

PRESENTATIONS OF THE SCHEMATIC DESIGNS FOR THE UNIVERSITY HOSPITALS AND CLINICS—AMBULATORY SURGERY CENTER AND PROCEDURE SUITE AND REPLACEMENT AMBULATORY CARE CLINIC DEVELOPMENT PROJECT, AND PHASE 1 OF THE IOWA MEMORIAL UNION RENOVATION PROJECT WILL TAKE PLACE AT THE MAY MEETING

AGENDA ITEM 20a

BOARD MEMORANDUM

To: Board of Regents, State of Iowa
From: Sheila Doyle
Date: April 20, 2005 *ASN*
Subject: Register of University of Iowa Capital Improvement Business Transactions

1. Take the following actions for the major capital projects, as defined by Board policy.
 - a. **University Hospitals and Clinics—Ambulatory Surgery Center and Procedure Suite and Replacement Ambulatory Care Clinic Development** project (see pages 3 through 12).
 1. Acknowledge receipt of the University's final submission of information for the project to address the Board's capital project evaluation criteria (pages 8 through 12);
 2. Accept the Board Office recommendation that the project meets the necessary criteria for Board consideration; and
 3. Approve the Phase 1 schematic design and project description and budget (\$39,600,000) with the understanding that this approval will constitute final Board approval and authorization to proceed with construction.
 - b. **Iowa Memorial Union Renovation** (IMU) project (see pages 13 through 20).
 1. Acknowledge receipt of the University's final submission of information for the Phase 1 project to address the Board's capital project evaluation criteria (pages 18 and 19);
 2. Accept the Board Office recommendation that the Phase 1 project meets the necessary criteria for Board consideration; and
 3. Approve the Phase 1 schematic design and project description and budget (\$9,900,000) with the understanding that this approval will constitute final Board approval and authorization to proceed with construction.

- c. **Roy J. and Lucille A. Carver Biomedical Research Building** project (see pages 20 and 21).

Approve the revised project budget (\$43,285,000), architectural amendment with Rohrbach Carlson (not to exceed \$63,000), and construction change order with Miron Construction Company (\$380,043.73).

- This project was under construction prior to the Board's adoption of the policy for major capital projects in June 2003; therefore, the Board's capital project evaluation criteria do not apply.

2. Receive an oral progress report on the **Kinnick Stadium Renovation** project.

Executive Summary:

Requested
Approvals

Schematic design and project description and budget (\$39,600,000) for the **University Hospitals and Clinics—Ambulatory Surgery Center and Procedure Suite and Replacement Ambulatory Care Clinic Development** project which would finish space in the Pomerantz Pavilion and the Pomerantz West Addition (the facility currently under construction to house the Center of Excellence and three levels of shell space) to consolidate the UIHC Ambulatory Surgery Center (ASC); the surgical and ambulatory care functions of the Departments of Obstetrics and Gynecology, Dermatology and Internal Medicine; Pulmonary Diagnostics procedure rooms and laboratories; and offices and shared support areas (see page 3).

- The schematic drawings are included with the Board's agenda materials.

Phase 1 schematic design and project description and budget (\$9,900,000) for the **Iowa Memorial Union Renovation** (IMU) project which would construct a three-story addition at the existing east terrace entrance area, renovate existing book store space below the east terrace to support the addition, construct a river terrace area immediately west of the IMU, and address deferred maintenance deficiencies (see page 13).

- The schematic drawings are included with the Board's agenda materials.

Revised project budget (\$43,285,000), architectural amendment with Rohrbach Carlson (not to exceed \$63,000), and construction change order with Miron Construction Company (\$380,043.73) for the **Roy J. and Lucille A. Carver Biomedical Research Building** project for the redesign of a portion of the BSL-3 (Biological Safety Level-3) laboratory suite, and modifications to the building infrastructure to meet revised federal certification requirements relating to biomedical research procedures (see page 20).

Background and Analysis:

University Hospitals and Clinics—Ambulatory Surgery Center and Procedure Suite and Replacement Ambulatory Care Clinic Development

<u>Project Summary</u>			
	<u>Amount</u>	<u>Date</u>	<u>Board Action</u>
Initial Review and Consideration of Capital Project Evaluation Criteria		Dec. 2003	Received Report
Permission to Proceed with Project Planning Architectural Agreement		Dec. 2003	Approved
(Herbert Lewis Kruse Blunck, Des Moines, IA)	\$ 1,677,710	March 2004	Approved
Review and Consideration of Capital Project Evaluation Criteria (for expanded project scope)		Dec. 2004	Received Report
Expanded Project Scope Architectural Amendment #1		Dec. 2004	Approved
(Herbert Lewis Kruse Blunck, Des Moines, IA)	375,000	Dec. 2004	Approved
Program Statement		March 2005	Not Required*
Final Review and Consideration of Capital Project Evaluation Criteria		May 2005	Receive Report
Schematic Design		May 2005	Requested
Project Description and Total Budget	39,600,000	May 2005	Requested

* Approved by Executive Director in accordance with Board procedures.

Background The UIHC **Ambulatory Surgery Center and Procedure Suite and Replacement Ambulatory Care Clinic Development** project would finish shell space on the third, fourth and fifth floors of the Pomerantz Pavilion and the third floor of the Pomerantz Pavilion West Addition (the facility currently under construction to house the Center of Excellence and three levels of shell space), and construct additional fifth floor space for the Pomerantz Pavilion, to consolidate the UIHC Ambulatory Surgery Center (ASC); the surgical and ambulatory care functions of the Departments of Obstetrics and Gynecology (creating the Women's Health Center), Dermatology and Internal Medicine; Pulmonary Diagnostics procedure rooms and laboratories, and offices and shared support areas.

- The ASC would relocate from the Colloton Pavilion to better accommodate projected patient growth.
- The Department of Obstetrics and Gynecology functions would relocate from the General Hospital, South Wing, Boyd Tower and Medical Research Facility, and the Department of Dermatology functions would relocate from the Boyd Tower; the consolidation of these surgical functions in new space in the Pomerantz Pavilion would provide a number of functional and operational efficiencies.

- The Internal Medicine Subspecialty Clinic would relocate from the first floor of Boyd Tower, and the Pulmonary Diagnostics procedure rooms and laboratories would relocate from the third floor of the General Hospital.

The project would also finish the interiors of the existing pedestrian walkways that link the third and fourth levels of the Pomerantz Pavilion with the Pappajohn Pavilion to the north.

Program
Statement

The program statement for the **Ambulatory Surgery Center and Procedure Suite and Replacement Ambulatory Care Clinic Development** project, which was approved by the Executive Director in accordance with Board policies adopted at its November 2004 meeting, includes Ambulatory Care Clinics operated by the Departments of Obstetrics and Gynecology, Dermatology, and Internal Medicine; the Ambulatory Surgery Center; the Department of Obstetrics and Gynecology In Vitro Fertilization Procedure Suite and Laboratories; the Pulmonary Diagnostics Procedure Rooms and Laboratories; offices for the Departments of Obstetrics and Gynecology and Dermatology; and shared support areas.

Schematic
Design

The schematic drawings are included with the Board's agenda materials. The following are highlights of the interior design.

Level 3

Level 3 would house the ambulatory clinic functions of the Women's Health Center, Dermatology and Internal Medicine; Pulmonary Diagnostics procedure rooms and laboratories; Obstetrics/Gynecology offices; and the Phlebotomy/Bone Densitometry area, a shared clinic of the Women's Health Center and the Internal Medicine clinic.

The Level 3 plan (illustrated on page 2 of the design booklet) includes the Women's Health Center ambulatory clinic functions in the Pomerantz Pavilion West Addition, with Obstetrics/Gynecology office areas at three locations at the south end of the West Addition and the Pomerantz Pavilion.

- The West Addition (illustrated on page 3 of the design booklet) includes the Women's Health Center examination and treatment rooms and offices in approximately the western two-thirds of the space.
- The reception/waiting area would be located in the northeast corner with an entrance from the elevator lobby adjacent to the south. The ultrasound area would be located in the southeast corner, also adjacent to the elevator lobby.

The Internal Medicine ambulatory clinic functions, Pulmonary Diagnostics procedure rooms and laboratories, and Phlebotomy/Bone Densitometry area would fill the east-west portion of the Pomerantz Pavilion.

- This area (illustrated on page 4 of the design booklet) would house the Internal Medicine examination and treatment rooms in the western two-thirds of the space; the reception/waiting room would be located in the northern portion of this area.

- The Pulmonary Diagnostics examination and treatment rooms would be located in the eastern third of this space; the reception/waiting area would be located at the northwest corner.
- The Phlebotomy/Bone Densitometry clinic would be located west of the Internal Medicine waiting area.

The Dermatology ambulatory clinic functions would be located in the northeast portion of the Pomerantz Pavilion.

- The Dermatology clinic (illustrated on page 5 of the design booklet) would include the reception/waiting area at the north, the procedure suite at the southeast, with examination and treatment rooms occupying the remainder of the space.
- Two elevator lobbies serving all functions on this level of the Pomerantz Pavilion would be located adjacent to the southwest and southeast corners of the Dermatology clinic.

Level 4

Level 4 would house the Ambulatory Surgery Center, In Vitro Fertilization Procedure Suite, and Dermatology offices.

The Level 4 plan (illustrated on page 7 of the design booklet) includes the In Vitro Fertilization Procedure Suite and Dermatology offices in the northern portion of this space.

- The In Vitro Fertilization Procedure Suite (illustrated on page 8 of the design booklet) includes patient and laboratory areas in the northern portion of the space, with additional laboratories and the reception/waiting area in the southern portion of the space.

The Ambulatory Surgery Center would occupy the majority of the Pomerantz Pavilion.

- The Ambulatory Surgery Center (illustrated on page 9 of the design booklet) includes the operating room suite, with six operating rooms, in the western third of this area. Two additional operating rooms would be shelled in and equipped at a future date to accommodate the Center's anticipated surgical demand. The patient preparation and recovery areas would be located in the eastern two-thirds of the space.
- The central sterile/processing room would be located south of the operating rooms, and the staff locker rooms and lounge areas, conference room, and administrative offices would be located south and east of the patient preparation and recovery areas.
- The reception area, with separate adult and pediatric waiting rooms, would be located north of the patient preparation/recovery areas.

- Two elevator lobbies serving all functions on this level of the Pomerantz Pavilion would be located adjacent to the east and west walls of the reception area.

Level 5 Overview

The Level 5 plan (illustrated on page 12 of the design booklet) includes the construction of new space in the western portion of the Pomerantz Pavilion to house additional Obstetrics/Gynecology offices and a mechanical room.

Also included on this level is a shared Conference Center, with six conference rooms, which would be located north of the existing Hospital Dentistry Institute and south of the Melrose Dining area in the Pomerantz Pavilion.

The elevator lobby serving all functions on this level of the Pomerantz Pavilion would be located adjacent to the west wall of the Conference Center.

Exterior Design

The only impact on the exterior design would be the construction of an additional level of space on the fifth floor of the western portion of the Pomerantz Pavilion, which would be constructed to match the Pavilion's existing exterior.

This change is illustrated on the exterior elevations on pages 13 and 14 of the design booklet.

Square Footage The square footages in the schematic design, which are identical to those

Table

presented with the building program, are outlined below.

Detailed Building Program and Schematic Design

Ambulatory Care Clinics (Departments of Ob/Gyn, Dermatology, Internal Medicine):		
Exam and Consultation Rooms	13,200	
Procedure Rooms and Support	8,170	
Waiting and Reception	7,950	
Clinic Support	7,760	
Staff Offices and Workstations	5,220	
Utility Rooms and Equipment Storage	<u>1,790</u>	
Subtotal	44,090	nsf
Ambulatory Surgery Center:		
Operating Rooms and Support	8,150	
Patient Preparation, Recovery and Support	6,015	
Central Sterile Processing and Support	3,080	
Staff Lockers, Lounge and Restrooms	2,500	
Waiting and Reception	1,460	
Staff Offices and Workstations	790	
Satellite Pharmacy	765	
Utility Rooms and Equipment Storage	<u>320</u>	
Subtotal	23,080	nsf
Obstetrics and Gynecology Offices and Support:		
Faculty Offices	3,680	
Support Staff Offices	2,220	
House Staff Offices and Workrooms	1,160	
Office Support	1,110	
Conference Rooms and Libraries	<u>600</u>	
Subtotal	8,770	nsf
Pulmonary Diagnostics Procedure Rooms and Laboratories:		
Bronchoscopy	1,365	
Pulmonary Function Testing	1,360	
Patient Prep and Support	595	
Exercise Testing	405	
Waiting and Reception	370	
Offices and Workstations	<u>295</u>	
Subtotal	4,390	nsf
In Vitro Fertilization Procedure Suite and Laboratories:		
Laboratories	1,100	
Patient and Staff Support	760	
Procedure and Treatment Rooms	720	
Utility Rooms and Equipment Storage	380	
Patient Preparation and Recovery	360	
Staff Offices and Workstations	360	
Waiting and Reception	<u>340</u>	
Subtotal	4,020	nsf
Dermatology Offices:		
Faculty Offices	1,410	
House Staff Offices and Workrooms	890	
Office Support	520	
Support Staff Offices	460	
Conference Rooms and Libraries	<u>280</u>	
Subtotal	3,560	nsf
Public Support and Common Facilities for Ambulatory Care Clinics:		
Multi-Departmental Conference Rooms	3,500	
Public Restrooms	760	
Staff Locker Rooms and Lounges	<u>500</u>	
Subtotal	4,760	nsf
Total Net Assignable Space	92,670	nsf
Anticipated Gross Square Feet	187,784	gsf
Anticipated Net-to-Gross Ratio = 49 percent		

Schedule	The University plans to begin construction of some smaller project components (minor demolition, installation of elevators, and construction of the fifth floor space) in May or June of 2005, with the remaining construction commencing later in the summer of 2005. Project completion is anticipated for April 2007.	
Funding	UIHC Revenue Bonds and/or University Hospitals Building Usage Funds.	
	<u>Project Budget</u>	
	Construction	\$ 31,680,000
	Professional Fees	3,168,000
	Planning and Supervision	1,584,000
	Contingencies	<u>3,168,000</u>
	TOTAL	<u>\$ 39,600,000</u>

Evaluation Criteria Since the project meets the Board's definition of a major capital project, the University has provided the following information in response to the Board's evaluation criteria.

Institutional Mission/Strategic Plan The Ambulatory Surgery Center and Procedure Suites and Replacement Ambulatory Care Clinics Development project will fulfill the UIHC's mission and aid in achieving Strategic Plan goals in the following ways:

Replacement Ambulatory Care Clinics:

Completion of this project will be of significant benefit to the UIHC in providing the necessary space to accommodate continuing growth in ambulatory patient visits. Representative of this increase in patient volume is the 13% increase in clinic visits that has taken place over the past five years in the three clinics that will be provided with replacement clinic facilities as part of this project. These clinics' patient visits are projected to increase by over 21% during the next five years.

This project will provide the necessary facilities to enhance the seamless delivery of care for a range of primary through highly specialized, tertiary-level services in a manner that meets patient needs and expectations. The replacement facilities will consolidate clinical functions provided by the Departments of Dermatology, Internal Medicine and the Women's Health Center of the Department of Obstetrics and Gynecology that are now located on several floors of the Boyd Tower and General Hospital. This decentralization of clinics and procedure suites has been brought about by the lack of available adjacent space to accommodate growth over the years in clinic and procedure suite patient volume. Examples of this decentralization include the present Women's Health Center clinic facilities that are located on the second and fourth floors of the Boyd Tower and in two other locations on the fourth level of General Hospital; and the physical separation of the Department of Internal Medicine's Pulmonary Medicine specialty clinic, located on the first floor of the Boyd Tower, from this clinical service's pulmonary diagnostics procedure rooms and laboratories, located on the third floor of the General Hospital.

These decentralized locations create inconveniences for patients, hinder opportunities for consultation between specialists, and create inefficiencies in clinic support operations that must be duplicated at several sites. The new clinics and procedure units will be designed to facilitate greater collaboration between the multidisciplinary teams of health care providers and permit the shared use of examination and treatment rooms and other patient care support facilities based upon the scheduling demands of each specialty and subspecialty. They will also be designed with the objective to position functions such as chart control in locations that can be readily converted to patient care functions, such as examination and treatment rooms, as the need arises and as the requirement for hard-copy patient charts diminishes with the growth in development and use of the electronic medical record. Furthermore, as other clinical services have been relocated to newer accommodations at the south end of the University Hospitals complex it has become increasingly more difficult to provide convenient, coordinated care from locations in the General Hospital and Boyd Tower. The consolidation of these facilities in space more proximal to such patient care service areas as pulmonary rehabilitation, the Breast Imaging and Diagnostic Center, and the Labor & Delivery Suite, all located in the Pappajohn Pavilion, and the Family Care Center, in the Pomerantz Family Pavilion, will make it more efficient and convenient for both the ambulatory care clinic patients and the physicians and other members of the health care team.

The UIHC's educational and research missions will also be enhanced through development of the necessary space to effectively teach and train students and residents from a host of health care disciplines in the art and science of providing compassionate patient care, and by providing the type of facilities required to conduct innovative research directed toward more clinically efficacious diagnosis and treatment of disease. The project also supports several of the UIHC's Strategic Plan goals, most notably by ensuring the hospitals' facilities are developed with a particular emphasis on patient comfort and convenience and operational effectiveness, by differentiating the UIHC clinically, by enabling the UIHC to excel in all aspects of service to our patients and their families and referring providers, by facilitating opportunities for operational and clinical efficiencies, by making possible incremental growth in service volume and revenue, and by implementing or enhancing interdisciplinary interaction and collaboration to enrich the patient care, teaching and research missions of the UIHC.

Ambulatory Surgery Center and Procedure Suite:

Both the Ambulatory Surgery Center (ASC) and Main Operating Room (OR) Suite, which now adjoin each other on the fifth floor of the Colloton Pavilion, are functioning at an extremely high rate of usage. For example, the Main OR Suite is now operating at an effective utilization rate of approximately 90%, with some surgical services actually approaching or exceeding 100%. A number of operational enhancements have been made to maximize operating room usage and efficiency. Particularly, refinements in operating room scheduling have been made which has maximized utilization. The lack of additional

operating rooms has begun to limit the ability to accommodate surgical patient growth. Over the last five years, case volume has grown 13.7% overall, 9.0% in the ASC and 15.9% in the Main OR Suite. The Main OR Suite volume is projected to grow by approximately 3% per year for the foreseeable future. It is projected that the current ambulatory surgery case volume, if an adequate number of operating rooms are available, will increase from its present level of approximately 8,900 cases per year to 11,600 cases by the year 2016. This projection is based both on population statistics and predictions regarding the continued shift of surgical practice to the ambulatory setting. This project will provide the necessary space to accommodate the historical and projected future growth in ambulatory surgery and to permit the expansion and modernization of the Main OR Suite after the ASC has been relocated to its new facilities.

The In Vitro Fertilization (IVF) Program's facilities are currently located in two buildings, the General Hospital where its procedure rooms are located and the Medical Research Facility of the Carver College of Medicine where its special laboratories and storage facilities are located. This decentralization of facilities results in patient and staff inconvenience and functional and operational inefficiency. Also, inadequacies in IVF laboratory space have begun to limit the number of procedures the Program can perform. Lastly, as other clinical services have been relocated to newer accommodations at the south end of the University Hospitals complex, it has become increasingly more difficult to provide convenient, coordinated care from locations in the General Hospital and Boyd Tower. The development of these replacement facilities will overcome these spatial, functional and locational constraints and result in greater patient convenience and operational efficiency.

The UIHC's educational and research missions will also be enhanced through development of the necessary space to more effectively teach and train medical students, residents, fellows and other health science students and trainees and by providing the type of facilities required to conduct innovative clinical research. The project also supports several of the UIHC's current Strategic Plan goals and objectives, most notably by enabling the UIHC to excel in all aspects of service to our patients and their families and referring providers, by facilitating opportunities for operational and clinical efficiencies, by creating an environment that contributes to establishing the UIHC as the workplace of choice, by differentiating the UIHC clinically, by making possible incremental growth in service volume and revenue, and by implementing or enhancing interdisciplinary interaction and collaboration to enrich the patient care, teaching and research missions of the UIHC.

Other Alternatives
Explored

Replacement Ambulatory Care Clinics:

The project is required to provide the necessary ambulatory care clinic space to accommodate the existing patient volumes and projected future patient volumes for the Women's Health Center, and Internal Medicine Specialties Clinics whose facilities have either exceeded their capacity or will do so within the next three to five years. The project will also permit

the consolidation of clinical functions that are now located in several floors of the Boyd Tower and General Hospital as previously described

and provide for the development of these replacement facilities in a location more convenient for the patients to receive their care. Given the age of the General Hospital and the fixed capacity of the Boyd Tower, it was determined in the late 1980's that the only viable alternative to meet the need for expanding ambulatory clinical services was development of a new facility that could accommodate these growing outpatient care requirements. For this reason, the Pomerantz Family Pavilion was developed as a facility designed to accommodate the ambulatory clinics and diagnostic and therapeutic units of multiple clinical departments.

Ambulatory Surgery Center and Procedure Suite:

Due to the aforementioned need to provide an adequate level of patient treatment and support space to meet the historical and projected increases in Ambulatory Surgery Center (ASC) and In Vitro Fertilization (IVF) Program patient volume, as well as for the other reasons cited above, there are no alternatives available other than to develop expansion space for these clinical services. A number of alternatives for a new ASC were explored, including renovation of the ASC in its current location. Adequate and efficient ASC facilities cannot be provided in the current ASC location and the Main OR Suite expansion needs cannot be met unless the ASC is relocated. For these reasons other alternatives were explored that involved developing a new ASC separate from the Main OR. The various alternatives considered fall into two basic categories: building a new ASC within the UIHC or developing a new ASC in a location separate from the main UIHC complex. The option to develop an ASC off-site was determined not to be the most efficient model for the UIHC to follow at the present time due to the disruption it would create for faculty surgeons and residents who on a daily basis may undertake multiple research, teaching and other academic responsibilities within the UIHC and Carver College of Medicine besides meeting their patient care responsibilities in the operating room. Traveling between two facilities would be an inefficient use of their time. In addition, the development of an off-site ASC would also require the development of costly diagnostic radiology and clinical laboratory facilities, and other support services that will not need to be duplicated if the ASC is developed within the UIHC. Building a new ASC in the location proposed in this request is the most cost effective and best meets the ASC patient care, educational and research missions, as well as meeting the needs of the IVF Program. In addition, it further consolidates services that require the provision of anesthesia at a time when anesthesiology providers are in short supply. The project is also in concert with the goals of UIHC's Strategic Plan.

Impact on Other
Facilities and
Square Footage

Replacement Ambulatory Care Clinics:

On completion of this project, the space where these clinical services are now located will be reassigned to serve as temporary "swing space" while renovating and expanding the Pediatric Specialty Clinic in the Colloton Pavilion; to develop faculty offices for the Department of Pediatrics and Holden Comprehensive Cancer Center; and also to meet

other hospital department office needs. The specific clinical services to be assigned this "transferred" space have been determined with assistance from a national space planning and management consulting firm. These projects are specified in the UIHC's "Five-Year Capital Plan,

FY 2006 – 2010.” As the UIHC reaches the point in time indicated for commencing the planning of these projects, detailed information will be provided to the Board in the respective requests for Permission to Proceed with Project Planning.

Ambulatory Surgery Center and Procedure Suite:

On completion of this project the present Ambulatory Surgery Center space, totaling approximately twenty thousand gross square feet on the fifth level of the Colloton Pavilion, will be reassigned to the Main OR Suite to meet this facility’s need for additional operating rooms and support space and to provide “swing” operating rooms during the phased upgrading of the existing main operating rooms. Approximately six thousand gross square feet of space now occupied by the Department of Obstetrics and Gynecology’s In Vitro Fertilization Program laboratories and procedure rooms, that are located in several sites in the General Hospital and Medical Research Facility, will be reassigned to meet other space needs of the UIHC and the Lucille A. and Roy J. Carver College of Medicine. No space will be abandoned or demolished.

Financial
Resources for
Construction
Project

This project will be funded from hospital revenue bond proceeds and/or University Hospitals Building Usage Funds acquired from depreciation allowances of third parties underwriting the cost of patient care plus hospital net earnings from care of paying patients. No state capital appropriated dollars will be involved. The estimated project cost is \$39.6 million. The preliminary internal rate of return for the ASC and the clinical procedure units is 12.9%.

Financial
Resources for
Operations and
Maintenance

The source of funds to cover the associated operating and maintenance costs will be hospital-operating revenues derived from providing patient care services.

External Forces

The development of these facilities is a vital element in enabling the UIHC to meet all components of its tri-partite mission. As previously noted, the UIHC continues to experience a significant growth in ambulatory clinic visits and ambulatory and inpatient surgical procedures that have resulted in a number of clinical services now experiencing difficulties in providing timely patient services due to the lack of space.

Iowa Memorial Union Renovation

Project Summary

	<u>Amount</u>	<u>Date</u>	<u>Board Action</u>
Permission to Proceed		Jan. 2003	Approved
Architectural Selection (OPN Architects, Cedar Rapids, IA)		April 2003	Approved
Acceptance of Evaluation Criteria		July 2003	Approved
Architectural Agreement—Master Planning and Programming Services (OPN Architects, Cedar Rapids, IA)	\$ 279,610	July 2003	Approved
Master Plan for Student Services		Sept. 2004	Received Report
Iowa Memorial Union Master Plan Presentation		Nov. 2004	Received Report
Interim Review and Consideration of Capital Project Evaluation Criteria		Nov. 2004	Received Report
Phase 1 Program Statement		Nov. 2004	Approved
Architectural Agreement—Phase 1 Schematic Design Through Construction Administration (OPN Architects, Cedar Rapids, IA)	909,000	Dec. 2004	Not Required*
Final Review and Consideration of Capital Project Evaluation Criteria		May 2005	Receive Report
Phase 1 Schematic Design		May 2005	Requested
Phase 1 Project Description and Total Budget	9,900,000	May 2005	Requested

* Approved by Executive Director in accordance with Board procedures.

Background

The Iowa Memorial Union (IMU) was constructed in 1925; additions to and renovations of the facility were completed in 1927, 1955, 1965, and 1988.

The IMU is the heart of campus life. It houses several food outlets; the Campus Information Center; the Offices of Student Life, Student Government, and other student organizations; and the student book store. The IMU contains more than 25 meeting rooms, three large ballrooms, and the Iowa House Hotel.

The University wishes to undertake a major renovation of the IMU to upgrade the facility, consistent with student expectations.

In September 2004, the Board received the University's report on the Master Plan for Student Services which outlined the University's plan for improved student service facilities. One of the components of the Plan is the renovation of the IMU.

In November 2004, the Board received the University's report on the Iowa Memorial Union Master Plan.

The **Iowa Memorial Union Renovation—Phases 1 and 2** projects would provide additional study/dining space for students; address deferred maintenance items throughout the structure; construct a new River Terrace facing the Iowa River to provide a commons area for students to gather and a small venue for concerts and plays; provide circulation improvements throughout the facility; and improve food service areas.

The total estimated cost of the IMU renovation project is \$30 million (\$9.9 million for Phase 1 and approximately \$20.1 million for Phase 2) to be funded by the sale of revenue bonds, with debt service payments from current and future student building fees.

- In November 2002, the Board approved a new \$29 mandatory building fee per student per academic year to support debt service payments for a future bond issue for the Phase 1 renovation of the IMU. (The bond sale is scheduled for the May meeting; see Agenda Item 21.)
- The Master Plan for Student Services noted that an additional student building fee of approximately \$66 per student per academic year would be needed to support debt service payments for the Phase 2 renovation of the IMU.
 - The University plans to begin implementing one-half of the additional fee in academic year 2006-2007 and the remainder of the fee in academic year 2007-2008, subject to Board approval.

The program statement for the Phase 1 project, as approved in November 2004, would construct a three-story entrance addition at the existing east terrace entrance area; renovate the existing book store space below the east terrace to support the addition and renovate other space to accommodate the addition; construct a river terrace area immediately west of the IMU; address deferred maintenance deficiencies; and provide circulation and accessibility improvements.

Possible improvements to be evaluated for the Phase 2 project include:

- On the ground floor, further renovation of the student book store, expansion of the food storage and preparation areas, creation of a new food court, improved dining seating and lounge space in the Wheelroom, relocation of the convenience store, and development of additional office space.
- On the first floor, circulation improvements consisting of the development of two corridors from the east terrace entrance area that would connect with the River Room and new outdoor river terrace to the west, and the East Lobby of the Main Lounge to the north. Additional work on the first floor would include development of a new food venue, and improvements to dining/lounge space, staff and student office areas, the Campus Information Center and theatre.

- On the second floor, the renovation of office space for the IMU Human Resources office.
 - Correction of additional deferred maintenance items would be incorporated into the work.
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Phase 1
Schematic
Design

The schematic drawings are included with the Board's agenda materials. The following are highlights of the Phase 1 interior design.

Ground Floor

The ground floor project area (illustrated on page 5 of the design booklet) would reconfigure the book store retail area into an L-shaped space along the north and east walls. (The book store textbook area to the north would be addressed in the Phase 2 project.)

This design would accommodate the new structural system to support the three-level addition to be constructed above, as well as a new centrally-located stairway and elevator serving all levels of the addition.

The book store design features an entrance from the main north-south interior corridor, and improved internal circulation.

An open lounge and television viewing area, and an east-west corridor serving the stairway and elevator would be located south and west of the book store.

First Floor

The first floor project area (illustrated on page 6 of the design booklet) would feature the new east entrance to the IMU. This entrance would be served by the main east-west corridor which would provide access to an information desk and the centrally-located stairway and elevator serving all levels of the addition; these would facilitate way-finding through the facility.

Most of the area would be student gathering space, including a general open lounge north of the entrance along the east wall and an open fireside lounge and media lounge near the northern wall.

- The lounge areas would be flexible in design to accommodate large programs and functions that take place at the IMU.

Remodeling of the existing Terrace Theatre and box office in the southern portion of the project area would be bid as an add alternate and completed subject to the receipt of favorable bids.

Second Floor

The second floor project area (illustrated on page 7 of the design booklet) would house the functions of the Student Activities Center along the east wall; the far eastern portion of this space would be open to the third floor above.

- The Student Activities Center provides the office headquarters for 60 recognized student organizations (including the Dance Marathon, Homecoming, Riverfest and Campus Activities Board).

The Student Government offices and Student Video Production area would be located along the west wall with the entrance and reception area located in the southern portion of the space.

Third Floor

The majority of the third floor project area (illustrated on page 8 of the design booklet) would be constructed as shell space to accommodate future needs.

- The shell space would provide swing space during the renovation project and future office space; the specific occupants have yet to be determined.

A mechanical room would also be constructed on this level.

Phase 1 would also address the most critical deferred maintenance items including roof and fire alarm replacements; plumbing, electrical and mechanical system upgrades; interior improvements and repairs; and exterior repairs.

The interior deferred maintenance work identified on the schematic drawings includes the replacement of carpet in selected areas on the ground, first and second floors; the renovation of restrooms on the ground, second and third floors; and interior repairs on the first and second floors.

The estimated cost of the Phase 1 deferred maintenance component of the renovation (included within the \$9.9 million project budget) is approximately \$2 million, as follows:

Mechanical/Electrical (Fire alarm and sprinkler upgrades; new emergency generator; plumbing, electrical, and air handling upgrades)	\$ 1,000,000
Interior Repairs (New flooring, lighting, interior finishes; restroom renovations; minor wall repairs)	750,000
Exterior Repairs (Roof replacements, tuckpointing, exterior wall repairs)	<u>250,000</u>
	<u>\$ 2,000,000</u>

The following are highlights of the Phase 1 exterior design (illustrated on pages 2 and 3 of the design booklet).

The three-story east terrace addition would connect the original 1925 structure to the north and the 1960s addition to the south to create a new façade and entry feature on the east side of the facility.

The design of the addition, and the use of brick and stone consistent with the building's existing materials, would serve to unify the building's east façade.

The exterior of the addition features brick at the first level and a curved glass wall at the second and third levels. The glass would allow natural daylighting into the building, and the building's interior lighting would allow the glass exterior to glow at night.

A stone wall would identify the east entrance and would be similar to the stone features used at the building's other main entrances on the south and east facades. The entrance would be served by steps and a fully-accessible ramp.

The new roofing areas would consist of a rubber membrane material which was selected based on the University's past successful experience with the material, its similarity with the majority of the existing IMU roof areas, and its life expectancy (15 to 20 years).

Site
Improvements

Phase 1 would construct a river terrace immediately west of the IMU (illustrated on page 4 of the design booklet) to provide a stronger connection between the building and the Iowa River.

- The river terrace would include an amphitheatre along the river bank for large student gatherings and performances. The amphitheatre would feature a concrete stage area, stone walkway, and grass terraces for seating.
 - A patio area would be constructed adjacent to the IMU for smaller gatherings. The patio would be furnished with tables and chairs for informal use such as studying, eating and small entertainment events.
 - The river terrace would also feature plantings and additional trees for shelter from the sun, and pedestrian circulation paths.
-

Phase 1 Square Footage Table

The following table compares the detailed square footages for the Phase 1 schematic design with the square footages in the approved building program.

<u>Phase 1 Detailed Building Program</u>		<u>Building Program</u>	<u>Schematic Design</u>	
<u>East Terrace Addition</u>				
First Floor (Student Gathering Space)	3,325	4,250		
Second Floor (Student Offices)	3,850	4,425		
Third Floor (Shell Space)	<u>3,850</u>	<u>3,850</u>		
	11,025		12,525	nsf
Book Store Renovation (Ground Floor)		9,100	9,925	nsf
Central Lobby Renovation (First Floor)		<u>5,700</u>	<u>6,050</u>	nsf
Total Net Assignable Space		25,825	28,500	nsf

Phase 1 Program/Schematic Comparison

The schematic design reflects a total increase of 2,675 net square feet from the approved building program.

- The increases for the first and second floors of the east terrace addition (925 net square feet and 575 net square feet, respectively) and the central lobby area (350 net square feet) resulted from the consolidation of vertical circulation areas.
- The increase for the ground floor book store space (825 net square feet) is the result of incorporating additional space at the south end of the book store to replace the book store storage space on the first floor that would be lost with the renovation project.

Schedule

The University anticipates that Phase 1 construction would commence in the fall of 2005 and would require approximately 16 months to complete.

Additional Information

Construction would be coordinated to minimize disruption to the building's use. Book store operations would be relocated to the Main Lounge on the first floor of the IMU in November 2005 when the peak demand for fall textbook purchases has subsided. The University anticipates that the book store would need to occupy this space for approximately seven months during the construction project.

Funding

Revenue Bonds, which are scheduled to be sold at the May meeting (see Agenda Item 21).

Phase 1 Project Budget

Construction	\$ 7,787,100
Design, Inspection, and Administration	
Consultants	992,900
Design and Construction Services	336,000
Art in State Buildings	47,000
Contingencies	<u>737,000</u>
 TOTAL	 <u>\$ 9,900,000</u>

Evaluation
Criteria

Since the project meets the Board's definition of a major capital project, the University has provided the following information in response to the Board's evaluation criteria.

Institutional
Mission/Strategic
Plan

The Iowa Memorial Union is a vital facility on the UI campus. It is often the place where the University makes its first impression on potential students, faculty and staff. It is also the place where current students come to plan and participate in experiential learning opportunities, meet with classmates, grab a bite to eat, and listen to lecturers and concerts. To bring the IMU up to the standard students, parents and other visitors expect, a major renovation is required.

As part of the Student Services Master Plan (1999-2000), Brailsford & Dunlavey conducted a study of what students desired in a student union facility. Among its findings are:

- The focus groups interviews revealed that a significant portion of students, faculty, and staff consider improvements to the IMU a high university priority.
- All categories of students were willing to finance improvements through student fees, because students strongly felt that the improvements would build a sense of community, improve the quality of the out-of-class experience, and make the campus more user friendly.
- The survey revealed that weekly student usage of the IMU would increase from approximately 53% to 79% with a facility renovation.
- Although students would like to see more retail services on campus, students showed an even greater interest in more convenient hours, better service and space dedicated to students (i.e., lounge spaces, quiet study areas, computer labs, etc.).
- Food service quality, variety, and cost were consistently the most frequently mentioned negative aspects of the building.

Each of UI's top cross applicant schools and a majority of the Big Ten comparables have completed a substantial renovation of their student union facilities within the last few years or have plans to do so.

Other Alternatives Explored	The project is aimed at improving the services already currently offered, incorporating more student centered spaces and completing deferred maintenance to ensure that the Iowa Memorial Union is enduring and responsive to the changing demands of the University community.
Impact on Other Facilities and Square Footage	This project will add 13,400 GSF to the building with the new terrace infill construction on levels 1, 2 and 3. No space will be abandoned or demolished.
Financial Resources for Construction Project	The project will be funded by Revenue Bonds with debt service payments from student fees.
Financial Resources for Operations and Maintenance	The only additional operating costs required are for the infill construction of 13,400 GSF on the east side of the building. This represents a very small percentage increase of the total gross square footage for the entire building (312,000 total GSF). Additional revenues as a result of the remodeling are anticipated to cover these small incremental costs. It is also anticipated that savings will be realized with improvements to the HVAC systems serving the building.
External Forces	Reasonable standards of access and safety are part of the design considerations.

Roy J. and Lucille A. Carver Biomedical Research Building

Project Summary

	<u>Amount</u>	<u>Date</u>	<u>Board Action</u>
Permission to Proceed		Nov. 1999	Approved
Architectural Selection (Rohrbach Carlson, Iowa City)		May 2000	Approved
Architectural Agreement (Rohrbach Carlson, Iowa City)	\$ 2,416,700.00	July 2000	Approved
Program Statement		Feb. 2001	Approved
Schematic Design		March 2001	Approved
Project Description and Budget	40,731,000.00	March 2002	Approved
Architectural Amendments (Rohrbach Carlson, Iowa City)			
Amendment #1	103,000.00	June 2001	Approved
Amendment #2	159,457.00	March 2002	Approved
Amendment #3	270,000.00	Oct. 2002	Approved
Amendment #4	222,500.00	Nov. 2002	Approved
Amendment #5	29,367.00		Not Required*
Amendment #6	168,500.00	Feb. 2004	Approved
Amendment #7	26,500		Not Required*
Construction Contract Award— General Construction (Miron Construction Company)	26,585,000.00	Jan. 2003	Ratified
Construction Contract Award— Steindler Demolition Phase 2B, Asbestos Abatement (Great Plains Asbestos)	40,964.00	Jan. 2003	Ratified
Architectural Agreement—Furnishings Design (Rohrbach Carlson, Iowa City, IA)	105,000.00	July 2003	Approved
Construction Change Orders (Miron Construction Company)			
Change Orders #1 - #14	- 68,254.00		Not Required*
Change Order #15	1,287,083.00	Feb. 2004	Approved
Change Orders #16 - #36	649,583.36		Not Required*
Revised Project Budget	42,790,000.00	Feb. 2004	Approved
Revised Project Budget	43,285,000.00	May 2005	Requested
Architectural Amendment #8 (Rohrbach Carlson, Iowa City, IA)	63,000.00 (est)	May 2005	Requested
Construction Change Order #37 (Miron Construction Company)	380,043.73	May 2005	Requested

* Approved by University in accordance with Board procedures.

Background

The **Roy J. and Lucille A. Carver Biomedical Research Building** (CBRB) project is providing for construction of a 131,500 gross square foot (74,400 net square foot) facility with additional biomedical research space for the College of Medicine. A map indicating the location of the facility is included as Attachment A.

The project is currently under construction with an anticipated completion date of late summer 2005.

Revised Project Budget	<p>The revised budget of \$43,285,000, an increase of \$495,000, is necessary to accommodate recent and impending code changes that require the redesign of a portion of the BSL-3 (Biological Safety Level-3) laboratory suite, and modifications to the building infrastructure, to meet federal certification requirements.</p> <ul style="list-style-type: none"> • The Center for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) have recently changed their regulatory requirements relating to biomedical research procedures. • The new requirements reclassify portions of the BSL-3 laboratory suite, necessitating the redesign of approximately one-half of the space, and the modification and relocation of the building infrastructure. <p>The revised budget would include funds for the additional design and construction costs to modify the BSL-3 suite and the building's mechanical, electrical, plumbing, communication and fire suppression systems.</p>
Architectural Amendment	Amendment #8 with Rohrbach Carlson, not to exceed \$63,000, including reimbursables, would provide the required design modifications for the BSL-3 suite and the building systems.
Construction Change Order	Change Order #37 with Miron Construction Company, in the amount of \$380,043.73, would incorporate the required modifications into the existing construction contract.
Project Funding	Revenue Bonds and Carver College of Medicine Gifts and Earnings; funding for the budget increase would be provided by Carver College of Medicine Gifts and Earnings.

Project Budget

	Revised Budget <u>Feb. 2004</u>	Revised Budget <u>May 2005</u>
Construction	\$ 36,030,000	\$ 38,540,000
Design, Inspection, and Administration		
Consultants	3,150,000	3,250,000
Design and Construction Services	1,500,000	800,000
Art in State Buildings	215,000	215,000
Contingency	<u>1,895,000</u>	<u>480,000</u>
TOTAL	<u>\$ 42,790,000</u>	<u>\$ 43,285,000</u>

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