

MINUTES
Joint Conference Committee

December 11, 1979

Present: Ms. Sally Pillsbury
Dr. Ellis Benson
Dr. John Delaney
Dr. Eugene Gedgaudas
Dr. Robert Goltz
Dr. Richard Kronenberg
Dean Lawrence Weaver

Staff: Mr. John Diehl
Ms. Johnelle Foley
Ms. Lois Kelly
Mr. Donald Van Hulzen

Guests: Dr. Robert Anderson
Mr. Ed Howell
Ms. Dee Dee Neary
Dr. Joseph Solomkin
Ms. Kim Werner

The meeting was called to order by Ms. Sally Pillsbury, Chairman, at 5:30 p.m., in the East Wing of the Campus Club.

I. Minutes of November 13, 1979 Meeting

The minutes of the November 13, 1979 meeting were approved by the Committee.

II. Coronary Artery Bypass Restudy

Dr. Robert Anderson reported the Coronary Artery Bypass Audit was a restudy of an audit conducted in 1978 as requested by the Foundation for Health Care Evaluation. Fifty patients were randomly selected and most came from outside the Metropolitan area.

Dr. Anderson reviewed the audit criteria and findings. He stated the criteria are always in a state of change and the criteria used for the audit, because of this factor, were not adequate. Even taking this into consideration, there were improvements in many areas. He recommended the criteria be reconsidered and changed prior to another audit.

II. Coronary Artery Bypass Restudy Continued

Following discussion, a motion was made by Dr. Kronenberg to approve the Coronary Artery Bypass Restudy. The motion was seconded by Dr. Delaney and approved by the Committee.

III. Prophylactic Antibiotic Audit

Dr. Joseph Solomkin reported the Prophylactic Antibiotic Audit was an area-wide audit to evaluate the appropriate time frame for the use of antibiotics in surgery. Fifty patient charts were selected from July 1, 1979 through September 30, 1979.

He reviewed the criteria and findings and stated the audit was felt to have gone well and that the audit team had recommended guidelines be developed for the administration of prophylactic antibiotics.

Ms. Pillsbury suggested that when the Foundation is sent this audit, they be reminded of the acute level of patient illnesses when treated at this hospital.

A motion was made by Dr. Kronenberg to approve the Prophylactic Antibiotics in Surgery Audit. The motion was seconded by Dr. Delaney and approved by the Committee.

IV. Summary of Area-Wide Audits

Ms. Werner directed the Committee's attention to a report developed which listed the area-wide audits the hospital has participated in and the dates the results were forwarded from the Foundation for Health Care Evaluation. Ms. Pillsbury questioned whether we will be able to determine the differences from other hospitals when the data is received. Ms. Werner explained that each hospital has a coded letter assigned and we will be able to determine the variances, but not what hospitals by name.

IV. Summary of Area-Wide Audits Continued

The Myocardio Infarction restudy will come back to the hospital in January, at which time there should be a better idea how we stand. The Hysterectomy restudy is in the process of being coordinated by the Foundation also. It should be completed and results reported in February. The Foundation has hired additional staff and has a computer system in operation which should aid in coordinating and reporting the results.

Dr. Kronenberg made a motion to convey the Committee's continual concern to the Foundation regarding the length of time taken in the reporting of audit results. In some cases, the criteria used in the audits have changed before the results are reported. It was suggested the matter be forwarded to the Quality Assurance Committee. The motion was seconded by Dean Weaver and unanimously approved by the Committee.

V. Credentials Committee Report and Recommendations

Dr. Kronenberg explained he had been requested to present the Credentials Committee and Medical Staff-Hospital Council reports in the absence of Dr. Quie and Dr. Lucas. Dr. Kronenberg presented the Credentials Committee Report and Recommendations for consideration by the Committee. He reviewed the training and practice of physicians applying for Provisional Medical Staff appointments and clinical privileges, and moved for their approval. The motion was seconded by Dean Weaver and approved by the Committee.

Recommendation for Regular Medical Staff appointments and additional clinical privileges were reviewed.

A motion was made by Dr. Kronenberg to approve the Regular Medical Staff appointments and requests for additional clinical privileges. The motion was seconded by Dr. Goltz and approved by the Committee.

VI. Medical Staff-Hospital Council Report

The Council accepted a report on the closing of several stations and combining others over the holiday season. Dr. Kronenberg reported that all of Masonic Hospital will be kept open.

Mr. Dickler requested the Council's opinion concerning the establishment of a functional discharge policy or a holding area for patients. Patients who live out of town have had difficulties due to late discharges. The Council gave its support for a holding area in a remodeled area of the Mayo Building. It was the Council's feeling it would be less costly than incorporating it into the new facility.

Dr. Najarian recommended the approval of Dr. Robert Anderson as director of Station 44, ICU. The Medical Staff-Hospital Council approved this recommendation.

VII. Other

Dr. Goltz reported on the Clinical Chief's discussions concerning the housestaff concerns. He stated a bill in Congress would put housestaff within the jurisdiction of the National Labor Relations Act which would then treat them as employees. Further clarification of housestaff positions at the University of Minnesota Hospitals is necessary. Dean Gault has appointed an Ad Hoc Committee to look at the issues. It is anticipated that all these questions will be reviewed and a proposal completed within a month or two. The report will also discuss the question of fringe benefits.

VIII. JCAH Summation

Mr. Ed Howell reported on the JCAH site visit which took place December 5, 6, and 7. The team was composed of a nurse, physician and administrator. The findings from the site visit will be reviewed and screened and sent to us as

VIII. JCAH Summation Continued

a written report in about 2 months. The hospital could receive a 1 or 2 year accreditation. Mr. Howell stated that recommendations are usually made regarding how improvement of patient care can be achieved while a citation can adversely affect accreditation status. The summation included 24 recommendations, but in reviewing the transcript of the proceedings, there were no citations evident. At the last site visit 71 citations were identified in life safety alone. In reviewing life safety this time all that was found was the need for 7 electric door closers in addition to almost 500 that have been added. He felt that the surveyors were exceptional and reasonable. Ms. Foley stated that Mr. Howell should be commended his his excellent coordination of the visit. Dr. Gedgaudas felt administration deserved recognition for the assistance provided to the clinical services.

There being no further business, the meeting was adjourned at 7:00 p.m.

Respectfully submitted,

Lois Kelly
Lois Kelly
Recording Secretary

The next meeting of the Joint Conference Committee will be held on Tuesday,
January 15, 1980.

Minutes
Joint Conference Committee

November 13, 1979

Present: Ms. Sally Pillsbury, Chairman
Ms. Dionisa Coates
Dr. John Delaney
Ms. Mary Lebedoff
Dr. Russel Lucas
Mr. Jack Mason
Dean Lawrence Weaver
Mr. John Westerman
Dr. Paul Quie

Staff: Mr. John Diehl
Ms. Johnelle Foley
Ms. Lois Kelly
Mr. Donald Van Hülzen

Guests: Dr. Douglas Cameron
Mr. Ed Howell
Ms. Mary Viitala
Ms. Kim Werner

The meeting was called to order by Ms. Sally Pillsbury, Chairman, at 5:30 p.m., in the East Wing of the Campus Club. She thanked Ms. Lebedoff for chairing the last months meeting in her absence.

Minutes of October 16, 1979 Meeting

The minutes of the October 16, 1979 meeting were approved unanimously by the Committee.

Medical Audit - Cataract Extraction - Dr. Douglas Cameron

Ms. Pillsbury introduced Dr. Douglas Cameron, Ophthalmology, who presented the Cataract Extraction Audit for consideration. Dr. Cameron reviewed the historic background for the procedure and described the methods used and the management of the patients who had cataract extractions performed through the years. He explained that the audit consisted of 30 patients who had the procedure performed from January 1, 1978 through December 31, 1978. He reviewed the Findings/Deficiency Analysis and responded to questions from the Committee. He directed their attention to letters of response to requests from the Quality Assurance Committee for further information. Dr. Cameron stated that the audit results were felt to be satisfactory.

Following discussion, a motion was made by Dr. Quie to approve the Cataract Extraction Audit. The motion was seconded by Ms. Coates and approved by the Committee.

Ms. Kim Werner distributed a summary of area-wide audits the University Hospitals have participated in from April, 1977 to November, 1979 which include the dates the results were reported by the Foundation for Health Care Evaluation. She reminded the Committee of their concern expressed at an earlier meeting with the length of time it has taken for the Foundation to report the results of area-wide audits. In reviewing the summary it was noted the reporting of results from the area-wide audits by the Foundation was at least 1 year or longer. In addition, there were several audits which were not included in the summary and the Committee questioned whether the appendectomy audit and tonsilectomy audits were area-wide audits. Ms. Werner stated she would check further and report her findings to the Committee at it's next meeting. She advised the Committee that the Foundation was not prepared to discontinue requiring audits because of their value but had reduced the required number of area-wide audits to 5.

Ms. Pillsbury requested a definition of Focused Review and suggested that Ms. Jan Schindler be invited to attend a meeting in the near future to describe Focused Review and how it is implemented.

Mr. Westerman suggested that Mr. Tom Jones also be invited to a meeting to discuss the audit programs, how they are to be integrated and what systems are being developed to manage the programs. It was further suggested that Dr. George Tagatz join Mr. Jones to discuss the Quality Assurance Program.

JCAH Site Visit

Mr. Ed Howell advised the Committee of the upcoming Joint Commission on Accreditation of Hospitals site visit scheduled for December 5, 6, and 7; and explained this will be a full institutional review. A schedule has been prepared for the site visit. A conference of the Governing Body will be held on December 6, in Dining Room II from 1:00 to 2:30 p.m. to discuss the process as it relates to governing body. All members of the Board of Governors will be invited to attend this meeting. The survey will commence on December 5, at 8:30 a.m.

Mr. Howell stated the Life Safety Program has been completed and it is anticipated it will fulfill the necessary requirements. The maximum accreditation would be for 2 years.

Medical Staff/Hospital Council Report

Dr. Quie summarized the meeting of the Medical Staff-Hospital Council which took place that morning. The Council reviewed and approved the Cataract Extraction Audit and Mr. Howell reviewed the up-coming JCAH site visit. He added the revision of the Discharge Summary Policy appears to be workable and the 21 day completion time was more acceptable to the Medical Staff. The Council also approved the updating of the Nutrition Manual. Ms. Virginia Schauss, Associate Director of Nutrition Services, suggested that a pocket size manual would be helpful for ease of reference for physicians in their day-to-day activities.

Dr. B. J. Kennedy attended the Council meeting to present his proposal for the name change for the Masonic Memorial Hospital. He felt it was in keeping with other centers throughout the United States and discussed the rationale behind this request. Dr. Quie stated that the Council of Chiefs of Clinical Services had recommended the name be changed to "Masonic Memorial Hospital and Cancer Center." The members present at the Council meeting recommended the name be "Masonic Cancer Center". Approval must follow from the Board of Governors, the Honors Committee and the Regents of the University of Minnesota.

A motion was made by Dean Weaver to refer the matter to the Executive Committee. The motion was seconded by Dr. Lucas and approved by the Committee.

Other

Ms. Pillsbury requested that the Quality Assurance Committee review the status of a uniform response to referring physicians to determine whether they are sent under the signature of the attending physician or housestaff.

Mr. John Diehl reported the Medical School challenged the Internal Revenue Service on the tax status of students who are on scholarships and whether the scholarships are taxable. It was the decision of the IRS that even though the student is receiving a scholarship a portion is deemed to be a salary for services and that portion can be taxed. He went on to say the House Staff is distressed with the lack of family health care coverage, disability and life insurance. They feel they should receive these benefits because of the nature of their work and are pursuing the matter vigorously. Dean Neal Gault has the responsibility for resolving the matter.

Mr. Diehl reported that the Board of Governors are insured for \$100,000 for loss of life or limb and will be insured for travel to and from meetings. He explained that if additional coverage is desired, the amount of the premium would be based upon the income of the individual and might be difficult to put together. It was the general concensus of the members present that this coverage is sufficient.

In response to Mr. Orville Evenson's request that the cost of malpractice insurance be identified on hospital bills, the matter was reviewed by Mr. Cliff Fearing and it was determined that the overhead costs of doing so would be inappropriate. The cost of insurance is about \$5.00/patient day. The Executive Committee reviewed the matter and agreed with Mr. Fearing's conclusions.

There being no further business, the meeting adjourned at 7:15 p.m.

Respectfully submitted,

Lois Kelly

Lois Kelly
Recording Secretary

Minutes

Joint Conference Committee

October 16, 1979

Present: Ms. Mary Lebedoff, Acting Chairman
Mr. Orville Evenson
Dr. Richard Kronenberg
Dr. Russell Lucas
Mr. John Mason

Staff: Mr. John Diehl
Ms. Johnelle Foley
Ms. Lois Kelly
Mr. Donald Van Hulzen

Guests: Dr. Louis Dehner, Medical Staff-Hospital Council Member
Dr. Daniel Hankins
Mr. Al Hanser
Dr. Seymour Levitt, Clinical Chief, Therapeutic Radiology
Ms. Dee Dee Neary
Dr. Ted Thompson
Ms. Mary Viitala
Ms. Kim Werner

Ms. Lebedoff opened the meeting by explaining that Ms. Pillsbury, Chairman of the Joint Conference Committee, is out of the country and had requested that she chair the meeting in her absence.

The minutes of the September 18, 1979 meeting were reviewed and unanimously approved by the Committee.

Dr. Ted Thompson reviewed the Respiratory Distress Syndrome in Newborns Audit. He explained that this was a re-audit originally conducted in 1975. 50 records were selected from March 1, 1978 through September 30, 1979. The rate of complications had dropped significantly from the original audit and the survival rate had increased. He attributed this to improved OB-GYN and Respiratory Therapy care as well as the acquisition of the Siemen Servo 900B ventilator which is vastly superior to that used previously. Dr. Thompson responded to questions from the Committee and stated that he was extremely pleased with the results of the re-audit.

Members of the Committee expressed how pleased they were with the results of this audit. A motion was made by Dr. Lucas to approve the Respiratory

Distress Syndrome in Newborns Audit. The motion was seconded by Dr. Kronenberg and unanimously approved by the Committee.

Dr. Lucas stated that the End Stage Renal Program and Policies were being presented for approval by the Committee to comply with Federal regulations for certification. This requires that the Medical Staff-Hospital Council, Joint Conference Committee and the Board of Governors approve the program and policies.

Ms. Lebedoff stated she had read the document and was impressed with the complexity of the guidelines and how thoroughly the document had been prepared.

A motion was made by Mr. Mason to recommend Board approval of the End Stage Renal Center program and the related policies and procedures. The motion was seconded by Dr. Kronenberg and approved by the Committee.

Ms. Lebedoff felt it would be beneficial for the new members on the Board of Governors to tour the Center if arrangements could be made. Ms. Foley responded that a tour is being currently planned and the Dialysis and Transplant Units will be part of the tour.

Dr. Lucas added that the Medical Staff-Hospital Council had also reviewed and approved policies and procedures for all of the Special Care Units in the Hospitals to comply with Joint Commission on Accreditation of Hospitals requirements.

Dr. Daniel Hankins, Chairman of the External Disaster Committee, summarized the results of the Orange Alert Drill held on September 12, 1979. The drill was in response to three traffic accidents with injuries occurring in the campus area within a period of one half hour. Seventeen victims were transported to the University Hospitals. Dr. Hankins stated the surgical response was excellent and the drill had gone extremely well. He stated the triage area in the Mayo Garage is poorly lighted and the External Disaster Committee is in the process of correcting the problem. A training program to reorient E.R. nurses who must respond to the Orange Alert Drills will be conducted soon.

Dr. Levitt recommended that one person be assigned specifically to evaluate and direct the movement of patients. He thought the most likely person to take this responsibility would be the Surgery Chief Resident. The Committee

discussed the matter at length and the recommendation will be forwarded to the External Disaster Committee for consideration.

Dr. Lucas directed the Committee's attention to the Credentials Committee Report and Recommendations. He reviewed the background of the applicants for Provisional Medical Staff appointments, recommendations for Regular Medical Staff Appointments and Resignations.

Mr. Evenson expressed his desire to have the cost of malpractice insurance be reflected in the bill patients receive. He felt it would be beneficial for the patient to understand the cost of malpractice insurance.

Mr. Van Hulzen stated that currently the cost is approximately \$5.00 per patient day. Mr. Evenson felt if all other costs are itemized on the bill, the malpractice insurance cost to the patient should also be identified.

The matter will be forwarded to the Executive Committee for consideration.

Mr. Hanser stated that John Hopkins had completed a study recently where physicians reviewed the bills of their patients upon discharge. The results of the study indicated that the physicians knowledge of costs for tests had resulted in fewer being ordered. He stated a friend who is a physician at University Hospitals had completed a month long evaluation of the same nature with the same results. Mr. Hanser has written a letter to Dr. Quie requesting that an evaluation such as this be conducted at University Hospitals.

Dr. Lucas reviewed the list of recommendations for chairmen of the Medical Staff-Hospital Council sub-committees and gave a brief discription of the functions of the Committees. Concern was expressed by several members of the Committee with the appointment of Dr. Amos Deinard as chairmen of two committees. It was the feeling the workload might be to great. Following discussion of the matter a motion was made by Dr. Kronenberg to approve those recommended as chairmen of the Medical Staff-Hospital Council sub-committees. The motion was seconded by Dr. Dehner and approved by the Committee.

There being no further business, the meeting adjourned at 7:15 P.M.

Respectfully Submitted,

Lois Kelly
Lois Kelly

Minutes

Joint Conference Committee

September 18, 1979

Present: Ms. Sally Pillsbury, Chairman
Dr. Ellis Benson
Ms. Dionisa Coates
Dr. John Delaney
Mr. Orville Evenson
Dr. Richard Kronenberg
Ms. Mary Lebedoff
Dr. Russell Lucas
Mr. Jack Mason
Dr. Paul Quie

Absent: Dr. Eugene Gedgudas
Dr. Robert Goltz
Dr. John Najarian
Dean Lawrence Weaver
Mr. John Westerman

Staff: Ms. Johnelle Foley
Ms. Lois Kelly
Mr. Donald Van Hulzen

Guests: Mr. Russell Farrell
Dr. Ian Gilmour
Mr. John Herman
Mr. Ed Howell
Ms. Dee Dee Neary
Ms. Mary Viitala
Ms. Kim Werner

The Joint Conference Committee of the Board of Governors was called to order by Ms. Sally Pillsbury, Chairman, at 5:15 P.M., in the East Wing of the Campus Club.

Ms. Pillsbury introduced the following guests invited to attend the meeting: Mr. Russell Farrell, Acting Assistant Vice-President for Health Sciences, Assistant Director & Outreach Coordinator. Mr. John Herman, who is doing his residency at the University Hospitals and is from the University's Program in Health Care Administration. Dr. Ian Gilmour, Department of Anesthesiology, who will present the Anesthesia Care for Cholecystectomy Audit. Ms. Kim Werner, Patient Care Audit Coordinator, and Ms. Dee Dee Neary and Ms. Mary Viitala, Patient Care Audit Assistants.

Anesthesia Care for Cholecystectomy Audit

Dr. Ian Gilmour, Department of Anesthesiology, reviewed the Anesthesia Care for Cholecystectomy Area-Wide Audit criteria and findings. He directed the Committee's attention to letters in response to the Quality Assurance Committee's inquiries. It was noted that the responses from the physicians to the Quality Assurance Committee's inquiries were prompt. Dr. Gilmour added that a part-time CRNA will be hired to specifically assure post-operative notes are made in the medical record.

Following discussion, a motion was made by Ms. Coates to approve the Anesthesia Care for Cholecystectomy Audit. The motion was seconded by Ms. Lebedoff and unanimously approved by the Committee.

Ms. Pillsbury expressed concern about the length of time it takes to obtain the results of area-wide audits from the Foundation for Health Care Evaluation. Dr. Kronenberg stated that the University Hospitals have not participated in all of the area-wide audits conducted. He went on to say that the Medical Staff-Hospital Council at it's last meeting also had requested that the results of the area-wide audits be reported. The Council was advised that the Hysterectomy Audit results have been received and would be provided for review at the next meeting. As a matter of policy, the results would then be presented to the Joint Conference Committee and the Board of Governors.

Approval of June 19, 1979 Minutes

The minutes of the June 19, 1979 meeting were approved as written.

Medical Staff-Hospital Council Report

Dr. Paul Quie, Chief of Staff, reported that there had been no meeting of the Medical Staff-Hospital Council in August. At the September 11, meeting the Council discussed the Discharge Summary Completion Policy Revision approved in May. The policy was revised to tighten-up the completion time of discharge summaries. Since then he has received numerous complaints about the policy revision from members of the Medical Staff for a variety of reasons.

Medical Staff-Hospital Council Report Continued

On August 27, Dr. Quie suspended the policy and requested that he be advised of all delinquent physicians prior to sending out suspension of privileges letters. The matter was referred to the Quality Assurance Committee for their review with Dr. Quie's recommendation to revise the summary completion time from 15 to 30 days. The Quality Assurance Committee was directed to bring it's recommendations to the Medical Staff-Hospital Council's November meeting. Members of the Committee expressed concern with lengthening the time for which the summary letters are completed. They felt by doing so, the referring physicians would receive the letters long after the patient left the Hospital and most likely after the patient had returned to his or her physician.

The Council reviewed a request from Dr. B. J. Kennedy to change the name of the Masonic Memorial Hospital to the "Masonic Memorial Cancer Center". The Council was not enthusiastic about the name change and was concerned with the addition of the words "Cancer Center". The impact on patients who are admitted to the Masonic Hospital but who are not cancer patients may experience undue anxiety regarding the state of their health. Dr. Kennedy will be invited to attend the November Medical Staff-Hospital Council meeting to discuss his proposal. Members of the Committee voiced the same concerns raised by the Council.

Dr. Quie reviewed the backgrounds of physicians applying for Provisional Medical Staff appointments and clinical privileges. He then presented the Credentials Committee Report and Recommendations for Committee approval.

A motion was made by Ms. Pillsbury to approve the Credentials Committee Report and Recommendations. The motion was seconded by Ms. Coates and unanimously approved by the Committee.

Discussion followed concerning the appropriateness of the appointments of clinical medical staff members who are currently on the University Hospitals Medical Staff but who never exercise their privileges. It was noted by Dr. Lucas that many clinical Medical Staff members may have been on the Medical Staff for many years and that it may be simply a matter of the departments continually reappointing them without taking into consideration their actual practice at the Hospitals.

A motion was made by Mr. Evenson to refer the matter to the Credentials Committee requesting that they review their policy and consider the removal of the inactive clinical medical staff. Dr. Kronenberg suggested that it might be appropriate to request that the Clinical Chiefs consider the non-reappointment of inactive clinical medical staff at the time of reappointments next year. Mr. Evenson amended his motion requesting that the Credentials Committee review their policy, and consider contacting the Clinical Chiefs to remove their inactive clinical medical staff at the time of reappointments next year. The motion was seconded by Ms. Coates and unanimously approved by the Committee.

Cardiopulmonary Resuscitation Training Program

Mr. Ed Howell presented the CPR Training Policy for Committee consideration. He stated that the policy had been approved by the Medical Staff-Hospital Council at their April 12, 1979 meeting. University Hospitals requested exemption by virtue of the House Staff Training Program but was advised by the Commission that CPR training would be a requirement as part of the continuing education of the Medical Staff. He reviewed the three steps of the training program.

1. The Medical Staff should attend one of two CPR Training Seminars.
2. The departments of Medicine, Surgery, Family Practice, Pediatrics and Anesthesiology provide evidence of certification in Basic Life Support for reappointment to the Medical Staff July 1, 1980.
3. All departments shall provide certification of CPR Training for reappointment to the Medical Staff for reappointment July 1, 1981.

Mr. Howell added that the certification may be obtained from the American Heart Association or from another recognized training program. The seminars had been held and were well attended. In addition, many of the members of the Medical Staff have obtained their certification and submitted evidence to the Medical Staff Office.

A motion was made by Dr. Kronenberg to approve the Cardiopulmonary Resuscitation Training Program Policy. The motion was seconded by Dr. Delaney and unanimously approved by the Committee.

Mr. Howell was asked when he anticipated the Joint Commission on Accreditation of Hospitals would make their site visit. He felt it might take place sometime in October but the 30 day advance notice had not yet been received by the Hospital.

Other

Ms. Foley, in response to requests by member of the Board of Governors at the Retreat this year reviewed the status of letters to referring physicians being signed by the House Staff at University Hospitals rather than by attending physicians. In addition, concern was also expressed with telephone access to the Emergency Room by referring physicians.

Mr. Merle McGrath Administrator for the Communications Department and Mr. Greg Hart Administrator for the Emergency Room will be investigating the matters. There is a number which may be called for the Emergency Room which is included in the Directory of Services but the administrators will attempt to determine how well we are organized to handle these calls expeditiously and also assess whether a "800" or watts line would be beneficial.

Concerning the signatures of House Staff on letters to referring physicians, Ms. Foley recalled that Dr. Winchell raised the matter and suggested that it be reviewed through the organized Medical Staff to determine the way in which follow-ups are handled at University Hospitals and whether uniform discharge summary letter forms should be used in all departments. Dr. Kronenberg stated he felt very few letters go out without the attending staff physicians signature. Dr. Delaney noted his concern about the summary letters to referring physicians being sent out in a timely manner and felt this was a common complaint of referring physicians.

It was recommended that the Hospital attempt to determine what mechanisms are used at other hospitals and how we might improve the time in which the discharge summaries are sent to referring physicians. Also to determine what the policy is in the clinical services for the signature on the summary letters.

A motion was made by Dr. Kronenberg to refer the matter to the Quality Assurance Committee for study. The motion was seconded by Dr. Lucas and unanimously approved by the Committee.

Mr. Russell Farrell explained that 4 1/2 years ago, a condition attached to the Certificate of Need for Unit B/C, included increased outreach programs for University Hospitals and Health Sciences. Thus, the Northwest Community Health Service, Inc., was initiated. He has been working with Dr. Joseph Resch, Assistant Vice President for Health Sciences, on these programs ever since. Dr. Resch has recently resigned his position as Assistant Vice President at which time Mr. Farrell was appointed Acting Assistant Vice-President for Health Sciences.

Presently, Mr. Farrell is involved with administration of the Community-University Health Care Center, Child Bearing/Child Rearing Center, and the Home Health Department. Other projects include the Northwest Community Project, the Community Services Program which provides consultations and in-service education, and the Rural Hospital Corporative.

The Community-University Health Care Center which has a one million dollar budget of which \$100,000 is funded by University Hospitals. The Center has approximately 2700 children and adolescents registered as well as approximately 1100 adults. These 3800 active registrants generate 20,000 visits a year. This program incorporates resident training.

A joint venture with Dr. Robert Blum and South High School is also underway to address a variety of health care needs of teenagers at the school. The University of Minnesota will provide the staff and supplies for this program. The Program is 2 weeks old and has 46 new registrants.

The Home Health Care Department has a budget of \$120,000. The department has grown 50% in the past year and is expected to exceed this growth next year. Dr. Mark Nesbitt is the Director of the Program and is a major factor in its growth. The referrals to this department come from University Hospitals physicians. Each house visit costs approximately \$40.00. Home Health Aid services are also available to patients who would not require nursing care but may require assistance with bathing, etc.

The Dying Child Program directed by Dr. Ida Martinson is also a new educational program which assists families with the care of a dying child at home. This program is now incorporated into the Home Health Department.

The Child Rearing/Child Bearing Program is directed by Ms. Sharon Rising, Nurse Midwife, who has an appointment in the Department of Obstetrics and Gynecology and the School of Nursing. There were 177 deliveries last year with a total of six referred for C-section. Projections for next year indicate 225 deliveries.

In addition, there is a new Breast Diagnostic Clinic which is an alternative to mammography by the breast aspiration method. 183 high risk patients have participated in this program resulting in the detection of cancer in several patients. This program is a joint effort between Obstetrics and Gynecology and Surgery.

On October 1, 1979, a new education program will begin for Teenage Pregnancy and Parenting under the direction of Dr. Robert Blum and established jointly with the Departments of Obstetrics and Gynecology, Pediatrics and Family Practice. If the program demonstrates good results it is likely it will receive Federal funds in the future. The Program will be looking for referrals.

In response to a question, Mr. Farrell stated that the Home Health Care Department employs 3 full-time Nurse Clinicians who make 65-70 visits per month.

The Committee thanked Mr. Farrell for his interesting presentation.

Ms. Foley directed the Committee's attention to a letter from Mr. John Diehl concerning revisions of the Medical and Dental Staff Bylaws. She outlined the changes and referred the matter to Dr. Russell Lucas who serves on the Bylaws Committee. Dr. Lucas reviewed the revisions and stated that the Medical Staff-Hospital Council and the Clinical Chiefs have already approved the Bylaw revisions.

A motion was made by Dr. Kronenberg to approve the Revisions of the Medical and Dental Staff Bylaws as presented. The motion was seconded by Dr. Quie and approved by the Committee.

There being no further business, the meeting was adjourned at 8:15 p.m.

Respectfully submitted,

Lois Kelly
Lois Kelly
Recording Secretary

Minutes
Joint Conference Committee
June 19, 1979

Present: Ms. Sally Pillsbury, Chairman
Dr. Ellis Benson
Mr. Orville Evenson
Dr. Richard Kronenberg
Ms. Mary Lebedoff
Dr. Russell Lucas
Mr. John Mason
Dean Lawrence Weaver
Dr. Paul Winchell

Absent: Ms. Dionisa Coates
Dr. John Delaney
Dr. Eugene Gedgaudas
Dr. Robert Goltz
Dr. John Najarian
Mr. John Westerman

Staff: Mr. John Diehl
Ms. Johnelle Foley
Ms. Lois Kelly
Mr. Donald Van Hulzen

Guests: Dr. Donald Doughman
Mr. Al Hanser
Ms. Debra Schulenburg
Dr. Keith Sperling

The Joint Conference Committee of the Board of Governors was called to order by Ms. Sally Pillsbury, Chairman, at 5:45 P.M., in the East Wing of the Campus Club.

Ms. Pillsbury introduced to the Committee the new member of the Board of Governors Mr. Jack Mason and welcomed him to the meeting

Dr. Donald Doughman, Department of Ophthalmology, was also introduced. Ms. Pillsbury stated that the Board of Regents had recently approved Dr. Doughman as Head of the Department of Ophthalmology and the Committee will consider his appointment as Clinical Chief of the Department of Ophthalmology at this meeting.

I. Approval of May 15, 1979 Minutes

The minutes of the May 15, 1979 meeting of the Committee were approved as written.

II. Clinical Chief Appointments & Reappointments

Dr. Winchell directed the Committee's attention to a letter from Mr. John Westerman which included the names of the Clinical Chiefs who were subject to reappointment at this meeting.

A motion was made to approve the Clinical Chiefs designated in the letter for reappointment. The motion was seconded and unanimously approved by the Committee.

The Committee was advised that search Committees had been formed to review candidates for Clinical Chiefs of the Departments of Ophthalmology and Pediatrics. The search committees selected Dr. Donald Doughman, Ophthalmology and Dr. William Krivit, Pediatrics. Both have been approved by the Regents of the University of Minnesota as Head of their respective Medical School Departments.

The approval of the appointment of Dr. Donald Doughman, Clinical Chief, Department of Ophthalmology, was presented for consideration.

A motion was made to appoint Dr. Donald Doughman as Clinical Chief of the Department of Ophthalmology. The motion was seconded and approved unanimously by the Committee.

The approval of the appointment of Dr. William Krivit, Clinical Chief, Department of Pediatrics, was presented for consideration,

A motion was made to appoint Dr. William Krivit as Clinical Chief of the Department of Pediatrics. The motion was seconded and approved unanimously by the Committee.

III. Acute Spinal Cord Injuries Audit

Dr. Keith Sperling reviewed the Summary of the Acute Spinal Cord Injury Audit. He Explained the purpose of the audit was to evaluate the care received by patients with acute spinal cord injury, and if deemed necessary, improve the quality of care received by these patients; determine if any patients with acute spinal cord injury experienced a decrease in their neurologic deficit as a result of the care they received; and to evaluate the complications associated with acute spinal cord injuries and the management of these complications.

The audit team consisted of representatives from the Departments of Neurosurgery, Orthopedics, Physical Medicine & Rehabilitation, Nursing Services and Social Services.

Sixteen consecutive cases were reviewed from January, 1977 through December, 1978. The audit included all acute spinal cord injury patients admitted within 72 hours after injury, all complete and incomplete lesions, with or without vertebral fracture, with neurologic deficit and both sexes, age 17 years and older. 14 physicians were included in this audit. The Findings and Planned Corrective Action were reviewed in detail. The Committee's attention was directed to copies of letters in response to Quality Assurance Committee's inquiries.

Dr. Sperling added that the University of Minnesota Hospitals' Spinal Cord Injuries Program is extremely well thought of throughout the Country and that referrals primarily come from outside the Metropolitan Area. The incidence of complication and the length of stay in comparison to other institutions is outstanding. The average length of stay is 4.5 months, while the University of Minnesota Hospitals is 4.2 months, which is a savings of approximately \$8,000 to the patient.

Dr. Sperling responded to questions and advised the Committee of current training and program plans.

A motion was made to approve the Acute Spinal Cord Injuries Audit. The motion was seconded and unanimously approved by the Committee.

IV. Orange Alert Disaster Drill Critique

Ms. Johnelle Foley presented the Orange Alert Disaster Alert Critique on behalf of Dr. David Hurd who was unable to attend the meeting. She explained that Dr. Hurd is Chairman of the Disaster Committee and she, as the administrator on the Committee and responsible for the Protection Services Department, would present.

The Orange Alert Disaster Drill was held on May 1, at approximately 1:55 p.m. Victims of a simulated tornado strike at Coffman Union began to arrive at 1:58 p.m., and were all in by 2:34 p.m. At the same time a Mr. Blue was called as well as a Green Grass alert which was caused by a smoke detector in the Mayo Garage due to excessive exhaust from ambulances in the area. Ms. Foley explained that the format of the Critique had been changed

IV. Orange Alert Disaster Drill Critique cont:

by providing a break down by activity centers. In addition, follow-up will take place in several months of areas where problems were identified. She reviewed the problems cited in the Critique and the recommendations.

A motion was made to approve the Orange Alert Disaster Critique of May 1, 1979. The motion was seconded and unanimously approved by the Committee.

V. Medical Staff-Hospital Council Report

Dr. Winchell began by advising the Committee of the approval of the Medical and Dental Staff Bylaws Revisions. A copy of the revisions had been provided to member of the Committee for their information at this time. The revisions will be considered by the Council of Chiefs of Clinical Services for their approval prior to presentation to the Joint Conference Committee for their approval.

The Medical Staff.- Hospital Council approved the Orange Alert Disaster Critique, as well as a revision of the Hospital Infection Committee Statement of Authority. He stated that the revision of the Infection Committee Statement of Authority was necessary to assure that during high census that there be someone with authority to designate the area of the Hospital a patient could be admitted with the least amount of risk to patients or personnel. The authority was deleged to the Hospital Infection Control Committee chairman, or the Hospital Eidemiologist.

Dr. Winchell directed the Committee's attention to the Credentials Committee Report. He stated that pages 1-24 of the Report were recommendations from the Credentials Committee for reappointment to the Medical Staff for 1979/1980.

Page 25 relates to a member of the Medical Staff who's Clinical Chief could not attest to the physical and mental competence of the individual and therefore not recommended for reappointment. The Medical Staff-Hospital Council had approved this recommendation. He added, that the Credentials Committee had met recently following approval of the Medical Staff-Hospital Council, and reversed its decision concerning the recommendation of non-reappointment.

Dr. Winchell made a motion to return the recommendation on page 25, to the Medical Staff-Hospital Council for resolution. The motion was seconded and unanimously approved by the Committee

Page 26 of the Credentials Committee Report contained the names of individuals who had not met the requirement of submission of the required documentation malpractice insurance certification for reappointment. Dr. Winchell explained that in some cases it was simply a matter of changing from the attending to the clinical medical staff category.

A motion was made to approve the reappointment of these individuals pending the submission of the required certification of malpractice insurance by July 1, 1979. The motion was seconded and unanimously approved the Committee.

A motion was made to approve all those recommended for reappointment to the Medical Staff on pages 1-24 of the Credentials Committee Report; requests for change in Medical Staff category, page 30 requests for the addition and deletion of clinical privileges, page 31; resignations from the Medical Staff, page 27; and Regular Medical Staff appointments. The motion was seconded and unanimously approved by the Committee.

Dr. Winchell reviewed the background of physicians requesting Provisional Medical Staff Appointments, page 29.

A motion was made to approve all those recommended for Provisional Medical Staff appointments included on page 29 of the Credentials Committee Report. The motion was seconded and unanimously approved by the Committee.

VI. Other

Ms. Pillsbury announced that the election of a new Chief of Staff and officers to the Medical Staff Hospital Council had been completed. Dr. Paul Quie had been elected as Chief of Staff, Dr. Richard Kronenberg, Dr. Louis Dehner and Dr. Preston Williams to the Medical Staff-Hospital Council.

A motion was made to approve the appointment of Dr. Paul Quie as Chief of Staff, Dr. Dehner, Dr. Kronenberg and Dr. Williams as elected members of the Medical Staff-Hospital Council. The motion was seconded and approved unanimously by the Committee

The meeting adjourned at 7:25 P.M

Respectfully submitted,

Lois Kelly/s

Lois Kelly
Recording Secretary

Minutes

Joint Conference Committee

May 15, 1979

Present: Ms. Sally Pillsbury, Chairperson
Dr. Eugene Gedgaudas
Dr. Robert Goltz (for Dr. Najarian)
Ms. Mary Lebedoff
Dr. Russell Lucas
Dean Lawrence Weaver
Dr. Paul Winchell

Absent: Dr. Ellis Benson
Ms. Dionisa Coates
Dr. John Delaney
Mr. Orville Evenson
Dr. Richard Kronenberg
Mr. Ed LaFave
Dr. John Najarian
Mr. John Westerman

Staff: Mr. John Diehl
Ms. Johnelle Foley
Mr. Don Van Hulzen

Guests: Mr. Al Hanser
Ms. Nancy Goldstein
Ms. Barbara Tebbitt

The Joint Conference Committee of the Board of Governors was called to order by Ms. Sally Pillsbury, Chairperson, at 5:45 P.M., in the West Wing of the Campus Club.

I. Approval of April 17, 1979 Minutes

The minutes of the April 17, 1979, meeting of the Committee were approved as distributed.

II. Patient Education - Ms. Nancy Goldstein, Patient Education Specialist

Chairperson Pillsbury commented that the Joint Conference Committee was anxious to be further informed about patient education as the subject is frequently raised within the review of the Medical Audits.

Ms. Barbara Tebbitt, newly appointed Director of Nursing Services, introduced Ms. Nancy Goldstein, Patient Education Specialist. Ms. Tebbitt explained that the position of a patient education specialist was secured in 1977. Audits conducted by Nursing Services were identifying deficiencies in the area of patient education. Because of the Department's size and its decentralized organization, it was felt that there was a definite need to coordinate and enhance patient education practices. Ms. Tebbitt also noted that primary care nursing is conducted on a majority of the nursing stations, thus making the charge nurse responsible for patient education. It was for that reason that when seeking to fill the position, a non-nurse, educator with knowledge of evaluation skills was sought. Ms. Tebbitt stated that Ms. Nancy Goldstein has her Master's Degree in Public Health Education.

Ms. Goldstein provided the Committee members with an outline (see attached) of the various projects which have been undertaken in patient education since her arrival. As she explained the purpose of each program and noted the various individuals involved, she distributed materials which are used as teaching aids. Areas in which patient education projects have been developed included Oncology, Diabetes, Pre-Operative Education, Cardiac procedures, etc. Ms. Goldstein commented that her future goals were two: 1) to assist others in evaluating the effectiveness and efficiency of their patient education programs, and 2) to bring in more funds to finance future education projects.

In response to questions, Ms. Goldstein explained that when she began her work at University Hospitals she used the results of a survey which had previously been conducted for the purpose of

identifying patient education programs in existence and areas where such programs were felt to be needed. She then initiated programs where the needs appeared to be best defined. She added that now her work primarily involves responding to requests. She also commented that in developing the various patient education programs, she attempts to involve as many staff members as possible. She stated that she does none of the teaching herself, but rather trains the responsible staff in teaching techniques.

Ms. Goldstein noted that the projects developed to this point have been very well received by the patients, the Medical Staff, and the Nursing staff. She explained that staff are responsible for making patients aware of the existence of these educational programs. She also added that there has been good success in marketing some of the teaching materials. She commented that she hopes this continues as funding could be used to create a patient education library. The Committee expressed their appreciation for Ms. Goldstein's fine work.

III. Medical Staff-Hospital Council Report

Dr. Winchell reported that the Nominating Committee chaired by Dr. Najarian presented its slate of candidates for the position of Chief of Staff and for three positions on the Council. He noted that the slate was approved and will be distributed to the Medical Staff for vote by the end of the month. Dr. Winchell also noted that the Council approved a new medical records forms control policy.

Dr. Winchell then called upon Dr. Lucas to comment on proposed revisions to the Medical and Dental Staff Bylaws, noting that Dr. Lucas Chairs the Medical/Dental Staff Bylaws Committee. Dr. Lucas explained that the proposed revisions dealt with the organization within the hospital of professional patient care providers who have by law and JCAH standards independent practice authority. He noted that the proposed changes were only informational at this point and that action by the Council was anticipated in June. Recommendations would then be forwarded to the Council of Clinical Chiefs, the Joint Conference Committee, and then on to the Board of Governors.

In explaining the issue further, Dr. Lucas commented that it was agreed that the incorporation of allied health professionals into the Medical and Dental Staff organization through specific provisions in the Bylaws appeared to be the most appropriate approach. With that approach in mind, certain criteria were considered as necessary for acceptance to the Staff. These included the following:

- 1) The individual must have a State license.
- 2) The individual must belong to a department with significant academic status within the University Health Sciences Center.
- 3) The individual's department must have a Chief who is responsible to the Board of Governors for the performance of the department.
- 4) The individual's practice capabilities must be well defined.
- 5) The individual's scope of practice must be broad enough to include the initiation and termination of a particular treatment.

It was noted that the allied health professionals affected by this new Bylaw's arrangement might include such groups as Psychologists, Audiologists, Respiratory Therapists, etc. Dr. Winchell concluded that this item will be before the Committee again in June. It was pointed out that in the case of the Psychologists in particular, certain legal issues and precedents have made it especially necessary that this subject be addressed.

IV. Council of Clinical Chefs Report

On behalf of Dr. Najarian, Dr. Goltz commented briefly that the issue of primary concern in Clinical Chief's discussions is that of the Hospitals' Renewal Project. He also mentioned that Dr. Krivit's appointment as Head of the Medical School's Department of Pediatrics was approved by the Board of Regents. It was noted that consideration of Dr. Krivit's appointment as Chief of the Clinical Service of Pediatrics will be before the Joint Conference Committee in June.

V. Other

Mr. Diehl reminded the Committee of need for caution in the reporting of or discussion of medical audits. He stressed that due to their confidentiality they should be noted only in generalities. Mr. Diehl also commented on the activities of the Legislature in terms of the status of health care related bills and further mentioned that the matter of the Board's indemnification is being considered in the University's Attorney's Office.

There being no further business, the meeting of the Joint
Conference Committee was adjourned at 7:05 P.M.

Respectfully submitted,

A handwritten signature in cursive script that reads "Johnelle Foley". The signature is written in dark ink and is positioned above the printed name and title.

Johnelle Foley
Secretary

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS
Department of Nursing Services

Patient Education Activities
March 29, 1979

ONCOLOGY PROJECTS

1) Children's Cancer Educational Program for Parents (6 months)

Purpose:

- Provide parents or responsible persons with the terminology necessary to understand their child's test results and diagnosis.
- Prepare parents or responsible persons for their child's discharge by providing them with the necessary information.
- Provide a support mechanism and list of community resources for parents or responsible persons.

Staff Involved:

- Dr. Genardi, PHD (Child Psychologist)
- Dorothy Halla, RD (Dietician)
- Verona Hansen, RN (Clinical Director)
- Mary Jahangir, RN (Head Nurse)
- Betty Mullin, RN (Oncology Nurse Specialist)
- Dr. Nesbit
- Staff from station 55

2) Chemotherapy Booklet and Cards (6 months)

Purpose:

- Decrease stress by providing patient with information about chemotherapy that (s)he can refer back to as needed.
- Help patient retrieve some control over his/her situation.
- Give patient a feeling of hope by presenting the benefits of chemotherapy treatment.

Staff Involved:

- Judy Beck, RN (Clinical Director)
- Sue Edstrom, RN (Inservice Nurse)
- Kathy Farm, RN (Staff Nurse)
- Dr. Gibbs
- Dr. Kennedy
- Betty Mullin, RN (Oncology Nurse Specialist)
- Kay Nicholson, RN (Head Nurse)
- Carol Pavlish, RN (wrote original booklet)

3) Communication with Health Care Providers (4 months)

Purpose:

- Identify problems which may occur during the communication process.
- Provide patients with the skills to overcome communication problems.

Staff Involved:

- Judy Beck, RN (Clinical Director)
- Kathy Countryman (Patient Relations)
- Sue Edstrom, RN (Inservice Nurse)
- Dr. Gibbs
- Kathy Tue, Graduate Student, Health Education
- Task Force from Masonic Hospital

4) What Do I Say: A Seminar Dramatization (1 month)

Purpose:

- Increase staff sensitivity towards patients.

Staff Involved:

- Carol Becker (Sec. Neurosurgery)
- Cindy Forsman, RN (Head Nurse)
- Debbie Johnson, RN (Nurse Clinician)
- Eddie Johnson, MSW (Social Worker)
- Betty Mullin, RN (Oncology Nurse Specialist)
- Barbara Wiener (Director)
- Thanatology Committee

DIABETES

1) Diabetes Patient Teaching Guidelines (1 year)

Purpose:

- Help facilitate diabetic patient teaching.
- Improve documentation of diabetic patient learning.

2) Diabetes: A Manual for Patients and Their Families

Purpose:

- Facilitate patient learning by providing patients and their families with written materials that they can refer back to as needed.

Staff Involved:

- Dr. Barbosa
- Dr. Bonner
- Katy Cole, RN (Diabetes Nurse Specialist)
- Dr. Goetz
- Ann Isaacson, BA (Artist)
- Karen Lenaburg, RD (Dietician)
- Anne Nettles, RN (Diabetes Nurse Specialist)
- Lois Recker, RN (Diabetes Nurse Specialist)
- Planning Committee
- Medicine Clinic Staff

PRE-OP MATERIALS

1) A Conversation with Four Young Women with Ileostomy (6 months)

Purpose:

- Ease adjustment process of adolescent women with ileostomy.
- Increase both nursing and medical staff awareness of needs of young women having ileostomy surgery.

Staff Involved:

- Dr. Kaplan
- Ginger Wilson, RN, ET (Ostomy Nurse Specialist)
- Mary Zink, RN, ET (Ostomy Nurse Specialist)
- Surgery Department

2) Pre-Operative Teaching Booklets (Masonic II, Station 47) (1 month)

Purpose:

- Decrease patient anxiety prior to surgery by explaining pre-operative procedures.

Staff Involved:

- Nursing Staff from Masonic II
- Nursing Staff from Station 47

MISCELLANEOUS WRITTEN MATERIALS

General purpose: To decrease anxiety by providing patients/families with information that they can refer back to as needed.

1) Stevie Stickman Has His Heart Examined (10 months)

Staff Involved:

- Connie Roberts, RN (Heart Cath Lab)
- Sue Sauer, RN (Head Nurse)
- Staff from H3W
- Funding from Variety Heart Hospital

2) Glaucoma (2 months)

Staff Involved:

- Gerry Coryell, RN (Head Nurse)
- Dr. Letson

3) Bone Marrow Transplantation (2 months)

Staff Involved:

- Nancy Youngren, RN (Assistant Head Nurse)
- Staff from H3E

4) Sexuality After a Heart Attack (1 month)

Staff Involved:

- Sofia Landry, RN (Head Nurse)

5) Upper Endoscopy, Laparoscopy Colonoscopy (6 months)

Staff Involved:

- Dr. Kaplan
- Nancy Shields, RN (Nurse Clinician)

6) Gallbladder, IVP, Barium Enema Procedures for Patients with and without Colostomy (2 months)

Staff Involved:

- Bev Dorsey, RN (Clinical Director)
- Kathy Dupont, RN (Staff Nurse)
- Carol Pearson, RN (Radiology Department)
- Dr. Walker

7) Answers to Patient Questions (2 months)

Staff Involved:

- Nancy Green (Patient Relations)
- Cecile Kume, RN (Admissions Nurse Specialist)
- Barb Reichter, RN (West Clinic)
- Kathy Tue (Graduate Student, Health Education)
- Mary Zink, RN (Ostomy Nurse Specialist)

SKIN CARE

Purpose:

- Increase patient compliance with skin self-care regimen

Staff Involved:

- Marcia Andberg (Junior Scientist)
- Dr. Anderson
- Nursing staff from Rehab 4 and 5

FUTURE GOALS

- 1) Assist others in evaluating the effectiveness and efficiency of patient educational materials and programs.
 - Changes in patient compliance
 - Decreases in patient anxiety
 - Improve documentation system
- 2) Bring in more funds with which to finance future projects.
 - Market materials
 - Write grants

Minutes
Joint Conference Committee
April 17, 1979

Present: Ms. Sally Pillsbury, Chairperson
Dr. Ellis Benson
Dr. John Delaney
Ms. Mary Lebedoff
Dr. Russell Lucas
Mr. John Westerman
Dr. Paul Winchell

Absent: Ms. Dionisa Coates
Mr. Orville Evenson
Dr. Eugene Gedgudas
Dr. Robert Goltz
Dr. Richard Kronenberg
Mr. Edward LaFave
Dr. John Najarian
Dean Lawrence Weaver

Staff: Ms. Johnelle Foley
Mr. Donald Van Hulzen
Ms. Lois Kelly, Recording Secretary

Guests: Mr. Al Hanser
Mr. Dan Notto
Dr. Leon Sabath
Ms. Debbie Schulenburg
Dr. Naip Tuna
Ms. Kim Werner

The Joint Conference Committee of the Board of Governors was called to order by Ms. Sally Pillsbury, Chairperson, at 5:30 p.m., in the East Wing of the Campus Club.

I. Approval of March 20, 1979 Minutes

The minutes of the March 20, 1979 meeting were approved as corrected.

II. Coronary Angiography Audit

Dr. Naip Tuna advised the Committee that the Medical Staff/Hospital Council had reviewed an earlier Coronary Angiography Audit and referred it back for re-audit to extend the number of patients included in the audit and to provide a breakdown of laboratories performing the procedures. The original audit included a random sample of 50 patients undergoing coronary angiography at University Hospitals between July 1, 1977 and December 31, 1977. The patients of 10 physicians were included in this audit. The objectives of the audit

were to evaluate the indications for the procedure; determine if the techniques used provide the desired information; determine the rate of complications; review and evaluate the preventive and responsive management of complications; and evaluate the patients' understanding of the procedure.

The re-audit was expanded to include a total of 196 records. Of this number, 75 fell into the three review categories for re-audit. Dr. Tuna outlined these categories. The Audit was discussed a length by the Committee. Dr. Tuna directed the Committee's attention to drafts of protocols and a copy of a letter from a physician responding to questions from the Audit Team.

Dr. Winchell stated that the Medical Staff/Hospital Council had moved to recommend that Dr. Winchell and Dr. Lucas appoint a task force to review the Audit results and to report back to the Council. It was pointed out that the acute nature of the illnesses of patients who are referred to University Hospitals must be taken into consideration.

Following discussion, a motion was made by Dr. Lucas and seconded by Dr. Benson, to approve the Coronary Angiography Audit with the recommendations of the Council to appoint a task force to evaluate the audit results and report back to the Medical Staff/Hospital Council and the Joint Conference Committee.

III. Gentamicin Audit

Mr. Dan Notto explained that the Pharmacy and Therapeutics Committee had developed an audit program in response to JCAH requirements. The Gentamicin Audit is the first conducted by the Pharmacy and Therapeutics Committee. The objectives of the audit were to determine how gentamicin is used in the treatment of patients at University Hospitals and to evaluate the appropriateness of this type of audit process for drug use review. 50 charts were selected at random from a pool of 168 patients to whom gentamicin was dispensed between July 1, 1978 and July 31, 1978. Mr. Notto stated that the overall usage of Gentamicin in the Hospitals was felt to be good. The results of the audit will be forwarded to the Clinical Chiefs and printed in the Pharmacy Bulletin which is distributed to the Medical and Nursing Staff. Dr. Sabbath stated that it would be instructional to the staff to learn the results of the audit in terms of measuring the blood levels and the possible auditory problems associated with the use of Gentamicin. A motion was made by Dr. Lucas and seconded by Dr. Winchell to approve the Gentamicin Audit.

IV. Medical Staff/Hospital Council Report

Dr. Winchell presented the Credentials Committee report for Committee consideration. He reviewed the background of the applicants for Provisional Medical Staff appointment to the Medical Staff. Dr. Michael Kantor, Hospital Dentistry, was not approved by the Medical Staff/Hospital Council because he had not yet obtained the required malpractice insurance coverage for Medical Staff appointment. A request for change in staff category and Clinical Chief recommendations for Regular Medical Staff appointments to the Medical Staff were also reviewed.

A motion was made and seconded to approve the Credentials Committee Report and Recommendations with the exception of the appointment of Dr. Kantor, Hospital Dentistry. Once Dr. Kantor has submitted the required certification of malpractice coverage his application for appointment to the Medical Staff and clinical privileges will be reconsidered.

The Medical Staff/Hospital Council approved a Cardiopulmonary Resuscitation Training Program for the Medical Staff to comply with JCAH requirements. A seminar will be presented in July for the Medical Staff. One third of the Medical Staff will be required to obtain Cardiopulmonary Resuscitation Certification each year for reappointment to the Medical Staff. Annual recertification will also be required for reappointment to the Medical Staff. At a recent site visit to the Hennepin County Medical Center, the Joint Commission on Accreditation of Hospitals suggested that the maintenance staff also be certified in CPR. The overall cost of the program at University Hospitals for the Medical and Nursing Staff will be approximately \$100,000 a year.

The Council reviewed a revision of the Discharge Summary/Letter Completion Policy. The policy revision was not approved and was referred back to the Quality Assurance Committee for further consideration. The Council felt the policy should be equitable and apply to physicians who utilized the Word Processing Center as well as those who complete the discharge summary letters within their departments. A revision of the Release of Information Policy was approved by the Council. The revision was to conform to a change in State law.

A letter to the Foundation for Health Care Evaluation was reviewed by the Council for information purposes. The letter was in response to a draft of a policy on Potential Deviation in Quality of Care Identified through

Concurrent Review. The Hospitals agreed with the need to respond to unjustified deviations but felt the policy statement required further clarification. Some deviations are positive and should not require a response. If the potential deviation represents a problem (unjustified deviation) then a response seemed appropriate.

Dr. Winchell reported that Medicare will not reimburse for Stereotaxic procedures performed at the Veterans Administration Hospitals. The V.A. Hospital has the equipment to perform this procedure and has invested a great deal of money. University Hospitals are not equipped to do this procedure and most of the patients who have had stereotaxic surgery have been on Medicare. An alternate source of funding will be sought.

A motion was made and seconded to approve the Medical Staff/Hospital Council Report.

V. Other

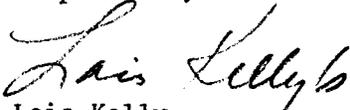
The Clinical Chiefs have met and developed proposed changes in the building program. The Facilities Committee will bring a new report concerning major revisions of the plans for Unit J to the Board of Governors.

Mr. Van Hulzen reported that the Metropolitan Council plans to reduce the number of hospital beds in the Twin Cities area by 400 this year. The hospitals who will be required to make the bed reductions will be Metropolitan Medical Center, Hennepin County Medical Center, Lutheran Deacones and North Memorial Hospitals. Reductions are also planned in the number of hospitals who provide OB services and Heart Surgery. The current plans are to reduce 500 additional hospital beds by 1983. He stated that these plans will bring about a need for cooperative planning among the hospitals in the community which he felt would be a positive result.

There being no further business, a motion was made and seconded to adjourn the meeting. The meeting adjourned at 7:45 p.m.

The next meeting of the Joint Conference Committee will be held on Tuesday, May 15, 1979, at 5:00 p.m., in the East Wing of the Campus Club.

Respectfully submitted,


Lois Kelly
Recording Secretary

Minutes

Joint Conference Committee

March 20, 1979

Present: Ms. Sally Pillsbury, Chairman
Dr. Ellis Benson
Ms. Dionisa Coates
Dr. John Delaney
Mr. Orville Evenson
Mr. Edward La Fave
Dr. Richard Kronenberg
Ms. Mary Lebedoff
Dr. Russell Lucas
Dr. Paul Winchell

Absent: Dr. Eugene Gedgudas
Dr. Robert Goltz
Dr. John Najarian
Dean Lawrence Weaver
Mr. John Westerman

Staff: Mr. John Diehl
Ms. Johnelle Foley
Mr. Robert Dickler
Mr. Don Van Hulzen
Ms. Lois Kelly, Recording Secretary

Guests: Mr. Al Dees
Ms. Joan Halgren
Ms. Kim Werner

The Joint Conference Committee of the Board of Governors was called to order by Ms. Sally Pillsbury, Chairman, at 5:30 p.m., in the Dale Shepherd Room of the Campus Club.

Ms. Pillsbury introduced Mr. Edward La Fave, new member of the Board of Governors.

I. Review of 1976 - Present Audit Activities

Ms. Pillsbury read excerpts from an article outlining the history of how the quality assurance concept progressed. The Quality Assurance concepts originated as far back as 1900 when Florence Nightingale proposed a follow-up system and the evaluation of outcomes. The first monitoring programs were initiated by medical foundations and societies.

Ms. Pillsbury introduced Mr. Al Dees and Ms. Kim Werner of the Medical Records Department. Mr. Dees described the organization of the Medical Records Department. He explained that the department has 90 employees and is separated into 3 divisions.

I. Review of 1976-Present Audit Activities Continued

1. Medical Records Services Division

Is responsible for the storage and maintenance of medical records all the way back to 1909. These records are stored in the institution and in a warehouse. This division has custodial care of over a million records and handles approximately 1500 - 2000 records per day. He noted that the new Telelift System has been a great help to this division.

2. Medical Word Processing Center

This division is utilized primarily by the Medical Staff. 22 employees type dictation of discharge summaries and surgical reports, etc. The employees type over 200,000 lines per month.

3. Medical Information Services

Mr. Dees explained the Medical Information Services Division will be the source of future programs. This division is responsible for coding, computerizing and the use and analysis of information. The Audit and Utilization Review Program are in this division which is responsible for data preparation and review of admissions and length of stay. There are 3 full-time employees supporting these programs.

Mr. Dees stated the workload has been heavy, and was pleased to have the additional staff support to assist Ms. Werner through the filling of vacancies.

The future of the maintenance of medical records was discussed which included the benefits of computerized retrieval of medical record data and other methods. It was felt that microfilm and a computerized data center will be a reality in the future.

Ms. Werner distributed a report outlining audits conducted between October, 1976 through November, 1978. The audits, the dates presented to the Joint Conference Committee, and the clinical service or hospital based service in which the audits were conducted were included. She explained that the selection of audits come in part from the Quality Assurance Committee, but that letters are sent to clinical chiefs requesting that they communicate problem areas which might be considered for future audits. This is in addition to the

Review of 1976-Present Audit Activities Continued

required area-wide audits. It was noted that audits are conducted independently by several hospital departments including, Nursing Services, Social Services, Respiratory Therapy, Outpatient, Emergency Room, Physical Medicine & Rehabilitation and Pharmacy.

New areas which will be audited in the future will be Psychiatry, Physical Medicine & Rehabilitation and other hospital based services. It is expected that 3 or 4 audits will be completed in the next few months since the division is now fully staffed.

A sub-committee of the Quality Assurance Committee is also being considered which will include membership from support departments to assure non-duplication of effort and cost effectiveness.

Discussions took place concerning the patient population at University Hospitals and how this affects the selection of audits.

Mr. Dickler discussed the JCAH Pilot Test Survey which the University Hospitals participated. The survey looked at other means of determining quality of care such as institution-wide monitoring. He stated it would be helpful if there was a mechanism which would advise the hospital if a program was acceptable and at the same time take into consideration a hospital's patient population. If the new standards are adopted he felt there would have to be a commitment of a great deal of time and money to determine what we will be able to do. The differences in the patient population of University Hospitals and other hospitals in the community were discussed.

II. Medical Staff-Hospital Council Report

Dr. Winchell reported that the Medical Staff-Hospital Council approved the Memorandum of Understanding with the Foundation for Health Care Evaluation. Prior to approval a letter was sent to the Foundation requesting several changes; that an appeal process be established; that there be a method of commenting on any proposed policy changes made; and that follow-up not be required on all deficiencies cited from audits, but on those which we consider to be significant. The Foundation has established an appeal process and a 30 day comment period for proposed policy changes. The Foundation has also

agreed it would only be necessary to do follow-up on significant deficiencies.

II. Medical Staff-Hospital Council Report cont:

Dr. Winchell also advised the Committee of a 1 year pilot test in Masonic Hospital of the Unit Dose Drug Distribution System. Medications are put up in single dose units by Technicians in Pharmacy and sent to the stations. This method has been proven to be effective and has reduced the wastage of drugs and demonstrated fewer medication errors.

The Medical Staff-Hospital Council confirmed the designation of 6 Intensive Care Unit directors in compliance with Joint Commission on Accreditation requirements.

In addition, the Council moved to approve a recommendation that Dr. Lucas and Dr. Winchell appoint a nominating committee to select a slate of candidates to fill vacancies on the council including the Chief of Staff.

III. Other

Mr. Dickler advised the Committee of the Metropolitan Health Board draft of a Health System Plan to be submitted to HEW. Meetings will take place this week to discuss the Plan and how it will be implemented. It was noted that the Plan fails to recognize that in addition to serving the Metropolitan area the University Hospitals is a State and regional resource. The proposed goals are to reduce the number of neonatal ICU's from 6 to 3 and the number of hospitals performing heart surgery from 6 to 5. In addition, a reduction in the number of hospitals who perform heart catheterization. The greatest impact will be on obstetrical units who have relatively few deliveries.

The Clinical Chief Program Review Committee is still involved in the review of new program proposals and major capital acquisitions for new programs.

IV. Approval of February 20, 1979 Minutes

The minutes of the February 20, 1979 meeting were approved as written.

Ms. Pillsbury introduced Ms. Joan Halgren from the Department of Public Relations. Ms. Halgren will be interviewing Mr. LaFave and Ms. Pillsbury for an article to be published in the next issue of the hospital's Paper.

A motion was made and seconded to adjourn the meeting. The meeting was adjourned at 7:00 p.m.

Respectfully submitted,

Lois Kelly

Lois Kelly
Recording Secretary

The next meeting of the Joint Conference Committee will be held on Tuesday, April 17, 1979 at 5:00 p.m., in the East Wing of the Campus Club.

Minutes
Joint Conference Committee

February 20, 1979

Present: Ms. Sally Pillsbury, Chairwoman
Mr. Orville Evenson
Dr. Richard Kronenberg
Ms. Mary Lebedoff
Dr. Robert Goltz
Dr. Paul Winchell

Absent: Ms. Dionisa Coates
Dr. John Delaney
Dr. Ellis Benson
Dr. Eugene Gedgudas
Dr. Russell Lucas
Dr. John Najarian
Mr. Lawrence Weaver
Mr. John Westerman

Staff: Mr. John Diehl
Ms. Johnelle Foley
Mr. Robert Dickler
Mr. Donald Van Hulzen
Ms. Lois Kelly

Guests: Mr. Irving Sawyer
Dr. Michael Daly
Ms. Kim Werner

The Joint Conference Committee of the Board of Governors was called to order by Ms. Sally Pillsbury, Chairwoman, at 5:30 p.m., in the East Wing of the Campus Club.

Ms. Pillsbury introduced the following guests, Mr. Irving Sawyer, Administrative Resident and Dr. Michael Daly, Department of Family Practice and member of the Quality Assurance Committee.

I. Approval of January 16, 1979 Minutes

The minutes of the January 16, 1979 meeting were approved as written.

II. Quality Assurance Committee Audit Report

Dr. Michael Daly, Department of Family Practice, and member of the Quality Assurance Committee, presented for Committee approval the Deliveries Audit Restudy. He explained that this was the first restudy attempted by the Quality Assurance Committee, and hopefully, changes could be made in the restudy process in the future which would make the restudies more meaningful.

Quality Assurance Committee Audit Report cont:

The audit was originally conducted in October of 1976. 60 patient charts were reviewed for the restudy from the period of January 1, 1977 through June 30, 1977. 6 physicians were included in the restudy. The restudy was divided into 4 groups, Family Practice, Midwives, Ob General and C Section. There were no significant changes in data collected in the restudy. However, it was pointed out that the charts reviewed had indicated an increase in documentation in the medical record from the original audit. Considerable discussion ensued concerning the value of restudies and the means of conducting them which would provide more worthwhile information. The Committee was informed that the Quality Assurance Committee at their March meeting will be discussing the subject and are considering conducting the restudies on a monthly basis. The restudy criteria were developed by the Quality Assurance Committee and Dr. Daly reviewed the significant findings and comparative summary. It was suggested that the items which should be restudied be included at the end of each original audit.

A motion was made and seconded to approve the Deliveries Audit Restudy.

Ms. Pillsbury requested that Ms. Kim Werner return next month to discuss the audits of the past 2 years and how the process has changed over that period of time. She also suggested that Mr. Al Dees, Director of Medical Records, and Dr. John Murray, Chairman of the Quality Assurance Committee attend to provide an opportunity for the Committee to meet them and discuss their activities.

III. JCAH Pilot Test Survey

Mr. Robert Dickler informed the Committee of the February 12, 1979 JCAH Pilot Test Survey which was conducted at the University Hospitals. The purpose of the Survey was to provide input to the Commission on proposed new quality assurance standards which have been accepted in concept. Mr. Dickler pointed out that Mr. Westerman was a member of the Commission and volunteered to have University Hospitals participate in this survey. University Hospitals was the largest of the hospitals surveyed and the only teaching hospital. Philosophically, he felt the standards were acceptable, but had concerns with their practical aspects. Primarily, how to implement the new standards. The University Hospitals could developed a quality assurance program but it would have no prior acceptance or approval. If at the time of the site visit it was felt the program developed by the hospital was not acceptable the hospital

JCAH Pilot Test Survey Continued

would be cited. One of the recommendations made by this hospital was to establish an intermediate step where hospitals could submit a proposed plan which could then be reviewed and approved prior to implementation and the site visit. It seemed the members of the survey team understood our concerns but were unable to be clear about what a hospital quality assurance program should be. He added that a group of teaching hospital representatives will be looking at the proposed standards and will be conveying their opinions to the Commission. Mr. Dickler emphasized the need for more insight into a large teaching hospital situation and how it differs from the private sector.

Mr. Dickler requested to comment on focused review. He explained the Foundation for Health Care Evaluation conducts concurrent reviews of admissions and length of stay of patients. If they find a physician is in compliance for a period of time, that physician will not be reviewed again in the near future.

IV. Credentials Committee Report

Dr. Winchell directed the Committee's attention to the recommendations of the Credentials Committee to approve the request for additional clinical privileges for Dr. Jesse Yap to perform stereotaxic psychosurgery. He explained the Committee on the Use of Human Subjects in Research has reviewed the Psychosurgery Program, including the consent form and the Psychosurgery Review Board recommended for the review of cases prior to performing the procedure. Their review concluded that approval was not needed since the program is not being conducted for purposes of research. The documents were reviewed and discussed by the Committee.

A motion was made and seconded to approve the clinical privileges request of Dr. Jesse Yap and the Psychosurgery Program.

Dr. Winchell reviewed the backgrounds of those recommended by the Credentials Committee for provisional and regular Medical Staff appointments.

A motion was made and seconded to approve all those recommended by the Credentials Committee for provisional and regular Medical Staff appointments.

V. Medical Staff - Hospital Council Report

Dr. Winchell advised the Committee of the approval by the Medical Staff -

Medical Staff - Hospital Council Report Continued

Hospital Council of the requirement of certification of malpractice coverage by the attending Medical Staff for reappointment to the Medical Staff for this upcoming year. He explained it had been difficult to obtain this information from the insurance agencies because they use a number system to identify physicians who maintain coverage with them.

The Council also moved to approve participation in the Foundation for Health Care Evaluation Common Physician Identifier Number Program through the Minnesota Medical Association. The hospitals will provide the Hospital code numbers of each physician along with license numbers. The Minnesota Medical Association has assured hospitals this information will be kept in strictest confidence.

The Council approved the requirement that all attending Medical Staff obtain CPR certification. Dr. Winchell explained the Joint Commission on Accreditation of Hospitals require CPR certification in their new standards. A plan is currently being developed to implement the CPR certification of our Medical Staff.

Dr. Goltz discussed the activities of the Bed Allocation Committee chaired by Dr. Varco. The growth of some programs such as Bone Marrow Transplant will require more beds and lab space. There are some difficulties because some space will be out of use while construction continues. The Clinical Chief Program Review Committee has had a difficult task in selection of new programs. Several minor requests have been approved at a Chiefs business meeting last Wednesday and have been forwarded to the Finance Committee.

A report has been presented to the Regents of the University of Minnesota containing the proposal for Unit H construction and the outreach and consortium programs.

Other

Ms. Pillsbury described the tours being conducted in Unit BC. The tours have been somewhat limited but to date over 500 people have toured the complex. The reason the tours have been limited is due to the fact the unit has not yet been dedicated.

Page 5

Other cont:

Ms. Foley presented for information purposes a list of all inhouse and external programs employees of the hospitals have participated in last year.

Mr. Diehl reported on the Bylaws Committee activities and the proposed modifications. There was considerable discussion concerning the need for some of those changes.

There being no further business, the meeting adjourned at 7:45 p.m.

Respectfully submitted,

Lois Kelly
Lois Kelly, Secretary

The next meeting of the Joint Conference Committee will be held on Tuesday, March 20, 1979 at 5:00 p.m., in the East Wing of the Campus Club.

Minutes

Joint Conference Committee

January 16, 1979

Present: Ms. Sally Pillsbury, Chairwoman
Ms. Dionisa Coates
Dr. John Delaney
Dr. Ellis Benson
Dr. Richard Kronenberg
Ms. Mary Lebedoff
Dr. Russell Lucas
Dean Lawrence Weaver
Dr. Paul Winchell
Mr. John Westerman

Absent: Mr. Orville Evenson
Dr. Eugene Gedgaudas
Dr. John Najarian
Dr. Robert Goltz

Staff: Mr. John Diehl
Ms. Johnelle Foley
Ms. Lois Kelly
Mr. Donald Van Hulzen

Guests: Mr. Ed Howell
Dr. David Hurd
Dr. Harry Robinson
Ms. Kim Werner

The Joint Conference Committee of the Board of Governors was called to order by Ms. Sally Pillsbury, Chairwoman, at 5:30 p.m., in the East Wing of the Campus Club.

I. Quality Assurance Committee Audit Report

Dr. Harry Robinson, Department of Orthopedic Surgery reviewed the Total Hip Replacement Audit conducted on patients who had total hip replacement surgery between March of 1977 and June of 1978. 50 patient charts were selected for the audit. All the surgeries included in the audit were performed by 4 physicians from the Department of Orthopedic Surgery. Patients who had previous hip surgery and bilateral hip replacement were excluded from the audit. The criteria were established by the Quality Assurance Committee to evaluate indications for surgical intervention, effectiveness of treatment programs, documentation in the medical records,

Quality Assurance Committee Audit Report Continued

length of hospital stay and outcomes. The average length of stay was 15.7 days which Dr. Robinson felt was below that of other institutions in which he had practiced previously. The surgical justification for the total hip replacement was radiographic diagnosis by a physician of arthritic involvement, along with functional disability, pain and limitation of motion. He felt the overall results of the audit were excellent in meeting the established criteria. He noted, however, several cases did not meet the criteria and letters from the physicians involved were included with the audit findings. The Quality Assurance Committee felt the responses received from the physicians were satisfactory. The rate of dislocation was somewhat higher than expected and is being studied by the Department of Orthopedic Surgery.

Dr. Robinson reported that the Nursing Audit Committee had conducted their own audit on total hip replacement in August of 1977. The Nursing Audit Committee had been contacted to participate in this Hospital audit but declined because they had not yet completed the corrective action resulting from their own audit. Following the Nursing audit on total hip replacement, an increase in documentation in the Medical Record by Physical Medicine & Rehabilitation has been noticed.

Following discussion, a motion was made and seconded to approve the Total Hip Replacement Audit.

Ms. Pillsbury request that Ms. Kim Werner present a report to the Committee at their next meeting on the effectiveness of the audits and what changes have taken place in audit requirements since their inception. She also requested that Ms. Werner provide a summary of audit activities from 1976 through 1978.

II. Approval of December 12, 1978 Minutes

The minutes of the December 12, 1978 meeting were approved as written.

III. Disaster Committee Orange Alert Communications Drill Report

Dr. David Hurd reported the Orange Alert Communications Drill was held on December 29, 1978 at 9:15 P.M. The Drill was held during the holiday season to determine what response would be received during a period of reduced staffing. Individuals were called to determine if they were available to come into the Hospitals. There was still some confusion on the part of some nursing staff and physicians as to what an Orange Alert Communications Drill was and the on-call Surgery Resident had not responded to the call. An orientation for Surgery House Staff Officers was being considered along with the presentation of a document which they may refer to when necessary. Dr. Hurd commented that the Department of Internal Medicine does conduct an orientation for their residents which includes information concerning Disaster Drills. He added that in all other respects the drill had gone well.

A city-wide disaster drill is being planned by Minneapolis Civil Defense. Mr. Wally Caryl of the University of Minnesota Civil Defense Office is involved in the coordination of this upcoming drill.

A motion was made and seconded to approve the Orange Alert Communications Drill of December 29, 1978.

IV. Emergency Preparedness Manual

Dr. Hurd reported that Mr. Ed Howell had worked to develop the Emergency Preparedness manual in response to a need for a clear-cut plan for disaster situations. His work began in 1977 and took approximately 6 months of communications with departments, the Fire, Safety and Disaster Committees. The Emergency Preparedness Manual will be reviewed on an annual basis.

The Committee commended Mr. Howell and the Disaster Committee on the thoroughness which went into the preparation of this manual.

A motion was made and seconded to approve the Emergency Preparedness Manual.

V. Medical Staff - Hospital Council Report

Dr. Paul Winchell, Chief of Staff, reported that the Pharmacy and Therapeutics Committee had conducted an audit on the use of Gentamicin. The Council reviewed the audit but noted some problems with the criteria and suggested that it be presented to the Quality Assurance for suggestions and, once the audit is re-done, forwarded back to the Council for further consideration.

The Medical Staff - Hospital Council approved a policy submitted by the Nursing Department which will require that patients who require intracranial pressure monitoring be located on Station 44 or 53.

Also presented for the Council's information was the Minnesota Medical Association Draft of DNR (Do Not Resuscitate) Guidelines.

VI Announcements

Ms. Pillsbury reported that the Board of Regents of the University of Minnesota had approved her appointment as Vice-Chairman of the Board of Governors which automatically made her Chairman of the Joint Conference Committee.

She also informed the Committee of the illness of Mr. Orville Evenson. The Committee's best wishes for an early recovery will be sent to Mr. Evenson.

VII. Other

Mr. Westerman reported on the financial difficulties teaching hospitals are currently facing. The Clinical Chiefs are involved in discussions concerning program development and these financial constraints will influence the outcome of the selection of new programs. He stated in the past they had not been confronted with the task of reallocating resources. Mr. Robert Dickler and Mr. Van Hulzen are putting together a packet of items for the Clinical Chiefs attention which will detail present programs and will aid in determining what reallocations or program priorities will be established for the coming year.

Other Continued

Mr. Westerman also informed the Committee of the Perinatal Task Force recommendation to retain the 6 Perinatal Units in the Area. A minority report urged reduction of 3 units. Dr. Winchell added that the Metropolitan Health Board is also considering the reduction of 12 Cardiovascular programs to 5.

In compliance with the Bylaws of the Board of Governors, the Committee received recommendations for the annual reappointment of Chiefs of Clinical Services. It was noted the Bylaws require that the Board of Governors at its January meeting following consultation with the Joint Conference Committee, reappoint the Chiefs of Clinical Services. An amendment to the Board of Governors Bylaws has been presented to the Board of Regents for approval which would adjust the reappointment schedule of the Clinical Chiefs so it occurs at a common time with annual reappointments to the Medical Staff. The list included those who would be subject to reappointment prior to the new Bylaw change and those whose appointments subsequent to the organization of the Board of Governors.

A motion was made and seconded to approve the reappointment of the Clinical Chiefs of Services as presented in the listing.

The appointment of Dr. Donald Doughman as Interim Head of Ophthalmology was presented for Committee consideration. Dr. Winchell stated that Dr. Doughman worked closely with Dr. Harris and was an extremely qualified individual. The CV of Dr. Doughman was included for the Committee's information and following discussion a motion was made and seconded to recommend approval of the appointment of Dr. Donald Doughman as Interim Head of the Department of Ophthalmology.

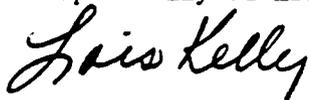
Dr. Winchell suggested that Dr. Doughman be invited to attend an upcoming Joint Conference Committee meeting, as other newly appointed Clinical Chiefs have, so the Committee members may have an opportunity to meet him.

Ms. Pillsbury suggested the Committee discuss the time the Committee meetings take place. She expressed concern in the delay in beginning the meetings and felt perhaps it was due to the physicians having difficulty getting away from the Hospitals. Scheduling the meeting for a later time was discussed, but it was felt that the meeting could begin as soon as a quorum could be reached

Items which would not require a vote would be handled first to allow the meeting to get under way and provide additional time for the remainder of the Committee members to arrive. It was decided that this would be implemented on a trial basis.

There being no further business, the meeting adjourned at 7:00 P.M.

Respectfully submitted,



Lois Kelly
Recording Secretary

The next meeting of the Joint Conference Committee will be held on Tuesday, February 20, 1979 at 5:00 P.M. in the East Wing of the Campus Club.