FACILITIES COMMITTEE

OF THE Board of Governors

UNIVERSITY OF MINNESOTA HOSPITALS

MEETING:

Wednesday, December 17, 1975 Room 624 Campus Club Called to Order at 12:15 P.M.

ATTENDING:

ROBERT DICKLER ORVILLE EVENSON INTON HEWITT OBERT GOLTZ HERI PERLMUTTER TARY LEBEDOFF HOMA<u>S</u> JONES OHN TIEDE (CHAIRMAN)

COMM. STAFF

LEE LARSON

GUESTS:

Ms. Lois Stevens Dr. William Hausman

MOTION:

A MOTION TO APPROVE THE MINUTES OF THE PREVIOUS MEETING AS SUBMITTED WAS MADE BY MR. EVENSON, SECONDED BY MRS. LEBEDOFF AND APPROVED UNANIMOUSLY.

DR. HAUSMAN AND MS. STEVENS WERE INTRODUCED TO THE COMMITTEE BY MR. Jones and Dr. Hausman proceeded to inform the Committee about the program AND FACILITY REQUIREMENTS OF THE DEPARTMENT OF PSYCHIATRIC SERVICE.

THE FOLLOWING IS A BRIEF SYNOPSIS OF DR. HAUSMAN'S REMARKS:

IS DIFFICULT TO TRANSLATE TRADITIONAL MEDICAL/SURGICAL INPATIENT BED AND SPACE STANDARDS TO A PSYCHIATRIC SERVICE. IN GENERAL, A

PSYCHIATRIC SERVICE REQUIRES TWICE AS MUCH SPACE BECAUSE PSYCHIATRIC PATIENTS ARE NOT BEDRIDDEN AND ENGAGE IN MANY MORE ACTIVITIES THAN A MEDICAL/SURGICAL PATIENT. THESE ACTIVITIES INCLUDE SPACES FOR GROUP MEETINGS, DINING FACILITIES, OCCUPATIONAL THERAPY, AS WELL AS INDIVIDUAL ACTIVITIES. THIS TOTAL WARD MILLIEU OF PATIENTS, STAFF, ACTIVITIES, AND FACILITIES IS AN INTEGRAL PART OF THE TREATMENT PROGRAM. IN ADDITION CERTAIN SPECIALIZED PROGRAMS SUCH AS THE "DAY HOSPITAL" REQUIRE SPACES FOR ACTIVITY BUT HAVE NO BED REQUIREMENTS BECAUSE THESE PATIENTS ARE SEEN DURING THE DAY ONLY.

DR. HAUSMAN EMPHASIZED THAT, IN SPITE OF PSYCHIATRIC TREATMENT PROGRAMS AWAY FROM HOSPITAL BASED MEDICAL/SURGICAL FACILITIES, THERE ARE IMPORTANT REASONS TO CONTINUE CLOSELY INTEGRATED OPERATIONS. CHIEF AMONG THOSE REASONS WERE THE FOLLOWING:

- 1. MANY PSYCHIATRIC PATIENTS DO HAVE PHYSICAL ILLNESSES WHICH MUST BE TREATED.
- 2. THE PSYCHIATRIC SERVICE MUST BE AVAILABLE TO MEDICAL/SURGICAL SERVICES WHICH HAVE PATIENTS WHO ALSO MAY NEED PSYCHIATRIC EVALUATION AND TREATMENT.
- 3. Psychiatry is a medical field and an integral part of the Medical teaching environment.

In general, a psychiatric program must deal with two different types of patients; those who are acutely disturbed who need evaluation and those who are less acutely disturbed and who need long term treatment. Treating both types of patients in a common unit is difficult. The acutely disturbed patient who is in need of evaluation is best treated in a hospital setting where intensive staff, diagnostic, and other consultative services are available. However, hospital facilities are not ideal for the patient undergoing long term treatment. These patients require less nursing and diagnostic services and their activities can be better accomplished and at less cost in a different setting. As an example Dr. Hausman cited the desire to establish a

RESIDENTIAL TREATMENT CENTER FOR THE CHILD AND ADOLESCENT PSYCHIATRIC PROGRAM. SO FAR THIS EFFORT HAS NOT BEEN SUCCESSFUL DUE TO A VARIETY OF FACTORS INVOLVING SUCH ISSUES AS A SITE LOCATION, CONTROL OF THE PROGRAM, AND AN OBJECTIVE OF NOT DUPLICATING EXISTING PROGRAMS IN THE COMMUNITY.

PRIOR TO TOURING THE PSYCHIATRIC FACILITIES DR. HAUSMAN POINTED OUT THAT THEIR OUTPATIENT FACILITIES WOULD BE RELOCATED INTO THE B-C BUILDING UNDER CONSTRUCTION AND THAT THOSE SPACES ALTHOUGH SHARED WITH OTHER SERVICES WOULD ADEQUATELY MEET THEIR OUTPATIENT SPACE NEEDS. THE CHIEF DEFICIENCIES OF THE HOSPITAL SPACE ARE THAT THEY DO NOT CONTAIN ADEQUATE SPACE FOR TEACHING, CONFERENCE, CONSULTATION AND VISITING ACTIVITIES. THEIR HOSPITAL SPACE CURRENTLY HOUSES THE FOLLOWING UNITS:

- A. A CHILD UNIT HOUSING CHILDREN RANGING IN AGE FROM 5 TO 12 YEARS OLD.
- B. An Adolescent unit housing adolescents ranging from 12 to 20 years old.
- C. Two ADULT UNITS
 - 1. A 24 BED HIGH TURNOVER UNIT
 - 2. A 10 BED RESEARCH UNIT
- D. A DAY HOSPITAL FOR TREATMENT OF PATIENTS WHO DO NOT REQUIRE 24 HOUR CARE.

In response to questions Dr. Hausman indicated that his department maintains no outreach program as such but is involved in the following activities outside of the hospital.

- 1. COMMUNITY UNIVERSITY HEALTH CARE CLINIC ON FRANKLIN AVENUE
 - 2. DEVELOPING A MENTAL HEALTH PROGRAM IN THE NORTHEAST SUBURBAN AREA.
 - 3. PROVIDING A FULL-TIME PSYCHIATRIST AT BRAHAM, MINNESOTA.

IN RESPONSE TO ANOTHER QUESTION DR. HAUSMAN STATED THAT HIS DEPARTMENT IS BEGINNING TO EVALUATE THE NEEDS FOR A DRUG AND ALCOHOL PROGRAM AT THE HOSPITAL.

THE MEETING WAS ADJOURNED AT 1:50 P.M. FOLLOWED BY A TOUR OF THE 6TH FLOOR PSYCHIATRIC FACILITIES.

NEXT MEETING:

JANUARY 21, 1976

RESPECTFULLY SUBMITTED

Mr. Lee Larson Committee Staff Member

FACILITIES COMMITTEE OF THE BOARD OF GOVERNORS

UNIVERSITY OF MINNESOTA HOSPITALS

MEETING:

Wednesday, November 19, 1975
Room 555 Diehl Hall
Called to Order at 4:30 P.M.
Adjourned at 5:30 P.M. (Followed by a Tour
of the Physical Medicine and Rehabilitation
Unit as Conducted by Dr. Glenn Gullickson, Director)

ATTENDING:

Mr. Orville Evenson Mr. Thomas Jones Ms. Mary Lebedoff Ms. Cheri_Perlmutter JOHN TIEDE, CHAIRMAN

TIMOTHY VANN JOHN WESTERMAN

COMM. STAFF:

Mr. Lee Larson Ms. Johnelle Foley

GUESTS:

DR. GLENN GULLICKSON

MOTION:

Dr. Tiede requested that the minutes of the previous meeting be ACCEPTED. THE MOTION WAS SECONDED AND PASSED.

PLANNING STAFF REPORT - MR. JONES

Mr. Jones informed the Committee that the Diagnostic Radiology Department OF THE UNIVERSITY HOSPITALS HAS THE OPPORTUNITY TO RECEIVE A GIFT OF BRAIN SCANNING EQUIPMENT. THE GIFT, FROM THE MANUFACTURER CHAS. PFIZER Co., of Both equipment and remodeling expense could total \$700,000. THE SCANNING DEVICE IS BEING DONATED FOR THE PURPOSES OF RESEARCH, BUT CAN AND WILL BE USED ON A PART-TIME BASIS FOR PATIENT SERVICE. ALTHOUGH THE PLANNED INSTALLATION IS OF NO COST TO THE HOSPITALS, A CERTIFICATE OF NEED WILL BE REQUIRED. THE COMMITTEE WILL BE KEPT INFORMED AS THE NEGOTIATIONS CONTINUE.

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THE COMMITTEE WAS PRESENTED WITH A GOAL PROGRESS REPORT (APPENDED TO THESE MINUTES). PROGRESS AND PROCESS WERE DISCUSSED AND REVIEWED. THE REPORT WILL BE UPDATED AT REGULAR INTERVALS.

Long Range Facility Planning - Physical Medicine and Rehabilitation Dr. Glenn Gullickson, Professor, P.M.& R., Director, Rehab Center

DR. GULLICKSON DESCRIBED FOR THE FACILITIES COMMITTEE WHERE THE PHYSICAL MEDICINE AND REHABILITATION AREAS WERE LOCATED, MENTIONING THAT HE WOULD BE TAKING THE COMMITTEE ON A TOUR OF THE 7TH AND 8TH FLOORS OF THE MAYO BUILDING AND THE 4TH, 5TH, AND 6TH FLOORS OF THE CHILDRENS REHAB CENTER. HE WENT THROUGH THE HISTORY OF THE REHABILITATION PROGRAM COMMENTING ON ITS GROWTH AND MOVEMENT TO VARIOUS LOCATIONS WITHIN THE HOSPITAL COMPLEX. DR. GULLICKSON DISCUSSED THE INCLUSION OF REHABILITATION WITH PHYSICAL MEDICINE AND THE TREND TO OCCUPATIONAL AND PHYSICAL THERAPY, SPEECH THERAPY, AND VOCATIONAL COUNSELING. HE MENTIONED THE AFFECTS ON THE DEPARTMENT OF THE POLIO EPIDEMIC OF THE 1940'S AND THE ACQUISITION OF THE CHILDREN'S REHAB CENTER THROUGH A REINTERPRETATION OF THE EUSTIS FAMILY WILL LOCATING THE DONATED FACILITY ON SITE.

DR. GULLICKSON INFORMED THE COMMITTEE THAT HIS DEPARTMENT WAS MADE UP OF 9 PHYSICIANS, 15 RESIDENTS AND 40 COUNSELORS AND THERAPISTS. HE EXPLAINED THAT THE DEPARTMENT HANDLES THE PHYSICAL THERAPY FOR THE ENTIRE HOSPITAL. IN RESPONSE TO A QUESTION, HE MENTIONED THAT HIS DEPARTMENT DID NOT DUPLICATE THE SERVICES OF OTHER SUCH FACILITIES IN THE AREA AS OTHERS PRIMARILY DEALT WITH ORTHOPEDIC SURGERY CASES. HE FURTHER INDICATED THAT THE DEPARTMENT WAS CONSIDERED THE LARGEST SUCH COMPREHENSIVE CENTER OUTSIDE OF CHICAGO.

In conclusion, Dr. Gullickson discussed the present trend toward the use of clinical and counseling psychologists. He mentioned that his department was in need of space to accommodate such activities as vocational counseling. He also described a new program of behavior modification for the control of pain which also requires space.

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Following further discussion and questions about the Physical Medicine and Rehabilitation Department, the meeting of the Facilities was adjourned and a tour of the unit was conducted by Dr. Gullickson.

Next Meeting: December 17, 1975

12:15 P.M. CAMPUS CLUB

RESPECTFULLY SUBMITTED

JOHNELLE FOLEY SECRETARY BOARD OF GOVENORS

FACILITIES COMMITTEE

GOAL PROGRESS REPORT

NOVEMBER 19, 1975

GOAL I: DEVELOPMENT OF THREE YEAR CAPITAL BUDGET - YEAR ONE MAJOR PROJECT BUDGET TO COINCIDE WITH 1976-77 OPERATING YEAR BUDGET.

Fiscal Year	PROJECT	Status	COMMENT
1976-77	- Medical Records/Business Office to Unit B-C -	Coor correction collections	A. CERT. NEED/1122 REVIEW REQUIRED MARCH-APR. 1976 SUBMITTAL B. FACILITIES COMMITTEE REVIEW AND RECOMMENDATION - FEB. 1976
	-Surgical Pathology Laboratory/ Jackson Hall -	1 FEBRUARY 19/6	A. CERT. NEED/1122 REVIEW REQUIRED MARCH-APRIL 1976 SUBMITTAL
			B. FACILITIES COMMITTEE REVIEW AND RECOMMENDATION - FEB. 1976
	-Possible Additional Project: Unit D - Radiation Therapy Center		
1977-78 1978-79	-Unit K/E Development (Pediatrics/ICU/PAR	PRELIMINARY PROGRAMMING/ARCHITECTURA FEASIBILITY STUDY - RESULTS EXPECTED FEB. 76. ADDITIONAL STUDY. UNIT J IMPACT: THEN DESIGN DEVELOPME	UNIT K/E PLANNING MELDED WITH UNIT J SITE PLAN AND INITIAL SCHEMATICS TO ASSURE LONG-TERM UTILITY.
	-Mayo Renovation: (Labs/Radiology/Pharmacy/CSP)	Preliminary Programming Completed. Program to architects in Fall-Winter 1976 for schematic development and cost estimate.	

GOAL II: LONG RANGE PLAN - 10 YEAR PHYSICAL DEVELOPMENT PROGRAM:
RECOMMEND PROGRAM TO BOARD:

PROCESS STEPS:

- 1. ORIENTATION KEY ELEMENTS
 - -LABORATORIES
 - -ADULT MEDICAL-SURGICAL NURSING UNITS
 - -THERAPEUTIC RADIOLOGY
 - -PHYSICAL MEDICINE AND REHABILITATION
 - -Psychiatry
 - -OPERATING ROOMS
 - -DIAGNOSTIC RADIOLOGY
- 2. BLOCK SCHEMATIC DRAWINGS/COST ESTIMATE
 - -PART OF UNIT K-E PLANNING EFFORT, ARCHITECTURAL CONTRACT
 - -complete fall/winter 1976, recommendations to Committee
- 3. Committee Recommendations/Report to full Board: January 1977.
- 4. CAPITAL DEVELOPMENT PROGRAM SPRING 1977.

FACILITIES COMMITTEE

OF THE

BOARD OF GOVENORS

UNIVERSITY OF MINNESOTA HOSPITALS

MEETING:

WEDNESDAY, MAY 21, 1975 ROOM 606 CAMPUS CLUB CALLED TO ORDER AT 4:27 P.M.

ADJOURNED AT 5:30 P.M.

(FOLLOWED BY A TOUR OF THE EXISTING FACILITIES INVOLVED IN THE PHASE I

REPLACEMENT PLAN)

ATTENDING:

Mr. Robert Dickler Mr. Orville Evenson

ROBERT GOLTZ DR.

MR. TOM JONES

Ms. MARY LEBEDOFF

JOHN TIEDE (CHAIRMAN)

JOHN WESTERMAN RICHARD VARCO

COMMITTEE

STAFF:

MR. LEE LARSON

GUEST:

Ms. KATHY HOAKANSON

MOTION: MINUTES OF THE PREVIOUS MEETING ARE APPROVED AS PRINTED.

ORIENTATION TO INPATIENT FACILITY PLANNING:

DR. RICHARD VARCO, MR. TOM JONES, MR. LEE LARSON, MS. KATHY HOAKANSON

THE HISTORY AND CURRENT STATUS OF THE INPATIENT FACILITY PLAN WERE PRESENTED ALONG WITH A DESCRIPTION OF EXISTING FUNCTIONAL AND SPATIAL DEFICIENCIES WHICH CANNOT BE RESOLVED WITHIN THE EXISTING FACILITY.

THE FACILITY PLAN ADDRESSES THE MOST SEVERELY DEFICIENT PROBLEMS IN TWO PHASES.

PHASE I.

- A. COMPLETE SPACE IN BUILDING B-C (CURRENTLY UNDER CONSTRUCTION)
 FOR THE FOLLOWING DEPARTMENTS:
 - 1. MEDICAL RECORDS
 - 2. Business Office
- B. CONSTRUCTION OF AN ADDITION ON TOP OF BUILDING K-E TO REPLACE
 THE FOLLOWING FACILITIES:
 - 1. SURGICAL INTENSIVE CARE UNIT AND POST ANESTHESIA RECOVERY
 - 2. 80 PEDIATRIC BEDS
- C. REMODEL VACATED SPACE TO RESOLVE SPATIAL DEFICIENCIES
 IN THE FOLLOWING DEPARTMENTS:
 - 1. DIAGNOSTIC RADIOLOGY
 - 2. LABORATORY MEDICINE
 - 3. PHARMACY
 - 4. Nursing and other selected hosp, activities

PHASE II.

A. CONSTRUCTION OF A NEW BED TOWER ON THE POWELL HALL SITE TO ACCOMMODATE NURSING STATIONS CURRENTLY HOUSED WITHIN THE MAYO COMPLEX ALONG WITH SELECTED SUPPORT SERVICES.

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21 May 1975

B. REMODEL THE VACATED SPACE WITHIN THE MAYO COMPLEX FOR THE REMAINING HOSPITAL SUPPORT SERVICES AND VARIOUS HEALTH SCIENCES UNITS.

The meeting was adjourned and a tour of the facilities affected in Phase I of the plan was conducted.

NEXT MEETING: WEDNESDAY, JUNE 18, 1975, 4:30 P.M. UNIVERSITY HOSPITALS DINING ROOM III.

RESPECTFULLY SUBMITTED

MR. LEE LARSON

SECRETARY

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FACILITIES COMMITTEE

OF THE BOARD OF GOVENORS

UNIVERSITY OF MINNESOTA HOSPITALS

MEETING:

Wednesday, April 16, 1975 Room 402 - University Campus Club Called to Order at 5:00 P.M. Adjourned at 7:15 P.M.

ATTENDING:

COMMITTEE MEMBERS:

DR. JOHN TIEDE, CHAIRMAN MR. ROBERT DICKLER

MR. ORVILLE EVENSON
DR. ROBERT GOLTZ
MR. CLINT HEWITT
MR. TOM JONES
MS. MARY LEBEDOFF
MS. CHERI PERLMUTTER
MS. TIMOTHY VANN

COMMITTEE STAFF:

MR. LEE LARSON

AGENDA

CHAIRMAN JOHN TIEDE MODIFIED THE AGENDA IN ORDER TO MOVE PORTIONS OF ITEM II AHEAD OF ITEM I BECAUSE SOME OF THE LEGISLATION AFFECTING PHYSICAL FACILITY PROGRAM PLANNING PLACES REQUIREMENTS UPON THE ROLES AND OBJECTIVES OF THE FACILITIES COMMITTEE AND TO MOVE THE BALANCE OF ITEM II BEHIND ITEM III. THE MODIFIED AGENDA WAS ADOPTED WITHOUT EXCEPTION.

REVIEW OF LEGISLATION AFFECTING PHYSICAL FACILITY PROGRAM PLANNING - MR. JONES

A REPRINT FROM THE FEDERAL REGISTER CONTAINING HOSPITAL PLANNING REQUIREMENTS AMENDED IN 1974 TO THE FEDERAL CERTIFICATE OF NEED LAW (P.L. 92-603) ORIGINALLY ADOPTED IN 1972 WAS DISSEMINATED. THAT LEGISLATION REQUIRES!

- PREPARATION OF A CAPITAL EXPENDITURE PLAN AND BUDGET FOR AT LEAST A THREE (3) YEAR PERIOD.
- Inclusion of every capital expenditure costing in excess of \$100.000 into this plan.

- THIS PLAN TO BE PREPARED UNDER THE DIRECTION OF THE HOSPITAL GOVERNING BODY BY A COMMITTEE CONSISTING OF REPRESENTATION FROM THE GOVERNING BODY, THE ADMINISTRA-TIVE STAFF, AND THE MEDICAL STAFF,
- 4. CONDUCT AN ANNUAL REVIEW OF AND UPDATE TO THE CAPITAL EXPENDITURE PLAN.

MR. JONES RECOMMENDED THAT THE COMMITTEE ADOPT A SET OF GOALS WHICH WOULD CONFORM TO EXISTING LEGISLATION AND FURTHER RECOMMENDED THAT THE COMMITTEE PERFORM A PROJECT REVIEW FUNCTION FOR OUR SIGNIFICANT FACILITIES DEVELOPMENT PLANS AND ESTABLISH PRIORITIES, IF NECESSARY, AMONG PROJECTS COMPETING FOR THE LIMITED DOLLARS AVAILABLE.

DISCUSSION OF COMMITTEE GOALS - DR. JOHN TIEDE

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

Maker: Ms. Timothy Vann 2nd: Mr. Orville Evenson Motion carried Significant points discussed:

- -THREE YEARS IS WORKABLE TIME FRAME FOR WHICH DEFINITE AND SPECIFIC PLANS CAN BE MADE.
- -THE HOSPITAL HAS JUST COMPLETED A REVIEW OF ITS LONG RANGE MASTER PLAN AND IS PREPARED TO PRESENT AND RECOMMEND A THREE YEAR DEVELOPMENT PLAN SHORTLY.
- -THE FACILITIES COMMITTEE WOULD REVIEW THE CAPITAL EXPENDITURES PLAN IN DETAIL AND MAKE A RECOMMENDATION TO THE FULL BOARD OF GOVERNORS FOR THEIR APPROVAL.
- -As time goes on it will be necessary to inter-relate the Facilities Committee activities to the Finance Committee especially with regard to capital expenditure plan financing.
- -THE MOTION CONFORMS TO FEDERAL LEGISLATIVE REQUIREMENTS (THE PENALTY FOR NON-CONFORMANCE COULD INVOLVE WITHHOLDING OF TITLE 18 AND 19 FUNDS.
- -As time goes on the Facilities Committee can adopt additional or Broader Goals.

ORIENTATION TO PHYSICAL FACILITES - UNIT B-C MR. ROBERT DICKLER

Mr. Robert Dickler outlined the History and Development of Building B-C along with a description of plans for each floor in the New Building.

HIGHLIGHTS

ALL OR PARTS OF THE FIRST NINE (9) FLOORS WILL BE DEDICATED TO HOSPITAL SPACE. FLOORS TEN (10) THROUGH FIFTEEN (15) WILL BE OCCUPIED BY OTHER HEALTH SCIENCE UNITS.

THE HOSPITAL WILL REPLACE 104 OUT OF 136 EXISTING OUTPATIENT EXAMINING ROOMS.

- A. These rooms are currently at seventeen (17) Locations in four (4) Buildings all constructed in the 1920's.
- B. THE CURRENT OUTPATIENT FACILITIES WERE DESIGNED TO ACCOMMODATE 50,000 OUTPATIENT VISITS PER YEAR AND TO TRAIN 50 HEALTH SCIENCE STUDENTS. WE CURRENTLY HAVE 170,000 OUTPATIENT VISITS PER YEAR AND TRAIN 1,000 HEALTH SCIENCE STUDENTS.

In the Late 1960's the outpatient facilities were identified as a need with the highest priority for development and expansion in the Health Sciences Master Plan. Building B-C is the realization of that Plan.

BUILDING B-C IS NOW UNDER CONSTRUCTION AND IS TO BE COMPLETED IN THE SPRING OF 1977 WITH 156 EXAMINING ROOMS AND EXPANDED OUTPATIENT ACTIVITY, SUPPORT, AND TREATMENT SPACE. AREAS OF THE BUILDING WILL BE LEFT SHELLED TO INCORPORATE THE FUTURE EXPANSION OF OUTPATIENT FACILITIES PROJECTED TO MEET THE INCREASING DEMAND FOR THE NEXT. 15 TO 20 YEARS.

THE BUILDING IS BEING FINANCED LARGELY BY STATE AND FEDERAL APPROPRIATION AND SOME HOSPITAL DEPRECIATION RESERVE MONIES.

REVIEW OF LEGISLATION AFFECTING PHYSICAL FACILITY PROGRAM PLANNING - MR. TOM JONES

THE STATE CERTIFICATE OF NEED LEGISLATION WAS REVIEWED. THIS LAW REQUIRES CONFORMANCE TO THE STATE CERTIFICATE OF NEED PROCESS WHEN THE FOLLOWING CRITERIA ARE MET:

- 1) A TOTAL CAPITAL EXPENDITURE IN EXCESS OF \$50,000 AND
- 2) EXPANSION OR EXTENSION OF THE SCOPE OR TYPE OF SERVICE RENDERED OR
- 3) AN INCREASE IN THE BED COMPLEMENT OF A FACILITY

THE PROCESS FOR STATE CERTIFICATE OF NEED WAS EXPLAINED.

- 1. APPLICATION IS MADE TO THE METROPOLITAN HEALTH BOARD
- 2. METROPOLITAN HEALTH BOARD WILL A)CONDUCT A REVIEW 2) HOLD PUBLIC HEARINGS 3) MAKE A RECOMMENDATION TO THE METROPOLITAN COUNCIL.
- 3. METROPOLITAN COUNCIL FORWARDS THEIR RECOMMENDATION TO THE STATE BOARD OF HEALTH.
- 4. State Health Board review the record and issues or denies a Certificate of Need.

THE FEDERAL CERTIFICATE OF NEED LEGISLATION (P.L. 92-603) REQUIRES REVIEW OF ANY PROJECTS WITH A TOTAL COST IN EXCESS OF \$100,000.

THE PROCESS IS NEARLY IDENTICAL TO THE STATE PROCESS INVOLVING THE FOLLOWING AGENCIES OR INDIVIDUALS:

- 1. METROPOLITAN HEALTH BOARD
- 2. STATE PLANNING AGENCY
- 3. SECRETARY OF HEALTH, EDUCATION AND WELFARE

THIS PROCESS MAY BE SUBJECT TO SOME REVISIONS AS A RESULT OF NEW LEGISLATION (P.L. 93-641) WHICH BECAME EFFECTIVE JANUARY 1, 1975.

A COPY OF THE METROPOLITAN DEVELOPMENT GUIDE CHAPTERS ON HEALTH POLICY PLANNING WAS DISSEMINATED. THIS GUIDE CONTAINS THE OPERATIVE GUIDELINES WHICH ARE USED BY THE METROPOLITAN HEALTH BOARD IN EVALUATION OF CERTIFICATE OF NEED APPLICATIONS.

FUTURE MEETINGS - DR. JOHN TIEDE

THE NEXT MEETING OF THE FACILITIES COMMITTEE HAS BEEN SET FOR WEDNESDAY, MAY 21, 1975 TO FOLLOW THE BOARD OF GOVERNORS MEETING.

DR. TIEDE EXPRESSED THE INTEREST OF THE COMMITTEE IN BEGINNING TO TOUR THE HOSPITAL FACILITIES AFTER THE NEXT MEETING.

THE MEETING WAS ADJOURNED.

RESPECTFULLY SUBMITTED

Mr. LEE LARSON SECRETARY

STANDING COMMITTEES

FACILITIES COMMITTEE

Section 1. Composition. The Hospital Facilities Committee shall consist of a chairman, at least two other members of the Board of Governors, two members of the Medical Staff, two members of hospital management as designated by the General Director, the University Vice President for Finance, Planning and Operations or his designee, and the University Vice President for Health Sciences or his designee.

Section 2. Duties. The Committee shall have general supervision of the physical status of the hospital and shall have the responsibility of planning and recommending additions, alterations, repair and maintenance.

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Section 3. Meetings. The committee shall meet at the call of the chairman as often as necessary to accomplish its functions.