

MINUTES

Joint Conference Committee

November 18, 1980

Present: Mr. Larry Baldwin
Ms. Dionisa Coates
Ms. Mary Lebedoff
Dr. Russell Lucas
Ms. Sally Pillsbury
Dr. Paul G. Quie
Mr. John Westerman

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

Absent: Dr. Ellis Benson
Dr. John Delaney
Dr. Richard Kronenberg
Dr. William Krivit
Dr. Seymour Levitt
Mr. John Mason
Ms. Timothy Vann

Guests: Mr. Robert Allison, Associate to the Director
University of Michigan Hospitals

Ms. Judy Beck, R.N., Assistant Director of Nursing
Dr. Ian Gilmour
Ms. Cynthia Hart, R.N., Clinical Specialist
Mr. Ed Howell
Ms. Edith Johnson, Sr. Social Worker
Mr. Tom Jones
Mr. Carter McComb
Ms. Doretta Stark, Sr. Social Worker

The meeting was called to order by Ms. Sally Pillsbury, Chairman, at 5:30 p.m. in the East Wing of the Campus Club. Ms. Pillsbury introduced the guests and announced that the Regents of the University of Minnesota have approved the appointment of Mr. Larry Baldwin as CHIP Representative to the Board of Governors.

I. Minutes - October 14, 1980

The minutes of the October 14, 1980 meeting were approved as written.

II. Mechanically Assisted Ventillation Audit

Dr. Ian Gilmour, Anesthesiology, directed the Committee's attention to the Summary of the Mechanically Assisted Ventillation Audit. He described the procedure and reviewed the audit findings and recommendations. The Nursing and Physician Task Force is working on several matters associated with the audit.

Dr. Quie reported the Medical Staff-Hospital Council discussed the audit at its meetings and recommended that he discuss it with the Council of Chiefs of Clinical Services. He reviewed the content of this discussion as well as the written responses from the clinical chiefs.

Mr. Jones responded to a question concerning the follow-up of the recommendations and how they are being implemented. He stated that the follow-up on the Mechanically Assisted Ventillation Audit would be included in the Quality Assurance quarterly report.

A motion was made for the approval of the audit with the recommendation that the findings and recommendations be brought to the Quality Assurance Steering Committee for discussion; that the Quality Assurance Steering Committee recommendations be presented to the Utilization-Medical Records Committee at an appropriate time and report their recommendations to the Medical Staff/Hospital Council. The motion was seconded and approved.

III. Clinical Chief of Neurology Appointment

Dr. Quie moved for the approval of Dr. Joseph Resch's recommendation for the appointment of Dr. Arthur C. Klassen as Clinical Chief of Neurology. The motion was seconded and approved.

Mr. Westerman reported that a Search Committee has been appointed to look for a new head of the Department of Neurology.

IV. Clinical Chief of Pyschiatry Appointment

Dr. Quie made a motion for the approval of Dr. Paula Clayton's recommendation for the appointment of Dr. Leonard Heston as Clinical Chief of Psychiatry. The motion was seconded and approved

V. Credentials Committee Report and Recommendations

Dr. Quie reviewed the Credentials Committee Report and Recommendations for provisional medical staff appointments, regular medical staff appointments and resignations. The motion was seconded and approved

VI. Hospice Program

Ms. Pillsbury introduced Ms. Judy Beck and Ms. Cynthia Hart who described the Cancer Center's Hospice concept, research, treatment, and educational programs. Twenty-four hour, seven day a week care is available from the Home Health Care Department. Patients who need to come back to the hospital are returned to the station where they know the staff. Strong emphasis is placed on patient and family as a unit of care for pain management and bereavement follow-up. Ms. Edith Johnson and Ms. Doretta Stark discussed the counseling provided to patients and family.

Hospice Program Continued

Ms. Johnson and Ms. Stark recently had a lead article published in the journal, Social Work in Health Care.

There being no further business, the meeting adjourned at 7:05 p.m.

Respectfully submitted,

Lois Kelly

Lois Kelly

Attachment

MINUTES

Joint Conference Committee

October 14, 1980

Present: Ms. Dionisa Coates
Dr. John Delaney
Mr. David Domaas
Dr. William Krivit
Dr. Seymour Levitt
Ms. Timothy Vann

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

Absent: Dr. Ellis Benson
Dr. Richard Kronenberg
Ms. Mary Lebedoff
Mr. John Mason
Mr. John Westerman
Ms. Sally Pillsbury

Guests: Mr. Larry Baldwin
Ms. Jan Brockway
Mr. Tom Jones

The meeting was called to order by Mr. David Domaas, Acting Chairman,
at 5:30 p.m. in the East Wing of the Campus Club.

I. Minutes - September 16, 1980

The minutes of the September 16, 1980 meeting were approved as written.

II. Election of New CHIP Representative

Mr. Domaas introduced Mr. Larry Baldwin who was elected as the new Health Sciences Representative to the Board of Governors. The recommendation for his appointment will be presented by CHIP to the Board of Regents for approval.

III. Confidentiality of Medical Audits and Committee Responsibilities

Mr. John Diehl, Hospital Legal Council, responded to the questions raised at the last Joint Conference Committee meeting concerning the confidentiality of medical audits and Committee responsibilities.

Mr. Diehl stated it was his understanding that the question of mailing the audit findings to members of the Committee, in advance of the meetings, to allow more time to better scrutinize the materials was suggested.

Mr. Diehl felt this would not be adviseable. He explained audits are protected under State and Federal law. If the audit findings are not treated as strictly confidential, then the legal protection could be jeopardized.

He stated the lay person on the Board cannot fully understand the audit materials and need not to fulfill their responsibilities. Where the Board may be remiss could be where follow-up is recommended. It is the Board's responsibility to assure the follow-up is done. If there are negative findings associated with an audit, the Board should question what steps the Medical Staff have taken. The responsibility of the Board is to be broad policy managers and to be deligent and knowledgeable in this pursuit.

Mr. Domaas suggested that the presenter of the audit provide a basic description of the audit prior to getting into the details. Ms. Brockway advised the Committee that a summary has been developed which will provide a description and purpose of the audit, the patient population, and who was involved in the review. The summary will point out significant deficiencies found and recommendations for action as well as positive findings.

IV. Credentials Committee Report and Recommendations

Mr. Van Hulzen directed the Committee's attention to the Credentials Committee Report and Recommendations and the summary of the background of applicants to the Medical/Dental Staff. The Medical Staff-Hospital Council approved the appointments of those included in the report at their last meeting.

Following review and discussion, a motion was made for the approval of the Credentials Committee recommendations. The motion was seconded and approved.

V. Credentials Committee Chairman Appointment

Mr. Van Hulzen advised the Committee that Dr. Charles McKhann, current chairman of the Credentials Committee, will be leaving the University to take a position at Yale University. Dr. Leonard Heston, being the longest standing member of the Committee, was approached to determine his willingness to serve as chairman. He has agreed to serve if approved.

A motion was made to approve the appointment of Dr. Leonard Heston as chairman of the Credentials Committee. The motion was seconded and approved.

VI. Medical Staff-Hospital Council Report

Mr. Van Hulzen reviewed the actions taken at the last Medical Staff-Hospital Council meeting.

He noted that the Mechanically Assisted Ventilation Audit had been

VI Medical Staff-Hospital Council Report continued

presented again for consideration. The audit was referred back to the appropriate committee for the formulation of recommendations for follow-up and for input from the clinical chiefs.

- The Pharmacy and Therapeutics Committee presented a revision of the policy for Drug Samples Stocked and Dispensed in UMH Clinics. The purpose of the revision was to designate responsibility for the monitoring of drug samples and appropriate dispensing in the clinics. This policy revision was approved by the Council.

The Council also approved a policy for patients requiring six hours of care per day to be considered for placement in ICU's. This policy will provide better patient care and at the same time allow for reimbursement of this level of care. The Budget Monitoring/Program Review Committee requested the establishment of such a policy.

Recommendations were reviewed and approved for the appointment of non-hospital ancillary personnel. Non-hospital ancillary personnel are individuals who are hired by physicians or dentists, who are working on grants, but who are not employees of the hospitals. Applications are submitted and reviewed to assure the applicants are qualified to perform the procedures requested.

Dr. Krivit reviewed the activities of the clinical chiefs. Representatives from insurance companies have presented their proposals for information.

Some departments may choose to join the newly formed Minnesota Medical Insurance Exchange.

VI. Medical Staff-Hospital Council Report continued

Ms. Barbara Tebbitt attended a meeting to discuss the nursing shortage problem and the steps which are being taken to help resolve the situation.

Dr. Krivit stated he felt the University Hospitals is not advertising as well as it could to recruit nurses i.e., we should have larger ads.

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

Respectfully submitted,

Lois Kelly

Lois Kelly
Recording Secretary

UNIVERSITY OF MINNESOTA
TWIN CITIES

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

October 6, 1980

TO: Medical Staff-Hospital Council
Joint Conference Committee

FROM: Dr. Charles McKhann, Chairman
Credentials Committee



SUBJECT: Credentials Committee Report and Recommendations

The Credentials Committee after examining all pertinent information provided to them concerning the applicant's professional competence and qualifications, hereby recommend the approval of the following applicants requests for clinical privileges and Provisional Medical/Dental Staf appointment.

<u>1. Department of Anesthesiology</u>	<u>Category</u>
Kumar G. Belani	Attending
Jon F. Berlauk	Attending
<u>2. Department of Hospital Dentistry</u>	
Mark S. Simmons	Clinical
<u>3. Department of Dermatology</u>	
Robert S. Padilla	Attending
<u>4. Department of Internal Medicine</u>	
Joseph M. Cardamone	Clinical
Linda L. Francisco	Attending
Byron J. Hoogwerf	Attending
Fran E. Kaiser	Attending
Robert G. Knodell	Clinical
John W. LaBree	Attending
Raymond Levine	Attending
Richard Todd Light	Attending
Phillip William Ludwig	Attending
Robert D. Mackie	Attending
James L. Reinertsen	Clinical
Daniel A. Rushing	Attending
Phillip H. Stoltenberg	Attending
Joel D. Taurog	Attending
Gregory Vercellotti	Attending

Credentials Committee Report
and Recommendations

Recommendations for Provisional Medical/Dental Staff Appointments Continued

5.	<u>Department of Neurology</u>	<u>Category</u>
	John R. Gates	Attending
	Leon H. Rosenberg	Attending
6.	<u>Department of Obstetrics & Gynecology</u>	
	Beni Katz	Clinical
	John W. Malo	Attending
	Paul L. Ogburn	Attending
	Gaius J. Slosser, II	Clinical
7.	<u>Department of Ophthalmology</u>	
	Robert C. Campbell	Clinical
8.	<u>Department of Otolaryngology</u>	
	Peter A. Hilger	Attending
9.	<u>Department of Pediatrics</u>	
	Alexandra H. Filipovich	Attending
	David Munson	Attending
	Mary Ella Pierpont	Attending
	John R. Priest	Attending
10.	<u>Department of Psychiatry</u>	
	Ronald D. Groat	Clinical
11.	<u>Department of Surgery</u>	
	Bruce Langdon Cunningham	Clinical
	James N. Karnegis	Attending
12.	<u>Department of Urology</u>	
	Ralph V. Clayman	Clinical

II. Change in Staff Category or Clinical Privileges

1.	<u>Department of Internal Medicine</u>	<u>From</u>	<u>To</u>
	Robert James Tierney	Attending	Clinical
	Fred Lowell Rasp	Attending	Clinical
2.	<u>Department of Pediatrics</u>	<u>Request</u>	
	David Bloom	Joint Appointment in	Internal Medicine

III. Recommendations for Regular Medical Staff Appointments

<u>1. Department of Internal Medicine</u>	<u>Date Eligible</u>
Craig J. McClain	April 17, 1980
Michael W. Goodman	June 12, 1980
James W. Theen	June 12, 1980
Robert J. Tierney	June 12, 1980
Daniel Weisdorf	June 12, 1980
Clifford E. Wiegand	June 12, 1980
<u>2. Department of Ophthalmology</u>	
Jonathan E. Pederson	March 19, 1980
<u>3. Department of Pediatrics</u>	
Thomas P. Green	June 12, 1980
Charles A. Sklar	June 12, 1980

IV. Resignations

1. Department of Internal Medicine
Erskine Caperton
Garson D. Roodman
2. Department of Physical Medicine & Rehabilitation
Daniel Halpren
3. Department of Radiology
Richard E. Latchaw

Minutes
Joint Conference Committee
September 16, 1980

Present: Ms. Sally Pillsbury, Chairman
Ms. Dionisa Coates
Mr. David Domaas
Dr. Richard Kronenberg
Ms. Mary Lebedoff
Ms. Timothy Vann

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

Absent: Dr. Ellis Benson
Dr. John Delaney
Dr. William Krivit
Dr. Seymour Levitt
Mr. John Mason
Dr. Paul Quie
Mr. John Diehl
Mr. John Westerman

Guests Dr. Leon Adcock
Mr. Tom Jones
Ms. Kim Werner

1. Minutes - August 19, 1980 Meeting

Ms. Lebedoff advised the Committee that she had attended the August 19, meeting but the minutes did not reflect her attendance. With this correction, a motion was made for the approval of the minutes. The motion was seconded and passed.

2. 1980/1981 Quality and Utilization Review Plan

Ms. Pillsbury explained that although the Committee reviewed the Plan at an earlier meeting, it would be necessary to take formal action to approve it. Dr. Kronenberg stated he felt the Program is now more inclusive and will help the hospital identify problems and take action for resolution.

Mr. Tom Jones, Associate Director responsible for the Quality Assurance Program, stated the Medical Staff has developed the organizational structure for the quality assurance activities.

Dr. Kronenberg moved to approve the Quality Assurance/Utilization Review Plan for 1980/81. The motion was seconded by Ms. Vann and passed.

3. Vaginal and Abdominal Hysterectomy Area-Wide Audit Results and Re-audit
(Comparative Report of 1978-79, and 1975-76 Results

Dr. Leon Adcock, Obstetrics and Gynecology, explained that the original audit was conducted in 1977. He discussed the area-wide results and responded to questions.

The re-audit was reviewed. Dr. Adcock pointed out that a large number of patients included in the audits had cancer or were obese which made the procedure more difficult. Overall he felt the re-audit demonstrated significant improvement over the original and the criteria for the re-audit were very good. Ms. Werner explained that the criteria had been changed from the original audit partly due to the concerns expressed to the Foundation for Health Care Evaluation by the University Hospitals. Dr. Kronenberg remarked that the results reported were the best yet in terms of improvement in documentation and was extremely satisfying.

A motion was made by Ms. Lebedoff to approve the Vaginal & Abdominal Hysterectomy Area-Wide Audit Results and the Re-audit. The motion was carried with 1 abstaining vote.

Ms. Coates expressed her concern with the lack of time to thoroughly read the audit materials when they are distributed at the meetings for action. Ms. Pillsbury stated she understood her concern, but added that part of the Committee's responsibility is to assure the process is working and to take note of the summary presented by the representative of the audit team. It would be difficult for the layman to understand the materials without the professional explanation. It was also pointed out that several audits from the Joint Conference Committee, as well as the Medical Staff Hospital Council, have been referred back to committee for a number of reasons. Mr. Van Hulzen suggested perhaps a good summary

might be helpful to distill the essence of the audit along with the complete report. Another alternative might be to review the audits at one meeting and not take action until the next meeting.

Because of the confidentiality of the audit materials, it was felt they could not be put into the mail.

Ms. Foley stated that she would speak with Mr. Diehl regarding the role/responsibilities of the Committee in relation to audits.

Mr. Diehl will be asked to review the issue at the next meeting

4. Medical Staff-Hospital Council Report

Dr. Kronenberg reported that the Medical Staff-Hospital Council had reviewed the Mechanically Assisted Ventilation Audit but did not approve it because the Clinical Chief responses to the audit had not been received. He restated his confidence in the audit review process and guessed that approximately 20% of the audits are referred back to the Committee for a number of reasons.

The Council discussed the Chief of Service who is not the academic head of a department. The question had previously been referred to the Medical Staff/Hospital Council/Bylaws Committee for review.

The appointment of the chairmen of the Medical Staff-Hospital Council Tissue and Procedure Review Committee and the Thanatology Committee were presented for approval. Dr. Edward Seljeskog to the Tissue and Procedure Review Committee and Dr. Theodore Thompson, Thanatology Committee.

Medical Staff-Hospital Council Report Continued

A motion was made by Ms. Vann to approve the committee chairmen appointments. The motion was seconded by Ms. Coates and passed.

5. Other

Ms. Lebedoff requested a presentation by the Thanatology Committee and a legal definition of death. She explained that a presentation had been made some years ago and thought there may have been some changes since then. It seemed it might not be appropriate at this time since the Chairman was just appointed. Ms. Foley suggested perhaps the Committee might be interested in a presentation concerning the Hospice Program. The Committee expressed interest in this suggestion.

Ms. Foley responded to Mr. Mason's request at the last Joint Conference Committee to provide a status report on the search for a new Head of the Department of Psychiatry. She reported that a recommendation has been made to the Regents by the Dean of the Medical School for the appointment of Dr. Paula Clayton. Dr. Clayton is from St. Louis, Missouri, and would be part-time until July, 1981. In the interim, Dr. Leonard Heston would be appointed Associate Head of Psychiatry.

Ms. Pillsbury stated she felt too much time is spent during meetings of the Board on reports such as Finance Committee presentations. She added that the time spent reviewing the backgrounds of new physicians included in the Credentials Committee Reports might be eliminated by providing a typewritten summary. She also expressed concern with time spent as a forum for incident reporting. Several members of the Committee felt there was a benefit in this type of exchange. Ms. Foley advised the

Committee that she should be used by the Board and the Joint Conference Committee as a resource to channel problems and provide answers to questions they might have.

Mr. Van Hulzen reported that the General Directors have approved a major effort to look at communications with referring physicians. This would include the possibility of a watts line and a coordinator for this service.

There being no further business, the meeting adjourned at 7:20 p.m.

Respectfully submitted,

Lois Kelly
Lois Kelly
Recording Secretary

Minutes
Joint Conference Committee
August 19, 1980

Present: Mrs. Sally Pillsbury, Chairman
Mrs. Dionisa Coates
Mr. David Domaas
Dr. William Krivit
Dr. Richard Kronenberg
Dr. Seymour Levitt
Dr. Russell Lucas
Mr. John Mason
Dr. Paul Quie
Mrs. Timothy Vann

Staff: Mr. John Diehl
Mr. Donald Van Hulzen

Absent: Dr. Ellis Benson
Dr. John Delaney
Mr. John Westerman

Guests: Dr. Richard Pyle
Dr. Dorothy Hatsukami
Mrs. Jan Brockway

1. Minutes - June 17, 1980 Meeting. The minutes were approved as mailed.
2. Outpatient Behavioral Health Clinic

Drs. Pyle and Hatsukami discussed the development of this new program as a response to needs within the hospital and the lack of such services in the community, i.e. the hope that this program would succeed in special areas where community services had not achieved lasting results. Patients with combined mental illness and substance abuse problems are an example of how this program fills an unmet need. Also, management of stress as important to dealing with underlying psychiatric problems was discussed. Emphasis was placed on the need for research on what works and what doesn't. Results of treatment for substance abuse after one year are generally poor. Costs and benefits were also discussed.

A special problem known as "bulimia" which primarily affects females, especially glamorous ones between the ages of 20-30, was noted. It involved repeated daily gorging and forced regurgitation of food. In addition to being unhealthy, it is expensive. About 100 cases of this type will be treated and followed up.

The program is organized within the Outpatient Psychiatry section of the Department of Psychiatry. Group therapy, after initial evaluation and "contracting", is the predominant mode of therapy with periodic follow-up after the 10 week treatment. Help in coping with and managing relapse is emphasized.

3. Quality Assurance Program Report

Dr. Quie and Mrs. Brockway reviewed the plan that had been mailed in advance of the meeting. The flow chart was used to emphasize the central theme of the plan, i.e. the coordination and follow-through needed to identify and resolve quality care issues specific to this hospital. A Steering Committee composed of Dr. Quie as chairman and the chairmen of other standing committees of the Medical Staff-Hospital Council will oversee the development of the plan and its implementation. The Medical Staff-Hospital Council will receive reports and recommendations resulting from this program and these will be reviewed by the Joint Conference Committee, i.e. the Steering Committee will not become another layer in the decision-making structure.

The plan is expected to be approved by the Foundation for Health Care Evaluation (local PSRO) this month. Problem identification and goals for 1980-81 plus three-year goals are incorporated into this first plan. Mr. Tom Jones has provided administrative leadership for the development of the plan and the Quality Assurance Staff lead by Mrs. Brockway.

Questions about how to identify and deal with "incompetent doctors", reaudit recommendations, future use and values of the audit process, and the value of doing any quality assurance were discussed. Dr. Krivit suggested that PSRO's and the Quality Assurance program were not helpful and would not be required by the Federal government much longer. He did note that JCAH may continue to require such programs. Dr. Quie did not agree that the Quality Assurance program was simply a response to JCAH requirements and suggested it may be valuable for the University Hospitals in its own right.

4. Chief of Neurological Services

The recommendation from Mr. Westerman that (at the request of Dr. Joseph Resch, Chairman of the Department of Neurology) Dr. Arthur Klassen be named Chief of Service for Neurology at this hospital was tabled. The Chief of Staff and legal counsel were asked to bring the matter of Departmental Chairman vis-a-vis Chief of Service to the Bylaws Committee of the Medical Staff-Hospital Council. The committee may consider a change so that the two roles will not be permitted to be divided between two people. Drs. Krivit and Quie felt that the current bylaws should be changed. Drs. Kronenberg and Lucas felt the decision should be made in this case based on the current bylaws that do permit this separation of responsibilities. Dr. Levitt and Mr. Mason had left the meeting at the time

this matter was addressed. Other members abstained from voting on the recommendation and it thus failed on a 2-2 tie vote. The matter was then moved to be tabled and this motion passed 6-2.

At no time in the discussions were the qualifications or capabilities of Dr. Klassen at question. The issue was the strong chief model vs. the bylaws. It was noted that the bylaws were written to accommodate a Chairman who had responsibilities at two or more hospitals, where each had an extensive clinical service organized to support clinical education and research of the Medical School department.

5. Discharge Summary and Letters

Dr. Quie reported on a very favorable outcome in increasing promptness of reports to referring physicians. The role of the Word Processing Center and its productivity and quality were discussed. Also, the concept of medical information management as opposed to medical records management was noted. In this regard, the Medical Records Department is now responsible for the Film Files in Radiology. Mr. Dees and Ms. Torline were credited for their leadership roles.

6. Other

Dr. Quie reported on the last meeting to the Medical Staff-Hospital Council. He noted that Dr. Kronenberg had been elected Vice Chief of Staff, that Dr. Ferriere had been elected to fill his vacated position, that Dr. L'Heureux had been newly elected and the Drs. Eisenberg and Howe were reelected. Progress on recruitment of nurses was noted but strongly disagreed with by Dr. Krivit who noted that Stations 40 and 41 were not able to operate at full capacity.

Dr. Krivit reported that the Minnesota State Medical Association malpractice insurance program was under review and that capacity expansion potential in the O.R. was being addressed. He noted that the loss of some eye surgery cases to other hospitals was a problem. It was noted that the eye service had doubled its faculty in the past several months. He also stated that pediatrics may need to admit patients to other hospitals because of the nursing shortage.

Respectfully submitted,


Donald Van Hulzen
Executive Secretary,
Medical Staff-Hospital Council

MINUTES

Joint Conference Committee

June 17, 1980

Present: Ms. Sally Pillsbury, Chairman Guests: Dr. Ian Gilmour
 Ms. Dionisa Coates Dr. Daniel Hankins
 Mr. David Domaas Ms. Kim Werner
 Dr. William Krivit
 Ms. Mary Lebedoff
 Dr. Russell Lucas
 Mr. John Mason
 Ms. Timothy Vann
 Mr. John Westerman

Staff: Mr. John Diehl
 Ms. Johnelle Foley
 Ms. Lois Kelly

Absent: Dr. Ellis Benson
 Dr. John Delaney
 Dr. Richard Kronenberg
 Dr. Seymour Levitt
 Dr. Paul G. Quie
 Mr. Donald Van Hulzen.

1. Minutes - May 20, 1980 Meeting

A motion was made by Ms. Lebedoff to approve the minutes of the May 20, 1980 meeting. The motion was seconded by Mr. Domaas and approved by the Committee.

2. Anesthesia for Cholecystectomy Patients Area-Wide Audit Results

Dr. Ian Gilmour explained the Anesthesia for Cholecystectomy Patients Audit was presented to the Joint Conference Committee in September of 1979. The audit involved patients treated between July 1977 through June 1978. The University of Minnesota Hospitals was one of 32 hospitals who participated in this audit. He reviewed the Area-Wide Audit Results and the actions taken by the Quality Assurance Committee.

Dr. Krivit made a motion to accept the Anesthesia for Cholecystectomy Patients Area-Wide Audit Results with a recommendation that a meeting take place between the clinical chiefs of Anesthesiology and Surgery to discuss the results. The motion was seconded and approved by the Committee.

3. Orange Alert Drill Critique - May 23, 1980

Dr. Daniel Hankins, Chairman of the External Disaster Committee, reviewed the Critique of the Orange Alert Drill held on May 23, 1980 at 5:45 a.m. An elevator in the Coffman Union fell four floors injuring 23 University students and employees. Dr. Hankins felt the Drill had gone well. He described the process of triaging patients and recommended that triage at the scene of a disaster should be considered in the future rather than waiting until the patients arrive at the hospital and stated that Mr. Wally Caryl is investigating this possibility. In addition, he advised the Committee that the problem of inadequate lighting in the triage area of the Mayo Garage had been corrected.

Dr. Hankins responded to questions from the Committee and presented the Critique for approval. A motion was made and seconded to approve the Orange Alert Drill Critique of May 23, 1980. The Committee moved to approve the Critique.

It was noted that a Search Committee, chaired by Dr. Edward Seljeskog, had been appointed to recruit a Medical Director for the Emergency Room. The Medical Director will be involved in the new Medical School Program in Emergency Medicine.

4. Medical Staff-Hospital Council Report and Recommendations

Dr. Lucas advised the Committee that the Medical Staff-Hospital Council had approved his request for the name change of the Variety Club Heart Hospital to the Variety Club Heart Center. He explained that he had been petitioned by the Board of the Variety Club and the Board of the Variety Club Heart Hospital Association to make this request. The activities in this center would include those presently in the Variety Club Heart Hospital the Roy Amberg Clinic and Laboratories, the Paul F. Dwan-Variety Club Cardio-Vascular Research Center, and the anticipated Jimmy Stewart Laboratories.

On behalf of the Medical Staff-Hospital Council and the Council of Chiefs of Clinical Services, Dr. Lucas moved for approval of the name change to the Variety Club Heart Center with a recommendation for approval by the Board of Governors for transmittal to the Vice-President of the Health Sciences. Ms. Lebedoff seconded the motion which was approved by the Committee.

Dr. Lucas described the requirements for a Provisional Medical Staff appointment, reviewed the background of all those included in the Credentials Committee Report and Recommendations and moved for their approval. The motion was seconded by Ms. Coates, and approved by the Committee.

Medical Staff-Hospital Council Report Continued:

The Recommendations for Regular Medical Staff Appointments were presented by Dr. Lucas for approval. The motion was seconded by Ms. Lebedoff and approved by the Committee.

The Committee reviewed recommendations for change in Medical Staff Category, clinical department, additional clinical privileges. Dr. Lucas moved for approval of the recommendations. The motion was seconded by Ms. Coates and approved by the Committee.

Dr. Lucas explained that the Joint Commission on Accreditation of Hospitals during the last survey suggested that all Medical Staff be proficient in CPR (cardio-pulmonary resuscitation). As a result, the Hospital has taken steps to assure that the Medical Staff are certified. Five departments are required to submit evidence for their staff for re-appointment to the Medical Staff for the coming year. He directed the Committee's attention to page 7 of the Report which listed those who had not submitted evidence of training. He advised the Committee of the current status of each individual and with the exception of one, all had taken action to obtain the required training or would do so when they return from sabbatical. He made a motion to recommend the approval of those who were lacking CPR. The motion was seconded by Ms. Coates and approved by the Committee.

The Committee discussed the status of the non-reappointment of a physician in Pediatrics. Mr. Diehl advised the Committee that a letter had been written by Dr. Krivit recommending non-reappointment and a notice of this action would be sent to the physician in question.

The Committee's attention was directed to the pages in the report which noted medical staff who did not meet the malpractice insurance requirements. Dr. Lucas explained those identified with an asterisk have clinical appointments at this hospital and are from Hennepin County Medical Center. The malpractice insurance from Hennepin County does not cover their practice at the University of Minnesota Hospitals. Mr. Diehl stated that he had spoke with Mr. Tom Madison from Hennepin County who felt that the practice in our clinics of these physicians could be considered part of Hennepin County's mission. Mr. Diehl questioned this theory and felt we could not be assured of this coverage.

A motion was made by Mr. Westerman that those identified with Hennepin County Insurance be recommended for approval contingent upon resolution of the malpractice coverage matter by September 1, 1980. The motion was seconded by Ms. Coates and approved by the Committee.

Medical Staff-Hospital Council Report Continued:

Dr. Lucas moved for the approval of the Medical Staff-Hospital Council's recommendations for the appointment of the chairmen of the Medical Staff - Hospital Council Committees. The motion was seconded by Ms. Coates and approved by the Committee.

The reappointment of Dr. Carl Kjelstrand as Medical Director of the Kidney Dialysis Unit, and Dr. John Najarian as Medical Director of the Transplantation Center, were presented by Dr. Lucas for approval. The motion was seconded by Ms. Lebedoff and approved by the Committee.

5. Annual Reappointments of Chiefs of Clinical Services

Mr. Westerman's recommendations for the reappointment of the Chiefs of Clinical Services were reviewed by the Committee. The request of Dr. Joseph Resch for the appointment of Dr. Arthur C. Klassen as Clinical Chief of Neurology was discussed as well as the responsibilities and functions of the clinical chiefs as a whole. Following discussion, Mr. Westerman moved to recommend the approval of Dr. Joseph Resch as Clinical Chief of Neurology and withdrew his earlier recommendation for the appointment of Dr. Arthur C. Classen. Mr. Westerman will consult with the Council of Chiefs of Clinical Services concerning the matter. A recommendation was also made to include Dr. Daniel Waite on the list as Clinical Chief of Hospital Dentistry.

With the modifications recommended above, Mr. Westerman moved for the approval of the reappointment of the Chiefs of Clinical Services. The motion was seconded by Ms. Coates and approved by the Committee.

Mr. Mason requested that a report be made to the Committee on the status of the search for a new head of the Department of Psychiatry.

Other

Ms. Pillsbury reported that due to the annual retreat scheduled for July 23-24, there will not be a Joint Conference Committee meeting in July.

There being no further business, the meeting adjourned at 7:30 p.m.

Respectfully submitted,

Lois Kelly
Lois Kelly
Recording Secretary

Minutes

Joint Conference Committee

May 21, 1980

Present: Ms. Sally Pillsbury, Chairman Staff: Ms. Johnelle Foley
 Ms. Dionisa Coates
 Mr. Dave Domaas Guests: Ms. Barbara Tebbitt
 Dr. William Krivit Ms. Denise Schlesinger
 Ms. Mary Lebedoff Ms. Kathy Welte
 Dr. Seymour Levitt
 Dr. Russell Lucas
 Mr. John Westeramm

Absent: Dr. Ellis Benson
 Dr. John Delaney
 Dr. Richard Kronenberg
 Mr. John Mason
 Dr. Paul Quie
 Ms. Timothy Vann

The Joint Conference Committee of the Board of Governors gathered at 5:00 p.m., in the East Wing of the Campus Club. The session was called to order by Ms. Sally Pillsbury, Chairman. No formal agenda was to be followed.

Dr. Russell Lucas reported on activities surrounding the development of the Jimmy Stewart Research Laboratories as part of the Variety Club Heart Center.

Dr. William Krivit reported on developments in Bone Marrow Transplantation. His remarks were supplemented by comments from Ms. Denise Schlesinger, Ms. Kathy Welte, and Ms. Barbara Tebbitt from the Department of Nursing Services.

Chairman Pillsbury reported to the Committee on actions by the Board of Governors: 1) referring the issue of specified professional personnel back to the Council of Clinical Chiefs; 2) dissenting votes from Drs., Najarian & Winchell on the issue of the Quality Assurance Committee further examining proper flow of audit information back to appropriate parties, especially students and training.

This session of the Joint Conference Committee concluded its discussion at 7:00 p.m.

Respectfully submitted,

Johnelle Foley
Johnelle Foley
Secretary

MINUTES

Joint Conference Committee

April 15, 1980

Present: Ms. Sally Pillsbury, Chairman
Ms. Dionisa Coates
Dr. John Delaney
Mr. David Domaas
Dr. William Krivit
Dr. Richard Kronenberg
Ms. Mary Lebedoff
Dr. Seymour Levitt
Ms. Timothy Vann
Dr. Paul Quie

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

Guest: Dr. Michael Popkin

Absent: Dr. Ellis Benson

The meeting was called to order by Ms. Sally Pillsbury, Chairman, at 5:45 p.m., in the East Wing of the Campus Club.

1. Minutes of March 18, 1980 Meeting

Ms. Lebedoff made a motion to approve the minutes of the March 18, 1980 meeting. The motion was seconded by Dr. Quie and approved by the Committee.

2. Tricyclic Anti-Depressant Medication Audit - Inpatient & Outpatient

Dr. Michael Popkin explained the audit was part of a general review of the Department of Psychiatry and directed the Committee's attention to a letter from Dr. Lyle French, Vice-President for Health Sciences.

The objectives of the audit were to review and evaluate what types of patients are receiving tricyclics; to determine if tricyclic anti-

Tricyclic Anti-Depressant Medication Audit - Inpatient & Outpatient Continued

depressants are being utilized appropriately; and to review the screening techniques used prior to initiating tricyclic anti-depressant therapy for both inpatients and outpatients. Twenty-five patient records started on a tricyclic anti-depressant discharged from Adult Psychiatry Service between September 1, 1977 and March 31, 1978 were reviewed for this audit, and twenty-five patient records of patients who were seen in the Adult Psychiatry Outpatient Clinic between May 1, 1978 and October 31, 1978.

Dr. Popkin reviewed the major findings of the audits for the Committee and explained a number of changes have been made in the inpatient and outpatient areas. He reported that a Pharmacy Bulletin on the clinical use of tricyclic anti-depressants mailed to the Medical staff was particularly valuable since 80% of the prescriptions for anti-depressants are written by physicians who are not Psychiatrists.

Ms. Pillsbury suggested that the Committee request a summary of the changes made by Psychiatry as a result of the audit. A motion was made by Ms. Coates to request this summary. The motion was seconded by Dr. Quie and approved by the Committee.

Dr. Delaney and Dr. Krivit discussed the need to assure that the results of audits be brought back to the departments involved and presented to medical staff and residents. A motion was made by Dr. Quie to request the Quality Assurance Committee consider how information resulting from audits are transmitted back to the departments involved, (not the Tricyclic Anti-depressant Audit in particular, but audits in general.) The motion was seconded by Dr. Kronenberg and approved by the Committee.

Tricyclic Anti-Depressant Medication Audit - Inpatient & Outpatient Continued:

Since Dr. Popkin stated that 80% of the prescriptions for tricyclic anti-depressants are written by physicians other than Psychiatrists, the Committee was interested in the use of anti-depressants by these physicians. A motion was made by Dr. Quie to request that the Quality Assurance Committee conduct a general study of the use of tricyclic anti-depressants by non-psychiatric staff. The motion was seconded by Dr. Krivit and approved by the Committee.

3. Medical Staff - Hospital Council Report

Dr. Quie reported that the Medical Staff-Hospital Council at its last meeting considered the JCAH recommendation to the hospital regarding the credentialing of "specified professional personnel". He explained this is not the same as the credentialing of non-hospital ancillary personnel who are hired for the most part from grant funds and screened by the supervisor of their service. This involves the credentialing of individuals such as Psychologists and Audiologists. The Medical Staff-Hospital Council took action to add to the responsibility of the Credentials Committee the credentialing of these professionals.

Mr. Diehl stated the duties of the Credentials Committee should probably be amplified or clarified in the Bylaws to include this recommendation. He felt this may be accomplished by acknowledging these professionals, and by giving the Credentials Committee the authority to review and recommend approval.

Dr. Quie reported that Dr. Charles McKhann, Chairman of the Credentials Committee, will meet with spokesmen from Psychology and Audiology to discuss the credentialing of these professionals.

Medical Staff - Hospital Council Report

It was the feeling of the Committee that the credentialing should be limited to Psychologists and Audiologists , and that the criteria developed should set the boundaries which must be met to be credentialed.

A motion was made to approve the recommendations of the Medical Staff-Hospital Council. The motion was seconded and approved by the Committee.

4. Other

Mr. Van Hulzen advised the Committee of the nursing shortage situation. The Operating Room nurses expressed displeasure with their compensation and made a total of 9 requests of which 3 could be acted upon immediately. An across-the-board pay increase of 8% was requested which would compare with the VA Hospital. He explained that hospitals in the Chicago area are paying these rates currently, and Michigan is 13% above our current rate. The budgeting for these increases is particularly difficult coming so late in the budgeting process. Mr. Westerman must make the decision as to what proposal will be presented to the Civil Service Committee.

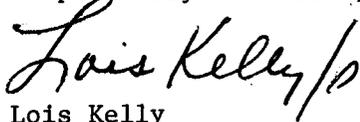
Dr. Krivit stated that Ms. Barbara Tebbitt had reported to the Council of Chiefs of Clinical Services that Nursing Services had developed a career ladder which would resolve the problem of nurses who reach the top of their pay range. In addition, a full time recruiter has been hired to recruit nurses around the State. A change in the scheduling system was also made to make it attractive to working mothers with school age children.

Other

Concern was expressed with the difficulty in budgeting for pay increases and the possible loss of programs which are known across the country for their excellence. The Committee felt it was imperative that the needs of the nursing staff be met.

The meeting adjourned at 7:45 p.m.

Respectfully submitted,

A handwritten signature in cursive script that reads "Lois Kelly". The signature is written in dark ink and is positioned above the typed name and title.

Lois Kelly
Recording Secretary

Joint Conference Committee

March 18, 1980

Present: Ms. Sally Pillsbury
Dr. John Delaney
Mr. David Domaas
Dr. William Krivit
Dr. Richard Kronenberg
Ms. Mary Lebedoff
Dr. Paul Quie
Ms. Timothy Vann

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

Guests: Mr. Ed Howell
Dr. B. J. Kennedy
Dr. Myoung Lee
Mr. Donald Severson
Ms. Kim Werner

The meeting was called to order by Ms. Sally Pillsbury, Chairman, at 5:45 p.m., in the East Wing of the Campus Club.

Ms. Pillsbury welcomed the new members of the Committee, Ms. Timothy Vann, Dr. William Krivit, and Mr. David Domaas. Dr. Seymour Levitt is also a new member of the Committee but was not present.

1. Cerebrovascular Accident Area-Wide Audit Results

Dr. Myoung Lee, Neurology, stated that the Cerebrovascular Accident Audit was conducted in August, 1978. The Foundation for Health Care Evaluation had stated that the results of the area-wide audit would be reported in 3 to 4 months.

He directed the Committee's attention to the recommendations made by the FHCE and the recommended action taken by the Hospitals. He stated he was extremely please with the results of the area-wide audit and felt the hospitals compared favorably with the other hospitals who participated. The objectives of the audit were to determine how "CVA" patients are treated and the outcome of treatment given. Dr. Lee then responded to questions from the committee.

A motion was made by Dr. Quie to approve the recommendations and accept the University of Minnesota Hospitals response to the CVA area-wide audit results. The motion was seconded by Ms. Lebedoff and approved by the Committee.

2. Minutes of December 11, 1979 Meeting

Dr. Quie made a motion to approve the minutes of of the December 11, 1979 meeting. The motion was seconded by Ms. Lebedoff and approved by the Committee.

3. Name Change Request for Masonic Memorial Hospital

Dr. B. J. Kennedy stated the proposal for the name change to the "Masonic Cancer Center" was to remain competitive with community and national programs emphasizing cancer programs. He described the numerous contributions made by the Masons over the years which total 3.5 million dollars. 1.6 million dollars have been pledged for an oncology clinic, research laboratories and a conference room as well as continued support for teaching and research. He explained the Masonic Memorial Hospital Fund, Inc, has expressed a wish that the name of the hospital be changed to Masonic Cancer Center. A handout was distributed which included the proposal from Dr. Kennedy and Dr. Mark Nesbit for the name change. Also included was a report of the contributions made by the Masons of Minnesota to the cancer program.

Dr. Kennedy introduced Mr. Donald Severson, President of the Masonic Memorial Hospital Fund, Inc. Mr. Severson stated that the Masonic Memorial Hospital Fund, Inc. continues to be highly committed to the cancer program. The concept for the Masonic Hospital began in 1955 and in 1958 the Masonic Memorial Hospital was opened. Since then a Masonic Professorship of Oncology was established. In 1978 the old kitchen was remodeled and within the last few months a conference room was added and the 4th floor of the VFW labs was purchased to finish the 14th floor of B.C. He explained the corporation was founded to administer funds. There is 2 1/2 million dollars in the funds which are used to support the center. The commitments of the last few months are for funds which are readily available.

Dr. Kennedy added the Masons distribute a newsletter which is written in layman terms that is also good PR for the University Hospitals. He felt the concerns for the use of the word cancer in the name was unrealistic since the public is represented by the Masons who are able to accept the word cancer. Dr. Kennedy responded to the suggestion that the word treatment be included in the name by saying it did not seem useful since it does not reflect teaching and research involvement of the program.

Mr. Westerman stated Dr. Lyle French and Dean Neal Gault originally referred the proposal to Hospital Administration who in turn moved the proposal through the normal channels. The Council of Chiefs of Clinical Services recommended the name be changed to "Masonic Memorial Hospital and Cancer Center," the Medical Staff Hospital Council then made a recommendation to change the name to "Masonic Cancer Center". The Board of Governors requiring further background information referred the request back to the Joint Conference Committee. Apologies were extended to Mr. Severson for the delay in a decision. Mr. Westerman felt that the name change could be expedited once it has received approval by the Board of Governors by submitting the recommendation to Dr. Lyle French who may be able to make the change with a modification of existing intent.

Mr. Severson felt it would be helpful if the announcement of the name change could be included in the Masonic Memorial Hospital Fund, Inc. annual report which will be completed by April 30th.

A motion was made by Dr. Delaney to recommend the approval to change the name of the Masonic Memorial Hospital to the Masonic Cancer Center. The motion was seconded by Ms. Vann and approved by the Committee.

4. Joint Commission on Accreditation of Hospitals Survey Report

Mr. Ed Howell reported that the results of the Joint Commission on the Accreditation of Hospitals survey of December 6, and 7, had been received and the Hospitals have received a 2 year accreditation. Along with the accreditation are recommendations. Individuals have been assigned responsibility for follow up on the recommendations. In December of 1980 these individuals will be contacted to determine what progress has been made. Mr. John Herman, Administrative Resident, will compile the responses to the Commission. He stated that many of the recommendations have already been addressed such as those identified in the Emergency Room. there were a total of 22 recommendations compared to 71

from the previous site visit, which were mostly in the area of life safety. Ms. Pillsbury questioned the recommendation under Medical Staff concerning "specified personnel". Mr. Westerman explained the definition for specified personnel is nonphysicians who are involved in direct patient care. Many Allied Health Professionals have emerged in recent years for whom the JCAH feel must be evaluated. The Hospitals do have a system for credentialing of non-hospital employees but not for psychologists, physical therapists, nurse anesthetists, etc. The Joint Commission has requested that this issue be addressed by the Medical Staff. Mr. Diehl explained that this was a system-wide problem and the JCAH does not have a good position on the matter as yet.

5. Credentials Committee Report

Dr. Quie reviewed the education and professional practice backgrounds of those requesting Provisional Medical Staff appointments. The report and recommendations were reviewed by the Committee.

Dr. Quie made a motion to approve the Credentials Committee Report and Recommendations. The motion was seconded by Ms. Lebedoff and approved by the Committee.

6. Medical Staff/Hospital Council Report

Dr. Quie reported that the Council at it's last meeting reconsidered the Non-Hospital Personnel policy. These personnel are hired by physicians to work within the hospitals. The physicians responsible for the activity of these individuals are requested to submit applications for evaluation and approval. It was the conclusion of the Council to continue to enforce the current policy in the best interest of patient care.

14 committees report to the Medical Staff/Hospital Council and Dr. Bradley Fuhrman, Chairman of the Product Evaluation and Standardization Committee reported on the activities of the Committee during the last year.

Dr. Joseph Buckley was requested to chair a task force to evaluate policies for invasive pressure monitoring in the hospitals. He presented a policy manual for the Patient Monitoring Program which was approved by the Council. Included was a recommendation for the expansion of the Respiratory Therapy Advisory Committee to include individuals with expertise in patient monitoring.

Medical Staff/Hospital Council Report Continued

The Council also approved a proposal for sibling contact with newborn infants on Station 59 for a 6 month evaluation.

7. Other

Dr. William Krivit distributed copies of a brochure for a series of meetings conducted by the Department of Pediatrics entitled Ambulatory Rounds for the Committee's information. The meetings began in March and will continue through May 30th. He reported the Council of Chiefs of Clinical Services have been involved in matters relating to Building J - the Renewal Project, residency programs, the psychology/psychiatry and ancillary personnel issues.

Dr. Quie stated the Minnesota Association of Public Teaching Hospitals had met to discuss a cohesive program centered around Veterans Hospital and St. Paul Ramsey. Resident stipends were discussed in an attempt to develop a uniform policy. MAPTH is now a corporation in the State of Minnesota and is in the process of searching for a director.

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

Respectfully submitted,

Lois Kelly
Lois Kelly
Recording Secretary