SPACE PLANNING
AND MANAGEMENT
IN ACADEMIC
MEDICAL CENTERS

Issues, Models and Resources

A PROJECT OF THE
GROUP ON INSTITUTIONAL PLANNING AND
GROUP ON BUSINESS AFFAIRS

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JANET D. FROOM, EDITOR

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Foreword

The growth of academic medical centers during the past three decades is easily measured in people and dollars. During this period, medical student enrollment doubled, while faculties expanded sixfold. The total operating revenues of the nation's medical schools increased in real terms at a compound rate of over 13 percent annually, with much of the increase due to expanded federal investment in research and an improved system of reimbursement for patient care.

To meet the enlarged commitments in education, research, and patient care that accompanied this expansion, the physical facilities that house these programs have become a critical resource. During the 1950s and 1960s, federal construction programs—particularly those of the National Institutes of Health (NIH)—supported the growth of medical school research facilities. However, this support was not sustained. Buildings constructed in the 1950s and 1960s, still prominent on medical center campuses, are now showing their age. Most are in need of renovation or replacement. Deteriorating infrastructure has become one of the most pressing challenges for those charged with leading academic medicine into the next century.

The need for space and facilities is most visible in achieving the research mission of academic medical centers. In a 1988 study by the NIH, 45 percent of medical schools surveyed described their facilities as inadequate to support the needs of biomedical research programs. This assessment is prompted not only by a desire to expand research activities but also by the nature of science (e.g., the emergence of molecular biology and biotechnology), by how science is organized (e.g., the need to promote multidisciplinary research efforts), and by how laboratory work is regulated (e.g., the need to comply with new environmental, health, and safety standards). The facilities needs of academic medical centers are not driven only by the research enterprise. Changes in educational programs are also having an impact—in implementing new, problem-based curricula, in integrating advances in information technology with approaches to learning, and in adapting to the need for more clinical training in ambulatory settings.

Resource constraints are likely to limit our ability to keep facilities current and adequate to the missions of academic medical centers. It is vital, therefore, that we do the best possible job in planning and managing space. The AAMC’s Group on Institutional Planning and Group on Business Affairs, whose members are most often assigned this responsibility, have taken on the daunting task of synthesizing much of what is known and what has been done well in this field. Their efforts have
resulted in this volume, which weaves conceptual approaches to various aspects of space planning and management with examples and models provided by our members.

The book is a thoughtful and comprehensive compendium that should become an important reference in the academic medical community. I applaud the Groups for sponsoring the project and thank the many Group members who contributed to it. This project is but one example of the many contributions by AAMC Groups to the work of the Association and the benefit of our member institutions.

Robert G. Petersdorf, M.D.
President
Preface

The Group on Institutional Planning (GIP) and Group on Business Affairs (GBA) of the Association of American Medical Colleges (AAMC) have a particular interest in the problem of providing adequate space and facilities for the future needs of the nation’s academic medical centers. In January 1989, Robert Reynolds, M.D., then chair of the GIP, and Roger Meyer, then chair of the GBA, appointed a joint space planning and management task force. Noting that space makes one of the biggest demands on an institution’s financial resources and requires one of the largest blocks of time in the planning process, the Group chairs charged the newly appointed task force to "develop, on a pilot basis, information AAMC member institutions can use to evaluate existing space or assess the need for new space."

As a first step in gathering relevant information, the task force conducted a survey of 27 AAMC member institutions. The survey was designed to identify areas of space planning and management of particular interest and concern to participants. The task force also used the survey process to collect documents describing existing procedures in use for managing space and planning for space needs.

After completing the survey and analyzing the results, the task force called on survey participants and other institutional representatives to help define further the critical issues. The task force’s initial objective was to gather comprehensive data on space norms. The group soon came to believe, however, that the audience would benefit more from a thorough identification of issues in space planning and management and a beginning identification of information resources, including descriptions of local institutional approaches.

Although the task force uniformly supported these modified objectives, meeting the objectives proved difficult. Initial attempts to involve many people in the creative process caused logistical difficulties. Gradually, responsibility for writing the text fell to three members of the task force: Tom Rolinson, Dick Laverty, and Horace Bomar. Because their contributions to this final report are based heavily on their individual experiences in space planning and management, they have been credited with authorship of their respective sections. Janet Froom served as the essential link to seeing the project through to its completion. The extent of her contribution is recognized by her designation as editor.

This final product of the task force is intended as a guidebook for faculty, department chairs, members of space planning committees, deans, vice-chancellors/vice-presidents, presidents, and administrators who seek to
improve institutional effectiveness in the planning and management of space and facilities. Its scope, by design, is limited to space used for educational and research purposes, and for administrative support. The specialized nature and problems of clinical space were seen as beyond the capacity of the task force to address adequately.

Although substantial, this volume is not intended to be a definitive resource. We present it as a catalyst for thought and further contributions from those who use it. Although we searched extensively for institutional models and procedures in space planning and management, we expect that in ensuing years other approaches will be identified and existing approaches refined. The textbook on space planning and management continues to be written in the ongoing practices of planning and business administrators. Therefore, we urge the GIP and GBA to continue to identify institutional models, methods and procedures, and other resources for effective space planning and management. Only by the continual dissemination of these approaches can the art of space planning and management in academic medical centers be advanced.

Robert G. Winfree
Durham, North Carolina
GIP/GBA Space Planning and Management Task Force

Co-Chairs:

Robert G. Winfree
Associate Vice Chancellor for Health Affairs
Duke University Medical Center

Thomas A. Rolinson
Vice Chancellor, Resource Management and Planning Services
University of California, San Francisco

Members:

Theresa Bischoff
Vice President for Finance
New York University Medical Center

Robert B. Price
Executive Vice President for Administration and Business Affairs
University of Texas Health Science Center, San Antonio

Horace I. Bomar, III
Director of Facilities Management
University of Michigan Medical School

Richard Schimmel
Associate Dean for Fiscal Affairs and Administration
University of Illinois College of Medicine

Richard E. Laverty
Institutional Research Analyst
University of Vermont College of Medicine

Constantine Stefanu, Ph.D.
Director of Planning
State University of New York Health Science Center, Syracuse

B. Hofler Milam
Assistant Dean for Planning and Resource Management
Bowman Gray School of Medicine
Wake Forest University

AAMC Staff:

Carol Copperud
Coordinator--Capital Planner
University of California

Robert F. Jones, Ph.D., Assistant Vice President for Institutional Studies

Irene G. Klintberg, Ph.D.
Associate Dean for Administration
University of Nebraska College of Medicine

Jack Krakower, Ph.D., Director, Institutional Data Systems

Nancy Tierney
Facilities Planner
University of Michigan Medical School

Douglas E. Kelly, Ph.D., Associate Vice President for Biomedical Research

Janet D. Froom, Staff Associate
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It is not possible to detail the specific contributions of each person who gave time and energy to this project, although in many cases the efforts were considerable. We gratefully acknowledge the assistance of the following individuals:

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J. Stephen Smith, Ph.D.
David A. Entrekin
J. LeRoy Balzer, Ph.D.
Ann Peterson
David J. O'Brien
Daniel G. Zabel
Rhonda Seeber
Roger O. Lambson, Ph.D.
Scott Ramsey
Dawn D. Parr
Thomas M. Rose
Arthur B. Butterfield, Ph.D., D.V.M.
Stephen M. Campbell
Richard A. Grossi
Gregory F. Handlir
Daniel Murphy
Ann L. Schwind
Roy A. Davey
Michaelen Fox
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Iris R. Wilson
Janette S. Cooke
Ken Ritchin
Russel LeRcy
Stephen E. Selby
Ken Kargeannes
Joanne Ruhland
Dan Parler
Wayne R. Thomann, Dr.P.H.
Laura Fidler
Jonathan Lippincott
Harley Campbell
Thomas R. Godkins
Cheri Marcham
J. Peter Bentley, Ph.D.
Trent Spradling
Julien F. Biebuyck, M.B., D. Phil.
Michael A. Hindery
David D. Pinter
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Katherine A. Thatcher
Robert Low, Ph.D.
Robert O. Lunn, Ph.D.
John A. Coulter
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L. Melichar
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University of Maryland School of Medicine
  o Guidelines for Managing Research Space

Harvard Medical School
  o 180 Longwood Avenue Building Utilization Study

University of Minnesota
  o Minnesota Facilities Model

Washington University School of Medicine
  o Needs Assessment: Research Space Survey Form
  o The Resource Allocation Model

University of Oklahoma Health Sciences Center
  o Space Evaluation and Planning Models
  o Report on Research Expenditures per NASF Research Space

Oregon Health Sciences University
  o School of Medicine Space Policy

University of Pennsylvania School of Medicine
  o Research Space Utilization Review
University of Texas System
  o Final Report for Space Standards Committee

University of Texas Health Science Center at San Antonio
  o Space Allocation Guidelines for Academic Departments

University of Vermont
  o Model for Determining Utility Cost Allocations
  o Space Management at the College of Medicine

University of Washington Health Sciences Center
  o Task Force to Review and Update Planned Renovation
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