



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospital and Clinic  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

June 6, 1986

TO: Joint Conference Committee Members

Jack Duvall, M.D.	Michael Popkin, M.D.
George Heenan	Nancy Raymond
Seymour Levitt, M.D.	C. Edward Schwartz
James Moller, M.D.	

FROM: Phyllis Ellis, Committee Chair

The June meeting of the Joint Conference Committee will be held on:

Wednesday, June 11, 1986  
4:30 P.M.  
8-106 University Hospital

The agenda and background materials for the meeting are enclosed. I will look forward to seeing you on Wednesday.

cc: Jan Brockway  
Greg Hart  
Jan Halverson  
Nancy Janda  
Geoff Kaufmann  
Barbara Tebbitt

**TABLE OF CONTENTS**

	<u>Page(s)</u>
Agenda . . . . .	1
April 8, 1986 Minutes . . . . .	2-3
Credentials Committee Report and Recommendations . . . . .	4-37
Appointment of Medical Staff-Hospital Council Committee Chairmen . . . . .	38-39
Vice-Chief of Staff Appointment . . . . .	40
Annual Reappointments of Chief of Clinical Services . . . . .	41-42
Quality Assurance Program . . . . .	43-53

**JOINT CONFERENCE COMMITTEE**

**BOARD OF GOVERNORS**

Wednesday, June 11, 1986  
4:30 P.M.  
8-106 University Hospital

**AGENDA**

- |      |  |             |
|------|--|-------------|
| I.   | <u>Approval of Minutes</u>   | Approval    |
| II.  | <u>Medical Staff-Hospital Council Report</u><br>- Dr. James Moller         |             |
|      | ● Credentials Committee Report and Recommendations                         | Endorsement |
|      | ● Appointment of Medical-Staff Hospital Council<br>Committee Chairmen      | Endorsement |
|      | ● Vice-Chief of Staff Appointment  | Endorsement |
|      | ● Reappointment of Chief of Clinical Services                              | Endorsement |
| III. | <u>Quality Assurance Program Update</u><br>- Ms. Jan Brockway              | Information |
| IV.  | <u>Clinical Chiefs Report</u><br>- Dr. Jack Duvall<br>- Dr. Seymour Levitt | Information |

**MINUTES  
JOINT CONFERENCE COMMITTEE  
APRIL 8, 1986**

**ATTENDANCE:      PRESENT:**

Phyllis Ellis, Chair  
Jack Duvall, M.D.  
George Heenan  
Nancy Raymond

**STAFF:** Jan Halverson  
Greg Hart  
Nancy Janda  
Barbara Tebbitt

**GUEST:** Ann Russell

**I.      Call to Order**

The meeting was called to order at approximately 4:45 p.m.

**II.     Approval of Minutes**

The minutes of the March 12, 1986 meeting of the Joint Conference Committee were approved as submitted.

**III.    Medical Staff Hospital Council Report**

Mr. Hart reported on the most recent meeting of the Medical Staff Hospital Council, noting that the Council approved the nominations for the upcoming Medical Staff elections and the appointment of several medical directors related to Dialysis programs. Ms. Janda also provided the Joint Conference Committee with an update on plans for occupancy of Unit J.

**IV.     End Stage Renal Disease Program Policies**

Ms. Barbara Tebbitt presented the recommended policy revisions for the End Stage Renal Disease Program. She noted that the ESRD program requires that all new or revised policies be approved each year by the governing board.

Ms. Tebbitt noted that the major changes addressed the creation of a pediatric dialysis unit in Unit J and in the centralization of nursing education. Policies on chronic ambulatory peritoneal dialysis were also added.

The Committee moved to endorse the policy changes and additions, and to recommend their approval to the full board.

**V. Malpractice Insurance Update**

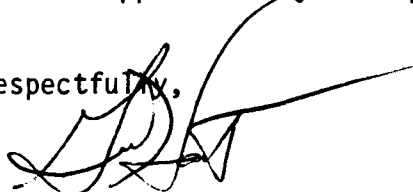
Mr. Jan Halverson presented this item. He began by describing the history of the University's captive insurance company, Ruminco Ltd., and the evolution of the Hospitals malpractice insurance program. He noted that when Ruminco Ltd. was created the medical staff chose not to place their insurance through this company, but rather continue to purchase malpractice insurance through other corporations. The board bylaws relative to medical staff insurance requirements were then reviewed.

Mr. Halverson then discussed the recent difficulties the University and others are having in placing malpractice coverage. These difficulties are related to the changing nature of the insurance market place. Mr. Halverson noted that in part because of the projected cost increases in purchasing malpractice insurance, Dr. Vanselow has appointed a task force which will be making recommendations relative to insurance for residents and fellows.

Mr. Halverson and the Committee also discussed the potential for tort reform and the discussions occurring at national and state levels. Mr. Halverson indicated that he would provide the Committee with further updates in the coming months.

There being no further business, the meeting was adjourned at approximately 6:00 p.m.

Respectfully,

  
Gregory Hart  
Senior Associate Director  
Director of Operations




UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
Box 707 Mayo Memorial Building  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

June 10, 1986

TO: Joint Conference Committee

FROM: James H. Moller, M.D., Chief of Staff   
Chairman, Medical Staff-Hospital Council

SUBJECT: Credentials Committee Report and Recommendations

The Medical Staff-Hospital Council having considered the reappointment of medical staff in Unit II eligible for reappointment for 1986 through 1988, hereby recommend all those included in this report (pages 1-15) for reappointment to the medical staff.

Also included are recommendations for termination of medical staff appointments (pages 16-21); regular medical staff appointments (pages 22-23); addition and/or deletion of clinical privileges (pages 24-25); change in staff category (page 26); provisional medical staff appointments (pages 27-28) and, resignations from the medical staff (pages 29-31).

Additional documentation has been submitted since the Credentials Committee report was forwarded to you and the Medical Staff-Hospital Council's review. The attached revised report reflects the Medical Staff-Hospital Council recommendations. Following your consideration of the Council's recommendations, we ask that you forward them to the Board of Governors for approval on June 25 1986.

JHM/cf  
Attachment

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<b>LABORATORY MEDICINE AND PATHOLOGY</b>		
ARTHUR, MD, DIANE C.	Attending Staff	Pediatrics
BACH, MD, FRITZ	Attending Staff	
BALFOUR, MD, HENRY	Attending Staff	Pediatrics
BEAN, MD, BONNIE S.	Attending Staff	
BENSON, MD, ELLIS	Attending Staff	
BOWMAN, MD, ROBERT J.	Clinical Staff	
BRADLEY, MD, G. MARY	Attending Staff	
BROWN, MD, DAVID M.	Attending Staff	Pediatrics
BRUNNING, MD, RICHARD	Attending Staff	
BURKE, MD, BARBARA	Attending Staff	
CHOPEK, MD, MICHAEL W.	Attending Staff	
CONNELLY, MD, DONALD P.	Attending Staff	
DEHNER, MD, LOUIS P.	Attending Staff	
EDSON, MD, J. ROGER	Attending Staff	
ESTENSEN, MD, RICHARD D.	Attending Staff	
FERRIERI, MD, PATRICIA	Attending Staff	Pediatrics
FRIZZERA, MD, GLAUCO	Attending Staff	
FRANTZ, MD, IVAN D.	Emeritus Staff	Medicine

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<b>LABORATORY MEDICINE AND PATHOLOGY</b>		
FURCHT, MD, LEO T.	Attending Staff	
GAJL-PECZALSKA, MD, K.	Attending Staff	
GARRY, MD, VINCENT F.	Attending Staff	
HASEGAWA, MD, DUANE	Attending Staff	Pediatrics
KERSEY, MD, JOHN	Attending Staff	Pediatrics
LASKY, MD, LARRY C.	Attending Staff	
MASTRI, MD, ANGELINE R.	Attending Staff	
MCCULLOUGH, MD, JOHN J.	Attending Staff	
O'LEARY, MD, JAMES J.	Attending Staff	
SCOTT, MD, EDWARD P.	Attending Staff	
SIBLEY, MD, RICHARD K.	Attending Staff	
SNOVER, MD, DALE C.	Attending Staff	
STEFFES, MD, MICHAEL W.	Attending Staff	
SUNG, MD, JOO HO	Attending Staff	Neurology
WATTENBERG, MD, LEE W.	Attending Staff	
WHITE, MD, JAMES G.	Attending Staff	Pediatrics
WICK, MD, MARK R.	Attending Staff	
YUNIS, MD, JORGE J.	Attending Staff	



THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<b>ORTHOPEDICS</b>		
BEHRENS, MD, ALFRED F.	Clinical Staff	
BRADFORD, MD, DAVID	Attending Staff	
CRAIG, MD, EDWARD V.	Attending Staff	
HOUSE, MD, JAMES H.	Attending Staff	
HUNTER, MD, ROBERT E.	Attending Staff	
LONSTEIN, MD, JOHN	Attending Staff	
MOE, MD, JOHN H.	Emeritus Staff	
OGILVIE, MD, JAMES W.	Attending Staff	
PRIEST, MD, JAMES D.	Clinical Staff	
ROBINSON, MD, HARRY J.	Attending Staff	
THOMPSON, MD, ROBY C.	Attending Staff	
WINTER, MD, ROBERT	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

OTOLARYNGOLOGY

ADAMS, MD, GEORGE	Attending Staff	
BERLINGER, MD, NORMAN T.	Attending Staff	
BOIES, MD, LAWRENCE R.	Clinical Staff	
DUVALL, MD, ARNDT J.	Attending Staff	
HILGER, MD, PETER A.	Attending Staff	
HUFF, MD, JOHN S.	Clinical Staff	
KOOP, MD, SEVERIN H.	Clinical Staff	
LISTON, MD, STEPHEN L.	Attending Staff	
MAISEL, MD, ROBERT	Attending Staff	
POLLAK, MD, KURT	Attending Staff	
SIEGEL, MD, LEIGHTON G.	Clinical Staff	
SIGEL, MD, MELVIN E.	Clinical Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<b>PEDIATRICS</b>		
ANDERSON, MD, ARNOLD S.	Emeritus Staff	
AREY, MD, STUART L.	Emeritus Staff	
BASS, MD, JOHN	Attending Staff	
BECKER, MD, LOWELL	Clinical Staff	
BERRY, MD, SUSAN A	Attending Staff	
BESSINGER, MD, F BLANTON	Clinical Staff	
BLOOM, MD, DAVID	Clinical Staff	Medicine
BLUM, MD, ROBERT WM.	Attending Staff	
BOSTROM, MD, BRUCE C.	Attending Staff	
BRAUNLIN, MD, ELIZABETH A.	Attending Staff	
BROWN, MD, DAVID R.	Clinical Staff	
CHIVERS, MD, BLANCHE M.	Attending Staff	
CICH, MD, JOHN A.	Clinical Staff	
CLAWSON, MD, C. CARLYLE	Attending Staff	
DEINARD, MD, AMOS	Attending Staff	
DUNNIGAN, MD, ANN C.	Attending Staff	
EINZIG, MD, STANLEY	Attending Staff	
ELLIOTT, MD, GREGORY R.	Attending Staff	
ETZWILER, MD, DONNELL D.	Clinical Staff	
FERRARA, MD, T. BRUCE	Attending Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

PEDIATRICS

FILIPOVICH, MD, ALEXANDRA	Attending Staff	
FISCH, MD, ROBERT O.	Attending Staff	
FISH, MD, ALFRED J.	Attending Staff	
FISH, MD, LLOYD	Clinical Staff	
FREESE, MD, DEBORAH K.	Attending Staff	
GIEBINK, MD, G. SCOTT	Attending Staff	
GREEN, MD, THOMAS P.	Attending Staff	
HORROBIN, MD, J. MARGARET	Clinical Staff	
HOSTETTER, MD, MARGARET K.	Attending Staff	
JOHNSON, MD, DANA	Attending Staff	
KAPLAN, MD, EDWARD L.	Attending Staff	
KIM, MD, YOUNGKI	Attending Staff	
KLEIN, MD, DAVID J.	Attending Staff	
KRIVIT, MD, WILLIAM	Attending Staff	
LEONARD, MD, STANLEY A.	Clinical Staff	
LUCAS, MD, RUSSELL V.	Attending Staff	
MATUS, MD, RICHARD N.	Clinical Staff	
MAUER, MD, S. MICHAEL	Attending Staff	
MICHAEL, MD, ALFRED F.	Attending Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

PEDIATRICS

MIRKIN, MD, BERNARD L.	Attending Staff	
MOLLER, MD, JAMES H.	Attending Staff	
NELSON, MD, RICHARD P.	Clinical Staff	
NESBIT, MD, MARK E.	Attending Staff	
NEVINS, MD, THOMAS	Attending Staff	
O'DEA, MD, ROBERT	Attending Staff	
OLNESS, MD, KAREN N.	Clinical Staff	
PIERPONT, MD, MARY ELLA	Attending Staff	
PRIEST, MD, JOHN R.	Clinical Staff	
QUIE, MD, PAUL G.	Attending Staff	
RAMSAY, MD, NORMA KC	Attending Staff	
REGELMANN, MD, WARREN E.	Attending Staff	
SATRAN, MD, LEON	Attending Staff	
SEELIG, MD, STEVEN A.	Attending Staff	
SHARP, MD, HARVEY L.	Attending Staff	
SINAIKO, MD, ALAN R.	Attending Staff	
SINGH, MD, AMARJIT	Clinical Staff	
SINGHER, MD, LAWRENCE J.	Clinical Staff	
SMITH, MD, CLARK M.	Attending Staff	
SMITH, MD, THEODORE S.	Clinical Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

PEDIATRICS

SOCKALOSKY, MD, JOSEPH J.	Clinical Staff	
STONE, MD, FREDERIC M.	Clinical Staff	
TATE, MD, DOUGLAS Y.	Clinical Staff	
TEN BENSEL, MD, ROBERT W	Attending Staff	
THOMPSON, MD, THEODORE R	Attending Staff	
ULSTROM, MD, ROBERT A.	Attending Staff	
VACCARELLA, MD, R. JAMES	Clinical Staff	
VERNIER, MD, ROBERT L.	Attending Staff	
WARWICK, MD, WARREN J.	Attending Staff	
WEISDORF, MD, SALLY A.	Attending Staff	
WOODS, MD, WILLIAM	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

PHYSICAL MEDICINE AND REHABILITATION

BATEMAN, DO, RONALD M.	Clinical Staff	
BENNINGHOFF, MD, KAREN S.	Attending Staff	
BENSMAN, MD, ALAN S.	Clinical Staff	
DYKSTRA, MD, DENNIS D.	Attending Staff	
GULLICKSON, MD, GLENN	Attending Staff	
KNAPP, MD, MILAND	Clinical Staff	
KOTTKE, MD, FREDERIC	Attending Staff	
MORET, MD, MARK A.	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

PSYCHIATRY

CLAYTON, MD, PAULA J.	Attending Staff	
CLINE, MD, DAVID W.	Clinical Staff	
COLON, MD, EDUARDO A.	Attending Staff	
ECKERT, MD, ELKE	Attending Staff	
GARFINKEL, MD, BARRY D.	Attending Staff	
GREENBERG, MD, LAWRENCE	Attending Staff	
HALIKAS, MD, JAMES A.	Attending Staff	
HAUSMAN, MD, WILLIAM	Attending Staff	
HESTON, MD, LEONARD	Attending Staff	
JENSEN, MD, JONATHAN B.	Attending Staff	
KROLL, MD, JEROME L.	Attending Staff	
LENTZ, MD, RICHARD	Clinical Staff	
MACKENZIE, MD, THOMAS B.	Attending Staff	Medicine
MEISCH, MD, RICHARD	Attending Staff	
MITCHELL, MD, JAMES E.	Attending Staff	

Continued on next page.....



THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

PSYCHIATRY

PEARSON, MD, JOANNE M.	Clinical Staff	
POPKIN, MD, MICHAEL K.	Attending Staff	
PYLE, MD, RICHARD L.	Attending Staff	
REALMUTO, MD, GEORGE M.	Attending Staff	
SONIS, MD, WILLIAM A	Attending Staff	
STAPLETON, MD, THOMAS R.	Clinical Staff	
WESTERMEYER, MD, JOSEPH J.	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

RADIOLOGY

ALLAN, MD, BRADFORD T.	Attending Staff	
AMPLATZ, MD, KURT	Attending Staff	
BOUDREAU, MD, ROBERT J.	Attending Staff	
CASTANEDA, MD, WILFRIDO R.	Attending Staff	
CRASS, MD, JEFFREY R.	Attending Staff	
DAY, MD, DEBORAH L.	Attending Staff	
ELIAS, MD, DEAN A.	Attending Staff	
FEINBERG, MD, SAMUEL B.	Attending Staff	
GOLDBERG, MD, MARVIN E.	Attending Staff	
HUNTER, MD, DAVID W.	Attending Staff	
LOKEN, MD, MERLE	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

SURGERY

AHRENHOLZ, MD, DAVID H.	Clinical Staff	
ASCHER, MD, NANCY L.	Attending Staff	
BUCHWALD, MD, HENRY	Attending Staff	
CERRA, MD, FRANK B.	Attending Staff	
CUNNINGHAM, MD. BRUCE L.	Clinical Staff	
DELANEY, MD, JOHN P.	Attending Staff	
DRESSEL, MD, THOMAS D.	Clinical Staff	
FOKER, MD, JOHN E.	Attending Staff	
GILBERTSEN, MD, VICTOR A.	Attending Staff	
GOLDBERG, MD, STANLEY	Clinical Staff	
GOODALE, MD, ROBERT L.	Attending Staff	
GRAGE, MD, THEODOR B.	Attending Staff	
HELSETH, MD, HOVALD K.	Clinical Staff	
KNIGHTON, MD, DAVID R	Attending Staff	
LEONARD, MD, ARNOLD S.	Attending Staff	
MCPARLAND, MD, FELIX A.	Clinical Staff	

Continued on next page.....

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

SURGERY

MOLINA, MD, J. ERNESTO	Attending Staff	
NAJARIAN, MD, JOHN S.	Attending Staff	
NIVATVONGS, MD, SANHAT	Attending Staff	
NOLEN, MD. WILLIAM A.	Clinical Staff	
PAYNE, MD, WILLIAM D.	Clinical Staff	
RING, MD, W. SIEVES	Attending Staff	
SIMMONS, MD, RICHARD L.	Attending Staff	
SULLIVAN, MD, W. ALBERT	Attending Staff	
SUTHERLAND, MD, DAVID E.R.	Attending Staff	

THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Reappointment  
to the Medical and Dental Staff

July 1, 1986 - June 30, 1988

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

THERAPEUTIC RADIOLOGY

KIM, MD, TAEHWAN

Attending Staff

LEE, MD, CHUNG KYU KIM

Attending Staff

LEVITT, MD, SEYMOUR

Attending Staff

POTISH, MD, ROGER A.

Attending Staff

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Termination  
of Medical/Dental Staff Appointments

NO REAPPRAISAL REAPPOINTMENT APPLICATION SUBMITTED

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<b>PEDIATRICS</b>		
RIGATUSO, MD, JOSEPH L.	Clinical Staff	
VENTERS, MD, HOMER D.	Clinical Staff	
<b>PSYCHIATRY</b>		
MINER, MD, RICHARD	Attending Staff	

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Termination  
of Medical/Dental Staff Appointments

NO REAPPRAISAL REAPPOINTMENT APPLICATION OR REGENTS ENDORSEMENT SUBMITTED

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<b>OTOLARYNGOLOGY</b>		
PAPARELLA, MD, MICHAEL M.	Clinical Staff	
<b>PEDIATRICS</b>		
AUSTRIAN, MD, SOL	Clinical Staff	
SANFILIPPO, MD, SYLVESTER	Clinical Staff	

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Termination  
of Medical/Dental Staff Appointments

NO REGENTS ENDORSEMENT SUBMITTED

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<b>ANESTHESIOLOGY</b>		
YUE, MD, WEN Y	Clinical Staff	
<b>HOSPITAL DENTISTRY</b>		
JENSEN, DDS, JAMES R.	Clinical Staff	
KUHLMANN, DDS, WILLIAM H.	Clinical Staff	
<b>DERMATOLOGY</b>		
VAUGHN, MD, C. GORDON	Clinical Staff	
<b>MEDICINE</b>		
KAPLAN, MD, LAWRENCE	Clinical Staff	
LEATHERMAN, MD, JAMES W.	Clinical Staff	
O'BRIEN, MD, WILLIAM A.	Clinical Staff	
SCHUSTER, MD, LAWRENCE D.	Clinical Staff	
<b>OBSTETRICS &amp; GYNECOLOGY</b>		
BEARON, MD, ARTHUR H.	Clinical Staff	
KATZ, MD, BENI	Clinical Staff	
<b>OTOLARYNGOLOGY</b>		
GOZUM, MD, EKREM	Clinical Staff	

Continued on next page.....



UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Termination  
of Medical/Dental Staff Appointments

NO REGENTS ENDORSEMENT SUBMITTED

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<b>PEDIATRICS</b>		
PAGE, MD, ARTHUR R.	Clinical Staff	
PITZELE, MD, CHARLES E.	Clinical Staff	
<b>PSYCHIATRY</b>		
GROAT, MD, RONALD	Clinical Staff	
MOORE, MD. MICHAEL C.	Clinical Staff	

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Termination  
of Specified Professional Personnel (Psychologists) Staff Appointments

NO REGENTS ENDORSEMENT SUBMITTED

DEPARTMENT

CATEGORY

PEDIATRICS

STARK, PATRICIA

Attending Staff

PHYSICAL MEDICINE AND REHABILITATION

O'CARROLL, MARIANNE

Attending Staff

2

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

UNABLE TO OBTAIN REGENTS ENDORSEMENT

MEDICAL/DENTAL STAFF

DEPARTMENT

CATEGORY

PSYCHIATRY

ABUZZAHAB, MD, FARUK

Clinical Staff

STOCKING, MD, MYRON R.

Clinical Staff

**UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC**  
**Recommendations for Regular Medical/Dental Appointments**

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>DATE ELIGIBLE</u>
<b>HOSPITAL DENTISTRY</b>		
BIORN, DDS, JOHN R.	Attending Staff	April 23, 1986
GRAYDEN, DDS, JOSEPH	Attending Staff	March 25, 1986
<b>LABORATORY MEDICINE &amp; PATHOLOGY</b>		
DALMASSO, MD, AGUSTIN P.	Clinical Staff	December 26, 1985
ECKFELDT, MD, JOHN H.	Attending Staff	April 23, 1986
MICHELS, MD, SHERYL D.	Attending Staff	April 23, 1986
PERRONE, MD, THERESA L.	Attending Staff	April 23, 1986
THOMPSON, MD, HANNIS W.	Attending Staff	April 23, 1986
<b>MEDICINE</b>		
HAASE, MD, ASHLEY	Attending Staff	March 25, 1986
<b>NEUROLOGY</b>		
INGENITO, MD, ALLAN P.	Attending Staff	April 23, 1986
RASK, MD, CYNTHIA A.	Attending Staff	April 23, 1986
<b>OBSTETRICS &amp; GYNECOLOGY</b>		
PAVELKA, MD, DONALD A.	Attending Staff	April 23, 1986

Continued on next page.....

**UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC**  
**Recommendations for Regular Medical/Dental Appointments**

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>DATE ELIGIBLE</u>
<b>ORTHOPEDICS</b>		
ARENDR, MD, ELIZABETH A.	Attending Staff	April 23, 1986
<b>PEDIATRICS</b>		
CHUN, MD, KARL	Attending Staff	March 25, 1986
GEORGIEFF, MD, MICHAEL K.	Attending Staff	April 23, 1986
MELVIN, MD, TYRONE R.	Attending Staff	April 23, 1986
PLATT, MD, JEFFREY L.	Attending Staff	April 23, 1986
SCHWARZENBERG, MD, SARAH J.	Attending Staff	April 23, 1986
SMITH-WRIGHT, MD, DEBORAH L.	Attending Staff	April 23, 1986
TUCHMAN, MD, MENDEL	Attending Staff	April 23, 1986
<b>PSYCHIATRY</b>		
BERNSTEIN, MD, GAIL	Attending Staff	April 23, 1986
<b>RADIOLOGY</b>		
DARCY, MD, MICHAEL D.	Attending Staff	April 23, 1986
LETOURNEAU, MD, JANIS	Attending Staff	March 25, 1986
SMITH, MD, TONY P.	Attending Staff	April 23, 1986
<b>THERAPEUTIC RADIOLOGY</b>		
MONYAK, MD. DAVID J.	Attending Staff	April 23, 1986
<b>UROLOGY</b>		
SIDI, MD, ABRAHAM	Clinical Staff	March 25, 1986
SCHWARTZ, MD, STEVEN	Clinical Staff	December 26, 1986

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

DEPARTMENT

CATEGORY

LABORATORY MEDICINE & PATHOLOGY

EDSON, MD, J. ROGER                      Attending Staff

**Delete:** Anatomical & Surgical Pathology, Cytopathology, Medical Microbiology

GARRY, MD, VINCENT F.                      Attending Staff

**Add:** Performance of history and physical examinations as needed on patients referred for toxicant exposure examination in the Neurology Outpatient Clinic.

SUNG, MD, JOO HO                      Attending Staff                      Joint Appointment-  
Neurology

**Delete:** Spinal tap from Neurology Privileges

OTOLARYNGOLOGY

ADAMS, MD, GEORGE L.                      Attending Staff

**Add:** Implantation of an FDA-approved cochlear device into the scala tympani of the cochlea.

PEDIATRICS

BLAZER, MD, BRUCE R.                      Attending Staff

**Add:** Bone Marrow Transplant Harvest

MIRKIN, MD, BERNARD L.                      Attending Staff

**Add:** Newborn Care--Nursery privileges, premature infant care, premature infant care with complications (non-surgical), full term infant care with complications (non-surgical), erythroblastosis.

MOLLER, MD, JAMES H.                      Attending Staff

**Delete:** Specific procedures--Exchange transfusion, internal jugular vein puncture, thoracentesis. Delineation of Privileges--Thoracentesis, central nervous system infections, without complications - over 4 pounds, with complications - under 4 pounds.

Continued on next page.....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Addition and/or Deletion of Clinical Privileges

DEPARTMENT

CATEGORY

PEDIATRICS

ULSTROM, MD, ROBERT A.

Attending Staff

**Change:** Under Part I Pediatric Care section F.--Diseases of Blood, change all requests from category 3 to category 2; Under Part II Newborn Care section C.--change numbers 1 and 2 from category 3 to category 2; Under Part II Newborn Care section E.--change number 3 from category 3 to category 2.

**Delete:** Under the section on Specific Procedures--bone marrow biopsy, cisternal tap, laryngoscopy, liver biopsy, proctosigmoidoscopy and biopsy.

SURGERY

FOKER, MD, JOHN E.

Attending Staff

**Add:** Insertion of vascular shunts for dialysis and other operations on the pleura.

GRAGE, MD, THEODOR B.

Attending Staff

**Add:** Upper and lower extremity perfusion with or without hyperthermia and chemotherapy.

GOODALE, MD, ROBERT L.

Attending Staff

**Add:** Percutaneous Endoscopic Gastrostomy.

MOLINA, MD, JOSE ERNESTO

Attending Staff

**Add:** Heart transplant

Continued on next page.....

**UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC**  
**Recommendations for Change in Staff Category**

<u>DEPARTMENT</u>	<u>PRESENT CATEGORY</u>	<u>RECOMMENDED CATEGORY</u>
<b>OTOLARYNGOLOGY</b>		
LISTON, MD, STEPHEN L.	Attending Staff	Clinical Staff
<b>PEDIATRICS</b>		
SMITH, MD, THEODORE S.	Clinical Staff	Emeritus Staff
<b>PHYSICAL MEDICINE &amp; REHABILITATION</b>		
GULLICKSON, MD, GLENN	Attending Staff	Emeritus Staff
KOTTKE, MD, FREDERIC J.	Attending Staff	Emeritus Staff
<b>UROLOGY</b>		
LANGE, MD, PAUL H.	Clinical Staff	Attending Staff



UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Provisional Medical/Dental Staff Appointments

DEPARTMENT

CATEGORY

**HOSPITAL DENTISTRY**

DIXON, DDS, THOMAS J.

Clinical Staff

**DERMATOLOGY**

KAYE, MD, VALDA N.

Attending Staff

**MEDICINE**

ABID, MD, MUNIR

Attending Staff (ER)

ANDERSON, MD, PETER M.

Attending Staff (ER)

GOODMAN, MD, JESSE L.

Attending Staff

WILSON, MD, BRUCE C.

Attending Staff

**LABORATORY MEDICINE & PATHOLOGY**

VINE, MD, WILLIAM H.

Attending Staff

**PEDIATRICS**

PESCOVITZ, MD, ORA H.

Attending Staff

STEINHORN, MD, DAVID M.

Attending Staff

**PHYSICAL MEDICINE & REHABILITATION**

AWAD, MD, ESSAM A.

Clinical Staff

Continued on next page.....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Recommendations for Provisional Medical/Dental Staff Appointments

DEPARTMENT

CATEGORY

PSYCHIATRY

LAWTON, MD, JAMES J.

Clinical Staff

RADIOLOGY

LUND, MD, GUNNAR B.

Attending Staff

UROLOGY

ORTLIP, MD, STEPHEN A.

Clinical Staff

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Resignations from the Medical/Dental Staff

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<b>ANESTHESIOLOGY</b>		
BELSHE, MD, JOSEPH C.	Clinical Staff	
<b>MEDICINE</b>		
ALLEN, MD, JOHN I.	Clinical Staff	
SILVIS, MD, STEPHEN E.	Clinical Staff	
<b>LABORATORY MEDICINE &amp; PATHOLOGY</b>		
SUNDBERG, MD, R. DOROTHY	Attending Staff	
<b>OBSTETRICS &amp; GYNECOLOGY</b>		
CURTIN, MD, JOHN P.	Clinical Staff	
<b>ORTHOPEDICS</b>		
TROST, MD, FRANCIS	Clinical Staff	
<b>OTOLARYNGOLOGY</b>		
JUNG, MD, TIMOTHY T.K.	Clinical Staff	
SCHLORF, MD, RICHARD A.	Clinical Staff	
<b>PEDIATRICS</b>		
AMREN, MD, DON P.	Clinical Staff	
BENSON, MD, D. WOODROW	Attending Staff	
BOROS, MD, STEPHEN J.	Clinical Staff	
BUGENSTEIN, MD, ROBERT H.	Clinical Staff	
CUSHING, MD, RICHARD T.	Clinical Staff	

Continued on next page.....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Resignations from the Medical/Dental Staff

<u>DEPARTMENT</u>	<u>CATEGORY</u>	<u>JOINT APPOINTMENT</u>
<b>PEDIATRICS</b>		
KRIEL, MD, ROBERT L.	Clinical Staff	Neurology
LANDRUM, MD, BONNIE	Attending Staff	
LEVITT, MD, CAROLYN	Clinical Staff	
McKAY, MD, CAROLYN J.	Clinical Staff	
McCLAIN, MD, KENNETH	Attending Staff	
ROLEWICZ, MD, THOMAS F.	Clinical Staff	
SAND, MD, RICHARD	Clinical Staff	
SHER, MD, LEWIS	Emeritus Staff	
SHOLLER, MD, LAWRENCE J.	Clinical Staff	
VIRNIG, MD, NORMAN L.	Clinical Staff	
WILDER, MD, WALTER L.	Clinical Staff	
<b>PHYSICAL MEDICINE &amp; REHABILITATION</b>		
ANDERSON, MD, THOMAS P.	Attending Staff	
CAMERON, JEFFREY S.	Attending Staff	
<b>PSYCHIATRY</b>		
JOSEPHSON, MD, ALLAN M.	Clinical Staff	
VAN VALKENBURG, MD, CHARLES	Attending Staff	
YOUNG, MD, RONALD C.	Clinical Staff	

Continued on next page.....

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

Resignations from the Medical/Dental Staff

DEPARTMENT

CATEGORY

JOINT APPOINTMENT

RADIOLOGY

GEDGAUDAS, MD, EUGENE

Attending Staff

KORTE, MD, KENNETH P.

Attending Staff (Provisional)

SCHREIMAN, MD, JUDITH S.

Attending Staff

STEELY, JOHN W.

Attending Staff (Provisional)

WALKER, MD, H. CHARLES

Attending Staff




UNIVERSITY OF MINNESOTA  
TWIN CITIES

Office of the Chief of Staff

University Hospitals and Clinics  
Box 707 Mayo Memorial Building  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

June 5, 1986

TO: Joint Conference Committee

FROM: James H. Moller, M.D., Chief of Staff  
Chairman, Medical Staff-Hospital Council 

SUBJECT: Appointment of Medical Staff-Hospital Council  
Committee Chairmen

The Bylaws of the Medical and Dental Staff, Article VI, Part A, Section 1, (s), sets forth the requirement that the appointment of all Medical Staff-Hospital Council committee chairmen be made by the Board of Governors after receiving recommendations from the Medical Staff-Hospital Council. We ask that you endorse these recommendations and forward them to the Board of Governors for approval on June 25, 1986.

The Medical Staff-Hospital Council will be reviewing the attached recommendations for the appointment of committee chairmen for the coming year on Tuesday, June 10, 1986, a day before the Joint Conference Committee meeting. I will report the outcome of the Council's review to you on Wednesday evening.

Thank you.

JHM/cf  
Attachment

UNIVERSITY OF MINNESOTA HOSPITALS & CLINICS  
MEDICAL STAFF-HOSPITAL COUNCIL COMMITTEE CHAIRMEN APPOINTMENTS  
1986/1987

- |  |  |
|--|--|
| 1. <u>Bed Allocation Committee.</u><br>Seymour Levitt, M.D.                              | 10. <u>Operating Room Committee</u><br>Roby Thompson, M.D.                         |
| 2. <u>Bylaws Committee</u><br>Glenn Gullickson, M.D.                                     | 11. <u>Outpatient Committee</u><br>Amos Deinard, M.D.                              |
| 3. <u>Biomedical Ethics Committee</u><br>Theodore Thompson, M.D.<br>Co-Chair to be named | 12. <u>Pharmacy &amp; Therapeutics Committee</u><br>Russell Lucas, M.D.            |
| 4. <u>Cardiorespiratory Advisory Committee</u><br>Russell H. Larsen, M.D.                | 13. <u>Product Evaluation &amp; Standardization Committee</u><br>Roger Edson, M.D. |
| 5. <u>Cardiovascular Advisory Committee</u><br>Michael W. Steffes                        | 14. <u>Quality Assurance Steering Committee</u><br>James H. Moller, M.D.           |
| 6. <u>Credentials Committee</u><br>Henry Buchwald, M.D.                                  | 15. <u>Tissue &amp; Procedure Review Committee</u><br>Robert Maxwell, M.D.         |
| 7. <u>Disaster Committee</u><br>Michael Daly, M.D.                                       | 16. <u>Transfusion Therapeutics Committee</u><br>Edward Scott, M.D.                |
| 8. <u>Emergency Department Committee</u><br>David Hurd, M.D.                             | 17. <u>Utilization Management Committee</u><br>Chairman to be named                |
| 9. <u>Infection Control Committee</u><br>Frank Rhame, M.D.                               |  |




UNIVERSITY OF MINNESOTA  
TWIN CITIES

Office of the Chief of Staff

University Hospitals and Clinics  
Box 707 Mayo Memorial Building  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

June 5, 1986

TO: Joint Conference Committee

FROM: James H. Moller, M.D., Chief of Staff  
Chairman, Medical Staff-Hospital Council 

SUBJECT: Vice-Chief of Staff Appointment

The Bylaws of the Medical and Dental Staff, Article V, Part A:, Section 4. (a) states "Election: The Vice-Chief of Staff shall be elected by a plurality vote of the staff voting by mail ballot. His or her election shall become effective as soon as approved by the Board. The Vice-Chief of Staff shall serve a three-year term and is not eligible for re-election but in any event shall serve until a successor has been elected and his or her election approved by the Board."

The term of office of Dr. Robert Howe, Vice-Chief of Staff, will come to an end on June 30, 1986. The Nominating Committee appointed by the Medical Staff-Hospital Council selected Dr. Robert Maxwell to run for election for the office of Vice-Chief of Staff and the Council approved the recommendations. Elections were held in May and the tabulated results indicate that Dr. Robert Maxwell has won the election by plurality. I hereby request your approval of Dr. Robert Maxwell as Vice-Chief of Staff.

Thank you for your consideration of this request.

JHM/cf





UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospital and Clinic  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

June 6, 1986

TO: Joint Conference Committee

FROM: C. Edward Schwartz, Hospital Director  
James Moller, M.D., Chief of Staff

REGARDING: Annual Reappointments of Chief of Clinical Services

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

Article V. Section 5 (B)

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

The Hospital Director, in consultation with the Chief of Staff, hereby recommends the reappointment of the following Clinical Chiefs for 1986-87:

June 6, 1986  
Page 2

<u>NAME</u>	<u>DEPARTMENT</u>
Dr. Ellis Benson	Laboratory Medicine & Pathology
Dr. Joseph Buckley	Anesthesiology
Dr. Shelley Chou	Neurosurgery
Dr. Edward Ciriacy	Family Practice
Dr. Paula Clayton	Psychiatry
Dr. Donald Doughman	Ophthalmology
Dr. Thomas Ferris	Medicine
Dr. Elwin Fraley	Urology
Dr. William Thompson	Radiology
Dr. Peter Lynch	Dermatology
Dr. Roby Thompson	Physical Medicine & Rehabilitation
Dr. Arthur Klassen	Neurology
Dr. Alfred Michaels	Pediatrics
Dr. Seymour Levitt	Therapeutic Radiology
Dr. John Najarian	Surgery
Dr. Arndt Duvall	Otolaryngology
Dr. Bruce Work	Obstetrics & Gynecology
Dr. Roby Thompson	Orthopedic Surgery
Dr. Mark Jaspers	Dentistry

Thank you.

**QUALITY ASSURANCE**

**- AN UPDATE -**

**1986 GOALS**

**EXAMPLE OF CLINICAL DEPARTMENT MEETINGS OR CONFERENCES AT WHICH  
PATIENT CARE IS REVIEWED AND EVALUATED**

**EXAMPLE OF CLINICAL DEPARTMENT DATA-BASED MONITORING**

**EXAMPLE OF HOSPITAL DEPARTMENT DATA-BASED MONITORING**

**REPORTING FORM FOR PROBLEMS THAT NEED ATTENTION**

**PROGRESS TO DATE IN THE DEVELOPMENT OF DATA-BASED MONITORING FOR  
INDIVIDUAL CLINICAL SERVICES, HOSPITAL DEPARTMENTS, AND MEDICAL  
STAFF COMMITTEES**

## 1986 GOALS

1. Involve each clinical service and clinical support service department.
2. Develop systems to allow clinical chiefs/department heads to monitor the quality and appropriateness of care/services provided by their own departments.
3. Develop reports that reflect the quality of the service/department, any problems that need attention, and followup activities.
4. Develop improved integration through the Quality Assurance Steering Committee.

UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC

QUALITY ASSURANCE MONITOR

FISCAL YEAR 85 - 86

CLINICAL DEPARTMENT:

	FY 83-84	7/1/85 - 9/30/85	10/1/85 - 12/31/85	1/1/86 - 3/31/86	4/1/86 - 6/30/86
# of Discharges	876	171	169	274	
# of Patient Days	6,678	861	847	1,180	
Average Length of Stay	7.6	5.0	5.0	4.3	
#/% of 1 Day Stays	84/9.6%	38/22.2%	33/19.5%	86/31.4%	
#/% of Length of Stay Outliers	15/1.7%	1/0.6%	0/0.0%	2/0.7% <sup>D</sup>	
# of Primary Procedures Performed	753	155	145	192	
<b><u>UTILIZATION INDICATORS</u></b>					
<b>% Same Day Admit Surgery</b>					
• Procedures in OR only	8.8% <sup>A</sup>	41.1%	32.8%	46.2%	
• Non-OR/OR Procedures	NA	43.3%	41.2%	71.9%	
# of Admission Denials/Admissions Billed as Outpatient Visits	NA	2	0	1 <sup>D</sup>	
% Non-Acute Days (Medicare)	19.9%	5.9%	3.8%	NA	
<b><u>QUALITY INDICATORS</u></b>					
#/% Pelvic Exams or Reasons for Omission	0/0.0% <sup>C</sup>	5/55.6%	3/42.9%	NA	
#/% Rectal Exams or Reasons for Omission	2/16.7% <sup>C</sup>	30/83.3%	27/100%	NA	
#/% Review of Systems Done	1/8.3% <sup>C</sup>	35/97.2%	27/100%	NA	
#/% Deaths	4/0.5%	1/0.6%	1/0.6%	1/0.4% <sup>D</sup>	
#/% Cardiac/Respiratory Arrest	5/0.6%	0/0.0%	1/0.6%	0/0.0%	
#/% Acute Myocardial Infarction, CVA	7/0.8%	2/1.2%	0/0.0%	0/0.0%	
#/% Hemorrhage or Hematoma Complicating a Procedure	34/4.5%	2/1.3%	4/2.8%	4/2.1% <sup>D</sup>	

	FY 83-84	7/1/85 - 9/30/85	10/1/85 - 12/31/85	1/1/86 - 3/31/86	4/1/86 - 6/30/86
#/% Accidental Puncture/Laceration During a Procedure	14/1.9%	1/0.7%	0/0.0%	1/0.5% <sup>D</sup>	
#/% Postoperative Wound Disruption	3/0.4%	1/0.7%	0/0.0%	1/0.5% <sup>D</sup>	
#/% With Foreign Body Left During Procedure	0/0.0%	0/0.0%	0/0.0%	0/0.0%	
#/% Postoperative Infection	6/0.8%	1/0.7%	4/2.8%	1/0.5% <sup>D</sup>	
#/% Persistent Postoperative Fistula	16/2.1%	0/0.0%	0/0.0%	1/0.5% <sup>D</sup>	
#/% Transfusion Reaction	0/0.0%	1/0.6%	0/0.0%	0/0.0%	
#/% With Acceptable General Anesthesia Times	45/81.8% <sup>B</sup>	NA	NA	NA	
# With Patient Care Concerns Submitted to Patient Relations	53	9	5	13	
● Inpatient	41	9	3	10	
● Outpatient	12	0	2	3	

Date: May 16, 1986

NA = Not Available.

A = Data Available for January 1, 1984, through December 31, 1984, only.

B = Data Available for Second and Fourth Quarters only of FY 83-84.

C = Baseline Period (11/14/83 - 12/14/83).

D = See Attached Case Summaries.

vg6-2W544

**UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC  
OPERATING ROOM ANESTHESIA  
QUALITY ASSURANCE MONITOR  
1985 - Page 1**

	January-March	April-June	July-September	October-December
<b><u>VOLUME INDICATORS</u></b>				
# of Procedures Performed in the Main OR	1,910	1,998	2,162	1,909
# of General Anesthesias	1,678	1,754	1,930	NA
# of Local Anesthesias	18	16	8	NA
# of Other Anesthesias	NA	NA	NA	NA
# of Anesthesia Stand-bys	239	186	255	NA
#/% of Emergency Surgeries	186/9.7%	181/9.1%	166/7.7%	135/7.1%
#/% Same Day Admit Surgery	451/27.9%	519/31.0%	588/32.9%	528/34.3%
#/% of Main OR Surgeries Performed on a Weekend	87/4.6%	87/4.4%	93/4.3%	82/4.3%
Amount of Blood/Blood Products Used in the OR	NA	NA	NA	NA
<b><u>QUALITY INDICATOR</u></b>				
#/% of Deaths within 48 Hours of Surgery	8/0.4%	13/0.7%	8/0.4%	6/0.3%
• # of Deaths on the Same Day as Surgery	2	4	3	2
#/% of Patients Transferred from PAR to ICU <sup>A</sup>	291/15.2%	317/15.8%	340/15.7%	294/15.4%
# of Inappropriately Submitted Specimens	0	0	0	0
# of Specimens Submitted with Insufficient History	0	0	2	0
# of Procedures Performed for Conditions Diagnosed by an Outside Pathologic Study without Preoperative Review of the Outside Study by UMH&C Pathology	0	0	0	0
# of Patient Related Incident Reports	37	34	30	19
• # Reporting Cardiopulmonary Arrest	9	4	4	1
# of Cases Undergoing General Anesthesia for Selected, Non-Emergency Procedures with Less Than 40 Minutes Difference Between Total Anesthesia Time and Total Surgery Time or Addi- tional Time Justified Upon Physician Review	NA	NA	NA	NA

**UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC  
OPERATING ROOM ANESTHESIA  
QUALITY ASSURANCE MONITOR  
1985 - Page 2**

	January-March	April-June	July-September	October-December
# with Pre-op Anesthesia Visit Documentation	NA	NA	NA	NA
# with Post-op Anesthesia Visit Documentation	NA	NA	NA	NA
# of Surgery Delays	13	10	20	2
• Due to Patient/Significant Other Unavailability	NA	9	6	1
• Due to Problems with SDAS	NA	0	10	0
• Due to MD Unavailability	NA	1	4	1
# of Cancellations	33	247	258	255 <sup>B</sup>
• Due to Inadequately Prepared SDAS Patients	NA	0	1	0
• Service Initiated	NA	223	192	201
• OR Initiated	NA	2	4	0
• Anesthesia Initiated	NA	1	2	2
• Bumps	NA	7	2	1
• Patient Refused/No Show	NA	10	19	16
• Full Schedule/Long Day/Late Start	NA	4	38	9
# with Patient Care Concerns Submitted to Patient Relations	11	15	9	NA
• # Regarding Surgery Delays/Cancellation	6	7	9	NA

NA = Not Available

A = Includes all (planned and unplanned) transfers from PAR to ICU

B = 19 cancellations due to snowstorm

2/18/86

jk2-P831



**QUALITY ASSURANCE PROGRAM  
REVIEW AND EVALUATION REPORTING FORM**

Department Example

Reporting Period July - Septemeber 1985

Issue/Source	Action Recommended/Date Taken/Responsible Person	Monitoring Planned/Evidence of Improvement	Date Closed
<p><u>Pharmacy Example</u></p> <p>1. Medication requirements are difficult to track if patient is transferred to a nursing area serviced through a different pharmacy satellite. Staff meeting January 1985.</p>	<p>When patient is transferred Nursing will notify the Pharmacy satellite. The profile and medications up to the next cart fill will be sent to the new satellite.</p> <p align="right">Feb. 1985 J. Smith</p>	<p>Re-evaluate by Pharmacy and Nursing staff interviews. May 1985</p> <p>Evaluate again July 1985</p> <p>System working well with fewer missed doses.</p> <p>No problems</p>	<p align="center">Aug. 1985</p>
<p><u>Outpatient Example</u></p> <p>2. The medical record is not available for 13% of scheduled clinic appointments. Outpatient Clinic study conducted July 1984.</p> <p>3. The medical record is not available for 16% of unscheduled clinic appointments. Chart availability restudy of March 1985.</p>	<p>Policy and procedure drafted to clarify clinic chart control.</p> <p align="right">Aug. 1984 M. Jones</p> <p>Eye Clinic developed policy to return records from MD offices once each week.</p> <p align="right">Aug. 1984 S. Anderson</p> <p>Discussed at Outpatient Committee to enlist physician support.</p> <p align="right">Sept. 1984 R. Wilson</p> <p>Will study chart availability for unscheduled patients.</p> <p align="right">Oct. 1985 R. Wilson</p>	<p>Repeat study March 1985.</p> <p>Overall percentage decreased to 8%.</p> <p>Medical Records states charts are more available from Eye Clinic.</p>	
<p><u>Social Work Example</u></p> <p>4. The Communications Center and Emergency Department identified a problem contacting the Social Worker on call. Incident report June 1985</p>	<p>The social worker on-call procedure in the Communication Center was felt to be unclear. Procedure revised.</p> <p align="right">July 1985 T. Grown, Social Services A. White, Comm. Center</p>	<p>Request ER document further problems on an incident report.</p> <p>No further problems reported through September 1985.</p>	

**DEPARTMENT MEETINGS OR CONFERENCES AT WHICH PATIENT CARE IS REVIEWED AND EVALUATED**

**DEPARTMENT: NEUROSURGERY**

**DATE: February 19, 1986**

Name of Meeting/Conference	Frequency	Purpose	Participants
Management Conference	Weekly	Chart review, discharge planning, review of long stays, review of cost outliers	Chairman of Neurosurgery, nurses, resident on call, chaplin, social worker, patient financial representative from admissions department
Professors' Rounds	Weekly	Review of illustrative cases for management. Discussion of medical-ethical and medical-legal issues	All residents, medical students taking electives in Neurosurgery
Neuro-Radiology Conference	Weekly	Review of interesting cases of the week	Attending staff, residents, neuroradiologist, neurologists, nurses and medical students
Journal Club	Twice/month	To review current literature of pertinence to Neurosurgery and Neuroscience	Attending staff, all residents and medical students
Morbidity and Mortality Conference	Monthly	To review and evaluate all deaths and complications	Attending staff, all residents and medical students
Saturday Conference	Weekly	To discuss basic science and clinical issues related to Neurosurgery	Attending staff, all residents and medical students

**QUALITY ASSURANCE SYSTEM  
PROGRESS AS OF JUNE, 1986**

**CLINICAL SERVICES**

ESSENTIAL COMPONENTS	Data Monitoring Established
ANESTHESIOLOGY	X
DENISTRY	
DERMATOLOGY	
FAMILY PRACTICE	X
MEDICINE	
NEUROLOGY	
NEUROSURGERY	X
OBSTETRICS-GYNECOLOGY	
OPHTHALMOLOGY	
ORTHOPAEDICS	X
OTOLARYNGOLOGY	X
PEDIATRICS	
PM&R	X
PSYCHIATRY	X
RADIOLOGY	
THERAPEUTIC RADIOLOGY	X
SURGERY	
UROLOGY	X

**QUALITY ASSURANCE SYSTEM  
PROGRESS AS OF JUNE, 1986**

**HOSPITAL DEPARTMENTS**

ESSENTIAL COMPONENTS	Data Monitoring Established
AMBULATORY CARE	2
ANESTHESIA-MAIN OR	2
ANESTHESIA-AMB SURG	2
ANESTHESIA-CYSTO	
CARDIORESPIRATORY CARE	1
EMERGENCY ROOM	2
HOME HEALTH CARE	2
LABORATORY	1
NUCLEAR MEDICINE	1
NURSING	1
NUTRITION	2
PATHOLOGY	
PHARMACY	2
RADIOLOGY	2
REHABILITATION-OT	1
REHABILITATION-PT	1
SOCIAL WORK	2
SPECIAL CARE UNITS-MICU	1
SPECIAL CARE UNITS-NICU	
SPECIAL CARE UNITS-PICU	1
SPECIAL CARE UNITS-SICU	1

1 = Further development of data monitoring needed  
2 = Data monitoring in place



UNIVERSITY OF MINNESOTA  
TWIN CITIES

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

February 7, 1986

TO: Joint Conference Committee Members

Jack Duvall, M.D.  
George Heenan  
Seymour Levitt, M.D.  
James Moller, M.D.

Michael Popkin, M.D.  
Nancy Raymond  
C. Edward Schwartz

FROM: Phyllis Ellis, Committee Chair

The February meeting of the Joint Conference Committee will be held on:

Wednesday, February 12, 1986  
5:00 P.M.  
Dale Shepard Room  
Campus Club

The agenda and background materials for the meeting are enclosed. I will look forward to seeing you on Wednesday.

cc: Amos Deinard  
Greg Hart  
Jan Halverson  
Nancy Janda  
Geoff Kaufmann  
Barbara Tebbitt

**QUALITY ASSURANCE SYSTEM  
PROGRESS AS OF JUNE, 1986**

**MEDICAL STAFF**

<b>ESSENTIAL COMPONENTS</b>	<b>Required Frequency</b>	<b>Data Monitoring Established</b>
<b>Surgical Case Review</b>	<b>Monthly</b>	-
o Tissue Procedures		2
o Non-Tissue Procedures		1
<b>Pharmacy and Therapeutics Review</b>	<b>Quarterly</b>	-
o Appropriateness		1
o Policies and Procedures		2
o Untoward Drug Reactions		1
o Formulary		2
o Investigational or Experimental Drugs		2
<b>Medical Record Review</b>	<b>Quarterly</b>	-
o Completeness		1
o Timeliness		2
o Format		1
<b>Blood Usage Review</b>	<b>Quarterly</b>	-
o All Transfusions		1
o Transfusion Reactions		1
o Policies and Procedures		2
o Adequacy of Services		1
o Ordering Policies		1
<b>Antibiotic Usage Review</b>		-
o Appropriateness, Effectiveness, Safety		1
<b>Infection Control</b>		2
<b>Utilization Review</b>		2
<b>Review of Accidents, Injuries and Safety Hazards</b>		1

1 = Further development of data monitoring needed  
2 = Data monitoring in place

**TABLE OF CONTENTS**

	<u>Page(s)</u>
Agenda . . . . .	1
December 11, 1985 Minutes . . . . .	2-4
Credentials Committee/Medical Staff Hospital Council Report and Recommendations . . . . .	5-9
Guest Relations Project . . . . .	10-13

**JOINT CONFERENCE COMMITTEE**

**BOARD OF GOVERNORS**

Wednesday, February 12, 1986  
5:00 P.M.  
Dale Shepard Room, Campus Club

**AGENDA**

- |      |  |             |
|------|--|-------------|
| I.   | <u>Introduction of New Members</u><br>- Phyllis Ellis  | Information |
| II.  | <u>Approval of Minutes</u>   | Approval    |
| III. | <u>Overview of the Community-University Health Care Center</u><br>- Dr. Amos Deinard                     | Discussion  |
| IV.  | <u>Medical Staff Hospital Council Report</u><br>- Dr. James Moller<br><br>● Credentials Committee Report | Endorsement |
| V.   | <u>Guest Relations Project/Preliminary Discussion</u><br>- Greg Hart                                     | Discussion  |
| VI.  | <u>Adjournment</u>   |             |



**MINUTES  
JOINT CONFERENCE COMMITTEE  
DECEMBER 11, 1985**

**ATTENDANCE:   PRESENT:**

Phyllis Ellis  
Glenn Gullickson, M.D.  
George Heenan  
Brad Hillstrom  
Robert Maxwell, M.D.  
James Moller, M.D.  
C. Edward Schwartz

**Staff:**

Jan Halverson  
Greg Hart  
Nancy Janda

**Guests:**

Dianne Bartels  
David Coombes  
Amos Deinard, M.D.  
Geoff Kaufmann  
Roby Thompson, M.D.  
Ron Werft

**I.    Call to Order**

Ms. Ellis called the meeting to order at approximately 6:15 p.m.

**II.   Approval of Minutes**

The committee approved the minutes of the November 13, 1985 meeting as submitted.

**III.   Outpatient Committee Report**

Dr. Amos Deinard, Chair of the Outpatient Committee, described the Ambulatory Care program and role of the Outpatient Committee. Dr. Deinard reviewed the volume trends in the Outpatient Clinics,

noting that the changing modes of health care are leading to increasing utilization of our Ambulatory Care programs. Dr. Deinard described the impact of those changing patterns of care on the operation of the clinic, particularly in terms of increasing needs for patient education.

Dr. Deinard also described the Quality Assurance projects which the Outpatient Committee has dealt with over the past year, and described the objectives for the coming year, noting in particular planned improvements in the appointments and registration systems and the referral information process.

The Committee also discussed the evolution of the organization of the Ambulatory Care programs at University Hospitals, and it was noted that this will be a topic for future discussion of the Board of Governors.

#### **IV. University of Minnesota Clinical Associates**

Dr. Roby Thompson, Chair of the University of Minnesota Clinical Associates (UMCA), reviewed the history and development of UMCA. He noted that a July, 1984 retreat of the Clinical Chiefs was the stimulus for formation of the new organization, with incorporation occurring February, 1985. Mr. David Coombes was hired as President and Chief Executive Officer of UMCA in September, 1985, after a national search period.

Mr. Coombes then described the more recent activities of UMCA, indicating that efforts have been directed primarily at forming a cohesive and functioning board of directors for the organization and becoming involved in an ongoing and regular basis in HMO contract negotiations. He indicated that a future objective will include a focus on joint ventures as a means of increasing revenue for the corporation.

#### **V. Medical Staff Hospital Council Report**

Dr. Moller reported on the most recent meeting of the Medical Staff Hospital Council. He indicated that the primary item of discussion was that of revision of policies for management of vulnerable adults. Dr. Moller also reported on the Council's deliberation for credentialing of an acupuncturist, and Dr. Moller and Dr. Maxwell commented on their view of the Foundation for Health Care Evaluation, now that both have been appointed to the board of that organization.

Page Three

**VI. Clinical Chiefs Report**

Dr. Glenn Gullickson reported on recent meetings of Clinical Chiefs, noting that substantial discussion has occurred and continues on the subject of clinical academic appointment tracks, clinical medical appointments, and scope of graduate medical education programs.

There being no other business, the meeting was adjourned at approximately 7:45 p.m.

Respectfully,

Handwritten signature of Gregory W. Hart in cursive script.

Gregory W. Hart  
Senior Associate Director  
Director of Operations



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Office of the Chief of Staff

University Hospitals and Clinics  
Box 707 Mayo Memorial Building  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

February 6, 1986

TO: Joint Conference Committee

FROM: James H. Moller, M.D., Chief of Staff  
Chairman, Medical Staff-Hospital Council

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

The Medical Staff-Hospital Council will act on the attached Credentials Committee Report and Recommendations on February 11, 1986, a day prior to the next Joint Conference Committee meeting.

I am forwarding these recommendations to you for your review and consideration on February 12. I will report the outcome of the Council's action at that time. Following your consideration of these recommendations, we ask that you forward them to the Board of Governors for approval on February 26.

Thank you.

JHM/cf  
Attachment



UNIVERSITY OF MINNESOTA  
TWIN CITIES

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

February 6, 1986

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

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

<u>Hospital Dentistry</u>	<u>Category</u>
Robert E. Derr	Clinical
William P. Hoffmann	Clinical
<u>Internal Medicine</u>	
Arnold Adicoff	Clinical
Gary L. Baker	Clinical
Neal L. Gault, Jr.	Attending
Claire (Vicky) Thomas	Attending
<u>Otolaryngology</u>	
James I. Cohen	Clinical
<u>Pediatrics</u>	
Bruce R. Blazar	Attending
Helena B. Kosina	Attending
Gary J. Remafedi	Attending
John C. Ring	Clinical
Chester B. Whitley	Attending

Recommendations for Provisional Staff Appointments Continued:

Physical Medicine & Rehabilitation      Category

Rita Bistevins                                      Clinical

Radiology

John R. Roll                                        Attending

Urology

Cesar J. J. Ercole                                Clinical

Erol T. Uke                                        Clinical

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

<u>Hospital Dentistry</u>	<u>Category</u>	<u>Date Eligible</u>
Richard C. Oliver	Attending	Decmeber 26, 1985
<u>Internal Medicine</u>		
Jack D. Burton	Attending (E.R.)	December 26, 1985
<u>Obstetrics &amp; Gynecology</u>		
John P. Curtin	Clinical	December 26, 1985
<u>Ophthalmology</u>		
Carole G. Summers	Attending	December 26, 1985
<u>Surgery</u>		
William A. Nolen	Clinical	December 26, 1985

Page 3  
Credentials Committee Report  
and Recommendations

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

<u>Obstetrics &amp; Gynecology</u>	<u>Category</u>	<u>Changes Requested</u>
Julius C. Butler	Attending	Addition of intra abdominal/intra pelvic use of CO <sub>2</sub> laser.
<u>Pediatrics</u>		
Arnold S. Anderson	Clinical	From clinical to emeritus category. Deletion of all clinical privileges requested by applicant. No longer carries malpractice insurance.
Lewis Sher	Clinical	From clinical to emeritus category. Deletion of all clinical privileges requested by applicant. No longer carries malpractice insurance.
James G. White	Attending	Primary service from Pediatrics to Laboratory Medicine & Pathology with a joint appointment in Pediatrics. Addition of Laboratory Medicine clinical privileges as requested in departmental form.
<u>Urology</u>		
John C. Hulbert	Attending	Addition of operation of Donier extracorporeal shock wave lithotripsy and all procedures connected with that method of stone management.
Paul H. Lange	Clinical	Addition of operation of Donier extracorporeal shock wave lithotripsy and all procedures connected with that method of stone management.
<u>Otolaryngology</u>		
Michael Paparella	Attending	From attending to clinical staff category. No application submitted.

Page 4  
Credentials Committee Report  
and Recommendations

The following Specified Professional Personnel (Psychologists) have applied for appointment to the psychology staff and have requested clinical privileges. The Committee hereby recommends approval of these applicants and their requests for privileges.

<u>Neurosurgery</u>	<u>Category</u>
William N. Robiner	Attending
<u>Pediatrics</u>	
Patricia A. Stark	Attending
<u>Psychiatry</u>	
Gerald J. August	Attending

The following physicians have submitted resignations from the medical staff or have left the University Hospital and their faculty appointments have been terminated. The Committee recommends acceptance of the resignations and termination of medical staff appointments.

<u>Dermatology</u>	<u>Category</u>
Robert W. Goltz	Attending
<u>Laboratory Medicine &amp; Pathology</u>	
Robert W. McKenna	Clinical
<u>Internal Medicine</u>	
Byron J. Hoogwerf	Attending
Brian M. Murray	Attending - ER
Dennis E. Niewoehner	Clinical
William H. Schubach	Attending
Gary R. Shapiro	Attending
Peter T. Silberstein	Attending - ER
<u>Neurology</u>	
Venkat Ramani	Attending
<u>Radiology</u>	
John Cardella	Attending
<u>Surgery</u>	
Carl E. Arentzen	Attending





UNIVERSITY OF MINNESOTA  
TWIN CITIES

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

February 7, 1986

TO: Members of the Joint Conference Committee

FROM: Greg Hart  
Senior Associate Director and Director of Operations

REGARDING: Guest Relations Project

At the July and October, 1985 meetings of the Joint Conference Committee you reviewed the questionnaire designed to solicit feedback about our hospital environment and care from our patients. The first few months of responses to that questionnaire are attached.

The results of this questionnaire have been and will continue to be one of the guiding factors in designing a comprehensive Guest Relations Plan that we have entitled "Patients First". A summary of the "Patients First" plan is also attached for your review.

I will look forward to discussing both the questionnaire results and the "Patients First" plan with you on Wednesday.

GH/kf

## PATIENT QUESTIONNAIRE

### Response Summary

	November	December	Results
*	97%	98%	Felt they were treated in a caring manner.
*	96%	94%	Would return to UMHC.
*	26%	25%	Patients have difficulty with parking.
*	16%	13%	Had difficulty with cleaning.
*	35.5%	38%	Disturbed by noise.
*	74%	74%	Satisfied with quality of food.
*	96%	96%	Felt physicians courteous and caring.
*	96%	96%	Felt nursing staff courteous and caring.
*	91-100%	89-98%	Felt other staff courteous and caring.
*	94%	93%	Felt diagnostic procedures explained to their satisfaction.

#### Positive Comments

"Staff very friendly and helpful.  
 "Warm and caring personnel."  
 "Was kept informed."  
 "So many people cared for me."  
 "Outstanding medical and nursing staff."

#### Negative Comments

"Facility old but people great."  
 "Delay in receiving test results."  
 "Poor T.V. reception."  
 "Food gets boring."  
 "THE PAIN (but not your fault)."

#### Response Rate

November,	23%
December,	33%
January	36%

#### Personal Follow-up Requested

15% Requested Follow-Up  
 6% Required Extensive Follow-up

# "PATIENTS FIRST"

UMHC

## Guest Relations Plan

"PATIENTS FIRST" is UMHC's Guest Relations intervention for promoting a positive cultural change. The intervention requires a long term commitment from the administrative and medical staff, as well as the employees of UMHC. This program requires ongoing assessment and evaluation to continually meet the needs of the current environment.

### February/March

- I. Introduction of Concept:
  - a. Formation of Hospital and Physician Guest Relations Committee.
  - b. Presentation of overall plan to select groups.
  - c. Publicize via Partners, Interface, Inside UMHC.
- II. Collection of Baseline Data:
  - a. Survey employee and physician's current attitudes toward Guest Relations at UMHC and identify our strengths and weaknesses.
  - b. Analysis of patient questionnaire data.
  - c. Compare above data and identify specific problem areas.
- III. Modification of Personnel Policies:
  - a. Revise current employee performance appraisals and other relevant policies to reflect and support the standards of "PATIENTS FIRST."

### April

- I. Supporting the Move:
  - a. Frontline Training: Workshops for frontline employees on increasing interviewing, communication and telephone skills.

-Admissions/Registration	-Patient Accounting
-Information Desk	-Environmental Services
	-Radiology
  - b. Reinforcements/Perks to patients, families and staff following the move such as:

-flowers to patients	-fruit baskets to the staff on the station
-complimentary coupons to "THE BRIDGES"	-Etc.
  - c. Display of the positive feedback received from the Patient Questionnaires.

June

- I. While the Dust Settles:
  - a. Analysis of Employee/Physician survey results.
  - b. Include PATIENTS FIRST module into New Employee Orientation.
  - c. Include PATIENTS FIRST in New Resident Orientation, with input from the Physician's Committee.

- I. Think Tanks:
  - a. Elicit ideas, strengths, weaknesses and priorities of actions in small groups with:
    - Administration
    - Department Heads
    - Employees
    - Physicians(use of outside consultant)
- II. Visible Commitment:
  - a. Develop systems which provide interactive opportunities between the patients, employees and administrative staff.

July

- I. Update Employees/Physicians:
  - a. Relay survey results and think tank outcomes via the Connections program and hospital publications.
- II. New Residents Orientation
  - a. Orient new residents to UMHC's PATIENTS FIRST concept, with guidance from Physician's Committee.

August

- I. Customer Oriented Management:
  - a. Sessions addressing role modeling, setting and communicating expectations, motivation and recognition concepts designed for:
    - Administration
    - Department Heads
    - Supervisors
    - Physicians
- II. Modification of New Personnel Policies
  - a. Integrate the New Employee Performance Appraisals format and other relevant changes into our current evaluation process.

September

I. Train The Trainers:

- a. Training of pre-selected leaders who will conduct the general motivational sessions.

October

I. Employee Blitz

- a. Trainers conduct blitz of workshops round the clock for six weeks. These sessions will emphasize the humanistic and economic need for change, as well as being motivational and instructional.

II. Physician Blitz

- a. The focus of these sessions will be determined by the Physician's Committee, however, held in conjunction with the employee blitz.

Following the  
Blitz

Ongoing Awareness Campaigns

Recognition and reinforcements.

Lunch and Listen Programs (employee and administration).

Connections revisited.

Ongoing feedback via Patient Questionnaires.

March/87

I. Resurvey Employee/Physician Attitudes:

- a. Compare with previous analysis and relate to current Patient Questionnaire feedback.

II. Reassess Program Needs

- a. Develop plans as needs are identified.

Submitted by: Nancy Green  
Acting Director  
Patient Relations Department  
February, 1986



UNIVERSITY OF MINNESOTA  
TWIN CITIES

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

January 3, 1985

TO: Joint Conference Committee Members

Paula Clayton, M.D.  
Glenn Gullickson, M.D.  
George Heenan

Robert Maxwell, M.D.  
James Moller, M.D.  
C. Edward Schwartz

FROM: Phyllis Ellis, Chair

This is to confirm that the Wednesday, January 8, 1986 meeting of the Joint Conference Committee has been cancelled. Our next meeting will be at the regularly scheduled time of Wednesday, February 12, 1986.

cc: Greg Hart  
Jan Halverson  
Nancy Janda  
Geoff Kaufmann  
Barbara Tebbitt



UNIVERSITY OF MINNESOTA  
TWIN CITIES

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

March 6, 1986

TO: Joint Conference Committee Members

Jack Duvall, M.D.  
George Heenan  
Seymour Levitt, M.D.  
James Moller, M.D.

Michael Popkin, M.D.  
Nancy Raymond  
C. Edward Schwartz

FROM: Phyllis Ellis, Committee Chair

The March meeting of the Joint Conference Committee will be held on:

Wednesday, March 12, 1986  
5:00 P.M.  
**West Wing, Campus Club**

The agenda and background materials for the meeting are enclosed. I will look forward to seeing you on Wednesday.

cc: Greg Hart  
Jan Halverson  
Nancy Janda  
Geoff Kaufmann  
Lois Kelly  
Barbara Tebbitt

**TABLE OF CONTENTS**

	<u>Page(s)</u>
Agenda . . . . .	1
February 12, 1986 Minutes . . . . .	2-4
Bylaws of the Medical and Dental Staff . . . . .	5-8
Credential Committee Excerpt from the Bylaws of the Medical and Dental Staff . . . . .	9
Application for Appointment to the Medical and Dental Staff . . . . .	10-16
Joint Conference Committee 1986 Work Plan . . . . .	17



**JOINT CONFERENCE COMMITTEE**

**BOARD OF GOVERNORS**

Wednesday, March 12, 1986  
5:00 P.M.  
West Wing, Campus Club

AGENDA

- |      |  |             |
|------|--|-------------|
| I.   | <u>Approval of Minutes</u>   | Approval    |
| II.  | <u>Medical Staff-Hospital Council Report</u><br>- Dr. James Moller                 |             |
|      | ● Bylaws Change  | Endorsement |
| III. | <u>Medical Staff Credentials Process</u><br>- Dr. James Moller<br>- Ms. Lois Kelly | Information |
| IV.  | <u>Committee Work Plan</u><br>- All  | Discussion  |
| V.   | <u>Adjournment</u>   |             |

**MINUTES  
JOINT CONFERENCE COMMITTEE  
FEBRUARY 12, 1986**

**ATTENDANCE:      PRESENT:**

Phyllis Ellis, Chair  
George Heenan  
Seymour Levitt, M.D.  
Michael Popkin, M.D.  
Nancy Raymond

**STAFF:**

Jan Halverson  
Greg Hart

**GUEST:**

Dianne Bartels  
Amos Deinard, M.D.  
Ron Werft

**I.      Call to Order**

The meeting was called to order at approximately 5:45 p.m.

**II.     Approval of Minutes**

The minutes of the December 11, 1985 meeting of the Joint Conference Committee were approved as submitted.

**III.    Introduction of New Members**

Ms. Ellis welcomed Ms. Raymond, Dr. Levitt, and Dr. Popkin to their first meeting of the Committee. She also noted that Dr. DuVall will be joining the Committee at the March meeting.

**IV.    Overview of the Community University Health Care Center**

Dr. Amos Deinard, Director of the Community University Health Care Center (CUHCC) gave the Committee an informational report on the history and the current status of CUHCC. He noted that CUHCC was formed in the 1960's, and received most of its funding in its early years from the Minneapolis Health Department as part of the Federal Children and Youth Project. Since the 1970's, CUHCC has seen a large number of Native American patients, and more recently has provided services to a large number of Southeast Asian people. Today the Southeast Asian population comprises 35% of those utilizing CUHCC.

Dr. Deinard then described the range of services which CUHCC provides. He noted that its mission is the provision of primary care services to both adults and children. The clinic currently serves 2,300 pediatric patients, 2,000 adult patients, and in addition, provides mental health services for an additional 600 individuals. A large majority of the population utilizing CUHCC have incomes below the poverty level. As a result, CUHCC has developed a graduated payment scale for its services, involving a prepayment methodology. Dr. Deinard then described the various sources of funding for the clinic, including federal, state, and University financing. Dr. Deinard also described the potential for use of CUHCC as a model for broadening UMHC's base of primary care. Mr. Werft noted that this issue and the CUHCC model will be discussed as part of the ambulatory care discussions which the Hospital and the Medical Staff will be having over the next several months.

Dr. Deinard then responded to questions, in particular focusing on language/interpreter services and the need to accommodate the Clinics and the Hospitals services to the differing cultural needs of the CUHCC patients. The Committee thanked Dr. Deinard for his informative presentation.

#### **V. Medical Staff Hospital Council Report**

Mr. Hart, in Dr. Moller's absence, presented the report from the Medical Staff Hospital Council. The recommendations from the Credentials Committee were presented and endorsed by the Joint Conference Committee. Mr. Hart also described the proposed Health Sciences Non-Smoking Policy and the Medical Staff Hospital Council discussions of that policy.

#### **VI. Guest Relations Project**

Mr. Hart presented an update on the Patient Evaluation Project and the Guest Relations program. He first presented results from the first two months returns of the patient evaluation survey. He noted that the return rate is running in excess of 30%, and that the feedback from the surveys is being distributed to the responsible individuals within the organization. The survey data will continue to be monitored throughout the six month pilot period. Feedback from the survey will be incorporated into future Guest Relations Program planning.

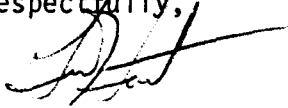
The plan for the Guest Relations Program was then reviewed. The program, now entitled "Patients First", will continue to be in the data collection phase over the next several months. Specific goals, based upon patient, employee, and medical staff feedback, will be established in the summer and training sessions will be conducted for all staff in the fall of 1986. The Committee will receive reports at least quarterly, relative to progress of the program. It was suggested that the plan be presented to the Board of Governors at their upcoming meeting.

**VII. Other**

Mr. Hart and Ms. Ellis noted that the March meeting of the Committee will be used, in part, to develop a 12 to 18 month work plan for the Committee. Members of the Committee were invited to bring their ideas for future agenda items to the next meeting.

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

Respectfully,



Gregory Hart  
Senior Associate Director  
Director of Operations



UNIVERSITY OF MINNESOTA  
TWIN CITIES

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

March 7, 1986

TO: Members of the Joint Conference Committee

FROM: Dr. James Moller  
Professor of Pediatrics  
Chief of Staff

REGARDING: Medical Staff Bylaw Changes and Rules and Regulations

On Tuesday, March 11, 1986 the Medical Staff Hospital Council will be reviewing the attached changes to the Medical Staff Bylaws and Rules and Regulations.

At our Joint Conference Committee meeting on Wednesday I will be reporting on the outcome of that discussion and reviewing the proposed changes with you.

Thank you.

Bylaws of the Medical and Dental Staff

Article IV Actions Concerning Medical Staff Members

Part A: Procedure for Reappraisal and Reappointment

Section 2. When Application is Required:

Members of the medical staff ~~except those who received their regular medical staff appointment within the previous 12 months,~~ who wish to continue their appointment to the staff must submit to the Chief of Staff, through their Chief of Service, an application for reappraisal and reappointment and any requested supporting documentation by the required date indicated each year of reappointment. Persons holding a provisional staff appointment shall not be subject to reappraisal and reappointment but shall continue in their provisional appointment until being considered for a regular appointment.

Paragraph: 2, no change

Revisions to the Rules and Regulations of the Medical Staff

Section V. Conduct of Patient Care.

E. Medical Record Completion Requirements.

2. Data Base/History and Physical.

- a. ~~A complete data base shall be recorded within 24 hours of admission.~~

A history and physical report must be provided for each admission. It is the responsibility of the attending physician to see that the report is recorded in the record within 24 hours after admission.

- b. ~~A history and physical must be repeated with each admission. If a complete history and physical has been performed by a University Hospitals physician within one week prior to admission, a copy of this report may be used in the record, provided there has been no change subsequent to the original examination or the changes have been recorded at the time of admission. It is the responsibility of the attending physician to see that this copy is on the record within 24 hours of admission.~~

If a patient is scheduled for a surgical or other invasive procedure on the day of admission and if a complete history and physical examination has been performed within thirty days prior to admission, a copy of the report may be used as part of the history and physical report for the admission in accord with the following:

- (1) COMPLETED WITHIN SEVEN DAYS PRIOR TO ADMISSION NO CHANGE IN PHYSICAL CONDITION

The history and physical report for the admission may consist of a copy of the report from the pre-admission examination and a note in the record indicating that there has been no change in the patient's physical condition.

(2) COMPLETED WITHIN SEVEN DAYS PRIOR TO ADMISSION CHANGE IN PHYSICAL CONDITION

The history and physical report for the admission may consist of a copy of the report from the pre-admission examination and a note in the hospital record updating the documentation of the patient's physical condition with specific reference to the history and physical findings.

(3) COMPLETED BETWEEN EIGHT AND THIRTY DAYS PRIOR TO ADMISSION

The history and physical report for the admission may consist of a copy of the pre-admission report and a note in the hospital record detailing the findings of the examination of the patient's physical condition completed at the time of admission.

- c. If a patient is readmitted within 30 days for the same or a related problem, an interval history and physical examination reflecting any subsequent changes may be used in the medical record, provided the original information is less than one year old and it is readily available in the unit record.
- d. When the history and physical examination are not recorded before an operation of any potentially hazardous diagnostic procedure, the procedure shall be cancelled, unless the attending physician states in writing that such delay would be detrimental to the patient.



**EXCERPT FROM**  
**BYLAWS OF THE**  
**MEDICAL AND DENTAL STAFF**  
**UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS**

**PART C: CREDENTIALS COMMITTEE**

**Section 1. Composition:**

The Credentials Committee shall consist of five (5) members of the Attending Staff who are not serving as clinical chiefs or as an officer of the staff.

**Section 2. Duties:**

The duties of the Credentials Committee shall be:

- (a) to review the credentials of all applicants and to make recommendations for appointment and delineation of clinical privileges in compliance with these bylaws, and to review the credentials and the performance of persons holding provisional staff appointments and to make recommendations as to whether such persons should be given regular attending or clinical staff appointments or be dropped from the medical staff at the end of their provisional appointment; *Amended September 19, 1979.*
- (b) to make a report through the Medical Staff-Hospital Council to the Board on each applicant for medical staff membership or clinical privileges, including specific consideration of the recommendations from the departments in which such applicant requests privileges;
- (c) to review periodically all information available regarding the competence of staff members and as a result of such review to make recommendations for the granting of promotions, privileges, reappointments, and the assignment of staff members to the various departments and make recommendations through the Chief of Staff to the Board;
- (d) to investigate any breach of ethics reported to it;
- (e) to review reports that are referred by the Medical Staff-Hospital Council, other medical staff committees, and by the Chief of Staff; *Amended October 21, 1981.*
- (f) to report policy-related problems through the Chief of Staff to the Council of Chiefs of Clinical Services;
- (g) to consult with any standards committee relating to specified professional personnel and, upon consultation with such groups, make recommendations to the Medical Staff-Hospital Council and Board for permitted activities and responsibilities of specified professional personnel. *Amended October 21, 1981.*

**Section 3. Meetings:**

The Credentials Committee shall meet as often as necessary or at least quarterly and shall maintain a permanent record of its proceedings and actions and shall submit a report of its recommendations through the Medical Staff-Hospital Council to the Board.



**Application for Appointment to the Medical and Dental Staff**

**INSTRUCTIONS:** *The information submitted on this application must be typewritten.*

*If more space is needed to adequately respond to questions, attach additional sheets of paper and reference the questions answered.*

**1. IDENTIFYING INFORMATION**

LAST NAME		FIRST NAME		MIDDLE NAME	
BIRTHDATE	BIRTHPLACE			CITIZENSHIP	
OFFICE STREET ADDRESS			CITY	STATE	ZIP CODE
OFFICE PHONE NO.	UMHC MAIL BOX NO.	UNIVERSITY OF MINNESOTA FACULTY RANK			
MINN. MEDICAL ASSISTANCE PROVIDER NO. INDIVIDUAL			DEPARTMENTAL GROUP NO. - WHEN APPLICABLE		
HOME STREET ADDRESS			CITY	STATE	ZIP CODE
HOME PHONE NO.	PRACTICE LIMITED TO - SPECIALTY				
OTHER MEDICAL INTERESTS IN PRACTICE, RESEARCH, ETC.					
PRESENTLY PRACTICING WITH WHOM					
STREET ADDRESS			CITY	STATE	ZIP CODE

**2. PREMEDICAL EDUCATION**

COLLEGE OR UNIVERSITY		DEGREE		GRADUATION DATE
STREET ADDRESS		CITY	STATE	ZIP CODE

**3. MEDICAL EDUCATION**

MEDICAL OR DENTAL SCHOOL			GRADUATION DATE	
STREET ADDRESS		CITY	STATE	ZIP CODE

18986, JAN 86

**4. POST GRADUATE EDUCATION—Internship, residency, fellowships, preceptorships, teaching appointments or equivalent positions - please provide information in chronological order.**

POSITION	DEPARTMENT AND SPECIALTY	BEGINNING AND ENDING DATES	
SCHOOL OR HOSPITAL	NAME OF SUPERVISOR		
STREET ADDRESS	CITY	STATE	ZIP CODE
POSITION	DEPARTMENT AND SPECIALTY	BEGINNING AND ENDING DATES	
SCHOOL OR HOSPITAL	NAME OF SUPERVISOR		
STREET ADDRESS	CITY	STATE	ZIP CODE
POSITION	DEPARTMENT AND SPECIALTY	BEGINNING AND ENDING DATES	
SCHOOL OR HOSPITAL	NAME OF SUPERVISOR		
STREET ADDRESS	CITY	STATE	ZIP CODE
POSITION	DEPARTMENT AND SPECIALTY	BEGINNING AND ENDING DATES	
SCHOOL OR HOSPITAL	NAME OF SUPERVISOR		
STREET ADDRESS	CITY	STATE	ZIP CODE
POSITION	DEPARTMENT AND SPECIALTY	BEGINNING AND ENDING DATES	
SCHOOL OR HOSPITAL	NAME OF SUPERVISOR		
STREET ADDRESS	CITY	STATE	ZIP CODE

**5. AFFILIATIONS**

PREVIOUS AFFILIATION WITH THIS HOSPITAL?	<input type="checkbox"/> YES → IF "YES", IN WHAT CAPACITY?	BEGINNING AND ENDING DATES
	<input type="checkbox"/> NO	

*List all current and previous HOSPITAL affiliations in chronological order.*

NAME OF HOSPITAL	CATEGORY OF APPOINTMENT	BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF HOSPITAL	CATEGORY OF APPOINTMENT	BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF HOSPITAL	CATEGORY OF APPOINTMENT	BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME OF HOSPITAL	CATEGORY OF APPOINTMENT	BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE
HAS YOUR MEMBERSHIP EVER BEEN TERMINATED, REVOKED OR NOT RENEWED BY ACTION OF ANY HOSPITAL?	<input type="checkbox"/> YES → <input type="checkbox"/> NO	IF "YES", PROVIDE FULL DETAILS OF EACH INSTANCE ON A SEPERATE SHEET OF PAPER.	
HAVE YOUR PRIVILEGES EVER BEEN SUSPENDED OR REDUCED?	<input type="checkbox"/> YES → <input type="checkbox"/> NO		

**6. MEMBERSHIP IN PROFESSIONAL SOCIETIES**—If member past or present or applicant to any county, state or national medical society, provide the following information.

NAME OF ORGANIZATION			BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE	
NAME OF ORGANIZATION			BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE	
NAME OF ORGANIZATION			BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE	
NAME OF ORGANIZATION			BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE	

**7. MEMBERSHIP AND FELLOWSHIP IN SPECIALTY ORGANIZATIONS**

NAME OF ORGANIZATION			BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE	
NAME OF ORGANIZATION			BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE	
NAME OF ORGANIZATION			BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE	
NAME OF ORGANIZATION			BEGINNING AND ENDING DATES	
STREET ADDRESS	CITY	STATE	ZIP CODE	

**8. CERTIFICATION (CERTIFIED BY BOARD, COLLEGE OR EQUIVALENT)**

NAME		DATE
NAME		DATE
ADDITIONAL SPECIALTY / CERTIFICATION <input type="checkbox"/> YES → <input type="checkbox"/> NO	NAME	DATE
	NAME	DATE
IF NOT CERTIFIED, GIVE CURRENT STATUS		

**9. RECERTIFICATION (CERTIFIED BY BOARD, COLLEGE OR EQUIVALENT)**

NAME		DATE
NAME		DATE
HAVE YOU EVER BEEN DENIED MEMBERSHIP OR RENEWAL THEREOF, OR BEEN SUBJECT TO DISCIPLINARY ACTION BY ANY MEDICAL ORGANIZATION?		<input type="checkbox"/> YES → IF "YES", GIVE FULL DETAILS <input type="checkbox"/> NO ON A SEPARATE SHEET OF PAPER.

**10. LICENSURE**

STATE OF MINNESOTA MEDICAL OR DENTAL LICENSE NUMBER		DATE ISSUED OR RENEWED
<b>OTHER STATE MEDICAL LICENSES (CERTIFICATES—ALL PAST OR PRESENT)</b>		
STATE	DATE ISSUED OR RENEWED	LICENSE NO.
STATE	DATE ISSUED OR RENEWED	LICENSE NO.
STATE	DATE ISSUED OR RENEWED	LICENSE NO.
HAS YOUR LICENSE TO PRACTICE MEDICINE IN ANY STATE EVER BEEN LIMITED, SUSPENDED OR REVOKED?		<input type="checkbox"/> YES → <input type="checkbox"/> NO  IF "YES", GIVE FULL DETAILS ON A SEPARATE SHEET OF PAPER.
DEA (DRUG ENFORCEMENT AGENCY) REGULATION NUMBER:	HAS YOUR DEA NUMBER EVER BEEN SUSPENDED OR REVOKED?	
	<input type="checkbox"/> YES → <input type="checkbox"/> NO	

**11. MEDICAL REFERENCES—Provide the names of three members of your most recent hospital medical staff affiliation (Note: References will be evaluated primarily by the extent of direct clinical observation and other work with applicant).**

NAME	HOSPITAL	TITLE	
STREET ADDRESS		CITY	STATE ZIP CODE
NAME	HOSPITAL	TITLE	
STREET ADDRESS		CITY	STATE ZIP CODE
NAME	HOSPITAL	TITLE	
STREET ADDRESS		CITY	STATE ZIP CODE

**SUBMIT THREE LETTERS OF REFERENCE WITH THIS APPLICATION**

**12. PREVIOUS PRACTICE—Include military experience. List in chronological order.**

NAME	BEGINNING AND ENDING DATES		
STREET ADDRESS		CITY	STATE ZIP CODE
NAME	BEGINNING AND ENDING DATES		
STREET ADDRESS		CITY	STATE ZIP CODE
NAME	BEGINNING AND ENDING DATES		
STREET ADDRESS		CITY	STATE ZIP CODE
NAME	BEGINNING AND ENDING DATES		
STREET ADDRESS		CITY	STATE ZIP CODE
NAME	BEGINNING AND ENDING DATES		
STREET ADDRESS		CITY	STATE ZIP CODE

**13. SPECIALTY IN WHICH PRIVILEGES ARE DESIRED**

- |   |   |
|---|---|
| <input type="checkbox"/> ANESTHESIOLOGY                     | <input type="checkbox"/> ORTHOPEDICS                        |
| <input type="checkbox"/> DENTISTRY                          | <input type="checkbox"/> OTOLARYNGOLOGY                     |
| <input type="checkbox"/> DERMATOLOGY                        | <input type="checkbox"/> PEDIATRICS                         |
| <input type="checkbox"/> FAMILY PRACTICE & COMMUNITY HEALTH | <input type="checkbox"/> PHYSICAL MEDICINE & REHABILITATION |
| <input type="checkbox"/> LABORATORY MEDICINE AND PATHOLOGY  | <input type="checkbox"/> PSYCHIATRY                         |
| <input type="checkbox"/> MEDICINE                           | <input type="checkbox"/> RADIOLOGY                          |
| <input type="checkbox"/> NEUROLOGY                          | <input type="checkbox"/> SURGERY                            |
| <input type="checkbox"/> NEUROSURGERY                       | <input type="checkbox"/> THERAPEUTIC RADIOLOGY              |
| <input type="checkbox"/> OBSTETRICS & GYNECOLOGY            | <input type="checkbox"/> UROLOGY                            |
| <input type="checkbox"/> OPHTHALMOLOGY                      |   |

**NOTE:** Submit the appropriate departmental clinical privilege form signed by the Chief of Service with this application.

If you are applying to the Attending Staff Category and wish clinical privileges in a department other than the one in which you may hold your primary appointment, a joint medical staff appointment will be necessary (see Number 15 for category definitions).

Department in which you are requesting a joint medical staff appointment: \_\_\_\_\_

Submit a clinical privileges form signed by the Chief of Service of the Department in which you are requesting a joint appointment with this application.

**14. PROFESSIONAL LIABILITY—Malpractice insurance carrier providing liability for your practice at the University of Minnesota Hospital and Clinic.**

CARRIER NAME		INSURANCE AGENCY NAME		
AGENCY STREET ADDRESS		CITY	STATE	ZIP CODE
POLICY NUMBER	AMOUNT OF COVERAGE	EFFECTIVE DATE	EXPIRATION DATE	
ARE THE REGENTS OF THE UNIVERSITY OF MINNESOTA NAMED AS AN INSURED ON YOUR POLICY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**A CERTIFICATE OF INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION.**

HAVE JUDGEMENTS BEEN MADE AGAINST YOU OR HAVE YOU ENTERED INTO ANY FORMAL SETTLEMENTS OF PROFESSIONAL LIABILITY CASES?	<input type="checkbox"/> YES → <input type="checkbox"/> NO	IF ANY OF THESE QUESTIONS HAVE BEEN ANSWERED "YES", PLEASE GIVE FULL DETAILS ON A SEPARATE SHEET OF PAPER.
HAS YOUR MALPRACTICE INSURANCE COVERAGE EVER BEEN TERMINATED BY ACTION OF AN INSURANCE CO.?	<input type="checkbox"/> YES → <input type="checkbox"/> NO	
IF "YES", WHAT COMPANY?	DATE TERMINATED	
HAVE ANY MALPRACTICE SUITS BEEN FILED AGAINST YOU WHICH ARE PRESENTLY PENDING?	<input type="checkbox"/> YES → <input type="checkbox"/> NO	

**15. I HEREBY APPLY TO THE UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC FOR APPOINTMENT IN THE FOLLOWING CATEGORY:**

- ATTENDING STAFF** → *The Attending Medical and Dental Staff shall consist of strict and geographic full-time physicians and dentists. Physicians and dentists in these categories shall assume all functions and responsibilities of membership of the Attending Staff.*

*Members of the Attending Staff are eligible for privileges in services other than that service in which they hold their primary appointment. Members of the Attending Staff shall be entitled to vote, to hold office and to serve on medical staff committees, and as chairmen of such committees, and shall be required to attend medical staff meetings.*

- CLINICAL STAFF** → *The Clinical Medical and Dental Staff shall consist of physicians and dentists qualified for staff membership but who do not utilize University Hospital as their primary hospital. These are physicians and dentists who have primary affiliations in other hospitals in the community, but do occasionally utilize the facilities at University Hospital. Clinical staff members shall be appointed to a specific service. They are not eligible to vote or hold office, however they may be eligible for committee membership, participate in medical staff conferences, seminars and teaching programs and admit patients.*

In making this application for appointment to the medical staff of University of Minnesota Hospitals (hereafter called "Hospital"), I acknowledge that I have received and read the Bylaws, Rules and Regulations of the medical staff of the Hospital and I agree to be bound by the terms thereof if I am granted membership or clinical privileges, and I further agree to be bound by the terms thereof without regard to whether or not I am granted membership or clinical privileges in all matters relating to the consideration of my application for appointment to the medical staff.

I agree to accept committee assignments and such other reasonable duties and responsibilities as may be assigned to me by the hospital and the medical staff.

I agree to abide by the principles of medical and dental ethics including providing for continuous care of my patients.

I acknowledge that the Hospital Policies and Procedures have been made available to me for my review and I agree to comply therewith.

By applying for appointment to the medical staff I hereby signify my willingness to appear for an interview in regard to my application, if requested authorize the Hospital, its medical staff and their representatives to consult with members of management and members of medical staffs of other hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on my professional competence, character and ethical qualifications. I hereby further consent to the inspection by the Hospital, its medical staff and its representatives of all records and documents, including medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical privileges requested as well as my moral and ethical qualifications for staff membership; I hereby release from liability all representatives of the Hospital and its medical staff for their acts performed in good faith and without malice in connection with evaluating my application and my credentials and qualifications, and I hereby release from any liability any and all individuals and organizations who provide information to the Hospitals or to members of its medical staff, in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges, and I hereby consent to the release of such information.

I hereby authorize and consent to the release of information by University Hospital, to other hospitals, medical associations, licensing boards, and organizations concerned with quality of patient care concerning me as long as such release of information is done in good faith and without malice. I hereby release from liability this hospital from releasing information under such circumstances.

I understand and agree that I, as an applicant for medical staff membership, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubts about such qualifications.

I expressly agree to the terms and conditions of Article VIII of the Medical Staff Bylaws. I understand and agree that any significant misstatements in or omissions from this application shall constitute cause for denial of appointment or cause for summary dismissal from the medical staff. All information submitted by me in this application is true to the best of my knowledge and belief.

---

SIGNATURE OF APPLICANT

---

DATE

**RECOMMENDED**

, Chief of Service	DATE
--------------------	------

*NOTE: Please forward completed documents to the Medical Staff Office, Box 707.*

CREDENTIALS COMMITTEE	MEDICAL STAFF – HOSPITAL COUNCIL
, Chairman	, Chairman
DATE	DATE

**APPROVED**

BOARD OF GOVERNORS	APPLICANT NOTIFIED	LETTER OF ACCEPTANCE RECEIVED
DATE	DATE	DATE



## JOINT CONFERENCE COMMITTEE

### 1986 WORK PLAN

#### A. MAJOR PROJECT AREAS

1. Monitor development and implementation of guest relations program "Patients First".

Timing: February, Quarterly

Outcome: Statement of objectives and improved performance toward those objectives. Objectives by September, 1986.

2. Oversee the continued development of the Quality Assurance Program.

Timing: April, Quarterly

Outcome: Improved integration of components of quality assurance activities - concurrent monitoring, clinical department activities, credentials, and patient relations data.

#### B. CURRENT ISSUES DISCUSSIONS

1. Continuity of care systems, impact of new payment methodologies on those systems.
2. UMCA activities and hospital relationships.
3. PRO activities and relationships.
4. Ethics - related current issues (AIDS, Baby Doe, Patients Rights).

#### C. "ROUTINE" BUSINESS

1. Clinical Chiefs appointments (June).
2. Credentials Committee reports (as needed).
3. Medical Staff Hospital Council chairs (June).
4. Medical Staff Hospital Council reports/Chiefs reports.
5. Monitor JCAH Accreditation Status (April).
6. End Stage Renal Disease policies (March).



UNIVERSITY OF MINNESOTA  
TWIN CITIES

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

April 4, 1986

TO: Joint Conference Committee Members

Jack Duvall, M.D.  
George Heenan  
Seymour Levitt, M.D.  
James Moller, M.D.

Michael Popkin, M.D.  
Nancy Raymond  
C. Edward Schwartz

FROM: Phyllis Ellis, Committee Chair

The April meeting of the Joint Conference Committee will be held on:

Wednesday, April 8, 1986

4:30 P.M.

**Dale Shepherd Room**

Campus Club

The agenda and background materials for the meeting are enclosed. I will look forward to seeing you on Wednesday.

cc: Greg Hart  
Jan Halverson  
Nancy Janda  
Geoff Kaufmann  
Barbara Tebbitt

**TABLE OF CONTENTS**

	<u>Page(s)</u>
Agenda . . . . .	1
March 12, 1986 Minutes . . . . .	2-4
UMHC End Stage Renal Disease Program . . . . .	5-44

**JOINT CONFERENCE COMMITTEE**

**BOARD OF GOVERNORS**

Wednesday, April 8, 1986

4:30 P.M.

Dale Shepherd Room

Campus Club

**AGENDA**

- |      |  |             |
|------|--|-------------|
| I.   | <u>Approval of Minutes</u>   | Approval    |
| II.  | <u>Medical Staff-Hospital Council Report</u><br>- Dr. James Moller   | Information |
| III. | <u>UMHC End Stage Renal Disease Program</u><br>- Ms. Barbara Tebbitt | Approval    |
| IV.  | <u>Malpractice Insurance Update</u><br>- Mr. Jan Halverson           | Information |
| V.   | <u>Adjournment</u>   |             |

**MINUTES  
JOINT CONFERENCE COMMITTEE  
MARCH 12, 1986**

**ATTENDANCE:      PRESENT:**

Phyllis Ellis, Chair  
Jack Duvall, M.D.  
George Heenan  
Seymour Levitt, M.D.  
James Moller, M.D.  
Michael Popkin, M.D.  
Nancy Raymond  
C. Edward Schwartz

**STAFF:** Greg Hart  
Nancy Janda  
Barbara Tebbitt

**GUEST:** Lois Kelly

**I.      Call to Order**

The meeting was called to order at approximately 5:45 p.m.

**II.     Approval of Minutes**

The minutes of the February 12, 1986 meeting of the Joint Conference Committee were approved as submitted.

**III.    Discussion of Committee Meeting Time**

The Committee members agreed that future Committee meetings will begin at 4:30 p.m., followed by dinner at 6:00 p.m.. The April meeting of the Committee will be in the Campus Club; beginning with the May meeting, the Board Room in Unit J will be utilized by the Joint Conference Committee.

**IV.    Medical Staff Hospital Council Report**

Dr. James Moller recommended a change in Article 4, Part A, Section 2 of the Medical Staff Bylaws, and several changes in Section 5, Part E of the Medical Staff Rules and Regulations. Dr. Moller reported that these changes had been reviewed and recommended for approval by the Medical Staff Hospital Council and the Council of Chiefs of Clinical Services. The Joint Conference Committee acted to endorse these recommended changes.

A discussion then ensued regarding the impact of the new payment methodologies and systems such as, Same Day Surgical Admissions on the educational programs of the Hospital and Medical School, particularly for undergraduate medical students. It was suggested that this subject receive further discussions at future Joint Conference Committee meetings.

#### **V. Medical Staff Credentials Process**

Dr. Moller and Ms. Lois Kelly, Director of Medical Staff Services, described for the Committee the process used in reviewing the credentials of physicians considered for appointment to the Medical Staff. Ms. Kelly reviewed the items in the application, including educational background, past hospital affiliations, professional memberships, certification and licenses, letters of reference and malpractice status. Ms. Kelly stressed the fact that each of these items are verified through follow-up with other hospitals, educational institutions, licensing and specialty certification boards, and referrals. The Credentials Committee review process was then discussed.

A discussion followed on the systems which are in place to identify and support potentially impaired physicians. Dr. Moller described the alternatives available to such physicians, both internal and external to the University. The consensus of opinion of Committee members was that an environment which provides support for treatment of potentially impaired physicians is the most appropriate approach to such problems. It was also noted that similar support systems are available for employees of the Hospital.

Dr. Moller indicated that a follow-up report will be provided to the Committee relative to the reappointment and reappraisal process for the Medical Staff.

#### **VI. Committee Work Plan**

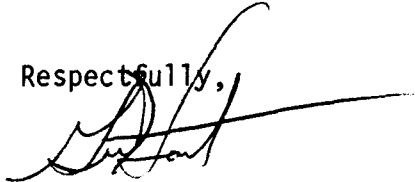
The Committee discussed a proposed 1986 Work Plan. Mr. Hart suggested that the Committee divide its efforts into three areas, those of major projects, current issues, and "routine" business. He suggested that the Committee establish as major areas of focus the topics of Guest Relations and Quality Assurance.

Meeting of Joint Conference Committee  
Minutes, March 12, 1986  
Page Three

In discussion, it was suggested that a third major project area be added, that of assessing the impact of health care system changes on the educational mission of the institution, with an eye toward improving the educational environment. It was also suggested that an item be added under "routine" business, that of an evaluation of the Committees activities, at least annually.

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

Respectfully,



Gregory Hart  
Senior Associate Director  
Director of Operations



UNIVERSITY OF MINNESOTA  
TWIN CITIES

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

April 2, 1986

TO: Joint Conference Committee Members

FROM: Barbara Volk Tebbitt, Senior Associate Director and Chief Executive  
Officer for UMHC's End Stage Renal Disease Program

One of the End Stage Renal Disease Program's Standards states all new or revised policies are to be approved by the governing body annually.

Attachment I identifies a number of policies changed throughout the past year. The rationale for these changes have been noted and relate almost entirely to the move of four pediatric beds to Unit J and retention of eight adult beds in the Mayo complex thereby, necessitating two hemodialysis units instead of one. The second major change was in centralizing nursing education. We eliminated an instructor (SI) on all patient care units and combined management and education responsibilities in the role of the Assistant Head Nurse (AHN). Other minor changes reflect additions or changes in practice endorsed by nursing department policy and procedure over the past year and relate to charting, IV medication administration and reverse osmosis water maintenance. I have not included copies in their entirety since the basic content has been approved previously.

Two new policies have been added on mobile pediatric dialysis, a service added within the past year and an AIDS protocol for the dialysis unit.

In addition to Hemodialysis a component of End Stage Renal Disease is Chronic Ambulatory Peritoneal Dialysis (CAPD). This program has been in the elementary stages of development for the past few years and had previously been housed in the hemodialysis unit. Due to program expansion relocation was necessary. When a separate cost center was established we also were required to develop policies and procedures for that area.

A basic over view of CAPD is included in Attachment II followed by the policies and procedures for this program.

All new and revised policies will require approval from the full board following this committee's action.

Thank you for your attention to this matter. I will be happy to answer any questions at our April meeting.

BVT/ph1  
bvt.1.33186



<u>POLICY NUMBER</u>	<u>REASON FOR CHANGE</u>
1	Language change to reflect 2 Units
2	Language change to include Peds
3	Addition of CAPD
4	Language change to separate Peds
5	Language change to reflect 2 Units
6	Language change to reflect 2 Units
7	New Chart Order for clarity
8	Language change <b>to reflect</b> 2 Units
9	Guardian added
* 10	Board hasn't reviewed- Established Guidelines for Mobile Peds Dialysis
11	Language change to reflect 2 Units and 2 directors
12	Language change to reflect 2 Units
13	Language change to reflect 2 Units and identification of Medical Directors
14	Language change to separate Peds
15	Language change to indicate 2 Medical Directors and 2 AHN's
16	Language change to reflect AHN replacements of SI's functions
17	Addition of Valium as an approved med for administration by R.N.'s
18	Reflects change in Unit - Peds
19	Reflects charting change from SOAP notes to DAP notes
20	Removal of reference to Station 22
21	Reflects changes in leadership staff and deletion of SI's
22	Change in language to account for AHN role change
23	Reflects addition of an AHN
24	Changed to reflect changes to Dept. of Nursing Policy
25	Changed to reflect station changes in new hospital
	New Job Descriptions for Head Nurse and Assistant Head Nurses
26	Changed to reflect current guidelines from the CDC
* 27	New policy reflecting CDC's guidelines for AIDS control in dialysis units
28	Additions of Peds patients
29	Bladder irrigation deleted-not done anymore
30	Addition of the AIDS patient
31	Indication of 2 Units and addition of nursing decision
32	Addition of AIDS patient
33	Addition of <u>each</u> to indicate 2 Units
34	Language change to indicate 2 Units
35	Removal of reference to SI's
36	Language change to reflect services in 2 Units
37	Change to indicate 2 Units
38	Reflects new practise in R/O maintenance
39	Reflects service in new Unit
40	Reflects Peds Unit
* NEW POLICY	

# POLICY AND PROCEDURES MANUAL

## UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	MOBILE PEDIATRIC DIALYSIS
SOURCE:	Head Nurse, K.D., Chief Exec. Officer, K.D., Assoc. Med Dir., Peds

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE: August 1, 1985	
REVISION:	
REVIEWED: <i>1/86</i>	

### MOBILE PEDIATRIC DIALYSIS

University of Minnesota Hospitals has contracted with St. Paul Children's Hospital to provide off-site pediatric dialysis services on an as-needed basis. Services shall include hemoperfusion, hemodialysis and hemodialysis related care. Hemodialysis related care is defined as all activities necessary to the safe and efficacious delivery of dialytic therapy, such as, but not limited to, blood pressure regulation, body weight regulation, blood access maintenance, the monitoring of equipment and vital signs and adjustments in dialysis medications.

#### STAFFING

A registered nurse, dialysis technician and pediatric nephrologist from the University of Minnesota Hospitals and Clinics will provide dialysis care for each treatment. During normal hours of Kidney Dialysis operation, a nurse and technician will be pulled from that shift to go to St. Paul Children's Hospital. During on-call hours, the on-call nurse and technician will respond to requests for services.

The nurse and technician assigned to the mobile treatment will be expected to complete the treatment unless a significant portion (i.e. one hour or greater) of the treatment falls into the next shift or the 16 hour rule intervenes.

An attending Pediatric Nephrologist from the University of Minnesota Hospitals and Clinics will be present for all off-site mobile dialysis treatments. When the physician feels that the patient is stable, he/she may elect to leave with the nurse's agreement and will be available by beeper.

*Michael M. ...*

APPROVED:	<i>Burton ...</i>
TITLE:	CEO Medical Directors

DATE:	3/11/86
-------	---------

SECTION:	
VOL.:	POLICY NUMBER:
SUBJECT: MOBILE PEDIATRIC DIALYSIS	

TRANSPORTATION

Employees providing care at off-site facilities will use their own vehicles for transportation. Mileage will be reimbursed between the University of Minnesota Hospitals and Clinics and the off-site facility and back at the rate of 20.5¢ per mile. When requesting reimbursement, complete the form titled Mobile Pediatric Hemodialysis Program Mileage Reimbursement Record and forward it to the Assistant Administrator for Kidney Dialysis. A subsequent form will be sent for your signature and return. Reimbursement will be made within 2 to 4 weeks.

PARKING (See Maps)

Two parking spots reserved for dialysis personnel will be available at off-site facilities. Maps, describing the fastest routes to the off-site facility and the location of parking spots will be available.

When parking at St. Paul Children's Hospital, the parking ticket is to be taken to the staff in Peds ICU. They will validate it so that staff are not charged. The validated ticket must be turned in to the parking attendant when leaving the ramp.

DRESS CODE

Employees are expected to follow University of Minnesota Hospital Nursing Department Dress Code when performing off-site dialysis.

SUPPLIES AND EQUIPMENT

Supplies for treatment will be carried by the nurse and technician responsible for care. There will be two supply cases equipped with all necessary supplies except for the following:

- appropriate dialyzer
- appropriate blood lines
- appropriate bath and additives (i.e., CaCl,  
KCl, Bicarb, PO<sub>4</sub> )
- emergency access
- arteriosounde (if appropriate)

SECTION.	
VOL.:	POLICY NUMBER:
SUBJECT: MOBILE PEDIATRIC DIALYSIS	

When called to a remote facility bring two of the prescribed dialyzers and two sets of blood lines. Check with the attending physician regarding access and bath.

An AK10 and a 200 liter tank will be on the mobile site at all times. The AK10 will be locked in a storage area in the Peds ICU. The tank will be in the store room in the Peds ICU. All equipment on site will be checked and maintained on a monthly basis whether used or not.

The nurse or technician going on a remote run must take the key to the locked storage area. The key is located in the Narcotics Cabinet in the Dialysis Unit.

Upon return to UMHC, the nurse will restock the supply cases.

#### WATER TREATMENT AND EQUIPMENT MAINTENANCE

Water treatment equipment at St. Paul Children's Hospital will be maintained and disinfected by the staff of St. Paul Children's Hospital. Cultures will be obtained on a bi-monthly basis. Water samples to determine dissolved solute content and levels will be obtained twice a year. It is recommended they be obtained pre and post treatment in May/June and in October. Disinfection is recommended on a bi-monthly basis.

#### AUXILLARY EQUIPMENT

Sigma pumps for Mannitol and Heparin delivery will be hand carried to the remote site by the nurse and technician. If Sigmas are left for future use, it should be written on the note for that run. An arterio-sonde with transducer, cuff and paste should be taken when deemed appropriate.

#### FORMS

The Hemodialysis Record will look identical to the University of Minnesota Hospitals and Clinic's record except that it will be labeled with St. Paul Children's logo. When the treatment is complete, leave the original (white) in the patient's chart and bring the carbon (yellow) copy back.

SECTION:	
VOL.:	POLICY NUMBER:
SUBJECT:	
MOBILE PEDIATRIC DIALYSIS	

FORMS (continued)

The Kidney Dialysis Charges/Credits slip is to be completed at the remote site by the nurse. Leave the white sheet at the remote facility and bring the yellow and pink copies back. The yellow copy should be stapled to the yellow copy of the Hemodialysis Record. The pink copy should be sent to Medicare Supervisor, Patient Accounting, Box 602, Mayo.

LEGAL ASPECTS

As agents of the University of Minnesota Hospitals and Clinics, the University of Minnesota Hospitals and Clinics assumes full responsibility for the performance of all personnel involved in the delivery of remote care. Nurses and technicians are responsible for adherence to the policies, procedures and standards of care that govern the remote facility and the ICU.

# POLICY AND PROCEDURES MANUAL

## UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: AIDS PROTOCOL - DIALYSIS
SOURCE: DR. THOMAS HOSTETTER, MEDICAL DIRECTOR

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE: 3/86	
REVISION:	
REVIEWED:	

### AIDS PROTOCOL - DIALYSIS

For purposes of infection control in the Dialysis Unit, an individual with AIDS is defined as one who has been diagnosed based on clinical signs or symptoms that indicate AIDS infection or are compatible with the AIDS-related complex of infection, and/or is positive for anti-HTLV-III.

1. New chronic patients shall be screened for anti-HTLV-III at their first or second dialysis and thereafter every six months (in January and July).
2. Patients with AIDS or a positive Western Blot will be dialyzed in isolation with separate equipment that shall be labeled HTLV-III USE ONLY. The nurse assigned to dialyze that patient will not care for other patients during that shift unless it is another AIDS patient.
3. Bag out all laundry and equipment used in the usual manner.
4. All machines, furniture and equipment are to be cleaned with Osyl, followed by bleach.
5. Restrict the use of nondisposable supplies (i.e., B/P cuffs) to individual AIDS patients unless sterilized between uses.
6. All blood request slips and all labels MUST be stamped with the red "BLOOD PRECAUTIONS" warning. The blood specimens are then individually bagged out and sent to the appropriate labs. Clean off any blood spillage from the tubes with bleach.
7. Nurses and technicians should always wear gown and gloves (a mask is optional) whenever working with the patient's blood access.
8. Post an AIDS warning sign in front of the patient's room.
9. Food trays are handled in the same way as all non-infectious patients.

*Dr. Michael P. Moore MD*

APPROVED: <i>Barbara Turbett P.H. Abbott</i>
TITLE: C.E.O. Medical Director

DATE: 3/11/86

## Background Information on Peritoneal Dialysis

Peritoneal Dialysis works inside the body, using the body's own peritoneal membrane as the dialyzer. Waste products and water pass from the blood stream, through the peritoneal membrane, and into the dialysis solution. Used solution is periodically drained from the abdominal cavity and replaced with fresh solution.

Continuous Ambulatory Peritoneal Dialysis CAPD, offers continuous self-care dialysis 24 hours a day, 7 days a week. CAPD patients perform 3-5 daily exchanges. In peritoneal dialysis an exchange procedure involves draining used dialysis solution and instilling fresh dialysis solution into the abdominal cavity. Aseptic technique is required. The total procedure takes about 30-40 minutes. It can be done anywhere that provides privacy and a clean, well lighted environment.

Continuous Cycling Peritoneal Dialysis CCPD, offers daytime freedom from dialysis as the exchange process is done by a machine (cycler) at night. After the last nightly exchange, fresh dialysate is left in the peritoneal cavity and continues to cleanse the blood all day. CCPD is appealing to patients with busy lifestyles who want to free up their daytime hours. Patients who need the help of a partner may also prefer CCPD. Some patients use a combined program of CCPD and CAPD.

Choosing a Treatment The choice of self-care dialysis is based on the patient's health situation, motivation, and other needs. Most often, it is a decision shared by the patient, family, physician, nurse, and social worker. Together they discuss issues like the patients life style, distance from a dialysis center, home environment, availability of a partner to help; and emotional and physical capabilities.

Training Time CAPD/CCPD training is provided on an outpatient basis. Training sessions are 5 to 6 hours long and continue until mastery is achieved, the average being 7 sessions. Medicare allows for up to 18 training sessions.

Patient Census The number of patients followed on a monthly basis at UMHC varies (range 12-31). Variation is accounted for by transplantation, death, transfer to hemodialysis or transfer to another program.

Cost CAPD is generally considered the least costly dialysis option. Disposable supply costs range from \$10,000 - \$11,000 per year. Intraperitoneal insulin and custom dialysate formulas would further increase cost.

CCPD costs range from \$12,500 - \$13,500. Again intraperitoneal medication and custom dialysate formulas would further increase supply costs.

bvt.5.4186

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: AMINO ACID DIALYSATE PROTOCOL

SOURCE: CAPD/CCPD

SECTION: Page 1

VOL.: POLICY NUMBER:

EFFECTIVE: 1 March 1985

REVISION: July, 1985

REVIEWED: 2/86

The primary nutritional concern for the patient undergoing CAPD and CCPD is to maintain an adequate nutritional status, while taking into account dietary concerns related to weight changes and blood chemistries.

Of major concern is dietary protein intake. The recommendation is a no normal protein intake plus protein to replace losses found in the dialysate.

A serum albumin of less than 3.3 indicates that dietary intake of protein is too low.

Many factors promote nutritional wasting in the PD patient. Psychosocial problems and depression influence the amount of food that the patient is able to eat. Illness such as peritonitis affects appetite and increases the amount of protein lost in the dialysate.

For those patients unable to take adequate amounts of protein, amino acid dialysate will be used for one to two of the daily exchanges. These amino acid dialysate exchanges are to be done before or after lunch and dinner, for example:

8 am 1.5% Dextrose  
12 pm Amino Acid dialysate  
5 pm Amino Acid Dialysate  
10 pm 1.5% Dextrose

CCPD patients will cycle with 1 to 2 bags of amino acid dialysate and three bags of standard solution.

In addition to using the AAD at or near meal times, the dietician will work closely with these patients to tailor individual dialysate and nutritional needs.

Amino acid dialysate will be delivered to the patient every two weeks because amino acids are stable for a shorter period of time. The usual mechanism will be employed for deliveries.

As the patient's nutritional status improves, the number of amino acid dialysate exchanges may be decreased as determined by the physician.

sks  
031186

APPROVED: *S. Azar* *Barbara Tebbitt*  
Silvia Azar Barbara Tebbitt

TITLE: Medical Director Director of Nursing

DATE: 3.13.86

13.



# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: PROTOCOL FOR MONTHLY ANTI-LEUKOCYTE ANTIBODY SCREENING

SOURCE: CAPD/CCPD

SECTION:

VOL.: POLICY NUMBER:

EFFECTIVE: 1 March 1985

REVISION:

REVIEWED: 2/14/86

1. On the first of every month, have 20 cc of blood drawn into red top vacutainer tubes. It is preferable, but not mandatory, that this blood be centrifuged and only the serum mailed.
2. Label the tubes with your full name, birthdate, the date and time the specimen was drawn and your University Hospital Number.
3. Bring one of the Immunology Request Slips to your doctor's office when having your blood drawn. On the slip, fill in your full name, birthdate, the date and time the specimen was drawn, and your University Hospital Number.
4. Mail the specimen and the slips to the following address using the postage paid mailers which are enclosed.

OUTREACH PROGRAM  
University of Minnesota Hospitals  
Box 198, Room C-290 Mayo Bldg,  
420 Delaware Street S.E.  
Minneapolis, MN 55455

The specimen needs to be to the University within 2-3 days of being drawn, therefore DO NOT send by parcel post.

5. When the last mailer is sent, include a note requesting more mailers.

\*\*\*\*\*THIS BLOOD MUST BE SENT EVERY MONTH IF YOU ARE TO RECEIVE A TRANSPLANT\*\*\*\*\*  
ANYTIME IN THE FUTURE.

If you have any questions concerning these instructions, please contact the Outreach Program Office at the numbers below:

Local, 376-3570

Outside the metro area, within Minnesota, call toll-free, 1-800-462-5301, ask for ext. 63570.

Out-of-state, call toll-free,  
1-800-328-5517, ask for ext. 63570.

NAME: \_\_\_\_\_

UNIVERSITY HOSPITAL NUMBER: \_\_\_\_\_

\*\*\*\*\*PHYSICIANS PLEASE NOTE: To have the above mentioned supplies mailed\*\*\*\*\*  
to your patient(s), call the numbers above.

APPROVED: *Silvia Azar* *Barbara Tebbitt*  
TITLE: Medical Director Director of Nursing

DATE: 3.13.86

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: MINI TRANSFUSIONS  
AZATHIOPRINE/TRANSFUSION PROTOCOL  
SOURCE: CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	1 March 1985
REVISION:	
REVIEWED:	2/14/86

Prior to transfusions, give:

1 mg/kg body weight Azathioprine daily after assessment of White Blood Count and 3 - 7 days before transfusion scheduled.

If WBC less than 5000, give 0.5 mg/kg

Transfuse with:

10 mini units of blood from 10 random donors.

(A "mini" unit is usually 75 cc of packed red blood cells, sometimes known as a pediatric blood unit)

If patients cardiovascular status can tolerate 750cc of blood products, this may all be given in one sitting. It may be divided up into two different blood administrations with 5 "mini" units (325cc) at each sitting, or whatever the patient can tolerate.

Maintain dose of Azathioprine at 1 mg/kg body weight for one week after transfusions, then decrease dose to 0.5 mg/kg body weight for three weeks after transfusion, then discontinue.

IMPORTANT:

WBC should be initially monitored on a daily basis to prevent Azathioprine toxicity.

WBC should then be monitored at least 2x week for one week then decreased to weekly.

Liver functions should be obtained prior to Azathioprine therapy and at the discontinuance of the drug.

Blood samples for ALA screening should be obtained at two weeks, four weeks, and monthly after transfusion.

APPROVED:	<i>S. Azar</i> <i>Barbara Tebbitt</i> Silvia Azar Barbara Tebbitt	DATE:	3.13.86	15.
TITLE:	Medical Director Director of Nursing			

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	Diet and Dietary Supplementation Protocol
SOURCE:	CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER.
EFFECTIVE:	March 1985
REVISION:	
REVIEWED:	2/14/86

1. All patients will be placed on 1.5 gm/kg IBW protein diet. No other restrictions are necessary unless a need is identified (eg. diabetic or chronically hyperkalemic patients.)

2. If albumin is less than 3.0:  
Propac with instructions and receipes  
Citrotein with instructions and receipes  
Meretine with instructions and receipes  
Ensure with instructions and receipes

3. If there is medical indication of poor absorpion or striking hypoalbuminemia for two successive measurements of albumin, the patient may be placed on Amino Acid Dialysate Protocol, where applicable.

APPROVED:	<i>Silvia Azar</i> Silvia Azar	<i>Barbara Tebbitt</i> Barbara Tebbitt	DATE:	3.13.86	16.
TITLE:	Medical Director	Director of Nursing			

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	Discontinuation of Dialysis Therapy
SOURCE:	CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER.
EFFECTIVE: 3.85	
REVISION:	
REVIEWED: 2/14/86	

If a patient or the patient's guardian wishes to discontinue dialysis treatment, a team conference will be held. The consequences of discontinuing dialysis will be explained to the patient and family members. If the patient wishes to discontinue dialysis treatment and appears to fully understand the consequences, psychiatric evaluation will be sought to determine the patient's competency to make this decision. If all relevant personnel and the patient agree to discontinue dialysis, this will be done.

APPROVED:	<i>Silvia Azar</i> <i>Barbara Tebbitt</i>	DATE:	3.13.86	17.
TITLE:	Medical Director Director of Nursing			

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: Documentation of Care
SOURCE: CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE: March, 1985	
REVISION:	
REVIEWED: 2/14/86	

Each patient will have a chart in the Peritoneal Dialysis Office.  
This chart will include, but is not limited to, documentation of:

- a) training for self-care or care-provider,
- b) health professional progress notes,
- c) transplantation status,
- d) dialysis care plan,
- e) nursing care plan,
- f) clinic visits nursing evaluation,
- g) multidisciplinary team conferences,
- h) recent laboratory data,
- i) dialysis run records, and
- j) physicians orders.

The peritoneal dialysis team will meet weekly to discuss, evaluate, and document patient care.

APPROVED	<i>Silvia Azar</i> Silvia Azar	<i>Barbara Tebbitt</i> Barbara Tebbitt
TITLE:	Medical Director	Director of Nursing

DATE: 3.13.86 18.

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	EVALUATION OF SELF CARE
SOURCE:	CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER.
EFFECTIVE:	1 March 1985
REVISION:	
REVIEWED:	2/14/86

Care will be evaluated by the peritoneal dialysis team in the following ways:

1. The patient will send and nurses will review, weekly CAPD or CCPD flow sheets which document:
  - a. Daily (or pre and post-CCPD) postural blood pressures
  - b. weights
  - c. temperatures
  - d. pulse rates
  - e. Dextrose concentration of dialysates used
  - f. medications added to dialysate
  - g. Number of exchanges during each day.
2. Patients will be evaluated by the Medical Director or designated physician in the Medicine Clinic once per month for three consecutive months following completion of training or discharge from the hospital. When the patient has been discharged for a period of three months, the interval between clinic appointments may be extended to a maximum of three months.
3. Peritoneal Dialysis Nurses will maintain regular telephone contact with patients.
4. Home patients are expected to notify the peritoneal dialysis Team by telephone should any change in their condition occur or should questions arise.
5. If a patient fails to participate in this process, he will be considered non-compliant.

APPROVED:	<i>Silvia Azar</i> <i>Barbara Tebbitt</i>	DATE:	3.13.86	19.
TITLE:	Medical Director      Director of Nursing			

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	Patients Failure to Comply with Terms of the Program
SOURCE:	CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER.
EFFECTIVE:	March, 1985
REVISION:	
REVIEWED:	2/14/86

The following are responsibilities of any patient in home peritoneal dialysis. These responsibilities are explained to the patient during his/her training period:

1. The patient must send weekly flowsheets to the hospital for routine follow-up.
2. The patient must attend renal clinic.
3. The patient must notify dialysis personnel of visits to local physicians.
4. The patient must adhere to the program designed for him/her by the dialysis team.

It is also explained to the patient, that if at any time he/she does not wish to remain on Peritoneal Dialysis and comply with the program, that every effort will be made to provide for satisfactory alternative therapy.

In the event that a patient fails to comply with the above responsibilities, the following actions will be taken:

1. The Peritoneal Dialysis nurse will place a call to the patient.
2. The Peritoneal Dialysis nurse will send a letter restating patient responsibilities to the patient.
3. The Medical Director will send a similar letter to the patient via registered mail.

If the above actions do not improve patient compliance, a team conference will be held, and the patient encouraged to participate.

The team conference may result in any of the following actions:

1. Notification to the manufacturers of the patient's dialysis supplies that he/she is no longer compliant, that the home training unit can no longer authorize delivery of supplies until the patient can be evaluated in renal clinic.
2. Contact of local community health agencies to arrange for home visits and assessment of the patient until the patient can be evaluated in renal clinic.
3. Arrange for the patient to be transferred to in-center dialysis where ongoing medical evaluation is possible.

APPROVED:	<i>Silvia Azar</i> Silvia Azar	<i>Barbara Tebbitt</i> Barbara Tebbitt	DATE:	3.13.86	20.
TITLE:	Medical Director	Director of Nursing			

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	INFECTION CONTROL
SOURCE:	CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE: 1 March 1985	
REVISION:	
REVIEWED: 2/14/86	

1. All procedures will be done under sterile or aseptic technique.
2. All suspected infections will be cultured. Positive cultures will be set up for sensitivities.
3. There will be ongoing record keeping to include:
  - a. Date of onset of any case of peritonitis
  - b. Identification of the organisms involved.
  - c. Sensitivities and MIC in; drugs used in treatment.
  - d. Peritonitis rates expressed in number of cases per patient month.
4. Any patient who suffers peritonitis more than twice in a 16-week period will be reviewed in the weekly team conferences. If each case of peritonitis has the same organism, the patient will be admitted for replacement of the peritoneal dialysis catheter.
5. Any patient who suffers more than three episodes of peritonitis in a period of six months will be reviewed in the weekly team conference. If there is no demonstrable medical explanation for the recurring infections, the patient will be conferenced by the team. In this conference, the risks of frequent peritonitis will be reviewed with the patient, and the option of hemodialysis discussed. If, in the opinion of the medical director, the patient is no longer a home peritoneal dialysis candidate, other therapeutic options will be presented during that conference.
6. Infection control policies 33.6 and 33.12 will be implemented in the Home Training Unit.

sks  
031985

*Silvia Azar* *Barbara Tebbitt*

APPROVED:	Silvia Azar	Barbara Tebbitt	DATE: 3.13.86	21.
TITLE:	Medical Director	Director of Nursing		



# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: INFECTION PROTOCOLS

SOURCE: CAPD/CCPD

SECTION: Page 1

VOL.: POLICY NUMBER:

EFFECTIVE: 1 March 1985

REVISION:

REVIEWED: 2/14/86

## Suspected Exit Site Infection

1. Remove suture if 7 days post placement.
2. Culture drainage and set up sensitivities if growth is found.
3. Velosef 500mg p.o. qid times one day then 250 mg p.o. qid times ten days.
4. Vitamins BID while on antibiotic.

## Suspected Peritonitis

1. Peritonitis is indicated by the presence of any three of the following symptoms:

- a) Cloudy effluent
- b) Fever
- c) Abdominal pain/cramping
- d) Bloody effluent
- e) Nausea and vomiting
- f) Peritoneal fluid WBC count greater than 100

Upon noting these symptoms, the patient should do three rapid exchanges, the first bag of effluent should be changed.

2. Fourth exchange to contain:

Kefzol 1 gram  
Tobramycin 1.7 mg/kg IBW  
Heparin 500u/liter dialysate  
This exchange to dwell times six hours.

3. Subsequent exchanges to contain 500 mg Kefzol for ten days unless otherwise instructed by the peritoneal dialysis team.
4. First effluent to laboratory for culture and sensitivities, fluid cell count and gram stain.
5. When sensitivities are available, nurse may order:
  - a) Kefzol 500 mg IP each exchange OR
  - b) Tobramycin 8 mg/liter IP each exchange OR
  - c) Vancomycin 1 gram IP to dwell six hours followed by repeat dose in 10 days.

Most efficacious drug on screen to be used. Nurse should consult physician within 8 hours of instituting these orders. If most efficacious drug is not one of the above, nurse must notify physician immediately.

APPROVED: *S. Azar* *Barbara Tebbitt*  
Silvia Azar Barbara Tebbitt

TITLE: Medical Director Director of Nursing

DATE: 3.13.86 22.

Gross Contamination of Peritoneal Fluid Pathway

1. Drain abdomen completely.
2. Instill Vancomycin 1 gram IP to dwell times six hours.
3. Transfer set should be changed within 7 to 10 days.

Prophylactic Antibiotics During Dental Work

Pennicillin G 2 grams P.O. 30-60 minutes before the procedure then 500 mg P.O. qid times eight doses.

If patient is allergic to pennicillin, the patient should be given Vancomycin 1 gram IP to dwell six hours, or Erythromycin 1 gram P.O. 90-120 minutes before the procedure followed by Erythromycin 500 mg P.O. every 6 hours times eight doses.

sks  
031985

# POLICY AND PROCEDURES MANUAL

## UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: PROTOCOL FOR INTRAPERITONEAL INSULIN
SOURCE: CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	
REVISION:	
REVIEWED:	2/86

The peritoneal dialysis team and patient will make the decision whether a patient is appropriate for intraperitoneal insulin administration. CCPD patients will continue with subcutaneous insulin during the daytime.

Training Day # 1: Patient should administer subcutaneous insulin as usual. The nurse will obtain every 2 hour glucose measurements using the equipment that the patient will use for home glucose monitoring.

Training Day # 2: Patient should come to the training unit with a fasting blood sugar measurement and hold his own morning subcutaneous insulin dose.

The first exchange of the day will include insulin according to the following formula:

$$\left. \begin{array}{l} \text{Total number of units of} \\ \text{insulin patient normally} \\ \text{uses in a 24 hour period} \end{array} \right\} \text{divided by } 4 \text{ plus } \left\{ \begin{array}{l} 0 \text{ units for 1.5\% Dextrose} \\ 2 \text{ units for 2.5\% Dextrose} \\ 4 \text{ units for 4.25\% Dextrose} \end{array} \right.$$

If fasting blood sugar is greater than 250, add 2 additional units regular insulin.

Blood glucose monitoring will continue every 2 hours during training.

The Nurse may give subcutaneous regular insulin for blood sugars over 250 according to sliding scale:

250 - 350 5 units regular  
450+ 10 units regular

Check urine ketones for blood sugar greater than 250 times 24 hours.

Continue with intraperitoneal insulin per the schedule above.

Training Day # 3: Continues with intraperitoneal insulin per basic formula. If subcutaneous insulin was required on Day # 2, that amount of insulin will be added to the exchange closest to the time of the blood sugar peak.

The nurse may also titrate by increments of 1 - 2 units to establish control evidenced by random blood sugars less than 200.

If the patient is not able to dialyze at home independently, cover evening blood glucoses per sliding scale.

Training Day # 4: As for Day # 3. Patient may begin to titrate own insulin at the discretion of the dialysis nurse.

Only those patients who have been trained to use intraperitoneal insulin should receive insulin by this route.

APPROVED: <i>Silvia Azar</i> <i>Barbara Tebbitt</i>	DATE: 3.13.86
TITLE: Medical Director Director of Nursing	24.

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	Masks in Dialysis
SOURCE:	CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	March 1, 1979
REVISION:	June 8, 1983
REVIEWED:	<i>BA</i> , 2/86

## MASKS IN DIALYSIS

Masks will be worn when:

- A. Setting up sterile trays.
- B. Performing sterile procedures.
- C. Working over an exposed shunt or wound.
- D. Doing bladder irrigations.
- E. Implementing respiratory, strict or protective isolation.
- F. Staff member has an upper respiratory infection.
- G. The danger of aerosoled blood is present.

APPROVED

*S. Azar*  
Sylvia Azar

*Barbara Tebbitt*  
Barbara Tebbitt

TITLE:

Medical Director

Director of Nursing

DATE:

3/13/86

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: MEDICAL RECORDS RETENTION

SOURCE: CAPD/CCPD

SECTION:

VOL.:

POLICY NUMBER:

EFFECTIVE:

1 March 1985

REVISION:

REVIEWED:

2/14/86

All records held by the Peritoneal Dialysis Home Training Unit will be maintained on the premises for a period of 5 years, or that period mandated by state statute, which ever is longer.

These records will be limited to the contents of the patient's dialysis chart i.e., physician orders, training records, progress notes, Dialysis Flow Sheets, Laboratory data sheets, and hospital discharge summaries.

sks  
031985

APPROVED: *Silvia Azar* *Barbara Tebbitt*

TITLE: Medical Director Director of Nursing

DATE: 3,13.86 26.

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: MEDICATION PROTOCOL

SOURCE: CAPD/CCPD

SECTION: Page 1

VOL.: POLICY NUMBER:

EFFECTIVE: 1 March 1985

REVISION:

REVIEWED: 2/14/86

## Routine Medications

Alternagel 15-30 cc po tid or qid OR  
Alucaps 1-6 p.o. with meals and at HS OR  
Basalief 1-6 caps p.o. with meals and at HS  
Amphogel 15-30 cc p.o. with meals and at HS  
Tums 1-2 tablets with meals and at HS  
Amphogel tabs (10 grain) as directed by cookie receipt  
Calcium carbonate 15 cc or one tab with meals and at HS  
Berocca vitamin 1 p.o. qd, except while on antibiotics  
(If patient is on antibiotics, Berocca 1 tab p.o. bid)

## For Constipation

For constipation: Colace 100 mg p.o. qd or BID  
OR  
Lactulose 15-30 cc p.o. qd BID or TID  
Should be titrated by nurse and patient.

## For Urine Output

Lasix should be given to patients with urine output. Nurse may titrate dose to 240 mg p.o. BID. 24 hour urine volumes should be documented both on and off Lasix. If no significant response to Lasix, the medication should be discontinued.

## Antihypertensives

Nurse may instruct patients to hold antihypertensive medications for blood pressure less than 100/60. The physician must be consulted if titration or discontinuation of antihypertensive medications is desired.

## Heparin

Heparin 500u/liter dialysate IP prn notation of fibrin in effluent. The nurse should instruct the patient in the addition of medications to dialysate and send Heparin and supplies with the patient at the time of discharge from training.

APPROVED: *Silvia Azar* Barbara Tebbitt

TITLE: Medical Director Director of Nursing

DATE: 3.13.86 27.

SECTION: Page 2	
VOL.:	POLICY NUMBER:
SUBJECT: MEDICATION PROTOCOL	

Other

All other medications should be reviewed with the patient and continued. The physician should be consulted if there is a question about continuing any outpatient medications.

sks  
031985

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	MINIMUM REQUIREMENTS FOR HOME CARE DIALYSIS
SOURCE:	CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	1 March 1985
REVISION:	
REVIEWED:	2/14/86

Patients who have been discharged from training will be considered safe to perform self dialysis if the following items can be documented:

1. Repeated return demonstrations of vital signs measurement.
2. Repeated return demonstrations of the exchange procedure without error.
3. One demonstration of the ability to use the toll-free number to summon peritoneal dialysis nurses.
4. Demonstration of an ability to maintain and mail the dialysis flow sheets.

These criteria will be met by the patient or a resident of the same home.

If there is reason to question the patient's ability to learn, performance of exit site care will be used to determine the patient's appropriateness for home care. At least two attempts will be made over a two week period to teach proper exit site care. The patient will demonstrate site care at least four times. If at the end of the two week period, the patient cannot correctly demonstrate exit site care, he/she will be deemed inappropriate for home care training at that time. This will not preclude future home care training.

If the patient cannot meet the minimum criteria for home care within 15 training days, the medical director will be informed. If it appears that the patient can meet the criteria within three additional training days, application will be made to Medicare for the three additional days, and training will continue. If it does not appear that the patient will be able to meet minimum requirements, a conference will be held to explore other options for care with the patient and/or family. This will not preclude the patient from further training attempts.

sks  
032085

APPROVED:	<i>Silvia Azar</i>	<i>Barbara Tebbitt</i>	DATE:	3.13.86	29.
TITLE:	Medical Director	Director of Nursing			



# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: NOTIFYING THE PHYSICIAN OF  
PATIENT PROBLEMS AND EMERGENCIES

SOURCE: CAPD/CCPD

SECTION:

VOL.: POLICY NUMBER:

EFFECTIVE:

REVISION:

REVIEWED: 2/14/86

There will be a physician rotation and on call schedule posted in the training unit. This schedule will indicate the attending physician in charge plus the daily fellow coverage in the unit for that month.

The responsible physician in charge will be called any time nursing judgement indicates that a changing patient condition cannot be solved. Things which can be done to resolve problems in relation to the patient are covered by the standing orders.

In the case of emergency, the nurse will immediately notify the physician in charge of the renal unit via the triple page procedure and/or initiate the appropriate emergency response. Cardio-pulmonary resuscitation will be initiated immediately by qualified nurses.

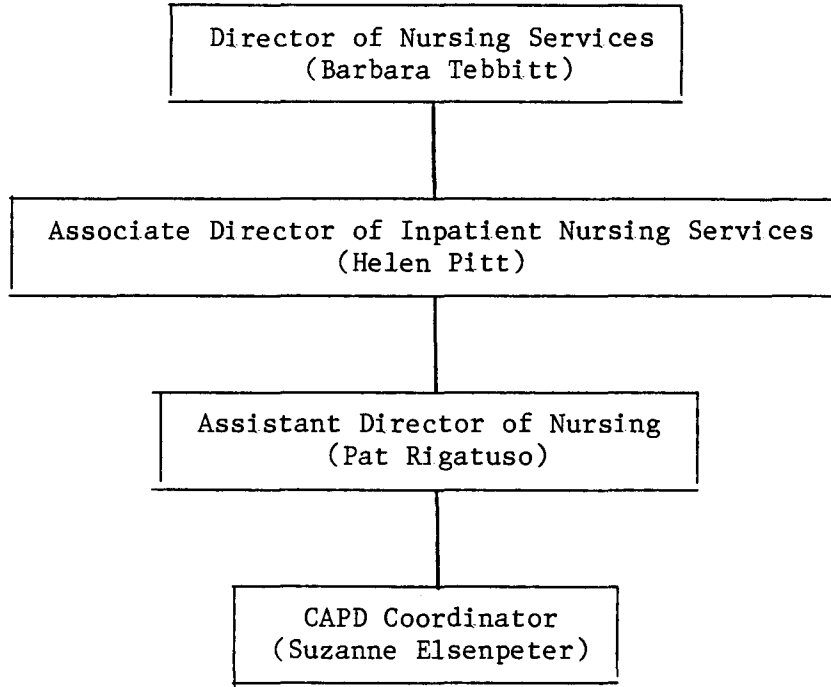
If the nurse receives an order from a physician that is questionable, he/she may call the attending physician or the Medical Director of the Peritoneal Dialysis Unit.

sks  
031985

*Silvia Azar*  
APPROVED: Silvia Azar Barbara Tebbitt  
TITLE: Medical Director Director of Nursing

DATE: 3.13.86 30.

ORGANIZATIONAL STRUCTURE  
FOR  
PATIENT CARE AREA CAPD



LEGEND:

\_\_\_\_\_ indicates direct responsibility and authority

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: PATIENT EDUCATION/INFORMATION

SOURCE: CAPD/CCPD

SECTION:

VOL.: POLICY NUMBER:

EFFECTIVE: 1 March 1985

REVISION:

REVIEWED: 2/14/86

1. Patients receive basic information about dialysis from nurses, social workers and/or physicians. This information includes the types of dialysis available (i.e., hemodialysis or peritoneal dialysis), the advantages and disadvantages to either method, and the feasibility of transplantation; patient expectations are also reviewed.
2. If medically feasible, patients will attend pre-dialysis classes before training is begun.
3. Patients may review the contents of their medical record in accordance with hospital policy, i.e., in the presence of a physician who can explain the contents of the record.
4. All patients are encouraged to attend and participate in any team conference which includes discussion of his/her condition and plan of care.

sks  
031985

*S. Azar* *Barbara Tebbitt*

APPROVED: Silvia Azar Barbara Tebbitt

TITLE: Medical Director Director of Nursing

DATE: 3.13.86

32.

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: PATIENT SELECTION CRITERIA

SOURCE: CAPD/CCPD

SECTION:

VOL.:

POLICY NUMBER:

EFFECTIVE:

1 March 1985

REVISION:

REVIEWED:

2/14/86

The philosophy of the Dialysis Programs is to accept anyone who is in need of treatment for Acute or Chronic Renal Failure.

We believe that there are no criteria for predicting a patient's ability to learn self-care or for predicting his or her eventual adaptation to such a program. Furthermore, it is impossible to adequately define a patient's rehabilitative potential. Therefore, any patient deemed by the medical director fit for home training will be admitted to the training unit, with the following exceptions:

1. In accordance with Medicare regulations, no residents of a Nursing Home can be admitted to or maintained by the program. If a patient is admitted to the Nursing Home after he/she has been dialyzing at home, the team will consult with the patient and/or family to provide other dialysis options and care until such time as the patient is able to return home.
2. Patients unable to be adequately dialyzed at home, or who appear to need acute peritoneal dialysis will be admitted to the hospital until the medical director has deemed them stable for home care.

sks  
031985

*Barbara Tebbitt* *Silvia Azar*  
APPROVED: Barbara Tebbitt      Silvia Azar

TITLE: Director of Nursing      Medical Director

DATE: 3.13.86      33.

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: PHYSICIAN ORDERS

SOURCE: CAPD/CCPD

SECTION:

VOL.:

POLICY NUMBER:

EFFECTIVE: 1 March 1985

REVISION:

REVIEWED: 2/14/86

1. The training nurse will institute dialysis orders using the peritoneal dialysis physician standing orders and protocols. The medical director or designated physician will be informed of the patient's condition within 8 hours of instituting any protocol or standing orders.
2. Orders will be initiated on the first training day and updated as appropriate.
3. The medical director or designated physician will sign off all orders within one working day.

sks  
031985

*Barbara Tebbitt*  
APPROVED: Barbara Tebbitt, Silvia Azar

TITLE: Director of Nursing, Medical Director

DATE: 3.13.86 34.

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	PRIORITY FOR DIALYSIS
SOURCE:	CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE: 4 September 1985	
REVISION:	
REVIEWED: 2/14/86	

Under some circumstances, there will be more patients needing dialysis training than the facility is able to accomodate. On these occasions, the physician in charge will review all patients ready for training to determine the options available. Some patients may be able to undergo hemodialysis, other may be able to delay dialysis until a later date. In making this decision, the patients proximity to other resources, the patient's urea, creatinine, potassium, and fluid status, and relevant social factors will be considered.

sks  
031985

*Barbara Tebbitt*  
APPROVED: Barbara Tebbitt      Silvia Azar  
TITLE: Director of Nursing      Medical Director

DATE: 3.13.86      35.

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	Statement of Purpose of the Peritoneal Dialysis Unit
SOURCE:	CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	September 4, 1984
REVISION:	
REVIEWED:	2/14/86

The purpose of the Peritoneal Dialysis Unit at the University of Minnesota include but are not limited to:

- 1) Provision of training for self-care peritoneal dialysis to any patients with end-stage renal disease.
- 2) Provision of on-going education and management of those patients on self-care peritoneal dialysis.
- 3) Provision of education and consultative support services to patient care areas at the University of Minnesota which house peritoneal dialysis patients.

APPROVED	<i>Barbara Tebbitt</i> Barbara Tebbitt	<i>Silvia Azar</i> Silvia Azar	DATE:	3.13.86	36.
TITLE:	Director of Nursing	Medical Director			

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	SUPPORT SERVICES
SOURCE:	CAPD/QCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	1 march 1985
REVISION:	
REVIEWED:	2/14/86

1. The Home Training Unit makes available under agreement, the ordering of supplies and the installation and maintenance of patient equipment.

During training, the dialysis team determines the appropriate method of peritoneal dialysis based on patient need and ability. A prescription is completed and submitted to the appropriate manufacturer who then assumes responsibility for the ordering of supplies and the installation and maintenance of the patient's equipment.

If at any time the patient requests to use an alternate system of peritoneal dialysis, this request will be accomodated if in the assessment of the dialysis team, the alternate method is appropriate to patient need and ability.

2. The Home Training Unit also provides:
  - a) a direct record keeping system
  - b) direct Social Service consultation
  - c) direct dietician consultation
  - d) direct or by arrangement the services of local social workers, nurses and/or dieticians.
  - e) emergency and resource phone numbers.

sk  
031985

*Barbara Tebbitt* *Silvia Azar M.D.*  
APPROVED: Barbara Tebbitt      Silvia Azar  
TITLE: Director of Nursing      Medical Director

DATE: 3.13.86      37.



SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE: September, 1984	
REVISION:	
REVIEWED: 2/14/86	



SUBJECT: Support Services Provided to Home Patients
SOURCE: CAPD/CCPD

1. A Peritoneal Dialysis Nurse will provide 24 hour on-call coverage to self-care patients. The training program will address the mechanisms by which that nurse can be reached.
  
2. In the event that the patient or peritoneal dialysis nurse on-call feel that hospital admission is indicated or specific medical management is required, the nurse will notify the dialysis fellow on call or the Medical Director.
  
3. In the absence of the Medical Director, the dialysis fellow and Dialysis attending physician will provide medical coverage to the peritoneal dialysis unit.

*Barbara Tebbitt*      *Silvia Azar M.D.*

APPROVED: Barbara Tebbitt	Silvia Azar	DATE: 3.13.86	38.
TITLE: Director of Nursing	Medical Director		

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	TRAINING HOURS AND DAYS
SOURCE:	CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	1 March 1985
REVISION:	
REVIEWED: 2/14/86	

1. In accordance with Medicare Regulations, all patients will be discharged from the hospital at least one calendar day prior to the first training day.
2. Training will commence only on Mondays or Tuesdays because it is the experience of the Home Training Unit that at least four training days are required before a patient is ready for independent dialysis. No training will occur on Saturdays or Sundays.
3. Training days will be a minimum of 5 hours in length.
4. Training will continue until the patient can meet the optimum standards (see Training Log) or 18 training days have been used.

sks  
031985

APPROVED: Barbara Tebbitt	Silvia Azar	DATE: 3.13.86 39.
TITLE: Director of Nursing	Medical Director	

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: TRANSFER OF MEDICAL INFORMATION

SOURCE: CAPD/CCPD

SECTION:

VOL.:

POLICY NUMBER:

EFFECTIVE: 1 March 1985

REVISION:

REVIEWED: 2/14/86

1. When a patient is transferred to another facility for dialysis, the peritoneal dialysis nurse will complete a Home Health Referral and send a copy to the receiving facility within 24 hours of the transfer. If applicable, a letter will also be sent, along with a copy of the most recent hospital discharge summary to the receiving unit. The letter may contain but is not limited to routine therapeutic needs of the patient and special approaches. A copy of this communication will be included in the patient's U of M medical record.

sks  
032085

APPROVED: *Silvia Azar* *Barbara Tebbitt*  
TITLE: Medical Director Director of Nursing

DATE: 3.13.86 40.

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT: TRANSFER SET CHANGES
SOURCE: CAPD/CCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE:	
REVISION:	
REVIEWED: 2/14/86	

1. All CAPD patients will have timely transfer set changes.
2. If the patient is expected to change his/her own transfer set, return demonstration of this skill will be documented.
3. Patients using urethane lines will have the lines changed every 6 months or more often, as indicated.
4. Transfer sets will be changed within 10 days of the onset of any episode of peritonitis.

sks  
031985

*Silvia Azar* *Barbara Tebbitt*

APPROVED: Silvia Azar Barbara Tebbitt	DATE: 3.13.86 41.
TITLE: Medical Director Director of Nursing	

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services

SECTION: Page 1

VOL.: POLICY NUMBER:

EFFECTIVE: 1 March 1985

REVISION: 14 February 1986

REVIEWED:



SUBJECT: TRAINING PROTOCOLS

SOURCE: CAPD/CCPD

1. Peritoneal dialysis nurses will utilize any of the following the nurse's assessment of the patient's need:
  - Abbott Inpersol IM Dialysate in 1.5%, 2.5%, or 4.25% dextrose concentration.
  - Travenol PD II Dialysate in 1.5%, 2.5%, 3.5%, or 4.25% dextrose concentration.
  - McGaw Dialysate in plastic jugs (Na131) in 1.5% or 4.25% dextrose concentration.
  - Abbott System Three connectology.
  - Abbott System One connectology.
  - Travenol conventional connectology.
  - Travenol UVXD connectology.
  - Delflex Safe-Lock connectology.
  - Delmed cycler tubing with Unispikes prongs, or Safe-Lock connectology
  - Abbott Patient Assist Device
  - Travenol UVXD Germicidal Chamber
  - Travenol Pnc X Cyclor
  - Travenol Cyclor Tubing
  - Delflex IM Dialysate 1.5%, 2.5%, 4.25%
2. Exchanges will be of 750cc, 1000cc, 1500cc, 2000cc, 2500cc, or 3000cc volumes to achieve maximum clearances without respiratory distress or excessive patient discomfort. Clearance studies and laboratory determination of serum chemistries will indicate appropriate clearance.
3. Cyclor patients will use volumes, fill and dwell times and drain time as recommended based on laboratory determination of appropriate clearance.
4. The goal of dialytic therapy is to maintain ideal body weight, with serum potassium less than 5.5, BUN less than 110, and creatinine less than 12.0, and establish nitrogen balance as close to normal as possible.
5. CAPD patients will do 3-5 exchanges daily to maintain adequate dialysis as defined in item 4 above.
6. The peritoneal dialysis nurse may irrigate the P.D. catheter with 1000u Heparin per liter of dialysate prn failure of the catheter to drain.
7. Laboratory studies will be drawn on the first or second training day at discharge and on each clinic visit. These studies will include:
  - a. GNEC, calcium, phosphorous, magnesium
  - b. Albumin and alkaline phosphatase
  - c. CBC with differential
  - d. SGOT (if not documented within 1 month)
  - e. Hepatitis profile (once yearly)
  - f. Mg once yearly
  - g. AST once every 3 months

APPROVED: Sylvia Azar

Barbara Tebbitt

TITLE: Medical Director

Director of Nursing

DATE: 3.13.86

42.

8. Exit site care with peroxide and Betadine solution will be done once daily unless exit site infection is suspected. If infection is suspected or present, care will be done twice daily.
9. Social service and Dietary evaluations will be completed during training.
10. All diabetic patients will be trained in the use of home glucose monitoring equipment, blood pressure instrumentation, talking scales and other equipment specifically designed for use by the visually impaired.
11. All patients considered medically eligible for transplantation will attend the Pre-Transplant Class.
12. The peritoneal dialysis nurse will assist all transplant candidates in completing the transplant work-up by making the necessary referrals and asking that the patient be presented in Transplant Conference when work-up is complete.
13. A family member may be trained to assist with or perform dialysis therapy. Nurses or other care assistants will not be trained for this purpose.
14. Referral to the patient's local PHN and or social service is made if deemed appropriate by the dialysis team.
15. The first return to clinic appointment will be made by the training nurse. The interval between discharge from training will be not less than 4 weeks and determined by the nurse based on patient's stability and need for follow up.
16. The peritoneal dialysis nurse will place the initial supply order with the appropriate manufacturer and monitor the patient's management of his home supplies.

sks  
032085

# POLICY AND PROCEDURES MANUAL

UNIVERSITY OF MINNESOTA HOSPITALS AND CLINICS

Department of Nursing Services



SUBJECT:	Self-care Training
SOURCE:	CAPD CCPD

SECTION:	
VOL.:	POLICY NUMBER:
EFFECTIVE: September 4, 1984	
REVISION:	
REVIEWED: 2/14/86	

1. Training to prepare a patient for performing self-care peritoneal dialysis will include but not be limited to:
  - a) education and understanding of their disease,
  - b) ability to perform the complete procedure which includes sterile techniques,
  - c) understanding their diet, blood pressure, body wastes and how each affects the other,
  - d) ability to recognize adverse symptoms of their disease or complications of the dialysis,
  - e) recognition of peritonitis symptoms, knowledge of, and ability to perform the necessary emergency treatment procedures,
  - f) understanding their medications and their effects,
  - g) ability to properly care for the site of the peritoneal dialysis catheter, and
  - h) knowing who to contact at the University Hospitals when the need arises.
  
2. A patient will be deemed ready for discharge to his/her home for self-care when these minimum standards can be documented:
  - a) the home training log is complete,
  - b) the ability to reliably measure and report vital signs and body weights has been demonstrated by the patient and or the dialysis assistant,
  - c) the patient's medical condition has been evaluated and pronounced to be stable by the attending physician,
  - d) the patient has demonstrated the ability to call for help during off-hours,
  - e) the social worker and dietician have evaluated the patient, and
  - f) the patient has demonstrated rudimentary understanding of emergency procedures.
  
3. In the event that minimum standards cannot be met in the 15 training days, a team conference will be held to explore options for provision of dialysis care.

*Barbara Tebbitt* *Silvia Azar M.D.*

APPROVED:	Barbara Tebbitt	Silvia Azar	DATE:	3.13.86	44.
TITLE:	Director of Nursing	Medical Director			