

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
BOARD OF GOVERNORS

MAY 22, 1991

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THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
BOARD OF GOVERNORS
MAY 22, 1991
2:30 P.M.
555 DIEHL HALL

AGENDA

- I. Approval of the April 24, 1991 Minutes Approval
- II. Chairman's Report Information
-Ms. Kristine Johnson
- III. Hospital Director's Report Information
-Mr. Robert Dickler
- IV. Special Presentation: Dr. Patricia Ferrieri Information
-Professor
Department of Laboratory Medicine and Pathology
- V. Committee Reports
- A. Consent Items
- Joint Conference Committee
1. Medical Staff-Hospital Council Report Credentials Committee Recommendations Approval
2. Clinical Chief Appointment Approval
3. Annual Home Health Review Approval
- Planning and Development
1. Special Capital Project: Linear Accelerator Proposal Approval
- Finance Committee
1. April 30, 1991 Financial Statements Information

B. Joint Conference Committee

-Mr. George Heenan

The Committee had no agenda items recommended for deliberation by the Board of Governors.

C. Planning and Development Committee

-Mr. Robert Nickoloff

- | | |
|---|-------------|
| 1. Major Capital Project:
Mobile Cardiac Catheterization | Approval |
| 2. Lithotripsy Program | Information |
| 3. Cancer Center Support | Information |

D. Finance Committee

-Mr. Jerry Meilahn

- | | |
|--|----------|
| 1. Administrative Staff Personnel System | Approval |
| 2. 1991-92 Budget | Approval |

VI. Other Business

VII. Adjournment

MINUTES

**BOARD OF GOVERNORS
The University of Minnesota Hospital and Clinic**

April 24, 1991

Call To Order

Ms. Kristine Johnson called the April 24, 1991 meeting of the Board of Governors to order at 2:45 p.m. in 555 Diehl Hall.

Attendance

Present: Leonard Bienias
David Brown, M.D.
Paula Clayton, M.D.
Robert Dickler
Phyllis Ellis
Kris Johnson
Nellie Johnson
David Lentz
Margaret Matalamaki
Jerry Meilahn
Robert Nickoloff
Trudy Ohnsorg
Cherie Perlmutter

Not Present: Michael Dougherty
George Heenan
Robert Maxwell, M.D.
Barbara O'Grady
Gerald Olson

Approval of Minutes

The Board of Governors seconded and passed a motion to approve the minutes of the February 27, 1991 meeting as submitted.

Chairman's Report

Ms. Johnson introduced and welcomed new Board of Governors member, Bob Erickson, the University's Vice President for Finance and Operations.

Ms. Johnson encouraged the Board members to attend the CUHCC dedication and open house, scheduled for May 6, 1991.

Director's Report

Mr. Robert Dickler reported that The University of Minnesota Hospital and Clinic received a letter of commendation from the Joint Commission on Accreditation of Healthcare Organizations for the outstanding organizational performance reflected in the recent accreditation survey and award. This special recognition is given to healthcare organizations receiving an overall accreditation grid score of 90 or above (out of a possible 100) which places the Hospital among the most effective accredited organizations.

Mr. Dickler reported that the Hospital held a Legislative Health Fair April 17 at the Capitol. An estimated 250 legislators and staff attended the event.

Mr. Dickler announced that the Auxiliary will hold a special fund raising dinner and dance on October 19, 1991. He encouraged the Board members to put this date on their calendars.

Planning and Development Committee Report

Because Chairman Nickoloff was unable to attend the Committee meeting, Mr. Dickler called on Ms. Nancy Janda and Dr. Seymour Levitt to present the Linear Accelerator Replacement. The Therapeutic Radiology Department is requesting replacement of the oldest of three linear accelerators. The cost of the equipment is expected to be \$1,200,000. Renovation of the shell space earmarked for this machine is estimated at \$900,000. The funds needed for this project were included in the Hospital's 10 year capital plan. This item was brought to the Board for information this month and approval at the May Board meeting.

Two major capital projects, a color doppler ultrasound system and a mobile radiographic c-arm machine were brought as information items on the consent agenda.

Quarterly purchasing reports for the second and third quarter of fiscal year 1990-91 were presented as consent items. The Board of Governors seconded and passed a motion to approve the second and third quarter, FY 1990-91 Quarterly Purchasing Reports as submitted.

Finance Committee Report

Mr. Jerry Meilahn called on Mr. Fearing to give the monthly financial report. Mr. Fearing reported that the Hospital's Statement of Operations for the period July 1, 1990 through March 31, 1991 shows revenues over expenses by \$10,437,677, a favorable variance of \$10,368,473.

Mr. Fearing reported inpatient admissions for March totaled 1,497 which was 49 above budgeted admissions of 1,448. Overall average length of stay for the month was 7.7 days. Outpatient clinic visits for the month of March totaled 22,053 which was 140, or 0.6%, less than budgeted visits of 22,193.

1990-91 third quarter bad debts were presented as a consent item. The Board of Governors seconded and passed a motion to approve the Third Quarter 1990-91 Bad Debt report as submitted.

The Quarterly Capital Expenditure Report was brought to the Board as a consent item.

Mr. Dickler briefly described the Administrative Personnel System. Information regarding the proposed personnel system will be sent to Board members for review. The proposal will be brought to the Board for approval next month.

Self-Evaluation Survey Findings

Ms. Shannon Lorbiecki presented the 1990 findings of the annual Board of Governors self-evaluation survey.

Special Presentation: Information Systems Plan

Mr. Alfred Dees made a special presentation on the Hospital's Information Systems Plan. During the past two years, management staff has developed a plan for further development of information systems at UMHC. The plan is focused on facilitating achievement of 5 institutional goals relating to productivity, quality, caseload, and management through improvement in information system support for specific business processes.

The plan includes a schedule, broken into short term (1-3 years), mid-term (4-6 years) and long term (7-10) objectives in patient care, financial and management systems projects. Major expansion of computer support for direct patient care processes in both the inpatient and outpatient areas leading eventually to electronic medical records is envisioned. Revision or replacement of major financial and management systems is also planned. Total projected expenditures for hardware and software through fiscal year 1998 are \$28 million.

Given the continued rapid development of information technology and the changes in demands for information support, the plan is intended to be a dynamic document which will be reviewed and revised annually.

1991-92 Budget

Mr. Fearing presented the 1991-92 Operating Budget for information. The 1991-92 Budget will be brought before the Board in May, 1991 for approval.

Mr. Fearing reported that admission levels, length of stay, average daily census and outpatient clinic census are projected to increase slightly from the current fiscal year.

The price increase proposed for 1991-92 is 5.0%. The Board seconded and passed a motion to approve this price increase so that it may be submitted for rate review. This means the Hospital may implement any price increase up to 5 percent. Although no across the board salary adjustments are included in the budget, some funds have been included for marketplace adjustments which may be necessary to recruit and retain personnel in some areas.

Mr. Dickler briefly presented a plan for changing the Hospital's organizational structure. The plan includes increased emphasis on ambulatory care, information systems and product line management.

Adjournment

There being no further business, the April 24, 1991 business meeting of the Board of Governors was adjourned at 4:30 p.m.

Respectfully submitted,



Gail A. Strandemo
Board of Governors Office

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

May 16, 1991

TO: Members of the Board of Governors
FROM: Shannon Lorbiecki *Shannon*
Administrative Fellow
Secretary to the Board of Governors

We are pleased to welcome Dr. Patricia Ferrieri as our enrichment speaker this month. Dr. Ferrieri is the Professor of Laboratory Medicine and Pathology and plans to speak to the Board about infections in newborn infants.

This is another in a series of presentations designed to broaden or enhance Board of Governors familiarity with issues that impact The University of Minnesota Hospital and Clinic.

CURRICULUM VITAE
PATRICIA FERRIERI, M.D.

Born: Pittsburgh, Pennsylvania, Oct. 23, 1939

Education:

Vassar College; A.B. 1961
Poughkeepsie, New York

University of Pittsburgh; M.D. 1965
Pittsburgh, Pennsylvania

Professional Training and Academic Positions:

Intern, Pediatrics University of Minnesota Minneapolis, Minnesota	1965-66
Resident, Pediatrics Assistant Chief Resident University of Minnesota Minneapolis, Minnesota	1966-68 1967-68
Medical Fellow Pediatric Infectious Diseases University of Minnesota Minneapolis, Minnesota	1968-71
Assistant Professor Department of Pediatrics University of Minnesota Minneapolis, Minnesota	1971-74
Associate Professor Department of Pediatrics University of Minnesota Minneapolis, Minnesota	1974-79
Professor Department of Pediatrics University of Minnesota Minneapolis, Minnesota	1979 -
Professor Department of Laboratory Medicine and Pathology University of Minnesota Minneapolis, Minnesota	1982 -
Director Clinical Microbiology Laboratory University of Minnesota Hospital Minneapolis, Minnesota	1982 -

Professional Honors:

Career Investigator Fellowship of American Heart Association, July 1968-June 1970
Departmental Post-Doctoral Trainee (NICHD), July 1970-June 1971

National Society Memberships:

Diplomate, National Board of Medical Examiners, July 1966
Diplomate, American Board of Pediatrics, December 1970
American Association for the Advancement of Science
American Society for Microbiology
Northwestern Pediatric Society
American Federation for Clinical Research
Society for Pediatric Research, 1974
Midwest Society for Pediatric Research, 1974
Central Society for Clinical Research, 1976
Lancefield Society, 1976
Infectious Diseases Society of America, 1977
American Association of Immunologists, 1978
American Association of Pathologists, 1982
Academy of Clinical Laboratory Physicians and Scientists, 1983
Minnesota Society of Clinical Pathologists
Pediatric Infectious Diseases Society

Local Organizations:

Minnesota Chapter of the National Foundation for Infectious Diseases; Officer, 1984 -

Editorial Boards:

Pediatric Research, 1978-1984
Journal of Clinical Microbiology, 1981-1984; 1984-1986; 1987-1990; 1990-
American Journal of Diseases of Children, 1987-

Federal Appointments:

NIH - Bacteriology and Mycology Study Section, 1981-1985; Chairman 1984-1985
FDA - Vaccines and Related Biologic Products Advisory Committee, 1987-1990

American Society for Microbiology Activities:

Chairperson Elect Division B, 1985-1986
Chairperson, Division B (Microbial Pathogenesis), 1986-1987

American Heart Association (National):

Member, Subcommittee on Rheumatic Fever, Endocarditis, and Kawasaki Diseases, 1990-

Research Grant Support:

NIH: Investigator-initiated support has been granted since 1971, approximately two grants simultaneously

Currently: "Host Responses To Group B Streptococci"

RO1 AI-13926; this has been renewed competitively three times, successfully.

Period: 7/1/88 - 6/30/93 Years 11-15 Direct costs 1990-91 \$132,787

Thrasher Foundation: "Identification and Prevention of Streptococcal Infections and Rheumatic Fever and Rheumatic Heart Disease in High Risk Populations" \$115,489

Period: 7/1/87-6/30/91; Dr. Ferrieri, Co-Principal Investigator

Committee Memberships:

Department:

Educational Policy Committee, Department of Pediatrics, 1972-

Scientific Program Committee, Department of Pediatrics, 1973/74,75/76

Pediatric Residency Committee, 1982-

Pediatric Internship Selection Committee, 1972-1982

Pediatric Residency Selection Committee, 1972-1975

Chairman, Pediatric Residency Selection Committee, 1976-1977

Member, Board of Directors, Pediatric Specialists, 1975-1979

Member, K-E Planning Committee, 1975-1979

Member, Pediatric Ward Utilization Committee, 1977

Member, Pediatric Promotions Committee, 1979-

Member, Laboratory Medicine and Pathology Promotions Committee, 1985-1989;

Chairperson 1987-1989

Tenure Track Review Committee, Laboratory Medicine & Pathology, 1986-1987

Laboratory Medicine and Pathology Residency Committee, 1987-

Pediatric Tenure Track Review Committee, 1989-

Variety Club Children's Hospital Administrative Organization, 1989-

Medical School:

Medical School Committee for Minority Students, 1973-1975; 1979-1980

Phase B ENT Committee, 1972-1977

Member, Dean's Committee - Study Committee Regarding Obstetrics, 1974

Scholastic Standing Committee of the Medical School, 1974-1977

Course Director, Pediatric Infectious Diseases Elective, Peds 5-535, 1973-

Microbiology course - clinical correlation lectures

Medical School Promotions Committee, 1980-1983

Microbiology Search Committee, 1980-1983

Committee on Committees, Chairperson, 1988-

Committee Memberships, continued:

Hospital:

Hospital Infection Committee, University of Minnesota Hospital, 1972-
Subcommittee on Skin Washing, Sterilization, and Disinfectants, 1972-
Chairman, Subcommittee on Nursery and Infant Wards, 1972-
Member, Advisory Board, Childbearing-Childrearing Center
Pediatric Planning Task Force, 1977
Obstetrics Unit Task Force, 1979
Member, Medical Staff-Hospital Council, 1980-1987
Member, UMHCA Marketing and Planning Committee, 1990-
Vice Chief of Staff, 1989-

University:

University Senate, 1981-1984; 1985-1988; 1989-
Member, Search Committee for Vice President for Health Sciences, 1989-1990

Post-M.D. Teaching:

Consultant, Infectious Diseases, University Hospitals plus ad hoc activities here and at other affiliated hospitals

Teach students, residents and fellows in training in Infectious Diseases or Microbiology

Lectures Delivered (on Infectious Diseases and Bacteriology to the following groups):

Newborn Intensive Care Unit House Staff Clinical Microbiology Staff of Hospital
Minnesota Department of Health Seminars
Intercity Infectious Disease Group
Minnesota Interlaboratory Microbiological Association
Grand Rounds, University and Affiliated Hospitals

Infectious Disease Trainees:

Primary advisor for:

Robert Bortolussi, M.D., 1975-1978
Present Position: Associate Professor
Microbiology; Infectious Disease Research Unit
I.W. Killam Hospital for Children
Dalhousie University, Halifax, Nova Scotia

Robert J. Ancona, M.D., 1977-1979
Present Position: Assistant Professor
Department of Pediatrics, Baltimore City Hospital
Baltimore, Maryland

Infectious Disease Trainees, continued:

Janet R. Godorf, M.D., 1979-1982
Present Position: Assistant Professor
Department of Pediatrics
University of Michigan, Ann Arbor, Michigan

Nathaniel R. Payne, M.D., 1982-1985
Present Position: Staff Neonatologist
Children's Health Center of Minneapolis
Minneapolis, Minnesota

Scott A. Halperin, M.D., 1982-1985
Present Position: Assistant Professor
Microbiology, Infectious Disease Research Unit
I.W. Killam Hospital for Children, Dalhousie University
Halifax, Nova Scotia

Secondary or joint advisor for:

Joseph Brown, III, M.D., 1970-1973
Present Position: Associate Chairman
Department of Pediatrics
Texas Tech University, El Paso, Texas

Auea E. Flores, Ph.D., 1979-1985
Present Position: Research Associate
Department of Pediatrics
University of Minnesota, Minneapolis, MN

National and International Activities:

Review articles and submit critiques for:

New England Journal of Medicine; Infection and Immunity; Pediatric Research;
Antimicrobial Agents and Chemotherapy; Obstetrics and Gynecology; Pediatrics;
Journal of Clinical Microbiology; American Journal of Diseases of Children;
Journal of Infectious Diseases, etc.

Member, Site Visit Team from NIAID to review applications for program project grants
Review grant applications for National Institute of Allergy and Infectious Diseases
Chairman or co-chairman of infectious disease meetings for ICAAC, ASM, SPR national meetings
Invited speaker for various educational programs, nationally, internationally, e.g. Canadian
Congress of Laboratory Medicine, Hamilton, Ontario, June 1977

Participant, International Streptococcal Symposium:

1972 Amsterdam, The Netherlands	1981 Lund, Sweden
1975 Prague, Czechoslovakia	1984 Mt. Fuji, Japan; Chaired Session
1978 Oxford, England	1987 Cologne, West Germany; Chaired Session
	1990 Siena, Italy; Chaired Session

National and International Activities, continued:

Visiting Professor:

Al-Azar University, Cairo, Egypt, February 3-16, 1979
Dalhousie University, Halifax, Nova Scotia, June 20-22, 1979
Hygiene Institute, Cologne, West Germany, April 2-5, 1980
National Institute of Hygiene, Warsaw, Poland, April 8-16, 1980
Tripler Army Medical Center, Honolulu, Hawaii, February 19-25, 1981
University of Vancouver, British Columbia, March, 1984
Guangdong Cardiovascular Institute, Guangzhou, China, April 9-11, 1986
Institute of Experimental Medicine, Leningrad, Russia, September 30-October 9, 1988

Train Post-Doctoral Fellows in Microbiology:

Xiao Yan Wu, M.D. (People's Republic of China), November 1988-August 1990
Achim Kaufhold, M.D. (Cologne, Germany), September 1989-September 1990
Alexander N. Suvorov, M.D., Ph.D. (Leningrad, U.S.S.R.), December 1989-December 1990

MINUTES
Joint Conference Committee
Board of Governors
May 8, 1991

Attendance: Present: George Heenan
 Barbara O'Grady
 Richard Price, M.D.

 Absent: Debbie Day, M.D.
 Amos Deinard, M.D.
 Robert Dickler
 Phyllis Ellis
 Robert Maxwell, M.D.
 Gerald Olson

 Staff: Keith Dunder
 Greg Hart
 Helen Pitt

 Guests: Nancy Green
 Nancy Janda
 Deborah Spindler
 Mary Ellen Wells

APPROVAL OF MEETING MINUTES

The minutes of the February 20, 1991 meeting were approved as submitted.

(As a quorum was not present for the meeting of the Joint Conference Committee, the actions of the Committee will be forwarded to the full Board of Governors without "official" recommendation from the Committee.)

MEDICAL STAFF-HOSPITAL COUNCIL REPORT: CREDENTIALS COMMITTEE RECOMMENDATIONS

Mr. Hart overviewed the recommendations of the Credentials Committee. After discussion, the Joint Conference Committee members present endorsed the recommendations as submitted.

CLINICAL CHIEFS REPORT

Mr. Hart explained that Dr. Roby Thompson was being recommended for Clinical Chief of the Department of Physical Medicine and Rehabilitation. Dr. Price indicated that a search is underway for a permanent head of the PM&R Department, and that Dr. Thompson continues to serve on an interim basis in that capacity.

The Committee members present endorsed the recommendation for the appointment of Dr. Thompson as Clinical Chief.

ANNUAL HOME HEALTH REVIEW

Ms. Wells explained the purpose of the presentation, that is, the annual review of the Home Health Services Department as required by Medicare and the Joint Commission. Ms. Wells explained the services offered by the Home Health Department, the changes in demand for services over the past year, and noted changes in several policies and procedures.

A question was asked concerning the role of the Hospital in providing home health services where certain kinds of technology are involved. This question led to a discussion of the CHAMP program, and some of the controversy which has surrounded that program over the past several months. The Joint Conference Committee discussed this issue from the point of view of quality, continuity of care, and the role of the Clinical Chief. After significant discussion, the Committee asked staff to prepare a document which would contain principles for physician ventures of this nature, with particular emphasis on quality of care and continuity of care considerations.

The Committee members present endorsed the annual Home Health review as presented.

JCAHO REPORT

Ms. Janda updated the Committee on recent communications from the Joint Commission. She noted that recommendations from the Home Health survey were recently received, and while generally positive, there were several Type I recommendations. Ms. Janda also reported that University Hospital has formally received a commendation following the conclusion of the various JCAHO surveys.

PATIENT SATISFACTION SURVEY

Ms. Green presented recent results from the Patient Satisfaction Survey work for the last quarter of 1990. Comparisons with survey results from prior periods were also presented and discussed. The survey results continue to show a very positive perspective on the care delivered by staff at University Hospital, as perceived by patients. Several specific areas of concern and examples of follow-up were also presented.

Ms. Green indicated that staff is now giving thought to revising the survey and/or using other data collection techniques, such as focus groups, to solicit more indepth patient feedback. A new plan for implementation of improved patient feedback mechanisms will be brought to the Committee in the next several months.

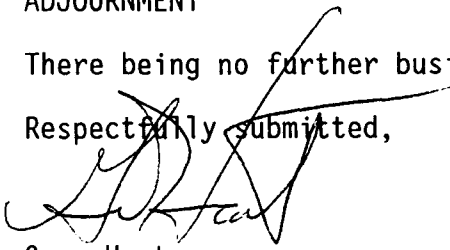
COMMITTEE WORK PLAN

Mr. Heenan called the group's attention to the proposed Committee work plan for the rest of the year. In addition to those items on the document, it was noted that follow-up to the Joint Commission recommendation on personnel evaluation results should be included on the Committee's agenda. Follow-up on an item discussed earlier, physician-hospital joint ventures, will also need to be part of the work plan for 1991. The Committee also asked staff to circulate a copy of the JCAHO's "new directions" document to assist in future discussions of the directions our Quality Assurance program should take.

ADJOURNMENT

There being no further business the Committee meeting was adjourned.

Respectfully submitted,


Greg Hart

GH/kj



UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Box 707
Harvard Street at East River Parkway
Minneapolis, Minnesota 55455
(612) 626-1945

May 9, 1991

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 April 9 and the Joint Conference Committee on May 8 have endorsed the attached Credentials Committee Report and Recommendations.

I am forwarding these recommendations to you for your review and approval on May 22. If you should have any questions, please feel free to call on me.

REM/cf
Attachment



April 5, 1991

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 recommends 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 Hospital Dentistry

Category

Chris A. Blixrud	Attending Staff
Daniel H. Glenn	Clinical Staff
Abdollah Rahimi	Attending Staff

Department of Family Practice
and Community Health

Charles E. Boulton	Attending Staff
R. Craig Christianson	Clinical Staff

Department of Medicine

Gordon D. Ginder	Attending Staff
James G. Glauber	Attending Staff
Alan T. Hirsch	Attending Staff
G. Richard Locke	Attending Staff
Jeffrey Miller	Attending Staff
James E. Radford	Attending Staff

Department of Neurology

Jacqueline T. Bernard	Attending Staff
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Department of Neurosurgery

Daniel B. Ahlberg	Clinical Staff
Gregg N. Dyste	Clinical Staff
Walter A. Hall	Attending Staff

Provisional status and clinical privileges continued:

<u>Department of Orthopedics</u>	<u>Category</u>
Edward Y.D. Cheng	Attending Staff
Scott R. McGarvey	Clinical Staff

<u>Department of Pediatrics</u>	
David A. Ferenci	Clinical Staff
Dawn L. Martin	Attending Staff
Roy C. Maynard	Attending Staff
Christopher L. Moertel	Clinical Staff
Albert P. Rocchini	Attending Staff
John G. Wahlstrom	Clinical Staff

<u>Department of Psychiatry</u>	
Joyce Y. Chung	Attending Staff

<u>Department of Radiology</u>	<u>Category</u>
David A. Larson	Clinical Staff
Kent B. Remley	Clinical Staff

<u>Department of Urology</u>	
Walter P. Gleich	Clinical Staff
Deepak A. Kapoor	Clinical Staff

The following medical staff have submitted applications and supporting documentation requesting addition of clinical privileges and change in staff category. The Committee has reviewed and considered their requests and hereby recommends approval.

<u>Department of Medicine</u>	<u>Category</u>
Frank S. Rhame	Attending Staff
Add: intralesional injection of vinblastine into Kaposi sarcoma lesions	

<u>Department of Hospital Dentistry</u>	<u>Present Category</u>	<u>Requested Category</u>
Daniel J. Gatto	Attending Staff	Clinical Staff

<u>Department of Physical Medicine and Rehabilitation</u>		
Charlotte L. Roehr	Attending Staff	Clinical Staff

The Committee has reviewed and recommends approval of the reappointment of the following member of the Medical Staff in the Department of Family Practice and Community Health who has returned from leave of absence.

Department of Family Practice
and Community Health

Category

John B. O'Leary

Attending Staff

LOA: 2/1/89 through 1/31/91

The following medical staff 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 recommends approval.

Department of Laboratory Medicine
and Pathology

Category

Juan C. Marivel

Attending Staff

Department of Neurology

Mario F. Mendez

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 his request for privileges.

Department of Neurology

Category

John J. Sidtis, Ph.D.

Attending Staff

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

Department of Anesthesiology

Category

Jorge A. Estrin

Attending Staff

Department of Laboratory Medicine
and Pathology

Category

John G. Strickler

Attending Staff

Department of Orthopedic

Robert E. Hunter

Attending Staff

Resignations continued:

Department of Pediatrics

Stanley Einzig

Attending Staff

Department of Urology

Hossein Aliabadi

Attending Staff

Deceased

Department of Physical Medicine
and Rehabilitation

Category

Miland Knapp

Emeritus Staff

HB/cf

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

6, 1991

TO: Members, Board of Governors
FROM: Robert Dickler
Robert Maxwell, M.D.
SUBJECT: Clinical Chief Appointment

We are recommending the appointment of Roby Thompson, M.D., Clinical Chief of Physical Medicine and Rehabilitation at UMHC.

Curriculum vitae for Dr. Thompson is attached.

This request requires the endorsement of the Joint Conference Committee and approval of the Board of Governors.

Thank you.

/gs

attachment

ROBY CALVIN THOMPSON, JR., M.D.

Present Appointment:

Professor and Head
Department of Orthopaedic Surgery
University of Minnesota

Interim Head
Department of Physical
Medicine & Rehabilitation
University of Minnesota

Date of Birth: May 1, 1934

Place of Birth: Winchester, Kentucky

Married: Jane Elizabeth Searcy May 2, 1959

Children: Searcy Lee Lillehei
Roby C., III
Mary Alexandra

Home Address: 1520 Tanglewood Road
Orono, Minnesota 55356

Home Telephone: (612) 475-1294

Education: Virginia Military Institute
Lexington, Virginia
B. A. Biology, 1955

University of Virginia School of Medicine
Charlottesville, Virginia
M.D., 1959

Military: Captain, U.S. Army Medical Service, January 1961 to January 1963

Postgraduate Training:

Intern in Surgery - Columbia-Presbyterian Medical Center, New York, 1959-1960
Assistant Resident in Surgery - Columbia-Presbyterian Medical Center, New York,
1963
Assistant Resident, Resident and Annie C. Kane Fellow in Orthopaedic Surgery -
Columbia-Presbyterian Medical Center, New York, 1964-1966
Senior Annie C. Kane Fellow in Orthopaedic Surgery - Columbia-Presbyterian
Medical Center, New York, 1967

Academic Awards and Distinctions:

Whitehead Fellow in Anatomy, University of Virginia, 1957 and 1958
Alpha Omega Alpha, University of Virginia, 1957
Omicron Delta Kappa, University of Virginia, 1958
The Raven Society, University of Virginia, 1958

Academic Positions:

Instructor in Orthopaedic Surgery, Columbia University College of Physicians and Surgeons, New York, July 1967 to June 1968
Assistant Professor, Department of Orthopaedic Surgery, University of Virginia, Charlottesville, July 1968 to June 1971
Associate Professor, Department of Orthopaedic Surgery, University of Virginia, Charlottesville, June 1971 to June 1973
Professor and Vice-Chairman, Department of Orthopaedic Surgery, University of Virginia, Charlottesville, June 1973 to July 1974
Professor and Head, Department of Orthopaedic Surgery University of Minnesota, Minneapolis, August 1974 to present
Professor, Small Animal Clinical Sciences, College of Veterinary Medicine, University of Minnesota, Minneapolis, August 1984 to present
Professor and Interim Head, Department of Physical Medicine and Rehabilitation, University of Minnesota, Minneapolis, 1984 to present

Membership in Professional Societies:

American Academy of Orthopaedic Surgeons
American College of Surgeons
American Medical Association
American Orthopaedic Association
Association of Orthopaedic Chairmen
Orthopaedic Research Society
Société Internationale de Chirurgie Orthopédique et de Traumatologie
Minnesota Medical Society
Hennepin County Medical Society

Past Appointments of Note:

Member, Board of Directors, American Academy of Orthopaedic Surgeons, 1975-1976
President, Orthopaedic Research Society, 1979
Member, Surgery Merit Review Board, The Veterans Administration, 1978-1981
Member, Board of Associate Editors, The Bulletin, American Academy of Orthopaedic Surgeons, 1974-1977
Member, Committee on Biomedical Engineering, American Academy of Orthopaedic Surgeons, 1975-1980
Member, The Summer Institute Committee, American Academy of Orthopaedic Surgeons, 1976-1981
Associate Editor, Clinical Orthopaedics, 1970-1980
Vice Chairman, Gordon Research Conference on Bioengineering and Orthopaedic Science, 1980
Member, Executive Committee, Orthopaedic Research Society
Chairman, Medical School Promotions Committee, University of Minnesota
Chairman, Search Committee for Head of Department of Anesthesiology, University of Minnesota
Chairman, Gordon Research Conference on Bioengineering and Orthopaedic Science, 1982
Member, Orthopaedics and Musculoskeletal Study Section, National Institutes of Health, 1980-1983
Chairman, Program Committee, American Orthopaedic Association, 1983

Member, Orthopaedics and Musculoskeletal Study Section, National Institutes of Health, 1980-1983
Chairman, Program Committee, American Orthopaedic Association, 1983
Member, Program Committee, American Academy of Orthopaedic Surgeons, 1982-1984
Co-Chairman, Hospital Planning Committee for Renewal Project, 1980-1986
Member, American Board of Orthopaedic Surgery, 1983
Chairman, Steering Committee, Musculoskeletal Diseases Program Evaluation, National Institutes of Health, 1984
Member, Fellowship Subcommittee, National Arthritis Foundation
Member, Advisory Committee on Research, American Academy of Orthopaedic Surgeons, 1980-1984
Member, Steering Committee on Resident Selection, Association of Orthopaedic Chairmen, 1981-1984
Second Vice-President, American Academy of Orthopaedic Surgeons, 1984
First Vice-President, American Academy of Orthopaedic Surgeons, 1985
Chairman, Steering Committee to form University of Minnesota Clinical Associates
Chairman, University of Minnesota Clinical Associates, 1984-1986
President, American Academy of Orthopaedic Surgeons, 1986
President, Musculoskeletal Tumor Society, 1988-1989
Member, Board of Directors, American Academy of Orthopaedic Surgeons, 1984-1989

Current Appointments:

Member, Advisory Council - National Institute of Arthritis, Musculoskeletal and Skin Diseases
Board of Trustees, Journal of Bone and Joint Surgery
Treasurer, Journal of Bone and Joint Surgery
Board of Trustees, Orthopaedic Research and Education Foundation

Current Appointments (local):

Chairman, Operating Room Committee, University of Minnesota Hospitals
Chairman, Professional Reimbursement and Insurance Committee, Univ. of Minnesota
Member, Selection Committee for Regent's Professors, University of Minnesota

Visiting Professorships:

Duke University, Durham, North Carolina, 1973
Mayo Clinic, Rochester, Minnesota, November 25-26, 1974
McGill University, Montreal, Quebec, Canada, October 2, 1975
University of Texas, San Antonio, Texas, March 22-24, 1976
University of North Carolina, Chapel Hill, North Carolina, June 2-4, 1976
Vanderbilt University, Nashville, Tennessee, April 27-29, 1978
Eastern Virginia School of Medicine, Norfolk, Virginia, May 22, 1978
Columbia-Presbyterian Medical Center, New York, New York, April 14-18, 1980
Jefferson Medical College, Philadelphia, Pennsylvania, April 30 - May 1, 1980
University of Virginia, Charlottesville, Virginia, April 14-17, 1982
University of West Virginia, Morgantown, West Virginia, January 14-15, 1983
University of Indiana, Indianapolis, Indiana, April 8-9, 1983
Duke University, Durham, North Carolina, September, 25-29, 1983
Rutgers Medical School, New Brunswick, New Jersey, November 17-19, 1983
University of Pennsylvania, Philadelphia, Pennsylvania, February 15, 1984
University of British Columbia, Vancouver, British Columbia, June 10-12, 1987
University of Arkansas, Little Rock, Arkansas, December 7-8, 1987
University of Connecticut, Farmington, Connecticut, June 2-3, 1988

The Mount Sinai Medical Center, New York, New York, September 28, 1988
Brown University, Providence, Rhode Island, May 15, 1989
Mayo Clinic, Rochester, Minnesota, June 2-3, 1989
University of Zurich, Zurich, Switzerland, September 21-22, 1989
The Cleveland Clinic Foundation, Cleveland, Ohio, December 1-2, 1989
Medical School of South Carolina, Charleston, South Carolina, May 18-19, 1990

Publications:

1. "Complications Following Lower Extremity Amputation", Roby C. Thompson, Jr., M.D. Thomas L. Delbanco and Ferdinand F. McAllister, M.D. S. G. & O. 120:301, 1965.
2. "Occipitocervical Arthrodesis", Ashby Grantham, M.D., Harold M. Dick, M.D., Roby C. Thompson, Jr., M.D. and Frank E. Stinchfield, M.D. Presented at American Orthopaedic Association, April 1968. Clin. Orth. 65:118-129, 1969.
3. "Hereditary Hyperphosphatasia", Roby C. Thompson, Jr., M.D., Gerald E. Gaull, M.D., Sael J. Horwitz, M.D. and Robert K. Schenk, M.D. Presented at American Academy of Orthopaedic Surgeons, January, 1968. Am. J. Med. 47:209-219, 1969.
4. "Bilateral Posterior Fracture-Dislocation of the Shoulder", Henry A. Prillaman, M.D. and Roby C. Thompson, Jr., M.D. J. Bone and Joint Surg. 51-A:1627-1630, 1969.
5. "Acid Hydrolases in Slices of Articular Cartilage and Synovium from Normal and Abnormal Joints", Roby C. Thompson, Jr., M.D. and Irwin Clark, M.D. Proc. Soc. Exp. Biol. and Med. 133:1102-1108, 1970.
6. "Histological Observations on Experimentally Induced Degeneration of Articular Cartilage", Roby C. Thompson, Jr., M.D., Leslie E. Rudolf, M.D., F.A.C.S. and Stephen L. Wangenstein, M.D., F.A.C.S. Surgical Forum 58:58-59, 1970.
7. "Influence of Heparin on Collagen Synthesis and Wound Healing", Robert M. Ludewig, M.D., and Roby C. Thompson, Jr., M.D., Leslie E. Rudolph, M.D., F.A.C.S., and Stephen L. Wangenstein, M.D., F.A.C.S. Surgical Forum 58:58-59, 1970.
8. "The Nutritional Pathways of Articular Cartilage: An autoradiographic Study in Rabbits Using ³⁵ S Injected Intravenously", Richard Honnor, F.R.A.C.S. and Roby C. Thompson, Jr., M.D. J. Bone and Joint Surg. 53-A:742-748, June, 1971.
9. "The Role of Surgery in the Painful Arthritic Hip", Roby C. Thompson, Jr., M.D. The Virginia Medical Monthly 98:305-311, June 1971.
10. "The Effects of Heparin on Wound Healing", Roby C. Thompson, Jr., M.D., Robert M. Ludewig, M.D., Stephen L. Wangenstein, M.D., and Leslie M. Rudolf, M.D. S. G. & O. 134:22-26, January 1972.
11. "Compression Fracture as a Complication of Pseudarthrosis in a Scoliosis Fusion", Walter C. Chapman, M.D. and Roby C. Thompson, Jr., M.D. Clin. Orth. 81:136-138, November/December, 1971.
12. "The Use of Interscalene Block Anesthesia for Manipulate Reduction of Fractures and Dislocations of the Upper Extremities", C. Alexander Heffington, M.D. and Roby C. Thompson, Jr., M.D. J. Bone and Joint Surg. 55-A:83-86, January 1973.
13. "Heparin Osteoporosis. An Experimental Model Using Rats", Roby C. Thompson, Jr., M.D. J. Bone and Joint Surg. 55-A:606-612, April 1973.
14. "Surgical Care of the Lower Extremity in Rheumatoid Arthritis", Roby C. Thompson, Jr., M.D. Medical College of Virginia Quarterly 10:24-33, 1974.

15. "Aryl Sulfatase Activities in Normal and Pathologic Human Articular Cartilage", Edith R. Schwartz, Roy C. Ogle and Roby C. Thompson, Jr., M.D. *Arthritis and Rheumatism* 17:455-467, July/August 1974.
16. "Sulfate Metabolism in Human Chondrocyte Cultures", Edith R. Schwartz, P. Roger Kirkpatrick and Roby C. Thompson, Jr., M.D. *J. Clin. Invest.* 54:1056-1063, November 1974.
17. "The Role of Trochanteric Osteotomy in Total Hip Replacement", Roby C. Thompson, Jr., M.D. and James E. Culver, M.D. *Clin. Orth.* 106:102-106, January/February, 1975.
18. "An Experimental Study of Surface Injury to Articular Cartilage and Enzyme Responses Within the Joint", Roby C. Thompson, Jr., M.D. *Clin. Orth.* 107:239-248, March/April 1975.
19. "Current Concepts in Management of Cervical Spine Fractures and Dislocations", Roby C. Thompson, Jr., M.D., J. N. Morris, M.D. and John A. Jane, M.D. *J. Sports Med.* 3:159-167, July/August 1975.
20. "Experimental Evidence for an Injury Threshold for Articular Cartilage", Roby C. Thompson, Jr., M.D. *Annals of the Rheumatic Diseases* 34:140-142, December, 1975.
21. "Load Testing of Geometric and Polycentric Total Knee Replacements", Jay Nobi, M.D., James W. Caldwell, M.D., James E. Kauzlarich, Ph.D., and Roby C. Thompson, Jr., M.D. *Clin. Orth.* 114:235-242, January/February 1976.
22. "The Effect of Environmental pH on Glycosaminoglycan Metabolism by Normal Human Chondrocytes", Edith R. Schwartz, P. Roger Kirkpatrick and Roby C. Thompson, Jr., M.D. *J. Lab. Clin. Med.* 87:198-205, February 1976.
23. "Treatment of Aseptic Necrosis of the Femoral Head with Phemistertype Bone Grafts", Gwo-Jaw Wang, M.D. and Roby C. Thompson, Jr., M.D. *Journal of the Southern Medical Association* 69:305-308, March 1976.
24. "Fractures and Dislocations of the Spine: Indications for Surgical Intervention", David S. Bradford, M.D. and Roby C. Thompson, Jr., M.D. *Minnesota Medicine* 59:711, 1976.
25. "Total Hip Replacement in Disseminated Neoplastic Disease", John Anderson, M.D., Roby C. Thompson, Jr., M.D., J. McMahan, M.D., and David S. Bradford, M.D. *Surgery, Gynecology and Obstetrics* 144:560-562, April 1977.
26. "Fat-Cell Changes as a Mechanism of Avascular Necrosis of the Femoral Head in Cortisone-Treated Rabbits", Gwo-Jaw Wang, M.D., Donald E. Sweet, M.D., Steven I. Reger, Ph.D. and Roby C. Thompson, Jr., M.D. *J. Bone and Joint Surg.* 59-A:729-735, September 1977.
27. "Cortisone Induced Bone Changes and Its Response to Lipid Clearing Agents", Gwo-Jaw Wang, M.D., David B. Moga, M.D., William G. Richemer, M.D., Donald E. Sweet, M.D., Stephen I. Reger, Ph.D. and Roby C. Thompson, Jr., M.D. *Clin. Orth.* 30:81-85, January/February 1978.
28. "Pathologic Femoral Shaft Fractures Comparing Fixation Techniques Using Cement" John T. Anderson, M.D., Jon M. Erickson, M.D., Roby C. Thompson, Jr., M.D. and Edmund Y. Chao, Ph.D. *Clin. Orth.* 131:273-278, March/April 1978.
29. "Spine Fusion", Roby C. Thompson, Jr., M.D. Chapter in Spinal Deformities and Neurological Dysfunction, ed. by S. N. Chou and E. L. Seljeskog, Raven Press, New York, 1978.

30. "Metabolic Activity of Articular Cartilage in Osteoarthritis", Roby C. Thompson, Jr., M.D. and Theodore R. Oegema, Jr., Ph.D. *J. Bone and Joint Surg.* 61-A/3:407-416, April 1979.
31. "The Role of the Clinician in Basic Research", Roby C. Thompson, Jr., M.D. *Transactions of the Orthopaedic Research Society* 5:359-369, 1980.
32. "Articular Cartilage Matrix Metabolism", Roby C. Thompson, Jr., M.D. and Harry J. Robinson, Jr., M.D. *Current Concepts Review, J. Bone and Joint Surg.* 63-A/2:327-331, February 1981.
33. "Characterization of a Hyaluronic Acid Dermatan Sulfate Proteoglycan Complex from Dedifferentiated Human Chondrocyte Cultures", Theodore R. Oegema, Jr., Ph.D. Roby C. Thompson, Jr., M.D. *J. Biological Chemistry* 256-2:1015-1022, January 1981.
34. "Management of Pathologic Fractures", David D. Hurd, M.D., Roby C. Thompson, Jr., M.D. and B. J. Kennedy, M.D. Chapter in Oncologic Emergencies, ed. by John W. Yarbrow and Richard S. Bornstein, Grune and Stratton, New York, 1981.
35. "Entrapment Neuropathy of the Inferior Branch of the Suprascapular Nerve by Ganglia", Roby C. Thompson, Jr., M.D., William Schneider, M.D. and Terrence Kennedy, M.D. *Clin. Orth.* 166:185-187, June 1982.
36. "Presumed Neurotrophic Skeletal Disease in Diabetic Kidney Transplant Recipients", Roby C. Thompson, Jr., M.D., Jr., M.D., Paul Havel, M.D. and Fred Geotz, M.D., *JAMA* 249:1317-1319, March 1983.
37. "Problems of Bone Tumor Therapy", Roby C. Thompson, Jr., M.D. Chapter in Tumor Prostheses for Bone and Joint Reconstruction - The Design and Application, ed. by Edmund Yee-Su Chao, Ph.D. and John C. Ivins, M.D., Thieme-Stratton, New York, 1983.
38. "Lymphangiomatosis and Massive Osteolysis of the Cervical Spine", William H. Edwards, Jr., M.D., Roby C. Thompson, Jr., M.D. and Elizabeth W. Varsa, M.D. *Clin. Orth.* 177:222-229, July/August 1983.
39. "The Effects of Indirect Blunt Trauma on Adult Canine Articular Cartilage", J. Michael Donohue, M.D., Daniel Buss, M.D., Theodore R. Oegema, Jr., Ph.D. and Roby C. Thompson, Jr., M.D. *J. Bone and Joint Surg.* 65-A/7:948-957, September 1983.
40. "Fluorometric Determination of DNA in Cartilage of Various Species", Theodore R. Oegema, Jr., Ph.D., Barbara J. Carpenter and Roby C. Thompson, Jr., M.D. *J. Orthop. Res.* 1-4:345-351, 1984.
41. "Ultrasonography of the Rotator Cuff: Surgical Correlation", Jeffrey R. Crass, M.D., Edward V. Craig, M.D., Roby C. Thompson, Jr., M.D. and Samuel B. Feinberg, M.D. *J. Clin. Ultrasound*, October 1984.
42. "Soft Tissue Sarcomas of the Extremity, Is Prognosis Related to Local Environment?" Roby C. Thompson, Jr., M.D., Dale Snover, M.D., Seymour Levitt, M.D. and Theodore Grage, M.D. *Cancer*, Vol. 54, No. 8, October 15, 1984.
43. "The Effects of Indirect Blunt Trauma on Adult Articular Cartilage?", J. Michael Donohue, M.D., Roby C. Thompson, Jr., M.D. and Theodore R. Oegema, Jr., Ph.D. Chapter in American Academy of Orthopaedic Surgeons Symposium on Sports Medicine the Knee, ed. by Gerald Finerman, C. V. Mosby Company, St. Louis, 1985.
44. "Posterior Surgical Stabilization for Atlantoaxial Subluxation in Rheumatoid Arthritis", Roby C. Thompson, Jr., M.D. and Thomas J. Meyer, M.D. *Spine*, Vol. 10, No. 7, September 1985.

45. "Metabolism of Chondrocytes Derived from Normal and Osteoarthritic Human Cartilage", Theodore R. Oegema, Jr., Ph.D. and Roby C. Thompson, Jr., M.D. Chapter in Articular Cartilage Biochemistry, ed. by K. Kuettner, R. Schleyerbach, V. C. Hascall, Raven Press, New York, 1986.
46. "Resource Allocation and the Needs of Orthopaedic Surgeons - The Academy's Role". Roby C. Thompson, Jr., M.D. *J. Bone and Joint Surg.* 68-A/4:479-482, April, 1986.
47. "Limb-Sparing Treatment of Adult Soft Tissue Sarcomas and Osteosarcomas", Roby C. Thompson, Jr., M.D. as Member of the Consensus Development Panel, *JAMA* 254: 1791-1794, October 1985.
48. "Orthopaedic Nursing - 1986 The Need for Communication", Roby C. Thompson, Jr., M.D. *Orthopaedic Nursing* 5:10-11, November/December 1986.
49. "Functional Results after Resection of Tumors Involving the Knee", Roby C. Thompson, Jr., M.D. Chapter in *Limb Salvage in Musculoskeletal Oncology*, ed. by William F. Enneking, M.D., Churchill Livingstone, New York, 1987.
50. "Management of Tumors of the Shoulder Girdle", Edward V. Craig, M.D. and Roby C. Thompson, Jr., M.D. *Clin. Orth.* 233:94-112, October 1987.
51. "Dedifferentiated Chondrosarcoma of Bone", Mark R. Wick, M.D., Gene P. Siegel, M.D. Stacey E. Mills, M.D., Roby C. Thompson, Jr., M.D., Deepak Sawhney, and Robert E. Fechner, M.D. *Virchow Arch A* (1987) 411:23-32.
52. "Case Report 460", J. C. Manivel, M.D., L. P. Dehner, M.D., and R. C. Thompson, Jr., M.D. *Skeletal Radiol.* (1988) 17:66-71.
53. "Neuropathic Arthropathy as a Possible Cause of Failure of a Whole Joint Allograft", Roby C. Thompson, Jr., M.D., Carlos Manivel, M.D. *Clin. Orth.* 234:124-128, September 1988.
54. "Fractures Associated with Neuropathic Arthroplasty in Adults Who Have Juvenile - Onset Diabetes", Denis R. Clohisy, M.D., Roby C. Thompson, Jr., M.D. *J. Bone and Joint Surg.* 70-A/8:1192-1200, September 1988.
55. "Management of Soft-Tissue Tumors of the Extremities and Trunk", Thomas Nelson, M.D., Roby C. Thompson, Jr., M.D. *Current Opinion in Orthopaedics*, 1990, 1:409-415.

Reviews and Editorials:

Lawyers' Medical Cyclopedia, The Allen Smith Company

1. "Current Status of Total Hip Replacement Prosthesis", Roby C. Thompson, Jr., M.D., *Supplement* 6:621-622.3, 1971.
2. "New Development in Fracture Treatment", Roby C. Thompson, Jr., M.D., *Supplement* 1:181-190.2, 1971.
3. "Amputations", Roby C. Thompson, Jr., M.D., Revision of Chapter 35, 211-268, 1972.
4. "Treatment of Osteosarcoma, Role of Chemotherapy and Limb Salvage Techniques", Roby C. Thompson, Jr., M.D. and Mark E. Nesbit, M.D., University of Minnesota Department of Pediatrics, Intercom, Vol. 5, No. 9.
5. "Management of Skeletal Defects Associated With Sarcoma Surgery", Roby C. Thompson, Jr., M.D., University of Minnesota Hospital Medical Bulletin, Colleagues, Vol. 3, No. 4, September 1989

Invited Lectures:

1. "Advances in Orthopaedic Surgery", Whitman Memorial Lecture, Lewis-Gale Clinic, Roanoke, Virginia, September 13, 1973.
2. "Surgery of the Lower Extremity in Rheumatoid Arthritis", McGuire Lecture, Medical College of Virginia, Richmond, Virginia, November 8, 1973.
3. "Possible Role of Enzymes in Degenerative Joint Disease", Laurentian Rheumatology Conference, Montreal, Quebec, Canada, October 3-4, 1975.
4. Guest Lecturer, New Jersey Orthopedics Society, September 16-18, 1976.
5. "Current Concepts in the Etiology of Arthritis", The Hospital for Special Surgery, New York, New York, January 20, 1977.
6. "Cervical Spine Fractures and Dislocations", Memphis Orthopaedic Society, Memphis, Tennessee, December 14, 1977.
7. "Current Concepts in the Management of Musculoskeletal Neoplasms", St. Paul Surgical Society, St. Paul, Minnesota, April 13, 1978.
8. "Musculoskeletal Neoplasms: A Look at Treatment Alternatives", The Johnston-Willis Medical Society, Richmond, Virginia, October 6, 1978.
9. Presidential Address, The Orthopaedic Research Society, San Francisco, California, February 22, 1979.
10. "Management of Musculoskeletal Tumors", Puget Sound Chapter, Western Orthopaedic Society, Seattle, Washington, March 19, 1981.
11. "Management of Cervical Spine in Rheumatoid Arthritis", Baystate Medical Center and Shriners' Hospital for Crippled Children, Springfield, Massachusetts, November 11, 1982.
12. "The Cervical Spine in Rheumatoid Arthritis", "Soft Tissue Sarcomas", Virginia Orthopaedic Society, Williamsburg, Virginia, April 29 - May 1, 1983.
13. "Musculoskeletal Sarcoma", South Dakota Chapter, American College of Surgeons, Aberdeen, South Dakota, April 29-30, 1988.
14. "The Knee - Current Concepts", AAOS Course, Hilton Head, South Carolina, April 1-4, 1989.
15. "Evaluation and Management of Musculoskeletal Neoplasms", "Neuroskeletal Imaging and Surgery: New Developments", Center for Diagnostic Imaging, Minneapolis, Minnesota, May 6, 1989.
16. "Cervical Spine in Rheumatoid Disease: Management and Pitfalls", "Controversies In Spinal Surgery", Minneapolis, Minnesota, June 22-24, 1989.
17. "Orthopaedic Approach to Tumors", "Radiology/89: Neuro and Musculoskeletal Radiology", Minneapolis, Minnesota, September 25-29, 1989.

Grants:

1. Orthopaedic Research and Education Foundation. "Lysosomal Enzymes in Normal and Degenerating Articular Cartilage", \$8,500, 7-1-69 to 6-30-70.
2. The John A. Hartford Foundation. "Lysosomal Enzymes in Normal and Degenerating Cartilage and Synovium", \$76,000, 7-1-70 to 6-30-73.

3. Orthopaedic Research and Education Foundation. "Sulphated Glycosaminoglycan Metabolism in Normal and Osteoarthritic Human Cartilage", \$11,780, 1-1-75 to 12-31-75.
4. The Arthritis Foundation. "Sulphated Glycosaminoglycan Metabolism in Normal and Osteoarthritic Human Cartilage", \$5,890, 4-1-75 to 3-30-76.
5. Arthritis Foundation, Minnesota Chapter. "Metabolic Studies on Articular Cartilage and Synovium from Normal Osteoarthritic Joints", \$9,400, 7-1-77 to 6-30-78.
6. National Institutes of Health. "Clinical and Biochemical Parameters in Osteoarthritis", \$155,174, 4-1-80 to 3-31-83.
7. National Institutes of Health. "Joint Changes Following Indirect Blunt Trauma", \$241,184, 9-30-84 to 8-31-87.
8. National Institutes of Health. "Musculoskeletal/Orthopaedics Sciences Training Program", \$746,445, 7-1-87 to 6-30-92.
9. National Institutes of Health. "Specialized Center of Research in Osteoarthritis", \$2,590,280, 9-30-87 to 8-31-92.

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Harvard Street at East River Parkway
Minneapolis, MN 55455

May 15, 1991

TO: Members, Board of Governors
FROM: Mary Ellen Wells
Assistant Director, UMHC
RE: Annual Review of Home Health Care Services

In April, 1989, the Hospital established an annual review process of the Home Health Services Department by the Board of Governors as required by Medicare and JCAHO. In accordance with this, the following is a summary of the Department's major activities and significant policy changes that have occurred during the past year. The Joint Conference Committee has endorsed this report for your approval on the consent agenda.

UMHC Home Health Care Services continues to provide a full range of in-home services to UMHC patients who live within a 30 minute one-way drive from UMHC.

Attached is the Home Health Care Services Status Report (1990-91) which includes a statistical summary, major accomplishments for 1990 and goals for 1991. Please note that the areas of nursing, home health aide, occupational therapy and speech therapy all experienced significant increases in business during the first 3 months of this fiscal year compared to last fiscal year during the same time period. Physical therapy remained the same, while respiratory therapy decreased 31%. This decrease is due primarily to the increase in cystic fibrosis patients now on the "BD vest". (The "vest" provides the patient with a bronchial drainage treatment mechanically.) As you will note, overall home visits did decrease by 4% from the same period last fiscal year. While this decrease is directly related to the respiratory therapy program, it is minimal due to the increases noted in the other areas. We have also experienced increases in the number of new cases opened and the average number of patients serviced per month.

Over the past year, several new policies and procedures were developed or substantially revised and have been approved by the Home Health Care Services Advisory Committee. The new and revised policies put us in compliance with new State and Federal regulations and JCAHO standards and/or provided written clarification of other general Home Health policies. Nine new policies and procedures were developed and five policies revised. The policies deal with the following topics:

- o Beepers (Radio Paging System)
- o Home Narcotic Transfer/Delivery/Disposal
- o Ostomy Supplies (Reimbursed by Medicare)
- o Patient Bill of Rights - Home Health
- o Policies and Procedures
- o Respiratory Therapy Supervision
- o Selection of Staff
- o Specimen Collection/Longevity

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- o Supervision of Staff
- o Administration of Medications
- o Do Not Resuscitate (DNR)
- o Home Health Care Services - Organizational Chart
- o Mission and Philosophy of Home Health Care Services
- o Operational Rules - Home Health Care Services

Deborah Spindler, Nurse Manager - HHCS and I will be available at the meeting to answer any of your questions.

/sk

HOME HEALTH CARE SERVICES STATUS REPORT

JULY 1, 1990 THROUGH MARCH 31, 1991

I. Statistical Activity

	TOTAL HOME VISITS	PHN/RN HOME VISITS	RESPIRATORY THERAPY VISITS	HOME HEALTH AIDE VISITS	PHYSICAL THERAPY VISITS	OCCUPATIONAL THERAPY VISITS	SPEECH THERAPY VISITS	WEEKEND/EVENING VISITS	NEW CASES	AVERAGE # PATIENTS SERVED/MONTH	MEDICARE	MEDICAL ASSISTANCE	PRIVATE INSURANCE	PRIVATE PAY
FISCAL YEAR '90-'91 (1ST 9 MONTHS)	8118	4212	2212	1274	339	54	19	1666	295	125	29%	36%	33%	2%
FISCAL YEAR '89-'90 (1ST 9 MONTHS)	8500	3803	3226	1128	340	3	0	1727	280	116	33%	28%	38%	1%
% OF INCREASE/DECREASE	↓4%	↑11%	↓31%	↑13%	0	↑1800%	↑1900%	↓4%	↑5%	↑8%				

FY '90 - '91 (1st 9 Months)

FY '89 - '90 (1st 9 Months)

REVENUE: \$ 559,611.00

REVENUE: \$535,571.00

EXPENSES: \$ 536,889.36

EXPENSES: \$484,848.93

II. 1990- '91 GOALS AND ACCOMPLISHMENTS

GOAL: Prepare for and be in compliance with new regulations and requirements of JCAHO, Minnesota Licensure and OBRA 89.

ACCOMPLISHMENT: Satisfactorily completed HHCS's first JCAHO survey under the new home care standards and met the requirements of OBRA 89. Minnesota Licensure still is not in place.

GOAL: Incorporate Social Work into HHCS and increase social work involvement.

ACCOMPLISHMENT: Social Work in HHCS has been delayed until the Department of Social Work reorganizes. We have, however, expanded the availability of PT, OT, Aides and nursing, and maintained a stable staff.

GOAL: Continue to explore new methods of health care delivery in the home.

ACCOMPLISHMENT: Participated in an HIV case management research grant, and are working with The University Family Practice Group Health Clinic to provide home care to their patients.

III. GOALS 1991 -'92

1. Implement JCAHO recommendations.
2. Join efforts with The Hospital to provide services to University managed care patients, i.e., Group Health.
3. Explore the mission, expansion and structure of HHCS.

MINUTES
Planning and Development Committee
Board of Governors
May 13, 1991

CALL TO ORDER:

Mr. Robert Nickoloff called the May 13, 1991 meeting of the Planning and Development Committee to order at 1:00 p.m. in Room 8-106 in the University Hospital.

Attendance:

Present:	Leonard Bienias Robert Dickler Greg Hart William Jacott, M.D. Nellie Johnson Peter Lynch, M.D. Robert Nickoloff Trudy Ohnsorg Ted Thompson, M.D.
Absent:	Clint Hewitt
Staff:	Nancy Janda John LaBree, M.D. Shannon Lorbiecki

APPROVAL OF MINUTES

The minutes of the April 23, 1991 meeting were approved as submitted.

SPECIAL CAPITAL PROJECT: LINEAR ACCELERATOR PROPOSAL

A motion was seconded and passed to endorse the proposal to acquire a replacement linear accelerator and to place the proposal on the Board of Governor's consent agenda.

MAJOR CAPITAL EXPENDITURE: MOBILE CARDIAC CATHETERIZATION

Mr. Greg Hart presented a proposal to develop a mobile cardiac catheterization program. Experience across the Country has shown mobile cardiac catheterization to be safe and effective for a carefully selected segment of the population requiring catheterization. The advantage of a mobile program is allowing the patient to remain in their local community.

Although this program is not expected to have a positive financial return, hospital administration and the medical staff involved believe it is an important part of our outreach program. The Hospital is pursuing an arrangement to lease a machine on a part-time basis. At this meeting the

Committee was asked to authorize the Hospital to begin negotiations with several communities to develop a catheterization program. A more complete proposal will be brought to the committee in the future.

A motion was seconded and passed to endorse this authorization to negotiate.

UMCA UPDATE

Dr. Peter Lynch informed the Committee that UMCA is discussing relationships with various payers and with Boynton Health Service.

CANCER CENTER SUPPORT

Mr. Robert Dickler announced that a fund raising effort for the University of Minnesota Cancer Center has been initiated. The funds would be used for facilities and faculty support. The proposal before the Committee was for the Hospital to pledge about \$1 million over a period of 5 to 10 years for the facility.

This item will be brought to the Committee for endorsement in June.

LITHOTRIPSY

Mr. Hart informed the Committee that discussions continue with the Department of Urology to establish a joint program for mobile lithotripsy. A proposal will be brought forward for the committee's endorsement when final agreement has been reached.

EXTERNAL RELATIONS

Mr. Dickler indicated that all substantive issues concerning the relationship between UMHC and Interstate Medical Center in Red Wing have been resolved. Some minor details are under discussion and a proposal will come before the Committee and the Board of Governors in the near future.

ADJOURNMENT

There being no further business, a motion for adjournment was seconded and passed at 1:15 p.m.

Respectfully submitted,

Shannon L. Lorbiecki

Shannon L. Lorbiecki
Administrative Fellow
Secretary to the Board of Governors

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

May 16, 1991

TO: Members of the Board of Governors

FROM: Dr. Seymour Levitt
Professor and Head
Department of Therapeutic Radiology/Radiation Oncology

Nancy Janda
Associate Director

RE: Linear Accelerator Replacement

The attached proposal summarizes the recommendation to acquire a replacement linear accelerator for use in the Therapeutic Radiology Department. The proposal is identical to that reviewed by the Board of Governors last month.

The oldest of the three linear accelerators currently in use is reaching the end of its useful life. Patient volumes require operation of three accelerators.

The cost of the equipment is expected to be \$1,200,000. Renovation of the shell space earmarked for this machine is estimated at \$900,000. The funds needed for this project were included in the Hospital's 10 year capital plan and are intended as funding from reserves.

The proposal is being presented for Planning and Development and Finance Committee endorsement this month and for Board of Governors approval on May 22, 1991.

We will be available at your meeting to discuss the proposal in whatever detail you desire.

SL/NJ/gs

Enclosure

PROPOSAL FOR LINEAR ACCELERATOR REPLACEMENT

The University of Minnesota Hospital and Clinic
Therapeutic Radiology/Radiation Oncology
March, 1991

I. BACKGROUND

A linear accelerator (Linac, for short) is a radiotherapy machine which produces high energy x-ray and electron beams for the treatment of different kinds of cancers. The Department of Therapeutic Radiology currently has three linear accelerators.

Manufacturer	Model	Purchased	Installation
Varian	Clinac 6/100	1983	1983-84
Varian	Clinac 2500	1983	1983-84
Phillips	SL 75/20	1979	1983-84

The average useful life of a linear accelerator is seven years according to the "Estimated Useful Life of Depreciable Hospital Assets" published by the American Hospital Association. The Phillips machine was purchased far in advance of its installation and is now 11 years old technologically. It has been used in treating patients for seven years. New accelerators have independent collimators, automatic wedges, computerized consoles, and modern blocking tray systems. These features allow greater accuracy and capability in providing treatment. The Philips lacks these features and is also time intensive in set-up and warm-up.

II. ISSUES

A. *The Aging Phillips*

The Philips is nearing the end of its useful life. Additionally, the Philips linear accelerator does not have the following state-of-the-art capabilities found in modern units.

1. The depth of the radiation penetration cannot be controlled as well as the new linear accelerators are capable of. As a result, normal tissue near the tumor may receive more radiation than with modern accelerators.
2. Custom blocks cannot be used on the machine. Blocks are shields placed in the path of the radiation beam to protect normal tissue around the tumor from receiving radiation. Generic blocks can be built up by hand but are often cumbersome, time consuming and less than optimal.
3. It is not capable of accurately defining the field of treatment by the radiation. This results in an overlap within the treated area when two adjacent areas are being treated.

4. Modern linear accelerators have computerized treatment consoles whereby machine performance is constantly monitored. In case of malfunction, diagnostics are instantly available which help locating the problem promptly and thus reducing the downtime of the machine.

B. Equipment Utilization

According to the Report of the Inter-Society Council for Radiation Oncology, the realistic load for a linear accelerator is approximately 6,000 standard treatments (single patient visit equivalents) per year. The current treatment load for the department is approximately 21,000 SPVE's per year. This is done utilizing three linear accelerators from 7:00-4:30 p.m. during the week as well as a number of routine patients and total body irradiations performed on the weekend.

	<u>SPVE's</u>
1986-87	19,063
1987-88	21,749
1988-89	20,180
1989-90	21,881
1990-91 (projected)	22,457

This represents a utilization level somewhat in excess of 100%. Therefore, three machines are needed at all times to accommodate the patient volume.

C. Other Considerations

In addition to the utilization factor, the Philips machine is one of two machines in the department capable of performing electron treatments. Electrons are used to boost the treatment to superficial cancers without damaging underlying tissue or organs. Approximately 40% of the patient population treated in the department undergo electron treatment. If the remaining electron capable machine were to break down, we would not be able to treat a sizable number of our patients, were we not to operate three units.

Finally, the department is now performing stereotactic radiosurgery. Stereotactic radiosurgery is used to treat inoperable intracranial disorders utilizing a precisely focused photon beam. Removal of the Philips without replacement would disrupt this service. In addition, the stereotactic procedure requires a time intensive set-up period in which the machine cannot be used for other treatments. This reduces the department's capacity to treat other patients.

D. Acquisition Timing

The time period from order placement to project completion for a linear accelerator is long. Acquisition, room renovation, installation, calibration time, and acceptance will take 18-24 months. In that time, the Philips unit will become more outdated. In light of this factor, replacement this year is recommended.

In summary, the department requires three operating machines at all times, two of which have electron capabilities. The stereotactic capability must also be available with minimal interruption. Given the long acquisition period for a new accelerator and the age of the Philips, acquisition of a new accelerator is recommended this fiscal year.

III. RECOMMENDATIONS

- A. Acquire a new linear accelerator with the features discussed in the proposal. There are three primary vendors that manufacture such machines.
- B. Renovate the 1300 square feet shell space within the department that was originally designed when the department was constructed to accommodate this accelerator.
- C. Retain the current Philips machine at least until the new machine is operational.

IV. FINANCIAL ASPECTS OF THE LINAC ACQUISITION

The Department of Therapeutic Radiology revenues and expenses can be summarized as follows:

	FISCAL YR 1989/90	FISCAL YR 1990/91 (proj)
Total Patient Care Charges	3,772,418	4,416,600
Deductions from Charges	<u>779,030</u>	<u>907,117</u>
Net Patient Charges	2,993,388	3,509,483
Direct Expenses	<u>1,897,999</u>	<u>2,353,215</u>
Revenue over Expense	1,095,389	1,156,268
Indirect Expenses	<u>1,440,500</u>	<u>1,496,000</u>
Net Revenue over Expenses	\$345,111 -	\$339,732 -

Indirect Expense Components

- Bldg Unit J Costs
- Human Resources
- OPD Employee Health
- Communications
- Radio Paging System
- Bldg 164 - Parking Ramp
- Tunnel
- Maintenance Operations
- Environmental Services
- Cafeteria

Indirect Expense Components (cont.)

- ISD: Computer Services
- Materials Management
- Admissions and Billing
- Interest
- Administration and General
- Miscellaneous Accruals
- Accrued Vacation
- Mechanical Transport
- Medical Information
- Laundry
- Entertainment TV
- Social Services
- Residents

Patient care charges include both inpatients and outpatients. The outpatient component of charges was 65% in FY 89-90 and 62% in FY 90/91. The deduction from charges reflects a payment-to-charge ratio of 82% for inpatients and 78% for outpatients. The indirect expense components have been identified to illustrate the other costs associated with operating the department.

Charges associated with the machine proposed for replacement were \$1,134,460 in FY 1990-91. Although the expenses cannot be separately tracked for this machine, it is estimated to account for approximately one-third of the total expenditures for the department.

The cost of replacing the Philips accelerator includes the purchase price of the equipment as well as the renovation of the shell space.

Linear accelerator	\$1,200,000
Renovation of expansion room	<u>\$900,000</u>
	\$2,100,000

The purchase of the linear accelerator and the associated renovation were planned for FY 1990-91 as part of the Hospital's ten-year capital plan. The acquisition and facility preparation will be funded out of reserves.

From a financial perspective, the acquisition is recommended as a means to continue providing existing patient services as well as ensuring existing patient revenue.

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

May 15, 1991

TO: Members, Board of Governors
FROM: Greg Hart
Senior Associate Director
SUBJECT: Mobile Cardiac Catheterization Program

The purpose of this document is to outline University Hospital's plans for development of a mobile cardiac catheterization program, and to seek the Board's approval, at the conceptual level, for program initiation and marketing.

Mobile cardiac catheterization programs are growing rapidly in number across the country. These programs, usually sponsored by a cardiac referral center, are typically used as means of providing enhanced services in local communities, as an outreach program of the referral center.

It is now generally accepted that cardiac catheterization on a mobile basis is a safe procedure, presuming the patient selection criteria are such that only low-risk procedures are done on a mobile basis. The typical logistical approach is to outfit a van with standard heart cath equipment, to provide cardiology/nursing/technical staff on-board from the referral center, and to deliver services on a "pad" built as an extension of the local hospital. Low-risk procedures are then done at the local hospital, with follow-up care (if needed) and higher risk patients referred to the tertiary center sponsoring the mobile program.

In the past few months two mobile cardiac catheterization programs have been initiated in Minnesota. The Mayo Clinic has already begun providing mobile heart cath services, and Abbott-Northwestern/Minneapolis Cardiology Associates will soon initiate its program.

We believe it is now timely for UMHC to initiate a mobile heart cath program as an extension of our medical outreach program. Some of our key existing affiliate sites have already expressed an interest in having their communities served by a mobile cath program. Our affiliates in Hibbing, in particular, are keenly interested in UMHC offering this program. The Abbott-Northwestern program is already being heavily marketed in Northern Minnesota.

It is likely that other communities will have growing interest in having more services delivered at the local level, with mobile heart cath services being one of those services. It is possible that mobile heart cath may help us gain greater access to new communities, or more strongly cement emerging relationships. It is almost certain that if we do not offer the service, significant change to some of our existing relationships will be seen, by virtue of the existence of other programs.

Maintaining our existing relationships is obviously critical to the long-term viability of many of our programs. For instance, nearly 25% of our cardiology activity is generated from our relationships on the Iron Range, bringing in approximately \$5,000,000 in patient revenue in cardiac activity. Initiation of a mobile cath program is vital to maintaining those affiliations, and may well be an important factor in developing new or expanded relationships.

The mobile cath program, at least at the outset, will need to be viewed more as an expense of our medical outreach program than as a self-supporting program in isolation. The extent to which the program's operating expenses exceed its direct revenues is highly dependent on volume, in that the program's costs are largely capital-based and therefore fixed. Given that fact, we would obviously like to identify as many user sites as possible, and, potentially, even have a "partner" in the program to help absorb some of the operating expenses.

At this point we would ask for Board endorsement of this program at the conceptual level, as an extension of our medical outreach program. We would then continue with our marketing efforts, financial analysis, etc. and return for more definitive approval (hopefully) next month.

Thank you for your consideration.

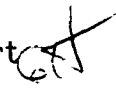
GH/kj

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

May 15, 1991

TO: Members, Board of Governors
FROM: Greg Hart 
SUBJECT: Lithotripsy Program

University Hospital acquired its first lithotripter in 1985. Since that time nearly 2,000 patients have come to University Hospital for lithotripsy services. The lithotripsy program has been a success, in that volume has exceeded our original expectations, the program has been profitable, and the medical staff utilizing the technology (including several from outside University Hospital) have viewed the program positively. The fact that University Hospital has had ESWL technology available has also led to referrals for other urologic procedures, especially for related methods of kidney stone treatment and other "minimally invasive" techniques.

Over the past few years there has been evolution in lithotripsy technology towards mobile capability. There is a competing venture in the Twin Cities which has mobile lithotripters, which visit sites in the Twin Cities and, increasingly, beyond. Several of our referral sources have expressed interest in purchasing mobile lithotripsy services from UMHC; this has led us to assess whether our next phase of lithotripsy program development should involve a mobile program. We now believe the market is such that a mobile program is viable and appropriate.

We have worked with the Department of Urology to assess the market, machine choice, financing, pricing, and organizational form for a mobile lithotripsy program. Those discussions have gone through several iterations; we are now prepared to recommend the following for the program:

ORGANIZATION

The program will be organized as an internal University venture. A new corporation or partnership will not be created. UMHC and the Department of Urology will share the risk/reward in the program (see below). The program will use contracted management and marketing, through Outpatient Technologies, Inc. and Medical Marketing Resources. These groups will not have "equity" in the program; their contracts will have incentives for positive performance.

RISK/REWARD

UMHC and the Department of Urology will share equally in the financing of the program and in the net income or net loss from program operations.

The potential annual financial obligation lies primarily in the annual lease cost for the machine and van. An agreement has been negotiated with the vendor for a per case charge of \$800. A minimum of 450 cases, or \$360,000 is guaranteed by the University to the vendor. This amount decreases as annual case volume grows toward 450 cases; thus the \$360,000 is a theoretical maximum.

UMHC and the Department of Urology will share equally in this guarantee. Each will create an escrow account or establish a letter of credit in order to avoid any potential confusion or overlap as to who is responsible for the payment, if a payment becomes necessary.

The net annual operating profit or loss will also be shared equally between UMHC and the Department of Urology. Thus each party is assuming a bonafide risk, and each has a return analogous to the percentage of risk being assumed.

VENDOR

Medstone will be the manufacturer of choice, largely for two reasons. First, they are the only vendor who has been willing to agree to a lease under terms which would allow termination of the program, if unsuccessful from a volume standpoint, after one year of operation. Second, Medstone has a very high success rate, as measured by low required retreatment rates, given the power of its machine. A low retreatment rate is desired given the large geographic area which the program will serve.

MARKETING

To date, six external sites have signed contracts or letters of intent to purchase services from the program. These sites are in Minnesota, Iowa, and South Dakota. These sites estimate a total caseload of about 330 cases per year, although that number will only become known with experience.

Marketing to other sites continues, with several other communities expressing serious interest. It is also possible that one or two of the major HMOs in the Twin Cities will choose to contract with the program. The above figure does not include UMHC cases, which are estimated at 150-200 per year in the future.

FINANCIAL PROJECTIONS

The pro formas for the program at two different volume levels, 400 cases and 600 cases, are attached.

Net income, for purposes of profit/loss distribution, is calculated after costs for treating UMHC patients are "paid for" as part of the operating costs for the program.

The attached figures are for the mobile program only. They do not include revenue billed by UMHC to third party payers. Average reimbursement per case is approximately \$2900 per case. This payment includes the lithotripsy procedure itself, associated ancillary procedures, and an overnight inpatient stay if needed.

The Department of Urology bills professional fees for cases done by its faculty separate and apart from the attached figures.

A three year lease/purchase agreement is being pursued, with an "out clause" at the end of the first year if certain volume levels are not reached.

REQUIRED APPROVALS

We would request that the Board of Governors approve this program next month, given the dollars involved and the rather unique structure being proposed. Because a new corporation or partnership is not being formed, approval by the Board of Regents is not required.

GH/kj

attachment

Lithotripsy Program
Financial Summary

Lease/Purchase Terms:

- Three year lease, \$800/case
- Total minimum payments: \$1,080,000
- Annual minimum payment: \$360,000
- "Out" clause at end of first year

Annual Operations

	<u>At 400 cases</u>	<u>At 600 cases</u>
Contract Revenue	\$634,000	\$980,000
Less: Management Contract	250,000	275,000
Lease Payments	360,000	480,000
Marketing Expenses	50,000	50,000
Supplies	10,000	10,000
Contract Incentives	43,000	122,000
Plus: UMHC Cases	180,000	240,000
Net	101,000	283,000
Distribution: UMHC	50,500	141,500
Urology	\$ 50,500	\$141,500

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

TO: The University of Minnesota Hospital and Clinic
Board of Governors

FROM: Robert Dickler
General Director, UMHC

DATE: May 17, 1991

SUBJECT: University of Minnesota Cancer Center

As you are aware, the University of Minnesota is a major center for cancer research, education, and treatment. For a number of years the University of Minnesota Health Sciences Center have been working collectively to ascertain what changes and support is required to maintain and enhance this leadership. Some of the outcomes of these efforts have been the formulation of a Cancer Center structure, the ongoing development and enhancement of clinical programs, the recruitment of faculty in a variety of disciplines, and the expansion of research and educational activity.

Under the leadership of Dr. David Brown, the Medical School and University have also developed and implemented plans for a major Cancer Center fund-raising effort. This effort has a goal of \$30 million for facility development and endowed chairs and faculty support in cancer. To date, the preliminary fund-raising efforts have been highly successful with pledges and contributions now exceeding half of the goal. Based on this success, the Cancer Center Campaign will be formally announced in late June of this year.

The Board of Governors have discussed, on a number of occasions, the constraints imposed on faculty recruitment and retention due to inadequate laboratory space and support resources. The construction component of this campaign will add four floors to the existing Cardiovascular Research Center and Heart Lung Institute for cancer research and support. The addition of this space will be a significant step toward resolving these serious space shortages for research.

Recognizing the importance of these efforts to the success of the Hospital's tripartite mission, I am recommending to the Board that UMHC pledge \$1 million for the Cancer Center facility development. This pledge would be paid over a seven-year period which will permit us to minimize the impact on our ongoing operating and capital budgets while, at the same time, supporting a construction schedule which could be initiated by late 1991 or early 1992.

Thank you for your consideration of this recommendation. I look forward to discussing it with you.

RD/hw

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
BOARD OF GOVERNORS FINANCE COMMITTEE
April 24, 1991

MINUTES

ATTENDANCE:

Present: Robert Dickler
Clifford Fearing
Leo Furcht, M.D.
David Lentz
Margaret Matalamaki
Jerry Meilahn
Roger Paschke

Not Present: Michael Dougherty
Vic Vikmanis

Staff: Greg Hart
Teri Holberg
Nels Larson
Shannon Lorbiecki
Helen Pitt

Guests: Dan Berns
Al Dees
Nancy Janda
Seymour Levitt, M.D.

CALL TO ORDER:

The Finance Committee was called to order by Mr. Jerry Meilahn on April 24, 1991 at 12:35 P.M.

APPROVAL OF THE MINUTES:

The Board of Governors Finance Committee seconded and passed a motion to approve the minutes of the February 27, 1991 meeting as written.

JULY 1, 1990 THROUGH MARCH 31, 1991 FINANCIALS:

Mr. Fearing reported to the Finance Committee the month of March inpatient admissions totaled 1,497, which was 49 above budget; average length of stay was 7.7 days; patient days totaled 12,347, which were 593 days above budget. The March average daily census was 398, which was above the budgeted level of 379. Clinic visits for the month of March were reported to be 0.6% over budget.

The Hospital's year-to-date Statement of Operations showed revenues over expenses by \$10,437,677 a favorable variance of \$10,368,473. Mr. Fearing stated ancillary revenue was 5.0% above budget and operating expenditures through March were reported to be 1.2% above budget.

Lastly, Mr. Fearing reported as of March 31 the balance of accounts receivable totaled \$93,743,337 and represented 93.9 days of revenue outstanding.

SPECIAL CAPITAL PROJECT:

Linear Accelerator

Dr. Seymour Levitt and Ms. Nancy Janda presented to the Committee, for information, a proposal to acquire a replacement linear accelerator. The cost would be \$1,200,00 for the linear accelerator plus, \$900,00 for renovation of the shell space, for a total of \$2,100,000. It was stated the funds needed for this project were included in the Hospital's ten-year capital plan, and the acquisition and facility preparation will be funded out of reserves.

Dr. Levitt stated the linear accelerator to be replaced, one of the three that is currently being used, has been in use for eight years and is no longer state-of-the-art. With the current machine the depth of radiation penetration cannot be controlled as well as the new linear accelerators, and the new linear accelerators have computerized treatment consoles where the current machine does not.

This proposal will be presented to the Committee for approval at the May Board of Governors Finance Committee meeting.

MAJOR CAPITAL EXPENDITURES:

Color Doppler Ultrasound System

Mr. Al Dees reported to the Committee, for information, a proposal to purchase color doppler ultrasound system at a cost of \$237,000.

Mr. Dees stated an increase in volume, along with a need for improved image resolution to support the types of procedures now being performed, necessitates the addition of a state-of-the-art ultrasound machine. The new equipment will be utilized for standard and intracavitary abdominal, peripheral and vascular imaging procedures. The pay back period for the cost of the machine and the increased operating expenses will be less than two years.

Mobile Radiographic C-Arm Machine Replacement

Mr. Al Dees reported to the Committee, for information, a proposal to purchase a mobile radiographic C-arm machine at a cost of \$189,000.

Mr. Dees stated this machine will replace Diagnostic Radiology's oldest mobile radiographic C-arm machine which was purchased in 1980. The new machine will

be used primarily for imaging support during neurovascular, cardiovascular and cholecystectomy procedures.

QUARTERLY CAPITAL EXPENDITURE REPORT:

Mr. Greg Hart presented to the Committee the Quarterly Capital Expenditure Report for information only.

Mr. Hart reported the actual capital expenditures year-to-date, including items that were rollforward from 1989-90, was \$4,508,459. Comparing that amount to the seasonalized budget, the Hospital has underspent the capital budget by \$2,891,541. The reason for the underspending was because the capital budget was not authorized until September 1990 and, therefore, the departments did not have authorization to spend the money until that time.

1991-92 BUDGET:

Mr. Fearing presented to the Committee, for information, the 1991-92 Operating Budget. The 1991-92 Budget will be brought before the Committee in May, 1991 for endorsement.

Mr. Fearing reported the 1991-92 projections for admission levels, length of stay, average daily census, and outpatient clinic census will increase slightly from the current fiscal year.

Significant changes are projected to occur in contractual adjustments. It is projected that there will be a reduction in indirect medical education reimbursement from level of 7.7% to 4.4%; Medicare will have a 15% capital cost reduction through June 30, 1992; there will be a 5% increase in Medical Assistance payment rates, where there will not be an increase in payment rates for General Assistance Medical Care; and it is anticipated there will be 4% increase in HMO/PPO payment levels.

As a result of the University's reallocations, it is projected the Hospital will lose approximately \$170,000 in general appropriations in 1991-92. At the time of the Board meeting the State budget packet was not finalized; if the State decides to reduce the University's base appropriations, the Hospital could experience further reductions in appropriations.

Projections on compensation plans for 1991-92 will be presented to the Committee at a later date.

In order to be able to present an intent to increase rates to the state's rate reporting agency, Health Information Resources of Minnesota, a motion for an endorsement of a maximum level rate increase of five percent was made and seconded. Final approval for the 1991-92 operating budget will be sought at the May, 1991 meeting.

THIRD QUARTER, 1990-91 BAD DEBTS:

Mr. Fearing reported the bad debts for the third quarter totaled \$227,567.22

represented by 1,242 accounts. Recoveries amounted to \$3,321.43, leaving a net charge-off of \$224,245.79. This amount represented a 0.26% of gross charges and compared to a budgeted level of 0.90%.

The Finance Committee seconded and passed a motion to endorse the Third Quarter 1990-91 Bad Debt report as submitted.

ADMINISTRATIVE STAFF PERSONNEL SYSTEM:

Mr. Robert Dickler presented to the Committee, for information, a proposal of a new personnel system for Hospital administrative staff. This proposal will be brought before the Committee in May, 1991 for endorsement.

Mr. Dickler stated there are presently three personnel systems for individuals classified as administrators within the University of Minnesota; professional administrative, management salary plan, and Hospital civil service, and that a consolidated plan would offer a number of advantages, especially from a performance and competitive perspective.

Lastly, Mr. Dickler stated there will be approximately twenty-two individuals affected by this change. Those individuals are in administrative positions, including some department heads, especially those who have a strong academic linkage, but will not include the general director position. Individuals currently employed at the Hospital will have the choice to be part of this new system, but any new hires will be automatically placed into this new system.

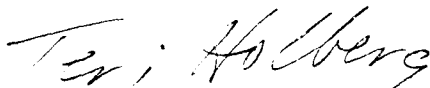
INTEREST RATE SWAPS:

Mr. Roger Paschke reported to the Committee that the Board of Regents approved the use of interest rate swaps as a means of managing the University's fixed and variable rate debt. Nothing will occur to the University's debt, there will still be variable rate debt outstanding, but the University will be able to lock into a relatively low level of interest rates, which will help insulate against rising interest rates.

Discussion on the Lithotripsy Program, Red Wing, and Immunotoxins was deferred to the May Board of Governors Finance Committee.

There being no further discussion, the April 24, 1991 meeting was adjourned at 2:20 P.M.

Respectfully submitted,



Teri Holberg
Recording Secretary

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Harvard Street at East River Parkway
Minneapolis, MN 55455

May 22, 1991

TO: Board of Governors
FROM: Clifford P. Fearing
SUBJECT: Report of Operations for the Period
July 1, 1990 through April 30, 1991

The Hospital's operations for the month of April reflect inpatient admissions, patient days, and clinic visits activity above budget. Both ancillary revenue and routine revenue are above budgeted levels for the month.

INPATIENT CENSUS: For the month of April, inpatient admissions totaled 1,549 which was 153 above budgeted admissions of 1,396. Our overall average length of stay for the month was 8.2 days. Patient days for April totaled 11,824 and were 432 days above budget. The most significant areas in which admissions were more than budget were in Medicine, Neurosurgery, and Otolaryngology.

To recap our year-to-date inpatient census:

	1989-90	1990-91	1990-91		%
	<u>Actual</u>	<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Var</u>
Admissions	15,300	14,437	15,246	809	5.6
Patient Days	123,591	115,679	121,822	6,143	5.3
Avg Length of Stay	8.1	8.0	8.0	0.0	0.0
Avg Daily Census	406.5	380.5	400.7	20.2	5.3
Percent Occupancy	70.0	65.7	69.5	3.8	5.8

OUTPATIENT CENSUS: Clinic visits for the month of April totaled 24,812 which was 2,856, or 13.0%, more than budgeted visits of 21,956. Visits were significantly greater than budget in Adult Psych, Medicine, Endoscopy, Family Practice, and Oncology. Community University Health Care Center (CUHCC) visits for the month of April totaled 4,164 which was 491, or 10.5%, below budgeted visits of 4,655, while Home Health visits of 1,184 for the month were 262, or 28.4%, above budgeted visits of 922.

REPORT OF OPERATIONS
April 1991
PAGE 2

To recap our year-to-date outpatient census:

	<u>1989-90</u> <u>Actual</u>	<u>1990-91</u> <u>Budget</u>	<u>1990-91</u> <u>Actual</u>	<u>Variance</u>	<u>%</u> <u>Var</u>
Clinic Visits	222,532	215,787	229,880	14,093	6.5
CUHCC Visits	44,327	44,225	42,021	(2,204)	(5.0)
HHA Visits	9,499	9,347	9,254	(93)	(1.0)

FINANCIAL OPERATIONS: The Hospital's Statement of Operations shows revenues over expenses by \$11,808,294 a favorable variance of \$11,990,085. Patient care charges through April totaled \$292,453,355, which was 4.9% over budget. Routine revenue was 4.2% above budget and reflects our favorable inpatient census variance.

Ancillary revenue was \$10,434,091 above budget (5.3%) and primarily reflected the favorable variance in both inpatient and outpatient census. Inpatient ancillary revenue averaged \$9,696 per admission compared to the budgeted average of \$9,810 per admission. Outpatient revenue per clinic visit averaged \$264 compared to the budgeted average of \$262.

Operating expenditures through April totaled \$245,032,552 and were \$2,914,182 (1.2%) above budgeted levels of \$242,118,370. The overall unfavorable variance is primarily due to increased insurance costs and the increased demand for patient services, which is reflected in higher personnel costs and patient care supplies (blood and medical supplies and services).

ACCOUNTS RECEIVABLE: The balance in patient accounts receivable as of April 30, 1991, totaled \$93,678,911 and represented 93.1 days of revenue outstanding. The overall decrease in our patient receivables in April of 0.8 days occurred primarily in Commercial Insurance.

CONCLUSION: The Hospital's overall operating position is positive and above budgeted levels for April. While we have seen improvement in our expenditure levels, we are continuing to closely monitor our demand for services and make those operating changes that are necessary and appropriate to bring our expense levels into line with net revenues.

UNIVERSITY OF MINNESOTA HOSPITAL & CLINIC
EXECUTIVE SUMMARY OF FINANCIAL ACTIVITY
FOR THE PERIOD JULY 1, 1990 TO APRIL 30, 1991

	1990-91 Budgeted	1990-91 Actual	Variance Over/-Under Budget	Variance %
Patient Care Charges	\$278,666,504	\$292,453,355	\$13,786,851	4.9%
Deductions from Charges	66,949,624	68,648,436	1,698,812	2.5%
Other Operating Revenue	21,715,371	22,812,180	1,096,809	5.1%
Total Operating Revenue	233,432,251	246,617,099	13,184,848	5.6%
Total Expenditures	242,118,370	245,032,552	2,914,182	1.2%
Net Operating Revenue	(8,686,119)	1,584,547	10,270,666	
Non-Operating Revenue and Expenses	8,504,328	10,223,747	1,719,419	20.2%
Revenue Over/Under Expense	(\$181,791)	\$11,808,294	\$11,990,085	

	1990-91 Budgeted	1990-91 Actual	Variance Over/-Under Budget	Variance %
Admissions	14,437	15,246	809	5.6%
Patient Days	115,679	121,822	6,143	5.3%
Average Daily Census	380.5	400.7	20.2	5.3%
Average Length of Stay	8.0	8.0	0.0	0.0%
Percentage Occupancy	65.7	69.5	3.8	5.8%
Outpatient Clinic Visits	215,787	229,880	14,093	6.5%

UNIVERSITY OF MINNESOTA HOSPITAL & CLINIC
STATEMENT OF OPERATIONS
FOR THE PERIOD ENDED JULY 1, 1990 TO APRIL 30, 1991

APRIL BUDGETED	APRIL ACTUAL	APRIL VARIANCE	VARIANCE %		BUDGETED	ACTUAL	OVER/(UNDER) BUDGET	VARIANC %
\$7,936,500	\$8,260,252	\$323,752	4.1%	ROUTINE	\$80,595,019	\$83,947,779	\$3,352,760	4.2%
19,437,900	20,967,050	1,529,150	7.9%	ANCILLARY	198,071,485	208,505,576	10,434,091	5.3%
\$27,374,400	\$29,227,302	\$1,852,902	6.8%	GROSS CHARGES	\$278,666,504	\$292,453,355	\$13,786,851	4.9%
				DEDUCTIONS FROM CHARGES				
\$1,017,596	\$1,243,590	\$225,994	22.2%	BILLING ADJUSTMENTS	\$10,359,835	\$10,694,546	\$334,711	3.2%
1,625,180	2,455,203	830,023	51.1%	HMO/PPO DISCOUNTS	16,545,457	21,598,670	5,053,213	30.5%
3,884,335	3,268,833	(615,502)	-15.8%	GOVERNMENTAL CONTRACTUAL ADJUST	39,545,223	35,929,169	(3,616,054)	-9.1%
49,025	119,222	70,197		CHARITABLE CARE	499,109	426,051	(73,058)	-14.6%
\$6,576,136	\$7,086,848	\$510,712	7.8%	TOTAL DEDUCTIONS	\$66,949,624	\$68,648,436	\$1,698,812	2.5%
				OTHER OPERATING REVENUE				
\$1,331,333	\$1,331,295	(\$38)		APPROPRIATIONS & SUPPORT	\$13,313,333	\$13,312,947	(\$386)	
119,513	146,429	26,916	22.5%	FOOD SERVICES	1,224,686	1,384,585	159,899	13.1%
67,808	73,717	5,909	8.7%	PARKING SERVICES	694,848	758,878	64,030	9.2%
14,712	17,215	2,503	17.0%	SHARED SERVICES	149,085	158,255	9,170	6.2%
7,969	25,625	17,656		DEPARTMENT NON-PATIENT	81,917	136,963	55,046	67.2%
139,859	129,096	(10,763)	-7.7%	GRANT INCOME	1,384,291	1,319,431	(64,860)	-4.7%
198,256	232,978	34,722	17.5%	REFERENCE LAB INCOME	1,992,846	2,233,015	240,169	12.1%
139,470	166,339	26,869	19.3%	PRO FEES--NET REVENUE	1,421,369	1,572,576	151,207	10.6%
1,397	2,768	1,371	98.1%	SILVER SALVAGE	14,159	36,030	21,871	
100,492	182,531	82,039	81.6%	INCOME FROM BOND PROCEEDS	1,438,837	1,862,780	423,943	29.5%
0	0	0		DONATIONS	0	36,720	36,720	
\$2,120,809	\$2,307,993	\$187,184	8.8%	TOTAL OTHER REVENUE	\$21,715,371	\$22,812,180	\$1,096,809	5.1%
\$22,919,073	\$24,448,447	\$1,529,374	6.7%	TOTAL REVENUE FROM OPERATIONS	\$233,432,251	\$246,617,099	\$13,184,848	.6%
				EXPENDITURES				
,564,749	\$9,869,086	\$304,337	3.2%	SALARIES	\$98,973,057	\$100,717,639	\$1,744,582	
2,404,785	2,202,161	(202,624)	-8.4%	FRINGE BENEFITS	23,747,734	23,239,844	(507,890)	-2.1%
97,500	97,542	42		ACADEMIC CONTRACTS	975,000	975,421	421	
692,670	765,720	73,050	10.5%	RESIDENT CONTRACTS	6,706,746	7,365,058	658,312	9.8%
648,291	763,271	114,980	17.7%	PHYSICIAN/CONTRACT COMPENSATION	6,532,916	7,096,057	563,141	8.6%
13,407,995	13,697,780	289,785	2.2%	TOTAL SALARY, F.B., & FEES	136,935,453	139,394,019	2,458,566	1.8%
175,465	180,791	5,326	3.0%	LAUNDRY & LINEN	1,787,596	1,784,623	(2,973)	-0.2%
149,735	146,509	(3,226)	-2.2%	RAW FOOD	1,524,141	1,498,155	(25,986)	-1.7%
1,752,775	1,813,197	60,422	3.4%	DRUGS	16,672,397	17,010,277	337,880	2.0%
816,443	908,195	91,752	11.2%	BLOOD & BLOOD DERIVATIVES	8,366,345	9,374,871	1,008,526	12.1%
2,105,762	2,073,543	(32,219)	-1.5%	MEDICAL SUPPLIES & SERVICES	21,578,372	22,762,350	1,183,978	5.5%
500,652	386,077	(114,575)	-22.9%	UTILITIES	5,173,797	5,102,637	(71,160)	-1.4%
66,091	193,608	127,517		INSURANCE	638,462	1,403,831	765,369	
252,762	228,285	(24,477)	-9.7%	RENTAL	2,549,422	2,280,561	(268,861)	-10.5%
412,767	431,340	18,573	4.5%	MAINTENANCE & REPAIR	4,182,707	4,288,629	105,922	2.5%
3,945	117,481	113,536		NET LOSS ON DISPOSAL OF ASSETS	39,979	159,947	119,968	
24,329	24,370	41	0.2%	CAMPUS ADMINISTRATION EXPENSE	246,532	246,942	410	0.2%
1,744,959	1,491,024	(253,935)	-14.6%	DEPRECIATION & AMORTIZATION	16,129,302	15,269,916	(859,386)	-5.3%
1,041,470	955,202	(86,268)	-8.3%	INTEREST	10,524,846	10,163,392	(361,454)	-3.4%
246,351	274,538	28,187	11.4%	PROVISION FOR UNCOLLECTABLES	2,508,022	2,855,270	347,248	13.8%
1,170,493	1,215,100	44,607	3.8%	GENERAL SUPPLIES & EXPENSE	13,260,997	11,437,132	(1,823,865)	-13.8%
\$23,871,994	\$24,137,040	\$265,046	1.1%	TOTAL EXPENDITURES	\$242,118,370	\$245,032,552	\$2,914,182	1.2%
(\$952,921)	\$311,407	\$1,264,328		NET REVENUE FROM OPERATIONS	(\$8,686,119)	\$1,584,547	\$10,270,666	
				NON-OPERATING REVENUE				
\$571,831	\$822,468	\$250,637	43.8%	INTEREST INCOME ON RESERVES	\$6,540,718	\$7,950,836	\$1,410,118	21.6%
116,040	242,661	126,621		INVESTMENT INCOME HELD BY TRUSTEE	1,166,188	1,617,516	451,328	38.7%
14,055	(5,919)	(19,974)		OTHER INVESTMENT INCOME	142,422	395	(142,027)	-99.7%
0	0	0		DIVIDEND DISTRIBUTION	655,000	655,000	0	
701,926	\$1,059,210	\$357,284	50.9%	TOTAL NON-OPERATING REVENUE	\$8,504,328	\$10,223,747	\$1,719,419	
(\$250,995)	\$1,370,617	\$1,621,612		REVENUE OVER/(UNDER) EXPENSE	(\$181,791)	\$11,808,294	\$11,990,085	

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

May 16, 1991

TO: Members, Board of Governors
FROM: Robert Dickler
Hospital Director
SUBJECT: Administrative Personnel Policies

Last month we presented a proposed set of Administrative Personnel Policies and information related to a new Administrative Compensation System. As a follow-up to discussion at the Board meeting, we also distributed the full set of proposed policies, associated University-wide policies, and an external consultant report.

We would request Board of Governors' approval of the Administrative Personnel Policies this month, as attached. We are not yet recommending Board approval of the Administrative Compensation System, as we believe that item is best brought forward at the same time as other employee compensation recommendations, which will occur in June, at the earliest.

Thank you for your consideration.

/kj

attachment

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

ADMINISTRATIVE PERSONNEL SYSTEM

POLICIES AND PROCEDURES

Office of the General Director

July 1, 1991

DRAFT 3A

The enclosed policies and procedures were current as of the date of publication but are subject to revision. Please check with your appointing authority for updates and revisions.

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, religion, color, sex, national origin, handicap, age, veteran status, or sexual orientation.

In adhering to this policy, the University abides by the Minnesota Human Rights Act, Minnesota Statute Ch. 363, by the Federal Civil Rights Act, 420 S.C. 20000e; by the requirements of Title IX of the Education Amendments of 1972; by Sections 503 and 504 of the Rehabilitation Act of 1973; by Executive Order 11246, as amended; 38 U.S.C. 2012, the Vietnam Era Veterans Readjustment Assistance Act of 1972, as amended; and by other applicable statutes and regulations relating to equality of opportunity.

Inquiries regarding compliance may be directed to Patricia A. Mullen, Director of Equal Opportunity and Affirmative Action, 419 Morrill Hall, 100 Church Street S.E., University of Minnesota, Minneapolis, Minnesota, 55455, (612) 624-9547.

**UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
ADMINISTRATIVE STAFF PERSONNEL SYSTEM
POLICIES AND PROCEDURES**

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**RESOLUTION
BY
UMHC BOARD OF GOVERNORS**

Whereas, the Board of Regents have delegated to the Board of Governors responsibility for governance of human resource management matters at University Hospital, including compensation matters for employee groups primarily residing at the Hospital, and

Whereas, the Board of Governors wishes, under this delegated authority to promulgate a set of personnel policies and compensation guidelines for the Hospital's administrative staff, and

Whereas, the appropriate University officers have been consulted on this matter and have concluded that this action is in compliance with the Regents' delegation, and

Whereas, at the request of the Board of Governors, Administrative Staff Personnel Policies and Procedures and an Administrative Compensation System have been formulated,

Now therefore be it resolved, upon recommendation by the Board of Governors Finance Committee, that the Board of Governors approves the recommended Administrative Personnel System Policies and Procedures ~~and Administrative Compensation System~~, and

Be it further resolved that the Board of Governors directs the General Director to administer these matters on behalf of the Board of Governors, to include, at a minimum, an annual report to the Finance Committee relative to any recommended changes in the Administrative Personnel System Policies and Procedures and the Administrative Compensation System.

INTRODUCTION

This booklet sets out the policies and procedures that apply to UMHC's Administrative Personnel System (APS). This personnel structure is analogous to, and to a certain degree a subset of, the University of Minnesota Academic Professional and Administrative Staff system (P & A).

This system will allow UMHC to better respond to the dynamics of the health care marketplace and to industry norms in terms of recruitment, career development, compensation and appeal procedures. This system recognizes its close relationship to other University academic appointments and requires UMHC administrative staff to follow many of the all-University policies set out for academic staff by the University's Board of Regents. Both the policies unique to UMHC administrative staff and all-University employment-related policies are included in this manual.

The development of an administrative staff structure for UMHC is consistent with the Board of Regents' delegation of a range of personnel functions to the Hospital Board of Governors. This delegation emanated from the "Report of the Study Committee on University Hospital Governance" dated December 8, 1982. This report was accepted by the Board of Regents and the personnel delegation of authority related to certain aspects of personnel management occurred through action of the Board of Regents at their meetings of April 8, 1983, August 11, 1983 and April 13, 1984. Specific exceptions to the delegated authority include affirmative action, employee benefits administration, union contract negotiations and payroll check processing.

The authority to approve policies governing the general conduct of the delegated personnel functions shall lie with the Board of Governors. Amendment of these policies, and those procedures which affect the majority of employees in a substantive manner, or which are of major importance, shall be the responsibility of the Board of Governors. The authority to develop and amend procedures implementing these policies, as well as to develop and amend complimentary and consistent operating policies, guidelines, and work rules shall be the responsibility of the General Director, with authority delegated by the Board of Governors.

The general policies and procedures in this booklet and the specific terms set out in individual Notice of Appointment forms for each appointment, make up the conditions of employment for administrative staff. The Notice of Appointment sets out the salary, dates of employment, percent time of appointment.

The policies and procedures in this booklet may be changed from time to time. Employees who remain at the University after a policy is changed are governed by the new policy. A copy of any such changes will be sent to each employee at his/her work address.

No one is authorized to orally change the policies and procedures in this booklet. Any written variance from these policies must be approved by the General Director.

All appointments and salary changes must be approved by the General Director or his/her designee before they are effective.

UMHC ADMINISTRATIVE APPOINTMENTS

1. DEFINITION

UMHC administrative personnel hold positions having major institutional responsibilities or academic relationships. They are involved in policy development or execution.

The baccalaureate degree is required of all administrative staff unless a specific exception is granted by the General Director. A particular position may require a specified graduate or professional degree.

Administrative personnel may be line officers or staff.

2. TYPES OF ADMINISTRATIVE APPOINTMENTS

UMHC administrative appointments shall be annual, fixed-term, or acting.

Annual (K) Appointments

Annual (K) appointments are date specific and are for one year or a portion thereof. Annual appointments are renewable at the discretion of the responsible appointing authority. Written notice of nonrenewal is required according to the schedule published in this booklet.

Fixed-term (J) Appointments

Fixed-term (J) appointments are date specific and are made for a stipulated period of more than one year. Fixed-term appointments may not exceed five years. Fixed-term appointments are renewable at the discretion of the responsible appointing administrator. The number of renewals or the total number of years served may be limited. Written notice of nonrenewal is required according to the schedule published in this booklet in Section 5.

Acting (M) Appointments

Acting (M) appointments identify appointed administrators serving in an acting or interim capacity. The length of the appointment may be for a stipulated period of time or until the position is filled through an appropriate search process. Normally, acting appointments are for less than one year.

3. PERFORMANCE REVIEW

The performance evaluation between the administrative staff member and responsible administrator should occur annually and should include both full-time and part-time employees. The review should be based on the job description and on other written expectations or annual objectives that have been previously determined and agreed upon. It may be necessary to update the individual's position description to

recognize new responsibilities and changes that have occurred. Conclusions or recommendations resulting from the review should be discussed in private meetings with the person being reviewed and a written summary should become part of the individual's personnel file in the department. Effective with the 1991-92 year, written performance evaluations will become mandatory. The individual being reviewed may submit a written response, which shall be retained with the evaluation.

The annual review should be carried out by the individual who appointed the administrator or to whom the administrator reports. The reviewing individual should seek whatever evaluations are necessary to complete a fair and thorough review. Such evaluations might be sought from colleagues, from others with whom the administrator interacts or for whom the administrator performs a service, from other administrators at both higher and lower levels, and from faculty and students or other constituencies as appropriate.

At the discretion of the appointing authority, a re-appointment review may be completed for those on fixed-term appointments of two years or more.

4. **PROMOTION**

The UMHC administrative personnel system provides for internal promotion opportunities. These include:

- a. promotion of an individual to a higher administrative rank based upon experience, performance, and expansion of duties, and
- b. promotion of internal candidates for open administrative positions through internal communication to eligible staff.

Promotion of an individual in a recognized career ladder where a vacancy does not exist does not require advertising of the position. Promotion to vacancies requiring substantial Hospital experience requires internal posting and advertising only and may or may not be advertised outside the Hospital. In all instances, concurrence will be sought from the Director of the Equal Opportunity and Affirmative Action Office before the procedure is initiated.

5. **NOTICE OF NONRENEWAL OF DATE SPECIFIC (J,K) APPOINTMENTS**

Written notice must be sent by the appointing authority for nonrenewal of fixed-term (J) and annual (K) appointments. The length of nonrenewal notice required will be determined by consecutive years of service in administrative positions and by the end date shown on the Personnel Action Form (PAF) and Notice of Appointment. Time served in the same content position prior to July 1, 1991 in other personnel systems at UMHC will be counted as years of service for this purpose and all other purposes in these policies. An administrative staff member on J or K appointment may not be terminated prior to the end date of the contract except for just cause, a state of fiscal emergency declared by the Board of Governors, or program curtailment.

The required nonrenewal notice periods are:

Length of Employment	Length of Nonrenewal Notice
1st year	1 month
2nd through 5th years	3 months
6th through 10th years	6 months
11th year on	12 months

If proper notice is not given so that it may be met within the contract period, the appointment end date shall be extended to provide for the required nonrenewal notice period. There is no provision for grievance of nonrenewal of a fixed-term (J) or annual appointment (K) when the appointment term is completed and the required notice is given.

Service and payment during the nonrenewal notice period for persons on annual contracts of less than 12 months follow the same regular payroll contract term reflected on the PAF and the Notice of Appointment, e.g., for academic year B-term appointments, there is no service or payment during the period June 16 through September 15.

Part-time fixed-term (J) and annual (K) appointments are entitled to the same length of notice provisions. If the appointments have been for different percentages of time over the length of the individual's employment, the nonrenewal notice period should provide for an averaged amount of time. Alternative packaging of the nonrenewal notice period, such as full-time appointment for three months rather than half-time appointment for six months, is permitted providing the agreement is in writing and mutually consented to by the employee and the appointing authority.

During the notice period, the individual may be reassigned to different job duties and responsibilities by the appointing authority. For the duration of the notice period, salary must be retained at a level no lower than the salary in effect at the time of the notice.

Regents' policy permits a lump sum severance payment under certain conditions. There is no entitlement to such payments and any agreement requires prior review and approval by the President or the President's designee. See "Severance Policy for Academic Professional and Administrative Employees", in the all-University Policy Manual.

6. **TERMINATION OF ACTING (M) APPOINTMENTS**

There are no written notice period requirements. An acting (M) administrative appointment may be for a fixed time period or until the position is filled through an appropriate search process. Termination from an acting administrative appointment is not grievable.

7. **PROFESSIONAL DEVELOPMENT**

All administrative staff members are expected to keep abreast of developments in the field(s) pertinent to their particular positions. Professional development requires self-initiative. It includes membership and participation in appropriate professional organizations; familiarity with current literature, issues, and new approaches to problem solving; and continuing education. Assistance from the department may include travel and expenses to professional meetings and conferences; support for periodic Professional Development Leaves; and the Academic Staff Tuition Benefit.

8. **CONCURRENT APPOINTMENTS**

Administrative staff may hold more than one appointment. For example, many administrators also hold a professional title or faculty rank. The appointment type (e.g. annual, probationary) and the policies and procedures established for each category of administrative appointment will apply to the separate class titles and govern the terms and conditions of employment.

9. **UMHC ADMINISTRATIVE CLASS TITLES, NUMBERS AND PROCEDURE FOR TITLE CHANGES**

The following list of UMHC administrative titles is not intended to be final and it is anticipated that it will change over time as the Hospital continues to evolve its administrative structure. Positions incorporated into this system are limited to those which have significant institutional responsibilities or academic relationships.

<u>Class #</u>	<u>Formal Title</u>
9901	Senior Associate Director, UMHC
9903	Associate Director, UMHC
9905	Assistant Director, UMHC
9907	Special Assistant, UMHC
9909	Department Head and Department Manager

Position titles should reflect the job duties and responsibilities and the knowledge, skills and abilities required to perform the duties. The Hospital Human Resources Director's office will consider requests for changes within administrative class titles given special circumstances and supporting documentation, such as unit reorganization which includes the adoption of new class titles or more appropriate and consistent titling. Requests for change in title must be in compliance with equal employment opportunity and affirmative action policies and procedures.

10. **CHANGES IN APPOINTMENT TYPE**

When a date-specific appointment is renewed, it is permissible to move from a multiple-year fixed-term (J) contract to an annual (K) appointment, or vice versa without recruiting.

11. **SALARY**

Compensation plans for UMHC administrative staff will be developed annually by the General Director and submitted to the Board of Governors for approval. The General Director is authorized to implement annual adjustments to individual salaries in accordance with the compensation plan.

12. **EARLY TERMINATION OF APPOINTMENT FOR FISCAL EMERGENCY OR PROGRAM CURTAILMENT**

Any administrative staff appointment may be terminated prior to the expiration date set forth in the appointment contract for three reasons:

Fiscal Emergency
Program Curtailment
Just Cause (See Section 13 below)

Fiscal Emergency

Fiscal Emergency is defined as a drastic reduction in the UMHC budget that has been officially recognized and declared by the Board of Governors. Early termination of appointment for reason of fiscal emergency is grievable.

Program Curtailment

Program Curtailment is defined as the elimination or reduction in a Hospital program or related service that has been recognized and approved by the General Director and that has the concurrence of the Vice President for Health Sciences and the Board of Governors. Early termination of appointment for reason of program curtailment is grievable.

Procedure

In the event of a fiscal emergency or a program curtailment, the administrator of the affected unit shall propose to the General Director those administrative staff appointments that are to be terminated. For each appointment termination approved by the General Director, notice shall be provided to the affected employee in compliance with the notice requirement set forth in section 5 above (Notice of Nonrenewal of Date Specific Appointments) unless there are compelling reasons to the contrary. Regents' policy permits a lump sum severance payment under certain conditions. There is no entitlement to such payments and any agreement requires prior review and approval by the President or President's designee. (See "Severance

Policy for Academic Professional and Administrative Employees", in the all-University Policy Manual).

13. **JUST CAUSE. SANCTIONS.**

Discipline for just cause, including poor performance, is determined by the appointing authority consistent with the procedures set forth below.

Investigation

When information is received about conduct by a staff member that may warrant discipline for just cause, the appointing authority shall investigate the allegations, or shall delegate such investigation as appropriate. During the course of the investigation, the affected staff member may be informed of the allegations and may be given an opportunity to respond and present evidence to the allegations either verbally or in writing at the staff member's option. During this period of informal investigation, the staff member shall continue to discharge his or her duties at full pay unless continuation represents substantial harm to the individual and/or to the unit. In that event, the appointing authority may decide to change the employee's duties, reassign those duties, or place the employee on a leave of absence with pay or without pay as appropriate to the circumstances. Reassignment of duties should be commensurate with the individual's qualifications and experience.

If the appointing authority concludes that the conduct engaged in by the employee warrants dismissal for just cause, he or she shall advise the General Director of the alleged conduct, the investigation conducted, and the recommended sanction.

Notice

Upon completion of the informal investigation, the appointing authority shall meet with the affected employee to advise the employee whether the allegations are or are not supported by the evidence. If the allegations are supported by the evidence, the appointing authority shall attempt to resolve the issue, if appropriate. If resolution of the issue does not occur, the appointing authority shall notify the staff member immediately of the specific charges and the resulting discipline. The discipline may include, but is not limited to, an oral warning, a written warning, suspension without pay, or dismissal, as warranted.

Notice in writing of suspension without pay or dismissal for just cause shall be given to the staff member immediately advising him or her of the specific charges, the impending suspension or dismissal, and the effective date of the suspension or dismissal.

Upon the discretion of the appointing authority, and with prior approval of the General Director, the staff member may be suspended with or without pay concurrent with the service of the dismissal notice.

14. **GRIEVANCE PROCESS**

Administrative employees who believe that the policies set out in this booklet have been improperly applied, shall have the right to express their concerns and seek redress through the formal grievance procedure available to all Hospital employees. A grievance shall consist of a charge of alleged improper application of these policies or the compensation plan, or alleged improper interpretation of these policies, other than alleged discrimination which shall be investigated by the University Equal Opportunity and Affirmative Action Office. Discretionary salary increases shall be grievable only through Step Two of this procedure.

Grievance Procedure

Section 1

Time Limits

Grievances involving dismissal must be submitted within ten (10) working days of receipt of notice. All other grievances must be submitted no later than thirty (30) working days after the aggrieved condition becomes known or should have become known.

All time limits shall be strictly observed unless both parties to the grievance agree to an extension. Failure by the aggrieved employee to meet time requirements shall constitute waiver of the grievance considered. Failure by department management to meet time requirements shall give the employee the option of moving immediately to the next step; however, an attempt by the Human Resources Director to convene a hearing within the time frame allowed shall be construed as timely.

The Hospital and Clinic may, with prior notice to the aggrieved employee, waive Step One in the Grievance procedure.

Section 2

Who May File; Filing Procedure

All administrative personnel system employees may file grievances under this policy.

An employee may represent himself/herself or designate an authorized representative who may or may not be a Hospital and Clinic employee.

An employee representing himself/herself, another employee designated to represent a fellow employee, or any employee relevant to the case summoned by the Human Resources Director or the grieving employee to testify in the processing of a grievance shall be given reasonable time off with pay to do so, providing that they are covered by these policies.

Grievances involving termination or suspension shall be initiated at Step Two upon request by the aggrieved employee to the Human Resources Department.

A grievance is normally filed under this policy by an employee giving an oral or written statement to his/her supervisor, or to the Human Resources Director, as appropriate, stating the problem or grievance.

An employee who wishes to file a grievance shall be advised by the Human Resources Director as to his/her rights and the procedures to follow in the formal filing of the grievance.

Section 3

Grievance Procedure

Step One: Oral Resolution

The aggrieved employee and/or his/her designated representative shall take up the grievance with the appropriate supervisor. Discussion and resolution at this step shall be oral and informal. The supervisor shall give an answer within five (5) work days of the discussion.

Step Two: Formal Resolution

If the aggrieved employee remains dissatisfied with the supervisor's disposition of the grievance or failure to take action, he/she shall have five (5) additional work days in which to reduce the grievance to writing, including the policies or procedures that were allegedly improperly applied, how and when they were allegedly violated, relief is requested; and to submit a copy of the written statement of grievance to the Director of Human Resources.

Within ten (10) work days after receiving a request from the aggrieved employee, the Human Resources Department shall arrange for a hearing to review the grievance.

If any part of the grievance alleges discrimination, a staff member of the Office of Equal Opportunity and Affirmative Action will be invited to attend the hearing.

The aggrieved employee and/or his/her designated representative shall present the Step Two written grievance to the General Director or his/her designee. All parties may present written notes of the Step One meeting, the response from management, and any pertinent oral testimony before the General Director or his/her designee. The General Director or his/her designee or the grieving employee may also request additional testimony from other employees in the matter before him/her, except that no employee may be required to testify against his/her objection. The proceeding shall be recorded by tape recorder or other reliable means. Within ten (10) working days the General Director, or his/her designee, shall respond in writing to the grievant with a copy to the Human Resources Department.

Decisions of the General Director or his/her designee are binding upon the Hospital and Clinic.

Step Three: Appeal to the Board of Governors

Within ten (10) work days after receipt of the General Director's decision, the aggrieved employee and/or his/her designated representative may indicate in writing a request to appeal the General Director's decision to a Hearing Committee appointed by the Chairperson of the Board of Governors. Request for hearing shall be by notice to the General Director in writing, sent by certified or registered mail, return receipt requested. In the event the employee does not request a hearing within the time and in the manner required, he or she shall be deemed to have accepted the action involved and it shall become effective immediately. If a hearing is requested, it shall be conducted under the procedures set forth as follows:

Section 1: Grounds for Appeal

The grounds for appeal from the previous hearing shall be:

- a) Substantial failure of the General Director to comply with the Hospital Policies in the conduct of the hearing and decisions upon hearing so as to deny due process or a fair hearing; or
- b) Action taken arbitrarily, capriciously or with prejudice; or
- c) The action of the General Director was not supported by the evidence.

Section 2: Time, Place, and Notice

In the event of any appeal to the Hearing Committee as set forth in the preceding sections, the Chairperson of the Board shall, within ten (10) calendar days after receipt of such request of appeal, schedule and arrange for an appellate review. The Hearing Committee shall cause the aggrieved employee to be given notice of the time, place and date of the appellate review. The date of appellate review shall not be less than 20 calendar days, nor more than 40 calendar days from the date of receipt of the request for appellate review. However, when a request for appellate review is from an employee who is under a suspension or termination which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made and not more than 14 calendar days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Chairperson of the Board for good cause.

Section 3: Nature of Appellate Review

The proceedings by the Hearing Committee shall be in the nature of an appellate hearing based upon the record of the hearing before the General Director, provided that the Hearing Committee may, in its discretion, accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the prior hearing. Each party shall have the right to present a written statement in support of his or her position on appeal, and in its sole discretion, the Hearing Committee may allow each party or his or her representative to appear personally and make oral argument. The Hearing Committee may affirm, modify or reverse

the decision of the General Director, or, in its discretion, refer the matter to the General Director for further review and recommendation. Any further review process and report back to the Hearing Committee shall in no event exceed thirty (30) calendar days in duration except as the parties may stipulate. Within ten (10) days after reaching a decision, the Hearing Committee shall present its decision to the Chairperson of the Board.

Section 4: Final Decision

At the next regularly scheduled Board meeting occurring more than 10 days after the Chairperson receives the decision of the Hearing Committee, the Board shall render a final decision and shall deliver written copies thereof to the employee and the General Director in person or by certified or registered mail within 10 days.

Section 5: Further Review

Except where the matter is referred for further action and recommendation by the Board, the final decision of the Board following the appeal shall be effective immediately and shall not be subject to further review. However, if the matter is referred back by the Board to the General Director for further action and recommendation, the General Director shall promptly take such action and make his or her recommendations to the Board in accordance with the instructions given by the Board. This further review process and the report back to the Board shall in no event exceed thirty (30) calendar days in duration except as the parties may otherwise stipulate. The Board shall then render its final decision at the next regularly scheduled Board meeting.

Section 6: Right to One Appeal Only

No employee shall be entitled as a matter of right to more than one hearing, nor more than one appellate hearing before the Board, and shall not be entitled to a hearing before any other body or review tribunal within the University on any single matter which may be the subject of an appeal.

15. **POLICY REVISION AND EVALUATION**

In order to achieve compliance with approved personnel policies and procedures, and in order to achieve advice and input from across the organization in the consideration of personnel policies and procedures, the General Director shall develop an organizational structure through which his/her authority is exercised and through which advice and input is received.

Human Resources Director

It shall be the responsibility of the Human Resources Director to administer, interpret and publish these policies and to receive and process requests for change. No administrative action affecting the classification, rate of pay, or appointment and change of status of an employee or position within the Hospital shall become

effective until approved by the Human Resources Director as being in conformity with these policies.

Human Resource Management Committee

The Human Resource Management Committee shall consist of the Senior Associate Directors for Operations, Nursing, and Finance, the Human Resources Director, and other members of the management team as appointed by the General Director. This Committee shall have the authority to make final recommendations for personnel policy changes and structural changes in the compensation plan to the General Director.

ADMINISTRATIVE PERSONNEL PROGRAMS

1. **EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION**

Equal employment opportunity and affirmative action policies and procedures apply to all personnel actions, including job descriptions, advertising, recruitment, hiring, promotion, performance evaluations, salary increases, access to training and development opportunities and the like. A more complete statement appears in the manual on all-University policies. This reminder precedes the descriptions of personnel programs not previously covered so that it need not be repeated under every heading. If you have questions or need assistance, please call the Human Resources Department or the Office of the Director of Equal Opportunity and Affirmative Action.

2. **MINNESOTA GOVERNMENT DATA PRACTICES ACT**

Data collected on University employees are subject to the Minnesota Government Data Practices Act. This legislation categorizes all personnel data as either public or private. The act specifies which data are public; all other data are private.

Private data may not be released to anyone but the employee. Other employees of the University may use and have access to private data as necessary for the administration and management of the institution.

Employees may contest in writing data that they believe are inaccurate or incomplete.

3. **DEFINING THE VACANT POSITION**

The hiring unit defines the position to be filled. The class title, appointment term/type, and salary should fit the position description; the position description should support the knowledge, skills, abilities, and experience required. The position description, including search committee composition and advertising, must be reviewed and approved by the Hospital EEO and Affirmative Action Officer and the General Director before the search can begin.

4. **RECRUITMENT AND HIRING**

All administrative positions which are not part of a recognized promotional ladder must be posted and advertised. Positions requiring substantial University of Minnesota Hospital and Clinic experience will be posted and advertised internally only. Exemptions from affirmative action requirements must be reviewed and approved by the Director, Equal Opportunity and Affirmative Action Office before an offer can be made.

Under the University's affirmative action policy, numerical hiring goals for women and minorities must be set and/or adjusted annually. The goals are based on several factors, including current representation of women and minorities in the

University's work force and the availability of women and minorities when vacancies occur. The goals take into account the University's hiring practices, additional information on the labor market, and other social statistics, e.g., unemployment rates. (See the EEO statement in the all-University Policy Manual.)

When a pool of applicants has been obtained and screened by the search committee, a report will be prepared for review by the Hospital EEO Officer, the General Director, and the Office of Equal Opportunity and Affirmative Action.

Before an offer of appointment can be made by the hiring unit, a summary of the affirmative action procedures taken and the qualifications of the person recommended for the position must be reviewed and approved by the Hospital EEO Officer, the General Director, and the Equal Opportunity and Affirmative Action Office.

5. **PERSONNEL RECORDS**

All administrative appointments are processed on a Personnel Action Form (PAF). From the PAF, information about class title, term, type, percent time, appointment dates, and salary are printed on a Notice of Appointment. The Notice of Appointment is sent to the employee. Any questions about the terms described in the Notice of Appointment should be addressed to the unit administrator promptly. Copies of the PAF, Notice of Appointment, and other personnel documents are retained in a central file in the Hospital Human Resources Department. Hospital department files will include correspondence, evaluations and other relevant materials.

6. **ASSISTANCE PROGRAMS**

Hospital and Clinic Employee Assistance Program - 626-5060

The Employee Assistance Program is offered to help employees and their families solve personal problems before they grow into costly consequences. This program is available to employees and their families on a voluntary basis.

The Employee Assistance Program is a benefit; there is no cost to you. Employees and their families or household members may be seen up to four times by a counselor to assess a problem. If additional counseling or an outside referral is needed to solve a problem, a counselor will refer to resources covered under the relevant insurance plan, resources based on ability to pay, or resources available in the community at no cost to participants.

Appointments can be made between the hours of 8:00 a.m. to 4:30 p.m. Monday through Friday. Whatever is discussed with the Employee Assistance Program Staff remains confidential. Records are kept only on the number of calls and the types of problems addressed. The program is offered by the University Hospital and Clinic Social Work and Human Resources Departments. For additional information, call 626-5060.

Disability Services

The University is obligated to provide optimal employment opportunities for all, including those with physical, sensory, learning and/or psychological disabilities. The University recognizes that employees sometimes have unique needs, for which the University's policies, in general, call for accommodations to be made on an individual and flexible basis. It is the responsibility of the employee to seek assistance and make his/her needs known. For information and referral, contact Hospital Human Resources, 626-5550.

7. EMPLOYEE BENEFITS ADMINISTRATION AND INFORMATION

Note: Many benefits and policies have eligibility requirements which may be based on class title, appointment term, appointment type, percent time, or other factors. See the manual on all-University policies for a Summary of Benefits for Full-time (100%) Academic Professional and Administrative Staff and the Diagram of Benefits.

Basic Economic Fringe Benefits

The Employee Benefits Department and/or Payroll Departments are responsible for providing the benefits listed below. The employee is subject to meeting the respective eligibility requirements, which are based on class title, duration of appointment, percent time, and appointment type.

- Faculty Group Life Insurance
- Faculty Group Income Disability
- Faculty Retirement Plan
- Health, dental, and life insurance
- FICA (Social Security and Medicare)

The manual on all-University policies contains some general information about benefits. For complete information, call Employee Benefits at 624-9090.

For FICA Social Security and Medicare information, call the University Payroll Department at 624-4585.

Additional Benefits

These policies are found in the all-University Policy Manual along with telephone numbers to call for assistance. Note that policies may have different eligibility requirements.

- Academic Employee Tuition Benefit
- Indemnification and Defense of Employees
- Leaves:
 - Administrative Transitional Leave
 - Appearance in Court and Jury Duty
 - Attendance at Professional Meetings
 - Military Service

Personal Leaves:

Sick Leave and Disability Leave

Parental Leave

Family and Personal Leaves Without Pay

Professional Development Leave

Outside Consulting, Service Activities, and Other Outside Work

Resident Tuition Rate

Severance Policy

Unemployment Compensation

Vacation

Worker's Compensation

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

May 22, 1991

TO: Board of Governors

FROM: Robert Dickler
General Director

SUBJECT: 1991-92 Operating Budget for the University of Minnesota
Hospital and Clinic

The 1991-92 Operating Budget was presented to the Board of Governors for information on April 24, 1991. At that time the Board of Governors gave preliminary approval of a 5.0% rate increase for 1991-92 to be implemented on July 1, 1991.

At this time we are submitting the final Operating Budget which reflects minor adjustments from the budget which was previously submitted in April. The changes include: (1) increasing the anticipated expenditures for recruitment and support (\$200,000), (2) increasing advertising for the Cancer Center (\$500,000), (3) decreasing resident stipend levels (\$68,000), and (4) increasing depreciation as a result of additional capital expenditures (\$75,000).

Attached for your review are the Statement of Operations and the Summary Statement of Operations and Cash Flow for the current and budget years. We look forward to discussing this with you on May 22, 1991.

Attachment

UNIVERSITY OF MINNESOTA HOSPITAL & CLINIC
STATEMENT OF OPERATIONS

	1990/91 Board Budget	1990/91 Current Year Projections	1991/92 Budget @ 5% Rate Increase
PATIENT CARE CHARGES			
ROUTINE	\$93,007,000	\$101,959,000	\$107,430,000
ANCILLARY	241,998,000	251,841,000	268,139,000
GROSS CHARGES	\$335,005,000	\$353,800,000	\$375,569,000
DEDUCTIONS FROM CHARGES			
BILLING ADJUSTMENTS	\$12,454,000	\$11,939,000	\$12,532,000
HMO/PPO DISCOUNTS	19,890,000	26,450,000	29,547,000
GOVERNMENTAL CONTRACTUAL ADJUST	47,539,000	43,442,000	49,943,000
CHARITABLE CARE	600,000	600,000	600,000
TOTAL DEDUCTIONS	\$80,483,000	\$82,431,000	\$92,622,000
OTHER OPERATING REVENUE			
APPROPRIATIONS & SUPPORT	\$15,976,000	\$16,000,000	\$15,830,000
FOOD SERVICES	1,477,000	1,659,000	1,739,000
PARKING SERVICES	838,000	913,000	926,000
SHARED SERVICES	179,000	174,000	173,000
DEPARTMENT NON-PATIENT	98,000	159,000	112,000
GRANT INCOME	1,664,000	1,789,000	1,920,000
REFERENCE LAB INCOME	2,393,000	2,638,000	2,787,000
PRO FEES -- NET REVENUE	1,715,000	1,907,000	2,029,000
SILVER SALVAGE	17,000	36,000	35,000
INCOME FROM BOND PROCEEDS	1,625,000	2,259,000	2,220,000
TOTAL OTHER REVENUE	\$25,982,000	\$27,534,000	\$27,771,000
TOTAL REVENUE FROM OPERATIONS	\$280,504,000	\$298,903,000	\$310,718,000
EXPENDITURES			
SALARIES	\$118,374,000	\$120,873,000	\$124,664,000
FRINGE BENEFITS	28,671,000	28,068,000	30,179,000
ACADEMIC CONTRACTS	1,170,000	1,143,000	1,208,000
RESIDENT CONTRACTS	8,092,000	8,916,000	9,688,000
PHYSICIAN/CONTRACT COMPENSATION	7,842,000	8,660,000	9,134,000
TOTAL SALARY, F.B., & FEES	164,149,000	167,460,000	174,873,000
LAUNDRY & UNEN	2,139,000	2,138,000	2,215,000
RAW FOOD	1,822,000	1,790,000	1,897,000
DRUGS	19,914,000	20,995,000	25,561,000
BLOOD & BLOOD DERIVATIVES	10,090,000	11,364,000	12,544,000
MEDICAL SUPPLIES & SERVICES	26,024,000	27,808,000	28,478,000
UTILITIES	6,148,000	6,154,000	6,395,000
INSURANCE	771,000	1,789,000	1,874,000
RENTAL	3,052,000	2,758,000	2,682,000
MAINTENANCE & REPAIR	5,022,000	5,485,000	5,205,000
NET LOSS ON DISPOSAL OF ASSETS	48,000	64,000	64,000
CAMPUS ADMINISTRATION EXPENSE	296,000	296,000	311,000
DEPRECIATION	19,497,000	18,382,000	19,548,000
INTEREST	12,690,000	12,133,000	11,476,000
PROVISION FOR UNCOLLECTABLES	3,015,000	2,965,000	2,982,000
OTHER	0	0	2,385,000
GENERAL SUPPLIES & EXPENSE	15,641,000	13,587,000	16,116,000
TOTAL EXPENDITURES	\$290,318,000	\$295,148,000	\$314,606,000
NET REVENUE FROM OPERATIONS	(\$9,814,000)	\$3,755,000	(\$3,888,000)
NON-OPERATING REVENUE			
INTEREST INCOME ON RESERVES	7,686,000	9,491,000	8,909,000
INVESTMENT INCOME HELD BY TRUSTEE	1,400,000	2,103,000	1,869,000
OTHER INVESTMENT INCOME	171,000	28,000	779,000
DIVIDEND DISTRIBUTION	655,000	655,000	0
TOTAL NON-OPERATING REVENUE	\$9,912,000	\$12,277,000	\$11,557,000
REVENUE OVER/(UNDER) EXPENSE	\$98,000	\$16,032,000	\$7,669,000

**UNIVERSITY OF MINNESOTA HOSPITAL & CLINIC
FOR FISCAL YEARS 1990/91 AND 1991/92
SUMMARY STATEMENT OF OPERATIONS AND OPERATING CASH FLOW**

	<u>1990/91 PLANNED BUDGET</u>	<u>1990/91 PROJECTED</u>	<u>1991/92 BUDGET @ 5%</u>
Gross Patient Charges	\$335,005,000	\$353,800,000	\$375,569,000
Deductions from Charges	80,483,000	82,431,000	92,622,000
Other Operating Revenue	<u>25,982,000</u>	<u>27,534,000</u>	<u>27,771,000</u>
Total Operating Revenue	\$280,504,000	\$298,903,000	\$310,718,000
Total Expenditures	<u>290,318,000</u>	<u>295,148,000</u>	<u>314,606,000</u>
Net Revenue from Operations	(\$9,814,000)	\$3,755,000	(\$3,888,000)
Total Non-Operating Revenue	<u>9,912,000</u>	<u>12,277,000</u>	<u>11,557,000</u>
Revenue Over/-Under Expenses	\$98,000	\$16,032,000	\$7,669,000
Add Non-Cash Outlays:			
Depreciation	19,497,000	18,362,000	19,540,000
University Support	196,000	196,000	211,000
Net Increase to Working Capital	<u>1,957,000</u>	<u>1,814,000</u>	<u>3,731,000</u>
Total Funds Provided	\$21,748,000	\$36,404,000	\$31,159,000
Funds Applied:			
Increase in Accounts Receivable	1,692,000	8,079,000	2,673,000
Capital Expenditures:			
Principal Payments on Debt and Equipment	3,563,000	3,349,000	3,555,000
Recurring Equipment and Renovation	8,445,000	7,000,000	8,511,000
Interest Income Committed to Capital Plan	6,800,000	6,800,000	8,909,000
Operations Cash Funding for Capital Plan	<u>300,000</u>	<u>300,000</u>	<u>0</u>
Total Funds Applied	20,800,000	25,528,000	23,648,000
Total Cash Available from Operations	<u><u>\$948,000</u></u>	<u><u>\$10,876,000</u></u>	<u><u>\$7,511,000</u></u>

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

May 22, 1991

TO: Board of Governors
FROM: Clifford P. Fearing, Senior Associate Director
SUBJECT: Adjustment to 1991-92 State Appropriations

With the end of the Legislative Session, the University has finally been able to determine the impact the legislator's support reduction will have on the 1991-1993 University Biennial Budget. After several discussions with University central officers, an agreement was reached on May 22, 1991 on the Hospital and other Health Science Units' shares of these reductions.

For 1991-92 the University Hospital share of the reductions will be \$2.45 million of reduced legislative support. \$2.0 million of this reduction is a one-time assessment and will not apply to future years. The \$2.45 million reduction in appropriations in 1991-92 will reduce our budgeted net income over expenses from \$7,669,000 to \$5,219,000 and UMHC's projected cash flow from \$7,511,000 to \$5,061,000. Although the 1991-92 Hospital share is more than a proportional share, we believe, because of the Hospital's financial position, that this is a reasonable outcome. In consideration of this contribution, central officers have agreed to resolve and modify as appropriate, by the close of fiscal year 1992, the charges made in service relationships between the University and UMHC. It is our belief that in the long term this will have an important, positive economic impact on UMHC.

**RESOLUTION
BY
UMHC BOARD OF GOVERNORS**

Whereas, the Board of Regents have delegated to the Board of Governors responsibility for governance of human resource management matters at University Hospital, including compensation matters for employee groups primarily residing at the Hospital, and

Whereas, the Board of Governors wishes, under this delegated authority to promulgate a set of personnel policies and compensation guidelines for the Hospital's administrative staff, and

Whereas, the appropriate University officers have been consulted on this matter and have concluded that this action is in compliance with the Regents' delegation, and

Whereas, at the request of the Board of Governors, Administrative Staff Personnel Policies and Procedures and an Administrative Compensation System have been formulated,

Now therefore be it resolved, upon recommendation by the Board of Governors Finance Committee, that the Board of Governors approves the recommended Administrative Personnel System Policies and Procedures ~~and Administrative Compensation System~~, and

Be it further resolved that the Board of Governors directs the General Director to administer these matters on behalf of the Board of Governors, to include, at a minimum, an annual report to the Finance Committee relative to any recommended changes in the Administrative Personnel System Policies and Procedures and the Administrative Compensation System.

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

BOARD OF GOVERNORS

JUNE 26, 1991

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THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
BOARD OF GOVERNORS
JUNE 26, 1991
2:30 P.M.
555 DIEHL HALL

AGENDA

- | | | |
|------|--|-------------|
| I. | <u>Approval of the May 22, 1991 Minutes</u> | Approval |
| II. | <u>Chairman's Report</u>
-Ms. Kristine Johnson | Information |
| III. | <u>Hospital Director's Report</u>
-Mr. Robert Dickler | Information |
| IV. | <u>Special Presentation: Anton (Tony) R. Potami</u>
-Associate Vice President for
Research and Technology Transfer | Information |
| V. | <u>Committee Reports</u> | |
| | A. <u>Consent Items</u> | |
| | <u>Joint Conference Committee</u> | |
| | 1. Committee Chairmen Appointments | Approval |
| | 2. Safety Committee Report | Approval |
| | <u>Planning and Development</u> | |
| | 1. Cancer Center | Approval |
| | <u>Finance Committee</u> | |
| | 1. May 31, 1991 Financial Statements | Information |

B. Joint Conference Committee

-Mr. George Heenan

1. Medical Staff Hospital Council Report Approval
 Credentials Committee Recommendation

2. Clinical Chiefs Annual Appointments Approval

C. Planning and Development Committee

-Mr. Robert Nickoloff

1. Lithotripsy Program Approval

D. Finance Committee

-Mr. Jerry Meilahn

1. Compensation Plan Approval

VI. Other Business

VII. Adjournment

MINUTES

**BOARD OF GOVERNORS
The University of Minnesota Hospital and Clinic**

May 22, 1991

Call To Order

In Chairman Johnson's absence, Mr. David Lentz called the May 22, 1991 meeting of the Board of Governors to order at 2:35 p.m. in 555 Diehl Hall.

Attendance

Present: Leonard Bienias
David Brown, M.D.
Paula Clayton, M.D.
Robert Dickler
Michael Dougherty
Robert Erickson
George Heenan
Nellie Johnson
David Lentz
Margaret Matalamaki
Robert Maxwell, M.D.
Jerry Meilahn
Robert Nickoloff
Barbara O'Grady
Trudy Ohnsorg
Cherie Perlmutter

Not Present: Phyllis Ellis
Kris Johnson
Gerald Olson

Approval of Minutes

The Board of Governors seconded and passed a motion to approve the minutes of the April 24, 1991 meeting as submitted.

Special Presentation: Dr. Patricia Ferrieri

Mr. Dickler introduced Dr. Patricia Ferrieri, Professor, Department of Pediatrics and Laboratory Medicine and Pathology. Dr. Ferrieri presented an overview on infections in newborn infants and their mothers.

The Board thanked Dr. Ferrieri for her presentation.

Chairman's Report

Mr. Lentz introduced and welcomed Mr. Joe Burns, President of AFSCME, and several representatives of AFSCME.

Mr. Lentz reported that the fall Board retreat dates are still being explored and dates will be confirmed in the near future.

Consent Agenda

A motion was seconded and passed to approve items on the consent agenda which consisted of:

- a. Medical Staff-Hospital Council Report
Credentials Committee Recommendations
- b. Clinical Chief Appointment
- c. Annual Home Health Review
- d. Special Capital Project:
Linear Accelerator Proposal
- e. April 30, 1991 Financial Statements

Director's Report

Mr. Robert Dickler reported that the CUHCC open house on May 6th was well attended and the facility turned out beautifully.

Mr. Dickler reported that the legislative session adjourned. He then called on Ms. Shannon Lorbiecki who gave an overview of the issues followed by the hospital during the 1991 portion of the legislative session.

Mr. Dickler announced that Ms. Nancy Janda has given her notice to leave The University of Minnesota Hospital and Clinic on June 19, 1991. The Board extended their best wishes to Ms. Janda in the future.

Planning and Development Committee Report

Because Mr. Nickoloff was unable to attend the Planning and Development Committee meeting, Mr. Dickler presented the committee report. Mr. Dickler

called on Mr. Greg Hart to present the Mobile Cardiac Catheterization Program. Mr. Hart indicated it is now timely for UMHC to initiate a mobile heart cath program as an extension of our medical outreach program. Some of our key affiliate sites have expressed an interest in having their communities served by a mobile cath program. A motion was seconded and passed to endorse the concept of the mobile cardiac catheterization program, as an extension of our medical outreach program and give staff the authority to pursue these negotiations.

Mr. Hart presented a proposal to the Board to establish a joint program for mobile lithotripsy with the Department of Urology. This item was brought to the Board for information and will be brought for approval at the June Board meeting.

Mr. Dickler announced that a fund raising effort has been initiated for the University of Minnesota Cancer Center. The proposal is for the Hospital to pledge about \$1 million over a period of five to ten years. This item was for information and will be brought to the Board for approval in June.

Finance Committee Report

Mr. Meilahn presented a resolution on the Administrative Personnel Policies to the Board. A motion was seconded and passed to act on the resolution as it was presented.

Mr. Lentz called on Joe Burns, President of AFSCME Local 1164, to discuss the Union's concern over the proposed Hospital budget. Mr. Burns asked the Board to allow the collective bargaining process to determine whether or not there will be across the board salary increases for members of the AFSCME bargaining unit.

The Board thanked Mr. Burns for his presentation.

Mr. Dickler stressed that compensation plans are not included in the budget which was before the Board for approval. The budget includes an estimate of the compensation plan which remains to be determined. The Hospital continues to work with the University and through the collective bargaining process to a compensation plan.

Mr. Fearing presented several changes in the 1991/1992 budget since the April meeting. The most significant change is that the level of appropriations from the State is decreased by \$2.45 million. Of this decrease, \$2 million will be a one time decrease while the University works to develop permanent budget cuts in accord with its base budget cut from the State. The additional \$450,000 will be a recurring cut in the appropriation the Hospital receives from the State to support graduate medical education. Although the budget currently reflects this funding cut as a decrease to the bottom line, final determination has not been made regarding the source of this decrease.

Members of the Board expressed their concern that the Hospital make compensation decisions which are necessary to recruit and retain high quality health care professionals. Mr. Dickler indicated that a compensation plan will be presented to the Board when collective bargaining and additional issues are finalized.

A motion to approve the 1991/1992 budget was seconded and passed with one abstention.

Adjournment

There being no further business, the May 22, 1991 business meeting of the Board of Governors was adjourned at 4:40 p.m.

Respectfully submitted,

Gail A. Strandemo

Gail A. Strandemo
Board of Governors Office

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

June 21, 1991

TO: Members of the Board of Governors

FROM: Shannon Lorbiecki
Administrative Fellow
Secretary to the Board of Governors

We are pleased to welcome Anton (Tony) R. Potami as our enrichment speaker this month. Tony is the Associate Vice President in the Office of Research and Technology Transfer.

This is another in a series of presentations designed to broaden or enhance Board of Governors familiarity with issues that impact The University of Minnesota Hospital and Clinic.

ANTON (TONY) R. POTAMI

1411 Kerry Circle
Fridley, MN 55432
(612) 624-1648 (Work)
(612) 571-2588 (Home)

EMPLOYMENT EXPERIENCE

1983-present

University of Minnesota
Associate Vice President
Office of Research and Technology Transfer

Responsibilities:

- Serving as liaison for research, technology transfer and economic development activities between the University of Minnesota and the Greater Minnesota Corporation, other State agencies and quasi-governmental bodies, regional and local government agencies, chambers of commerce, Minnesota Project Innovation, Medical Alley Association, Minnesota High-Tech Council, Minnesota Cooperation Office, Minnesota Technology Corridor Corporation, businesses and industry, venture capital industry, the federal government, and a variety of professional organizations.
- Promoting patent awareness among University faculty and encouraging faculty to disclose their discoveries.
- Promoting technology licensing and negotiating licenses of University inventions.
- Developing spin-off companies to commercialize University technologies.
- Promoting economic development throughout Minnesota.
- Developing institutional policies, as needed, in areas of research, technology transfer, and economic development.
- Managing all externally-sponsored University research, training, and public service programs.

Significant Accomplishments:

- Increase in faculty invention disclosures from 30 in 1983 to 160 in 1989.
- Significantly increased number of patents received. With 27 patents, the University ranked 4th among universities in 1988.
- Established new policies and an entrepreneurial environment that enabled faculty to increase industry-sponsored research funding from \$5 million in 1983 to \$13.4 million in 1989, from 375 companies.
- Licensed 111 pieces of University technology to 66 companies.

- Helped to establish many of the 17 spin-off companies which were formed as a result of University technology.
- Developed Minnesota Project Outreach, an innovative information retrieval system to benefit small and medium-sized companies throughout Minnesota. Obtained the joint sponsorship of the Greater Minnesota Corporation and Department of Trade and Economic Development for the project and successfully guided the project through the Minnesota legislature.
- Instituted the Early Stage Technology Development Fund, a program funded by the Blandin Foundation that supports the development of technologies with potential to be transferred or commercialized in rural areas.
- Developed the University's conflict of interest policy, new patent policy, and policy on misconduct in research.
- Developed Guidelines on Interaction with Industry to promote effective collaboration between University faculty and industry.
- Reorganized the Patent Office into the Office of Patents & Licensing and made it responsive to constituents' needs.

1981-1983

University of Minnesota
 Special Assistant to Vice President for Finance and Operations, and
 Director, Office of Research Administration

1974-1981

University of Minnesota
 Director, Office of Research Administration

1973-1974

University of Minnesota
 Assistant to Vice President for Health Sciences

1965-1973

University of Minnesota
 Office of Contracts and Grants

EDUCATION

University of Minnesota - Duluth
Business Administration
B.A., 1965

Stanford University Business Management Institute, 1981

CONSULTANTSHIPS

Various universities regarding research administration and technology transfer
National Institutes of Health

DIRECTORSHIPS

Asthma and Allergy Foundation of America, Minnesota Division
Minnesota Project Innovation
Minnesota Cooperation Office
Minnesota Software Commission
Taxi 2000
International Hearing Foundation
Medwrite, Inc.
Anoka County Seed Capital Corporation

ADVISORY BOARDS (UNIVERSITY OF MINNESOTA)

Center for Interfacial Engineering
Biomedical Engineering Center

MEMBERSHIPS

Council on Governmental Relations
Society of Research Administrators
National Council of University Research Administrators
Licensing Executives Society
Association of University Technology Managers
Technology Transfer Society
Minnesota High Technology Council - University Committee
Medical Alley Association
Minnesota Wellspring - Technology Transfer Committee
Northeast Minnesota Metro Advisory Board
Various University of Minnesota Committees

EDITORIAL BOARDS

New Venture Review
Research Review -Journal of National Council of University Administrators.



The University of Minnesota Hospital and Clinic
Box 707
Harvard Street at East River Parkway
Minneapolis, Minnesota 55455
(612) 626-1945

June 11, 1991

TO: Board of Governors

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

SUBJECT: Appointment of Medical Staff-Hospital Council
Committee Chairmen

The Medical Staff-Hospital Council has endorsed the attached list of committee chairmen appointments for 1991/1992 on June 11, and the Joint Conference Committee on June 20, and are forwarding these recommendations to you for your approval on June 26.

The Bylaws of the Medical and Dental Staff, Article VI, Part A, Section 1, (s), sets forth the requirement that the appointment of all Medical Staff-Hospital Council committee chairmen be made by the Board of Governors after receiving recommendations from the Medical Staff-Hospital Council.

A recommendation for the appointment of the chairman of the Emergency Department Committee will be presented for approval at the July meeting.

Thank you.

REM/mjm

Attachments

THE UNIVERSITY OF MINNESOTA HOSPITAL & CLINIC
MEDICAL STAFF-HOSPITAL COUNCIL COMMITTEE CHAIRMEN APPOINTMENTS

1991/1992


1. Bed Allocation Committee.
Richard J. Palahniuk, M.D.
2. Biomedical Ethics Committee
Susan Berry, M.D.
Kathy Wilde, R.N.
Nurse Manager, Co-Chair
3. Bylaws Committee
Marvin Goldberg, M.D.
4. Cardiorespiratory Advisory Committee
Russell H. Larsen, M.D.
5. Cardiovascular Advisory Committee
Michael W. Steffes, M.D.
6. Credentials Committee
Henry Buchwald, M.D.
7. Emergency Department Committee
8. Infection Control Committee
Frank Rhame, M.D.
9. Intensive/Special Care Unit Advisory Committee
Frank Cerra, M.D.
10. Medical Record and Patient Care Information Committee
Marvin Goldberg, M.D.
11. Operating Room Committee
Roby Thompson, M.D.
12. Outpatient Committee
Amos Deinard, M.D.
13. Pharmacy & Therapeutics Committee
Russell Lucas, M.D.
14. Product Evaluation & Standardization Committee
Jon F. Berlauk, M.D.
15. Quality Assurance Steering Committee
Robert E. Maxwell, M.D.
16. Safety Committee
Charles Andres, M.D.
17. Tissue & Procedure Review Committee
Ricardo Gonzalez, M.D.
18. Transfusion Therapeutics Committee
Clark Smith, M.D.
Elizabeth Perry, M.D., Co-Chair

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

TO: Members, Board of Governors

FROM: Robert Dickler 
General Director, UMHC

DATE: June 20, 1991

SUBJECT: University of Minnesota Cancer Center

As you are aware, the University of Minnesota is a major center for cancer research, education, and treatment. For a number of years the University of Minnesota Health Sciences Center have been working collectively to ascertain what changes and support is required to maintain and enhance this leadership. Some of the outcomes of these efforts have been the formulation of a Cancer Center structure, the ongoing development and enhancement of clinical programs, the recruitment of faculty in a variety of disciplines, and the expansion of research and educational activity.

Under the leadership of Dr. David Brown, the Medical School and University have also developed and implemented plans for a major Cancer Center fund-raising effort. This effort has a goal of \$30 million for facility development and endowed chairs and faculty support in cancer. To date, the preliminary fund-raising efforts have been highly successful with pledges and contributions now exceeding half of the goal. Based on this success, the Cancer Center Campaign will be formally announced in late June of this year.

The Board of Governors have discussed, on a number of occasions, the constraints imposed on faculty recruitment and retention due to inadequate laboratory space and support resources. The construction component of this campaign will add four floors to the existing Cardiovascular Research Center and Heart Lung Institute for cancer research and support. The addition of this space will be a significant step toward resolving these serious space shortages for research.

Recognizing the importance of these efforts to the success of the Hospital's tripartite mission, I am recommending to the Board that UMHC pledge \$1 million for the Cancer Center facility development. This pledge would be paid over a seven-year period which will permit us to minimize the impact on our ongoing operating and capital budgets while, at the same time, supporting a construction schedule which could be initiated by late 1991 or early 1992.

Thank you for your consideration of this recommendation. I look forward to discussing it with you.

RD/hw

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

Harvard Street at East River Parkway
Minneapolis, MN 55455

June 26, 1991

TO: Board of Governors
FROM: Clifford P. Fearing
SUBJECT: Report of Operations for the Period
July 1, 1990 through May 31, 1991

The Hospital's operations for the month of May reflect inpatient admissions, patient days, and clinic visits activity above budget. Both ancillary revenue and routine revenue are above budgeted levels for the month.

INPATIENT CENSUS: For the month of May, inpatient admissions totaled 1,474 which was 9 above budgeted admissions of 1,465. Our overall average length of stay for the month was 8.0 days. Patient days for May totaled 12,010 and were 734 days above budget. The most significant areas in which admissions were more than budget were in Medicine, Neurology, Neurosurgery, and Orthopedics. These were offset slightly by Gynecology and Pediatrics.

To recap our year-to-date inpatient census:

	<u>1989-90</u> <u>Actual</u>	<u>1990-91</u> <u>Budget</u>	<u>1990-91</u> <u>Actual</u>	<u>Variance</u>	<u>%</u> <u>Var</u>
Admissions	16,823	15,902	16,720	818	5.1
Patient Days	135,710	126,955	133,832	6,877	5.4
Avg Length of Stay	8.1	8.0	8.0	0.0	0.0
Avg Daily Census	405.1	378.9	399.5	20.6	5.4
Percent Occupancy	69.8	65.4	69.4	4.0	6.1

OUTPATIENT CENSUS: Clinic visits for the month of May totaled 24,267 which was 395, or 1.7%, more than budgeted visits of 23,872. Visits were significantly greater than budget in Adult Psych, Endoscopy, Neurology, Orthopedics, Dentistry, and Family Practice. These were offset slightly by Child Psych, Eating Disorders, Ophthalmology, Pediatrics and Radiation Therapy. Community University Health Care Center (CUHCC) visits for the month of May totaled 3,401 which was 1,254, or 26.9%, below budgeted visits of 4,655, while Home Health visits of 1,143 for the month were 190, or 19.9%, above budgeted visits of 953.

REPORT OF OPERATIONS

May 1991

PAGE 2

To recap our year-to-date outpatient census:

	<u>1989-90</u> <u>Actual</u>	<u>1990-91</u> <u>Budget</u>	<u>1990-91</u> <u>Actual</u>	<u>Variance</u>	<u>%</u> <u>Var</u>
Clinic Visits	247,122	239,659	254,147	14,488	6.1
CUHCC Visits	48,845	48,880	45,422	(3,458)	(7.1)
HHA Visits	10,484	10,300	10,397	97	0.9

FINANCIAL OPERATIONS: The Hospital's Statement of Operations shows revenues over expenses by \$12,316,666 a favorable variance of \$12,724,298. Patient care charges through May totaled \$322,270,183, which was 4.9% over budget. Routine revenue was 4.2% above budget and reflects our favorable inpatient census variance.

Ancillary revenue was \$11,449,833 above budget (5.2%) and primarily reflected the favorable variance in both inpatient and outpatient census. Inpatient ancillary revenue averaged \$9,747 per admission compared to the budgeted average of \$9,810 per admission. Outpatient revenue per clinic visit averaged \$264 compared to the budgeted average of \$262.

Operating expenditures through May totaled \$269,874,179 and were \$3,038,037 (1.1%) above budgeted levels of \$266,836,142. The overall unfavorable variance is primarily due to increased insurance costs and the increased demand for patient services, which is reflected in higher personnel costs and patient care supplies (blood and medical supplies and services).

ACCOUNTS RECEIVABLE: The balance in patient accounts receivable as of May 31, 1991, totaled \$95,966,356 and represented 94.8 days of revenue outstanding. The overall increase in our patient receivables in May of 1.7 days occurred primarily in Medicare, Blue Cross, and Minnesota Comprehensive Health Association (MCHA).

CONCLUSION: The Hospital's overall operating position is positive and above budgeted levels for May. While we have seen improvement in our expenditure levels, we are continuing to closely monitor our demand for services and make those operating changes that are necessary and appropriate to bring our expense levels into line with net revenues.

UNIVERSITY OF MINNESOTA HOSPITAL & CLINIC

EXECUTIVE SUMMARY OF FINANCIAL ACTIVITY

FOR THE PERIOD JULY 1, 1990 TO MAY 31, 1991

	1990-91 Budgeted	1990-91 Actual	Variance Over/-Under Budget	Variance %
Patient Care Charges	\$307,139,047	\$322,270,183	\$15,131,136	4.9%
Deductions from Charges	73,789,134	76,434,531	2,645,397	3.6%
Other Operating Revenue	23,856,515	25,116,584	1,260,069	5.3%
Total Operating Revenue	257,206,428	270,952,236	13,745,808	5.3%
Total Expenditures	266,836,142	269,874,179	3,038,037	1.1%
Net Operating Revenue	(9,629,714)	1,078,057	10,707,771	
Non-Operating Revenue and Expenses	9,222,082	11,238,609	2,016,527	21.9%
Revenue Over/Under Expense	(\$407,632)	\$12,316,666	\$12,724,298	

	1990-91 Budgeted	1990-91 Actual	Variance Over/-Under Budget	Variance %
Admissions	15,902	16,720	818	5.1%
Patient Days	126,955	133,832	6,877	5.4%
Average Daily Census	378.9	399.5	20.6	5.4%
Average Length of Stay	8.0	8.0	0.0	0.0%
Percentage Occupancy	65.4	69.4	4.0	6.1%
Outpatient Clinic Visits	239,659	254,147	14,488	6.1%

MINUTES
Joint Conference Committee
Board of Governors
June 12, 1991

Attendance: Present: Amos Deinard, M.D.
 Phyllis Ellis
 George Heenan
 Barbara O'Grady

 Absent: Debbie Day, M.D.
 Robert Dickler
 Robert Maxwell, M.D.
 Gerald Olson
 Richard Price, M.D.

 Staff: Keith Dunder
 Greg Hart

 Guests: Charles Andres, M.D.
 Robert Nygren

APPROVAL OF MEETING MINUTES

The minutes of the May 8, 1991 meeting were approved as submitted.

MEDICAL STAFF-HOSPITAL COUNCIL REPORT:
CREDENTIALS COMMITTEE RECOMMENDATIONS

Mr. Hart presented the Credentials Committee recommendations. The primary credentials item involved the recommendations for reappointment for staff in the departments of Anesthesiology, Dermatology, Family Practice, Hospital Dentistry, Medicine, Neurology, Neurosurgery, Ob/Gyn, Ophthalmology and Urology. The process for review of applicants for reappointment was discussed.

The remainder of the Credentials Committee report included recommendations for delay of reappointment, discontinuation of appointment, regular appointment, addition/deletion of privileges, change in staff category, provisional staff appointment, and resignations. The Committee also reviewed the process for initial appointment to the Medical staff.

The Joint Conference Committee endorsed the recommendations of the Credentials Committee.

COMMITTEE CHAIRS

The Joint Conference Committee endorsed the recommendations for chairs of the Medical Staff-Hospital Council Committees.

SAFETY COMMITTEE REPORT

Robert Nygren and Dr. Andres presented the Safety Committee Report. Mr. Nygren noted that this will be a quarterly report, as required by the Joint Commission.

Dr. Andres provided the group with an update on Disaster Planning activities, and a detailed report on the most recent Disaster Drill.

Mr. Nygren described the organization of the Safety Committee, and highlighted recent work in the areas of equipment sterilization practices, inappropriate disposal of equipment, and several personal safety incidents.

CLINICAL CHIEF APPOINTMENTS

The Joint Conference Committee endorsed the annual appointment of Chiefs of Clinical Services, as recommended.

The Committee also acted to instruct staff to draft a set of responsibilities, reappointment evaluation criteria, and removal process for Clinical Chiefs, to be presented in three months for use in 1992.

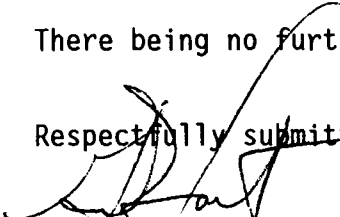
OTHER BUSINESS

The recent incidents with HIV infected physicians in the community were discussed. UMHC's current policy on HIV testing was also distributed to the Committee members.

ADJOURNMENT

There being no further business, the Committee meeting was adjourned.

Respectfully submitted,


Gregory W. Hart

GH/sm



UNIVERSITY OF MINNESOTA
TWIN CITIES

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

(612) 626-1945

June 21, 1991

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 June 11 and the Joint Conference Committee on June 20 have endorsed the attached Credentials Committee Report and Recommendations. Included in this report is the reappointment of Medical Staff in Unit I for the years 1991-1993.

I am forwarding these recommendations to you for your review and approval on June 26. If you should have any questions, please feel free to call on me.

REM/cf
Attachment

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

June 6, 1991

TO: Medical Staff-Hospital Council
FROM: Henry Buchwald, M.D.
Chairman, Credentials Committee
SUBJECT: Credentials Committee Report and Recommendations

The Credentials Committee having considered medical staff in Unit I eligible for reappointment for 1991 through 1993, hereby recommend all those included in the Credentials Committee report (pages 1-19) for reappointment to the medical staff, delay for reappointment (page 20); and recommendations for discontinuation of medical/dental staff appointment (page 21).

Also included are the Credentials Committee's recommendations for regular medical staff appointments (page 22); addition and/or deletion of clinical privileges (pages 23-24); change in staff category (page 25); provisional medical staff appointments (page 26); resignations from the medical staff (page 27); deceased (page 27).

HB/cf
Attachment

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
ANESTHESIOLOGY		
ANDERSON, JAMES V.	Attending Staff	
ANDERSON, WILLIAM W.	Attending Staff	
AUGUSTINE, SCOTT D.	Attending Staff	
BEEBE, DAVID S.	Attending Staff	
BELANI, KUMAR G.	Attending Staff	
BERLAUK, JON F.	Attending Staff	
CUMMING, JAMES F.	Attending Staff	
GAUTHIER, ROBERT L.	Attending Staff	
GILMOUR, IAN J.	Attending Staff	
JACKSON, JOHN M.	Attending Staff	
KOEHNTOPI, DOUGLAS	Attending Staff	
LARSEN, RUSSELL	Attending Staff	
LIAO, JI-CHIA	Attending Staff	
LO, JOSEPHINE N.	Attending Staff	
MOLINARI, PAUL S.	Attending Staff	
PALAHNIUK, RICHARD J.	Attending Staff	
SWEENEY, MICHAEL F.	Attending Staff	Pediatrics

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
DERMATOLOGY		
BART, BRUCE J.	Clinical Staff	
BAYRD, GARRETT T.	Clinical Staff	
BENDER, MITCHELL E.	Clinical Staff	
DAHL, MARK V.	Attending Staff	
FENYK, JOHN	Clinical Staff	
GENTRY, WILLIAM	Attending Staff	
HORDINSKY, MARIA D.	Attending Staff	
KAYE, VALDA N.	Clinical Staff	
LYNCH, PETER J.	Attending Staff	
PETERSON, WILLARD C.	Clinical Staff	
PRAWER, STEVEN E.	Clinical Staff	
SMITH, JANELLEN	Clinical Staff	
VANCE, J. CORWIN	Attending Staff	
ZACHARY, CHRISTOPHER	Attending Staff	
ZELICKSON, ALVIN S.	Clinical Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
FAMILY PRACTICE AND COMMUNITY HEALTH		
ALLEN, SHARON SMITH	Clinical Staff	
CIRIACY, EDWARD W.	Attending Staff	
CONNOLLY, JOSEPH P.	Emeritus Staff--without privileges	
DALY, MICHAEL L.	Attending Staff	
FONTAINE, PATRICIA C.	Attending Staff	
GEPNER, GREGORY J.	Clinical Staff	
HALVORSEN, JOHN G.	Attending Staff	
JACOTT, WILLIAM EARL	Attending Staff	
KEENAN, JOSEPH M.	Attending Staff	
KELLY, JOHN T.	Attending Staff	
KROGH, CHRISTOPHER L.	Attending Staff	
LINDBLOM, MAURICE L.	Attending Staff	
MCCONNELL, JOHN W.	Attending Staff	
O'LEARY, JOHN B.	Clinical Staff	
SATTERFIELD, SHARON	Attending Staff	
SEIM, HAROLD C.	Attending Staff	
VERBY, JOHN E.	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
HOSPITAL DENTISTRY		
BAKER, JAMES	Clinical Staff	
BEVIS, RICHARD R.	Attending Staff	
COLE, SANDRA J.	Attending Staff	
DERR, ROBERT E.	Clinical Staff	
ELDEEB, MOHAMED EN	Attending Staff	
EVENSEN, BRIAN T.	Clinical Staff	
FORD, RICHARD T.	Attending Staff	
FRICTON, JAMES R.	Attending Staff	
GATTO, DANIEL J.	Clinical Staff	
GOODKIND, RICHARD J.	Clinical Staff	
GORLIN, ROBERT J.	Attending Staff	
GRAYDEN, JOSEPH M.	Attending Staff	
HERZBERG, MARK C.	Attending Staff	
HINRICHS, JAMES E.	Clinical Staff	
HOLTE, NORMAN O.	Emeritus Staff	
LABELLE, RONALD E.	Clinical Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<u>HOSPITAL DENTISTRY</u>		
LARSON, THOMAS D.	Clinical Staff	
LEONARD, MYER S.	Clinical Staff	
OLIVER, RICHARD C.	Attending Staff	
PAPPAS, TELLY A.	Clinical Staff	
PIHLSTROM, BRUCE L.	Attending Staff	
SCHREINER, JAMES E.	Attending Staff	
SCHULTE, HERBERT W.	Attending Staff	
SELF, KARL D.	Attending Staff	
STICKEL, FRANKLIN R.	Clinical Staff	
SWIFT, JAMES Q.	Attending Staff	
TILL, MICHAEL J.	Attending Staff	
VICKERS, ROBERT	Attending Staff	
WALKER, PAUL O.	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<u>MEDICINE</u>		
ANDRES, CHARLES W.	Attending Staff	
AZAR, SILVIA H.	Attending Staff	
BACHE, ROBERT J.	Attending Staff	
BANTLE, JOHN	Attending Staff	
BARBOSA, JOSE	Attending Staff	
BENDITT, DAVID	Attending Staff	
BITTERMAN, PETER B.	Attending Staff	
BLOOMER, JOSEPH R.	Attending Staff	
BLUMENTHAL, MALCOLM	Clinical Staff	
BOND, JOHN H.	Clinical Staff	
COHN, JAY N.	Attending Staff	
CONFER, DENNIS L.	Attending Staff	
DANIELS, BARBARA S.	Attending Staff	
DAVIES, SCOTT F.	Clinical Staff	
DIANGELIS, NINA M.	Attending Staff	
DUANE, WILLIAM C.	Clinical Staff	
DUCKER, THOMAS P.	Attending Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<u>MEDICINE</u>		
EGGERT, RONALD C.	Clinical Staff	
FERRIS, THOMAS F.	Attending Staff	
FRANCIS, GARY S.	Attending Staff	
FULLER, BENJAMIN	Emeritus Staff--without privileges	
GAULT, N. L.	Attending Staff	
GILBERSTADT, MARK L.	Attending Staff	
GLICKSTEIN, SCOTT L.	Clinical Staff	
GOETZ, FREDERICK C.	Attending Staff	
GOODMAN, JESSE L.	Attending Staff	
HAIDET, GEORGE C.	Attending Staff	
HAMMERSCHMIDT, DALE	Attending Staff	
HARMON, KEITH R.	Attending Staff	
HEBBEL, ROBERT P.	Attending Staff	
HELGREN, ROBERT J.	Attending Staff	
HENKE, CRAIG A.	Attending Staff	
HERTZ, MARSHALL I.	Attending Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
MEDICINE		
HITT, JOHN A.	Attending Staff	
HOMANS, DAVID C.	Attending Staff	
HOSTETTER, THOMAS H.	Attending Staff	
HOWE, ROBERT	Attending Staff	
HUNNINGHAKE, DONALD	Attending Staff	
IBER, CONRAD	Clinical Staff	
JACOB, HARRY S.	Attending Staff	
JOHNSON, JAMES R.	Attending Staff	
JONES, JOHN P.	Attending Staff	
JORDAN, M. COLIN	Attending Staff	
KELLY, JOSEPH R.	Clinical Staff	
KENNEDY, B.J.	Attending Staff	
KIANG, DAVID T.	Attending Staff	
KING, RICHARD	Attending Staff	
KUBO, SPENCER H.	Attending Staff	
KVASNICKA, JOHN H.	Attending Staff	
LABREE, JOHN W.	Attending Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
MEDICINE		
LAXSON, DAVID D.	Attending Staff	
LERNER, IRVING	Clinical Staff	
LEVITT, JOHN I.	Clinical Staff	
LIMAS, CONSTANTINOS	Attending Staff	
LUIKART, SHARON D.	Attending Staff	
MANSKE, CONNIE L.	Attending Staff	
MARIASH, CARY N.	Attending Staff	
MARINELLI, WILLIAM	Attending Staff	
MCCOLLISTER, ROBERT	Attending Staff	
MOGINN, ANDREW G.L.	Attending Staff	
MOGLAVE, PHILIP	Attending Staff	
MEIER, PETER	Clinical Staff	
MERYHEW, NANCY L.	Attending Staff	
MESSNER, RONALD P.	Attending Staff	
MILLER, WESLEY	Attending Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
MEDICINE		
MILSTEIN, SIMON	Attending Staff	
MOORE, RANDALL S.	Attending Staff	
MORRISON, VICKI A.	Attending Staff	
MURRAY, M.J.	Attending Staff	
NATH, KARL A.	Attending Staff	
OPPENHEIMER, JACK H.	Attending Staff	
PALLER, MARK S.	Attending Staff	
PETERSON, BRUCE	Attending Staff	
PFOHL, RICHARD A.	Clinical Staff	
PLIMPTON, DAVID	Clinical Staff	
RAINES, JOHN R.	Clinical Staff	
RANK, JEFFREY M.	Attending Staff	
RHAME, FRANK S.	Attending Staff	Lab Med & Pathology
RIDLEY, DAVID J.	Clinical Staff	
ROBERTSON, R. PAUL	Attending Staff	
ROSENBERG, MARK E.	Attending Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
MEDICINE		
SABATH, LEON D.	Attending Staff	
SEAQUIST, ELIZABETH R.	Attending Staff	
SKUBITZ, KEITH M.	Attending Staff	
SLUNGAARD, ARNE	Attending Staff	
SOLITIS, RONALD D.	Attending Staff	
STAHNKE, LAURA	Attending Staff	
STONE, BRADFORD G.	Clinical Staff	
SVEUM, RICHARD J.	Clinical Staff	
SWENSON, LYLE J.	Clinical Staff	
TOBIAN, LOUIS	Attending Staff	
TOMBERS, JOSEPH M.	Clinical Staff	
TUNA, NAIP	Attending Staff	
UHLMAN, DOROTHY L.	Attending Staff	
ULSTAD, VALERIE K.	Attending Staff	
VENNES, JACK A.	Clinical Staff	
VERCELLOTTI, GREGORY	Attending Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
MEDICINE		
WANG, YANG	Attending Staff	
WANGSNESS, JOHN A.	Clinical Staff	
WARHOL, RICHARD M.	Clinical Staff	
WATSON, KATHLEEN V.	Attending Staff	
WEISDORF, DANIEL J.	Attending Staff	
WHITE, CARL W.	Attending Staff	
WILSON, ROBERT F.	Attending Staff	
WINCHELL, PAUL C.	Emeritus Staff--without privileges	
WINKELMANN, JOHN C.	Attending Staff	
WOOLLEY, ANTHONY C.	Attending Staff	
WYSHAM, DOUGLAS G.	Clinical Staff	
ZIMMER, STEVAN D.	Attending Staff	
ZOSCHKE, DAVID C.	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
NEUROLOGY		
BARKHAUS, PAUL E.	Clinical Staff	
BIRNBAUM, GARY	Attending Staff	
FIOL, MIGUEL E.	Clinical Staff	
GATES, JOHN R.	Attending Staff	
GUMNIT, ROBERT J.	Attending Staff	
KENNEDY, WILLIAM R.	Attending Staff	
KLASSEN, ARTHUR C.	Attending Staff	
KNOPMAN, DAVID	Attending Staff	
LEE, MYOUNG C.	Attending Staff	
LEPPIK, ILO E.	Attending Staff	
LOCKMAN, LAWRENCE A.	Attending Staff	Pediatrics
MORIARTY, JAMES A.	Attending Staff	
PRICE, RICHARD W.	Attending Staff	
RESCH, JOSEPH A.	Emeritus Staff--without privileges	
RITTER, FRANK J.	Attending Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
NEUROLOGY		
SHER, PHYLLIS K.	Attending Staff	Pediatrics
SMITH, STEPHEN A.	Clinical Staff	
SWAIMAN, KENNETH F.	Attending Staff	Pediatrics
TALWAR, DINESH	Attending Staff	
TORRES, FERNANDO	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
NEUROSURGERY		
CHOU, SHELLEY N.	Emeritus Staff—without privileges	
ERICKSON, DONALD L.	Attending Staff	
FRENCH, LYLE A.	Emeritus Staff—without privileges	
HAINES, STEPHEN J.	Attending Staff	
HEROS, ROBERTO C.	Attending Staff	
MAXWELL, ROBERT E.	Attending Staff	
ROCKSWOLD, GAYLAN L.	Clinical Staff	
SELJESKOG, EDWARD L.	Attending Staff	
WISIOL, ERICH S.	Clinical Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
OBSTETRICS AND GYNECOLOGY		
ADCOCK, LEON	Attending Staff	
CARSON, LINDA F.	Attending Staff	
CRUIKSHANK, STEPHEN	Clinical Staff	
FARB, HARRY F.	Clinical Staff	
FARR, JOHN D.	Clinical Staff	
FEHR, PETER E.	Clinical Staff	
JOSEPH, MARILYN S.	Attending Staff	
LEVINE, HOWARD M.	Clinical Staff	
NORDLAND, ROBERT	Clinical Staff	
PHIPPS, WILLIAM R.	Attending Staff	
* PREM, KONALD A.	Attending Staff	
SLOSSER, GAIUS J.	Clinical Staff	
TAGATZ, GEORGE E.	Attending Staff	
TWIGGS, LEO B.	Attending Staff	
WILLIAMS, PRESTON P.	Attending Staff	
WORK, BRUCE A.	Attending Staff	

* Current privileges recommended through July 31, 1991.
Further recommendation to follow.

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<u>OPHTHALMOLOGY</u>		
BROWN, J. DAVID	Clinical Staff	
CAMERON, J. DOUGLAS	Attending Staff	
CANTRILL, HERBERT L.	Clinical Staff	
CARPEL, EMMETT F.	Clinical Staff	
DOUGHMAN, DONALD	Attending Staff	
HOLLAND, EDWARD J.	Attending Staff	
KNOBLOCH, WILLIAM H.	Attending Staff	
LETSON, ROBERT D.	Attending Staff	
LINDSTROM, RICHARD L.	Clinical Staff	
NELSON, JOHN DANIEL	Attending Staff	
NICHOLS, DAN A.	Clinical Staff	
RAMSAY, ROBERT C.	Clinical Staff	
RUBENFELD, MARIAN R.	Clinical Staff	
RYAN, EDWIN H.	Attending Staff	
SUMMERS, CAROLE GAIL	Attending Staff	
TANI, GEORGE T.	Clinical Staff	
WIRTSCHAFTER, JONATHAN	Attending Staff	Neurology

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
UROLOGY		
BERKSETH, ROBERT O.	Clinical Staff	
ERCOLE, CESAR J.J.	Attending Staff	
FISHER, ROBERT D.	Clinical Staff	
FRALEY, ELWIN E.	Attending Staff	
GONZALEZ, RICARDO	Attending Staff	
HAIKEL, GEORGE A.	Clinical Staff	
HOPPMANN, HAROLD J.	Clinical Staff	
HULBERT, JOHN C.	Attending Staff	
KAYE, KEITH W.	Clinical Staff	
MARUF, NIZAMUDDIN J.	Clinical Staff	
MAYERSAK, JEROME S.	Clinical Staff	
MCELLISTREM, GERALD	Clinical Staff	
ORTLIP, STEPHEN A.	Clinical Staff	
PINTO, MARCOS H.	Clinical Staff	
REDDY, PRATAP K.	Attending Staff	
SCHWARTZ, STEVEN	Clinical Staff	
SHARER, WILLIAM C.	Clinical Staff	
SMITH, CHARLES L.	Clinical Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment
to the Medical and Dental Staff

July 1, 1991 - June 30, 1993

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

UROLOGY

SOUCHERAY, JOHN A.

Clinical Staff

UKE, EROL T.

Clinical Staff

ZHANG, KEVIN

Clinical Staff

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Delay of Reappointment
to the Medical and Dental Staff

Sabbatical Leave of Absence

DEPARTMENT

CATEGORY

UROLOGY

SIDI, ABRAHAM AMI

Attending Staff

LOA: 12/15/90 - 12/15/91

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Discontinuation
of Medical/Dental Staff Appointments

NO REAPPRAISAL REAPPOINTMENT APPLICATION SUBMITTED

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
HOSPITAL DENTISTRY		
LEHNERT, MICHAEL W.	Clinical Staff	
MARKER, JOHN C.	Clinical Staff	
SIMMONS, MARK S.	Attending Staff	
MEDICINE		
DUANE, STEVEN F.	Clinical Staff	
HARGROVE, JODY K.	Clinical Staff	
LASSER, ROBERT B.	Clinical Staff	
LEWIS, F. BRUCE	Clinical Staff	
MULVAHILL, AMY S.	Attending Staff	
SWEENEY, CHARLES J.	Attending Staff	
TRENCE, DACE L.	Clinical Staff	

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Regular Medical/Dental Appointments

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>DATE ELIGIBLE</u>
HOSPITAL DENTISTRY		
STRAND, DEBORAH	Clinical Staff	April 24, 1991
NEUROSURGERY		
COX, CHRISTINE M.	Attending Staff	April 24, 1991
PEDIATRICS		
WINTER, SARAH L.	Attending Staff	April 24, 1991
ORCHARD, PAUL J.	Attending Staff	April 24, 1991
PSYCHIATRY		
CHRISTENSON, GARY A.	Attending Staff	April 24, 1991
RADIOLOGY		
MYERS, MARK E.	Attending Staff	April 24, 1991

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

HOSPITAL DENTISTRY

WALKER, PAUL O.

Attending Staff

Add: local removal of lesion of lip; local excision of lesion of tongue; drainage of dentigerous cyst; drainage of alveolar abscess with cellulitis; excision of local lesion of palate; suture of palatal wound/injury; excision of local lesion of floor or mouth (ranula); incision of periosteum; sequestrectomy; excision of bone cyst

MEDICINE

GAULT, N.L.

Attending Staff

Delete: rheumatology; thoracentesis, aspiration only; venous pressure and circulation time; arthrocentesis
Retain: General Medicine—histories and physicals only

HENRY, TIMOTHY D.

Clinical Staff

Add: angioplasty procedures in the cardiac catheterization lab

NEUROSURGERY

CHOU, SHELLEY

Attending Staff

Delete: all clinical privileges

OBSTETRICS AND GYNECOLOGY

JOSEPH, MARILYN S.

Attending Staff

Add: insertion and removal of Norplant (subdermal implant system for long-term contraception)

OPHTHALMOLOGY

WIRTSCHAFTER, JONATHAN D.

Attending Staff

Neurology

Add: Department of Ophthalmology—orbital and lacrimal surgery (nasal endoscopic approach)

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
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SURGERY

GOODALE, ROBERT L.	Attending Staff	
Add: intra-abdominal laparoscopic biopsy		
DELANEY, JOHN P.	Attending Staff	
Add: laparoscopic cholecystectomy to include intra-abdominal laparoscopic biopsy		
LEONARD, ARNOLD S.	Attending Staff	
Add: laparoscopic cholecystectomy to include intra-abdominal laparoscopic biopsy: cystic fibrotic and immunodeficient patient regardless of age along with pediatric patients (as further defined by Dr. Leonard as AIDS patients, patient with bone marrow transplant or patients on immunosuppressive drugs with intestinal problems)		

UROLOGY

ERCOLE, CESAR J.	Attending Staff	
Add: retroperitoneal-YAG laser; transurethral-YAG laser; ureteral stone treatment-pluse dye laser		
HULBERT, JOHN C.	Attending Staff	
Add: intra-abdominal laparoscopic biopsy		
REDDY, PRATAP, K.	Attending Staff	
Add: Urologic laparoscopic surgery--exploratory and laparoscopic lymphadenectomy, intra-abdominal laparoscopic biopsy		

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Change in Staff Category

<u>DEPARTMENT</u>	<u>PRESENT CATEGORY</u>	<u>RECOMMENDED CATEGORY</u>
MEDICINE		
ZOSCHKE, DAVID C.	Attending Staff	Clinical Staff
NEUROSURGERY		
CHOU, SHELLEY	Attending Staff	Emeritus Staff without privileges

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Provisional Medical/Dental Staff Appointments

DEPARTMENT

CATEGORY

MEDICINE

JOHNSON, THOMAS H.
VERFAILLIE, CATHERINE M.

Attending Staff
Attending Staff

NEUROLOGY

IADECOLA, COSTANTINO
ROSS, M. ELIZABETH

Attending Staff
Attending Staff

OTOLARYNGOLOGY

GOYCOOLEA, MARCOS V.

Clinical Staff

RADIOLOGY

GOSENS, KATHLEEN A.
LARKIN, BRIAN T.

Attending Staff
Clinical Staff

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Resignations from the Medical/Dental Staff

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
DERMATOLOGY		
KALISH, RICHARD S.	Attending Staff	
HOSPITAL DENTISTRY		
CLAY, DAVID J.	Clinical Staff	
JENSEN, JAMES R.	Attending Staff	
MARSHALL, JUDITH L.	Clinical Staff	
SCHULTZ, CHESTER J.	Clinical Staff	
WITKOP, CARL J.	Attending Staff	
MEDICINE		
GOSE, JEANNE E.	Clinical Staff	
MARCY, THEODORE W.	Clinical Staff	
MCKENNA, JAMES L.	Clinical Staff	
PIEPER-BIGELOW, CHRISTINA	Attending Staff	
OBSTETRICS AND GYNECOLOGY		
MCCARTHY, CHARLES J.	Clinical Staff	
STEGEMAN, CHARLES	Clinical Staff	
WHEELER, PENNY A.	Clinical Staff	
ORTHOPEDICS		
BRADFORD, DAVID	Attending Staff	
RADIOLOGY		
LEE, BENJAMIN C.P.	Attending Staff	
UROLOGY		
STEIN, NEIL A.	Clinical Staff	
NEUROLOGY		
	Decesased	
ROELOFS, ROBERT I.	Attending Staff	

PROCEDURE FOR REAPPRAISAL AND REAPPOINTMENT

Application for Reappraisal and Reappointment to the Medical and Dental Staff, Application for Change in Clinical Privileges or Medical Staff Category (if applicable) and associated documentation are submitted by the medical staff member biennially through the chief of service to the Credentials Committee. (See attachments A and B.)

The Reappraisal and Reappointment Applications receive preliminary review by the chief of staff and director of medical staff services for completeness and content identical to that for the application for initial appointment.

The following verifications, inquiries, and information are part of the reappraisal and reappointment process.

- Current and valid license is verified with the State Board of Medical Examiners current year's listing that identifies any license restrictions, limitations, and reinstatement.
- National Practitioner Data Bank. Hospitals are required by law to query the Data Bank at the time it performs its scheduled review for reappointment of the members of its medical staff. (See attachment C.)
- Confidential Reappointment Profile (See attachment D.)
- Medical Records Index System - Summary of Procedures by Surgeon (See attachment E.)
- Reappraisal and Reappointment Questionnaire to area hospitals (See attachment F.)

APPLICATION FOR INITIAL APPOINTMENT AND CLINICAL PRIVILEGES

Applications for appointment to the Medical Staff of The University of Minnesota Hospital and Clinic and requests for clinical privileges and associated documentation are submitted by the applicant through the chief of service to the chief of staff. (See attachment A.)

The chief of staff reviews the documentation and forwards it to the director of medical staff services to begin the credentialing review process.

The director of medical staff services reviews the documents to assure all information requested is provided by the applicant. Incomplete applications are returned to the clinical service for completion by the applicant.

Evaluation and verification: Requests for evaluation of applicants and verification of information provided begins immediately once a complete application is accepted.

Verifications and evaluations are requested directly from primary sources unless otherwise noted and includes the following:

- Current faculty appointment in the Medical School of the University of Minnesota.
- Current and valid license (copy of current license is required with a complete application) is verified with the State Board of Medical Examiners current year's listing that identifies any license restrictions, limitations, and reinstatement.
- Drug Enforcement Agency [DEA] registration (copy of current registration is required with a complete application).
- Board certification is verified with the Compendium of Certified Medical Specialists or by letter to the board if the applicant was certified in another county.
- Copy of certificate of insurance that includes the required coverage for practice at The University of Minnesota Hospital and Clinic.
- Foreign medical graduates--Educational Commission for Foreign Medical Graduates [ECFMG] certification. If applicant is in the United States on a VISA, copy of VISA is required with a complete application. (See attachment B.)
- National Practitioners Data Bank. (See attachment C.)
- American Medical Association Physician Profile. (See Attachment D.)
- The Federation of State Medical Boards - Physician Disciplinary Bank. (See attachment E.)

- Institutions where the applicant indicates he/she received training
 - Medical School (See attachment F.)
 - Dean of the Medical School
 - Post Graduate Training (See attachment G.)
 - Individual under whose supervision the applicant received training
 - Chief of Clinical Service
 - Medical Director
 - Hospital Administrator
 - Chief of Staff
- Institutions where the applicant has been a member of the Medical Staff. (See attachment H.)
 - Chief of Clinical Service
 - Medical Director
 - Hospital Administrator
 - Chief of Staff
- If the applicant has received training and/or practice while a member of the armed forces evaluations and verifications are directed to the appropriate branch of service.
- Individuals whose names the applicant has provided for reference information (See attachment I.)

PRELIMINARY REVIEW AND EVALUATION OF RESPONSES

The director of medical staff services reviews all responses as they are received to determine if there are any problems associated with the following:

- Verification of medical school and post graduate training.
- Discrepancies in the dates of training and clinical practice that differ from those provided by the applicant - a period of time not accounted for.
- Evaluations of training and clinical practice that may be adverse.
- Revocation or restrictions imposed by the Drug Enforcement Agency
- Denial, revocation suspension of limitations imposed by state medical boards - past or present.
- Any formal charges pending in any state which could result in limitation, suspension, or revocation of the applicant's license.
- Civil money penalties imposed under medicare or medicaid programs and/or suspension from participation - past or present.
- Denial, revocation, suspension or limitation of clinical privileges in any institution - past or present.
- Denial of membership or renewal thereof, or any disciplinary action by any medical organization - boards and speciality organizations.
- Foreign Medical Graduates - ECFMG (Educational Commission for Foreign Medical Graduates) Certification.

The Visa held by the applicant may not allow that he/she have independent responsibility for the care and treatment of patients (see attachment G).

- Health conditions that may limit the applicant from performing the clinical privileges requested.
- Professional liability cases past and pending that do not provide adequate information to properly assess the applicant.
- Any omissions from the application by the applicant that may be identified through the review process pertinent to the evaluation of the applicant.
- National Practitioner Data Bank, Federation of State Medical Boards-Physician Disciplinary Bank and AMA Physician Profile reports

When any of the above are identified immediate follow up for clarification and additional information may be required. Depending upon the nature of the issue, the follow-up may be initiated by the director of medical staff services or be referred to the chief of staff and/or the chairman of the Credentials Committee

The Credentials Committee does not receive applications for consideration until all responses have been received if possible.

m/c-process.initial

UNIVERSITY OF MINNESOTA

The University of Minnesota Hospital and Clinic

*Harvard Street at East River Parkway
Minneapolis, MN 55455*

June 20, 1991

TO: Board of Governors
FROM: Robert Dickler, General Director
Robert Maxwell, M.D., Chief of Staff
RE: Annual Appointments of Chief of Clinical Services

The Bylaws of the Board of Governors of The University of Minnesota Hospital and Clinic were amended in November, 1982, requiring the following:

Article V. Section 5 (B)

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

The Hospital Director, in consultation with the Chief of Staff, hereby recommends the appointment of the following Clinical Chiefs for 1991-92:

<u>Name</u>	<u>Department</u>
Edward Ciriacy, M.D.	Family Practice
Paula Clayton, M.D.	Psychiatry
Thomas Ferris, M.D.	Medicine
Elwin Fraley, M.D.	Urology
Seymour Levitt, M.D.	Therapeutic Radiology
Peter Lynch, M.D.	Dermatology
Alfred Michael, M.D.	Pediatrics
John Najarian, M.D.	Surgery
Roby Thompson, M.D.	Orthopaedic Surgery
William Thompson, M.D.	Radiology

Dr. George Adams (Otolaryngology), Dr. Leo Furcht (Laboratory Medicine & Pathology), Dr. Roberto Heros (Neurosurgery), Dr. William Knobloch (Ophthalmology), Dr. Richard Price (Neurology), Dr. Richard Palahniuk (Anesthesia), Dr. James Swift (Hospital Dentistry), Dr. Roby Thompson (Physical Medicine and Rehab) and Dr. Leo Twiggs (Obstetrics and Gynecology) are serving in their initial three year terms as Chief of Clinical Services, thus reappointment is not required this year.

Thank you.

/gs

MINUTES
Planning and Development Committee
Board of Governors
June 12, 1991

CALL TO ORDER:

Chairman Nickoloff called the June 12, 1991 meeting of the Planning and Development Committee to order at 12:10 P.M. in Room 8-106 in the University Hospital.

Attendance:

Present:	Robert Dickler Nellie Johnson Robert Nickoloff Trudy Ohnsorg Ted Thompson, M.D.
Absent:	Leonard Bienias Greg Hart Clint Hewitt William Jacott, M.D. Peter Lynch, M.D.
Staff:	Fred Bertschinger Keith Dunder John LaBare, M.D. Shannon Lorbiecki

APPROVAL OF MINUTES

The minutes of the May 13, 1991 meeting were approved as submitted.

DEVELOPMENT OFFICE UPDATE

Mr. Fred Bertschinger presented a summary of activities of the Development Office for the January through March quarter. An annual campaign has been conducted through direct mail and telemarketing solicitation of former donors. The Development Office is currently in the process of preparing an annual report. Contributions for the third quarter were significantly higher than previous quarters primarily due to the large pledge from the Variety Club.

LITHOTRIPSY PROPOSAL

Mr. Robert Dickler presented the proposal to establish a joint mobile lithotripsy program between the Hospital and the Department of Urology. The proposal has not changed since the Committee's May meeting. A memorandum of agreement has been drafted and is expected to be signed by the Department of

Urology prior to the June Board meeting. The Hospital would sign the agreement following Board of Governors approval of the project. Members of the Committee asked for quarterly updates on the program.

A motion was seconded and passed unanimously to endorse the proposal to establish a mobile lithotripsy program.

CANCER CENTER SUPPORT

Mr. Dickler presented the proposal to provide \$1 million in support to the University's Cancer Center. Each of the clinical departments are also contributing to this development. The pledge would be distributed over a seven year period. The Medical School hopes to have enough money raised this year to obtain the University's approval to begin construction early next year. In response to a question, Mr. Dickler indicated that the proposed facility will be a research facility. Nevertheless, the Cancer Center is an important component in developing the University's clinical cancer programs.

INTERSTATE MEDICAL CENTER

Mr. Dickler presented an update on the discussions with Interstate Medical Center in Red Wing. It is anticipated that a proposal to acquire both the property and the ongoing worth of the physician practice will be brought to the Board of Governors and the Board of Regents this Fall. Provisions for these amounts are included in the 1991/1992 budget and in the long range capital plan.

The practice would be governed by a new governing body including three representatives from Interstate and three from UMHC. The University would have reserved rights including final approval of operating and capital budgets, sale of assets, or changes in the nature of the corporation.

OTHER BUSINESS

Mr. Dickler informed the Committee that the Hospital's 1991-1992 budget will be before the Committee of the Whole of the Board of Regents for information on June 13, 1991.

ADJOURNMENT

There being no further business, the meeting was adjourned at 1:25 P.M.

Respectfully Submitted:

Shannon Lorbiecki
Shannon L. Lorbiecki (8)
Administrative Fellow
Secretary to the Board of Governors

June 20, 1991

TO: Members, Board of Governors
FROM: Greg Hart
SUBJECT: Lithotripsy Program

Last month the Board of Governors discussed the attached document, outlining the proposed mobile lithotripsy program to be implemented jointly with the Department of Urology.

We would request Board endorsement of the program this month. We have received a letter from Dr. Fraley indicating his concurrence with the proposed approach to the program. A formal internal memorandum of agreement is being developed and should be signed by Dr. Fraley by the time of the full Board of Governors meeting. The Hospital would then sign that MOA following Board of Governors' approval of the program.

The Committee may be interested in knowing that the Clinical Chiefs Capital Budget Advisory Committee endorsed this project in late May. This is pertinent in that there has been discussion about the extent to which the medical staff leadership is comfortable with the approach to risk/reward-sharing involved in this project.

Thank you for your valuable comments over the past few months as this project has been restructured, and for your consideration of this request for program approval.

GH/kj

attachment

Lithotripsy Program

University Hospital acquired its first lithotripter in 1985. Since that time nearly 2,000 patients have come to University Hospital for lithotripsy services. The lithotripsy program has been a success, in that volume has exceeded our original expectations, the program has been profitable, and the medical staff utilizing the technology (including several from outside University Hospital) have viewed the program positively. The fact that University Hospital has had ESWL technology available has also led to referrals for other urologic procedures, especially for related methods of kidney stone treatment and other "minimally invasive" techniques.

Over the past few years there has been evolution in lithotripsy technology towards mobile capability. There is a competing venture in the Twin Cities which has mobile lithotripters, which visit sites in the Twin Cities and, increasingly, beyond. Several of our referral sources have expressed interest in purchasing mobile lithotripsy services from UMHC; this has led us to assess whether our next phase of lithotripsy program development should involve a mobile program. We now believe the market is such that a mobile program is viable and appropriate.

We have worked with the Department of Urology to assess the market, machine choice, financing, pricing, and organizational form for a mobile lithotripsy program. Those discussions have gone through several iterations; we are now prepared to recommend the following for the program:

ORGANIZATION

The program will be organized as an internal University venture. A new corporation or partnership will not be created. UMHC and the Department of Urology will share the risk/reward in the program (see below). The program will use contracted management and marketing, through Outpatient Technologies, Inc. and Medical Marketing Resources. These groups will not have "equity" in the program; their contracts will have incentives for positive performance.

RISK/REWARD

UMHC and the Department of Urology will share equally in the financing of the program and in the net income or net loss from program operations.

The potential annual financial obligation lies primarily in the annual lease cost for the machine and van. An agreement has been negotiated with the vendor for a per case charge of \$800. A minimum of 450 cases, or \$360,000 is guaranteed by the University to the vendor. This amount decreases as annual case volume grows toward 450 cases; thus the \$360,000 is a theoretical maximum.

UMHC and the Department of Urology will share equally in this guarantee. Each will create an escrow account or establish a letter of credit in order to avoid any potential confusion or overlap as to who is responsible for the payment, if a payment becomes necessary.

The net annual operating profit or loss will also be shared equally between UMHC and the Department of Urology. Thus each party is assuming a bonafide risk, and each has a return analogous to the percentage of risk being assumed.

VENDOR

Medstone will be the manufacturer of choice, largely for two reasons. First, they are the only vendor who has been willing to agree to a lease under terms which would allow termination of the program, if unsuccessful from a volume standpoint, after one year of operation. Second, Medstone has a very high success rate, as measured by low required retreatment rates, given the power of its machine. A low retreatment rate is desired given the large geographic area which the program will serve.

MARKETING

To date, six external sites have signed contracts or letters of intent to purchase services from the program. These sites are in Minnesota, Iowa, and South Dakota. These sites estimate a total caseload of about 330 cases per year, although that number will only become known with experience.

Marketing to other sites continues, with several other communities expressing serious interest. It is also possible that one or two of the major HMOs in the Twin Cities will choose to contract with the program. The above figure does not include UMHC cases, which are estimated at 150-200 per year in the future.

FINANCIAL PROJECTIONS

The pro formas for the program at two different volume levels, 400 cases and 600 cases, are attached.

Net income, for purposes of profit/loss distribution, is calculated after costs for treating UMHC patients are "paid for" as part of the operating costs for the program.

The attached figures are for the mobile program only. They do not include revenue billed by UMHC to third party payers. Average reimbursement per case is approximately \$2900 per case. This payment includes the lithotripsy procedure itself, associated ancillary procedures, and an overnight inpatient stay if needed.

The Department of Urology bills professional fees for cases done by its faculty separate and apart from the attached figures.

A three year lease/purchase agreement is being pursued, with an "out clause" at the end of the first year if certain volume levels are not reached.

REQUIRED APPROVALS

We would request that the Board of Governors approve this program this month, given the dollars involved and the rather unique structure being proposed. Because a new corporation or partnership is not being formed, approval by the Board of Regents is not required.

Lithotripsy Program

Financial Summary

Lease/Purchase Terms:

- Three year lease, \$800/case
- Total minimum payments: \$1,080,000
- Annual minimum payment: \$360,000
- "Out" clause at end of first year

Annual Operations

	<u>At 400 cases</u>	<u>At 600 cases</u>
Contract Revenue	\$634,000	\$980,000
Less: Management Contract	250,000	275,000
Lease Payments	360,000	480,000
Marketing Expenses	50,000	50,000
Supplies	10,000	10,000
Contract Incentives	43,000	122,000
Plus: UMHC Cases	180,000	240,000
Net	101,000	283,000
Distribution: UMHC	50,500	141,500
Urology	\$ 50,500	\$141,500

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC
BOARD OF GOVERNORS FINANCE COMMITTEE
May 22, 1991

MINUTES

ATTENDANCE:

Present: Robert Dickler
Michael Dougherty
Clifford Fearing
Leo Furcht, M.D.
David Lentz
Margaret Matalamaki
Jerry Meilahn
Roger Paschke
Vic Vikmanis

Staff: Greg Hart
Teri Holberg
Nels Larson
Shannon Lorbiecki
Helen Pitt

Guests: Nancy Janda

CALL TO ORDER:

The Finance Committee was called to order by Mr. Jerry Meilahn on May 22, 1991 at 12:30 P.M.

APPROVAL OF THE MINUTES:

The Board of Governors Finance Committee seconded and passed a motion to approve the minutes of the April 24, 1991 meeting as written.

JULY 1, 1990 THROUGH APRIL 30, 1991 FINANCIALS:

Mr. Fearing reported to the Finance Committee the month of April inpatient admissions totaled 1,549, which was 153 above budget; average length of stay was 8.2 days; patient days totaled 11,824, which were 432 days above budget. The April average daily census was 394, which was above the budgeted level of 380. Clinic visits for the month of April were reported to be 13.0% over budget.

The Hospital's year-to-date Statement of Operations showed revenues over expenses by \$11,808,294 a favorable variance of \$11,990,085. Mr. Fearing stated ancillary revenue was 5.3% above budget and operating expenditures through April were reported to be 1.2% above budget.

Lastly, Mr. Fearing reported as of April 30 the balance of accounts receivable totaled \$93,678,911 and represented 93.1 days of revenue outstanding.

SPECIAL CAPITAL PROJECT:

Linear Accelerator

Ms. Nancy Janda presented to the Committee, for endorsement, a proposal to acquire a replacement linear accelerator. The cost would be \$1,200,00 for the linear accelerator plus, \$900,000 for renovation of the shell space, for a total of \$2,100,000. This proposal had been presented to the Committee for information at the April 24, 1991 meeting.

The Finance Committee seconded and passed a motion to endorse the proposal to acquire a linear accelerator at a total cost of \$2,100,000.

LITHOTRIPSY PROGRAM:

Mr. Greg Hart presented to the Committee, for information, a proposal to establish a mobile lithotripsy program.

Mr. Hart stated the lithotripsy program will be organized as an internal University venture between the Hospital and the Department of Urology, both equally sharing the risks/rewards. An agreement has been established with the vendor, Medstone, for a per case charge of \$800. A minimum of 450 cases, or \$360,000 is guaranteed by the University to the vendor.

Mr. Hart reported Medstone was selected as the vendor primarily for two reasons. First, because of their high success rate; and second, they are willing to agree to a lease which would allow termination of the program after one year of operation, if unsuccessful from a volume standpoint.

Lastly, it was reported six external sites have signed contracts or letters of intent to purchase services from the program. There is a possibility that one or two of the major HMOs in the Twin Cities will contract with this program.

This proposal will be brought before the Committee at the June, 1991 meeting for endorsement.

MOBILE CATHETERIZATION:

Mr. Hart presented to the Committee a proposal for a mobile cardiac catheterization program. Approval was being sought, at the conceptual level, for program initiation and marketing.

The mobile catheterization program consists of performing low-risk procedures in a van, which is attached to a hospital and is staffed by the referral center. Presently there are 40-50 successful mobile cardiac catheterization programs nationwide. Two programs in Minnesota have been or will soon be initiated, one at Mayo Clinic and the other at Abbott-Northwestern.

Nearly 25% of UMHC's cardiology activity is generated from the Hospital's relationships on the Iron Range. It is felt a mobile catheterization program is vital to maintaining those affiliations and will assist in establishing new affiliations.

Mr. Hart stated the amount that the operating expenses will exceed the direct revenues will depend upon the volume. As a result of this it would be best to identify as many user sites as possible, and possibly establish a partnership with another hospital to help absorb some of the operating costs. A proposal is being presented to Abbott-Northwestern to establish a partnership similar to the one currently being used with Life Link.

The Finance Committee seconded and passed a motion to endorse, at the conceptual level, the initiation and marketing of the mobile cardiac catheterization program.

ADMINISTRATIVE STAFF PERSONNEL SYSTEM:

Mr. Robert Dickler presented to the Committee, for endorsement, a proposal of a new personnel system for Hospital administrative staff. The proposal had been brought before the Committee for information at the April 24, 1991 meeting. The section on the Administrative Compensation System in the Administrative Personnel Policies will be brought before the Committee at the same time as other employee compensation recommendations.

The Finance Committee seconded and passed a motion to endorse the proposal of the new Administrative Personnel Policies.

1991-92 BUDGET:

Mr. Fearing presented to the Committee, for endorsement, the 1991-92 Operating Budget.

Mr. Fearing stated adjustments were made in the budget which was previously submitted at the April 24, 1991 meeting. The changes included: 1) increasing the anticipated expenditures for faculty recruitment and support, 2) increasing advertising expense for the Cancer Center, and 3) decreasing resident stipend levels from a 5% increase to a 4% increase.

It was also reported the Hospital's share of the reduction in State appropriations for 1991-92 will be \$2,450,000. \$2,000,000 of this will be a one-time assessment and will not apply to future years. The \$2,450,000 reduction will reduce the Hospital's budgeted net income from \$7,669,000 to \$5,219,000 and projected cash flow from \$7,511,000 to \$5,061,000.

The Finance Committee seconded and passed a motion to endorse the 1991-92 Operating Budget.

RED WING:

Mr. Fearing reported an agreement had been reached on the terms of UMHC purchasing the entire practice of Interstate Medical Center. The agreement is subject to approval of each organization's respective Boards. The purchase price of the clinic would be approximately \$9,200,000, with \$4,800,000 to be paid out over eight years. A finalized agreement is anticipated to be brought before the Board for information and approval in September and October of 1991, respectively.

IMMUNOTOXINS:

Mr. Fearing reported the Hospital has agreed to provide the funding for the clinical trials of an immunotoxin to be used in treating leukemia. UMHC will purchase an initial 200 mg of an immunotoxin B43-PAP for \$375,000. The Hospital will also provide \$552,000 over the next 12 months to produce another 800 mg of the product for use in Phase I, the toxicity testing, and Phase II, the efficacy testing, of the clinical trials.

CANCER CENTER SUPPORT:

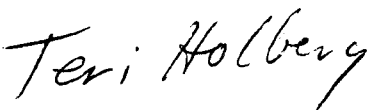
Mr. Robert Dickler presented a proposal, for information, that UMHC pledge \$1,000,000, to be paid over a seven year time period, to the Cancer Center for facility development.

A major fund raising effort for the Cancer Center is being developed. The goal is to raise \$30,000,000 for facility development and endowed chairs and faculty support in cancer. Preliminary fund-raising efforts have been successful with pledges and contributions, and based on this success, the Cancer Center Campaign will be formally announced in late June of this year.

This proposal will be brought before the Committee, for endorsement, at the June 1991 meeting.

There being no further discussion, the May 22, 1991 meeting was adjourned at 2:15 P.M.

Respectfully submitted,



Teri Holberg
Recording Secretary

June 20, 1991

TO: Members, Finance Committee
Board of Governors

FROM: Robert Dickler
Hospital Director

SUBJECT: 1991-92 Employee Compensation Plan

Each year at this time we provide the Board of Governors with recommendations on employee compensation for the coming fiscal year. The intent of this memo is to outline our recommendations for the 1991-92 employee compensation plan.

In making these recommendations, it is important to reiterate the Board of Governors role in employee compensation decisions. This is especially true in the current climate, given the University's financial position and the need to contain salary increases on a University-wide basis.

In brief, the Board of Governors has the authority, delegated by the Board of Regents, to set compensation plans for "Hospital-dominated classes". That is, job classifications in which 50% or more of the employees across the University work in the Hospital. The Board of Regents and University Central Administration have retained authority to set compensation plans for hospital employees in University-dominated classes. Employees who are represented by a union, of course, have their compensation set through the collective bargaining process, the outcome of which is subject to approval by the Board of Regents.

Our recommendations are as follows:

1. For Hospital employees in "University-dominated classes":

The University will determine final compensation increases for these classes. At this point the University is planning on no salary increases for this group, because of the extraordinary financial problems the University is facing. Approximately 10% of the Hospital's employees are in this group.

2. For Hospital employees represented by a union:

The collective bargaining processes currently underway will determine compensation levels for employees represented by unions. There are three groups of employees in this category: health care non-professionals, represented by AFSCME; clerical staff, represented by AFSCME; and support service staff, represented by the Teamsters. Approximately 30% of the Hospital's employees are in these groups.

3. For Hospital employees in Hospital-dominated classes:

There will be no overall compensation increases in accord with the overall University policy. Compensation adjustments up to 7% based upon marketplace comparisons, turnover rates, vacancy rates and/or anticipated shortages are recommended for some groups. Increases are recommended for staff in professional /technical job families including radiologic technologists, medical technologists, social work, nursing, pharmacy, cardio-respiratory services, and rehabilitation.

These increases would vary based upon the marketplace and shortage conditions. Most increases would be in the 4% neighborhood, while general staff nurses would be at 7%. It is currently estimated that 21 of the 143 Hospital-dominated classes will require increases based upon these criteria. It is also estimated that 38 classifications may need increases based upon further analysis and/or changing conditions. Well under half of the 143 Hospital-dominated classes would receive increases based upon these recommendations, although, given the large number of employees in these job families, a significant majority of individuals in Hospital-dominated classes would see increases.

Groups not receiving increases using this approach would be those in management positions and administrative/support departments, such as Finance and Human Resources.

The majority of the recommended increases would be effective July 1, 1991. In some instances, where, for instance, a community contract increase goes into effect later than July 1, the UMHC increase would be timed to that later date.

These recommendations can be implemented within the budget approved by the Board of Governors last month.

4. Hospital Administration Staff:

These positions are Hospital-dominated and under the authority of the Board of Governors. To maintain consistency with the University and criteria utilized in other Hospital-dominated classes, no compensation increase is recommended at this time.

We will need to monitor the effect of these recommendations carefully through the year. We typically need to implement some mid-year compensation changes for specific job classes based upon marketplace changes. It is probable that this will be necessary again during the 1991-92 fiscal year. Further, should the University make changes to its current compensation planning during the year, the above recommendations may need to be revised.

Thank you for your consideration of these recommendations. We will be happy to answer any questions you may have next week.