Minutes

Facilities Committee
of the
Board of Governors
University of Minnesota Hospitals

Meeting: Monday, December 14, 1977
Dining Room III, 11:30 A.M.
Called to Order: 12:17 P.M.
Adjourned: 1:40 P.M.

Present: Cheri Perlmutter
Orville Evenson (acting Chairperson)
Tom Jones
Jeanne Givens
Clint Hewitt
Timothy Vann
John Westerman

Absent: John Tiede
Michael Eisenberg
Joseph Resch

Staff: Diane Banta
Ron Klemz
Lee Larson

Guest: Dr. Eugene Gedgaudas

Motion:

Motion made by Jeanne Givens and seconded by Timothy Vann:

> "The Facilities Committee approves the minutes of the November 16, 1977 meeting as mailed."

Motion carried unanimously.

Replacement of Existing Neuro-Radiology Equipment - Dr. Gene Gedgaudas and Mr. Thomas Stone

In introducing Dr. Gedgaudas to the committee, Mr. Larson apologized for the error he had made on the agenda indicating that Dr. Lawrence Gold would be making the presentation. (Refer to the attached document for the substance of the presentation) After discussion the committee passed the following motion.

Motion:

Motion made by Timothy Vann and seconded by Jeanne Givens:

> "The Facilities Committee recommends to the Board of Governors for its approval the acquisition and installation of replacement neuro-radiology equipment at an estimated cost of $350,000. The funds for this equipment were previously included in the annual equipment budget for the current fiscal year with the understanding that the project would be reviewed for final approval at a later date. The committee has received a briefing at this time and is satisfied that the project is justified and necessary.
>
> The committee has also reviewed this project in light of the recent resolution passed by the Metropolitan Health Board, our local Health Systems Agency, which requires that any project application for Certificate of Need demonstrate that the project is of a critical nature and could result in serious or potentially serious consequences if not approved and implemented prior to July 1979. The members of the committee are convinced that this project meets that requirement due to the following factors:
>
> 1. This equipment is a replacement for existing equipment and does not increase or expand upon the current scope and scale of patient care services offered by University Hospitals.
> 2. The existing equipment has exceeded its normal expected life.
> 3. The quality of results obtained with the existing equipment no longer meets current acceptable standards.
> 4. The risks posed to the patient by redone procedures through increased catheterization times and exposure to contrast medium is rapidly approaching unacceptable limits."

Staff Report - Lee Larson

Mr. Larson informed the committee that University Hospitals had been officially notified by the Joint Commission on Accreditation of Hospitals that its provisional accreditation had been extended for another year. All deficiencies noted by the commission in their letter are being addressed by current fire and life safety projects and will completed by the next survey.

EQUIPMENT REPLACEMENT - NEURORADIOLOGY SUITE - ROOM 14

PROCEDURES PERFORMED:

1) Intracerebral Angiography - Catheter via femoral artery into carotid and vertebrals.

2) Intracranial Embolization (Interventional Radiography)

   A. Adhesive glues

      - Silicone

      - Cyano Acrylates

   B. Particulate Material

      - Ivalon

      - Gelfoam

3) Percutaneous Neurosurgical Procedures

Not only will we be performing our routine cerebral angiography in the room but in addition interventional radiography will play a prominent role in neuroradiology in the future. Basically interventional radiography entails passing tiny catheters into distal braonches of the intracranial vessels. Once there, balloons are released or adhesives and particulate material is injected for the purpose of obliterating arteriovenous malformations or aneurysms. This work is tedious, time consuming, and can be extremely dangerous if the proper equipment is not available. This will be a new procedure for this hospital and will require extremely high quality equipment. This new procedure will make surgery easier, and replace surgery in some cases.

For interventional radiography an extremely high quality optical system will be necessary. Our present equipment cannot meet this need. The reason for the high quality optic system is that it is essential that we be able to see the extremely fine detail of the distal intracranial vessels. A new table is needed that will allow us to do three and four times magnification angiography. New tubes are necessary with a biased 0.13 mm focal spot which will allow three to four times magnification. New film changers are necessary which will

allow us to alternately expose the radiographs. This will allow incredible improvements in our angiographic film quality.

The major reason for replacement of the Neuroradiology special procedure room is that the equipment has reached the end of its useful life.

In the last year or so there has been an increasing frequency of failures and problems with the x-ray equipment in Room 14. Basically this is because the equipment is old. This can be extremely dangerous for the patients because it dramatically increases the length of time of the procedure and because it may require multiple repeated injections of contrast media into the intracranial vessels. The risks of prolongation of the radiographic procedure and/or multiple repeat injections of contrast media are:

1) Embolization of clot to the head resulting in STROKE!
2) Excessive and dangerous use of contrast media leading to renal shut-down, cardiac overload and neurological dysfunction.
3) Obstruction to the femoral artery because of increased time the catheter is in the artery resulting in potential loss of the leg or at best a surgical procedure to remove the clot.

The following is a partial list of some of the technical equipment problems in this room. The Franklin changers have needed constant repeated repairs in the last several years. Light leaks in the cassettes quite frequently. In addition there is a motion problem within the changer that is a recurring problem. The x-ray table also provides problems. There are not only electrical problems with the table but we cannot adequately fluoroscope over the abdomen and pelvis which is essential particularly in older people with very tortuous and artherosclerotic vessels. In addition we cannot perform spinal cord angiography because a film changer cannot be placed underneath the table and the excursion of the table is inadequate for this procedure.

TO SUMMARIZE:

The neuroradiology - Room 14 replacement is essential for adequate patient care. Frequent equipment breakdowns mean delays in the angiogram study and repeated injections. This produces a significant increased risk for the patient. In addition new techniques and new procedures that are available require new sophisticated equipment.

Equipment estimated cost is about $350,000.00.

MINUTES

Facilities Committee
of the
Board of Governors
University of Minnesota Hospitals

Meeting:	Wednesday, November 16, 1977 11:30 A.M. Dining Room III Called to Order: 12:00 Noon Adjourned: 1:30 P.M.	
Present:	John Tiede, Chairman Orville Evenson Jeanne Givens	Tom Jones Joseph Resch Timothy Vann
Absent:	Michael Eisenberg Clint Hewitt Cheri Perlmutter	Larry Weaver John Westerman
Guests:	Robert Dickler	
Staff:	Diane Banta, Ron Klemz, Lee Larson	

Motion:

Motion made by Jeanne Givens and seconded by Timothy Vann:

"The Facilities Committee approves the minutes of the previous meeting as mailed."

Motion carried unanimously.

Building B-C Progress Report - Robert Dickler

Medical School space on the 11th and 12th floors of the building will be completed in December 1977 and ready for occupancy in January 1978. It appears that Phase I of the hospitals' portion of the building will be completed in March or April of 1978. Phase II of the hospitals' space involving the 1st and 2nd floors of the building will be completed at a later date. At this time the decision to move into the building prior to completion of the Phase II. Medical Records and Business Office space is still under consideration. Equipment which requires a long lead time to obtain has been ordered and the remainder of the equipment has been placed out for bids.

In response to questions Mr. Dickler indicated that the completion date for the building is about six months behind the original estimates. This is as much due to overly optimistic estimates of the time required to construct a building of the magnitude of Unit B-C as well as design difficulties encountered in the process of construction and the contractor's ability to miximize the flow of work. However, the building is making much

better progress than did Building A.

The committee members expressed an interest in touring completed portions of the building in January.

Staff Report - Lee Larson

Metropolitan Health Board Resolution Affecting Certificate of Need Applications

A draft copy of the resolution as it was presented to to the Health Board for consideration was distributed to the committee members and Mr. Larson described the nature of amendments made to the resolution and the subsequent debate. (Since the meeting a final copy of the resolution has been received and is attached.) It is important to note that the resolution does not impose a moratorim on the issuance of certificates of need but merely adds a new criteria which the Health Board will consider in judging whether or not to recommend the issuance of a Certificate of Need for a project, prior to July 1979. That criteria involves a "critical need" which cannot wait until the Long Range Hospital Planning process has been completed. This criteria is a subjective one and the effect on University Hospitals remains to be seen as the Health Board applies the criteria to future requests. However, it is clear from the Health Board debate on the resolution that the burden to prove "critical need" will rest with the hospitals applying for certificates of need and that a convincing case will have to be made before they will react favorably to such an application. That case would be a very difficult in the instance of projects which expand existing services or create new services but more easily made in the instance of replacing existing services, meeting code requirements or addressing major operating deficiences.

The resolution does not apply to projects which are subject to a waiver from Certificate of Need.

Fire and Life Safety Project

Bids have been awarded on the large central portion of the project and construction is being scheduled in accord with the overall project schedule. The emergency generator portion design is in progress and on schedule with detailed working drawings and specifications due in January 1978. Material (attached) showing the status of expenditures to date and remaining cost estimates was distributed to the committee.

Radiology Equipment Purchase

A fact sheet (copy attached) identifying radiology equipment was distributed to the committee members. This is a preview of the presentation to be made at next month's committee meeting requesting release of the funds budgeted for replacement in the current year and the approval to replace.

.Last Year's (1976-1977) Equipment and Remodeling Budget

A final status report (copy attached) of fiscal year 1976-77 operating capital budget was distributed to the committee members. It was noted that expenditures resulting from final bids and purchases were $353,108 less than the amount budgeted.

Respectfully submitted,

Lee Larson
Planning Associate

PROPOSED RESOLUTION

RESOLUTION STATING A TIME-LIMITED POLICY POSITION OF THE METROPOLITAN HEALTH BOARD ON CAPITAL EXPENDITURES BY HOSPITALS, AMBULATORY SURGICAL CENTERS, AND 24-HOUR EMERGENCY MEDICAL CENTERS.

WHEREAS, the Metropolitan Health Board has adopted the Report of its Long-Range Hospital Planning Committee on July 13, 1977, which calls for involvement of all hospitals in the seven-county metropolitan area to develop long range plans for formal submission to the Health Board no later than October 31, 1978, and

WHEREAS, said plans are expected to be presented for final Health Board agreement by June 30, 1979, and

WHEREAS, joint participation in long range planning efforts is expected to lead toward convergence between hospital plans and Metropolitan Health Board/Metropolitan Council goals and plans for health care system development, and

WHEREAS, both the Health Board and the hospitals have committed their resources and time to the long range planning process, and

WHEREAS, the hospitals in the seven-county metropolitan area have consistently shown a willingness to cooperate with the Health Board, and

WHEREAS, the Certificate of Need review process conducted by the Health Board provides the Board with the authority to recommend approval, denial, or modification of a proposal, and

WHEREAS, that review process requires a statement of the proposal's relationship to overall plans for the area, and

WHEREAS, the general public, as evidenced by the interim joint House-Senate Committee on Health Care Costs and the recent Citizen's League Report, increasingly expects the health care system to address its problems of excess capacity

NOW THEREFORE BE IT RESOLVED BY THE METROPOLITAN HEALTH BOARD THAT:

1. It is the position of the Metropolitan Health Board that few, if any capital expenditures by hospitals, ambulatory surgical centers, 24-hour emergency medical centers, or any other health care facility licensed pursuant to Minnesota Statutes, §144.50 to 144.56, are critical enough to ~~require review~~ obtain approval before the completion of the long-range hospital planning process in July 1979;

2. An amendment to the Health Systems Plan/Guide Chapter implementing the above position be drafted, proposed at public hearing, and adopted as soon as possible.

3. Amendatory language, generally consistent with the following and adequate to accomplish the intent, be developed by a joint committee of the Health Board and the Metropolitan Council:

a. That in the event a Certificate of Need application is submitted by one of the aforementioned facilities to the Metropolitan Health Board between the adoption of this resolution and July 1979 that the Health Board shall require documented evidence from the facility as to why the proposal is of such critical nature that it cannot wait until the long range hospital planning process has been completed.

4. The Chairperson of the Health Board is empowered to do all such things as may be necessary to establish a joint committee, form the proposed language and call a public hearing regarding the same at the earliest possible date.

5. Copies of this resolution be forwarded to all interested parties throughout the Metropolitan Area.

Items 2-4 were not passed (Vote of 12 to 8 in favor of negation).

A second resolution was adopted to the effect that the providers shall be forewarned that the board will ask, in the event of CON application is made, why it is coming in before July 1979, when the long-range plans have been reviewed.

Fire and Life Safety Project

We tend to think of this project as a single project due to its goal of meeting the 1973 fire and life safety code requirements and Joint Commission on Hospital Accreditation requirements. However, in actual fact the project is broken down into several components. Many repretitive smaller elements were identified and isolated because they could be corrected more simply and cheaply by hospital and university shop personnel. In addition, the requirements for upgrading our emergency generator capabilities was easily isolated and needed to follow the bulk of the other work because new emergency generator loads were being introduced as a part of the work necessary to resolve our code deficiencies.

Initially the amount of work necessary was estimated to cost $3,400,000. In February of 1976 that cost estimate was revised to $3,715,000 upon completion of consultant reports identifying the nature of the work in more detail. The figure was revised again in September 1977 to $4,110,000 as a result of the completion of detailed working drawings and specifications for the large main project. The bids for that project have now been received and as a result it now appears as though we should complete all aspects of the project within this last estimated amount.

Fire and Life Safety Projects
Cost Details

Smaller projects completed to date

.Installation of bathroom grab bars	$ 988.00
.Installation of bathroom nurse call	42,000.00
.Modify linen & trash chutes	40,000.00
.Install fire blankets in laboratories	792.00
.Replace patient room door latches	30,000.00
.Close corridor door louvers	2,300.00
.Eliminate patient room door undercuts	13,500.00
.Close corridor wall voids	9,800.00
Subtotal.....	$139,380.00

Large project bids received

.Initial consultant studies	$133,000.00
.Project cost	$3,333,616.00*
Subtotal.....	$3,466,616.00*

Emergency generator upgrade estimate	$400,000.00
Total....	$4,005,996.00

*This cost is subject to some change due to the fact that many components were bid at a unit cost with an allowance for the estimated number of units which would be required. This estimated number of units could contain some error and will only be determined based upon actual field conditions encountered.

Neuroradiology Equipment
Fact Sheet

Age of current equipment: 8 years
Average life expectancy: 7-10 years

Use: takes bi-plane films of neurovascular structures primarily in the area of the head, neck and spinal column. Used primarily by Neurology and Neurosurgery as a main diagnostic tool for discovering and evaluating tumors, aneurisms, and blood vessel abnormalities. Angiograms.

Function: takes simultaneous xray pictures at right angles to each other in a time lapse or sequence picture manner. A catheter is placed into the patient's blood stream and contrast media (a die) is injected. The equipment then makes simultaneous xray images at predetermined time intervals as the contrast media flows through the areas of interest.

Decision to replace is based upon continued need for the equipment's diagnostic capability and the deterioration of the present equipment due to age and utilization.

- .Degradation in reliability of results and operation
- .Potential hazard to patients based upon frequency of procedures which need to be redone
- .Increasingly high level of maintenance required to keep the equipment in operation.

Financial considerations

.Estimated cost: Equipment $300,000
Remodeling $10,000

- .Actual cost: To be determined by competitive bidding

- .Amounts included in the current year capital budget and cash flow requirements and were identified for the committee on the following dates: April 11, 1977
June 15, 1977
Sept. 19, 1977

A Certificate of Need will be required and we believe that it will be approved as it seems to meet all rational requirements.

- .Critical Need
- .Replacement of existing equipment
- .Not a duplication of service

A detailed presentation and recommendation to approve this project will be made at the December 14, 1977 meeting of the Facilities Committee

OPERATING CAPITAL BUDGET
JULY 1, 1976 TO JUNE 30, 1977

	Equip.	Remodel	Total
Budget			
Carry-forward	$ 745,709	$ 547,968	$1,293,677
1976-77 Budget	1,759,405	476,773	2,236,178
Budget Adjust.	(149,379)	(146,794)	(296,173)
	$2,355,735	$ 877,947	$3,233,682
Activity			
Expenditures	$1,102,302	$ 652,871	$1,755,173
Encumb.	649,890	175,511	825,401
Total	$1,752,192	$ 828,382	$2,580,574
Balance	$ 603,543	$ 49,565	$ 653,108
Estimated Cost to Complete for Remodeling			300,000
			$ 353,108