




UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

August 2, 1979

TO: PHILLIPS-WANGENSTEEN BUILDING (Unit B/C) DEPARTMENT HEADS

FROM: Paul J. Maupin   
Health Sciences Planning Coordinator

SUBJECT: Phillips-Wangensteen (Unit B/C) Building  
Design and Project Management

The Health Sciences Planning Office is in the process of assembling material regarding the design and management of Unit B/C. It is our intent to use this information in providing the University with necessary feedback in planning, design and management on future building projects.

Therefore, we would appreciate your "unrestricted" comments concerning your immediate occupied space as well as your impressions of the building.

Thank you very much. Your early response will be appreciated.

PJM:jm

Cent-out 8/8/79

Phillips-Wangensteen letter of 8/2/79 sent to the following dept. heads:

✓ Martin Finch	Dept. of Med. Arts & Photography	Box 711 Mayo
✓ Dr. Konald Prem	Dept. of Ob/Gyn (Offices)	395
✓ Dr. Joseph Resch	Dept. of Neurology (Offices)	295
✓ Dr. John Najarian	Dept. of Surgery	195
✓ Dr. Patrick Manning	Animal Hospital	351
✓ Ambulatory surgery/recovery	Marilyn Lande	700
✓ Clinical labs (outpatient)	Terry Duffy	198
✓ Colon/rectal clinic	Dr. N. Santhat	450
✓ Dermatology/surgery clinic	Dr. Theodor Grage	90
✓ EKG	Dr. Naip Tuna	481
✓ Medical records	Al Dees	601
<del>OB/GYN clinic</del>	<del>Dr. Konald Prem</del>	<del>395</del>
✓ Orthopedics/neurosurgery clinic	Dr. Roby Thompson	189
✓ Radiology (outpatient)	Dr. Eugene Gedgaudas	292
✓ Social service (outpatient)	Robert Spano	181
✓ Treatment	Bev Dorsey	88
✓ Endoscopy	Dr. Larry Kaplan	438
✓ Admissions (outpatient)	Dan Rode	602
✓ Hospital Accounting	Nels Larson	704
Material services dispensing (outpatient)	Don Johnson	517
✓ Medicine clinic	Dr. Robert Howe	262
✓ Nutrition (outpatient)	Virginia Schauss	84
✓ Operations analysis	Tom Bliss	507
✓ Outpatient administration/ home health services	Nancy Omundson	88
<del>Patient accounting</del>	<del>Dan Rode</del>	<del>602</del>
✓ Pharmacy (outpatient)	Nick Malinowski	611
✓ Hospital Administration	Tom Jones/Cliff Fearing	606
✓ Child Psychiatry	Cheryl Yano	95
✓ Family Practice	Dr. Edward Ciracy	381
✓ Information desk	Phyllis Johnson	Communication Center
✓ Pediatric clinic	Dr. Amos Deinard	60
✓ Audiology	Dr. Earl Harford	283
✓ Clinical psychology	Margaret Meyer	393
✓ Adult Psychology	Mike Nemcek	393
✓ Otolaryngology	Dr. Michael Paparella	396
✓ Oph		
✓ Ophthalmology	Dr. Robert Letsen	493
✓ Ophthalmology Research Lab	Louise Gruber	387

Tom Harrity

200 Shops

Dick Hendricks

B117 Unit A

Don Herron

Baynton Health Service



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

August 2, 1979

TO: PHILLIPS-WANGENSTEEN BUILDING (Unit B/C) DEPARTMENT HEADS  
FROM: Paul J. Maupin Paul Maupin  
Health Sciences Planning Coordinator  
SUBJECT: Phillips-Wangensteen (Unit B/C) Building  
Design and Project Management

The Health Sciences Planning Office is in the process of assembling material regarding the design and management of Unit B/C. It is our intent to use this information in providing the University with necessary feedback in planning, design and management on future building projects.

Therefore, we would appreciate your "unrestricted" comments concerning your immediate occupied space as well as your impressions of the building.

Thank you very much. Your early response will be appreciated.

PJM:jm

Re Nutrition Space 2-301 & 2-301 a

1. Some difficulty experienced because we have only one door leading into two offices. This causes poor traffic flow and inconvenience when it is necessary to go to the inner office and a patient consultation is being held in the outer office.
2. The acoustics need to be



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

NOV 7 Rec'd  
UNIV. OF MINN.  
HEALTH SCIENCES  
PLANNING OFFICE

August 2, 1979

TO: PHILLIPS-WANGENSTEEN BUILDING (Unit B/C) DEPARTMENT HEADS  
FROM: Paul J. Maupin *Paul Maupin*  
Health Sciences Planning Coordinator  
SUBJECT: Phillips-Wangensteen (Unit B/C) Building  
Design and Project Management

The Health Sciences Planning Office is in the process of assembling material regarding the design and management of Unit B/C. It is our intent to use this information in providing the University with necessary feedback in planning, design and management on future building projects.

Therefore, we would appreciate your "unrestricted" comments concerning your immediate occupied space as well as your impressions of the building.

Thank you very much. Your early response will be appreciated.

PJM:jm

*Sorry to be so slow in replying  
L. Grubbs*

*11/5/79*

*Generally speaking we're happy to be here.  
However these <sup>were</sup> problem areas:*

- 1) Veritron equipment constant by gears problems*
- 2) Some items still are not supplied - plates  
for some of the doors, bars in some of the closets, lock,  
etc*
- 3) We've had problems with plumbing -  
flooded - distilled H<sub>2</sub>O, plumbing in Dr. Roth's  
lab - not adequate for hot water from still etc.*
- 4) We do get vibrations from time to time*
- 5) Temperature has been poorly regulated*
- 6) Wall material is cheap & easily scarred*
- 7) Bench tops were not impervious & we had to  
coat after we moved in  
8) I'm a little worried when some of the facing strips on the over pass  
fell off during a high wind*



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

August 2, 1979

TO: PHILLIPS-WANGENSTEEN BUILDING (Unit B/C) DEPARTMENT HEADS  
FROM: Paul J. Maupin *Paul Maupin*  
Health Sciences Planning Coordinator  
SUBJECT: Phillips-Wangenstein (Unit B/C) Building  
Design and Project Management

The Health Sciences Planning Office is in the process of assembling material regarding the design and management of Unit B/C. It is our intent to use this information in providing the University with necessary feedback in planning, design and management on future building projects.

Therefore, we would appreciate your "unrestricted" comments concerning your immediate occupied space as well as your impressions of the building.

Thank you very much. Your early response will be appreciated.

PJM:jm

*Sound attenuation between rooms is  
relatively poor*

*?*



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Department of Psychiatry  
Medical School  
Box 393 Mayo Memorial Building  
Minneapolis, Minnesota 55455

August 15, 1979

AUG 17 Rec'd

MEMORANDUM

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

To: Paul J. Maupin  
Health Sciences Planning Coordinator

From: William Hausman, M.D., Professor and Head  
Department of Psychiatry

Subject: Your August 2, 1979, Memo on the Phillips-Wangensteen Building

As Head of the Department of Psychiatry, it is my opinion that the Phillips-Wangensteen Building has been very poorly planned on a number of counts. It is true that planning for Adult and Child Psychiatry and Psychology included adequate space in the new building, but there were no effective mechanisms for making the last-minute changes which resulted from the Metropolitan Health Board negotiations concerning the Certificate of Need. When one floor was taken out of the clinic, the entire clinic should have been redesigned. The result of not doing so has been that Psychiatry is not only split but also has the least adequate amount of space allocated to any of the major departments. At the same time, Psychiatry has demonstrated the largest rate of growth of any clinic in that building during the last year. This is demoralizing for the Psychiatry staff. In addition, a lack of adequate space and the resulting constraints upon the potential growth of a clinic is doubly critical at a time when patient census carries so much weight in current and future decision making.

A second design problem that has severely affected our ability to function in both child and adult areas has been the careless design of the heating system, which does not permit sound control between rooms used for personal interviews. While this is a particular concern to Psychiatry where privacy and confidentiality are of critical importance to the patient and the therapist, it would seem to me that the same issue would prevail in any of the medical clinics that occupy the building. Thus this is a design flaw not only for Psychiatry but for other departments as well.

Some time ago, we called attention to the open escalator system in the building and raised questions about the risks involved since there are children in the building. No action has been taken on this, and we are still concerned. This aspect of design was not adequately thought out prior to completion of the building plan.

Mr. Maupin  
August 15, 1979  
Page Two

All of this points to a lack of adequate behavioral science input to the design of a building which is to be used by people, many of whom enter the building with a very high level of tension, anxiety and dependency.

In terms of the future, I feel that psychiatrists and/or psychologists should participate in decisions that affect not only the psychiatric units but other considerations of medical space utilization. I have made this point in meeting of the Chiefs with regard, for instance, to the design of operating room space. I hope that those charged with the responsibility for planning new buildings will take this into consideration.

Thank you for the opportunity to express the views of faculty members in the Department of Psychiatry.

WH/mh



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Division of Child and Adolescent Psychiatry  
Medical School  
Box 95 Mayo Memorial Building  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8871

August 20, 1979

AUG 23 recd  
UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

TO: Paul J. Maupin  
Health Sciences Planning Coordinator

FROM: Lawrence M. Greenberg, M.D. *Lawrence M. Greenberg*  
Professor and Director

RE: B/C Building Design and Project Management

The primary concern for our personnel is the absence of sound conditioning from adjacent rooms and from floors above and below our clinic. We can't use half of our rooms!

In addition, the secretarial space is too confined and its design precludes the full range of clerical functions (e.g., no adequate counter space for intakes, no space for typewriter or dictating equipment, no convenient place for doctors to return charts or pick up information on patients, no access to secretary by staff who need questions answered or need assistance, inconvenient traffic patterns through secretarial area, storage space for test materials and supplies is inconvenient and extremely limited, and inability to observe children/adolescents unattended in waiting room).

The waiting room has no area designed for children, is extremely small, and has no water fountain.

The third floor lobby is a dangerous area for children, neurologically, and sight-impaired individuals.

IMG/cjy





UNIVERSITY OF MINNESOTA  
TWIN CITIES

Department of Radiology  
Medical School  
Box 292 Mayo Memorial Building  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

August 21, 1979

Paul J. Maupin  
Health Sciences Planning Coordinator  
Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455

AUG 23 Rec'd  
UNIV. OF MINN.  
HEALTH SCIENCES  
PLANNING OFFICE

Dear Mr. Maupin:

Your letter of August 2, 1979 requested "unrestricted" comments regarding the space immediately occupied by Outpatient Radiology. The space appropriated to Radiology in my opinion is the very minimum to function satisfactory at the current load and apparently leaves absolutely no room for growth in any direction. If this is not remedied growth, and any new projects will be thwarted and patient turn over time in the department will be prolonged. We do have adequate waiting rooms adjacent to the department so hopefully in the immediate future there will not be congestion with patients lined up in the halls of the working area, as has been the case in the main department for many years.

As you are perhaps aware this radiology facility is handling almost all of the radiology for Dr. Victor Gilbertson's Cancer Detection Center and also the Colon Cancer Control Study Program. Prior to my joining the faculty a year ago some initial statistics seemed to indicate that the conventional barium enema examination was missing as many as a third of the early carcinomas. Along with leading institutions in this country and abroad we are now using the double contrast enema technique for colon cancer detection. This is a much more accurate but more time consuming examination. One of the prerequisites for a good colon examination by any method is a "clean colon". Last year I appeared before Dr. Najarian's New Services Committee and received approval and a grant for a Licensed Practical Nurse to be used part time for the cleansing enemas. These are given in the Radiology Department prior to the examination of the colon. Even though this project was approved and funded we have not been able to get it implemented partially because we have no additional room in the Radiology Department (or elsewhere) where these cleansing enemas can be given. Currently the cleansing enemas are given by skilled Radiology Technologists on the x-ray table. This not only is an inefficient use of the technologists time but is inefficient use of a fluoroscopic room (which cost approximately 200,000 dollars).

Mr. Maupin

Page 2

Another immediate space requirement is a small room where we could install a magnification radiology unit. The Endocrinologists have asked us to provide this service. Dr. Gedgudas has a company that will install this equipment free of charge for six months but the unavailability of space may stall this project as well.

In conclusion I consider the current department well designed and functional. However, it certainly would appear there is lack of forethought without provision of any room for expansion of developing new services.

Yours truly,

*H. Charles Walker, M.D.*

H. Charles Walker, M.D.

Director

Outpatient Radiology

HCW/slq

cc: E. Gedgudas, M.D., Professor and Head  
Patricia A. Skundberg, Technical Administrator

P.S. The Outpatient Radiology Department has no room available for educational purposes. I believe most other departments have such a room.



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Research Animal Resources  
Unit of Comparative Medicine  
Box 351 Mayo Memorial Building  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455  
(612) 376-5097

AUG 23 Rec'd

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

August 21, 1979

TO: Mr. Paul Maupin, Health Sciences Planning Coordinator  
FROM: Dr. Patrick Manning, Director, Research Animal Resources  
SUBJECT: Comments on Research Animal Resources Space, Unit B-C

In general, the quality of the workmanship is excellent, though we understand the ceiling in many key areas may have to be removed because of installation of food services on the second floor of B-C, which is most unfortunate and seemingly the result of poor planning.

?  
A potentially major deficiency is the apparent lack of sufficient air flow in the animal rooms. The inadequate ventilation is so severe that we may not be able to house large animals in the area for some time. The situation is exemplified by the fact that the post-operative recovery room has but eight dogs, yet odor levels are very high and air movement is virtually undetectable. Yet we have been assured that 18 to 22 air changes per hour have been provided. There appears to be little doubt that there is a major discrepancy between calculated and measured air exchange rates as sensed by members of the animal care staff and other medical school faculty. We are hopeful that this deficiency can be fully corrected before animals are put into the facility.

Excepting the aforementioned deficiencies, I think the building is aesthetically very pleasing interiorly and exteriorly and the interior decor is excellent. Most importantly, there have been no major difficulties in patients or faculty finding their way to most areas, which attests to the planning skills involved in traffic movement.

The faculty and staff of Research Animal Resources very much enjoyed participating with staff of the Health Sciences Planning Office in the design of areas assigned to us as well as other departmental facilities where animals were intended to be used.

PJM:bmo



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

SEP 4 Recd

UNIV. OF MINN.  
HEALTH SCIENCES  
PLANNING OFFICE

August 28, 1979

TO: Paul J. Maupin  
Health Sciences Planning Coordinator

FROM: Cliff Fearing, Controller  
Tom Jones, Associate Director

SUBJECT: Phillips-Wangensteen (Unit B/C) Building

In response to your memo of August 2, 1979, our opinion, and that of other personnel in our office, of our immediate occupied space as well as the building is favorable with the following exceptions:

1. Noise Level: The nature of the work in our offices requires an environment for conferences and personal concentration which is difficult with the present situation.
2. Mail Delivery: There is extensive correspondence between our office and other departments as well as outside parties for which mail delivery is important.
3. Environment on Weekends: During times when employees are required to work on the weekends, the temperature in the offices is quite uncomfortable.

Thank you for the opportunity to submit our comments on our office space in Unit B/C.

tr



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Department of Pediatrics  
Medical School  
Box 60 Mayo Memorial Building  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

(612) 373-8160

August 31, 1979

SEP 5 1979

Mr. Paul J. Maupin  
Health Science Planning Coordinator  
Box 75 Mayo

UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

Dear Mr. Maupin:

The following comments represent a condensation of reflections of many of the pediatric staff who have had the opportunity to use the BC Clinic for the past five months. The principal fault, which you and I are well aware of, relates to the inadequacy of the soundproofing in the examination rooms. According to those who participated in the early planning of the BC Clinic, both the contractor and the architect assured everyone that the rooms would be soundproofed. Clearly, this is not the case. It seems to all of us that the longer there is a delay in resolving this problem, the less likely it is that the problem will be resolved. Several of the staff have suggested that you should visit the clinic on a day when there are small children present so that you can see for yourself exactly how noisy the examination rooms are.

Additional faults that one or more persons have mentioned include:

- a) the design of the clerical area which is such that the clerical staff is isolated from and inaccessible to the medical and nursing staffs.
- b) the largeness of the clinic which requires a great deal of walking to service areas within the clinic.
- c) the design of the transport system which renders it too susceptible to unknown shutdowns, thereby creating situations where specimens are sent off to the laboratory toward the end of the day and are never received, resulting in deterioration of the specimens and necessitating recall of patients at considerable expense of time and money to the patient. Somehow it seems that the system should have been designed in such a fashion that whenever a portion of it is "down", all sending stations are alerted so that specimens are not sent.
- d) the degree of efficiency of the cleaning crew. The clinic has not been cleaned as thoroughly as could be; in addition, there have been, on a couple of occasions, thefts of drugs and other items from the clinic after hours raising a question about the integrity of the crew.

The clinic is clearly an improvement over the space which Pediatrics utilized for so many years. I have not heard of any complaints from patients that the new clinic is in anyway deficient. Most people at this point seem to be able to find their way around the building fairly well--thanks, in part, to the effectiveness of the graphics.

Please let me know if you would like to visit the Pediatric Clinic.

Sincerely yours,

  
Amos S. Dehnard, M.D.

Associate Professor and B-C Clinic Director  
Dept. of Pediatrics



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Office of the Department Head

Department of Family Practice and Community Health  
Medical School  
6-240 Phillips-Wangensteen Building  
516 Delaware Street S.E., Box 381 Mayo  
Minneapolis, Minnesota 55455

(612) 373-8539

January 8, 1980

JAN 15 Rec'd  
UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE

TO: Paul J. Maupin  
Health Sciences Planning Coordinator

FROM: Edward W. Ciriacy, M.D. *EWC*

RE: Phillips-Wangensteen Building

Some time ago you requested "unrestricted" comments concerning our space in B-C Building as well as impressions of the building. We submit the following:

- The building and our assigned space (6-240 and 3-100) have a general attractiveness in appearance. Convenience to hospital, parking, and other services is met as well as could be expected.

- Building planning was so far in advance of construction that obsolescence occurs. Only one half of the Department of Family Practice needs were met by our offices on the sixth floor of Phillips-Wangensteen Building. Currently, 26 faculty and staff are housed on the sixth floor of Powell Hall. That facility is going to be torn down, and there is no space in view for our faculty and staff.

- Changes that were made to our present space early enough to get on the construction contract proved very expensive for us, because the Planning Office did not carry out the change orders. One such order (for conference room lighting) cost \$4,000. Storage space was not assigned to our department. We had to buy a small shelled room for \$7,000 for supplies, a copy machine, etc.

- Coordinators for space occupied by Medical School departments were not visible, and inexperienced departmental staff had to assume major coordinating roles.

- Actual office space is very small compared to the oversized space allowed for hallways.

- Air circulation is very erratic, and chilling air often pours into the rooms.

- Doors on the second floor between Health Sciences Unit A Building and Phillips-Wangensteen Building often will not open or are hard to open. This could be a hazard in an emergency.

Re PWB Design and Project Management  
Page 2  
January 8, 1980

- The computerized fire alarm system is not trustworthy. We are pleased to learn that a fire warden system is being developed.

- Interior Design was extremely difficult to work with from beginning to end: telephone calls were not returned, promises were made but not kept, orders were not written, and there was a general lack of follow-up. Interior Design neglected to put through orders for furnishings until several months after the original requests had been made. Furniture for one faculty office did not arrive until we had been in the space for nine months. It took Interior Design even longer to get the signs for all faculty offices.

- The movers left something to be desired. No one was in charge of the seven or eight workers; the Department Coordinator had to try to keep check on each of them. They did not check out with the coordinator at the end of the day and did not complete the job.

- Shades were not installed over windows facing the street, and persons on the street could see into patient exam rooms. The department had to pick up this extra expense. Shaded glass had been installed on windows of rooms that were intended as offices.

- The patient entrance is located in an extreme wind tunnel, causing great discomfort and, at times, danger. It is difficult to manage the entrance doors in the wind. The sliding doors are not in operation most of the time.

- I am sure I need not comment on the falling overhead aluminum panels on the skyway. However, I have noticed that the same materials were put back on. I just hope they are secured in a much better fashion.

- Elevators marked "Patient Elevators" are devoid of assistance for older patients or patients with poor vision.

We appreciate the opportunity to provide this information that may prove some help with future planning.

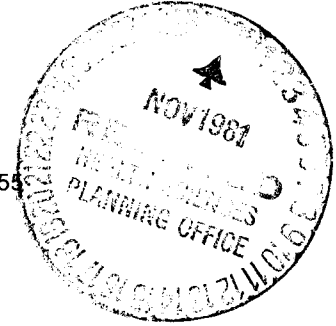
EWC:ms



UNIVERSITY OF MINNESOTA  
TWIN CITIES

*BK OCCUPANT*  
*Comments + Remarks*  
Office of the Assistant Vice President

Physical Planning  
340 Morrill Hall  
100 Church Street S.E.  
Minneapolis, Minnesota 55455



November 25, 1981

TO: Paul Maupin

FROM: Clint Hewitt *Chintan Hewitt*

At the joint meeting of the University Hospital Planning and Development and Financial Committee on November 18, Drs. David Brown and Sy Levitt made some very strong criticisms of the planning design for Unit B/C. Their comments came up during Donna Ahlgren's presentation of the progress on the University Hospital Renewal project. They both offered strong comments about poor construction of Unit A and B/C, particularly in the areas of ventilation and sound control. There were even comments that they were required to accept certain pieces of equipment that they did not want, but they were told they had to accept. They cautioned Donna about watching the various equipment suppliers for the Hospital project because they felt that on Units A and B/C we had the "wool pulled over our eyes" and had to accept certain "junk" or equipment that the company apparently wanted to get rid of.

Questions were also raised about the design of B/C in that there were certain things that they did not want in B/C that were designed in Unit A but somehow our management practices did not achieve these desired changes.

In summary, they seem to question our management practices for Units A and B/C indicating that we had struck out twice and urged Donna to pay careful attention on the design of the new Hospital so that we would not get the same type of design. I took all these comments in stride, in fact, Cherie Perlmutter and a couple other members of the committee, stated to me after the meeting that they did not think I should have been subjected to such comments. I reminded them that first, we did have a different architect, secondly, that we always try to learn from our errors and would not consciously design or accept a piece of equipment that we found to be deficient in another project, and thirdly, that the Unit B/C was fraught with financial problems from the beginning and that, in fact, we constructed a shell building that we are continuing to complete.

At the end of the meeting, Drs. Brown and Levitt stated that they meant nothing personal in their remarks but they felt obligated to speak out because of a feeling that we had not received good work on the previous projects. I am certainly aware that on any given project some persons will always be dissatisfied and there is always room for improvement. However, Drs. Brown and Levitt spoke so strongly about certain deficiencies that it took me by surprise. I would appreciate your providing me with a response to the complaints about poor ventilation and sound in B/C and what, if anything, is being done to correct these problems. It is my intent to write a memorandum to the Chairman





UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
Health Sciences Complex  
Box 726 Mayo Memorial Building  
Minneapolis, Minnesota 55455

(612) 373-8981

December 2, 1981

TO: Clint Hewitt  
FROM: Paul J. Maupin *Paul*  
SUBJECT: Unit B/C Occupants Complaints

This memo is in response to your memo dated November 25, 1981 regarding concerns by Drs. Levitt and Brown expressed during the joint Hospital Board and Finance Committee meeting.

Dr. Levitt's concerns are directly with the remodeling of the Therapeutic Radiology Office space located on the second floor of Health Sciences Unit B/C. This planning and construction was done by Physical Plant Operations under the direction of Mr. Phil Hansen of Hospital Planning. Based upon a review of the drawings and specifications along with Dr. Levitt's comments, it would appear that there are, indeed, environmental problems associated with the materials used during construction and possible problems associated with the ventilation system. Dr. Levitt has registered these concerns with Physical Plant Operations and with Environmental Health and Safety as long ago as six months. To date, he has received no response.

Dr. Brown's comments were more of a general nature. Talking with him by phone on November 30, he more or less indicated that with all the experience the Health Sciences acquired during the construction of A, B/C and F, that this knowledge should be a major contributing source for the Unit J designers.

For example, in the area of acoustical control, the University should direct the Architect to develop a greater fool proof detail from a construction standpoint to be backed up by specific testing and inspection procedures.

The University with the Architects need to develop a way to identify critical hospital spaces and agree on a method of control to be employed for each type of space.

Clint Hewitt  
Page Two  
December 2, 1981

The University should direct the mechanical designer to incorporate measure to raise the ambient noise level of certain spaces for adjustment of mechanical systems. Items of acoustical control such as masking systems and door seals should be incorporated into the project as deemed necessary by the Hospital staff. The Construction Manager should develop a procedure for closely supervising all above ceiling work by the Telephone Company and University Personnel to insure that acoustical barriers which must be penetrated in the future installation of systems are properly resealed.

Clint, the major problem with B/C noise transmission is that the designers, perhaps, over reacted to the stated concerns by the Hospital staff, thereby designing the structure too quiet. The designers responded to the noise transmission problem with a recommendation to install noise generators in the clinic intercom system, which is the current state of the art. However, as of this date, the Hospital has not implemented the recommendation.

With reference to the remark about "junk equipment"; we are once again looking at the age old Vernitron problems and the University's mandate regarding competitive bidding. I think it bears remembering that we ordered, bid, wrote specifications and coordinated the installation of 15,000 pieces of equipment in Unit A and 10,000 pieces of equipment in B/C. The dollar amount is approximately \$8.0 million. The Vernitron equipment referred to represents \$12,000 plus or minus. With this data in mind, the sweeping generalization about "junk equipment" does an injustice to the large number of University staff members who were involved in the successful completions of A and B/C. The Hospital and each department were involved from design thru delivery and installation on all equipment ordered.

It occurs to me that we are sometimes requested to investigate alledged design errors and mistakes only to encounter abuse or misuses of rooms and spaces that were designed for another purpose. A prime example of this is in the upper floors of Unit A and more specifically the eleventh floor that has a terrible odor problem. As you know, when you have an odor problem, you also have a contamination problem. This contamination can permeate adjacent areas and in the case of Unit A, other floors.

The Department of Surgery on the 11th floor has taken rooms originally designed as laboratories and is now utilizing those rooms for animals. The faculty is

Clint Hewitt  
December 2, 1981  
Page Three

using wooden wedges to prop the doors open. Since all office and corridor air supply in the upper floors in A and B/C are recirculated, these wooden wedges completely destroy the air balance achieved by the consultants. The original design called for animals to be cycled from the research laboratory floors to central animal quarters that were designed for the purpose of holding animals over night or for days, weeks, months, etc. The animals were to travel the corridor systems in a closed transporter cage unit. No animals were to stay in the research labs over night. Special rooms were also designed in some areas for short term animal use.

I think the example above illustrates the point that I'm trying to make.

If you need further data, please don't hesitate to give me a call.

cc: Cheri Perlmutter

PJM:jmw