

Minnesota Health Policy and Procedure for Effective and Efficient Space Management

Working DRAFT December 3, 2013

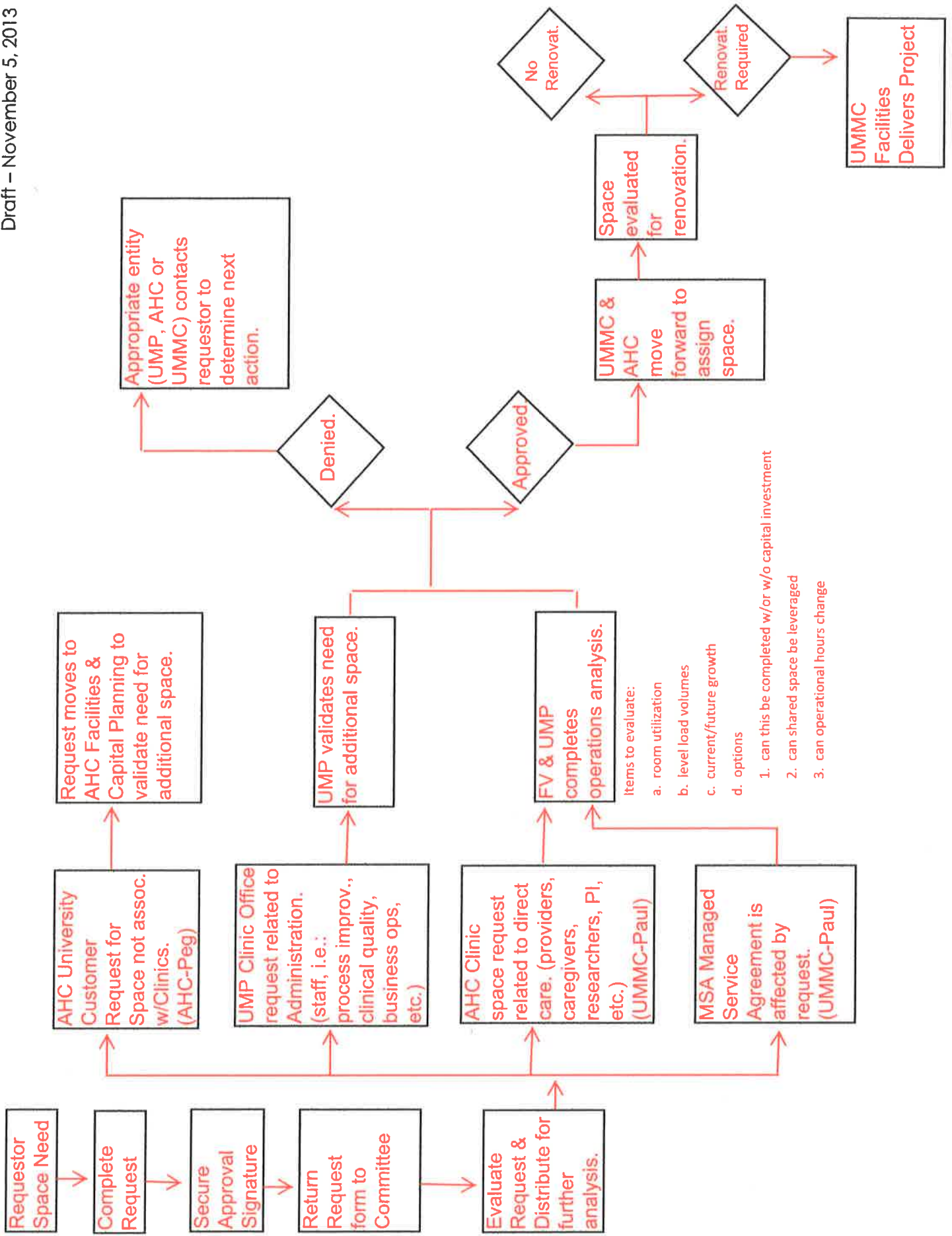
In support of the new Integrated Structure (IS) arrangement that will allow our organizations to better coordinate and align management, governance, and operation of services offered by UM Physicians at Fairview-owned facilities, including University of Minnesota Medical Center, Fairview and of clinical services offered within University owned facilities:

1. Planning staff from each organization will work towards maximizing use and utilization of academic clinical facilities, regardless of ownership. In these efforts, the following principles are endorsed:
 - We will create extraordinary experiences for our patients, physicians and staff.
 - Innovative care models and work flows
 - Well- coordinated efficient scheduling practices
 - Convenient, welcoming and accessible environment
 - Operating Models and use of space will reflect health care reform and sensitivity to cost of care, as well as patient centeredness
 - Multi-disciplinary teams working in clinical neighborhoods
 - Facility focused on services provided to patients
 - Strategic growth is managed through a full understanding of demand, access, capacity and experience, allowing growth and successful financial outcomes to support the academic mission
 - Responsive to market
 - Accountable to management structure
 - Exemplary academic environment through leveraging technology and facility design
 - Space design, workflows and technology enhance the clinical and academic mission
 - The university brand leverages a neutral market position and places academic medicine as a benefit to all health systems

2. Planning staff from each organization in the integrated structure will meet routinely to process requests for new or expanded spaces for clinical services.
 - Requests will be triaged by the *AHC IS Clinical Spaces Work Group* according to attached diagram.
 - Space requests that can be handled within current stated assignments for each organization will information items only to other members of the *AHC IS Clinical Spaces Work Group*.
 - Space requests that require assemblage of additional square footage will be reviewed by the *AHC IS Clinical Spaces Work Group* and will be required to have -
 - Business plan to support additional SF
 - Space program
 - Options analysis & lease impact assessment
 - Recommendation will be forwarded to the Integrated Structure Board
 - Similarly, space changes to current assignments of space between the partners of the integrated structure i.e. release or transfer of space between parties will be reviewed by the *AHC Clinical Space Work Group* to determine
 - Best and highest use of the space
 - Responsible partner for operating cost and renewal of space
 - Programming of space changes
 - Lease change documentation as established by the University's Real Estate Office

AHC Clinical Space Request Process

Draft – November 5, 2013



SPACE REQUEST

Fairview Health Services • University of Minnesota, Academic Health Center • University of Minnesota Physicians

In order to request additional space for your department, service unit or program, the following information is required.
 This form must be completed and approved by appropriate leadership personnel in order for it to be processed.
 If you have questions regarding the completion of the form, please contact: xxxxx

Department Name:		Date:	
Organization/School:		Primary Contact:	
Dept Budget or ID #:		Phone:	
		E-Mail:	

REQUEST

Briefly describe WHY additional space is needed: *(Example: program/service expansion, new hire, new grant, etc.)*

WHERE is the desired location or Adjacency? *(Example: campus, building, department, room)*

WHEN is the space needed? *(mo/year)*

HOW MUCH space is required? *(Please provide your best estimate below)*

Type of Space	# of Rooms	# of People	Notes/ Requested size room or room #:
<i>Ex: Private office</i>	2	2	<i>New hires starting in January 2014, req. rm B-179 & 190</i>
<i>Ex: Lab</i>	1	4-6	<i>Program expansion, needs 2 hoods, approx 400 sq ft</i>

RATIONALE

SUPPORTING DATA:	Current State	Future Growth	Comments:
Utilization - Space & Capacity %			
Program/ Clinic Volumes			
Grant Activity			
Has preliminary planning/programming taken place? <i>(yes or no)</i>		If yes, list planner.	
Does this space request release any current occupied space? <i>(yes or no)</i>		If yes, list building & rms.	
Current funding exists for this request? <i>(yes or no)</i>		If yes, list amount avail.	

APPROVALS

In order for this request to proceed the following respective signatures are required.

1. Department Manager/Director		
	<i>Print Name / Title</i>	<i>Signature</i>
2. Executive Approval		
<i>Respective of organization: either Dean, Vice President or Finance Officer</i>	<i>Print Name / Title</i>	<i>Signature</i>

SPACE PLANNING REVIEW PROCESS

<i>Meeting review date:</i>	
<i>Lead Organization Assigned:</i>	
<i>Action determined:</i>	
<i>Individual accountable:</i>	