8. PLAN IMPLEMENTATION
Long-range planning at OHSU is an occupational challenge. The University is constantly evolving with new employees and faculty recruits bringing new ideas to bear on ways to better fulfill the healing, discovery and education missions of OHSU. Further, as the recent economic recession demonstrated, exogenous factors can have an enormous impact on the growth and development of the campus as they force us to reexamine our plans when circumstances change. Therefore, the most important characteristic to ensure the success of this Master Plan is flexibility.

The intent of the Master Plan is to create a framework that will guide the growth and development of OHSU’s campuses, but is flexible enough to accommodate changes when projects are modified, delayed or cancelled. The plan implementation section focuses solely on Phase I projects since identifying action steps for projects that are more than a decade out requires a high degree of speculation about future circumstances and resources that are impossible to predict.

This Master Plan will be updated internally every two years by the OHSU Campus Planning, Development and Real Estate Department with the goal of undertaking a major update once every decade.
Phase 1 Plan Budget

Only the eight major facility projects of the Phase I Plan are summarized below. The total estimated cost of the OHSU portion of these projects is $516.5 million which represents about half of OHSU’s total forecasted capital expenses for 2011-2020. This figure does not include a budget for ambulatory expansion as the project is unknown at this time. Three ambulatory options have been identified for further study. The proposed Support Services Building is also listed without a budget as this project is primarily a leased space strategy, but will likely require capital for furniture and equipment.

<table>
<thead>
<tr>
<th>PHASE 1: MAJOR PROJECTS</th>
<th>BUDGET</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>OHSU/OUS Collaborative Life Sciences</td>
<td>$100MM</td>
<td>Amount does not include $80MM of OUS funds. Total project is $180MM.</td>
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<tr>
<td>Schnitzer Campus Building II</td>
<td>$105MM</td>
<td>School of Dentistry &amp; Research</td>
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<tr>
<td>DCH Center for Mothers and Babies</td>
<td>$155MM</td>
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</tr>
<tr>
<td>OHSU Hospital Backfill</td>
<td>$21MM</td>
<td>OHS 12 backfill</td>
</tr>
<tr>
<td>Lot 83 Parking Garage</td>
<td>$15.5MM</td>
<td>Amount does not include logistics space</td>
</tr>
<tr>
<td>Ambulatory Expansion</td>
<td>TBD</td>
<td>Three options for further study</td>
</tr>
<tr>
<td>Support Services Building</td>
<td>TBD</td>
<td>Lease strategy. No capital budget available.</td>
</tr>
<tr>
<td>Schnitzer Campus Building III</td>
<td>$120MM</td>
<td>Preliminary placeholder in CFO's 10-year financial plan</td>
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<tr>
<td><strong>Subtotal</strong></td>
<td><strong>$516.5MM</strong></td>
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### Phase 1 Plan Schedule

The following schedule identified the anticipated start and end dates for the eight major projects of the Phase I Plan. The start date includes pre-development planning and design. The end date is the projected occupancy date.

<table>
<thead>
<tr>
<th>PHASE 1: MAJOR PROJECTS</th>
<th>START DATE</th>
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<tbody>
<tr>
<td>OHSU/OUS Collaborative Life Sciences Building</td>
<td>Underway</td>
<td>FY14</td>
</tr>
<tr>
<td>Schnitzer Campus Building II</td>
<td>Underway</td>
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<tr>
<td>DCH Center for Mothers and Babies</td>
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<td>FY15</td>
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<tr>
<td>Lot 83 Parking Garage</td>
<td>FY12</td>
<td>FY16</td>
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<td>Ambulatory Expansion</td>
<td>FY13</td>
<td>TBD</td>
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<td>Support Services Building</td>
<td>FY13</td>
<td>FY17</td>
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<tr>
<td>OHSU Hospital Backfill</td>
<td>FY14</td>
<td>FY16</td>
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<tr>
<td>Schnitzer Campus Building III</td>
<td>FY14</td>
<td>FY17</td>
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</table>
Near-Term Work Plan

A three-year work plan for the implementation of the Facilities Master Plan is outlined below. These tasks represent the next steps of the major projects listed in the first phase of the plan plus a few other strategic projects identified in chapter 5. This work plan is not intended to be comprehensive and simply lists preliminary actions necessary to keep these projects moving forward towards implementation. Ultimately, each project will require its own unique work plan.

**FY12 WORK PLAN**

1. **DCH Center for Mother and Babies & OHSU Hospital Backfill**
   **Status:** Project is awaiting approval. Architect team and contractor are selected. The DCH expansion project will take 3.5 years from approval to occupancy. The OHSU Hospital backfill project will open one year after the DCH expansion.
   **Next Steps:** OHSU Design and Construction will commence schematic design once approval granted.

2. **OHSU/OUS Collaborative Life Sciences Building**
   **Status:** Project will break ground in Fall 2011 and the classroom/instruction portion of the building will open in August 2013. The research portion of the building will open in December 2013.
   **Next Steps:** Complete design development. 22-24 month construction schedule.

3. **Schnitzer Campus Building II**
   **Status:** This building will consist of the School of Dentistry clinic, research labs and administrative offices as well as three to four full floors of unassigned research labs. Project approval has been granted. This building will be built as one project with the Collaborative Life Sciences Building and will open in December 2013.
   **Next Steps:** Complete design development. 24 month construction schedule.

4. **Marquam Hill Campus and CHH Backfill Plan**
   **Status:** The movement of program and staff to the Collaborative Building and the Schnitzer Campus Building II will create backfill opportunities on Marquam Hill and in CHH. It will also create the opportunity to tear down the former School of Dentistry building. A backfill scenario was developed in FY10 that needs to be updated and turned into a plan. A primary objective of the backfill plan is to vacate the OGI portion of the West Campus.
   **Next Steps:** Convene work group to develop the backfill plan with the goal of submitting the plan for approval by the ELT in Spring 2012.
5. **Lot 83 Parking Garage/Logistics Hub**

**Status:** The Marquam Hill Plan permits land use approval of a 450-space parking garage under the less onerous Type B review process if it is submitted by August 2012. A parking lot on this location is consistent with the Marquam Hill Plan. The project should evaluate the potential to include space for a central receiving dock to replace Dock 4.

**Next Steps:** Develop a scope of work to complete concept design and site due diligence, including geotechnical analysis to confirm that the site can support a garage and traffic study to identify potential ingress and egress that minimize conflicts between cars and delivery trucks.

6. **Quatama Joint Development**

**Status:** The two tax parcels that make up the Quatama site were separated from the ONPRC in 2009. The City of Hillsboro has adopted the Amberglen Community Plan which calls for a district with a more urban character. New zoning is currently being drafted. OHSU has no current plans to redevelop the site.

**Next Steps:** OHSU should conduct due diligence to determine market support for multi-family rental housing and commercial space consistent with the Amberglen Community Plan. The due diligence should also examine the value of a ground lease to a private development partner under several joint development scenarios. If the potential for adequate returns are possible, OHSU should select a development partner and enter into a letter of intent to form a joint development partnership once the site is master planned and the deal negotiated.
FY13 Work Plan

1. Ambulatory Expansion

Status: The Facilities Master Plan outlined three options for accommodating ambulatory expansion that deserve further study: leased property expansion, conversion of CHH 12-16, or second ambulatory building adjacent to CHH. Hospital Administration has indicated that they will be reviewing the ambulatory business strategy/plan over the next year.

Next Steps: Once the ambulatory business strategy is updated in FY12, an ambulatory Facility and Real Estate Plan should be developed in FY13. The planning process will include Hospital Administration, Ambulatory Administration and the Faculty Practice Plan.

2. Support Services Building

Status: OHSU has four major support service leases downtown and in South Waterfront that have been synchronized to expire on June 30, 2017. In addition, the OHSU Foundation has leased space downtown and UMG Billing has leased space in the Lloyd Center. Together, this total support services program space exceeds 180,000 rentable square feet.

Next Steps: Campus Planning, Development and Real Estate (CPDRE) shall convene a work group that includes representatives of all departments and affiliated entities (OHSU Foundation and UMG) to determine project goals and process that will lead to a Support Services Building to centralize all units into one location. Ideally, the Support Services Building will be on OHSU land near the Tram (e.g. Block 33). An RFP to the development community should be released in the Summer of 2013.

3. Ronald McDonald House

Status: OHSU has completed several studies in partnership with the Ronald McDonald House to determine whether, where and how to replace the current facility. The plan is to build a new house on the current site that will double the number of available rooms to 32 and structure parking below the building.

Next Steps: Working with the Chief Financial Officer, the Director of the OHSU Foundation and the Director of Doernbecher Children’s Hospital, CPDRE will develop a financing plan to fund OHSU’s share of the replacement project. Once a plan has been agreed to with the Ronald McDonald House Charities, negotiate a development deal that may include transfer of the site to OHSU and a ground lease back to the Ronald McDonald House. Commence design development and construction with the goal of opening the new house in FY15.
FY14 Work Plan

1. Schnitzer Campus Building III
   
   **Status:** At this time, Schnitzer Campus Building III is envisioned as a research facility that will accommodate Center of Emphasis growth once Building II reaches capacity. The site is on the north side of SW Meade Street across from Building II and possibly connected below Meade Street. The development program may include a new School of Public Health in partnership with Portland State University.

   **Next Steps:** Beginning in FY14, undertake a planning study to determine the program and development concept for Building III.

2. West Campus CDP Update

   **Status:** The ONPRC’s Concept Development Plan (i.e. conditional use permit) was approved by the City of Hillsboro in 1998 and expires in 2018. The plan has succeeded in guiding the growth of the ONPRC for the past thirteen years; however, it is in need of an update to guide the next decade of West Campus development.

   **Next Steps:** Work with the ONPRC Director and the Vice President for Research to develop a work plan to update the West Campus CDP. A steering committee should be formed to guide the process with the goal of completing work and receiving City Council approval by the end of FY15.
9. APPENDIX
9. APPENDIX
Referenced Studies

More than 75 documents were made available during the development of the Facilities Master Plan. They have been listed in the bibliography at the back of this document. The following studies were reviewed and discussed in detail during the process:

- 1998 West Campus Concept Development Plan (ONPRC)
- 2030 Master Plan, completed in 2000
- Marquam Hill Plan, completed in 2003
- South Waterfront Plan, completed 2002
- Schnitzer Campus Vision, completed 2007
- OHSU Schnitzer Campus Strategic Framework, completed 2008
- Collaborative Building Space Program & Background Report
- 2008 Hospital Expansion Site Assessment
- 2009 Inpatient Bed Expansion Analysis
- 2010 DCH Infant and Perinatal Study
- Facilities Condition Assessment
- Leased Property Portfolio
Definition of Terms

Throughout this document a variety of terms related to the square footage of buildings are used. As a preface to this document it is important to clarify the units that are used, as the difference between them can result in a wide range of understanding about the OHSU campus and facilities.

**ASF:** Assignable Square Footage

The accumulated usable space within the walls which define a room or area.

**NSF:** Net Square Footage

**DGSF:** Departmental Gross Square Footage

DGSF includes all of the Assignable Square Feet within a department and all of the remaining space and walls to the outside face of the exterior wall of the Department. DGSF includes the thickness of walls and columns, major circulation within the department including hallways and corridors.

**BGSF:** Building Gross Square Footage (sometimes referred to as GSF)

BGSF includes all of the Assignable Square Footage and/or Departmental Square Footage, and all of the remaining space and walls to the outside face of the exterior wall of a building or area. BGSF includes the thickness of walls and columns, major circulation including corridors, stairs and elevators. BGSF includes all mechanical, electrical, plumbing, utility and equipment spaces, including vertical shafts for pipes and ducts.

**FCI:** Facilities Condition Index

During OHSU’s 2010 fiscal year, OHSU Facilities Department initiated a study and developed a database for all buildings on the Marquam Hill Campus. One aspect of this database and reports it can generate includes the FCI score. For any individual building, the FCI index is deferred maintenance cost divided by its replacement cost.

\[
FCI = \frac{\text{deferred maintenance cost}}{\text{replacement cost}}
\]
### Interview Summaries

#### Hospital Patient Care

**Hospital Administration**

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<tr>
<th>Contact</th>
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<tr>
<td>Peter Rapp</td>
<td></td>
<td></td>
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<tr>
<td>Mark Ohallaren</td>
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**Current Space & Facility Deficiencies**

**Projected Space & Facility Needs**

1. Possibly relocate Behavioral Health to an existing Patient facility such as Holiday Park Hospital (Decision could be made Jan. 2011)
2. Relocate Well Baby/Maternity to KSMC/Westside. High Risk NICU/OB will stay at Doernbecher. Discuss further with Steven Scott
3. Contact Mike Hill regarding specific space requirements
4. Possible JV Hospital/Clinic venture with Legacy located in Washington County. Legacy currently owns land
5. McKinsey Report with drive Outpatient Clinic expansion
6. Need to focus on flexible space for potential changing needs
7. Obtain Administration input and reality check from physician group
8. Be mindful of increased rural access and providing easy access to clinics and hospital facilities
9. Provide ambulatory clinic next to motel for rural patients access and stay
10. Improve telecommunication links for rural patients
11. Questions whether Ronald McDonald House building has a future
12. Constantly reviewing how different departments work from a service standard point of view
13. Potential discussion around downtown anchor ambulatory clinic near SmartPark Parking
14. Determine life expectancy of OHSU Hospital
15. Administration open to razing Dillehunt Hall, Multnomah Pavilion, and Sam Jackson Hall
Ambulatory Projections

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<tr>
<th>Contact</th>
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<tr>
<td>Irene Barhyte,</td>
<td>MNP</td>
<td></td>
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<tr>
<td>Tom Heckler,</td>
<td>SJH</td>
<td></td>
</tr>
<tr>
<td>Ann O'Connell</td>
<td>DCH</td>
<td></td>
</tr>
<tr>
<td>Mike Bonazzola</td>
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</table>

Current Space & Facility Deficiencies
1. Administration for Outpatient Clinics should be located in one place and needs to expand as Outpatient Clinics are developed
2. They have immediate need for clinical space and Outpatient clinic lab space

Projected Space & Facility Needs
3. The net number of new doctors per year is approximately 40. Some are on campus, some are off. Projection for next five years is same.
4. Combine all Outpatient Clinics on Marquam Hill and create new facility or relocate to new CHH2
5. Psychology Services could stay near the Psychology Bed Area
6. Possibly combine employee and Student Health in one location
7. Doernbecher 7th floor clinical space could be relocated to a new CHH2

Nursing

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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Jennifer Jacoby</td>
<td>OHS</td>
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<tr>
<td>Peter Hazel</td>
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</table>

Current Space & Facility Deficiencies
1. Running high occupancy, over 90%. 14 or 20 bed units are very inefficient
2. Extremely inadequate storage space on units
3. Need larger meeting rooms for nursing and resident meetings

Projected Space & Facility Needs
4. Preference today is two additional 32 bed units for step-down Med/Surge
5. Additional 18 bed ICU unit
6. Full toilet rooms for ICU rooms
7. Combine Biomed, Transportation Services, Dock, Equipment Storage, Nursing Procurement, and Logistics on one floor
### Surgery

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<tbody>
<tr>
<td>Melody Montgomery</td>
<td>OHS</td>
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</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Almost maxed out with existing OR's
2. 25 OR's on OHSU Hospital 6th Flr, 5 OR's at CHH, 5 OR's at Multnomah Pavilion, 5 OR's at Doernbecher, 5 OR's at Casey Eye Institute
3. Current 750sf OR's are adequately sized

**Projected Space & Facility Needs**
4. Will need more OR's in the future

### Oncology

<table>
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<tr>
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<tbody>
<tr>
<td>Ann Raish</td>
<td>KPV</td>
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<tr>
<td>Tricia Thompson</td>
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<td>Lori Ellingson</td>
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<td>Mike Brownlee</td>
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<tr>
<td>Juanita Petersen</td>
<td>DH</td>
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<tr>
<td>Sandra Richey-Wallace</td>
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<tr>
<td>Bill Greenbaum</td>
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<td>Kristin Ellison</td>
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<td>Mike Seely</td>
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<td>Erwin Schwarz</td>
<td>SJH</td>
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<td>Connie Amos</td>
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<tr>
<td>Sherry Padgett</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steven Scott</td>
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</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Poor Outpatient services, particularly on Marquam Hill
2. Bone Marrow Transplant floors are full to capacity

**Projected Space & Facility Needs**
3. KPV 4th Flr is in good condition and relatively new
4. Full service Outpatient Cancer Center for medical and radiation therapy
5. Another unit next to KPV 13 & 14. Unit could be used now.
6. Radiation therapy vault on west campus
7. Proton facility as part of an Outpatient Clinic
8. Need for 5-10 new doctors over next few years
9. Additional three vaults required over next three years, all Outpatient
### Professional Services

**Group 5**

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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Mike Brownlee</td>
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<tr>
<td>Steven Scott</td>
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</tbody>
</table>

**Current Space & Facility Deficiencies**

1. Zero growth for Angio Labs department. No Storage. Poor and inefficient work flow. Waiting area is inefficient and located in Sam Jackson.
2. Labs have no areas to grow adjacent to current space
3. New instruments require more space and HVAC
4. Imaging departments are spread out too much with very poor wayfinding. Imaging currently provides 50% Inpatient and 50% Outpatient
5. Imaging has very old and worn spaces compared to the newer, remodeled spaces
6. MRI locations at capacity with no ability to add MRI’s
7. Respiratory has poor layout, adjacency and work space
8. Respiratory needs to be closer to patient floors

**Projected Space & Facility Needs**

10. Additional growth will likely be on Outpatient side
11. Pharmacy director recommends more work station capacity on nursing floors
12. Future pharmacy growth should be in retail space
13. Additional Imaging services will require additional hospital beds
Support Services

Group 6

<table>
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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Mike Doney</td>
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<tr>
<td>Dennis Minsent</td>
<td>HRC</td>
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<tr>
<td>Scott Turner</td>
<td>MNP</td>
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<tr>
<td>Skai Dancey</td>
<td>DCH</td>
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<tr>
<td>Brad Ortman</td>
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<tr>
<td>LeeAnne Wrenn</td>
<td></td>
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<tr>
<td>Steven Scott</td>
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</tbody>
</table>

Current Space & Facility Deficiencies
1. Need dock access at each building
2. Very little storage for all of EVS exchange carts
3. No space for catering services
4. Need better dirty food tray cart storage on nursing floors
5. Need another Inpatient kitchen
6. Poor access and transportation cause construction costs to be 15-35% higher than market
7. Centralized and larger space for CTG (better adjacencies with other support services)

Projected Space & Facility Needs
8. Centralized storage for each building
9. Dedicated freight/construction elevators
10. Centralized support service space, expanded footprint, dedicated dock.

Hospital Administration Support

Group 7

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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Priscilla Andres</td>
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<td>Marjorie Underwood</td>
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<td></td>
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<tr>
<td>Christine Slusarenko</td>
<td>MP</td>
<td></td>
</tr>
<tr>
<td>Tammy Wade</td>
<td>SJH</td>
<td></td>
</tr>
</tbody>
</table>

Current Space & Facility Deficiencies
1. Better staff departments where all staff are in one area

Projected Space & Facility Needs
2. More training and conference rooms
Graduate Medical Education

Contact | Org Numbers | Existing Location(s)
--- | --- | ---
Chuck Kilo | MAC | 
Sue Simmons |  
Don Girard |  

Current Space & Facility Deficiencies
1. Call rooms require bed, phone, and small computer work station. Shared toilet and shower is acceptable.

Projected Space & Facility Needs
2. Better call rooms for Tier 1 - one minute from nursing floors and Tier 2 - five minutes from nursing floors

Doernbecher Children's Hospital

Contact | Org Numbers | Existing Location(s)
--- | --- | ---
Scott Turner | DCH | 
Jan Frietas-Nicoles |  

Current Space & Facility Deficiencies
1. DCH could support its own Cath Lab
2. Need one OR, one GI, and more doctor clinic space

Projected Space & Facility Needs
3. Surgical growth of 6% per year cannot continue without additional beds
4. Approximate growth of 3% per year for Pediatric beds
5. Could obtain additional space by relocating Child Psychology and doctor’s offices (7th Flr) off Marquam Hill
6. Would like significant patient family housing (hotel-like) near campus. Best location would be waterfront.
7. Discuss available space at Shriners
8. Possible JV with Kaiser. Well-mother babies would go to KSMC Westside and DCH would take Kaiser's NICU and critical mother babies.
9. Beds for well-mother would be available within one year.
School of Medicine
Casey Eye Institute

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<tr>
<td>David Wilson</td>
<td>62101, 64801</td>
<td>Marquam Hill Building</td>
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<tr>
<td></td>
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<td>BRB 2nd Floor</td>
</tr>
<tr>
<td></td>
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<td>CHH 11th Floor</td>
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Current Space & Facility Deficiencies
1. Need to expand OR availability soon.
2. In the process of expanding our imaging space and "right sizing" the research space.
3. In the process of renovating 3rd and 4th floor of CEI Marquam building.
4. In the process of upgrading the wiring for Marquam Hill site.
5. Parking is very difficult and employees wait a long time to clear the parking list.
6. In the process of renovating 3rd and 4th floor of CEI Marquam building.

Projected Space & Facility Needs
7. Imaging: we will be offering new imaging methods for diagnosis. Gene Therapy: we will be providing this therapy to a limited group of patients, but eventually this form of treatment will be part of standard care.
8. May selectively eliminate programs that run in the red. The space freed up with elimination of these programs will be consumed by programs with a positive margin.

Neurology

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<th>Contact</th>
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<tr>
<td>Lisa Barnhart</td>
<td>64215, 64280</td>
<td>SJH - 2nd/4th Floor</td>
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<td></td>
<td>64220, 64260</td>
<td>HRC - 6th/2th&amp;13th Floor</td>
</tr>
<tr>
<td></td>
<td>64230, 64268</td>
<td>MAC - 5th Floor</td>
</tr>
<tr>
<td></td>
<td>64240, 64290</td>
<td>BRB - 4th Floor</td>
</tr>
<tr>
<td></td>
<td>64250, 64285</td>
<td>CHH - 8th Floor</td>
</tr>
<tr>
<td></td>
<td>64266, 64211</td>
<td>West Campus</td>
</tr>
</tbody>
</table>

Current Space & Facility Deficiencies
1. Currently part of clinical practice staff is located on the hill due to a lack of space at CHH; very interested in locating all of the Patient Access staff together in CHH (300 sq ft office space).
2. Having the Gait & Balance Disorder laboratory isolated on the West Campus is a major hindrance to the integration of Dr. Horak’s research program with clinical research programs; highly desirable for this laboratory to be located at either the main campus or CHH.
3. A chronic unresolved overall problem is the dispersion of the department’s faculty in multiple sites; ideal would be to bring this department together in one building.
4. The lecture hall in Sam Jackson Hall 4248 needs renovation.
5. The meeting room, used by our department and other campus programs, on the 12th floor of the Hatfield (12D03) is poorly designed with a needless hallway and the space needs to be renovated to make optimal use of it.

Projected Space & Facility Needs
7. Headache Clinic within the next 6 months; currently looking for faculty office space and additional clinic room.
8. The OHSU Brain Institute is a relatively new initiative that is seeking to integrate neurosciences research and clinical care that is presently dispersed among 12 different SOM departments and institutes. The real opportunity for all of us involved in neurosciences is to create space that brings the majority of these programs into proximity.
### Behavioral Neuroscience

<table>
<thead>
<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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</thead>
<tbody>
<tr>
<td>Diane Bennett</td>
<td>60601</td>
<td>BRB</td>
</tr>
<tr>
<td>Dept. Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dennis Bourdette</td>
<td></td>
<td>HRC, MAC, MRB, SJH, NSI &amp; VGTI</td>
</tr>
</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Primarily a shortage of lab space, followed by a shortage of faculty office space.
2. Persistent HVAC issues related to heating and cooling of lab space and faculty offices.

**Projected Space & Facility Needs**
3. Developing genomics’ resources at OHSU; this role will increasingly require greater wet laboratory space.
4. Number of faculty at the VA who will be retiring within the next 3-5 years. The VA lab space associated with these faculty is not guaranteed to be given to new BEHN faculty. Some space at OHSU must be identified as these faculty are replaced.
5. Increasing collaboration with the ONPRC; The number of BEHN faculty at the ONPRC is likely to increase and space will be needed.

### Dermatology

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<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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<tbody>
<tr>
<td>Don Glazier</td>
<td>62401</td>
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</table>

**Current Space & Facility Deficiencies**
1. More office cubicles for support staff & future faculty offices.
2. Creation of a conference room for the CHH 5th floor from the unused portion of the Ambulatory Surgery Center at the end of the floor. Convert financial counseling space to phone operator space.

**Projected Space & Facility Needs**
3. Dermatopathology Laboratory, 1-2 yrs, 1,500 sq ft off campus.
4. Outreach demand for dermatology services is increasing. May need more faculty offices for that growth.

### Department of Laboratory Services

<table>
<thead>
<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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</thead>
<tbody>
<tr>
<td>Juanita Petersen</td>
<td>32004, 34402</td>
<td>DH - 2nd-6th Floors</td>
</tr>
<tr>
<td>Dept. Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Douglas Weeks</td>
<td>32005, 37905</td>
<td>Physicians Pavillion - 3rd Floor</td>
</tr>
<tr>
<td></td>
<td>32006, 32008</td>
<td>MNP - basement</td>
</tr>
<tr>
<td></td>
<td>32010, 32009</td>
<td>RJH - 2nd Floor</td>
</tr>
<tr>
<td></td>
<td>32013, 32014</td>
<td>SJH - 3rd Floor</td>
</tr>
<tr>
<td></td>
<td>32019, 34002</td>
<td>CHH - 3rd &amp; 4th Floor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MP - 2nd &amp; 3rd Floor</td>
</tr>
</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Laboratory space is inadequate to provide quality patient care.
2. Dillehunt Hall has been remodeled repeatedly over the years; space has been maximized to the greatest extent possible.
## Psychiatry

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<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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<tbody>
<tr>
<td>Liz Stevenson - Dept. Administrator</td>
<td>66002, 66014</td>
<td>MNP</td>
</tr>
<tr>
<td>George Keepers</td>
<td>66003, 66101</td>
<td>SJH</td>
</tr>
<tr>
<td></td>
<td>66004, 66102</td>
<td>MAC</td>
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<tr>
<td></td>
<td>66005, 66008</td>
<td>DCH</td>
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<tr>
<td></td>
<td>66009, 66010</td>
<td>GH</td>
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<tr>
<td></td>
<td>66011, 66012</td>
<td>HRC</td>
</tr>
<tr>
<td></td>
<td>66013</td>
<td>BTE, Marriott</td>
</tr>
</tbody>
</table>

### Current Space & Facility Deficiencies
1. Would like to be more centralized. Our administrative space is not adequate to house our fiscal management team and therefore we are spread out across campus.
2. Clinics are spread out, requiring three complete sets of staff.
3. In some clinic space the facilities do not offer air conditioning or adequate heating and patient interactions can become constrained or difficult with certain weather events.

### Projected Space & Facility Needs
4. Research areas are growing and we are always needing more space.
5. Lease space off-campus for certain clinics and sleep lab; if discontinued, these services would be giving up leases. As of this writing we will be giving up two leases this FY11, and potentially one program for FY12 if the state doesn’t renew its obligation to the program. If that happens it is conceivable that in FY12 will need to find additional space for 6-10 providers from one clinic to clinics dispersed across OHSU.

## Biochemistry & Molecular Biology

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<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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<tbody>
<tr>
<td>Guy Super - Dept. Administrator</td>
<td>-</td>
<td>MRB - 5th &amp; 6th Floor</td>
</tr>
<tr>
<td>Peter Rotwein</td>
<td></td>
<td>RJH - 7th Floor</td>
</tr>
</tbody>
</table>

### Current Space & Facility Deficiencies

### Projected Space & Facility Needs

## Pediatric Otolaryngology

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<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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<tbody>
<tr>
<td>Henry Milczuk - Assoc. Professor</td>
<td>65101</td>
<td>DCH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PPV</td>
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<td>MPV</td>
</tr>
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</table>

### Current Space & Facility Deficiencies
1. Grown out of the DCH OR. The short term “fix” at Multnomah Pavilion is inadequate for pediatric care.
2. More pediatric operating rooms are desperately needed.
3. Have grown out of 5 clinic rooms with our current provider staff; addition of another attending will compromise space further.

### Projected Space & Facility Needs
4. Expanding DCH OR and moving out of Multnomah Pavilion; additional clinic space with additional videoendoscopy and otomicroscopy.
### Surgery - Abdom Org Transplant

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<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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</thead>
<tbody>
<tr>
<td>Michelle Bechtholdt</td>
<td>65101</td>
<td>MH 2160</td>
</tr>
<tr>
<td>John Hunter</td>
<td></td>
<td>PPV - 2nd Floor</td>
</tr>
</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Not enough office space in Mac Hall.
2. Hepatology is located in Multnomah Pavillion; Clinical Transplant Services is located in the Physical Plant; the location of these two programs hinders continuity of patient care and program success.

**Projected Space & Facility Needs**

### Surgery - Surgical Oncology

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<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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<tbody>
<tr>
<td>Michelle Bechtholdt</td>
<td>66912</td>
<td>MH 2160</td>
</tr>
<tr>
<td>John Hunter</td>
<td></td>
<td>PPV - 2nd Floor</td>
</tr>
</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Not enough office space in Mac Hall.
2. Not enough office/clinic space in CHH; CHH 7th floor is over-crowded.

**Projected Space & Facility Needs**

### Surgery - Trauma, Critical Care & Acute Care

<table>
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<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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</thead>
<tbody>
<tr>
<td>Martin Schrieber - Chief of Trauma/Crit. Care</td>
<td>66913</td>
<td>Baird Hall</td>
</tr>
<tr>
<td>John Hunter</td>
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<td></td>
</tr>
</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Do not have adequate office space for our fellows and PAs.
2. We do not have adequate call room space for our laboratory personnel who are involved in patient released data acquisition 24/7.

3. Resuscitation bay size is inadequate for major trauma activations and the emergency department should be renovated to accommodate a very large and active trauma program.

**Projected Space & Facility Needs**
### Emergency Medicine

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<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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</thead>
<tbody>
<tr>
<td>Alan Lines -</td>
<td>63302</td>
<td>CDRC - West</td>
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**Current Space & Facility Deficiencies**
1. The ED is deficient on a designated space to see minor care patients with designated mid level providers; The ED is old and outdated.

**Projected Space & Facility Needs**
2. Have been asked to expand Pediatric Emergency Medicine Physician coverage to 24/7 to compete with the market (Children’s Hospital at Legacy Emanuel opening Fall 2011); anticipating recruiting 3 new faculty members between 2010-2012 to meet this
3. Have discussed adding urgent care services in a more centrally located accessible space, like CHH. This would be 3-5 years off contingent on stability in the economy and future growth of South Waterfront area.

### Family Medicine

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<tr>
<th>Contact</th>
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<th>Existing Location(s)</th>
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</thead>
<tbody>
<tr>
<td>Laura Charron -</td>
<td>63601</td>
<td>EMC</td>
</tr>
<tr>
<td>John Saultz</td>
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</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Current space needs are met. Will require additional space for growth within 3 years.
2. Building is old and requires upkeep. The roof leaks and the single elevator requires maintenance.

**Projected Space & Facility Needs**

### Orthopedics

<table>
<thead>
<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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<tbody>
<tr>
<td>David Taub -</td>
<td>64401</td>
<td>SJH 2360</td>
</tr>
<tr>
<td>Department</td>
<td></td>
<td>Basic Science Building - 4th floor</td>
</tr>
<tr>
<td>Jung Yoo</td>
<td></td>
<td>PPV 430</td>
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<tr>
<td></td>
<td></td>
<td>CHH - 12th Floor</td>
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<tr>
<td></td>
<td></td>
<td>St. Vincent's Hospital</td>
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<tr>
<td></td>
<td></td>
<td>Tuality Health Care Clinic</td>
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</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Clinic space will not support the Department’s recruitment goals
2. Have no more office space for faculty or staff (many staff share offices)
3. Department is constrained in its ability to grow

**Projected Space & Facility Needs**
4. Recruiting an additional three faculty over the next two fiscal years (not including the two faculty recruits that will join the Department this fiscal year)
Heart Research Center

<table>
<thead>
<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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</thead>
<tbody>
<tr>
<td>Lisa Rhuman - Dept. Administrator</td>
<td>61832</td>
<td>CHH - 12th Floor</td>
</tr>
<tr>
<td>Kent Thornberg</td>
<td></td>
<td>MRB</td>
</tr>
</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Sheep/surgical facilities within the Department of Comparative Medicine need to be upgraded.

**Projected Space & Facility Needs**
2. Should funding become available for our collaborative efforts with local schools, we will look to hire additional staff which will require increased office space. As new imaging equipment comes on line, new personnel will need to be hired at ONPRC and the main campus to facilitate equipment use.

Pediatrics

<table>
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<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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<tbody>
<tr>
<td>Linda Hope - Dept. Administrator</td>
<td>65703, 65715</td>
<td>CDRC</td>
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<tr>
<td>65404, 65716</td>
<td>DCH</td>
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<tr>
<td>65705, 65717</td>
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<tr>
<td>65706, 65718</td>
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<tr>
<td>65707, 65720</td>
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<tr>
<td>65708, 65721</td>
<td>Beaverton</td>
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<td>65709, 65722</td>
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<td>65711, 65731</td>
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<td>65712, 65732</td>
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<td>65713, 65733</td>
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<tr>
<td>65714, 65734</td>
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</table>

**Current Space & Facility Deficiencies**
1. Severe shortage of office space (both hard wall and cube/workspace).
2. Lack of outpatient exam rooms for specialty services.
3. Insufficient facilities for cardiac function/stress testing (currently using adult exercise lab which is not located in DCH & is not scaled for pediatric patients).
4. Footprint at capacity. Junior research faculty will be leaving their mentor's labs over the next 2-5 years and will need their own.
5. Constrained as far as any strategic growth in key research areas such as Neuroscience, Cancer, and StemCells.
6. CDRC building has a poor HVAC system, windows that don't close fully, leaking roof, offices without access to natural light, and generally poor public presentation.

**Projected Space & Facility Needs**
7. Expect to need the equivalent of another 1/2 floor of the BRB within 3-5 years.
8. Footprint given the growth in other areas.
9. Implementation of 3D Echo at DCH starting CY11; space needs include office for new faculty serving as medical director.
10. Capsule endoscopy (Pediatric GI) - needs a dedicated space for reading station.
11. Expansion of telemedicine includes Hematology/Oncology, Diabetes.
### Molecular & Medical Genetics

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<tr>
<th>Contact</th>
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<tr>
<td>Lisa Rhuman</td>
<td>RJH</td>
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<tr>
<td>Dept. Administrator</td>
<td>MAC</td>
<td></td>
</tr>
<tr>
<td>Kent Thornberg</td>
<td>MP</td>
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</table>

#### Current Space & Facility Deficiencies

1. Reaching the limits of our available space in MacHall due to successful and growing research programs.
2. Do not have sufficient lab space for future recruitments.
3. In need of more office space in RJH Addition for department and clinical studies administration.
4. Diagnostic testing laboratories at Marquam Plaza are at maximum capacity and are located in space not suitable for clinical
   laboratories. The roof continually leaks in winter due to rain and in summer due to the cooling system. Extremely expensive equipment has been damaged in the past from leaks and is at continued risk of damage.
5. HVAC system does not meet the demands in the building causing the conditions to be unsuitable for a laboratory.
6. Air quality is poor with changes in noticeable moisture, large dust particles, and toxic odors being frequent issues.
7. Marquam Plaza building which currently houses the diagnostic laboratories on the third floor has had severe issues that cause interruption in testing, expensive equipment repair and an environment that is unhealthy and uncomfortable for employees.

#### Projected Space & Facility Needs

8. Anticipate that the trend towards personalized medicine and genetic profiling will increase demand for expertise from faculty in our program and labs under our direction over the next 2-5 years. This will create a need for more office space for clinical and informatics faculty new hires who will be in a close working relationship with the genetics labs.

### Phys. Assist Education

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<tr>
<th>Contact</th>
<th>Org Numbers</th>
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<tbody>
<tr>
<td>Ted Ruback</td>
<td>GH</td>
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</table>

#### Current Space & Facility Deficiencies

1. Current classroom only holds 38 students and is quite crowded at that number.
2. Do not currently have office space for the additional faculty we have budgeted to hire.
3. Lack space for teaching clinical skills which would not need to be dedicated space but space appropriate to the need.
4. Clinical lab space (Emma Jones) is accessible to, but at times need to compete for its use with programs outside of OHSU.
5. Building temperatures (radiator heat and window A/C units) fluctuate to uncomfortable extremes with the weather and vary throughout the building.
6. In the fall there are issues with mice entering the building.
7. Keeping up with the preventive maintenance on this building is challenging and costly, so there have been problems resulting from neglecting preventive maintenance (ex: floods in our classroom due to clogged gutters, a window falling out due to rotting window frames, keeping up with the preventive maintenance on this building is challenging and costly, so there have been problems resulting from neglecting preventive maintenance (ex: floods in our classroom due to clogged gutters, a window falling out due to rotting window frames).

#### Projected Space & Facility Needs

8. The PA profession will also play a vital role in the response to the health workforce shortages forecasted in the coming years and will be a prominent player in health care reform and the redesigned health care delivery system. The federal government has very recently (within the past month) implemented an effort to encourage PA programs to expand and place a greater emphasis on the training of primary care PAs. As a program with a primary care mission and ranked among the top 10 in the country it is imperative that the program begin to plan for expansion. Increasing our class size will require adequate classrooms space, an expanded faculty and staff with appropriately dedicated office space and a collaboration with the medical school in developing adequate clinical preceptor sites to meet the needs of the growing class.
Education and Research
Clinical and Translational Research Center (CTRC) 

**Contact** | **Org Numbers** | **Existing Location(s)**
--- | --- | ---
Eric Orwa | 44001 | CHH, HRC, MNP

**Current Space & Facility Deficiencies**
1. Outpatient CRC: CHH outpatient CRC underutilized because remote.
2. Inpatient CRC: Multnomah Pavilion inpatient CRC is "decrepit" and isolated.
3. Existing inpatient unit is isolated from other research staff and from hospital support. HRC would be much closer and better.

**Projected Space & Facility Needs**
4. Need for new Phase 1 Research Inpatient CRC space is getting critical.
5. HRC would be ideal inpatient unit. 8 bed count adequate for now, but there is potential for growth. University of Colorado is a good model of CRC in hospital.
6. Phase 2 growth would be boosted by Phase 1 expansion.
7. Oregon Center for Health Services and Effectiveness is hoped for new initiative. Additional office & dry lab.
8. Bio Informatics: Consider a big "server farm."
10. Knight Cancer will likely need this capability as Bio-Informatics is now "expected" at peer institutions.

**Research/ONPRC (Oregon National Primate Research Center)** 

**Contact** | **Org Numbers** | **Existing Location(s)**
--- | --- | ---
Nancy Haigwood | 43000 | West Campus
Rich Doghty | 43000 |
Jay Nelson | 43000 |

**Current Space & Facility Deficiencies**
1. Mixed

**Projected Space & Facility Needs**
2. More lab and more containment space.
3. Gray water use of pond and wells is being considered.
4. Original "research building" is going to be renovated and seismically upgraded.
5. Building 1 is designed to expand. Nancy and Jay also noted other options to expand. This is a priority.
6. Doubling breeding capacity is also potential and a decision is anticipated. This could be a priority.
7. A new building for animal housing and hospital of 25,000 sf.
**Dept. of Molecular Microbiology & Immunology**

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<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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<tbody>
<tr>
<td>Mary Stenzel-Poore</td>
<td>RJH</td>
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</table>

**Current Space & Facility Deficiencies**
1. Open lab is not conducive to microbiology / BSL-2 is adequate for this work.
2. Space is adequate for growth, but needs reconfiguration. Storage area that is unbuilt shell space and unaassigned lab they use for surge
3. Two aging labs that need to be renovated, one is almost already complete (RJH 6369) and the next in line for renovation is RJH 6351.

**Projected Space & Facility Needs**
4. Develop BSL-3 lab similar to recent G20 grant.
5. Reconfigure space, possibly relocate tissue storage.
6. Renovate space to carve out an additional lab. We intend to renovate RJH 6550 and RJH 6546 for this purpose.

---

**Research - Basic Sciences**

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<tr>
<th>Contact</th>
<th>Org Numbers</th>
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<tbody>
<tr>
<td>Mary Stenzel-Poore</td>
<td>RJH</td>
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<tr>
<td>Cheryl Oliver-Pickett</td>
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</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Space is adequate for next 10 years.

**Projected Space & Facility Needs**
2. Consider moving DNA sequencing out of this area.
3. Develop plan for future growth.
4. Need Phase 1 Facility.
5. Another BSL-3 facility is needed.

---

**Center for Research for Occupational and Environmental Toxicology**

<table>
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<tr>
<th>Contact</th>
<th>Org Numbers</th>
<th>Existing Location(s)</th>
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<tbody>
<tr>
<td>Greg Higgins</td>
<td>41201</td>
<td>RJH</td>
</tr>
</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Facilities are very adequate even before recent faculty departure. Scattered vacant space as a result.
2. Location is good.

**Projected Space & Facility Needs**
3. No additional needs.
4. Current director search may influence growth plan.
### Education and Research

#### Research - Basic Sciences Group 43

**Org Numbers**
- Existing Location(s)
- RJH

**Current Space & Facility Deficiencies**
1. Space is adequate for next 10 years.
2. Consider moving DNA sequencing out of this area.
3. Develop plan for future growth.
4. Need Phase 1 Facility.
5. Another BSL-3 facility is needed.

**Contact**
- Cheryl Oliver-Pickett

#### Center for Research on Occupational and Environmental Toxicology Group 44

**Org Numbers**
- Existing Location(s)
- Greg Higgins 41201 RJH

**Current Space & Facility Deficiencies**
1. Facilities are very adequate even before recent faculty departure. Scattered vacant space as a result.
2. Location is good.

**Projected Space & Facility Needs**
3. No additional needs.
4. Current director search may influence growth plan.

**Contact**
- Mary Stenzel-Poore

#### Vollum Group 46

**Org Numbers**
- Existing Location(s)
- Richard Goodman 45102 VIABR

**Current Space & Facility Deficiencies**
1. Building works well, but age means renovation is more costly.
2. Current size is good economic model for foreseeable future.
3. Auditorium is used a lot by others which is a problem for Vollum.
4. Open lab is very successful to be flexible.

**Projected Space & Facility Needs**
5. Building appropriate for continued use, but needs refreshing / ie bench replacement and finishes
6. Desire for reasonable proximity to Knight Cancer Institute.
7. Electron microscopy including cryo cell structures capability.
8. Research imaging services needs to be ramped up.

**Contact**
- Mary Stenzel-Poore

#### Comparative Medicine Group 47

**Org Numbers**
- Existing Location(s)
- Kim Saunders 85103 CHH, BRB, HRC, RJH, SOD, VIABR

**Current Space & Facility Deficiencies**
1. Currently are lacking space to support research that requires ABSL-3 housing and procedural space.
2. Some spaces not meeting CDC guidelines/ Some of our facilities do not meet the federal standards for housing.

**Projected Space & Facility Needs**
3. Several buildings need upgrades to HVAC systems to meet current demands (particularly the MRB).
4. Need for animal housing and support space will increase requiring more facilities to be built.
5. Need of security upgrades to include additional camera surveillance and secure key card access to gain entry into animal rooms.
6. Consideration has been given to remodeling the CROET 0 level animal facility to support ABSL3 animal studies.
7. Current trend that we see is the need for adjacent imaging space to support a variety of imagining modalities including MRI, NMR, ultrasound, bioluminescent imaging and radiology.
8. Consideration should always be given to keeping the animal housing, procedural and support space as centralized as possible.
9. Desire is to complete BRB 180 shell and then MRB space could be remodeled.
10. Animal space must be flexible, durable, easy to maintain.
**Research: Division of Cardiovascular Medicine**

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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Kaul Sanijev</td>
<td>63926</td>
<td>CHH</td>
</tr>
<tr>
<td>Greg Larsen</td>
<td>63926</td>
<td>BMR</td>
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<td></td>
<td></td>
<td>HRC</td>
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<td>MNP</td>
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**Current Space & Facility Deficiencies**

1. 50 beds in KP is limiting.
2. Office = MP/ lab = BRB, CHH, HRC/ clinic = CHH
3. Currently short on office space for faculty, researcher, fellows.
4. Leaking roof on MNP; Roof needs to be replaced on MNP.

**Projected Space & Facility Needs**

5. Current lab and office space needs would expand proportionally to the number of physicians in department.
6. Possible stand alone Cardiac Institute on Waterfront to include patients, labs, clinics, training, admin, etc.
7. Additional office spaces will be required for faculty, fellows, and support staff.
8. Research: Two (2) new office spaces and 5500 Sq Ft of Wet-Lab space will be required.
9. Inpatient: Additional inpatient and outpatient observation beds will be required to accommodate growth (estimated to double in 5 years).
10. Outpatient: Additional nursing and faculty reading rooms and work space will be required at CHH, as also additional space for cardiac rehabilitation.

**Advanced Imaging**

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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Bill Rooney</td>
<td>48101</td>
<td>BRB</td>
</tr>
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<td>48101</td>
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</tbody>
</table>

**Current Space & Facility Deficiencies**

1. No major issues.
2. Proximity of 7T magnet to cage washing movement is problematic.

**Projected Space & Facility Needs**
**Knight Cancer Institute**  
*Group 50*

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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Steve Stadum</td>
<td>68111</td>
<td>CHH, VAC 103, BRB, HRC</td>
</tr>
<tr>
<td>Kristin Bialobok</td>
<td>68111</td>
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**Current Space & Facility Deficiencies**

1. Except for shelled space, they are out of space. There are 5 open cubicles in CHH 15.

**Projected Space & Facility Needs**

2. Vision is to include ALL Oncology research and treatment, (at least administratively, not necessarily physically).
3. Major expansion of Basic Science research adding 9 star researchers and 60 total.
4. Pathology transitional lab/consolidation of lab svc -- should be near, but not on campus.
5. Triple tissue bank collection.

<table>
<thead>
<tr>
<th>Library</th>
<th>Group 61</th>
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<tr>
<td>Contact</td>
<td>Org Numbers</td>
</tr>
<tr>
<td>Chris Shaffer</td>
<td>23331</td>
</tr>
<tr>
<td>Judith Martin</td>
<td>23341</td>
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<td></td>
<td>23702</td>
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**Current Space & Facility Deficiencies**

1. Inadequate growth space for archives and collection.
2. Poor environmental control for archives and collection.
3. BICC needs refreshing at 20 years.

**Projected Space & Facility Needs**

4. Security for rare books must be considered.
5. Library must be in close proximity to hospital and to schools.

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<thead>
<tr>
<th>Education Communications</th>
<th>Group 62</th>
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<tbody>
<tr>
<td>Contact</td>
<td>Org Numbers</td>
</tr>
<tr>
<td>Tom Bourdrot</td>
<td>23233</td>
</tr>
<tr>
<td>Jan Pfeifer</td>
<td>82824</td>
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<tr>
<td>Geri Lutes</td>
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**Current Space & Facility Deficiencies**

1. Education productions: Great open space, but is remote from S.O.M. & S.O.D.. Need production space.
3. Medical Photography, Video Production, AV Support = space is adequate and space in BICC is good.
4. Director of Protocol: Office space is adequate.

**Projected Space & Facility Needs**

5. Education productions: Central to faculty offices of all types.
6. Director of Protocol: need 500 sf media room in or immediately connected to hospital.
### School of Dentistry

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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Jack Clinton</td>
<td>54101, 54111</td>
<td>SOD</td>
</tr>
<tr>
<td>Ron Sakaquchi</td>
<td>54135, 54171</td>
<td>HRC, DCH Surgery, RSC</td>
</tr>
<tr>
<td>Denice Stewart</td>
<td>54191, 54211</td>
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<tr>
<td>Phyllis Beensterboer</td>
<td>54221, 54231</td>
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<tr>
<td>Jack Ferrecane</td>
<td>54261, 54502</td>
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<tr>
<td>Jeffery Stewart</td>
<td>54811, 54821</td>
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**Current Space & Facility Deficiencies**
1. Very inadequate space for all functions, inadequate facilities (e.g. sterilization).
2. Parking very inconvenient for patients.
3. Existing clinic area has very major issues, extreme crowding, lack of privacy etc.

**Projected Space & Facility Needs**
4. Waterfront location for ALL of SOD.
5. Clinical research capability would be nice.
6. Preliminary program for Collaborative Building phase 1 assignable is 27,000 sf and an additional 103,000 sf in phase 2.

### School of Pharmacy

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<tr>
<th>Contact</th>
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<tr>
<td>Mark Zabrisky</td>
<td>80000</td>
<td>CHH</td>
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**Current Space & Facility Deficiencies**
1. Classroom size too small, not properly configured.
2. Lack of distance education capacity.
3. Inadequate research space.

**Projected Space & Facility Needs**
4. Wish List - 4-5 rooms @ 10-12 seats and 20-30 seats.
5. Close proximity of medical, nursing, pharmacy, and dental students for simulation lab training and small group discussion rooms.
6. Will need three classrooms with full distance learning capability.
7. Need a room for 100 students too, the large room in CHH is not good for technology or comfort. This is probably the biggest issue for students.
8. All campus pharmacy school programs should be together including faculty, administration, and education.
9. Access to simulation center is needed.
10. Patient interview spaces needed smaller private rooms.
11. Small teaching lab to teach basic skills in compounding before going out to clinical rotations.
### Allied Health

**Contact**
- Anne Maddeford

**Org Numbers**
- GH

**Existing Location(s)**

**Current Space & Facility Deficiencies**
1. Classroom space does not support 18 students.
2. As students are in class 8 hours on many days space does not provide adequate room for all students.
3. Currently classroom space is not adequate. The room was initially used as a conference room and does not support classroom activities.
4. Office space is good. Conference rooms need improvement.

**Projected Space & Facility Needs**
5. Must be located near the Department of Radiation Medicine as students have many faculty and clinical rotations requiring faculty from this department.

### Academic Affairs

**Contact**
- Cherie Honnell
- Susan Shugerman
- Bob Viera
- Sue Orchard
- Karen Seresun
- Leslie Gancia

**Org Numbers**
- BH
- MAC

**Existing Location(s)**
- Student Center in Canyon
- some West Campus

**Current Space & Facility Deficiencies**
1. Campus wide buildings are terrible for accessibility.
2. Campus lacks central gathering spaces for students for social, recreation, and meetings.
3. They really need to be together to work together and interact.
4. Registrar: storage of records is inadequately sized and has had periodic flooding from lab. (3-4 times in 10yrs)
5. Registrar: Work areas are not efficiently laid out and sized.
6. Diversity: lack of accessible conference spaces, ie the main auditorium.
7. Diversity: Lack of meditation space.
8. There are limited meeting rooms.

**Projected Space & Facility Needs**
9. Student Health Center to expand into Medical Photography.
10. Student Center undergoing changes.
11. Privacy is needed for discussions with students -- may expand into adjacent mail room.
12. Education Outreach & Collaboration : Need for a testing center and student help/study assistance.
13. Student housing is a serious need.
**Student Health Services**

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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Amy Gardner</td>
<td>84501</td>
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**Current Space & Facility Deficiencies**
1. This space is currently 2,400 sf with a remodel/addition in progress which will increase it to 4,000 sf. Estimated cost $300,000.
2. Overhead pipes burst on a regular basis requiring significant repairs.
3. Poor ventilation, basement location with limited natural light, security concerns at windows.

**Projected Space & Facility Needs**
4. The remodel in progress should provide adequate space for the clinic for the next 5 years.
5. Growth metrics should be based on student enrollment increases.
6. Reconsider location of this department relative to Collaborative Building. Move to CHH may be appropriate.
7. Two possible options for growth:

**Office of Rural Health & Area Health Education Center (AHEC)**

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<tr>
<th>Contact</th>
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<tbody>
<tr>
<td>Scott Eckblad</td>
<td>25110</td>
<td>MAC 5th floor</td>
</tr>
<tr>
<td>Lisa Dodson</td>
<td>21616</td>
<td>MAC 5th floor</td>
</tr>
</tbody>
</table>

**Current Space & Facility Deficiencies**
1. Natural light is limited or problematic for both departments, skylight in AHEC creates glare; ORH has almost no natural light.
2. Leaks in skylight and roof have damaged equipment and files in AHEC.
3. Space is adequate no major space requirements.

**Projected Space & Facility Needs**
4. 1 additional office ORH (ORH currently sharing office spaces in ORH- 1 additional office desired not required).
5. 1 additional shared conference room for ORH / AHEC (AHEC currently has open office and could also use this room for private meetings).
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