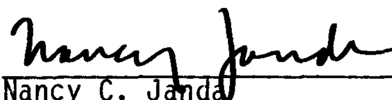
UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

CANCELLATION NOTICE

The September, 1989 Board of Governors meeting was cancelled because of the October 2-3, 1989 Board of Governors Retreat.



Nancy C. Janda
Secretary
Board of Governors

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

BOARD OF GOVERNORS

OCTOBER 25, 1989

TABLE OF CONTENTS

	Page(s)
Agenda	1
Board of Governors August 23, 1989 Minutes	3
Board of Governors Retreat Follow-Up	6
Special Presentation: George T. Caldwell	10
Joint Conference Committee October 11, 1989 Minutes	11
Medical Staff-Hospital Council Report Credentials Committee Recommendations	14
Planning and Development Committee October 17, 1989 Minutes	25
Major Capital Expenditure: Cartridge Tape Drives	28
Major Capital Expenditure: Digital Acquisition and Processing System	30
Quarterly Development Office Update	31
Finance Committee August 23, 1989 Minutes	36
August 31, 1989 and September 30, 1989 Financials	40
Capital Budget Report	46
Personnel Policy Amendment	47
First Quarter, 1989-90 Bad Debts	61

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
BOARD OF GOVERNORS
OCTOBER 25, 1989
2:30 P.M.
555 DIEHL HALL

AGENDA

I. Approval of the August 23, 1989 Minutes — Approval

II. Chairman's Report — Information

-Mr. Robert Nickoloff

III. Hospital Director's Report — Information

-Mr. Robert Dickler

IV. Special Presentation: George T. Caldwell — Information

-Managing a Diverse Workforce

V. Committee Reports

A. Joint Conference Committee

-Mr. George Heenan

1. Medical Staff-Hospital Council Report Credentials Committee Recommendations — Approval

B. Planning and Development

-Ms. B. Kristine Johnson

1. Renewal Project Update
2. Major Capital Expenditure: Cartridge Tape Drives — Information
3. Major Capital Expenditure: Digital Acquisition and Processing System — Information
4. Quarterly Development Office Update — Information

C. Finance Committee

-Mr. Jerry Meilahn

1. August 31, 1989 and September 30, 1989 Financial Statements	Information
2. Capital Budget Report	
3. Personnel Policy Amendment	Information
4. First Quarter, 1989-90 Bad Debts	Endorsement

VI. Other Business

VII. Adjournment

MINUTES

Board of Governors
The University of Minnesota Hospital and Clinic

August 23, 1989

Call to Order

Chairman Robert Nickoloff called the August 23, 1989 meeting of the Board of Governors to order at 2:35 p.m. in 555 Diehl Hall.

Attendance

Present:
David Brown, M.D.
Paula Clayton, M.D.
Robert Dickler
Gordon Donhowe
Phyllis Ellis
Kris Johnson
Robert Latz
David Link
Jerry Meilahn
Robert Maxwell, M.D.
Robert Nickoloff
Barbara O'Grady
Cherie Perlmutter

Not Present:
Leonard Bienias
Erwin Goldfine
George Heenan

Special Presentation: Dr. Richard Palahniuk

Mr. Nickoloff introduced the Board to Dr. Richard Palahniuk. Dr. Palahniuk assumed the post of Chairman and Professor of the Department of Anesthesiology. Dr. Palahniuk comes to us from the University of Manitoba with a very distinguished career in which he did his undergraduate and medical work at the University of Manitoba and obtained his fellow from the Royal College of Physicians.

Dr. Palahniuk emphasized the role of the anesthesiologist: to safely put patients to sleep and wake them up; anesthesia in the Chronic Pain Clinic/Acute Pain Management; and intensive care/critical care patient managment. Dr. Palahniuk intends to place his early efforts on enhancing the anesthesia education program and on recruiting new faculty.

Approval of Minutes

The Board of Governors seconded and passed a motion to approve the minutes of the July 26, 1989 meeting as submitted.

Chairman's Report

Mr. Nickoloff announced that there will not be a Board meeting on September 27, 1989 due to the proximity of the Board retreat. Mr. Nickoloff also announced that Mr. Erwin Goldfine has submitted his resignation to the Board of Governors due to health issues.

Hospital Director's Report

Mr. Robert Dickler reviewed the Hospital census. We continued to see a great deal of volatility in the activity levels of the hospital. In July the activity level was below budget, however, the reverse has occurred in August. Alternatives are being looked into that are available to both manage volume fluctuation and to reduce the hospital's expense base.

Two administrative positions, legislative liaison and Director of Ambulatory Care, are currently open. The legislative liaison search has been cancelled but the filling of the Director of Ambulatory Care position is proceeding.

Mr. Dickler reviewed potential subjects for the Board Retreat. The agenda book will be mailed in two-three weeks. It is anticipated that the primary thrust of the retreat will be to develop a series of clear priorities for Board activity over the coming year. The guest speaker is Jim Bentley, Director of Council of Teaching Hospitals Association. Dr. Bentley will present a viewpoint on what is happening with teaching hospitals nationally.

The second annual retreat with the Chiefs is scheduled for September 22, 1989. The Chiefs will be focusing their discussions on budget issues.

Mr. Dickler reported on discussions with a number of health care systems in other communities, such as Red Wing, Mankato, Wisconsin and the Dakota's. Discussions are continuing with HealthEast and discussions have begun with new leadership at Fairview.

The University celebrated 35 years of leadership in cardiac surgery and cardiology at a dinner on August 10, 1989.

Joint Conference Committee Report

Joint Conference Committee did not meet in August, 1989.

Planning and Development Committee

Ms. Kris Johnson apprised the Board of the intent to acquire two Implantable Pneumatic Ventricular Assist Devices at a purchase price of $108,500. In accordance with the Board of Governors Major Capital Expenditure Policy, acquisitions costing $100,000 - $600,000 are presented to the Board for informational purposes.

Mr. Geoff Kaufmann referred to page 28 of the Board of Governors agenda packet and reviewed an acquisition for PC-Communications Software Licenses (70) and Network Communication Workstations (30) at a total purchase price of $225,000.

Mr. Mark Koenig reported that the purchasing activity for this quarter was $14,537,590.89. He reported $203,866.74 total contract purchases. Mr. Koenig also reviewed potential vendor appeals for the Board; Lab Refrigerator, Hyperthermia Unit, Biodegradable Plastic Hamper Bags, Microlens Telescopes and Copiers.

The Board of Governors seconded and passed a motion to approve the third quarter, FY 1988-89 Quarterly Purchasing Report as submitted.

Mr. Koenig presented the proposed Quarterly Purchasing Report Format Revisions and asked for Board approval.

The Board of Governors seconded and passed a motion to approve the Quarterly Purchasing Report Format Revisions as submitted.

Mr. Koenig presented a report on the Masonic III Budget status. The Board of Governors approved a budget of $1,161,000 for the removal of asbestos and was informed that an additional $214,000 could be needed to complete this project.

Finance Committee Report

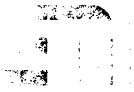
Mr. Jerry Meilahn called on Mr. Cliff Fearing to give the July Financial Report. Mr. Fearing reported inpatient admissions for July totaled 1,576, which was 53 below budgeted admissions of 1,629. Overall length of stay for the month was 8.4 days.

The Hospital's Statement of Operations shows revenues under expenses by $232,312, an unfavorable variance of ($742,124).

Respectfully submitted,

Gail A. Strandemo

Gail A. Strandemo
Board of Governors Office



UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

TO: Board of Governors

FROM: Robert Nickoloff, Chair

DATE: October 20, 1989

SUBJECT: Retreat Follow-up

The intent of this communication is to provide both a summary of the priorities identified during our recent retreat, and to suggest mechanisms to pursue those priorities.

First, I would, again, like to thank each of you, and all other participants at the retreat, for the superb background and issue discussions which occurred. I know from speaking with many of you that everyone attending the retreat felt it was extremely worthwhile and that it was one of the best forums for consideration of the Hospital's status and inter-relationships internally and externally since the Board's formation. Much of the credit for the retreat's success must go to all of the presenters and discussion leaders. However, the high level of participation and interaction by all those attending was, in my view, the factor which made this effort so successful.

Since the retreat, I have had an opportunity to consider our deliberations and to review the summaries provided by each of the small groups on Tuesday. I have also had the opportunity to meet with Bob Dickler to consider how we can best summarize the collective considerations of retreat participants and propose mechanisms for follow-up and future action.

We believe that each of you would agree that the retreat identified a very wide system of concerns and issues facing UMHC, and to some extent, the Medical School and the clinical departments. As we attempted to group and summarize these findings, it became obvious that there was considerable overlap between the priorities identified and that many of the priorities suggested were a combination of generic considerations and highly focused issues.

Attachment I represents an approach to sorting through and categorizing the highest priorities identified at the retreat. You will note that we are suggesting that it is appropriate to recognize and give consideration to both specific and generic priorities. While all of the specific priorities identified could be considered in one or more of the generic priorities, we believe it is appropriate to accept some redundancy and overlap to assure that these specific areas receive focused consideration. Hopefully, any overlaps or conflicts between and within priorities can be identified early and resolved through crossover membership and activities occurring for each priority area. We, therefore, recommend that the Board consider and endorse both the generic and specific priorities listed in Attachment I with whatever modifications the Board feels is appropriate.

We would also like to recommend that the Board identify and endorse a specific mechanism or forum within which each of these priorities will be addressed. For the generic priorities, we are recommending that the Joint Conference Committee assume responsibility for quality and the Finance Committee for manpower and financing. For governance and structure, we believe that the existing Bylaws Committee is addressing issues related to the Board's structure and function. For consideration of the issues inherent within the Hospital, Medical School, clinical departments and medical staff structures, we believe a group composed of representatives from each of these areas should convene and consider the need for possible changes. The Planning and Development Committee of the Board would be an appropriate forum to receive periodic reports on these internal governance considerations.

For the specific priorities relating to recruitment and retention, program development and evaluation, and system/network development and ambulatory care, we are recommending that groups composed of representatives from the appropriate internal constituencies be convened and that periodic reports be made to designated Board committees or the full Board. For alternative financing, we are recommending that the Board Finance Committee consider this area, except for development, which would be considered by the Planning and Development Committee. Attachment II summarizes these recommendations.

Finally, we have not recommended that a forum be established either internally or at the Board level to consider "mission, "vision," or "strategic plans." This is a judgment call and our conclusion was that it was probably premature to try and bring all of these considerations together through a formal mechanism. We do believe that this type of effort may be timely in 6-9 months and should be reconsidered at that time.

I look forward to discussing these recommendations with you at our October Board meeting.

Attachments

cc: Retreat Participants

Attachment I

Priorities

A. Generic Priorities

1. Governance and Structure
   a. Board of Governors
   b. Internal: Decision-making processes within and between the Hospital, Medical School and clinical departments and medical staff with special emphasis on authority, responsibility and accontability of clinical departments.

2. Quality - The maintenance, enhancement, and demonstration of quality

3. Manpower - The fulfillment of policy considerations, hospital staff recruitment and retention and effectiveness

4. Financing - The ongoing need to maintain financial viability, including considerations ranging from outside funding to cost effectiveness and activity levels

B. Focused Priorities

1. Faculty/Medical Staff Recruitment and Retention - Includes Hospital support of the academic enterprise; reward systems, incentive and support mechanisms; clinical track; open vs. closed staff

2. Program Development and Evaluation - Includes identification of areas for short and long-term development, evaluation of current programs, program priorities, resource allocation. (Program is defined as any set of identifiable, integrated activities - includes both clinical services and interdisciplinary sets of activity.)

3. System and Network Development - Includes relationships with other institutions and providers; outreach program; consolidation, mergers, acquisitions; and primary and secondary care linkages

4. Ambulatory Care - Includes effectiveness of operations; primary and secondary care development and delivery; organizational and governance structure; and financing

5. Alternative Financing - Includes development activity and structure; state appropriation; University financial relationships; and grant activity

Attachment II

Response Mechanisms

A. Generic Priorities	Response Mechanism
1. Governance and Structure	
a. Board of Governors	Board Bylaws Committee
b. Internal	Internal committee involving Council of Chiefs, Medical Staff Hosp. Council and Hosp. Administration. Reports to Board Planning & Development Commitee
2. Quality	Joint Conference Committee
3. Manpower	Board Finance Committee
4. Financing	Board Finance Committee

B. Focused Priority	Response Mechanism
1. Faculty/Medical Staff Recruitment & Retention	Task force composed of Council of Chiefs, Hospital Admininistration. Reports to Joint Conference Committee.
2. Program Development & Evaluation	Task force composed of Council of Chiefs, UMCA, Medical School, and Hospital Administation. Reports to Planning & Development Committee.
3. System & Network Development	Task force composed of Council of Chiefs, UMCA, Medical School and Hospital Administration. Reports to Planning & Development Committee.
4. Ambulatory Care	Special task force appointed by Board (defer until 1990).
5. Alternative Financing	For all other than development - Board Finance Committee. For development - Planning & Development Commitee.

UNIVERSITY OF MINNESOTA
Office of Equal Opportunity and Affirmative Action

BIO of GEORGE T. CALDWELL

George Caldwell is currently Assistant to the Director, Office of Equal Opportunity and Affirmative Action for the University. Prior to joining the EEO staff at the U, George served two years as Assistant to the Personnel Officer for the University Libraries. He was Executive Director, Minneapolis Department of Civil Rights for four years under Don Fraser, and Assistant Director, Hennepin County Affirmative Action Programs Department from 1975 until 1980. George has won national awards for his programming efforts in affirmative action, developed and presented workshops for national audiences, and was certified as an expert in affirmative action by the Minnesota District Courts.

He is currently the president of the Minnesota State Affirmative Action Association and a member of a national strategic planning committee on professional development and certification for Equal Opportunity/Affirmative Action Officers.

He is listed in Who's Who Among Black Americans and graduated Magna Cum Laude from the University of Minnesota majoring in sociology.

MINUTES
Joint Conference Committee
Board of Governors
October 11, 1989

CALL TO ORDER:

Chairman Heenan called the October 11, 1989 meeting of the Joint Conference Committee to order at 4:45 P.M. in Room 8-106 in the University Hospital.

Attendance:	Present:	George Heenan David Link Robert Maxwell, M.D. Amos Deinard, M.D. Phyllis Ellis Robert Dickler
	Absent:	za Arendt, M.D. ruce Work, M.D.
	Staff:	Greg Hart Shannon Lorbiecki Nancy Janda
	Guest:	Barbara O'Grady Barbara Tebbitt Helen Pitt Sue Jensen

APPROVAL OF MINUTES:

The minutes of the September 13, 1989 meeting were approved as submitted.

STRENGTHENING HOSPITAL NURSING

Helen Pitt and Barbara O'Grady informed the Committee that UMHC has received a grant entitled "Strengthening Hospital Nursing: a Program to Improve Patient Care" from the Robert Wood Johnson Foundation. Eighty institutions or consortia will receive $50,000 to develop a plan to restructure nursing which focuses on strategic planning. Based on the plan resulting from the one year effort, 20 sites will be selected for further funding to assist in implementation of their program. Current meetings have focused on identifying strategic issues and stakeholders. The project team hopes to obtain broad participation and will involve medical staff, patients, department heads, the School of Nursing, and others in the process.

Barbara O'Grady explained that the grant is allowing us to supplement a program we would be doing with or without the assistance of the Robert Wood Johnson grant program. The project will focus primarily on patient care and is an opportunity to explore new and creative ways of providing care within our limited resources.

The goal of this initial planning phase is to reach a consensus of all stakeholder groups of areas identified for measurable improvement in quality of patient care, with emphasis on the patient and how care is viewed through his/her eyes.

The Committee thanked Ms. Pitt and Ms. O'Grady for their report and asked that they continue to provide updates on the progress of the project.

MEDICAL STAFF HOSPITAL COUNCIL REPORT: CREDENTIALS COMMITTEE RECOMMENDATIONS

Dr. Maxwell informed the Committee that the Hospital has developed a new policy to address situations where a patient has or wishes to establish a living will partially in response to a recent Minnesota Statute governing advance patient treatment directives. It was noted that living wills differ and the existence of a living will does not necessarily mean that the patient wants a do not resuscitate order. The current statute places the burden on the institution to make a reasonable effort to ascertain whether a living will exists when a patient is admitted.

Dr. Maxwell presented the recommendations of the Credentials Committee which were endorsed by the Medical Staff Hospital Council on October 10. The recommendations of the Credentials Committee were unanimously endorsed.

QUALITY ASSURANCE FOLLOW-UP

Sue Jensen presented a progress report on the compliance of the clinical services' quality monitoring programs with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements. All services now have quality assurance indicators in place and have either held or set up a date for a monthly meeting. Minutes from some meetings need improvement and the Medical Staff Hospital Council recommended that Dr. Maxwell and Bob Dickler send a memo to all services describing what the minutes should include.

The first review of the quarterly report for services that have had the indicators in place will be conducted in the near future. If progress continues all services should be in full compliance.

Ms. Jensen's report led to a discussion of the Board of Governors role in the quality assurance program. It was suggested that the Board consider including compliance with the quality assurance process as a criterion during the reappointment process. The Joint Conference Committee's work plan includes a review of the reappointment process and this could be integrated into that process.

Ms. Jensen was thanked for the diligent efforts of the Quality Assurance Department in achieving substantial progress toward compliance with the JCAHO requirements.

COUNCIL OF CLINICAL CHIEFS REPORT

Dr. Work was not available to provide the Council of Clinical Chiefs report. On Dr. Work's behalf, Greg Hart reported that recent meetings of the Council

of Clinical Chiefs have included discussion of the Hospital's facility plan and a presentation by Physicians Serving Physicians about their program to assist physicians with chemical dependency or other problems which impact their performance.

OTHER BUSINESS

Mr. Dickler has met with the Chair and Vice-Chair of the Board to discuss the Board of Governors Retreat and a proposed work plan for addressing the priority issues identified at the retreat will be presented at the next Board of Governors meeting.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 6:17 P.M.

Respectfully Submitted:

Shannon Lorbiecki

Shannon L. Lorbiecki

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Box 707
Harvard Street at East River Road
Minneapolis, Minnesota 55455

(612) 626-1945

October 13, 1989

TO: Members of the Board of Governors

FROM: Robert E. Maxwell, M.D., Chief of Staff
Chairman, Medical Staff-Hospital Council

SUBJECT: Credentials Committee/Medical Staff-Hospital Council Report and Recommendations.

The Medical Staff-Hospital Council on September 12 and October 10 and the Joint Conference Committee on September 13 and October 11 have endorsed the attached Credentials Committee Report and Recommendations.

I am forwarding these recommendations to you for your review and approval on October 25. If you should have any questions, please feel free to call on me.

REM/cf
Attachment

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Box 707
Harvard Street at East River Road
Minneapolis, Minnesota 55455

(612) 626-1945

September 6, 1989

TO: Joint Conference Committee

FROM: Robert E. Maxwell, M.D., Chief of Staff
Chairman, Medical Staff-Hospital Council

SUBJECT: Credentials Committee/Medical Staff-Hospital Council
Report and Recommendations

The Medical Staff-Hospital Council will act on the attached Credentials Committee Report and Recommendations on September 12, a day prior to the next Joint Conference Committee meeting.

I am forwarding these recommendations to you for your review and consideration on September 13. I will report the outcome of the Council's action at that time. Following your consideration of these recommendations, we ask that you forward them to the Board of Governors for approval.

Thank you.

REM/cf
Attachment

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

September 6, 1989

TO: Medical Staff-Hospital Council

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

SUBJECT: Credentials Committee Report and Recommendations

The Credentials Committee after examining all pertinent information provided to them concerning the professional competence and other necessary qualifications, hereby recommend the approval of provisional status and clinical privileges to the following applicants to the Medical Staff of The University of Minnesota Hospital and Clinic.

Department of Anesthesiology	Category
Scott D. Augustine	Attending Staff
Department of Hospital Dentistry	
Brian T. Evensen	Clinical Staff
Harrie T. Shearer	Attending Staff
Department of Medicine	
Jeffrey A. Buetikofer	Attending Staff
William A. Marinelli	Attending Staff
Andrew L. McGinn	Attending Staff
Mark E. Rosenberg	Attending Staff
Randall P. Stark	Attending Staff
Dorothy L. Uhlman	Attending Staff
Frank S. Becker	Attending Staff--ER/General
John H. Kvasnicka	Attending Staff--ER/General
Christina M. Pieper-Bigelow	Attending Staff--ER
Department of Neurology	
Mark S. Yerby	Clinical Staff
Department of Pediatrics	
Margaret A. Heisel	Clinical Staff
Michael C. Shannon	Attending Staff
Robin H. Steinhorn	Attending Staff

Provisional status and clinical privileges continued:

Department of Radiology	Category
Henry J. L. Griffiths	Attending Staff
Deborah G. Longley	Attending Staff

The following physicians have submitted applications and supporting documentation requesting addition and/or deletion of clinical privileges. The Committee has reviewed and considered their requests and hereby recommend approval.

Department of Hospital Dentistry	Category
Thomas D. Larson	Clinical Staff

Privileges: Add--occlusal adjustment, temporary stabilization of teeth, occlusal night guards (splints), scaling of teeth, soft tissue curretage

Department of Medicine

Robert P. Hebbel — Attending Staff

Privileges: Add--arterial puncture, cancer chemotherapy, gastric lavage, paracentesis--diagnostic and therapeutic, pneumothorax, thoracentesis--aspiration

Craig A. Henke — Attending Staff

Privileges: Add--Arterial puncture, bronchograms, bronchial brusning, bronchial lavage, bronchoscopy--bronchial biopsy--transbronchial biopsy, cardiopulmonary stress testing interpretation, cardioversion, lumbar puncture, paracentesis, pulmonary function testing and interpretation, Swan Ganz catherization, thoracentesis--aspiration--biopsy, chest tube insertion
Delete--ER privileges

Donald B. Hunninghake — Attending Staff

Privileges: Delete--Needle biopsy of liver, paracentesis--diagnostic abdominal tap--therapeutic decompression, peritioneal dialysis, sigmoidoscopy and biopsy, therapy of diabetic coma, therapy of hepatic failure, thoracentesis--aspiration only, venous pressure and circulation time

Addition/deletion of clinical privileges continued:

Department of Medicine	Category
Kathleen V. Watson	Attending Staff

Privileges: Add--Bone Marrow Biopsies and Aspirates

Department of Neurology
Joint Appointment in Pediatrics

Kenneth F., Swaiman — Attending Staff

Privileges: Delete--Clinical Privileges form approved September 8, 1975

Add--General Pediatrics--developmental screening, vision screening, Endocrine-Metabolism--diagnosis of inborn errors of metabolism, Clinical Genetics--counseling of patients and families, Clinical Pharmacology--interpretation of assays for pharmocologic agents, interpretations of adverse drug reactions

Department of Ophthalmology

J. Douglas Cameron — Attending Staff

Privileges: Add--Lid-lacrimal probing, extraocular muscle; Orbit-exploration; Conjunctival-pterygium, enucleation, evisceration; Cataract-adult; Glaucoma-adult, filtering, iridectomy, trabeculectomy, trabeculotomy; Trauma-lid

Marian Rubenfeld — Clinical Staff

Privileges: Add--filtering surgery (includes traveculectomy), iridectomy, bleb procedure, scleral buckle, cryopexy/cryotherapy

Department of Radiology	Category
Kurt Amplatz	Attending Staff

Privilege: Add--intravascular laser assisted angioplasty

Wilfrido R. Castaneda-Zuniga — Attending Staff

Privilege: Add--intravascular laser for laser assisted angioplasty

David W. Hunter — Attending Staff

Privilege: Add--intravascular laser for laser assisted angioplasty

The following physicians are completing their provisional status and are eligible for regular appointments as members of the Medical Staff of The University of Minnesota Hospital and Clinic. The Committee has reviewed recommendations concerning their appointment and hereby recommend approval.

Department of Hospital Dentistry	Category	Date Eligible
James E. Schreiner	Attending Staff	June 21, 1989
Department of Laboratory Medicine and Pathology		
Jay Brooks Jackson	Attending Staff	April 26, 1989
Elizabeth H. Perry	Attending Staff	June 21, 1989
Department of Medicine		
Scott F. Davies	Clinical Staff	April 26, 1989
George C. Haidet	Attending Staff	June 21, 1989
Keith R. Harmon	Attending Staff	May 16, 1989
Conrad Iber	Clinical Staff	April 26, 1989
Theodore W. Marcy	Clinical Staff	April 26, 1989
Simon Milstein	Attending Staff	June 21, 1989
Charles J. Sweeney	Attending Staff	June 21, 1989
Richard M. Warhol	Clinical Staff	April 26, 1989
Douglas G. Wysham	Clinical Staff	May 16, 1989
Department of Neurology		
Paul E. Barkhaus	Clinical Staff	May 16, 1989
Department of Otolaryngology		
George S. Goding	Clinical Staff	June 21, 1989
Department of Physical Medicine and Rehabilitation		
Margaret M. Doucette	Attending Staff	June 21, 1989
Department of Radiology		
Joseph W. Yedlicka	Attending Staff	May 16, 1989
Department of Surgery		
Edward W. Humphrey	Clinical Staff	June 21, 1989
Herbert B. Ward	Clinical Staff	June 21, 1989

Regular staff appointments continued:

Department of Urology	Category	Date Eligible
Hossein Abliabadi	Attending Staff	June 21, 1989
William C. Sharer	Clinical Staff	June 21, 1989

The following Specified Professional Personnel (Psychologist) has applied for appointment to the psychology staff and has requested clinical privileges. The Committee hereby recommends approval of this applicant and his requests for privileges.

Department of Pediatrics	Category
Bruce L. Bobbitt	Attending Staff

The Committee recommends acceptance of a request for a leave of absence from the Medical Staff from the following physician.

Department of Pediatrics	Category
James H. Moller	Attending Staff

Dates of Leave: September 1, 1989 through August 31, 1990

The Committee recommends acceptance of the resignations of Medical Staff appointments from the following physicians.

Department of Hospital Dentistry	Category
Elgene G. Mainous	Attending Staff

Department of Laboratory Medicine and Pathology	
Louis P. Dehner	Attending Staff
J. Brooks Jackson	Attending Staff
Mark R. Wick	Attending Staff

Resignations from the Medical Staff continued:

Department of Medicine

Leslie A. Baken	Attending Staff
Clara D. Bloomfield	Attending Staff
David D. Hurd	Attending Staff
Michael G. Thurmes	Attending Staff

Department of Pediatrics

Bernard Mirkin	Attending Staff
Steven Seelig	Attending Staff
Terence Zach	Attending Staff

Department of Radiology

Lee Beville	Attending Staff
Flavio Castaneda	Attending Staff
David Epstein	Attending Staff
Glenn Moradian	Attending Staff

Resignation from the Specified Professional Personnel--Psychology Staff

Department of Physical Medicine and Rehabilitation	Category
Garland Meadows	Attending Staff

HB/cf

Office of the Chief of Staff

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Box 707
Harvard Street at East River Road
Minneapolis, Minnesota 55455

(612) 626-1945

October 2, 1989

TO: Joint Conference Committee

FROM: Robert E. Maxwell, M.D., Chief of Staff
Chairman, Medical Staff-Hospital Council

SUBJECT: Credentials Committee/Medical Staff-Hospital Council Report and Recommendations

The Medical Staff-Hospital Council will act on the attached Credentials Committee Report and Recommendations on October 10, a day prior to the next Joint Conference Committee meeting.

I am forwarding these recommendations to you for your review and consideration on October 11. I will report the outcome of the Council's action at that time. Following your consideration of these recommendations, we ask that you forward them to the Board of Governors for approval.

Thank you.

REM/cf
Attachment

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

October 3, 1989

TO: Medical Staff-Hospital Council

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

SUBJECT: Credentials Committee Report and Recommendations

The Credentials Committee after examining all pertinent information provided to them concerning the professional competence and other necessary qualifications, hereby recommend the approval of provisional status and clinical privileges to the following applicants to the Medical Staff of The University of Minnesota Hospital and Clinic.

Department of Laboratory Medicine and Pathology	Category
Raouf E. Nakhleh	Attending Staff
Department of Medicine	
Pamela Ely	Attending Staff
Michael W. Saville	Attending Staff--ER/General Medicine
Elizabeth R. Seaquist	Attending Staff
Department of Obstetrics and Gynecology	
Charles J. McCarthy	Clinical Staff
Department of Otolaryngology	
Barbara N. Malone	Clinical Staff
Department of Pediatrics	
Denise M. Goodman	Attending Staff
Department of Radiology	
Carolyn S. McDonald	Attending Staff

Department of Urology	Category
Charles L. Smith	Clinical Staff
Kevin (Gang) Zhang	Clinical Staff

The following Specified Professional Personnel (Psychologist) has applied for appointment to the psychology staff and has requested clinical privileges. The Committee hereby recommends approval of this applicant and request for privileges.

Department of Physical Medicine and Rehabilitation	Category
Gary T. Athelstan	Attending Staff

HB/cf

MINUTES
Planning and Development Committee
October 17, 1989

CALL TO ORDER
The Chair, Ms. B. Kristine Johnson, called the October 16, 1989 meeting of the Planning and Development Committee to order at 12:35 p.m. in room 8-106 in the University Hospital.

Attendance:	Present	B. Kristine Johnson, Chair
		Robert Dickler
		Leonard Bienias
		Robert Latz
		Peter Lynch, M.D.
		William Jacott, M.D.
		Ted Thompson, M.D.
		Clint Hewitt
		Geoff Kaufmann
	Staff	William Thompson, M.D.
		Cliff Fe[illegible]ng
		N[illegible]cy Ja[illegible]a
		Mark Koenig
		Greg Hart
		Al Dees
		Fred Bertschinger
		Shannon Lorbiecki

APPROVAL OF MINUTES
The minutes of the August 7, 1[illegible]9 meeting were approved as distributed.

RENEWAL PROJECT UPDATE
Mr. Hart provided an update on the Renewal Project Phase II. Master zoning is nearly complete. Two major issues remaining to be decided in the master zoning are the location of the inpatient psychiatry program in Unit J and whether the Physical Medicine and Rehabilitation Department will be located on one or two floors of the Mayo building. When the current scheduling, financial, and ongoing operational issues are addressed, the project will proceed to the schematic design stage.

CAPITAL BUDGET REPORT
Mr. Hart presented a report of capital expenditures for Fiscal Year 1988-1989. It was noted that while we significantly underspent the capital budget it is anticipated that many of these amounts will be rolled forward into the 1989-1990 Fiscal Year. Requests to roll forward capital expenditures have been submitted and the Committee will receive a report of the roll forward amounts at a future meeting. In response to a question about the current status of

the Community University Health Care Center (CUHCC) building project, Mr. Hart reported that the options of reducing the scope of the building project or developing alternative fund raising mechanisms are being explored.

The Capital Budget Report was endorsed unanimously.

MAJOR CAPITAL EXPENDITURE: DIGITAL ACQUISITION AND PROCESSING SYSTEM
Mr. Dees discussed the expenditure request for a digital acquisition and processing system for two procedure rooms within the Cardiovascular Division of the Radiology Department. The purchase of this system will decrease the amount of contrast media and film used and will enable the department to complete procedures more rapidly. Dr. Thompson indicated that this system will become an important part of the Division's activities and will be used routinely on an everyday basis for as many as half of their cases.

The presentation led to a discussion of how decisions are made to purchase new capital equipment and to prioritize those purchase decisions. A recently formed committee of the Council of Chiefs of Clinical Services will assist Hospital Administration in establishing the capital budget in the future.

MAJOR CAPITAL EXPENDITURE: CARTRIDGE TAPE DRIVES
Mr. Dees discussed the proposal to replace tape drives which were purchased for the UNISYS computers in 1981. The tape drives for the UNISYS system require replacement due to an increasing failure rate, increasing maintenance costs, and inadequate speed and capacity. The addition of pharmacy software to the IBM system necessitates increased tape drive speed and capacity. The proposed purchase will also solve a space problem in the Information Services area, because there is over a 50 percent reduction in the physical size of each tape.

QUARTERLY DEVELOPMENT OFFICE UPDATE
Mr. Bertschinger discussed the activities of the development office for 1989. The development program fell short of its goal for the Fiscal Year primarily because major gifts fell immediately prior to the start of the year and immediately after the year ended. Another reason is that there were no large gifts from Variety Club. The Development Office is increasing its efforts to track irrevocable and revocable future gifts.

Development activities during the first quarter of Fiscal Year 1989-1990 include the kick-off for the Communication Workers of America, Local #7200, and U.S. West joint charity project to support the UMHC Transplant Assistance Fund. If this effort is successful the larger umbrella group will be approached to involve additional unions in future efforts. The Annual Employee Campaign direct mail solicitation of UMHC medical staff and employees focused on the Transplant Assistance Fund. Interviews have been completed with potential consultants for the CUHCC capital campaign to increase the manpower available to the Development Office to conduct a large capital campaign.

In response to a question, Mr. Bertschinger indicated that it is difficult to establish the yearly goal because many gifts are not anticipated and bequests are difficult to identify. The goal is based primarily upon the level of fund raising during the prior year.

UMCA UPDATE
Dr. Lynch reported that UMCA will be approximately at the financial breakeven point for the year and will be making some loan payments to the clinical departments and to the Hospital.

A contract has been reached between Physicians Health Plan (PHP) and UMCA with rates that are expected to be more favorable than those of previous years. The impact of this contract on financial results is uncertain but it will increase the patient base. The Dermatology and Medicine Departments are now doing all of their professional fee billing through UMCA. This will result in increased efficiency through the sharing of support staff and computer systems.

A search for a Chief Operating Officer is currently underway to replace the management services currently being provided by a consulting firm. It is also anticipated that a part time medical director will be hired.

ADJOURNMENT
Ms. Johnson adjourned the Planning and Development Committee at 1:50 p.m.

Respectfully submitted,

Shannon Lorbiecki

Shannon Lorbiecki
Administrative Fellow

Planning & Dev. Committee Review: October 16, 1989
Finance Committee Review: October 25, 1989
Board of Governors Review: October 25, 1989

MAJOR CAPITAL EXPENDITURE REPORT

EQUIPMENT: 6 Computer Tape Drives, 2 Controllers

PURCHASE PRICE: $246,000

DESCRIPTION:

The Information Services Department (ISD) proposes to replace tape drives for the IBM and UNISYS computers.

The tape drives for the UNISYS computers were purchased in 1981. They need to be replaced for the following reasons:

A. Increasing Failure Rate

Older equipment breaks down more often. Our current equipment, as recorded on our Incident Reporting System, had over 2 incidents more per month in 1988 than in 1986. Each incident can cost downtime and downtime is costly to our schedule.

B. Increasing Maintenance Cost

As the mechanical parts of our current tape drives become older they have become less reliable and require more maintenance. The manufacturer recognizes this and passes on the cost to us. The proposed equipment realizes a maintenance savings of over $14,000 in the first year alone.

C. Inadequate Speed and Capacity

The older equipment is slow by today's standards. Tape drives are generally used to back up data that is stored on disk. In the event of disk failure or data contamination, the last "backup to tape" is used to reload the disk files. Since our last purchase of tape drives in 1981, the capacity of our disk storage has at least quadrupled. The increased volume of data, slowness of the tape drives, and demand for more user uptime, are all converging at the same time. Tape drives are needed that will accept data from disk at a faster rate.

The drives for the IBM computer were purchased in 1987, premised on use of the machine for financial software only. With the addition of Pharmacy software, additional tape drive speed and capacity is now required.

Finally, we have a tape storage problem. All tapes are supposed to be stored in a vault secured from fire, theft, vandalism and any other form of destruction. The tape vault, constructed in 1981, was designed for no more than 2,500 tapes. Our current tape library contains over 3,000 tapes. More than 500 tapes are

Submitted By: Al Dees
Title: Associate Director

Approved By: [signature]
Title:

ted on racks, in the computer m, ide of the tape vault. This is iequate and unsafe storage. Cassette cartridge tape drives are proposed ause there is over a 50% reduction in the physical size of each tape. s will solve the space problem for the oreseeable future.

originally planned to replace the tape drives in several installments and urchase fire-safe file cabinets to house the excess tapes. However, new roller technology enables sharing tape drives between the IBM and UNISYS c ters, reduces the ber of units required, reduces total cost and results in a more satisfactory olution of the storage problem. The estimated cost for this alternative is within the funds budgeted.

THE UNIVERSITY OF MINNESOTA
HOSPITAL AND CLINIC
BOARD OF GOVERNORS

Planning & Dev. Committee Review: October 16, 1989
Finance Committee Review: October 25, 1989
Board of Governors Review: October 25, 1989

MAJOR CAPITAL EXPENDITURE REPORT

EQUIPMENT: Digital Acquisition and Processing System

PURCHASE PRICE: $346,000

DESCRIPTION:

The Diagnostic Radiology Department currently does not have digital imaging equipment in its Cardiovascular Division. Addition of a digital system to the existing equipment in Room J2-551 will provide the capability to:

A. Obtain the additional images required when traditional angiography does not provide adequate images of lower extremity anatomy while minimizing patients' exposure to additional radiation, decreasing the amount of contrast media utilized and shortening procedure times. Additional imaging is required in about 20% of the approximately 1000 lower extremity evaulations performed annually by UMHC's cardiovascular radiologists.

B. Use digital imaging as an alternative to angiography for any patients for whom angiography is expected to be particularly painful.

C. Utilize digital imaging for pediatric patients for whom limiting use of contrast media is critical and control of movement during painful contrast media injections is difficult, or for those cases requiring rapid film sequences.

D, Perform "road mapping" for all angiographic and venographic interventional procedures.

E. Utilize digital subtraction techniques to enable frequent observation of the extent of embolization without the use of large doses of contrast media during embolization procedures. This should eliminate the 3 to 4 cases which occur each year in which extended hospitalization is required following the procedure to treat renal function complications arising from the need to use large amounts of contrast media.

The annual savings resulting from decreased film, chemistry and contrast media is projected to be $13,500. In addition, the shortening of procedure times is projected to free up 50-60 hours of room time for performance of additional procedures.

This equipment and the estimated purchase price are included in the current capital budget.

Submitted By: [signature] Approved By: [signature]

Title: [signature] Title:

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

Date: October 10, 1989

To: Board of Governors

From: Fred Bertschinger F.B.

Subject: Development Office Quarterly Report

Attached for your information are summary reports of activities and donations received during the fourth quarter of FY 1989, a summary for the fiscal year and the report for the first quarter of FY 1990 (July-September).

If you have any questions about this report, please call me at 626-6008.

Contributions Received
UMHC Development Office
FY 1989

	I 7-9/88	II 10-12/88	III 1-3/89	IV 4-6/89	Totals
Patients Fund	$ 6,502	$ 3,530	$ 4,273	$ 3,449	$ 17,754
Transplant Ass. Fund	3,433	1,951	3,040	4,384	12,808
Variety Club Pldg	105,091	279	6,498	2,941	114,809
Other Funds	20,599	62,419	64,979	173,303	321,300
Totals to Funds	$135,625	$68,179	$78,790	$184,077	$466,671

Goal = $880,000

Tribute Gifts	55	147	198	102	502
Gifts in Kind	0	0	$1,217	0	$1,217
Irrevocable Future Gifts	2 $275,000	0 0	0 0	0 0	2 $275,000
Revocable Future Gifts	4 0	0 0	1 0	0 0	5 0

Activities and Events
UMHC Development Officer
FY 1989

1988

July 1	Annual Campaign solicitations by mail for UMHC employees, medical staff, and Board of Governors continues from June. Contributions support the Patients Fund and the Transplant Assistance Fund.
July 10-15	Educational Institutes at University of Wisconsin, sponsored by the National Association for Hospital Development (NAHD) attended by Fred Bertschinger.
September 5	Commodores Chorus Recognition Luncheon.
September 17	Donor Recognition Luncheon hosted by Bob and Sue Dickler.
October 2-6	NAHD Educational Conference and Accreditation exam in Dallas, Texas. Fred Bertschinger has received "certified" status by NAHD.
November 27	Operating Room Nurses Holiday Party to benefit the Transplant Assistance Fund.

1989

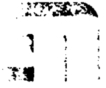
January 15	WCCO-AM, "Breakfast of Champions" live sports show from the Bierman Indoor Football Practice Facility.
January 17	First mailing of FORESIGHT newsletter of personal financial planning to donors and friends.
April 19	Communication Workers of America Local 7200 selected the Transplant Assistance Fund as their annual benefit project.
April 26	U of M Development Office, TEAMS, telemarketing efforts begin following direct mail trial to one-half of former donors to benefit the Patients Fund and Transplant Assistance Fund.
May 10	Third Annual Sigma Chi Derby Days to benefit the Child/Family Life program.
May 13	Delta Chi "Duluth Trek" bicycle ride to benefit the Child/Family Life program.
May 17	Minnesota Alumni Association Annual meeting and dinner with Walter Cronkite. Sixteen donors were guests.
June 23	Third Annual Turtle Derby. Net proceeds approximately $5,000.

Contributions Received
UMHC Development Office
FY 1990

	I 7-9/89	II 10-12/89	III 1-3/90	IV 4-6/90	Totals
Patients Fund	$2,078				$2,078
Transplant Ass. Fund	3,260				3,260
Variety Club Pldg	2,010				2,010
Other Funds	522,747				522,747
Totals to Funds	$530,095				$530,095

Goal = $950,000

Irrevocable Future Gifts	0
Revocable Future Gifts	1



UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

Activitie[illegible] [illegible]d Events
[illegible]JMHC Devel[illegible]pment Office
F[illegible] [illegible]990

1989

July 19 Kick-off for the Communications Workers of America, Local #7200, and U.S. West joint charity project to support the UMHC Transplant Assistance Fund.

August 24 Annual Campaign direct mail solicitation of UMHC medical staff and employees, support for the Transplant Assistance Fu[illegible] is urged.

August 25 Complete interv[illegible]s with potential consu[illegible]tants [illegible]or the CUHCC [illegible]apital campaign.

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
BOARD OF GOVERNORS FINANCE COMMITTEE
August 23, 1989

MINUTES

ATTENDANCE:

Present:
Robert Dickler
Clifford Fearing
Elwin Fraley, M.D.
Jerry Meilahn
Barbara O'Grady

Not Present:
Carol Campbell
Edward Ciriacy, M.D.
Erwin L. Goldfine
Vic Vikmanis

Staff:
Greg Hart
Teri Holberg
Nancy Janda
Mark Koenig
Shannon Lorbiecki
Nels Larson
Barbara Tebbitt

CALL TO ORDER:

The Finance Committee was called to order by Mr. Jerry Meilahn on August 23, 1989 at 12:10 P.M.

APPROVAL OF THE MINUTES:

The Board of Governors Finance Committee seconded and passed a motion to approve the minutes of the July 26, 1989 meeting as written.

JULY 1, 1988 THROUGH JULY 31, 1989 FINANCIALS:

Mr. Clifford P. Fearing reported to the Committee the month of July had a net operating loss of $232,312, which was $742,124 below budget. Mr. Fearing stated inpatient admissions for July totaled 1,576, which was 3.3% below budget. The overall average length of stay for July was 8.4 days and patient days were 710 days under budget. The average daily census for July was reported to be 444, which was 5% below budget. Mr. Fearing reported the first 21 days of August had an average daily census of 448, the average length of stay was 8.17 days, and admissions were 6% over budget. Outpatient visits for July totaled 23,933 which was 5.6% below budget. CUHCC visits were reported to be 11.4% over budget, while Home Health visits were 13.7% below budget for the month of July.

Lastly, Mr. Fearing reported the balance of accounts receivable as of July 31, 1989 totaled $90,078,678 and represented 100.8 days of revenue outstanding. Mr. Fearing stated the collections in the first 21 days in month of August were at a higher level on a per day basis and the accounts receivables should turn around in the month of August.

Mr. Fearing informed the Committee that the University of Minnesota decided not to issue UMHC $1,600,000 in fringe benefit expense reduction on the June 30, 1989 financial statement as was reported in the July Finance Committee meeting. The University has decided instead to credit UMHC for $800,000 for the fringe benefit costs. Therefore, since the Hospital had earlier made the $1,600,000 adjustment, the Hospital financial statement throughout the 1989-90 year will show a $800,000 prepaid fringe benefit asset. This will also create a year end net loss of $345,000.

HOSPITAL ADMISSIONS POLICY:

Mr. Fearing presented to the Finance Committee, for information purposes, the first draft of the admissions policies which had been requested by the Board of Governors. The policy will be brought before the Medical Staff Hospital Council and the Clinical Chiefs for their review and comments. After incorporating those comments, the admissions policies will then be brought before the Board for approval. The admissions policies are anticipated to improve the Hospital's bad debt write-offs, yet maintain a charitable posture regarding patient care.

Mr. Fearing stated UMHC's Hill-Burton Community Service and Emergency Service obligations requires UMHC to treat all people within the state of Minnesota for emergency services. The proposed policy for emergency services would not change the way UMHC has operated in the past. UMHC would continue to give medical care until the emergency condition is eliminated and that medical care beyond that point would be dictated by the patient's condition, the patient's desires, and the requirements of the patient's third party payer.

The following is the proposed policy for non-emergency admissions.

1. Foreign patients must have a deposit, verified credit line or have insurance coverage equal to the estimated procedure expense, and such deposits credit lines or insurance must be accepted and/or confirmed prior to the day of admission.

2. Out-of-state patients, except Medicare patients, must make a deposit, verify a credit line and/or have written confirmation of insurance or public assistance coverage equivalent to at least 85% of the estimated procedure expense prior to admission. The remaining 15% would be paid under a payment plan established prior to admission.

3. State of MN patients will be given care without regard to their ability to pay, but residents are expected to contribute to the cost of their care at levels consistent with their ability to pay.

   Prior to admission Minnesota residents who come to UMHC for non-emergency care and who are eligible for a public assistance program must complete the application and be certified by the county welfare department that they and are eligible for medical

assistance. Non-emergency admissions will be deferred until such certification is complete.

When a patient's medical assistance approval is about to lapse while the patient is hospitalized at UMHC, UMHC will pursue continuance of coverage on the patient's behalf. Emergency patients whose coverage must depend on medical assistance will work with the UMHC staff in the efforts made in applying for medical assistance prior to their discharge.

4. When a patient makes a deposit they must sign a statement stating they understand that the deposit is based on an estimated expense of the procedure.

Mr. Meilahn requested a clause be added to the policy stating where an exception had been made, or the proper procedure had not been followed, a review/audit will be made of those cases . Mr. Fearing stated it would be incorporated into the admissions policies.

MAJOR CAPITAL EXPENDITURE:

Mr. Greg Hart reviewed, for information purposes, a major capital expenditure report in the $100,000 - $600,000 range. The major capital expenditure would be for two implantable pneumatic ventricular assist devices at a total cost of $108,000. Mr. Hart stated the implantable device would be used primarily with patients on the transplant waiting list who have severe left ventricular failure and who are not responding to conventional procedures. Mr. Hart stated there will be a review of this program within the next six to twelve months.

The manufacturer, Thermo Cardiosystems Inc., was granted investigational device exemption. The device is currently approved by the FDA for use in a number of institutions; UMHC would be an additional approved site. Mr. Hart stated because the device will be used on a clinical trial basis there will not be reimbursement for its use by insurance companies or third party payers during this initial phase. The purchase of the two units was budgeted for the 1989-90 fiscal year.

AFSME Negotiations

Mr. Hart reported to the Committee the status of the AFSME negotiations. Mr. Hart stated the University is attempting to structure the various pay plans, unionized and non-unionized, around a 6% total package. The State AFSME employees recently settled with a 5% base increase plus 1% increase in economic items, and the University's Teamsters Union settled with a 5% base increase plus a 1% increase in economic items. In addition to these settlements, the University will recommend to the Regents a 4% increase for Civil Service employees, with an additional 2% for comparable worth. Mr. Hart stated negotiations were still underway with the Hospital and AFSME and he will keep the Committee informed of any further developments.

MAJOR CAPITAL EXPENDITURE:

Mr. Robert Dickler reviewed, for information purposes, a major capital expenditure report in the $100,000 - $600,000 range. The major capital

expenditure would be for 40 PC-communication software licenses and 30 network communication workstations at a total cost of $225,000. Last year the Upper Midwest Healthcare Network was created to facilitate the exchange of patient information between the University Hospital and outstate referring physicians with the use of a computer communication network. Mr. Dickler stated the project has proven to be successful and has created a positive impact on inpatient admissions. The purchasing of this equipment and software would be used to expand to other medical groups who have expressed a desire to join the Network. The purchase of the software and equipment has been budgeted for the 1989-90 fiscal year.

Masonic III Budget Status

Mr. Mark Koenig reported to the Finance Committee the Masonic III renovation project would exceed the Board approved budget of $1,161,000 by at least 10%. Mr. Koenig stated the reason for this was unanticipated expenses in removing the asbestos in Masonic III. The unforeseen expenses were:

1. Fiberglass insulation became contaminated while asbestos was being removed and need to be replace.

2. The original estimate of the removal of the asbestos was exceeded by $42,000.

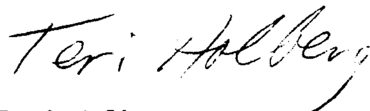
3. Environmental Health and Safety recommended that additional precautions be made in areas where asbestos remained undisturbed. This could be done either by enclosing the ceiling areas or removing the asbestos and replacing existing ceilings.

Mr. Koenig reported the Planning and Development Committee voted for the more aggressive approach in removing all asbestos and replacing the ceilings. Mr. Koenig stated this was the more expensive option, but it would eliminate the possibility of having to contend with the problem in the future. The total additional funds that would be needed for this option would be $235,000.

The Financial Committee seconded and passed a motion to increase the Masonic III renovation project by $235,000.

There being no further discussion, the August 23, 1989 meeting was adjourned at 1:50 P.M.

Respectfully submitted,



Teri Holberg
Recording Secretary

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

September 27, 1989

TO: Board of Governors Finance Committee

FROM: Clifford P. Fearing

SUBJECT: Report of Operations for the Period
July 1, 1989 through August 31, 1989

The Hospital's operations for the month of August reflect both inpatient admissions and outpatient visit activity that are above budgeted levels. Similarly, both routine and ancillary revenue are above budgeted levels for the month.

INPATIENT CENSUS: For the month of August inpatient admissions totaled 1,722, which was 101 above budgeted admissions of 1,621. Our overall average length of stay for the month was 7.8 days. Patient days for August totaled 13,551 and were 258 days below budget. The increase in admission levels over budget was primarily in the areas of Pediatrics, Neurosurgery, Gynecology, and Surgery.

To recap our year-to-date inpatient census:

	1988-89 Actual	1989-90 Budget	1989-90 Actual	Variance	% Var
Admissions	3,307	3,250	3,298	48	1.5
Patient Days	27,882	27,569	26,601	(968)	(3.5)
Avg Length of Stay	8.4	8.5	8.1	(0.4)	(4.7)
Avg Daily Census	449.7	444.7	429.0	(15.7)	(3.5)
Percent Occupancy	77.5	75.9	73.3	(2.6)	(3.4)

OUTPATIENT CENSUS: Clinic visits for the month of August totaled 25,637 which was 1,799, or 7.5%, above budgeted visits of 23,838. Visits were above budget in almost all areas with the most significant increases occurring in Family Practice, Radiation Therapy, Medicine, and Ophthalmology. Areas that reported visits significantly below budgeted levels were Adult Psych, OB/GYN, and Dermatology. Community University Health Care Center (CUHCC) visits for the month of August totaled 4,681 which was 402, or 9.4%, over budgeted visits of 4,279, while Home Health visits of 974 for the month were 28, or 2.8%, below budgeted visits of 1,002.

To recap our year-to-date outpatient census:

	1988-89 Actual	1989-90 Budget	1989-90 Actual	Variance	% Var
Clinic Visits	46,955	47,080	47,570	490	1.0
CUHCC Visits	7,291	8,000	8,827	827	10.3
HHA Visits	1,733	2,004	1,839	(165)	(8.2)

FINANCIAL OPERATIONS: The Hospital's Statement of Operations shows revenues over expenses by $3,271,066, a favorable variance of $1,589,549.

Patient care charges through August totaled $57,283,072, which was 2.3% under budget. Routine revenue was .9% under budget and reflects our unfavorable inpatient census variance.

Ancillary revenue was $1,203,028 below budget (2.9%) and reflected a decrease in our outpatient ancillary utilization. Inpatient ancillary revenue averaged $9,030 per admission compared to the budgeted average of $8,922 per admission. Outpatient revenue per clinic visit averaged $226 compared to the budgeted average of $271.

Operating expenditures through August totaled $47,220,691 and were $1,941,624 (3.9%) below budgeted levels of $49,162,315. The overall favorable variance relates primarily to the decreased demand for patient services, and is reflected across most expense categories.

ACCOUNTS RECEIVABLE: The balance in patient accounts receivable as of August 31, 1989, totaled $89,829,283 and represented 95.2 days of revenue outstanding. The overall decrease in our patient receivables in August of 5.6 days occurred primarily in Medicare, Blue Cross Contracts and Medical Assistance.

CONCLUSION: The Hospital's overall operating position is positive and above budgeted levels for the first time since March 1989. While we are reporting a very good financial position in August, the first three weeks of September have seen a return to the lower admission levels experienced in previous months. In light of this trend, we are continuing to identify and implement measures that will lower our expenditures to levels that are in line with net revenues.

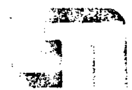
UNIVERSITY OF MINNESOTA HOSPITAL & CLINIC

EXECUTIVE SUMMARY OF FINANCIAL ACTIVITY

FOR THE PERIOD JULY 1, 1989 TO AUGUST 31, 1989

	1989-90 Budgeted	1989-90 Actual	Variance Over/-Under Budget	Variance %
Patient Care Charges	$58,635,765	$57,283,072	($1,352,693)	-2.3%
Deductions from Charges	13,745,170	12,606,591	(1,138,579)	-8.3%
Other Operating Revenue	1,696,124	1,610,591	(85,533)	-5.0%
Total Operating Revenue	46,586,719	46,287,072	(299,647)	-0.6%
Total Expenditures	49,162,315	47,220,691	(1,941,624)	-3.9%
Net Operating Revenue	(2,575,596)	(933,619)	1,641,977	63.8%
Non-Operating Revenue and Expenses	4,257,113	4,204,685	(52,428)	-1.2%
Revenue Over/Under Expense	1,681,517	3,271,066	1,589,549	

	1989-90 Budgeted	1989-90 Actual	Variance Over/-Under Budget	Variance %
Admissions	3,250	3,298	48	1.5%
Patient Days	27,569	26,601	(968)	-3.5%
Average Daily Census	444.7	429	(15.7)	-3.5%
Average Length of Stay	8.5	8.1	(0.4)	-4.7%
Percentage Occupancy	75.9	73.3	(2.6)	-3.4%
Outpatient Clinic Visits	23,838	25,637	1,799	7.5%



UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

October 25, 1989

TO: Board of Governors

FROM: Clifford P. Fearing

SUBJECT: Report of Operations for the Period
July 1, 1989 through September 30, 1989

The Hospital's operations for the month of September reflect both inpatient admissions and outpatient visit activity that are below budgeted levels. Similarly, both routine and ancillary revenue are below budgeted levels for the month.

INPATIENT CENSUS: For the month of September, inpatient admissions totaled 1,482, which was 96 below budgeted admissions of 1,578. Our overall average length of stay for the month was 7.9 days. Patient days for September totaled 11,876 and were 847 days below budget. The decrease in admission levels from budget was primarily in the areas of Medicine and Orthopedics.

To recap our year-to-date inpatient census:

	1988-89 Actual	1989-90 Budget	1989-90 Actual	Variance	% Var
Admissions	4,906	4,828	4,780	(48)	(1.0)
Patient Days	41,019	40,292	38,477	(1,815)	(4.5)
Avg Length of Stay	8.3	8.3	8.0	(0.3)	(3.6)
Avg Daily Census	445.9	438.0	418.2	(19.8)	(4.5)
Percent Occupancy	76.5	74.7	71.7	(3.0)	(4.0)

OUTPATIENT CENSUS: Clinic visits for the month of September totaled 21,420 which was 1,368, or 6.0%, below budgeted visits of 22,788. Visits were below budget in almost all areas with the most significant decreases occurring in OB/GYN, Orthopedic, Adult-Psych, Urology, Dental, and Dermatology. Areas that reported visits significantly above budgeted levels were Emergency Room and Family Practice. Community University Health Care Center (CUHCC) visits for the month of September totaled 4,161 which was 440, or 11.8%, over budgeted visits of 3,721, while Home Health visits of 970 for the month were right on budget.

To recap our year-to-date outpatient census:

	1988-89 Actual	1989-90 Budget	1989-90 Actual	Variance	% Var
Clinic Visits	69,375	69,868	68,990	(878)	(1.3)
CUHCC Visits	10,745	11,722	13,095	1,373	11.7
HHA Visits	2,609	2,974	2,809	(165)	(5.6)

FINANCIAL OPERATIONS: The Hospital's Statement of Operations shows revenues over expenses by $2,895,172, a favorable variance of $700,550.

Patient care charges through September totaled $81,711,171, which was 5.7% under budget. Routine revenue was 2.6% under budget and reflects our unfavorable inpatient census variance.

Ancillary revenue was $4,339,266 below budget (7.0%) and reflected a decrease in our outpatient ancillary utilization. Inpatient ancillary revenue averaged $8,754 per admission compared to the budgeted average of $8,922 per admission. Outpatient revenue per clinic visit averaged $229 compared to the budgeted average of $271.

Operating expenditures through September totaled $68,941,505 and were $4,052,772 (5.6%) below budgeted levels of $72,994,276. The overall favorable variance relates primarily to the decreased demand for patient services, and is reflected across most expense categories.

ACCOUNTS RECEIVABLE: The balance in patient accounts receivable as of September 30, 1989, totaled $88,163,177 and represented 95.0 days of revenue outstanding. The overall decrease in our patient receivables in September of .2 days occurred primarily in Minnesota Medical Assistance.

CONCLUSION: The Hospital's overall operating position is positive and above budget through the first quarter of the 1989-90 fiscal year. Our operating position for the month of September, however, shows a small loss due to the decline in census levels. We have put into place expenditure reductions in response to this fluctuating census and are continuing to identify and implement measures that will lower our expenditures to levels that are in line with net revenues.

UNIVERSITY OF MINNESOTA HOSPITAL & CLINIC

EXECUTIVE SUMMARY OF FINANCIAL ACTIVITY

FOR THE PERIOD JULY 1, 1989 TO SEPTEMBER 30, 1989

	1989-90 Budgeted	1989-90 Actual	Variance Over/-Under Budget	Variance %
Patient Care Charges	$86,680,748	$81,711,171	($4,969,577)	-5.7%
Deductions from Charges	20,328,205	18,514,454	(1,813,751)	-8.9%
Other Operating Revenue	2,520,642	2,438,354	(82,288)	-3.3%
Total Operating Revenue	68,873,185	65,635,071	[illegible]238,114)	-4.7%
Total Expenditures	72,994,276	68,941,505	(4,052,771)	-5.6%
Net Operating Revenue	(4,121,091)	(3,306,434)	814,[illegible]	19.8%
Non-Operating Revenue and Expenses	6,315,713	6,201,605	(114,108)	-1.8%
Revenue Over/Under Expense	2,194,6[illegible]	2,895,172	700,[illegible]	

	1989-90 Budgeted	1989-90 Actual	Variance Over/-Under Budget	Variance %
Admissions	4,828	4,780	(48)	-1.0%
Patient Days	40,292	38,477	(1,815)	-4.5%
Average Daily Census	438.0	418.2	(19.8)	-4.5%
Average Length of Stay	8.3	8.[illegible]	(0.3)	-3.6%
Percentage Occupancy	74.7	71.7	(3.0)	-4.0%
Outpatient Clinic Visits	22,788	21,420	(1,368)	-6.0%

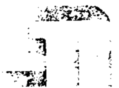
UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
CAPITAL EXPENDITURES
7-1-88 THRU 6-30-89

RECURRING EQUIP & REMODEL:	ANNUAL BUDGET AND ROLLFORWARD			ACTUAL EXPENDITURES		
	BUDGET	ROLL FORWARD FROM 6-30-88	TOTAL	88-89 ACTUAL	87-88 ROLL FORWARD	TOTAL
EQUIPMENT PURCHASES						
88-89 Budget	$6,718,513		$6,718,513	$3,630,812		$3,630,812
Rollforward		$2,847,693	$2,847,693		$2,239,010	$2,239,010
	$6,718,513	$2,847,693	$9,566,206	$3,630,812	$2,239,010	$5,869,822
REMODELING PROJECTS	$1,272,650		$1,272,650	$563,213	$196,373	$759,586
	$7,991,163	$2,847,693	$10,838,856	$4,194,025	$2,435,383	$6,629,408
PRINCIPLE PAYMENTS						
CT SCANNER	$179,800		$179,800			$179,800
COMPUTER EQUIP	$665,795		$665,795			$543,477
LITHOTRIPTOR	$288,405		$288,405			$288,405
	$1,134,000		$1,134,000			$1,011,682
TOTAL:	$9,125,163	$2,847,693	$11,972,856			$7,641,090
			$11,972,856			
BOND PAYMENTS:	$2,815,000					$2,815,000

CAPITAL PROJECTS:

	AUTHORIZED BUDGET	EXPENDITURES 1988-89	TOTAL EXPEND. TO DATE
MRI II	$3,600,000	$2,737,725	$2,737,725
DERMATOLOGY**	$793,374	$655,064	$715,958
MAYO 4 SURG	$1,029,350	$813,623	$813,623
CUHCC	$1,350,000	$346,000	$346,000
MASONIC HOSP	$1,100,000	$533,277	$533,277
COMPUTER UPGRADE	$850,000	--	--
NEURORADIOLOGY UPGRADE	$909,000	--	--
TOTAL	$9,631,724	$5,085,689	$5,146,583
MISC. CAPITAL EXPEND		$115,234	
		$5,200,923	

** Includes loan to the Dermatology Department of $221,980.



UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

October 19, 1989

TO: Board of Governors

FROM: Robert Dickler
General Director

SUBJECT: Personnel Policy Change

The Hospital's personnel policies indicate that changes in personnel policy or major personnel procedures require the approval of the Board of Governors. We are recommending that the Board approve the changes noted in the attached version of Personnel Policy #12, Authorized Leaves of Absence.

There are numerous minor changes to the policy, generally adding clarification or simplification. There is one significant change. The addition of the section on "parental leave" (page 6) represents an increase in benefits for our employees. We are recommending this change to bring the Hospital's policies and proce es in line with changes made earlier in niversity Civ Service Rules and u on contracts.

The changes presented have been reviewed by the Hospital's Employee Advisory Committee. In fact, the Employee Advisory Committee has, at their own initiative, spent a great deal of time on this policy, and should receive credit for the helpful clarifications made throughout the policy. The Employee Advisory Committee did make an additional recommendation that we are not bringing forward to you. It was the Committee's feeling that leave benefits should be expanded by broadening the definition of "immediate family". Because we believe the leave benefits provided to our employees are already quite generous, we do not believe this expanded definition of "immediate family" is necessary.

We will be happy to answer any questions you may have at next week's meetings.

/kj

attachment

SUBJECT: **Authorized Leaves of Absence** POLICY NUMBER: 12

POLICY

Leaves of absences from the work site shall be authorized for purposes of vacation, military leave, maternity/paternity leave, jury duty, appearance before a court, educational leave and sick leave. Sick leave is provided to protect employees against loss of income as a result of illness or injury. It is not an extension of vacation. Abuse of sick leave shall be just cause for disciplinary action. Approved sick leave allowance may be used by employees who are unable to perform their duties because of illness or injury, who would expose fellow employees, patients, or the public to contagious or infectious disease, who must keep medical or dental appointments, or who need to provide or arrange for care for a member of the employee's immediate family who is ill. Immediate family as used in this portion of the policy shall mean spouse, dependent children, or parents of the employee living in the same household.

PROCEDURE

Section 1

General Regulations Governing Leaves of Absences

Leaves of absence may be granted only when employees submit requests within a reasonable time in advance of the desired leave, or in the case of sick leave or emergencies, as soon after the illness or emergency arises as it is possible to communicate with the supervisor or department head.

Department heads or supervisors may grant sick leave. Department heads or supervisors may grant leaves of absence without pay. Department heads or supervisors shall grant vacation leave and leave for use of accumulated overtime, with discretion as to dates of leave.

Use of vacation leave, sick leave, accumulated overtime (time back), and holiday leave shall be charged in units rounded to the nearest tenth (1/10) of an hour.

An employee shall earn vacation and sick leave during a paid leave of absence.

Section 2

Vacation

General Provisions for Vacation Leave. ~~Eligible-employees-shall-earn vacation-with-pay-at-the-following-rates:~~The base rate, 0-10,440 hours (approximately 0-5 years), for vacation leave accumulation is 3 minutes for each hour worked (to a maximum of 80 hours per pay period). Increments for longevity are added to the base rate as follows:

~~3-minutes-of vacation-leave-accumulation-for-each-straight-time-paid work-hour-(13.05-days-per-year)-during-the-first-10,440-hours-of continuous-service-(the-equivalent-of-5-years-of-full-time employment);~~

~~3.75-minutes~~-~~of-vacation-leave-accumulation-for-each-straight-time-paid work-hour-(16.31-days-per-year)-for-10,441-hours-through-16,704 hours-of continuous-service-(the-equivalent-of-6-through-8-years of-full-time-employment);~~

~~5.25-minutes~~-~~of-vacation-leave-accumulation-for-each-straight-time-paid work-hour-(22.84-days-per-year)-for-16,705-hours-through-25,056 hours-of-continuous-service-(the-equivalent-of-9-through-12-years of-full-time-employment);~~

~~5.625-minutes~~-~~of-vacation-leave-accumulation-for-each-straight-time-paid work-hour-(24.47-days-per-year)-for-25,057-hours-through-41,760~~

~~hours-of-continuous-service-(the-equivalent-of-13-through-20-years of-full-time-employment);~~

~~6.00-minutes-of-vacation-leave-accumulation-for-each-straight-time-paid work-hour-(26.10-days-per-year)-for-41,761-through-52,200-hours-of continuous-service-(the-equivalent-of-21-through-25-years-or-more of-full-time-employment);~~

~~6.375-minutes-of-vacation-leave-accumulation-for-each-straight-time-paid work-hour-(27.73-days-per-year)-for-52,201-through-62,640-hours-of continuous-service-(the-equivalent-of-26-through-30-years-of-full-time-employment);~~

~~6.75-minutes-of-vacation-leave-accumulation-for-each-straight-time-paid work-hour-(29.36-days-per-year)-for-over-62,641-hours-of continuous-service-(the-equivalent-of-31-years-of-full-time service).~~

Base + .75 minutes/hour for 10,441-16,704 hours of University service (approximately 6-8 years full time);

Base + 2.25 minutes/hour for 16,705-25,056 hours of University service (approximately 9-12 years full time);

Base + 2.625 minutes/hour for 25,057-41,760 hours of University service (approximately 13-20 years full time);

Base + 3.00 minutes/hour for 41,761-52,200 hours of University service (approximately 21-25 years full time);

Base + 3.375 minutes/hour for 52,201-62,640 hours of University service (approximately 26-30 years full time);

Base + 3.75 minutes/hour for over 62,641 hours of University service (approximately 31 years full time).

The Hospital Director shall designate positions which shall accrue vacation benefits in addition to the above. Vacation accrual rates shall be considered part of the Compensation Plan and shall be processed according to the Compensation System Policy (Policy No. 8).

Vacation leave accumulated for any one pay period is not available for use until the following pay period.

When any leave accumulation rate period of service ends within a pay period, the new vacation accrual rate starts the following pay period.

~~Employees regularly working a five and one half or six day week, at the request of The University Hospital and Clinic, shall earn an extra .75 minutes per hour for each straight time paid work hour of service.~~

Subject to the staffing needs of the department concerned, vacations shall be granted at such times as desired by the employee. Within a department, choice of available vacation time shall be determined by seniority with the exception of ~~last minute requests.~~ requests entered less than 30 days prior to the requested time.

~~The Hospital Director shall designate positions which shall accrue additional vacation benefits. Vacation accrual rates shall be considered part of the Compensation Plan and shall be processed according to the Compensation System Policy (Policy No. 8).~~

The maximum amount of accumulated vacation time may not exceed the amount of vacation time that may be earned within a two-year period of work.

~~Full time Employees.~~ Eligibility. ~~Eligible e~~Employees (including those on temporary appointments) who are employed on a pre-arranged and assigned

schedule of 75 percent time or more shall accrue vacation leave from their date of ~~eligibility~~ appointment. However, it shall not be available for use until the pay period following the completion of six months of total University employment (appointed at 50 percent time or more) and 1,044 straight time paid work hours or proportional part thereof.

~~Part-time Employees.--Eligible-e~~Employees (~~ex~~including those on temporary appointments) who are employed on a pre-arranged and assigned schedule of 50-~~to~~--74 percent time shall accrue vacation leave beginning with the pay period following three consecutive years of total University employment at 50% time or more.

Employees who are employed on a pre-arranged and assigned schedule of less than 50% are not eligible for vacation benefits.

Employees who change from one eligible status as defined above to a non-eligible status will have their accrued vacation time paid out. If such an employee continues to be employed and later returns to an eligible status, the hours spent in a non-eligible status will be counted in determining the vacation accrual rate of the employee.

Section 3

Pay for Vacation Leave

An employee with vacation available for use shall be entitled to be paid for any unused portion of vacation leave whenever the employee is separated from University employment or who changes to a work schedule of less than 75 percent time unless the employee continues at 50 percent to 74 percent time and has met the three-year requirement. Accrued vacation shall be lost if the employee has not met the six month eligibility requirement (1,044 straight time paid work hours or proportional part thereof).

Section 4

Parental Leave

A two-week paid parental leave of absence shall be granted to male and female employees who are biological or adoptive parents, when requested in conjunction with the birth or adoption of their child. Eligible employees must have completed nine (9) consecutive months of employment and at an average of twenty (20) hours or more paid work time per week.

This parental leave shall not be charged against the employee's accumulated vacation or sick leave. The parental leave shall begin at a time requested by the employee, at least four (4) weeks in advance, except under unusual circumstances, although the leave may not begin more than six weeks after the birth or adoption.

A female biological parent may also use up to 20 days of accumulated sick leave immediately following the parental leave. When a woman is unable to perform the duties of her job due to pregnancy, additional accumulated sick leave may be used with physician's verification.

An unpaid leave of absence for maternity, paternity, or adoption shall be granted to an employee for a period of up to six months, when requested in conjunction with the birth or adoption of the employee's child. This leave of absence without pay may be extended up to an additional six months upon the employee's request and with supervisor's approval.

Section 5

Sick Leave

Full-time employees (including those on temporary appointments) who are employed on a pre-arranged and assigned schedule of 75 percent time or more shall accumulate sick leave with pay at the rate of three minutes per basic straight time paid work hour.

Part-time employees on continuing appointments who are employed on a pre-arranged and assigned schedule of 50-~~to~~--74 percent time shall earn sick leave at the same rate, after three years of continuous University employment at 50 percent time or more.

Employees who are employed on a pre-arranged and assigned schedule of less than 50% are not eligible for sick leave benefits.

Sick leave accumulated during any pay period is not available for use until the following pay period.

An employee with sick leave available for use who terminates from University employment or who changes to a work schedule of less than 75 percent time, shall lose unused sick leave unless the employee continues at 50 percent to 74 percent time and has met the initial three-year requirement. Reinstatement of sick leave balance is in accordance with the layoff policy.

When a sick leave accumulation of 400 hours has been reached, one-quarter of any sick leave accumulated thereafter (.75 minutes per hour) may be credited to the employee's vacation accumulation as long as the employee maintains his/her sick leave accumulation at 400 or more hours, and three-quarters of such sick leave accumulated thereafter may continue to be credited to sick leave. Sick leave accumulated prior to July 1, 1970, cannot be transferred to vacation under the provisions of this paragraph.

When sick leave accumulation of 800 hours has been reached, one-half of any sick leave accumulated thereafter (1.5 minutes per hour) may be credited to the employee's vacation accumulation as long as the employee maintains his/her sick leave accumulation at 800 or more hours, and one-half of such sick leave accumulated thereafter may continue to be credited to sick leave.

Employees must request the use of sick leave as soon after the onset of illness as it is possible to communicate with the supervisor or department head, utilizing the mechanism and time frames established in the employee's department. Supervisors or department heads who have reason to believe that a grant of sick leave is not warranted may require a statement from a medical practitioner before approving use of accumulated sick leave. In the case of extended illness, the supervisor or department head may require repeated proof of illness, including statements from a physician or dentist, before granting sick leave.

Sick leave for more than five consecutive work days shall not be granted to an employee for illness without satisfactory proof of illness or injury as evidenced by a statement of the attending physician or by other proof satisfactory to the supervisor or department head. Satisfactory proof of good health may also be required after an employee misses five consecutive work days.

A supervisor may require an employee to return home-~~or~~, to see a physician, ~~or both,~~ and/or to go to Employee Health if the employee is unable to perform his/her duties due to an apparent health condition and such time shall be charged against sick leave if available.

Accumulated sick leave may be used to supplement Worker's Compensation benefits during periods of lost work time due to on-the-job accidents.

If sick leave is exhausted, an employee may use vacation leave, compensatory time, or holiday leave subject to the conditions of the Hours of Work Attendance and Holiday Policies.

The amount of sick leave approved for use is dependent on the cause. Normally, sick leave granted for medical and dental appointments is limited to the appointment and travel time. Sick leave granted for providing care or making arrangements for care for members of the immediate family will be for a period of not more than three days.

Sick leave usage (not related to parental leave) of more than 30 consecutive days shall require a physician's verification. ~~Accumulated sick leave usage of up to 30 consecutive days shall be granted during maternity leave. More than 30 days sick leave may be used during maternity leave if the employee is unable to perform job duties as identified by physician verification.~~ See Section 4 for sick leave usage during parental leave.

Sick leave may be granted when a death occurs in the employee's family. The time shall be limited to what is reasonably necessary to make funeral arrangements and/or to attend funeral services. Employee's family in this instance shall mean spouse or co-habitor; parents of spouse; and the parents, grandparents, guardian, children, brothers, sisters, or wards of the employee. Additionally, sick leave may be granted for serving as pallbearer at a funeral.

If an employee becomes ill while on properly approved vacation leave and can present satisfactory proof of illness or injury, the supervisor or department head may approve the use of sick leave for those days for which the evidence establishes sound proof of serious illness.

Section-5 6

Sick Leave Without Pay

Upon application, a leave of absence without pay may be granted by a department head for the entire period of disability due to sickness, injury or pregnancy. The duration of such leave shall be subject to the recommendation of the department head.

Sick leave without pay may be granted to employees who are considered permanently and totally disabled according to any disability insurance program the University participates in. Should employees on such leave recover to the point where they are employable, they shall be treated as if they were laid off and be eligible to compete for vacancies in accordance with the policies and regulations covering laid-off employees. An employee on this type of leave will not be allowed to replace or "bump" an incumbent in his/her most recently hel.. position unless approved by the hiring authority.

The supervisor or department head or the Human Resources Director may from time to time require that the employee submit a certificate from the attending physician or from a designated physician. In the event of failure or refusal to supply such certificate, or if the certificate does not clearly show sufficient disability to prevent the employee from performing his/her duties, the supervisor or department head, with the approval of the Human Resources Director, may cancel such leave and require the employee to report for work on a specified date.

Section ~~6~~ 7

Other Leaves Without Pay

An employee may be sent from work without pay on the basis of application for leave without pay submitted in advance, approved by the supervisor or department head. Seniority and vacation and sick leave are not earned during unpaid leave.

Employees who are drafted shall be entitled to military leave of absence without pay, not to exceed four years of service in the Armed Forces of the United States or of the State of Minnesota. Employees shall accumulate seniority during periods of military service.

For determining vacation accumulation rate, military leave without pay shall be counted the same as normal straight hours that would have been worked. Vacation leave is accumulated during a military leave of absence without pay for all military service in time of war or declared emergency, be it with a reserve component or regular armed service component. Additionally, vacation leave is accumulated during a reservist's initial period of active duty for training (boot camp) of not less than three consecutive months and during all active duty and inactive duty for training in the military forces. Sick leave is accumulated during a military leave of absence without pay for all military services in time of war or declared emergency, be it with a reserve component or regular armed service component and during a reservist's initial period of active duty for training (boot camp) of not less than three consecutive months. Contact the Human Resources Department for the complete policy on military leave.

~~A maternity/paternity or adoption unpaid leave of absence shall be granted to a Hospital and Clinic staff birth parent or adoptive parent for a~~

~~period not to exceed six months, when requested in conjunction with the birth or adoption of a child.~~

Section ~~7~~ 8

Leaves of Absence With Pay

Upon approval by his/her department head, an employee shall be granted a leave of absence with pay for:

-- Service on a jury, provided he/she is regularly employed at a designated percentage of time of 50 percent or more. An employee serving on a jury is expected to report for work during any work hours when the jury is recessed. He/she may be requested to render some additional services to the department in order to minimize the interruption of service caused by his/her absence but is not to be paid overtime or be otherwise compensated in addition to regular pay for such services.

-- Appearance before court, legislative committee, or other judicial or quasi-judicial body as a witness in action involving the federal government, the State of Minnesota, a political subdivision thereof, or the University, in response to a subpoena or other direction by proper authority.

-- Attendance in court in connection with an employee's official duty. Such attendance shall include the time required in going to the court and returning to the employee's headquarters. Any absence, whether voluntary or in response to a legal order to appear and testify in private litigation, not as an officer or employee of the University, but as an individual, shall be taken as vacation leave, or as leave of absence without pay, or as deduction from authorized accumulated overtime.

-- Tour of duty in the reserve armed forces of the United States or National Guard, not to exceed 15 work days per Military Year (October 1-September 30).

-- Attendance at professional and scientific meetings and other approved educational activities.

-- Educational leave may be granted for not more than four hours per week (or more if make-up schedule for additional time is approved by supervisor); to be used for such purposes as attending class on a Regents' scholarship.

Section ~~8~~ 9

Reinstatement From Leave of Absence

Except as otherwise provided by these policies, an employee granted a leave of absence must be returned to his/her employment in the same classification, percentage of appointment and department at the expiration of the leave. Such employee may return to employment before the leave expires upon approval of the supervisor or department head.

An employee who is laid off before his/her leave expires because his/her position has been abolished shall be entitled to re-employment consideration in accordance with these policies.

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

October 17, 1989

TO: UMHC Board of Governors

FROM: Clifford P. Fearing
Senior Associate Director, UMHC

SUBJECT: Bad Debts - First Quarter
Fiscal Year 1989-90

The total amount recommended for bad debt for Hospital and Clinic accounts receivable during the first quarter of 1989-90 is $460,921.24 represented by 1238 accounts. Bad debt recoveries during the period amounted to $9,952.31 leaving a net charge-off of $450,968.93.

The net bad debts of $450,968.93 for the quarter were 0.55% of gross charges. This compares to a budgeted level of bad debts of 1.23% ($1,061,870.00)

A statistical summary is attached along with a detailed description of losses over $2,000.00 and recoveries over $200 for each month of the first quarter.

Along with the quarter attachments, we have also included a fiscal year statistical summary and a breakdown of bad debts by residence and admitting clinical services.

CPF:slw

Attachments

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

BAD DEBT STATISTICS

JULY 1989 THROUGH SEPTEMBER 1989

	Less Than $2000	# of Accounts	More Than $2000	# of Accounts	TOTAL AMOUNT	TOTAL # of ACCOUNTS
INPATIENT						
Bad Debt (701) Write-Offs	30,787.35	79	109,852.56	17	140,639.91	96
Bad Debt (702) Charity Care	23,740.63	44	91,637.39	16	115,378.02	60
Total	54,527.98	123	201,489.95	33	256,017.93	156
Recoveries	(778.23)	4	(3,031.46)	1	(3,809.69)	5
Net Total	$ 53,749.75	123*	$ 198,458.49	33*	$ 252,208.24	156*
OUTPATIENT						
Bad Debt (701) Write-Offs	87,246.92	816	46,023.38	10	133,270.30	826
Bad Debt (702) Charity Care	54,210.02	249	17,422.99	7	71,633.01	256
Total	141,456.94	1065	63,446.37	17	204,903.31	1082
Recoveries	(3,823.83)	50	(2,318.79)	1	(6,142.62)	51
Net Total	$ 137,633.11	1065*	$ 61,127.58	17*	$ 198,760.69	1082*
INPATIENT AND OUTPATIENT TOTAL	$ 191,382.86	1188*	$ 259,586.07	50*	$ 450,968.93	1238*
TOTAL BAD DEBTS						
Bad Debt (701) Write-offs	$ 118,034.27	895	$ 155,875.94	27	$ 273,910.21	922
Bad Debt (702) Charity Care	77,950.65	293	109,060.38	23	187,011.03	316
Total	195,984.92	1188	264,936.32	50	460,921.24	1238
Recoveries	(4,602.06)	54	(5,350.25)	2	(9,952.31)	56
TOTAL NET BAD DEBT	$ 191,382.86	1188*	$ 259,586.07	50*	$ 450,968.93	1238*

NOTE: More than $2,000 amount includes legal settlements totaling $13,612.80

DOLLARS BUDGETED $1,061,869.00

*Net total of accounts do not include recoveries.

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

BAD DEBT STATISTICS

JULY 1989 THROUGH SEPTEMBER 1989

	LESS THAN $100	# OF ACCOUNTS	$100 - $999	# OF ACCOUNTS	$1000 - $1999	# OF ACCOUNTS	$2000 - $9,999	# OF ACCOUNTS	$10,000 +	# OF ACCOUNTS	TOTAL AMOUNT	TOTAL # OF ACCOUNTS
INPATIENT												
Bad Debt (701) Write-Offs	$633.32	19	$23,670.93	56	$6,483.10	4	$60,185.32	14	$49,667.24	3	$140,639.91	96
Bad Debt (702) Charity Care	$624.41	13	$11,092.93	23	$12,023.29	8	$54,540.94	15	$37,096.45	1	$115,378.02	60
Total	$1,257.73	32	$34,763.86	79	$18,506.39	12	$114,726.26	29	$86,763.69	4	$256,017.93	156
Recoveries	($24.00)	3	($754.23)	1	$0.00	0	($3,031.46)	1	$0.00	0	($3,809.69)	5
Net Total	$1,233.73	32 *	$34,009.63	79 *	$18,506.39	12 *	$111,694.80	29 *	$86,763.69	4 *	$252,208.24	156
OUTPATIENT												
Bad Debt (701) Write-Offs	$19,162.61	570	$61,270.82	240	$6,813.49	6	$46,023.38	10	$0.00	0	$133,270.30	826
Bad Debt (702) Charity Care	$4,538.00	119	$36,200.35	120	$13,471.67	10	$17,422.99	7	$0.00	0	$71,633.01	256
Total	$23.700.61	689	$97,471.17	360	$20,285.16	16	$63,446.37	17	$0.00	0	$204,903.31	1082
Recoveries	($1,132.82)	45	($613.00)	3	($2,078.01)	2	($2,318.79)	1	$0.00	0	($6,142.62)	51
Net Total	$22,567.79	689 *	$96,858.17	360 *	$18,207.15	16 *	$61,127.58	17 *	$0.00	0 *	$198,760.69	1082
TOTAL IP AND OP BAD DEBT												
Bad Debt (701) Write-offs	$19,795.93	589	$84,941.75	296	$13,296.59	10	$106,208.70	24	$49,667.24	3	$273,910.21	922
Bad Debt (702) Charity Care	$5,162.41	132	$47,293.28	143	$25,494.96	18	$71,963.93	22	$37,096.45	1	$187,011.03	316
Total	$24,958.34	721	$132,235.03	439	$38,791.55	28	$178,172.63	46	$86,763.69	4	$460,921.24	1238
Recoveries	($1,156.82)	48	($1,367.23)	4	($2,078.01)	2	($5,350.25)	2	$0.00	0	($9,952.31)	56
TOTAL NET BAD DEBT	$23,801.52	721 *	$130,867.80	439 *	$36,713.54	28 *	$172,822.38	46 *	$86,763.69	4 *	$450,968.93	1238
DOLLARS BUDGETED											$1,061,869.00	

* Net total of accounts do no include recoveries.

FIRST QUARTER FISCAL YEAR - 1990
and YEAR-TO-DATE BAD DEBTS

BY SERVICE

ADMITTING SERVICE	FIRST QUARTER NUMBER	FIRST QUARTER AMOUNT	TOTAL FSY 90 NUMBER	TOTAL FSY 90 AMOUNT
Anesthesiology				
Clinical Research	1	16.98	1	16.98
Dentistry				
Dermatology				
Family Practice				
OB				
NB				
GYN	3	3,955.84	3	3,955.84
GYN-Oncology	4	495.78	4	495.78
Lab Medicine & Pathology				
Medicine-Blue	5	6,138.64	5	6,138.64
Green	6	2,883.23	6	2,883.23
Masonic (Onc)	12	14,724.76	12	14,724.76
Purple				
Red A	6	6,525.18	6	6,525.18
Red B	2	3,964.15	2	3,964.15
Rose A	1	297.22	1	297.22
Rose B	2	672.70	2	672.70
White A	6	6,814.09	6	6,814.09
White B	6	8,722.20	6	8,722.20
Yellow A	2	4,880.96	2	4,880.96
Yellow B	5	2,107.22	5	2,107.22
Neurology	9	7,402.43	9	7,402.43
Neuro-epilepsy				
Neurosurgery	4	3,963.58	4	3,963.58
New Born-General	1	2,538.87	1	2,538.87
Obstetrics-General	2	15,597.12	2	15,597.12
-Midwife				
Opthamology	3	3,731.16	3	3,731.16
Orthopaedic Surgery	3	1,586.71	3	1,586.71
Otolaryngology	2	865.14	2	865.14
Pediatrics-General	14	4,667.92	14	4,667.92
Dermatology				
Neurology	4	43,005.83	4	43,005.83
Neurosurgery				
Opthalmology	3	7,448.94	3	7,448.94
Orthopaedics	1	360.00	1	360.00
Otolaryngology	1	343.02	1	343.02
Surgery Green	4	4,766.82	4	4,766.82
Surgery Orange				
Surg. Transplant				
Urology				
Physical Med. & Rehab.				
Psychiatry-Child	1	746.75	1	746.75
-Adult	17	32,859.93	17	32,859.93
Radiology				

continued on next page

FIRST QUARTER FISCAL YEAR - 1990
and YEAR-TO-DATE BAD DEBTS

BY SERVICE/Page Two

ADMITTING SERVICE	FIRST QUARTER NUMBER	FIRST QUARTER AMOUNT	TOTAL FSY 90 NUMBER	TOTAL FSY 90 AMOUNT
Surgery-Blue	10	11,906.90	10	11,906.90
Orange	7	5,573.12	7	5,573.12
Purple	6	9,089.15	6	9,089.15
Red	3	6,236.90	3	6,236.90
White	4	3,200.81	4	3,200.81
Therapeutic Radiology				
Urology	6	21,834.84	6	21,834.84
Unknown	5	13,853.04	5	13,853.04
Outpatient	1143	193,631.17	1143	193,631.17
Total	1314	457,409.10	1314	457,409.10
Medicare Bad Debt*	-85	-21,239.33	-85	-21,239.33
Legal Settleme[illegible]	3	13,612.80	3	13,612.80
Bad Debt Agcy [illegible]50	3	227.28	3	227.28
Bad Debt - Med [illegible]hgs	3	10,911.39	3	10,911.39
GRAND TOTAL	1238	460,921.24	1238	460,921.24
RECOVERIES	56	-9,952.31	56	-9,952.31
NET TOTAL	1238	450,968.93	1238	450,968.93

*NOTE: Medicare Bad Debts are included in Service breakdown but are no longer included as a bad debt.

FIRST QUARTER FISCAL YEAR - 1990 and YEAR-TO-DATE BAD DEBTS

BY STATE

STATE	FIRST QUARTER NUMBER	FIRST QUARTER AMOUNT	TOTAL FSY 90 NUMBER	TOTAL FSY 90 AMOUNT
Alabama	1	643.13	1	643.13
Alaska	1	48.96	1	48.96
Arizona	1	540.06	1	540.06
Arkansas				
California	28	4,880.51	28	4,880.51
Colorado	9	751.53	9	751.53
Connecticut				
Delaware				
Dist. of Colombia	1	74.00	1	74.00
Florida				
Georgia	3	40.60	3	40.60
Hawaii				
Idaho				
Illinois	19	5,934.21	19	5,934.21
Indiana	1	.44	1	.44
Iowa	7	1,139.82	7	1,139.82
Kansas	2	156.82	2	156.82
Kentucky				
Louisiana	1	20.00	1	20.00
Maine				
Maryland				
Massachusetts				
Michigan	9	1,113.36	9	1,113.36
Minnesota	1107	309,764.16	1107	309,764.16
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York	13	5,723.50	13	5,723.50
North Carolina	1	340.52	1	340.52
North Dakota	15	5,059.24	15	5,059.24
Ohio	2	175.44	2	175.44
Oklahoma	1	4,770.92	1	4,770.92
Oregon				
Pennsylvania	3	4,903.96	3	4,903.96
Puerto Rico				

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FIRST QUARTER FISCAL YEAR - 1990
and YEAR-TO-DATE BAD DEBTS

BY STATE/Page Two

STATE	FIRST QUARTER NUMBER	FIRST QUARTER AMOUNT	TOTAL FSY 90 NUMBER	TOTAL FSY 90 AMOUNT
Rhode Island				
South Carolina				
South Dakota	30	62,740.57	30	62,740.57
Tennessee				
Texas	8	13,440.24	8	13,440.24
Utah				
Vermont				
Virginia	1	23.30	1	23.30
Washington				
West Virginia				
Wisconsin	50	35,123.81	50	35,123.81
Wyoming				
Out-of-Country				
TOTAL	1314	457,409.10	1314	457,409.10
Medicare Bad Debt*	-85	-21,239.33	-85	-21,239.33
Legal Settlements	3	13,612.80	3	13,612.80
Bad Debt Agcy Und $50	3	227.28	3	227.28
Bad Debt - Med NC Chgs	3	10,911.39	3	10,911.39
GRAND TOTAL	1238	460,921.24	1238	460,921.24
RECOVERIES	56	-9,952.31	56	-9,952.31
NET TOTAL	1238	450,968.93	1238	450,968.93

NOTE: Medicare Bad Debts are included in the State Breakdown but are no longer included as a Bad Debt.