UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

CANCELLATION NOTICE

The August, 1989 Joint Conference Committee meeting was cancelled because of a lack of agenda items.

Nancy C. Janda
Secretary
Board of Governors

September 6, 1989

TO: Joint Conference Committee Members

Liza Arendt, M.D.
Amos Dienard, M.D.
Robert Dickler
Phyllis Ellis
David Link
Robert Maxwell, M.D.
Bruce Work, M.D.

FROM: George Heenan, Committee Chair

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

Wednesday, September 13, 1989
4:30 p.m.
The Board Room (8-106), University Hospital

The agenda and background materials for the meeting are enclosed. A snack will be served at the beginning of the meeting.

cc: Greg Hart
Nancy Janda
Sue Jensen
Geoff Kaufmann
Shannon Lorbiecki
Ann Russell
Barbara Tebbitt

TABLE OF CONTENTS

	Page(s)
Agenda	1
July 12, 1989 Meeting Minutes	2
Quality Monitoring Progress Report	5
Credentials Committee Report	34

JOINT CONFERENCE COMMITTEE

BOARD OF GOVERNORS

Wednesday, September 13, 1989
4:30 P.M.
The Board Room (8-106) University Hospital

AGENDA

I.	Approval of the July 12, 1989 Meeting Minutes	Approval
II.	Quality Monitoring Progress Report -Mr. Greg Hart -Ms. Susan Jensen	Discussion
III.	Credentials Committee Report -Dr. Robert Maxwell	Endorsement
IV.	Clinical Chiefs Report -Dr. Bruce Work	Information
V.	Other Business	
VI.	Adjournment	

MINUTES
Joint Conference Committee
Board of Governors
July 12, 1989

CALL TO ORDER:

Chairman Heenan called the July 12, 1989 meeting of the Joint Conference Committee to order at 4:38 P.M. in Room 8-106 in the University Hospital.

Attendance: Present: George Heenan
David Link
Robert Maxwell, M.D.
Robert Dickler
Bruce Work, M.D.
Amos Deinard, M.D.

Absent: Liza Arendt, M.D.
Phyllis Ellis

Staff: Jan Halverson
Greg Hart
Nancy Janda
Barbara Tebbitt
Shannon Lorbiecki

Guest: Dale Hammerschmidt, M.D.
Sue Jensen

APPROVAL OF MINUTES:

The minutes of the June 14, 1989 meeting were approved as submitted.

FOLLOW-UP OF QUALITY ASSURANCE REPORT FROM JUNE MEETING

Sue Jensen reported that discussion with Dr. Clayton resulted in the establishment of a monthly meeting within the Psychiatry Department to include individual case reviews and discussion of quarterly reports. Ms. Jensen indicated that some progress has been made in the development and monitoring of indicators.

REPORT FROM THE COMMITTEE(S) ON THE USE OF HUMAN SUBJECTS IN RESEARCH

Dr. Dale Hammerschmidt described the role and purpose of the Human Subjects Committee. The purpose of the Committee is to assure that individuals participating in clinical studies as research subjects are not exposed to unreasonable risks.

The committee consists of three panels which conduct prospective review of the study design to assure that the study design and informed consent process

provide an acceptable level of risks given the benefits of the research and conform to all pertinent guidelines of the University and other agencies.

Discussion followed the presentation about when a procedure or form of treatment becomes accepted practice and no longer falls within the purview of the Human Subjects Committee, and should thus be considered by the Credentials Committee of the Medical Staff-Hospital Council. Mr. Hart suggested that it may be beneficial in the future to have members of the Human Subjects Committee as guests at a meeting of the Credentials Committee to further discuss this subject.

The Committee thanked Dr. Hammerschmidt for his presentation.

CLINICAL CHIEF APPOINTMENTS

Dr. Maxwell presented recommendations for the appointments of three new Chiefs of Clinical Services. Those being Dr. Palahniuk, Anesthesiology, Dr. Price, Neurology, and Dr. Shearer, Hospital Dentistry.

Mr. Hart and Mr. Halverson reported that the hospital has recently learned that Dr. Palahniuk's H-1 Visa limits his patient care involvement to that which is incidental to his teaching and research responsibilities. The medical staff bylaws empower the Chief of the Clinical Service to supervise all patient care activities and professional services within the respective clinical department. It was suggested that the topic may need further clarification with Dr. Palahniuk prior to his appointment as clinical chief.

Dr. Work made a motion to recommend the appointment of Dr. Palahniuk as Chief of Anesthesiology. This motion was seconded by Dr. Deinard, and substantial discussion followed, particularly related to what action would be in Dr. Palahniuk's best interest.

Dr. Work moved to call the question in order to bring the committee to an immediate vote on the motion for recommendation of Dr. Palahniuk as Chief of Anesthesiology. This motion failed to gain the necessary majority vote and discussion of the original motion continued.

Dr. Deinard withdrew his second of the motion that Dr. Palahniuk's appointment be approved unconditionally based on discussion that approval of this motion could jeopardize Dr. Palahniuk. The original motion thus died in the absence of a second.

Mr. Dickler moved that the committee recommend the appointment of Dr. Palahniuk as Chief of Anesthesia pending consultation with Dr. Palahniuk regarding his patient care activities and clarification that fulfillment of the duties of this role will not jeopardize his Visa status. For the record Dr. Work indicated dissension relative to this motion, based on his belief that any patient care conducted by Dr. Palahniuk will be incidental to his teaching and research responsibilities, therefore not jeopardizing his immigration status. The motion was approved by the committee with one dissenting vote.

The committee unanimously endorsed the recommendation that the provision of the Bylaws of the Medical/Dental Staff requiring that Clinical Chiefs "be

certified by an American Specialty Board, be waived," as allowed by the bylaws, given Dr. Palahniuk's status in the Royal College of Physicians and Surgeons of Canada.

The committee unanimously endorsed the recommendation of Dr. Price and Dr. Shearer as Clinical Chiefs of the Departments of Neurology and Hospital Dentistry, respectively.

MEDICAL STAFF-HOSPITAL COUNCIL REPORT

Dr. Maxwell presented the recommendations for the appointment of Medical Staff-Hospital Council Chairmen. It is noted that changes from appointments made last year include Dr. Maxwell (as Chief of Staff) assuming chairmanship of the Quality Assurance Steering Committee and Dr. Ricardo Gonzales assuming the chairmanship of the Tissue and Procedure Review Committee.

Following discussion, the committee unanimously endorsed the recommendations.

Dr. Maxwell informed the committee that there has been a change in Policy 22.21, addressing the appointment of nonhospital ancillary personnel, as requested by the chair of the Psychologists Standards Committee.

Lastly, Dr. Maxwell reported that the Medical Staff-Hospital Council's review of monthly meeting minutes revealed some minutes which did not meet the hospital's Quality Assurance standards. The Quality Assurance Steering Committee will work with these departments to ensure conformance to standards.

COUNCIL OF CLINICAL CHIEFS REPORT

Dr. Work reported that the Council of Clinical Chiefs has discussed a variety of issues since his last report to the committee including closure of the University of Illinois Hospital, the affiliation agreement between the University Hospital, St. Paul Ramsey Medical Center and Hennepin County Medical Center, budget matters, the Medical Oncology search, a potential community hospital strike involving nursing personnel, resident health insurance, the State Employees Health Insurance Plan, physician reporting practices, union contract negotiations, monitoring of census levels, and office space support.

Dr. Work raised the issue of whether minutes should be kept of meetings of the Clinical Chiefs. It was agreed that this matter is best discussed with the clinical chiefs.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 6:38 P.M.

Respectfully Submitted:

Shannon L. Lorbiecki

Shannon L. Lorbiecki

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

August 31, 1989

TO: Joint Conference Committee

FROM: Susan Jensen
Director, Quality Assurance Services

SUBJECT: Clinical Service Quality Monitoring Progress Report

Attached is a progress report on the compliance of the clinical services' quality monitoring programs with the Joint Commission requirements. As has been previously discussed, Joint Commission found the medical staff quality monitoring systems to be in minimal compliance with the standards in November, 1987 and UMHC received a "contingent" recommendation in this area. This means that if significant compliance with the standards is not demonstrated for at least 12 months prior to the next survey, UMHC's continued accreditation may be in jeopardy. Each service has needed to accomplish varying degrees of improvement in the following areas:

1) Further development of meaningful clinical indicators, including thresholds as possible to determine when further evaluation of data is necessary.

2) Review of monitoring reports for trends and patterns on a quarterly basis in addition to the monthly case by case reviews of morbidity and mortality. Case reviews have been done well by most services.

3) More complete documentation of case reviews and monitoring report discussions in the monthly minutes, especially in relation to conclusions, actions, and follow-up evaluations. Copies of the minutes should be routinely forwarded to Quality Assurance Services.

Since mid-June, meetings have been held with many of the QA physician liaisons designated by each service. Considerable progress has been made in several services and in others only minimal progress has been forthcoming. A verbal progress report was presented to the Quality Assurance Steering Committee on August 22, 1989 to highlight the services in both of these categories. This verbal report is documented in Attachment A and includes a narrative description of the services demonstrating marked improvements and those demonstrating continued non-compliance. Attachment B includes examples of several clinical service meeting minutes before and after improvement.

As a result of this progress report, the Steering Committee recommended that the non-compliant services be sent a memo from Robert Maxwell, MD and Robert Dickler to set a deadline of September 26th for implementation of the basic quality monitoring requirements. The memo also included a clear explanation of what

activities must be in place and the consequences of continued non-compliance. At the end of September, non-compliant services will be requested to meet with the Steering Committee and will also be referred to the Medical Staff-Hospital Council and Joint Conference Committee if necessary.

I have also included for your review an updated copy of the numerical evaluation of all the services' quality monitoring programs. (Attachment C) In some instances, it has been possible to increase the rating for an individual service but in most cases it is still far too early to have established a track record of ongoing review of patterns and trends or improved meeting minutes, both of which are essential to warrant an improved rating.

The next several months are critical and continued progress is essential not only for non-compliant services but for all services. I am optimistic that the progress will continue and given the meetings which will occur in the two weeks between the preparation of this report and its presentation, there will likely be additional progress to discuss at your meeting. I would recommend that monthly progress reports be made to both the Medical Staff-Hospital Council and the Joint Conference Committee through November.

Attachment A

CLINCIAL SERVICE QUALITY MONITORING PROGRESS REPORT

August 31, 1989

Significant Progress

Cardiology Service: This service has developed excellent indicators and has re-formatted their minutes. Trends have not yet been reviewed and the service still needs to routinely meet on a monthly basis. It was recently agreed that this will be resolved by alternating morbidity and mortality reviews of heart cath and non-heart cath patients each month.

Orthopedics: The minutes have improved in this department and trends will be reviewed at an upcoming meeting.

Peds Cardiology: Newly developed indicators are in place and the minutes are being reformatted. Trends and patterns will be reviewed when the first quarterly report is produced which incorporates the new indicators.

Rehabilitation: This department also has newly revised indicators, the minutes are well documented and trends for two indicators were reviewed at the August meeting.

Surgery: This department has made substantial progress. Common indicators have been developed for all services and several additional indicators will be service specific. The minutes have been revised to reflect discussion and action taken. Information from the hospital-wide infection control monitoring will also be incorporated into the monitors. Although trend and pattern analysis has not yet been accomplished, this will occur when the next quarterly report is produced.

Minimal Progress

Medicine: With the exception of Cardiology, all services within this department continue to need further development in all areas of the quality monitoring process.

Obstetrics and Gynecology: This department chief chose not to assign QA physician liaisons or involve the division directors in the further development of the monitoring process and a meeting on August 28 revealed little progress. Information has been obtained from Hennepin County to describe how residents are involved in tracking complications for quality monitoring and a manual published by the American College of Obstetricians and Gynecologists was reviewed. It was agreed at this meeting to involve the division directors but a timetable for development and implementation was not established.

Ophthalmology: A second meeting was not held until August 30 however indicators for one division of the department were established and will apply to both inpatients and outpatients.

Psychiatry: This department does not have clinical indicators in place for the adult division although on 8/31 some new clinical indicators for child psychiatry were selected.

Peds Pulmonary: Several meetings have been held with little progress towards establishing indicators or monthly meetings.

University of Minnesota – Department of Surgery
Complications Conference
October 10, 1988 through October 16, 1988

BEFORE IMPROVEMENTS

PURPLE SURGERY. Dr. reported 13 admissions 12 discharges, 13 operations and 0 complications.

BLUE SURGERY Dr. reported 14 admissions 23 discharges, and 18 operations and 2 complications.

Transplant pancreatectomy
Dr.

The complication was that of pancreatitits. The question was presented, should the hook up have been with the small bowel rather than the bladder.

Pancreas Bx, renal bx, hysterectomy
Dr.

The complication was that of a ureter re-implant. It was felt that a ureter catheter be placed up the transplanted ureter in order to identify the location due to the scarred field.

WHITE SURGERY Dr. reported 8 admissions 16 discharges and 5 operations, 0 complications.

RED SURGERY Dr. reported 13 admissions 7 discharges and 18 operations and 1 complications.

Exploratory lap, placement of drain
Dr.

Not able to obtain the discussion information.

GREEN SURGERY Dr. reported 4 admissions and 2 discharges and 13 operations with 0 complications.

CVTS Dr. reported 17 admissions and 11 discharges and 22 operation with 2 complications.

CABG emergancy

The complication was that of a thigh hematoma. It was felt that the control over this condition was not desirable since this was an emergency surgery.

MVR
Dr.

The complication was a stroke, heperin therapy was discussed.

AFTER IMPROVEMENTS

DEPARTMENT OF SURGERY
MORTALITY AND MORBIDITY CONFERENCE
JULY 24, 1989 THROUGH JULY 30, 1989

BLUE SURGERY; Dr. [redacted] reported 24 admissions, 15 operations, 13 discharges and 4 complications and 1 death.

[redacted]
Declotting of AV Graft, Gortex Graft Patch Angioplasty
Dr. [redacted]

INDICATOR: Graft Thrombosis, Hematoma

DISCUSSION: The patient is a diabetic with triopathy and had a Gortex Graft in place in February of this year. The graft proceeded to clot and required several interventions. When the graft clotted in July 1989, angioplasty was attempted, when it clotted again an angiogram was obtained which showed stenosis in several areas. The patient was heparinized with the intention of further surgery the next day. That evening a large hematoma formed in the upper arm, the heparin was discontinued and the graft clotted.

CONCLUSIONS: Perhaps the vigor with which Fogarty catheterizations were done led to weakened areas along the vasculature. Perhaps the graft could have been placed elsewhere.

PLANNED FOLLOW-UP: None

[redacted]
Exploratory Laparotomy, Removal of PD Catheter
Dr. [redacted]

INDICATOR: Candida Sepsis, Acute Renal Loss

DISCUSSION: Seven days following a cadaver renal transplant, ATN developed and peritoneal dialysis was reinstituted to control rising BUN and creatinine. Renal biopsy showed severe ATN and the patient was started on OKT-3. Abdominal pain that had started in

conjunction with the ATN continued, with a normal CAT-scan and negative PD fluid culture. After 10 days on PD the temperature rose to 103, the WBC and platelet counts dropped and the OKT-3 was discontinued. PD fluid culture remained negative on gram stain but showed Candida later. Even without immunosupression, the urine output increased and the creatinine dropped. The PD catheter was removed in the OR without difficulty. A left lower quadrant fluid collection near the transplanted kidney was drained with a Jackson Pratt and cultures of it were negative. Blood cultures came back positive for Candida and Amphotericin B was started. A renogram showed resolving ATN yet on Saturday the creatinine rose and urinary output dropped and another renogram showed no flow to the kidney. A transplant nephrectomy was done to remove the dead graft.

CONCLUSION: Graft loss was probably due to severe rejection, the question of Amophotericin B as a causatine agent and sepsis were not relevant issues since Amphotericin B is not thought to cause sudden graft loss and the Candida sepsis was resolving.

PLANNED FOLLOWUP: None

[illegible]
Kidney Biopsy
Dr. [illegible]

INDICATION: Ureteral Obstruction Secondary To Clot

DISCUSSION: Both patients underwent renal transplant biopsy to evaluate rejection. Both biopsies were preformed by the same individual. Both patients developed hematuria and severe clots in the collecting system of their kidneys requiring percutaneous nephrostomies. The bleeding has resolved in both patients with both nephrostograms showing good flow.

CONCLUSION: Perhaps less biopsies are indicated.

PLANNED FOLLOWUP: None

WHITE SURGERY:: Dr. [redacted] reported 13 admissions, 20 operations, 16 discharges and 1 late complication.

[redacted]
Excision Abdominal Wall, Colon, Small Bowel
Dr. [redacted]

INDICATOR: Wound infection

DISCUSSION: Patient underwent surgery for colon cancer which recurred at his colostomy site. Surgery at that site resulted in a 2 inch defect that would not allow closure of the fascia. Marlex mesh covered with a flap allowed skin closure and a drain was left in. Eight days post-operatively, purulent fluid began to drain from the mid-line incision. The incision was opened and there were no tracts.

The bowel prep was probably inadequate due to the presence of tumor. Soiling of the surgical area occurred during the surgery.

CONCLUSION: When a case becomes dirty the incision should be left open.

PLANNED FOLLOWUP: None

RE SURGERY: [redacted] reported 7 admissions, 12 operations, 7 discharges and 2 complications.

[redacted]
Esophagogastrectomy
Dr. [redacted]

INDICATOR: Perforated left Mainstem Bronchia

DISCUSSION: During intubation a papillomatous growth was noted at the level of the bifurcation. A biopsy was obtained and the left mainstem was selectively intubated. During surgery, anesthesia fumes were detected and a perforation of the bronchia was discovered and repaired. The questioned raised was did the perforation result due to the biopsy or due to intubation and tube removal, biopsy and reintubation?

CONCLUSION: None.

PLANNED FOLLOWUP: None

[redacted]
Revision of Gastroplasty
Dr. [redacted]

INDICATOR: Pneumothorax

DISCUSSION: On admission for a gastric outlet obstruction the patient was found to have a significant metabolic disorder. A central line was placed for TPN. Placement required two sticks. On chest x-ray a 50% pneumothorax was observed. Chest tubes were placed.

CONCLUSION: None.

PLANNED FOLLOWUP: None.

CVTS: Dr. [redacted] reported 8 admissions, 12 operations, 8 discharges and no complications and 1 death.

[redacted]
AAA
Dr. [redacted]

INDICATOR: Death

DISCUSSION: Patient with a history of carotid disease and a previously repaired AAA, underwent surgery to repair a second AAA. When the aorta was cross clamped the blood pressure rose and Nipride was started to decrease the pressure. During the repair ST changes were noted and the patient went into fibrillation and arrested. Resuscitation was successful and the patients blood pressure was in the 90's. Blood was transfused and fluids given, the distal end was anastomosed and the clamps removed. Fibrillation occurred again but the patient could not be resuscitated. Questions raised included was fibrillation due to an MI, hypovolemia or too much Nipride? Was the patient ejection fraction evaluated prior to surgery?

CONCLUSION: Perhaps MUGA scans to assess the ejection fraction of patients should be obtained before AAA? Other questions could not be answered as the family wanted no autopsy and the coroner's office declined an autopsy.

PLANNED FOLLOWUP: None.

University of Minnesota Hospital

Cardiac Catheterization Laboratory

Death and Complications Conference

February 9, 1989

1. Presentation of cases

   pneumothorax, permanent pacemaker insertion, S. Heifetz, S. Milstein
   , paroxysmal hypotension, EP study, Vitiello, A. Dunnigan
   n, Emergent CABG, PTCA, J. Lesser, D. Laxson
   s, pseudo aneurysm RFA, coronary angiogram, R. Johansen, C. White
   s, VF, coronary angiogram, T. Henry, S. Zimmer
   , venticular fibrillation, EP/dilation SVC, IVC, Crossen/Edwards,Hesslein/Bass
   , occipital lobe bleed hemorrhage Cor./ PTCA, T. Henry, S. Zimmer
   atrial fibrillation, coronary angiography, C. Dick, D Laxson
   complete heart block, balloon septostomy, J. Goebel, J. Bass
   hematoma, AV fistula, coronary angiogram, C. Dick, B. Wilson

2. Discussion of holding room for the Cardiac Catheterization Laboratory

3. Adjournment

JUL - 5 1989

AFTER IMPROVEMENTS

University of MN Hospital and Clinic
Cardiac Catheterization Laboratory
Quality Assurance Activity Log, June 1, 1989 to July 31, 1989
Held: August 10, 1989
Present: Robert Wilson, M.D., Carl White, M.D., Barb Bruhn-Ding, Lab Manager, Betsy Christensen, Cardiac Cath Lab Staff

Indicator	Discussion and Conclusion	Action Required	Planned Follow-Up
Case Review # 1 Indicator # 4 V-Tach/V-Fib [redacted] 4-10-89	37 day old infant with cardiomyopathy diagnosed at birth, undergoing transplant evaluation intubated, gases stable through procedure Catheter in RA, SVC with subsequent V.T. without a BP. Stabilized after medications and cardioversion X 12 Post Cath, pt on 4E and had spontaneous V.T., resuscitated. Death later in hospitalization associated with staph sepsis and SVC necrosis Autopsy identified cardiomyopathy	Indications for Procedure met.	Continue to monitor indicator
Case Review # 2 Indicator # 14 Pericardial Effusion [redacted] 6-30-89	Female with 3 vessel coronary disease evaluated for arrythmia VT inducible RV apex catheter with excellent sensing threshhold and without pacing threshhold suggests RV perforation Echo consulted, pericardial effusion identified.	Indications for Procedure met.	Continue to monitor indicator

Case Review #3 Indicator #5 Hematoma [redacted] 6/9/89	female with 3 vessel disease undergoing PTCA on CPS Anticoagulated while on bypass Post cath procedure left groin required planned surgical repair extending length of case. Rt groin covered during Lt groin surgury per surgeon's request for sterile field. Limited observation of Rt groin for about 4 hours. Cardiology fellow to be involved with scrub/cirulating cath lab nurse in ongoing assessment of groin post interventional procedure.	Indications for Procedure met.	Ongoing monitoring of indicator
Case Review #4 Indicator #14 Pericardial Tamponade [redacted] 6-15-89	3 day old with complex CHD, TGV, VSD and IAA evaluated for balloon septostomy and arterial switch. Attempting to enter Aorta with gensini. Acute hypotension bradycardia treated with CPR, Vasopressors and volume. Echo called emergently to identify pericardial effusion. Pericardial tap performed, Pt stabilized hemodynamically. Atrial septostomy performed Post catheterization pt had planned surgery for IAA repair and ductus ligation.	Indications for Procedure met.	Ongoing monitoring of indicator
Case Review #5 Indicator #14 Protamine Reaction [redacted] 6-29-89	Pt. undergoing lung transplant work up. Medicated with steroids for contrast allergy. Post procedure BP 160/ Test dose of protamine Pt c/o chest pressure and facial flush Resolved	Indications for Procedure met.	Monitor for indicator even in patients premedicated with steroids.

Case Review #6 Indicator #7 Pseudoaneurysm 7-6-89	Pt had coronary angiography 7-6-89 Pt's groing asessed by cardiology fellow prior to discharge--groin intact, pulses present. Pt called 5 days post discharge c/o bruising and hematoma development Pseudoaneurysm diagnosed by cardiology staff during outreach clinic in Virginia, MN Pt. required surgical repair in Virginia, MN *Identifed option for cardiology fellow to auscultate groin prior to discharge	Indications for Procedure met.	Monitor indicator
Case Review #7 Indicator #1 Death 7-13-89	Pt referred with cardiogenic shock, critical aortic stenosis, and decreased LV function. Recent infarction Pt to have aortic valvuloplasty. Balloon across valve and pt hypotensive with vasopressor support maximized Peripheral bypass initiated in 3-5 minutes Unsuccessful resuscitation Discussed option to implement C.P.S (bypass) first, then perform valvuloplasty	Indications for Procedure met.	Monitor indicator
Case Review #8 Indicator #13 Angioplasty requiring emergency CABG 7-13-89	Pt with CABG 8 years ago participating in CABG study. 50 mm gradient present in RCA though pt. asymptomatic. RCA with large dissection requiring surgical intervention Stack perfusion balloon in place in transfer of pt to surgery	Indications for Procedure met.	Monitor indicator

Case Review #9 Indicator #3 Stroke 7-24-89	Pt with hx of MI in 5-89, high cholesterol, hypertension, and smoking. Coronary angiography performed. Pt anticoagulated during procedure. Exchange wire technique used for catheter exchange. Sheaths flushed between exchanges. Pt on return to floor c/o loss sensation RT. hand, rt arm weakness Post procedure ACT normal CT done, no hemorrhage Neurology consulted Serial CT's identified, large infarct 3 days post procedure Pt had followup care by rehab	Indications for Procedure met.	Monitor indicator.
Case Review #10 Indicator #3 RIND 7-26-89	Pt requiring coronary angiography prior to renal transplant. Hx of MI, PVD, Carotid Endarterectomy Immediately after catheter placed in RCA ostium, pt became aphasic and with right hand numbness. Pt anticoagulated during procedure. Speech recovered. Pt transferred to floor and 2nd episode of slurred speech. CT without hemorrhage. Within 24 hrs, carotid angiography identified rt. carotid 80% occluded and vertebral artery 100% occlusion.	Indications for Procedure met.	Monitor indicator.

Case Review # 11 Indicator # 14 Pericardial Tamponade [illegible]e 7-31-89	Pt with bicuspid Ao valve, aortic stenosis Transeptal procedure required to assess valve. Transeptal pressure indicated catheter in Ao. BP decreased. Pericardial tap initiated immediately. Echo present. Hemodynamics stabilized post 230 cc tap. OR consulted, anestesia present Stable transport of pt. to OR for valve replacement	Indications for procedure met.	Monitor indicator.

DEPARTMENT OF ORTHOPAEDIC SURGERY

Complications Conference
Red Service
March 1989

BEFORE IMPROVEMENTS

M.S. UH#

Patient is a 78 year-old female with a history of spinal stenosis who underwent an L4-S1 decompression and arthrodesis with Steffee plates on 3/1/89. On post-op day number one, she was noted to have left leg pain and a weak anterior tibialis. This progressed on post-op day number two, to a right-sided weakness with decreased rectal tone. An emergent CT myelogram was performed which showed a filling defect on the left at the L4-5 level. Patient was returned to the operating room on 3/3/89 for evacuation of a hematoma and also a piece of gelfoam noted to be pressing on the L4-5 region. Patient had resolution of her pain but remains, at this time, with a weak left anterior tibialis muscle.

Patient returned to clinic approximately two weeks post-op with a dehiscence of the distal portion of her wound. She was taken to the operating room on 3/22/89 for irrigation and debridement and closure. Cultures revealed dipthroid and the patient was treated with two weeks of IV antibiotics followed by two weeks of po antibiotics.

J.P. UH#

Patient is a 27 year-old male with a history of traumatic paraplegia who is status post multiple spine procedures in the past, most recently on 2/27/89 when he had replacement of a broken C-D rod. He presented to the clinic on 3/7/89 with proximal wound infection and was taken to the operating room the following day for irrigation and debridement. Cultures revealed staph aureus. The patient was returned taken to the operating room a total of three times for irrigation and debridement and eventual closure. He was treated with a total of six weeks antibiotics for the infection.

L.S. UH#

Patient is a 66 year-old female with a history of breast cancer with mestatasis to L-4. She had a decompression and fusion from L-3 to the sacrum with Edward's fixation on 3/8/89. She was diagnosed with a dural leak post-operatively because of an increased drainage from the wound and she was returned to the operating room on 3/17/89 for repair of this dural leak. Post-operatively, she had no further CSF drainage.

L.S. UH#

Patient is a 74 year-old male with a history of spinal stenosis who underwent an L4-S1 decompression and arthrodesis using Steffee instrumentation on 3/16/89. On post-op day number five, he had increased temperature, abdominal pain, and abdominal distension. He was diagnosed as having Ogilvie's syndrome and eventually had a colonoscopy which decompressed his abdomen. He had no further problems post-operatively.

B.Y. UH#

Patient is a 54 year-old female with a history of degenerative disc disease who is status post posterior spinal fusion. She underwent an L4-S1 pseudarthrosis repair and decompression with arthrodesis using Steffee instrumentation on 3/8/89. Post-operatively, she had left leg radicular pain with grade 4 of 5 plantar flexion of the left foot. CT scan revealed the left S-1 nerve root to be impinged by the pedicle screw and for this reason, the screw was removed on 3/15/89 with resolution of her leg pain.

RS/sm

Department of Orthopaedic Surgery

AFTER IMPROVEMENTS

COMPLICATIONS CONFERENCE

RED SERVICE

June, 1989

J.P. UH#

Indicator:He had two complications. It is unclear as to whether the first complications has been presented.
1. An infection after posterior spinal fusion.
2. A C difficile after IV Vancomycin therapy.

Discussion: He was a 28 year old white male who is a T4 paraplegic. He was initially treated at St. Paul Ramsey with posterior spinal fusion with Harrington instrumentation for his spine fracture and complete paraplegia at that time. He went on to develop a charcot spine below the level of his previous paraplegia at approximately T11. This was treated with an anterior and posterior spinal fusion with a Luque ring, sublamina wire type of device and a vascularized anterior rib strut graft. This was in 1985. However, he began to develop a kyphosis between the two fusions. This was progressive and it was elected to take out his previous instrumentation and instrument him with Cotrel Dubousset posteriorly which was carried out in January 1989. However, in February of 1989, approximately one month post-op, he had a rod breakage which was treated with another posterior spinal fusion with repair of the rods with the domino and CD rods. This was then cultured post-operatively and the broth only grew staph coag negative. However, over about 3 weeks he developed evidence of a wound infection with draining wound, redness, and temperatures.

Action: This was treated with multiple I & D's and p.o. ciprofloxacin, as this was the sensative organism, and eventually his wound was closed. However, his p.o. ciprofloxacin was stopped on approximately May 1st and he presented with drainage from the upper aspect of his wound at approximately the area of T4. Again he had signs and symptoms consistent with a wound infection. This was I & D'd and his previous organism had been staph orius or coag positive staphylococcus. He was again re-I & D'd and this was found to be the same organism. This time the wound was treated with Tobramycin beads left in for 2 weeks. However, at the end of 2 weeks there was still evidence of infection, therefore the wound was packed open. He has been doing this and has been treated with IV Vancomycin since his last I & D. He developed diarrhea of approximately 4 or 5 runny stools a day. He was brought into the emergency room and cultures at that time showed C difficile positive culture, although the toxin was negative. He was treated with p.o. Flagyl with good resolution of his symptoms.

Plan: He has been seen by infectious disease for his infection

and they are discussing this with Dr. Ogilvie. It has not been decided at this point what is going to be done for his wound infection.

[redacted]
Resident Physician

D.B. UH#

Indicator: Right sacral screw was slightly longer than desired and there was kinking of the right L5 nerve root.

Discussion: This is a 32 year old white male who had a long history of chronic low back pain and leg pain. His leg pain has been right bilateral, but the right greater than the left. Because of degenerative disc disease at L4 5 with a herniated disc, it was elected to do an L4 to the sacrum fusion. He had had a previous laminectomy. He was instrumented from L4 to the sacrum with Edwards instrumentation and compression. He did well post-operatively for 4 to 5 days, however developed a rather rapid onset of increasing right leg pain. This did not respond to conservative treatment and he was then worked up with a myelogram and CT scan. The CT scan showed that the right sacral screw was slightly longer than desired and that he had kinking of the right L5 nerve root.

Action: He was taken back to the operating room and re-explored. The disc space at L4 5 was decompressed and he was noted to have foraminal proximal distal stenosis and this was likewise decompressed. The nerve roots at 4 5 bilaterally and L5 S1 were checked and noted to be free after decompression. The sacral fixation was then changed and the right side instrumentation was changed to a distraction mode.

Plan: Post-operatively his course was unremarkable from this. He had relief of his right leg pain. He has been since seen back in clinic at one month post-operatively and is doing well with no other evidence of complication.

[redacted]
Resident Physician

COMPLICATIONS CONFERENCE

GOLD SERVICE

June, 1989

[redacted] UH #1[redacted]

Indicator: 1) Hip dislocation, 2) Redislocation

There are two complications on this patient. One is dislocation of right total hip arthroplasty, 6-9-89, and two is redislocation on 6-23-89.

Discussion: This patient is a 74 year old female who underwent right total hip arthorplasty in 1973 and revision in 1982. She was admitted on 5-12-89 and underwent a second right hip revision with an uncemented Harris-Galante cup and cemented long stem femoral component. On 5-16-89 she had a dislocation of the hip. She had an open reduction of this hip on 5-19-89. The patient was discharged to home on May 31, 1989. However, on 6-9-89 she returned because the nursing staff at the nursing home had again noted her leg to be malrotated and also noted that the patient was in pain. The patient was indeed noted to have dislocated her hip and therefore she underwent right acetabular revision with femoral head alograft to the acetabulum on 6-9-89. She did satisfactorily post-operatively and was being ready for discharge when she redislocated her hip on 6-23-89. She had a closed reduction under floroscopy. Because the abduction brace was not successfully keeping the patients hip located, a decision was made to place the patient in a pantiloon cast. This was therefore performed.

Action: The first complication, that of a redislocation, was felt to be due to acetabular malposition. This was the reason for which the patient underwent revision of the acetabulum on 6-9-89. However, despite this revision, the patient redislocated on 6-23-89. No specific means by which the redislocations could have been presented was determined. It was hoped that revision of the acetabulum would decrease the likelihood of further dislocations, however this was not the case. The mode of treatment at present is that of the cast and it is hoped that after the patient has worn this for 6 weeks, she will have no further episodes of redislocation when she is placed back into her abduction brace.

[redacted]
Resident Physician

The University of Minnesota Hospital and Clinic

MONITORING AND EVALUATING THE QUALITY AND APPROPRIATENESS OF CARE

ASSESSMENT OF THE CLINICAL DEPARTMENTS' COMPLIANCE

DEPARTMENT	MONITORING: Indicators	MONITORING: Thresholds for Evaluation	MONITORING: Conclusions	MONITORING: Actions	MONITORING: Follow-up	MONTHLY MEETINGS: Frequency	MONTHLY MEETINGS: Findings from Major Care Aspects Discussed	MONTHLY MEETINGS: Minutes with Conclusions and Actions
ANESTHESIOLOGY	1	-	3	3	3	1	2	2
Summary of Indicators: Intraoperative Complications; Post-anesthetic Complications; Long Stays in PAR; Transfers to ICU; Deaths								
DENTISTRY	3	-	5	5	5	5	5	5
Summary of Indicators: Post-Op Infections; Device/Graft Malfunctions; Return to OR for Bleeding; Return to ER; Unplanned Admission; Anesthesia								
DERMATOLOGY	1	-	3	3	3	1	4	4
Summary of Indicators: Complications; Patient Complaints; Followup of abnormal labs; Followup of malignant skin biopsies								
FAMILY PRACTICE	2	-	2	2	2	2	2	2
Summary of Indicators: Readmissions; Others not implemented								
MEDICINE								
White (Cardiology)	1	-	3	3	3	3	3	3
Summary of Indicators: Complications of Heart Catheterization; In-House Myocardial Infarctions; Adverse Drug Reactions; Pulmonary Embolisms								
Masonic (Oncology)	4	-	4	4	4	1	4	4
Summary of Indicators: Samples provided - not approved								
Red (Hematology)	2	-	5	5	5	5	5	5
Summary of Indicators: Use of Blood Products; Elevated Coags; Septicemia following admission; Hemorrhages Meeting 9/6/89								
Blue (GI/Endoscopy)	2	-	5	5	5	5	5	5
Summary of Indicators: Complications of Endoscopy, Liver Biopsies, and Central Lines; Deaths								

ATTACHMENT C

DEPARTMENT	MONITORING: Indicators	Thresholds for Evaluation	Conclusions	Actions	Follow-up	MONTHLY MEETINGS: Frequency	Findings from Major Care Aspects Discussed	Minutes with Conclusions and Actions
MEDICINE, continued								
Green (Renal/Dialysis)	2	-	5	5	5	5	5	5
Summary of Indicators: Deaths; Complications of kidney dialysis such as MI, Stroke, and Seizures; Complications of vascular access; Complications of Kidney Biops y								
Yellow A (Pulmonary) Meeting 8/30/89	2	-	5	5	5	5	5	5
Purple (BMT) [See special care units]								
NEUROLOGY	2	-	3	4	4	1	3	3
Summary of Indicators: Deaths; Incident Reports; Patient Complaints; Septicemia and Pneumonia following admission; Documentation of DNR/DNI Status								
NEUROSURGERY	2	-	3	3	3	1	2	2
Summary of Indicators: Deaths; Complications such as Post-op Infections, CNS Deficit, Post-op Cerebral Spinal Fluid Leak, Malfunction of Shunts								
NUCLEAR MEDICINE	1	-	3	3	3	2	3	3
Summary of Indicators: Complications; Scheduling Difficulties; Incompleteness of Exams; Patient Complaints; Indications for Procedures								
OBSTETRICS/ GYNECOLOGY								
Gyn-Oncology	2	-	4	4	4	1	4	4
Summary of Indicators: Complications; Incident Reports; Patient Complaints								
Reproductive Endocrinology	3	-	5	5	5	5	5	5
Summary of Indicators: Post-op Complications;								

DEPARTMENT	MONITORING					MONTHLY MEETINGS		
	Indicators	Thresholds for Evaluation	Conclusions	Actions	Follow-up	Frequency	Findings from Major Care Aspects Discussed	Minutes with Conclusions and Actions
Obstetrics	2	-	4	4	4	3	4	4
Summary of Indicators: Deaths; Low Apgars; Infant Injury; Complications of Delivery								
OPHTHALMOLOGY	3	-	5	5	5	1	5	5
Summary of Indicators: Complications of Corneal Transplants (Inpt & Outpt); Retinal Reattachement Complications; Patient Complaints Meeting held 8/30/89								
ORTHOPAEDICS	1	-	3	3	3	1	3	3
Summary of Indicators: Post-op Complications; Malfunction of Orthopedic Devices; Incident Reports								
OTOLARYNGOLOGY	1	-	3	3	3	1	3	3
Summary of Indicators: Post-op Complications; Incident Reports; Evaluation of Stapedectomies and Tympanoplasties								
PEDIATRICS								
Cardiology	1	-	3	3	3	1	3	3
Summary of Indicators: Heart Catheterization and Chest Tube Complications; Deaths								
Dialysis/Renal								
Meeting on 9/7/89								
Pulmonary	5	-	5	5	5	5	5	5
Summary of Indicators: Several meetings held - not yet developed.								
Hematology/Oncology								
Meeting on 9/5/89								

DEPARTMENT	MONITORING: Indicators	Thresholds for Evaluation	Conclusions	Actions	Follow-up	MONTHLY MEETINGS: Frequency	Findings from Major Care Aspects Discussed	Minutes with Conclusions and Actions
PSYCHIATRY								
Adult	4	-	4	4	4	4	4	4
Summary of Indicators: Documentation of Assessment Data; Psych Evaluation; Treatment Plan and Progress; No clinical indicators.								
Child and Adolescent	1	-	4	4	4	1	4	4
Summary of Indicators: Meeting held 8/31/89 and new indicators chosen.								
RADIOLOGY	1	-	3	3	3	1	3	3
Summary of Indicators: Complications; Indications for Procedures								
REHABILITATION	1	-	1	2	2	1	2	1
Summary of Indicators: UTI Incidence with Catheters; Discharge Assessment; Follow-up of Falls and Injuries; X-Ray Evaluation for Cervical Traction								
SPECIAL CARE UNITS Common and ICU specific indicators currently being finalized by Intensive/Special Care Medical Advisory Committee								
Medical ICU	2	-	3	3	3	*	3	2
Surgical ICU	2	-	3	3	3	*	3	2
Newborn ICU	2	-	2	2	2	*	1	1
Pediatric ICU	2	-	2	2	2	*	1	1

DEPARTMENT	MONITORING					MONTHLY MEETINGS		
	Indicators	Thresholds for Evaluation	Conclusions	Actions	Follow-up	Frequency	Findings from Major Care Aspects Discussed	Minutes with Conclusions and Actions
Bone Marrow Tx	2	-	3	3	3	1	3	3
SURGERY								
Transplant	1	-	3	3	3	1	3	3
Summary of Indicators: Post-op Complications; Deaths; Rejection Episodes; Drug Toxicity								
Cardiovascular	1	-	3	3	3	1	3	3
Summary of Indicators: Post-op Complications; Deaths;								
General Surgery	1	-	3	3	3	1	3	3
Summary of Indicators: Post-op Complications; Deaths;								
THERAPEUTIC RADIOLOGY	1	-	3	3	3	1	3	3
Summary of Indicators: Late Effects and Complications of Radiation; Incident Reports								
UROLOGY	1	-	3	3	3	1	3	3
Summary of Indicators: Deaths; Post-op Complications; Pelvic, Rectal & Review of Systems Done; Complications of Devices								

SCORING (See detailed scoring definitions on attached pages)

1 - Substantial Compliance
2 - Significant Compliance
3 - Partial Compliance
4 - Minimal Compliance
5 - Non-Compliance

File: [Sys]<VINCEWP>Compliance Last Updated: 08/31/89

COLUMN DEFINITIONS
MONITORING AND EVALUATING THE QUALITY AND APPROPRIATENESS OF CARE
ASSESSMENT OF THE CLINICAL DEPARTMENTS COMPLIANCE

Column Heading	Definition
Indicators	A defined, measurable dimension of the quality or appropriateness of an important aspect of care or service. Indicators specify the patient care activities, events, occurrences or outcomes to be monitored and evaluated to determine if patient care conforms to current standards of acceptable practice. Data is collected for each indicator.
Thresholds for Evaluation	A pre-established level or point in data that will trigger intensive evaluation to determine whether an opportunity to improve care exists.
Conclusions	A specific determination of whether the data identifies a problem or opportunity to improve care.
Actions	A summary of the recommendations made or actions to be taken to resolve concerns identified by the indicator. Who or what is expected to change should be identified; who is responsible for implementing action; what action is appropriate and when change is expected to occur.
Follow-Up	A determination of when the indicator will be reviewed again to determine if the concerns/problems were resolved by the recommendations and actions taken.
Frequency of Monthly Meetings	Score 1 — There are 11 or 12 monthly meetings each year; preceding months information is reviewed after any lapse. Score 2 — There are 10 monthly meetings each year. Score 3 — There are 9 monthly meetings each year. Score 4 — There are 4 to 8 monthly meetings each year.. Score 5 — There are 3 or fewer meetings each year.

Findings from Major Care Aspects Discussed	Score 1	All major aspects of quality assurance findings are presented over the course of one year; the minutes reflect active discussion.
	Score 2	Most major aspects of quality assurance findings are presented in the course of one year; the minutes generally reflect active discussion.
	Score 3	Some major aspects are presented; there is little evidence of active discussion by those in attendance.
	Score 4	Few major aspects are presented; the usual procedure is perfunctory acceptance or approval of reports from committees.
	Score 5	Meeting agendas consist almost entirely of business items with little or no reference to quality assurance issues.
Minutes with Conclusions and Actions	Score 1	The minutes contain a record of conclusions, recommendations, and actions taken after discussions of quality assurance issues. (Patients or practitioners singled out by the monitoring and evaluation process need not be identified.) There are regular reviews of previous recommendations or actions to determine their effectiveness.
	Score 2	Most minutes contain a record of conclusions, recommendations, and actions taken and evidence of follow-up activities.

Score 3	The minutes rarely contain a record of conclusions, recommendations, and actions taken, but the surveyor(s) can determine that actions are taken (eg. a policy has been changed regarding an important aspect of patient care). OR Some minutes contain a record of conclusions, recommendations, and actions taken.
Score 4	The minutes only occasionally contain a record of conclusions, recommendations, and actions taken.
Score 5	The minutes rarely or never contain a record of conclusions, recommendations, and actions taken.

UNIVERSITY OF MINNESOTA
TWIN CITIES

Office of the Chief of Staff

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

September 6, 1989

TO: Joint Conference Committee

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

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

The Medical Staff-Hospital Council will act on the attached Credentials Committee Report and Recommendations on September 12, a day prior to the next Joint Conference Committee meeting.

I am forwarding these recommendations to you for your review and consideration on September 13. 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.

Thank you.

REM/cf
Attachment

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

September 6, 1989

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.

Department of Anesthesiology	Category
Scott D. Augustine	Attending Staff
Department of Hospital Dentistry	
Brian T. Evensen	Clinical Staff
Harrie T. Shearer	Attending Staff
Department of Medicine	
Jeffrey A. Buetikofer	Attending Staff
William A. Marinelli	Attending Staff
Andrew L. McGinn	Attending Staff
Mark E. Rosenberg	Attending Staff
Randall P. Stark	Attending Staff
Dorothy L. Uhlman	Attending Staff
Frank S. Becker	Attending Staff--ER/General
John H. Kvasnicka	Attending Staff--ER/General
Christina M. Pieper-Bigelow	Attending Staff--ER
Department of Neurology	
Mark S. Yerby	Clinical Staff
Department of Pediatrics	
Margaret A. Heisel	Clinical Staff
Michael C. Shannon	Attending Staff
Robin H. Steinhorn	Attending Staff

Provisional status and clinical privileges continued:

Department of Radiology	Category
Henry J. L. Griffiths	Attending Staff
Deborah G. Longley	Attending Staff

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

Department of Hospital Dentistry	Category
Thomas D. Larson	Clinical Staff

Privileges: Add--occlusal adjustment, temporary stabilization of teeth, occlusal night guards (splints), scaling of teeth, soft tissue curretage

Department of Medicine

Robert P. Hebbel — Attending Staff

Privileges: Add--arterial puncture, cancer chemotherapy, gastric lavage, paracentesis--diagnostic and therapeutic, pneumothorax, thoracentesis--aspiration

Craig A. Henke — Attending Staff

Privileges: Add--Arterial puncture, bronchograms, bronchial brushing, bronchial lavage, bronchoscopy--bronchial biopsy--transbronchial biopsy, cardiopulmonary stress testing interpretation, cardioversion, lumbar puncture, paracentesis, pulmonary function testing and interpretation, Swan Ganz catherization, thoracentesis--aspiration--biopsy, chest tube insertion
Delete--ER privileges

Donald B. Hunninghake — Attending Staff

Privileges: Delete--Needle biopsy of liver, paracentesis--diagnostic abdominal tap--therapeutic decompression, peritioneal dialysis, sigmoidoscopy and biopsy, therapy of diabetic coma, therapy of hepatic failure, thoracentesis--aspiration only, venous pressure and circulation time

Addition/deletion of clinical privileges continued:

Department of Medicine	Category
Kathleen V. Watson	Attending Staff

Privileges: Add--Bone Marrow Biopsies and Aspirates

Department of Neurology
Joint Appointment in Pediatrics

Kenneth F., Swaiman — Attending Staff

Privileges: Delete--Clinical Privileges form approved September 8, 1975

Add--General Pediatrics--developmental screening, vision screening, Endocrine-Metabolism--diagnosis of inborn errors of metabolism, Clinical Genetics--counseling of patients and families, Clinical Pharmacology--interpretation of assays for pharmocologic agents, interpretations of adverse drug reactions

Department of Ophthalmology

J. Douglas Cameron — Attending Staff

Privileges: Add--Lid-lacrimal probing, extraocular muscle; Orbit-exploration; Conjunctival-pterygium, enucleation, evisceration; Cataract-adult; Glaucoma-adult, filtering, iridectomy, trabeculectomy, trabeculotomy; Trauma-lid

Marian Rubenfeld — Clinical Staff

Privileges: Add--filtering surgery (includes traveculectomy), iridectomy, bleb procedure, scleral buckle, cryopexy/cryotherapy

Department of Radiology	Category
Kurt Amplatz	Attending Staff

Privilege: Add--intravascular laser assisted angioplasty

Wilfrido R. Castaneda-Zuniga — Attending Staff

Privilege: Add--intravascular laser for laser assisted angioplasty

David W. Hunter — Attending Staff

Privilege: Add--intravascular laser for laser assisted angioplasty

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 has reviewed recommendations concerning their appointment and hereby recommend approval.

Department of Hospital Dentistry	Category	Date Eligible
James E. Schreiner	Attending Staff	June 21, 1989
Department of Laboratory Medicine and Pathology		
Jay Brooks Jackson	Attending Staff	April 26, 1989
Elizabeth H. Perry	Attending Staff	June 21, 1989
Department of Medicine		
Scott F. Davies	Clinical Staff	April 26, 1989
George C. Haidet	Attending Staff	June 21, 1989
Keith R. Harmon	Attending Staff	May 16, 1989
Conrad Iber	Clinical Staff	April 26, 1989
Theodore W. Marcy	Clinical Staff	April 26, 1989
Simon Milstein	Attending Staff	June 21, 1989
Charles J. Sweeney	Attending Staff	June 21, 1989
Richard M. Warhol	Clinical Staff	April 26, 1989
Douglas G. Wysham	Clinical Staff	May 16, 1989
Department of Neurology		
Paul E. Barkhaus	Clinical Staff	May 16, 1989
Department of Otolaryngology		
George S. Goding	Clinical Staff	June 21, 1989
Department of Physical Medicine and Rehabilitation		
Margaret M. Doucette	Attending Staff	June 21, 1989
Department of Radiology		
Joseph W. Yedlicka	Attending Staff	May 16, 1989
Department of Surgery		
Edward W. Humphrey	Clinical Staff	June 21, 1989
Herbert B. Ward	Clinical Staff	June 21, 1989

Regular staff appointments continued:

Department of Urology	Category	Date Eligible
Hossein Abliabadi	Attending Staff	June 21, 1989
William C. Sharer	Clinical Staff	June 21, 1989

The following Specified Professional Personnel (Psychologist) has applied for appointment to the psychology staff and has requested clinical privileges. The Committee hereby recommends approval of this applicant and his requests for privileges.

Department of Pediatrics	Category
Bruce L. Bobbitt	Attending Staff

The Committee recommends acceptance of a request for a leave of absence from the Medical Staff from the following physician.

Department of Pediatrics	Category
James H. Moller	Attending Staff

Dates of Leave: September 1, 1989 through August 31, 1990

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

Department of Hospital Dentistry	Category
Elgene G. Mainous	Attending Staff
Department of Laboratory Medicine and Pathology	
Louis P. Dehner	Attending Staff
J. Brooks Jackson	Attending Staff
Mark R. Wick	Attending Staff

Resignations from the Medical Staff continued:

Department of Medicine

Leslie A. Baken	Attending Staff
Clara D. Bloomfield	Attending Staff
David D. Hurd	Attending Staff
Michael G. Thurmes	Attending Staff

Department of Pediatrics

Bernard Mirkin	Attending Staff
Steven Seelig	Attending Staff
Terence Zach	Attending Staff

Department of Radiology

Lee Beville	Attending Staff
Flavio Castaneda	Attending Staff
David Epstein	Attending Staff
Glenn Moradian	Attending Staff

Resignation from the Specified Professional Personnel--Psychology Staff

Department of Physical Medicine and Rehabilitation	Category
Garland Meadows	Attending Staff

HB/cf

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Board of Governors
Box 502
Harvard Street at East River Road
Minneapolis, Minnesota 55455

October 5, 1989

TO: Joint Conference Committee Members

Liza Arendt, M.D.
Amos Dienard, M.D.
Robert Dickler
Phyllis Ellis
David Link
Robert Maxwell, M.D.
Bruce Work, M.D.

FROM: George Heenan, Committee Chair

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

Wednesday, October 11, 1989
4:30 P.M.
The Board Room (8-106), University Hospital

The agenda and background materials for the meeting are enclosed. A snack will be served at the beginning of the meeting.

cc: Greg Hart
Nancy Janda
Sue Jensen
Shannon Lorbiecki
Ann Russell
Barbara Tebbitt
Helen Pitt

TABLE OF CONTENTS

	Page(s)
Agenda..	1
September 13, 1989 Meeting Minutes..................................	2
Credentials Committee Report..	4
Quality Monitoring Progress Report..................................	7

JOINT CONFERENCE COMMITTEE

BOARD OF GOVERNORS

Wednesday, October 11, 1989
4:30 P.M.
The Board Room (8-106) University Hospital

AGENDA

I.	Approval of the September 13, 1989 Meeting Minutes	Approval
II.	Medical Staff Hospital Council Report: Credentials Committee Recommendations - Dr. Robert Maxwell	Endorsement
III.	Quality Assurance Follow-Up - Sue Jensen	Information
IV.	Strengthening Hospital Nursing Project - Helen Pitt	Information
V.	Clinical Chiefs Report - Dr. Bruce Work	Information
VI.	Other Business	
VII.	Adjournment	

MINUTES
Joint Conference Committee
Board of Governors
September 13, 1989

CALL TO ORDER:

Chairman Heenan called the September 13, 1989 meeting of the Joint Conference Committee to order at 4:40 P.M. in Room 8-106 in the University Hospital.

Attendance:

Present:
George Heenan
David Link
Robert Maxwell, M.D.
Bruce Work, M.D.
Amos Deinard, M.D.
Phyllis Ellis

Absent:
Liza Arendt, M.D.
Robert Dickler

Staff:
Greg Hart
Shannon Lorbiecki

Guest:
Sue Jensen

APPROVAL OF MINUTES:

The minutes of the July 12, 1989 meeting were approved as submitted.

QUALITY MONITORING PROGRESS REPORT

Sue Jensen presented a progress report on the compliance of the clinical services' quality monitoring programs with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements. Three areas targeted for improvement following the 1987 JCAHO site visit were development of meaningful clinical indicators, review of monitoring reports for trends and patterns quarterly and monthly case by case reviews of morbidity and mortality, and improved documentation of quality assurance discussions in the service's monthly meeting minutes.

Several services were noted as making little significant progress towards these goals. Other services have made some progress toward achieving the goals but additional measures are necessary to ensure that they are in full compliance with the requirements by the November 1, 1989 deadline. Substantial progress has been made in some departments.

The Quality Assurance Steering Committee has recommended that the Chief of the Clinical Service and the Division head of divisions not achieving sufficient progress toward compliance by their September 26 meeting be invited to attend the meeting. The Joint Conference Committee agreed that this action was

appropriate and that invitations to the October Medical Staff-Hospital Council and November Joint Conference Committee meetings should be extended to the Department Chief and Division Head of services or divisions which did not establish significant progress by the dates of those meetings.

CREDENTIALS COMMITTEE REPORT

Dr. Maxwell presented recommendations of the Credentials Committee and the Medical Staff-Hospital Council for clinical privileges, for addition and/or deletion of specific privileges, and for acceptance of resignations of Medical Staff appointments. Dr. Maxwell noted the addition of privileges for intravascular laser assisted angioplasty for Drs. Amplatz, Castaneda-Zuniga, and David Hunter. It was also noted that Dr. Moller, past Chief of Staff, has requested a leave of absence from September 1, 1989 through August 31, 1990.

The committee unanimously endorsed the recommendations of the Credentials Committee and the Medical Staff-Hospital Council for medical staff appointments, additions of clinical privileges, and resignations of Medical Staff appointments.

COUNCIL OF CLINICAL CHIEFS REPORT

Dr. Work was not available to provide the Council of Clinical Chiefs report. On Dr. Work's behalf, Greg Hart reported that the Council of Clinical Chiefs has discussed the Medical School's student recruitment efforts, among other matters.

OTHER BUSINESS

An update was provided to the Committee about an incident which received recent press coverage. A death occurring at UMHC has been rule a homicide by the County Medical Examiner.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 6:20 P.M.

Respectfully Submitted:

Shannon Lorbiecki

Shannon L. Lorbiecki

Office of the Chief of Staff

UNIVERSITY OF MINNESOTA
TWIN CITIES

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

October 2, 1989

TO: Joint Conference Committee

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

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

The Medical Staff-Hospital Council will act on the attached Credentials Committee Report and Recommendations on October 10, a day prior to the next Joint Conference Committee meeting.

I am forwarding these recommendations to you for your review and consideration on October 11. 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.

Thank you.

REM/cf
Attachment

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

October 3, 1989

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.

Department of Laboratory Medicine and Pathology	Category
Raouf E. Nakhleh	Attending Staff
Department of Medicine	
Pamela Ely	Attending Staff
Michael W. Saville	Attending Staff--ER/General Medicine
Elizabeth R. Seaquist	Attending Staff
Department of Obstetrics and Gynecology	
Charles J. McCarthy	Clinical Staff
Department of Otolaryngology	
Barbara N. Malone	Clinical Staff
Department of Pediatrics	
Denise M. Goodman	Attending Staff
Department of Radiology	
Carolyn S. McDonald	Attending Staff

Department of Urology	Category
Charles L. Smith	Clinical Staff
Kevin (Gang) Zhang	Clinical Staff

The following Specified Professional Personnel (Psychologist) has applied for appointment to the psychology staff and has requested clinical privileges. The Committee hereby recommends approval of this applicant and request for privileges.

Department of Physical Medicine and Rehabilitation	Category
Gary T. Athelstan	Attending Staff

HB/cf

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

October 4, 1989

TO: Joint Conference Committee

FROM: Susan Jensen
Director, Quality Assurance Services

SUBJECT: Clinical Service Quality Monitoring Progress Report

The following provides an updated progress report on the compliance of the clinical services' quality monitoring programs with the Joint Commission requirements. As has been previously discussed, Joint Commission found the medical staff quality monitoring systems to be in minimal compliance with the standards in November, 1987 and UMHC received a "contingent" recommendation in this area. This means that if significant compliance with the standards is not demonstrated for at least 12 months prior to the next survey, UMHC's continued accreditation may be in jeopardy. Each service has needed to accomplish varying degrees of improvement in the following areas:

1) Further development of meaningful clinical indicators, including thresholds as possible to determine when further evaluation of data is necessary.

2) Review of monitoring reports for trends and patterns on a quarterly basis in addition to the monthly case by case reviews of morbidity and mortality. Case reviews have been done well by most services.

3) More complete documentation of case reviews and monitoring report discussions in the monthly minutes, especially in relation to conclusions, actions, and follow-up evaluations. Copies of the minutes should be routinely forwarded to Quality Assurance Services.

Last month we discussed the services which had made considerable progress over the last few months and those in which only minimal progress had been forthcoming. It was also noted at the September Joint Conference Committee meeting that a memo had been recently sent to the non-compliant services from Robert Maxwell, M.D. and Robert Dickler. This memo outlined the quality monitoring requirements and established a deadline of September 26th for implementation. Since that time, additional improvements have been made by most of the services. An update follows:

Medicine, Hematology: Indicators were chosen at a meeting held the week of 9/4 and a commitment was made to meet monthly. Morbidity and mortality case by case review was initiated immediately and a first monthly meeting was held 9/27/89. Quality Assurance staff is working with the assigned secretary to format the minutes.

Medicine, Oncology: A letter was received 9/8/89 specifying seven quality indicators as well as a monthly meeting and quarterly review of patterns and trends. Monthly morbidity and mortality conferences have been held and minutes have been forwarded although improvement in the minute format will be necessary.

Medicine, GI/Endoscopy: This service has chosen quality indicators and initially wanted to use a multi-hospital meeting to satisfy the meeting requirement. It was determined that such a meeting would not work well and the commitment was made to hold a separate meeting beginning 11/1/89.

Medicine, Renal: Quality indicators have been selected and the Division Director specified that an existing, interdisciplinary monthly meeting would be used to satisfy the meeting requirement. Concerns were expressed to the Director regarding the lack of attending physicians at this meeting and the Division Director has indicated that at least 2-3 attending physicians will be present at this meting to assure a peer review process.

Medicine, Pulmonary: Quality indicators have been selected for this service and QA staff attended a first monthly meeting which was essentially a Patient Management Conference and not a discussion of overall morbidity and mortality. We have communicated this to the Division Director and he has indicated he will change the focus of the meeting to meet the requirements. QA staff will attend the next meeting when a date is established.

Obstetrics and Gynecology, OB: A meeting was held with the Division Director on 9/19 and a set of indicators is being reviewed and has yet to be finalized. A monthly meeting will be held and documented although a date has not been established.

Obstetrics and Gynecology, Reproductive Endocrinology: A meeting to discuss quality assurance requirements was held 9/20/89. Since most of the patients are seen on an outpatient basis, several outpatient indicators were developed for monitoring.

Obstetrics and Gynecology, Gyn Oncology: A meeting to discuss QA requirements was held with the Division Director on 9/26/89. Previously established indicators will be continued and a commitment was made to discuss patterns and trends.

Ophthalmology: A second meeting was held August 30. Indicators for one division of the department were established and will apply to both inpatients and outpatients. An existing research data base will produce the information.

Psychiatry, Child: Indicators for this division were selected on 8/31 and a monthly meeting was held 9/25/89 A second meeting is scheduled for 10/30.

Psychiatry, Adult: Clinical indicators were selected on 9/12 and a first monthly meeting was held 9/21/89.

Pediatrics, Pulmonary: Indicators are now established and an existing monthly meeting will discuss case by case reviews as well as patterns and trends. This division also has an extensive research data base which provides useful information on the quality of care for discussion.

October 5, 1989

TO: Joint Conference Committee Members

Liza Arendt, M.D.
Amos Dienard, M.D.
Robert Dickler
Phyllis Ellis
David Link
Robert Maxwell, M.D.
Bruce Work, M.D.

FROM: George Heenan, Committee Chair

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

Wednesday, October 11, 1989
4:30 P.M.
The Board Room (8-106), University Hospital

The agenda and background materials for the meeting are enclosed. A snack will be served at the beginning of the meeting.

cc: Greg Hart
Nancy Janda
Sue Jensen
Shannon Lorbiecki
Ann Russell
Barbara Tebbitt
Helen Pitt

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

December 7, 1989

TO: Joint Conference Committee Members

Amos Dienard, M.D.
Robert Dickler
Phyllis Ellis
David Link
Robert Maxwell, M.D.
Bruce Work, M.D.

FROM: George Heenan, Committee Chair

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

Wednesday, December 13, 1989
4:30 P.M.
The Board Room (8-106), University Hospital

The agenda and background materials for the meeting are enclosed. A snack will be served at the beginning of the meeting.

cc: Nancy Green
Greg Hart
Nancy Janda
Sue Jensen
Shannon Lorbiecki
Ann Russell
Barbara Tebbitt
Helen Pitt
Mary Ellen Wells

TABLE OF CONTENTS

	Page(s)
Agenda	1
October 11, 1989 Meeting Minutes	2
Credentials Committee Report	5
Clinical Chief Appointment	9
Quality Monitoring Progress Report	23
Resource Utilization Task Force Report	32
Patient Satisfaction Survey Update	43

JOINT CONFERENCE COMMITTEE

BOARD OF GOVERNORS

Wednesday, December 13, 1989
4:30 P.M.
The Board Room (8-106) University Hospital

AGENDA

I.	Approval of the October 11, 1989 Meeting Minutes	Approval
II.	Medical Staff Hospital Council Report: Credentials Committee Recommendations - Robert Maxwell, M.D.	Endorsement
III.	Clinical Chief Appointment - Robert Maxwell, M.D.	Endorsement
IV.	Quality Assurance Update - Sue Jensen	Information
V.	Resource Utilization Task Force Report - Robert Maxwell, M.D.	Information
VI.	Patient Satisfaction Survey Update - Mary Ellen Wells - Nancy Green	Information
VII.	Clinical Chiefs Report - Bruce Work, M.D.	Information
VIII.	Other Business	
IX.	Adjournment	

MINUTES
Joint Conference Committee
Board of Governors
October 11, 1989

CALL TO ORDER:

Chairman Heenan called the October 11, 1989 meeting of the Joint Conference Committee to order at 4:45 P.M. in Room 8-106 in the University Hospital.

Attendance:	Present:	George Heenan David Link Robert Maxwell, M.D. Amos Deinard, M.D. Phyllis Ellis Robert Dickler
	Absent:	Liza Arendt, M.D. Bruce Work, M.D.
	Staff:	Greg Hart Shannon Lorbiecki Nancy Janda
	Guest:	Barbara O'Grady Barbara Tebbitt Helen Pitt Sue Jensen

APPROVAL OF MINUTES:

The minutes of the September 13, 1989 meeting were approved as submitted.

STRENGTHENING HOSPITAL NURSING

Helen Pitt and Barbara O'Grady informed the Committee that UMHC has received a grant entitled "Strengthening Hospital Nursing: a Program to Improve Patient Care" from the Robert Wood Johnson Foundation. Eighty institutions or consortia will receive $50,000 to develop a plan to restructure nursing which focuses on strategic planning. Based on the plan resulting from the one year effort, 20 sites will be selected for further funding to assist in implementation of their program. Current meetings have focused on identifying strategic issues and stakeholders. The project team hopes to obtain broad participation and will involve medical staff, patients, department heads, the School of Nursing, and others in the process.

Barbara O'Grady explained that the grant is allowing us to supplement a program we would be doing with or without the assistance of the Robert Wood Johnson grant program. The project will focus primarily on patient care and is an opportunity to explore new and creative ways of providing care within our limited resources.

The goal of this initial planning phase is to reach a consensus of all stakeholder groups of areas identified for measurable improvement in quality of patient care, with emphasis on the patient and how care is viewed through his/her eyes.

The Committee thanked Ms. Pitt and Ms. O'Grady for their report and asked that they continue to provide updates on the progress of the project.

MEDICAL STAFF HOSPITAL COUNCIL REPORT: CREDENTIALS COMMITTEE RECOMMENDATIONS

Dr. Maxwell informed the Committee that the Hospital has developed a new policy to address situations where a patient has or wishes to establish a living will partially in response to a recent Minnesota Statute governing advance patient treatment directives. It was noted that living wills differ and the existence of a living will does not necessarily mean that the patient wants a do not resuscitate order. The current statute places the burden on the institution to make a reasonable effort to ascertain whether a living will exists when a patient is admitted.

Dr. Maxwell presented the recommendations of the Credentials Committee which were endorsed by the Medical Staff Hospital Council on October 10. The recommendations of the Credentials Committee were unanimously endorsed.

QUALITY ASSURANCE FOLLOW-UP

Sue Jensen presented a progress report on the compliance of the clinical services' quality monitoring programs with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requirements. All services now have quality assurance indicators in place and have either held or set up a date for a monthly meeting. Minutes from some meetings need improvement and the Medical Staff Hospital Council recommended that Dr. Maxwell and Bob Dickler send a memo to all services describing what the minutes should include.

The first review of the quarterly report for services that have had the indicators in place will be conducted in the near future. If progress continues all services should be in full compliance.

Ms. Jensen's report led to a discussion of the Board of Governors role in the quality assurance program. It was suggested that the Board consider including compliance with the quality assurance process as a criterion during the reappointment process. The Joint Conference Committee's work plan includes a review of the reappointment process and this could be integrated into that process.

Ms. Jensen was thanked for the diligent efforts of the Quality Assurance Department in achieving substantial progress toward compliance with the JCAHO requirements.

COUNCIL OF CLINICAL CHIEFS REPORT

Dr. Work was not available to provide the Council of Clinical Chiefs report. On Dr. Work's behalf, Greg Hart reported that recent meetings of the Council

of Clinical Chiefs have included discussion of the Hospital's facility plan and a presentation by Physicians Serving Physicians about their program to assist physicians with chemical dependency or other problems which impact their performance.

OTHER BUSINESS

Mr. Dickler has met with the Chair and Vice-Chair of the Board to discuss the Board of Governors Retreat and a proposed work plan for addressing the priority issues identified at the retreat will be presented at the next Board of Governors meeting.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 6:17 P.M.

Respectfully Submitted:

Shannon Lorbiecki

Shannon L. Lorbiecki

Office of the Chief of Staff

UNIVERSITY OF MINNESOTA
TWIN CITIES

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

November 15, 1989

TO: Joint Conference Committee

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

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

The Medical Staff-Hospital Council has reviewed and recommends the attached Credentials Committee Report and Recommendations.

Following your consideration of these recommendations, we ask that you forward them to the Board of Governors for approval.

Thank you.

REM/cf
Attachment

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

November 7, 1989

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.

Department of Anesthesiology	Category
Richard J. Palahniuk	Attending Staff
Department of Laboratory Medicine and Pathology	
Craig E. Litz	Attending Staff
Department of Medicine	
Vicki A. Morrison	Attending Staff
Laura L. Stahnke	Attending Staff-ER
Bradford G. Stone	Clinical Staff
Valerie K. Ulstad	Attending Staff
Department of Neurology	**Category**
Richard W. Price	Attending Staff
Department of Pediatrics	
Antoinette M. Moran	Attending Staff
Department of Physical Medicine and Rehabilitation	
Charlotte L. Roehr	Attending Staff

Provisional status and clinical privileges continued:

Department of Radiology	
Richard H. Ardill	Attending Staff

The following physician is completing his provisional status and is eligible for regular appointments as a member of the Medical Staff of The University of Minnesota Hospital and Clinic. The Committee has reviewed recommendations concerning his appointment and hereby recommend approval.

Department of Hospital Dentistry	Category	Date Eligible
Telly A. Pappas	Clinical Staff	June 21, 1989

The following physician has returned from leave of absence and has applied for reappointment. The Committee hereby recommends approval of this reappointment.

Department of Family Practice and Community Health	Category
John E. Verby	Attending Staff

The following physician has submitted an applications and supporting documentation requesting addition and/or deletion of clinical privileges. The Committee has reviewed and considered this request and hereby recommends approval.

Department of Family Practice and Community Health	Category
John E. Verby	Attending Staff

Privileges: Delete: Previously approved clinical privileges form approved August 18, 1976
Add: Privileges utilizing the new departmental clinical privileges form

The following physician has applied for leave of absence from the medical staff. The Committee hereby recommends approval of this leave of absence.

Department of Hospital Dentistry	Category
Charles R. Wilkinson	Clinical Staff

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

Department of Family Practice and Community Health	Category
Nancy Richardson	Clinical Staff
Leif I. Solberg	Clinical Staff
Department of Medicine	
Donald L. Bodenner	Attending Staff
Stephen C. Remole	Attending Staff
Department of Obstetrics and Gynecology	
Bruce F. Campbell	Attending Staff
Department of Psychiatry	
Joseph Westermeyer	Attending Staff effective January 1, 1990
Department of Surgery	
Edward W. Humphrey	Clinical Staff

HB/cf

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

December 7, 1989

TO: Joint Conference Committee Members

Liza Arendt, M.D.
Amos Dienard, M.D.
Phyllis Ellis
David Link
Bruce Work, M.D.

FROM: Robert Maxwell, M.D.
Chief of Staff

Robert Dickler
Hospital Director

RE: Clinical Chief Appointment

We are requesting the appointment by the Board of Governors of James Q. Swift, D.D.S., as Clinical Chief of the Dentistry Services at UMHC.

Dr. Swift's Curriculum Vitae is attached. As you can see, Dr. Swift was recently recruited from the University of Oklahoma.

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

Thank you.

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Board of Governors
Box 502
Harvard Street at East River Road
Minneapolis, Minnesota 55455

November 3, 1989

TO: Joint Conference Committee Members

Liza Arendt, M.D.
Amos Dienard, M.D.
Robert Dickler
Phyllis Ellis
David Link
Robert Maxwell, M.D.
Bruce Work, M.D.

FROM: George Heenan, Committee Chair

The November meeting of the Joint Conference Committee has been cancelled due to lack of agenda items.

cc: Greg Hart
Nancy Janda
Sue Jensen
Geoff Kaufmann
Shannon Lorbiecki
Ann Russell
Barbara Tebbitt

CURRICULUM VITAE

James Q. Swift, D.D.S.

BIRTHDATE:	October 12, 1953
BIRTHPLACE:	Manchester, Iowa
RESIDENCE:	4725 Isabel Avenue Minneapolis, Minnesota 55406 (612) 722-8824
OFFICE:	Division of Oral and Maxillofacial Surgery Department of Diagnostic & Surgical Sciences College of Dentistry 7-174 Moos Health Sciences Tower 515 Delaware Street S.E. Minneapolis, MN 55455-0329

HIGHER EDUCATION

1981-1985	Certificate: Division of Oral and Maxillofacial Surgery, Department of Surgery, University of Oklahoma College of Medicine, Oklahoma City, OK
1980-1981	Certificate: General Practice Residency, Oklahoma Children's Memorial Hospital, Oklahoma City, OK
1976-1980	D.D.S. Degree: University of Iowa College of Dentistry, Iowa City, IA
1972-1976	BA Degree: Cornell College, Cum Laude, Mt. Vernon, IA.

LICENSING BOARDS

1989	State of Minnesota Dental License #D-10436
1988	State of Florida Dental License #DN0011710
1987	Diplomate, American Board of Oral and Maxillofacial Surgery
1986	State of Oklahoma, General Anesthesia Permit #55
1985	State of Oklahoma Specialty Board, Oral and Maxillofacial Surgery, Licence #84
1980	State of Oklahoma, Dental License #4186
1980	Central Regional Dental Board

CURRENT APPOINTMENTS

1989-Present	Assistant Professor Division of Oral and Maxillofacial Surgery University of Minnesota School of Dentistry Minneapolis, MN

1989-Present — Director
Graduate Training Program, Division of Oral and Maxillofacial Surgery
University of Minnesota School of Dentistry
Minneapolis, MN

1989-Present — Acting Head
Division of Oral and Maxillofacial Surgery
University of Minnesota School of Dentistry
Minneapolis, MN

1989-Present — Clinical Chief, Department of Dentistry
University of Minnesota Hospitals and Clinics
Minneapolis, MN

PAST APPOINTMENTS

1988-1989 — Consultant, Cleft Palate Clinic, Keyes Speech and Hearing Center,
University of Oklahoma, Oklahoma City, OK

1985-1989 — Assistant Professor
Department of Oral and Maxillofacial Surgery, University of Oklahoma
College of Dentistry, Oklahoma City, OK

1985-1989 — Clinical Assistant Professor
Division of Oral and Maxillofacial Surgery, University of Oklahoma
College of Medicine, Oklahoma City, OK

1986-1989 — Member, Graduate Faculty
University of Oklahoma Health Sciences Center
Oklahoma City, OK

1985-1989 — Consultant, Oral/Maxillofacial Surgery
Veteran's Administration Medical Center, Oklahoma City, OK

1986-1989 — Director of Anesthesia and Pain Control
University of Oklahoma College of Dentistry, Oklahoma City, OK

1985-1989 — Lecturer, General Practice Residency Program
Oklahoma Children's Memorial Hospital, Oklahoma City, OK

1984-1985 — Chief Resident
Division of Oral and Maxillofacial Surgery, Department of Surgery,
University of Oklahoma, Oklahoma City, OK

UNIVERSITY COMMITTEES

1988-1989 — Search Committee, Associate Dean of Clinical Affairs
University of Oklahoma College of Dentistry, Oklahoma City, OK

1987 — Search Committee, Dean
University of Oklahoma College of Dentistry, Oklahoma City, OK

1987-1989	Appeals Board University of Oklahoma College of Dentistry, Oklahoma City, OK
1985-1989	Research Committee University of Oklahoma College of Dentistry, Oklahoma City, OK
1985-1989	Clinic Policies Committee University of Oklahoma College of Dentistry, Oklahoma City, OK
1985-1989	Continuing Education Committee University of Oklahoma College of Dentistry, Oklahoma City, OK
1985-1989	Periodic Review/Promotions Committee University of Oklahoma College of Dentistry, Oklahoma City, OK

PRESENT HOSPITAL STAFF APPOINTMENTS

1989-Present	University of Minnesota Hospitals and Clinics 500 Harvard Street S.E., Minneapolis, MN

PAST HOSPITAL STAFF APPOINTMENTS

1987-1989	Mercy Health Center 4300 W. Memorial Rd., Oklahoma City, OK
1986-1989	Presbyterian Hospital N.E. 13th and Lincoln, Oklahoma City, OK
1985-1989	Oklahoma Memorial Hospital 800 N.E. 13th, Oklahoma City, OK
1985-1989	Oklahoma Children's Memorial Hospital 940 N.E. 13th Street, Oklahoma City, OK
1985-1989	Veteran's Administration Medical Center 921 N.E. 13th Street, Oklahoma City, OK
1985-1989	O'Donoghue Rehabilitation Institute 1122 N.E. 13th Street, Oklahoma City, OK

COMMUNITY SERVICE

1988-1989	Member, Board of Directors, Oklahoma County Chapter, American Red Cross
1988-1989	Member, Strategic Planning Committee, Oklahoma County Chapter, American Red Cross
1988-1989	Faculty Lecture Series, University of Oklahoma College of Dentistry, Oklahoma City, OK
1987-1989	Donated Dental Services Program, Oklahoma Foundation of Dentistry for the Handicapped, Oklahoma City, OK

1987-Present	Health Volunteers Overseas, Oral and Maxillofacial Surgery Division.
1986-1989	Chairman Medical Advisory Committee, American Red Cross Tissue Bank, Oklahoma County Chapter, American Red Cross, Oklahoma City, OK
1986-1989	Member, Tissue Bank Committee, American Red Cross Tissue Bank, Oklahoma County Chapter, American Red Cross, Oklahoma City, OK

PROFESSIONAL ORGANIZATIONS

1989-Present	Minneapolis District Dental Society
1989-Present	Minnesota Dental Association
1987-Present	Fellow, American Association of Oral and Maxillofacial Surgeons
1987-Present	American Cleft Palate Association
1987-Present	American Trauma Society
1987-Present	American Society of Dental Anesthesiologists
1986-Present	Society of Educators of Oral/Maxillofacial Surgery
1985-1989	Oklahoma County Dental Society
1985-1989	Oklahoma Dental Association
1985-Present	American Dental Association
1986-Present	Southwest Society of Oral and Maxillofacial Surgeons
1985-Present	Oklahoma Society of Oral and Maxillofacial Surgeons

CERTIFICATIONS

1987-Present	Provider Advanced Trauma Life Support American College of Surgeons (In conjunction with AAOMS)
1987-Present	IMZ Implant/Surgical Course University of North Carolina, Research Triangle Park, NC
1986-Present	Instructor Advanced Cardiac Life Support, American Heart Association Oklahoma County Affiliate, Oklahoma City, OK
1986	CO_2 Lasers in Oral/Maxillofacial Surgery Northwestern University, Chicago, IL

1986 — Transmandibular Implant-Surgical Course
University of Oklahoma
Department of Oral/Maxillofacial Surgery
Ann Arbor, MI

1985 — Tissue Integrated Prostheses (Branemark Implants)
Surgical Course, Mayo Clinic, Rochester, MN

1980-Present — Provider
Advanced Cardiac Life Support (ACLS)
American Heart Association
Oklahoma County Affiliate, Oklahoma City, OK

CONTINUING EDUCATION PRESENTATIONS

12/1987 — "A Prosthodontic and Surgical approach to Implants"
University of Oklahoma College of Dentistry
Oklahoma City, OK.

2/1987
3/1988 — "Local Anesthesia for Dental Hygienists"
Board of Governors of Registered Dentists
Certification Course
University of Oklahoma College of Dentistry
Oklahoma City, OK

11/1986
12/1986
5/1987
11/1987 — "N_2O-O_2 Sedation"
Board of Governors of Registered Dentists
Certification Course
University of Oklahoma College of Dentistry
Oklahoma City, OK

3/1986 — "Computerized Axial Tomographic Scans and Newer Diagnostic Techniques"
University of Oklahoma College of Dentistry
Oklahoma City, OK

PRESENTATIONS

8/1988 — "Tissue Ingrowth into Allogeneic Implants Evaluated by Non Decalcified Tissue Sections (Donath Technique)"
Poster Session American Association of Tissue Banks,
12th Annual Meeting
San Diego, CA

RESIDENT PRESENTATIONS

Chief Residents Day
Southwest Society of
Oral and Maxillofacial Surgeons
May, 1984
Dallas, TX — "Factors influencing Resorption of the Edentulous Mandible"

Chief Residents Day Southwest Society of Oral and Maxillofacial Surgeons April, 1985 San Antonio, TX	"Rigid Fixation-The Oklahoma Experience"

INVITED LECTURESHIPS

7/5/1988	"Combined Approach to Facial Deformities" Continuing Dental Education Program St. Anthony's Hospital, Oklahoma City, OK
6/19/1988	"Oral and Maxillofacial Surgery" Oklahoma Dental Foundation Dental Health Workshop, Central State University Edmond, OK
5/1988	"Medical Emergencies in the Dental Office - The Role of the Dental Hygienist" Oklahoma Dental Hygienists Association Annual Meeting, Oklahoma City, OK
1/29/1988	"Preprosthetic Surgery in the U.S.A." Poliklinik und Klinik Fur Zahn, Mund, und Kirfekrankheiten Westfalischen Wilheluis Universitat Munster, West Germany
1/26/1988	Preprosthetic Surgery in the U.S.A." University of Frankfurt, College of Dentistry Frankfurt, West Germany
6/1987	"Advances in Oral/Maxillofacial Surgery" Cleveland County Dental Society Norman, OK.
4/1987	"The Specialty of Oral/Maxillofacial Surgery" Career Day University of Oklahoma College of Dentistry Oklahoma City, OK.
4/1987	"Recent Advances in Oral/Maxillofacial Surgery" Oklahoma County Dental Hygienists Association Bimonthly Meeting, Oklahoma City, OK.
4/1987	"Histologic Evaluation of Nondecalcified Tissues Sections Utilizing the Donath Technique" Southwest Society of Oral/Maxillofacial Surgeons Annual Meeting, Houston, TX
3/1987	"Review of Oral Pathology" Ardmore Dental Study Club Ardmore, OK.

1/1987 — "Update in Local Anesthesia"
Oklahoma County Dental Hygienists Association
Bimonthly Meeting
Oklahoma City, OK.

10/1986 — "Update on Nitrous Oxide/Oxygen Sedation for Dentists"
Tulsa County Endo Study Club
Tulsa, OK.

9/1986 — "Recent Advances in Oral/Maxillofacial Surgery"
Oklahoma County Dental Assistants Association
Bimonthly Meeting
Oklahoma City, OK.

6/1986 — "The Transmandibular Implant"
Oklahoma Society of Oral/Maxillofacial Surgeons
Annual Meeting, Shangri-La
Afton, OK.

10/1985 — "Update on Dental Implants"
Cleveland County Dental Society
Norman, OK.

TEACHING ACTIVITIES

Undergraduate Lectures

1985-Present — "Local Anesthesia" (Course Director)
Dental Student Course #8601, Dental Hygiene Course #4471
University of Oklahoma College of Dentistry
Oklahoma City, OK.

1985-Present — "N_2O Sedation:"
Oral Surgery Course #9603
University of Oklahoma College of Dentistry
Oklahoma City, OK.

1985-Present — "Medical Basis for Dental Practice"
Oral Surgery Course #8602
University of Oklahoma College of Dentistry
Oklahoma City, OK.

1985-Present — "Medical Emergencies in the Dental Office"
Dental Hygiene Course-Senior Class
University of Oklahoma College of Dentistry
Oklahoma City, OK.

1985-Present — "Pericoronitis":
Dental Hygiene Course-Senior Class
University of Oklahoma College of Dentistry
Oklahoma City, OK.

1985-Present — "Localized Alveolitis"
Dental Hygiene Course-Senior Class
University of Oklahoma College of Dentistry
Oklahoma City, OK.

Undergraduate Clinical Instruction

1985-Present — Instruction and demonstration of clinical oral surgical procedures to junior and senior dental students

1985-Present — Instruction and demonstration of local anesthesia and N_2O-O_2 sedation to dental and dental hygiene students

Graduate lectures

1985-Present — Presentations to oral/maxillofacial surgery residents on all phases of surgical technique and medical management.

Graduate Clinical Instruction

Staffing major oral and maxillofacial surgical procedures with residents in the graduate training program.

SPONSORED RESEARCH

"A Comparative Study of Tissue Ingrowth into Alloplastic, and Allogeneic Implants, and Autogenous Grafts in Dogs Using Nondecalcified Tissue Sections"
J.Q. Swift (Principal Investigator) $4,968.

Approved/Not Funded (Will be resubmitted) — "Treatment of Mandibular Atrophy with Grafts and Implants"
J.Q. Swift (Principal Investigator)
NIH AREA Grant $75,000

AREAS OF RESEARCH

1986-Present — Transmandibular Implant- Clinical Investigation

1986-Present — Evaluation Tissue Sections Utilizing the Donath Technique

1986-Present — Small Plate Fixation of Mandibular Fractures- Clinical Study

1986-Present — Use of Allogeneic Implants for Stability in Repair of Mandibular Defects

1985-Present — Rigid Fixation in Orthognathic Surgery

PUBLISHED RESEARCH

Kirkpatrick, T., Woods, M., Swift, J., Markowitz, N., "Skeletal Stability Following Mandibular Advancement and Rigid Fixation." Journal of Oral and Maxillofacial Surgery, Vol. 45, 1987, pp 572-576.

1985 CONTINUING EDUCATION

January 10-13	AAOMS Clinical Congress Ft. Lauderdale, Florida
March 29-31	Seventh Annual Dentofacial Deformity Symposium Dallas, Texas
April 14-17	Southwestern Society of Oral and Maxillofacial Surgeons Annual Meeting San Antonio, Texas
May - June	Oral Surgery Symposium/Course Canniesburn Hospital Glasgow, Scotland
July 24-26	Oklahoma Association of Oral and Maxillofacial Surgeons Shangri-La Afton, Oklahoma
October 2-7	AAOMS 1985 Annual Scientific Session Washington, D.C.
October 28-30	Tissue Integrated Prosthesis Course Mayo Clinic Rochester, Minnesota
December 4-6	ACLS Provider Course Mercy Health Center Oklahoma City, Oklahoma
December 15-17	OC_2 Laser Course Northwestern University Chicago, Illinois

1986 CONTINUING EDUCATION

January 30 - February 2	AAOMS Clinical Congress Anaheim, California
February 14	Oklahoma County Dental Association Continuing Education Management of TMJ Problems (Dr. William Solberg)
April 3-5	Third International Symposium on Oral and Maxillofacial Surgery University of Missouri Kansas City, Missouri
April 11-13	Southwest Society of Oral and Maxillofacial Surgeons Annual Meeting Ft. Worth, Texas
April 12	AAOMS Risk Management Seminar Ft. Worth, Texas
May 18-24	International Association of Oral and Maxillofacial Surgeons Meeting Vancouver, B.C.
August 2-8	Comprehensive Board Review Examination University of Michigan Ann Arbor, Michigan
September 24-28	AAOMS 1986 Annual Meeting New Orleans, Louisiana
October 31	Pain Control In Dentistry- The Future of Local Anesthesia University of Oklahoma College of Dentistry Oklahoma City, Oklahoma
October 31, November 2	American Heart Association ACLS Instructor Course Presbyterian Hospital Oklahoma City, Oklahoma
November 11	Basic Life Support University of Oklahoma College of Dentistry Oklahoma City, Oklahoma

1987 CONTINUING EDUCATION

January 6-8	American Board of Oral and Maxillofacial Surgery Mock Board Examination University Michigan Daytona Beach, Florida
January 10-14	10th Annual Oral Pathology Review James L. Knight Convention Center University of Miami Miami, Florida
January 23-27	Oral and Maxillofacial Surgery Board Review Oral Pathology Review Anatomy Review Tufts University Boston, Massachusetts
April 5-6	Society of Educators of Oral and Maxillofacial Surgery Prospectives in Cleft Palate Repair Vanderbilt University Nashville, Tennessee
April 10-11	Southwest Society of Oral and Maxillofacial Surgery Annual Meeting Houston, Texas
July 25-26	Oklahoma Society of Oral and Maxillofacial Surgeons Reichmann Lectureship Shangri-La Afton, Oklahoma
August 15	Drug Seminar "What to Know About Your Drug License" Board of Governors and Bureau of Narcotics Marriott Hotel Oklahoma City, OK
September 16-20	American Association of Oral and Maxillofacial Surgeons Annual Meeting Anaheim, California
October 31 - November 21	IMZ Implant-Surgery Course Raleigh - Durham, North Carolina

1988 CONTINUING EDUCATION

April 9-10	Society of Educators in Oral and Maxillofacial Surgery Annual Meeting Houston, Texas
April 15-17	Southwest Society of Oral and Maxillofacial Surgeons Annual Meeting Santa Fe, New Mexico
April 23-26	American Cleft Palate Association Annual Meeting Williamsburg, West Virginia
April 28 - May 1	Oklahoma Dental Association State Dental Meeting Oklahoma City, Oklahoma
July 23-24	Oklahoma Society of Oral and Maxillofacial Surgeons Reichmann Lectureship Shangri-La Afton, Oklahoma
August 21-23	American Association of Tissue Banks Annual Meeting San Diego, California
September 28 - October 3	American Association of Oral and Maxillofacial Surgeons Annual Meeting Boston, Massachusetts
October 4-5	TMJ Arthroscopy Workshop Boston, Massachusetts
October 22-24	TM Disorders Chicago, Illinois
December 1-4	The Plastic Surgery Research Foundation Bone Grafting San Diego, California

HONORS AND AWARDS

1988	Superior Didactic Instructor Award Given by the Class of 1988 Oklahoma University College of Dentistry
1980-1981	Member, Planning Committee, American Association of Dental Schools
1981, 1979	Delegate to House of Delegates, AADS
August 1979 - January 1980	Selected and participated as dental exchange student at Royal College of Dentistry in Aarhus, Denmark
1980, 1979	University of Iowa College of Dentistry Dean's Leadership Award
1980, 1979, 1976	Named to Who's Who Among Students in American Colleges and Universities
1980	Elected a Executive Vice President, Council of Students, American Association of Dental Schools
1980	Member, Reference Committee on Association Policy, American Association of Dental Schools
1977-1980	Class Representative, Iowa Student Dental Association
1976-1980	Class Representative, American Association of Dental Schools, Council of Students, Iowa Chapter
1979	Iowa Delegate, International Association of Dental Students, Freiburg, West Germany
1979	Dental Delegate, Health Interdisciplinary Association Iowa Meeting, Washington, D.C.
1979, 1978	National Delegate, American Student Dental Association, Chicago, Illinois
1978-1979	North Central Regional Correspondent, Council of Students, AADS

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

DATE: December 5, 1989

TO: Joint Conference Committee

FROM: Susan Jensen
Director, Quality Assurance Services

SUBJECT: Clinical Service Quality Monitoring Progress Report

Attached is a numerical evaluation of the compliance of the clinical services' quality monitoring programs with the Joint Commission requirements. As has been previously discussed, Joint Commission found the medical staff quality monitoring systems to be in minimal compliance with the standards in November, 1987 and UMHC received a "contingent" recommendation in this area. This means that if significant compliance with the standards is not demonstrated for at least 12 months prior to the next survey, UMHC's continued accreditation may be in jeopardy. Each service has needed to accomplish varying degrees of improvement in the following areas:

1) Further development of meaningful clinical indicators, including thresholds as possible to determine when further evaluation of data is necessary.

2) Review of monitoring reports for trends and patterns on a quarterly basis in addition to the monthly case by case reviews of morbidity and mortality.

3) More complete documentation of case reviews and monitoring report discussions in the monthly minutes, especially in relation to conclusions, actions, and follow-up evaluations. Copies of the minutes should be routinely forwarded to Quality Assurance Services within 60 days of the meeting.

You will note that several services have significantly increased ratings due to intensive efforts over the last quarter. The ratings were increased if most of the items noted above were demonstrated for a three month period of time. The services demonstrating the most improvement include: Dentistry; Oncology, Hematology, and GI/Endoscopy Medicine; Women's Cancer Center and Obstetrics; Renal/Dialysis and Pulmonary Pediatrics; Adult and Child Psychiatry. Further efforts will be necessary in Anesthesiology, Pathology, Renal and Pulmonary Medicine, Ophthalmology and Hematology/Oncology Pediatrics. In most other instances, the ratings should continue to improve as a three month track record is established. I would also like to point out that Neurosurgery, Physical Medicine and Rehabilitation, Child Psychiatry and the Laboratory have established thresholds for their indicators. Thresholds establish acceptable rates for each indicator and help to identify if an opportunity to improve the quality of care exists.

The University of Minnesota Hospital and Clinic

MONITORING AND EVALUATING THE QUALITY AND APPROPRIATENESS OF CARE

ASSESSMENT OF THE CLINICAL DEPARTMENTS' COMPLIANCE

	MONITORING					MONTHLY MEETINGS		
DEPARTMENT	Indicators	Thresholds for Evaluation	Conclusions	Actions	Follow-up	Frequency	Findings from Major Care Aspects Discussed	Minutes with Conclusions and Actions
ANESTHESIOLOGY	1	-	4	4	4	1	4	4
Summary of Indicators: Intraoperative Complications; Post-anesthetic Complications; Long Stays in PAR; Transfers to ICU; Deaths								
DENTISTRY	3	-	3	3	3	2	3	3
Summary of Indicators: Post-Op Infections; Device/Graft Malfunctions; Return to OR for Bleeding; Return to ER; Unplanned Admission; Anesthesia								
DERMATOLOGY	1	-	3	3	3	3	3	3
Summary of Indicators: Complications; Patient Complaints; Followup of abnormal labs; Followup of Malignant Skin Biopsies								
FAMILY PRACTICE	1	-	2	2	2	1	2	2
Summary of Indicators: Unplanned readmits; Pts Presenting with Diabetic Acidosis; Admits within 72 hrs of ER or Clinic Visit; Drug Toxicity and Allergic Reactions; Postpartum Infections and Pre-Term Birth; Follow-up of Breast Mass; Lab Monitoring for Lithium								
LABORATORY MEDICINE AND PATHOLOGY								
Medical Laboratory	1	2	2	2	2	1	3	3
Summary of Indicators: Specimen Quality; Incident Reports; Availability of Test Results: Interpretations and/or Turn-Around Times;								
Pathology	2	-	3	3	3	2	4	4
Summary of Indicators: Agreement of Provisional and Final Diagnoses; Agreement of Frozen and Permanent Diagnoses; Turn-Around for Autopsies and Other Reports; Incident Reports								
MEDICINE								
White (Cardiology)	1	-	3	3	3	3	3	3
Summary of Indicators: Complications of Heart Catheterization; In-House Myocardial Infarctions; Adverse Drug Reactions; Pulmonary Embolisms								

DEPARTMENT	MONITORING: Indicators	Thresholds for Evaluation	Conclusions	Actions	Follow-up	MONTHLY MEETINGS: Frequency	Findings from Major Care Aspects Discussed	Minutes with Conclusions and Actions
Masonic (Oncology)	2	-	2	2	2	1	3	3
Summary of Indicators: Septicemia following Admit; Complications of Central Venous/Arterial Lines; Unexpected Renal Failure; Deaths								
Red (Hematology)	1	-	3	3	3	1	3	3
Summary of Indicators: Use of Blood Products; Elevated Coags; Septicemia following admission; Hemorrhages								
Blue (GI/Endoscopy)	2	-	3	3	3	3	3	3
Summary of Indicators: Complications of Endoscopy, Liver Biopsies, and Central Lines; Deaths								
Green (Renal/Dialysis)	2	-	4	4	4	4	4	4
Summary of Indicators: Deaths; Complications of Kidney Dialysis such as MI, Stroke, and Seizures; Complications of Vascular Access; Complications of Kidney Biopsy								
Yellow A (Pulmonary)	2	-	4	4	4	4	4	4
Purple (BMT)	[See special care units]							
NEUROLOGY	3	-	3	4	4	1	3	3
Summary of Indicators: Deaths; Incident Reports; Patient Complaints; Septicemia and Pneumonia following Admit; Documentation of DNR/DNI Status								
NEUROSURGERY	1	2	3	3	3	1	3	3
Summary of Indicators: Deaths; Complications such as Post-op Infections, CNS Deficit, Post-op Cerebral Spinal Fluid Leak, Malfunction of Shunts								
OBSTETRICS/GYNECOLOGY								
Women's Cancer Center	1	-	2	2	2	1	2	2
Summary of Indicators: Complications; Incident Reports; Patient Complaints								
Obstetrics	1	-	3	3	3	3	3	3
Summary of Indicators: Deaths; Low Apgars; Infant Injury; Complications of Delivery								

DEPARTMENT	MONITORING					MONTHLY MEETINGS		
	Indicators	Thresholds for Evaluation	Conclusions	Actions	Follow-up	Frequency	Findings from Major Care Aspects Discussed	Minutes with Conclusions and Actions
OPHTHALMOLOGY	3	-	4	4	4	4	4	4
Summary of Indicators: Complications of Corneal Transplants (Inpt & Outpt); Patient Complaints								
ORTHOPAEDICS	1	-	3	3	3	1	3	3
Summary of Indicators: Post-op Complications; Malfunction of Orthopedic Devices; Incident Reports								
OTOLARYNGOLOGY	1	-	3	3	3	1	3	3
Summary of Indicators: Post-op Complications; Incident Reports; Evaluation of Stapedectomies, Tympanoplasties and Myringotomies								
PEDIATRICS								
Cardiology	1	-	3	3	3	1	3	3
Summary of Indicators: Heart Catheterization and Chest Tube Complications; Deaths								
Dialysis/Renal	2	-	3	3	3	4	3	3
Summary of Indicators: Complications of Renal Biopsies; Complications of Peritoneal Dialysis and Vascular Access								
Pulmonary	2	-	3	3	3	3	3	3
Summary of Indicators: Deaths; Indications for Bronchoscopies; Indications for Surgial Consults; Discharges with Decrease in Pulmonary Function Status								
Hematology/Oncology	2	-	4	4	4	1	4	4
Summary of Indicators: Complications of Acylovir Therapy; Platelet Utilization; Deaths								
PSYCHIATRY								
Adult	1	-	2	2	2	1	2	2
Summary of Indicators: Documentation of Assessment Data; Psych Evaluation; Treatment Plan/Progress; Readmits within 15 days; Suicides within 6 Months of Discharge								
Child and Adolescent	1	2	2	2	2	1	2	2
Summary of Indicators: Use of Quiet Room Time; Pt Assessment Prior to Neuroleptic Drug Administration; Readmits within 30 days; Review of Stays > 30 Days								

DEPARTMENT	MONITORING					MONTHLY MEETINGS		
	Indicators	Thresholds for Evaluation	Conclusions	Actions	Follow-up	Frequency	Findings from Major Care Aspects Discussed	Minutes with Conclusions and Actions
RADIOLOGY								
Diagnostic	1	-	3	3	3	1	3	3
Summary of Indicators: Complications; Indications for Procedures								
Nuclear Medicine	1	-	3	3	3	3	3	3
Summary of Indicators: Complications; Scheduling Difficulties; Incompleteness of Exams; Patient Complaints; Indications for Procedures								
REHABILITATION	1	2	1	2	2	1	2	1
Summary of Indicators: UTI Incidence with Catheters; Discharge Assessment; Follow-up of Falls and Injuries; X-Ray Evaluation for Cervical Traction								
SPECIAL CARE UNITS Common and ICU specific indicators currently being finalized by Intensive/Special Care Medical Advisory Committee								
Medical ICU	2	-	3	3	3	*	3	2
Surgical ICU	2	-	3	3	3	*	3	2
Newborn ICU	2	-	2	2	2	*	1	1
Pediatric ICU	2	-	2	2	2	*	1	1
Bone Marrow Tx	2	-	3	3	3	1	3	3
SURGERY								
Transplant	1	-	3	3	3	1	3	3
Summary of Indicators: Post-op Complications; Deaths; Rejection Episodes; Drug Toxicity								

DEPARTMENT	MONITORING					MONTHLY MEETINGS		
	Indicators	Thresholds for Evaluation	Conclusions	Actions	Follow-up	Frequency	Findings from Major Care Aspects Discussed	Minutes with Conclusions and Actions
Cardiovascular	1	-	3	3	3	1	3	3
Summary of Indicators: Post-op Complications; Deaths;								
General Surgery	1	-	3	3	3	1	3	3
Summary of Indicators: Post-op Complications; Deaths;								
THERAPEUTIC RADIOLOGY	1	-	3	3	3	1	3	3
Summary of Indicators: Prescription Errors; Late Effects and Complications of Radiation; Treatment Errors (Dosage, Distance, Field Size Errors)								
UROLOGY	1	-	3	3	3	1	3	3
Summary of Indicators: Deaths; Post-op Complications; Pelvic, Rectal & Review of Systems Done; Complications of Devices								

*No monthly meeting required for Special Care Units - Bimonthly meetings established.

SCORING (See detailed scoring definitions on attached pages)

1 - Substantial Compliance
2 - Significant Compliance
3 - Partial Compliance
4 - Minimal Compliance
5 - Non-Compliance

File: [Sys]<Vince.WP>Compliance

Last Updated: 12/06/89

COLUMN DEFINITIONS
MONITORING AND EVALUATING THE QUALITY AND APPROPRIATENESS OF CARE
ASSESSMENT OF THE CLINICAL DEPARTMENTS COMPLIANCE

Column Heading	Definition
Indicators	A defined, measurable dimension of the quality or appropriateness of an important aspect of care or service. Indicators specify the patient care activities, events, occurrences or outcomes to be monitored and evaluated to determine if patient care conforms to current standards of acceptable practice. Data is collected for each indicator.
Thresholds for Evaluation	A pre-established level or point in data that will trigger intensive evaluation to determine whether an opportunity to improve care exists.
Conclusions	A specific determination of whether the data identifies a problem or opportunity to improve care.
Actions	A summary of the recommendations made or actions to be taken to resolve concerns identified by the indicator. Who or what is expected to change should be identified; who is responsible for implementing action; what action is appropriate and when change is expected to occur.
Follow-Up	A determination of when the indicator will be reviewed again to determine if the concerns/problems were resolved by the recommendations and actions taken.
Frequency of Monthly Meetings	Score 1 There are 11 or 12 monthly meetings each year; preceding months information is reviewed after any lapse. Score 2 There are 10 monthly meetings each year. Score 3 There are 9 monthly meetings each year. Score 4 There are 4 to 8 monthly meetings each year.. Score 5 There are 3 or fewer meetings each year.

Findings from Major Care Aspects Discussed	Score 1	All major aspects of quality assurance findings are presented over the course of one year; the minutes reflect active discussion.
	Score 2	Most major aspects of quality assurance findings are presented in the course of one year; the minutes generally reflect active discussion.
	Score 3	Some major aspects are presented; there is little evidence of active discussion by those in attendance.
	Score 4	Few major aspects are presented; the usual procedure is perfunctory acceptance or approval of reports from committees.
	Score 5	Meeting agendas consist almost entirely of business items with little or no reference to quality assurance issues.
Minutes with Conclusions and Actions	Score 1	The minutes contain a record of conclusions, recommend-ations, and actions taken after discussions of quality assurance issues. (Patients or practitioners singled out by the monitoring and evaluation process need not be identified.) There are regular reviews of previous recommendations or actions to determine their effectiveness.
	Score 2	Most minutes contain a record of conclusions, recommend-ations, and actions taken and evidence of follow-up activities.

Score 3 The minutes rarely contain a record of conclusions, recommendations, and actions taken, but the surveyor(s) can determine that actions are taken (eg. a policy has been changed regarding an important aspect of patient care).

OR

Some minutes contain a record of conclusions, recommendations, and actions taken.

Score 4 The minutes only occasionally contain a record of conclusions, recommendations, and actions taken.

Score 5 The minutes rarely or never contain a record of conclusions, recommendations, and actions taken.

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

DATE: December 5, 1989

TO: Joint Conference Committee

FROM: Susan Jensen
Director, Quality Assurance Services

SUBJECT: Activities of the Resource Utilization Task Forces

Several Resource Utilization Task Forces were convened recently to address the continued upward trend in the use of ancillary hospital services and the increased length of hospital stay. Robert Maxwell, M.D. will be presenting an overview of the Task Forces' charge, activities and accomplishments to date. Attached are the overhead transparencies he will be using during his presentation.

RESOURCE UTILIZATION TASK FORCES

CHARGE

To develop recommendations for actions which will assist in achieving the most appropriate levels of ancillary service utilization and length of stay for patient populations throughout the institution:

1) Review historical length of stay and ancillary utilization patterns

2) Review current patient care protocols, standing orders, use of technology to target viable and appropriate reductions in resource utilization

3) Make recommendations for change considering quality and value implications of the recommended changes

4) Identify implementation plans and ongoing monitoring mechanisms for the changes

RESOURCE UTILIZATION TASK FORCES

AREAS OF FOCUS

Bone Marrow Transplant

Cardiovascular Program

Medical and Surgical Intensive Care Units

Neonatal and Pediatric Intensive Care Units

Transplant

Operating Rooms

RESOURCE UTILIZATION TASK FORCES

QA SERVICES ROLE

Coordinate Task Force Meetings

Preparation of Report Formats and
Analysis of Data

Literature Searches

Design of Monitoring Reports to Assess Change

ACTIVITIES AND RESULTS TO DATE

BONE MARROW TRANSPLANT

I. Patient Care Protocol Group

- o Discontinue routine chest x-rays for asymptomatic patients (estimated savings $33,650 plus transporter savings)
- o Decrease follow-up of abnormal chest and abdominal CTs from weekly to every two weeks.
- o Discontinue routine creatinine clearance, weekly nose cultures, 28 day marrows, alkaline phosphatase, etc. (estimated savings $90,000).
- o Evaluate need for daily blood cultures and recommend ordering only in cases of fever (current cost $480,000/year)
- o Explore adult accomodations for IV antibiotics and/or TPN.

ACTIVITIES AND RESULTS TO DATE

BONE MARROW TRANSPLANT

II. Pharmacy Utilization Group

- o Substitute one multichannel pump for multiple single channel pumps (estimated savings $57,000)
- o Decrease dosage frequency of IV immunoglobulin (estimated savings $300,000)

III. Blood Product Utilization Group

- o 445 transfusions met guidelines
- o Stricter guidelines might save $1,392,000.
- o Recommend blood bank consultation for outlier patients with no change in guidelines.

TRANSPLANT PROGRAM

I. Potential to reduce blood component costs by $135,000/year if guidelines were stricter

- o Transplant and Anesthesia will reduce intraoperative utilization by 10% for next 6 adult cases.

- o Further reductions if hemostasis problems do not develop

ACTIVITIES AND RESULTS TO DATE

MEDICAL AND SURGICAL INTENSIVE CARE UNITS

I. Swan Ganz Monitoring

- o Automatically ordered for pulmonary artery and right atrium
- o Right atrium value rarely used.
- o Recommend specific order for right atrium monitor
  (Estimated savings $87,000)

ACTIVITIES AND RESULTS TO DATE

CARDIOVASCULAR PROGRAM

I. Cardiology orders continued throughout stay without need

- o Consider automatic D/C after 3 days or rewrite each day

II. Role of Nurse Clinician

- o Concurrent identification of appropriateness of orders and delay of discharge planning

III. Standing Order Revisions

AVERAGE HOSPITAL CHARGE AND AVERAGE LENGTH OF STAY ADULT DISCHARGES WITH CORONARY ARTERY BYPASS (Excludes Patients Transferred to the Veterans Hospital or other hospitals on discharge)

DISCHARGES FALLING INTO DRG 106

	JUL'86- JUN'87	JUL'87- JUN'88	JUL'88- MAR'89	APR'89- JUN'89
NUMBER	72	75	67	19
AVG LENGTH OF STAY	11.5	12.1	15.2	11.1
AVG HOSPITAL CHARGE	30,479	29,581	39,489	26,948

ACTIVITIES AND RESULTS TO DATE

NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS

I. High Cost Drugs

- o Dobutamine vs. Dopamine
  Dobutamine accounts for 20% of unit drug costs ($152,000/year)
  Dobutamine 14 times more expensive
  Substitute Dopamine in specific situations

- o Bumetanide vs. Furosamide
  Bumetanide 8.5 times more expensive
  Substitute Furosamide in specific situations

II. Blood Gas/Oximetry Guidelines

- o Oximetry days and charges increased 125% between two six-month time frames.

- o Developing guidelines for continuous oximetry

UNIVERSITY OF MINNESOTA
TWIN CITIES

The University of Minnesota Hospital and Clinic
Harvard Street at East River Road
Minneapolis, Minnesota 55455

December 7, 1989

TO: Members, Joint Conference Committee

FROM: Greg Hart
Senior Associate Director

SUBJECT: Patient Satisfaction Survey Results

Last year the Committee reviewed patient responses to the Hospital's Patient Questionnaire. This past summer, we made changes in the survey based on the findings from previous years, from feedback from staff to improve information, and from the comments made by the Joint Conference Committee.

Attached are the patient questionnaire and summary results from the first quarter. Mary Ellen Wells and Nancy Green will present the revised questionnaire and the first quarter findings. They will also compare recent results with past findings and will identify actions resulting from the information.

We look forward to your questions and comments.

Attachments

PATIENT RELATIONS DEPT
PATIENT SURVEY

UNIVERSITY HOSPITALS
ADMINISTRATIVE SUMMARY FOR JUL-AUG-SEP 1989 DATE PRINTED 10/30/89

*** GENERAL INFORMATION ***

TOTAL QUESTIONNAIRES SENT = 2618
TOTAL QUESTIONNAIRES RETURNED = 825
PER CENT RETURNED = 31.5%
AVERAGE REPORTED LENGTH OF STAY = 8.3 DAYS

NUMBER OF RETURNED SURVEYS, BY UNIT

7A = 17	7B = 98	7C = 49	7D = 22	
6A = 40	6B = 89	6C = 83	6D = 53	
5A = 55	5B = 94	5C = 20	5D = 50	
4A = 0	4B = 6	4C = 4	4D = 4	4E = 1
3C = 19	OB = 41	CR = 49	R4 = 2	
60 = 15	61 = 1	62 = 0	64 = 0	OTHER=13

(OB INCLUDES 59 & 68 ONLY)

QUESTION/TOPIC	CATEGORY PERCENTAGES		VALID RESPS
	YES	NO	
CHOSE UMHC: PHYSICIAN HERE	29.6	70.4	804
CHOSE UMHC: PHYSICIAN REFERRAL	45.5	54.5	804
CHOSE UMHC: EMERG ADMISSION	14.9	85.1	804
CHOSE UMHC: REPUTATION	21.4	78.6	804
CHOSE UMHC: RECOMMENDATION	11.9	88.1	804
CHOSE UMHC: OTHER	11.7	88.3	804
RECEIVED PRE-ADMISSION INFO	73.1	26.9	766
ADMITTED DAY OF SURGERY	59.7	40.3	675

QUESTION	1	2	3	4	5	VALID RESPS	MEAN	STDRD DEVTN
	<<—NOT SATISFIED		—	VERY SATISFIED—>>				
COORDINATION OF ADMISSION	2.5	1.8	12.9	30.3	52.5	766	4.28	.93

	0-15 MINS	15-30 MINS	30-60 MINS	OVER 1 HR	VALID RESPS
TIME IN ADMISSIONS	55.2	28.0	8.2	8.5	753

QUESTION	1	2	3	4	5	VALID RESPS	MEAN	STDRD DEVTN
	<<—NOT SATISFIED		—	VERY SATISFIED—>>				
ADMISSION STAFF COURTESY	.5	.9	9.2	32.9	56.5	765	4.44	.74
PARKING FACILITIES	5.7	6.6	24.3	29.8	33.6	667	3.79	1.15
PARKING STAFF COURTESY	1.8	1.0	25.0	31.7	40.5	603	4.08	.92

	YES	NO	VALID RESPS
KNEW UMHC IS TEACHING HOSP	89.5	10.5	808
TEACHING HOSP: IMPROVED CARE	52.7	47.3	763
TEACHING HOSP: MADE LITTLE DIFF	43.3	56.7	763
TEACHING HOSP: INTERFERED W\ CARE	6.3	93.7	763
RECOMMEND UMHC	95.8	4.2	779

PATIENT RELATIONS DEPT
PATIENT SURVEY

UNIVERSITY HOSPITALS
UNIT REPORT

DATE PRINTED 10/30/89

SUMMARY OF ALL UNITS FOR JUL-AUG-SEP 1989

TOTAL QUESTIONNAIRES = 825
AVERAGE REPORTED LENGTH OF STAY = 8.3 DAYS

	CATEGORY PERCENTAGES					NUMBER		
	<<—NOT SATISFIED —			VERY SATISFIED—>>		VALID		STDRD
QUESTION	1	2	3	4	5	RESPS	MEAN	DEVTN
ROOM: DAILY CLEANING	3.5	7.2	18.4	33.4	37.5	781	3.94	1.07
ROOM: TEMP & COMFORT	3.6	5.3	19.4	34.0	37.7	806	3.97	1.05
PUBLIC AREAS: CLEANING	2.4	3.5	13.6	38.1	42.3	763	4.15	.94
CLEANING STAFF COURTESY	.9	1.9	14.2	34.3	48.7	749	4.28	.84
	YES	NO						
GENERAL STAFF COURTESY	99.2	.7				800		
	<<—NOT SATISFIED —			VERY SATISFIED—>>		VALID		STDRD
QUESTION	1	2	3	4	5	RESPS	MEAN	DEVTN
STAFF: BLOOD DRAWERS	2.2	2.7	10.1	30.2	54.8	693	4.33	.92
STAFF: X-RAY	1.4	1.8	8.0	28.3	60.6	566	4.45	.83
STAFF: CHAPLAINS	7.1	2.7	11.6	21.9	56.7	224	4.18	1.18
STAFF: OCCUP THERAPY	3.9	.8	3.9	27.3	64.1	128	4.47	.92
STAFF: PATIENT REPS	1.7	1.7	4.3	28.1	64.3	235	4.51	.80
STAFF: PHYSICAL THERAPY	2.0	3.4	8.1	19.6	66.9	148	4.46	.93
STAFF: RESPIR THERAPY	1.9	.6	5.7	34.0	57.9	159	4.45	.79
STAFF: SOCIAL WORKERS	1.0	2.0	7.6	22.3	67.0	197	4.52	.80
STAFF: VOLUNTEERS	1.0	1.3	6.8	26.6	64.3	308	4.52	.76
STAFF: TRANSPORTERS	1.4	.8	6.2	29.8	61.7	486	4.50	.77
STAFF: OTHER	2.5	3.7	1.2	28.7	63.7	80	4.47	.89
NURSES: INFORMATION	1.2	1.8	8.7	28.7	59.5	812	4.43	.82
NURSES: SENSITIVITY	1.1	3.1	7.2	27.1	61.5	811	4.45	.84
NURSES: AVAILABILITY	2.0	3.5	8.0	29.6	56.9	808	4.36	.91
NURSES: QUALITY OF CARE	1.9	2.1	6.0	25.2	64.8	810	4.49	.85
DOCTORS: INFORMATION	1.6	3.3	10.5	28.2	56.4	809	4.34	.91
DOCTORS: SENSITIVITY	1.6	2.1	9.5	28.4	58.3	809	4.40	.87
DOCTORS: AVAILABILITY	2.2	4.3	12.8	27.8	52.9	807	4.25	.98
DOCTORS: QUALITY OF CARE	.7	1.0	6.9	24.6	66.7	800	4.56	.73
OPER\TEST\TRTMNT—INFO	.9	2.1	10.4	29.7	56.9	770	4.40	.83

PATIENT RELATIONS DEPT
PATIENT SURVEY

UNIVERSITY HOSPITALS
UNIT REPORT

DATE PRINTED 10/30/89

	TOO FEW	JUST RIGHT	TOO MANY					
AMOUNT OF TESTING	1.0	85.4	13.6			616		
	YES	NO						
RECEIVED PT RIGHTS BOOKLET	86.3	13.7				794		
BOOKLET WAS USEFUL	91.9	8.1				640		
	TOO LITTLE	JUST RIGHT	TOO MUCH					
INVOLVEMENT IN DECISIONS	6.4	86.3	7.3			729		
	<<—NOT SATISFIED — VERY SATISFIED—>>					VALID		STDRD
QUESTION	1	2	3	4	5	RESPS	MEAN	DEVTN
FOOD SERVICE: OVERALL	7.5	5.7	26.3	31.9	28.7	722	3.69	1.16
FOOD: QUALITY	7.3	8.7	26.2	34.0	23.8	738	3.58	1.15
FOOD: TEMPERATURE	5.2	7.7	24.1	34.4	28.6	727	3.73	1.11
FOOD: MENU SELECTION	8.1	5.8	23.9	30.5	31.6	689	3.72	1.20
FOOD SERVICE COURTESY	1.4	1.8	11.0	35.2	50.7	736	4.32	.84
	<<—ALWAYS ———————— NEVER—>>							
DISTURBED BY NOISE	3.6	7.1	20.8	26.7	41.9	750	3.96	1.11
	<<—NOT WELL ———— VERY WELL—>>							
UNDERSTOOD DSCHRG INSTRCT: HERE	.6	3.0	10.5	32.4	53.5	797	4.35	.83
UNDERSTOOD DSCHRG INSTRCT: HOME	.6	2.5	11.0	31.0	54.9	785	4.37	.83
	YES	NO						
KNEW WHOM TO CALL WITH QUESTIONS	95.2	4.8				786		
RECEIVED TIMELY DISCHARGE MEDS	87.7	12.3				674		
FELT READY TO BE DISCHARGED	94.9	5.1				781		
RECOMMEND UMHC	95.8	4.2				779		
	SURG	X-RAY	LAB	OTHER				
EXPERIENCED DELAYS	25.6	9.7	6.5	9.0		567		
	DAY	EVE	NIGHT					
DISTURBED BY NOISE	11.6	13.1	19.1			750		