Next phase of AIP 2 build-out

UCH Prepares to Expand Again

Just six months after completing the first phase of its tower expansion project, University of Colorado Hospital is ready to grow again.

In separate meetings in November and December, the UCH and University of Colorado Health boards of directors approved a $75.5 million expansion plan for complete build-outs of one 36-bed med/surg unit, one 24-bed critical-care unit and four operating rooms in AIP 2. All of these spaces are currently shelled. The build-out will not require changes to the physical layout.

The project also includes finishing most of two additional 36-bed med/surg units but holding off on purchasing furniture and equipment until patient volume dictates the need, said UCH President and CEO John Harney. The hospital will request separate funding to finish those two units.

“The recommendations received strong endorsement from both the UCH and UCHealth boards,” Harney said.

One of the new ORs will be a hybrid suite capable of handling both interventional and open procedures. Another could be an intraoperative MRI (iMRI) suite with sliding walls designed for neurosurgical procedures such as deep-brain stimulation. Patients who need MRIs before and after the procedures could be moved quickly within the same room instead of traveling to the basement of the AIP for imaging as they do now. The walls could also be moved to create an MRI-only area for the Neuro ICU to use for other scans.

Hospital and faculty leaders will further discuss and analyze the costs and benefits of the iMRI before making a final decision about whether or not to implement it, Harney said.

Meanwhile, a “working group” of nurses, administrators, physicians and others will decide on the service lines to be housed on the new floors, he added.

“We built it, they came.” The hospital completed the first phase of the AIP 2 expansion June 8 with the openings of the Medical Specialties, Oncology and Medical Intensive Care units. A second phase wasn’t expected until 2016 at the earliest, but patient volumes have continued to grow since that time (see accompanying story, this issue).

Through October 2013, for example, the number of med/surg admissions for fiscal year 2014 (which began July 1, 2013) was up nearly 18 percent from the previous year and was nearly 10 percent more than forecast. Fueling that increase was a jump in the number of inpatient surgeries. The hospital performed 3,041 inpatient surgeries through Oct. 31, 2013, nearly 16 percent more than for the same period last year, and 9.5 percent more than the budgeted figure.

“Numbers game.” The hospital plans to complete the design/bid and award process for the expansion project in April 2014 and to open the new units in January 2015, Harney said. The 60 new beds would increase the hospital’s total capacity to 593. The total number of ORs would grow to 25.

“Packed house.” As a result of that growth, the hospital continues to face capacity pressure, even with the new beds that opened in AIP 2. Weekday occupancy for med/surg beds is typically between
85 percent and 97 percent, UCH Chief Financial Officer Barbara Carveth noted in a Nov. 7 presentation hospital leadership, well above the target of 80 percent.

Critical-care occupancy at UCH is generally close to the target of 65 percent, but there routinely are bed shortages, Harney said, even with the addition of 10 critical-care beds gained in September with the reopening of the former Neuro ICU as a dedicated Surgical ICU (SICU) on the third floor of the Critical Care Wing and the conversion of the former SICU to a 17-bed cardiothoracic ICU.

"Volumes have exceeded our projections," Carveth said. "That has prompted us to move forward with the build-out."

The growing volume has forced the hospital periodically to board inpatients in the Emergency Department, an undesirable situation the new tower was in part designed to eliminate. In mid-November, with about two dozen inpatients boarding in the ED, the hospital reopened 17 beds in the former Medical Intensive Care Unit on the second floor of the AIP, dubbing the new space the Temporary Holding Reserve Unit (THRU). Harney said the THRU will remain open on an as-needed basis until the new beds in AIP 2 open.

**Built-in capacity.** Beginning next month, the hospital will also open 10 beds in the south wing of the pre- and post-procedural areas of the Cardiac and Vascular Center (CVC) in AIP 2. The beds will be used primarily for overnight stays for patients who undergo electrophysiology, cardiac catheterization and other percutaneous interventions, interventional radiology, and vascular surgery procedures. They will also be available for patient overflow, said Executive Director of Cardiology Services Lorna Prutzman, RN, MSN.

Prutzman said the rooms were designed to accommodate inpatients and are ready for occupancy. All have beds. Three have private bathrooms, while the remainder have toilets between two rooms. The wing has a nursing care station, Pyxis machines, and a pneumatic tube for labs.

The goal of the unit is threefold: increase the number of available inpatient beds, keep CVC patients as close as possible to the services they need, and reduce the number of times patients have to be moved between the ED, inpatient floors and procedural areas during a hospital stay, Prutzman said.

“The intent is for the CVC to fill the rooms with our own patients,” she said. Prutzman said she anticipates the hospital will maintain the 10-bed setup after the build-out.