



1907-2007
CENTENNIAL

East Carolina University
Health Sciences Center

Comprehensive Master Plan

Establishing the Philosophical Basis for Development of Main Campus + Region

- Professional Schools
- Curriculum + Training
- Clinical Services
- Research

February 17 + 18, 2009





1907-2007
CENTENNIAL

East Carolina University
Health Sciences Center

Comprehensive Master Plan

OVERVIEW

- Where Have We Been?
- Where are We?
- Where are We Going?
- What do We Need?
- Timeline

OBJECTIVES

- Review / Confirm Current Working Assumptions
- Review Analysis Completed to Date
- Open Dialog on
 - Development Philosophy
 - Concepts Driving Facility Requirements
- “Fill-in-the-blanks”
 - Leadership Interviews
 - Baseline Data
- Establish Next Steps / Schedule



ECU Health Science Center – Industry Context

External Drivers

- Institute of Medicine ... Quality Chasm (2001)
- AAMC ... Vision for Medical Education in the United States
- Initiatives to Improve Patient Safety / Care Quality
- Diverse Population with Complex Chronic Conditions
- Increasing Market Expectations with the Same or Diminishing Resources

Implications for ECU (and all AMCs)

- Curriculum Changes Designed to Prepare Students / Graduates for Future Care Delivery Models
- Organizational Realignment to Enhance
 - Inter-disciplinary / Inter-professional Learning
 - Care Delivery
- Integrated Facilities to Support Education, Care Delivery, and Research
 - Foster Integration
 - Optimize Resource Utilization
 - Enhance Flexibility / Responsiveness



ECU Health Science Center

Overarching Perspectives

- External Market Factors Drive the Need for Healthcare Professionals
- Practice Realities Should Embrace an Inter-professional Team-based Model
- Healthcare Professionals Must be Educated and Trained to Respond to the Market and Practice Realities
- Health Professional Schools Must Have a Curriculum Which Educates / Trains the Most Appropriate Professional School Graduates
- A Contemporary Health Professions Curriculum Should Recognize an Inter-professional Educational Model at All Levels – Pre-clinical, Clinical, Graduate, and Post-graduate Level
- Evidence-based Research Under-pins the Education and Care Delivery Models



ECU Health Science Center

Observations

- Current Professional School-based Programs are Essentially Separate and Distinct
- Professional School Curriculum are Separate and Distinct
- Care Delivery Model which Should Support Pre- and Post-graduate Education is Fragmented and Not Integrated
- Major Rethinking of the Education, Care Delivery, and Research Program Models is Necessary if ECU is to Adequately Respond to the Future in a Cost-effective Manner



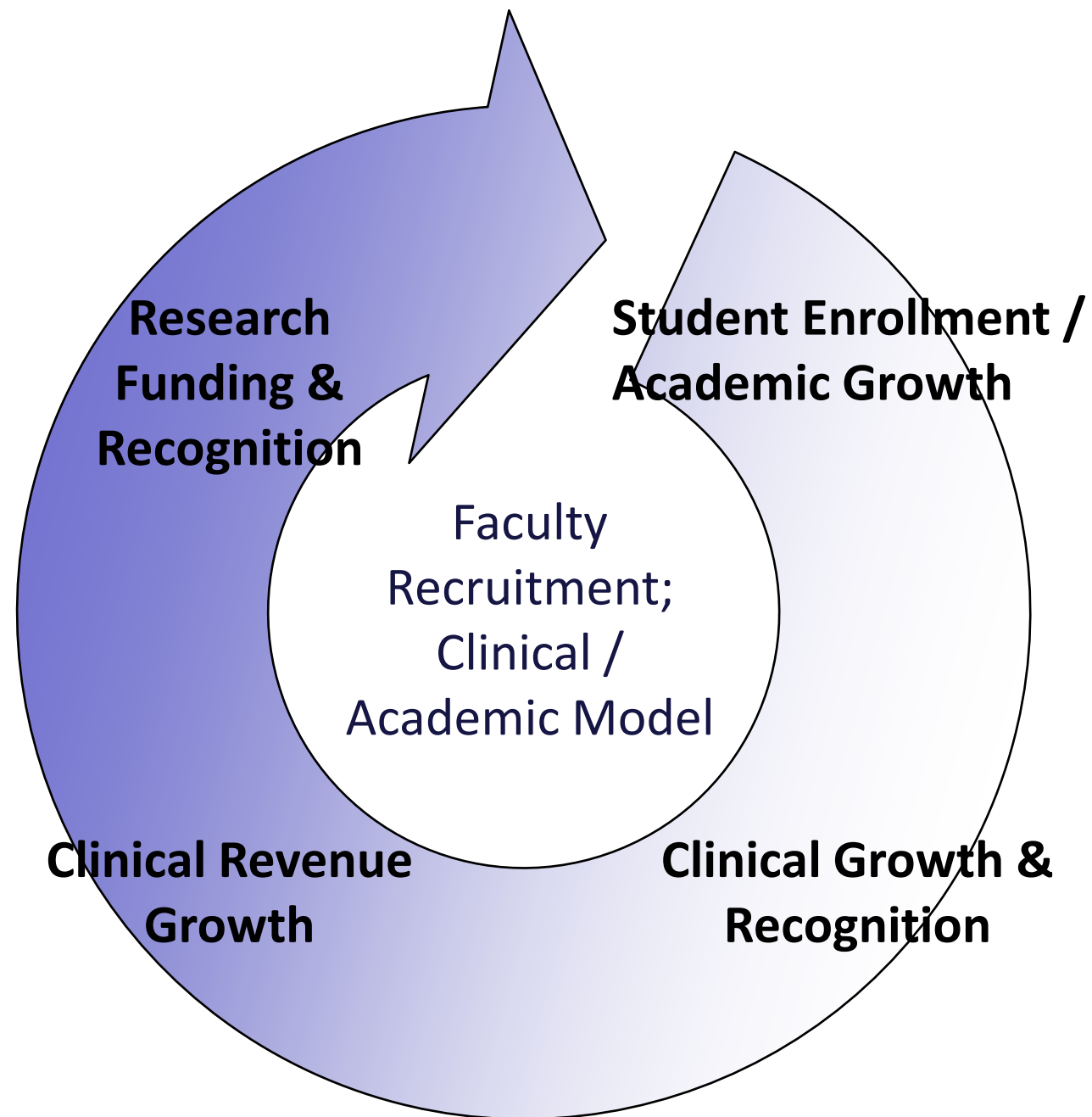
ECU Health Science Center

Working Assumptions

- Aspirations
- Vision
- Limitations
- Peer Organizations
- Integration Concepts
- Initial Program & Facility Constructs
- Quality / Value Model



ECU Health Science Center – Recap of Phase 2



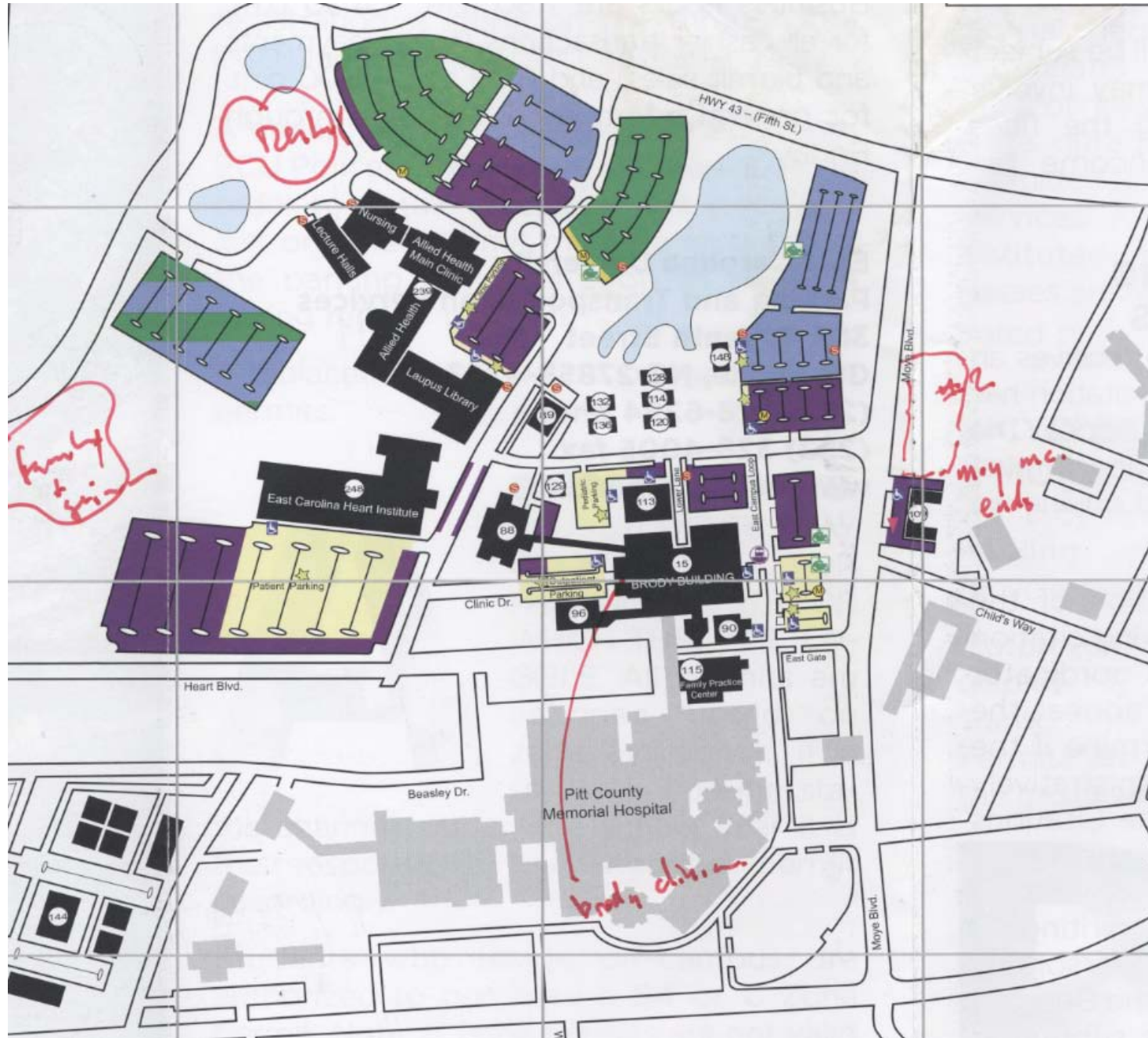
Health Science Center - Organizational Aspirations

- Consistent Desire to Create an Integrated Health Science Center
Campus Respectful of Student & Faculty Support and Patient Access
- Efficient and Effective
- Consistent Goal of Aligning Clinical Service, Education and Research Leadership with Health Needs of Region
- Desire to Provide an Integrated Core Curriculum in support of Inter-professional Education across the Health Science Center Schools
- Continue and Strengthen Regional Growth in Support of Current and Anticipated Program Development

Health Science Center - Conceptual Vision

An Integrated, Humanistic-Oriented, Community-Based Care-Delivery, Education, and Research Model.

ECU Health Science Center – Recap of Phase 2



Health Sciences Center - Limitations

- Various Programs are Fragmented and Non-Integrated
- Funding Resource Constraints
- Inconsistent Utilization of Existing Facilities
- Limited Physical Ability of Current Facilities to Support Future Program Development
- Revenue Sources are Inconsistent; Distribution in Support of Programs Require Constant Negotiation
- Wayfinding Challenges due to Historic Focus on a “Medical Mall” Model
- Fragmented Delivery Rather Than an “Integrated Health” Model

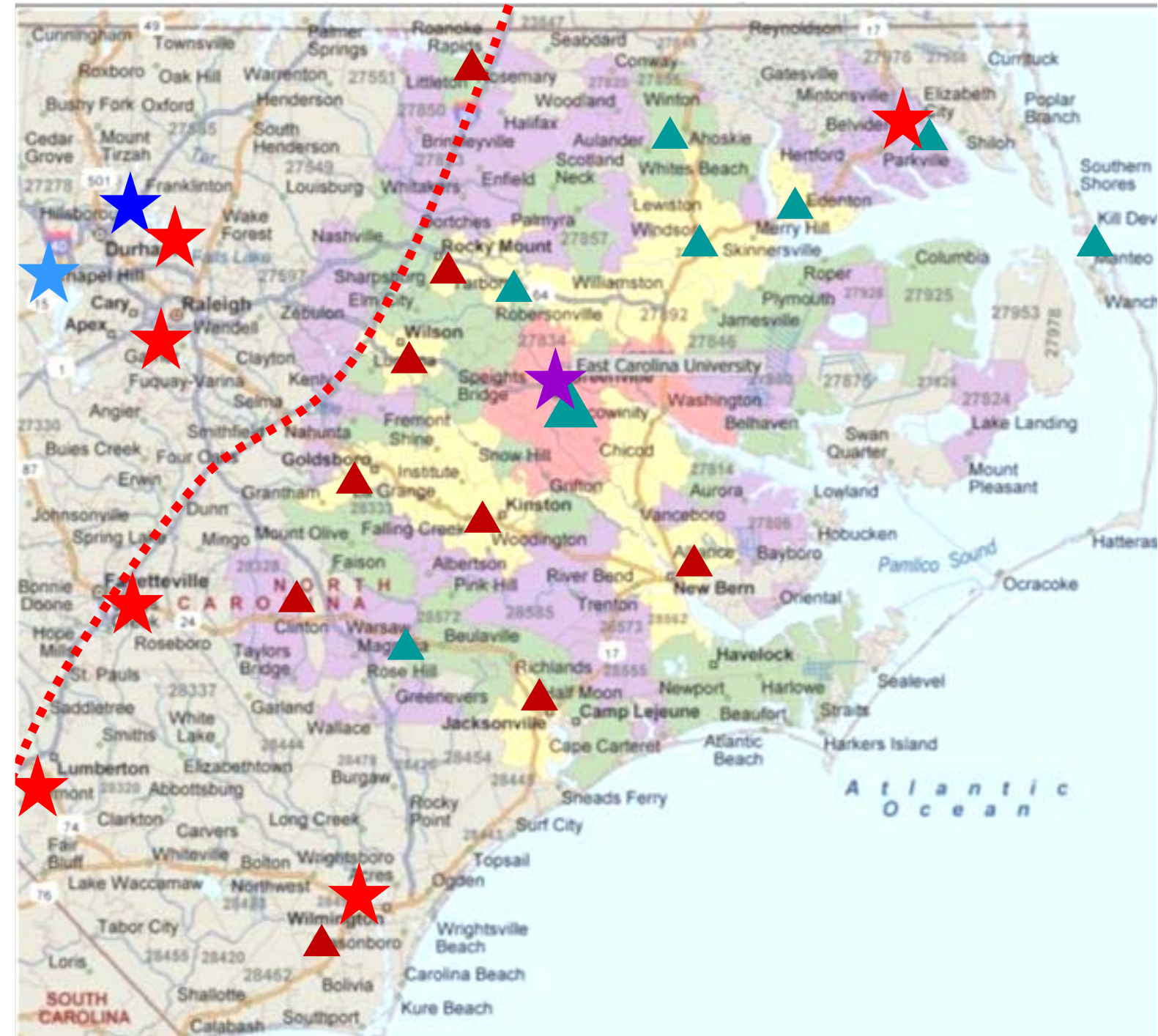


Target Affiliations – Primary + Secondary Market

UNIVERSITY HEALTH SYSTEMS	Complex Beds	Discharges	Surgeries	Births	ED Visits	OP Visits	# Employees
Pitt County Memorial Hospital	745	34,923	28,000	5,200	60,400	72,000	5,298
Heritage Hospital	117	4,002	1,500	1,000	12,300	14,100	389
Roanoke-Chowan Hospital	112	3,922	3,900	400	12,800	21,700	490
Duplin General Hospital	89	2,788	900	600	10,600	11,600	305
Chowan Hospital	25	1,902	400	300	1,400	-	391
The Outer Banks Hospital	18	1,533	300	300	300	-	204
Bertie Memorial Hospital	15	444	100	-	300	-	102
Albemarle Health	142	7,246	8,500	800	12,700	29,200	911
SUB-TOTAL	1,263	56,760	43,600	8,600	110,800	148,600	8,090

ECU TARGET AFFILIATIONS	Complex Beds	Discharges	Surgeries	Births	ED Visits	OP Visits	# Employees
Lenoir Memorial Hospital	188	9,348	3,500	700	22,900	24,600	918
Wilson Medical Center	277	8,786	6,500	1,000	23,500	38,000	994
Nash General Hospital	353	14,421	8,800	1,100	39,600	40,100	1,577
Wayne Memorial Hospital	276	14,014	3,200	1,500	30,500	31,800	1,441
Halifax Regional MC	144	7,061	3,000	600	20,100	20,200	721
Craven Regional MC	303	15,166	14,500	1,100	30,000	45,600	1,460
Sampson Regional MC	105	3,965	3,500	600	20,000	22,100	482
Onslow Memorial Hospital	162	8,042	2,600	2,500	23,100	24,300	865
New Hanover Regional MC	665	30,149	37,000	3,500	64,200	106,000	3,901
SUB-TOTAL	2,473	110,952	82,600	12,600	273,900	352,700	12,359
TOTAL	3,736	167,712	126,200	21,200	384,700	501,300	20,449

source: American Hospital Directory accessed 7-28-2009, updated 8-13-2009



Health Sciences Center Peer Organizations – Proposed Revisions

Brody SoM Peers – August, 2009

Ranked By Total Enrollment

Texas Tech	567
Michigan State	494
Northeastern Ohio	456
Eastern Virginia	440
Florida State	416
Wright State-Boonshoft	413
Texas A & M	348
South Carolina	315
East Carolina-Brody	293
Southern Illinois	291
Hawaii-Burns	254
Marshall-Edwards	246
North Dakota	245
Mercer	243
East Tennessee-Quillen	242
Nevada	224
Morehouse	216
South Dakota-Sanford	210

Proposed ECU HSC Peers – February, 2010

	Allied Health	Dentistry	Grad Studies	Medicine	Nursing	Pharmacy	Public Health	Hospital Name
East Carolina University	AH	D		M	N			Pitt County Memorial Hospital
East Tennessee State University	AH			M	N		PH	No Integrated Hospital
Southern Illinois University		D		M	N			No Integrated Hospital
Texas Tech University HSC	AH			M	N	P		No Integrated Hospital
University of Nevada	AH			M	N			No Integrated Hospital
University of South Carolina				M	N	P	PH	No Integrated Hospital
Marshall University				M	N			No Integrated Hospital
Michigan State University				M	N			No Integrated Hospital
Meharry Medical College	AH	D	G	M				No Integrated Hospital
University of Puerto Rico	AH	D		M	N	P	PH	No Integrated Hospital
University of South Alabama	AH			M	N			University of South Alabama Medical Center
University of Connecticut	AH	D		M	N	P		Univ of Connecticut Health Center
West Virginia University		D		M	N	P		West Virginia University Hospitals, Inc.
University of Mississippi	AH	D	G	M	N	P		University Hospitals and Clinics
University of Missouri-Columbia	AH			M	N			University of Missouri Health Care
University of Missouri-Kansas City		D	G	M	N	P		Truman Medical Center Hospital Hill
University of Arizona	AH			M	N	P		University Medical Center
University of Nebraska	AH	D	G	M	N	P		The Nebraska Medical Center

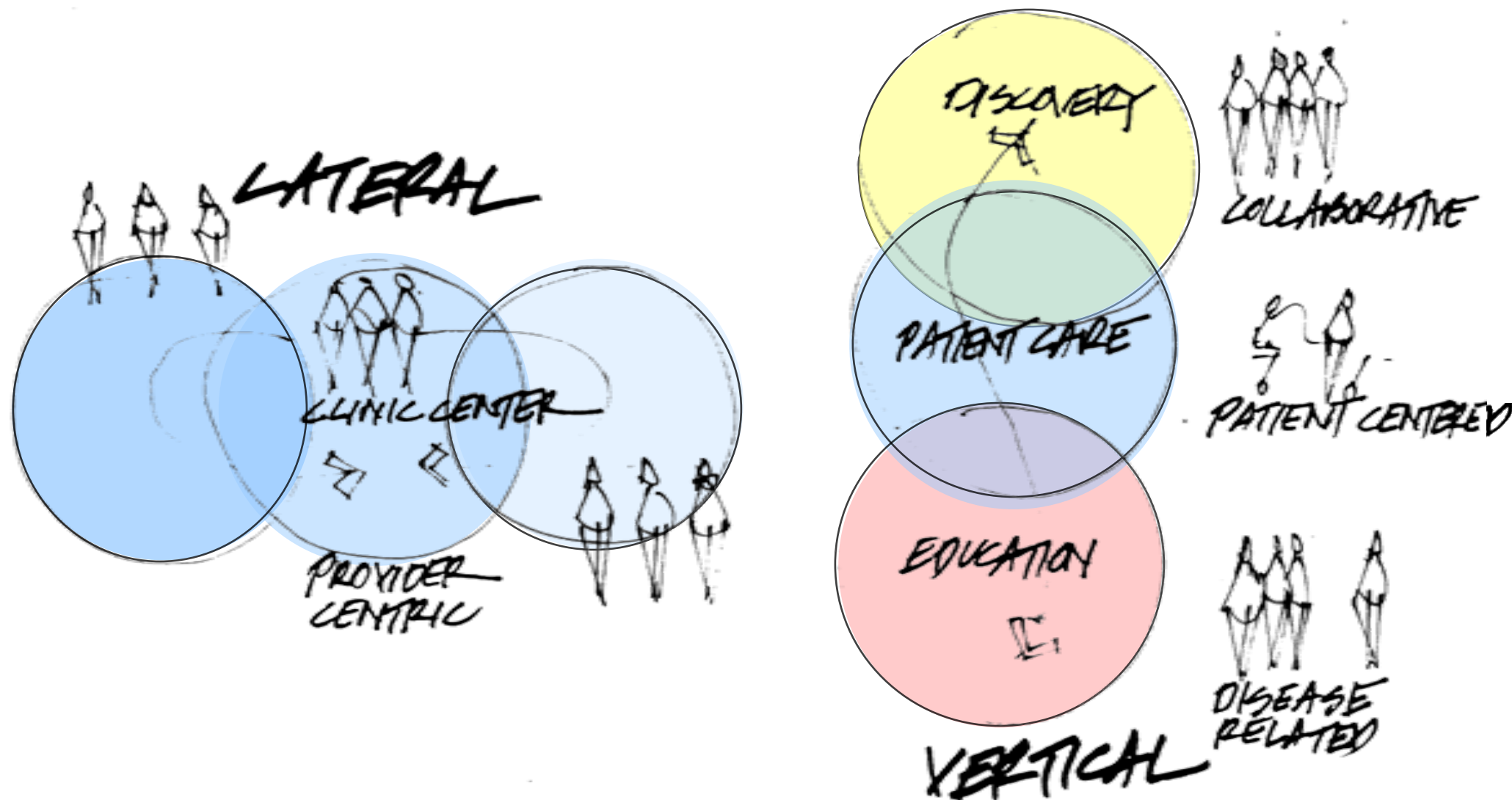
ECU Health Science Center

Areas of Consideration for Development

- Program Relationships
 - East + West Campus Integration
 - Hub + Spoke (Regional Campus Development)
 - Distance Learning
- Professional Schools
 - Current + Future
- Curriculum Integration between Schools
 - Pre-Clinical, Clinical, Graduate, Continuing Education
- Clinical Delivery Model
 - Ambulatory / Inpatient
 - Relationship with University Health System
 - Disposition of Target Affiliations incl. VA
- Extent of Research
 - Basic Sciences / Clinical Sciences...Translational Research
 - Level of Integration



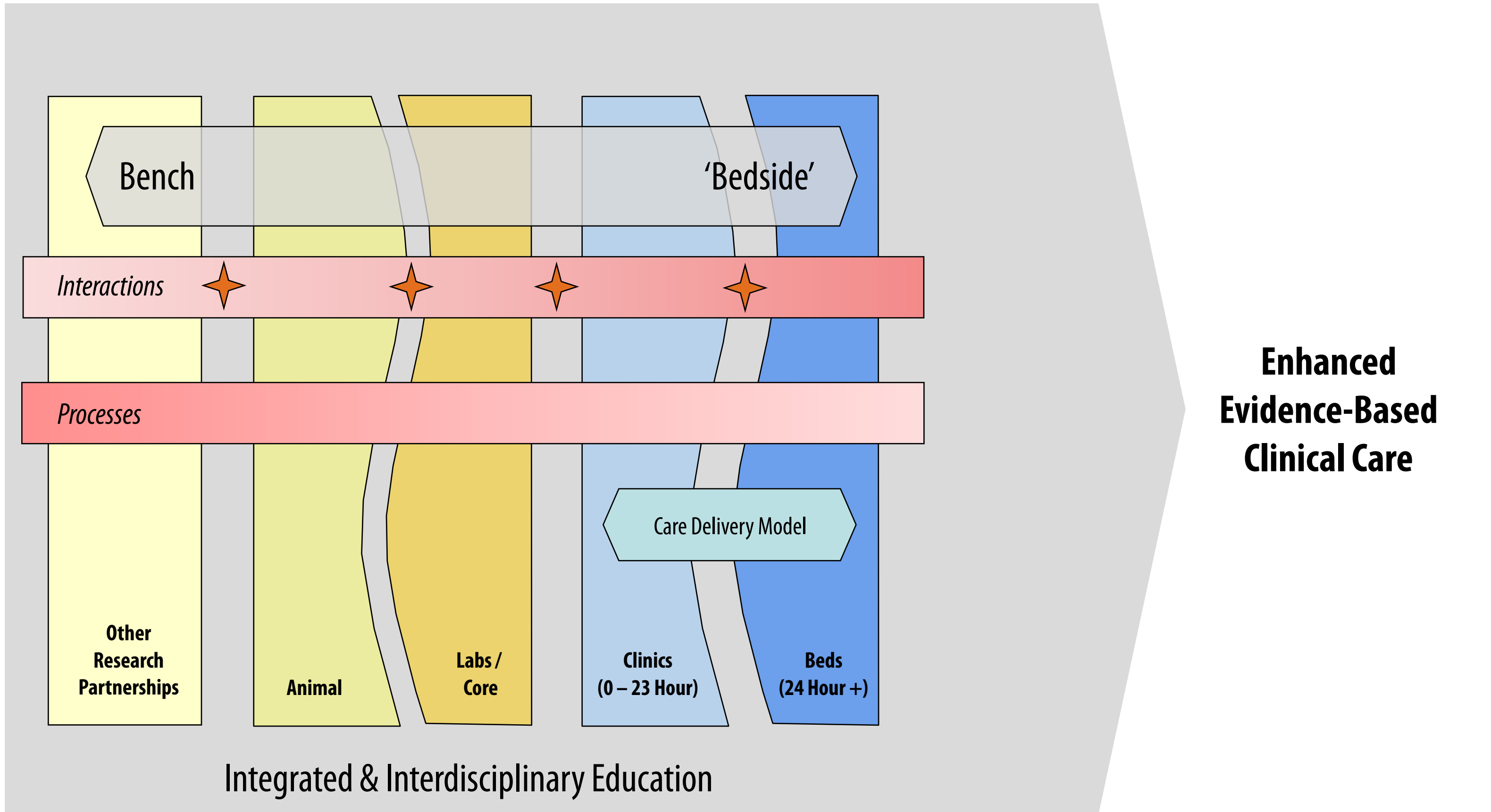
Integration Models in an "Era of Resource Constraints"



Enhanced Alignment

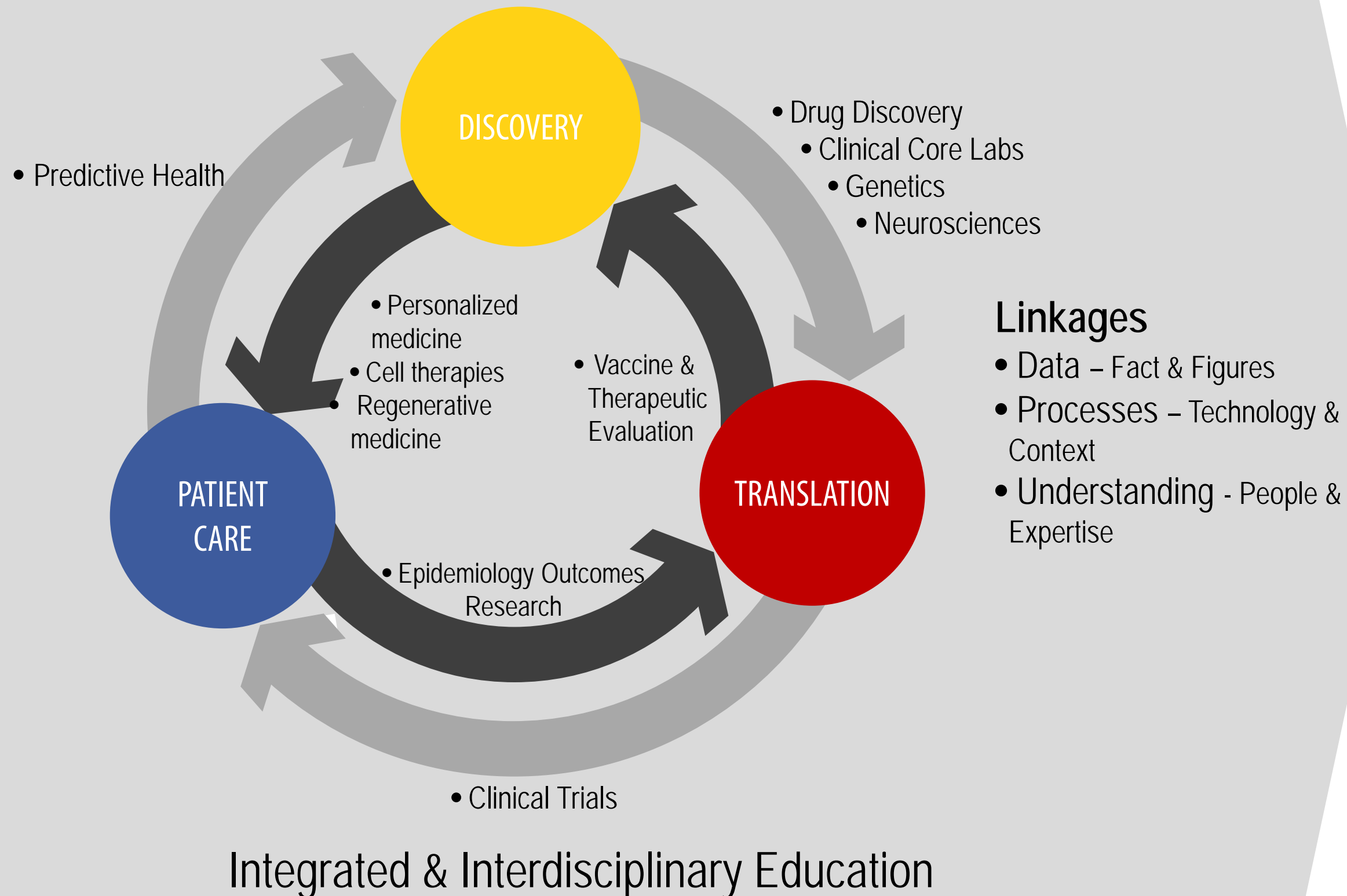
- Increases Productivity
- Reduces Duplication
- Supports Knowledge Management
- Supports Emerging Disciplines
- Supports Development of Evidence-Basis
- Optimizes Care Delivery
- Enhances Quality & Value

Continuum-of-Integration

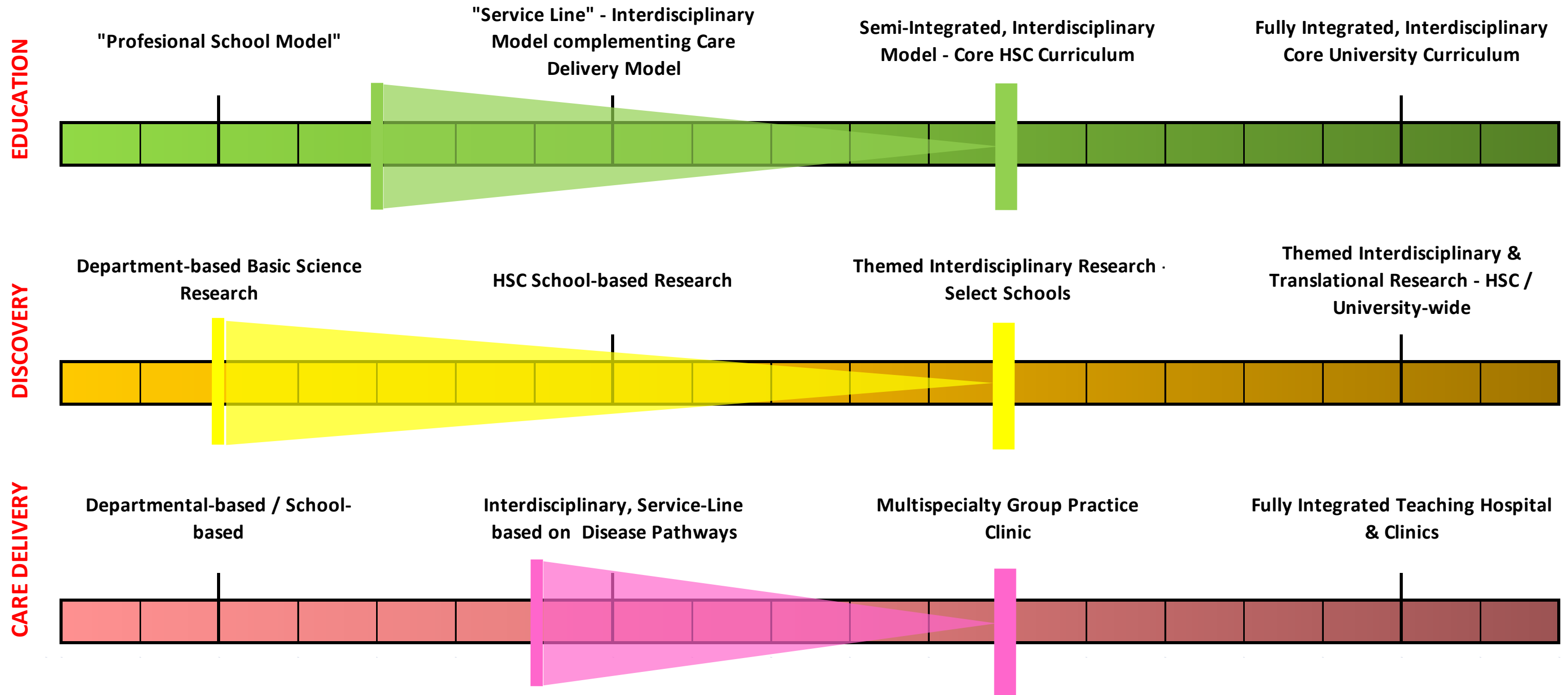


Integrated & Interdisciplinary Education

Conceptual Development Construct



Continuum-of-Integration – Current + Proposed Future State



Integrated Facility Constructs - Discovery

RB1

**Integrated Core Curriculum -
Basic Sciences Lab Facility**

Integrated + inter-disciplinary Basic Sciences facility **on HSC Campus**

EDUCATION

Basic sciences teaching lab expansion

Relocates teaching labs from SOM, Nursing, Dental, AHP

Reassignment of existing labs to allow nominal expansion of clinical education

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CARE DELIVERY

No direct impact

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DISCOVERY

Relocate Basic Sciences research out of existing facilities (Brody, etc.)

Expand HSC research mission in contemporary facilities.

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RB2

**Integrated Core Curriculum -
Basic Sciences Lab Facility**

Expanded Integrated + inter-disciplinary Basic Sciences facility **on new site nearer East Campus**

EDUCATION

Basic sciences teaching lab expansion

Relocates teaching labs from SOM, Nursing, Dental, AHP

Reassignment of existing HSC labs to allow nominal expansion of clinical education

Relocates + Expands East Campus Science Programs (Biology?)

Requires Shuttle Service

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CARE DELIVERY

No direct impact

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DISCOVERY

Relocate Basic Sciences research out of existing facilities (Brody, etc.)

Expand HSC research mission in contemporary facilities.

Integrates East Campus and HSC research labs into interdisciplinary setting. Maximizes flexibility.

Requires Shuttle Service

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Integrated Facility Constructs - Care Delivery

ACC1

Integrated Clinical Curriculum - Ambulatory Care Consolidation on HSC Campus

Integrated ACC on HSC campus including Allied Health and Nursing. Allows for select removal of aging facilities.

EDUCATION

Integrated + Interdisciplinary clinical education model.

Ideal location for centralized simulation

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CARE DELIVERY

"Medical Mall" concept including ambulatory surgery, imaging, diagnostics, pharmacy, staff and patient support.

Integrated clinics at HSC.

Potential for relocation of appropriate off-site clinical functions + physician offices.

Maximize operational efficiencies.

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DISCOVERY

Support for associated clinical research.

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ACC2

Integrated Clinical Curriculum - Ambulatory Care Consolidation with Regional Expansion

Integrated ACC on HSC campus including Allied Health and Nursing. Allows for select removal of aging facilities.

Down-sized from ACC1 in proportion to the regional growth of ECU health.

EDUCATION

Integrated + Interdisciplinary clinical education model. Sized for 100% of M1 + M2; 50% of M3 + M4 demand.

Regional Education support "home base".

Ideal location for centralized simulation

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CARE DELIVERY

"Medical Mall" concept including ambulatory surgery, imaging, diagnostics, pharmacy, staff and patient support.

Integrated clinics at HSC.

Potential for relocation of appropriate off-site clinical functions + physician offices.

Maximize operational efficiencies.

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DISCOVERY

Support for associated clinical research.

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Integrated Facility Construct - Regional Outreach

REG1

Regional Clinical Center

Regional education + clinical support centers for M3 + M4.

Could include GME + CME support

EDUCATION

Classroom and multi-media support

Simulation Lab

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CARE DELIVERY

Clinical programs in small communities

Interdisciplinary including AH, Dent, Nurse + Medicine

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DISCOVERY

Support for associated clinical research.

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Faculty Office Model

	Existing Clinical Faculty (FT+PT)	Existing Residents + Fellows	Proposed Additional Faculty 2017	Proposed Additional Faculty 2020	Proposed Additional Faculty 2025	TOTAL @ 2017	TOTAL @ 2020	TOTAL @ 2025
School of Medicine								
Cardiovascular	26	11	0	0	0	37	37	37
Emergency	1	0	0	0	0	1	1	1
Family Medicine	34	34	0	0	0	68	68	68
Internal Medicine	49	68	0	0	0	117	117	117
Ob/Gyn	12	20	0	0	0	32	32	32
Oncology	21	7	0	0	0	28	28	28
Pediatrics	32	48	0	0	0	80	80	80
Psychiatry	15	21	0	0	0	36	36	36
Rahab Medicine / PT	9	13	0	0	0	22	22	22
Surgery	17	1	0	0	0	18	18	18
Orthopedics	0	0	0	0	0	0	0	0
Neurosciences	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0
Sub-Total Medicine	216	223	0	0	0	216	216	216
College of Nursing								
...						0	0	0
...						0	0	0
...						0	0	0
Sub-Total Nursing	0	0	0	0	0	0	0	0
College of Allied Health								
...						0	0	0
...						0	0	0
...						0	0	0
Sub-Total Allied Health	0	0	0	0	0	0	0	0
School of Dentistry								
...						0	0	0
...						0	0	0
...						0	0	0
Sub-Total Dentistry	0	0	0	0	0	0	0	0
Public Health								
...						0	0	0
...						0	0	0
...						0	0	0
Sub-Total Public Health	0	0	0	0	0	0	0	0
TOTAL FACULTY	216	223	0	0	0	216	216	216

DRAFT

Faculty Program Model

Faculty Program Model	Room Size	Net Area	# per Faculty	
Faculty	150	150.0	1	1 Faculty / 1 Office
Support Staff	100	25.0	0.25	4 Faculty / 1 Support Staff
Residents / Fellows	120	60.0	0.5	1 Faculty / 2 Residents
Conference w/ resources	225	22.5	0.1	10 Faculty / 1 Conference
Support / Workroom	150	15.0	0.1	10 Faculty / 1 Workroom
Reception / Waiting	200	16.0	0.08	12 Faculty / 1 Waiting
Files / Storage	125	12.5	0.1	10 Faculty / 1 Storage
		301.0		Net
		450	1.5	Gross

Growth Projection Model

FY2025 - Clinics Program Model (Based on 12-Exam Room Module)

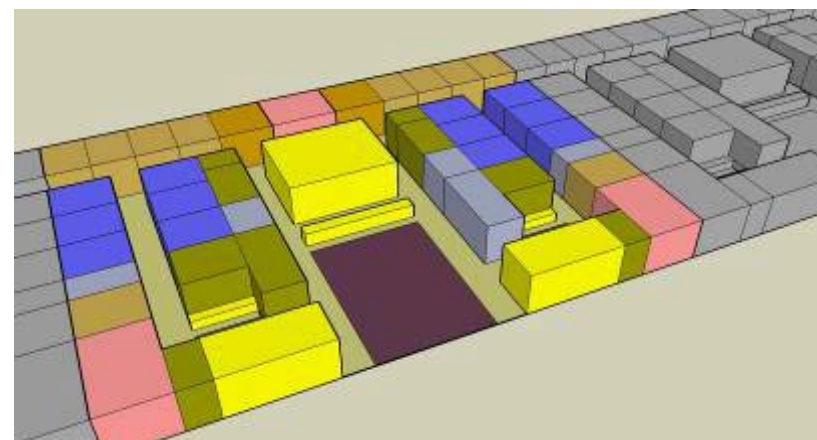
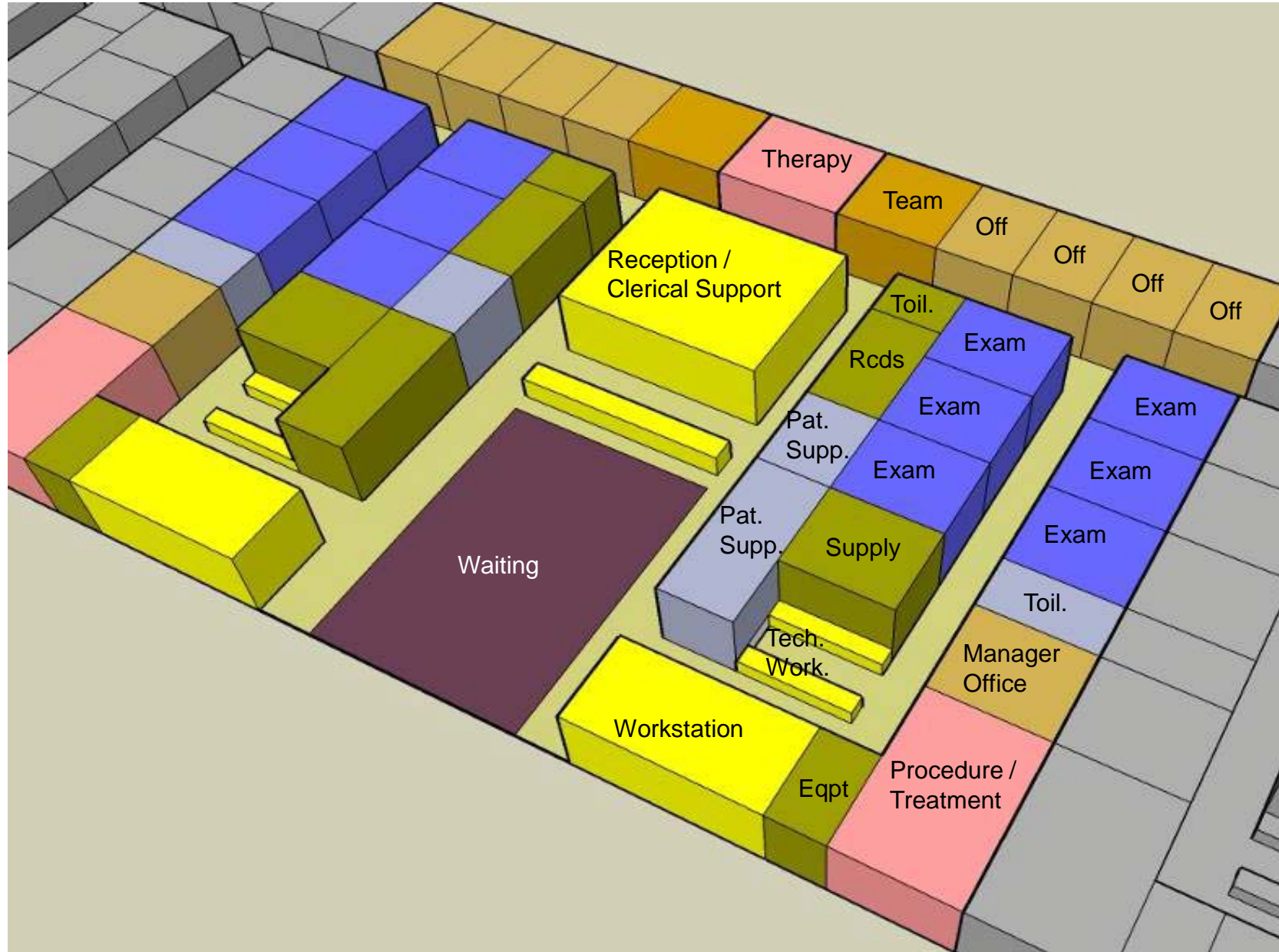
Resident Clinic	Growth	Clinical Volumes	# Exam Rooms Required	# Clinic Modules	Program DGSF
Cardiovascular	@7%	49,851	19	1.6	17,483
Family Medicine	@7%	139,327	59	4.9	54,611
Internal Medicine	@7%	93,452	33	2.7	30,525
Ob/Gyn	@7%	75,214	25	2.1	23,275
Oncology	@7%	71,021	20	1.7	18,803
Pediatrics	@7%	105,347	44	3.7	41,292
Psychiatry	@7%	25,669	10	0.8	8,826
Rehab Medicine / PT	@7%	14,305	2	0.2	1,967
Surgery	@7%	46,098	18	1.5	16,563
Orthopedics	@7%		0	0.0	-
Neurosciences	@7%		0	0.0	-
...	@7%		0	0.0	-
...	@7%		0	0.0	-
...	@7%		0	0.0	-
...	@7%		0	0.0	-
		620,285	220	19	213,344

DRAFT

1-year growth at 2017 (assume 2015 clinic expansion) followed by compounded growth on annual basis

Department	# Visits (Baseline)	2017			2020			2025		
		5%	7%	10%	5%	7%	10%	5%	7%	10%
Medicine										
Cardiovascular	27,639	29,020	29,572	30,402	33,591	35,547	38,622	42,866	49,851	62,195
Family Medicine	77,235	81,095	82,640	84,957	93,875	99,342	107,935	119,805	139,327	173,824
Internal Medicine	51,807	54,396	55,432	56,986	62,967	66,634	72,398	80,358	93,452	116,591
Ob / Gyn	41,697	43,781	44,615	45,866	50,679	53,631	58,269	64,675	75,214	93,837
Oncology	39,373	41,341	42,128	43,310	47,854	50,641	55,022	61,070	71,021	88,607
Pediatrics	58,400	61,319	62,487	64,239	70,981	75,115	81,612	90,587	105,347	131,431
Psychiatry	14,235	14,945	15,230	15,657	17,298	18,306	19,889	22,072	25,669	32,025
Rehab / PT	7,936	8,332	8,491	8,729	9,642	10,204	11,086	12,300	14,305	17,849
Surgery	25,559	26,836	27,347	28,114	31,062	32,872	35,715	39,639	46,098	57,513
Orthopedics										
Neurosciences										
...										
...										
Sub-Total	343,880	361,065	367,943	378,259	417,949	442,291	480,548	533,372	620,285	773,872
Allied Health										
...										
...										
...										
Sub-Total										
Nursing										
...										
...										
...										
Sub-Total										

Modular Clinic Module



OPTIMAL CLINIC MODULE @ 12 Exam Rooms

RECEPTION & WAITING

Sub-Total Net Square Feet **1,020**

PATIENT AREAS (12 Exam Rooms)

Sub-Total Net Square Feet **3,400**

CLINICAL SUPPORT AREAS

Sub-Total Net Square Feet **700**

STAFF / ADMIN AREAS

Sub-Total Net Square Feet **2,115**

Total Net Square Feet **7,235**

35% Circulation **3,907**

Total Gross Square Feet 11,142

Clinic Module Assumptions

- Optimal procedure and treatment space within each clinic module
- Enhanced patient / staff support including workstations, offices, exam room size
- Circulation standards that assure separation of flows by type.

Regional Campus Straw-Program Model

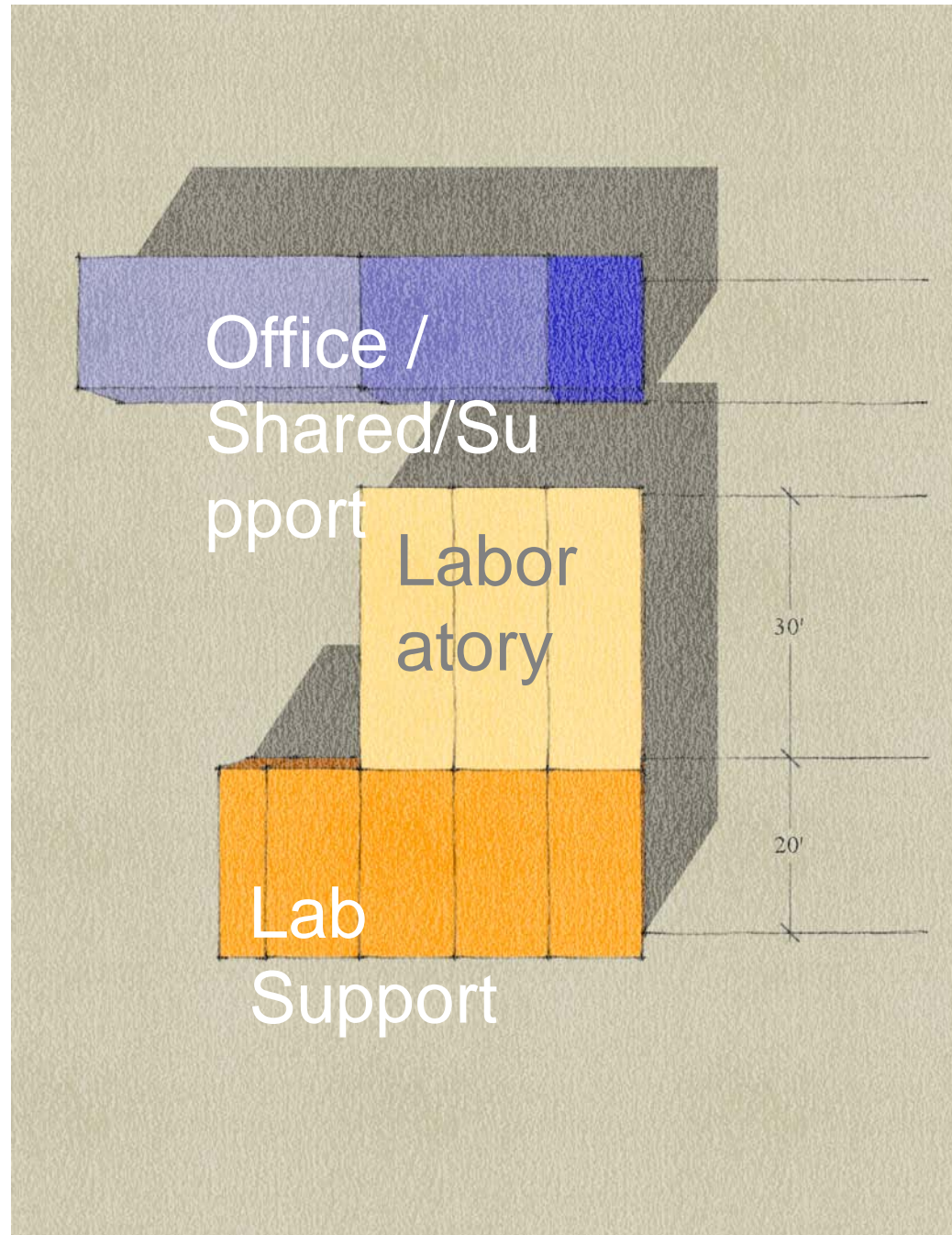
# OF STUDENT ASSUMPTIONS	26	34	44
Medicine	8	12	16
Nursing / Allied Health	12	16	20
Dental	4	4	4
Public Health	2	2	4
	Low	Medium	High
	Total SF	Total SF	Total SF
ADMINISTRATION & SUPPORT	2,040	2,680	3,520
Administration & Business	680	1,000	1,080
Faculty Offices	440	760	1,120
Facilities Management	200	200	320
Medical Computing	640	640	920
Mail Room	80	80	80
STUDENT SERVICES & TEACHING	3,160	4,520	5,480
Education Development	640	960	1,280
Student Lounge	380	480	660
Resource Center	860	1,120	1,380
Classrooms	1,280	1,960	2,160
TOTAL - Net	5,200	7,200	9,000
FACILITY TOTAL - Gross	7,540	10,440	13,050

Biomedical Research

- Extramurally-funded research programs depend on high-caliber graduate students
- To achieve integration, research has to move beyond basic science departments to address thematic (Metabolic, Cardiovascular) and translational models
- Research enterprise will grow through recruitment of proven or promising interdisciplinary research faculty
- Grant-funding is increasingly competitive and unpredictable



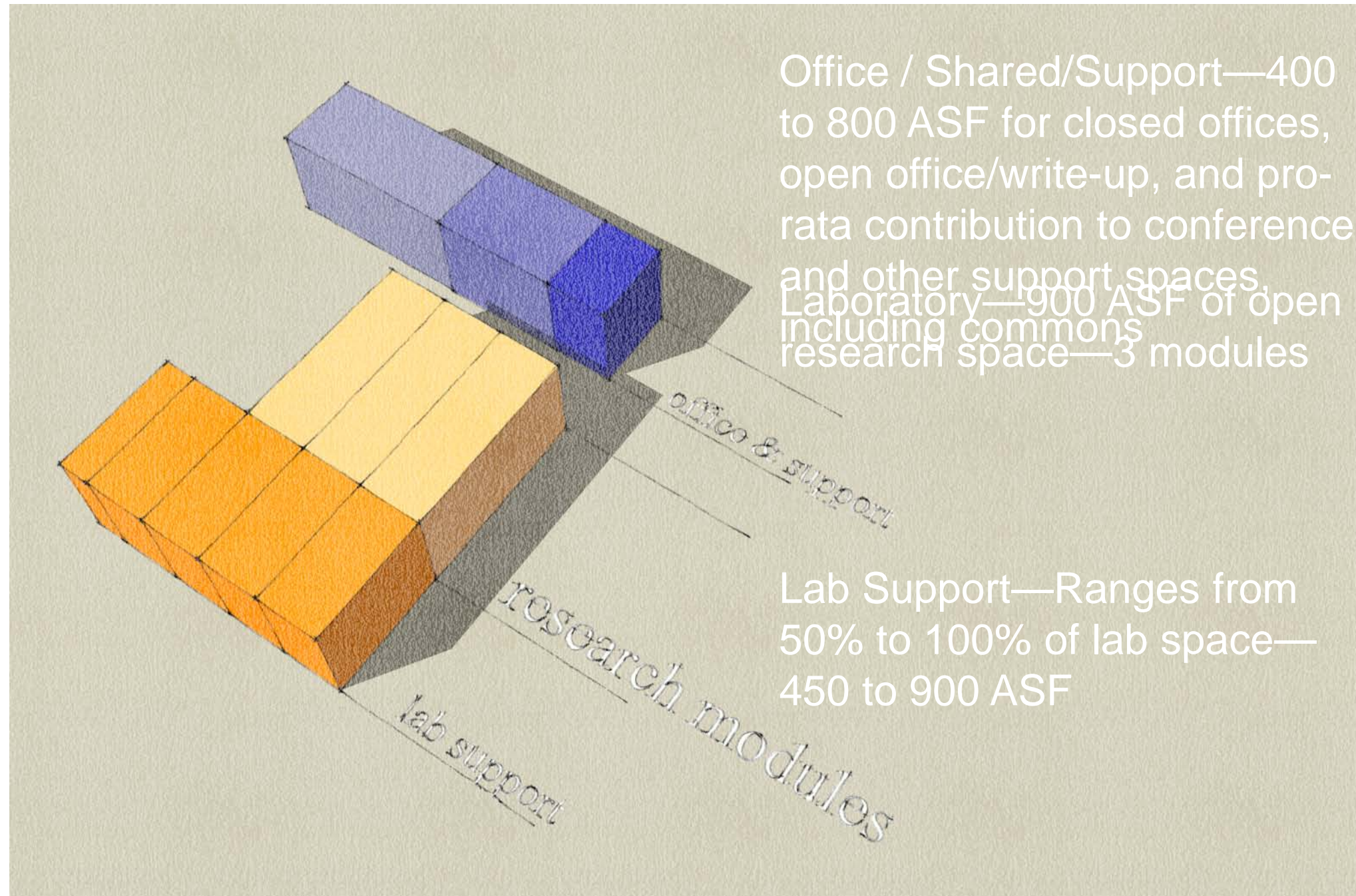
Biomedical Research



	ECU	Biomedical Research	Genentech U of Michigan	Life Sciences Institute-Weiller	Garceboisville	Bioscience Translational	Biomedical of Arizona	Translational Genomics	Life Sciences State Bio-
Net Sq.Ft./PI	2700	4031	3396	1734	1663	3000	4763	2362	1849
Gross Sq. Ft./PI	4500	7244	6585	2873	2828	5023	7681	4552	3710
Net Sq.Ft./FTE	335	225	428	192	240	289	256	197	783
Gross Sq. Ft./FTE	560	405	655	307	407	484	541	379	379

*Range of values is not an average of data in summary table

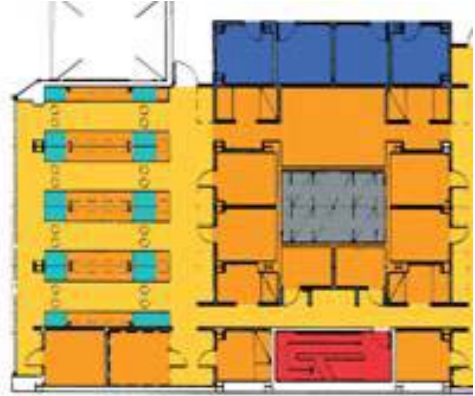
Research



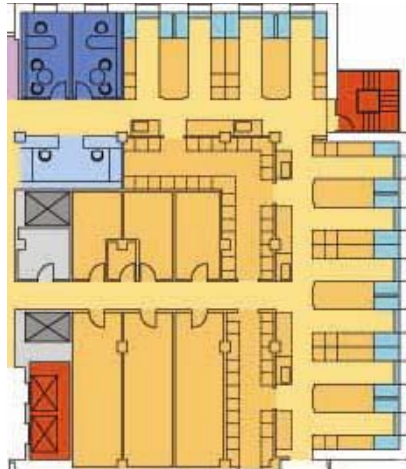
- UNC General space assignment of 11,000 ASF per \$1m of funded research
- Estimating 2,700 NSF (ASF) per PI, or \$250k funded annual expenditures per PI
- Check against known NIH funding, approximately 30 grants totaling \$7m, yielding an average of \$230k per PI
- Current need for approximately 80,000 ASF biomedical research space to support 30 PI's at average funding levels
- As funding levels approach \$10m approximately 110,000 ASF required for biomedical research
- With an efficiency range between 55% and 60%, approximately 200,000 GSF of biomedical research is required

Research

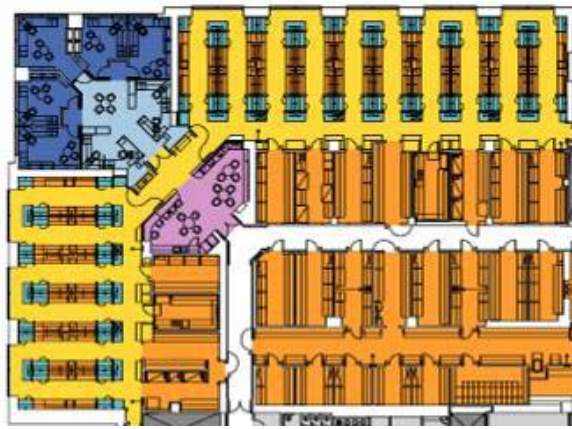
UCSF
Mt. Zion
Cancer
4 Modules



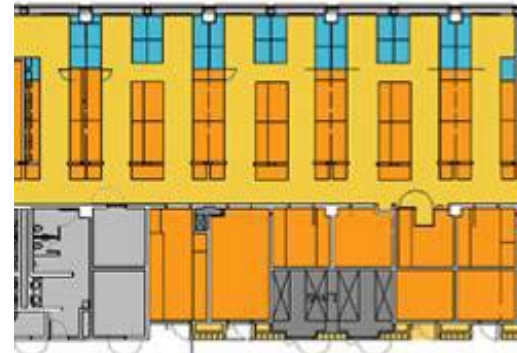
Cal Tech
Broad Center
4 to 6 Modules



UCSF
Genentech Hall
6 to 10 Modules



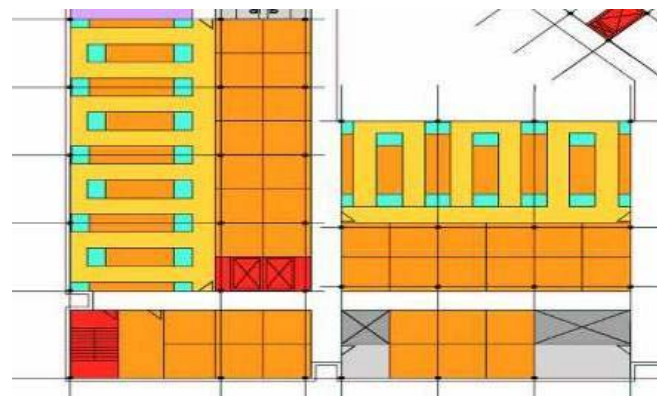
Univ. Of Michigan
Life Sciences Inst.
8 Modules



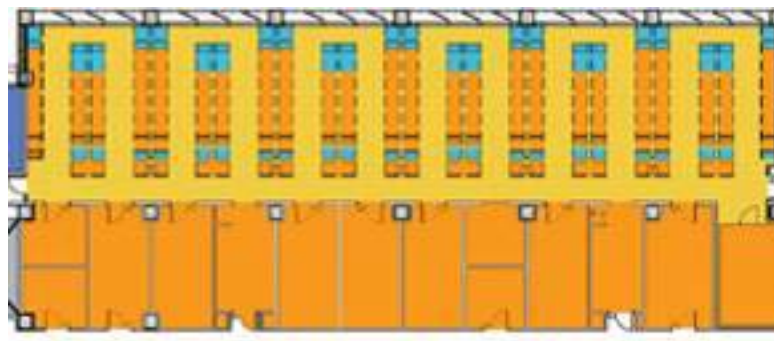
- How open is open?
- Composition of the research neighborhood ultimately determines efficiency, and is often a determinant of culture



Texas Tech U.
El Paso I
5 Modules

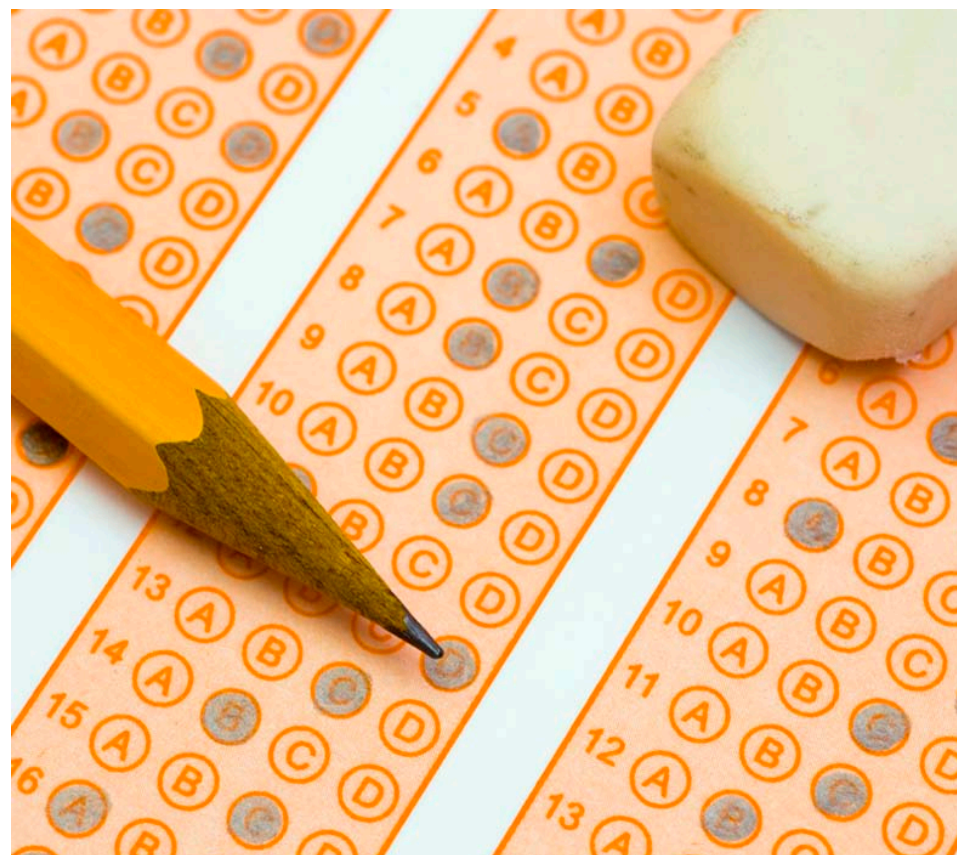


Univ. of Louisville
Bio-Med III
6 to 8 Modules



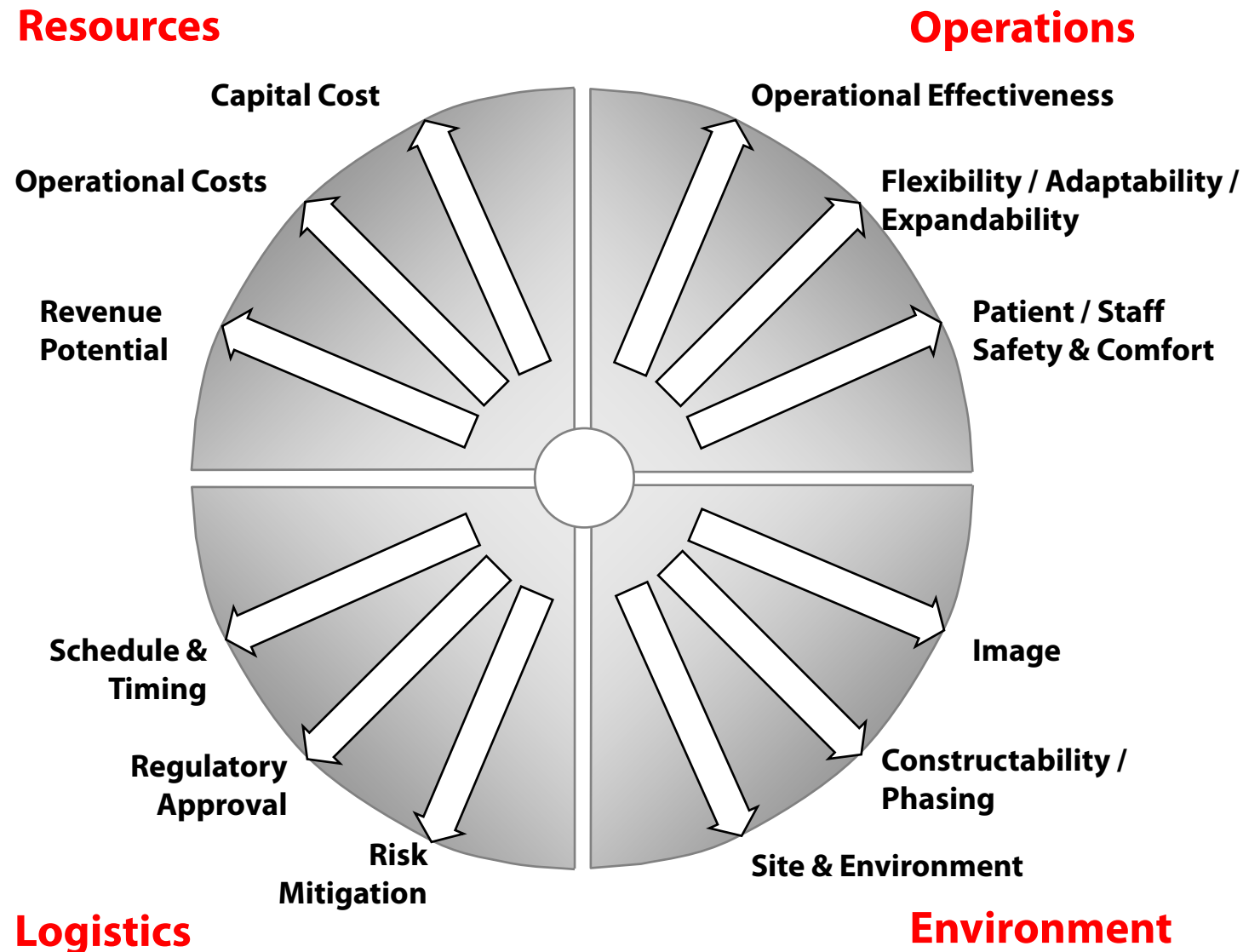
Translational
Genomics
Research Institute
(TGen)
12 to 14 Modules

Research



- Clinical / Social Science Research

Quality Model / Value Model



Operations

- 1. Operational Effectiveness** - the ability of the environment to enable operational performance of education, research and clinical care functions efficiently, reliably and effectively
- 2. Flexibility / Adaptability / Expandability** - the ability to accommodate changes in program with minimal disruption and downtime. The ability to accommodate the future growth to current or new programs
- 3. Student / Staff / Patient Access** - ability to achieve an environment that assures a high level of student, staff and patient access and satisfaction

Environment

- 4. Image** - ability of the environment to promote a positive image to the community, university and potential donors
- 5. Constructability / Phasing** - ability to be feasibly constructed and phased with minimal risks, disruption and downtime to ongoing operations
- 6. Site & Environment** - degree of compatibility to Urban Design context, Health Sciences Center growth, the community and a sustainable environment

Logistics

- 7. Schedule & Timing** - time frame for the master plan to be constructed, occupied, and generating revenue
- 8. State / Regulatory Approval** - viability of the master plan to be approved and funded
- 9. Risk Mitigation** - impact on existing operations, quality level of space to support programs and achieve acceptable level of risk reduction to quality of education, research and clinical care

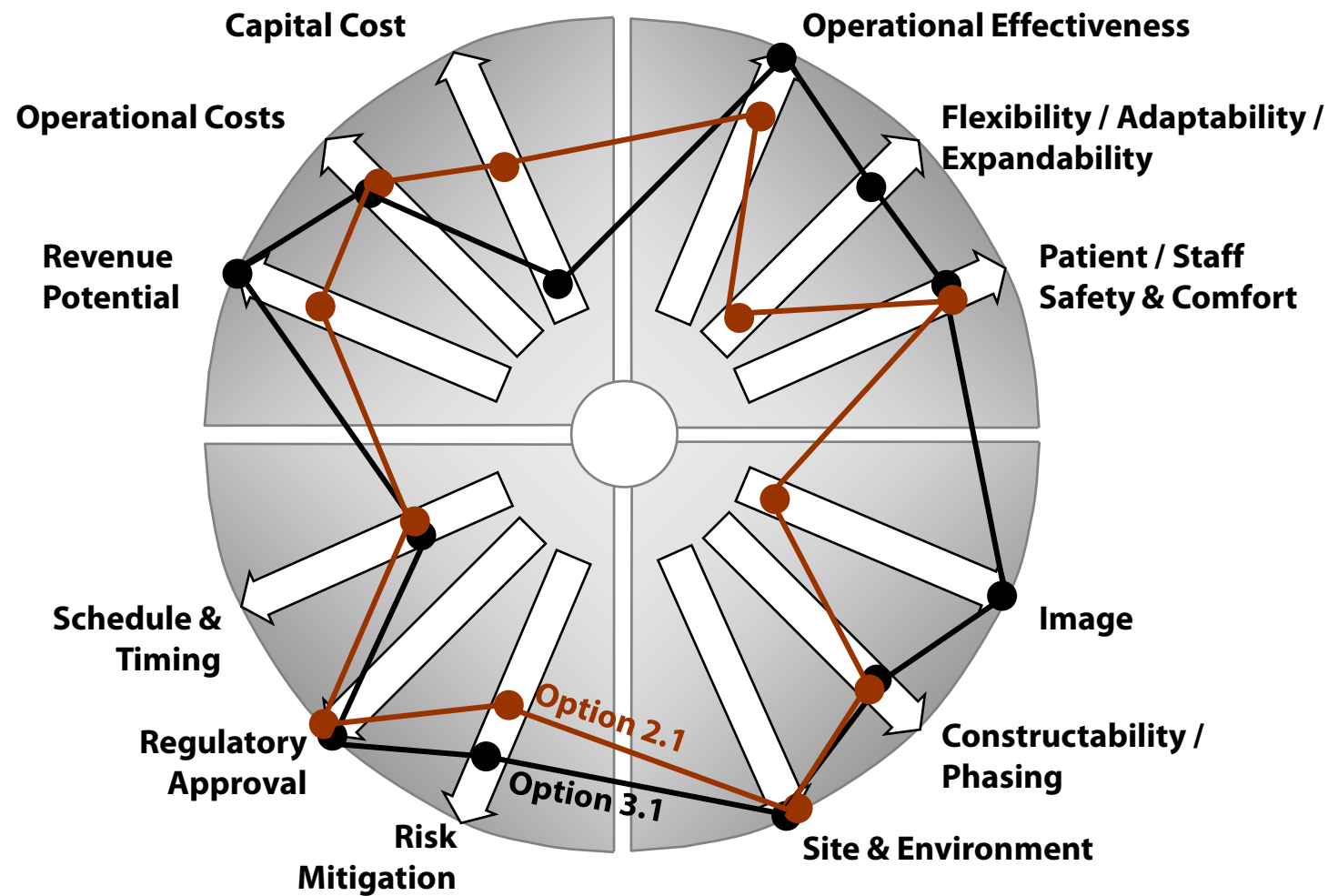
Resources

- 10. Capital Cost** - total project cost of construction, infrastructure, equipment & furnishings to design, construct and occupy facilities
- 11. Operational Costs** - cost of staffing, energy, maintenance & repairs, leasing, supplies, and services on an annual basis
- 12. Revenue Growth Potential** - analysis of market share income and increased revenue given level of investment required

Quality Model / Value Model

Resources

Operations



Logistics

Environment

Quality Model	RB1	RB2	ACC1	ACC2	REG 1							
Performance Feature	.5 to 1.0		.5 to 1.0		.5 to 1.0		.5 to 1.0		.5 to 1.0		.5 to 1.0	
	Value	Score	Value	Score	Value	Score	Value	Score	Value	Score	Value	Score
1. Operational Effectiveness	1.0	1 to 5	0.00	1.0	1 to 5	0.00	1.0	1 to 5	0.00	1.0	1 to 5	0.00
Most Functionally Efficient			0.00			0.00			0.00			0.00
Most Reliable Environment			0.00			0.00			0.00			0.00
Most Effective for Staff			0.00			0.00			0.00			0.00
2. Flexibility/Adaptability/Expandability	0.75	1 to 5	0.00	0.75	1 to 5	0.00	0.75	1 to 5	0.00	0.75	1 to 5	0.00
Most Flexible			0.00			0.00			0.00			0.00
Ease of Adaptability			0.00			0.00			0.00			0.00
Easiest to Expand			0.00			0.00			0.00			0.00
3. Patient/Staff Safety & Comfort	1.00	1 to 5	0.00	1.00	1 to 5	0.00	1.00	1 to 5	0.00	1.00	1 to 5	0.00
Best Environment for Patients			0.00			0.00			0.00			0.00
Best Environment for Students / Staff			0.00			0.00			0.00			0.00
Highest Patient Satisfaction			0.00			0.00			0.00			0.00
4. Image	0.50	1 to 5	0.00	0.50	1 to 5	0.00	0.50	1 to 5	0.00	0.50	1 to 5	0.00
Best Image Potential			0.00			0.00			0.00			0.00
Most Attractive to Donors			0.00			0.00			0.00			0.00
			0.00			0.00			0.00			0.00
5. Constructability / Phasing	0.75	1 to 5	0.00	0.75	1 to 5	0.00	0.75	1 to 5	0.00	0.75	1 to 5	0.00
Easiest to Phase			0.00			0.00			0.00			0.00
Easiest to Construct			0.00			0.00			0.00			0.00
Longevity + Renewability			0.00			0.00			0.00			0.00
6. Site & Environment	0.50	1 to 5	0.00	0.50	1 to 5	0.00	0.50	1 to 5	0.00	0.50	1 to 5	0.00
Most Sustainable			0.00			0.00			0.00			0.00
Most responsive to Medical Center			0.00			0.00			0.00			0.00
Most responsive of the Community			0.00			0.00			0.00			0.00
7. Schedule and Timing	0.50	1 to 5	0.00	0.50	1 to 5	0.00	0.50	1 to 5	0.00	0.50	1 to 5	0.00
Shortest Timeline to Occupancy			0.00			0.00			0.00			0.00
Minimum Denial of Use			0.00			0.00			0.00			0.00
			0.00			0.00			0.00			0.00
8. Regulatory Approval	0.75	1 to 5	0.00	0.75	1 to 5	0.00	0.75	1 to 5	0.00	0.75	1 to 5	0.00
Most Likely to be Approved			0.00			0.00			0.00			0.00
			0.00			0.00			0.00			0.00
			0.00			0.00			0.00			0.00
9. Risk Mitigation	1.00	1 to 5	0.00	1.00	1 to 5	0.00	1.00	1 to 5	0.00	1.00	1 to 5	0.00
Lowest Risk to Market Share			0.00			0.00			0.00			0.00
Lowest Risk to Quality of Care			0.00			0.00			0.00			0.00
Least Controllable			0.00			0.00			0.00			0.00
10. Capital Cost	1.00	1 to 5	0.00	1.00	1 to 5	0.00	1.00	1 to 5	0.00	1.00	1 to 5	0.00
Total Capital Cost			0.00			0.00			0.00			0.00
Cost / SF			0.00			0.00			0.00			0.00
			0.00			0.00			0.00			0.00
11. Operational Cost	1.00	1 to 5	0.00	1.00	1 to 5	0.00	1.00	1 to 5	0.00	1.00	1 to 5	0.00
Net Staffing Cost (Delta)			0.00			0.00			0.00			0.00
Annualized Energy Cost			0.00			0.00			0.00			0.00
Annualized Cost of Replacements			0.00			0.00			0.00			0.00
12. Revenue Potential	1.00	1 to 5	0.00	1.00	1 to 5	0.00	1.00	1 to 5	0.00	1.00	1 to 5	0.00
Increased Gross Income			0.00			0.00			0.00			0.00
Increased Net Income			0.00			0.00			0.00			0.00
Return on Investment			0.00			0.00			0.00			0.00
Maximun Possible Score	9.75	48.75		9.75	48.75		9.75	48.75		9.75	48.75	
Total Performance Score		0.00			0.00			0.00			0.00	

Quality Model

Performance Criteria (as Defined by Consulting Team)	Criteria Weight (by Owner / User)			Relative Feature Score (Scored Independently by Owner & Consulting Team)			Total Feature Score		
	RB1	RB2	ACC1	ACC2	REG 1				
	.5 to 1.0	.5 to 1.0	.5 to 1.0	.5 to 1.0	.5 to 1.0	.5 to 1.0			
	Value	Score	Value	Score	Value	Score			
1. Operational Effectiveness	1.0	1 to 5	0.00	1.0	1 to 5	0.00			
Most Functionally Efficient			0.00			0.00			
Most Reliable Environment			0.00			0.00			
Most Effective for Staff			0.00			0.00			

Performance Feature
(as Defined by Owner / User)

	Total Scenario Quality Score					
Maximun Possible Score	9.75	48.75	9.75	48.75	9.75	48.75
Total Performance Score		0.00	0.00	0.00	0.00	0.00