Response of the Cancer Detection Center to the proposal of the Administration presented on July 26, 1991 - Conf. on MOVE OF WHOLE CDC TO STA 52 Mayo Bldg.
Present: Mrs. MARY ELLEN WELLS, C.D., S.W., Ms. MARY SUMPMANN, MS. SHARON WEISS (custodian).

Mrs. Wells started the mtg. by indicating she and her group have been exploring in search of proper space for CDC. She suggested Sta 52, one floor above the present examining area. This has these advantages:

1. There is no connecting corridor from the U.H., and thus there is very little traffic.

2. The area is easily reached from the P.W. Bldg. by bridge.

3. An effort has been made to provide space for the CDC office and examining areas in contiguity.

4. The atrium where the bridge comes to Sta. 42 is matched by an area just above which offers space for waiting, for some Nursing Admin. needs, including a reception counter, and for a working area for examining physicians.

5. The area noted in #4 above is walled off from public access and can be locked when the area is not in use, thus giving security not present heretofore.

There are some difficulties:

1. The number of examining rooms is reduced from 6 to 4. This was defended by Mrs. Wells with figures of occupancy in the preceding 60 days, when the average number of pts. has been about 13+/-. This might take care of the average, but the problem comes with the few days when 25 have attended. It presupposes not over 40 minutes per pt. exam, and with consultants joining us, as DR. PREM DID YESTERDAY, more time will be needed. (It is hoped that Urology will act similarly, and possibly Otolarnyngology).
The number of examining rooms could be increased by conversion of B544(2), labelled in the diagram as "Drs. Chart office" and even the area just south of it, which would need some reconstruction, but this would reduce the Waiting and Nursing Admin. area.

2. The plan suggests the Admin. Ofice be in B540, B561, and B559, which is a total of 848 square feet, which compares well with the 945 square feet of the present Admin. Office. The separation into three separated rooms may iterfere with the flow of records involved not only with the actual day of visits but separately with detailed planning of appointments and insurance and billing, not to speak of gathering data for reports of operation. The point is that it is not a matter of storing hospital charts but of managing large numbers in a steady progression from one desk to another in the processing activity.

Appreciation was expressed for the effort made by Mrs. Wells and her associates, and forthright and cordial discussion followed. It was agreed that CDC would take this proposal in hand, digest it carefully, and respond A.S.A.P.

We wish to make suggestions for resolution of problems which appear likely to arise shortly:

1. Plans have been made to enhance patient attendance:

A. An up-to-date brochure (enclosed) has been 2 months in the making and has just become available for recccruitment purposes.

B. Plans have been made to recruit a series of companies to do as the Scherer Lumber Co. has done, namely to underwrite the participation of all employees over 50 years of age for annual visits to the CDC as a means both to protect them and to reduce insurance costs. Mr. Roger Scherer, President, has agreed to participate in recruiting such establishments in the metropolitan area.

C. Arrangements have been made with the Women's Health Cliic at the V.A.M.C. to post the new brochure in that area and perhaps elsewhere in the hospital to attract the spouses of veterans to the CDC, since spouses of veterans are not thereby eligible for such care at the V.A.

D. Finally, if the EXECUTIVE HEALTH PROGRAM develops, as both Dr. Najarian and Mr. Dickler hope, more patients will come. One of us (C.D.) has gone through the Mayo Executive Health Program as a patient and engaged Dr. L. Abbott in discussion of what we wish to do. She is able, the physician who set up the Executive Health Program at the Mayo Clinic Branch at Scottsdale, Arizona. She has offered to help in organization and invited further discussions if desired by us.

E. In view of these considerations, the likelihood is that more space rather than less space will be needed in the near future. It would be counter to sound growth policy not to look forward to it.

2. Specific space suggestions. In view of #1 above, we look to means to increase the examining area.

A. In the present location on B42 Mayo, we have and use the rooms below B538 and B539. If these could be available to CDC in the new location on the 5th floor, there would be assurance of sufficient examining area.

B. We might also use B540, which Admin. proposed as office space, for examination when the need arises.

C. It would facilitate matters, if the change suggested in B were made, if we might also have Room B551, which appears not to be in use for office space, instead of B561, which is an old bathroom with tile and fixtures wasting much of the space Admin. proposed as office space, and which would help in providing storage area, which is cramped in the corresponding area on the 4th floor.

3. All these considerations omit the kitchen, which Mrs. Wells indicated would remain available to CDC but be shared with another service. This should pose no problem.

4. This arrangement omits consideration of the closet space opening on the hallway abutting the rooms below B552, which is used by CDC now.

5. Mrs. Wells and Ms. Sumpmann mentioned their distress with vacancy of the CDC exam. area in the afternoons. CDC responded that it also has been disturbed by this waste of facilities and would be pleased to explore with Admin. utilization of said space by other services in the afternoons.

The meeting lasted 75 minutes and terminated in a cordial and appreciative fashion with Mrs. Wells volunterering that Admin. could facilitate several items for CDC, possibly including a reception clerk. What appeared to set the meeting in this mood was CDC's response to a question as to what CDC does for the Hospital. The response had been that these patients are folks who mostly have not previously been registered here, and a substantial fraction in whom asymptomatic tumors have been found not only have stayed here for definitive care but have been marvelous missionaries thereafter.

N.B. If rooms B551 and B539 were to be unavailable at the present time, CDC might retain use of its present office space in Masonic Hospital until such time as space might become available to permit consolidation in the same area as the examining area.

Clarence Dennis, M.D., Director
Cancer Detection Center

Encl.: Graphic Plan of B52 Sta rprovided by Admin.
Diagram with internal measurements of same.
Compilation of areas of spaces involved.

CC: Mr. Dickler
Dr. Najarian
Mrs. Glenzinski
Mrs. Jill Hill
Mr. Stanley Williams