



St. Paul-Ramsey Medical Center.
Hospital and Medical Center Records.

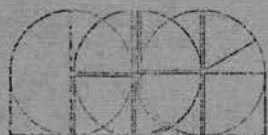
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John T.
Finley

an interim report on the st. paul ramsey hospital
security treatment facility to the ramsey county
facilities committee

16,000 sq ft on 2nd Floor

Definitive Cost estimated by

Jan, 1975

Schematic design by Jan, 75



STATE OF MINNESOTA

612-296-6133

DEPARTMENT OF CORRECTIONS

SUITE 430 METRO SQUARE BLDG. • 7th & ROBERT STREETS • ST. PAUL, MINN. 55101

October 18, 1974

Mr. George W. Weber, Chief Deputy
Ramsey County Sheriff's Department
167 Court House
St. Paul, Minnesota 55102

Dear Mr. Weber:

I received your letter of October 4, 1974 regarding the Minnesota Department of Corrections interest in participating in the proposed St. Paul-Ramsey Secure Medical Treatment Facility.

As you know, we presently have eleven beds in a unit on the sixth floor of the St. Paul-Ramsey Hospital which the 1973 Legislature funded. This unit was developed to provide the best medical care available for the residents of our institutions and reduce the Department's travel and staffing expenses for those individuals requiring hospitalization.

At the time this solution to our problem was proposed to the 1973 Legislature, we were seeking relief from what had become intolerable overtime expenses, incurred while providing 24 hour, seven day-a-week guard coverage for our clients requiring hospitalization. At that time we were aware that Ramsey County was having similar problems providing security for both out-patient and prisoners requiring hospitalization. As a result, the County, the Sheriff's Department and the Department of Corrections entered into an agreement which provided a temporary solution to some of the problems the Sheriff's Department was experiencing. It appears now as though you have gained considerable support for what appears to you a more permanent and practical solution to your problems.

In your meeting with Deputy Commissioner Costello and other members of my staff on September 4, 1974, Mr. Costello was speaking for the Department when he stated that the Department would certainly want to be included in the planning of the new facility as a joint tenant with Ramsey County. It would be both economically and operationally impractical to maintain two separate secure medical treatment centers on the same campus of St. Paul-Ramsey Hospital. As you mentioned in your letter, Mr. Costello did indicate that our participation in the new facility is dependent on the approval and funding of the 1975 Legislature.

I am confident this letter provides you and the Hospital Commission with a clear statement of the Department's position on this matter.

Sincerely,


Kenneth F. Schen
Commissioner

cc: Howard Costello
Frank Wood
Howard Johnson

FWW:KFS:rjk

Department of Court Services
County of Ramsey



1644 Court House
Saint Paul, Minnesota 55102 • Telephone 298-4671
Eugene H. Burns
Director

September 30, 1974

The Honorable Lawrence D. Cohen
Chairman, Ramsey County Board of Commissioners
Third Floor, Court House
St. Paul, Minnesota 55102

Dear Mayor Cohen:

Attached is the first outline draft reconciliation of the Wold Report program for the St. Paul Ramsey Security Treatment Facility. This report will be presented to the County Board today, Monday, September 30, 1974, for its consideration.

At its meeting of September 26, 1974, the Facilities Committee accepted the program report in goal and content with reservation of final approval to be given upon completion of substantiating statistical patient census-information. The Committee unanimously approved the analysis of the site with the proposed satellite facility to be located near the South-East corner of the present Hospital Building, directly adjacent to the existing Emergency Entrance in the service court yard. The Facilities Committee directed the architect to proceed with program and site on this basis.

Sincerely,

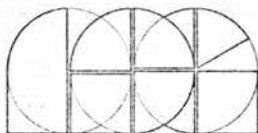
Eugene H. Burns
Chairman, Facilities Committee

EHB/etb

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September 27, 1974

Mr. Eugene Burns, Chairman
Members of the Facilities Committee
Ramsey County, Minnesota

Dear Mr. Burns:

We are submitting herewith 25 copies of our Interim Report to the Ramsey County Facilities Committee for the St. Paul Ramsey Hospital Security Treatment Facility.

This report contains the following data:

1. Statement of Project Concept
2. Abbreviated Review of Procedure to date and projected schedule to year end
3. Abstract Program and space allocation
4. Analysis and recommendation of Site Location

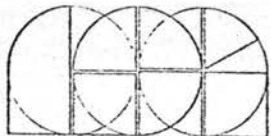
It is anticipated that this interim report after review by your committee will be further expanded and finalized at subsequent meetings as additional support information and data becomes available.

Respectfully submitted,

LSG & ASSOCIATES, INC.


S. C. Smiley

J. Liebenberg
S. Smiley
J. Glotter
F. Fleischmann
M. Matsumoto
W. Nordgren



ST PAUL RAMSEY HOSPITAL SECURITY TREATMENT FACILITY

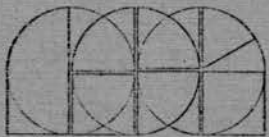
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ST PAUL RAMSEY HOSPITAL SECURITY TREATMENT FACILITY

CONCEPTS

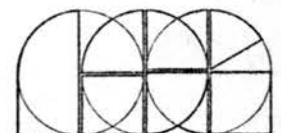
St. Paul Ramsey Hospital
Security Treatment Facility

Statement of Concepts

The firm of L.S.G. Associates, was charged by the Ramsey County Facilities Committee to develop an architectural program for the St. Paul Ramsey Hospital Security Treatment Facility. This program is based on the "Report for Planning of St. Paul Ramsey Hospital Security Treatment Facility" dated December 14, 1973, prepared by Wold Associates, Inc. and Kirkham-Michael and Associates.

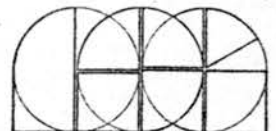
This facility is programmed to provide in conjunction with the hospital, a secure environment in which the complete range of health care can be offered on both an inpatient and outpatient basis, to the inmates of various correctional and detention facilities which will include, but is not limited to the following:

- Ramsey County Adult Detention Center
(Male and Female)
- Ramsey County Juvenile Detention Center
- Ramsey County Workhouse
- Off-Street Police Holds
- Totem Town
- Woodview
- Stillwater
- Shakopee Women's Reformatory
- St. Cloud Reformatory
- Lino-Lakes
- Out-County Facilities (i.e. Seven County
Metro Area, etc.)



The Goals for the St. Paul Ramsey Hospital
Security Treatment Facility are to:

1. Provide a security treatment facility away from public circulation, in which detainees of the various state and county institutions can be provided with health care services, equal to those offered the public, elsewhere in St. Paul Ramsey Hospital.
2. Incorporate into this unit those health services most often required by the majority of those to be treated in this facility.
3. Locate the security treatment facility such that it is fully accessible for the hospital's staffs and services, particularly emergency and outpatient clinics.
4. Provide for improved control and security of the secure receiving area and the acute security bed unit in a discrete manner, maintaining the context of the hospital environment.



Existing Conditions

St. Paul Ramsey Hospital currently offers both inpatient and outpatient care to various Ramsey County and State detention and correctional facilities. Outpatient care is handled by members of the hospital's medical and nursing staffs through a visitation program to the various institutions. If at that time additional tests or treatment are necessary, the patient is then referred to the hospital where they are treated through the outpatient clinic or as an inpatient.

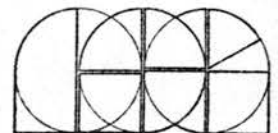
Trauma emergency and the more "life-threatening" outpatient visits are treated in the existing hospital emergency room. Ramsey County Sheriff's deputies are on duty in the Emergency unit providing security for this area and the secure prisoner holding room. The deputies also provide the secure escort service for prisoners going to the various outpatient departments for testing and treatment.

The existing four-bed inpatient unit on the sixth floor is currently being enlarged from four-bed county unit to a fifteen-bed state and county unit. Of these beds, eleven are allocated for use by the Minnesota Department of Corrections.

Dental services are provided by the University of Minnesota and various local dentists. The prisoners are transferred by auto with guard(s) for treatment.

Because of the number of security problems and incidents of confrontation between the prisoners, staff, and public, it has become increasingly necessary that a separate security treatment facility become a reality. This facility would encompass a broad range of the major required health care services in a secure environment providing the required high quality care.

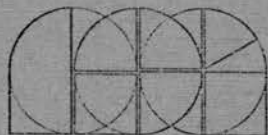
This separate facility would release security personnel from the time consuming duty of transporting to and guarding of prisoners at the various outpatient clinics and scattered inpatient areas.



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ST PAUL RAMSEY HOSPITAL SECURITY TREATMENT FACILITY

PROGRESS

Procedure to Date and Projected Schedule

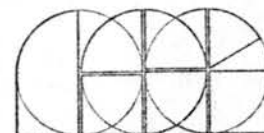
A Hospital Facilities Planning Committee was formed consisting of; Mr. Norman Allen, Assistant Administrator of Ramsey County Hospital, Dr. Robert Van Tyne and Dr. Vincent Hunt of Ramsey County Hospital, Mr. George Weber, Captain Donald Johnson, Sgt. Bernie Johnson of the Ramsey County Sheriffs Office, later expanded to include Rochelle Wright, Chairman of the Hospital Board and Mr. Frank Wood of the Minnesota Corrections Department. Future expansion of this committee to include other interested agencies is anticipated as planning progresses.

The three architectural firms engaged on the Ramsey County Detention System Program; Wold Associates, Parker Klein Associates and Liebenberg, Smiley, Glotter & Associates established a committee to coordinate and review the common aspects of all planning phases of the Adult Detention Center, the Juvenile Center and the St. Paul Ramsey Hospital Security Treatment Facility. On going bi-monthly coordination and review meetings have and will continue to be held until the total projects completion.

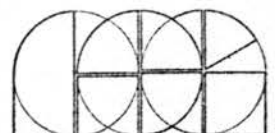
Meetings have been held with Representatives of; Minnesota Department of Corrections, Ramsey County Sheriffs Office, St. Paul Ramsey Hospital medical and nursing staffs and Department heads. Future meetings are scheduled with the above and at all state and county correctional institutions to review present medical procedures, inpatient and outpatient caseloads and service needs.

The Interim Report is now completed as submitted to the Facilities Committee for review and transmittal to the National Clearing House for preliminary comment.

The projected schedule will include finalization of the program, site development, schematics, design development planning, preparation of cost estimates and continuation of Progress



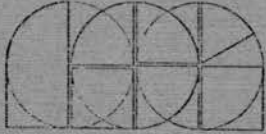
Reports and Reviews with the Facilities Committee. Prior to year end final approvals are anticipated from the Hospital Facilities Planning Committee, the Ramsey County Facilities Committee and the Ramsey County Hospital Commission. Concurrent approvals from the Minnesota Department of Corrections and the National Clearing House and the Ramsey County Board of Commissioners are also anticipated. This will then be submitted to the State Legislative Interim Building Committee to be reviewed and brought before the Legislature for final approval.



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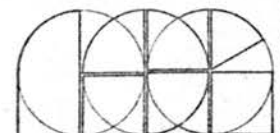


ST PAUL RAMSEY HOSPITAL SECURITY TREATMENT FACILITY

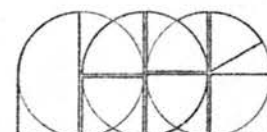
PROGRAM DRAFT

7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet			
		Existing Remain or Redecorate	Structure Remodel	New Constr.	Total Program Area
I.	INPATIENT AREA				
A.	Acute Security Beds				
	* 1. Single Bed Units 25 @ 200 sq. ft.	-	-	5,000	5,000
	2. Showers 4 @ 25 sq. ft.	-	-	100	100
	3. Sitz bath	-	-	25	25
	4. Tub Room 2 @ 40 sq. ft.	-	-	80	80
	5. Visiting Room	-	-	80	80
	6. Counselors Room	-	-	100	100
	7. Guard Control Unit	-	-	80	80
	8. Sally Port	-	-	65	65
	<p>* Preliminary estimate of bed units required based on request of Ramsey County for 14 beds and State Department of Corrections request for 11 beds. Additionally, 20-25 beds are recommended per single nursing station.</p> <p>Number will be confirmed or adjusted by statistics compiled from participating institutions.</p>				
	TOTAL DEPT. NET DEPT. GROSS FACTOR			5,530 1.45	
	DEPT. GROSS AREA			8,020	

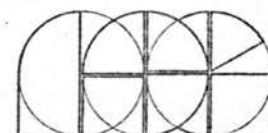


Program Ref. No.	Department or Functional Area	Net Area In Square Feet			
I.	B.	Existing Structure	New Constr.	Total Program Area	
	INPATIENT AREAS Nursing Team Areas	Remain or Redecorate	Remodel		
	1. Nursing Team Station	-	-	150	
	2. Charting	-	-	100	
	3. Dictating	-	-	40	
	4. Treatment (Possibly use outpatient)	-	-	130	
	5. Medication Prep.	-	-	75	
	6. Linen & Housekeep.	-	-	80	
	7. Clean Utility	-	-	80	
	8. Soiled Utility	-	-	80	
	9. Nourishment Ctr.	-	-	80	
	10. Janitor's Closet	-	-	40	
	11. Equip. Storage	-	-	100	
	12. Stretcher Storage	-	-	30	
TOTAL DEPT. NET			985		
DEPT. GROSS FACTOR			1.45		
DEPT. GROSS AREA			1,430		



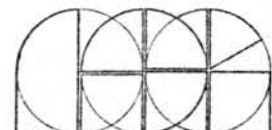
7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet			
		Existing Remain or Redecorate	Structure Remodel	New Constr.	Total Program Area
I.	C. INPATIENT AREAS Staff Facilities				
	1. Consultation	-	-	80	80
	2. Nurses' Office	-	-	100	100
	3. Staff Lounge	-	-	100	100
	4. Staff Lockers & Toilet Female	-	-	75	75
	5. Staff Lockers & Toilet Male	-	-	75	75
TOTAL DEPT. NET DEPT. GROSS FACTOR				430 1.3	
DEPT. GROSS AREA				560	



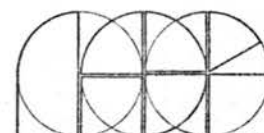
7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet			
		Existing Remain or Redecorate	Structure Remodel	New Constr.	Total Program Area
II. A.	AMBULATORY CARE Secure Outpatient Treatment				
	1. Exam Room	-	-	80	80
	2. Minor Treatment Rm.	-	-	100	100
	3. Cast Room	-	-	125	125
	4. X-Ray Room	-	-	175	175
	AREAS TO BE SHARED WITH EMERGENCY				
	5. Nursing Work Area	-	-	100	100
	6. Clean Utility	-	-	70	70
	7. Soiled Utility	-	-	70	70
	8. Equip. & Storage	-	-	60	60
	9. Medications	-	-	40	40
	10. Police Interview Rms. 2 @ 90 sq. ft.	-	-	180	180
	11. Consulation	-	-	120	120
	12. Prisoner Holding 2 @ 60 sq. ft.	-	-	140	140
	13. Toilet Adj. holding	-	-	25	25
	14. Staff Toilet	-	-	25	25
	15. Janitors Closet	-	-	25	25
* Possibly consider secure holding @ Radiology					
TOTAL DEPT. NET DEPT. GROSS FACTOR				1,335 1.4	
DEPT. GROSS AREA				1,870	



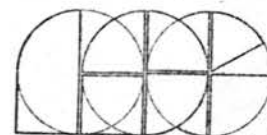
7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet			
		Existing Remain or Redecorate	Structure Remodel	New Constr.	Total Program Area
II. B.	AMBULATORY CARE Emergency Treatment				
	1. Emergency Room (2 cubicles @ 125 sq. ft.)	-	-	250	250
	See				
	II.A. Secure Outpatient Treatment for support Facil- ities				
TOTAL DEPT NET DEPT. GROSS FACTOR				250 1.3	
DEPT. GROSS AREA				325	



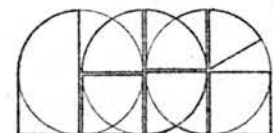
7422 - ST. PAUL RAMSEY HOSPITAL/SECURITY TREATMENT FACILITY

Program Ref. No.	Department or Functional Area	Net Area In Square Feet			
		Existing Remain or Redecorate	Structure Remodel	New Constr.	Total Program Area
II. C.	AMBULATORY CARE Dental				
	1. Dental Operatory	-	-	80	-
	2. Dark Room/Lab	-	-	40	-
	3. Storage	-	-	20	-
	4. Dental Office	-	-	70	-
TOTAL DEPT NET DEPT GROSS FACTOR				210 1.3	
DEPT. GROSS AREA				275	



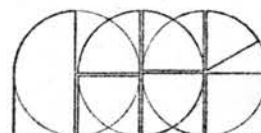
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Program Ref. No.	Department or Functional Area	Net Area In Square Feet			
		Existing Remain or Redecorate	Structure Remodel	New Constr.	Total Program Area
III.	A.				
	GENERAL SERVICES Support Facilities				
	1. Admitting/Control	-	-	200	200
	2. Package & Purse Checking Visitor's Waiting	-	-	150	150
	3. Public Phone Toilet - Male & Female	-	-	60	60
	4. Receiving Garage	-	-	650	650
	5. Sally Port - 2	-	-	100	100
	6. Elevator Lobby	-	-	120	120
	7. Stretcher Storage	-	-	30	30
	8. Equipment Room	-	-	80	80
TOTAL DEPT. NET DEPT. GROSS FACTOR				1,390 1.3	
DEPT. GROSS AREA				1,810	



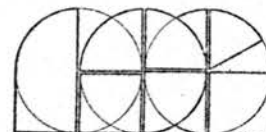
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Program Ref. No.	Department or Functional Area	Net Area In Square Feet			
		Existing Remain or Redecorate	Structure Remodel	New Constr.	Total Program Area
III. B.	GENERAL SERVICES Electrical and Mechanical				
	1. Electrical and Mechanical Service	-	-	2,000	2,000
TOTAL				2,000 1.3	2,000 1.3
DEPT. GROSS AREA				2,600	



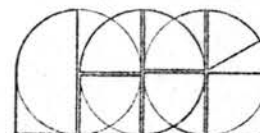
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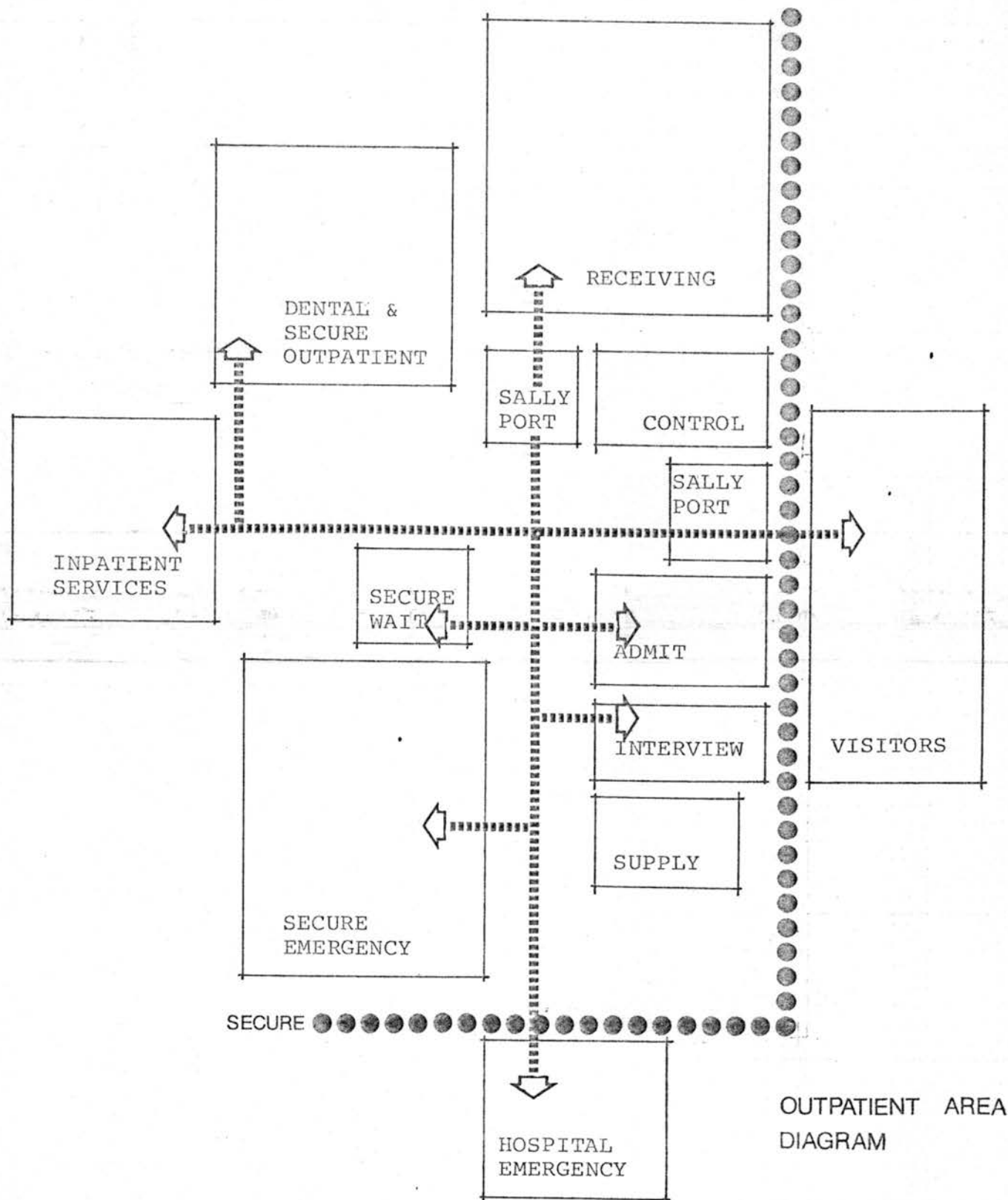
Program Ref. No.	Department or Functional Area	Department Gross Area In Square Feet			
		Existing Structure Remain or Redecorate	Structure Remodel	New Constr.	Total Program Area
I.	INPATIENT HOUSING				
A.	Acute Security Beds	-	-	8,020	8,020
B.	Nursing Team Areas	-	-	1,430	1,430
C.	Staff Facilities	-	-	560	560
TOTAL	INPATIENT HOUSING	-	-	10,010	10,010
II.	AMBULATORY CARE				
A.	Secure Outpatient Treatment	-	-	1,870	1,870
B.	Emergency	-	-	325	325
C.	Dental Treatment	-	-	275	275
TOTAL	AMBULATORY CARE	-	-	2,470	2,470
III.	GENERAL SERVICES				
A.	Support Facilities	-	-	1,810	1,810
B.	Electrical & Mechanical	-	-	2,600	2,600
TOTAL	GENERAL SERVICE	-	-	4,410	4,410
TOTAL DEPT GROSS				16,890	16,890

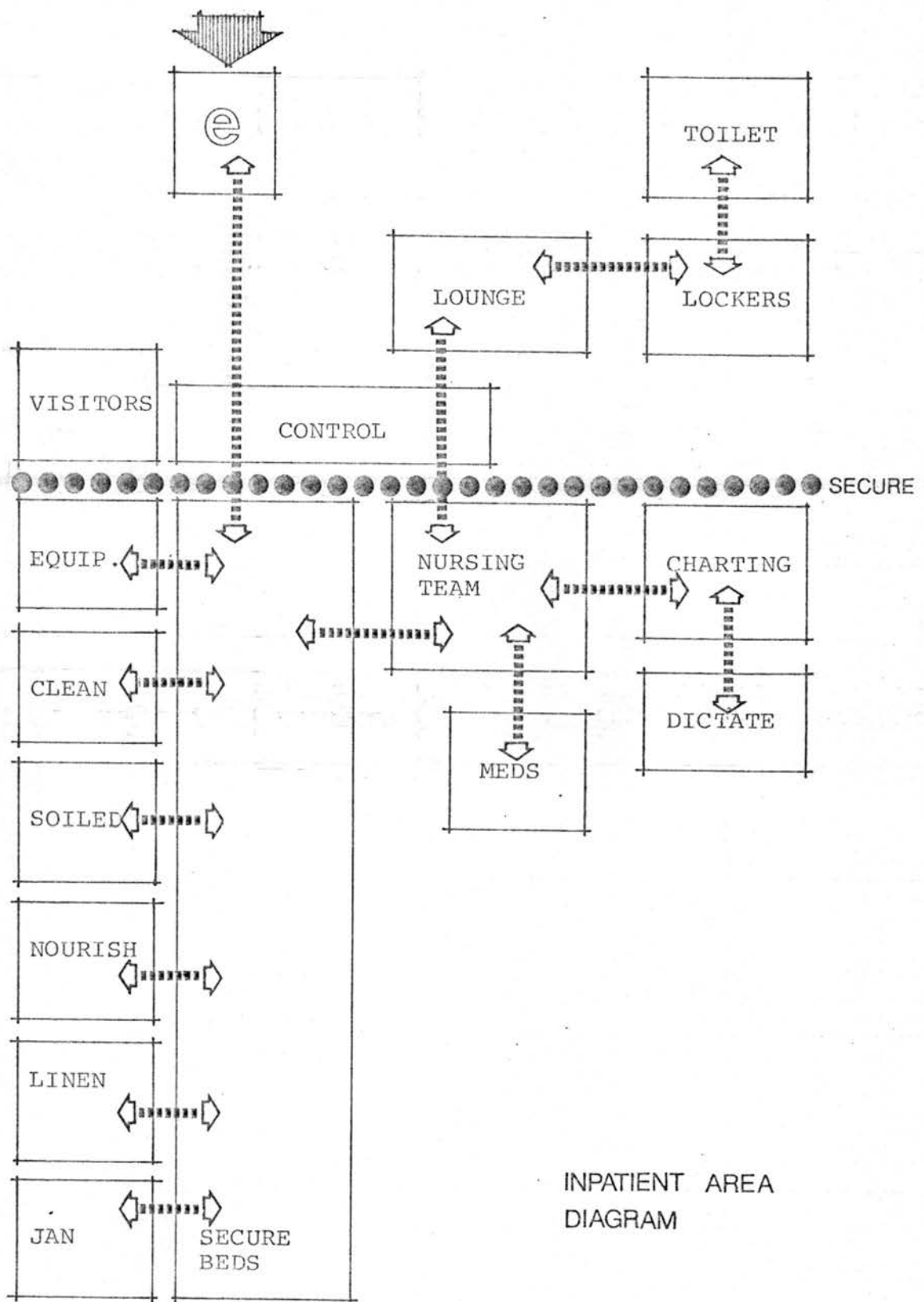


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Program Ref. No.	Department or Functional Area	TOTAL Department Gross Area in Square Feet			
		Existing Remain or Redecorate	Structure Remodel	New Constr.	Total Program Area
I.	Total - Inpatient Housing	-	-	10,010	10,010
II.	Total - Ambulatory Care	-	-	2,470	2,470
III.	Total - General Services	-	-	4,410	4,410
Total Department Gross Building Gross Factor				16,890 1.25	16,890 1.25
Total Bldg. Gross				21,110	21,110





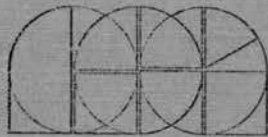


INPATIENT AREA
DIAGRAM

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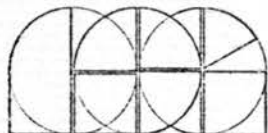
ST PAUL RAMSEY HOSPITAL SECURITY TREATMENT FACILITY

SITE ANALYSIS

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October 31, 1974

To recipients of Interim Report on the St. Paul Ramsey Hospital
Security Treatment Facility to the Ramsey County Facilities
Committee, Revised date 10-4-74.

ADDITIONAL INFORMATION RE: SITE ANALYSIS

Since the site narrative and accompanying sketches were prepared in
September, 1974, conceptual planning has progressed to a somewhat
different solution than that indicated in the report.


Originally, the existing ambulance entrance was to be relocated to
allow direct access horizontally from the existing emergency rooms
to the new facility. Subsequent planning and conferences with hospital
staff have determined that staff and services can move vertically
within existing hospital to second level of the new facility. This
allows locating the new facility entrances and vertical circulation
to the east, beyond the existing ambulance entrance.

It is currently proposed that while the building would remain in
basic location indicated, the existing ambulance entrance and south
road would be left intact. It is also proposed that both outpatient
facilities and inpatient housing be located on a second level, raised
to provide clearance for trucks below.

Please note that as solutions are arrived at to satisfy objectives
and concerns of those involved in the planning and operation of
proposed facility, these solutions will be reflected in schematic
plans being prepared at this time.

Sincerely,

LSG & ASSOCIATES, INC.


Harold C. Olsen, AIA

J. Leberberg
S. Smiley
J. Glotter
F. Fieschmann
M. Matsumoto
W. Nordgren

St. Paul Ramsey Hospital
Security Treatment Facility

Site Analysis - September 23, 1974

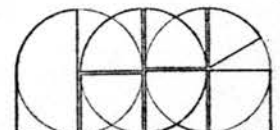
LSG Associates, recommends that the satellite treatment facility connected to existing hospital. This facility to be secure from general public and to contain inpatient housing, ambulatory care, and general services for an approximate gross area of 20,000 sq. ft. See separate program abstract this date for detailed breakdown of areas.

This size structure represents expansion from original program of 11,000 sq. ft. and has certain ramifications in terms of site application. Original proposal was to construct over service court southeast of existing building with vehicular sally port and vertical circulation only at ground floor. Remainder of court including emergency receiving, would remain intact with one story constructed over.

While this proposal can be retained in concept, certain adjustments must be made to satisfy the following objectives:

1. In order to maintain light and ventilation, as well as exterior wall fire rating; it is desirable to maintain 40 foot clearance between proposed facility and education building with its connecting link.
2. Access and circulation for service to receiving doors in link and education building to be maintained. Height clearance for large trucks is required.
3. Connection to existing hospital at emergency area is necessary for staff and material access to new facility.
4. Maintain hospital emergency receiving separate from security receiving and pedestrian access.
5. Disrupt existing vehicular and pedestrian circulation as little as possible.

These objectives have been concluded from conferences with hospital administration and staff as well as Ramsey County and State corrections officers.



LSG ~~proposes~~ the following, which is illustrated in the accompanying diagrams:

First Floor

Relocate hospital emergency vehicle parking to ~~area south of existing hospital and receiving.~~

Provide new entrance in south wall for hospital emergency only.

Re-align south road at this point approximately 10 feet south to allow for new receiving area.

In area of existing emergency vehicle parking construct new security receiving area with vehicular sally port, secure control area, vertical circulation entrance from existing hospital at east-west corridor, and a pedestrian entrance to treatment facility at control point.

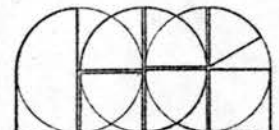
Second Floor

In area over first floor and receiving provide vertical circulation, control area, secure emergency room and outpatient areas.

Third Floor

Provide for vertical circulation, control area, and inpatient housing.

This floor would extend to east over existing service court to retaining wall south of education building. The third floor location allows for semi-trailer truck access below, and clear separation from ground.

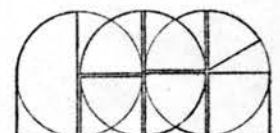


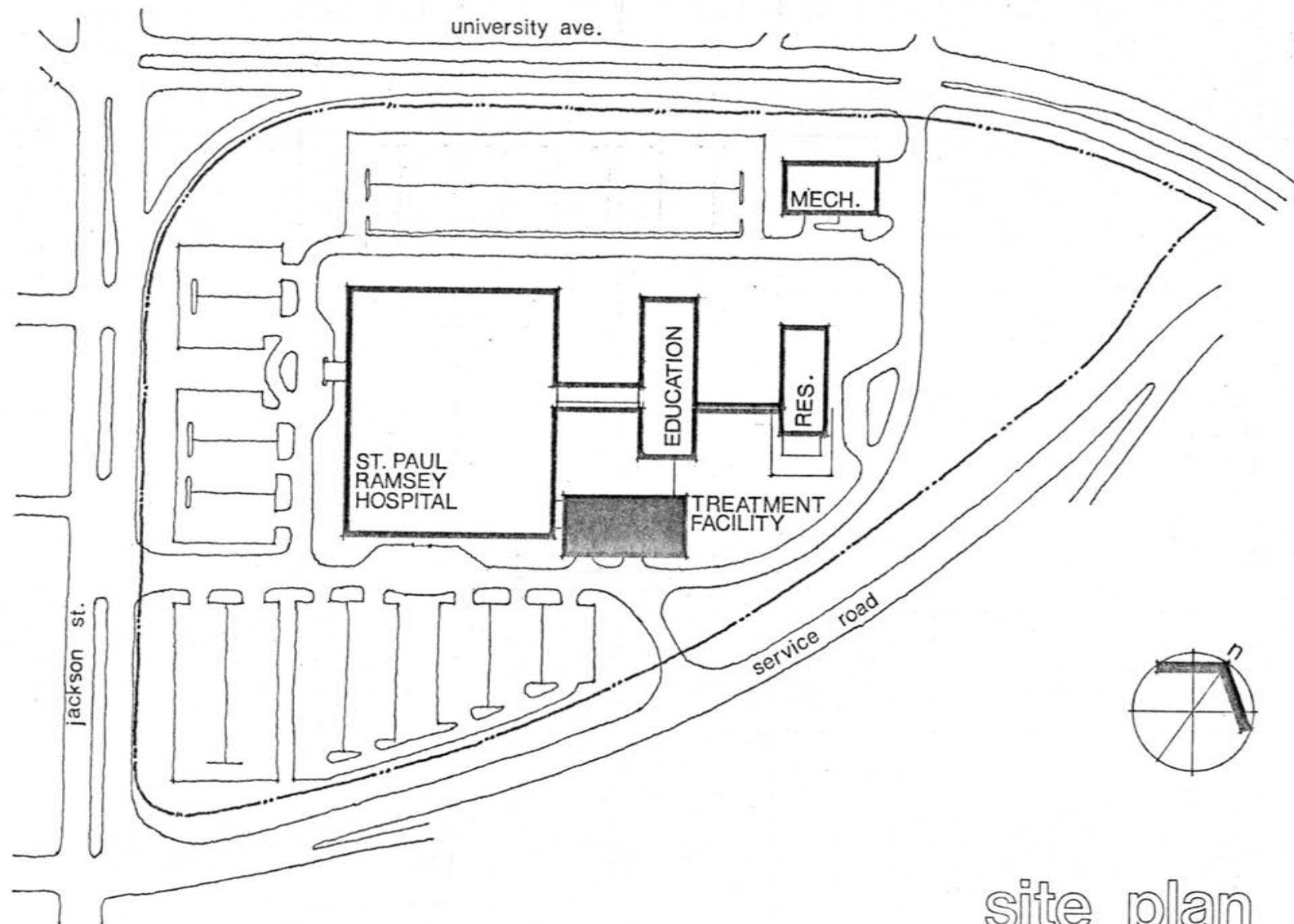
As access to existing hospital on second and third floor appears inappropriate at this location an additional link is being considered. This would be constructed at second and third floor, running north along existing east wall to connect to east-west corridor. The necessity for this link will depend on material, staff, and patient transfer needs.

Additional considerations are revisions of mechanical services existing in court, additional parking spaces to be provided, and expansion possibilities vertically or horizontally to the east.

An alternate location of facility in south parking lot with link over south road at second floor only has been considered. While this scheme has apparent aesthetic advantages, it does not allow for connection to existing emergency receiving without major changes to circulation patterns and would connect to existing north-south second floor corridor that is already congested at most times of the day. •

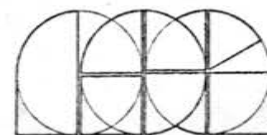
The following diagrams of site, first, second and third floor plans illustrate preferred proposal. These sketches are conceptual only at this time.

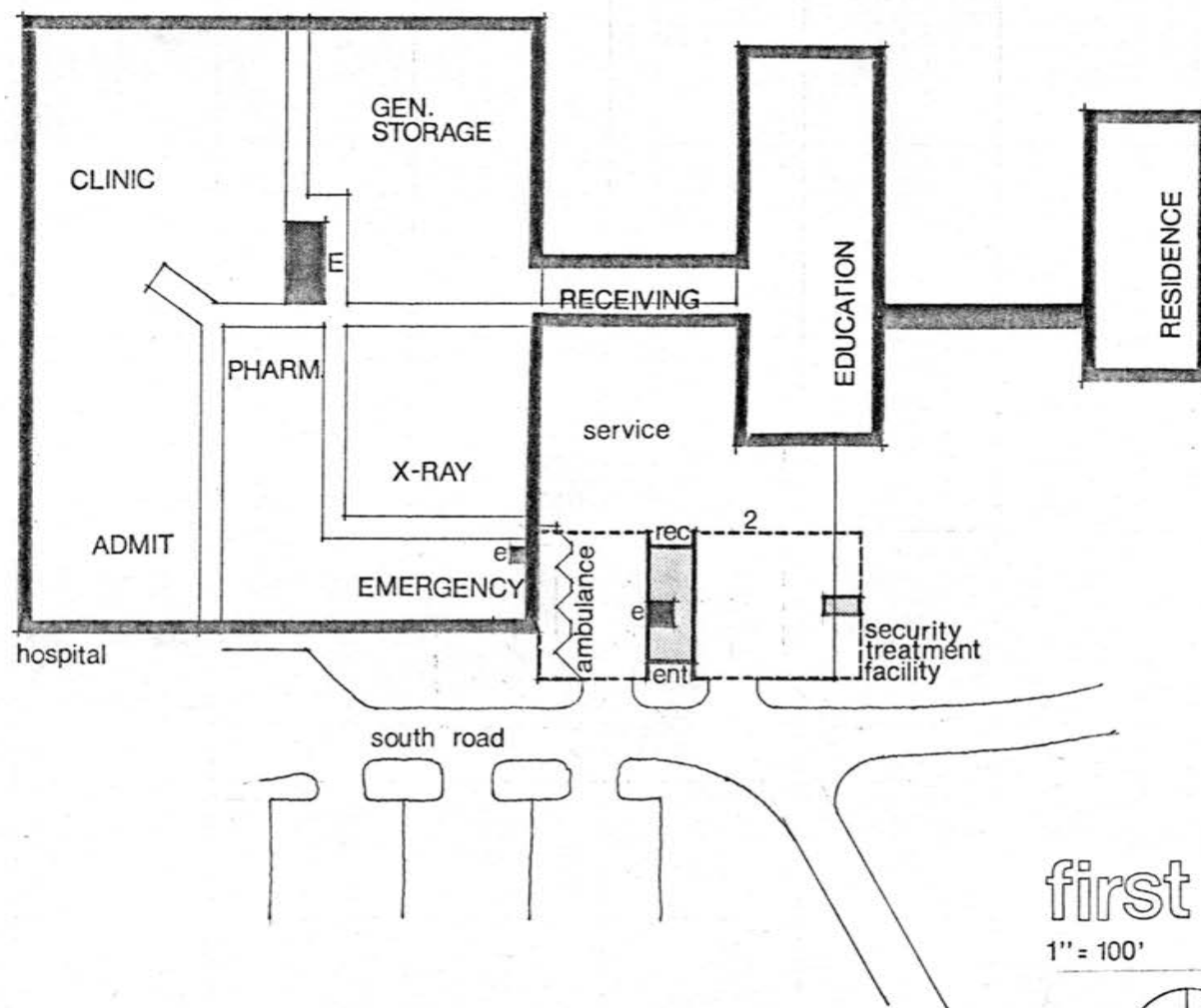




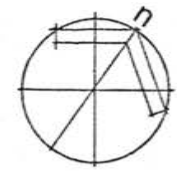
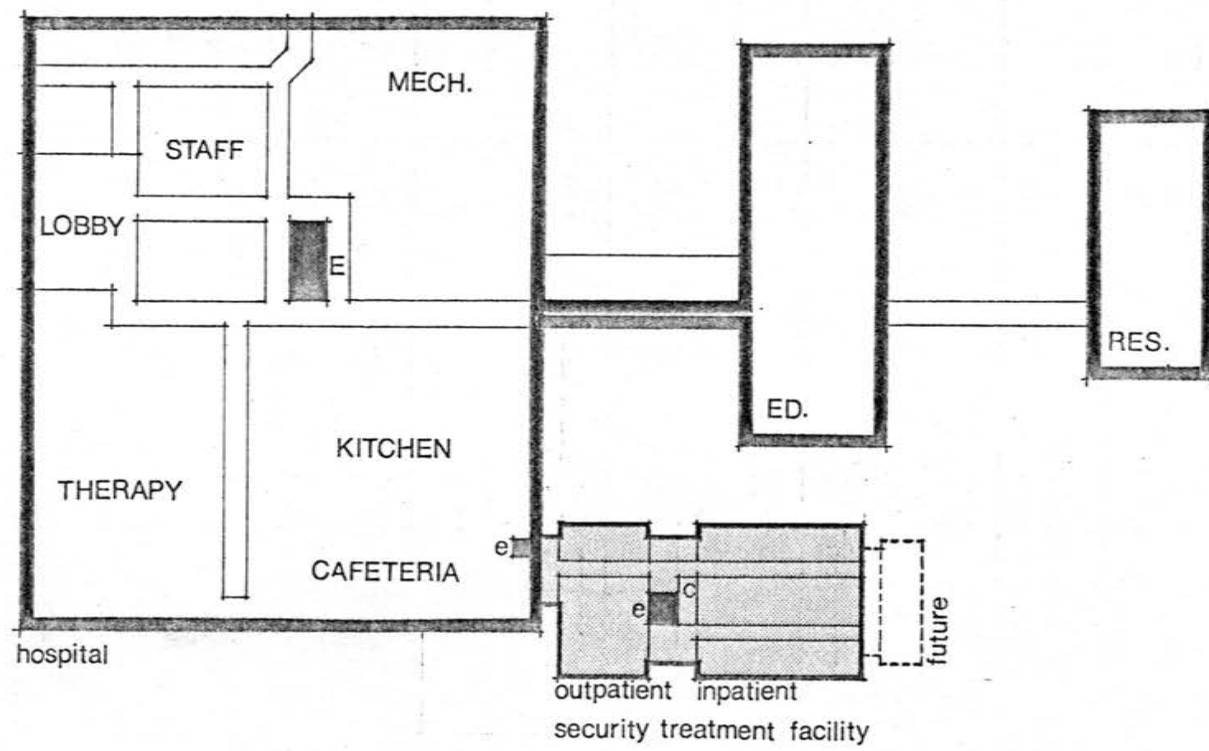
site plan

1" = 200'



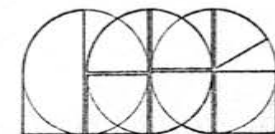


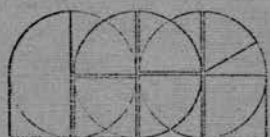
first floor



second floor

1" = 100'





ST PAUL RAMSEY HOSPITAL SECURITY TREATMENT FACILITY

Exerpts from "Report for Planning of
St. Paul Ramsey Hospital Security
Treatment Facility" dated December 14,
1973, prepared by Wold Associates, Inc.
and Kirkham-Michael and Associates.

APPENDIX

NEED CRITERIA

HISTORY

THE RAMSEY COUNTY SHERIFF'S DEPARTMENT HAS THE RESPONSIBILITY OF SECURE HOLDING OF PATIENTS WHICH REQUIRE "POLICE HOLD" AT ST. PAUL-RAMSEY HOSPITAL. TWO DEPUTIES ARE ASSIGNED TO THE HOSPITAL FOR THAT FUNCTION. THEIR RESPONSIBILITIES INCLUDE ASSISTING THOSE OFFICERS WHO DELIVER DETAINEES TO THE HOSPITAL, THE SECURE CONTROL OF THE SIXTH FLOOR PATIENT ROOMS, THE TRANSPORTING OF PRISONERS THROUGH THE HOSPITAL TO THE SIXTH AND EIGHTH FLOORS, WHEN TREATMENT IS REQUIRED, AND TRANSPORTING PRISONERS THROUGH THE HOSPITAL TO OTHER SPECIALIZED AREAS, AS REQUIRED.

EXISTING PROBLEMS

A REVIEW OF THE PRESENT SYSTEM WITHIN ST. PAUL-RAMSEY HOSPITAL INDICATES THAT THE EXTENDED RETENTION OF INMATES PRESENTS A POTENTIAL SAFETY THREAT TO THE HOSPITAL STAFF, THE DEPUTY STAFF, AND THE GENERAL PUBLIC. THIS IS EVIDENCED BY THE NUMEROUS REPORTED INCIDENTS RECORDED BY THE SHERIFF'S DEPARTMENT EACH MONTH. THESE INCIDENTS VARY FROM OBSCENE LANGUAGE DIRECTED AT BOTH HOSPITAL STAFF AND SHERIFF DEPUTIES TO UNCONTROLLABLE VIOLENCE, INCLUDING THE SHOOTING DEATH OF A SHERIFF'S DEPUTY.

CURRENTLY, SECURITY ROOMS EXIST ON THE SIXTH AND EIGHTH FLOORS OF THE HOSPITAL. TWO DEPUTIES ARE ASSIGNED THE TASK OF INMATE SECURITY--ONE IS ASSIGNED TO THE EMERGENCY ENTRANCE AND THE OTHER TO THE PATIENT CARE AREA ON THE SIXTH AND EIGHTH FLOORS.

THE PHYSICAL SEPARATION OF THE DEPUTIES NOT ONLY REDUCES THEIR CAPABILITY FOR MAXIMUM CONTROL AT THE TIME OF PATIENT INTAKE, BUT ALSO CREATES INEFFICIENT USE OF TIME--IN TERMS OF TRAVEL DISTANCE BETWEEN THE TWO AREAS. THE TRANSPORTATION OF INMATES WITHIN THE HOSPITAL INCREASES THE CHANCE OF A CONFRONTATION WITH THE DEPUTY, THE HOSPITAL STAFF, AND THE PUBLIC. IF A COMBINED CONTROL EFFORT IS REQUIRED, UTILIZING BOTH DEPUTIES, ONE STATION IS LEFT WITHOUT SECURITY CONTROL.

THE POTENTIAL DANGER OF AN INPATIENT (OR OUTPATIENT) INMATE IS FURTHER COMPOUNDED THROUGH THE INFILTRATION OF FRIENDS (OR ENEMIES) WITHIN THE HOSPITAL PROPER, BOTH IN THE EMERGENCY TREATMENT AREA AND ON THE PATIENT FLOORS. THIS INFILTRATION HAZARD CAN BE CONTROLLED ONLY

MINIMALLY BY THE UNARMED SECURITY STAFF. INCIDENTS ARE RECORDED OF OUTSIDERS FORCING THEIR WAY INTO THE EMERGENCY ROOM DURING EMERGENCY TREATMENT AND PHYSICALLY INTERFERING WITH THE HOSPITAL STAFF IN AN ATTEMPT TO DO HARM TO THE INMATE BEING TREATED.

THE INFILTRATION OF CONTRABAND OR WEAPONS INTO THE HOSPITAL IS UNCHECKED, MAKING IT POSSIBLE TO TRANSFER EITHER OR BOTH TO INMATES DURING VISITING SESSIONS.

FINALLY, THERE IS ALWAYS THE POSSIBILITY OF OUTSIDERS ATTEMPTING TO "BREAK OUT" AN INMATE UNDER CARE AT THE HOSPITAL.

THE SIXTH FLOOR OF THE PRESENT FACILITY ACCOMMODATES ONLY MALE ADULT INMATES. ADULT FEMALES AND JUVENILES ARE RETAINED IN PATIENT ROOMS IN OTHER AREAS OF THE HOSPITAL, DEPENDING ON AVAILABILITY OF SPACE AND TREATMENT NEEDED. IF THERE IS CONCERN REGARDING ASSURANCE OF NON-ESCAPE OF INDIVIDUALS, MEASURES ARE TAKEN TO SECURE THEM TO BEDS. SHOULD THESE INDIVIDUALS BECOME LOUD OR VIOLENT, THE DISTURBANCE AFFECTS ALL PATIENTS WITHIN THAT AREA.

IN THE NEAR FUTURE, THE MINNESOTA DEPARTMENT OF CORRECTIONS WILL BE PLACING INMATES FROM THE STILLWATER PRISON IN AN EXPANDED SECURE PATIENT ROOM WARD ON THE SIXTH FLOOR OF THE HOSPITAL. THESE PATIENTS WILL BE BROUGHT TO THE HOSPITAL FOR EXTENDED INPATIENT CARE.

THE STATE DEPARTMENT OF CORRECTIONS WILL AUGMENT THE SHERIFF'S STAFF TO PROVIDE ADDITIONAL PERSONNEL TO OVERSEE THIS EXPANDED FACILITY.

IT IS UNKNOWN AT THIS TIME WHAT EFFECT THESE INMATES WILL HAVE ON THE TOTAL INMATE POPULATION AT THE HOSPITAL, OR WHAT SECURITY PROBLEMS MAY BE EXPERIENCED. THE PRESENT PROBLEM OF TRANSPORTING POTENTIALLY VIOLENT AND DANGEROUS INDIVIDUALS THROUGH THE HOSPITAL WILL NO DOUBT INCREASE, AS WILL THE POSSIBILITY OF PUBLIC INFILTRATION IN AN ATTEMPT TO ASSIST THE STILLWATER PRISON INMATES. FURTHER, THE EMERGENCY ROOM FACILITIES WILL BE PROVIDING EMERGENCY TREATMENT TO STILLWATER INMATES, WHEN REQUIRED. ALL TREATMENT WILL MOST LIKELY BE PERFORMED WITHIN THE EMERGENCY TREATMENT FACILITY, WITHIN THE PUBLIC AREAS OF THE HOSPITAL.

SCHEMES I, II, AND III

THREE SCHEMES WERE CONSIDERED AS OPTIONAL SOLUTIONS TO MEET THE RECOMMENDATIONS:

- I. UTILIZE AN AVAILABLE PATIENT WARD, DIRECTLY ABOVE EMERGENCY RECEIVING, BY CONVERTING THAT SPACE TO ACCOMMODATE ALL PROGRAMMED EMERGENCY TREATMENT FUNCTIONS, PLUS A BED WARD FOR 14 PATIENTS. PHYSICALLY SEPARATE THAT AREA FROM PUBLIC AREAS. FURTHER, CONSTRUCT A VEHICULAR SALLY PORT AT THE GROUND LEVEL AND CONNECT TO THE EMERGENCY AND BED SPACES WITH A KEYED ELEVATOR AND STAIRS.

SCHEME I TAKES INTO CONSIDERATION BED SPACES WHICH CURRENTLY ARE EMPTY. THE PROPOSAL SUGGESTS THE RENOVATION OF AN EXISTING WARD FOR INMATE EMERGENCY AND BED SPACES, PLUS THE RE-USE OF EXISTING MECHANICAL AND ELECTRICAL SYSTEMS.

NEW CONSTRUCTION WOULD BE REQUIRED AT THE GROUND LEVEL FOR VEHICULAR RECEIVING, PLUS A SECURE ELEVATOR AND STAIRS CONNECTING WITH THE EMERGENCY AND BED SPACES.

THIS SCHEME PROJECTS THE LEAST COST BUT CREATES THE GREATEST INTERRUPTION TO EXISTING HOSPITAL OPERATION. THE FIRST WARD SPACE DIRECTLY ABOVE EMERGENCY RECEIVING IS ON THE FOURTH FLOOR LEVEL AND PRESENTLY IS THE CHILDREN'S AND INFANT'S NURSERY. THAT SPACE IS DESIGNED FOR A SPECIALIZED USE AND WOULD BE COSTLY TO RELOCATE. THE FLOOR DIRECTLY ABOVE THE NURSERY IS OCCUPIED PARTIALLY BY THE BURN WARD. THIS REPRESENTS THE MOST AVAILABLE SPACE IN THE PROXIMITY OF THE EMERGENCY RECEIVING. RE-LOCATION OF THE BURN WARD AND THE REMODELING OF THAT FLOOR OFFER THE MOST DESIRABLE SPACE OPTION FOR THIS PROPOSAL.

THE SPACE WOULD REQUIRE SECURITY SEPARATION FROM THE PUBLIC CORRIDORS OF THE HOSPITAL AND INMATE ACCESS WOULD BE BY THE USE OF THE KEYED ELEVATOR.

THE PRIME CONCERNS OF THIS PROPOSAL ARE:

- A. THE FACT THAT IT REPRESENTS THE GREATEST INTERRUPTION TO THE HOSPITAL'S OPERATION DURING RELOCATION CONSTRUCTION, PLUS THE NEED FOR RENOVATION AND NEW CONSTRUCTION. THE CONSTRUCTION WOULD REQUIRE PHASING OF WORK SUCH THAT RELOCATED FACILITIES ARE COMPLETED PRIOR TO RENOVATION OF OTHER SPACES. PHASING OF THE PROJECT WILL EXTEND THE CONSTRUCTION SCHEDULE.
- B. THE PHYSICAL SEPARATION OF THE EMERGENCY TREATMENT FACILITIES FROM THE EXISTING EMERGENCY STAFF BECOMES EXCESSIVE.
- C. THE ADDITION OF A VERTICAL TRANSPORTATION SHAFT (ELEVATOR AND STAIRS) TO THE EXTERIOR OF THE HOSPITAL MAY REPRESENT AESTHETIC LOSS TO THE OVERALL DESIGN OF THE BUILDING. AN INTERIOR SHAFT THROUGH EXISTING SPACES CREATES ADDITIONAL INTERRUPTIONS.

BASED ON THE FOREGOING, THIS SCHEME IS NUMBER THREE IN ORDER OF RECOMMENDED CONSIDERATION.

- II. CONSTRUCT A COMPLETE EMERGENCY TREATMENT FACILITY AND BED WARD ONE LEVEL ABOVE THE EXISTING SERVICE COURT. CONSTRUCT ON THE SERVICE COURT LEVEL A VEHICULAR SALLY PORT AND CONNECT TO THE EMERGENCY AND BED SPACES WITH A KEYED ELEVATOR AND STAIRS.

SCHEME II OFFERS THE MOST EXPEDITIOUS COMPLETION OF THE PROJECT WITH THE LEAST INTERRUPTION TO HOSPITAL OPERATIONS. THE PROXIMITY OF THE PLANNED EMERGENCY TREATMENT SPACES TO THE EXISTING HOSPITAL STAFF IS OPTIMUM IN THIS SCHEME AND CREATES THE SHORTEST TRAVEL TIME AND THE LEAST ELEVATOR COST.

THE PROPOSED CONSTRUCTION CONCEIVABLY COULD BECOME THE CANOPY FOR THE EXISTING RECEIVING ENTRANCE AND WOULD BE LOCATED SUCH THAT IT INTEGRATES WELL WITH THE EXISTING HOSPITAL DESIGN.

THE CONSTRUCTION OF THE VEHICULAR SALLY PORT TO THE SECOND LEVEL EMERGENCY TREATMENT AND BED SPACES PRESENTS AN EFFICIENT METHOD OF CONSTRUCTION AS OPPOSED TO CONSTRUCTION OF A GROUND-LEVEL FACILITY AND A REMOTE FACILITY ELSEWHERE.

THE CONSTRUCTION SCHEDULE OF THIS PROPOSAL COULD PROCEED INDEPENDENT OF OTHER HOSPITAL PLANS. INMATE ACCESS WOULD BE BY THE VEHICULAR SALLY PORT.

THE PRIME CONCERNS OF THIS PROPOSAL ARE:

- A. DUPLICATION OF BED SPACES PRESENTLY UNOCCUPIED. (SEE THE POPULATION SECTION OF THIS REPORT.)
- B. CONSTRUCTION COORDINATION TO PERMIT CONTINUED ACCESS TO EXISTING EMERGENCY RECEIVING.

BASED ON THE FOREGOING, THIS SCHEME IS NUMBER ONE IN ORDER OF RECOMMENDED CONSIDERATION.

III. PROGRAM THIS FACILITY WITH THE PROPOSED OUTPATIENT BUILDING PROJECT TO BE CONSTRUCTED DIRECTLY NORTH OF THE EXISTING HOSPITAL.

SCHEME III IS FREE OF RENOVATION AND DEMOLITION INTERRUPTIONS WITHIN THE EXISTING HOSPITAL.

THE PROGRAMMED SQUARE FOOTAGE REQUIREMENTS FOR THE INMATE SECURITY GROUP REPRESENT A SMALL PORTION OF THE TOTAL PROGRAMMED SQUARE FOOTAGE IN THE NEW BUILDING PROJECT AND WOULD REQUIRE ONLY THE NECESSARY FUNCTIONAL SEPARATION FROM THE GENERAL PUBLIC PLANNED AREAS.

THE PRIME CONCERNS OF THIS PROPOSAL ARE:

- 1. GREATER SEPARATION OF INMATES FROM SPECIALIZED MEDICAL SERVICES WITHIN ST. PAUL-RAMSEY HOSPITAL.

2. COMPATIBILITY OF INMATE EMERGENCY TREATMENT AND BED CARE WITH THE PROPOSED OPERATION OF THE NEW BUILDING.
3. DUPLICATION OF BED SPACES PRESENTLY UNOCCUPIED. (SEE POPULATION SECTION OF THIS REPORT.)
4. SEPARATION OF EMERGENCY RECEIVING FACILITIES.
5. EXTENDED CONSTRUCTION TIME SCHEDULE.

BASED ON THE FOREGOING, THIS SCHEME IS NUMBER TWO IN ORDER OF RECOMMENDED CONSIDERATION.

POPULATION

A MAJORITY OF THE DETAINED INMATE POPULATION ADMITTED AS INPATIENTS TO ST. PAUL-RAMSEY HOSPITAL UNDERGOES ACUTE TREATMENT AND IS SUBJECT TO ONE TO TWO WEEKS OF DETENTION ON THE SIXTH FLOOR PATIENT CARE AREA PRIOR TO DISPOSITION. THE LIMITED INTAKE OF PSYCHIATRIC POPULATION ON THE EIGHTH FLOOR IS PROCESSED ON AN INDIVIDUAL TREATMENT BASIS, PENDING THE PRESCRIBED TREATMENT OF THE PHYSICIAN.

THE INPATIENT POPULATION CAN BE CHARACTERIZED AS BEING PREDOMINATELY MALE, UNDER THIRTY YEARS OF AGE, AND REQUIRING MEDICAL ATTENTION FOR AN ACUTE AILMENT. THE AVERAGE INPATIENT POPULATION (SIXTH AND EIGHTH FLOORS) IS BETWEEN SIX AND EIGHT DETAINED INMATES PER DAY. THE MAXIMUM INPATIENT POPULATION ON THE SIXTH FLOOR HAS YET TO EXCEED FOUR PATIENTS DURING THE OBSERVATION PERIOD OF THE LAST THREE YEARS--1971, 1972 AND 1973. THE STATISTICS ALSO INDICATE THAT "0" POPULATION PERIODS EXIST--SOME FOR A DURATION OF TEN DAYS.

THE EIGHTH FLOOR (PSYCHIATRIC PATIENT CARE) AT ST. PAUL-RAMSEY HOSPITAL ADMITTED APPROXIMATELY 80 PEOPLE UNDER THE CLASSIFICATION "POLICE HOLD" DURING 1972. OF THIS TOTAL NUMBER SCREENED BY THE POLICE DEPARTMENT, APPROXIMATELY 3/4, OR 60 PEOPLE, WERE CLASSIFIED AS "INMATES SUBJECT TO POLICE SECURITY." THIS POPULATION AVERAGES FIVE INMATES PER MONTH. THE EXACT PER-DIEM POPULATION DATA IS NOT AVAILABLE. HOWEVER, "0" POPULATION PERIODS OFTEN EXIST AND RARELY ARE THERE MORE THAN TWO INMATE PATIENTS ON ANY DAY OF THE MONTH.

THE TOTAL INMATE POPULATION FIGURES INDICATE A STABILIZED POPULATION PATTERN OVER THE PAST THREE YEARS. HOWEVER, THIS STABILIZED PATTERN WILL BE AFFECTED GREATLY BY THE PERMANENT DIVERSION OF STILLWATER INMATES FROM THE UNIVERSITY OF MINNESOTA MEDICAL CENTER TO ST. PAUL-RAMSEY HOSPITAL. BECAUSE THIS PROGRAM HAS NOT STARTED YET, DATA IS UNAVAILABLE TO MAKE A PATIENT POPULATION PROJECTION.

THE MINNESOTA STATE DEPARTMENT OF CORRECTIONS PRESENTLY IS CONSTRUCTING AN EXPANDED SECURITY PATIENT AREA ON THE SIXTH FLOOR FOR THE RETENTION OF STILLWATER INMATES, PLUS THOSE RETAINED BY THE SHERIFF'S DEPARTMENT. THAT FACILITY IS PROGRAMMED FOR HOLDING SPACES TO RETAIN 15 INMATES, BOTH MALE AND FEMALE.

BASED ON THAT PROJECTION, THIS FACILITY HAS BEEN PROGRAMMED FOR 14 BED PATIENTS--8 MALE, 2 FEMALE, 2 JUVENILE AND 2 ISOLATION ROOMS. THE HOSPITAL HAS EMPTY BED SPACE AVAILABLE CONSISTENTLY. THEREFORE, IT IS DIFFICULT TO CONSIDER CONSTRUCTION OF BED SPACE BEYOND THE 14 PROJECTED FOR THIS FACILITY.

SHOULD THE POPULATION OF THE SECURITY FACILITY EXCEED THE BED CAPACITY AT ANY TIME, INMATES WOULD BE RELOCATED TO OTHER AREAS OF THE HOSPITAL. IT WOULD BECOME THE DECISION OF THE SHERIFF'S DEPARTMENT REGARDING WHICH PATIENTS TO RELOCATE AND WHAT MEASURES SHOULD BE TAKEN TO ASSURE THEIR CONFINEMENT.

IMAGE REQUIREMENTS

A SECURITY TREATMENT FACILITY EXISTS FOR SEVERAL SPECIFIC REASONS. LISTED IN ORDER OF PRIORITY, THESE ARE:

FIRST, TO PROVIDE MEDICAL TREATMENT FOR RAMSEY COUNTY DETAINEES OF BOTH SEXES AND OF ALL STATUTORY AND BEHAVIORAL CATEGORIES.

SECOND, TO PROVIDE SUCH TREATMENT WITHIN LIMITS OF SECURITY FOR THE PROTECTION OF THE DETAINEE, THE GENERAL PUBLIC AND THE PHYSICIAN AND STAFF.

THIRD, TO ACCOMPLISH THE ABOVE-STATED OBJECTIVES IN A DISCRETIONARY MANNER, FUNCTIONALLY AS WELL AS ARCHITECTURALLY.

IN ORDER TO ACHIEVE THESE OBJECTIVES, THE FOLLOWING IMAGE REQUIREMENTS ARE PRESENTED:

1. THE FACILITY SHOULD PROVIDE SECURE TREATMENT WITHOUT VISUAL EVIDENCE OF CONTROL.
2. THE NEW FACILITY MUST BE AMENABLE TO THE EXISTING HOSPITAL, PROMOTING A REHABILITATIVE ATMOSPHERE FOR BOTH THE INMATE AND THE GENERAL PUBLIC.
3. INTERIOR SPACES SHOULD BE "OPEN" ALLOWING STAFF AND INMATE VISUAL CONTACT.
4. INTERIOR MATERIALS AND FINISHES SHOULD BE INFORMAL AND WARM, CONDUCTIVE TO A NON-INSTITUTIONAL FEELING.