
Periodontics	120	6	720
Removable prosthodontics	120	3	360
	TOTAL		15,655

VI FUNCTIONAL DIVISION:

ARCHITECTURAL REQUIREMENTS:

FLOORS

Load requirement-Adequate to support dental chairs, mobile and fixed cabinetry, and dental X-ray equipment.

Material-Carpet in selected areas. Seamless vinyl floor covering in others.

Special considerations-Workers, for the most part, will be "standing" in the performance of their service. Some of the materials used in rendering treatment and in support activities require special maintenance handling (example: gypsum products, waxes, metallic oxide pastes, medicaments, etc.)

WALLS, PARTITIONS

Walls should be "easy to clean" as acoustically "dead" as possible, and capable of relocation or removal without major remodeling processes. They should be "fire proof" or at least fire "resistant", and should be esthetically pleasing.

CEILING

Nine to ten feet finished height, with utility access space above (preferably 3 to 4 feet), be acoustically "dead", accommodate recessed lighting fixtures, and be capable of modification in the event walls are relocated or removed.

WINDOWS, DOORS

Windows-No special sill height required, no special security necessary, maximum outside light (but be shadable), preferably without tinting.

Doors-42" doors from corridors to treatment rooms.

UTILITIES, SERVICES:

MECHANICAL

Zone heating control, preferably room by room in treatment rooms; other areas not as critical. Good ventilation-special hood requirements in service and research labs. Air conditioned, again with maximum control in treatment rooms and laboratories. Normal dental plumbing requirements (i.e. traps, suction lines, "dry" air lines, etc.)
Piped oxygen in specified areas.

ELECTRICAL

Good general illumination, provision for adequate outlets to accommodate mobile treatment room equipment and laboratory equipment. Intercom system within the clinic—a tie-in to the "building" intercom at the reception desk.

TV reception and program origination in specified areas.

ALSO SEE ATTACHED OUTLINE OF ADDITIONAL DATA REQUIRED:

VII INTERNAL SPACE RELATIONSHIPS:

Hospital, pedodontic and orthodontic sections are related to out-patient pediatrics of the hospitals.

Hospital oral surgery section is related to the otolaryngology out-patient clinic and the hospital out-patient operating room.

VIII OTHER DESIGN CONSIDERATIONS:

TAC
16 September 1968

VI FUNCTIONAL DIVISION

For each of the spaces listed in the SUMMARY OF REQUIRED SPACES (Section V), the following information is needed:

- A. ACTIVITIES affecting the layout, physical characteristics and design treatment of the area.
- B. EQUIPMENT -- Fixed and major movable equipment required in each space including:
 - Dental chairs, units, other chairside equipment
 - Fixed and mobile clinic cabinets
 - XRay and photographic equipment
 - High and low lab benches, fume hoods
 - Other laboratory equipment
 - Darkroom equipment
 - Office furniture and files
 - Sterilization equipment, glasswashers
 - Ovens, furnaces, refrigerators, freezers
 - Storage cabinets, shelves, racks carts
 - Seating
- C. SYSTEMS
 - 1. Mechanical -- Special requirements for heating, ventilating, airconditioning, humidity and other environmental controls.
 - 2. Plumbing
 - Sinks (sizes and types)
 - Hot and cold water
 - Waste -- acid resistant; plaster trap
 - Distilled water
 - Gas
 - Compressed air
 - Laboratory vacuum
 - Oral suction
 - 3. Electrical
 - 110V and 220V outlets
 - Special lighting; view boxes
 - Intercom or call systems
 - Sound and TV -- reception, program origination
 - Clock system
- D. PERSONNEL -- Faculty, students, technicians, clerical and others assigned to each space and the portion of time spent in these areas.

Estimated peak occupancies?

ADDENDUM II

Operatory (Treatment Room) Space Requirements for the
Department of Dentistry, University of Minnesota
Hospitals to Implement Projected Educational
Service and Research Programs of the
School of Dentistry and the
University Hospitals

1. UNDERGRADUATE DENTISTRY

- a. III year students - Hospital orientation - no clinical area needs anticipated.
- b. IV year students - U. Hospital Clerkship - 8 clinic operatories
 - (1) Oral Surgery - 1
 - (2) Perio Surgery - 1
 - (3) Multi-Purpose - 4
 - (4) Pedodontics - 2
- c. A two week (20 (½) day) undergraduate clerkship in the hospital is proposed. Students may elect either an oral surgery - periodontic "track", or a restorative dentistry - pedodontic "tract". Sixteen half days will be devoted to the care of patients (bed-ridden and ambulatory) whose physical or mental dysfunctions indicate the need for treatment in a hospital environment. Four half days will be allotted to: (1) education in patient care on a hospital station (including diet, drug therapy, order preparation, and "round" techniques); (2) familiarization with such diagnostic and treatment services as laboratory medicine and radiation therapy; and (3) exposure to the complications associated with the delivery of dental care to patients with systemic, neuro-muscular, and/or psychiatric problems.

d. Space needs determined as follows:

150 dental IV year students
10 weeks available per quarter

5 (two week) periods per 10 week quarter
10 students per period
50 students per quarter

4/5 student time involved in clinic activities
 $4/5 \times 10 = \underline{\underline{8 \text{ operatories}}}$

2. PARADENTAL TRAINING

a. Dental Assistant program - no exclusive operatory assignment required

b. Dental Hygiene - 5 clinic operatories will be needed for 2nd year Dental Hygiene students

(1) Multi purpose - 3

(2) Pedodontics - 2

Based on 150 2nd year students - 2 week clerkship - one half time devoted to bedside therapy, one half time to clinic treatment.

5 periods per quarter
10 students per period ($\frac{1}{2}$ time in clinic)
50 students per quarter
 $\frac{1}{2} \times 10 = \underline{\underline{5 \text{ operatories}}}$

3. GRADUATE DENTISTRY - Clinical Disciplines

a. Multi purpose operatories - 9

18 clinical specialty graduate students will each spend one-half time in the multipurpose modules of the hospital clinic.

18 students $\times \frac{1}{2} = \underline{\underline{9 \text{ operatories}}}$

b. Oral Surgery Module operatories - 2

Each oral surgery graduate student will spend one-half time in the oral surgery module of the hospital clinic.

4 students $\times \frac{1}{2} = \underline{\underline{2 \text{ operatories}}}$

c. Pediatric Dentistry Module operatories - 3

Each pediatric dentistry graduate student will spend three-quarter time in the pediatric dentistry module of the hospital clinic during his University Hospitals residency.

$$4 \text{ students} \times 3/4 = \underline{\underline{3 \text{ operatories}}}$$

d. Facilities for Hospital Dental Interns and General Practice Dental Residents - 12

Each intern and resident will spend three-quarter time in the hospital clinics with assignment schedules as follows:

- (1) Oral Surgery module - 3 students
- (2) Oral Diagnosis - X-Ray module - 1 student
- (3) Multi Purpose modules - 8 students
 - (a) Periodontics - 3
 - (b) Prosthodontics - 3
 - (c) Operative Dentistry - 2

$$16 \text{ students} \times 3/4 = \underline{\underline{12 \text{ operatories}}}$$

4. GRADUATE DENTISTRY - Research Program

Each of the 87 graduate students in programs included in the research category may be expected to devote approximately one-quarter of their time to clinical study in one of the recognized specialty disciplines of dentistry. While it is impossible to project the distribution with any real degree of finality, the following guesstimates are offered:

- a. 16 students may select orthodontics as a minor in which case their clinic time in the hospital would be inconsequential.
- b. 16 oral surgery minors = $\underline{\underline{4}}$ operatories in the OS module
- c. 16 pediatric dentistry minors = $\underline{\underline{4}}$ operatories in the pedodontic module

d. The remaining 39 students will likely pursue minors in periodontics, prosthodontics, endodontics, oral medicine, or dental radiology.

$39 \times \frac{1}{4} = \underline{9}$ operatories (approx) in the multipurpose clinic modules plus

1 operatory in Oral Diagnosis

Total needs - 18 operatories

5. SUMMARY

	Multipurpose Operatories	Oral Surgery PerioSurgery Operatories	Pedodontic Operatories	Diagnostic Operatories
1. Undergrad DDS	4	2	2	0
2. Undergrad DH	3	0	2	0
3. Graduate (clinical)	17	5	3	1
4. Graduate (research)	9	4	4	1
5. Special Staff (demonstration)	6	1	1	
	<hr/>	<hr/>	<hr/>	<hr/>
	39	12	12	2
Proposed Operatories	32	8	10	2
Operatory Shortage	7	4	2	0

If the hospital clinic is to provide facilities for all proposed activities, a shortage of 13 treatment rooms will exist.

March 31, 1970

TO: Mr. John Westerman, Chairman of the University Hospitals
Planning Committee

Mr. Peter Sammond, Associate Director, Dental Liaison

FROM: Dr. E. Severn Olsen, Director, Department of Dentistry

SUBJECT: The Impact of Elimination of Beds in the Health Science Expansion
Program Upon the Dental School Curriculum of the Future.

Programmatic goals of the School of Dentistry--University Hospitals as outlined in my letter of February 17, will be seriously jeopardized if the ten adult bed commitment referred to is not fulfilled by the mid-1970's. Current trends indicate that the probable need for even additional beds is very real. All of the undergraduate and advanced training programs as well as projected research and service activities will necessarily be restricted. Though alternative facilities (affiliate hospitals and community clinics) are desirable and necessary for our total hospital program, they can not adequately replace the central core resources of the University Hospitals. Exclusive use of affiliate facilities presents the following major disadvantages: a) additional faculty positions will be required, b) productive hours of both students and faculty will be reduced, c) considerable costly equipment duplication will be necessary, d) interprofessional and intercollegiate experiences cannot be as effectively utilized, e) the quality of learning experiences cannot be duplicated, f) an active coordinated research effort would be considerably more difficult to control.

In as much as bed construction funds for Phase I construction are unlikely, we respectfully request favorable consideration of the recommendation that a new University Hospitals bed unit with adequate supporting elements be constructed at the earliest possible date.

We, therefore, support the proposed Alternative I. Alternative II would be a compromise, and would serve the needs of the Dental School only if the requested Dental bed allocation could be assured.



April 2, 1970

TO: Mr. P. Sammond, Associate Director

FROM: W. Petrykowski, Hospital Maintenance Supervisor

SUBJECT: Hospital Planning
Reference to Alternative I -- Phase I Program

A totally new hospital in the 1970's would be the ideal goal that we would endorse. The present physical plant has many limitations that would make alterations very costly with questionable results as far as long range utilization is concerned.

Whatever course is taken in the next ten years, our department's requirements will need immediate consideration as we previously indicated in our reports to the Planning Office. Office, work and storage spaces at present are very inadequate having remained static over the years; yet servicing responsibilities keep growing from day to day. It would be foolhardy to conclude that we can continue absorbing more and more activities as we have done in the past without some positive relief in sight. We want to respond effectively, but in reality, we have long ago reached a saturation point as far as space needs are concerned.

WP/ms



April 1, 1970

To: John Westerman

From: Marie Manthey

The decision to eliminate beds in Unit C will decrease our over-all space request by four positions, all of whom were assigned to space in Unit C.

In relation to Alternative I, the In-service program has already expanded (as planned) in our existing space. In addition, we anticipate further expansions of 3-4 people just to maintain present levels of nursing staff skill and competence. Space for these people will be necessary as increased use of present space is not possible. This program becomes increasingly important as skill learning in education programs receives less and less emphasis and as our turnover remains high.

It is possible to eliminate the proposed expansion of research activity in Nursing Services. This would eliminate space for two additional people. Furthermore, expansion of associate clinical positions (diabetic nurse consultant, x-ray nurse, etc.) may be possible without requiring additional space.

These three programs - In-service, Research, and Associate Clinician's, were the programs space was requested for in Phase I.

Previous Nursing Services space requests and program statements have defined the department's space needs in terms of central and clinical space requirements. The decision to eliminate beds in Unit C in no way alters this requirement. The location of central nursing offices (in-service, assistant director, and diabetic nurse consultant) in Powell Hall is inefficient and detrimental to these centralized functions. It is our strong recommendation that in either alternative, these offices and classrooms be located close to the main nursing offices in Mayo. Continuing efforts should be made to locate clinicians offices in the clinical area. Unfortunately in the recent past, we have lost some of these offices located adjacent to stations. Every effort should be made to relocate these individuals to clinical areas.

There is some station remodeling necessary regardless of whether alternative I or II is operational. Stations 22, 35, 36, 55, 56, 61, 62, and 64, will definitely need remodeling in the near future. If we are to remain in the present building for 20 years, these stations and perhaps others would require major remodeling, to provide adequate teaching space and patient lounge areas.

MEETING NOTES

DATE: 22 January 1969
PLACE: UNIV. OF MINN. SCHOOL OF DENTISTRY
PRESENT: Dr. Olsen, D. Mawha
SUBJECT: Hospital Dentistry

Comments on Presentation of 15 January Schematics:

1. The Pediatric module should be located closer to the hospital elevators.
2. There should be separate labs and tray prep rooms for each of the four multi-purpose modules. An ideal relationship would be to group a number of operatories around a lab with direct access from each. This may not be possible within the area programmed for the labs. These are not technician's labs but would be used by students and staff.
3. The Surgery module should have recovery cubicles for two patients.
4. A tube connection to medical radiology would be useful for processing large X-rays.
5. A possible alternative plan would place the public circulation and waiting areas at the center of the building with staff circulation at the perimeter

DBM:ea
27 January 1969

12.6 HOSPITAL DENTISTRY PROGRAMOUTPATIENT CLINICS

V SUMMARY OF REQUIRED SPACES:

<u>SPACE</u>	<u>AREA</u>	<u>NUMBER</u>	<u>TOTAL</u>
1. MULTIDISCIPLINE MODULE:			
Treatment Rooms (7 @ 10x12)	840		
Tray Prep & Supply (8x12)	96		
Clinical Laboratory (10x12)	120		
	<u>1,056</u>	4	4,224
Consultation Room (10x12)	120	2	240
Teaching and Charting Carrels (4x6)	24	8	192
Conference Room (12x20)			240
Waiting (15x20)			<u>300</u>
			5,196
2. ORAL SURGERY - PERIO MODULE:			
Treatment Rooms (10x12)	120	6	720
Scrub Room (8x10)	120		80
Tray Prep and Supply (8x10)			80
Clinical Laboratory (6x8)			48
Recovery (8x12)			96
Teaching and Charting Carrels (4x6)	24	3	72
Conference Room (12x14)			168
Waiting (10x12)			<u>120</u>
			1,384
3. PEDIATRIC DENTISTRY MODULE:			
Examination Rooms (10x12)			120
(to accommodate litter or wheel chair)			
Panographic X-Ray (6x6)			36
Cephalometric & Periapical X-Ray (10x15)			150
Dark Room (4x6)			24
X-Ray Reading-Treatment Planning (8x10)			80
Treatment Rooms (10x12)	120	6	720
(including oral hygiene)			
Clinical Laboratory (10x12)			120
Tray Prep and Supply (8x10)			80
Teaching and Charting Carrels (4x6)	24	3	72
Conference Room (12x14)			168
Waiting (15x20)			<u>300</u>
			1,870

12.6 HOSPITAL DENTISTRY PROGRAM (Cont.)

V SUMMARY OF REQUIRED SPACES:

SPACE	AREA	NUMBER	TOTAL
4. DENTAL ADMISSIONS AND X-RAY MODULE:			
Examination Rooms (10x12)	120	2	240
Panographic X-ray Room (6x6)			36
Periapical X-ray Room (6x20)			120
X-ray Control Center (6x6)			36
X-ray Reading and Consultation (8x12)			96
Clinical Laboratory (6x8)			48
Dark Room (10x12)			120
Waiting (12x15)			180
			<u>(876)</u>
5. TECHNICAL LABORATORY (20x22)			440
6. FACULTY STAFF OFFICES:			
Section Chief Offices (10x12)	120	6	720
Dental Health Coordinator (8x10)			80
Staff Secretarial Offices (10x16)	160	2	160
PartTime Faculty Offices (5x10)	50	4	200
FullTime Residents (4x10)	40	10	400
			<u>1,560</u>
7. CLERICAL OFFICES AND CLINIC RECEPTION CENTERS:			
Clerical Pool Office (14x16)			204
Reception Areas (8x14)	112	4	448
			<u>652</u>
8. READING ROOM:			450
9. LOCKER AND LOUNGE FACILITIES:			
Men's Lockers (28x16)			448
Men's Lounge (12x14)			168
Women's Lockers (9x18)			162
Women's Lounge (12x14)			168
			<u>946</u>

12.6 HOSPITAL DENTISTRY PROGRAM (Cont.)

SUMMARY:

1. Multidiscipline Module	5,196
2. Oral Surgery Perio Module	1,384
3. Pediatric Dentistry Module	1,870
4. Dental Admissions	876
5. Technical Library	440
6. Faculty Staff Offices	1,560
7. Clerical Offices and Clinic Reception Centers	652
8. Reading Room	450
9. Locker and Lounge Facilities	<u>946</u>

TOTAL 13,374

HOSPITAL DENTISTRY DEPARTMENTAL OFFICES

Chairman's office and conference area	192
Clerical and reception	204
Staff Conference room	<u>192</u>
TOTAL	588

TAC # 68013
11/15/68

5 HOSP. PROGRAM.

8 OP. MODULE.

OPERATORIES - MOSTER EQUIP. UTIL IN WALLS.

MOBILE TURBOETS.

SIT DOWN - 4 HAND DENTISTRY

CENTRAL ORAL SUCTION

LIGHT ON CHAIR.

LAS - NOT FOR FABRICATION. FABRICATION DONE @ DENTAL SCHOOL UNLESS SPACE AVAIL IN HOSP. AREA.

CONSULT. RMS MIGHT HAVE TO BUNDLE AS DIAGNOSTIC OR TREATMENT. RMS - NEED PLUMBING. WATER, AIR, PROBABLY EVEN SUCTION.

TEACHING ALONE - CHARTING, VIEW BOXES, TV FOR AUTO TUTORIAL SYSTEM,

O.S. MODULE.

NO GENERAL ANESTHESIA - LOCAL INJECTIONS.

RECOVERY RMS W/ OXY.

TRAY DROP + LANE ACCESS FROM INTERNAL CORRIDOR.

NOT FULL HOSPITAL STERILE.

CONF & T.P. RMS. OFF OF COMMON CIRC.

SEPARATE STAFF + PATIENT ACCESS TO OPS.

ADULT RELATIONSHIP WOULD HAVE ADULT AND PED. DENTAL UNITS ADJACENT WITH BOTH RELATED TO RESPECTIVE MED. OPD'S. WAITING AREAS NOT INCLUDED.

POSSIBLY XRAY FACILITIES COMBINED.

PEDIATRIC MODULE.

· MORE ROOM IN SUPPLY FOR TRAY PREP.

PANORAMIC USED FOR ALL PATIENTS, BEST SINGLE SCREENING TOOL.

PATIENTS WILL BE SPECIAL CASES WITH SYSTEMIC PROBLEMS.

SO SHOULD BE SEPARATED

SEMINAR RMS - FOLDING PARTITION.

SURGICAL MODULE RELATED TO ORAL SURGERY + PERIO.

GENERAL ADMIN OFFICES FOR HOSP. PROGRAM - NOT IN CLINIC AREA SEE PREVIOUS SPACE REQUIREMENTS

* (CUT TO 600 SF. IN HOSP. PROGRAM) 720 SF *

SECTION CHIEFS - PERIO, O.S, PEROS, RESTO, O.D. IN CLINIC AREA.

WAITING AREAS NOT PROVIDED FOR.

CENTRAL RECORDS SYSTEM NEEDED - HOSP DENT PROGRAM
PATIENTS WILL BE REFERRED FROM HOSP, OPD, DS, OUTSIDE.
RECORDS MUST BE AVAILABLE TO ALL HEALTH SCIENCE UNITS
DEPENDING ON SITUATION.

1986 - SPLIT OFF - INPATIENT SERVICES.

ROUGHLY 2500 SF. MORE SPACE

ONE MORE MODULE + OFFICES

THE ARCHITECTS COLLABORATIVE, INC.

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION
TAC JOB NO. 68013

MEMORANDUM

TO: University of Minnesota Team for B & C

FROM: Fred Larsen, Olga Petters, James Block, Don Mawha

DATE: 18 November 1970

SUBJECT: Review of Schematic Design - Units B & C, Floor Seven

Seventh Floor - Hospital Dentistry

1. Student and staff lockers. Should be located as close to clinic proper as possible. Could they be relocated to the south end of Unit B? Verify program with locker layout.
2. Surgical operatories appear to be remote from the recovery room. The shortest travel distance possible is most desirable.
3. Relocating treatment rooms around the pediatrics waiting room to allow direct access to the N-S corridor would appear to create a better traffic pattern. Pediatrics toilets should be located immediately adjacent to the pediatric waiting area.
4. The tray preparation and sterilizing areas appear to be inadequate for the number of treatment rooms and surgical operatories indicated. Original program allocated 544 S.F. of tray prep and sterilizing for 40 rooms. Schematic plans show 270 S.F. for 41 rooms.
5. The X-ray suite appears to be too small. Periapical rooms need enlarging. X-ray dark room and reading areas are small. Cephalometric X-ray for Pediatrics does not appear on the plans. Will this be performed in Unit A?
6. An area is needed for stretcher and wheel chair parking. Will stretchers or hospital beds be taken into treatment rooms? Will dentistry be performed on patients in either stretchers or hospital beds?
7. Lab locations and areas have changed considerably from the original program. What is relation of each lab to clinic activities? Will the clinic require oral pathology and hematology lab functions?

8. What provision will be made for soiled material collection and disposal? Since the clinic is oriented to a preponderance of surgical procedures, it would seem necessary to make separate provision for disposal of liquid waste and collection of contaminated solid waste. A small soiled utility room with a clinical sink would seem advisable.
9. If stretchers will be brought into the Pediatric section the main corridor should be widened to eight feet.
10. The recovery room seems too small to accommodate the projected surgical load.
11. There would appear to be a need for demonstration rooms. These have not been provided.

Treatment Rooms:

1. The plans show a large amount of casework and utilities. Coordinate and verify acceptance with established budget.
 2. Define and integrate tray storage and soiled linen storage requirements into the casework better.
-

THE ARCHITECTS COLLABORATIVE, INC.

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION

*cc R. Robertson 6.3.
R. Acton*

MEETING NOTES

U. OF MINN.		
DATE: 9 FEB 91		
COPY	ATTN.	INIT.
JCH		
RK		
RT		
KT	X	
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DM	X	
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JB	X	
JSL		
TS		
FILE		
GD		

DATE: 3 February 1971
 JOB: UMHSE, Unit B-C, #70046
 PLACE: Powell Hall
 BY: Don Mawha
 PRESENT: Dr. Olsen, Jim Block, Don Mawha
 SUBJECT: Review of Plan for Floor 7 Hospital Dentistry,
 (Dated 1 February 1971)

Dr. Olsen was enthusiastic about the plan generally and made the following comments:

1. The Treatment Rooms should not be less than 10 ft. wide. This is particularly important in the multipurpose area where they want to have casework on both sides of the chair. It is less important for Oral Surgery, where there will be a minimum of fixed casework.
2. Pediatric Treatment Rooms can be combined, with 2 chairs per room. One or two single rooms should remain.
3. Three to four rooms in Oral Surgery should be equipped to handle litter patients, also two multi-purpose rooms. One room in each of these areas should be capable of handling an iron lung patient.
4. At least one larger Demonstration Room is needed in the Oral Surgery and Multipurpose Areas. Dr. Olsen would be willing to sacrifice one or two Treatment Rooms in each area to accomodate the Demonstration Rooms and achieve 10 ft. minimum width.

U. OF MINN.		
DATE:		
H. G. S. P.		
P. P. & D.		
H. S. - COOD.		
H. S. A. E.	X	
H. J. S. A.		
LERCH		
MAIN		
FLYNN		
C. D. M.		
OLSEN	X	
SAMMONS	X	

5. The Demonstration Rooms should be equipped for General Anesthesia (Nitrous Oxide). Portable Anesthesia units may be used in other Treatment Rooms.
6. One Pediatric Room should have facilities for observation from an adjacent room. This would also be desirable in the Multipurpose area.
7. Endo and Perio procedures will be done in the surgery area. Location of some Multipurpose rooms near surgery is ideal since perio staff need to supervise hygienists in training. Endo will require x-ray and processing facilities.
8. Three recovery beds for Oral Surgery will be adequate. Also need space in the room for a nurses desk. One toilet should open directly into the Recovery Room. The separate Recovery Room for Pediatrics is necessary but perhaps it could be located for closer supervision.

9. The Multipurpose Tray Prep Room should ideally be located with direct access from both the multipurpose and pediatric corridors.
10. The student-faculty lab should have space for 4-6 people from Multipurpose plus 1-2 from Peds. These could be two separate rooms with the technician's lab between. Provide space for 3 technicians with facilities for casting and denture processing. Probably no ceramics here.
11. More clinic storage area is needed. Soiled Utility rooms are desirable but could be smaller.
12. In the admitting and x-ray unit, exam rooms should be next to the control desk and x-ray rooms next to the dark room. Locating the Dark Room where Exam Rooms now are would permit direct film pass-through from Oral Surgery Prep.
13. Faculty lockers are needed for 7 full-time and up to 21 part-time men, although part-time men could double up. In place of women faculty lockers provide locker facilities for up to 50 student assistants who would be coming from outside. This facility should be separate from the faculty area.
14. The lounge will be primarily for faculty but students will be invited in.

THE ARCHITECTS COLLABORATIVE, INC.

UNIVERSITY OF MINNESOTA
HEALTH SCIENCES EXPANSION

MEETING NOTES

DATE: 6 May 1971
PLACE: Powell Hall 4114
TAC JOB: Unit B-C, #70046
PRESENT: Dr. Kurt King, Don Mawha
SUBJECT: Hospital Dentistry - Floor 7
BY: Don Mawha

63

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- The most recent plan of floor 7 (20 April 1971) was reviewed with Dr. King. The meeting started with a review of the November 1970 Schematic plan and the major plan alternatives which have been studies subsequent to that time.
- Dr. King said some of the faculty have questioned locating the Oral Surgery and Pedodontic sections furthest away from the Patient Service elevator. In reviewing the alternative plan arrangements was explained that Dr. Olsen had considered the sharing of a common recovery room by Oral Surgery and Pedodontics to be essential and that the present plan was the best choice in that regard. Dr. King appeared to be satisfied that the increased distance from the patient elevator was an acceptable compromise.
- Specific comments on the present plan were:
 - Dr. King questioned whether Oral Surgery and Pedodontics could effectively use the same tray prep area since present procedures vary considerably. It was explained that Dr. Olsen had favored the shared facility, managed by a fully qualified technician, as a means of upgrading the quality of the processing of all equipment. The plan of the room would actually permit separate procedures by surgery and pedodontics if desirable.
 - The present layout of the Recovery Room is not good in that useable wall surface is limited by windows, core wall, and door locations. Also, access to the toilet limits the number of cots to 3 at most. Dr. King would prefer an interior location offering more wall surface and eliminating the toilet if necessary. There should still be small toilets accessible from the surgery and pedo corridors.
 - Dr. King suggested shifting the reception and waiting areas closer to the Main Waiting Room and locating the Residents' room on the north wall. Need for dictation area is questionable.

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H. G. S. F.	
E. P. & D.	
H. S. - COCD.	X
H. S. A. E.	X
H. I. S. A.	
STYNN	
C. D. M.	
Dr. KING	X

6 May 1971

- d. The Pedo Conference Room will be changed to a Demonstration Operatory but should be shifted closer to the Recovery Room. This room could be used for General Anesthesia.
- e. The coatroom could be reduced to provide a storage area off the surgery corridor.
- f. The Reception desk will hold only those records required for scheduled appointments. These will come from medical records by telelift and from dental records by cart. No large record files will be needed although a single sheet copy of record entries may be retained here. This should not require more than one or two standard file cabinets.
- g. g. The Business Office will not handle cash, but will do billing and patient classification. It could also house the clinic switchboard.
- h. Dr. King approves our proposal to eliminate the partition around the clerical pool.

DM/bb

11 May 1971

THE ARCHITECTS COLLABORATIVE INC.



DENT
6.3

JEAN B. FLETCHER
1945 ——— 1965
NORMAN FLETCHER
WALTER GROPIUS
1945 ——— 1969
JOHN C. HARKNESS
SARAH P. HARKNESS
LOUIS A. McMILLEN

RICHARD BROOKER
ALEX CVIJANOVIĆ
HERBERT GALLAGHER
WILLIAM J. GEDDIS
ROLAND KLUVER
PETER W. MORTON
H. MORSE PAYNE, JR.
ERNEST L. BIRDSALL
TREASURER

31 August 1971

Dr. Kurt J. King
Room 2005
Powell Hall
University Hospital
University of Minnesota
Minneapolis, Minnesota

Dear Kurt,

Enclosed are prints of the 1/4" equipment plans for Hospital Dentistry along with a print of the 1/8" plan of Floor 7 which has been revised to reflect the most recent revisions. Several of the 1/4" plans have been redrawn where rooms have been shifted to new locations.

With these latest revisions I think we have resolved virtually all of the remaining issues. A few specific comments and questions are as follows:

Drawing	Comments
12.5/1	1. This plan is unchanged except for the addition of room numbers and explanatory notes, and for correction of minor errors and omissions.
12.5/2	1. Multipurpose tray prep is now identical to Surgery Tray prep. 2. Multipurpose demonstration has been shifted to the outside corridor so that more treatment rooms will be closer to the labs. 3. Should the demonstration room have recessed hydrocolloid and cold sterilizer? If so, they can be located to the right of the assistant's sink. 4. Note that Treatment Rooms C7-103 and C7-154 are left hand rooms. Pedo Treatment Room C7-177 is also shown as a left hand room.
12.5/3	1. Sinks and cabinets have been placed inside the x-ray rooms as requested. X-ray controls can be surface mounted or semi-recessed depending on the equipment selected.

- 12.5/3
2. Darkroom mounting and viewing are unchanged except that the waste drops have been placed below the pass boxes to conserve working counter space.
 3. The staff conference room has been drawn to show the general room configuration only. As in Unit A, furnishings for conference and seminar rooms as well as offices and waiting rooms will be handled under a separate furnishings contract. Location of other elements such as TV monitors, chalk and tackboards, and x-ray viewboxes will have to be coordinated with the furniture layouts developed under this contract.
- 12.5/4
1. Surgery lab and study have been relocated as requested.
 2. Note that Surgery Treatment Room C7-143 is left handed.
 3. Sinks in Surgery Treatment Rooms are standard lavatory sinks. Larger scrub sinks can be substituted if desireable. Changing to scrub sinks in the 4 exterior rooms might require relocating the writing desks in these rooms because of inadequate space along the corridor wall.
- 12.5/5
1. Changes discussed have been incorporated.
 2. In Demonstration Rooms where there may be an anesthetist, the oxygen and nitrous oxide outlets are on the wall behind the patient's head. In Surgery and Pedo Treatment Rooms oxygen and nitrous oxide outlets are at the junction box.
 3. Counters in the double Pedo Treatment Rooms have been shortened to 6 feet to give the student and assistant greater freedom of access. Access for the assistant can be further improved by shifting the chair a few inches closer to her counter and rotating the head of the chair toward the student's side.
- 12.5/6
1. Note that one junction box in Room C7-175 must be shifted to clear core access door, but the chair in this case needs to be rotated off axis anyway to free access for the assistant.
- Floor 7
1. The wall between the Waiting Room and the coat racks has been eliminated.
 2. The toilet for the On-Call Room has been changed to provide access to plumbing risers next to the stair. We have also provided two lockers in the On-Call Room.

Dr. Kurt J. King
21 August 1971
Page Three

- Floor 7
3. Doors between the Chairman's Office and the Staff Conference Room have been revised.
 4. The shaded area indicates revisions within Unit A.
 5. The Reception Area has been revised to provide direct access from the Business Office.

I would like to get your comments on these latest revisions by the end of the next week. If all is in order the original drawings will be sent out for your signature.

Sincerely,

THE ARCHITECTS COLLABORATIVE, INC.



Donald B. Mawha

DBM/bb

Enclosure

11/15/71
THE ARCHITECTS COLLABORATIVE INC.

JEAN B. FLETCHER
1945 ——— 1965
NORMAN FLETCHER
WALTER GROPIUS
1945 ——— 1969
JOHN C. HARKNESS
SARAH P. HARKNESS
LOUIS A. McMILLEN

2 November 1971

Dr. Kurt King
Rm. 2005, Powell Hall
University Hospital
University of Minnesota
Minneapolis, Minnesota

RICHARD BROOKER
ALEX CVIJANOVIĆ
HERBERT GALLAGHER
WILLIAM J. GEDDIS
ROLAND KLUVER
PETER W. MORTON
H. MORSE PAYNE, JR.
ERNEST L. BIRDSALL
TREASURER

RE: UMHSE, Unit B/C
TAC JOB NO. 70046

Dear Kurt:

The enclosed equipment layouts and 1/8" plan for Floor 7 have been revised to incorporate most of the changes suggested in your October 12 letter. In some cases, changes were incorporated in somewhat modified form, based on our phone conversation last Friday.

Specific comments are as follows:

- 12.5/1
- a) The door from the corridor into support lab C7-156 was placed in the southeast corner rather than the southwest corner to improve the traffic flow between labs and to make better use of available work surface.
 - b) The technicians work bench in Room C7-158 was shifted to the west wall so that a separate dust collector could be provided for the two technicians' stations. We feel this arrangement will be more flexible than connecting through the wall to one of the collector units in the student lab.
 - c) Floor grids have been added at all entrances to the support lab to control the tracking of plaster.
 - d) A TV monitor was added in student lab C7-157.
- 12.5/2
- a) Oxygen and nitrous outlets have been added in demonstration room C7-130.
 - b) Chalkboard and clock have been added in study room C7-101.

- c) A TV monitor has been added in patient education room C7-105 (see equipment for room C7-102). With the patient reclining in the chair, a ceiling mounted monitor should work o.k., but you might want to consider a countertop location instead.

- 12.5/4 a) Chalkboard and clock added in study room C7-118.

- 12.5/5 a) TV monitors added in patient education rooms C7-170 & 171.

- 12.5/6 a) Pedo chairs will not require outlets for cavitron and hydrocolloid.

FLOOR 7

- a) Waiting room C7-126 has been enlarged as requested, but we have left a portion of the west wall to partially screen the area from corridor traffic.

- b) We have not changed the corridor doors leading into Unit A. Visually, it might be better to locate them on grid line S24 as you have suggested, but the building code requires that they open in the direction of egress. This being the case, they are better left as is.

- c) Entrance door into hospital dentistry offices in Unit B has been moved closer to Corridor B7-99.

- d) We have discussed the coatroom proposal with Paul Maupin. He feels that the open visibility of the waiting and reception areas from the elevator lobby will be most important for arriving patients, and that the introduction of a coatroom as suggested would seriously reduce the seating capacity and would split the room into two separate areas, thereby reducing its flexibility in handling fluctuations in patient traffic between the two sides. For these reasons, he feels that the proposed change should not be made. We are inclined to agree.

TAC Job No. 70046
2 November 1971
Page Three

You may wish to take up the last point in further discussion with Paul Maupin. Otherwise, I think the revised drawings now incorporate all of your most recent comments. Please convey your approval with any further comments to Paul Maupin as soon as possible.

Sincerely,

THE ARCHITECTS COLLABORATIVE Inc.



Donald B. Mawha

DM/afm

DR. HOLLAND