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HDR Issues Lists

UHS/ECU Master Facility Planning Project

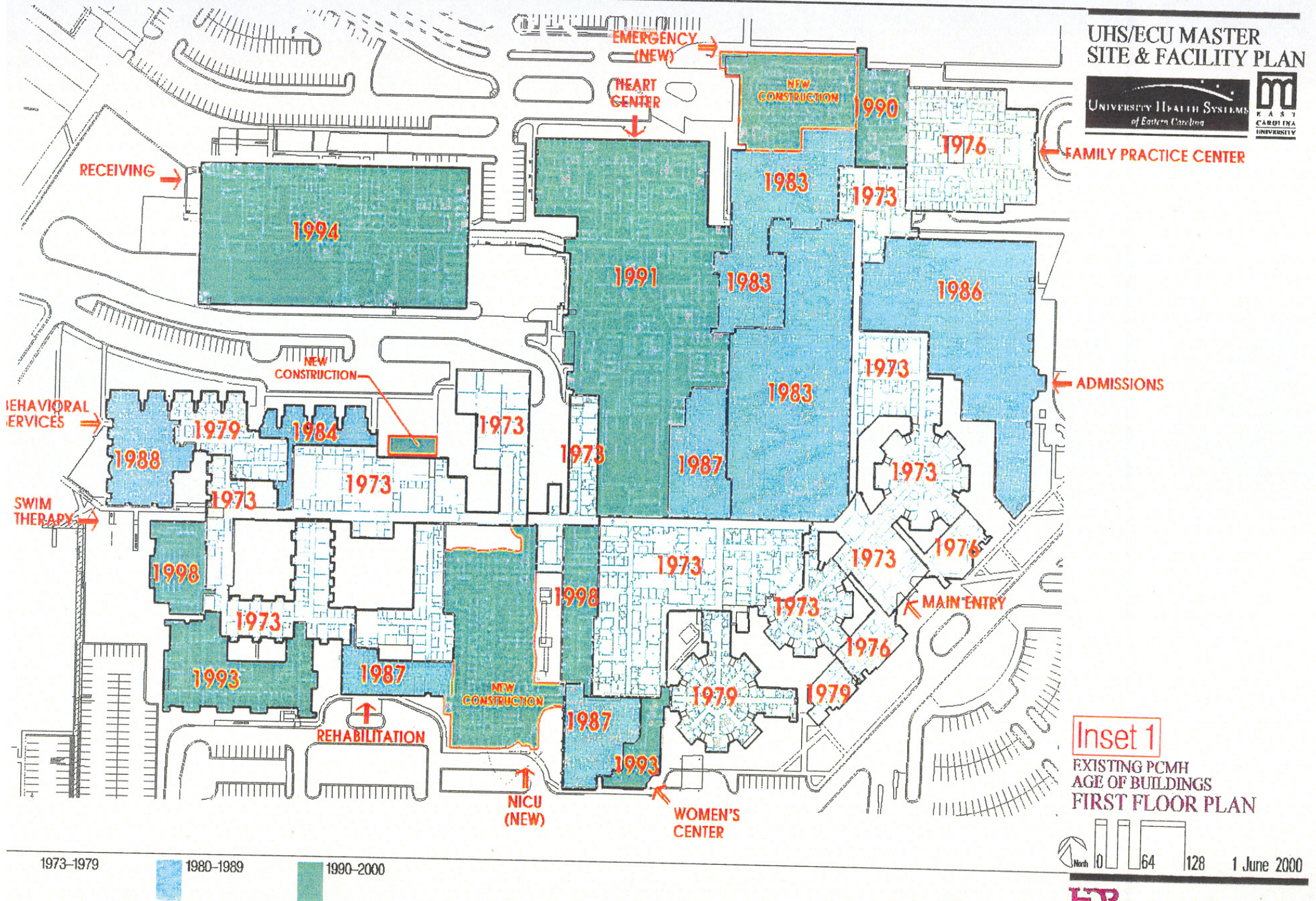
Outstanding Planning Issues – ECU

Notes for the November 9, 1999 CFPT Meeting (Revised 11/23/99 & 1/6/00)

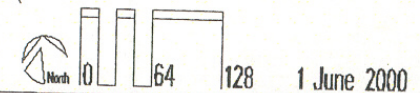
Outstanding Planning Issue	CFPT Discussion	Follow-Up Actions	Projected Resolution Date	Responsible Person
Should research facilities be centralized or dispersed?	There is a need for space for clinical research and clinical trials. Research space should be incorporated into clinical space. Do not disperse from Brody Building.	The following considerations apply: 1) Bench research will need different adjacencies than what Clinical research will need. Once these are known, issues of centralization will become clearer. 2) Distribution of research space will be impacted by the move of AH & N as additional critical mass will generate more research.		Bruce Flye (Sharon Bradley will determine bed need)
How will the three schools share clinical space? Should off-site clinics be located on campus?	All three schools will share clinical spaces. Off-site clinics should not be relocated to campus.			
Will the hospital and school jointly develop practice sites?	The goal is to jointly develop clinic sites, such as a Women's and Children's Center. HDR should identify opportunities for collaboration through the planning process.		Ongoing	Herschel Block
How will school and hospital jointly plan IT? How will technology plans affect facilities?	Future technology plans will not reduce the need for classrooms, study spaces, library, etc. Decision on collaboration needs to be addressed with new IT director.	Review new IT plans when complete and director in place. Steve will meet with Jack Brim and Jeff Huskamp to discuss. Completed 11/23. HDR should consider leading a "group – think" process to investigate possibilities for innovative space.	Ongoing	Herschel Block
Is there a commitment to the original biotechnology plan which includes the potential to add capacity by expanding above the existing two floors?	Commitment to the first two floors only of the original program. If additional scope is planned, evaluate other options to adding floors to the existing building due to complexity of adding floors above on-going operations.			

UHS-PITT COUNTY MEMORIAL HOSPITAL

UHS/ECU MASTER SITE & FACILITY PLAN



Inset 1
EXISTING PCMH
AGE OF BUILDINGS
FIRST FLOOR PLAN



1 June 2000

HR Architecture, Inc.

UHS/ECU Master Faculty Planning Project

Outstanding Planning Issues – ECU

Notes for the November 9, 1999 CFPT Meeting (Revised 11/23/99 & 1/6/00)

Is there a commitment to the "learning village" concept? What amenities should be included? Should it be open to all ECU students?	Yes, there is a commitment. More discussion needs to occur regarding the amenities. Preliminarily, the concept includes residences, dining, and study and active learning spaces. Village should only be open to health campus students.	Frank Salomon suggested addition of recreation and multi-purpose student services space.		
What medical school programs and faculty will be expected to serve the nursing and allied health schools?	There is value in the students maintaining contact with the main campus. First 2 years of study will be on the main campus, with little change in role of SOM. Anatomy may be asked to support nursing.	Preliminary space programming for AH&N provides for adequate faculty to follow that move to the Brody campus.		Bruce Flye
Will learning space for all health schools be integrated?	Some spaces will be integrated, but schools will still maintain their physical identity.	See comments to left.		
What is the projected growth in students for all schools?	HDR should assume SOM growth to 100 students and combined nursing and allied health to 1,600.	Confirmed 11/23.		
What is the expected impact of the AgriMedicine Research Institute on the campus?	If library is affected, recent space needs analyses indicate a need to double existing space; if the scope of the expansion is supported in the Master Plan then there would appear to be adequate space to accommodate AgriMedicine's needs.	HDR to provide ECU with planning standards for libraries.	December	Herschel Block
To what extent will classrooms and other learning space be affected by web based learning initiatives?	Classroom space and other learning spaces will not be impacted. Projected impact will be to complement rather than supplant enrollment growth and hence need for these spaces.			
Does the SOM support the growth of the Drinkwise program as projected?	This question will be referred to the Dean.	Dean confirmed support for program growth.		
Is an MPH and Pharmacy doctorate	MPH program—high likelihood;	See assumptions sheet—MPH		

UHS/ECU Master Facility Planning Project

Outstanding Planning Issues – ECU

Notes for the November 9, 1999 CFPT Meeting (Revised 11/23/99 & 1/6/00)

program a likelihood for the campus? If so does the projected enrollment for the Division of Health Sciences (1,600) includes these impacts?	School of Pharmacy, medium likelihood. MPH program could add 200 students.	enrollment would go on top of 1,600. School of Pharmacy would also add 240 students (60/class) on top of the 1,600.		
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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—UHS

ITEM #	FACILITY IMPLICATION	DOCUMENT SOURCE	STRATEGIC PRIORITY ADDRESSED	OTHER ENTITIES INVOLVED+
1	Rehabilitation subacute services	Strat. Plan for Rehab. Services, '96-'99	Develop rehabilitation subacute services	
2	Neonatal ICU*	Goals & Strategies, Children's Hospital, '97	Complete new neonatal ICU	
3	Expand pediatric behavioral programs	Goals & Strategies, Children's Hospital, '97	Enhance pediatric behavioral health programs	Behavioral Health Services
4	Pediatric renovations	Goals & Strategies, Children's Hospital, '97	Complete renovation of elevator, shell space, Peds Rehab Park	
5	West patient tower for Children's Hospital and Women's Services*	Goals & Strategies, Children's Hospital, '97	Increase general pediatric capacity to 44 short and 50 long term	
6	Pediatric intermediate care area	Goals & Strategies, Children's Hospital, '97	Develop a pediatric intermediate care area	
7	Year round school for hospitalized children	Goals & Strategies, Children's Hospital, '97	Provide year round school and summer enrichment program for hosp. kids	
8	Peds bone marrow transplant availability	Goals & Strategies, Children's Hospital, '97		
9	Explore alternate residency training sites	Goals & Strategies, Children's Hospital, '97		
10	Long range goal to participate in telemedicine	Goals & Strategies, Children's Hospital, '97		

+Potential impact on other entities

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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—UHS

ITEM #	FACILITY IMPLICATION	DOCUMENT SOURCE	STRATEGIC PRIORITY ADDRESSED	OTHER ENTITIES INVOLVED+
11	New facility space to accommodate identified gaps in services	Women's Health Services, Strategic Plan	Develop quality, cost-effective women's svcs.	
12	Renovation of L&D	Women's Health Services, Strategic Plan	Develop quality, cost-effective women's svcs.	
13	Transitional living, subacute care, partial hospitalization for geriatrics, substance abuse, long-term care	Behavioral Health Services—Strategic Plan, 1/97	Identify gaps in behavioral health services/needs of clients	
14	Medical/Psychiatric Unit, Personality Disorders Clinic, Dual Diagnosis Center, Centralized Arbitration and admissions center, head injury follow-up clinic*	Behavioral Health Services—Strategic Plan, 1/97	Identify gaps in behavioral health services/needs of clients	
15	East Carolina Comprehensive Elder Care Campus (ECCECC)	Senior Services of East Carolina—Program Proposal	ECCECC will serve as the focal point for a number of senior services	Behavioral Health, Hospital, Community Health, Rehab
16	EastCare Building to house offices, training, ambulance, hanger, crew's quarters.	Interview with EastCare managers		
17	Develop Urgent care center near Emergency Services	Emergency Services, Strategic Plan, 8/95	Decompress the Emergency Department	
18	Develop after-hours pediatric center	Emergency Services, Strategic Plan, 8/95		Local pediatricians

+Potential impact on other entities

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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—UHS

ITEM #	FACILITY IMPLICATION	DOCUMENT SOURCE	STRATEGIC PRIORITY ADDRESSED	OTHER ENTITIES INVOLVED+
19	a. Renovate or relocate current emergency department* b. Remodel pediatric services c. Helipad near E.D. d. Trauma offices for MD's, coord's, researcher, other staff	a. Emergency Services, Strategic Plan, 8/95 b. Children's Hospital, Goals and Strategies c. Interview with EastCare d. Several interviews	Redesign to improve efficiency	
20	Additional recovery beds, ancillary services, other surgical services and physician offices (Medical Mall)*	SurgiCenter, Strategic Plan, 1996-2001, 9/95		
21	Expand waiting, support, and admin areas	SurgiCenter, Strategic Plan, 1996-2001, 9/95		
22	Legislation possible to allow 72-hour stays facilitating shift from hospital acute care to SurgiCenter	SurgiCenter, Strategic Plan, 1996-2001, 9/95		
23	Develop a national training center	Heart Center, Strategic Plan, 1997-2000	Develop a regional education and training center	
24	Designated oncology inpatient unit	Cancer Center, Strategic Plan	Provide adequate facilities in an environment that enhances growth and improves efficiencies	Hospital services
25	Creative Living Center expansion to Adult Day Care/Day Health Care. (service is not located on PCMH campus)	Senior Services NP/NS – Aug 1998		

+Potential impact on other entities
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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—UHS

ITEM #	FACILITY IMPLICATION	DOCUMENT SOURCE	STRATEGIC PRIORITY ADDRESSED	OTHER ENTITIES INVOLVED+
++26	Consolidate pediatric satellites into one unit with additional beds	Interview with Bradley		
27	Consolidated Trauma unit for all hospitalized trauma patients	Interview with Bradley		
28	Remodel old L&D area to accommodate surgery support needs	Interview with Bradley		
29	Consolidate two MICU's into one unit	Interview with Bradley		
30	Addition of 10 larger, operating rooms at hospital	Interview with Bradley		
31	Comprehensive outpatient center—cluster outpatient functions in one center (on site or off site)	Several interviews		
32	Viquet Center requires additional space for cardiac rehab staff, gym and future growth	Interview with Brimmage		
33	Back-up electricity and water	Several interviews including Greenville Utilities		
34	Hyperbarics—possible space for a 2 chamber program	Interview with Davis		
35	Accommodate robotics in the OR's	Several interviews		

+Potential impact on other entities
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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—UHS

ITEM #	FACILITY IMPLICATION	DOCUMENT SOURCE	STRATEGIC PRIORITY ADDRESSED	OTHER ENTITIES INVOLVED+
36	Consolidate outpatient cancer services in one comprehensive center to include palliative, respite, clinical studies	Several interviews		
37	Adult partial psych hospitalization program	Interview with Raisig		
38	Pediatric short-term evaluation beds	Interview with Raisig		
39	Outpatient and discharge and employee pharmacy	Interview with Roberson		
40	72 hour stay center for short term patients	Interview with Ross		
41	Decentralized pharmacy requires additional space in E.D., Medical Pavilion, Brody Building, HIV and Lipid Clinics	Interview with Stallings, Rackley		
42	Cardiovascular (Vascular) Center to house all peripheral vascular services and beds, OR's	Interview with Evans, Chitwood		
43	Burn Clinic	Interview with Dutton, Czaplijski		School of Medicine
44	Additional rehab space for ADL modalities, gym/multipurpose room, various functions	Interview with Bennett, Dixon		

+Potential impact on other entities
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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—UHS

ITEM #	FACILITY IMPLICATION	DOCUMENT SOURCE	STRATEGIC PRIORITY ADDRESSED	OTHER ENTITIES INVOLVED+
45	Occupational Medicine Center	Interview with Bryant		
46	Sports Medicine Center	Interview with Bryant		
47	Obesity Clinic	Interview with Bryant		
48	Consolidate patient support functions (CISO, social work, care management, etc.) into a single facility 70 staff	Interviews with Young, Carter		
49	Expand and relocate coffee shop	Interview with Wallace		
50	New Chapel center	Several interviews		
51	Phased in Bed Allocation Plan to increase med/surg capacity	Document from Bradley		
52	Space needed for Community Care Plan staff	Interview with Wilson		Physicians
53†	Potential reduction in service volumes due to geographic redistribution of workload to local UHS affiliates may impact space requirements and staffing	UMC Five Year Strategic Plan, 12/96	Section III. Framing Strategic Planning-Regional Vision, page 25. "Location of services needs to be based on population and community need."	All PCMH-based services

+Potential impact on other entities
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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—UHS

ITEM #	FACILITY IMPLICATION	DOCUMENT SOURCE	STRATEGIC PRIORITY ADDRESSED	OTHER ENTITIES INVOLVED+
54	Consolidation of facility infrastructure, medical technology, and equipment may drive greater concentration of service and influence the master plan level solutions.	UMC Five Year Strategic Plan, 12/96	Section III. Framing Strategic Planning-Regional Vision, page 25. "UMC strives to avoid duplication in infrastructure and investments in medical technology and equipment."	All PCMH-based services
55	Scope of facilities dedicated to the UHS-Greenville campus.	UMC Five Year Strategic Plan, 12/96	Section III. Framing Strategic Planning-Regional Vision, page 25. "UMC will leverage the strength of the Medical School, University, and clinical delivery system to build a premier health services outcomes research program."	

†Items 53-55 indicate undefined concepts from the Core Facility Planning Team

*Budgeted in 1999-2000 per PCMH Campus Target Construction Schedule or UHS Proposed Budget 1999-2000

+Potential impact on other entities

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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—UHS

Additional Facility Implications from Other Documents

Items listed below were budgeted per PCMH Campus Target Construction Schedule or UHS Proposed Budget 1999-2000, but not directly referenced in Planning Documents reviewed above:

- | | |
|------------------------------|---|
| 1. Trailer Relocation | 11. ASU |
| 2. Wellness Center | 12. Vacated L&D Space |
| 3. HDU/Biomed Addition | 13. Progressive Care |
| 4. HDU Water Treatment | 14. 1 West |
| 5. GI Renovation | 15. GLC/CBO 2 nd Floor |
| 6. Bronch Lab Renovation | 16. Central Plant Addition |
| 7. MRI Replacement | 17. Health Information Management Refurbishment |
| 8. Financial Office Building | 18. Cath Lab Renovation |
| 9. Rehab Lobby Renovation | |
| 10. ADA Renovations | |

+Potential impact on other entities
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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—UHS

List of UHS Strategic Planning Documents Reviewed by HDR Consulting

- Behavioral Health Services, Strategic Plan, 1/97
- Cancer Center, Strategic Plan, 1995
- Children's Hospital, Goals and Strategies, 8/22/97
- Community Health Programs, Strategic Plan, 1997-2000
- Emergency Services, Strategic Plan, 8/95
- HealthEast, Strategic Plan
- HealthEast, Strategic Recruitment Plan
- HealthQuest, Strategic Plan, 1999/2000
- Heart Center, Strategic Plan, 1997-2000
- Information Technology, Strategic Plan Update, 1/99
- PCMH Campus Target Construction Schedules, 1999-2000
- PCMH, Goals/Strategies, 1999-2000
- PCMH, JCAHO Plan for Improvement, 1/97
- Rehabilitation Services, Strategic Plan 1996-1999
- Senior Services, Business Plan, 7/98
- SurgiCenter, Strategic Plan 1996-2001, 9/95
- Transportation, Strategic Plan, 1/98
- Trauma Services, Executive Summary, 7/99
- UHS, Proposed Budget, 1999-2000
- UMC, Five Year Strategic Plan, 12/96
- Women's Health Services, Strategic Plan

+Potential impact on other entities

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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—UHS

Additional Comments from the UHS Interviews-*October 12-15, 1999*

- Old tower's nursing units lack sufficient clinical, support, storage and teaching space
- Emergency department plans need to be reconsidered to accommodate greater number patients, particularly trauma; rethink urgent care track; and separate peds and adults
- Expansion should not enclose mission critical areas, e.g. OR's, cath labs, ICU's, etc.
- Decentralize infrastructure (plant services)
- Rightsize the patient elevators
- Improve parking and access
- Increase lobby and waiting area spaces
- If additional hospitals are brought into system, IS will need to expand Data Center and build a new storage facility for tape/disk backups.
- Increase patient rooms sizes and make more flexible
- Home Medical equipment will soon outgrow leased storage space
- HealthEast will require additional space with expected future growth.
- All UHS system support and administrative functions should be located out of hospital in a consolidated building
- Do we build new bed towers or remodel?

+Potential impact on other entities

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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—UHS

- Facility plan needs to address storage and disposition of hazardous waste
- What clinical services can be moved off campus?
- What support services can be moved off campus?
- Greenville Utilities suggests construction of an elevated water tower on a 2/3 acre site on campus
- Increase the number of private rooms
- There is no space currently within the radiology department to install a needed third CT
- Pre-admission testing, scheduling, education and preparation should be consolidated in one location
- When Family Practice moves to corner of Emergency Drive and Service Road, vacated center can be used for expansion of cancer center
- Where should urgent care be located? Off-campus? On-campus? Adjacent to E.D.?
- Should all outpatient surgery be consolidated within one facility?
- C-section rooms could be used for GYN surgeries to relieve main OR's
- Locate women's high risk unit in 1 West
- Medical/surgical nursing units do not appear to enjoy the same planning priority as centers of emphasis; med/surg areas should have their own planning goals and initiatives

+Potential impact on other entities

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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—ECU

ITEM #	FACILITY IMPLICATION	DOCUMENT SOURCE	STRATEGIC PRIORITY ADDRESSED	OTHER ENTITIES INVOLVED*
1	New facility for the School of Allied Health Sciences	Rev'd '95-'20 Strat. Plan - Allied Health Sciences	9.E.1. Ensure facilities are consumer oriented, etc.	School of Nursing, Medicine, Health Sciences Library
2	New facility for the School of Nursing	Rev'd '95-'20 Strat. Plan - School of Nursing	9.E.1. Ensure facilities are consumer oriented, etc	Medicine, Allied Health Sciences, Health Sciences Library
3	Expand facilities to address future needs: telemedicine programs, data management, information systems, administration, multi-media, photography	Rev'd '95-'20 Strat. Plan - School of Medicine Interview with Kummer	9.E.1.0.1 Address future needs, especially surgery, family practice, and University Medical Associates	Allied Health Sciences, School of Nursing, Health Sciences Library
4	Family medicine clinical facility on campus	Rev'd '95-'20 Strat. Plan - School of Medicine	9.E.1.1.1. New family medicine clinical facility	
5	Expand and renovate Pediatric Outpatient Center	Rev'd '95-'20 Strat. Plan - School of Medicine	9.E.1.0.1. Expand and renovate the Pediatric Outpatient Center	Biotechnology Center
6	Expand Health Science Library	Board of Trustees, Health Science Committee, Minutes of 4/99 meeting	8.B.0.1 Develop plans for expansion of the Health Sciences Library so the facility is adaptable to new electronic technologies	School of Medicine, School of Nursing, Allied Health Sciences

*Potential impact on other entities
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UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—ECU

ITEM #	FACILITY IMPLICATION	DOCUMENT SOURCE	STRATEGIC PRIORITY ADDRESSED	OTHER ENTITIES INVOLVED*
7	School of Pharmacy. Feasibility study complete after October 1, 1999.	Board of Trustees, Health Science Committee, Minutes of 4/99 meeting		School of Medicine, School of Nursing, Allied Health Sciences
8	Additional classroom, study and faculty space. A separate facility from Allied Health and Nursing facilities.	Board of Trustees, Health Science Committee, Minutes of 4/99 meeting		School of Medicine, School of Nursing, Allied Health Sciences
9	Additional clinical facilities on campus—other satellites. Issue also relates to centralization versus decentralization of these facilities.	Board of Trustees, Health Science Committee, Minutes of 4/99 meeting		School of Medicine, School of Nursing, Allied Health Sciences
10	Facilities for a) Center for Diabetes b) Clinical Skills Assessment C) Support Services and D) Clinical Trials space of approximately 10,000 sq. ft. These four elements do not necessarily occur in the same facility, and they will include skills labs, exam rooms, conference rooms and offices.	Ten Year Capital Plan, 2/99 Several interviews		Part of future education building for PA and NP training
11	+Additional 1,128 parking spaces on Health Affairs campus	Ten Year Capital Plan, 2/99		
12	+ Construct housing, dining and student services facilities on Health Sciences campus. Potentially combined in a "learning village".	Ten Year Capital Plan, 2/99		

UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—ECU

13	+Advisory space: advisory rooms, advisory resource center, career development center	Interview with Emmerling		School of Medicine, School of Nursing, Allied Health Sciences
14	Drinkwise Program space	Interview with Wooles		Clinical spaces

ITEM #	FACILITY IMPLICATION	DOCUMENT SOURCE	STRATEGIC PRIORITY ADDRESSED	OTHER ENTITIES INVOLVED*
15	Center for Fluency Disorders; speech pathology clinic	Interview with Jones		School of Medicine, School of Nursing

+ Program element of the “learning village/collaborative community” concept of campus development

List of ECU Strategic Planning Documents Reviewed by HDR Consulting

- Board of Trustees, Health Science Committee, Minutes of 4/99 Meeting
- Division of Health Sciences, Strategic Plan, 1995-2000
- School of Allied Health Sciences, Revised 1995-2000 Strategic Plan
- School of Medicine, Revised 1995-2000 Strategic Plan
- School of Nursing, Revised 1995-2000 Strategic Plan
- Ten Year Capital Plan for East Carolina University, 2/24/99
- University Directions, 1995-2000

UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—ECU

Key Comments from the ECU Subcommittee of the UHS/ECU Master Planning Steering Committee's Review of the Facility Implications of ECU Strategic Plans-*September 28, 1999*

- Potential New Facilities for the School of Medicine in response to an increase in class size may also need to be considered as part of the master site and facility planning process.
- The Biotechnology and Pediatric Outpatient Centers may need to be expanded and renovated. The Biotechnology Center may need to expand into the space originally constructed for it now occupied by the Pediatric Outpatient Center. The Pediatric Outpatient Center may be relocated to a facility containing other clinical services.
- Expansion of Division of Health Sciences facilities also need to address the following program areas: Telemedicine, Data Management, Administration, and Information Systems.
- New Research Building. One scenario envisioned by the Committee has all existing research activities now occurring within the Brody Building to relocate to the new Research Building. Additional space within the Brody Building would be available to accommodate larger class sizes with Brody's main functional use as an academic facility. (See comments below from October for an alternative scenario).

Additional Comments from the ECU Interviews-*October 12-15, 1999*

- New study and learning facilities need to include power and network connections for laptops
- Additional research space is needed, but not in one consolidated building other than Brody. As distinctions are made between basic sciences (bench) research and clinical research, appropriate adjacencies will emerge. (See comments from September for an alternative scenario).
- Additional faculty space needed in Microbiology/Immunology

UHS / ECU MASTER PLANNING PROCESS

FACILITY IMPLICATIONS OF STRATEGIC PLANS—ECU

- Library envisioned as a part of the “learning village” with certain sections accessible 24/7.
- ADA requirements need to be addressed with new space
- Internal and external signage needs to be addressed
- Access and transportation on and to campus need to be addressed
- All new space needs to be interdisciplinary and flexible for future growth/changes
- Admissions needs interview rooms
- Old county hospital building could be available to new Health Campus, if needed
- Corridor between campuses could be improved
- How could private enterprise be involved in learning village amenities?
- Allergy and Infectious Diseases are rapidly growing specialties requiring more space in the future
- Hospital and university should explore avenues to collaborate with private MD’s on some facilities
- Note: the following issues are pending strategic questions within Health Sciences. It is anticipated that this planning process will investigate alternative approaches and help facilitate resolution:
 1. Should clinical (outpatient facilities) be centralized or de-centralized?
 2. How should research space be distributed and organized? What options are suggested?
 3. What are the physical implications of expanding medical school class sizes to 100 students?
 4. Should outpatient services be relocated from the Brody Building, making that space available for academic uses?

Possible Areas for Collaboration between UHS, ECUSOM, and Private Community Physicians Relative to the Master Facility Planning Process as of 12/99

- Access, parking and wayfinding
- Shared space for telemedicine
- Clinical teaching space on the patient floors
- Pediatric outpatient clinic
- Comprehensive outpatient delivery concept
- Additional back-up electricity and water capacity
- Consolidation of cancer services
- Shared space for additional women's and children's services
- After hours pediatric center
- Consolidated outpatient mental health services and day programs
- Cardiovascular Center
- Burn Clinic
- Occupational Medicine Center
- Sports Medicine Center
- Obesity Clinic
- Common patient information platform
- Geriatric health services
- Center for Diabetes
- Dining services
- Clinical research beds
- Library space