VII. STANDING COMMITTEES

A. Academic and Student Affairs Committee

    In Joint Sessions with

B. Finance, Audit and Facilities Committee

Hall Health Primary Care Center Renovation and Expansion Project Presentation

Hall Health Primary Care Center (HHPCC): Renovation Project Summary
• Completed in February, 2008, by the firm of Taylor, Gregory, and Butterfield.
• Undertaken after other options for expansion of the HHPCC program into space within the Hall Health building were exhausted.
• Study recommends extensive renovation of the ground, first, and third floors of the existing 27,400 SF building, and an addition of 2,600 SF (on 2 floors).
• Estimated project cost is $9.7 million (see table below for breakdown).
• Design would occur in FY 2009.
• Construction would run from the fall of 2009 to the fall of 2010.
• We must continue operations during construction.

Hall Health Primary Care Center: Operational Summary
• HHPCC’s mission: “To provide high quality, accessible primary health care, selected specialty services and public health services to UW students….”
• All UW students may receive services at HHPCC, and those who have paid the SAF fee receive a portfolio of subsidized services with no “out-of-pocket” expense.
  o Non-students may use HHPCC on a fee-for-service basis (insurance billed or self-pay). This generates revenue that reduces the cost of care for students (44% of our $9.8 million operating budget came from non-SAFC sources in FY2007).
  o HHPCC receives input and guidance from students about our programs in several ways: the Hall Health Advisory Committee; “Rave & Rant” and “Give Us a Grade” feedback tools (written); the HHPCC website (electronic); and the SAFC.
• Activity levels for FY 2007
  o 77,300 visits of which 67% were by students (3% increase from FY 2006).
  o Consulting nurse encounters with students: 7,637.
  o Phone and email encounters with students: 4,987.
  o Same day need mental health visits with students: 292.
  o 73% of UW students received a service from HHPCC.
• HHPCC is part of UW Medicine
  o All HHPCC care providers are credentialed through the Office of Medical Staff Appointments including academic departmental oversight.
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Hall Health Primary Care Center Renovation and Expansion Project Presentation
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- HHPCC uses UW Medicine systems for medical records, scheduling, billing, quality improvement, risk management, compliance and privacy activities.
- HHPCC continuously accredited by the Association for Accreditation of Ambulatory Health Centers since 1988; last full accreditation in October, 2006.

Hall Health Primary Care Center: Facility Summary
- Originally built 1936; expanded in 1975.
- HHPCC occupies the majority of the Hall Health building.
- HHPCC shares building with the Department of Environmental Health and Safety, the Employee Health Center-UW and several research programs.

Hall Health Primary Care Center: Objectives of Renovation Project
- Project driven by:
  - Commitment to the student health mission.
  - Providing the highest possible quality of care. We use a quality model, “PASCO”, an acronym for Patient safety; Access; Satisfaction; Cost; Outcome.
- Specific objectives are:
  - Increase the quality of care at HHPCC by improving the environment of care: privacy; safety and security; layout efficiency; comfortable furnishings; temperature; aesthetics.
  - Increase the access to care by providing “surge” space to meet high demand levels based on student schedules: particularly affects primary care and family health units.
  - Increase access to mental health services and improve quality, particularly access and privacy.
  - Renovate and increase space to meet “special” program demands: public health services; children of students; sports medicine; travel medicine; dermatology.
  - Increase capacity of the health center for anticipated growth in demand by students: grow our “throughput”.
- Factors expected to increase the demand for student services at HHPCC include:
  - Increasing size of “on campus” residential student population (add 1,200 in 4 years [23% increase]; add total of 2,400 over 15 years).
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- Increasing medical and mental health care needs of students (a true evolution of the clinical domain of college student health—*nationwide phenomenon*).
- Diminishing primary care services in the surrounding community.
- Increase our revenue generation to further reduce the need for SAFC funding (fraction of our budget from SAFC has fallen from 78% to 56% over past 10 years).

Pre-design and Design Process and Schedule

- Need for renovation and expansion identified late 2006
- Initial efforts identified options for expansion of the clinical services within our building.
- When those options were exhausted, we began to plan for a renovation project.
- With the UW Capital Projects Office, we identified a medical architecture firm, Taylor, Gregory, and Butterfield to conduct this pre-design study.
  - Building engineering analysis as part of this project.
  - Our proposed future development schedule is as follows:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-design Study Presented to Hall Health Advisory Committee and SAFC</td>
<td>February, 2008</td>
</tr>
<tr>
<td>SAFC Request for Design Funding: $1,031,513 capital request of the SAFC</td>
<td>March, 2008</td>
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<tr>
<td>Design Phase Begins</td>
<td>October, 2008</td>
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<tr>
<td>Request for Construction Funding: $7,614,911 for direct cost and $1,000,000 for lost revenue due to reduced operations during project</td>
<td>March, 2009</td>
</tr>
<tr>
<td>Design Complete</td>
<td>June, 2009</td>
</tr>
<tr>
<td>Construction Begins</td>
<td>October, 2009</td>
</tr>
<tr>
<td>Construction Complete</td>
<td>October, 2010</td>
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</tbody>
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