THE UNIVERSITY OF MICHIGAN

Regents Communication

ITEM FOR INFORMATION

Subject:

University of Michigan Hospitals and Health Centers

Emergency Services Patient and Visitor Parking

Background:

At the November 1998 meeting, the Regents approved the design of the Emergency Services expansion and renovation, and authorized the issuance of the project for bids and awarding of a construction contract. The expansion plans include an increase in the number of treatment areas from 32 to 52. The major component of this expansion is an increase in observation beds from 3 to 17. In addition, the number of acute care beds will increase from 29 to 35. During the Regents' discussion, concerns were expressed about patient and visitor access to parking in the emergency service area. These concerns were raised in the context of current customer parking services and the plans to expand the facility and service activity with an intent to reduce parking by 4 spaces (36 versus 40) in the emergency parking area. The following summary provides a description of the current parking situation and future service plans to enhance parking accessibility and convenience for customers prior to, during the expansion, and after construction is complete.

Current Situation:

The Emergency Services parking facility is designated for patients and visitors requiring urgent and emergent care. There are 40 spaces for patients and visitors. The present arrangement includes self-parking on a no-charge basis. The peak utilization of emergency services occurs between 5 p.m. and 1 a.m., wherein approximately 50% of the day's activity occurs in one-third of each day. It is during this time period that parking overflow issues are most prevalent. The present arrangement to address parking overflow issues is to refer patients and visitors to two alternative locations, including the Radiation Oncology patient parking lot (due west) and an overflow parking area northwest of the Emergency Services entrance. Both locations are approximately 100 yards away from the Emergency Services entrance and are equipped with lights. There are 75 additional parking spaces available during the peak period across the two overflow areas.

Pre-Construction:

Effective January 4, 1999, parking services for emergency patients and visitors will be enhanced through the introduction of valet parking services between the peak utilization hours of 5 p.m. and 1 a.m. The present contract vendor (High Tech Valet) will extend their services to the Emergency Service entrance. These valet services will be provided to emergency patients and visitors on a no-charge basis. The overflow areas referred to above will be designated for valet parking use.

Between 1 a.m. and 5 p.m., the parking area will be monitored by Security. In the rare event that full occupancy does occur, Security will offer valet service to each patient/visitor to Emergency Services.

Construction Project:

During the expansion and renovation project, the emergency parking area adjacent to the facility will be closed, taking 40 spaces off-line. Valet parking services will be provided 24 hours a day, 7 days a week until the parking area is re-opened for customer use. These services will be offered on a no-charge basis. Valet parking locations will include the parking area 100 yards to the northwest of the Emergency entrance (25 spaces) and Nichols Drive (25 spaces). These two locations will be utilized during the non-peak time period (1 a.m.-5 p.m.). The 25 spaces along Nichols Drive are currently staff parking spaces which will be converted to valet parking. Parking lot vacancy and utilization studies on the medical campus indicate there is adequate staff parking to absorb the conversion. The Radiation Oncology patient parking area will be utilized as needed during the peak period each day.

Post Construction:

After the project is complete, an increase in patient activity is anticipated, primarily in observation cases. Emergency Service estimates suggest an increase of up to ten patients per day in the first year following completion of the facility expansion. Twenty-five additional patients per day are expected by year ten post construction. Since the observation patients in the emergency area enter the health care system from different locations (Emergency, Ambulatory Care clinics) and by different means of transport, there should not be an adverse impact on accessibility to parking, given the overflow parking arrangements.

In addition, valet parking services will continue to be provided during the peak use period, with staffing provided by Hospitals and Health Centers' Security Services. The parking lot will continue to be monitored during non-peak times by Security, with valet services offered in the event of full occupancy of the emergency parking area adjacent to the facility.

Respectfully submitted,

Robert Kasdin

Executive Vice President and Chief Financial Officer Zilbert S. Omenn

Executive Vice President for Medical Affairs

and Chief Executive Officer,

University of Michigan Health System

December 1998

Emergency Services Patient/Visitor Parking

