One action item was presented in the joint meeting. Richard Shannon, MD requested the renaming of Jordan Hall to Pinn Hall. Jordan Hall was named in honor of Harvey Jordon, who was a member of the School of Medicine faculty for 42 years and served as Dean from 1938 until 1949. The building was built in the early 1970’s with funding under the federal Hill Burton Act. Since the 1970’s the School of Medicine has had 3 Nobel laureates, and we would like to create an atrium in the facility to honor them.

Further, Vivian Pinn, MD, was a 1967 graduate of the School of Medicine and perhaps one of its most accomplished graduates. She was the only woman and African-American in her class. After medical school she completed her residency in pathology at the Massachusetts General Hospital. Dr. Pinn had a distinguished career, including serving on the faculty at the Schools of Medicine for Tufts and Howard Universities, chairing the Department of Pathology at Howard, and working 20 years at the National Institutes of Health (NIH). Dr. Pinn is recognized in her field for being a physician, a pathologist, a scientist, a researcher, and a scholar, and she has worked tirelessly as an advocate for access to health care. She embodies the attributes to which the present-day medical student aspires. The Names Committee approved and supports the request for the renaming. On motion made by Dr. Britt, the MCOB and the B&G Committee unanimously voted to recommend approval to the Board of Visitors of the renaming of Jordan Hall to Pinn Hall.

The EVP for Health Affairs, Dr. Shannon, Medical Center CEO Pamela-Sutton Wallace, and Dean of the School of Medicine David Wilkes, MD, provided an overview of the integrated space planning initiative (ISP) within the Health System for clinical, educational and research space on grounds or close to grounds for the Medical Center and the School of Medicine. They shared that the planning to date that has been facilitated by the Architect’s Office and external expert consultants, and sought input and guidance regarding the plan from the MCOB and the B&G Committee.

Dr. Shannon noted that the ISP is aligned with the Health System strategic goals. When implemented, the ISP calls for the reorganization and replacement of specific assets in the Health System through a tightly integrated, highly efficient and high quality organization. The integrated nature of the planning process is unique among major academic medical centers and is expected to yield multiple benefits to its mission of care, science and
education. An inventory of all space in the Health System was undertaken, including a review of the condition of the space, which revealed 41% is in fair or poor condition. Ms. Sutton-Wallace reviewed the primary drivers and considerations for the Medical Center’s space needs, including readying the University Hospital to serve as a high-acuity hub, realigning and relocating ambulatory care, and reorganizing and improving the efficiency of support services. She noted that currently we experience over 400,000 ambulatory visits annually to the main grounds, and we would like to reduce that number to 200,000 and move some ambulatory services to multiple off-campus sites.

Dean Wilkes discussed the School of Medicine space needs, both for education and research. He noted that we need modest space increases for graduate medical education, continuing medical education and related educational needs but that our undergraduate medical school space is sufficient. However, in order to increase the research portfolio and recruit the necessary high caliber faculty consistent with our strategic goals in research, we need to address the aging research infrastructure. The plan would result in a net decrease of about 100,000 square feet of research space, but the resulting new or renovated space would be greatly improved in condition, function, and efficiencies.

Sequence and timing for all of the proposed Health System space improvements was also reviewed. Construction would be timed and staged for maximum effect and need.

Dr. Shannon concluded by stating the three key take-aways for consideration are (i) relocation of musculoskeletal and inpatient rehabilitation services and creation of an Orthopedic facility on the Ivy Mountain site in order to meet demand for Orthopedic services and free up space at Fontaine that can be repurposed, (ii) decant the West Complex, including relocation of some services to Fontaine and then repurpose the West Complex space (about 1 million square feet) for other University purposes, and (iii) decant Pinn Hall (formerly Jordan Hall) to the existing research building at Fontaine, build a new translational research building at Fontaine and renovate Pinn floor by floor as needed to meet our research needs.

The Committee members engaged in discussion regarding the ISP. It was noted that the Health System long range financial plan does not include the cost of these capital improvements. One member suggested that the ISP may be too conservative to meet the strategic needs and suggested having two plans, with the second being more aggressive in terms of space needed and timeline to bring it on-line. There was no action taken, but the Committees expressed overall support for the planning to date. Additional information and proposals will be presented at future meetings.