UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS
BOARD OF GOVERNORS
June 15, 1983
1:30 P.M.
555 Diehl Hall
University of Minnesota Campus

Agenda

I. Minutes - May 18, 1983 (Approval)

II. Chairman's Report (Information)

Mr. David Cost, Board Chairman

III. Committee Reports

A. Joint Conference Committee

1. Credentials Committee Recommendations (Approval)
   - Dr. Paul Quie

2. Committee Chairmen Appointments (Approval)
   - Dr. Paul Quie

3. Chiefs of Clinical Services Appointment (Approval)
   - C. Edward Schwartz

4. Vice Chief of Staff Appointment (Approval)
   - Dr. Paul Quie

5. End Stage Renal Disease Policies Update (Approval)
   - C. Edward Schwartz

B. Finance Committee

1. Prospective Reimbursement Overview (Information)
   - Greg Hart, Al Dees

C. Planning and Development Committee (Discussion)

IV. Personnel/Purchasing Implementation

C. Edward Schwartz (Approval)

V. Bylaws Review (Approval)

C. Edward Schwartz

VI. Hospital Director's Report (Information)

C. Edward Schwartz, Hospital Director

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

June 1, 1983

TO: Medical Staff-Hospital Council
Joint Conference Committee

FROM: Henry Buchwald, M.D.
Chairman, Credentials Committee

SUBJECT: Credentials Committee Report and Recommendations - 1983/1984

The Credentials Committee having reviewed recommendations for reappointment to the Medical/Dental Staff from the clinical chief of each service, including documentation of the required malpractice insurance documentation, hereby recommend all those included in the Credentials Committee report (pages 1-24), for reappointment to the Medical/Dental Staff for 1983/1984. The Credentials Committee is recommending the reappointment of several physicians who have not submitted the required malpractice information. The names of these physicians can be found on pages 2, 15, 16 and 18 of the attached report. Their reappointments are recommended pending the submission of the Malpractice Insurance Information Forms by August 30, 1983.

Also included are the Credentials Committee's recommendations for Regular Medical/Dental Staff appointments (pages 25-26); change in staff category, joint staff appointments (page 27); addition or deletion of clinical privileges (page 28); Provisional Medical/Dental Staff appointments and requests for clinical privileges (page 29); termination of medical staff appointments (page 30); and resignations from the Medical/Dental Staff (page 31).

HB/lk
Attachment

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF ANESTHESIOLOGY	CATEGORY	JOINT APPOINTMENT
William W. Anderson	Attending	
Kumar G. Belani	Attending	
Joseph C. Belshe	Clinical	
Jon F. Berlauk	Attending	
Joseph Buckley	Attending	
James F. Cumming	Attending	
Jorge Estrin	Attending	
Ian J. Gilmour	Attending	
John Gordon	Attending	
Edward Hanisch	Attending	Obstetrics & Gynecology
Douglas Koehntop	Attending	
Russell Larsen	Attending	
Ji-Chia Liao	Attending	
Josephine N. Lo	Attending	
Wen Y. Yue	Clinical	

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF HOSPITAL DENTISTRY	CATEGORY
James L. Baker	Clinical
Carl L. Bandt	Clinical
Richard R. Bevis	Attending
Gerald D. Cavanaugh	Clinical
James R. Fricton	Attending
Daniel J. Gatto	Attending
Richard J. Goodkind	Clinical
Robert J. Gorlin	Attending
James E. Hinrichs	Clinical
Norman C. Holte	Attending
Mark Jaspers	Clinical
James R. Jensen	Attending
William H. Kuhlmann	Clinical
Hak-Joo Kwon	Attending
Ronald E. LaBelle	Clinical
Thomas D. Larson	Attending
Michael W. Lehnert	Attending
Myer S. Leonard	Attending
Andrew T. Morstad	Clinical
Dale Olson	Clinical
Allan D. Petersen	Clinical
Timothy A. Peterson	Clinical
Bruce L. Pihlstrom	Attending
Edgar Rajek	Clinical
Herbert W. Schulte	Attending
Mark S. Simmons	Clinical
T. Michael Speidel	Attending
Michael J. Till	Attending
Robert Vickers	Attending
Daniel E. Waite	Attending
Paul O. Walker	Clinical
Carl J. Witkop	Attending
* Frank W. Worms	Clinical
Douglas H. Yock	Clinical

* Malpractice Insurance Information Forms not submitted.

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF DERMATOLOGY	CATEGORY
Bruce J. Bart	Clinical
Mark V. Dahl	Attending
John Fenyk	Clinical
William Gentry, Jr.	Attending
Robert Goltz	Attending
Noel A. Hauge	Clinical
Maria D. Hordinsky	Attending
Willard C. Peterson	Clinical
Steven E. Prawer	Clinical
Harold G. Ravits	Clinical
J. Corwin Vance	Attending
C. Gordon Vaughn	Clinical
Alvin S. Zelickson	Clinical

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF FAMILY PRACTICE & COMMUNITY HEALTH	CATEGORY	JOINT APPOINTMENT
Sharon Smith Allen	Clinical	
Thomas M. Altemeier	Attending	
James Canine	Attending	
Edward Ciriacy	Attending	
Joseph P. Connolly	Attending	
Michael L. Daly	Attending	
John T. Kelly	Attending	
John W. McConnell	Attending	
John B. O'Leary	Clinical	
Sharon B. Satterfield	Attending	Psychiatry
Leif Solberg	Clinical	
John E. Verby	Attending	

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF LABORATORY MEDICINE & PATHOLOGY	CATEGORY	JOINT APPOINTMENT
Diane C. Arthur	Attending	Pediatrics
Fritz Bach	Attending	
Henry Balfour	Attending	Pediatrics
Ellis Benson	Attending	
Robert J. Bowman	Clinical	
G. Mary Bradley	Attending	
David M. Brown	Attending	Pediatrics
Richard Brunning	Attending	
Barbara Burke	Attending	
Donald P. Connelly	Attending	
Louis P. Dehner	Attending	
John M. Donhowe	Attending	
J. Roger Edson	Attending	
Richard D. Estensen	Attending	
Glauco Frizzera	Attending	
K. Gajl-Peczalska	Attending	
Duane Hasegawa	Attending	Pediatrics
John Kersey	Attending	Pediatrics
Larry C. Lasky	Attending	
Angeline R. Mastri	Attending	
John J. McCullough	Attending	
Robert W. McKenna	Attending	
James J. O'Leary	Attending	
Juan Rosai	Attending	
Richard K. Sibley	Attending	
Michael W. Steffes	Attending	
R. Dorothy Sundberg	Attending	
Joo Ho Sung	Attending	
Lee W. Wattenberg	Attending	
Jorge J. Yunis	Attending	

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MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF MEDICINE	CATEGORY
John I. Allen	Attending
Silvia H. Azar	Attending
Robert J. Bache	Attending
John Bantle	Attending
Jose Barbosa	Attending
David Benditt	Attending
John Bergstrom	Clinical
Jonathan S. Bishop	Attending
Joseph R. Bloomer	Attending
Clara Bloomfield	Attending
Malcolm N. Blumenthal	Clinical
John H. Bond, Jr.	Clinical
Joseph M. Cardamone	Clinical
Jay N. Cohen	Attending
Dennis L. Confer	Attending
Walter Dorman	Clinical
Ronald C. Eggert	Clinical
Thomas F. Ferris	Attending
Ivan D. Frantz, Jr.	Attending
Benjamin Fuller, Jr.	Attending
Joyce L. Funk	Attending
Stephen J. Gilberstadt	Clinical
Richard F. Gillum	Attending
Frederick C. Goetz	Attending
Dale E. Hammerschmidt	Attending
Daniel Hathaway	Clinical
Robert P. Hebbel	Attending
Linda L. Hedemark	Attending
John Hoidal	Attending
David C. Homans	Attending
Bryon J. Hoogwerf	Attending

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MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF MEDICINE CONTINUED	CATEGORY
Robert Howe	Attending
William Hrushesky	Attending
Donald Hunninghake	Attending
David Hurd	Attending
Scot W. Hutton	Clinical
Harry S. Jacob	Attending
Fran E. Kaiser	Attending
Lawrence Kaplan	Clinical
Joseph R. Kelly	Clinical
B. J. Kennedy	Attending
Peter Kenyon	Attending
David T. Kiang	Attending
Richard King	Attending
Robert G. Knodell	Clinical
Thomas E. Kottke	Attending
Richard Kronenberg	Attending
John W. LaBree	Attending
Stuart Lancer	Clinical
Robert Lasser	Clinical
Herbert Lauritzen	Clinical
Wayne F. Leebaw	Clinical
Irving Lerner	Clinical
Theodore Levine	Attending
John I. Levitt	Clinical
F. Bruce Lewis	Clinical
Constantinos Limas	Attending
Michael Lobell	Clinical
Phillip Wm. Ludwig	Attending
Russell Luepker	Attending
Raymond L. Marecek	Clinical

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MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF MEDICINE CONTINUED	CATEGORY	JOINT APPOINTMENT
Cary N. Mariash	Attending	
Robert J. McCollister	Attending	
Philip McGlave	Attending	
James L. McKenna	Clinical	
Nancy L. Meryhew	Attending	
Ronald P. Messner	Attending	
Wesley Miller	Attending	
M. John Murray	Attending	
William A. O'Brian	Clinical	
Jack H. Oppenheimer	Attending	
Bruce Peterson	Attending	
Phillip K. Peterson	Attending	
Richard Pfohl	Clinical	
David Plimpton	Clinical	
Fred L. Rasp	Clinical	
James L. Reinertsen	Clinical	
Frank S. Rhame	Attending	Laboratory Medicine & Pathology
Fred A. Rice	Clinical	
Thomas J. Rose	Clinical	
Joseph M. Ryan	Clinical	
Leon Sabath	Attending	
Mark J. Schmidt	Clinical	
Eric S. Schned	Clinical	
William Schoenwetter	Clinical	
Lawrence Schuster	Clinical	
Bruce A. Schwartz	Attending	
Jeffrey S. Schwartz	Attending	
Stephen E. Silvis	Clinical	
Thomas R. Smith	Clinical	
Ronald D. Soltis	Attending	
Wesley W. Spink	Emeritus	

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MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF MEDICINE CONTINUED:	CATEGORY
Phillip H. Stoltenberg	Attending
Masanao Takahashi	Clinical
Joel D. Taurog	Attending
Robert J. Tierney	Clinical
Louis Tobian	Attending
Joseph M. Tombers	Clinical
Naip Tuna	Attending
Neal A. Vanselow	Attending
Jack A. Vennes	Clinical
Gregory M. Vercellotti	Attending
Yang Wang	Attending
John Arnold Wangness	Clinical
Daniel J. Weisdorf	Attending
I. Dodd Wilson	Attending
Paul C. Winchell	Attending

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MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF NEUROLOGY	CATEGORY	JOINT APPOINTMENT
Gary Birnbaum	Attending	
Miguel E. Fiol	Clinical	
John R. Gates	Attending	
Robert J. Gumnit	Attending	
William R. Kennedy	Attending	
Arthur C. Klassen	Attending	
David Knopman	Attending	
Myoung C. Lee	Attending	
Ilo E. Leppik	Attending	
Lawrence A. Lockman	Attending	Pediatrics
James A. Moriarty	Attending	
Venkat Ramani	Attending	
Joseph A. Resch	Attending	
Robert I. Roelofs	Attending	
Stephen A. Smith	Clinical	
Kenneth F. Swaiman	Attending	Pediatrics
Fernando Torres	Attending	

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MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF NEUROSURGERY	CATEGORY
Shelley N. Chou	Attending
Donald Erickson	Attending
Lyle A. French	Attending
Stephen J. Haines	Attending
Robert E. Maxwell	Attending
Gaylan L. Rockswold	Clinical
Edward L. Seljeskog	Attending
Phudhiphorn Thienprasit	Clinical
Erich S. Wisiol	Clinical

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MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF OBSTETRICS & GYNECOLOGY	CATEGORY	JOINT APPOINTMENT
Leon Adcock	Attending	
Arthur H. Bearon	Clinical	
Irving C. Bernstein	Clinical	Psychiatry
Doris C. Brooker	Attending	Laboratory Medicine & Pathology
Julius Butler, Jr.	Attending	
Harry F. Farb	Clinical	
John D. Farr	Clinical	
Peter E. Fehr	Clinical	
Howard W. Fisher	Clinical	
Harry Foreman	Attending	
Marilyn S. Joseph	Attending	
Thomas M. Julian	Attending	
Beni Katz	Clinical	
Howard M. Levine	Clinical	
John Wm. Malo	Attending	
Theodore Nagel	Attending	
Robert Nordland	Clinical	
Paul L. Ogburn	Attending	
Takashi Okagaki	Attending	Laboratory Medicine & Pathology
Konald A. Prem	Attending	
John E. Savage	Attending	
Leslie A. Sharpe	Clinical	
Gaius J. Slosser, II	Clinical	
Charles A. Stegeman	Clinical	
George E. Tagatz	Attending	
Leo B. Twiggs	Attending	
Preston P. Williams	Attending	
Ernest C. Wynne, III	Clinical	

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF OPHTHALMOLOGY	CATEGORY	JOINT APPOINTMENT
James S. Allen	Clinical	
J. Douglas Cameron	Clinical	
Robert C. Campbell	Clinical	
Herbert L. Cantrill	Attending	
Richard P. Carroll	Clinical	
Donald Doughman	Attending	
Howard David Gilbert	Clinical	
William H. Knobloch	Attending	
Robert Letson	Attending	
Richard L. Lindstrom	Attending	
John Daniel Nelson	Attending	
Jonathan E. Pederson	Attending	
Robert C. Ramsay	Attending	
George T. Tani	Clinical	
Jonathan Wirtschafter	Attending	Neurology

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MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF ORTHOPAEDIC SURGERY	CATEGORY
Alfred F. Behrens	Clinical
David Bradford	Attending
James H. House	Attending
Robert E. Hunter	Attending
John Lonstein	Attending
John H. Moe	Emeritus
E. Harvey O'Phelan	Attending
James D. Priest	Clinical
Harry J. Robinson, Jr.	Attending
Roby C. Thompson	Attending
Francis J. Trost	Clinical
Robert Winter	Attending

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF OTOLARYNGOLOGY	CATEGORY
George Adams	Attending
Norman T. Berlinger	Attending
Lawrence R. Boies, Jr.	Clinical
Arndt J. Duvall	Attending
Ekrem Gozum	Clinical
Peter A. Hilger	Attending
Timothy T. K. Jung	Attending
*Severin H. Koop	Clinical
Stephen L. Liston	Attending
Robert Maisel	Attending
Michael M. Paparella	Attending
Kurt Pollak	Attending
*Richard A. Schlorf	Clinical
*Leighton G. Siegel	Clinical
Melvin E. Sigel	Clinical

* Malpractice Insurance Information Form not submitted.

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF PEDIATRICS	CATEGORY	JOINT APPOINTMENT
Don P. Amren	Clinical	
Arnold S. Anderson	Clinical	
Stuart L. Arey	Clinical	
Sol Austrian	Clinical	
John Bass	Clinical	
Lowell L. Becker	Clinical	
D. Woodrow Benson, Jr.	Attending	
F. Blanton Bessinger	Clinical	
*David Bloom	Clinical	Medicine
Robert Wm. Blum	Attending	
Stephen J. Boros	Clinical	
Robert H. Bugenstein	Clinical	
Edwin C. Burklund	Clinical	
Blanche M. Chavers	Attending	
John A. Cich	Clinical	
C. Carlyle Clawson	Attending	
Richard T. Cushing	Clinical	
Amod Deinard	Attending	
Stanley Einzig	Attending	
Donnell D. Etzwiler	Clinical	
Patricia Ferrieri	Attending	
Alexandra Filipovich	Attending	
Robert O. Fisch	Attending	
Alfred J. Fish	Attending	
Lloyd Fish	Clinical	
Deborah K. Freese	Attending	
Bradley Fuhrman	Attending	
G. Scott Giebink	Attending	
Thomas P. Green	Attending	
J. Margaret Horrobin	Clinical	
Dana Johnson	Attending	
Edward L. Kaplan	Attending	

* Malpractice Insurance Information Form not submitted.

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF PEDIATRICS CONTINUED	CATEGORY	JOINT APPOINTMENT
Youngki Kim	Attending	
Robert L. Kriel	Clinical	Neurology
William Krivit	Attending	
Stanley A. Leonard	Clinical	
Carolyn J. Levitt	Clinical	
James Lock	Attending	
Russell V. Lucas	Attending	
Raymond P. Lynch	Clinical	
Richard N. Matus	Clinical	
S. Michael Mauer	Attending	
Kenneth L. McClain	Attending	
Carolyn J. McKay	Clinical	
Alfred F. Michael	Attending	
Bernard L. Mirkin	Attending	
James H. Moller	Attending	
Richard P. Nelson	Clinical	
Mark E. Nesbit	Attending	
Thomas Nevins	Attending	
Robert O'Dea	Attending	
Karen N. Olness	Clinical	
Arthur R. Page	Attending	
Mary Ella Pierpont	Attending	
Charles E. Pitzele	Clinical	
John R. Priest	Clinical	
Paul G. Quie	Attending	
Norma KC Ramsay	Attending	
Warren E. Regelmann	Attending	
Thomas F. Rolewicz	Clinical	
Richard E. Sand	Clinical	
Sylvester Sanfilippo	Clinical	
Leon Satran	Attending	

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEDEPARTMENT OF PEDIATRICS CONTINUED	CATEGORY
Jon Scheinman	Attending
Steven A. Seelig	Attending
Harvey L. Sharp	Attending
Lewis Sher	Clinical
Lawrence J. Sholler	Clinical
Alan R. Sinaiko	Attending
*Amarjit Singh	Clinical
Lawrence J. Singher	Clinical
Clark M. Smith, II	Attending
Theodore S. Smith	Clinical
Frederic M. Stone	Clinical
Edward L. Strem	Clinical
Robert W. Ten Bensel	Attending
Theodore R. Thompson	Attending
Robert A. Ulstrom	Attending
R. James Vaccarella	Clinical
Homer D. Venters	Clinical
Robert L. Vernier	Attending
Norman L. Virnig	Clinical
Warren J. Warwick	Attending
James G. White	Attending
Walter L. Wilder	Clinical
William Woods	Attending

* Malpractice Insurance Information Form not submitted.

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF PHYSICAL MEDICINE & PATHOLOGY	CATEGORY
James Agre	Attending
Thomas P. Anderson	Attending
Alan S. Bensman	Clinical
Dennis D. Dykstra	Attending
Glenn Gullickson, Jr.	Attending
Miland E. Knapp	Clinical
Frederic J. Kottke	Attending
John L. Magness	Attending
Dennis Matthews	Attending
Mary M. Price	Attending
Keith B. Sperling	Attending

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF PSYCHIATRY	CATEGORY	JOINT APPOINTMENT
Faruk S. Abuzzahab	Clinical	
Paula J. Clayton	Attending	
David W. Cline	Clinical	
Elke Eckert	Attending	
William D. Erickson	Attending	
Floyd Garetz	Attending	
Lawrence Greenberg	Attending	
Ronald Groat	Clinical	
William Hausman	Attending	
Leonard Heston	Attending	
John R. Hughes	Attending	
Jonathan B. Jensen	Attending	
Allen Josephson	Attending	
Jerome L. Kroll	Attending	
Richard D. Lentz	Clinical	
Thomas B. Mackenzie	Attending	Medicine
Richard Meisch	Attending	
Richard Miner	Attending	
James E. Mitchell	Attending	
Michael C. Moore	Attending	
Joanne M. Pearson	Attending	
Michael K. Popkin	Attending	
Richard L. Pyle	Attending	
George M. Realmuto	Attending	
Thomas R. Stapleton	Clinical	
Myron R. Stocking	Clinical	
Joseph J. Westermeyer	Attending	
Ronald C. Young	Attending	

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF RADIOLOGY	CATEGORY
Kurt Amplatz	Attending
Wilfrido R. Castaneda	Attending
Samuel B. Feinberg	Attending
LeRoy A. Forstrom	Attending
Mathis Frick	Attending
Eugene Gedgaudas	Attending
Lawrence H. A. Gold	Attending
Marvin E. Goldberg	Attending
Merle Loken	Attending
Harry C. Walker, Jr.	Attending

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF SURGERY	CATEGORY
Robert W. Anderson	Attending
Henry Buchwald	Attending
Frank B. Cerra	Attending
Bruce L. Cunningham	Clinical
John P. Delaney	Attending
John E. Foker	Attending
Victor A. Gilbertsen	Attending
Stanley Goldberg	Clinical
Robert L. Goodale	Attending
Theodor B. Grage	Attending
Hovald K. Helseth	Clinical
James N. Karnegis	Attending
Arnold S. Leonard	Attending
Felix A. McParland	Clinical
J. Ernesto Molina	Attending
Richard Moore	Attending
John S. Najarian	Attending
Santhat Nivatvongs	Attending
Alan R. Shons	Attending
Richard L. Simmons	Attending
W. Albert Sullivan	Attending
David E. R. Sutherland	Attending

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF THERAPEUTIC RADIOLOGY	CATEGORY
Taehwan Kim	Attending
Chung Kyu Kim Lee	Attending
Seymour Levitt	Attending
Roger A. Potish	Attending

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

MEDICAL AND DENTAL STAFF REAPPOINTMENTS JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT UROLOGIC SURGERY	CATEGORY
Ralph V. Clayman	Clinical
Elwin E. Fraley	Attending
Ricardo Gonzalez	Attending
Paul Lange	Clinical

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

RECOMMENDATIONS FOR REGULAR MEDICAL/DENTAL STAFF APPOINTMENTS

JULY 1, 1983 - JUNE 30, 1984

DEPARTMENT OF ANESTHESIOLOGY	CATEGORY	DATE ELIGIBLE
Eugene R. Lucier	Clinical	April 20, 1983
DEPARTMENT OF HOSPITAL DENTISTRY		
David J. Clay	Clinical	January 21, 1983
DEPARTMENT OF DERMATOLOGY		
Garrett T. Bayrd	Clinical	August 17, 1982
DEPARTMENT OF FAMILY PRACTICE & Community Health		
Harold C. Seim	Clinical	December 16, 1982
DEPARTMENT OF LABORATORY MEDICINE & PATHOLOGY		
Bonnie Bean	Attending	February 10, 1983
Dale Snover	Attending	November 19, 1982
DEPARTMENT OF MEDICINE		
Patrick J. Flynn	Attending	April 20, 1983
Roger L. Gebhard	Clinical	April 20, 1983
Marshall I. Hertz	Attending	April 20, 1983
Charles A. Herzog	Attending	April 20, 1983
Thomas H. Hostetter	Attending	April 20, 1983
Kalle Kang	Attending	December 16, 1982
Mark S. Paller	Attending	January 21, 1983
Claire Pomeroy	Attending	January 21, 1983
Brian H. Rank	Attending	April 20, 1983
Stephen C. Riendl	Attending	April 20, 1983
Peter T. Silberstein	Attending	April 20, 1983
Stanley J. Tillinghast	Attending	April 20, 1983
Dale L. Trence	Attending	April 20, 1983
DEPARTMENT OF NEUROLOGY		
Daniel E. Cohen	Attending	January 21, 1983
Hal M. Corwin	Attending	April 20, 1983
Ronald T. Jacobson	Attending	January 21, 1983

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

RECOMMENDATIONS FOR REGULAR MEDICAL/DENTAL STAFF APPOINTMENTS CONTINUED:

DEPARTMENT OF NEUROSURGERY	CATEGORY	DATE ELIGIBLE
Dennis A. Turner	Attending	January 21, 1983
DEPARTMENT OF OBSTETRICS & GYNECOLOGY		
Shaila A. Phansey	Attending	April 20, 1983
Roger C. Toffle	Attending	April 20, 1983
DEPARTMENT OF ORTHOPAEDICS		
Edward V. Craig	Attending	April 20, 1983
James W. Ogilvie	Attending	January 21, 1983
DEPARTMENT OF PEDIATRICS		
Margaret K. Hostetter	Attending	April 20, 1983
Joseph J. Sockalosky	Clinical	April 20, 1983
DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION		
Jeffrey Cameron	Attending	April 20, 1983
DEPARTMENT OF PSYCHIATRY		
Charles Mac VanValkenburg	Attending	January 21, 1983
DEPARTMENT OF SURGERY		
David H. Ahrenholz	Clinical	January 21, 1983
Nancy L. Ascher	Attending	January 21, 1983
Ralph M. Bolman, III	Attending	January 21, 1983
DEPARTMENT OF RADIOLOGY		
Jeffrey R. Crass	Attending	April 20, 1983
Deborah L. Day	Attending	April 20, 1983

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

RECOMMENDATIONS FOR CHANGE IN STAFF CATEGORY

DEPARTMENT OF MEDICINE	FROM	TO
Fran E. Kaiser	Attending	Clinical
Patrick J. Flynn	Attending	Clinical
DEPARTMENT OF OBSTETRICS & GYNECOLOGY		
John W. Malo	Attending	Clinical
DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION		
Mary M. Price	Attending	Clinical
DEPARTMENT OF PSYCHIATRY		
William Erickson	Attending	Clinical
Alan Josephson	Attending	Clinical
Michael Moore	Attending	Clinical
DEPARTMENT OF RADIOLOGY		
LeRoy A. Forstrom	Attending	Clinical

RECOMMENDATIONS FOR JOINT MEDICAL STAFF APPOINTMENTS AND ADDITIONAL CLINICAL PRIVILEGES

DEPARTMENT OF PEDIATRICS	CHANGE REQUESTED
Patricia Ferrieri	Primary medical staff appointment from Department of Pediatrics to Department of Laboratory Medicine & Pathology with a joint appointment in Pediatrics. Additional clinical privileges in Laboratory Medicine & Pathology as requested with same clinical privileges currently held in Pediatrics.
DEPARTMENT OF NEUROLOGY	
Ronald I. Jacobson	Joint medical staff appointment in Pediatrics and clinical privileges as requested.

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

RECOMMENDATIONS FOR ADDTION OR DELETION OF CLINICAL PRIVILEGES

DEPARTMENT OF MEDICINE

Patrick J. Flynn

David C. Homans

Peter D. Kenyon

Phillip H. Stoltenberg

DEPARTMENT OF OBSTETRICS & GYNECOLOGY

Julius Butler

John W. Malo

DEPARTMENT OF PEDIATRICS

Diane C. Arthur

Kenneth L. McClain

DEPARTMENT OF SURGERY

John P. Delaney

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

RECOMMENDATIONS FOR PROVISIONAL MEDICAL/DENTAL STAFF APPOINTMENTS

July 1, 1983 - June 30, 1984

DEPARTMENT OF HOSPITAL DENTISTRY	CATEGORY	JOINT APPOINTMENT
Richard T. Ford	Clinical	
James R. Jensen, Jr.	Clinical	
DEPARTMENT OF NEUROLOGY		
Phyllis K. Sher	Attending	Pediatrics
DEPARTMENT OF OTOLARYNGOLOGY		
John S. Huff	Clinical	
DEPARTMENT OF PEDIATRICS		
David R. Brown	Clinical	
DEPARTMENT OF SURGERY		
William D. Payne	Clinical	

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

RECOMMENDATIONS FOR TERMINATION OF MEDICAL STAFF APPOINTMENTS

DEPARTMENT OF FAMILY PRACTICE & COMMUNITY HEALTH	CATEGORY
Paul V. Quinn	Clinical
Paul M. Spilseth	Clinical
DEPARTMENT OF MEDICINE	
Ronald Falk	Attending (E.R.)
Rubin R. Maidan	Attending (E.R.)
Marc R. Pritzker	Attending (E.R.)
Carolyn A. Rosenberg	Attending (E.R.)

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS

RESIGNATIONS FROM THE MEDICAL/DENTAL STAFF

DEPARTMENT OF ANESTHESIOLOGY

Thomas A. Polta

DEPARTMENT OF HOSPITAL DENTISTRY

Douglas H. Yock

DEPARTMENT OF MEDICINE

Brian C. Barnes

Richard Branda

Thaddeus Chao

Vincent R. Collins

Robert Gill

Michael Goodman

Robert D. Mackie

Craig J. McClain

Leopoldo Raij

Christina H. Y. Shih

Athanasios Theologides

DEPARTMENT OF PHYSICAL MEDICINE & REHABILITATION

Essam Awad

Rita Bistevins

Sarah Gault

DEPARTMENT OF RADIOLOGY

David Tubman

DEPARTMENT OF UROLOGY

Keith W. Kaye

APPLICANTS TO THE MEDICAL/DENTAL STAFF

JUNE 1983

NAME & DEPARTMENT	CATEGORY	FACULTY RANK	SPECIALTY	MEDICAL SCHOOL-COMPLETION DATE	INTERNSHIP, RESIDENCY & FELLOWSHIP-COMPLETION DATES	LAST POSITION
DEPARTMENT OF HOSPITAL DENTISTRY						
Richard T. Ford	Clinical	Instructor	Dentistry	Dental School University of Minnesota 1961		Private Practice Medical Arts Bldg. Vermillion, S.D. 1971-1982
James R. Jensen, Jr.	Clinical	Assistant Professor	Periodontics	Dental School University of Minnesota 1979	Residency in Periodontics University of Minnesota 1979-1982	Private Practice 5201 Bloomington Ave. S. Mpls., MN 1/82-present
DEPARTMENT OF NEUROLOGY						
Phyllis K. Sher	Attending	Assistant Professor	Pediatric Neurology	University of Miami Miami, Florida 1970	Internship Montefiore Hospital & Med. Ctr. Bronx, NY 1970-1971 Neurology Residency Univ. of Miami Medical School Miami, FL 1971-1972 Pediatric Neurology Residency Univ. of Miami Medical School Miami, FL 1972-1974	U.S. Public Health Service NIH Bethesda, MD 1980-1982
DEPARTMENT OF OTOLARYNGOLOGY						
John S. Huff	Clinical	Clinical Associate Professor	Otolaryngology	University of Minnesota 1953	General Rotating Internship Memorial Hospital Pheonix, Arizona 1953-1957 ENT Residency Univ. of Minnesota Hospitals 1959-1962 Postgraduate Course in Myoplasty Columbia University 1963	Private Practice ENT Professional Associates Med. Arts. Bldg. Mpls., MN 1962-present

APPLICANTS TO THE MEDICAL/DENTAL STAFF

JUNE 1983

NAME & DEPARTMENT	CATEGORY	FACULTY RANK	SPECIALITY	MEDICAL SCHOOL-COMPLETION DATE	INTERNSHIP, RESIDENCY & FELLOWSHIP-COMPLETION DATES	LAST POSITION
DEPARTMENT OF PEDIATRICS						
David R. Brown	Clinical	Clinical Assistant Professor	Pediatric Endocrinology	University of Minnesota 1968	Internship & Residency University of Michigan 1968-1970 Endocrinology Fellowship University of Minnesota 1972-1975 Hospitals	Solo Practice 2545 Chicago S. Mpls., MN Active Staff Minneapolis Childrens Hosp. Mpls. 8/75-present
DEPARTMENT OF SURGERY						
William D. Payne	Clinical	Instructor	Transplantation Vascular Surgery	St. Louis School of Medicine St. Louis, MO 1972	Internship University of Minnesota 1972-1973 Hospitals Residency University of Minnesota 1973-1979 Hospitals Transplantation Fellowship University of Minnesota 1980 Hospitals	VA Medical Ctr. Transplantation Section Mpls., MN 1979-present

MEDICAL STAFF-HOSPITAL COUNCIL COMMITTEE CHAIRMEN APPOINTMENTS

1983/1984

1. Bed Allocation Committee
   I. Dodd Wilson, M.D.

2. Bylaws Committee
   Glenn Gullickson, M.D.

3. Biomedical Ethics Committee
   Theodore Thompson, M.D.
   Diane Bartels, R.N. Co-Chair

4. Cardio-Respiratory Advisory Committee
   Russell H. Larsen, M.D.

5. Credentials Committee
   Henry Buchwald, M.D.

6. Disaster Committee
   Michael Daly, M.D.

7. Emergency Department Committee
   David Hurd, M.D.

8. Infection Control Committee
   Frank Rhame, M.D.

9. Operating Room Committee
   Roby Thompson, M.D.

10. Outpatient Committee
    Amos Deinard, M.D.

11. Pharmacy & Therapeutics Committee
    Russell Lucas, M.D.

12. Product Evaluation & Standardization Committee
    Bradley Fuhrman, M.D.

13. Quality Assurance Steering Committee
    Paul G. Quie, M.D.

14. Tissue & Procedure Review Committee
    Clara Bloomfield, M.D.

15. Transfusion Therapeutics Committee
    Jeffrey McCullough, M.D.

16. Utilization-Medical Records Committee
    George Tagatz, M.D.

MEDICAL STAFF-HOSPITAL COUNCIL COMMITTEE CHAIRMEN APPOINTMENTS

1983/1984

1. Bed Allocation Committee
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UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

June 7, 1983

TO: Joint Conference Committee
Board of Governors

FROM: C. Edward Schwartz, Hospital Director
Paul Quie, Chief of Staff

RE: Annual Reappointments of Chief of Clinical Services

The Bylaws of the Board of Governors - University of Minnesota Hospitals and Clinics were amended in November, 1982, requiring the following:

Article V. Section 5 (B)

> After consultation with the Joint Conference Committee, at its June meeting each year, the Board of Governors shall appoint the chief of each clinical service of the Medical Staff to serve at the discretion of the Board for an initial term of three years, except in the case of a chief of a clinical service who is an individual other than the Head of the corresponding medical or dental school clinical department, in which case the initial appointment shall be for one year. Reappointment thereafter by the Board of Governors shall be yearly. Vacancies in the office of the chief of a clinical service may be filled at any time by the Board. In the event that a chief of a clinical service is appointed at some time other than the June meeting, and if the appointment is made no later than December, for purposes of determining the time of reappointment the appointment shall be deemed to have commenced the preceding June. In the event that the appointment is made after December, for purposes of determining the time of reappointment the computation of time shall be deemed to commence at the next succeeding June.

The Hospital Director in consultation with the Chief of Staff hereby recommends the reappointment of the following Clinical Chiefs for 1983-84.

The following persons are subject to re-appointment:

NAME	DEPARMENT
Dr. Ellis Benson	Laboratory Medicine & Pathology
Dr. Joseph Buckley	Anesthesiology
Dr. Shelley Chou	Neurosurgery
Dr. Edward Ciriacy	Family Practice
Dr. Donald Doughman	Ophthalmology

Dr. Thomas Ferris	Medicine
Dr. Elwin Fraley	Urology
Dr. Eugene Gedgaudas	Radiology
Dr. Robert Goltz	Dermatology
Dr. Glenn Gullickson	Physical Medicine & Rehabilitation
Dr. Arthur Klassen	Neurology
Dr. William Krivit	Pediatrics
Dr. Seymour Levitt	Therapeutic Radiology
Dr. John Najarian	Surgery
Dr. Michael Paparella	Otolaryngology
Dr. Konald Prem	Obstetrics & Gynecology
Dr. Roby Thompson	Orthopedic Surgery
Dr. Daniel Waite	Dentistry

Other Chiefs of Service have been appointed subsequent to the initial organization of the Board, and their reappointments will be timely upon the completion of their initial term of three years. Those Chiefs and the date of their re-appointments are as follows:

Dr. Paul Clayton	Psychiatry 6/20/84

CES/sds

Enclosure

FUNCTION OF CLINICAL CHIEFS*

1. Be accountable for all professional and administrative activities with his or her service.

2. Be a member of the Council of Chiefs of Clinical Services giving guidance on the overall medical policies of the hospital and making specific recommendations and suggestions regarding his or her own service in order to assure a high quality of patient care.

3. Maintain continuing review of the professional performance of all individuals with clinical privileges in his or her service and report thereon to the Credentials Committee as necessary.

4. Be responsible for enforcement within his or her service of the hospital bylaws, policies and directives and of these medical staff bylaws, rules and regulations.

5. Be responsible for implementation within his or her service of actions taken and policies set by the Board, the Council of Chiefs of Clinical Services and the Medical Staff/Hospital Council.

6. Transmit to the Credentials Committee his recommendations concerning the appointment, reappointment, and delineation of clinical privileges for all individuals in an applicants to his or her service.

7. Participate in every phase of administration of his or her service with the hospital management in matters affecting patient care, including personnel, supplies, special regulations, standing orders and techniques.

8. Assist in the preparation of such annual reports, including budgetary planning, pertaining to his or her service as may be required by the Chief of Staff or the Board.

*Article 3, Section 5 of the Bylaws of the Medical and Dental Staff - University of Minnesota Hospitals and Clinics.

CLINICAL CHIEFS BIOGRAPHICAL SUMMARIES

1. Ellis S. Benson, M.D.
   Professor & Head
   Laboratory Medicine & Pathology

   Medical School: University of Minnesota Medical School
   Internship: Cincinnati General Hospital
   Residency: Veterans Administration Hospital, Minneapolis, MInnesota
   Certified: American Board of Pathologists

2. Jospeh J. Buckley, M.D.
   Professor and Head
   Department of Anesthesiology

   Medical School: New York Medical College
   Internship: U.S. Laval Hospita, Chelsea (Boston), Massachussetts
   Residency: University of Minnesota Medical School
   Certified: American Board of Anesthesiology

3. Shelley Chou, M.D., M.S., PHD
   Professor and Head
   Department of Neurosurgery

   Medical School: University of Utah Medical School
   Internship: Providence Hospital, Detroit, Michigan
   Residency: University of Minnesota Hospitals, Minneapolis, Minneosta
   Certified: American Board of Neurosurgery

4. Edward W. Ciriacy, M.D.
   Professor and Head
   Family Practice & Community Health

   Medical School: Temple University Medical School
   Internship: Frankford Hospital
   Residency: Frankford Hospital and Temple Hospital
   Certified: American Board of Family Physicians

5. Donald J. Doughman, M.D.
   Professor and Head
   Department of Ophthalmology

   Medical School: University of Iowa College of Medicine
   Internship: Los Angeles County General Hospital, Los Angeles, California
   Residency: University Hospital, Iowa City, Iowa
   Certified: American Board of Ophthalmology

6. Thomas F. Ferris, M.D.
   Professor and Head
   Department of Medicine

   Medical School: Yale University
   Internship: Osler Service, John Hopkins Hospital
   Residency: Yale-New Haven Hospital
   Certified: American Board Of Internal Medicine

7. Elwin E. Fraley, M.D.
Professor and Head
Department of Urologic Surgery

Medical School: Harvard Medical School
Internship: Massachusetts General Hospital, Boston, Massachusetts
Residency: Massachusetts General Hospital, Boston, Massachusetts
Certified: American Board of Urology

8. Eugene Gedgaudas, M.D.
Professor and Head
Department of Diagnostic Radiology

Medical School: University of Munich, Germany
Internship: St. Boniface General Hospital, Canada
Residency: St. Boniface General Hospital, Canada
Certified: The American Board of Radiology

9. Robert W. Goltz, M.D.
Professor and Head
Department of Dermatology

Medical School: University of Minnesota
Internship: Ancker Hospital, St Paul, Minnesota
Residency: University of Minnesota, Minneapolis, MN, School of Medicine
Certified: American Board of Dermatology

10. Arthur C. Klassen, M.D.
Professor and Acting Head,
Department of Neurology

Medical School: University of Manitoba Medical School
Internship: Winnipeg General Hospital, Winnipeg, Canada
Residency: University of Minnesota
Certified: American Board of Psychiatry and Neurology

11. Glenn Gullickson, Jr., M.D.
Professor and Interim Head,
Department of Physical Medicine and Rehabilitation

Medical School: University of Minnesota
Internship: Gallinger Municipal Hospital
Residency: University of Minnesota
Certified: American Board of Physical Medicine and Rehabilitation

12. William Krivit, M.D. Ph.D
Professor and Head
Department of Pediatrics

Medical School: Tulane University Medical School
Internship: Charity Hospital, New Orleans
Residency: Utah School of Medicine
Certified: Diplomat of the American Board of Pediatrics

13. Seymour H. Levitt, M.D.
Professor and Head
Department of Therapeutic Radiology

Medical School: University of Colorado
Internship: Philadelphia General Hospital
Residency: University of California
Certified: American Board of Radiology

14. John S. Najarian, M.D.
Professor and Head
Department of Surgery

Medical School: University of California, San Francisco
Internship: University of California Medical School
Residency: University of California Medical School
Certified: American Board of Surgery Diplomate

15. Michael M. Paparella, M.D.
Professor and Head
Department of Otolaryngology

Medical School: University of Michigan
Internship: Emanuel Hospital, Portland, Ohio
Residency: Henry Ford Hospital, Detroit, Michigan
Certified: American Board of Otolaryngology

16. Konald A. Prem, M.D.
Professor and Head
Department of Obstetrics and Gynecology

Medical School: University of Minnesota
Internship: Minneapolis General Hospital, Minneapolis, Minnesota
Residency: University of Minnesota Medical School
Certified: American Board of Obstetrics and Gynecology

17. Roby C. Thompson, Jr., M.D.
Professor and Head
Department of Orthopaedic Surgery

Medical School: University of Virginia School of Medicine
Internship: Columbia Presbyterian Medical Center, New York
Residency: Columbia Presbyterian Medical Center, New York
Certified: American Board of Orthopaedic Surgeons

18. Daniel E. Waite, D.D.S., M.S.
Professor and Hhad
Department of Oral and Maxillofacial Surgery, School of Denistry

Dental School: State College of University of Iowa
Residency Certificate: State University of Iowa
Certified: American Board of Oral Maxillofacial Surgery

19. Paula J. Clayton, M.D.
Professor and Head
Department of Psychiatry

Medical School: Washington University, St. Louis, Missouri
Internship: St. Luke's Hospital, St. Louis, Missouri
Residency: Barnes and Rehard Hospitals
Certified: American College of Neuropsychopharmacology

Office of the Chief of Staff

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
Box 707 Mayo Memorial Building
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

June 9, 1983

TO: Joint Conference Committee
Board of Governors

FROM: Paul G. Quie, M.D.
Chief of Staff

SUBJECT: Vice Chief of Staff Appointment

The Bylaws of the Medical and Dental Staff, Article V, Part A:, Section 4. (a) states "Election: The Vice Chief of Staff shall be elected by a plurality vote of the staff voting by mail ballot. His or her election shall become effective as soon as approved by the Board. The Vice Chief of Staff shall serve a three year term and is not eligible for re-election but in any event shall serve until a successor has been elected and his or her election approved by the Board."

The term of office of Dr. Richard Kronenberg, Vice Chief of Staff, will come to an end on June 30, 1983. The Nominating Committee appointed by the Medical Staff-Hospital Council selected Dr. Robert Howe to run for election for the office of Vice Chief of Staff and the Council approved the recommendation. Elections were held in May and the tabulated results indicate that Dr. Robert Howe has won the election by plurality. I hereby request your approval of Dr. Robert Howe as Vice Chief of Staff.

Thank you for your consideration of this request.

PGQ/lk

CURRICULUM VITAE

Name: Robert Bruce Howe

Present Address: 135 Chevy Chase Drive
Wayzata, Minnesota 55391

Date and Place of Birth: February 13, 1936; Elgin, Illinois

Marital Status: Married, 1961; three children

Education:

1954 - Graduated from Little Falls High School, New York
1958 - B.S., Union College
1962 - M.D., Harvard Medical School

Brief Chronology of Employment:

1956-57	Research Assistant, Mount Desert Island Biological Laboratory, Salisbury Cove, Maine
1958	Research Assistant, Karolinska Institute, Stockholm, Sweden
1962-63	Intern, University of Minnesota Hospitals, Minneapolis, Minnesota
1963-66	Resident, Internal Medicine, University of Minnesota Hospitals, Minneapolis, Minnesota
1964-65	U.S. Public Health Service Trainee in Hematology, University of Minnesota Hospitals, Minneapolis, Minnesota
1966-67	Instructor, Internal Medicine, University of Minnesota Medical School, Minneapolis, Minnesota
1967-70	Assistant Clinical Director, National Cancer Institute, National Institutes of Health, Bethesda, Maryland
1967-70	Admitting Officer, National Cancer Institute, National Institutes of Health, Bethesda, Maryland
1970-73	Assistant Professor of Medicine, University of Minnesota Medical School, Minneapolis, Minnesota
1973-80	Associate Professor of Medicine, University of Minnesota Medical School, Minneapolis, Minnesota
1980	Professor of Medicine, University of Minnesota Medical School, Minneapolis, Minnesota

Military Service:

U.S. Public Health Service - June 1967 - June 1969

Societies:

American Association for the Advancement of Science
American Federation for Clinical Research
American Society of Hematology
International Society of Hematology - Fellow
Association of American Medical Colleges - Panel Member -
Division of Educational Resources and Programs
American College of Physicians - Fellow
Society for Research and Education in Primary Care Internal Medicine

Honors and Other Recognition:

New York State Regents Scholarship for College
Schenectady County Medical Society Scholarship
Sigma Xi
New York State Regents Scholarship in Medicine
Harvard Medical School Scholarship
M.D. cum laude, Harvard Medical School
Diplomate, American Board of Internal Medicine, 1968
(Recertified, 1974)

COURSES TAUGHT, COURSE AND PROGRAM DEVELOPMENT, ADVISING AND COUNSELING

Course Director, Medicine 5-528---Clinical Hematology

Course Director, Medicine 5-590---Preceptorships in Internal Medicine

Course Director, Medicine 5-591---Internal Medicine for the Ambulatory Outpatient

Course Director, Medicine 5-592---Rural Physicians Associate Program in Internal Medicine

Phase B---Student as Physician---tutor

Phase D, Medicine 5-502 and 5-503---Medicine Externship I & II--- tutor. Recently developed new tutorial for Medicine 5-503 students at University Hospitals

Phase B---Blood lecturer and tutor

Phase B---Gut---lecturer

Continuation Course---Internal Medicine Review---coordinator and lecturer for hematology

Continuation Course---Family Practice Review and Update--- lecturer in hematology

Continuation Course---Topics in Geriatric Medicine--- lecturer in hematology

Continuation Course---Surgery of the Liver, Biliary Tree and Pancreas--- lecturer in hematology

Department of Medicine Weekly Hematology Morphology and Biopsy Conference--- course director and lecturer

Department of Medicine Joint Hematology-Oncology Conference--- co-chairman

Department of Family Practice---weekly tutorial in Internal Medicine--- director and participant

Section of Hematology---Weekly Grand Rounds, Malignancy Rounds, Clinical Conference, and Research Conference

Rural Physician Associate Program---Internal Medicine---Director

---

Track 1A student advisor

Department of Medicine---intern advisor

SPECIAL SERVICES AND CONTRIBUTIONS TO THE DEPARTMENT, COLLEGE, UNIVERSITY AND PROFESSIONALLY RELATED SERVICES TO THE COMMUNITY

American College of Physicians---Committee on Associates

Phase D Track Committee---Family Practice (Track 5)

Chairman, Undergraduate Education Committee---Department of Medicine

Intern Selection Committee---Department of Medicine

Executive Committee---Internal Medicine Associates

Director---Medicine Clinic

Chairman---Building B-C Task Force

Outpatient Committee---Departmental representative (former chairman)

Outpatient Space Allocation Committee

Medical Staff---Hospital Council

University Senate

Admitting Officer---University Hospitals

Ambulatory Care Reorganization Committee

Search Committee---Hospital Public Relations Director

Rural Physicians Associate Program---Family Practice and Internal Medicine

Consultant for Division of Educational Resources and Programs---
Association of American Medical Colleges

Consulting Physician---Minneapolis Veterans Administration Hospital

Invited Speaker---International Symposium on Chemistry and Physiology of Bile Pigments, National Institutes of Health, Bethesda, Maryland

Invited Lecturer---The Kawasaki Medical School, Kurashiki, Japan

BIBLIOGRAPHY

Robert Bruce Howe, M.D.

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2. Howe, R.B., and Pinto, S. de T.: Studies on ether-soluble bilirubin. Univ. Minn. Med. Bull. 37:324, 1966.

3. Howe, R.B., and Pinto, S. de T.: Ether-soluble bilirubin. Medicine 45:523, 1966.

4. Howe, R.B.: Ether-soluble bilirubin: a an unusual complex of bilirubin in human serum. Ikterus, 79, ed. by K. Beck, F.K. Schattauer Verlag, Stuttgart, New York, 1968.

5. Berlin, N.I., Berk, P.D., and Howe, R.B.: Bilirubin metabolism. Chapt. 12 in Duncan's Diseases of Metabolism, 6th edition, ed. by P. Bondy, W.B. Saunders, Philadelphia, 1969, pp. 636-653.

6. Williams, R.C., Jr., Bailly, R.C., and Howe, R.B.: Studies of "benign" serum M-components. Am. J. Med. Sci. 257:275, 1969.

7. Berk, P.D., Howe, R.B., Bloomer, J.R., and Berlin, N.I.: Studies of bilirubin kinetics in normal adults. J. Clin. Invest. 48:2176, 1969.

8. Howe, R.B., Berk, P.D., Bloomer, J.R., and Berlin, N.I.: Preparation and properties of specifically labeled radio-chemically stable ^{3}H-bilirubin. J. Lab. Clin. Med. 75:499, 1970.

9. Bloomer, J.R., Berk, P.D., Howe, R.B., Waggoner, J.G., and Berlin, N.I.: Comparison of fecal urobilinogen excretion with bilirubin production in normal volunteers and patients with increased bilirubin production. Clin. Chim. Acta. 29:463, 1970.

10. Berk, P.D., Bloomer, J.R., Howe, R.B., and Berlin, N.I.: Constitutional hepatic dysfunction (Gilbert's Syndrome): A new definition based on kinetic studies with unconjugated radiobilirubin. Am. J. Med. 49:296, 1970.

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14. Bloomer, J.R., Berk, P.D., Howe, R.B., and Berlin, N.I.: Interpretation of plasma bilirubin levels based on studies with radiobilirubin, J.A.M.A. 218:216, 1971.

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20. Yawata, Y., Howe, R., and Jacob, H.: Abnormal red cell metabolism causing hemolysis in uremia: A defect potentiated by tap water hemodialysis. Ann. Int. Med. 79:362, 1973.

21. Jacob, H., Yawata, Y., Craddock, P., Hebbel, R., Howe, R., and Silvis, S.: Hyperalimentation hypophosphatemia: Hematologic-neurologic dysfunction due to ATP depletion. Trans. Assn. Amer. Phys. 86:143, 1973.

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UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

June 9, 1983

TO: University Hospitals Board of Governors

FROM: C. Edward Schwartz, Hospital Director C. Edward Schwartz

SUBJECT: End-Stage Renal Disease Program

The regulations pertaining to the End-Stage Renal Disease program require that the Hospitals' governing body annually review and approve the policies, procedures and organizational structure which apply to the services provided under this program. Such review and approval is slated for June 1983.

Attached, for your consideration, are:

- New policies which have been developed since the last Board of Governors review.
- An index of existing policies and procedures.
- A revised organizational chart which relates to the services provided under the End-Stage Renal Disease program.

These items have been considered by the Medical Staff-Hospital Council and the Joint Conference Committee and are thereby submitted for your approval.

/kj

attachments

RENAL DIALYSIS UNIT POLICIES

I N D E X

POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	5/5/83
REVISION:	
REVIEWED:	

SUBJECT: NURSING CARE PLAN - DIALYSIS UNIT

SOURCE: PAT JACOBBERGER, HEAD NURSE

GUIDELINES FOR COMPLETION AND UPDATING OF THE NURSING CARE PLAN TOOLS

A. General Points

1. All entries to the Care Plan must be made in black ink except for the allergies section where entries are to be made in red ink.
2. All entries must be dated as to month/day/year.
3. All records are permanent. Do not erase or cross out any entry. When data changes it is to be colored over with a Hi-Liter Marker.
4. Primary Nurses are responsible for Monthly Care Plan review, updating and SOAP Charting.
5. Primary Nurses are responsible for sharing the Care Plan with the patient and/or family as well as for seeking input from the patient and/or family in generating the Care Plan.

B. Nursing Care Plan Tool

1. Demographic Information

- Note the name of the Primary Nurse and the date this Care Plan was started.
- Note the date of the patient's first hemodialysis treatment at the University of Minnesota. If he started dialysis in another institution, indicate the date of his first treatment at that institution.
- Addresses and telephone numbers, both local and out-of-town must be noted.
- The name, address and telephone number of who to notify in emergencies is to be provided.
- Note the patient's religion, birth date, current and previous occupation.

APPROVED: Pat Jacobberg, RN	DATE: 5/5/83
TITLE: HEAD NURSE - DIALYSIS UNIT	

- Provide the name and telephone number of the referring dialysis unit and/or referring physician.

2. Adjustment Information
   - Interview the patient to obtain answers to the questions in this section regarding scheduling, transportation, etc.
3. Allergies
   - Entries in this section are to be made in red ink.
   - Note the generic and brand name of the drug or substance that the patient is allergic to.
4. Patient's Rights
   - Each patient is to receive a University of Minnesota Patient's Rights Booklet.
   - The patient must read the booklet (or the nurse must read it to him). Comprehension should be evaluated and questions answered or referred.
   - The patient or guardian must sign on the line provided at the bottom of that page to indicate that he received the information.
5. Medical History
   - Note whether or not the patient is a diabetic.
   - Complete this section by patient interview and chart review.
6. Surgical History
   - Note the dates of and describe all surgical procedures and pregnancies. May only be able to date by year.
   - As new surgical procedures are performed, they are to be noted here.
7. Patient Teaching
   - All patients (families of children) are to receive teaching, without exception in the following:
     - Access Care and Emergencies
     - Diet and Fluid Intake
     - Medications
     - What Lab Values Mean
   - These and other topics of patient teaching are to be dated.
   - Review dates are to be indicated.

8. Dialysis Information
   - Indicate the type of access, needle size, dialysis schedule, dialyzer, bath, water, heparinization, priming solution, and blood lines used for dialysis.
   - Note the patient's dry weight and diet prescription.
   - Note if the patient is awaiting transplant and if so, whether it is LRD or Cadaver.
   - Note the patient's hepatitis antigen and antibody status: If the patient was given Heptavax vaccine, note the three dose dates.
9. Access History
   - Note the date of and describe all access procedures including subclavian and femoral catheterizations.
10. Nursing Care Plan
   - Based on your interview and chart review, first formulate a problem list for the patient.
   - Using the patient problem list, complete the patient Care Plan for each problem.
   - Indicate the date of the problem's documentation, the short term and long term goals, plan of care and intervention and the actual outcome.
   - Indicate the date of review and the date of care conference review.
   - As problems resolve they are to be colored over with a Hi-Liter Marker.

C. Patient Problem List

1. Each problem should have a number.
2. Title each problem descriptively.
3. Indicate the date of onset, the date the problem was recorded and the date the problem inactivated (was resolved).
4. When a problem resolves, color over the entry with a Hi-Liter Marker.

D. Dialysis Patient Medication Record

1. This is a cumulative record. When a drug is discontinued, color over it with a Hi-Liter Marker.
2. The start and stop dates must be indicated as well as the name, dose, route and frequency of the medication.
3. Each patient's medication record should be reviewed by the nurse, with the patient, monthly.
4. Indicate the date of review and initial.

E. Nursing Notes

1. Charting of patient progress will be done in the form of a SOAP Note on the Health Professional Progress Notes.
2. The Monthly Care Plan Review Note should be titled as such with a SOAP Note made on each problem.
3. Interim notes should be titled as such and a SOAP Note written where a new problem is added, a change occurs in the patient's status (i.e., arrests, serious complications, transplant received), or if the patient transfers out.
4. All Notes must be dated, written in black ink and signed by the Primary Nurse.

U. OF MINNESOTA HOSPITALS

DIALYSIS PATIENT DATA BASE

AND

NURSING CARE PLAN TOOL

All Entries Are To Be Made In Black Ink

Subject to Revision

Name Plate

DEMOGRAPHIC INFORMATION

Primary Nurse _____ Date Care Plan Started _____

Date of First Dialysis at U. of M. _____ Elsewhere _____

Home Address _____ HOME

_____ PHONE ( ) _____

Local Address _____ LOCAL

_____ PHONE ( ) _____

Who To Notify In Emergencies _____

Address _____ Phone ( ) _____

Religion _____ Birth Date _____

Occupation _____ Previous Occupation _____

Referring Dialysis Unit _____ Phone ( ) _____

Referring Physician _____ Phone ( ) _____

Who do you regard as your support system? _____

Who depends on you? _____

What are your transportation problems? _____

What days/times are best for your dialysis? _____

Do you have any financial concerns? _____

Do you have help at home? _____ Who? _____

Do you expect to return to your job? _____

What is your activity level? _____ What is your endurance level? _____

Do you require help in your home? _____

Have you any special interests or hobbies? _____

What else do you want us to know about you? _____

ALLERGIES (in red)

_____

_____

_____

Patient Given Patient's Rights Booklet On _____

I have been given the U. of M. Patient's Rights Booklet and have had any questions about its contents explained.

_____

Patient Signature or Guardian

PATIENT TEACHING

Date	SUBJECT	Review Date	Review Date	Review Date	Review Date
	Access Care & Emergencies				
	Diet and Fluid Intake				
	Medication				
	What Lab Values Mean				

DIALYSIS INFORMATION

Access _____

_____

Needle Size _____

Dialysis Schedule _____

Dialyzer _____

Bath: K+ _____ Na+ _____ Ca++ _____

Gluc. _____ Phos. _____

Bicarb _____ Other _____

Water: R/O Distilled Other _____

Heparinization _____

Priming Solution _____

Blood Lines _____

Dry Weight _____

Diet _____

Awaiting Transplant? Yes NO LRD___ CAD___

Hepatitis Antibody Positive Negative

Hepatitis Antigen Positive Negative

Received Heptavax on _____

ACCESS HISTORY

NOTE DATE & DESCRIBE ALL ACCESS PROCEDURES

Date	Procedure

#7

POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	5/5/83
REVISION:	
REVIEWED:	

SUBJECT:	PRIMARY NURSING - DIALYSIS UNIT
SOURCE:	PAT JACOBBERGER, HEAD NURSE

PRIMARY NURSING POLICIES AND PROCEDURES
UNIVERSITY OF MINNESOTA HOSPITALS DIALYSIS UNIT

Dialysis patients pose a special problem in the maintenance of continuity of health care because of their multiple-system complications and because of their repeated visits. Since assignments vary from day to day between nurses, it becomes especially difficult to assure a consistent approach to problem identification and solution. Therefore, it seems reasonable to institute a plan of Primary Nursing in order to facilitate and maintain continuity of health care for our dialysis patient population.

The goals of the Primary Nursing System of Assignment include:

1. To establish and implement with input from the patient, a plan of care that meets his/her physical and psychological needs.
2. To establish and maintain a working rapport with the patient in order to accurately assess his/her physical and psychological status.
3. To establish and maintain channels of nurse/patient communication.
4. To become aware of and communicate specific patient needs to the appropriate service of the health care team, e.g., physician, nursing staff (both Unit and hospital-wide), dietitian and Social Services.
5. To develop and implement a patient education program specific to the patient.
6. To assist the patient in the establishment and attainment of realistic goals.
7. To promote active participation in health care by the patient.

APPROVED: Pat Jacobberger, RN	DATE: 5/5/83
TITLE: HEAD NURSE - DIALYSIS UNIT	

Assignment of primary patients will be carried out in the following manner:

1. Each chronic dialysis patient (i.e., those patients who repeatedly receive their dialysis treatments at the University of Minnesota Hospital) will have one primary nurse.
2. Dialysis patients who are here for transplantation work-up, transplantation, and/or surgery prepatory to transplantation, will have a primary nurse assigned if they are here for dialysis longer than two weeks from the date of their first dialysis for that current admission. Upon readmission after discharge, the patient will be assigned to their previous primary nurse.
3. New patients who are identified as chronic dialysis patients that will receive their dialysis on a repeated basis here at the University of Minnesota, will be assigned a primary nurse within two weeks of their initial dialysis.
4. Patients being treated for acute renal failure (i.e., reversable failure) will not be assigned a primary nurse by this Dialysis Unit.
5. Registered Nurses working 75% or better, will be assigned up to five patients for the purposes of Primary Nursing with the exception of the Head Nurse, Assistant Head Nurse, Permanent Relief Charge Nurse and Station Instructor(s). In the latter cases, each will be assigned one patient.
6. Registered Nurses working 50% to 74% will be assigned up to three patients and Registered Nurses working 10% to 49% will be assigned only one patient for the purposes of Primary Nursing.
7. New R.N.'s to the Unit will receive their primary patient assignment three months after the nurse's start date.
8. Primary Nurses may barter with each other for patient assignments every January and June. If conflicts which seem unresolvable occur, the Primary Nurse may request a change of patient after a conference with the Assistant Head Nurse.
9. Patients of Primary Nurses who terminate employment or are on an LOA of more than two months, will be reassigned to other nurses.

The responsibilities of each Primary Nurse include:

1. To develop, maintain and communicate to the patient and the health care team a written on-going dialysis care plan within two weeks of assignment.
2. To revise and update the written care plan on a monthly basis or more frequently if there is a major change in the patient's status (e.g., hospitalization, surgery, etc.).
3. To plan and lead patient care conferences with the inter-disciplinary health team members and patient and family, if available, and to communicate verbally and in writing the outcome of those care conferences on a bi-yearly basis.
4. To develop, maintain and communicate to other health team members a patient problem list.
5. To develop and maintain a cumulative medication list.
6. To monthly document the patients' status, problem resolution and progress on the patient care plan.
7. To monthly document the patients' status in the progress notes in the outpatient chart, using the problems list and the SOAP charting method.
8. To complete the Patient Transfer Protocol when a primary patient is transfered to or visiting another Unit.
9. To update or make certain the dialysis orders for a primary patient are updated when a change in dialysis orders is made.
10. To request specific primary patient assignment for dialysis when the need arises.

Auditing of compliance with Primary Nursing Policy and Procedure will occur along the following guidelines:

1. The Assistant Head Nurse will audit each patient's chart the first week of every month for the previous month's charting.
2. If components are incomplete or missing, the Primary Nurse will be informed and expected to complete the chart within seven days. Incomplete charts will be reaudited for compliance seven days after informing the Primary Nurse.
3. Failure to complete the chart after two requests or failure to complete a chart or charts three months in a row will result in a disciplinary conference.
4. Assignment of primary patients will be done by the Assistant Head Nurse. All changes during the month of January or June will be made with the approval of the Assistant Head Nurse.
5. Care Conferences will be scheduled and noticed to the Primary Nurse and staff by the Assistant Head Nurse.

POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	June 8, 1983
REVISION:	
REVIEWED:	

SUBJECT: Food Trays from Hepatitis Positive Dialysis Patients

SOURCE: Pat Jacobberger, R.N. Head Nurse

FOOD TRAYS FROM HEPATITIS POSITIVE DIALYSIS PATIENTS

Removal of food trays from the rooms of Hepatitis Positive Dialysis Patients will follow the guidelines established in the following Memo dated 11/09/81.

APPROVED: Pat Jacobberger RN

TITLE: Head Nurse - Dialysis Unit

DATE: June 10, 1983

POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	May 20, 1982
REVISION:	June 8, 1983
REVIEWED:	

SUBJECT:	HEPATITIS B CONTROL IN DIALYSIS
SOURCE:	PAT JACOBBERGER, HEAD NURSE

HEPATITIS B CONTROL IN DIALYSIS

The Dialysis Unit will follow the Hospital Policy and Procedures Manual, Procedure Number 33.6, with regard to Hepatitis B surveillance with the following additions:

- New patients on dialysis (chronic or acute) will be screened for Hepatitis B (HBsAg and anti-HBs) at their first dialysis and then once per month during their period of treatment in this facility.
- Patients who have dialyzed elsewhere will present their Hepatitis B Status when possible, prior to their first dialysis in this facility. If the patient has not been screened for Hepatitis B within the past month, blood will be obtained for screening at the first treatment here and then once per month during their period of treatment in this facility.
- All patients who permanently dialyze in this facility will be offered Heptavax-B vaccine. Patients who are vaccinated will be screened for HBsAg and anti-HBs every month during the innoculation period and then every six months thereafter.
- Patients who refuse vaccination with Heptavax-B will be screened every month.

APPROVED: Pat Jacobberger-RN	DATE: June 10, 1983
TITLE: Head Nurse - Dialysis Unit	

POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	2/14/83
REVISION:	June 6, 1983
REVIEWED:	

SUBJECT:	HEMODIALYSIS UNIT DRESS CODE
SOURCE:	PAT JACOBBERGER, R.N. Head Nurse

HEMODIALYSIS UNIT DRESS CODE

Employees will follow the established Hospital Dress Code in the Department of Nursing Services Policy and Procedures Manual with the following additions:

1. Booties will be worn over shoes when caring for HBsAg positive patients.
2. Isolation gowns will be worn, tied over uniforms when caring for patients and discarded when leaving the Unit.
3. Technicians are expected to follow the same guidelines.

APPROVED: Pat Jacobberger RN	DATE: June 10, 1983
TITLE: Head Nurse - Dialysis Unit	

POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	June 6, 1983
REVISION:	
REVIEWED:	

SUBJECT: Hepatitis Screening and Vaccination for Dialysis Staff

SOURCE: Pat Jacobberger, R.N. and Nancy Van Drunen, R.N.

HEPATITIS SCREENING AND VACCINATION FOR DIALYSIS STAFF

1. At the time of hire, new employees will be screened for HBsAg and Anti-HBs.

   --if new employees are Anti-HBs negative they will be offered Heptavax-B.
   --if new employees are Anti-HBs positive, they are protected and do not require Heptavax-B.
   --if new employees are positive for HBsAg, they will not be allowed to work in the Dialysis Unit.
   --if new employees do not wish to take advantage of Heptavax-B and are Anti-HBs negative, they will be screened every two months thereafter.

2. Personnel who have received Heptavax-B will be screened 6 months after their last inocculation to determine the presence of the expected Anti-HBs.

   --Personnel who have completed two of the vaccination series will be screened to determine the presence of Anti-HBs.

3. Currently employed personnel who are Anti-HBs negative because they either refused vaccination with Heptavax-B or did not develop Anti-HBs following vaccination will be screened for HBsAg and Anti-HBs every two months.

4. Employees will include nurses, technicians, housekeeping personnel, nurses aides and secretaries.

APPROVED: Pat Jacobberg - RN	DATE: June 10, 1983
TITLE: Head Nurse - Dialysis Unit	

POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE: June 8, 1983	
REVISION:	
REVIEWED:	

SUBJECT: Training and Assimilation of New Employees

SOURCE: Pat Jacobberger, Head Nurse

TRAINING AND ASSIMILATION OF NEW EMPLOYEES

REGISTERED NURSES

Orientation for the new employee (R.N. trainee) will be approximately 2-3 months. During this time the trainee will learn to operate dialysis and dialysis related equipment, nursing care of the chronic adult and pediatric dialysis patient and nursing care of the acutely ill adult and pediatric dialysis patient.

After an appropriate period of classroom learning, the new employee's clinical experience will start with the dialysis of chronic stable adult patients. Gradually, as dictated by the new employee's progress, care of the more acutely ill adult and pediatric patient will be introduced. The Station Instructors will evaluate the new employee's progress on an ongoing basis. The new nursing employee will proceed at a pace consistent with her/his increasing expertise.

During the orientation process, the Station Instructors will communicate with the Leadership Group on the new employee's progress.

When orientation is complete, the new R.N. staff member will be assigned a normal rotation of hours (a.m./p.m. and weekends).

Independent Assignment will be made based on the individual's level of expertness and ability by the Head Nurse, Assistant Head Nurse or Charge Nurse. Gradually, assignments will be increased to include a higher level of acuity and a more varied cross-section of patients.

When the new employee has worked in the Dialysis Unit for six months the Head Nurse and/or Assistant Head Nurse will meet with the Station Instructors to determine if the new employee is clinically ready to be placed on the call rotation. New employees will not be teamed with new employees on call.

TECHNICIANS

Orientation for the technician trainee will be approximately 2-3 months. During this time the trainee will learn to operate, prepare and maintain dialysis and dialysis related equipment.

After an appropriate period of classroom learning, clinical experience will start with the set-up of equipment for chronic stable adult patients, under the guidance of a trained technician. Gradually, as dictated by the trainee's progress, set-up of equipment for more acutely ill adult and pediatric patients will be introduced. The trainee's progress will be evaluated on an ongoing basis and the trainee will proceed at a pace consistent with his/her increasing expertise.

APPROVED: [signature]	DATE: June 10, 1983
TITLE: Head Nurse - Dialysis Unit	

TECHNICIANS (continued)

When orientation is complete, the new technician staff member will be assigned a normal rotation of hours (a.m.'s, p.m.'s and weekends).

Independent assignment will be made based on the individual's level of expertness and ability by the Head Nurse, Assistant Head Nurse or Charge Nurse, with input from the Chief Technicians. Gradually, assignments will be increased to include more stations and more difficult set-ups and break reliefs.

When the new employee has worked in the Dialysis Unit for six months, the Head Nurse and/or Assistant Head Nurse will meet with the Chief Technician to determine if the new employee is clinically ready to be placed on the call rotation. New employees will not be teamed with new employees on call.

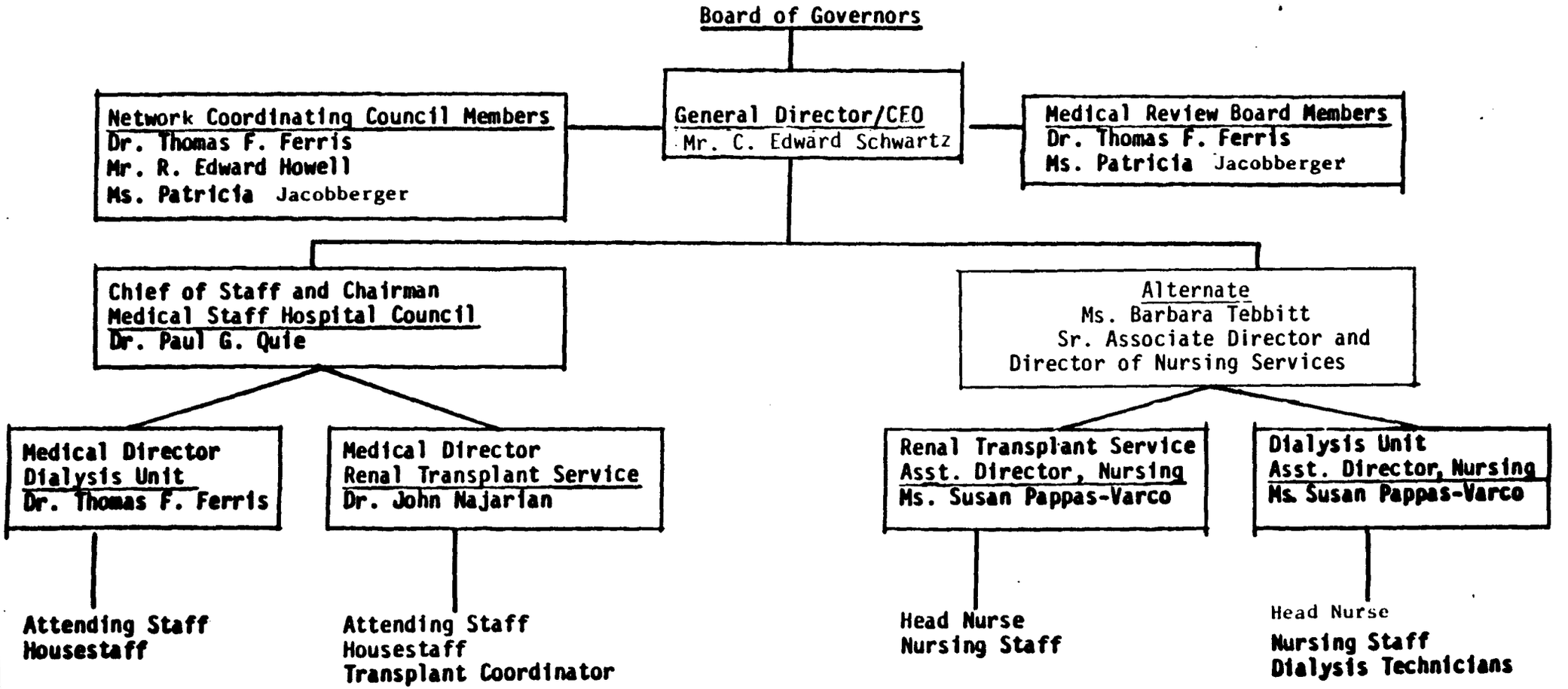
In the training of new employees, experienced Station Instructors and Dialysis Technicians will be utilized and all clinical experiences will be closely observed and supervised until the trainee exhibits competency.

University of Minnesota Hospitals and Clinics

Chart of Organization

End-Stage Renal Disease Program

Renal Transplant Service and Dialysis Unit



UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals and Clinics
420 Delaware Street S.E.
Minneapolis, Minnesota 55455

June 9, 1983

TO: Board of Governors

FROM: C. Edward Schwartz C. Edward Schwartz

SUBJECT: Personnel/Purchasing Implementation

At its May meeting the Board of Governors reviewed plans approved by Vice Presidents Vanselow, Bohen, and Hasselmo relative to Personnel and Purchasing implementation. The Board tabled action on the matter wishing more time to review the subject.

We noted at the May meeting that abbreviated versions of these plans were being developed as background material for the Board of Regents, along with a resolution seeking their approval. These latter documents are attached for your review.

The second set of documents do not differ in concept from those which you saw in May. They have been shortened slightly, primarily in areas of detail which relate to implementation actions rather than policy, organization, and authority.

We will look forward to discussion and, hopefully, your endorsement at the June 15 Board of Governors meeting.

CES:jmp

attachments

Implementation Plan-Hospital Governance/Personnel

The following plan is written in response to the personnel-related recommendations in the Board of Regents Study Committee Report. It is based on three general premises. First, the need for change, based upon the Hospitals rapidly changing environment, has been accepted. Second, to the extent possible, that change should take the form of delegation of increased authority to the Hospitals Board of Governors, administrative staff, and the Vice President for Health Sciences. Third, there will continue to remain a need for centralized authority and/or coordination of some personnel relation functions.

As a general rule, the following principle is followed in distinguishing where decentralization is most appropriate, and where centralization is most appropriate: Where an understanding of the Hospitals operations, responsiveness, flexibility, and creativity in problem solving are most essential to one of the Personnel-related functions, decentralization is the most appropriate means of achieving those objectives. Where economies of scale and broad University-wide policy are the most important variables, University performance or monitoring of the related Personnel duties is the appropriate approach.

For purposes of this document, the personnel functions are divided as follows:

A. Compensation and Classification
B. Employee Benefits Administration
C. Labor Relations
D. Employment/Recruitment
E. Payroll Processing
F. Affirmative Action
G. Employee Relations
H. Organizational Development

In general, we view areas A, D, E, G, and H as needed, as a primary goal, to be responsive to operating needs, and thus recommend a decentralized model. Areas B, C, and F, for reasons of economy or University-wide policy, should be generally maintained under the existing centralized model, with perhaps some modification. Specific proposals in each of the above eight areas follow.

A. Compensation and Classification

Recommendations

1. Responsibility for development of a position classification system, including compensation packages, should be delegated to the Hospitals Board of Governors.

2. Policies in such areas as vacation, holidy, on-call pay, overtime accrual, etc. should be developed on a decentralized basis.

3. The above should apply, as recommended in the Regents report, to employee classifications which are unique to or primarily centered in the Hospitals. For purposes of initial establishment, "primarily centered in" shall be defined as any classification which is more than 50% hospital based.

4. Consistency with Regents policy should be assured through ongoing communication between the Hospitals and University Personnel Departments, as well as periodic reports to the Board of Regents.

Discussion

Compensation and position classification is central to the effective operation of the Personnel function. The existing process generally requires that the Hospitals salary and fringe benefit plans, as well as its position classification plan, be primarily in "lock-step" with that of the University, and, to a lesser extent, the State.

The Hospitals own environment and marketplace will continue to be the central variable determining its compensation and classification needs. Increasingly in the future, these marketplace variables will be different from those factors driving the general University plans. Medicare and Medicaid regulations, the health professional marketplace, and the Hospitals manpower resource needs will be the central variables dictating future Hospital compensation policy and practice. Given the relative uniqueness of these variables to the Hospitals, delegation to the Hospitals is appropriate.

The Regents Study Committee Report accurately identifies the need for consistency in compensation practice for those classifications which are spread throughout the University. We have used a 50% rule in determining which classifications should be "University governed" and which should be "Hospital governed". That is, if 50% or more of the employees in a given class are Hospital employees, that classification should be governed by Hospital compensation.

Union employee compensation and classification is addressed in section C.

From a timing perspective, we would recommend that delegation of authority in this area be effective with Regents adoption of a resolution regarding this plan. A major review of the Hospitals position classification system would be undertaken at that time, with changes recommended three to six months thereafter.

B. Employee Benefits Administration

Recommendations

1. Central authority for and coordination of the employee benefits administration function should be maintained. Insurance and retirement plans fit into this category.

2. The Hospitals should develop an improved knowledge base and capability to respond to employee questions concerning employee benefits.

Discussion

Certain types of employee benefits (vacation, sick leave, etc.) are amenable to decentralization. In the areas of insurance and retirement plans, however, this is not the case.

The University is part of larger statewide contracts for insurance and retirement plans. The larger contracts allow for reduced premiums. It would thus be unwise for the Hospitals to break away from these larger contracts. In addition, the information flow for employee benefits administration as it is currently organized allows for economies of scale. It would be unwise for the Hospitals to duplicate these resources. The Hospitals should, however, develop greater expertise regarding the insurance and retirement plans in order to more effectively respond to employee questions.

Formal delegation of authority for these recommendations should become effective with Regents adoption of a resolution regarding this plan. A review of existing benefits in the sick leave, vacation, etc. area will be undertaken as part of the study noted in section A, with recommendations again forthcoming in three to six months.

C. Labor Relations

Recommendations

1. Contract negotiations, given existing State laws, need to continue to be conducted jointly under the direction of central University personnel.

2. The Unit 4 contract negotiations, given that it involves 80% Hospital employees, should be led by the Hospitals beginning in 1985 (the next negotiating period).

3. The responsibility for grievance administration should lie with the Hospitals, through arbitration when necessary.

Discussion

The Regents Study Committee Report identified labor relations as an area where integration and University-wide consistency will continue to be important. These recommendations are made with that consideration in mind.

The Unit 4 (Health Care Non-Professionals) bargaining unit, currently represented by AFSCME, is comprised of 80% Hospital employees. This contract is currently being re-negotiated; it would not be prudent to alter the bargaining process at this point. Beginning in 1985, however, it is envisioned that the Hospitals would take the lead in the contract negotiations for Unit 4. We presume the Regents would wish to maintain final approval authority for all union contracts.

Responsibility for grievance administration (recommendation 3) should be immediately delegated to the Hospitals; the timeframe for the other recommendations, as noted above, should be 1985.

D. Employment/Recruitment

Recommendations

1. The current decentralized system works well for all concerned. Little change is recommended.

2. The potential for having the Hospitals manage the Hospital component of the student employment process should be further explored.

Discussion

The employment/recruitment function is already virtually completely decentralized. The exception here is the student employment function; we would recommend that the potential for decentralization of student employment be further investigated.

E. Payroll Processing

Recommendations

1. The current decentralized approach to Payroll processing should be continued.

Discussion

Here again, the payroll function is already largely decentralized, to the point where the Hospitals currently runs its own timecard/data collection systems, produces its own payroll reports, and runs on a pay period cycle different from the remainder of the rest of the University.

F. Affirmative Action

Recommendations

1. Due to the broad institutional policy nature of this area, centralized authority would continue to be necessary.

2. The current model of delegation of operational activity related to Affirmative Action should be continued.

Discussion

The recommendations in this section are made under the assumption that the Regents will continue to view Affirmative Action as an extraordinarily high priority, and wish to retain the existing central administration reporting relationship for this function. Operational activity for the Affirmative Action program has already been delegated to the Hospitals and operates effectively.

G. Employee Relations

Recommendations

1. The Hospitals should have the authority to develop and enforce its own personnel policies for compensation, sick leave, vacation, overtime, layoffs and all other working conditions for non-union employees. Policy development and enforcement authority should be delegated to the Hospitals Board of Governors.

2. Consistency with University policy should be assured through periodic reports to the Board of Regents.

Discussion

Along with compensation and classification, the ability to manage working conditions through Personnel policy is most central to effective operation of the Personnel function under a decentralized system. We are thus recommending that the Hospitals have the authority to develop its own rules, regulations, and policies for its employees. The existing Civil Service Rules would thus be replaced with an analogous set of Hospital-wide personnel policies, to be approved and monitoried by the Board of Governors.

A three month timeframe would be necessary for development and approval of these policies, with modifications, of course, to be made periodically.

H. Organizational Development

Recommendations

1. No changes are recommended. This area is currently fully decentralized.

Implementation Plan - Hospital Governance/Purchasing

In response to the purchasing-related recommendations contained in the Board of Regents Study Committee Report, the following plan outline has been developed. This plan is based upon two concepts incorporated in the aforementioned report. First, "the unique needs of the Hospitals and the need for rapid response to a changing health care environment warrant the need for change." Second,"where feasible, this change should be accomplished through the delegation of increased authority to the Hospitals Board of Governors, the Vice President for Health Sciences and the Hospitals management staff." Finally, in certain functional areas, the need for centralized authority for some purchasing related activities will remain.

In developing this plan, decentralization is recommended where an understanding of the Hospitals operations and unique supply needs are most essential for effective management of the Purchasing & Stores functions. Centralization and/or University management or monitoring is recommended where University-wide policy and/or significant economies of scale are of primary importance.

In examining this issue, the Purchasing and Stores functions have been divided into the following areas:

A) Requisition Processing and Bid Management

B) Purchase Order Issuance

C) Contract Administration

D) Storage and Distribution

E) Accounts Payable

F) Audits

Within the concepts identified above, areas A, B, C, D, and E are viewed as requiring knowledge of the unique supply needs of the Hospitals and being responsive to its ongoing operational requirements, thus a primarily decentralized mechanism is recommended. For reasons of University policy management and/or economies at scale, area F is recommended to remain under a centralized model with some modification.

Within each of the aforementioned six areas, the following specific proposals are presented:

A) REQUISITION PROCESSING AND BID MANAGEMENT

1. Responsibility for development of a system for processing requisitions and developing and issuing bids should be delegated to the Hospitals Board of Governors.

2. Policies relating to bid development, bid issuance, receiving and clocking of bids, bid openings and bid acceptance should be developed on a decentralized basis and approved by the Hospitals' Board of Governors and subsequently endorsed by the Board of Regents.

3. Consistency with Regent's policy should be assured through the endorsement of the Hospitals Purchasing Policy & Procedure Manual; periodic reports to the Board of Regents and coordinated audit functions.

Discussion

The effective processing of requisitions and management of the Bidding activity is essential for the provision of responsive cost-conscious health care. The current mechanism requires that the Hospitals procurement of necessary supplies and equipment is essentially intertwined with the purchasing of supplies and equipment for all other units within the University.

The rapid advancements in medical care technology experienced during recent years is likely to continue in the foreseeable future. As a result of these rather rapid technological advances, there are frequent changes and modifications in the supplies and equipment as well as their application is essential. Given the very high volume of these generally unique items, delegation of the requisition processing and bid management functions is appropriate.

Such a delegation should include the following elements:

- Usage of Hospital requisitions which are specifically distinguished from University requisitions.
- Hospital review of requisitions.
- Hospital based maintenance of requisition files.
- Hospital based bidding out of requisitions to include:
    . Preparation of invitation for bids.
    . Maintenance of vendor contacts.
    . Maintenance of bid files.
    . Tabulation of bids.
- Clocking of bids and conducting bid closings at the Hospital.
- Awarding of Contracts, under Hospital authority.

A set of procurement standards which guide the purchasing activity of the University have been endorsed by the Board of Regents. These standards should be used as the focus for the development of the Hospitals Purchasing Policies and Procedures which would be endorsed by the Hospitals Board of Governors and the Board of Regents. This would establish an appropriate relationship between the University Purchasing activity and that of the Hospitals. Further to assure an appropriate relationship is maintained, representatives from University Purchasing and Hospital Purchasing should meet on a regular formalized basis to discuss any proposed changes in purchasing mechanisms or other issues of mutual concern.

We recommend that the authority to develop these functions be effectively delegated to the Hospitals at the point at which Regents action regarding this plan is taken. Full implementation of these changes would occur approximately six months thereafter.

B) PURCHASE ORDER ISSUANCE

1. The Hospitals should be delegated the authority to issue all Hospital Purchase Orders, with no further approval required.

2. Policy development and monitoring authority relating to the issuance of Purchase Orders should be delegated to the Hospitals Board of Governors.

3. Consistency with Regents policy should be assured through periodic reports to the Board of Regents in coordination with ongoing audit functions.

Discussion

As previously noted, timely acquisition of needed supplies and equipment is essential for the effective provision of health care in a changing competitive environment. Issuance of Purchase Orders is closely linked to the processing of Requisitions and Management of Bids which was discussed above. Thus, Purchase Order Issuance should also be managed decentrally. In addition, decentralization will facilitate efficient hospital accounting procedures.

Much of the activity associated with the issuance of Purchase Orders is currently handled on a decentralized basis. Delegation of final authorization to the Hospitals will complete the decentralization of this function, and is recommended. Further, this decentralization should include but not be limited to the following provisions:

- Development of Purchase Orders which are unique and identifiable to the Hospitals.

- Limitation of Hospital issuance of Purchase Orders to Hospital Accounts.

- Maintenance of Purchase Order files.

- Responsibility for credit returns and resolution of discrepancies with vendors.

The authority to develop the mechanisms for the issuance of all Purchase Orders should be delegated to the Hospitals effective at the point at which Regents action regarding this plan is taken. Implementation would be targeted for six months thereafter.

C. CONTRACT ADMINISTRATION

1. The Hospitals Board of Governors should be delegated the authority to develop a mechanism for total Contract Administration. This mechanism would include provisions for Contract Negotiation, Group Purchasing Affiliations, Vendor Warehousing agreements, and other contemporary purchasing concepts.

2. Policies related to contract management should be developed on a decentralized basis. These policies should be approved by the Hospitals Board of Governors and endorsed by the Board of Regents.

3. Compliance with University public disclosure requirements should be assured through ongoing reports to the Hospitals Board of Governors and periodic reports to the Board of Regents.

Discussion

Historically, the Bidding system has been an effective mechanism for purchasing needed supplies and equipment. However, in recent years, increased competition within the hospital industry has created the need for hospitals to develop new and innovative mechanisms which include but are not limited to: the development of large multi-hospital purchasing groups, which allows hospitals to take advantage of high volume discounts; the development of Negotiated multi-item contracts, which allows hospitals to achieve significant savings by aggregating multiple, often diverse items, into large discounted contracts; the development of Vendor Warehousing agreements, which allows the hospitals to shift part of its inventory maintenance cost to the vendor.

While it is envisioned that the Bidding System would continue to be the primary means of purchasing supplies and equipment, the Hospital must be able to respond to the marketplace by possessing the ability to develop and access alternative purchasing mechanisms. Therefore, we would recommend that the Hospitals Board of Governors be delegated the authority to develop a mechanism for Contract Administration. The University set of procurement standards should be used as the focus for development of policies and procedures associated with Contract Administration which would be included in the Hospital Purchasing Policies and Procedures Manual previously referenced.

Minnesota Statute requires the University of Minnesota to support the development of small and minority businesses through participation in the state "Set Aside Program". The Hospital would continue participation in such a program consistent with University practices. Thus it is recommended that the Hospitals would develop a Set Aside Program which is consistent with the mechanism employed by the University and includes the development of hospital related goals. The results of the Hospitals participation in this program would be reported periodically to the Board of Governors and the Board of Regents.

Authority to develop the mechanisms for Contract Administration should be delegated to the Hospitals Board of Governors through Regents approval of a resolution regarding the plan. Implementation of Contract Administration should be targeted for six months thereafter.

D. STORAGE AND DISTRIBUTION

1. Unique hospital supply items should continue to be stored and distributed under the current decentralized system. As related to external vendors, this system functions effectively and little change is envisioned.

2. The feasibility of delegating the responsibility to the Hospitals for the puchase of storage of items which are currently obtained from the General and Chemical Storehouse should be explored.

Discussion

Currently, the University General and Chemical Storehouse stock items which are not unique to the Hospital, but for which the Hospital is the primary user (50% or greater).

The relationship between the Hospital Warehouse and other University warehouses is complex. This complexity includes financial interdependency, relationships with other University users and relationships with vendors and their contracts. Therefore, we recommend that the purchasing task force, or other group assigned by the Vice Presidents, continue to explore the feasibility of delegating to the Hospital the responsibility for the purchase and storage of items which the Hospital currently obtains from other University Storehouses. This exploration should focus upon the Hospital procurement of high volume, non-unique items directly from University contracts, for storage in the Hospital Warehouse and should be very cognizant of opportunities to take advantage of economies of scale and relationships with other units within the University. January 1, 1984, should be identified as the target date for making specific recommendations for modifying the storage and distribution function.

E. ACCOUNTS PAYABLE

1. The Hospital Board of Governors should be delegated the authority to conduct invoice auditing and determination of appropriateness for Vendor payments consistent with the decentralization of the purchasing function.

2. The current centralized approach to final issuance of payment to vendors should continue.

Discussion

In order for the Hospital to take full advantage of early payment discounts, maintain positive vendor relations, and accurately account transactions, a close working relationship between accounts payable and the purchasing function is required. Such a working relationship is required in order

to maintain an appropriate knowledge base regarding bid prices, order quantities, freight charges, item description and invoicing patterns. Therefore, decentralization of the Accounts Payable function consistent with the decentralization of the purchasing function is recommended. From a timing perspective, authority to develop an accounts payable function within the Hospital should be delegated at the point at which Regents action regarding this plan is taken; implementation would occur approximately six months thereafter.

F. AUDITS

1. The External Audit function should continue to be administered centrally. Centralization of this function is required for appropriate internal control within the University.

2. Communication of the findings of Legislative and other External Audits should be provided directly to the Vice President for Health Sciences, the Hospital Board of Governors and Hospitals Management as well as the Vice President for Finance and the Board of Regents.

Discussion

The recommendations in this section are made under the assumption that the Board of Regents will continue to view information regarding the financial status of the Hospital as having high priority and wish to retain central control for this important function. Further, it is assumed that consistent with the recommendation of the Study Committee on University Hospital Governance which call for reports from the Board of Governors to the Regents to be channeled through the Vice President for Health Sciences to the President, that audit results would also be disseminated to the Vice President for Health Science, the Board of Governors and Hospitals management in addition to the Vice President for Finance.

PREAMBLE

~~WHEREAS, the Regents of the University of Minnesota, hereinafter referred to as the Board of Regents, have determined to establish a Board of Governors for the governance of the University Hospitals of the Universty of Minnesota; and~~

WHEREAS, the Board of Regents has determined that the operation of the University of Minnesota Hospitals and Clinics is essential to the academic, research and service missions of the University, and that the effective governance and management of the University of Minnesota Hospitals and Clinics is complicated by unique problems in the health care field which require diligent attention and special governance and management; and

~~WHEREAS, the Board of Regents has determined to delegate to this Board of Governors those powers set forth in Article I, Section 2 of these Bylaws; and~~

WHEREAS, in 1974 the Board of Regents established a subordinate governing board to govern and manage the University of Minnesota Hospitals and Clinics and adopted Bylaws to describe the authority and responsibility of that board; and

~~WHEREAS, the Board of Regents has specifically determined to delegate to this Board of Governors the power to appoint, determine clinical privileges, reappoint, discipline, limit and otherwise deal with members of the Medical and Dental Staff (hereinafter called "Medical Staff"), to establish, approve and amend the Medical Staff Bylaws and to oversee all aspects of the Medical Staff operations in order to insure compliance with applicable federal and state laws and regulations and the requirements of the Joint Commission on Accreditation of Hospitals; and take appropriate action in all matters involving the quality of patient care in University Hospitals.~~

WHEREAS, the Board of Regents has determined to revise the

governance structure and the delegated authority and responsibility as provided in the Bylaws of the University of Minnesota Hospitals and Clinics.

~~THEREFORE, the Board of Regents hereby creates the University of Minnesota Hospitals Board of Governors, which shall, subject to controlling University policies, be charged with the operations of the University Hospitals. Pursuant to this delegation of authority and in order to carry out these responsibilities, the Board of Regents further approve the following Bylaws:~~

THEREFORE, BE IT RESOLVED, that the Board of Regents hereby adopts the University of Minnesota Hospitals and Clinics Bylaws, 1983, and thus reconstitutes the Hospitals' Board of Governors and delegates to the Board of Governors certain powers as specified herein.

ARTICLE I. SCOPE AND NAME

Section 1. Scope of Services and Facilities. The hospital and clinical services provided by the University and staffed by health sciences faculty members, and the facilities in which these services are provided, shall constitute the services and facilities governed by these Bylaws. This does not include affiliated institutions controlled and operated by anyone other than the University, outreach service programs or activities, the student health services and facilities, or purely academic and research facilities and programs.

Section 2. Name. The facilities and services described in Section 1 shall be named the "University of Minnesota Hospitals and Clinics" (also referred to as the "University Hospital," the University Hospitals," the "Hospitals," or the "University Clinics").

ARTICLE ~~I~~ II. BOARD OF GOVERNORS

~~Section 1. Board of Governors. The governing board of the University Hospitals of the University of Minnesota (hereafter called~~

~~hospital) shall be known as the Board of Governors, which shall consist of no less than fifteen (15) nor more than twenty four (24) individuals who shall be appointed by the Board of Regents of the University of Minnesota or who shall be ex officio voting members of this Board as provided in these Bylaws. Ex officio members shall include the Vice Chairman of the Council of Deans and Directors, the General Director, the Chairman of the Council of Chiefs of Clinical Services, the Chief of Staff of the hospital, and the immediate past Chief of Staff of the hospital. A Health Sciences student shall be selected by the Board of Regents after reviewing the recommendations of the Board of Governors. Members shall be geographically and otherwise representative and members of the medical staff of the hospital shall not be excluded from consideration.~~

Section 1. Membership. The Hospitals governing board shall be known as the Board of Governors. The Board shall consist of thirteen (13) voting and two non-voting members. The Vice President for Health Sciences and the Vice President for Finance shall be ex officio non-voting members. The Chair of the Council of Clinical Chiefs, the Chief of Staff and the General Director shall be ex officio voting members. The remaining ten (10) members shall be appointed by the Board of Regents. One of these ten (10) shall be a Health Sciences student. The others shall be selected for their proven or potential governance skills as evidenced by community leadership, occupation, previous governance experience or otherwise. In selecting members the Board of Regents also considers it desirable to have broad community representation, including geographic distribution and representation of women and minority groups. Paid employees of the University shall not be eligible to serve on the Board except as ex officio members.

Section 2. Terms of Office. The term of office of each ~~Governor~~ member ~~(hereinafter called member)~~ shall commence as of January 1 of the year of appointment ~~unless a member is appointed to complete an unexpired term~~, and shall be for a period of three years, except for the Health Sciences student whose term shall be for one year. ~~yearly and provided that persons~~ Persons appointed to fill vacancies shall

serve the unexpired portion of the term of the office that was vacated. The student member must be enrolled as a student at the time of his or her appointment, but he or she may complete the one year term if he or she thereafter ceases to be a student. No members except ex officio members shall serve longer than three successive terms, and persons who are appointed to fill the unexpired portions of vacated positions shall be considered to have served a term only if the vacated position has at least 18 months or in the case of the student, six months remaining at the time of appointment. Members shall continue to serve until their successors are selected and appointed.

Section 3. Powers and Reservations.

~~A.----Delegated Powers~~

~~1. The property and business of the hospital shall be managed by the members acting as a Board. The Board shall have and is hereby vested with such power and authority as shall be necessary to manage the Hospital except as may be expressly limited by law, by these Bylaws, by policies of the University, or by the Board of Regents; to do or cause to be done any and all lawful things for and in behalf of the hospital, to exercise or cause to be exercised any or all of its powers, privileges and franchises; and to seek the accomplishments of its objects and purposes. In the furtherance of these responsibilities the Board shall adopt and keep current a statement of the hospital's objectives and major policies, which statement, and any changes, shall be recommended to the Board by the General Director and which shall, after adoption, be sent to the Board of Regents for approval or modification.~~

(a) General Delegation. The Board of Governors is hereby delegated the power and authority to govern the

operations of the Hospitals in accordance with and except as limited by law, these Bylaws, controlling University administrative policies, and actions by the Board of Regents. The Board of Regents expressly retains authority to appoint and replace the General Director, to approve the annual budget of the Hospitals, including capital expenditures, to determine the mission of the Hospitals, and to take such other actions as it may from time to time deem appropriate. The Board of Regents expressly retains the ultimate legal duty and responsibility for the University Hospitals.

~~2. Without in any way limiting the generality of the foregoing delegation of power and authority, the Board of Governors shall have the specific power to appoint, determine clinical privileges, reappoint, discipline, limit and otherwise deal with members of the Medical and Dental Staff (hereinafter called "Medical Staff"); to establish, approve and amend the Medical Staff Bylaws and to oversee all aspects of Medical Staff operations in order to insure compliance with applicable federal and state laws and regulations and the requirements of the Joint Commission on Accreditation of Hospitals, and take appropriate action in all matters involving the quality of patient care in University Hospitals.~~

~~3. In addition, the Board of Governors shall have full power and authority to approve rules and regulations of the Medical Staff and to appoint, suspend or remove any member of the Medical Staff, following the provisions of these Bylaws and the applicable provisions of the Medical Staff Bylaws.~~

~~4. All recommendations of the Board of Governors that require Board of Regents approval shall go through the President of the University or his designees and thence~~

~~forward as usual, to the Board of Regents.~~

~~B. Reservations.--The Board of Regents specifically reserves to itself its power to appoint and replace the General Director and Superintendent, hereinafter referred to as General Director, who shall be selected by the Board of Regents upon the recommendation of the Vice President for Health Sciences and the President, to approve the annual budget of University Hospitals, including, without limitation, major capital expenditures whether or not set forth in such annual budgets; to determine and amend the mission of the University Hospitals; and such other powers as the Board of Regents shall from time to time determine shall be specifically retained by said Board.--The expression of these explicitly reserved powers shall not diminish the ultimate legal duty and responsibility of the Board of Regents for the University Hospitals.~~

(b) Specific Delegation. In accordance with the above general delegation of authority, the Board of Governors shall have the following specific powers:

(1.) to establish policies and oversee activities regarding the quality of patient care and the Medical and Dental Staff ("the Medical Staff") in the Hospitals; to appoint, determine clinical privileges, reappoint, discipline, suspend, remove, limit and otherwise deal with members of the Medical Staff; to establish, approve and amend the Medical Staff Bylaws, as well as rules and regulations of the Medical Staff; and to oversee all aspects of Medical Staff operations in order to insure compliance with applicable federal and state laws and regulations the requirements of the Joint Commission on Accreditation of Hospitals; this delegated authority is complete and all actions by the

Board of Governors on these matters shall be final;

(2.) to establish personnel policy and oversee management of personnel activities in accordance with Regents' policies;

(3.) to establish purchasing policy and oversee the management of purchasing activities in accordance with Regents' policies; and

(iv.) to review and make appropriate findings and recommendations regarding finances, financial and strategic planning, program planning and development, physical facility planning and all other matters relating to the Hospitals' operations.

(c) Reporting. All reports and recommendations of the Board of Governors to the Board of Regents shall go through the Vice President for Health Sciences and the President of the University who shall forward the reports and recommendations to the Board of Regents in the ordinary course with their own comments and recommendations.

Section 4. Meetings and Notice.

(a) Regular Meetings. Regular meetings of the Board of Governors may be held each month but no less than once per quarter at a time and place which shall be set and publically announced by the Chair ~~Chairman~~ of the Board of Governors. The Regular meeting held in the month of January shall be the Annual Meeting of the Board of Governors.

(b) Special Meetings. Special meetings may be called by the Chair ~~Chairman~~ at his or her own discretion or shall be called at

the request of five (5) members of the Board at such time and place as ~~he~~ the Chair may determine. ~~provided that notice thereof be given not less than one (1) day prior to the meeting of the time and place and purpose of same. Notice hereunder may be by actual notice by telephone to all Board members or in the absence of such notice, by written notice by regular mail to all members.~~

~~G. All meetings of the Board shall be public meetings except when exercising quasi-judicial functions involving disciplinary proceedings.~~

(c) All meetings of the Board shall be public meetings except that the Board may vote to hold a non-public meeting in those circumstances in which the Board of Regents are permitted by their Bylaws to hold a non-public meeting.

(d) Notice of the time and place and purpose of a meeting shall be given to all Board members at least one (1) day prior to the meeting. Notice may be actual notice by telephone or written notice by regular mail.

Section 5. Quorum. At least one-half of the total number of voting members shall be necessary for a quorum except that suspension, non-reappointment or revocation of privileges of any member of the Medical Staff shall only be taken at a meeting at which at ~~Meetings to take these actions shall require at least~~ two-thirds of the number of members ~~for a quorum~~ are present.

Section 6. Vacancies. Any vacancy on the Board of Governors occasioned by death, resignation, or removal shall be filled by the Board of Regents. ~~The Nominating Committee of the Hospital Board of Governors as set forth in Article IV of these Bylaws shall recommend to the Board of Regents the person or persons to fill any such vacancy. Notice shall be given to the Board of Regents of such vacancy, through~~ The Vice President for Health Sciences shall give notice of any vacancy to the Board of Regents as soon as practicable.

~~as soon as practicable following the occurrence of such vacancy.~~

Section 7. Suspension and Removal. Only the Board of Regents shall have the power to remove or suspend a member of the Hospital Board of Governors. The Hospital Board of Governors may, by a two-thirds vote of its ~~the full~~ voting membership, ~~of such Board of Governors~~, recommend, for cause, the removal or suspension of any of its members. The member ~~against whom the charges are made~~ shall ~~not have the right to vote upon such removal or suspension. The matter of the recommendation for the removal or suspension for cause of a member may be heard at any meeting of the Board of Governors, provided such member shall have been~~ be given at least ten (10) days' written notice of such meeting and the basis for said ~~the~~ proposed removal or suspension. ~~Such~~ The member so charged shall be entitled to be represented at such meeting at which the charges are to be heard by an attorney or other representative of the ~~person's~~ member's choice.

~~Section 7. Indemnification of Board Members. The University of Minnesota Hospitals shall procure and maintain indemnification insurance protecting each member of the Board of Governors against all costs and expenses (including counsel fees) actually and necessarily incurred by or imposed upon him in connection with the defense of any action, suit or proceeding in which he shall be made a party by reason of his being or having been a member of the Board of Governors whether or not he continues to be a member at the time of incurring such costs and expenses, except in relation to any matters as to which he shall be adjudged in such action, suit or proceeding, without such judgment being reversed, to have been liable for culpable negligence, carelessness, misconduct, omissions, or deliberate assumption of risk in the performance of his duties as such member.~~

Section 8. Indemnification of Board Members.

(a) Protection Described; Persons Covered. The Regents of the University of Minnesota shall defend, save harmless and indemnify any person against any threatened, pending or completed action,

suit or proceeding, whether civil, criminal, administrative or investigative, whether groundless or otherwise, wherever brought, by reason of the fact that he or she is or was a member of the Board of Governors of the University of Minnesota Hospitals and Clinics or an officer, employee or agent of the Board of Governors or of the Regents of the University of Minnesota and was acting within the scope of his or her official capacity, against expenses including attorneys' fees, judgments, fines and amounts paid in settlement actually and reasonably incurred.

(b) Eligibility Criteria; Certain Conduct Not Protected. This provision shall apply only in those cases where the person acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interests of the Regents of the University of Minnesota or The University of Minnesota Hospitals and Clinics, and, with respect to any criminal action or proceeding, had no reasonable cause to believe his or her conduct was unlawful. This provision shall not apply in the event of malfeasance in office or willful or wanton neglect of duty or other actions. Furthermore, this provision shall only apply in those cases where the person seeking indemnification has given prompt notice of the action, suit or proceeding to the designated representative of the Regents of the University of Minnesota.

Section 9. Compensation of Board Members and Committee Members. No Board member or any member of any committee of the Board shall receive any compensation for any services rendered in their capacity as a member. ~~However, nothing herein contained shall be construed to~~ This shall not preclude any Board member or committee member from receiving compensation from the University for other services actually rendered or for actual expenses incurred as a member or in any other capacity.

ARTICLE ~~II.~~ III. OFFICERS

Section 1. Officers. The officers of the Board of Governors shall consist of a ~~Chairman~~ Chair, the Vice ~~Chairman~~ Chair, the General

Director, and the Secretary. The ~~Chairman~~ Chair and the Vice ~~Chairman~~ Chair shall be ~~appointed~~ elected by the Board of ~~Regents~~ Governors at their ~~last regular meeting prior to the~~ Annual Meeting. ~~of the Board of Governors.~~

Section 2. ~~Chairman~~ Chair. The Chairman Chair shall ~~be appointed~~ appoint ~~by the Board of Regents from among the members of the Board of Governors. He shall~~ appoint the Secretary and preside at all meetings of the Board of Governors. He or she shall make an annual report to the Board of Regents and such other reports as ~~they~~ either the Board of Regents or the Board of Governors shall direct ~~shall direct~~. He ~~he~~ or she shall prepare the order of business for all meetings ~~with due regard to expediting the business of the meeting and~~ including ~~therein~~ any matters which may be ordered by the Board of Governors. ~~He~~ He or she shall perform all of the acts usually attendant upon the office of ~~Chairman~~ Chair, shall appoint the members and chairs~~men~~ of all committees except the Executive Committee and the ~~Chairman~~ Chair of the Joint Conference and Accreditation Committee and shall be an ex officio member without vote of all standing and special committees. ~~He shall have such other and further duties and authority as may be prescribed elsewhere in these Bylaws.~~

Section 3. Vice Chairman. During the absence or inability of the ~~Chairman~~ Chair to act, the Vice Chairman Chair of the Board of Governors shall perform the duties and exercise the powers of the ~~Chairman~~ Chair. Also, the Vice Chair shall serve as the Chair of the Joint Conference Committee.

Section 4. Secretary. The Secretary of the Board of Governors shall be appointed by the Chairman Chair of the Board from its members or from the administrative staff of the ~~hospital~~ Hospitals. ~~His duty~~ The Secretary shall provide the Chairman Chair with an agenda for each meeting, ~~and to~~ keep a faithful, correct and full record of the minutes of the meetings of the Board of Governors, ~~and shall~~ furnish timely copies to each member of the Board and to the President of the University, ~~and his designees;~~ and ~~shall~~ insure that copies of all

minutes of the Board and its committees are ~~deposited~~ sent promptly ~~with~~ to the Secretary of the Board of Regents. ~~He~~ He or she shall be the custodian of and shall faithfully keep all records of the various committees, including the books, records, documents, valuable papers and details covering the history and statistics of the ~~hospital~~ Hospitals. ~~He~~ He or she shall be responsible for the giving of all notices and attend to all correspondence which may be ordered by the Board of Governors. He or she ~~He~~ shall perform such other duties as may be generally attributable to the office of the Secretary. He or she ~~He~~ shall be authorized to designate Assistant Secretaries to help in keeping any of the foregoing minutes and records.

~~Section 5. General Director. The General Director shall be the chief executive officer of the hospital Hospitals and shall have the necessary authority and be held accountable for the operation of the hospital in all its activities and departments, subject only to such policies as may be adopted and such orders as may be issued by the Board of Governors for such action. He shall act as the "duly authorized representative" of the Board in all matters in which the Board has not formally designated some other person for that specific purpose. In addition to the above, and in accordance with University policies, the specific authority and duties of the General Director shall be:~~

Section 5. General Director. The General Director shall be appointed by the Board of Regents and shall be the chief executive officer of the Hospitals responsible for its operations. The General Director shall report for administrative purposes to the Vice President for Health Sciences. He or she shall report to the Board with respect to all matters delegated to the Board by these Bylaws and he or she shall report to the Vice President for Health Sciences with respect to all other matters. In accordance with and as limited by University policies and the authority delegated to the Board by these Bylaws (see in particular Article II, Section 3) the specific authority and duties of the General Director shall be:

(a) To be accountable for carrying out all policies established by the Board of Governors;

(b) To work with the Medical Staff, the health science schools and colleges ~~the Medical School~~ and with all those concerned with the rendering of professional health care services ~~to the end that the best possible care may be rendered to all patients;~~ in the Hospitals to assure the achievement and maintenance of high standards of medical practice and patient care;

(c) To prepare an annual budget showing the expected receipts and expenditures as required by the Finance Committee. To select, employ, control, and discharge all employees. To develop and maintain personnel policies and practices for the ~~hospital~~ Hospitals;

(d) To see that all physical properties are kept in good state of repair and operating condition;

(e) To supervise all business affairs and to ensure that all funds are collected and expended to the best possible advantage;

(f) To insure that all members of the Medical Staff comply with the Bylaws, rules and regulations and standards of practice of the ~~hospital~~ Hospitals and the Medical Staff;

(g) To submit regularly to the Board of Governors or its authorized committees periodic reports concerning the professional service and financial activities of the ~~hospital~~ Hospitals and to prepare and submit such special reports as may be required by the Board of Governors;

(h) To attend all meetings of committees of the Board of Governors or to designate an assistant to attend such meetings;

(i) To hire and replace assistants to aid ~~him~~ in all his or her

duties, to fix their titles, powers, duties and pay, and to delegate to them portions of his or her authority as he or she shall see fit; and

(j) To perform any other duty that may be necessary ~~in the best interests of the hospital and the University~~ to carry out the authority delegated to the General Director by these Bylaws.

~~Section 6. Delegation of Officer Duties. If any officers of the hospital, other than the General Director, be absent or unable to act, or for any other reason that the Board of Governors may deem sufficient, the Chairman may delegate for the time being, some or all of the functions, duties, powers and responsibilities of any officer to the General Director or his designee.~~

Section ~~7.~~ 6. Compensation of Officers. Officers of the Board of Governors, with the exception of the General Director, Secretary or Assistant Secretaries, shall not receive any compensation for any services rendered in their capacity as an officer. ~~However, nothing herein contained~~ This shall ~~be~~ not ~~construed to~~ preclude any officer from receiving compensation ~~for~~ from the ~~hospital~~ University for other services actually rendered or for actual expenses incurred for serving the ~~hospital~~ Hospitals as an officer or in any other capacity.

ARTICLE ~~III.~~ IV. STANDING COMMITTEES

~~PART A. EXECUTIVE COMMITTEE~~

Section 1. Executive Committee.

(a) Composition. The Executive Committee shall consist of the ~~Chairman~~ Chair of the Board, the Vice-~~Chairman~~ Chair, the General Director, the ~~Chairman~~ Chair of the Council of ~~Chiefs of~~ Clinical Services-Chiefs, the Chief of Staff and the ~~chairmens~~ Chairs of the standing committees of the Board. Any standing committee ~~chairman~~ chair may, when absent, ~~in his absence~~, designate a

member of the committee to represent him or her, with vote, at any meeting of the Executive Committee. The Secretary or a ~~his~~ designee shall attend all meetings of the Executive Committee and act as its secretary.

(b) ~~Section 2.~~ Duties. The Executive Committee shall be responsible for the promulgation of policy for the guidance of the General Director to promote the efficiency of the work in the ~~hospital~~ Hospitals, subject to all policies of the Board of Governors. The Executive Committee shall have power to transact all regular business of the Board during the interim between the meetings of the Board of Governors.

(c) ~~Section 3.~~ Meetings. The Executive Committee shall meet at the call of the Chair as often ~~as often~~ as necessary to accomplish its duties. ~~as determined by the Chairman.~~

~~PART B. HOSPITAL FACILITIES COMMITTEE~~

Section 2. Planning and Development Committee.

(a) ~~Section 1.~~ Composition. The Planning and Development Committee shall consist of a Chair, at least two other members of the Board of Governors, two members of the Medical Staff and two members of the Hospitals' management as designated by the General Director. The University Vice President for Finance, or ~~his~~ a designee, and the University Vice President for Health Sciences, or ~~his~~ a designee, shall be ex officio, non-voting members of the Committee.

(b) ~~Section 2.~~ Duties.

(1) The Committee shall ~~have general supervision of the physical statuts of the hospital and shall have the responsibility of planning and recommending additions, alterations, repair and maintenance.~~ be responsible

for reviewing and monitoring physical status of the Hospitals (including additions, alterations, repair and maintenance) and for formulating appropriate recommendations to the Board of Governors.

(2) The Committee shall be responsible for reviewing and monitoring Hospital programs and community health planning activities and for formulating appropriate recommendations to the Board of Governors.

(3) The Committee shall be responsible for reviewing and monitoring the Hospitals' purchasing policies and practices and for formulating appropriate recommendations to the Board of Governors.

(c) ~~Section 3.~~ Meetings. The Committee shall meet at the call of the ~~chairman~~ Chair as often as necessary to accomplish its ~~functions~~ duties.

~~PART C.--FINANCE COMMITTEE~~

Section 3. Finance Committee.

(a) ~~Section 1.~~ Composition. The Finance Committee shall consist of a ~~Chairman~~ Chair, at least two other members of the Board of Governors, two members of the Medical Staff, and two members of the Hospitals' ~~hospital~~ management as designated by the General Director. The University Vice President for Finance, or ~~his~~ a designee, and the University Vice President for Health Sciences or ~~his~~ a designee, shall be ex officio non-voting members of the Committee.

(b) ~~Section 2.~~ Duties.

(1) A. The Committee shall be responsible for the ~~management of the finances of the hospital and for the~~

~~examination of the monthly financial reports from the General Director;~~ reviewing and monitoring the finances of the Hospitals, for examining the monthly financial reports from the General Director, and for formulating appropriate recommendations to the Board of Governors. ~~of the hospital for any material variation from the budget.~~

(2) ~~B.~~ The Committee shall be responsible for the preparation and submission to the Board of Governors of a budget showing the expected receipts, income and expenditures for the ensuing year for its review, recommendations, and transmittal to the Board of Regents in time for review and approval by the Board of Regents prior to the end of the fiscal year. The Committee shall be further responsible for the examination of the monthly financial reports, preparation of a quarterly report for submission to the Executive Committee and such other financial reports as may be required.

(3) The Committee shall be responsible for reviewing and monitoring the Hospitals' personnel policies and practices and for formulating appropriate recommendations to the Board of Governors.

(c) ~~Section 3.~~ Meetings. The Committee shall meet at the call of the ~~chairman~~ Chair as often as necessary to accomplish its ~~functions~~ duties.

~~PART D. JOINT CONFERENCE AND ACCREDITATION COMMITTEE~~

~~Section 1.~~ Section 4. Joint Conference and Accreditation Committee.

(a) ~~Section 1.~~ Composition. The Joint Conference and Accreditation Committee shall be made up of equal numbers of non-

medical staff and Medical Staff representatives and shall be composed as follows: the ~~Vice-Chairman~~ Chair of the Board of Governors, who shall be ~~chairman~~ Chair of this Committee, the General Director, the Chief of Staff, at least two ~~three~~ other members of the Board of Governors, and at least ~~four~~ two members of the Medical Staff with equal numbers selected by the Medical Staff Hospital Council and the Council of Chiefs of Clinical ~~Services~~ Chiefs.

(b) ~~Section 2.~~ Duties. The Joint Conference and Accreditation Committee shall be a forum for the discussion of matters of the Hospitals' ~~hospital~~ medical policy and practice, relating ~~pertaining~~ to efficient and effective patient care. All recommendations of any committee of the Medical Staff to the Board shall first be sent to the Joint Conference and Accreditation Committee for its consideration and recommendation before being acted upon by the Board. The Committee shall perform such other duties as shall be given it by the Board of Governors and shall also have the following specific duties:

(1) ~~A. It shall be responsible for acquisition and maintenance of~~ To acquire and maintain J.C.A.H. accreditation for which purpose it shall form a committee that includes key ~~hospital~~ Hospitals' personnel who are ~~important~~ involved in implementing the accreditation program. From time to time, it shall require that the Joint Commission's survey forms be used as a review method to estimate the accreditation status of the ~~hospital~~ Hospitals and it ~~should~~ shall supervise a trial survey during the interim year between regular Joint Commission on Accreditation of Hospital surveys for purposes of constructive self-criticism. It shall identify areas of suspected non-compliance with Joint Commission on Accreditation of Hospital standards and shall make recommendations to the Executive Committee of the Board of Governors and to the Medical Staff for

appropriate action;

(2) ~~B.--Disaster Planning.~~ To develop and maintain ~~It shall be responsible for the development and maintenance of~~ methods for the protection and care of hospital patients and others in the event of ~~at the time of internal and external~~ disaster. Specifically, it shall adopt and periodically review a written plan to safeguard patients at the time of an internal disaster, particularly fire, and shall assure that the plan is rehearsed at least four times a year. It shall adopt and periodically review a written plan for the care, reception and evaluation of mass casualties. It shall assure that such plan is coordinated with the inpatient and outpatient services of the ~~hospital~~ Hospitals, that it adequately reflects developments in the hospital community and the anticipated role of the ~~hospital~~ Hospitals in the event of disasters in nearby communities, and that the plan is rehearsed by key personnel at least twice a year;

(3) ~~C.--~~ To make recommendations to the Board of Governors on all applications for appointment or reappointment to the Medical Staff of the ~~hospital~~ Hospitals and on all other matters dealing with suspension or revocation of privileges of members of the Medical Staff;

(4) ~~D.--~~ To recommend to the Board of Governors the professional privileges permitted each member of the Medical Staff.

(5) ~~E.--~~ To recommend to the Board of Governors all Bylaws, rules and regulations for the control of the Medical Staff, or amendments thereto, that it may consider necessary to assure proper patient care;

(6) ~~F.~~ To make recommendations to the Board of Governors regarding any communications, requests or recommendations presented by the Medical Staff through its duly authorized representatives;

(7) ~~G.~~ To receive and consider all reports on the work of the Medical Staff and make such recommendations to the Board of Governors as the Committee considers to be in the best interest of the ~~hospital~~ Hospitals;

(8) ~~H.~~ To receive and consider issues that may arise in the planning and operation of the ~~hospital~~ Hospitals that affect the relationship of the Board, ~~hospital~~ Hospitals' management and Medical Staff.

(c) ~~Section 3.~~ Meetings. The Joint Conference and Accreditation Committee shall meet at least nine times a year.

Section 5. Bylaws Committee.

(a) Composition. The Bylaws Committee shall consist of a Chair, the General Director and at least two other members of the Board of Governors.

(b) Duties. The Committee shall be responsible for an annual review of these Bylaws and the Medical Staff Bylaws, and shall review any amendments to the Medical Staff Bylaws recommended by the Medical Staff Hospital Council and Council of Chiefs of Clinical Services. The Committee shall make a report of its review with appropriate recommendations to the Board of Governors. In addition, the Committee shall make such additional periodic reviews of these Bylaws and the Medical Staff Bylaws as deemed necessary and make recommendations on their findings. Recommendations relative to the Board of Governors' Bylaws shall be made to the Board of Governors for review and recommendation to the Board of Regents. Recommendations relative to Medical Staff Bylaws shall be transmitted to the Board of Governors

for the review by the Medical Staff Hospital Council and the Joint Conference Committee.

(c) Meetings. The Committee shall meet at the call of the Chair as often as necessary to accomplish its function.

Section 6. Nominating Committee. The Chair shall appoint a Nominating Committee of three members, which shall serve to nominate one or more candidates for the position of Chair and Vice Chair to be filled by election at the Annual Meeting of the Board of Governors. The Committee shall meet as needed to develop and report a slate of candidates for inclusion in the notice of the Annual Meeting.

Section 7. Other Committees. The Executive Committee may create such additional committees as it deems necessary.

~~ARTICLE IV.~~

~~SPECIAL COMMITTEES~~

~~PART A. BYLAWS COMMITTEE~~

~~Section 1. Composition. The Bylaws Committee shall consist of a chairman, the General Director and at least two other members of the Board of Governors.~~

~~Section 2. Duties. The committee shall be responsible for an annual review of the Bylaws of the Board of Governors of University Hospitals and shall make a report of its review with appropriate recommendation to the Board at its Annual Meeting. In addition, the committee may make such additional periodic review of the Board of Governors' Bylaws and the Medical Staff Bylaws as deemed necessary, and make recommendations on their findings. Recommendations relative to the Board of Governors' Bylaws shall be made to the Board, and recommendations relative to Medical Staff Bylaws shall be transmitted to the Board of Governors and to the Medical Staff Hospital Council through the Joint Conference Committee.~~

~~Section 3.--Meetings.--The committee shall meet at the call of the chairman as often as necessary to accomplish its functions.~~

~~PART B.--NOMINATING COMMITTEE~~

~~Section 1.--Composition.--The Nominating Committee shall consist of the Chairman of the Board of Governors and two other members of the Board of Governors; the Chairman of the Board of Regents and two other members of the Board of Regents.--The committee shall consult with the Chief of Staff, the Chairman of the Council of Chiefs of Clinical Services and the General Director.~~

~~Section 2.--Duties.--The Committee shall select nominees to fill any vacancy occurring on the Board of Governors for any reason, including death, resignation, removal, or the expiration of a member's term.--The committee shall also nominate, from among the Board of Governors, persons to serve as the Chairman and Vice Chairman of the Board of Governors.--All such nominations shall be presented to the Board of Governors for its recommendation and to the Vice President for Health Sciences for his review and transmittal to the Board of Regents for its final determination.~~

~~Section 3.--Meetings.--The committee shall meet at the call of the chairman as often as necessary to accomplish its functions.--The Chairman of the Nominating Committee shall be elected by the committee at the first meeting of the committee.--The first meeting of the Nominating Committee shall be called by the Chairman of the Board of Governors who shall act as Chairman pro tem until the committee shall select its Chairman.~~

ARTICLE V. ~~IV.~~ MEDICAL STAFF

Section 1. Organization of the Medical Staff. The Board of Governors shall authorize the organization of the Medical Staff to discharge those duties and responsibilities delegated to the Medical Staff ~~to it~~ by the Board of Governors and specifically to accomplish

the following purposes:

(a) To monitor the quality of medical care in the ~~hospital~~ Hospitals and make recommendations thereon to the Board so that all patients admitted to or treated at any of the facilities, departments or services of the Hospitals ~~hospital~~ shall receive the best possible care;

(b) To recommend to the Board concerning the appointment or reappointment of an applicant to the Medical Staff of the ~~hospital~~ Hospitals, ~~to recommend to the Board~~ the clinical privileges such applicant shall enjoy in the Hospitals ~~hospital~~ and ~~to recommend to the Board~~ appropriate action that may be necessary in connection with any member of the Medical Staff, to the end that at all times there shall be a high level of professional performance of all persons authorized to practice in the Hospitals ~~hospital~~;

(c) To adequately represent the physicians and dentists of the ~~University~~ Hospitals ~~of the University of Minnesota and~~ to provide a means for discussing whereby issues concerning the Medical Staff and the Hospitals ~~hospital may be discussed both~~ within the Medical Staff organization and with the Board of Governors and the General Director; and

(d) To establish specific rules and regulations to govern actions of members of the Medical Staff.

Section 2. Bylaws of the Medical Staff. The Bylaws, rules and regulations setting forth Medical Staff organization and government in such a manner to accomplish the purposes set forth in Section 1 of this Article shall be recommended by the Medical Staff, and such Bylaws, rules and regulations as are adopted by the Board of Governors shall then become effective and shall then become part of the Bylaws, rules and regulations of the ~~hospital~~ Hospitals.

Section 3. Appointment to the Medical Staff and Assignment of Clinical Privileges. The Board of Governors shall appoint graduates of recognized medical and dental schools meeting the minimum personal and professional qualifications prescribed in the Medical Staff Bylaws to membership on the Medical Staff of the ~~hospital~~ Hospitals and shall assign clinical privileges to them. Physicians so appointed shall have full responsibility for the treatment of the individual ~~hospital~~ patient subject only to such limitations as the Board of Governors and its designees may impose, and to the Bylaws, rules and regulations of the Medical Staff as adopted by the Board of Governors. Initial appointments shall be provisional staff appointments. During provisional appointments the physicians shall serve in their designated service under the observation of designated members of the attending staff as to their clinical competence and other qualifications under the Medical Staff Bylaws. The ~~provided, that the~~ provisional appointment requirement may be waived by the Board of Governors in the case of certain physicians whose experience or proposed role at the ~~hospital~~ Hospitals warrants such a waiver, as determined in the sole discretion of the Board. A physician shall be eligible for regular appointment to membership on the attending staff after serving a provisional appointment of at least six months. Regular appointments to the attending staff shall be for one year only, renewable each year in accordance with the reappointment procedures and promotion procedures set forth in the Medical Staff Bylaws. Reappointments to the Medical Staff shall be made at the regular June meeting of the Board of Governors, ~~and shall be for one year only.~~ Materials provided by an applicant for medical staff membership and privileges and other information which is gathered in the credentialling process shall be available for review by the applicant, the Board, the ~~hospital~~ Hospitals administrative staff, medical staff officers, members and committees, and their representatives, for use in conducting their official duties, but shall not be released to any other person unless required or authorized by law or by the authorization of the medical staff member or applicant.

Section 4. Procedures for Board Actions Pertaining to Medical Staff Members or Applicants for Membership.

(a) At its next regular meeting after receipt of a recommendation from the Joint Conference Committee concerning an applicant for Medical Staff membership or concerning a member of the Medical Staff the Board of Governors shall consider the recommendation. ~~act in the matter.~~ The Board's ~~of Governors~~ decisions on ~~the Board shall be~~ medical staff membership are final and conclusive.

(b) At any time in its consideration of such recommendations, the Board may in its absolute discretion defer final determination by referring the matter to a committee of its choice for further consideration. Any such referral shall state the reasons therefore, shall set a time limit within which a subsequent recommendation to the Board shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. At its next regular meeting after receipt of such subsequent recommendations, the Board shall ~~act in~~ consider the matter further. ~~the matter. The Board's decision shall be conclusive.~~

(c) Whenever the Board of Governors determines on its own motion and without prior Joint Conference Committee action to decrease the clinical privileges of a member of the Medical Staff or revoke his or her staff membership, the Board shall refer such determination to the Joint Conference Committee for its consideration and recommendation. Whenever the Board of Governors determines to reject a recommendation of the Joint Conference Committee favorable to an applicant for staff membership, either with respect to membership or to clinical privileges, or determines to reject a recommendation of the Joint Conference Committee favorable to a Medical Staff member with respect to reappointment, promotion in staff category or increase in clinical privileges, before taking final action the Board shall notify the applicant or Medical Staff member in writing, sent by certified

mail or registered mail, return receipt requested, of this decision of the Board. Such applicant or staff member shall have 10 days following the date of receipt of such notice within which to request a hearing by ~~the~~ a Hearing Committee to be appointed by the Board. Request for a hearing shall be by notice to the General Director in writing, sent by certified or registered mail, return receipt requested. In the event the applicant or Medical Staff member does not request a hearing within the time and in the manner required, he or she shall be deemed to have accepted the action involved and it shall become effective immediately. If a hearing is requested it shall be conducted under the procedures set forth in Article VII of the Medical Staff Bylaws, with the following exceptions: (a) the members of the Hearing Committee shall be appointed by the Board of Governors and, (b) at the conclusion of the hearing, the committee's decision and report shall be sent directly to the Board for action. Thereafter, the applicant or staff member or the Credentials Committee of the Medical Staff shall have the right to an appeal to the Board of Governors which shall be conducted under the procedures set forth in Article VII, ~~Part B,~~ of the Medical Staff Bylaws.

(d) When the Board finally acts in the matter it shall send notice of such decision through the General Director by certified or registered mail, return receipt requested, to the applicant or staff member involved as well as to the Chief of Staff of the ~~hospital~~ Hospitals and the Credentials Committee of the Medical Staff and the clinical service concerned. The procedure provided for above and in the Medical Staff Bylaws, Article VII, shall be the exclusive procedure for review and appeal, and the applicant or staff member shall not have recourse to a review of the matter by any other body or review tribunal.

(e) If an application is finally denied by the Board of Governors, the applicant after the expiration of one year from the date of such denial may reapply for membership on the Medical Staff unless the Board of Governors provides otherwise in the

formal written denial.

(f) After the Board of Governors agrees to the appointment or reappointment of an applicant to membership on the Medical Staff, the General Director shall make available to that applicant a copy of the Bylaws and rules and regulations of the ~~hospital~~ Hospitals and of the Medical Staff in force at that time. The applicant shall sign a statement furnished him or her by the General Director that states that he or she has read and understood these Bylaws, rules and regulations and that he or she specifically agrees to the following undertakings:

(1) An obligation as a member of the Medical Staff to provide continuous care and supervision to all patients within the ~~hospital~~ Hospitals for whom he or she has responsibility; and

(2) An agreement to abide by all such Bylaws, policies and directives of the Hospitals ~~hospital,~~ including all such Bylaws, rules and regulations as shall ~~be in force during the time he is a member of the Medical Staff of the hospital;~~ given to him or her by the Board of Governors and the Medical Staff.

No appointment or reappointment shall take effect until such a statement has been signed by the individual concerned.

(g) Any member of the Medical Staff whose engagement in an administrative role in the Hospitals ~~hospital~~ requires membership in the Medical Staff shall not have his or her Medical Staff membership or privileges terminated or limited without being afforded full access to the procedural rights provided in the Medical Staff Bylaws, Article VII.

Section 5. Medical Staff Clinical Services.

(a) The Board may delegate, to clinical services, through approval of the Medical Staff Bylaws or by appropriate Board resolution, certain responsibility in monitoring the quality of medical care in the Hospitals ~~hospital~~ and the authority and responsibility to make recommendations ~~thereupon~~ to the Board concerning an applicant's appointment, reappointment and privileges to the Medical Staff of the Hospitals. ~~and certain responsibilities for recommending to the Board concerning an applicant's appointment or reappointment to the Medical Staff of the hospital and for recommending privileges for such applicant.~~

(b) After consultation with the Joint Conference Committee, at its June meeting each year, the Board of Governors shall appoint the chief of each clinical service of the Medical Staff to serve at the discretion of the Board for an initial term of three years, except in the case of a chief of a clinical service who is an individual other than the Head of the corresponding medical or dental school clinical department, in which case the initial appointment shall be for one year. ~~Reappointment thereafter by the Board of Governors shall be yearly.~~ Vacancies in the office of the chief of a clinical service may be filled at any time by the Board. In the event that a chief of a clinical service is appointed at some time other than the June meeting, and if the appointment is made by no later than December, for purposes of determining the time of reappointment the appointment shall be deemed to have commenced the preceding June. In the event that the appointment is made after December, for purposes of determining the time of reappointment the computation of time shall be deemed to commence at the next succeeding June.

(c) All clinical services shall be directly responsible to the General Director for all matters of administration. ~~technological or purchasing nature~~.

Section 6. Medical Staff Committees.

(a) The Board may delegate, through approval of the Medical Staff Bylaws or by appropriate Board resolution, to certain committees of the Medical Staff responsibility for monitoring the quality of medical care in the Hospitals ~~hospital~~ and the authority to make recommendations ~~thereon~~ to the Board ~~and certain responsibilities for recommending to the Board~~ concerning an applicant's appointment, ~~or~~ reappointment ~~to the Medical Staff of the hospital and recommending~~ and clinical privileges to the Medical Staff of the Hospitals. ~~for such applicant.~~

(b) At its June meeting each year, the Board of Governors shall appoint committee chairsmen of all Medical Staff committees except the Medical Staff Hospital Council, The Council of Chiefs of Clinical Services and the Nominating Committee to serve at the discretion of the Board for an initial term of two years. These appointments shall be made after receiving recommendations from the Medical Staff Hospital Council through the Joint Conference Committee. Thereafter, committee chairsmen may be reappointed by the Board from year to year. ~~for no more than three additional years in succession.~~ Members of each Medical Staff committee with the exception of the Medical Staff Hospital Council and the Council of Chiefs of Clinical Services shall be appointed yearly by the Chief of Staff with no limitation in the number of terms they may serve.

ARTICLE VI. HOSPITAL AUXILIARIES

Section 1. Composition. The Board of Governors shall be authorized to designate volunteer activities for the ~~hospital~~ Hospitals and shall provide for their coordination as an integral part of the ~~hospital~~ Hospitals' ~~corporation~~ operations. These activities may be performed by, but not limited to, the University Hospitals Volunteer Association, the Masonic Memorial Auxiliary, the Women of Variety Tent #12, the Faculty Women's Club - Hospital Auxiliary, and such other support volunteers as the Board may from time to time recognize.

Section 2. Duties. Volunteer activities may include but are not be limited to performing patient-related services within or outside of the ~~hospital~~ Hospitals, conducting fundraising activities, ~~conducting~~ and community service projects, entering into contracts as approved by the General Director or ~~his~~ a designee, and carrying on other such activities necessary to accomplish their purposes as approved by and coordinated through the Office of Volunteer Services.

ARTICLE VIII. ~~VIII.~~ AMENDMENTS

Section 1. Bylaws. These Bylaws may be amended or replaced in whole or in part and the terms of the members of the Board of Governors may be changed at any regular meeting of the Board of Regents by majority vote of the members present at the meeting.