

Howard University Campus Plan Task Force

MEETING HIGHLIGHTS

1 December 2010

Attendees

Thomas Dawes, Development Corporation of Columbia Heights, Georgia Avenue
Community Development Task Force

Richard Myers, President LeDroit Park Civic Association

Lawrence Guyot, LeDroit Park Resident

Sylvia Robinson, Executive Director, Emergence Community Arts Collective, Georgia
Avenue Community Development Task Force

Anita Rice, LeDroit Park Resident

Tony Norman, Pleasant Plains Civic Association, Chair ANC 1B Design Committee, Georgia
Avenue Community Development Task Force

Maxine Brown-Roberts, Development Review Specialist, D.C. Office of Planning

Brad Grant, Director of Architecture, College of Engineering, Architecture and Computer
Sciences, Georgia Avenue Community Development Task Force

Terri Thompson Mallett, Howard University Hospital

Susan Sanders McKenzie, Assistant for Congressional Affairs

Chassydi Butts, Chief Administrative Operations Officer, Howard University Hospital

Marian Jones, Administrative Assistant, Howard University Community Association

Maybelle Taylor Bennett, Director, Howard University Community Association

Meeting Highlights

The meeting began at 6:35 p.m. with introductions of the participants and a representative of the Howard University Hospital, Chassydi Butts, who presented a powerpoint presentation.

The presentation highlighted the goals of the Health Sciences Enterprise, which includes the:

- College of Dentistry;
- College of Medicine;
- College of Pharmacy, Allied Health and Nursing;

- Louis Stokes Health Sciences Library;
- Faculty Practice Plan; and
- Howard University Hospital.

Shortly after the description of the emphases of the Health Sciences Enterprise's strategic plan were identified as: 1) quality; 2) inspired workforce; 3) disease state; 4) operational excellence; and 5) cultural competence, meeting participants began to share their experiences with the care provided at the hospital.

Richard Myers mentioned how recently he had broken his toe and how it took days before he could get a call back from the hospital or could be seen for an appointment. Brad Grant shared the fact that his daughter and his students have had bad experiences with the care provided at that hospital. Sylvia Robinson described the dissatisfaction she had heard from students about the care that they received from the hospital. Likewise, Anita Rice recounted the poor experience her grandmother and she had with care provided by the hospital, and explained why, though she lives around the corner from HUH and her daughter lives directly behind HUH, neither of them goes to HUH for care.

The accounts provided were intended to illustrate the need for a dramatic improvement in patient care and customer service. The implication was that before the hospital takes its services elsewhere, e.g. to Walter Reed, or can expect community support for its strategic plan, it needs to improve its service to patients. Lawrence Guyot mentioned that folks who have had negative experiences with the hospital should be involved in the planning process, so that their input is factored into the improvements that are implemented. He also mentioned that among the values listed in the CARES acronym (Collaboration, Accountability, Respect, Excellence, and Service), should be included one more: community empowerment

Anita Rice acknowledged that not all patient experiences were suboptimal, and that it is natural to hear more about those experiences that are disappointing than about those that are positive. She suggested that as patients leave the hospital, they be given a quick survey or questionnaire to fill out that describes the experience they had. In that way, the hospital is more likely to capture a more realistic perspective of patients than what they are currently getting.

Thomas Dawes asked questions that spoke to: how an institution that has systemic problems can justify expanding to another location; and what financial studies and market analyses have been conducted in order to assure that such expansion makes economic sense? Mr. Dawes was informed that the hospital had been and continues to conduct due diligence as it relates to its plans for expansion and reorganization.

Ms. Butts continued through the powerpoint presentation she brought and augmented it with a discussion of the local redevelopment authority's process of selecting from among 23 notifications of interest that were submitted for locating on the Walter Reed grounds. She described the HUH's Ambulatory Care uses that would locate in Buildings 6 & 7, including doctors' offices, some diagnostic services, primary care and specialty services.

She also went on to describe the other uses that had been selected to locate on the site, including: the Lamb and Yin Ling Schools; transitional housing and the offices for transitional housing and the fire station.

Mr. Guyot suggested that the University needs to tell the whole community about: 1) what constitutes the health sciences enterprise; 2) what its plan is for locating facilities on the Walter Reed campus; 3) and what the local redevelopment authority's process entails.

Brad Grant asked whether or not the success of the HUH Ambulatory Care Center is dependent upon the success of the other uses that are to be located at that site, and the response from the hospital team was no. Maxine Brown-Roberts of the Office of Planning indicated that while the uses will be sharing the same location, will be part of a comprehensive plan for the site and will have some interconnection, they will be distinct from one another and are likely to be developed in phases.

The question arose as to whether or not this planned expansion were an opportunistic move on the part of the hospital, and the answer was that the hospital is bursting at the seams and needs to expand in order to properly serve its patients. Ms. Brown-Roberts also mentioned that other hospitals in the area are spinning off satellite locations.

Ms. Mallett described additional locations that are in the plans for HUH primary care services. One will be located in Ward 4 at Coolidge High School with services primarily to students, and the other will be in Ward 8 in the McCogney School with services to students and their families. Sylvia Robinson asked whether or not the services located in the school would focus on healthy lifestyles, inclusive of good nutrition and exercise habits, and was assured by the hospital team that preventative and primary care services were going to be emphasized in these locations. The hospital team told the group that Ms. Davine White would be in charge of this part of the service program. Ms. White is well-known for her successful work in the community.

Mr. Guyot again recommended that these plans be described more broadly in the community, with an eye toward making sure that they are not just dropped into the communities without the ANCs and other community groups being properly apprised of them first.

Mr. Dawes asked if there were a strategic plan for expansion throughout the city and/or region, and what changes could be expected at the HUH headquarters given the amount of expansion that is anticipated. He was informed that such a strategic plan is still being formulated, and that it was hoped he and other community members would join the health sciences enterprise as they continued planning on December 14th and 15th.

Mr. Guyot suggested that the message to the public be simple: first, that HUH is not moving; and second, there are plans for the extension of health care services that are in the works. These should be conveyed as part of the campus master plan as points of information.

Ms. Rice wanted to know how the decision was made to expand into Silver Spring, when there is such a need in Wards 7 and 8 for primary care and preventative services. Apparently these services followed a physician and his patients from HUH. Ms. Rice also

mentioned that she walks through HUH in the evenings and on weekends, and notices that the hospital is peculiarly empty. She asked if this were indicative of the hospital's losing money, and if so, she asked how HUH could afford to expand its services? She was informed that foot traffic does decrease in the evenings and on the weekends, but that is to be expected, and is not unlike other hospitals, such as Providence. It was also explained that hospitals' decisions to expand into satellite offices was a cyclical phenomenon. Sometimes it makes sense and serves to feed the main hospital with patients who come from other areas and who might not normally use the hospital. At other times, it makes sense to consolidate services because it is more efficient to cluster a variety of services in one place rather than having them be too spread out.

Tony Norman recommended that something describing the health science enterprise's strategic plan be written out in a comprehensive way, and that the term "ambulatory care" be succinctly defined for members of the public who are unfamiliar with the terminology.

The meeting adjourned at 8:30 p.m.