East Carolina University

Comprehensive Facilities Master Plan

SMITHGROUP | JJR

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ISES

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Discussion Topics:

- Opening Remarks
- Overarching Principles for Health Sciences Campus
  - High Level Strategic Questions
- Project Approach, Process, and Work Steps
- Strategic Operating Principles
- Summary & Next Steps
- Q&A Open Discussion

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Chancellor Ballard's Overarching Guiding Principles for the Master Plan:

- Comprehensive Plan
- Protect Academic Core (will preserve history but not necessarily protect every sacred cow)
- Plan Will be Flexible and Amendable
- Aggressively Pursue Statewide Bond Issuance
- Sustainable and Energy Efficient
- Priorities Must be Clear (i.e., "not all things to all people")
- Plan Will Align with Long-term Financial Plan
- Plan will be Open and Transparent

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Overarching Strategic Questions for Health Sciences Campus:

- Future models for health science education (i.e., interdisciplinary care curriculum)?
- Campus vs. satellite ambulatory sites?
- Student services for West Campus (i.e., activity center, food services, student health)?
- New colleges and programs (i.e., public health, pharmacy, others?)
- Role of UHS/Pitt County Memorial Hospital in medical and other professional education?
- What decisions have been made and are unable to be altered?
- What is the future direction for policies around leased space?

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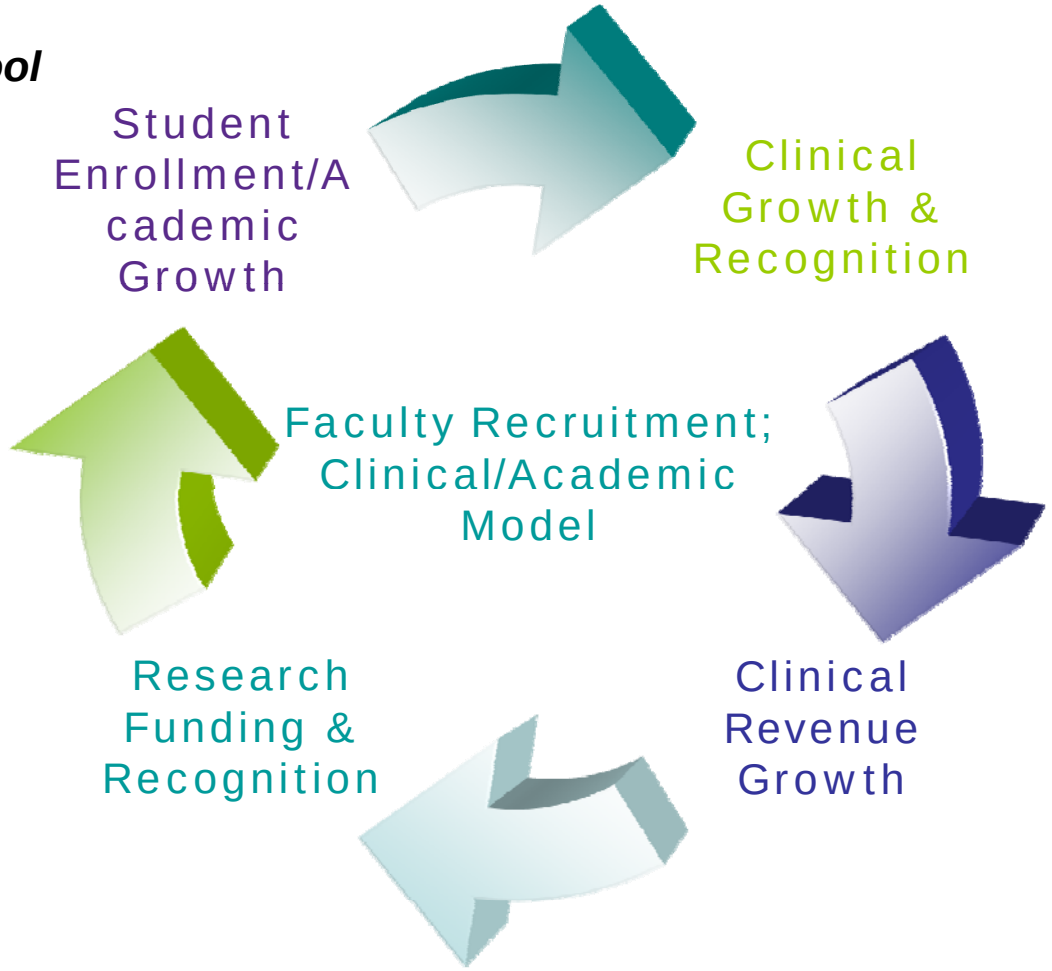
Faculty Recruitment and the Clinical/Academic Model Enable All Missions:

Three-fold mission for the ECU School of Medicine:

1. To increase the supply of primary care physicians to serve the state,
2. to improve health status of citizens in eastern North Carolina,
3. and to enhance the access of minority and disadvantaged students to a medical education.



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Preliminary Interview Themes: (To be inserted 4/23 pm)

Visioning

- E.g., Health Sciences Campus, should be a distinct, self supportive campus while maintaining connectivity to overall ECU mission and vision.

Overall Health Sciences Campus

- E.g., Campus should have infrastructure and support systems (public safety, bookstores, student/faculty activities center, central dining, etc.).

Physician Recruitment

- E.g., Will increase BSOM enrollment by 40 students/year and recruit adequate faculty to maintain student/faculty ratio at current 1:1 (per current AAMC rankings).

Practice Locations and Physical Space

- E.g., ECU Physicians will seek to limit leasing of office and practice space with goal of ownership of facilities in mind.

KSA's Project Approach, Process and Work Steps

Health Sciences Campus – Roles and Support:

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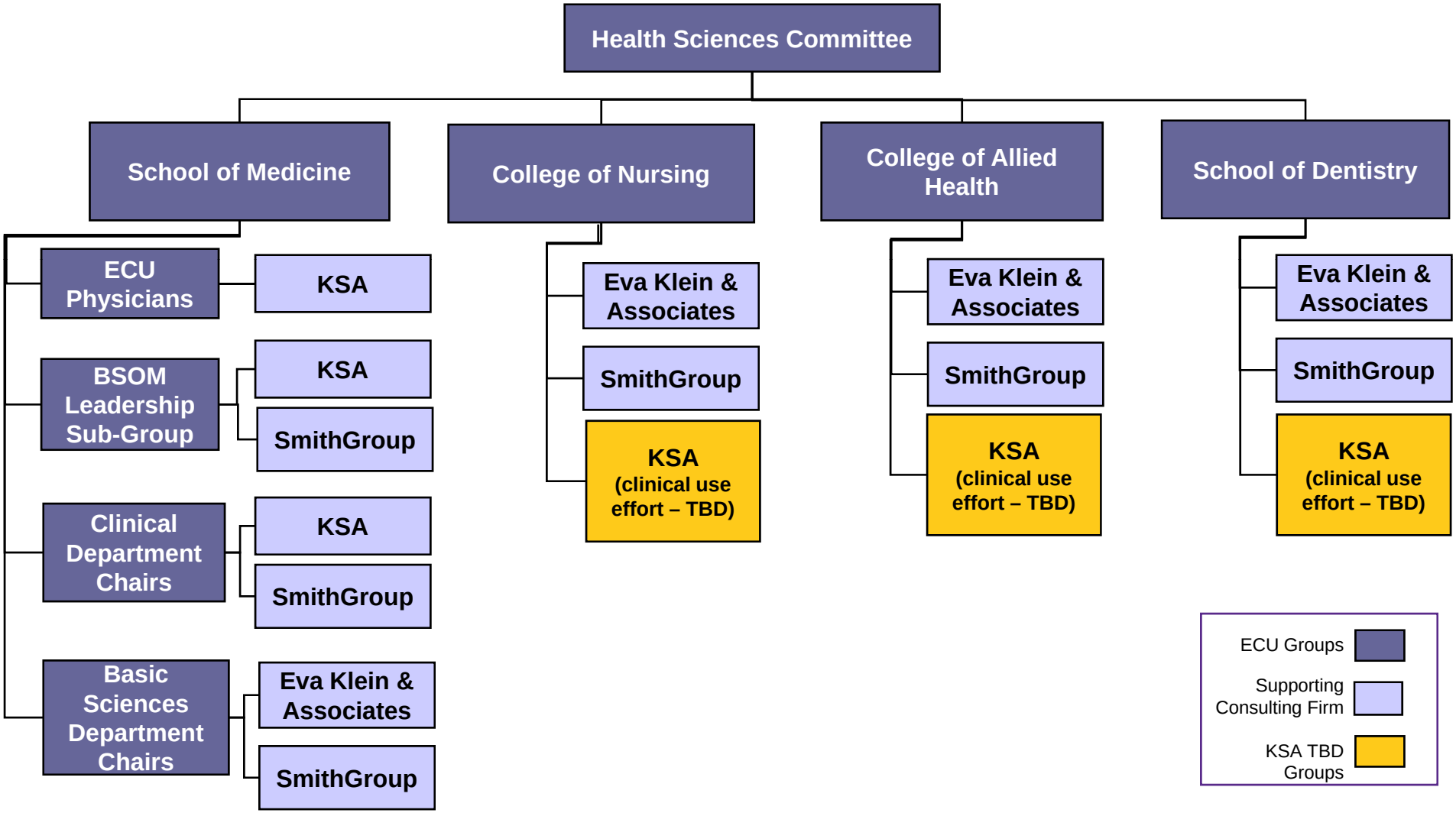

Planning Process and Objectives:

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Task 1	Task 2	Task 3	Integrate/Complete

Organize and Initiate Project

- Finalize project work plan
- Tour critical ambulatory clinic/practice sites
- Review project objectives
- Schedule key meetings and deliverables
- Submit data request
- Identify and schedule interviewees
- Conduct Interviews

Visioning

- Share Interview Feedback
- Understand strategic direction and priorities
- Determine optimal campus consolidation vision and effect on current physician practice locations

Forecasting & Need Projections

- Review ECU faculty complement and growth expectations
- Develop 10-year visit and ancillary service demand forecast by specialty and clinical practice locations

Operating Principles and Capacity Requirements

- Create operating principles around utilization, throughput and patient flow
- Develop capacity requirements for clinical and ancillary space from need projections and operating principles
- Determine potential solutions around best use of sites, expansion, and distribution

Approval and Finalization of Faculty Ambulatory Space Plan

- Prepare final recommendations and report
- Integrate final report with Comprehensive Facilities Master Plan

April	May	June	July	August

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Project Work Steps for Clinical Space Planning for the BSOM Faculty:

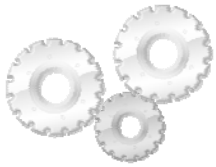
- Though not entirely comprehensive of all the detailed steps, the component piece of ECU's Comprehensive Facilities Master Plan for the BSOM faculty's clinical space on the Health Science Center campus has the following process steps towards a deliverable below…

STEP 1: Prepare Data Request & Scheduling Meetings/Interviews

STEP 2: Analyze Market Data, Clinical Program Faculty Growth Plans

STEP 3: Conduct Interviews and Integrate Results and Data into Visioning

STEP 4: Confirm Faculty Projections by Dept., Division, & Specialty



STEP 5: Project Future Demand (Market-based & Clinical FTE Growth based)

STEP 6: Translate Future Demand Into Utilization-based Space Needs

STEP 7: Space Requirements' Gap Analysis & Initial Recommendations

STEP 8: Final Recommendations, Optimal Campus and Site Scenarios

The Deliverable:

- An ECU Physicians/BSOM-approved vision and final report containing an Comprehensive Master Plan integration recommendations for meeting a 10-year projection of physician needs, clinical visit demand and resultant physical need requirements for all ambulatory clinic and practice spaces.

Projection Templates:

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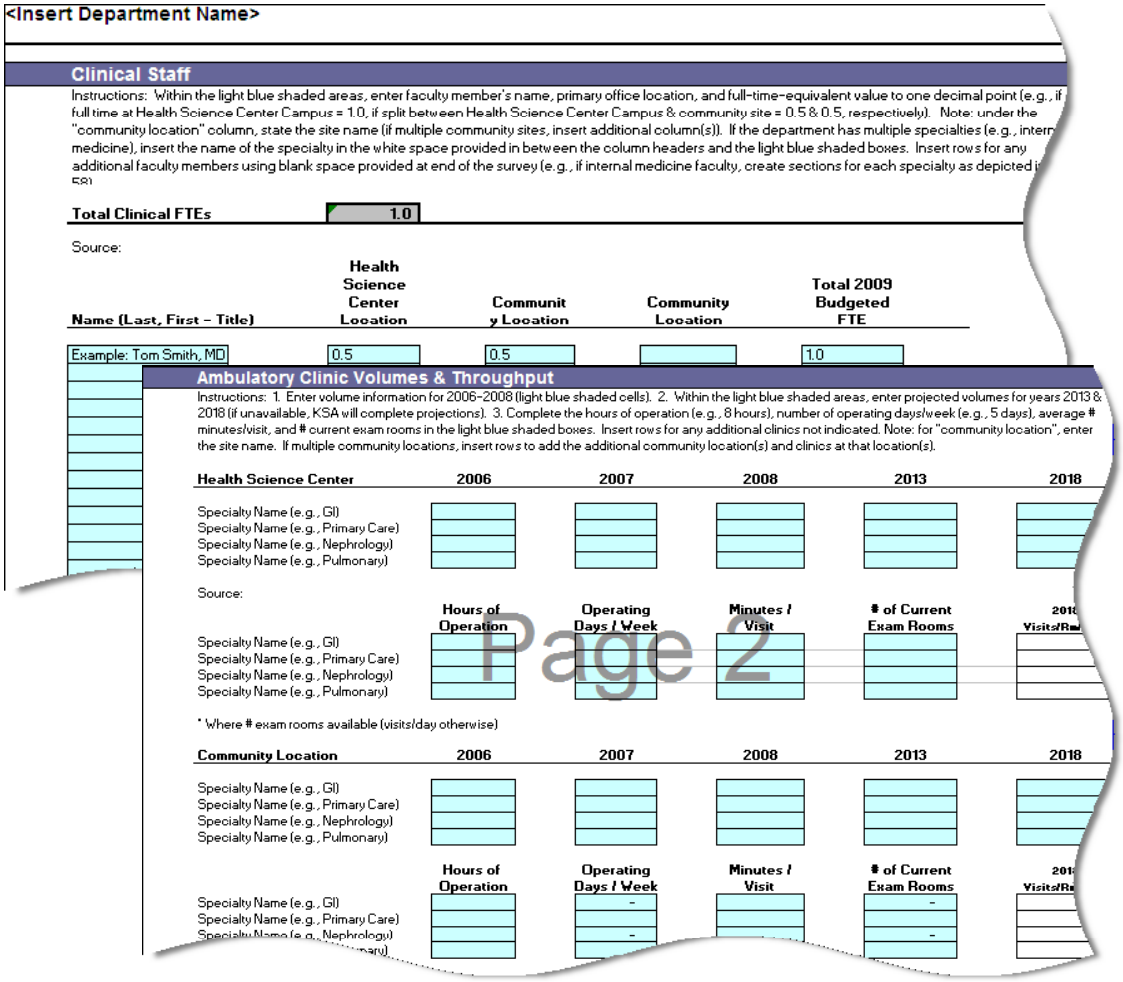

<Insert Department Name>

Clinical Staff

Instructions: Within the light blue shaded areas, enter faculty member's name, primary office location, and full-time-equivalent value to one decimal point (e.g., if full time at Health Science Center Campus = 1.0, if split between Health Science Center Campus & community site = 0.5 & 0.5, respectively). Note: under the "community location" column, state the site name (if multiple community sites, insert additional column(s)). If the department has multiple specialties (e.g., intern medicine), insert the name of the specialty in the white space provided in between the column headers and the light blue shaded boxes. Insert rows for any additional faculty members using blank space provided at end of the survey (e.g., if internal medicine faculty, create sections for each specialty as depicted i

Total Clinical FTEs 1.0

Source:

Name (Last, First – Title)	Health Science Center Location	Community Location	Community Location	Total 2009 Budgeted FTE
Example: Tom Smith, MD	0.5	0.5		1.0

Ambulatory Clinic Volumes & Throughput

Instructions: 1. Enter volume information for 2006-2008 (light blue shaded cells). 2. Within the light blue shaded areas, enter projected volumes for years 2013 & 2018 (if unavailable, KSA will complete projections). 3. Complete the hours of operation (e.g., 8 hours), number of operating days/week (e.g., 5 days), average # minutes/visit, and # current exam rooms in the light blue shaded boxes. Insert rows for any additional clinics not indicated. Note: for "community location", enter the site name. If multiple community locations, insert rows to add the additional community location(s) and clinics at that location(s).

Health Science Center	2006	2007	2008	2013	2018
Specialty Name (e.g., GI)					
Specialty Name (e.g., Primary Care)					
Specialty Name (e.g., Nephrology)					
Specialty Name (e.g., Pulmonary)					

Source:

	Hours of Operation	Operating Days / Week	Minutes / Visit	# of Current Exam Rooms	201 Visits/Ro
Specialty Name (e.g., GI)					
Specialty Name (e.g., Primary Care)					
Specialty Name (e.g., Nephrology)					
Specialty Name (e.g., Pulmonary)					

* Where # exam rooms available (visits/day otherwise)

Community Location	2006	2007	2008	2013	2018
Specialty Name (e.g., GI)					
Specialty Name (e.g., Primary Care)					
Specialty Name (e.g., Nephrology)					
Specialty Name (e.g., Pulmonary)					

	Hours of Operation	Operating Days / Week	Minutes / Visit	# of Current Exam Rooms	201 Visits/Ro
Specialty Name (e.g., GI)		-		-	
Specialty Name (e.g., Primary Care)					
Specialty Name (e.g., Nephrology)		-		-	
Specialty Name (e.g., Pulmonary)					

- Projection templates allow for discussion of volume components of each clinical department and program.
  - Volume projections (and alterations)
  - Recruitment plans
  - Impacts to ancillary diagnostic and treatment volumes (as applicable)
  - Distribution among physical sites and locations
- Projection templates to be reviewed and approved by physician and administrative leadership.
- Results will be translated into room need and inserted into the future space programs.

Strategic Operating Principles

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Strategic Goals of the ECU Physicians Strategic Plan (October, 2008):

1. **Patients - Create a family and patient-centric practice and learning environment.**
2. **People - Attract, develop, and retain an outstanding and diverse clinical staff.**
3. **Programs - Build programs based on our core strengths.**
4. **Practice - Develop the practice to achieve dominance in the market.**
5. **Create a family and patient-centric practice and learning environment.**
   a. Optimize the environment of care
   b. Optimize patient access and flow
   c. Achieve excellence in both service and education
   d. Develop premier programs to improve quality

6. **Attract, develop, and retain an outstanding and diverse clinical staff.**
   a. Maintain effective and competitive compensation
   b. Become the work environment of choice for health care professionals
   c. Synchronize recruitment with strategic development and refine recruitment capabilities

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Strategic Goals of the ECU Physicians Strategic Plan (October, 2008):

7. **Build programs based on our core strengths**
   a. Systematically evaluate existing programs and build new programs
   b. Develop a “smart medical home” model integrating primary care, preventive medicine, and disease management
   c. Advance the agenda of multi-disciplinary disease based initiatives
   d. Add key subspecialty services and diversify the service mix
   e. Strengthen and expand ancillary services

8. **Develop the practice to achieve dominance in the market**
   a. Sustain an effective governance and management process
   b. Develop a cohesive multidisciplinary regional services approach and expand geographical presence
   c. Recapitalize and realign our patient care facilities and achieve operational efficiency
   d. Enhance existing business relationships and develop new relationships
   e. Strengthen our brand and communicate our successes

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Sample: Key Operating Principles for Transformation

- Streamlined Access - Integrate, coordinate and standardize patient access processes to create a seamless, streamlined experience for patients and families.
- Patient Focused Processes- Minimize patient movement and transportation across campus buildings and sites.
- Health Destination - Create an environment that patients, families, faculty, staff and the community will seek for activities, education and amenities that promote a healthy lifestyle.
- Interdisciplinary Care - Organize space for interdisciplinary clinical practice, integrating teaching and translational research with sufficient work, meeting and interaction space for practitioners, researchers and learners.
- Operationally Achievable - Develop physical connections and effective transport solutions for all future expansion, supported by both capital and operating cost analysis.
- Flexible Space - Create flexible, adaptable facilities and processes that will accommodate future technologies and practices, integrate education and clinical research, achieve strong performance against appropriate industry benchmarks, and maximize utilization of space and equipment, including shared and rotational use by programs as needed.
- Efficient Space - Locate permanent offices for faculty and related academic support staff adjacent to, but not imbedded in, the clinical environment to maximize clinical efficiency.
- Academic Synergy - Recognizing that within our medical school environment, we will look for every opportunity to advance, and benefit from, ongoing educational and research activities in ways that synergize with and improve clinical care delivery.

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ECU – Key Operating Principles for Transformation:

Visioning

- What is the vision for providing clinical work going forward, including patient access through the continuum of care? What are the gaps in achieving future plans?
- What are the top three to five overarching goals to be achieved over the next decade? What will advance this vision and what will pose as barriers to achieving this vision?
- What is the vision for technology going forward?

Faculty Recruitment

- What are long-term estimates for recruitment?
- What are the short-term faculty recruitment targets?
  - General development?
  - Sub-specialty development?

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ECU – Key Operating Principles for Transformation:

Physical Space

- How does space needs tie into the vision for providing clinical work?
- Will each physician have dedicated clinical space, will clinical space be shared, or will there be a combination of both? What is the policy for determining clinical space allocations?
- Will clinical faculty have office space that is separate/set apart from the clinical space?
- Organization of practice space (e.g., Centralized vs. Decentralized, On-campus vs. Off-campus, Lease vs. Ownership)?
- How much interaction do you need/desire with colleagues from within the BSOM and from other schools?

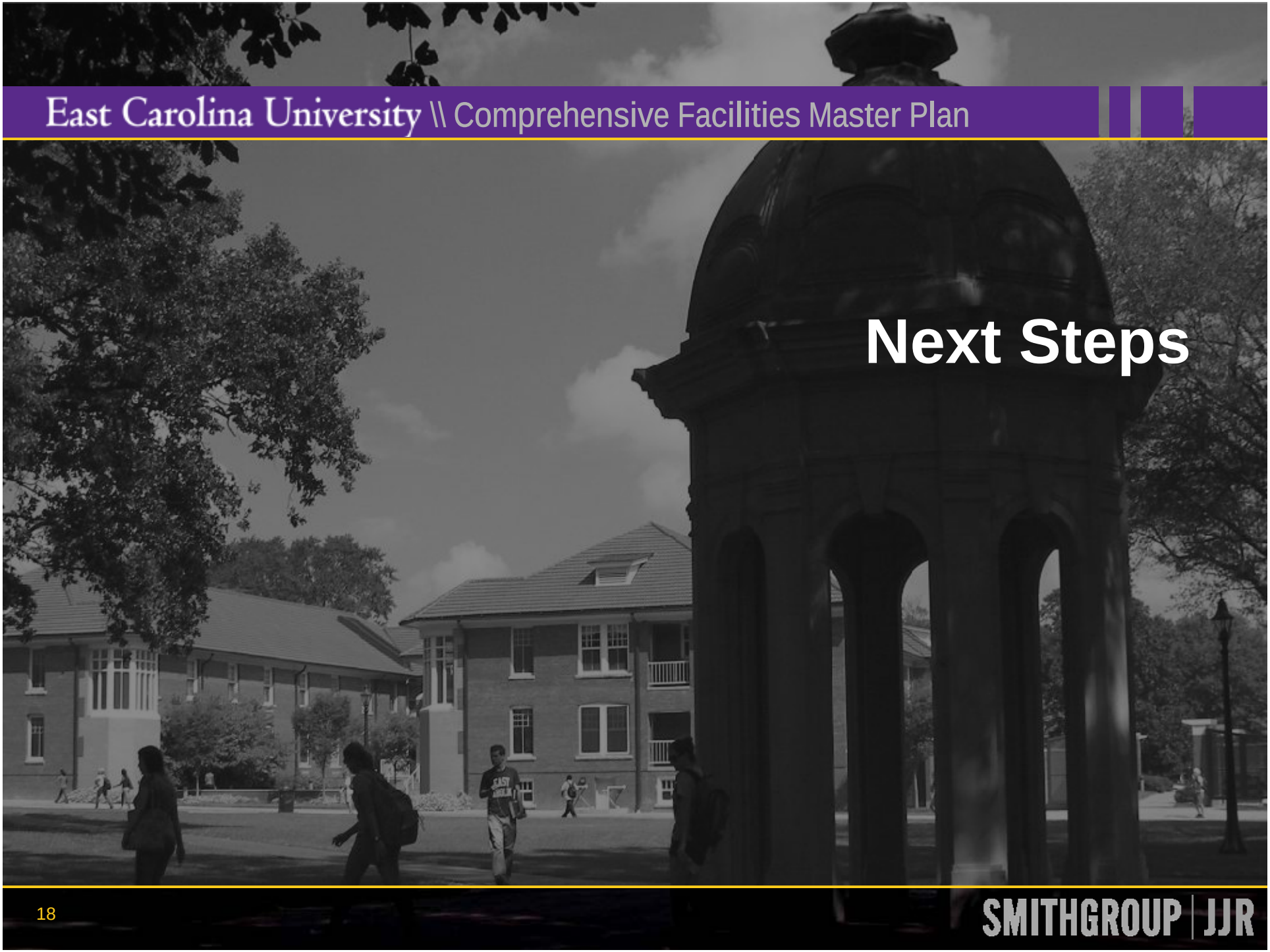
Overall Health Sciences Campus

- Discuss your opinion about how well the BSOM and its faculty do or should coordinate growth plans with that of the City, Pitt Memorial, etc.

Slide 17

FLB3 Do we need to add a high level question re: how the other tenets of the school's mission will be addressed in terms of space (e.g., will education and research components be part of care delivery, and thus space needed in the clinics)? - I know we are not focusing on education/research, but if they adopt an interdisc model of care, they would need space in the clinics for these pieces - and we would care only to the point that it may potentially take up exam rm space...

Frances Beard, 4/20/2009



Next Steps

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Next Steps – April/May:

- Schedule meeting dates for BSOM leadership work group
- Conduct additional interviews (as necessary)
- Complete collection of data request elements
- Establish operating/guiding principles for delivery of clinical care by BSOM faculty
- Forecast physician recruitment and growth targets for five and ten-year horizon
- Conduct market assessment and forecast visit demand
- Others?

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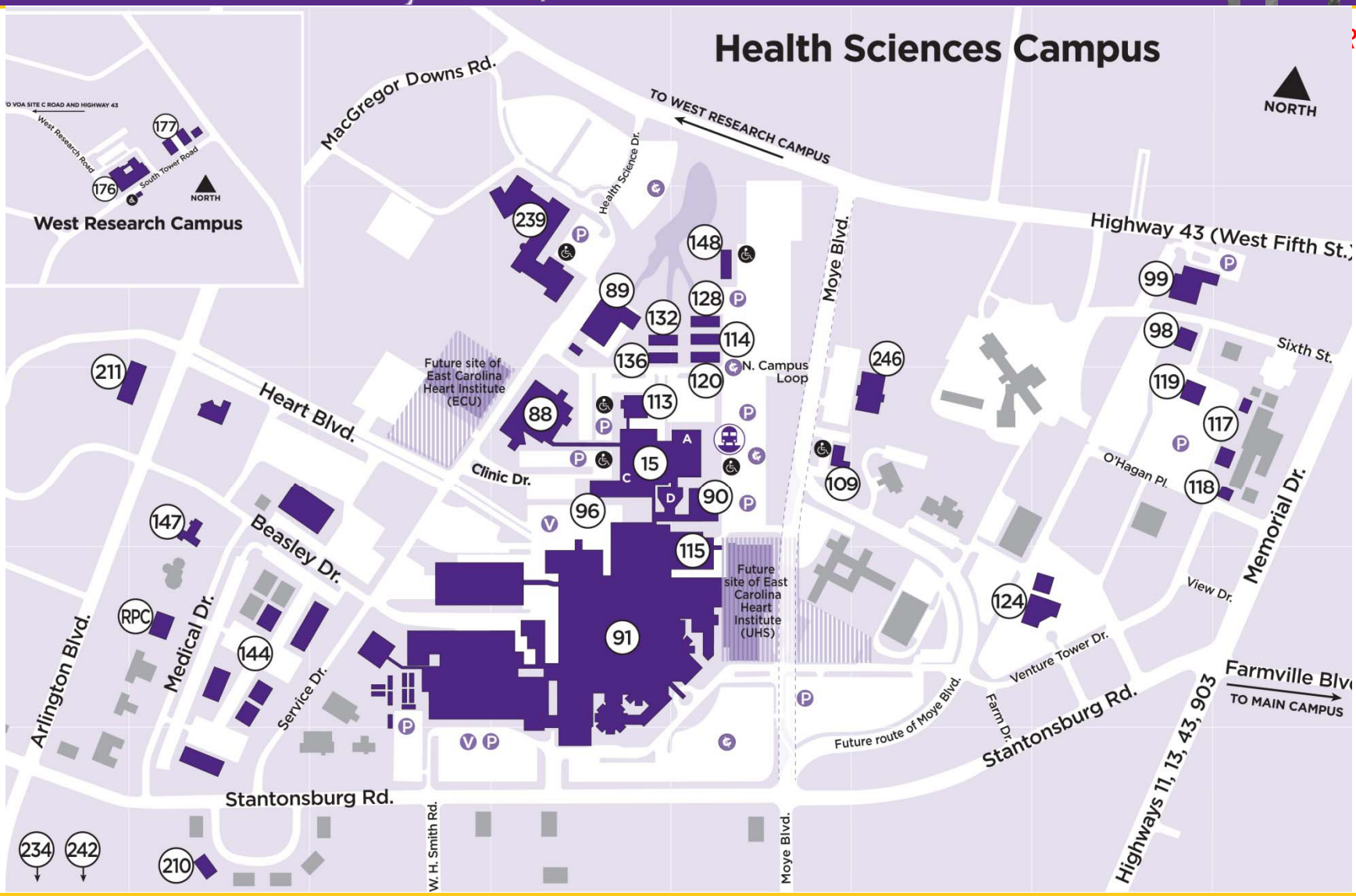
Interviews Conducted Week of 4/20/09:

- Kenneth Steinweg, MD; Professor and Interim Chair, Family Medicine
- Ronald Perkin, MD; Professor and Chair, Pediatrics
- Michael Rotondo, MD; Professor and Chair, Surgery
- Peter Kragel, MD; Professor and Chair, Pathology and Laboratory Medicine
- William Bagnell; Associate Vice Chancellor for Campus Operations
- Edward Newton, MD; Professor and Chair, Obstetrics and Gynecology
- Theodore Delbridge, MD; Professor and Chair, Emergency Medicine
- Daniel Moore, MD; Professor and Chair, Physical Medicine and Rehabilitation
- Jim Naves, CMD; Clinical Assistant Professor, Radiation Oncology
- Rick Yakubowski; Department Administrator, Radiation Oncology
- Paul Bolin, MD; Professor and Interim Chair, Internal Medicine
- Gary Vanderpool, MPH; Executive Associate Vice Chancellor for Health Sciences
- Kathy Barger; Chief Systems Development and Growth Officer, PCMH
- Sy Saeed, MD; Professor and Chair, Psychiatric Medicine
- Steve Lawler, FACHE; President, PCMH
- Jolene Jernigan; Director, Student Health Services
- Ernest Larkin, MD; Assistant Dean for Operations
- Carolyn Erwin; Administrator, ECU Physicians
- Martha Dartt; Director of Nursing Services for ECU Physicians
- Lorrie Basnight, MD; Associate Dean for Graduate Medical Education

Q&A Open Discussion

Appendix Support Slides


Health Sciences Campus
NORTH
MacGregor Downs Rd.
TO WEST RESEARCH CAMPUS
Health Science Dr.
Moye Blvd.
Highway 43 (West Fifth St.)
West Research Campus
West Research Road
South Tower Road
177
176
239
148
89
128
132
114
136
120
N. Campus Loop
Future site of East Carolina Heart Institute (ECU)
88
113
15
96
90
115
91
Future site of East Carolina Heart Institute (UHS)
211
Heart Blvd.
Clinic Dr.
246
109
99
98
Sixth St.
119
117
118
O'Hagan Pl.
Memorial Dr.
View Dr.
124
Venture Tower Dr.
Farm Dr.
Future route of Moye Blvd.
Stantonsburg Rd.
Farmville Blvd
TO MAIN CAMPUS
Highways 11, 13, 43, 903
147
Beasley Dr.
RPC
Medical Dr.
144
Service Dr.
Arlington Blvd.
Stantonsburg Rd.
234
242
210
W. H. Smith Rd.
Moye Blvd.