UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

March 8, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Johnelle Foley
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Nursing Representatives
Sue Preston
Paul Rader
Susan Stuart-Otto
Robert Ward

FROM: Johnelle Foley, Chairperson - Patient Sensitivity Task Force

SUBJECT: Committee Meeting, Tuesday, March 16, 1976, 8:00 A.M., K/E Conference Room.

Meeting Agenda

I. Introduction of Patient Sensitivity Committee Members

II. Background Information on the Patient Sensitivity Issue - Ms. Foley

III. Explanation of the Patient Sensitivity Task Force

A. Patient Questionnaire - Ms. Foley
B. Physician Questionnaire - Mr. Rader
C. Employee Survey - Ms. Stuart-Otto
D. Patient Services Modeling Project Cybernetic Sessions - Mr. Hart

IV. Review of the Committee Charge - ALL

V. Discussion of the Committee's Composition - ALL

VI. Appointment of a Committee Chairman - ALL

VII. Determination of a Committee Timetable - ALL

Patient Sensitivity Committee Charge

I. To review the data compiled by the Patient Sensitivity Task Force.

II. To develop a list of problem areas which relate to and affect patient sensitivity.

III. To prepare a report of recommendations which address the identified problem areas.

IV. To monitor the implementation of recommendations through the appropriate channels.

V. To provide in-put into the patient services modeling project.

VI. To serve in an on-going advisory capacity in issues of patient sensitivity.

Minutes
Patient Sensitivity Committee
March 16, 1975

Members Present: Kathy Gunderson
Kathy Countryman
Johnelle Foley
Greg Hart
Dr. Richard Kronenberg
Donna Nehls
Sue Preston
Susan Stuart-Otto

Members Absent: Dr. Donald J. Doughman

The Patient Sensitivity Committee meeting began at 8:15 a.m., in the K/E Conference Room.

I. Background Information on the Patient Sensitivity Issue

Ms. Foley explained that in November of 1975, the management team began a brainstorming process to identify areas of concentration for 1976. The need for the hospital to become more sensitive to patients' personal needs and concerns was identified as an area of consideration. Eventually this item was chosen as the number one priority for 1976 by the management team and placed appropriately within the Annual Plan which was accepted by the Board of Governors in January of 1976. Ms. Foley went on to explain that a small Task Force including herself, Susan Stuart-Otto, Greg Hart, and Paul Rader was formed to begin investigation of this issue.

II. Explanation of the Patient Sensitivity Task Force

Ms.Foley noted that it was the Task Force's intent to initially gather data on the subject of patient sensitivity and then to expand its membership into a group which could study findings, make recommendations, and monitor implementation of recommendations. The Task Force investigation included the following four areas:

A. Patient Questionnaire - These were developed by the Public Relations Department and are presently being distributed to in-patients. The Questionnaires are viewed as a mechanism for patient comment. A summary of a sampling of 100 returns will be provided to the committee for discussion.

B. Physician Questionnaire - Mr. Rader explained that a test questionnaire was sent to random sampling of approximately 30 physicians for their in-put on patient sensitivity. He discussed a summary of the surveys findings and noted the excellent return and apparent interest which the questionnaire experienced. Mr. Rader added that the results had been discussed with the Medical Staff/ Hospital Council and that they saw no need to expand the survey at this time.

C. Employee Survey - Ms. Stuart-Otto commented that the Personnel Department had conducted an Employee Survey last year to identify the level of job satisfaction among University Hospitals employees. She noted that although the survey did not specifically address the issue of patient sensitivity

its findings did indicate employee attitudes about various elements of the hospital's operations.

D. Cybernetic Sessions - Mr. Hart explained that these were brainstorming sessions to identify problems of an inter-departmental nature. He mentioned that these sessions were conducted for a patient services modeling project which would be examining various organizational configurations to address such problems. Mr. Hart added that a report of the sessions would be available in approximately two weeks and noted that it was believed that the sessions had identified issues of patient sensitivity which will be of interest to the committee.

III. Review of the Committee Charge

The Committee asked that clarification be given by the management team as to the location of the Patient Sensitivity Committee within the organizational structure, i.e., as to its relationship to the administrative staff, the Medical Staff/Hospital Council, the Board of Governors, etc.

Further, the Committee determined the need to develop its own definition of patient sensitivity and the issues it would be addressing under that heading. The need to avoid duplication of the activities of other similar committees was also addressed.

IV. Discussion of the Committee's Composition

A concern was raised by members of the Committee that individuals with direct patient contact were not sufficiently represented on the Committee. It was suggested and agreed that a head nurse and resident be added to the Committee and that representation from other groups be involved on an ad hoc basis as the Committee sees as appropriate.

V. Appointment of a Committee Chairman

The committee members suggested that Ms. Johnelle Foley serve as Chairperson of the Patient Sensitivity Committee.

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It was the decision of the Committee to initially meet every two weeks. It was felt that this would be necessary to establish the Committee's working base and direction. It was also noted that the Committee's plan should be documented in report form for the Board of Governors by June.

In conclusion, the Committee members agreed that they would like to discuss the management team's perception of the Patient Sensitivity Committee's status at their next meeting. Other agenda items would include discussion of the Committee's definition of patient sensitivity and a review of the summaries of the patient and physician questionnaires and the cybernetics sessions which would be provided to them prior to the next meeting.

The meeting was adjourned at 9:20 a.m.

Respectfully submitted,

Johnelle Foley

Johnelle Foley, Chairperson

Minutes
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Respectfully submitted,

Johnelle Foley

Johnelle Foley, Chairperson

March 19, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Donna Nehls
Sue Preston
Paul Radar
Susan Stuart-Otto

FROM: Johnelle Foley, Chairperson

RE: Patient Sensitivity Committee Meeting
Tuesday, March 30, 1976
8:00 A.M.
K/E Conference Room

Meeting Agenda

I. Report of Management Committee's discussion concerning the Patient Sensitivity Committee.

II. Developing a Definition of Patient Sensitivity

III. Review of Attachments:

A. Physician Questionnaire Summary

B. Patient Questionnaire Summary

* Summaries of the Cybernetic Sessions will be forwarded as soon as available

PHYSICIAN SENSITIVITY QUESTIONNAIRE

1. Generally speaking, how would you characterize the level of sensitivity shown toward patients by each of the following groups?

EMPLOYEES

Level of Sensitivity	Respondents N
Excellent	3
Good	12
Fair	9
Poor	0
Total	24

HOUSE STAFF

Level of Sensitivity	Respondents N
Excellent	2
Good	16
Fair	5
Poor	1
Total	23*

*One physician did not respond to this section.

ATTENDING STAFF

Level of Sensitivity	Respondents N
Excellent	5
Good	15
Fair	4
Poor	0
Total	24

Comments:

"Level varies from excellent to fair on the part of the House Staff."

"There exists such a wide variation between departments that a general answer probably is meaningless."

2. Please note those areas, if any, in which you believe improvements could be made by each of the following groups which might result in greater sensitivity toward patients' needs.

EMPLOYEES

Area	Respondents N
Dress	7
Interaction	14
Response Time	13
General Conduct	8
Other	2
Total	42*

*Since some of the physicians gave multiple responses, the total responses exceed the number of physicians in the sample.

Comments:

"Explain to the patient what the function of the employee is with respect to the patient."

"Orderlies especially need to be concerned about their appearance."

"Understand the patients' and the relatives' anxiety, sensitivity, and inexperience in our environment."

"Dress is a problem with the non-professional staff."

HOUSE STAFF

Area	Respondents N
Dress	14
Interaction	20
Response Time	12
General Conduct	8
Other	8
Total	62*

*Since some of the physicians gave multiple responses, the total responses exceed the number of physicians in the sample.

Comments:

"Personal appearance is 'awful'."

"Need more concern for the patient as individual human being; not forgetting his concerns because of exclusive interest in his clinical condition."

"Members of the House Staff even put their feet on the beds."

"Students are too casual at times without white coats and in street clothes without ties."

"Explain to the patient what the function of the physician is."

"Should explain things better to patients."

"On rounds - be more sensitive to patients' fears and concerns - more information should be given to the patient, but they should be more guarded with loose non-related information."

"Empathy toward patients with emotional problems."

ATTENDING STAFF

Area	Respondents
Dress	2
Interaction	12
Response Time	12
General Conduct	3
Other	4
Total	33*

*Since some of the physicians gave multiple responses, the total responses exceed the number of physicians in the sample.

Comments:

"More time by attending staff in care of patient."

"Understand the patients' and relatives' anxiety, sensitivity, and inexperience in our environment."

"Closer involvement of family members."

"Larger staff needed, but may not be practical."

3. Finally, please identify any other areas in which you think the Hospitals and its personnel can be improved in relation to patient sensitivity. Please specify particular problem areas which you believe should be addressed.

"Things are coming along fine! We are not downtown or Mayo, and should not be!"

"Patients have expressed their surprise(or disgust) with the $100+ per day cost when there are so many housekeeping personnel standing talking in the hall - or talking to the patient - instead of getting their work done. Perhaps this discussion between employees could occur during 'coffee break', not in the halls."

"The major problems in relationships are expecting 'them' to understand us, instead of we using language, mannerisms, and expressions that make them feel comfortable with us."

"Admissions delay is atrocious; no excuse for it. The patient starts with a negative attitude."

"More information areas, and ones in which the employee has a better attitude. Also, do something about the coffee shop."

"In my 12 years, I have continously found that the house and attending staff each lack many of the niceties in behavior toward patients. Introductions, kindness, etc. This is, of course, not an universál comment toward all persons, but it is a general truth."

"All the staff (students included) who attend the patients should be encouraged to dress neatly, with ties on."

"I see problems in regard to the attitude of Admissions, the switchboard operators, and the Pharmacy. Departmental, Divisional, and Section Secretaries are spotty in their ability to deal with the public."

"The worst place is the Billing Office."

"Better facilities are needed for parking, eating, waiting. a place is needed for relatives to stay for 3 - 10 days while the patient is hospitalized. Better information for patients and relatives is needed regarding billing."

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PATIENT QUESTIONNAIRE

	Excellent	Good	Fair	Poor
Admitting Office				
Courtesy (96)	58%	38%	3%	1%
Promptness (94)	32%	38%	18%	12%
Explanation of Admission (88)	33%	49%	15%	3%
Policies & Routines (85)	30%	44%	19%	7%
Nursing Staff				
Efficiency (100)	73%	22%	4%	1%
Promptness (100)	64%	29%	7%	0%
Pleasantness (100)	86%	12%	0%	2%
Concern (100)	75%	23%	0%	2%
Competency (100)	73%	25%	2%	0%
Explanation of tests (100)	68%	26%	6%	0%
Business Office				
Courtesy (65)	58%	35%	5%	2%
Helpfulness (6)	44%	44%	10%	2%
Explanation of Ins. (57)	37%	49%	5%	9%
Hospital Bill & Finc. Arrang. (57)	40%	46%	5%	9%
Food				
Appetizing (100)	22%	42%	17%	19%
Amount (100)	29%	49%	13%	9%
Temperature (100)	16%	26%	34%	24%
Medical Staff				
Competency (100)	74%	24%	2%	0%
Concern (100)	72%	20%	4%	4%
Pleasantness (100)	71%	20%	6%	3%
Explanation of tests, etc. (100)	66%	24%	4%	~~100%~~ 6
Other Personnel				
Technicians (93)	57%	32%	10%	1%
Therapists	60%	33%	7%	0%
Others	56%	44%	0%	0%
Explanation of tests, etc. (82)	56%	33%	6%	5%
Accommodations				
Comfort (100)	45%	42%	10%	3%
Cleanliness (100)	54%	37%	8%	1%
Noise Level (100)	38%	25%	22%	15%
General Impressions				
Hospital (100)	56%	34%	9%	1%
Volunteer Services (55)	45%	40%	15%	0%
Visiting Regulations (87)	62%	30%	6%	2%

General Impressions cont:	Excellent	Good	Fair	Poor
Mail & Flower Deliveries (68)	56%	36%	4%	4%
Emergency Room Service (53)	51%	41%	4%	4%
Discharge (86)	56%	37%	2%	5%
Directional Signs & Maps (81)	43%	42%	10%	5%
Parking (84)	11%	27%	24%	38%

Additional Comments:

"Accommodations - comfort: Bed was by window. Extremely cold draft, through cracks or registers blasted heat right next to be - it was a very trying time - child c newborn jaundice and husband just lost job - people all concerned and reassuring."

"Nursing staff was a pleasure to deal with."

"Very enjoyable stay."

"Nurses on Masonic 2 were the nicest I have very met - Doctors also were so kind and made me feel they were really interested in me."

"I want to thank each nurse and aide and especially the doctors for the kindness given me while I was a patient at your Hospital. May God Bless you all on your work."

"My appointment was made well in advance but when I arrived there was no bed available. However, after one transfer I felt I was fortunate to be placed in such a fine area."

"I am on Masonic I - self care - meals are really a problem because of distrance - in cases of slight problems with walking it is also impossible - too far from tests, etc."

"All excellent except food and room."

"I was very disturbed by the lack of communication and the inaccurate information we were given by the members of the medical staff we encountered, especially the senior staff."

"Food was getting cold when served - especially breakfast. Dietitician came in the day I went home, to talk to me about my special diet."

"All rooms and corridors should have NO SMOKING signs."

"I didn't have clean towels for 2 days and the bed was made once in 4 nights."

"We were a little surprised and very pleased with the treatment at the hospital all 3 times I was in. The gentleness and compassion of the doctors deserve special mention."

"Enjoyed the freedom of Masonic I, but would have been more at ease if had someone to escort me to clinics that were a little hard to find the first time."

"Had spent first night at Stat 47 - they were slow answering calls". "The noise level at Sta. 12 was high due to remodeling."

Additional Comments cont:

I have never been in any hospital where there was so many personal yet impersonal people.

"Nurses are the best I have had in a hospital. The special services offered are nice to have and some are fun. Most of the people are nice."

"Corridor very noisy - at connecting doors."

"Only complaint was I was told I could go home one day but no one signed my discharge papers or told me why so I had to stay an additional day. Staying over turned out to be ok because there were things to finish up. Would have liked that explained, I guess."

"I thought when I was sent to the hospital by my doctor I would just be a number but I discovered I was treated like a special person. Doctors, nurses all addressed me by Mr. Schaffer, It made me feel at home and special that they were concerned about me, not their pay checks."

"Everything was just swell. Thank you all very much."

Minutes
Patient Sensitivity Task Force
March 30, 1976

Present: Kathy Countryman, Johnelle Foley, Kathy Gunderson, Greg Hart, Dr. Richard Kronenberg, Donna Nehls, Paul Radar, Susan Stuart-Otto

I. Management Committee Discussion

Ms. Foley reported that the issue of the reporting relationship of the Task Force had been discussed with the Management Committee. The Task Force was seen as reporting to both the Medical Staff-Hospital Council and the Management Committee, depending on the nature of the business being transacted.

II. Patient Sensitivity Definition/Review of Survey Summaries

The results of the patient questionnaire summary were discussed. There were questions raised about areas of actual problems indicated by the questionnarie. Concerns were also expressed over the ability of the Task Force to improve things in problem areas indicated in the questionnarie, as well as the ability of the group to measure these improvements. Ms. Countryman noted that many of the problems seem to occur around the area of communications, and also noted that the use of volunteer patient representatives may be a useful tool for gathering patient opinions.

Opinions were expressed regarding the focus of the Task Force's activities. It was noted that the employees have indicated concerns for improvement in the area of patient sensitivity, and it was felt that efforts could be directed toward those areas of concern.

III.. Next Meeting

The next meeting of the Task Force has been scheduled for Tuesday, April 13th at 8:00 a.m.

Respectfully submitted,

Greg Hart

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April 2, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
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Dr. Richard Kronenberg
Sue Preston
Paul Rader
Susan Stuart-Otto
Donna Nehls

FROM: Johnelle Foley, Chairperson

RE: Patient Sensitivity Committee Meeting
Tuesday, April 13, 1976
8:00 A.M.
K/E Conference Room

Meeting Agenda

This meeting will be devoted to reviewing and discussing The Report of the Cybernetic Session.

If you are not able to attend this meeting and would like to comment on the Cybernetic Sessions Report as it relates to the work of the Patient Sensitivity Committee, please submit your comments to me at Mayo Box 502 or call 376-3906.

/sds

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Patient Sensitivity Task Force

April 13, 1976

Present: Kathy Gunderson, Jeanne Smith, Donna Nehls, Dr. Donal J. Doughman, Johnelle Foley

The Report of the Cybernetics Session

Ms. Gunderson reviewed with the Committee a listing prepared by Mr. Hart, of comments from the Cybernetics Session which specifically relate to the subject of patient sensitivity. Mention was made that these particular concerns were identified by management and that it might be more appropriate for the committee to seek a clearer understanding of patient concerns. It was generally felt by the committee that the patient questionnaire does not provide adequate insight into the patients' attitudes and that another mechanism should be devised to gain patient in-put.

The Committee discussed the possibility of developing a structured personal interview process by which in-patients, out-patients and family members could be quieried as to their impressions of the care and treatment which they received at University Hospitals. Consideration was given to the value of conducting these interviews at home, where possible, or by telephone, preceded by a letter of explanation. It was also suggested that the committee seek outside assistance in producing an interview format which would be sensitive to the patient's position and appropriate in terms of the Committee's needs. The inclusion of a patient on the Committee was noted as an important addition in contributing to the interpretation of the interview findings. The public relations benefits of such a project were also cited.

It was decided by the Committee that the next meeting should be devoted to a discussion of the activities of the Patient Relations Department. The purpose of such a discussion will be to familiarize the members with the types of patients' concerns with which the department deals in order that the Committee can begin to formulate pertinent questions for the interview. Further, the Committee will be assessing the degree of involvement which the Patient Relations Department will be able to contribute to the interviewing process.

Respectfully submitted,

Johnelle Foley

Johnelle Foley
Chairperson

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Mailed 4-5-76

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Present: Kathy Countryman, Johnelle Foley, Kathy Gunderson, Greg Hart, Dr. Richard Kronenberg, Donna Nehls, Paul Radar, Susan Stuart-Otto

I. Management Committee Discussion

Ms. Foley reported that the issue of the reporting relationship of the Task Force had been discussed with the Management Committee. The Task Force was seen as reporting to both the Medical Staff-Hospital Council and the Management Committee, depending on the nature of the business being transacted.

II. Patient Sensitivity Definition/Review of Survey Summaries

The results of the patient questionnaire summary were discussed. There were questions raised about areas of actual problems indicated by the questionnarie. Concerns were also expressed over the ability of the Task Force to improve things in problem areas indicated in the questionnarie, as well as the ability of the group to measure these improvements. Ms. Countryman noted that many of the problems seem to occur around the area of communications, and also noted that the use of volunteer patient representatives may be a useful tool for gathering patient opinions.

Opinions were expressed regarding the focus of the Task Force's activities. It was noted that the employees have indicated concerns for improvement in the area of patient sensitivity, and it was felt that efforts could be directed toward those areas of concern.

III.. Next Meeting

The next meeting of the Task Force has been scheduled for Tuesday, April 13th at 8:00 a.m.

Respectfully submitted,

Greg Hart

Greg Hart

Minutes

Patient Sensitivity Task Force

April 30, 1976

Present: Kathy Gunderson, Jeanne Smith, Donna Nehls, Dr. Donal J. Doughman, Johnelle Foley

The Report of the Cybernetics Session

Ms. Gunderson reviewed with the Committee a listing prepared by Mr. Hart, of comments from the Cybernetics Session which specifically relate to the subject of patient sensitivity. Mention was made that these particular concerns were identified by management and that it might be more appropriate for the committee to seek a clearer understanding of patient concerns. It was generally felt by the committee that the patient questionnaire does not provide adequate insight into the patients' attitudes and that another mechanism should be devised to gain patient in-put.

The Committee discussed the possibility of developing a structured personal interview process by which in-patients, out-patients and family members could be quieried as to their impressions of the care and treatment which they received at University Hospitals. Consideration was given to the value of conducting these interviews at home, where possible, or by telephone, preceded by a letter of explanation. It was also suggested that the committee seek outside assistance in producing an interview format which would be sensitive to the patient's position and appropriate in terms of the Committee's needs. The inclusion of a patient on the Committee was noted as an important addition in contributing to the interpretation of the interview findings. The public relations benefits of such a project were also cited.

It was decided by the Committee that the next meeting should be devoted to a discussion of the activities of the Patient Relations Department. The purpose of such a discussion will be to familiarize the members with the types of patients' concerns with which the department deals in order that the Committee can begin to formulate pertinent questions for the interview. Further, the Committee will be assessing the degree of involvement which the Patient Relations Department will be able to contribute to the interviewing process.

Respectfully submitted,

Johnelle Foley

Johnelle Foley
Chairperson

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

May 6, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Jeanne Smith
Dr. Richard Kronenberg
Sue Preston
Paul Rader
Susan Stuart-Otto
Donna Nehls

FROM: Johnelle Foley, Chairperson

RE: Patient Sensitivity Committee Meeting
Friday, May 14, 1976
8:00 A.M.
K/E Conference Room

Agenda

Members are asked to bring a list of questions which they would see as appropriate for inclusion in a patient interview. The meeting will be devoted to a discussion of the patient sensitivity survey.

/sds

Minutes
Patient Sensitivity Committee
May 28, 1976

Present: Nancy Greene, Kathy Gunderson, Kathy Countryman, Donna Nehls, Dr. Donald Doughman, Dave Olson, Greg Hart, Dr. Richard Kronenberg, Johnelle Foley

Ms. Foley requested that Ms. Gunderson lead the discussion on the categorization of identified problem areas in patient sensitivity. Ms. Gunderson began by summarizing the Committee's present position in terms of having been exposed to many issues of patient sensitivity from various sources. She noted the need to stop at this point to examine the various subject areas under which these problems might fall. Ms. Gunderson explained that if a personal patient interview format was to be developed, it would be important to determine what subject areas should be covered in that survey. She also commented that it was her understanding that while the Committee worked to develop and conduct the interview process, it would also be involved with actively correcting identified problems in the dissemination of information to patients.

Ms. Countryman mentioned that she had examined the findings of various questionnaires previously developed to survey patients' impressions of University Hospitals. She noted that many of the problem areas identified in those questionnaires were similar to the problem areas identified by the various sources which the Committee had studied.

Ms. Gunderson went on to point out that in light of this, she felt that it was equally as important to determine which problem areas had been sufficiently identified as problems and to rate those accordingly. She provided the Committee members with a suggested method for charting each problem according to the source identifying the problem and the need for more information.

Dr. Kronenberg commented on his preceptions and the preceptions of his colleagues as to the relationship between issues of patient sensitivity and the Medical Staff. He cited the patient questionnarie which is presently being distributed as a mechanism which is not addressing the problem areas which physicians generally feel exist at University Hospitals. He listed the following as perceived problem areas which are unique to University Hospitals:

- staff appearance
- sufficient patient education
- explanation of the role of University Hospitals
- explanation of the relationship of the hospital staff with the referring physician
- explanation of the relationship of the house staff with the attending physician
- explanation of the necessity for teaching and learning in the care process
- explanation of the role and responsibilities of the consultant
- explanation of financial considerations in terms of physicians bills

Dr. Kroneneberg also mentioned issues of Medical Staff sensitivity such as not being able to cash more than a $5 check, having no seperate dining facilities, and no clear identification of physicians' obligations to patients referred here, especially those improperly referred. Dr. Kronenberg then cloncluded that in terms of these issues of patient sensitivity which he mentioned, there was a great need to substantiate these issues as problems so that the various departments could consider policy changes to rectify the situations causing these problems. It was noted that thorough feedback of any of the

Committee's findings to the Medical Staff is imperative if change is to occur.

The Committee members then discussed various aspects of the advantages and disadvantages of further surveying the patient population as to their impressions of these issues as problems. It was mentioned that it was often helpful to have "ammunition" to support a theory but that often times data is discounted as being derived from a study using a poor methodology. Another aspect mentioned was that of a committee taking all its time surveying and never getting to the action phase with its findings.

It was then suggested that before the Committee should try to determine whether to interview patients further, the problem areas identified to this point should be categorized and charted as to need for additional information. It was decided that Ms. Countryman, Ms. Gunderson, and Ms. Foley would undertake this task. It was also felt that to allow for this, the Committee would not meet again until June 18th and then it would meet again on June 25th. Both meetings would be devoted to discussing the small group's efforts.

Respectfully submitted,

Johnelle Foley/ss

Johnelle Foley
Chairperson

PATIENT QUESTIONNAIRE

	Excellent	Good	Fair	Poor
Admitting Office				
Courtesy (96)	58%	38%	3%	1%
Promptness (94)	32%	38%	18%	12%
Explanation of Admission (88)	33%	49%	15%	3%
Policies & Routines (85)	30%	44%	19%	7%
Nursing Staff				
Efficiency (100)	73%	22%	4%	1%
Promptness (100)	64%	29%	7%	0%
Pleasantness (100)	86%	12%	0%	2%
Concern (100)	75%	23%	0%	2%
Competency (100)	73%	25%	2%	0%
Explanation of tests (100)	68%	26%	6%	0%
Business Office				
Courtesy (65)	58%	35%	5%	2%
Helpfulness (6)	44%	44%	10%	2%
Explanation of Ins. (57)	37%	49%	5%	9%
Hospital Bill & Finc. Arrang. (57)	40%	46%	5%	9%
Food				
Appetizing (100)	22%	42%	17%	19%
Amount (100)	29%	49%	13%	9%
Temperature (100)	16%	26%	34%	24%
Medical Staff				
Competency (100)	74%	24%	2%	0%
Concern (100)	72%	20%	4%	4%
Pleasantness (100)	71%	20%	6%	3%
Explanation of tests, etc. (100)	66%	24%	4%	100%
Other Personnel				
Technicians (93)	57%	32%	10%	1%
Therapists	60%	33%	7%	0%
Others	56%	44%	0%	0%
Explanation of tests, etc. (82)	56%	33%	6%	5%
Accommodations				
Comfort (100)	45%	42%	10%	3%
Cleanliness (100)	54%	37%	8%	1%
Noise Level (100)	38%	25%	22%	15%
General Impressions				
Hospital (100)	56%	34%	9%	1%
Volunteer Services (55)	45%	40%	15%	0%
Visiting Regulations (87)	62%	30%	6%	2%

General Impressions cont:	Excellent	Good	Fair	Poor
Mail & Flower Deliveries (68)	56%	36%	4%	4%
Emergency Room Service (53)	51%	41%	4%	4%
Discharge (86)	56%	37%	2%	5%
Directional Signs & Maps (81)	43%	42%	10%	5%
Parking (84)	11%	27%	24%	38%

Additional Comments:

"Accommodations - comfort: Bed was by window. Extremely cold draft, through cracks or registers blasted heat right next to be - it was a very trying time - child c newborn jaundice and husband just lost job - people all concerned and reassuring."

"Nursing staff was a pleasure to deal with."

"Very enjoyable stay."

"Nurses on Masonic 2 were the nicest I have very met - Doctors also were so kind and made me feel they were really interested in me."

"I want to thank each nurse and aide and especially the doctors for the kindness given me while I was a patient at your Hospital. May God Bless you all on your work."

"My appointment was made well in advance but when I arrived there was no bed available. However, after one transfer I felt I was fortunate to be placed in such a fine area."

"I am on Masonic I - self care - meals are really a problem because of distrance - in cases of slight problems with walking it is also impossible - too far from tests, etc."

"All excellent except food and room."

"I was very disturbed by the lack of communication and the inaccurate information we were given by the members of the medical staff we encountered, especially the senior staff."

"Food was getting cold when served - especially breakfast. Dietitician came in the day I went home, to talk to me about my special diet."

"All rooms and corridors should have NO SMOKING signs."

"I didn't have clean towels for 2 days and the bed was made once in 4 nights."

"We were a little surprised and very pleased with the treatment at the hospital all 3 times I was in. The gentleness and compassion of the doctors deserve special mention."

"Enjoyed the freedom of Masonic I, but would have been more at ease if had someone to escort me to clinics that were a little hard to find the first time."

"Had spent first night at Stat 47 - they were slow answering calls". "The noise level at Sta. 12 was high due to remodeling."

Additional Comments cont:

I have never been in any hospital where there was so many personal yet impersonal people.

"Nurses are the best I have had in a hospital. The special services offered are nice to have and some are fun. Most of the people are nice."

"Corridor very noisy - at connecting doors."

"Only complaint was I was told I could go home one day but no one signed my discharge papers or told me why so I had to stay an additional day. Staying over turned out to be ok because there were things to finish up. Would have liked that explained, I guess."

"I thought when I was sent to the hospital by my doctor I would just be a number but I discovered I was treated like a special person. Doctors, nurses all addressed me by Mr. Schaffer, It made me feel at home and special that they were concerned about me, not their pay checks."

"Everything was just swell. Thank you all very much."

PATIENT SENSITIVITY COMMITTEE DATA SHEET

1. Issues/areas of concern to/for patients	2. Current sources of data	3. Usefulness of Data to prioritize	to plan action
I. STRUCTURAL			
Parking	P.Q. Reps. E.O.S. Cyber.	Yes	No
Accommodations			
Internal	P.Q. E.O.S.	Yes	Yes
External	Reps. Alma Oien	?	?
Waiting areas	Cyber. Reps. Staff	Yes	Yes
Eating facilities & service	P.Q. Reps. E.O.S. Cyber.	Yes	No
Stations	Reps. Cyber. E.O.S. Incident Reports	Yes	Yes
Clinics	Cyber. Reps. E.O.S.	Yes	Yes
Directional/transport systems Wheelchairs	P.Q. Reps. Cyber. Staff	Yes	No

PATIENT SENSITIVITY COMMITTEE DATA SHEET

1. Issues/areas of concern to/for patients	2. Current sources of data	3. Usefulness of Data to prioritize	to plan action
II. PERSONNEL			
Appearance	P.S.Q. Cyber. Reps.	No	No
Identification	Cyber. Reps. Staff Steve Carlton	No	No
Interpersonal interaction	P.Q. P.S.Q. Reps. Cyber. E.O.S.?	No	No
Efficiency	P.Q. P.S.Q. Cyber. Reps. E.O.S.	No	No
Perceived Competency	P.Q. Reps. E.O.S.?	No	No
III. COMMUNICATION OF/Co-ordination INFORMATION / of care			
A. PREVISIT - NONCLINICAL			
Role of teaching hospital	Cyber. P.S.Q. Reps.	Yes	Yes

PATIENT SENSITIVITY COMMITTEE DATA SHEET

1. Issues/areas of concern to/for patients	2. Current sources of data	3. Usefulness of Data to prioritize	to plan action
Role of pt. support services	Cyber. Reps.	No	No
Financial procedures-MS + H (billing process, costs, sources of payment)	P.S.Q. Reps. P.Q. Cyber.	Yes	No
Preregistration information to patients (parking, accomm., personal prop., arrival info., time consideration, discharge process)	P.S.Q. P.Q. Reps. Cyber.	Yes	No
B. PREVISIT - CLINICAL			
Purpose of visit	P.S.Q. Cyber. Reps.	No	No
Role of hospital in pts. particular clinical case	P.S.Q. Cyber. Reps.	No	No
Role of hospital personnel and students	Cyber. Reps.	No	No
C. DURING VISIT - NONCLINICAL			
Pattern of clinic and daily routine	Cyber. Reps.	No	No

PATIENT SENSITIVITY COMMITTEE DATA SHEET

1. Issues/areas of concern to/for patients	2. Current sources of data	3. Usefulness of Data to prioritize	to plan action
Scheduling of visits/tests/ treatments	Reps. Cyber.	Yes	No
Provision for input in hosp. planning & policy making	Cyber. Reps.	No	No
D. DURING VISIT - CLINICAL			
Patients Informed of Rights	Reps Cyber.	Yes	Yes
Staff rotation	P.S.Q. Cyber. Reps.	No	No
Consultations	P.S.Q. Cyber. Reps.	Yes	No
Role of hospital personnel and students	Staff Reps.	Yes	Yes
Purpose/process/outcome of tests, visits, treat-ments	Cyber. P.S.Q. P.Q. Reps.	Yes	No
Diagnosis and prognosis	Cyber. P.S.Q. Reps.	No	No

PATIENT SENSITIVITY COMMITTEE DATA SHEET

1. Issues/areas of concern to/for patients	2. Current sources of data	3. Usefulness of Data to prioritize	to plan action
Involvement in care plan	P.Q. Reps.	No	No
E. POSTVISIT - NONCLINICAL			
Financial systems	P.Q. P.S.Q. Cyber. Reps.	No	No
Return scheduling	Cyber. Reps.	No	No
Satisfaction	P.Q.	No	No
F. POSTVISIT - CLINICAL			
Patient understanding of followup care	Cyber. Reps.	No	No
Communication of followup care to appropriate party	Reps.	No	No
Discharge document		No	No
Satisfaction		No	No

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

May 20, 1976

TO:

Kathy Gunderson	Donna Nehls
Dr. Donald J. Doughman	Jeanne Smith
Kathy Countryman	Dave Olson
Greg Hart	Susan Stuart-Otto
Dr. Richard Kronenberg	Sue Preston

FROM: Johnelle Foley, Chairperson

RE: Patient Sensitivity Committee Meeting
Friday, May 28, 1976
9:00 A.M.
K/E Conference Room

*** I. Each member is to bring their own categorized problem list based on problems identified from various sources previously examined by the committee. (See minutes)

II. Discussion of uniform patient information letter.

* Please bring sufficient copies of your problem list for distribution to the Committee members.

/sds

Minutes
Patient Sensitivity Committee
May 14, 1976

Present: Nancy Greene, Jeanne Smith, Kathy Gunderson, Susan Stuart-Otto, Dr. Donald Doughman, Johnelle Foley

I. Patient Committee Member

Ms. Stuart-Otto suggested that Prof. Kernkamp and his wife could possibly be most helpful in providing the committee with the patients and a family member's perception of a University Hospital's stay. Ms. Stuart-Otto agreed to contact the Kernkamps at a time when their in-put would be most appropriate to the committee's activities.

II. Social Services Department Representative

Ms. Gunderson suggested that because members of the staff of the Social Services Department often function as patient advocates, it might be helpful to have a representative from that department serve on the committee. Ms. Foley agreed to contact Mr. David Olson regarding his interest in participating on the committee.

III. Medical Staff Awareness

Ms. Foley reported that because of a full agenda for the Resident's Orientation, issues of sensitivity to patients would be brought forth in introductory comments made by Dr. Winchell. She also noted that the subject of patient sensitivity had been on a tentative agenda for the Semi-Annual Medical Staff meeting in June.

It was suggested by the Committee that any presentation to the Medical Staff on patient sensitivity be delayed until Fall when the Committee will be prepared with a more substantive report of findings from the patient interviews.

IV. Employeee of the Month

Ms. Stuart-Otto informed the Committee that the Employee Council had suggested the initiation of a program to monthly recognize employees who had demonstrated unusual sensitivity toward partients and/or their fellow employees. She noted that this program will be conducted through the Public Relations Department and that articles concerning the awards made will be The Paper.

V. Patient Interviews

Ms. Smith mentioned the importance of learning of the patient's involvement in their diagnosis, treatment, and discharge processes. Ms. Nancy Greene noted that it would also be of interest to learn more about patients' attitudes toward the role they play

in the hospital system. Ms. Stuart-Otto also commented on the affects which gum chewing, clogs, and long hair on the professional and nursing staff had on the patient's impression of the hospital.

The Committee discussed the differences between obtaining information from patients while in-house or at home. Because Ms. Smith is on the Home Health Care staff, and has the opportunity to talk to patients as follow-up after a hospital stay, the Committee asked Ms. Smith if she would periodically report pertinent comments made by patients to the Committee.

VI. Patient Interview Content and Methodology

Ms. Gunderson suggested that the Committee needs to organize the vast data it has received from various sources into a categorized problem list. She noted that this would be a helpful exercise in determining the content for the patient interviews.

Ms. Stuart-Otto further suggested that once this data was organized and needs for additional information were identified, various committee members could be assigned the task of seeking professional advice in developing an interview format and methodology.

Individuals with such expertise who were mentioned included:

Dr. Litman
Stan Williams
Dr. Joseph Westermeyer
Don Cassatta
Ron Geiser

VII. Committee Assignment

It was the decision of the Committee that each member would come to the next meeting with a categorized list of problems identified by the Committee to this point. Each member was requested to bring sufficient copies of their lists for distribution to the other committee members at the meeting. (An early attempt by the Committee Chairperson at this exercise is attached to these minutes as a suggestion of one possible format. Also enclosed are articles of interest concerning patient opinion polling.)

VIII. Summer Project

Ms. Gunderson noted that the Committee would be working on improving the dissenmination of information to patients concurrently while initiating the patient interview program. Ms. Stuart-Otto was asked to bring a copy of the Dermatology Clinic's patient letter to the next meeting as the Committee had expressed interest in possibly developing a uniform letter of that type for in-patients and out-patients.

Ms. Stuart-Otto mentioned that the Public Relations Department had received sufficient budgeting for an information phone system and for individual station brochures. She

Johnelle Foley

Patient Sensitivity

Problem List

Structural Problems

inadequate parking
uncomfortable accommodations
lack of visitor facilities
crowded surgery lounges
poorly structured waiting areas
insufficient storage for patient belongings
lack of privacy
confusion of location in complex
high noise level
crowded station arrangements
cold food

Personnel Problems

poor physical appearance
lack of proper identification
improper behavior
unprofessional dress
insufficient interpersonal interactions
discrimination toward patients
lack of awareness of sensitivity issues
inappropriate discussion in patient rooms
low response time
lack of co-ordination and co-operation among personnel
insensitivity to patient needs for explanation

Communication Problems

insufficient information about:

- the hospital visit
- the admission process
- financial matters
- medical tests
- location transfers
- surgery
- consultations
- role of the teaching hospital
- roles of various hospital personnel

lack of patient understanding about diagnosis, treatment, and discharge
lack of patient involvement in planning for treatment and discharge
misconception of the patient role
insufficient patient education (health care and system related)
lack of patient in-put in planning and policy making
lack of family involvement in and understanding of patient care

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

June 9, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Donna Nehls
Jeanne Smith
Dave Olson
Susan Stuart-Otto
Sue Preston

FROM: Johnelle Foley, Chairperson

RE: Patient Sensitivity Committee Meetings
Friday, June 18th

and
Friday, June 25th
9:00 A.M.
K/E Conference Room

AGENDAS

Both meetings will be devoted to in-depth discussions of identified problem areas in patient sensitivity. These problem areas will have been charted by a smaller group according to their potential for committee involvement.

/sds

Minutes
Patient Sensitivity Committee
May 28, 1976

Present: Nancy Greene, Kathy Gunderson, Kathy Countryman, Donna Nehls, Dr. Donald Doughman, Dave Olson, Greg Hart, Dr. Richard Kronenberg, Johnelle Foley

Ms. Foley requested that Ms. Gunderson lead the discussion on the categorization of identified problem areas in patient sensitivity. Ms. Gunderson began by summarizing the Committee's present position in terms of having been exposed to many issues of patient sensitivity from various sources. She noted the need to stop at this point to examine the various subject areas under which these problems might fall. Ms. Gunderson explained that if a personal patient interview format was to be developed, it would be important to determine what subject areas should be covered in that survey. She also commented that it was her understanding that while the Committee worked to develop and conduct the interview process, it would also be involved with actively correcting identified problems in the dissemination of information to patients.

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- explanation of the role and responsibilities of the consultant
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Respectfully submitted,

Johnelle Foley
Chairperson

Kathy Gunderson
5-76

PATIENT SENSITIVITY

Issues/Areas of Concern to Patients

Reactions to teaching hospital
- prior knowledge/understanding of what that means
- reactions to students
- reactions to number of persons interviewing/examining/caring for patient

Patient Information/Understanding of Care Process
- disease, prognosis, treatment } - before hospitalization / - during hospitalization / - at discharge
- role of various care providers
- degree to which patient has found out as much as he/she wants to know. If not, why not? Ease of obtaining information.

Patient Information/Understanding of Things Periferal to Care Process
- cost of care, means of payment } Degree of hardship caused or concern about cost
- storage of belongings
- parking
- admissions system
- accommodations for self/relatives
- weighting time
- location of departments/services in building(s)

Patient Involvement in Treatment/Discharge Planning
- level of satisfaction
- degree to which consulted on treatment
- extent of involvement in decision-making. Given alternatives?
- how involved do they think they should be? Really want to be?
- satisfaction with involvement of family

Degree of control over daily functions; e.g. when awakened, when given bath, privacy, food eaten and when, visitation procedures, etc.
- level of satisfaction

Degree of confidence in competency of staff
- perceived instances of inadequately trained staff. In what areas do staff need more training?

Physical facilities
- accommodations
- parking
- transportation within building(s)
- waiting areas

Food

Staff Interaction with patients and family/friends
- courtesy
- concern
- sensitivity
- include patient in conversations conducted in his/her presence
- general conduct

Overall satisfaction

Willingness to return to University Hospitals for same or other illness

Kathy Gunderson
5/76

POSSIBLE PATIENT DATA TO CORRELATE WITH SATISFACTION LEVELS

1. acuity level
2. age
3. sex
4. race
5. distance from home
6. extent of previous hospitalization
7. station or service
8. diagnosis
9. length of stay at time of interview
10. amount of visitors
11. type and number of staff exposed to; congruency with expectations
12. patient's assessment of his/her improvement; congruency with expectations
13. patient's concern over cost
14. attitude/perceived status at time of admissions, e.g.
    - emergency
    - unnecessary hospitalization
    - in a great deal of discomfort
    - knew reason for hospitalization
    - knew who their physician was

ANALYSIS OF DATA AVAILABLE ON PATIENTS' CONCERNS ABOUT HOSPITALIZATION

1. Issues/areas	2. Current sources	3. Validity/ thoroughness	4. Remaining issues	5. Possible sources
Example: Parking	Patient reps Patient questionnaire	Good	———	

1. Issues/areas of concern to patients
2. Current sources of data
3. Reliability/validity or thoroughness of data as indicator of patients' concerns
4. Issues/areas requiring further information
5. Source(s) of information

Patient Sensitivity

Problem List

Structural Problems

inadequate parking
uncomfortable accommodations
lack of visitor facilities
crowded surgery lounges
poorly structured waiting areas
insufficient storage for patient belongings
lack of privacy
confusion of location in complex
high noise level
crowded station arrangements
cold food

Personnel Problems

poor physical appearance
lack of proper identification
improper behavior
unprofessional dress
insufficient interpersonal interactions
discrimination toward patients
lack of awareness of sensitivity issues
inappropriate discussion in patient rooms
low response time
lack of co-ordination and co-operation among personnel
insensitivity to patient needs for explanation

Communication Problems

insufficient information about:

- the hospital visit
- the admission process
- financial matters
- medical tests
- location transfers
- surgery
- consultations
- role of the teaching hospital
- roles of various hospital personnel

lack of patient understanding about diagnosis, treatment, and discharge
lack of patient involvement in planning for treatment and discharge
misconception of the patient role
insufficient patient education (health care and system related)
lack of patient in-put in planning and policy making
lack of family involvement in and understanding of patient care

Percent in blue

Black - Percent of patients who p. rel. rep talked to - 20 people

Red - Percent of patients who pat. rel. rep did not talk to - 24 people

QUESTIONNAIRE

Total No. of 44 respondents

		Black	Nd
1. The general atmosphere of the hospital is			
79%	warm and reassuring	80%	79%
21%	neutral	20%	21%
-	cold and frightening	-	-
-	Blank	-	-
2. Did you have difficulty finding your way around in the hospital?			
7%	almost always	-	13%
9%	usually	10%	8%
43%	occasionally	55%	33%
38%	rarely	35%	42%
2%	Blank	-	4%
3. If you did have difficulty, were people usually helpful when directing you?			
		95% yes	96%
96%	yes	5% no	4%
4%	no		

Who helped you?

4. The University Hospitals employs many kinds of people. Some are medically trained personnel such as doctors, nurses and therapists, and others are employed for non-medical duties such as office and clerical functions.

A. Did you feel the medical personnel were

93%	friendly and interested	95%	92%
7%	neutral and indifferent	5%	8%
-	unfriendly and disinterested	-	-
-	rude and too busy to be bothered	-	-

B. Did you feel the non-medical personnel were

84%	friendly and interested	90%	79%
11%	neutral and indifferent	5%	17%
-	unfriendly and disinterested	-	-
-	rude and too busy to be bothered	-	-
5 - BLANK		5%	4%

5. The University Hospitals is a teaching institution and operates differently from private hospitals. More doctors, nurses and other medical personnel participate in the care of patients.

When you were here, did anyone explain why many people were involved in your care?

43%	yes	40%	46%
57%	no	60%	54%

If yes, can you recall the person's position?

6. People respond differently to teaching hospitals and to the number of people who care for them.

How did this make you feel?

64%	secure and confident	55%	71%
7%	anxious and lost confidence	10%	4%
27%	neither	30%	25%
2%		5%	-

7. Do you feel the time you spent in admissions was

72%	just right	65%	79%
13%	excessively long	25%	4%
13%	longer than it should have been	10%	17%

In the business office was

75% just right	75%	75%
5% excessively long	5%	4%
5% longer than it should have been	10%	—
15% - BLANK	10%	21%

In the clinics was

39% just right	35%	42%
10% excessively long	15%	4%
16% longer than it should have been	20%	12%
35% - BLANK	30%	42%

8. While at the University Hospitals, did you have any questions about non-medical and other hospital procedures such as:

Billing and insurance	32% yes	66% no	25% yes	70% no	37.5% yes	62.5% no
Admitting procedures	9% yes	89% no	15% yes	80% no	4% yes	96% no
Undue delays	7% yes	91% no	10% yes	85% no	4% yes	96% no
-BLANK	2%		5%		—	

9. If yes, was there someone available to answer your questions?

41% yes	2% no	57% BLANK				
45% yes	— NO	55% BLANK				
Who?						
31.5% yes	4% no	58.5% BLANK				
Were the answers helpful?	41% yes	— no	45% yes	— NO	37.5% yes	—
	59% BLANK		55% BLANK		62.5% BL	

10. Were you aware of the services offered by our Patient Representative?

41% yes	59% no	75% yes	25% no	12.5% yes	87.5% no
BLANK		BLANK		BLANK	

11. Did you meet her?

43% yes	57% no	80% yes	20% no	12.5% yes	87.5% no
BLANK		BLANK		BLANK	

12. Did you have occasion to contact her while you were here?

23% yes 77% no

35% yes 65% no

12.5% yes 87.5% no

Comments on anything that seemed particularly satisfactory or unsatisfactory to you will be especially helpful in improving our service to patients.

_____

_____

_____

_____

_____

_____

Are you				Were you an				What is your age group			
46%	Male	30%	58%	79%	Inpatient	75%	83%	16%	Under 15	10%	21%
54%	Female	70%	42%	21%	Outpatient	25%	17%	18%	15-30	20%	16.5%
								18%	31-45	20%	16.5
								27%	46-65	30%	25%
								21%	over 65	20%	21%

Your general feeling of the hospital

73%

70%

75%

25%

25%

25%

2%

5%

-

Thank you.

A total of 79 questionnaires were sent - 40 to people who were seen by Pat. Relations and 39 who were not seen.
56% of the questionnaires were sent back
50% in those who were seen
61% in those who were not seen.

00 02 12

3. People who were listed as helpful in directing patients when lost in the hospital.

Nurses and interns-
Orderlies and aids-
Admittance clerks-
Social Service-
Elevator operators and Information desk-
?????-

8. People who explained reason behind multiple care at U. Hospitals.

MEDICAL
Nurses, interns and residents-
Dr. Lillehei-
Dr. Nesbit-
Dr. Anderson-
"Head of Neurology"-

NON-MEDICAL
Admissions desk-
Patient Relations-

9. People who answered questions about various departments and delays.

Business office personnel-
Admitting-
Nurses-
Cashiers-
Doctors-
Social worker-
Patient Relations-

GENERAL COMMENTS POSITIVE

Special mention was made by four people that they "couldn't have been treated better. People were, in general very happy with the service and cleanness of the hospital. Three people mentioned that the nurses were very good and "gentle" but the doctors seemed indifferent. It was also mentioned that non-medical people were courteous and "took the time to talk".

GENERAL COMMENTS NEGATIVE

1. The major complaint against ADMISSIONS was that it was too drawn out. They felt that, if asked to check into the hospital at 9:00, they should be able to be in their room before L2:00. One person mentioned that the business clerks could be a bit more business-like.
2. The general feeling about the medical side of U. Hospitals was that there should be more communication between the patient and the staff. To quote one patient, "I dont mind having 4 doctors---if they will get together on what is wrong with me. I would like to talk to the head doctor." It was also mentioned that the nurses were impersonal at times and it was felt that the patient would feel more comfortable if people (ie., nurses and doctors) would explain what they are doing and why. That would make procedures less frightening. "Buck passing" was mentioned by one patient as an activity of his doctors. One person also had difficulty with testing conflicts (ie., two places at one time set up by a resident and an intern.)
3. Two comments were made about the Business office. One was that the patient felt that the billing was too slow (3 mos.). The other comment was that the insurance department did not send claims on time (made by Blue Shield via patient.)
4. Miscellaneous comments were varied in content. One patient said that he felt there was poor meal timing---if in X-ray at lunch, he missed lunch. Better food for diabetics and neater cleaning personnel were also mentioned. Pharmacy was mentioned as taking too long, poor parking and expensive accomodations for a relative were also stated as problems. One man said that he had no rest while here because of his very sick and "moanin'" roommate and one little old lady said that if she had died here, her impression would have been that the hospital was a "tad grim".

Distribution Spring '73

PATIENT'S QUESTIONNAIRE

Office Use Only

1. The following are a few statements which are meant to help us determine how satisfactory your stay was at University Hospitals. Please read each statement carefully and check quickly the box that best expresses your feeling about that statement. Do not spend much time on any one statement. If in doubt, check that box which seems most nearly to express your present feeling about the statement. WORK RAPIDLY. Be sure to answer every statement. 12 (1-2) (3)

EXAMPLE: If the statement were to read: "It is easy to have fun at a party" and you agreed with the statement, then you would put a check in the box under the "Agree" heading.

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
a) It is easy to have fun at a party.		X			

End of example

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	
1) I had enough opportunity to ask about my condition in privacy.						(4)
2) I trust the hospital to treat my case and my record with appropriate confidentiality.						(5)
3) Those caring for me were warm and friendly.						(6)
4) I felt like I understood all the procedures done to me before they were done.						(7)
5) I don't really care what they give me just so it makes me well.						(8)
6) I was usually honest with the staff.						(9)
7) Generally I felt helpless.						(10)
8) I tried to learn as much as I could about my condition.						(11)
9) I felt the doctors were honest with me.						(12)
10) I wanted to learn as much about my treatment program as I could						(13)
11) When I asked questions I was usually told to ask someone else.						(14)

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Office Use Only
12) All they wanted was to get my signature on the form so they could do what they wanted.						___(15)
13) I had the opportunity to think about my proposed treatment before making a decision.						___(16)

2. If there were questions you would have liked to have asked the staff during your stay, but didn't, please describe briefly: (Please use the back if necessary).
   a) What you would have liked to have asked.

   b) Why you did not ask them.

3. Please feel free to make any comments about your stay in University Hospitals. (Please use the back if necessary).

4. We would appreciate it if you would answer a few questions about yourself. Your answers will remain strictly confidential.

   a) Sex: ( ) Male ( ) Female ___(17)

   b) Marital Status: ( ) Single ( ) Divorced ( ) Widowed
   ( ) Married ( ) Separated ___(18)

   c) Race: ( ) Caucasian ( ) Mexican/American
   ( ) Negro ( ) Oriental ( ) Other _____ ___(19)

   d) What was your age at your last birthday? _____Years ___(20-21)

   e) What was the highest grade of school you completed?
   _____ ___(22-23)

Office Use Only

f) What is your present job, or last job if unemployed? (Please be specific so that responses can be accurately classified. For example: wholesale hardware salesman, retail sales clerk in department store, high school teacher of English, owner of drug store, housewife, etc.)

_____ ___(24-25)

g) What is your home address zip code? _ _ _ _ _ ___(26-30)

h) Approximately what was your immediate family's income last year?

1. ( )	under $2,000	6. ( )	$10,000 - 11,999
2. ( )	2,000 - 3,999	7. ( )	12,000 - 13,999
3. ( )	4,000 - 5,999	8. ( )	14,000 - 15,999
4. ( )	6,000 - 7,999	9. ( )	16,000 - 17,999
5. ( )	8,000 - 9,999	10. ( )	18,000 and over

___(31-32)

i) Was this your first stay in the University Hospitals?

( ) YES ( ) NO

THANK YOU FOR YOUR PARTICIPATION

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

June 21, 1976

TO:

Kathy Gunderson	Donna Nehls
Dr. Donald J. Doughman	Jeanne Smith
Kathy Countryman	Dave Olson
Greg Hart	Susan Stuart-Otto
Dr. Richard Kronenberg	Sue Preston
Sue Percy	Nancy Greene

FROM: Johnelle Foley, Chairperson

RE: Patient Sensitivity Committee Meeting
Friday, June 25th
9:00 A.M.
K/E Conference Room

AGENDA

This meeting will be devoted to determining what current or pending activities are occurring or being planned for the identified issues and areas of concern relative to patient sensitivity.

/sds

Minutes

Patient Sensitivity Committee

June 18, 1976

Present: Nancy Greene, Donna Nehls, Sue Percy, Greg Hart, Kathy Countryman, Kathy Gunderson, Susan Stuart-Otto, Johnelle Foley

The Committee reviewed the list of "Issues/Areas of Concern To/For Patients," as prepared by a sub-committee consisting of Kathy Countryman, Kathy Gunderson, and Johnelle Foley. Each item on the list was discussed in terms of its meaning and sub-factors. It was the decision of the Committee to change heading III to read, "Communication of Information/Co-ordination of Care." The Committee felt that this addition more clearly represented the intent of the items listed under this heading. It was noted that those items were not simply topics which patients should have information about or topics which patients should relate their perceptions of, but they were also topics which might require change in some manner to assure a smooth running operation for patient care and convenience.

Under "Current Sources of Data", the sub-committee had referenced the following sources:

P.Q. = patient questionnaire
Reps = patient representatives
E.O.S. = employee opinion survey
Cyber = cybernetic sessions
P.S.Q. = physician sensitivity questionnaire

The Committee then discussed various methods of further examining the listed items. It was suggested that the usefulness of the data for each item be examined in terms of its validity, reliability, thoroughness, and potential impact. Nancy Greene, Kathy Gunderson, Greg Hart, and Johnelle Foley volunteered to work with this step prior to the next Committee meeting. They noted that they would also be assessing the need for more data or data in a different form for each item.

Consideration of current or pending activities relating to the items was seen as the next step. The Committee felt that this step could best be accomplished at the next full Committee meeting as all members would have more knowledge of various activities occurring throughout the Hospitals.

The Committee viewed the accomplishment of these two steps as being helpful in prioritizing the items and providing the Committee with a time-scheduled plan.

Respectfully submitted,

Johnelle Foley

Johnelle Foley
Chairperson

PATIENT SENSITIVITY COMMITTEE DATA SHEET

1. Issues/areas of concern to/for patients	2. Current sources of data
I. STRUCTURAL	
Parking	P.Q. Reps. E.O.S. Cyber.
Accommodations	
Internal	P.Q. E.O.S.
External	Reps.
Waiting areas	Cyber. Reps.
Eating facilities & service	P.Q. Reps. E.O.S. Cyber.
Stations	Reps. Cyber. E.O.S.
Clinics	Cyber. Reps. E.O.S.
Directional/transport systems	P.Q. Reps. Cyber.

1. Issues/areas of concern to/for patients	2. Current sources of data
II. PERSONNEL	
Appearance	P.S.Q. Cyber. Reps.
Identification	Cyber. Reps.
Interpersonal interaction	P.Q. P.S.Q. Reps. Cyber. E.O.S.?
Efficiency	P.Q. P.S.Q. Cyber. Reps. E.O.S.
Perceived Competency	P.Q. Reps. E.O.S.?
II. COMMUNICATION OF INFORMATION	
A. PREVISIT - NONCLINICAL	
Role of teaching hospital	Cyber. P.S.Q. Reps.

1. Issues/areas of concern to/for patients	2. Current sources of data
Role of pt. support services	Cyber. Reps.
Financial procedures-MS + H (billing process, costs, sources of payment)	P.S.Q. Reps. P.Q. Cyber.
Preregistration information to patients (parking, accomm., personal prop., arrival info., time consideration, discharge process)	P.S.Q. P.Q. Reps. Cyber.
B. PREVISIT - CLINICAL	
Purpose of visit	P.S.Q. Cyber. Reps.
Role of hospital in pts. particular clinical case	P.S.Q. Cyber. Reps.
Role of hospital personnel and students	Cyber. Reps.
C. DURING VISIT - NONCLINICAL	
Pattern of clinic and daily routine	Cyber. Reps.

1. Issues/areas of concern to/for patients	2. Current sources of data
Scheduling of visits/tests/ treatments	Reps. Cyber.
Provision for input in hosp. planning & policy making	Cyber. Reps.
Additional (See Structural)	P.Q. P.S.Q. Reps. Cyber.
D. <u>DURING VISIT - CLINICAL</u>	
Patients Rights	Reps. Cyber.
Staff rotation	P.S.Q. Cyber. Reps.
Consultations	P.S.Q. Cyber. Reps.
Purpose/process/outcome of tests, visits, treatments	Cyber. P.S.Q. P.Q. Reps.
Diagnosis and prognosis	Cyber. P.S.Q. Reps.

Issues/areas of concern to/for patients	2. Current sources of data
Involvement in care plan	P.Q. Reps.
POSTVISIT - NONCLINICAL	
Financial systems	P.Q. P.S.Q. Cyber. Reps.
Return scheduling	Cyber. Reps.
Satisfaction	P.Q.
POSTVISIT - CLINICAL	
Patient understanding of followup care	Cyber. Reps.
Communication of followup care to appropriate party	Reps.
Discharge document	
Satisfaction	

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

July 7, 1976

TO:
Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Donna Nehls
Jeanne Smith
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

The next meeting of the Patient Sensitivity Committee will be held on Friday, July 9th at 9:00 A.M., in the K/E Conference Room.

/sds

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

July 7, 1976

TO:

Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Donna Nehls
Jeanne Smith
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

The next meeting of the Patient Sensitivity Committee will be held on Friday, July 9th at 9:00 A.M., in the K/E Conference Room.

/sds

Patient Sensitivity Committee Meeting

July 2, 1976

Present: Nancy Greene, Sue Percy, Kathy Gunderson, Susan Stuart-Otto, Dr. Richard Kronenberg, Dr. Donald J. Doughman, Dave Olson, Greg Hart, Johnelle Foley

Ms. Stuart-Otto distributed copies of the new Patient Information brochures. She requested that each member of the Committee examine the brochure and refer any questions, comments, or additions to her office. Ms. Stuart-Otto explained that a limited number of copies were printed at this time to allow for later changes in the brochure.

The Committee then discussed the various aspects involved in gathering additional information on those items so specified on the data sheet. It was also noted that the Committee was interested in concurrently working on another more visible action item. Based on these two interests of the Committee, the following plan was devised:

The Committee would divide into two groups.

Group A

Members: Nancy Green
Kathy Gunderson
Dr. Kronenberg
Dave Olson

Group Task: The above individuals will work together to develop a procedure package for obtaining additional information from patients on their perceptions of their need to know more about the following:

Previsit - Clinical

Purpose of Visit

Role of University Hospitals in patients particular clinical case

Role of University Hospitals personnel and students

During Visit - Clinical

Staff Rotation

Consultations

Role of University Hospitals personnel and students

Purpose/process/outcome of tests, visits, treatments

Diagnosis and Prognosis

Involvement in care plan

Group B

Members: Susan Percy
Susan Stuart-Otto
Greg Hart
Johnelle Foley

Group Task: The above individuals will work together on taking action on one of the following concerns previously identified as action items:

Structural

Accommodations

Internal

Waiting Areas

Personnel

Appearance

Interpersonal Interaction

Previsit - Non-Clinical

Role of teaching hospital

Role of patient support services

Financial Procedures

Pre-registration Information to patients

Committee Strategy: Upon completion of its package and activation of its information gathering procedure, Group A will join Group B to work through the remaining action items. When the termination date is reached for the information gathering procedure phase the Committee as a whole will evaluate the findings of the data, propose action steps, and initiate implementation of action.

The Committee felt that it would be helpful to continue to meet every Friday for a period of time at 9:00 A.M., in the K/E Conference Room and divide into groups within that room. It was suggested that the two groups appoint a co-ordinator to keep the Committee Chairperson informed of group progress.

Those members not in attendance may choose the group of their interest at the next meeting.

Respectfully submitted,

Johnelle Foley /ss

Johnelle Foley
Chairperson

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

July 14, 1976

TO:

Kathy Gunderson	Donna Nehls
Dr. Donald J. Doughman	Jeanne Smith
Kathy Countryman	Dave Olson
Greg Hart	Susan Stuart-Otto
Dr. Richard Kronenberg	Sue Preston
Sue Percy	Nancy Greene

FROM: Johnelle Foley, Chairperson

The next meeting of the Patient Sensitivity Committee will be held on Friday, July 16th at 9:00 A.M., in the K/E Conference Room.

/sds

Patient Sensitivity Committee
Meeting
July 9, 1976

Present: Sue Percy, Kathy Countryman, Greg Hart, Dave Olson, Johnelle Foley

As a majority of those present were members of Group B, the action group, discussion focused on that groups concerns.

Mr. Hart reported that Ms. Susan Stuart-Otto had informed him that the University Hospitals Volunteer Association was interested in raising money to meet an identified hospital need. She explained that the Association was considering putting on a benefit at Orchestra Hall and that such an endeavor could produce approximately $30-40,000. Ms. Stuart-Otto noted that the money raised could be most appropriately used to refurbish patient-visitor lounge areas.

The Committee then discussed various aspects of the Hospitals' lounge situation. It was generally felt that the Variety Club Heart Hospital and Masonic Hospital had adequate lounge areas. Very poor conditions however, were felt to exist in the Mayo Building in terms of the number of lounges there and their appearance. Ms. Percy commented that it was important to point out the function of lounge areas for patients and visitors. She stated that the two primary functions were to provide an area for general visiting and to provide an area for private consultation. She added that the nurses conference rooms on each station might be considered for such patient-visitor utilization when not being used by the nursing staff. It was also noted that various stations had different needs in terms of lounge areas dependent upon the types of patients they cared for.

Ms. Countryman mentioned that it was her understanding that the Department of Volunteer Services had money which was to be spent to redecorate the surgery lounge. She explained that the lounge was presently located on Station 47 but that consideration was being given to re-locating the surgery lounge on Station 57. This move however, was noted as pending until agreement is reached as to the location for the Epilepsy Center. It was pointed out as unfortunate that human needs in terms of lounge areas were in conflict with a need for patient bed space.

Mr. Hart suggested that the Committee devote the remainder of the meeting to touring the Mayo Complex and its lounge facilities. The following are notes taken during that tour:

Station 12 - has nice areas which could be divided to allow for storing equipment to the left behind a sliding door and a lounge area to the right. Suggestion was made that carpeting could enhance the area.

Station 50 - has conference and residents room.

B-558 - is small alcove off of Station 53 ICU

Station 51 - question as to whether or not the exam room or nurse's conference room (C-574) was used at all times

Station 57- Urology - location of nice large room (D557) which is being considered to be used as a surgery lounge. Room D558 appeared to be used as a doctor's sleeping room.

Station 58 Gynecology - sometimes uses exam room for patient visitor lounges

Station 59 - has nothing but can use vacant patient rooms or has visitors wait on Station 58. Essentially, Stations 57, 58, and 59 use the large room on Station 57.

Station 50 Pediatrics - parents are force to use the children's play and dining area.

Station 56 - uses hall

Station 44 - has nice room

Station 42 - uses another room with Station 44.

Station 43 - suggestion made that residents' room could be moved

Station 41 - has small alcove

Station 40 - has small alcove and play room area

Station 30 - has nothing

Station 31 & 33 - has small alcove with deteriorating rug, also table and chairs in the hallway. Question concerning offices being appropriately located.

Station 32 - appeared to be mostly office space

Station 35 - only available area is hallway

Station 45 and 46 - one station devoted to patients, the other made up of support rooms.

Station 47 - has surgery lounge area

Station 49 - uses surgery lounge and chairs in the hallway

Respiratory Ward - has a few chairs in outer area

Station 54 - new student health service area has nice large room.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

July 16, 1976

MEMO

TO: ROBERT BAKER, JOHNELLE FOLEY
FROM: LAURA ANDERSON

I've enclosed the department and service aggregate results of the six-month patient discharge questionnaire. The frequencies (per cent totals) listed are adjusted to eliminate "no answers." If you would like the station-by-station frequencies for nursing care, please feel to contact me.

Generally, our patients seem to be more concerned with creature comforts than the medical care we provide. The most common complaints referred to: waits, cold food, noise, parking, getting lost and payment complexity.

We've received many warm, outgoing personal comments from our patients. This was the highlight of the project for me, in addition to the fact that the data could be very useful for all of us.

LA:jfs

TOPIC Patient Discharge Questionnaire Survey — Six-month study
Departmental Frequency Distributions — Laura Anderson 3-8695

— Per Cent —

	Excellent	Good	Fair	Poor
Accomodations				
1 Comfort	57.1	35.7	6.7	.4
2 Cleanliness	59.1	30.0	9.2	1.8
3 Noise level	30.5	33.7	23.1	12.7
4 Medical Staff				
5 Competence	78.9	20.0	1.1	0
6 Concern	74.5	20.2	4.2	1.1
7 Pleasantness	75.9	19.9	3.5	.7
8 Explanations	69.6	21.3	6.7	2.4
9 Nursing Staff				
10 Efficiency	73.5	23.9	1.8	.9
11 Promptness	64.9	29.8	4.5	.9
12 Pleasantness	84.5	14.0	1.3	.2
13 Concern	78.1	19.5	1.8	.7
14 Competence	75.5	22.5	1.8	.2
15 Explanations	67.6	25.7	5.2	1.6
16 Food				
17 Appetizing	35.5	38.1	17.5	8.9
18 Amount	40.6	45.7	9.7	3.9
19 Temperature	25.7	33.4	24.8	16.0
20 General Impressions				
21 Hospital	58.3	35.2	5.6	.9
22 Volunteers	50.7	41.2	6.1	2.0
23 Visiting Hours	60.4	32.6	4.8	2.2
24 Mail & Flower Deliveries	55.1	37.3	6.4	2.2
25 Emergency	58.3	36.1	2.8	2.8
26 Discharge	59.5	32.7	5.8	2.0
27 Signs	44.3	38.5	14.2	2.9

	Excellent	Good	Fair	Poor
Admissions				
Courtesy	61.6	34.2	3.3	.9
Promptness	39.4	33.7	16.7	10.3
Explanations	42.2	42.4	10.7	4.7
Policies & Routines	38.1	40.2	14.6	7.2
Business Office				
Courtesy	55.7	36.2	6.3	1.7
Helpfulness	52.6	37.2	8.4	1.8
Explanation: Insurance	46.8	40.3	7.3	5.6
Explanation: Hosp Bill	45.8	42.2	5.8	6.2
Financial Arrangements	47.7	40.1	7.2	5.0
Other Personnel				
Technicians	61.9	34.6	3.3	.3
Therapists	63.0	33.6	2.7	.8
Others	69.4	27.8	1.4	1.4
Explanations	59.8	32.1	6.4	1.7

Sta 43 No free t.v., but what's the use when the reception is so lousy.

M 1 The nursing staff was great and the orderlies were very kind and personable. They made my stay here (10 days) very enjoyable.

Sta 56 The whole staff on Station 56, they all go out of their way to be super to the patients.

Sta 43 I have no complaints to ~~say~~ make. As a patient I was given the best of care by all who took care of ~~me~~/me--doctors, nurses orderlies, etc.

Sta 22 I had a kidney transplant. I consider the U. of M. Hospital the finest place for this service in the world.

Sta 51 I was much impressed by your friendly concerned staff. Naturally with a facility of your size one ~~d~~ could expect confusion between departments but the staff made up for any ~~o~~ inconvenience! Nursing staff on Sta. 51 was fantastic! Sta. 44 ICU staff was likewise the same.

Sta 58 All the nursing staff on Sta. 58 are excellent and very pleasant.

A M 1 Of all the doctors and interns I encountered, there isn't ONE negative word to be said. I didn't feel like I was "pushed" through an assembly line, but instead was met with personal attention and concern for my problem. They were just stupendous!

A M 1 Robes should be available to patients who must wait a long time in x-ray. I was cold in just the hospital gown.

A Sta 43 The food was good when I was in in March, but poor now when I was here in Aug.

A Sta 31 I felt the majority of the nurses who cared for me were doing an excellent job, a couple should improve.

A Sta 31 I believe the Hospital is less able to day than 5 or even 3 years ago to care for people. Too much red tape and less results and the poor nurses have to put up with this. Too many people asking the same questions and some of them are very personal.

3A Sta 60 I feel confident in leaving the station--and ready.

ta. 58 6A After surgery when my husband told the nurse in the room that my I.V. hadn't worked for two hours. (sic) She said Oh! That doesnt' make any difference, it really wasn't necessary at all. He went to the desk and asked the nurse ther to fix it. She did.

ta. H3W 7A We think your (sic) doing an excellent job! All of you! We were completely satisfied with everything.

ta. 31 8A The nurses were especially thoughtful and attentive to my needs. I tried to request their help as little as possible as I knew others were in greater need.

ta. 57 9A The food was no (sic) only bad it was the worst I have ever ate (sic). No flavor and cold. And the smell was enough to make me sick. But the worst of all was when the regular doctor couldn't even be out to make his rounds and that was who I was paying, and wanted to see not a bunch of inturns (sic).

Sta. 58 32 A One of my roomates smoked continually which is against the state law. The room I stayed in was very dirty--the dust was hanging from the ceiling and the windows were covered with dirt.

Sta. 31 34A Overall my stay was made as pleasant as possbile and treatment to my condition was provided promptly and efficiently by medical staff. Meals were of good quality and tasty--very satisfied.

Sta. 31 35A Waited 6 hours in admissions. Knew 1 week in advance I was to be admitted. Had to stay 1 additional day in hospital because of this.

Sta. 59 36A I was on the OB Special program and the business office sent bills every month for tests that should have been covered by the plan--they really have the bill a mess!

Sta. 12 37A Wonderful care. They treat people like human beings.

Sta. 43 40A Too long a wait for medications on discharge. Staff did not spend time soliciting or even listening to complaints.

Sta. R5 .The carpet in visitors room was very dirty both time I was there with my
42A daughter. Stinky, too!

Sta. 57 A remarkable improvement over a year ago is the cleanliness--all looked so
51A neat and clean, except the windows!

Sta. 43 The hospital staff, as a whole, gave me the impression: "The insurance com-
52 A pany will pay for it," when issuing supplies and procedures.

11 I wish the doctor had visited me before I left the hsopital after my tests
53A etc. were finished.

11 I was very much impressed by the hospital, the staff and all of the other
51A employees that we had contact with.

Sta 58 Sure would help if admitting were more organized. Need more staff or less
52A patient coming in at same time. I waited 2 hours before I could
get a room.

Sta. 43 I left with feeling (sic) that all had been done for mee--and even more--to
55A have an assurance that I was really well and no chance of cancer. Any
other place in my body. On the whole an excellent facility with
excellent treatment. Especially appreciated openness of medical staff.

Sta. 31 Patient unable to walk and in severe pain--request fro help in getting wheel-
56A chair to go anywhere in the hospital totally ignored. Getting admit-
ted was a nightmare--once arrived at station, service was excellent.

Sta 56 The surgery waiting room could use much improvement, aire conditioning and
1A much cleaner with smoking area.

Sta. 58 Should have more help on weekends.
6A

Sta. 31 The only major problem was the apparent lack of communication between nursigg
87A shifts. Very often, new instructions weren't carried out by the re-
lieving nurse, and I had to try to relay instructions occasionally
(which I was not qualified or in any condition to do.)

Sta. 12 Your plastic utensils are horried(sic). You may be saving money some place,
8A but at the discomfort of your patients. Why not use paper sheets, too.

. 12 Not one time did I have the correct diet.
93A

95A My son thoroughly enjoyed his stay in CRC during his diet balance studies. Thank you all so much.

. 43 97A Poor communication between surgeons. Very poor x-ray service, Patients have waited 4-6 hours. May need more machines and personnel.

hab 5 98A I also work in a hospital and I can definitely tell your employees enjoy their work. Rehab5 is an exceptional floor. You're very lucky to have such good employees. We never had to worry about here care even when we were away.

ta. 43 103A I was in the hospital once before for four months and again this time for six days. I feel the University Hospital is the best there is. I feel if I hadn't been transferred there I wouldn't be here today to answer this questionnaire.

ta. 51 104A The nursing staff made me feel like I was the most important person in the world.

ta. 58 109A Admitting: things could have been typed up and ready since they had advance notice. Nursing: the 11-7 staff was excellent; the day staff seemed busy smoking and gossiping. I had to run my own tests when I was on "complete bedrest." I asked for a backrub and they said "later" and never returned. Accommodations: blood on curtains when I came--still there until I asked to have it changed on the third day; air conditioner didn't work. Food: no fresh vegetables or fruit in three days; a dietician came up and we worked out an excellent menu--yet I never received it.

Sta 51 110A I felt resident doctors could improve on their bedside manner and show a bit of compassion.

Sta 51 115A The admitting procedure was awful. Initially I signed some insurance forms. Then I was asked to have a sear which became tiring after 2 hours. No admitting people spoke to me during this time. After the long wait I inquired as to my status. Eventually, I was moved to a station without a bed for me and after a mere 3 3/4 hours I saw the admitting resident. That was an imposition on my humaness and was not necessary. The regu-

lar diet is toom high in cholesterol and saturated fats. 118A cont'd.

Sta 51 120A Accommodations: used cotton and urinal left between window and radiator by previous patient. Good raxor left, too--I gave to orderly. Floor needs a good polish job. Locker needs dusting.

122 A Sta 47 God Bless the lady giving progress reports in the 4th floor lounge.

Sta 31 124A This hospital has absolutely no coordination between departments. It gives more attention to doctors research than to patients' actual needs with no concern as to what it is costing patients physically, mentally or financially.

????? Your hospital is not a patient orientate hospital. The patient does not come first in this institution. Physicians come first. This place is slow, your parking facilties are horrible. Ther personnel handling the Mayo Garage are rude, inconsiderate and for a patient to have to be subjected to that kind of treatment is deplorable. Your labs are slow you wait for hours for results, x-rays are lost, you do not have enough people to work these areas, and people have to wait hours to be admitted. You do not have air conditioning in the majority of areas in this hospital. This hospital is something out of the Dark Ages. Smaller hospitals in small towns are better staffed and better equipped and run better than this huge so called fantastic University of Minnesota Hospital.

Sta 56 127A Should have volunteers to direct people through the halls to all points of the hospital.

Sta 31 134A Colon/Rectal Clinic seemed unorganized. I wait 2 hours for my appointment, no tests or procedures were explained. Made my first procto exam unecessarily uncomfortable.

Sta 43 135A My treatment while undergoing tests under your colon cancer control study was exceptional and I thank the hospital for including me in the program.

a 30 142A Third floor housekeeping very bad while fourth floor good. The x-ray The x-ray area was a problem. Waited in the area 3 hours. Two hour wait in pulmonary function.

ta 58 143A Could you have a better billing method? We don't like being billed separately for each procedure, doctor, anethetist, and test done. Also the lab reports are slow--I wait 6 days for mine.

ta. 31 144A I felt like a piece of furniture being moved to x-ray or taking blood--nobody talked to me or explained anything. I felt inhuman and ignored. The night nurse was the only person concerned with my person.

UNIVERSITY OF MINNESOTA
Hospitals and Clinics
Board of Governors
Box 502
Minneapolis, Minnesota 55455

July 19, 1976

TO:

Kathy Gunderson	Donna Nehls
Dr. Donald J. Doughman	Jeanne Smith
Kathy Countryman	Dave Olson
Greg Hart	Susan Stuart-Otto
Dr. Richard Kroneneberg	Sue Preston
Sue Percy	Nancy Greene

FROM: Johnelle Foley, Chairperson

The next meeting of the Patient Sensitivity Committee will be held on Friday, July 23rd at 9:00 A.M., in the K/E Conference Room.

/sds

Patient Sensitivity Committee

Meeting

July 16, 1976

Present: Sue Percy, Nancy Greene Susan Stuart-Otto, Dave Olson, Johnelle Foley

Ms. Greene and Mr. Olson of the Planning Group asked if they could be excused from the meeting. As they were the only members of that group present, they did not feel that they could effectively meet.

Ms. Stuart-Otto of the Action Group described in more detail the fund raising plans of the University Hospitals Volunteer Association. She explained that UHVA is very interested in focusing their efforts on a specific project. As the chairperson of one of the Association's sub-committees, Ms. Stuart-Otto noted that she had suggested an Orchestra Hall benefit to raise funds to re-decorate patient-visitor lounge areas. She stated that the UHVA members were very supportive of the idea, as they also had recognized the need to improve the lounges.

Ms. Stuart-Otto also mentioned that funds provided by an association affiliated with the University would be less restricted and would therefore probably allow for more flexibility in terms of acquiring a decorator and furnhishings. She added that there existed the potential to raise as much as $35,000 through an Orchestra Hall benefit and that a small portion of that money could and should be used to acquire magazine subscriptions for the lounges. It was further noted that if all lounges were refurbished simultaneously, furnishings could be ordered in quantity at a reduced cost. These furnishings would therefore be similar and would provide for more clear identification of the lounge areas. The suggestion was made that some steps should be taken to remind staff, employees, and students that the lounges are for patient and visitor use.

In terms of timing, Ms. Stuart-Otto mentioned that the President of the UHVA Board would be meeting with Mr. Westerman on Monday, July 19. Ms. Stuart-Otto noted that she would at that time relay the Patient Sensitivity Committee's endorsement of the UHVA proposed project to Mr. Westerman. She then estimated that the project proposal would be brought ormerly before the UHVA Board in September. Ms. Percy, Ms. Foley, and Ms. Stuart-Otto agreed that the Action Group of the Patient Sensitivity Committee could be most helpful in identifying and detailing the Hospitals' needs in terms of its patient-visitor lounges. As Ms. Foley had acquired floor plans of the Hospitals, it was decided that the next meeting of the Action Group would be devoted to examining those plans, locating the lounge areas or potential lounge areas and identifying and documenting the furnishing needs of those areas.

Other areas which the Action Group will be addressing in the future were also briefly discussed.

Respectfully submitted,

Johnelle Foley

Johnelle Foley
Chairperson

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

July 26, 1976

TO:

Kathy Gunderson	Donna Nehls
Dr. Donald J. Doughman	Jeanne Smith
Kathy Countryman	Dave Olson
Greg Hart	Susan Stuart-Otto
Dr. Richard Kronenberg	Sue Preston
Sue Percy	Nancy Greene

FROM: Johnelle Foley, Chairperson

The next meeting of the Patient Sensitivity Committee will be held on Friday, August 6th at 9:00 A.M., in the K/E Conference Room.

NOTE: THIS COMMITTEE WILL NOW BE MEETING EVERY OTHER FRIDAY

/sds

Patient Sensitivity Committee

Meeting

July 23, 1976

Present: Donna Nehls, Kathy Countryman, Susan Stuart-Otto, Kathy Gunderson, Nancy Greene, Greg Hart, Dr. Richard Kronenberg, Dave Olson, Johnelle Foley

At Ms. Countryman's suggestion, the Committee as a whole, decided to meet every other Friday. It was therefore determined that the next meeting of the Patient Sensitivity Committee will be on Friday, August 6th, 1976.

The Committee then divided into its Action and Planning Groups.

Action Group: Kathy Countryman
Donna Nehls
Susan Stuart-Otto
Greg Hart
Johnelle Foley

The Action Group dealt with the following three items:

1) It was felt by the group that it would be appropriate to send a memo to Ms. Lynn Abrahamsen, the Volunteer Director, on behalf of the Patient Sensitivity Committee. The memo was to be a statement of need relating to the conditions of the patient-visitors lounges and was to request the University Hospitals Volunteers Association's consideration of a fund raising project to meet that need. It was further agreed that Mr. Westerman and Mr. McGrath should receive a copy of that memo. The memo as prepared by members of the group is attached to these minutes.

2) It was brought to the groups attention that there exists much confusion and ambivalence concerning the Hospitals' smoking policy. Ms. Countryman suggested that parties involved with this matter such as Dan Roddy, Merle McGrath, and Royce Mays, be invited to the next Patient Sensitivity Committee meeting. It is hoped that the Committee can help facilitate identification of the issues involved, resolution of concerns, and the development of a general smoking policy.

3) The Action Group also discussed the availability, in other hospitals, of a "Hot Line" information phone number for all varieties of patient questions and concerns. Ms. Stuart-Otto noted that the "Holly Bell" phone service would be implemented but added that this was primarily a location/direction service. Ms. Countryman stated that she would discuss with Mr. Dickler the possibility of developing a general information phone program for University Hospitals. The value to the Patient Sensitivity Committee's efforts documenting the types of calls made by patients was pointed out.

Planning Group: Kathy Gunderson, Co-ordinator
Nancy Greene
Dave Olson
Dr. Richard Kronenberg

The Planning Group discussed how to address the areas of concern to patients listed under Item III - Communication of Information/Coordination of Care. It was determined that the previsit issues would be addressed by the committee directly, relying on the patient input we currently have from the patient representative who usually see patients within 24 hours of admission. We will continue to investigate how we can get greater information on patients' perceptions of concerns during and post-visit.

Action Items:

1) Nancy Greene will write to other teaching hospitals to see if they have conducted studies to assess patient concerns in the areas of Personnel and Communication of Information/Coordination of Care.

2) Dave Olson will investigate the possibility of computer literature searches to locate similar studies or activities.

3) Kathy Gunderson will write to academic department chairmen who might have graduate students interested in conducting research related to identifying patient's concerns.

4) ALL will consider aspects which might be part of a plan to (a) review information currently given to patients prior to or at time of intake, (b) identify key information areas for patients, and (c) influence patient intake systems (hospital and medical) to adopt their information to include these key areas. This plan will be formulated at our next meeting.

   Interviewing expects will be contacted in the future, although no assignments were determined at this time.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

July 26, 1976

TO: Lynn Abrahamsen, Coordinator, Volunteer Services

FROM: Patient Sensitivity Committee

RE: Patient/Visitor Lounges and Waiting Areas

It is our understanding that University Hospitals Volunteer Association has requested in-put concerning potential projects or needs of the Hospitals in which they may choose to involve themselves. It is the intent of this memo to formally request review by the UHVA Board of an area of need identified by the Patient Sensitivity Committee.

As you are no doubt aware, patient and visitor lounges are extremely inadequate in the Mayo Building. Having thoroughly toured the building we have found that space currently allocated for this purpose is sadly lacking in comfort and cheerfulness. Additional space which may be available would also need refurbishing. As funding is not currently available for meeting these particular refurbishing needs, we would like to call this to your attention. We feel, as a Committee, that the benefits to patients and relatives of such improvements would be significant and staff appreciation would be overwhelming.

We recognize that you are considering a number of options in terms of your time investment and future fund raising potential. We would hope that investment of time and money could be considered in relation to the patient and relative lounges. Should you choose to seriously consider this need and wish to have further information regarding it, please feel free to contact our Committee Chairperson, Johnelle Foley.

We appreciate in advance your consideration of this issue and your concern for University Hospitals.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

July 16, 1976

MEMO

TO: ROBERT BAKER, JOHNELLE FOLEY
FROM: LAURA ANDERSON

I've enclosed the department and service aggregate results of the six-month patient discharge questionnaire. The frequencies (per cent totals) listed are adjusted to eliminate "no answers." If you would like the station-by-station frequencies for nursing care, please feel to contact me.

Generally, our patients seem to be more concerned with creature comforts than the medical care we provide. The most common complaints referred to: waits, cold food, noise, parking, getting lost and payment complexity.

We've received many warm, outgoing personal comments from our patients. This was the highlight of the project for me, in addition to the fact that the data could be very useful for all of us.

LA:jfs

TOPIC Patient Discharge Questionnaire Survey — Six-month study
Departmental Frequency Distributions — Laura Anderson 3-8695

— Per Cent —

	Excellent	Good	Fair	Poor
Accomodations				
1 Comfort	57.1	35.7	6.7	.4
2 Cleanliness	59.1	30.0	9.2	1.8
3 Noise level	30.5	33.7	23.1	12.7
4 **Medical Staff**				
5 Competence	78.9	20.0	1.1	0
6 Concern	74.5	20.2	4.2	1.1
7 Pleasantness	75.9	19.9	3.5	.7
8 Explanations	69.6	21.3	6.7	2.4
9 **Nursing Staff**				
10 Efficiency	73.5	23.9	1.8	.9
11 Promptness	64.9	29.8	4.5	.9
12 Pleasantness	84.5	14.0	1.3	.2
13 Concern	78.1	19.5	1.8	.7
14 Competence	75.5	22.5	1.8	.2
15 Explanations	67.6	25.7	5.2	1.6
16 **Food**				
17 Appetizing	35.5	38.1	17.5	8.9
18 Amount	40.6	45.7	9.7	3.9
19 Temperature	25.7	33.4	24.8	16.0
20 **General Impressions**				
21 Hospital	58.3	35.2	5.6	.9
22 Volunteers	50.7	41.2	6.1	2.0
23 Visiting Hours	60.4	32.6	4.8	2.2
24 Mail & Flower Deliveries	55.1	37.3	5.4	2.2
25 Emergency	58.3	36.1	2.8	2.8
26 Discharge	59.5	32.7	5.8	2.0
27 Signs	44.3	38.5	14.2	2.9
28				

	Excellent	Good	Fair	Poor
Admissions				
Courtesy	61.6	34.2	3.3	.9
Promptness	39.4	33.7	16.7	10.3
Explanations	42.2	42.4	10.7	4.7
Policies & Routines	38.1	40.2	14.6	7.2
Business Office				
courtesy	55.7	36.2	6.3	1.7
Helpfulness	52.6	37.2	8.4	1.8
Explanation: Insurance	46.8	40.3	7.3	5.6
Explanation: Hosp Bill	45.8	42.2	5.8	6.2
Financial Arrangements	47.7	40.1	7.2	5.0
Other Personnel				
Technicians	61.9	34.6	3.3	.3
Therapists	65.0	33.6	2.7	.8
others	69.4	27.8	1.4	1.4
Explanations	58.8	32.1	6.4	1.7

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

July 26, 1976

TO: Lynn Abrahamsen, Coordinator, Volunteer Services

FROM: Patient Sensitivity Committee

RE: Patient/Visitor Lounges and Waiting Areas

It is our understanding that University Hospitals Volunteer Association has requested in-put concerning potential projects or needs of the Hospitals in which they may choose to involve themselves. It is the intent of this memo to formally request review by the UHVA Board of an area of need identified by the Patient Sensitivity Committee.

As you are no doubt aware, patient and visitor lounges are extremely inadequate in the Mayo Building. Having thoroughly toured the building we have found that space currently allocated for this purpose is sadly lacking in comfort and cheerfulness. Additional space which may be available would also need refurbishing. As funding is not currently available for meeting these particular refurbishing needs, we would like to call this to your attention. We feel, as a Committee, that the benefits to patients and relatives of such improvements would be significant and staff appreciation would be overwhelming.

We recognize that you are considering a number of options in terms of your time investment and future fund raising potential. We would hope that investment of time and money could be considered in relation to the patient and relative lounges. Should you choose to seriously consider this need and wish to have further information regarding it, please feel free to contact our Committee Chairperson, Johnelle Foley.

We appreciate in advance your consideration of this issue and your concern for University Hospitals.

/sds

cc: John Westerman
Merle McGrath

- Bulk storage of concentrated acid shall be located near the floor level, and the storage area appropriately identified.
- There shall be a written plan of action for personnel to implement in the event of a serious accident in the laboratory. The provisions of the plan shall be made known periodically to all laboratory personnel as a part of the continuing education program relating to safety.
- A fire blanket and self-contained breathing apparatus are recommended for the clinical laboratory.

Smoking[7] Because smoking has been acknowledged to be both a fire and health hazard, a continuous effort shall be made to reduce its presence in the hospital. Written regulations governing smoking shall be adopted, and shall be conspicuously posted and made known to all hospital personnel, patients, and the public. These regulations shall include at least the following provisions:

- Smoking shall be prohibited in any area of the hospital where flammable liquids or gases, or oxygen, are in use or stored. There areas shall be identified with "No Smoking" signs. Where indicated, the signs shall be multilingual or shall make use of symbols.
- Ambulatory patients shall not be permitted to smoke in bed.
- Patients who are confined to bed and who wish to smoke shall have the permission of the responsible physician, and a responsible adult shall be in attendance.
- Unsupervised smoking by patients classified as not mentally or physically responsible for their actions shall be prohibited. This includes patients so affected by medications.
- Wastebaskets shall be made of noncombustible materials and shall not be used as ashtrays. Ashtrays shall be noncombustible.
- Smoking shall be prohibited in areas where combustible supplies or materials are stored.
- Smoking by personnel using the surgical and obstetrical suites shall be limited to dressing rooms and lounges; doors leading to the suites shall be kept closed.
- The hospital shall have a written policy governing the sale, directly or by vending machine, of smoking materials and related supplies.

Security[8] Measures shall be taken to provide security for patients, personnel, and the public, consistent with the conditions and risks inherent in the hospital's location. When used, these measures shall be uniformly applied. Based on administrative decision, these measures may include, but are not necessarily limited to, the following:

- Effective screening and observation of new employees.
- Identification badges for all hospital personnel.
- Exit/entry control, including good lighting.
- Internal traffic control, including the use of visitor passes.

[7]Used with permission from Chapter 6, NFPA 56B, Respiratory Therapy, Copyright 1973; Chapter 17, NFPA 101, Life Safety Code, Copyright 1973.

[8]Used with permission from Chapters 10 and 17, NFPA 101, Life Safety Code, Copyright 1973.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

August 9, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Dan Rode
Donna Nehls
Jeanne Smith
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

As the Action Group and the Planning Group begin to develop their own work programs, it will not always be possible for both groups to meet on the same day. We will continue to send all Committee members the announcements and minutes of both groups' meetings. In order to maintain the timeliness of this information, it may not always come to you together. We will attempt to keep this as uncomplicated as possible but ask that each of you watch carefully for the announcement of your group's next meeting.

Action Group:

The next meeting of the Action Group of the Patient Sensitivity Committee will be held on Friday, August 13th at 9:00 A.M., in the K/E Conference Room.

Planning Group:

The next meeting of the Planning Group of the Patient Sensitivity Committee will be held on Friday, August 20th at 9:00 A.M., in the K/E Conference Room.

JF/sds

Enc:

Meeting

Patient Sensitivity Committee

August 6, 1976

Present: Dan Rode, Susan Stuart-Otto, Sue Preston, Kathy Countryman, Nancy Greene, Kathy Gunderson, Greg Hart, Dr. Richard Kronenberg, Johnelle Foley

Action Group: Dan Rode
Susan Stuart-Otto
Sue Preston
Kathy Countryman
Johnelle Foley

The Action Group dealt with the following items:

1) It was noted that the memo pretaining to the Committee's interest in working with UHVA to raise funds to refurbish the patient/visitor lounges was sent to Lynn Abrahamsen and that no response had been received from her as of yet. The suggestion was made that steps should be taken now to see if the Committee could secure the T.O.P. Clinic areas for use as a lounge. Ms. Preston and Ms. Foley agreed to put together a memo to Tom Jones regarding that space. Ms. Preston also stated that she would investigate the possibility of arranging for part of the storage space on Station 12 to be used as a lounge.

2) The Group discussed the issues surrounding the smoking situation at University Hospitals. It was pointed out that Mr. McGrath had stated that non-patient areas were being studied in terms of designating smoking and non-smoking sections. Mr. Rode explained the problems involved with patients rooms and the placing of patients according to their smoking preferences. The Group cited the need for developing a policy on smoking as it relates to visitors, personnel, in-patients, and clinic patints. Mr. Rode agreed to prepare a draft smoking policy for the Group to discuss at its next meeting. Ms. Countryman agreed to check with the clinic co-ordinators to see how out-patient areas were being handled for smoking. It was noted that those involved in Building B/C should be quieried as to how the smoking law was being addressed there. It was determined that the smoking policy, once developed, would be taken through the necessary committees for approval and then widely communicated to all appropriate groups. Ms. Stuart-Otto suggested that the Group consider at some later date, providing psace for the operation of "how to quit smoking" clinics.

3) Ms. Countryman reported that she had discussed with Mr. Dickler the possibility of developing a "Hot Line" information phone. She stated that Mr. Dickler was receptive to the idea but suggested that the Group hold on any action until Donna Nehls returns from vacation. He also suggested that the development of this idea be co-ordinated with changes taking place with the clinic phones.

4) The possibility of provide a beauty shop for patients was briefly discussed.

5) Because of foreseen scheduling conflects the Group decided to meet again on Friday, August 13, in the K/E Conference Room.

Johnelle Foley, Co-ordinator
Action Group

Meeting

Patient Sensitivity Committee

Planning Group

August 6, 1976

Present: Nancy Green, Kathy Gunderson, Richard Kronenberg

Planning group: Nancy Greene
Richard Kronenberg, M.D.
Dave Olson
Kathy Gunderson
Donald Doughman, M.D.

Work on last meetings action items is proceeding. A letter under Bob Baker's signature requesting information on patient sensitivity studies is going to teaching hospitals. A literature search is also being conducted.

Samples of existing information being given to patients at time of intake will be gathered by the August 20th meeting. Committee members should request 4 copies of each written information item given to new patients, return patients, inpatients, and outpatients. Each item should be designated as to when it is given to the patient. The following committee members will gather this information:

Dr. Kronenberg: Medicine, Surgery, Pediatrics, Dermatology, Family Practice

Ms. Greene: University Hospitals

Dr. Doughman (Gunderson): Ophthamology

The information will be examined for 1) breadth and depth, 2) aspects additional to or missing from the committee's list of pre-visit information areas, and 3) discontinuing and/or information items requiring continuity. Further action will be based on this analysis.

THE NEXT MEETING OF THE PLANNING GROUP WILL BE: August 20, 9:00 A.M. K/E Conference Rm.

Kathy Gunderson, Co-ordinator
Planning Group

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

August 18, 1976

TO:

Kathy Gunderson	Donna Nehls
Dr. Donald J. Doughman	Jeanne Smith
Kathy Countryman	Dave Olson
Greg Hart	Susan Stuart-Otto
Dr. Richard Kronenberg	Sue Preston
Sue Percy	Nancy Greene

Dan Rode

FROM: Johnelle Foley, Chairperson

The next meeting of the ACTION GROUP of the Patient Sensitivity Committee will be on Friday, August 27, at 9:00 A.M., in the K/E Conference Room.

/sds

Meeting

Patient Sensitivity Committee

Action Group

August 13, 1976

Present: Sue Percy, Greg Hart, Kathy Countryman, Susan Stuart-Otto, Dan Rode, Johnelle Foley

Ms. Countryman reported that she had met with the Clinic Co-ordinators regarding the smoking situation in out-patient areas. She stated that she was informed that the clinic waiting locations had been designated and posted as smoking and non-smoking areas with temporary signs. These signs were now down, awaiting the posting of permanent signs. She added that she ascertained from the Clinic Co-ordinators that their major difficulties involved the adherance by personnel and Medical Staff to rules pretaining to not smoking behind the clinic desks area. She reported that the Co-ordinators felt that a clearly defined policy with stated authority would be most helpful in making the enforcement of smoking rules possible.

The Group then reviewed a draft of a smoking policy as developed by Dan Rode. Having reached agreement on a statement of policy regarding smoking in University Hospitals, the Group requested that Ms. Foley discuss the policy with Mr. John Diehl the hospital's attorney, to assure that it is in accordance with State law and Health Department regulations. The Group felt that following this review, the policy should be forwarded to the Planning Group for their approval before taking the statement to the Management Committee and other appropriate groups as a Patient Sensitivity Committee proposal.

It was further suggested that as a provision of the smoking policy, large sand ashtrays should be placed at each hospital entrance with signs stating "Smoking Allowed in Designated Areas Only". Suggestions pretaining to communicating the policy, once formally adopted, included talking to various nursing groups, the semi-annual medical staff meeting, the Deans, and using various in-house newsletters. Further, Ms. Foley agreed to talk to Mr. Lee Schultz regarding the placement of the smoking signs and to Mr. Greg Kujawa regarding the provisions for the smoking law in Building B/C.

In terms of the memo which was sent to Ms. Lynn Abrahamsen concerning the Patient Sensitivity Committees willingness to work with UHVA to raise funds to refurbish the lounges, Ms. Countryman informed the group that she had spoken with Ms. Abrahamsen. Ms. Abrahamsen stated that she would be bringing this matter before the UHVA Board at their August 16th meeting and would report their decision back to the Patient Sensitivity Committee as soon as possible.

A draft of a memo to Tom Jones from the Patient Sensitivity Committee regarding the use of Room D557 as a patient/visitor lounge was reviewed by the Group. With minor corrections, the memo was approved as attached.

There being no further business the meet was adjourned.

Johnelle Foley, Co-ordinator
Action Group

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

August 18, 1976

TO: Thomas Jones, Associate Director

FROM: Patient Sensitivity Committee

RE: Room D557

In the last few weeks, the Patient Sensitivity Committee has been touring and reviewing the patient/visitor lounge and waiting area needs of University Hospitals. We have found, as you are surely aware, that the avilability of such lounges is extremely inadequate, especially in the Mayo Building.

While touring the facility, we noted Room D557. It is our understanding that this room was formerly used as the T.O.P. Clinic and was recently being considered for utilization as the surgery lounge. Presently, Station 57 is temporarily using D557 as a patient lounge. It is the intent of this memo to request your consideration of a formal designation of this room as a patient/visitor lounge.

Station 57 fully supports maintaining Room D557 as a lounge to be used by Stations 55-56-57-58-59. All of these areas have visitors and ambulatory patients who need a place outside of the patient's room. Stations 55 and 56 often have critically ill patients. The parents are here for many hours at these times and need a change of environment from the station. Station 57 often has admissions coming to the station before the room has been vacated by the patient being discharged. These individuals are currently waiting in D557. Station 59 needs an area off of the station for visitors with children who cannot come onto the station.

It would be most helpful that, if this room could continue to be utilized as a patient/visitor lounge, it could be equipped with a telephone so that the Stations could get in touch with the family or visitors waiting there. If so designated, Room D557 as a lounge would also facilitate moving individuals out of the hallways where we are currently violating safety standards.

The primary interest of the Patient Sensitivity Committee, of course, is the comfort and convenience which such an arrangement would provide our patients and their families and visitors. If you wish to have further discussion concerning this request, please feel free to contact our Committee Chairperson, Johnelle Foley.

We appreciate in advance your consideration of this issues and your sensitivity for our patients' needs.

/sds

Patient Sensitivity Committee

Planning Group

August 20, 1976

Present: Nancy Greene, Kathy Gunderson, Dave Olson, Richard Kronenberg

1. Smoking Policy

The smoking policy developed by the action group was reviewed. Generally the reaction was favorable. Three concerns were raised:

a) Could we ban all smoking in patient rooms? Although this might be beneficial health wise, it is probably unenforceable.

b) Isn't #5 on the policy included in #3?

c) How will the policy be implemented? To prevent non-smoking patients from having to enforce the rule with others in their room, a sign could be posted in each room such as "Absolutely no smoking when oxygen in use. Otherwise, smoking allowed only with consent of all occupants."

2. Communication of Information to New Patients

Intake information for Pediatric Cardiology, Thoracic Surgery, Family Practice Clinic, Dermatology, and University Hospitals was shared.

Pre-visit Information to new in-patients in Surgery, Medicine and Pediatrics is limited because most admissions are scheduled within 48 hours of referral.

A pre-admission personal call is made to new Medicine patients. Questions most often asked by these patients concern location of hospital, length of stay, and identification of their prospective physician.

3. Action Items

Nancy Greene will find out when information racks will be put in outpatient clinics.

Nancy Greene and Dave Olson will examine intake information and formulate a recommendation on what information should be given to in-patient and/or out-patients, when and by whom. This will be reviewed at the next meeting.

Next meeting: September 10th at 9:00 A.M., in the K/E Conference Room

Kathy Gunderson, Coordinator
Planning Group

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

August 30, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Donna Nehls
Jeanne Smith
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

Dan Rode

FROM: Johnelle Foley, Chairperson

The next meeting of the ACTION GROUP AND PLANNING GROUP of the Patient Sensitivity Committee will be on Friday, September 10, at 9:00 A.M., in the K/E Conference Room.

It is hoped that both groups can meet together briefly in K/E for review of the Smoking Policy.

/sds

Meeting
Patient Sensitivity Committee
Action Group

Present: Kathy Countryman, Greg Hart, Donna Nehls, Susan Stuart-Otto, Johnelle Foley

Guests: Steve Carlton, John Diehl

Mr. Carlton reviewed with those present, his steps which have been taken to prepare for the designation of general hospital areas into smoking and non-smoking sections. He explained that new plastic permanent University-type signs using international symbols were soon to be erected in all public areas, as well as near entrances to the Hospitals, elevators, and entrances to floors and stations. He distributed a draft of initial considerations regarding compliance with the Minnesota Clean Indoor Air Act but noted that the policy was incomplete pending discussion with this group. He stated that according to the statute, the entire hospital is considered a non-smoking area unless otherwise specified and that this therefore required the placement of temporary "smoking permitted" signs on the doors of patient rooms, conference rooms, and offices when smokers were occupying such rooms.

Mr. Diehl discussed with the members, various aspects of the Act such as the requirements for sectioning a public area to accomodate both smokers and non-smokers. Ms. Foley distributed copies of the JCAH recommendations regarding smoking. She noted that the Commissioners were in the process of reviewing these recommendations as to their enforceability.

The committee then reviewed the policy which they had previously developed. Ms. Countryman and Ms. Foley reported that the Planning Group of the Patient Sensitivity Committee had reviewed the policy and found number 3 and 5 to be redundant. Discussion was held concerning the responsibility for and enforceability of the smoking policy. The Admission Office was seen as the key in relating their attempts to accomodate patients' perferances to the patient. Adjustments were then made to the draft policy as attached. It was noted that clear posting and wide distribution of the policy would be imperative for general compliance. It was suggested that the policy, once completed, be taken through the appropriate meeting groups for information. As the policy is in compliance with the law, approval from these groups would not be necessary.

Mr. Carlton and Ms. Foley agreed to work together to consolidate the various aspects of the smoking policy for final review at the next meeting. There being no further business, the meeting was adjourned at 10:30 a.m.

Respectfully submitted,

Johnelle Foley, Coordinator
Action Group

UNIVERSITY OF MINNESOTA HOSPITALS SMOKING POLICY

In accordance with Minnesota law and in order to insure the health and comfort of University Hospitals' patients and staff the following smoking policy has been implemented at University of Minnesota Hospitals and Clinics. Enforcement of this policy will be the responsibility of all staff of University Hospitals.

1. No persons shall be permitted to smoke in any hallways, stairways or locations other than designated areas of public lounges, lobbies, coffee shop, cafeteria, and canteens or private offices and employee lounges.

2. No smoking shall be permitted in outpatient clinic areas except in designated locations.

3. The Admissions Office will inquire about and attempt to accomodate the needs of the smoker or non-smoker in bed assignment, although priority consideration must be given to assignment by medical service, patient's sex, and available beds.

4. All patient rooms shall be designated as non-smoking, unless all patients occupying the room expressly consent to the others smoking. In cases where such consent has been given a "smoking permitted" sign shall be placed on the door by the nursing staff.

5. No visitor or staff person shall be permitted to smoke in a patient's room unless all of the patient occupants expressly permit smoking.

6. No smoking shall be permitted under any circumstances in a room when such smoking would affect the safety of a patient such as rooms with oxygen in use.

Gross violation of this policy should be reported using the Unusual Incident Report procedure. Non-compliance is a petty mis-deameanor punishable with fines up to $300 according to Minnesota Statute.

BAYLOR UNIVERSITY MEDICAL CENTER

GEORGE W. TRUETT MEMORIAL HOSPITAL • MINNIE S. VEAL TEACHING & RESEARCH HOSPITAL • CARR P. COLLINS HOSPITAL
KARL AND ESTHER HOBLITZELLE MEMORIAL HOSPITAL • ERIK AND MARGARET JONSSON MEDICAL AND SURGICAL HOSPITAL

3500 GASTON AVENUE
DALLAS, TEXAS 75246

BOONE POWELL, F.A.C.H.A.
DIRECTOR

DAVID H. HITT, F.A.C.H.A.
EXECUTIVE DIRECTOR

August 12, 1976

Mr. John H. Westerman, General Director
University of Minnesota Hospitals
412 Union Street, S.E.
Minneapolis, MN 55455

Dear John:

In preparing for our JCAH survey, our staff advised me of a standard which requires that the hospital "shall have a written policy governing the sale, directly or by vending machine, of smoking materials and related supplies." I could not believe something as trivial or questionable as this had been adopted as a standard. However, we are formulating a policy which takes into account the severe inconvenience of patients and visitors if they had to go several blocks from the hospital to buy tobacco. It also takes into account the inappropriateness of blanketly restricting or handicapping patients and visitors who smoke in a way that adds to the anxieties they might have at the time. If any hospital feels strongly enough about its mission to discourage smoking, it should, of course, be free to do so. However, we object to the Joint Commission's using its power in such a detailed way or in such peripheral issues.

Another standard on smoking requires that patients who smoke in bed must have the permission of the physician and have a responsible adult in attendance. This standard is unenforceable and the only purpose it can serve is to embarrass a hospital facing a lawsuit for failure to enforce it.

The same can be said for the standard that ambulatory patients shall not be permitted to smoke in bed.

p43 written Regs adopted * posted written policy governing sale of

We would like to request that these standards be reviewed and re-evaluated in terms of their practicality as well as their value. Obviously there is some theoretical merit in them but it is doubtful if they have nearly enough value to warrant the trauma in patient relations or the cost of trying to enforce them.

Incidentally, the only patient injury from smoking in bed which has occurred in this Medical Center in my 24 years here was on a patient who repeatedly had cigarettes taken away from him by our personnel and was repeatedly warned not to smoke in bed. During a brief period when he was unattended, he lighted a cigarette while receiving oxygen and burned himself rather badly. He later died from his original illness. He sued us and the case was dismissed by the judge early in the trial. If the new JCAH rules had been introduced, we probably would have lost the case because of such an authoritative source as the JCAH saying that we have a duty to "prohibit" (Webster: to prevent from doing something). Certainly if we had formally adopted a regulation accepting the responsibility for having a responsible adult in attendance for this patient to smoke, our liability would have been impossible to deny. For this reason, we do not plan to adopt those regulations and hope that this position will not be considered arbitrary or contentious by the Joint Commission.

We realize the Joint Commission is under great pressure from fire safety zealots. We are hoping, however, that practicalities can continue to be considered.

Warmest personal regards,

Dave

Executive Director

POLICY-PROCEDURE

SUBJECT Compliance with the Minnesota Clean Indoor Air Act	DATE EFFECTIVE	NUMBER
SUPERSEDES	DATE ISSUED	PAGE OF
LOCATIONS AFFECTED All University Hospitals and Clinics	SECTION	

I. PURPOSE

The purpose of this policy and procedure is to assure compliance with the Minnesota Clean Indoor Air Act, Minnesota Statute 144.417, "relating to prohibition of smoking in public places and at public meetings", as defined and enforced by the State Board of Health.

II. RESPONSIBILITIES

A. All people shall comply with this policy and procedure since it is an extension of the statute stated above.

B. Employees shall remind patients and visitors as well as other employees who are in violation of this policy and procedure to refrain from smoking or go to an area posted as a smoking area.

C. Supervisors shall assure all personnel are informed of their responsibilities for conforming to and enforcing the Minnesota Clean Indoor Air Act by implementing this policy and procedure.

D. The Director of Protection Services shall be responsible for measures to implement the Hospitals and Clinics compliance with the Minnesota Clean Indoor Act. He shall assure that signs designating smoking areas are installed in the appropriate areas. Further, he shall assist staff personnel with problems relating to compliance with the law, and provide inspection personnel with evidence of the Hospital's efforts to assure compliance with the law.

E. Department Heads, Clinical Directors, and Administrators shall be responsible for enforcement of the Minnesota Clean Indoor Air Act in the work areas of their Departments.

F. The Director of Operations shall be responsible to the General Director for activities to assure compliance with the Minnesota Clean Indoor Air Act.

III. COMPLIANCE REQUIREMENTS

A. There shall be no smoking in the Hospitals or Clinic areas except where so designated.

APPROVED BY					

FORM NO.

SUBJECT	DATE EFFECTIVE	NUMBER
Compliance with the Minnesota Clean Indoor Air Act		
SUPERSEDES	DATE ISSUED	PAGE OF
LOCATIONS AFFECTED: All University Hospitals and Clinics	SECTION	

B. Designated smoking areas shall include the following areas all of which shall be posted as smoking areas (areas not posted shall be considered non-smoking areas.)

1. The section of the Main Lobby at the third floor entrance to the Mayo Building.

2. The section of the Outpatient Lobby area at the second floor Church Street entrance.

3. The section of the Coffee Shop on the third floor of the Mayo Building.

APPROVED BY					

- Bulk storage of concentrated acid shall be located near the floor level, and the storage area appropriately identified.
- There shall be a written plan of action for personnel to implement in the event of a serious accident in the laboratory. The provisions of the plan shall be made known periodically to all laboratory personnel as a part of the continuing education program relating to safety.
- A fire blanket and self-contained breathing apparatus are recommended for the clinical laboratory.

Smoking[7] Because smoking has been acknowledged to be both a fire and health hazard, a continuous effort shall be made to reduce its presence in the hospital. Written regulations governing smoking shall be adopted, and shall be conspicuously posted and made known to all hospital personnel, patients, and the public. These regulations shall include at least the following provisions:

- Smoking shall be prohibited in any area of the hospital where flammable liquids or gases, or oxygen, are in use or stored. There areas shall be identified with "No Smoking" signs. Where indicated, the signs shall be multilingual or shall make use of symbols.
- Ambulatory patients shall not be permitted to smoke in bed.
- Patients who are confined to bed and who wish to smoke shall have the permission of the responsible physician, and a responsible adult shall be in attendance.
- Unsupervised smoking by patients classified as not mentally or physically responsible for their actions shall be prohibited. This includes patients so affected by medications.
- Wastebaskets shall be made of noncombustible materials and shall not be used as ashtrays. Ashtrays shall be noncombustible.
- Smoking shall be prohibited in areas where combustible supplies or materials are stored.
- Smoking by personnel using the surgical and obstetrical suites shall be limited to dressing rooms and lounges; doors leading to the suites shall be kept closed.
- The hospital shall have a written policy governing the sale, directly or by vending machine, of smoking materials and related supplies.

Security[8] Measures shall be taken to provide security for patients, personnel, and the public, consistent with the conditions and risks inherent in the hospital's location. When used, these measures shall be uniformly applied. Based on administrative decision, these measures may include, but are not necessarily limited to, the following:

- Effective screening and observation of new employees.
- Identification badges for all hospital personnel.
- Exit/entry control, including good lighting.
- Internal traffic control, including the use of visitor passes.

[7]Used with permission from Chapter 6, NFPA 56B, Respiratory Therapy, Copyright 1973; Chapter 17, NFPA 101, Life Safety Code, Copyright 1973.

[8]Used with permission from Chapters 10 and 17, NFPA 101, Life Safety Code, Copyright 1973.

UNIVERSITY OF MINNESOTA
Hospitals and Clinics
Board of Governors
Box 502
Minneapolis, Minnesota 55455

September 13, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Dan Rode
Donna Nehls
Jeanne Smith
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

The next meeting of the Action Group and Planning Group of the Patient Sensitivity Committee will be on Friday, September 24, 1976, at 9:00 A.M., in the K/E Conference Room.

It is hoped that both groups can meet together briefly in K/E to discuss the continuation of the Patient Questionnaires.

/sds

Meeting
Patient Sensitivity Committee
Action and Planning Groups
September 10, 1976

Present: Nancy Greene, Dan Rode, Dr. Richard Kronenberg, Sue Percy, Dave Olson, Kathy Countryman, Susan Stuart-Otto, Donna Nehls, Johnelle Foley

Guests: Steve Carlton

Both the Action and the Planning Groups of the Patient Sensitivity Committee met to discuss the University Hospitals' Smoking Policy as revised by Mr. Steve Carlton.

The follow minor changes were made to the policy:

1) II. D. Assistant Fiscal Services Director was changes to Admissions Director. The second sentence was also changed to indicate that "the Nursing Staff" would attempt accommodate patients when smoking rooms become available.

2) II. F. Clinical Directors was changed to Medical Staff and Supervisory Staff.

3) IV. C. & D. Statements were added to indicate that violations of this policy would be reported through the Unusual Incident Report procedure and that non-compliance of the law is a mis-deamenor punishable with fines up to $300 according to Minnesota Statute.

The Committee discussed the importance of determining ultimate responsibility in regard to the policy and commented on the value of wide distributed and in-depth instruction of the policy to all Hospitals' personnel and patients.

Ms. Stuart-Otto reported that as of September 12, 1976, there would be an increase in postage which would invalidate the previously printed and stamped Patient Questionnaires. She asked the Committee to indicate their preference as to whether the questionnaire should be revised and reprinted or discontinued. The Committee agreed that consideration should be given to revising the questionnaire but indicated that perhaps Ms. Foley should survey the Management Committee for their opinion concerning continuation of the questionnaire. Ms. Foley agreed to do so and also suggested that the entire Patient Sensitivity Committee might wish to discuss this matter at the beginning of the next meeting. She also noted that because of the Smoking Policy, the Action Group, has to a certain extent been thrown off its course of previous concerns and should begin reconsidering those issues and new project possibilities which Mr. Baker has suggested.

The meeting was adjourned at 11:00 a.m.

Respectfully submitted,

Johnelle Foley/sp

Johnelle Foley
Chairperson

SUBJECT	DATE EFFECTIVE	NUMBER
Compliance with the Minnesota Clean Indoor Air Act		
SUPERSEDES	DATE ISSUED	PAGE 1 OF 2
LOCATIONS AFFECTED: All University Hospitals and Clinics	SECTION	

I. PURPOSE

The purpose of this policy and procedure is to assure compliance with the Minnesota Clean Indoor Air Act, Minnesota Statute 144.417, "relating to prohibition of smoking in public places and at public meetings", as defined and enforced by the State Board of Health.

II. RESPONSIBILITIES

A. All people shall comply with this policy and procedure since it is an extension of the statute stated above.

B. Employees shall remind patients and visitors as well as other employees who are in violation of this policy and procedure to refrain from smoking or go to an area posted as a smoking area.

C. Supervisors shall assure all personnel are informed of their responsibilities for conforming to and enforcing the Minnesota Clean Indoor Air Act by implementing this policy and procedure.

D. The Admissions Director shall facilitate the placement of individuals who desire to smoke during their stay in the Hospital. In cases where no "smoking permitted" rooms are available, the patient shall be informed of the situation and a reasonable attempt shall be made by the Nursing Staff to accommodate him when such a room becomes available.

E. The Director of Protection Services shall be responsible for measures to implement the Hospitals and Clinics compliance with the Minnesota Clean Indoor Act. He shall assure that signs designating smoking areas are installed in the appropriate areas. Further, he shall assist staff personnel with problems relating to compliance with the law, and provide inspection personnel with evidence of the Hospital's efforts to assure compliance with the law.

F. Department Heads, Medical Staff, Supervisory Staff, and Administrators shall be responsible for enforcement of the Minnesota Clean Indoor Air Act in the work areas of their Departments.

G. The Director of Operations shall be responsible to the General Director for activities to assure compliance with the Minnesota Clean Indoor Air Act.

APPROVED BY					

SUBJECT	DATE EFFECTIVE	NUMBER
Compliance with the Minnesota Clean Indoor Air Act		
SUPERSEDES	DATE ISSUED	PAGE 2 OF 2
LOCATIONS AFFECTED: All University Hospitals and Clinics	SECTION	

III. COMPLIANCE REQUIREMENTS

A. There shall be no smoking in the Hospitals or Clinic areas except where so designated. (See Attachment 1)

B. Patient Rooms

1. All patient rooms shall be designated as non-smoking unless all patients occupying the room expressly consent to the others smoking. Provided there are no treatment provisions precluding smoking, the room shall be posted with a sign designated it as "Smoking Permitted" by the nursing staff.

2. No smoking shall be permitted under any circumstances in a room when smoking would affect the safety of a patient such as rooms where oxygen is being used.

C. No smoking shall be permitted in any area of the Hospital where flammables are used or stored.

D. Places of Work not Frequented by the General Public

Offices, shops, and other work areas not frequented by the general public may contain several separate no smoking and smoking permitted areas provided each no smoking area is at least 200 square feet (18.2 square meters). Areas where smoking is allowed shall be posted as "Smoking Permitted", except for individual offices, where the desires of the occupants shall prevail.

IV. VIOLATIONS

A. People in violation of the Minnesota Clean Indoor Air Act shall be politely informed of the law and asked to refrain from smoking or go to a "smoking permitted" area.

B. Should one refuse to comply with the law, the Hospital Protection Services Officer or Police Officer shall be notified.

C. Gross violation of this policy should be reported using the Unusual Incident Report procedure.

D. Non-compliance with this law is a petty mis-deameanor punishable with fines up to $300 according to Minnesota Statute.

APPROVED BY					

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

July 26, 1976

TO: Lynn Abrahamsen, Coordinator, Volunteer Services

FROM: Patient Sensitivity Committee

RE: Patient/Visitor Lounges and Waiting Areas

It is our understanding that University Hospitals Volunteer Association has requested in-put concerning potential projects or needs of the Hospitals in which they may choose to involve themselves. It is the intent of this memo to formally request review by the UHVA Board of an area of need identified by the Patient Sensitivity Committee.

As you are no doubt aware, patient and visitor lounges are extremely inadequate in the Mayo Building. Having thoroughly toured the building we have found that space currently allocated for this purpose is sadly lacking in comfort and cheerfulness. Additional space which may be available would also need refurbishing. As funding is not currently available for meeting these particular refurbishing needs, we would like to call this to your attention. We feel, as a Committee, that the benefits to patients and relatives of such improvements would be significant and staff appreciation would be overwhelming.

We recognize that you are considering a number of options in terms of your time investment and future fund raising potential. We would hope that investment of time and money could be considered in relation to the patient and relative lounges. Should you choose to seriously consider this need and wish to have further information regarding it, please feel free to contact our Committee Chairperson, Johnelle Foley.

We appreciate in advance your consideration of this issue and your concern for University Hospitals.

/sds

cc: John Westerman
Merle McGrath

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

September 20, 1976

TO: Ms. Susan Stuart-Otto

FROM: Johnelle Foley

RE: Smoking Policy

This morning the Smoking Policy for University Hospitals was approved with minor corrects by the Management Committee. The Committee determined that their approval should be considered the final approval on this particular policy. They further suggested that rather than taking the policy to the Medical Staff-Hospital Council and to the Clinical Chiefs as an information item, it should be communicated to the Hospitals' staff by means of an article in The Paper and Abstract. It would appear that a thorough and proper explanation of this policy, widely communicated, would be most helpful in making it effective and enforceable.

I would be most happy to assist you in the preparation of these articles. For your information, I have included a copy of the Clean Indoor Air Act and the State Health Department's regulations. You might also wish to check with Mr. Steve Carlton regarding the attachment which he has planned for this policy. If I can be of any additional assistance please feel free to contact me and thank you in advance for your help.

/sds

Enclosures

cc: Steve Carlton

Patient Sensitivity Committee

Planning Group

September 24, 1976

Present: Nancy Greene, Richard Kronenberg, Kathy Gunderson

Intake Information for new patients:

1. The Committee will focus on information given to new out-patients.

2. Dr. Kronenberg will investigate medical staff responsiveness to recommendations for improving patient information.

3. Nancy and Kathy will draft a letter to Chiefs of Service sharing perspectives on patient information.

NEXT MEETING: FRIDAY, October 15, 1976, 9:00 A.M. K/E CONFERENCE ROOM

Kathy Gunderson/ss

Kathy Gunderson, Coordinator
Planning Group

Ms. Foley reported to the Committee that the University Hospitals Smoking Policy had been approved by the Management Committee with minor corrections and that it had been their suggestion that the policy be publicized through The Paper and Abstracts. She noted that the Public Relations Department was in the process of accomplishing this and that the policy would soon be signed by Mr. Baker.

The Patient Sensitivity Committee then divided into its Planning and Action Groups for further discussions.

The Action Group

Ms. Foley reported that Ms. Lynn Abrahamsen had responded to the groups memo requesting UHVA's involvement in a fund-raising project to secure monies for the refurbishing of patient/visitor waiting areas. Ms. Foley commented that Ms. Abrahamsen had explained that UHVA is not and has never been interested in fund-raising activities but rather, is concerned with community health education. Ms. Abrahamsen also mentioned that should the Faculty Women's Club show an interest in such involvement, she will get back to the Patient Sensitivity Action Group.

Ms. Foley next reported on suggestions made by Mr. Robert Baker for Patient Sensitivity Action Group involvement. Mr. Hart commented that Mr. Baker's recommendations appeared to fall into two categories - Hospitals' facilities improvement and Hospitals' personnel attitude improvement. Ms. Nehls reported that the new format for Administrative Rounds was taking a careful look at facilities with immediate plans for corrections. She suggested that perhaps each department should be surveyed as to their ideas for patient sensitivity facility improvements. Mr. Hart reminded the group that this closely resembled Stanley Williams Hospitals' beautification program which was never completed. He noted that there may be resentment in approaching the departments for their suggestions unless there is a guarantee of follow through.

The group then commented that perhaps any patient sensitivity improvements should be provided first by the group to show a sincere commitment to increasing patient sensitivity. The group discussed whether this activity should be facility-related or attitude-related. Some of the suggestions which were made included the following:

1) Improving Holiday decorations, etc. Providing patients and stations with flowers and cards.

2) Attempting to provide patients and visitors with more current and complete reading materials.

3) Providing patient rooms with paintings and decorations.

4) Assuring that all exam rooms contain mirrors.

5) Improving administrative rounds by stressing patient and staff contacts.

6) Providing an admissions information receptionist.

The group concurred that more time was needed to think of ideas for their involvement. Each member agreed to bring a list of potential activities to the next meeting. The group also agreed that whatever activity is initiated, it should be backed by strong and visible administrative support.

Respectfully submitted,

Johnelle Foley

Johnelle Foley
Chairperson

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

September 29, 1976

TO:

Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Dan Rode
Donna Nehls
Jeanne Smith
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

The next meeting of the Action Group of the Patient Sensitivity Committee will be on Friday, October 8, 1976, at 9:00 A.M., in the K/E Conference Room.

/sds

Enc.

Patient Sensitivity Committee
Meeting
ACTION AND PLANNING GROUPS
September 24, 1976

Present: Kathy Gunderson, Greg Hart, Nancy Greene, Sue Percy, Donna Nehls, Dr. Richard Kronenberg, Phil Hansen, Johnelle Foley

Ms. Nancy Greene reported briefly on the activities of the Planning Group. She explained that the group had collected copies of all the clinic information letters to patients and had found the Dermatology Clinic letter to be excellent. The group plans to encourage uniform utilization by all the clinics of a letter similar to the Dermatology letter. Ms. Greene also noted that the group was surveying all the UHEC Hospitals as to their patient sensitivity activites.

Ms. Foley next requested in-put from both groups concerning the continuation of the patient questionnaires. She explained that the present questionnaire would soon become invalid because of a change in postal rates. She also added the matter had been brought before the Management Committee and that they had encouraged continuation of the questionnaire with possible revamping of its questions.

The Patient Sensitivity Committee agreed that the questionnaire was of value in terms of providing patients with a vehicle for comment on their care and that it should be continued. The Committee made the following recommendations:

1) That the Public Relations Department consider re-examining the present questionnaire to determine what changes could be made to improve the information which is gained from that process.

2) That the Public Relations Department should survey the various other hospital departments to gain their in-put as to how the questionnaire could be improved.

3) That each hospital department should be asked what three questions they would most like to ask patients.

4) That each station distributing questionnaires should fill in the station number on those questionnaires for the patients.

5) That patients should be asked to provide their addresses or phone numbers if they wish to be provided with follow-up information relating to their comments.

6) That the Public Relations Department should place increased emphasis on feeding the information which is obtained from patients back to the responsible hopsital staff involved, including Medical Staff when possible.

7) That a mechanism be devised by the Patient Relations Department to assure that follow-up is carried through on all patient comments.

Ms. Foley thanked the Committee for their comments and added that she would refer these recommendations to the Public Relations Department.

Ms. Foley reported to the Committee that the University Hospitals Smoking Policy had been approved by the Management Committee with minor corrections and that it had been their suggestion that the policy be publicized through The Paper and Abstracts. She noted that the Public Relations Department was in the process of accomplishing this and that the policy would soon be signed by Mr. Baker.

The Patient Sensitivity Committee then divided into its Planning and Action Groups for further discussions.

The Action Group

Ms. Foley reported that Ms. Lynn Abrahamsen had responded to the groups memo requesting UHVA's involvement in a fund-raising project to secure monies for the refurbishing of patient/visitor waiting areas. Ms. Foley commented that Ms. Abrahamsen had explained that UHVA is not and has never been interested in fund-raising activities but rather, is concerned with community health education. Ms. Abrahamsen also mentioned that should the Faculty Women's Club show an interest in such involvement, she will get back to the Patient Sensitivity Action Group.

Ms. Foley next reported on suggestions made by Mr. Robert Baker for Patient Sensitivity Action Group involvement. Mr. Hart commented that Mr. Baker's recommendations appeared to fall into two categories - Hospitals' facilities improvement and Hospitals' personnel attitude improvement. Ms. Nehls reported that the new format for Administrative Rounds was taking a careful look at facilities with immediate plans for corrections. She suggested that perhaps each department should be surveyed as to their ideas for patient sensitivity facility improvements. Mr. Hart reminded the group that this closely resembled Stanley Williams Hospitals' beautification program which was never completed. He noted that there may be resentment in approaching the departments for their suggestions unless there is a guarantee of follow through.

The group then commented that perhaps any patient sensitivity improvements should be provided first by the group to show a sincere commitment to increasing patient sensitivity. The group discussed whether this activity should be facility-related or attitude-related. Some of the suggestions which were made included the following:

1) Improving Holiday decorations, etc. Providing patients and stations with flowers and cards.

2) Attempting to provide patients and visitors with more current and complete reading materials.

3) Providing patient rooms with paintings and decorations.

4) Assuring that all exam rooms contain mirrors.

5) Improving administrative rounds by stressing patient and staff contacts.

6) Providing an admissions information receptionist.

The group concurred that more time was needed to think of ideas for their involvement. Each member agreed to bring a list of potential activities to the next meeting. The group also agreed that whatever activity is initiated, it should be backed by strong and visible administrative support.

Respectfully submitted,

Johnelle Foley

Johnelle Foley
Chairperson

Patient Sensitivity Committee

Planning Group

September 24, 1976

Present: Nancy Greene, Richard Kronenberg, Kathy Gunderson

Intake Information for new patients:

1. The Committee will focus on information given to new out-patients.

2. Dr. Kronenberg will investigate medical staff responsiveness to recommendations for improving patient information.

3. Nancy and Kathy will draft a letter to Chiefs of Service sharing perspectives on patient information.

NEXT MEETING: FRIDAY, October 15, 1976, 9:00 A.M. K/E CONFERENCE ROOM

Kathy Gunderson/ss

Kathy Gunderson, Coordinator
Planning Group

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

October 14, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Jeanne Smith
Dan Rode
Donna Nehls
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Green

FROM: Johnelle Foley, Chairperson

The next meeting of the Action Group of the Patient Sensitivity Committee will be held on Friday, October 22, 1976, at 9:00 A.M., in the K/E Conference Room.

/sds

Enclosure

Patient Sensitivity Committee
Meeting
October 8, 1976

Present: Susan Stuart-Otto, Sue Percy, Dan Rode, Johnelle Foley, Greg Hart

Ms. Stuart-Otto reviewed with the Committee their recommendations regarding the revising of the patient questionnaire. She suggested that once in-put is received from various hospital departments, a draft of a new questionnaire should be available by the end of November. She also noted that patient comments regarding Medical Staff members are forwarded to Dr. Winchell, the Clinical Chiefs, and the particular individual mentioned. She added that if derrogatory, the particular physician mentioned does not receive the comment. It was suggested that that practice be reconsidered. She also mentioned that the Nursing Departments' Clinical Directors will be receiving copies of the questionnaires. Ms. Stuart-Otto further reported that patients are written to if they do make any comments on the questionnaire and if they do add their address.

Ms. Foley reviewed the discussion of the last Patient Sensitivity Committee meeting. She noted that the group appeared to be groping for a new activity. She then reported on a meeting she had had with Mr. Baker regarding the committee's involvements. Mr. Baker had suggested that the Committee consider developing standards for the facility's appearance. More emphatically, however, he suggested that the group place its emphasis on employee attitudes toward patients and consider developing a slide-show for employees on patient sensitivity. He mentioned that a formal committee proposal on needs would be helpful in obtaining financial support.

Mr. Rode described the patient sensitivity program in which he was involved at the University of Utah's hospital. The group was most impressed with what Mr. Rode related and asked if he would contact someone in Utah to provide the committee with more information about the program. Ms. Percy noted the importance of exposing new employees to such a program only after they have worked in the Hospitals for at least 6 weeks. She also suggested utilizing students to assist in the development of such a program.

Ms. Stuart-Otto reported that she had done considerable research into the feasibility of having a T.V. station for University Hospitals. She commented that T.V. was an impossibility because the new antenna was not going to be of sufficient power. She added, however, that a radio hook-up may be a possibility if the Regents approve the new FM student station. She concluded that she would keep the committee informed of this matter.

Ms. Foley suggested that the committee may want to consider developing a booklet on patient sensitivity containing patient stories about their treatment as obtained from personal interviews. She also suggested the use of speakers, but it was noted that employee attendance would be a problem. Mr. Hart suggested the use of posters on the rights and wrongs of patient-employee interactions. Ms. Percy suggested a patient education type slide show to be shown in the Admissions waiting area. Mr. Rode suggested that the group follow-up on the effectiveness of the smoking policy. Ms. Stuart-Otto mentioned that perhaps that follow-up should be deferred until after The Paper article on the smoking policy comes out. It was also decided that further project suggestions be held until more information is obtained on Utah's program. Ms. Foley asked the group to continue to think of more immediate projects in which the committee could become involved.

The group then discussed various patient-visitor needs which they had observed. They related several ideas and questioned the possibility of volunteer involvement in assisting patients. It was decided that Ms. Abrahamsen should be invited to the next meeting of the group to describe present volunteer activities.

There being no further business, the meeting was adjourned at 10:45 a.m.

Respectfully submitted,

Johnelle Foley

Johnelle Foley

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

October 13, 1976

T H I S I S A M E M O !

FROM: Susan Stuart-Otto
RE: The patient questionnaire

Revised mailing permit regulations have made the 5,000 copies of the patient questionnaire on hand no longer valid. (These sudden changes are producing the multitude of grey hairs which are quickly turning me from a sweet young thing to a tired old lady.)

Administration's management committee and the patient sensitivity committee have recommended that the questionnaire be continued. They feel it serves a three-fold purpose: it lets patients know we care about their comments, it identifies problem areas, and it serves as a way to recognize employees doing an outstanding job.

Before reprinting the questionnaire, we would like specific input from the departments invloved. We need to know what you would like most to know (i.e., what data would be most valuable to you). At the same time we would like to redesign the form to include questions reflecting attitudes and impressions that patients have about us which could be used in the development of patient sensitivity programs.

On the attached form we would like to have you list the three questions you would most like to ask patients.

Please return to Box 139 Mayo before October 27.

Thanks for your cooperation!

cc: Dan Rode
Donna Nehls
Marilyn Twogood
Kathy Countryman
Lynn Abrahamsen
Dr. Paul Winchell
Donna Weib
Donald Wheeler
Phyllis Johnson
Bill Conners

SSO:jfs
attachment

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

October 19, 1976

TO: Johnelle Foley
Chairperson, Patient Sensitivity Committee

FROM: Ron Klemz, Planning Office RK

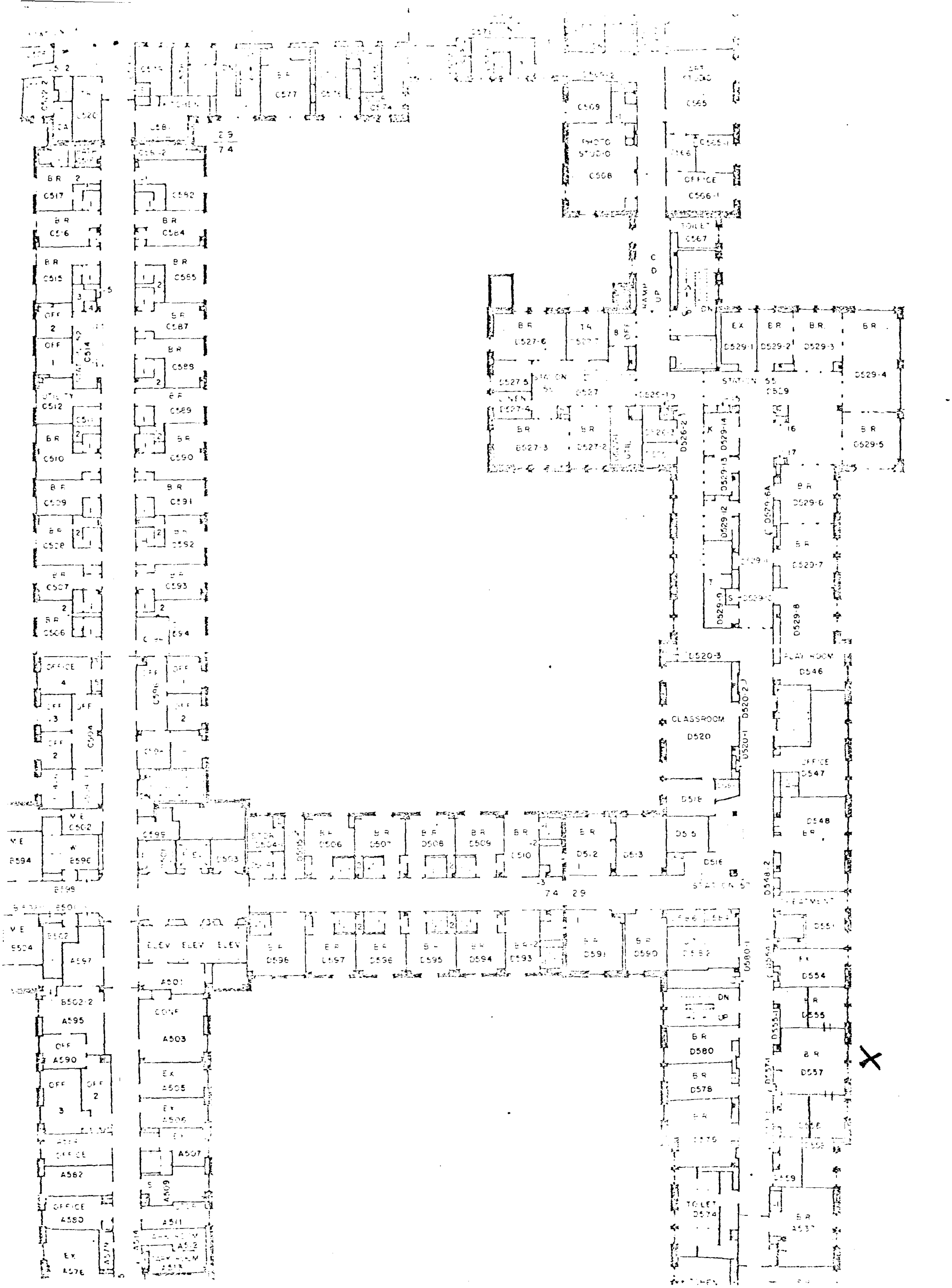
SUBJ: D-557 (Room)

Thank you for your proposal suggesting that D-557 serve as a patient/visitor lounge. We have conducted conversations with representatives from the Department of Nursing Services resulting in support for your proposal with some alterations. They are of the opinion that the area should serve as a lounge for Stations 57, 58, 59 but not for 55-56. The pediatric stations are presently inplementing a plan to provide a lounge for all pediatric stations housed in Mayo to be located in the former station 46 area. This lounge would serve stations 35-40 45-55-56. Communication systems and procedures are currently being devised.

We therefore support your proposal for stations 57-58-59 in light of Nursing Services recommendations. However, we should note that the area being referenced has been extremely "fluid" in the past few years and we may need to evaluate utilization of the area in the near future. On the other hand, we do not want to lose the opportunity to provide more comfort and convenience to our public whenever we can.

Please advise me of any specifics we need to address to implement your proposal.

Thank you for your concern for these matters.



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UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

October 28, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Jeanne Smith
Dan Rode
Donna Nehls
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

The next meeting of the Action Group of the Patient Sensitivity Committee will be held on Friday, November 5, 1976 at 9:00 A.M., in the K/E Conference Room.

The next meeting of the Planning Group of the Patient Sensitivity Committee will be held on Friday, November 12, 1976, at 9:00 A.M., in the K/E Conference Room.

/sds

Enclosure

Note: All members are asked to review the attached article, "Social Work Designs a Humanistic Program to Enhance Patient Care."

Action Group: Please observe follow-up assignments as noted in the attached minutes.

Patient Sensitivity Committee
Meeting - Action Group
October 22, 1976

Present: Susan Stuart-Otto, Kathy Countryman, Donna Nehls, Sue Percy, Dan Rode, Johnelle Foley

Mr. Rode reported to the Action Group on the Patient Sensitivity Program at the University of Utah Medical Center. He noted that the attached article most completely describes the program's content. He stated that Utah has run their sessions six times involving sixty staff members in management level positions and explained that the sessions lasted two days for two consecutive weeks with a follow-up evaluation session three months later. He added that Utah was planning to include physician participation in their sessions shortly.

Mr. Rode further reported that Utah as packaged their patient sensitivity program and that he was able to talk to Baylor Medical Center who had purchased the package. Baylor has run the session once and included 65 of its staff representing all disciplines. He noted that they found the program to be very worthwhile and especially effective in that it was presented by outsiders lending an element of expertise to the program. Mr. Rode mentioned that Baylor has planned for a second session to cover 150 of their staff and that they intend to incorporate their own social workers into that session as small-group discussion leaders. He added that Baylor has identified 1000 staff which they would like to have go through the program. Mr. Rode also mentioned that they held their session away from the hospital and attempted to include both employees of long standing and employees who had been with the hospital for six to nine months Again, he mentioned that Baylor felt that the outsiders were better able to draw from the mployees their questions and concerns regarding patient sensitivity.

It was suggested that the entire Patient Sensitivity Committee be provided with the opportunity to study the article and consider meeting jointly to discuss the program's possible application at University Hospitals.

Ms. Countryman then raised concerns which she had pretaining to the need for follow-up measures to be taken with both the lounge and smoking policy matters. She explained that a group of parents of pediatric patients had approached her regarding the lack of lounge facilities in their area. Also, she stated that she had received much negative feedback and confusion from staff regarding the smoking policy. She added that she understood that the inability to educate staff in terms of the smoking policy was caused by the timing of the JCAH site visit, but noted that for the Committee to have any credability it was imperative that measures be taken immediately to assure staff understanding.

It was the decision of the Action Group to seek a response from Administrati for its memo concerning patient/visitor waiting areas. In terms of the smoking policy, the Group agreed to begin immediately to discuss and explain the smoking policy with various groups and to solicit their concerns as to its implementation. The following assignments for smoking policy follow-up

were agreed upon by the group members:

1.	Nursing Groups	- Donna Nehls
2.	Out-Patient Department	- Kathy Countryman
3.	Department Heads	- Susan Stuart-Otto
		- Kathy Countryman
		- Donna Nehls
		- Dan Rode
4.	C.H.I.P.	- Susan Percy
5.	Employee Council	- Dan Rode
6.	Dick Warmanen (ashtrays)	- Susan Percy
7.	Smoking Policy Brochure	- Susan Stuart-Otto
8.	Clinical Chiefs and Medical Staff/Hospital Council	- Johnelle Foley
9.	Health Sciences	- Johnelle Foley

Respectfully submitted,

Johnelle Foley/ps

Johnelle Foley
Chairperson

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

October 19, 1976

TO: Johnelle Foley
Chairperson, Patient Sensitivity Committee

FROM: Ron Klemz, Planning Office RK

SUBJ: D-557 (Room)

Thank you for your proposal suggesting that D-557 serve as a patient/visitor lounge. We have conducted conversations with representatives from the Department of Nursing Services resulting in support for your proposal with some alterations. They are of the opinion that the area should serve as a lounge for Stations 57, 58, 59 but not for 55-56. The pediatric stations are presently inplementing a plan to provide a lounge for all pediatric stations housed in Mayo to be located in the former station 46 area. This lounge would serve stations 35-40 45-55-56. Communication systems and procedures are currently being devised.

We therefore support your proposal for stations 57-58-59 in light of Nursing Services recommendations. However, we should note that the area being referenced has been extremely "fluid" in the past few years and we may need to evaluate utilization of the area in the near future. On the other hand, we do not want to lose the opportunity to provide more comfort and convenience to our public whenever we can.

Please advise me of any specifics we need to address to implement your proposal.

Thank you for your concern for these matters.

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

November 9, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Jeanne Smith
Dan Rode
Donna Nehls
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

The next meeting of the Action Group of the Patient Sensitivity Committee will be held on Tuesday, November 16, 1976 at 12:00 Noon in the Campus Club, Coffman Memorial Union. Members are to meet at the front desk.

/sds

Patient Sensitivity Committee
Meeting - Action Group
November 5, 1976

Present: Susan Stuart-Otto, Kathy Countryman, Donna Nehls, Dan Rode, Greg Hart, Johnelle Foley

Guest: Lynn Abrahamsen

I. Volunteer Services

At the committee's request, Ms. Lynn Abrahamsen, Director of Volunteer Services, was present to describe the activities of the Volunteer Services Department. Ms. Abrahamsen listed such involvements of the volunteers as the gift shop, the gift and book cart, flower delivery, patient representative program, patient visiting, recreation, surgery lounge and working with pediatric and heart patients. She commented that the department was also looking into work with psych patients and patients in the new epilepsy program. Other activities which she cited included supplying radios and magazines, co-ordinating special events, and working with the four hospital auxiliaries.

Ms. Abrahamsen noted that the University Hospitals Volunteer Association is primarily a consumer education group. The Masonic Women's Club works with the patients of Masonic Hospital. The Variety Women's Club exists primarily as a fund raising group for the Heart Hospital and the Faculuty Women's Club functions as the service volunteers for University Hospitals. She added that the Faculty group is donating $5000 from its gift shop revenues for the remodeling of the surgery lounge.

Ms. Abrahamsen explained that the Department co-orindates the activities of 250-300 volunteers with as many as 150 being active at one time. She commented that approximately 45% of the volunteers are students. She further explained that the Department was staffed with 1 full-time co-ordinator, and a 3/4 time secretary, and a 3/4 time gift shop manager. She noted that a community program assistant was planned as an addition to the staff. Ms. Abrahamsen informed the committee that requests for volunteers are submitted through a form which describes the plan and is then decided upon by a committee. The criteria which the committee uses in choosing volunteer projects involves establishing the appropriateness of the task based on hours and duties, the understanding of those requesting of the limitations of volunteers, and the willingness to provide staff support and supervision to the volunteers.

In response to questions, Ms. Abrahamsen noted that it was impossible to keep the gift shop open on weekends due to lack of staff. Regarding the utilization of volunteers as information guides, etc., she explained that the types of volunteers who come to University Hospitals do not request that kind of task. In terms of the surgery lounge, she commented on difficulties involved in complying with the smoking policy but indicated pleasure that the lounge was at least located near the surgery area. Ms. Abrahamsen was thanked for her time in meeting with the committee.

In discussing Ms. Abrahamsen's comments, the group noted the quality of University Hospitals' volunteer services program in making the volunteering experience meaningful for the volunteer as well as for the hospital. It was suggested that the activities of the Volunteer Services Department are appropriately based on a philosophy which coincides with the uniqueness of University Hospitals as a teaching hospital.

II. Patient Direction Information

The committee discussed the need to provide patients with assistance in getting around the hospitals. It was mentioned that difficulties in terms of this will be increased with the remodeling of the kitchen area on the second floor. This situation will make access to the Heart Hospital most complicated.

Ms. Nehls agreed to ask the Management Committee if it would not be possible to keep the second floor corridor open. It was also the decision of the group to ask once again if color tape on the floor or ceiling could be utilized to direct patients and visitors to various buildings within the complex. Authorization from the Management Committee would hopefully put this plan in place by December 1, 1976.

Ms. Stuart-Otto also noted that she had offered the services of the Public Relations Department to assist the Nutrition Department in developing information signs describing the closing of the cafeteria.

III. Patient/Visitor Lounges

The committee discussed the memo from Ron Klemz, of the Planning Office, pretaining to the utilization of Room D-557 as a lounge. As Mr. Klemz's memo sought in-put concerning the implementation of that designation, the committee indicated the following points which should be addressed:

1) compliance with the smoking policy
2) installation of a phone
3) furnishings
4) provision for coffee

It was suggested that Mr. Klemz be invited to the next meeting of the Action Group to discuss these issues.

IV. Smoking Policy

The committee reviewed a draft of an article on the smoking policy which will be placed in the next issues of The Paper. Minor changes were made to the draft.

Ms. Nehls reported that a memo had been sent to all head nurses (copy attached) discussing the dissemination of the smoking policy and measures which are planned to clarify the implementation of the policy.

Ms. Stuart-Otto reported that at the committee's request she had been working on a flyer describing the smoking policy. She explained that it could be printed inexpensively, distributed widely, and stuffed in pay envlelopes. It would not be difficult to reprint the flyers should there be a change to comply with JCAH standards. Ms. Stuart-Otto explained that she would send copies of the draft flyer to the committee members for in-put prior to printing.

Ms. Staurt-Otto also reported that she discussed the smoking policy with Dean Gault. The Dean had three suggestions regarding smoking and the Medical Staff:

1) that Dr. Winchell write a letter to all Medical Staff member regarding the policy

2) that buttons be worn advocating the policy

3) that he, Dean Gault, will ask Medical School faculty to mention the smoking policy to their students.

Ms. Countryman noted that there was no "Attachment 1" to the smoking policy as stated. Ms. Foley stated that she would ask Mr. Carlton for that attachment. Ms. Countryman also mentioned that she would see that the smoking policy is put on the agenda for the Wednesday Department Head meeting on November 11, 1976.

Ms. Foley reported that she was on the agenda for the upcoming Medical Staff-Hospital Council and Clinical Chiefs meetings to discuss the smoking policy. She also commented that she would be discussing the Health Sciences-wide communication of the smoking policy with Mr. Preston on Monday.

Mr. Rode reported that he will be meeting with the Employee Council on the smoking policy. He also requested that the committee assist the Admissions Department in developing strategy on how the department might function should it not be moved to B/C or should its present size be reduced.

As a final note, Ms. Foley commented that the group might want to consider developing a procedure for the dissemination of hospital policies.

There being no further business, the meeting was adjourned at 10:45 a.m.

Respectfully submitted,

Johnelle Foley

Johnelle Foley
Chairperson

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

October 26, 1976

TO: Head Nurses

FROM: Donna Nehls

In the midst of the flurry of activity preceeding the JCAH visit, the new hospital smoking policy was placed in the policy books. Apparently, the signs for patient doors also appeared with little, if any, orientation to their use, requirements, etc., etc. Obviously, this was not the way to implement such a far reaching and important system.

In an effort to undue this confusion, a comprehensive program for orientation to the policy, procedures and regulations is being developed and will be shared with you very soon.

In the meantime, please excuse the process we've followed to date.

As I mentioned, and as you well know, there was a flurry of activity for the site visit. Please accept my most sincere appreciation for the time and effort you and your staff spent. The outcome of the visit was an excellent report for the Department of Nursing Services. Each of you deserve a great deal of credit for the report.

The cooperation and participation of members of the department to achieve our standards was a most gratifying experience for me and I thank you.

cc: Clinical Directors

DN/cb

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

October 19, 1976

TO: Johnelle Foley
Chairperson, Patient Sensitivity Committee

FROM: Ron Klemz, Planning Office RK

SUBJ: D-557 (Room)

Thank you for your proposal suggesting that D-557 serve as a patient/visitor lounge. We have conducted conversations with representatives from the Department of Nursing Services resulting in support for your proposal with some alterations. They are of the opinion that the area should serve as a lounge for Stations 57, 58, 59 but not for 55-56. The pediatric stations are presently inplementing a plan to provide a lounge for all pediatric stations housed in Mayo to be located in the former station 46 area. This lounge would serve stations 35-40 45-55-56. Communication systems and procedures are currently being devised.

We therefore support your proposal for stations 57-58-59 in light of Nursing Services recommendations. However, we should note that the area being referenced has been extremely "fluid" in the past few years and we may need to evaluate utilization of the area in the near future. On the other hand, we do not want to lose the opportunity to provide more comfort and convenience to our public whenever we can.

Please advise me of any specifics we need to address to implement your proposal.

Thank you for your concern for these matters.

POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Volume	Page
EFFECTIVE: September 20, 1976	
REVISION:	
REVIEWED:	

SUBJECT: Compliance with the Minnesota Clean Indoor Air Act

SOURCE: Patient Sensitivity Committee

I. PURPOSE

The purpose of this policy and procedure is to assure compliance with the Minnesota Clean Indoor Air Act, Minnesota Statute 144.417, "relating to prohibition of smoking in public places and at public meetings", as defined and enforced by the State Board of Health.

II. COMPLIANCE REQUIREMENTS

A. There shall be no smoking in the Hospitals or Clinic areas except where so designated. (See Attachment 1)

B. Patient Rooms

1. All patient rooms shall be designated as non-smoking unless all patients occupying the room expressly consent to the others smoking and provided there are no treatment provisions precluding smoking, the room shall be posted with a sign designated it as "Smoking Permitted" by the nursing staff.

2. No smoking shall be permitted under any circumstances in a room when smoking would affect the safety of a patient such as rooms where oxygen is being used.

C. No smoking shall be permitted in any area of the Hospital where flammables are used or stored.

D. Places of Work not Frequented by the General Public

Offices, shops, and other work areas not frequented by the general public may contain several separate no smoking and smoking permitted areas provided each no smoking area is at least 200 square feet (18.2 square meters). Areas where smoking is allowed shall be posted as "Smoking Permitted", except for individual offices, where the desires of the occupants shall prevail.

III. RESPONSIBILITIES

A. All people shall comply with this policy and procedure since it is an extension of the statute stated above.

APPROVED:	DATE:

B. Employees shall remind patients and visitors as well as other employees who are in violation of this policy and procedure to refrain from smoking or go to an area posted as a smoking area.

C. Supervisors shall assure all personnel are informed of their responsibilities for conforming to and enforcing the Minnesota Clean Indoor Air Act by implementing this policy and procedure.

D. The Admissions Director shall attempt to meet the preferences of individuals who desire to smoke during their stay in the Hospital through appropriate room placement. In cases where no "smoking permitted" rooms are available, the patient shall be informed of the situation and a reasonable attempt shall be made by the Nursing Staff to accommodate him when such a room becomes available.

E. The Director of Protection Services shall be responsible for measures to implement the Hospitals and Clinics compliance with the Minnesota Clean Indoor Air Act. He shall assure that signs designating smoking areas are installed in the appropriate areas. Further, he shall assist staff personnel with problems relating to compliance with the law, and provide inspection personnel with evidence of the Hospital's efforts to assure compliance with the law.

F. Department Heads, Medical Staff, Supervisory Staff, and Administrators shall be responsible for enforcement of the Minnesota Clean Indoor Air Act in the work areas of their Departments.

G. The Director of Operations shall be responsible to the General Director for activities to assure compliance with the Minnesota Clean Indoor Air Act.

VI. VIOLATIONS

A. People in violation of the Minnesota Clean Indoor Air Act shall be politely informed of the law and asked to refrain from smoking or go to a "smoking permitted" area.

B. Should one refuse to comply with the law, the Hospitals Protection Services Office or Police Officer shall be notified.

C. Gross violation of this policy should be reported using the Unusual Incident Report procedure.

D. Non compliance with this law is a petty mis-deameanor punishable with fines up to $300 according to Minnesota Statute.

- Bulk storage of concentrated acid shall be located near the floor level, and the storage area appropriately identified.
- There shall be a written plan of action for personnel to implement in the event of a serious accident in the laboratory. The provisions of the plan shall be made known periodically to all laboratory personnel as a part of the continuing education program relating to safety.
- A fire blanket and self-contained breathing apparatus are recommended for the clinical laboratory.

Smoking[7] Because smoking has been acknowledged to be both a fire and health hazard, a continuous effort shall be made to reduce its presence in the hospital. Written regulations governing smoking shall be adopted, and shall be conspicuously posted and made known to all hospital personnel, patients, and the public. These regulations shall include at least the following provisions:

- Smoking shall be prohibited in any area of the hospital where flammable liquids or gases, or oxygen, are in use or stored. There areas shall be identified with "No Smoking" signs. Where indicated, the signs shall be multilingual or shall make use of symbols.
- Ambulatory patients shall not be permitted to smoke in bed.
- Patients who are confined to bed and who wish to smoke shall have the permission of the responsible physician, and a responsible adult shall be in attendance.
- Unsupervised smoking by patients classified as not mentally or physically responsible for their actions shall be prohibited. This includes patients so affected by medications.
- Wastebaskets shall be made of noncombustible materials and shall not be used as ashtrays. Ashtrays shall be noncombustible.
- Smoking shall be prohibited in areas where combustible supplies or materials are stored.
- Smoking by personnel using the surgical and obstetrical suites shall be limited to dressing rooms and lounges; doors leading to the suites shall be kept closed.
- The hospital shall have a written policy governing the sale, directly or by vending machine, of smoking materials and related supplies.

Security[8] Measures shall be taken to provide security for patients, personnel, and the public, consistent with the conditions and risks inherent in the hospital's location. When used, these measures shall be uniformly applied. Based on administrative decision, these measures may include, but are not necessarily limited to, the following:

- Effective screening and observation of new employees.
- Identification badges for all hospital personnel.
- Exit/entry control, including good lighting.
- Internal traffic control, including the use of visitor passes.

[7]Used with permission from Chapter 6, NFPA 56B, Respiratory Therapy, Copyright 1973; Chapter 17, NFPA 101, Life Safety Code, Copyright 1973.

[8]Used with permission from Chapters 10 and 17, NFPA 101, Life Safety Code, Copyright 1973.

Patient Sensitivity Committee

Meeting - Action Group

November 16, 1976

Present: Susan Stuart-Otto, Greg Hart, Sue Percy, Dan Rode, Johnelle Foley

Guest: Ron Klemz

I. Patient Visitor Lounges

Ron Klemz of the Hospitals' Planning Office met with the group to discuss the designation of Room D-557 as a lounge. Mr. Klemz explained that the possibility did exist that the room might be needed for other uses in the future. He did agree however, to inform the Patient Sensitivity Committee should such a possibility be considered.

The Committee discussed the following points to be addressed for implementation of the room as a lounge:

1) utilization of University decorators
2) pros and cons of carpeting
3) curtains and graphics
4) coffee machine or directions to vending machines
5) telephone
6) refurbishing of old surgery lounge furniture
7) securing of magazines
8) pros and cons of a T.V.
9) provision for smoking area
10) aquarium and plant rental

Mr. Klemz recommended that the Committee state its proposals and cost estimates for the room in memo form to Mr. Jones with a copy to himself. Ms. Stuart-Otto volunteered to research the needed enhancements and how they might be accomplished and to prepare the proposal memo.

II. Holly Bell

Ms. Stuart-Otto reported that the Holly Bell-Information Phone was still being considered for possible implementation at University Hospitals. She noted that she had just visited UCLA Hospital where such a phone system was recently established and found that it appeared to be working well. She explained that UCLA hired students to man the phones on a 24 hour basis and added that the question of who would be responsible for the calls at University Hospitals was still undecided. Ms. Stuart-Otto stated that she would keep the Committee informed as the project progressed.

III. Smoking Policy

Ms. Stuart-Otto reviewed recommended changes to the smoking policy brochure with the Committee. It was noted that the brochure would be included in payroll envelopes and be available for distribution throughout the Hospitals. She added that she would consult with Ms. Countryman before final printing of the brochure.

Ms. Percy reported that she had not as yet been successful in contacting CHIP about the smoking policy or in investigating the securing the ash trays for the Hospitals.

Mr. Rode reported that he had met with the Employee Council and had discussed the smoking policy with them. He noted that they had expressed concern about the enforcement of the policy.

Ms. Foley reported that Mr. Carlton was working on the completion of "Attachment I" as noted in the smoking policy and that he would inform the Committee when it is ready. She also reported that she had met with the Medical Staff/Hospital Council and the Council of Clinical Chiefs about the smoking policy. She noted that both groups were receptive to the policy and interested in disseminating word of it to the entire Medical Staff. Ms. Foley added that Dr. Winchell will be mentioning the smoking policy at the upcoming Semi-Annual Medical Staff meeting. In terms of present distribution of the policy she explained that only Department Heads and nursing stations had received the policy. The Medical Staff will be receiving copies of the smoking policy with the minutes of the Semi-Annual meeting.

The Committee agreed that the required policy posting will be accomplished through the article on the smoking policy which will appear in the next issue of The Paper. They further agreed that changes in the policy should be held until comments are received on the article and until the JCAH report is available.

IV. Utah's Patient Sensitivity Program

Mr. Rode reported that the estimated cost of presenting the Utah Patient Sensitivity Program to University Hospitals would be approximately $3500. This would include bringing in six people to conduct the program, a meeting place for 2 days, and lunch and coffee for a group of 70-72 participants. He added that bag lunch and an inexpensive meeting location could cut the cost of the program.

Mr. Rode also mentioned that Utah had suggested consulting with the Director of the Social Services Department at University Hospitals, Mr. Spano, to assure that there would be no conflict in the Utah Social Workers presenting such a program. Mr. Rode agreed to do this. He also mentioned the Baylor Medical Center would soon be coming out with a documented evaluation of the program's affects on their institution and suggested that he would share this with the committe when he received a copy. Ms. Stuart-Otto noted that a report will be made on the Utah program to the Public Relations group of the AAMC next year. She suggested that University Hospitals consider participating in the program before the demand becomes too great or the cost too excessive. The Committee agreed that they would continue investigating the program and its approval and consider April or May as a target program date.

Mr. Rode noted that visitors were having difficulties gaining access to Station 60 after 5:00 P.M. He stated that he plans to investigate the matter further.

Mr. Rode also reported that a new discharge policy should, when implemented, improve the timing of patients checking into and out of rooms.

Ms. Foley noted that she would be meeting with the Planning Group of the Patient Sensitivity Committee on Friday. It was suggested that the next meeting might be a good time for the two groups to meet jointly.

There being no further business the meeting adjourned at 1:50 p.m.

Respectfully submitted,

Johnelle Foley/bs

Johnelle Foley

Patient Sensitivity Committee

Meeting - Action Group

November 16, 1976

Present: Susan Stuart-Otto, Greg Hart, Sue Percy, Dan Rode, Johnelle Foley

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Johnelle Foley/bs

Johnelle Foley

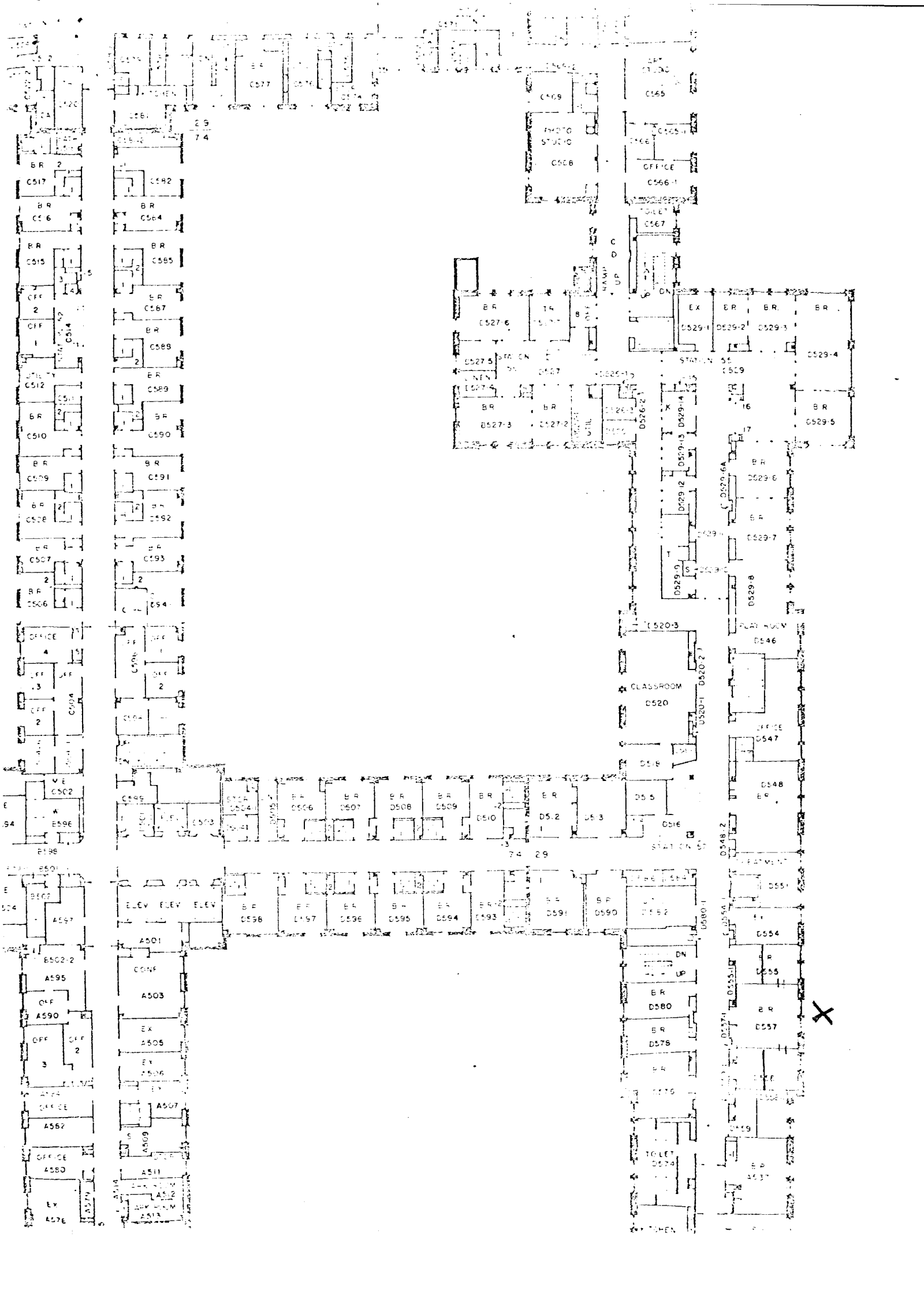
PHOTO STUDIO
C508
OFFICE
C566-1
TOILET
C567
STAIRCASE
C529
CLASSROOM
D520
FLAT ROOM
D546
OFFICE
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CONF
A503
OFFICE
A580
TOILET
D578
TOILET
D579

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

December 20, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Jeanne Smith
Dan Rode
Donna Nehls
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

RE: Patient Sensitivity Committee

The Patient Sensitivity Committee has come a long way and not a very easy way. You are all to be commended on your ability to endure despite frustrations of great proportion. Quite apparently, your endurance relcts your commitment to the subject we are attempting to address.

We are now challanged to take another stab at patient sensitivity using a different vehicle. In writing a report, the Committee will have the opportunity to direct appropriate parties toward taking corrective actions on issues we help them identify. In the past, we attempted to take those actions outselves only to find that we, as outsiders were not able to work within the system in that manner. How, with a clearer definition of our role as advisors, promotors, and policors we can hopefully be more effective. An integral part of our effectivenss will depend on our ability to plan careful strategy for the presentation, utilization, and follow-up of our report.

It is hoped that you will all persevere and meet this new challenge. Perhaps the Chair was negligent in not proposing a report months ago or perhaps months ago a report would not have been viewed as sufficient. What we have experienced in these past months reflects a learning experience which was revealed an appropriate role for us. Perhaps we could have been spared those traumas of the past or perhaps we needed to experience them to better understand how our organization works. We should now be better prepared to work within that organization and not against it. A better report than we could have originally written may be the end project.

The next meeting of the Patient Sensitivity Committee will be held on Friday, January 7, 1977, at 9:00 A.M., in the K/E Conference Room. An Agenda is attached.

Also attached is the list of patient sensitivity issues which we had identified in the past. In reviewing the list, it is pleasing to note how truly comprehensive we were in this portion of our task. Although some specifics may not be listed, they are certainly headings to address almost every concern we have raised.

It is hoped that in the next few weeks before our next committee meeting, each of you will have a chance to review the list. You are encouraged to add to it, subtract from it, organize it, or take whatever steps you feel would be helpful in enabling us to incorporate these issues into a report (note minutes) with corrective action steps. Your recommendations for approaching the writing of the report will be welcomed when we reconvene.

I will look forward to meeting with all of you in the new year. Have Happy Holidays!

/sds

Patient Sensitivity Committee Issues

Structural

Parking

Accommodations

- Internal
- External

Waiting Areas

Eating Facilities and Service Stations

Clinics

Directional/Transport

- Systems
- Wheelchairs

Personnel

Appearance

Identification

Interpersonal Interaction

Efficiency

Competency

Communication of Information/Co-ordination of Care

Previsit - Non Clinical

Role of the Teaching Hospital

Role of Patient Support Services

Financial Procedures

Pre-registration Information to Patients

Issues cont:

Previsit - Clinical

- Purpose of Visit
- Role of hospital in patients particular clinical case
- Role of hospital personnel and students

During Visit - Nonclinical

- Pattern of clinic and daily routine
- Scheduling of Visits/Tests/Treatments
- Provision for input in hospital planning and policy making

During Visit - Clinical

- Patients Informed of Rights
- Staff Rotation
- Consultations
- Role of hospital personnel and students
- Purpose/process/outcome of tests/visits/treatments
- Diagnosis and Prognosis
- Involvement in Care Plan

Postvisit - Nonclinical

- Financial Systems
- Return Scheduling
- Satisfaction

Postvisit - Clinical

- Patient understanding of follow-up care
- Communication of follow-up care to appropriate party
- Discharge document
- Satisfaction

Minutes
Patient Sensitivity Committee
Meeting
December 10, 1976

Present: Greg Hart, Nancy Greene, Kathy Countryman, Dan Rode, Dave Olson, Richard Kronenberg, M.D., Johnelle Foley

Guests: Bob Baker, Dick Pierson

Ms. Foley thanked Mr. Baker and Mr. Pierson for joining the meeting to discuss the Patient Sensitivity Committee's role and future direction.

Mr. Baker began his comments by reflecting on the circumstances which led to the formation of the committee. He noted that patient sensitivity was identified as a top priority management issue and added that there appeared to be two camps of approach to the subject. He sited one theory as being that of dealing with the niceties which the Hospitals can provide patients and the second as dealing with employee attitudes toward patients. He expressed a personal bias toward the latter approach and mentioned the need for personnel to be aware of patients' need for privacy, feelings of entrapment, ego surrender, guilt, envy, and anxiety. He commented that perhaps the committee should address how the institution is organized to deal with patient sensitivity and who is responsible for it.

Mr. Pierson commented on a personal experience which reflected an insensitive attitude of staff toward patient and family. Mr. Hart noted that for each such story there were more which indicated true sensitivity making the Committee's task of approaching this subject with employees most difficult. Ms. Countryman described the process which the Committee had used of dividing into two groups, action and planning, to attempt to deal with the patient sensitivity issues which had been identified. She told of the frustrations which the groups had experienced in their efforts.

The Committee discussed such concerns as the restrictions they felt due to the political aspects of the issues they were dealing with. They commented on the appropriateness of the Committee membership in dealing with such issues. Mention was made by Dr. Kronenber of the need to have more Medical Staff representation for the Committee's efforts to be effective. The subject of employee reward for sensitive behavior toward patients was examined and the lack of positive strokes from Management and Medical Staff for such behavior was noted. Various alternative approaches to addressing patient sensitivity were considered such as slide shows, role playing, and identifying a sub-committee of the Clinical Chiefs to deal with specific issues. Specific issues such as patients' rights and responsibilities and incident reports were sited. Mr. Rode described the Utah program and its potentitals for University Hospitals.

Mr. Baker pointed out that there existed a need for the Patient Sensitivity Committee to understand its role and that that role should not be one of making judgements but rather of identifying areas of improvement in terms of patient sensitivity. He suggested that the Committee not attempt implementation but rather make recommendations and police the accomplishment of those recommendations. He intimated that the Committee could attempt this in report form and with bi-annual follow-up sessions. Ms. Foley noted that in essence, the areas of concern have been identified by the Committee. Mr. Hart commented that perhaps the Committee had set its expectations too high in attempting to personally deal with those concerns.

The Committee concurred that it would begin the writing of a report. Ms. Foley volunteered to review past minutes to pull out all issues of patient sensitivity which have been discussed by the Committee. It was suggested that the report format contain a description of identified issues, delineation of specific recommendations for particular issues, strategy for implementation of those recommendations, and a date for their completion. Following the writing of the report, the Committee would then reconvene periodically to consider new issues and follow-up on the accomplishment of corrective measures for previously identified issues. The Committee decided to examine its list of issues at its next meeting and plan strategy for the writing of the report.

Respectfully submitted,

Johnelle Foley/ss

Johnelle Foley
Chairperson

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

December 3, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Jeanne Smith
Dan Rode
Donna Nehls
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

The next meeting of the Patient Sensitivity Committee will be held on Friday, December 10, 1976 at 9:00 A.M., in the K/E Conference Room.

Mr. Robert Baker will be in attendance to discuss Committee role and direction. Please note the enclosed agenda.

ALL PATIENT SENSITIVITY COMMITTEE MEMBERS ARE URGED TO ATTEND!

/sds

Minutes
Patient Sensitivity Committee
Meeting
December 3, 1976

Present: Nancy Greene, Dan Rode, Kathy Countryman, Dave Olson, Greg Hart, Johnelle Foley

I. Smoking Policy

The Committee discussed the completion of assignments pretaining to the dissemination of information on the smoking policy. Ms. Foley stated that a memo from Mr. Westerman would be distributed throughout the Health Sciences regarding the policy. It was also noted that the CHIP office would be provided with copies of the smoking policy flyer.

II. Directional Tapes

Ms. Foley reported that she had discussed with the Management Committee the possibility of using a tape system for directing individuals through the Hospitals' complex. She explained that she was requested to work with Mr. McKee as he moves into the second phase of his signage project. The possibility of developing hand-out maps was also discussed.

The Committee suggested that they would still appreciate further consideration of a taping system. It was decided that Mr. McKee would be invited to a future committee meeting to discuss with him directional concerns.

III. Patient-Visitor Lounge

Ms. Foley noted that Susan Stuart-Otto was working on recommendations for the Planning Office regarding the designation of Room D-557 as a lounge. The issue of utilizing that room as a smoking option for individuals in the Surgery Lounge was considered. It was noted that Ms. Abrahamsen will be in contact with Ms. Stuart-Otto regarding this matter.

IV. Planning Group

Ms. Foley reported that Ms. Gunderson has resigned from theCommittee due to time commitments. She added that Dr. Kronenberg had asked for a temporary dismissal from the Committee due to his concerns as being sole spokesman for the Medical Staff.

The Committee discussed the out-patient information project which the Group has been working on and the difficulties which arose in addressing that project.

V. Committee Concerns

The Committee considered its future directions. It was suggested that Mr. Baker be invited to the next committee meeting to assist the entire committee in clarification of its role. It was noted that it would be beneficial if Ms. Gunderson, and Drs., Kronenberg and Doughman could be in attendance.

Respectfully submitted,

Johnelle Foley
Chairperson

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

December 20, 1976

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Jeanne Smith
Dan Rode
Donna Nehls
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

RE: Patient Sensitivity Committee

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We are now challanged to take another stab at patient sensitivity using a different vehicle. In writing a report, the Committee will have the opportunity to direct appropriate parties toward taking corrective actions on issues we help them identify. In the past, we attempted to take those actions outselves only to find that we, as outsiders were not able to work within the system in that manner. How, with a clearer definition of our role as advisors, promotors, and policors we can hopefully be more effective. An integral part of our effectivenss will depend on our ability to plan careful strategy for the presentation, utilization, and follow-up of our report.

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The next meeting of the Patient Sensitivity Committee will be held on Friday, January 7, 1977, at 9:00 A.M., in the K/E Conference Room. An Agenda is attached.

Also attached is the list of patient sensitivity issues which we had identified in the past. In reviewing the list, it is pleasing to note how truly comprehensive we were in this portion of our task. Although some specifics may not be listed, they are certainly headings to address almost every concern we have raised.

It is hoped that in the next few weeks before our next committee meeting, each of you will have a chance to review the list. You are encouraged to add to it, subtract from it, organize it, or take whatever steps you feel would be helpful in enabling us to incorporate these issues into a report (note minutes) with corrective action steps. Your recommendations for approaching the writing of the report will be welcomed when we reconvene.

I will look forward to meeting with all of you in the new year. Have Happy Holidays!

/sds

UNIVERSITY OF MINNESOTA
Hospitals and Clinics
Board of Governors
Box 502
Minneapolis, Minnesota 55455

January 21, 1977

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Jeanne Smith
Dan Rode
Donna Nehls
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

RE: Patient Sensitivity Committee

The next meeting of the Patient Sensitivity Committee will be on Friday, February 18, 1977, from 9:00 A.M. to 12:00 p.m., in the K/E Conference. The purpose of the meeting will be to discuss small group draft proposals for inclusion in the Patient Sensitivity Committee Report. (see minutes)

The small group draft proposals should be submitted to Box 502 by February 11, 1977 for prior distribution to the Committee.

JF/sds

Enclosure

Minutes
Patient Sensitivity Committee
Meeting
January 7, 1976

Present: Dr. Richard Kronenberg, Nancy Greene, Dave Olson, Kathy Countryman, Susan Stuart-Otto, Donna Nehls, Greg Hart, Johnelle Foley

Ms. Stuart-Otto reported that her department had gathered patient questionnaire samples from throughout the community and the country. She stated that she was seeking in-put as to how she might proceed in terms of revising University Hospitals' patient questionnaire. Ms. Countryman commented that she would be willing to work with Ms. Stuart-Otto on the questionnaires. Ms. Foley suggested that Mr. Brekhus' assistance might also be sought for his ideas as to how information gathered could be put in usable form. Ms. Stuart-Otto noted that she would bring a draft questionnaire back to the Patient Sensitivity Committee for comment.

Ms. Countryman summarized the last meeting of the Patient Sensitivity Committee. It was pointed out that it was decided at that time, that the Committee could function more appropriately by writing a report with specific recommendations concerning issues of patient sensitivity. The Committee's report would then be submitted to the Management Committee for either their action or their transmittal of portions of the report on to other involved parties.

Ms. Nehls noted that some of the issues previously identified by the Committee were no longer applicable. Mr. Hart reviewed the list of issues with the Committee and eliminated certain items. Dr. Kronenberg suggested that items which dealt with Medical Staff concerns should be addressed as such and forwarded to various Medical Staff groups for their consideration. He added that the report need not be all inclusive now and that to avoid overwhelming the Staff, only certain issues should be brought to their attention at this time.

Ms. Foley suggested that the remaining issues be divided among the Committee members and that each group of members prepare a draft proposal on their section for inclusion in the report. The issues were divided thusly:

<u>Structural</u>

Parking

Accommodations
- Internal
- External

Waiting Areas

Directional/Transport
- Systems
- Wheelchairs

Kathy Countryman
Donna Nehls

<u>Personnel</u>

Appearance

Identification

Interpersonal Interaction

Education

Dan Rode
Johnelle Foley

Communication of Information
/Co-ordination of Care

(Items pretaining to Medical Staff such as pre-information to out-patients) } Dr. Richard Kronenberg, Nancy Greene, Dave Olson

It was felt that the draft proposals could be structured in a format which would include a description of the present situation, recommendations for corrective action, and action steps. Mr. Hart agreed to write the final report when committee consensus was reached on the proposals.

It was decided that the draft proposals would be prepared and sent to Ms. Foley by Friday, February 11, 1977, and that they would then be distributed to the Committee preior to its next meeting to be held on Friday, February 18, 1977. It was suggested that Committee members block off that entire morning for review of the proposals.

Respectfully submitted,

Johnelle Foley

Johnelle Foley
Chairperson

Subject: Employee Identification

Objective: To provide a means by which University Hospitals employees will be easily identifiable to patients and visitors.

Present Situation:

1. There is no hospital-wide policy requiring employees to wear any sort of name and position identification tag. In some cases, such a requirement is made departmentally.

2. Presently, investigations are being made into identification badges with pictures for employees to allow them entrance to the hospital during a disaster.

3. Patients are frequently confused by the number of employees who enter their rooms for various reasons without identification or introduction.

4. Visitors often times refrain from asking for assistance as they have no idea as to whom they might be addressing their questions.

Proposal:

1. That the Management Committee reconsider the issue of employee identification from a patient sensitivity perspective.

2. That the Management Committee consider developing a hospital-wide policy requiring the wearing of name and title identification tag.

Alternative Proposal:

1. That each University Hospitals department report to the Patient Sensitivity Committee regarding their present policy for employee identification and their perception of the effectiveness of that policy.

2) That the Patient Sensitivity Committee review the departmental policies and makes individual recommendations to the various departments based on amount of patient contact and visitor exposure.

3) That consideration be given to requiring the Personnel Department to instruct employees on the importance of introducing themselves when entering a patients room for the first time.

Subject: Personal Apperance

Objective: To improve the appearance of all University Hospitals staff for the purpose of presenting a proper professional attitude to our public.

Present Situation:

1. I can be said that some employees do not dress appropriately considering that they serve as representatives of University Hospitals. Their dress may be too casual, unclean, untidy, or their general appearance is unattractive to the eye.

2. Patients and visitors to University Hospitals frequently make judgments about the institution based on the image its employees portray through their appearance.

3. There does exist a dress code contained within the Personnel Manual which department heads receive. The code is basically vague in terms of generalities pretaining to neatness and leaves specific requirements to the discretion of department supervisors.

4. Because of the various work functions which employees do at University Hospitals, it would be difficult to set more specific hospital-wide dress requirements.

Proposal:

1. That the Personnel Department incorporate within their new employee orientation sessions reference to the importance of neat and appropriate dress and appearance for good public relations.

2. That the Personnel Department annually, by whatever method they deem as most effective, surface the University Hospitals dress code as a hospital-wide reminder that all employees and staff should be aware of the impression they create for the hospitals through their appearance.

Action:

1. This proposal must receive acceptance and support from Hospital Administration through consideration by the Management Committee.

2. That responsibility for enacting the proposal be delegated to and communicated to the Personnel Department.

3. That the Personnel Department annually report to the Patient Sensitivity Committee regarding the status of their fulfillment of their responsibility.

Subject: Employee Education and Communication

Objective: To improve University Hospitals' ability to communicate to its employees for purposes of educating them about those policies and procedures which affect their work.

Present Situation:

1. Depending upon the issue or matter involved there often times are not clear channels to communicate information to the appropriate employee groups.

2. In many cases, there does not appear to be any commitment to properly educate employees concerning decisions, policies, procedures, etc.

3. There are issues presently being addressed by various groups and their determinations will require considerable dissemination. These subjects include risk management practices, incident reporting procedures, and patient grievance policies.

Proposal:

1. That the Management Committee consider developing a hospital-wide policy which would require that each ad hoc committee ot task force include in their reports recommendations for the appropriate dissemination of the information which they generate.

(Dan: I was stumpted here and would like to know if you have any idease. Maybe something like using an individual or department as the central clearinghouse or advisor regarding any information needing dissemination)

Subject: Smoking Policy

Objective: To revise the University Hospitals' Smoking Policy to assure compliance with the Minnesota Clean Indoor Air Act and the Joint Commission on the Accreditation of Hospitals.

Present Situation:

1. Through the suggestion of Dan Rode, the Patient Sensitivity Committee was involved in the development of the University Hospitals' smoking policy effective September 20, 1976.

2. The smoking policy was developed to bring the Hospitals in compliance with the Minnesota Clean Indoor Air Act. Mr. Carlton and Mr. Diehl were consulted as to the enforcement and legal considerations of the policy.

3. The policy was implemented in time for the Joint Commission site visit. At the Summation Conference, the site team noted that the smoking policy was inadequate according to Commission standards.

4. Administration decided to further distribute the smoking policy as originally developed noting that the policy may require revision upon receipt of the Joint Commission Survey Report.

5. The Joint Commission Report was received on January 19, 1977, and did indicate a need to strengthen the policy with regard to patient smoking.

6. Mr. Diehl had also reviewed the policy in more depth and has suggested revisions and additions particularly in terms of meetings and smoking regulations.

Proposal:

1. That the Patient Sensitivity Committee revise the University Hospitals' Smoking Policy incorporating Joint Commission requirements and Mr. Diehl's suggestions.

Revised

Subject: Compliance with the Minnesota Clean Indoor Air Act

Source: Patient Sensitivity Committee

I. Purpose

The purpose of this policy and procedure is to assure compliance with the Minnesota Clean Indoor Air Act, Minnesota Statute 144.417, "relating to prohibition of smoking in public places and at public meetings", as defined ~~and enfereed~~ by statute and ~~the~~ State Board of Health Rules.

II. Compliance Requirements

A. There shall be no smoking in the Hospitals or Clinic areas except in those limited areas ~~where-so~~ designated and posed as "smoking permitted." (See Attachment I)

B. Patient Rooms

1. All patient rooms shall be designated as non-smoking unless all patients occupying the room expressely consent to ~~the-others~~ smoking and provided there are no treatment provisions precliding smoking; if smoking is to be allowed the room shall be posted with a sign designating it as "Smoking Permitted" by the ~~N~~n ~~S~~s.

2. No smoking shall be permitted in bed by ambulatory patients' and only supervised authorized smoking in bed for patients who are confined to bed or are mentally or physically incompetent or so affected by medication.

C. No smoking shall be permitted under any circumstances in a room when smoking would affect the safety of a patient such as rooms where oxygen is being used.

D. Places of Work not Frequented by the General Public

Offices, shops, and other work areas not frequented by the general public may contain several seperate no smoking and smoking permitted areas provided each no smoking area is at least 200 square feet (18.2 square meters). The

location of a staff meeting should be treated as a "common work area with similar provisions. Areas where smoking is allowed shall be posted as "Smoking Permitted," except for individual offices, where the desires of the occupants shall prevail.

E. Places Frequented by the General Public

Smoking shall be prohibited in all sections of public places or public meetings except in areas designated as smoking permitted areas.

III. Responsibilities

A. All people shall comply with this policy and procedure since it is an extension of the statute stated above.

B. Employees shall remind patients and visitors as well as other employees who are in violation of this policy and procedure to refrain from smoking or go to an area posted as a smoking area.

C. ~~Supervisors shall assure all personnel are informed of their responsibilities for conforming to and enforcing the Minnesota Clean Indoor Air Act by implementing this policy and procedure.~~ Department Heads, Medical Staff, Supervisory Staff, and Administors shall be responsible for informing all personnel of their responsibilities and for enforcement of the Minnesota Clean Indoor Air Act in the work areas of their Departments.

D. The Admissions Director shall attempt to meet the preferences of individuals who desire to smoke during their stay in the Hospital through appropriate room placement. In cases where no "smoking permitted" rooms are available, the patient shall be informed of the situation and a reasonable attempt shall be made by the Nursing Staff to accommodate him when such a room becomes available.

E. The Director of Protection Services shall be responsible for measures to implement the Hospitals and Clinics compliance with the Minnesota Clean Indoor Air Act.

He shall assure that signs designating smoking areas are installed in the appropriate areas. Further, he shall assist staff personnel with problems relating to compliance with the law, and provide inspection personnel with evidence of the Hospital's efforts to assure compliance with the law.

F. ~~Department-Heads,-Medical-Staff,-Supervisory-Staff,-and-Administrators-shall-be responsible-for-enforcement-of-the-Minnesota-Clean-Indoor-Air-Act-in-the-work areas-of-their-Departments.~~

G. The Director of Operations shall be responsible to the General Director for activities to assure compliance with the Minnesota Clean Indoor Air Act.

IV. Violations

A. People in violation of the Minnesota Clean Indoor Air Act shall be politely informed of the law and asked to refrain from smoking or go to a "smoking permitted" area.

B. Should one refuse to comply with the law, the Hospitals Protection Services Office or Police Officer shall be notified.

C. Gross violation of this policy should be reported using the Unusual Incident Report procedure.

D. Non compliance with this law is a letty mis-deameanor punishable with fines up to $300 according to Minnesota Statute.

UNIVERSITY OF MINNESOTA
Hospitals and Clinics
Board of Governors
Box 502
Minneapolis, Minnesota 55455

February 2, 1977

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Jeanne Smith
Dan Rode
Donna Nehls
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

RE: Patient Sensitivity Committee

The next meeting of the Patient Sensitivity Committee has been changed from Friday, February 18th to Friday, February 25, 1977, at 9:00 a.m., in the K/E Conference Room. It would still be helpful if all draft proposals could be in by Friday, November 11, 1977.

JF/sds

UNIVERSITY OF MINNESOTA
Hospitals and Clinics
Board of Governors
Box 502
Minneapolis, Minnesota 55455

January 21, 1977

TO: Kathy Gunderson
Dr. Donald J. Doughman
Kathy Countryman
Greg Hart
Dr. Richard Kronenberg
Sue Percy
Jeanne Smith
Dan Rode
Donna Nehls
Dave Olson
Susan Stuart-Otto
Sue Preston
Nancy Greene

FROM: Johnelle Foley, Chairperson

RE: Patient Sensitivity Committee

The next meeting of the Patient Sensitivity Committee will be on Friday, February 18, 1977, from 9:00 A.M. to 12:00 p.m., in the K/E Conference. The purpose of the meeting will be to discuss small group draft proposals for inclusion in the Patient Sensitivity Committee Report. (see minutes)

The small group draft proposals should be submitted to Box 502 by February 11, 1977 for prior distribution to the Committee.

JF/sds

Enclosure

Minutes
Patient Sensitivity Committee
Meeting
January 7, 1976

Present: Dr. Richard Kronenberg, Nancy Greene, Dave Olson, Kathy Countryman, Susan Stuart-Otto, Donna Nehls, Greg Hart, Johnelle Foley

Ms. Stuart-Otto reported that her department had gathered patient questionnaire samples from throughout the community and the country. She stated that she was seeking in-put as to how she might proceed in terms of revising University Hospitals' patient questionnaire. Ms. Countryman commented that she would be willing to work with Ms. Stuart-Otto on the questionnaires. Ms. Foley suggested that Mr. Brekhus' assistance might also be sought for his ideas as to how information gathered could be put in usable form. Ms. Stuart-Otto noted that she would bring a draft questionnaire back to the Patient Sensitivity Committee for comment.

Ms. Countryman summarized the last meeting of the Patient Sensitivity Committee. It was pointed out that it was decided at that time, that the Committee could function more appropriately by writing a report with specific recommendations concerning issues of patient sensitivity. The Committee's report would then be submitted to the Management Committee for either their action or their transmittal of portions of the report on to other involved parties.

Ms. Nehls noted that some of the issues previously identified by the Committee were no longer applicable. Mr. Hart reviewed the list of issues with the Committee and eliminated certain items. Dr. Kronenberg suggested that items which dealt with Medical Staff concerns should be addressed as such and forwarded to various Medical Staff groups for their consideration. He added that the report need not be all inclusive now and that to avoid overwhelming the Staff, only certain issues should be brought to their attention at this time.

Ms. Foley suggested that the remaining issues be divided among the Committee members and that each group of members prepare a draft proposal on their section for inclusion in the report. The issues were divided thusly:

<u>Structural</u>

Parking

Accommodations
- Internal
- External

Waiting Areas

Directional/Transport
- Systems
- Wheelchairs

→ Kathy Countryman, Donna Nehls

<u>Personnel</u>

Appearance

Identification

Interpersonal Interaction

Education

→ Dan Rode, Johnelle Foley

Communication of Information
/Co-ordination of Care

(Items pretaining to Medical Staff such as pre-information to out-patients) } Dr. Richard Kronenberg, Nancy Greene, Dave Olson

It was felt that the draft proposals could be structured in a format which would include a description of the present situation, recommendations for corrective action, and action steps. Mr. Hart agreed to write the final report when committee consensus was reached on the proposals.

It was decided that the draft proposals would be prepared and sent to Ms. Foley by Friday, February 11, 1977, and that they would then be distributed to the Committee preior to its next meeting to be held on Friday, February 18, 1977. It was suggested that Committee members block off that entire morning for review of the proposals.

Respectfully submitted,

Johnelle Foley/ss

Johnelle Foley
Chairperson

UNIVERSITY OF MINNESOTA
Hospitals and Clinics
Board of Governors
Box 502
Minneapolis, Minnesota 55455

October 13, 1977

TO: Patient Sensitivity Committee

Kathy Gunderson	Dan Rode
Kathy Countryman	Donna Ahlgren
Sue Percy	Dave Olson
Greg Hart	Susan Stuart-Otto
Dr. Richard Kronenberg	Sue Preston
Jeanne Smith	Nancy Greene

FROM: Johnelle Foley

RE: Status of Patient Sensitivity Report

The purpose of this memo is to bring you uo-to-date on the current status of the Patient Sensitivity Report. In the time which has elapsed since the Report was submitted to the Patient Services Committee, all administrative aspects of the report have been dealt with and appropriate responsibility assignments have been made. Mr. Robert Dickler, Associate Director, is currently in the process of documenting this information for our committee. The next step will then be the submission of the Report, with the supplemental information pertaining to Administration's response, to the Medical Staff/ Hospital Council and the Council of Clinical Chiefs for their consideration of the Medical Staff aspects of the Report. Again, I will keep you up-dated as the Report progresses through these channels.

JF/sds

UNIVERSITY OF MINNESOTA Hospitals and Clinics
Board of Governors
Box 502
Minneapolis, Minnesota 55455

October 13, 1977

TO: Patient Sensitivity Committee

Kathy Gunderson	Dan Rode
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Greg Hart	Susan Stuart-Otto
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October 13, 1977

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Board of Governors
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Minneapolis, Minnesota 55455

October 13, 1977

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JF/sds

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

August 25, 1977

TO: Patient Sensitivity Committee

Nancy Greene
Kathy Gunderson
Greg Hart
Dr. Richard Kronenberg
Dave Olson
Sue Percy
Dan Rode

FROM: Johnelle Foley, Chairperson

RE: Patient Questionnaires

At the request of Ms. Susan Stuart-Otto, I am forwarding to you the proposed copy for the new patient questionnaire. Your review of this draft would be most helpful and appropriate as members of the Patient Sensitivity Committee. (Ms. Nehls-Ahlgren and Ms. Countryman have already provided input.) Should you have any comments or suggestions regarding this draft, please forward them to the Public Relations Department, Mayo Box 139.

JF/sds

WE'D LIKE TO KNOW. . .

The care and comfort of our patients is our chief concern. In addition to constantly evaluating and improving our services, we are interested in each patient as a person. Along with physical needs, we want very much to meet the human needs of our patients -- their questions, their fears, their right to respect and dignity.

You can help us by taking a few minutes to complete this confidential questionnaire and returning it to us, postage free. Please express your opinions frankly. If you wish a personal reply, be sure to include your name and address.

With appreciation for your cooperation and every good wish for your health,

Sincerely,

John H. Westerman
General Director, University Hospitals

ADMISSION TO THE HOSPITAL

1. How did you choose University Hospitals?
   ___ referred by doctor
   ___ emergency condition
   ___ recommended by friends or former patients
   ___ because of the Hospitals' reputation
   ___ other (please describe: _____)

2. Were you treated with courtesy, dignity and understanding when you arrived at the Hospitals for admission?
   ___ yes ___ no

3. Did you receive the Patient Information Booklet?
   ___ yes ___no

   Did you receive the Patient ~~Bill of Rights~~ Rights and Responsibility Handbook?
   ___ yes ___ no

4. Were you contacted in advance by the Admissions Department?
   ___ yes ___ no

   If contacted before admission, was the information and assistance helpful?
   ___ yes ___ no

ACCOMODATIONS

1. How well was you room cleaned during your stay?
   ___ clean ___ moderately clean ___ not clean

2. Were the people who ~~cared for~~ cleaned your room
   ___ considerate ___ inconsiderate

3. Were you disturbed by noise in your room or in the hall?
   ___ yes ___ no

FOOD

1. Did you feel your food was served in an appetizing manner?
   ___ always ___ most of the time ___ some of the time ___ rarely

2. Were the hot and cold foods served at the proper temperature?
   ___ always ___ most of the time ___ some of the time ___ rarely

3. If you were on a special diet, was it explained to you?
   ___ yes ___ no

YOUR CARE

1. Were the medical routines and procedures satisfactorily explained to you?
   ____ always ___ most of the time ___ some of the time ___ rarely

2. Did personnel identify themselves to you?
   ___ always ___ most of the time ___ some of the time ___ rarely

3. Were you satisfied with the medical treatment offered by your physician?
   ___ yes ___ no

4. How often did you see your (attending) physician?
   ___ every day ___ 3-4 times a week ___ at admission and discharge only

5. Did student or teaching acitivites disturb you?
   ___ yes ___ no

6. Were you satisfied with the services you received from the following individuals:
   a. your attending doctor
      ___ very satisfied ___ satisfied ___ undecided
      ___ dissatisfied ___ very dissatisfied
   b. the residents and interns?
      ___ very satisfied ___ satisfied ___ undecided
      ___ dissatisfied ___ very dissatisfied
   c. the nursing staff?
      ___ very satisfied ___ satisfied ___ undecided
      ___ dissatisfied ___ very dissatisfied

d. nursing assistants and orderlies?

___ very satisfied ___ satisfied ___ undecided

___ dissatisfied ___ very dissatisfied

e. the social service staff?

____ very satisfied ___ satisfied ___ undecided

___ dissatisfied ___ very dissatisfied

f. x-ray technicians?

___ very satisfied ___ satisfied ___ undecided

___ dissatisfied ___ very dissatisfied

g. laboratory personnel?

___ very satisfied ___ satisfied ___ undecided

___ dissatisfied ___ very dissatisfied

h. the chaplains?

___ very satisfied ___ satisfied ___ undecided

___ dissatisfied ___ very dissatisfied

i. the volunteers?

___ very satisfied ___ satisfied ___ undecided

___ dissatisfied ___ very dissatisfied

DISCHARGE FROM THE HOSPITALS

1. How much help did you receive in planning your ~~post-hospital care~~ care after discharge?

___ a great deal ___ some ___ none

2. If you were to continue on medications after discharge from the Hospitals, did you receive clear instructions about taking them?

___ yes ___ no

3. Were you provided with instructions for your care at home?

___ yes ___ no

4. If you were transferred to another facility (nursing home, another hospital, etc.) were your satisfied with the transfer arrangements made for you?

___ yes ___ no

5. Were you adequately informed of your financial responsibility and the Hospitals' credit policy and billing procedures?

___ yes ___ no

6. Overall, were you satisfied with your stay at University Hospitals?
   ___yes ___ no

7. (If you have previously been a patient at University Hospitals, please answer this question:) How did this stay at University Hospitals compare with your previous experience?
   ___ better ___ about the same ___ not as good

8. Did you feel you were treated with respect, dignity and courtesy?
   ___ all the time ___ some of the time ___ never

University Hospitals is interested in any other comments or suggestions you wish to make regarding the care you received during your stay: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

We would also be happy to respond to any specific questions or suggestions you might have. If you wish a reply, please include your name and address.

___ I wish a reply

NAME: _____

ADDRESS: _____

_____

_____

Please tell us the number of the station you were on: _____

DRAFT

UNIVERSITY OF MINNESOTA HOSPITALS SMOKING POLICY

In order to insure the health and comfort of University Hospitals' patients, the following shall be hospital policy in regard to smoking:

1. No smoking shall occur in outpatient waiting locations except in designated areas.
2. No visitor or staff person shall be permitted to smoke in a patient's room.
3. No visitor or staff person shall be permitted to smoke in any location other than designated areas of public lounges, lobbies, coffee shop, cafeteria, and canteens or private offices or private employee lounges.
4. The Admissions Office will attempt to accomodate the needs of the smoker or non-smoker in the bed assignment, however, other needs such as medical service, physicians request, patient's sex and available beds must come first.
5. Patients who smoke and are admitted to multiple bed rooms may smoke but should receive the permission of other patients in the room. In cases where there is a non-~~abulator~~- ambulatory inpatient who smokes, non smokers will be asked to consider the needs of the smoking patient.
6. No smoking shall be permitted in a room when oxygen is being administered.

dr

UNIVERSITY OF MINNESOTA
TWIN CITIES

University Hospitals
Minneapolis, Minnesota 55455

August 11, 1976

TO: Thomas Jones, Associate Director

FROM: Patient Sensitivity Committee

RE: Room D557

In the last few weeks, the Patient Sensitivity Committee has been touring and reviewing the patient/visitor lounge and waiting area needs of University Hospitals. We have found, as you are surely aware, that the availability of such lounges is extremely inadquate, especially in the Mayo Building.

While touring the facility, we noted Room D557. It is our understanding that this room was formerly used as the T.O.P. Clinic and was recently being considered for utilization as the surgery lounge. Presently, Station 57 is using D557 as a patient lounge. It is the intent of this memo to request your consideration of a formal designation of this room as a patient/visitor lounge.

Station 57 fully supports maintaining Room D557 as a lounge to be used by Stations 55-56-57-58-59. All of these areas have visitors and ambulatory patients who need a place outside of the patient's room. Stations 55 and 56 often have critically ill patients. The parents are here for many hours at these times and need a change of environment from the station. Station 57 often has admissions coming to the station before the room has been vacated by the patient being discharged. These individuals are currently waiting in D557. Station 59 needs an area off of the station for visitors with children who cannot come onto the station.

It would be most helpful that, if this room could continue to be utilized as a patient/visitor lounge, it could be equipped with a telephone so that the Stations could get in touch with the family or visitors waiting there. If so designated, Room D557 as a lounge would also facilitate moving individuals out of the hallways where we are currently violating safety standards.

The primary interest of the Patient Sensitivity Committee, of course, is the comfort and convenience which such an arrangement would provide our patients and their families and visitors. Should you choose to seriously consider the

UNIVERSITY OF MINNESOTA HOSPITALS SMOKING POLICY

In accordance with Minnesota law and in order to insure the health and comfort of University Hospitals' patients and staff the following smoking policy has been implemented at University of Minnesota Hospitals and Clinics. Enforcement of this policy will be the responsibility of all staff of University Hospitals.

1. No persons shall be permitted to smoke in any hallways, stairways or locations other than designated areas of public lounges, lobbies, coffee shop, cafeteria, and canteens or private offices and employee lounges.

2. No smoking shall be permitted in outpatient clinic areas except in designated locations.

3. No smoking shall be permitted in any room with one non-smoking patient, unless such patient(s) expressly consent to other smoking. The Admissions Office will inquire about and attempt to accomodate the needs of the smoker or non-smoker in bed assignment, although priority consideration must be given to assignment by medical service, patient's sex, and available beds.

4. No visitor or staff person shall be permitted to smoke in a patient's room unless all of the patient occupants expressly permit smoking.

5. Patients occupy multiple bed rooms may not smoke without the permission of other patients in the room.*

6. No smoking shall be permitted under any circumstances in a room when such smoking would affect the safety of a patient such as rooms with oxygen in use.

Gross violation of this policy should be reported using the Unusual Incident Report procedure. Non-compliance is a petty mis-demeanor punishable with fines up to $300 according to Minnesota Statute.

---

* In cases where there is a non-ambulatory inpatient who smokes, ambulatory non smokers will be asked to consider the needs of the smoking patient.

UNIVERSITY OF MINNESOTA HOSPITALS SMOKING POLICY

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4. No visitor or staff person shall be permitted to smoke in a patient's room.

5. Patients occupying multiple bed rooms may not smoke without the permission of other patients in the room. [In

~~[illegible]~~

cases where there is a non-ambulatory inpatient who smokes, ambulatory non smokers will be asked to consider the ~~needs~~ of the smoking patient.]

6. No smoking shall be permitted under any circumstances in a room when such smoking would affect the ~~health and~~ safety of a patient, such as rooms with oxygen in use.

Gross violation of this policy should be reported using the Unusual Incident Report procedure. Non-compliance is a petty mis-demeanor punishable with fines up to $300 according to Minnesota Statute.

DRAFT Enforcement of this policy will be the responsibility of all staff ~~at~~ University Hospitals.

~~UNIVERSITY OF MINNESOTA HOSPITALS SMOKING POLICY~~

In accordance with Minnesota law and

In order to insure the health and comfort of University Hospitals' patients ~~, the~~ and staff the following ~~shall be hospital~~ smoking policy ~~in regard to smoking:~~ has been implemented at University Hosp + Clinics.

2. ~~2.~~ No smoking shall ~~be seen~~ be permitted in outpatient ~~waiting locations~~ clinic areas except in designated ~~areas.~~ locations.

4. ~~3.~~ No visitor or staff person shall be permitted to smoke in a patient's room.

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3 ~~2.~~ The Admissions Office will attempt to accomodate the needs of the smoker or non-smoker in the bed assignment, however, ~~other needs such as~~ priority consideration must be given to assignment by medical service, ~~physicians request~~, patient's sex and available beds. ~~must come first~~.

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6. No smoking shall be permitted in a room when ~~oxygen is being administered.~~ such smoking would dr affect the health and safety of a patient.

Gross violation of this policy should be reported using the Unusual Incident Report procedure. Non-compliance is a petty mis-demeanor punishable with fines up to $300 ~~and~~ according to Minnesota Statute.

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