

Transforming the University

Final Report of the AHC Precinct Plan Task Force

Submitted on behalf of the task force by:

Terry Bock, Associate Vice President and Chief of Staff, Academic Health Center

Ann Forsyth, Director, Metropolitan Design Center and Professor, College of
Architecture and Landscape Architecture

Task force co-chairs

May 5, 2006

AHC Precinct Plan Task Force Report

The precinct plan for the Academic Health Center was completed in 2000 and approved by the Board of Regents in July, 2001. Since then, new buildings have been built, others have been renovated, programs have expanded, and new inter-professional, interscholastic programs are being formed within the AHC and with other areas of the University, including the Institute of Technology and the College of Biological Sciences. Additionally, to support the University's goal to become one of the top three public research universities in the world, new facilities and new models for delivering health sciences research, education, and clinical care are needed. The AHC Precinct Plan needs to be updated, incorporating these changes and looking to the future.

Charge

Specifically, the task force was charged to:

1. Review the current precinct plan and update it to reflect facility changes completed since its formulation in 2000 and those facility projects currently underway.
2. Review the current Regental Six Year Capital Plan and make recommendations for future additions, including a new biomedical research building, reuse of the Minnesota Department of Health Building, reuse of Hasselmo Hall, plans for clinical facility renewal, the needs of the Lillehei Institute and the Cancer Center, and an education building.
3. Assess the current AHC classroom inventory, current utilization and future educational needs.
4. Project and analyze, on a 5 to 15 year horizon, the facility needs of the Academic Health Center to support education, research, clinical practice, and outreach.
5. Formulate a new precinct plan for the Academic Health Center.

Task Force Members

Terry Bock, Co-chair, Office of the Senior Vice President for Health Sciences

Ann Forsyth, Co-chair, College of Architecture and Landscape Architecture

Gary Anderson, School of Dentistry

Patti Andreini-Arnold, University of Minnesota Physicians

Sandra Edwardson, School of Nursing

John Finnegan, School of Public Health

Steve Hill, Fairview Health Services

Judith Martin, College of Liberal Arts

Charles Moldow, Medical School

Marilyn Speedie, College of Pharmacy

Bert Stromberg, College of Veterinary Medicine

Linda Watson, Health Sciences Library

Staff: Lorelee Wederstrom, AHC Facilities Planning
Orlyn Miller, Capital Planning and Project Management
Brian Swanson, Office of Budget and Finance
Jennifer Cieslak, Office of the Senior Vice President for Health Sciences
Maureen Lally, AHC Office of Communications
Angie Menzel, Office of the Senior Vice President for Health Sciences

AHC Background

The University of Minnesota's Academic Health Center is one of the largest and most comprehensive centers in the nation. The AHC has:

- Six health professional schools – Dentistry, Medicine, Nursing, Pharmacy, Public Health and Veterinary Medicine – five allied health programs and 15 interdisciplinary centers
- 1400 faculty and 3000 staff
- 6200 students in 62 degree programs. Educating and training 70% of the health professionals in Minnesota.
- \$300 million in sponsored health research, with associated intellectual property and technology commercialization
- Over 650,000 patient clinic visits annually
- \$879 million in revenues, including UMPhysicians: of this one third is from sponsored research; one third from clinical care; 10% from the State of Minnesota; and 6% from tuition.

AHC Facilities

The Academic Health Center schools and programs are located throughout the Twin Cities and the state. The principal locations are:

- *Minneapolis East Bank Campus:* the four square block area south of Washington Avenue from Church to Harvard Streets. It houses the principal education, research, and clinical facilities for the Medical School, Dentistry, Nursing, Pharmacy, and Public Health.
- *AHC research district* near the proposed football stadium
- *Riverside Campus:* Fairview clinical facilities; Psychiatry and Orthopedic Surgery Departments
- *West Bank Office Building:* School of Public Health's Epidemiology Division
- *St Paul Campus:* Veterinary Medicine and other AHC research facilities
- *Duluth Campus:* Medical School and College of Pharmacy
- *Rochester:* Nursing
- *Leased space in the Twin Cities:* 141,000 sq ft
- *Clinical sites:* over 400 clinical education and training sites for AHC students throughout Minnesota. These facilities are generally provided pro bono by the clinics and hospitals.

See Appendix E for a list of AHC space and Appendix F for a summary by type and school.

Previous Planning

There is a significant history of facility planning in the Academic Health Center, including these major efforts:

- 1998 Strategic Facility Plan: measured demand for facilities based on programmatic drivers and criteria based prioritization
- 2000 AHC Precinct Plan: showed highest and best use of land on the Minneapolis campus for education and research, including the site capacity for the four square block area
- 2001 Master Space Plan for Dentistry, Nursing, and Pharmacy
- 2002 Strategic Facility Plan for the College of Veterinary Medicine
- 2005 Clinical District Plan: a joint planning effort by the University, its AHC, University of Minnesota Physicians, and Fairview Health Services

A summary of these efforts can be found in Appendix G.

Recent Facility Investments and Plans

Over \$158 million has been invested in new and renovated AHC facilities since 2000:

- Built the Molecular and Cellular Biology Building (shared with the College of Biological Sciences) \$88 million
- Built the McGuire Translational Research Facility \$35 million
- Expanded the Center for Magnetic Resonance Research \$2.6 million
- Leased and renovated the Dinnaken Building at 925 Delaware Street for non-laboratory research and offices \$1.5 million
- Relocated the Orthopedics Department to the Riverside campus \$2.8 million
- Renovated over 48,000 sq ft of existing research labs \$10.5 million
- Built a goat barn for the College of Veterinary Medicine \$676,000
- Renovated the Veterinary Medicine Diagnostic Laboratories \$1.5 million
- Renovated part of Kirby Hall on the Duluth campus for temporary facilities for the College of Pharmacy expansion \$1.7 million
- Built a Learning Commons for AHC students and faculty to learn and use new technology in Diehl Hall \$114,000
- Built a Clinical Skills Training Laboratory for AHC students \$1.4 million
- Renovated space for a new Health Careers Center \$516,000
- Built a new large flat floor distance education classroom and small break out rooms in Moos Tower \$1.5 million
- Built a School of Public Health student center, small classrooms, and new offices for the Masters of Health Administration program in Mayo. \$1.8 million
- Renovated the Oncology clinic (UMPhysicians) \$2.2 million
- Renovated the Imaging Center (UMPhysicians) \$2 million

- Built a Therapeutic Radiology Center (UMPhysicians) \$4.2 million

Other projects, totaling over \$55 million are either in design or under construction:

- Renovation of the Life Sciences Building on the Duluth campus for the permanent home for the College of Pharmacy expansion
- Construction of a simulation center for training AHC students
- Construction of a specialized simulation center for training dental students
- Renovation of Mayo Auditorium and classrooms
- Renovation of current AHC classrooms
- Renovation of Old Dairy Barn into Veterinary Medicine educational facilities
- Renovation of the Minnesota Department of Health Building for clinical research and drug discovery
- Construction of a new Equine Research and Education building

Other projects are waiting state funding:

- Biomedical Research Building: \$67.5 million project, including infrastructure costs.

The Facility Challenge

Despite the recent investments, the facility challenge facing the Academic Health Center is significant. We are facing fierce competition from our peers. Other universities, both public and private, have been making major investments in their health sciences, including new education, research, and clinical facilities for their individual colleges as well as their interdisciplinary programs and centers. Minnesota is falling behind its peers, despite the investments of the past six years.

- Our educational facilities are outdated, in need of major renewal and renovation, and do not support a modern curriculum. Our peers, such as the University of Iowa and University of Wisconsin, have just built state of the art educational facilities for their health professional schools. There is overwhelming dissatisfaction with our educational facilities by students, faculty, and health care employers. For example, recent surveys of medical students who declined to come to Minnesota cite poor facilities as the number two reason for their decision.
- We have a serious shortage of research space, hindering our recruitment of new faculty. To become a top ranked university in the health sciences will require adding as many as 500 more faculty and will require significantly expanding our research space. Our peers are making major investments in biomedical research. Wisconsin's governor, for example, recently announced a \$750 million initiative, with \$570 million for new facilities to advance biomedical research at the University of Wisconsin. Arizona has extended \$440 million of debt service authorization to enable universities in the state to build new research facilities.

- We have outgrown many of our clinical facilities, which are worn, inefficient, and hard for patients to find and access. Our competitors are making major investments throughout the Twin Cities and the state in renovating, expanding, and building new clinics which are efficient, patient friendly, easy to get to, and equipped with the latest medical technology. Our clinics are at a serious disadvantage in the health care market place.
- Furthermore, in an increasingly competitive environment, the AHC needs to improve the overall design and quality of buildings and outdoor spaces on its campuses.

Scope of the Plan

The new AHC precinct plan should have the following dimensions:

- Be holistic, encompassing the entire physical span of the AHC, its multiple missions and its key partners.
- Extend beyond the four square block area of earlier plans – to include the Riverside campus, the St. Paul campus, the growing research area near the proposed stadium, the area north and east of the Student Housing Superblock, as well as areas in Duluth and Rochester. The plan needs to encompass not only education and research, but patient care as well.
- Understand that the AHC also has a “non-physical campus” that includes the network of multi-dimensional relationships and connectivity to other institutions, interdisciplinary efforts and strong values in flexibility and collaboration. This network, which is supported by technology, further enhances the ability of the physical campus to support the mission of the AHC. This non-physical campus needs further enhancement.
- Build upon the strength of the 2000 AHC Precinct Plan which was, in part, to demonstrate the highest and best use of the existing AHC Minneapolis campus by selectively replacing facilities that were no longer capable of supporting the AHC mission.
- Create opportunities to support the growth and revitalization of AHC programs and services.

AHC Precinct Master Planning Principles

These principles incorporate, consolidate, and update the principles developed in the AHC's earlier planning work from 1998, 2000, and 2005.

Vision

Create a campus environment and the facilities necessary to support the needs of a competitive Academic Health Center and attain local, regional and international renown in patient care, research and health professional education. The plan will be driven by the core strategic programmatic priorities of the University, AHC, its schools, and its clinical and community partners.

Quality

- Remodel and/or replace obsolete facilities with ones that accommodate new educational, research and clinical technology and practice, that are flexible, and that can easily be adapted to serve changing programs and emerging needs – while recognizing that certain research, education, and clinical care require specialized space.
- Transform AHC into an attractive, intellectually energizing place. The aesthetics of our facilities will foster learning, collegiality and discovery. The quality of facilities will be a key component of the AHC's competitive positioning.
- Create a strong sense of identity for the AHC by enhancing the architectural unity of its facilities and outdoor spaces, creating front doors to its campuses, developing easily navigated circulation corridors and clearly marking and identifying its buildings and their major occupants.
- Create a feeling on its campuses and in its facilities that is healthy, healing, caring, warm, and humane.
- Create a cohesive system of open spaces, including more green space between buildings and attractive outdoor and indoor places for students, staff, faculty, and visitors to gather to facilitate interaction and instill a sense of community.

Quantity

- Provide sufficient space to support the future needs of a growing, competitive AHC: expanding the size of its campuses and building new research, education, and clinical space to meet demand.

Connections and Access

- Create focal points – for education, research, and patient care – which will deliberately link to each other. Zoning of the Academic Health Center will reflect these missions, and the zones will physically and/or technologically link to each other to enhance collaboration, synergy, faculty productivity, and the student experience.
- Strengthen connections between schools and collaborative programs with particular attention to strengthening connections between the Minneapolis and St Paul campuses. The assignment of facilities and space will emphasize the AHC’s historic strength of interdisciplinary education, research, and patient care while recognizing that each school needs core space.
- Be driven by an external customer focus. The campus will create a safe and welcoming environment for visitors, patients, families, students, faculty, and staff. For clinical facilities, patient and family access and service will be the primary priority.

Connections with Fairview and University of Minnesota Physicians

- Support integrated inpatient and outpatient care delivery between the University’s East Bank Campus and Fairview’s Riverside campus.
- Support continued involvement of community-based physicians in patient care programs. Ease of access and operational orientation will increase attractiveness to the private practice community.

The Larger University and Urban Community

- Be respectful of the AHC campus as part of the University and larger urban community. Take advantage of the character of a large, urban university while creating “community space” for interaction and reflection. Maximize site efficiency.
- Build connections, either physically or technologically, with non-AHC schools and programs to strengthen collaborative education, research, and care.
- Both reflect and impact University-wide planning for transportation, parking, student housing, stadiums, energy, and other initiatives. The AHC plan will link closely with University-wide planning.

Finances

- Emphasize responsible use of resources – both capital and operations. Duplication is to be avoided; facility adjacencies supporting capital and operating efficiency will be pursued.

- Be driven by life cycle facility planning. Sequencing of individual facility decisions based upon responsible continued use of facilities with outstanding debt and operational effectiveness will be emphasized by both the University and its clinical partners.

Findings and Conclusions

Clinical Facilities

1. Clinical practice is core to the health sciences. It is essential for the education and training of students, for research, and for developing new models of care and prevention. Clinical revenues are critical to the funding of our AHC schools. We cannot teach or research what we do not do. We cannot support our education and research without clinical revenues.
2. The AHC's principal clinical practice sites are: the ambulatory care clinics of the University of Minnesota Physicians; University of Minnesota Medical Center, Fairview; the School of Dentistry clinics; the College of Veterinary Medicine Medical Center; and the Community-University Health Care Clinic in the Phillips Neighborhood. The Dental Clinics, Veterinary Medical Center, and CUHCC are University-owned. UMPHysicians, while an independent corporation, is where Medical School faculty physicians are required to practice. The University of Minnesota Medical Center is owned by Fairview Health Services, whose medical staff is largely provided by UMPHysicians, and whose clinical education and research programs are provided and managed by the AHC.
3. UMPHysicians has outgrown its ambulatory clinics. Built in 1974, the Phillips Wangensteen facilities were designed for 125,000 patient visits. UMPHysicians last year had over 500,000 out-patient visits, 240,000 of which were at its PWB clinics. Patient volume has been growing, most recently at nearly 7% per year. Its facilities are crowded, worn, inefficient, and difficult for patients to reach. The clinics need to be replaced if UMPHysicians is to remain viable in Minnesota's highly competitive health care market.
4. University of Minnesota Medical Center, Fairview likewise is at capacity. Most of its rooms are double occupancy which is less desirable for patients and less efficient than single occupancy rooms. The center is scattered across multiple locations on the Riverside and East Bank campuses, reducing operating efficiency and increasing costs. Unit J (the east bank in-patient facility) was built in the 1980s and needs renewal; many Riverside facilities are near the end of their useful lives. UMPHysicians provides over 100,000 patient consults at UMMC, Fairview annually, underscoring the need for close links between the hospital and ambulatory clinics.

5. Working together over the past two years, the University, its AHC, UMPhysicians, and Fairview Health Services, have developed plans for future development of clinical facilities, phased over the next 15 to 20 years. The objectives of Phase I are several: replace and consolidate children's hospital facilities, consolidate and expand clinical services in a new ambulatory care center, consolidate clinical labs, consolidate clinic and hospital operations on a single site, and synchronize clinical campus planning priorities with University-wide and Fairview-wide plans. Phase II involves further development on both the Riverside and Minneapolis East Bank campuses.
6. After investigating nine different scenarios, the partners agreed that because of cost, land use pressures on the University campus, patient access, and construction schedules; it is not possible to consolidate all clinical facilities on a single site. They concluded that the best site for a new ambulatory care clinic would be on a block recently purchased by the University at Fulton and Ontario Streets. The best place for a replacement children's hospital would be on the Riverside campus at a site currently occupied by surface parking along Riverside Avenue, immediately west of the Riverside East Building.
7. Planning is underway for a new ambulatory care clinic of approximately 400,000 square feet that would have adequate space for clinical education and clinical research. The clinic would be designed to facilitate inter-professional care teams. Planning is also underway for a replacement children's hospital of approximately 290 beds.
8. In addition, the AHC's dental clinics and Veterinary Medical Center will need major renewal within the next ten years. The Veterinary Medical Center has nearly 45,000 admissions annually. Its case load is shifting primarily to small animals. The center's oldest portion was built in 1948; its newest in 1980. While still structurally sound, the facilities need to be updated and reconfigured for the changing caseload, advances in clinical care, and new technology. The dental clinics, which are the primary teaching sites for the third and fourth year dental students, will also need to be renovated within the next ten years as part of ongoing acquisition of new diagnostic and treatment technology and renewal of clinical facilities. The dental clinics were built in 1974 and have over 100,000 patient visits annually.
9. There is also a growing need for clinical space for schools such as Pharmacy and Nursing as these schools build their clinical practices in response to changing models of patient care, changing reimbursement rules, and the need to diversify their finances. These clinical facilities need to include space for teaching and research; and these growing space requirements need to be incorporated into the planning of new clinical facilities in the AHC.

Research Facilities

1. At \$224 million, the University of Minnesota is currently ranked 21st in terms of National Institutes of Health funding among all higher education institutions, 85% of which goes to AHC faculty. Minnesota is ranked 10th among public universities. While it may be possible to increase the grant awards of current faculty by up to 10%, to significantly move up the rankings will require hiring new faculty and adding new facilities.
2. If the University of Minnesota sets the goal of becoming one of the top three public universities in terms of NIH funding over the next ten years, we will need to add 500 faculty. This investment will require up to an additional 500,000 square feet of research space based on our current allocation of approximately 1,000 square feet per researcher and his/her staff. The amount and type of research space required will depend on the University's academic investment plans: the number of faculty to be added, over what period of time, and their areas of research. Basic science researchers will require additional wet and dry lab space similar to what we have built in the Molecular and Cellular Biology Building and the McGuire Translational Research Building. Clinical researchers will need new and expanded clinical facilities and offices. Other health researchers, such as many in the School of Public Health, will need office-type research space for them and their staff.
3. According to the 2000 Precinct Plan, the AHC had a research space shortfall of 150,000 square feet in 2000, which was projected to grow to 300,000 square feet by 2005 because of projected growth in faculty and new NIH funding. To help meet that shortfall, the AHC has worked to improve the efficiency of its research space. First, the AHC has been able to house more researchers in less space by using open labs in research facilities built since 1996. Second, the AHC developed and uses collegiate research space guidelines to reassign space to its most productive researchers. Nonetheless, the research space shortfall is real, and adding more faculty will require additional facilities.
4. It is difficult to project how health research will change over the next ten to fifteen years and how scientific advances, changes in technology, and shifting funding priorities will affect the research the AHC will do. Research space needs to be as flexible and adaptable as possible to accommodate changes in programs, technology, funding, and science. There will, of course, remain critical areas of research, such as in brain research, infectious disease, and drug discovery and design, that require specialized facilities and equipment. That research cannot be compromised by only building generic research space. The goal is to maximize the return on those specialized facility and equipment investments.
5. Where should new research facilities be located? The 2000 AHC plan called for developing new research facilities within the four block AHC Minneapolis precinct as buildings are replaced at the end of their useful life. Since 2000, research development has shifted to the site of the Lions Research and the Center for Magnetic

Resonance Research (CMRR) buildings, near the proposed stadium, primarily because vacant land is readily available in this part of campus. The McGuire Translational Research Building was built next to Lions in 2005 and planning is underway for a new biomedical research facility next to CMRR. Additional land is potentially available to build five more research facilities there, and a critical mass of researchers is developing to offset the disadvantages of separating research facilities from the rest of the AHC campuses. The necessary infrastructure (steam, water, electricity, and telecommunications) for the area is part of the biomedical research facility project. This site offers the additional advantage that the land contains no buildings so new facilities can be built more quickly and less expensively than in the four-block AHC Minneapolis precinct where old buildings first have to be demolished and occupants relocated. Use of the site will require developing plans for replacement parking.

6. One of the critical questions is how to best group AHC research to enhance collaboration and synergy and to leverage our capital investments. The AHC will have at least three principal research locations: the AHC east bank campus (the core four block area and the area north of the Student Housing Superblock), the stadium district, and the St. Paul campus. Programmatically, it would be best to locate basic research in the growing research district near the stadium, clinical research near the hospital and clinics, and animal research in St. Paul. That would require: consolidating School of Public Health researchers into the AHC east bank campus and building strong linkages between the three research locations through technology, greater shuttle service, and temporary, flexible offices and meeting rooms for researchers to use between locations. The stadium district research facilities could not only house AHC researchers but also researchers from other colleges such as the Institute of Technology and College of Biological Sciences, working in related fields.
7. Besides the need for additional research space, there is also a critical need to remodel many of the existing labs that were built 25 years ago: to upgrade basic infrastructure, modernize equipment, and create open laboratories similar to those being built in our new research facilities to increase flexibility and collaboration. Remodeling research labs in old facilities, however, is costly, and often prohibitive in high rise facilities, given current building codes. Some of these research labs would be better moved to new facilities, and the space converted to other purposes.
8. Besides the need for strong linkages between researchers within the Academic Health Center, we recognize the increasing need to strengthen collaboration with researchers from other institutions such as Mayo, other United States universities, and institutions abroad. The AHC's ability to compete for large multi-site grants and to leverage its faculty resources depends on building strong working relations with other institutions. The AHC will need to make greater use of technology and may need to provide temporary offices and research facilities for visiting and adjunct faculty.

9. Over the next decade, the AHC needs a new research building every two years for a total of 750,000 square feet of new facilities, at an investment of \$366 million (adjusted for inflation). The 750,000 square feet includes 500,000 for new faculty and 250,000 to address the existing research space shortage. Current state investments are inadequate and the bonding process is too lengthy to meet the need. The University has proposed that the state create a separate Minnesota Biomedical Sciences Research Facilities Authority to fund this investment, giving it the authority to issue state general obligation debt, and requiring 90% state and 10% University cost sharing for projects.

Educational Space

1. While the overall amount of space devoted to education seems adequate to meet current and projected enrollments (which are not expected to grow significantly), many rooms are worn and in need of major renovation and repair.
2. Furthermore, the type of educational space, its connections and configuration do not support changes envisioned in the curriculum and pedagogy. The AHC's current educational facilities do not support the move from large lectures to more small group instruction, individualized learning, greater use of technology and simulation, more inter-professional learning, and increased focus on clinical instruction and training. Many of our peers, including Wisconsin, Iowa, Michigan, Ohio State, and North Carolina, have built new educational facilities recently and are making fundamental changes in modernizing their curriculum and pedagogy.
3. The AHC's educational space needs to be flexible and adaptable to meet changing needs and programs – especially as the curriculum and how we teach evolves over the next several years.
4. The AHC's large tiered lecture halls, which comprise nearly 40% of the AHC's classroom seating capacity, cannot be converted to alternative types of educational space without major cost. Given the difficulty and cost of renovating our current facilities, it may be better to build a new educational facility, located near Diehl Hall and existing classrooms to leverage the new investment.
5. The AHC needs more large flat floor or low-tier classrooms that can be easily reconfigured for different classes. It also needs clusters of small classrooms near them, for small group teaching and for collaboration where groups, including interprofessional groups, can gather either socially, for professional development, or informal learning.
6. The AHC needs to invest in better and more advanced technology in its classrooms and to expand its clinical skills labs and simulation facilities – which would serve as a central resource for all its schools.

7. AHC clinical facilities need to include adequate educational space for clinical teaching, and AHC research facilities need to include educational space for graduate programs and health professional students interested in research. Connections between faculty and students are important. Faculty whose offices and research labs are not near classrooms will need secondary spaces to meet with students for individual advising and instruction. The AHC should consider collocating student services and student advisors near educational space to facilitate interaction with and between students.
8. The AHC needs more and better study spaces, student lounges, student activity areas, and other social spaces that provide amenities, places to gather, places to facilitate informal learning and interaction among students, staff and faculty, and places that help create a sense of community.

Health Sciences Libraries

1. The Health Sciences Libraries (both the Bio-Medical Library on the Minneapolis campus and the Veterinary Medical Library on the St Paul campus) are key partners in research, education, clinical care, and community outreach, and will increasingly apply innovative approaches to supporting the information and knowledge needs of students, faculty, staff, and patients.
2. Built in the 1950's, the BioMedical Library facilities occupying four floors of Diehl Hall are worn and outdated, and sandwiched between research labs on the first and sixth floors. The Veterinary Medical Library occupies a portion of the fourth floor of the Veterinary Science Building which was built in 1951 and is similarly outdated. The facilities need to be significantly re-designed and renovated to support the new strategic roles of today's health sciences library in supporting both independent study and interdisciplinary intellectual exchange, and growing collaboration with academic partners. A librarian's presence may also be desirable by creating satellite spaces at critical locations throughout the AHC that could be incorporated with other types of gathering spaces in clinics, research labs, or student amenity space.
3. The renovated library would:
 - Be a physical and virtual information hub
 - Offer a range of work spaces to facilitate different types of learning
 - Move a significant portion of its stacks to off-site locations to provide greater space for students and faculty
 - Be flexible to meet changing needs
 - Present an inviting, comfortable human space for faculty, staff and students, with lots of color and good natural and electric lighting
 - Assure unobtrusive but comprehensive availability of technology to connect people and knowledge everywhere.

Linkages

1. As stated in the 2005 Clinical Campus Plan, growth in the AHC is not simply a matter of adding square footage. It is a multifaceted task of replacing aging facilities, creating programmatic linkages and physical operating efficiencies and developing an open and inviting academic health campus with future flexibilities.
2. The AHC would benefit greatly by creating zones of programmatic focus – education, research, and patient care. Programmatic adjacencies are important within the tripartite mission of the AHC. While some of these adjacencies must be accomplished physically, others may be achieved virtually through the use of technology.
3. In order to become flexible and agile in responding to emerging needs and initiatives, the AHC requires swing space that can be assigned to faculty and programs for short periods. This flexible office space (perhaps cubicles) is needed to support faculty, both visiting and adjunct, who are here for short periods of time and do not have assigned offices. These offices can also be used to facilitate collaboration between AHC “campuses.”
4. As previously stated, there is a critical need for collaborative spaces across the AHC to enable strong linkages with other institutions such as Mayo and universities around the globe. These relationships will require flexible research and office space environments.

Design Quality

1. While it is important to create enough space on campus, quality is equally important. As was explained in the master planning principles, the issue of quality affects many dimensions of the AHC campuses and facilities:
 - Providing flexible and high quality indoor spaces, with many potential locations for gathering and interacting, indoors and out.
 - Creating a stronger sense of identity for the AHC and its schools, with highly visible entrances and physical connections between facilities that are attractive, safe, and easy to navigate.
 - Linking the AHC through and to open spaces, via green streets, small parks or gardens, and views to natural features such as the Mississippi River.
 - Promoting an environment, particularly around clinical areas, that is healing rather than impersonal and confusing.
 - Paying more attention to details such as better signage, landscaping, lighting, the relationship between pedestrian traffic and street traffic, and a clearer street network.
2. A student workshop is investigating these issues during spring 2006. See Appendix H for a summary of the Metropolitan Design Workshop, whose ideas and

recommendations will be analyzed and considered as part of an updated AHC Precinct Plan.

Access and Transportation

1. Access to the Academic Health Center for patients and visitors and wayfinding throughout have been major barriers, especially for infrequent or first time visitors to the AHC campuses. It is a major frustration of patients and visitors, seriously affecting patient satisfaction and undercutting collaboration with people in the community.
2. The Clinical Campus Plan projected a need for 900 additional parking spaces on the AHC Minneapolis campus, due to increased clinical, research, and educational activity. These projections need to be further refined with each new phase of development and must include broader campus development issues such as the stadium and light rail transit. Similar projections need to be done for the Riverside and St Paul campuses.
3. The proposed Central Corridor light rail line will enhance public transit service to the AHC. A station on Washington Avenue between Church Street and Union Street will provide direct access to the AHC for visitors, patients, faculty, and staff. Another station/transit hub near the intersection of Huron Boulevard and University Avenue will provide convenient access to the research area north of the stadium.
4. It will also be important, as part of the AHC precinct plan, to investigate creative people moving options to link the various parts of the AHC campus.

Duluth and Rochester Campuses

1. Over the past four years the College of Pharmacy has expanded its enrollment by 50% to meet the growing needs for pharmacists in the state. The expansion was done on the Duluth campus for two reasons. First, there were no facilities on the Minneapolis campus to accommodate the expansion. Second, the college wanted to leverage the Greater Minnesota ties of the Duluth campus in addressing the pharmacist shortage in rural Minnesota. The renovation of the Life Sciences building this year will provide a permanent home for the Duluth Pharmacy program. The Life Sciences building will immediately be full so any further expansion of the College of Pharmacy's education or research programs will require additional facilities. The Medical School, Duluth Campus facilities will need at least minor renewal in the next five years.
2. The University's plans for Rochester include the AHC's medical technology and occupational therapy programs. Planning has just begun so the programmatic and facilities needs still need to be defined.
3. The expansion of AHC programs to Duluth and Rochester requires state of the art long-distance technology to link the campuses to the Twin Cities for teaching, research, and administration.

Capital Projects

Following is a list of major projects for prioritization and possible inclusion in the AHC's precinct and long range strategic facilities plans and for consideration as part of the University's six year capital plans. The projects include major clinical projects that would be funded by UMPHysicians or Fairview Health Services.

	5 Yrs	10 Yrs	15 Yrs
Clinical Facilities			
• Ambulatory Care Center (UMPhysicians in partnership with Fairview Health Services)	X		
• Children's Hospital Facilities (Fairview)	X		
• Consolidated clinical lab (UMPhysicians/Fairview)	X		
• Renewal of Dentistry teaching clinics	X	X	
• Renewal of Veterinary Medical Center	X	X	
• Phase II of clinical campus development		X	X
Educational Facilities			
• Simulation teaching facilities	X		
• Classroom renovations and new educational facilities	X	X	
• Student amenities and gathering spaces	X	X	
Health Sciences Library	X	X	
Research Facilities			
• Biomedical Research Facility	X		
• CMRR Expansion	X		
• 750,000 sq ft for 500 new faculty over 10 years, including Cancer Center and Lillehei Heart Institute	X	X	
• Renovation of existing labs	X	X	X
• Swing labs and offices	X	X	X
Reprogrammed use of:			
• Hasselmo Hall (2 flrs) for Medical Devices Institute	X		
• Mn Dept of Health bldg for clinical research and drug discovery	X		
• PWB (and other) clinic release space when new ambulatory care clinic is completed	X	X	
Consolidation of School of Public Health	X	X	
Parking and Infrastructure	X	X	X

Next Steps

Over the past six months, the task force identified and defined key strategic facility issues, planning and design concepts, and building needs for incorporation into a new precinct plan for the Academic Health Center. Given the short timeframe, the task force did not complete a new precinct plan. The next steps are to:

1. Verify and refine the space projections for AHC programs over the next five to fifteen years. Growth projections will be based on a comprehensive space inventory, to be completed this summer, and on the strategic academic investments identified by AHC schools and centers in their long-range plans and compacts.
2. Incorporate the principles, findings and conclusions of this report into a new precinct plan – one that encompasses the entire physical span of the AHC, its multiple missions (education, research, patient care, and service), and its key partners. The plan also needs to include potential sites, cost estimates and sequencing of major projects, as well as address transportation and access issues.. The new precinct plan will serve as a guide to facilities development for the entire AHC for the next 15 years.
3. Incorporate the AHC precinct planning effort into the University-wide initiative to update the Minneapolis Campus master plan.
4. Update the University six-year capital plan to reflect projects currently underway and identify the next development priorities for the AHC. The potential list includes the ambulatory care clinic, children’s hospital facilities, additional research facilities, renovation of the Minnesota Department of Health, reuse of two floors of Hasselmo Hall for the Medical Devices Institute, renovation of the Health Sciences Library, new educational and student facilities, and consolidation of the School of Public Health.

Alignment with University Positioning

The new AHC Precinct Plan will strongly support and align with three of the five action strategies endorsed by the Board of Regents:

- Recruit, nurture, challenge, and educate outstanding students who are bright, curious and highly motivated.
- Recruit, mentor, reward and retain world-class faculty and staff who are innovative, energetic and dedicated to the highest standards of excellence.
- Exercise responsible stewardship by setting priorities and enhancing and effectively utilizing resources and infrastructure.

The precinct plan will enhance our ability to support outstanding education programs, world-class research programs, as well as excellent clinical programs. The plan also delineates high standards for stewardship of our physical resources.

Appendices

- A. Task Force Charge Letter
- B. Task Force Work Plan
- C. Task Force Communications and Consultation Plan
- D. AHC Maps
- E. AHC Space Directory
- F. AHC Space Summary
- G. Previous AHC Strategic Facility Planning Efforts
- H. Student Workshop on Metropolitan Design

Appendix A Charge Letter

REVISED September 21, 2005

MEMO TO: Terry Bock, Associate Vice President and Chief of Staff, AHC
Ann Forsyth, Professor and Director, Metropolitan Design Center, CALA
Linda Watson, Director, Health Science Libraries
Judith Martin, Professor, Department of Geography, CLA
Brian Swanson, Associate to, Office of Budget and Finance
John Finnegan, Interim Dean, School of Public Health
Sandra Edwardson, Professor, School of Nursing
Charles Moldow, Associate Dean, Medical School- Twin Cities
Marilyn Speedie, Dean, College of Pharmacy
Gary Anderson, Associate Professor, School of Dentistry
Steve Hill, VP of Finance and CFO, Fairview Health Services
Patti Arnold, CFO, UMPHysicians
Bert Stromberg, Professor, Veterinary Biosciences
Jennifer Cieslak, Special Assistant to the SVP for Health Sciences
Lorelee Wederstrom, Director, AHC Facilities
Maureen Lally, Administrative Professional, AHC Communications
Orlyn Miller, Director, CPPM- University Planning

FROM: Frank B. Cerra, Senior Vice President for Health Sciences

RE: AHC Strategic Positioning Task Force on a New Precinct Plan for the
Academic Health Center

Thank you for your willingness to serve on the AHC Strategic Positioning Task Force on a New Precinct Plan for the Academic Health Center. The University's Strategic Positioning process presents a remarkable opportunity for the University and the Academic Health Center to take steps to transform itself into a top three public research institution. The four AHC Task Forces, of which the AHC Precinct Plan is one, build upon the AHC strategic plan and represent the next key steps for us to take. As you pursue your charge, I ask that you engage in bold and visionary thinking and identify strategies that will propel us forward.

President Bruininks has asked that each strategic positioning task force consider the following strategic action areas that were identified in the University's strategic positioning recommendations, *Transforming the University of Minnesota*, endorsed by the Board of Regents on June 10, 2005.

- Recruit, nurture, challenge, and educate outstanding students who are bright, curious and highly motivated.

- Recruit, mentor, reward and retain world-class faculty and staff who are innovative, energetic, and dedicated to the highest standards of excellence.
- Promote an effective organizational culture that is committed to excellence and responsive to change.
- Exercise responsible stewardship by setting priorities and enhancing and effectively utilizing resources and infrastructure.
- Communicate clearly and credibly with all of our constituencies and practice public engagement responsive to the public good.

During the development of the University's strategic positioning plan, certain common themes have been identified that informed the goal to become one of the top three public research institutions in the world. These themes are important to keep in mind as we begin our work. The themes are:

- Strong academic programs and leadership.
- Improved access to success for students demonstrating that a better education leads directly to better results.
- Excellence in research.
- Lowered economic costs through improved services and strengthened core investments.
- Greater alignment across all programs and services.

As you pursue your work, please also keep in mind the following questions:

- What are the strategic directions that will move us toward being a top three public research institution?
- What are the areas of excellence and/or comparative advantage?
- What are the actions recommended to achieve these directions, including opportunities for reallocation of resources?
- What are the measures of progress and expected impact?
- What are the incentives necessary to achieve success?
- What are the barriers to success? What strategies exist to overcome the barriers?

The Task Force Charge:

The precinct plan for the Academic Health Center was completed several years ago. Since then, new buildings have been built, others have been renovated, programs have expanded, and new interprofessional, interscholastic programs are being formed within the AHC and with other areas of the University, including the Institute of Technology and the College of Biological Sciences. The AHC Precinct Plan needs to be updated, incorporating these changes and looking to the future.

Specifically, the task force should:

- 1.) Review the current precinct plan for the Academic Health Center and update it to reflect facility changes completed since its formulation in 2000, and those facility projects that are currently underway, including the Maguire Translational Research Building, classroom upgrades, and educational facility upgrades.
- 2.) Review the current Regental Six Year Capital Plan and incorporate recommendations into the new precinct plan, including a new medical research building, reuse of the Minnesota Department of Health building, Hasselmo Hall reuse, plans for clinical facility renewal, the needs of the Lillehei Heart Institute and the Cancer Center, and an education building.
- 3.) Assess current AHC classroom inventory and utilization and future educational needs.
- 4.) Project and analyze, on a 5 to 15 year horizon, the facility needs of the Academic Health Center to support education, research, clinical practice and outreach.
- 5.) Formulate a new precinct plan for the Academic Health Center.

Task Force Retreat:

I encourage you to attend the strategic positioning task force retreat and work session on Friday, September 16, 2005 at the North Star Ballroom in the St. Paul Student Center. This program is hosted by the Office of the President and is intended for all strategic positioning task forces. Task force co-chairs are asked to attend from 8:30 am – 5:00 pm. Task force members are asked to attend from 1:00 – 5:00 pm.

Deliverables:

The task force's final report is due by **May 1, 2006**. I would ask that you develop a detailed work plan for the task force, which I can review with you by **late October**. The plan should include a plan for receiving ideas and feedback from members of the AHC community and other constituencies and a plan for consultation.

I would like to receive regular reports on the work of the task forces. We may want to consider an interim report for purposes of soliciting feedback. We will decide this as we go forward.

Resources:

There are a number of resources available to you as you pursue your charge. These include the Resource Alignment Team, a toolkit of documents and templates, and the professional staff of University Relations appointed to facilitate internal and external communication of progress through the strategic positioning process. The Resource Alignment Team is a consulting group charged with providing support to all task forces

in the areas of cross-functional alignment, change management, and subject matter expertise as needed. Support is also available from the Academic Health Center Steering Committee.

Jennifer Cieslak has been appointed Special Assistant to the Senior Vice President and will manage and coordinate the strategic positioning process for me . Jennifer will work closely with task force staff and will be able to help task force co chairs access needed support and assistance. Jennifer may be reached at 612-624-4134 or jcieslak@umn.edu.

Thank you for your willingness to assume this important role on behalf of the University community. Your participation and commitment to this work is vital to the successful implementation of the strategic positioning recommendations and to achieving the goal of becoming one of the top three public research universities in the world.

aks

C: Robert H. Bruininks, President
Robert J. Jones, Senior Vice President, System Administration
E. Thomas Sullivan, Senior Vice President and Provost
Kathryn Brown, Vice President and Chief of Staff
AHC Deans

Appendix B

AHC Precinct Plan Task Force Work Plan

The task force completed the following tasks under each deliverable.

- 1. Review the current precinct plan and update it to reflect facility changes completed since its formulation in 2000 and those facility projects currently underway.**
 - Reviewed AHC Strategic Facility Plan (1998), the AHC Precinct Plan (2000), the Veterinary Medicine Strategic Facility Plan (2002), and the Clinical Campus Master Plan (2005)
 - Reviewed University Master Plan
 - Conducted facility tours of Minneapolis and St Paul campuses
 - Revised and updated precinct maps

- 2. Review the current Regental Six Year Capital Plan and make recommendations for future additions, including a new biomedical research building, reuse of the Minnesota Department of Health Building, reuse of Hasselmo Hall, plans for clinical facility renewal, the needs of the Lillehei Institute and the Cancer Center, and an education building.**
 - Reviewed annual capital budget for the Academic Health Center
 - Reviewed the University's current Six Year Capital Plan
 - Reviewed key findings from the clinical campus master planning

- 3. Assess the current AHC classroom inventory, current utilization and future educational needs.**
 - Reviewed AHC classroom occupancy reports
 - Reviewed educational facilities projects underway
 - Integrated ideas of Knowledge Management task force into report

- 4. Project and analyze, on a 5 to 15 year horizon, the facility needs of the Academic Health Center to support education, research, clinical practice, and outreach.**
 - Articulated planning principles
 - Built 3-D model of AHC
 - Reviewed analysis of faculty and facilities required by University to become top ranked in NIH grants (prepared by Mark Paller, AHC Assistant Vice President for Research)
 - Reviewed research space utilization report
 - Analyzed inventory of all AHC space as well as UMPhysicians and Fairview Health Services space on Minneapolis and Riverside campuses

- Integrated vision and ideas of Knowledge Management, Clinical Sciences Enterprise, and Health Professions Work Force task forces
- Reviewed capital projects at other AHC's
- Formulated several land development options
- Formed and considered series of forward-looking discussion questions:

Clinical

- How will clinical practice change over the next ten years? What do we need to do to accommodate those changes?
- In which clinical practice areas will we focus our growth in the ten years? What kinds of clinical facilities will we need?
- In terms of facilities, what do we need to do to facilitate interdisciplinary team care and collaboration?
- What do we need to do to facilitate clinical research?
- What do we need to do to facilitate clinical education?

Research

- How will health research change over the next ten years? What do we need to do to accommodate those changes?
- In which research areas will we focus our growth in the ten years? What kinds of research facilities will we need?
- In terms of facilities, what do we need to do to facilitate collaboration between researchers? Particularly researchers from different disciplines, from different departments, and different AHC schools? With which non-AHC schools and colleges will AHC researchers be collaborating? What examples do we have where collaboration is working well? And where it is not?
- Do researchers need to be near students and classrooms? How accessible do research spaces need to be to students?

Education

- How will health professions education change over the next ten years? In terms of what is taught in the curriculum? In terms of how we teach and train? What kinds of educational facilities will we need in the future?
- What is the library of the future? What does tomorrow's library "facility" look like?
- What will be happening in terms of AHC enrollments? Which programs will grow, which will contract, which will stay the same? What are the educational facility implications? Will we expanding programs and facilities on the Duluth and Rochester campuses and other sites?
- In terms of facilities, what do we need to do to better support clinical and experiential education? To what extent will health professions education shift from campus to community sites?
- What do we need to do to improve student study, amenity, and identity space?
- In terms of facilities, what do we need to do to facilitate interdisciplinary education and collaboration between faculty and students in different schools? What examples do we have where collaboration and interdisciplinary education are working well? And where aren't they? What lessons can we draw?

5. Formulate a new precinct plan for the Academic Health Center.

Identified and defined key strategic facility issues, planning and design concepts, and building needs for incorporation into a new precinct plan

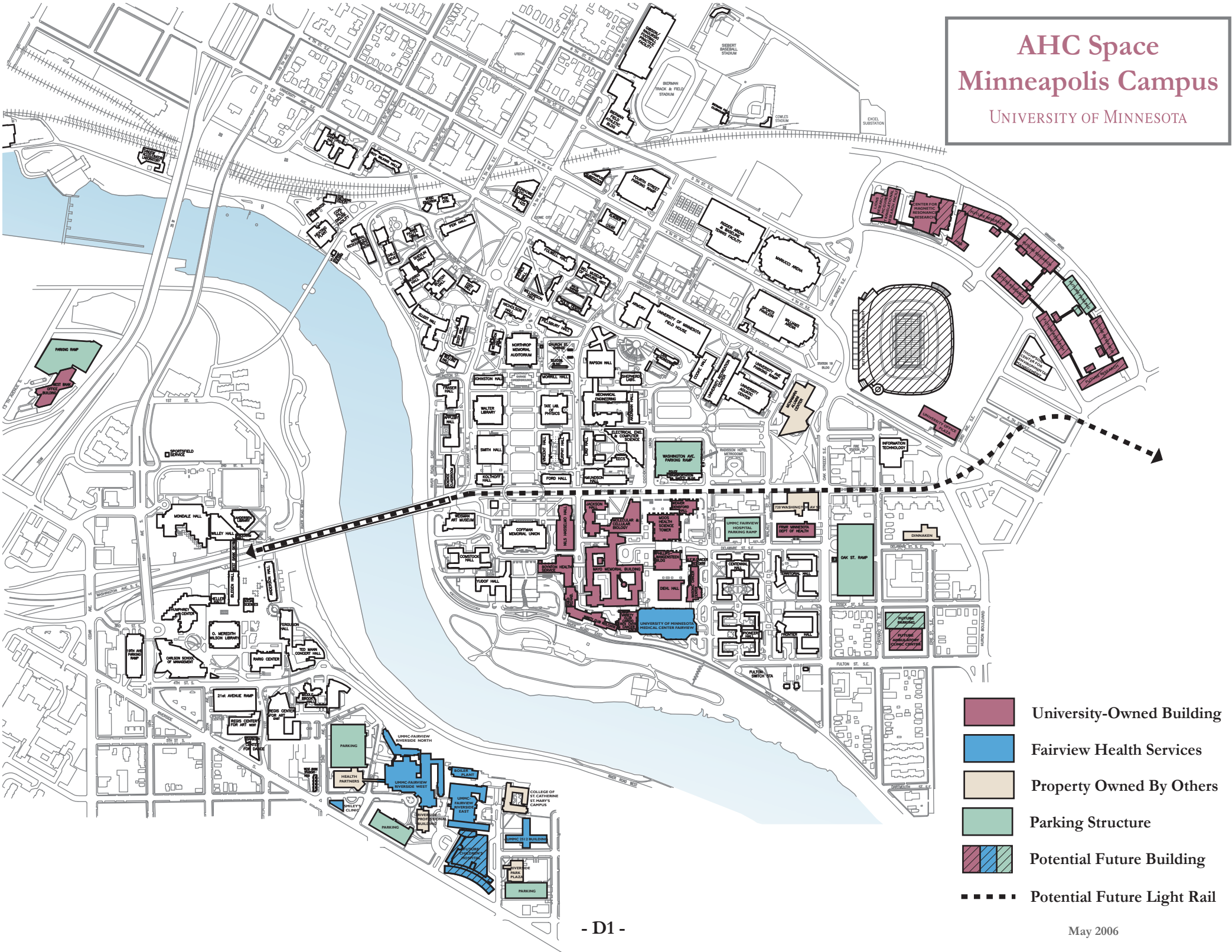
Appendix C
AHC Precinct Plan Task Force
Communications and Consultation Plan

The task force has met with representatives from the other AHC task forces to discuss and integrate their ideas into the AHC precinct plan report. Ideas from a student focus group, convened by the Clinical Sciences task force, have been incorporated into the report. During the public comment period, the task force plans to communicate and consult with the:

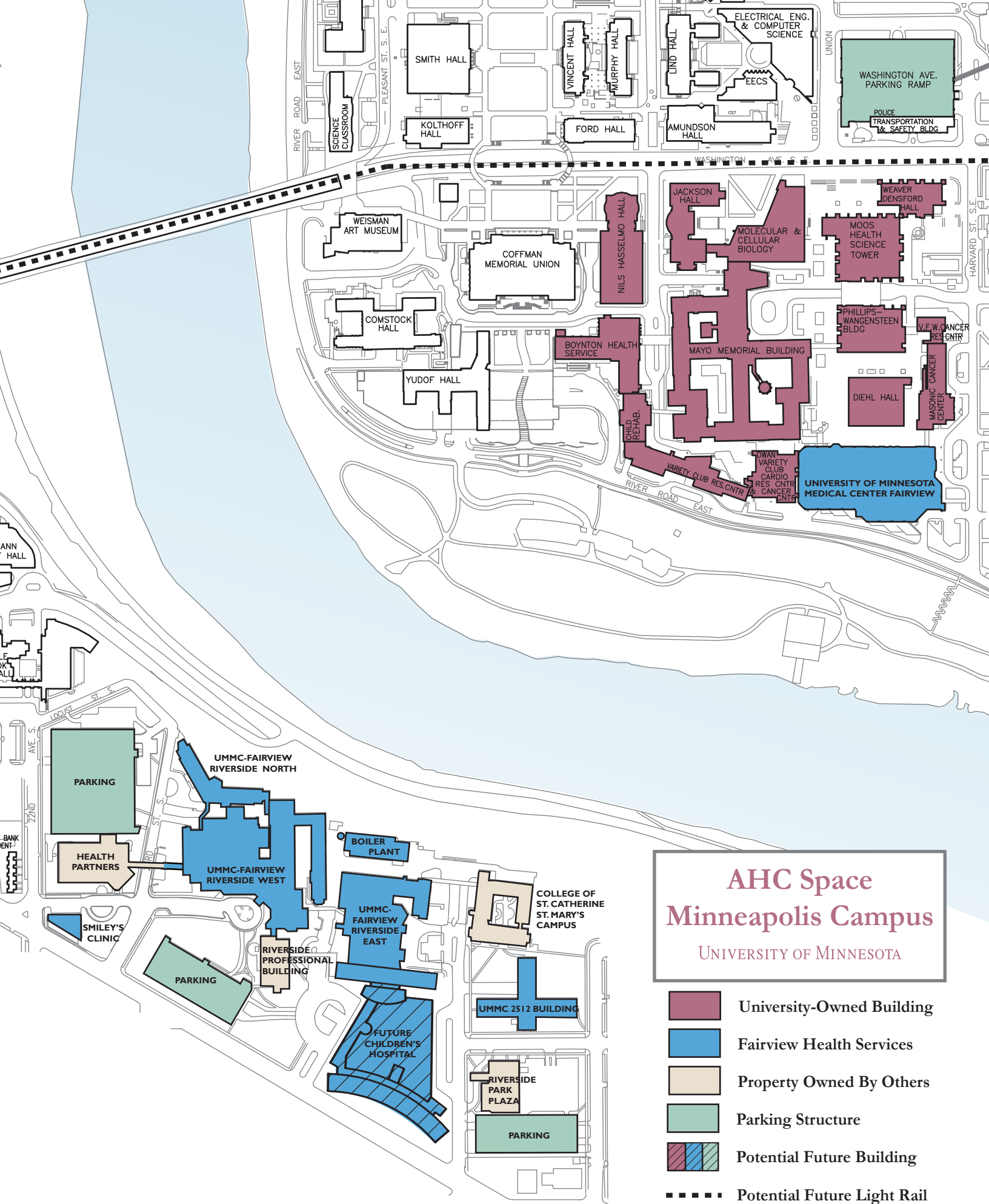
- AHC Deans Council
- University, AHC and collegiate faculty governance committees
- AHC and collegiate student consultative committees
- AHC Associate Deans of Education
- AHC Associate Deans of Research
- University of Minnesota Physicians
- Fairview Health Services
- University stakeholders, including other University colleges/schools; Capital Planning and Program Management; Housing and Residential Life; Parking and Transportation Services; Budget and Finance Office; University Master Plan Committee
- Community/neighborhood groups

AHC Space Minneapolis Campus

UNIVERSITY OF MINNESOTA

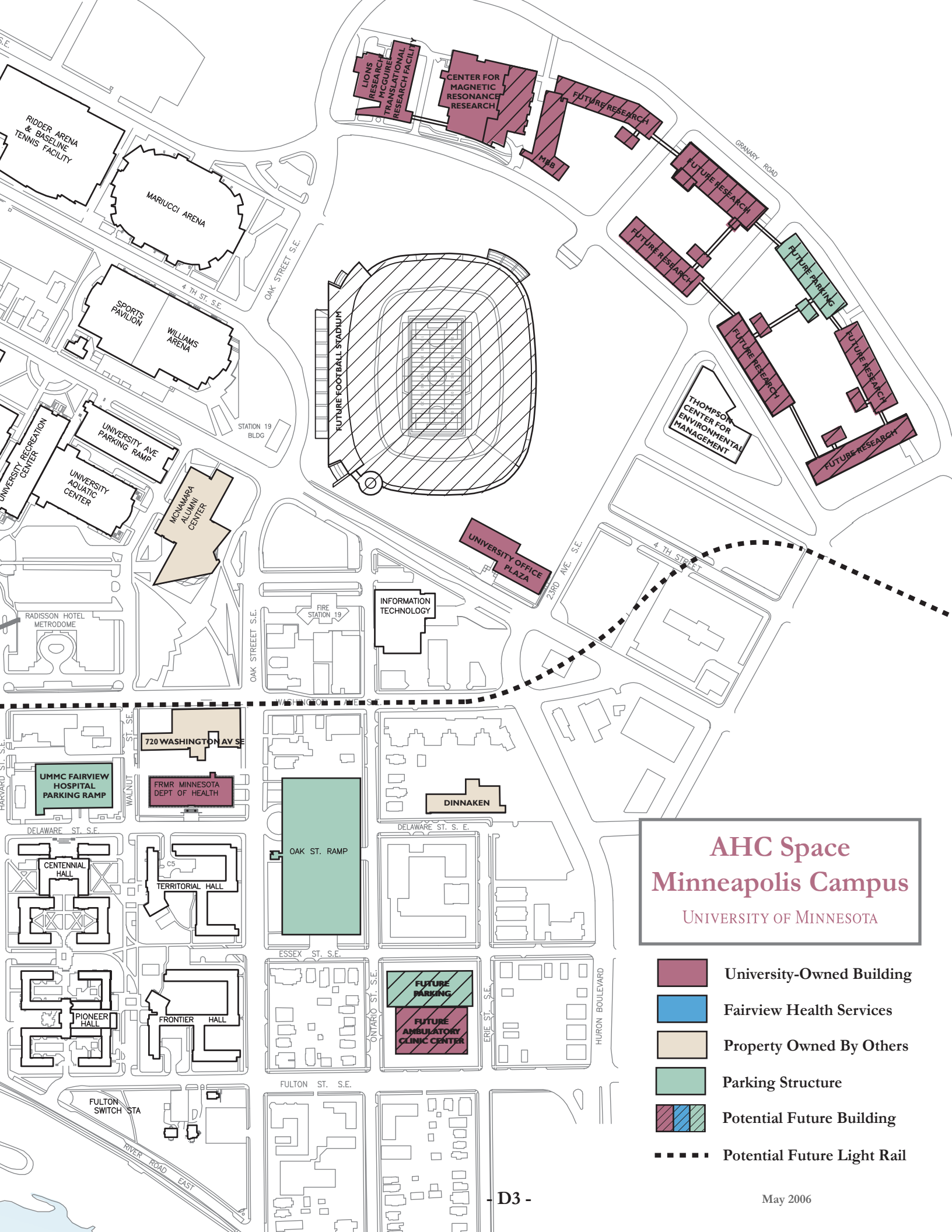


- University-Owned Building
- Fairview Health Services
- Property Owned By Others
- Parking Structure
- Potential Future Building
- Potential Future Light Rail



**AHC Space
Minneapolis Campus**
UNIVERSITY OF MINNESOTA

- University-Owned Building
- Fairview Health Services
- Property Owned By Others
- Parking Structure
- Potential Future Building
- Potential Future Light Rail






**AHC Space
Minneapolis Campus**
UNIVERSITY OF MINNESOTA

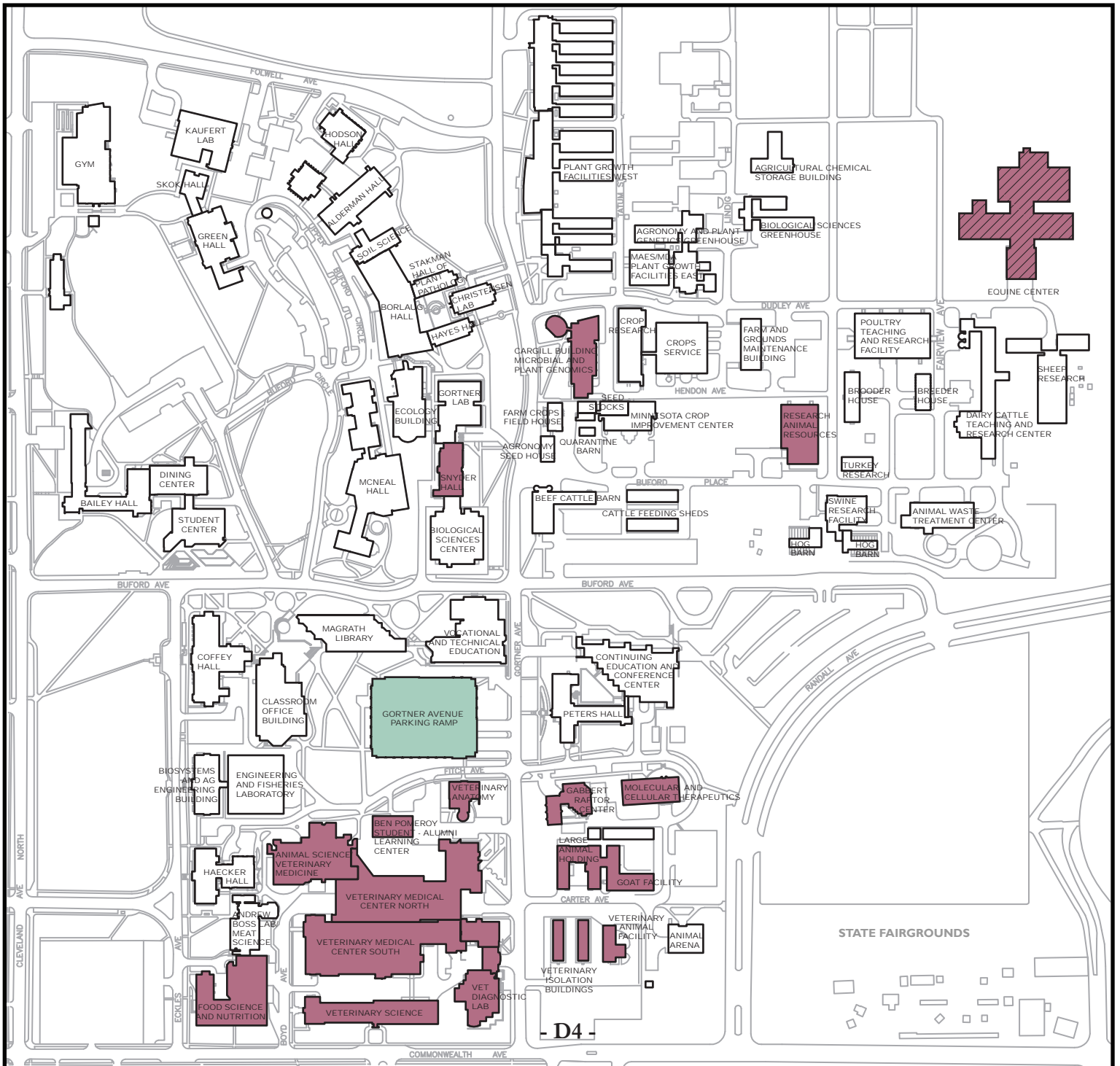
- University-Owned Building
- Fairview Health Services
- Property Owned By Others
- Parking Structure
- Potential Future Building
- Potential Future Light Rail

AHC Space St. Paul Campus

UNIVERSITY OF MINNESOTA

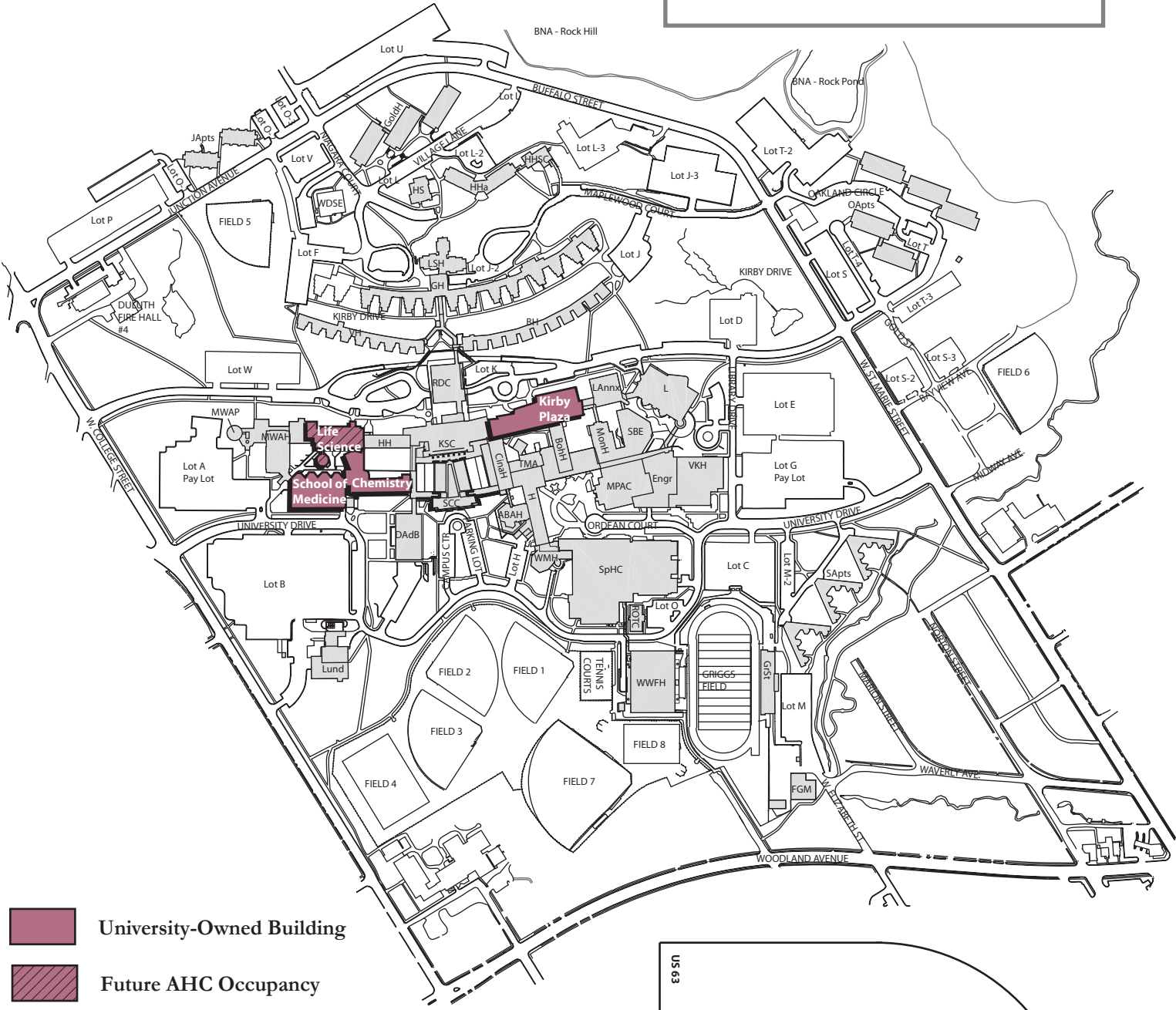
-  University-Owned Building
-  Parking Structure
-  Future Building

May 2006



AHC Space Duluth Campus

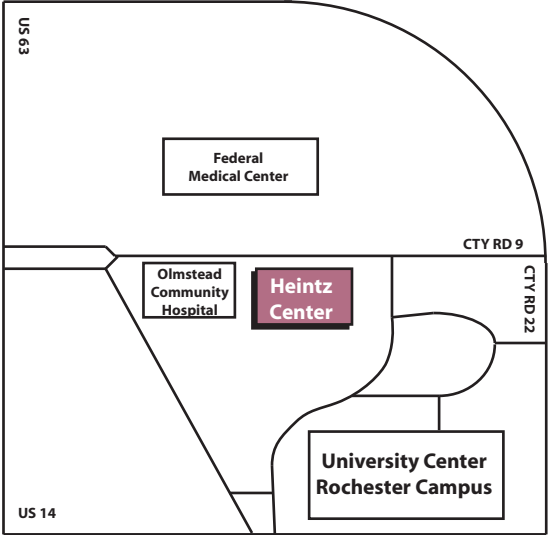
UNIVERSITY OF MINNESOTA



- University-Owned Building
- Future AHC Occupancy

AHC Space Rochester Campus

UNIVERSITY OF MINNESOTA



Appendix E

AHC SPACE DIRECTORY

Mar-06

MINNEAPOLIS CAMPUS (UNIVERSITY OWNED)								
BUILDING NAME	ADDRESS	BLDG NO	CONSTRUCTED	TYPE	AHC SF	GSF	ASF	
717 Delaware St. SE (MN Dept. of Health)	717 Delaware Street SE	193			105,092	201,333	134,391	
Boynton Health Service	410 Church Street SE	070	1949	II-A	15,370	143,790	77,207	
Children's Rehabilitation Center	426 Church Street SE	115	1962	I-B	41,288	70,845	41,334	
Community University Health Care Center	2001 Bloomington Avenue S	171	1990		11,889	17,855	11,889	
Diehl Hall	505 Essex Street SE	111	1958	I-B	52,441	194,544	131,161	
<i>(Diehl Hall, Biomedical Library: 78,716 sf)</i>								
Dwan Variety Club Cardio Research Center	425 East River Parkway	143	1972	I-FR	77,660	183,924	87,604	
Elliott Hall	75 East River Parkway	020	1906		4,540	192,212	103,270	
Jackson Hall	321 Church Street SE	032	1912	III-IHR	66,279	150,385	69,690	
Lions Res Bldg/McGuire Trans Res Fac	2001 6th Street SE	174	1991	I-B	83,137	152,298	84,333	
Magnetic Resonance Research, Center For	2021 6th Street SE	180	1998	V-N	24,980	40,415	25,114	
Masonic Cancer Center	424 Harvard Street SE	107	1957	I-B	19,418	89,257	46,401	
Mayo Building & Additions	420 Delaware Street SE	074	1951	I-A	265,883	953,353	407,917	
Molecular and Cellular Biology	420 Washington Avenue SE	186	2002	I-FR	85,049	259,762	145,422	
<i>(Molecular and Cellular Biology, CBS: 51,987 sf)</i>								
Moos Health Sciences Tower, Malcolm	515 Delaware Street SE	142	1970	I-A	330,178	672,682	340,079	
Nils Hasselmo Hall	312 Church Street SE	178	1996	I	124,652	276,789	142,319	
Phillips-Wangenstein Building	516 Delaware Street SE	144	1974	I-A	149,099	572,399	275,380	
ReUse Program and AHC Warehouse	883 29th Avenue SE	154	1978		31,137	63,383	59,741	
Tandem Accelerator Building	830 Main Street SE	118	1963		2,391	33,375	10,754	
University Office Plaza	2221 University Avenue SE	192	1989	II-B	36,084	124,159	102,648	
Variety Club Research Center	401 East River Parkway	069	1949	I-B	50,018	99,260	50,160	
VFW Cancer Research Center	406 Harvard Street SE	109	1958	III-A	13,241	25,503	12,241	
Weaver-Densford Hall	308 Harvard Street SE	147	1977	I-A	102,603	195,907	102,237	
West Bank Office Building	1300 2nd Street S	218	1987	I-B	70,466	253,212	153,132	
Minneapolis Campus Totals:					1,762,895	4,966,642	2,614,424	

ST. PAUL CAMPUS (UNIVERSITY OWNED)								
BLDG_NAME	ADDRESS	BLDG_NO	CONSTRUCTED	TYPE	AHC SF	GSF	ASF	
Animal Science/Veterinary Medicine	1988 Fitch Avenue	416	1973	I-B	57,931	141,609	76,732	
Cargill Bldg-Microbial & Plant Genomics	1500 Gortner Avenue	439	2003		12,957	62,761	36,484	

Dairy Cattle Barn	1964 Fitch Av	326	1907		5,451	6,900	5,451
Food Science and Nutrition	1334 Eckles Avenue	381	1956		1,047	85,733	53,159
Gabbert Raptor Center	1920 Fitch Avenue	434	1987	II-IHR	12,355	20,444	12,355
Large Animal Holding	1907 Carter Avenue	417	1973	II-N	20,223	22,297	21,285
Molecular and Cellular Therapeutics	1900 Fitch Avenue	436	1988	II-N	15,654	37,957	18,153
Research Animal Resources Building	1861 Buford Place	419	1975		11,529	17,189	11,503
Snyder Hall	1475 Gortner Avenue	352	1927		2,487	43,587	24,267
Vet Diagnostic Laboratory	1333 Gortner Avenue	385	1958	II-IHR	38,361	69,471	38,384
Veterinary Anatomy	1946 Fitch Avenue	316	1901	III-N	0	14,898	0
Veterinary Animal Facility	1340 Gortner Avenue	397	1965	III-N	4,225	4,840	4,225
Veterinary Isolation Buildings	1346 Gortner Avenue	386	1958		4,594	10,080	4,594
Veterinary Medical Center North	1365 Gortner Avenue	427	1980	I-B	63,838	121,584	64,089
Veterinary Medical Center South	1352 Boyd Avenue	371	1948	II-A	79,329	115,786	78,761
Veterinary Science	1971 Commonwealth Avenue	374	1952	III-A	51,287	92,478	58,745
St. Paul Campus Totals:					381,268	867,614	508,187

DULUTH CAMPUS (UNIVERSITY OWNED)

BLDG_NAME	ADDRESS	BLDG_NO	CONSTRUCTED	TYPE	AHC SF	GSF	ASF
Chemistry	10 University Drive	520	1950		1,120	52,505	33,304
Kirby Plaza	10 University Drive	522	1954		11,268	110,748	51,335
Research Laboratory Building	10 University Drive	502	1926		883	30,116	17,823
School of Medicine	10 University Drive	563	1976		59,394	110,267	60,150
Duluth Campus Totals:					72,665	303,636	162,612

ROCHESTER CAMPUS (UNIVERSITY OWNED)

BLDG_NAME	ADDRESS	BLDG_NO	CONSTRUCTED	TYPE	AHC SF	GSF	ASF
Heintz Center	1926 College Drive SE				2,154	167,775	122,897
Rochester Campus Totals:					2,154	167,775	122,897

UM OUTREACH AND EDUCATION PARK (UNIVERSITY OWNED)

BLDG_NAME	ADDRESS	BLDG_NO	CONSTRUCTED	TYPE	AHC SF	GSF	ASF
Goat Barn	1605 160th St W		2001		1,401	1,506	1,401
Rosemount Campus Totals:					1,401	1,506	1,401

U OF M LEASED SPACE:

BLDG_NAME	ADDRESS	BLDG_NO	CONSTRUCTED	TYPE	AHC SF	GSF	ASF
1433 E Franklin Avenue (Leased) Smiley's CUHCC	1433 E Franklin Avenue, Mpls	944			2,252	0	0
UMMC - 2512 Building	2512 7th Street, Mpls	993			15,709	0	0
<i>(UMMC - 2512 Building: 20,396 rsf occupied)</i>							
2701 University Avenue SE (Leased)	2701 University Avenue SE, Mpls	997			3,724	0	0
849 South Smith Street (Leased)	849 S Smith Street, St Paul	939	2000		2,578	0	0
925 Delaware St SE (Leased)	925 Delaware Street SE, Mpls	965			26,735	52,334	35,802
UMMC - Riverside West	2450 Riverside Avenue S, Mpls	950			15,060	0	0
<i>(UMMC - Riverside West: 21,141 rsf occupied)</i>							
Loring Park Office Bldg Annex (Leased)	428 Oak Grove Street, Mpls	955			2,288	0	2,295
Loring Park Office Building (Leased)	430 Oak Grove Street, Mpls	956			1,124	0	0
McNamara Alumni Center (Leased)	200 Oak Street SE, Mpls	182	1998	I	41,638	261,167	183,935
Midtown Commons (Leased)	2324 University Avenue, St Paul	943			2,068	0	0
Opus Building (Leased)	1100 Washington Avenue S, Mpls	952	1991		17,609	41,126	30,568
<i>(Opus Building: 19,201 rsf occupied)</i>							
Park Plaza Office Center (Leased)	5775 Wayzata Boulevard, Mpls	938			2,956	0	0
Riverside Professional Bldg. (Leased)	606 24th Avenue, Mpls	946			6,922	0	0
U of M Leased Space Totals:					140,663	354,627	252,600

AHC Totals:					2,361,046	6,661,800	3,662,121
--------------------	--	--	--	--	------------------	------------------	------------------

FAIRVIEW OWNED SPACE:							
BLDG_NAME	ADDRESS	BLDG_NO	CONSTRUCTED	TYPE	CLINICAL SF	GSF	ASF
U of M Medical Ctr, Fairview (Unit J)	500 Harvard St SE, Mpls				283,195	408,017	292,658
UMMC - Riverside North					55,864	82,807	55,864
UMMC - Riverside East					371,142	554,219	371,142
UMMC - Riverside West	2450 Riverside Avenue S, Mpls	950			171,609	294,230	199,165
UMMC - 2512 Building	2512 7th Street, Mpls	993			77,304	126,722	111,399
Fairview Owned Space Totals:					959,114	1,465,995	1,030,228

FAIRVIEW - LEASED SPACE							
BLDG_NAME	ADDRESS	BLDG_NO	CONSTRUCTED	TYPE	CLINICAL SF	GSF	ASF
Mayo Building & Additions	420 Delaware Street SE, Mpls	074	1951	I-A	131,018	0	0
Masonic Cancer Center	424 Harvard Street SE, Mpls	107	1957	I-B	19,122	0	0
Dwan Variety Club Cardio Research Center	425 East River Parkway, Mpls	143	1972	I-FR	1,005	0	0
Phillips-Wangensteen Building	516 Delaware Street SE, Mpls	144	1974	I-A	28,934	0	0

Riverside Professional Bldg. (Estimated SF)	606 24th Avenue, Mpls	946			3,000	0	0
Fairview Leased Space Totals:					183,079	0	0

UMP LEASED / OCCUPIED SPACE							
BLDG_NAME	ADDRESS	BLDG_NO	CONSTRUCTED	TYPE	CLINICAL SF	GSF	ASF
U of M Medical Ctr, Fairview (Unit J)	500 Harvard St SE, Mpls				9,463	0	0
UMMC - Riverside West	2450 Riverside Avenue S; Mpls	950			6,526	0	0
UMMC - 2512 Building	2512 7th Street, Mpls	993			13,432	0	0
720 Washington Av SE	720 Washington Av SE, Mpls				40,000	0	0
Columbia Heights Office Location (Estimated SF)					30,000	0	0
Fairview Ridges (Estimated SF)					500	0	0
Fairview Southdale (Estimated SF)					500	0	0
Minneapolis Children's (Estimated SF)					500	0	0
Garden View Medical Building					1,592	0	0
North Memorial					16,779	0	0
Riverside Professional Bldg.	606 24th Avenue, Mpls	946			17,700	0	0
Bethesda Clinic					16,996	0	0
Phalen Park Clinic					10,375	0	0
1433 E. Franklin Avenue (Leased) Smiley's	1433 E. Franklin Avenue	944			8,136	0	0
Masonic Cancer Center	424 Harvard Street SE	107	1957	I-B	5,888	0	0
Phillips-Wangenstein Building	516 Delaware Street SE				85,988		
Phillips-Wangenstein Building	516 Delaware Street SE	144	1974	I-A	3,837	0	0
Mayo Building & Additions	420 Delaware Street SE, Mpls	074	1951	I-A	2,071	0	0
Wyoming Radiation Therapy	Fairview Lakes, Wyoming, MN				10,000	0	0
Admin Offices in PWB, Masonic, Mayo					7,560	0	0
UMP Leased/Occupied Space Totals:					287,843	0	0

Non-AHC Totals:					1,430,036	1,465,995	1,030,228
------------------------	--	--	--	--	------------------	------------------	------------------

Grand Totals - Clinical, Educational, Research:					3,791,082	8,127,795	4,692,349
--	--	--	--	--	------------------	------------------	------------------

Programmable space in University-owned and occupied buildings is expressed as ASF (assignable square footage), which is GSF minus structural elements & non-assignable sf (mechanical, circulation/common) space. These square footage numbers are derived from CAD floor plans & related tables. Twin Cities Campus data taken from Nov. 2005 download, Duluth Rochester and Rosemount from Mar. 2006

Where University-owned space is leased to others, programmable space is shown using ASF numbers used on lease documents. Lease document square footage is derived from CAD floor plan square footages and from earlier paper floor plan square footages.

Occupied square footage in non-University owned leased space is expressed using RSF (rentable square feet) numbers where CAD drawings are not available and as ASF (assignable square feet) where CAD drawings are available (consistent with overall U space reporting practices).

For Fairview-owned buildings, ASF numbers were derived from CAD drawings & related tables-- these ASF figures exclude major circulation/common spaces and mechanical areas but can include structural elements and smaller non-assignable spaces.

RHS – 3-20-06

Appendix G

Previous AHC Strategic Facility Planning Efforts

1998 AHC Strategic Facility Plan

The 1998 AHC Strategic Facility Plan began to address the dissatisfaction, challenges and opportunities of planning and managing AHC facilities. These opportunities and challenges were that:

- Academic priorities needed to guide space assignment and use of facilities.
- A rational, understandable process for developing and prioritizing projects was needed.
- Interscholastic cooperation was required to solve a number of major facilities challenges

Numerous guiding principles were developed during this planning effort that have been carried forward into subsequent planning activities:

- The AHC cares about its people.
- Facilities should aesthetically foster learning, collegiality and discovery. All facilities need to be aesthetic, clean and work properly
- The AHC's students, staff, faculty and visitors need gathering spaces to create a sense of community.
- The AHC needs research spaces that can respond flexibly to program and grant requests.
- The AHC should have a sense of "here" provided by a common theme, circulation spaces, or identifiers....wayfinding needs to be simplified.
- Curriculum needs should drive the design of new and renovated educational spaces.
- Creating common areas for students near faculty office would make these offices more accessible to students.
- "Short streets" should link the AHC's education, research, and clinical operations to enhance collaboration, synergy and faculty productivity.

2000 AHC Precinct Plan

An outgrowth of the 1998 Strategic Facility Plan, the 2000 Precinct Plan focused on a small, four square block area and sought to maximize the built environment opportunities of this area. Although it is limited to the Minneapolis campus and excludes clinical facilities, it, nonetheless provides a solid base for current planning on the east bank campus of the Academic Health Center.

The objectives of the 2000 Precinct Plan were to:

1. Improve the visibility and ease of access to the AHC.
2. Transform its built environment into an attractive, intellectually energizing place.
3. Shorten links between collaborative programs and clarify circulation. Replace obsolete facilities with ones that accommodate new educational, research and clinical technology and practice and that can easily be adapted to serve changing programs and interdisciplinary efforts.
4. Provide sufficient space with the district to support the future needs of a competitive AHC.

To accomplish these objectives, the plan:

- Assumes the eventual replacement of obsolete and inefficient structures and maximizes the available real estate.
- Creates a landscaped central square with a variety of functional areas for use by students, staff and patients.
- Organizes internal and external circulation networks around the new central square for efficient way finding. It also differentiates and extends pedestrian, vehicular and service circulation systems throughout the complex and into adjoining districts. A structure of spaces, landmarks and unifying architectural elements reinforces the new circulation concepts.
- Provides a framework, schedule, and locations for identified upcoming projects over the next 15-20 years. It replaces approximately 1 million square feet of obsolete and inefficient structures with 1.3 million square feet of new construction.

2005 Clinical Sciences Campus Master Plan

In 2005, the Clinical Sciences Campus Master Plan vision was developed. It articulated planning principles and specific development opportunities for the clinical partnership of the Academic Health Center, the University of Minnesota Physicians and Fairview Health Services. Its goal was to create a campus environment and associated health sciences facilities necessary to attain the partnership's vision of local, regional and international renown in patient care, research and health professional education.

Several important master planning principles were articulated in this vision. The Clinical Campus Plan will:

1. Be guided by a long range vision of being a top tier patient care, education, and research institution; and shaped by the core programmatic priorities of the partners.
2. Support integrated inpatient and outpatient care delivery, including the move to a "single site" for the University of Minnesota Medical Center, Fairview.
3. Emphasize responsible use of resources – both capital and operations. Duplication is to be tenaciously avoided; facility adjacencies supporting capital and operating efficiency will be pursued.

4. Be driven by an external customer focus. The Clinical Campus will create a welcoming identity for visitors, patients, family, students, faculty, and staff. For clinical facilities, patient and family access and service will be the primary priority.
5. Have mission focal points – for education, research, and patient care – which will deliberately link to each other. Zoning of the Academic Health Center will reflect these missions.
6. Take advantage of the character of a large, urban, University while creating “community space” for interaction and reflection. Site efficiency will be maximized.
7. Be an asset to investment in recruitment and retention of students, faculty, and staff. Quality of facilities will be a key component of competitive positioning.
8. Support continued involvement of community-based physicians in patient care programs. Ease of access and operational orientation will increase attractiveness to the private practice community.
9. Be driven by life cycle facility planning. Sequencing of individual facility decisions based upon responsible continued use of facilities with outstanding debt and operational effectiveness will be emphasized by both Fairview and the University.
10. Both reflect and impact University-wide planning for transportation, parking, student housing, stadiums, energy, and other initiatives. The Clinical Campus planning process should link closely with University-wide planning.
11. Be respectful of the University and the Fairview – University campus as part of a larger urban community. The plan will engender the support of key external stakeholders.

The major deliverables in the completion of a Clinical Sciences District Plan for the University of Minnesota was not only the formulation of these planning principles but also the siting of a new 400,000 square foot clinic facility and a 360,000 square foot children’s hospital facility that will consolidate and enhance existing children’s services.

Appendix H

Executive Summary: Metropolitan Design Workshop

A spring 2006 workshop class (Landscape Architecture 8741) is preparing a student version of a new precinct plan for the University of Minnesota Academic Health Center. Nine students from the Humphrey Institute are enrolled. For more information see: <http://www.designcenter.umn.edu/metDesign/la8741.html>.

The following draft vision statement provides a basis and background for plan recommendations:

“The *University of Minnesota Academic Health Center Village Plan* establishes infrastructure alternatives, marketing and identity guidelines, and suggestions for enhanced natural environment connectivity so as to enable the University to become a Top 3 public research institution, and to ensure that the AHC continues to achieve local, regional, and international excellence in patient care, research, and health professional education. At the tactical level, this mission is accomplished through creation and development of campus districts – of which the AHC is always a participant but not always the primary stakeholder – but through which the AHC can articulate itself, while maintaining programmatic and strategic coordination with non-AHC facilities.”

Plan objectives include:

- Recognize the significant relationship between the natural environment and the health of patients, students, faculty, staff and visitors to the AHC; Create increased physical and perceived opportunities for health and healing through such measures as placing and adding green space, providing pedestrian connections to surrounding natural amenities, and improving air and light circulation.
- Develop gateway features, gathering spaces, brand identity, and circulation spaces; create destination entrances; coordinate signage and marketing; and define patient, visitor, and student zones in order to create a sense of place and sense of community that has relevance to visitors across all of the AHC sites, and from school to school.
- Make best use of building form, transportation, and infrastructure as a means of enabling research and achieving institutional goals.

- Design flexible spaces, create a people-oriented central plaza, improve connections between the AHC and the University, redesign the major entries so that they are attractive and useful, eliminate structures that are not viable or that do not support the AHC mission, remove approximately 1,165,000 Gross Square Feet (GSF), construct approximately 1,600,000 (GSF)

This plan uses districts as a means of establishing a framework within which implementation will occur. There are five districts proposed. Plan objectives and goals will be addressed within all of the districts – i.e. health and healing will be emphasized as much within the Stadium District as in the West Bank Riverside District. Starting on the West Bank and progressing to St. Paul these districts are as follows:

- West Bank Riverside District
- Central AHC District
- AHC Village District
- Stadium District
- St. Paul AHC District

This plan accounts for the AHC both as a stand alone entity and as a participant in a diverse and far-flung community. As such, the plan seeks to preserve the interests of the AHC while acknowledging that there are other factors that must be accommodated. With regard to the AHC, the goal of the vision statement, objectives, and district concept is to provide a holistic, integrated, legible, and expanded AHC campus within the AHC Minneapolis Precinct Plan site, while at the same time creating connections between the Riverside, East Bank, Stadium Village research space, and the St. Paul AHC districts. As the vision, objectives, and districts within this plan relate to the University campus at-large and to the surrounding residential and retail communities, the goal is to advocate well-coordinated design and construction decisions so as to create mutually beneficial partnerships between the AHC and its neighbors. This approach predicts short- and long-term benefits for the AHC, as well as benefit for the AHC neighborhood and other on-campus partners