

**SENIOR VICE PRESIDENT OFFICE'S  
WORK PLAN PRIORITIES: April to June, 1999**

**Overall Top Priorities:**

- Building support for the University's and AHC's legislative request
- Improving faculty/administrative communication and consultation
- Developing plans for faculty development
- Developing the AHC's FY2000 compacts and operating budget
- Preparing the AHC's FY2000 capital budget and FY2000-2005 capital improvement plan
- Revitalizing the strategic direction of the AHC

**Academic Affairs:**

- Administer the review and awarding of grants for AHC interscholastic research, education, and faculty development grant: totaling \$2,750,000
- Working with the state's health care systems to develop new model for financing health professional education
- Working with other academic health centers to lobby the federal government on funding graduate medical education
- Coordinating the AHC Education Leaders Forum for planning, problem solving, and improving intercollegiate coordination in education.
- Providing improved classroom logistical support for faculty; improving classroom scheduling
- Completing the AHC Diversity Task Force report and facilitating AHC-wide discussion
- Administering the annual conflict of interest compliance process
- Developing plan for improving laboratory health and safety and compliance with federal/state laws
- Expanding industry sponsored clinical trials; improving coordination with Fairview on clinical trials; working with Vice President for Research to expedite review of grants/contracts

**Clinical Affairs:**

- Implementing the Fairview affiliation: developing work plan for priority strategic, financial, and operational issues; administering the joint funding process; developing an education/research costing model at FUMC; addressing GME funding issues at FUMC; developing a education and research plan for the Fairview System; facilitating the capital planning process at FUMC
- Developing a strategic plan for the clinical education enterprise
- Developing and implementing strategic, operational, and financial plans for CUHCC
- Participating in the review of the University of Minnesota Physicians governance review
- Organizing and developing compliance plan for AHC faculty practice plans
- Overseeing the development of ambulatory clinics
- Facilitating the development of a complementary care clinic
- Exploring new opportunities with affiliations with Hennepin, Health Partners, and other health care systems.

**Administrative Improvement:**

- Continued implementation of administrative process redesign in the AHC
- Analysis of administrative staffing in the AHC
- Promoting an administrative culture of service
- Continuing to implement the distributed management model

**Financial Management:**

- Professional development of financial staff in AHC units: complete design of certification program; develop competencies curricula; provide financial management internships
- Collaborating with Grants Management Project on assessing readiness of departments to implement electronic tools and provide on-site training and coaching
- Collaborating with Grants Management Project on developing standard staffing model for financial and grants management work
- Developing, implementing, and improving electronic financial reporting tools: expanding use of on-line document processing and financial reports on the Web; maintaining data for performance reporting; enhancing the Finance Web site
- Improving financial decision support systems: comprehensive budget and financial planning model; electronic balance sheets; financial ratios; performance reports
- Implementing best practice business processes such as in effort reporting, purchasing, and payroll
- Developing health professional education cost model and financial plan
- Coordinating data collection for MERC application; distribution of state funds
- Oversight of AHC/Fairview financial issues

**Human Resources:**

- Implementing the new PeopleSoft Human Resources System in the AHC
- Conducting a needs analysis for development of department heads and directors
- Developing management guides and providing monthly human resources training for supervisors and collegiate human resources staff
- Redesigning staff recruitment strategies to simplify and be more effective in tight labor market
- Implementing new, more flexible staff compensation policies, delegating greater authority to collegiate units and improving equity across units
- Representing the AHC in labor negotiations
- Conducting assessment of effectiveness of Human Resources services
- Developing a culture of service in human resources management

**Facilities Management:**

- Renovation of Jackson
- Remodeling of lab/office space for faculty and staff being moved out of JOML
- Programming and design of Molecular and Cellular Biology Building
- Administration of 60 facilities projects with an estimated total cost of \$100 million
- Updating of the AHC strategic facilities plan; development of a land-use plan for AHC facilities on the Minneapolis campus
- Development of standard processes/procedures for allocating research, education, and office space within and across schools
- Developing cost/quality benchmarks for AHC projects
- Developing curriculum, training, communications for AHC faculty and staff on facilities policies/procedures

### **Information Systems:**

- Providing technical assistance and support for implementing the new PeopleSoft human resources and student administrative systems in the AHC:
- Working with AHC units to identify and eliminate Year 2000 problems: hardware, software applications, networks, databases, research and clinical equipment
- Working with Fairview and AHC units on decommissioning of the Unisys mainframe system and implementation of the five new hospital/clinical replacement systems: installation, training, help desk, and data migration.
- Upgrading and supporting the AHC budget and performance reporting system for AHC units
- Upgrading and increasing capacity of AHC administrative servers: over 500 users
- Providing desk top services to over 500 users
- Developing specifications for standard financial, human resources, payroll, and other administrative reports in the AHC
- Developing resident tracking system for the Medical School

### **Communications:**

- Support for the legislative request: roadshows; press conferences and interviews; media stories; lobbying; legislative advocacy network.
- Media relations: Each week, an average of 10 media inquiries are handled; two news releases are prepared and distributed; one new tip is developed; and five stories are pitched
- Announcements and events: Over 20 events are planned. Examples: Sponsored Research Management Kick-off; Faculty Promotion and Tenure Reception; RAR Appreciation luncheon; Student Appreciation Lunch; high school tours; Cancer Center Open House
- Publications and periodicals: June issue of Pictures of Health; monthly AHC Community News; bi-weekly News Capsules
- Weekly production of Health Talk & U; planning underway to expand distribution statewide
- Further expand the AHC external mailing list currently at 10,000 names
- Planning underway to revamp AHC's outreach to schools
- Consultation with AHC faculty on marketing, communications and media issues
- Replacing old signage on the second floor corridor of PWB/Moos/Weaver-Densford

**AHC-FCC CONSULTATIVE REPORT  
TO AHC FACULTY ASSEMBLY  
MARCH 30, 1999**

<b>MATTER CONSULTED ON</b>	<b>CONSULTATION GIVEN</b>	<b>OUTCOME</b>
<p>1) AHC Research Grant Process – update from 1/28/99 report</p>	<p>1.0 core review team members 1.1 outcome from 1998 1.2 AHC-FCC member attend review committee meetings during selection 1.3 review committee results presented to regular meeting of Deans Council for approval; discussion and decisions reflected in minutes 1.4 written reviews should be done</p>	<p>1.0 appointed; special panels used as needed, as recommended by PI 1.1 review done- report drafted 1.2 will be implemented 1.3 will be done 1.4 will be done – requires faculty reviewers to prepare and submit written critiques to the committee from which reviews will be written</p>
<p>2) Comprehensive review of deans – update from 1/28/99 report</p>	<p>2.0 review full report with dean 2.1 follow-up 2.2 greater detail needed on survey process</p>	<p>2.0 already done 2.1 part of compact and yearly review process 2.2 will improve with next review</p>

**AHC-FCC CONSULTATIVE REPORT  
TO AHC FACULTY ASSEMBLY (continued)  
March 30, 1999  
Page 2**

<b>MATTER CONSULTED ON</b>	<b>CONSULTATION GIVEN</b>	<b>OUTCOME</b>
<p><b>3) Consultative/communication process</b></p>	<p><b>3.0</b> post Deans Council agendas and minutes on AHC web-page  <b>3.1</b> develop SVPHS major project list  <b>3.2</b> review process in each school by SVPHS  <b>3.3</b> work with FCC to develop workshops for AHC  <b>3.4</b> continue education effort  <b>3.5</b> AHC-FCC to develop effective process with constituent bases  <b>3.6</b> include report from AHC finance and planning consultative committee  <b>3.7</b> faculty e-mail list – serve/account</p>	<p><b>3.0</b> done  <b>3.1</b> attached; will be on AHC web page and kept updated  <b>3.2</b> part of compact process  <b>3.3</b> dates established; invitations out to deans, department heads and faculty; to be videotaped. Report from Professor Bebeau  <b>3.4</b> each dean responsible to have workshop in each department/division; AHC-FCC assistance  <b>3.5</b> report from Professor Bebeau  <b>3.6</b> attached  <b>3.7</b> in progress</p>
<p><b>4) Administrative FTE's</b></p>	<p><b>4.0</b> in progress</p>	

**AHC-FCC Consultation Report to Faculty Assembly**

**AHC-FCC Finance and Planning Subcommittee**

*March 26, 1999*

<u>Matter Consulted On</u>	<u>Consultation Given</u>	<u>Outcome</u>
1)FY 2000 Compact development	1.1 The process for developing compacts is not well understood by the faculty 1.2 Not enough input from faculty in the setting of school priorities in the compacts	1.1 Article on the compact process is being written for the AHC community news. The article will include the key dates in the compact schedule 1.2 A separate section has been added to all compacts to describe how faculty have input to the compact process and how internal school decisions are communicated to the faculty
2)Growth of FTE staff in the SVP-HS office	2.0 AHC CFO reviewed analysis of changes in the FTE staff in SVP-HS office; AHC-FCC finance and planning committee offered to communicate the facts to AHC community	2.0 AHC-FCC Finance and Planning Committee chair wrote article for AHC Community News reporting the facts of staff changes in SVP-HS office
3)Complexity of the operating and capital budget and the resource allocation process	3.0 Faculty representatives need more information about the development of resource plans and proposals	3.0 AHC CFO will conduct a short course at the April 13 meeting of the AHC FCC on the basics of budget development

# UNIVERSITY OF MINNESOTA

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*Twin Cities Campus*

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Date: March 29, 1999

To: The Academic Health Center Faculty Assembly

From: Frank B. Cerra  
Senior Vice President for Health Sciences

Re: The Academic Health Center's Strategic Facilities Plan and Capital Budget

Attached are materials describing the Academic Health Center' Strategic Facilities Plan and Capital Budget:

- The process for preparing the Academic Health Center's capital budget submission
- The AHC's FY 2000 Capital Projects Recommendations submitted to the University's Capital Improvements Advisory Committee, March 10, 1999
- Presentation to the Board of Regents on the AHC's Strategic Facilities Plan and Twin Cities Precinct Plan, March 11, 1999
- List of individuals who serve on various committees and task forces that prepared the Strategic Facility Plan (April 1997 to May 1998). Besides these AHC-wide committees, each school has its own space/facilities committee.
- List of individuals who have been involved in planning of the new Molecular and Cellular Biology Building.

**ACADEMIC HEALTH CENTER'S SUBMISSION FOR THE UNIVERSITY'S  
FY 2000 ALL-FUNDS CAPITAL BUDGET AND  
FY2000-2005 CAPITAL IMPROVEMENTS PROGRAM**

**Overview:** The Academic Health Center developed an initial strategic facility plan in 1998. The intent of the plan was to develop a strategic vision, guiding principles and goals for the AHC and to assemble a comprehensive list of all major construction, renovation, and refurbishment projects needed to provide the AHC with the physical plant to support its academic programs. Over 200 faculty, staff, and students participated in developing the plan. The plan serves as the baseline for all capital budget requests. The plan is to be updated at least annually to reflect current needs of the AHC.

**Three objectives for the FY 1999 Update:**

1. Determine the projects that will be funded internally for implementation in FY 2000
2. Determine the projects that will be submitted to the Governor and Legislature for state government bonding in FY2001-2
3. Update the six-year Capital Improvements Program for FY2000 to 2005

**Requirements for Projects to be Included in the University's FY 2000 Capital Budget:**

1. Construction projects must have a completed predesign study including a cost estimate prepared by or under the direction of central Facilities Management.
2. Projects must have internal funding available or have funding contingent upon a pending grant application or private gifts from an active fundraising campaign.

**Process for AHC Strategic Plan/Project Update:**

1. Through the deans, schools were asked to review the list of projects included in the Academic Health Center's Strategic Facility Plan: to drop projects that had already been completed or were no longer needed; add new projects; review and (if necessary) rerank the school's projects; and identify the year that each project needed to be undertaken. Schools ranked projects using the same standardized criteria used in the original strategic plan rankings last year. (attached)
2. The AHC Strategic Facilities Committee did a preliminary review of the schools' responses. The committee asked that the scores be standardized across schools.
3. FY 2000 Capital Budget: all potential FY 2000 projects with scores of 500 or more points were put on a preliminary list and sent to the deans to review to be sure that the rankings reflected school priorities. Schools could add lower ranked projects if these projects were critical and if there were internal collegiate funds.
4. FY 2000 to 2005 Capital Improvements Program: projects regardless of score were included in the preliminary six-year plan. Smaller projects, particularly those in the later years, were combined into several general categories such as remodeling for faculty recruitment and retention and new program development.

**Process for AHC Funding Request:**

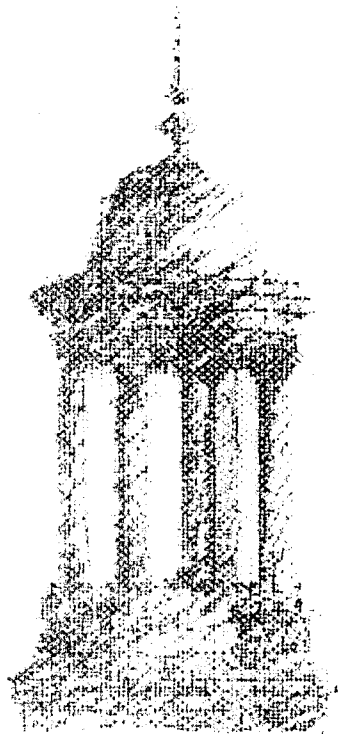
5. School responses were compiled into an AHC-wide submission to the University's Capital Improvements Advisory Committee, chaired by Bob Kvavik and Eric Kruse. Dr. Cerra, Terry Bock, and Lorelee Wederstrom presented the AHC request to the committee on March 10. The committee will present its recommendation to the Executive Committee and President Yudof in early April. The recommendations will include projects to be included in the University's FY2000 capital budget, the University's request to the Governor and Legislature next year for state bonding, and the University's six-year capital plan.
6. President Yudof will forward his recommendation to the Board of Regents for discussion in May and approval in June.

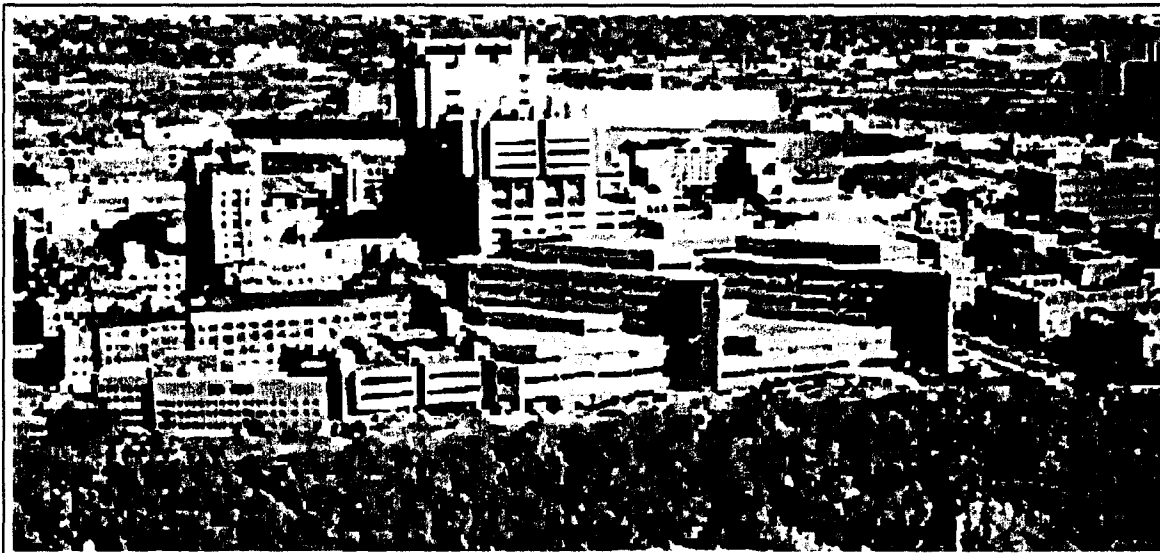


<u>Capital Project Scoring Criteria</u>	<u>Definitions</u>	<u>Ratings</u>	<u>Values</u>	<u>Maximum Score</u>
<b>I. Critical</b>				
Critical Life Safety Emergency	Corrective action is deemed urgent and unavoidable. Emergency must be documented and immediate.	Yes/No	700/0	700
Critical Legal Liability	Known and substantiated legal liability which is currently pending	Yes/No	700/0	700
Prior Binding Commitment	Require action due to previous legislative action which creates a binding commitment	Yes/No	700/0	700
Maximum Critical Score				700
<b>II. Strategic</b>				
Linkage to University Strategic Plan	Matches specific strategic objective of the University of Minnesota	0/1/2/3	0/40/80/120	120
Linkage to AHC Strategic Plan	Matches specific strategic objective of the Academic Health Center	0/1/2/3	0/40/80/120	120
Linkage to School or College Strategic Plan	Matches specific strategic objective of the school or college	0/1/2/3	0/40/80/120	120
Safety Concerns	Life safety issues but not in critical condition	0/1/2/3	0/35/70/105	105
Customer Service/Statewide Significance	Ability of the project to improve services for citizens of Minnesota -- looks at geographic dispersion of benefit	0/1/2/3	0/35/70/105	105
College or School Priority	Priority Ranking of the school	1-4 Quartile	25/50/75/100	100
User and Non-State Financing	Incentive to find non-state funds	0-100%	0-100	100
Asset Management	Maintenance, repair and adaptive re-use of current assets	0/1/2/3	0/20/40/60	60
Operating Savings or Efficiencies	Demonstrates a reduction in net operating costs or increased efficiency	0/1/2/3	0/20/40/60	60
Contained in Statewide Six-Year Plan	Project has been included in previous six-year capital plans	Yes/No	50/0	50
Maximum Strategic Score				940
Maximum Score (All Criteria)				1640

# FY 2000 Capital Project Recommendations

Academic Health Center  
University of Minnesota  
Twin Cities Campus  
March 10, 1999





*"Our ability to carry out our education, research and service missions depends on having sufficient space to meet programmatic needs and having space that is functional, cost-effective, well-maintained, and well-managed."*

- Dr. Frank Cerra

From the initiative started in April 1997 and completed in May 1998, a wide range of participants contributed to the creation of this strategic facility planning document. This document and its approach is meant to provide a "working vision" to guide the planning and management of Academic Health Center (AHC) facilities into the next century.

The AHC consists of 15 buildings located in a coherent district within the University of Minnesota's Minneapolis Campus, additional buildings located throughout the Saint Paul Campus, and several other leased space facilities. Six colleges are components of the AHC, including the Schools of Dentistry, Nursing, Medicine, Public Health, Veterinary Medicine, and Pharmacy. AHC-wide issues make up a 7<sup>th</sup> component member.

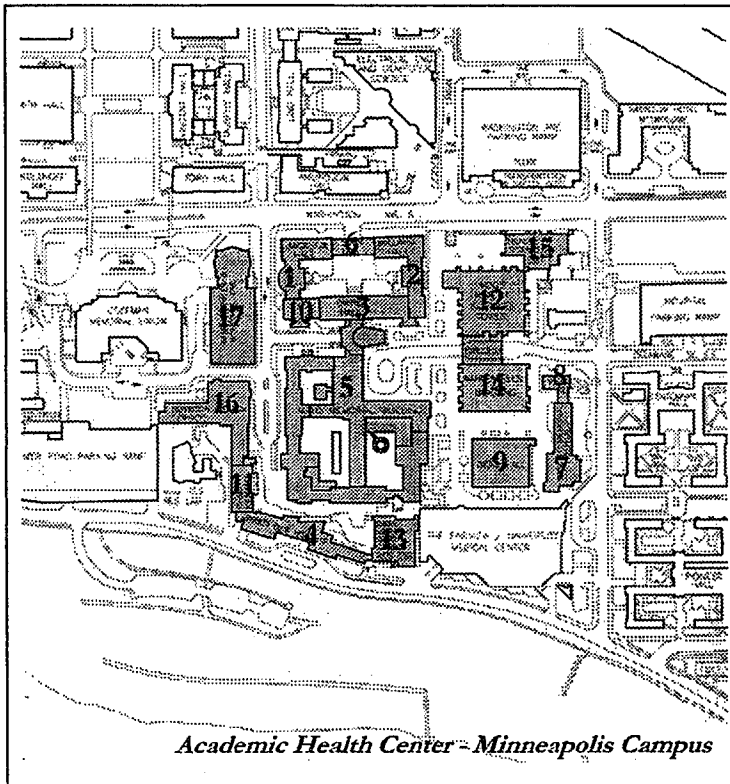
The AHC and each of the schools developed strategic facility goals as component schools, then worked together to outline guiding principles and themes for the planning of the entire AHC district.

#### **Guiding Principles**

- ◆ AHC is an institution that cares about its people
- ◆ Facilities should aesthetically foster learning, collegiality & discovery
- ◆ Members of the AHC community need gathering spaces to create sense of community
- ◆ AHC needs vital spaces that can respond flexibly to program and grant requests
- ◆ All facilities need to be clean and work properly
- ◆ AHC will have a sense of "here" with common theme, circulation spaces or identifiers within each school
- ◆ Curriculum needs should drive the design of new and renovated spaces
- ◆ Faculty offices should be accessible to students by creating common areas for students outside of faculty office zones
- ◆ Create "short streets" between clinical and basic science researchers

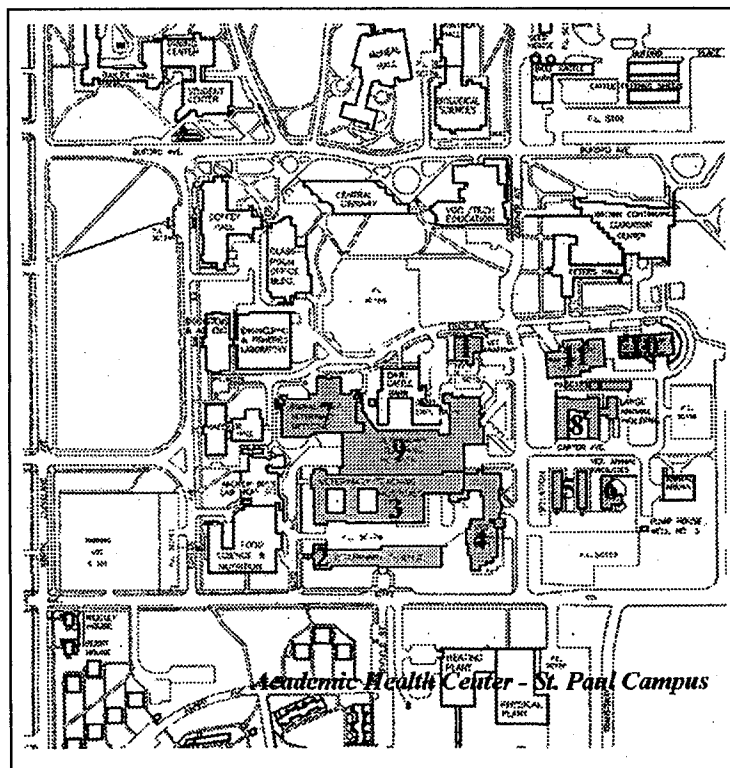
Programmatic and Facility Assessment

BUILDING SUMMARIES - KEY PLAN



*Minneapolis Campus*

1. Jackson Hall
2. Millard Hall
3. Owre Hall
4. Variety Club Research Center
5. Mayo Memorial Building
6. Lyon Laboratories
7. Masonic Cancer Center
8. VFW Cancer Research Center
9. Diehl Hall
10. Jackson-Owre Addition
11. Children's Rehabilitation Center
12. Malcolm Moos Health Science
13. Dvan Variety Club Cardiovascular Research Center
14. Philips-Wangensteen Unit BC
15. Health Science Unit F
16. Boyton Health Services
17. Basic Sciences & Biomedical Engineering



*St. Paul Campus*

1. Veterinary Anatomy
2. Veterinary Science
3. Veterinary Teaching Hospital
4. Veterinary Diagnostic Lab
5. Veterinary Isolation Building
6. Veterinary Animal Facility Barn C
7. Animal Science/ Veterinary Medicine
8. Large Animal Holding Barn
9. Veterinary Teaching Hospital
10. MN Molecular and Cellular Therapy Building
11. Gabbert Raptor Center

## Executive Summary

Facility Assessment

Addressing programmatic space needs as well as revitalizing existing physical space became one of the elements of the Plan. The Minnesota Facilities Model (MFM) highlighted some generalized needs for amount and type of facilities. The MFM is used as a comparison of space needs over the entire University of Minnesota system. The summary totals noted below give an indication of the growing space needs across all areas of the AHC.

*Academic Health Center Strategic Facility Plan***Summary of Totals**

In Assignable Square Feet

	<b>Current Inventory</b>	<b>MFM Generated 1997</b>	<b>MFM Generated 2002</b>
Medical School	1,042,820	1,348,152	1,367,230
Pharmacy	63,899	78,373	89,418
Nursing	33,552	42,407	52,062
Public Health	191,276	182,540	213,830
Veterinary Medicine	289,460	303,825	305,310
Dentistry	174,537	187,286	199,061
AHC Wide	<u>144,523</u>	<u>96,294</u>	<u>110,544</u>
<b>Totals</b>	<b>1,940,067</b>	<b>2,238,877</b>	<b>2,337,455</b>

Primary Themes

The principles were filtered through the physical planning needs and discussed among the planning committees to create a list of primary themes that guide the development of a physical vision for the AHC. The members were all concerned that there be a significant identity established for the AHC, to reflect its position as a key institution in medical practice within the Upper Midwest.

These themes are noted below, and make up the basis for the graphic sketch shown on the following page.

**Primary Themes**

- ◆ Give vision to what the AHC needs are
- ◆ A large Central people park - people piazza, providing a common denominator / identity for the AHC
- ◆ Establish improved connections within the AHC and beyond to the entire University
- ◆ Establish image of identity – defining the edges and major entry points to the AHC
- ◆ Identify patient/visitor/student orientation and zones of activities
- ◆ Enhance the quality and habitability of Spaces - Natural light, fresh air, student gathering spaces
- ◆ Enhance visible and physical sense of continuity and cohesiveness of the AHC
- ◆ Major entries will be welcoming to all, with clear identification and orientation

## Executive Summary

Based upon the Steering Committees Analysis of our current facilities and strategic objectives, the following observations were made.

**Strategic Facility Planning Observations**

1. Program requirements suggest we need an additional 300,000 square feet to support the academic and research activities of the AHC. Within this amount, office types of spaces need to increase by 27%, Research by 20% and instructional space by 30%
2. An increasing amount of research is taking place in offices—not bench or wet labs.
3. There are over 186,000 square feet leased off campus in AHC properties, costing the University \$2.8 million per year.
4. Without the benefit of Medical School and AHC Shared Space input to the Phase III Qualitative data, quality of space appears to be slightly less than acceptable. There are no evaluations of “works well”.
5. Most comments in Phase III Qualitative Analysis focused on poor maintenance of space issues and the need for additional small group spaces.
6. Equipment and infrastructure support for many of our labs and teaching spaces is outdated.
7. Newer technology will require well designed spaces that are adaptable and can be redesigned for multiple purposes.
8. Available instructional space is poorly matched to current and emerging teaching methodology and technology needs. While there is some need to increase square footage available for instruction, the greater needs are to provide access to useable space, improve quality of space and increase technology resources.
9. Public spaces—i.e. corridors, entrances, centrally scheduled classrooms, restrooms, study areas and elevators—are not “owned”, therefore, there appears to be no plan or responsibility for improvement, advancement or resource allocation.
10. We need to find better ways of using the support space we have, such as developing a manageable and retrievable record storage facility at the Hospital Distribution Center. This has potential to free up storage within the AHC for required offices.
11. Most of the major space requests, including JOML Replacement and Public Health, represent a pent-up demand for geographically consolidated and physically expanded space. The disincentives for growth on campus have created patch-worked departments and services. Program consolidations will likely require additional square footage.
12. The incentives to receive more new grants, and to start and expand new programs are not balanced with availability of space.
13. There is a perception that we have underused and unused space. There are no incentives for departments to give up space or share information about unused space.
14. We have space, including Fairview release space, which cannot be strategically used because funds have not been allocated for this purpose.
15. Improvements appear to be unreasonably expensive.

### Basis for Planning

The Basis of Planning was developed through a series of discussions at the Steering Committee level of the Strategic Facility Planning Process. These discussions attempted to bridge the gap, in broad terms, between what we have in facilities (facility assessments) and what we need (strategic objectives), and allowed us to create a vision of facilities for the Academic Health Center. The discussions centered on four broad themes:

- 1) Core Challenges
- 2) Guiding Principles
- 3) Primary Themes
- 4) Major Objectives

#### **Core Challenges: *Existing Conditions***

The Core Challenges of Strategic Facility Planning were developed through intercollegiate discussion concerning the existing conditions of Academic Health Center facilities. The challenges faced by the AHC center around the need to optimize existing space and create adaptability for the future. Currently, a lack of standards for the utilization of existing space prevents such optimization. Also, the development capacity of the AHC in terms of being able to build additional facilities is a concern that needs to be addressed.

Until the creation of the AHC Strategic Facility Plan, there were no criteria, nor was there an existing plan that could be used in the allocation of space AHC-wide. Due in part to this, the organization experienced persistent difficulty caused by a lack of ownership of common spaces in the AHC. These spaces compete with central facilities management for resource allocation, causing maintenance of common spaces to be limited. Deferring maintenance in common spaces, as well as for other facilities, has created a situation in which outdated facilities require significant investment to meet current standards and needs. Problematic situations outside the physical structure of the AHC, such as parking and traffic through the campus, need to be addressed as well. Incentives and disincentives for the ownership and responsibility of space need to be established.

#### **CORE CHALLENGES**

- ◆ Lack of ownership of common spaces
- ◆ Common spaces compete with central for resource allocation
- ◆ Relationship of labs/offices/classrooms
- ◆ No criteria is applied to allocate space and no space plan exists
- ◆ Development capacity
- ◆ Parking & traffic
- ◆ Adaptability for future
- ◆ Incentives/disincentives (\$)
- ◆ Optimize existing space
- ◆ Deferred maintenance
- ◆ Outdated facilities require significant investment
- ◆ No standards for utilization prevents us from optimizing existing spaces

### **Guiding Principles: *Concept Planning***

The Guiding Principles of the Concept Plan should create the framework in which the Strategic Facility Plan can be painted. The AHC is an institution that cares about its people and the facilities that house its people should reflect that. AHC facilities should aesthetically foster learning, collegiality and discovery. All facilities should be clean and work properly. The AHC should have a sense of “here” with common theme, circulation space or identifiers in each. Members of the AHC community need gathering spaces that create a sense of community. Faculty offices should be accessible to students by creating common areas for students outside of faculty office zones. At the same time, the AHC should center around curriculum driven design which can develop vital spaces that respond to program needs, such as the creation of “short streets” between clinical and basic science researchers.

#### **Guiding Principles**

- ◆ AHC needs vital spaces that respond to program
- ◆ All facilities need to be clean and work properly
- ◆ AHC will have a sense of “here” with common theme, circulation spaces or identifiers within each
- ◆ Members of the AHC community need gathering spaces to create sense of community
- ◆ Facilities should aesthetically foster learning, collegiality & discovery
- ◆ Curriculum driven design
- ◆ Faculty offices should be accessible to students by creating common areas for students outside of faculty office zones
- ◆ AHC is an institution that cares about its people
- ◆ Create “short streets” between clinical and basic science researchers

### **Primary Themes: *Guidelines for Development***

The primary themes addressed in the Strategic Facility plan should serve as the overall guidelines for development. Establishing an image of identity, of welcoming, and a connectedness throughout the AHC are essential guidelines in this endeavor. There needs to be a vision that focuses and drives this development. The enhancement of the visible and physical sense of community and cohesiveness of the AHC, and the quality and habitability of spaces, should also be central guidelines in creating a facility plan. Patient, visitor and student orientation and zones of activity should be identified and established. Elements such as natural light, fresh air and student gathering spaces need to be considered, and possibly addressed in the development of a “people piazza”, a central people park.

#### **Primary Themes**

- ◆ Central people park - people piazza. Common denominator
- ◆ Connectedness
- ◆ Give vision to what we are talking about
- ◆ Establish image of identity - welcomeness
- ◆ Identity Patient/visitor/student orientation and zones of activities
- ◆ Enhance the quality and habitability of Spaces - Natural light, fresh air, student gathering spaces
- ◆ Enhance visible and physical sense of continuity and cohesiveness of the AHC
- ◆ Welcoming to all



### Major Objectives

The Major Objectives of the Strategic Facility Plan should focus on meeting the immediate needs of the Academic Health Center and anticipating future needs. One desired outcome of the plan is to create space allocation usage and a utilization policy that is logical and efficient. The ability to respond quickly with facilities for grant requests is another required outcome. Other objectives include the improvement of AHC classroom facilities, the enhancement and simplification of circulation and wayfinding patterns within the AHC, and the maintenance and improvement of patient access especially subterranean access. The creation of an off-campus property development logic that pays attention to on-campus access is also vital.

The rebuilding of the AHC, with the replacement of the JOML Complex as step one, is a central objective of this plan. The consolidation of the School of Public Health is also a desired outcome. The idea of "a working vision", the provision of ongoing assessment, creates an objective that allows the Strategic Facility Plan to adapt and evolve to meet unanticipated needs.

### Major Objectives

- ◆ Rebuild AHC with JOML replacement as step 1
- ◆ Allocate Fairview release space
- ◆ Improve AHC classroom facilities
- ◆ Provide ongoing assessment "a working vision"
- ◆ Public Health
- ◆ Enhance and simplify circulation and wayfinding patterns within the AHC
- ◆ Maintain/improve patient access - subterraneous access
- ◆ Create space allocation usage and utilization policy
- ◆ Create an off-campus property development logic that pays attention to on-campus access
- ◆ Have the ability to respond quickly with facilities for grant requests

### OPTIONS FOR DEVELOPMENT

The next step in Strategic Facility Planning was to create a series of specific objectives for each school and across the AHC that would be consistent with the Basis for Planning as we had developed it. Each school was asked to identify those objectives and then rank those objectives according to agreed upon criteria. The objectives and ranking criteria follow here.

#### Objectives

##### AHC Wide Objectives

- More space for interscholastic research and education - flexible/adaptable
- Dedicated space for start-up programs
- Major upgrades of information technology networks in all AHC buildings
- Additional office space for administrative services
- Ability to respond to outcomes of FUMC consolidation

##### Pharmacy

- Increased classroom capacity
- Need small group rooms and flexible classrooms
- Increase office and lab space for additional faculty and grad students
- Renovate space to improve utilization –efficiency and connectivity of programs (reconfigure)

##### Dentistry

- Maintain contiguity of Dental School
- Wire all classrooms & teaching spaces for Internet
- Improve simulations (virtual reality) capacity- install sim-lab
- Expand office space by 10,000 sq ft and research space by 6,000 sq ft
- Provide space for Endowed Chair in Rural Dentistry
- Expand size, technological capacity, convenience & continuing education facilities
- Improve patient access and internal lay-out of clinic facilities
- Provide space to expand faculty practice clinic
- Planning for facility redesign based on new delivery of dental education

##### Medical School

- JOML swing space
- Dean's office space relocation
- Development of education center for 35,000 sf
- Ability to respond competitively with appropriate research facilities in recruiting new faculty
- Biomedical library

##### Nursing

- Space for research project to support new centers of excellence
- Reconfiguration of existing space to support new centers of excellence
- Expand student study & lounge spaces
- Space to support diversification of faculty & student body
- Staff support & lounge spaces

### Veterinary Medicine

- Wire all classrooms and teaching spaces to provide access to Internet
- Redesign 2 large classrooms to support current and future teaching needs
- Establish a Biologic Containment Level 3 Isolation Facility
- Redesign the Animal Housing Facilities to allow AAALAC Accreditation
- Make research lab renovations to support ongoing and future research needs (5,000 sq.ft.)
- Construction of a state of the art Intensive Care Unit for the Small Animal Hospital
- Correction of current functional and health & safety deficiencies in the ventilation and heating system in the VTH
- Provide a safe and convenient examination area for equine patients
- Construct an ITV room for Continuing Education/Extension
- Establish an Educational Commons Area for faculty, student and staff to meet, socialize and plan (proposed in old Dairy Barn)

### Public Health

- Refurbish space vacated by Health Care Administration
- Increase space to meet programmatic needs
- Consolidation of all Public Health function into one Building

**Implementation Strategies**

After developing the ranking criteria, a plan for discussion of each school's and the AHC's objectives was set in order to ensure that all schools and objectives were represented in developing a Comprehensive Plan. The following Six-Step Process explains the schedule used for this discussion, the Implementation Strategy.

AHC Strategic Facility Planning  
Implementation Strategy  
Seven-Step Process

		<u>WHO</u>	<u>BY WHEN</u>
Step 1	Identification of requirements to meet strategic Objectives	Deans	Complete
Step 2	Apply standardized criteria and develop priority listing by advocate	Advocates	Complete
Step 3	Presentation/debate of all requirements be advocates to the Strategic Facility Plan Steering Committee. This committee will formulate AHC-wide recommendations to the Senior Vice President and Dean's Council	Advocates	Complete
Step 4	Forecast available funds and funding assumptions. Determine financing model for prioritized projects within. Examples of categories of fundraising are: <ul style="list-style-type: none"> <li>◆ State Funding</li> <li>◆ Self-funded</li> <li>◆ Creative Financing</li> <li>◆ Development</li> </ul>	CFO	
Step 5	Create alternative financing options	CFO	
Step 6	Present recommended implementation and financing strategies to the Senior Vice President and Dean's Council	Director	5/14/98
Step 7	Ongoing assessment of Objectives	Steering Committee	ongoing

<u>Capital Project Scoring Criteria</u>	<u>Definitions</u>	<u>Ratings</u>	<u>Values</u>	<u>Maximum Score</u>
<b>I. Critical</b>				
Critical Life Safety Emergency	Corrective action is deemed urgent and unavoidable. Emergency must be documented and immediate.	Yes/No	700/0	700
Critical Legal Liability	Known and substantiated legal liability which is currently pending	Yes/No	700/0	700
Prior Binding Commitment	Require action due to previous legislative action which creates a binding commitment	Yes/No	700/0	700
Maximum Critical Score				700
<b>II. Strategic</b>				
Linkage to University Strategic Plan	Matches specific strategic objective of the University of Minnesota	0/1/2/3	0/40/80/120	120
Linkage to AHC Strategic Plan	Matches specific strategic objective of the Academic Health Center	0/1/2/3	0/40/80/120	120
Linkage to School or College Strategic Plan	Matches specific strategic objective of the school or college	0/1/2/3	0/40/80/120	120
Safety Concerns	Life safety issues but not in critical condition	0/1/2/3	0/35/70/105	105
Customer Service/Statewide Significance	Ability of the project to improve services for citizens of Minnesota -- looks at geographic dispersion of benefit	0/1/2/3	0/35/70/105	105
College or School Priority	Priority Ranking of the school	1-4 Quartile	25/50/75/100	100
User and Non-State Financing	Incentive to find non-state funds	0-100%	0-100	100
Asset Management	Maintenance, repair and adaptive re-use of current assets	0/1/2/3	0/20/40/60	60
Operating Savings or Efficiencies	Demonstrates a reduction in net operating costs or increased efficiency	0/1/2/3	0/20/40/60	60
Contained in Statewide Six-Year Plan	Project has been included in previous six-year capital plans	Yes/No	50/0	50
Maximum Strategic Score				940
Maximum Score (All Criteria)				1640

## AHC Strategic Facility Planning Comprehensive Worksheet-----1999

Renovation	Space Request	New Building	Planning/Pre-Design	Ranking Criteria													Item Number	Academic Health Center				
				Critical			Strategic											SCORE	Item Description	Amount	Unit Cost	Total Project Cost
				Critical Life Safety Emergency	Critical Legal Liability	Prior Binding Commitment	Linkage to University Strategic Plan	Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies	Contained in Statewide Six-Year Plan						
x				0	0	0	3	3	3	3	3	4	50	3	2	1	870	1	Classroom and Student Spaces			\$ -
x	x			0	0	0	120	120	120	0	105	100	80	0	40	0	685	2	AHC Education Center	100000	175	\$ 17,500,000
x	x	x		0	0	0	3	3	3	2	3	4	0	1	0	0	655	3	Research Animal Resources			\$ -
x	x	x		0	0	0	2	3	3	0	3	4	60	1	0	0	605	4	Center for Spirituality and Healing	10000 SF	125	\$ 1,250,000
x	x	x		0	0	0	1	3	3		3	3	100		2		600	5	CUHCC Clinic			\$ -
x	x	x	x	0	0	0	80	120	120	0	105	75	100	0	0		600	6	Completion of MCBB			\$ 35,000,000
x																	0	21	Sub-category of MCBB--Technology-AHC			\$ 2,000,000
x																	0	22	Sub-category of MCBB--Infrastructure			\$ 15,000,000
x																	0	23	Sub-category of MCBB--FFE(Furniture, Fixtures, & Equipment)			\$ 1,000,000
																			Sub-category of MCBB - renovation of link			\$ 1,000,000
x				0	0	0	2	2	3	1	3	3	0	2	2	0	575	7	AHC Transplant Institute			\$ 30,000,000
x				0	0	0	2	2	2	2	0	4	0	3	3	0	530	8	Fairview Release	26800	150	\$ 4,020,000
x				0	0	0	3	3	3		2	3					505	9	Pool of Labs & Offices for Recruitment & Retention	5 yr allow.	\$ 3,000,000	\$ 15,000,000
x				0	0	0	3	2	2		3	3		1	1		500	10	Biomedical Library			\$ 20,000,000
x	x			0	0	0	2	3	3		2	3			1		485	11	Interscholastic Research Spaces	5 yr allow.	\$ 444,000	\$ 2,220,000
x				0	0	0	2	2	2	0	3	3	0	0	1	0	440	12	Continuing Education Facilities			\$ -
x	x			0	0	0	2	2	2	0	2	3	0	0	0	1	435	13	Technology: other AHC	5 yr allow.	500,000	\$ 3,250,000
x		x		0	0	0	1	1	1	3	2	3					370	14	Security Systems: AHC wide	5 yr allow.	100,000	\$ 650,000
x	x			0	0	0		2	2		2	3			1		325	15	Ctr. Amer.Indian & Minority Health	990 SF	185	\$ 238,095
	x			0	0	0	1	1	1		1	3					230	16	Bridge to Amundson Hall	120 LF	8,000	\$ 1,248,000
		x		0	0	0			1	2	3					1	230	17	Site Access / Signage	district	250,000	\$ 325,000
		x		0	0	0			1	2	3					1	230	18	Site Access / Entries	5 entries	150,000	\$ 975,000
		x		0	0	0			1	2	3			1			200	19	Site: Corridor Connections			
x				0	0	0			2		2						120	20	Decommissioned Space			\$ -

# AHC Strategic Facility Planning Comprehensive Worksheet-----1999

															<b>Medical School</b>						
<b>Ranking Criteria</b>															Item Number	Item Description	Amount	Unit Cost	Total Project Cost		
Critical			Strategic																		
Critical Life Safety/Emergency	Critical Legal Liability	Prior Binding Commitment	Linkage to University Strategic Plan	Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies	Contained in Statewide Six-Year Plan	SCORE								
x	x	x	0	0	1	0	120	80	35	0	75				1010	1	Stone Labs	3500 SF	150	\$ 525,000	
x		x	0	0	0	120	120	120	0	35	100	100	120	0	0	715	2	Genetics Institute Programs PWB7	1800 SF	195	\$ 350,000
	x	x	0	0	0	120	120	120	0	35	100	100	0	60	0	655	3	Molecular Medicine Program	11000 SF	190	\$ 2,090,000
	x	x	0	0	0	40	120	80	0	270	50	75	0	0	0	635	4	Center for Neurobehavioral Development	3500	100	\$ 450,000
	x	x	0	0	0	120	120	120	0	0	100	100	0	0	0	560	5	Initiative in Molecular Biology in Medicine	80000	250	\$ 20,000,000
x		x	0	0	0	40	120	120	0	105	50	0	40	40	0	515	6	Occupational Therapy-PM & R	2500	75	\$ 187,500
	x	x	0	0	0	80	120	120	0	35	75	0	40	40	0	510	7	Bone Marrow Transplant(McGlave Retention)	3000 SF	150	\$ 450,000
	x	x	0	0	0	120	120	120	0	35	60	0	0	0	0	455	8	Health Outcomes Research (CORC)	1475 SF	180	\$ 265,500
x	x	x	0	0	0	120	120	120	0	35	0	0	0	0	0	395	9	Orthopaedic Surgery	8000 SF	180	\$ 1,872,000
x		x	0	0	0	0	40	120	0	75	75	0	40	40	0	390	10	Surgery-Mayo 1 (Rehab and Surgery Lab)	35000 SF	180	\$ 819,000
x		x	0	0	0	0	120	120	0	35	100	0	0	0	0	375	11	Heme/Onc consolidation (Peds)	5000 SF	180	\$ 1,170,000
x		x	0	0	0	120	120	120	0	0	0	0	0	0	0	360	12	Cardiology-Offices(red) 1 2 3 -VCRC		180	\$ -
	x	x	0	0	0	40	120	120	0	0	75	0	0	0	0	355	13	Recruitment Space for Lab Medicine and Pathology & Immunology	6000 SF	150	\$ 900,000
	x	x	0	0	0	0	80	40	0	70	75	75	0	0	0	340	14	Center for Molecular & Cellular Therapy	2500 SF	150	\$ 375,000
x	x	x	0	0	0	80	40	120	0	0	75	0	0	0	0	315	15	Graduate Programs Office	1500	125	\$ 187,500
x	x	x	0	0	0	0	80	80	0	0	50	0	0	0	0	210	16	Family Practice Consolidation	6500	150	\$ 975,000
x	x	x	0	0	0	0	40	40	0	70	50	0	0	0	0	200	17	Cardiology Expansion	20000 SF	180	\$ 3,000,000
	x	x	0	0	0	0	0	40	0	0	50	0	0	0	0	90	18	Emeritus Offices	2000 SF	80	\$ 160,000
x		x	0	0	0	0	0	0	0	0	50	0	0	0	0	50	19	Consolidation of Lab Medicine and Pathology Space	30000 SF	180	\$ 5,400,000
																0	20	Decommissioned Space-Remodel		180	

# AHC Strategic Facility Planning Comprehensive Worksheet-----1999

Ranking Criteria														College of Pharmacy								
			Critical			Strategic								Item Number	Item Description	Amount	Unit Cost	Total Project Cost				
Renovation	Space Request	New Building	Planning/Pre-Design	Critical Life Safety Emergency	Critical Legal Liability	Prior Binding Commitment	Linkage to University Strategic Plan	Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing						Asset Management	Operating Savings or Efficiencies	Contained in Statewide Six-Year Plan	SCORE
x			x				120	120	120		70	100	60				590	1	Computer Server Room renovation on 1st Floor Weaver Densford			\$ 75,000
x			x				80	120	120		70	100		60			550	2	Classroom Renovation 7-193/195 & 2-110-140 Weaver Densford	3700	154	\$ 350,000
	x						120	120	120		35	100	50				545	3	Pharmacy Endowed Chair-Weaver Chair	2000	150	\$ 450,000
	x						80	120	120		105	100					525	4	New Faculty Offices--Non-Tenure Track/Residents	5@150		\$ 56,000
x	x		x				80	120	120		35	100		60			515	5	Office of Student Affairs	2300		\$ 173,000
	x						40	80	120		105	100					445	6	Pharmaceutical Care Clinic Space	500		\$ 75,000
x			x				40	80	120			100		60			400	7	Renovation of 3-120	3000		\$ 675,000
x			x				0	80	80	105		75		60			400	8	8th Floor P3 Facility			\$ 200,000
	x						40	80	120			100					340	9	New Faculty Lab Space	5@1000	238	\$ 1,050,000
	x						40	80	120			100					340	10	New Faculty Tenure Track-Offices	10@150	150	\$ 112,500
	x						40	80	120			100					340	11	Faculty Research Space - Non-Lab	10@150		\$ 112,500
x	x		x				0	40	80		35	75		60			290	12	Staff offices	3@120		\$ 27,000
x			x				0	80	40			50		60			230	13	8th Floor NMR Room			
x			x				0	80	40			50		60			230	14	9-157 Weaver Densford			\$ 20,000
x			x				0	40	40			75		60			215	15	7-145 Conference Room			
	x							80	80			50					210	16	Drug Design Institute			
x			x														0	17	Decommissioned Space			
			x														0	18	Planning for facility Redesign of Weaver Densford:			
																		19				
																		20				
																		21				
																		22				
																		23				
																		24				
																		25				
																		26				
																		27				
																		28				
																		29				



# AHC Strategic Facility Planning Comprehensive Worksheet-----1999

Ranking Criteria														College of Veterinary Medicine									
														Item Number	Item Description	Amount	Unit Cost	Total Project Cost					
Critical			Strategic																				
Renovation	Space Request	New Building	Planning/Pre-Design	Critical Life Safety Emergency	Critical Legal Liability	Prior Binding Commitment	Linkage to University Strategic Plan	Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies	Contained in Statewide Six-Year Plan	SCORE						
	x						3	3	3	0	3	1	50	0	0	0	540	1	Education Commons area/Alumni Student Research	24000	110	\$ 5,500,000	
	x		x				2	2	3	1	2	1	0	3	0	0	470	2	Classrooms: Room 135	2500	240	\$ 600,000	
		x					2	3	3	0	2	2	0	0	0	0	440	3	Biologic Containment Facility				
	x		x				2	2	3	0	2	1	0	3	0	0	435	4	Research Lab Renovations-Molecular Diagnostic Lab	3500	330	\$ 1,155,000	
	x		x				2	2	3	0	2	2	0	1	0	0	353	5	Rewire Existing Classrooms				
							1	1	2	0	1	3	0	1	0	0	290	6	Small Group Classrooms				
							1	1	2	0	0	4	0	1	0	0	280	7	Office Space				
	x		x				1	1	2	1	1	3	0	2	0	0	250	8	VTH Renovations for Clinical care, lobby and safety.			\$ 175,000	
		x					0	1	2	0	1	3	25	0	0	0	239	9	Equine Research Center				
		x					0	1	1	0	1	4	50	0	0	0	133	10	Second Goat Barn				
	x		x									4					#REF!	11	Decommissioned Space				
																		12					
																		13					
																		14					
																		15					
																		16					
																		17					
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																		24					

# AHC Strategic Facility Planning Comprehensive Worksheet-----1999

Ranking Criteria														School of Public Health				
Critical			Strategic											Item Number	Item Description	Amount	Unit Cost	Total Project Cost
Critical Life Safety Emergency	Critical Legal Liability	Prior Binding Commitment	Linkage to University Strategic Plan	Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies	Contained in Statewide Six-Year Plan	SCORE					
	x		1	3	3	3	4	50			1	1	605	1	Consolidated Public Health Facility	00000SF	184	\$ 55,200,000
x				3	3	3	2		2	1	1		505	2	New classrooms	5000 SF	150	\$ 975,000
x				3	3	3	2		2	1	1		505	3	Continuing Education Offices, etc.	5000 SF	150	\$ 975,000
x				2	3	2	3		2	1	1		455	4	New Faculty Offices	15000 SF	150	\$ 2,925,000
x				2	3	2	3		2	1	1		455	5	Faculty Research Space - Non-Lab	8000 SF	150	\$ 1,560,000
x	x			1	3	1	2	3	3	2			440	6	Industrial Hygiene Laboratories	5000	225	\$ 1,125,000
x				2	3		2	2	2	1	1		430	7	New Research Laboratories	2000 SF	286	\$ 743,600
	x			2	3		3	1	1	1	1		420	8	Long range growth	80000 SF	190	\$ 19,760,000
x	x			1	2	1	2	2	3	2			375	9	Microbiology Laboratories		154	\$ -
x														10	Relocation of Park Avenue Space			
														11				
														12				
														13				
														14				
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														24				
														25				

# AHC Strategic Facility Planning Comprehensive Worksheet-----1999

Ranking Criteria													Nursing					
Critical																		
Strategic																		
Critical Life Safety Emergency	Critical Legal Liability	Prior Binding Commitment	Linkage to University Strategic Plan	Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies	Contained in Statewide Six-Year Plan	SCORE	Item Number	Item Description	Amount	Unit Cost	Total Project Cost
X	X		3	3	3		1	4			3		555	1	New Faculty Offices/support	7520 SF		
X	X		3	3	3		3	3					540	2	New Faculty clinical areas	1235 SF	180	288,990
X			1	3	3		1	4		2	3		515	3	Redesign current offices			0
X	X		3	3	3		2	3					505	4	Faculty Research Space - Non-Lab	635 SF	150	123,825
		X	3	3	3		1	1			3		480	6	Planning for Facility Redesign			
X			1	3	3		1	2		2			405	5	Faculty/staff meeting areas			
														7				
														8				
														9				
														10				
														11		2300		
														12				
														13				
														14				
														15				
														16				
														17		950	154	
														18				
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														21				
														22				
														23				
														24				
														25				

# AHC Strategic Facility Planning Comprehensive Worksheet-----1999

Ranking Criteria														Dentistry	Item Number	Item Description	Amount	Unit Cost	Total Project Cost
Critical			Strategic																
Critical Life Safety Emergency	Critical Legal Liability	Prior Binding Commitment	Linkage to University Strategic Plan	Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies	Contained in Statewide Six-Year Plan	SCORE						
X														585	1	Virtual Dental Patient Labs			
X														580	2	Patient Care Clinic renovations			100,000
		X												570	3	Planning for Facility redesign	2300		
X		X												555	4	Accessibility Issues			
X	X	X												550	5	Continuing Education classrooms			
X		X												530	6	Admissions area renovations			
	X													485	7	Endowed Chair in Rural Dentistry			
X	X	X												475	8	Research Labs	5900 SF	283	2,170,610
	X													421	9	Faculty Practice Clinic expansion		286	0
X	X	X												290	10	Dental Radiography Facility			
															12	Preclinical Air Quality			160,000
															13	Latex Free dental labs			62,000
															14				
															15				
															16				
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															25				
															26				

# AHC Strategic Facility Planning Comprehensive Worksheet--1999

Renovation	Space Request	New Building	Planning/Pre-Design	Department Code: AC = Academic Health Center; MCB = Molecular & Cellular Biology; MS = Medical School; COP = College of Pharmacy; SS = Swing Space; VM = College of Veterinary Medicine; SPH = School of Public Health; N = Nursing; <small>Critical Life Safety/Emergency - Yes=1, No=0</small>	Criteria Score	Critical	Item Number	<b>CLINICAL</b>	Amount	Fund Source	Yr. Funded	Link to Master Plan	Sort Criteria: E = Education services; R = Research; CO=Consolidation O = Offices; C = Clinical; S = Support Services; UA = Unassigned						
													EDUCATION	RESEARCH	OFFICES	CONSOLIDATION	CLINICAL	SUPPORT	UNASSIGNED
				Criteria Score	Critical	Item Number	Item Description	Amount	Fund Source	Yr. Funded	Link to Master Plan	EDUCATION	RESEARCH	OFFICES	CONSOLIDATION	CLINICAL	SUPPORT	UNASSIGNED	
x	x		x	AHC	605		1	Center for Spirituality and Healing	10,000 SF				E	R	O		C		
x		x	x	AHC	600		2	CUHCC Clinic									C		
x			x	D	580		3	Patient Care Clinic renovations									C		
	x			AHC	575		4	AHC Transplant Institute						R			C		
x	x			N	540		5	New Faculty clinical areas	1,235 SF								C		
	x			COP	445		7	Pharmaceutical Care Clinic Space	5,000								C		
	x			D	421		8	Faculty Practice Clinic expansion									C		
	x		x	MS	340		9	Center for Molecular & Cellular Therapy	2,500 SF								C		
x			x	VM	250		11	VTH Renovations for Clinical care, lobby and safety.							O		C	S	
x				COP	210		12	Drug Design Institute									C		

**Academic Health Center  
Strategic Facility Plan  
"Options for Development"**

**MISSION**

The mission of the Academic Health Center is to be a leader in the ethical, innovative, and efficient discovery and dissemination of knowledge to enhance the health and well being of Minnesota, the nation, and the world.

**GOALS**

**DIRECT FACILITY OBJECTIVES**

◆ To improve competitive position of clinical and outreach services for all health professionals in the AHC.

- Develop ways for facilities to respond quickly to market opportunities
- Create "short streets" between clinical/basic science research
- Create off-campus property development that pays attention to on-campus access (i.e. off-campus clinics)
- Clinical Service improvements to be funded by clinical revenues when feasible

**Implementation Strategies**

Projects	Cost	Source				Operations
			Immediate	Short Term	Long Term	
<ul style="list-style-type: none"> <li>➤ Renovation of clinical areas include the CUUCH Clinic, Dental Patient Care Clinics, &amp; Vet Teaching Hospital.</li> </ul>	\$1.5 million	College & private funds	✓	✓		
<ul style="list-style-type: none"> <li>➤ Provide service and outreach opportunities for Center for Spirituality and Healing, AHC Transplant Institute, Pharmaceutical Care, Family Practice expansion, and Center for Molecular and Cellular Therapy.</li> </ul>	\$33.3 million	Private Funds	✓	✓		
<ul style="list-style-type: none"> <li>➤ Develop relocation plan for UMP Clinic</li> </ul>	TBD			✓		

# AHC Strategic Facility Planning Comprehensive Worksheet--1999

Renovation	Space Request	New Building	Planning/Pre-Design	Department Code: AC = Academic Health Center; MCB = Molecular & Cellular Biology; MS = Medical School; COP = College of Pharmacy; SS = Swing Space; VM = College of Veterinary Medicine; SPH = School of Public Health; N = Nursing; Critical/Life Safety/Emergency Yes=1_No=0	Critical	Criteria Score	Item Number	EDUCATION	Amount	Fund Source	Yr. Funded	Link to Master Plan	Sort Criteria: E = Education services; R = Research; C = Clinical; O = Offices; CO=Consolidation; S = Support Services; UA = Unassigned
							Item Description					EDUCATION RESEARCH OFFICES CONSOLIDATION CLINICAL SUPPORT UNASSIGNED	

x			AHC	870	1	Classroom and Student Spaces						E					
x	x		MS	685	2	AHC Education Center	160,000 SF					E					
x		x	D	585	3	Virtual Dental Patient Labs						E				C	
		x	D	570	4	Planning for Facility redesign	2,300 SF					E	R	O			
x		x	COP	550	5	Classroom Renovation 7-193/195 & 2-110-140 Weaver Densford	3,500SF					E					
x	x	x	D	550	6	Continuing Education classrooms						E					
x			VM	540	7	Education Commons area/Alumni Student Research	24,000SF					E		O			S
x		x	MS	515	8	Occupational Therapy--PM & R	2,500 SF					E				C	
x			SPH	505	9	New classrooms	5,000 SF					E					
	x		SPH	505	10	Continuing Education Offices, etc.	5,000 SF					E		O			
x			AHC	500	12	Biomedical Library						E	R				
		x	N	480	11	Planning for Facility Redesign						E	R	O			
		x	COP	480	11	Planning for facility Redesign of Weaver Densford:						E	R	O	CO		
x		x	VM	470	12	Classrooms: Room 135	1,200 SF					E					
	x		AHC	440	13	Continuing Education Facilities						E					
x		x	COP	400	14	Renovation of 3-120	3,000					E					
x		x	VM	353	15	Rewire Existing Classrooms						E					S
			VM	290	16	Small Group Classrooms						E					
x		x	COP	0	17	Decommissioned Space						E	R	O		C	

**Academic Health Center  
Strategic Facility Plan  
"Options for Development"**

**MISSION**

The mission of the Academic Health Center is to be a leader in the ethical, innovative, and efficient discovery and dissemination of knowledge to enhance the health and well being of Minnesota, the nation, and the world.

GOALS	DIRECT FACILITY OBJECTIVES
<p>◆ To enhance the competitive relevance and position of <u>AHC education</u></p>	<ul style="list-style-type: none"> <li>▪ Faculty offices need to be accessible to students</li> <li>▪ Improve all AHC classrooms</li> <li>▪ Create space allocation usage and utilization policy</li> <li>▪ Rebuild AHC with JOML replacement as Step 1</li> <li>▪ Use curriculum driven design in all renovation and new building projects (functions determine structure)</li> <li>▪ Enhance the quality and habitability of spaces by using natural light and fresh air</li> <li>▪ Create student gathering spaces</li> <li>▪ Create spaces that aesthetically foster learning</li> </ul>

**Implementation Strategies**

<u>Projects</u>	<u>Cost</u>	<u>Source</u>				<u>Operations</u>
			Immediate	Short Term	Long Term	
<p>➤ Design AHC Education Center and Student Commons that is located to allow for inter-disciplinary collegial gatherings of faculty, alumni, and students. Student Services to include bookstore, registration and student information services and food services.</p> <ul style="list-style-type: none"> <li>• Includes additional technologically advanced classrooms, virtual learning environments, student lounges, study spaces, continuing and interactive education activities, small group rooms, computer labs and seminar rooms.</li> </ul>	\$20 million	Private Funds		✓	✓	<ul style="list-style-type: none"> <li>□ Establish maintenance standards for all classroom facilities and enforcement by Zone FM.</li> <li>□ Establish resources for Technology upgrade reviews and User training.</li> </ul>
<p>➤ Renovation of existing school classrooms – Vet Medicine, Nursing, Pharmacy, Public Health--centrally scheduled.</p>	\$3 million	Central		✓		
<p>➤ Create hi tech virtual teaching labs including dental patient labs</p>	TBD	Schools/ Central		✓	✓	
<p>➤ Renovation of Biomedical Library</p>	\$10 million	TBD	✓		✓	







# AHC Strategic Facility Planning Comprehensive Worksheet--1999

Renovation	Space Request	New Building	Planning/Pre-Design	Department Code: AC = Academic Health Center; MCB = Molecular & Cellular Biology; MS = Medical School; COP = College of Pharmacy; SS = Swing Space; VM = College of Veterinary Medicine; SPH = School of Public Health; N = Nursing; <small>Critical/Life Safety/Emergency - Yass1_No=0</small>	Criteria Score	Critical	Item Description	Amount	Fund Source	Yr. Funded	Link to Master Plan	Sort Criteria: E = Education services; R = Research; CO=Consolidation; O = Offices; C = Clinical; S = Support Services; UA = Unassigned						
												EDUCATION	RESEARCH	OFFICES	CONSOLIDATION	CLINICAL	SUPPORT	UNASSIGNED
x			x	D	555		1 Accessibility Issues					E	R	O			C	S
x			x	AHC	#REF!		3 Security Systems: AHC wide	5 yr allow.										S
			x	AHC	230		4 Bridge to Amundson Hall	120 LF						O				S
			x	AHC	230		5 Site Access / Signage	district										S
			x	AHC	230		6 Site Access / Entries	5 entries										S
			x	AHC	200		7 Site: Corridor Connections											S
x			x	AHC	435		8 Technology: other AHC	5 yr allow.										S

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**GOALS**

**DIRECT FACILITY OBJECTIVES**

◆ Establish efficient and effective support services infrastructure across the AHC

- Create space allocation usage and utilization policy
- Enhance and simplify circulation patterns within the AHC
- Create a common denominator place for all AHC schools and programs
- Create a welcoming image for AHC students, faculty, patients and visitors
- Enhance the quality and habitability of AHC spaces
- Optimize use of existing space
- Faculty and staff need clean and properly working facilities
- Develop and implement improved way- finding
- Improve patient/visitor access and orientation
- Improve parking and traffic around the AHC

**Implementation Strategies**

Projects	Cost	Source				Operations
			Immediate	Short Term	Long Term	
➤ Develop signage and corridor upgrades throughout AHC thoroughfare (interior and exterior).	TBD		✓	✓		<input type="checkbox"/> FM Zone <input type="checkbox"/> Parking and Transportation <input type="checkbox"/> Environmental Health and Safety <input type="checkbox"/> Develop space allocation program for use across the AHC
➤ Develop Information Technology plan for AHC including research computing	TBD		✓	✓		
➤ Replace Mayo garage.	TBD				✓	
➤ Develop improved access and entry programs.	TBD			✓		
➤ Develop security program for AHC, including security lighting, monitors, emergency telephones, and protection for research programs.	TBD			✓		



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<b>GOALS</b>	<b>DIRECT FACILITY OBJECTIVES</b>
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<p>◆ <b>To enhance the competitive relevance and position of AHC research</b></p>	<ul style="list-style-type: none"> <li>▪ Have the ability to respond quickly with facilities for grant requests</li> <li>▪ Create adaptability in facility design and use for future requests</li> <li>▪ Optimize existing space</li> <li>▪ AHC needs vital spaces which are responsive to program needs</li> <li>▪ AHC is an institution that care's about it's people – this should be reflected in the research facilities we design and build</li> <li>▪ Create "short streets" between clinical and basic science researchers</li> <li>▪ Facilities should aesthetically foster learning, collegiality and discovery</li> </ul>
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**Implementation Strategies**

<u>Projects</u>	<u>Cost</u>	<u>Source</u>		<u>Operations</u>			
			<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Immediate</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Short Term</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Long Term</th> </tr> </table>	Immediate	Short Term	Long Term	
Immediate	Short Term	Long Term					
➤ New facility requests—Molecular Biology, Biologic Containment, Equine Research, and Goat Barn.	\$30.3 million			<ul style="list-style-type: none"> <li><input type="checkbox"/> Make maximum use of what we have</li> <li><input type="checkbox"/> Provide incentives for shared space</li> <li><input type="checkbox"/> Develop space allocation program for use across the AHC that optimizes current occupancy.</li> </ul>			
➤ Renovate existing labs for Vet Medicine, Molecular Medicine, Genetics, Developmental Biology, Pharmacy, Public Health, Endowed Chair in Rural Dentistry and Endowed Chair in Pharmacy to support NIH and other sponsored funding.	\$7.5 million		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>✓</td> <td>✓</td> <td></td> </tr> </table>		✓	✓	
✓	✓						
➤ Create a pool of standard/generic research labs for recruitment and retention commitments and interscholastic opportunities.	\$3 million/ annually		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>✓</td> <td>✓</td> <td>✓</td> </tr> </table>		✓	✓	✓
✓	✓	✓					
➤ Improve space and utilization for Research Animal Resources	TBD		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>✓</td> <td>✓</td> <td></td> </tr> </table>		✓	✓	
✓	✓						
➤ Increase square footage available for AHC research programs.	TBD		<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>✓</td> <td>✓</td> </tr> </table>		✓	✓	
	✓	✓					



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**GOALS DIRECT FACILITY OBJECTIVES**

<p>◆ Enhance the <u>office</u> environment to promote faculty and staff creativity, excellence and productivity.</p>	<ul style="list-style-type: none"> <li>▪ Improve the quality and habitability of office spaces</li> <li>▪ Optimize existing space</li> <li>▪ Faculty and staff need clean and properly working facilities</li> <li>▪ Use program driven design in all renovations</li> <li>▪ Faculty offices should be accessible to students</li> <li>▪ Create relationships between labs/offices/classrooms</li> </ul>
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**Implementation Strategies**

<u>Projects</u>	<u>Cost</u>	<u>Source</u>				<u>Operations</u>
			<u>Immediate</u>	<u>Short Term</u>	<u>Long Term</u>	
➤ Renovation of existing offices—include wiring standard for electronic equipment capability.	TBD	Schools/AHC	✓	✓	✓	<ul style="list-style-type: none"> <li>□ Establish maintenance standards for all offices and enforcement by Zone FM.</li> <li>□ Develop space allocation program for use across the AHC that optimizes current occupancy and assigns new space fairly.</li> </ul>
➤ New faculty offices including a managed inventory of additional offices for recruitment and retention.	TBD	Schools	✓		✓	
➤ New faculty and administrative support offices.	TBD	Schools	✓			
➤ Develop opportunities to improve departmental efficiency by reassigning space that allows for consolidated programming.	TBD	Schools/AHC	✓			



# AHC Strategic Facility Planning Comprehensive Worksheet--1999

Renovation	Space Request	New Building	Planning/Pre-Design	Department Code: AC = Academic Health Center; MCB = Molecular & Cellular Biology; MS = Medical School; COP = College of Pharmacy; SS = Swing Space; VM = College of Veterinary Medicine; SPH = School of Public Health; N = Nursing; Critical Life Safety Emergency; Yes=1, No=0	Criteria Score	Item Number	<b>OFFICES</b>	Amount	Fund Source	Yr. Funded	Link to Master Plan	Sort Criteria: E = Education services; R = Research; CO=Consolidation Offices; C = Clinical; S = Support Services; UA = Unassigned									
EDUCATION	RESEARCH	OFFICES	CONSOLIDATION	CLINICAL	SUPPORT	UNASSIGNED															
							Computer Server Room renovation on 1st Floor Weaver														
x			x	COP	590	1	Densford														
x	x			N	555	2	New Faculty Offices/support	7,520 SF	-												
x			x	D	530	3	Admissions area renovations														
x				AHC	530	4	Fairview Release )	36,856 SF				E	R	O			C				
	x			COP	525	5	New Faculty Offices--Non-Tenure Track/Residents	6@120 SF													
x	x		x	COP	515	6	Office of Student Affairs	2,300 SF													
x				N	515	6	Redesign current offices														
	x			AHC	505	7	Pool of Labs & Offices for Recruitment & Retention														
	x			SPH	455	8	New Faculty Offices	15,000 SF													
x				N	405	9	Faculty/staff meeting areas														
	x			COP	340	10	New Faculty Tenure Track-Offices	10@150 SF													
	x			AHC	325	11	Ctr. Amer.Indian & Minority Health	990 SF													
x	x		x	COP	290	12	Staff offices	3@120 SF													
				VM	280	13	Office Space														
x			x	COP	215	14	7-145 Conference Room														
x	x		x	MS	210	15	Family Practice Consolidation	10,000 SF													
x				AHC	120	16	Decommissioned Space					E					C		S		
x	x			MS	90	17	Emeritus Offices	2,000 SF													

Academic Health Center  
 FY 2000 Capital Budget  
 Projects Sorted by College/School

	FY 1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Academic Health Center	\$ 43,068	\$ 9,975	\$ 51,264	\$ 26,694	\$ 7,944	\$ 6,944	\$ 6,444
School of Dentistry	-	322	-	-	-	-	-
Medical School	5,876	5,215	18,072	26,000	11,000	-	-
School of Nursing	-	525	525	500	-	-	-
College of Pharmacy	398	1,759	735	210	-	-	-
School of Public Health	302	1,725	4,800	-	55,200	-	-
College of Veterinary Medicine	950	2,030	-	500	15,100	-	-
Grand Total AHC	\$ 50,594	\$ 21,551	\$ 75,396	\$ 53,904	\$ 89,244	\$ 6,944	\$ 6,444

Academic Health Center  
 FY 2000 Capital Budget  
 Projects Sorted by College/School

RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
TAHC	AHC Facilities	Renovation of Centrally Scheduled Classrooms	\$ 1,600						
TAHC	AHC Facilities	Renovation of Small Classrooms/Student Lounge/Study Space	1,000						
TAHC	Mayo	Center for Spirituality and Healing		250	125	1,250			
TAHC	CUHCC	CUHCC Clinic Expansion & Refurbishing		325	4,000				
TAHC	ChRC	Research Computing office Phase II and III	150	170					
TAHC		UofM Physicians office remodeling	189						
TAHC	New Facility	Molecular & Cellular Biology Bldg	35,000		35,000				
TAHC		Equipment/IS			2,000				
TAHC		Renovate link between PWB and OML			1,000				
TAHC	AHC Facilities	Fairview Release space-total renovation		2,020	2,020	1,000	1,000		
TAHC	New Facility	Educational Center		50	175	17,500			
TAHC	Weaver-Densford/Moos	Facility Redesign for Nursing/Pharmacy/Dentistry	50		500	500	500	500	
TAHC	Twin Cities Campus	AHC Program Accomodation Remodeling	1,779	444	444	444	444	444	444
TAHC	AHC Facilities	Security Systems		200					
TAHC	AHC Facilities	Signage Replacement & Upgrade	250						
TAHC	AHC Facilities	Pool of Labs and Office for recruitment and retention	2,500	3,000	3,000	3,000	3,000	3,000	3,000
TAHC	AHC Facilities	Facility remodeling for new programs/grants		3,000	3,000	3,000	3,000	3,000	3,000
TAHC	VCRC	Research Animal Resources: SPF Mouse Facility - Phase I	500						
TAHC	VCRC	Research Animal Resources: SPF Mouse Facility - Phase II		516					
TAHC	AHC Facilities	Research Animal Resources master plan	50						
Total Academic Health Center			\$ 43,068	\$ 9,975	\$ 51,264	\$ 26,694	\$ 7,944	\$ 6,944	\$ 6,444
TDEN	Moos	Preclinical Air Quality		\$ 160					
TDEN	Moos	Latex Free Clinic Spaces		62					
TDEN	Moos	Clinic renovations to improve access		100					
Total School of Dentistry			\$ -	\$ 322	\$ -	\$ -	\$ -	\$ -	\$ -
TMED		Stone labs relocation		\$ 525					
TMED	PWB-7	Genetics Institute Programs		350					
TMED	PWB	Molecular Medicine Program		1,000	1,000				
TMED	Mayo	Center for Neurobehavioral Development		350					
TMED	New Building	Initiative in Molecular Biology in Medicine		50	200	10,000	10,000		
TMED	Masonic	Clinical Research Center				1,000			
TMED	ChRC	Physical Med and Rehab expansion		175					
TMED	Mayo	Bone Marrow Transplant		702					
TMED	PWB	Med Tech/Histo/Neuro Labs					1,000		
TMED	Mayo	Center for Molecular and Cellular Therapeutics		375					
TMED	Mayo	Graduate Programs office		188					

Academic Health Center  
 FY 2000 Capital Budget  
 Projects Sorted by College/School

RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
TMED	VCRC	Orthopaedic Surgery		225	1,872				
TMED	Mayo	Family Practice consolidation		975					
TMED	PWB	Heme/Onc consolidation	1,170						
TMED	VCRC	Transplant Institute renovations/additions		300	15,000	15,000			
TMED	Mayo	BMEI Lab and Offices	936						
TMED	Moos	Genetics Institute renovations	1,860						
TMED	Diehl	Hsiao Research labs	585						
TMED	Mayo	Laboratory Medicine and Pathology Lab renovation	453						
TMED	Mayo	Primary Care Research/Managed Care/Health Outcomes	462						
TMED	PWB	Remodeling of Space for Lion's Eye Bank	110						
TMED	PWB	Remodeling of Space for Lion's Eye Bank	300						
Total Medical School			\$ 5,876	\$ 5,215	\$ 18,072	\$ 26,000	\$ 11,000	\$ -	\$ -
TNUR	Weaver-Densford	Classroom Resizing		\$ 225	\$ 225	\$ 300			
TNUR	Weaver-Densford	New Faculty/Staff Research Office space		300	300	200			
Total School of Nursing			\$ -	\$ 525	\$ 525	\$ 500	\$ -	\$ -	\$ -
TPHR	Weaver-Densford	Computer room renovation		\$ 75					
TPHR	Weaver-Densford	PharmD new faculty labs		210	210	210			
TPHR	Weaver-Densford	Endowed Chair	200		450				
TPHR	Weaver-Densford	PharmD classroom renovation		350					
TPHR	Weaver-Densford	New Faculty offices - non TT		56					
TPHR	Weaver-Densford	Office of Student Services		173					
TPHR	3-120 WDH	Renovation		675					
TPHR	Weaver-Densford	Pharmaceutical care clinic			75				
TPHR	Weaver-Densford	P3 Laboratory		200					
TPHR	9-157 WDH	Renovation		20					
TPHR	Weaver-Densford	Renovation of 7th Floor Offices - Pharmacy	173						
TPHR	Weaver-Densford	Renovation of 3rd Floor Labs (planning)-Pharmacy	25						
Total College of Pharmacy			\$ 398	\$ 1,759	\$ 735	\$ 210	\$ -	\$ -	\$ -
TPUB	New Building	Consolidated Public Health Facility	\$ 80	\$ 600	\$ 4,800		\$ 55,200		
TPUB	Boynton	Industrial Hygiene laboratories		1,125					
TPUB	Mayo	Renovate Third Floor MHA	222						
Total School of Public Health			\$ 302	\$ 1,725	\$ 4,800	\$ -	\$ 55,200	\$ -	\$ -
TVET	Old Dairy Barn	Education Commons Area	\$ 25	\$ 50		\$ 400	\$ 5,100		
TVET	VTH	Renovate VM classroom		600					
TVET	VTH	Molecular Diagnostic lab		1,155					

Academic Health Center  
 FY 2000 Capital Budget  
 Projects Sorted by College/School

RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
TVET	New Facility	P3 Biologic Containment Facility (planning)	25						
TVET	VTH	Renovation of Office/Research Space	200						
TVET	New Facility	Equine research		50		100	10,000		
TVET	VTH	VTH Clinical renovation		175					
TVET	VTH	Remodel ICU, VTH	700						
Total College of Veterinary Medicine			\$ 950	\$ 2,030	\$ -	\$ 500	\$ 15,100	\$ -	\$ -
Grand Total Academic Health Center			\$ 50,594	\$ 21,551	\$ 75,396	\$ 53,904	\$ 89,244	\$ 6,944	\$ 6,444

Academic Health Center  
 FY 2000 Capital Budget  
 Projects Sorted by Type

	FY 1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Classroom	\$ 2,600	\$ 1,350	\$ 225	\$ 300	\$ -	\$ -	\$ -
Clinic	-	1,072	4,200	2,250	-	-	-
New Facility	35,105	650	42,800	400	60,300	-	-
Office	2,104	2,087	2,172	200	-	-	-
Other	700	75	-	-	-	-	-
Research space	8,006	13,603	22,860	31,310	27,000	6,000	6,000
Shared	2,079	2,714	3,139	19,444	1,944	944	444
Grand Total AHC	\$ 50,594	\$ 21,551	\$ 75,396	\$ 53,904	\$ 89,244	\$ 6,944	\$ 6,444

Academic Health Center  
 FY 2000 Capital Budget  
 Projects Sorted by Type

Type	RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Classroom	TAHC	AHC Facilities	Renovation of Centrally Scheduled Classrooms	\$ 1,600						
Classroom	TAHC	AHC Facilities	Renovation of Small Classrooms/Student Lounge/Study Space	1,000						
Classroom	TMED	ChRC	Physical Med and Rehab expansion		175					
Classroom	TNUR	Weaver-Densford	Classroom Resizing		225	225	300			
Classroom	TPHR	Weaver-Densford	PharmD classroom renovation		350					
Classroom	TVET	VTH	Renovate VM classroom		600					
Total Classroom				\$ 2,600	\$ 1,350	\$ 225	\$ 300	\$ -	\$ -	\$ -
Clinic	TAHC	Mayo	Center for Spirituality and Healing		\$ 250	\$ 125	\$ 1,250			
Clinic	TAHC	CUHCC	CUHCC Clinic Expansion & Refurbishing		325	4,000				
Clinic	TDEN	Moos	Preclinical Air Quality		160					
Clinic	TDEN	Moos	Latex Free Clinic Spaces		62					
Clinic	TDEN	Moos	Clinic renovations to improve access		100					
Clinic	TMED	Masonic	Clinical Research Center				1,000			
Clinic	TPHR	Weaver-Densford	Pharmaceutical care clinic			75				
Clinic	TVET	VTH	VTH Clinical renovation		175					
Total Clinic				\$ -	\$ 1,072	\$ 4,200	\$ 2,250	\$ -	\$ -	\$ -
New Facility	TAHC	New Facility	Molecular & Cellular Biology Bldg	\$ 35,000		\$ 35,000				
New Facility	TAHC		Equipment/IS			2,000				
New Facility	TAHC		Renovate link between PWB and OML			1,000				
New Facility	TPUB	New Building	Consolidated Public Health Facility	80	600	4,800		55,200		
New Facility	TVET	Old Dairy Barn	Education Commons Area	25	50		400	5,100		
Total New Facility				\$ 35,105	\$ 650	\$ 42,800	\$ 400	\$ 60,300	\$ -	\$ -
Office	TAHC	ChRC	Research Computing office Phase II and III	\$ 150	\$ 170					
Office	TAHC		UofM Physicians office remodeling	189						
Office	TMED	Mayo	Graduate Programs office		188					
Office	TMED	VCRC	Orthopaedic Surgery		225	1,872				
Office	TMED	Mayo	Family Practice consolidation		975					
Office	TMED	PWB	Heme/Onc consolidation	1,170						
Office	TNUR	Weaver-Densford	New Faculty/Staff research office space		300	300	200			
Office	TPHR	Weaver-Densford	New Faculty offices - non TT		56					
Office	TPHR	Weaver-Densford	Office of Student Services		173					
Office	TPHR	Weaver-Densford	Renovation of 7th Floor Offices - Pharmacy	173						
Office	TPUB	Mayo	Renovate Third Floor MHA	222						
Office	TVET	VTH	Renovation of Office/Research Space	200						
Total Office				\$ 2,104	\$ 2,087	\$ 2,172	\$ 200	\$ -	\$ -	\$ -

Academic Health Center  
 FY 2000 Capital Budget  
 Projects Sorted by Type

Type	RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Other	TPHR	Weaver-Densford	Computer room renovation		\$ 75					
Other	TVET	VTH	Remodel ICU, VTH	700						
Total Other				\$ 700	\$ 75	\$ -	\$ -	\$ -	\$ -	\$ -
Research space	TAHC	AHC Facilities	Pool of Labs and Office for recruitment and retention	\$ 2,500	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Research space	TAHC	AHC Facilities	Facility remodeling for new programs/grants		3,000	3,000	3,000	3,000	3,000	3,000
Research space	TAHC	VCRC	Research Animal Resources: SPF Mouse Facility - Phase I	500						
Research space	TAHC	VCRC	Research Animal Resources: SPF Mouse Facility - Phase II		516					
Research space	TAHC	AHC Facilities	Research Animal Resources master plan	50						
Research space	TMED		Stone labs relocation		525					
Research space	TMED	PWB-7	Genetics Institute Programs		350					
Research space	TMED	PWB	Molecular Medicine Program		1,000	1,000				
Research space	TMED	Mayo	Center for Neurobehavioral Development		350					
Research space	TMED	New Building	Initiative in Molecular Biology in Medicine		50	200	10,000	10,000		
Research space	TMED	Mayo	Bone Marrow Transplant		702					
Research space	TMED	PWB	Med Tech/Histo/Neuro Labs						1,000	
Research space	TMED	Mayo	Center for Molecular and Cellular Therapeutics		375					
Research space	TMED	VCRC	Transplant Institute renovations/additions		300	15,000	15,000			
Research space	TMED	Mayo	BMEI Lab and Offices	936						
Research space	TMED	Moos	Genetics Institute renovations	1,860						
Research space	TMED	Diehl	Hsiao Research labs	585						
Research space	TMED	Mayo	Laboratory Medicine and Pathology Lab renovation	453						
Research space	TMED	Mayo	Primary Care Research/Managed Care/Health Outcomes	462						
Research space	TMED	PWB	Remodeling of Space for Lion's Eye Bank	110						
Research space	TMED	PWB	Remodeling of Space for Lion's Eye Bank	300						
Research space	TPHR	Weaver-Densford	PharmD new faculty labs		210	210	210			
Research space	TPHR	Weaver-Densford	Endowed Chair	200		450				
Research space	TPHR	3-120 WDH	Renovation		675					
Research space	TPHR	Weaver-Densford	P3 Laboratory		200					
Research space	TPHR	9-157 WDH	Renovation		20					
Research space	TPHR	Weaver-Densford	Renovation of 3rd Floor Labs (planning)-Pharmacy	25						
Research space	TPUB	Boynton	Industrial Hygiene laboratories		1,125					
Research space	TVET	VTH	Molecular Diagnostic lab		1,155					
Research space	TVET	New Facility	Equine research		50		100	10,000		
Research space	TVET	New Facility	P3 Biologic Containment Facility (planning)	25						
Total Research Space				\$ 8,006	\$ 13,603	\$ 22,860	\$ 31,310	\$ 27,000	\$ 6,000	\$ 6,000
Shared	TAHC	AHC Facilities	Fairview Release space-total renovation		\$ 2,020	\$ 2,020	\$ 1,000	\$ 1,000		

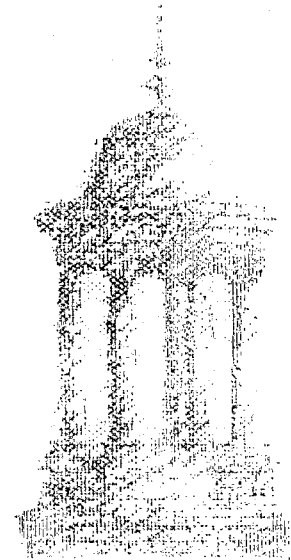


Academic Health Center  
 FY 2000 Capital Budget  
 Projects Sorted by Type

Type	RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Shared	TAHC	New Facility	Educational Center		50	175	17,500			
Shared	TAHC	Weaver-Densford/Moos	Facility Redesign for Nursing/Pharmacy/Dentistry	50		500	500	500	500	
Shared	TAHC	Twin Cities Campus	AHC Program Accomodation Remodeling	1,779	444	444	444	444	444	444
Shared	TAHC	AHC Facilities	Security Systems		200					
Shared	TAHC	AHC Facilities	Signage Replacement & Upgrade	250						
Total Shared				\$ 2,079	\$ 2,714	\$ 3,139	\$ 19,444	\$ 1,944	\$ 944	\$ 444
Grand Total AHC				\$ 50,594	\$ 21,551	\$ 75,396	\$ 53,904	\$ 89,244	\$ 6,944	\$ 6,444

**University of Minnesota  
Board of Regents  
Facilities Committee  
March 11, 1999**

Presentation of the  
AHC Strategic Facility Plan  
& Precinct Plan



**AcademicHealthCenter**

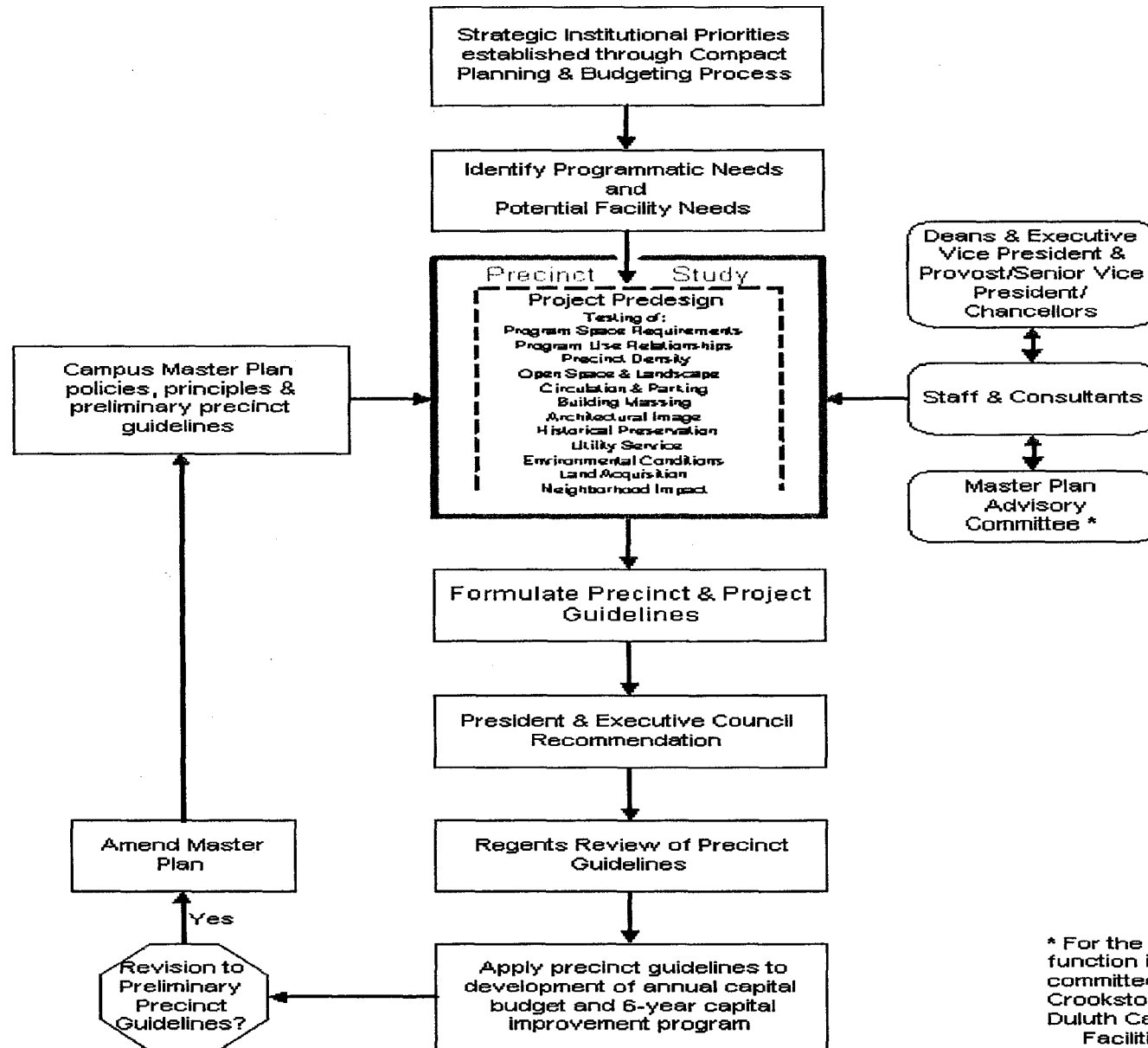
UNIVERSITY OF MINNESOTA

# Purpose of Today's Presentation

- To brief you on the AHC's strategic facility planning process - a process that:
  - Demonstrates the University's new precinct planning model
  - Closely ties academic program needs to space planning and use
  - Illustrates the development by the faculty of performance criteria for space assignment and use
  - Identifies AHC facilities issues that have major policy implications

# PRECINCT PLANNING PROCESS

**University of Minnesota**



\* For the Coordinate campuses, this function is served by the following committees:  
 Crookston Master Planning Committee  
 Duluth Campus Assembly Physical Facilities Committee  
 Morris Campus Resource & Planning Committee

**AHC Strategic Facility Planning began in April, 1997 to address the dissatisfaction, challenges and opportunities in the academic component of facilities management.**

These opportunities and challenges are:

▼ Academic priorities need to guide space assignment and use and facilities management.

▼ A rational, understandable process for developing and prioritizing projects is needed.

▼ Interscholastic cooperation is required to solve the AHC's facilities challenges

Examples include:

⇒ Cellular and molecular biology

⇒ Use of Fairview release space

⇒ Geographic consolidation of School of Public Health

⇒ A large number of other space initiatives.

## **Goals of the AHC's Strategic Facility Planning**

- To develop a “working vision” that serves to guide academic planning and programmatic management of facilities
- To further develop consistency and continuity with the U of M Master Plan
- To recognize and utilize internal resources and information at the University
- To better integrate AHC academic program management with University FM's physical facilities management.

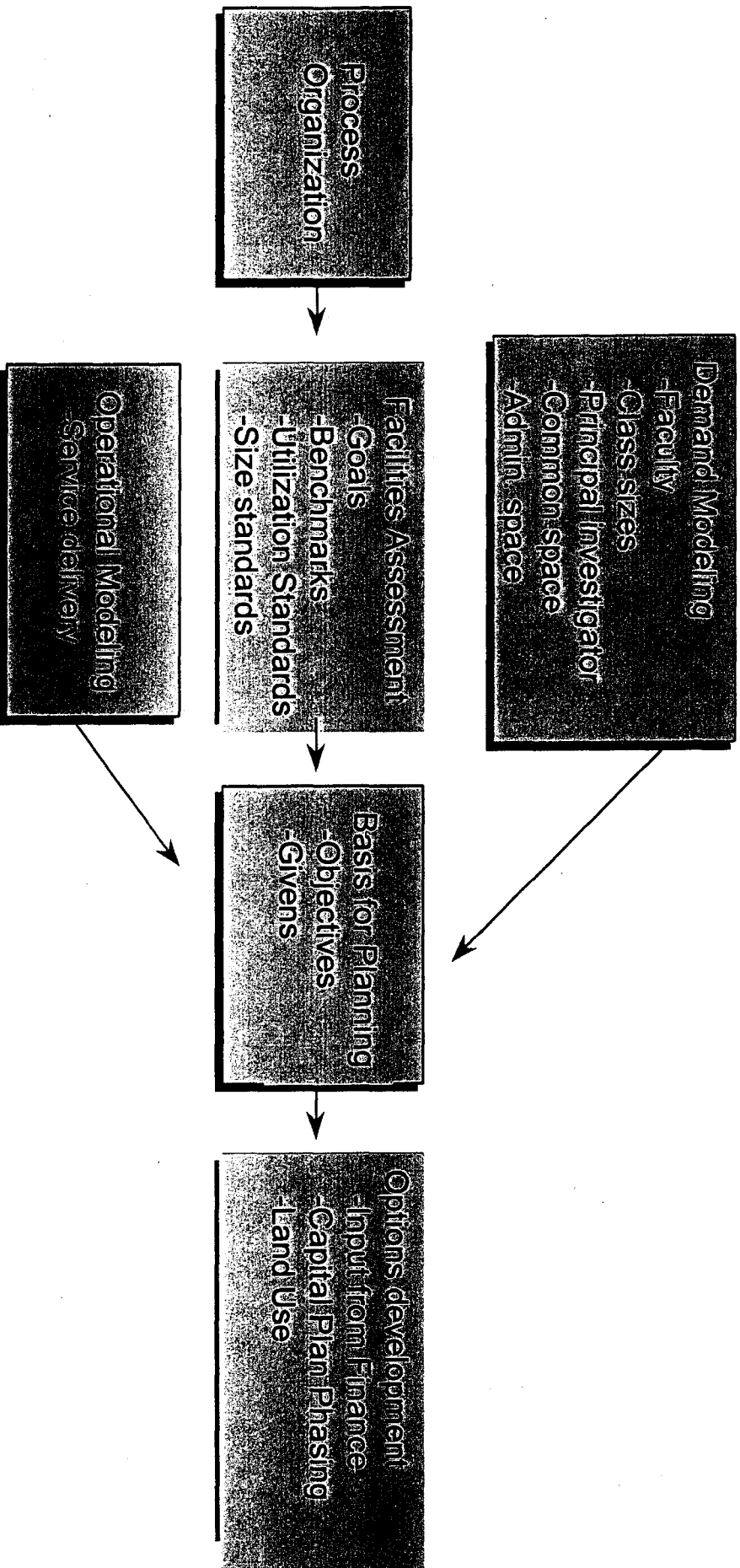
# Process

Inclusive

Bottom-up

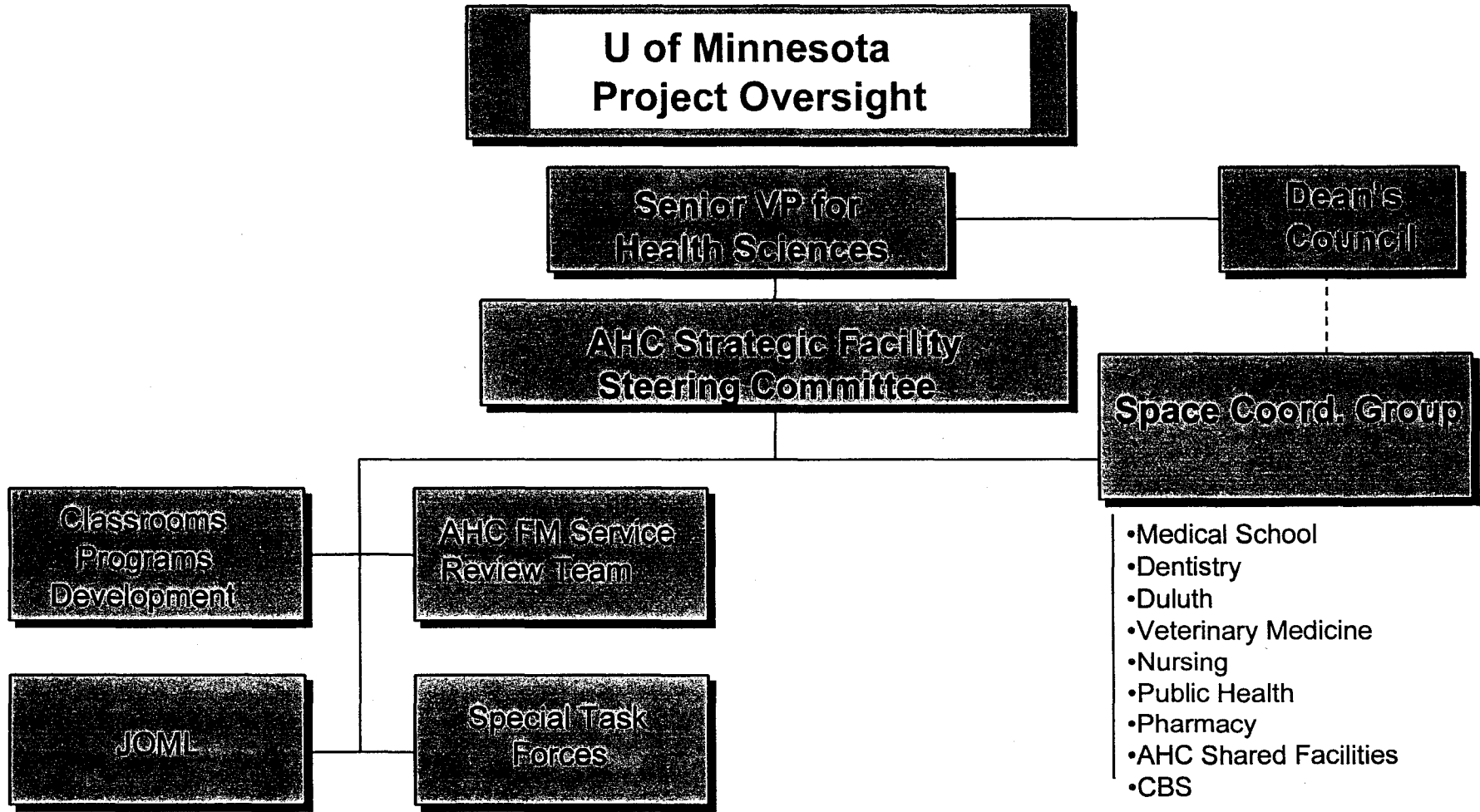
Inside-out

# Academic Health Center Strategic Facility Plan Project Organization



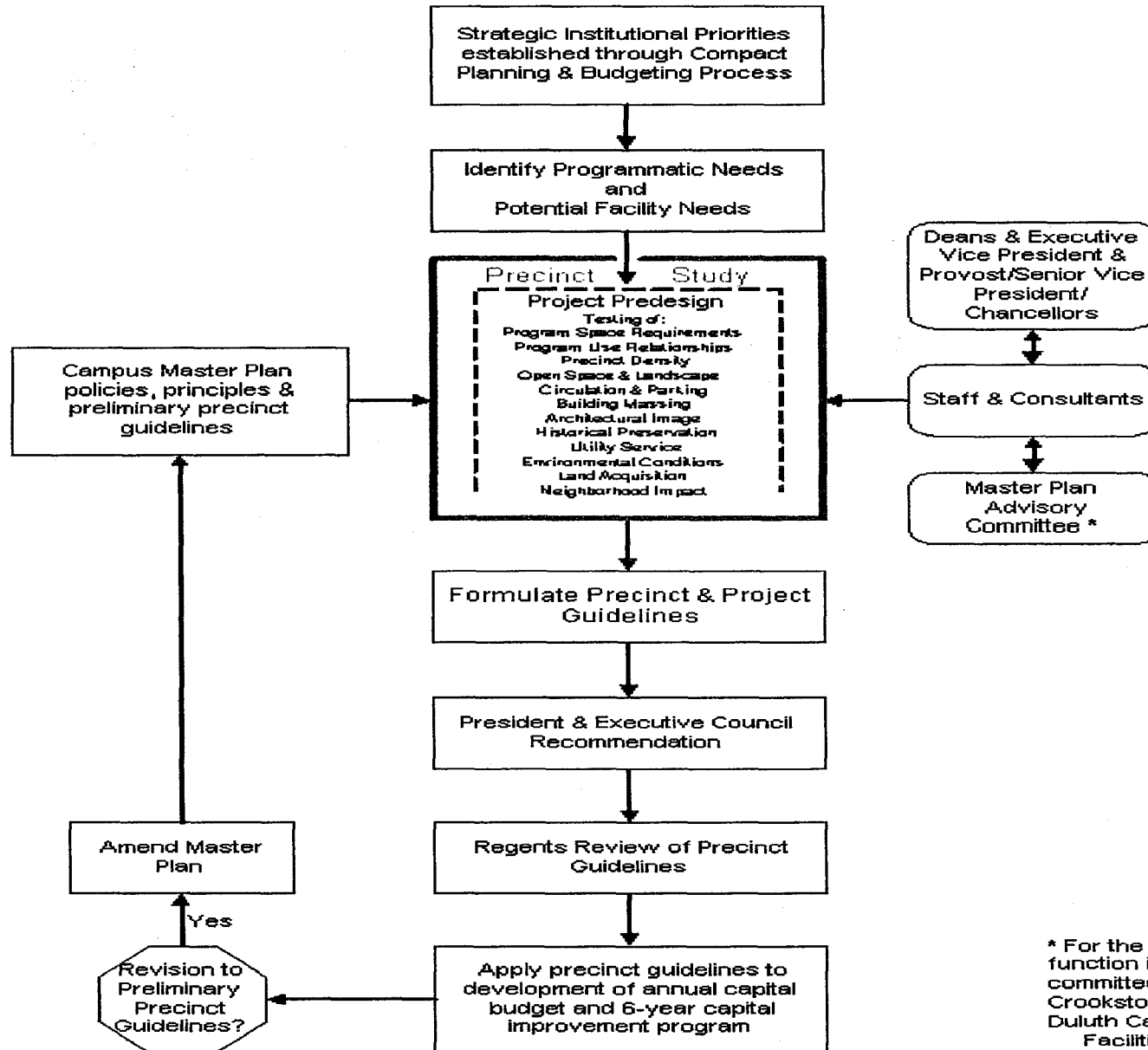


**Academic Health Center  
Strategic Facility Plan  
Project Organization**



# PRECINCT PLANNING PROCESS

University of Minnesota



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 Morris Campus Resource & Planning Committee

# **Deliverables**

- **Options for development that tie academic goals and objectives to space utilization**
  - Education
  - Research
  - Clinical and Outreach
  - Office Environments
  - Consolidation
  - Infrastructure and support services
  
- **Faculty based process for academic assignment and utilization of space**
  
- **Clear definition of facility needs and capital projects for AHC academic programs**

**Academic Health Center  
Strategic Facility Plan  
"Options for Development"**

**MISSION**

The mission of the Academic Health Center is to be a leader in the ethical, innovative, and efficient discovery and dissemination of knowledge to enhance the health and well being of Minnesota, the nation, and the world.

GOALS		DIRECT FACILITY OBJECTIVES																				
<p>◆ <u>To enhance the competitive relevance and position of AHC research</u></p>	<ul style="list-style-type: none"> <li>▪ Have the ability to respond quickly with facilities for grant requests</li> <li>▪ Create adaptability in facility design and use for future requests</li> <li>▪ Optimize existing space</li> <li>▪ AHC needs vital spaces which are responsive to program needs</li> <li>▪ AHC is an institution that care's about it's people – this should be reflected in the research facilities we design and build</li> <li>▪ Create "short streets" between clinical and basic science researchers.</li> <li>▪ Facilities should aesthetically foster learning, collegiality and discovery</li> </ul>																					
<b>Implementation Strategies</b>																						
<u>Projects</u>	<u>Cost</u>	<u>Source</u>				<u>Operations</u>																
<ul style="list-style-type: none"> <li>➤ New facility requests—Molecular Biology, Biologic Containment, Equine Research, and Goat Barn.</li> <li>➤ Renovate existing labs for Vet Medicine, Molecular Medicine, Genetics, Developmental Biology, Pharmacy, Public Health, Endowed Chair in Rural Dentistry and Endowed Chair in Pharmacy to support NIH and other sponsored funding.</li> <li>➤ Create a pool of standard/generic research labs for recruitment and retention commitments and interscholastic opportunities.</li> <li>➤ Improve space and utilization for Research Animal Resources</li> <li>➤ Increase square footage available for AHC research programs.</li> </ul>	<p>\$30.3 million</p> <p>\$7.5 million</p> <p>\$3 million/ annually</p> <p>TBD</p> <p>TBD</p>		<table border="1"> <thead> <tr> <th data-bbox="1257 811 1315 971">Immediate</th> <th data-bbox="1315 811 1372 971">Short Term</th> <th data-bbox="1372 811 1427 971">Long Term</th> </tr> </thead> <tbody> <tr> <td></td> <td align="center">✓</td> <td></td> </tr> <tr> <td align="center">✓</td> <td align="center">✓</td> <td></td> </tr> <tr> <td align="center">✓</td> <td align="center">✓</td> <td align="center">✓</td> </tr> <tr> <td align="center">✓</td> <td align="center">✓</td> <td></td> </tr> <tr> <td></td> <td align="center">✓</td> <td align="center">✓</td> </tr> </tbody> </table>	Immediate	Short Term	Long Term		✓		✓	✓		✓	✓	✓	✓	✓			✓	✓	<ul style="list-style-type: none"> <li><input type="checkbox"/> Make maximum use of what we have</li> <li><input type="checkbox"/> Provide incentives for shared space</li> <li><input type="checkbox"/> Develop space allocation program for use across the AHC that optimizes current occupancy.</li> </ul>
Immediate	Short Term	Long Term																				
	✓																					
✓	✓																					
✓	✓	✓																				
✓	✓																					
	✓	✓																				

## AHC Strategic Facility Planning Comprehensive Worksheet--1999

				RESEARCH										Sort Criteria: E = Education services; R = Research; CO=Consolidation O = Offices; C = Clinical; S = Support Services; UA = Unassigned					
Renovation	Space Request	New Building	Planning/Re-Design	Department Code	Criteria Score	Item Number	Item Description	Amount	Fund Source	Yr. Funded	Link to Master Plan	EDUCATION	RESEARCH	OFFICES	CONSOLIDATION	CLINICAL	SUPPORT	UNASSIGNED	
x	x		x	MS	1010	1	Stone Labs	3,500 SF					R						
							Genetics Institute Programs						R	O					
x			x	MS	715	2	PWB7	1,800 SF					R						
	x		x	MS	655	3	Molecular Medicine Program	11,000 SF					R						
x	x		x	AHC	655	4	Research Animal Resources						R						
							Center for Neurobehavioral Development	2,500 SF					R						
x	x		x	MS	635	5							R						
x	x	x	x	AHC	600	6	Completion of MCBB						R						
x	x		x	MS	575	7	HSIAO Research	2,500 SF					R						
							Initiative in Molecular Biology in Medicine	60,000 SF					R						
x			x	MS	560	8	Pharmacy Endowed Chair-Weaver Chair	3,000 SF					R	O					
				COP	545	9	Bone Marrow Transplant(McGlave Retention)	3,000 SF					R		CO				
x			x	MS	510	10	Faculty Research Space - Non-Lab	635 SF					R						
x	x			N	505	11	Endowed Chair in Rural Dentistry						R						
				D	485	13	Interscholastic Research Spaces					E	R	O					
x			x	AHC	485	14	Research Labs	5,900 SF					R						
x			x	D	475	15	Faculty Research Space - Non-Lab	8,000 SF					R	O					
				SPH	455	16	Health Outcomes Research (CORC)	1,475 SF					R						
x			x	MS	455	17	Industrial Hygiene Laboratories						R						
x			x	SPH	440	18	Biologic Containment Facility						R					S	
				VM	440	19	Research Lab Renovations-Molecular Diagnostic Lab	5000 SF					R						
x			x	VM	435	20	New Research Laboratories	2,000 SF					R						
				SPH	420	22	Long range growth	80,000 SF		2008		E	R	O		C			
x			x	COP	400	23	8th Floor P3 Facility						R						
x	x		x	MS	395	24	Orthopaedic Surgery	8,000 SF					R				C		
							Surgery-Mayo 1 (Rehab and Surgery Lab)	35,000 SF					R						
x			x	MS	390	25	Microbiology Laboratories						R						
x			x	SPH	375	26	Heme/Onc consolidation (Peds)	5,000 SF					R	O	CO	C			
x			x	MS	375	27	Cardiology-Offices(red) 1 2 3 - VCRC						R				C		
							Recruitment Space for Lab Medicine and Pathology & Immunology	6,000 SF					R						
x			x	MS	355	29	New Faculty Lab Space	5@1,000 SF					R						
				COP	340	30	Faculty Research Space - Non-Lab	10@150					R						
x				COP	340	31	Graduate Programs Office	3,000 SF					R	O					
x	x		x	MS	315	32							R	O					

**Academic Health Center  
Strategic Facility Plan  
"Options for Development"**

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**GOALS DIRECT FACILITY OBJECTIVES**

◆ To enhance the competitive relevance and position of AHC education

- Faculty offices need to be accessible to students
- Improve all AHC classrooms
- Create space allocation usage and utilization policy
- Rebuild AHC with JOML replacement as Step 1
- Use curriculum driven design in all renovation and new building projects (functions determine structure)
- Enhance the quality and habitability of spaces by using natural light and fresh air
- Create student gathering spaces
- Create spaces that aesthetically foster learning

**Implementation Strategies**

<u>Projects</u>	<u>Cost</u>	<u>Source</u>				<u>Operations</u>
			<u>Immediate</u>	<u>Short Term</u>	<u>Long Term</u>	
<ul style="list-style-type: none"> <li>➤ Design AHC Education Center and Student Commons that is located to allow for inter-disciplinary collegial gatherings of faculty, alumni, and students. Student Services to include bookstore, registration and student information services and food services.                             <ul style="list-style-type: none"> <li>• Includes additional technologically advanced classrooms, virtual learning environments, student lounges, study spaces, continuing and interactive education activities, small group rooms, computer labs and seminar rooms.</li> </ul> </li> </ul>	\$20 million	Private Funds		✓	✓	<ul style="list-style-type: none"> <li>❑ Establish maintenance standards for all classroom facilities and enforcement by Zone FM.</li> <li>❑ Establish resources for Technology upgrade reviews and User training.</li> </ul>
<ul style="list-style-type: none"> <li>➤ Renovation of existing school classrooms – Vet Medicine, Nursing, Pharmacy, Public Health--centrally scheduled.</li> </ul>	\$3 million	Central		✓		
<ul style="list-style-type: none"> <li>➤ Create hi tech virtual teaching labs including dental patient labs</li> </ul>	TBD	Schools/ Central		✓	✓	
<ul style="list-style-type: none"> <li>➤ Renovation of Biomedical Library</li> </ul>	\$10 million	TBD	✓		✓	

# AHC Strategic Facility Planning Comprehensive Worksheet--1999

Renovation	Space Request	New Building	Planning/Pre-Design	Department Code: AC = Academic Health Center; MCB = Molecular & Cellular Biology; MS = Medical School; COP = College of Pharmacy; SS = Swing Space; VM = College of Veterinary Medicine; SPH = School of Public Health; N = Nursing; Critical Life Safety Emergency - Yes=1, No=0	Critical	Criteria Score	Item Number	<b>EDUCATION</b>	Amount	Fund Source	Yr. Funded	Link to Master Plan	Sort Criteria: E = Education services; R = Research; C = Clinical; O = Offices; CO=Consolidation; S = Support Services; UA = Unassigned
							Item Description						EDUCATION RESEARCH OFFICES CONSOLIDATION CLINICAL SUPPORT UNASSIGNED

x				AHC	870	1	Classroom and Student Spaces						E					
x	x			MS	685	2	AHC Education Center	160,000 SF					E					
x		x		D	585	3	Virtual Dental Patient Labs						E				C	
		x		D	570	4	Planning for Facility redesign	2,300 SF					E	R	O			
x			x	COP	550	5	Classroom Renovation 7-193/195 & 2-110-140 Weaver Densford	3,500SF					E					
x	x		x	D	550	6	Continuing Education classrooms						E					
x				VM	540	7	Education Commons area/Alumni Student Research	24,000SF					E		O			S
x		x		MS	515	8	Occupational Therapy--PM & R	2,500 SF					E				C	
x				SPH	505	9	New classrooms	5,000 SF					E					
	x			SPH	505	10	Continuing Education Offices, etc.	5,000 SF					E		O			
x				AHC	500	12	Biomedical Library						E	R				
		x		N	480	11	Planning for Facility Redesign						E	R	O			
			x	COP	480	11	Planning for facility Redesign of Weaver Densford:						E	R	O	CO		
x		x		VM	470	12	Classrooms: Room 135	1,200 SF					E					
x	x			AHC	440	13	Continuing Education Facilities						E					
x		x		COP	400	14	Renovation of 3-120	3,000					E					
x		x		VM	353	15	Rewire Existing Classrooms						E					S
				VM	290	16	Small Group Classrooms						E					
x		x		COP	0	17	Decommissioned Space						E	R	O		C	

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<b>GOALS</b>	<b>DIRECT FACILITY OBJECTIVES</b>
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<p>◆ <u>To enhance the competitive relevance and position of AHC research</u></p>	<ul style="list-style-type: none"> <li>▪ Have the ability to respond quickly with facilities for grant requests</li> <li>▪ Create adaptability in facility design and use for future requests</li> <li>▪ Optimize existing space</li> <li>▪ AHC needs vital spaces which are responsive to program needs</li> <li>▪ AHC is an institution that care’s about it’s people – this should be reflected in the research facilities we design and build</li> <li>▪ Create “short streets” between clinical and basic science researchers</li> <li>▪ Facilities should aesthetically foster learning, collegiality and discovery</li> </ul>
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**Implementation Strategies**

<u>Projects</u>	<u>Cost</u>	<u>Source</u>			<u>Operations</u>	
			<u>Immediate</u>	<u>Short Term</u>	<u>Long Term</u>	
➤ New facility requests—Molecular Biology, Biologic Containment, Equine Research, and Goat Barn.	\$30.3 million			✓		<input type="checkbox"/> Make maximum use of what we have  <input type="checkbox"/> Provide incentives for shared space  <input type="checkbox"/> Develop space allocation program for use across the AHC that optimizes current occupancy.
➤ Renovate existing labs for Vet Medicine, Molecular Medicine, Genetics, Developmental Biology, Pharmacy, Public Health, Endowed Chair in Rural Dentistry and Endowed Chair in Pharmacy to support NIH and other sponsored funding.	\$7.5 million		✓	✓		
➤ Create a pool of standard/generic research labs for recruitment and retention commitments and interscholastic opportunities.	\$3 million/ annually		✓	✓	✓	
➤ Improve space and utilization for Research Animal Resources	TBD		✓	✓		
➤ Increase square footage available for AHC research programs.	TBD			✓	✓	



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													EDUCATION	RESEARCH	OFFICES	CONSOLIDATION	CLINICAL	SUPPORT	UNASSIGNED
x	x			MS	1010	1	Stone Labs	3,500 SF						R					
							Genetics Institute Programs							R	O				
x			x	MS	715	2	PWB7	1,800 SF						R					
	x		x	MS	655	3	Molecular Medicine Program	11,000 SF						R					
x	x		x	AHC	655	4	Research Animal Resources							R					
							Center for Neurobehavioral												
	x		x	MS	635	5	Development	2,500 SF						R					
x	x		x	AHC	600	6	Completion of MCBB							R					
x	x		x	MS	575	7	HSIAO Research	2,500 SF						R					
							Initiative in Molecular Biology in												
	x		x	MS	560	8	Medicine	60,000SF						R					
							Pharmacy Endowed Chair-												
	x			COP	545	9	Weaver Chair	3,000 SF						R	O				
							Bone Marrow												
	x		x	MS	510	10	Transplant(McGlave Retention)	3,000 SF						R		CO			
							Faculty Research Space - Non-												
x	x			N	505	11	Lab	635 SF						R					
							Endowed Chair in Rural Dentistry						E	R	O				
							Interscholastic Research Spaces												
	x		x	AHC	485	14								R					
x			x	D	475	15	Research Labs	5,900 SF						R					
							Faculty Research Space - Non-												
	x			SPH	455	16	Lab	8,000 SF						R	O				
							Health Outcomes Research												
	x		x	MS	455	17	(CORC)	1,475 SF						R					
x			x	SPH	440	18	Industrial Hygiene Laboratories							R					
			x	VM	440	19	Biologic Containment Facility							R				S	
							Research Lab Renovations-												
x			x	VM	435	20	Molecular Diagnostic Lab	5000 SF						R					
	x			SPH	430	21	New Research Laboratories	2,000 SF						R					
			x	SPH	420	22	Long range growth	80,000 SF			2008		E	R	O		C		
x			x	COP	400	23	8th Floor P3 Facility							R					
x	x		x	MS	395	24	Orthopaedic Surgery	8,000 SF						R				C	
							Surgery-Mayo 1 (Rehab and												
x			x	MS	390	25	Surgery Lab)	35,000 SF						R					
x			x	SPH	375	26	Microbiology Laboratories							R					
x			x	MS	375	27	Heme/Onc consolidation (Peds)	5,000 SF						R	O	CO	C		
							Cardiology-Offices(red) 1 2 3 -												
x			x	MS	360	28	VCRC							R				C	



**Academic Health Center  
Strategic Facility Plan  
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**GOALS DIRECT FACILITY OBJECTIVES**

<p>◆ To improve competitive position of <u>clinical and outreach</u> services for all health professionals in the AHC.</p>	<ul style="list-style-type: none"> <li>▪ Develop ways for facilities to respond quickly to market opportunities</li> <li>▪ Create "short streets" between clinical/basic science research</li> <li>▪ Create off-campus property development that pays attention to on-campus access (i.e. off-campus clinics)</li> <li>▪ Clinical Service improvements to be funded by clinical revenues when feasible</li> </ul>
--	---

**Implementation Strategies**

Projects	Cost	Source				Operations
			Immediate	Short Term	Long Term	
➤ Renovation of clinical areas include the CUUCH Clinic, Dental Patient Care Clinics, & Vet Teaching Hospital.	\$1.5 million	College & private funds	✓	✓		
➤ Provide service and outreach opportunities for Center for Spirituality and Healing, AHC Transplant Institute, Pharmaceutical Care, Family Practice expansion, and Center for Molecular and Cellular Therapy.	\$33.3 million	Private Funds	✓	✓		
➤ Develop relocation plan for UMP Clinic	TBD			✓		



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**GOALS**

**DIRECT FACILITY OBJECTIVES**

◆ To enhance the competitive relevance of programs that are geographically dispersed or in facilities that no longer support them by creating opportunities for physical consolidation and/or plans for renovation that will allow for more effective use of the space we have.

- Rebuild AHC with JOML replacement as Step 1
- Create adaptability in facility design and use for future requests
- Use curriculum driven design in all renovation and new building projects
- Enhance and simplify circulation patterns within the AHC
- Create a common denominator place for all AHC schools and programs
- Optimize existing space
- Create connectedness

**Implementation Strategies**

<u>Projects</u>	<u>Cost</u>	<u>Source</u>				<u>Operations</u>
			<u>Immediate</u>	<u>Short Term</u>	<u>Long Term</u>	
➤ Public Health Consolidation	\$60.6 million		✓	✓	✓	<input type="checkbox"/> Increase efficiency of all school operations.  <input type="checkbox"/> Reduce overall lease costs
➤ Facility Redesigns –	TBD					
❖ Dentistry						
❖ Nursing			✓	✓		
➤ Consolidation of Lab Medicine and Pathology, Hematology/Oncology, Bone Marrow Transplant	\$7.2 million					
➤ Relocation of Center for American Indian and Minority Health	TBD				✓	



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Strategic Facility Plan  
"Options for Development"**

**MISSION**

The mission of the Academic Health Center is to be a leader in the ethical, innovative, and efficient discovery and dissemination of knowledge to enhance the health and well being of Minnesota, the nation, and the world.

**GOALS**

**DIRECT FACILITY OBJECTIVES**

◆ Enhance the office environment to promote faculty and staff creativity, excellence and productivity.

- Improve the quality and habitability of office spaces
- Optimize existing space
- Faculty and staff need clean and properly working facilities
- Use program driven design in all renovations
- Faculty offices should be accessible to students
- Create relationships between labs/offices/classrooms

**Implementation Strategies**

<u>Projects</u>	<u>Cost</u>	<u>Source</u>				<u>Operations</u>
			<u>Immediate</u>	<u>Short Term</u>	<u>Long Term</u>	
➤ Renovation of existing offices—include wiring standard for electronic equipment capability.	TBD	Schools/AHC	✓	✓	✓	<input type="checkbox"/> Establish maintenance standards for all offices and enforcement by Zone FM.  <input type="checkbox"/> Develop space allocation program for use across the AHC that optimizes current occupancy and assigns new space fairly.
➤ New faculty offices including a managed inventory of additional offices for recruitment and retention.	TBD	Schools	✓		✓	
➤ New faculty and administrative support offices.	TBD	Schools	✓			
➤ Develop opportunities to improve departmental efficiency by reassigning space that allows for consolidated programming.	TBD	Schools/AHC	✓			

# AHC Strategic Facility Planning Comprehensive Worksheet--1999

Renovation Space Request New Building Planning/Pre-Design				Department Code: AC = Academic Health Center; MCB = Molecular & Cellular Biology; MS = Medical School; COP = College of Pharmacy; SS = Swing Space; VM = College of Veterinary Medicine; SPH = School of Public Health; N = Nursing; Critical Life Safety Emergency Yes=1 No=0		Critical Criteria Score	OFFICES	Amount	Fund Source	Yr. Funded	Link to Master Plan	Sort Criteria: E = Education services; R = Research; CO=Consolidation O = Offices; C = Clinical; S = Support Services; UA = Unassigned						
				Item Number	Item Description						EDUCATION	RESEARCH	OFFICES	CONSOLIDATION	CLINICAL	SUPPORT	UNASSIGNED	
x			x	COP	590	1 Computer Server Room renovation on 1st Floor Weaver Densford								O				
x	x			N	555	2 New Faculty Offices/support	7,520 SF							O				
x			x	D	530	3 Admissions area renovations								O				
x				AHC	530	4 Fairview Release ) New Faculty Offices--Non-Tenure Track/Residents	36,856 SF 6@120 SF				E	R		O		C		
	x			COP	525	5 Office of Student Affairs	2,300 SF							O				
x	x		x	COP	515	6 Redesign current offices								O				
	x			AHC	505	7 Pool of Labs & Offices for Recruitment & Retention								O				
	x			SPH	455	8 New Faculty Offices	15,000 SF							O				
x				N	405	9 Faculty/staff meeting areas								O				
	x			COP	340	10 New Faculty Tenure Track-Offices	10@150 SF							O				
	x			AHC	325	11 Ctr. Amer.Indian & Minority Health	990 SF							O	CO			
x	x		x	COP	290	12 Staff offices	3@120 SF							O				
				VM	280	13 Office Space								O				
x			x	COP	215	14 7-145 Conference Room								O				
x	x		x	MS	210	15 Family Practice Consolidation	10,000 SF							O		C		
x				AHC	120	16 Decommissioned Space					E			O		C	S	
x			x	MS	90	17 Emeritus Offices	2,000 SF							O				



**Academic Health Center  
Strategic Facility Plan  
"Options for Development"**

**MISSION**

The mission of the Academic Health Center is to be a leader in the ethical, innovative, and efficient discovery and dissemination of knowledge to enhance the health and well being of Minnesota, the nation, and the world.

**GOALS**

**DIRECT FACILITY OBJECTIVES**

◆ Establish efficient and effective support services infrastructure across the AHC

- Create space allocation usage and utilization policy
- Enhance and simplify circulation patterns within the AHC
- Create a common denominator place for all AHC schools and programs
- Create a welcoming image for AHC students, faculty, patients and visitors
- Enhance the quality and habitability of AHC spaces
- Optimize use of existing space
- Faculty and staff need clean and properly working facilities
- Develop and implement improved way- finding
- Improve patient/visitor access and orientation
- Improve parking and traffic around the AHC

**Implementation Strategies**

Projects	Cost	Source				Operations
			Immediate	Short Term	Long Term	
➤ Develop signage and corridor upgrades throughout AHC thoroughfare (interior and exterior).	TBD		✓	✓		<input type="checkbox"/> FM Zone <input type="checkbox"/> Parking and Transportation <input type="checkbox"/> Environmental Health and Safety <input type="checkbox"/> Develop space allocation program for use across the AHC
➤ Develop Information Technology plan for AHC including research computing	TBD		✓	✓		
➤ Replace Mayo garage.	TBD				✓	
➤ Develop improved access and entry programs.	TBD			✓		
➤ Develop security program for AHC, including security lighting, monitors, emergency telephones, and protection for research programs.	TBD			✓		

# AHC Strategic Facility Planning Comprehensive Worksheet--1999

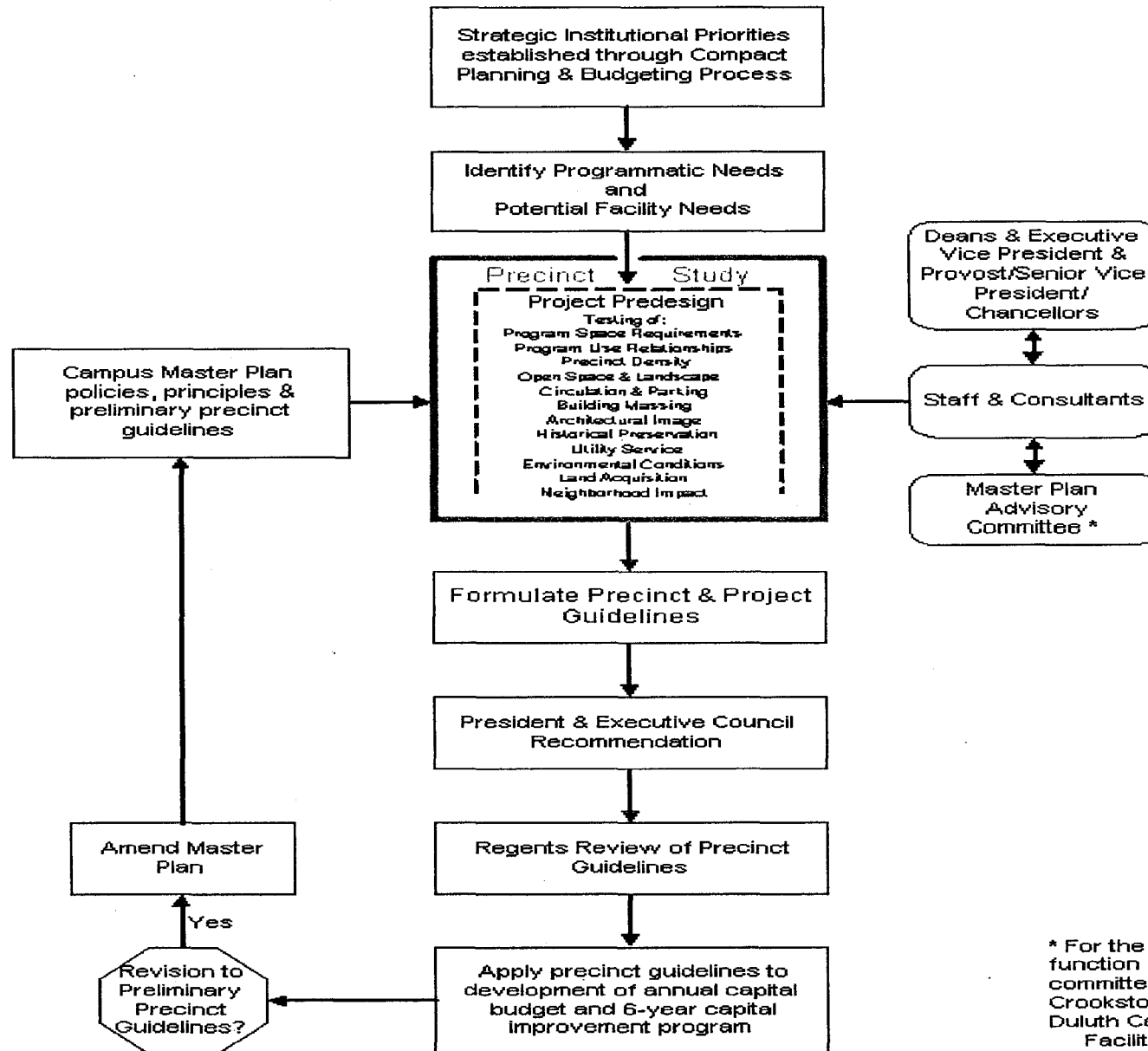
Renovation	Space Request	New Building	Planning/Pre-Design	Department Code: AC = Academic Health Center; MCB = Molecular & Cellular Biology; MS = Medical School; COP = College of Pharmacy; SS = Swing Space; VM = College of Veterinary Medicine; SPH = School of Public Health; N = Nursing; Critical Life Safety Emergency Yes=1, No=0	Criteria Score	Critical	Item Number	Item Description	Amount	Fund Source	Yr. Funded	Link to Master Plan	Sort Criteria: E = Education services; R = Research; CO=Consolidation; O = Offices; C = Clinical; S = Support Services; UA = Unassigned						
													EDUCATION	RESEARCH	OFFICES	CONSOLIDATION	CLINICAL	SUPPORT	UNASSIGNED
x			x	D	555		1	Accessibility Issues					E	R	O		C	S	
x			x	AHC	#REF!		3	Security Systems: AHC wide	5 yr allow.									S	
			x	AHC	230		4	Bridge to Amundson Hall	120 LF						O			S	
			x	AHC	230		5	Site Access / Signage	district									S	
			x	AHC	230		6	Site Access / Entries	5 entries									S	
			x	AHC	200		7	Site: Corridor Connections										S	
x			x	AHC	435		8	Technology: other AHC	5 yr allow.									S	

# **Facilities Issues with Major Policy Implications**

- The AHC needs an additional 300,000 square feet of space to meet current academic program needs-even after the remodeling of Jackson, construction of the Molecular & Cellular Biology Building and renovation of Fairview release space.
- Changing program needs require extensive remodeling and reassignment of space.
- The AHC is land-locked, but interdisciplinary education and research require faculty to be located near each other to be effective.

# PRECINCT PLANNING PROCESS

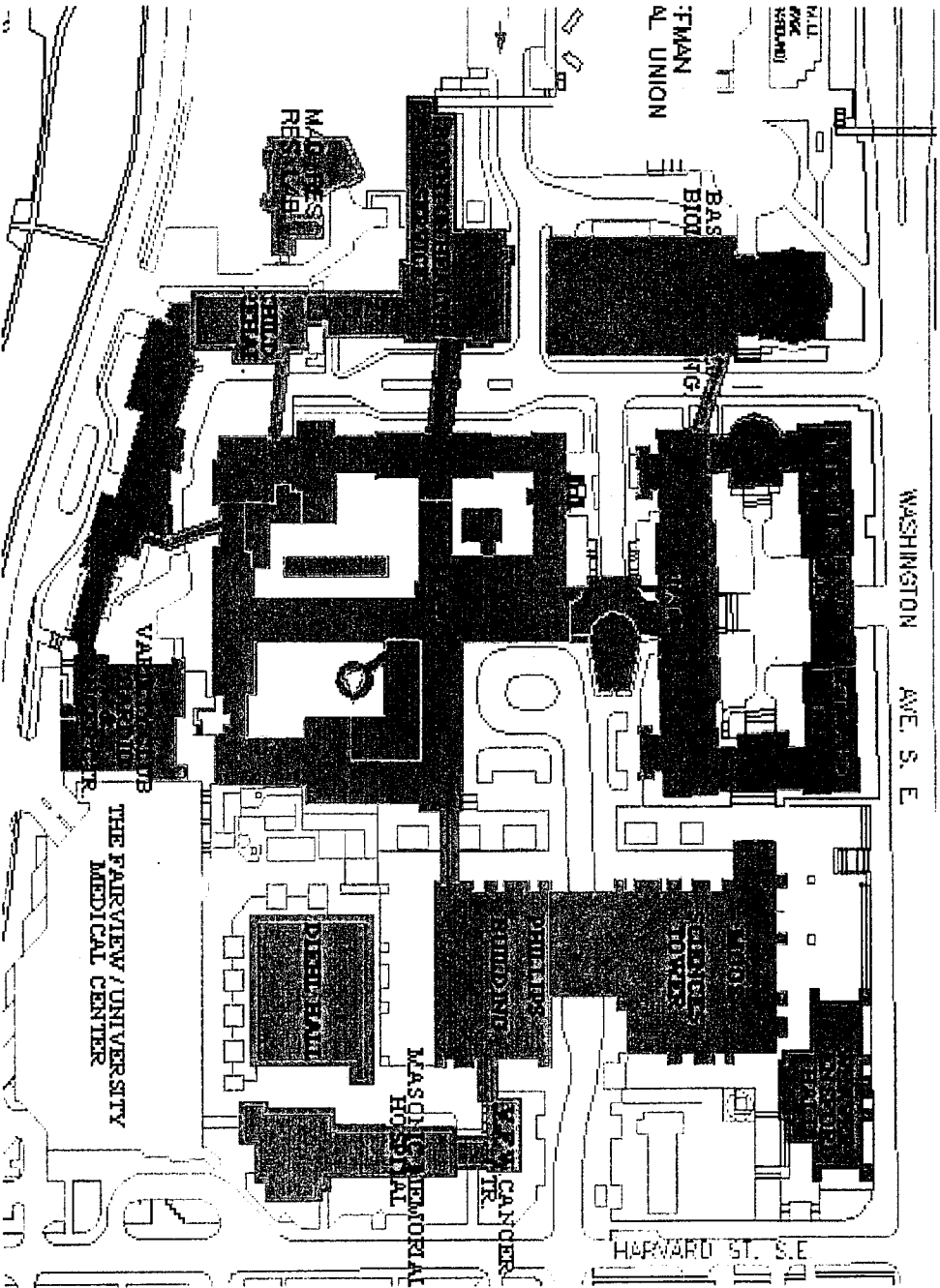
University of Minnesota



\* For the Coordinate campuses, this function is served by the following committees:  
 Crookston Master Planning Committee  
 Duluth Campus Assembly Physical Facilities Committee  
 Morris Campus Resource & Planning Committee

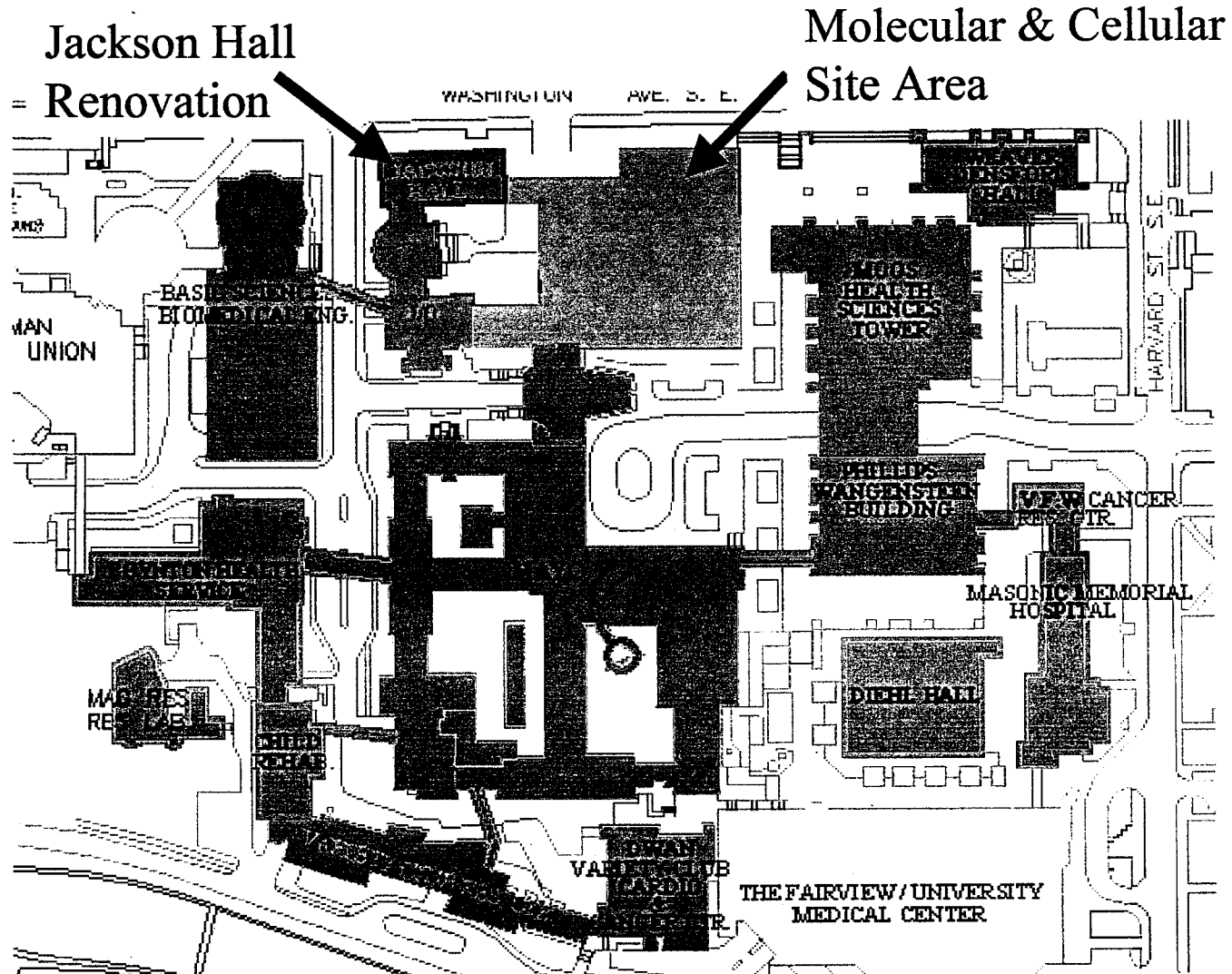
# Academic Health Center Precinct

## Existing Conditions



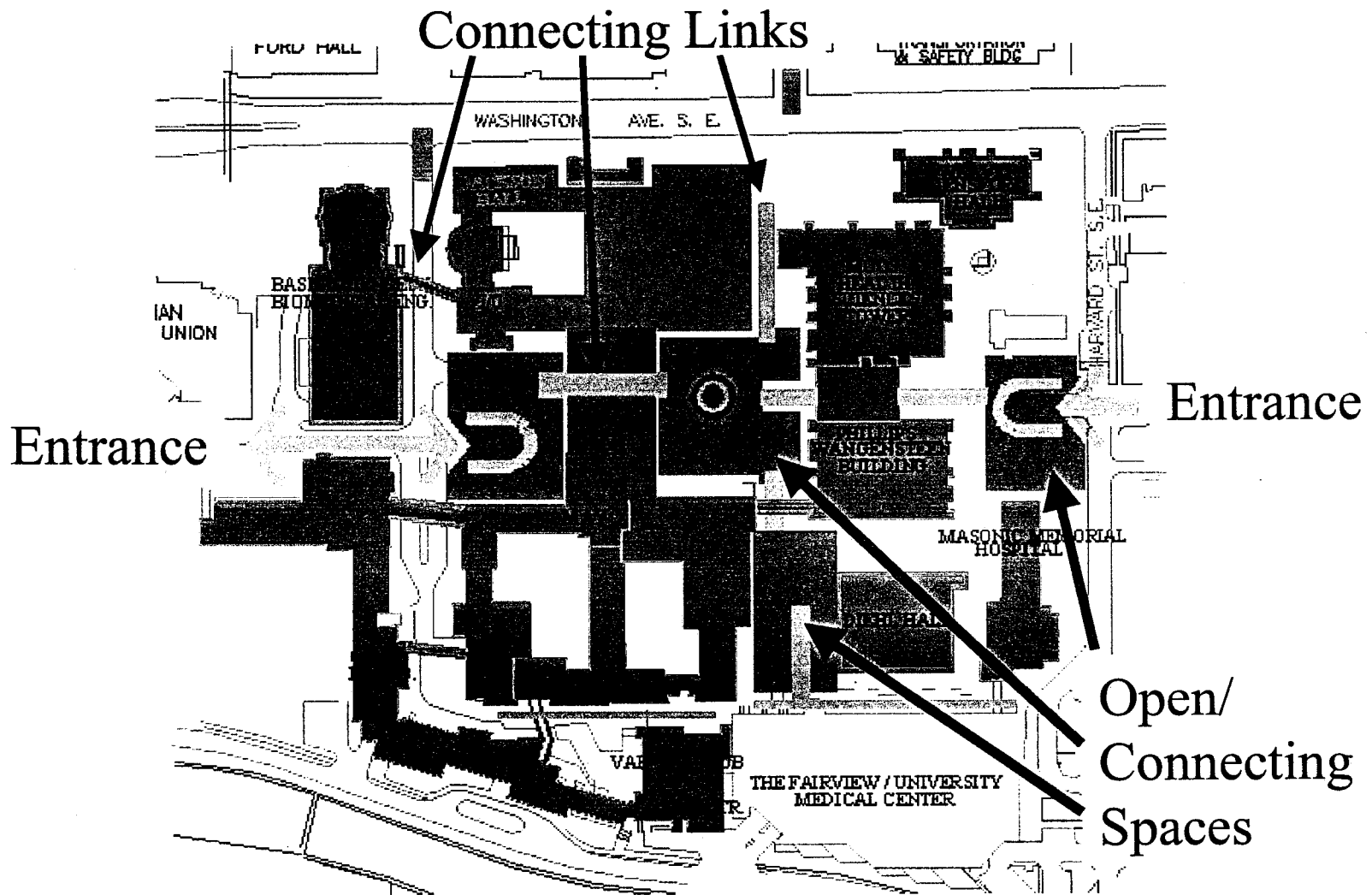
# Academic Health Center Precinct Concepts

## Current Development



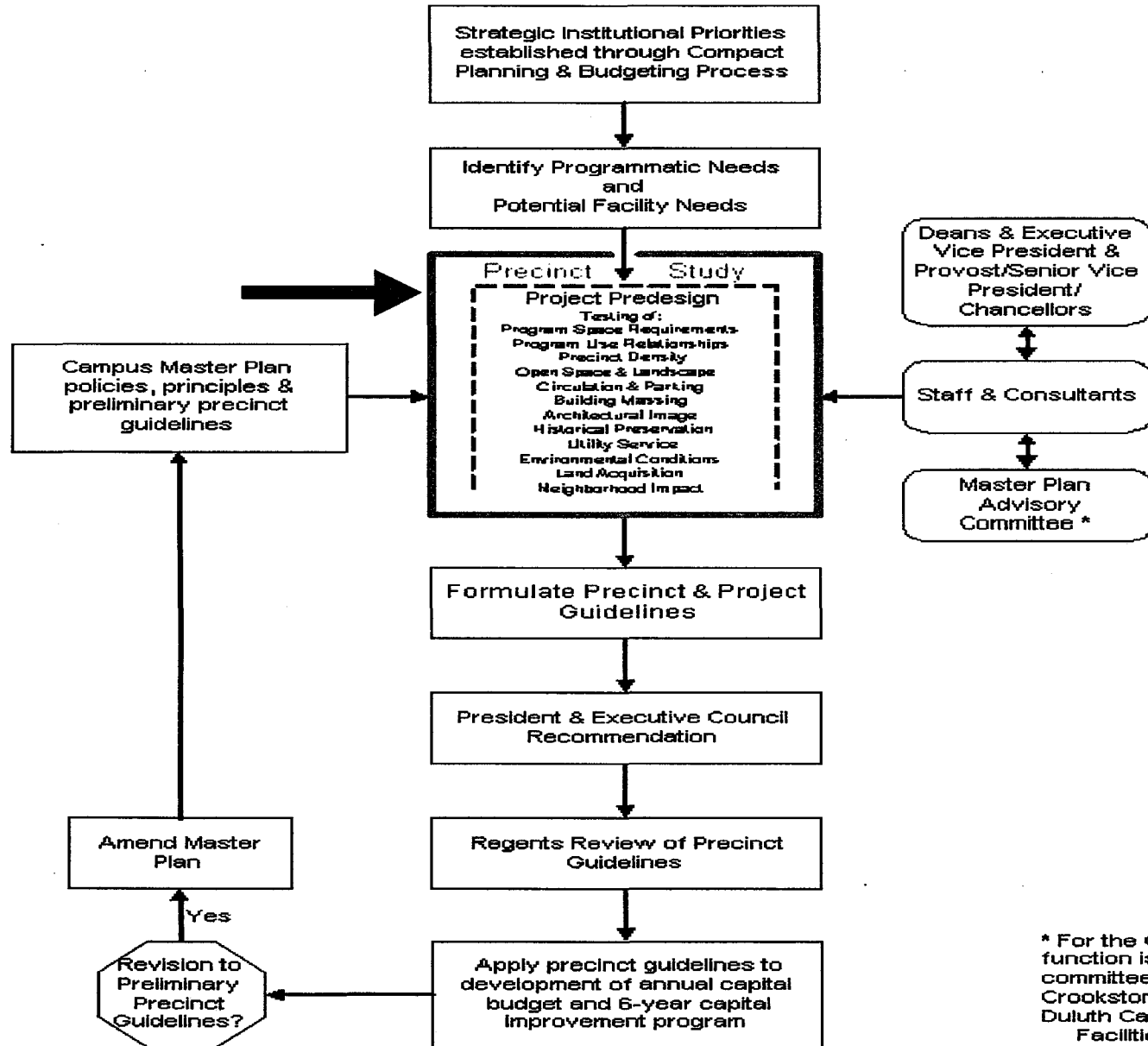
# Academic Health Center Precinct Concepts

## Linkages and Open/Connecting Spaces



# PRECINCT PLANNING PROCESS

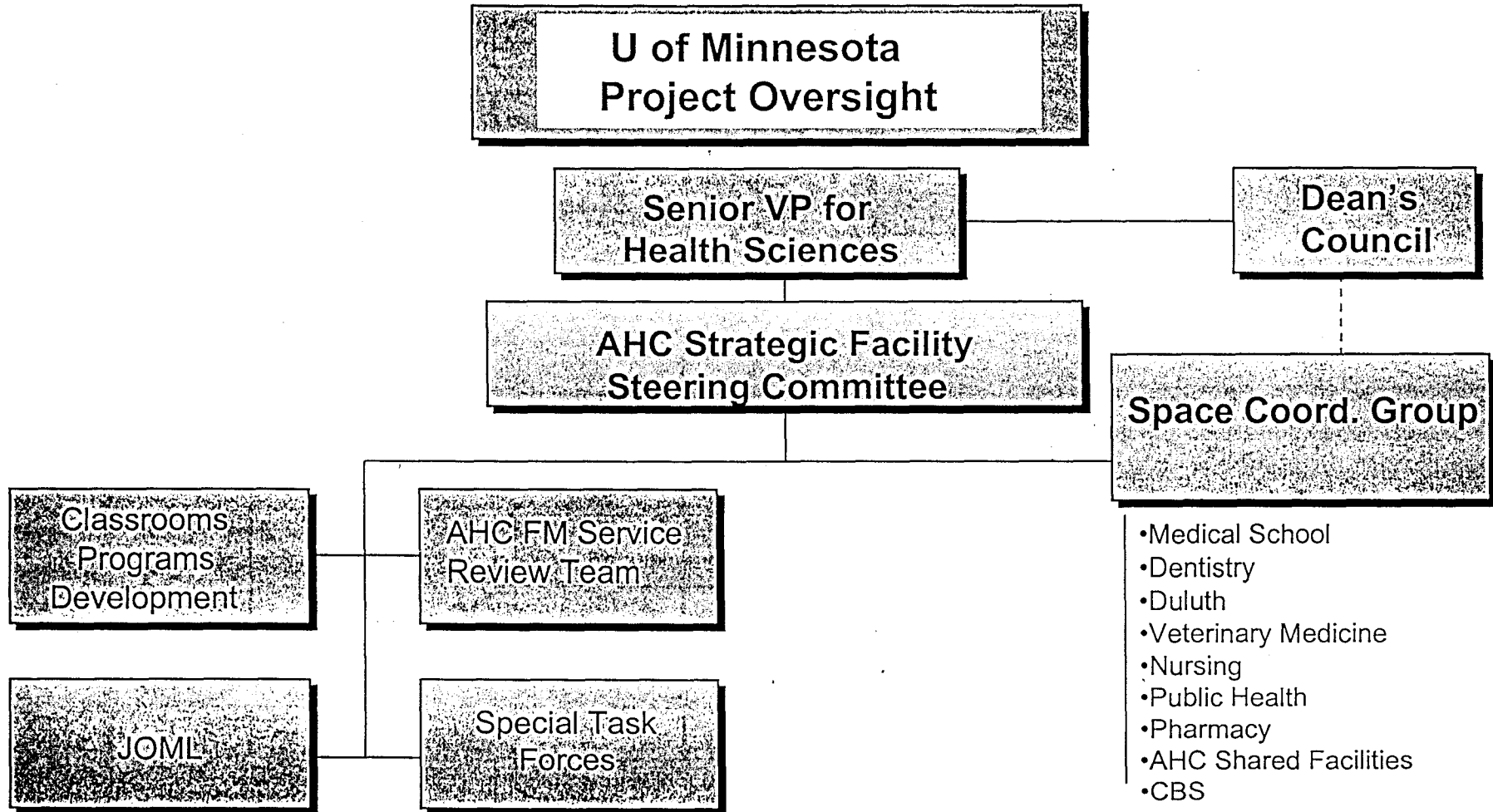
**University of Minnesota**



\* For the Coordinate campuses, this function is served by the following committees:  
 Crookston Master Planning Committee  
 Duluth Campus Assembly Physical Facilities Committee  
 Morris Campus Resource & Planning Committee



*Academic Health Center  
Strategic Facility Plan  
Project Organization*



The following faculty and staff of the Academic Health Center have contributed to the development of this planning process. We are grateful for their input and participation.

**AHC Dean's Council**

Terry Bock	Frank Cerra	Sandra Edwardson
John Fetrow	Kathy Johnston	Edith Leyasmeyer
Alfred Michael	Chris Roberts	Marilyn Speedie
David Thawley	Michael Till	Roby Thompson
Rick Ziegler		

**AHC Strategic Facility Plan Steering Committee**

Muriel Bebeau	Peter Bitterman	Terry Bock
Sandra Edwardson	Bob Elke	Dan Feeny
Kathy Johnston	George Wilcox	Edith Leyasmeyer
Al Michael	Chris Roberts	Marilyn Speedie
Michael Till	Micky Trent	Larry School
Lorie Wederstrom		

**AHC Space Coordinating Group**

Donald Adderley	Barbara Alter	Bonnie Amundson
Jim Banister	Judith Beniak	Peter Bitterman
Cynthia Gillett	Cynthia Gross	Ian Greaves
Carl Jessen	Joyce Lantto	Russell Luepker
Les Martens	Marilee Miller	Mani Mokala
Larry School	Howard Schur	George Wilcox

**Classroom Development Committee**

John Anderson	Florence Brown	Peg Dimatteo
Lael Gatewood	Kathryn Hanna	Helene Horwitz
Tom Larson	Terry Margo	Marilee Miller
Lori Ogden	Nancy Peterson	Meegan Schaeffer
Stuart Speedie	Wendy St. Peter	Rebecca Strick
Micky Trent		

**JOML Replacement Committee**

Bob Baker	David Bernlohr	Terry Bock
Dale Branton	Jim Burak	Jim Cloyd
Kevin Engel	Tony Faras	Cynthia Gillett
David Ingbar	Ross Johnson	Pat Kumar
Alex Lange	David Lee	Ruth Lindquist
Russell Luepker	Harry Orr	Judy Peterson
Charles Schachtele	Vic Vickmanis	Roger Wegner
George Wilcox		

**FM Service Review Team**

Donald Adderley	Bonnie Amundson	Don Archibeque
Mike Armstrong	Mike Austin	Bob Copeland
Joan Felty	Candace Holmbo	Denise Karney
Judy Peterson	Chris Roberts	Sam Talbert

Also, we wish to express appreciation to Craig Rafferty and Paul May from Rafferty, Rafferty, Tollefson Architects for their contributions to this report. Additionally, the staff of the AHC Office of Facilities Management have contributed significantly to its preparation and the support of these committees: Donald Adderley, Bonnie Amundson, Jim Banister, Virginia Garcia-Velez, Ali Strenger, Bob Copeland and Jaime Vargas.

MOLECULAR AND CELLULAR BIOLOGY BUILDING  
ACADEMIC HEALTH CENTER  
UNIVERSITY OF MINNESOTA

PROGRAMMING AND PLANNING

---

MCBB Steering Committee

Frank Cerra, Chairman  
Terry Bock  
Charles Moldow  
Robert Elde  
Lorelee Wederstrom  
Pam Bader  
Earl North

Roger Wegner  
Mike Berthelsen  
Eric Kruse  
Tony Armlin  
George Wilcox  
Al Michael

MCBB Building Advisory Committee

Al Michael, Co-Chair  
Robert Elde, Co-Chair  
CBS Representative  
Charles Moldow  
Tony Faras  
Charles Louis

Tim Ebner  
Earl North  
Lorelee Wederstrom  
Kathryn Hanna  
Judd Sheridan

Research User Group

Tony Faras  
Charles Louis  
Tim Ebner  
Mary Porter  
Dick Linck  
Harry Orr

Howard Towle  
Anne Rougvie  
Steve Ecker  
David Bernlohr  
Paul Siliciano

Vivarium User Group

Cynthia Gillett  
Greg Steinhagen  
Mary Porter  
Dick Linck  
Harry Orr

Howard Towle  
Anne Rugvie  
Steve Ecker  
David Bernlohr  
Paul Siliciano

MOLECULAR AND CELLULAR BIOLOGY BUILDING  
PROGRAMMING AND PLANNING (continued)

Page 2

**Education User Group**

Kathryn Hanna  
Greg Vercellotti  
John S. Anderson  
Glenn Geisler, Jr.  
Rick Peifer

Jane Phillips  
Bob Sorenson  
Carol Wells  
Dick Linck  
Mike Flickinger

**Non Laboratory Program Group**

Ernie Retzel  
Ed Deegan  
NTS Representative  
Parking Representative

**University of Minnesota Facilities Management**

Eric Kruse  
Pam Beader  
Earl North  
Greg Kozulla

**Consultants**

Perkins and Will  
John Nunemaker  
Ted Davis

**FOR ACTION**  
**AHC FACULTY ASSEMBLY**  
**MARCH 30, 1999**

In accordance with the bylaws of the AHC Faculty Assembly, vacancies on the AHC Committee on Committees are to be filled by the electoral process. Assembly rules require that a Nominating Committee be identified by the AHC FCC and ratified by the AHC Faculty Assembly. It is the recommendation of the AHC FCC that it serve as the nominating committee for this election. The committee will be responsible for generating the names of two individuals, each from the School of Nursing and the College of Pharmacy and preparing election ballots. Vickie Courtney in the Senate Office will coordinate the election process. Election ballots will be sent to members of the AHC Faculty Assembly.

MOTION: To approve the AHC FCC as the Nominating Committee responsible for generating names to fill two vacancies on Committee on Committees.

Muriel Bebeau, Chair  
AHC FCC

## **ACADEMIC HEALTH CENTER FACULTY ASSEMBLY**

Friday, November 6, 1998

Minutes of the Meeting

These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Academic Health Center; none of the comments, conclusions, or actions reported in these minutes reflect the views of, nor are they binding on, the Administration or the Board of Regents.

The Academic Health Center Faculty Assembly is composed of members of the AHC Faculty Consultative Committee and elected faculty and academic professional representatives of the AHC's constituent colleges and schools who are members of the University Senate. At any regular or special meeting of the Assembly, a majority of its members shall constitute a quorum.

Senior Vice President Frank Cerra called the meeting to order at 12:00 noon.

I. The minutes of the July 30, 1998 meeting were approved, with minor corrections.

II. Approval of the slate of nominees for the AHC FCC election

Cynthia Gross, Chair of the AHC FCC, directed members' attention to the slate of nominees prepared by the Nominating Committee for the upcoming AHC FCC election. The following individuals were nominated to replace the founding members of the AHC FCC: Bernie Feldman and Kathleen Krichbaum from Nursing, Patricia Ferrieri and Philip McGlave from Medicine, Carston Wagner and Timothy Wiedemann from Pharmacy, Mary Walser and Stephanie Valberg from Veterinary Medicine, Donna Arnett and Judith Garrard from Public Health, and Fred Hafferty from the Duluth School of Medicine. Professor Gross explained that, given the difficulty in finding candidates from Duluth, the current representative would serve out the year, and a new representative would be chosen at the next election.

Professor Gross then asked that the Nominating Committee's motion to accept the slate be seconded. The motion was approved and passed unanimously.

III. Chair's Update

Professor Gross presented a list of actions and consultation issues that the AHC FCC has addressed in the last year and a half. She highlighted the following points:

- Evaluation at the AHC  
Dr. Cerra had proposed that the regular review of deans and department heads be extended to the units themselves. The committee had provided recommendations for reviewing the Dean of the School of Nursing and is awaiting feedback on that review.
- AHC Grants  
The committee approved the process of AHC small seed grant distribution. In terms of larger grant distribution, the committee stressed the need to maintain the distinction between competitive review and strategic initiative.

- **Retirement Issues**  
The committee perceived the need for policies on the role of emeritus faculty and their access to resources.
- **Educational Services Organization (ESO)**  
The committee was highly critical of the proposed creation of an AHC ESO. It recommended that units have designated budgets for teaching-related needs, and that exemplary educators set the objectives for any ESO-type initiative.
- **Post Tenure Review**  
Professor Gross referred members to the minutes of the last meeting for a discussion of this issue.

#### IV. Discussion with Senior Vice President Frank Cerra

Dr. Cerra reported that construction of the new Molecular and Cellular Biology Building is on time and on budget. He explained that the structure will be designed and built simultaneously. An architect is currently being chosen so that the design process can begin in January. The Research Space Allocation Committee and Educational Task Force are working to determine if the space needs can be met.

Dr. Cerra has sent a work item to the AHC FCC based on the draft of the Senate subcommittee on Academic Appointments. The Dean's Council has identified the need for a non-tenured, non-staff faculty track that would include P & A in either research, education, or clinical work/outreach. This track would help fulfill the University's mission and increase flexibility. Dialogue is needed on what percentage of the total faculty and P & A this new class would account for.

#### Grants Management

Dr. Cerra referred members to the "Sponsored Project Management Report" presented to the Board of Regents. He pointed out that there has been tremendous progress in developing the new grants management model and commended David Hamilton for his work in this area. He emphasized that decisions about the model have been made jointly by faculty and administration. Regarding the NIH designation, Dr. Cerra reported that he, Christine Maziar and David Hamilton had gone to the NIH in July to present an update on the workplan. At that meeting they discussed the oversight model that will provide help to the P.I. and avoid excessive regulation.

Professor Hamilton enlisted the support of committee members in getting grants management on the agenda at departmental faculty meetings. A question was raised about what other issues might take priority over grants management, and how the system will accommodate for such competing agendas. Dr. Cerra explained that 80-90% percent of the control lies with the P.I. rather than the department. Another member pointed out that P.I.s are having problems getting NIH approval for carry-over monies and sharing ICR with faculty from different units. Dr. Cerra responded that the Dean's Council will discuss the different proposals for ICR partitioning at their next meeting.

## Legislative Initiative

Dr. Cerra reviewed the case for the "Health Professional Education" piece of the University's legislative request. He referred members to the docket and presentation made to the Board of Regents. The request of \$37 million is 65-70% Medical School oriented. The goal is to reconnect the University's educational systems with the community's care delivery systems. Last year, much effort was put into the basic sciences. This year, the focus is on stabilizing the clinical sciences, which have been problematic in many of the schools. Dr. Cerra reported that people are responding positively to the request. Precisely evaluating the benefits for each school and the resource requirements will be difficult since much of the plan involves new educational design. The AHC FCC will thoroughly review the plan at its next meeting.

Dr. Cerra raised the issue of how the recent election may affect the outcome of the request. With a Republican House, a Democratic Senate, and a Reform Governor, it is difficult to predict the results. He felt certain that the case for care delivery would resonate with the legislature, and that grass roots support would play a critical role.

In response to one member's question, Dr. Cerra clarified that faculty, not administration, will largely determine how the money will be allocated. Once the faculty has designed the courses, the administration will calculate the FTEs. He assured the committee that this discussion will continue in the future once the content of the courses has been developed in more detail.

## V. Discussion with Christine Maziar

Dr. Cerra introduced Christine Maziar, Vice President for Research and Dean of the Graduate School. She commented on some of the projects that her office is working on. She is looking for a second Assistant Dean and encouraged committee members to put their names forward for this position. She stressed that faculty representation would be important in working through the policy issues related to grants management and University technologies. The most attention is currently being devoted to grants management, with the help of Dr. Cerra and Professor Hamilton. A transition team is also being assembled to work on the implementation of ORTTA function. The new organization will be divided into three areas: 1) The Office of Sponsored Projects Administration (SPA), which will spend more time on value-added activities, 2) an area to enhance the resources available for the commercialization of technology, and 3) the Office of Institutional Oversight, Analysis, and Reporting to monitor grant management activities.

The floor was opened for questions:

**Q:** Regarding the O&M/ICR swap, how can aging equipment that is part of the infrastructure be responsibly replaced?

**A:** Dr. Maziar explained that the University does not collect sufficient indirect costs to cover expenditures on research infrastructure. A new indirect cost plan is being developed to present to the Department of Health and Human Services. Dr. Maziar hopes to negotiate an indirect cost rate that is a few points higher than the current one. Dr. Cerra added that one suggestion for supporting infrastructure was that, of the \$4 million on the RFPs for AHC funding, half a million could be used to match dollars with the Deans in purchasing new equipment.



**Q:** If the effective collection of indirect costs is 23-25%, where is the rest of the money going?

**A:** Dr. Maziar explained that the figure was cumulative, and that state grants carry no indirect cost.

**Q:** One member voiced a concern that giving P.I.s more authority in grants management means that the P.I.s will spend less time on science and more on administrative decisions.

**A:** Professor Hamilton clarified Dr. Cerra's earlier point about the P.I.'s degree of authority. The goal is that administrators at the department level will have the training and background to make decisions, not that the P.I. will assume greater administrative burdens. Dr. Maziar added that the Regents made it very clear that, in implementing the new model, the administrative burden should be taken off the faculty.

**Q:** Is there funding for personnel to take over these responsibilities, given the A-21 restrictions?

**A:** Dr. Maziar responded that while the A-21 cannot be changed, a structure can be created to give the P.I. consistent responses on A-21 issues.

**Q:** Even if the ICR is increased, the amount that trickles down to research may not change due to expanding educational initiatives. Are there any policies on how ICR can be spent?

**A:** Dr. Maziar stated that there is currently no link between ICR increases and funds available to support faculty research. Dr. Hamilton added that in many of the schools, ICR stops at the Dean's office. Dr. Cerra explained that ICR is intended to support the infrastructure of research, though this is not always apparent at the faculty level. It is permissible to use ICR dollars to fund research since the agency that gets billed is not concerned with how the funds are spent as long as they accurately reflect indirect costs. Furthermore, the University does not tie revenue streams to expense streams.

**Q:** What is the accountability of units that accept multi-millions of dollars in research money but do not provide capable accounting staff or education to their own P.I.s? Shouldn't there be oversight in this area?

**A:** Dr. Maziar agreed and explained that this is part of the certified approver program. Professor Hamilton said that he would present this program to the committee in the future. He is now gathering feedback from each department to take back to the grants management group. He described how the recommendation of the Computer Science department had been used to improve the financial reports on the Web. He also found that the Physics department was grateful that he had come to explain the oversight model. He concluded that discussions such as these were helpful in making informed judgements about the model.

Dr. Maziar went on to discuss changes in the Graduate School. A major project is the redesign of graduate program reviews, which have been suspended for two years in order to move past the transition period to semesters and the Enterprise computer system. This two year period is being used to realign program reviews with the compact process so that the outcome of the reviews is valuable in establishing academic budgets or in strategic planning.

One member asked for an update on the trends to eliminate smaller graduate programs. Dr. Maziar clarified that the vitality of the programs, not their size, was the issue. She expressed her preference for fewer programs with more tracks and options. She reported that Vic Bloomfield is working with faculty to develop an umbrella recruiting program for first year graduate students in many of the Biological Sciences programs.

It was agreed that agenda items for the next meeting should include grants management, an update on the Enterprise computer system, and the commercialization of technology. Dr. Cerra adjourned the meeting at 1:30 p.m.

- Anya Schwender -

## AHC - FCC ANNUAL REPORT

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### Brief List of Actions and Consultation Issues '97- '98

1. Governance Issue: Continuing the link between the U FCC and the AHC-FCC, with the appointment of a single provost and a senior VP for the Health Sciences. Letter to U Senate FCC clarified role of the AHC-FCC as an entity of the U Senate, under the FCC, funded by the AHC. Election process, under the auspices of the U Senate, formalizes the relationship.
2. Evaluation at the AHC: Deans, Department Heads and Colleges  
Consultation addressed details of the
  - composition and selection of review committee for Dean's review
  - proposed scope and format of reviews of schools and departmentsAdditional feedback is needed to evaluate whether or not consultation has been effective.
3. Creation of Subcommittees on Finance (D. Feeney, chair) and on Faculty Affairs (C. Bland, chair). Key issues considered by these committees included coordination/liaison with their U Senate counterparts; legislative requests and college compacts (Finance); post-tenure review, faculty - mix (tenured, non-tenured, clinical, academic professional) and development (Faculty Affairs)
4. Faculty recognition events
  - Successful "newly tenured and promoted" event held for the second time.
  - Proposal for event to honor retirees across the AHC
5. AHC Grants
  - Reviewed and approved report on process of AHC small seed grant distribution
  - Follow-up on larger grant distributions is needed; concerns raised about separating competitive review and strategic investment in order to preserve confidence in competitive processes
6. Communications: AHC-FCC Minutes abstracted for the CAPSULE
7. Memorandum of Understanding & Compacts, O&M /ICR Swap
  - Letter to Yudof and Cerra voicing concern about policies which disadvantage highly productive groups like the School of Public Health (SPH)
  - Change in wording of SPH Compact's focus on school-wide performance criteria, not individual benchmarks;
  - Request for tenure & school specific faculty hiring, departure data to track trends which might be related to University policy changes; follow-up is needed to evaluate impact

## **8. Retirement Issues**

- Tracking the proposed faculty revitalization plan and distinguishing faculty rights from administrative options for retirement incentives
- Concurring with the need for a Retiree's Bill of Rights from the U Senate
- Perception of need for policies of emeritus faculty role and access to resources

## **9. Educational Services Organization**

- Plans to create an AHC Educational Service Organization (ESO) were reviewed and critiqued
- Concerns about U-wide overlap, under funding and possible underutilization of existing U educational efforts and resources
- Recommendation that units (Colleges and Departments) have designated budgets to support efforts to improve curricula, teaching skills, and other specific educational needs
- Recommendation that exemplary educators (along the lines of the proposed Academy of Distinguished Teachers) set the objectives for any ESO-type initiative

## **10. Post-tenure Review: Commented on the procedures outlined for implementing post-tenure review as prepared by Mary Dempsey, Chair of the Tenure Subcommittee of the U Senate Committee on Faculty affairs. AHC-FCC encouraged units to adopt the most "peer-driven" of their options for review.**

Submitted by AHC-FCC Chair for 1998, Cynthia Gross

**FOR ACTION UNDER ITEM 2  
AHC FACULTY ASSEMBLY AGENDA**

**MOTION:**

That the AHC Faculty Assembly approve the following slate of nominees for the AHC Faculty Consultative Committee election:

College of Pharmacy: Carston Wagner  
Timothy Wiedmann

College of Veterinary Medicine: Mary Walser  
Stephanie Valberg

Duluth School of Medicine: Fred Hafferty  
Write in

School of Medicine: Patricia Ferreri  
Philip McGlave

School of Nursing: Bernie Feldman  
Kathy Krichbaum

School of Public Health Donna Arnett  
Judith Garrard

**COMMENT:**

As you may recall, in August 1998 the Faculty Assembly Committee on Committees identified the individuals listed below to serve as the Nominating Committee for the AHC Faculty Consultative Committee election. The Faculty Assembly Steering Committee, acting on behalf of the Faculty Assembly, ratified the membership of the nominating committee and will also ratify the slate of nominees listed above, at its meeting next Thursday in order that the election may proceed. In the future, the Faculty Assembly Committee on Committees will be asked to handle the AHC FCC election.

Members of the Nominating Committee (membership constitutes the AHC Committee on Committees):

Mila Aroskar, Public Health  
Elaine Robinson, Vet Med  
Patricia Tomlinson, Nursing  
Susan Berry, Pediatrics  
Thomas Shier, Pharmacy  
Douglas Wangensteen, Physiology  
Thomas Huntly, UMD School of Medicine  
T. Michael Speidel



## **TIMELINE FOR AHC-FCC ELECTION PROCESS**

September 22, 1998	Call for nominations sent
October 5, 1998	Deadline to receive nominations in Senate Office
Week of Oct. 5 <sup>th</sup>	Nominating Committee meets to develop slate Of candidates (the ballot will identify to candidates)
Late Oct. or early Nov.	Faculty Assembly should meet – slate of candidates need Assembly approval.
November	Election is conducted – ballots will be mailed to colleges.
December	New FCC members identified and meets with current FCC
January	New FCC members officially appointed (Terms will correspond with the academic calendar)

**AHC FACULTY ASSEMBLY  
FRIDAY, NOVEMBER 6, 1998  
12:00 - 1:30 P.M.  
2-110/2-140 WEAVER DENSFORD HALL**

**AGENDA**

1. Minutes of the July 30 meeting
2. Approval of the slate of nominees for the AHC FCC election  
Cynthia Gross, Chair, AHC FCC
3. Chair's Update - Cynthia Gross (5 minutes)
4. Christine Mazair, Vice President for Research and Dean of the Graduate School  
12:15 - 12:35 - Introduction and comments
5. Discussion with Senior Vice President Frank Cerra (40 min.)
  - Legislative Initiative
  - Grants Management
  - Facilities
6. What's on your mind? - Open dialogue with Sr. VP Cerra (15 minutes)



UNIVERSITY OF MINNESOTA  
BOARD OF REGENTS

Committee of the Whole

November 12, 1998

**Agenda Item:** Sponsored Project Management Report

review                       review/action                       action                       discussion

**Presenters:** Vice President Chris Maziar  
Senior Vice President for Health Sciences Frank Cerra

**Purpose:**

This presentation will summarize the history, current status and actions being taken by the institution in Sponsored Project Management. The desired outcomes of the Project are:

1. To improve service to principal investigators in competing for and managing sponsored research.
2. To improve the efficiency of institutional processes supporting sponsored research.
3. To promote a culture of compliance with grants management regulations within the institution.
4. To provide assurance of compliance both within and outside the institution with regulations pertaining to sponsored research.

Achieving these outcomes of the Project will also provide the basis for the restoration of expanded authorities and removal of the exceptional designation by the National Institute of Health.

This Project is linked to the Enterprise Project. The functionality desired in the Sponsored Research Management Project will rely in some key areas on the functionality of the software and processes being implemented in the Enterprise Project.

**Outline of Key Points:**

1. The workplan established with the National Institutes of Health is moving forward. This workplan addresses four areas of sponsored project management: roles and responsibilities, policies and procedures, education and training, and electronic support systems. The targeted completion date for the workplan is Fall 1999.
2. The management model internal to the institution distributes authorities, responsibilities, resources and accountabilities to the appropriate decision makers at the department and school level. Pre and post-award on-line support is provided in the Electronic Grants Management System (EGMS) An oversight system provides help in decision making both on-line and with expert consultants.
3. The institutional official is the Vice President for Research. The interface with granting agencies external to the institution is via Sponsored Projects Administration. This agency, as well as the sponsored research management and oversight processes, resides in the Office of the Vice President for Research.
4. The development and implementation have been greatly enhanced by a faculty-administrative partnership since February 1998.



5. Implementation efforts have begun at the departmental level in the Focused Grants Management Program. This local team approach is effective in identifying concerns and issues and working out solutions.
6. The major implementation effort institution-wide will begin in Spring 1999.
7. A compliance plan and enforcement model will be developed prior to institution-wide implementation.

### **Background Information:**

The University undertook several self-initiated audits of its grants management processes in the early 1990's. In mid-1994, a high level task force was established by the President to assess what needed to be done to develop and implement a process for sponsored research management that utilized 1990's technology and would continue to support these functions into the 21st century. In August of 1995, the University received notification from the National Institutes of Health that the University had been designated an exceptional institution and that its expanded authorities had been removed (these authorities enabled approval of certain grant related transactions on site, rather than first being approved at NIH).

An administrative site visit was performed by NIH that resulted in recommendations in four areas of sponsored research management: policy and procedures, definition of roles and responsibilities, education and training of participants in sponsored research management, and the development of electronic systems to support the administration of sponsored projects. These areas became the basis for the workplan that has been developed between the University and NIH, and which serves as the basis for the Sponsored Research Management Project.

In February of 1998, the project structure was recast using a faculty-administrative collaborative model, with a project director and a project manager who report to the Senior Vice President for Health Sciences and the Executive Vice President and Provost. On July 29, 1998, the Project Director, Vice President for Research and the Senior Vice President for Health Sciences visited the Office of Policy for Extramural Research of the NIH. Materials relating to the progress on the workplan were presented and a Central Institutional Oversight Analysis and Reporting model discussed one that the University is currently in the process of implementing. The new Vice President for Research is restructuring her office, into which the Sponsored Research Management Project is moving.

As the various components of the workplan and oversight process are being completed, implementation has received greater attention and emphasis. A lot of preliminary work has been performed at departments across the twin cities campus. A major implementation effort is planned for Spring 1999. The target time for the site visit by NIH is the fall of 1999.

### **President's Recommendation for Action:**



UNIVERSITY OF MINNESOTA  
BOARD OF REGENTS

Educational Planning and Policy Committee

October 8, 1998

**Agenda Item:** Health Professional Education: New Demand Model

review       review/action       action       discussion

**Presenters:** Executive Vice President and Provost Bob Bruininks  
Dr. Frank Cerra, Senior Vice President for Health Sciences

**Purpose:**

This Category I discussion and review item is intended to provide background information and to establish a conceptual framework for policy issues the Committee will be addressing during this year related to the mission, goals, and academic initiatives of the Academic Health Center. This is the first of two proposed policy related discussions on this topic.

**Outline of Key Points:**

Health Professional Education: New Demand Model--This session will focus on the conceptual framework; the scope of the program, including quality and quantity issues; changing roles and responsibilities of the faculty under the new mode; and current and future policy and financial implications, including human resources.

*As preparation for this discussion a report developed by the University of Minnesota Academic Health Center addressing the issues outlined above is attached.*

**Background Information:**

This session is a Category I critical discussion and review as identified in the 1998-99 workplan for the Educational Planning and Policy Committee.

**FUNDING HEALTH PROFESSIONAL EDUCATION  
at the Academic Health Center**

**A Report to the Regents  
of the University of Minnesota**

The University of Minnesota Academic Health Center (AHC) is one of Minnesota's most important resources and among its best investments. Our faculty educate 70 percent of Minnesota's health professionals; conduct world-class research leading to major discoveries and breakthroughs; find cures for diseases and develop new devices and drugs; advocate for and support preventative medicine and complementary care; support agriculture by educating veterinarians and finding solutions to serious animal related problems; provide leadership in research and discussion of major health policy issues; and provide the highest quality patient care both at Fairview-University Medical Center and also in communities across the state.

The breadth and depth of programs make the AHC one of the most comprehensive health research and education centers in the United States. The Academic Health Center comprises the School of Dentistry, the School of Nursing, the Medical School (Twin Cities), the College of Pharmacy, the School of Public Health, the School of Medicine (Duluth), and the College of Veterinary Medicine. The Academic Health Center includes the National Cancer Institute designated University of Minnesota Cancer Center, the Biomedical Engineering Institute, and the Center for Bioethics--important interdisciplinary programs that have distinguished themselves in research and service. The Research Services Office (RSO) also opened in January 1998 to increase the amount of industry-sponsored research in the Academic Health Center.

Each year, the AHC's seven schools and colleges serve 5,000 students, primarily graduate and professional, who are taught and mentored by its 1300 faculty members. The University offers 62 degree options in 36 health science disciplines, including the AHC's allied health sciences with programs in occupational therapy, physical therapy, mortuary science, and medical technology. Of the Medical School faculty, 400 are physicians actively engaged in patient care through the newly created private practice plan, University of Minnesota Physicians.

Although the University is a land-grant institution, state taxpayers contribute only 20 percent of the AHC's \$453 million annual budget. AHC revenues in FY 1998 included \$90 million in state appropriations (20 percent), \$26 million from tuition (6 percent), \$166 million awarded in grants (37 percent), \$28 million from gifts (6 percent), \$100 million in generated revenue, primarily clinical services (22 percent) and \$43 million from a variety of other sources.

**Facts about Health Professional Education**

Fact 1. Preparing for a career in the practice of medicine requires extended years of study and training. For example, a physician spends a minimum of thirteen from matriculation in an undergraduate program of study to completion of a residency, as shown on Chart 1.

Fact 2. The years of preparation are expensive for both the institution and the student. The average cost of educating and training a physician approaches \$100,000 per year. The average physician enters the medical profession carrying \$75,000 of debt.

Fact 3. The education and training of health professional students requires a partnership of teaching institutions that is unique in higher education. As shown on Chart 2, instructional activities take place in classrooms and laboratories on the university campus and in clinical settings (primarily hospitals) throughout the immediate geographical region.

## The Challenge

Changes in the healthcare delivery system, together with the new Medicare legislation (in the Balanced Budget Act of 1997), have created both programmatic and educational challenges for institutions that train health professionals. For the last thirty years, the programmatic environment has been oriented toward in-hospital care delivered one encounter at a time. A substantial part of the cost of training health professionals has been borne by payments to hospitals and physicians for patient care and by the Federal government. Insurance plans and government agencies are now seeking to reduce their responsibility for financing the training of health professionals.

Changes in the way health care is delivered is having a major impact on the education process in the health professions. Care that was once delivered exclusively in hospitals is now moving to out-patient clinic settings. The focus on encounter-based health services is changing to community-based and population-based care models. Health care delivery requires practitioners who are community-based and population-oriented and have skills in non-medical areas such as information systems, finance and contracts, preventive health and wellness, outcomes assessment, Epidemiology, and Continuous Quality Improvement techniques.

Other forces -- the impact of managed care on the marketplace, advancements in scientific knowledge, changing demographics, a changing health care paradigm, and new technologies -- continue to reshape American health care, significantly affecting the ability of universities to offer high quality health professional education. Many of these factors have been outside the control of the University of Minnesota. The University and the state have responded, but a closer look at the issues shows that more needs to be done.

### The health care environment is changing.

- Traditional hospital- and clinical-based service remains an essential element of health care. Increasingly, however, care is more population- and community-based with emphasis on illness prevention and health promotion. This means that health professional curricula must change to assure our students will be aware of and ready to participate in this new environment. In addition to the skills required for care of the ill and injured, graduates must understand the new generation of health delivery systems, must be skilled in team care, and must have practical experience in community settings. This new model for care will generate new costs for the Academic Health Center to maintain and enhance the quality of the educational enterprise.
- The setting for educating health professionals is also shifting from the hospital bedside as the dominant site to the clinic, office and home as pressure for cost containment in hospital expenditures mounts and more of the care is delivered outside the traditional hospital. For example, a patient needing a hip replacement in 1980 was in the hospital for 10-12 days-- plenty of time for students and residents to learn about the patient's problems, the giving precious little time for education, or even interface with students.

### The expectations for health sciences students and faculty are increasing.

- Students in the health sciences must know more than they did a generation ago. **As professionals**, they must have greater knowledge of the federal and state statutes and

regulations, business practices, managed care, information technology, patient rights, shared decision making, and government programs. *As practitioners*, they must have broader knowledge in ethics, preventative health, wellness, complementary medicine, community-based practices and team care approaches. *As scholars*, they must have greater knowledge of recent scientific discoveries, new products and bio-medical devices, gene therapies, and new drugs and treatments. These educational demands also generate new costs for the Academic Health Center.

- Expectations for faculty are also increasing. As the environment changes, they must develop new skills and knowledge necessary to teach students about new science, managed care practices, technology, health economics, prevention and other topics unheard in health professional curricula even a decade ago.
- Faculty, especially in medicine, are also under growing pressure to increase clinical activity as the revenue stream for patient care decreases as managed care drives down reimbursement. For the past 30 years, the clinical revenue stream of practicing faculty has have contributed significantly to the University's research and education enterprise.

The demand for health professionals is growing.

- The health needs of our citizens have exploded as the baby boomers age and life expectancy increases. Health care consumers are expecting more as well as needing more from the health delivery systems. This places pressure on academic institutions to prepare the appropriate workforce to meet these needs.
- As pressure for primary care providers increases, the health professional surpluses of the 1990s could vanish as communities compete for fewer numbers of graduates and as current providers retire. This is an especially serious issue in rural Minnesota. According to a new report from the American Association of Medical Colleges, the University of Minnesota prepares the greatest number of primary care physicians (290) of any university in the nation. Demand remains high for advanced practice nurses, pharmacists and dentists as well.

The traditional sources of financial support for health professional education are eroding.

- *Federal Revenue.* The Balanced Budget Act of 1997 included changes that reduced payments from the federal government for graduate medical education (GME) to support the training of residents.
- *Clinical Revenue.* As reported in an October 1995 article in Academic Medicine, "The single greatest threat to medical schools today is the expected decline in faculty practice plan revenue brought about by managed care's aggressive cost containment." In 1994, medical schools reported that about 28 cents out of every practice plan dollar went to support medical education and research. The most recent financial data, from the September issue of the Journal of the American Medical Association, shows that 34 percent of the average budget for medical programs comes from private practice revenues. But, many medical schools, including the University of Minnesota, are projecting declines in physician

practice revenue of 3 to 5 percent annually over the next five years. Accordingly, that piece of the funding pie will shrink, leaving a gap of \$9 million for the Academic Health Center.

- *Research Funding.* A critical component of the educational program is the discovery of new knowledge through research. Over the years, AHC researchers have been extraordinarily successful in supplementing state, federal and clinical revenue through funding from industry and government agencies for health research. This source of revenue is also at risk as more time is directed to maintaining clinical revenues.

### **Actions Already Taken to Address the Financial Issues**

Minnesota (along with California and Massachusetts) encountered the problem with declining financial support for health professional education well before most states, because of its early migration to a managed care environment. Accordingly, in many respects, the state and the Academic Health Center have a head start on managing the effects of the changing healthcare delivery system. Both have moved expeditiously to implement actions intended to minimize the impact of changes in the traditional revenue streams for health professional education.

### Initiatives of the Academic Health Center

Over the last three years, the Academic Health Center has initiated these actions which were designed to reduce costs while maintaining the highest quality education and research programs:

- Formed a single physician practice group (consolidating 18 former practice groups) to increase efficiency and service
- Merged the teaching hospital with a prominent health system
- Adopted a strategic plan to reshape the education and research organization including:
  - ⇒ The implementation of substantial changes in the curriculum of the seven health professional schools
  - ⇒ Plans to meet relevant work force needs and ensure AHC's leadership role in the health professions through adjustments in the size and mix of enrollments and educational programs. To date, enrollments in the Medical School have been reduced from a high of 3,092 (full-year equivalents) in 1994-95 to 2,857 in 1997-98
  - ⇒ Initiatives to improve the competitive position of clinical/outreach functions for all health professional schools and the AHC
  - ⇒ Activities that enhance the environment to promote faculty and staff creativity, excellence and productivity
  - ⇒ Programs to strengthen financial management and to promote flexibility, investment, and financial stability
  - ⇒ Activities to maintain each profession's identity and excellence as AHC interscholastic programs develop.
- University Senior Vice President for Health Sciences, Dr. Frank B. Cerra, and the CEOs of Minnesota's health systems are working on a report to the legislature and the commissioner of health regarding plans for the strategic direction and vision of the Academic Health Center. The report, which is due on January 15, 1999, will address workforce needs, the ongoing educational needs of health professionals, implications for existing education and training programs, and plans for input from the health community on AHC research and education programs.

Initiatives of the State

- Over the past several years, the Minnesota Legislature and Governor Arne Carlson helped support the University through the reorganization of the Academic Health Center and the sale of the hospital. Special appropriations helped to assure that the interests of the taxpayers and the employees were represented during the transition.
- More importantly, the Legislature and Governor Carlson have responded to the financial crisis by creating the Medical Education and Research Costs Advisory Committee (MERC) to determine a path for assisting clinical sites with the costs. In the Fall of 1997, a major effort was undertaken to collect information about costs incurred in clinic settings for the training of health care professional students. Through the survey, the costs for the training of several different health professional in clinical sites were calculated as shown:

Advanced Practice Nurses	\$20,537
Dental Students	\$105,788
Dental Residents	\$136,052
Medical Students	\$23,489
Medical Residents	\$146,765
Pharmacy Students	\$22,093
Pharmacy Residents	\$60,796

A total of \$301 million was reported as the cost of training these health care professionals in clinical settings. Almost \$18.0 million was distributed to the participating 154 programs, which covered approximately 6 percent of the reported costs. Sites where AHC students are trained received about \$7.4 million or 42 percent of the total. The pool of funding will increase to about \$32 million for the 1998-99 academic year.

**The Next Step: Funding the Health Professional Education Initiatives**

For the FY 2000-2001 biennium, the University of Minnesota seeks \$37 million in recurring funds to stabilize funding for health professional education and graduate health education. These funds are necessary to ensure an adequate supply of highly skilled health professionals equipped to deal with the changes occurring in America's health marketplace. The University also supports the Minnesota Department of Health's request for \$130 million to stabilize funding for graduate health professional education. An additional \$20 million is requested from the tobacco settlement for University research and programs on chronic and addictive conditions, primarily those related to tobacco. The summary of the request can be found in Chart 3.

***Objective 1: To ensure an adequate supply of highly skilled health professionals in Minnesota by***

**A. Strengthening health professional education: \$ 32 million recurring for the AHC**

The cost of educating students for the new health care environment is increasing as education moves from campus into the community. As some patient care moves from individual encounters to population-based approaches, new educational models must be developed. Additional support will also ensure that health professionals--new graduates and long-time practitioners--are prepared to serve an aging and more diverse population. These new

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programs will also ensure that the right practitioner is at the right place at the right time with the right skills.

B. Stabilizing funding for graduate health education: \$130 million recurring for Dept. of Health to distribute to clinical sites

The University supports the Minnesota Department of Health's request that will end the uncertainty about the future of health professional education. These funds will replace decreased patient care revenue collections and lost federal Medicare support and will flow to the training sites. It is expected that approximately 40 percent of the funds will be allocated to clinical sites where University students and residents are trained. The University currently has over 1,000 residents.

***Objective 2: To support and respond to the shift of health professional education and care to a more community-based and population-based system by***

A. Developing and expanding successful care and illness prevention models across Minnesota: \$2.5 million recurring

The University of Minnesota will strengthen education, enhance community-based care, and increase attention to underserved populations in rural Minnesota and the Twin Cities. Funds are sought to expand the Rural Health School, the Rural Physician Associates Program and the Community-University Health Care Clinic serving the Twin Cities. The AHC also seeks funding to expand nursing collaborations, to improve access to pharmaceutical care and services, and to establish School of Dentistry training sites in Hibbing and Fergus Falls to educate dental students and also to support underserved citizens. Increasing access to practitioner-oriented graduate programs (pharmacy, public health and nursing) is also a priority for the AHC.

B. Conducting health services and health outcomes research: \$1.5 million recurring

The University of Minnesota will expand its support for community health by creating a new Center for Health Promotion and Disease Prevention in the School of Public Health and a new Center for Chronic Illness Education and Research in the School of Nursing. The University also seeks an increase in the state special for Health Services Research in the School of Public Health to establish a system to measure health workforce needs in rural Minnesota. The increase will also fund a managed health care center to work with providers and consumers to improve the performance of these new forms of health care delivery.

C. Improving access to health information: \$500,000 recurring

The University of Minnesota will improve the health knowledge of citizens and health practitioners by extending the expertise and service of the University Cancer Center to people across Minnesota and expanding the collaborative consumer health information services of the Academic Health Center. In a separate initiative, funding is sought for the University's Bio-Medical Library to assure that students and faculty have access to the most current information.

D. Strengthening the connections between health sciences and agriculture: \$1.5 million recurring

The College of Veterinary Medicine will broaden its support for agriculture and medicine by creating a Center for Food Animal Health, Productivity and Food Safety, enhancing the



integration of veterinary research investigating human disease, and building one of the nation's leading research and technology development programs in animal and animal disease genetics.

E. Conducting research and developing care and prevention models for chronic and addictive conditions, especially those related to tobacco: \$20 million from tobacco proceeds

The University of Minnesota strongly supports the use of funds from the 1998 tobacco settlement for health related purposes, including cancer and smoking-related conditions, and University projects to support smoking prevention, cessation and care initiatives.

### **The Outcomes**

If funded, the University of Minnesota will be able to:

- continue to educate the majority of Minnesota's health care professionals;
- stabilize the finances of the Medical School so it may continue to educate physicians for Minnesota;
- provide for an appropriate number of graduate health education positions;
- ease the transition of care to a population- and community-based model;
- assure that its health professional graduates are properly prepared for new expectations, the applications of new therapies and treatments, the team model of care, technology advancements, and the business of the healthcare marketplace
- contribute to improving the health of Minnesotans through research on health services, health outcomes and chronic and addictive conditions;
- strengthen agriculture and its relationship to health sciences;
- improve access to health information for both consumers and providers; and
- increase the national rankings of the Academic Health Center and its schools, colleges, and programs.

### **The Benefits**

The University of Minnesota Academic Health Center legislative request:

- builds on past investments made by the Minnesota Legislature to stabilize finances and to enhance education and research;
- strives to keep quality health care available in communities across the state;
- expands service to rural Minnesota;
- leverages the existing resources of the University of Minnesota to improve the health of Minnesota communities and to serve and inform their citizens;
- increases attention to urban, underserved populations;
- expands the commitment to agriculture through the College of Veterinary Medicine; and
- will result in new generations of health professional graduates armed with the knowledge, skills and experiences to succeed the contemporary health care environment.

**THE EDUCATION OF A PHYSICIAN  
AN OVERVIEW**

<u>Stage:</u>	Undergraduate	Medical School	Residency	Fellowship	Practice
<u>Time:</u>	4 Years	4 Years	3 - 8 Years	1 - 3 Years	Life
<u>Degrees:</u>	BA/BS	MD	Primary Area; e.g., Family Practice Internal Medicine General Surgery	Specialty Area; e.g., Cardiology Cardiac Surgery	Continuing Medical Education
<u>Revenue Sources:</u>					
Self	XXXX	XX			X
State	XXXX	X	X		
Federal	X	X	XX	X	
Faculty Practice \$'s		XX	XX	XXXX	

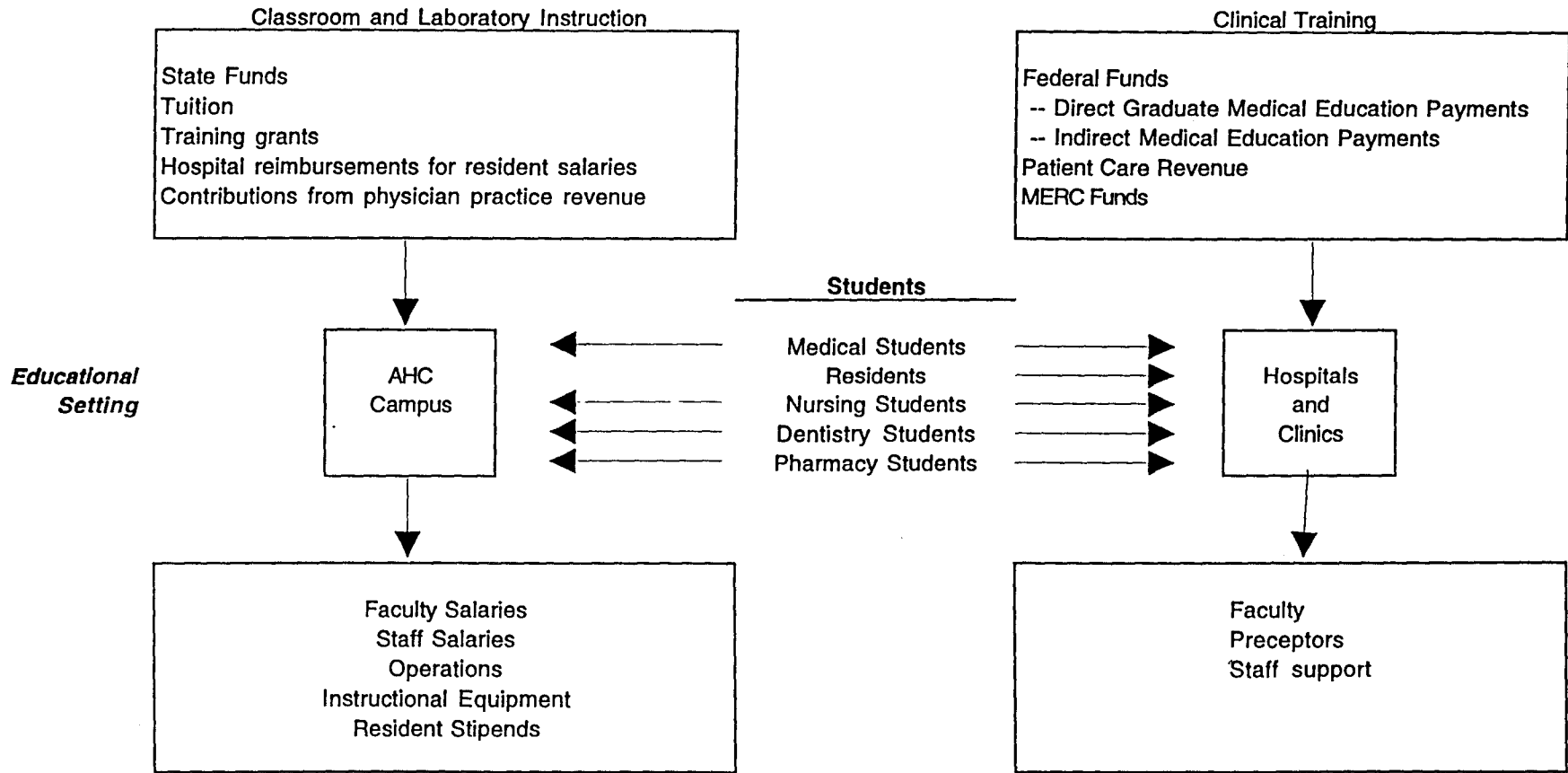
<u>Average From Medical School to Practice:</u> - 8 years - \$80K - \$100K/Year Cost - \$75K Total Debt	<u>Challenges:</u> - Declining revenue sources - New types of knowledge/skills - Shift to interscholastic, interdisciplinary, community-based, population orientation - Reducing costs - Workforce number, type, demand
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X - Relative financial contribution to program cost.

**THE ORGANIZATION OF EDUCATION FOR HEALTH PROFESSIONALS**  
The Academic Health Center of the University of Minnesota

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Primary Sources of Revenues



Major Categories of Expense

**University of Minnesota's Academic Health Center  
1999-2001 Biennial Budget Request  
Four-Year Financial Impact**  
(\$'s in millions)

	1999-2001 Biennium			2001-2003 Biennium		
	<u>FY 2000</u>	<u>FY 2001</u>	<u>Total</u>	<u>FY 2002</u>	<u>FY 2003</u>	<u>Total</u>
<b>Objective 1:</b>						
<i>Health Professional Education</i>						
Allocation to the Academic Health Center	\$15.00	\$17.00	\$32.00	\$17.85	\$18.74	\$36.59
Increase to MERC Trust Fund	\$65.00	\$65.00	\$130.00	\$65.00	\$65.00	\$130.00
<b>Objective 2:</b>						
<i>Community-based and population-based services</i>						
Allocation to the Academic Health Center						
--Prevention models	\$1.25	\$1.25	\$2.50	\$1.25	\$1.25	\$2.50
--Outcomes research	0.75	0.75	1.50	0.75	0.75	1.50
--Health information access	0.25	0.25	0.50	0.25	0.25	0.50
--Health sciences and agriculture connections	0.25	0.25	0.50	0.25	0.25	0.50
Total	<u>\$2.50</u>	<u>\$2.50</u>	<u>\$5.00</u>	<u>\$2.50</u>	<u>\$2.50</u>	<u>\$5.00</u>
Allocation from Tobacco Settlement Proceeds						
--Care and prevention models for chronic and addictive conditions	\$10.00	\$10.00	\$20.00	\$10.00	\$10.00	\$20.00
<b>Total for the Academic Health Center</b>	<b>\$17.50</b>	<b>\$19.50</b>	<b>\$37.00</b>	<b>\$20.35</b>	<b>\$21.24</b>	<b>\$41.59</b>
<b>Other Support for Health Programs</b>						
MERC Trust Fund	\$65.00	\$65.00	\$130.00	\$65.00	\$65.00	\$130.00
Tobacco Settlement Proceeds	10.00	10.00	20.00	10.00	10.00	20.00
Biomedical Library	0.30	0.63	0.93	0.63	0.63	1.27
Food Animal Health in Agriculture Initiative	0.50	0.50	1.00	0.50	0.50	1.00
	<u>\$75.80</u>	<u>\$76.13</u>	<u>\$151.93</u>	<u>\$76.13</u>	<u>\$76.13</u>	<u>\$152.27</u>

# Funding Health Professional Education

Presentation to the

University of Minnesota  
Board of Regents

October 8, 1998



**AcademicHealthCenter**

UNIVERSITY OF MINNESOTA

# Overview

- Health professional education is not keeping pace with today's health care delivery:
  - A fundamental change in the skills and non-medical knowledge necessary for health care providers requires a comprehensive revision of the curriculum and how we train our students.
  - An aging population with its high incidence of chronic disease will require more and a different mix of health care providers.
  - Substantial cuts in federal funds and intense competition in the health care market place are significantly reducing funding for health professional education.

# National Problem

- This is a national problem affecting all academic health centers.
- We are working with the Association of Academic Health Centers and the American Association of Medical Schools to address the problem on a national level.
- Much of the country is looking to this AHC and state for a solution to the problem.

# What Has Changed and Is Changing:

- Medical Education and Training
- Medical Practice and Health Care Delivery



# The Education of a Physician

<u>Stage:</u>	Undergraduate	Medical School	Residency	Fellowship	Practice
<u>Time:</u>	4 Years	4 Years	3 - 8 Years	1 - 3 Years	Life
<u>Degrees:</u>	BA/BS	MD	Primary Area;e. Family Practice Internal Medicine General Surgery	Specialty Area;e.g Cardiology Cardiac Surgery	Continuing Medical Education
<u>Site:</u>	University	Univ./Comm.	Community	Community	Community
<u>Revenue Sources:</u>					
Self	XXXX	XX			X
State	XXXX	X	X		
Federal	X	X	XX	X	
Faculty Practice \$'s		XX	XX	XXXX	

X - Relative financial contribution to program cost.

# Medical Education and Training

**Knowledge:** Science, technology, business, and ethics of health care.

**Science:** Our understanding of the human body, its functions, and disease is now at the cellular, molecular and gene level.

**Technology:** Practitioners must understand sophisticated technology for rapid, accurate diagnosis and treatment. Health care professionals need to be skilled in medical information systems, sophisticated diagnostic tools, electronic medical records, telemedicine, outcomes-based assessments, and evidence-based medicine.

**Prevention and Wellness:** There is a new emphasis on prevention and wellness. Practitioners must understand the use of complementary care.

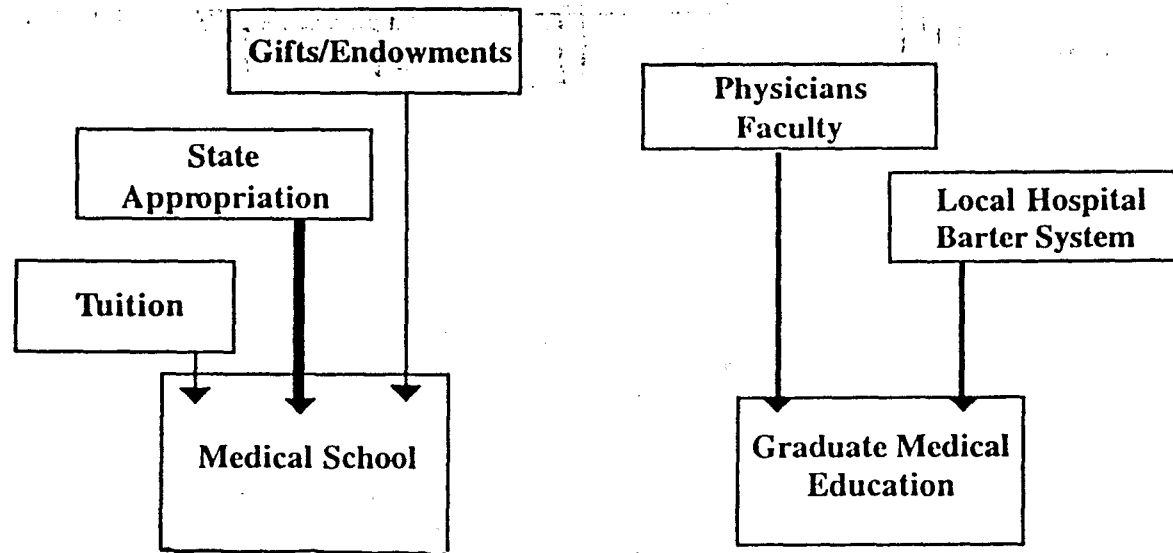
**Business:** Practitioners are now expected to understand the business side of health care.

**Ethics:** New medical knowledge and tools have created new ethical issues: end of life care, use of life support systems, gene therapies, genomics, and the consideration of resource use as part of therapeutic decisions.

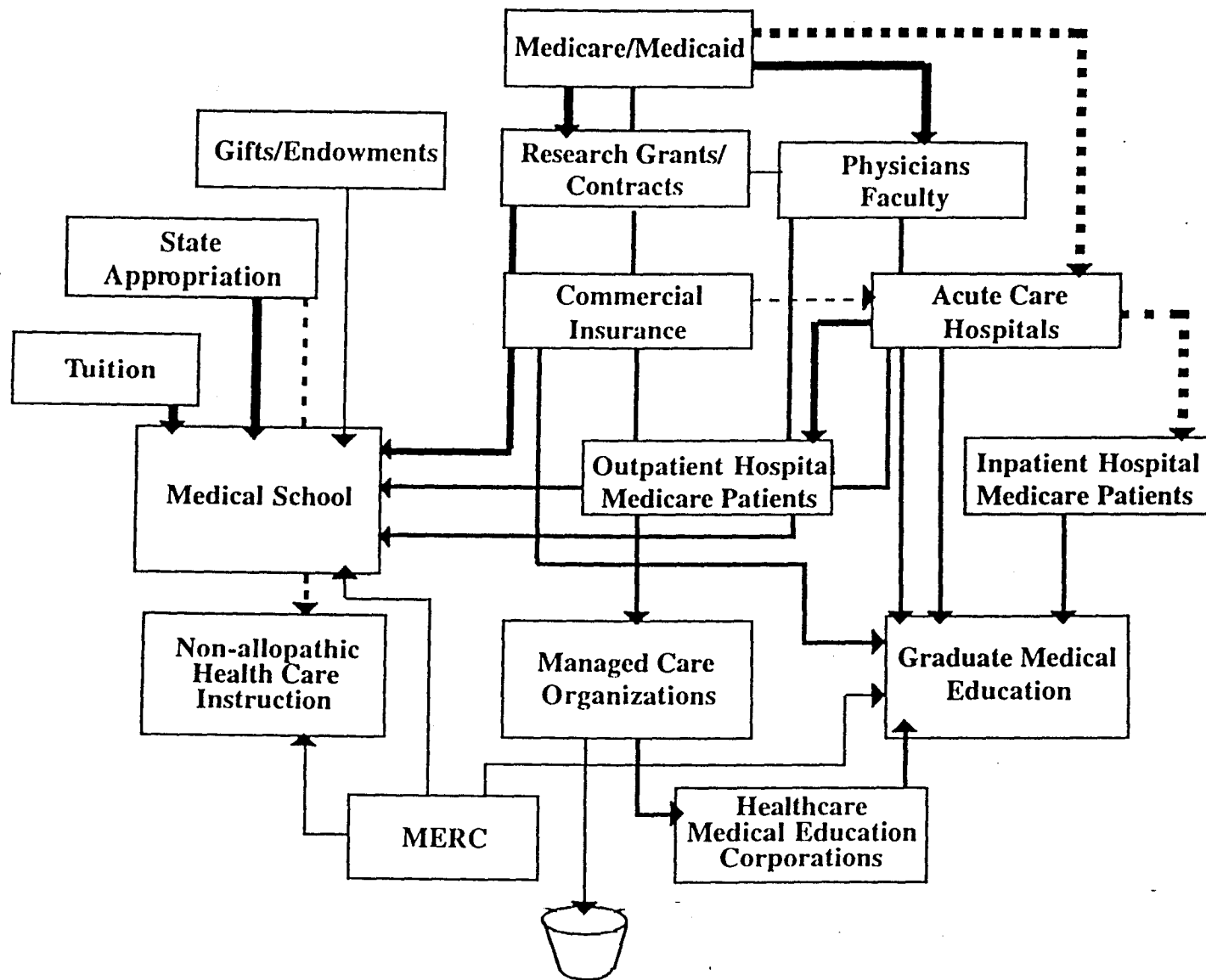
**Setting:** Training is shifting from hospitals to clinics, patient's homes and other community settings. Tightly scheduled patient appointments reduce time for educating our students.

**Finance:** Complex system. Insurers and third party payers do not want to pay for education. Decreased federal Medicare funding for education. The current financing system is based on training occurring primarily in hospitals. Student tuition is already high and student debt is large; loans are at commercial rates and must be repaid immediately upon graduation.

# Funding for Health Professional Education Prior to 1964 and the Enactment of Medicare



# Funding for Health Professional Education Today



# Medical Practice and Health Care Delivery

Our education and training of health care professionals must prepare them for the way health care is practiced and delivered today.

**Model:** Care is provided increasingly in clinics, at home, and in other community settings rather than hospitals. Orientation is on managing “episodes” of disease. Focus is shifting from treatment of disease to prevention and wellness. Focus is moving from treatment of individual patients to groups/populations of patients. Care is being provided by teams of health care professionals rather than individual practitioners. The lines between the professions are blurring.

**Practice:** Physicians work as employees of health systems or as members of group practices. They are highly scheduled. Workload and compensation are based on performance standards. Access to patients is controlled by third party contracts. Prices are set by third party payers. Insurance coverage and other payment systems are complex.

**Delivery Systems:** Health care is delivered through large consolidated health care systems in urban areas. Small town hospitals and clinics are disappearing and regional centers are developing. A shortage of physicians and other health care professionals is developing in certain geographic areas and specialties. Care is being provided increasingly in community settings by teams of health care professionals.

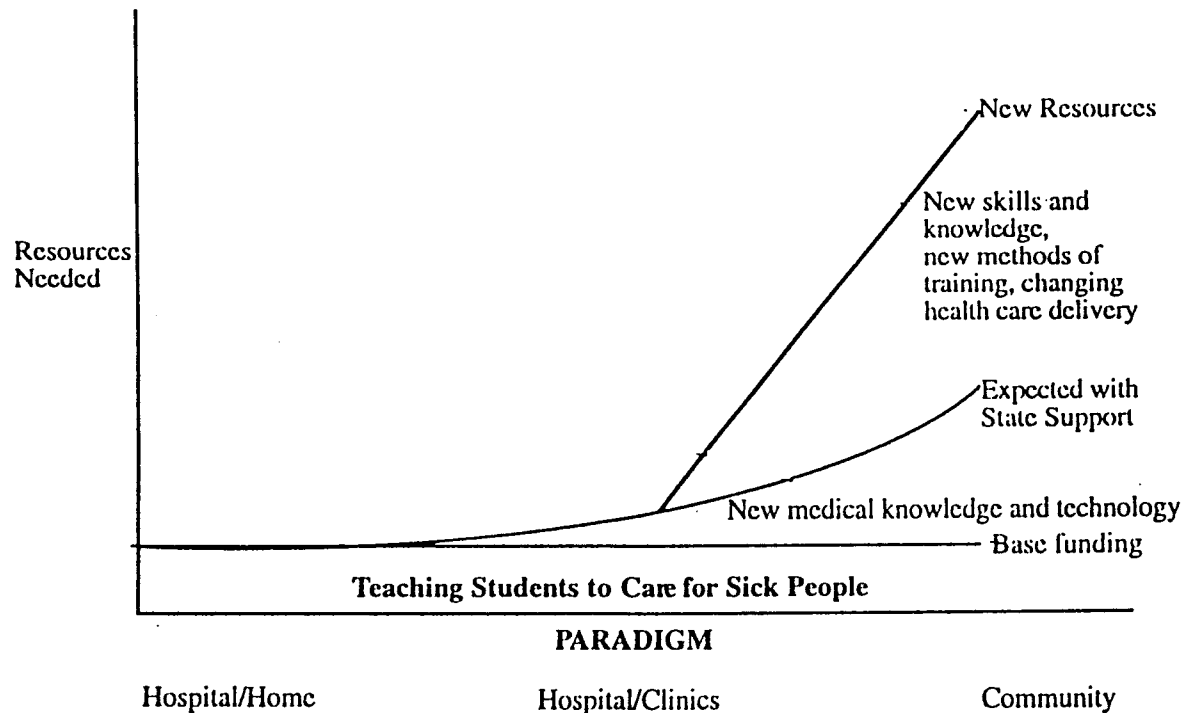
**Government Regulation:** Regulation has become extraordinarily complex with overwhelming paperwork requirements. “If it’s not documented, it didn’t happen.”

# Summary

- Health professional education is not keeping pace with today's health care delivery:
  - A fundamental change in the skills and non-medical knowledge necessary for health care providers requires a comprehensive revision of the curriculum and how we train our students.
  - An aging population with its high incidence of chronic disease will require more and a different mix of health care providers.
  - Substantial cuts in federal funds and intense competition in the health care market place are significantly reducing funding for health professional education.

# Why Does the Academic Health Center Need New Resources?

Cost of changes in education and training



Declining revenues from Medicare and clinical practice that have supported education:

- Reductions in graduate medical education funding for residents and fellows mandated by the 1997 Federal Balanced Budget Act
- Reductions in Medical School faculty clinical practice revenues
- Only 14% of the Academic Health Center's and 10% of the Medical School's budgets are supported through state appropriations.

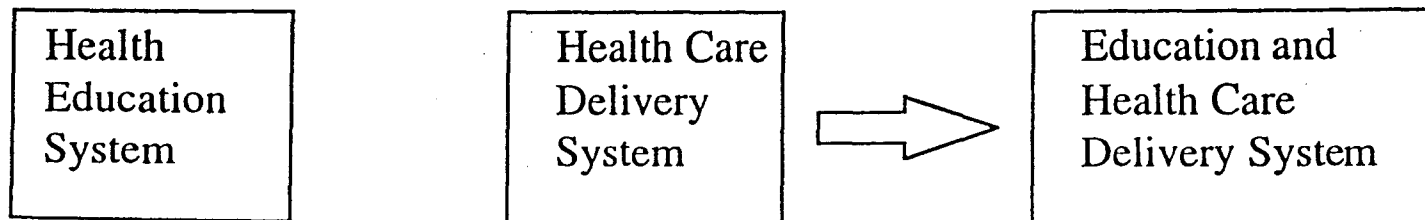
# The University is Asking For:

- **The education of health professional students:**
  - \$37 million to the University for its health sciences schools and colleges.
- **Training of residents and fellows:**
  - Increase the MERC Trust Fund by \$65 million annually. Funds go directly to hospitals, clinics, and other training sites across Minnesota to pay the cost of training residents and fellows -- ours, Mayo's and others.
- **Health Systems**
  - Continue to allow our students, residents, and fellows into their facilities and allow their practitioners the time to teach and train them.
  - Work with us on a long-term solution to the funding of health professional education, including the possibility of direct financial contributions by the health systems.
- **Private Practitioners:**
  - Continue to educate and train our health professional students, residents, and fellows.



# The Goal

The University of Minnesota, working with the health care community and the federal and state governments, must assure that the state has the right types and numbers of health professionals with the right skills and training practicing in the right locations and serving the right populations of Minnesotans.



## **ACADEMIC HEALTH CENTER FACULTY ASSEMBLY**

July 30, 1998

### **Minutes of the Meeting**

[These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Academic Health Center; none of the comments, conclusions, or actions reported in these minutes reflect the views of, nor are they binding on, the Administration or the Board of Regents.]

The Academic Health Center Faculty Assembly is composed of members of the AHC Faculty Consultative Committee and elected faculty and academic professional representatives of the AHC's constituent colleges and schools who are members of the University Senate. At any regular or special meeting of the Assembly, a majority of its members shall constitute a quorum.

Senior Vice President Frank Cerra called the meeting to order at 12:00 noon.

#### **I. University of Minnesota Academic Health Center Legislative Request**

Dr. Cerra began the meeting by distributing an outline of the University of Minnesota Academic Health Center's legislative request. He then went on to state that the president has been very willing to help solve the problems of the AHC.

The biggest problem in the AHC relates to health professional education and its financing. President Yudof has agreed to make that issue one of the cornerstones of the University's legislative biennial request for 1999-2000. The requests under the cornerstone will include compensation, the undergraduate small tutorial program, and health professional education. Although there are more items on the list, the final request can only include three or four major pieces.

The AHC is requesting \$200 million over the current base to finance this request. The rules on base budgets stipulate that three percent can be added to the base without question, but anything beyond that must be a supplement for the biennial period. The administration has begun to realize that the AHC has been under funded with state resources. Although it is not a surprise to the AHC, it has become more apparent to the administration as the other revenue sources have depleted.

Grants Management has informed the administration about the NIH and how the AHC must fund that in a setting where direct and indirect costs do not equal the cost of research performance. The money that fills the gap for research and education often comes from the clinical revenue. Although clinical revenue is not decreasing, productivity has been increased by twenty-five to forty percent in order to keep it stable so the same revenue stream and pay community-competitive salaries can be maintained. However, clinical departments must also find time to perform research so they remain eligible for the \$85 million of NIH funding.

The AHC has considered the status of professional programs since Medicare has drastically altered the funding for these programs. Because of this, the AHC has looked

at the different types of graduate students in all of the AHC fields and what the funding sources are for these various groups. By law, Medicare pays hospitals for direct and indirect expenses of graduate medical education. It does not pay for outpatient training except in the primary care and psychiatry fields. Medicare is cutting \$120 billion out of its cost base over the next five years and \$20 billion of that money will come out of the medical education support budget. This cut means that Minnesota will lose \$40 million a year for the next five years and the University of Minnesota will lose \$15-20 million in that same time period. In all, there will be a \$100 million deficit that is spread around the hospitals that are in the affiliate systems to deal with.

The School of Pharmacy has already begun to shift its paradigm into a community education program. In so doing, community physicians are being paid to teach professional students. This will begin to happen all over because the pro-bono work done by community physicians adds about \$45,000 per year to the cost of graduate medical education and health systems and physicians are asking to be paid for that service more and more. A study conducted in the CUC Clinic found that if there is a student or resident in the clinic, the clinic will see one less patient per hour. If this figure is converted to educational contact hours, the clinics and physicians' lost revenue is forty-five to sixty dollars per hour.

All health care professions are being questioned to determine what public good comes from using public funds to train health care professionals. The answer to this question will help Medicare determine if more funding should be cut.

Vice President Cerra has been meeting with the health systems for the past seven months and each of them wants to pay their fair share in Minnesota. Payments will be made if the AHC is willing to accommodate some of their input into how many people should be trained and what type of training they should receive. The health systems believe the AHC should be teaching more about information systems, basic business skills, and public health tools. The health systems have also stated that because those skills are currently not taught, the cost is shifted to them because they have to teach it.

The State trust fund for health professional education only has \$5 million of funding that is recurring. Therefore, the AHC has been taking the educational component of the Medicaid per member per month rate that Medicare pays and has been putting it into Merck. However, the AHC was only able to do this for one year. As well, it will be difficult for the AHC to put more money into Merck this year because everyone in the Legislature is set on tax rebates, which will affect the \$5 million that is recurring, Sr. VP Cerra explained.

Considering the demographics of Minnesota, the year 2010 is the peak age shift of the population resulting from the baby boomers getting older. Half of Minnesota's population will be retired in the next ten years and it is not certain who will be able to take care of them. The emergence of more chronic diseases makes this a health care issue because it will require a major increase in the level and cost of care.

Thirty-five percent of the Medical School's budget comes from physician revenue. In other words, \$40 million per year of the money that supports medical education and research comes from physician fees. Currently, Medicare is attacking those physician fees.

It is estimated that the entire AHC will have a deficit of \$300 million by the year 2005. In order to drive the deficit down, the AHC is developing a program to present to the legislature that will bring money into the AHC schools that will pay for educational work and new programs that are needed to develop new curriculum.

Ohio State has conducted a study that investigated the operating budget of clinics that teach versus primary clinics that do not. There is a thirty-six percent difference between the two. And, although the difference cannot be completely contributed to education, it is associated with the presence of educational work. The study also showed that no more than twenty to forty percent of the cost is reimbursed.

The document Vice President Cerra distributed at the beginning of the meeting is the first draft of the case statement and plan for the legislative request. The draft is a result of several meetings and much work done by many different people. It has already been presented to the Medicare Commission. That group asked if the AHC expected Medicare to solve the money problem alone and the reply to that was no. The problem is a public policy issue so the money should come from federal, state, and health system funds.

The document has also been shown to key legislators on the higher education committees as well as the governor's office. However, a major election is coming up so the views of the governor and legislature may be very different.

The major challenges that have been outlined in the document are due to the changes in the health care system combined with the new Medicare legislative agenda. The changes have placed additional demands on the health professional education system; precipitated a financial crisis by shifting responsibility for funding; created the potential for higher costs; reduced the ability to serve rural areas; and disadvantaged institutions which have already expanded primary care, reduced numbers of specialists, and improved training for nurses and pharmacists.

The document also outlines opportunities for the AHC that have been formed into two objectives. The first objective is to ensure an adequate supply of highly skilled professionals for Minnesota, which can be fulfilled by strengthening the health education program and stabilizing funding for graduate health education. The second objective is to enhance community-based and population-based care. This will be done by developing and expanding successful models across the state; conducting health services and outcomes research; conducting research on chronic and addictive conditions; improving access to health information, and expanding support for agriculture.

Vice President Cerra concluded his discussion by explaining how the legislative request ties into the tobacco issue. The core of the tobacco money is to be used on tobacco prevention and after that there is only about \$750 million left and that money must incorporate the stipulations set by the last legislature. As well, if the residual of the tobacco money goes into the general fund, the triggers will be surpassed and cash will be distributed instead of bonds as stipulated under the bonding bill.

The demand on the tobacco money is enormous and there is only about \$600,000 available, but the legislature would like to use that for tax rebates. Goals the AHC has set in order to get some of that money include developing a smoke-free coalition with the health professions to get as much of that money into the health care industry as possible. Another goal is to develop a trust fund that generates longevity in funding for research and education programs related to tobacco and other related addictive illnesses. The success rate estimates that the AHC has a one in fifteen or twenty chance of receiving some of that money.

The AHC has to develop a persuasive method of requesting money so legislators who have the power to make the appropriations will do so. Statistical arguments will have to be used instead of simply stating facts and it has to be something everyone can take back to their constituents. Hopefully, the document will show that the health profession schools will suffer in a few years if funding is not secured now.

#### Comments:

- The National Association of Children's Hospitals is beginning to develop a coalition to argue that dollars for residents should follow residents and not hospitals. This model would be acceptable for the AHC as long as there is a provision to pay for the necessary educational support systems.
- Resident education produces an enormous cost because of the physicians asked to teach them and the required documentation, but Medicare claims these are paid for with a sufficient amount of money through the indirect medical costs of education.
- Medicare only wants to train primary care physicians, cut the number specialists by twenty-five percent, and control the work force by limiting the number of slots they will pay for.
- Medicare reimbursement for education has no cost inflation factor for salaries so the AHC is not only losing the money they are withholding, but it is also losing the inflation rate that will increase twelve to fifteen percent in the next five years.
- The AHC will not be impacted by Medicare's decision until 2000 because a coalition has worked at making sure all programs will be supported through that year.
- Under the first objective of the opportunity section of the legislative request document, stabilizing the funding for graduate health education does not cover all groups so "graduate" will be removed from the statement.
- Health education may not be the appropriate term to use in the document because it is not clear what is meant by it.
- Instead of the last bullet stating that there will be support for agriculture, it should state that veterinary medicine education will be supported since that is what the bullet really means.

- The reason agriculture is mentioned in the document is because rural residents want to see a relationship between health and agriculture since they want better access to health professionals for themselves, their animals, and their crops.
- Changing the last bullet to support of agricultural health may make it clearer.
- Any wording changes should be sent to Chris Roberts who works with AHC public relations.
- It would make more political and economic sense to combine the first two parts of the document.
- It cannot be emphasized enough just how important the AHC is and that once it is gone, it will be gone forever.
- This is the best time for the AHC to explain the connection between education and research since is not understood or appreciated by most.
- It may not be appropriate to include Medicare in the document because there is a much larger issue at hand besides receiving funding through Medicare.
- The AHC should look at other legislative initiatives to support the education of health professions because it will not be coming from Medicare much longer.

## **II. Procedures for Post-Tenure Review**

Professor Bland was called upon to discuss the procedures for the post-tenure review process that will be implemented this upcoming academic year. She was representing Professor Mary Dempsey who has worked closely with this project, but was unable to attend the meeting.

She began by asking the group to take the latest version of Professor Dempsey's letter back to their respective colleges and offer feedback so the final form of the letter can be distributed at the next meeting. The letter is meant to be a guidance tool for departments in order to help them implement the post-tenure review policy approved by the Faculty Senate last year.

She directed the group to the table at the end of the letter, which is a summary of what needs to be done in regards to post-tenure review. The group was reminded that, by fall quarter, each department must develop goals and expectations for faculty once they are tenured and a process for to review if the goals and expectations have been met. These things must be developed in time for reviews to begin taking place next spring.

Once the reviews start, and the reviewing panel finds a faculty member who has not met the outlined goals and expectations, an agreement would be developed between the faculty member and the department head that the faculty member would work towards improvement by the following year. If the faculty member has not shown improvement by then, the review committee will consider actions that should take place.

### **Comments:**

- It would be helpful to have a letter that allows departments to keep the post-tenure review process separate from faculty performance and salary increase reviews.

- It is not clear why post-tenure reviews should be done annually because that would only create very general reviews that would not be helpful.
- There are three processes that review faculty and they include post-tenure review, an annual performance review, and an annual compensation review.
- Schools have the option of linking the various reviews in any manner they see fit in regards to the process and the make-up of reviewing committees.
- The Tenure Code states that post-tenure review is an exceptional situation and the post-tenure review document drafted by the Tenure Subcommittee is intended to set the process in place if that kind of situation arises.
- When a department decides post-tenure review should take place, they have to decide how the faculty member needs to improve and then they have to provide help for that person to achieve it.
- It is possible for the annual merit review, either with or without the compensation review, to be the same process that initiates the post-tenure review mechanism.
- The Compensation Policy stipulates that each academic unit is required to review the performance of each faculty member every year.
- Each faculty member is reviewed annually after they receive tenure so they do go through an annual post-tenure review, but this review is different then the post-tenure review that is a specific process outlined in the Tenure Code.
- If faculty members receive merit compensation, it would be difficult to say that they are not functioning well as a faculty member.
- Under the post-tenure review process, department heads will no longer determine compensation since reviewing committees would ultimately make that decision.
- It was suggested that this issue be held over until the next meeting so the appropriate policies and people can be available to help in the discussion of this issue.
- The post-tenure review is one of the most important issues to be presented to the faculty in many years so it should be faculty driven and help improve the quality of schools.
- This group should consider whether there should be a uniform post-tenure review process across the AHC or if colleges should be able to develop their own.

The meeting was adjourned at 1:20 p.m.

Nicole Boldt

AHC FACULTY ASSEMBLY  
ATTENDANCE RECORD OF

November 6, 1998

MEETING

PLACE A CHECK BEFORE YOUR NAME TO INDICATE ATTENDANCE

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Frank Cerra           | <input type="checkbox"/> Stanley Erlandsen           | <input type="checkbox"/> Patricia Tomlinson        |
| <input type="checkbox"/> Muriel Bebeau         | <input type="checkbox"/> Anthony Faras               | <input type="checkbox"/> Howard Towle              |
| <input type="checkbox"/> Peter Bitterman       | <input checked="" type="checkbox"/> Bernie Feldman   | <input checked="" type="checkbox"/> Mats Troedsson |
| <input type="checkbox"/> Sheila Corcoran-Perry | <input type="checkbox"/> Patricia Ferrieri           | <input type="checkbox"/> Robert Veninga            |
| <input type="checkbox"/> Daniel Feeney         | <input type="checkbox"/> Marshall Hertz              | <input type="checkbox"/> Carston Wagner            |
| <input type="checkbox"/> Judith Garrard        | <input checked="" type="checkbox"/> Marc Jenkins     | <input type="checkbox"/> Larry Wallace             |
| <input type="checkbox"/> Cynthia Gross         | <input type="checkbox"/> Richard Linck               | <input checked="" type="checkbox"/> Seth Welles    |
| <input type="checkbox"/> Frederic Hafferty     | <input type="checkbox"/> Dennis Livingston           | <input checked="" type="checkbox"/> Carol Wells    |
| <input type="checkbox"/> David Hamilton        | <input type="checkbox"/> Omelan Lukasewycz           | <input type="checkbox"/> Christopher Wylie         |
| <input type="checkbox"/> Yusuf Abul-Hajj       | <input checked="" type="checkbox"/> Matthew Mescher  |  |
| <input type="checkbox"/> Robert Bache          | <input type="checkbox"/> Wesley Miller               |  |
| <input type="checkbox"/> Susan Berry           | <input type="checkbox"/> Theodore Oegema             |  |
| <input type="checkbox"/> Lisa Brosseau         | <input type="checkbox"/> Harry Orr                   |  |
| <input type="checkbox"/> Denis Clohisy         | <input checked="" type="checkbox"/> Dave Polzin      |  |
| <input type="checkbox"/> Kathleen Conklin      | <input type="checkbox"/> Mary Porter                 |  |
| <input type="checkbox"/> Barbara Daniels       | <input type="checkbox"/> Richard Purple              |  |
| <input type="checkbox"/> John Day              | <input type="checkbox"/> Norma Ramsay                |  |
| <input type="checkbox"/> Mary Dempsey          | <input type="checkbox"/> Laura Ranum                 |  |
| <input type="checkbox"/> Gary Duke             | <input checked="" type="checkbox"/> Pamela Schreiner |  |
| <input type="checkbox"/> Martin Dworkin        | <i>Myron Bros (substitute)</i>                       |  |
| <input type="checkbox"/> Barbara Elliott       | <input type="checkbox"/> Elizabeth Seaquist          |  |
|  | <input type="checkbox"/> T. Michael Speidel          |  |



AHC FACULTY ASSEMBLY  
ATTENDANCE RECORD OF

20/15  
November 6, 1998

MEETING

PLACE A CHECK BEFORE YOUR NAME TO INDICATE ATTENDANCE

Frank Cerra

Muriel Bebeau

Peter Bitterman

Sheila Corcoran-Perry

Daniel Feeney

Judith Garrard

Cynthia Gross

Frederic Hafferty

David Hamilton

Yusuf Abul-Hajj

Robert Bache

Susan Berry

Lisa Brosseau

Denis Clohisy

Kathleen Conklin

Barbara Daniels

John Day

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Gary Duke

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Mary Porter

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Norma Ramsay

Laura Ranum

Pamela Schreiner

Elizabeth Seaquist

T. Michael Speidel

Patricia Tomlinson

Howard Towle

Mats Troedsson

Robert Veninga

Carston Wagner

Larry Wallace

Seth Welles

Carol Wells

Christopher Wylie

## ACADEMIC HEALTH CENTER FACULTY ASSEMBLY

Thursday, January 28, 1999

Minutes of the Meeting

These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Academic Health Center; none of the comments, conclusions, or actions reported in these minutes reflect the views of, nor are they binding on, the Administration or the Board of Regents.

The Academic Health Center Faculty Assembly is composed of members of the AHC Faculty Consultative Committee and elected faculty and academic professional representatives of the AHC's constituent colleges and schools who are members of the University Senate. At any regular or special meeting of the Assembly, a majority of its members shall constitute a quorum.

Senior Vice President Frank Cerra called the meeting to order at 12:00 noon.

I. The minutes of the November 6, 1998, meeting were approved.

II. Consultative Update within the AHC

### AHC FCC Consultative Effectiveness

Dr. Cerra introduced the topic of consultation and decision-making, which has been an area of concern. In an effort to improve communication about the consultative process and its effectiveness, he had prepared a handout listing the consultation given and the outcome on three different issues that were of interest to the Assembly. The first of these was the AHC Research Grant Process. At a recent meeting, the AHC FCC had suggested that the Faculty Assembly recommend the core review team. Dr. Cerra asked the members to think about this proposal. The second item was the comprehensive review of senior administrators, which dealt with the composition and selection process of the review committee, and mechanisms for ensuring clear faculty input. The public report is now available from Dr. Cerra's office. The final item was the University Biennial Request, which involved a review and critique of the health professional education component. Most of the suggestions on this item had been incorporated. Dr. Cerra stated that for each meeting of this Assembly, he would draw up a full report on AHC FCC consultation following the format of the handout.

### Enhancing the Consultative Process

Next, Dr. Cerra referred members to a diagram representing communication within the governance and the administrative structures. He felt that it was working well at the University and AHC levels, but that communication deteriorated between the school, department, and faculty levels. He reported that, on a horizontal spectrum, some schools had a very strong consulting mechanism while others had none at all. He asked the Assembly to confront this problem, and he presented a list of things that could be done to improve bi-directional communication. At the AHC level, this included:

- having the SVPHS create and update a project list that is available to all

- assuring that minutes of the AHC FCC and Assembly are on the web site
- providing a review of the effectiveness of consulting (as discussed previously)
- and assuring that the Deans Council agenda and minutes are on the web site.

At the school and department level, this included

- requiring each school to develop and implement a communication plan that penetrates to the faculty
- requiring each school to develop and implement a mutually agreed upon consultation mechanism
- providing accountability via compact and annual review of administrative performance at the dean and department/division head level
- holding workshops on consultation
- having the Deans attend the Faculty Assembly

### AHC FCC Chair's Comments

Muriel Bebeau, Chair of the AHC FCC, received feedback from faculty indicating that they were unaware of consultation that had been provided by the AHC FCC. As Chair, she hoped to enhance the perception of an effective consultative process. She also asked each school's representative to communicate more directly with their unit about concerns within the school that the AHC FCC should be aware of. One member raised the issue of compacts, which had been a concern in many of the schools, and the fact that faculty input always seems to be sought at the last minute. Dr. Bebeau agreed that the AHC FCC should develop a more timely project list. She stressed that the AHC FCC must improve communication with the faculty in order that the AHC FCC be aware of the many perspectives on each issue for which it provides consultation.

### Discussion

One member voiced concerns about the lack of communication between governance and clinical departments, and the lack of incentive for faculty engagement in the consultative process. Professor Bebeau responded that one representative may not be able to engage all the faculty in a unit as large as clinical science. This raises the need to examine how effective the consultative process is within the schools, and whether some of the consultation should be happening at the department or deans' level, she said. Dr. Cerra pointed out that the Deans Council has never discussed an issue that originated at the faculty level, which highlights a problem in the communication mechanisms within the school. It was suggested that the Deans may not know how to get that information, or that they may be choosing not to bring such issues to Dr. Cerra. Professor Bebeau felt that part of the AHC FCC's responsibility is to ensure that these faculty concerns reach the Deans. Another member agreed with the position that the Deans may not be aware of the issues, and that part of the problem is that faculty are not adequately represented in consultations with the department heads. She also felt that there should be a means outside of the structure for faculty to give input in a confidential manner. Professor Bebeau mentioned that the use of e-mailed surveys had come up in the AHC FCC, but that they may be ignored given the high volume of e-mail that faculty receive.

Professor Bebeau explained that, as a first step in improving the upward flow of information, AHC FCC representatives will communicate more directly with faculty from their units. Secondly, the minutes of the AHC FCC meetings will be published on the web and emailed to all AHC faculty. Finally, excerpts of the minutes of the AHC FCC meetings will appear in Capsule. She added that when the advice of the AHC FCC is not taken, an explanation should be provided so that effective debate on the issue can continue. Professor Bebeau referred members to a handout on the six elements for improving "The Process of Consultation". She reported that Sara Evans (FCC Chair), Fred Morrison (FCC Vice Chair), Dr. Cerra and she had agreed that the next step would be to design a training workshop on consultation for deans, department heads and faculty representatives from each college/school.

One member expressed a strong belief in the role of departments as a locus for filtering and emphasizing certain points of view. Dr. Cerra then raised the question of how an individual can best express his or her opinion in a confidential manner. One member felt that the current practice of e-mailing Dr. Cerra directly was working well. One member added that communication of faculty concerns should occur on three levels: through the department heads, the FCC representatives, and e-mail to Dr. Cerra. Another returned to the idea of having an annual survey to help identify important issues among the faculty. It was recognized that surveys require a great deal of work. Professor Bebeau noted that the Faculty Affairs Committee will continue to explore effective ways to get faculty insight. It was said that faculty have been asked to provide consultation on issues (such as retirement) that are never acted on, though another pointed out that in the case of retirement, the debate was faculty driven. Dr. Cerra reiterated that the AHC FCC effectiveness report, showing the recommendations and outcome for each issue, will help bring accountability to the consultation process. Determining whether an issue requires consultation can happen at several levels: department, school, FCC, Assembly, etc.

One member suggested that an annual survey be conducted within each department in conjunction with a performance evaluation of the department chair. Another member pointed out that in discussing the process of communication, there must be some consideration of what the actual issues are that need to be communicated. Another member added that consultation is not only about communication between the different levels but also negotiation, which is often lacking. Another believed that the problem was not in the process but in the lack of faculty input in administrative decisions, particularly with regard to strategic planning. Dr. Cerra commented that in the compact process, bottom-up input had in fact played a role. This year, to further improve the process, he hopes to have the deans write compacts with each department. One member felt that faculty were not given enough time for adequate consultation on the legislative request. Dr. Cerra concurred that the process needs to be improved in this respect, but that the timeline is externally imposed. The legislature will respond to the request in late May, and the University's budget for 2000 is due in late June.

One member agreed with the previous comment on the central role of department heads in bringing faculty issues to the deans. To assure that faculty opinion gets communicated, surveys could be administered at the department level and tabulated by the AHC FCC representatives. Another member asked for clarification on how the compact is reviewed and what happens if a Dean does not fulfill the compact. She also suggested that compacts be written between

department heads and individual faculty. Dr. Cerra responded that the deans' compensation is affected by the school's performance in three areas: the compact, finance, and research. He added that the AHC FCC plans to discuss ways to get effective faculty input in that evaluation process. The next step will be to define a portion of prospective compensation at risk.

Professor Bebeau concluded that the University was becoming more open to collaborative governance, and she encouraged members to share this information with faculty in their units.

### III. Biennial Request to the Legislature on Health Professional Education

Dr. Cerra provided an update on the legislative request. He reported that all of the groups to whom it had been presented were supportive of the proposal. Likewise, the Governor's budget is generous in providing for the needs of the University. He also plans to create a \$350 million endowment from the tobacco money to support medical education while putting the remainder of tobacco money toward a community development program, public health, and the Medical Education and Research Fund. Roger Moe's bill is similar, with the tobacco money being put into long term instruments to support health.

### IV. AHC Faculty Grants Update

Dr. Cerra announced that a group would be going to NIH on February 5 to follow up on the compliance plan. He commended Professor David Hamilton for his work on this project. The group will also finalize the model being implemented, and begin to discuss the criteria by which the NIH will evaluate the University to get off designation. The target for the site visit is Fall 1999.

Dr. Cerra referred to a list of changes made in the granting process. He clarified that the funding for the grant came from money contributed by each school (formerly called the SIPS Pool), and from half of the recurring \$2 million/year for new research and education projects. The other half of those funds went toward the development of interdisciplinary education in areas like geriatrics, primary care, and managed care.

He returned to the question of whether the Assembly would like to recommend the core review committee for research grants. If yes, he suggested that one member take responsibility for sending him a list of names. Professor Bebeau agreed to do this.

### V. Question and Answer Session

The floor was opened for questions:

**Q:** Is the money for educational grants likely to go toward already existing initiatives?

**A:** Dr. Cerra explained that there is a difference between the educational and research grant processes. The latter follows a traditional NIH-type model, whereas the educational grants are more focused on finding new, innovative ways to develop interdisciplinary education in certain areas and would not be used only for existing initiatives.

**Q:** Who is eligible for research grants?

**A:** Regular faculty only, not P&A.

Dr. Cerra announced that the small grants program continues this year. As a result of feedback from the last granting process, a new recruitment/retention/emergency fund was started with \$0.5 million, which would be matched by the deans if their school had a particular need. The deans responded favorably to this fund.

One member asked about the AHC's plans for strengthening its departments. Dr. Cerra said he was open to suggestions from the Assembly on that issue.

Dr. Cerra adjourned the meeting at 1:30 p.m.

- Anya Schwender -

AHC FACULTY ASSEMBLY  
ATTENDANCE RECORD OF

March 30, 1999  
MEETING

PLACE A CHECK BEFORE YOUR NAME TO INDICATE ATTENDANCE

Frank Cerra

Muriel Bebeau

Patricia Ferrieri

Judith Garrard

Frederic Hafferty

David Hamilton

Kathleen Krichbaum

Stephanie Valberg

Timothy Wiedmann

Yusuf Abul-Hajj

Robert Bache

Susan Berry

Lisa Brosseau

Denis Clohisy

Kathleen Conklin

Barbara Daniels

John Day

Mary Dempsey

Gary Duke

Martin Dworkin

Barbara Elliott

Stanley Erlandsen

Anthony Faras

Bernie Feldman

~~Patricia Ferrieri~~

Michael Georgieff

Marshall Hertz

Marc Jenkins

Richard Linck

Dennis Livingston

Omelan Lukasewycz

Matthew Mescher

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Theodore Oegema

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Patrick Schlievert

Pamela Schreiner

Elizabeth Seaquist

T. Michael Speidel

Patricia Tomlinson

Howard Towle

Mats Troedsson

Robert Veninga

Carston Wagner

Larry Wallace

Seth Welles

Carol Wells

Item I.

**PI Sponsored Financial Reports on  
the Web**

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**AHC-FCC CONSULTATIVE REPORT  
TO AHC FACULTY ASSEMBLY  
MARCH 30, 1999**

<b>MATTER CONSULTED ON</b>	<b>CONSULTATION GIVEN</b>	<b>OUTCOME</b>
<p><b>1) AHC Research Grant Process – update from 1/28/99 report</b></p>	<p><b>1.0</b> core review team members <b>1.1</b> outcome from 1998 <b>1.2</b> AHC-FCC member attend review committee meetings during selection <b>1.3</b> review committee results presented to regular meeting of Deans Council for approval; discussion and decisions reflected in minutes <b>1.4</b> written reviews should be done</p>	<p><b>1.0</b> appointed; special panels used as needed, as recommended by PI <b>1.1</b> review done- report drafted <b>1.2</b> will be implemented <b>1.3</b> will be done <b>1.4</b> will be done – requires faculty reviewers to prepare and submit written critiques to the committee from which reviews will be written</p>
<p><b>2) Comprehensive review of deans – update from 1/28/99 report</b></p>	<p><b>2.0</b> review full report with dean <b>2.1</b> follow-up <b>2.2</b> greater detail needed on survey process</p>	<p><b>2.0</b> already done <b>2.1</b> part of compact and yearly review process <b>2.2</b> will improve with next review</p>

**AHC-FCC CONSULTATIVE REPORT  
TO AHC FACULTY ASSEMBLY (continued)**

**March 30, 1999**

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<b>MATTER CONSULTED ON</b>	<b>CONSULTATION GIVEN</b>	<b>OUTCOME</b>
<p><b>3) Consultative/communication process</b></p>	<p><b>3.0</b> post Deans Council agendas and minutes on AHC web-page</p> <p><b>3.1</b> develop SVPHS major project list</p> <p><b>3.2</b> review process in each school by SVPHS</p> <p><b>3.3</b> work with FCC to develop workshops for AHC</p> <p><b>3.4</b> continue education effort</p> <p><b>3.5</b> AHC-FCC to develop effective process with constituent bases</p> <p><b>3.6</b> include report from AHC finance and planning consultative committee</p> <p><b>3.7</b> faculty e-mail list – serve/account</p>	<p><b>3.0</b> done</p> <p><b>3.1</b> attached; will be on AHC web page and kept updated</p> <p><b>3.2</b> part of compact process</p> <p><b>3.3</b> dates established; invitations out to deans, department heads and faculty; to be videotaped. Report from Professor Bebeau</p> <p><b>3.4</b> each dean responsible to have workshop in each department/division; AHC-FCC assistance</p> <p><b>3.5</b> report from Professor Bebeau</p> <p><b>3.6</b> attached</p> <p><b>3.7</b> in progress</p>
<p><b>4) Administrative FTE's</b></p>	<p><b>4.0</b> in progress</p>	

**AHC-FCC Consultation Report to Faculty Assembly**

**AHC-FCC Finance and Planning Subcommittee**

*March 26, 1999*

<u>Matter Consulted On</u>	<u>Consultation Given</u>	<u>Outcome</u>
1)FY 2000 Compact development	1.1 The process for developing compacts is not well understood by the faculty 1.2 Not enough input from faculty in the setting of school priorities in the compacts	1.1 Article on the compact process is being written for the AHC community news. The article will include the key dates in the compact schedule 1.2 A separate section has been added to all compacts to describe how faculty have input to the compact process and how internal school decisions are communicated to the faculty
2)Growth of FTE staff in the SVP-HS office	2.0 AHC CFO reviewed analysis of changes in the FTE staff in SVP-HS office; AHC-FCC finance and planning committee offered to communicate the facts to AHC community	2.0 AHC-FCC Finance and Planning Committee chair wrote article for AHC Community News reporting the facts of staff changes in SVP-HS office
3)Complexity of the operating and capital budget and the resource allocation process	3.0 Faculty representatives need more information about the development of resource plans and proposals	3.0 AHC CFO will conduct a short course at the April 13 meeting of the AHC FCC on the basics of budget development

**SENIOR VICE PRESIDENT OFFICE'S  
WORK PLAN PRIORITIES: April to June, 1999**

**Overall Top Priorities:**

- Building support for the University's and AHC's legislative request
- Improving faculty/administrative communication and consultation
- Developing plans for faculty development
- Developing the AHC's FY2000 compacts and operating budget
- Preparing the AHC's FY2000 capital budget and FY2000-2005 capital improvement plan
- Revitalizing the strategic direction of the AHC

**Academic Affairs:**

- Administer the review and awarding of grants for AHC interscholastic research, education, and faculty development grant: totaling \$2,750,000
- Working with the state's health care systems to develop new model for financing health professional education
- Working with other academic health centers to lobby the federal government on funding graduate medical education
- Coordinating the AHC Education Leaders Forum for planning, problem solving, and improving intercollegiate coordination in education.
- Providing improved classroom logistical support for faculty; improving classroom scheduling
- Completing the AHC Diversity Task Force report and facilitating AHC-wide discussion
- Administering the annual conflict of interest compliance process
- Developing plan for improving laboratory health and safety and compliance with federal/state laws
- Expanding industry sponsored clinical trials; improving coordination with Fairview on clinical trials; working with Vice President for Research to expedite review of grants/contracts

**Clinical Affairs:**

- Implementing the Fairview affiliation: developing work plan for priority strategic, financial, and operational issues; administering the joint funding process; developing an education/research costing model at FUMC; addressing GME funding issues at FUMC; developing a education and research plan for the Fairview System; facilitating the capital planning process at FUMC
- Developing a strategic plan for the clinical education enterprise
- Developing and implementing strategic, operational, and financial plans for CUHCC
- Participating in the review of the University of Minnesota Physicians governance review
- Organizing and developing compliance plan for AHC faculty practice plans
- Overseeing the development of ambulatory clinics
- Facilitating the development of a complementary care clinic
- Exploring new opportunities with affiliations with Hennepin, Health Partners, and other health care systems.

**Administrative Improvement:**

- Continued implementation of administrative process redesign in the AHC
- Analysis of administrative staffing in the AHC
- Promoting an administrative culture of service
- Continuing to implement the distributed management model

### **Financial Management:**

- Professional development of financial staff in AHC units: complete design of certification program; develop competencies curricula; provide financial management internships
- Collaborating with Grants Management Project on assessing readiness of departments to implement electronic tools and provide on-site training and coaching
- Collaborating with Grants Management Project on developing standard staffing model for financial and grants management work
- Developing, implementing, and improving electronic financial reporting tools: expanding use of on-line document processing and financial reports on the Web; maintaining data for performance reporting; enhancing the Finance Web site
- Improving financial decision support systems: comprehensive budget and financial planning model; electronic balance sheets; financial ratios; performance reports
- Implementing best practice business processes such as in effort reporting, purchasing, and payroll
- Developing health professional education cost model and financial plan
- Coordinating data collection for MERC application; distribution of state funds
- Oversight of AHC/Fairview financial issues

### **Human Resources:**

- Implementing the new PeopleSoft Human Resources System in the AHC
- Conducting a needs analysis for development of department heads and directors
- Developing management guides and providing monthly human resources training for supervisors and collegiate human resources staff
- Redesigning staff recruitment strategies to simplify and be more effective in tight labor market
- Implementing new, more flexible staff compensation policies, delegating greater authority to collegiate units and improving equity across units
- Representing the AHC in labor negotiations
- Conducting assessment of effectiveness of Human Resources services
- Developing a culture of service in human resources management

### **Facilities Management:**

- Renovation of Jackson
- Remodeling of lab/office space for faculty and staff being moved out of JOML
- Programming and design of Molecular and Cellular Biology Building
- Administration of 60 facilities projects with an estimated total cost of \$100 million
- Updating of the AHC strategic facilities plan; development of a land-use plan for AHC facilities on the Minneapolis campus
- Development of standard processes/procedures for allocating research, education, and office space within and across schools
- Developing cost/quality benchmarks for AHC projects
- Developing curriculum, training, communications for AHC faculty and staff on facilities policies/procedures

### **Information Systems:**

- Providing technical assistance and support for implementing the new PeopleSoft human resources and student administrative systems in the AHC:
- Working with AHC units to identify and eliminate Year 2000 problems: hardware, software applications, networks, databases, research and clinical equipment
- Working with Fairview and AHC units on decommissioning of the Unisys mainframe system and implementation of the five new hospital/clinical replacement systems: installation, training, help desk, and data migration.
- Upgrading and supporting the AHC budget and performance reporting system for AHC units
- Upgrading and increasing capacity of AHC administrative servers: over 500 users
- Providing desk top services to over 500 users
- Developing specifications for standard financial, human resources, payroll, and other administrative reports in the AHC
- Developing resident tracking system for the Medical School

### **Communications:**

- Support for the legislative request: roadshows; press conferences and interviews; media stories; lobbying; legislative advocacy network.
- Media relations: Each week, an average of 10 media inquiries are handled; two news releases are prepared and distributed; one new tip is developed; and five stories are pitched
- Announcements and events: Over 20 events are planned. Examples: Sponsored Research Management Kick-off; Faculty Promotion and Tenure Reception; RAR Appreciation luncheon; Student Appreciation Lunch; high school tours; Cancer Center Open House
- Publications and periodicals: June issue of Pictures of Health; monthly AHC Community News; bi-weekly News Capsules
- Weekly production of Health Talk & U; planning underway to expand distribution statewide
- Further expand the AHC external mailing list currently at 10,000 names
- Planning underway to revamp AHC's outreach to schools
- Consultation with AHC faculty on marketing, communications and media issues
- Replacing old signage on the second floor corridor of PWB/Moos/Weaver-Densford

**FOR ACTION**  
**AHC FACULTY ASSEMBLY**  
**MARCH 30, 1999**

In accordance with the bylaws of the AHC Faculty Assembly, vacancies on the AHC Committee on Committees are to be filled by the electoral process. Assembly rules require that a Nominating Committee be identified by the AHC FCC and ratified by the AHC Faculty Assembly. It is the recommendation of the AHC FCC that it serve as the nominating committee for this election. The committee will be responsible for generating the names of two individuals, each from the School of Nursing and the College of Pharmacy and preparing election ballots. Vickie Courtney in the Senate Office will coordinate the election process. Election ballots will be sent to members of the AHC Faculty Assembly.

MOTION: To approve the AHC FCC as the Nominating Committee responsible for generating names to fill two vacancies on Committee on Committees.

Muriel Bebeau, Chair  
AHC FCC

# ACADEMIC HEALTH CENTER FACULTY ASSEMBLY

## COMMITTEE ON COMMITTEES

The Committee on Committees appoints members of certain committees of the AHC Faculty Assembly and advises the AHC-FCC on the committee structure of the Faculty Assembly.

### Membership

The Committee on Committees shall be composed of elected faculty and academic professional representatives from the AHC. It shall be composed of 8 elected faculty/academic professional members (2 from the Medical School (one from the basic sciences and one from the clinical sciences) and 1 each from Dentistry, Nursing, Pharmacy, Public Health, Veterinary Medicine, and the UMD School of Medicine). Faculty/academic professional members must have served as members of the University Senate within the last five years.

A special faculty/academic professional nominating committee, appointed by the AHC-FCC and approved by the faculty/academic professional representatives of the Faculty Assembly, shall generate annually, the names of twice as many faculty/academic professional candidates from each college for the committee as are rotating off. The election will take place during spring quarter of the academic year. Additional nominations, certified as available, may be made by the petition of 4 faculty/academic professional representatives of the Faculty Assembly, provided that the petition is in the hands of the clerk of the Faculty Assembly the day before the Faculty Assembly meeting. Following the first meeting of spring quarter of the Faculty Assembly, ballots will be mailed to faculty/academic professional representatives of the Faculty Assembly to elect the appropriate number of individuals for three-year terms. No faculty/academic professional member is eligible to serve more than two consecutive full terms. In the case of a tie, the chair of the Faculty Assembly shall cast the deciding vote.

In case of a faculty/academic professional vacancy, the remaining faculty/academic professional members, by majority vote, shall fill the vacancy by interim appointment until the next general election.

The chair shall be elected by committee members from among their number for a one-year term of office. The chair is eligible for re-election to that position.

### Duties and Responsibilities

- a. To forward annually to the Faculty Assembly, for approval, names of faculty/academic professionals it recommends for appointment to those committees of the Faculty Assembly specified in the Bylaws. The committee shall give consideration to:
  - 1) representation from the various units when appropriate;
  - 2) the number of committees on which the faculty/academic professional member currently is serving;
  - 3) the principle of rotation of committee assignments;
  - 4) the recommendations of the respective committee chairs, faculty, academic professional.

In addition, the committee shall select members of the Faculty Assembly for committee membership when appropriate to encourage communication between the Faculty Assembly and its committees. The committee also shall strive to assure full and adequate representation by race, sex, and academic rank in constituting committees.

- b. To review annually the committees of the Faculty Assembly and recommend to the AHC-FCC any changes in committee structure, charge, or membership which deems appropriate.
- c. To recommend to the AHC-FCC such actions or policies as it deems appropriate.
- d. To submit an annual report to the Faculty Assembly.



# UNIVERSITY OF MINNESOTA

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Date: March 29, 1999

To: The Academic Health Center Faculty Assembly

From: Frank B. Cerra  
Senior Vice President for Health Sciences

Re: The Academic Health Center's Strategic Facilities Plan and Capital Budget

Attached are materials describing the Academic Health Center' Strategic Facilities Plan and Capital Budget:

- The process for preparing the Academic Health Center's capital budget submission
- The AHC's FY 2000 Capital Projects Recommendations submitted to the University's Capital Improvements Advisory Committee, March 10, 1999
- Presentation to the Board of Regents on the AHC's Strategic Facilities Plan and Twin Cities Precinct Plan, March 11, 1999
- List of individuals who serve on various committees and task forces that prepared the Strategic Facility Plan (April 1997 to May 1998). Besides these AHC-wide committees, each school has its own space/facilities committee.
- List of individuals who have been involved in planning of the new Molecular and Cellular Biology Building.

**ACADEMIC HEALTH CENTER'S SUBMISSION FOR THE UNIVERSITY'S  
FY 2000 ALL-FUNDS CAPITAL BUDGET AND  
FY2000-2005 CAPITAL IMPROVEMENTS PROGRAM**

**Overview:** The Academic Health Center developed an initial strategic facility plan in 1998. The intent of the plan was to develop a strategic vision, guiding principles and goals for the AHC and to assemble a comprehensive list of all major construction, renovation, and refurbishment projects needed to provide the AHC with the physical plant to support its academic programs. Over 200 faculty, staff, and students participated in developing the plan. The plan serves as the baseline for all capital budget requests. The plan is to be updated at least annually to reflect current needs of the AHC.

**Three objectives for the FY 1999 Update:**

1. Determine the projects that will be funded internally for implementation in FY 2000
2. Determine the projects that will be submitted to the Governor and Legislature for state government bonding in FY2001-2
3. Update the six-year Capital Improvements Program for FY2000 to 2005

**Requirements for Projects to be Included in the University's FY 2000 Capital Budget:**

1. Construction projects must have a completed predesign study including a cost estimate prepared by or under the direction of central Facilities Management.
2. Projects must have internal funding available or have funding contingent upon a pending grant application or private gifts from an active fundraising campaign.

**Process for AHC Strategic Plan/Project Update:**

1. Through the deans, schools were asked to review the list of projects included in the Academic Health Center's Strategic Facility Plan: to drop projects that had already been completed or were no longer needed; add new projects; review and (if necessary) rerank the school's projects; and identify the year that each project needed to be undertaken. Schools ranked projects using the same standardized criteria used in the original strategic plan rankings last year. (attached)
2. The AHC Strategic Facilities Committee did a preliminary review of the schools' responses. The committee asked that the scores be standardized across schools.
3. FY 2000 Capital Budget: all potential FY 2000 projects with scores of 500 or more points were put on a preliminary list and sent to the deans to review to be sure that the rankings reflected school priorities. Schools could add lower ranked projects if these projects were critical and if there were internal collegiate funds.
4. FY 2000 to 2005 Capital Improvements Program: projects regardless of score were included in the preliminary six-year plan. Smaller projects, particularly those in the later years, were combined into several general categories such as remodeling for faculty recruitment and retention and new program development.

**Process for AHC Funding Request:**

5. School responses were compiled into an AHC-wide submission to the University's Capital Improvements Advisory Committee, chaired by Bob Kvavik and Eric Kruse. Dr. Cerra, Terry Bock, and Lorelee Wederstrom presented the AHC request to the committee on March 10. The committee will present its recommendation to the Executive Committee and President Yudof in early April. The recommendations will include projects to be included in the University's FY2000 capital budget, the University's request to the Governor and Legislature next year for state bonding, and the University's six-year capital plan.
6. President Yudof will forward his recommendation to the Board of Regents for discussion in May and approval in June.

<u>Capital Project Scoring Criteria</u>	<u>Definitions</u>	<u>Ratings</u>	<u>Values</u>	<u>Maximum Score</u>
<b>I. Critical</b>				
Critical Life Safety Emergency	Corrective action is deemed urgent and unavoidable. Emergency must be documented and immediate.	Yes/No	700/0	700
Critical Legal Liability	Known and substantiated legal liability which is currently pending.	Yes/No	700/0	700
Prior Binding Commitment	Require action due to previous legislative action which creates a binding commitment	Yes/No	700/0	700
Maximum Critical Score				700
<b>II. Strategic</b>				
Linkage to University Strategic Plan	Matches specific strategic objective of the University of Minnesota	0/1/2/3	0/40/80/120	120
Linkage to AHC Strategic Plan	Matches specific strategic objective of the Academic Health Center	0/1/2/3	0/40/80/120	120
Linkage to School or College Strategic Plan	Matches specific strategic objective of the school or college	0/1/2/3	0/40/80/120	120
Safety Concerns	Life safety issues but not in critical condition	0/1/2/3	0/35/70/105	105
Customer Service/Statewide Significance	Ability of the project to improve services for citizens of Minnesota -- looks at geographic dispersion of benefit	0/1/2/3	0/35/70/105	105
College or School Priority	Priority Ranking of the school	1-4 Quartile	25/50/75/100	100
User and Non-State Financing	Incentive to find non-state funds	0-100%	0-100	100
Asset Management	Maintenance, repair and adaptive re-use of current assets	0/1/2/3	0/20/40/60	60
Operating Savings or Efficiencies	Demonstrates a reduction in net operating costs or increased efficiency	0/1/2/3	0/20/40/60	60
Contained in Statewide Six-Year Plan	Project has been included in previous six-year capital plans	Yes/No	50/0	50
Maximum Strategic Score				940
Maximum Score (All Criteria)				1640