

# Transformations

EXPANSION  
PROJECTS

A quarterly update for University of Colorado Hospital Foundation's Supporters, Friends, Patients and their Families



Bruce Schreffel

## New Tower, Cancer Center Expansion Key to Top 10 Status

To meet patient demand, become the very best, UCH must grow

By Bruce Schreffel, President and CEO

Just three years after moving into our new home at the Anschutz Medical Campus, University of Colorado Hospital has already grown out of it.

Patient demand for our expertise has vastly exceeded expectations. Our inpatient tower has been at or near capacity since the 2007 move. Similarly, demand for our cancer care has more than doubled since the Anschutz Cancer Pavilion opened in 2001.

For this academic medical center to continue to provide the superb care upon which patients from across the Rocky Mountain region have come to depend, we must expand.

A year ago, the hospital's Board of Directors gave the go-ahead to begin planning an architectural design for a new, 12-story inpatient tower; a six-story staff parking structure; and a three-story parking structure (two of them underground) for the Anschutz Outpatient Pavilion. It's all expected to cost about \$400 million. As monumental a decision as this was, I view it as the second-most important approval the Board gave that day. Because that same afternoon, our leaders also backed a plan to pursue our ambitious vision of becoming one of America's top 10 hospitals by 2020. The two actions were closely related. To grow into a medical center of such standing that the name Anschutz resonates with the same power as Mayo and Hopkins do today, we must expand.

The new tower, scheduled to break ground in January 2011 and open in 2013, will add 144 inpatient beds to the hospital's current capacity of 407, and will include roughed-in space for

another 120 to meet expected future demand. The expansion will also create a new Emergency Department twice the size of its present home, where patient demand exceeds capacity several nights a week.

Our nonprofit hospital will pay for most of the cost through patient revenues and through the generosity of donors. State funds will not be used for either the new tower or the planned expansion of the Anschutz Cancer Pavilion.

The \$20 million Anschutz Cancer Pavilion project will, when completed in 2013, increase the current facility's footprint roughly 40 percent. It will boost chemotherapy infusion capacity 75 percent, increase the number of clinic rooms by half, and add new office space, team rooms, an additional radiation therapy vault, and more.

The tower and Cancer Pavilion expansions accomplish several important goals. First, without them, we will almost always be over capacity as early as 2012. Even now, our inpatient tower is completely full an average of three days a week, and nearly always above the optimal 80 percent capacity for medical/surgical beds and the optimal 65 percent capacity for critical care units.

Second, they will put UCH on a similar scale as enjoyed by our peer academic medical centers around the country. Third, and closely

related, the added space will help us attract and retain more specialists and sub-specialists to care for patients with the most complex health care needs. Through their medical research and their work to train the next generation of physicians and nurses, these experts will also lay the groundwork for the

future of medicine.

The state and its residents will benefit economically as well as medically. The

*For this academic medical center to continue to provide the superb care upon which patients from across the Rocky Mountain region have come to depend, we must expand.*

Metro Denver Economic Development Corporation estimates that the new tower will add 1,000 jobs at the hospital, which will translate to a total of 3,000 direct and indirect jobs for the region.



"The health care investment moves Colorado forward at a time when the need for access to care is growing," Governor Bill Ritter said when we announced the new tower in May. "This is an investment."

Indeed. We invest so we can expand, and, ultimately, grow – for the benefit of patients and their families throughout the Rocky Mountain region and beyond.



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# Planning for a New Tower

## Tony Ruiz Leads UCH Team Working to Make Expansion a Reality

Before the cranes lift girders, before the excavators tear into the earth, before the surveyors set up their yellow tripods, there is planning. Much of that planning involves meetings in which “What if...?” and “What about...?” are the dominant interrogatives.

The answers set off ripples that will swell into waves of activity to create a new, 12-story inpatient tower and associated development for University of Colorado Hospital.

Tony Ruiz, UCH’s project executive for the ambitious expansion project, is making a lot of decisions these days. He has to if the parking lot below his tenth floor Leprino Building office window will, in less than three years, become a 600,000-square-foot building and a 1,749-car garage. The new tower will combine architectural grace with the addition of much-needed inpatient beds, a new Emergency Department twice the size of the current space,

*“I’m not sure many people have a sense of the complexity a project like this involves.”*



operating rooms, pre- and post-op areas, and other services expected to grow in the future.

“I’m not sure everyone has a sense of the complexity a project like this involves,” Ruiz said. “Or the commitment and the number of hours it takes to do what we’re doing right now.”

Ruiz and UCH project manager Augie Trujillo spent six hours in a recent meeting with architects to hammer out a list of more than 50 different specialists the expansion project will need (see sidebar). In a follow-up meeting, also lasting hours, they walked through the list one line item at a time.

Item six, “LEED Consultant,” seemed straightforward enough. UCH is shooting for LEED Gold, which would place it among the most energy- and water-efficient buildings in Colorado. There are, as of this writing, no LEED Gold buildings in Aurora. There’s a reason for that. Future efficiencies come at a price today. LEED Gold could run \$200,000 in fees and design, the architects told Ruiz, plus somewhere between zero percent



Tony Ruiz, UCH expansion project executive, at HDR Architecture

and four percent of construction costs.

Ruiz paused. On a \$400 million tower, that could be zero dollars or \$10 million. With the hospital largely self-funding the project, UCH leaders will want to know which one it is.

“It’s hard to commit when you have a range that can go so high,” Ruiz told the architects. “You tell us: what are the things we should pursue to get to Gold status? We need you guys to bring up these ideas.”

Minutes later, Ruiz had moved on to the topic of construction cranes. They couldn’t interfere with medical helicopters landing at a hospital that will

be running full-bore during the entire construction effort. Later, they talked about the need for new window-washing equipment (the existing Anschutz Inpatient Pavilion has a concave exterior; the new tower will

have a wave to its glassy western flank, making it both concave and convex).

Ruiz’s small team will also lead the Anschutz Cancer Pavilion expansion effort, so in addition to making sure work on the new tower proceeds apace, they must plan for parallel construction projects. For the existing Anschutz Inpatient Pavilion, there were six mobile-home-size construction trailers. With the campus fully occupied, where would a similar number go now? In addition, until the new staff and Anschutz Outpatient Pavilion parking structures open, the hospital must accommodate the parking spaces lost during construction.

These are just a few of the many, many decisions to be made.

“This expansion project is more than a full-time job,” Ruiz said. “But it’s exciting to think that, when it’s done, University of Colorado Hospital will be in a position to better provide for patients and families for many years to come.”

## UCH’s New Inpatient Tower Expansion Project at a Glance

Stories:

12

New floor space:

660,000 square feet

Cost:

\$400 million

New inpatient beds, near-term:

144

Additional inpatient beds, long-term:

120

Percentage increase in Emergency Department size:

100%

Spaces in new visitor/patient parking structure:

799

Spaces in new staff parking structure:

1,749

New full-time jobs (estimated):

1,000

Construction jobs (estimated):

650

# Architecting a Hospital for the Future

Designers bringing diverse perspectives into new inpatient tower

A hospital is many things to many people.

From a patient's perspective, a hospital should create an environment of healing and wellness. From a physician's and nurse's point of view, it should be a place that facilitates their efforts to help patients get and stay healthy. Food service, housekeeping and operations staff like spaces that allow for efficient service delivery and maintenance. Hospital administrators want the flexibility to reshape the use of a given room or floor as future needs change. Local, state and federal regulators insist on safety, making hospitals among the most highly regulated of facilities. And a hospital must meet all of these expectations on a budget.

The task of embodying all these perspectives in a single structure falls to the architects. In the case of University of Colorado Hospital's new inpatient tower, that's Cannon Design Inc., which did the big-picture schematic design; and HDR Architecture, Inc., which is leading the formidable effort to create detailed drawings from which construction crews can work.

"The biggest challenge is trying to meet the needs of the multitude of stakeholders," said Jerry Jeter, AIA, HDR's project principal on the expansion project.

The project has, fortunately, a few guiding principles to focus the diverse interests of hospital staff and School of Medicine faculty that use the facility every day. The 12-story structure must integrate into the community, campus and existing facilities; be easy to navigate; promote safe and efficient care delivery; be as "future proof" as practical; embrace new technology; be comfortable for patients and families, staff and faculty; and not break the bank.

But there's a gulf between following guiding principles and getting the details right.

"Every room has a purpose," said Thomas Sanders, AIA, managing principal for HDR, who is

*"How do we put patients in an environment that's inspiring and give them what they need to get well?"*



Thomas Sanders, managing principal of HDR Architecture

leading his company's design development effort. "And every one of those purposes serve the clinical mission and the patient."

Not only must hundreds of rooms be positioned optimally, Sanders added, but "every single thing in every room has to be accounted for. That goes from trash cans and medical gases to medical equipment and patient beds."

Architects don't usually go into such details, Sanders says.

To garner the depth of perspective needed to satisfy so many



Architectural schematics for new UCH tower

masters, Sanders and colleagues are leading a three-month process of information gathering at UCH through late October. These design development meetings will involve more than 200 people representing 16 areas of the hospital, from patient representatives to janitors to surgeons. Each of the 16 teams will meet as many as five times.

"If I was designing a bank, I'd sit down with tellers," Sanders said. "But it would not be multiple sessions for multiple months."

Janice Stanton, RN, MBA, is working to ensure that all these voices are heard, and that the best ideas are incorporated in the construction drawings that flow from the effort. Stanton, an HDR senior healthcare consultant, worked for years as a nurse before entering the business world. At UCH, she sees herself as a sort of translator.

"Having a clinical person on the team helps ensure the design reflects what the clinical team has requested," Stanton said. "I can hear it and an architect can hear it, but the architect might not hear it the same way I do."

It all can be a lot for an architect to digest. For Jeter, it helps to go back to first principles.

"How do we put patients in an environment that's inspiring and give them what they need to get well?" he asked.

## University of Colorado Hospital's 2020 Vision

UCH's expansion efforts are about much more than bricks and mortar. The hospital needs more space to reach its ambitious goal of being recognized as one of the top 10 academic medical centers in the United States by 2020. Attaining this status means creating an institution that will:

- Exceed the expectations of patients, families, staff and faculty
- Deliver seamless and compassionate care
- Foster a highly spirited, collaborative team
- Educate the next generation of health care professionals
- Lead the nation in quality outcomes and patient safety
- Advance discovery and innovation
- Ensure a strong financial base
- Provide flawless service in unparalleled facilities

# Transformations

A Newsletter from the UCH Foundation

Volume 3 • Issue 4 • Fall 2010

## \$20 Million Expansion to Help Cancer Center Keep Pace

**Bigger Anschutz Cancer Pavilion footprint will help meet patient needs**

The hospital's Anschutz Cancer Pavilion gives the impression of a modern, airy, spacious medical facility – and it is. But behind the scenes, it's bursting at the seams.

The University of Colorado Cancer Center has been, from a real estate perspective, a victim of its own successes. Among them:

- Five-year survival rates in melanoma, breast, colorectal, lung and prostate cancers are as much as 30 percent higher than state and regional averages
- The Cancer Center now hosts some of the nation's top physicians and cancer researchers, who are developing new diagnoses, treatments, and cures for cancer
- It remains the only National Cancer Institute-designated Comprehensive Cancer Center in the Rocky Mountain region, and is one of just eight Lance Armstrong Foundation LIVESTRONG Survivorship Center of Excellence Network centers

Patients from around the region have voted with their feet. From 2001 to 2009, Cancer Center visits more than doubled, far exceeding

projections. Several areas have seen even bigger increases, including general cancer clinic and infusion visits (up 173 percent), urological cancer visits (up 177 percent) and lung cancer visits (up 109 percent). Such growth shows no signs of slowing down, either.

Ross Camidge, MD, a lung-cancer specialist, described it this way: "We don't turn people away. But the reality is, it's one-in, one-out. If Mrs. Jones is sick or needs to spend more time in an exam room, I can't see anybody else while she's having things done."

A planned \$20 million Cancer Pavilion expansion project will, when completed in 2013, increase the facility's footprint roughly 40 percent – 40,000 square feet – and renovate 14,100 square feet of the current 108,000-square-foot building.

The expansion will boost chemotherapy infusion capacity 75 percent (from 24 to 42



bays), increase the number of clinic rooms 54 percent (from 24 to 37), and add new office space, team rooms, an additional radiation therapy vault, and more.

The expansion, UCH and Cancer Center officials say, will enhance care, bolster cancer research and create a more efficient and comfortable environment for patients and

*The Anschutz Cancer Pavilion expansion will enhance care, bolster cancer research and create a more efficient and comfortable environment for patients and caregivers.*

caregivers. The new space will also provide room for new members of a Cancer Center team that already boasts some of the nation's top cancer specialists, affording patients expanded access to pioneering

diagnoses, treatments, and cures for cancer.

"We have a fantastic product," Camidge said. "The expansion will allow us to serve more patients who seek the region's finest cancer care."

For more information, visit [www.uch.edu/cancerexpansion](http://www.uch.edu/cancerexpansion) or call (720) 848-7802.

## Transformations

Transformations is published by the University of Colorado Hospital Foundation

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